SPECIAL REPORT TO THE 64TH WORLD HEALTH ASSEMBLY
27/05/2011 from Alison Brunier, WHO/HQ

WHO Director-General urges partners in global health to "remember the people"

In her opening address to this year's World Health Assembly on 16 May, Dr Margaret Chan highlighted unprecedented progress such as:

• under-five childhood deaths at their lowest in more than 60 years;
• a 95% drop in polio cases in India and Nigeria;
• more developing countries using new vaccines against the two biggest killers of young children - diarrhoea and pneumonia - thanks to innovative financing. "This progress needs to continue," said Dr Chan. "I strongly urge you to support the GAVI replenishment in June."; and
• the successful introduction in Burkina Faso last year of a revolutionary new vaccine, MenAfrVac, an important tool in the prevention of epidemics in Africa’s notorious meningitis belt.

"The [MenAfrVac] vaccine was developed, in record time, and at about one-tenth of the cost usually needed to bring a product through development to the market" said Dr Chan. "This offers evidence of a welcome new trend. Africa is the first to receive the best technology that the world, working together, can offer."

Dr Chan spoke of difficulties stemming from the global financial crisis and skyrocketing food and fuel prices. She commended UN agencies, countries and public and private partners for their hard work in saving lives from preventable and treatable diseases in the face of these challenges.

Urging her colleagues to keep up their momentum Dr Chan stated "any form of complacency at this point would be deadly." She also announced that WHO is embarking on the most extensive administrative, managerial, and financial reforms in its 63-year history.

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Technical Information

Special guests at World Health Assembly

The World Health Assembly welcomed two distinguished guests to address Assembly delegates on 17 May. Pictured here is Director-General Margaret Chan with Mr Bill Gates, Co-chair of the Bill & Melinda Gates Foundation, and Prime Minister Sheikh Hasina of Bangladesh.

Bill Gates urges leaders “to make vaccines a priority”

Bill Gates, American business magnate, philanthropist, author, and Co-chair of the Bill & Melinda Gates Foundation, laid out his vision for the impact that broadening access to vaccines can have on the world. “Strong immunization systems will put an end to polio and help us reach all children with five to six new vaccines,” Bill Gates said. “We can save four million lives by 2015, and 10 million lives by 2020.”

"Vaccines are an extremely elegant technology" he said. "They can be inexpensive, they are easy to deliver, and they are proven to protect children lifelong from disease. At Microsoft, we dreamed about technologies that were so powerful and yet so simple. Today, I like to imagine what the future will look like when world leaders start to take full advantage of vaccines."

Mr Gates called on donor countries to increase their investment in vaccines and immunization, even though they are coping with budget crises. "The best immunization systems work because leaders hold themselves accountable for results," he said. "Leaders diagnose weaknesses, innovate to address them, and spread the best ideas."

He also called on pharmaceutical manufacturers to commit to making sure vaccines are affordable for developing countries. "I believe we have the opportunity to make a new future in which global health is the cornerstone of global prosperity," he said. He was confident that the combined price of the pentavalent, pneumococcus, and rotavirus vaccines "can be cut in half by 2015."

He called on government leaders to increase their investments in vaccines. He asked them to pledge to meet vaccine coverage targets of 90% at the country level with no district below 80%, and ensure that all children have access to existing vaccines and to new ones as they become available.

Increased investments in immunization needed to reach global goals

Fifty-five speakers — including country delegates, partners such as UNICEF and the GAVI Alliance, as well as five civil society organizations meeting at the 64th World Health Assembly — took the floor in massive support of the Global Immunization Vision and Strategy and its impact in guiding national immunization strategies to reach child survival goals. The immunization agenda item was debated over five hours by delegates from WHO’s 193 Member States and elicited the highest number of interventions on technical and health matters reviewed so far at this year’s Health Assembly.

Several countries spoke of their achievements in: increasing immunization coverage; reaching more children with existing vaccines; eliminating maternal and neonatal tetanus; reducing measles cases and deaths; using new vaccines against diarrhoea and pneumonia thanks to innovative financing; and implementing advocacy events such as the regional immunization weeks to highlight the importance of vaccines and immunization in saving lives.
Technical Information

But several complex challenges need to be addressed by countries and the international community including:

- mobilizing more resources to strengthen national immunization programmes and calling for increased support from the GAVI Alliance and other donors;
- ensuring a balanced approach towards competing priorities such as strengthening immunization systems, introducing new vaccines and eradicating polio;
- preventing a resurgence of measles through high vaccination coverage to reach the 2015 target of 95% measles mortality reduction and with the eventual goal of eradicating the disease;
- facilitating vaccine technology transfer to developing countries and promoting strategies to bring down vaccine prices; and
- strengthening surveillance for vaccine-preventable diseases.

Member States commended WHO's leadership on the Decade of Vaccines, a vision for using the next 10 years to achieve immunization goals and reach important milestones in vaccine research, development, financing and public support. There was also strong backing for the objectives proposed by WHO and UNICEF to improve delivery of immunization services in the next decade. Other immunization-related topics for discussion by delegates at the Health Assembly include the control and prevention of cholera, managing the potential risks to polio eradication and access to influenza vaccines as a benefit of sharing of virus strains.

Related links

Full coverage of the health assembly
Global Immunization Vision and Strategy: Report by the Secretariat
Decade of Vaccines collaboration
Blog posted by Bill Gates: my vision for the next decade
Improving family and community health: core to achieving Millennium Development Goals
Cholera: mechanism for control and prevention, Report by the Secretariat
Progress report on poliomyelitis: mechanism for management of potential risks to eradication
Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits.
Report by the Open-Ended Working Group of Member States
Saving Lives With Immunization - Posted by Dr Margaret Chan on 11 May 2011

CALL FOR NOMINATIONS

27/05/2011 from the Pre-Qualification team, WHO

The World Health Organization is soliciting calls for the nomination of members for its new Programmatic Suitability for Pre-Qualification (PSPQ) Standing Committee.

While the assessment of the suitability of vaccines for the immunization services where they are intended to be used has always been part of pre-qualification (PQ), historically the assessment of the Product Summary Files (PSF) to determine programmatic suitability had not been formally structured, with the outcome based on individual expert inputs and WHO PQ Secretariat consensus. As part of the PQ review, a formal process and criteria for assessing the programmatic suitability of vaccines intended for low and middle income countries was developed.

The standing committee will be charged with reviewing and providing guidance in all instances where vaccines are not in compliance with the critical characteristics, or where a vaccine presentation is deemed to be as unique or innovative. Two standing committee members are being sought—one, with experience in regulatory considerations for developing country vaccine use. The second must be recognized as an expert in developing country immunization programmes and delivery. One of these members will also serve as the committee chair. The remaining three positions on the committee will be filled by members of WHO’s Immunization Practices Advisory Committee.

