



GLOBAL IMMUNIZATION MEETING 2018

26-28 June 2018
KIGALI, RWANDA

NAVIGATING TRANSITIONS



PLANNING COMMITTEE ORGANIZATIONS:

BILL & MELINDA
GATES *foundation*



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The Global Immunization Meeting (GIM) provides an opportunity for key immunization actors from the global, regional, and country levels to come together to discuss the latest developments and challenges in the field of immunization. Historically held every two years, the meeting centers on a theme that is chosen to highlight and expand upon the most important discussions in the field. The 2018 theme of the GIM is *Navigating Transitions*, providing an opportunity to work toward a common understanding of current changes such as Gavi transition and polio transition, and to explore new opportunities for action as the Global Vaccine Action Plan comes to a close in 2020.

MEETING OBJECTIVES

The objectives of this year's meeting will be to:

- ◆ Update global, regional, and country-level partners on key successes and challenges in immunization related to polio and Gavi transition
- ◆ Provide a forum for formal and informal exchange of new ideas and innovations
- ◆ Identify partner and country visions to achieve immunization programme goals post-2020

MEETING FORMAT

- ◆ The GIM is a three-day meeting co-hosted by WHO Headquarters and UNICEF to be held 26-28 June in Kigali, Rwanda at the Kigali Convention Center, including approximately 250 participants.
- ◆ The GIM Planning Committee, with representation from WHO, UNICEF, BMGF, CDC, Gavi, IFRC, PATH, and each of the WHO regional offices, jointly developed the agenda based on consultation within their organizations and an independent scoring of the priority topics.
- ◆ The meeting consists of plenary sessions as well as a keynote address that will provide a broad view of the challenges of navigating transitions.
- ◆ The morning plenaries will be complemented by parallel workshop sessions occurring in the afternoons that will provide an opportunity to explore technical issues in detail.
- ◆ A selection of short sessions will allow participants the opportunity to familiarize themselves with new content areas and to hear updates from their colleagues.
- ◆ Finally, special sessions including a debate and "breakfast with an expert" provide dynamic opportunities to consider and discuss diverse aspects of immunization.
- ◆ In addition to the formal sessions, there will be ample discussion time built into the day during coffee breaks, lunches, and receptions. There will also be a marketplace located centrally at the meeting venue that will allow colleagues to share their latest research or programmatic advances with meeting participants.

We would like to acknowledge the many individuals and groups who contributed to the content and organization of the 2018 GIM.

SECRETARIAT

Helen Matzger, World Health Organization (WHO) Headquarters (HQ)
Katia Gaudin-Billaudaz, WHO HQ
Ahmadu Yakubu, UNICEF
Benjamin Schreiber, UNICEF
Juliana Zuccaro, Global Health Visions
Kristen Cox Mehling, Global Health Visions

PLANNING COMMITTEE

Helen Matzger, WHO HQ
Benjamin Schreiber, UNICEF
Ahmadu Yakubu, UNICEF
Adrien de Chaisemartin, Gavi, the Vaccine Alliance
Zoey Diaz, Bill & Melinda Gates Foundation (BMGF)
Eric Mast, US Centers for Disease Control and Prevention (CDC)
Katy Clark, International Federation of Red Cross and Red Crescent Societies (IFRC)
Debbie Atherly, PATH
Ananda Amarasinghe, WHO Western Pacific Region (WPRO)
Jayantha Liyanage, WHO South-East Asia Regional Office (SEARO)
Irtaza Chaudhri, WHO Regional Office for the Eastern Mediterranean (EMRO)
Balcha Masresha, WHO Regional Office for Africa (AFRO)
Martha Velandia, Pan American Health Organization (PAHO)
Niyazi Cakmak, WHO Regional Office for Europe (EURO)

SESSION/PLENARY ORGANIZERS

DAY ONE

Chair: Felicitas Zawaira, WHO AFRO
Keynote address: Helen Rees
Sarah Chesemore, BMGF
Zoey Diaz, BMGF
Eric Mast, CDC
Johannes Ahrendts, Gavi
Helena O'Malley, WHO AFRO
Uttara Aggarwal, WHO SEARO
Ebru Ekeman, WHO HQ
Amanda Shortell, BMGF
Jhilmil Bahl, WHO HQ
Jan Peter Kamiel Grevendonk, WHO HQ
Hope Johnson, Gavi
Emily Wootton, WHO HQ
Chung-won Lee, CDC
Johannes Ahrendts, Gavi
Balcha Girma Masresha, WHO AFRO
Irtaza Chaudhri, WHO EMRO

SESSION/PLENARY ORGANIZERS

DAY TWO

Chair: Robin Nandy, UNICEF HQ
Richard Mihigo, WHO AFRO
Godwin Mindra, UNICEF
Meghan Scanlon, BMGF
Blanche-Philomene Melanga Anya
Amanda Shortell, BMGF
Pascal Mkanda, WHO AFRO
Ulla Griffiths, UNICEF
Emily Nickels, Linksbridge
Heather Deehan, UNICEF
Siobhan Botwright, Vesalian
Kathleen Clark, IFRC
Imran Mirza, UNICEF
Emily Wootton, WHO HQ
Jessica Fleming, PATH
Evan Simpson, PATH
Brent Wolff, CDC
Lisa Menning, WHO HQ
Katrina Kretsinger, WHO HQ
Robert Kezaala, UNICEF
Laura Conklin, CDC
Ulla Griffiths, UNICEF

DAY THREE

Chair: Diana Chang Blanc, WHO HQ
Logan Brenzel, BMGF
Tania Cernuschi, WHO HQ
Claudio Politi, WHO HQ
Osman Niyazi Cakmak, WHO EURO
Nathalie El Omeiri, WHO PAHO
Thomas Stephen O'Connell, WHO HQ
Hélène Barroy, WHO HQ
Tracey S. Goodman, WHO HQ
Amanda Shortell, BMGF
Magdalena Robert, BMGF
Tesfaye D Ashagari, Abt Associates
Emily Nickels, Linksbridge
Patrick Louis F. Zuber, WHO HQ
Nick Hu, Zipline
Ananda Chandrala Amarasinghe, WHO WPRO
Osman Niyazi Cakmak, WHO EURO
Debbie Atherly, PATH
Clint Pecenka, PATH
Raymond Hutubessy, WHO HQ
Richard Mihigo, WHO AFRO

FUNDING

The GIM would not have been possible without the generous support of the Bill & Melinda Gates Foundation.

The venue of the meeting is the Radisson Blu Hotel & Convention Centre, Kigali
 KG 2 Roundabout, Kimihurura Kigali Rwanda

T: +250 252252252

Website: www.radissonblu.com/en/hotel-kigali

Global Immunization Meeting Website: www.gim2018.org

REGISTRATION

In the afternoon on **Monday 25 June**, registration for the meeting will start from **17:00 to 20:00** in the lobby of the Radisson Blu hotel. **On Tuesday 26 June the registration desk will move to be set up in front of the MH1+2 rooms** (where the plenary will take place) **from 7:30 to 8:15**. You will be able to pick up your name badge and other materials for the meeting at the registration desk. Please note, all presentations will be uploaded onto a USB key and given out on the last day of the meeting upon receipt of a completed meeting evaluation questionnaire.

The meeting will commence every day at 08:30. The meeting will finish on Tuesday 26 June at 17:30, Wednesday 27 June at 17:15, and Thursday 28 June at 15:15.

If you are staying at the Radisson Blu Hotel please note the following:

- ◆ Rooms have been reserved at the Radisson Blu hotel at a pre-negotiated rate for all 2018 GIM participants.
For UNICEF participants, though the Radisson Blu is listed as a Special Rate in the DSA circular, per the ICSC guidelines and the Travel Policy, payment for this hotel cannot be claimed upfront, but will be paid at the travel claim phase upon presentation of the hotel bill.
- ◆ Wifi internet connection will be available in the hotel rooms for free.
- ◆ Breakfast will be served from 7:00 in the hotel restaurant and is provided at no extra charge for all guests staying at the hotel attending the WHO Meeting.

As part of the meeting package, coffee/tea breaks will be provided in the morning and the afternoon, as well as a daily buffet lunch on Tuesday, Wednesday, and Thursday. The meeting is scheduled to end at 15:15 on Thursday.

A welcome cocktail and dance programme will take place at the convention center on **Tuesday evening, 26 June, from 18:00-19:30.**

The evening meal is not catered for, and participants can choose from various restaurant sites within the hotel and the vicinity. The evening meal is at the participant's own cost.

AIRPORT TRANSFER

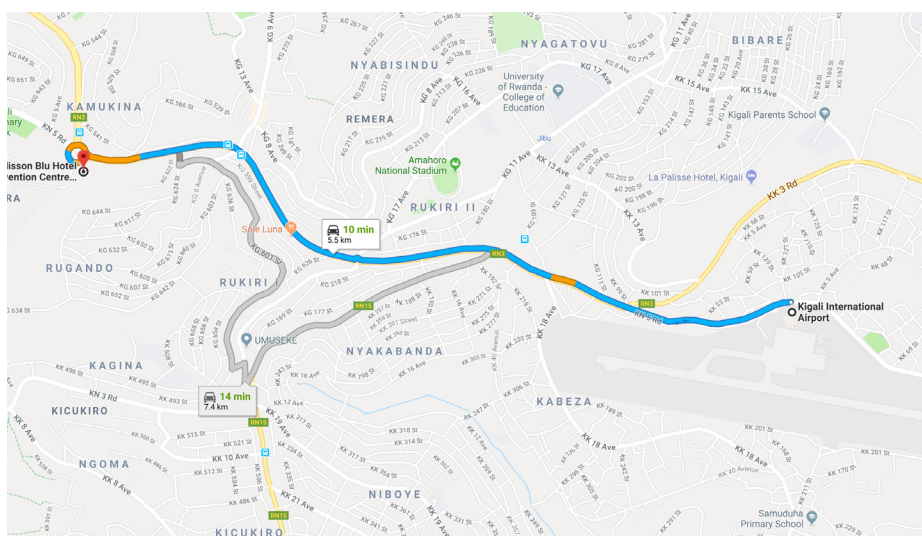
BY HOTEL SHUTTLE

Participants are responsible for making their own arrangements for airport transfer which can be done through the hotel for \$25 USD per person. Once you know your flight information please contact the hotel directly, +250 252252252, or email them at reservations.kigali@radissonblu.com to arrange your airport transfer.

BY TAXI

You can take a taxi from the airport which should cost approximately \$15-20 USD or 20,000 Rwandan francs.

It takes approximately 10-15 minutes to drive from the airport to the hotel.



VISAS

Effective 1 January 2018, nationals of all countries will receive visa upon arrival without prior application. All visas on arrival will cost \$30 USD for **Class T6-1: Conference single entry visa (30 days)** or \$50 USD for a **Class T6-2: Conference visa (good for at least six months)**. Please be prepared and bring \$30-\$50 USD cash or a credit card to pay for your visa on arrival.

In view of bilateral agreements, nationals of the following countries may visit Rwanda without a visa for a period up to 90 days: Benin, Central African Republic, Chad, DRC, Ghana, Guinea, Indonesia, Haiti, Mauritius, Philippines, Senegal, Seychelles, Sao Tome and Principe and Singapore.

EAC Partner states' citizens shall be issued a 6-month visitors pass (renewable) upon arrival with no fee.

Nationals of Australia, Germany, Israel, New Zealand, Sweden, United Kingdom, and United States of America will be issued with entry visa valid for a period up to 30 days and pay for a visa (\$30 USD) upon arrival without prior application.

HEALTH REGULATIONS

All travelers should be up to date on routine vaccinations while traveling to any destination. These vaccines include measles-mumps-rubella vaccine, diphtheria-tetanus-pertussis vaccine, varicella (chickenpox) vaccine, polio vaccine, and your yearly flu shot.

Yellow fever vaccine is not recommended for most travelers to Rwanda.

Country entry requirement: The government of Rwanda requires proof of yellow fever vaccination if travelling from a country with risk of yellow fever or a country with an active yellow fever outbreak. Further details are available on the Rwanda Ministry of Health website.

LANGUAGE

The official languages of Rwanda are Kinyarwanda, French, English, and Swahili. The meeting will be held in English, and no translation will be provided.

CURRENCY

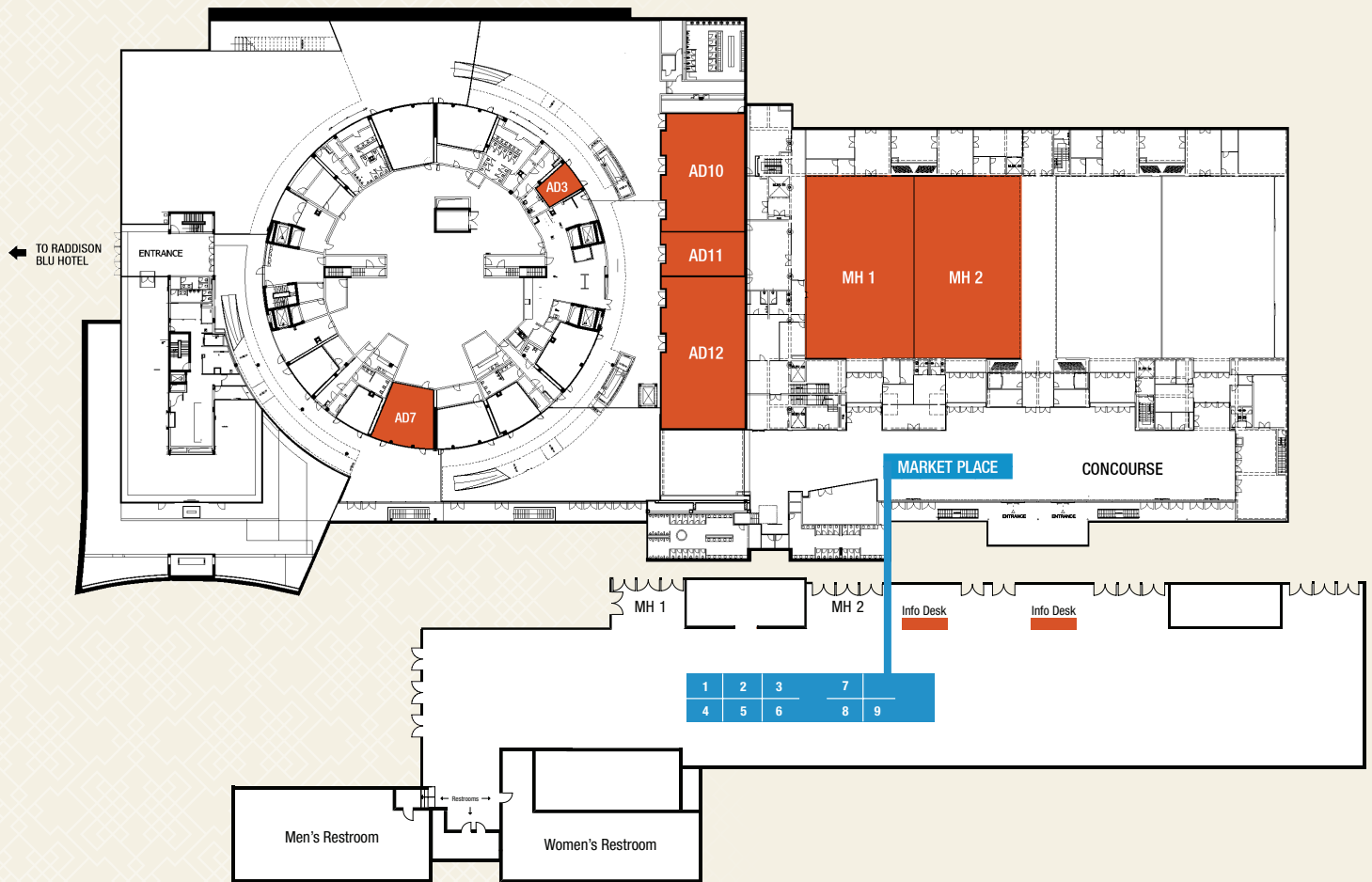
The Rwandan franc (RWF) is the national currency. The present operational rate of exchange for the UN is US\$1 = 864.99 RWF, subject to change.

CLIMATE

In June, Kigali averages temperature of 21°C (69.8°F). Rwanda's long rainy season lasts from about March to May, when the rain is heavy and persistent. From June to mid-September is the long dry season and generally the best time to visit: www.rwandatourism.com

WIFI

There will be free wifi provided at the hotel and venue. While in the convention center, please look for the network **gim** and the password is **gim2018**. Local sim cards will be available for purchase at the convention center. The cost is as low as \$1 USD. You can purchase data, talk, and/or text.



MARKET PLACE

The Global Immunization Meeting is excited to host a Market Place, which will be set up in the concourse outside the plenary hall (MH1+2). The GIM Market Place can be visited before the plenary, during coffee breaks, lunch, and after the last session each day.

Booth 1: WHO

EPI resources and peer learning using Scholar

Booth 2: Results for Development

Booth 3: JSI

JSI works with governments around the globe to build capacity in the essential components of routine immunization, support new vaccine introduction, and strengthen the systems that deliver life-saving vaccines. Stop by our booth to learn more about JSI's efforts to provide regular, reliable, and equitable access to life-saving vaccines.

Booth 4: UNICEF

Booth 5: Bull City Learning

The Immunization Academy provides health professionals with instant access to a comprehensive library of short, practical videos to support immunization training and delivery.

Booth 6: ThinkWell

Introducing the Immunization Delivery Cost Catalogue

Booth 7: Gavi Civil Society Constituency: Showcasing our Work at Global and Country Levels

Members of the constituency will be present at the booth and have specific interests and expertise on: direct service provision, creating demand for immunisation and child health services, advocating for increased access to immunisation and acting as a watchdog to ensure that government and international actors are accountable to the people and communities they serve.

Booth 8: Teaching Vaccine Economics Everywhere

Booth 9: Zipline

25 June
17:00-20:00

Registration

Location: Radisson Blu Hotel Lobby

26 June
07:30-08:15

Registration

Location: Concourse

8:00-18:00

Market Place

Location: Concourse

08:30-10:00

Welcome & Keynote

Day 1 Chair: Felicitas Zawaira, Director, Family & Reproductive Health (FRH) Cluster, WHO Regional Office for Africa

Honourable Diane Gashumba, Minister of Health, Rwanda

Ted Maly, UNICEF Rwanda Representative

Diana Chang Blanc, WHO HQ

Keynote: Successfully Navigating Transitions

Helen Rees, Founder & Executive Director of the Reproductive Health & HIV Institute, University of Witwatersrand, South Africa

10:00-10:30

Coffee Break

10:30-12:00

Plenary 1: Global Shifts Affecting the Future of Immunization: Partner, Country and Wider Audience Perspectives

Location: MH1+2

12:00-12:30

Teasers for Afternoon Sessions

12:30-14:00

Lunch

Location: The Auditorium Restaurant (second floor)

14:00-15:30

Afternoon Concurrent Sessions (1)

3 sessions, each 1 hour and 30 minutes; attendees pick one session to attend

1A *Location: AD10*

Polio Transition: Turning the challenge into an opportunity

Session Leads:

Helena O'Malley, WHO AFRO

Uttara Aggarwal, WHO SEARO

Ebru Ekeman, WHO HQ

1B *Location: AD12*

Transitions in Training

Session Leads:

Amanda Shortell, BMGF

Jhilmil Bahl, WHO HQ

1C *Location: AD11*

Innovations & Transitions for Immunization Data

Session Leads:

Jan Peter Kamiel Grevendonk, WHO HQ

Hope Johnson, Gavi

15:30-16:00

Coffee Break

16:00-17:30

Afternoon Concurrent Sessions (2)

3 sessions, each 1 hour and 30 minutes; attendees pick one session to attend

2A *Location: AD10*

Working Together: How can integrated immunization programmes best contribute to immunization goals and UHC?

Session Lead:

Emily Wootton, WHO HQ

2B *Location: AD11*

A world of innovation: What immunization can learn from other sectors

Session Leads:

Chung-won Lee, CDC

Johannes Ahrendts, Gavi

2C *Location: AD12*

Best practices in technical assistance to countries

Session Leads:

Balcha Girma Masresha, WHO AFRO

Irtaza Chaudhri, WHO EMRO

18:00-19:30

Cocktail Reception and Dance Programme *(optional)*

Location: Piazza Terrace

WELCOME

Location: MH1+2

DAY ONE CHAIR



Felicitas Zawaira

Director, Family & Reproductive Health (FRH) Cluster, WHO Regional Office for Africa

Director of the FRH Cluster at WHO/AFRO in July 2015. She leads a team of technical staff working at the Regional Office and in inter-country support teams in the Areas of Reproductive & Women's Health; Child, Adolescent Health & Nutrition as well as Immunization & Vaccine Development.

Felicitas' professional background is in medicine and she has more than 30 years' experience of working in the public health arena. She was Director of Maternal and Child health for 7 years and worked as Principal Medical Director for another two years in the Ministry of Health in Zimbabwe, coordinating the planning, resourcing and running of preventive and curative services. Dr Zawaira joined WHO in 1998, working in the country office in Zimbabwe and thereafter in the Regional Office in the areas of HIV and Women's Health. She has served as Head in the following WHO Country offices: Zanzibar (Tanzania), Uganda, Sierra Leone, Malawi and Botswana where she mentored and led WHO teams to produce results.

RWANDA MINISTRY OF HEALTH



Honourable Diane Gashumba

Minister of Health, Rwanda

Diane is the Rwandan Minister of Health of the Republic of Rwanda since October 4, 2016. From March 29th, 2016, she served as the Minister of Gender and Family Promotion, she is a pediatrician by profession bringing 17 years' experience in global maternal, new-born and child health with focus on gender issues.

She has a strong management and clinical experience especially in managing maternal, new born and child health programmes, including 3 years as director of two district hospitals and for the last six years she has worked with USAID funded project as Senior Team Leader for quality and as Deputy Chief of Party, for a \$57.3 USAID funded project (RFHP) focusing on improving the quality of and access to services in maternal, child and new born health, family planning, reproductive health, HIV, nutrition, malaria and gender equality in 23 out of 30 districts in Rwanda.

Strategist at building capacity and improving quality within the Rwandan health system, she has led the design and implementation of the baseline assessment and, midterm evaluation of the quality of MNCH care in 6 districts in Rwanda in 2015. She is a skilled expert in quality improvement including supporting implementation of clinical QI activities and initiatives. She has participated in various surveys and abstracts such as the health seeking behaviors of pregnant women, Immunitum study, and integration of HIV services into MCH, assessment of available equipment in health facilities in Rwanda.

