

PAVE 2019-2020 Internship descriptions

WHO IVB - Geneva, Switzerland

WHO IVB 1: Timeliness of two-dose measles schedules and vaccination provided to children > 12 months of age

WHO IVB 2: Modelling and Economic Research studies in Low- and Middle-Income Countries in the context of the Cervical Cancer Elimination Initiative

WHO IVB 3: Sustainable immunization in MICS – review and analysis

WHO IVB 4: Leveraging Data to Strengthen Global Sentinel Site Vaccine-preventable Disease Surveillance Networks for Pediatric Diarrhea and Pneumonia

WHO IVB 5: Global vaccine policy. Scientific secretariat of the Strategic Advisory Group of Experts (SAGE) on Immunization

WHO IVB 6: Analysis of caregiver attitudes and knowledge to vaccination during Missed Opportunities for Vaccination (MOV) assessments

WHO IVB 7: Total Systems Effectiveness (TSE): Developing the R&D Use Case for vaccines in Low and Middle Income Countries

Gavi, the Vaccine Alliance – Geneva, Switzerland

Gavi 1: Supporting evidence based decision-making at Gavi, The Vaccine Alliance

UNICEF – New York City

UNICEF 1: Analysis of information and secondary data from multiple data sources to inform strategic guidance and position papers to support UNICEF's contribution towards the implementation of the Global Vaccine Action Plan.

PAHO – Washington, D.C.

PAHO 1: Description pending

Timeliness of two-dose measles schedules and vaccination provided to children > 12 months of age

Supervisors: Samir Sodha and Stephanie Shendale, Expanded Programme on Immunization, Department of Immunizations, Vaccines, and Biologicals, World Health Organization, Geneva, Switzerland

Background

In 1974, the World Health Organization (WHO) launched the Expanded Program on Immunization (EPI) with a goal to protect every child against six specific vaccine-preventable diseases: diphtheria, pertussis, tetanus, measles, poliomyelitis, and tuberculosis. Initially, immunization schedules focused on vaccines against these diseases given in the first year of life. Subsequently, WHO has substantially increased the number of recommended vaccines to be given within immunization programs, however, many programs still perceive childhood immunization as a health intervention only for children less than 1 year of age and do not offer vaccinations to children over 1 even if the child was never vaccinated. Even when policies are in place to allow vaccination of children over age 1, this often does not translate to a change in practices.

There are multiple benefits to establishing a strong opportunity for immunization and other interventions in the 2nd year of life (2YL) to vaccinate children for primary doses, second/ booster doses and also to vaccinate children who missed vaccinations during their first year (catch up). However, the potential impact that a 2YL platform may have on increasing coverage of infant vaccinations has not yet been quantified on a global level.

Below is a link to the WHO 2YL page for further information:

http://www.who.int/immunization/programmes_systems/policies_strategies/2YL/en/

Scope of Work

The Immunization Delivery and Operations (IDO) team is seeking an intern to work under the supervision of WHO technical staff to undertake a project with the following aims:

1. Using the latest available nationally representative household survey data (DHS, MICS, etc.) undertake an analysis (using home-based record data) for countries with a two-dose measles (or measles-containing) vaccine schedule to assess what percentage of children received their **first** measles vaccination at the second scheduled contact
2. Using the latest available nationally representative household survey data (DHS, MICS, etc.) undertake an analysis (using home-based record data) for all available countries to determine:
 - a. the percentage of children receiving any infant vaccination (i.e. scheduled to be given <12 months per the national immunization schedule) when they are 12 months of age or older, and
 - b. the percentage and timeliness of infant vaccination doses scheduled and delivered between 12-23 months of age.
3. Calculate what effect these might have on increasing vaccination coverage and completion of the national immunization schedule (i.e. fully immunized child by 2 years)
4. If time allows, there will also be opportunities for the intern to be involved in other aspects of routine immunization strengthening work, including literature reviews and analyses of programmatic data related to capacity building work.

It is intended that peer-review publication(s) will arise from this work.

