



GLOBAL IMMUNIZATION NEWS

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

29 March 2006

TECHNICAL INFORMATION

CAPACITY BUILDING & TRAINING

29/03/06 from Evariste Mutabaruka, WHO/AFRO: The following training activities are planned for the African Region in 2006:

- Bilingual Consensus Workshop on EPI curricular prototypes for medical and nursing schools: 13-17 March 2006 in Douala, Cameroon.
- Intercountry MLM course for francophone pre-service training institutions, 05-16 June 2006 in Ouidah, Benin.
- Intercountry MLM course for Anglophone pre-service training institutions, 04-15 June 2006 in Pretoria, South Africa.

29/03/06 from Anais Colombini, AMP: The fourth EPIVAC session has received the first supervision in January-February 2006. This supervision made provided an opportunity to assess the status of progress in each trainee's district. Each trainee received their first Distance Learning CD ROM which focuses on EPI costing, budgeting and epidemiology. There are two assignments which will be sent to trainees from the two universities delivering the degree:

- Cocody - Abidjan, Cote d'Ivoire
- Paris Dauphine - France.

The first CD ROM is given with a trainee booklet to assist trainees to organize their distance learning work.

The second supervision will take place from March-April 2006, and will focus on problem-solving linked to the immunization and safety budget. Trainees will receive another Distance Learning CD ROM, which focuses on human resource management, equipment management, control and surveillance of EPI diseases and adverse events following immunization (AEFI).

National supervisors from Burkina Faso, Cote d'Ivoire, Mauritania and Togo have received a training of members of EPIVAC coordination team, to ensure the smooth functioning of tutorial

activities. Objectives of this training to national supervisors are to:

- Support supervisors in EPIVAC supervision preparation and implementation;
- Evaluate supervisor's organizational, technical (problem solving and counselling), pedagogic and social capacities;
- Ensure that all tutorial activities are done well (supervision, distance learning, distance counselling, operational research memory);
- Evaluate problem solving support provided by supervisors;
- Ensure supervision practice homogeneity among supervisors;
- Estimate supplementary training needs for supervisors to reinforce tutorial activities;
- Actualize EPIVAC coordination team field knowledge to adjust EPIVAC content if necessary.

Operational research memory subjects and Directors have been validated by the pedagogic committees of the two universities which deliver the degree.

IMMUNIZATION COSTING & FINANCING

29/03/06 from Patrick Lydon, WHO/HQ: In late 2005, WHO and UNICEF, together with GAVI Alliance partners, developed new guidelines for comprehensive multi-year planning (cMYP) for immunization. This new approach was guided by the need to simplify and harmonize what had become a proliferation of various immunization planning activities at national level which lead to duplication of efforts, high transaction costs to national and partners with variable degrees of national ownership, and a lack of alignment with national systems. The cMYP process marks current efforts to streamline immunization planning process at national level into a single comprehensive and costed plan. It is within this context that these new guidelines build on

existing multi-year planning experience, while adding the critical elements of costing and financing by drawing heavily upon the methods developed for the Financial Sustainability Plans (FSP). Likewise, the cMYP costing and financing exercise builds on the FSP costing tools and methodologies.

In its next phase of support, the GAVI Alliance Board endorsed the principles that future applications for GAVI Fund awards will be assessed as part of comprehensive multi-year plans for immunization, and, where appropriate, broader health sector planning processes.

The latest versions of the cMYP guidelines, the cMYP costing and financing tool, and user guide are available on the cMYP webpage at:

http://www.who.int/immunization_financing/tools

http://www.who.int/immunization_financing/tools/cmyp

MATERNAL & NEONATAL TETANUS

29/03/06 from Magdy El-Sanady (UNICEF Egypt) and Jos Vandelaer (UNICEF Geneva):

Egypt has completed TT SIAs in 68 high risk districts. Most rounds were in 2003, 2004 and 2005, however the SIAs started as early as 2002. In total, over 2.6 million women received at least 2 protective doses of TT, and over 2.1 million even 3 doses. Coverage with TT2 was 82%, and in most districts, more than 80% of women were protected with two doses in the campaigns. The government plans a corrective fourth round later in 2006 in a few areas where the previous rounds gave unsatisfactory results. It is hoped that NT elimination can be validated by the end of 2006.

