



# Update

## ON COUNTRY LEVEL GAVI & VACCINE FUND RELATED ACTIVITIES

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**16 October 2003**

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### **GENERAL NOTE ON THE VACCINE FUND APPLICATION PROCESS**

- The country activities listed below are those that have been initiated by various Partners of the Alliance.
- Please note change in round numbering below.
- The **3<sup>rd</sup> Round 2003 – September deadline was 30 September 2003.** The Independent Review Committee (IRC) will meet from 28 October – 5 November 2003.
- The next **Monitoring Review** will take place from **27 October 2003 to 7 November 2003.** The deadline to receive reports was **30 September 2003.**

### **REVIEW PROCESS**

**16/10/03 from GAVI Secretariat:** The deadline for the October 2003 review of applications was **30 September 2003.** To date, nine countries have submitted applications for the following:

- Six for Injection Safety Support
- Four for New Vaccines (4 HepB and 1 Hib)

Details are given under specific country headings. The Independent Review Committee will be meeting from 28 October to 5 November 2003 to review the proposals.

**16/10/03 from GAVI Secretariat:** The deadline for the October 2003 review of progress reports was **30 September 2003.** To date, the GAVI Secretariat has received Inception Reports from three countries and Annual Progress Reports from 41 countries. The GAVI Secretariat are expecting eight more Inception Reports and 12 Annual Progress Reports from countries. The Independent Monitoring Committee will be meeting from 27 October to 7 November 2003 to review the reports.

### **MENINGITIS**

**16/10/03 from Chris Nelson, WHO/HQ:** *Trivalent Nm ACW polysaccharide vaccine: development, evaluation and establishment of a secure vaccine stockpile for 2004-08:*

In response to the recent emergence of epidemic Nm W135 disease in the African meningitis belt, and a

broad appeal for action, WHO explored several strategies for providing a safe, effective and affordable meningitis vaccine with a W135 component.

Discussions with the pharmaceutical industry and others led to a public-private collaboration between WHO, GSK Biologicals and Bill and Melinda Gates Foundation. As a result, an affordable trivalent Nm ACW polysaccharide vaccine was produced and licensed by December 2002. Two million doses were used for epidemic response in Burkina Faso during early 2003. The impact of the vaccine is being assessed with preliminary results indicating effectiveness of over 90% against Nm meningitis. Other results from the impact assessment activities are expected in early 2004.

To assure a vaccine stockpile is available for emergency response in the coming epidemic seasons, an appeal has been launched to raise EURO 8.5 million for the purchase of 6 million doses of vaccine and related material.

The trivalent vaccine has been made available at a time when considerable effort is being invested to improve surveillance for the timely detection, laboratory investigation and appropriate response to meningitis epidemics. These activities are supported by the MVP and complement MVP's effort to develop conjugate meningococcal vaccines for use in routine infant immunization in African meningitis belt countries.

### **YELLOW FEVER**

**16/10/03 from Alya Dabbagh, WHO/HQ:** At its Dakar meeting on the 18-19 November 2002, the GAVI Board approved the establishment of a yellow fever (YF) vaccine stockpile to be used for preventive campaigns and loaned for outbreak response. The approval was for six million doses each year for an initial period of three years. In order to clearly outline the procedures for the establishment, use and replenishment of the stockpile, a series of meetings and video conferences were held with representatives from the Vaccine Fund, WHO and UNICEF Supply Division. The procedures were agreed upon and written in a document which also outlines the roles and responsibilities of each agency. Upon payment from the Vaccine Fund, UNICEF Supply Division has started the process of accumulating the stockpile for the year 2003. By the end of August 2003, the six million doses were successfully accumulated.

Based on prioritization criteria, two countries have been identified for the implementation of preventive campaigns in early 2004, and micro-plans (including a budget of the operational costs of the campaigns) have been developed by each of the two countries. Efforts are currently ongoing to raise the needed funds for the operational costs of the campaigns.

Meanwhile, yellow fever outbreaks have burdened and were declared by three countries in Africa this year (South Sudan, Sierra Leone and Burkina Faso): All three countries have carried out a fairly rapid emergency vaccination campaigns in the affected areas. In Sierra Leone, insufficient vaccine was readily available to carry out the emergency response, and 150,000 doses were loaned to the country from the six million dose stockpile. Efforts are currently ongoing to ensure that the 150,000 doses used is replenished prior to January 2004.

## **COUNTRY INFORMATION**

### **AFGHANISTAN**

**16/10/03 from GAVI Secretariat:** Submitted Annual Progress Report for the October 2003 review.

### **ALBANIA**

**16/10/03 from Oya Afşar, WHO/HQ:** A national working group has been formed to assist with the Financial Sustainability Planning. The plan is under preparation.

