



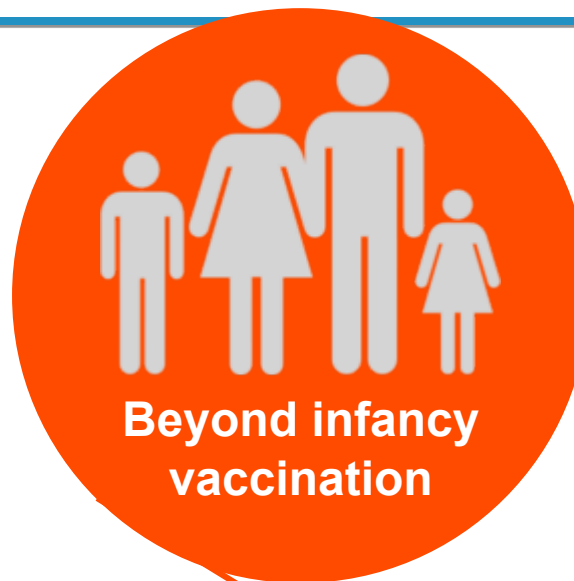
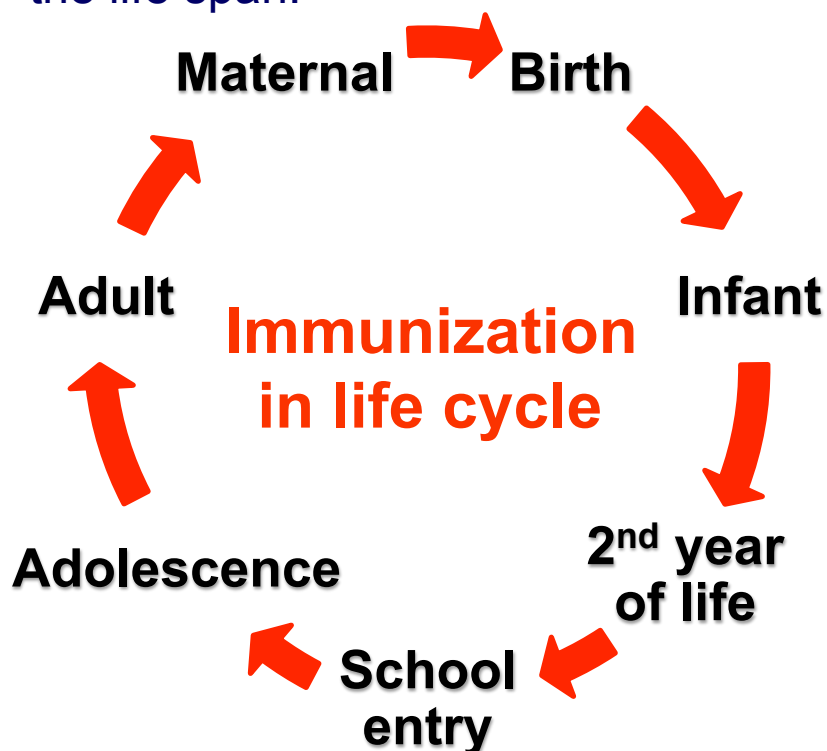
Activities towards developing guidance for a Second-Year-of-Life (2YL) healthy child visit

Dr Rudi Eggers, WHO HQ
Presentation to the SAGE Meeting
12 – 14 April 2016

Where does this work fit?

GVAP

ESTABLISH a life-course approach to immunization planning and implementation, including new strategies to ensure equity across the life span.



Outline of the presentation

- Benefits of a 2YL
 - For additional scheduled doses (boosters, 2nd doses, primary doses)
 - To catch up missed doses
 - To provide integrated child health interventions
- 2YL project
 - Demonstration countries / other projects
 - Literature review and landscape analysis
 - Development of generic guidance & implementation of guidance
- Additional and spin-off issues
 - Definitions
 - Recording and reporting issues
 - Coverage calculations

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2YL Scheduled doses: WHO Recommendations

- DTP: Booster dose recommended 1-6 years (DTP-containing vaccine 4 or DTPCV4). For Pertussis-containing booster, it is recommended preferably during the second year of life.
- Measles-containing vaccine 2 (MCV2): to be given either through mass campaign or to be added into routine schedule when countries have >80%
 - Where high-risk of measles mortality: recommended 15-18 months
- Men A routine dose: a 1-dose schedule, at 9–18 months of age based on local programmatic and epidemiologic considerations.
- Pneumococcal conjugate vaccine:
 - Different common schedules (3p+0, 2p+1, or 3p+1) schedules.
 - Emerging evidence: supports the use of 2p+1 as alternative schedule, with the third dose (the +1 dose) given between 9 and 15 months.

Table 1: Summary of WHO Position Papers - Recommendations for Routine Immunization (Updated: 27 February 2015)

| Antigen | Children (see Table 2 for details) | Adolescents | Adults | Considerations (see footnotes for details) |
|--|--|--|--|--|
| Recommendations for all immunization programmes | | | | |
| BCG ^a | 1 dose | | | Exceptions HIV |
| Hepatitis B ^a | 3-4 doses (see footnote for schedule options) | 3 doses (for high-risk groups if not previously immunized) (see footnotes) | | Birth dose Prevalence and low birth weight Co-administration and combination vaccine Definition high-risk |
| Polio ^a | 3-4 doses (at least one dose of IPV with DTP) | | | DTP birth dose Type of vaccine Transmission and exportation risk criteria |
| DTP ^a | 3 doses Booster (DTP) 1-6 years of age | Booster (Td) (see footnotes) | Booster (Td) in early adulthood or pregnancy | Delivered/Interrupted schedule Combination vaccine |
| Haemophilus influenzae type b ^a | Option 1 3 doses, with DTP Option 2 2 or 3 doses, with booster at least 6 months after last dose | | | Single dose if > 12 months of age Not recommended for children > 5 yrs old Delivered/Interrupted schedule Co-administration and combination vaccine |
| Pneumococcal Conjugate ^a | Option 1 3 doses, with DTP Option 2 2 doses before 6 months of age, plus booster dose at 9-15 months of age | | | Vaccine options Initiate before 6 months of age Co-administration HIV+ and preterm neonates booster |
| Rotavirus ^a | Rotarix: 2 doses with DTP RotaTeq: 3 doses with DTP | | | Vaccine options Not recommended if > 24 months old |
| Measles ^a | 2 doses | | | Combination vaccine; HIV early vaccination; Pregnancy |
| Rubella ^a | 1 dose (see footnote) | 1 dose (adolescent girls and/or child bearing age) women if not previously vaccinated (see footnote) | | Target 9-13 year old girls Pregnancy Older age groups a 15 years 3 doses HIV and immunocompromised |
| HPV ^b | | 2 doses (females) | | |

