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NOTE FROM THE DIRECTOR

It is that time of year when we all take time to look back and review the lessons we have learned. As the Hib Initiative looks back on the activities completed and on going, it is very encouraging to see that significant progress has happened when it comes to Hib vaccine introduction, as well as relevant research and program activities, in just less than four years. This work has truly been a team effort, and we could not have been where we are now without the help of all our partners.

For the range of activities we conducted this year, the most rewarding has been the impact of Hib vaccine on the lives of infants and their families. We have seen remarkable progress throughout all regions in the prevention of Hib disease in low-income countries, where it has been needed most. Eighteen low-income countries introduced Hib-containing vaccine in 2008, and in 2009, we expect to see 21 countries include Hib vaccine in their national immunization programme.

As countries move ahead with vaccine introduction, we have started evaluating the process to make sure lessons learned in some countries would be useful to others, especially within the same regions. We have completed four successful and informative post-immunization evaluations of Hib vaccine and two more are planned for early 2009. On the research side, we committed early on to fill gaps in Hib disease knowledge: studies are ongoing to measure impact of Hib vaccine in Pakistan, Bangladesh, Mozambique and Ethiopia; studies to look at bacterial meningitis sequelae in Senegal, India, Pakistan and Bangladesh; studies on the effectiveness of Hib vaccine among children with HIV/AIDS, and whether a booster dose is needed or not; as well as studies to assess overall cost-effectiveness of Hib vaccine—studies being conducted in various countries from different geographic regions. In 2008, working closely with WHO and other partners, we continued to build surveillance capacity for bacterial meningitis and pneumonia in the AFRO, EMRO, WPRO and SEARO regions, and recently EURO, where a network for such surveillance is being newly developed. On the communications and advocacy side, we have seen advocates for childhood pneumonia prevention in over ten countries work to create links between government agencies and the medical community, between pediatric associations and local immunization programs—all towards building support and sustainability of Hib vaccine in routine immunization systems.

For many countries there is still much work to be done to meet the child survival targets of MDG 4. But whatever indicators are used to measure progress, it must be acknowledged that much has been accomplished by country leaders who chose to accelerate introduction of a life-saving vaccine. And so we take stock of where we have come from and the lessons learned as we move forward with new initiatives and new vaccines in the near future, and take advantage of this opportunity to sincerely thank you for all your support, and wish you a peaceful and successful New Year!


Rana A. Hajjeh, MD

Events

4th Annual Conference of the Indian Academy of Pediatrics (PEDICON)
January 22-25
Bangalore, India

Pediatric Association of Nigeria Conference 2009 (PANCONF)
January 20-24
Ibadan, Nigeria

Surveillance Networks Investigators meeting
March 4-6
Johannesburg, South Africa

Global Immunization Meeting
February 17-19
New York City, USA

9th International Advanced Course on Vaccinology for the Asia Pacific Region
May 11-16
Seoul, Korea

Announcements & Deadlines

May 1, 2009
GAVI application deadline
New vaccines support,
immunization services support
and injection safety support

FEATURE STORY

Advocacy in action – case studies

The Hib Initiative and PneumoADIP conducted workshops to sharpen advocacy skills of child health experts to inspire country level stakeholders to increase support, awareness and efforts to prevent childhood pneumonia. In early 2008, workshop participants submitted proposals for small grants and participants from 10 countries were awarded funding to support country advocacy activities. Most of these activities have concluded and case studies are available on the Hib Initiative website (<http://www.hibaction.org/hibactivities/>). The following two case studies describe activities conducted in the Democratic Republic of Congo and the Philippines.

DEMOCRATIC REPUBLIC OF CONGO: Advocacy for increasing the awareness of childhood pneumonia among health workers in Kinshasa hospitals and members of the pediatric association

OBJECTIVES

Democratic Republic of Congo will introduce Hib-containing vaccine into its national immunization programme in early 2009. It is expected that pneumococcal vaccine will be introduced in 2010. The advocacy campaign sought the following objectives:

- To increase awareness of childhood pneumonia of **health workers** in Great Kinshasa Hospitals and as a result, more informed **families of patients**
- To inform **pediatricians** on the primary causes of severe pneumonia--Hib and pneumococcus—and new vaccines to prevent them

ACTIVITIES

Informing health care workers

Information sessions were held in each of the five major hospitals in the Kinshasa area with over 20 members of the hospital pediatrics staff to present data on childhood pneumonia and Hib and pneumococcal vaccines that will soon be introduced in the country. Feedback from participants was that their awareness on Hib and pneumococcal burden has been increased and particularly on the two vaccines. Health workers expressed the hope of continuing these sessions routinely to be kept informed on public health methods regarding pneumonia prevention.

