



GLOBAL IMMUNIZATION NEWS

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29 June 2007

TECHNICAL INFORMATION

CAPACITY BUILDING & TRAINING

29/06/07 from Evariste Mutabaruka, WHO/AFRO:

The following capacity building activities are planned in the African Region for the next six months:

- Consensus Workshop on Integrated Training Package on EPI and Child Health at the Institut Régional de Santé Publique in Ouidah, Benin from 6-10 August 2007.
- Intercountry MLM course for Lusophone countries in Maputo, Mozambique from 20-31 August 2007.
- Regional Vaccinology Course in Douala, Cameroun from 24-28 August 2007.

DATA & SURVEILLANCE

29/06/07 from Marta Gacic Dobo, WHO/HQ:

Immunization Data Collection and Dissemination – In an effort to strengthen collaboration and minimize the reporting burden, WHO and UNICEF jointly collect information through a standard questionnaire (the Joint Reporting Form) sent to all Member States each year.

Information collected in the Joint Reporting Form include estimates of national immunization coverage, reported cases of vaccine-preventable diseases (VPDs), immunization schedules, as well as indicators of immunization system performances.

171 (89%) member states reported data on 2006 performance by 15 June 2007. This information is available on: <http://www.who.int/vaccines/globalsummary/immunization/countryprofileselect.cfm>

Global and regional summary data will be published in September.

JAPANESE ENCEPHALITIS

29/06/07 from Susan Hills, PATH and Manju Rani, WHO/WPRO:

Third Bi-Regional Meeting on Control of Japanese Encephalitis, April 2007 – Immunization and surveillance program managers and other experts from around the world gathered in Ho Chi Minh City, Vietnam, from 25-27 April 2007 for the Third Bi-Regional Meeting on Japanese Encephalitis hosted by WHO and PATH. The event provided a forum for sharing lessons learned on JE surveillance and vaccine introduction, as well as marking the progress on JE control in the Western Pacific and Southeast Asian regions achieved since the last meeting in 2005.

Highlights included updates on the development of JE laboratory network, progress with JE vaccines in development, and presentation of results of clinical studies that are generating additional key data on the live, attenuated SA 14-14-2 JE vaccine. Recommendations from the meeting included the need to pay more attention to documenting the impact of severe and long-term disability from JE disease to fully understand the benefits of JE immunization; the importance of continuing to support development of diagnostic capacity of national laboratories to facilitate better JE surveillance; and the need to identify funding sources for JE vaccine to assist with program implementation – the affordable price of the SA 14-14-2 vaccine will facilitate

introduction and sustainability, but support will be needed for initial mass campaigns. Meeting minutes will be posted on the websites for PATH and WHO/WPRO in the coming months.

MEASLES

29/06/07 from Hayatee Hasan, WHO/HQ:

Measles Initiative funds largest measles campaign in history: 63 million children to be immunized by March 2008 – The Government of Pakistan, UNICEF and WHO announced that they have received grants totalling more than 1.8 billion rupees (US\$30 million) from the Measles Initiative to support the Government of Pakistan's efforts to reduce measles morbidity and mortality. The Government of Pakistan has under the Expanded Programme on Immunization embarked upon a massive measles campaign to protect children against the disease. By March 2008, over 63 million children between 9 months and less than 13 years will be targeted for immunization against measles. Measles is still endemic in Pakistan and is a major cause of childhood illness and death. Every day, 58 children die from measles in Pakistan and an estimated 21,000 children die every year from measles and its complications.

For more information, visit: http://www.who.int/immunization/newsroom/MI_fund_campaign/en/index.html

MENINGITIS

29/06/07 from Andrei Muchnik, WHO/HQ: On 8 June 2007, the Meningitis Vaccine Project (MVP) released new data on the performance of a meningitis vaccine in West African children.

MVP, a partnership between WHO and the Seattle based non-profit organization, PATH, is collaborating with a vaccine producer, Serum Institute of India Limited (SIIL), to produce the new vaccine against serogroup A *Neisseria meningitidis* (meningococcus). The preliminary results of their study, a Phase 2 vaccine trial suggest that the new vaccine – expected to sell initially for 40 US cents a dose – will be much more effective than any vaccine currently on the market in the region.

The trial was conducted in 12- to 23-month olds in Mali and Gambia, and produced antibody levels almost 20 times higher than those obtained with the marketed polysaccharide (un-conjugated) vaccine. This means that protection with the new vaccine is expected to last for several years.

More information is available at <http://www.who.int/mediacentre/news/releases/2007/pr28>.

