

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: prohomr@who.int

11 March 2004

GAVI BOARD MEETING

GAVI Executive Committee held a teleconference 20th of February where the recommendations of the IRC were approved. Minutes and documents of this teleconference will be available on GAVI website shortly.

THE VACCINE FUND APPLICATION PROCESS

Deadlines for applications: New applications must be received at the GAVIS ecretariat by **30 April** and **24 September.** All proposals should follow the Guidelines and Forms dated August 2002 (Rev 4) available in the GAVI website

http://www.vaccinealliance.org/home/Support_to_Country/Monitoring_Evaluatio/index.php

MONITORING AND EVALUATION

13/02/04 from GAVI secretariat:

Please find below the link to download the new progress report form for 2004. Countries should use this new form when submitting their **Annual Progress Reports by the 28 May 2004** deadline. The changes are minor and were made based on suggestions from countries and GAVI partners in order to simplify the process of filling in the form.

Please note that FSP and Annual Progress Reports prepared by countries can also be found on GAVI website.

http://www.vaccinealliance.org/home/Support_to_Country/Monitoring_Evaluatio/index.php

Specific information about country support can be found at the following:

http://www.vaccinealliance.org/home/Support to Country/Country Status/index.php

REVIEW PROCESS

04/03/04 from Ms Lidija Kamara WHO/HQ: Independent Review of 2003 FSPs

The Independent Review Committee Financial Sustainability Planning Review team (IRC FSP) met in Geneva, between 26 January and 4 February 2004, to independently review the country financial

sustainability plans submitted to the GAVI Secretariat in November 2003. The IRC FSP was composed of nine members with experience and expertise in health economics/health financing, public health and national planning and budgeting processes. The IRC FSP team was chaired by Dr Maureen Law, former Deputy Minister of Health, Canada.

The team was asked to review sixteen new FSPs submitted in 2003 (out of twenty-two required FSPs), four FSPs from 2002 with major revisions and the annual progress reports financial sustainability sections of seven country FSPs from the 2002 submissions. Of the twenty new and revised FSPs reviewed, the team is recommending that six countries submit major revisions.

Minor revisions recommended:

Armenia, Burkina Faso, Burundi, Ghana, Guyana, Haiti, Madagascar, Tajikistan, Tanzania, The Gambia, Uganda, Uzbekistan, Vietnam, Zambia, Zanzibar

Major revisions recommended:

Azerbaijan, Cameroon, Comoros, Malawi, Pakistan, Sierra Leone

No Submission

Albania, Bangladesh, Liberia, Sao Tome & Principe and Turkmenistan

UPDATE FROM THE GAVI FINANCING TASK FORCE

Financial Sustainability

A Financial Sustainability Planning meeting was organized and hosted by WHO Geneva, Department of Immunization, Vaccines and Biologicals, the host institution of the Financial Sustainability and Immunization Financing Database work, under the auspices of the Global Alliance for Vaccines and Immunization GAVI) and the GAVI FTF. The meeting was attended by over 20 participants from the GAVI FTF, partner agencies, regional institutions and independent consultants that provided various forms of

support to the FSP process in 2003. The objective of the meeting was to evaluate the FSP process and support provided in 2003 in order to better frame further support to and regions in 2004. To obtain a copy of the meeting report please contact kamaral@who.int.

Through the combined efforts of the GAVI FTF and GAVI partners, twelve countries were supported in developing their Financial Sustainability Plans (FSPs)in 2002 and twenty-two in 2003. In 2004, thirty-four countries are expected to develop their FSPs, in addition to twenty-eight countries to be supported in their implementation efforts. A number of financial sustainability planning workshops are being organized in collaboration with RWGs and partners, to support countries developing FSPs in 2004, in addition to two financial sustainability implementation follow up meetings in East and Southern Africa.

AFRO Financial Sustainability Implementation Follow Up Meetings

The Sub-Regional Working Groups for East & Southern Africa and West and Central Africa are organizing 2 FSP implementation follow up meetings. The first will be held 8-9 March, in Gaborone, Botswana, with Mozambique, Malawi, Ghana, and Zambia and 11-12 March, in Nairobi, Kenya with Kenya, Tanzania, Zanzibar, Uganda. These meetings will be at the front and back ends of the respective EPI Managers meetings. Importantly, these meetings will be the first structured interaction we will have with countries on FSP implementation progress, challenges and needs. The objectives of the meetings are to listen countries and hear discussions on key implementation areas, with a view to then coming back to GAVI partners for framing further implementation support in addition to identifying further areas of analytical work that may be required.

