



GLOBAL IMMUNIZATION NEWS

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28 December 2006

TECHNICAL INFORMATION

CAPACITY BUILDING & TRAINING

28/12/06 from Jhilmil Bahl, WHO/HQ: The next **Immunization Training Partnership Meeting** will take place on 16 February 2007 in UNICEF, New York. The meeting brings together partners involved in immunization training from public and private sectors. For the agenda and details, please contact bahlj@who.int.

POLIO

28/12/06 from Oliver Rosenbauer, WHO/HQ:

Polio endemic countries launch targeted strategies to zero-in on last, remaining viruses: Targeted strategies to overcome unique challenges to immunizing every child have been launched by each of the remaining four polio-endemic countries: Nigeria, India, Afghanistan and Pakistan.

With indigenous transmission of polio now geographically restricted to key identified populations, all four countries convened national, technical oversight body meetings in early December 2006 to review the epidemiological data and agree local strategies to overcome uniquely local challenges. The strategies aim to accelerate efforts in the most targeted manner possible, zeroing in on those areas and populations where the poliovirus continues to circulate.

In Nigeria, strong progress was noted in reaching a higher number of children during campaigns in the second half of 2006, following the introduction of "Immunization Plus Days" (where in addition to polio vaccine, supplemental antigens and health interventions are offered to communities). The proportion of children in northern states who had never been immunized was reduced to an average of 20% (from >50% at end-2005), and routine immunization coverage markedly increased (to an

estimated >60% DTP3 coverage). A risk-classification for ongoing polio transmission has now categorized each geographical area, to drive focused prioritization of activities. All activities will now be state-driven, to ensure the most effective implementation of all targeted recommendations. Three states: Kano, Katsina and Jigawa – have been classified as "very high risk" due to ongoing coverage gaps of greater than 25% during campaigns.

In India, after a thorough review of epidemiological and programmatic data, the technical group concluded that – despite an outbreak in 2006 – the remaining population immunity gap has now been limited to children aged less than two years. In a major strategic shift, the group called for a multi-pronged strategy aimed at rapidly closing this remaining immunity gap. Central to success will be a dramatic increase in the number of campaigns – targeting children aged less than three years – in the highest-risk districts of western Uttar Pradesh and Bihar (the only two states in India with ongoing endemic transmission). Large-scale campaigns with monovalent oral polio vaccine type 1 (mOPV1) – which protect children twice as fast as the traditional trivalent OPV – will now be held on average every four weeks, supplemented by the administration of a birth-dose. The technical group concluded that given high population immunity and large-scale use of mOPV1 prospects for interrupting type 1 polio transmission in the country will be significant in 2007.

In Afghanistan and Pakistan, most areas are today polio-free. Cross-border polio transmission between the two countries is currently sustained among populations to whom access is hampered, due to either insecurity or large-scale population movements. Both countries agreed necessary steps to increase access to all populations, by coordinating both campaign and surveillance

activities. As part of strategic efforts, the Ministers of Health of both countries have already undertaken key activities, including jointly addressing a historic health *jirga* of tribal elders, urging their support to ensure no Afghan and Pakistani child slips through the net. This activity followed a high-level meeting of both health ministers one week earlier, in Islamabad.

With outbreaks in previously polio-free countries stopped or on the verge of being stopped, the world has a unique opportunity in 2007 to focus all efforts on stopping the disease in the remaining four endemic countries. Key to success will be the ongoing financial support of the international donor community, as the intensification of targeted eradication activities in Nigeria, India, Afghanistan and Pakistan in 2007 will have a substantial impact on budgets. A full update of the *External Financial Resource Requirements (FRR)* reflecting new budgetary needs will be published by the spearheading partners of the Global Polio Eradication Initiative in January 2007.