NEW & UNDER-UTILIZED VACCINE IMPLEMENTATION (NUVI) MEETING

29/06/07 from Patrick Zuber, WHO/HQ: The 2007 NUVI meeting was held in Geneva, Switzerland from 18-20 June 2007 with participation from 10 country representatives (Albania, Bangladesh, Cambodia, China, Ghana, Malawi, Morocco, Nicaragua, Rwanda and Venezuela), all WHO Regional Offices, technical partners, vaccine manufacturers and donors. The meeting provided an interactive forum to further develop a WHO plan of action for NUVI 2007-2010, and prepare a work plan for 2007-2008. The meeting was highly productive and WHO headquarter staff are currently revising the plan of action for further review. The short-term work plan will be completed with a budget and call for technical support from partners. It is expected that a revised document will be circulated to regional offices and partners by the end of July 2007, and finalized for publication in September 2007.

POLIO

29/06/07 from Sona Bari, WHO/HQ:

Polio Eradication: health ministers of Islamic countries call for critical funding gap to be filled –

At their first-ever meeting, health ministers of the Organization of Islamic Conference called on Muslim governments and development institutions to help fill the critical funding shortfall in polio eradication, calling eradication an "urgent priority" of their countries. This call reinforces the commitment to polio eradication made by OIC foreign ministers at their own meeting in May 2007.

The Global Polio Eradication Initiative currently faces a cash-flow gap more critical than at any point in its history, particularly as some G8 members have yet to fulfil commitments made at their Gleneagles Summit in 2005. This gap may necessitate a scaling back of critical immunization campaigns in key high-risk areas as early as July 2007. Such a move would put the entire eradication initiative at risk.

The shortage of funding threatens to undermine the gains of the past six months, particularly those in curbing transmission of type 1 poliovirus, the fastest-spreading of the three poliovirus serotypes. Stopping this particular serotype is considered the key to achieving a polio-free world. Transmission of type 1 has been restricted this year more than ever before, following the adoption of eradication tactics tailored to the remaining endemic areas and the wide-scale use of type 1-armed monovalent oral polio vaccine (mOPV1). In western Uttar Pradesh, India – which only last year was the epicentre of an international type 1 polio outbreak resulting in nearly 700 children being paralysed for life – only one type 1 case has been reported

this year. Pakistan went 14 weeks without a case of type 1 between January and May 2007, the longest such interval ever in the country. In Afghanistan, only two type 1 cases have been reported this year, compared to ten cases for the same period in 2006. Most significant, however, is the progress in northern Nigeria. In the three highest-risk states of Jigawa, Kano and Katsina, only one type 1 case has been reported all year, compared to 256 cases for the same period last year. It was type 1 poliovirus from northern Nigeria that caused the international polio outbreaks of 2003-2005, infecting 20 previously polio-free countries and causing nearly 1,500 cases. Emergency response activities to control these outbreaks cost approximately US\$500 million.

WHO Director-General Dr Margaret Chan is personally advocating for the development ministers, foundations and donors to immediately mobilize financial resources. In recent communications to heads of state of endemic countries and a broad spectrum of stakeholders, Dr. Chan stated that "insufficient funds now imperil the entire 20-year eradication effort". She sent them *The Case for Completing Polio Eradication*, released during the World Health Assembly in May 2007, and urged each of them to do their part in rapidly filling the 2007-2008 global funding gap of US\$540 million.

ROTAVIRUS

29/06/07 from Umesh Parashar, CDC and Duncan Steele, WHO/HQ: Following the SAGE recommendations in November 2005 to conduct phase III efficacy studies in Africa and Asia, the Rotavirus Vaccine Program at PATH partnership with Merck & Inc, have initiated phase III studies in Mali, where enrolment started during June 2007. This is the third site to join the ongoing vaccine trial in Ghana and Bangladesh. Future sites in Vietnam and Kenya are in preparation and should start enrolment in the coming months. The partnership between RVP and GSK Biologicals will complete the enrolment phase of similar phase III efficacy studies in Malawi and South Africa in July 2007, and continue follow-up of acute gastroenteritis cases to evaluate the clinical protection.

In 2006, several countries in Latin America, including Brazil, Mexico, Panama, Venezuela, and El Salvador, introduced GSK's rotavirus vaccine (Rotarix) into their national immunization programs. In addition, Nicaragua introduced Merck's rotavirus vaccine (RotaTeq) nationally through a three-year vaccine donation programme by the manufacturer. Currently, the Rotavirus Vaccine Program at PATH, in conjunction with the respective Ministries of Health, PAHO, WHO, and the US CDC is planning evaluations in El Salvador and Nicaragua to evaluate the field effectiveness and impact of rotavirus vaccination. In addition, the same partners, together with the US FDA are planning an innovative case-series based investigation to evaluate the safety of rotavirus vaccines with respect to intussusception in several Latin American countries that have introduced rotavirus vaccine.