Establishing links between pediatricians and government immunization services

Dr. Honoré Miakala, General Secretary of Health, and leaders in respiratory disease and immunization services from the Ministry of Health met with leading pediatricians from hospitals in the Kinshasa area to bring attention to the burden of pneumonia and provide updates on the immunization programme.

SUPPORTING ACTIVITIES

- A meeting with pediatricians and the ministry of health was carried on three national TV channels; feedback from pediatricians in the more rural areas welcomed the news about introduction of new vaccines for pneumonia prevention.
- A talk on pneumonia prevention on OKAPI Radio, a broadcast done in Lingala, a local language spoken throughout DR Congo.
- Dr. Nyembwe, pediatrician, talked about childhood pneumonia on “Carnet de Santé” (Health Book), a television show on RAGA TV.
- Articles to draw attention among the general population on the need for pneumonia prevention were placed in two leading newspapers.

OUTCOMES

- An increased awareness of pneumonia and new vaccines among health workers.
- The establishment of a working alliance between the pediatric association and immunization services in the Ministry of Health, critical to building awareness and support for further action to prevent pneumonia.
- A liaison was created in the pediatric association charged with the responsibility of attending Interagency Coordinating Committee meetings as a means of keeping the pediatric community fully informed of new immunization strategies.
- A recommendation by the general secretary of health for the pediatric association to initiate a policy on patient counseling to include proactively counseling parents on vaccinating their children and informing parents about the benefits of the two new vaccines—Hib and pneumococcal vaccines.

“The health workers really appreciated this initiative because it’s the first time seeing this kind of collaboration between [the] public health field and clinicians. Most of the time, the clinicians are disconnected from public health activities,” reported Dr. Michel Nyembwe, meeting organizer.



“This meeting has been more than advocacy. Our knowledge and capacity in vaccination against pneumococcal diseases has been strengthened. The link between pediatric practitioners and the immunization system has now been established.”
-- Dr. N. Kwadiolandu,
pediatrician and Associate
Professor, Kinshasa University
Hospital

THE PHILIPPINES: *Strike Out Pneumonia!* An advocacy campaign among parents to inspire multi-sector response against childhood pneumonia

OBJECTIVES

In the words of the advocacy campaign organizer, Dr. Lulu Bravo, “Ensuring a child’s health and safety is one issue parents would move mountains for.” The *Strike Out Pneumonia!* campaign in the Philippines was conducted in November 2008 with the goal of highlighting vaccination against pneumonia as one of the most important interventions for child survival. The campaign’s primary objectives were to engage parents and parents groups in the campaign cause and create and launch a parents’ advocacy group to:

- Inspire doctors to make pneumonia prevention a must
- Activate the government for expedited use of vaccines against pneumonia for all Filipino children



Press video on the *Strike Out Pneumonia!* campaign

RATIONALE

Hib and pneumococcal conjugate vaccines have not been included in the government EPI programme. Recently, the National Institute of Health University of the Philippines and the Philippine Pediatric Society partnered to form the BATA MOVEMENT, which brings together various immunization stakeholders—medical community, government and non-government organizations—to discuss Millennium Development Goal 4, reduction by two thirds of the under-five mortality rate by 2015. The movement aligns child survival strategies in a more resourceful and effective way in the implementation of intervention policies and practices. However, parents and parents groups have not been included in these discussions. The *Strike Out Pneumonia!* campaign addressed this and was designed to bring together immunization stakeholders with parents **to create awareness about pneumonia prevention among parents** and to share best practices for immunization.

“This campaign has paved the way for us to continue improving strategies and activities towards our vaccine advocacy and child survival interventions,” stated Dr. Lulu Bravo, campaign organizer and Vice-Chancellor for Research and Executive Director, National Institutes of Health, University of the Philippines Manila

ACTIVITIES

Bringing the campaign issues to immunization officials and healthcare workers: the launch of the *Strike Out Pneumonia!* campaign was timed to begin at the start of the annual Philippine National Immunization Conference in Manila. Campaign organizers and conference organizers invited national and local government officials from the MetroManila municipalities, high-risk areas for childhood pneumonia. During the conference, the director of the National Center for Disease Prevention and Control and city health officials from six cities in the MetroManila area gave lectures to create awareness about child survival programs and to inform health care workers, parents and the general audience on best practices for immunization.

