On 4 August 2011, the Measles Initiative announced it has helped vaccinate one billion children in more than 60 developing countries since 2001, making significant gains in the global effort to stop measles. The child who received the history-making measles vaccination was one of 3.5 million immunized in Mozambique this May. The immunization campaign was sponsored by the Measles Initiative’s five founding partners – the American Red Cross, United Nations Foundation, U.S. Centers for Disease Control and Prevention (CDC), UNICEF, and WHO.

In 1980, before widespread vaccination, measles caused an estimated 2.6 million deaths each year. With accelerated immunization activities spearheaded by governments and the Measles Initiative, global measles mortality has decreased by an impressive 78 percent worldwide from 733,000 deaths in 2000 to 164,000 in 2008. Reductions in measles-related deaths during that same time period accounts for nearly a quarter of the overall decrease in childhood mortality, representing significant progress towards MDG4.

Even as the Measles Initiative’s founding partners marked this significant achievement, they warned that governments and the global health community should not rest or redirect their efforts and resources elsewhere at the expense of tackling measles. Because of the decline in deaths, measles is no longer perceived to be a threat by many and must compete for funding with programs aimed at other diseases. Since 2009, widespread outbreaks affecting 30 countries in sub-Saharan Africa, including the Democratic Republic of the Congo and Ethiopia, have resulted in more than 320,000 new measles cases and more than 2,400 measles-related deaths. In the past year, several European nations have faced their worst measles outbreaks in more than 10 years, with more than 30,000 estimated cases across the region. The U.S. is also experiencing its largest measles outbreak since 1996, with more than 150 reported cases. WHO estimates that waning support could result in half a million more deaths each year and erase the Measles Initiative’s gains by 2013. For more information, visit this link.
THE FIRST OFFICIAL WORLD HEPATITIS DAY
31/08/11 from Hayatee Hasan, WHO/HQ

World Health Organization has declared the 28th July as World Hepatitis Day. Hepatitis is one of the most prevalent and serious infectious conditions in the world, but many people remain unaware of their infection. They face the possibility of developing debilitating or fatal liver disease at some point in their lives and they could unknowingly pass on the infection to others. Hepatitis kills more than one million people every year. Millions more suffer immediate sickness or long-term ill health. The theme of this year’s World Hepatitis Day is “Know it. Confront it. Hepatitis effects everyone, everywhere”. To draw attention to the terrible effects of hepatitis, WHO has produced a short animated video, posters, podcast and a toolkit for event organizers with support from our main civil society partner, the World Hepatitis Alliance. For more information, visit [http://www.who.int/csr/disease/hepatitis/world_hepatitis_day/en/index.html](http://www.who.int/csr/disease/hepatitis/world_hepatitis_day/en/index.html)

PENTAVALENT, EASYFIVE™, REMOVED FROM WHO LIST OF PREQUALIFIED VACCINES
31/08/11 from Hayatee Hasan, WHO/HQ

Following a routine audit conducted by a WHO team of one of the manufacturing sites of the vaccine manufacturer, Panacea Biotec, and the subsequent conclusions of an ad hoc committee convened by WHO, the pentavalent vaccine, Easyfive™ has been delisted from WHO's list of prequalified vaccines. Easyfive™, containing diphtheria, tetanus, whole cell pertussis, hepatitis B and *haemophilus influenzae* type b components, and two other vaccines — a DTwP-hepatitis B vaccine and a monovalent hepatitis B vaccine — produced by Panacea, were delisted as a result of deficiencies in quality systems found at the company's Lalru manufacturing site. The decision to delist was made because of the risk, unless corrective action is taken by the manufacturer, that the quality and safety of future batches of these vaccines will be compromised. Batches of these vaccines already distributed to countries should not be recalled and should continue to be used. This is because there is no evidence of quality or safety defects with batches already distributed whereas there is a real risk, if immunization is withheld, of death or morbidity from the diseases against which the vaccines protect.

With regard to vaccine supply, the main concern brought about by this situation relates to sufficiency of supply of the pentavalent vaccine. WHO and UN procurement agencies have assessed that demand for pentavalent vaccine in 2011 can be filled by existing suppliers of prequalified pentavalent vaccine. Options to ensure sufficient supply to meet demand for pentavalent vaccine in the mid- to long term are being reviewed.

The prequalified oral polio virus vaccines manufactured by the same company remain prequalified, given that they are produced at a different site to that which was audited and the fact that there is no evidence available to WHO of inadequate quality assurance. For more information, see this [link].

