



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: dassanayakeh@who.int*

30 January 2003

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.
- The **1st Round 2003 – January** is currently ongoing from 15-24 January 2003 for **progress reports** and **Financial Sustainability Plans**.
- The **2nd Round 2003 - May deadline is 2 May 2003**. The review for this round will take place between 29 May – 6 June 2003.

REVIEW PROCESS

30/01/03 from GAVI Secretariat: For the 1st Round 2003 (January), 10 countries submitted Inception Reports, four submitted Annual Progress Reports, and 10 submitted Financial Sustainability Plans.

GAVI BOARD

30/01/03 from GAVI Secretariat: The GAVI Progress Report for 2002 can be found on the following link:

http://www.vaccinealliance.org/site_repository/resources/handout.pdf

30/01/03 from GAVI Secretariat: Point of information from the Board teleconference held on 19 December 2002:

New Board Seats: The Board endorsed the nominations of the Minister for International Cooperation, Susan Whelan, from Canada and Dr. Suresh Sakharam Jadhav of the Serum Institute of India to assume the OECD country government and developing country vaccine manufacturer seats respectively. The Secretariat will work with the Chair to send official notification to the new Board members.

30/01/03 from GAVI Secretariat: The 9th GAVI Board Meeting was held from 18-19 November 2002 in Dakar, Senegal. A summary of decisions by the Board follows:

Revisiting GAVI Milestones:

- Requested more analysis of the milestones, including proposals to make the indicators and

denominators clear and consistent for the next Board meeting. They will be revisited both globally and in terms of the 75 Vaccine Fund eligible countries.

- Requested the team to develop and propose GAVI milestones concerning yellow fever vaccine and AD syringes, since these are both GAVI priorities.

GAVI Progress Reports:

- Recommended that measurement of GAVI's progress should link the financial and other support being provided, and the programmatic impact of this support in countries.
- Requested the Secretariat to provide a report on which countries had built immunization into their poverty alleviation strategies.

Recommendations from the Independent Review Committee teams:

- Endorsed all recommendations of the IRC concerning approval of country proposals and annual reports.
- Requested the Vaccine Fund Executive Committee to approve the above recommendations, and to provide \$14 million to meet the financial obligations of this decision.
- Approved the proposal from the IRC to extend eligibility for injection safety support to those countries who currently do not qualify for the ISS or NVI support (currently Nicaragua, Honduras, Cuba and Bolivia).
- Recommended that the composition of the IRC monitoring team be strengthened in the areas of immunization programme management and health economics.

Joint Session and Topics with Executive Committee of the Vaccine Fund:

- Endorsed the proposed approach to long-term funding for vaccines from GAVI and the Vaccine Fund as outlined by Alice Albright.
- Requested the Vaccine Fund to work with the VPP and the GAVI Secretariat to continue analysis and report back to the Board with a proposal that addresses the specific operational issues and mechanics.

GAVI Workplans, including proposed budgets and discussion of financing: The Board agreed to finalize and resource the GAVI consolidated workplan for 2003 (2004). Key elements include:

- Developing a framework for the work plan based on the GAVI added value concept
- Align the consolidated workplan with GAVI's added value
- Analyse the allocation and use of current donor contributions to implementing partners for GAVI activities
- Develop the financing mechanisms for unfunded activities
- Establish management structures and processes that will allow optimisation of the use of resources, outcomes, and GAVI's added value

There will be a Board sub-group to work with the GAVI Secretariat to finalize a revised work plan to be submitted to the full Board by the end of January 2003. The Executive Secretary was requested to provide a new proposal for Working Group composition that reflects a more rapid turnover of members while maintaining a consistent and skill-based group.

Accelerated Development and Introduction Plans:

- Conditionally approved the rotavirus ADIP proposal from CVP/PATH pending clarifications especially in relation to its management.
- Requested a resubmission of a joint proposal by the two applications for the pneumococcal ADIP, or alternatively a full proposal by each which would then be re-reviewed in competition
- Approved the committee's recommendation to extend the ADIP timeframe from three to five years, and the budget of \$30 million would also be extended to this five-year framework.
- Requested that all proposals be subject to a final review as soon as possible by the ADIP sub-group.

Yellow Fever:

- Approved the proposal to establish a vaccine stockpile of yellow fever vaccine for preventive campaigns and emergency response activities
- Requested the Vaccine Fund to provide an estimated US \$3 million per year for an initial period of three years to establish a yellow fever stockpile, with performance and impact to be assessed prior to extension.