Mobilizing parents and parents groups: campaign activities continued with an event designed to attract parents and children as well as attention from the press. At a fair-like gathering on the grounds of the University of the Philippines, community groups, healthcare providers and social workers offered information on pneumonia prevention, and immunization booths vaccinated infants and young children with DTP booster doses, measles, MMR/2nd dose, Hepatitis B and DT/7+ years. The Mayor of Manila spoke to over 500 parents and children. A festive atmosphere was created with cultural performances given by the locally popular Ati-Atihan dancers and school children gave song and dance presentations.

SUPPORTING ACTIVITIES

- Participants of the health fair signed a *Strike Out Pneumonia!* manifesto, which was delivered to the Department of Health Secretary and to the Senate and House Committees on Health.
- The day’s events were carried on national and local TV and print press.
- A “Parents vs. Pneumonia” website is planned as an online community for support among parents and inform the community on campaign activities.

OUTCOMES

- Increased awareness among parents and children about pneumonia, what causes it and how it can be prevented.
- Increase in dialogue between parents groups, healthcare providers and government health officials.
- Subsequent to the campaign day, similar activities have been conducted in the MetroManila municipalities.
- Partnerships with pharmaceutical companies for support of a “pneumonia model,” including teaching and advocacy materials, to be disseminated to local health units.

Dr. Bravo, campaign organizer, stated at the conclusion of the campaign, “This advocacy campaign has been a tremendous learning experience for all of us who participated: doctors, nurses, health workers and other lay people. Government officials were quite enthusiastic about being our partners in this campaign. We are committed to continue the program and help in raising more awareness

of the value of prevention and immunization especially for pneumonia being the top killer of children.” Dr. Lulu Bravo is Vice-Chancellor for Research and Executive Director, National Institutes of Health at the University of the Philippines Manila.

The *Strike Out Pneumonia!* campaign news article and video are available on the Web at:
<http://blogs.inquirer.net/insidescience/2008/11/08/fighting-pneumonia-through-vaccination>

Progress towards prevention of childhood pneumonia and meningitis

HIB-CONTAINING VACCINES INTRODUCTIONS

Introductions in 2008 (18)				
<u>AFRO region: 11</u>	<u>EMRO region: 2</u>	<u>EURO region: 1</u>	<u>SEARO region: 1</u>	<u>WPRO region: 3</u>
Central African Republic	Pakistan	Tajikistan	Sri Lanka	Kiribati
Chad	Sudan (North)			Papua New Guinea
Eritrea				Solomon Islands
Guinea				
Guinea-Bissau				
Lesotho				
Liberia				
Madagascar				
Niger				
Togo				
Zimbabwe				

Introductions planned for 2009 (22)		
<u>AFRO region: 9</u>	<u>EMRO region: 1</u>	<u>SEARO region: 4</u>
Cameroon	Afghanistan	Bangladesh
Comoros		Bhutan
Congo	<u>EURO region: 6</u>	India
Côte d'Ivoire	Armenia	Nepal
DR Congo	Azerbaijan	
Mauritania	Georgia *	<u>WPRO region: 2</u>
Mozambique	Kyrgyzstan	Lao
Sao Tome and Principe	Moldova	Vietnam
Tanzania	Uzbekistan	

Introductions expected 2010 (2)
<u>SEARO region: 1</u>
Indonesia
<u>WPRO region: 1</u>
Cambodia

Have not yet introduced (6)
Haiti
Myanmar
Nigeria
North Korea
Somalia (not currently eligible due to <50% immunization coverage)
Timor Leste

Progress of GAVI-eligible countries				
December 2008				
# Countries	Status	Births**	(%)	
42	Introduced	23,935,000	(30)	
24	Planned introductions (2009, 2010)	47,994,000	(60)	
6	No planned introduction date	7,862,000	(10)	
72	Total GAVI-Eligible countries	79,791,000	(100%)	

* Expected, not yet confirmed

** Total births, WHO 2007; is not an indication of immunization coverage

India roundtable

CHILDHOOD PNEUMONIA PREVENTION ROUNDTABLE – NEW DELHI, INDIA

India accounts for over 20% (410,000) of pneumonia *deaths* of children aged under 5 worldwide. For the total number of *cases* of childhood pneumonia worldwide, India accounts for 40%. In June 2008, the Indian government made the decision to include Hib vaccine as a part of the national immunization programme, implementation to begin in 2009 in 10 states. And pneumococcal conjugate vaccine will be introduced in at least one state by 2010.