Required skills and knowledge:

- Knowledge of the basic principles of epidemiology and/or statistics
- Data analysis skills using statistical software such as Stata, SPSS, SAS or R
- Analytical thinking to explore the significance of any findings
- Experience with literature searches (PubMed and other databases)
- Good written and verbal communication, including the ability to document findings quickly and accurately

Period for the internship: Preferably September-December 2019, though other time periods can be discussed.

Modelling and Economic Research studies in Low- and Middle-Income Countries in the context of the Cervical Cancer Elimination Initiative

Supervisor: Raymond Hutubessy, Initiative for Vaccine Research, Department of Immunizations, Vaccines, and Biologicals, World Health Organization, Geneva, Switzerland

Background:

Cervical cancer affects over half a million women each year and kills a quarter of a million. One woman dies of cervical cancer every two minutes, making it one of the greatest threats to women's health. Each one is a tragedy, and we can prevent it. Most of these women are not diagnosed early enough, and lack access to life-saving treatment.

If we don't act, deaths from cervical cancer will rise by almost 50% by 2030. Cervical cancer strikes women in the prime of life. Cervical cancer is one of the most preventable and treatable forms of cancer, as long as it is detected early and managed effectively.

The Director-General of the WHO announced the *Cervical Cancer Elimination Initiative* (CCEI) in May 2018¹. As part of this WHO cross cutting plan of the work in collaboration with the WHO Reproductive Health Department and the NCD Department, the Initiative for Vaccine Research (IVR) team is involved in leading the CCEI Working Group 4 on *Modeling, Economics and Financing* related to HPV vaccination, screening and treatment of cervical cancer. The aim of the CCEI WG4 is to determine regional and national estimates of comprehensive cervical cancer prevention and control programme disease and economic impact at national level as an input a global investment case for cervical cancer up to the SDG 2030 goals.

In order to assist countries in the collection of local cervical cancer disease and economic impact evidence WHO and partners are engaged in performing modeling and economics studies including systematic reviews of published costing, cost-effectiveness studies and budget impact analysis of HPV vaccination, screening and treatment of cervical cancer data from low and middle-income countries. These reviews and global data bases are a crucial and integral part of various work packages ongoing within the WHO Initiative for Vaccine Research (IVR) under the guidance of Immunization and Vaccines related Implementation Research (IVIR) Advisory Committee for the CCEI². Tools included are the WHO Cervical Cancer Prevention and Control Costing Tool (C4P)³ and WHO Papillomavirus Rapid Interface for Modelling and Economics (PRIME)⁴ and WHO costing and impact OneHealth tool⁵. The WHO Guide on standardization of economic evaluations of immunization programs⁶ is a generic key document in WHO IVR's work on vaccine economics.

¹ http://www.who.int/reproductivehealth/DG_Call-to-Action.pdf

² http://www.who.int/immunization/research/committees/ivir_ac/en/index2.html

³ Hutubessy R et al. A case study using the United Republic of Tanzania: costing nationwide HPV vaccine delivery using the WHO Cervical Cancer Prevention and Control Costing Tool. BMC Med. 2012 Nov 13;10:136

⁴ Jit M et al. Cost-effectiveness of female human papillomavirus vaccination in 179 countries: a PRIME modelling study. Lancet Glob Health. 2014 Jul;2(7) and www.primetool.org

⁵ <http://www.who.int/choice>

⁶ See http://whqlibdoc.who.int/hq/2008/WHO_IVB_08.14_eng.pdf <http://www.who.int/immunization/>

Scope of Work:

The WHO IVR seeks an intern to work under the supervision of WHO technical staff of the implementation research (IMR) group to undertake a project with the aim to perform economic related systematic reviews and/or to assist in the development of cervical cancer disease and economic impact databases from low and middle income countries related to HPV vaccination and cervical cancer screening and treatment.

The detailed terms of reference can be tailored to the specific interests and experience of the intern. It is intended that a review publication will arise from this project.