The deadline for applications is 30 June 2011. The standing committee will begin in September 2011 with the formal launch of the PSPQ process scheduled for January 2012.

For more information or to apply please click here.
NEW VACCINE ADOPTION IN LOWER-MIDDLE INCOME COUNTRIES
27/05/2011 from Marty Makinen, Results for Development Institute and Miloud Kaddar, WHO/HQ

The report of the study of New Vaccine Adoption in Lower-Middle Income Countries (LMICs) is now available on request (contact lwilson@resultsfordevelopment.org). The purpose of the study was to provide information about the obstacles faced by LMICs (per capita incomes between about US$1000 and $4000, birth cohort of 35 million excluding India and China) in adopting new vaccines and to propose practical means at the country, regional, and global levels to address the obstacles. WHO’s SAGE and the World Health Assembly had called for the collection and analysis of such information, noting that LMICs were at risk of falling behind Lower-Income Countries (LICs) in using newly available vaccines, given that LICs (and some LMICs) are supported by GAVI.

In 2010, the study conducted 15 country case studies, interviewed 20 global immunization programme experts and 10 vaccine manufacturers (both multinational and developing country manufacturers), and performed analyses of quantifiable factors hypothesized to influence vaccine adoption decisions. The study focused mainly on the adoption of Hib-containing, Pneumococcal conjugate, Rotavirus, and Human Papillomavirus vaccines. The study gave specific attention to the LMICs that are “graduating” from GAVI support in the coming years.

The case studies showed that LMICs try to take a systematic approach to decisions on vaccine adoption. In all of the countries studied, burden of disease (BOD) information, cost considerations (including price, cost-effectiveness, etc.), and WHO estimations of BOD and recommendations on use were important factors in the adoption decision. A number of other factors were important in some, but not all of the countries. Not surprisingly, a strong basic immunization programme that attains high coverage is the foundation for adding new vaccines. The quantitative analysis largely confirmed the case-study findings. The major obstacles faced by LMIC decision makers are incomplete BOD information, lack of access to vaccine market information, including prices, availability, and contracting options, and human capacity, in terms of skills to analyze epidemiological and financial and economic information. The smaller population LMICs are doubly disadvantaged in terms of (1) capacity and (2) their small birth cohorts that give them little market bargaining power.

The interviews of manufacturers showed overall interest in LMIC vaccine markets, though LMICs are not always seen as specific market, but rather as members of geographical markets that are part of overall demand. The multinationals indicated a positive attitude towards the use of pooled procurement mechanisms that save them transactions costs and tend to make demand forecasts more predictable. The developing country manufacturers feel that they do not have complete access to LMIC markets because of historical links between some LMICs and multinationals. Developing country manufacturers also are eager to obtain technology transfers to allow them to produce more quality and affordable new vaccines to offer to LMICs and others.

With all of the information gathered, the study team and Advisory Group formulated recommendations for intervention at the country, regional, and global levels. Some sample highlights from the recommendations are the following:

- **Global:** Create a technical and reliable source for global vaccine market information including vaccine product presentations and pipe line, vaccine prices, pricing policies, procurement principles, methods and best practices
- **Regional:** Develop inter-country and regional processes for achieving pooled procurement (where desired by countries), vaccine quality, safety and diversified and sustainable base of supply
- **Country:** Improve procurement and vaccine regulation to promote competition, quality and sustainability.

The study findings and results will be disseminated in the coming months by making the report and executive summary available for downloading in multiple languages, through presentations of the report at stakeholder organizations and at the Global NUVI meeting taking place in June 2011, and through journal submissions.
**UPDATE ON PANDEMIC INFLUENZA VACCINATION AND NARCOLEPSY**
27/05/2011 from Alison Brunier, WHO/HQ

Since August 2010, following widespread use of vaccines against influenza (H1N1) 2009, cases of narcolepsy (a rare sleep disorder that causes a person to fall asleep suddenly and unexpectedly), especially in children and adolescents, have been reported. The rates reported from Sweden, Finland and Iceland have been notably higher than those from other countries. Swedish and Finnish authorities presented preliminary statements on their investigations in the first quarter of 2011.

WHO's Global Advisory Committee on Vaccine Safety (GACVS) reviewed the available data from Finland on 4 February 2011 and new data from Sweden on 18 April 2011. GACVS agrees that further investigation is warranted concerning narcolepsy and vaccination against influenza (H1N1) 2009 with Pandemrix and other pandemic H1N1 vaccines.

It does not appear that narcolepsy following vaccination against pandemic influenza is a general worldwide phenomenon, as no excess of narcolepsy has been reported from several other European states where Pandemrix has been used, or from Canada where a pandemic vaccine similar to Pandemrix has been used. It seems likely that some as yet unidentified additional factor was operating in Sweden and Finland. Further investigations ongoing include a review by the European Medicines Agency on the benefit-risk balance of Pandemrix, with conclusions expected by July 2011, and an epidemiological study of narcolepsy and pandemic vaccines in nine EU states by the Vaccine Adverse Event Surveillance and Communication (VAESCO) project, with results expected by June 2011.

GACVS will continue to monitor the situation closely. Updates will be provided as further information becomes available and is assessed. Please click [here](#) to access the GACVS statement of 21 April 2011.

**POWERING THE COOL CHAIN: ADDRESSING THE CHALLENGES OF VACCINE DELIVERY WHERE IT IS NEEDED MOST, WEBINAR ON 31 MAY AT 09:00 (US EASTERN STANDARD TIME)**
27/05/2011 from James Cheyne, independent consultant

There is a fee to register for the live seminar but in agreement with Optimize the webinar will be recorded and can be heard free of charge on TechNet21.org at the beginning of June 2011. This is being hosted by Pharma IQ, a division of IQPC, which is an international online community focusing on providing pharmaceutical professionals with knowledge, information and articles. You may recognize some of the members of the panel:

**Panel Discussion: Powering the Cool Chain: Addressing the Challenges of Vaccine Delivery Where it is Needed Most**

A collaboration of WHO and PATH, Project Optimize, has been given a unique mandate to identify, develop and test solutions to help supply chains keep up with rapidly advancing vaccine and delivery device technologies needed to safely and effectively deliver needed vaccines to middle and low income countries. This Panel Discussion will examine the logistical, collaborative and budgetary challenges in ensuring vaccines reach their destinations in remote areas. Discussion topics include:

- Sustainable logistics initiatives and technology being used to deliver vaccines
- Local distribution challenges, examples from demonstration projects in Albania, Guatemala, Senegal, South Africa, Tunisia and Vietnam
- Overcoming breaks in the cold chain: thermo stable vaccines stored out of the traditional cold chain yet in a 'controlled temperature chain'

