

**Immunization in the Context of  
Adolescent Health  
And  
IAIM Network update**

Avances en Inmunizaciones en las Americas  
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**SABIN VACCINE INSTITUTE**

A close-up photograph of a person's hands administering a vaccine to a young child. The person is holding a small vial and a syringe, and the child is looking up at them. The background is slightly blurred, showing other people in a clinical or community setting.

## OUR MISSION

**To make life-changing vaccines more accessible, enable innovation & expand immunization across the globe.**

# ACCOMPLISHING OUR MISSION

**We deliver sustainable, evidence-based solutions to extend the benefits of immunization to everyone:**



**Expanding  
Access &  
Uptake**

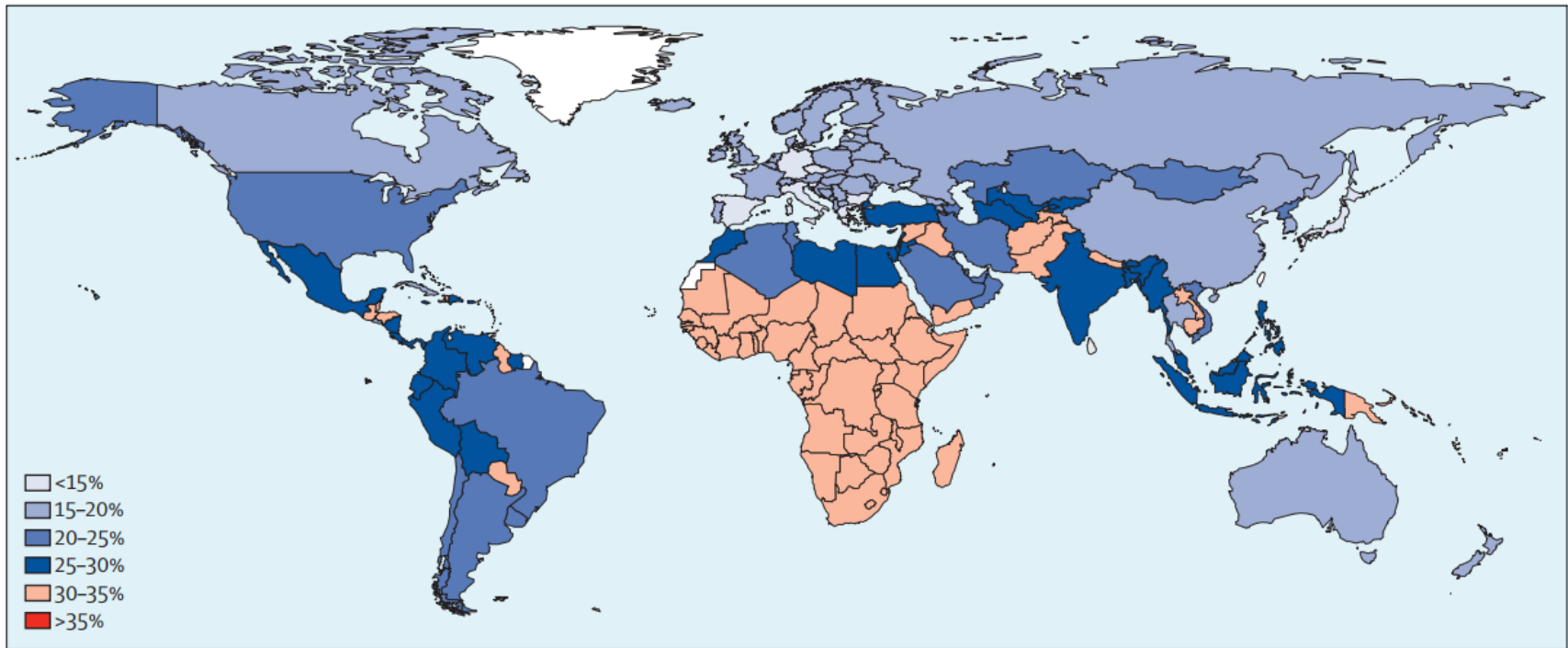


**Advancing  
Research &  
Development**



**Amplifying  
Knowledge &  
Innovation**

# Adolescents and Young Adults as a Proportion of Country Population in 2013



Ref: Lancet Commission 2016

# Adolescence

- **United Nations definition: ages 10 – 19**
