Meeting Report

Ninth Pacific Immunization Programme Managers Meeting

1–5 March 2016
Nadi, Fiji
WORLD HEALTH ORGANIZATION  
REGIONAL OFFICE FOR THE WESTERN PACIFIC  
AND  
UNITED NATIONS CHILDREN'S FUND PACIFIC OFFICE  

MEETING REPORT  

NINTH PACIFIC IMMUNIZATION PROGRAMME MANAGERS MEETING  

Convened by:  

WORLD HEALTH ORGANIZATION  
REGIONAL OFFICE FOR THE WESTERN PACIFIC  
AND  
UNITED NATIONS CHILDREN'S FUND PACIFIC OFFICE  

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NOTE

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This report has been prepared by the World Health Organization Regional Office for the Western Pacific and the UNICEF Pacific Office for the participants in the Ninth Pacific Immunization Programme Managers Meeting, which was held in Nadi, Fiji from 1 to 5 March 2016.
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Keywords:

Immunization programs/Pacific Islands/Vaccines/Measles-epidemiology/Rubella
SUMMARY

The Ninth Pacific Immunization Programme Managers Meeting was jointly convened by the World Health Organization (WHO) Regional Office for the Western Pacific and the United Nations Children’s Fund (UNICEF) Pacific Office at the Tokatoka Resort Hotel in Nadi, Fiji from 1 to 5 March 2016. There were 21 participants from 17 Pacific island countries and areas, three observers, and one temporary adviser, apart from the Secretariat from WHO and UNICEF.

Global and regional updates on accelerated disease control, introduction of new vaccines and progress on the Global Vaccine Action Plan (GVAP) were presented. Of note, all Pacific island countries and areas have remained poliomyelitis-free. Endemic measles virus transmission has likely been interrupted, and many countries and areas are likely to have reached the hepatitis B control goal.

Immunization system challenges and equity in the Pacific were also discussed. In order to assure long-term and sustainable gains in immunization and other health services, it is essential to continue to invest in and strengthen the health and immunization systems and increase their resilience with respect to the ongoing natural disasters. Immunization inequities can be addressed by identifying the high-risk communities, including them in health facilities’ microplans, and systematically addressing the social distance barriers.

The Vaccine Independence Initiative (VII) has been assuring vaccine supply security for 13 Pacific island countries and areas since 1995. While ensuring uninterrupted access to prequalified vaccines and immunization supplies, countries are also benefiting from technical support for forecasting, stock management, supply chain management and temperature monitoring. Since 2015, the VII has expanded to include the option of procuring cold chain equipment through its revolving fund mechanism, and may include other life-saving medicines in the Pacific in the future.

Technologies available for improving immunization supply chains are evolving rapidly in response to a marked increase in global demand and availability of funding mechanisms to support the adoption of innovative approaches.

Advocacy, social mobilization and behaviour change communications remain key strategies in demand generation and community engagement. In devising appropriate activities, it is essential to consider the problem statements, desired behaviours, objectives, audience and the mentioned communications strategies.

A measles outbreak preparedness and response plan incorporating the four key components of advocacy, notification system for enhanced surveillance, risk analysis and standard operating procedures is important in view of increased outbreaks of measles since 2013.

Pacific island countries have introduced or are planning to introduce new vaccines. A few have conducted programmatic post-introduction evaluations. Key issues to consider when making decisions about vaccine introduction, including economic analyses, were shared and discussed. Country successes and lessons learnt from new vaccine introduction were discussed.

Per the GVAP annual progress reports, improved recording, reporting and overall data quality must be made a greater priority. Programmes are encouraged to complete the WHO/UNICEF Joint Reporting Form on Immunization in full as an opportunity to critically review both current and historical programme data. High-quality data are critical to effectively direct a programme’s activities.
1. INTRODUCTION

1.1 Meeting organization

The Ninth Pacific Immunization Programme Managers Meeting was convened by the World Health Organization (WHO) Regional Office for the Western Pacific and the United Nations Children's Fund (UNICEF) Pacific Office at the Tokatoka Resort Hotel in Nadi, Fiji from 1 to 5 March 2016.

There were 21 participants from 17 Pacific island countries and areas, three observers and one temporary adviser, apart from the Secretariat from WHO and UNICEF.

The meeting focussed on four core topics (for all participants), namely routine immunization, surveillance and laboratory, data management and vaccine management, and two concurrent topics namely, Vaccine Independence Initiative (VII) and communications and social mobilization on the afternoon of second day, and two other on human papillomavirus vaccine (HPV) introduction and measles outbreak response on the third day afternoon. Participants were given the choice to join the session relevant to them on each of the two days. These topics were finalized after discussions with countries and Pacific immunization programme partners.

