



GLOBAL IMMUNIZATION NEWS

*The information contained in this Newsletter depends upon your contributions
Please send inputs for inclusion to: dassanayakehe@who.int*

21 April 2006

TECHNICAL INFORMATION

CAPACITY BUILDING & TRAINING

21/04/06 from Jhilmil Bahl, WHO/HQ:

Immunization in Practice is now available in French. For the electronic version, please refer to the following website:

http://www.who.int/immunization_delivery/systems_policy/IIP_fr/en/index.html

Hard copies or CD-ROMS can be obtained by emailing epitraining@who.int.

Immunization in Practice has been locally translated into Vietnamese, Korean, Russian and now into Nepalese. Please let us know if you are aware/plan to translate into other local languages.

GLOBAL IMMUNIZATION MEETING

21/04/06 from Tracey Goodman, WHO/HQ:

The first joint WHO-UNICEF-GAVI Global Immunization Meeting was held in Geneva, Switzerland from 27-29 March 2006, with the purpose of providing a technical update to WHO and UNICEF regional and country staff as well as immunization partners. Such a technical update was needed to give all involved in immunization a common understanding of the current status and near future plans in the immunization world, particularly after the endorsement of GIVS, the beginning of a second phase of GAVI second phase, and new funds availability (e.g. through IFFIm). The meeting followed the basic structure in GIVS:

1. How to improve routine vaccination and support the accelerated disease control initiatives;
2. Introducing new vaccines, including an update on the Hib Initiative and the status of pneumococcal and rotavirus vaccines;
3. Experiences in integration of EPI with other programmes (including malaria interventions).

The GAVI Secretariat outlined GAVI Phase II policies and rules. Regional break-out sessions were conducted throughout the meeting, enabling the

regional staff to voice their successes and concerns to a broader audience in the immunization world.

It is intended to hold a similar meeting annually, the next one being planned for early February 2007.

HUMAN PAPILLOMAVIRUS (HPV)

21/04/06 from Robin Biellik, PATH:

Vaccines against HPV infections have the potential to be a practical and cost-effective way to reduce the incidence of cervical cancer. Regulatory approval of two candidate HPV vaccines that protect against the most common cancer-causing HPV types (HPV 16 and 18) is expected soon.

The forthcoming introduction of a HPV vaccine into a national health-care system is an exciting prospect, but also raises a number of technical and programmatic issues because of the nature of this vaccine.

To assist countries to prepare for the future availability of this new tool for cervical cancer prevention, a guidance note for policy makers and programme managers will be developed by WHO and UNFPA.

To define the key issues that need to be addressed in this guidance note and to discuss the actions to be developed and implemented, WHO and UNFPA convened a **Technical Consultation on Sexual and Reproductive Health Programmes and HPV Vaccines** in Montreux, Switzerland from 14-16 March 2006. This meeting provided an update on HPV vaccine research, clinical trials, and socio-cultural acceptability studies. Country perspectives with regard to the introduction of HPV vaccines were also presented. Working groups discussed the information presented and made recommendations on issues related to health systems; target populations; advocacy and information; monitoring and surveillance, and identified outstanding research questions.

The conclusions of the meeting highlighted how HPV vaccines will bring National Immunization Programmes into the expanding arena of schoolchild and adolescent vaccination; how Sexual and Reproductive Health programmes will have to partner with NIPs and other groups to provide information, and counselling for (pre)adolescents, women and communities about cervical cancer and HPV vaccine, how Cancer Control Programmes and National Health Authorities will confront difficult decisions regarding prioritizing interventions for prevention of cervical cancer; and lastly how the HIV/AIDS community could benefit from the experience of HPV vaccine introduction as a model for introduction of an eventual HIV vaccine. The overlap between these interests and the potential for innovative partnerships is remarkable.

International health policymakers now have the opportunity to focus lessons learned from the introduction of other vaccines, ongoing cervical cancer control and sexual and reproductive health programs to have a significant impact on an important cause of women's morbidity and mortality worldwide. The next five years will be key to ensuring that developing country women have access to comprehensive cervical cancer control programmes, and to defining the role of HPV vaccine in them.

MATERNAL & NEONATAL TETANUS

21/04/06 from Suzanne Zomahoun (UNICEF Mali) & Jos Vandelaer (WHO/UNICEF Geneva): In Mali, TT SIAs have been completed. Of the total 59 districts, 53 districts have been targeted with three rounds of TT SIAs between 2002 and 2005. Only six communes in Bamako have been excluded, as they were considered to be low risk areas for neonatal tetanus.