Former President of the National Women Council, she is bringing a strong experience in empowering women through initiation of income generating activities, gender related policy elaboration such as the gender based violence policy, the early childhood development policy, the sexual, adolescent and reproductive health policy, among others.

KEYNOTE ADDRESS: SUCCESSFULLY NAVIGATING TRANSITIONS



Helen Rees

*Founder & Executive Director of the Reproductive Health & HIV Institute,
University of Witwatersrand, South Africa*

Prof Helen Rees OBE is Founder and Executive Director of the Reproductive Health and HIV Institute (RHI) of the University of Witwatersrand, South Africa which is the university's largest research entity with a mandate for research, health systems strengthening and training. Under her leadership, the RHI serves as co-founder and Co-Director of Wits University's Flagship Centre on Vaccinology. She is an Honorary Professor in the Department of Clinical Research at the London School of Hygiene and Tropical Medicine, where she was awarded the prestigious Heath Clark Lectureship in 2010, which is awarded annually to an outstanding international health practitioner. Prof Rees is the current chair of the WHO Africa Regional Immunization Technical Advisory Group and previously served as a SAGE Member from 2005 to 2013 as well as was the SAGE Chair from 2010 to 2013.

Throughout her career, Prof Rees has championed public health improvement with an emphasis on human rights and ethical, evidence-based approaches to sexual and reproductive health, child and maternal health and HIV. Since 1994, she has been influential in shaping both national and global sexual and reproductive health policy and practice.

Prof Rees's career has always bridged the interface between science and society, and her commitment to social activism could already be seen from her days as a young medical student in the United Kingdom, through to the present. As a medical student at Cambridge University, she was an organizer for the group 'Medicine in Society', which aimed to introduce topical social issues as part of a broader learning experience for medical undergraduates.

For her Master's degree in Women's Studies, Prof Rees combined both social science with medical science by describing the adverse impact that the poorly managed elective induction of labour was having on both obstetric outcomes and on the experiences of women in labour. Having undertaken her early medical training in London, she and her husband moved to Zimbabwe immediately after independence to respond to the urgent need for clinicians to rebuild the health services. She spent two years working at Harare Hospital as a registrar in paediatrics and neonatal medicine.

GLOBAL SHIFTS AFFECTING THE FUTURE OF IMMUNIZATION: PARTNER, COUNTRY AND WIDER AUDIENCE PERSPECTIVES

Location: MH1+2

Objectives

- ◆ Have the audience think about what the world could look like in 2020
- ◆ Gather thoughts on major potential challenges and opportunities for immunization programmes
- ◆ Share current views of global partners on strategic questions and/or strategic priorities to support countries and collaborate in advancing immunization programmes in this future world
- ◆ Share country perspectives on global priorities, support, and collaboration that would be most valuable in this future world to advance EPI

Description

This session will set the stage for the GIM meeting to discuss the wider set of global transitions the community sees ahead that will impact global, regional and country immunization priorities. The session is designed to solicit input from everyone at the meeting and gain early understanding on where there are complementary and divergent views as the community moves into the next decade. This will be the first of many interactive sessions at the meeting so please come ready to give input.

MODERATOR



Christy Feig

Principal, Christy Feig and Associates

Christy Feig brings more than 25 years of experience using communications skills to help people around the world live healthier lives. She is the principal of Christy Feig & Associates, an communications consulting firm that works around the world and specializes in developing communications strategies, capacity building and skills training, event moderation and facilitation and executive counsel.

Christy also serves as a senior adviser to Global Health Strategies where she joined as senior vice-president in February 2016 after working as director of communications for the World Health Organization for six years.

As director of communications for the World Health Organization (WHO) in Geneva, she managed the department of communications in the Director-General's office and worked closely with technical departments in headquarters, the six WHO regional offices and more than 150 countries. In this role, Christy was responsible for the communications strategies, products and messaging for WHO's areas of work including HIV, TB, malaria, maternal and child health, non-communicable diseases, health systems and public health emergencies, including disease outbreaks.

Before moving to Geneva, Christy served as director of international communications for the American Red Cross, developing and implementing communications strategies for the organization's work in 35 countries especially in major humanitarian crises.

Christy began her career as a journalist with nearly 20 years in television news including 15 years covering health and medical news for CNN. She holds a Master of Public Health from Johns Hopkins Bloomberg School of Public Health.



Speaker 1

Eric Mast

Deputy Director for Science and Programme, CDC

Eric E. Mast, MD, MPH has a MD degree from the University of Illinois and an MPH degree from Harvard School of Public Health. He completed residency training in pediatrics at the University of Wisconsin Hospital and Clinics and in preventive medicine at CDC, and he completed CDC's 2 year Epidemic Intelligence Service training programme in 1989. Before joining CDC, he worked with Save the Children in UmRuwaba, Sudan from 1985-1987 helping to develop and implement a district immunization programme.

Dr. Mast has spent 30 years at CDC, including 17 years leading viral hepatitis prevention activities with a particular focus on developing, implementing, and evaluating domestic and international hepatitis B immunization programmes. Since 2007, he has worked as Associate Director for Science and as Deputy Director for Science and Programme in the Global Immunization Division, where he leads development and implementation of CDC's Strategic Framework for Global Immunization.



Speaker 2

Aurélia Nguyen

Managing Director, Vaccines & Sustainability Department, Gavi, the Vaccine Alliance

Aurélia Nguyen, Managing Director, Vaccines & Sustainability, Gavi, the Vaccine Alliance, leads the design and implementation of Gavi's policies and programmes that accelerate access to vaccines and immunisation products and support the long-term financial sustainability of immunisation programmes to support country uptake of live-saving vaccines. Gavi, the Vaccine Alliance's mission is to save children's lives and protect people's health by increasing equitable use of vaccines in lower-income country.

Aurélia Nguyen is responsible for shaping markets for vaccines and other immunisation products, increasing the effectiveness and impact of vaccine delivery, improving and supporting the financial sustainability of national immunisation programmes towards a successful transition from Gavi support, and leading the evidence-based development of Gavi's programmatic policies. Aurélia Nguyen joined Gavi in early 2011 as Director of Policy, then as Director of Policy & Market Shaping leading the design and implementation of Gavi's market shaping strategy and the development of Gavi policies.

Prior to joining Gavi in 2011, Aurélia Nguyen held a variety of posts within GlaxoSmithKline between 1999 and 2010, first as Finance Manager, then as Director of Policy, where she led the development of GSK's policies on access to vaccines in the developing world. Aurélia Nguyen has also undertaken policy research for the WHO, evaluating the effects of government policies on the availability of medicines in developing countries. Aurélia Nguyen is a French national, with a Bachelors in Chemistry and Management from Imperial College London and is a certified accountant. She also holds a Master's in Health Policy, Planning and Financing from the London School of Hygiene and Tropical Medicine and the London School of Economics.



Speaker 3

Greg Widmyer

Deputy Director, Vaccine Delivery, Bill & Melinda Gates Foundation

Greg Widmyer, Deputy Director, Vaccine Delivery leads the Global Implementation team that focuses delivering new products or systems strengthening interventions at scale through the Gavi Alliance. His team supports programme implementation across routine and targeted vaccines as well as engagement with the vaccine industry and procurers to ensure adequate supply of key life-saving vaccines. The system improvement efforts are currently focused on supply chain and logistics, data systems and immunization financing.

Prior to joining the foundation in 2010, Greg was vice president and general manager of Monogram Biosciences where he led the commercial and operational aspects of the company. He has held a variety of commercial positions within the biotech and e-learning industries including serving as head of marketing, finance, and business development at different companies. Internationally, Greg worked for Population Services International (PSI) as Country Director for projects in Cameroon, Rwanda and Myanmar leading social marketing programmes in HIV, maternal and child health and nutrition. Greg was also a Peace Corps Volunteer in Togo. He received his BA in Russian Studies from Yale University and his MBA from Stanford University.

**Speaker 4****Craig Burgess**

Senior Technical Officer, John Snow, Inc.

Craig Burgess is a Senior Technical Officer at JSI Research and Training Institute, Inc. in Washington, DC. Prior to this, he worked as Chief of Child Survival and Development for UNICEF in the socialist Republic of Vietnam, where he facilitated multiple MNCH-related NGO forums and civil society engagements with the Government's Health Coordination Committee. Dr. Burgess is a member of the Washington, DC-based Core Group of NGOs and his current role includes supporting civil society and community engagement in immunization, MNCH and universal health coverage related projects at all levels.

Dr. Burgess has delivered mother and child focused preventive and curative healthcare, as a primary healthcare physician or as project coordinator in the UK, Australia, South Sudan, Afghanistan and Myanmar. He has worked at field, national, regional and global levels with Médecins sans Frontières, MERLIN, UNAIDS, the WHO, Gavi and UNICEF. His work has mainly focused on supporting the design, delivery, funding and monitoring of integrated, equity-focused delivery mechanisms for MNCH programmes, often in primary healthcare settings. This has also included integration of infectious disease control (including Kala Azar, malaria, tuberculosis, HIV, polio and measles). Dr. Burgess helped establish the Gavi Civil Society Organization (CSO) funding window and related coordination body, with links to the Global Fund to Fight AIDS, Tuberculosis and Malaria (2006-2009).

Dr. Burgess holds an MSc in Health Policy, Planning and Financing from the London School of Economics and Political Science (UK). He also has a MBA from the Open University (UK) and is a member of the UK Chartered Institute of Management.

**Speaker 5****Robin Nandy**

Principal Adviser and Chief of Immunization, UNICEF

Dr Robin Nandy was appointed Principal Adviser and Chief of Immunization at UNICEF Headquarters in December 2015. Prior to this, from 2011–2015, he was the Chief of Child Survival and Development in UNICEF Indonesia. Before his position in Indonesia, Dr Nandy led the Global Polio Eradication Initiative at UNICEF Headquarters from 2010–2011 and was the team lead for Health in Emergencies from 2006–2011.

Dr Nandy is a medical epidemiologist and public health physician with an extensive background international public health, particularly in the areas of child survival, immunization, outbreak response and in humanitarian health response. He has worked in several conflict affected countries and fragile states and also participated in a number of high profile emergency responses.

Before joining UNICEF, he worked from 2002–2006 as a medical epidemiologist at the Global Immunization Division of the US Centers for Disease Control & Prevention (CDC) in Atlanta. From 1998–2002 he worked at both the country and headquarters level with the International Rescue Committee (IRC), and for the Indian government in the Republic of Maldives. He also spent four years as a Medical Officer in various hospitals in Delhi, India, from 1990–1994.

An Indian national by birth, Dr Nandy obtained his medical degree from Mysore University, India (1990) followed by an MPH at the Nuffield Institute for Health, Leeds, UK (1996). He also completed the Epidemic Intelligence Service (EIS) Fellowship at the CDC (2002–2004).

Speaker 6**Diana Chang Blanc***Team lead in the Expanded Programme of Immunization and Coordinator ad interim, WHO*

Diane Chang Blanc is currently the Team lead for the Immunization Delivery and Operations Group in the Expanded Programme of Immunization (EPI) and the EPI coordinator ad interim, under the Department of Immunization, Vaccines and Biologicals at the World Health Organisation based in Geneva, Switzerland. Ms. Chang Blanc coordinates and oversees the inputs of the technical team which supports national immunization programmes in Member States. This includes planning, implementation and capacity building for routine immunization and new vaccine introduction, including for accelerated disease control efforts in measles elimination, elimination of maternal and neonatal tetanus and sustaining gains in a post-polio world. Prior to joining WHO Geneva in 2011, Ms. Chang Blanc served for four years as the Regional EPI officer in the East Asia Pacific Regional office of UNICEF and for three years as the Regional EPI officer for the Mekong Programme of PATH Children's Vaccine Programme, based in Bangkok, Thailand. She previously served as an EPI Technical Officer in the sub-regional office of WHO Eastern Africa based in Nairobi, Kenya, supporting East and Southern African Member States in new vaccine introduction and GAVI processes. She has a Master's in Public Policy and International Health from John F. Kennedy School of Government, Harvard University (1998) and a Bachelor of Arts from the University of Pennsylvania (1989), both based in the USA.

Speaker 7**Henry Luzze***Deputy EPI Manager, Ministry of Health, Kenya*

For the past five years, Henry has been working as Deputy EPI Manager for Uganda. During that period, Henry has overseen different aspects of the program. Notably, the introduction of new vaccines in the program- Pneumococcal Conjugate Vaccine (PCV), Humana Pappiloma Vaccine (HPV), Inactivated Polio Vaccine (IPV) and rotavirus vaccine. In addition, he has overseen numerous polio eradication activities including house to house campaigns and switch from trivalent to bivalent oral polio vaccine; and Gavi supported Health System Strengthening endeavors that include strengthening the capacity of private health providers in delivering quality immunization services.

Before joining EPI, Henry was involved in clinical trials and epidemiological research in tuberculosis with Uganda-Case Western University Research Collaboration.

POLIO TRANSITION: TURNING THE CHALLENGE INTO AN OPPORTUNITY

Location: AD10 **Session Leads:** Helena O'Malley, WHO AFRO; Uttara Aggarwal, WHO SEARO; Ebru Ekeman, WHO HQ

Description

The primary focus of polio transition has been on managing the risk. This session aims at highlighting the opportunity. The focus will be ongoing/potential initiatives taken at the country/regional/global level to tackle polio transition proactively.

The proposed outcome is to explore ways to realign partnerships to strengthen immunization and to protect polio investments, as an integral part of the post-2020 agenda.

SPEAKERS



Chair

Felicitas Zawaira

Director of Public Health and Reproductive Health Unit—WHO AFRO

Director of the FRH Cluster at WHO/AFRO in July 2015. She leads a team of technical staff working at the Regional Office and in inter-country support teams in the Areas of Reproductive & Women's Health; Child, Adolescent Health & Nutrition as well as Immunization & Vaccine Development.

Felicitas' professional background is in medicine and she has more than 30 years' experience of working in the public health arena. She was Director of Maternal and Child health for 7 years and worked as Principal Medical Director for another two years in the Ministry of Health in Zimbabwe, coordinating the planning, resourcing and running of preventive and curative services. Dr Zawaira joined WHO in 1998, working in the country office in Zimbabwe and thereafter in the Regional Office in the areas of HIV and Women's Health. She has served as Head in the following WHO Country offices: Zanzibar (Tanzania), Uganda, Sierra Leone, Malawi and Botswana where she mentored and led WHO teams to produce results.



Speaker 1

Diana Chang Blanc

Team lead in the Expanded Programme of Immunization and Coordinator ad interim, WHO

Diane Chang Blanc is currently the Team lead for the Immunization Delivery and Operations Group in the Expanded Programme of Immunization (EPI) and the EPI coordinator ad interim, under the Department of Immunization, Vaccines and Biologicals at the World Health Organisation based in Geneva, Switzerland. Ms. Chang Blanc coordinates and oversees the inputs of the technical team which supports national immunization programmes in Member States. This includes planning, implementation and capacity building for routine immunization and new vaccine introduction, including for accelerated disease control efforts in measles elimination, elimination of maternal and neonatal tetanus and sustaining gains in a post-polio world. Prior to joining WHO Geneva in 2011, Ms. Chang Blanc served for four years as the Regional EPI officer in the East Asia Pacific Regional office of UNICEF and for three years as the Regional EPI officer for the Mekong Programme of PATH Children's Vaccine Programme, based in Bangkok, Thailand. She previously served as an EPI Technical Officer in the sub-regional office of WHO Eastern Africa based in Nairobi, Kenya, supporting East and Southern African Member States in new vaccine introduction and GAVI processes. She has a Master's in Public Policy and International Health from John F. Kennedy School of Government, Harvard University (1998) and a Bachelor of Arts from the University of Pennsylvania (1989), both based in the USA.

Speaker 2**Joseph A. Oteri**

Chairman of the National Measles Technical Coordinating Committee (NMTCC), National Primary Health Care Development Agency, Nigeria

Dr. Joseph Oteri is a public health practitioner, currently the chairman of the National Measles Technical Coordinating Committee (NMTCC), a position he has held for the past year. The NMTCC was inaugurated in March 2017 with the mandate of planning and managing the 2017/2018 measles follow up campaign in Nigeria. Dr. Oteri is a graduate of Nigeria's premier university with more than 30 years post qualification experience, spending 16 in clinical practice and 14 in public health, especially in immunization and health systems. His Public Health career started in 2004 when he transferred from the University of Port Harcourt Teaching Hospital, having spent 16 years in the National Programme on Immunization.

AJ, as he is fondly called by his colleagues, worked as the Country Gavi desk officer in the routine immunization division of the Agency. The introduction of pentavalent vaccine, pneumococcal conjugate vaccine into the immunization schedule were midwifed by him. He worked in the South-South zonal office as the Coordinator for the agency where he acquired broader skills in the country's primary health care systems.

He holds an MBBS from the University of Ibadan, PGDip Anaesthesia, MPH (Liverpool) and has attended various courses in and outside of Nigeria.

Speaker 3**Pradeep Haldar**

National Immunization and Programme Manager, Ministry of Health, India

Dr. Pradeep Haldar has been working as the National Manager for Immunization Programme in India since 2010 with Ministry of Health and Family Welfare, Government of India. He also has experience working at the regional level with WHO-IVD in SEARO. Under his oversight, India has introduced several new vaccines, such as Pentavalent, IPV, PCV, MR and Rotavirus in a very short-time frame. India was successful in rooting out wild polio virus under his strategic direction, this success was critical for polio-free certification of SEAR region. To strengthen the immunization programme in the country, under his technical-managerial leadership, Mission Indradhanush was launched which has played an instrumental role in rapidly increasing immunization coverage of the country in recent years. He has also been the cornerstone in strengthening VPD surveillance including MR surveillance in India. He has several publications in reputable journals and has also participated in various academic events. Being a strong advocate, he is taking every possible step to take transition planning forward and utilize the polio assets for future public health strengthening overall.

Speaker 4**Lubna Hashmat**

Chief Executive Officer, Civil Society Human and Institutional Development Programme – CHIP

Ms. Lubna Hashmat has done Masters in Development Administration in 2002 with high distinction from Australian National University. She also holds a Masters degree in Anthropology completed earlier in 1991 from Quaid e Azam University Pakistan. Ms. Hashmat has worked extensively for improving maternal child health and immunization coverage in Pakistan through designing and managing context specific programmes. Her experience in immunization is vast, ranging from policy and technical inputs to community design and management. She has designed and conducted researches on immunization related topics and published these for wider dissemination. She has been working with and for more than 200 Civil Society Organizations since 1993 in Pakistan and partially in Afghanistan for their capacity building and extending technical support in setting strategic directions, develop policy papers and context specific community development programmes. She specializes in designing innovative models and approaches for community development. She has made all her development approaches disabled and gender inclusive so that none of the individuals is left behind because of any physical differences. Ms. Hashmat has received an excellence Award by Australian Government in recognition to her services for Community Development and Governance.

**Speaker 5****Heather Scobie**

Epidemiologist, United States Centers for Disease Control and Prevention (CDC)

Heather Scobie (PhD, MPH) is an epidemiologist on the Vaccine-Preventable Disease (VPD) Surveillance Team in the Global Immunization Division at the U.S. Centers for Disease Control (CDC) in Atlanta, GA. For 7 years at CDC, Heather has worked in collaboration with various Ministries of Health, World Health Organization and UNICEF, on immunization and VPD surveillance issues across diseases, including polio, measles, rubella, tetanus, typhoid and cholera. Heather completed the Epidemic Intelligence Service Program at CDC during 2011–2013. Prior to CDC, Heather received her training as a laboratory scientist working in microbial pathogenesis, and cellular and molecular biology.

**Speaker 6****Greg Widmyer**

Deputy Director, Vaccine Delivery, Bill & Melinda Gates Foundation

Greg Widmyer, Deputy Director, Vaccine Delivery leads the Global Implementation team that focuses delivering new products or systems strengthening interventions at scale through the Gavi Alliance. His team supports programme implementation across routine and targeted vaccines as well as engagement with the vaccine industry and procurers to ensure adequate supply of key life-saving vaccines. The system improvement efforts are currently focused on supply chain and logistics, data systems and immunization financing.

Prior to joining the foundation in 2010, Greg was vice president and general manager of Monogram Biosciences where he led the commercial and operational aspects of the company. He has held a variety of commercial positions within the biotech and e-learning industries including serving as head of marketing, finance, and business development at different companies. Internationally, Greg worked for Population Services International (PSI) as Country Director for projects in Cameroon, Rwanda and Myanmar leading social marketing programmes in HIV, maternal and child health and nutrition. Greg was also a Peace Corps Volunteer in Togo. He received his BA in Russian Studies from Yale University and his MBA from Stanford University.

**Speaker 7****Pascal Bijleveld**

Director of Country Support, Gavi, the Vaccine Alliance

Pascal Bijleveld is the Director of Country Support at Gavi, the Vaccine Alliance. Prior to this role, Pascal worked for a variety of organization in global public health and the private sector. As a consultant with McKinsey & Co. (2000-2003), he spent a year helping launch the Global Fund to Fight, AIDS, TB and Malaria in 2002. He later joined WHO in Geneva as advisor to the Assistant Director General for General Management and acting Director General (2003-2007). Pascal then spent several years in Rwanda, Ghana and Kenya in leadership roles with the Clinton Health Access Initiative (CHAI) (2007 – 2013). From 2013-2017, he led a multi-agency team hosted by UNICEF responsible for managing the RMNCH Trust Fund and the follow-up to the UN Commission on Life-Saving Commodities.

**Speaker 8****Helen Rees**

Founder & Executive Director of the Reproductive Health & HIV Institute, University of Witwatersrand, South Africa

Professor Helen Rees is the Executive Director of the Wits Reproductive Health and HIV Institute at the University of the Witwatersrand in Johannesburg. She is a Personal Professor in Obstetrics and Gynaecology, an Honorary Professor at the London School of Hygiene and Tropical Medicine in the Faculty of Tropical and Infectious Diseases, an Honorary Fellow at Murray Edwards College, Cambridge University, and an alumnae of Harvard Business School.

Professor Rees is internationally renowned for her policy and research work in vaccines, reproductive health and HIV. She has chaired many national and international committees. She is Chair of the South African Health Products Regulatory Authority (SAHPRA). She Chairs the World Health Organization's African Regional Immunization Technical Advisory Group (RITAG), the WHO's IHR Emergency Review Committee on Polio and is the Co-Chair of WHO's Ebola Vaccine Working Group. She Co-Chairs the South African National Health Data Advisory and Coordination Committee. She is a member of South Africa's National Advisory Group on Immunization and a member of the Scientific Advisory Committee of the South African National Institute of Communicable Diseases. She serves on the boards of Gavi, the Vaccine Alliance and of AVAC.

