



Update

ON COUNTRY LEVEL GAVI & VACCINE FUND RELATED ACTIVITIES

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

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GENERAL NOTE ON THE VACCINE FUND APPLICATION PROCESS

- The country activities listed below are those that have been initiated by various Partners of the Alliance.
- The **2nd Round 2003 - May deadline is 2 May 2003**. The review for this round will take place between 27 May – 4 June 2003.
- The **3rd Round 2003 – September deadline is 30 September 2003**.

GAVI BOARD

28/02/03 from GAVI Secretariat: The next GAVI Board meeting will be held in New York on 6 March 2003.

ADVOCACY AND COMMUNICATION TASK FORCE

28/02/03 from the Advocacy and Communication Task Force:

ACTF Meeting: The ACTF met on 5-6 February in Washington D.C. Action points emerging from the meeting included:

- Developments on a major documentary on immunization
- Mapping of communication activities
- Advocacy for financial sustainability for an upcoming workshop for communication professionals.

Broadcasting Immunization: CVP/PATH, in collaboration with WHO, UNICEF and the Vaccine Fund, is supporting the creation of a broadcast-quality film on immunization, designed specifically to encourage Vaccine Fund eligible country governments and partners in these countries to increase support for immunization activities. The film is scheduled to be completed by the end of 2003. BBC World Service has expressed interest in airing it and the team is exploring further distribution in countries not served by BBC. Contact swittet@path.org for more details.

Mapping of Communication Activities: UNICEF is currently undertaking a preliminary assessment of

country communication activities for immunization based on an analysis of UNICEF country reports for 2002. More detailed communication assessments of 10 polio priority countries will be available from April 2003. A consultant will be recruited to expand on these efforts in cooperation with ACTF partners. The two-month consultancy will include identification of human resources for immunization communication in partner agencies, collection and analysis of workplans, analysis of financial resources to support immunization communication activities, and assessment of agency/government coordination for immunization communication at country level. Potential applications should submit résumés to Heidi Larson, chair of ACTF (hlarson@unicef.org)

Advocacy for Financial Sustainability: FTF co-Chair Steve Landry attended the Washington meeting. The ACTF will be collaborating with FTF in developing targeted advocacy tools for financial sustainability based on Financial Sustainability Plans (FSPs). Tools will include key messages and advocacy strategies that address key stakeholders including government ministries, provincial and district leaders, health workers and communities, development agencies and donors. A consultant is being recruited to assist with this work. The ideal candidate will have experience/background in economics/finance as well as experience in the development of advocacy and communication tools. Potential applicants should submit résumé to Heidi Larson, chair of ACTF (hlarson@unicef.org)

Building Public Trust in Vaccines: UNICEF is undertaking research to analyse the current environment of anti-vaccination issues, strategies and key issues behind growing public questioning of vaccines. Plans include a meeting of experts from around the globe with experience in handling adverse events and vaccine rumours, leading to the development of communication strategies for building and maintaining public trust in vaccines. Those interested in sharing experience in this area are asked to contact Heidi Larson (hlarson@unicef.org).

Workshop on Immunization for Communication Professionals: During 2003, the ACTF will be supporting several workshops in Asia and Sub-Saharan Africa. The first is slated for 31 March – 1 April in Bangkok, and will

introduce communication officers in several GAVI partner offices, including UNICEF, WHO and CVP/PATH to cutting edge issues and challenges in communication for immunization. The agenda will include:

- Communication strategies for the introduction of new vaccines and strengthening routine immunization, including programme communication, social mobilization and building links between health services and communities.
- Communication strategies for immunization safety including response mechanisms for handling real or suspected adverse reactions to vaccines, for responding to vaccine rumours and for ensuring continued public trust in immunization.
- Communication and advocacy for increasing investment in and ensuring financial sustainability for immunization, included the development of key messages for decision makers in government, among donors at central and district level in the health and finance sectors.