PUBLICATIONS

WHO PUBLISHED DOCUMENTS

29/06/07 from Mario Conde, WHO/HQ and Jos Vandelaer, (UNICEF/WHO Geneva): Since the Immunological Basis of Immunization series was first published by WHO almost 15 years ago, it has been required reading for anyone working in immunization. The series is now being updated, and the first revised module – on Tetanus – has recently been made available in the WHO website: <http://www.who.int/vaccines-documents/DoxGen/H3DoxNew.htm>

In this module, the authors, Paul Balmer, Ray Borrow and Marty Roper provide a comprehensive overview of the current state of knowledge on the immunology of tetanus vaccination. Paper copies will also be available soon, and can be requested from vaccines@who.int.

GAVI-RELATED INFORMATION

GAVI ALLIANCE & FUND BOARD MEETING

29/06/07 from Lisa Jacobs, GAVI Alliance: The following are a summary of recommendations from the GAVI Alliance & Fund Board meeting held in Geneva, Switzerland from 11-12 May 2007:

Accelerated Development and Introduction Plan (ADIP) Evaluation: The ADIPs have been very successful in ensuring that partners have had the information necessary to make time-sensitive decisions. Other future ADIP-type activities should continue with additional emphasis on strong supply strategy. The GAVI Secretariat was requested to work with partners to identify the additional support required for the introduction of rotavirus and pneumococcal vaccines, who should implement them and what level of funding would be required.

GAVI & Pandemic Flu: The Board recommended that GAVI evaluate the potential impact of a flu pandemic on the delivery of routine immunization, and develop strategies to ensure that GAVI's operations can continue to function effectively. The Board approved an envelope of up to \$50,000 to further explore GAVI's contribution to pandemic preparedness.

New Vaccines Introduction Grant: The Board approved a revised policy to support country vaccine introduction in the form of a cash grant of a minimum of US\$100,000 and a maximum of US\$0.30 per infant in the birth cohort of the year of introduction, in line with the country's vaccine introduction plan. In order to obtain this grant, countries will be required to provide a budgeted introduction plan detailing the full needs for introduction, and how the grant funds will be used to fill gaps.

GAVI & Polio: The Board approved the reprogramming of US\$104.62 million from the Polio Stockpile Investment Case to provide immediate, one-time financing for intensified eradication activities in 2007.

GAVI Review Update: GAVI's successes both depend upon and impact a broad range of partners. This review should include an analysis of GAVI's systemic impact at both the global and country levels.

Country programmes – recommendations of the IRC teams for new proposals and health systems: Alliance partners have put a great deal of effort into supporting countries in the development of strong financial analysis, yet this is the area where most proposals remain lacking. It would be valuable if the Independent Review Committee and Secretariat could suggest practical solutions to improve this in future reviews. The Board approved the recommendations of the IRC for New vaccines, Immunization Services Support and Health Systems Strengthening. They also endorsed the corresponding budgets for:

- Multi-year programmes for New Vaccines Support: US\$43,214,500
- Multi-year programmes for Immunization Services Support: US\$3,588,500
- Multi-year programmes for Health Systems Strengthening: US\$77,625,000

GAVI Alliance vaccine investment strategy and long-term financial forecast: The Board requested the Secretariat to move ahead in developing the scope of the vaccine investment strategy, with full consideration of the points noted above. The Secretariat should subsequently present the scope to the joint Executive Committees, prior to issuing a request for proposals for strategy development.

Health Systems Strengthening Update: Although the Alliance Board approved a total of US\$500 million to support health systems through 2010, it is important that countries do not rush their proposals because money will run out. The Board will reconsider HSS funding once this cap has been reached.

It is important that GAVI's funding for health systems support reach rural and remote areas, where systems are likely to be at their weakest. As global partners work to establish an overall framework for health systems, GAVI must ensure that its contribution fits with this strategy in a value-added manner.

Market development for HepB/Hib containing vaccines: While GAVI's expectations for declining pentavalent prices were not met in previous procurement rounds, the emergence of new suppliers is likely to reduce prices in 2008 and 2009. It would be valuable to provide the Boards with regular updates on the vaccine market, specifically for pentavalent vaccine.

HIB INITIATIVE

29/06/07 from Layla Lavasani, JHSPH: Bangladesh Study shows that Hib vaccine protects children from significant burden of life-threatening pneumonia and meningitis – A new study from Bangladesh published online on 27 June 2007 in the *Pediatric Infectious Disease Journal* found that routinely vaccinating infants against *H. influenzae* type b (Hib), a bacterium that causes deadly Hib pneumonia and meningitis, could save hundreds of thousands of children in Asia.