In total, 2.3 million women aged 15-49 years have been targeted in these TT campaigns. A total of 2.1 million (90%) women received at least two doses of TT, while 1.6 million (70%) received three doses of TT. In addition, the six districts that reported TT2 coverage below 80% in the SIAs were targeted with a corrective round in March 2006 (414,467 women). The results of these corrective rounds will be available shortly.

The country will continue to focus on strengthening its routine EPI program, including integrated disease surveillance. The role of traditional midwives in community-based surveillance and in providing clean deliveries is being reinforced.

Validation of MNT elimination in Mali is expected later this year.

MENINGITIS & PNEUMONIA

21/04/06 from Patrick Zuber, WHO/HQ: Bi-regional Meeting on "Preventing Childhood Pneumonia & Meningitis with Vaccination:

The WHO regional offices for South East Asia and Western Pacific convened a regional forum with 13 countries from Asia and the Pacific to address bacterial pneumonia and meningitis prevention from 30-31 March 2006 in Kuala Lumpur, Malaysia. The meeting reviewed existing evidence about disease burden attributable to Hib and *Streptococcus pneumoniae* as well as the impact and economic aspects of immunization.

Each participating country described their decision-making process and, for those having already introduced Hib-containing vaccines, their experience in assessing vaccine impact and sustaining vaccine use through domestic financing. Several countries presented recent data suggesting that the burden of meningitis and pneumonia attributable to Hib could be higher than previously measured with etiologically proven disease surveillance. Similar studies are under-way to assess the burden attributable to *S. pneumoniae*.

The Hib Initiative and the PneumoADIP, two GAVI-supported projects, are collaborating with many of the poorest countries in that part of the world to assist with evidence-based decision-making regarding use of conjugate vaccine. The meeting provided several useful action points that will be supported by both projects.

21/04/06 from Monique Berlier, PATH: On 15 March 2006, the **Meningitis Vaccine Project (MVP)**, a partnership between WHO and PATH, and the Serum Institute of India Limited (SIIL) announced the successful completion of their phase I clinical trial of new conjugate vaccine against serogroup A meningococcus, the bacterium that causes deadly meningitis epidemics and much human suffering in sub-Saharan Africa.

The phase I study was designed to determine the safety and immunogenicity of the new "PsA-TT" conjugate vaccine in healthy volunteers enrolled at three clinical sites in India: B.Y.L. Nair Hospital (Mumbai), King Edward Memorial Hospital (Mumbai) and Nizam's Institute of Medical Sciences (Hyderabad). A total of 74 subjects participated in the double-blind, randomized study that compared the PsA-TT vaccine to a reference vaccine currently used to fight epidemic meningitis in sub-Saharan Africa and to a control vaccine that is commonly used against tetanus. The new conjugate vaccine proved to be safe and as immunogenic as the comparator polysaccharide (un-conjugated) vaccine.

As a result of the successful phase I clinical study, MVP and SIIL will proceed to test the vaccine in Africa where the new vaccine will become part of

the public health arsenal in the fight against meningococcal epidemics that have been plaguing the continent for more than 100 years. Pivotal phase II clinical studies could start this summer in Mali and the Gambia.

Copies of the full press release can be accessed from the following links:

English: <http://www.meningvax.org/files/press-0603-improved.htm>

French: <http://www.meningvax.org/files/press-0603-improved-fr.htm>

ROTAVIRUS

21/04/06 from Robin Biellik, PATH:

The 7th **International Rotavirus Symposium** will be held in Lisbon, Portugal during 12-13 June 2006. The symposium will be sponsored by Sabin Vaccine Institute, PATH/Rotavirus ADIP and CDC.

A meeting on **Rotavirus Vaccine Development: Upstream Candidates and Role of Emerging Vaccine Producers** was held at WHO/HQ, Geneva from 28-30 March 2006.

Report on the Meeting on Economic Burden of Rotavirus Disease and Cost-effectiveness of Rotavirus Vaccination: In recent years, several studies to define the economic burden of rotavirus disease and the impact and cost-effectiveness of rotavirus immunization have been conducted. WHO and PATH's Rotavirus Vaccine Programme (RVP), working closely with CDC organized a meeting on 23-24 March 2006 at WHO/HQ to present recent findings, strengthen future economic evaluations of rotavirus gastroenteritis and the cost-effectiveness of rotavirus vaccine, and explore communication and advocacy messages to bridge the gap between research findings and informing national policies and programs.

