



# Update

## ON COUNTRY LEVEL GAVI & VACCINE FUND RELATED ACTIVITIES

*The information contained in this Update depends upon your contributions  
Please send inputs for inclusion to: [dassanayakehe@who.int](mailto:dassanayakehe@who.int)*

**14 January 2005**

### **REVIEW PROCESS**

The next **Proposals Review** will be held from **16-26 May 2005**. The deadline for receiving applications is **22 April 2005**.

The next **Monitoring Review** will be held from - **6-17 June 2005**. The deadline for receiving progress reports is **15 May 2005**.

**FSPs** submitted to the GAVI Secretariat will be reviewed between **26 January and 2 February 2005**.

### **BOARD**

**14/01/05 from Lisa Jacobs, GAVI Secretariat:**  
The 14<sup>th</sup> GAVI Board Meeting was held in Abuja, Nigeria from 4-5 December 2004. A summary of outcomes from the meeting include:

#### **Funding**

It was discussed that the alliance has achieved considerable successes in raising overall attention and commitment to immunization. It will be important to further strengthen the foundation of immunization - routine immunization services.

The Board welcomed the announcement by H.E. Minister Annika Soder of Sweden, that the Swedish parliament had just approved US\$ 14 million for GAVI and the Vaccine Fund in 2005, three times the amount in 2004.

#### **Financial**

The Board agreed that bridge financing should not be restricted to a US\$300 million ceiling, but that flexibility is needed, and a period longer than five years may be required, at least in certain countries. The Board also agreed that differentiation of countries according to GNI needs to be explored, in order to allow poorer countries to contribute a lower co-payment than the less poor countries.

#### **Recommendations of the Hib Task Force**

The Board approved an overall envelope of US\$ 37 million to be awarded through a competitive tender either to a single partner or to a consortium of GAVI partners working together over a four-year

period to provide programmatic support to those countries wishing to continue to use Hib vaccine and to those countries wishing to explore whether the introduction of Hib vaccine is a priority for their immunization program.

The Board requested the Hib Task Force to develop a specific process for the solicitation and review of proposals, including proposing the composition of the independent review group.

#### **Eligible Countries in Phase-Two of GAVI**

The Board adopted the proposed list of 72 eligible countries for GAVI phase two, based on 2003 Gross National Income/Capita below US\$ 1000. Four countries that were previously eligible are no longer eligible since their incomes have risen above US\$ 1000 (Albania, Bosnia & Herzegovina, China and Turkmenistan), while Kiribati has been added as its income has fallen below.

#### **Extension of Strengthening Immunization Services Sub-Account**

The Board approved a one-year extension of ISS funding for the countries whose ISS funding is scheduled to end by the end of 2005.

They also endorsed the idea that in some cases, ISS support could be channelled through ICC implementing partners in low-performing countries and requested the GAVI Working Group to initiate a diagnostic process to consider the modalities of this type of support.

#### **ADIP Management Committee Report and Recommendations**

The rotavirus vaccines now being tested are being analyzed as to whether they will protect against the strains that are prevalent in developing countries. Current evidence indicates that they might provide this 'cross-protection'.

The Board adopted the terms of reference for the Rotavirus Vaccine Supply Working Group, indicating that it should outline precisely the strategy for supply of rotavirus vaccines, including pricing policy and the role of UNICEF Supply Division. This strategy could then feed into the

work being done on the long-term procurement strategy.

### **Board Composition**

- One seat for IFFIm donors on a rotational basis will be added, if and when IFFIm materializes.
- One developing country Board seat will be added, ensuring that Africa is adequately represented.
- The seat for the Vaccine Fund would be maintained, represented by a Vaccine Fund Board member.
- The Research Institute and Technical Agency seats will be combined so that when the term of Dr. Jan Holmgren of Gothberg University ends in June 2006, and the term of Dr. Arlene King of Health Canada ends in June 2007, an appropriate candidate that represents research and technical agencies will be sought.
- UNICEF, WHO and the World Bank should only have one seat each on the GAVI Board. The Chair of the Board is additional to the agency representation on the Board.

### **GAVI SECRETARIAT**

#### **14/01/05 from Lisa Jacobs, GAVI Secretariat:**

Dr. Julian Lob-Levyt starts in January 2005 as the new GAVI Executive Secretary and CEO of the Vaccine Fund. Dr. Lob-Levyt is well known to GAVI as the former DFID representative on the GAVI Board. He has extensive international experience in the field of health, having worked in the Pacific, Africa and Asia. Earlier this year, he was seconded by DFID as Senior Policy Adviser to the Executive Director of UNAIDS in Geneva, where he worked until the end of 2004.