Professor Rees has received many awards for her contribution to African health and global health, including being made an Officer of the British Empire by Queen Elizabeth II and receiving the Order of the Baobab, one of the South Africa's highest honours.

**Speaker 9****Folake Olayinka**

John Snow, Inc.

Dr. Folake Olayinka is a public health specialist with over 22 years' experience. She has particular expertise in immunization, polio eradication, maternal and child health, HIV/AIDS and malaria programs. She has provided management and technical assistance to projects spread across Africa, United States, Caribbean, and Eastern Mediterranean region.

She currently works with John Snow Inc (JSI) in Virginia and leads the Immunization team on USAID's global flagship project-Maternal Child Survival Programme (MCSP). Between 2010 and 2014, she served as an inaugural member on WHO's Immunization Practice Advisory Committee (IPAC). She currently serves on the WHO African Regional Immunization Technical Advisory Group (RITAG) and as a Scientific Advisor for the African Local Initiative for Vaccinology Expertise (ALIVE), University of the Witwatersrand. Dr. Olayinka brings deep understanding of operationalizing immunization systems strengthening and context specific design within a primary health care platform and has a well-rounded perspective on integrated reproductive health, maternal, newborn child health programs. She has published numerous papers, articles and is a co-author of USAID's most recent e-learning course on immunization. She is an Aspen Fellow and is published in the Huffington post, World Economic Forum, AllAfrica and World Policy journal.

SUMMARY

The session focused on initiatives that have been taken primarily at the country level to proactively manage polio transition, with three “Tedtalks” introducing three specific initiatives:

- ◆ Leveraging the Addis Declaration to strengthen immunization and to mitigate the impact of multiple transitions in Nigeria,
- ◆ Re-purposing the polio infrastructure to gradually move from polio eradication to promoting public health in India.
- ◆ Changing the surveillance paradigm to develop a unifying framework for vaccine-preventable disease surveillance

The “Tedtalks” set the stage for the subsequent panel discussion, focusing on how different stakeholders (countries, implementing agencies, development partners, civil society) can be a part of the solution, to proactively work towards turning polio transition from a challenge into an opportunity.

OUTCOMES

- ◆ Eradication and transition are not mutually exclusive - they need to go hand in hand.
- ◆ Countries follow different paths to transition out of polio, as the scale of the polio infrastructure is different in each country. Finding local solutions is the key to success. External partners can help, but sustainability ultimately depends on full government ownership and commitment —not only from the Ministries of Health, but also Planning and Finance.
- ◆ As a part of the post-2020 agenda, there is a need to realign partnerships to strengthen immunization, as a founding block of achieving universal health coverage. This is critical both to protect decades-long polio investments and to sustain a polio-free world, as well as to achieve health-related SDGs.

TRANSITIONS IN TRAINING

Location: AD12 **Session Leads:** Amanda Shortell, BMGF; Jhilmil Bahl, WHO HQ

Objectives

- ◆ Introduce instructional design principles, particularly the spectrum of capacity building strategies and the benefits and/or limitations of each
- ◆ Raise awareness of the current landscape of innovative immunization training interventions

Description

This session will include a spectrum of capacity building strategies and example innovations happening in immunization training. Ranging from how to improve face-to-face training, taking advantage of opportunities for on-the-job learning, to integrating digital technologies into a training plan, this friendly debate will focus on different aspects of training such as scalability, resource requirements, other benefits, limitations, and/or consideration of capacity building strategies. Participants will receive clearly defined next steps, as well as direction on where to find additional resources.

SPEAKERS



Facilitator

Sarah Chesemore

Senior Strategy Officer, Vaccine Delivery, Bill & Melinda Gates Foundation

Sarah Chesemore, Senior Strategy Officer, leads strategy development and business planning activities for the Vaccine Delivery team. She co-led our Strategy Fast Forward effort and now manages our Post 2020 Immunization work. Sarah also helps our team develop initiative-level strategies and define cross-portfolio priorities. In addition, Sarah manages various research insights and market intelligence efforts that inform work across our team.

Sarah joined the Vaccine Delivery team in 2016 after serving as an independent consultant to several programme and operations leaders at the foundation. For thirteen years, Sarah led her own strategy and management practice focused on social sector clients at the national and regional levels. Previously, Sarah was a consultant with McKinsey & Company, director of online continuing education for grantee WebJunction, and programme manager with the California Health and Human Services Agency.

Sarah holds an MBA from the University of Michigan and a BA in Political Science from the University of California at Berkeley.



Moderator

Jhilmil Bahl

Capacity Building Officer, World Health Organization

Jhilmil has been working for the WHO for past 20 years. She coordinates the WHO's immunization staff capacity building efforts. In the recent years, she has been spearheading the development of digital training for the immunization workforce. She also led the development of print-based materials including Immunization in Practice, Global Mid-Level Management Modules, and the new vaccines introduction. She has designed and delivered several training programmes at global, regional and country levels. Jhilmil has a master's in instructional technology from Syracuse University, USA.

**Speaker 1****Reda Sadki**

Founder, Learning Strategies International (LSi.io)

Reda Sadki is an educational innovator with two decades of experience in doing new things in new ways to do more, do better, and reach further—and to do good. Since 2016, Reda has been working with the WHO to develop the Scholar approach, an innovative form of peer learning that accelerates immunization capacity-building and leadership development.

Reda is the founder of Learning Strategies International (LSi.io), a learning and innovation talent network, and the Geneva Learning Foundation, a non-profit organization with the mission to unite learning leaders from the academic, corporate, and non-profit worlds who yearn to solve 'wicked' problems that matter.

**Speaker 2****Hardeep S. Sandhu**

Team Lead, Workforce Development Team of Global Immunization Division, United States Centers for Disease Control and Prevention (CDC)

Dr. Hardeep Singh Sandhu has over 31 years of experience working in public health in countries in the Americas, Africa, Asia, the Middle East, and the Pacific. He is a medical epidemiologist and a public health physician, with expertise in preventive medicine, immunization, communicable disease control, polio eradication, measles and rubella elimination, Japanese encephalitis control, disease surveillance, and the management and evaluation of public health intervention programmes. He has worked with the US Centers for Disease Control and Prevention for the last 17 years. Since 2014, Hardeep has served as the team lead of the Workforce Development Team of Global Immunization Division at the CDC. The team supports the development of capacity for the immunization workforce globally. Hardeep has an MBBS and MD from India, and has done a fellowship with CDC's Epidemic Intelligence Service (EIS).

**Speaker 3****Nathan Pienkowski**

Partner & Co-Founder, Bull City Learning

For over 20 years, Nathan has been helping forward-thinking organizations use the latest advances in educational psychology and learning technology to solve their most pressing human performance challenges. As co-founder of Bull City Learning, Director of Instructional Design at the Pharmaceutical Institute, Human Performance Practice Lead at Scientific Commercialization, and founder of New Stage Learning Systems and CourseQuest.com, Nathan has shaped high-impact learning solutions for large companies, leading universities, and non-profit organizations. Nathan holds a PhD in instructional design and a Masters in instructional technology.

**Speaker 4****Ranjana Kumar**

Senior Specialist Leadership, Management and Coordination, Gavi, the Vaccine Alliance, Country Programmes

Dr. Ranjana Kumar is a Paediatrician by training and has worked within the Development Sector for over two decades. She has the unique distinction of working with government, CSOs, bilateral and UN agencies at key decision making levels. She has a rich and diverse experience of providing clinical services, setting up systems for child survival and safe motherhood in urban settings and leading on the UK Government's nationwide support for Reproductive and Child Health in India. She has been working with Gavi, the Vaccine Alliance in Geneva for over a decade and was previously the Regional Head for the Asia Pacific region. During a sabbatical in 2016, Ranjana led polio transition efforts within WHO India. On her return to Gavi she currently leads the portfolio on building country capacity for leadership,

**Speaker 5****Bruce Gellin**

President, Global Immunization, Sabin Vaccine Institute

Dr. Bruce Gellin, M.D. M.P.H., is President, Global Immunization at the Sabin Vaccine Institute. Dr. Gellin previously served as the Deputy Assistant Secretary for Health and Director of the National Vaccine Programme Office at the U.S. Department of Health and Human Service (HHS), where he was the principal advisor to the Assistant Secretary for Health on vaccine and immunization programmes and policies. Dr. Gellin also represented HHS as a technical and policy advisor to the World Health Organization with a focus on influenza and vaccine hesitancy and as a contributor to the Decade of Vaccines Collaboration and the Global Action Vaccine Action Plan (GVAP).

**Speaker 6****Balcha Masresha**

Medical Officer, World Health Organization, Regional Office for Africa

Dr. Balcha Masresha has 16 years of experience in WHO at the Regional level. He has been at the forefront of the measles/ rubella and neonatal tetanus elimination work in the WHO African Region for the last 12 years. Having witnessed first-hand the complications and deaths from measles, while working as a general practitioner and later as a paediatrician in his home country, he is a passionate advocate and champion of measles elimination. In his current role, he helps shape the global agenda on VPD surveillance and control, and provides advocacy support, policy guidance, and technical assistance to 47 countries in the Region. Before joining WHO, Balcha taught paediatrics and child health at Jimma University in Ethiopia. His teaching experience has followed him into the WHO, where he now coordinates, in addition to his other roles, the work on updating the regional modules for training EPI mid-level managers.

INNOVATIONS & TRANSITIONS FOR IMMUNIZATION DATA

Location: AD7 **Session Leads:** Jan Peter Kamiel Grevendonk, WHO; Hope Johnson, Gavi, the Vaccine Alliance

Objectives

- ◆ Discuss the expanding role of immunization data to achieve programme objectives
- ◆ Share innovations by country programmes to address challenges and achieve their objectives
- ◆ Agree on priorities for data and information system

Description

This session will dive into the challenges and opportunities offered by innovations and transitions around data. As programmes become more complex, and need better data about more and more programme aspects, innovations and technologies have led to shifts in the way programmes collect and use data, including:

- ◆ Parallel to integrated
- ◆ Aggregate to individual
- ◆ Infant to life course vaccination
- ◆ National to subnational
- ◆ Paper to cloud
- ◆ Centralized to user-centered
- ◆ Data for reporting to data for action

We will hear from several concrete projects in countries as well as from global partners, and discuss how these innovations can be best harnessed to improve immunization programmes.

SPEAKERS

Facilitator

Jan Peter Kamiel Grevendonk
WHO HQ

Facilitator

Hope Johnson
Director, Monitoring & Evaluation Gavi Alliance

Speaker 1

George Bonsu
National Programme Manager, Expanded Programme on Immunization (EPI), Ghana Health Service

Speaker 2

Alain Poy
WHO/AFRO Information system, Monitoring and data management Officer

Speaker 3

Josephine Simwinga
 Ministry of Health, Zambia

**Speaker 4**

Martha Velandia
 Regional Immunization Adviser, WHO/PAHO

**Speaker 5**

Emma Hannay
 Acasus

**Speaker 4**

Lora Shimp
 John Snow, Inc.

Lora Shimp has over 25 years of experience in international development and maternal and child health (with a particular focus in immunization), through USAID-funded, Bill and Melinda Gates Foundation and Gavi contracts, as well as with United Nations organizations. She is a senior immunization technical expert and specialist in communication and behaviour change, working as the Technical Director for the Immunization Center with John Snow, Inc. headquartered in the Washington, DC area. Throughout her career, Ms. Shimp has provided immunization technical support to MOH/EPIs and with Inter-agency Coordinating Committee partners - including on routine immunization programme delivery and equity, Reaching Every District (RED), data quality and use (including home-based records), financing and planning, as well as new vaccine introduction and disease specific interventions. Her work has spanned several African countries (Cameroon, DR Congo, Ghana, Kenya, Madagascar, Nigeria, Senegal, Tanzania, Zimbabwe and others), India, Nepal, the Central Asian Republics and Ukraine. She has an MPH from Tulane University SPHTM, BA from the George Washington University, and was a Peace Corps volunteer in Cameroon.

Speaker 7

Laurie Werner
 Global Director, BID Initiative PATH

SUMMARY

Participants discussed the transitions that are taking place with immunization data, such as the move from parallel to integrated systems, aggregate data to individual record keeping, infant to life course vaccination, systems and tools moving from paper to cloud, and the need to move from data for reporting to data for action. They heard from several country and regional experiences and innovations:

- ◆ George Bonsu (Ghana EPI), talked about how Ghana integrated the DVMT EPI reporting systems into the national HMIS (DHIMS).
- ◆ Alain Poy (WHO/AFRO) presented the routine immunization module within DHIS2, which was developed by WHO and the University of Oslo, and is now being implemented in countries in the African Region.
- ◆ Josephine Simwina (Zambia EPI) shared her experiences with the implementation of electronic systems for logistics and immunization registries.
- ◆ Martha Velandia (PAHO) talked about the progress and lessons learned with Electronic Immunization Registries in the region.
- ◆ Emma Hannay (Acasus) showed how EPI in Punjab (Pakistan) increased accountability through the use of a mobile app for health workers.
- ◆ Lora Shimp (JSI) highlighted the continued importance of paper records and tools as she presented on data quality and use at the facility level.
- ◆ Laurie Werner (PATH) evaluated the evidence behind data interventions, as found by the IDEA project.



WORKING TOGETHER: HOW CAN INTEGRATED IMMUNIZATION PROGRAMMES BEST CONTRIBUTE TO IMMUNIZATION GOALS AND UHC?

Location: AD10 **Session Lead:** Emily Wootton, WHO HQ

Objectives

This session will review recent developments in the literature and programmatic experience in the area of integration in order to inform future priorities for integration-related work, in terms of the benefits and risks for both the immunization programme, as well as other related health programmes.

Description

This session will present an overview of integrated immunization programmes through three lenses. The session will be introduced by Emily Wootton (WHO HQ) who will briefly outline the global policy on integration in immunization programmes. The first presenter (Chris Morgan, Burnet Institute) will provide an overview of a recent literature review. The presentation will focus on two key aspects: (1) how immunization programmes might best contribute to Universal Health Coverage (UHC) and (2) what has been the impact of integration on immunization programmes to-date. The second presenter (TBC, Sri Lanka MOH) will present a country perspective on integration, with a focus on the challenges and opportunities experienced when integrating immunization programmes. The final presenter (Dr. Om Prasad, WaterAid) will share a partner's perspective on integration. Dr. Gautam will present an overview of an innovative programme that integrates hygiene interventions into the routine immunization programme that has been implemented in partnership between the Ministry of Health in Nepal and WaterAid. Each presenter will share a key question/challenge for discussion in three small groups, with each group focusing on one particular topic. At the end of the session, each of the groups will share a summary of their discussions and potential solutions.

SPEAKERS



Speaker 1

Emily Wootton

Technical Officer, World Health Organization

Emily Wootton has 15 years of experience in policy development, programme management and implementation across the non-profit, public and private sectors. Emily is currently a Technical Officer at the World Health Organization, Geneva, within the Expanded Programme on Immunization (EPI), in the Department of Immunization, Vaccines, and Biologicals. She is leading efforts to develop and strengthen integrated service delivery and life course approaches to immunization. Prior to joining WHO, Emily worked at the Gavi Secretariat in Geneva and the Clinton Health Access Initiative in Malawi, where her work focused on supporting countries to improve immunization coverage and equity, as well as introduce new vaccines, including the pneumococcal conjugate vaccine and the inactivated polio vaccine. After starting her career as a management consultant with Accenture in London, Emily pursued her interest in international development and health, working at a local NGO in Belize, ActionAid and at the UK Department of Health where she developed national sexual health policy. Emily holds a BSc Management and an MSc Development Management from the London School of Economics and Political Science.

**Speaker 2****Christopher Morgan**

Head of International Development, Burnet Institute

Dr. Chris Morgan is a public health researcher and paediatrician with over 25 years of experience in health development in resource-constrained settings. His focus is maternal and infant care, immunization programmes, the deployment of rapid diagnostics, and community-based approaches to pre- and post-natal care. He designs and implements development and research programmes in Papua New Guinea, Myanmar, Kenya, and elsewhere in Asia and the Pacific.

He is the Head of International Development at the Burnet Institute, where he has worked since 2001. For the World Health Organization, he chairs the Immunization Practices Advisory Committee and is researching global approaches to integrated service delivery. He is an active member of Health Systems Global, participating in every global symposium since 2010, and holds academic appointments at Melbourne and Monash universities. His earlier work includes directing bilateral health aid in China, the Mekong sub-region, PNG and service in rural hospitals, and community development in Nepal and Tibet (China).

**Speaker 3****Samitha Ginige**

Consultant Epidemiologist, Epidemiology Unit, Ministry of Health, Sri Lanka

Dr. Samitha Ginige graduated from the faculty of medicine, University of Colombo and obtained MSc and MD (Community Medicine) from the University of Colombo and MPH (Bio Security) from Massy University in New Zealand. Currently Dr. Samitha serves as a consultant epidemiologist at the Epidemiology Unit, Ministry of Health Sri Lanka. He is the national lead and focal point for communicable disease surveillance; prevention and control of meningitis and Japanese encephalitis control; and vaccine safety and logistics.

He is an editor and co- author of the National Immunization Guide and the lead writer of the National Immunization Policy, published by the Epidemiology unit. He has provided expert services to WHO member states in Southeast Asia and the Western Pacific regions in the field of immunization and disease surveillance.

**Speaker 4****Om Prasad Gautam**

Senior WASH Manager, WaterAid UK

Dr. Om Prasad Gautam is a public health expert and behaviour change scientist with more than 17 years of work and research experiences in water, sanitation and hygiene (WASH), environmental health, behaviour change, child health, immunization, food hygiene/safety, HIV/AIDS programming, and equity and inclusion, etc. Dr. Om holds a PhD from the London School of Hygiene and Tropical Medicine, and Master's Degree in Public Health (MPH) from Bangladesh, along with another Master's Degree in Social Sciences from Nepal. Dr. Om currently works at WaterAid UK as a Senior WASH Manager—Hygiene (global technical lead on hygiene behaviour change programme). He previously worked with LSHTM, WaterAid in Nepal, the World Health Organization, Immunization Preventable Diseases, the Association of International NGOs in Nepal and other many organizations. Dr. Om is an independent reviewer for three international journals. Dr. Om is a recognized public health expert and resource person for health and WASH related development programming, management, evaluation on Health and Hygiene/WASH, and has led large scale intervention research for WASH, integrating hygiene into vaccination programmes, food hygiene and behaviour change interventions. Dr. Om is passionate about the role that WASH and health programming play in human development and brings his skills to the development sector to improve the health, hygiene and wellbeing of the poorest/vulnerable groups.

SUMMARY

The session was structured around four presentations, each followed by time for clarification questions. The last part of the session was dedicated to a cross-cutting plenary discussion. The current global policies on integration were outlined by Emily Wootton (WHO HQ), including a summary of how integration is presented within the Global Vaccine Action Plan 2011-2020. The opportunities to link a life-course approach to immunization and integrated service delivery through the creation of “delivery platforms” was also highlighted. Dr Chris Morgan (Burnet Institute) summarized his findings from a systematic literature review of published attempts (2011-16) to change service delivery through the integration of immunization and other services. In general, the impact of integrated service delivery on immunization was positive or static and the impact on the additional services integrated with immunization (e.g. malaria, HIV services, family planning, nutrition) was positive. Highlights included the most feasible models of integration, settings where integration failed to work as expected, and issues of client acceptability for programmes potentially affected by social stigma, such as HIV or Family Planning.

Dr Samitha Ginige (Sri Lanka, MOH) shared Sri Lanka’s successful experience on integrated immunization programmes and utilizing the following delivery platforms: first year of life, second year of life, pre-school age children, school-going age and females in the child-bearing age. For example, children receive a range of free services with immunization (e.g. Routine medical inspection by Medical Officer, growth monitoring, vitamin A supplementation, multiple micronutrient (MMN) supplementation and worm treatment). A range of advantages provided by integration efforts were outlined, including the additional community acceptance and trust given to health workers, and some of the challenges were also described, including the need for health workers to have additional skills and expertise.

Finally, Dr Om Prasad Gautam (WaterAid UK) provided an overview of a programme to integrate hygiene behavior change into routine immunization. A scoping study and formative research were used to shape the intervention design through a creative process. The programme exposed 42,000 mothers/caregivers of young children at least five times with the intervention. The final evaluation was conducted after one year of project implementation and demonstrated an increase in both observed hygiene behaviors and routine immunization coverage in all four intervention districts. The feasibility of the programme has been demonstrated and Nepal is now planning to extend this initiative to all districts in the country alongside the rotavirus vaccine programme.

OUTCOMES

- ◆ The session highlighted the importance of incorporating recent publications and programmatic experiences (e.g. the integration of a hygiene behaviour change programme into the immunization programme in Nepal) into any future global immunization strategies, with the forthcoming systematic literature review and integration resource guide acting as key reference documents.
- ◆ While integrated immunization programmes have generally been positive (or neutral) for immunization and the integrated services, the session underlined the importance of robust monitoring and evaluation activities for integrated immunization programmes to ensure that the benefits outweigh the risks over time.
- ◆ The session also emphasised the importance of context (e.g. national, rural vs. urban) in the design, implementation, monitoring and evaluation of successful integrated immunization programmes.

A WORLD OF INNOVATION: WHAT IMMUNIZATION CAN LEARN FROM OTHER SECTORS

Location: AD7 **Session Lead:** Chung-won Lee, CDC; Johannes Ahrendts, Gavi, the Vaccine Alliance

Objectives

- ◆ Inspire participants to think about new approaches to key challenges in immunization
- ◆ Showcase innovations from other sectors addressing similar challenges
- ◆ Facilitate a discussion on the relevance of these and potential implications in regard to immunization

Description

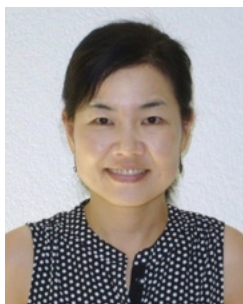
“Reaching the unreached” in low and middle-income countries remains one of the key challenges in global immunization, especially as the global vaccine community starts to “navigate transitions.” Some of the key barriers we are facing in achieving coverage and equity are inadequate matching of service supply and demand, insufficient on-the-job mentorship, low levels of accountability and limited engagement with local communities. Other organizations within healthcare, the larger development sector and the private sector have been facing similar challenges and have come up with new ways to address them.

Gavi, the Vaccine Alliance and the United States Centers for Disease Control and Prevention (CDC) have selected some of these interventions and will introduce them to the audience to discuss their potential implications for immunization.