On the second workshop day, the focus of working groups will be on the development of strategies and tools to address these challenges. The results will be shared widely among all GAVI partners.

The Bangkok workshop which is being organized for the ACTF by CVP/PATH, builds on the success of a similar two-day session held in New Delhi in 2002. The Delhi workshop had several far-reaching consequences, including the inspiration of a highly innovative strategy for immunization that is now being implemented by UNICEF Nepal. For more information please contact swittet@path.org or scameron@unicef.org

IMPLEMENTATION TASK FORCE

28/02/03 from the Implementation Task Force:

Monitoring & Evaluation – 12 February Call

Revision of GAVI Milestones: The ITF M&E sub-group has made a proposal to refine the GAVI milestones, including new milestones on injection safety and yellow fever vaccination and refinements of existing ones.

Alternatives to the current reward mechanisms: The ITF M&E sub-group has prepared a document (summary notes) on alternative reward mechanisms, which are to be disseminated to the GAVI Working Group for discussion and comments.

Capacity Building – 11 February Call

Integrated Training and Supportive Supervision:

A paper on “Integrated Training and Supportive Supervision: A Challenge to Improved Quality of Health Services in Countries” was discussed. Previously there has been no single model used for health sector reforms. However, decentralization and integration are the major strategies of health sector reforms. Integration is important because it is cost effective and meagre resources available could be used more effectively and efficiently.

Supportive supervision involves on-the-job transfer of knowledge, attitudes and skills through two-way communication between a supervisor and supervisee. It comprises practical on-site training on selected

priority topics that are operational. Supervisors will need to be trained on supervision and other skills, using polyvalent materials, such as mid-level management (MLM) training materials, in order to carry out on-the-job training and short workshops.

Update on EPIVAC Training – AMP: The first residential course was conducted for the West and Central African region in November 2002. An evaluation was conducted of the two types of training provided:

- Trainees (district managers) – 4 weeks
- Supervisors (Special need for this since they play an important role in tutoring for a duration of 40 weeks in districts – 5 weeks.

EPIVAC is focused on field epidemiology and management, finance, GAVI tools, and budgeting. Although the course is strictly related to immunization, generic courses on management and finance can be applied to other activities in the health sector.

The complete training course takes place over 12 months, which includes the introductory course of four weeks for trainers, followed by 11 months of distance learning, including the writing of a technical paper. Trainees will be regrouped at a later stage to present their papers in front of a jury consisting of members from the Universities, AMP, and the director of the paper.

The first course had 45 trainees from Benin, Burkina Faso, Cote d’Ivoire and Mali, and Senegal will commence this year. Trainers from the Universities of Abidjan and Paris as well as colleagues from the West African ICP, CVP/PATH participated. The course will expand from the initial five countries to 11, and then 23 given the limited resources.

Vaccine Management Training Network (VMTN): A new initiative from WHO/HQ called the VMTN, similar to the Global Training Network (GTN) is being undertaken to help vaccine managers to develop skills to improve vaccine management that fully protects vaccines from arrival in countries to the point of use.

This network was developed in response to several requests for assistance by regions in designing and assisting in cold chain logistics. Training sessions will be based on practical exercises and field experience, and linked directly with projects at the country level such as cold store certification method.

This will be in coordination with WHO/HQ through regional structures and partner agencies such as CVP/PATH and UNICEF.

Update from Merck: The Request for Proposal (RFP) was issued on 8 November 2002, with a deadline for applications of March 2003, which will be ranked based on pre-set criteria by an Independent Review Committee in April 2003, when the recipient will be announced. The programme requires that the training coincide with the WHO/GAVI international standard documents. This is a non-profit initiative funded by the Merck Foundation, limited to GAVI eligible African countries.

