



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*

31 October 2002

REVIEW PROCESS

31/10/02 from GAVI Secretariat: The 8th round deadline was 1 October 2002. The review for the 8th round of GAVI applications will take place between 24 October and 1 November 2002.

31/10/02 from GAVI Secretariat: 25 countries have submitted applications for the 8th round. Five countries have applied for Immunization Services Strengthening support, 11 for New Vaccines support, and 20 for Injection Safety support.

GAVI

31/10/02 from GAVI Secretariat: The GAVI Secretariat is currently recruiting for three posts:

- Principal Officer (Proposal Review and Monitoring)
- Senior Project Officer (Monitoring & Evaluation)
- Senior Communication Officer

The recruitment for these posts follow the recommendations of the Review of the Secretariat, Working Group and Board, reported to the Board at its meeting in Paris. Job descriptions and instructions for applying can be found in the attached document (Post Descr (3)_GAVI Sect) and on the GAVI web-site (www.vaccinealliance.org). For more information, please contact Umberto Cancellieri in the GAVI Secretariat at ucancellieri@unicef.org.

31/10/02 from GAVI Secretariat: The second GAVI Partners meeting will be held in Dakar, Senegal from 20-22 November 2002. The meeting will give the Alliance partners and larger international health and development community an opportunity to reflect on the progress of, and future challenges for GAVI and the Vaccine Fund in meeting their goals. It will be a chance to highlight issues to the Alliance, such as financial and programmatic sustainability and compatibility with other global initiatives and countries' health systems.

ADVOCACY AND COMMUNICATIONS TASK FORCE

31/10/01 from Advocacy and Communications Task Force: Several Advocacy and Communications

Task Force members participated in the ITF meetings on 15-16 October 2002. Two presentations on "Community Linkages and Advocacy for Implementation" and "Keeping the GAVI Promise... Selling Quality and Safety to Increase Demand" were made at the meeting.

ACTF had a full-day retreat on the 17th of October in Geneva, Switzerland, focusing on:

- Finalization of the annual workplan with input from RWG focal points. The 2003 list of action points is ambitious, however is feasible if resources are available.
- Discussion of ACTF presents at the GAVI Partners meeting. The ACTF plans to organize a table with resource materials for participants and is organizing a series of "poster presentations" highlighting interesting country-specific initiatives.
- Coordination of plans for launching the "State of the World's Vaccines and Immunizations" on 20 November 2002 (first day of the GAVI Partner's Meeting). Press events will be held in Dakar, London, Paris, New York, Washington, Cairo, and Bangkok.

GAVI Immunization Advocacy Kit: Still available in English, French or Spanish. Requests (specifying language) should be sent to info@childrensvaccine.org. Kit materials can be downloaded from:

<http://childrensvaccine.org/html/gavi-ark.htm>

31/10/02 from Advocacy and Communications Task Force:

Sub-Group for Global Advocacy (SGA): The SGA provides communication and advocacy support to GAVI's objectives at a global level. The central aim of the SGA is to build long-term commitment of client governments and donors to full immunization. It operates in close association with the Financing Task Force.

Country Support Sub-Group (CSS): The CSS servers and supports National Inter-Agency Coordinating Committees (ICCs) and RWGs in the areas of immunization advocacy and communication. It operates in close association with the ITF and its sub-groups.

Workplan: The ACTF workplan is organized under six strategic ACTF objectives in support of overall GAVI objectives:

- Promote the value of all existing, safe, cost-effective and appropriate vaccines
- Identify and address advocacy and communication gaps in national immunization programs
- Facilitate provision of advocacy/communication/training technical assistance to regions and countries
- Promote immunization coverage as a centerpiece in international development
- Coordinate activities with and support other GAVI Task Forces and communication for immunization initiatives

For a copy of the draft workplan, please contact Sara Cameron at scameron@unicef.org

FINANCING TASK FORCE

31/10/02 from Financing Task Force:

FTF Core Group: The Core Group of the FTF met in London from 5-6 September to review 2002 activities and develop a workplan and nominal budget for 2003-2004. The top two FTF priority areas of work for 2003 are support for Financial Sustainability Plan development and implementation and identification of economic and financial strategies to accelerate the development and introduction of new vaccines. Criteria used to prioritize FTF work include:

- Is this work requested by countries or the GAVI Board?
- Does the FTF have a comparative advantage?
- Does the work have a definable end-product audience, use?
- Does the work build-on existing FTF efforts?
- Is the proposed work on the critical path to achieving GAVI objectives/milestones?