Skills Necessary:

Fluency in English

Proficiency with quantitative research

Proficiency with Microsoft Excel, email and word processing software

Proficiency with literature searches on PubMed and preferably other databases

Training and experience in health economics

Sustainable immunization in MICS – review and analysis

Supervisor: Tania Cernuschi, Supply and Financing Team, Expanded Programme on Immunization, Department of Immunizations, Vaccines, and Biologicals, World Health Organization, Geneva, Switzerland

Background

The Middle Income Countries (MIC) strategy aims at improving sustainability of immunization programmes and access to vaccines in MICs not supported by Gavi. The MIC strategy is based on four pillars: i) Strengthening evidence-based decision-making; ii) Enhancing political commitment and ensuring financial sustainability of immunization programmes; iii) Enhancing demand for and equitable delivery of immunization services; and iv) Improving access to timely and affordable supply.

Following SAGE endorsement of the strategy in 2015, the WHO-led MIC Task Force initiated a country engagement process: in collaboration with key immunization partners WHO started multi-partner dialogues with four countries struggling with raising or maintaining high immunization coverage and/or introducing new vaccines. With each of these countries, the MIC Task Force has identified obstacles to achieving and sustaining the immunization system performance and potential solutions to reaching GVAP targets through plans of action.

In addition, some efforts to support all MIC countries in access to timely and affordable supply have been implemented. Notably, the set up of a peer platform and regional workshop to strengthen country procurement capacity; work on price transparency continues successfully with 85% of world (n. of countries) sharing vaccine product, price and procurement information since the beginning of WHO price transparency efforts and the recent launch of the Market Information for Access to Vaccine (MI4A) project. MI4A aims to:

- Enhance the understanding of global vaccine demand, supply and pricing dynamics and identify affordability and shortage risks;
- Convene all relevant global health partners to contribute to the development of policies, strategies and guidance to address identified risks;
- Strengthen national and regional capacity for improved access to vaccines supply.

MI4A focuses, in particular, on addressing the needs of self procuring countries that experience limited benefit from international support.

For more information on MI4A, please refer to the following web page:

<http://www.who.int/immunization/research/committees/pdovac/en/>

Scope of Work

The WHO EPI team seeks an intern to work under the supervision of the SFT team lead to support the development of a peer reviewed publication on sustainable immunization in Middle Income Countries. The intern will be asked to review existing publications and build on past work to investigate obstacles to sustainable immunization in MICs not eligible for Gavi support. Additionally, the intern will support analysis related to specific MICs based on the MI4A country engagement plan – currently under development.

The detailed terms of reference can be tailored to the specific interests and experience of the intern. It is intended that a review publication will arise from this project.

Skills Required

- Excellent written and verbal communication skills in English
- Proficiency with Microsoft Word, Excel, PowerPoint, and email
- Proficiency with literature searches on PubMed and preferably other databases

Leveraging Data to Strengthen Global Sentinel Site Vaccine-preventable Disease Surveillance Networks for Pediatric Diarrhea and Pneumonia

Supervisors: Adam Cohen, MD MPH, Fatima Serhan, PhD, and Tomoka Nakamura, MSPH, Strategic Information Group, Expanded Programme on Immunisation, Department of Immunizations, Vaccines, and Biologicals, World Health Organization, Geneva, Switzerland

Background

Pneumonia and diarrhea are the two leading killers of children worldwide. Fortunately, vaccines exist that can prevent the leading cause of pneumonia (pneumococcus) and diarrhea (rotavirus). These vaccines have the potential to save millions of lives globally, but are currently underused globally, although much progress has been made over the past few years as countries have decided to introduce the vaccines into their routine childhood vaccination programs.

The mission of the WHO Expanded Programme on Immunization (EPI) is to make vaccines available to all children worldwide. As part of that mission, the WHO recommends that countries conduct surveillance for pneumococcal and rotavirus diseases to demonstrate the burden of disease and the impact of vaccine when it is introduced. WHO coordinates global sentinel site surveillance networks for meningitis and pneumonia to monitor pneumococcus (Invasive Bacterial Vaccine-Preventable Diseases (IBVPD)) and for diarrhea to monitor rotavirus. In the last few years, WHO, Member States and partners have leveraged the Global Rotavirus Surveillance Network to monitor other causes of severe pediatric diarrhea through Global Pediatric Diarrhea Surveillance (GPDS).

