
NETWORK FOR EDUCATION AND SUPPORT IN IMMUNISATION

SAVING CHILDREN'S LIVES THROUGH IMMUNISATION



ANNUAL REPORT 2010

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LIST OF ABBREVIATIONS

AEFI	Adverse Events Following Immunisation
AMP	Agence Médecine Préventive
ARCI	Annual Regional Conference on Immunisation
ARICC	African Regional Inter-Agency Coordinating Committee
CDC	Centers for Disease Control and Prevention
DoV	Decade of Vaccines
DQS	Data Quality Self-assessment
DRC	Democratic Republic of Congo
DTP	Diphtheria-Tetanus-Pertussis
DVD	Digital Video Disk
ECTS	European Credit and Transfer Accumulation System
EMR	Eastern and Mediterranean Region
EPI	Expanded Programme on Immunization
GAPP	Global Action Plan for Pneumonia Prevention and control
GAVI	Global Alliance for Vaccines and Immunization
GIVS	Global Immunisation Vision and Strategy
GSK	GlaxoSmithKline
HepB	Hepatitis B
Hib	<i>Haemophilus influenzae</i> type b
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus
IPV	Inactivated Polio Vaccine
IVI	International Vaccine Institute
JE	Japanese Encephalitis
MCH	Mother and Child Health
MDG	Millennium Development Goal
MLM	Mid-Level Management
MNT	Maternal and Neonatal Tetanus
MoH	Ministry of Health
MoPHS	Ministry of Public Health and Sanitation
MYP	Multi-Year Plan
NESI	Network for Education and Support in Immunisation
NGO	Non-Governmental Organisation
NITAG	National Immunisation Technical Advisory Group
NRA	National Regulatory Authority
NUVI	New and Under-utilised Vaccine Introduction
OPV	Oral Polio Vaccine
PAHO	Pan American Health Organisation
PCV	Pneumococcal Conjugate Vaccine
RCA	République Centre Africaine
RED	Reaching Every District
RTAG	Regional Technical Advisory Group
SAGE	Strategic Advisory Group of Experts
SAVIC	South African Vaccination and Immunisation Centre

LIST OF ABBREVIATIONS

SIA	Supplementary Immunisation Activities
SIVAC	Supporting National Independent Immunisation and Vaccine Advisory Committees
SURVAC	Surveillance Epidemiologique en Afrique Centrale
UA	University of Antwerpen
UCT	University of Cape Town
UN	United Nations
UNICEF	United Nations Children's Fund
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF/ MENARO	UNICEF Middle East and Northern Africa Regional Office
USAID	United States Agency for International Development
VACFA	Vaccine for African Initiative
VPD	Vaccine Preventable Diseases
VPI	Vaccine Preventable Infections
WHO	World Health Organization
WHO/AFRO	WHO Regional Office for Africa
WHO/EMRO	WHO Regional Office for the Eastern Mediterranean
WHO/HQ	WHO Headquarters
WHO/IVB	WHO department on Immunisation, Vaccines and Biologicals
WHO/IST	WHO Inter-country Support Team

FOREWORD

Dear colleagues,

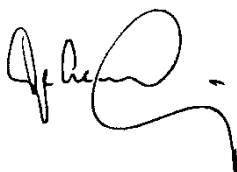
It is with great pleasure that we hereby present our annual report on the activities implemented during 2010 of the Network for Education and Support in Immunisation (NESI). This report summarizes the achievements of the network in the area of capacity building in immunisation, mainly in the African and Eastern Mediterranean Region.

Vaccination is one of the most cost-effective ways of preventing childhood morbidity and mortality against an ever increasing number of infectious diseases. It is key to achieving the Millennium Development Goals. Vaccines prevent more than 2.5 million child deaths every year. Over 100 million children are immunised every year before their first birthday. Unfortunately, around 24 million children under the age of one remain unvaccinated. Introduction and widespread use of new vaccines, such as pneumococcal and rotavirus vaccines, can contribute greatly to achieving the UN MDG 4 of reducing global childhood mortality by two-thirds by 2015.

Human resources are key to managing and delivering health care services to the population. To be effective, a national immunisation programme relies on the support of well-trained medical and nursing staff. This requires a high priority to be given to both pre- and in-service training for immunisation. The inclusion and active involvement of universities and health training institutions in general in the network is key to achieving sustainable capacity and competence for current and future health care workers. Among many activities, our main focus during 2010 was the organization and facilitation of vaccinology courses and the development of training materials. One highlight in this area is the development of a training DVD on pneumococcal conjugate vaccine introduction, which was made in collaboration with the Ministry of Public Health and Sanitation in Kenya and WHO (Headquarters, AFRO regional and national focal staff). This new training tool will ensure that the same training messages are received by all, minimizing the risk of the messages being diluted.

The Annual Report 2010 represents the highlights of NESI's activities during the year 2010 in capacity building in immunisation. Our achievements were made possible thanks to close collaboration with many partners in immunisation, including universities, governments, multilateral and bilateral organizations, non-governmental organisations and alliances. We would like to extend our sincere thanks to all our partners for their continued support to NESI.

Sincerely,



Prof. em. André Meheus, senior advisor



Dr. Carine Dochez, programme manager

ABOUT NESI

The Network for Education and Support in Immunisation (NESI) was established in 2002. NESI was built on the experience of the International Network for Eastern and Southern Africa on Hepatitis B Vaccination, which was established in 1999 by five universities in Eastern and Southern Africa (Kenya, Tanzania, Zambia, Zimbabwe and South Africa), Ministries of Health in Africa and the University of Antwerpen. The purpose of this network was to translate research on hepatitis B through capacity building and advocacy into universal access to hepatitis B vaccination in the partner countries.

With the development of new vaccines and increased commitment by development partners and private sector initiatives to strengthen vaccine supply and immunisation services, there are more opportunities to prevent more diseases in more children. This led to the establishment of NESI, which is a collaborative network of capacity building for the strengthening of existing immunisation systems and introduction of new vaccines with a broad technical scope and wide geographical focus.

NESI closely coordinates its activities with the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the Global Alliance for Vaccines and Immunization (GAVI), international NGOs, the private sector, and other immunisation stakeholders.

Due to its links with universities and other health professional training institutions, which are vital to achieving sustainable capacity and competence building in the field of vaccinology, NESI is unique in its attention on pre-service training, particularly on the development of curricula and training for nurses, medical doctors, pharmacists, public health specialists and other related health professionals.

A Memorandum of Understanding between NESI and the WHO Regional Office for Africa (WHO/AFRO) clearly defines the overall goals and actions of NESI in the area of capacity building. With the Eastern Mediterranean Region of WHO, NESI works on the basis of a detailed annual joint plan of action for key areas of capacity building. This validates the position of NESI as an integral partner in capacity building within the WHO African and Eastern Mediterranean Regions.

OBJECTIVES

The mission of NESI is to improve the quality, and sustainability of immunisation programmes and services in low- and middle-income countries through the development of and advocacy for immunisation education and training. NESI aims to build the capacity of Ministry of Health managers and staff working in the Expanded Programme on Immunization (EPI) in their respective countries as well as to improve pre-service and post-graduate training for the different university faculties involved in immunisation, which include medicine, nursing, pharmacy, and public health.

SERVICES

To accomplish its mission, NESI engages in a number of activities, which are grouped into three main areas: education and training, technical support, and networking and advocacy. NESI offers the following in each area:

1. EDUCATION AND TRAINING

- Organises training events in collaboration with other organisations;
- Monitors and evaluates currently implemented education and training programmes;
- Validates the content of educational and training materials;
- Develops up-to-date, high-quality training materials for different audiences involved in immunisation programmes; and
- Provides support to universities to improve the curriculum of health professionals involved in immunisation and advises on regular refresher courses in collaboration with ministries of health.

2. TECHNICAL SUPPORT

- Performs needs assessments for education and training in collaboration with academic and other partners;
- Assists countries in developing comprehensive training plans as part of their Multi-Year Plans (MYPs);
- Provides support to country staff to implement training activities; and
- Improves national and regional capacity to deliver education and training.