Dr. Lob-Levyt has been closely involved in development of health policy within the international development community, and is strongly committed to addressing public health issues, particularly those relating to GAVI. He has developed a wide-ranging network within the multilateral and bilateral community, with developing countries. Dr. Lob-Levyt has demonstrated strong leadership and management capabilities, playing a key role in developing and establishing the High Level Forum on Health with WHO, the World Bank, donors and developing countries.

### **FINANCING TASK FORCE**

**14/01/05 from Violaine Mitchell, FTF:** The GAVI Financing Task Force Flyer is available on the web under the following link: [http://www.vaccinealliance.org/resources/GAVI\\_FT\\_F\\_FLYER\\_6.pdf](http://www.vaccinealliance.org/resources/GAVI_FT_F_FLYER_6.pdf)

Topics covered include the following:

- Financial Sustainability Plan findings from 22 countries.

- Hib financing and Bridge financing
- International Finance Facility for Immunization (IFFIm)
- Advanced Immunization Management (AIM) e-learning modules from PATH/CVP
- Immunization Financing Database Website
- Special Article (recommended reading): *Millions Saved: Proven Success in Global Public Health*, by Ruth Levine and the What Works Working Group.

### **MEASLES**

#### **14/01/05 from Hayatee Hasan, WHO/HQ: Activities in Indonesia**

Through the Measles Partnership, \$35 million has been mobilized for emergency and medium long-term activities in Aceh and Sumatra. All emergency funds and activities are coordinated through HAC and UNICEF emergency department. The Measles Partnership provide measles control through emergency vaccination outbreak response and a campaign for all children under five-years of age. The campaign will incorporate other appropriate interventions such as insecticide-treated bednets for malaria control as well as vitamin A, polio vaccine and de-worming medicine.

The Measles Partnership includes WHO, UNICEF; United Nations Foundation, CDC and International Federation of Red Cross. Cooperating Partners include Indonesia Red Cross, Indonesia Ministry of Health, WHO Indonesia Country Office, UNICEF Indonesia Country Office and the International Rescue Committee.

Measles Partnership is working with the MoH through WHO and UNICEF country offices to develop plans for rebuilding EPI and implementing sustainable measles mortality reduction activities.

#### **Measles Partnership Meeting**

The Measles Partnership Meeting will be held in Washington D.C. from 8-9 February 2005. Main topics to be discussed are the following:

- Report on progress of Year 4 and plans for Year 5 priority activities.
- Report and discuss resource mobilization and communications activities.
- Report on and explore additional integration with other health initiatives.
- Further develop the relationship between measles vaccination and malaria control.

### **TRAINING**

#### **14/01/05 from Anais Colombini, AMP and Shawn Gilchrist, Aventis:**

#### **EPIVAC Training**

The final seminar of the second EPIVAC session in West Africa was held from 22-25 November 2004, at the Regional Institute for Public Health (IRSP) in Ouidah, Benin. During this seminar, 42 second-year students and three first-year students have

defended their thesis. Of 49 second-year students, 41 have obtained the Inter-University Diploma (DIU) on "Organization and Management of Preventive Vaccination Systems in Developing countries".

The graduation ceremony took place in the presence of the partner university representatives: Paris Dauphine (France), Cocody-Abidjan (Cote d'Ivoire), Abomey-Calavi (Benin), Ouagadougou (Burkina Faso), Bamako (Mali), Dakar (Senegal), and Lome (Togo), as well as representatives of the MoH Benin, AVP, IRSP, WHO, FED ARIVA Project, and the Vaccine Fund.

The third EPIVAC course was held from 1-26 November 2004 at the IRSP of Ouidah. This course was followed by 50 students from the following countries: Benin (60), Cote d'Ivoire (6), Mali (7), Mauritania (3), Niger (6), Senegal (7) and Togo (6).

Courses were held by training officers from partners' universities, and experts from partners' organisation and ministries of health of beneficiary countries. The CD-Rom from the courses were sent to students, training officers and partners at the end of December 2004. Tutorial activities of the third EPIVAC session will start in February 2005 through the supervision of students' professional activities.

#### **Background**

Approximately 100 doctors have now completed the training and another 50 have enrolled in the third consecutive year of running.

EPIVAC is a comprehensive one-year, on-the-job professional training program in epidemiology, applied computing, vaccinology, and management of health programs for medical doctors in West Africa, culminating in an inter-university diploma in 'Organization and Management of Public Immunization Programs in Developing Countries' awarded by the universities of Cocody-Abidjan, Cote d'Ivoire and Paris-Dauphine, France.

Participants are trained while continuing to provide vital public health services to their communities. Studying on-the-job also enables learning to be put into practice immediately. The program offers one month of in-house training at the IRSP in Benin, and 11 months of distance computer-based learning, as well as supportive supervision in the trainee's own health district. Operational research is conducted in each trainee's district to identify and correct outstanding immunization issues.