ROTAVIRUS

28/12/06 from Robin Biellik, PATH:

East & Southern Africa: PATH's Rotavirus Vaccine Program is collaborating with GSK to conduct a multicenter safety and efficacy study of Rotarix® vaccine in low-resource populations in Africa. The study was initiated in South Africa in October 2005, and currently more than 2,000 infants have been enrolled at 11 South African sites. Enrolment of infants in Malawi began on 17 October 2006.

GAVI Alliance: At its meeting in Berlin on 29 November 2006, the GAVI Alliance Board approved the investment case presented by the Rotavirus Vaccine Program for the provision of subsidized rotavirus vaccines to GAVI-eligible countries in two phases. In the first phase, GAVI-eligible countries in the American and European Regions will be invited to apply to GAVI for rotavirus vaccines. Pending WHO pre-qualification of the vaccine, price/volume negotiations with the manufacturers, and GAVI's establishment of country co-payments for the subsidized vaccine, GAVI plans to begin review of country applications in 2007.

GAVI-RELATED INFORMATION

REVIEW PROCESS

Next Review Dates:

FIRST REVIEW 2007: ISS, INS, New Vaccines & Measles 2nd Dose: The deadline for receiving applications is **12 January 2007**. The applications will be reviewed from **22-31 January 2007**.

FIRST REVIEW 2007: HSS Applications: The **deadline** to receive applications for HSS is **2 March 2007**. The applications will be reviewed from **13-23 April 2007**.

SECOND REVIEW 2007: ISS, INS, New Vaccines & Measles 2nd Dose: The deadline for receiving applications is **20 April 2007**. The applications will be reviewed from **21-30 May 2007**.

SECOND REVIEW 2007: HSS Applications: The **deadline** to receive applications for HSS is **11 May 2007**. The applications will be reviewed from **1-11 June 2007**.

MONITORING REVIEW: The deadline for receiving **annual progress reports** is **15 May 2007**. The APRs will be reviewed from **18-27 June 2007**.

THIRD REVIEW 2007: ISS, INS, New Vaccines & Measles 2nd Dose, HSS: The deadline for receiving applications is **5 October 2007**. The applications will be reviewed from **24 October to 2 November 2007**.

GAVI

28/12/06 from Craig Burgess, GAVI Secretariat:

Technical Assistance: TA for drafting proposals should be sourced as much as possible through in-country mechanisms or partners involved with health systems strengthening. Each country may be eligible for up to \$50,000 for this support, which can be accessed either through the in-country partners or communication with the GAVI Secretariat.

Civil Society Organizations (CSO) update: Civil society organizations provide a variety of services, technical assistance and social mobilization for immunization and other child health initiatives in developing countries; specifically focusing on the hard to reach populations.

At its meeting in Berlin on 28 November 2006, the GAVI Alliance Board approved, in principle, two new funding opportunities for civil society organizations:

- Provision of funding earmarked for civil society organizations in 10 "pilot" countries in 2007-2008, the supported activities should add value to and complement the goals, objectives and activities of the immunization cMYP and/or HSS proposal. The suggested 10 pilot countries are Afghanistan, Bolivia, Burundi, DR Congo, Ethiopia, Georgia, Ghana, Indonesia, Mozambique and Pakistan.

- Additional funding will be provided to strengthen coordination and enhance civil society representation at the country level in all GAVI eligible countries for 2007-2008. With this approval, the GAVI Alliance is showing innovation and will have a more representative civil society input into policy and investment decisions. This support will also encourage a more effective partnership between civil society organizations and the governments in immunization and child health.

In an effort to simplify application processes and avoid fragmentation, the application for civil society support will be submitted as part of the HSS funding already allocated to the country, and therefore provides an incentive for countries to apply. The guidelines for funding for civil society organizations will be developed in the first quarter of 2007.