Financial Sustainability Regional Support Implementation Coordinator applications:

In order to ensure effective implementation support and coordination of global, regional and country level activities for implementation of country FSPs, the GAVI FTF is recruiting a Global Financial Sustainability Coordinator to be based to be hosted by a partner institution for a twenty four month period. The applications have been posted through the following: GAVI website; Technet; International Health Economics Association; Association des économistes de la santé français, Drum Beat, London Economics Group. Per agreement and resolution of host institution, the time for submissions has been extended through February 27.

Regional Support Mechanisms:

To support countries in FSP development, implementation and monitoring over a two-year period, the GAVI FTF has issued calls for proposals from RWGs/SRWGs to express interest in assuming responsibility for supporting countries. The GAVI FTF has received expressions of interest from partners in the West and Central Africa, East and Southern Africa, Western Pacific and South East Asia regions to act as

focal points for financial sustainability planning and implementation efforts. Expressions of interest from the European regions are expected by 12 March.

Big Three

On request of the GAVI FTF, CVP and the World Bank have started to explore what a Financial Sustainability Plan (FSP) could encompass for the big three countries, India, China and Indonesia. The status of the FSP process is as follows:

India: The Government of India may request a delay in the submission of their FSP. Indonesia: A joint CV, USAID and WB team will be traveling to Indonesia first week in March to explore how the financial sustainability planning process might evolve.

China: An FSP planning mission led by Ruth Levine and with Jagadish Upadhay and Don Shepard will be exploring with national partners February 14-20 what a financial sustainability planning process might look like in China

Immunization Financing Database Website

An immunization financing database website is currently being developed and is to be maintained by WHO's Immunization, Vaccines and Biological department under the auspices of the GAVI Financing Task Force and with the guidance of a technical expert team from many GAVI partner agencies: Abt-Associates, the Centre for Global Development, the Children's Vaccine Program, the Bill & Melinda Gates Foundation, UNICEF, USAID, PAHO, the World Bank and WHO. Please see attached link for a view at the prototype web-based database.

http://www.who.int/immunization_financing

Login: immune Password: !immune1

POLIO

05/03/04 from Oliver Rosenbauer, WHO/HQ: Massive final push launched to eradicate polio in west & central Africa:

One month after an emergency meeting of Health Ministers committed to end polio transmission in 2004, A frican countries responded with strong action. On 23 February, a massive, synchronized polio immunization campaign was launched, with the aim to vaccinate 63 million children across the region.

The campaign was launched at a critical time, during the 'low transmission season' for polio eradication. With further campaigns planned at the end of March, it is important to reach every child in the region with multiple doses of oral polio vaccine (OPV), in order to interrupt transmission of wild poliovirus during the subsequent 'high transmission season' beginning in July.

While complete coverage data will not be available until end-March, early indications from field monitors suggest high-quality coverage was achieved during the immunization campaign in most countries. As importantly, enhanced political oversight was evident across the region. In Niger, for example, the campaign

was officially opened by the President, while in Cameroon the Minister of Health opened the activity. In Nigeria, 35 of 37 states participated in the campaign, an improvement from the 18 states which participated during activities in the second half of 2003 (due to a combination of insufficient funding and the suspension of campaigns in some northern states following concerns by public figures regarding vaccine safety). Kano and Zamfara, the only two states which did not participate, are still awaiting the final report of a federal and state-level team on the safety of the polio vaccine, which is expected to be published by mid-March. While overall preliminary results in Nigeria suggest a substantial improvement over late 2003, key to eradicating polio by end-2004 is the rapid resumption of immunization campaigns in Kano and Zam fara, beginning with the next nationwide campaign to be launched on 23 March.

Sustained efforts will be needed at all levels of government throughout the region, to further increase the quality of future polio immunization campaigns, and help ensure the end-2004 target to eradicate polio will be met.

