



Update

ON COUNTRY LEVEL GAVI & VACCINE FUND RELATED ACTIVITIES

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

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GAVI BOARD

GAVI Executive Committee held a teleconference 30th of March. Please refer to the GAVI website for summary and topics discussed :

http://www.vaccinealliance.org/home/Board/Board_Reports/telecon_300304.php.

A GAVI Board teleconference was held 6th of May to discuss the Measles Investment Case. The GAVI Board approved in principle the use of \$50 million in Vaccine Fund resources for measles mortality reduction efforts in Africa. More information will be posted on GAVI website shortly.

Next meeting of the GAVI Board: 6-7 July 2004, Washington DC. Will be followed the day after by an NGO Forum. For more information you could contact : Mustitague Chowdhury at mc2218@columbia.edu or Mark Grabowsky at grabowskym@usa.redcross.org

REVIEW PROCESS

17/05/04 from GAVI Secretariat :

IRC (Independent Review Committee) is meeting for three days (24-26 May 2004) to review proposals from six countries : Benin, Ethiopia, Guinea-Bissau, Mali, Mongolia and Mauritania.

Monitoring Review of the Annual Progress Reports will be held from 21st May to 2nd June 2004.

AVI

21/05/04 from Dr Oya Afsar :

Accelerated Vaccine Introduction Priority Project (AVI-PP) of WHO is holding its annual Retreat in Geneva, from 2-3 June 2004. WHO regional new vaccine officers and partner agencies will participate in the meeting, to facilitate a mutual exchange of information on regional activities and latest developments. The objectives of the meeting are:

- To review the current developments and issues with regard to new vaccine introduction in the 6 Regions and the closer integration of new vaccine activities into routine immunization,
- To discuss regional action plans and priorities on new vaccine introduction,

- To provide regional new vaccines officers with technical updates.

Regional ADIP Coordination Meetings: The management team of Accelerated Development and Introduction Plans (ADIPs) for pneumococcus and rotavirus, is going to conduct coordination meetings in 4 WHO regions during May-June. The objectives of the meetings are to inform focal points on ADIP scope and strategies, to enhance collaboration and to agree on specific activities. The meetings will be attended by ADIP management teams, WHO HQ and RO new vaccines focal points and related partner agencies. First meeting will be held with SEARO in Delhi, on 25 May, others to be confirmed.

POLIO

19/05/04 from Mr Oliver Rosenbauer, WHO/HQ : Asian and North African countries close to ending polio, announce accelerated plans to quickly 'mop-up' new cases.

West and central African countries announce emergency strategies to get back on track following outbreak.

Asian and North African countries could be polio-free within months, while west and central African countries must change track to stop the virus, according to data presented in Geneva by Health Ministers from the world's six remaining polio-endemic countries. The ministers announced a two-pronged strategy to further accelerate eradication activities in both areas.

With latest figures showing the Asian and north African regions at record low levels of polio (together reporting only 21 cases in 2004, compared to 94 this time last year), ministers of health of Afghanistan, Egypt, India, and Pakistan announced an accelerated strategy to "mop-up" each new virus. Under this ambitious initiative, each new poliovirus found will trigger two massive, tailored immunization campaigns in response, targeting between one and five million children, before the virus has the opportunity to spread.

With the all-time low levels of polio in Egypt, India, Pakistan and Afghanistan, four of the six remaining endemic countries are on track to meet the end-2004 target for stopping polio – a date set by endemic country governments on 15 January at the signing of the “Geneva Declaration for the Eradication of Poliomyelitis.”

But countries in west and central Africa, particularly Nigeria and Niger, will need different strategies to bring the regional eradication initiative into line with the progress in the Asian region this year. After making the most rapid progress of any region in the world, west and central Africa suffered a significant setback, due to the outbreak which originated in northern Nigeria where immunization campaigns have been suspended since August 2003.

The new strategy for the African region includes the reintroduction of a mass, synchronized immunization campaign across 21 countries by early 2005 at the latest. This strategy will be supplemented, where appropriate, with mop-up campaigns around any importations.

Recognizing that the northern Nigerian state of Kano has yet to resume immunization activities, Professor Eytayo Lambo, Minister of Health, Nigeria, informed the meeting: "This month, an understanding was reached and signed between Kano state government and federal authorities on the required conditions for re-starting the polio immunization activities in Kano. As these conditions are now being met, we have made preparations to support full catch-up immunization campaigns in Kano, ahead of the nation-wide activities in September, October and November."