3. NETWORKING AND ADVOCACY

- Facilitates a forum to discuss and coordinate actions related to education, training, and support for immunisation programmes in low- and middle-income countries;
- Maintains a network of specialists drawn from international organisations, universities in both industrialised and developing countries, national immunisation programmes, Non-Governmental Organisations (NGOs), industry, and other relevant stakeholders, to deliver high-quality training in all aspects of immunisation and at different stages of implementation of immunisation programmes;
- Collaborates with local, regional, and global training initiatives to advocate for better education and training; and
- Offers a website that houses on-line training materials and links to other relevant sites.

ABOUT NESI

STRUCTURE

NESI is a public-private partnership between the University of Antwerpen and the private sector. An Executive Secretariat coordinates and implements activities for the network. The Executive Secretariat is based at the Department of Epidemiology and Social Medicine, University of Antwerpen, Belgium.

The Executive Secretariat reports to a 12-member Oversight Committee, which advises on strategy and budget allocation, and reviews outcomes. The Oversight Committee is composed of representatives from the public/private partnership, representatives from international health organisations and alliances, and international vaccinology experts.

NESI has full operational and scientific independence.

FUNDING

NESI is currently supported by an unrestricted educational grant from GlaxoSmithKline Biologicals and by funds from bilateral governmental university collaboration. The University of Antwerpen provides infrastructure, IT and administrative support. Additional funding, participation, or support from other national or international agencies or partners is actively being pursued.

CHAPTER 1 EDUCATION AND TRAINING

Human resources are key to managing and delivering health care to the population. This requires a high priority to be given to both in- and pre-service education. National programme reviews and training needs assessments indicate that serious bottlenecks exist in and between in-service and pre-service training; e.g. teachers are not updated on modern EPI theory and practice and updated reference materials are lacking. There is a need to link professional education and academics with service realities.

1. IN-SERVICE TRAINING

To be effective, a national immunisation programme relies on the support of well-informed medical and nursing staff. To provide immunisation services of good quality it is essential to have a health workforce that is sufficient in numbers, well educated and trained, adequately deployed and motivated. Evaluation of Mid-Level Management (MLM) courses has clearly shown that the performance of health workers improves after in-service training.

1.1. VACCINOLOGY COURSES

One of the key activities of NESI is organising and facilitating in-service vaccinology courses. The vaccinology modules developed as outlined in section 1.2.1. will be used as teaching materials in these courses.

The rationale for organising in-service vaccinology courses is to build national vaccinology expertise by strengthening the capacity of academics in vaccinology (who are already involved in teaching/research related to infectious diseases, mother and child health care, vaccines and immunisation) and to guide policy makers and programme managers to make evidence-based decisions on: (1) immunisation policies and strategies; (2) introduction of new vaccines and technologies; (3) sustaining routine immunisation; (4) adjustments of existing immunisation programmes (e.g. adolescent vaccination); (5) adjustments to vaccination schedules; (6) conducting phase 1 to phase 4 clinical trials. Therefore, vaccinology courses aim to increase the synergy between academics and Ministry of Health staff. These courses are usually organised as inter-country or regional courses, and as such are key to building international networks.

The target audience of in-service vaccinology courses include: (1) teachers at health schools from the different faculties involved in immunisation: medicine, nursing, public health and pharmacy; (2) EPI managers; (3) MoH support staff; and (4) staff of multilateral (WHO, UNICEF) and bilateral organisations, and of NGOs.

EDUCATION AND TRAINING

The general objective of the vaccinology course is *“to master the basic principles and specificities of a vaccine, how it is developed, produced and utilised, including its use within the EPI programme”*.

The vaccinology courses are in principle built around 8 themes:

- (1) The scientific basis of vaccinology;
- (2) Vaccine development and evaluation;
- (3) Routine EPI vaccines and optimising the impact of immunisation;
- (4) New vaccines;
- (5) Future vaccines;
- (6) Vaccine safety and the value of vaccination;
- (7) Vaccine, production and control, prequalification, registration; and
- (8) Programmatic issues.

At the end of the course, participants should be able to:

- Explain the challenges and opportunities of universal immunisation
- Understand basic principles of immunology and the scientific basis of vaccinology
- Describe the vaccine development process
- Participate in vaccine assessment through clinical trials
- Describe the prequalification process
- Explain the status and new developments in the use of routine EPI vaccines
- Describe the challenges and opportunities of the accelerated disease control (polio, measles and maternal and neonatal tetanus)
- Explain the challenges and opportunities in immunisation logistics management
- Describe the new vaccines under introduction
- Explain the challenges and opportunities in managing new vaccine introductions
- Explain the challenges and opportunities in managing immunisation safety
- Explain the challenges of vaccinating special target groups
- Describe the future vaccines and developments in vaccine research
- Explain the challenges and way forward for managing immunisation programmes
- Explain the challenges and way forward for EPI capacity building
- Explain the challenges and opportunities for vaccine research and development

Lecturers in these courses are leading international vaccinology experts from universities, WHO, UNICEF, GAVI Alliance, Ministry of Health and industry. The duration of a vaccinology course is usually 5 to 6 days.

In 2010, NESI co-organised and co-facilitated four vaccinology courses.

EDUCATION AND TRAINING

1.1.1. TROPED ADVANCED VACCINOLOGY COURSE, RIXENSART, BELGIUM, JANUARY 2010

The TropEd advanced vaccinology course was organised by the Institute of Tropical Medicine and International Health, Berlin, GSK Biologicals and NESI/UA, from 10 to 15 January 2010 in Rixensart, Belgium. The course is an accredited module (2 ECTS credit points) in the TropEd Masters Programme in International Health. TropEd is a network of institutions for higher education in International Health (including 33 European institutions and 7 non-European institutions). Forty participants from developing and industrialised countries attended the course.

Teaching methods include seminar-style and interactive lectures, group work on specific diseases, and a visit to a vaccine production site. Students had to write a 5-page assignment on a self-defined topic relevant to vaccines and immunisation, which was evaluated by the course organisers.

NESI staff gave lectures on the following topics: mission and achievements of NESI (presented during the opening session); HPV vaccines; adolescent vaccination; decision-making process for new vaccine introduction; malaria global burden and interventions. NESI also co-facilitated the group work and chaired several sessions.

1.1.2. ADVANCED COURSE ON VACCINOLOGY IN ASIA-PACIFIC REGION, SEOUL, SOUTH KOREA, MAY 2010

This annual vaccinology course was organised for the 10th time by the International Vaccine Institute (IVI), in collaboration with the London School of Hygiene and Tropical Medicine, from 10 to 15 May in Seoul, South Korea. The course is intended for scientists and decision-makers involved in vaccine development, in the implementation of new vaccination strategies or in policy decisions related to the introduction of new vaccines in public health programmes. It is relevant for both the public and private sectors. The course was attended by 82 participants from 22 countries: Bangladesh (1), Korea (16), China (7), India (8), Indonesia (14), Turkey (5), Thailand (2), Taiwan (2), Philippines (4), USA (2), Gabon (1), Bhutan (4), Singapore (1), Sudan (1), Sri Lanka (1), Pakistan (2), Myanmar (2), Niger (4), Vietnam (1), Ghana (1), Nepal (2), Netherlands (1). NESI was invited to be part of the faculty and lecture on 'Integration of immunisation and other health interventions in the health service context'.

1.1.3. FRANCOPHONE REGIONAL VACCINOLOGY COURSE, COTONOU, BENIN, AUGUST 2010

The second regional vaccinology course for francophone countries was organised by WHO/AFRO in collaboration with the Ministry of Health of Benin, UNICEF, USAID and NESI, from 23 to 28 August 2010 in Cotonou, Benin.