Measles:

- Approved the proposal to issue a statement to the media and the public confirming the GAVI Board's commitment to measles mortality reduction and encourage GAVI partners to provide financial support to the cause.

Vaccine Provision Project: The Board -

- Endorsed the report of the Oversight Committee.
- Endorsed the forecast methodology chosen while stressing the need for strong involvement of countries in the forecasting process.
- Endorsed the use of a figure of 10% wastage for the 2-dose pentavalent vaccine for forecasting calculations.

- Requested guidance in the next update on how to approach manufacturers.
- Agreed that Jacques Francois Martin should be an additional member of the Oversight Committee in order to contribute his perspective as former vaccine industry executive.

Access Framework: The Board welcomed the focus on access, recognizing that it constitutes a critical component of successful and sustainable immunization efforts and the success of the alliance as a whole.

ADVOCACY AND COMMUNICATION TASK FORCE

30/01/03 from Advocacy and Communication Task Force:

Upcoming ACTF Activities:

Immunization Orientations for Communication Professionals:

Building on the success of a similar workshop organised by UNICEF and CVP/PATH in Delhi last year, ACTF will invite country- and region-based communication staff from UNICEF, PATH, and other partner organizations to share strategies and tools that will help increase country-level communication activities in support of all vaccines.

The purpose is to mobilize staff already in-country and reduce the need for external consultants. Dates and venues are not yet fixed, however a workshop in South East Asia is expected in March, and two in Africa (one anglophone and one francophone) later this year.

Advocacy and Communication Strategic Planning in Africa:

Ms. Grace Kagundu (WHO/AFRO) has inspired the ACTF to plan two skills-building workshops in Africa, focusing on increasing country capacity for communication strategic planning and implementation, especially district-level planning.

Input on Guidelines: UNICEF is taking a lead on developing two new immunization-advocacy documents:

- "Guidelines for Working with Religious Leaders"
- "Guidelines for Working with Media Representatives".

Inputs on these drafts will be appreciated.

Advocacy for Financial Sustainability:

CVP/PATH staff in Cambodia have asked CVP/Seattle to assist with advocacy linked to the recently completed FSP. The ACTF will coordinate with the FTF to determine how to support and accelerate implementation of the Cambodian Financial Sustainability Plan.

Attendance at RWG Meetings: ACTF would like to reach out to RWGs (and ICCs) more often and to participate in their meetings as much as possible in 2003.

Documents on GAVI Web-site: The ACTF will soon put their 2003-2004 workplan online, along with meeting notes.

ACTF Meeting: The first ACTF official meeting will be held in Washington D.C. on 5-6 February 2003.

For more information on these activities, please contact immunization@unicef.org

IMPLEMENTATION TASK FORCE

30/01/03 from Implementation Task Force:

ITF Core Group Call – 14 January

Workplans: The ITF have consolidated a revised workplan incorporating "A" priority activities which need

to be undertaken in 2003. "B" level activities were not included. A conference call was held between UNICEF and WHO to discuss the shortfalls in the budget, and identifying funds available from Netherlands, Norway and CVP contributions. WHO and UNICEF have identified funds which will be transferred for some of the RWG activities.

The ITF felt that a "needs-based" and "performance-based" approach to allocating funds is more appropriate under the current situation over an "equity-based" approach, and identified the AFRO region as being the priority target.

Concern was raised over the issue that even with the priority workplan, there is a great shortfall of funds.

Increasing Immunization Coverage: It was emphasized that in view of the limited funds, there is the need to focus on priority countries in 2003. The McKinsey team have categorised countries into "Selective Interventions" and "Turnaround", and UNICEF have determined a number of countries to focus on in 2003. The Access sub-group have also asked the ITF to focus on countries whose coverage is <60% in 2003. RWGs will examine lists provided and select priority countries in their region for special intervention to increase coverage in 2003.

Priority Activities 2003: A quick analysis has been conducted of past activities, and it was determined that several countries have either not made an application to GAVI for funds or vaccines, or have not been successful. This overview may assist the ITF in its present workplan when selecting countries for technical assistance, especially in preparation of applications.

Strengthening Country Applications and Recommendations by IRC: The IRC made recommendations to the GAVI Board, Working Group and ITF following the 8th round in October 2002 regarding several issues including weak country applications, ICCs and RWGs not being adequately involved in the process, mistakes in applications, problems with signatures, vaccine requests, etc. It is apparent that investment at the national level needs to be made to ensure appropriate completion of applications and implementation of activities.