WHO ADVISORY COMMITTEE CONCLUDES THAT NEW MENINGITIS VACCINE IS SAFE
31/08/11 from Hayatee Hasan, WHO/HQ

Following review of new data for the meningococcal A conjugate vaccine, MenAfriVac, WHO’s Global Advisory Committee on Vaccine Safety concluded that the experience from the first three countries to introduce this vaccine did not indicate any reasons for concern about the vaccine’s safety. The data reviewed by the Advisory Committee — at its meeting of 15-16 June 2011 — were collected in Burkina Faso, Mali and Niger during the September and December 2010 vaccination campaigns and from the surveillance systems. Although the Committee recognized that it would not be practical to conduct active surveillance on a widespread basis during future immunization activities, it highlighted the need for continuous surveillance as the vaccine is rolled out to ensure that further data on the safety profile of the vaccine can be obtained.

Other issues discussed by the Committee included a new approach for classifying serious adverse events following immunization, information sheets describing the safety profile of important vaccines and the development of a global strategy to enhance vaccine safety capacity in low- and middle-income countries.

To read the full report, click [here](http://www.who.int/csr/disease/hepatitis/world_hepatitis_day/en/index.html). For more information on the Global Advisory Committee on Vaccine Safety, see this [link](http://www.who.int/csr/disease/hepatitis/world_hepatitis_day/en/index.html).
NEW PROJECT TO PROVIDE LOWER-MIDDLE AND MIDDLE-INCOME COUNTRIES WITH UP-TO-DATE PRODUCT, PRICE AND PROCUREMENT INFORMATION

31/08/11 from Miloud Kaddar, WHO/HQ:

In 2008, both the World Health Assembly and WHO’s Strategic Advisory Group of Experts on Immunization (SAGE) asked WHO to assess the challenges for lower-middle income (LMIC) and middle-income countries (MIC) from either introducing or sustaining the use of new vaccines, and to determine activities to address such challenges.

In response, WHO initiated, with the support of the Bill & Melinda Gates Foundation, a study on new vaccine adoption by LMICs. Of the twelve high-priority recommendations resulting from this study, nine related to vaccine price and procurement. Follow-up expert review resulted in the consensus that, beyond critical data and information on price and pricing, countries need reliable information on product attributes and presentations, prequalification status and possible procurement approaches and issues.

The Vaccine Product, Price and Procurement Project (V3P) is now being established with the overall goal of identifying, developing and establishing the most appropriate and comprehensive method(s), mechanism(s) and/or tools to provide countries with accurate, reliable and useful data on vaccine product, price and procurement.

The Project will be in two phases: 1) an information gathering and analysis phase – (country needs, available vaccine and medicine experiences on price information) beginning in September 2011; and 2) a phase encompassing pilot testing, implementation and rollout, and effect evaluation. The V3P Project is expected to last three years and will benefit from and contribute to the ongoing activities and projects related to new vaccine introduction, product attributes and preferences, supply chain management, regulation, immunization planning and financing. The V3P project will benefit from the advice and knowledge of a steering committee made up of experts and stakeholder representatives to ensure wide consultation, appropriate guidance, inclusion and buy-in to the project.

For more information, please contact Miloud Kaddar at WHO, Geneva: Tel: +41 22 791 1436, and visit the following web link.

CCL TASKFORCE WORKSHOP TO REVIEW THE EFFECTIVE VACCINE MANAGEMENT ASSESSMENT: SEEKING YOUR INPUTS

31/08/11 from Kate Bai, UNICEF

The Effective Vaccine Management (EVM) assessment tool, jointly launched by WHO and UNICEF at the first Global Effective Vaccine Management Assessors’ training in Cairo, Egypt in July 2010, captures the best features of earlier tools (EVSM and VMA). The EVM provides a standard way to systematically assess the cold chain and logistics (CCL) system and to identify areas that need improvement, which are subsequently captured in an EVM Improvement Plan.

WHO and UNICEF have, with GAVI funds, supported 21 national EVM assessments to date, and aim to have one undertaken in every GAVI-eligible country by 2015 as EVM assessment and Improvement Plan are now prerequisites for GAVI support.