STRENGTHENING SERVICES

IMMUNIZATION

28/02/03 from Jhilmil Bahl, WHO/HQ: During the Immunization Training Action Group (ITAG) meeting in October 2002, the following activities were discussed and undertaken in the subsequent six months:

- Disseminate (6) case studies on examples of supportive supervision, highlighting methodologies used and lessons learned. A one pager is available.
- Examples of countries currently implementing supportive supervision techniques such as Andhra Pradesh (India), Mali, Togo, Bolivia, Uganda and Honduras were developed. These experiences can be shared to disseminate lessons-learned.
- Generic guidelines were made available for supportive supervision, monitoring and evaluating training activities, and conducting a training needs assessment. These will be followed-up shortly to measure the impact of training.

COUNTRY INFORMATION

AFGHANISTAN

28/02/03 from Eastern Mediterranean Regional Working Group: MOH Afghanistan and WHO country office (including the polio officers) are planning to hold a national EPI consultation involving all EPI stakeholders from 24-25 February 2003.

ANGOLA

28/02/03 from East and South African Regional Working Group:

- A national EPI review is scheduled from 17-28 March 2003, with external consultants Drs Serge Ganivet (WHO/AFRO), Robin Biellik (WHO/Zimbabwe) and Bob Davis (UNICEF/ESARO), Rosemary Wellington (UNICEF/ESARO), and possibly Renee Van de Weerd (WHO/HQ) to assist with preparations for a submission of applications for ISS and New Vaccines. Protocol development is in progress.
- Measles campaign is scheduled from 12 April to 19 May 2003. The target group and figure is seven million children less than 15 years, nationwide.

BOSNIA & HERZEGOVINA

28/02 from European Regional Working Group: A joint WHO/UNICEF mission took place in December 2002. The team participated in a two-day meeting on immunization with paediatricians, and national/district EPI managers. Participants showed interest in improving communication and providing accurate information about immunization. UNICEF conducted a KAP study targeting parents, health workers and journalists. A workshop for journalists on public health and ethics in reporting was planned for February 2003. The RWG priority is to assist the newly appointed Minister of Health to develop an immunization policy and develop strategies. A joint mission should be organized soon after the appointment of the new Minister.

BURKINA FASO

28/02/03 from Gill Mayers, WHO/HQ: EPI Review will be conducted prior to submitting application for HepB in the May 2003 round.

28/02/03 from Chris Nelson, WHO/HQ: According to the Burkina Faso Ministry of Health, (BFA MOH) Surveillance Unit, meningitis accounted for 611 cases (attack rate (AR) 5/100,000 population/week) and 71 deaths (case fatality rate (CFR) 12%) in week the week of 10-16 February 2003 (week 7 of 2003). AR show five districts in epidemic phase (Batie, Bogande, Manga, Pama, Po) and eleven in alert phase. Two districts that had AR above 10/100,000 population/week (Leo, Sapone) have week 7 AR from 5-9/100,000 population/week. From weeks 1 to 7, there have been a total of 2,429 cases (AR 2.8/100,000 population/week) and 401 deaths (CFR 16%). Laboratory analysis of CSF specimens from all affected districts except Batie indicates cases with predominantly NM W135, and some with Nm A. Batie shows exclusively Nm A. In 2002, peak AR were achieved in week 10.

With assistance from WHO/Burkina Faso, the BFA MOH is now preparing an Inter-Agency Coordinating Group (ICG) application for trivalent Nm ACW polysaccharide vaccine. 1.4 million doses have been requested.

CAMBODIA

28/02/03 from Asia Pacific Regional Working Group:

- Cambodia has achieved exclusive use of ADs for EPI nationally.
- New Vaccine introduction is progressing to plan, and has the potential to accelerate if increased supply of vaccines can be provided by GAVI.
- Birth dose of HepB vaccine will be trailed in selected hospitals by the end of this quarter.
- In 2002, reported coverage may have declined reflecting improved data quality as well as problems with funding outreach activities in the first quarter of 2002.
- RWG prepared an outline plan for the district microplanning process to improve coverage.

CHINA

28/02/03 from Asia Pacific Regional Working Group: Procurement of supplies (locally produced HepB vaccine and safe injection supplies) commenced in January 2003. A review of the GAVI project (reducing user-fees for HepB vaccine and introducing ADs) is being considered for June 2003.

