



GLOBAL IMMUNIZATION NEWS

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28 November 2006

TECHNICAL INFORMATION

BIOLOGICAL STANDARDIZATION

28/11/06 from Hayatee Hasan, WHO/HQ: Biological medical products such as vaccines, blood products, biotherapeutics and its associated diagnostics save lives, reduce suffering and improve health, but only if these products and technologies are of good quality, safe, effective, available, affordable and properly used. In many countries, not all of these conditions are met. WHO is working with its Member States towards the goal of using only biological medicines of assured quality in national health systems. The WHO Expert Committee on Biological Standardization (ECBS) establishes global norms and standards that help define products of assured quality. The ECBS meetings are held annually, and the most recent one was held in Geneva, Switzerland from 23-27 October 2006.

DATA & SURVEILLANCE

28/11/06 from Marta Gacic Dobo, WHO/HQ: A global summary of data pertaining to vaccine-preventable diseases has been published, "**WHO vaccine-preventable diseases: monitoring system 2006 global summary**" (WHO/IVB/2006). This prestigious publication covers disease incidence of diphtheria, measles, mumps, pertussis, polio, rubella and CRS, neonatal and total tetanus, and yellow fever as well as vaccination coverage for BCG, DTP, Hepatitis B, Hib, measles, polio, tetanus toxoid and yellow fever. It also includes recommended immunization schedules for those countries which have reported it. This data is reported on an annual basis to the WHO regional offices by countries. The data is presented both by member states and by regional summaries. The full document can be accessed through the following link:

<http://www.who.int/vaccines-documents/GlobalSummary/GlobalSummary.pdf>

Limited copies will be available very soon in print. The data is also available in html format from the country profiles on the following link: <http://www.who.int/vaccines/globalsummary/immunization/countryprofileselect.cfm>

Or by subject:

http://www.who.int/immunization_monitoring/data/data_subject/en/index.html

HIB

28/11/06 from Layla Lavasani, JHSPH: On 24 November 2006, WHO published an updated position paper in the WER regarding the use of Hib vaccine. A week earlier, GAVI also announced GAVI phase 2 funding up to the end of 2015 for eligible countries.

The WHO position states that:

"In view of their demonstrated safety and efficacy, conjugate Hib vaccines should be included in all routine infant immunization programmes.

Lack of local surveillance data should not delay the introduction of these vaccines, especially in countries where regional evidence indicates a high burden of disease".

The full position paper can be found at: http://www.who.int/immunization/REH_47_8_pages.pdf

To help eligible countries in implementing Hib vaccine programmes, GAVI announced a new phase of funding to help more countries afford Hib vaccines and eventually move towards financial independence. GAVI phase 2 provides financial support for purchase of vaccines containing Hib, Hepatitis B, Yellow Fever and Measles (routine immunization second dose). Countries are grouped into four categories, based on a country's ability to mobilize resources for core public health program. Pentavalent (containing DTP-HepB+Hib) co-payments start at

a minimum of \$0.15 per dose for fragile states to a minimum of \$0.43 per dose for the least poor group of countries. **Deadline for application is 12 January 2007.** For further information, please see

http://www.hibaction.org/resources/hibfocus/061117_alert.pdf or www.gavialliance.org

IMMUNIZATION FINANCING & COSTING

28/11/06 from Robin Martz, World Bank:

The World Bank conducted a high level policy forum and technical workshop in collaboration with WHO/Geneva and WHO/EURO colleagues between 13-17 November 2006. The purpose of the forum was to bring together policy makers to make the case for the unfinished agenda for immunization in the Europe and Central Asia region, and the implications for future financing and sustainability. The purpose of the workshop was to build country-level capacity for planning and budgeting of the national immunization program, using the comprehensive Multi-Year Planning (cMYP) tools and guidelines, with a view towards financial sustainability of the programme.

Representatives from 13 countries attended the workshop (Albania, Armenia, Azerbaijan, Bosnia & Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan, Turkey, Turkmenistan, Ukraine and Uzbekistan), with a total of 42 country-level participants for both the policy forum and workshop.

In addition, six WHO country level staff and two UNICEF staff from Tajikistan attended. A total of 13 facilitators from the World Bank, WHO/Geneva, WHO/EURO and the GAVI Alliance participated as well. Country teams were composed of the national immunization program manager and persons responsible for planning and budgeting for health and immunization from ministries of finance and health.