The GPDS, rotavirus, and IBVPD surveillance networks, which currently include more than 200 surveillance sites in more than 60 countries, have been used by many countries to guide evidence-based vaccine policy decisions. WHO continually analyses the surveillance data to monitor global disease trends, report results to stakeholders and to improve the surveillance methods used. WHO publishes a surveillance bulletin [biannually](https://mailchi.mp/046b8f12e001/who-ib-vpd-and-rotavirus-surveillance-bulletin-june-1566245) (July 2018: <https://mailchi.mp/046b8f12e001/who-ib-vpd-and-rotavirus-surveillance-bulletin-june-1566245>) and convenes an annual global sentinel surveillance meeting in November.

We propose a project to leverage the surveillance data to strengthen the Global Sentinel Site Vaccine-preventable Disease Surveillance Networks for meningitis and pneumonia and pediatric diarrhea. This would include two parts: (1) analyzing global surveillance and laboratory data reported from Member States that are part of the WHO networks to summarize and publish in the WHO global surveillance bulletins and to present at the annual global surveillance network meeting and (2) conducting a discrete research project using the surveillance and laboratory data to inform global understanding of GPDS, rotavirus and invasive bacterial disease epidemiology and surveillance.

Scope of Work

The WHO EPI is seeking an intern to work under the supervision of WHO technical staffs to undertake a project with the following aims:

- Analyze surveillance and laboratory data for the WHO global surveillance bulletin and annual meeting
- Conduct a discrete research project to inform global understanding of GPDS and invasive bacterial disease epidemiology and surveillance. These projects could include descriptive epidemiology of rotavirus and pneumococcal disease globally or examining risk factors of pediatric rotavirus mortality.
- Assist in writing for the global surveillance bulletin and the global report of the annual meeting

The detailed terms of reference can be tailored to the specific interests and experience of the intern. A peer-reviewed publication and thesis may be developed from this project if the intern is interested. We will support the intern in the literature review, data analysis, and writing.

Skills Required

- Undergraduate degree, with some training in epidemiology
- Excellent written and verbal communication skills in English
- Proficiency with Microsoft Word, Excel, PowerPoint, and email
- Experience with literature searches on PubMed and preferably other databases
- Basic data analysis skills, such as with Stata or R

Skills Desired but not Necessary

- Experience in surveillance of infectious diseases, epidemiology, laboratory science (bacteriology, molecular biology, and/or virology), or global health
- Experience with large database analysis, using statistical software such as Stata or R

Period for the internship: Preferably September-December 2019, since that coincides with our annual global surveillance meeting, though we can discuss other time periods

Global vaccine policy. Scientific secretariat of the Strategic Advisory Group of Experts (SAGE) on Immunization

Supervisors: Dr Joachim Hombach, Senior Health Advisor and Dr Melanie Marti, Technical Officer, Immunization Policy Unit, Department of Immunizations, Vaccines, and Biologicals (IVB), World Health Organization (WHO), Geneva, Switzerland.

Background

SAGE is the principal advisory group to WHO for vaccines and immunization. It is charged with advising WHO on overall global policies and strategies, ranging from vaccines and technology, research and development, to delivery of immunization and its linkages with other health interventions. SAGE is concerned not just with childhood vaccines and immunization, but all vaccine-preventable diseases as well as cross-cutting issues such as pain mitigation during immunization and vaccine hesitancy. The intern will contribute to the work of the unit and assist in the formulation of evidence-based policy recommendations for immunization and the improvement of the related processes for the development of such policies both at global and country level. In particular the intern will be tasked to facilitate the functioning of SAGE, its related working groups and the development of global vaccination guidelines (vaccine position papers) and possibly to contribute to the strengthening of National Immunization Technical Advisory Groups and the monitoring of this activity.

Scope of Work

- attend and assist with conducting the October 2019 SAGE meeting;
- retrieve, review, summarize and present evidence relevant to SAGE and/or its related; working groups;
- attend SAGE working group and editorial board meetings (the IVB editorial board oversees the production of vaccine position papers);
- assist with drafting of WHO vaccine position papers;
- critically appraise and assess the strength of evidence and assist with the provision of evidence to recommendation tables in support of key recommendations;
- develop summary of WHO position papers as power point presentation to be published on WHO website;
- help with improvement of standard operating procedures for SAGE and its working groups;
- assist with SAGE related communication activities, such as the update or revision of SAGE websites or key documents.

