



GLOBAL IMMUNIZATION NEWS

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Please send inputs for inclusion to: dassanayakehe@who.int*

17 August 2005

TECHNICAL INFORMATION

CAPACITY BUILDING & TRAINING

17/08/05 from Jhilmil Bahl, WHO/HQ: The Training Partnership meeting is scheduled for 10-11 October 2005 in Geneva, Switzerland. The main objectives of the meeting are to:

- Identify partners' involvement in capacity building activities needed to implement GIVS.
- Update on partner training activities in 2004-2005 and lessons learnt on conducting training needs assessment, evaluation and distance learning.
- Gain partner feedback on draft MLM modules.
- Develop a plan for finalizing and testing MLM modules and discuss partner support.
- Identify areas of collaboration on training activities.

Partners who have been coming to the past meetings will receive invitations shortly. Others who wish to participate, please contact Jhilmil Bahl (bahlj@who.int).

17/08/05 from Evariste Mutabaruka, WHO/AFRO: The following activities are planned for capacity building and training in AFRO for the second semester of 2005:

- Editing and dissemination of the 2000-2004 MLM training evaluation report.
- Development of EPI curricula prototypes for medical and nursing schools.
- Development of AFRO/Capacity Building strategy in line with GIVS.

17/08/05 from Diana Chang Blanc, WHO/HQ:

As part of the WHO Global Training Network (GTN), the 2nd course on Vaccine Procurement was held in Rabat, Morocco from 30 May to 3 June 2005. Twenty-one participants from five francophone countries (Algeria, Cameroon, Lebanon, Morocco, Tunisia) were in attendance and represented the departments of EPI management, National Regulation or Vaccine Procurement. The fifteen-module course, which covers the principles of

effective public procurement and underscores best practices in a bid and tender process, was facilitated by local and WHO/HQ staff. The countries end the course having elaborated plans of action to strengthen procurement, regulatory and vaccine management aspects of their programmes.

GLOBAL IMMUNIZATION VISION AND STRATEGY (GIVS)

17/08/05 from Julian Bilous (WHO/HQ) and Jos Vandelaer (UNICEF): During the course of 2004, WHO and UNICEF worked closely to develop a new strategy for immunization entitled "the Global Immunization Vision and Strategy (GIVS) 2006-2015. GIVS will provide member states, international organizations and other partners with a framework for planning and collaboration to meet the challenges that lie ahead. The proposed strategy comprises four areas: protecting more people in a changing world; introducing new vaccines and technologies; integrating immunization, other health interventions and surveillance in the health systems' context; and immunizing in the context of global interdependence. Broad consultation on the draft strategy began in early 2004, and an early draft was circulated widely among stakeholders in immunization. It has also been considered by Member States (including Australia, Canada, France, Netherlands, Norway, United Kingdom of Great Britain and Northern Ireland and the United States of America), partners in immunization and WHO's Strategic Advisory Group of Experts on Immunization. GIVS was presented to the World Health Assembly and UNICEF Executive Board in 2005 where it was welcomed and positively received. The fully costed multi-year plan (cMYP) guidelines are currently being drafted.

As next steps, countries will use GIVS as a menu for country plans, placing emphasis on the following issues:

- Focusing on reaching the hard-to-reach
- Package of interventions
- Data-driven problem solving
- Immunization in older age-groups
- Anticipation of new vaccines.

FINANCIAL SUSTAINABILITY

17/08/05 from Lidija Kamara, WHO/HQ:

Below is a summary of some of the highlights so far this year for financial sustainability:

FS Development: The Independent Review Committee for FSPs met in April 2005 to review 11 new FSPs and one with major revisions. The 12 FSPs reviewed included Azerbaijan, Benin, Bosnia & Herzegovina, DR Congo, Ethiopia, Georgia, Guinea, Mauritania, Ukraine, Yemen, Afghanistan and Nepal. The latter two countries were recommended for revisions.

The FSP IRC highlighted several examples of best practices from the FSPs reviewed and the IRC comments were very helpful.

