



GLOBAL IMMUNIZATION NEWS

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Please send inputs for inclusion to: dassanayakehe@who.int*

27 December 2005

TECHNICAL INFORMATION

MATERNAL & NEONATAL TETANUS

27/12/05 from Fouzia Shafique, UNICEF: The MNT Elimination Initiative aims to eliminate MNT in 58 priority countries, where it is still considered to be a public health problem. Since renewed efforts in 1999, more than 92 child bearing age (CBA) women have been targeted for vaccination with at least two doses of Tetanus Toxoid (TT) vaccine with more than 80% coverage.

Efforts towards MTNE continued in 2005, with the following major achievements:

- 34 out of 42 countries had planned TT SIAs for 2005/2006. Of these, 19 (Afghanistan, Bangladesh, Burkina Faso, Burundi, Cameroon, Congo, DR Congo, Ethiopia, Guinea, Kenya, Madagascar, Mali, Mozambique, Philippines, Senegal, Somalia, Uganda, Yemen, Zambia) updated their PoAs in 2005.
- TT SIAs were implemented in new areas in 17 countries. Thirteen of these implemented SIAs with a single antigen (TT) only (Bangladesh, Burkina Faso, Cambodia, Egypt, Ethiopia, Ghana, Guinea, Madagascar, Mali, Myanmar, Sudan, Vietnam and Yemen). Preliminary reports indicate that in these countries, million CBA women were targeted through two rounds of TT SIAs to deliver the first two doses of the TT vaccination schedule. Another 7.1 million CBA women were targeted through one round of TT SIAs to deliver the third dose of TT vaccination schedule (these women had been targeted for the first two doses in 2004).
- In two of the 17 countries, DR Congo and Laos PDR, TT SIAs targeting over 400,000 WCBA were part of a multi-antigen campaign. In Uganda and Zambia, one round of TT SIAs was combined with Polio NIDs and with the Child Health Week, respectively. Both these countries conducted single antigen (TT) SIAs as well.

- A review of district level data to assess MNT risk status and identify required activities was done in 8 countries (Cameroon, Burundi, Congo, Kenya, Madagascar, Mozambique, Niger, Senegal), bringing the total number of countries having completed such a review to 20. The district performance reviews help update plans of action through classification of districts into low, medium and high risk categories. Specific recommendation for needed strategies and activities exist for each of these categories.

WHO continues to monitor and validate activities. Validation of MNT elimination was successfully completed in Togo, and is under way in Nepal and Vietnam. Reports of the findings will be published in the Weekly Epidemiological Report in 2006.

In some countries, other competing priorities (polio outbreaks, Tsunami impact, threat of Avian flu) led to changes and postponements of MNTE activities. To ensure that MNT activities are fully integrated with the broader immunization agenda, MNTE activities were incorporated into the GIVS and its costing at the national level. The issues and needs of MNTE were addressed in the cMYP which is the implementation tool for GIVS.

To meet part of the funding needs of the MNT initiative, an Investment Case was prepared in 2005. The case was submitted to the GAVI Board, and may provide \$62 million through the IFFIm to support MNTE activities in 21 countries.

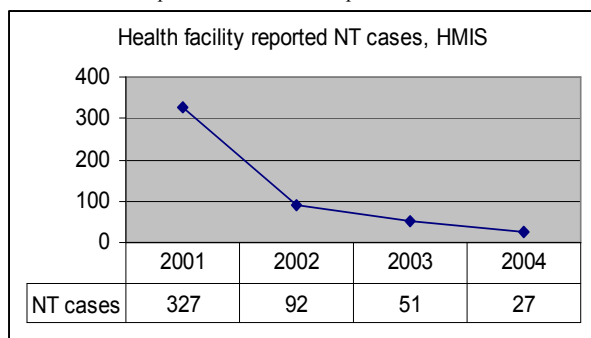
Despite progress made, the global MNTE goal has not been achieved in 2005. In 2006, activities to achieve global MNTE will continue. The expected IFFIm funds and funds available for 2006 as a result of earlier fund raising efforts, make up half of the total requirements to achieve MNTE in all countries of the world. With the available and expected funds, another 21 countries are expected to reach elimination by 2009. Nineteen countries would then remain as not having eliminated MNT. These would need to take steps towards securing

additional funding, obtaining local commitment and detailed planning to initiate MNTE activities.

27/12/05 from Prabhat Bangdel, UNICEF

Nepal: The death rate from neonatal tetanus used to be a major concern for **Nepal**. In 2000, Nepal was identified as one of the 58 most high risk countries for MNT due to its low TT coverage, low usage of antenatal care services and unclean delivery practices. With the aim to eliminate NT by 2005, the Government of Nepal accelerated immunization activities in 2000 targeting all women aged 10-39 years. This programme received financial support from UNICEF through its partnership with Zonta International, Gates Foundation and Beckton & Dickinson. Between 2000-2004, Nepal reached 83% of the 5.3 million women in the target group with three doses of TT vaccine, using a phase-wise, campaign style approach. As a result, a significant decrease in the number of neonatal cases has been noted (see graph below), indicating that Nepal has achieved elimination status, defined as less than one NT case in 1000 live births. WHO is currently conducting a survey to validate MNTE from Nepal. Preliminary results would appear to confirm that Nepal has achieved the elimination.

Graph 1: # of NT cases reported in HMIS



The major challenge is now to sustain the elimination status. Towards this aim, Nepal has developed a new approach: The **School Immunization Programme**. The concept is based on the assumption that five properly spaced doses of TT vaccination will provide lifelong protection. The strategic approach is to build on the three doses of DTP given during infancy by regarding these three doses as equivalent of two valid doses for TT, and providing three additional doses over three years during primary school.

The school immunization is an annual even, conducted during November and December. The vaccinators visit each school and immunize all children from grades 1, 2 and 3. The net primary school enrolment rate in Nepal is 84%, leaving 16% out of school which are also the most vulnerable to the disease. The school immunization programme has special sessions for the out of school children.

