The future of immunization supply systems

We are pleased to announce the formation of a new subgroup of the CCL Taskforce on the future of immunization supply systems. This Future Subgroup will focus on further developing "Vision 2025": a vision for future CCL systems that all partners can agree to work towards, with an agreed action plan. The Subgroup will strengthen the links between the work of Project Optimize and the CCL Taskforce by working on future systems while addressing today's needs. If you are interested in providing inputs for this or more generally in the work of the CCL Taskforce and its subgroups, please contact kbai@unicef.org.

Will new battery technology improve solar vaccine refrigerator success?

PATH is testing two new battery types for solar vaccine refrigerators in northern Vietnam. The short lifespan of current batteries (3 to 5 years) accounts for more than 60 percent of solar vaccine refrigerator system equipment failures. The new batteries, using technology developed for electric/hybrid cars, may have a lifespan of 10 to 20 years and so address a major challenge for solar power. The battery installation took place in March in two district medical centers near Hai Phong City, and initial results are expected in the first half of 2011. For more information, contact Steve McCarney.

PQS for SolarChill

The SolarChill (SC) - which removes the need for a storage battery - had successful evaluations reported in the January 2010 GIN. On 18 March 2010, the SC was prequalified by WHO for the PQS system (http://www.who.int/immunization_standards/e003_009_vestfrost_mks044.pdf) and UNICEF is now working on a user-friendly pictorial guide for setting up the SolarChill. If you are interested in providing inputs or in reviewing the guide, or more generally in the work of the CCL Taskforce and its subgroups, please contact kbai@unicef.org.
**Technical Information**

**WORLD BANK AND GAVI ALLIANCE PARTNERS - WORKSHOP ON CO-FINANCING AND IMMUNIZATION FINANCING, MAY 25-27, 2010, LONDON UK**

29/04/2010 from Logan Brenzel, World Bank

The World Bank, in collaboration with GAVI Alliance partners, is hosting a three day workshop on Co-Financing and Immunization Financing in London, UK for selected countries. The objective of this workshop is to explore with country representatives their experiences in meeting the requirements of the GAVI Co-Financing Policy; their recommendations for strengthening the policy; and to discuss strategies and options for assuring adequate financing for national immunization programs. The GAVI Co-financing Policy will be revised this year, and the workshop represents an opportunity for countries to have input into the revision process.

**LOGISTICS MANAGEMENT INFORMATION SYSTEMS**

29/04/2010 from Joe Little PATH:

Improving health outcomes through strengthened platforms and systems has emerged as a guiding principle of donors and multilateral agencies. A key building block for this effort will be the development of integrated information systems to support a variety of products and programmes. In order to meet the needs of health workers across programmes and countries, global and in-country stakeholders must identify common functional requirements that translate these needs into a language that can be used by developers to deliver appropriate information system solutions. The Rockefeller Foundation has provided a grant to PATH to determine how best to define these requirements through the Collaborative Requirements Development Methodology (CRDM). The CRDM consists of three sets of activities: (1) a landscape analysis of best practices, (2) identification and validation of requirements, and (3) development of standardized documentation in nontechnical language.

Because ensuring the continuous availability of health products is core to any health system strengthening effort, the CRDM was first applied to the development of requirements for Logistics Management Information Systems (LMIS). With project Optimize (a PATH-WHO collaboration), the WHO Health Metrics Network (HMN), and the Public Health Informatics Institute, a core work group convened to develop a framework of LMIS processes, activities, and requirements, and validate these through field observations. The work group included global stakeholders as well as representatives from Senegal, Vietnam, and Kenya. HMN is leading the current phase of review, feedback, and refinement of processes and requirements with a broader stakeholder group. Following this review, documents describing the common requirements for LMIS will be released to the global health community. These can be used to identify gaps in current LMIS or as terms of reference for the development or acquisition of new systems. The methodology will later be applied to other domains in the health system.

**GHTC LAUNCHES ITS FIRST ANNUAL GLOBAL HEALTH R&D POLICY REPORT**

29/04/2010 from Kimberley Lufkin, GHTC

The Global Health Technologies Coalition’s (GHTC) has launched its first annual report on global health research and development. The report focuses on the GHTC’s three priority areas—US policies related to public financing, regulatory pathways, and incentives and innovating financing. It highlights the role US agencies and policymakers play in advancing innovation for global health products, as well as makes policy recommendations to help accelerate the development of new global health technologies. GHTC is a coalition of more than 30 nonprofit organizations advocating for research and development of tools to prevent, diagnose, and treat global diseases so health solutions are available when populations need them. View the full report.
POLIO OUTBREAK IN TAJIKISTAN REINFORCES IMPORTANCE OF IMMUNIZATION CAMPAIGNS
29/04/2010 from Rod Curtis, WHO/HQ:

WHO experts have travelled to the country to fully investigate the outbreak after the Tajikistan government confirmed this week that seven children have been paralysed by poliovirus, the first cases in the country since 1997. In a show of partner coordination and support and in response, planning for three nationwide vaccination campaigns is well under way, with almost 1 million doses of polio vaccine scheduled to arrive in country on Monday. Action has been made possible by an extraordinary rapid response grant from Rotary International as well as from DFID; the Global Polio Eradication Initiative will be seeking additional funds to fully implement a complete response.