The remaining new FSPs expected for the second FSP IRC review planned for end September 2005 include Cameroon, China, Indonesia, Moldova, Niger, Sri Lanka and Sudan, and revisions from Pakistan, Nepal and Myanmar. Afghanistan has requested to address the FSP revisions through their fully-costed multi-year plan which will be developed at the end of this year. CAR, Djibouti, Sao Tome, Senegal, Togo and Turkmenistan should also submit FSPs, however we are unlikely to receive them, so FSP support will be transitioned to support the fully-costed MYP.

FS Implementation: A two-day FS Implementation Meeting was held in Geneva in April 2005, including RWG and global partner participation. The tremendous partner effort (ARIVA, AMP, CVP (PATH), USAID (Immunization Basics), World Bank and UNICEF) and support to the FSP process to date was acknowledged and partners urged to continue to support FSI implementation efforts in countries. Regions were urged to provide needs, including funding, to support 2006-2007 Strategic Workplan process starting with the July 2005 GAVI Board Meeting, with a view for final approval and endorsement by the December Board Meeting.

Despite inconsistent global efforts to frame and support FSI, some successes in countries mobilizing additional/allocating more resources towards new vaccines as a result of the FS process including Cambodia, Guyana, Tanzania, Uganda and Zambia were recorded. The plan is to channel FSI support through the fully-costed MYP and the bridge financing support processes to countries.

FS Institutional Capacity Building Efforts are accelerating in SEARO and WPRO with the strategic work and efforts of Dr. Craig Burgess (WHO/SEARO) in engaging regional institutions in the FS process. A meeting is planned 12-14

September 2005 to explore further areas of support to the FS and cMYP process in the SEARO and WPRO regions by Chulalongkorn University, Thailand, and the Institute of Economic Growth, India.

Mid-Level Managers Module (AFRO): A new module on Immunization Programme Costing, Financing, and Resource Mobilization is available. Financing has been developed by WHO/HQ and AFRO as part of the region's ongoing capacity building training curricula for mid-level managers. The module is being piloted in the 2 MLM workshops this year in Benin and Zambia. Partners will be informed of the further framing of this module following further piloting and reiterations to the manual after the Zambia course in August 2005.

Integrating FSPs into cMYPs: A multi-partner meeting was held in Geneva in July 2005 to review the technical content of the cMYP guidelines and cMYP costing tool, and to agree with partners on process, timelines and responsibilities for finalizing the cMYP guidelines and costing tool, roll-out, partner support and required resources. The meeting was successful in achieving the immediate objectives and agreement was reached on process follow up issues to be taken forward to the SEARO Bangkok FS meeting in September 2005.

INTERNATIONAL FINANCE FACILITY FOR IMMUNIZATION (IFFIm)

17/08/05 from GAVI Secretariat: On 2 August 2005, EUROSTAT, the EU statistical analysis body, announced that contributions from EU governments to the IFFIm may be treated as "off-budget". This means that donor governments can make multi-year pledges to the IFFIm which will not be counted as deficits until the year payment is actually made. The next steps are to:

- Secure contributions from additional donor countries that were awaiting the Eurostat ruling.
- Establish two IFFIm entities: The Vaccine Fund Affiliate (UK) to receive donor pledges, and the IFFImCo, which will be assigned those pledges to securitize and provide cash upfront to GAVI/VF.
- Complete the transaction documentation.
- Finalize the programmes to receive funding from the first IFFIm bond issuance.

For more information, please see:

<http://www.iffim.com>

VACCINE MANAGEMENT

17/08/05 from Solo Kone, WHO/HQ: An **Informal Meeting of Regional Logisticians** was held in Geneva, Switzerland from 9-10 March 2005. This meeting is held once every two years,

and there have been many new developments in technology and operations since the last meeting in May 2002. Key recommendations arising from this meeting are the following:

Meeting:

Meetings should be held every two years, alternating with TECHNET to avoid duplication of topics. Meetings should be rotated between HQ and regions.