Results from daily evaluations showed that, on average, 94% of the participants rated the workshop sessions excellent or good. Two-thirds thought the workshop sessions to be excellent, which is notable given the diversity of the participant countries from GAVI and non-GAVI countries as well as the general level of health and economic development.

Lastly, participants cited the need for a workshop on priority setting, cost-effectiveness analysis and fiscal space issues in the near future. A condensed version of this workshop held jointly with the World Bank, WHO, UNICEF, GAVI Alliance and other partners working on immunization financing should be considered with the aim of information sharing and discussing key messages and global priorities.

MEASLES

28/11/06 from Hayatee Hasan, WHO/HQ:

Joy Phumaphi, Assistant Director-General, Family and Community Health, delivered a congratulatory address at the 2006 International Conference for Declaration on Measles Elimination in the Republic of Korea.

POLIO

28/11/06 from Oliver Rosenbauer, WHO/HQ:

Global Polio Eradication Now Hinges on Four Countries:

Immunization for all travellers from polio-infected areas may be necessary. With the availability of the best technical tools ever, the world's success in eradicating polio now depends on four countries – Nigeria, India, Afghanistan and Pakistan – according to the Advisory Committee on Polio Eradication (ACPE), the independent, technical oversight body of the Global Polio Eradication Initiative. Monovalent oral polio vaccines (mOPVs) which protect children twice as fast, and new laboratory processes that halve the time needed to detect polio virus, provide these four countries with the most effective tools ever.

"The global eradication of wild poliovirus is technically and operationally feasible" said Dr. Steve Cochi, Chair of the ACPE and Senior Adviser to the Director of the Global Immunization Division at CDC Atlanta. "This is clearly evidenced in the eradication of endemic poliovirus from all but four countries worldwide. Moreover, all the other countries eradicated poliovirus using trivalent OPV alone, while monovalent OPV types 1 and 3 are now available, providing potent, additional tools".

Highlighting the need for Head of State supervision over polio eradication activities in the four endemic countries, the ACPE welcomed the example set in Afghanistan, where the office of the President Hamid Karzai has already taken direct oversight of polio activities. In parts of the four countries, the ability to reach all children with vaccine has improved only slowly, and full political oversight would accelerate improvements. The ACPE also noted strong progress in stopping outbreaks in previously polio-free countries over the past two years. However, given that poliovirus has shown its ability to travel great distances, causing distant importations by either sea or air-travel, the group concluded countries should do more to protect themselves from re-infection. With more than US\$450 million spent in recent years in emergency outbreak response activities, full immunization requirements of all travellers from any polio-infected area may be necessary in the near future. Appropriate recommendations potentially under the *International Health*

Regulations 2005, are currently being explored; Saudi Arabia has already extended its polio immunization policy for the upcoming Hajj season, for all travellers to the Hajj from the four remaining polio-endemic countries.

TECHNET E-FORUM

28/11/06 from TechNet Secretariat: Immunization colleagues are invited to complete a survey which will help the TechNet Secretariat better understand the information needs of the staff in the field.

Two surveys are currently being conducted: One for the TechNet e-forum subscribers and another for those who do not currently subscribe to TechNet.

Survey for TechNet subscribers

<http://www.zoomerang.com/survey.zgi?p=WEB225UG9XH7S2>

Survey for TechNet non-subscribers

<http://www.zoomerang.com/survey.zgi?p=WEB225VC5A27Z6>

PUBLICATIONS

NEWLY PUBLISHED WHO DOCUMENTS

28/11/06 from Mario Conde, WHO/HQ: The following new publications are available online on the WHO website:

2006 Report of the steering committee on Dengue and other Flavivirus vaccines including minutes of the Steering Committee meeting (WHO/IVB/06.14) – A summary of the presentations, discussion and recommendations from the meeting in relation to Japanese Encephalitis and dengue vaccines. Key recommendations to WHO in that area of work for the coming year is also included:

<http://www.who.int/vaccines-documents/DocsPDF06/868.pdf>

A WHO guide to good manufacturing practice (GMP) requirements: Part 3 Training (WHO/IVB/05.24) – This guide presents the GMP requirements on training by WHO, EMEA and FDA, an overview of the training process and the Instructional Systems Design (ISD) Model, with consideration to make training more effective, as well as explaining how to prepare a training procedure. The specific types of training and different approaches to basic training needs have also been included as well as the different types of information that people learn with recommendations for organizing the instructional content and events in each case. Different assessment methods and how to evaluate the document training are explained. Some documents contributed by vaccine manufacturers who cooperated in this project have been annexed:

<http://www.who.int/vaccines-documents/DocsPDF06/799.pdf>

GAVI-RELATED INFORMATION

HIB INITIATIVE

28/11/06 from Layla Lavasani, JHSPH:

New phase of funding for life saving vaccines - Every year, millions of children contract dangerous diseases caused by Hib, Hepatitis B, measles and yellow fever. Millions also die every year due to these preventable diseases. Since 2000, the GAVI Alliance has helped support purchase of vaccine in many of the poorest countries through GAVI phase 1 funding. Now in 2006, the second phase of funding begins. Financial support is now provided to eligible countries to purchase vaccines containing Hib, Hepatitis B, Yellow Fever and Measles (routine immunization second dose). Countries are grouped into 4 categories, based on a country's ability to mobilize resources for core public health program. Pentavalent (containing Diphtheria, Tetanus, Pertussis, Hepatitis B and Hib antigens) co-payments start at a minimum of \$0.15 per dose for fragile states to a minimum of \$0.43 per dose for the least poor group of countries. Deadline for applications are 12th January 2007. For further information please see http://www.hibaction.org/resources/hibfocus/06117_alert.pdf or www.gavialliance.org

INTERNATIONAL FINANCE FACILITY FOR IMMUNIZATION (IFFIm)

28/11/06 from Ariane Manset, GAVI Secretariat:

IFFIm Bonds are in the Market – The IFFIm issued its first bonds on 7 November 2006 in London, in the presence of the Rt. Hon Gordon Brown MP, Chancellor of the Exchequer, Her Majesty, Queen Rania of Jordan, and religious leaders. The launch followed a series of events beginning in Geneva – which was attended by Dr. Anders Nordstrom, Acting DG of WHO – to brief the investor community on the upcoming transaction.

Over a hundred attendees participated in the launch of IFFIm's inaugural bonds, ranging from Members of Parliament to GAVI country ambassadors and partners, The World Bank, bankers, investors and media representatives.

By raising US\$4 billion over the next 10 years, IFFIm hopes to fund immunizations for 500 million children, and thereby save an estimated 10 million lives. IFFIm's inaugural bond was a US dollar 1 billion, five year benchmark bond issue. The high level of interest from investors and other

stakeholders in IFFIm shows broad support for immunization and development, and will help GAVI and its partners pave the way for a healthier and better world.

IFFIm was created to accelerate the availability of funds to the GAVI Alliance for strengthening health systems and scaling up immunization programmes in more than 70 of the world's poorest countries. Funds raised through the initial IFFIm bond issue will be used for GAVI immunization programmes over the next 10 years, and to support ongoing measles and tetanus vaccine campaigns. The funds will also help create a polio vaccine stockpile to protect against future outbreaks, fund new and under-used vaccines, such as vaccines for Hepatitis B, yellow fever and Hib, and help countries strengthen health services.

REVIEW PROCESS

November Review Processes:

28/11/06 from Miloud Kaddar, WHO/HQ: Fifteen countries (Benin, Burundi, Cameroon, Cambodia, Central African Republic, Cuba, DPR Korea, DR Congo, Ethiopia, Guinea Bissau, Kenya, Kyrgyzstan, Pakistan, Sierra Leone and Vietnam) submitted applications for the first review of **Health Systems Strengthening applications** to GAVI. The applications were pre-reviewed in early November 2006, and the GAVI Independent Review Committee met from 10-20 November 2006 to review these applications.

A full report with recommendations on countries, HSS guidelines and application forms is under finalization by GAVI and the IRC, and will be shared with all partners shortly. Results of the review will be communicated to countries once the Board has approved the IRC decisions.

28/11/06 from GAVI Secretariat: Thirteen countries have submitted applications for the following sub-accounts:

- Eight applications for Immunization Services Strengthening;
- One application for Injection Safety Services;
- Four applications for New Vaccines Support, pending from phase one applications.

The November 2006 round was the last round for countries to apply under phase one conditions. All subsequent application rounds will comply with GAVI phase two policies.