RWG Feedback to ITF – Eastern Mediterranean: The Eastern Mediterranean region gave a short summary of their RWG meeting held earlier this year. Issues discussed at the meeting include the review of inception and progress reports, role of ICCs in countries, Access approach and the 80/80 goal, and progress at the country level.

Three action points were recommended regarding the use of polio resources:

- Gradual re-orientation of polio staff
- Development of regional plans to map the process
- Development of inventories which can be used to prioritize activities

Monthly Reports: It was emphasized at the ITF Core Group meeting held in October 2002 that it is important for regions to gather quantitative data from countries as a management tool. It was agreed that the monthly reporting and feedback forms developed and used by the West and Central African region were highly useful for the Access goal and could be adopted

by other regions. Several regions have already started looking into this process.

It was strongly felt that data from these reports can be used to encourage countries to increase coverage and stimulate performance. It is also useful for RWGs since they will have an indication of performance and can use the data to determine technical assistance to increase country performance.

DATA QUALITY AUDIT

30/01/03 from Olivier Ronveaux, WHO: Fourteen DQAs have been conducted in 2002 by the two auditing companies, providing a comprehensive assessment of the reporting systems. The immunization reporting systems of half of the audited countries have been validated, making these countries eligible for further rewards, subject to increases in DTP3 coverage. For the other countries in which the systems were not validated, the following scheme is proposed (to be approved by the Board); reward payment (still proportional to increase in coverage) will be deferred unless the country validates its coverage through a coverage survey, according to determined criteria. Subsequent rewards can only be given after the country has "passed" a second DQA, which should not be carried out in the year following the first DQA, but at the country's demand. For those countries that "failed" the first DQA, the 3rd investment may be spread over several years.

STRENGTHENING IMMUNIZATION SERVICES

30/01/03 from Jhilmil Bahl, WHO: A wall chart for monitoring DTP1 and DTP3 coverage has been printed by WHO/EPI. This chart can be used at a health facility to monitor coverage and to calculate drop-out rates. A calendar for 2003 has been included with the charts. For more information, contact bahlj@who.int

30/01/03 from Molly Mort, CVP: As part of the Children's Vaccine Program at PATH's. (CVP/PATH) activities to provide learning materials for senior level immunization coverage, CVP/PATH have been working with the SUMMIT group at Stanford University to develop a distance-based e-Learning pilot as part of the Advanced Immunization Management (AIM) Project. This type of learning is intended to reinforce other types of training or updates that senior level managers receive. Reviews of the AIM e-Learning Pilot would be welcome. Based on the evaluation of this pilot, CVP/PATH can decide whether to proceed with this type of distance-based learning method. This pilot was designed to be used on a CD-ROM, however is currently available for your review on the web.

To assist in this evaluation, please:

- review the pilot
- complete the evaluation form
- return the evaluation form to

aimproject@summit.stanford.edu

The AIM e-Learning Pilot can be found at:

<http://summit.stanford.edu/aim/>

The evaluation form can be found at:

http://summit.stanford.edu/cvp/aim/AIM_e-Learning_Eval_Form.doc .

Any questions, comments or concerns regarding this project can be sent to aimproject@summit.stanford.edu

COUNTRY INFORMATION

ALBANIA

30/01/03 from GAVI Secretariat: Submitted Inception Report in 1st Round 2003 (January).

ANGOLA

30/01/03 from East and South African Regional Working Group:

- A national EPI review is scheduled from 17-27 March 2003, in preparation for a submission of applications for ISS and New Vaccines.
- Measles campaign is scheduled from 12 April to 19 May 2003. The target group and figure is seven million children less than 15 years, nationwide.

BENIN

30/01/03 from GAVI Secretariat: Submitted Inception Report in 1st Round 2003 (January).

BURUNDI

30/01/03 from GAVI Secretariat: Submitted Inception Report in 1st Round 2003 (January).

CAMBODIA

30/01/03 from GAVI Secretariat: Submitted Annual Progress Report in 1st Round 2003 (January).

CHINA

30/01/03 from GAVI Secretariat: Submitted Inception Report in 1st Round 2003 (January).

COMOROS

30/01/03 from GAVI Secretariat: Submitted Inception Report in 1st Round 2003 (January).

COTE D'IVOIRE

30/01/03 from GAVI Secretariat: Submitted Annual Progress Report in 1st Round 2003 (January).

ERITREA

30/01/03 from Gill Mayers, WHO/HQ: A Post Introduction Evaluation (PIE) of new vaccines introduction is planned for mid April 2003. Drs Rudi Eggers (WHO/ICP) and Rose Macauley (WHO/AFRO) are following up with the country.