There are ongoing efforts in India to reduce childhood pneumonia, yet over 400,000 children die every year. Awareness of what needs to be done to significantly reduce pneumonia and support for key interventions in all states is needed. Case management, breastfeeding, zinc supplementation and efforts to reduce risk factors must receive adequate emphasis. In addition, stakeholders must call for and help ensure the timely introduction of new Hib and pneumococcal vaccines and increased coverage of measles and pertussis vaccines. Surprisingly, although there is strong support for vaccines in India among policymakers and child health stakeholders, there is indication that new vaccines are not top of mind as



one of the interventions needed to achieve childhood pneumonia mortality reductions, according to formative research conducted by the Hib Initiative and PneumoADIP. A multifaceted approach will be needed—there is no one easy solution—and to build commitment, it is important that stakeholders a) recognize the need to insist on multiple interventions and b) advocate to colleagues, parents, policy makers and other stakeholders for a common vision of no more preventable child deaths. Also, research revealed that opinions about Hib and pneumococcal vaccines by policy makers varied substantially based on their knowledge of the vaccine/diseases and location—opinions in the north varied from opinions in the south. A discussion by key child health experts was needed to begin assessing steps to educate stakeholders about the burden of disease that often goes unrecognized, the role of new vaccines and the potential benefits of the vaccines being added to existing interventions to save lives sooner.

On November 15, 2008, a roundtable discussion was held to address some of the geographical differences and differing perceptions regarding the need for new vaccines and other preventative interventions. Indian clinicians, public health professionals, and child health researchers from academia and the government representing more than 12 states in India met to discuss ways to raise awareness about and build support for pneumonia prevention. The meeting was opened by Dr. M. K. Bhan, Secretary, Department of Biotechnology in the Ministry of Science and Technology. Speakers from INCLN, ICMR, WHO and CMC Vellore all helped lead discussions which included reviewing data on Hib and pneumococcus, benefits of vaccines, multicomponent pneumonia interventions as well as discussions on advocacy and media outreach.

The meeting set the foundation for creating awareness and support among India's health community. Adding new vaccines to India's universal immunization programme while continuing to focus on other key interventions such as case management, nutrition and risk factor reduction will require broad-based support from medicine, public health and community, both the governmental and private sectors. The roundtable discourse resulted in identifying more effective means to foster participation of key opinion leaders and began the discussion for the development of needed strategies to inform and mobilize stakeholders.

Participants also had the chance to hear from a media expert about approaching the press and developing effective working relationships with the media. Development of key messages was an important activity at this meeting as participants prepared "30-second hallway talks" designed to get a message across clearly and concisely to a range of both informed and uninformed audiences. Break out groups had the opportunity to outline various strategies and activities for reaching and appealing to different audience segments (e.g. medical professionals, the public, policy makers, media). A detailed meeting report, in progress, will outline many of the strategies developed during the meeting. The goal will be to implement some of the proposed activities at the state level and follow up meetings are being planned. In addition, a meeting framework has been created to assist in planning future meetings for other disease prevention efforts.

The meeting was sponsored by the INCLN Trust, Indian Academy of Pediatrics, National Institute of Health and Family Welfare and Johns Hopkins Bloomberg School of Public Health.

Expanding update of childhood vaccines in Kenya following introduction of pentavalent vaccine

In 2001, Kenya became the second country in Africa to introduce Hib-containing pentavalent vaccine (DTP-HepB-Hib) with support from the GAVI Alliance. By the third year following introduction Hib disease was virtually eliminated.¹

Introduction of a new vaccine is complex and may cause changes in the practices and perceptions of health care workers and parents toward the immunization program. In 2006, coverage of pentavalent vaccine in Kenya averaged 79% nationally with three provinces reporting at or below 75%.² The drop-out rate for the 3-dose vaccine approximated 19%, which, according to UNICEF guidelines, may point to possible issues regarding local health systems, including lack of knowledge by care providers or parents of the full three dose course.³ With the goal of sustaining vaccination and optimal coverage in the eligible population, the Hib Initiative conducted a program in Kenya to assess awareness of and demand for the vaccine.