### **ARMENIA**

**16/10/03 from Oya Afşar, WHO/HQ:** A Hib-RAT is scheduled for 10-17 October 2003 with assistance from Drs Afşar and Platonov.

### **AZERBAIJAN**

**16/10/03 from GAVI Secretariat:** Submitted Annual Progress Report for the October 2003 review.

### **BANGLADESH**

**16/10/03 from GAVI Secretariat:** Submitted Annual Progress Report for the October 2003 review.

**16/10/03 from Oya Afşar, WHO/HQ:** HepB monovalent vaccine has been introduced in six provinces and one city. The country plans to expand implementation to 15 provinces in January 2004 and to the whole country by 2005.

### **BENIN**

**16/10/03 from GAVI Secretariat:** Submitted Annual Progress Report for the October 2003 review.

### **BHUTAN**

**16/10/03 from Oya Afşar, WHO/HQ:** DTP-HepB substitution for monovalent HepB has started in June 2003. To date, all districts have introduced DTP-HepB.

### **BOLIVIA**

**16/10/03 from GAVI Secretariat:** Application for Injection Safety resubmitted in October 2003 review.

### **BURKINA FASO**

**16/10/03 from GAVI Secretariat:**

- Application for New Vaccines (HepB and Hib) resubmitted in October 2003 review.
- Submitted Annual Progress Report for the October 2003 review.

### **BURUNDI**

**16/10/03 from GAVI Secretariat:** Submitted Annual Progress Report for the October 2003 review. Report to be signed/endorsed by the ICC prior to being reviewed.

### **CAMBODIA**

**16/10/03 from GAVI Secretariat:** Submitted Annual Progress Report for the October 2003 review.

### **CAMEROON**

**16/10/03 from GAVI Secretariat:** Application for New Vaccines (HepB) submitted in October 2003 review.

### **CENTRAL AFRICAN REPUBLIC**

**16/10/03 from GAVI Secretariat:** Submitted Inception Report for the October 2003 review.

### **COMOROS**

**16/10/03 from Oya Afşar, WHO/HQ:** The Financial Sustainability Plan is in progress.

### **COTE D'IVOIRE**

**16/10/03 from GAVI Secretariat:** Submitted Annual Progress Report for the October 2003 review.

### **DEMOCRATIC REPUBLIC CONGO**

**16/10/03 from GAVI Secretariat:** Submitted Inception Report for the October 2003 review.

### **DPR KOREA**

**16/10/03 from Oya Afşar, WHO/HQ:**

- HepB vaccine was launched in June 2003 in the capital city and an additional four provinces. There is a cold chain problem in the country due to the erratic supply of electricity. New freezers and refrigerators will be supplied through Rotary.
- Funds for new vaccines introduction of US\$100,000 have been received.

### **ERITREA**

**16/10/03 from GAVI Secretariat:** Submitted Annual Progress Report for the October 2003 review.

### **ETHIOPIA**

**16/10/03 from Oya Afşar, WHO/HQ:** A new WHO/UNICEF Supply Division mission is proposed for end 2003/beginning of 2004 aiming to establish a firm decision on new vaccines introduction. Prior to the mission, a joint position will be formed among different partners to provide advice for the country.

## **GAMBIA**

**16/10/03 from GAVI Secretariat:** Submitted Annual Progress Report for the October 2003 review.

## **GEORGIA**

**16/10/03 from GAVI Secretariat:** Submitted Annual Progress Report for the October 2003 review.

**16/10/03 from Oya Afşar, WHO/HQ:** A Post-Introduction Evaluation is tentatively scheduled for 19-25 November 2003.

## **GHANA**

**16/10/03 from GAVI Secretariat:** Submitted Annual Progress Report for the October 2003 review.

## **GUINEA**

**16/10/03 from GAVI Secretariat:** Application for Injection Safety resubmitted in October 2003 review.

## **GUYANA**

**16/10/03 from GAVI Secretariat:** Submitted Annual Progress Report for the October 2003 review.

## **HAITI**

**16/10/03 from GAVI Secretariat:**

- Application for Injection Safety resubmitted in October 2003 review.
- Submitted Annual Progress Report for the October 2003 review.

## **INDIA**

**16/10/03 from Oya Afşar, WHO/HQ:**

- The country is behind in timetable for HepB introduction. Out of 15 cities planned, 14 have launched HepB. Polio SNIDs and NIDs are ongoing which have the primary importance. 32 districts were supposed to have introduced HepB by September 2003, however on 3 have commenced.
- There is a CVP project in Andra Pradesh to introduce HepB state-wide by the end of this year.