155 million children to be vaccinated against polio in Africa, India and Pakistan

In a monumental effort to curb the ongoing outbreak of poliovirus in West Africa and further boost immunity levels of children in India and Pakistan, more than 155 million children in 18 countries will receive polio vaccines next week, starting Saturday, 24 April. Children in Europe, the Americas and the Middle East will also receive vaccines as part of Immunization Week activities being held simultaneously in an effort to raise awareness of the importance of immunization in these regions. The activities in Europe are particularly timely as Tajikistan reports the first polio cases since the European Region of the World Health Organization (WHO) was certified polio-free in 2002, a sober reminder of the need to maintain immunity against this highly infectious virus and other vaccine-preventable disease. Poliovirus travels long distances easily and polio-free regions continue to be at risk until poliovirus transmission is stopped everywhere. The outbreak in Tajikistan is further evidence that a control strategy would be insufficient to protect children everywhere and that eradication is the only way the world can be sure its children are free from the threat of life time paralysis.

SURVEY ON THE GIN
29/04/2010 from Erin Sparrow WHO/HQ:

From October to December 2009, readers of the GIN were asked to complete an evaluation of the newsletter. Only 18 of our 843 subscribers to the GIN completed the survey. While the comments made were interesting and helpful, in order to implement any suggested changes it would be great to have feedback from more of you. For those of you who filled out the survey last year, thank you very much. For those who haven’t, we would appreciate if you could take 2 minutes to click on the following link to complete the survey. https://extranet.who.int/datacol/survey.asp?survey_id=1338 username: gin1 password: gin1
GAVI BOARD ENDORSES JOINT HEALTH SYSTEMS FUNDING PLATFORM
29/04/2010 from Kerstin Reisdorf, GAVI:

The GAVI Alliance Board on 20 April 2010 unanimously endorsed the proposal to move forward with the joint Health Systems Funding Platform together with the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and the World Bank. WHO is facilitating the process. The purpose of the initiative is to streamline health system strengthening support by all three organizations, who are the largest providers of funding for health system development.

A joint platform has the potential of lowering transaction costs for developing countries by harmonizing proposal development and reporting, of increasing efficiency at country level through strengthened and more harmonized planning and of reducing fiduciary risk by employing joint funding mechanisms. The Platform could include four main components:

- A joint assessment of a national health strategy;
- A common monitoring framework;
- Aligned and common oversight mechanisms (such as common financial management and procurement mechanisms at country level, where possible); and
- Support for demand-driven, sustainable technical assistance.

Developing countries could benefit from a joint platform because it would allow better results through improved use of funds and stronger government leadership in sector coordination. In countries with Sector Wide Approach (SWAp) mechanisms, the Platform could align to existing processes and provide additional resources.

CSO COMMUNITY INCREASING ITS ENGAGEMENT
29/04/2010 from Kerstin Reisdorf, GAVI:

Civil society is increasing its involvement in the GAVI Alliance, and close to 40 civil society representatives from GAVI-eligible and donor countries met outside Geneva on 29 to 30 March to agree on how to structure the engagement and take it forward. The group agreed to set up a selected Steering Committee (15 to 20 persons) which will support the CSO Board member and CSO members in task teams and committees, and oversee the broader CSO network. The deadline for nominations is 31 May, and more information is available on the GAVI website.

The work will be facilitated by a communications focal point hosted by the International Federation of the Red Cross and Red Crescent Societies, and an advertisement for this position is also available on the website.

This new structure enables independent civil society discussions and valuable CSO input into GAVI-related processes, as well as joined-up advocacy for immunization. Civil society organizations have also requested a second seat on the GAVI Alliance Board, and this is tabled for discussion at the next meeting of the GAVI Governance Committee. CSOs play key roles in service delivery, policy making and resource mobilization, and not least in holding the GAVI Alliance to account at the country and global levels.

