Jordan

Learning Forum: Middle-income Countries New Vaccine Introduction Experiences

Geneva, Switzerland, 23-25 April 2024

Coverage & Key Indicators

	HPV	Rota	PCV
Introduction Status	Not introduced	Nationwide	Not introduced
If Yes, from which year		2015	
If No, or pilot, from which year introduction or nationwide scale-up is planned	Still unknown. Cost-effectiveness analysis is planned in 2024		2024

Key Challenges and Strategies

Achievements/Strengths	Existing school-based vaccination programme that has been running for years. Presence of sufficient healthcare workers.	The immunization scheduling allowed introducing rotavirus without increasing number of visits. Extensive, well distributed network of health facilities. Strong NITAG that supported the introduction of rotavirus vaccination at the time. Strong political will and high acceptance of the national immunization programme.	The existence of PCV in the private sector for years and the availability of three products approved by the NRA (the fourth is under review). Extensive network of healthcare facilities & centers. Extensive investment in vaccine cold and supply chain that improved the existing capacity. Recent capacity building activities targeting all vaccinators in Jordan. Increased sensitivity of VPDs surveillance through enhanced reporting.
Challenges	Lack of reliable data that can aid the decision makers in understanding the real burden of the disease and he cost-effectiveness of introducing HPV vaccine. This is seen in cervical cancer recording. Limited knowledge and awareness of healthcare workers surrounding HPV vaccine. Healthcare workers isn't routinely recommending HPV vaccine. The priority is shifted toward PCV and varicella vaccines introduction. Acceptance of vaccines by the society might be a problem due to stigmatisation building on cultural and traditional factors.	The sentinel surveillance for rotavirus was stopped shortly before the introduction of rotavirus vaccine which prohibited collection of relevant data to compare pre/ post vaccination showing the impact of vaccine introduction. Procurement of the vaccine through local tenders leads to reliance on local agents increasing the cost of the vaccines and limiting competitiveness.	Limited role of NITAG in advocacy as result of its reformulation. After two years of being inactive (during COVID-19), the NITAG was reformulated and the majority were new members with no previous experience in the field which limited its role compared to what was evident during rotavirus introduction. This could also be linked to the absence of motivation among NITAG members. Financial constraints and the reallocation of immunization budget to other budget lines. This was particularly evident with the emergence of COVID-19 and reallocation of resources. Limited availability of local data surrounding PCV.
Partner Support			
Gaps	Awareness of healthcare workers on HPV vaccine. The need for data, evidence and open-discussion surrounding HPV as there is huge resistance even among the health sector. This could be extended to the community.		The need to evaluate the expenditure of the NIP and improve the allocative efficiency. Strengthen existing surveillance.
Possible Strategies	Reliance on local data to guide the decision to introduce HPV vaccine. Open policy dialogues.		NITAG Capacity building. Increase partnership and collaboration with academia and research institutes.

Gavi The Vaccine Alliance

Linked Immunisation Action Network