HEALTH SYSTEMS STRENGTHENING

28/12/06 from Craig Burgess, GAVI Secretariat:

First Round of Applications for HSS: The year 2007 will see the designing and opening of a new funding window within GAVI. Fifteen countries submitted applications for **Health Systems Strengthening** in November 2006, and the Independent Review Committee reviewed these proposals and recommended the following:

- Cambodia was approved.
- Burundi, Ethiopia, DPR Korea and Kyrgyzstan were approved with clarifications.
- Cameroon, DR Congo, Kenya, Sierra Leone and Vietnam were conditionally approved.
- Benin, Central African Republic, Cuba, Guinea Bissau and Pakistan were requested to resubmit applications.

It is expected that the Executive Committee will discuss the countries for clarifications in early February 2007. Those countries needing to meet certain conditions will need to submit their conditions within 2007 for review by the IRC.

HSS Task Team Meeting: A task team meeting on 10-11 January 2007 will provide a forum which reviews country experiences with HSS to guide the process forward in 2007 as well as help sensitize the broader partnerships, bi-laterals and key stakeholders.

HSS Guidelines: It is expected that new HSS guidelines will be produced and made available within the first quarter of 2007, taking into consideration experiences from the November 2006 round.

HIB INITIATIVE

28/12/06 from Layla Lavasani, JHSPH: The Hib Initiative is in the final stages of re-designing

the website (<http://www.hibaction.org>). The new site will be launched in the second week of January 2007 and will better serve the needs of its users based on responses to the online questionnaire. Important new information will be available including: interactive maps, research and surveillance activities of the Hib Initiative, cost effective data and frequently asked questions.

COUNTRY INFORMATION¹ BY REGION

AMERICAS

*ARGENTINA

28/12/06 from PAHO: During the months of September and November 2006, the country conducted a national campaign to immunize women aged 15-39 years against **rubella**, as well as men in captive populations such as the Armed Forces, health workers and students. By 30 November, the national coverage level reached 96.3% and 21 out of 24 country provinces achieved the coverage goal of >95%. Several lessons have been learned through campaign implementation including the importance of political commitment, campaign organization, micro-planning at the local level, training activities, social communication, and supervision. As a result of the obstacles confronted during campaign time, invaluable information was also generated about crisis situation management and response to myths and rumours associated with vaccine safety.

*DOMINICAN REPUBLIC

28/12/06 from PAHO: The **rubella elimination campaign**, originally scheduled for the month of November, was extended until 10 December 2006, providing an additional opportunity for the target population, men and women aged 7-39 years, to get vaccinated against rubella and prevent future cases of CRS. Several challenges were confronted, including training difficulties among health workers and a vaccine shortage which lead to public concerns and a loss of interest by the media in campaign activities. Despite these obstacles, the campaign attained an unwavering commitment from health

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

authorities and health workers at all levels, a wide diffusion of campaign messages spearheaded by private companies, massive social participation and overwhelming support from the religious institutions in the country. By 1 December, 5,123,031 individuals had been vaccinated, corresponding to 100% of the target population. The country is conducting rapid coverage monitoring to verify campaign coverage.

*PERU

28/12/06 from PAHO: A *National Vaccination Campaign to Eliminate Rubella* was conducted from 1 October to 5 November 2006 to vaccinate both men and women aged 2-39 years. Although the country surpassed the vaccination goal by reaching a national coverage of 99% through the vaccination of 19,658,377 individuals (preliminary data), several obstacles were confronted over the campaign period, including an inopportune vaccine shortage and a denouncement of the campaign by a well-known journalist. Valuable lessons were learned regarding the importance of crisis management and alliance building as representatives from various scientific associations came forth to support campaign efforts in the midst of the communication crisis. The issue of the vaccine shortage was quickly resolved with the support of neighbouring countries.

*URUGUAY

28/12/06 from PAHO: An international **EPI evaluation**, coordinated by PAHO, took place from 6-17 November 2006. A complementary activity was the validation of the coverage data and evaluation of the information system. The main results were presented to the national authorities in a plenary session with representatives from all 19 Departments of the country in a plenary session on 17 November 2006.