The goals of our session are to:

- ◆ Introduce selected innovations from other sectors addressing similar challenges as immunization
- ◆ Facilitate a discussion on the potential relevance of these and other innovations to immunization

SPEAKERS



Speaker 1

Chung-won Lee

Science, Research and Policy Coordinator, Strategic Information and Workforce Development Branch, Centers for Disease Control and Prevention (CDC)

Dr. Chung-won Lee is the Science, Policy and Research Coordinator for the Strategic Information and Workforce Development Branch (SIWDB) at the Global Immunization Division (GID), CDC. In this position, Chung-won provides technical leadership in the development of research agendas and priority programme activities in support of immunization system strengthening, especially in developing countries in Africa, Europe, Asia, and Oceania. Chung-won has worked for approximately 20 years in the field of public health with expertise in immunization information systems, strategy development, monitoring and evaluation, and epidemiologic study methods. She has provided numerous technical support to international partner organizations and foreign ministries of health on public health information system and disease control issues. Dr. Lee has a PhD in Demography and MA in Sociology. She has completed a post-doctoral fellowship at the CDC.



Speaker 2

Johannes Ahrendts

Head of Strategy, Gavi, the Vaccine Alliance

A medical doctor by background Dr. Johannes Ahrendts is the Head of Strategy at Gavi, the Vaccine Alliance in Geneva. He is responsible for leading and coordinating the development of Gavi's 5-year strategy and for supporting a number of high-impact initiatives to accelerate the roll-out of the 2016-20 strategy. Prior to joining Gavi in 2015 Johannes was a Project Leader at The Boston Consulting Group (BCG) advising more than 20 clients from the global development and healthcare sectors on their most pressing strategic and operational priorities. He also worked for the Clinton Health Access Initiative (CHAI) in Ethiopia to strengthen the country's health financing capacity.

SUMMARY

Moderators introduced selected innovations from other sectors addressing four common challenges in global health to discuss their potential implications for immunization. The four challenges included 1) Weak governance and accountability, 2) Challenges in service delivery, 3) Gaps in workforce capabilities and 4) Insufficient demand generation. Given the time limitation, participants had the opportunity to vote through an app on the two challenges they wished to discuss: 1) Weak governance and accountability and 4) Insufficient demand generation.

For governance and accountability, selected interventions from other sectors were a. African Leaders' Malaria Alliance (ALMA), which uses political influence and scorecards on country performance to drive accountability and action, b. the World Food Program's System for Cash Operations - Conditional On-Demand Assistance (SCOPE-CODA) which tracks and manages acute malnutrition treatments using real time data, and c. 2-year embedded support for political leadership building by Tony Blair Institute For Global Change. During discussion, participants voiced the need for immunization programs to broaden in-country stakeholder engagement to the heads of states and other ministries (e.g. Ministries of Finance, Planning, Education, etc.). Furthermore, participants acknowledged the need for better data use to inform decision-making and open competition across and within countries through regular review of program performance indicators.

For interventions focusing on demand generation, session moderators introduced the examples of a. behavioural modelling through radio serial drama for HIV/AIDS education in Ethiopia, b. consumer insight-based marketing to promote toilet use in India, and c. use of social media-data for tailoring health education messages for Zika response in Brazil. During discussion, participants agreed on the potential benefits of entertainment-education for immunization, the need to learn and collaborate with other programs like HIV/AIDS, and to better use data for targeted promotion of immunization

OUTCOMES

- ◆ Interactive format of the session was very well received by participants and generated rich and productive discussion
- ◆ There is a lot to learn from other sectors by being open and looking for meaningful ways to synergize
- ◆ Let's use data to guide our management actions and improve our performance and accountability

BEST PRACTICES IN TECHNICAL ASSISTANCE TO COUNTRIES

Location: AD12 **Session Lead:** Balcha Girma Masresha, WHO AFRO; Irtaza Chaudhri, WHO EMRO

Objectives

- ◆ To identify good practices in technical assistance to countries
- ◆ To identify and disseminate any innovative approaches to technical assistance
- ◆ To discuss ways of replicating and scaling up such practices in other countries
- ◆ To develop a consensus on what constitutes “worthy technical assistance”

Description

The session will be attended by participants and experts from ministries of health and from partner agencies. During this session, four presenters will share their experiences related to the provision of technical assistance to country immunization programmes. The session will also showcase best practices that can be replicated or scaled up in other countries. The presentations and discussions should lead to some understanding of what constitutes good quality technical support.

SPEAKERS

Speaker 1

Guna Raj Lohani

Officiating Director General, Ministry of Health, Nepal

Speaker 2

Ghulam Dastagir Nazary

National Immunization Programme Manager, Ministry of Health, Afghanistan

Speaker 3

Joseph Oteri

National Primary Health Care Development Agency, Nigeria



Dr. Joseph Oteri is a public health practitioner, currently the chairman of the National Measles Technical Coordinating Committee (NMTCC), a position he has held for the past year. The NMTCC was inaugurated in March 2017 with the mandate of planning and managing the 2017/2018 measles follow up campaign in Nigeria. Dr. Oteri is a graduate of Nigeria's premier university with more than 30 years post qualification experience, spending 16 in clinical practice and 14 in public health, especially in immunization and health systems. His Public Health career started in 2004 when he transferred from the University of Port Harcourt Teaching Hospital, having spent 16 years in the National Programme on Immunization.

AJ, as he is fondly called by his colleagues, worked as the Country Gavi desk officer in the routine immunization division of the Agency. The introduction of pentavalent vaccine, pneumococcal conjugate vaccine into the immunization schedule were midwived by him. He worked in the South-South zonal office as the Coordinator for the agency where he acquired broader skills in the country's primary health care systems.

He holds an MBBS from the University of Ibadan, PGDip Anaesthesia, MPH (Liverpool) and has attended various courses in and outside of Nigeria.

**Speaker 4****Lora Shimp***John Snow, Inc.*

Lora Shimp has over 25 years of experience in international development and maternal and child health (with a particular focus in immunization), through USAID-funded, Bill and Melinda Gates Foundation and Gavi contracts, as well as with United Nations organizations. She is a senior immunization technical expert and specialist in communication and behaviour change, working as the Technical Director for the Immunization Center with John Snow, Inc. headquartered in the Washington, DC area. Throughout her career, Ms. Shimp has provided immunization technical support to MOH/EPIs and with Inter-agency Coordinating Committee partners - including on routine immunization programme delivery and equity, Reaching Every District (RED), data quality and use (including home-based records), financing and planning, as well as new vaccine introduction and disease specific interventions. Her work has spanned several African countries (Cameroon, DR Congo, Ghana, Kenya, Madagascar, Nigeria, Senegal, Tanzania, Zimbabwe and others), India, Nepal, the Central Asian Republics and Ukraine. She has an MPH from Tulane University SPHTM, BA from the George Washington University, and was a Peace Corps volunteer in Cameroon.

07:15-08:15

Breakfast with an Expert: Have breakfast with an expert to discuss a topic in more detail.

(optional, availability on a first come first served basis)

Location: Radisson Blu Hotel breakfast area, Larder Restaurant

- ◆ Joint WHO and UNICEF team on TT to Td replacement
Ahmadu Yakubu (UNICEF), Heather Deehan (UNICEF), and Tracey Goodman (WHO)
- ◆ Chizoba Wonodi, Nigeria Country Director at the Johns Hopkins International Vaccine Access Center (IVAC) (CSO Viewpoints)
- ◆ Patrick Zuber, WHO HQ (Vaccine Safety)

8:00-18:00

Market Place

Location: Concourse

08:30-9:45

Plenary 2: Immunization Coverage and Equity—from the Birth of EPI to the SDGs

Location: MH1+2

Day 2 Chair: Robin Nandy, Principal Adviser and Chief of Immunization, UNICEF

9:45 – 10:00

Teasers for Afternoon Sessions

10:00-10:30

Coffee Break

10:30-12:15

Short Topic Sessions

Five 45-minute presentations; attendees may select two:

- ◆ **2.1: Product Selection for Sub-national Immunization Needs**
Location: MH1+2 **Session Lead:** Anna-Lea Kahn, WHO
- ◆ **2.2: Addressing Missed Opportunities for Vaccination to Reduce Coverage Gaps, Experience in Afro**
Location: AD11 **Session Lead:** Blanche-philomene Melanga Anya, WHO AFRO
- ◆ **2.3: From Knowing to Doing—A Framework for Changing Behavior and Improving Performance**
Location: AD10 **Session Leads:** Amanda Shortell, BMGF and Molly Abbruzzese, BMGF
- ◆ **2.4: Immunization Supply Challenges: Navigating the Upstream and Downstream**
Location: AD12 **Session Lead:** Heather Deehan, UNICEF
- ◆ **2.5: MI4A: Market Information for Access to Vaccines (offered both days)**
Location: AD7 **Session Lead:** Emily Nickels, Linksbridge

12:15-13:45

Lunch

Location: The Auditorium Restaurant (second floor)

13:45-15:15

Afternoon Concurrent Sessions (3)

3 sessions, each 1 hour and 30 minutes; attendees pick one session to attend

3A Location: AD10

Urban RI: Understanding Challenges, Uncovering Opportunities

Session Leads:

Meghan Scanlon, BMGF
Godwin Mindra, UNICEF

3B Location: AD11

Vaccination During Complex Emergencies, Including Conflict-Affected Areas and Areas Experiencing Large In/Out Migration

Session Leads:

Katy Clark, IFRC
Imran Mirza, UNICEF

3C Location: AD12

Developing a Life-Course Approach to Vaccination: Challenges and Opportunities

Session Leads:

Emily Wootton, WHO HQ
Jessica Fleming, PATH
Evan Simpson, PATH

15:30-16:00

Coffee Break

16:00-17:30

Afternoon Concurrent Sessions (4)

3 sessions, each 1 hour and 30 minutes; attendees pick one session to attend

4A Location: MH 1+2

Generating Demand and Addressing Hesitancy: How Applying Behavioral Insights Can Improve Vaccination Uptake

Session Leads:

Brent Wolff, CDC
Lisa Menning, WHO HQ

4B Location: AD10

What Can Campaigns Learn From Each Other?

Session Leads:

Katrina Kretsinger, WHO HQ
Imran Mirza, UNICEF

4C Location: AD12

The Private Eye: Models of Public-Private Sector Engagement for Immunization Delivery

Session Leads:

Laura Conklin, CDC
Ulla Griffiths, UNICEF

17:30-18:30

Debate: To Mandate or Not to Mandate? (optional)

Location: Piazza Terrace (no-host bar)

BREAKFAST WITH AN EXPERT

Location: Radisson Blu Hotel breakfast area, Larder Restaurant (optional, availability on a first come first served basis)

TABLE 1

Joint WHO and UNICEF team on TT to Td replacement

The SAGE recommendation on the replacement of the TT vaccine with the Td vaccine came about in 1998. Countries have been very slow in making the replacement. Recent outbreaks of diphtheria and the very likely association of this with waning immunity to diphtheria, following the primary series necessitates the need to take a different and more decisive approach to ensuring that countries implement the recommendation. Tracey Goodman, Heather Deehan and Ahmadu Yakubu will be discussing what needs to be done to facilitate the process.



Ahmadu Yakubu

UNICEF

Dr. Ahmadu Yakubu is a Senior Health Specialist and has been the focal person for maternal and neonatal tetanus elimination monitoring and evaluation at the WHO Headquarters since 2011. Before then he was the UNICEF Eastern and Southern Africa Regional Office (ESARO) Immunization Specialist from 2008 to 2010 and was the UNICEF ESARO Health Specialist in charge of maternal and neonatal tetanus elimination from 2006 to 2008.

Dr. Yakubu also worked with the World Health Organization (WHO) Regional Office for Africa as a Medical Officer with focus on immunization, polio eradication and maternal and neonatal tetanus elimination from 2001 to 2006. Prior to this he worked at the country level and was responsible for setting up polio eradication activities, including surveillance and house-to-house polio campaigns, in the Gambia in 2000. He was among the first few surveillance officers recruited by WHO Nigeria, and supported acute flaccid paralysis, measles and neonatal tetanus surveillance activities, among other vaccine preventable diseases in Nigeria from 1997 to 2000.

Before working on the international scene, Dr. Yakubu was the Director Primary Health Care and Disease Control in Gombe State, Nigeria from 1996 to 1997, and was the State Epidemiologist in Bauchi State from 1994 to 1996. His initial engagement with primary health care related activities dates back to 1987, when he was posted to a UNICEF-assigned primary health care local government area in Calabar, Nigeria.

Dr. Yakubu is a Nigerian and obtained his Bachelor of Medicine and Bachelor of Surgery degrees from the University of Jos, Nigeria in 1986 and his Masters of Science in public health in developing countries from London School of Hygiene and Tropical Medicine in 1993.



Heather Deehan

UNICEF

Heather Deehan is the Chief, Vaccine Centre in the Supply Division, UNICEF, responsible for the oversight and management of the supply and procurement of 1.68 Billion USD worth of vaccines, supplying routine immunization programme requirements, as well as preventative campaigns and outbreak response. Prior to joining UNICEF, Ms. Deehan was the Chief, Vaccine Preventable Diseases for the Public Health Agency of Canada, responsible for the epidemiologic surveillance of vaccine preventable diseases, outbreak response, and programmatic recommendations for immunization in support of the National Advisory Committee on Immunization. Ms. Deehan also coordinated, at the National level, pandemic preparedness and response activities, and was responsible for immunization coverage and surveillance in Canada with the introduction of a National Immunization Registry Network, including vaccine inventory management improvements. Ms. Deehan started her career in public health nursing and served as a nurse practitioner in remote and isolated settings in the Canadian north.



Tracey Goodman

WHO

Tracey Goodman (Canada), joined WHO EPI Team in Geneva in 1998 (20 years ago!) initially to support the integration of vitamin A supplementation with Polio NIDs. Over the years she has worked on a broad range of activities (highlights include serving as WHO Gavi focal point, MCV2, integration, HPV, tetanus boosters and MNTE sustainability, RTS,S/malaria vaccine, immunization schedules, SAGE Working Groups and drafting WHO position papers...). She is currently the Manager of the Policy & Strategies Group leading a staff of 11 and responsible for coordinating the review of evidence for the development of WHO policy recommendations on immunization, producing technical guidelines and materials, and developing and documenting strategies for the delivery of vaccination services, including older age groups. After completing a B.Sc. in Biology/Integrated Science Studies and a Master's in International Development from Carleton University (Ottawa, Canada), she began her career with the UNICEF International Child Development Centre (ICDC, Florence, Italy), Special Programme on National Capacity Building for child Survival & Development. Subsequently she joined the International Development Research Centre (IDRC, Canada) Health Sciences Division, and held positions with both the Evaluation and the Policy & Planning Units. Before joining WHO, she was for a number of years Senior Programme Manager with the Canadian Public Health Association (CPHA), International Immunization Programmes (CIIP Phase 1 and 2) with responsibilities for Anglophone Africa.

TABLE 2



Chizoba Wonodi

Nigeria Country Director, Johns Hopkins International Vaccine Access Center

Join Dr. Chizoba Wonodi for breakfast to ask your questions about working with governments, from the CSO perspective, as well as specifics about working in Nigeria.

Dr. Chizoba Wonodi is public health physician with over twenty-seven years' experience on projects in Africa, Asia and America. She is the Nigeria Country Director at the Johns Hopkins International Vaccine Access Center (IVAC) based in Baltimore. She is also the Founder and Convener of Women Advocates for Vaccine Access, a coalition of Civil Society Organizations in Nigeria advocating for increased uptake of vaccines and sustainable financing of immunization programmes. Dr. Wonodi splits her time between Abuja and Baltimore conducting research and leading a portfolio of work to improve immunization service delivery and primary health care systems in Nigeria, through operations research, technical assistance and policy advocacy.

Dr. Wonodi obtained her medical degree from the University of Benin, Nigeria; her masters and doctorate in public health from the Johns Hopkins Bloomberg School of Public Health. She has received many awards, including, the Bill and Melinda Gates Institute scholarship for masters and doctorate studies, the Carolyn Cochrane Fellowship award and the Population Reference Bureau Fellowship. She currently serves on the steering committee of the Gavi CSO Constituency Platform at the global level and the interim steering committee of the Gavi CSO Platform in Nigeria.

TABLE 3

**Patrick Zuber**

Group Lead, Global Vaccine Safety, WHO HQ

Patrick Zuber will host at the Breakfast with an expert on Wednesday morning with the following to go in the app: “Join Patrick Zuber, WHO HQ, for breakfast to ask your questions about safety monitoring and quality monitoring assurance for vaccines”

Patrick L. F. Zuber, M.D., M.P.H., Has been leading the Global Vaccine Safety Group at the World Health Organization since September 2007. Dr. Zuber is an international expert on vaccines programs in developing countries. He is a graduate of Lausanne (Switzerland) University and Harvard School of Public Health. Before joining the Global Vaccine Safety Group, he worked for many years at the United States Centers for Disease Control and Prevention (CDC). In his last two positions he led the Poliomyelitis Eradication Country Support at CDC and then lead the New and Under-utilized Vaccines Introduction seconded to WHO. He is also an associate physician with the Faculty of Medicine at Lausanne University. In his current work, his main focus is about developing global collaborative mechanisms in order to build and sustain capacity for vaccine pharmacovigilance in low- and middle-income countries. Through his role at the WHO, Dr. Zuber serves as the executive secretary to the Global Advisory Committee on Vaccine Safety.

IMMUNIZATION COVERAGE AND EQUITY: FROM THE BIRTH OF EPI TO THE SDGS

Location: MH1+2

Objectives

1. To give a broad overview of global development and demographics trends since the start of the Expanded Programme of Immunization
2. To identify human demographics and wealth distribution trends over this period, and out to 2030, and how these impacts a focus on immunization coverage and equity
3. To highlight those segments of our collective humanity that continue to miss out on the enormous progress in the last 20 years, both today and in the future

Description

This session will take the audience on an “fact based” journey, from what the world looked like at the start of the Expanded Programme on Immunization, through the Decade of Vaccines, and out to the end of the Sustainable Development Goal era and beyond. It will examine changes in population distribution, wealth and how this correlates with levels of health, infant and child survival and immunization coverage. It will make visible to the audience those segments of our collective humanity that have benefited from the enormous progress that the world has made, and those that remain “left out”, both today and in the future.

This session will highlight how much we have achieved through immunization since the start of the EPI, but also how different the world is today, and the implication these changes have for our coverage and equity agenda. It aims to help us reexamine if our current models, strategies and focuses to further expand the benefit that immunization provides fit with the realities of where people live, their wealth and health today and as we start preparing for GVAP 2.0.

DAY TWO CHAIR



Robin Nandy

Principal Adviser and Chief of Immunization, UNICEF

Dr Robin Nandy was appointed Principal Adviser and Chief of Immunization at UNICEF Headquarters in December 2015. Prior to this, from 2011–2015, he was the Chief of Child Survival and Development in UNICEF Indonesia. Before his position in Indonesia, Dr Nandy led the Global Polio Eradication Initiative at UNICEF Headquarters from 2010–2011 and was the team lead for Health in Emergencies from 2006–2011.

Dr Nandy is a medical epidemiologist and public health physician with an extensive background international public health, particularly in the areas of child survival, immunization, outbreak response and in humanitarian health response. He has worked in several conflict affected countries and fragile states and also participated in a number of high profile emergency responses.

Before joining UNICEF, he worked from 2002–2006 as a medical epidemiologist at the Global Immunization Division of the US Centers for Disease Control & Prevention (CDC) in Atlanta. From 1998–2002 he worked at both the country and headquarters level with the International Rescue Committee (IRC), and for the Indian government in the Republic of Maldives. He also spent four years as a Medical Officer in various hospitals in Delhi, India, from 1990–1994.

An Indian national by birth, Dr Nandy obtained his medical degree from Mysore University, India (1990) followed by an MPH at the Nuffield Institute for Health, Leeds, UK (1996). He also completed the Epidemic Intelligence Service (EIS) Fellowship at the CDC (2002–2004).

SPEAKERS

**Ola Rosling***Gapminder*

Ola Rosling is President & Co-Founder of Gapminder Foundation which he founded together with his wife and his father.

Since 1999 Ola lead the development of the Trendalyzer software, which was acquired by Google in 2007. At Google Ola and his team delivered the Motion Chart as part of Google Spreadsheets. As Product Manager for Google Public Data Ola then helped democratized access to Public Statistics by developing the infrastructure needed to make official statistics part of Google Search results. Ola & Anna went back to Gapminder in 2011 to develop free teaching materials for a fact-based worldview.

In 2014 Ola coined the term Factfulness, which Gapminder is now promoting in order to make the education about Sustainable Development less ideological and more fact-based.

Together with Anna and Hans, Ola wrote the Factfulness book, launched in April 2018.

**Anna Rosling Rönnlund***Gapminder*

Together with Hans Rosling and Ola Rosling, Anna Rosling Rönnlund founded Gapminder in 2005. Gapminder's mission statement is to fight devastating ignorance with a fact-based world view everyone can understand.

She designed the user-interface of the famous animating bubble-chart tool called Trendalyzer, used by millions of students across the world, to understand global development trends. The tool was acquired by Google, and Anna worked at Google in Mountain View, CA as a Senior Usability Designer 2007 to 2010. At Google Anna improved search results for public data, developed data exploration tools for Public Data and made a bubble tool gadget (Motion chart) in Google Spreadsheets. In 2010 Anna came back to Gapminder to develop new free teaching material. Anna is now Vice President and Head of Design & User Experience at Gapminder. She also sits in the Gapminder Board. Anna holds a Master's Degree in Sociology and a Bachelor's Degree in Photography.

Anna founded Dollar Street, the biggest systematic image bank with representative home documentations based on data. At the moment we have almost 30 000 photos and 10 000 video clips, which are free to use under Creative Common license.

PRODUCT SELECTION FOR SUB-NATIONAL IMMUNIZATION NEEDS

Location: MH1+2 **Session Lead:** Anna-Lea Kahn, WHO

Objectives

Demonstrate how innovation is key to improving coverage and equity, but with an appropriate decision-making framework, such as that under development for Total System Effectiveness.

Description

Using the example of the JSI-led Dose Per Container Partnership's efforts in Zambia, we intend to illustrate the importance of adapting product selection to sub-national immunization needs and what are the challenges and opportunities associated with ensuring the right stakeholders are involved in the decision-making.

The session will include a segment where the audience will be invited to participate in an interactive public opinion survey.