Cold chain management:

- Cold chain rehabilitation plans should be fully costed and included in the multi-year plans.
- The cold chain rehabilitation plan has been field-tested in West Africa, and it should be made available to the Regional Logisticians for use and further refining.
- There is the need to increase awareness on "freezing" in all countries.

Vaccine management and monitoring:

- There is the need to strengthen routine reporting mechanisms by using and promoting existing tools to monitor vaccine utilization and wastages.
- District data monitoring tools should provide an integrated approach to monitor immunization activities and performance, including vaccine management.

New delivery systems and healthcare waste management:

- Aerosol administration of vaccine has been used in developed countries in routine and campaign settings, and is a good non-invasive alternative. Despite being a promising new system, some safety issues and other challenges remain.
- The technology of needle-free jet injectors provides significant advantages in terms of elimination of needle-stick injury, reduction of waste and acceptability by clients. Challenges include the fact that there are several manufacturers and the cost of cartridges is still high.
- Incineration is recognized as a viable short-term solution, but guidance is needed from HQ on longer-term waste management options.
- WHO protocol on using needle-removers for routine immunization needs to be further applied and WHO's official position on use of needle-removers clarified.

GAVI-RELATED INFORMATION

REVIEW PROCESS

The next **Proposals Review** will be held from **31 October to 8 November 2005**. The deadline for receiving applications is **7 October 2005**.

The next **Monitoring Review** will be held from **19-23 September 2005**. The deadline for receiving progress reports is **15 August 2005**.

GAVI BOARD MEETING

17/08/05 from GAVI Secretariat: The 16th GAVI Board Meeting was held in Paris, France from 19-20 July 2005. A summary of outcomes from the meeting will be available shortly.

COUNTRY INFORMATION¹ BY REGION

AMERICAS

REGIONAL INFORMATION

17/08/05 from PAHO: The following regional meetings are scheduled for 2005:

The **Sub-Regional Meeting of EPI Managers and Southern Cone Countries** will be held in Asuncion, Paraguay from 24-25 October 2005. The purpose of the meeting is to evaluate the EPI process in each country, assess the process of elimination of Rubella and CRS, assess the countries' current efforts in the eradication of polio and measles, and develop the 2006 annual plan of action.

The **EPI Managers Meeting for Caribbean Countries** is scheduled to be held in Bermuda from 28 November to 2 December 2005. Its goals will be to evaluate the EPI process in each country, assess the process of elimination of Rubella and CRS, assess the countries current efforts in eradication of Polio and Measles, and develop the 2006 annual plan of action.

GUYANA

17/08/05 from PAHO: The country will fund 100% of **pentavalent vaccine** requirements in 2006, one year in advance of the end of the new vaccines support. The MoH may ask GAVI to re-program the remaining new vaccines funds.

HAITI

17/08/05 from PAHO: The country is planning appropriate follow-up to its 2002 **DQA**.

¹ 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
cMYP = Fully costed multi-year plan

EAST & SOUTH AFRICA

ANGOLA

17/08/05 from AFRO E&S:

The **injection safety, waste management and vaccine management assessments** will take place in September 2005.

The **DQA** is tentatively scheduled for November 2005.

MOZAMBIQUE

17/08/05 from Lucia Linares, WHO/Mozambique and Hayatee Hasan, WHO/HQ:

National Immunization Campaign Gets Underway: A national immunization campaign targeting almost 9 million children has kicked off in Mozambique, starting from August and going on till September 2005. The campaign aims to vaccinate children aged between nine months and 14 years against measles; children under five years of age will be vaccinated against polio; children aged six to 59 months will receive vitamin A supplements. In Mozambique, some 246 children out of every 1000 children die before their fifth birthday - one of the highest child mortality rates in the world - mainly from preventable diseases such as measles, which kills more children than any other vaccine-preventable disease. The campaign will not include insecticide treated nets.

TANZANIA

17/08/05 from Tracey Goodman and Hayatee Hasan, WHO/HQ:

In preparation for the National Measles campaign, a briefing of WHO staff and external monitors was held with the National EPI Manager (Dr. Mary Kitambi) on 27 July 2005.