WHO | <http://www.who.int/collab/immunization/papers/2015/02/27/20150227>

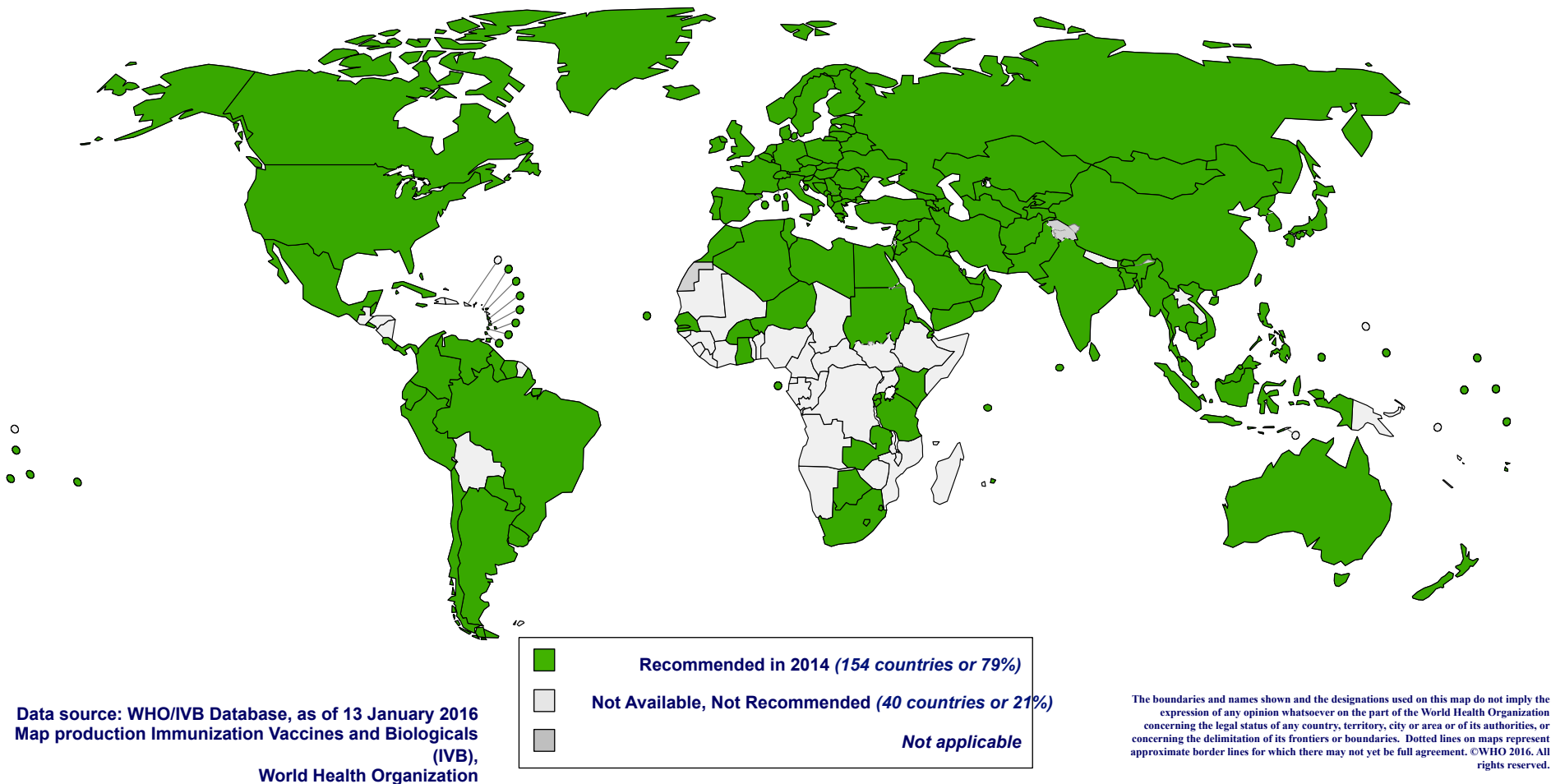
This table summarizes the WHO child vaccination recommendations. It is designed to assist the development of country specific schedules and is not intended for direct use by health care workers. Country specific schedules should be based on local epidemiologic, programmatic, resource and policy considerations.

WHO vaccines are universally recommended, some children may have contraindications to particular vaccines.

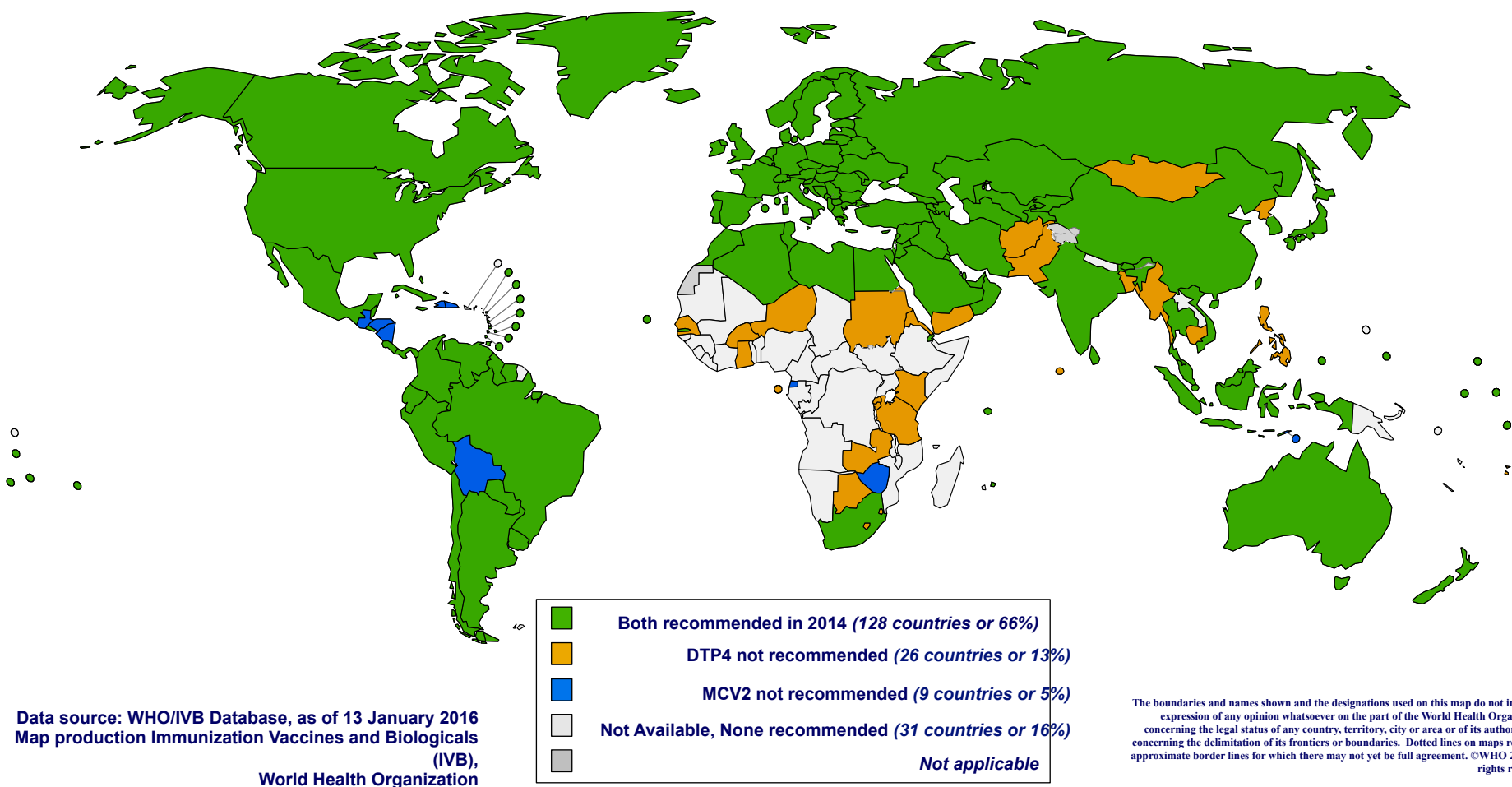
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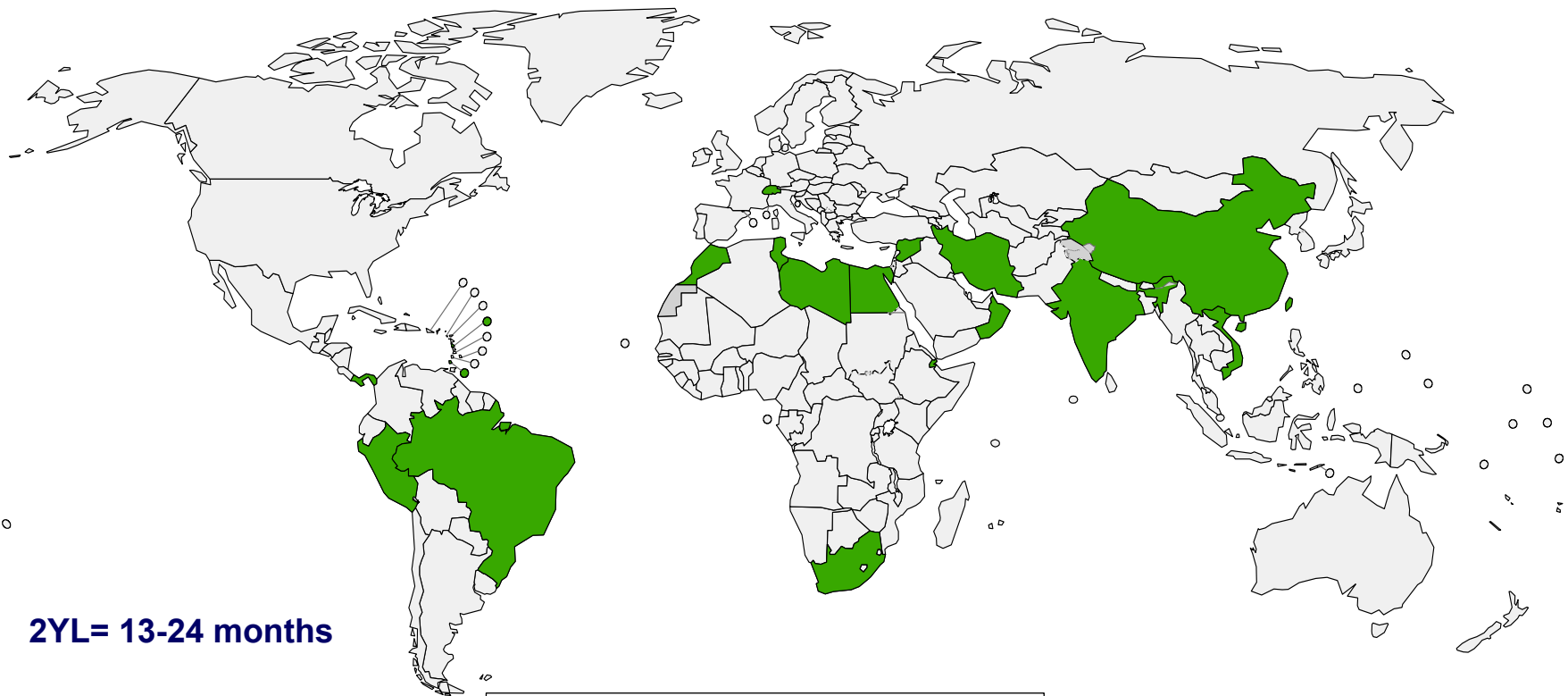
154 Countries recommending a 2nd dose of measles-containing vaccines (MCV2), 2014