MALARIA

19/02/04 from WHO/UNICEF:

Please find attached for your information a UNICEF-WHO Joint Statement: "Malaria Control and Immunization: A sound partnership with great potential".

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ROTAVIRUS

10/03/04 from Evan Simpson, PATH/Seattle:

The Rotavirus Vaccine Program, which is responsible for carrying out the Accelerated Development and Introduction Project (ADIP) to introduce a rotavirus vaccine, is pleased to announce the launching of a comprehensive new website:

www.rotavirusvaccine.org

The site is a source of information about rotavirus and accelerated efforts to introduce rotavirus vaccines. It is designed to deliver needed information to a variety of critical audiences around the world. We plan to update the content regularly and add new features as the program goes forward, so please visit often and share the link with others. For additional information, please contact RVPinfo@path.org.

TRAINING

01/03/04 from Ms Anaïs Colombini, AMP/Benin:

The final thesis presentation of the first year EPIVAC students was held at the Regional Institute for Public Health (IRSP) in Ouidah, Benin in November 2003.

39 students out of 46 obtained the Inter-University Diploma on "Organization and Management of Preventive Vaccination Systems in Developing Countries".

The graduation ceremony took place in the presence of the partners universities' representatives: University of Paris IX Dauphine (France) and Cocody-Abidjan (Côte d'Ivoire), universities of Abomey-Calavi (Benin), Ouagadougou (Burkina Faso), Bamako (Mali), as well as representatives of partners (Ministries of health from the beneficiary countries of the program, AvP, WHO) Some students have been invited to publish their research in international science journals.

A "Seminar of supervisors" was held from 26-30 January 2004 at the IRSP in order to finalize tutorials activities of the second EPIVAC session (supervision, e-learning, distance-counselling, operational research thesis).

Tutorials activities of the second EPIVAC session started mid-February 2004 and will end in October 2004

From Dr Umit Kartoglu, WHO/HQ:

Vaccine store management training course:

Experience shows that the primary cold store (central level) remains one of the most critical elements of an immunization system because this is where vaccines are received, stored and distributed in bulk.

When there is an equipment or management failure at the primary level, large quantities of vaccine can be destroyed in a few hours.

The immunization services of an entire country may be placed at risk and the financial loss can run to millions of dollars. This is no theoretical risk – it has happened. If the threat of such major and unacceptable failure is to be eliminated, then equipment should be procured, installed, operated and maintained to the highest international standards.

and vaccines should be handled with the utmost attention to detail. Similarly high standards need to be maintained in the lower level stores, but effort and commitment at these lower levels may be wasted if the primary store is inadequate.

Programme staff is responsible for maintaining vaccine quality from the time when a shipment arrives in the country until the moment when a dose is administered – a period of nine months or more. This is a substantial responsibility, which should be placed in the hands of personnel who are adequately trained for the task.

The vaccine cold store management course is designed in connection with the WHO-UNICEF

Effective Vaccine Store Management initiative (EVSM) and it requires that countries sending participants to this course adopt the EVSM initiative and conduct an assessment prior to attending the course.

The 5-working days covers the following areas:

- 1. Pre-shipment and arrival procedures.
- 2. Maintaining correct storage temperatures.
- 3. Maintaining sufficient cold store capacity.
- 4. Buildings, equipment and transport.
- 5. Effective maintenance.
- 6. Effective store management.
- 7. Reliable delivery to intermediate stores (or lower levels)
- 8. Minimizing damage during distribution.
- 9. Standard operating procedures.
- 10. Financial and human resources.

Next Vaccine store management training

courses (English) will be held in South Africa from 26 to 30 April 2004.

To download full version of the Vaccine Management Newsletter, go to :

http://www.who.int/vaccines-

<u>access/vacman/vaccinemanagement index.html</u>
For additional information, please contact Dr Umit Kartoglu at kartogluu@who.int

08/03/04 from Ms Jhilmil Bahl, WHO/HQ:

The immunization monitoring charts are available in print version (A3 size) for DTP1-DTP3 English/French and blank (non antigen specific).