In November-December 2005, Nepal piloted this approach in eight districts. The preliminary results indicate that more than 90% of the targeted school

children have been reached so far. Using this experience, this strategy will be scaled up and expand nation wide by 2008.

MEASLES

27/12/05 from Hayatee Hasan, WHO/HQ:

The Government of **Nigeria** has completed Africa's largest-ever measles campaign in an effort to reduce measles deaths and morbidity. The campaign took place on 6-10 December 2005, and targeted 30 million children from 9 months to 15 years of age. The campaign was focused in Nigeria's 20 northern states and a second phase of the campaign will target the southern half of the country in June 2006.

Measles is one of the leading vaccine-preventable killers in the world, and Nigerian children are among the most vulnerable in the world because of poor health services and weak routine immunization against measles. Thousands die of the disease each year, while many others are left blind or brain-damaged. Children need to be immunized to be fully protected against the highly contagious disease. When routine immunization coverage is low, periodic immunization campaigns are necessary to reach all children, especially in rural areas and remote communities.

POLIO

27/12/05 from Oliver Rosenbauer, WHO/HQ:

During the 19 December 2005 nation-wide polio campaign in **Niger**, long-lasting insecticide treated nets (LLINs) were distributed to every mother of children under the age of five years, as part of integrated efforts to help control malaria. More than two million LLINs were distributed over the course of just five days, with additional LLINs to be disseminated in the national capital Niamey, during polio campaigns in the spring of 2006. The extensive polio eradication network at country level actively works to strengthen health services and delivery of other public health interventions.

Distribution of LLINs in Niger is the latest demonstration of the polio network's capacity to reach all children under five years with life-saving interventions. The polio infrastructure has also been instrumental in detecting and responding to outbreaks of other communicable diseases such as cholera, Marburg fever, Ebola and yellow fever. During polio campaigns, Vitamin A supplements are frequently distributed, which it is estimated has prevented more than 1.2 million childhood deaths since 1998. The polio network continues to work closely with other partners including GAVI, to strengthen routine immunization services.

In Africa, the polio eradication infrastructure underpinned increase in routine immunization coverage from 52% to 66% between 1999 and

2004, and strengthened micro-planning activities of the RED strategy.



REACH EVERY DISTRICT

27/12/05 from Julian Bilous, WHO/HQ: A joint WHO-UNICEF intercountry workshop on district micro planning was held in Polhara, Nepal from 28 November to 2 December 2005. The participants included 26 staff from the national government of Nepal, WHO and UNICEF teams, and nine observers from other SEAR countries (Bangladesh, Bhutan, India and Indonesia). These were facilitated by four WHO-UNICEF facilitators. The materials used included the new draft training module: 'WHO-UNICEF guidelines for District Micro-Planning, using Reaching Every District Strategies, with a focus on reaching the Unreached', 'Immunization in Practice', 'Immunization Essentials' and various draft global mid level management modules. The participants gave useful feedback for refining the draft modules, which will be done jointly by WHO and UNICEF. It is also intended that participants will next proceed to train district staff in their respective countries.

ROTAVIRUS

27/12/05 from Tony Burton, WHO/HQ: Eleven external experts met in December 2005 to review provisional estimates of rotavirus mortality. Country specific estimates for all WHO member states were prepared by a working group with members from three WHO departments (Immunization, Vaccines & Biologicals; Child & Adolescent Health and Measurement & Health Information Systems), CDC USA, and Peru's Instituto de Investigación Nutricional. Participating in the discussions were representatives from Merck Research Laboratories, Sanofi Pasteur MSD and GlaxoSmithKline Biologicals and the Rotavirus Vaccine Programme of the Accelerated Development and Introduction Programme (ADIP). The group reviewed the data, methods, assumptions and results. It was agreed that the methods were appropriate and the assumptions

were reasonable. The group suggested the following:

- An alternative statistical methodology ("random effects" model rather than medians) be used to establish a country group specific estimate;
- An uncertainty range be estimated using Monte Carlo processes; and
- The estimates should be based on 2004 estimates of under-five diarrhoea mortality.

The recommendations will be implemented and prepared for country consultation in February 2006 with public release planned for late May/early June 2006.

27/12/05 from Robin Biellik, PATH: A PAHO Regional Rotavirus Surveillance Workshop with representation by 18 countries was held in Rio de Janeiro during 12-16 December 2005. Below is a list of updates on rotavirus vaccine supply and introduction in Latin America:

- PAHO revolving fund is in negotiations with rotavirus vaccine manufacturers on the basis of a total order of vaccine for 11-12 million infants in 2006.
- EMEA licensure (representing country of origin) of the GSK Rotarix® vaccine is expected to be granted shortly.
- FDA licensure (representing country of origin) of the Merck RotaTeq® vaccine is expected to be granted in the 2nd quarter of 2006.
- PAHO expects to make the vaccine available to Latin American countries through the Revolving Fund by the 4th quarter of 2006, depending upon how long WHO requires to pre-qualify the vaccine(s) after licensure in their respective countries of origin.
- Brazil will introduce rotavirus vaccine nationwide in the public sector from March 2006.
- Venezuela announced that rotavirus vaccine will be introduced nationwide in the public sector from April 2006.
- Panama may introduce rotavirus vaccine nationwide in late 2006.

Status of Rotavirus licensure and introduction as of November 2005:

Mexico has licensed RotaTeq® and the following countries have licensed Rotarix® as at November 2005:

- Americas: Brazil, Chile, Colombia, Curacao, Dominican Republic, Ecuador, El Salvador, Guatemala, Mexico, Peru, Suriname, Trinidad/Tobago, Venezuela.
- Africa: Congo, DR Congo; Ghana, Kenya, Malawi, Mauritius.
- Middle East: Bahrain, Kuwait, UAE
- Western Pacific: Philippine, Singapore

TRAINING

27/12/05 from EURO:

Global Training Network Course on Vaccine

Procurement: 24 participants from the European Region, representing eight countries (Armenia, Belarus, Georgia, Kazakhstan, Moldova, Turkmenistan, Ukraine, and Uzbekistan) participated in the GTN course on vaccine procurement in Riga, from 24-28 October 2005. The purpose of the GTN course is "to ensure that all vaccines used in national immunization programmes are of assured quality". This course was the first in Russian language.