Next GAVI Review Dates:
Information on 2010 GAVI submission and review dates to be confirmed.
Country Information by Region

AFRICAN REGION:

ACTIVITIES CONDUCTED BY THE AFRO CENTRAL INTER-COUNTRY SUPPORT TEAM BETWEEN JANUARY AND APRIL 2010

29/04/2010 from Auguste Ambendet, WHO/AFRO:

JANUARY 2010:

Special Meeting of the Regional Working Group on GAVI

A special meeting of the Sub regional working group (SRWG) was held from 25 to 26 January 2010 in Dakar, Senegal. The overall objectives of the meeting were to conduct a thorough analysis of EPI performance by reviewing the constraints and difficulties and to adopt measures and strategies to improve the situation. The outcomes of the meeting included:

1. The overall performance of immunization in all countries of central and western Africa were reviewed.
2. Data from the following countries: Cote d’Ivoire, Ghana, Niger, Nigeria and DRC were analyzed.
3. Prospects for new vaccines and financing through the support of GAVI eligible countries were analyzed.
4. Issues relating to financing of health and immunization of countries (including GAVI non-eligible countries), coordination and effective management of resources, financial sustainability were also analyzed.
5. The issue of integration of immunization in the health system was discussed.

Participants were selected to hold a special meeting of the Working Group on the sidelines of the meeting of EPI Managers, in Ouagadougou from 13 to 17 March 2010.

FEBRUARY 2010:

Annual Meeting of Managers of National Immunization Programmes of countries of Central Africa was held from 10 to 12 February in Libreville, Gabon. Delegations from 11 countries were present (Angola, Burundi, Cameroon, Central African Republic, Chad, Congo, DRC, Gabon, Equatorial Guinea, Rwanda, and Sao Tome and Principe) as well as partners. These delegations were composed of EPI managers, heads of national surveillance, laboratory workers, EPI focal points of WHO and UNICEF offices in the countries concerned and other staff.

The aim of the meeting was to provide participants a forum for exchanging experiences and adoption of new technical guidance for immunization and child survival in countries of Central Africa. Following an inaugural session, the meeting continued in four sessions as follows:

1. The Initiative for the Eradication of Poliomyelitis
2. Strengthening national immunization systems
3. The accelerated fight against disease
4. Improving the quality of data.

In general, participants were satisfied by the progress made by most countries in various areas of the Initiative for the Eradication of Poliomyelitis, routine EPI and the accelerated fight against disease. However, weaknesses remain in achieving the expected coverage for each vaccine, the monitoring of active AFP surveillance, the quality of immunization data and monitoring the performance of surveillance for measles, yellow fever and the programme for the elimination of MNT.

At the end of the meeting, participants adopted recommendations relating to:

1. The prevention of transmission of poliomyelitis in the sub-region by June 2010 for those countries with recent new cases (Cameroon, Burundi, CAR), and December 2010 for those countries where the spread of WPV has been re-established (Chad, Angola, DRC): Particular emphasis should be given to the conduct of high quality SIAs;
2. Reducing the number of unvaccinated children;
3. Improving the quality of immunization data and monitoring;
4. Support for the establishment of National Regulatory Authorities, including the development of institutional development plans (IDPs) and their implementation;
5. Sustainable funding for immunization.
Country Information by Region

AFRICAN REGION:

ACTIVITIES CONDUCTED BY THE AFRO CENTRAL INTER-COUNTRY SUPPORT TEAM BETWEEN JANUARY AND APRIL 2010 CONT...

MARCH 2010:

The finalization of deployment influenza A (H1N1) vaccine took place in Gabon.

Sub-Regional Working Group Meeting - This second meeting was held March 18, 2010 in Ouagadougou. In it, members of the Working Group discussed the coordinated support provided to priority countries, including CAR, Chad, DRC. The next regular meeting has been scheduled for early July 2010 in N’Djamena (Chad) or in Bangui (CAR).

APRIL 2010:

Post introduction evaluation of pneumococcal vaccine (PCV 7) in Rwanda - This evaluation took place in April 2010. Technical support was provided by MCHIP, the CDC and UNICEF, under the coordination of WHO (IST central Africa).

A workshop and peer review of GAVI Annual Progress Reports in central Africa took place in Douala (Cameroon), from 06 to 09 April 2010. In order to improve the quality of reporting, the WHO Inter-country Support Team of Central Africa, provided support to countries, particularly in research measures to correct the deficiencies identified by the recurrent independent review committee. Eight countries were represented at this workshop: Angola, Burundi, Cameroon, Congo, CAR, DRC, Sao Tome & Principe and Chad. The overall objective was to improve the technical quality of the reports to be submitted to GAVI through a peer review. The facilitation was provided by teams HPS and IVD IST, Libreville, Ouagadougou and WHO/ HQ.

At the end of the workshop a roadmap was developed by each participating country, both for the finalization of the APR and for monitoring the implementation of the workplan for 2010. This roadmap shows the timing of actions to be taken, responsible officers and planned support. The expected actions are reflected in the schedule of activities (roadmap) developed by each country.