SPEAKERS

Facilitator

Anna-Lea Kahn

Technical Officer, Logistics and New Vaccine Products, World Health Organization-EPI

Speaker 1

Josephine Simwinga

Ministry of Health, Zambia

ADDRESSING MISSED OPPORTUNITIES FOR VACCINATION TO REDUCE COVERAGE GAPS, EXPERIENCE IN AFRO

Location: AD11 **Session Lead:** Blanche-philomene Melanga Anya, WHO AFRO

Description

Context:

Immunization coverage with diphtheria-tetanus-pertussis (DTP3) in the AFR increased from 52% in 2000 to 74% in 2016. However, progress in recent years has stalled and fewer than half of all African countries meet the GVAP target of DTP3 coverage nationally above 90%. Desk reviews and analyses by the World Health Organization (WHO) suggest that a proportion of the missed children may already be accessing treatment and vaccination services.

Definition and prevalence:

A missed opportunity for vaccination (MOV) refers to any contact with health services by an individual (child or person of any age) who is eligible for vaccination (e.g. unvaccinated or partially vaccinated and free from any contraindications to vaccination), but does not result in the person receiving one or more of the vaccine doses for which he or she is eligible.

Systematic review on MOV in LMICs in 2014 found the prevalence of MOV was 32% among children and 47% among women of reproductive age.

Goal of the session:

Share methodology and results of assessment of MOV conducted in selected countries in the AFR, as well as preliminary results from implementing corrective measures.

Take away message:

Reducing missed opportunities for vaccination (MOV) is a strategy to increase immunization coverage simply by making better use of existing vaccination sites (at health centers, hospitals, outreach/mobile services etc.). It is estimated that bridging the MOV gap could potentially improve Penta 3/DTP3 coverage by as much as 10 percentage points, depending on the country. At subnational level (e.g., poor performing districts or facilities) these coverage could be even greater, in some case up to 30%.

SPEAKERS



Speaker 1

Dr. Blanche Anya

Routine immunization officer at the WHO/AFRO

Dr Blanche Anya is a Medical Doctor from University Centre for Health Sciences, Yaoundé, Cameroun and hold a post doctorate degree in Paediatrics from Universitats Eppendorf, Hamburg, Germany & University Centre for Health Sciences in Yaoundé. She is a Public health specialist.

She has been Coordinating routine immunization activities in the WHO Regional office in Brazzaville, Congo since 2012. She coordinated the development of the guideline for development of immunization policy and the computerized EPI/IMCI interactive training tool. She also coordinated revision of the Reaching Every District (RED) guideline, the Immunization prototype curricula for doctors and nurses, as well as the Mid-level Management (MLM) modules for immunization.

Prior to that, Dr Blanche Anya was the EPI manager in Cameroon from 1996-1999, then Immunization and child health focal person in WHO/Cameroon for more than 10 years. She has huge experience in routine immunization, New vaccine introductions, surveillance of Vaccine Preventable Disease (VPD), VPD campaigns, Planning and implementation of Child & Mother Health days as well as preservice, clinical, and community Integrated Management of Childhood Illnesses (IMCI).

She has supported many countries in developing CMYP, developing applications for new vaccine introduction (eg DRC, Chad, Mali), planning mop op campaign (eg Mali).



Speaker 2

Guillaume Ngoie Mwamba

National Immunization Programme Manager, Ministry of Health, Democratic Republic of the Congo

FROM KNOWING TO DOING: A FRAMEWORK FOR CHANGING BEHAVIOR AND IMPROVING PERFORMANCE

Location: AD10 **Session Leads:** Amanda Shortell, BMGF and Molly Abbruzzese, BMGF

Objectives

- ◆ Provide an overview of some key learning theories and instructional design concepts
- ◆ Introduce a model for thinking through when and how to use various human performance tools and tactics

Description

Over the last few years, the Teach to Reach conferences have exposed the immunization community to a broad range of valuable ideas for improving the reach and effectiveness of workforce development efforts. These ideas have enormous potential for improving human performance and, as such, EPI programme results. They also require us to consider how to put the ideas into practice. This talk will provide a brief overview of some key learning theories and instructional design concepts and will introduce a model that can help frame the overall strategic thought process and provide a structure for thinking through when and how to use various human performance tools and tactics.

SPEAKER



Speaker 1

Nathan Pienkowski

Partner & Co-Founder, Bull City Learning

For over 20 years, Nathan has been helping forward-thinking organizations use the latest advances in educational psychology and learning technology to solve their most pressing human performance challenges. As co-founder of Bull City Learning, Director of Instructional Design at the Pharmaceutical Institute, Human Performance Practice Lead at Scientific Commercialization, and founder of New Stage Learning Systems and CourseQuest.com, Nathan has shaped high-impact learning solutions for large companies, leading universities, and non-profit organizations. Nathan holds a PhD in instructional design and a Masters in instructional technology.

IMMUNIZATION SUPPLY CHALLENGES: NAVIGATING THE UPSTREAM AND DOWNSTREAM

Location: AD12 **Session Lead:** Heather Deehan, UNICEF

Objectives

The objective of this session is to present a life-cycle vs. an end-to-end approach to supply chain management and to discuss the inter-relationship of each aspect of the immunization supply chain to ensure the uninterrupted availability of quality assured vaccines.

Description

The ultimate goal is to ensure the uninterrupted availability of quality vaccines from manufacturer to service-delivery levels, so that opportunities to vaccinate are not missed because vaccines are unavailable. Successful immunization programmes are built on functional, end-to-end supply chain and logistics systems. This starts with upstream planning, forecasting and budgeting for immunization which are critical to the achievement of ensuring uninterrupted supply of vaccines in support of immunization programmes. As vaccines are shipped and delivered to countries, the role of the supply chain is to first ensure the product is inspected before it enters the supply chain. Then, effective vaccine storage, handling, and stock management; rigorous temperature control in the cold chain; and maintenance of adequate logistics management information systems are needed for successful programme implementation. Is one aspect of the supply chain more important than another? If one step in the chain fails, is the whole supply chain affected, or are there ways and means to manage and mitigate and still achieve programme goals? Esteemed supply experts from UNICEF will engage in a heated debate to explore the most critical elements of the supply chain to prevent and manage supply challenges.

SPEAKERS



Moderator

Heather Deehan

Chief, Vaccine Center, UNICEF

Heather Deehan is the Chief, Vaccine Center in the Supply Division, UNICEF, responsible for the oversight and management of the supply and procurement of 1.68 Billion USD worth of vaccines, supplying routine immunization programme requirements, as well as preventative campaigns and outbreak response. Prior to joining UNICEF, Ms. Deehan was the Chief, Vaccine Preventable Diseases for the Public Health Agency of Canada, responsible for the epidemiologic surveillance of vaccine preventable diseases, outbreak response, and programmatic recommendations for immunization in support of the National Advisory Committee on Immunization. Ms. Deehan also coordinated, at the National level, pandemic preparedness and response activities, and was responsible for immunization coverage and surveillance in Canada with the introduction of a National Immunization Registry Network, including vaccine inventory management improvements. Ms. Deehan started her career in public health nursing and served as a nurse practitioner in remote and isolated settings in the Canadian north.

Speaker 1

Yalda Momeni

Contracts Manager, Routine EPI, UNICEF

Speaker 2

Jonathan Weiss

Chief, Procurement Services, UNICEF

Speaker 3

Suvi Rautio

Deputy Director, UNICEF

MI4A: MARKET INFORMATION FOR ACCESS TO VACCINES

(offered both days)

Location: AD7 **Session Lead:** Emily Nickels, Linksbridge

Description

Participants will be introduced to MI4A (Market Information for Access to Vaccines), a WHO initiative with partners, which provides a global perspective on vaccine markets, covering all countries and vaccines with objectives to:

- ◆ Enhance the understanding of global vaccine demand, supply and pricing dynamics and identify affordability and shortage risks
- ◆ Convene all relevant global health partners to contribute to the development of policies, strategies, and guidance to address identified risks
- ◆ Strengthen national and regional capacity for improved access to vaccine supply

MI4A focuses, in particular, on addressing the needs of self-procuring countries that do not benefit from international support.

Session participants will explore case studies of vaccine market analytics and how these efforts are working to improve access to vaccines. Participants will be asked to contribute their own knowledge and perspectives to the session via audience polling.

SPEAKER



Emily Nickels

Associate, Linksbridge SPC

Emily Nickels is an associate at Linksbridge with a background in global health and vaccine science and policy. She holds an MSPH in International Health from Johns Hopkins University and a BA in Biology from Whitman College. Linksbridge is a social purpose corporation focused on global health and international development. In immunization, Linksbridge partners with global health organizations on strategic demand for vaccines, market dynamics and data analytics. Emily is currently working with WHO on the Market Information for Access to Vaccines (MI4A) project with the goal of preventing vaccine shortages through increased sharing of demand, supply, pricing data, and forecasting. One of Emily's key projects is the management of the Global Vaccine Market Model, a Bill & Melinda Gates Foundation-funded project.

SUMMARY

The session introduced participants to MI4A: Market Information for Access to Vaccines, a WHO project focused on providing a global perspective on vaccine market data – demand, supply and pricing. The session included two short case studies: BCG and HPV vaccines. These highlighted the findings related to self-procuring middle-income country demand and pricing. The value of pricing data reported by countries to the V3P (Vaccine Product, Price and Procurement) database via the JRF (Joint Reporting Form) was exemplified through a short discussion of PCV price tiering and the range of purchase prices in that market.

Participants brought up the high price for newer vaccines, such as PCV and HPV, and the issue of affordability for non-Gavi middle-income countries. There was much discussion of HPV, given the slow rate of introductions by low and middle-income countries and the current situation of inadequate supply. Participants were also struck by the high proportion of self-procurement for BCG, given that it is a traditional vaccine market and BCG is not in the EPI schedule of most high-income countries. There was consensus on the value of increased information sharing and dialog with countries, manufacturers and global vaccine partners.

URBAN RI: UNDERSTANDING CHALLENGES, UNCOVERING OPPORTUNITIES

Location: AD10 **Session Lead:** Meghan Scanlon, BMGF; Godwin Mindra, UNICEF

Objectives

- ◆ Raise awareness of the unique challenges associated with urban routine immunization (RI) across a diverse range of urban settings
- ◆ Generate ideas and share practical strategies to improve immunization outcomes in urban areas through interactive case studies
- ◆ Reflect on lessons learned from urban RI approaches explored to-date, and how the immunization community must adapt to better address rural-to-urban transitions going forward

Description

The world is currently undergoing a far-reaching transition in where and how people live, including a large-scale movement from rural to urban areas. Urbanization is generating a new set of challenges for reaching unimmunized and under-immunized children, including weak urban health infrastructure, the increasing importance of socio-cultural barriers relative to geographic barriers, and the need to confront unique dimensions of vulnerability (e.g., urban slums). Given this rapidly changing context, it is critical to ask ourselves: are the approaches and structures that underpin national routine immunization programmes adapting quickly enough to keep up?

This session aims to generate a robust dialogue on what it will take to better reach urban populations, especially marginalized groups like refugees, recent migrants, and those who live in slums, sometimes for decades. Through a series of interactive case studies, it will first bring to life the unique challenges associated with urban RI programming across a diverse range of contexts and generate a discussion around specific strategies and practices that can be employed to improve immunization outcomes in these settings. In a panel-style debrief, it will then aim to draw out broader lessons that can be generalized from these experiences, and highlight implications for the future of urban RI programming.

SPEAKERS



Moderator

Richard Mihigo

Coordinator, Immunization and Vaccines Development Programme, Family and Reproductive Health Cluster, World Health Organization, Regional Office for Africa

Dr. Mihigo is a senior public health specialist with over 20 years of experience in designing, implementing and evaluating diseases control programmes at national and international levels. A national from Rwanda, Dr. Mihigo worked from 1994 to 2003 at various senior level positions in the national health system of his native country, including managing the National Immunization Programme from 2000-2003. Dr. Mihigo was the first permanent secretary of the Country Coordinating Mechanism (CCM) of the Global Fund to fight HIV/AIDS, Malaria and Tuberculosis in 2003. He joined WHO in July 2004 as an Immunization Advisor in charge of strengthening routine immunization and new vaccine introduction within the inter-country support team for Central Africa countries, based in Yaoundé, Cameroon.

He is currently the Coordinator of the Immunization and Vaccines Development (IVD) Programme at the WHO Regional Office for Africa (AFRO) in Brazzaville, Congo; a position he has held since 2014. He is responsible for coordinating the technical support and expertise to member states in the African region in regard to planning, monitoring, and the evaluation of immunization programmes, and recommending new initiatives, as well as developing policies, norms, and standards for national immunization programmes to include vaccine regulation and research. He is leading the work of the IVD Team in advocacy, communication and resource mobilization and allocation and developing and managing work plans and budgets within the framework of WHO rules and regulations. Part of his responsibilities also includes supporting member states in establishing and strengthening partnership coordination mechanisms at country and inter-country levels and resource mobilization in support of national immunization programmes in the African Region.

Dr. Mihigo holds a Doctorate in Medicine from the University of Kisangani, DR Congo and a Master's Degree in Public Health from the University of Boston, Massachusetts, USA.



Facilitator 1

Godwin Mindra

Immunization Specialist, UNICEF

Godwin Mindra is an immunization specialist with UNICEF in New York. Dr. Mindra has worked as a clinician and while working at the WHO, CDC, and UNICEF he has supported the delivery of health, nutrition, HIV/AIDS, TB services, and the establishment of surveillance systems at the national and global level. He currently coordinates the activities of the Global Urban Immunization Working Group. Godwin's work entails working with governments and partners, at regional and national levels, to improve immunization coverage and equity by establishing service delivery mechanisms that will address current and future challenges to equitable access to immunization services.



Facilitator 2

Meghan Scanlon

Associate Strategy Officer, Bill & Melinda Gates Foundation (BCG Secondment)

Meghan Scanlon is an Associate Strategy Officer on the Vaccine Delivery team at the Bill & Melinda Gates Foundation. She is on Secondment from the Boston Consulting Group, where she has worked primarily on healthcare and social impact projects for a range of private sector, public sector and nonprofit organizations. In her current role she focuses on short- and long-term strategic efforts to increase immunization coverage and equity and support other global immunization goals, spanning topics such as demand generation and urban RI, outbreak preparedness and response, and post-2020 planning.



Facilitator 3

Craig Burgess

Senior Technical Officer, John Snow, Inc.

Craig Burgess is a Senior Technical Officer at JSI Research and Training Institute, Inc. in Washington, DC. Prior to this, he worked as Chief of Child Survival and Development for UNICEF in the socialist Republic of Vietnam, where he facilitated multiple MNCH-related NGO forums and civil society engagements with the Government's Health Coordination Committee. Dr. Burgess is a member of the Washington, DC-based Core Group of NGOs and his current role includes supporting civil society and community engagement in immunization, MNCH and universal health coverage related projects at all levels.

Dr. Burgess has delivered mother and child focused preventive and curative healthcare, as a primary healthcare physician or as project coordinator in the UK, Australia, South Sudan, Afghanistan and Myanmar. He has worked at field, national, regional and global levels with Médecins sans Frontières, MERLIN, UNAIDS, the WHO, Gavi and UNICEF. His work has mainly focused on supporting the design, delivery, funding and monitoring of integrated, equity-focused delivery mechanisms for MNCH programmes, often in primary healthcare settings. This has also included integration of infectious disease control (including Kala Azar, malaria, tuberculosis, HIV, polio and measles). Dr. Burgess helped establish the Gavi Civil Society Organization (CSO) funding window and related coordination body, with links to the Global Fund to Fight AIDS, Tuberculosis and Malaria (2006-2009).

Dr. Burgess holds an MSc in Health Policy, Planning and Financing from the London School of Economics and Political Science (UK). He also has a MBA from the Open University (UK) and is a member of the UK Chartered Institute of Management.

Speaker 1

Florence Kabuga

Kenya

Speaker 2**Ngozi Kennedy**

Immunization Specialist, UNICEF Liberia

**Speaker 3****Pradeep Halder**

Deputy Commissioner (Immunization), Ministry of Health, India

Dr. Pradeep Halder has been working as the National Manager for Immunization Programme in India since 2010 with Ministry of Health and Family Welfare, Government of India. He also has experience working at the regional level with WHO-IVD in SEARO. Under his oversight, India has introduced several new vaccines, such as Pentavalent, IPV, PCV, MR and Rotavirus in a very short-time frame. India was successful in rooting out wild polio virus under his strategic direction, this success was critical for polio-free certification of SEAR region. To strengthen the immunization programme in the country, under his technical-managerial leadership, Mission Indradhanush was launched which has played an instrumental role in rapidly increasing immunization coverage of the country in recent years. He has also been the cornerstone in strengthening VPD surveillance including MR surveillance in India. He has several publications in reputable journals and has also participated in various academic events. Being a strong advocate, he is taking every possible step to take transition planning forward and utilize the polio assets for future public health strengthening overall.

Speaker 4**George Bonsu**

National Programme Manager Expanded Programme on Immunization, Ghana Health Services

VACCINATION DURING COMPLEX EMERGENCIES, INCLUDING CONFLICT-AFFECTED AREAS AND AREAS EXPERIENCING LARGE IN/OUT MIGRATION

Location: AD7 **Session Lead:** Katy Clark, IFRC; Imran Mirza, UNICEF

Objectives

- ◆ To discuss lessons learned and areas for improvement concerning coordination among partners in emergencies settings
- ◆ To understand how to mitigate challenges faced during the planning and implementation of vaccination services during complex emergencies
- ◆ To gain knowledge of available resources to support the planning and implementation of immunization services during complex emergencies

Description

This will be a dynamic, interactive panel discussion session, during which we will encourage panel members and the audience to share lessons learned, freely express common road blocks, and challenge conventions. Panel members will cover their respective topics during a five-minute introduction, then there will be a structured Q&A.

SPEAKERS

Speaker 1

Irtaza Ahmad Chaudhri

Technical Officer, World Health Organization, EMRO

Speaker 2

Tanja Ducombe

Leader, Vaccination Working Group, Médecins sans Frontières (MSF)

Speaker 3

Razan Tarabishi

National Immunization Programme Manager, Ministry of Health, Republic of Syria

Speaker 4

Rana Hajjeh

WHO EMRO

Speaker 5

Andrew Etsano

IFRC

DEVELOPING A LIFE-COURSE APPROACH TO VACCINATION: CHALLENGES AND OPPORTUNITIES

Location: AD12 **Session Leads:** Emily Wootton, WHO HQ; Jessica Fleming, PATH; Evan Simpson, PATH

Objectives

This session will provide an overview of a life-course approach to vaccination, with a focus on maternal immunization, HPV for adolescents and diphtheria, tetanus and pertussis containing (DTPCV) booster doses, often scheduled in the second year of life around the time of school entry and in adolescence. The session will review the opportunities and challenges of a life-course approach to vaccination, with a focus on how vaccines might best be integrated with other broader health programmes. Feedback from the session will be used to inform future priorities in this important area of work.

Description

In the first part of the session presenters will briefly share information on a particular aspect of a life-course approach to vaccination, whereas the second part of the session will provide an opportunity for audience participation through group discussions. The session will be moderated by Jessica Fleming (PATH). Emily Wootton (WHO HQ) will provide an overview of a life-course approach to vaccination. Dr. Gloria Quansah Asare (Ghana Health Service) will present on maternal immunization and the opportunities and challenges of delivering future maternal vaccines, such as RSV and Group B Strep. Professor Helen Reese (Wits Reproductive Health and HIV Institute) will focus on the delivery of HPV vaccines to adolescents and the lessons learned to-date. Finally, Daniel Ehlman (CDC) will provide a briefing on DTPCV booster doses, with a focus on the opportunities to deliver these vaccines through existing delivery platforms, as well as the main challenges with reaching individuals with multiple and different vaccines.

In the second part of the session, the participants will be asked to think about and suggest solutions to some of the challenges and barriers to reaching new populations (pregnant women, adolescents, etc.) and the system and service changes, evolution, and strengthening that needs to take place for successful delivery. Each presenter will share a key question for discussion in three small groups, with each group focusing on one particular topic. At the end of the session, each group will share a summary of their discussions and potential solutions.

SPEAKERS



Moderator

Jessica Fleming

Product Development Director and Maternal Immunization Delivery Lead; PATH

Jessica Fleming is a product development director in the Policy, Access and Introduction programme within PATH's Center for Vaccine Introduction and Access. With over twenty five years of experience working in international public health, she provides public health leadership in evaluating the impact of vaccines and health technologies appropriate for low resource settings and generating evidence to assist countries in preparing for new vaccine introduction. Dr. Fleming currently leads the Advancing Maternal Immunization (AMI) collaboration that enables efficient, well-informed decisions around the introduction of maternal immunizations in low- and middle-income countries, with a special emphasis on maternal vaccines for respiratory syncytial virus. She leads formative research on maternal vaccine decision-making and acceptance. Her work includes conducting clinical studies to quantify the impact of vaccines and improve their performance in low-income populations and contributing to global guidance on the use of safe injection technologies and waste management. Before joining PATH in 2003, Dr. Fleming lived and worked in a number of complex emergency and humanitarian relief settings in Africa and Asia. Dr. Fleming holds a Doctorate of Philosophy in Epidemiology from the University of Washington and a Master of Science in Tropical Public Health from the Harvard School of Public Health, with a concentration in infectious disease epidemiology and international health. She is an affiliate assistant professor in the Epidemiology Department at the University of Washington.

**Speaker 1****Emily Wootton**

Technical Officer, EPI, World Health Organization

Emily Wootton brings 15 years of experience in policy development, programme management and implementation across the non-profit, public and private sectors. Emily is currently a Technical Officer at the World Health Organization, Geneva, within the Expanded Programme on Immunization (EPI), in the Department of Immunization, Vaccines, and Biologicals. She is leading efforts to develop and strengthen integrated service delivery and life course approaches to immunization. Prior to joining WHO, Emily worked at the Gavi Secretariat in Geneva and the Clinton Health Access Initiative in Malawi, where her work focused on supporting countries to improve immunization coverage and equity, as well as introduce new vaccines, including the pneumococcal conjugate vaccine and the inactivated polio vaccine. After starting her career as a management consultant with Accenture in London, Emily pursued her interest in international development and health, working at a local NGO in Belize, ActionAid and at the UK Department of Health where she developed national sexual health policy. Emily holds a BSc Management and an MSc Development Management from the London School of Economics and Political Science.