The measles "follow-up" campaign was conducted from 20 July to 1 August 2005, targeting 6.45 million children aged 9-59 months with measles vaccine, 6.8 million children aged 6-59 months with vitamin A, 6.08 million children aged 12-59 months with mebendazole and 165,000 insecticide treated nets to be distributed in the Lindi region.

EASTERN MEDITERRANEAN

AFGHANISTAN

17/08/05 from EMRO:

EMRO will provide training for drafting a **fully costed multi-year plan** in November 2005, and the plan will be finalized by the end of this year.

DJIBOUTI

17/08/05 from EMRO: Technical assistance is needed in September 2005 for the preparation of the application for **pentavalent vaccine**. The World Bank will provide technical assistance for the

preparation of the **FSP**, which will be at the same time as the application.

SOMALIA

17/08/05 from EMRO: A **measles catch-up campaign** is planned for November 2005.

EUROPEAN REGION

REGIONAL INFORMATION

17/08/05 from Louise Gare, WHO/EURO:

A **Training of regional Russian-speaking core facilitators in immunization practice** will be held in Kiev, Ukraine from 26 August to 2 September 2005. WHO/EURO will be organizing this meeting.

The **European Immunization Week Initiative** will be launched during the week 17-23 October 2005. Five Member States will be receiving full support from the Regional Office (Belarus, Ireland, Serbia and Montenegro, Tajikistan and the former Yugoslav Republic of Macedonia). Other Member States are participating as capacity allows (including Hungary and the Russian Federation). It is hoped the region-wide Initiative will become an annual event, providing countries an opportunity to share momentum to address barriers to improving vaccination coverage, by targeted advocacy and communication activities.

A web page providing detailed information, including downloadable fact sheets and graphics will shortly be available on the following site:

<http://www.euro.who.int/vaccine>

For more information, please contact Ms. Louise Gare (lga@euro.who.int)

ALBANIA

17/08/05 from EURO:

Planning to submit an application for **new vaccines (Hib vaccine)** in the October 2005 round.

WHO/EURO is planning to provide technical assistance to develop a new **MYP**, tentatively in 2007.

The GAVI support for **new vaccines (HepB)** will end in August 2006, and the country will take over its funding.

ARMENIA

17/08/05 from EURO:

The **DQS** is planned for 2006, and WHO/EURO will provide technical support for this activity.

The **MYP** is scheduled for late 2005, and a consultant from WHO/EURO will assist with this activity.

AZERBAIJAN

17/08/05 from EURO: The government will take over costs for **injection safety**.

BOSNIA & HERZEGOVINA

17/08/05 from EURO: An application for **new vaccines (Hib)** is planned for the October 2005 round. WHO/EURO will send a consultant to provide technical assistance.

GEORGIA

17/08/05 from EURO:

An **EPI Review** is planned for mid 2006. The **DQS** is planned for late 2005, and technical assistance will be provided by WHO/EURO.

KYRGYZSTAN

17/08/05 from EURO:

GAVI support for **new vaccines (HepB)** ends in 2005, and the ADB loan will cover 100% of the funding of the vaccine for 2006-2008.

The revision of the **MYP** has started in June 2005, and Dr. Cakmak (WHO/EURO) initiated the process. A second consultant will visit the country in the first half of August, and a workshop will be held on 25-26 August 2005. Dr. Cakmak will assist in the finalization of the MYP and participate in the workshop.

MOLDOVA

17/08/05 from EURO:

The GAVI support for **new vaccines (HepB)** will end in 2006, and the government will take over the costs.

The country may apply for support for **Hib vaccine** in 2007, however support for further cost-effectiveness analysis is needed.

TAJIKISTAN

17/08/05 from Louise Gare, WHO/EURO:

The country is conducting a training course in Immunization in Practice (IIP) using new training modules. IIP training is designed for health staff who are involved in immunization. The objective of the course is to increase the knowledge of health staff in the areas of the provision of quality immunization services, achieving and sustaining high immunization coverage, safe injection, wastage management, data recording, reporting and monitoring and other important elements of immunization work. The training courses in the country are conducted with technical and financial support from the Vaccine-Preventable Diseases and Immunization Programme of WHO/EURO.