Participants reviewed estimates of the economic impact of disease and the cost-effectiveness of rotavirus vaccine from a country, regional and global perspective, identified the main drivers of cost effectiveness, and derived recommendations for conducting cost-effectiveness analyses at a country level. Researchers presented cost and cost-effectiveness results for Bangladesh, Ghana, Hong Kong, Peru, South Africa, and Vietnam. The main drivers of costs and cost-effectiveness were identified as the burden of disease, vaccine effectiveness, timing of vaccination, vaccine cost, additional immunization program costs (particularly the cold chain), model structure and study perspective.

Future studies should be both well targeted to meet the countries' information needs, but also conducted to support regional and global decisions to introduce a rotavirus vaccine. Specific workshop recommendations include:

- Identify surveillance areas where additional cost data can be collected;

- Continued use of WHO guidelines for estimating the costs of diarrhoeal disease, with the development of a modified protocol for cost assessment;
- Standardize guidelines for uncertainty ranges for key variables;
- Standardize the thresholds to compare cost-effectiveness ratios and provide guidelines on the interpretation of results;
- Provide guidelines on how to compare cost-effectiveness to affordability using national accounts and budgetary data from national immunization programs at the country level;
- Create a cost-effectiveness analysis checklist, based on the key elements of recommended methods and analysis;
- Utilize this checklist at the upcoming training meeting on cost-effectiveness of new vaccine introduction being held by PAHO in June 2006.

21/04/06 from Deborah Phillips, PATH: Representatives from PATH's Rotavirus Vaccine Programme visited Nairobi and Kisumu, Kenya, and met with in-country CDC and KEMRI officials to identify sites for clinical trials to determine the safety and efficacy of rotavirus vaccines in developing country settings. The trials will be conducted in partnership with RotaTeq vaccine manufacturer Merck and will be initiated later this year. A study to determine the safety and efficacy of the Rotarix vaccine produced by GlaxoSmithKline is underway in South Africa.

PUBLICATIONS

NEWLY PUBLISHED WHO DOCUMENTS

21/04/06 from Alison Brunier & Mario Conde, WHO/HQ: At the end of March 2006, a full-colour advocacy document entitled **WHO immunization work: 2005 highlights** was published. Its intended audience is broad and includes immunization partners, existing and potential donors and WHO Member States. A copy was given to King Harald V and Queen Sonja of Norway on their recent visit to WHO.

The report focuses on the achievements of WHO in the area of immunization during 2005. Additional sections include:

- The mission and key messages;
- Immunization milestones;
- The most recent global immunization data;
- Success factors for further progress;
- The cost of immunization;
- Investing in immunization;
- List of WHO press materials and key publications issued last year.

The new structure of WHO's Department of Immunization, Vaccines and Biologicals (IVB) is

provided, as well as information on WHO's immunization budget and funding.

The electronic version can be accessed at http://www.who.int/immunization/WHO_Immunization_highlights2005.pdf. Copies can be obtained from the IVB Document Centre, email: vaccines@who.int

GAVI-RELATED INFORMATION

REVIEW PROCESS

The next **Proposals Review** will be held from 26 June - 5 July 2006. The **deadline** for receiving applications is **2 June 2006**.

The next **Monitoring Review** will be held from 6-16 June 2006, and the **deadline** for receiving reports is **12 May 2006**.

The second **Proposals Review** for 2006 is scheduled in October with the **deadline** of **6 October 2006**. The IRC will review the proposals for **HSS** for the first time in this round.

COUNTRY INFORMATION¹ BY REGION

AMERICAS

REGIONAL INFORMATION

21/04/06 from PAHO:

Rotavirus Vaccine Update

A meeting was held in Rio de Janeiro from 8-10 March 2006 to establish a **sentinel surveillance network for the monitoring of adverse effects of new vaccines**. Participants included epidemiological surveillance and NRA professionals from Argentina, Brazil, Mexico and Venezuela. EPI epidemiologists and PAHO representatives of these countries were also present. This network will monitor and report serious, rare and unexpected adverse effects of new vaccines, especially rotavirus vaccine.

In March 2006, Brazil and Panama **introduced the rotavirus vaccine** into their routine immunization schedule for children under 6 months. Venezuela will soon initiate the process of introduction. Countries of the Americas will be able to purchase rotavirus vaccine through PAHO's EPI

Revolving Fund once WHO prequalification is obtained.