The paper entitled "*Effectiveness of Haemophilus influenzae Type B Conjugate Vaccine on Prevention of Pneumonia and Meningitis in Bangladeshi Children – A Case-Control Study*" was authored by a team led by Johns Hopkins Bloomberg School of Public Health's Dr. Abdullah Baqui.

According to the study:

- Hib vaccine could prevent more than 1/3 of cases of pneumonia, the leading infectious cause of death in Asian children.
- Findings confirm burden of Hib pneumonia is substantial in Asia.

Commenting on the study, Dr. Baqui said "There has been an ongoing disagreement about the total burden of Hib pneumonia and meningitis in Asia, but our findings provide evidence challenging the commonly held notion that these diseases are rare in Asia" and "Our research shows that routine Hib vaccination is a feasible and highly effective way of preventing death and severe disability related to Hib pneumonia and meningitis and could save the lives of a significant number of Asian children who die under the age of five.

Bangladesh recently applied for funding from the GAVI Alliance to introduce a DTP-Hepatitis B-Hib (pentavalent) combination which they hope to introduce into the routine childhood immunization programme in 2008.

REVIEW PROCESS

Next Review Dates:

MONITORING REVIEW: The deadline for receiving **annual progress reports** was **15 May 2007**. The APRs were reviewed from **18-29 June 2007**.

THIRD REVIEW 2007: ISS, INS, New Vaccines & Measles 2nd Dose: The deadline for receiving applications is **28 September 2007**. The applications will be reviewed from **24 October to 2 November 2007**.

THIRD REVIEW 2007: HSS Applications: The **deadline** to receive applications for HSS is **5 October 2007**. The applications will be reviewed from **26 October – 9 November 2007**.

COUNTRY INFORMATION¹ BY REGION

EAST & SOUTH AFRICA

COMOROS

29/06/07 from AFRO East & South:

- **RED introduction** is planned for June-July 2007.
- The country is planning to submit an application for **new vaccines (Hib)** for the GAVI Review in September 2007.

KENYA

29/06/07 from AFRO East & South:

- Six districts have been prioritized for support with **RED implementation** based on poor access and utilization.
- A **DQS** will be conducted in the third quarter of 2007.
- A **mid-level-managers' training** will be conducted later this year, focussing on Eastern Kenya.
- **Child Health Nutrition** weeks will be implemented during 9-16 June and November 2007.
- The revision of the **EPI policy document** is planned for the third quarter of 2007.

LESOTHO

29/06/07 from AFRO East & South:

- A **training of trainers on RED** is planned for August 2007.
- An application for **health systems strengthening** is planned to be submitted to GAVI in time for the October 2007 review.

MADAGASCAR

29/06/07 from AFRO East & South:

- The **cMYP** has been finalized and endorsed.
- A **mid-level-managers' training** has been conducted for nursing schools in March 2007 for regional and district EPI staff in May 2007.
- **RED** will be scaled up to the remaining 23 districts in 2007.

¹ HSS= Health Systems Strengthening;
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;

MALAWI

29/06/07 from AFRO East & South: A **mid-level-managers'** training was conducted in May 2007, however a longer session involving many districts will be held later this year.

MOZAMBIQUE

29/06/07 from AFRO East & South:

- Mozambique will host an inter-country **MLM course** for Lusophone countries during 20-31 August 2007.
- An application for **health systems strengthening** is expected to be submitted to GAVI for the October 2007 review.

TANZANIA

29/06/07 from AFRO East & South: RED will be implemented country-wide, however 20 districts have been identified as priority focus for 2007.

UGANDA

29/06/07 from AFRO East & South: The country is scouting for resources to support the ongoing **RED implementation** in 23 poorly performing districts.

ZAMBIA

29/06/07 from AFRO East & South:

- The scale of up **RED** to the remaining 26 districts will be done during the second half of 2007.
- Liquid **pentavalent** was distributed country-wide in March 2007, and health facilities started using the vaccine as soon as stocks of the lyophilised formulation were exhausted.

ZIMBABWE

29/06/07 from AFRO East & South:

- Ten additional districts conducted **RED training** between March and May 2007.
- A **mid-level managers' training** is scheduled for September 2007.
- Preparations are ongoing for **pentavalent** vaccine introduction in 2008.

WEST & CENTRAL AFRICA

REGIONAL INFORMATION

29/06/07 from West AFRO: Surveillance & Lab Strengthening:

- Surveillance desk reviews were conducted in Niger (16-20 April), Senegal (28 May – 1 June), and Mali (ongoing, planned from 20-26 June) to identify gaps in surveillance performance, provide due recommendations and propose plan of work for their implementation.
- An external surveillance review was conducted in Ghana from 4-13 June 2007. This was more detailed than the desk review as the duration was longer, and more regions and districts were visited. Questionnaires were more detailed and more people were interviewed. Recommendations were provided and a plan of work was developed for implementation.
- Support was provided to Guinea and Togo for the preparation of documentation to submit for the polio-free certification.
- An accreditation exercise was conducted for measles and polio labs in Cote d'Ivoire and Nigeria.