MEASLES

29/03/06 from Hayatee Hasan, WHO/HQ:

WHO and UNICEF issued a joint press release on 10 March 2006, announcing that global measles deaths fell by 48% from 871,000 in 1999 to an estimated 454,000 in 2004. This public health achievement is the result of major national immunization activities and better access to routine childhood immunization. The largest reduction occurred in sub-Saharan Africa, the region with the highest burden of the disease, where estimated measles cases and deaths dropped by 60%. WHO also published an updated measles fact sheet, an article in the Weekly Epidemiological Record on the "Progress in reducing global measles deaths: 1999-2004", and the WHO/UNICEF Joint Statement on the Global Plan for Reducing Measles Mortality 2006-2010.

For more information, please visit <http://www.who.int/mediacentre/news/releases/2006/pr11/en/index.html>

ROTAVIRUS

29/03/06 from Robin Biellik, PATH: The Ministry of Health in Brazil is set to begin distributing rotavirus vaccines within the public healthcare system from 6 March 2006, including all public state and municipal healthcare centres. The first batch of doses will be directed at infants aged between two and three months, with the second batch distributed among infants aged between four and five months.

By introducing the rotavirus vaccine within the public health care system, the administration of President Luiz Inacio Lula da Silva aims to reduce the number of gastroenteritis cases provoked by rotavirus in the country, subsequently lowering the number of yearly hospitalizations caused by infectious intestinal diseases among children by up to 42%, almost 4,500 hospitalisations less every year, which would result in the prevention of approximately 850 infant deaths per year. The introduction of the rotavirus vaccine within the national infant vaccination programme represents a significant advance in the government's efforts to improve the healthcare system. In order to meet the domestic demand for this vaccine, local authorities has purchased a total of 8 million doses of the vaccine Rotarix, produced by GlaxoSmithKline (GSK), at a cost of US\$7 per unit. The government is seeking to stock up on rotavirus vaccines from local biomedical R&D Centre Instituto Butanta from next year to attempt to reduce costs.

GAVI-RELATED INFORMATION

INTERNATIONAL FINANCE FACILITY FOR IMMUNIZATION (IFFIM)

29/03/06 from Tracey Goodman, WHO/HQ: Brazil joins IFFIm donors

The President of Brazil, Luiz Inacio Lula da Silva announced that Brazil will contribute US\$20 million over 20 years to the IFFIm. Brazil joins six European nations - France, Italy, Norway, Spain, Sweden and the United Kingdom in committing funds to this innovative financing mechanism which will drastically reduce the number of poor children who die every year from vaccine-preventable diseases. The IFFIm is expected to provide US\$4 billion of financing for immunization over a period of ten years by raising capital against donor pledges made from 2006 to 2025.

IFFIm takes next steps towards saving millions of lives

IFFIm is close to implementation. After an international search, five individuals have been named by the GAVI Alliance to serve on the board of a charitable company that will be established to operate the IFFIm: Alan R Gillespie (chair),

Michèle Boccoz, John Cummins; Dayanath Jayasuriya and Arunma Oteh. The five met in mid-February 2006 in London. It was also announced that the World Bank will serve as Treasury Manager for the IFFIm. In that capacity, the World Bank will borrow funds in the capital markets on behalf of the IFFIm, manage its liquidity and hedging activities, and administer donor pledges and cash flows.

More information on this can be found on the "press releases" section on the GAVI Web-site: www.vaccinealliance.org.

REVIEW PROCESS

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

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

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

COUNTRY INFORMATION¹ BY REGION

WEST & CENTRAL AFRICA

REGIONAL INFORMATION

29/03/06 from AFRO W&C: The following meetings are planned for the West African Sub-Region in Ouagadougou, Burkina Faso in April 2006:

Meeting for WHO/EPI staff in the West African Region: 6-8 April 2006: The objectives of this meeting are to:

- Review programme activities;
- Elaborate the countries plans of actions;
- Share information and discuss the way forward with country focal points.

Meeting for National EPI Managers in West Africa: 10-12 April 2006: The objectives of this meeting are to:

- Review the progress of polio eradication and routine EPI in 2005;
- Discuss new mechanisms to reinforce EPI;

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

- Adopt finalized action plans for countries in 2006.