128 Countries recommending both MCV2 and DTPCV4, 2014



19 Countries recommending both DTaP/DTaP-IPV4 and MCV2 at the same age during 2YL, 2014



Data source: WHO/IVB Database, as of 13 January 2016
Map production Immunization Vaccines and Biologicals (IVB),
World Health Organization



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement. ©WHO 2016. All rights reserved.

Lessons learned from recent MSD introductions:

PIEs conducted in Tanzania, Zambia, Ghana, Cambodia, India, Burundi, Senegal, Eritrea

- Planning, training and demand creation
- Planning not started early enough
- Health staff training
 - Not conducted adequately or universally (“measles is an old vaccine”)
 - Health workers not aware of multi-dose vial policy, criteria for MSD, target population
 - Written guidelines not available
- Demand creation among caregivers
 - Need to improve communication with caregivers about need for 18 month visit (provision of immunization services to >1 year is new)

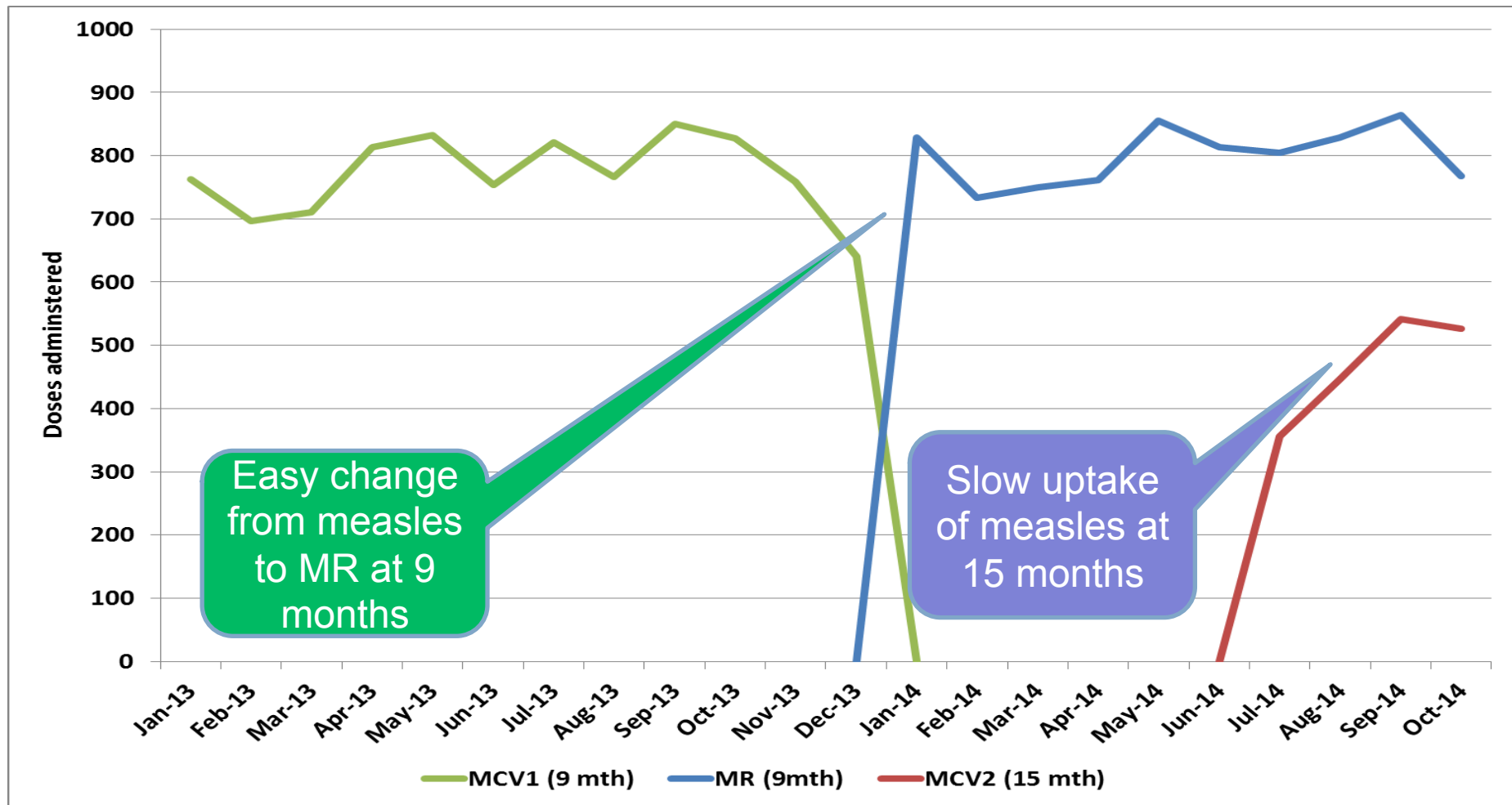
Lessons learned from recent MSD introductions (2)