## **INDONESIA**

**16/10/03 from GAVI Secretariat:** Submitted Annual Progress Report for the October 2003 review. Report to be signed/endorsed by the ICC prior to being reviewed.

## **KENYA**

**16/10/03 from GAVI Secretariat:** Submitted Annual Progress Report for the October 2003 review. Report to be signed/endorsed by the ICC prior to being reviewed.

## **KYRGYZSTAN**

**16/10/03 from GAVI Secretariat:** Submitted Annual Progress Report for the October 2003 review. Report to be signed/endorsed by the ICC prior to being reviewed.

**16/10/03 from Oya Afşar, WHO/HQ:**

- JICA provided half the cost of HepB for three years starting from 2000. As the end of this period is approaching, there is a need for continuation of JICA support.
- The application for Hib has been postponed to 2006.

## **LAO PDR**

**16/10/03 from GAVI Secretariat:** Submitted Annual Progress Report for the October 2003 review.

## **LESOTHO**

**16/10/03 from GAVI Secretariat:** Submitted Annual Progress Report for the October 2003 review.

## **MADAGASCAR**

**16/10/03 from GAVI Secretariat:** Submitted Annual Progress Report for the October 2003 review.

## **MALAWI**

**16/10/03 from GAVI Secretariat:** Submitted Annual Progress Report for the October 2003 review.

**16/10/03 from Oya Afşar, WHO/HQ:**

- Financial Sustainability Plan is in progress.
- EPI review with PIE is in progress till end November 2003.

## **MALI**

**16/10/03 from GAVI Secretariat:** Submitted Annual Progress Report for the October 2003 review. Report to be signed/endorsed by the ICC prior to being reviewed.

## **MAURITANIA**

**16/10/03 from GAVI Secretariat:** Application for New Vaccines (HepB) submitted in October 2003 review.

## **MOLDOVA**

**16/10/03 from Oya Afşar, WHO/HQ:** A project has started for strengthening information systems on immunization services and disease control, with collaboration of USAID and CVP/PATH.

## **MOZAMBIQUE**

**16/10/03 from GAVI Secretariat:** Submitted Annual Progress Report for the October 2003 review. Report to be signed/endorsed by the ICC prior to being reviewed.

## **MYANMAR**

**16/10/03 from GAVI Secretariat:** Submitted Annual Progress Report for the October 2003 review.

## **NEPAL**

**16/10/03 from GAVI Secretariat:** Submitted Annual Progress Report for the October 2003 review.

**16/10/03 from Oya Afşar, WHO/HQ:** The country is progressing rapidly with HepB introduction. Their initial plan was to introduce in 19 districts by the end of this year. However, by the end of September, 22 districts have introduced the vaccine. Due to this success, the target for next year has been upscaled to include 45 districts. All districts are expected to be covered by 2005.

## **NIGER**

### **16/10/03 from GAVI Secretariat:**

- Application for Injection Safety submitted in October 2003 review.
- Submitted Annual Progress Report for the October 2003 review.

## **NIGERIA**

**16/10/03 from GAVI Secretariat:** Submitted Annual Progress Report for the October 2003 review. Report to be signed/endorsed by the ICC prior to being reviewed.

## **PAKISTAN**

**16/10/03 from GAVI Secretariat:** Submitted Annual Progress Report for the October 2003 review. Report to be signed/endorsed by the ICC prior to being reviewed.

## **RWANDA**

**16/10/03 from GAVI Secretariat:** Submitted Annual Progress Report for the October 2003 review.

## **SAO TOME & PRINCIPE**

**16/10/03 from GAVI Secretariat:** Submitted Annual Progress Report for the October 2003 review.

## **SENEGAL**

**16/10/03 from GAVI Secretariat:** Submitted Annual Progress Report for the October 2003 review.

## **SRI LANKA**

**16/10/03 from GAVI Secretariat:** Submitted Annual Progress Report for the October 2003 review. Report to be signed/endorsed by the ICC prior to being reviewed.

### **16/10/03 from Oya Afşar, WHO/HQ:**

- HepB vaccine is planned to be introduced in three provinces by the end of this year, seven by next year and the whole country by 2005.
- A Post-Introduction Evaluation is scheduled to be conducted from 20-29 November 2003.

## **SUDAN**

### **16/10/03 from GAVI Secretariat:**

- Application for New Vaccines (HepB) submitted in October 2003 review.
- Submitted Annual Progress Report for the October 2003 review.

