



GLOBAL IMMUNIZATION NEWS

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30 January 2007

TECHNICAL INFORMATION

CAPACITY BUILDING & TRAINING

30/01/07 from Chris Nelson, Merck: Request for Applications: Merck Vaccine Network – Africa (MVN-A)

MVN-A is an initiative designed to provide training for mid- to high-level immunization program managers focused on improving immunization coverage for children. In 2003, the Merck Company Foundation awarded two grants to establish MVN-A training Centers in Kenya and Mali.

The Merck Company Foundation recently proposed expanding the scope of MVN-A to include an additional training center in a GAVI-eligible country in Africa. The application deadline is **26 February 2007**. The RFA and Training Grant Application Form may be found at:

www.merck.com/cr/enabling_access/developing_world/vaccines.

For more information, contact Kris Natarajan at +1 215 652 7487 or kris_natarajan@merck.com

30/01/07 from Anaís Colombini, AMP: The fourth session of EPIVAC training program ended in November 2006, with the Operational Research Thesis viva. It took place at the WHO Regional Institute for Public Health (IRSP) in Ouidah, Benin. The international board of examiners was composed of teachers from the two universities which deliver the diploma (Paris Dauphine and Cocody-Abidjan universities), as well as teachers from EPIVAC beneficiary countries' universities. Of the 41 thesis's defended, 39 passed.

At the same time, the fifth EPIVAC session has begun with a four week course on Vaccinology and Management of Vaccine Preventable Diseases. This session has 50 attendees from Benin (7), Burkina Faso (6), Cote d'Ivoire (6), Mali (6), Mauritania (5), Niger (7), Senegal (7) and Togo (6).

It will be followed by four supervisions for each trainee, between mid-January and September

2007. The first one has already begun in some countries, and has the main objectives of:

- Reviewing the situation in each trainee's district, and
- Identifying main problems to be resolved.

In addition to the interactive CD-ROM with a revision of the courses trainees have had during November 2006, they will receive three distance learning CD-ROMs. The first one which focuses on epidemiology, NIP budget, costs and efficiency will be delivered in March 2007.

GLOBAL ADVISORY COMMITTEE ON VACCINE SAFETY (GACVS)

30/01/07 from Philippe Duclos, WHO/HQ:

The GACVS was established by WHO to deal with vaccine safety issues of potential global importance independently from WHO and with scientific rigour. GACVS held its 15th meeting in Geneva, Switzerland on 29-30 November 2006. The committee discussed a number of general issues: Discussions of vaccine-specific issues pertained both to longstanding vaccines as well as new vaccines or vaccines still under development. These issues included the safety of vaccine formulations; problems with coincidental pathologies and safety assessments when vaccinating adolescents and young adults; safety of mumps vaccine strains, safety of BCG vaccine in HIV-infected children; safety of Japanese Encephalitis vaccination in India, and the safety of conjugate pneumococcal vaccines. The report of the meeting was published in the WHO Weekly Epidemiological Record in English and French on 19 January 2007:

http://www.who.int/vaccine_safety/reports/GACVS_report_WER_Jan07.pdf

At the request of SAGE, the committee reviewed the safety of pneumococcal conjugate vaccines. A comprehensive review of all evidence on the safety of pneumococcal conjugate vaccines was conducted and presented. Data from 62 studies,

including randomized controlled trials and post-marketing studies were included in the review.

While there has been a weak and inconsistent signal of increases in reactive airway conditions in some studies, these apparent effects have not been consistently observed.

The evidence on the safety of the 7-valent pneumococcal conjugate vaccine and other pneumococcal conjugate vaccines is reassuring. Reports since the licensure of the 7-valent pneumococcal conjugate vaccine in 2000 and widespread use in the United States and in Canada and some European countries, have not identified any major safety concerns. There is substantial evidence that when introduced into developing countries, the presently available pneumococcal conjugate vaccines will have a considerable impact on pneumococcal disease and overall infant mortality. Nevertheless, as with the introduction of any new vaccine, it will be important to conduct surveillance for possible rare and unexpected side effects.