EAST & SOUTH AFRICA

ERITREA

28/12/06 from E&S AFRO:

- The **cMYP** has been completed.
- An application for **pentavalent** was submitted to GAVI in November 2006.

ETHIOPIA

28/12/06 from E&S AFRO:

- The **pentavalent vaccine** (liquid DTP+HepB-Hib) will be implemented from January 2007.
- The **cMYP** has been finalized.

KENYA

28/12/06 from E&S AFRO:

- The government has taken over funding for **injection safety** once the GAVI support ended.
- The **cMYP** has been finalized.

LESOTHO

28/12/06 from E&S AFRO:

- An **EPI review** was conducted in November 2006.
- The **cMYP** is planned to be developed in January 2007.
- The **DQS** is scheduled for sometime in 2007.

MADAGASCAR

28/12/06 from E&S AFRO:

- The **cMYP** will be finalized by January 2007.
- The country is planning to submit an application for **HSS** support.

MALAWI

28/12/06 from E&S AFRO:

- A **MLM training** is planned for January 2007, and the **RED strategy** will be included in the training package.
- The country is planning to apply for **HSS** support from GAVI.

MOZAMBIQUE

28/12/06 from E&S AFRO:

- The **DQS** is expected to be conducted in April 2007.
- The **cMYP** is expected to be finalized in early 2007, however technical assistance is required for the costing component.
- Country is planning to submit an application for **HSS** support from GAVI.

*NAMIBIA

28/12/06 from E&S AFRO:

- The **cMYP** is expected to be developed in early 2007.
- The national **RED workshop** took place from 11-15 December 2006.

*SWAZILAND

28/12/06 from E&S AFRO: The country is working on their **cMYP** and technical assistance will be required for the costing component.

TANZANIA

28/12/06 from E&S AFRO:

- The country is planning to apply for **measles 2nd dose** and **HSS** support from GAVI.
- The **cMYP** has been finalized.

UGANDA

28/12/06 from E&S AFRO:

- The government has been funding **injection safety** since 2005.

- The **cMYP** has been finalized.
- Country is planning to apply for **measles 2nd dose** and **HSS** support from GAVI.

ZAMBIA

28/12/06 from E&S AFRO:

- The country has accepted **liquid pentavalent** and was scheduled to receive their first shipment this month.
- The country plans to apply for **HSS** support from GAVI.
- The **cMYP** has been completed.

ZIMBABWE

28/12/06 from E&S AFRO: The country conducted their second **DQA** in October 2006.

WEST AFRICA

REGIONAL INFORMATION

28/12/06 from Western AFRO:

Yellow Fever: A seminar/workshop for the technical briefing of country teams from the eight francophone countries targeted in Yellow Fever Investment case, for conducting preventive campaigns in high risk districts, has been organized at the Centre Merieux in Bamako, Mali. The workshop was organized by AMP in collaboration with WHO, UNICEF and Institut Pasteur.

All members of the Yellow Fever Partnership addressed vaccination campaigns. Participating were the national focal persons in charge of Epidemiological surveillance, EPI, Social Mobilization and immunization financing from the following countries: Benin, Burkina Faso, Cameroon, Cote d'Ivoire, Guinea, Mali, Senegal, and Togo. Their counterparts in the WHO and UNICEF country offices were also in attendance. At the end of the workshop, six out of eight countries opted to organize their campaigns in 2007, with the risk analysis exercise being done within the first semester.

Training Workshop on Logistics: IST has organized a training workshop to strengthen the overall cold chain system and vaccine management from 4-8 December 2006 at IRSP (Institut Regional de Santé Publique) in Ouidah, Benin. The workshop focused on building capacity in the use of computerized tools for vaccine management, cold chain planning and waste disposal planning. It also served to update the knowledge of participants on recent developments in the area of logistics. National EPI logisticians from 14 countries in the West Block attended this workshop and are able to play key roles in training at the national level in 2007.