**16/10/03 from Oya Afşar, WHO/HQ:** The Eastern Mediterranean Regional Working Group has conducted one of three priority country visits to Sudan from 28 September to 2 October 2003. Participants included Drs Francis Mahoney (WHO/EMRO), Oya Afşar (WHO/HQ), Mohammed Hajar (WHO/Yemen) and Fabio Leviano (CDC). The purpose of the visit was to monitor progress and review district level microplans aimed at improving immunization coverage, assess the role of the ICC, follow-up on recommendations from the DQA, and review

surveillance data for EPI targeted diseases. Key findings and recommendations:

- The Federal EPI department has established a strong capacity in policy development, production of guidelines, standards and training materials and needs assessment. The country is in the process of improving programme management capacity at state level.
- After classifying the states as high, medium and low performing according to their DTP3 coverage, ISS funds have been initially distributed to medium-performing states which hold the highest amount of unimmunized children. The funds are then sent to the locality level to support outreach immunization activities.
- Microplans were developed in all localities including target populations and outreach session plans. They are actively implemented in those states that received GAVI funds, and followed up by supervisory visits. The impact of microplanning has resulted in overall improvement in vaccination coverage and varied levels of success in different states. Microplans should be reviewed for the next year.
- The EPI program has developed a structured format for supervision and monitoring at all levels. Immunization coverage charts have been distributed to monitor progress in achieving local goals, but there are difficulties for the staff in understanding how to use the chart in some facilities. Charts should be used to monitor the coverage of all EPI antigens in 2004.
- Mid-level management courses to all state operations officers and refresher courses for all vaccinators have been conducted.
- All EPI vaccines are provided with AD syringes. Safety boxes are widely available and disposed of by burning. Reconstitution syringes should be bundled with other supplies during distribution to facility level.
- Cold stores are well established and maintained. Vaccine inventory and stock management are well documented at all levels. There is a shortage of cold chain technicians. Supplies are regularly distributed to the facilities.
- Detailed records are kept at state level on the use of ISS funds and regular monthly reporting to federal level takes place. Many of the DQA recommendations have already been implemented and the EPI team is working to further improve data quality.
- Membership of the ICC should be expanded to include all key donors and regular meetings should be reduced to twice a year. A technical group within ICC should be established to meet on a quarterly basis, to review progress in detail and report to ICC.
- Staff working on AFP surveillance and clinicians should be trained/oriented for measles and MNT surveillance. AFP surveillance manual should be updated to include measles and MNT.

## **TAJIKISTAN**

### **16/10/03 from GAVI Secretariat:**

- Application for Injection Safety resubmitted in October 2003 review.
- Submitted Annual Progress Report for the October 2003 review.

## **TANZANIA**

**16/10/03 from GAVI Secretariat:** Submitted Annual Progress Report for the October 2003 review.

## **TOGO**

**16/10/03 from GAVI Secretariat:** Submitted Inception Report for the October 2003 review.

## **TURKMENISTAN**

**16/10/03 from GAVI Secretariat:**

- Application for Injection Safety submitted in October 2003 review.
- Submitted Annual Progress Report for the October 2003 review.

## **UGANDA**

**16/10/03 from GAVI Secretariat:** Submitted Annual Progress Report for the October 2003 review. Report to be signed/endorsed by the ICC prior to being reviewed.

**16/10/03 from Rosamund Lewis, WHO/Uganda:**

- The DTP3 coverage has risen further to 76% in the first six months of 2003. However, a global pentavalent vaccine shortage has resulted in a national DTP-HepB + Hib vaccine stock-out for the period of September to December 2003, so DTP3 is being used during this period.
- A draft Financial Sustainability Plan is available for in-depth discussion with stakeholders.

## **VIETNAM**

**16/10/03 from GAVI Secretariat:** Submitted Annual Progress Report for the October 2003 review.

**16/10/03 from Asia Pacific Regional Working Group:**

- The first draft of the Financial Sustainability Plan has been developed with the assistance of Dr Nicholas Wilson (WHO).
- The first annual progress report was submitted for the October 2003 Independent Monitoring Review, with the signatures of ICC members (WHO, UNICEF, PATH and JICA).

## **YEMEN**

**16/10/03 from GAVI Secretariat:** Submitted Annual Progress Report for the October 2003 review. Report to be signed/endorsed by the ICC prior to being reviewed.

## **ZAMBIA**

**16/10/03 from GAVI Secretariat:** Submitted Annual Progress Report for the October 2003 review. Report to be signed/endorsed by the ICC prior to being reviewed.