[Prototype materials](http://www.hibaction.org/hibactivities/kenya.php) can be downloaded from the website at www.hibaction.org/hibactivities/kenya.php

To start, the Hib Initiative conducted formative research in order to identify key issues that impact sustainability of all childhood vaccines, to gather information that could inform future interventions, and to promote the development of behavior change communication materials promoting Hib-containing pentavalent vaccine.

Research findings were presented at a strategy development workshop to assist in identifying opportunities for expanding uptake of pentavalent vaccine. Workshop participants from the Ministry of Health and Sanitation and other immunization stakeholders from the public and private sectors developed a strategy for demand creation of the national immunization programme under the Division of Vaccines and Immunization.

Program results

- One result of the strategy development workshop was the formation of a technical committee that collaborates with health communication experts to further develop and implement the communication strategy.
- In addition, the Hib Initiative commissioned health communication experts to design prototype immunization campaign materials (poster and brochure examples pictured above) based on the recommendations made at both the workshop and the first technical committee meeting. The technical committee will review and pretest these materials and disseminate them to healthcare facilities.
- Strategies developed for improved training of skilled and unskilled healthcare staff to increase flow of information about new vaccines to all staff and to increase communication skills to better offer immunization services to clients.
- Recommendation to reduce additional fees charged to parents when getting infants immunized.
- Overall, the program resulted in bringing together public and private sectors to develop a strategic approach towards the strengthening of health systems to increase uptake and to better ensure sustainable vaccine decisions.

On the web:

The formative research findings and description of the workshop are available on the Hib Initiative's Web site (<http://www.hibaction.org/hibactivities/kenya.php>). Prototype materials (flyer and poster) are also available.

¹ Cowgill KD, Ndiritu M, Nyiro J, Slack MPE, Chipphatsi S, Ismail A, Kaumau T, Mwangi I, English M, Newton C RJC, Feiken DR, Scott J A G. (2006). Effectiveness of *Haemophilus influenzae* type b conjugate vaccine introduction into routine childhood immunization in Kenya. *JAMA*, 296:671-678.

² Immunization in Kenya, Ministry of Health. Accessed on February 04, 2007 from: <http://www.health.go.ke/Immunisation1.htm>

³ UNICEF. The Progress of Nations 2000 Commentary: New Agenda for Vaccines. Accessed February 13, 2007 from: <http://www.unicef.org/pon00/>

Hib vaccine in Liberia: a post introduction evaluation

The Government of Liberia decided to include Hib-containing pentavalent vaccine in its routine EPI with funding support from the GAVI Alliance starting in January 2008. The introduction switched the DPT vaccine in a 10-dose vial previously used by the EPI programme with the fully liquid DPT-HepB-Hib vaccine (pentavalent) in single-dose vial presentation. In November 2008, representatives from the Liberian Ministry of Health and Social Welfare, WHO and CDC conducted a post introduction evaluation (PIE).



A PIE is recommended by WHO for all countries that have introduced a new vaccine. Ideally, a PIE should be conducted within 6-12 months of introduction, (a) to allow enough time for programme scale up, collect data and develop potential long-lasting problems due to introduction, and (b) early enough to correct any major problems related to the introduction. The PIE for Liberia was conducted ten months after introduction.

The evaluation assessed the programmatic impact of the introduction on the immunization program. Specifically, the evaluation looked at issues related to:

- **Pre-implementation planning and training:** how prepared were the facilities for the new vaccine, and how well did it incorporate into the existing EPI program structure?
- **Health care worker knowledge:** do healthcare workers provide appropriate information to caregivers?
- **Advocacy, communication and acceptance:** were any materials or media outlets used to promote the new vaccine and inform/educate the community about the vaccine? And was a launch ceremony conducted to promote new vaccine introduction?
- **Coverage and reporting:** is coverage reported adequately and how much of the target population is receiving the new vaccine?
- **Adverse events following immunization (AEFI) reporting:** is there a system and written protocol to track AEFI for all vaccines?
- **Monitoring and supervision:** how closely are the overall EPI program and health facilities supervised?
- **Cold chain capacity and management:** how sufficient is cold chain capacity and maintenance?
- **Vaccine management, storage and wastage:** how well is the current stock of vaccine maintained? And how much vaccine is wasted?
- **Waste management and injection safety:** how safely and effectively is vaccine waste material disposed of? And do healthcare workers perform safe vaccination practices?

Some key lessons learned from Liberia fall into three categories:

Training

- Importance of organizing and conducting training before introduction
- Positive impact of national level participation at all levels
- Ensuring availability of sufficient quantities of reference materials for all health facilities

Policy

- Using introduction of a new vaccine as opportunity to update all policy documents
- Implementing uniform policy on procedure for left-over stocks of DPT vaccine
- Demonstrating flexibility in useful disposal of DPT vaccine

Community Preparedness

- Effective launching and use of radio and other media at all levels

Developing Countries Vaccine Manufacturers Network meeting

The 9th Annual General Meeting of the Developing Countries Vaccine Manufacturers Network (DCVMN) was held in Cape Town, South Africa on November 16-19. The meeting was hosted by the Biovac Institute of South Africa, a public private partnership ensuring local and regional capacity regarding vaccine needs. The meeting was an opportunity for more than 80 delegates representing different developing country manufacturers and institutions to network and to hear about progress in development, registration and manufacturing processes for both new and existing vaccines.



Sessions on Hib vaccine included an update on Cape Biologicals/Biovac’s progress in development of a robust, high-yielding platform for Hib fermentation and conjugation. This process is expected to improve both affordability and availability of Hib (pentavalent) vaccine. CIGB (Cuba) informed the group that their synthetic Hib vaccine (Quimi-Hib) combined with DTP-HB (Trivac-HB) can be combined into an all liquid formulation (Heberpenta), now undergoing pre-qualification. A number of other presentations were given including on the OPTIMIZE project to develop and facilitate innovative solutions that help address distribution, logistics and delivery of new vaccines. Updates and opportunity for discussion were also provided on the pre-qualification process, Developing Country Vaccine Regulatory Network (DCVRN) activities, the pneumococcal AMC and a variety of other new technologies and trends, including packaging, aseptic filling, microneedles, disposable technologies and available support from resource members. For more information, please visit <http://www.dcvmn.com>.

Recent articles

Government financing for health and specific national budget lines: the case of vaccines and immunization

Patrick Lydon, et al. *Vaccine*, 2 December 2008

WHO immunization experts representing a number of WHO regions found evidence that having a specific line item for vaccines in national health budgets correlates to increased health expenditures for vaccines and routine immunization financing. This and other related findings were published December 2008, in the journal *Vaccine*.

The study reviews 2006 data and looks at trends from 2000 to 2006 of 185 WHO Member States, including both low and middle income countries. Researchers analyzed data taken from the WHO-UNICEF Joint Reporting Form (JRF) using 3 (as appropriate to the needs of the study) of 6 indicators used in the JRF to assess:

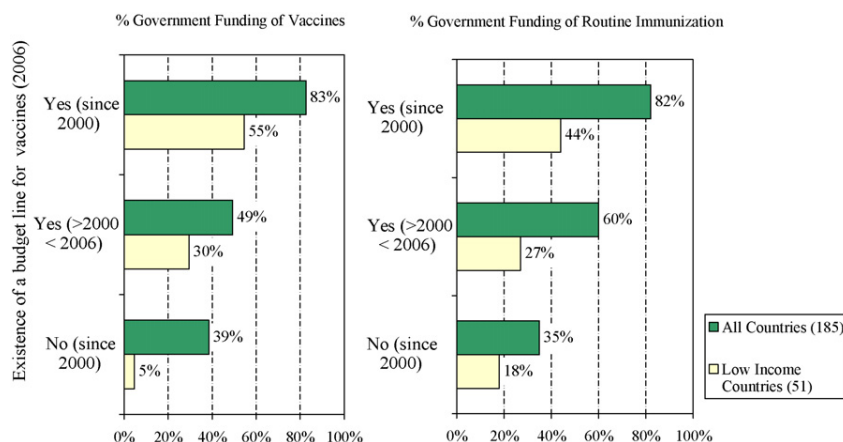
- 1) Government expenditures on the presence of a line item for vaccines in the national health budget;
- 2) Percent of all expenditures on routine vaccines financed by the government (excluding vaccines campaigns); and
- 3) Percent of all routine immunization expenditures financed solely by internal public funds.

Researchers state that while the study is not intended to be definitive or exhaustive, there are some important conclusions worth noting:

- Overall, average government funding for vaccines in approximately 75%; however, for low-income countries, the average is closer to 25%.
- Some 25 countries reported not having a specific budget line for vaccines and many of these are low-income countries.
- Low-income countries finance less than 40% of their needs for vaccines and routine immunization and some are entirely donor dependent.