LAUNCH OF PENTAVALENT VACCINE IN GABON
29/04/2010 from Omer N’Ganga, WHO/AFRO:

In accordance with it’s comprehensive Multi Year Plan (cMYP), Gabon has introduced pentavalent vaccine. The launch of the vaccine took place on 2 April 2010 and was attended by the Minister of Health who stated: "The use of this vaccine will help the country move closer to the goal 4 of the Millennium Development Goals (MDG 4) to reduce child mortality by two thirds by 2015". The Minister of Health concluded her remarks by inviting health staff to welcome and inform the community of the availability of free pentavalent vaccine while thanking development partners including UNICEF and WHO for their support.
AFRICAN REGION:

MEASLES IMMUNIZATION AND CHILD HEALTH DAYS CAMPAIGN PLANNING - ZIMBABWE
29/04/2010 from Ahmadu Yakubu, UNICEF ESARO

The Ministry of Health and Child Welfare of Zimbabwe and partners organized a four day meeting in Harare from 12 to 15 April 2010 to plan for a measles campaign and child health days scheduled for 10 to 19 May 2010. This brought together health, finance and logistics officers from the government, the World Health Organization, UNICEF and Helen Keller International. The measles campaign is planned in response to an outbreak that started in November 2009 which has so-far affected 57 of the 62 districts in the country with over 3,318 cases (387 laboratory confirmed), and over 200 deaths. The outbreak started in children from Apostolic Sect members after the measles follow up campaign conducted in June 2009 reported coverage of 92% from independent monitoring but with marked refusals from Apostolic Sect members (who usually refuse all modern medications including treatment drugs for illnesses and vaccination). Efforts have been made to control the outbreak by focusing communication and social mobilization activities at the Apostolic Sect members and followed by enhanced case management and selective vaccination. Following a risk analysis, the campaign will target children 6 months to 14 years estimated to be around 4,912,375. Vitamin A supplementation and vaccination of due and overdue children with routine vaccines will also be done as part of the twice yearly child health days. Partners, including UNICEF, WHO, Hellen Keller International and Médecins sans Frontières, are making efforts to mobilize the required funds and other resources for the campaigns.

To ensure high quality implementation, provincial officers will be supporting their districts to produce detailed implementation plans including maps to guide teams and supervisors during implementation. Plans are also being initiated to integrate the post introduction evaluation with an EPI coverage survey previously planned for later in the year.

THE 19TH MEETING OF THE EXPERT REVIEW COMMITTEE (ERC) ON POLIO ERADICATION & ROUTINE IMMUNIZATION IN NIGERIA
29/04/2010 from Kaushik Banerjee, WHO/HQ:

The 19th meeting of the Expert Review Committee (ERC) on Polio Eradication & Routine Immunization in Nigeria was held in Minna, Nigeria on 22 to 24 March 2010 and, for the first time, a full day was devoted to review the situation of routine immunization in Nigeria. A range of presentations and information was received by the ERC, from both the Federal and State levels, and from partners working on aspects of immunization systems strengthening. The ERC stressed the importance of a dual strategic approach to strengthening immunization in Nigeria, which both raises coverage and strengthens the immunization system. There is a place for campaign-like activities such as Child Health Weeks, Immunization Preventable Diseases (IPDs), National Measles Campaigns, Maternal and Neonatal Tetanus (MNT) campaigns and others. Nonetheless, these strategies, while indispensible for disease control and rapidly raising coverage, must be supported by a strong system for regular delivery of immunization services through health facilities and outreach from those facilities.

Some major recommendations were:

1. Expansion of the Reach Every Ward (REW) strategy to the remaining Local Government Areas (LGAs) must be completed. The priority for implementation should be the high risk LGAs, which have the highest proportions of unimmunized and under immunized children. The ERC would like to continue to receive progress reports on the status of REW implementation at LGA level, and any evidence of impact on session frequency and coverage.

2. ERC endorses the 1, 2, 3 strategy, that is the strategy of implementing and monitoring (a) 1 routine session/week in all Health Centres implementing RI services, (b) 2 outreach sessions/week from all Health Centres implementing RI services, and (c) 3 LGA-level supervisory visits/month to supervise planned routine immunization activities. Immunization sessions and vaccine availability should be monitored closely, with results fed back to States and LGAs to identify areas where routine sessions are inadequate, for appropriate intervention.

3. The ERC also endorses the strategy of delivering immunization in conjunction with Child Health Weeks, as a means of rapidly raising immunization coverage.
VACCINATION WEEK IN THE AMERICAS
29/04/2010 from Beatrice Carpano and Carolina Danovaro, WHO PAHO:

This year marks the eighth anniversary of Vaccination Week in the Americas (VWA), an initiative that is celebrated by approximately 44 countries and territories in the Region from 24 April-1 May. Countries and territories have planned to vaccinate more than 41 million people, across the age spectrum, against a wide range of vaccine-preventable diseases, including poliomyelitis, rubella, congenital rubella syndrome, measles, diphtheria, mumps, whooping cough, neonatal tetanus, and yellow fever. This year, the Regional VWA slogan is reaching everyone, especially vulnerable populations. As in prior years, social communication materials, in multiple languages, were developed for use in the Region. These materials use images widely accepted in the Region such as the characters of Sesame Street and photographs of representative families from different countries and sub-regions. The border area between French Guiana and Suriname provided the backdrop to one of the regional launchings of the VWA, on 27 April with participation from Dr. Mirta Roses Periago, PAHO Director, Dr. Celsius Waterberg, Minister of Health, Suriname, and Mr. Philippe Damie, General Director, Regional Health Agency, French Guiana. The event took place in the border towns of Albina (Suriname) and Saint-Laurent (French Guiana); a delegation from the Ministry of Health of Brazil joined the event in Albina. In addition, national health authorities from both countries prepared a series of workshops on the sharing of immunization practices for health workers in border areas. Due to the constant movements of border populations, a child does not always receive vaccination in his/her country of origin. This presents additional challenges related to the registration and follow-up of vaccination activities (administration of second, third, and booster doses). Other Regional launching events took place in Nicaragua and on the border between Mexico and the United States and between the Dominican Republic and Haiti.

EASTERN MEDITERRANEAN REGION:

THE FIRST VACCINATION WEEK IN THE EASTERN MEDITERRANEAN
29/04/2010 from Nahad Sadr-Azodi, WHO/EMRO

The first Vaccination Week in the Eastern Mediterranean kicked off on Saturday, 24 April 2010 with 22 countries mobilizing to revive commitment towards immunization through advocacy, education and communication. With the slogan "Vaccination...an obvious choice" the objectives of Vaccination Week are to improve communication and dissemination of information on the value of immunization, increase community demand for immunization and use a combination of innovative approaches and solutions to improve access to immunization for people in the Region.

As part of the Vaccination Week commemoration, a regional launching ceremony took place on Saturday 24 April in Beirut, Lebanon under the patronage of Her Excellency Mrs Wafaa Michael Seliman, the First Lady of Lebanon. Together with Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean, they were addressing senior figures from ministries, international and local organizations as well as members of the diplomatic corps and mass media. "Immunization is a family and community responsibility," said Her Excellency Mrs Wafaa Michel Sleiman. "Vaccines have the power not only to save, but to transform lives, giving children a chance to grow up healthy, go to school, and improve their life prospects".

A variety of activities — which focus on vaccination as an investment for a better life, as a family and community responsibility and crucial in providing protection against diseases — have been carried out during the week including workshops, training sessions, social mobilization, round table discussions and exhibitions addressing a wide range of vaccine-related issues. In addition, there were vaccination services such as tracking of unvaccinated people, implementing large scale vaccination campaigns and using Child Health Days to deliver an integrated package of life saving health interventions.

HSS = Health Systems Strengthening; IST = Inter Country Support Team; ISS = Immunization Services Support; INS = Injection Safety Support; NVS = New Vaccine Support; DQA = Data Quality Audit; DQS = Data Quality Self Assessment; RED = Reach Every District; cMYP = Fully costed multi-year plan; NITAG = National Immunization Technical Advisory Group; NRA = National Regulatory Authority
EUROPEAN REGION:
29/04/2010 from Leo Weakland, WHO/EURO:

EUROPEAN IMMUNIZATION WEEK 2010

During the last week of April, 46 countries across the European Region united under the banner of the fifth European Immunization Week. Beginning with the virtual launch of the initiative, hosted by WHO/Europe in conjunction with the World Bank, and running throughout the week, EIW 2010 activities promoted the message of protecting against vaccine-preventable diseases by achieving and maintaining recommended vaccination coverage rates. To view updates and learn more about EIW activities across the European Region, visit the EIW campaign site.

REGIONAL MEETING ON MULTI-YEAR PLANNING FOR IMMUNIZATION 29 - 31 MARCH 2010

The WHO Regional Office for Europe (WHO/EURO) conducted a regional workshop on multi-year planning in immunization in Copenhagen, Denmark. EPI managers and Ministry of Health officials from seven GAVI eligible countries, together with representatives from WHO/EURO, WHO Headquarters, UNICEF and the GAVI Secretariat, reviewed drafts of countries’ comprehensive multi-year plans on immunization for the period 2011-2015. The group also discussed national strategies, objectives and major activities for the next five years, as well as implications of the revised GAVI policy. WHO/EURO will assist the participating countries in finalizing their multi-year plans.

MEETINGS ON CERVICAL CANCER PREVENTION IN LATVIA: INTRODUCTION OF HPV-VACCINATION 15 - 16 APRIL 2010

The WHO Regional Office for Europe facilitated the meeting “Challenges of cervical cancer prevention in Latvia and Europe” in Riga, Latvia. The first day’s programme was directed towards national stakeholders and the second day provided a training session for family physicians on both primary and secondary cervical cancer prevention. The meeting covered European experiences regarding the introduction of HPV-vaccination, as well as the WHO position, including plans for communication, preparation for negative publicity and occurrences that might be mistaken for adverse events. Latvia began organized cervical screening on 1 January 2009 and HPV-vaccination will be included in the national immunization programme starting on 1 September 2010.