*CAPE VERT

29/06/07 from West AFRO: Technical assistance was provided to analyse the costing of the **cMYP** for 2007-2011 from 10-17 June 2007.

GUINEA

29/06/07 from West AFRO: Technical assistance was provided to analyse the costing of the **cMYP** for 2007-2011 from 20 May to 2 June 2007.

BURKINA FASO

29/06/07 from Fenella Avokey, WHO/AFRO: Burkina Faso has completed the risk analysis validation phase for **yellow fever**, but the conclusions are yet to be presented to the ICC. This endorsement is an essential step before an application can be sent to the International Coordinating Group (ICG) for funds and vaccines.

SENEGAL

29/06/07 from West AFRO: Technical assistance was provided from 17-21 June 2007 to assess the health financing by the products of the handing-over of the debt.

TOGO

29/06/07 from Fenella Avokey, WHO/AFRO: Togo has submitted its application to the International Coordinating Group (ICG) for funds and vaccines, and thus becomes the first to do so out of the 12 selected countries earmarked for preventive campaigns under the GAVI **Yellow Fever** Initiative. A feedback and consensus meeting was held in Lome on 13 June 2007, to present and validate the results of the modelling exercise. A follow-up meeting of the Interagency Coordinating Committee (ICC) held on the 14th was informed on the conclusions of this meeting, which essentially showed 3.4m persons at risk in four regions of the country. Partners were also informed of the need for resource mobilization in order to make up the shortfall in the funding required. The Togolese government has itself pledged over \$400,000 or 68% of the total funding gap calculated. GAVI will be contributing \$0.25 per targeted person to the operational costs, in addition to the required quantity of yellow fever vaccine.

EASTERN MEDITERRANEAN REGION

REGIONAL INFORMATION

29/06/07 from EMRO:

13th Meeting of the GAVI Eastern Mediterranean Regional Working Group – This meeting was held at Tunis on 27 May 2007. The meeting was chaired by Dr. Zuhair Hallaj, Special Adviser to the Regional Director for Communicable Diseases, WHO/EMRO. The meeting was attended by participants from countries, GAVI Secretariat, UNICEF country offices and ROSA, African Development Bank, WHO/EMRO and the Regional Technical Advisory Group on EPI, WHO EMRO. The GAVI Secretariat briefed the participants on the recommendations and outcomes of the last GAVI Alliance Board and Executive Committee meeting, GAVI support for civil society organizations and its new policies regarding new vaccines introduction and co-financing. This was followed by country presentations which encompassed the areas of EPI progress during 2006, plans for 2007, experience in utilization of GAVI support for strengthening of routine EPI and the challenges. In the discussions following the presentations, the following key points were highlighted:

- Co-financing by countries should aim at ultimate financial independence from GAVI or other supports.
- Components to ensure transparency and accountability should be the integral part of all the proposals for support.
- The deadlines for various GAVI activities pertaining to CSO needs consideration to make them more realistic.
- Countries should convey their interest for rotavirus and pneumococcal vaccines to the GAVI Secretariat at the earliest.
- The private sector should be encouraged for its inputs for strengthening of the routine immunization.
- An effort should be made to minimize the number of the committees like ICC and NHSCC through merging them where possible to have one strong committee.
- The countries receiving GAVI support, being of low socio-economic status and having a high burden of VPDs are in the most need of vaccines like Hib, pneumococcus and rotavirus.
- Pulse or equivalent campaigns where undertaken must be replaced by strong routine immunization programme.
- A meeting or working seminar of all the EPI partners in South Sudan and GOSS is to be organized for effective collaboration and improving the situation of routine EPI in South Sudan without further delay.

Inter-Country meeting of National EPI Managers and EPI Regional Technical Advisory Group (RTAG) – WHO/EMRO, in collaboration with the Government of Tunisia convened the twenty fourth inter-country meeting of national managers of the expanded programme on immunization, and the twenty-first meeting of the EPI Regional Technical Advisory Group jointly in Tunisia from 28-31 May 2007. Dr. Hussein A. Gezairy, Regional Director, WHO/EMRO, addressed the joint meetings at the opening session. Dr Mohammad Ridha Kechrid, Minister of Public Health, Tunisia also delivered his welcome speech during the opening session.

National EPI Managers from all member countries of the Region, were invited to participate in the meeting. In addition, staff and experts from WHO offices, UNICEF MENAR and UNICEF country offices, representatives from partner agencies/organizations supporting EPI activities including CDC, CIDA, JICA, Rotary International and NESI, Germany were also invited to participate.