To build on the lessons learned to date, the CCL Taskforce will hold a workshop in late 2011 to review and update the EVM tool and methods. The CCL Taskforce welcomes any feedback on the EVM tool and methodologies, suggestions for its improvement, as well as expressions of interest for agenda items for this workshop, both on the EVM and other CCL issues. Feedback can be sent to Kate Bai.
NEW EVIDENCE OF HIGHLY ENDEMIC TYPHOID IN AFRICA
31/08/11 from Chris Nelson and Ciro de Quadros, Coalition against Typhoid (CaT) Secretariat

Rob Breiman and his team at CDC-Kenya have documented rates of typhoid fever in urban Nairobi comparable to those reported from urban slums in Asia. Using population-based surveillance and laboratory confirmation of S. Typhi, his team reports rates were highest in the youngest age groups 2-4 years of age (adj incidence >2,000 per 100,000 py). Nearly 75% of all S. Typhi isolates were multi-drug resistant (MDR). These results provide new evidence of unrecognized burden of typhoid fever in sub-Saharan Africa and the threat of MDR typhoid, especially in rapidly growing urban informal settlements/slums.

While outbreak and other case reports are common, regional estimates of typhoid burden and MDR typhoid have been limited by the absence of rigorous surveillance systems. Recently, IVI launched an African surveillance network with the objective of documenting rates of laboratory confirmed typhoid, paratyphoid, and non-typhoidal salmonellosis, and evaluating multi-drug resistance. This evidence will serve as the basis for developing a comprehensive and integrated typhoid prevention and control strategy for the region.

Kenyan Ministry of Public Health and Sanitation officials recognize the threat of typhoid fever and recently reported plans are in place to begin vaccinating food service workers in local schools.

Details of the Kenya surveillance results and the African surveillance network will be presented at the 6th International Conference on Vaccines for Enteric Diseases (VED) 2011 being held in September in Cannes, France.

GATES FOUNDATION OFFERS $100,000 USD GRANTS FOR INNOVATIVE APPROACHES TO OPTIMIZE IMMUNIZATION SYSTEMS IN LOW AND MIDDLE INCOME COUNTRIES
31/08/11 from Simona Zipursky, PATH

The Bill & Melinda Gates Foundation’s Grand Challenges Explorations is seeking fresh perspectives and ideas on immunization systems. If you have innovative ideas to optimize the logistics and supply systems trusted with delivering vaccines and improve the performance of these systems, you’re invited to apply for a $100,000 grant. The proposal—which cannot be more than two pages in length—should describe an idea for an early-stage project in specific areas. Successful projects can apply for up to $1 million in additional funding at the end of their grant.

Priority areas open for funding include:
1. Vaccine characteristic prioritization
2. Supply system design
3. Environmental impact
4. Information Systems
5. Human Resources
6. Vaccination acceptance

Proposals are due 17 November, 2011. Further details can be found online at: http://www.grandchallenges.org/ImproveVaccines/Topics/Pages/OptimizeImmunizationSystemsRound8.aspx/
The Board of the GAVI Alliance welcomed Seth Berkley, GAVI’s new Chief Executive Officer, and endorsed new arrangements for Health Systems Strengthening (HSS) and Immunization Services Support (ISS), when it met in Geneva on 7-8 July 2011. The bi-annual Board meeting was also the first such meeting to be chaired by GAVI’s new Board Chair, Dagfinn Høybråten, and took place nearly one month after GAVI’s successful pledging conference in London. Interim CEO, Helen Evans, updated the GAVI Board, reviewed the Alliance’s progress against its strategy 2011-2015 and considered information and decisions on a number of policy papers that were presented.

GAVI cash-based support
New arrangements for HSS and ISS follow a recent review of GAVI’s cash-based support programmes. The review recommended that the Health Systems Funding Platform (the Platform) should become GAVI’s vehicle for all cash-based support to eligible countries, to improve immunization outcomes in the context of integrated service delivery. Accordingly, for Health Systems Strengthening (HSS) support, the GAVI Board endorsed a new arrangement for countries pending their transition to the Platform. As of 15 August 2011, GAVI has made available new guidelines and forms for the HSS transition arrangement and the Platform. GAVI is in contact with officials from the relevant ministries on how to apply. The GAVI Board also endorsed a mechanism to provide bridge funding for Immunization Services Support (ISS), prior to its full implementation through the Platform. In addition, the Board requested that the GAVI Secretariat develop options to provide performance-based incentives through the Platform, in coordination with the design of the Incentives for Routine Immunization Strengthening (IRIS) pilot.