Next Review Dates:

FIRST REVIEW 2007: ISS, INS, New Vaccines & Measles 2nd Dose: The deadline for receiving applications is **12 January 2007**. The applications will be reviewed from **22-31 January 2006**.

FIRST REVIEW 2007: HSS Applications: The **deadline** to receive applications for HSS is **2 March 2007**. The review process will start on **26 March 2006**.

SECOND REVIEW 2007: ISS, INS, New Vaccines & Measles 2nd Dose: The deadline for receiving applications is **20 April 2007**. The applications will be reviewed from **21 May 2007**.

MONITORING REVIEW: The deadline for receiving **annual progress reports** is **15 May 2007**. The APRs will be reviewed from **18 June 2007**.

COUNTRY INFORMATION¹ BY REGION

EAST & SOUTH AFRICA

REGIONAL INFORMATION

28/11/06 from E&S AFRO: The Regional Working Group meeting for East & South Africa was held from 14-15 November 2006 in Harare, Zimbabwe. The main issues and recommendations raised at the meeting are the following:

Data Quality – Is poor in many countries, as there has been a slow implementation of DQs in the sub-region, however a training of trainers workshop is planned, and the Sub-Region plans to implement the DQS in at least 50% of the countries in the sub-region.

Health Systems Strengthening – The regional office wants to build adequate capacity to support countries on HSS, and will look into ways to enhance capacity of the WHO and UNICEF offices to support countries on HSS. It is recommended that countries share draft applications with the partner agencies prior to submitting to GAVI for input before finalizing.

A number of global partners are working on HSS, so coordination is imperative to avoid duplication.

Pre-screening and preassessment of applications – Countries are encouraged to

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

submit all applications to WHO at least one month before the review date so that regions and HQ can pre-screen the applications and have enough time for corrective action if needed.

New Vaccine Support in Phase Two - Countries intending to apply for NVI support in phase two should conduct an assessment of vaccine management practices.

cMYP – Countries are encouraged to use the cMYP primarily as a tool to guide the EPI programme as opposed to using it only to mobilize resources.

Polio Eradication – Cross-border meetings should be held to ensure a coordinated EPI and AFP surveillance.

Measles – Funding for follow-up campaigns is inadequate and this will be brought up with partners to support follow-up campaigns.

ETHIOPIA

28/11/06 from Asnakew Yigsaw, WHO/Ethiopia:

- Conducted a national level **DQS** training of trainers from 18-23 September 2006, with participation of state level officers and partners involved in immunization. State level DQS training is being cascaded down to state and district levels in most states.
- The country conducted a **pre-service training** from 2-7 October 2006, with the objective of incorporating new developments in immunization into their curriculum. Fifty medical and nursing school instructors attended the training, and the training involved the private health teaching institutes.
- Country submitted a proposal for **health systems strengthening** to GAVI in November 2006.
- A **national cluster coverage survey** was conducted in June 2006 and the results will be disclosed shortly.
- The **cMYP** has been developed and the final draft is ready.
- Follow-up **measles SIAs** are being conducted in many regions of the country.

WEST & CENTRAL AFRICA

REGIONAL INFORMATION

28/11/06 from Western AFRO:

Data Management Workshop

The WHO Regional Office, in collaboration with the ICP/EPI Team based in Ouagadougou organized a training workshop on data management for the Western Epidemiological Block surveillance officers in Dakar, Senegal from 13-16 November 2006.

Sixteen countries are concerned: Algeria, Benin, Burkina Faso, Cape Verde, Cote d'Ivoire, Gambia, Ghana, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone and Togo.

The participants to this workshop are the WHO country focal persons, their counterparts from the Ministry of Health as well as selected data managers who have never been trained before.

Training Workshop on Logistics

ICST is organizing a training workshop specifically designed to address issues that will contribute to strengthening the overall cold chain system and vaccines management in selected countries in the West Block. It is planned to take place in Ouidah, Benin from 4-8 December 2006.

This workshop which is for national logisticians, from 15 countries in the West Block, will focus on building capacity in the use of computerized tools for vaccine management, cold chain planning and waste disposal planning. It will also serve to update their knowledge so that they will be able to play a key role in training at the national level in 2007.

Measles Follow-Up SIAs

From October to December 2006, four countries in the Western Block (Ghana, Guinea, Senegal and Sierra Leone) will be conducting measles follow-up SIAs, targeting 9.06 million children aged nine to 59 months.