1.2 Meeting objectives

The objectives of the meeting were:

1. to review national immunization programmes status, identify major bottlenecks to achieving and sustaining expected immunization coverage levels and, with selected priority Pacific island countries and areas, to develop a set of priority activities to improve coverage;
2. to review the status, identify challenges to implement measures for strengthening Expanded Programme on Immunization (EPI) and vaccine-preventable diseases surveillance, and quality data management;
3. to identify the challenges, successes, lessons learnt and ways forward from human papillomavirus (HPV) vaccine introduction as part of comprehensive cancer control plan;
4. to identify lessons learnt from recent measles outbreaks and how to organize outbreak response immunization in the future;
5. to review the status, key indicators and future direction of the Vaccine Independence Initiative (VII), strengthen capacity in vaccine management and update on recent assessment findings, including logistics and stock management; and
6. to strengthen capacity of EPI managers in strategic communications, advocacy and social mobilization.

2. PROCEEDINGS

2.1 Opening session

The opening session started with devotions by Dr Lisi Tikuduodua.
Mr Nahad Sadr-Azodi delivered the opening remarks on behalf of Dr Karen Allen, UNICEF Pacific Representative, who stated: "We all appreciate the value of vaccines, and today we have many more vaccines available to our children, so together we must make sure that every child actually receives these life-saving vaccines."

Dr Liu Yunguo delivered opening remarks on behalf of Dr Shin Young-soo, WHO Regional Director for the Western Pacific. He stressed that sustaining the successes of the Pacific immunization programmes will require greater efforts. Failure to sustain high routine immunization coverage would result in vaccine-preventable disease outbreaks like the imported measles outbreaks in three countries since the last meeting.

Dr Meciusela Tuicakau, Permanent Secretary, Ministry of Health and Medical Services, welcomed everyone to the beautiful islands of Fiji. The Government of Fiji is committed to strengthening its immunization programme and thereby reducing the morbidity and mortality due to vaccine-preventable diseases. The routine immunization coverage in Fiji has been consistently high for years.

2.2 Global and regional update

2.2.1 Accelerated disease control

Dr William Schluter presented an update on global and regional accelerated disease control efforts. The presentation focused on the implementation of Objective 1 (detect and interrupt poliovirus transmission) and Objective 2 (immunization systems strengthening and withdraw oral polio vaccine) of the Polio Eradication and Endgame Strategic Plan 2013 – 2018 as well as information on maintaining elimination of maternal and neonatal tetanus. Wild poliovirus transmission continues only in two countries: Afghanistan and Pakistan; whereas, recent circulating vaccine-derived poliovirus outbreaks are ongoing in five countries: Guinea, the Lao People's Democratic Republic, Madagascar, Myanmar, Nigeria and Ukraine. All Pacific island countries have now introduced at least one dose of inactivated polio vaccine (IPV) and are on track to complete the switch from trivalent (tOPV) to bivalent oral polio vaccine (bOPV) in April 2016. All of the Pacific island countries have eliminated maternal and neonatal tetanus, but at least four countries do not yet provide any booster doses of tetanus toxoid for boys or men after age five.

2.2.2 Introduction of new vaccine

Dr James Heffelfinger gave a global and regional update on new vaccine introduction. He discussed the regional framework for implementation of GVAP goals and objectives, the current status of new vaccine introduction through 2014, the WHO recommendations for new and underutilized vaccines, the list of WHO vaccine position papers published in the last two years, and the 2014 guidance for new vaccine introduction. He also presented global and regional status updates on pneumococcal conjugate, rotavirus and HPV vaccines and gave a brief description of recent guidance on documenting vaccine impact and assessing vaccine cost and cost-effectiveness.

2.2.3 Global Vaccine Action Plan 2011–2010

Dr Jorge Mendoza Aldana presented the GVAP targets for 2015 and 2020 and the eight immunization goals of the regional framework for the Western Pacific Region. The GVAP annual progress reports have repeatedly highlighted the need for improved recording, reporting and overall data quality. At the global level, five of the six mid-point GVAP targets remain off track. In the Western Pacific Region, every country has maintained its polio-free status; seven countries have been verified for
measles elimination by 2015; 34 countries have been validated as having achieved maternal and neonatal elimination including the 20 Pacific island countries; and 12 countries including three Pacific island countries have been verified for hepatitis B control. He also addressed vaccine stock outs in Pacific island countries since 2008. The recommendations of the Strategic Advisory Group of Experts (SAGE) on Immunization were also shared.

2.3 Pacific health systems and immunization coverage

A presentation on public health systems and immunization coverage was given by Mr. Nahad Sadr-Azodi. Immunization performance is generally a reflection of the overall health system performance. Health systems comprise the six building blocks of leadership/governance, workforce, service delivery, information management, health financing and essential medicines. In the Pacific, all countries are deemed at least middle income, yet a number of the health systems face chronic challenges and threats. Five countries are ranked by the World Bank as “fragile”, and the United Nations Department of Economics and Social Affairs ranks four countries as “least developed”. Three Pacific countries rank in the top six of the World Risk Index. Since 2014, nine countries have been hit by at least one major natural disaster. It appears those countries that have faced an emergency in recent years, or are indicated as fragile, least developed or most at risk, are also dealing with chronically low or stagnating immunization coverage, high dropout rates or have had measles outbreaks in 2014 and 2015.