ERITREA

28/02/03 from East and South African Sub-Regional Working Group: The Post-Introduction Evaluation is scheduled for 21-30 April 2003.

ETHIOPIA

28/02/03 from Gill Mayers, WHO/HQ: Intending to apply for New Vaccines (HepB and Hib) in May 2003. Drs Paul Fife (UNICEF), Shanelle Hall (UNICEF Supply Division) and Rudi Eggers (ICP WHO/Kenya) are expected to visit from 11-13 March to advise on presentation options.

GHANA

28/02/03 from Messeret Eshetu, WHO/Ghana:

- A team sent from the GAVI Secretariat assisted in evaluating the Financial Sustainability process in Ghana from 13-17 January 2003.
- WHO/AFRO will provide technical support to assist with the Post Introduction Evaluation which is planned for 29 March-6 April 2003.

KYRGYZSTAN

28/02/03 from European Regional Working Group:

- A **rapid assessment of Hib disease burden** was conducted on 12 November 2002. The estimated incidence rate of Hib meningitis among children < 5 years of age in Kyrgyzstan is 5-25 cases per 100,000 children. This translates into an annual burden of 23-125 cases of Hib meningitis with 3-15 meningitis deaths and 116-625 cases of Hib pneumonia with 12-63 pneumonia deaths.
- The burden of Hib pneumonia on childhood mortality is likely to be quite high, possibly higher than estimates calculated from the RAT. The reason is that pneumonia causes up to 30% of childhood mortality in Kyrgyzstan. If it is assumed that Hib cause approximately 20% of childhood pneumonia in Kyrgyzstan as has been shown in other countries, more than 6% of childhood mortality in Kyrgyzstan may be attributed to Hib.

MLM training course: a training course for mid-level managers was conducted in Russian with the revised version of the MLM course, which contains new materials on HepB immunization and injection safety.

LAO PDR

28/02/03 from Asia Pacific Regional Working Group: Follow-up action by RWG may be requested to assist with RWG proposed plan for improving coverage.

MADAGASCAR

28/02 from East and South African Sub-Regional Working Group: The Vaccine Management Assessment was completed in early February 2003 and presented to the MOH in Antananarivo by Dr Serge Ganivet (WHO/AFRO).

PAKISTAN

28/02/03 from Eastern Mediterranean Regional Working Group:

- Drs Salah Alwaidy (National EPI Manager, Oman) and Frank Mahoney (NAMRU3) are scheduled to assist with a Hib-RAT from 23 February – 9 March 2003.
- MOH Pakistan will hold a National Review Meeting for EPI, with main focus on implementing the multi-year plan to increase access to routine immunization services. Dr Julian Bilous (WHO/HQ) and Mr Mojtaba Haghrou (WHO/EMRO) are expected to attend the meeting, which will be from 26-28 February 2003.

PAPUA NEW GUINEA

28/02/03 from Asia Pacific Regional Working Group: WHO is planning a visit in late February 2003 to support potential GAVI application. The RWG has finalized the advice to the government on GAVI application.

SUDAN

28/02/03 from Eastern Mediterranean Regional Working Group: Expected to apply for phased introduction of HepB and Hib vaccines in the May 2003 round.

TURKMENISTAN

28/02/03 from European Regional Working Group: The country reports high levels of immunization coverage, with outreach immunization in remote areas. Operational plan for 2003-2004 has been developed. Reporting forms have been revised. The cold chain was upgraded with the GAVI funds. Introduction of MMR is considered.