**Panelists:**
- Steve McCarney, Cold Chain Technologies Specialist - Project Optimize, PATH, France
- John Lloyd, Senior Technical Advisor, PATH
- Dr. Modibo Dicko, Coordinator, Optimize Project, World Health Organization
In a new online format, the 2010 edition of "WHO immunization highlights" covers key global achievements and provides a snapshot of the wide range of work undertaken by WHO staff and partners to support national immunization programmes. The year 2010 saw the launch of the Decade of Vaccines collaboration and World Health Assembly resolutions on pneumonia and viral hepatitis. The provision of policy guidance to countries continued through the work of the Strategic Advisory Group of Experts on Immunization and the publication of position papers on cholera, polio, rabies and pertussis vaccines. The introduction of a new meningococcal conjugate vaccine is a major step towards the elimination of the primary cause of epidemic meningitis in the African meningitis belt. Country work continued, not only in support of routine immunization and specific disease control initiatives, but also to help prevent disease transmission following public health emergencies such as the earthquake in Haiti and flooding in Pakistan.

MEETING OF THE STRATEGIC ADVISORY GROUP OF EXPERTS ON IMMUNIZATION - APRIL 2011

At the meeting of 5-7 April 2011 of WHO's Strategic Advisory Group of Experts on Immunization (SAGE), a cross-cutting concern emerged that weak primary health care services, particularly in Africa, are impeding the ability of countries to deliver on immunization strategies. Health systems strengthening, and the creation of a grassroots advocacy movement at global, national and community levels in support of access to vaccines, will be needed if we are to achieve the global immunization targets that have been set.

SAGE emphasized that countries vaccinating their populations against measles, should also be vaccinating against rubella. Countries reaching measles coverage of 80%, either through routine immunization only or through routine immunization and supplementary immunization activities, can introduce rubella-containing vaccine without risk of increasing the incidence of congenital rubella syndrome. While cost-effectiveness for rubella vaccination is clear for high and middle-income countries, SAGE recommended that cost-effectiveness studies for low-income countries be undertaken.

Since the publication of the WHO position paper on cholera vaccines in March 2010, there have been several major humanitarian emergencies, including floods in Pakistan and the earthquake in Haiti where cholera outbreaks were prominent public health events. The Haiti experience demonstrated the difficulty of arriving at a consensus on the relative value of cholera vaccination against the backdrop of a weak immunization system, other pressing humanitarian needs, and insufficient cholera vaccine. However, not vaccinating may have cost lives and represents a lost opportunity to gather more experience in responding to outbreaks in non-endemic situations as well as innovative use of vaccination strategies to control outbreaks. A SAGE Working Group on Vaccination in Humanitarian Emergencies is being formed to deliberate on the best approaches to using cholera and other vaccines in emergencies.

Other topics discussed during the meeting included vaccination against pandemic and seasonal influenza, tick-borne encephalitis and meningococcal meningitis; polio eradication; and ongoing research efforts relating to IPV options for low-income countries in the post-eradication era.

Full report to April 2011 SAGE meeting
Background documents and presentations
Agenda, list of participants and declarations interests
COALITION AGAINST TYPHOID TO SUPPORT THE IMPLEMENTATION OF TYPHOID VACCINES
27/05/2011 from Chris Nelson and Ciro de Quadros, Sabin Vaccine Institute

The Coalition against Typhoid held its first Strategic Work Plan Meeting on 9-10 May 2011 in Washington DC. The lack of a global work plan on typhoid has limited the implementation of available vaccines. The goal of the Coalition is to define the barriers for adoption of typhoid vaccine and the key activities needed for these barriers to be overcome.

Coalition goals include raising visibility of the World Health Organization’s (WHO) recommendations in support of typhoid vaccination programmes; increasing awareness of the experience to date in using typhoid vaccines to successfully control disease in Asia; assisting interested countries with the implementation of typhoid vaccination programmes; and supporting surveillance and increasing disease burden awareness in Africa.

Despite the availability of low cost vaccines against typhoid and WHO support for their use, vaccination programmes have not been widely adopted for the high burden and high risk populations most affected by disease. According to WHO, typhoid fever impacts the lives of an estimated 21 million people a year and accounts for at least 200,000 deaths with 90% of these occurring in South and South East Asia. The highest burden is predominantly among school-age and preschool-age children.

Several typhoid vaccines are currently under review for WHO Pre-qualification and GAVI is considering support.

Coalition Against Typhoid members include the Aga Khan University, Bharat Biotech, Bill & Melinda Gates Foundation, Center for Vaccine Development, Crucell, GAVI Alliance, International Vaccine Institute, National Institutes of Health, Novartis Vaccines Institute for Global Health, PATH, Sanofi-Pasteur, UNICEF, the U.S. Centers for Disease Control and Prevention, Welcome Trust Sanger Institute (WTSI), the University of Oxford and the World Health Organization.

DECADE OF VACCINES (DOV) COLLABORATION WEBSITE LAUNCHED
27/05/2011 from Lidija Kamara, WHO HQ

In 2010 the DoV Collaboration was launched as time-limited consultation process, the success of which will depend on the commitment and active engagement of organizations and individuals around the world. The DoV Collaboration is bringing together diverse stakeholders to develop an evidence-based, country-led global vaccine action plan that will stimulate the discovery, development, and delivery of lifesaving vaccines. To obtain additional information and updates on the collaboration, including the structure of the effort, scope of work and regular updates, please visit the DoV Collaboration website.
VIVA INITIATIVE TARGETS TYPHOID FEVER IN PAKISTAN AND NEPAL
27/05/2011 from Leon Ochiai and Mohamed Imran Khan, IVI VIVA Initiative

IVI’s Vi-based Vaccines for Asia (VIVA) Initiative (http://viva.ivi.int/) is engaged in a range of activities across Asia including pilot introduction projects, a Vi conjugate vaccine program, and an investment case program. VIVA is currently assisting with pilot introduction programs in Pakistan and Nepal.

In Pakistan, more than 95,000 students of two Karachi townships have been vaccinated as of April 2011. The vaccination campaign is scheduled to continue until the end of May. In an evaluation of a school-based cross-subsidization scheme, children in public schools are provided Vi vaccine free of charge whereas a nominal fee is charged to students in private schools. The campaign also includes a communication strategy that uses print and electronic material for typhoid fever related information dissemination.

In Nepal, the Ministry of Health and Population reviewed the extent of the typhoid fever problem and decided to implement a pilot introduction program as part of the process of deciding to include typhoid vaccination in its national public health program. The VIVA Initiative in Nepal is piloting an alternative cross-subsidization scheme with vaccine being offered free of charge to school children in Lalitpur district while a nominal fee is charged to tourism industry workers in Kathmandu Valley. The pilot program will provide valuable information to assist the government of Nepal with selecting a national or regional vaccination strategy.