The specific activities and project(s) will be agreed with the intern upon arrival and will depend on period set for the internship, its duration, as well as the skills and interests of the incumbent and evolution of the needs.

Skills Required

- Background in medicine, epidemiology, vaccinology, public health or data analysis;
- Good communication and writing skills;
- Proficiency with literature searches on PubMed and preferably other databases;

- Tact and ability to work with people of different technical and cultural backgrounds;
- Proficiency with email, web and MS Office software (Word, Excel, PowerPoint);
- Fluency in English;
- Working knowledge of either of Arabic/Chinese/French/Spanish/Russian would be an asset.

Period for the internship

Preferably September-December 2019, though other time periods can be discussed.

Analysis of caregiver attitudes and knowledge to vaccination during Missed Opportunities for Vaccination (MOV) assessments

Supervisors: Laura Lochlainn and Ike Ogbuanu, Expanded Programme on Immunization, Department of Immunizations, Vaccines, and Biologicals, World Health Organization, Geneva, Switzerland

Background

Missed opportunities for vaccination (MOV) include any contact with health services by a child (or adult) who is eligible for vaccination, which does not result in the individual receiving all the vaccine doses for which he or she is eligible. Estimates indicate that reducing MOV by making better use of existing vaccination services can result in up to 14% gain in immunization coverage.

In 2015, the WHO Expanded Programme on Immunization (EPI) began updating the methodology for assessing MOV, and a qualitative component was added. The aim of the MOV methodology is to assist countries in planning and conducting MOV assessments. A MOV assessment can help a country identify the magnitude and causes of MOV and develop tailored interventions to address them. Since 2015, 11 countries, mainly in the African Region, have completed MOV assessments, with support directly or indirectly from the Immunization Policies and Strategies team in EPI.

During the assessments, field teams are trained to collect data electronically through use of handheld tablets installed with data collection platforms such as *Zegeba* or OpenDataKit (ODK). The teams collect demographic information about caregivers, in addition to a variety of information about caregiver attitudes and knowledge of vaccines, vaccination history of their children and satisfaction with vaccination services. Qualitative data collection includes focus group discussions or in-depth interviews with caregivers, health workers and health facility managerial staff.

Below is a link to the MOV page for further information:

http://www.who.int/immunization/programmes_systems/policies_strategies/MOV/en/

Scope of Work

The Immunization Policies and Strategies team is seeking an intern to work under the supervision of WHO technical staff to undertake a project with the following aims:

- Analyze quantitative data from MOV country assessments to examine differences in caregiver attitudes and knowledge to vaccination and stratify based on the age, education, distance from health facility and other key variables. This analysis could lead towards targeted approaches to increase caregiver knowledge about vaccination, which could reduce MOV.
- If time allows, there will also be opportunities for the intern to be involved in other aspects of the MOV stream of work, including analysis of qualitative MOV data, and/or a literature review on strategies to address causes of MOV in low and middle income countries.

It is intended that peer-review publication(s) will arise from this work.

Required skills and knowledge:

- Knowledge of the basic principles of epidemiology and/or statistics
- Data analysis skills using statistical software such as Stata, SPSS, SAS or R
- Analytical thinking to explore the significance of any findings
- Experience with literature searches (PubMed and other databases)
- Good written and verbal communication, including the ability to document findings quickly and accurately

Period for the internship: Preferably September-December 2019, though other time periods can be discussed.

Total Systems Effectiveness (TSE): Developing the R&D Use Case for vaccines in Low- and Middle-Income Countries

Supervisor: Birgitte Giersing, Initiative for Vaccine Research, Department of Immunizations, Vaccines, and Biologicals, World Health Organization, Geneva, Switzerland

Background

Low and middle-income countries (LMICs) continue to face challenges in achieving effective immunization, with coverage rates that are below target, persistent equity issues within health systems, and sub-optimal supply chains that deliver doses with reduced potency. The next decade will likely see a shift towards the increased development of differentiated vaccine products, with attributes that are intended to address these challenges, including innovative delivery approaches to reach under-immunized populations. Characterization of the barriers within immunization programmes, and an understanding of how products with different attributes may help to overcome them, will be critical for country decision-making, and to enable the most efficient and effective use of limited resources. Clearer and well-defined priorities with respect to vaccine preferences of countries is fundamental to articulating demand, and incentivizing product development and manufacture of vaccines that meet country needs, particularly in the constrained environments of LMICs.