Global Training Network Course on Vaccine Store Management:

16 participants from the European Region, representing eight countries (Armenia, Azerbaijan, Bulgaria, Georgia, Kyrgyzstan, Moldova, Turkmenistan, and Uzbekistan) participated in this course from 5-9 December in Sofia.

VACCINE MANAGEMENT

27/12/05 from Solo Kone, WHO/HQ: A five-day EVSM (Effective Vaccine Store Management) workshop was held in Tehran, Iran in early December 2005. The main objectives were to brief participants from the MoH on the EVSM Initiative and to conduct an EVSM assessment of the national vaccine store in Tehran. The workshop was organized by the MoH with financial and technical support from UNICEF and a consultant from WHO to co-facilitate. Thirty-five participants from CDC Iran and universities from the national and provincial levels attended the workshop. For details of recommendations from this workshop, please contact Solo Kone (kones@who.int)

GAVI-RELATED INFORMATION

BRIDGE FINANCING

27/12/05 from Lidija Kamara, WHO: Bridge Financing was presented at the GAVI Board meeting held in Paris in July 2005. An amount of approximately \$520 million was approved by the Board for 26 GAVI Phase 1 early adopter countries that had introduced combination vaccines (DTP-HepB, DTP-Hib, DTP-HepB-Hib) into their national immunization programmes as of 31 December 2004. A further six countries were approved for Bridge Financing at the December 2005 Board meeting. Bridge Financing will be in effect from 2006 until 2015. The duration a particular country is supported under Bridge Financing will depend upon when GAVI Phase 1 assistance ends and the type of combination vaccine a country has introduced. Countries where GAVI funding is scheduled to end in 2005 or 2006 will be provided with one additional year of support for combination products equivalent

to the last year of support under Phase 1. This additional support will facilitate transition into Bridge Financing, and allow countries sufficient time to prepare for financing the vaccines within national planning and budgeting during Bridge Financing. However, the price faced by a country will be highly subsidized by GAVI. The level and pace of country level financing over the Bridge Financing period will be determined by the country in consultation with GAVI. For each country, the GAVI Board has committed to financing the difference between the current market price and the amount the country pays of the subsidized vaccine price per year during the Bridge Financing period. This strategy ensures that GAVI will bear the full risk of fluctuation in market prices until 2015. At the end of the Bridge Financing period, countries will be fully responsible to finance the current market price of the combination product. GAVI will allocate the resources available for Bridge Financing across 32 eligible countries. While GAVI will not dictate a country's level of payment per year, GAVI developed a guide to help countries move along a trajectory of continually increasing financing of combination vaccines. This trajectory was developed so that countries would not be facing a steep rise between what it was paying for a combination product and the prevailing market price at the end of Bridge Financing.

During Bridge Financing, countries will be expected to reach a certain level of financing as found in the table below. Each year, countries will be expected to make continually increasing annual payments, and the path that each country takes to get to these payment levels will be determined by the country in consultation with GAVI.

Target Payments by Vaccine:

Vaccine	Target Payment by end of the financing Period	Financing Period
DTP-Hepatitis B	\$0.65/dose	5*years
DTP-Hib	\$1.77/dose	Until end of 2015
DTP-HepB-Hib	\$1.85/dose	Until end of 2015

GAVI has informed the first approved 26 countries of Bridge Financing, and will inform the recently approved six country by the end of January 2006. As part of the broader Bridge implementation process in countries, the GAVI Secretariat together with UNICEF, WHO and the World Bank conducted Bridge country visits in Mozambique and Madagascar in November 2005. Further country consultations will take place in 2006. For the full visit reports or further information on Bridge Financing, please contact kamaral@who.int

GAVI ALLIANCE

27/12/05 from Lisa Jacobs, GAVI Secretariat: The **27/12/05 from Lisa Jacobs, GAVI Secretariat:** was held in New Delhi, India

from 6-7 December 2005. A summary of recommendations from the meeting follows:

Principles for global health partnerships: The Board endorsed the principles of the "Best Practice Principles for Engagement of Global Health Partnerships at Country Level", noting that the principles are highly relevant to the GAVI Alliance with particular reference to effectiveness and sustainability of GAVI Support. Implementing the principles will be work in progress, where GAVI should take a lead role in combining a focused and result-based effort with appropriate alignment and accountability, owned and driven by countries themselves to ensure an appropriate response to national contexts.

Health Systems Investment Case: The Board approved the health system investment case, and agreed to open the support to all eligible countries whose applications would be reviewed according to criteria to be developed. They requested the Secretariat to clarify how funding will flow to countries, work with partners to develop criteria for country applications for review and approval by the Alliance EC and design the support in consultation with other global health partnerships. They also approved that the poorest countries (GNI less than \$365) should be allocated twice as much funding as the less poor countries (between \$366 and \$1000 GNI per capita).

Yellow Fever Stockpile Investment Case: The Board approved funding of the yellow fever stockpile investment case in the amount of \$58 million from 2006 to 2010.

Country Support in Phase 2: The Board made the following decisions:

- The six countries approved for combination vaccine introduction in 2005 should be eligible for five years free vaccine plus bridge financing.
- Countries which are currently receiving GAVI support for monovalent HepB should receive an additional two years of subsidized financial support.
- Countries which are currently receiving GAVI support for yellow fever vaccine in routine immunization should receive an additional five years of subsidized financial support.
- All new country support will be based on the planning cycles of countries and will be up to 10 years, but not extend beyond 2015.
- Agreed that support for introduction of new and under used vaccines will not include five years of "free" vaccine, but will require countries to contribute financing from the inception of support, starting in 2007.
- Approved a \$100 million cap in funding to India through 2010, and that country support for Indonesia should no longer be capped, but be managed in a similar fashion to other eligible countries.