TURKMENISTAN

17/08/05 from Louise Gare, WHO/EURO:

Following a request by the MoH, a technical mission on sharps waste management was conducted from 30 May to 7 June 2005 by a WHO/EURO VPI technical officer and specialist from the French MoH. The objective was to support the rapid assessment of the healthcare

waste management system in the country, and to provide recommendations and draft a strategy on health care waste management.

UKRAINE

17/08/05 from EURO:

A mission is scheduled for late 2005 to assist with the **MYP**.

The country is planning to gradually take over the funding for **HepB vaccine**.

UZBEKISTAN

17/08/05 from EURO:

The government will take over support for **injection safety**.

A **programme review** is planned for 2006, and a **DQS** for 2007.

The country needs more evidence for decision making for the introduction of **Hib vaccine**.

A **meningitis** study has been conducted with the support from NAMRO-3, and results will be available shortly.

A meeting on **rotavirus diarrhoea** was conducted in May 2005. First results of a rotavirus study were presented, and the interest in rotavirus activities was expressed.

SOUTH EAST ASIA REGION

REGIONAL INFORMATION

17/08/05 from SEARO: Japanese Encephalitis (JE) is an important public health problem in the Asia-Pacific Region, with a reported annual incidence of more than 50,000 cases and an estimated 10,000 to 15,000 deaths. Despite the lack of an affordable vaccine, many countries of the Asia-Pacific have successfully controlled JE with vaccination. However, there are many other countries endemic for JE who are unable to initiate a sustainable JE control. Therefore, a **WHO SEAR/WPR Bi-regional Meeting on Japanese Encephalitis** was held, in collaboration with PATH's JE Project, in Bangkok from 30 - 31 March 2005. The aims of the meeting were to share country experiences in JE control in the Asia-Pacific Region, to discuss ways to strengthen JE surveillance and, identify options for JE laboratory strengthening, networking and integration. More than 85 participants attended the meeting.

The main outcomes of the meeting was the adoption of the draft WHO JE Surveillance Standards, agreed broad strategies for the establishment of a reference laboratory or laboratories, and mechanisms for enhanced collaboration between WHO and PATH JE project in the long term capacity building at country level for a sustainable JE control and prevention. The

meeting strongly urged GAVI support for JE as a specific and an urgent need for the Asia-Pacific Region. This recommendation was further endorsed by the Technical Consultative Group (TCG) and the EPI Programme Managers Meeting in June.

BANGLADESH

17/08/05 from SEARO:

Only 32 districts remain to introduce **HepB vaccine**.

Country is busy with upcoming 1st phase of **measles campaign** in two districts and one city corp, scheduled to commence on 3 September 2005. The remaining will start in February 2006.

BHUTAN

17/08/05 from SEARO: The introduction of **DTP-HepB** vaccine has been completed. UNICEF and the GAVI Secretariat have agreed to supply 2-dose vials due to the high wastage of 10-dose vials.

DPR KOREA

17/08/05 from SEARO:

The introduction of **HepB vaccine** was achieved nationwide by the end of 2004.

Injection safety supplies end in 2005.

INDIA

17/08/05 from SEARO:

The introduction of **HepB vaccine** was completed in 15 cities and 33 districts. An international assessment of HepB in India was carried out in August 2004.

The **EPI review** was undertaken by a team of international experts in September 2004 in six states (Uttar Pradesh, Bihar, Jharkhand, Rajasthan, Orissa and Madya Pradesh). The country decided to use the current GAVI support money to purchase and introduce **AD syringes** for all injections, after obtaining GAVI approval.

A **DQS** workshop is currently ongoing in Chennai as part of strengthening routine immunization. Another is being planned in Lucknow later this month.

INDONESIA

17/08/05 from SEARO: The country is currently focusing efforts with **polio** and **Avian flu** activities.