Total Systems Effectiveness (TSE) is a novel framework that has been developed by the World Health Organization (WHO) to evaluate the public health value of vaccines from the perspective of low- and middle-income countries. To date, we have evaluated the utility of this framework to assist with vaccine product evaluation and selection in 3 LMIC countries, with encouraging results. Long term, WHO aspires to use TSE as a platform to assess and convey the LMIC preferences of both pipeline and existing vaccines and collaborate with partners to advocate for and incentivize the development, manufacture and roll-out of vaccine products that meet LMIC demand. This project will focus on conceptualization of this objective, and to consider how TSE may be used to inform decisions related to R&D priorities and investment.

Scope of Work

This project will focus on aspects of understanding the barriers to effective immunization in the context of a specific country, and how this information could be synthesised to identify which product or combination of products for a particular vaccine would best be deployed in the context of those barriers, depending on the product attributes. Hand in hand with this effort will be the identification of priority product preferences for that vaccine, and consideration of how this would be incorporated into elements of its target product profile – as well how it may inform use case scenarios (and therefore potential demand from LMICs).

Skills Required

- Undergraduate degree in epidemiology or natural sciences
- Excellent written and verbal communication skills in English
- Proficiency with Microsoft Word, Excel, PowerPoint, and email
- Experience with literature searches on PubMed and preferably other databases

Skills Desired but not Necessary

- Experience with scientific writing or literature reviews

Period for the internship: Preferably Q2 or Q3 2019, though we can discuss other time periods

Gavi – The Vaccine Alliance #1 of 1

Supporting evidence-based decision-making at Gavi, The Vaccine Alliance

Supervisors: Hope Johnson, PhD, Director Monitoring and Evaluation and team

Objectives:

Background:

Gavi, The Vaccine Alliance, has a strategic framework for the 2016-2020 period which includes a strong focus on data. Both for driving decisions at Gavi and the countries we work within.

Looking externally, the strategic framework for 2016-2020 includes a strong emphasis on data availability, quality, and use at the sub-national, national and global levels. The three focus areas for data are: immunisation delivery, coverage and equity (DCE), vaccine preventable diseases (VPD) surveillance and vaccine safety. Gavi is also developing its next strategy for 2021-2025 (“Gavi 5.0”).

Looking internally, the Monitoring and Evaluation (M&E) team manage indicators and analytics that aim to support the organisation in their decision making.

Under the supervision of M&E leadership, the intern will contribute to the work of the team, assisting in the implementation of the Gavi 2016-2020 data strategy and/or and contributing to M&E work streams for the development of the Gavi 5.0 strategy.

For more information on the Gavi 2016-2020 strategy please see:

<http://www.gavi.org/About/Strategy/Phase-IV-2016-20/>

Scope of Work:

- Update and disseminate key strategy and Alliance indicators and analytics.
- Support specific sets of analysis – includes working with stakeholders to define analysis, performing analysis, generating the presentation materials and presenting. More specifically analyses will contribute towards
 - Development of the Gavi 5.0 strategy
 - Reviewing progress to date on the Gavi Data Results Framework
- Compiling information and preparing documentation and presentations for Technical Consultation Group meetings, workgroup sessions, internal and external meetings, etc. Conducting literature reviews is often an instrumental area in lending this support.
- As and when required, the intern may be asked to provide support to other activities/projects or to help out on day-to-day operational work.

Note: Discussions would be held with the selected candidate to determine a mutually agreeable and specific scope of work that draws from the above points.

Necessary skills:

Languages: Fluency in English. Working knowledge of French or other UN language is desirable.