Measles follow-up SIAs in five WAB countries: Four countries in the West Block (Ghana, Guinea, Senegal and Sierra Leone) have

conducted measles follow-up SIAs between October and December 2006, targeting 9.06 million children aged 9 to 59 months. Ghana reached 77% coverage (preliminary data), Guinea 96%, Senegal 99% and Sierra Leone 99.7%.

All countries integrated Vitamin A distribution, with 82% coverage in Ghana, 98% in Guinea, 100% in Senegal and 98% in Guinea. Other interventions integrated were ITN distribution in Sierra Leone (98.9% coverage) and Ghana (92% coverage); OPV administration in Ghana (82% coverage) and mebendazole treatment in Guinea (95%), Senegal (95%) and Sierra Leone (98.7%).

National Regulatory Authority (NRA): A training workshop for NRA and Ethical Committee (EC) members from 10 francophone countries on authorization and monitoring of clinical trials for vaccines was held from 11-15 December 2006 at IRSP in Ouidah, Benin. The workshop was organized by WHO/GTN in collaboration with the National Centre of Pharmacovigilance of Tunisia, AMP and AFSSAPS/Paris. Participants attended from Algeria, Benin, Burkina Faso, Cameroon, Cote d'Ivoire, Guinea, Mali, Rwanda, Senegal and Togo. Recommendations were adopted at the end of the workshop in relation with the NRA's strengthening and the full implementation of institutional development plans.

EASTERN MEDITERRANEAN

REGIONAL INFORMATION

28/12/06 from EMRO: The next **GAVI Regional Working Group Meeting** is scheduled for 21-23 January 2007 in Cairo, Egypt. The tentative topics on the agenda are:

- Regional and country updates
- GAVI Phase Two policy issues
- Countries in difficult situations
- GAVI Evaluation process
- GAVI Health Systems Support

AFGHANISTAN

28/12/06 from EMRO:

- The country plans to apply to GAVI for **ISS support** in 2007.
- The draft **cMYP** is ready; the costing and financing components need to be finalized.
- The **tetavalent vaccine** was introduced in July 2006 in a phased manner.

DJIBOUTI

28/12/06 from EMRO:

- The **cMYP** has been prepared.
- **Injection safety supplies** are being funded mainly through UNICEF after GAVI support ended.

PAKISTAN

28/12/06 from EMRO:

- The **cMYP** was updated to be in line with the government's planning cycle. The costing and financing components were developed with the assistance of WHO HQ and EMRO. It was approved by the ICC and the MoH.
- The **tetavalent vaccine** has been introduced in two provinces in the country. Nationwide implementation will start in 2007.

SUDAN

28/12/06 from EMRO:

- A **health systems assessment** was undertaken in North Sudan, supported by WHO/EMRO.
- The **cMYP** has been finalized, along with the costing and financing components, and has been submitted to the Government for approval.
- The country plans to submit an application for **HSS** support from GAVI.

YEMEN

28/12/06 from Osama Mere, WHO/Yemen:

- The country developed the **cMYP** with assistance from WHO in October 2006.
- An application for **ISS** was submitted for the November 2006 round, along with the cMYP, with ICC endorsement.
- The **DQA** was conducted from 21 November to 16 December 2006, and the Verification Factor was 0.999 (95%). The performance of EPI in the country is very satisfactory according to the draft DQA report. The ICC was debriefed by the internal auditors on 16 December.
- A **national measles catch up campaign** was completed in three phases from February to May 2006. Around 9.3 million children from nine months to 15 years were vaccinated with 98% coverage. Vitamin A was distributed during the campaign to children from nine months to 5 years with 99% coverage.
- **Case-based surveillance** is now being established with integration with disease and AFP surveillance. TOT at the national level has been conducted in addition to training of focal points in three governorates. Measles is now immediately reported and samples are being collected from the cases and tested in the national measles lab. No positive case has been registered since the catch up campaign.