This weighs on the financial sustainability of low-income countries as they scale up systems to include newer and more expensive vaccines.

While the debate continues on the need for requiring a specific budget line item for vaccines for WHO Member States, the monitoring done with the JRF mechanism shows the need for resource tracking particularly in the context of the MDGs and the insights that can be gained on the adequacy of current levels of funding and on the need to promote accountability of attainment of the immunization goals and targets.



Relationship between line item in the national budget and government funding of vaccines and routine immunization—2006.

Forecasting demand for Hib-containing vaccine in the world's poorest countries: a 4-year prospective experience
Patrick L.F. Zuber et al. *Vaccine*, 14 January 2009

Abstract

This article analyzes the performance of a Hib vaccine demand forecast developed in 2003 for 68 GAVI-supported countries between 2004 and 2007. During that period of time, corresponding to an acceleration of Hib vaccine uptake, several groups of countries were identified based on the stage of their decision-making process, perception of Hib disease burden and programme performance. Better forecast accuracy was obtained for countries having already introduced the vaccine or that were about to do so. The ability to anticipate global needs in terms of vaccine volumes was highly dependent on the actual year of introduction of a small number of very large countries.

Impact of *Haemophilus influenzae* type b conjugate vaccine on bacterial meningitis in the Dominican Republic
EH Lee, et al. *Rev Panam Salud Publica*, 2008

Abstract

Objectives: Widespread use of *Haemophilus influenzae* type b (Hib) vaccines has dramatically reduced the burden of Hib disease throughout the Americas. Few studies have evaluated the impact of Hib vaccination on non-culture-confirmed disease. This study analyzed trends in probable bacterial meningitis before and after the introduction of Hib vaccine in the Dominican Republic and estimated vaccine effectiveness against Hib meningitis.

Methods: Meningitis cases among children < 5 years of age were identified from admission records of the main pediatric hospital in Santo Domingo during 1998–2004. Laboratory criteria were used to classify meningitis cases with probable bacterial etiology; confirmed cases had positive bacterial culture or antigen detection in cerebrospinal fluid. Cumulative incidence rates of confirmed and probable bacterial meningitis were calculated for children living in the National District. Confirmed cases of Hib meningitis were enrolled in a case-control study with age- and neighborhood-matched control children to calculate vaccine effectiveness.

Results: Before vaccine introduction, annual rates of meningitis with probable bacterial etiology were 49 cases per 100 000 children < 5 years old; Hib accounted for 60% of confirmed bacterial cases. During 2002–2004, after vaccine introduction, annual rates of probable bacterial meningitis were 65% lower at 16 cases per 100 000, and Hib accounted for 26% of confirmed cases. Rates of Hib meningitis and probable bacterial meningitis with no determined etiology declined by 13 and 17 cases per 100 000, respectively.

Conclusions: Introduction of Hib vaccine substantially reduced the incidence of confirmed and probable bacterial meningitis in the Dominican Republic. The estimated impact of Hib vaccination was twice as great when non-culture-confirmed disease was included.

Articles on immunization financing

Recent articles on immunization financing published in the December 2008 and January 2009 issues of *Vaccine* are available on the WHO immunization financing website (www.who.int/immunization_financing/analysis/):

- Julie B Milstien et al.
The GAVI Financing Task Force: One model of partner collaboration
- Patrick Lydon et al.
Introducing New Vaccines in the Poorest Countries - What did we learn from the GAVI experience with financial sustainability?
- Lidija Kamara et al.
Strategies for Financial Sustainability of Immunization Programs - A Review of the Strategies from 50 National Immunization Program Financial Sustainability Plans
- Patrick Lydon et al.
Government financing for health and specific national budget lines: The case of vaccines and immunization (A review is provided in this issue of the Hib Focus.)



Hib news

MATHURAM SANTOSHAM SELECTED AS RESEARCH!AMERICA AMBASSADOR

America's Paul G. Rogers Society for Global Health Research has selected Dr. Mathuram Santosham as a *Research!America* Ambassador. Those selected as Society Ambassadors are highly respected "citizen scientists" and advocates committed to making global health research a higher national priority. In consultation with *Research!America*, they engage policy makers, opinion leaders, the media and the public on the value and importance of global health research.

Dr. Santosham is a professor in the Department of International Health and Director of the Center for American Indian Health at the Johns Hopkins Bloomberg School of Public Health. He is a member of the executive committee for the GAVI Alliance's Hib Initiative, based at the school.