EDUCATION AND TRAINING

The course was attended by 52 participants from 18 countries: Benin (3), Burundi (1), Cameroun (3), Comoros (3), Congo (3), Cote d'Ivoire (4), DRC (4), Gabon (2), Guinea (3), Equatorial Guinea (2), Mali (2), Madagascar (3), Mauritania (3), Niger (4), RCA (3), Senegal (3), Chad (3), and Togo (3). Twenty-seven participants were from the respective Ministries of Health, 13 participants were academics and 12 were WHO/UNICEF focal points and related staff.



FIGURE 1: PARTICIPANTS AT THE SECOND REGIONAL VACCINOLOGY COURSE FOR FRANCOPHONE COUNTRIES, ORGANISED IN BENIN IN AUGUST 2010

Facilitators of the course included: international vaccinology experts (2); WHO (7); University Cheikh Anta Diop, Dakar, Senegal (1); NESI (2). NESI gave lectures on the following topics: Epidemiology; HPV vaccines; Adolescent vaccination; Introduction of new vaccines; Hepatitis B and Hib vaccines; Clinical trials. NESI also co-facilitated the group work and chaired several sessions.

The course was highly appreciated as shown by the daily and summative evaluations. The overall evaluation related to the content of the course was 93%.



FIGURE 2: OPENING SESSION AT THE SECOND REGIONAL VACCINOLOGY COURSE FOR FRANCOPHONE COUNTRIES, ORGANISED IN BENIN IN AUGUST 2010

EDUCATION AND TRAINING

1.1.4. SOUTHERN AFRICA VACCINOLOGY COURSE, CAPE TOWN, SOUTH AFRICA, NOVEMBER 2010

NESI has been active in building capacity in immunisation for the Southern African sub-region since 2005 through annual vaccinology courses with the University of Cape Town, South Africa, as local organiser. The sixth Southern African vaccinology course was organised in Cape Town, South Africa, from 8 to 12 November 2010, and was hosted by the Vaccine for Africa Initiative (VACFA), based at UCT's Institute for Infectious Diseases and Molecular Medicine. The main objective of the course was to build sustainable research capacity to develop vaccines and/or conduct quality standard phase 1 to phase 4 vaccine clinical trials. The course also aimed to provide participants with the necessary expertise to support public vaccination programmes. Participants ranged from EPI managers, medical doctors, nurses, public health specialists, academics and scientists working in the field of vaccinology.

NESI gave three lectures: Hepatitis A & B vaccines; HPV vaccines; and Immunisation schedules.

1.2. DEVELOPMENT OF TRAINING MATERIALS

1.2.1. DEVELOPMENT OF VACCINOLOGY MODULES

Standard training material for vaccinology courses is currently being developed. This standard training material will facilitate the learning process during vaccinology courses. In addition it will enable participants of these courses to use the modules in their lectures at health professional training institutions or to organise national vaccinology courses.

In April 2009, a first workshop was organized to develop generic training materials and handouts for vaccinology courses. During this meeting, a list of 40 vaccinology modules was developed and two key facilitators for each module were identified. In September 2010, a follow up workshop to further develop and harmonise the vaccinology modules was organised in Pretoria, South Africa, by the South African Vaccines and Immunisation Centre (SAVIC)/University of Limpopo and the Network for Education and Support in Immunisation (NESI)/University of Antwerpen, in collaboration with WHO/AFRO and the University of Pretoria. The workshop was attended by 14 participants from WHO/AFRO (3); SAVIC/University of Limpopo (4); University of Pretoria (1); University Cheikh Anta Diop in Dakar, Senegal (1); School of Medical Sciences, Kwame Nkrumah University of Science and Technology, Kumasi, Ghana (1); and NESI/University of Antwerpen (4).

Specific objectives of the workshop included:

- Further develop/harmonise the vaccinology modules using the reference format
- Discussion of process of review and validation of the vaccinology modules
- Discussion on distribution of the vaccinology modules

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Each module should be developed according to the reference format:

- Objectives (general, intermediate and specific objectives)
- Table of content
- Text of 2500-3000 words
- PowerPoint presentations with explanatory notes
- Exercises
- List of references (appropriate and updated scientific reference papers related to each topic; with emphasis on WHO position papers)

At the end of the workshop, a revised/updated list of the modules was developed, as well as stock taking of the status of each module. The list of facilitators and reviewers was updated and a timeline was set for completion of the modules. The overall coordination of the modules will be handled by NESI. Modules should be finalised by mid 2011, followed by a peer technical review meeting.

1.2.2. DEVELOPMENT OF TRAINING DVD FOR INTRODUCTION OF PNEUMOCOCCAL VACCINE

Pneumococcal disease is a group of diseases caused by a bacterium called *Streptococcus pneumoniae*, also known as pneumococcus. Exposure to pneumococcus can result in severe diseases like pneumonia, meningitis and bacteraemia, as well as milder diseases such as middle ear infection, sinusitis and bronchitis. Pneumonia kills more children than any other illness in the world. Over 800,000 children under 5 years of age die from pneumococcal disease each year. In Kenya, an estimated 1 in every 5 children under the age of 5 dies from this disease every year. Given the high burden of under-five mortality associated with pneumonia, pneumonia prevention and control efforts are crucial to achieving the Millennium Development Goal 4.

Pneumococcal vaccines protect against several forms of pneumococcal disease, such as meningitis, pneumonia and bacteraemia. Kenya is the first African country to introduce the new pneumococcal vaccine, PCV10, into their national immunisation programme. The recommended schedule to administer the vaccine is at 6, 10 and 14 weeks, at the same time as pentavalent vaccine (DTP-HepB/Hib). This pneumococcal vaccine is presented in a liquid form in a two-dose vial without preservative. This implies that an opened vial must be discarded at the end of each immunisation session or after 6 hours from first opening, whichever comes first. An opened vial of PCV10 cannot be stored in the refrigerator for use in subsequent immunisation sessions. This is not in line with the WHO policy on the use of opened multi-dose vials of vaccine in subsequent immunisation sessions. Therefore, specific training on the use and storage of this new two-dose pneumococcal vaccine was felt needed. Conducting specific training also was one of the requirements to obtain WHO-prequalification status. Other requirements included labelling, programmatic monitoring and conducting a 2-year AEFI study.

EDUCATION AND TRAINING

As part of the training materials for the introduction of this new pneumococcal vaccine, a training DVD was developed intended for health care workers. A training DVD will ensure that the same training messages are received by all, minimizing the risk of the messages being diluted. The DVD will be a tool to deliver and reinforce standard training messages related to new vaccines' delivery. It will provide a medium to deliver standard training to a large number of people. The target audience for this DVD are the vaccinators, i.e. health care workers giving the vaccines, as well as the immunisation staff at district and national level (i.e. supervisors of the health care workers). The DVD will also be used in pre-service training for nurses.

The training DVD was developed jointly by the Ministry of Public Health and Sanitation (MoPHS) Kenya, WHO/HQ, WHO/Kenya, NESI and the Audio-visual Department of the University of Antwerpen. As the DVD needed to be in line with Kenyan immunisation practices, the filming had to take place in Kenya.



FIGURE 3: THE AUDIO-VISUAL TEAM OF THE UNIVERSITY OF ANTWERPEN IS FILMING AN IMMUNISATION SESSION IN THIKA DISTRICT HOSPITAL, KENYA

After developing the script, and finalising it after several revisions, a first visit to Kenya was made end of July 2010 to select with the relevant authorities the locations, the casting of individuals, and to obtain necessary approvals for filming. The team received approval to film at the University of Nairobi, School of Medicine, Department of Paediatrics; Central vaccines store, MoPHS, Division for Vaccines and Immunisation; Mbagathi District Hospital; and Thika District Hospital. Prof. Fred Were, Paediatrician, from the University of Nairobi, agreed to be the main character in the DVD. Filming took place during the last week of August 2010.

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The DVD is outlined in five chapters (Table 1). After each chapter, a question and answer section is included.