Based on the discussing during the meeting, RTAG made a number of comprehensive recommendations which are summarized below:

- EPI managers are to send to VPI/EMRO, a bi-annual progress report on implementation of the recommendations. The first progress report should be submitted by end November 2007.
- EMRO is to develop/revise guidelines for EPI program management and organize training courses on the different aspects of EPI.
- EMRO to organize a meeting of the chairpersons of the National Immunization Advisory Committee and the EPI managers of all countries during the next EPI Managers' meeting.
- Current new vaccines surveillance networks be expanded to be more representative through covering more sites, in particular in the big countries.
- MOHs of the middle-income countries, are to officially write to the GAVI Board with a copy to WHO and UNICEF, stating their need for introducing Hib, Rotavirus and/or Pneumococcal vaccines, requesting the GAVI Board to consider the possibility of supporting them in introducing these vaccines, and stressing on their readiness for a higher co-financing rate.
- Regional capacity for vaccine production is to be discussed in the EMR/RC.
- RTAG recommends adoption of the EPI schedule recommended by VPI/EMRO. Countries are to adopt this.
- The RTAG endorses the recommendations of the polio TAG in order to achieve the eradication target, including the schedule of OPV.
- EPI managers should review the national immunization schedule and have oversight over all aspects of the national immunization programme including vaccines that are given at all ages and by the different sectors of health care providers.
- Request each country to ensure implementation of the regional strategy for measles elimination 2006-2010, in particular, implementation of the second dose of measles vaccine.
- Countries are encouraged to use supplemental immunization campaigns to address gaps in measles immunity.
- EMRO is requested to send WHO meeting reports on waste management to all EPI managers to update them and allow them to link their activities with other departments/sectors.
- Countries that do not have a computerized system for national vaccine store are encouraged to adopt the WHO/EMRO designed VSSM software.
- EPI Managers should be aware of the system for vaccine procurement in their country, including registration, procurement of pre-qualified vaccines, quantities needed, and related technical issues (storage, distribution, etc).
- EMRO is to explore organizing group procurement system for different sub-regions, based on the experience of GCC. EMRO is to organize a regional consultation to study the feasibility of group procurement in the region.

29/06/07 from Oya Afsar and Dragoslav Popovic, UNICEF CEE/CIS: A first in a series of country assessments in the European Region was held in Bosnia and Herzegovina from 21 May to 1 June 2007. The assessments aim to evaluate preparedness of the immunization systems to deliver the pandemic vaccine within seven days and to identify priority needs to strengthen this capacity. This assessment was carried out by UNICEF RO CEE/CIS and WHO/EURO in collaboration with national authorities.

A slow and complicated vaccine procurement and licensing process, as well as the lack of a regular distribution system are identified as the main impediments to vaccine delivery in Bosnia & Herzegovina, also creating frequent vaccine shortages in the routine immunization programme. A tool for the operational planning of pandemic vaccine distribution was developed and shared with the country staff.

Further support from UNICEF will focus on:

- Building national capacity on planning and forecasting vaccine needs;
- Expanding the cold chain capacity in critical points to accommodate additional vaccine volumes; assess options for sub-contracting cold chain and transportation capacity from the private sector;
- Setting up a regular logistics system and training of staff on vaccine and cold store management;
- Supporting communication activities on seasonal/avian/pandemic influenza.

Similar assessments are planned in Serbia, Ukraine, Turkmenistan and Armenia in the coming months. Country level capacity building for pandemic vaccine delivery is part of the WHO/UNICEF cooperation with the Government of Japan on addressing the pandemic threat.

EUROPEAN REGION

REGIONAL INFORMATION

29/06/07 from EURO:

The next European Immunization Week: 21-27 April 2008 – Next year's European Immunization Week will take place on 21-27 April 2008. WHO/EURO is already encouraging Member States in the Region to join.

European Immunization Week 2007 launched a large number of activities, reaching out to high-risk groups through advocacy, communications and supplementary immunization activities. Twenty-Five countries from all parts of the European Region took active part, in an effort to boost awareness and increase the success of immunization programmes.

Starting the planning of next year's European Immunization Week, a meeting to discuss lessons learnt and next steps will take place in Copenhagen in September 2007 – for any country planning to take part in the European Immunization Week 2008.

More information can be found on: www.euro.who.int/vaccine

Strengthening Cervical Cancer Prevention in Europe – To support countries in making informed decisions on the prevention of cervical cancer, WHO/EURO held a meeting for national policy makers and programme managers from 29-31 May 2007. The meeting was joined by 98 participants from 42 countries and a range of partner organizations.

Cervical cancer is the second most common cancer among women worldwide. More than 30,000 women die from this disease every year in Europe. In 80% of the cases, this form of cancer is due to the sexually-transmitted infection caused by human papillomavirus (HPV). Vaccines against this virus have been developed, and a range of countries are planning to introduce these into their immunization programmes.