- Implementation and integration
- Need active defaulter tracing for MCV1-MCV2 drop-outs
- Need proactive screening for eligible children at health facilities and strategies to reach children >9 months
- Need to use of REC microplanning to focus on hard-to-reach children
- Opportunities to use MSD as platform to enhance community demand for vaccinations and health services beyond 12 months (2YL platform)
- Infrequent vaccination sessions (concern about wastage)
- Importance of opening vial for a single child needs to be emphasized

Lessons learned from recent MSD introductions (3)

- Data and recording
- Need reliable target populations (infants surviving to 12 months)
- Parallel systems of immunization coverage data reporting (HMIS and DVDMT)
- Need to update recording tools (e.g., vaccination register, tally sheet, and monthly reporting form and vaccination cards)
- Updated data tools
- Inadequate training on use, or unavailable
 - Confusion about how to record first dose of MCV if administered >12 months
 - MCV1-MCV2 dropout not reported or monitored
- No systematic monitoring and evaluation or use of data for action

Rwanda: Difficulties with measles second dose



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Detailed DHS Analysis under way

Timeliness of two-dose measles vaccination Schedules

- Analysis (using vaccination card data) for countries with a two-dose MCV schedule, to assess what percentage of children received their FIRST measles vaccination at the 2nd scheduled contact.
- Analysis of proportion of children who receive a 2nd dose if the first dose is given in 2YL

Vaccination provided to children > 12 months of age:

- Analysis (using vaccination card data) for all available countries to determine the percentage of children receiving any infant vaccination (i.e. scheduled to be given under 1 year of age per the national immunization schedule) when they are 12 months of age or older;
- Calculate what effect this might have on increasing vaccination coverage and completion of the vaccination schedule (fully immunized child).

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Example: Defining a package of interventions

- For all children:
 - Measles second dose
 - Catch-up on other vaccinations (except BCG) that the child may have missed in the first year of life
 - Growth monitoring and promotion (GMP)
 - Vitamin A
 - Deworming (Mebendazole)
- For children as indicated:
 - Follow up/referral on early infant diagnosis (EID) for HIV/AIDS
 - Referral for IMCI or iCCM for children with fever or other illness



The 2YL project

BILL & MELINDA
GATES *foundation*

2015 - Year 1

2016 - Year 2

2017 - Year 3

2YL Working Group (collaboration with Measles RI Subgroup)

Demo country: Zambia: Retrospective and prospective

- Review experience, stakeholder interviews
- Assess impact of MSD on MCV1 and MCV2 coverage
- Propose actions and guidance

Demo country: Senegal: Retrospective

- Review experience, stakeholder interviews
- Assess impact of MSD on MCV1 and MCV2 coverage
- Propose actions and guidance

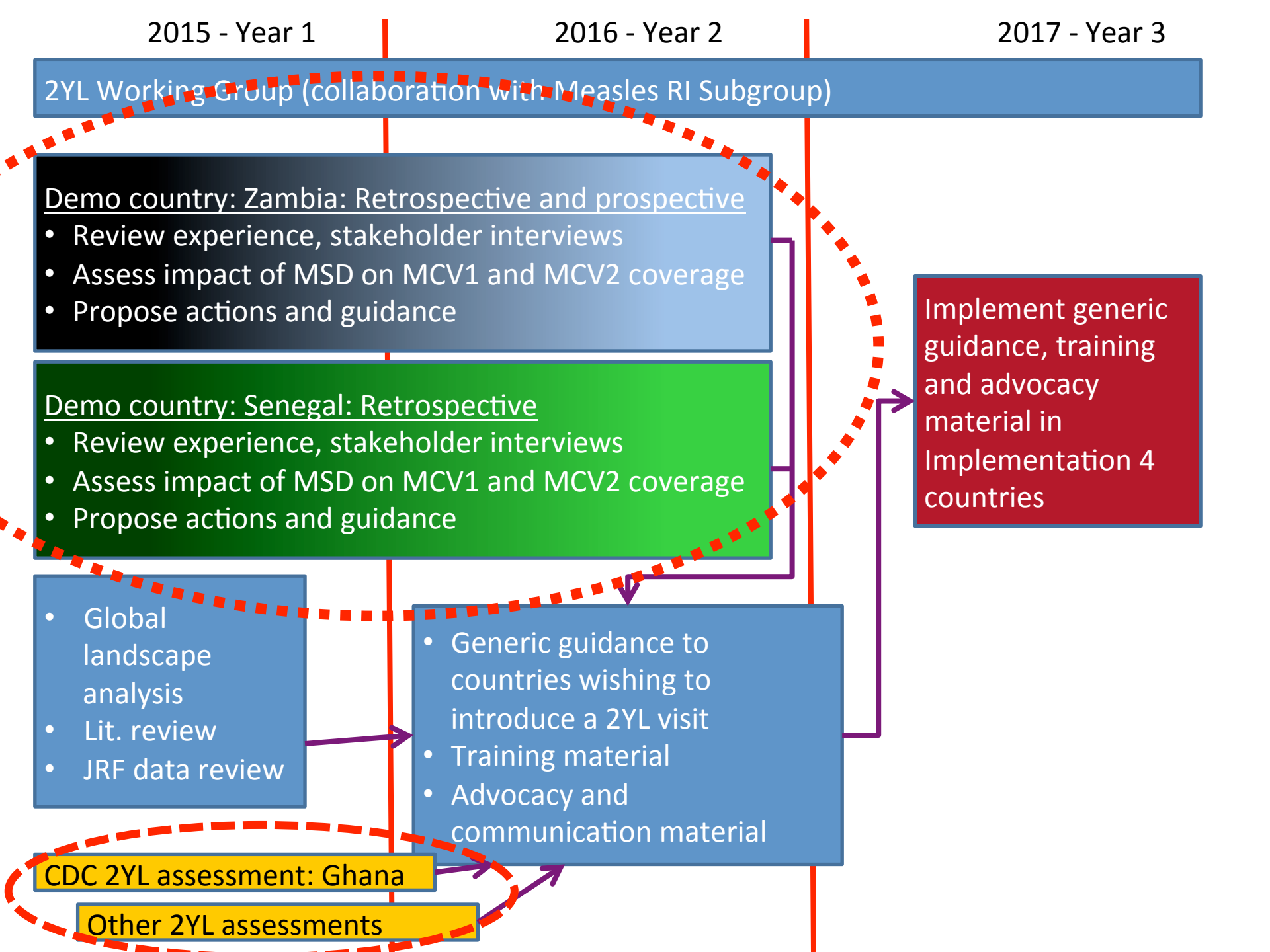
- Global landscape analysis
- Lit. review
- JRF data review

- Generic guidance to countries wishing to introduce a 2YL visit
- Training material
- Advocacy and communication material

CDC 2YL assessment: Ghana

Other 2YL assessments

Implement generic guidance, training and advocacy material in Implementation 4 countries



WHO Country pilots

- Two countries selected that already have a 2YL visit
 - Initially: one country with MSD, one country with non-MSD visit
 - Zambia (assessment completed) and Senegal (assessment started)
- Review experience and preparation of MSD introduction through country visit, desk review and stakeholder interviews of existing experiences in implementing 2YL
- Assess impact of 2YL on MCV1 and other coverage and evaluate cost
- Propose actions and guidance to this specific country to improve coverage in 2YL:
 - Advocacy and communication
 - Programme roll-out
 - Recording and reporting

WHO Country pilots - Process

1. **Review experience.** Retrospective review of preparation & implementation of 2YL (MSD) introduction -- country visit, desk review and stakeholder interviews
2. **Explore.** Meetings and discussions on how to improve within the country context
3. **Plan.** Propose actions & guidance to improve 2YL platform:
 - Strengthen policy, guidance (catch-up or late vaccination)
 - Programme operations (integrating interventions, recording, reporting)
 - Advocacy, communication, social mobilization (changing the mindset)
4. **Implement.** Implement plan including way to measure change
5. **Learn.** Compile lessons & impact for input to guidance