All countries will be integrating Vitamin A distribution with the campaign. Other interventions to be integrated are ITNs distribution in Sierra Leone and Ghana; OPV administration and measles vaccination in Ghana; and mebendazole treatment in Sierra Leone, Guinea and Senegal.

Countries are expected to fund 50% of operational costs.

GHANA

28/11/06 from Hayatee Hasan, WHO/HQ:

In an unprecedented attempt to save the lives of 20,000 infants and children in the coming year, Ghana began a nationwide distribution of 2.1 million long-lasting bed nets as a part of a massive integrated child health campaign on 1 November 2006.

During the week-long campaign, millions of children will be immunized against measles and polio, and given vitamin A supplements. Children in the three northern regions of the country will be de-wormed. For the first time in Ghana's history of national immunization days, all children under two will be given insecticide-treated bed nets free of charge. For more information, visit:

http://www.who.int/immunization/newsroom/PR_Ghana_campaign_FINAL_1_11_2006.pdf

MALI

28/11/06 from ICST West AFRO: A preventing campaign targeting 1.76 million children aged nine months to 15 years has just ended in Mali. A total of 1.84 million children in 15 districts were vaccinated. The vaccines used for this campaign were part of the 2005 GAVI

stockpile of yellow fever vaccines. This brings the number of persons vaccinated since 2004 with vaccines from the GAVI stockpile facility to 11.4 million.

EASTERN MEDITERRANEAN

REGIONAL INFORMATION

28/11/06 from EMRO:

Regional Consultation on Routine Immunization - was held in October 2006. The agreed schedule is being fine-tuned through the exchange of comments on the subject by the partners and others concerned. The final recommended EPI schedule for EMRO is expected to be available by end 2006.

Rotavirus Surveillance Network in EMR – The second regional training workshop on surveillance of rotavirus gastroenteritis in the Eastern Mediterranean Region will be held in Cairo, Egypt, during the period of 10-12 December 2006. The workshop will cover training on the clinical and lab standard operating procedure including hands-on lab training. Twelve participants from Yemen and Sudan will attend the workshop. Field work is expected to be launched in four sites in Yemen and five sites in Sudan in early 2007.

Surveillance of rotavirus gastroenteritis started in Pakistan in early 2006. Surveillance activities are ongoing successfully in five sentinel sites.

Bacterial meningitis surveillance network in EMR – An inter-country workshop on bacterial meningitis surveillance network in the Eastern Mediterranean Region was held in Cairo, Egypt, during the period 19-20 November 2006. The ongoing bacterial meningitis surveillance in Pakistan, Sudan and Yemen were reviewed to identify strengths and weaknesses as well as to plan for the future. In view of the successful implementation of the programme, the network will expand to cover more states in Sudan and more provinces in Pakistan. Surveillance of severe pneumonia and sepsis is planned to be launched in these countries in early 2007.

AFGHANISTAN

28/11/06 from EMRO:

- **Tetravalent vaccine** (DTP-HepB) is being provided under GAVI support to children aged 0-11 months since July 2006. This is being done through a phased manner.
- Country plans to apply for the introduction of **Hib vaccine** in the routine EPI schedule by end 2007.

DJIBOUTI

28/11/06 from EMRO:

- The **cMYP** has been updated with the assistance of a WHO consultant.

- UNICEF is procuring the **cold chain** needs highlighted by the Independent Review Committee.
- The clarifications requested by the GAVI IRC regarding the **pentavalent application** were submitted to GAVI.

PAKISTAN

28/11/06 from EMRO:

- The **cMYP** for 2005-2010, including the costing and financing component was approved by the National ICC and Health Sector Coordination Committee in October 2006.
- The country plans to submit an application for **Hib vaccine support** from GAVI under phase 2 in March 2007. The country plans to introduce Hib vaccine in the routine EPI schedule in early 2008. As a part of its commitment for Hib introduction, the Government has created a line item budget for this in its overall health budget.
- Preparations are underway for mass scale **measles campaign** targeting almost 68 million children aged nine months to 15 years, planned for 2006-2007.
- A **national EPI review** meeting to share the results of the EPI Coverage Evaluation Survey 2006 will be held in Islamabad on 9 December 2006.

SOMALIA

28/11/06 from EMRO: A plan for EPI activities using GAVI **ISS** funds through WHO/EMRO has been prepared and approved. The agreed activities will begin soon.