SOUTH-EAST ASIA REGION
29/04/2010 from Dr Stephen Sosler, WHO/SEARO:

INTENSIFIED NPSP SUPPORT FOR ROUTINE IMMUNIZATION IN PRIORITY POLIO BLOCKS OF INDIA

Progress continues to be made to eliminate endemic wild polio virus (WPVI) from Bihar and Uttar Pradesh, the two northern Indian states where the virus is most firmly entrenched. The Government of India (GoI) and state governments, particularly of Bihar and Uttar Pradesh, have demonstrated their ability to maintain an intense schedule of high quality immunization campaigns, resulting in a restriction of WPV1 circulation to a limited number of areas. However, mass vaccination campaigns have yet to achieve complete success and there is a realization that a multi-pronged strategy is necessary to addresses additional risk factors that facilitate poliovirus transmission.

The Government of India with technical assistance from polio eradication partners have developed a plan that targets 107 high risk blocks of Bihar and Uttar Pradesh that are responsible for generating multiple WPV1 cases, infecting other areas and providing refuge for WPV1 persistence (The 107 Block Plan: Completing polio eradication in the remaining 107 blocks, Government of India). One of the stated aims of the plan is to improve routine immunization services as the majority of the 107 high risk blocks are located in those districts with the lowest vaccination coverage rates. To optimize the support of WHO National Polio Surveillance Project (NPSP) to strengthen routine immunization in these areas, the project has initiated a series of comprehensive routine immunization trainings of its field personnel in Bihar and Uttar Pradesh. The training curriculum is based on GoI’s Immunization Handbook for Medical Officers and covers topics related to immunization schedule, planning, cold chain and logistics management, injection safety and waste disposal, AEFI management, community involvement, supportive supervision, using data for action and vaccine preventable disease surveillance.

Since the end of March 2010, 65 NPSP Surveillance Medical Officers (SMOs) and Sub-Regional Team Leaders (SRTLs) have been trained in Bihar and remaining field staff (approximately 20 SMOs) will undergo training in the coming weeks. Training of more than 100 SMOs and SRTLs in Uttar Pradesh is scheduled to begin in early May, and be completed by July 2010. This initiative and the trainings highlight NPSP’s intensified support to improving routine immunization in areas at highest risk for persistence of polio in India.

HSS= Health Systems Strengthening; IST = Inter Country Support Team; ISS = Immunization Services Support; INS = Injection Safety Support; NVS = New Vaccine Support; DQA = Data Quality Audit; DQS = Data Quality Self Assessment; RED = Reach Every District; cMYP = Fully costed multi-year plan; NITAG = National Immunization Technical Advisory Group; NRA = National Regulatory Authority
Country Information by Region

WESTERN PACIFIC REGION
29/04/2010 from Manju Rani, WHO/WPRO:

ACCREDITATION OF THE WHO MEASLES AND RUBELLA NATIONAL LABORATORY IN FIJI.

The Regional Director, Dr. Shin, Young-Soo visited the Mataika House (the national Public Health Laboratory in Fiji), on 16 April 2010 to present the certificate of the first accreditation of the WHO measles and rubella national laboratory in Fiji. The WHO certificate of accreditation was received by the Honorable Minster for Health, Fiji, Dr. Neil Sharma on behalf of the staff of the Mataika House.

Caption: Regional Director, Dr. Shin, Young-Soo presented the certification of accreditation for the measles laboratory in the Mataika House during his visit to Fiji.

VIETNAM, SOLOMON ISLANDS AND PNG DEVELOP NEW COMPREHENSIVE MULTIYEAR PLANS

Vietnam, Solomon Islands and PNG—all GAVI eligible countries—developed new comprehensive multiyear plan for the years 2011-2015. The plans reviewed the achievements of the previous five year plan, provided a situation analysis of the current programmatic situation, and helped to identify the priorities for the next five years. Detailed costing and financial analysis was also done for the whole planning period.

