

1st PIPS Workshop — Noumea, New Caledonia, May 2005

Pacific Immunization Programme Managers met at SPC headquarters in Noumea, New Caledonia, from 9 to 13 May 2005 to discuss the Pacific Immunization Programme Strengthening (PIPS) initiative that aims to strengthen immunisation programmes in the region.

WHO instigated the “PIPS partnership” in early 2004 out of concern about decreasing donor support and a need for increased coordination between agencies and Expanded Programme on Immunisation (EPI) in the Pacific. This was in an environment of increased immunisation programme activity, particularly with the countries of the western Pacific setting themselves the ambitious goals of measles elimination and hepatitis B control following their successful elimination of polio from the region. Also, immunisation programmes in many Pacific nations are at a critical period of development, with many requiring renewed attention and support to lock in past disease-control gains.

The PIPS meeting was very successful and has set the Pacific an exciting EPI agenda for 2005–06, with new vaccines to be introduced in Tonga, Kiribati, Tuvalu and Cook Islands and coordinated measles supplementary immunisation activities to occur in Solomon Islands and Vanuatu. In addition, immunisation disease surveillance is being strengthened in all Pacific Island countries through an initiative between WHO and SPC/PPHSN and greater integration under the PacNet and LabNet systems.

The main recommendations agreed on by Pacific Immunisation Managers were:

Routine EPI

- Pacific countries should ensure that the benefits of immunisation are reaching all their children, regardless of where they live. Given the unique challenges in many Pacific Islands, integrated immunisation and other health service delivery needs to be flexible, and regular “pulse campaigns” (at least four times a year) may be appropriate for areas with difficult or limited access.
- Mechanisms to follow vaccination coverage should be encouraged at the health facility level, using tools such as wall charts, tally sheets and vaccination registries.
- Countries should ensure they have an EPI committee that meets on a regular basis, carries out annual policy and programme reviews, and develops comprehensive multi-year plans (including measles elimination). Countries are to provide a summary of their EPI meetings and recommendations at the annual Pacific EPI managers’ meeting.
- Health workers involved in immunisation should have an opportunity for annual refresher training and this should be part of the annual EPI workplan.

Hepatitis B

- Countries should review their potential to increase coverage and timeliness of HB1 both for infants born in health-care facilities and for those born outside health-care facilities.
- All countries should review their system for recording and monitoring HB1 timeliness, ensure that this is included in coverage data at all levels, and report back to this meeting next year on the process and results.
- Coverage surveys should, whenever possible, collect information on timing of HB1 and specifically report both coverage of HB1 and the proportion of doses given within 24 hours of birth.

- Universal administration of HB1 to all children within 24 hours of birth is the most appropriate strategy for Pacific Island countries and does not preclude additional strategies.

Measles

To protect Pacific Island countries from the reintroduction of measles and lock in past gains from previous coordinated measles control activities, all countries should:

- analyse and understand their measles population immunity status for all age cohorts, with a special focus on children of school age (based on and recognising the limitations of available data), and identify immunity gaps;
- achieve, document and sustain 95% coverage with two doses of measles vaccine in all districts or islands, and if not the case, conduct measles supplementary immunisation activities (SIAs) at a frequency to be determined; and
- make a commitment to ensuring that 95% of children have two documented doses of MCV as soon as high coverage can be achieved (with doses separated by at least one month), administered as early as appropriate and at the latest by school entry. School entry should be used as a mechanism to identify and catch up children who have missed immunisations. EPI managers should work with their Ministries of Education to develop or strengthen school entry immunisation requirements. Countries are to report back at next year's meeting on progress in implementation.

In order to maximise vaccine effectiveness, countries that still give their first dose of MCV at nine months of age should consider shifting the age of administration to 12 months at their next EPI schedule review.

Rubella

Countries considering rubella vaccine introduction should seek technical advice regarding necessary programme requirements and the most appropriate strategy before implementation.

Surveillance

- All countries should renew their commitment to vaccine-preventable disease surveillance through the Hospital Based Active Surveillance (HBAS) system. Countries should ensure that all reporting sites have a Hospital Coordinator in place and trained, and that all monthly reports are completed and forwarded to WHO within three months (maximum) of month end.
- WHO, through PPHSN, should explore further improvements to HBAS, including finalisation of the new manual, continuation and expansion of the email reporting trial, and use of the PPHSN website.
- Each country should work towards improving Acute Fever and Rash (AFR) surveillance by strengthening local linkages, and regionally through PPHSN (PacNet, EpiNet). Efforts should be made to improve laboratory coordination, including sample transport, with LabNet and the regional measles laboratory network of Western Pacific Regional Office (WPRO).

Vaccine Independence Initiative (VII)

- UNICEF should work with countries to develop a new VII vaccine order form that provides guidance on annual vaccine requirements based on the country's reported EPI schedule, target populations and standard wastage rates. This is to be trialled

with the 2006 order. When country orders differ markedly from estimated requirements, follow-up by UNICEF with the country will be necessary.

- All countries are encouraged to pay their vaccine cost within 60–90 days of receiving their invoices, to assist the continuity of their vaccine supply in the future.
- UNICEF/WHO should work with countries securing vaccines through VII to ensure that necessary funding for vaccine procurement continues to be available, and coordinate as required with donor agencies.
- Countries are requested to continue sending their vaccine arrival reports (VAR) reports in a timely manner.

Communications

- All Pacific Island countries should develop an EPI Communication Plan (within a framework developed by UNICEF) based on evidence (national and subnational desegregated data) and including advocacy, programme communication and social mobilisation components, with specified timeframes and measurable objectives. Countries are to report back on progress at the next meeting.

Pacific Immunization Programme Strengthening Initiative

- PIPS should function as the Pacific Regional EPI Coordinating Committee, with representation from all Pacific Island countries, donor agencies and technical partner agencies involved in EPI in the Pacific. Rotary International District 2650 would be welcome to participate in the Pacific Regional EPI Coordinating Committee.
- The PIPS committee should meet at least once a year, in conjunction with the annual EPI managers' meeting (preferably in the second quarter), and WHO/UNICEF should act as the secretariat. All regional immunisation activities should be coordinated through PIPS.

A copy of the complete report of the workshop is available on the PPHSN website:
<http://www.spc.int/phs/PPHSN/Meetings/PIPS-2005.htm>.

PIPS partner agencies are: WHO, UNICEF, AusAID, Centers for Disease Control and Prevention (USA), the Japanese International Cooperation Agency (JICA), Secretariat of the Pacific Community (SPC), NZAID and Rotary 2650 (Japan).