  - **early (10-12 years), mid (13-15 years) and late (16-19 years)**
- **1.2 billion in the world today**
- **16% of the world's population**
- **The vast majority of the world's adolescents – 88% – live in developing countries**
- **Neither young children nor adults**

Source: <http://unicef.in/PressReleases/86/State-of-World-Children-Key-Facts>

# WHY ADOLESCENTS

“This generation of youth is the largest in history,”  
former Secretary-General Ban Ki-moon

- More than 3,000 adolescents die every day from largely preventable causes (WHO 2014)
- Population with specific needs: rapid physical, cognitive, social, emotional and sexual development
- Many key risk factors for future adult disease start or are consolidated in adolescence
- Establish behaviors conducive to healthy adulthood

# Adolescent Health Challenges



Youth  
unemployment



Promotion of  
unhealthy lifestyles



Environmental  
degradation



Armed conflict



Less stable  
families



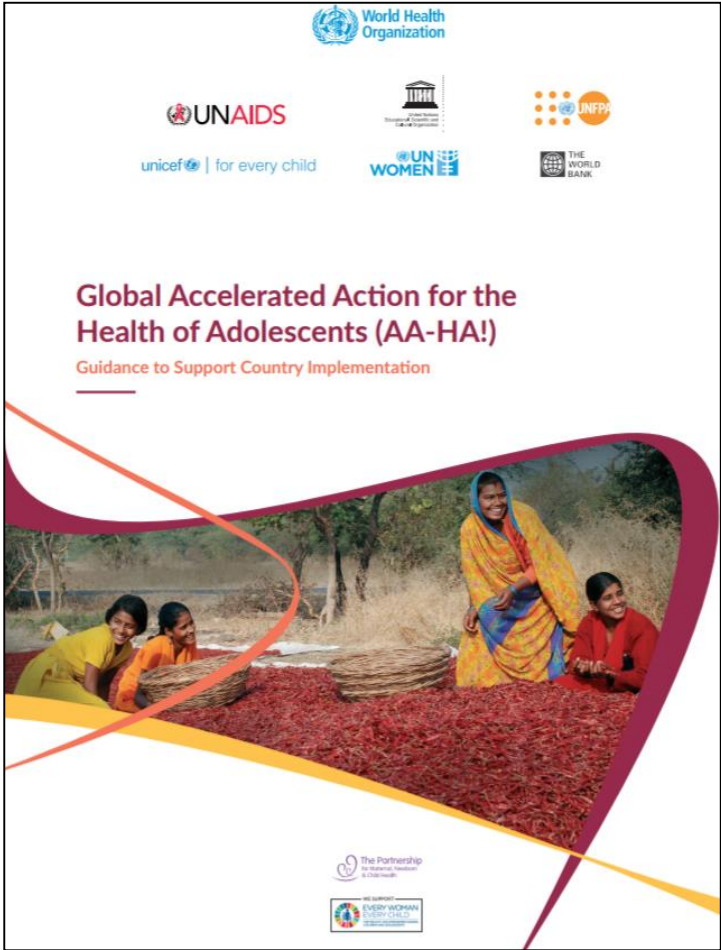
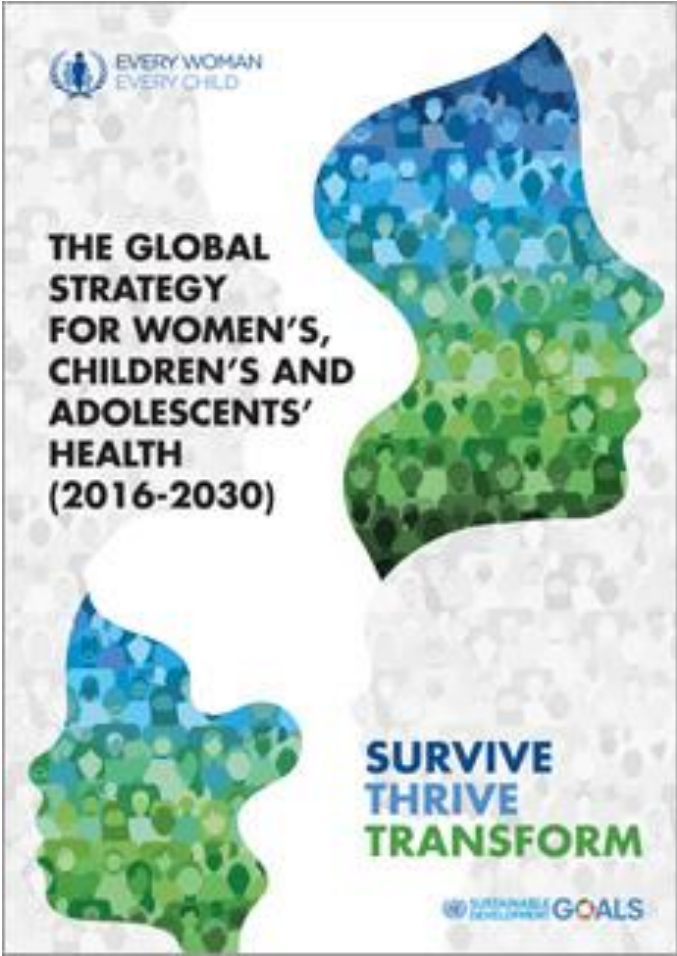
Mass migration