2.4 Immunization system challenges and equity in the Pacific

Dr. Xiaojun Wang discussed immunization system challenges and equity in the Pacific. Relevant data revealed that vaccination coverage was not universally high across the Pacific, with a declining trend observed in a few countries. Country examples highlighted coverage disparities by certain factors such as geographic areas or wealth; and countries face challenges to address social or geographic distance. Vaccine effective management assessments showed significant gaps in the performance of immunization supply chain systems across the region. Pacific island countries faced common barriers in providing universal vaccination services to all, including: lack of basic infrastructure; difficulties in securing uninterrupted vaccine supplies for remote health facilities and bringing services to the vulnerable communities; irregular collection of reliable data; resource constraints (human resources and funding); and weak health management. New challenges have also emerged, like population mobility and extreme weather. Some practical solutions exist to address those concerns, to be discussed in various sessions throughout the meeting.

2.5 Vaccine security update

Mr. Murat Öztürk gave an overview of vaccine security. Vaccine security is the assurance of availability of vaccines, at right quantities, at right times, at affordable prices and at desired quality level. Production characteristics of vaccines and market conditions require specific approaches to vaccine procurement. Accurate forecasting, timely availability of funds, adequate information on products and appropriate procurement mechanisms are important areas to focus. For countries benefiting from VII, the customized forecasting tool and vaccine order form provides guidance on accurate forecasting and vaccine procurement budget needs. In addition to programmatic considerations, presentation of the product, vaccine vial monitor, shelf-life and price are important points to make to the final procurement decision. In the vaccine market, countries would save more as they buy more. Pooled vaccine procurement mechanisms have proven their efficiency and
effectiveness around the globe. Accurate forecasting and guaranteed funding availability are important. Global availability and constraints of different vaccines were briefed.

2.6 Surveillance systems in the Pacific

Dr Jayaprakash Valiakolleri discussed the hospital-based active surveillance (HBAS) and syndromic surveillance systems in the Pacific. The HBAS system is considered to be comprehensive for detecting all acute flaccid paralysis (AFP) cases in the Pacific, and functions primarily as a sentinel system for acute fever and rash (AFR) illnesses. The standard case definitions for AFP, AFR and neonatal tetanus were presented. Syndromic surveillance is based only on clinical signs and symptoms. An increase in the number of cases indicates a possible problem. Alert thresholds for the syndromes are developed based on past trends. Counts exceeding these thresholds trigger additional public health action.

Mr Taniela Sunia Soakai gave an overview of laboratory strengthening in the Pacific. Activities specific to LabNet include training, referral and shipping of biological specimens, disease-specific testing and information sharing. The LabNet activities are coordinated through a technical working body involving members of various partners.

2.7 Principles of AFP case-based surveillance and AFP surveillance in the Pacific

Dr Valiakolleri presented the principles of AFP case-based surveillance for polio and the AFP surveillance process. The two key indicators for AFP surveillance performance are: 1) non-polio AFP rate (NPAFP), with a minimum target of 1 per 100 000 population under 15 years; and 2) stool adequacy, with a minimum target of 80%. Stool adequacy is defined as two adequate stool samples collected at least 24 hours apart and within 14 days after onset of paralysis and specimens arriving at the laboratory of adequate volume, have appropriate documentation and be in good condition.

The last known cases of laboratory-confirmed polio in the Pacific were detected during an outbreak in New Caledonia between August and November 1982, and the last clinical case of “poliomyelitis” (i.e. no laboratory documentation) was reported by Vanuatu in 1989. The NPAFP rate for the Pacific region exceeds the minimum target. However, analysis of data indicates that many countries do not meet the target.

2.8 Principles of measles case-based surveillance

Dr Schluter presented the principles of measles and rubella surveillance. Case-based surveillance as opposed to aggregate reporting allows for the analysis of data in more detail. This leads to better understanding of the patterns of disease transmission and more effective implementation of outbreak response and disease control measures. Cases can be confirmed by testing clinical specimens (e.g. serum, oral fluid or dried blood spots) for measles-specific antibodies. Collection of specimens (e.g. throat swabs or urine) for virus isolation is also important so that virus genotyping can be completed. Specimens should be collected on first contact, but the best specimens for virus isolation are collected by the fifth day after rash onset. Specimens for case confirmation through antibody testing are more likely to be positive if collected 3–28 days after rash onset. In case-based surveillance, there are 10 core variables that should be collected and reported for every suspected case. WHO pays for specimen shipment to and laboratory testing at WHO-accredited laboratories.
2.9 Measles surveillance case study

Meeting participants were divided into three groups and worked together to complete a measles surveillance outbreak scenario. The scenario reviewed the principles of timely case detection and investigation, prioritization of contact tracing, specimen collection and implementation of control measures.