MYANMAR

17/08/05 from SEARO:

The introduction of **HepB vaccine** started in July 2003, and there are only nine divisions that remain to be introduced this year. All introduction activities are reported to be on time. Dr. Pem

Namgyal (WHO/SEARO) will be visiting to assess introduction activities in September 2005.

Country has requested for a **Hib RAT** in November 2005.

NEPAL

17/08/05 from SEARO: To date, 43 districts have introduced the **HepB vaccine**, and the remaining 32 districts have started introduction and expect to be completed by the end of the year. The country switched to **DTP-HepB combination vaccine** this year, and supplies have already been received. Due to the existing monovalent stock, DTP-HepB combination vaccine has started only in Mid-Western and Far-Western regions in July 2005. The rest of the regions will continue with monovalent till January 2006 before switching to the combination vaccine.

SRI LANKA

17/08/05 from SEARO:

The introduction of **HepB vaccine** reached nationwide in January 2005.

The **Hib study** was completed, and the results are awaited.

WESTERN PACIFIC REGION

REGIONAL INFORMATION

17/08/05 from WPRO:

A **Bi-Regional SEAR and WPR Meeting on Planning for Financially Sustainable Immunization Systems** is scheduled in Bangkok, Thailand, for 12-14 September 2005. The main objective is to discuss country experiences with the immunization financial sustainability processes, identify remaining gaps in information and devise possible implementation strategies.

The **15th meeting of the WPR Technical Advisory Group (TAG) Expanded Program on Immunization and Poliomyelitis eradication** was held from 8-10 June 2005 in Beijing, China. The TAG meets every year since it was established in 1991, and functions as the principal form for providing technical advice to WPR member states. A total of 82 participants and observers attended the meeting.

The main recommendations from the meeting include:

- Using Global Immunization Vision and Strategy (GIVS) as the framework for strengthening national immunization programs;
- Endorsement of the Measles Task Force recommendation on setting 2012 as the target date for "regional measles elimination";
- Setting 2012 as the target date for reducing prevalence of hepatitis chronic infection (as

measured by seroprevalence of HbsAg) to less than 2% among children five years old as an interim goal towards the final regional goal of less than 1%; and

- Maintaining highly sensitive AFP surveillance and high levels of immunity against polioviruses to maintain the Region polio free.

With this, the Western Pacific Region becomes the first region to set a target date and goal for hepatitis B control and the fourth region to set a target date for the regional measles elimination goal.

The Regional Director of WPRO will propose these twin regional goals to be achieved by 2012 for endorsement of member states in the forthcoming 56th session of the Regional Committee in September 2005 in New Caledonia.

The **WHO/UNICEF Workshop on EPI in the Pacific Immunization Programme Strengthening (PIPS)** was held in Noumea, New Caledonia from 9-13 May 2005. The workshop was co-organized by AusAID, CDC, JICA, NZAID and SPC. There were national representatives from 16 Pacific Island countries. The workshop made recommendations on hepatitis B control, regional measles elimination Initiative, rubella vaccine introduction, vaccine independents initiative to ensure vaccine security in the Pacific Island countries, surveillance of vaccine preventable diseases and the future role and functioning of PIP strengthening Initiative.

The **Immunization Partnership in WPR** was launched at the WPR Intercountry Committee (ICC) conducted in conjunction with the 15th TAG in Beijing, China, in June 2005. This will be an informal partnership seeking to enhance communication and involvement of partners. The initial partners include CDC/Atlanta, UN Foundation, UNICEF and WHO/WPRO, however all interested organizations are invited to join the partnership. The main objectives of the partnership will be to:

- Strengthen existing partnerships and induce new partners.
- Coordinate partner support and optimize utilization of partner strengths and resources, applying the successful partnership principles and lessons learned from previous regional experiences and the Measles Partnership for Africa.
- Help Member States meet the regional measles elimination and hepatitis B control targets by strengthening routine EPI.
- Seek, develop and capitalize opportunities to integrate measles elimination strategies with delivery of other interventions, such as vitamin A and bednets.