EPIVAC is an Aventis Pasteur contribution to GAVI, and implemented by the Association pour l'Aide a la Medecine Preventive (AMP). The program was developed in partnership with national governments of eligible countries and the participating universities, in collaboration with WHO, UNICEF, Vaccine Fund and other partners working in Africa.

## **COUNTRY INFORMATION<sup>1</sup> BY REGION**

### **AMERICAS REGION**

#### **HAITI**

**14/01/05 from PAHO:**

The **DQA** is scheduled for the first half of 2005. The country is planning to reapply for the application for **new vaccines** in 2005.

### **EAST & SOUTH AFRICA**

#### **ETHIOPIA**

**14/01/05 from Yigzaw Asnakew, WHO**

**Ethiopia:** The country has conducted a **RED evaluation meeting** from 25-27 October 2004. There were 11 participants from Regional Health Bureau and partner agencies, and 13 priority districts.

The country's **immunization coverage** has improved dramatically, and the current DTP3 coverage (July 2003 - July 2004, Ethiopian budget year) is 62%. The first six months showed a DTP3 coverage of 37% (annualized: 74%). This is due to the high level of commitment from the Ethiopian government and technical support from partners.

Ethiopia will resubmit its application for **new vaccines**, and technical assistance will be needed for this activity.

The **polio campaign** was conducted from 22-25 October 2004 in 22 districts, targeting 750,250 children under five.

#### **UGANDA**

**14/01/05 from Fiona Braka-Makmot, WHO**

**Uganda:** The MoH has requested GAVI to transfer \$500,000 of Uganda's **reward funds** directly to UNICEF for the purpose of creating a revolving fund for stabilization of vaccine procurement for Uganda.

The country is planning for **accelerated routine immunization** and surveillance activities in 2005, with an emphasis on high risk districts in northern Uganda, in view of the pending threat of wild polio virus importation from South Sudan.

---

<sup>1</sup> 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  
STOP = Stop Transmission of Polio

## WEST & CENTRAL AFRICA

### REGIONAL INFORMATION

**14/01/2005 from AFRO W&C:** The West and Central African Sub-Regional Working Group meeting took place in Bamako, Mali from 10-11 December 2004. The main objectives of the meeting were to discuss the following:

- Strategic plan for 2005 (FSP submissions, RED implementation, EPI reviews, accelerated disease control, DQA/DQS, and new initiatives)
- Country activities
- Calendar of meetings for 2005

A summary of outcomes from the meeting will be available shortly.

### BENIN

**14/01/2005 from AFRO W&C:** The implementation of **pentavalent vaccine** will start early this year. The first shipment of vaccines is scheduled to arrive in February 2005. Dr Tarande Manzila (WHO/AFRO) will provide technical assistance for this activity.

### CAMEROON

**14/01/2005 from AFRO W&C:** The first shipment of **tetravalent vaccine** is due in January 2005.

### MALI

**14/01/2005 from AFRO W&C:** The country has requested technical assistance for the implementation of **pentavalent vaccine**, which is scheduled to start during the first quarter of 2005 in Bamako.

### SENEGAL

**14/01/2005 from AFRO W&C:**

The campaigns for **yellow fever** commenced in December 2004. The remaining districts will be covered in the first quarter of 2005.

Expected to commence **pentavalent vaccine** in 2005.

### TOGO

**14/01/2005 from AFRO W&C:** Technical assistance has been requested by the Country for an application for **new vaccines** in 2005.

## EASTERN MEDITERRANEAN

### REGIONAL INFORMATION

**14/01/05 from EMRO:** The 9<sup>th</sup> Eastern Mediterranean Regional Working Group meeting was held in Cairo, Egypt, from 11-13 January 2005. The main topics on the agenda were:

- Review of country progress in finalizing the national FSPs.
- Country progress in implementing RED approach, and monitoring and evaluation of district performance.
- New Vaccine introduction in Sudan (HepB monovalent) and Yemen (pentavalent).
- Outcome of October 2004 review.
- Other country issues

A summary of outcomes from this meeting will be available shortly.

## EUROPEAN REGION

### REGIONAL INFORMATION

**14/01/05 from EURO:** The Vaccine-Preventable Diseases and Immunization programme of the WHO Regional Office for Europe will be holding a staff retreat on 14 January 2004. The team will be reviewing the work of the programme cycle and the general way of working with a view to improving and streamlining planning and monitoring processes. In addition, the team will be reviewing the programme of work for 2005, with a specific focus on priority countries to better integrate activities at regional and country level.