- **Outreach activities** are being sustained in Yemen. Outreach activities were implemented for the fourth time in November 2006, which relied on microplans which have been developed at the health facility level.
- **Tailored training courses** were conducted to all district supervisors in October and November 2006. Moreover, around 1000 vaccinators were trained on EPI activities. These activities were supported by UNICEF and the World Bank.

EUROPEAN REGION

REGIONAL INFORMATION

28/12/06 from EURO: Representatives of the seven specialized and regional reference laboratories of the WHO European Region met in Rome, Italy on 21-22 November 2006.

It was agreed that the laboratories maintain high standards in their work. Most of the laboratories perform activities that exceed their traditional roles and are of high value to the Global Polio Eradication Initiative. These activities include investigating outbreaks of diseases and conditions possibly related to polio; training laboratory personnel; supporting other national laboratories with specific performance concerns; participating in pilot studies to develop new methodologies; and supporting laboratories and projects from other WHO regions.

WHO/EURO was requested to contribute a revision of the biosafety component of the WHO Polio Manual and accreditation checklist. It was agreed that the Regional Office should develop and pilot test a biosafety supplement to the current accreditation checklist.

Continued support to the regional reference laboratories and the global specialized laboratories was deemed crucial at the current stage of the polio eradication initiative. The WHO Regional Office was requested to work together with these laboratories to ensure the allocation of sufficient laboratory staff and resources, in order to meet an anticipated increased demand for reagents and expertise.

Lastly, it was stressed that close interaction between regional, national and sub-national laboratories is critical.

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



LIST OF MEETINGS & KEY EVENTS RELATED TO IMMUNIZATION

Regional Meetings & Key Events Related to Immunization: 2007 to 2009					
Title of Meeting	Start	Finish	Location	Responsible Partner	Region
Jan-07					
EMRO Regional Consultation Meeting on Vaccine Stock Management	09-Jan	10-Jan	Cairo, Egypt	EMRO	EMR
AFRO Hib Regional Forum for Francophone countries	17-Jan	18-Jan	Brazzaville	WHO/AFRO	AFR
GAVI EMRO Regional Working Group Meeting	21-Jan	23-Jan	Cairo, Egypt	EMRO	EMR
GAVI Review for NVS & Measles 2nd Dose Applications (Deadline: 12 January 2007)	22-Jan	31-Jan	Geneva	GAVI Secretariat	Specific
Western European Measles and Rubella Laboratory Network	23-Jan	24-Jan	Bilthoven, Netherlands	WHO/EURO	EUR
European Measles Regional Reference Laboratory Meeting	25-Jan	25-Jan	Bilthoven, Netherlands	WHO/EURO	EUR
SEARO GAVI Regional Working Group Meeting	29-Jan	29-Jan	Bangkok, Thailand	SEARO	SEAR
Hib Initiative Retreat	29-Jan	01-Feb	Montreux	Hib Initiative	Specific
Feb-07					
East & South African EPI Managers Meeting	Feb	Feb	Mombasa, Kenya	AFRO (E&S)	AFR
GAVI Alliance and GAVI Fund Joint Fund Executive Committee Meeting	07-Feb	07-Feb	Washington DC	GAVI Secretariat	Specific
Global Immunization Meeting	13-Feb	15-Feb	New York	UNICEF	Global
Joint Polio Containment Laboratory Network	20-Feb	22-Feb	St. Julians, Malta	EURO	EUR
Measles European Regional Reference Laboratory	26-Feb	26-Feb	tbd	EURO	EUR
Seventh Annual Meeting of Partners for Measles Advocacy	27-Feb	28-Feb	Washington DC	American RED Cross	Global
Mar-07					
Second Integrated Polio and Measles/Rubella Laboratory Network Meeting for NIS Countries	13-Mar	16-Mar	Ashgabat, Turkmenistan	WHO/EURO	EUR
European Technical Advisory Group of Experts (ETAGE) meeting	26-Mar	27-Mar	Copenhagen, Denmark	EURO	EUR
GAVI Review for HSS Applications (Deadline: 2 March 2007)	26-Mar	tbd	Geneva	GAVI Secretariat	Specific
Apr-07					
Strategic Advisory Group of Experts (SAGE) meeting	16-Apr	17-Apr	Geneva	WHO/HQ	Global
European Immunization Week	16-Apr	22-Apr	tbd	EURO	EUR
European Programme Managers Meeting	23-Apr	25-Apr	tbd	EURO	EUR