Focus on Financial Sustainability: The first 13 Round One countries are expected to submit their Financial Sustainability Plans (FSPs) by 30 November 2002. These countries are involved in an extended pilot to document the development of FSPs and to provide critical input into the financial sustainability guidelines that will be used by all countries hereafter. The FTF is working closely with the GAVI RWGs to support countries in the development of their FSPs. Next critical step in the financial sustainability process is to support and monitor implementation. FSP guidelines may need to be revised in light of Access strategies in coordination with the ITF.

New Publications:

- *Development Loans Question and Answer* – answers all possible questions EPI managers and partners may have with regard to the use of development loans for immunization.
- *FTF Flyer* – A bi-monthly electronic newsletter from the GAVI FTF which is available by sending your address to vmitchell@pacificcoast.net
- *Immunization Financing Options – The Briefcase* – a compendium of user-friendly fact sheets on the full range of financing options for immunization, evaluating each in the context of “good” immunization financing characteristics.

All documents and reports are posted on the GAVI FTF working web-site, www.gavifftf.org. This is kept free of graphics and photos for easy and quick downloads. The web-site also lists up-to-date information on the financial sustainability process.

IMPLEMENTATION TASK FORCE

31/10/02 from Implementation Task Force: The Implementation Task Force held its second meeting in Geneva, Switzerland from 15-16 October 2002. Fundamental **elements of access** agreed upon at the meeting were:

- Re-establishing outreach vaccination
- Supportive supervision
- Links between community and service
- Monitoring for action
- Planning and management of resources

Next Steps are to incorporate deliverables into workplans:

A. Monitoring and Evaluation Deliverables:

- Focus on 74 eligible countries
- Obtain country commitment to achieve 80% coverage in every district (RWGs and ITF Core – first opportunity at GAVI Partners meeting)
- Every country to have district indicator database at national level and reports to regions
- RWGs to start feedback mechanism by September 2003

B. Microplanning and Re-Establishing Outreach Deliverables:

- All eligible countries to develop district level microplans by September 2003

C. Training Deliverables:

- RWGs to identify a training focal point by April 2003 who is responsible for supportive supervision
- RWGs to assess priority country training needs including Vaccine Management
- AFRO to send best practices and progress on supportive supervision to ITF Core

D. Advocacy and Communications Deliverables:

- RWGs assess country plans and strategies for advocacy and communications
- RWGs to identify focal point and key activities
- ITF Core, GAVI Secretariat and RWGs to seek the highest level political commitment in all for a

E. Sustainable Financing Deliverables:

- Costs of district microplans to be presented and discussed with FTF to determine if FSP guidelines contain all the elements necessary to increase immunization coverage as outlined in the access strategies and if the FSP guidelines need to be revised.

F. Vaccine Management Deliverables:

Cold Chain

- Revise technical guidelines/ manuals on cold chain
- Ensure that documents are consistent and identify gaps
- Integrate cold chain in EPI training sessions

Waste Disposal

- See deliverables under “Vaccine Management”

Logistics

- All countries should conduct CSCI at central and regional levels for Central and Province Store Quality
- All countries should have up to date inventories of equipment and transport, a five year replacement plan and status monitoring system

District Level Logistics and Capacity Building

- See deliverables under “Vaccine Management”

The **Capacity Building Sub-Group** now incorporates four action groups on:

- Access – re-establishing outreach and microplanning
- Training and Supportive Supervision
- Advocacy and Communications (in collaboration with the ACTF)
- Vaccine Management including cold chain, logistics, injection safety, waste management and new vaccines.

The **Monitoring and Evaluation Sub-Group** remains the same.

The next ITF meeting will be held from **8-9 April 2003**, and the Action Group on Training will hold its meeting on **7 April 2003**.