2.10 Microplanning for reaching every community

Dr Julian Bilous gave a presentation on microplanning followed by group work on overcoming immunization inequities. The session familiarized participants with simple microplanning steps to address the problem of marginalized children who are consistently missed by the routine immunization system. Pacific island countries have mature immunization systems, but some still have inequities in immunization coverage between different social and economic communities. Marginalized children are at high risk of disease and often live in communities and populations that can be described as urban poor, migrants, ethnic minorities, rural and remote, internally displaced or affected by natural disasters. Marginalized and underserved children are more likely to bear the risk of disease outbreaks. New vaccines may not reach all populations, resulting in high morbidity and mortality. They are often overlooked because of the barriers in cost and extra work needed to reach them. The microplanning steps included identifying and mapping marginalized communities, prioritizing these communities, connecting health centres and communities more closely, monitoring marginalized communities by checking immunization cards, and providing and tracking adequate resources.

2.11 Application of microplanning in Vanuatu

Vanuatu has reported low routine immunization coverage for many years. Coverage with three doses of diphtheria–pertussis–tetanus (DPT3) and measles vaccines have been under 70% and 60%, respectively, for more than 15 years. In response to the situation, in early 2014, the country decided to conduct microplanning workshops nationwide at the health-facility level. During the workshops, nurses from the health-facility level were trained to identify bottlenecks and priority areas, produce high-quality microplans and perform data management. The main cause of low coverage was identified as the irregularity of outreach activities in almost all facilities. With the adoption of microplans, which consist of an operational map, session plan, workplan and most importantly a budget plan, health facilities were able to mobilize funds to reactivate their outreach activities. It was reported that immunization coverage improved after applying microplanning; however, the findings need to be validated by a coverage survey.

2.12 Vaccine Independence Initiative (VII)

The VII has been assuring vaccine supply security for the 13 Pacific island countries since 1995. The VII mechanism involves pooled procurement and credit line support together with technical assistance on operational and financial planning. In February 2015, UNICEF Executive Board endorsed a critical decision for the future extension and expansion of VII. Expansion to other essential commodities (including health, nutrition, water, sanitation and hygiene, and education supplies) is envisioned. Starting from 2015, procurement of cold chain equipment has become possible through utilizing VII credit line.

Forecasting vaccine needs, renewing VII agreement and letter of guarantee, ordering, receiving and invoicing are some of the important milestones of the annual supply chain cycle which were covered.
in depth during the session. Discussions covered utilization of VII tools, changes in the renewed VII agreement, regional buffer stock and annual payment cycles. The results of a recent customer satisfaction survey on VII operations were also presented.

2.13 Communicating immunization

Effective communication is key to EPI systems strengthening. It can support behaviour change, advocacy and resource mobilization. This session covered four components of effective EPI communication: external communication, communication for behaviour and social change, strategic storytelling and advocacy.

In this session, participants explored the ways that effective communication can support immunization outreach, uptake and promotion. As part of this, the group considered interpersonal communication approaches and the principles of effective communication for behaviour and social change. Furthermore, participants looked at ways to leverage storytelling techniques to support EPI promotion and outreach. Specifically, they explored ways to use stories to advocate, persuade, connect and influence in support of strengthened EPI outcomes.

The session concluded with a discussion about human rights-based approaches to advocacy – supporting community rights holders to claim their rights from duty bearers. Participants also gained a clearer understanding of the distinction between advocacy, campaigns and lobbying, and the steps involved in strategic advocacy for EPI.

2.14 Immunization data

Dr David Brown presented on the importance of immunization data. Collection, analysis and synthesis, and use of data are fundamental to immunization programmes at all levels, particularly for achieving regional goals related to improved reach of immunization services to all children regardless of their socioeconomic position or where they reside (e.g. equity). Data are used for monitoring and accountability and for management. Using data for decision-making can transform a monitoring system into a management system, leading to continuous systems strengthening. It is important for staff at all levels to be critical of the data produced by immunization delivery, to question the quality and to periodically examine the data quality of the information system to allow proper management of the programme and empower health workers while making them more effective. Data assessment tools exist to help programmes identify system gaps through root-cause analysis, from which tailored solutions can be implemented and adapted to programme priorities, infrastructure, organizational capacities and levels of integration.

2.15 New and emerging supply chain technologies and distribution

Terry Hart provided an overview of the sources and models of cold chain equipment and temperature monitoring devices that have been prequalified by WHO through its Performance, Quality and Safety (PQS) process. Prequalified equipment and devices are now included in the WHO PQS devices catalogue, which is regularly updated. The catalogue includes databases of vaccine refrigeration and passive containers. A few technologies that are key to the enhancement of supply but not currently included in the WHO/PQS catalogue include data management technologies and software packages, transport and distribution simulation packages and standby power packs, with or without solar panels, to electrify health facilities.
The presentation familiarized participants with the WHO/PQS tools and highlighted examples of devices in the categories. The presentation also introduced the scope, functionality and examples of applications of data management devices (for stock, temperature, inventory management of immunization and maternal and child health programmes), and transport and distribution simulations targeting measures to increase sustainability of EPI supply chains.