TABLE 1: OUTLINE OF TRAINING DVD ON PNEUMOCOCCAL VACCINE

Introduction	Opening statements: Dr. S.K. Sharif (Director of Public Health and Sanitation, Kenya) Dr. Abdoulie Jack (WHO Representative, Kenya)
Chapter 1	Pneumococcal diseases
Chapter 2	Pneumococcal vaccine
Chapter 3	Storage and handling
Chapter 4	Immunisation session
Chapter 5	Communication



FIGURE 4: NURSE AT THIKA DISTRICT HOSPITAL IS PREPARING THE PCV10 INJECTION

The training on the new pneumococcal vaccine in Kenya has been conducted at three levels: national, district and health facility level. The DVD was first tested during the training session at national level. After receiving the comments from the facilitators as well as the participants, the DVD was finalised, copies made and distributed for training at district and health facility level. All health care workers were trained before the launch of the vaccine on 14 February 2011. An evaluation on the use and usefulness of the DVD will be made.

EDUCATION AND TRAINING

1.3. EXPERIENCE EXCHANGE MEETING

NESI also co-organises with its local partners interactive workshops, with the purpose to create a forum for discussion and exchange of experiences related to immunisation practices and new initiatives. It is the aim to bring together EPI managers from different countries to share their respective experiences.

1.3.1. EXPERIENCE EXCHANGE MEETING: INTRODUCTION OF NEW VACCINES, PRETORIA, SOUTH AFRICA, JULY 2010

The Experience Exchange Meeting on the introduction of new vaccines took place in Pretoria, South Africa, from 28 to 30 July 2010, and was organised by SAVIC/University of Limpopo Medunsa Campus in collaboration with the University of Pretoria and the Network for Education and Support in Immunisation (NESI)/University of Antwerpen. This meeting was convened at a time when countries are augmenting their strategies to reach UN Millennium Development Goals. Introduction and widespread use of new or improved vaccines (such as rotavirus and pneumococcal vaccines) can contribute greatly to achieving the UN MDG Target 4 of reducing global childhood mortality by two-thirds by 2015. It is now evident that as more new vaccines become available, countries face several challenges in introducing these vaccines into existing immunisation programmes. These challenges include decision-making and prioritisation of which vaccines to be introduced, addressing strengths and weaknesses in the immunisation programme, managing more complicated vaccination schedules, developing multi-year plans to ensure sustainable use of the new vaccines, and integrating vaccines in the broader context of health systems.

The meeting took place following the successful introduction into the South African Expanded Programme in Immunisation in the last two years of new and improved vaccines (IPV, rotavirus and pneumococcal vaccines).

THE PRIMARY OBJECTIVES OF THE MEETING INCLUDED:

- (1) providing update on GIVS and mortality reduction goals in the framework of UN MDGs;
- (2) discussing recent advances in new vaccines and their use;
- (3) exchanging lessons learned and best practices regarding new vaccines introduction;
- (4) discussing cold chain and logistics for preparation of new vaccines introduction; and finally
- (5) discussing integrated management of immunisation.

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THE SECONDARY OBJECTIVES WERE TO:

- (1) promote discussion on opportunities and challenges faced by the African continent in introducing new vaccines; and
- (2) continue strengthening immunisation programmes through partnerships between various stakeholders (international health agencies, public, private, academic and NGOs).

South Africa as an early adopter of new vaccine introduction was therefore uniquely positioned to share with African countries, lessons learned, best practices of new vaccine introduction and integrated management of immunisation services.

The meeting was attended by a total of 59 delegates from eleven countries: 11 participants from 7 African countries (Ghana, Kenya, Madagascar, Nigeria, Tanzania, Uganda and Zambia); 3 participants from 2 European countries (UK and Belgium); and 45 participants from the South African national and provincial departments of health, schools of health sciences, Aspen GSK pharmacare and Biovac.

South Africa shared their lessons learned, best practices of new vaccine introduction and integrated management of immunisation services. The meeting also discussed challenges in training strategies, capacity, data management and expertise faced by the African continent in introducing new vaccines. Issues discussed included e.g. competing priorities, cold chain capacity building, lack of local data on disease burden, cost of the vaccine and the capacity to sustain the co-financing of overall introduction of new vaccines, establishing an effective AEFI surveillance system, supportive supervision.

The meeting was of great value to the delegates and the lessons learnt would be useful in future as more African countries embark on the journey of introducing new vaccines and ensuring that every child in every city and village on the continent is protected from vaccine preventable diseases.

EDUCATION AND TRAINING



FIGURE 5: PARTICIPANTS AT THE EXPERIENCE EXCHANGE MEETING ON NEW VACCINES INTRODUCTION, IN SOUTH AFRICA, JULY 2010

As a spin-off of the Experience exchange meeting on new vaccine introduction, the experience of South Africa of concurrent new vaccine introduction will be documented in a Supplement Issue of a peer reviewed journal.

2. PRE-SERVICE TRAINING

The incorporation of EPI into undergraduate medical education, nursing/midwives, and other health professional training programmes is important towards improving and strengthening immunisation service delivery, logistics, surveillance, communication and management practices. Clinical and public health training that incorporates the learning objectives of EPI will enable students to develop a firm basis of core knowledge and skills. Therefore, two prototype curricula on immunisation were developed in 2006: one for medical schools and one for nursing/midwifery schools. The general objective of the prototype curricula is to strengthen the teaching and learning of immunisation within the existing curriculum for pre-service education programmes for medical doctors, nurses/midwives and other health professionals.

2.1. DEVELOPMENT OF EVALUATION TOOL FOR PRE-SERVICE TRAINING

At the end of 2006, a consensus workshop was organised in Douala on the pre-service curricula for medical doctors and nurses related to immunisation. The workshop was attended by 49 participants from 22 countries: Benin, Burkina Faso, Burundi, Cameroon,

Central African Republic, Chad, Congo, Cote d'Ivoire, DRC, Ethiopia, Ghana, Kenya, Mali, Madagascar, Niger, Senegal, South Africa, Tanzania, Togo, Uganda, Zambia and Zimbabwe.

Each participant had to take the responsibility upon return to their home country to advocate for and distribute the prototype curricula to relevant institutions. The respective institutions should integrate/update their EPI curriculum in the faculties of medicine and nursing/midwifery schools by allotting sufficient time for theory and practice for vaccination based on analysis of training needs.

We are now at the stage to conduct an evaluation of the integrated/updated EPI curriculum in the faculties of medicine and nursing/midwifery schools in the countries that were represented during the consensus workshop. Methods that will be used during the evaluation include focus group discussions, interviews, observing teaching sessions, exam results, surveys.

A first step to conduct the evaluation is to develop the evaluation tools. A questionnaire was developed that will be sent to all the countries that were represented during the consensus workshop. In the coming year, visits will be planned to at least 4 countries to conduct an in-country evaluation at selected health training institutions.

CHAPTER 2 TECHNICAL SUPPORT

NESI is committed to support initiatives for strengthening National Immunisation Programmes, including support to National Immunisation Technical Advisory Groups, the annual Vaccination Week, support for regional and national workshops addressing the basic and operational programme components, e.g. surveillance.

1. WORKSHOPS

1.1. SUPPORTING COUNTRIES IN ESTABLISHING NATIONAL IMMUNISATION TECHNICAL ADVISORY GROUP, TUNISIA, FEBRUARY 2010

WHO/EMRO organised a joint mission with Agence de Médecine Préventive (AMP) and NESI to Tunisia from 16 to 18 February 2010 to explore the feasibility to establish a NITAG (National Immunisation Technical Advisory Group) according to the guidance given by WHO and the SIVAC Initiative (Supporting Independent Immunisation and Vaccine Advisory Committees). Tunisia is one of the 2 pilot countries in the Region for this Initiative.

There is a clear demand from countries for support in their capacity building for evidence-based decision making regarding immunisation policies and programmes particularly in the context of introduction of new vaccines (a priority activity also for NESI).