- Requested the Secretariat to develop the five-year strategic plan by mid-2006. The plan should clarify the degree of flexibility needed for GAVI's portfolio of new vaccines in phase 2.

ADIP Management Committee Update: 2006 Budgets:

The Board approved the 2006 budget for:

- Pneumococcal ADIP: \$10,947,610
- Rotavirus ADIP: \$9,661,708

Flu Pandemic: The Board requested the Executive Secretary to form a task team to begin to explore the potential role for GAVI in seasonal avian and pandemic influenza.

27/12/05 from Lisa Jacobs, GAVI Secretariat: The 3rd GAVI Partners Meeting followed the Board meetings in New Delhi, India from 7-9 December 2005. Some highlights from the break out sessions are summarized below:

Developing Country Constituency:

- GAVI should advocate for increased contributions from national partners and an overall increase in national health budgets.
- Best practices should be documented and shared with countries.
- GAVI should lead advocacy efforts for accelerated research and development for new vaccines for diseases of public health significance.

OECD and Developing Country Pharma:

- Need to enhance NRA expertise and harmonize standards, especially in developing countries where regulatory responsibility is increasing.
- There is a need for better information and communication between GAVI and Industry.
- Financing continues to be key to future supply of vaccines.

NGO Constituency: GAVI goals should be more widely understood by civil society organizations and there should be a better understanding of the potential of civil society by GAVI partners. There should be a process of eligibility and funding for civil society partnership with GAVI. Indicators for measuring this include civil society activities in countries, and GAVI engagement of eligible civil society organizations.

Research and Technical Institutes: The constituency recommended the following about the research agenda:

- It should be broad to include translational/adaptation research and operational/health system research required to support country decision-making.
- Be country-driven as well as addressing aggregate needs. Have local research capacity strengthening as an essential component.
- Be managed through a technical working group with representation from partners.

Reaching More Children: The new GAVI support for health systems strengthening (HSS) should be

targeted to the district level, since district level planning is the key to achieving immunization goals. GAVI should facilitate the sharing of lessons learned among partners involved in RED and GIVS implementation through regular meetings and to identify Best Practices for improving immunization service delivery.

Financial Planning for Immunization: GAVI should work with partners to establish vaccine supply and procurement strategies to ensure affordable supply of Hib vaccines. They should work with countries and their partners to increase the overall resources available for national health budgets, and work with other global health initiatives to harmonize financing, planning and support processes to countries.

New Vaccines Decision Making: Opportunities such as existing disease burden information, surveillance information and technical assistance should be used to optimize decision making for new vaccines. It was recommended to have a surveillance system in place, prior to vaccine introduction.

Implementing Introduction of New Vaccines: For vaccine supply, the pace of product development should be accelerated, demand and supply well coordinated and a GAVI policy be developed to address the interchangeability of vaccine. To ensure sustainable financing, it was recommended to take into account the volatility and unpredictability of aid, create more budget room and scale up investments in health.

Increase Demand for Immunization: Integration of technical programme work with communications work is central to a comprehensive strategy for advocacy, mobilization of key stakeholders and behaviour change. GAVI should draw on the strengths of partners at the country level to build on what is working and support innovative communications strategies to reach missed children.

Supply Strategy: There needs to be a clarification of critical information to feed a broader supply strategy. Specific recommendations on additional efforts GAVI can take to influence supply are needed.

Countries in Crisis: There are a variety of factors creating 'crisis' situations in these countries and there is no single solution to all. GAVI processes in these countries must retain highest degree of flexibility.

Integration of Public Health Interventions: There are significant opportunities for health system support funding to allow integration of public health interventions and scaling up of high-impact projects. A coordinating mechanism facilitated by GAVI partners that brings together partners and programme managers involved in integration is recommended. Integration should be focused on immunization programmes and

campaigns be used to scale up high impact interventions.

Health Systems Supports: The role of HSS was recognized as critical in addressing the health system challenges to improve immunization indicators. These should be based on plans and analysis by countries, and aligned at country and global levels.

Health Care Waste Management for Infection Control and Environmental Safety:

The following recommendations were made:

Funding priorities - advocacy for further allocation:

- Funding should be adequate to treat all syringes supplied.
- Systems capacity and harmonization with other providers.
- Enhanced human capacity.
- Allocation for civil society.
- Cost benchmarking.
- Clear guidelines on HSS window coverage of waste management.

Technical support for implementation:

- Mechanism to support application of waste management - a flexible approach is crucial.
- National plans and legislation for health care waste.
- Communications of best practices at country and organizational levels.

HIB INITIATIVE

27/12/05 from Lois Privor-Dumm, Johns Hopkins University:

The newest GAVI-funded project, the Hib Initiative, was formally launched at the GAVI Partners' meeting in New Delhi on 8 December 2005. The Hib Initiative is a consortium of academic and public health experts from Johns Hopkins University Bloomberg School of Public Health, London School of Hygiene and Tropical Medicine, CDC and WHO. The initiative will provide much needed focus on Hib to support GAVI eligible countries in making informed decisions regarding the use or continuation of Hib vaccine in EPI programs. Currently, less than one-third of GAVI-eligible countries have adopted Hib vaccine. Hib disease still causes an estimated 3 million cases of serious disease, and 400,000 deaths every year. Although a highly safe and effective vaccine has been routinely used in the industrialized world for more than 15 years, few developing countries have adopted the vaccine. In the Gambia, a recently published study in the Lancet showed that Hib disease was virtually eliminated following routine immunization, even with less than optimal coverage due to supply interruptions.

The Hib Initiative hopes to ensure that evidence from other countries is readily available to support decision making and address some of the obstacles to vaccine adoption including low awareness, lack

of disease burden data and concerns about supply and cost. The initiative will work in close coordination with countries and international, regional and local partners to provide tailored support to meet country needs. Currently, the Hib Initiative is conducting country consultations to better understand country situations and help develop a strategic plan to address needs and hasten the decision making process for a vaccine that could be saving hundreds of thousands of lives now. Regional Forums are being scheduled in the coming months to exchange information and experiences on Hib disease.