LAO PDR

17/08/05 from WPRO: Technical assistance was provided to review and revise **EPI data recording and reporting systems** from 2-30 July 2005. An EPI forms working group was created comprising of representatives from technical partner agencies based in Lao PDR and members from national EPI team based on recommendations from EPI technical work group in Lao PDR. WPRO sponsored one external consultant to provide technical support to the working group. The working group critically reviewed all the existing recording and reporting forms and came out with recommendations for the new system. The new proposed system is currently being pilot-tested in the field. Final adjustments will be made after the pilot test results, and the new system is expected to be introduced in the beginning of 2006, after the training of health workers in the new system.

***PHILIPPINES**

17/08/05 from WPRO: Many activities have been undertaken in last six months to improve the performance of the routine immunization program. The main activities include:

Systematic monitoring of EPI program

Three teams composed of DOH, CDC-STOP, WHO systematically evaluated the provinces and cities (80) and health centers (61) with the largest number of unimmunized in 14 regions. Reported data was analyzed and compared with the target client list and with EPI surveillance data. Cold chain, logistics management was assessed. Brainstorming on problems and solutions took place followed by agreeing on next steps to be followed up by supervisors. In addition to identifying many deficiencies, it generated demand for regions to train them on Reaching Every Barangay Strategy.

Comprehensive Surveillance Evaluation

Four teams composed of DOH, regional staff, CDC and WHO evaluated the surveillance system in four regions with the largest gap in detection of EPI disease cases. They conducted interviews, chart reviews, data analysis and facilitated implementers to identify potential solutions to their problems and next steps toward improving the system.

Preparations to protect Philippines from threat of re-emergence of Polio

Regional staff, DOH and WHO are facilitating Zamboanga City and Autonomous Region of Muslim Mindanao to plan for a supplemental immunization activity. Additionally, they are facilitating these regions plus others at high risk (IVa, Region 9, and soon to be others) to strengthen their routine immunization program and EPI disease surveillance system.

VIETNAM

17/08/05 from WPRO: WHO will provide technical support to assist **measles vaccine production facility** in Vietnam to meet WHO-GMP standards through NRA. The facility would be completed by the end of 2005 with the help of grant Aid of Japanese Government (30 million US\$). Vaccine production will start by the end of 2006 and would be fully functional by middle of

2009 with annual production of 7.5 million doses. This will help to ease out the shortage of monovalent measles vaccine in the region and would contribute to achievement of regional measles elimination goal in the Region.