ETHIOPIA

30/01/03 from Gill Mayers, WHO/HQ: Technical assistance has been requested to assist the country in considering its options for introduction HepB. Drs Rudi Eggers (WHO/ICP) and Rose Macauley (WHO/AFRO) are liaising over dates for a mission in April.

GHANA

30/01/03 from GAVI Secretariat: Submitted Annual Progress Report in 1st Round 2003 (January).

GUINEA

30/01/03 from GAVI Secretariat: Submitted Inception Report in 1st Round 2003 (January).

GUYANA

30/01/03 from GAVI Secretariat: Submitted Annual Progress Report in 1st Round 2003 (January).

HAITI

30/01/03 from GAVI Secretariat: Submitted Annual Progress Report in 1st Round 2003 (January).

INDIA

30/01/03 from GAVI Secretariat: Submitted Inception Report in 1st Round 2003 (January).

INDONESIA

30/01/03 from GAVI Secretariat: Submitted Inception Report in 1st Round 2003 (January).

KENYA

30/01/03 from East and South African Regional Working Group:

- A successful training workshop was held in Nairobi, Kenya on the New Vaccines Introduction in East Africa from 9-11 December 2002. The workshop was organized by the network for Education and Support in Immunization (NESI) in collaboration with WHO and GAVI partners. Participants were drawn from the East African countries as well as from Malawi and Mozambique.
- An application proposal for support of Injection Safety was approved with clarifications in October 2002. These clarifications are currently being addressed. The objective is the strengthen safe injection practices for EPI services in Kenya, and to provide AD syringes and safety boxes for all injectable vaccinations.
- A proposal for a two-year project for strengthening immunization services in a few selected districts developed through collaboration with CDC, WHO, UNICEF and MOH is at an advanced stage of development. Data management will be improved during this process.

KYRGYZSTAN

30/01/03 from GAVI Secretariat: Submitted Annual Progress Report in 1st Round 2003 (January).

LAO PDR

30/01/03 from GAVI Secretariat: Submitted Annual Progress Report in 1st Round 2003 (January).

LIBERIA

30/01/03 from GAVI Secretariat: Submitted Annual Progress Report in 1st Round 2003 (January).

MADAGASCAR

30/01/03 from Serge Ganivet, WHO/AFRO: The following activities for 2003 have been approved by the ICC:

- The Vaccine Management Assessment is tentatively scheduled for the beginning of February 2003 for a period of 7-10 days.
- The Post-Introduction Evaluation (PIE) of new vaccines will be conducted one year after the introduction of the tetravalent vaccine. This is proposed to take place in June 2003 for a period of two weeks.
- The rapid EPI review is scheduled in conjunction with the PIE for a period of two weeks in June 2003.
- The cold chain assessment is scheduled for April 2003 for a period of 3-4 weeks.
- The MLM training is proposed for April 2003.
- The Financial Sustainability Plan is due on 30 September 2003. A consultant is expected to assist in preparing this in March 2003.
- A computerized vaccine management system is being developed as a recommendation from the TFI (2002) held in Abuja. Ten consultants experienced in the use of the tool have been identified to participate in the project. These consultants will attend the Vaccine Management Training in Dakar, Senegal from 14-25 April 2003.

MALAWI

30/01/03 from GAVI Secretariat: Submitted Annual Progress Report in 1st Round 2003 (January).

MALI

30/01/03 from GAVI Secretariat: Submitted Annual Progress Report in 1st Round 2003 (January).

MOLDOVA

30/01/03 from GAVI Secretariat: Submitted Inception Report in 1st Round 2003 (January).

MOZAMBIQUE

30/01/03 from East and South African Regional Working Group: A report on the incremental cost of introducing DTP3-HepB vaccine was drafted by WHO in December 2002.

30/01/03 from GAVI Secretariat: Submitted Annual Progress Report in 1st Round 2003 (January).

PAKISTAN

30/01/03 from Gill Mayers, WHO/HQ: Drs Salah Alwaidy (National EPI Manager, Oman) and Frank Mahoney (NAMRU3) are scheduled to assist with a Hib-RAT from 20 February – 10 March 2003.

RWANDA

30/01/03 from GAVI Secretariat: Submitted Annual Progress Report in 1st Round 2003 (January).

SIERRA LEONE

30/01/03 from GAVI Secretariat: Submitted Annual Progress Report in 1st Round 2003 (January).