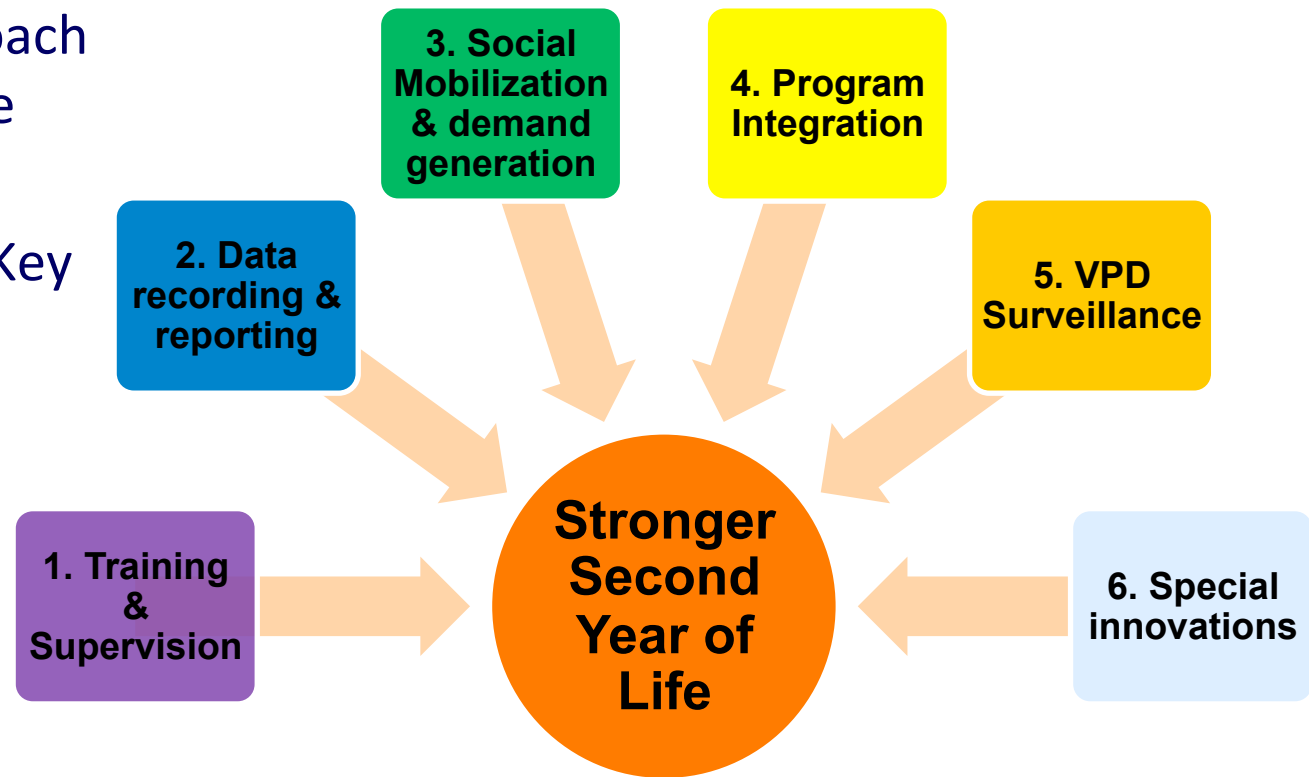
CDC “Flagship” Project: Why Ghana & 2YL?

- Strong national routine immunization system
 - 2014 coverage: 88% for Penta3 and 89% for MCV1
- Multiple 2YL initiatives with room for improvement
 - Introduced MCV2 at 18 months of age in 2012
 - MCV2 coverage low (54% in 2013)
 - First country to apply for Gavi-supported meningitis A vaccine introduction
 - Multiple MCH interventions delivered during second year of life provide opportunity to strengthen integrated delivery with immunizations
 - E.g. vitamin A, nutrition, family planning, malaria
- Sub-national challenges
 - 75% of districts with DTP3 coverage >80% is below target

CDC “Flagship” Project

Ghana 2YL Project Overview

- 5 year project
- CDC, Ghana Health Services, WHO, UNICEF
- Multi-faceted approach to strengthening the second year of life
- Address issues in 6 Key Strategic areas



CDC Ghana Project: Research objectives

- Implementation issues (lessons learned from recent MSD introductions/PIEs)
 - Need for adequate planning, HCW training & demand creation
 - Efficient and integrated implementation; use of tracking tools
 - Accurate denominators, recording of doses, data for action
- What we don't know
 - Real impact on improving catch-up (e.g., MCV1)
 - Strategies & best practices to improve MCV2 and other 2YL vaccines
 - Impact on vaccine utilization and wastage

2015 - Year 1

2016 - Year 2

2017 - Year 3

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Demo country: Zambia

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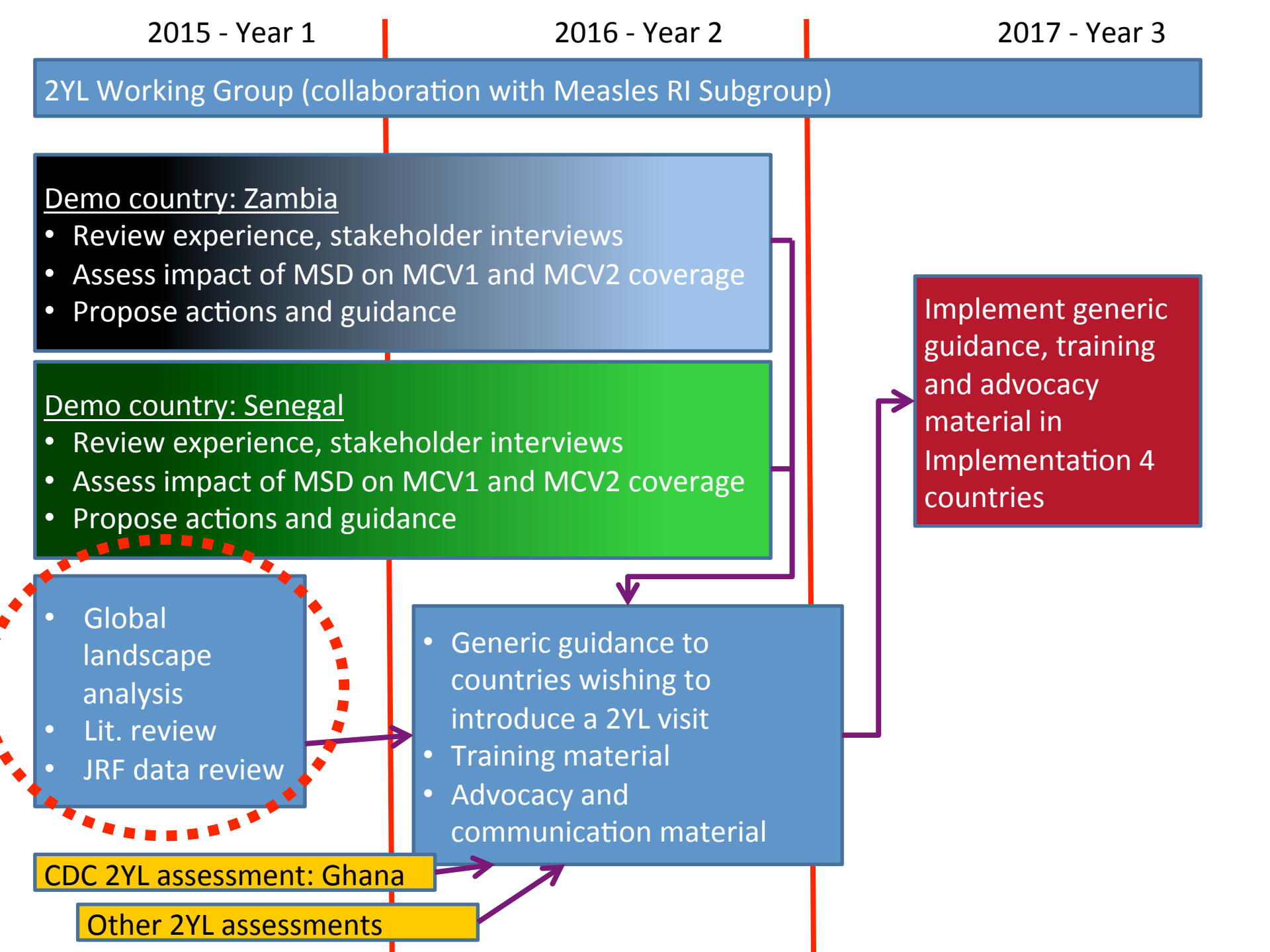
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CDC 2YL assessment: Ghana