2.16 Appropriate technologies to support EPI

In his presentation on appropriate technologies to support EPI, Terry Hart presented key findings from field visits to Vanuatu (examination of sustainable energy issues and policies) and Fiji (review of annual temperature and sunlight profiles). The presentation outlined key decisions to consider as a prerequisite to determining technologies appropriate to respond to critical gaps and shortcomings of EPI and MCH programmes. For example, the decision to provide sustainable energy for a health facility, rather than just for a refrigerator, in situations where electrical power supply is poor or intermittent will have an impact on the technology solutions proposed. Issues such as the need for freezing capacity, bearing in mind the dangers of freezing vaccines from poorly conditioned ice packs and the likelihood that OPV may no longer be part of supply chain stock items by 2020, were also flagged as critical decisions to be made in selecting appropriate technologies for sustainable supply chains. Critical decisions must also include sustainable energy approaches relating to outsourced services, mobile phone apps for data management and simulation tools for network optimisation.

2.17 Cold chain management in Fiji

Dr Torika Tamani presented on cold chain management in Fiji. She highlighted the need for standardized, coordinated and transparent efforts to ensure a safe and efficient vaccine supply system. Fiji delivers health services to more than 850 000 citizens through a hierarchical health delivery system from the Ministry of Health and Medical Services headquarters down to the lowest operational level in the community. This coordinated system has contributed to the success of the EPI progress in Fiji. However, due to geographical constraints, EPI service provision is always challenged by the demand for transport, human resources and power to support cold chain equipment. The urgent needs of cold chain equipment for Fiji were mentioned. Combined and coordinated efforts by the Ministry of Health and Medical Services and donor partners are essential to the success of the EPI programme in Fiji.

2.18 Measles concurrent session

Dr Schluter presented an overview of regional goals endorsed by the Regional Committee regarding measles and rubella elimination. Overall coverage with measles-containing vaccine is estimated to be high in the Pacific region, and coverage is gradually improving with recent progress in countries that had reported lower coverage in earlier years. Recent supplemental immunization activities have helped increase population immunity against measles and rubella. By the end of 2015, all countries and areas had introduced rubella-containing vaccine into their national immunization schedules. Only three countries have not yet introduced a routine second dose of measles vaccine: the Lao People's Democratic Republic, Solomon Islands and Vanuatu, but the former two are planning to request financial support for introduction from Gavi before 2018. Measles virus transmission was at historic lows in 2012. Following a regional resurgence of measles in 2013-2014, fewer cases were reported in 2015 and the first weeks of 2016.
2.19 Measles outbreak preparedness and response plan

A group work activity was completed to review the components of a measles outbreak preparedness and response plan. Four components that should be included are as follows: 1) advocacy; 2) notification system for enhanced surveillance; 3) risk analysis; and 4) standard operating procedures. The plan from Macao SAR (China) was used as an example of how the various components could be included in a relatively brief plan. The purpose of each component was reviewed and examples of risk analysis were shared from Mongolia and Vanuatu.

2.20 Concepts in new vaccine introduction

Dr Heffelfinger presented on concepts in new vaccine introduction. He summarized the most salient issues presented in WHO’s Principles and considerations for adding a vaccine to a national immunization programme: From decision to implementation and monitoring (http://apps.who.int/iris/bitstream/10665/111548/1/9789241506892_eng.pdf?ua=1), including key issues to consider during the decision-making process, a summary of economic tools that can be used, the planning process, choice of immunization strategy, selection of the vaccine formulation to be used, and monitoring and evaluation.

2.21 HPV vaccine: Solomon Islands demonstration project experience

Ms Jenniffer Anga, Solomon Islands EPI Manager, gave a presentation on the HPV vaccine demonstration project that began in 2015. She gave an overview of mortality in Solomon Islands due to cervical cancer, key issues in decision-making to implement the project, the scope of the project, pre-implementation (including microplanning, funding and training) and implementation issues (including communication, vaccine management and delivery strategies), monitoring and evaluation, and lessons learnt regarding facilitators for and challenges to the demonstration project. The presentation generated a lively discussion about issues related to HPV introduction in Pacific island countries.

2.22 Rotavirus vaccine: introduction in Kiribati

Mr Beia Tawaia, Kiribati EPI Manager, gave a presentation on the 2015 rotavirus vaccine introduction in Kiribati. The rotavirus vaccine was introduced in Kiribati as part of a comprehensive child survival package, integrating immunization, nutrition, hygiene and communication interventions. He summarized key issues in decision-making to implement the project, the target population, delivery strategies, activities with associated costs, communication and advocacy activities, training and orientation, implementation and delivery, integration into the immunization schedule, monitoring and evaluation, funding and sustainability, future plans for scaling up, and lessons learnt regarding facilitators for and challenges to the introduction.