The spearheading partners of the Global Polio Eradication Initiative warned that the spread of virus from Kano across west and central Africa already cost US\$ 25 million for emergency campaigns in 2003 alone, in response to these re-infections. The further intensification of activities will result in significant additional costs.

TRAINING

**19/05/04 from Ms Jhilmil Bahl, WHO/HQ:
Training partnership meeting, 1 June, WHO
Geneva**

Training partnership meeting will take place in WHO, Geneva on 1 June, 2004. Meeting will bring together partners working on immunization training. The main objectives of the meeting are :

1. Update on training activities in 2003 and prioritization of training activities by region and by country for 2004
2. Identify areas of collaborative work
3. Share knowledge and experiences on RED training and Supportive Supervision
4. Introduce and disseminate new WHO training materials including “Immunization in practice”.

CD-ROM 'Resources for Immunization managers - 2004 update'

This CD containing over 400 documents of interest to Immunization managers is now available. The CD-ROM contains a powerful search feature and a new section containing country examples has been added since the last update. For copies please write to epitraining@who.int

Immunization in Practice CD-ROM

Immunization in Practice- A practical guide for health staff is now available on a CD-ROM. The CD-ROM contains Word and Pdf files of all modules and also contains all figures included in the publication. The printed versions will be available in July 2004. For orders write to epitraining@who.int

COUNTRY INFORMATION

AFGHANISTAN

16/03/04 from EMRO :

- Microplanning exercise has been completed. GAVI ISS funds are for 7 selected provinces, but the remaining provinces will also benefit from the RED approach through the use of other funds. Sustainable outreach activity conducting pulse immunization seems to be the most suitable solution for now to increase routine coverage.
- MOH reported 53% DTP3 coverage in 2003 (highest since 10 years), the country becoming eligible to apply for NVI. Possibility of HepB introduction will be discussed in national ICC.
- DQA conducted in late 2003 was successful.
- A RWG visit will take place from 21-28 May 2004. FSP is also scheduled for 2004.

BURUNDI

16/03/04 from AFRO :

Pentavalent vaccine will be delivered to the country by the end of the year. DTP-Hib should be consumed before the pentavalent is used.

CAMEROON

16/03/04 from AFRO :

Clarification on the hepatitis B application were received by the GAVI Secretariat. It is expected that a decision could be communicated soon.

Following the YF cases in Sep/Oct 2003, they have conducted YF vaccination in one part of the country. Now they plan to vaccinate additional population in the North and are seeking support for this activity.

CHINA

13/05/04 from WPRO :

GAVI Project Office in China has been functioning since 2 years.

A comprehensive EPI review is planned for October 2004 with the participation of all partners. Impact of HepB immunization will also be assessed.

COMOROS

13/05/04 from AFRO :

Comoros' application for DTP-HepB has been approved, but until the supply situation improves they will start with monovalent HepB. The country is about to submit the annual report.

CONGO

16/03/04 from AFRO :

Met 50% DTP3 coverage in 2003. The country plans on applying for pentavalent vaccine in September 2004.

DJIBOUTI

16/03/04 from EMRO :

- As the routine administrative DTP3 coverage has exceeded 50% in 2003, the country has been encouraged to discuss HepB introduction within ICC.
- INS support ends this year. FSP is also scheduled for this year. Djibouti will be exempted from DQA because of its population size.

D.R.C

16/03/04 from AFRO :

The country has introduced routine YF immunization in May 2003 in 95 zones. Currently the coverage is around 20%. Expansion is planned in 2004. An assessment of YF implementation is planned in May 2004, one year after the introduction.

ERITREA

13/05/04 from AFRO :

An FSP is planned for the country after a positive FSP orientation workshop in Pretoria.

ETHIOPIA

13/05/04 from AFRO :

- INS ends this year. The country plans to use ISS funds and to apply to Global Fund for HIV, Malaria and TB, to sustain the purchase of injection safety materials.
- Technical assistance is requested for strengthening routine immunization.
- The country has applied for new vaccines introduction in May 2004 round. Their first preference is pentavalent, however, the introduction plan is prepared according to monovalent HepB. IRC will evaluate the proposal next week.

KENYA

13/05/04 from AFRO :

The country is preparing for DQA. There is an interest by the World Bank to support immunization in the country.

LAO PDR

13/05/04 from WPRO : The country has started advocacy and mobilizing resources for the FSP.