**Speaker 2****Daniel Ehlman**

Epidemiologist, Global Immunizations Division; United States Centers for Disease Control and Prevention (CDC)

Daniel Ehlman has spent much of the last two decades working on the development and implementation of public health interventions. Since 2012, Dan has served as an epidemiologist on the Access and Utilization Team in the Immunization Systems Branch of the Global Immunization Division at the United States Centers for Disease Control and Prevention. His efforts have centered on assessing immunization systems; providing technical assistance to national EPI programmes; and developing, implementing, and evaluating immunization studies and projects. In addition, he completed a Stop Transmission of Polio consultancy in the Philippines, focusing on assessing subnational routine immunization performance. Prior to his current immunization work, Dan lived in Paraguay, Peru and the United States and worked in other areas of public health, including tuberculosis, influenza, sexually transmitted diseases and water and sanitation. Dan holds a Master of Public Health degree in Epidemiology and Biostatistics from the Johns Hopkins Bloomberg School of Public Health and is currently pursuing a Doctor of Science degree in Global Health Systems and Development from the Tulane University School of Public Health and Tropical Medicine.

**Speaker 3****Helen Rees**

Founder & Executive Director of the Reproductive Health & HIV Institute, University of Witwatersrand, South Africa

Professor Helen Rees is the Executive Director of the Wits Reproductive Health and HIV Institute at the University of the Witwatersrand in Johannesburg. She is a Personal Professor in Obstetrics and Gynaecology, an Honorary Professor at the London School of Hygiene and Tropical Medicine in the Faculty of Tropical and Infectious Diseases, an Honorary Fellow at Murray Edwards College, Cambridge University, and an alumnae of Harvard Business School.

Professor Rees is internationally renowned for her policy and research work in vaccines, reproductive health and HIV. She has chaired many national and international committees. She is Chair of the South African Health Products Regulatory Authority (SAHPRA). She Chairs the World Health Organization's African Regional Immunization Technical Advisory Group (RITAG), the WHO's IHR Emergency Review Committee on Polio and is the Co-Chair of WHO's Ebola Vaccine Working Group. She Co-Chairs the South African National Health Data Advisory and Coordination Committee. She is a member of South Africa's National Advisory Group on Immunization and a member of the Scientific Advisory Committee of the South African National Institute of Communicable Diseases. She serves on the boards of Gavi, the Vaccine Alliance and of AVAC.

Professor Rees has received many awards for her contribution to African health and global health, including being made an Officer of the British Empire by Queen Elizabeth II and receiving the Order of the Baobab, one of the South Africa's highest honours.

**Speaker 4****Gloria Quansah Asare**

Deputy Director General; Ghana Health Service

Dr. Gloria Quansah Asare is a medical doctor (Public Health Consultant) and currently the Deputy Director General of the Ghana Health Service.

She is a Foundation Fellow (Public Health Faculty) of the Ghana College of Physicians & Surgeons, former Deputy Head of Population, Family & Reproductive Health Department, University of Ghana School of Public Health, former member (Global South Representative) of the Reproductive Health Supplies Coalition Executive Committee (2013–2017) and an adjunct lecturer at the Ensign School of Public Health, Ghana.

She has extensive experience in programme management and research and is an advocate for Reproductive/FP, Maternal, Newborn, Child & Adolescent Health (RMNCAH), including EPI, HIV Strategies, cervical cancer prevention programmes, and women and development.

SUMMARY

This session provided an overview of a life-course approach to vaccination and reviewed the opportunities and challenges of such an approach with a focus on how to optimally integrate vaccines within broader health programmes. Four presentations were given in the first part of the session, including an overview to the topic and short talks on maternal immunization, HPV vaccines, and diphtheria-tetanus-pertussis containing vaccine (DTaP) booster doses. In the second part of the session, participants chose one of three break-out groups and were asked to think about and suggest solutions to some of the challenges and barriers to reaching new populations (pregnant women, adolescents, etc.) and the system and service changes, evolution, and strengthening that needs to take place for successful delivery. At the end of the session, each group shared a summary of their discussions and potential solutions with the larger group.

Jessica Fleming (PATH) introduced and moderated the session. Emily Wootton (WHO HQ) began the presentations by providing an overview of a life-course approach to vaccination. Her presentation highlighted the importance of developing delivery platforms that support integrated approaches to vaccination throughout life and that are designed within local contexts. Both the Global Vaccine Action Plan (2011-2020) and the Global Routine Immunization Strategies and Practices (2016) support a life course approach to vaccination strategy.

Dr. Gloria Quansah Asare (Ghana Health Service) presented on maternal immunization and the opportunities and challenges of delivering future maternal vaccines, such as RSV and Group B Strep. Dr. Asare highlighted several keys to successful implementation, including EPI and MCH programs working together at all levels of the health system and the need for improvements in safety surveillance systems.

Professor Helen Rees (Wits Reproductive Health and HIV Institute) focused on the delivery of HPV vaccines to adolescents and the lessons learned to-date. This presentation highlighted that there are still a number of countries with no national HPV vaccine programme in place, particularly lower-middle and higher-middle income countries with high cervical cancer incidence. Dr. Rees discussed both challenges to introducing the vaccine in school-based health programs and opportunities around using HPV vaccination as the basis for an integrated adolescent package of care and integrating the vaccine with other health services for older women, HIV+ women, and boys. Key lessons from Gavi HPV vaccine demonstration projects were also shared.

Finally, Daniel Ehlman (CDC) made a case for DTaP booster doses, including waning immunity of DTP primary series, outbreaks of disease, the need to advance maternal and neonatal tetanus elimination, and the relative low vaccine cost. Dr. Ehlman discussed the opportunities to deliver these vaccines through existing delivery platforms, as well as the main challenges with reaching individuals with multiple and different vaccines.

OUTCOMES

The MI question and key take-aways from the break-out session included:

1. What has to happen for a successful harmonized EPI and MCH strategy resulting in the introduction, scale-up, and delivery of maternal immunizations?

For MI, it is important to engage all levels of health system (OBs, paediatricians), but due to the lack of human resources and the integrated approach to care already being used at the peripheral level, it will be most efficient to build capacity of nurses at the grassroots level. This will require in-service training. It will be important to reinforce that MI is not new and that protection may be incurred by both mother and infant. The concern about displacing ANC services by the MCH community may be more of an issue at global level, as nurses in the field are not expressing this. With regards to safety, one concern is that the occurrence of negative birth outcomes, even if unrelated to vaccination, could cause acceptability issues with maternal vaccines. Pregnancy registries are needed before vaccination begins to provide baseline data. New vaccine introduction will require a strong evidence base (i.e., a WHO recommendation). MI provides an opportunity to strengthen the EPI system overall.

The HPV vaccine questions and key take-aways from the break-out session included:

1. As immunisation of young girls remains the backbone of recommendations, and we haven't finished the job yet, what do we recommend as the package of services and is this feasible?

An adolescent platform exists for both younger and older adolescents. HPV vaccine provides an opportunity to introduce a school-based platform that includes the provision of other services. The impact of these programs need to be evaluated. WHO provides guidance to help countries decide on which package to introduce.

2. Should we start to consider different populations e.g. boys, HIV positive women?

Boys are already receiving vaccines. Vaccination should be combined with other services, including discussing other sexual health issues. Messages around vaccinating boys should be targeted to this population. Opening HPV vaccination to boys will need to consider implications on global vaccine supplies. Inclusion of HIV+ populations should be a discussion priority.

The DTPCV questions and key take-aways from the break-out session included:

1. How might the challenges in deciding to introduce DTPCV booster doses be addressed? (How have booster doses been successfully added to national schedules?)

Both disease burden and programmatic considerations need to guide decisions about when booster doses are provided (2nd year of life; 4-7 years of age, adolescents). School based programs for 4-7 year olds may be the most difficult because there is not currently a vaccination platform reaching this population. Linking vaccination and with schools may support uptake.

2. How can global partners better promote diphtheria, tetanus and pertussis booster doses and support countries in their decision-making process?

Global advocacy can contribute to increased awareness of booster doses and help leverage other platforms. Catch-up vaccines can also be provided during booster dose sessions. One challenge is documenting vaccination receipt. There is a need for tools to record doses and track these older children.

GENERATING DEMAND AND ADDRESSING HESITANCY: HOW APPLYING BEHAVIORAL INSIGHTS CAN IMPROVE VACCINATION UPTAKE

Location: AD7 **Session Leads:** Brent Wolff, CDC; Lisa Menning, WHO HQ

Objectives

- ◆ Strengthen understanding and knowledge of the concepts, evidence, and strategies to generating demand and addressing hesitancy
- ◆ Share ideas and experiences through practical examples that showcase the latest proven and promising approaches from different settings

Description

This session will focus on recent innovations for generating demand and vaccine acceptance, as well as new approaches for diagnosing and addressing hesitancy among specific population groups. The session will be interactive and offer opportunities for discussion and debate on the adaptation of strategies to various settings and specific needs faced by countries and partners.

SPEAKERS



Moderator

Benjamin Hickler

Senior Advisor, Communication for Development, UNICEF

Benjamin Hickler is a medical anthropologist who currently works as the Senior Communication for Development Advisor on UNICEF's global immunization team. He specializes in research design and applying insights from social and behavioral sciences to improve health outcomes, with a focus on reaching disadvantaged and difficult to serve populations. His current work focuses on partnerships for building in-country capacity for advocacy, community engagement, and social and behavior change programming for increasing uptake of immunization and other primary health services.



Speaker 1

Lori Foster

Professor of Industrial-organizational Psychology at North Carolina State University (USA) and the University of Cape Town (South Africa)

Lori Foster, Ph.D. is a Professor of Industrial-organizational Psychology at North Carolina State University (USA) and the University of Cape Town (South Africa). She currently serves as a behavioural sciences advisor to the United Nations and a fellow with the White House Social and Behavioural Sciences Team. Her areas of research and practice expertise include workforce development, computer-mediated work behaviour, organizational survey design and analysis, and behavioural economics. Her current efforts focus on how the social and behavioural sciences can be used to enrich and improve work carried out for the purpose of addressing the most pressing economic, social, and environmental challenges facing our world today.

Professor Foster has held visiting scholar appointments at a number of universities around the world, including the London Business School, Singapore Management University, and the Universities of Valencia, Barcelona, and Bologna.

As a scientist-practitioner, she has more than 15 years of experience as a consultant, applying the science of work to regional, state, national, and international organizations in the private and public sectors. She has delivered hundreds of papers and talks to audiences in countries spanning six continents. Her printed scholarship has taken the form of refereed journal articles, book chapters, authored, and edited books, and her work has been featured in popular media outlets such as The Wall Street Journal, Folha de São Paulo, ARS Technica, Fast Company, Fortune, Science, U.S. News and World Report, and Scientific American.

Speaker 2**Guna Raj Lohani***Ministry of Health, Nepal***Speaker 3****Ngawa Nyongani Ngoma***Immunization Officer, UNICEF Zambia***Speaker 4****Josephine Simwinga***Chief EPI Officer, Ministry of Health, Zambia***Speaker 5****Stephen Shajankika***District Director of Health, Mazabuka***Speaker 6****Sanjin Musa***Epidemiologist, Public Health Institute of the Federation of Bosnia and Herzegovina***Speaker 7****Joseph Okeibunor***Scientist, WHO AFRO*

SUMMARY

This session focused on strategies for promoting demand for and acceptance of routine vaccination, as well as approaches for diagnosing and addressing hesitancy in specific population groups.

OBJECTIVES

- ◆ Build awareness of core theoretical concepts
- ◆ Explore practical examples showcasing the latest proven or promising approaches.

The session began with a half-hour introductory plenary session on new thinking in the area of demand promotion and vaccine hesitancy. Benjamin Hickler from UNICEF New York presented an overview of the caregiver journey and the continuum between demand, hesitancy, and vaccine refusal. Service delivery was highlighted as the critical interface between supply and demand, where poor quality care or vaccine unavailability can have strong negative feedback effects on demand for vaccination. Lori Foster based at North Carolina State and Cape Town Universities presented core concepts in behavioural economics that could be incorporated into program design to build demand. A major theme was how to reorient demand promotion from simple awareness raising toward more structural interventions or passive environmental cues ('nudges') designed to address intention-action gaps which account for a far larger share of missed vaccinations than lack of knowledge or direct vaccine refusal in most settings.

The last hour of the session was devoted to splitting into smaller groups to rotate around four interactive poster presentations. Dr Joseph Okeibunor from the WHO Regional Office for Africa presented on the development of evidence-based communication guidance based on a taxonomy of programmatic objectives: to inform, to remind, to teach skills, to provide support, to facilitate decision making, to enable communication, and to enhance community ownership. Dr Josephine Simwinga from the Ministry of Health in Zambia and Dr Ngawa Ngoma from UNICEF Zambia presented an example of human centred design in action where key stakeholders were called on to help design a combined intervention linking text messaging, vaccine registries and community health worker outreach. It is currently being implemented in 230 health facilities in 2 provinces of Zambia. Dr Guna Lohani from the Ministry of Health and Population in Nepal presented on linked community interventions of Appreciative Inquiry and community health worker outreach used to motivate communities to achieve full immunization declarations. Dr Sanjin Musa from the Ministry in the Federation of Bosnia and Herzegovina reported on an ongoing application of the Tailoring Immunization Program (TIP) approach to generate data to understand the underlying barriers and enablers to vaccination uptake in specific target populations, to identify stronger, sustainable, and tailored interventions.

OUTCOMES

- ◆ Introduce new concepts and approaches for addressing demand barriers to vaccination
- ◆ Interact with regional and country representatives and partners actively engaged in such innovative work
- ◆ Reinforce the importance of incorporating human-centred design principles in diagnosing and addressing demand-related barriers to achieving full immunization

WHAT CAN CAMPAIGNS LEARN FROM EACH OTHER?

Location: AD10 **Session Leads:** Katrina Kretsinger, WHO HQ; Imran Mirza, UNICEF

Objectives

- ◆ Consider the role and challenges of using SIAs as a strategy to increase population immunity;
- ◆ Consider complementarity of SIAs and routine immunization; and
- ◆ Provide examples of successful adaptations to improve the coverage achieved in SIAs and brainstorm about possible innovations.

Description

Supplementary immunization activities (SIAs) are often required in settings with low routine coverage in order to increase population immunity and to prevent outbreaks of vaccine preventable diseases. While in theory SIAs should reach children who are missed by routine services, many challenges stand in the way of attaining this goal. During this session, various innovations and strategic approaches to improve SIA performance will be presented.

SPEAKERS



Facilitator

Katrina Kretsinger

Team Lead, a.i. for Accelerated Disease Control in the Immunizations, Vaccines and Biologicals Department (acting), WHO

Katrina Kretsinger is a medical epidemiologist with more than 15 years of experience in public health and currently acting as the Team Lead, a.i. for Accelerated Disease Control in the Immunizations, Vaccines and Biologicals Department at the World Health Organization in Geneva, Switzerland. In this capacity, she is leading WHO's measles and rubella activities.

Dr. Kretsinger previously worked for the Global Immunization Division (GID) at the US Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia since 2010, where she has served as Measles Team Lead, and prior to that as team lead for the Africa Region. Dr. Kretsinger received a CEP (Certificat d'Etudes Politiques) from the Institut d'Etudes Politiques in Paris in 1987 and a BA in Government and French from the University of Virginia in 1988. She completed an MA in government at Cornell University in 1992, looking at disparities in health care delivery among industrialized nations, and received an MD from Harvard Medical School in 1997. She completed residency training in Internal Medicine at the Massachusetts General Hospital in 2000. She served as an Epidemic Intelligence Service Officer in the Foodborne and Diarrheal Diseases Branch of the CDC from 2002 to 2004, and subsequently took a staff position in the National Immunization Programme at the CDC. At NIP, Dr. Kretsinger worked with domestic policy on pertussis and tetanus. Dr. Kretsinger worked with CDC's HIV vaccine programme from 2007-2010 before taking a position with GID.



Speaker 1

Robert Kezaala

Senior Health Advisor UNICEF

Robert Kezaala is a Ugandan with over 30 years' experience in communicable disease control and health emergencies. Currently Senior Health Advisor - UNICEF New York and Team Lead for the Accelerated Immunization Initiatives, Kezaala holds a medical degree (MChB) from Makerere University - Kampala and an MPH from the Royal Tropical Institute (KIT) - Amsterdam, majoring in Epidemiology and Health Planning. Kezaala has worked at the District in Uganda and in emergency health response with the International Red Cross in Eastern and Southern Africa. Over 2001-2005, he managed the highly successful Measles control programme in the Africa regional office of the World Health Organization. Before joining UNICEF, Dr Kezaala worked with GPEI for 7 years at WHO headquarters.



Speaker 2

Pradeep Halder

Deputy Commissioner (Immunization), Ministry of Health, India

Dr. Pradeep Halder has been working as the National Manager for Immunization Programme in India since 2010 with Ministry of Health and Family Welfare, Government of India. He also has experience working at the regional level with WHO-IVD in SEARO. Under his oversight, India has introduced several new vaccines, such as Pentavalent, IPV, PCV, MR and Rotavirus in a very short-time frame. India was successful in rooting out wild polio virus under his strategic direction, this success was critical for polio-free certification of SEAR region. To strengthen the immunization programme in the country, under his technical-managerial leadership, Mission Indradhanush was launched which has played an instrumental role in rapidly increasing immunization coverage of the country in recent years. He has also been the cornerstone in strengthening VPD surveillance including MR surveillance in India. He has several publications in reputable journals and has also participated in various academic events. Being a strong advocate, he is taking every possible step to take transition planning forward and utilize the polio assets for future public health strengthening overall.



Speaker 3

Robin Biellik

UNICEF

Dr. Robin Biellik has 40 years' experience in public health, primarily in VPD control and elimination and he holds a doctoral degree in international public health. He worked for UNHCR and UNICEF in Africa and several NGOs in Latin America. After completing the Epidemic Intelligence Service fellowship at CDC, Dr. Biellik served for 17 years as WHO Immunization Advisor to Ministries of Health in 3 regions—AMR, SEAR and AFR.

During 1994-2004, he directed the AFRO sub-regional EPI Team that provided technical assistance to national immunization programmes in 14 countries in Southern Africa. Dr. Biellik worked for PATH to accelerate the global introduction of rotavirus, HPV and Japanese encephalitis vaccines, providing evidence to NITAGs on disease burden, vaccine cost-effectiveness and operational requirements for successful roll-out.

He was a member, then Chair, of the African Regional Measles-Rubella TAG from 2005 to 2016. As a member of IPAC from 2010 to 2016, he focused on developing operational guidance on HepB birth dose delivery and immunization supply chains. He currently chairs the WHO Programmatic Suitability for Vaccine Prequalification (PSPQ) Standing Committee, and serves as a member of the African Regional Immunization TAG and the European Regional Measles-Rubella Verification Commission.

Dr. Biellik has authored peer-reviewed journal articles on measles and rubella elimination, vaccine-preventable disease surveillance, nosocomial measles transmission, and routine immunization. Since retiring, he has undertaken assignments for WHO, UNICEF, USAID, BMGF, the European Centre for Disease Prevention and Control, and the London School for Hygiene and Tropical Medicine.



Speaker 4

Heather Scobie

Epidemiologist, United States Centers for Disease Control and Prevention (CDC)

Heather Scobie (PhD, MPH) is an epidemiologist on the Vaccine-Preventable Disease (VPD) Surveillance Team in the Global Immunization Division at the U.S. Centers for Disease Control (CDC) in Atlanta, GA. For 7 years at CDC, Heather has worked in collaboration with various Ministries of Health, World Health Organization and UNICEF, on immunization and VPD surveillance issues across diseases, including polio, measles, rubella, tetanus, typhoid and cholera. Heather completed the Epidemic Intelligence Service Program at CDC during 2011–2013. Prior to CDC, Heather received her training as a laboratory scientist working in microbial pathogenesis, and cellular and molecular biology.

Speaker 5**Imran Mirza***UNICEF*

Dr. Imran Mirza, is a medical graduate with Master of Science in Epidemiology and post-graduation in Business Administration. He has more than 18 years of experience in public health management in child and maternal health epidemiology, programme implementation both in developed and developing country settings including conflict/post-conflict countries. Currently, he is working as Health Specialist at UNICEF Headquarter New York and responsible to provide UNICEF support to the effective implementation of M&RI Global Strategic plan 2012-2020; meningitis and cholera control; and vaccination during humanitarian emergencies. He represents UNICEF at the Inter-Agency Coordination Group (ICG) for Meningitis, Cholera and Ebola vaccines, and GTFCC/OCV working group. He has been author/coauthor of various peer-reviewed articles related to public health and immunization.

Speaker 6**Robert Davis***American Red Cross*

Robert Davis, currently with the American Red Cross/Nairobi, is a '78 MPH graduate of Johns Hopkins. He has worked since then on EPI, mostly in Africa, primarily with WHO and UNICEF, before his 2008 retirement from the UN. In his current position, he now lends technical support to African Red Cross societies on social mobilization for measles SIAs, and spends some time working with the Pan African Medical Journal on immunization topics.

THE PRIVATE EYE: MODELS OF PUBLIC-PRIVATE SECTOR ENGAGEMENT FOR IMMUNIZATION DELIVERY

Location: AD12 **Session Leads:** Laura Conklin, CDC; Ulla Griffiths, UNICEF

Objectives

- ◆ Explore the role of the private sector in its contributions to vaccination coverage and equity
- ◆ Raise awareness about the variability in private sector service quality, immunization schedules, and out-of-pocket expenditures
- ◆ Share lessons learned from countries and regions on how best to engage the private sector in vaccine delivery to reach GVAP goals
- ◆ Discuss potential approaches for engaging the private sector at country, regional, and global levels

Description

Immunization delivery through non-governmental (private) healthcare providers is thought to be significant but is poorly documented. Information exchange between governmental and non-governmental sectors, particularly from for-profit providers, is weak in many countries. In this session, we will explore ways in which national health authorities can engage with the private sector in understanding and optimizing immunization delivery. Current evidence of private sector contributions to coverage, service quality, safety concerns, and out-of-pocket expenditures will be presented. Country examples will be used to highlight different models of engagement, including with for-profit and not-for-profit civil society organizations, faith-based organizations, and other non-governmental organizations. We will conclude by discussing resources available to National Immunization Programme managers to help determine the optimal model of public-private engagement in their countries.

SPEAKERS



Moderator

Daniel Ehlman

Epidemiologist, United States Centers for Disease Control and Prevention (CDC)

Daniel Ehlman has spent much of the last two decades working on the development and implementation of public health interventions. Since 2012, Dan has served as an epidemiologist on the Access and Utilization Team in the Immunization Systems Branch of the Global Immunization Division at the United States Centers for Disease Control and Prevention. His efforts have centered on assessing immunization systems; providing technical assistance to national EPI programmes; and developing, implementing, and evaluating immunization studies and projects. In addition, he completed a Stop Transmission of Polio consultancy in the Philippines, focusing on assessing subnational routine immunization performance. Prior to his current immunization work, Dan lived in Paraguay, Peru and the United States and worked in other areas of public health, including tuberculosis, influenza, sexually transmitted diseases and water and sanitation. Dan holds a Master of Public Health degree in Epidemiology and Biostatistics from the Johns Hopkins Bloomberg School of Public Health and is currently pursuing a Doctor of Science degree in Global Health Systems and Development from the Tulane University School of Public Health and Tropical Medicine.