Update on new vaccines support
At the GAVI Alliance pledging conference in June 2011, donors committed an additional US$ 4.3 billion to immunize more than a quarter billion children in developing countries by 2015, bringing to US$ 7.6 billion the resources available to GAVI for the period 2011 to 2015. The tremendous support is timely; a record 50 GAVI countries applied for new vaccines support (NVS) during the 2011 application round, reflecting a high demand. In July, the GAVI Independent Review Committee (IRC) for proposals indicated that applications were of a high quality and many were successful in receiving a recommendation for approval of support. The GAVI Executive Committee meeting on 26 September 2011 will consider the IRC recommendations and countries will be notified. GAVI will later write to advise countries and partners of the process for submission of country applications in 2012. This will take into account an upcoming end-to-end review of the approval process for NVS.

The next GAVI Board meeting is scheduled for 16-17 November 2011 in Bangladesh.
AFRICA ROUTINE IMMUNIZATION SYSTEM ESSENTIALS (ARISE)
31/08/11 from Robert Steinglass, JSI

The potential of immunization to improve public health continues to grow as new vaccines against major diseases are developed. The recent infusions of support for global immunization, both through the recent replenishment of GAVI Alliance funding and the Decade of Vaccines, will increase the worldwide availability of new and underutilized vaccines. But any vaccine is only as effective as the system that delivers it. Thus, it is vital to understand what drives strong immunization program performance, particularly in low-resource settings facing substantial obstacles to routine immunization. The Africa Routine Immunization System Essentials (ARISE) project, managed by John Snow, Inc. with funding from the Bill & Melinda Gates Foundation, documents successful interventions that drive strong routine immunization system performance in Africa and analyzes their potential for diffusion throughout the region. ARISE translates these tested solutions into focused options for supporting routine immunization at the global, regional, national, and sub-national levels.

As a first step, ARISE conducted a landscape analysis (LA) to identify potential drivers of strong routine immunization performance in Africa. A report of the LA, entitled "Landscape Analysis Synopsis: An Initial Investigation of the Drivers of Routine Immunization System Performance in Africa" is available at this link.

Comprised of a literature review, interviews with key informants, and secondary data analysis, the LA uses a multi-level framework (encompassing the immunization system, health system, and broad country context) to identify drivers of strong routine immunization performance in Africa. The systematic search for literature on this topic revealed that the great majority of documents on routine immunization in Africa focus on deficiencies and obstacles rather than contributors to successful performance.

Currently, ARISE is carrying out in-depth studies in Cameroon, Ethiopia, and Ghana to identify and explore drivers in three different settings. The studies aim to improve understanding of the link between drivers and performance and to their relative importance in the context of immunization programs. Findings from these studies will be used to develop and refine options for supporting routine immunization to help ensure that all children are protected from vaccine-preventable diseases.

Please send comments on the landscape analysis report to arise@jsi.com.

UPDATES FROM THE EAST AND SOUTH AFRICAN SUB-REGION
31/08/11 from AFRO IST East & South

WHO/AFRO/IST, East & Southern Africa provided technical support to conduct a post introduction evaluation (PIE) of the Hib (Pentavalent) vaccine in Seychelles during 25 July – 5 August 2011. The PIE covered all 15 health facilities on Mahe, Praslin and La Digue islands.

WHO/AFRO/IST, East & Southern Africa and UNICEF ESARO with support from WHO AFRO and WHO HQ, are conducting a cMYP development and updating workshop in Gaborone, Botswana during 15-19 August 2011. The countries invited include Botswana, Comoros, Malawi, Namibia, Swaziland and Zambia. The participants include EPI Managers, EPI Logisticians, MOH Planners, WHO EPI Focal Persons, UNICEF EPI Officers and WHO HSS Officers.

WHO/AFRO/IST, East & Southern Africa and UNICEF ESARO with support from WHO AFRO and WHO HQ have conducted a PIE training workshop and post introduction evaluation of pentavalent vaccine in Dar es Salaam, Tanzania during 29 August – 9 September 2011. This will be followed by another PIE training workshop and evaluation of pentavalent vaccine in Gaborone, Botswana during 19-29 September 2011. The countries to be invited include Botswana, Comoros, Eritrea and Madagascar. The participants will include EPI Managers, EPI Logisticians, WHO EPI Focal Persons and UNICEF EPI Officers.
**Country Information by Region**

**EASTERN MEDITERRANEAN REGION**

**EMERGENCY VACCINATION CAMPAIGN ON THE SOMALI KENYAN BORDER**  
31/08/2011 from Hayatee Hasan, WHO/HQ:  
The Horn of Africa is facing its worst drought in over 50 years; child malnutrition rates are more than double or triple the 15% emergency threshold and are expected to rise. Malnourished children are more prone to sicknesses and diseases, such as measles. From 25–29 July 2011, WHO Kenya and Somalia, UNICEF Kenya and Somalia, and the Kenyan Ministry of Health launched a cross-border vaccination campaign for children living around Dadaab, a large settlement for Somali refugees in north-eastern Kenya. After registration, newly arrived Somali refugees in the Dadaab camps are medically screened and vaccinated. To protect the host population in the area, a vaccination campaign, lead by WHO, targeted about 215,000 children under five, with measles and polio vaccines, together with vitamin A and deworming tablets.