Monitoring and Evaluation Call – 24 September 2002

Update on New Vaccines Introduction Paper: The paper on “GAVI Approach to Monitoring Performance of New Vaccine Implementation and Injection Safety” was circulated among the sub-group for discussion. It was emphasized that monitoring the usefulness of introduction of new vaccines and injection safety are important for countries in order to:

- Ensure optimal program implementation
- Monitor and record the impact on reduction of disease
- Demonstrate the impact of new funding support provided by GAVI and the Vaccine Fund

The document highlights the following principles:

- Routine monitoring should be part of implementation
- GAVI monitoring and reporting should be based on, as well as enhance, existing national immunizable disease programmes and surveillance reporting systems to minimize burden and encourage consistency of data
- Monitoring systems should promote use of data at local, district and national levels leading to corrective management action and effective support.
- The WHO/UNICEF JRF is the principle tool for collecting country immunization performance data.

It was discussed that new vaccine introduction and injection safety can be monitored through standardized annual reporting, regular monitoring instruments used at regional, sub-regional or national levels, regular or targeted program reviews and special studies.

Update on Phase II of Performance Evaluation: Phase II of the Reward Based Funding process is intended to build on Phase I. The purpose is to evaluate the impact of GAVI funding for

immunization services though the assessment of quantitative trends in immunization coverage in all GAVI countries. Outcome measures on how the program is working will be compiled, and some secondary indicators may be used. The process will be of relatively low cost, since it would be conducted by a consultant or through GAVI Partners over a short period of time.

It is expected that Phase II will commence in late 2003 or mid 2004. It was suggested that 2004 might be more effective, since this would allow the project members to observe a full year of implementation with more data to analyse.

Capacity Building Call – 17 September **Update on the Vaccine Provision Project – VPP**

Background: The VPP was created earlier this year to address the shortage in supply in “combination vaccines”. GAVI has succeeded in encouraging countries to apply for the combination vaccines which is the preferred format, however, earlier this year, there were shortages of combination vaccines which led to a situation where countries were not able to receive vaccines in the preferred and approved format. This led to the realisation that there is a deficiency in communication which needs to be addressed. Mercer Management Consulting in its review of lessons learned asserted that the issue lay in *global supply versus country demand*.

Composition/Structure of Project Team: The VPP consists of a project team consisting of a program focal point from WHO/EPI, supply focal point from the UNICEF Supply Division, financing focal point from the Vaccine Fund and a project manager from UNICEF. The project team is accountable to the GAVI Board through a Board sub-committee composed of Mali and Norway, supported by the chair of the GAVI Secretariat. The VPP will link with key partner agencies, RWGs, manufacturers, and countries to establish supply and demand.

Programmatic Themes: The initial purpose of the team (phase I) is to focus on vaccine forecasting and procurement. The priority of the project will be forecasting country demand for 2004-2006. Country demand estimates need to be matched with the global availability of supplies. Due to the limited timeframe of the project, the focus will be on the three vaccines currently provided by GAVI (HepB, Hib and Yellow Fever). Forecasts will be based on targets. Long-term commitment from the alliance is important for countries. Phase I of the project will be for a duration of 4-5 months. The final forecast will be available by end November, and by early January there will be an issuance of tender by the UNICEF Supply Division. Public notification of awards is expected by May 2003.

Core Group Conference Call: Access – 10 September

Access Strategy Paper: The draft strategy paper on “Increasing Access to Immunization Services” was well received by the Core Group as an excellent paper highlighting important issues and processes to achieve the GAVI milestone (80 percent coverage in *all* districts in 80 percent of developing countries globally by 2005). The strategy paper developed by the sub-group on Access at a meeting held in Abidjan, Cote d’Ivoire, attended by representatives from BASICS, CVP, consultant from

McKinsey, USAID, UNICEF, WHO/HQ and WHO West and Central African sub-region, highlights five critical strategies:

- Re-establishing outreach vaccination – regular outreach for communities that are under-served
- Supportive supervision – on-site training by supervisors
- Links between community and service – regular meetings between community and health staff
- Monitoring for action – chart doses, map populations for each health facility
- Planning and management of resources – better management of human and financial resources

These strategies have been previously used and focuses on micro planning at the district level.

RWG involvement in the Access Strategy and Process: Regional Working Groups will need to be reoriented since they will become increasingly operational in the process. Next steps from RWGs need to be highlighted.

The **West and Central African Sub-Regional Working Group** held a meeting in Douala involving 23 countries from the sub-region. The issue of Access was raised at the meeting, and all participants agreed with the strategies presented.