For more information on Hib and the Hib Initiative, please visit www.HibAction.org. Your input on the types of information to be included in the site would be most useful.

INTERNATIONAL FINANCE FACILITY FOR IMMUNIZATION

27/12/05 from GAVI Secretariat: The Prime Minister of Norway, Jens Stoltenberg, announced this month, that starting in 2006, the Government of Norway will boost its annual support to the GAVI Alliance. Norway's 2006 donation to global immunization will now total 500 million kroner (approximately US\$75 million).

Moreover, the Prime Minister of Norway announced that Norway will be joining the IFFIM to boost efforts to raise additional development funds via new and innovative financing.

REVIEW PROCESS

The next **Proposals Review** will be held from 1-9 June 2006. The **deadline** for receiving applications is **5 May 2006**.

The next **Monitoring Review** will be held from 5-16 June 2006, and the **deadline** for receiving reports is **12 May 2006**.

COUNTRY INFORMATION¹ BY REGION

AMERICAS

REGIONAL INFORMATION

27/12/05 from PAHO: The 2005 EPI Managers' Meeting for the Andean and Southern Cone countries was held in Asuncion, Paraguay from 24-

25 October 2005. National participants included Dr. Nicanor Duarte Frutos (President of Paraguay), Dr Maria Teresa Leon Mendaro (Minister of Health), Dr Roberto Dullack (Vice Minister of Health) and representatives from the Ministry of Education, Social Security, UNICEF, the Center for Population Studies, Plan International, and health care personnel from all levels. International participants included regional PAHO and UNICEF representatives as well as delegates from Argentina, Bolivia, Brazil, Chile, Ecuador, Paraguay, Peru, Uruguay and Venezuela.

The objectives of the meeting were to:

- Review the countries' advances on the elimination of rubella, CRS and measles;
- Discuss what countries are doing to achieve homogenous coverage levels, timely detection of the re-introduction of wild-type measles, and prevention of autochthonous circulation;
- Assess the current situation of mumps in the Region;
- Review the results of the 2005 Vaccination Week in the Americas (VWA) and discuss the 2006 workplan;
- Review the status of vaccination for seasonal influenza and important considerations in case of a pandemic;
- Analyse the situation and perspectives for the introduction of new vaccines; and
- Review management aspects of the program, like sustainability, evaluation of PAHO's Revolving Fund, and quality control for syringes.

The outcomes of the meeting included the following:

- The mumps outbreak in Paraguay was discussed and recommendations were made for countries to make mumps a notifiable disease or intensify existing surveillance. Regional data will be presented during the next Technical Advisory Group (TAG) meeting.
- The Vaccination Week in the Americas (VWA) focuses on reaching isolated populations and promoting Pan Americanism. Interagency cooperation, community personnel protagonism, and coordinated inter-country border activities have been critical components for its success. A workshop was means for development of the 2006 VWA workplan.
- Following the 2003 Directing Council resolution for the elimination of rubella and CRS, Andean and Southern Cone countries have made notable progress in implementing strategies for effective interruption of endemic transmission. Countries were recognized for their achievements and were given recommendations regarding surveillance and strategy impact studies.

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

- Although there is a 99% decrease in the incidence of measles in the Americas, 45% of municipalities in South Americas have measles vaccine coverage levels below 95%. Recommendations included reinforcement of activities to increase coverage levels, surveillance systems, identification of isolated populations and high-risk groups, and plans of action to tackle importation.
- Countries were urged to develop and implement preparedness plans for an influenza pandemic and to follow the WHO and 2004 PAHO-TAG recommendations for target risk groups for routine vaccination.
- Rotavirus and HPV vaccines are expected to be available in this region in 2006. In the case of rotavirus, recommendations were made towards establishment or strengthening of surveillance systems (including adverse event surveillance following immunization), and a process for data standardization at regional level was initiated. Regarding HPV, the recommendations were to collect cervical cancer data (e.g. disease burden, cost) to study HPV-vaccine cost-effectiveness and acceptance within countries, and to advocate for cervical cancer prevention through the HPV vaccine.
- Recommendations to promote sustainability of national EPI programme included the creation of a budget line as means for creating fiscal space and securing resources. Assessment of PAHO's Revolving Fund (RF) within the context of new vaccines introduction will improve its effectiveness and serve as source of negotiation for the creation of fiscal space within national budgets.

EAST & SOUTH AFRICA

ANGOLA

27/12/05 from E&S AFRO:

- The **pentavalent vaccine** will be introduced during the first quarter of 2006. The first shipment of the vaccine was received on 8 December 2005.
- The **DQA** has been postponed to January 2006.
- The **FSP** was scheduled for December 2005 - February 2006, and it will be incorporated into the **cMYP**.
- The country has just completed the 4th round of **polio NIDs**.

*BOTSWANA

27/12/05 from E&S AFRO: The country has completed the full draft of the **cMYP** in November 2005.

BURUNDI

27/12/05 from E&S AFRO:

- The **DQA** is planned between June and September 2006.
- The country is looking for partners to support **injection safety** post GAVI funding. They also need technical assistance to determine the quantities of vaccine and injection materials needed in 2006.

COMOROS

27/12/05 from E&S AFRO:

- A **measles outbreak** was confirmed in Moheli Island in July 2005, and SIAs were conducted in Grande Comore Island in September 2005. National SIAs will be conducted.
- The government will include financing for **injection safety** once GAVI support ends.
- WHO sent a CDC consultant to support the strengthening of the **surveillance system** in November 2005.
- A **vaccine management assessment** was done in November/December 2005 with the help of ICP.

ERITREA

27/12/05 from E&S AFRO:

- The country is busy with finishing the **polio NIDs**.
- The draft proposal for the **EPI review** and **cMYP** have been prepared, and technical assistance will be required to move forward with this process.