Tunisia as many other countries already had a national advisory group of experts on immunisation, and discussions with health authorities focused to see if the country could comply with all the formal criteria, among others of independency, of a NITAG as outlined by the SIVAC Initiative. In particular the relationships and interactions between NITAG, NRA (National Regulatory Authority) and national EPI programme have to be looked into. After consultations with many immunisation experts from universities, schools of public health and health sciences, clinicians in the private sector, nursing and medical professional bodies, the EPI programme and the Ministry of Health, a debriefing was held with the Minister of Health, who agreed in principle to go forward and re-orient the existing advisory body into a formal NITAG.

1.2. INTER-COUNTRY WORKSHOP ON SURVEILLANCE OF VACCINE PREVENTABLE DISEASES AND MONITORING AND EVALUATION OF NATIONAL IMMUNIZATION PROGRAMME, SHARM EL SHEIKH, EGYPT, DECEMBER 2010

The WHO Regional Office for the Eastern Mediterranean organised an Inter-Country Workshop on Surveillance of Vaccine Preventable Diseases and Monitoring and Evaluation of National Immunization programme from 4-6 December 2010 in Sharm El Sheikh, Egypt.

The workshop was attended by National EPI Managers, measles surveillance officers and measles laboratory surveillance officers from EMR member states, Representatives from UNICEF Regional and Country Offices, CDC Atlanta, the Network for Education and Support in Immunisation (NESI). In addition, WHO staff from the Regional and Country Offices and WHO/HQ participated in the meeting.

THE OBJECTIVES OF THE WORKSHOP WERE AS FOLLOWS:

- (1) to review Vaccine Preventable Diseases surveillance, Regional Surveillance Networks and EPI monitoring and evaluation in countries of the EMR;
- (2) to discuss the regional reporting system with the national focal points;
- (3) to conduct a briefing on data management, data analysis and interpretation; and
- (4) to brief the participants on approaches and tools for surveillance, monitoring and evaluation.

During the workshop, the participants were briefed on vaccine preventable diseases surveillance, which included the Global Framework on Immunization Monitoring and Surveillance; the current situation on VPDs surveillance in EMR; Guidelines on vaccine impact assessment; Disease burden estimates; Hepatitis B surveillance and sero-surveys; Hepatitis B monitoring and evaluation tools; Monitoring and evaluation of EPI, which included briefing on Data Quality Self assessment (DQS) and cluster coverage surveys, using district level data; updated WHO/UNICEF Joint Reporting Form 2011; WHO/UNICEF estimate of vaccination coverage; and Post Introduction Evaluations.

2. MEETINGS AND EVENTS

2.1. 26TH INTER-COUNTRY MEETING OF NATIONAL MANAGERS OF THE EXPANDED PROGRAMME ON IMMUNIZATION AND 2ND MEETING OF THE CHAIRPERSONS OF THE NATIONAL IMMUNIZATION TECHNICAL ADVISORY GROUP IN THE EMR COUNTRIES, CAIRO, EGYPT, JULY 2010.

WHO/EMRO, in collaboration with UNICEF/MENARO, organised the meeting for the national managers of the Expanded Programme on Immunization (EPI) in the Eastern Mediterranean Region (EMR) Countries in Cairo, Egypt on 4, 5 and 6 July 2010 and a back-to-back meeting for the chairpersons of the National Immunization Technical Advisory Group on 7 July 2010.

The purpose of this four days meeting was to brief the national EPI managers and NITAG chairpersons on main VPI (vaccine preventable infections) areas of work, priorities, targets (mainly control, elimination and eradication of VPI), strategies and challenges, as well as their expected contribution.

The opening speech was addressed by Dr. Hussein A. Gezairy, Regional Director of WHO Eastern Mediterranean Region.

THE OBJECTIVES OF THE MEETINGS INCLUDED:

- (1) To review national and regional progress in EPI: achievements, constraints and way forward;
- (2) To discuss recent advances in new vaccines and technologies: progress and constraints and the challenges facing their use;
- (3) To discuss progress towards polio eradication: achievements, constraints and way forward;
- (4) To discuss progress towards measles elimination: achievements, constraints and way forward;
- (5) To discuss progress towards Hepatitis B control: achievements, constraints and way forward; and
- (6) To brief NITAG chairpersons on progress and constraints facing EPI and the expected role of NITAG supporting EPI.

The meeting was organised around six sessions (Table 2).

TECHNICAL SUPPORT

TABLE 2: TOPICS ADDRESSED DURING THE EPI MANAGERS AND NITAG MEETING IN CAIRO, EGYPT, IN JULY 2010

Session	Session title	Topics addressed
1.	Global and regional briefings	<ul style="list-style-type: none"> ▪ EPI global and regional overview. ▪ Follow-up implementation of recommendations of previous EPI managers meeting. ▪ Briefing on SAGE recommendations 2009-2010.
2.	Protecting more people: reaching the unreached	<ul style="list-style-type: none"> ▪ Discussion on innovative approaches for improving routine vaccination coverage. ▪ Presentation of the Global Action Plan for prevention and control of pneumonia (GAPP).
3.	Achieving the regional targets	<ul style="list-style-type: none"> ▪ Polio eradication: polio-free status maintained in the polio-free countries. Afghanistan and Pakistan are still polio-endemic countries. ▪ Measles elimination: 90% reduction goal was achieved 3 years before target date of 2010; measles elimination target date was not reached. New proposed elimination target date is 2015. ▪ Hepatitis B control: a regional control target was set: by 2015 less than 1% chronic hepB infection in children under five. EMR puts emphasis on the hepB birth dose.
4.	Introduction of new vaccines and technologies	<ul style="list-style-type: none"> ▪ Update given on Hib, PCV, rotavirus, HPV, meningo, typhoid and cholera vaccines. ▪ EMR addresses the equity problem of new vaccine introduction in middle-income countries. ▪ High priority to establish a pooled procurement system (modelled on the PAHO revolving fund).
5.	Strengthening EPI logistics system	<ul style="list-style-type: none"> ▪ Discussion on cold chain capacity and planning. ▪ Proposal to deal in an integrated way with health care logistics.
6.	Initiatives for strengthening EPI	<ul style="list-style-type: none"> ▪ A first vaccination week was organized from 24-30 April 2010: a summary of activities was presented and the evaluation discussed. Kuwait, Iraq and Sudan presented their country activities in detail. Lebanon showed the audio-visuals developed and used in the country. ▪ EMR has embraced very much the concept of National Immunisation Technical Advisory Groups.

TECHNICAL SUPPORT



FIGURE 5: PARTICIPANTS AT THE EPI AND NITAG MEETINGS IN CAIRO, EGYPT , IN JULY 2010

The Regional Technical Advisory Group (RTAG) held parallel meetings and formulated their advice:

“The Regional Technical Advisory Group noted with satisfaction the substantial progress made by several countries of the Eastern Mediterranean Region in several areas of the Expanded Programme on Immunization. The RTAG noted also the successful implementation of the first vaccination week in the EMR, the achievement of the measles mortality reduction target and the progress made in the process of establishing pooled vaccine procurement mechanism. Never-the-less, the RTAG raised concern about the continuous transmission of wild polio virus in Pakistan and Afghanistan as well as the low likelihood of achieving measles elimination target in the region. The RTAG underlined the need for accelerating the efforts to meet the regional and national targets of eradication, elimination and control of vaccine-preventable diseases.”

2.2. VACCINATION WEEK IN THE EASTERN MEDITERRANEAN REGION, APRIL 2010

The WHO Eastern Mediterranean Region has made remarkable success in reducing morbidity and mortality due to vaccine-preventable diseases. Vaccination coverage with three doses of DTP3 has increased from 18% in 1980 to 87% in 2009. The 90% measles mortality reduction target was reached three years ahead of schedule and polio-free status was maintained in 20 countries.

Despite this considerable progress, the Region continues to face major challenges: every day, more than 5,000 infants do not complete their routine immunisation schedule; an estimated 1.9 million children did not receive DTP3 vaccine in 2009; Afghanistan and Pakistan are still polio-endemic countries; maternal and neonatal tetanus are still in circulation; and the success of measles mortality reduction needs to be sustained.