ANNE SCHUCHAT ELECTED TO INSTITUTE OF MEDICINE

Rear Admiral Anne Schuchat, director of CDC's National Center for Immunization and Respiratory Diseases, has been elected as a member of the Institute of Medicine, which is recognized as a national resource for independent, scientifically informed analysis and recommendations on issues related to human health. Dr. Schuchat was one of 65 new members and five foreign associates elected. Election to the Institute is one of the highest honors in the fields of health and medicine. The Institute of Medicine is one of four organizations that comprise the National Academies.

Dr. Schuchat has spent over 18 years at CDC working in immunization, respiratory, and other infectious diseases. In addition, Dr. Schuchat is an Assistant Surgeon General of the United States Public Health Service. She currently serves on the executive committee of the Hib Initiative.

Look for the Hib Initiative at...

46th National Conference of the Indian Academy of Pediatrics (PEDICON), January 23-25, Bangalore, India

Look for our presentation, "Pneumonia: the Forgotten Child Killer," in the Plenary Session on January 25 (day 3 of the conference) at 11:30 a.m. – 12:30 p.m. The presentation offers four topics by the following experts: "Epidemiology and burden of pneumonia in India" (speaker to be confirmed); "Prevention of bacterial pneumonia through immunization," by Dr. Mathu Santosham; "Community-based case management of pneumonia," by Dr. Shamim Qazi; and "Global Action Plan for Prevention and Control of Pneumonia," by Dr. Thomas Cherian.

Visit our booth at PEDICON for handouts and further information on activities during PEDICON including a press briefing on January 22.

Paediatric Association of Nigeria Conference 2009 (PANCONF), January 20 – 24, Ibadan, Nigeria

The Hib Initiative and PneumoADIP will be presenting at the conference on January 22. Dr. Adam Cohen will present "Introducing new vaccines to prevent pneumonia: what does it take to make it successful?" and Dr. Chizoba Wonodi will present "An update on Hib and pneumococcal diseases in the West Africa region." Dr. Adegoke Falade, Department of Pediatrics of the College of Medicine, University of Ibadan and University College Hospital, will moderate the session.

In addition, a press briefing will be held during the PANCONF's opening press conference on January 20. Drs Cohen, Wonodi and Falade will brief the press on the leading causes of childhood pneumonia and proven prevention interventions.

New to www.hibaction.org website

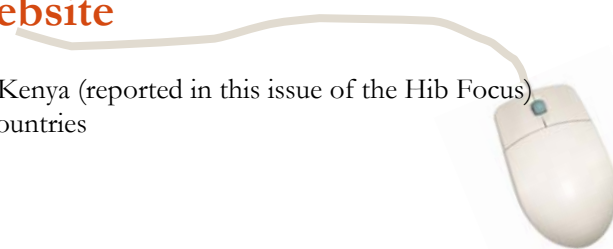
A new [ACTIVITIES](#) section includes:

- Expanding uptake of childhood vaccines in Kenya (reported in this issue of the Hib Focus)
- Advocacy in action – case studies from 10 countries
- Research activities
- Child Survival Roundtable

<http://www.hibaction.org/hibactivities/>

Updated [RESOURCES](#) includes Frequently Asked Questions, factsheets, slide sets, and Hib bibliography

<http://www.hibaction.org/resources/slides.php>



Country portraits

The stories of the impact of vaccines on infants, families, communities and nations around the world remind us of the importance of investing in life-saving vaccines. It is the human stories that need to be told so that the devastation to so many from diseases that can be prevented with vaccines will not be forgotten. To tell the human story of what the Hib vaccine does on an individual, community and country level, the Hib communications team will be creating portraits of those whose lives are affected by the disease and the availability of Hib vaccine.

Currently, we are looking for stories from DR Congo, Mozambique, Tanzania and Vietnam: if you know a researcher, health worker, or parent we should talk to, please contact Rose Reis, Communications Associate, the Hib Initiative, at rreis@jhsph.edu.

Hib Focus newsletter

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We would like to hear from you

What topics would you like us to address in this newsletter? We appreciate your feedback, questions or suggestions. Please contact: Judy Heck at jheck@jhsph.edu



The Hib Initiative unites experts from Johns Hopkins Bloomberg School of Public Health, the London School of Hygiene and Tropical Medicine, the U.S. Centers for Disease Control and Prevention and the World Health Organization to advance evidence-informed decision-making regarding the introduction and use of Hib vaccination in the developing world.