The **East and South African Sub-Regional Working Group** will introduce the concept of access in a similar process to Douala at their EPI Meeting scheduled for 30 September – 4 October 2002.

The **European Regional Working Group** will discuss access activities at their next meeting scheduled for 24 October 2002. It was indicated that there are few polio staff in the region, therefore the majority of the access work will need to be conducted by national staff.

The **South East Asian Regional Working Group** recognized the importance of access at the national and district levels. It was concerned about the frequency of demand for data from the district level.

DATA QUALITY AUDIT

31/10/02 from Olivier Ronveaux: The ITF Monitoring and Evaluation Sub-Group held a meeting on the “Evaluation of DQA in 2002” in Geneva, Switzerland on 17 October 2002. Overall, the DQA experience in 2002 has been well understood and accepted, although half of the audited countries (12 as of October 2002) did not pass the threshold validating their reporting system. The tool is well perceived as a diagnosis of reporting systems’ strengths and weaknesses. A number of countries will need to be supported in order to improve their systems and implement the recommendations.

The current reward scheme based on the use of the DQA was recommended by the M&E subgroup with a number of slight changes, including the timing of the second DQA (not necessarily on the second year). The full report of this meeting will be available shortly on the ITF section of the GAVI web-site, which can be found on [www.vaccinealliance.org, http://www.vaccinealliance.org/reference/itf_docs.htm](http://www.vaccinealliance.org/http://www.vaccinealliance.org/reference/itf_docs.htm)

NEW AND UNDERUTILIZED VACCINES

31/10/02 from Gill Mayers, WHO/HQ: A joint WHO/AFRO-GSK training course is to be carried out during the second week of December 2002. The intent is, as part of overall training in the Region, to build a pool of people in Tanzania and Kenya that can then train others in assisting countries with their Vaccine Fund applications and post-introduction evaluations of the programme.

COUNTRY INFORMATION

AZERBAIJAN

31/10/02 from GAVI Secretariat: Submitted conditions for Injection Safety in the 8th round.

BANGLADESH

31/10/02 from GAVI Secretariat: Application submitted for Injection Safety in 8th round.

31/10/02 from Gill Mayers, WHO/HQ:

- The country introduced DTP-HepB on 20 October 2002.
- Training and phasing of the vaccine has been completed.
- Plans are in place to move to AD syringes.
- Immunization Advisor in place.
- The multi-year plan and EPI review were also completed and finalized.
- WHO/SEARO have requested the country to provide a PoA on how they intend to spend the \$100,000 lump sum that they will receive for new vaccines introduction from the Vaccine Fund.

BHUTAN

31/10/02 from GAVI Secretariat: Applications for Injection Safety and New Vaccines (pentavalent) submitted in 8th round. (Already approved for DTP-HepB in 2003).

BURKINA FASO

31/10/02 from GAVI Secretariat: Application for Injection Safety submitted in 8th round.

CAMEROON

31/10/02 from GAVI Secretariat: Submitted conditions requested for New Vaccines (Yellow Fever) in 8th round. Application for Injection Safety submitted in 8th round.

CENTRAL AFRICAN REPUBLIC

31/10/02 from GAVI Secretariat: Applications for Immunization Services Strengthening, Injection Safety and New Vaccines (Yellow Fever) submitted in 8th round.

CHAD

31/10/02 from GAVI Secretariat: Application for Injection Safety submitted in 8th round. Resubmitted applications for Immunization Services Strengthening and New Vaccines (Yellow Fever) in 8th round.

CONGO

31/10/02 from GAVI Secretariat: Applications for Immunization Services Strengthening, Injection Safety

and New Vaccines (Yellow Fever and Pentavalent) submitted in 8th round.

COTE D'IVOIRE

31/10/02 from Gill Mayers, WHO/HQ: Introduced DTP-HepB in October 2001. Post-Introduction Evaluation (PIE) mission originally scheduled with Dr. Manzila (WHO/AFRO), AMP, and CVP from 15-30 October has been postponed, but will be rescheduled for next year.

ERITREA

31/10/02 from GAVI Secretariat: Application for Injection Safety submitted in 8th round.

31/10/02 from Gill Mayers, WHO/HQ: Introduced DTP-HepB in January 2002.