ETHIOPIA

27/12/05 from E&S AFRO:

- The country has started **training** and **social mobilization activities** in preparation for the implementation of **pentavalent vaccine**.
- The **cold chain** and **vaccine storage** are well prepared, and 200 refrigerators were distributed.
- The Government of Ireland has provided funding for the purchase of **injection safety materials** for 2006.
- The **RED evaluation** and other routine reports will be used to develop the **cMYP**.

KENYA

27/12/05 from E&S AFRO:

- The **cMYP** and **EPI review** are planned for early 2006, and the information from the ongoing **RED** and **CDC pilot project reviews** will be used to complement this process. Technical assistance is needed to develop the cMYP.
- The GAVI support for **injection safety** is ending in 2005, and the government has allocated funds for injection safety.

MADAGASCAR

27/12/05 from E&S AFRO:

- The **RED evaluation** was conducted in June 2005.
- The **DQS** was conducted with the support from AFRO from 25 July - 5 August 2005. The **DQA** was conducted in October 2005.
- There are cases of **cVDPV** detected in the Toliara Province, and the country has embarked on SIAs targeting 500,000 children under 5 years in 33 districts in Toliara, Fianarantsoa and Mahajanga provinces. Two rounds of SIAs were conducted in August and September 2005.

MALAWI

27/12/05 from E&S AFRO:

- The **measles campaign** was conducted during 21-23 September 2005, and the ICP participated in its monitoring.
- The **MLM** and **RED** training will be conducted in 2006.

MOZAMBIQUE

27/12/05 from E&S AFRO:

- The country plans to conduct a **DQS** in 2006, and the second DQA is tentatively set for the last quarter of 2006, which will give the country time to correct the system prior to the audit.
- The **EPI review** will be conducted in 2006.
- The country has completed the catch-up **measles campaign** in September 2005.

*NAMIBIA

27/12/05 from E&S AFRO: The **cMYP** is scheduled for 2006.

RWANDA

27/12/05 from E&S AFRO:

- The **cMYP** is being drafted, and technical assistance is requested to conduct an **EPI review** in January 2006.
- The country plans to review its **plan of action** for 2006, in accordance with the GIVs.

*SWAZILAND

27/12/05 from E&S AFRO: The **cMYP** is scheduled for 2006.

*SOUTH AFRICA

27/12/05 from E&S AFRO: The ICP supported the introduction of **RED** in KwaZulu Natal Province in November 2005.

TANZANIA

27/12/05 from E&S AFRO: The country is finalizing its five-year **strategic plan**, and it is near its final draft. They will start working on the **cMYP** by end January 2006.

UGANDA

27/12/05 from E&S AFRO:

- The **programme review** has been completed, and the draft results were presented to the ICC in early September 2005.
- AFRO and ICP provided technical support in October 2005 to prepare the **cMYP**.

ZAMBIA

27/12/05 from E&S AFRO:

- The country is finalizing its **MYP** based on GIVs.
- The country has received their second **reward** for increasing DTP3 coverage among children under one in 2004.
- Training of all sentinel sites on **vaccine wastage monitoring** has been completed, and first reports are expected shortly.
- The country is planning to scale up **RED** from the 10 initial districts, using the ISS funds.
- The **pentavalent vaccine** was launched on 13 October 2005.
- Support for **injection safety** ends in 2005, however there are enough stocks to last till end 2006. The MoH is sourcing funds to finance safe injections in 2007.

ZIMBABWE

27/12/05 from E&S AFRO:

- The **RED evaluation** was conducted in June 2005, and the coverage has increased.
- The country has developed their **cMYP** based on the GIVs.

WEST & CENTRAL AFRICA

SIERRA LEONE

27/12/05 from Nihal Singh, WHO/Sierra Leone:

- An **NID** was held in November 2005, and 1,062,403 (109%) children (0-59 months) were administered OPV and 815,800 children in the 12-59 months age group received Mebendazole 500 mg tablets. In the December round, Vitamin A was administered along with OPV to the target children.
- **Re-training** for all the focal persons at high priority reporting sites (health facilities) was conducted in every district in Sierra Leone from 30 November - 5 December 2005 on **EPI data analysis, integrated disease surveillance and response**.
- The **mid-term review** of the country's **surveillance performance** was conducted from 4-12 December 2005. The need for this review was to ascertain the level of implementation of the activities planned in the work plan developed during July 2005. The

main focus was to ensure that active AFP surveillance in all countries in the African Region should be sensitive enough to be able to detect any circulating wild or vaccine-derived polio-virus in the population.

- The Ministry of Health and Sanitation wants to conduct a combined **measles-malaria campaign** as part of the ongoing measles control initiative in November 2006. The draft proposal for the integrated mass campaign has been submitted to the ICP.

EASTERN MEDITERRANEAN

DJIBOUTI

27/12/05 from EMRO:

- The country is conducting a **multi-antigen campaign** to improve immunization coverage.
- The country conducted a **measles campaign** in November 2005. The campaign targeted children from 6 months to 6 years.
- A mission is scheduled for February 2006, to discuss **cold chain activities** in the country.

PAKISTAN

27/12/05 from EMRO:

- EMRO has recruited a short term consultant to assist with supervising the data analysis and conducting field work for the **coverage survey** scheduled for December 2005.
- Three **provincial level immunization advisers** are being recruited.
- The country has been approved for their first and second **rewards** (2002 and 2003).

SOMALIA

27/12/05 from EMRO: Measles mortality reduction activities have started in Puntland, and were expected to expand to Somaliland in December 2005.

SUDAN

27/12/05 from EMRO:

- The country situation has been improving and coverage has improved. The country has received their first **reward**.
- The country is planning to conduct a **cMYP** this month, however this is dependent on the situation with the **yellow fever outbreak**.
- A joint **WHO EMRO/Hib Initiative** visit is planned for January 2006.

YEMEN

27/12/05 from EMRO:

- The country is conducting a **multi-antigen campaign**.

- **Measles vaccination campaigns** were scheduled to start in four states in December 2005.