To read the photostory that has been developed to illustrate in more detail the nature of the vaccination campaign, please go to this [link](#).

**SOUTH EAST ASIA REGION**

**INDONESIA**  
31/08/11 from Diana Chang Blanc, UNICEF

Over the period of 1-18 July 2011, Indonesia undertook a lot quality assessment (LQA) in the central-eastern regions of Kalimantan, Sulawesi, Nusa Tenggara Timor (NTT) and Nusa Tenggara Barat (NTB) to validate the elimination of maternal and neonatal tetanus (MNT). This follows the successful outcomes of Phase 1 and Phase 2 validation surveys in 2010, where MNT was validated for elimination in the regions of Java/Bali and Sumatra, respectively. After a rigorous district level assessment of surrogate and core indicators for MNT, the districts of Manggarai and Manggarai Timur in NTT province were selected for the 2011 survey. A total of 5727 households were surveyed in 78 villages (81 clusters), with a total of 11 neonatal deaths identified among 974 live births for the survey period. None of the 11 neonatal deaths were due to neonatal tetanus. Hence, MNT is considered to be eliminated in the regions of Kalimantan, Sulawesi and Nusa Tenggara Timur and Nusa Tenggara Barat. As a consequence of the survey outcomes of Phase 1, Phase 2 and Phase 3, it is determined that Indonesia has successfully eliminated MNT in 97.4% of its population. Phase 4 of MNT validation will occur in 2012 for the most eastern regions of Indonesia -- Papua and Maluku provinces.

**WESTERN PACIFIC REGION**

**INTERCOUNTRY HANDS-ON TRAINING WORKSHOP ON ROTAVIRUS DETECTION AND STRAIN CHARACTERIZATION IN THE WESTERN PACIFIC REGION**  
31/08/11 from Fem Julia Paladin, WHO/WPRO