In collaboration with various stakeholders including ministries of health, non-governmental organizations, professional medical associations, academic institutions, and collaborative groups including the Coalition Against Typhoid, VIVA is working to increase demand for the typhoid vaccine by increasing awareness of preventive measures against the disease. Pakistan and Nepal are among the South Asian countries with the highest burden of typhoid fever, particularly among children, with incidence estimates exceeding 300 per 100,000 persons per year.

New Publications

THE IMMUNOLOGICAL BASIS FOR IMMUNIZATION SERIES: HEPATITIS A (ISBN 978 92 4 150142 2)
This IVB document is now online. The main purpose of the modules of the series - which are published as separate/vaccine specific modules - is to give immunization managers and vaccination professionals a brief and easily-understood overview of the scientific basis of vaccination. This module focuses on Hepatitis A.

REPORT OF THE WHO/VACCINE MODELING INITIATIVE WORKSHOP ON DENGUE MODELING. GENEVA, 25-26 2010 (WHO/IVB/11.02)
This IVB document is now online. This report is the summary of the presentations and discussions carried out at this meeting.

PROCEEDINGS OF THE NINTH GLOBAL VACCINE RESEARCH FORUM AND PARALLEL SATELLITE SYMPOSIA. BAMAKO, MALI, 6-9 DECEMBER 2009 (WHO/IVB/10.13)
This IVB document is now online. This report provides a summary of the meeting presentations and discussions which focused on Pandemic Influenza vaccines, development of vaccines against Malaria, Measles and Rubella, Pharmaco-vigilance in Low and Middle Income Countries, Project Optimize-immunization systems and technologies for tomorrow.
GAVI related information

GAVI EXPECTS A LARGE NUMBER OF COUNTRY APPLICATIONS FOR NEW VACCINES SUPPORT
27/05/2011 from Lisa Menning, GAVI

The GAVI deadline of 1 June 2011 for applications for new vaccines support (NVS) is fast approaching, with a large number of proposals expected from the 72 GAVI-eligible countries (deadline extended from 15 May). This application round has seen a high level of demand from countries as the last NVS application round was in 2009.

The GAVI pledging conference, due to take place on 13 June 2011 in London, will determine the overall level of funding available for the new proposals. A GAVI Independent Review Committee (IRC), scheduled for two weeks from 27 June to 8 July 2011, will review the proposals, along with pre-assessment reports from WHO and UNICEF Supply Division. Financial implications will be evaluated by GAVI.

Finally, the GAVI Executive Committee, at its meeting scheduled for 26 September, will review the outcomes of the IRC and approve its recommendations for GAVI support. A decision letter will be sent to countries to advise of the approved proposals, and GAVI partners will also be informed and involved in facilitating preparatory activities, including vaccine shipments. This review process will also provide important feedback to the countries on the IRC assessment and recommendations.

Country Information by Region

AFRICAN REGION

PEER REVIEW OF GAVI SUBMISSIONS
27/05/2011 from Auguste Ambendet & Omer Nganga, IST Libreville

After having provided support to Burundi, Cameroon, the Central African Republic (CAR), Congo and Sao Tome & Principe in March 2011, the WHO Intercountry Support Team (IST) for Central Africa, in collaboration with WHO Headquarters, GAVI Secretariat, the Regional Office for UNICEF for Central and West Africa and the Agence de Médecine Préventive (AMP), organized a peer review workshop in Douala, Cameroon from 11 to 13 April 2011 for countries interested in submitting an application for GAVI support for introducing new vaccines. The main objective of this workshop was to improve the technical quality of the Complete Multi-Annual Plans, of the plans for vaccines introduction and of the requests for GAVI support. The support from GAVI secretariat enabled the countries to become familiar with the new online submission portal.

Delegations from six eligible countries from central Africa were present, namely: Angola, Burundi, Cameroon, CAR, Congo and Sao Tome & Principe. These delegations were composed of EPI directors, EPI advisors from WHO and UNICEF country offices.

Chad and DR Congo joined these countries for a second peer review workshop devoted to the examination and improvement of the annual reports for GAVI, held from 14 to 16 April 2011.

COMMEMORATION OF THE AFRICAN VACCINATION WEEK
27/05/2011 from Auguste Ambendet & Omer Nganga, IST Libreville

From 7 April to 21 May 2011, ten countries from central Africa are going to commemorate the African Vaccination week. This initiative follows the resolution taken by the Ministers of Health from the African Region during the 60th session of the WHO Regional Committee held in Malabo in Equatorial Guinea, institutionalizing an "African Annual Vaccination Week".

The commemoration for this week in central Africa started on 7 April 2011 with Sao Tome & Principe, and a celebration of the World Health Day on this theme. CAR also commemorated it from 11 to 17 April 2011 as well as Gabon on 26 April 2011. The remaining countries, namely Burundi, Cameroon, Congo, DR Congo, and Equatorial Guinea, have commemorated this special week between 26 April and 14 May 2011. Angola, Congo and DR Congo are synchronizing this event with the national vaccination days from 28 April to 2 May 2011.
Country Information by Region

AFRICAN REGION

PUTTING COMMUNICATIONS BACK ON THE EPI AGENDA IN THE EASTERN AND SOUTHERN AFRICAN REGION
27/05/2011 from Melissa Corkum, UNICEF ESAR

Ministry of Health, UNICEF and WHO communications teams from 21 countries in Africa convened in Nairobi from 9-11 May 2011 to look at how to more effectively address the demand side issues related to immunization. UNICEF Regional Director for the Eastern and Southern Region, Elhaji As Sy opened the meeting, highlighting the importance of the meeting, when immunization is high on the agenda with the launch of the Decade of Vaccines. He reiterated that the meeting provided a good opportunity to assess the challenges which stand as barriers to ensuring all children are reached with immunization.

The group of participants discussed the importance and need for undertaking social research to guide communications planning, particularly for reaching the un-reached populations. Presenters from UNICEF, MCHIP, Red Cross, Ministries and partners focused on developing effective plans, strategies for reaching the hard to reach including security compromised areas and faith-based resisters. Discussions focused on outbreak preparedness within a disaster risk reduction context, as well as the introduction of new vaccines, which many countries are embarking on. Participants started preparing their own country situation analysis and identified next steps for the development of communications plans which address all components of immunization. The meeting came at an important moment, following recommendations of the recent African Regional Immunization Conference, polio and measles TAGs and the Independent Monitoring Board for polio eradication. These oversight bodies have reinforced the need to strengthen communications to enhance demand. Participants reiterated the need to be fully engaged in the overall EPI planning processes, including the updating of cMYPs and proposals for new vaccine introductions. Countries agreed on a number of recommendations timelines for finalizing plans. Countries agreed to start tracking and reporting on a common set of communications indicators across the region and reiterated the need to link communications meetings to existing EPI Manager’s meetings in the region to ensure synergies.