# Adolescent Health Challenges

- Rapid global rise in adolescent health risks for later-life non-communicable diseases
- Non-communicable diseases are significant health problems of this age group (including mental and substance use disorders, and chronic physical illnesses)
- Inequalities in health and wellbeing are evident in socially and economically marginalised adolescents, including ethnic minorities, refugees, young offenders, girl mothers, orphans, sexual violence survivors
- Health information systems to support actions in adolescent health remain weak



# Guidance to Support Country Implementation



# Adolescent Immunization

- Advances in science and vaccine development now allow immunizations to prevent serious infectious diseases across the lifespan
- Immunization plays a critical role in keeping adolescents healthy and protected from diseases throughout their lives, yet it has often been overlooked
- More recently, adolescent immunization has attracted greater attention and gained momentum at the global and regional levels

# Why vaccinate adolescents

- **Catch up on missed vaccinations from childhood**
  - MR
- **Boosting waning immunity**
  - Pertussis, tetanus, diphtheria
- **New vaccines best delivered in adolescent years**
  - HPV, meningococcal

## Member States introduction vaccinations in 9-15 year olds by WHO region

<b>WHO Region</b>	<b>HPV*</b>	<b>DT- containing</b>	<b>TT/Td- containing</b>	<b>Polio- containing</b>	<b>MCV</b>	<b>Other vaccines</b>
Worldwide	88	14	95	26	16	31
AFRO	7	1	6	2	0	0
PAHO	31	1	26	5	2	7
EMRO	1	1	9	3	2	3
EURO	34	9	35	14	11	15
SEARO	3	0	5	0	1	0
WPRO	12	2	14	2	0	6

*\* National introductions*

Source: JRF 2015, 2017

# Potential Delivery Platforms

- **School based**
  - Usually highest coverage rates; Captures most
  - Younger ages and lower school grade levels tend to get higher coverage
  - More effective to close equity gaps
- **Health-base facilities**
  - Tend to get lower coverage rates alone
  - Effective alongside school strategies
- **Mixed strategies**
  - Those run alongside school programmes are likely to have the highest coverage
  - Are needed for out of school/older adolescents

# Immunization in the Context of Adolescent Health

- Bring together immunization and adolescent health thought leaders from three regions to assess priorities, share experiences, and discuss successes and barriers to adolescent vaccine use in the context of broader adolescent health
  - Middle East: Dubai, UAE – October 2017
  - Asia: Singapore – April 2018
  - Latin America – São Paulo, Brazil – July 2018
- Interactive two-day workshop, including: global frameworks and programming, regional and country experiences as well as research priorities and data gaps.

