

WHO-UNICEF policy statement on the implementation of vaccine vial monitors:

The role of vaccine vial monitors in improving access to immunization

World Health Organization (WHO) and United Nations Children's Fund (UNICEF),
Marking the 10 years of successful implementation of vaccine vial monitors (VVMs);

Referring to the WHO-UNICEF policy statement on the use of vaccine vial monitors in immunization services (WHO/V&B/99.18), Making use of vaccine vial monitors (WHO/V&B/00.14), Getting started with vaccine vial monitors (WHO/V&B/02.35), WHO-UNICEF joint statement on effective vaccine store management (WHO/IVB/03.14), and Monitoring vaccine wastage at country level (WHO/IVB/03.18/Rev.1);

Emphasizing the Global Immunization Vision and Strategy aiming to protect more people against more diseases by expanding the reach of immunization to every eligible person, including those in age groups beyond infancy, within a context in which immunization is high on every health agenda;

Determined to reach every mother and child for vaccination against vaccine preventable diseases;

Noting the challenges in immunization service delivery especially in areas with weak or no cold chain infrastructure;

Acknowledging with appreciation the dedication of health workers throughout the world to overcome challenges in reaching all mothers and children with life saving vaccines;

Recognizing the cooperation of vaccine manufacturers in applying vaccine vial monitors on WHO prequalified vaccine products;

Acknowledging that the VVM is the only tool among all time and temperature indicators that is available at all times - in the process of storage, distribution and at the time the vaccine is administered - indicating whether the vaccine has been exposed to a combination of excessive temperature over time and whether it is likely to have been damaged;

Further noting that since its introduction in 1996 with oral polio vaccine, the VVM has contributed to the success of national immunization days as well as to overcoming access problems in areas with weak or no cold-chain infrastructure and reduction of vaccine wastage;

Appreciating the evidence produced by many field studies on the positive impact of the VVM on field operations, both routine and supplemental;

Recognizing that the benefits of VVM in overcoming the cold chain challenges and reaching the hard-to-reach populations will not be realized if they are not available;

Noting the use of VVMs to support policies for storage and administration of vaccines outside the cold chain to reach infants in rural and remote areas, such as for the hepatitis B vaccine birth dose for newborns;

Stressing the need that health workers require a consistent supply of vaccine with VVMs in order to be able to rely upon them as a tool;





CALLS UPON all self-procuring Member States to include the VVM among the minimum requirements for vaccine purchase agreements;

URGES all donor agencies and international non-governmental organizations to adopt a policy that explicitly calls VVM to be included as a minimum standard in every vaccine donation;

RECOMMENDS all Member States to adopt VVM-based vaccine management practices to maximize the benefits of VVM to:

- ensure that vaccines administered have not been damaged by heat;
- reduce vaccine wastage;
- facilitate immunization outreach and increasing access and coverage;
- pinpoint cold chain problems;
- manage vaccine stocks; and
- prevent inadvertent freezing of vaccines.

FURTHER RECOMMENDS all Member States to consider adoption of policies permitting the use of vaccines beyond the cold chain where warranted for routine immunization activities or on a limited basis or under special circumstances, such as:

- national immunization days;
- hard-to-reach geographical areas;
- immunizations provided in the home - including hepatitis B vaccine birth dose;
- cool seasons;
- storage and transportation of freeze-sensitive vaccines (DTP, DT, TT, Td, hepatitis B and Hib vaccines) where the risk of freezing is greater than the risk of heat exposure.

This policy statement is issued jointly by the World Health Organization, Geneva, Switzerland, and the United Nations Children's Fund (UNICEF Programme Division, New York, USA, and UNICEF Supply Division, Copenhagen, Denmark).



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