Other 2YL assessments

- Generic guidance to countries wishing to introduce a 2YL visit
- Training material
- Advocacy and communication material

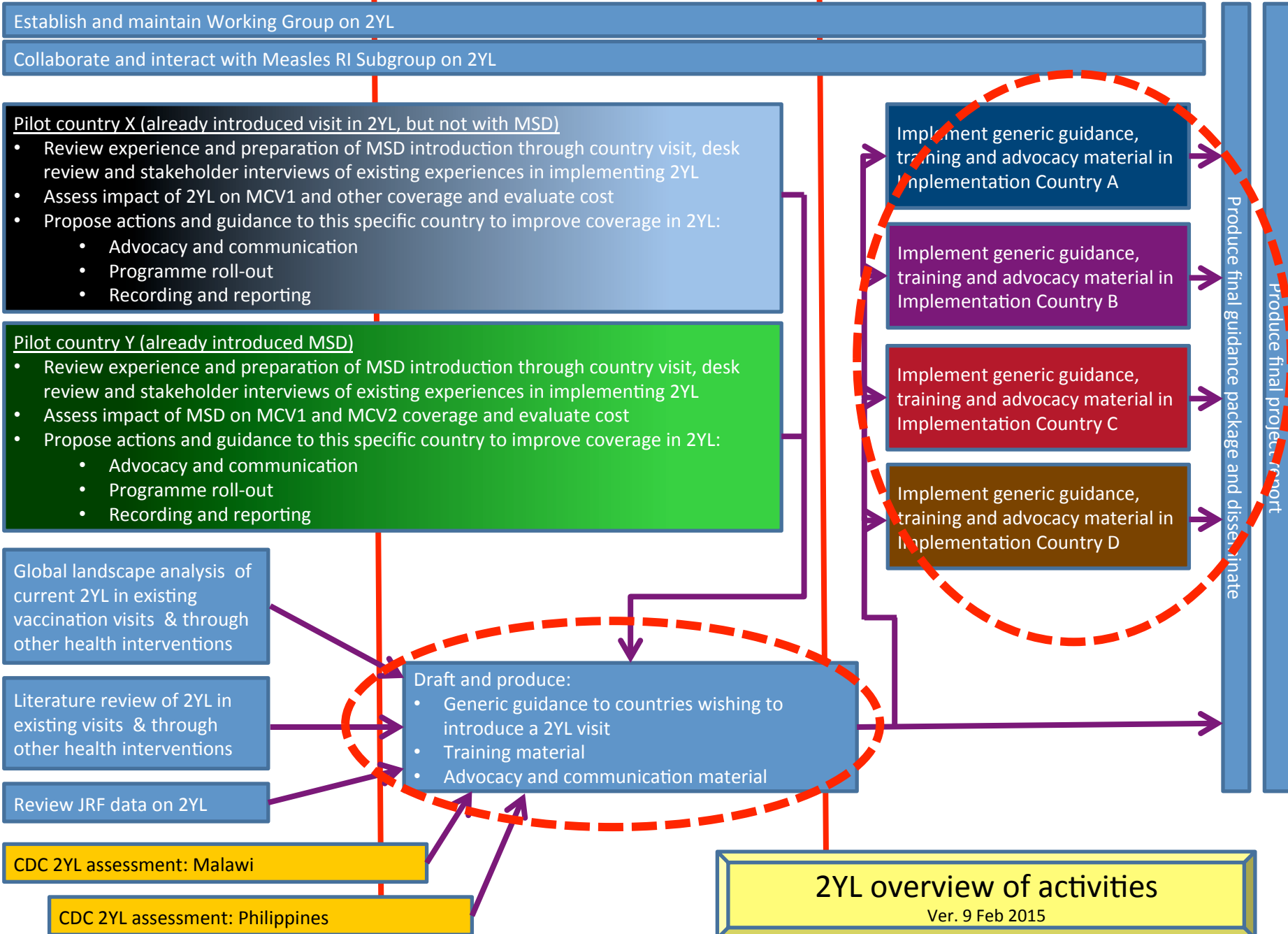
Implement generic guidance, training and advocacy material in Implementation 4 countries



2015 - Year 1

2016 - Year 2

2017 - Year 3



Guidelines on establishing an integrated 2YL healthy child visit

- Combined inputs from
 - 2 country pilots and adaptations
 - Landscape analysis, incl. lit. review and JRF analysis
 - CDC projects in 2 countries
 - Other assessments
- Target audience
 - National programmes wishing to establish a 2YL visit (including but not limited to MSD)
- Implementation
 - Use the guidelines in 4 countries
 - Revise and finalize document

Additional issues

- Definitions
- Recording and reporting issues
- Coverage calculations

2YL and monitoring

- How to measure the success of a 2YL platform?
 - Uptake of tracer doses targeted in 2YL (MCV2 or DTP4. MCV1-MCV2 drop out)
 - Proportion of FIC, MCV1, DTP3 during 2YL
 - Some indication of integrated delivery?
- Limitations of current monitoring systems
 - Ability to record and report vaccinations in this new age range
 - What are we measuring? Timely coverage? Complete coverage?
- Way forward
 - Clarify and update guidance
 - Need for implementation / operational research, for example into determinants of health worker practices

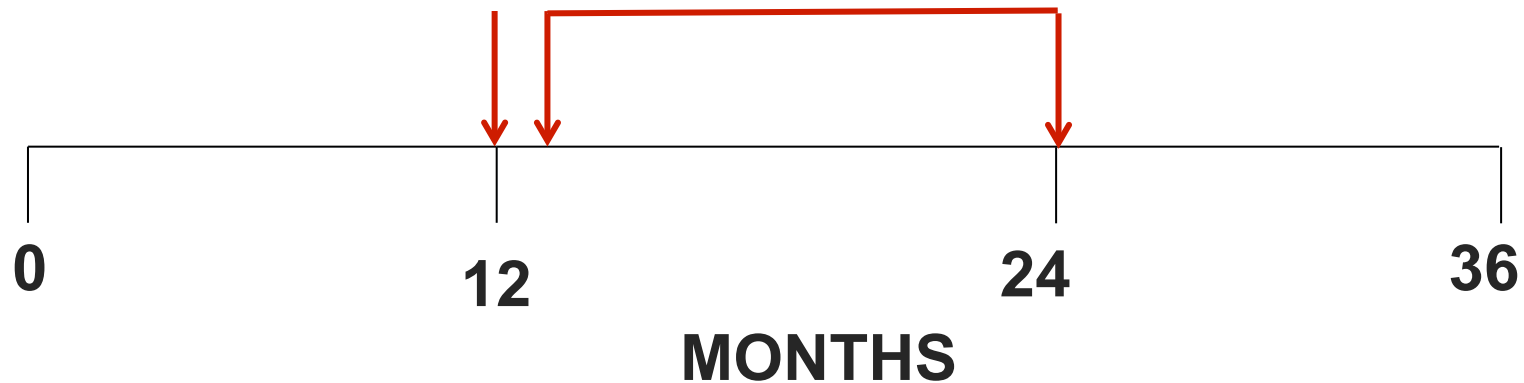
Defining 2YL

Does a country with a 12m dose as last dose in schedule need a strong 2YL platform ? Middle Ground...

