



# Update

## ON COUNTRY LEVEL GAVI & VACCINE FUND RELATED ACTIVITIES

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Please send inputs for inclusion to: [dassanayakehe@who.int](mailto:dassanayakehe@who.int)*

**7 December 2004**

### REVIEW PROCESS

The next **Proposals Review** will be held from **16-26 May 2005**. The deadline for receiving applications is **22 April 2005**.

The next **Monitoring Review** will be held from **6-17 June 2005**. The deadline for receiving progress reports is **15 May 2005**.

The decisions from **October 2004 Proposals Review** are now final and highlighted under specific country listings.

### MEASLES

**07/12/04 from Hayatee Hasan, WHO/HQ:** WHO and UNICEF held a joint meeting on **Global Plan for Measles Mortality Reduction: 2005 to 2010** in Washington D.C and New York City from 17-19 November 2004, to discuss the first draft of the global plan document. The main purpose of the meetings was to review the global plan for measles mortality reduction activities for the years 2005 to 2010 for the 47 measles priority countries for mortality reduction.

An informal consultation to discuss appropriate strategies for **measles outbreak response** was organized by WHO and held in Paris, France on 2 December 2004. Participants include WHO, MSF, UNICEF, CDC and Epicentre. Drs Brad Hersh and Johannes Schmidt will attend from WHO/HQ. Drs Johannes Schmidt and Ms. Sandra Garnier from WHO/HQ will attend a meeting in Copenhagen, Denmark on 9 December 2004. The meeting is organized by UNICEF to discuss **measles vaccine demand forecasting: 2005 - 2007**.

### POLIO

**07/12/04 from Sona Bari, WHO/HQ:** The second round of synchronized cross-border polio immunizations took place in the latter part of November 2004 in 24 **African** countries. As final numbers are tallied up, vaccinators expect to have reached some 80 million in total. These campaigns

are part of Africa's largest ever co-ordinated public health effort, and are helping to bring polio back under control in the region.

In **India**, Sonia Gandhi, president of the country's ruling Congress Party, led the national immunization days. Health officials are counting on reaching 170 million children.

The reach of polio immunization activities worldwide is currently threatened by a funding shortfall of US\$ 200 million dollars for 2005, of which US\$ 35 million is needed by early 2005.

### NEW VACCINES

**07/12/04 from Patrick Zuber, WHO/HQ:** The SAGE (Strategic Advisory Group of Experts) meeting was held in Geneva, Switzerland from 27 - 29 October 2004. One of the topics discussed at the meeting was "**Issues for the global prevention of invasive *Haemophilus influenzae* type b diseases**". A brief summary surrounding the issue is outlined below.

The use of **Hib vaccine** has increased substantially since 1997 from 25 countries to 88 by the end of 2003, including eight African countries. Two important studies have recently been completed in Lombok, Indonesia and Dhaka, Bangladesh. The findings showed that those who were vaccinated had a much lower incidence of clinical disease, indicating that a number of severe diseases can be prevented by vaccination.

There are several barriers to vaccine introduction:

- Uncertainties about the true burden of disease limit decision-making on vaccine use and cost effectiveness.
- Limited vaccine supply.
- High cost of vaccine.

WHO will work with countries to strengthen evidence based decision-making. This will include ensuring that:

- In Asian and Eastern European countries, additional studies will be conducted to

measure the extent of undiagnosed Hib infection.

- In Africa, improved communication of existing evidence on Hib disease burden and vaccine impact is developed.
- Regional and country-level disease burden estimates will be produced.
- In all countries, comparable cost-effectiveness data will be generated.
- A vaccine product menu is made available to national managers, allowing them to understand all programmatic implications of vaccine product characteristics.
- An increased number of suppliers becomes available possibly through the establishment of partnerships.
- Financial sustainability planning efforts are pursued with shared responsibility for financing agreed.
- Documentation of the impact of Hib vaccine is obtained systematically, looking at the immunization system, disease incidence and adverse events.

**Update on GAVI Hib recommendations:** After four years, 15 countries have been approved and have chosen to introduce Hib. Some will be reaching the end of the five-year cycle of the Vaccine Fund financing by the end of 2005, but have not arranged a transition to self-financing. A mid-course assessment of the Hib policy is warranted. A task team has been set up by GAVI to look at programme issues, forecasting, procurement and supply issues, and immunization financing.

A country consultation process has started with three groups of countries:

- Those which have introduced or decided to introduce Hib vaccine;
- Those with a known high Hib burden yet to decide;
- Those with an unclear disease burden.

Findings from this consultation indicates that evidence about Hib disease burden is not sufficiently communicated among key stakeholders, Hib is rarely perceived as a priority, there is a lack of local data, and sustaining procurement will be a major financial challenge to the programmes.

## TRAINING

**07/12/04 from Peter Oyloe, Merck Foundation:** The **Merck Vaccine Network - Africa (MVN - A)** is a multi-year initiative designed to fund the establishment of sustainable training centers in GAVI-supported African countries to help increase the capacity of immunization programs to effectively deliver vaccines. MVN-A grants were awarded through a competitive process to two academic collaborations to establish training centers in Kenya and Mali. The

center in Kenya is a partnership between Indiana University School of Medicine and the Moi University Faculty of Health Sciences. The Center in Mali is a partnership between the Center for Vaccine Development, University of Maryland and the Centre National d'Appui à la Lutte contre la Maladie.

Each MVN-A training Center has a Technical Advisory Group, composed of national and regional health officials, including WHO/HQ and WHO African regional officials to provide ongoing guidance on the program and curriculum. Comprehensive assessments of each country's immunization management programs were conducted to ensure that training courses were relevant. Both centers use participatory training approaches (small group work, role-plays and site visits). Course curricula, based on educational materials developed by WHO and other GAVI partners, focus on improving skills of mid- to high-level immunization managers in the areas of storage and safe handling of vaccines, providing vaccination services and conducting immunization surveillance and disease monitoring activities.

The MVN-A training center in Kenya completed its first training course in July 2004, during which 33 health professionals from the surrounding sites attended; a comparable number of managers completed the second course in November 2004. Implementation of the training course was a collaborative effort between the two MVN-A partners and the Kenyan Ministry of Health. The training Center in Mali, is refining and translating the course curricula based on the needs assessment, and plans to hold its first large-scale training course in January 2005.

To learn more about the MVN-A, go to <http://www.merck.com/about/cr/mvna/home.html>

## COUNTRY INFORMATION<sup>1</sup> BY REGION

### AMERICAS

#### NICARAGUA

**07/12/04 from GAVI Secretariat:** The application for **Injection Safety** was approved in the October 2004 round.

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<sup>1</sup> FSP = Financial Sustainability Plan  
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  
STOP = Stop Transmission of Polio

## EAST & SOUTH AFRICA

### REGIONAL INFORMATION

**07/12/04 from Gill Mayers, WHO/HQ:** Ms Gill Mayers (WHO/HQ), Drs Khadija Msambichaka and Modibo Dicko (WHO/AFRO) attended the **RED meeting** organized by Dr Rudi Eggers, Coordinator of the WHO/IPC for East Africa, and held in Kampala, Uganda from 1-3 November 2004. The main purpose of the meeting was to review the status of implementation of the RED strategy in six countries in East Africa (Burundi, Eritrea, Kenya, Rwanda, Tanzania and Uganda). A summary of findings from the meeting include:

- All countries are using micro-plans and data analysis approaches for targeting missed populations, increasing outreach, and linking with communities to increase coverage.
- It was noted that some countries feel overwhelmed by the quantity of data and reporting required of them, and in certain situations, use of data remains superficial at lower levels. There is a need for standardization of electronic tools and decentralized data entry to improve quality and enhance analysis of data at the health facility level.
- Correct presentation of data was highlighted as a valuable motivational and advocacy tool for health workers and decision-makers.
- There is concern over resource sustainability once GAVI ISS funds come to an end. Countries were encouraged to explore opportunities for integration with other programmes and players to optimize use of resources to provide logistics, supervision and service delivery.
- Coverage in the six countries is improving markedly. This is attributed to the implementation of the RED strategy which has accelerated the speed of progress as well as other initiatives being implemented simultaneously.
- The next steps will be to mainstream the RED strategy into routine planning and implementation of activities, initiate the RED strategy in Rwanda and Burundi, and move to new areas for focused attention, such as sustainable outreach services and vaccine management.

### ANGOLA

**07/12/04 from Gill Mayers, WHO/HQ:** Drs Abdoulie Jack (WHO/AFRO ICP Southern Africa), Rose Macauley (WHO/AFRO) and Ms. Gill Mayers (WHO/HQ) participated from 27 September to 9 October 2004 in a review mission of the

implementation of the RED strategy which was introduced in end 2003 in 59 priority districts. Discussions were held at the national level with WHO and UNICEF representatives and MOH staff on progress to date and next steps. The mission included field visits to three provinces, six districts and 12 health facilities to evaluate progress and meet with provincial and district-level authorities to discuss progress. A brief summary of findings from the mission include:

- There is a strong base for strengthening routine immunization services in the country.
- This is very labour and resource intensive, and will need effort in terms of human resources and finance to sustain these efforts.
- Results have shown that the initiative complements the MoH strategy of reduction of maternal and child morbidity and mortality.
- This is a good time to plan for ways and means of sustaining these gains in the country.
- Expansion of the current scale of intensification should be done cautiously and should keep pace with available human, material and financial resources.

### BURUNDI

**07/12/04 from AFRO E&S:** Dr. Rudi Eggers (ICP Kenya) visited in November 2004 to discuss the switch from new vaccines DTP-Hib and HepB monovalent to pentavalent vaccine. There will be a switchover from DTP-Hib to pentavalent vaccines by mid-2005.

### KENYA

**07/12/04 from AFRO E&S:** A country visit was completed in November 2004 by LATH and EuroHealth to assess the process of decision-making and implementation of **Hib vaccine introduction**. The report has been drafted and submitted to the GAVI Hib task team.

### MADAGASCAR

**07/12/04 from GAVI Secretariat:** The application for **Injection Safety** was conditionally approved in the October 2004 round.

## WEST & CENTRAL AFRICA

### REGIONAL INFORMATION

**07/12/04 from AFRO W&C:** The next West and Central African Sub-Regional Working Group meeting will take place in Bamako, Mali from 10-11 December 2004.

The main objectives of the meeting are to discuss the following:

- Strategic plan for 2005 (FSP submissions, RED implementation, EPI reviews, accelerated disease control, DQA/DQS, and new initiatives)
- Country activities
- Calendar of meetings for 2005

## **BENIN**

**07/12/04 from AFRO W&C:**

The **Hib RAT** will be conducted from 11-13 December 2004.

## **BURKINA FASO**

**07/12/04 from GAVI Secretariat:** The applications for **New Vaccines** (HepB and Hib) were approved in the October 2004 round.

**07/12/04 from AFRO W&C:**

The **DQA** is planned for June 2005.

The country is considering having **NIDs for Yellow Fever** in 2005.

## **COTE D'IVOIRE**

**07/12/04 from AFRO W&C:** The **replacement of GAVI funds for ISS** is still under consideration, however, several recommendations have been made, and these issues will be addressed by the ICC in due course.

## **GAMBIA**

**07/12/04 from AFRO W&C:** GAVI has supported the assessment of the **system wide barriers to immunization services**, and the country may implement a plan of action following the assessment.

## **GHANA**

**07/12/04 from AFRO W&C:** An assessment of the **system-wide barriers to immunization** has been completed with GAVI support, the report has been finalized, and an action plan has been developed to address some of these barriers.

## **GUINEA**

**07/12/04 from AFRO W&C:**

Technical assistance is required for the introduction of **HepB vaccine** in the first quarter of 2005. WHO/AFRO has agreed to provide assistance. The HepB plan of action is being developed by the Ministry of Health, with support from WHO ICP and WHO/AFRO.

The **Yellow Fever preventive campaign** has been postponed.

The second round of **NIDs** will take place in December 2004.

The **FSP** has been developed.

## **MALI**

**07/12/04 from GAVI Secretariat:** The application for **New Vaccines** (Hib) was approved in the October 2004 round.

## **TOGO**

**07/12/04 from AFRO W&C:**

The **EPI Review** is planned for December 2004.

The country plans to submit an application for **New Vaccines (HepB)** in the next round.

Technical assistance will be requested in February/March 2005 for this activity.

## **EASTERN MEDITERRANEAN**

### **REGIONAL INFORMATION**

**07/12/04 from EMRO:** The 9<sup>th</sup> Eastern Mediterranean Regional Working Group meeting will be held in Cairo, Egypt, from 11-13 January 2005. The main topics on the agenda are:

- Review of country progress in finalizing the national FSPs.
- Country progress in implementing RED approach, and monitoring and evaluation of district performance.
- New Vaccine introduction in Sudan (HepB monovalent) and Yemen (pentavalent).
- Outcome of October 2004 review.
- Other country issues

## **EUROPEAN REGION**

### **ARMENIA**

**07/12/04 from EURO:** An EPI Review is tentatively planned for 2005.

### **AZERBAIJAN**

**07/12/04 from EURO:** Technical assistance was provided by the World Bank for the FSP during the first week of November 2004.

### **BOSNIA & HERZEGOVINA**

**07/12/04 from EURO:**

The country is expected to apply for **New Vaccines (Hib)** and **Injection Safety** in the next round. WHO/EURO will provide assistance for the applications.

Technical assistance was provided by the World Bank for the **FSP** during the first week of November 2004.

### **GEORGIA**

**07/12/04 from EURO:**

The Government of Georgia, in collaboration and with support from WHO, UNICEF, Vishnevskaya-Rostropovich Foundation, USAID and other partners, is organizing a **conference on progress and prospects of child**

**immunization** in the country. The conference will be held in Tbilisi on 2 December 2004.

The agenda for the conference includes overviews of immunization activities in the Region and Georgia, and issues related to immunization against hepatitis B, immunization safety and reducing missed opportunities for immunization. Approximately 200 participants are expected, from the Government, WHO/EURO, UNICEF, and other major partners.

The World Bank provided assistance for drafting the **FSP**.

An **EPI Review** is tentatively planned for 2005. The status of the **HepB post-introduction evaluation** conducted in November 2003 will be followed-up during a visit by Dr. Andrei Lobanov (WHO/EURO) from 29 November - 3 December 2004.

### **KYRGYZSTAN**

#### **07/12/04 from EURO:**

The **HepB monovalent vaccine** will be ending in 2005. A loan from the Asian Development Bank will be used for purchasing HepB vaccine in 2006. The **2006-2010 Multi-Year Plan** is currently under preparation. The country is looking for a consultant to assist with this process.

### **MOLDOVA**

**07/12/04 from GAVI Secretariat:** The application for **Injection Safety** was approved in the October 2004 round.

**07/12/04 from EURO:** Technical assistance has been provided by the World Bank for the **FSP** in early November 2004.

### **TAJKIKISTAN**

#### **07/12/04 from EURO:**

The mass **measles campaign** has finished successfully.

GAVI support for **ISS** will end in 2005. The country is working on **RED** implementation.

### **UKRAINE**

**07/12/04 from EURO:** The World Bank has provided technical assistance for the **FSP** in early November 2004.

### **UZBEKISTAN**

#### **07/12/04 from EURO:**

An **EPI Review** is tentatively planned for 2005. The country has requested to have a **coverage survey** done.

## **SOUTH EAST ASIAN REGION**

### **REGIONAL INFORMATION**

**07/12/04 from SEARO:** The South East Asian Regional Working Group meeting was held in

Yangon, Myanmar on 29 October 2004. A summary of outcomes from the meeting are as follows:

#### **Introduction of combination vaccines:**

Globally there is enough DTP-HepB tetravalent vaccine to offer introduction to some countries in the region. The RWG believes that the primary role for advising on introduction or practical implementation of tetravalent remains with the individual supporting agencies in-country.

#### **Development of Financial Sustainability**

**Plans:** Bangladesh, Bhutan, DPR Korea, Indonesia, Myanmar, Nepal and Sri Lanka are all due to submit their FSPs to GAVI by 30 November 2004. The main regional strategy is to increase capacity and involvement of three institutions: Chulalongkorn University (Bangkok), ICDDR (Bangladesh) and India Institute of Economic Growth. A regional immunization financing meeting is planned for mid-2005 in Bangkok, Thailand, for countries to exchange experiences on FSP implementation and stimulate institutional research into immunization financing issues.

**Injection Safety Support:** Despite the fact that injection safety support will stop in 2005 (or early 2006), most countries have few financial plans to meet the financial gaps. The FSPs may provide overviews on what plans are in place.

**Regional Training Issues:** The RWG was updated on plans to review regional immunization training needs in 2005. These plans include:

- Reviewing possible national and regional institutions that could be focal points for key elements of immunization training;
- Providing a 3-5 day core modular approach for training health workers for country use;
- Providing some 3-5 day core modular approach for training mid-level managers, as the global MLM modules may not be available till mid to late 2006.

**DQA and DQS:** Bangladesh, Myanmar and Nepal have all successfully 'passed' the DQA. Indonesia has chosen not to have the DQA, but adapt the DQS instead. WHO/SEARO and CVP/PATH provided technical support in October 2004 to conduct a training for 24 provincial and district staff on DQS methodology.

### **BANGLADESH**

#### **07/12/04 from SEARO:**

A **wastage study** was conducted earlier this year and the results will be available in December 2004.

A focal point to follow up on **RED** issues has been recruited by WHO.

## DPR KOREA

### **07/12/04 from SEARO:**

Dr Burgess (WHO/SEARO) and Dr Siripen, health economist from Chulalongkorn University in Thailand provided technical assistance with the **FSP** from 2-10 November 2004.

A new UNICEF immunization officer has recently been appointed.

## INDIA

**07/12/04 from GAVI Secretariat:** The application for **New Vaccines** (HepB and Hib) was approved in the October 2004 round. The application for **Injection Safety** was requested to be resubmitted.

**07/12/04 from SEARO:** The polio NIDs were scheduled for 21 November 2004.

## NEPAL

### **07/12/04 from SEARO:**

The first phase of the **measles campaign** (9 months to 10 years) and **OPV** (0-5 years) was completed. Reported coverage of 90% in rural areas.

**Injection Safety support** will expire in 2005.

## TIMOR EAST

**07/12/04 from SEARO:** The country has hired two consultants to assist with the **EPI coverage survey**. This will be done in collaboration with UNICEF and the Ministry of Health, and will take place from 2-7 December 2004. District level data should be provided, and national level data will be collected based on TT coverage and bednet availability.

## WESTERN PACIFIC REGION

## CAMBODIA

### **04/12/04 from WPRO:**

The country has introduced **tetravalent vaccine** in half of the country in 2004, and will expand nationwide in 2005. Monovalent Hep B birth dose is currently offered in only few selected health facilities where institutional deliveries take place. However, discussions are taking place on how to expand HepB birth dose coverage given the country context.

The Cambodia EPI team is on a one-week field tour to Indonesia to learn about their HepB birth dose introduction programme.

The country is also trying to do a baseline HepB serosurvey in 2005 as part of a DHS survey, to assist in evaluating its programme, five years after vaccine introduction.

## CHINA

**07/12/04 from Julian Bilous, WHO/HQ:** The **national EPI review** of all provinces took place from 30 October - 11 November 2004, with participation from WHO, UNICEF, JICA and PATH. The international participants visited 17 provinces of the country.

Some positive findings include the country's achievement of a strong immunization system with high immunization coverage, polio-free status, progress in measles control, successful introduction of hepatitis B vaccine and effective surveillance for AFP and increasingly for measles. There have been major improvements in infrastructure (cold chain, buildings, transportation, supplies and improved management capacity at province and local levels. The government has expressed political commitment for immunization and extra financial assistance to western provinces and poverty counties.

Although overall coverage is high, there are low coverage populations including minorities, hard to reach areas, floating populations and poverty counties.

As a result of this review, the country will prepare a new 5-year national immunization plan, which will be aimed at achieving the goals of the national plan of action for child development.

## LAO PDR

**07/12/04 from WPRO:** A three day planning meeting is being organized from 13-15 December by UNICEF and other partner agencies to review the situation and plan for 2005. Updates will be available after the meeting.

## MONGOLIA

**07/12/04 from WPRO:** The country will be introducing the **pentavalent vaccine** covering about 25% of the population.

The hospital based **sentinel surveillance for Hib** will continue in 2005.

## PAPUA NEW GUINEA

**07/12/04 from WPRO:** A new EPI team has recently been appointed. It is unlikely that the country will apply for assistance from GAVI till the second half of 2005.

**END**

## Regional Meetings of Relevance to the GAVI Objectives: November - January 2005

Title of Meeting	Start	Finish	Location	Responsible Partner	Region
<b>Nov-04</b>					
East African RED Meeting	01-Nov	03-Nov	Kampala, Uganda	WHO/AFRO E&S	AFR
GAVI Financing Task Force Core Group Meeting	02-Nov	03-Nov	Washington DC	Global	Global
Meeting to discuss global Plan for Measles Mortality Reduction: 2005 - 2010	17-Nov	19-Nov	Washington DC and NYC	WHO/UNICEF	Global
<b>Dec-04</b>					
Measles Outbreak Response Informal Consultation	02-Dec	02-Dec	Paris, France	WHO	Global
Global Measles Vaccine Demand Forecasting: 2005 - 2007	09-Dec	09-Dec	Copenhagen, Denmark	UNICEF	Global
EMR Inter-Country Workshop on Pneumococcal Diseases Surveillance	08-Dec	09-Dec	Cairo, Egypt	EMRO	EMR
West and Central African Sub-Regional Working Group Meeting	10-Dec	11-Dec	Bamako, Mali	WHO/AFRO W&C	AFR
GAVI Financial Sustainability Planning Meeting	postponed till further notice	postponed till further notice	Geneva, Switzerland	Global	Global
<b>Jan-05</b>					
Eastern Mediterranean Regional Working Group Meeting	11-Jan	13-Jan	Cairo, Egypt	EMRO	EMR
Asia Pacific Regional Working Group Meeting	Mid Jan	Mid Jan	Lao PDR	WPRO	WPR
East and South African Sub-Regional Working Group Meeting	27-Jan	28-Jan	tbd	WHO/AFRO E&S	AFR