On the issue of coincidental pathologies and safety assessments when vaccinating adolescents and young adults, there is likely to be an increased focus on the vaccination on adolescents both for new vaccines, such as HPV vaccines, and for some previously available vaccines. The committee was presented with preliminary modelling work performed using health utilization data from a health maintenance organization (a type of private health insurer) in the United States. This work indicates there is a high likelihood of the coincidental occurrence of various pathologies in close proximity to vaccinations. This is especially the case for gynaecological and autoimmune disorders, such as observations may lead to public concern about vaccine safety. The committee recognized that this issue deserves more attention. Countries moving towards introducing vaccines aimed at adolescents and young adults should endeavour to secure population-specific and age-specific baseline rates of specific conditions in the relevant age-group (for example, the rates of autoimmune disease). This will assist any investigation of safety issues that may surface. Any signal generated by surveillance will require thorough investigation using appropriate epidemiological methods before conclusions can be drawn.

All GACVS reports and additional material relating to the topics discussed at its meetings are posted on the Committee's website at: http://www.who.int/vaccine_safety/en/. The majority of the site is available in Arabic, Chinese, French, Russian and Spanish, in addition to English. The latest material will be translated and posted in the coming weeks.

HIB, PNEUMOCOCCAL DISEASES & YELLOW FEVER

30/01/07 from Patrick Zuber, WHO/HQ:

WHO website on Hib disease prevention – WHO has developed a prototype website on Haemophilus influenzae type b (Hib) disease prevention (www.who.int/nuvi/hib). The website includes up-to-date information on disease burden data, and graphs and maps to assist local decision-makers and their technical advisers on decision-making.

The website complements the Hib Initiative website, having information on vaccine utilization, disease burden and surveillance including estimates of mortality, countries with sentinel sites, indicators for measuring progress, and other programmatic aspects such as decision making, vaccine products and financing. In addition, the site has updated information on upcoming events related to Hib and links to other useful resources on Hib vaccines.

30/01/07 from Patrick Zuber, WHO/HQ:

Forum on Hib, pneumococcal diseases and yellow fever for Francophone African countries – was convened by the Regional Office for Africa in Brazzaville, Congo from 17-19 January 2007. The meeting gathered technical staff and senior decision makers from 18 Francophone and two Portuguese-speaking African countries. Like previous regional forums on Hib, the key elements for decision-making and implementation of Hib vaccines were discussed in detail through plenary presentations and group work.

The recent WHO position paper, GAVI phase 2 policies, and improving vaccine supply were all elements that provided great encouragement to the delegations about heptavalent pneumococcal vaccine were also presented. At the end of the meeting, each country had disease control in 2007. This included the finalization of the cMYP, preparation of applications to GAVI, communication and advocacy plans, strengthening of surveillance systems and for the six countries that have already introduced the vaccine, completing post-introduction evaluations and vaccine impact assessments.

The last day of the meeting was dedicated to the acceleration of yellow fever control in Africa. Discussions addressed the GAVI investment case on yellow fever, vaccine availability and access and a perspective for yellow fever control from GIVS. Participants were sensitized on the problem of yellow fever in the African region, and were also updated on the strategies for its control. They were also informed of the opportunity of the GAVI support for campaigns in 12 countries.

The meeting identified key action points for the implementation of the strategy. Countries committed themselves to the acceleration of

yellow fever control activities in the African region, and signed a declaration to that effect.

30/01/07 from Layla Lavasani. JHSPH:

WHO Eastern Mediterranean Regional Forum on Hib and Pneumococcal vaccine use:

The inter-country meeting on Hib and Pneumococcal vaccines-use in the Eastern Mediterranean region was held in Cairo, Egypt from 20-21 November 2006. WHO/EMRO, the Hib Initiative and the PneumoADIP organized the forum. The meeting goal was to increase awareness on pneumonia and meningitis burden, share experiences in Hib vaccine use and assess the needs of countries that have yet to make a decision concerning the vaccine. Sustainability, supply, financing mechanisms and surveillance were discussed. Participants from over 10 countries, UNICEF, WHO and vaccine manufacturers were present, including representatives from ministries of health, finance and planning. Large contingencies from GAVI eligible countries were present including Pakistan and Sudan.

Many countries from the region are planning to introduce Hib vaccine in their routine EPI within the next year, including Libya, Morocco and Djibouti. Other countries like Sudan and Pakistan have also made a decision to introduce the vaccine in the near future, with GAVI support.

MEASLES

30/01/07 from Alison Brunier & Peter Strebel, WHO/HQ:

Measles Goal Achievement: A Historic Victory for Global Public Health

On 18 January, a press teleconference involving high-level representatives of the Measles Initiative was held to announce the achievement of the 2005 measles mortality reduction goal. WHO was represented by the Director-General, Dr Margaret Chan, who called the achievement a "historic victory for global public health."