Speaker 1

Margie Watkins

Epidemiologist

Margaret Watkins joined the US Centers for Disease Control (CDC) as an Epidemic Intelligence Service officer, recently retiring from the CDC after 25 years of service. For the last 15 years she held supervisory and epidemiologist positions in CDC's Global Immunization Division, conducting evaluations, interventions, and operations research on vaccine-preventable disease control in numerous low-income countries, and collaborating with multiple partners at all levels to identify and address immunization issues. Her recent work focused on missed opportunities for immunization, school entry screening for vaccination, integration of immunization with other health services, and the role of the private in vaccination delivery in low-resource countries. She has authored more than 60 scientific publications.



Speaker 2

Spy Munthali

Health Economist/Senior Lecturer, Chancellor College of the University of Malawi

Dr. Munthali has twenty-five years of regional and national experience on health economics research and consultancy. He has worked on the analysis and evaluation of health interventions including costing of hospital activities for economic efficiency in Kenyan Hospitals, costing of high impact activities of MNCH for UNFPA in Malawi, costing and evaluation of the MNCH Rapid Scale Up in Malawi in collaboration with Johns Hopkins University, National Health Expenditures Analysis through National Health Accounts supported by the Abt Associates, Ministry of Health and the Eastern, Central and Southern Africa Health Community (ECSA), the World Bank Public Expenditure Reviews, the National AIDS Spending Assessments (NASA), the Performance Oriented Resource Tracking and Investment Assessment (PORTIA) for HIV Activities in LMICs supported by UNAIDS, and the evaluation of the SSDI facility services supported by USAID Malawi. He has also conducted costing of the Plan of Action for the M&E work plan for National AIDS Commission in Malawi and an analysis of the five-year AIDS Financing Projection. Current projects include the building of a repository for unit costs for HIV and AIDS services in Malawi with Avenir Health. He has been conducting collaborative research with Johns Hopkins University (USA), University of Cologne (Germany), London School of Hygiene and Tropical Medicine and PATH (an NGO based in Seattle, USA). He holds a PhD in Health Economics obtained from Rhodes University in South Africa in 2009 and a Master of Economics Degree obtained from the Collaborative Master Programme (CMAP) of the African Economic Research Consortium (AERC) based in Kenya.



Speaker 3

Joshila Pallapati

Capacity Development Officer, Immunization, UNICEF

Joshila Pallapati, joined UNICEF India Office in the position of Capacity Development Officer for the Polio programme in 2011. Some of her recent contributions include developing an innovative mobile-based communication tool for interpersonal communication on routine immunization, and a traditional media strategy to reach the media dark / hard to reach areas to raise demand for immunization services. She has supported the development of the communication guidelines for the MR campaign, Mission Indradhanush, an initiative of the GoI to improve immunization coverage. She has also provided support to the government in the roll out of IPV introduction, fractional dose IPV introduction, and managed partnership with the medical professionals for engaging in the IPV introduction and MR campaigns.

Prior to joining UNICEF, she worked in the areas of HIV prevention, behaviour change communication, community mobilization, advocacy, public private partnership, capacity building, and programme management for over 12 years with ILO, DfID and World Vision of India.

**Speaker 4****Henry Luzze**

National Immunization Programme Manager

For the past five years, Henry has been working as the Deputy EPI Manager for Uganda. During that period, Henry has overseen different aspects of the programme. Notably, he has overseen the introduction of new vaccines in the programme- Pneumococcal Conjugate Vaccine (PCV), the Humana Papilloma Vaccine (HPV), the Inactivated Polio Vaccine (IPV) and the rotavirus vaccine. In addition, he has overseen numerous polio eradication activities including house-to-house campaigns and a switch from trivalent to bivalent oral polio vaccine. He also worked on Gavi supported health system strengthening endeavours that included the engagement of private health providers.

Before joining EPI, Henry was involved in clinical trials and epidemiological research on tuberculosis with the Uganda Case Western University Research Collaboration.

**Speaker 5****Laura Conklin**

Team Lead, Access and Utilization, United States Centers for Disease Control and Prevention (CDC)

Dr. Laura Conklin is a paediatrician and epidemiologist who first joined Centers for Disease Control and Prevention in Atlanta Georgia in 2005. Her early public health career included research in bacterial respiratory disease focusing on pneumococcal conjugate vaccine, as well as addressing the adverse health impact of natural and man-made toxins. Since joining the Global Immunizations Division in 2012, Laura's work has spanned a variety of topics including HPV introduction, invasive bacterial disease surveillance, Ebola vaccine preparedness, and the evaluation of routine immunization systems training and supervision programmes. As Team Lead for the Access and Utilization (AU) Team within the Immunization Systems Branch, Laura oversees a large portfolio of collaborative projects with global partners and Ministries of Health to address inequities in immunization system access and utilization, identify best practices for comprehensive and safe approaches to vaccine delivery, and promote novel immunization delivery strategies throughout the life course.

**Speaker 6****Ulla Griffiths**

Senior Advisor, Immunization Financing and Health Systems Strengthening, UNICEF

Ulla Griffith joined UNICEF in the summer of 2016 as a health economist in the Immunization Unit. Her work focuses on ensuring financial sustainability of immunization services in Gavi recipient countries. Prior to joining UNICEF, Ulla was an Associate Professor at the London School of Hygiene and Tropical Medicine for ten years. During 1999-2005, she worked at the Immunization, Vaccines and Biologicals department at the WHO in Geneva. Ulla's main area of expertise is cost-effectiveness analysis of health interventions, particularly vaccines. She has particularly worked on Hib and pneumococcal vaccines.

TO MANDATE OR NOT TO MANDATE? *(OPTIONAL)*

Location: *Piazza Terrace*

Vaccination has successfully reduced the incidence of many devastating diseases but stagnant or dropping vaccination rates and outbreaks of measles in recent years have prompted several countries to enact, or consider, mandatory vaccination policies. But is this the solution? With compelling arguments on both sides of the coin, this hot potato raises more questions than answers: Is mandatory vaccination a legitimate public health intervention or an infringement on personal freedom? Is the right to health worth more than the right to education? Is community responsibility more important than individual risk? And ultimately, are legal requirements really the best way to increase vaccination coverage?

Bring your arguments in support of yay or nay and come hear Tracey Goodman (WHO) and Ulla Griffiths (UNICEF) duke out this hot and very timely topic at 17:30 on Wednesday 27 June, on the Piazza Terrace (*no-host bar*).



Tracey Goodman

WHO

Tracey Goodman (Canada), joined WHO EPI Team in Geneva in 1998 (20 years ago!) initially to support the integration of vitamin A supplementation with Polio NIDs. Over the years she has worked on a broad range of activities (highlights include serving as WHO Gavi focal point, MCV2, integration, HPV, tetanus boosters and MNTE sustainability, RTS,S/malaria vaccine, immunization schedules, SAGE Working Groups and drafting WHO position papers...). She is currently the Manager of the Policy & Strategies Group leading a staff of 11 and responsible for coordinating the review of evidence for the development of WHO policy recommendations on immunization, producing technical guidelines and materials, and developing and documenting strategies for the delivery of vaccination services, including older age groups. After completing a B.Sc. in Biology/Integrated Science Studies and a Master's in International Development from Carleton University (Ottawa, Canada), she began her career with the UNICEF International Child Development Centre (ICDC, Florence, Italy), Special Programme on National Capacity Building for child Survival & Development. Subsequently she joined the International Development Research Centre (IDRC, Canada) Health Sciences Division, and held positions with both the Evaluation and the Policy & Planning Units. Before joining WHO, she was for a number of years Senior Programme Manager with the Canadian Public Health Association (CPHA), International Immunization Programmes (CIIP Phase 1 and 2) with responsibilities for Anglophone Africa.



Ulla Griffiths

Senior Advisor, Immunization Financing and Health Systems Strengthening

Ulla Griffiths joined UNICEF in the summer of 2016 as a health economist in the Immunization Unit. Her work focuses on ensuring financial sustainability of immunization services in Gavi recipient countries. Prior to joining UNICEF, Ulla was an Associate Professor at the London School of Hygiene and Tropical Medicine for ten years. During 1999-2005, she worked at the Immunization, Vaccines and Biologicals department at the WHO in Geneva. Ulla's main area of expertise is cost-effectiveness analysis of health interventions, particularly vaccines. She has particularly worked on Hib and pneumococcal vaccines.

07:15-08:15

Breakfast with an Expert: Have breakfast with an expert to discuss a topic in more detail.
(optional, availability on a first come first served basis)

Location: Radisson Blu Hotel breakfast area, Larder Restaurant

- ◆ Dr. Ghulman Dastagir Nazary, National EPI Manager, Ministry of Health, Afghanistan in discussion with Dr. Karen Broome-Toppin, National EPI Manager, Ministry of Public Health, Barbados
- ◆ Ebru Ekeman, Technical Officer at WHO on the EPI team (Polio Transition)
- ◆ Pradeep Halder, Deputy Commissioner (Immunization), MoH India (Vaccinating one of the world's biggest populations)

08:00-13:45

Market Place

Location: Concourse

08:30-9:45

Plenary 3: Resource Mobilization in the Context of Multiple Transitions

Location: MH1+2

Day 3 Chair: Diana Chang Blanc, Team lead in Expanded Programme of Immunization and Coordination ad interim, WHO

9:45 – 10:00

Teasers for Afternoon Sessions

10:00-10:30

Coffee Break

10:30-12:15

Short Topic Sessions

Five 45-minute presentations; attendees may select two:

- ◆ **3.1: Advocacy and Communications for Immunization**
Location: MH1+2 **Session Lead:** Magdalena Robert, BMGF
- ◆ **3.2: Progress with the Global Vaccine Safety Initiative**
Location: AD11 **Session Lead:** Patrick Louis F. Zuber, WHO
- ◆ **3.3: Better Immunization Spending Information for Informed Decision Making**
Location: AD10 **Session Lead:** Tesfaye D. Ashagari, Abt Associates
- ◆ **3.4: MI4A: Market Information for Access to Vaccines** (offered both days)
Location: AD7 **Session Lead:** Emily Nickels, Linksbridge
- ◆ **3.5: Life-Saving Drones: Transforming the Supply Chain**
Location: AD12 **Session Leads:** Dhruv Boddupalli & Devenshi Patel, Zipline

12:15-13:45

Lunch

Location: The Auditorium Restaurant (second floor)

13:45-15:15

Afternoon Concurrent Sessions (3)

3 sessions, each 1 hour and 30 minutes; attendees pick one session to attend

5A Location: AD10

Middle Income Countries' Way Forward from Gavi Support to Strategic Financing

Session Leads:

Ananda Chandrala Amarasinghe, WHO WPRO
Osman Niyazi Cakmak, WHO EURO

5B Location: AD12

Global Transitions and the Changing Face of Vaccine Economics for New Vaccine Introduction and Scale Up

Session Leads:

Debbie Atherly, PATH
Clint Pecenka, PATH

5C Location: AD11

WHO African Continent Immunization Business Case for the Continent

Session Lead:

Richard Mihigo, WHO AFRO

15:15-16:45

Closing

BREAKFAST WITH AN EXPERT

Location: Radisson Blu Hotel breakfast area, Larder Restaurant (optional, availability on a first come first served basis)

TABLE 1

Ghulman Dastagir Nazary

National EPI Manager, Ministry of Public Health, Afghanistan

in discussion with

Karen Broome-Toppin

National EPI Manager, Ministry of Public Health, Barbados

TABLE 2



Ebru Ekeman

Technical Officer, WHO

Join Ebru Ekeman, Technical Officer at the WHO on the EPI team, for breakfast and to ask your questions about the intersection of the polio and EPI programmes at the global, regional and country levels, along with her perspectives on future directions, especially on how to integrate polio functions into immunization as we draw closer to the eradication goal.

Ebru joined the EPI Team in December 2017 to support the work on polio transition. Ebru has supported the drafting of the WHO's Corporate Strategic Action Plan on Polio Transition, presented to the World Health Assembly in May 2018. Prior to joining EPI, Ebru was working in the WHO's Polio Department on political advocacy with polio endemic, outbreak and high-risk countries, as well as on polio transition, as the WHO focal point on the Transition Management Group of the Global Polio Eradication Initiative to mitigate the risks of the polio funding ramp down at the country level. Before joining the WHO, Ebru worked as a career diplomat for fifteen years, focusing on the multilateral humanitarian and development agenda, serving in various foreign missions, including Brussels, Sarajevo, Geneva and Rome.

TABLE 3



Pradeep Halder

National Immunization and Programme Manager, Ministry of Health, India

Dr. Pradeep Halder has been working as the National Manager for Immunization Programme in India since 2010 with Ministry of Health and Family Welfare, Government of India. He also has experience working at the regional level with WHO-IVD in SEARO. Under his oversight, India has introduced several new vaccines, such as Pentavalent, IPV, PCV, MR and Rotavirus in a very short-time frame. India was successful in rooting out wild polio virus under his strategic direction, this success was critical for polio-free certification of SEAR region. To strengthen the immunization programme in the country, under his technical-managerial leadership, Mission Indradhanush was launched which has played an instrumental role in rapidly increasing immunization coverage of the country in recent years. He has also been the cornerstone in strengthening VPD surveillance including MR surveillance in India. He has several publications in reputable journals and has also participated in various academic events. Being a strong advocate, he is taking every possible step to take transition planning forward and utilize the polio assets for future public health strengthening overall.

RESOURCE MOBILIZATION IN THE CONTEXT OF MULTIPLE TRANSITIONS

Location: MH1+2

Objectives

1. To give a broad overview of global development and demographics trends since the start of the Expanded Programme of Immunization
2. To identify human demographics and wealth distribution trends over this period, and out to 2030, and how these impacts a focus on immunization coverage and equity
3. To highlight those segments of our collective humanity that continue to miss out on the enormous progress in the last 20 years, both today and in the future

Description

This session will take the audience on an “fact based” journey, from what the world looked like at the start of the Expanded Programme on Immunization, through the Decade of Vaccines, and out to the end of the Sustainable Development Goal era and beyond. It will examine changes in population distribution, wealth and how this correlates with levels of health, infant and child survival and immunization coverage. It will make visible to the audience those segments of our collective humanity that have benefited from the enormous progress that the world has made, and those that remain “left out”, both today and in the future.

This session will highlight how much we have achieved through immunization since the start of the EPI, but also how different the world is today, and the implication these changes have for our coverage and equity agenda. It aims to help us reexamine if our current models, strategies and focuses to further expand the benefit that immunization provides fit with the realities of where people live, their wealth and health today and as we start preparing for GVAP 2.0.

DAY THREE CHAIR



Diana Chang Blanc

Team lead in the Expanded Programme of Immunization and Coordinator ad interim, WHO

Diane Chang Blanc is currently the Team lead for the Immunization Delivery and Operations Group in the Expanded Programme of Immunization (EPI) and the EPI coordinator ad interim, under the Department of Immunization, Vaccines and Biologicals at the World Health Organisation based in Geneva, Switzerland. Ms. Chang Blanc coordinates and oversees the inputs of the technical team which supports national immunization programmes in Member States. This includes planning, implementation and capacity building for routine immunization and new vaccine introduction, including for accelerated disease control efforts in measles elimination, elimination of maternal and neonatal tetanus and sustaining gains in a post-polio world. Prior to joining WHO Geneva in 2011, Ms. Chang Blanc served for four years as the Regional EPI officer in the East Asia Pacific Regional office of UNICEF and for three years as the Regional EPI officer for the Mekong Programme of PATH Children’s Vaccine Programme, based in Bangkok, Thailand. She previously served as an EPI Technical Officer in the sub-regional office of WHO Eastern Africa based in Nairobi, Kenya, supporting East and Southern African Member States in new vaccine introduction and GAVI processes. She has a Master’s in Public Policy and International Health from John F. Kennedy School of Government, Harvard University (1998) and a Bachelor of Arts from the University of Pennsylvania (1989), both based in the USA.



Moderator

Thomas O'Connell

Health Advisor, Department of Health Systems Governance and Financing, Gavi, the Vaccine Alliance

Thomas O'Connell is Health Advisor for the Dept. of Health Systems Governance and Financing. A development economist, he collaborates with ministries and development partners to resolve constraints to achieving UHC. As a Dept. focal point for Gavi, Global Fund and other Global Health Initiatives, he advocates for donor policies to align with and support locally-appropriate objectives for strengthening health systems and governance, as well as improving the effectiveness of health ODA. Focused on public health issues for 40 years, the last 19 with UNICEF and the WHO, he has worked in partnership with ministries and partners in over 60 countries in the Americas, Africa, Asia, and the Middle East.



Speaker 1

Logan Brenzel

Senior Programme Officer, Vaccine Delivery, Bill & Melinda Gates Foundation

Logan Brenzel is a health economist with 35 years of health financing and development experience worldwide, on approaches to priority setting, sustainable financing, and health reform. Logan joined the Bill & Melinda Gates Foundation as a Senior Programme Officer in Vaccine Delivery in 2014. She manages a portfolio of investments related to the economics and financing of immunization and supports the Foundation's engagement with Gavi, the Vaccine Alliance on health systems and sustainable financing. She previously was a Senior Health Specialist at the World Bank; a health financing advisor to the Minister of Health in Ethiopia; and, the manager of USAID's programme of health reform in Latin America. Logan has a PhD in Health Economics from the Johns Hopkins University School of Hygiene and Public Health; an MS in Health Policy and Management from the Harvard School of Public Health; and Human Biology and Humanities degrees from Stanford University.



Speaker 2

Rose Jalang'o

Ministry of Health, Kenya

ADVOCACY AND COMMUNICATIONS FOR IMMUNIZATION

Location: MH1+2 **Session Lead:** Magdalena Robert, BMGF

Objectives

Participants will learn from a variety of perspectives and experiences shared by practitioners who are actively engaged in various dimensions of immunization advocacy and communications.

Description

Participants will learn about the value of advocacy and communications to achieving global, regional and national immunization goals. Panelists will share perspectives on their work as advocates and champions for immunization, generating political will, resource mobilization, engaging development, health and immunization stakeholders on specific issues and campaigns, the role of media, and advocacy in the context of crisis communications.

SPEAKERS

Moderator

Chioma Nwachukwu

Senior Manager, Advocacy and Public Policy, Gavi, the Vaccine Alliance

Speaker 1

Simon Wright

Director of International Development, Save the Children

Speaker 2

Anjali Nayyar

Executive Vice President, Global Health Strategies



Speaker 4

Ambassador Dr Richard Sezibera

Gavi Board Member, and Senator of Rwanda

Richard Sezibera is a member of the Senate of Rwanda and before then was the 4th Secretary General of the East African Community, the regional intergovernmental organization of the Republic of Kenya, the Republic of Uganda, the United Republic of Tanzania, the Republic of Rwanda and the Republic of Burundi. Dr Sezibera is also a former Minister of Health for Rwanda, a post he held from October 2008 to April 2011. Prior to this, he served in many capacities in the Rwandan Government, including Ambassador to the United States of America, Presidential Special Envoy to the Great Lakes Region, and Senior Adviser to the President of Rwanda, where he worked on peace and security, conflict management and resolution, and regional integration issues. He is also a long serving member of the Gavi Board, firstly as a member representing governments of developing countries and then as an independent. Dr Sezibera has been the Chair of Gavi Programme and Policy Committee (PPC) since 2014 and also co-chairs the International Vaccines Task Force (IVTF).



Moderator

Benjamin Hickler

Senior Advisor, Communication for Development, UNICEF

Benjamin Hickler is a medical anthropologist who currently works as the Senior Communication for Development Advisor on UNICEF's global immunization team. He specializes in research design and applying insights from social and behavioral sciences to improve health outcomes, with a focus on reaching disadvantaged and difficult to serve populations. His current work focuses on partnerships for building in-country capacity for advocacy, community engagement, and social and behavior change programming for increasing uptake of immunization and other primary health services.

PROGRESS WITH THE GLOBAL VACCINE SAFETY INITIATIVE

Location: AD11 **Session Lead:** Patrick Louis F. Zuber, WHO

Objectives

The Global Vaccine Safety Initiative is the implementation mechanism for WHO's vaccine safety strategy, the "Blueprint". Over the past seven years member states from all regions have implemented the eight strategic goals and strengthened their vaccine pharmacovigilance systems with institutional development plans tailored to their maturity level and the main gaps identified through benchmarking exercises.

During this session, the experience from three regions with very different needs will be presented. Session participants will have the opportunity to reflect with presenters on the challenges and opportunities presented by the development of vaccine safety systems.

Description

The Blueprint proposes three strategic goals:

- ◆ To assist low and middle income countries to have at least minimal capacity for vaccine safety activities.
- ◆ To enhance capacity for vaccine safety assessment in countries that introduce newly developed vaccines, that introduce vaccines in settings with novel characteristics or that both manufacture and use prequalified vaccines.
- ◆ To establish a global vaccine safety support structure.

In support of those goals the strategic objectives are:

- ◆ Strengthen vaccine safety monitoring systems
- ◆ Strengthen ability to evaluate vaccine safety signals
- ◆ Develop vaccine safety communication plans, understand perceptions of risk, and prepare for managing any AEFI and crises promptly
- ◆ Develop internationally harmonized tools and methods for vaccine pharmacovigilance
- ◆ Establish a legal, regulatory and administrative framework at all levels
- ◆ Strengthen regional and global technical support platforms for vaccine pharmacovigilance
- ◆ Make expert scientific advice on vaccine safety issues available
- ◆ Put in place systems for appropriate interaction between national governments, multilateral agencies, and manufacturers

SPEAKERS



Patrick Zuber

Group Lead, Global Vaccine Safety, WHO HQ

Patrick Zuber will host at the Breakfast with an expert on Wednesday morning with the following to go in the app: "Join Patrick Zuber, WHO HQ, for breakfast to ask your questions about safety monitoring and quality monitoring assurance for vaccines"

Patrick L. F. Zuber, M.D., M.P.H., Has been leading the Global Vaccine Safety Group at the World Health Organization since September 2007. Dr. Zuber is an international expert on vaccines programs in developing countries. He is a graduate of Lausanne (Switzerland) University and Harvard School of Public Health. Before joining the Global Vaccine Safety Group, he worked for many years at the United States Centers for Disease Control and Prevention (CDC). In his last two positions he led the Poliomyelitis Eradication Country Support at CDC and then lead the New and Under-utilized Vaccines Introduction seconded to WHO. He is also an associate physician with the Faculty of Medicine at Lausanne University. In his current work, his main focus is about developing global collaborative mechanisms in order to build and sustain capacity for vaccine pharmacovigilance in low- and middle-income countries. Through his role at the WHO, Dr. Zuber serves as the executive secretary to the Global Advisory Committee on Vaccine Safety.