### AZERBAIJAN

**14/01/05 from EURO:** WHO, UNICEF and the Vishnevskaya-Rostropovich Foundation had a joint mission in Azerbaijan in December 2004, and met with Ministry of Health officials to discuss the feasibility of undertaking a **national supplementary immunization activity (SIA)** for **measles** and **rubella** in 2005. The Vishnevskaya-Rostropovich Foundation has been supporting the introduction and use of MMR vaccine in the country during the three-year period, beginning in 2003. The SIA is viewed by all partners as an opportunity to further strengthen routine immunization programme in this country.

### GEORGIA

**14/01/05 from EURO:** As agreed during a visit of a VPI team to Georgia in December 2004, a WHO consultant will visit the country in January 2005 to work together with staff at the National Centre for Disease Control. The consultant will provide technical support for development of a concept for **strengthening routine**

**immunization**, and further integration of immunization services into the primary health care. Assistance will also be provided in the preparation of a detailed immunization plan of action for 2005.

#### **KYRGYZSTAN**

**14/01/05 from EURO:** A visit by a VPI staff member will be carried out in early February 2005. The purpose of the visit is to meet with officials at the Ministry of Health to discuss an operational plan for **strengthening immunization programme** and **VPD surveillance**. Technical support from EURO for the revision of the national multi-year immunization plan will also be discussed.

#### **UZBEKISTAN**

**14/01/05 from EURO:** VPI staff members will visit the country in January-February 2005. Meetings with the health officials will be held to discuss an operational plan for the preparation for **measles/rubella SIA** and **VPD surveillance**. Activities for further strengthening the national immunization programme will also be discussed. An assessment of the **Adverse Events Following Immunization (AEFI) surveillance** and response system in place had been carried out in 2004. Pursuant to this assessment, a first and specific training on AEFI and targeting provincial level staff will take place in Tashkent from 7-10 February 2005.

## **WESTERN PACIFIC REGION**

#### **LAO PDR**

**14/01/05 from WPRO:** The **Technical Working Group for EPI** in LAO PDR met on 15 December 2004 at the UNICEF office in LAO PDR. Exceptional priority has been given to immunization by the Minister of Health, and his recognition of the situation and constant personal involvement is most welcome. UNICEF has made immunization its highest priority in the Lao country programme, and an exceptional amount of resources and attention to ensure that LAO PDR will be brought back on track.

The main consensus reached at the meeting was the need to focus efforts in 2005 on five critical priorities to reverse the downward trend of EPI coverage:

- Vaccines and other supplies (cold chain equipment, auto-disable syringes).
- Managerial issues and specifically a data-driven management approach.
- Outreach services (with focus on quality).
- Advocacy and programme support communications.
- Health facility based services with a focus on urban areas.

**END**



## Regional Meetings of Relevance to the GAVI Objectives: January 2005 - December 2005

Title of Meeting	Start	Finish	Location	Responsible Partner	Region
<b>Jan-05</b>					
GAVI Eastern Mediterranean Regional Working Group Meeting	11-Jan	13-Jan	Cairo, Egypt	EMRO	EMR
GAVI Asia Pacific Regional Working Group Meeting	Mid Jan	Mid Jan	Lao PDR	WPRO	WPR
EPI Managers Meeting: Central Block of Africa	24-Jan	29-Jan	Libreville, Gabon	AFRO	AFR
EPI Managers Meeting: Western Block of Africa	26-Jan	28-Jan	Ouagadougou, Burkina Faso	AFRO	AFR
GAVI East and South African Sub-Regional Working Group Meeting	27-Jan	28-Jan	tbd	WHO/AFRO E&S	AFR
<b>Feb-05</b>					
GAVI South East Asian Regional Working Group Meeting	01-Feb	04-Feb	Jakarta, Indonesia	SEARO	SEAR
GAVI Working Group Meeting	22-Feb	23-Feb	Washington DC	GAVI Secretariat	Global
<b>Mar-05</b>					
<b>Apr-05</b>					
Vaccination Week in the Americas	25-Apr	30-Apr	tbd	PAHO	Americas
GAVI Board Meeting	28-Apr	29-Apr	tbd	GAVI Secretariat	Global
<b>May-05</b>					
<b>Jun-05</b>					
Central America Sub-Regional Meeting	Mid Jun	Mid Jun	Guatemala	PAHO	Americas
<b>Jul-05</b>					
GAVI Board Meeting	19-Jul	20-Jul	tbd	GAVI Secretariat	Global
<b>Aug-05</b>					
<b>Sep-05</b>					
Andean Sub-Regional Meeting on EPI	Begin Sept	Begin Sept	Colombia	PAHO	Americas
<b>Oct-05</b>					
<b>Nov-05</b>					
CAREC Meeting on EPI	Mid Nov	Mid Nov	tbd	PAHO	Americas
<b>Dec-05</b>					
GAVI Board Meeting	06-Dec	07-Dec	tbd	GAVI Secretariat	Global