The meeting had been planned to assist the countries in developing national policies and programmes on a broader context of cancer control and reproductive health, including the introduction of HPV vaccines. The participants were presented to policies and approaches in the prevention and management of cervical cancer globally; and a panel discussed priority setting for national policies on cervical cancer prevention. Concrete country examples and discussions on the challenges and opportunities in introducing the HPV vaccine provided perspectives on the issue, along with presentations on ongoing cervical cancer research, vaccine cost-effectiveness and the role of the mass media.

The major conclusion of the meeting was to aim for a comprehensive approach to cervical cancer prevention. The meeting discussions provided a basis for strategic directions on strengthening cervical cancer prevention in the European Region, and additions to the strategy note "HPV vaccines in Europe" to be finalized in July 2007. It was also decided to develop a network of experts and a mechanism for country support. More information can be found on: http://www.euro.who.int/reproductivehealth/20070510_1

Five-year anniversary for a polio-free European Region

The 53 countries of the WHO European Region can now celebrate their 5-year anniversary as certified "polio-free". This was announced at the annual meeting last week of the "*European Regional Commission for the Certification of Poliomyelitis Eradication*" (RCC).

Since the European Region was first certified "polio-free" in June 2002, more than 45 million infants in the Region have received the recommended three doses of polio vaccine, and almost 22 000 suspected patients have been tested for wild poliovirus – none of them turning out to be positive. National and regional surveillance systems and laboratories have ensured that no polio case could have been left undetected.

At their annual meeting in Copenhagen on 13-15 June, the RCC confirmed the continued polio-free status of the Region. Still, the Commission was greatly concerned that the risk of importation of wild poliovirus into the European Region remains very high. Following an importation, wild poliovirus could spread in areas and subpopulations with low immunization coverage. The RCC reemphasized the importance of maintaining high routine immunization coverage and high-quality surveillance for polio and other vaccine-preventable diseases. The RCC furthermore expressed its thanks to countries that had made significant efforts to maintain or improve their immunization coverage, identify high risk populations and conduct high level surveillance for polioviruses.

Visit the 5-year anniversary web site: <http://www.euro.who.int/vaccine>

LIST OF MEETINGS & KEY EVENTS RELATED TO IMMUNIZATION

Regional Meetings & Key Events Related to Immunization: July 2007 to 2009					
Title of Meeting	Start	Finish	Location	Responsible Partner	Region
Jul-07					
Inter-Country Training Workshop on Surveillance of Vaccine Preventable Diseases and Monitoring and Evaluation of National Immunization Programme.	02-Jul	04-Jul	Lahore, Pakistan	EMRO	EMR
16th Meeting of Virologists from SEARO Polio Laboratory Network	09-Jul	10-Jul	New Delhi	SEARO	SEAR
SEAR EPI Managers Meeting and 12th Meeting of Technical Consultative Group (TCG)	10-Jul	13-Jul	New Delhi	SEARO	SEAR
GAVI South East Asian Regional Working Group Meeting	14-Jul	14-Jul	New Delhi	SEARO	SEAR
EMRO Vaccine Management Training Course	22-Jul	26-Jul	Tehran, Islamic Republic of Iran	EMRO	EMR
Aug-07					
First Meeting of the Virologists of the regional JE Laboratory Network and Training in Laboratory procedures for diagnosis of Bacterial Pathogens causing Acute Encephalitis Syndrome (AES)	August	August	Bangalore, India	SEARO	SEAR
South America Regional EPI Managers Meeting	07-Aug	10-Aug	tbd	PAHO	PAHO
SEARO GTN Advanced Course on GMP Inspection	13-Aug	17-Aug	New Delhi	SEARO	SEAR
EMRO Training on Vaccine Supplies Stock Management (VSSM) Version 2.00 software for vaccine stores	19-Aug	24-Aug	Cairo, Egypt	EMRO	EMR
Meeting of the European Technical Group of Experts on Immunization	29-Aug	30-Aug	tbd	EURO	EUR
Sep-07					
EMRO Inter-Country training workshop on National Regulatory Authority and Vaccine procurement systems for countries receiving vaccines through UNICEF	02-Sep	05-Sep	Cairo, Egypt	EMRO	EMR
EMRO Regional Working Group on Rotavirus Surveillance	10-Sep	12-Sep	Cairo, Egypt	EMRO	EMR
Polio Laboratory Network Meeting of the Russian Federation	10-Sep	12-Sep	Sochi, Russian Federation	EURO	EUR
SEARO GTN Workshop on Vaccine Lot Release	10-Sep	14-Sep	Kasauli, India	SEARO	SEAR
European Immunization Week Meeting	11-Sep	12-Sep	Copenhagen, Denmark	EURO	EUR

