



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*

28 May 2003

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.
- Please note change in round numbering below.
- The **2nd Round 2003 - May deadline was 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**.
- The next **Monitoring Review** will take place from **27 October 2003 to 7 November 2003**.

REVIEW PROCESS

28/05/03 from the GAVI Secretariat: The next GAVI Board meeting will be held in Washington D.C. from 15-16 July 2003.

28/05/03 from the GAVI Secretariat: Out of 22 countries that applied in the May 2003 round, four applied for Immunization Services support, 14 for New Vaccines support, and 15 for Injection Safety support. Further details are given under specific country listings.

GAVI BOARD

28/05/03 from GAVI Secretariat: The tenth GAVI Board Meeting was held in New York City on 6 March 2003. A summary of decisions made at the meeting are as follows:

Modus Operandi of Board with regard to GAVI Structures – A new Board sub-group composed of CDC, DFID, UN Foundation and WHO was created to:

- Assess functions, outputs and life cycles of the task forces against their original tasks, terms of reference and “added value role”
- Make recommendations to the Board on the future of each of the existing task forces at the July Board meeting.

Report of the McKinsey Study – The Board:

- Adopted a revised milestone to replace the currently ‘80/80’ milestone to link it to the Millennium Development Goals and the UN Special Session on Children goals. The new milestone reads “*By 2010 or sooner all countries will have routine immunization coverage at 90 per cent nationally with at least 80 per cent coverage in every district*”.
- Decided to integrate relevant parts of the McKinsey analysis into development of the strategic framework and explore the possibilities to use a differentiated approach for possible additional country support.
- Requested the Secretariat to further review with the Working Group and the ITF the criteria and list of priority countries proposed by the McKinsey and revise as appropriate.
- Requested the Secretariat to facilitate the mapping out of major partners and initiatives in priority countries and emerging thinking on how to accelerate efforts to meet the MDGs.

GAVI Strategic Framework – The Board requested the Secretariat to:

- Prepare a draft strategic framework for 2004-5 to be reviewed and agreed by the existing Board workplan sub-group.
- Develop clear statements on GAVI’s scope and functions, and of GAVI and the VF’s intentions to continue beyond five years, for communication to countries.

ADIP Steering Committee – The Board endorsed the proposed terms of reference for the ADIP steering committee and invited the Board members to provide comments and additional nominations for the committee within one week.

Addendum to IRC Recommendations – The Board endorsed the additional recommendations of the IRC concerning the financial implications for the satisfactory inception reports received from Indonesia, Cote d’Ivoire, and Rwanda and requested the Vaccine Fund to approve the above recommendation, and to provide US\$4,404,000 to meet the financial obligations of this decision.

New Board Member Representative – The Board endorsed the request from India that the new Indian

Minister of Health, Ms Sushma Swaraj be asked to join the GAVI Board.

Network For Education and Support in Immunization (NESI) – The Board endorsed the planned activities of the NESI.

ADVOCACY & COMMUNICATION TASK FORCE

28/05/03 from the Advocacy & Communications Task Force:

Building Public Trust: The ACTF Consultation on Building Public Trust in Vaccines was held at the Center for Global Health, George Washington University, on 5 May 2003. The meeting brought together several GAVI partners, regional representatives and specialists including Richard Skolnik, Director of the Center for Global Health at George Washington University, Alan Hinman from the Task Force on Child Survival and Development, Bruce Gellin, Director of the National Vaccine Program office in the Department of Health and Human Services, Ciro de Quadros from the Sabin Vaccine Institute and Deborah Wexler who is Executive Director of the Immunization Action Coalition among others.