To address both the opportunities and challenges, WHO/EMRO in partnership with UNICEF and other stakeholders, launched the first Vaccination Week in the Eastern Mediterranean Region during the week of 24-30 April 2010. This was at the same time as the European Immunisation week and the Vaccination Week in the Americas. The Vaccination Week in the Eastern Mediterranean Region will be an annual region-wide initiative promoting immunisation through advocacy, education and communication activities.

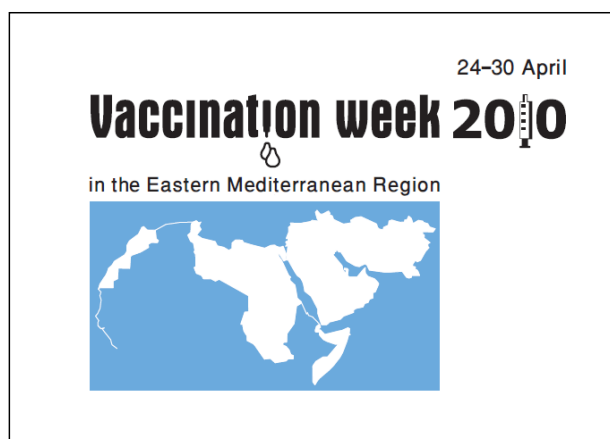


FIGURE 6: REGIONAL ADVOCACY MATERIAL FOR THE VACCINATION WEEK IN THE EASTERN MEDITERRANEAN REGION, APRIL 2010

TECHNICAL SUPPORT

THE OBJECTIVES OF THE IMMUNISATION WEEK INCLUDE:

- (1) Increasing stakeholder awareness of the value of immunisation;
- (2) promoting and maintaining immunisation as a priority for policy- and decision-making;
- (3) advocating for and mobilising human and financial resources; and
- (4) improving access to immunisation for high-risk populations and hard-to-reach areas in the Region. Strategies used included: targeted advocacy and education; communication and media activities; and expansion of immunisation services.

Statement of support from NESI

“The Network for Education and Support in Immunisation, based at the University of Antwerp and established in 2002, strongly supports the Vaccination Week in the Eastern Mediterranean Region. This major initiative on advocacy, education and communication on immunisation will certainly increase awareness of the value of vaccination, increase coverage and decrease the burden of vaccine-preventable diseases. Vaccination is the most cost-effective tool in preventing child mortality. With the advent of a number of new vaccines, an ever increasing number of infectious diseases can be prevented. NESI is a strong believer in capacity-building and education—a well-trained health care workforce is the basis of a well-managed immunisation programme. The Vaccination Week initiative will contribute to NESI's mission. In addition, the initiative will build expertise in childhood immunization at the national level, including managers, staff of the Expanded Programme on Immunization (EPI) and members of national immunisation technical advisory groups (NITAG). The Vaccination Week will also stimulate health training institutions for nurses, doctors, pharmacists and public health workers to place immunisation high on their agenda.”

All countries in the Eastern and Mediterranean Region participated in the first Vaccination Week. The Regional Launch of the Vaccination Week was convened by WHO/EMRO in collaboration with the Government of Lebanon and under the Patronage of Her Excellency the First Lady of Lebanon, Mrs. Wafaa Michel Sleiman, and took place at the UNESCO Palace in Beirut on 24 April 2010. This ceremony was attended by the WHO/EMRO Regional Director, Dr. Hussein A. Gezairy, by the UNICEF Regional Director, Ms. Sigrid Kaag, and by H.E. Dr. Mohammad Jawad Khalifeh, Minister of Public Health of Lebanon.

TECHNICAL SUPPORT

Almost all countries in the Region organised national launching events to celebrate the Vaccination Week. Countries developed their own national objectives based on national goals and epidemiological evidence and decided which key activities to implement.

Activities conducted during the Vaccination Week included:

- Large-scale vaccination campaigns;
- Aligning Child Health Days to deliver an integrated package of life-saving health interventions;
- Mass media campaigns;
- Social mobilisation: awareness events, public meetings, activities in schools;
- Training of health professionals, and medical and nursing students;
- Meetings: round-table, seminars.

The first Vaccination Week in the Eastern Mediterranean Region was a successful event in increasing awareness on the importance and benefits of immunisation in the Region.

CHAPTER 3 NETWORKING AND ADVOCACY

1. NESI WEBSITE

NESI is engaged to providing up-to-date information on vaccines and immunisation and related training materials. In 2010 we aimed at redesigning our website to make it more accessible to the general public and specialists. The site also received a more modern look.

Some of the new features include factsheets on all vaccine preventable diseases. Whoever is interested to receive more detailed information on a specific disease and/or vaccine, will be able to further navigate to the comprehensive vaccinology modules. Also new is the section 'News and events' where one can find every month a new item on vaccines and immunisation. This part also includes course announcements, new publications, etc.

2. ALUMNI DATABASE

A human resources and alumni database has been established in Access. This database includes the contact information of all our partners. In addition, it includes detailed information of our courses and lists the details of each facilitator and participant in the respective courses. Each participant can be traced back to a specific course.

We aim to develop a mailing list linked to the alumni database in order to send out regular updates on immunisation training materials to the alumni of our courses via our website.



3. MEETINGS

Participating in networking activities is an important opportunity for NESI to discuss and plan collaborative activities, to share experiences with other immunisation partners, and to receive the latest updates and recommendations on vaccines and immunisation, which can immediately be incorporated in our training/teaching activities.

3.1. GLOBAL IMMUNISATION MEETING, GENEVA, SWITZERLAND, FEBRUARY 2010

The fifth Annual Global Immunisation Meeting was organised by WHO in Geneva, Switzerland, from 1-3 February 2010.

THE OBJECTIVES OF THE MEETING INCLUDED:

- (1) to update on progress of the Global Immunization Vision and Strategy (GIVS) and the global immunisation and mortality reduction goals in the overall framework of the Millennium Development Goals;
- (2) to share policy decisions and recommendations from the Strategic Advisory Group of Experts (SAGE) and other technical/advisory bodies; and
- (3) to provide WHO and UNICEF global and regional staff, as well as immunisation partner representatives, with technical updates focusing on the programmatic issues related to the global immunisation efforts, including reaching the unreached.

The meeting was organized around the four strategic areas of GIVS (Table 3).

NETWORKING AND ADVOCACY

TABLE 3: TOPICS ADDRESSED DURING THE PLENARY SESSIONS OF THE GLOBAL IMMUNISATION MEETING IN GENEVA, SWITZERLAND, IN FEBRUARY 2010

Introduction session	<ul style="list-style-type: none"> ▪ Opening address by Dr. Daisy Mafubele ▪ Global immunisation overview ▪ GAVI strategy for 2011-2015 ▪ Update on polio eradication
GIVS strategic area 1: protecting more people	<ul style="list-style-type: none"> ▪ Epidemiology of the unvaccinated ▪ Reaching the unvaccinated population ▪ Improving immunisation coverage ▪ Country experiences in reaching under- and unvaccinated children by Bangladesh, Philippines, India, Papua New Guinea and Malawi
GIVS strategic area 2: introducing new vaccines and technologies	<ul style="list-style-type: none"> ▪ Quiz on perceptions of new vaccines ▪ Global update on new vaccine introduction ▪ Opportunities for collaboration between immunisation and malaria control programmes
GIVS strategic area 3: integrating immunisation	<ul style="list-style-type: none"> ▪ Global Action Plan for Pneumonia Prevention and Control ▪ Surveillance Epidemiologique en Afrique Centrale (SURVAC): 5 year demonstration project in Cameroon, Central African Republic and Democratic Republic of Congo
GIVS strategic area 4: global interdependence	<ul style="list-style-type: none"> ▪ Financial sustainability of immunisation programmes ▪ Restoring broken public trust in vaccines and how to respond to public questioning

Side meetings were held every day during lunch time. NESI actively participated in the following side meetings:

- Hepatitis B birth dose: issues discussed included the new WHO policy to introduce universal hepatitis B birth dose; country experiences for delivering HepB birth dose within 24 h of birth (India, Indonesia, the Philippines, Papua New Guinea); discuss integration of EPI and MCH to deliver HepB birth dose.
- Making pregnancy safer and EPI collaboration: to explore further collaboration between maternal health programmes and EPI to improve health of women and children.
- Lessons learned from the Hib Initiative: a video was shown of the Hib initiative with the aim to share lessons learned from the Hib Initiative and to discuss potential implications for other new vaccine introduction.