AFRICAN REGION--SUBREGIONAL TRAINING ON DIAGNOSTICS FOR BACTERIAL MENINGITIS AND ROTAVIRUS GASTROENTERITIS
27/05/2011 from the laboratory working group for SURVAC

Surveillance data are critical for countries introducing, evaluating, and monitoring the use of vaccines against Haemophilus influenzae type b, Neisseria meningitidis, pneumococcal disease, and rotavirus gastroenteritis. From December 6-17, 2010, experts from the Divisions of Viral Diseases and Bacterial Diseases, Centers for Disease Control and Prevention and World Health Organization collaborated with Ministry of Health to conduct workshops on diagnostic methods for bacterial meningitis and rotavirus, in Kinshasa, Democratic Republic of Congo. The purpose of the workshops was to strengthen laboratory capacity to support on-going sentinel surveillance for these diseases. Participants represented national and sentinel site laboratories in the Democratic Republic of Congo (Institute National de Recherches Biologiques, Hôpital Pédiatrique de Kalembalembe, Centre Hospitalier de Kisangani, Hôpital Jason Sendwe de Lubumbashi), Central African Republic (Laboratoire National de Santé Publique, Complexe Pédiatrique de Banqui, Institut Pasteur de Bangui), and Cameroon (Laboratoire National de Santé Publique et d’Hygiène Mobile, Centre Mère et Enfant). In their home laboratories, trainees will continue to conduct analyses and report data according to surveillance and laboratory protocols established by WHO under the New and Underutilized Vaccine Initiative. At the national level, laboratory data will be merged with epidemiological data, and sent to the WHO regional office.

The training was supported by the Bill and Melinda Gates Foundation for the Surveillance en Afrique Centrale (SURVAC) project. Technical supportive supervisory visits to each of the laboratories will take place during 2011 to ensure transfer of the techniques taught in December and for troubleshooting.
Country Information by Region

AFRICAN REGION

THEME: QUALITY SURVEILLANCE DATA FOR ACTION
27/05/2011 from Jason Mwenda, WHO/AFRO

PNEUMOVAR: PNEUMOCOCCAL DISEASE SURVEILLANCE IN THE WEST AFRICA REGION

Better trained Laboratory staff for improved surveillance

The Medical Research Council Unit in The Gambia, in collaboration with WHO AFRO and the Ministry of Health of The Gambia, organized a second sub-regional hands-on laboratory training workshop from 13-17 April 2011, aimed at strengthening PBM surveillance by enhancing capacity of clinicians, laboratory and data staff, laboratory scientists and technologists. Participants from over 15 countries took part in an intensive training at the MRC’s laboratories in Fajara and the Royal Victoria Teaching Hospital in Banjul. The training was followed by a three-day advocacy workshop held from 18-20 April 2011, organized on the premise that African Governments are willing to introduce new vaccines into their national Expanded Immunization Programmes (EPI) as long as a strong, evidence-based case for sustainable introduction can be made. In his opening remarks at the workshop, Dr Thomas Sukwa, WR The Gambia (on behalf of Dr Luis Gomes Sambo – Regional Director: WHO AFRO) said ‘the speedy and timely availability of quality data is crucial to the introduction of vaccines for diseases that are vaccine preventable. Hib-PBM network has made a significant contribution in supporting vaccine introduction: 45 out of 46 countries in our region have introduced the Hib vaccine; six out of 46 countries have introduced the pneumococcal conjugate vaccine (PCV-7) including The Gambia. Several other countries have also applied for support from GAVI to roll out the vaccines.’ Participants from 22 countries came together to work on strategies for improvement in Hib-PBM surveillance, to enhance national decision making and potentially influence the region’s public health policies and priorities.

AMERICAS

MEASLES/RUBELLA AND POLIO CAMPAIGNS IN COSTA RICA AND PERU
27/05/2011 from Carlos Castillo-Solórzano and Pamela Bravo, WHO/PAHO

Within the framework of the Vaccination Week in the Americas (VWA), Costa Rica and Peru launched follow-up campaigns to maintain measles, rubella and polio elimination in their respective countries. These campaigns will collectively protect an estimated 3.3 million children from measles and rubella by offering a second vaccination opportunity. In particular, those children that for various reasons were excluded from regular vaccination services will be protected.

Peru intends to vaccinate approximately 2.3 million children < five years with the measles-mumps-rubella (MMR) vaccine and polio until the end of May 2011. In order to achieve its goal, the country is implementing intense activities of supervision and monitoring in all regions. The collection and analysis of data from the campaign is carried out weekly using an online tool designed exclusively for this activity, which will permit the timely monitoring of the coverage goal. Similar to other high-quality campaigns in the region, Peru will implement rapid coverage monitoring (RCM) to support the achievement of homogeneous coverage ≥95% in all municipalities.

The launching of the Costa Rica campaign was chaired by the Vice-President of Costa Rica, Mr Alfio Piva, and the Minister of Health, Dr María Luisa Ávila Ágüero, as well as the Executive President of the Costa Rican Social Security System, Dr Ileana Balmaceda.

With an investment of US $1,100 million in this campaign, during the month of May nearly 10,000 health workers are vaccinating all children aged two months to nine years. The country is administering the MMR vaccine to children aged 15 months to nine years. The oral polio vaccine is given to the group aged two months to four years. Overall a total of 1,030,522 doses of the two vaccines will be administered.

In order to ensure that the goal is achieved, the country has conducted intense micro-planning activities, as well as set up a nominal registry system and a daily progress report of advances towards the goal that will be analysed in a virtual situation room. Furthermore, partnerships have been forged with the education sector and scientific societies and “sponsors” have been assigned to each one of the seven country regions to oversee campaign development. The campaign will conclude with rapid coverage monitoring to ensure homogeneous coverage of ≥95%. 

“Protecting more people in a changing world”

HSS = Health Systems Strengthening;
IST = Inter Country Support Team;
ISS = Immunization Services Support;
INS = Injection Safety Support;
NYS = New Vaccine Support;
DQA = Data Quality Audit;
DQS = Data Quality Self Ass.;
RED = Reach Every District;
cMYP = Fully costed multi-year plan;
NITAG = National Immunization Technical Advisory Group;
NRA = National Regulatory Authority
VACCINATION WEEK IN THE AMERICAS 2011
27/05/2011 from Alba Maria Ropero, Hannah Kurtis and Leticia Linn, WHO/PAHO

Vaccination Week in the Americas (VWA) was celebrated for the ninth time in the AMRO Region from 23-30 April 2011. VWA is a flexible initiative which seeks to advance equity and access to vaccination while promoting cooperation between countries towards common health goals. Forty-five countries and territories carried out a diverse array of vaccination campaigns under the framework of VWA this year, targeting approximately 41 million individuals of all ages, and carrying out integrated health interventions, social communication activities and educational efforts to promote vaccination. Dozens of VWA launching events were also celebrated, including national celebrations and events on bi-national and tri-national borders. More detailed information on selected VWA events can be found below.