2.23 Dengue vaccine: efficacy, safety, issues related to introduction, and a case study

James Heffelfinger gave a broad overview of the burden of dengue disease in the Western Pacific Region and highlighted recent outbreaks. He also discussed the WHO Global strategy for dengue prevention and control 2012 – 2020 and findings from studies on the safety and efficacy of the newly licensed dengue vaccine, CYD-TDV. Lastly, he posed questions to the audience and presented a dengue case study for discussion. There was some discussion by the group about the safety of CYD-TDV and the expense of the vaccine.
2.24 The essentials of data in the Western Pacific Region: Data quality and quality
WHO/UNICEF Joint Reporting Form (JRF)

Dr Mendoza Aldana presented on the collection of quality data in the Pacific. Programmes are encouraged to complete the WHO/UNICEF Joint Reporting Form on Immunization (JRF) in full as an opportunity to critically review both current and historical programme data. High-quality data are complete, timely and reflective of the programme’s activities, and are critical for making decisions about future activities. Unfortunately, data collection in the Pacific region is sometimes challenged by data incompleteness and inconsistencies, both across sections of the JRF and compared to previous years’ reports. Countries can submit revisions with accompanying explanations to any and all data previously reported.

The WHO and UNICEF estimates of national immunization coverage are an independent technical assessment by WHO and UNICEF of national immunization system performance that utilize the data reported by countries in the JRF, but the two exercises are separate activities.

2.25 EPI review supported by the Australian Department of Foreign Affairs and Trade (DFAT)

Mr Taniela Sunia Soakai presented the findings of the DFAT EPI review. The methodology and limitations of the review were stressed. Most countries have attained sustained high levels of access and coverage, but there is potential for outbreaks of vaccine-preventable diseases in many Pacific island countries. For DPT, the dropout rate between the first and third doses is still high, doses are given late and the proportion of unimmunized children is high in some countries. The low measles coverage over many years poses risks for future outbreaks. Health workers at the periphery need additional training on safe vaccine handling and storage to preserve vaccine potency. Challenges in Pacific island countries relate to geographical and developmental context, financing, health systems and effectiveness of developmental partners support.

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

In the meeting, only recommendations were discussed and finalized by the participants.

3.2 Recommendations

3.2.1 Recommendations for countries and areas

1) Countries and areas are encouraged to review, and if necessary modify, the national immunization schedule to provide protection against tetanus and diphtheria from infancy through adulthood for both males and females.

2) Countries and areas are encouraged to implement integrated pneumonia and diarrhoea prevention, protection and treatment programmes.

3) Countries and areas are encouraged to send specimens collected from acute flaccid paralysis or suspected measles/rubella cases for laboratory testing.

4) Countries and areas are encouraged to develop or update as needed measles outbreak preparedness and response plans.
5) Countries and areas are encouraged to identify and reach children missed from routine vaccination services using microplanning and Reaching Every Community tools and to ensure all health facilities have adequate resources to implement microplans.

6) Countries and areas are encouraged to build the interpersonal communication capacity of health workers to link health staff with communities.

7) VII members are encouraged to discuss with national authorities the letters of guarantee, inclusion of essential medicines and commodities, and payment cycles to provide feedback to UNICEF.

8) Countries and areas are encouraged to prepare or update periodically cold chain equipment inventory, and develop an improvement plan for implementation.

9) Countries and areas are encouraged to conduct formal and informal health facility/community level data quality assessments.

10) Countries and areas are encouraged to complete and submit the WHO/UNICEF Joint Reporting Form while utilizing the time to critically review current and prior years’ data.

3.2.2 Recommendations for development partners

1) WHO is requested to provide support in arranging for specimen transportation to WHO-accredited laboratories.

2) WHO and UNICEF are requested to provide support in developing advocacy packages for resourcing integrated pneumonia and diarrhoea prevention, protection and treatment interventions.

3) WHO and UNICEF are requested to support capacity development on using the microplanning tools.

4) UNICEF and development partners are requested to provide technical support in improving interpersonal communication capacity among health workers to increase community demand.

5) UNICEF and WHO are requested to strengthen in-house cold chain expertise especially with regard to product reliability.

6) UNICEF is requested to provide an information package regarding the proposed changes within the VII.

7) UNICEF and development partners are requested to mobilize resources to supplement vaccine buffer stocks by stockpiling the minimum levels of essential vaccines and commodities at the regional warehouse to assure timely responses to stock outs, outbreaks and emergencies.

8) Development partners are encouraged to provide timely technical and financial support to countries in response to outbreaks and emergencies.