Computer skills: Proficiency with Microsoft Excel (Advanced preferable), Word, PowerPoint and e-mail. Experience with database software such as Microsoft Access and statistical software such as Stata and/or R is desirable. Familiarity with databases utilized for performing a literature search is also an asset.

Other skills and experience:

- Strong analytical skills
- Excellent written communication and presentation skills
- Ability to work independently and demonstrate initiative and flexibility

Analysis of information and secondary data from multiple data sources to inform strategic guidance and position papers to support UNICEF's contribution towards the implementation of the Global Vaccine Action Plan.

Supervisor: Robin Nandy, MD. Chief of Immunization.

Background:

Immunizations are among the most effective public health interventions. In addition to saving lives, protecting children from preventable illnesses and preventing outbreaks among communities it also give a high return on investment, relative to other public health interventions. Despite substantial progress in the last few decades, immunization programmes have largely stagnated and approximately one in five children do not receive the full complement of vaccinations to prevent them from contracting a vaccine preventable disease. In most cases, the children who do not receive vaccinations are among the most marginalized and vulnerable and are those who need vaccinations most.

UNICEF works with governments to enhance their vaccination coverage with a focus on achieving equity and quality of services. This is done through a comprehensive approach involving policy advocacy; influencing vaccine production and supply; vaccine procurement; market shaping; providing technical support in identifying and resolving supply side and demand related bottlenecks; community engagement and leveraging of resources. This multipronged approach is adopted to address complex problems that may not be resolved through a single approach. In addition, UNICEF sees immunization as a platform to deliver other proven child survival interventions in addition to vaccines. Therefore, UNICEF's efforts to strengthen immunization systems provides an entry point for its overall health system strengthening approach – the primary focus of UNICEF's new Health Strategy.

UNICEF's immunization programmes focus on:

- Expanding immunization coverage and vaccinating the hard to reach
- Purchasing vaccines for more than a third of the world's children
- Improving the cold chain to keep vaccines at the recommended temperature to retain potency
- Engaging communities to enhance awareness on child vaccinations
- Supporting the eradication of polio
- Working towards a world without measles, rubella and neonatal tetanus
- Introducing new vaccines

Scope of work:

The UNICEF immunization team seeks interns to work under the supervision of UNICEF technical staff to undertake a number of analytic and strategic projects which are aimed at improving global evidence as well as inform UNICEF's future directions in immunization.

A list of potential projects may include, but are not limited to the following:

- Literature review on strategies to improve vaccination coverage and equity in different contexts, populations and subpopulations.

- Secondary analysis of DHS/MICS data on the equity dimensions among the unvaccinated in different contexts.
- Analysis and reviews of the process of polio transition as a part of the polio end game strategy.
- Review of current GAVI Strategy and approaches to ensure sustainability in immunization financing.
- Documentation of UNICEF/WHO supported equity assessments in selected countries and recommendations to improve the impact on coverage.
- Primary qualitative and quantitative data collection and analysis to assess the effectiveness of UNICEF's support to both vaccine supply and demand promotion.
- Conduct primary data analysis to determine UNICEF's contribution to increasing coverage on the first doses of measles containing vaccine (MCV1).
- Develop case studies on UNICEF's efforts to enhance 2nd dose MCV coverage in selected countries in order to inform future efforts in this areas of UNICEF's work.
- Support comparative economic benefit analysis in selected GAVI supported versus countries using UNICEF procurement services / pooled procurement vs countries procuring directly.
- Comparison of impact and cost-effectiveness of supplementary and routine immunization in a complex humanitarian emergencies – development of case studies.
- Data analysis and documentation of UNICEF's approaches to use immunization as an entry point for Health Systems Strengthening and how these approaches may be applicable to different contexts and the implications for replication at scale.
- Review UNICEF approaches towards integrated service delivery and the potential for the immunization platform to contribute to raising the coverage of other child survival interventions.
- Support the review of evidence to guide UNICEF's approaches to support immunizations beyond the traditional infant immunization platform, notably maternal and adolescent immunization.

Skills & Qualifications

- Commitment to the field of international public health.
- Some experience in international public health & basil epidemiology.
- Ability to work independently and demonstrate initiative and flexibility.
- Strong verbal and written communication skills.

Description pending