Several print and audio-visual communications materials were issued, including a joint Measles Initiative news release. These can be found at: <http://www.who.int/immunization/newsroom/measles/en/index.html>. Further information is available on the Measles Initiative web site: www.measlesinitiative.org

The press conference and release highlighted the great success in reducing measles deaths worldwide - a 60 per cent decrease during six years of accelerated activities. According to new WHO data, global measles deaths fell from an estimated 873 000 deaths in 1999 to 345 000 in 2005. In Africa, the progress has been even greater, with measles deaths falling by 75 per cent, from an estimated 506 000 to 126 000. The data was published in the Lancet on 20 January (www.thelancet.com).

The Initiative's strategy consists of four components: the provision of one dose of measles vaccine for all infants via routine health services; a second opportunity for measles immunization for all children, generally through mass vaccination campaigns; effective surveillance for measles; and enhanced care, including the provision of supplemental vitamin A.

Accelerated measles control activities are also contributing to the development of health infrastructure to support routine immunization and other health services through promotion of safe injection practices, increased "cold chain" capacity for vaccine storage, and the development of a global public health laboratory network.

Furthermore, measles vaccination campaigns are contributing to the reduction of child deaths from other causes. They have become a channel for the delivery of other life-saving interventions, such as bed nets to protect against malaria, deworming medicine and vitamin A supplements.

The next challenge is to reach a new global goal: the reduction of global measles deaths by 90 per cent by 2010, compared to 2000 levels. This means that the gains made in countries that have implemented accelerated measles control strategies must be sustained, and that similar strategies should be implemented in countries with high numbers of measles deaths, such as India and Pakistan.

Measles was the first health issue mentioned in the Director-General's address to the WHO Executive Board on 22 January. Dr Chan termed the sharp reduction in deaths a "spectacular success story." She said that cumulatively, from 2000 to end 2005, WHO estimates that accelerated measles immunization activities, supported by the Measles Initiative, averted 2.3 million deaths. What made the difference was the commitment of leaders, and the caring and cash of a dedicated partnership. In addition, measles control efforts had benefited from the polio eradication infrastructure especially the dedicated field staff. She said she viewed this initiative as a model of what can be achieved through integrated service delivery. "This is a value-added approach that amplifies the power of public health," she stated. Director-General's Address to 120th Executive Board:

http://www.who.int/dg/speeches/2007/eb120_opening/en/index.html

For more information on the Measles Initiative, please see: <http://www.measlesinitiative.org>

POLIO

30/01/07 from Oliver Rosenbauer, WHO/HQ:

The New WHO Director-General, Dr. Margaret Chan is calling an urgent consultation of all major stakeholders in polio eradication, to be held on 27-28 February 2007 in Geneva,

Switzerland. The consultation will critically examine the capacity to address the operational and financial challenges to finishing polio eradication. In her invitation letter to stakeholders, Dr. Chan emphasized that an immediate and fresh surge of commitment is urgently needed from the last four polio endemic countries and major stakeholders.

The consultation comes as new, targeted eradication strategies are launched in the four remaining polio-endemic countries – India, Nigeria, Pakistan and Afghanistan (See GIN issue December 2006). With indigenous transmission of polio geographically restricted to key, identified populations in these countries, the new strategies aim to “zero in” on the remaining polio viruses in 2007, by accelerating eradication efforts in the most targeted manner possible.

These new and targeted eradication efforts will have significant financial implications, and a key to success will be ongoing financial support of the international donor community and polio endemic countries, to rapidly make available the necessary financial resources. The Global Polio Eradication Initiative now faces a global funding gap of US\$575 million for 2007-2008; of this, US\$100 million is needed by March 2007, to ensure activities in the first half of the year can proceed as planned.

A full update of the *External Financial Resource Requirements (FRR)* reflecting the new budgetary needs will be published in late January 2007, and will also be available online at www.polioeradication.org.

SAGE MEETING – NOVEMBER 2006

30/01/07 from Philippe Duclos, WHO/HQ:

The Strategic Advisory Group of Experts (SAGE) on Immunization met on 20-22 November 2006 in Geneva, Switzerland. Excerpts from the published conclusions and recommendations are highlighted below.

Regional Priorities and Major Policy Implementation Issues: Reports were provided by the Regional Offices for the Americas, Europe and the Western Pacific. All three regions have aligned their priorities to the WHO-UNICEF Global Immunization Vision and Strategy framework and are in the process of strengthening countries’ surveillance capacities.