Vaccination Week in the Americas: The Vaccination Week in the Americas 2006 will take place from 22-29 April. Thirty-nine countries and territories will participate. The focus of this Regional Initiative is to reach the hard to reach and strengthen the routine program. The countries of the Americas will set out to vaccinate almost 40 million people against diseases such as measles, rubella, polio, neonatal tetanus, tuberculosis, Hib, Hepatitis B, yellow fever, and seasonal influenza. Several countries will focus their efforts on social communication campaigns in order to raise awareness in the general public and health professionals. Countries are also working together to launch bi-national events in border areas.

Rubella and CRS Elimination Activities:

Following the resolution of the 44th Directing Council to eliminate rubella and CRS by 2010, several countries in the Region have made important advances to attain this goal through vaccination elimination campaigns. Bolivia, Mexico and Venezuela have conducted such campaigns and further information under specific country listings.

Workshop: Economic Analysis for the Introduction of New Vaccines:

Following the initiative to promote the development of economic analyses for the introduction of new vaccine in countries of Latin America and the Caribbean (Pro VACLAC), a workshop will be held in Washington DC from 12-16 June 2006. Participants will include EPI managers, VPD surveillance coordinators and PAHO EPI consultants from Latin America and the Caribbean. The objective of this workshop will be to make available guides and tools for the collection and analysis of cost and financing data and to support the development of economic analyses for the introduction of new vaccines. Special attention will be given to analyses focused on rotavirus, influenza, pneumococcus and HPV vaccines. This will be followed by a web-based distance training and supervision programme.

Measles/Rubella Laboratory Network

Meeting: This meeting will take place in Guatemala City on 23 July 2006, prior to the Regional TAG meeting. The objective of this event is to review the achievements made and challenges faced by the laboratory network and to give an update on the latest scientific advancements regarding rubella and measles. National laboratory professionals from 23 countries are expected to participate in this event.

Technical Advisory Group (TAG) and Regional ICC meetings:

The dates of the Regional TAG Meeting on Vaccine Preventable Diseases and Regional ICC Meeting have been changed to 25-27 July 2006. They will take place

¹ ICP = Inter Country Programme
ISS = Immunization Services Support
INS = Injection Safety Support
NVS = New Vaccine Support
DQA = Data Quality Audit
DQS = Data Quality Self Assessment
FSP = Financial Sustainability Plan
RED = Reach Every District
cMYP = Fully costed multi-year plan

in Guatemala City, Guatemala. If you are interested in participating and have not received any information, please contact Antonia Garcia (garciant@paho.org)

HPV Vaccine Update:

PAHO has developed a **preparedness plan** for HPV vaccine introduction in the Americas. The main expected outcome of this plan is the generation of data, information, and evidence that could be used by the member states for rational public health decision making regarding the introduction of HPV vaccines.

A **meeting on partnering for HPV vaccine introduction** will be held in Guatemala City, Guatemala on 24 July 2006. Its purpose will be to provide a series of updates on the epidemiology of HPV and cervical cancer in Latin America and the Caribbean (LAC); new developments related to HPV vaccines; ongoing vaccine trials being conducted in LAC; and WHO's position on HPV vaccines, while simultaneously addressing issues of surveillance and herd immunity. This will be the second meeting of this partnership of agencies interested in HPV vaccine introduction.

BOLIVIA

21/04/06 from PAHO: The government of Bolivia announced the upcoming national vaccination campaign to eliminate rubella and CRS on 16 March 2006. Beginning in May 2006, the campaign will target men and women aged 15-39 years with a goal of protecting 4 million people from contracting and spreading the rubella virus. The campaign is the result of a collaborative effort between the Bolivian Ministry of Health, PAHO, and numerous other organizations which comprise the Interagency Coordinating Committee.

*** COSTA RICA**

21/04/06 from PAHO: An inter-programmatic team from PAHO visited Costa Rica during 13-17 March 2006, in order to initiate a planning process with the Ministry of Health authorities that will lead to the generation of data and information on the economic impact of cervical cancer, the cost-effectiveness of HPV vaccine introduction, the cold chain requirements and costs for introduction and other related items.

***DOMINICAN REPUBLIC**

21/04/06 from PAHO: An international **EPI evaluation** will be carried out in May 2006.