VWA has become part of a growing global effort; in 2011 sister vaccination/immunization week initiatives were simultaneously carried out in AFRO, EMRO, EURO, and WPRO. A delegation from SEARO also visited the Americas this year to take part in VWA activities and learn more about the planning and implementation of the effort at the Regional level.

Selected VWA events and activities included:

Bolivia–Peru border. PAHO’s Regional Director, Dr Mirta Roses, joined the Vice Minister of Health of Peru, Dr Zarela Solís, and the Minister of Bolivia, Dr Nila Heredia, along with representatives from UNICEF, health workers, community leaders and school children on 26 April for a VWA launching event. The event was held in the community of Kasani, on the two countries’ shared border and at approximately 3,900 meters above sea level. During her speech at the event, Dr Roses commented: “From here, facing Lake Titicaca, we have the potential to mobilize the entire world. This place is marvellous and very symbolic because it is the summit of our America. From here we make an appeal regarding the importance of continuing to vaccinate, for the health and lives of everyone.” As part of their VWA activities, Bolivia carried out a seasonal influenza campaign and Peru conducted a polio and measles/rubella follow-up campaign.

Brazil. Participants in a VWA launching ceremony on 30 April in Manaus included Dr Roses, the Minister of Health of Brazil Dr Alexandre Padilha, representatives from UNAIDS, UNICEF and CDC, the governor of the state of Amazonas, Omar Azis, and the prefect of Manaus, Amazonino Mendes, as well as other national and local officials. Dr Roses praised the “spirit of collaboration and Pan-Americanism” that has helped put immunization on countries’ political agendas. Minister of Health Padilha noted that Brazil was also using the occasion to launch a national day of vaccination against influenza. Governor Azis said his state had established 3,000 vaccination posts staffed by some 6,000 health workers and volunteers to attend to approximately 450,000 people. Manaus, the capital of Amazonas state, was chosen for the VWA launch to highlight the importance of vaccination in indigenous communities and other at-risk populations in the Amazon Basin.
Country Information by Region

AMERICAS

Colombia: Authorities from Colombia, Brazil and Peru joined PAHO/WHO representatives on 25 April, for a launching event on the tri-national border between Leticia, Colombia; Tabatinga, Brazil; and Santa Rosa, Peru. Participants included national, state and municipal authorities from all three countries as well as the popular Plaza Sésamo TV characters Elmo, Lucas and Enrique, who delighted children attending the event. Other “celebrity” participants included Gotinha, the Brazilian cartoon-character that represents a drop of polio vaccine, and Bambuco, the mascot of the FIFA World Cup Sub 20 team. Later in the afternoon, a launching event was held in the indigenous community of Tucuna, Brazil, where Dr Gina Tambini, Manager of PAHO/WHO’s Area of Community and Family Health, noted the Brazilian government’s commitment to strengthening health services.

Guatemala: The town of San Vicente, at the foot of Guatemala’s Pacaya volcano, was the site for a 28 April VWA launching event which was attended by PAHO Assistant Director Dr Socorro Gross and Guatemalan Minister of Health Dr Ludwig Ovalle. School children marched in a parade to kick off the event, while some individuals dressed up as polio, measles, rotavirus and influenza viruses. Dr Gross helped vaccinate members of the public, and was joined by PAHO/WHO Representative Dr Pier Paolo Balladelli and Vice Minister of Health Dr Silvia Palma. Among other activities which took place during VWA, Dr Ovalle presented Guatemala’s Congressional Health Commission with a proposed Vaccine Law that would seek to guarantee public funding for vaccines to ensure steady supplies and to support the introduction of new vaccines.

Panama: PAHO Champion of Health, singer Ricardo Montaner joined Dr Gross, Panamanian Minister of Health Franklin Vergara, and First Lady Marten Linares de Martinelli for a VWA launching event in Panama on 25 April, which was held at the Community Health Center of Veracruz. Following the launch, Dr Gross, Ricardo Montaner, and a group of national authorities visited the headquarters of the Panamanian Institute for Rehabilitation, where they delivered vaccines and inaugurated a new classroom for general development disorders.

Suriname: During VWA 2011 Suriname continued its health collaboration with the French overseas department of French Guiana, marking another year of bi-Regional work between the Americas and Europe. On 28 April, French and Surinamese health authorities travelled by boat to VWA activities in the French village of Apatou and in the Surinamese village of Langa Tabiki. Both villages are along the Marowijne River which divides Suriname from French Guiana. During the events health authorities released a new bilingual poster to promote vaccination services.

US–Mexico Border: On 25 April, a launching event between the United States and Mexico was held in Tucson, Arizona to celebrated VWA and National Infant Immunization Week (USA). PAHO Deputy Director Jon Andrus participated in this event alongside high level Mexican and United States health authorities. A wide variety of events and vaccination activities were carried out throughout in the border region in celebration of VWA/NIIW this year, supported by US/Mexico Border Health Commission, the Department of Health and Human Services of the United States, the Secretariat of Health of Mexico, the PAHO/WHO U.S.-Mexico Border Office and ten border-state health departments.
Country Information by Region

EASTERN MEDITERRANEAN REGION

VACCINATION WEEK IN THE EASTERN MEDITERRANEAN REGION
27/05/2011 from Nahad Sadrazodi, WHO EMRO

The WHO Regional Office in the Eastern Mediterranean coordinated the successful implementation of the Second Vaccination Week in the Eastern Mediterranean during the week of 24 – 30 April 2011. Through innovative and combined advocacy, education and communication activities, the Vaccination Week initiative intends to raise awareness, increase vaccine utilization, mobilize resources and secure strong political support for immunization programmes.

Despite the unrest, uncertainties and tenuous circumstances in the Region, progress was truly remarkable as the majority of the countries participated in this event. The Second Vaccination Week in the Eastern Mediterranean was launched under the theme of "partnership for immunization", demonstrating the Region’s vision and key strategy in addressing the increasing priorities of immunization programmes. Daily updates and information from the countries were received, confirming the implementation of a variety of innovative and inspiring activities, such as launching ceremonies, exhibitions, workshops, seminars, media campaigns, walks, and social mobilization. In addition, during this week, many countries expanded their vaccination services, such as tracking unvaccinated people, extending their operational hours, implementing large-scale vaccination campaigns and leveraging Child Health Days to deliver an integrated package of life-saving health interventions.