Pneumococcal conjugate vaccines: A safe, effective, licensed 7-sero-type conjugate vaccine (PCV-7) exists and is being introduced in a number of industrialized countries. Despite the absence of some serotypes in PCV-7 that are important causes of pneumococcal disease in developing countries, this vaccine may nonetheless prevent substantial mortality and morbidity in these countries. A recommendation to introduce PCV-7 in developing countries will promote increases in production and reductions in price. Once other pneumococcal

vaccines offering similar or wider protection becomes available, countries can decide whether to switch to another formulation. The use of PCV-7 is expected to facilitate the introduction of future pneumococcal vaccines.

SAGE recognizes that pneumococcal disease is an important cause of serious illness and death among infants and children as well as among older individuals, and particularly those with HIV. The burden of disease is greatest in underserved populations in developing countries.

SAGE recognizes that pneumococcal conjugate vaccines have been shown to be safe and effective in numerous settings in industrialized and developing countries.

SAGE considers that including pneumococcal conjugate vaccine in national immunization programmes should be a priority and supports the introduction of the currently licensed PCV-7 vaccine. This recommendation is based on epidemiological data and vaccine-impact data from a number of different settings.

Countries with mortality among children under age of five years of >50 deaths/1000 births, or with >50,000 annual deaths among children, should make the introduction of PCV-7 a high priority for their immunization programmes.

Countries are encouraged to conduct appropriate surveillance for pneumococcal invasive disease in order to establish a baseline and to monitor the impact of vaccination, including the occurrence and magnitude of replacement disease. The importance of surveillance during early introduction in developing countries was emphasized.

The incidence of preventable disease should be used to anticipate the likely impact of pneumococcal conjugate vaccine. Where country-specific estimates of the incidence of preventable pneumococcal disease are not available, they may be approximated using data from epidemiologically similar populations. Technical assistance to derive such estimates for local decision-making will be available through WHO and its partners.

The burden of pneumococcal disease is substantially higher among individuals infected with HIV. Since pneumococcal conjugate vaccines have been shown to be safe and efficacious in HIV-infected children, SAGE recommends introducing PCV-7 in countries where HIV is a significant cause of mortality, and SAGE encourages evaluation of the impact of vaccination among the HIV-infected population.

Populations with a high prevalence of other underlying conditions that increase the risk of pneumococcal disease, such as sickle cell disease, should also be targeted for vaccination.

Consistent with WHO’s position on new vaccines, PCV-7 can be easily integrated into routine

vaccination schedules, and it may be administered at the same time, though at a different site, as other vaccines in infant immunization programmes, including DTP, hepatitis B, Hib and polio vaccines. Routine immunization with PCV-7 should be initiated before the age of 6 months to maximize the benefits of the vaccine, and it may start as early as 6 weeks of age.

Clinical efficacy has been demonstrated in 2 schedules: a 6-week, 10-week, 14-week schedule and a 2-month, 4-month, 6-month schedule, which was followed by a booster dose at 12–15 months of age. Further information on the cost effectiveness of other potential schedules (for example, using different numbers of doses or different intervals between doses, and with and without boosters) should be obtained. Other schedules (such as 2 doses in a primary series plus a booster dose) are being used in some countries whose experiences may be important as GAVI-supported countries begin introducing PCV-7 or review its use. Although a late dose (around the first birthday) may be challenging operationally for GAVI-eligible countries, there may be suitable opportunities when a dose of PCV-7 could be given, such as at the same time as measles vaccination. Countries should evaluate this information once it is available and select the most appropriate schedule based on the anticipated impact, cost effectiveness and programmatic feasibility.

Global framework on immunization monitoring and surveillance: The circumstances of epidemic-prone disease and vaccine-preventable disease surveillance are changing. Surveillance of epidemic-prone diseases is now based on the dual concepts of threat-specific surveillance of epidemic and emerging diseases (requiring effective linkage between epidemiological and laboratory systems), such as meningitis and haemorrhagic fevers, and event detection, verification, risk assessment, communication and response. The global framework on immunization monitoring and surveillance and the new International Health Regulations should be based on a common platform and should work together and support each other. Within the overall context of global surveillance, the global framework could also support a coordinated investment in the core functions of surveillance; strengthening capacities in preparedness, surveillance, monitoring and response; and co-investment in laboratory infrastructure and cross-training.

The global framework describes 2 strategic areas, surveillance for vaccine-preventable diseases and immunization monitoring. The ancillary function of funding surveillance and monitoring is added as a third section. The background and status sections of the global framework are followed by detailed

aims that should be reached by individual countries with the support of regions and immunization partners.