END

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



LIST OF MEETINGS RELATED TO IMMUNIZATION

Regional Meetings Related to Immunization: August 2005 - December 2005					
Title of Meeting	Start	Finish	Location	Responsible Partner	Region
Aug-05					
Measles & Yellow Fever Lab. Directors Meeting	01-Aug	05-Aug	Entebbe	AFRO	AFR
AFRO Inter-Country MLM course for Anglophone Countries	01-Aug	12-Aug	Lusaka, Zambia	AFRO	AFR
AFRO Inter-Country MLM course for Francophone Countries	01-Aug	12-Aug	Harare, Zimbabwe	AFRO	AFR
Data Quality Survey Training	07-Aug	14-Aug	Tamil Nadu, India	SEARO	SEAR
DQS Training Workshop in India	16-Aug	21-Aug	Uttar Pradesh, India	SEARO	SEAR
Global Measles Surveillance Meeting	22-Aug	24-Aug	Geneva, Switzerland	WHO	Global
Meeting on Monitoring of EPI activities in West & Central Africa	22-Aug	26-Aug	Abuja	AFRO W&C	AFR
Sep-05					
PAHO Ministers of Health and Finance Meeting on Introduction of New Vaccines	tbd	tbd	Washington DC	PAHO	Americas
Workshop on Computerized Information System on Infectious Diseases (CISID)	01-Sep	02-Sep	Copenhagen	EURO	NIS countries
Annual Polio Lab. Meeting for Directors & Data Managers	04-Sep	08-Sep	Addis Ababa, Ethiopia	AFRO	AFR
23rd SEARO Health Ministers Meeting	04-Sep	05-Sep	Colombo, Sri Lanka	SEARO	SEAR
58th SEARO Regional Committee Meeting	06-Sep	06-Sep	Colombo, Sri Lanka	SEARO	SEAR
AFRO Bilingual Workshop to develop an EPI curriculum	11-Sep	15-Sep	Windhoek	AFRO	AFR
SEAR and WPR Bi-regional workshop on the development of comprehensive multi-year plans and financial sustainability	12-Sep	14-Sep	Bangkok, Thailand	SEARO/WPRO	SEAR/WPR
WHO European Regional Committee Meeting	12-Sep	16-Sep	Bucharest, Romania	EURO	EUR
South East Asian GAVI Regional Working Group Meeting	14-Sep	14-Sep	Bangkok, Thailand	SEARO	SEAR
EMRO Inter-Country Meeting on Measles Elimination	12-Sep	15-Sep	Casablanca, Morocco	EMRO	EMR
Joint GAVI and Vaccine Fund Executive Committee Meeting	22-Sep	22-Sep	New York	GAVI Secretariat	Global
Measles Labnet meeting for CCEE	26-Sep	28-Sep	Bosnia & Herzegovina	EURO	EUR
Oct-05					
Updating Logistics for National Logisticians	03-Oct	07-Oct	Maputo	AFRO	AFR

ARCC Annual General Meeting	04-Oct	06-Oct	Lusaka, Zambia	AFRO	AFR
GAVI Global Working Group Meeting	05-Oct	06-Oct	tbd	GAVI Secretariat	Global
Global Immunization Training Partnership	10-Oct	11-Oct	Geneva	WHO	Global
GAVI East & South African Regional Working Group and Monitoring Meetings	17-Oct	21-Oct	Harare, Zimbabwe	AFRO E&S	AFR
GAVI West & Central African Regional Working Group and Monitoring Meetings	24-Oct	28-Oct	Ouagadougou	AFRO W&C	AFR
South America EPI Managers Meeting	24-Oct	28-Oct	Asuncion, Paraguay	PAHO	Americas
Measles/Rubella Laboratory Net Sub-Regional Meeting	25-Oct	27-Oct	tbd	EURO	EUR
Nov-05					
GAVI Working Group Meeting	02-Nov	03-Nov	Geneva	GAVI Secretariat	Global
57th Regional Directors' Meeting with WHO Representatives	14-Nov	18-Nov	New Delhi, India	SEARO	SEAR
Sub-Regional Meeting of National Immunization Programme Managers	15-Nov	17-Nov	Antalya, Turkey	EURO	EUR
Viral Hepatitis Prevention Board (VHPB) Meeting	17-Nov	18-Nov	United Kingdom	EURO	EUR
15th Meeting of the European Interagency Immunization Coordinating Committee	18-Nov	19-Nov	Antalya, Turkey	EURO	EUR
GAVI Eastern Mediterranean Regional Working Group Meeting	20-Nov	22-Nov	Cairo, Egypt	EMRO	EMR
Caribbean EPI Managers Meeting	28-Nov	02-Dec	Bermuda	PAHO	Americas
AFRO Task Force on Immunization	28-Nov	01-Dec	Brazzaville	AFRO	AFR
Dec-05					
11th Meeting of the Regional Commission for the Certification (RCC) of Polio Eradication in WPRO	03-Dec	07-Dec	Manila, Philippines	WPRO	WPR
GAVI Board Meeting	06-Dec	07-Dec	New Delhi, India	GAVI Secretariat	Global
GAVI European Regional Working Group Meeting	08-Dec	08-Dec	Copenhagen	EURO	EUR
Intl. Workshop on Rotavirus Epidemiological Surveillance	12-Dec	16-Dec	Rio de Janeiro, Brazil	PAHO	Americas
2006					
PAHO EPI TAG and ICC/RWG Meeting	08-May	12-May	tbd	PAHO	Americas