ETHIOPIA

31/10/02 from Gill Mayers, WHO/HQ: Approved for ISS and Injection Safety assistance. Plan to apply for new vaccines in May 2003. Technical assistance requested with application possibly end of January 2003.

GHANA

31/10/02 from GAVI Secretariat: Application for Injection Safety submitted in 8th round.

31/10/02 from Gill Mayers, WHO/HQ: Introduced pentavalent and Yellow Fever vaccines in December 2001. PIE mission to be scheduled for first quarter of 2003.

GUINEA

31/10/02 from GAVI Secretariat: Submitted conditions requested for Immunization Services Strengthening in 8th round.

KENYA

31/10/02 from GAVI Secretariat: Application for Injection Safety submitted in 8th round.

31/10/02 from East and South African Sub-Regional Working Group: A local consultant is currently supporting the development of Financial Sustainability Plans.

KYRGYZSTAN

31/10/02 from GAVI Secretariat: Submitted conditions requested for Injection Safety in 8th round.

31/10/02 from Chinara Aidyalieva, WHO/EURO: Kyrgyzstan has been approved for monovalent HepB from 2001 and monovalent Hib from 2003.

LESOTHO

31/10/02 from Gill Mayers, WHO/HQ: Approved for HepB monovalent in May 2002. Wish to introduce the vaccine in July 2003. Some training has been conducted but a request has been made to the Southern African ICP for assistance at the end of November for additional training with emphasis on vaccine management.

MADAGASCAR

31/10/02 from Gill Mayers, WHO/HQ: Introduced DTP-HepB in November 2001. A PIE/EPI review mission is to be organized by ICP Southern Africa for early 2003 involving WHO/HQ, WHO/AFRO, and WHO ICP.

MALAWI

31/10/02 from Gill Mayers, WHO/HQ: Introduced pentavalent vaccine in January 2002. The ICC and MoH have identified first quarter of 2003 for a PIE mission.

MALI

31/10/02 from GAVI Secretariat: Conditions requested for Injection Safety and New Vaccines (HepB) applications submitted in 8th round.

MAURITANIA

31/10/02 from GAVI Secretariat: Conditions requested for Immunization Services Strengthening submitted in 8th round. Resubmitted applications for HepB monovalent and Hib monovalent.

MOZAMBIQUE

31/10/02 from GAVI Secretariat: Resubmitted application for Injection Safety in 8th round.

31/10/02 from East and South African Sub-Regional Working Group: Dr. Xavier Modol will visit from 23-31 October 2002 to assist with Financial Sustainability Plans.

31/10/02 from Gill Mayers, WHO/HQ: The MoH has requested a Hib Rapid Assessment to be scheduled. A costing exercise of new vaccines introduction is currently underway.

NEPAL

31/10/02 from Gill Mayers, WHO/HQ: Hib Rapid Assessment to be carried out by Dr. Orin Levine, to be scheduled early 2003 in collaboration with local expertise. The country is planning to introduce Hib for at least another year. Funds have been released for ISS support.

NIGERIA

31/10/02 from GAVI Secretariat: Submitted conditions requested for New Vaccines (Yellow Fever) in 8th round.

PAKISTAN

31/10/02 from Gill Mayers, WHO/HQ: A Hib Rapid Assessment is scheduled for early January 2003 by Frank Mahoney, Dr. Salah Al-Awaidy.

RWANDA

31/10/02 from GAVI Secretariat: Resubmitted application for Injection Safety in 8th round.

31/10/02 from East and South African Sub-Regional Working Group: Dr. Saidou Souleymane is tentatively scheduled for a support visit from 4-18 November 2002, to be joined by Ms. Diana Chang Blanc of ESA RWG to assist with the Financial Sustainability Plans.

31/10/02 from Gill Mayers, WHO/HQ: Introduced pentavalent vaccine in January 2002. The PIE mission originally scheduled for October has been postponed to March 2003 to ensure availability of MoH personnel.

SAO TOME & PRINCIPE

31/10/02 from GAVI Secretariat: Submitted application for Injection Safety in 8th round. Resubmitted applications for New Vaccines (yellow Fever and HepB) in 8th round.

SENEGAL

31/10/02 from GAVI Secretariat: Resubmitted applications for New Vaccines (HepB Mono and DTP-Hib) in 8th round.