The vision of the global framework is that by 2010 there should be an integrated epidemiological, laboratory and programme-monitoring network for the surveillance of vaccine-preventable diseases and monitoring of the performance of immunization programmes. This network will provide high quality information to measure the impact of vaccination and maximize the safe, effective and equitable use of vaccines at country level, regional level and global level to reduce or eliminate the burden of vaccine-preventable diseases.

SAGE endorses the global framework documents with some modifications. Modifications suggested included: expanding the linkages to the IHR by providing examples of how some vaccine-preventable diseases fit into the new IHR because they constitute a public health emergency of international health concern; including operational guidance on ways to implement this strategy at the local level in the "Way forward" section; defining key epidemiological data used in the furtherance of mathematical modelling; and emphasizing recent developments on surveys to monitor programmes and to validate estimates (for example, it is now recommended that Multiple Indicator Cluster Surveys take place every 3 years instead of every 5 years).

Optimizing immunization schedules: An overview presentation of IVB's research agenda on optimizing immunization schedules highlighted 3 main projects that are under way: assessing the timing of infant vaccination in the developing world, optimizing immunization schedules for conjugate vaccines, and updating and completing the *Immunological basis for immunization* series. The overall goal of the work being undertaken to optimize immunization schedules is to understand which schedules will lead to the greatest reductions in disease at the lowest overall cost.

Results of the first phase of a 2-phase project to examine immunization schedules were presented. Demographic and Health Survey data (1997–2005) from 55 countries for children aged 24 months to 35 months were used to look at delays in vaccination. The median delays (and 75th percentiles) were 1 month (2.9 months) for DTP1, 1.5 months (4 months) for DTP2, 2.2 months (5.4 months) for DTP3, and 1.3 months (4 months) for measles vaccine, where the true median ages of administration are 3 months, 4 months, 6 months and 10 months. More than 25% of DTP3 vaccine are delivered >5 months late. The second phase of the project will include linking the timing of vaccination to disease incidence, and it will also include additional survey data (for example, using Multiple Indicator Cluster Surveys).

SAGE welcomed the work being done in this area and looks forward to receiving updates. The analysis of age at vaccination should be expanded to include examination of birth doses where this information is available, to look at intervals between DTP doses, to include more recent data from as many countries as possible, and to show the results on a regional basis.

Other topics discussed included the following: Pandemic influenza vaccines; Polio eradication; Measles mortality reduction; immunization financing and advance market commitments; meningococcal vaccine: risk of short supply and potential use of fractioned doses in context of health emergencies; and horizon scanning of HIV, tuberculosis and malaria vaccines.

The full report of the SAGE meeting was published in English and French in the May 26 issue of the Weekly Epidemiological Record and can be downloaded from the following link: http://www.who.int/immunization/sage_conclusion_s/en/index.html. The report is being further translated to Arabic, Chinese, Russian and Spanish.

GAVI-RELATED INFORMATION

ALLIANCE BOARD

30/01/07 from Lisa Jacobs, GAVI Secretariat:

The GAVI Alliance Board met on 28-29 November 2006 in Berlin, Germany. A summary of recommendations from the meeting is highlighted below:

2007-2010 Roadmap including 2007 Workplan: The joint Boards postponed approval of the 2007 Work Plan budget, and agreed to the following procedures:

- The Secretariat and Working Group will develop an interim "stopgap" budget in order to ensure no interruption in activities. The interim budget will be presented to the GAVI Fund Executive Committee as soon as possible.
- The revised 2007 budget will be presented to the GAVI Fund Board on 7 February 2007.

Investment cases for Rotavirus and Pneumococcal Vaccines: The Board received briefings on the scope of the investment cases, and the following points were discussed:

- The quality of investment case submissions have improved dramatically; both investment cases are bold and innovative, focused on major childhood killers, and include sound, complete analysis.
- Broad partner support will be critical, both to promote country ownership and evidence-based decision making. WHO especially will have an integral role to play.
- Co-financing levels for these new vaccines are now being determined, based on consultation

with partners in countries in regions, and through examination of data.

- Introducing these vaccines will generate additional infrastructure costs, not all of which can be covered within current GAVI funding windows, such as health system strengthening.
- Surveillance systems must be strengthened to document impact and to monitor possible adverse events.

The Board approved the proposed overall strategy for accelerating introduction of pneumococcal and rotavirus vaccines between 2007 and 2015. They also approved an envelope of \$200 million for the GAVI Secretariat to support the first four years of introduction for those vaccines. The Board authorized to extend the ADIPs for rotavirus and pneumococcal vaccines by one year (through end 2008) and requested the Secretariat to map non-vaccine costs related to the introduction of these vaccines and the extent of the funding gap for presentation at the next Board meeting.

Enhancing Civil Society in the GAVI Alliance:

The Board was briefed on the proposal to increase civil society engagement in the Alliance. Civil society organizations have the capacity to support GAVI's mission by addressing targeted, country-specific needs. The Board:

- Approved in principle the provision of additional financing within the HSS window for civil society groups in 10 "pilot" countries, with a two-year (2007-2008) financial envelope of US\$22 million.
- Approved an envelope of up to US\$7.2 million to strengthen coordination and enhance civil society representation at the country level.
- Requested the Secretariat and the civil society task team to work with the Working Group to finalize the pilot countries and develop the precise funding mechanisms.

GAVI's engagement in fragile states: It was discussed that it is important that GAVI find better ways to support countries in conflict or post-conflict situations, and that solutions must be broadly coordinated among in-country partners and work to strengthen the overall delivery of basic health services. Countries in conflict and post-conflict categories all have unique infrastructure and delivery challenges. It is not likely that one single solution will be applicable, and GAVI should support robust consultations in each of these countries.

The Board:

- Adopted the proposed classification system for fragile states based on the World Bank Low Income Countries Under Stress (LICUS) model.
- Adopted two sub-categories of countries requiring special treatment: Post conflict countries and Conflict Countries.

GAVI Procurement Policy: A new GAVI procurement of goods and services including those provided by partners in the context of the GAVI work plan was adopted, pending several adjustments. It will be brought back for review by the Alliance and Fund Boards after one year of implementation.

Update on the IFFIm: In its inaugural issue, demand for IFFIm bonds was over-subscribed by 75%; the subscriber base also spanned several sectors and geographical regions. Many subscribers highlighted the ethical dimension as a key factor in their decision to purchase IFFIm bonds.

Immunization Data: Due to efforts of partners like UNICEF and WHO, there have been encouraging improvements in immunization data collection and reporting in recent years. In specific, the joint reporting form provides a common template to record and track country number of children reached, coverage and other information. Partnerships such as the Health Metrics Network are working to strengthen and align global health information systems, but more work is still needed in this area. Partners should encourage country ownership of data collection by emphasizing its importance and applications.

New GAVI Alliance Board Members: The Board:

- Selected Dr. Tatul Hakobyan, Deputy Minister of Health of Armenia and Hon. Dr Tedros Ghebreyesus, Minister of Health of Ethiopia to fill the two vacant seats on the developing country government constituency.
- Selected Dr. John Clemens, Director-General of the International Vaccine Institute to fill the vacant seat on the research and technical health institute constituency.
- Approved the following recommendations regarding donor government representation on the GAVI Alliance Board:
 - Increase number of donor government seats from four to five;
 - Move to a self-selected constituency based representation;
 - Allow donor government seats to rotate every two years instead of three.
- WHO committed to strengthen communication channels between the GAVI Alliance Board and SAGE, in order to ensure SAGE input into the definition of a GAVI supported research agenda.

HIB INITIATIVE

30/01/07 from Layla Lavasani. JHSPH:

Hib Initiative Request for Proposals (RFP):

As a final step in the Hib Initiative RFP process that began in August 2006, the Hib Initiative is reviewing full proposals. A final decision will be made after the external reviewers meeting in

London on 26 February 2007. Proposals were sought from groups that were able to design and implement studies that contribute to the understanding of the burden of Hib disease in areas where this remains uncertain.

REVIEW PROCESS

Next Review Dates:

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

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

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

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

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

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

COUNTRY INFORMATION¹ BY REGION

AFRO CENTRAL

BURUNDI

30/01/07 from AFRO Central:

- Passed **DQA** with verification factor of 94%.
- The **cMYP** has been finalized.
- Support for **injection safety** will be financed partially by UNICEF and partially by the Government.

CAMEROON

30/01/07 from AFRO Central:

- The **cMYP** has been finalized.
- Support for **injection safety** will be provided by the Government.

CENTRAL AFRICAN REPUBLIC

30/01/07 from AFRO Central:

- The **cMYP** has been finalized.
- Support for **injection safety** will be provided by the Government.

CHAD

30/01/07 from AFRO Central: A team of consultants will start working on the **cMYP** which is expected to be finalized by March 2007.

DR CONGO

30/01/07 from AFRO Central: The **cMYP** has been finalized.