NETWORKING AND ADVOCACY

- Global action plan for pneumonia prevention and control: review progress of GAPP, next steps, resource mobilisation and the roles and responsibilities of UNICEF, WHO and other partners.

3.2. EPI MANAGERS MEETING FOR EASTERN AND SOUTHERN AFRICA, MAPUTO, MOZAMBIQUE, MARCH 2010

The Annual EPI Managers meeting for Eastern and Southern Africa was organised by the WHO/Inter-Country Support Team (IST) from Eastern and Southern Africa from 10 to 12 March 2010, in Maputo, Mozambique.

The meeting was attended by National EPI managers, UN Agencies, immunisation partners and members of the Task force on Immunisation. The meeting was officially opened by the Minister of Health of Mozambique, Prof. Paulo Ivo Garrido.

THE OBJECTIVES OF THE MEETING INCLUDED:

- (1) to share progress in implementation of immunisation programme activities in the sub-Region;
- (2) to exchange technical updates and up-to-date scientific developments;
- (3) to identify and advance solutions in immunisation financing in the sub-region; and
- (4) to create awareness on immunisation and related activities.

The meeting was organised around seven themes: (1) Routine immunisation services delivery: reaching un-vaccinated children; (2) Data quality; (3) New vaccines introduction; (4) Financing immunisation programmes; (5) Polio eradication; (6) Accelerated disease control (measles, MNT), and (7) Integration.

TARGETS FOR 2010 FOR THE EASTERN AND SOUTHERN AFRICA SUB-REGION INCLUDED:

- (1) Interrupt polio transmission;
- (2) Reach more un-immunised children;
- (3) Improve quality of data timeliness and completeness of reporting; and
- (4) Scale up accelerated disease control activities.

Main recommendations made at the end of the meeting included:

- Routine immunisation: scale up RED approach; review and update immunisation guidelines.
- Data quality and programme monitoring: countries should conduct Data Quality Self-assessment (DQS); ensure consistency in population denominators.

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- New vaccines introduction: conduct post immunisation evaluation to assess the impact of new vaccine introduction on their EPI programs; prioritise support for the expansion of cold chain capacity.
- Immunisation financing: integrate cMYP into national planning and budgeting processes; support countries to develop pooled vaccine procurement system.
- Polio eradication: conduct quarterly district risk analysis for polio importation and develop/implement plans including cross border activities to reduce the risk; conduct at least 2 rounds of polio SIAs in identified high-risk districts; use the opportunity of all child health interventions to provide additional doses of OPV, especially in high-risk districts.
- Accelerated disease control activities: invest more in the Regional measles pre-elimination goal plans to be ready at least one year prior to the SIA's; consider mop-up for under-performing areas.
- Integrated child health interventions: Countries should adapt and implement the joint WHO/UNICEF diarrhoea control strategy and Global Action Plan for Prevention and Control of Pneumonia (GAPP), in addition to other integrated child health interventions including the introduction of new vaccines (rotavirus and pneumo) in order to make significant progress towards achieving MDG4.
- Advocacy, communication and social mobilization: WHO and UNICEF should jointly hold a workshop for health education officers, health promotion officers on strengthening demand for routine Immunisation; develop minimum information, education and communication package on routine Immunisation.

3.3. GLOBAL NEW AND UNDER-UTILISED VACCINES IMPLEMENTATION MEETING, MONTREUX, SWITZERLAND, JUNE 2010

The Global Meeting in Implementing New and Under-utilized Vaccines (NUVI) was organized by WHO/HQ from 23 to 25 June 2010 in Montreux, Switzerland. The main objective of the meeting is to create a forum for individuals working at global, regional and country levels, both in the private and public sectors, to discuss issues related to the introduction of new and under-utilized vaccines.

The following topics were addressed during the plenary sessions:

- Update on progress in the global NUVI plan of action with focus on Hib, pneumococcal and rotavirus vaccines and follow up on actions from the 2009 workshops;
- Emphasizing the availability and functionality of the cold chain and logistics as a key component of the process of new vaccine introduction;
- Coordination between NRAs and NITAGs and/or EPI managers;

NETWORKING AND ADVOCACY

- Financing for new vaccines introduction, including an update from the GAVI Secretariat;
- Update on HPV vaccines - WHO donation policy;
- Roll-out of Meningitis A vaccine in West Africa.

The following topics were discussed at length in the working group sessions:

- Pneumococcal and rotavirus vaccines (including surveillance and cost-effectiveness issues);
- Addressing delays in introducing new vaccines in low middle-income countries;
- Financing and planning for immunisation;
- Concurrent vs. sequential introduction of new vaccines;
- Strengthening immunisation systems and Health Systems with new vaccine introduction;
- Vaccines of regional importance: Cholera and Typhoid;
- Integrated approaches to disease prevention, control and management;
- Data quality and surveillance.

The meeting provided an update on progress in new vaccines implementation in the last year, and improved understanding of issues and constraints faced by countries and stakeholders in introducing new vaccines. It also helped to provide a clearer understanding on roles and responsibilities of partners.



FIGURE 7: PARTICIPANTS AT THE NEW AND UNDER-UTILIZED VACCINES IMPLEMENTATION MEETING IN MONTREUX, SWITZERLAND, IN JUNE 2010

3.4. STRATEGIC ADVISORY GROUP OF EXPERTS MEETING, GENEVA, SWITZERLAND, APRIL AND NOVEMBER 2010

The Strategic Advisory Group of Experts (SAGE) Meetings were organised by WHO from 13 to 15 April 2010, and from 9 to 11 November 2010, in Geneva, Switzerland. SAGE advises WHO on overall global policies and strategies, ranging from vaccine research and development, to delivery of immunisation services and linking immunisation with other health interventions. SAGE usually meets twice a year and reports directly to the Director-General of WHO.

The first session of SAGE usually covers the reports from WHO/IVB and the GAVI Alliance. This is followed by regional reports: in April 2010 the reports from Africa, Eastern Mediterranean and South East Asia were discussed; in November the other WHO regions were covered (Americas, Europe and Western Pacific Region). Other topics addressed by SAGE during 2010 are summarized in Table 4.

One of the new initiatives presented was the '*Decade of Vaccine*' (DoV), which is a vision for the next ten years to achieve immunisation goals and key milestones in the discovery, development and delivery of lifesaving vaccines, with a focus on children and the poor.

THE DOV CONTAINS FOUR WORK STREAMS:

- (1) Strengthening public support for vaccine use and financing;
- (2) Expanding the reach of delivery programmes;
- (3) Maintaining a strong pipeline of R&D; and
- (4) Exploring strategies to ensure global access to sufficient supplies of highly affordable vaccines.

