

Immunization Matters

News from PATH on vaccine uptake and access



Bangladesh introduces typhoid conjugate vaccine

In October, Bangladesh [introduced typhoid conjugate vaccine](#) (TCV) into its routine immunization program, beginning with a month-long nationwide campaign to vaccinate nearly 44 million children aged 9 months to younger than 15 years. The campaign is reaching eligible children through schools and community vaccination sites. Bangladesh has one of the highest typhoid burdens with more than 600,000 cases per year including a high burden of drug-resistant typhoid. The country's TCV introduction is expected to decrease typhoid cases, protecting children against typhoid and reducing health care costs associated with treatment. Bangladesh is the eighth Gavi, the Vaccine Alliance-eligible country to introduce TCV.

PATH, as part of the [Typhoid Vaccine Acceleration Consortium](#), partnered with Bangladesh's Expanded Programme on Immunization (EPI) and other partners throughout the country's TCV decision-making and introduction process. PATH assisted with the application for Gavi support and collaborated with the Ministry of Health and other partners to support TCV planning and the campaign, supporting health care worker training, communications strategy development, social mobilization and community engagement activities, and campaign supervision in several districts.

EuTYPH-C Inj.[®] Multi-dose Phase 3 study results demonstrate strong safety and immunogenicity

Results from a pivotal Phase 3 clinical study of EuTYPH-C Inj. Multi-dose, a TCV, were [recently published](#) in *The Lancet Global Health*. The [results](#) show the vaccine to be safe and well tolerated across all age groups, with a similar safety profile to the comparator vaccine, a licensed, World Health Organization (WHO)-prequalified TCV. The vaccine also induced a strong immune response that was non-inferior to the comparator vaccine in children 9 to 12 months of age and did not interfere with immune responses when co-administered with other childhood vaccines.

[PATH led](#) this Phase 3 study in collaboration with EuBiologics Co., LTD, which was conducted at clinical trial sites in Kenya and Senegal. The results from this study are the key data that supported licensure from the Korean Ministry of Food and Drug Safety and are a critical part of the data package for WHO prequalification. Should the vaccine become WHO-prequalified, it would be eligible for procurement from UNICEF and provide another option for countries considering TCV introduction and help ensure a stable vaccine supply.

Turning trust into coverage: Youth-led efforts raise malaria vaccine uptake

Young volunteers in the Democratic Republic of the Congo are turning doubt into trust—one conversation at a time. Their most urgent mission has been [raising awareness of malaria vaccine rollout](#).

A rapid survey carried out across ten health zones in Kongo Central, the country's westernmost province, revealed that only a fraction of caregivers interviewed were willing to bring their children for vaccination. In response, PATH partnered with UNICEF to launch a youth-led communication challenge aimed at increasing vaccine demand in communities most at risk of low uptake. The initiative combined UNICEF's communities of young

volunteers with where PATH was providing intensive support to the EPI in seven health zones in Kongo Central. The PATH technical assistance model strengthens three pillars essential to vaccine uptake: coordination, demand generation, and data systems.

PATH efforts to enhance routine immunization in middle-income countries

Millions of zero-dose and under-immunized children live in middle-income countries, defined as a country where the per capita gross national income is between US\$1,086 and \$13,205 (2022). As global donor support shifts, fewer resources go to middle-income countries, placing increased responsibility for immunization financing for routine immunization and new vaccine introduction on local policymakers. PATH worked with the governments of Indonesia, Ukraine, and Vietnam, to improve routine immunization rates by identifying barriers and challenges to immunization before working with local stakeholders to implement solutions.

Many local organizations have strong relationships with the community but lack the specific immunization expertise to support routine activities. PATH worked with [local civil society or community-based organizations](#) in each country to provide communications training, develop or update materials, and to provide monitoring and supervision so the organizations were empowered to take on new roles supporting routine immunization. In Indonesia, the project reached more than 200 zero-dose or under-immunized children. PATH developed a microplanning tool to support health care workers in tracking children's immunizations and clarifying vaccine supply demands, as well as a budget tool and budget advocacy training to help sub-national leaders, health care workers, and partners identify the resources needed for immunization activities and to advocate for additional funds or resources when needed. In Ukraine, one health care worker called the microplanning tool "a magic smart tool that knows everything." [Learn more about PATH's work to support routine immunization in middle-income countries.](#)

DefeatDD bids a-doo

After 15 years of breaking the poo taboo, PATH's DefeatDD Initiative will sunset at the end of 2025. The landscape is dramatically different from when the Initiative first began. At the

time, rotavirus vaccines were brand new, and today they are available in more than 120 countries; World Toilet Day is an officially recognized United Nations global observance; deaths from diarrhea have plummeted. None of these things could have happened without awareness. It has been an honor to serve as a platform for the lifesaving work of child health champions around the globe, and lots of fun, too. Whether you contributed poo haikus, enjoyed one of our toilet-shaped calendars, posed at a conference with Poo Guru, sipped on a poo-tini at one of our events, or shared our resources over the years, thank you for joining the movement. We hope this [case study](#) provides ins-poo-ration for the remaining work ahead, because children around the world still need your voice. Keep making a stink!