RWANDA

30/01/07 from AFRO Central:

- The **cMYP** has been finalized.
- The Government is funding **injection safety**.

SAO TOME & PRINCIPE

30/01/07 from AFRO Central:

- Technical assistance has been requested to finalize the **cMYP**.
- **Injection safety** will be funded by UNICEF.

AFRO WEST

BENIN

30/01/07 from AFRO West: The **cMYP** has been finalized.

BURKINA FASO

30/01/07 from AFRO West: The **cMYP** has been finalized.

COTE D'IVOIRE

30/01/07 from AFRO West: The draft **cMYP** is well on track and the costing and financing part has been done.

GAMBIA

30/01/07 from AFRO West: An **EPI review** will be conducted in preparation for drafting the **cMYP**, and technical assistance has been requested for this activity.

LIBERIA

30/01/07 from AFRO West:

- The **cMYP** has been finalized.
- UNICEF will finance **injection safety**.

MALI

30/01/07 from AFRO West:

- An **EPI review** has been done, and the first draft of the **cMYP** is on track including the costing component.
- The Government will take over financing for **injection safety** in 2007.

MAURITANIA

30/01/07 from AFRO West:

- An **EPI review** has been done.
- The Government will take over financing for **injection safety** in 2007.
- The **DQA** has been postponed to the first quarter of 2007.

NIGER

30/01/07 from AFRO West:

- The **cMYP** has been finalized.
- The Government will take over financing **injection safety** in 2007.

NIGERIA

30/01/07 from AFRO West:

- The **cMYP** has been drafted.
- The Government will take over financing **injection safety** in 2007.
- The **DQA** has passed with a verification factor of 89%.

SENEGAL

30/01/07 from AFRO West:

- The **cMYP** has been finalized.
- The Government will take over financing **injection safety** in 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

SIERRA LEONE

30/01/07 from AFRO West:

- The **cMYP** has been finalized.
- The Government and partners will take over financing **injection safety** in 2007.
- The country was expected to introduce fully liquid **pentavalent vaccine** in January 2007.

TOGO

30/01/07 from AFRO West:

- The first draft of the **cMYP** is available
- The Government will take over financing **injection safety** in 2007.

EUROPEAN REGION

REGIONAL INFORMATION

30/01/07 from EURO: The GAVI European Regional Working Group (RWG) met in Copenhagen, Denmark on 7 December 2006.

The meeting participants were updated on recent developments and decisions related to the GAVI support of Phase 2.

The RWG members were informed about the development of the cMYPs and the technical support provided to countries in that relation. The cMYP is an important supporting document to all applications, and the role of the RWG will be to provide technical assistance, assist in the pre-screening of country applications and assist with the management of post application requirements. The RWG also reviewed the status of the collection of evidence and introduction of new and under-utilized vaccines as well as the collaboration with

the Hib Initiative and Rotavirus Vaccine Programme.

Finally, the RWG reviewed their Terms of Reference and decided to revise these to reflect the new elements in the GAVI Phase 2 support. The ToR will be expanded to include monitoring of immunization systems strengthening and new vaccines, and to incorporate the co-financing aspect. The RWG also discussed including more partners in the group to accommodate the health systems strengthening component.

On the basis of the meeting, the RWG decided that they should assist the eligible countries in starting their planning for new vaccines introduction at an early stage; that the RWG should have a proactive role in advocacy; and that a RWG sub-group should discuss how best to support the eligible countries with developing health system strengthening applications and how to address issues of new RWG partners and future coordination.

WESTERN PACIFIC REGION

KIRIBATI

30/01/07 from WPRO: The **cMYP** has been developed and is in the process of finalization.

LAO PDR

30/01/07 from WPRO: The first draft of the **cMYP** has been sent to WPRO, and WPRO will assist with applications to GAVI.