NETWORKING AND ADVOCACY

TABLE 4: TOPICS ADDRESSED BY THE STRATEGIC ADVISORY GROUP OF EXPERTS DURING 2010

Topics discussed at SAGE April 2010	Topics discussed at SAGE November 2010
Report from WHO/IVB	Report from WHO/IVB (focus on: Meningitis A vaccine; conjugate pneumococcal vaccine and the issue of strain replacement; the Decade of Vaccines)
Report from GAVI Alliance	Report from GAVI Alliance
Regional reports (Africa, Eastern Mediterranean, South East Asia)	Regional reports (Americas, Europe, Western Pacific)
Report from Global Advisory Committee on Vaccine Safety	Reports from other advisory committees: Global Advisory Committee on Vaccine Safety; Expert Committee on Biological Standardization; Immunization Practices Advisory Committee; Quantitative Immunization and Vaccine-Related Research Advisory Committee
Revision of prequalification procedure for vaccines	Seasonal and pandemic influenza
Impact of the introduction of new vaccines on immunisation and health systems	Polio eradication
Pertussis vaccines	Feasibility of measles eradication
HIV vaccine trial	Typhoid vaccines
Influenza vaccines	Optimising immunisation schedules
Grading and review of evidence	Lower-middle-income countries: sustainable adoption and financing for new vaccines
Global polio eradication initiative	Accessibility of affordable vaccines: gaps and WHO's role in supporting emerging manufacturers
	The epidemiology of unimmunized children and gender-related issues

NETWORKING AND ADVOCACY

Future items for 2011-2012 SAGE meetings were listed as follows:

Cross-cutting and strategic issues: Decade of Vaccine/delivery framework; use of vaccine in humanitarian crisis; immunisation schedules; target product profiles; reinforcing surveillance networks; impact of introduction of new vaccines on strengthening of immunisation and health systems; strategic options for older age groups vaccination.

Vaccine specific policy recommendations and updates: tick-borne encephalitis; rubella; hepatitis A; meningitis; seasonal and pandemic influenza; update on rota, pneumo, HPV and JE; polio; yellow fever; and varicella.

SAGE is for NESI an excellent opportunity for networking but also for understanding the rationale underpinning most of WHO's recommendations on vaccines and immunisation. These evidence-based arguments subsequently can be rapidly included in NESI's training/teaching activities enriching discussions with the most recent information, especially relevant for vaccinology courses and immunisation management courses.

3.5. SECOND ANNUAL REGIONAL CONFERENCE ON IMMUNISATION AND 17TH AFRICAN REGIONAL INTER-AGENCY COORDINATION COMMITTEE, OUAGADOUGOU, BURKINA FASO, DECEMBER 2010

The second Annual Regional Conference on Immunisation (ARCI), organised by WHO/AFRO, took place from 6 to 8 December 2010 in Ouagadougou, Burkina Faso, followed by the African Regional Inter-Agency Coordination Committee on 9 December 2010.

The theme for the second ARCI meeting was 'Reaching every child in the African Region with immunisation'. Participants received an update on attaining the polio eradication milestones in Africa, as well as highlighting the necessity to continue to strengthen health and surveillance systems. It emphasises the importance of routine immunisation and reaching the unreached to better control and prevent unnecessary deaths and suffering.

The official opening was attended by: Dr Seydou Bouda, Minister of Health of Burkina Faso; Dr Margaret Chan, WHO Director-General; Dr Helen Evans, GAVI Alliance interim CEO; Dr. Tachi Yamada, Bill and Melinda Gates Foundation; Dr. Gianfranco Rotigliano, UNICEF Regional Director for West and Central Africa.

The following items were addressed during three plenary sessions: (1) the progress, challenges and opportunities of polio eradication in the African Region; (2) reaching the un- and under-immunised children in the African Region; and (3) accelerated disease control initiatives in the African Region.

NETWORKING AND ADVOCACY

In addition to the plenary sessions, two parallel sessions were organised. The first parallel sessions focused on polio eradication in the African Region and discussed: (1) interrupting endemic and re-established transmission in Africa; (2) preventing new international spread and outbreaks.

The second parallel sessions were built around: (1) routine immunisation; (2) new vaccines; and (3) immunisation financing.

At the same time of the ARCI meeting, the official launch of the new meningitis A vaccine, MenAfriVac, took place in Burkina Faso. The vaccine is specifically designed for Africa and will help to eliminate meningococcal A epidemics in the 25 countries of the meningitis belt, stretching from Senegal in the west to Ethiopia in the east. After introduction of MenAfriVac in Burkina Faso, the vaccine will be introduced in Mali and Niger.

The ARCI meeting was organised back-to-back with the ARICC meeting, which gathered a wide group of existing and new donors to international immunisation efforts, development banks and national governments to discuss the financial sustainability of immunisation programmes in Africa. WHO, UNICEF and GAVI presented their 2010 financial reports. Dr. Moeti, Assistant Regional Director, presented the strategic directions for WHO for the period 2010 to 2015. The 2011 plan of action was presented by Dr. Nshimirimana.

SIXTH NESI OVERSIGHT COMMITTEE MEETING, BRUSSELS, BELGIUM, APRIL 2010

NESI is a public-private partnership between the University of Antwerpen and the private sector. An Executive Secretariat coordinates and implements activities for the network. The Executive Secretariat reports to the Oversight Committee, which advises on strategy and budget allocation, and reviews outcomes. The Oversight Committee is composed of representatives from the public-private partnership, representatives from partner universities and international health organisations and alliances, and international vaccinology experts (Table 5).

Specifically, the committee:

- shapes a strategic vision and direction for NESI;
- advises on the strategy to follow;
- defines priorities;
- stimulates/fosters participation of GAVI partners and others in the implementation of NESI activities;
- reviews the plans, evaluates the postulated goals and endorses the work plan and the related budget allocation;
- facilitates networking and collaboration with other bilateral and multilateral stakeholders engaged in the area of capacity building for immunisation programmes;
- ensures the academic freedom of NESI in planning and implementing its activities;
- verifies the independency of the activities organised by NESI in relation to its sponsors.

The 6th NESI Oversight Committee Meeting was organised in Brussels on 12 April 2010.

The Executive Secretariat reported to the Oversight Committee on the implementation of the Plan of Action and the financial report for the year 2009. After the discussion of the reports, the secretariat presented the work plan for 2010. Based on the discussions of the report for the year 2009 and the work plan for the year 2010, the members of the committee formulated recommendations and approved the NESI work plan and the related budget allocation for the year 2010.

Having been established in 2002, NESI is currently in its 10th year of implementation. Therefore, time has come to evaluate NESI's activities which are conducted in order to achieve its mission of improving the quality and sustainability of immunisation programmes in low and middle-income countries through education and training. An updated strategy to achieve its mission will be developed for the next five years of implementation of the network's activities.

NESI OVERSIGHT COMMITTEE MEETING

TABLE 5: MEMBERS OF THE NESI OVERSIGHT COMMITTEE

Members	Affiliation
Prof. Paul-Henri Lambert – <u>Chairman</u>	Professor, CMU Centre of Vaccinology, University of Geneva, Switzerland
Dr. Bernd Benninghoff	Director Global Medical Affairs, GlaxoSmithKline Biologicals, Belgium
Prof. Mohammed Bouskraoui	Professor and Head Paediatrics, CHU Mohammed VI, Morocco
Prof. Tandakha Dieye	Head Immunology Unit, Le Dantec Univ. Teaching Hospital, University Cheikh Anta Diop, Senegal
Dr. Carine Dochez	Programme Manager, NESI, Department of Epidemiology and Social Medicine, University of Antwerp, Belgium
Prof. Anwar Hoosen	Professor and Head Medical Microbiology, University of Pretoria, South Africa
Prof. Najwa Khuri-Bulos	Professor and Chairman Paediatrics Department, Jordan University Hospital, Jordan
Dr. Raj Kumar	Senior Programme Officer, GAVI Alliance Secretariat, Switzerland
Dr. Heidi Larson	Senior Lecturer, London School of Hygiene and Tropical Medicine , UK
Prof. André Meheus	Senior Advisor, NESI, Department of Epidemiology and Social Medicine, University of Antwerp, Belgium
Dr. François Meurice	Vice President, Global Medical Affairs - Paediatric Vaccines, GlaxoSmithKline Biologicals, Belgium

NESI OVERSIGHT COMMITTEE MEETING

Members	Affiliation
Mrs. Panayota Bird-Sakulias	Supranational Government Director, GlaxoSmithKline, UK
Dr. Gamal Saleh	Vice President, Vaccines, Emerging Markets, GlaxoSmithKline, UK
Dr. Afisah Zakariah	Deputy Director, Policy, Planning, Monitoring and Evaluation Directorate, Ministry of Health, Ghana

CONTACTS

NESI

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