9) WHO and development partners are encouraged to advocate for review of immunization performance in the Pacific based on complementary composite and health systems-related indicators, such as the World Bank’s Fragile States, the United Nations Department of Economic and Social Affairs’ Least Development Countries and/or the United Nations University’s World Risk Index.

10) Development partners are encouraged to re-establish or strengthen the communication network among them.
ANNEXES

Annex 1. Provisional Agenda

NINTH PACIFIC IMMUNIZATION PROGRAMME MANAGERS MEETING

Nadi, Fiji
1-5 March 2016
ENGLISH ONLY

PROVISIONAL AGENDA

1. Opening session
2. Global and regional update
3. Pacific health systems and immunization coverage
4. Immunization system challenges and equity in the Pacific
5. Vaccine security update
6. Surveillance systems in the Pacific
7. Principles of AFP case-based surveillance and AFP surveillance in Pacific
8. Principles of measles case-based surveillance
9. Measles surveillance case study
10. Microplanning for reaching every community
11. Application of microplanning in Vanuatu
12. Vaccine Independence Initiative*
13. Communicating Immunization*
14. Information management system
15. Temperature monitoring and distribution network (New and emerging supply chain
technologies and distribution)
16. Energy mapping and distribution plan in Fiji
17. Appropriate technology assessment and new technologies in cold chain
18. Vaccine management/cold chain logistics plan for 12 months
19. Measles elimination in the Western Pacific (measles concurrent session)**
    19.1. Progress on measles elimination in the Pacific
19.2. SRVC recommendations
20. Plenary on new vaccines (new vaccines concurrent session)**
    20.1. Country experience on HPV Introduction - Solomon Islands
    20.2. Country experience on Rota vaccine introduction – Kiribati
21. Department of Foreign Affairs and Trade (DFAT) EPI review
22. The essentials of immunization data in Western Pacific Region: Data quality and quality
    WHO/UNICEF Joint Reporting Form (JRF)
23. Introduction to group work on JRF and brief questionnaire
24. Action points and way forward
25. Closing session
26. Microplanning exercise for priority countries***

* Concurrent session on 2 March
** Concurrent session on 3 March
*** Only for selected priority countries on 5 March
Annex 2. Timetable