EUROPEAN REGION

REGIONAL INFORMATION

27/12/05 from EURO:

The **Subregional Immunization Programme Managers Meeting** was held in Antalya, Turkey from 15-17 November. The meeting was attended by programme managers and senior officials of ministries of health from countries of Central and Eastern Europe and Newly Independent. It was also attended by representatives from CDC USA, ECDC, GAVI Secretariat, March of Dimes, PATH-Europe, Vishnevskaya-Rostropovich Foundation, USAID, UNICEF and WHO. The following subjects were presented and discussed at the meeting:

- Global and Regional Immunization Programme.
- Accelerated Disease Control (ADC): polio eradication, measles and rubella elimination, and congenital rubella infection prevention.
- Laboratory networks for ADC.
- Strengthening immunization systems: updated policies, improved planning, surveillance and monitoring.
- Immunization safety and quality.
- Introduction of new vaccines into national immunization programmes: perspectives and support for decision making.
- Advocacy, communication and partnership: Role in Improving immunization service delivery and the European Immunization Week.

Following this meeting, the **15th Meeting of the IICC (Interagency Immunization Coordinating Committee)** convened in Antalya, Turkey on 18 November to review policies, strategies and ways of working within the GIVS framework. It was attended by representatives of CDC USA, ECDC, GAVI Secretariat, March of Dimes, PATH Europe, Vishnevskaya-Rostropovich Foundation, USAID, UNICEF and WHO.

Collaboration with the Hib Initiative: A visit of the Hib Initiative Team to WHO/EURO in September 2005 provided an opportunity to discuss the common areas of interest and develop the future scope of activities in the region. During the visit, it has been decided that a joint WHO-Hib Initiative consultation be conducted in selected countries (Kyrgyzstan and Ukraine) in the region. The country consultations have been conducted in Ukraine from 21-25 November 2005 and 28 November - 2 December 2005 in Kyrgyzstan. The objective of the consultations were to identify technical, information and support required by countries to make evidence-based decisions regarding the relative value and priority that

should be given to introduce Hib containing vaccines, in addition to better understanding the country level decision-making process. Multiple interviews were held with key decision makers on immunization and financial issues, focal points of the hospitals and laboratories as well as partner agencies.

Although both countries have strong immunization systems and successfully introduced HepB and MMR vaccines in the past, they were lacking adequate evidence to demonstrate Hib disease burden and cost-benefit of introducing Hib vaccine. It has been observed that the elements and process of decision making could differ considerably between the countries. The government of Ukraine has already taken the decision to introduce Hib vaccine in an effort to harmonize the immunization schedule with that of European Union countries, and plans to meet the associated costs from the government budget. Stakeholders in Kyrgyzstan expressed the need to identify disease burden and evaluate the feasibility of a possible introduction before taking the decision to apply to GAVI.

The outcomes of the consultations will be evaluated to identify a regional strategy for Hib vaccine introduction. Further country needs and priorities will be discussed in the Regional Meeting on New Vaccine Introduction, scheduled to take place in Moscow from 22-24 February 2006, following the GAVI RWG and GAVI eligible countries meetings.

ARMENIA

27/12/05 from EURO: An assessment of the national **cold store**, using the standard EVSM tool, was performed from 19-23 September 2005.

AZERBAIJAN

27/12/05 from EURO: A mass **measles and rubella (MMR)** immunization campaign among persons of 7-23 years of age in the entire country and persons of 7-29 years in the capital of Baku City, will be held from 27 February to 11 March 2006, followed by rubella supplementary immunization for women of childbearing age. The total target population to be immunized is nearly 2.6 million individuals. Five weeks before the campaign, the MoH and partners (WHO, UNICEF, CDC Atlanta and Vishnevskaya-Rostropovich Foundation) will conduct a pre-campaign assessment to review the activities towards preparation for the mass immunization campaign, specifically focusing on micro-planning activities, immunization safety, AEFI surveillance system, advocacy and social mobilization.

***CROATIA**

27/12/05 from EURO: An **assessment of the NRA** was conducted between 2-4 November 2005, identifying strengths and weaknesses of the NRA and priority interventions.

GEORGIA

27/12/05 from EURO: An assessment of the national **cold store**, using the standard EVSM tool, was performed between 12-20 September 2005, identifying strengths and weaknesses of the programme and priority interventions.

KYRGYZSTAN

27/12/05 from EURO: A training course on **Immunization In Practice** was conducted for 30 participants in Issyk-Kul region in October 2005. Technical and financial support was provided by EURO.

TAJIKISTAN

27/12/05 from EURO: An evaluation of **measles mass immunization campaign** (2004) was conducted in October 2005, to assess the impact of implemented immunization and preparatory activities on routine immunization programme. The evaluation was conducted in all geopolitical units of the country and found substantial improvements in immunization practices, including planning, supervision and safety.

***TURKEY**

27/12/05 from EURO:

- **Training course material** on immunization quality and safety (including vaccine and cold chain management, injection safety, waste management and surveillance of AEFI), targeting provincial immunization staff was prepared by WHO/EURO at the request of the MoH. The training of national trainers took place in Ankara from 11-13 October 2005. The MoH recently conducted the second layer of cascade training, targeting provincial level programme managers. More detailed information and interactive training material targeting subnational levels can be obtained from EURO. For further information, please contact Eric Laurent (erl@euro.who.int).
- Following the joint WHO-UNICEF mission on **MNT**, the country has prepared a national plan of action for MNT elimination.

UKRAINE

27/12/05 from EURO: Following the pilot project on **injection safety and sharps disposal** in Ukraine (2003-2004) and the Kiev conference (February 2005), a National Working Group was established and met in July 2005. The 2nd meeting of the National Working Group met from 7-9 December 2005 to decide on the second phase of the Injection Safety and Sharp Waste Management project.