The meeting explored diverse views and perceptions on how to (re)build public trust in vaccines and began to develop a framework for the development of a global communication strategy to re-invigorate interest in, and support for, vaccines and immunization. Members of this group along with other key GAVI partners unable to attend the meeting, are being consulted over the coming three months to inform the development of a communications strategy. UNICEF has recruited a strategic communication firm, Chlopak, Leonard, Chechter & Associates, who participated in the consultation and have begun a series of in-depth interviews to further the development of the strategy. For more information, please contact Heidi Larson (hl Larson@unicef.org)

Regional Meetings: ACTF Chair Heidi Larson will participate in regional meetings of communication officers and EPI Managers in Istanbul and Kathmandu to discuss new communication challenges in immunization and critical issues facing the media, such as responding to rumours and misinformation on adverse events and vaccines. Please contact Heidi Larson (hl Larson@unicef.org) for more information.

Workshop on Communication for Immunization: The ACTF Communication for Immunization workshop will take place in Bangkok, Thailand from 30 June – 1 July 2003. It brings together about 60 participants including country teams from more than a dozen nations in East Asia and the Pacific. Most teams combine specialists in communication, social mobilization and immunization from GAVI partners, including UNICEF, CVP/PATH, and WHO as well as national EPI Managers or their delegates and some government health education officials. The two-day meeting will focus on cutting-edge issues in immunization communication including working with the media, developing integrated strategic communication plans, among others. A CD-ROM of the workshop will be made widely available. Please

contact Sara Cameron, ACTF Coordinator, for more information (scameron@unicef.org).

Workshop on Using District-Level Data for Strategic Communication Planning to Raise Immunization Coverage: WHO and UNICEF regional offices are partnering with ACTF to sponsor three skills workshop on using immunization Monitoring & Evaluation data for advocacy and communication strategic planning. The first will be in Johannesburg from 16-20 June 2003. Communication focal points from a number of Anglophone African countries will share experiences successfully using various types of quantitative and qualitative data for planning at the district level. A Francophone workshop is planned later this year with another workshop for English-speaking countries in early 2004. For more information, contact Judy Graeff (jgraeff@unicef.org), Grace Kagundu (kagundu@whoafr.org) or Scott Wittet (swittet@path.org).

Work in Progress: The Vaccine Fund has issued a powerful new fundraising video featuring a strong call to action from VF Board members Nelson Mandela, Queen Rania and others. Requests for copies of the video, including the CD-ROM version should go to Nancy Ives at the Vaccine Fund. (nives@vaccinefund.org)

A film on the value of investing in immunization, supported by CVP is making excellent progress, following filming in Ireland and several African nations. UNICEF has recruited the Center for Development Communication to prepare the journalists guide to reporting on vaccines and immunization, and John Clements/Craig Manning to develop a guide for communication/immunization staff, on working with the media on immunization issues.

IMPLEMENTATION TASK FORCE

28/05/03 from the Implementation Task Force:

Capacity Building Call – 7 May 2003: Region Specific (SEARO) A region specific conference call was held between the South East Asia region and the ITF. Discussions were held around country activities:

- New vaccine introduction
- Strengthening immunization
- Capacity building
- Update on the latest applications
- Technical assistance.

Capacity Building: Immunization Advisors have been hired in Indonesia, Nepal and Bangladesh. These advisors participate in ICC meetings although they are not formally part of the structure.

Country Information: Activities discussed regarding individual countries are highlighted under specific country listings.

Monitoring & Evaluation Call – 23 April

A comparative analysis of the performance based funding mechanism of the GFATM and GAVI will be conducted. The Terms of Reference should be ready by September 2003 and the study, consisting of case studies and a global analysis is expected to begin in March 2004.

Meeting of the Implementation Task Force: The Implementation Task Force met in Geneva, Switzerland from 8-9 April 2003. The meeting included 63

representatives from 12 organizations and agencies interested in Immunization. They included the ACTF, CDC, CVP/PATH, DFID, FTF, GAVI Secretariat, IFPMA, NORAD; UNICEF; USAID; World Bank, and WHO. In addition, CVP, UNICEF and WHO partners from six regions attended.

Principle areas of discussion focused on:

- Consensus on activities in priority countries
- Strengthening ICCs
- RWG technical assistance to countries for GAVI applications and reports
- Pooling resources to strengthen immunization coverage in under-performing countries
- Strengthening monitoring systems
- Next steps in improving vaccine management within strengthened logistics systems
- Partner coordination including a review of global, regional and national level performance of the ITF, RWGs and ICCs.

A summary of outcomes and action points from the meeting include:

- The GAVI Secretariat was proposed to prepare a guideline on the preparation of progress reports with pre-formatted tables and spreadsheets.
- It was suggested that the GAVI Secretariat prepare a bi-annual report on fund disbursements to be shared with the Regional Working Groups.
- It was suggested that where Immunization Advisors exist in countries, they monitor the use of ISS funds and follow-up where there are barriers to disbursement.
- The GAVI Secretariat and CVP/PATH to disseminate existing guidelines and related documents on ideal structure and functioning of ICCs as an annex to the revised guidelines.
- ITF to revise the draft matrix of partner activities to include FSPs, assessments, etc to be more comprehensive and circulate.
- M&E sub-group to finalize, test and disseminate the self-assessment tool and model plan for improving monitoring and reporting in countries.
- It was proposed that global or regional training be provided for a roster of consultants to assist countries, preferably recruited from regions themselves.
- Training Partnership to revise Immunization in Practice which should include guidelines, training guide, and job aids to address data management at the HCW level.
- It was suggested that partners in the region and countries provide guidance to governments on the best use of ISS funds when requested.
- RWGs were asked to encourage countries to target districts, using core indicators for supervisors as part of the concept of supportive (or educational) supervision.
- RWGs to work further on the draft matrix of priority countries and make a selection of countries for strong follow-up in 2003.
- It was suggested that RWGs work with their national counterparts that sit on ICCs to follow-up with governments on applications and speed of ISS funds disbursement.

- RWGs to establish where feasible, at least quarterly monitoring and feedback system with countries.
- A Joint-ICC (covering other disease control programmes) should be involved in preparing and monitoring the MYP and strategy.
- It was suggested that RWG meetings should be held and rotated in conjunction with ICC meetings in order to maximise participation and coordination. ICC representatives should be invited to join RWG meetings.
- Partners working on the Reaching Every District (RED) strategy should encourage governments to produce a multi-year human resources strategic plan incorporating re-oriented polio staff where possible.

Presentations from this meeting are on the GAVI web-site at the following location:

http://www.vaccinealliance.org/home/Task_Forces/Implementation_Task/Documents/APR2003Mtnng.php

DATA QUALITY AUDIT

28/05/03 from Olivier Ronveaux, WHO/HQ: DQAs are planned in Afghanistan, Burundi, Cambodia, Lao PDR, Liberia, Madagascar, Myanmar, Nepal, Niger, Nigeria, Pakistan, Senegal, Yemen, Zambia and Zimbabwe in 2003.

NEW VACCINES

28/05/03 from Oya Afsar, WHO/HQ:

- The AVI Priority Project Retreat is scheduled for
- 9-10 June 2003 in Geneva, Switzerland.
- The Post Introduction Evaluation (PIE) consultation will be held in Geneva, Switzerland on 11 June 2003. Evaluation of the existing PIEs and eligibility criteria for subsequent PIEs will be discussed in this workshop.

STRENGTHENING IMMUNIZATION SERVICES

28/05/03 from Jhilmil Bahl, WHO/HQ: The second Training Partnership Meeting was held in WHO, Geneva on 7 April 2003. The meeting was well attended by all GAVI partners involved and interested in immunization training. The meeting provided an opportunity for partners to share information on ongoing and future training activities, and identify areas of collaborative work. The meeting summary can be found on the Training Partnership web-site:

<http://wwwstage/vaccines-diseases/epitraining/SiteNew/ImmuneSiteHome.htm>

Presentations made at the meeting are on the CD-ROM, for copies, contact bahlj@who.int

COUNTRY INFORMATION

AFGHANISTAN

28/05/03 from GAVI Secretariat: Submitted application for Injection Safety in the May 2003 round.

ALBANIA

28/05/03 from GAVI Secretariat: Resubmitted application for Injection Safety in the May 2003 round.

ANGOLA

28/05/03 from GAVI Secretariat: Submitted applications for Strengthening Immunization Services and Injection Safety in the May 2003 round.

28/05/03 from East and South African Regional Working Group:

- Nation-wide under 15 measles SIAs are currently in progress.
- Polio Technical Advisory Group (TAG) meeting is scheduled for June 2003.
- Large amount of BCG vaccine due to expire shortly.

ARMENIA

28/05/03 from European Regional Working Group: Hib RAT tentatively planned for September 2003.

BANGLADESH

28/05/03 from GAVI Secretariat: Resubmitted application for Injection Safety in May 2003 round.

28/05/03 from the South East Asian Regional Working Group: The introduction of HepB monovalent vaccine was launched in April 2003. The vaccine will be introduced throughout the whole country next year.

BHUTAN

28/05/03 from GAVI Secretariat: Application for Injection Safety approved after submitting clarifications.

28/05/03 from the South East Asian Regional Working Group: DTP-HepB combination vaccine use has been postponed till June 2003, in order to finish the stock of monovalent vaccine.

BOLIVIA

28/05/03 from GAVI Secretariat: Submitted application for Injection Safety in the May 2003 round.

BOSNIA & HERZEGOVINA

28/05/03 from European Regional Working Group: Hib RAT tentatively planned for September 2003.

BURKINA FASO

28/05/03 from Oya Afsar, WHO/HQ:

- EPI review is currently underway. Findings and report of the review are expected to be available by end-July 2003.
- Coverage survey to be initiated in end May, and training for supervisors are currently taking place.
- Plan to submit application for New Vaccines, HepB in September 2003.

CAMEROON

28/05/03 from GAVI Secretariat: Submitted application for New Vaccines (Yellow Fever) in the May 2003 round.

CENTRAL AFRICAN REPUBLIC

28/05/03 from GAVI Secretariat: Application for Injection Safety has been approved after submitting clarifications.

CHAD

28/05/03 from GAVI Secretariat: Submitted applications for Strengthening Immunization Services, Injection Safety and New Vaccines (Yellow Fever) in the May 2003 round.

CHINA

28/05/03 from Asia Pacific Regional Working Group: The review of the China GAVI project scheduled for 10-20 June 2003 may be cancelled due to SARs.

CONGO

28/05/03 from GAVI Secretariat: Resubmitted applications for Strengthening Immunization Services, Injection Safety and New Vaccines (Yellow Fever) in the May 2003 round.

COTE D'IVOIRE

28/05/03 from Oya Afsar, WHO/HQ: Application for New Vaccines (DTP-HepB) are on hold as situation needs to be discussed with the country.

DPR KOREA

28/05/03 from the South East Asian Regional Working Group: A WHO consultant is in the process of developing protocols and plans for training. Training has been delayed due to lack of funds. WHO is also assisting in providing solar refrigerators to assist the cold chain.

ERITREA

28/05/03 from GAVI Secretariat: Resubmitted application for Injection Safety in the May 2003 round.

28/05/03 from East and South African Sub-Regional Working Group: The Post Introduction Evaluation took place from 21-30 April 2003.

HAITI

28/05/03 from GAVI Secretariat: Resubmitted application for Injection Safety in the May 2003 round.

HONDURAS

28/05/03 from GAVI Secretariat: Submitted application for Injection Safety in the May 2003 round.

GAMBIA

28/05/03 from Oya Afsar, WHO/HQ:

Dr Souleymane Kone visited recently to assist with vaccine logistics and cold chain.

GUINEA BISSAU

28/05/03 from Oya Afsar, WHO/HQ: Plan to submit conditions requested for Injection Safety and apply for New Vaccines (Yellow Fever) in the next round (September 2003).

INDONESIA

28/05/03 from GAVI Secretariat: Submitted application for Strengthening Immunization Services in the May 2003 round.

KYRGYZSTAN

28/05/03 from GAVI Secretariat: Submitted application for Injection Safety in the May 2003 round.