SUDAN

28/11/06 from EMRO:

- The country is planning to submit an application for **Hib vaccine** (pentavalent) in January 2007.
- The proposal for **HSS support** will be submitted in March 2007.
- An **assessment for the health sector** has been undertaken by a local consultant. The draft report is being reviewed by the MoH and WHO/EMRO.

YEMEN

28/11/06 from EMRO: The EPI is focusing on undertaking a **DQA** in December 2006.

EUROPEAN REGION

RUSSIAN FEDERATION

28/11/06 from EURO:

First meeting of the Measles/Rubella Laboratory Network of the Russian

Federation - Representatives of the 10 Russian Federation sub national laboratories and the National Measles Center at the Gabrichevsky Institute, Moscow, met with representatives of the WHO Regional Office for Europe and WHO Geneva on 6-9 November 2006. The purpose of the meeting was to discuss progress of the laboratory work, in light of the regional target to eliminate measles and rubella by the year 2010.

The meeting participants agreed that substantial progress has been made towards measles elimination in the Russian Federation. Almost all measles cases are laboratory confirmed. Laboratory reporting is timely and complete. All laboratories are accredited for diagnostics of measles and rubella by the WHO Regional Office, and some have been approved for dried blood spot diagnosis of measles and rubella. Genotype determination of the measles and rubella viruses circulating in the country has been providing in-depth information on the progress of elimination, as genotypes are being displaced seasonally, indicating that endemic circulation has been halted.

Overall measles morbidity is low in the Russian Federation; 50% of the regions report less than 1 case per 1 million population. However, in recent years measles morbidity in persons older than 14 years has increased and the number of measles cases more than doubled in 2006. These (young) adult cases of measles were only partially

vaccinated. Conversely, rubella morbidity is high and cases are also shifting to adolescents and young adults.

Taking into account the 2010 target, the meeting participants agreed that the laboratory surveillance of measles and rubella should be further strengthened. The necessity of timely delivery of patients' samples to determine measles and rubella virus genotype was stressed. The importance of surveillance for rubella in pregnant women was equally emphasized, as was the need to strengthen the diagnostics of rubella in pregnant women, of congenital rubella infection in infants and of congenital rubella syndrome. Finally, it was agreed that the elimination target substantially increases the amount of laboratory investigations, requiring an increase in laboratory resources - staff, equipment and reagents.

SOUTH EAST ASIA

REGIONAL INFORMATION

28/11/06 from SEARO:

Development of cMYPs – DPR Korea completed the cMYP and submitted an application for HSS funding. Bhutan and Nepal have almost finalized their cMYPs; Bangladesh and Sri Lanka will have their cMYPs finalized by end December 2006. Indonesia and Myanmar are expected to finalize their cMYPs by the first quarter of 2007.

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



LIST OF MEETINGS & KEY EVENTS RELATED TO IMMUNIZATION

Regional Meetings & Key Events Related to Immunization: December 2006 to 2009					
Title of Meeting	Start	Finish	Location	Responsible Partner	Region
Dec-06					
Global Vaccine Research Forum	04-Dec	06-Dec	Bangkok, Thailand	WHO	Global
GAVI IFFIm Board Meeting	05-Dec	05-Dec	Geneva or London	GAVI Secretariat	Specific
European GAVI Regional Working Group Meeting	07-Dec	07-Dec	Copenhagen, Denmark	EURO	EUR
European Inter-Agency Coordinating Committee Meeting	07-Dec	07-Dec	Copenhagen, Denmark	EURO	EUR
Annual General Meeting of Developing Countries Vaccine Manufacturers Network	08-Dec	09-Dec	Bangkok, Thailand	Serum Institute, India	Specific
EMRO Regional Training Workshop on Surveillance of Rotavirus Gastroenteritis	10-Dec	12-Dec	Cairo, Egypt	EMRO	EMR
SEARO Regional National Control Laboratory Meeting	11-Dec	13-Dec	Jakarta, Indonesia	SEARO	SEAR
2007 Meetings					
Jan-07					
EMRO Regional Consultation Meeting on Vaccine Stock Management	09-Jan	10-Jan	Cairo, Egypt	EMRO	EMR
GAVI EMRO Regional Working Group Meeting	16-Jan	18-Jan	Cairo, Egypt	EMRO	EMR
AFRO Hib Regional Forum for Francophone countries	17-Jan	18-Jan	Brazzaville	WHO/AFRO	AFR
Hib Initiative Retreat	21-Jan	01-Feb	Montreux	Hib Initiative	Specific
GAVI Review for NVS & Measles 2nd Dose Applications (Deadline: 12 January 2007)	22-Jan	31-Jan	Geneva	GAVI Secretariat	Specific
Western European Measles and Rubella Laboratory Network	23-Jan	24-Jan	Bilthoven, Netherlands	WHO/EURO	EUR
SEARO GAVI Regional Working Group Meeting	29-Jan	29-Jan	Bangkok, Thailand	SEARO	SEAR
Feb-07					
East & South African EPI Managers Meeting	Feb	Feb	Mombasa, Kenya	AFRO (E&S)	AFR
GAVI Quarterly Fund Executive Committee Meeting	07-Feb	07-Feb	Washington DC	GAVI Secretariat	Specific
Global Immunization Meeting	13-Feb	15-Feb	New York	UNICEF	Global
Joint Polio Containment Laboratory Network	20-Feb	22-Feb	St. Julians, Malta	EURO	EUR
Measles European Regional Reference Laboratory	25-Feb	25-Feb	tbd	EURO	EUR
Seventh Annual Meeting of Partners for Measles Advocacy	27-Feb	28-Feb	Washington DC	American RED Cross	Global
Mar-07					