SOMALIA

31/10/02 from GAVI Secretariat: Resubmitted application for Injection Safety in 8th round.

SRI LANKA

31/10/02 from Gill Mayers, WHO/HQ: A two-year workplan has been provided. HepB introduction guidelines have been provided, training is ongoing and the country plans to implement HepB monovalent vaccine in 2003. A proposal for a Hib Rapid Assessment was presented during the Hib Conference in Arizona in September 2002.

SUDAN

31/10/02 from Gill Mayers, WHO/HQ: Mission with Dr. Isabell Nakhla, Dr. Frank Mahoney (NAMRU III in Cairo), Dr. Fred Shaw (CDC) to assist in preparing HepB and Hib applications to the Vaccine Fund has been postponed to 10-31 January 2003.

TANZANIA

31/10/02 from GAVI Secretariat: Submitted application for Injection Safety in 8th round.

31/10/02 from East and South African Sub-Regional Working Group: Dr. Bryn Sakagawa, Senior Analyst from Abt Associates is currently assisting with financial sustainability plans till 7 November 2002. Dr. Victor Maziwisa will join from 5-15 November 2002.

31/10/02 from Gill Mayers, WHO/HQ: Introduced DTP-HepB in January 2002. PIE mission scheduled from 10-21 November 2002 with Tarande Manzila (WHO/AFRO), Susan Goldstein and Mindy Perilla (CDC).

TOGO

31/10/02 from GAVI Secretariat: Submitted conditions requested for New Vaccines (Yellow Fever) in 8th round.

TURKMENISTAN

31/10/02 from GAVI Secretariat: Resubmitted application for Injection Safety in 8th round.

UGANDA

31/10/02 from East and South African Sub-Regional Working Group: An IHSD consultant will visit with Dr. Moustapha Sakho (WHO/AFRO) from 5-15 November 2002 to assist with the Financial Sustainability Plans.

31/10/02 from Gill Mayers, WHO/HQ: Introduced pentavalent in June 2002. PIE mission to be scheduled for the first quarter of 2003.

VIETNAM

31/10/02 from GAVI Secretariat: Submitted application for Injection Safety in 8th round.

YEMEN

31/10/02 from Dr Hashim Elmoussaad, WR Yemen: Pentavalent vaccine will be introduced in 2003.

REGIONAL ACTIVITIES

EAST AND SOUTH AFRICAN SUB-REGIONAL WORKING GROUP

31/10/02 from East and South African Sub-Regional Working Group: Planning underway for a meeting to share experiences with new vaccine introduction within East Africa, organised by the Network for Education in Immunization (NESI) in collaboration with regional GAVI Partners. The meeting will take place from 9-11 December 2002 in Nairobi Kenya, with programme and academic participants from Kenya, Tanzania and Uganda.

31/10/02 from East and South African Sub-Regional Working Group: The Eastern and Southern African Sub-Regional GAVI Country and EPI Managers Meeting was held in Mombasa, Kenya was held from 30 September to 4 October 2002. Recommendations pertinent to GAVI from the meeting include:

Routine Vaccination/New Vaccines/GAVI:

- Following consensus reached at the previous GAVI SRWG meeting in Cape Town, implementation of the EPI Monthly Report Form (June 2002 version) should begin immediately. WHO and UNICEF country staff should provide technical assistance to countries for the introduction and completion of the form.
- Countries' EPI, routine, SIAs and EPI surveillance technical reports for 2002, and plans of action for 2003 should be submitted to the WHO block ICP unit no later than 31 October 2002. Technical reports should include activities anticipated during the last two months up to the end of the year.
- The GAVI Board should reconsider eligibility for ISS support, especially where DTP3 coverage >80% and/or GDP/capita >US\$1,000 disqualifies countries from ISS support.
- It is recommended that the GAVI Board consider applications from eligible countries for grants for the installation at district level of incinerators for the disposal of EPI injection and other waste. GAVI Funds should be used to install WHO-UNICEF recommended incineration equipment, and governments should provide a long-term commitment to maintain and repair that equipment.
- Governments should provide a long-term political commitment to ensure that all EPI injections be

switched to AD syringes and that all contaminated sharps be disposed of adequately by incineration, pit burning and burial.