Moving forward, it is essential that the Region maintains the current momentum and continues with promotional and media activities throughout the year. Furthermore, it is critical to document and evaluate the success of the initiative in order to learn, disseminate best practices and advocate for more resources.

The information contained in this Newsletter depends upon your contributions

Please send inputs for inclusion to:

gaudink@who.int

“Protecting more people in a changing world”
WIDESPREAD PARTICIPATION AND SUCCESS FOR EUROPEAN IMMUNIZATION WEEK 2011
27/05/2011 from Chelsea Hedquist, WHO/EURO

The WHO European Region recognized the sixth European Immunization Week (EIW) from 23-30 April 2011. Thanks to the participation and dedicated efforts of 52 Member States that joined the initiative, EIW 2011 enjoyed widespread success across the Region.

The week began with a regional launch in Brussels that included the participation of Her Royal Highness Princess Mathilde of Belgium, WHO/Europe’s Special Representative for Immunization. The launch was followed by a round-table on measles outbreaks with participants from Belgium, France, Germany and Switzerland.

More than 25 countries launched media outreach campaigns during the week of EIW, including press releases, press conferences, workshops for members of the media and interviews given by public health officials. WHO/Europe also engaged in media outreach on a regional level, and these combined efforts produced more than 550 media “hits” across the Region and globally.

A number of participating countries held immunization campaigns that provided access to vaccines for more than 10 million people during the month of April. Other countries focused their efforts on organizing meetings, conferences and trainings, including a sub-regional meeting in Albania that brought together ten Member States to focus on the EIW 2011 theme, “Shared solutions to common threats.”

Many countries developed and implemented information campaigns, which utilized both traditional communication methods, such as posters, flyers and letters, but also branched out into more innovative tools, such as online tests and smart phone applications to track immunization status. On a regional level, WHO/Europe produced a two-part podcast series on EIW and also released a number of EIW videos via YouTube and the WHO/Europe web site. These multimedia materials generated thousands of views/listens/downloads during EIW. WHO/Europe also continued to encourage activity on its EIW campaign site (http://eiw.euro.who.int), which had 145+ site members contribute dozens of blog posts, comments and pictures during the week.

SYNCHRONIZED SIAs IN THE CENTRAL ASIAN REPUBLICS, AZERBAIJAN AND THE RUSSIAN FEDERATION
27/05/2011 from Chelsea Hedquist, WHO/EURO

In 2010, the WHO European Region experienced the first importation of wild poliovirus since it was certified polio free in 2002 (475 cases reported in 4 countries). Four countries conducted supplementary immunization activities (SIAs) in 2010, and now seven Member States (Azerbaijan, Kazakhstan, Kyrgyzstan, the Russian Federation, Tajikistan, Turkmenistan and Uzbekistan) are continuing these efforts by conducting SIAs with tOPV between April and June 2011. The aim of these SIAs is to improve population immunity in the most vulnerable population group (aged 0–5 years).

The SIAs conducted in April, in connection with European Immunization Week, reached more than 10 million children. SIAs planned for May and June will likely reach nearly 12 million. Additionally, Kazakhstan and the Russian Federation carried out rounds of SIAs in February and March, as part of their outbreak - response activities.

Two additional rounds of national immunization days (NIDs) or subnational immunization days (SNIDs) in this age group, synchronized between neighbouring countries, should close any remaining immunity gaps and prevent similar incidents in the future.

For more information about these SIAs, please see WHO Epidemiological Brief 14.
Country Information by Region

WESTERN PACIFIC REGION

2011 NATIONAL MEASLES SURVEILLANCE AND LABORATORY NETWORK WORKSHOP, 12-15 APRIL, ZHUHAI, CHINA
27/05/2011 from Youngmee Jee, WHO/WPRO

About 130 participants from all 31 provincial CDCs and China CDC and Zhuhai city CDC, participated in 2011 National Measles Surveillance and Laboratory network workshop from 12-16 April 2011 held in Zhuhai, China. Three staff from WPRO and WHO China joined this workshop. Joint sessions were held on the first day and the last day of the workshop. Presentations from both EPI/surveillance and laboratory groups from provincial CDC were followed by in-depth discussions. This joint workshop was organized to discuss the impacts of the 2010 national measles SIA which vaccinated more than 100 million population and to strengthen measles surveillance and to further improve laboratory confirmation including virus surveillance for measles in China after the SIA.

REGIONAL LABORATORY TRAINING COURSE ON VACCINE-PREVENTABLE INVASIVE BACTERIAL DISEASES (VP-IBD) PATHOGENS, MUNTINLUPA CITY, PHILIPPINES, 28 MARCH TO 6 APRIL 2011
27/05/2011 from Fem Paladin, WHO/WPRO