GAVI Quarterly Fund Executive Committee Meeting	12-Sep	12-Sep	Washington DC	GAVI Secretariat	Specific
GAVI Review of Annual Progress Reports	24-Sep	28-Sep	Geneva	GAVI Secretariat	Specific
Ninth Meeting of International Certification Commission for Polio Eradication	27-Sep	29-Sep	New Delhi	SEARO	SEAR
Oct-07					
SEARO Regional WHO GTN Course on Vaccine Management	15-Oct	19-Oct	Khon Kaen, Thailand	SEARO	SEAR
GAVI Review for ISS, INS, NVS & Measles 2nd Dose Applications (Deadline: 28 September 2007)	24-Oct	02-Nov	Geneva	GAVI Secretariat	Specific
GAVI Review for HSS Proposals (Deadline: 5 October 2007)	26-Oct	09-Nov	Geneva	GAVI Secretariat	Specific
GAVI Eastern Mediterranean Regional Working Group Meeting	28-Oct	29-Oct	Tripoli, Libya	EMRO	EMR
EMRO ICM on Measles and Rubella	30-Oct	01-Nov	Tripoli, Libya	EMRO	EMR
HPV Planning Policy Meeting for Latin America and the Caribbean	Late Oct	Early Nov	tbd	PAHO	PAHO
Nov-07					
EMRO RTAG Meeting	02-Nov	02-Nov	Tripoli, Libya	EMRO	EMR
Strategic Advisory Group of Experts (SAGE) meeting	06-Nov	08-Nov	Geneva	WHO/HQ	Global
Caribbean EPI Managers Meeting	13-Nov	16-Nov	tbd	PAHO	PAHO
European GAVI Regional Working Group Meeting	14-Nov	14-Nov	tbd	EURO	EUR
GAVI South East Asian Regional Working Group Meeting	27-Nov	28-Nov	Thimphu	SEARO	SEAR
Joint GAVI Alliance & Fund Board Meetings	27-Nov	30-Nov	Cape Town	GAVI Secretariat	Specific
EURO TAG Meeting	tbd	tbd	tbd	EURO	EUR
Dec-07					
AFRO Task Force on Immunization	04-Dec	07-Dec	Madagascar	AFRO	AFRO
Global Advisory Committee of Vaccine Safety (GACVS) Meeting	12-Dec	13-Dec	CICG	WHO/HQ	Global
2008 Meetings					
Sub-Regional Laboratory Network Meeting for Countries of Central and Eastern Europe	08-Jan	11-Jan	tbd	EURO	EUR
Global Immunization Meeting	19-Feb	21-Feb	Geneva	WHO/HQ	Global
Strategic Advisory Group of Experts (SAGE) meeting	08-Apr	10-Apr	Geneva	WHO/HQ	Global
European Immunization Week	21-Apr	27-Apr	tbd	WHO/EURO	EUR
Strategic Advisory Group of Experts (SAGE) meeting	03-Nov	05-Nov	Geneva	WHO/HQ	Global
2009 Meetings					
Strategic Advisory Group of Experts (SAGE) meeting	07-Apr	09-Apr	Geneva	WHO/HQ	Global
Strategic Advisory Group of Experts (SAGE) meeting	27-Oct	29-Oct	Geneva	WHO/HQ	Global

LINKS RELEVANT TO IMMUNIZATION

GLOBAL WEBSITES

Department of Immunization, Vaccines & Biologicals, World Health Organization

<http://www.who.int/immunization/en/>

WHO New Vaccines Hib website

<http://www.who.int/nuvi/hib/>

GAVI Alliance Website

<http://www.gavialliance.org/>

UNICEF Supply Division Website

http://www.unicef.org/supply/index_immunization.html

UNICEF Supply Division Product Menu for GAVI Vaccines

http://www.unicef.org/supply/files/Product_Menu_2007.PDF

Hib Initiative Website

<http://www.hibaction.org/>

PneumoADIP

www.preventpneumo.org/

RotaADIP

<http://www.rotavirusvaccine.org/>

Technet

<http://www.technet21.org/>

SIGN Updates

www.who.int/entity/injection_safety/sign/en/

REGIONAL WEBSITES

New Vaccines in AFRO

<http://www.afro.who.int/newvaccines/>

PAHO's website for Immunization

<http://www.paho.org/english/ad/fch/im/Vaccines.htm>

Vaccine Preventable Diseases in EURO

<http://www.euro.who.int/vaccine/>

New Vaccines in SEARO

<http://www.searo.who.int/en/section1226.asp>

Immunization in WPRO

http://www.wpro.who.int/health_topics/immunization/

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