LESOTHO

13/05/04 from AFRO :

- An FSP is planned for the country after a positive FSP orientation workshop in Pretoria.
- The country needs to submit a new application to switch to pentavalent vaccine, because they were approved for Hep B monovalent in Oct 2001. They need an EPI review, or reference to similar assessments before this application.

MALI

23/03/04 from AFRO : The government still plans to apply for Hib as a result of improved lab surveillance. They are planning for a phased introduction. The issue has to be discussed and approved by national ICC.

MONGOLIA

13/05/04 from WPRO : Resubmitted its proposal for the introduction of DTP-HepB+Hib (pentavalent) vaccine and for injection safety support.

PAKISTAN

16/03/04 from EMRO :

- Out of 20 selected RED districts, almost half have completed a microplanning exercise. Provincial ICCs were formed to assist with managing GAVI process at provincial level. UNICEF is about to recruit one EPI support staff per province.
- HepB3 coverage (65%) has become similar to that of DTP3 in 2003 but it has not increased demand for other antigens as expected.

PAPUA NEW GUINEA

13/05/04 from WPRO :

The country has undergone a health reform and decentralization process.

SOMALIA

16/03/04 from EMRO :

EPI data started to be collected by zone, region and district. Reported infant vaccination coverage for 2003 is 49% for DTP1, 27% for DTP3 and 29% for measles. Target population for EPI is under 5 and most children are vaccinated beyond infancy. Acceleration and catch-up campaigns are planned.

SUDAN

16/03/04 from EMRO :

- DTP3 and measles coverages for 2003 are 74% and 69% respectively. ISS funds continue to be used by the states for outreach, training, supervision, incentives, equipment and maintenance.
- The country will introduce HepB in 3 states in June, expanding countrywide in a period of 3 years. A baseline study will be conducted to identify disease burden and address vertical transmission to decide on the birth dose.
- DQA was scheduled for April 2004 and FSP will also be prepared this year.
- South Sudan has not yet received ISS and INS funds.

SENEGAL

23/03/04 from AFRO :

The country has recently received the first shipment of HepB. According to the new supply situation, there is a small amount of excess pentavalent vaccine that can be used by countries in 2004. Therefore Senegal may have a chance to directly start with pentavalent earlier than it is anticipated.

VIETNAM

13/05/04 from WPRO : HepB integration has been conducted smoothly. A recent EPI review revealed encouraging results on the quality of immunization services.

YEM EN

16/03/04 from EMRO :

- Microplans for priority districts have been completed. Most of the ISS funds is waiting to be used in implementing those microplans.
- The country will start with pentavalent in early 2005. HepB birth dose will not be administered because of low vertical transmission and low hospital delivery rates.
- After failing in the DQA in late 2003, the country decided to conduct a coverage survey in 2004 and receiving a second DQA in 2005, while improving the reporting system in the meantime. FSP is scheduled for 2004, and INS support will end this year.

ZAM BIA

13/05/04 from AFRO :

Pentavalent vaccine will be delivered to the country by the end of 2004. They do not need to resubmit their application.

Regional Meetings of relevance to GAVI objectives : May - July 2004					
Title of Meeting	Start	Finish	Location	Responsible Partner	Region
May 2004					
AFRO - E & S Africa FSP Orientation Workshop	4-May	7-May	Pretoria, South Africa	WHO/AFRO	AFRO
EMRO - FSP Development Training Workshop	25-May	27-May	Cairo, Egypt	WHO/EMRO	EMRO
AFRO - Central EPI Programme Manager's Meeting	17-May	21-May	Douala, Cameroon	WHO/AFRO	AFRO
ADIP Meeting	25-May	25-May	Delhi, India	WHO/SEARO	SEARO
EURO Regional Working Group Meeting	25-May	25-MAY	Kiev, Ukraine	WHO/EURO	EURO
SIOFOK III	26-May	28-May	Kiev, Ukraine	WHO/EURO	EURO
June 2004					
Training Partnership Meeting	1-June	1-June	Geneva, Switzerland	WHO/HQ	HQ
AVI-PP	2-June	3-June	Geneva, Switzerland	WHO/HQ	HQ
EMRO EPI Programme Manager's Meeting	26-June	29-June	Cairo, Egypt	WHO/EMRO	EMRO
EMRO Regional Working Group Meeting	30-June	30-June	Cairo, Egypt	WHO/EMRO	EMRO
July 2004					
III Regional Rotavirus Meeting	20-July	20-July	Santa Cruz, Bolivia	WHO/AMRO	AMRO