LESOTHO

28/05/03 from East and South African Regional Working Group:

- National MLM Training of Trainers was completed in April 2003.
- Measles under-5 SIAs were completed, and evaluation meeting is planned around 1 June 2003.
- New Vaccine introduction has been drafted and currently awaiting technical assistance to help finalize it.
- Requesting AFRO for technical assistance for new vaccines training in July.
- Requesting ESARO for vaccine management support.

LIBERIA

28/05/03 from Oya Afsar, WHO/HQ: Planned to apply for New Vaccines (HepB) and Injection Safety in September 2003, however on hold due to current political situation.

MADAGASCAR

28/05/03 from East and South African Regional Working Group:

- Considering conducting an EPI review in June 2003.
- DQA is expected to be conducted in the third quarter in 2003.
- External surveillance review is expected to be conducted in the fourth quarter of 2003.
- Nation-wide measles under-15 SIAs are planned for 2004.

MALAWI

28/05/03 from East and South African Regional Working Group: After the consultancy of Dr Francisco Blanco on the use of pentavalent vaccine, there may be a necessity to adjust the amount of vaccine delivered to Malawi in 2004.

MALI

28/05/03 from Oya Afsar, WHO/HQ: Plan for post-introduction evaluation to be decided after the AVI-Priority Project retreat and Post-Introduction Evaluation Workshop in June 2003.

MAURITANIA

28/05/03 from GAVI Secretariat: Resubmitted application for New Vaccines (HepB) in the May 2003 round.

28/05/03 from Oya Afsar, WHO/HQ: Technical assistance for new vaccines has been conducted. Advocacy from a high level is needed for Yellow Fever introduction.

MOLDOVA

28/05/03 from European Regional Working Group: Hib RAT planned for July 2003.

MONGOLIA

28/05/03 from GAVI Secretariat: Submitted application for Injection Safety and resubmitted application for New Vaccines (HepB) in the May 2003 round.

28/05/03 from Jamsran Mendsaihan, WHO/Mongolia:

- The main objective of applying for DTP-HepB vaccine and injection safety materials is to introduce the vaccine and safety materials into the routine EPI programme.
- Infectious meningitis is a reportable disease in the country. Although there were several outbreaks in the country during the past 30 years, there is little information available regarding the extent of this disease attributed by Hib.
- At present, the MOH is conducting Hib surveillance in order to assess the burden of Hib disease, with a potential to introduce Hib vaccine in the country. Technical and financial support is provided by WHO.
- The Hib surveillance activity has been conducted since February 2002 in six hospitals (four district hospitals and two national hospitals; National Center for Communicable Diseases (NCCD) and the Maternal and Child Health Research Center in Ulaanbaatar City. The study population are children under 5 years of age with diagnosis of meningitis. Blood and CSF specimens are collected for laboratory investigation of Hib using culture and latex agglutination test.
- By February 2003, a total of 116 children with suspected meningitis were tested, of whom Hib was identified in 14 cases (12.1%), and three deaths due to this condition, giving the case fatality rate of 21.42% (3/14). As the percentage of patients with antibiotic pre-treatment was high (48.3%), it was expected that more Hib cases would be identified by subsequent PCR tests of the negative specimens.
- Based on available data, the incidence of Hib meningitis is calculated to be 21.6 per 100,000 children under 5 years old. The MOH is still continuing the surveillance activity for the second year in order to get reliable data to support the decision to introduce Hib vaccine in Mongolia.

NIGER

28/05/03 from GAVI Secretariat: Submitted application for Injection Safety and resubmitted application for New Vaccines (Yellow Fever) in the May 2003 round.

NIGERIA

28/05/03 from GAVI Secretariat: Submitted application for New Vaccines (Yellow Fever) in the May 2003 round.

PAKISTAN

28/05/03 from Oya Afsar, WHO/HQ: Post-introduction evaluation of monovalent HepB took place between 21 April – 4 May 2003.

RWANDA

28/05/03 from GAVI Secretariat: Application for Injection Safety approved after submitting clarifications.