# Main Findings

- Adolescent health & development is multifaceted
  - Many factors determining adolescent health, therefore a comprehensive adolescent health platform is necessary
  - Many countries have complete or partial silo approaches to health, yet opportunities for integration have been demonstrated
  
- Adolescent health field faces many challenges: Partnerships, lack of resources, sustainability of programs, equity & access as well as political will & commitment

# Main Findings

- Reaching adolescents sooner rather than later is optimal timing for many adolescent immunizations
- Competing health priorities: need for integration, program alignment & coordination and cooperation
- Opportunity to identify regional solutions to the challenges & constraints through implementation research
- Need for high-quality, regional data on adolescent health & immunization



# Recommendations

- Countries should establish a workable service platform integrating health immunization services through a comprehensive approach that is based on national needs
- Ensure greater alignment across adolescent health sectors to ensure reach and coverage of essential interventions
- Engage adolescents in the development of a health platform - create protective and empowering health platforms
- Characterize the adolescent health situation - Improve data collection

IAIM

Network

# IAIM HISTORY

- IAIM (International Association of Immunization Managers)
- Established in 2013
- With the objective of :
  - Providing leadership and management skills
  - Fostering best immunization practices
  - Providing a neutral forum for immunization managers to promote effective immunization program policies

# MEMBER FEEDBACK

## Surveys have shown that IAIM members want:

1. Stronger regional networks
2. Greater facilitation of contact between members leading to further collaboration and sharing of ideas, best practices and current issues/limitations
3. Opportunities for professional development
4. Centralized location for training manuals and guidelines, online technical and management courses and continuing education courses
5. Updated website with relevant information, articles and case studies

# RATIONALE FOR CHANGE

- **Sustainability** – past model had positive outcomes but was limited in scope
- **Communication** – website and social media were not effective resources to facilitate dialogue or provide relevant information
- **Membership recruitment and retention** – membership fee requirement limited participation from sub-regional level EPI managers
- **Benefits/value from membership** – viewed as limited and not worth the membership fee
- **Partnerships** – limited engagement with partners and stakeholders

# IAIM: Moving Forward



# Network Model: Benefits

## More flexibility

Much more flexible option that provides the greatest direct benefit to immunization managers & their staff

## Participation of other stakeholders

A model that provides benefits to broader immunization field by allowing participation of individuals outside of the national immunization program

## Better access to knowledge

A model that allows for broader interaction and access to international experts

## Variety of activities possible

A model that provides opportunities for other NGOs and international organizations to participate, also bringing more educational resources to immunization managers

# SCOPING PHASE GOALS

- **Map the landscape** of existing trainings, content and technology platforms
- **Connect with stakeholders** to learn about existing programs and identify possible areas of collaboration
- **Understand the challenges and opportunities** for immunization managers related to capacity building and professional development