Financial Sustainability Plans (FSPs)

- The process of developing FSPs need to start early for the countries that are submitting in 2003 to give them enough time to develop comprehensive plans.
- In view of the importance and country gains from FSP, it is recommended that training must be extended to include non-GAVI eligible countries for them to take advantage of the expertise to improve on management of their country EPI finances.

Monitoring and Evaluation Components of GAVI

- Countries should identify ways of supporting the health information system (HIS) based on the recommendations of the DQA. This support should be approved by the national ICC for using existing GAVI funds, or through other sources of funds.
- The results of DQA studies should be utilised to identify the extent of vaccine and injection equipment wastage at all levels.

Logistics, Cold Chain and Operations Management

- Countries should establish a position of a National EPI logistics manager where it does not already exist.
- All cold chain equipment procured should be ordered and supplied with spare parts and other essential items such as voltage stabilisers sufficient for a minimum of 5 years
- A specialised training should be organised for EPI logistics managers. WHO, UNICEF, and other donors should mobilise resources for this training as a matter of urgency.
- All countries should periodically conduct assessments for vaccine management, injection safety, health care waste and EPI equipment.

Social Mobilisation

- Training for Social Mobilisation officers should be continuous given the high attrition rates in countries and changes in communication trends.
- Social mobilisation officers are expected to be proactive in retrieving and utilising data. EPI managers and social mobilisation officers should work together in interpreting epidemiological data for communication planning.
- Quality of social mobilisation plans at district level needs to be improved. Adequate budgetary

allocation and timely release of funds is important for implementation.

WEST AND CENTRAL AFRICAN SUB-REGIONAL WORKING GROUP

31/10/02 from West and Central African Sub-Regional Working Group: The West and Central African Sub-Regional Working Group met on 1 October 2002 in Abidjan, Cote d'Ivoire. Minutes from the meeting will be available shortly.

EASTERN MEDITERRANEAN

31/10/02 from Gill Mayers, WHO/HQ: As a follow-up to the inter-country workshop on Hib disease conducted in March 2002, EMRO plans to:

- Recruit 2 STCs to develop a regional guideline for bacterial meningitis surveillance and propose a framework for a regional bacterial meningitis surveillance network.
- Hold a small technical consultation to review and discuss the proposed guidelines and network project.

MISCELLANEOUS

31/10/02 from Laura Brown, WHO/HQ: The Access to Technologies (ATT) Department of Vaccines and Biologicals (V&B) at the World Health Organization is pleased to announce the creation of a *Manufacturers' Corner* on the ATT web-site:

http://www.who.int/vaccines-access/vaccines/Vaccine_Quality/Vaccine_manufacturers_corner/VMC.html

The main objective of the Corner is to share with vaccine manufacturers relevant information regarding upcoming meetings, events, documents, news and issues that may impact their products, strategies and decisions. Another objective of this corner is to post suggestions and concerns received from WHO partners in vaccine supply including United Nations agencies, National Regulatory Authorities and vaccine producers.

Please note that this Corner is under development and any suggestions to improve it would be welcome.

31/10/02 from Olivier Ronveaux, WHO/HQ: The web country profile, schedule, indicators and downloadable excel files are updated and can be found under the following link:

<http://www.who.int/vaccines-surveillance/DataDown.htm>

END

Regional Meetings of Relevance to the GAVI Objectives: November 2002 - March 2003

Title of Meeting	Start	Finish	Location	Responsible Partner	Region
Nov-02					
WPRO TAG	4-Nov	7-Nov	Manila, Philippines	WHO/WPRO	WPR
WPRO Lab Meeting	6-Nov	6-Nov	Manila, Philippines	WHO/WPRO	WPR
WPRO RCC	7-Nov	8-Nov	Manila, Philippines	WHO/WPRO	WPR
GAVI Board Meeting	18-Nov	19-Nov	Dakar, Senegal	GAVI Secretariat	Global
GAVI Partners Meeting	20-Nov	22-Nov	Dakar, Senegal	GAVI Secretariat	Global
Dec-02					
New Vaccine Introduction Meeting in East Africa	9-Dec	11-Dec	Nairobi, Kenya	WHO/AFRO (E&S Africa)	AFR
Jan-03					
Feb-03					
Mar-03					