REGIONAL WORKING GROUP MEETING OF WESTERN PACIFIC REGION

A Regional Working Group meeting of the Western Pacific Region (WPR) was held on 20 April, 2010. The key issues included the revision in GAVI eligibility criteria and the new proposed joint platform for health system strengthening funding and the implication for the countries in WPR. The potential introduction of new vaccines in GAVI eligible countries in the Region was discussed in light of new developments in GAVI policies and the vaccine supply situation.
### Regional Meetings & Key Events Related to Immunization

<table>
<thead>
<tr>
<th>Title of Meeting</th>
<th>Start</th>
<th>Finish</th>
<th>Location</th>
<th>Region</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2010 Meetings</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Annual Immunization Week in the Eastern Mediterranean Region</td>
<td>24-Apr</td>
<td>29-Apr</td>
<td>Regional</td>
<td>EMRO</td>
</tr>
<tr>
<td>Annual Immunization Week in the Americas</td>
<td>24-Apr</td>
<td>01-May</td>
<td>120</td>
<td>PAHO</td>
</tr>
<tr>
<td>Annual Immunization Week in Europe</td>
<td>24-Apr</td>
<td>01-May</td>
<td>Regional</td>
<td>EURO</td>
</tr>
<tr>
<td>Consultant Briefing on Surveillance, Monitoring &amp; Evaluation</td>
<td>25-Apr</td>
<td>29-Apr</td>
<td>Alexandria, Egypt</td>
<td>EMRO</td>
</tr>
<tr>
<td>Human Papillomavirus Vaccine Advisory Committee</td>
<td>27-Apr</td>
<td>29-Apr</td>
<td>Geneva, Switzerland</td>
<td>Global</td>
</tr>
<tr>
<td>2010 Albert B. Sabin Gold Medal Award</td>
<td>27-Apr</td>
<td>27-Apr</td>
<td>Washington D.C., USA</td>
<td>Global</td>
</tr>
<tr>
<td>Immunization Financing Workshop - National Association of Mayors (Sabin)</td>
<td>28-Apr</td>
<td>30-Apr</td>
<td>Yaoundé, Cameroon</td>
<td>AFRO</td>
</tr>
<tr>
<td>First Parliamentary Briefing on Child Health &amp; Sustainable Immunization Financing (Sabin)</td>
<td>30-Apr</td>
<td>30-Apr</td>
<td>Phnom Penh, Cambodia</td>
<td>WPRO</td>
</tr>
<tr>
<td>Pooled Vaccine Procurement Meeting (PVP)</td>
<td>04-May</td>
<td>06-May</td>
<td>Cairo, Egypt</td>
<td>EMRO</td>
</tr>
<tr>
<td>3rd Meeting with International Partners on Prospects for Influenza Vaccine Technology Transfer to DCVMN</td>
<td>05-May</td>
<td>06-May</td>
<td>Nha Trang, Vietnam</td>
<td>Global</td>
</tr>
<tr>
<td>VR Vaccine Advisory Committee meeting 2010</td>
<td>11-May</td>
<td>12-May</td>
<td>Geneva, Switzerland</td>
<td>Global</td>
</tr>
<tr>
<td>International Technical Team to Review Country Data to Support Measles, Rubella, and CRS Elimination</td>
<td>23-May</td>
<td>24-May</td>
<td>Brazil</td>
<td>PAHO</td>
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<tr>
<td>Co-Financing and Immunization Financing (World Bank and GAVI)</td>
<td>25-May</td>
<td>27-May</td>
<td>London, UK</td>
<td>PAHO</td>
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<tr>
<td>International Technical Team to Review Country Data to Support Measles, Rubella, and CRS Elimination</td>
<td>26-May</td>
<td>28-May</td>
<td>Argentina</td>
<td>PAHO</td>
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<tr>
<td>EMRO EPI Managers Meeting &amp; NTAG/RTAG</td>
<td>07-Jun</td>
<td>12-Jun</td>
<td>Hamamat, Tunisia</td>
<td>EMRO</td>
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<tr>
<td>Countdown to 2015 and Sustainable Immunization Financing: Role of Rotarians (Sabin)</td>
<td>09-Jun</td>
<td>10-Jun</td>
<td>Washington D.C., USA</td>
<td>PAHO</td>
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<tr>
<td>Global Advisory Committee on Vaccine Safety (GACVS)</td>
<td>16-Jun</td>
<td>17-Jun</td>
<td>Geneva, Switzerland</td>
<td>Global</td>
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<tr>
<td>Regional Review Meeting on Immunization</td>
<td>19-Jul</td>
<td>23-Jul</td>
<td>New Delhi, India</td>
<td>SEARO</td>
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<tr>
<td>Presentation of Progress Report on Rubella and CRS Elimination to Executive Committee</td>
<td>21-Jun</td>
<td>25-Jun</td>
<td>Washington D.C., USA</td>
<td>PAHO</td>
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<tr>
<td>Global Meeting on Implementing New and Under-utilized Vaccines</td>
<td>23-Jun</td>
<td>25-Jun</td>
<td>Montreux, Switzerland</td>
<td>Global</td>
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<tr>
<td>Immunization Practices Advisory Committee (IPAC) Meeting</td>
<td>29-Jun</td>
<td>30-Jun</td>
<td>Geneva, Switzerland</td>
<td>Global</td>
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<tr>