Meeting to plan sensitize and plan Yellow Fever Investment case in the sub-region:

13-14 April 2006: The objectives of this meeting are to:

- Inform country delegates on the conditions for support for the Yellow Fever investment case; and
- Elaborate country plans of action.

West & Central African Sub-Regional Group Meeting: 15 April 2006:

The objectives of this meeting are to:

- Discuss GAVI phase 1 implementation;
- Define activities for GAVI Phase 2;
- Adopt the 2006 workplan.

29/03/06 from AFRO W&C: The EPI Managers' meeting for Central Africa will be held in Douala, Cameroon from 26-28 April 2006.

EASTERN MEDITERRANEAN

AFGHANISTAN

29/03/06 from EMRO:

- The **DTP3 coverage** for 2005 is 76%. 144 districts (44%) achieved greater than 80% coverage.
- **Measles** was one of the main causes of child morbidity and mortality in the country, due to low measles immunization coverage. Considering the burden of the disease, the MoH and EPI partners initiated the Measles Mortality Reduction Campaign (MMRC) in 2001. During 2001-2002, more than 11 million children aged 6 months - 12 years were vaccinated in campaigns. During 2003, a follow-up campaign was conducted, vaccinating more than five million children aged 9 months to 5 years. Since 2003, an estimated 51,000 children under age of 5 were protected against measles. The country plans to conduct a large-scale measles campaign in 2006.
- **Strict micro-planning** has been conducted in 91.4% of districts.
- **Supportive supervision** has been introduced in 52 districts.
- The country has expanded the number of **EPI centers** from 871 to 1000 in 2005.

PAKISTAN

29/03/06 from EMRO:

- A system has been designed by the EPI and PEI teams to **monitor EPI activities at the district level**. The system will begin functioning in April 2006 and produce reports on a regular basis.
- The country will procure its own supplies for **injection safety** in 2006.

SUDAN

29/03/06 from EMRO:

- The country has achieved a **DTP3 coverage** of 83%, and GAVI funding has made a large contribution to this achievement.
- The introduction of **HepB vaccine** went smoothly as the demand was high. The expansion process to more states is ongoing.
- The government has provided funds for **injection safety**.
- The case-based **measles surveillance** is almost fully integrated with **AFP surveillance**. The number of measles cases has dropped dramatically this year in all states. Some cases showed positive in West Darfur, and the country may make a pulse vaccination campaign against measles in West Darfur due to the unstable situation.

YEMEN

29/03/06 from EMRO:

- **DTP3/Penta3/OPV3** coverage is 87%. Of the total 334 districts, 193 districts have coverage of 3rd dose of DTP3/Penta in 2005. The high coverage is due to the implementation of microplans at the health facility level using the **RED approach** nationwide.
- **Pentavalent vaccine** was successfully introduced in March 2005. Tailored training has been conducted with all district supervisors and vaccinators.
- A **training** on improving **data quality** has been conducted with all EPI supervisors at governorate and district levels to enable them to improve the quality of the data and reporting. EMRO supported a **DQS assessment** in October 2005.
- The country is currently conducting the second phase of the national **measles campaign**. The coverage during the first phase was more than 95% with a high quality of implementation.

EUROPEAN

REGIONAL INFORMATION

29/03/06 from *Katrine Habersaat, WHO/EURO:*

Participants from Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Tajikistan, Turkey and Uzbekistan attended a meeting on prevention and control of **perinatal hepatitis B virus transmission**. The meeting was jointly organized by the Viral Hepatitis Prevention Board (VHPB), WHO, UNICEF and CDC/Atlanta in Istanbul, Turkey from 15-17 March 2006.

Participants from the meeting reviewed issues related to current epidemiology of perinatal transmission of hepatitis B virus, the scientific evidence on prevention and control of HBV

transmission. They also discussed lessons learned, progress achieved and challenges remaining.

The countries of the European Region have achieved a remarkable progress in introduction and implementation of immunization against hepatitis B, including the immunization of newborns in the countries with high prevalence of hepatitis B. However, in some countries, especially those with high proportion of home deliveries, timely immunization of newborns remains a challenge. Furthermore, hepatitis B vaccination is in danger of losing its place on the agenda of the governments and partner agencies and organizations due to the success documented and other priorities in many countries of the Region.

Among lessons learned were that further capacity building is needed; sustainable vaccine procurement and supply need to be ensured; there is a need for improved communication at all levels (health professionals, general public, politicians and media); and recommendations/guidelines on cold chain strategy, timeliness of the administration of birth dose, use of HBIG and others may need revision. Needs for clear specifications in tenders for vaccines, such as provision of vaccines with vaccine-vial-monitors (VVMs), restatement of open-vial policy, provision of information and instructions in appropriate languages were emphasized.

SOUTH EAST ASIA

BANGLADESH

29/03/06 from SEARO: The **cMYP and costing** exercise is planned from 9-14 April 2006.

SRI LANKA

29/03/06 from SEARO: The country is supporting a **cMYP and costing** from 10-24 March 2006.

WESTERN PACIFIC

CAMBODIA

29/03/06 from WPRO:

- The **DTP-HepB expansion** has been completed as planned, and is now implemented countrywide.
- Funding for **injection safety** is secure from UNICEF this year. Procurement for next year is uncertain.
- The country has prepared a **multi-year plan** which runs till 2008. It was done in line with their national health strategic plan, and was costed using the costing tool.

CHINA

29/03/06 from WPRO: This is the last year of GAVI support for the country, however the implementation of **HepB** will go beyond 2006.

LAO PDR

29/03/06 from WPRO:

- UNICEF sponsored a **Multiple Indicator Cluster Survey (MICS)** and the results are expected during the third quarter of 2006.
- WPRO will assist with the development of the **cMYP** in June-July 2006.

MONGOLIA

29/03/06 from WPRO:

- The introduction of **DTP-HepB-Hib vaccine** is going well.
- A **HepB seroprevalence study** was conducted to review the birth dose delivery.

PAPUA NEW GUINEA

29/03/06 from WPRO: A consultant will be sent from 1-15 May 2006 to respond to the conditions requested for the country's application for **tetravalent (DTP-Hib) vaccine**. The country plans to introduce the vaccine by July 2007.

END

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



World Health
Organization



GAVI ALLIANCE

LIST OF MEETINGS & KEY EVENTS RELATED TO IMMUNIZATION

Regional Meetings & Key Events Related to Immunization: March - December 2006					
Title of Meeting	Start	Finish	Location	Responsible Partner	Region
Mar-06					
WPRO Measles Laboratory Workshop	13-Mar	18-Mar	Hong Kong	WPRO	WPR
European Communication for Immunization Expert Workshop	15-Mar	16-Mar	Copenhagen, Denmark	EURO	EUR
EMRO Regional consultation on Mumps immunization and Surveillance	20-Mar	21-Mar	Cairo, Egypt	EMRO	EMR
SEAR Regional Working Group Meeting	20-Mar	20-Mar	Jakarta, Indonesia	SEARO	SEAR
SEAR Regional Working Group Meeting with the Indonesia ICC	21-Mar	21-Mar	Jakarta, Indonesia	SEARO	SEAR
EPI Managers' Meeting for the South African Block	22-Mar	24-Mar	Lilongwe, Malawi	AFRO (E&S)	AFR
Joint GAVI Alliance and Fund Executive Committee Meeting	23-Mar	23-Mar	New York	GAVI Secretariat	Global
EMRO RWG Core Group Meeting	26-Mar	27-Mar	Cairo, Egypt	EMRO	EMR
Global Immunization Meeting	27-Mar	29-Mar	Geneva	WHO/HQ	Global
SEAR / WPR bi-regional Hib meeting	30-Mar	31-Mar	Kuala Lumpur, Malaysia	WPRO	SEAR / WPR
Working Group discussion on rapid polio laboratory diagnosis	30-Mar	31-Mar	Geneva	WHO/HQ	Global
Apr-06					
EPI Managers' Meeting for the East African Block	05-Apr	07-Apr	Mombasa, Kenya	AFRO (E&S)	AFR
Strategic Advisory Group of Experts (SAGE) meeting	10-Apr	11-Apr	Geneva	WHO/HQ	Global
EMRO Regional consultation on optimizing the use of PEI to improve routine EPI Activities	10-Apr	11-Apr	Cairo, Egypt	EMRO	EMR
West African EPI Managers' Meeting	10-Apr	12-Apr	Ouagadougou	AFRO (W&C)	AFR
GAVI East and South African Sub-Regional Working Group Meeting	11-Apr	12-Apr	Kampala, Uganda	AFRO (E&S)	AFR
Eastern Mediterranean Regional Working Group Meeting	12-Apr	13-Apr	Cairo, Egypt	EMRO	EMR
West & Central Sub-Regional Working Group Meeting	15-Apr	15-Apr	Ouagadougou	AFRO (W&C)	AFR
Vaccination Week in the Americas Region	22-Apr	29-Apr	tbd	PAHO	Americas
Workshop on the Development of JE Vaccine Introduction & Surveillance Guidelines	24-Apr	26-Apr	Katmandu, Nepal	WHO	SEAR
EPI Managers' Meeting for Central Africa	28-Apr	28-Apr	Douala, Cameroon	AFRO (W&C)	AFR

May-06					
WPRO EPI Workshop for Pacific Immunization Program Strengthening (PIPS)	08-May	12-May	Fiji	WPRO	WPR
RED Workshop for AFRO Southern Block countries	10-May	12-May	Durban, South Africa	AFRO (E&S)	AFR
EMRO National EPI Managers Meeting	15-May	18-May	tbd	EMRO	EMR
Data Management Workshop for AFRO Southern Block countries	15-May	19-May	tbd	AFRO (E&S)	AFR
EMRO RTAG Meeting	19-May	19-May	tbd	EMRO	EMR
EMRO Regional network on bacterial meningitis pneumococcal surveillance meeting	29-May	31-May	Cairo, Egypt	EMRO	EMR
Jun-06					
New and under-utilized vaccine introduction retreat	06-Jun	07-Jun	Geneva	WHO/HQ	Global
GAVI Monitoring Review (Deadline: 12 May 2006)	05-Jun	16-Jun	Geneva	GAVI Secretariat	Specific
GAVI Alliance Board Meeting	19-Jun	20-Jun	Washington DC (World Bank)	GAVI Secretariat	Global
Immunization financing and costing training workshop (jointly with World Bank)	19-Jun	23-Jun	Bangkok, Thailand	SEAR	SEAR
WPRO 16th TAG Meeting	20-Jun	22-Jun	Manila, Philippines	WPRO	WPR
GAVI Proposals Review (Deadline: 2 June 2006)	26-Jun	05-Jul	Geneva	GAVI Secretariat	Specific
Jul-06					
PAHO EPI TAG and ICC/RWG Meeting	tbd	tbd	tbd	PAHO	Americas
GAVI Fund Board Meeting	25-Jul	25-Jul	tbd	GAVI Secretariat	Global
Aug-06					
Informal Consultation of Global Polio Laboratory Network	23-Aug	25-Aug	Geneva	WHO/HQ	Global
SEARO Regional Committee Meeting	04-Sep	08-Sep	Dhaka, Bangladesh	SEARO	SEAR
AFRO Regional Committee Meeting	30-Aug	03-Sep	Addis Ababa, Ethiopia	AFRO	AFR
Sep-06					
EMRO Regional Committee Meeting	09-Sep	12-Sep	Teheran	EMRO	EMR
EURO Regional Committee Meeting	11-Sep	14-Sep	Copenhagen, Denmark	EURO	EUR
WPRO Regional Committee Meeting	18-Sep	22-Sep	Auckland	WPRO	WPR
AMRO Regional Committee Meeting	25-Sep	29-Sep	Washington DC	PAHO	Americas
Joint GAVI Alliance and Fund Executive Committee Meeting	27-Sep	27-Sep	New York	GAVI Secretariat	Global
Oct-06					

GAVI Proposals Review (Deadline: 6 October 2006)	tbd	tbd	Geneva	GAVI Secretariat	Specific
European Immunization Week	09-Oct	15-Oct	tbd	EURO	EUR
Eastern Mediterranean Regional Working Group Meeting	30-Oct	31-Oct	Sanaa, Yemen	EMRO	EMR
Nov-06					
Strategic Advisory Group of Experts (SAGE) meeting	07-Nov	09-Nov	Geneva	WHO/HQ	Global
Caribbean EPI Managers Meeting	13-Nov	17-Nov	tbd	PAHO	Americas
EMRO Annual Inter-country Meeting on Measles/Rubella Control/Elimination	13-Nov	15-Nov	Amman, Jordan	EMRO	EMR
EMRO Meeting of RWG for Rotavirus Surveillance	20-Nov	21-Nov	Cairo, Egypt	EMRO	EMR
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