Chronologically: vaccination will take place in 2YL

Programmatically: handled like <1 doses

- typically vaccinate over 12m with 3 month window
- recorded and reported using <1 forms



Might the monitoring system drive behaviour?

- Vaccinations out of target:
 - Denied?
 - Administered, not recorded?
 - Administered, recorded incorrectly?
 - Recorded correctly?
- Monthly report / tally sheet main source of practical guidance

4. Monthly vaccinations given by strategy

| Vaccine/Commodities | Number Given (By age group) | | | Total Administered |
|------------------------|-----------------------------|----------------|-------------|--------------------|
| | 0 - 11 months | 12 - 23 months | > 24 months | |
| BCG | | | | |
| OPV-0 | | | | |
| OPV-1 | | | | |
| OPV-2 | | | | |
| OPV-3 | | | | |
| IPV | | | | |
| Rotavirus - 1 | | | | |
| Rotavirus - 2 | | | | |
| Penta-1 | | | | |
| Penta-2 | | | | |
| Penta-3 | | | | |
| PCV-1 | | | | |
| PCV-2 | | | | |
| PCV-3 | | | | |
| Measles-Rubella | | | | |
| Measles | | | | |
| YF | | | | |
| Men A | | | | |
| LLIN - Children | | | | |
| Fully Immunized | | | | |
| | Pregnant Women | Non-Pregnant | Others | |
| Td-1 | | | | |
| Td-2 | | | | |
| Td-3 | | | | |
| Td-4 | | | | |
| Td-5 | | | | |
| Td-5+ (Not vaccinated) | | | | |

Limitations of monitoring system

2 age groups, 3 strategies

Ministère de la Santé et de la Prévention Médicale
Direction de la Prévention Médicale
Division de l'Immunisation

RAPPORT MENSUEL DE VACCINATIONS PAR STRATEGIE

Région Médicale: ST Louis District sanitaire: Jagana
Unité de vaccination: PS de Nibaru Mois: Juin Année: 2008

| Antigène | FIXE | | | AVANCEE | | | MOBILE | | | TOTAL | | |
|----------|------|-------|-----|---------|-------|-----|--------|-------|-----|-------|-------|-----|
| | 0-11 | 12-23 | TOT | 0-11 | 12-23 | TOT | 0-11 | 12-23 | TOT | 0-11 | 12-23 | TOT |
| BCG | 05 | 05 | 10 | 11 | 00 | 11 | 00 | 05 | 05 | 22 | 00 | 22 |
| P zéro | 05 | 05 | 10 | 05 | 00 | 05 | 00 | 04 | 04 | 14 | 00 | 14 |
| POLIO 1 | 00 | 00 | 00 | 05 | 00 | 05 | 00 | 04 | 04 | 00 | 00 | 00 |
| POLIO 2 | 00 | 00 | 00 | 05 | 00 | 05 | 00 | 04 | 04 | 00 | 00 | 00 |
| POLIO 3 | 00 | 00 | 00 | 10 | 00 | 10 | 00 | 07 | 07 | 20 | 00 | 20 |
| PENTA1 | 00 | 00 | 00 | 05 | 00 | 05 | 00 | 04 | 04 | 00 | 00 | 00 |
| PENTA2 | 00 | 00 | 00 | 05 | 00 | 05 | 00 | 04 | 04 | 00 | 00 | 00 |
| PENTA3 | 00 | 00 | 00 | 10 | 00 | 10 | 00 | 07 | 07 | 20 | 00 | 20 |
| R | 07 | 00 | 07 | 15 | 00 | 15 | 00 | 07 | 07 | 29 | 00 | 29 |
| NEV | 17 | 00 | 17 | 50 | 00 | 50 | 00 | 31 | 31 | 83 | 00 | 83 |
| NECV | 07 | 00 | 07 | 15 | 00 | 15 | 00 | 07 | 07 | 23 | 00 | 23 |

VACCINATIONS TETANOS

| VAT | FEMMES ENCEINTEES | | | F A R | | | TOTAL |
|-------|-------------------|---------|--------|-------|---------|--------|-------|
| | FIXE | AVANCEE | MOBILE | FIXE | AVANCEE | MOBILE | |
| T1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| T2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| T3 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| T4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| T5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL | 17 | 02 | 01 | 0 | 0 | 0 | 20 |

ENTREES SORTIES DES ANTIGENES

| | BCG | VPO | DTC HepB | HIB | VAR | VAA | VAT | BS | SAB |
|--------------------------------|-----|-----|----------|-----|-----|-----|-----|----|-----|
| Stock disponible début du mois | 60 | 70 | 40 | 30 | 30 | 30 | 00 | 00 | 114 |
| Entrées | 20 | 60 | 20 | 30 | 20 | 20 | 00 | 00 | 100 |
| Doses administrées DA | 20 | 60 | 20 | 30 | 20 | 20 | 00 | 00 | 100 |
| Doses perdues DP | 11 | 00 | 00 | 01 | 01 | 00 | 00 | 00 | 06 |
| Doses utilisées DA + DP | 40 | 60 | 20 | 30 | 30 | 20 | 00 | 00 | 156 |
| Stock restant fin du mois | 40 | 65 | 40 | 00 | 00 | 00 | 00 | 00 | 58 |

Stock disponible début du mois: 60, 70, 40, 30, 30, 30, 00, 00, 114
Entrées: 20, 60, 20, 30, 20, 20, 00, 00, 100
Doses administrées DA: 20, 60, 20, 30, 20, 20, 00, 00, 100
Doses perdues DP: 11, 00, 00, 01, 01, 00, 00, 00, 06
Doses utilisées DA + DP: 40, 60, 20, 30, 30, 20, 00, 00, 156
Stock restant fin du mois: 40, 65, 40, 00, 00, 00, 00, 00, 58

Fonctionnement chaîne froid en bon état

Date de transmission du rapport: 29/06/08
Nom et Signature du responsable: [Signature]