<td>SEARO Regional Consultation on Immunization</td>
<td>19-Jul</td>
<td>23-Jul</td>
<td>TBC</td>
<td>SEARO</td>
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<tr>
<td>Global Technical Consultation on the Feasibility of Measles Eradication</td>
<td>28-Jul</td>
<td>30-Jul</td>
<td>Washington D.C., USA</td>
<td>PAHO</td>
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<tr>
<td>The 9th International Rotavirus Symposium</td>
<td>02-Aug</td>
<td>03-Aug</td>
<td>Johannesburg, South Africa</td>
<td>AFRO</td>
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<tr>
<td>Regional Meeting on Mumps</td>
<td>23-Aug</td>
<td>27-Aug</td>
<td>Washington D.C., USA</td>
<td>PAHO</td>
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<tr>
<td>Global Consultation Meeting on Feasibility of measles eradication</td>
<td>06-Sep</td>
<td>09-Sep</td>
<td>TBC</td>
<td>Global</td>
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<tr>
<td>Global Measles/Rubella LabNet Meeting</td>
<td>20-Sep</td>
<td>23-Sep</td>
<td>Geneva, Switzerland</td>
<td>Global</td>
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<tr>
<td>Global Surveillance Meeting (TBC)</td>
<td>Sep</td>
<td>Sep</td>
<td>Geneva, Switzerland</td>
<td>Global</td>
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<tr>
<td>Regional workshop on Surveillance, Monitoring &amp; Evaluation (8 Countries)</td>
<td>27-Sep</td>
<td>30-Sep</td>
<td>Damascus, Syria</td>
<td>EMRO</td>
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<td>Regional Committee EMRO</td>
<td>03-Oct</td>
<td>06-Oct</td>
<td>Cairo, Egypt</td>
<td>EMRO</td>
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<tr>
<td>Regional Working Group meeting in East and South Africa</td>
<td>06-Oct</td>
<td>07-Oct</td>
<td>Kigali, Rwanda</td>
<td>EMRO</td>
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<tr>
<td>QUIVER Meeting</td>
<td>12-Oct</td>
<td>14-Oct</td>
<td>Geneva, Switzerland</td>
<td>Global</td>
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<tr>
<td>Global Alliance for Vaccine &amp; Immunization (GAVI) / Regional Working Group (RWG)</td>
<td>18-Oct</td>
<td>20-Oct</td>
<td>Sanaa, Yemen</td>
<td>EMRO</td>
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<td>New vaccines and surveillance meeting</td>
<td>TBC</td>
<td>TBC</td>
<td>TBC</td>
<td>WPRO</td>
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<tr>
<td>Strategic Advisory Grop of Experts (SAGE) Meeting</td>
<td>09-Nov</td>
<td>11-Nov</td>
<td>Geneva, Switzerland</td>
<td>Global</td>
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<tr>
<td>First Meeting of the Presidents of the National Commissions to Document and Verify Measles, Rubella, and CRS Elimination</td>
<td>10-Nov</td>
<td>11-Nov</td>
<td>TBC</td>
<td>PAHO</td>
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<tr>
<td>Malaria Vaccine Advisory Committee meeting 2010</td>
<td>22-Nov</td>
<td>24-Nov</td>
<td>TBC</td>
<td>Global</td>
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<tr>
<td>Measles, Rubella Meeting - Laboratory Meeting - Regional Technical Advisory Group Meeting (RTAG)</td>
<td>28-Nov</td>
<td>02-Dec</td>
<td>Amman, Jordan</td>
<td>EMRO</td>
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<tr>
<td>Global Advisory Committee on Vaccine Safety (GACVS)</td>
<td>08-Dec</td>
<td>09-Dec</td>
<td>Geneva, Switzerland</td>
<td>Global</td>
</tr>
</tbody>
</table>
Links Relevant to Immunization

Global Websites

Department of Immunization, Vaccines & Biologicals, World Health Organization
WHO New Vaccines
Immunization Financing
Immunization Monitoring
Agence de Médecine Préventive
EPIVAC
GAVI Alliance Website
IMMUNIZATION basics (JSI)
International Vaccine Institute
PATH Vaccine Resource Library
Pediatric Dengue Vaccine Initiative
SABIN Sustainable Immunization Financing
SIVAC Program Website
UNICEF Supply Division Website
Hib Initiative Website
Japanese Encephalitis Resources
Malaria Vaccine Initiative
Measles Initiative
Meningitis Vaccine Project
Multinational Influenza Seasonal Mortality Study (MISMS)
RotaADIP
RHO Cervical Cancer (HPV Vaccine)
WHO/ICO Information Center on HPV and Cervical Cancer
SIGN Updates
Technet

Regional Websites

Immunization and Vaccines in AFRO
PAHO's website for Immunization
Vaccine Preventable Diseases in EURO
Immunization and Vaccines in SEARO

Newsletters

PAHO/Comprehensive Family Immunization Program-FCH: Immunization Newsletter

Produced by WHO, in collaboration with UNICEF and the GAVI Alliance: