



GLOBAL IMMUNIZATION NEWS

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28 March 2007

TECHNICAL INFORMATION

CAPACITY BUILDING & TRAINING

28/03/07 from Evariste Mutabaruka, WHO/AFRO: The following capacity building activities are planned for the African Region in the second and third quarters of 2007:

- 1-4 April: EPI Curriculum Workshop for Nursing Schools in Pretoria, South Africa
- 16-27 April: EPI Curriculum Workshop for Medical and Public Health Schools in Antananarivo, Madagascar
- 7-18 May: Intercountry MLM course for Lusophone countries in Maputo, Mozambique
- 18-22 June: Regional Workshop on Integrated Training Package for Child Health in Cotonou, Benin
- 24-28 September: Regional Vaccinology course in Yaoundé, Cameroon.

GLOBAL IMMUNIZATION MEETING

28/03/07 from Rudi Eggers, WHO/HQ: The second annual Global Immunization Meeting was hosted by UNICEF in New York, from 13-15 February 2007. Its central purpose was to allow for the technical update of WHO and UNICEF regional field staff as well as the immunization partners. Also, it provided for a forum for reviewing current practices, country and regional experiences as well as an opportunity to network between partners and stakeholders in the global immunization field. The meeting was structured according to the four Strategic Areas of the *Global Immunization Vision and Strategies (GIVS)* document.

The first day was devoted to the opening which provided a broad overview of global immunization priorities. Country experiences and successes from Nigeria and Sudan set the stage for the "Reaching More Children" discussion. Immunization BASICS presented on the review of the child health day type activities, summarizing the strengths and

weaknesses of this approach. The eradication (polio) and accelerated disease control (measles, MNT) teams presented on the priorities for 2007. The "Reaching More" session was completed in the next day with presentations on school-based immunization in Eritrea and the actual age of vaccination, as one consideration in the current thinking on vaccination beyond the first year of life.

The New Vaccines session provided an update on the broad landscape of vaccines becoming available, and then focused on HPV and tools for country decision-making on new vaccines. Country experiences from Sri Lanka and Brazil provided for practical grounding in the decision-making and implementation of new vaccines introduction. The integrated session on the third day provided in three background presentations:

- The AFRO strategy for child survival in the African Region;
- An independent evaluation of Accelerated Child Survival and Development (ACSD) strategy; and
- Results from the Child Health Days assessments.

An update was provided on the progress made with the Intermittent Preventive Treatment for Infants (IPTi) and the opportunity for health systems support funding through GAVI.

The final session on Global Interdependence started with a global update on vaccine supply and an analysis of the patterns of immunization costing and financing in 50 countries. Clearly, GAVI funding had indeed leveraged both countries and partners to provide more funding to immunization than they had before. The World Bank presented an outline on the new financing environment and opportunities for immunization, including the use of debt-relief funding for such activities. The meeting was concluded with presentations and discussions on the GAVI co-financing policies that are being developed, as

well as an update on the global pandemic influenza vaccine situation.

Throughout the meeting, regional breakout meetings were held to discuss region specific issues and allowing for a more focussed discussion forum than in the plenary.

This meeting is intended to be an annual update to immunization staff and partners; the next meeting is planned for early February 2008 in Geneva.

HEPATITIS

28/03/07 from Craig Shapiro, WHO/HQ: An international meeting on **Hepatitis A** will take place in Miami, Florida, USA from 30 November to 2 December 2007 on the topic "Has the Time Come to Control Hepatitis A Globally: Matching Prevention to Epidemiology". The objectives of the meeting are to:

- Review the changing epidemiology of hepatitis A virus (HAV) and its impact on burden of disease and prevention strategies;
- Review diagnostic and surveillance issues;
- Assess and examine different outbreak control measures;
- Discuss the economics of universal hepatitis A vaccination in children compared to other health care interventions;
- Position HAV burden of disease and prevention options vis-à-vis other vaccine-preventable infections;
- Assess and discuss vaccine efficiency and long term immunogenicity data; and
- Assess the future of global prevention and control of hepatitis A infection.

The target audience for this meeting includes Ministry of Health representatives, public health officers, virologists, hepatologists, viral hepatitis experts, infectious disease professionals, paediatric infectious disease specialists, travel doctors and others. More information, including the scientific programme and registration materials, can be found at <http://www.havmeeting.info/>

MATERNAL & NEONATAL TETANUS

28/03/07 from Ezzeddine Mohsni (WHO/EMRO) & Jos Vandelaer (WHO/UNICEF Geneva): Egypt has been validated in February 2007 as having eliminated neonatal tetanus as a public health problem. A community-based survey was conducted in Somosta district (Bani Suief governorate), which is considered to be one of the more at-risk districts for neonatal tetanus. A total of 1314 live births were surveyed in 146 clusters, and 12 neonatal deaths were identified (9.1 neonatal deaths per 1000 live births). Among these 12 deaths, none could be attributed to neonatal tetanus. This finding indicates that the rate of neonatal tetanus has fallen below the elimination threshold of 1 NT

case per 1000 live births in the Somosta district, and by extension to the rest of Egypt. Egypt is the second country in the WHO Eastern Mediterranean Region where such an assessment has been carried out since 2000. Globally, Egypt becomes the 10th of 58 "high risk" countries where neonatal tetanus elimination has now been documented, leaving 48 countries that have yet to eliminate the disease. A full report will be published in the Weekly Epidemiological Record.

PNEUMOCOCCAL VACCINES

28/03/07 from Philippe Duclos, WHO/HQ: An updated position paper on *Pneumococcal Conjugate Vaccine for Childhood Immunization* was published in the Weekly Epidemiological Record. This position paper deals with the 7-valent pneumococcal conjugate vaccine (PCV7) which is currently the only licensed pneumococcal conjugate vaccine available. The current document reflects recent scientific developments and updates and replaces the sections on PCV7 in the previous position paper on pneumococcal vaccines (WER 4 April 2003). The updated recommendations were endorsed by WHO's Strategic Advisory Group of Experts (SAGE) in November 2006 (WER 2007, 82, 8-10). A detailed review paper that formed the basis for SAGE recommendations is available at:

<http://www.who.int/immunization/documents/positionpapers/en/index.html>

Updated WHO policies on the use of the 23-valent pneumococcal polysaccharide vaccine will be published later following a SAGE review of relevant data.

PCV7 was introduced into the routine infant immunization program in the United States in 2000 and has subsequently been added to national immunization programmes in more than a dozen other industrialized countries. The vaccine is now licensed in more than 70 countries. It has been highly efficacious in reducing the burden of invasive pneumococcal disease among infants and young children in both developed and developing settings. Although most PCV-7-related statements of the 2003 position paper are still valid, scientific evidence accumulated over the last few years now permits more precise recommendations for its use.

POLIO

28/03/07 from Oliver Rosenbauer, WHO/HQ:

Polio Eradication - Focus on Pakistan: Following the high-level stakeholder consultation on polio eradication at WHO on 28 February 2007, Pakistan Prime Minister Shaukat Aziz requested a full briefing by Federal Minister of Health Mr. M Nasir Khan. The Minister outlined new, targeted

approaches to reaching 'hard-to-reach' populations, including mobile populations and those living in areas of insecurity or social conservatism in some tribal areas. Prime Minister Aziz – requesting the Ministry of Health undertake the necessary measures to ensure Pakistan becomes polio-free in the shortest possible time-span – vowed that the government will not allow the children of Pakistan to become disabled because of this disease. The government is also exploring a major domestic contribution – potentially to the amount of US\$105 million – to cover its oral polio vaccine(OPV) requirements for 2008-2010.

As part of the new targeted approaches outlined by the Minister of Health, the engagement for polio eradication by religious leadership throughout Pakistan is being further strengthened. On 16 March 2007, a high-level meeting of eminent religious scholars was held in Nowshera, North West Frontier Province(NWFP). Representing a network of thousands of village imams and political leaders across Pakistan and neighbouring Afghanistan, the scholars pledged their support for polio eradication activities, vowing to implement a number of key activities, including issuing an appeal to all mosque imams to support polio teams in their villages.

At the same time, operational planning of polio activities is being coordinated with neighbouring Afghanistan. Vaccination teams and supervisors from nomadic populations are being recruited to participate in vaccination campaigns, and nomadic migration routes have been mapped, with long-term immunization posts set up at key population gathering sites.

These activities are indicative of the renewed engagement by both political and religious leadership for polio eradication across Pakistan. However, one of the major threats to the global polio eradication effort continues to be a lack of financial resources, as the Global Polio Eradication Initiative faces a US\$575 million funding gap for 2007-2008. Of this amount, US\$ 60 million is urgently needed by April 2007. With endemic countries such as Pakistan now outlining steps to rapidly make available these necessary financial resources, the international donor community must urgently follow suit to rapidly make available these necessary financial sources. Unless additional funds are contributed quickly, the global polio eradication programme will have to start cancelling or scaling back key activities as early as May 2007.

GAVI-RELATED INFORMATION

CIVIL SOCIETY ORGANIZATIONS

28/03/07 from Ariane Manset, GAVI Secretariat: A Civil Society Organization (CSO) Task Team meeting was convened from 26-27

February 2007 to assist with drafting the CSO guidelines and application forms. These guidelines and application forms will be revised and receive further inputs from countries and partners. It is hoped that they will be ready for general distribution by mid-April 2007.

All GAVI-eligible countries will be eligible for funding (2007-2008) to strengthen the coordination and representation of country based CSOs involved with immunization, child health care or health systems strengthening.

Ten pilot countries (Afghanistan, Bolivia, Burundi, DR Congo, Ethiopia, Georgia, Ghana, Indonesia, Mozambique and Pakistan) will be eligible in 2007-2008 for support for CSOs to contribute either to the countries' immunization cMYP or HSS proposal.

HEALTH SYSTEMS STRENGTHENING

28/03/07 from Ariane Manset, GAVI Secretariat:

HSS Proposals: Funding has been approved for Burundi, Ethiopia, Cambodia, DPR Korea and Kyrgyzstan HSS proposals. These successful proposals may be viewed on the GAVI Alliance website (www.gavialliance.org)

New HSS Proposals: DR Congo, Georgia, Liberia, Nepal, Sri Lanka, and Vietnam have submitted HSS proposals for the March 2007 review. These proposals will be reviewed from 13-20 April 2007.

HSS Task Team: The GAVI Alliance HSS Task Team met in early January 2007 with representatives from Cambodia, DR Congo, Ethiopia, Kenya, Kyrgyzstan and Pakistan. The meeting helped provide feedback into improving HSS processes in 2007.

HSS Guidelines: The GAVI Alliance HSS guidelines were revised using partner and country inputs. These are now available on the GAVI website for countries and partners preparing for the 11 May and 5 October HSS deadlines. French and Russian translations will also be available.

HSS Training Workshops: Training workshops for HSS were held with target audiences including MoH and partner staff who were to be involved with the HSS proposal development and implementation for the March/April HSS review:

- Honduras: 13-15 March 2007
- Harare: 19-21 March 2007
- Ouagadougou: 26-28 March 2007
- Libreville: 2-4 April 2007

HSS Workplan Activities: Activities for the remainder of 2007 will be discussed and finalized in April 2007. Priority focus will be spent on:

- Provision of quality technical assistance to countries.
- Ensuring a robust review process is in place.
- Monitoring processes.

- Opportunities for operational research into health systems are identified and supported.
- Institutional support for implementation.

HIB INITIATIVE

28/03/07 from Layla Lavasani, JHSPH:

Ethiopian Government to Launch Pentavalent Vaccine: Ethiopia will launch a pentavalent vaccine (DTP-HepB-Hib) in the Somali region on 23 March 2007, with a nationwide launch in Addis Ababa to follow. The introduction of the vaccine could result in a dramatic reduction in the burden of childhood diseases caused by Hib and the long term impact of Hepatitis B. Ethiopia is the largest GAVI eligible country to date to introduce Hib into their routine vaccination programme, and the country expects to save an estimated 11,000 children per year.

Ethiopia Visit: The Hib Initiative recently visited Ethiopia to assist with a Hib RAT (Rapid Assessment Tool) which is used to estimate the local burden of Hib where population based surveillance has not yet been established. This data will support a vaccine impact study in the future.

GAVI Phase 2 Letters: Information on the recent GAVI Alliance developments including revised co-financing levels was sent to Ministers of Health in all GAVI eligible countries. The co-financing guidelines focused on a set price approach for the first vaccine (single or combination vaccines) depending on the country grouping. Each additional vaccine will cost 15 cents per dose. Least poor countries will be expected to scale up co-financing by 15% annually. Remaining countries will maintain levels indicated by GAVI up to 2010. Deadlines for New and Under-Used Vaccine Support (NVS) are 20 April 2007 and 28 September 2007.

Meningitis and Pneumonia Advocacy Tools: Hib Initiative and PneumoADIP have created a pneumonia and meningitis advocacy presentation and fact sheets for researchers. To request an advance copy, please contact Layla Lavasani at llavasani@jhsph.edu

REVIEW PROCESS

Next Review Dates:

FIRST REVIEW 2007: HSS Applications: The **deadline** to receive applications for HSS was **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 **18-29 June 2007**.

THIRD REVIEW 2007: ISS, INS, New Vaccines & Measles 2nd Dose: The deadline for receiving applications is **28 September 2007**. The applications will be reviewed from **24 October to 2 November 2007**.

THIRD REVIEW 2007: HSS Applications: The **deadline** to receive applications for HSS is **5 October 2007**. The applications will be reviewed from **26 October – 9 November 2007**.

COUNTRY INFORMATION¹ BY REGION

EAST & SOUTH AFRICA

ERITREA

28/03/07 from E&S AFRO:

- Training for **DQS** is scheduled to be conducted during the second quarter of 2007.
- Funding for **injection safety** in 2007 is provided by UNICEF and JICA.

ETHIOPIA

28/03/07 from E&S AFRO:

- **DQS** has been conducted on a regional basis in all but one region of the country.
- UNICEF and Protecting Basic Services (World Bank) is currently providing support for **injection safety** up to 2008.
- **Pentavalent vaccine** will be implemented from March 2007, and training was conducted in most regions.

LESOTHO

28/03/07 from E&S AFRO:

- The **cMYP** has been finalized.
- The **DQS** is planned to be conducted in the third quarter of 2007.

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

MADAGASCAR

28/03/07 from E&S AFRO: The **cMYP** has been finalized and endorsed.

MALAWI

28/03/07 from E&S AFRO:

- An additional eight districts were trained on **RED**, bringing a total of 16 districts trained with RED. The remaining 10 districts will be trained by the third quarter of 2007.
- An **MLM training** is scheduled for April 2007.

MOZAMBIQUE

28/03/07 from E&S AFRO: The **cMYP** has been completed.

ZAMBIA

28/03/07 from E&S AFRO:

- Thirty-six additional districts were trained and are ready to start **RED implementation**. GAVI ISS reward funds were utilized to scale up RED among other activities.
- **Liquid pentavalent vaccine** will be introduced in May-June 2007.

ZIMBABWE

28/03/07 from E&S AFRO:

- A **RED training of trainers** was conducted in February 2007, but available funds to scale up implementation can only cater for one district per province.
- **Injection safety** was supported by DFID for 2007.
- A country team will soon start preparing for **pentavalent vaccine introduction** in 2008.

WEST AFRICA

REGIONAL INFORMATION

28/03/07 from Patrick Zuber, WHO/HQ: The Western Block EPI Manager's Meeting was held in Ouagadougou, Burkina Faso from 21-23 March 2007. This meeting conducts an annual programmatic review with national immunization directors. The agenda covered the areas of polio eradication, accelerated disease control activities, strengthening of immunization systems, integration of infant survival and updates on other public health priorities including the development of a meningococcal A conjugate vaccine. The meeting was an opportunity for reviewing progress with performance indicators from the 17 countries in the Block. The meeting also reviewed certification issues for polio eradication, planning for measles campaigns, risk assessment for yellow fever, links with malaria control and other public health interventions as well as control of HIV/AIDS.

Meeting recommendations of specific relevance for systems strengthening and new vaccines introduction included:

- Implementation of a vaccine wastage monitoring system;
- Integration of life-saving interventions to mass immunization campaigns and inclusion of malaria prevention to EPI activities;
- Scaling up RED activities;
- Completing GAVI applications for Hib; and
- Completing cMYPs in all countries of the sub-region by end 2007.

EASTERN MEDITERRANEAN

REGIONAL INFORMATION

28/03/07 from EMRO:

Development of cMYP for Immunization:

EMRO is assisting all countries in the region to develop a cMYP in line with GIVS having a component of costing and financing. First priority emphasis was given to the six countries in the region receiving GAVI support. Five of these countries have developed the cMYP, while the sixth (Somalia) is currently being assisted in the development of a rapid work plan for immediate action. The Regional Office is now focusing on the remaining countries of the region.

A workshop is being held in Syria from 25 February to 1 April 2007 for the development of the cMYP. Key persons from departments and ministries of primary health care/immunization, planning, finance, education, defence and private sectors from the country, as well as other EPI partners attended. The workshop was facilitated by WHO/HQ, EMRO and NESI. The closing session was chaired by the Deputy Minister of Health of Syria, who reiterated the Government commitment to provide all possible support for improving the health of the population including immunization for children.

The main outcome of the workshop was a core of well trained national team and a first draft of the cMYP (2008-2010) with costing and financing component. This is to be finalized in consultation with the concerned departments/ministries and partners, before official submission to the MOH for approval.

The workshop was also participated by national representatives of departments/ministries of EPI, Planning and Finance from the four other countries: Morocco, Tunisia, Egypt and Jordan. The participants received comprehensive training in order to conduct the same exercise in their countries.

Regional Working Group Meeting: The 12th GAVI Eastern Mediterranean Regional Working Group meeting was held in Cairo, Egypt from 21-23 January 2007. The regional progress was

discussed during this meeting. The main regional targets for the EPI immunization are eradication of polio, elimination of measles by 2010, elimination of MNT by 2007, elimination of CRS in countries that have introduced rubella vaccine by 2010, introduction of HepB vaccine in all countries by 2007, introduction of Hib vaccine in all countries that have demonstrated disease burden by 2010 and reaching 90% of DTP3 coverage nationally with minimum 80% coverage in each district.

In 2005, after a long period of stagnation, the reported immunization coverage in the region increased to 85% DTP3/OPV3, 82% Measles, and 75% HepB3 during 2005. This was mainly due to the achievements made in Afghanistan, Sudan and Yemen that have so far been very successful in utilizing GAVI ISS support.

Other issues discussed during the meeting include country updates and next steps, briefing on GAVI phase 2 and support, GAVI support to fragile states and GAVI Evaluation Functions. The second part of the RWG meeting was focused on Health Systems Strengthening.

PAKISTAN

28/03/07 from EMRO: A **Measles Immunization Campaign** is planned for children nine months to 13 years of age. The campaign will be held in five phases targeting 63.8 million children by the first quarter of 2008. The first phase of the campaign for four districts with 2.6 million target children was launched on 1 March 2007 and lasted till 18 March 2007.

SOUTH EAST ASIA

BANGLADESH

28/03/07 from Julian Bilous, WHO/HQ: WHO conducted a review of its EPI field network from 6-15 March 2007. The network consists of 40 surveillance medical officers and 53 EPI facilitators distributed throughout all 64 districts of this country of 140 million people. It was initiated in 1999 for polio eradication, and managed to help the country finish the job by August 2000, the date of the last indigenous polio case in Bangladesh. However, after five polio free years, an imported case from India was detected in March 2006. Six rounds of NIDs were conducted in 2006, and the polio outbreak has been confined to a total of 18 cases. While the major priority for the network in 2007 remains polio eradication, the network is already supporting the government in a wide range of immunization activities, including:

- Surveillance for AFP, measles, MNT and other VPDs
- Planning and monitoring NIDs: polio, measles, MNT campaigns
- Microplanning and monitoring routine EPI

- Training and supportive supervision
- Outbreak investigation
- Adverse event surveillance and management
- Emerging diseases, and natural disaster monitoring

Bangladesh has an ambitious national multi-year immunization plan 2006-2015, including introduction of Hib vaccine in 2008, which is aimed at reducing childhood mortality in line with the millennium development goals. In order to achieve these goals, the great contribution of WHO's field network is its ability to provide objective technical advice and build capacity at district level. Today, most of the funding for the WHO field network comes through polio eradication, but donors are also contributing some funds from their child health resources in recognition of the network's contribution beyond polio. During the course of the review, national managers clearly expressed their wish for this valuable and independent asset to be sustained by WHO. The WHO country office is already embarking on fund-raising, however the challenge in Bangladesh and many other countries is how WHO can continue to meet countries' needs for an effective and responsive EPI technical field network in the future.

WESTERN PACIFIC

REGIONAL INFORMATION

28/03/07 from WPRO:

Third Expert Working Group Meeting on Hepatitis B: Hepatitis B is an important public health problem in the Western Pacific Region accounting for more than half of global mortality and morbidity. Recognizing the public health importance of hepatitis B in the Region and to accelerate the efforts to control hepatitis B, a regional goal has been set up to reduce hepatitis B chronic infection rates to less than 2% among children five years of age through universal infant immunization by 2012. As of September 2006, every country and area in the Western Pacific Region has included hepatitis B vaccine in its national immunization programme. Adhoc expert working group meetings have been organized in the past to guide the hepatitis B control programme in the region.

The Third Expert Working Group Meeting on Hepatitis B was organized in Tokyo from 6-7 March 2007, with the explicit objectives of developing certification guidelines to validate the achievement of the regional hepatitis B control goals in the member states and to revise the Regional hepatitis B control plan, first developed in 2003. More than 20 hepatitis B experts including some participants from member countries participated in the meeting and

successfully accomplished the goals set for the meeting. WPRO is expected to publish the certification guidelines and regional hepatitis B plan based on the recommendations of the expert meeting.

Third Bi-Regional Meeting on Japanese Encephalitis: Japanese encephalitis is an important public health problem in many countries of WHO's South-East Asia and Western Pacific Regions, causing more than 50,000 cases and 10,000 deaths each year. Though vaccination has been established as the most cost-effective strategy for disease control, not all Member States with suspected substantial Japanese Encephalitis burdens have yet put in place effective vaccination programmes. Some of the obstacles include unfavourable supply and pricing of existing vaccines, lack of WHO prequalified vaccine and weak surveillance systems yielding sketchy data on which to base decisions.

The Third Bi-Regional (WPR and SEAR) meeting on Japanese Encephalitis will be organized in Ho Chi Minh City, Vietnam from 26-27 April 2007. Approximately 80 participants are expected from member states in WPR and SEAR and various international partners. The meeting will review the progress made by countries in Japanese Encephalitis control through vaccination; will provide a platform to share, update and develop a consensus on the latest development in surveillance standards, laboratory diagnostics and vaccination strategies; and will aim to reach an agreement on the Japanese Encephalitis control

programmes through vaccination over the next two years in individual countries.

CAMBODIA

28/03/07 from WPRO: Cambodia has set a **national goal of measles elimination by 2012**, in line with the Regional goal of measles elimination. It currently provides one dose of measles vaccine to all children at age 9-12 months. The routine coverage with first dose has been increasing over years. It undertook a nationwide measles campaign from 21 February to 31 March 2007, targeting all children in the age group 9 to 59 months. The UN Foundation provided the financial support through WPRO, which provided technical support along with its country office. A high coverage is expected to be achieved during the campaign.

***PHILIPPINES**

28/03/07 from WPRO: There is no good quality data on disease burden due to Japanese Encephalitis, Hib and pneumococcal bacteria, all three being major causes of childhood mortality and morbidity and now preventable by vaccines. It is proposed to set up a **sentinel meningoencephalitis surveillance network** including six hospitals from different parts of the country to measure the disease burden to these three different etiologies. A national meeting of key stakeholders in Philippines is expected to be organized in May 2007 to discuss the methodology and implications of this surveillance network.

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: April 2007 to 2009					
Title of Meeting	Start	Finish	Location	Responsible Partner	Region
Apr-07					
HSS Workshop/Orientation	02-Apr	04-Apr	Libreville	AFRO	AFR
GAVI East & South African Sub-Regional Working Group Meeting	11-Apr	12-Apr	Addis Ababa, Ethiopia	AFRO (E&S)	AFR
GAVI Review for HSS Applications (Deadline: 2 March 2007)	13-Apr	23-Apr	Geneva	GAVI Secretariat	Specific
Strategic Advisory Group of Experts (SAGE) meeting	17-Apr	18-Apr	Geneva	WHO/HQ	Global
SEARO Regional Workshop on Vaccine Procurement and Introduction of Guidelines for "Expedited Approval of Vaccines used in National Immunization Programme"	16-Apr	20-Apr	Bangkok	SEARO	SEAR
European Immunization Week	16-Apr	22-Apr	tbd	EURO	EUR
Vaccination Week in the Americas	21-Apr	28-Apr	PAHO	PAHO	PAHO
European Programme Managers Meeting	23-Apr	25-Apr	Dubrovnik, Croatia	EURO	EUR
South East Asian Regional Working Group Meeting	24-Apr	24-Apr	Katmandu, Nepal	SEARO	SEAR
GAVI European Regional Working Group Meeting	26-Apr	26-Apr	Dubrovnik, Croatia	EURO	EUR
European Regional ICC Meeting	26-Apr	26-Apr	Dubrovnik, Croatia	EURO	EUR
Bi-Regional (SEARO&WPRO) meeting on Japanese Encephalitis	26-Apr	27-Apr	Ho Chi Minh City, Vietnam	SEARO/WPRO	SEAR/WPR
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
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	30-May	Geneva	GAVI Secretariat	Specific
GAVI Eastern Mediterranean Regional Working Group Meeting	27-May	27-May	Muscat, Oman	EMRO	EMR
EMRO EPI Managers Meeting	28-May	31-May	Muscat, Oman	EMRO	EMR
EMRO RTAG Meeting	28-May	31-May	Tunis	EMRO	EMR
Jun-07					
16th Meeting of Virologists from SEARO Polio Laboratory Network	June	June	New Delhi	SEARO	SEAR

GAVI Review for HSS Proposals (Deadline: 11 May 2007)	01-Jun	11-Jun	Geneva	GAVI Secretariat	Specific
Central America and USMB Regional EPI Managers Meeting	05-Jun	08-Jun	tbd	PAHO	PAHO
Global Advisory Committee of Vaccine Safety (GACVS) Meeting	12-Jun	13-Jun	Geneva	WHO/HQ	Global
European Regional Certification Commission for Poliomyelitis Eradication	13-Jun	15-Jun	tbd	EURO	EUR
New and Under-Utilized Vaccines Introduction Retreat	18-Jun	20-Jun	Geneva	WHO/HQ	Global
GAVI Review of Annual Progress Reports (Deadline: 15 May 2007)	18-Jun	29-Jun	Geneva	GAVI Secretariat	Specific
WPRO EPI Managers Workshop	19-Jun	22-Jun	tbd	WPRO	WPR
Jul-07					
SEAR EPI Managers Meeting and 12th Meeting of Technical Consultative Group (TCG)	10-Jul	13-Jul	New Delhi	SEARO	SEAR
GAVI South East Asian Regional Working Group Meeting	14-Jul	14-Jul	New Delhi	SEARO	SEAR
Aug-07					
First Meeting of the Virologists of the regional JE Laboratory Network and Training in Laboratory procedures for diagnosis of Bacterial Pathogens causing Acute Encephalitis Syndrome (AES)	August	August	Bangalore, India	SEARO	SEAR
South America Regional EPI Managers Meeting	07-Aug	10-Aug	tbd	PAHO	PAHO
Sep-07					
EMRO Regional Working Group on Rotavirus Surveillance	10-Sep	12-Sep	Cairo, Egypt	EMRO	EMR
GAVI Quarterly Fund Executive Committee Meeting	12-Sep	12-Sep	Washington DC	GAVI Secretariat	Specific
GAVI Review of Annual Progress Reports	24-Sep	28-Sep	Geneva	GAVI Secretariat	Specific
Ninth Meeting of International Certification Commission for Polio Eradication	27-Sep	29-Sep	New Delhi	SEARO	SEAR
Oct-07					
GAVI Review for ISS, INS, NVS & Measles 2nd Dose Applications (Deadline: 28 September 2007)	24-Oct	02-Nov	Geneva	GAVI Secretariat	Specific
GAVI Review for HSS Proposals (Deadline: 5 October 2007)	26-Oct	09-Nov	Geneva	GAVI Secretariat	Specific
GAVI Eastern Mediterranean Regional Working Group Meeting	28-Oct	29-Oct	Tripoli, Libya	EMRO	EMR
EMRO ICM on Measles and Rubella	30-Oct	01-Nov	Tripoli, Libya	EMRO	EMR
HPV Planning Policy Meeting for Latin America and the Caribbean	Late Oct	Early Nov	tbd	PAHO	PAHO
Nov-07					
EMRO RTAG Meeting	02-Nov	02-Nov	Tripoli, Libya	EMRO	EMR

Strategic Advisory Group of Experts (SAGE) meeting	06-Nov	08-Nov	Geneva	WHO/HQ	Global
Caribbean EPI Managers Meeting	13-Nov	16-Nov	tbd	PAHO	PAHO
GAVI South East Asian Regional Working Group Meeting	27-Nov	28-Nov	Thimphu	SEARO	SEAR
Joint GAVI Alliance & Fund Board Meetings	27-Nov	30-Nov	Cape Town	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					
Global Immunization Meeting	February	February	Geneva	WHO/HQ	Global
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