UZBEKISTAN

28/02/03 from European Regional Working Group:

- The country has one of the best national ICCs in the region, however it can be more proactive. Evidence is needed to prove that introduction of Hib vaccine is of high priority. Injection safety and waste disposal are major areas of focus. The government upgraded the cold chain equipment using the GAVI funds.
- A rapid assessment of Hib disease burden was carried out in November 2002. Estimated incidence rate of Hib meningitis among children < 5 years of age in Uzbekistan is 4-22 cases per 100,000 children. This translates into an annual burden of 98-565 cases of Hib meningitis with 12-68 meningitis deaths and 490-2,826 cases of Hib pneumonia with 25-283 pneumonia deaths.
- The burden of Hib pneumonia on childhood mortality is likely to be quite high, possibly higher than the estimates calculated from the RAT: The reason is that pneumonia accounts for about 25% of childhood mortality in the country. One study of pneumonia mentioned that Hib caused 21% of pneumonia in Uzbekistan, suggesting that Hib may cause over 5% of childhood mortality in the country.
- The incidence rate method probably underestimates the true incidence of Hib disease in the country due to a low rate of lumbar puncture and a lack of microbiological capability to diagnose Hib meningitis. A discussion took place at a debriefing meeting at the Ministry of Health about whether additional information is needed to decide about introduction of Hib vaccine.

VIETNAM

28/02/03 from Asia Pacific Regional Working Group: DTP3 coverage dropped in 2002, enabling the country to be available for ISS funding. Implementation of HepB continues to progress well.

ZAMBIA

28/02/03 from Mutale Mumba, WHO/Zambia: The GAVI Vaccine Provision Project (VPP) visited Zambia to inform Government officials and other GAVI Partners of the shortage of pentavalent vaccine and discuss alternative plans including the availability of suitable vaccine products from 26-28 January 2003. The team comprised Paul Fife (UNICEF HQ and Project Manager of VPP), Shanelle Hall (UNICEF Supply Division), and Pascal Mkanda (WHO ICP Southern Africa). A resolution was made to introduce DTP-Hib by January 2004 and switch to the pentavalent vaccine in January 2005 after discussions with the Minister of Health, Dr. Brian Chituwo, senior government officials, combined EPI team from Central Board of Health, WHO, UNICEF and the ICC. Dr Chituwo further informs the GAVI Team that Zambia has contributed towards the purchase of its vaccines, and the first cheque has already been issued to UNICEF.

for Provinces and selected Operational Districts (ODs) from 27-30 January in which to discuss follow-up activities to the workshop and to update on other activities and plans in the region.

- The ITF Core Group have requested RWGs to report on their experiences with reporting and feed-back to countries on data during the forthcoming ITF meeting in April 2003. The RWG previously decided that it was more important to obtain qualitative rather than quantitative reports on country progress, but it will now ensure that countries develop the capacity to produce timely coverage and disease data to be used for programme management.

END

REGIONAL ACTIVITIES

EUROPEAN REGIONAL WORKING GROUP

28/02/03 from European Regional Working Group: The sixth meeting of the European Regional Working Group took place in Kiev, Ukraine on 23 January 2003. The following issues were discussed:

Emerging communication issues and responses related to immunization in the Region: UNICEF is developing several global tools, however information needs to be adapted for use in the European region. A systematic approach should be taken in dealing with communications in the region. UNICEF will lead the regional work on advocacy and communication. EURO may consider promoting an information network that communicates a consolidated review of all partners.

Review of major planned activities: The RWG reviewed and updated information on major planned activities, deadlines and responsible officers. Priority countries for technical support missions are as follows: Armenia, Albania, Bosnia and Herzegovina, Tajikistan and Turkey. It was agreed that Armenia, Azerbaijan, Georgia and Tajikistan should be recommended for inclusion in the McKinsey report as priority countries together with Bosnia and Herzegovina.

Country Activities: Country activities were discussed, and issues specific to countries are outlined in their respective country listings.

ASIA PACIFIC REGIONAL WORKING GROUP

28/02/03 from Asia Pacific Regional Working Group: The Asia Pacific Regional Working Group held its meeting in Phnom Penh, Cambodia on 30 January 2003. The following is a summary from the meeting:

- Country activities and next steps were discussed.
- The RWG supported the Cambodia National Immunization Programme (NIP) in a workshop