Speaker 1**Sujeet Jain**

Vaccines Safety Officer, WHO AFRO

Speaker 2**Sanjin Musa**

WHO EURO

**Speaker 3****Pradeep Haldar**

National Immunization and Programme Manager, Ministry of Health, India

Dr. Pradeep Haldar has been working as the National Manager for Immunization Programme in India since 2010 with Ministry of Health and Family Welfare, Government of India. He also has experience working at the regional level with WHO-IVD in SEARO. Under his oversight, India has introduced several new vaccines, such as Pentavalent, IPV, PCV, MR and Rotavirus in a very short-time frame. India was successful in rooting out wild polio virus under his strategic direction, this success was critical for polio-free certification of SEAR region. To strengthen the immunization programme in the country, under his technical-managerial leadership, Mission Indradhanush was launched which has played an instrumental role in rapidly increasing immunization coverage of the country in recent years. He has also been the cornerstone in strengthening VPD surveillance including MR surveillance in India. He has several publications in reputable journals and has also participated in various academic events. Being a strong advocate, he is taking every possible step to take transition planning forward and utilize the polio assets for future public health strengthening overall.

SUMMARY

In 2012 the Global Vaccine Safety Initiative (GVSII) was launched to implement the Blueprint, WHO's strategy for vaccine safety. The GVSII's vision is to establish effective vaccine pharmacovigilance systems in all countries by 2020, focusing on improving monitoring and response to vaccine safety concerns in low- and middle-income countries. Compared to 2010, the number of countries that document a minimal level of adverse events following immunization (AEFI) has increased from 45 to 114. Depending on their maturity levels, priorities for capacity building vary across countries.

During the session, the experience from India was presented. Over the past 10 years the country has established all elements of a modern vaccine safety surveillance that ranges from surveillance and investigation of serious AEFI, to causality assessment by decentralized expert committees and conduct of active surveillance for conditions of interest. National guidelines have been totally revised according to WHO recommendations and data management is currently being transitioned onto web-based systems. Other countries are implementing similar approaches and the experience from AFRO East and Southern blocks was also presented. Over the past three years, the number of countries that meet the surveillance indicators has increased from 10 to 20 and the absolute number of AEFI report has tripled. Finally, vaccine safety concerns are also utilized by anti-vaccine movements to impact upon vaccine confidence. The experience from Bosnia Herzegovina was presented where an active lobby has used multiple tactics to question the safety of vaccines. The presentations demonstrated how existing WHO resources, such as advice from the Global Advisory Committee on Vaccine Safety and the EURO Tailoring Immunization Programmes manual have been used to address those concerns.

OUTCOMES

- ◆ The Blueprint strategies have been successfully implemented in a wide range of countries and work is underway to further capacity in the most vulnerable countries
- ◆ AEFI surveillance is the cornerstone of vaccine safety monitoring and use of web-based solutions adapted to national health information systems platforms help increase reporting
- ◆ The GVSII provides many solutions to address vaccine confidence issues based on sound science and tailored communication strategies

BETTER IMMUNIZATION SPENDING INFORMATION FOR INFORMED DECISION MAKING

Location: AD10 Session Lead: Tesfaye D. Ashagari, Abt Associates

Objective

- ◆ Exchange key lessons learnt around strengthening immunization resource tracking to inform programming

Description

Since the early 2000, country governments and development partners have been incrementally paying attention to the financing aspect of priority health services, instead of just concentrating on health output and outcome related issues only. For immunization, the 2012 Global Vaccine Action Plan (GVAP) has country commitments to immunization as one of its six strategic objectives and has put “domestic expenditure per person targeted” as one its indicators. The GVAP in turn has identified the UNICEF/WHO joint reporting form (JRF) as key source to pull together information on spending on immunization, including its breakdown for vaccines. While countries are using JRF to monitor the progress of immunization financing and this data source is well-institutionalized, and represents the most complete dataset; several analyses have raised questions about the reliability of the data.

In light of the observed challenges and concurrent initiatives to institutionalize the tracking of health expenditures, WHO and the Gavi alliance, along with the support from BMGF and other partners, are working on the use of the System of Health Accounts (that increasingly countries are regularly conducting) as a key source of information for the financing information needs to inform the country programme. This also allows for gauging regional and global progress towards the targets agreed on the GVAP that the JRF is feeding into.

The session will use the presentation of the experience to help participants learn: how to use the results of the Health Accounts analyses to inform the JRF; and how to package the immunization spending results to draw out key issues to inform immunization programming.

SPEAKERS

Speaker 1

Dale Mudenda (PhD)

Lecturer, University of Zambia, Department of Economics

Dale Mudenda, an economist by training is a research fellow at the University of Zambia (UNZA) in the Department of Economics. He holds an MA degree and a PhD from University of Cape Town in South Africa. He has experience in leading applied research, policy analysis, training and capacity building. He has provided multiple policy consultation services to multilateral, regional and national organizations covering areas such as provider payment reforms, health resource tracking, health care financing reforms and international trade.

MI4A: MARKET INFORMATION FOR ACCESS TO VACCINES (offered both days)

Location: AD7 **Session Lead:** Emily Nickels, Linksbridge

Description

Participants will be introduced to MI4A (Market Information for Access to Vaccines), a WHO initiative with partners, which provides a global perspective on vaccine markets, covering all countries and vaccines with objectives to:

- ◆ Enhance the understanding of global vaccine demand, supply and pricing dynamics and identify affordability and shortage risks
- ◆ Convene all relevant global health partners to contribute to the development of policies, strategies, and guidance to address identified risks
- ◆ Strengthen national and regional capacity for improved access to vaccine supply

MI4A focuses, in particular, on addressing the needs of self-procuring countries that do not benefit from international support.

Session participants will explore case studies of vaccine market analytics and how these efforts are working to improve access to vaccines. Participants will be asked to contribute their own knowledge and perspectives to the session via audience polling.

SPEAKER



Emily Nickels

Associate, Linksbridge SPC

Emily Nickels is an associate at Linksbridge with a background in global health and vaccine science and policy. She holds an MSPH in International Health from Johns Hopkins University and a BA in Biology from Whitman College. Linksbridge is a social purpose corporation focused on global health and international development. In immunization, Linksbridge partners with global health organizations on strategic demand for vaccines, market dynamics and data analytics. Emily is currently working with WHO on the Market Information for Access to Vaccines (MI4A) project with the goal of preventing vaccine shortages through increased sharing of demand, supply, pricing data, and forecasting. One of Emily's key projects is the management of the Global Vaccine Market Model, a Bill & Melinda Gates Foundation-funded project.

LIFE-SAVING DRONES: TRANSFORMING THE SUPPLY CHAIN

Location: AD12 **Session Lead:** Dhruv Boddupalli, Zipline

Objectives

- ◆ Understand Zipline's supply chain strengthening service via drones
- ◆ Learn how Rwanda transformed its public health supply chain via a public-private partnership with Zipline
- ◆ Understand how Zipline impacts vaccination

Description

Zipline is an automated logistics company operating the world's only national scale drone delivery system. Rwanda partnered with Zipline to transform its logistics infrastructure for the 21st century. The partnership is ensuring patient access to medical products, eliminating waste in the supply chain, and empowering providers. Learn about Zipline's service, partnership, and its impact on vaccination initiatives.

SPEAKER



Devanshi Patel

Business Development Lead, Zipline

Devanshi Patel works on International Growth for Zipline International, leading the company's expansion into several markets across Africa. Zipline is a Silicon Valley-based logistics company that designs, manufactures, and operates small robot aircraft (drones) to deliver essential medical products. Zipline works to strengthen healthcare supply chains through just-in-time delivery. With Zipline, hard-to-reach communities can have fast, reliable, and affordable access to lifesaving medical products such as vaccines or blood regardless of terrain or road infrastructure.

MIDDLE INCOME COUNTRIES' WAY FORWARD FROM GAVI SUPPORT TO STRATEGIC FINANCING

Location: AD10 **Session Leads:** Ananda Chandrala Amarasinghe, World Health Organization, Regional Office for WHO, WPRO
Osman Niyazi Cakmak, WHO, EURO, Regional Office for EURO

Objective

To share and update strategic financing innovations adopted by Middle Income Countries following Gavi transition.

Description

Middle income countries across the regions are moving beyond eligibility for Gavi and other external funding support and this is cause for concern for the financial sustainability of immunization programmes and service delivery. Countries have identified the need for new strategies to face this challenge and a focus on ensuring domestic financing for immunization programmes and partners, including WHO and UNICEF, are introducing new strategic approaches such as Middle-Income Strategy, EURO guidance, and encouraging integrated service delivery, etc. This session will share Gavi-transitioned country experiences and adopted strategic financing modalities, which can be useful to other countries in Gavi transition.

SPEAKER

Moderator

Narendra Arora

Executive Director, INCLIN Trust International, India



Speaker 1

Aurélia Nguyen

Managing Director, Vaccines & Sustainability Department, Gavi, the Vaccine Alliance

Aurélia Nguyen, Managing Director, Vaccines & Sustainability, Gavi, the Vaccine Alliance, leads the design and implementation of Gavi's policies and programmes that accelerate access to vaccines and immunization products and support the long-term financial sustainability of immunization programmes to support country uptake of live-saving vaccines. Gavi, the Vaccine Alliance's mission is to save children's lives and protect people's health by increasing equitable use of vaccines in lower-income country.

Aurélia Nguyen is responsible for shaping markets for vaccines and other immunization products, increasing the effectiveness and impact of vaccine delivery, improving and supporting the financial sustainability of national immunization programmes towards a successful transition from Gavi support, and leading the evidence-based development of Gavi's programmatic policies. Aurélia Nguyen joined Gavi in early 2011 as Director of Policy, then as Director of Policy & Market Shaping leading the design and implementation of Gavi's market shaping strategy and the development of Gavi policies.

Prior to joining Gavi in 2011, Aurélia Nguyen held a variety of posts within GlaxoSmithKline between 1999 and 2010, first as Finance Manager, then as Director of Policy, where she led the development of GSK's policies on access to vaccines in the developing world. Aurélia Nguyen has also undertaken policy research for the WHO, evaluating the effects of government policies on the availability of medicines in developing countries. Aurélia Nguyen is a French national, with a Bachelors in Chemistry and Management from Imperial College London and is a certified accountant. She also holds a Master's in Health Policy, Planning and Financing from the London School of Hygiene and Tropical Medicine and the London School of Economics.

**Speaker 2****Niyazi Cakmak**

Immunization System Strengthening Team Lead, World Health Organization, Regional Office for Europe

Dr. Cakmak is the Immunization System Strengthening Team Lead at the VPI Unit of the WHO Regional Office for Europe.

He is a medical doctor and has a post graduate education in public health and health economics. He has been working with transitioning countries for the last ten years. He has developed technical guidance documents on financial sustainability to guide the work in countries transitioning from Gavi support in the region.

Prior to his work with WHO, he has worked as senior manager at different positions in Turkey.

**Speaker 4****Amos Petu**

Health Economist Immunization Financing Sustainability, Inter Country Support Team/East & Southern Africa, World Health Organization, Regional Office for Africa

Amos Petu, with a Ph.D. has diverse professional and personal experiences spanning 35 years in the areas of business administration and health policy and planning. With 15 years with the WHO and with work spanning national and international context, in health economics, Dr. Petu has demonstrable experience with the practical application of concepts in policy making, implementation, and monitoring and evaluation of health systems.

Currently, Dr. Petu works on immunization financing sustainability within the Immunization Team in WHO/AFRO (East and Southern Africa inter-country support team in Harare, Zimbabwe).

Dr. Petu has been involved in various costing and evaluation interventions, including HPV vaccine costing and the Comprehensive Multi-Year Planning for Immunization. As a health economist working in the WHO Country Office from 2000 to 2009 in Nigeria, he was given the opportunity to work with bilateral and multilateral agencies leading to the development of critical policy documents, such as United Nation Development Assistance Framework (UNDAF), multi-agency funding vehicle for development, as well as contribution to raising funds through special vehicle funding platforms such as GFTAM, Gavi and the World Bank to support health systems development and health intervention.

Dr. Petu previously worked at the University of Ilorin, Nigeria from 1983 to 2000, teaching, research and mentoring in the areas of business administration, health planning and management, health information management systems and health economics.

**Speaker 5****Samitha Ginige**

Consultant Epidemiologist, Epidemiology Unit, Ministry of Health, Sri Lanka

Dr. Samitha Ginige graduated from the faculty of medicine, University of Colombo and obtained MSc and MD (Community Medicine) from the University of Colombo and MPH (Bio Security) from Massey University in New Zealand. Currently Dr. Samitha serves as a consultant epidemiologist at the Epidemiology Unit, Ministry of Health Sri Lanka. He is the national lead and focal point for communicable disease surveillance; prevention and control of meningitis and Japanese encephalitis control; and vaccine safety and logistics.

He is an editor and co- author of the National Immunization Guide and the lead writer of the National Immunization Policy, published by the Epidemiology unit. He has provided expert services to WHO member states in Southeast Asia and the Western Pacific regions in the field of immunization and disease surveillance.

**Speaker 6****Ananda Amarasinghe**

Technical Officer, EPI, World Health Organization, Regional Office for the Western Pacific

Dr. Ananda Amarasinghe is a medical epidemiologist and currently the focal point for immunization system strengthening, vaccine safety, Gavi, the Vaccine Alliance, and for the EPI Unit of WHO Regional Office for the Western Pacific.

Prior to this assignment, Dr. Amarasinghe was a senior epidemiologist at the Epidemiology Unit, Ministry of Health Sri Lanka for 25 years. He was responsible for policy, implementation and vaccine safety for the National Immunization Programme in Sri Lanka. His areas of work experience also include disease surveillance, dengue research and private sector immunization service

He is the lead author of the WHO global manual on immunization safety surveillance (2014) and the Western Pacific Regional manual on immunization safety surveillance (2015) and the editor of Guidelines on Vaccine Safety Communication (2015). He has authored or co-authored more than 30 international peer reviewed publications.

SUMMARY

Middle Income Countries across the regions are moving beyond eligibility for Gavi and other external funding support and cause concerns of financial sustainability of immunization programme and service delivery. Countries have identified the needs of new strategies to face this challenge and focus on ensuring domestic financing into the immunization programme. The session aimed to share and update strategic financing innovations adopted by Middle Income Countries following Gavi transition.

Gavi presented important lessons in transition and focused attention on financial and programmatic sustainability. While domestic financing to lead in financial sustainability, it is limited. Programmatic sustainability requires critical national capacities. Early engagement and planning in addressing health systems bottlenecks and institutional constraints and progressive phasing out of support are important in successful transition. Gavi will continue engagement with countries in the design of 'Integrate sustainability'.

EURO presented WHO European Region's response and post transition engagement with transitioning countries. It is highlighted that advocacy and resource mobilization are priorities for immunization programmes sustainability. The EURO Normative guidance – workbook and advocacy library aim to strengthen countries' resource mobilization efforts ensuring long-term and sustainable funding of the NIPs by : (i) structuring the resource mobilization process; (ii) providing technical support in shaping their messages by use of the advocacy library; and (iii) providing financial and technical support to implementation of advocacy activities. Further it was discussed strategies to improve programme efficiencies and challenges in post transition engagement including access to vaccine at optimum prices and continued access to basic technical assistance to update programme management capacity.

AFRO presented experiences of 2 Gavi transitioned countries: Angola and Congo. The declining trend in GNI per capita in both countries were reported since 2014. Countries guarantee post-transition financial sustainability through: (i) exploring access to commercial financing through banks and improved government funding through budget, (ii) facilitation of the vaccine purchase by the opening of foreign currency account, (iii) strengthen EPI governance structure – NITAG; ICC; (iv) strengthen vaccine procurement and (v) Support country actions from MICs consultation.

Sri Lanka (from WHO South-East Asia Region) presented its historical success story in national immunization programme and also smooth post Gavi transition. The government commitment for the NIP through national immunization policy and availability of separate budget line for vaccine procurement within the health budget ensures the financial sustainability. Further, the country has well adopted financial sustainability assessment when introducing new vaccines to the NIP. Having accurate cost projections for vaccine procurement and availability of immunization programme operational costing data will support realistic annual health budget allocation. Further, integrated primary health service delivery in place for over five decades ensures cost efficiency in immunization service delivery.

WPRO presented the 2 Gavi supported countries (Kiribati and Mongolia) post transition evaluations findings. Both Kiribati and Mongolia transitioned from Gavi support are continuing to sustain immunization coverage achievements. However, countries continue relying on external funding for immunization programme including operational cost and expansions. Both two countries have adopted 'financing under integrated service' as an alternative strategy to best use of available limited government funds. WPRO evaluation further highlighted the need the resilience and sustainability of the national immunization programmes through: (i) comprehensive consideration of country context and transition with sufficient time; (ii) on going support beyond transition should be considered as part of transition plans; (iii) closer dialogue and coordination between countries and donors on financing including support on the operational costs are critical.

GLOBAL TRANSITIONS AND THE CHANGING FACE OF VACCINE ECONOMICS FOR NEW VACCINE INTRODUCTION AND SCALE UP

Location: AD12

Description

Many of the global transitions that affect global health and immunization are similar to those affecting vaccine economics. A few major transitions have been affecting vaccine economics and are likely to continue to frame the way health economists work going forward. These trends include a decline in child mortality, an increasingly concentrated global disease burden, non-communicable diseases, rising global incomes, countries moving toward Gavi transition, and an energized UHC movement. There are numerous implications of these trends, but they affect vaccine economics in the following ways.

1. Reductions in child mortality, increasing country co-financing and a focus on UHC mean that we need to demonstrate the value of vaccines beyond mortality prevention.
2. Reductions in child mortality, uneven distribution of disease and a continued emphasis on value for money imply that more and more vaccines may be targeted sub nationally and this requires better data.
3. The shift in the disease burden and an increased focus on UHC imply that immunization will be more impactful through the life course and integrated into a broader package of care, e.g. ANC.
4. Countries approaching Gavi transition and the UHC movement will be increasingly incentivized to play a stronger role in selecting interventions that best meet their needs and budgets. Increased country involvement in economic analyses will help meet this need.

SPEAKER



Moderator

Debbie Atherly

Global Head, Policy Access and Introduction, PATH

Deborah Atherly, PhD, BScPharm, is global head of Policy Access and Introduction for PATH's Center for Vaccine Innovation and Access. Dr. Atherly directs PATH's activities in vaccine access and introduction, which focus on developing and advancing technologies and interventions that help move research achievements in immunization into routine use in the field. She provides strategic leadership, direction, and technical guidance for a variety of vaccine projects and studies, including work on vaccines against rotavirus, HPV, Japanese encephalitis, meningitis, pertussis, and influenza.



Speaker 1

Ranju Baral

Health Economist, PATH

Ranju Baral, PhD, MPH, is a health economist at the Center for Vaccine Innovation and Access at PATH. Her work focuses on economic modelling, impact estimation, demand forecast of vaccines and other health interventions. Prior to joining PATH, she was an economist at the UCSF Global Health Group's Malaria Elimination Initiative (MEI), where her research focused on conducting costing studies, economic analysis of malaria elimination programmes, and developing investment cases for malaria elimination for countries in the Asia Pacific region. As a Post-Graduate Fellow at the Institute for Health Metrics and Evaluation, University of Washington, Seattle, her work focused on disease expenditure studies and developing methods to better understand the effectiveness of health systems. In addition, she has worked extensively on evaluating food and nutrition education programmes. Formerly, she also worked as a Public Health Inspector in the Ministry of Health in Nepal. She received a Master's degree in Public Health from Tribhuvan University, Nepal, and a PhD in Economics from Virginia Tech, USA.

**Speaker 2****Ginny Pitzer***Associate Professor, Yale*

Virginia Pitzer, Sc.D., is an Associate Professor in the Department of Epidemiology of Microbial Diseases at Yale School of Public Health. She received her Sc.D. in Epidemiology from Harvard School of Public Health, and was a postdoctoral fellow at Princeton University and Fogarty International Center/National Institutes of Health prior to joining the Yale faculty in 2012. Her research focuses on mathematical modelling of the transmission dynamics of enteric diseases, including rotavirus and typhoid fever. She studies how interventions such as vaccination, improved treatment of cases, and improvements in sanitation affect disease transmission at the population level.

**Speaker 3****Chrispus Mayora***Lecturer and Doctoral Fellow, University of Witwatersrand*

Chrispus Mayora is a Lecturer and a Doctoral Fellow at the University of Witwatersrand in Johannesburg, South Africa. He has taught at the Makerere University School of Public Health for the last 10 years, in courses such as health economics, economic evaluations, health financing, costing & cost-effectiveness analysis, and health policy and systems. Chrispus is also currently a Health Economist—Private Sector, under the Supporting Policy Engagement for Evidence-based Decisions (SPEED) for Universal Health Coverage (UHC)—an EU funded programme at Makerere University School of Public Health in Uganda. He is a coordinator of the Africa HUB- a regional capacity building programme for health systems research in East and Central Africa. He also coordinates the African Hub of the Teaching Vaccines Economics Everywhere (TVEE) programme, a collaborative capacity building programme led by the Johns Hopkins School of Public Health and funded by the Bill & Melinda Gates Foundation. Chrispus is a trained economist and health economist with a Bachelors in Economics and a Masters in Economics both from Makerere University, a Post-Graduate Certificate in Economic Policy from the Australian National University (ANU), and another Masters in Health Economics from the University of Queensland in Australia.

**Speaker 4****Michaela Mallow***Analyst, ThinkWell*

Michaela Mallow is a health financing analyst and writer at ThinkWell and played a key role in developing the Immunization Costing Action Network (ICAN) Immunization Delivery Cost Catalogue (IDCC) and companion products. In addition to her work on the ICAN project, she has supported projects on immunization financing in the Asia Pacific region and strategic purchasing of family planning globally. Prior to her time at ThinkWell, Michaela worked at International Medical Corps managing an Ebola Virus Disease Research Project, which focused on analyzing clinical, psychosocial, and operational data collected during the recent West Africa epidemic. Michaela earned her Master of Public Health degree at Tulane University School of Public Health and Tropical Medicine in Health Systems Management and Policy.