The workshop was held at the Korea Centers for Disease Control (Korea CDC) Rotavirus Regional Reference Laboratory (RRL) in Osong, Chungcheongbuk-do, Republic of Korea, from 25-29 July 2011. It convened for the first time staff from rotavirus surveillance network laboratories in the Western Pacific Region to strengthen national and sentinel laboratories’ capacities for rotavirus testing and genotyping using standardized methodologies, to familiarize them with quality assurance and data management requirements, and to improve communication and coordination of network activities. Twelve participants from seven countries (Cambodia, China, Fiji, Lao PDR, Mongolia, Papua New Guinea and Vietnam) attended. Scientists from the Rotavirus Global Reference Laboratory at US CDC in Atlanta, and RRLs in Murdoch’s Childrens Research Institute in Melbourne, Australia, and Korea CDC facilitated the training. A post-workshop implementation plan was developed focusing on quality assurance and in achieving laboratory performance indicator targets for high quality rotavirus surveillance.
<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>WPRO Third Meeting on Vaccine Preventable Disease Laboratory Networks</td>
<td>05-Sep</td>
<td>09-Sep</td>
<td>Manila, Philippines</td>
<td>WPRO</td>
</tr>
<tr>
<td>Training Workshop on Comprehensive Multiyear Plan (cMYP) for countries of the Eastern Mediterranean Region</td>
<td>11-Sep</td>
<td>15-Sep</td>
<td>Khartoum, Sudan</td>
<td>EMRO</td>
</tr>
<tr>
<td>WPRO Regional Verification Committee for Measles Elimination</td>
<td>12-Sep</td>
<td>13-Sep</td>
<td>Philippines</td>
<td>WPRO</td>
</tr>
<tr>
<td>Global Rotavirus and Invasive Bacterial Vaccine Preventable Diseases (IB-VPD) Surveillance Meeting</td>
<td>12-Sep</td>
<td>14-Sep</td>
<td>Geneva, Switzerland</td>
<td>Global</td>
</tr>
<tr>
<td>Global Measles/Rubella and Polio Labnet Meeting-HQ</td>
<td>12-Sep</td>
<td>16-Sep</td>
<td>Geneva, Switzerland</td>
<td>Global</td>
</tr>
<tr>
<td>PAHO Measles Initiative Annual Meeting</td>
<td>13-Sep</td>
<td>14-Sep</td>
<td>Washington, D.C., USA</td>
<td>PAHO</td>
</tr>
<tr>
<td>SEARO Bi-regional Regional Working Reference Standards (RWRS) workshop</td>
<td>13-Sep</td>
<td>15-Sep</td>
<td>Goa</td>
<td>SEARO</td>
</tr>
<tr>
<td>EMRO Regional Working group</td>
<td>17-Sep</td>
<td>18-Sep</td>
<td>Khartoum, Sudan</td>
<td>EMRO</td>
</tr>
<tr>
<td>EURO Regional conference on rotavirus for health care professionals and medical academicians</td>
<td>19-Sep</td>
<td>19-Sep</td>
<td>Yerevan, Armenia</td>
<td>EURO</td>
</tr>
<tr>
<td>GAVI Programme &amp; Policy Committee</td>
<td>28-Sep</td>
<td>29-Sep</td>
<td>Geneva, Switzerland</td>
<td>Global</td>
</tr>
<tr>
<td>GAVI ESA sub-regional working group meeting</td>
<td>11-Oct</td>
<td>12-Oct</td>
<td>Addis Ababa, Ethiopia</td>
<td>AFRO</td>
</tr>
<tr>
<td>PAHO Regional Workshop on ProVac HPV cost-effectiveness model</td>
<td>17-Oct</td>
<td>19-Oct</td>
<td>Bogota, Colombia</td>
<td>PAHO</td>
</tr>
<tr>
<td>AFRO Fourth Paediatric Bacterial Meningitis (PBM) and Rotavirus Surveillance and Data Management Workshop</td>
<td>17-Oct</td>
<td>18-Oct</td>
<td>Harare, Zimbabwe</td>
<td>AFRO</td>
</tr>
<tr>
<td>AFRO West and Central Africa Sub Regional Working Group Workshop</td>
<td>Oct/Nov</td>
<td>Oct/Nov</td>
<td>Kinshasa, DRC</td>
<td>AFRO</td>
</tr>
<tr>
<td>WHO HQ Strategic Advisory Group of Experts (SAGE) Meeting</td>
<td>08-Nov</td>
<td>10-Nov</td>
<td>Geneva, Switzerland</td>
<td>Global</td>
</tr>
<tr>
<td>WPRO Regional Commission for the Certification of Poliomyelitis Eradication in the Western Pacific Region</td>
<td>14-Nov</td>
<td>18-Nov</td>
<td>Viet Nam</td>
<td>WPRO</td>
</tr>
<tr>
<td>PAHO Caribbean EPI managers meeting</td>
<td>14-Nov</td>
<td>18-Nov</td>
<td>Freetown, Guyana</td>
<td>PAHO</td>
</tr>
<tr>
<td>EURO Regional workshop for MICs on economical evaluations of new vaccines</td>
<td>Nov</td>
<td>Nov</td>
<td>TBD</td>
<td>EURO</td>
</tr>
<tr>
<td>PAHO Regional New Vaccines Meeting</td>
<td>16-Nov</td>
<td>18-Nov</td>
<td>Uruguay</td>
<td>PAHO</td>
</tr>
<tr>
<td>AFRO Annual Regional Conference on Immunization (ARCJ) and the Annual African Regional Inter-Agency Coordination Committee</td>
<td>06-Dec</td>
<td>09-Dec</td>
<td>Tanzania</td>
<td>AFRO</td>
</tr>
<tr>
<td>GAVI WCA sub-regional working group meeting</td>
<td>Dec</td>
<td>Dec</td>
<td>Tanzania</td>
<td>AFRO</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
- RH0 Cervical Cancer (HPV Vaccine)
- WHO/ICO Information Center on HPV and Cervical Cancer
- SIGN Updates
- Technet
- Vaccine Information Management System
- PneumoAction

### Regional Websites
- New Vaccines in AFRO
- PAHO’s website for Immunization
- Vaccine Preventable Diseases in EURO
- New Vaccines in SEARO
- Immunization in WPRO

### Newsletters
- PAHO/Comprehensive Family Immunization Program-FCH: *Immunization Newsletter*

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