***MEXICO**

21/04/06 from PAHO: Mexico has adapted a new Plan of Action for 2006 that aims to rapidly interrupt the transmission of imported measles virus and rubella virus. The first stage of the campaign, which is currently underway, targets

susceptible individuals aged 13-39 years within the Federal District and State of Mexico. Individuals aged 17-29 years living within the remaining federal entities will be vaccinated during the second stage of the campaign with a goal set for achieving 100% coverage.

***VENEZUELA**

21/04/06 from PAHO: On 9 April 2006, the President of Venezuela, accompanied by the Minister of Health and the PAHO Country Representative, launched the rubella vaccination campaign. The event was a huge success as the President inspired the public to get vaccinated in order to prevent measles outbreaks and advance towards the goal of rubella and CRS elimination in their country. The campaign is currently gaining momentum and is scheduled for completion in four weeks.

EAST & SOUTH AFRICA

REGIONAL INFORMATION

21/04/06 from AFRO E&S: The next **East & South African Sub-Regional Working Group Meeting** is scheduled for 25-26 April 2006 in Kampala, Uganda. The provisional agenda includes:

- Provide a technical and coordination forum for immunization partners in the sub-regions;
- Provide an update on progress made in implementation in countries of routine vaccination strengthening activities, GAVI policy issues and UNICEF supplies to all partners;
- Discuss ITN/Measles campaigns through regional and country experiences;
- Discuss perspectives on Hib and current strategies at AFRO;
- Report on progress made and challenges encountered in the financial sustainability planning and implementation in the sub-region;
- Discuss the frequency, coordination and follow up issues for the East & South African Sub-Regional Group meetings.

EASTERN MEDITERRANEAN

REGIONAL INFORMATION

21/04/06 from EMRO: The following meetings are planned for the region in Cairo, Egypt in May 2006:

The **Polio Consultation Meeting** is planned for 14 May 2006 to coordinate activities in the region. The **EMRO Inter-Country Meeting** is planned for 15-18 May 2006 with the main focus on GIVS. The **RWG Meeting** is planned for 18-19 May 2006, and will include ICC members from 6

countries. This meeting will be used to discuss GAVI Phase II issues.

AFGHANISTAN

21/04/06 from EMRO:

- The **RED approach** was expanded nationwide, and 91% of districts have already formulated and started implementing routine acceleration microplans.
- The **cMYP** is planned for end 2006.

DJIBOUTI

21/04/06 from EMRO: A **cold chain mission** was conducted in February 2006, and the country is planning to upgrade their cold chain capacity to support the pentavalent vaccine.

SOMALIA

21/04/06 from EMRO: The country is busy with **measles campaigns** in Puntland and Somaliland, which is going well with over 80% coverage.

SUDAN

21/04/06 from EMRO:

- The country has focused on the **RED approach** and has improved routine immunization coverage immensely.

- A successful **measles mortality reduction campaign** was conducted last year, and Sudan is moving to case based surveillance.

YEMEN

21/04/06 from EMRO:

- The number of districts that reached more than 80% **DTP3** coverage increased from 143 in 2004 to 193 in 2005 out of a total of 334 districts in the country.
- The **cMYP** is planned for this year.
- A **measles campaign** is ongoing, and three states were already covered early this year. The second phase is targeting all the remaining states and will start before the end of this month.

END

Produced by WHO, in collaboration with UNICEF and the GAVI Alliance:



LIST OF MEETINGS & KEY EVENTS RELATED TO IMMUNIZATION

Regional Meetings & Key Events Related to Immunization: April - December 2006					
Title of Meeting	Start	Finish	Location	Responsible Partner	Region
Apr-06					
West African EPI Managers' Meeting	17-Apr	19-Apr	Ouagadougou	AFRO (W&C)	AFR
West & Central Sub-Regional Working Group Meeting	20-Apr	20-Apr	Ouagadougou	AFRO (W&C)	AFR
Vaccination Week in the Americas Region	22-Apr	29-Apr	tbd	PAHO	Americas
Workshop on the Development of JE Vaccine Introduction & Surveillance Guidelines	24-Apr	26-Apr	Katmandu, Nepal	WHO	SEAR
GAVI East and South African Sub-Regional Working Group Meeting	25-Apr	26-Apr	Kampala, Uganda	AFRO (E&S)	AFR
EPI Managers' Meeting for Central Africa	28-Apr	28-Apr	Douala, Cameroon	AFRO (W&C)	AFR
May-06					
WPRO EPI Workshop for Pacific Immunization Program Strengthening (PIPS)	08-May	12-May	Fiji	WPRO	WPR
RED Workshop for AFRO Southern Block countries	10-May	12-May	Durban, South Africa	AFRO (E&S)	AFR
EMRO Polio Consultation Meeting	14-May	14-May	Cairo, Egypt	EMRO	EMR
EMRO National EPI Managers Meeting	15-May	18-May	Cairo, Egypt	EMRO	EMR
Eastern Mediterranean Regional Working Group Meeting	18-May	19-May	Cairo, Egypt	EMRO	EMR
Data Management Workshop for AFRO Southern Block countries	15-May	19-May	tbd	AFRO (E&S)	AFR
EMRO RTAG Meeting	19-May	19-May	tbd	EMRO	EMR
EMRO Regional network on bacterial meningitis pneumococcal surveillance meeting	29-May	31-May	Cairo, Egypt	EMRO	EMR
Jun-06					
New and under-utilized vaccine introduction retreat	06-Jun	07-Jun	Geneva	WHO/HQ	Global
Hib Initiative Retreat	08-Jun	10-Jun	Switzerland	WHO/HQ	Specific
GAVI Monitoring Review (Deadline: 12 May 2006)	05-Jun	16-Jun	Geneva	GAVI Secretariat	Specific
PAHO Workshop on Economic Analysis for the Introduction of New Vaccines	12-Jun	16-Jun	Washington DC	PAHO	Americas
GAVI Alliance Board Meeting	19-Jun	20-Jun	Washington DC (World Bank)	GAVI Secretariat	Global
Immunization financing and costing training workshop (jointly with World Bank)	19-Jun	23-Jun	Bangkok, Thailand	SEAR	SEAR

WPRO 16th TAG Meeting	20-Jun	22-Jun	Manila, Philippines	WPRO	WPR
GAVI Proposals Review (Deadline: 2 June 2006)	26-Jun	05-Jul	Geneva	GAVI Secretariat	Specific
Jul-06					
PAHO Measles/Rubella Laboratory Network Meeting	23-Jul	23-Jul	Guatamala City	PAHO	Americas
GAVI Fund Board Meeting	25-Jul	25-Jul	tbd	GAVI Secretariat	Global
PAHO EPI TAG and ICC/RWG Meeting	25-Jul	27-Jul	Guatamala City	PAHO	Americas
Aug-06					
Informal Consultation of Global Polio Laboratory Network	23-Aug	25-Aug	Geneva	WHO/HQ	Global
SEARO Regional Committee Meeting	04-Sep	08-Sep	Dhaka, Bangladesh	SEARO	SEAR
AFRO Regional Committee Meeting	30-Aug	03-Sep	Addis Ababa, Ethiopia	AFRO	AFR
Sep-06					
EMRO Regional Committee Meeting	09-Sep	12-Sep	Teheran	EMRO	EMR
EURO Regional Committee Meeting	11-Sep	14-Sep	Copenhagen, Denmark	EURO	EUR
WPRO Regional Committee Meeting	18-Sep	22-Sep	Auckland	WPRO	WPR
AMRO Regional Committee Meeting	25-Sep	29-Sep	Washington DC	PAHO	Americas
Joint GAVI Alliance and Fund Executive Committee Meeting	27-Sep	27-Sep	New York	GAVI Secretariat	Global
Oct-06					
GAVI Proposals Review (Deadline: 6 October 2006)	tbd	tbd	Geneva	GAVI Secretariat	Specific
European Immunization Week	09-Oct	15-Oct	tbd	EURO	EUR
Eastern Mediterranean Regional Working Group Meeting	30-Oct	31-Oct	Sanaa, Yemen	EMRO	EMR
Nov-06					
Caribbean EPI Managers Meeting	13-Nov	17-Nov	tbd	PAHO	Americas
EMRO Annual Inter-country Meeting on Measles/Rubella Control/Elimination	13-Nov	15-Nov	Amman, Jordan	EMRO	EMR
EMRO Meeting of RWG for Rotavirus Surveillance	20-Nov	21-Nov	Cairo, Egypt	EMRO	EMR
Strategic Advisory Group of Experts (SAGE) meeting	21-Nov	23-Nov	Geneva	WHO/HQ	Global
GAVI Alliance Board Meeting	28-Nov	29-Nov	Berlin	GAVI Secretariat	Global
GAVI Fund Board Meeting	29-Nov	30-Nov	Berlin	GAVI Secretariat	Global
Dec-06					
Global Vaccine Research Forum	04-Dec	06-Dec	Bangkok, Thailand	WHO	Global