UZBEKISTAN

27/12/05 from EURO:

- A mission to initiate a **freezing study** took place from 17-28 October 2005. A standard protocol has been designed for this purpose, based on continuous temperature recording throughout the whole storage and distribution system from vaccine arrival to the point of use.
- A **modern information system infrastructure** that would facilitate communication and timely analysis and feedback (improving the quality of surveillance) is being established in the country. The initial system would be an that handles measles case based data collection, analysis and feedback, as well as properly report measles rubella laboratory network data and outbreak investigation. The system would provide an instrument for comprehensive management of epidemiological and laboratory information at the case level, including data entry, validation and analysis. The system is intended to be used by the staff at national level who are managing measles data, and staff in oblasts who need to report suspected cases and to analyse data. EURO will support:
 - The development of the application that will create infrastructure for a web-based information system to report and analyse case based measles and rubella epidemiological and laboratory information.
 - The infrastructure hardware.
 - The customization of the software in Russian and meeting legal requirements.
 - The initial training of some key users at national and oblast level on basic surveillance and use of the information system.

WESTERN PACIFIC REGION

CAMBODIA

27/12/05 from WPRO:

- The **HepB** implementation is going on as planned, and is expected to be expanded nationwide this month.
- The funding for **injection safety support** post GAVI is secure.

CHINA

27/12/05 from WPRO: A mid-term review of the immunization system in the country was conducted. The review was broad, with a focus on the GAVI injection safety and HepB vaccine, and included a visit to 10 provinces including at the village level. **HepB birth dose** implementation is going very well, and there is a 90% coverage in the hospitals visited. Health workers and villagers are well aware of GAVI projects, and have assisted to integrate HepB vaccine into routine EPI.

LAO PDR

27/12/05 from WPRO: The country is finalizing the improvements for the **data information system**, and the new system will be put in place in 2006.

MONGOLIA

27/12/05 from WPRO: The country is in the final stages of drafting its **cMYP**, for the period of 2006-2010.

*PHILIPPINES

27/12/05 from WPRO: An **EPI review** is scheduled for January 2006.

VIETNAM

27/12/05 from WPRO: The **HepB vaccine** expansion is going well.

END

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



World Health
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LIST OF MEETINGS & KEY EVENTS RELATED TO IMMUNIZATION

Regional Meetings & Key Events Related to Immunization: December 2005 - December 2006					
Title of Meeting	Start	Finish	Location	Responsible Partner	Region
Dec-05					
11th Meeting of the Regional Commission for the Certification (RCC) of Polio Eradication in WPRO	03-Dec	07-Dec	Manila, Philippines	WPRO	WPR
UNAPSA Xth Congress Union of National African Pediatric Societies and Associations: Health of Child in Africa in Question	04-Dec	08-Dec	Cotonou, Benin	AFRO	AFR
GAVI Board Meeting	06-Dec	06-Dec	New Delhi, India	GAVI Secretariat	Global
SEAR Global Training Network workshop on GMPs for Vaccines	06-Dec	16-Dec	Bandung, Indonesia	SEARO	SEAR
Joint GAVI/Vaccine Fund Board Meeting (a.m.)	07-Dec	07-Dec	New Delhi, India	GAVI Secretariat	Global
Vaccine Fund Board Meeting (p.m.)	07-Dec	07-Dec	New Delhi, India	GAVI Secretariat	Global
GAVI/VF Partners' Meeting: Opening Event	07-Dec	07-Dec	New Delhi, India	GAVI Secretariat	Global
GAVI/VF Partners' Meeting	08-Dec	09-Dec	New Delhi, India	GAVI Secretariat	Global
EMRO Measles-Rubella Inter-Country Meeting	11-Dec	13-Dec	Cairo, Egypt	EMRO	EMR
Intl. Workshop on Rotavirus Epidemiological Surveillance	12-Dec	16-Dec	Rio de Janeiro, Brazil	PAHO	Americas
GAVI Eastern Mediterranean Regional Working Group Meeting	14-Dec	15-Dec	Cairo, Egypt	EMRO	EMR
2006					
Jan-06					
European Meeting on Regional Measles/Rubella Laboratory Network	17-Jan	19-Jan	Luxembourg	EURO	EUR
Feb-06					
European Technical Advisory Group of Experts for Immunization (ETAGE) meeting	02-Feb	03-Feb	Copenhagen, Denmark	EURO	EUR
European Regional Working Group Meeting	20-Feb	20-Feb	Moscow, Russian Federation	EURO	EUR
European Workshop on Phase 2 GAVI/VF Support	21-Feb	21-Feb	Moscow, Russian Federation	EURO	EUR
European New Vaccines Introduction Meeting	22-Feb	24-Feb	Moscow, Russian Federation	EURO	EUR
AFRO Task Force on Immunization	28-Feb	03-Mar	Congo Brazzaville	AFRO	AFR

Mar-06					
European Communication for Immunization Expert Workshop	15-Mar	16-Mar	Copenhagen, Denmark	EURO	EUR
Joint GAVI Alliance and Fund Executive Committee Meeting	23-Mar	23-Mar	New York	GAVI Secretariat	Global
May-06					
PAHO EPI TAG and ICC/RWG Meeting	08-May	12-May	tbd	PAHO	Americas
Jun-06					
GAVI Proposals Review (Deadline: 5 May 2006)	01-Jun	09-Jun	Geneva	GAVI Secretariat	Specific
GAVI Monitoring Review (Deadline: 12 May 2006)	05-Jun	16-Jun	Geneva	GAVI Secretariat	Specific
GAVI Alliance Board Meeting	26-Jun	27-Jun	Washington DC (World Bank)	GAVI Secretariat	Global
16th WPRO TAG Meeting	28-Jun	29-Jun	Manila, Philippines	WPRO	WPR
Jul-06					
GAVI Fund Board Meeting	25-Jul	25-Jul	tbd	GAVI Secretariat	Global
Sep-06					
Joint GAVI Alliance and Fund Executive Committee Meeting	27-Sep	27-Sep	New York	GAVI Secretariat	Global
Oct-06					
European Immunization Week	09-Oct	15-Oct		EURO	EUR
Nov-06					
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