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



LIST OF MEETINGS & KEY EVENTS RELATED TO IMMUNIZATION

Regional Meetings & Key Events Related to Immunization: 2007 to 2009					
Title of Meeting	Start	Finish	Location	Responsible Partner	Region
Feb-07					
GAVI Alliance and GAVI Fund Joint Fund Executive Committee Meeting	07-Feb	07-Feb	Washington DC	GAVI Secretariat	Specific
Global Immunization Meeting	13-Feb	15-Feb	New York	UNICEF	Global
Joint Polio Containment Laboratory Network	20-Feb	22-Feb	St. Julians, Malta	EURO	EUR
Measles European Regional Reference Laboratory	26-Feb	26-Feb	tbd	EURO	EUR
WHO SEARO Intercountry training on the new alternate protocol for rapid detection of polio viruses - Capacity Building of the Polio Laboratory Network	26-Feb	03-Mar	Mumbai, India	SEARO	SEAR
HSS Workshop/Orientation	26-Feb	28-Feb	Ouagadougou	AFRO	AFR
PAHO Workshop on Influenza	26-Feb	28-Feb	Buenos Aires, Argentina	PAHO	PAHO
Seventh Annual Meeting of Partners for Measles Advocacy	27-Feb	28-Feb	Washington DC	American RED Cross	Global
Mar-07					
WPRO Hepatitis B Expert Group Meeting	05-Mar	06-Mar	Tokyo, Japan	WPRO	WPR
AFRO EPI Managers Meeting for East and Southern Blocks	12-Mar	16-Mar	Harare	AFRO (E&S)	AFRO
Second Integrated Polio and Measles/Rubella Laboratory Network Meeting for NIS Countries	13-Mar	16-Mar	Ashgabat, Turkmenistan	WHO/EURO	EUR
HSS Workshop/Orientation	19-Mar	21-Mar	Harare	AFRO	AFR
European Technical Advisory Group of Experts (ETAGE) meeting	26-Mar	27-Mar	Copenhagen, Denmark	EURO	EUR
PAHO Sub-Regional Workshop on Influenza	26-Mar	28-Mar	Lima, Peru	PAHO	PAHO
Apr-07					
HSS Workshop/Orientation	02-Apr	04-Apr	Libreville	AFRO	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
European Programme Managers Meeting	23-Apr	25-Apr	tbd	EURO	EUR

Bi-Regional (SEARO&WPRO) meeting on Japanese Encephalitis	25-Apr	26-Apr	Ho Chi Minh City, Vietnam	SEARO/WPRO	SEAR/WPR
European Regional ICC Meeting	26-Apr	26-Apr	tbd	EURO	EUR
GAVI East & South African Sub-Regional Working Group Meeting	April	April	tbd	AFRO (E&S)	AFR
May-07					
GAVI Quarterly Fund Executive Committee Meeting	11-May	11-May	Geneva	GAVI Secretariat	Specific
GAVI Joint Alliance & Fund Board Meetings	12-May	12-May	Geneva	GAVI Secretariat	Specific
EMRO RTAG Meeting	13-May	16-May	Abu Dhabi	EMRO	EMR
European Human Papilloma Virus Meeting	14-May	15-May	Copenhagen, Denmark	EURO	EUR
GAVI Review for ISS, INS, NVS & Measles 2nd Dose Applications (Deadline: 20 April 2007)	21-May	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
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	27-Jun	Geneva	GAVI Secretariat	Specific
WPRO EPI Managers Workshop	19-Jun	22-Jun	tbd	WPRO	WPR
Jul-07					
SEAR EPI Managers Meeting on New Vaccines and Injection Safety	03-Jul	04-Jul	New Delhi	SEARO	SEAR
Twelfth Meeting of SEAR Technical Consultative Group (TCG) on Polio Eradication and Vaccine Preventable Diseases	05-Jul	06-Jul	New Delhi	SEARO	SEAR
GAVI South East Asian Regional Working Group Meeting	10-Jul	11-Jul	Pyongyang	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: 05 October 2007)	24-Oct	02-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
GAVI Quarterly Fund Executive Committee Meeting	12-Nov	12-Nov	Johannesburg	GAVI Secretariat	Specific
EMRO RTAG Meeting	12-Nov	12-Nov	Libya	EMRO	EMR
GAVI Joint Alliance & Fund Board Meetings	13-Nov	15-Nov	Cape Town	GAVI Secretariat	Specific
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
EURO TAG Meeting	28-Nov	29-Nov	tbd	EURO	EUR
Dec-07					
Global Advisory Committee of Vaccine Safety (GACVS) Meeting	12-Dec	13-Dec	CICG	WHO/HQ	Global
2008 Meetings					
Strategic Advisory Group of Experts (SAGE) meeting	08-Apr	10-Apr	Geneva	WHO/HQ	Global
Strategic Advisory Group of Experts (SAGE) meeting	03-Nov	05-Nov	Geneva	WHO/HQ	Global
2009 Meetings					
Strategic Advisory Group of Experts (SAGE) meeting	07-Apr	09-Apr	Geneva	WHO/HQ	Global
Strategic Advisory Group of Experts (SAGE) meeting	27-Oct	29-Oct	Geneva	WHO/HQ	Global