SENEGAL

28/05/03 from GAVI Secretariat: Resubmitted applications for New Vaccines (HepB and Hib) in the May 2003 round.

SUDAN

28/05/03 from GAVI Secretariat: Submitted applications for New Vaccines (HepB and Hib) in the May 2003 round.

TOGO

28/05/03 from GAVI Secretariat: Submitted application for New Vaccines (Yellow Fever) in the May 2003 round.

UKRAINE

28/05/03 from GAVI Secretariat: Submitted application for Injection Safety in the May 2003 round.

28/05/03 from European Regional Working Group: Hib RAT planned for July 2003.

ZAMBIA

28/05/03 from East and South African Regional Working Group:

- Measles under 15 SIAs are planned for 7-13 June 2003. There has been intensive planning for this.
- Requesting AFRO to revisit MNTE plan and activities.
- Requesting postponement of DQA until at least a year after ISS funds arrive in the country.

28/05/03 from Mutale Mumba, WHO/Zambia:

- A training was conducted for Master Trainers on Injection Safety and revised EPI guidelines from 9-14 February 2003. Participants were drawn from the Ministry of Health headquarters, Provinces, Nursing Schools, Department of Post Basic Nursing at the University of Zambia, General Nursing Council and leading NGOs. Facilitators came from the Ministry of Health, WHO, UNICEF and Zambia Integrated Health Programme (ZIHP/USAID).
- GAVI approved the request to use DTP-Hib vaccine from January to December 2004, and the commitment to switch to DTP-HepB+Hib as soon as it became available, tentatively in January 2005. The total cost of DTP-Hib vaccine and injection equipment will be US\$4,901,500.
- Zambia was among the eight countries that attended the Financial Sustainability Planning workshop in Kampala, Uganda from 5-9 May 2003. The participants from Zambia included officials from the Ministries of Health and Finance, WHO and UNICEF.

ZIMBABWE

28/05/03 from GAVI Secretariat: Submitted applications for Injection Safety and New Vaccines (HepB and Hib) in the May 2003 round.

28/05/03 from East and South African Regional Working Group:

- Emergency situation with regard to routine vaccine and LPG Supply for cold chain now stabilized except for a small shortfall in 2003.
- Large amount of OPV, TT and measles vaccines due to expire shortly.

REGIONAL ACTIVITIES

AFRICA REGIONAL

28/05/03 from Modibo Dicko, WHO/AFRO: An *Inter-country course on vaccine and cold chain management* is being held simultaneously in English and French at the Ghana Institute of Management and Public Administration (GIMPA) in Accra, Ghana from 19-31 May 2003.

EASTERN MEDITERRANEAN REGIONAL WORKING GROUP

28/05/03 from the Eastern Mediterranean Regional Working Group: The 20th Inter-Country Meeting of National EPI Managers WHO/EMRO will be held in Cairo, Egypt from 29 June to 2 July 2003. This will be followed by the 6th GAVI Eastern Mediterranean Regional Working Group meeting on 3 July 2003.

WEST & CENTRAL AFRICAN SUB-REGIONAL WORKING GROUP

28/05/03 from the West & Central African Sub-Regional Working Group: The West & Central African Sub-Regional Working Group held a meeting in Dakar, Senegal from 15-16 May 2003. The agenda items from the meeting include:

- Updates on activities of the RWG, ITF and TCG meetings
- EPI Routine Activities
- Accelerated Disease Control Activities (Measles, Yellow Fever, Polio, Rubella)
- Functioning of the Regional Working Group (Financing, Workplans, Structure and functioning)

SOUTH EAST ASIAN REGIONAL WORKING GROUP

28/05/03 from the South East Asian Regional Working Group: A meeting for Programme Managers on Immunization is being organized in Kathmandu, Nepal from 24-26 June 2003. Issues to be discussed include training and working towards the "80/80" goals, in particular the RED (Reaching Every District) strategy's TORs and plan of action. This meeting will be followed by a Regional Working Group meeting on 27 June 2003.

END