Gender, 2 age ranges, in area

Rapport de Mwezi ya Ufuatiliaji wa Huduma za CHANJO

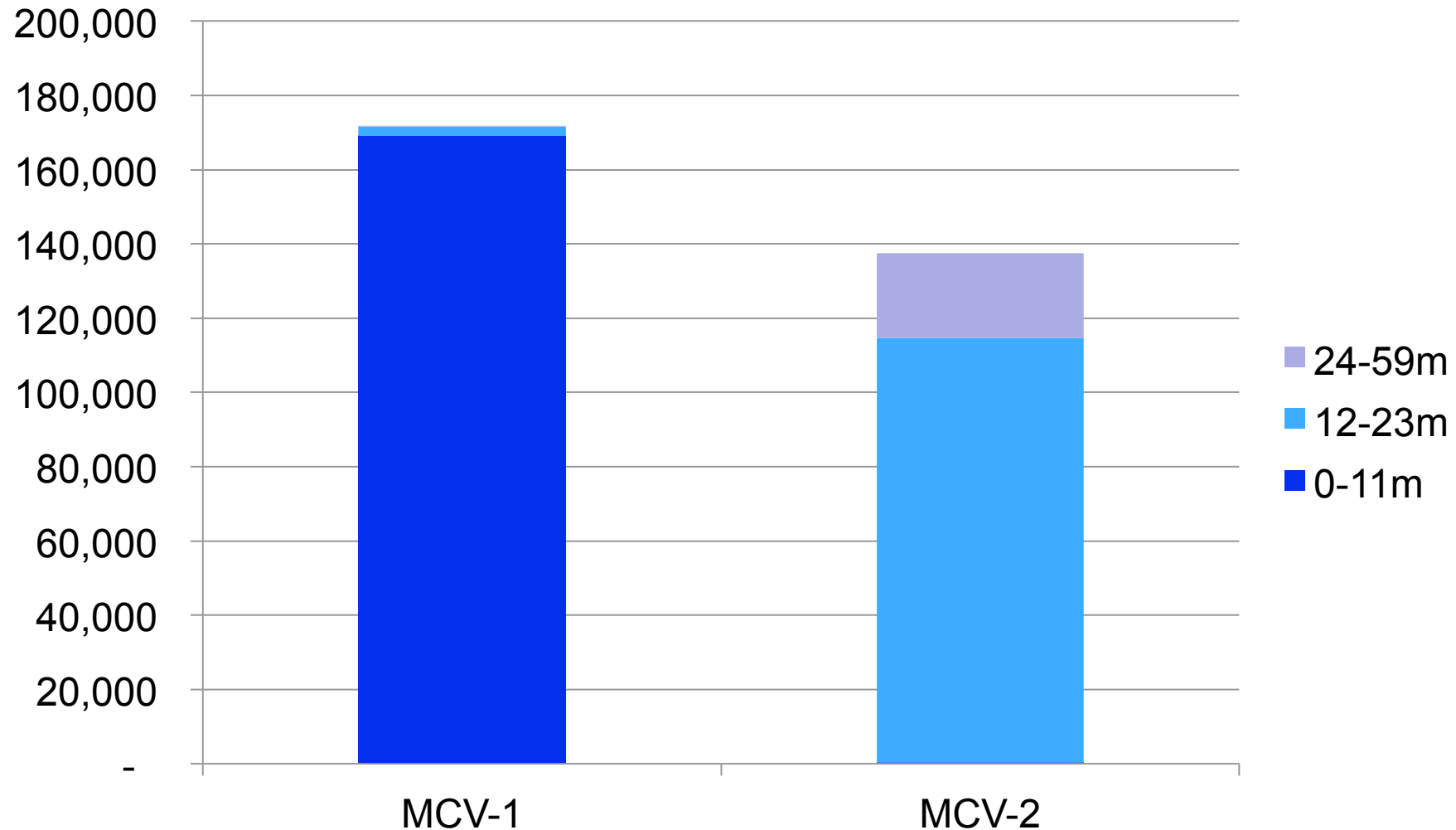
Jina la Kituo: MAKURURI Wilaya: KINSHOONI Mkoa: DAR - W-3-SHAM
Mwezi: JAN Mwaka: 2015

| 1 | Aina ya Chanjo kwa Umri | Idadi | | | | | | | | | | Jumla ME + KE | | | | | | | | | | |
|----|---|-------|---|---|---|---|----|---|---|---|----|---------------|---|---|---|---|---|---|---|---|----|-------------|
| | | ME | | | | | KE | | | | | | | | | | | | | | | |
| 1a | BCG Umri mwaka <1 (Ndani ya eneo la huduma) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 25-35 60 |
| 1b | BCG Umri mwaka 1+ (Ndani ya eneo la huduma) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| 1c | BCG Umri mwaka 1+ (Nje ya eneo la huduma) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| 1d | BCG Umri mwaka 1+ (Nje ya eneo la huduma) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| 1e | OPV Umri mwaka <1 (Ndani ya eneo la huduma) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 25-35 60 |
| | Dozi 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | Dozi 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 35-50 85 |
| | Dozi 2 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 32-38 70 |
| | Dozi 3 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 23-42 65 |
| 1f | OPV Umri mwaka 1+ (Ndani ya eneo la huduma) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | Dozi 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | Dozi 2 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | Dozi 3 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| 1g | OPV Umri mwaka <1 (Nje ya eneo la huduma) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | Dozi 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | Dozi 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | Dozi 2 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | Dozi 3 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| 1h | OPV Umri mwaka 1+ (Nje ya eneo la huduma) | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | Dozi 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | Dozi 2 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | Dozi 3 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |

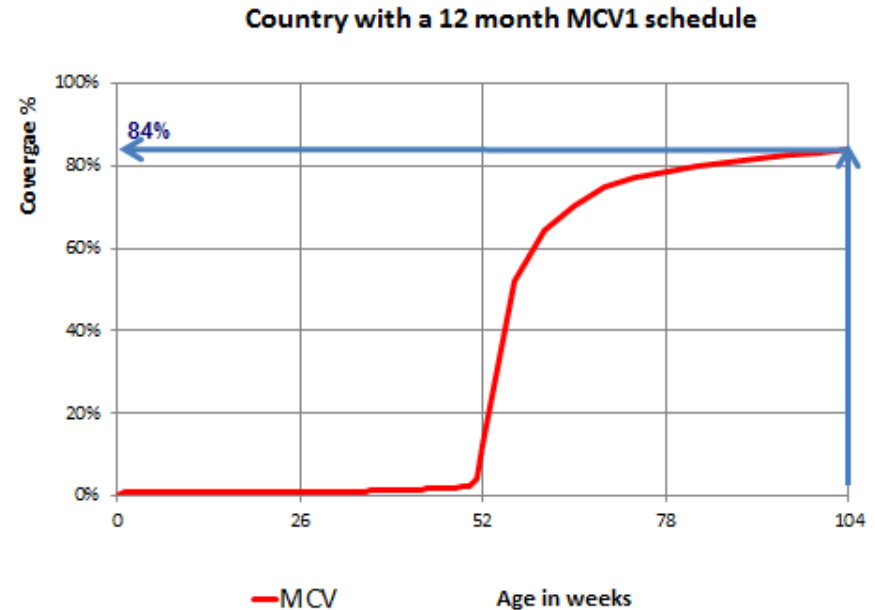
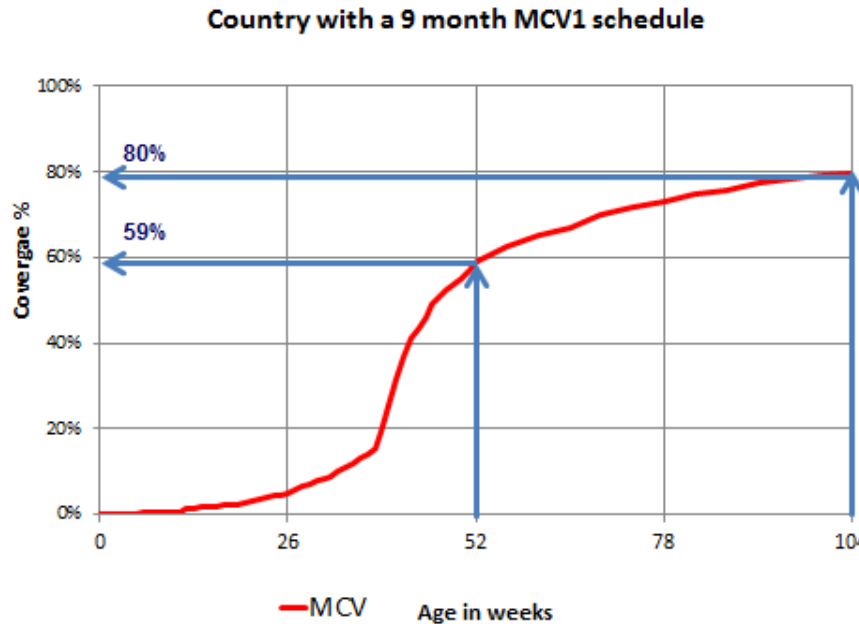
Under 1

Over 1

What are we measuring, and what is the age range definition of 2YL vaccinations?



Target age range: practice versus policy



- 12 month cut-off is common practice, but not reflective of any official guideline
- Coverage definitions are not harmonized

Acknowledgements

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- Carolina Danovaro (WHO)
- Jan Grevendonk (WHO)
- Katrina Kretsinger (CDC)
- Abigail Shefer (CDC)
- Laura Conklin (CDC)
- Rebecca Fields (JSI)
- Imran Khan (UNICEF)



Thank you