# SCOPING PHASE METHODOLOGY

## Assessments

- Surveys
- Focus groups
- Landscape assessments
- Technology assessments

## Stakeholder Input

- Steering Committee
- Key informant interviews

## Financial Scoping and Planning

- Funding assessment and resource mobilization plan

# CORE VALUES

Empower

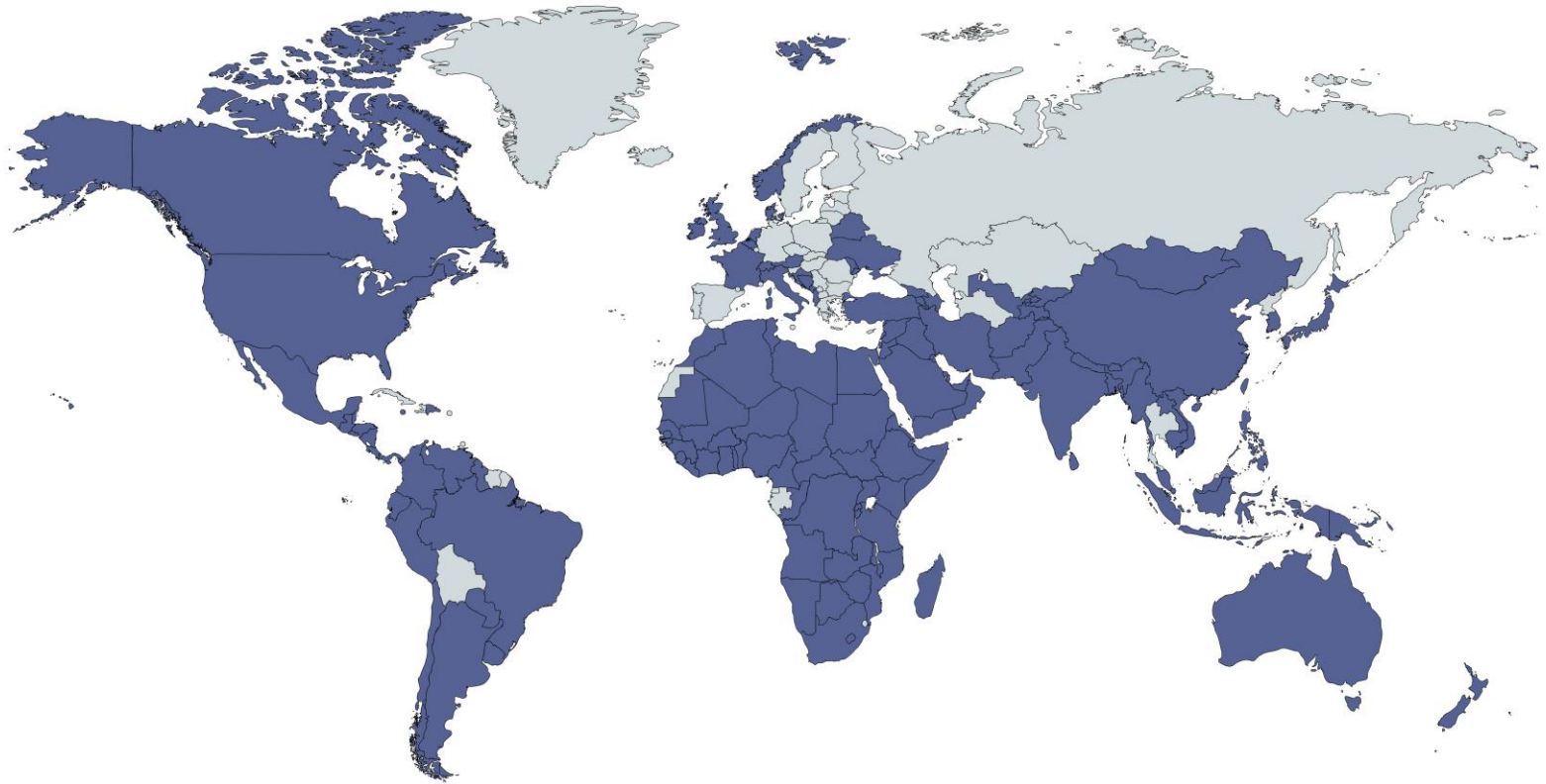
Collaboration,  
Communication  
& Learning

Professional  
Development

Peer Networks

# THE IAIM NETWORK

**752 members (353 immunization managers) representing over 130 countries**



“A scientist who is also a human being cannot rest while knowledge which might be used to reduce suffering rests on the shelf.”

Albert B. Sabin