European Regional ICC Meeting	26-Apr	26-Apr	tbd	EURO	EUR
GAVI East & South African Sub-Regional Working Group Meeting	April	April	tbd	AFRO (E&S)	AFR
May-07					
GAVI Quarterly Fund Executive Committee Meeting	11-May	11-May	Geneva	GAVI Secretariat	Specific
GAVI Joint Alliance & Fund Board Meetings	12-May	12-May	Geneva	GAVI Secretariat	Specific
EMRO RTAG Meeting	13-May	16-May	Abu Dhabi	EMRO	EMR
European Human Papilloma Virus Meeting	14-May	15-May	Copenhagen, Denmark	EURO	EUR
GAVI Review for ISS, INS, NVS & Measles 2nd Dose Applications (Deadline: 20 April 2007)	21-May	tbd	Geneva	GAVI Secretariat	Specific
EMRO EPI Managers Meeting	May	May	tbd	EMRO	EMR
Jun-07					
Global Advisory Committee of Vaccine Safety (GACVS) Meeting	12-Jun	13-Jun	Geneva	WHO/HQ	Global
GAVI Review of Annual Progress Reports (Deadline: 15 May 2007)	18-Jun	tbd	Geneva	GAVI Secretariat	Specific
WPRO EPI Managers Workshop	19-Jun	22-Jun	tbd	WPRO	WPR
Jul-07					
SEARO TCG	10-Jul	13-Jul	tbd	SEARO	SEAR
Aug-07					
Sep-07					
GAVI Quarterly Fund Executive Committee Meeting	12-Sep	12-Sep	Washington DC	GAVI Secretariat	Specific
Oct-07					
GAVI Review for ISS, INS, NVS & Measles 2nd Dose Applications (Deadline: 29 October 2007)	29-Oct	tbd	Geneva	GAVI Secretariat	Specific
Nov-07					
Strategic Advisory Group of Experts (SAGE) meeting	6 or 13 November	8 or 13 November	Geneva	WHO/HQ	Global
GAVI Quarterly Fund Executive Committee Meeting	12-Nov	12-Nov	Johannesburg	GAVI Secretariat	Specific
EMRO RTAG Meeting	12-Nov	12-Nov	Libya	EMRO	EMR
GAVI Joint Alliance & Fund Board Meetings	13-Nov	15-Nov	Johannesburg	GAVI Secretariat	Specific
EURO TAG Meeting	28-Nov	29-Nov	tbd	EURO	EUR
Dec-07					
Global Advisory Committee of Vaccine Safety (GACVS) Meeting	12-Dec	13-Dec	CICG	WHO/HQ	Global
2008 Meetings					
Strategic Advisory Group of Experts (SAGE) meeting	08-Apr	10-Apr	Geneva	WHO/HQ	Global
Strategic Advisory Group of Experts (SAGE) meeting	03-Nov	05-Nov	Geneva	WHO/HQ	Global
2009 Meetings					

Strategic Advisory Group of Experts (SAGE) meeting	07-Apr	09-Apr	Geneva	WHO/HQ	Global
Strategic Advisory Group of Experts (SAGE) meeting	27-Oct	29-Oct	Geneva	WHO/HQ	Global