**16/10/03 from Oya Afşar, WHO/HQ:**

- Financial Sustainability Plan has been submitted to the GAVI Secretariat as well as the annual progress report.
- Will start DTP-Hib vaccine in 2004. Training for introduction of new vaccines will be conducted in October-November 2003.

## **ZIMBABWE**

**16/10/03 from GAVI Secretariat:** Submitted Annual Progress Report for the October 2003 review.

## **REGIONAL ACTIVITIES**

### **AFRICAN REGIONAL WORKING GROUP**

**16/10/03 from Modibo Dicko, WHO/AFRO:** A Waste Management Workshop was held in Saint Louis, Senegal, from 30 September to 2 October 2003. There were representatives from 17 countries from West and Central Africa. Participants examined the status of waste management in countries (according to assessments which had been conducted), reviewed existing technologies including site visits to view operations, and district micro-planning for waste management. Each country delegation prepared a plan of action for implementation of waste management.

**16/10/03 from Anais Colombini, AMP:** The second session of the EPIVAC course will be held at the Regional Institute for Public Health in Ouidah, Benin from 3-28 November 2003. This session is preceded by a preparatory week (teaching methodologies), between trainers and supervisors. The course will include 50 students from the following countries: Benin (6), Burkina Faso (10), Cote d'Ivoire (12), Mali (10), Senegal (6), Togo (6). These students will then benefit from 11 months of tutoring in their own environment (supervision, distance, learning, CD-ROM), and they will receive assistance to complete their thesis on operational research.

The students of the first EPIVAC cohort will defend their operational research thesis from 24-26 November 2003 at the Regional Institute for Public Health in Ouidah. The jury will be composed of university professors from the Universities of Paris IX Dauphine and Cocody in Abidjan, and Universities in their countries of origin, as well as international experts from AMP and other partners of the GAVI Alliance.

On 29 November in Ouidah, the first cohort students will receive the Inter-University Diploma on "Organization and Management of Preventive Vaccination Systems in Developing Countries".

### **EAST & SOUTH AFRICAN SUB-REGIONAL WORKING GROUP**

**16/10/03 from Oya Afşar, WHO/HQ:** There are five priority countries for RED (Reaching Every District) implementation in the sub-region: Angola, Madagascar, Malawi, Zambia and Zimbabwe. Individual country visits are planned to assess microplanning, identify gaps, and evaluate the use of ISS funds.

## **WEST & CENTRAL AFRICAN SUB-REGIONAL WORKING GROUP**

**16/10/03 from West & Central African Sub-Regional Working Group:** The next West & Central Sub-Regional Working Group meeting is scheduled to be held on the first week of November 2003. A tentative agenda will be available shortly.

## **ASIA PACIFIC REGIONAL WORKING GROUP**

**16/10/03 from Asia Pacific Regional Working Group:** A Regional Working Group teleconference is scheduled in beginning November 2003 to discuss issues including the rotation of the RWG chair, follow-up on activities from previous meetings, and other issues relating to the region.

<b>Regional Meetings of Relevance to the GAVI Objectives: October - December 2003</b>					
<b>Title of Meeting</b>	<b>Start</b>	<b>Finish</b>	<b>Location</b>	<b>Responsible Partner</b>	<b>Region</b>
<b>Oct-03</b>					
Workshop on EPI Modules Training for EPI Managers in Central America, Mexico and the Carribean	6-Oct	10-Oct	Mexico	WHO/PAHO	AMR
First GAVI Executive Committee Meeting	29-Oct	29-Oct	New York	GAVI Secretariat	Sub-Committee
<b>Nov-03</b>					
EPI Training Workshop for Andean Countries	3-Nov	7-Nov	Ecuador	WHO/PAHO	AMR
Workshop on Vaccine Safety for Carribean Managers	10-Nov	14-Nov	Curazao	WHO/PAHO	AMR
Caribbean EPI Managers Workshop	17-Nov	20-Nov	tbd	WHO/PAHO	AMR
Technet 21 Global Meeting	18-Nov	20-Nov	Antalya, Turkey	Global	Global
<b>Dec-03</b>					
Workshop on Vaccine Safety for the Andean Region	1-Dec	5-Dec	Ecuador	WHO/PAHO	AMR
7th GAVI Eastern Mediterranean Regional Working Group Meeting	8-Dec	9-Dec	Cairo, Egypt	WHO/EMRO	EMR
GAVI Board Meeting	9-Dec	10-Dec	WHO, Geneva	GAVI Secretariat	Global

**END**