SUDAN

30/01/03 from Gill Mayers, WHO/HQ: A mission is currently ongoing from 14-31 January 2003 by Drs Isabell Nakhla and Frank Mahoney (NAMRU3) to assist with HepB and Hib introduction plans and applications for Vaccine Fund assistance.

ZAMBIA

30/01/03 from GAVI Secretariat: Submitted Inception Report in 1st Round 2003 (January).

ZIMBABWE

30/01/03 from East and South African Regional Working Group: Due to an acute foreign exchange crisis, the government entered into an arrangement with WHO in 2000 to continue purchasing its routine vaccines, including Hepatitis B through an exchange mechanism by which the government provided local currency and WHO sourced the vaccines in hard currency. However, that mechanism was suspended in the 4th quarter of 2002 when the UN exchange rate increased by more than 20-fold. The government then sought donor support for vaccine purchase and efforts are currently in progress for ECHO (EU humanitarian aid) to fund vaccine procurement, not including Hepatitis B, through UNICEF.

REGIONAL ACTIVITIES

EUROPEAN REGIONAL WORKING GROUP

30/01/03 from European Regional Working Group: The next European Regional Working Group meeting will be held in Kiev, Ukraine on 23 January 2003. The provisional programme includes:

- Emerging communication issues and responses related to immunization in the region
- Support to national immunization programmes
- Information from visits to countries
- Update on implementation on planned activities
- Review status of introduction of HepB immunization in Ukraine
- Other

ASIA PACIFIC REGIONAL WORKING GROUP

30/01/03 from Asia Pacific Regional Working Group: A Workshop on Improving Immunization In Cambodia –National Immunization Programme supported by CVP, UNICEF and WHO will be held from 27 – 30 January 2003 in Phnom Penh, Cambodia. The aims of the workshop are to:

- Disseminate a new national immunization policy
- Review existing coverage data and progress to targets to set Operational District (OD) coverage targets in line with global target of >80% coverage in all districts by 2005
- Review supervision practices, including the new checklist and plan the development of supportive supervision
- Address other aspects of immunization including investigation and response to adverse events following immunization (AEFI).

END

Regional Meetings of Relevance to the GAVI Objectives: February - December 2003

Title of Meeting	Start	Finish	Location	Responsible Partner	Region
Feb-03					
South East Asian Regional Working Group Meeting	4-Feb	4-Feb	New Delhi, India	WHO/SEARO	SEAR
Advocacy and Communications Task Force Meeting	5-Feb	6-Feb	Washington D.C., USA	UNICEF/PATH	Global
Mar-03					
EPI Training Workshop for Southern Cone countries	10-Mar	14-Mar	Buenos Aires	WHO/PAHO	AMR
Apr-03					
EPI Training Workshop	April	April	tbd	WHO/PAHO	AMR
Implementation Task Force Meeting	8-Apr	9-Apr	Geneva, Switzerland	WHO	Global
May-03					
Southern Cone EPI Managers Workshop	19-May	20-May	tbd	WHO/PAHO	AMR
Andean EPI Managers Workshop	22-May	23-May	tbd	WHO/PAHO	AMR
Jun-03					
Central America/Mexico EPI Managers Workshop	5-Jun	6-Jun	tbd	WHO/PAHO	AMR
EPI Training Workshop for Central America/Mexico countries	9-Jun	14-Jun	tbd	WHO/PAHO	AMR
GAVI Board meeting	18-Jun	19-Jun	tbd	GAVI Secretariat	Global
20th Inter-Country Meeting of National EPI Managers WHO/EMRO	29-Jun	2-Jul	Syria	WHO/EMRO	EMR
Jul-03					
6th GAVI Eastern Mediterranean Regional Working Group Meeting	3-Jul	3-Jul	Syria	WHO/EMRO	EMR
Aug-03					
Inter-country meeting on Measles Accelerated Control	28-Aug	31-Aug	Tunisia	WHO/EMRO	EMR
Sep-03					
Inter-country meeting on Measles Elimination	3-Sep	6-Sep	Tunisia	WHO/EMRO	EMR
Oct-03					
EPI Training Workshop for Andean Countries	6-Oct	10-Oct	Ecuador	WHO/PAHO	AMR
Nov-03					
Caribbean EPI Managers Workshop	17-Nov	20-Nov	tbd	WHO/PAHO	AMR
Dec-03					
7th GAVI Eastern Mediterranean Regional Working Group Meeting	8-Dec	9-Dec	Cairo, Egypt	WHO/EMRO	EMR