Insights on reaching out-of-school girls with HPV vaccination in seven countries

In recognition of [World Cervical Cancer Elimination Day](#) on November 17, PATH is sharing [new results](#) from a qualitative study about strategies for reaching out-of-school (OOS) girls with human papillomavirus (HPV) vaccination in low- and middle-income countries (LMICs). OOS girls are frequently missed by HPV vaccination campaigns where vaccine delivery is often centered at schools. On behalf of the [HPV Vaccine Acceleration Program Partners Initiative \(HAPPI\) Consortium](#), PATH conducted interviews with 77 stakeholders in Bangladesh, Burkina Faso, Ethiopia, The Gambia, Mali, Senegal, and Solomon Islands to identify innovative strategies, challenges, and opportunities to vaccinate OOS girls against HPV.

The study results, summarized in a [project brief](#) and [slide deck](#), indicate that localized microplanning and community engagement efforts are necessary to identify OOS girls for HPV vaccination. In addition, engaging a diverse range of stakeholders early in HPV vaccination planning, providing community and village health workers with incentives for their outreach efforts, and using varied outreach and service delivery platforms can help reach more OOS girls with HPV vaccines. For countries switching to a single-dose HPV vaccination schedule, the cost and human resource savings from the switch can be reinvested into outreach and communication efforts to reach OOS girls. The HAPPI Consortium hopes that these findings can help other LMICs with strategies for ensuring OOS girls receive HPV vaccine.

INTERVIEW

Q & A with Cathy Ndiaye

Cathy Ndiaye is the Director of HPV Vaccine Programs at PATH. In 2026, she will add management of the Single-Dose HPV Vaccination Evaluation Consortium to her portfolio. We spoke with her about her experience in HPV and her vision for the Consortium in 2026.



Q: You have specialized in HPV from the beginning of your career. Can you share your motivation and experience?

A: I have always been driven by the desire to reduce preventable deaths in communities, especially among girls and women. Seeing women as young as 40 to 50 years old die from a vaccine-preventable cancer is heartbreaking. My own family, too, has been impacted by this disease.

Today at PATH, I provide technical support to national decision-makers introducing or implementing HPV vaccination programs. Providing data on HPV vaccination and its potential impact is a critical piece of this; so is building strong relationships with policymakers, implementation partners, and families to facilitate trust. Understanding challenges helps us improve reach and uptake of vaccines.

Q: At the new lead of the Single-Dose HPV Vaccine Evaluation Consortium, what is your vision for the year ahead?

A: [The Consortium](#) has much success to build upon in the year ahead. Since WHO's recommended use of alternative single-dose HPV vaccination schedules in 2018, more than 80 countries have adopted a single-dose schedule. I use materials generated by the Consortium to present evidence whenever I participate in national policy discussions. In turn, this has enabled me to elevate frequently asked questions to continue to refine the Consortium resources and ensure they are fit-for-purpose. I look forward to continuing to strengthen that feedback loop and to bringing an implementation lens to the scientific discussions, especially as countries weigh options for maximizing the potential of single-dose schedules to expand reach and accelerate the elimination of cervical cancer.

RESOURCES AND OPPORTUNITIES

New and updated resources

[Applying next-generation sequencing for vaccine development and testing](#)

[DefeatDD case study](#)

[Insights on Reaching Out-of-School Girls with HPV Vaccination from Seven Low- and Middle-Income Countries](#) slide deck

[MICS resource page](#)

[On the verge of RSV disease prevention: A communications toolkit](#)

[The Operational Impact of Switching from a Two-Dose to a One-Dose HPV Vaccination Schedule: Lessons Learned from Burkina Faso, Ethiopia, and Solomon Islands](#) report

[PATH joins WHO's Global Clinical Trials Forum](#)

[Project Brief: Insights from Seven Low- and Middle-Income Countries on Reaching Out-of-School Girls with HPV Vaccination](#)

[RSV clinical trial tracker](#)

[RSV vaccine and mAb snapshot](#)

New scientific publications

[Development of MenFive, an affordable pentavalent meningococcal conjugate vaccine \(ACYWX\) for Africa and beyond](#)

[Immunogenicity and safety of a meningococcal conjugate vaccine administered with routine EPI vaccines in African infants and toddlers](#)

[A multi-center, observer-blind, randomized, Phase 3 study to evaluate safety, non-inferiority of multi-dose and single-dose vial formulations of EuTCV \(Vi-CRM197 typhoid conjugate vaccine\) and lot-to-lot consistency of the immune response to multi-dose vial formulation EuTCV in healthy participants in Kenya and Senegal](#)

CVIA at upcoming events

[RSV Vaccines for the World Conference](#)

February 17 to 20

Rome, Italy

[International Symposium on *Streptococcus agalactiae* Disease \(ISSAD\)](#)

February 23 to 25

Nairobi, Kenya

[International Maternal Newborn Health Conference](#)

March 23 to 26

Nairobi, Kenya

[International Conference on Typhoid and Other Invasive Salmonellosis](#)

March 24 to 26

Phnom Penh, Cambodia

PATH's [Center for Vaccine Innovation and Access](#) brings together our expertise across every stage of the long and complex process of vaccine research, development, and delivery to make lifesaving vaccines widely available to children and communities across the world.

SUBSCRIBE

[Immunization Matters](#)

provides updates on vaccine uptake and access.

[Moving the Needle](#) provides

updates on vaccine development.

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