Second Integrated Polio and Measles/Rubella Laboratory Network Meeting for NIS Countries	13-Mar	16-Mar	Ashgabat, Turkmenistan	WHO/EURO	EUR
European Technical Advisory Group of Experts (ETAGE) meeting	26-Mar	27-Mar	tbd	EURO	EUR
GAVI Review for HSS Applications (Deadline: 2 March 2007)	26-Mar	tbd	Geneva	GAVI Secretariat	Specific
European Programme Managers Meeting	27-Mar	29-Mar	tbd	EURO	EUR
Apr-07					
Strategic Advisory Group of Experts (SAGE) meeting	16-Apr	17-Apr	Geneva	WHO/HQ	Global
European Immunization Week	16-Apr	22-Apr	tbd	EURO	EUR
European Regional Working Group Meeting	20-Apr	20-Apr	tbd	EURO	EUR
GAVI East & South African Sub-Regional Working Group Meeting	April	April	tbd	AFRO (E&S)	AFR
May-07					
GAVI Quarterly Fund Executive Committee Meeting	11-May	11-May	Geneva	GAVI Secretariat	Specific
GAVI Joint Alliance & Fund Board Meetings	12-May	12-May	Geneva	GAVI Secretariat	Specific
GAVI Review for ISS, INS, NVS & Measles 2nd Dose Applications (Deadline: 20 April 2007)	21-May	tbd	Geneva	GAVI Secretariat	Specific
EMRO EPI Managers Meeting	May	May	tbd	EMRO	EMR
Jun-07					
Global Advisory Committee of Vaccine Safety (GACVS) Meeting	12-Jun	13-Jun	Geneva	WHO/HQ	Global
GAVI Review of Annual Progress Reports (Deadline: 15 May 2007)	18-Jun	tbd	Geneva	GAVI Secretariat	Specific
Jul-07					
Aug-07					
Sep-07					
GAVI Quarterly Fund Executive Committee Meeting	12-Sep	12-Sep	Washington DC	GAVI Secretariat	Specific
Oct-07					
GAVI Review for ISS, INS, NVS & Measles 2nd Dose Applications (Deadline: 29 October 2007)	29-Oct	tbd	Geneva	GAVI Secretariat	Specific
Nov-07					
Strategic Advisory Group of Experts (SAGE) meeting	6 or 13 November	8 or 13 November	Geneva	WHO/HQ	Global
GAVI Quarterly Fund Executive Committee Meeting	12-Nov	12-Nov	Johannesburg	GAVI Secretariat	Specific
GAVI Joint Alliance & Fund Board Meetings	13-Nov	15-Nov	Johannesburg	GAVI Secretariat	Specific
Dec-07					
Global Advisory Committee of Vaccine Safety (GACVS) Meeting	12-Dec	13-Dec	CICG	WHO/HQ	Global

2008 Meetings					
Strategic Advisory Group of Experts (SAGE) meeting	08-Apr	10-Apr	Geneva	WHO/HQ	Global
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