<table>
<thead>
<tr>
<th>Time</th>
<th>Tuesday 01 March</th>
<th>Time</th>
<th>Wednesday 02 March</th>
<th>Time</th>
<th>Thursday 03 March</th>
<th>Time</th>
<th>Friday 04 March</th>
<th>Time</th>
<th>Saturday 05 March</th>
</tr>
</thead>
<tbody>
<tr>
<td>07:45-08:15</td>
<td>REGISTRATION</td>
<td>08:30-08:45</td>
<td>Devotion</td>
<td>08:30-08:45</td>
<td>Devotion</td>
<td>08:00-08:15</td>
<td>Devotion</td>
<td>08:00-08:15</td>
<td>Devotion</td>
</tr>
<tr>
<td>08:15-08:30</td>
<td>1. Opening Session</td>
<td>08:45-09:00</td>
<td>Programme of the day and summary of action points</td>
<td>08:45-09:00</td>
<td>Programme of the day and summary of action points</td>
<td>08:15-08:30</td>
<td>Programme of the day</td>
<td>08:15-08:30</td>
<td>Programme of the day</td>
</tr>
<tr>
<td>08:30-09:45</td>
<td>Opening Remarks</td>
<td>09:00-09:20</td>
<td>10. Microplanning for reaching every community</td>
<td>09:00-09:15</td>
<td>14. Information management system</td>
<td>08:30-08:50</td>
<td>21. DFAT EPI review</td>
<td>08:30-09:20</td>
<td>26 Microplanning exercise for priority countries</td>
</tr>
<tr>
<td>09:00-09:45</td>
<td>Self-introductions</td>
<td>09:15-09:45</td>
<td>15. Temperature monitoring and distribution network (New and emerging supply chain technologies and distribution)</td>
<td>09:15-09:45</td>
<td>15. Temperature monitoring and distribution network (New and emerging supply chain technologies and distribution)</td>
<td>08:50-09:05</td>
<td>Discussion</td>
<td>09:05-09:25</td>
<td>22. The essentials of immunization data in WPR: Data quality and quality WHO/UNICEF, JRF</td>
</tr>
<tr>
<td>09:20-09:40</td>
<td>Objectives and agenda of the workshop</td>
<td>09:45-10:00</td>
<td>Discussion</td>
<td>09:45-10:00</td>
<td>Discussion</td>
<td>09:05-09:25</td>
<td>22. The essentials of immunization data in WPR: Data quality and quality WHO/UNICEF, JRF</td>
<td>09:25-09:40</td>
<td>Discussion</td>
</tr>
<tr>
<td>09:40-09:55</td>
<td>Administrative announcement</td>
<td>09:45-10:00</td>
<td>Discussion</td>
<td>09:45-10:00</td>
<td>Discussion</td>
<td>09:25-09:40</td>
<td>Discussion</td>
<td>09:40-10:00</td>
<td>23. Introduction to group work on JRF and brief questionnaire</td>
</tr>
<tr>
<td>09:55-10:10</td>
<td>Group photo</td>
<td>09:55-10:10</td>
<td>Group work introductory presentation</td>
<td>09:55-10:10</td>
<td>Group work introductory presentation</td>
<td>09:45-10:00</td>
<td>Discussion</td>
<td>09:40-10:00</td>
<td>23. Introduction to group work on JRF and brief questionnaire</td>
</tr>
<tr>
<td>10:00-10:40</td>
<td>2. Global and regional update</td>
<td>10:30-12:00</td>
<td>Group work/discussions on developing a simple microplan at health facility level</td>
<td>10:15-10:30</td>
<td>16. Energy mapping and distribution plan in Fiji</td>
<td>10:15-12:00</td>
<td>Group work - Continuation</td>
<td>10:15-12:00</td>
<td>Group work - Continuation</td>
</tr>
<tr>
<td>10:40-10:55</td>
<td>3. Pacific Health Systems and Immunization Coverage</td>
<td>10:30-11:00</td>
<td>17. Appropriate technology assessment and new technologies in cold chain</td>
<td>10:30-11:00</td>
<td>17. Appropriate technology assessment and new technologies in cold chain</td>
<td>10:15-12:00</td>
<td>Group work - Continuation</td>
<td>10:15-12:00</td>
<td>Group work - Continuation</td>
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<tr>
<td>10:55-11:10</td>
<td>Discussion</td>
<td>11:00-11:15</td>
<td>Discussion</td>
<td>11:00-11:15</td>
<td>Discussion</td>
<td>10:15-12:00</td>
<td>Discussion</td>
<td>10:15-12:00</td>
<td>Group work - Continuation</td>
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<tr>
<td>11:10-11:30</td>
<td>4. Immunization system challenges and equity in the Pacific</td>
<td>11:15-12:00</td>
<td>18. Vaccine management/cold chain logistics plan for 12 months</td>
<td>11:15-12:00</td>
<td>18. Vaccine management/cold chain logistics plan for 12 months</td>
<td>10:15-12:00</td>
<td>Group work - Continuation</td>
<td>10:15-12:00</td>
<td>Group work - Continuation</td>
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<tr>
<td>11:30-11:40</td>
<td>5. Vaccine security update</td>
<td>11:40-12:00</td>
<td>19. Measles elimination in the Western Pacific</td>
<td>11:40-12:00</td>
<td>19. Measles elimination in the Western Pacific</td>
<td>10:15-12:00</td>
<td>Group work - Continuation</td>
<td>10:15-12:00</td>
<td>Group work - Continuation</td>
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<tr>
<td>11:40-12:00</td>
<td>Discussion</td>
<td>12:00-12:30</td>
<td>Group work - Continuation</td>
<td>12:00-12:30</td>
<td>Group work - Continuation</td>
<td>10:15-12:00</td>
<td>Group work - Continuation</td>
<td>10:15-12:00</td>
<td>Group work - Continuation</td>
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<tr>
<td>12:00-13:00</td>
<td>LUNCH BREAK</td>
<td>12:00-12:30</td>
<td>LUNCH BREAK</td>
<td>12:00-12:30</td>
<td>LUNCH BREAK</td>
<td>12:00-13:00</td>
<td>LUNCH BREAK</td>
<td>12:00-13:00</td>
<td>LUNCH BREAK</td>
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<tr>
<td>15:00-15:15</td>
<td>COFFEE BREAK</td>
<td>15:00-15:15</td>
<td>COFFEE BREAK</td>
<td>15:00-15:15</td>
<td>COFFEE BREAK</td>
<td>15:00-15:15</td>
<td>COFFEE BREAK</td>
<td>15:00-15:15</td>
<td>COFFEE BREAK</td>
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<tr>
<td>15:15-16:00</td>
<td>9. Measles surveillance case study</td>
<td>15:15-16:00</td>
<td>Group work - Continuation</td>
<td>15:15-16:00</td>
<td>Group work - Continuation</td>
<td>15:00-15:15</td>
<td>Group work/ discussion on new vaccines</td>
<td>15:00-15:15</td>
<td>Group work/ discussion on new vaccines</td>
</tr>
<tr>
<td>18:30-20:30</td>
<td>WHO and UNICEF reception</td>
<td>18:30-20:30</td>
<td>Group work - Continuation</td>
<td>18:30-20:30</td>
<td>Group work - Continuation</td>
<td>15:00-15:15</td>
<td>Group work/ discussion on new vaccines</td>
<td>15:00-15:15</td>
<td>Group work/ discussion on new vaccines</td>
</tr>
</tbody>
</table>
Annex 3. List of participants

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