A hands-on training course on the laboratory diagnosis of VP-IBD pathogens was held at the Research Institute for Tropical Medicine (RITM) in Muntinlupa City, Philippines, from 28 March to 6 April 2011. The main purpose of the training was to further strengthen the capacity of the VP-IBD Regional Laboratory Network in the Western Pacific Region to identify and serotype/subgroup strains of Haemophilus influenzae, Streptococcus pneumoniae, and Neisseria meningitidis from CSF using standardized traditional and molecular procedures. Twelve participants from regional reference laboratories, national and sentinel site laboratories in seven countries attended the training. Scientists from the Global Reference Laboratory at US CDC, IBD Regional Reference Laboratory in Australia, National IBD Laboratory at RITM, and WPRO served as facilitators. The training also provided a unique opportunity to familiarize the participants with the current status and challenges of IBD surveillance in the region and globally, to discuss their roles and responsibilities as part of the VP-IBD Laboratory Network, and to explain the global standard laboratory performance indicators and requirements for quality assurance and data management. An implementation plan was developed indicating specific steps (e.g. testing known panel,
<table>
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<td><strong>2011 Meetings</strong></td>
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<tr>
<td>National Regulatory Authority Strategic Forum</td>
<td>03-May</td>
<td>05-May</td>
<td>Bangkok, Thailand</td>
<td>Global</td>
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<tr>
<td>GAVI Programme &amp; Policy Committee</td>
<td>09-May</td>
<td>09-May</td>
<td>Geneva, Switzerland</td>
<td>Global</td>
</tr>
<tr>
<td>AFRO 11th Rotavirus Genotyping workshop, Rotavirus Regional Reference Laboratory, MEDUNSA</td>
<td>16-May</td>
<td>27-May</td>
<td>Pretoria, South Africa</td>
<td>AFRO</td>
</tr>
<tr>
<td>AFRO Second African workshop on Coordinated approaches to pneumonia and diarrhoea prevention and Control</td>
<td>24-May</td>
<td>27-May</td>
<td>Dakar, Senegal</td>
<td>AFRO</td>
</tr>
<tr>
<td>WPRO Fifth Bi-regional Meeting on Japanese Encephalitis Prevention and Control and JE Labnet Meeting</td>
<td>30-May</td>
<td>01-Jun</td>
<td>Lao PDR</td>
<td>WPRO</td>
</tr>
<tr>
<td>PAHO Consultative Meeting on Mumps in the Region of the Americas</td>
<td>02-Jun</td>
<td>03-Jun</td>
<td>Washington DC, USA</td>
<td>PAHO</td>
</tr>
<tr>
<td>Dissemination meeting, delegates to the First Sabin International Colloquium on Sustainable Immunization Financing with Ministries of Health, Finance and Budget, Parliament and External Partner Counterparts</td>
<td>07-Jun</td>
<td>07-Jun</td>
<td>Antananarivo, Madagascar</td>
<td>Global</td>
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<tr>
<td>GAVI Donor Pledging Meeting</td>
<td>13-Jun</td>
<td>13-Jun</td>
<td>TBD</td>
<td>Global</td>
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<tr>
<td>PAHO Meeting of the Measles and Rubella Laboratory Network for the Region of the Americas</td>
<td>20-Jun</td>
<td>21-Jun</td>
<td>Atlanta GA, USA</td>
<td>PAHO</td>
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<tr>
<td>WHO Global Meeting on Implementing New and Underutilized Vaccines</td>
<td>22-Jun</td>
<td>24-Jun</td>
<td>Montreux, Switzerland</td>
<td>Global</td>
</tr>
<tr>
<td>EURO Workshop on Immunization financing</td>
<td>June</td>
<td>June</td>
<td>Copenhagen, Denmark</td>
<td>EURO</td>
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<tr>
<td>WPRO H1N1 lessons learnt workshop and Vaccine security training</td>
<td>04-Jul</td>
<td>08-Jul</td>
<td>Manila, Philippines</td>
<td>WPRO</td>
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<tr>
<td>GAVI Governance</td>
<td>06-Jul</td>
<td>06-Jul</td>
<td>TBD</td>
<td>Global</td>
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<tr>
<td>PAHO’s Technical Advisory Group on Vaccine-preventable Diseases (TAG)</td>
<td>06-Jul</td>
<td>08-Jul</td>
<td>TBD</td>
<td>PAHO</td>
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<tr>
<td>GAVI Board Meeting</td>
<td>07-Jul</td>
<td>08-Jul</td>
<td>Geneva, Switzerland</td>
<td>Global</td>
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<tr>
<td>AFRO 4th Regional Paediatric Bacterial Meningitis (PBM) and Rotavirus Surveillance meeting and Data Management Workshop</td>
<td>18-Jul</td>
<td>22-Jul</td>
<td>TBD</td>
<td>AFRO</td>
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<tr>
<td>WPRO Regional Laboratory Training Course on Rotavirus ELISA Antigen Detection and Genotyping</td>
<td>25-Jul</td>
<td>29-Jul</td>
<td>Korea</td>
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<tr>
<td>SEARO EPI Managers' meeting</td>
<td>26-Jul</td>
<td>28-Jul</td>
<td>New Delhi, India</td>
<td>SEARO</td>
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<tr>
<td>AFRO West and Central Africa Sub Regional Working Group Meeting</td>
<td>July</td>
<td>July</td>
<td>Abuja/Accra</td>
<td>AFRO</td>
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<tr>
<td>WPRO 20th Meeting of the WPR Technical Advisory Group (TAG) on Immunization &amp; Vaccine Preventable Diseases</td>
<td>09-Aug</td>
<td>12-Aug</td>
<td>Philippines</td>
<td>WPRO</td>
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<tr>
<td>WPRO Regional Working group</td>
<td>12-Aug</td>
<td>12-Aug</td>
<td>Philippines</td>
<td>WPRO</td>
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### Regional Meetings & Key Events Related to Immunization

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<tr>
<td><strong>2011 Meetings</strong></td>
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<tr>
<td>Pacific Immunization Programme Strengthening Workshops (PIPS)</td>
<td>22-Aug</td>
<td>27-Aug</td>
<td>Nadi, Fiji</td>
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<tr>
<td>WPRO Subregional Certification Commission (SRCC)</td>
<td>22-Aug</td>
<td>27-Aug</td>
<td>Fiji</td>
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<tr>
<td>WPRO Third Meeting on Vaccine Preventable Disease Laboratory Networks</td>
<td>05-Sep</td>
<td>09-Sep</td>
<td>Manila, Philippines</td>
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<td>WPRO Regional Verification Committee for Measles Elimination</td>
<td>12-Sep</td>
<td>13-Sep</td>
<td>Philippines</td>
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<td>Global IBD Surveillance Meeting</td>
<td>12-Sep</td>
<td>14-Sep</td>
<td>Geneva, Switzerland</td>
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<tr>
<td>Global Measles/Rubella and Polio Labnet Meeting-HQ</td>
<td>12-Sep</td>
<td>16-Sep</td>
<td>Geneva, Switzerland</td>
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<tr>
<td>PAHO Workshop on early experiences and early-adopter countries</td>
<td>12-Sep</td>
<td>14-Sep</td>
<td>Bolivia</td>
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<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>
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<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>
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<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>
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<tr>
<td>GAVI Programme &amp; Policy Committee</td>
<td>Sep</td>
<td>Sep</td>
<td>TBD</td>
<td>Global</td>
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<tr>
<td>PAHO Regional Workshop on ProVac HPV cost-effectiveness model</td>
<td>17-Oct</td>
<td>19-Oct</td>
<td>Bogota, Colombia</td>
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<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>
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<tr>
<td>SAGE Meeting</td>
<td>08-Nov</td>
<td>10-Nov</td>
<td>Geneva, Switzerland</td>
<td>Global</td>
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<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>
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<tr>
<td>PAHO Caribbean EPI managers meeting</td>
<td>14-Nov</td>
<td>18-Nov</td>
<td>Freetown, Guyana</td>
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<tr>
<td>EURO Regional workshop for MICs on economical evaluations of new vaccines</td>
<td>Nov</td>
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<tr>
<td>PAHO Regional New Vaccines Meeting</td>
<td>16-Nov</td>
<td>18-Nov</td>
<td>Uruguay</td>
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<tr>
<td>GAVI Board Meeting</td>
<td>Dec</td>
<td>Dec</td>
<td>TBD</td>
<td>Global</td>
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</tbody>
</table>
### Links Relevant to Immunization

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

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