There is also a CD-RM containing monitoring charts for different antigens. To order printed charts and CD-ROM write to bahlj@who.int

COUNTRY INFORMATION

ARM ENIA

13/02/04 from GAVI Secretariat : The Independent Review Committee has reviewed the 2002 Progress Report and has found it satisfactory.

CAM BODIA

13/02/04 from GAVI Secretariat : The Independent Review Committee has reviewed the 2002 Progress Report and has found it satisfactory subject to clarifications.

CHINA

13/02/04 from GAVI Secretariat : The Independent Review Committee has reviewed the 2002 Progress Report and has found it satisfactory.

COM OROS

13/02/04 from GAVI Secretariat: The Independent Review Committee has reviewed the 2002 Progress Report and has found it satisfactory subject to clarifications.

COTE D'IVOIRE

13/02/04 from GAVI Secretariat:

The Independent Review Committee has reviewed the 2002 Progress Report and has found it satisfactory.

DJIBOUTI

13/02/04 from GAVI Secretariat :

The Independent Review Committee has reviewed the 2002 Progress Report and has found it satisfactory.

ETHIOPIA

13/02/04 from GAVI Secretariat:

The Independent Review Committee has reviewed the 2002 Progress Report and has found it satisfactory.

GUINEA

13/02/04 from GAVI Secretariat:

The Independent Review Committee has reviewed the 2002 Progress Report and has found it satisfactory subject to clarifications.

GUINEA BISSAU

13/02/04 from GAVI Secretariat:

The Independent Review Committee has reviewed the 2002 Progress Report and has found it satisfactory.

INDIA

16/02/04 from Ms Seema Srivastava PATH/India:

Many quality assurance surveys were carried out in Andhra Pradesh (AP), by WHO with partners from the Government of India, the Government of AP, the Indian Council for Medical Research, WHO, PATH and UNICEF in November 2003 showed neonatal tetanus rate of less than one death per thousand live births for the past three years. Accordingly, with the Government of India, WHO formally declared neonatal tetanus eliminated from the state. AP is the second state in India to achieve this status.

In November 2003 Andhra Pradesh, with a population of 75 million, also became the first state in India where Hepatitis B vaccine is available to all infants. This has been achieved through a partnership programme between the Government of AP and PATH, with support from the Bill & Melinda Gates Foundation.

KENYA

13/02/04 from GAVI Secretariat:

The Independent Review Committee has reviewed the 2002 Progress Report and has found it satisfactory.

KOREA DPR

13/02/04 from GAVI Secretariat:

The Independent Review Committee has reviewed the 2002 Progress Report and has found it satisfactory.

KYRGYSTAN

13/02/04 from GAVI Secretariat:

The Independent Review Committee has reviewed the 2002 Progress Report and has found it satisfactory.

LIBERIA

13/02/04 from GAVI Secretariat:

The Independent Review Committee has reviewed the 2002 Progress Report and has found it satisfactory.

LAOS

13/02/04 from GAVI Secretariat:

The Independent Review Committee has reviewed the 2002 Progress Report and has found it satisfactory.

MALI

13/02/04 from GAVI Secretariat : The Independent Review Committee has reviewed the 2002 Progress Report and has found it satisfactory subject to clarifications.

MAURITANIA

13/02/04 from GAVI Secretariat:

The Independent Review Committee has reviewed the 2002 Progress Report and has found it satisfactory.

MOZAMBIQUE

13/02/04 from GAVI Secretariat: The Independent Review Committee has reviewed the 2002 Progress Report and has found it satisfactory.

SOM ALIA

13/02/04 from GAVI Secretariat:

The Independent Review Committee has reviewed the 2002 Progress Report and has found it satisfactory.

UGANDA

01/03/04 from Dr Fiona Braka, WHO/Uganda:

The GAVI Executive Secretary, Dr Tore Godal, visited Uganda in January 2004 to discuss financial sustainability and officially announce a performance-based reward amounting to USD 4,361,000. The reward was given for the extraordinary results in increasing the number of immunised children.

UKRAINE

13/02/04 from GAVI Secretariat:

The Independent Review Committee has reviewed the 2002 Progress Report and has found it satisfactory.

UZBEKISTAN

13/02/04 from GAVI Secretariat : The Independent Review Committee has reviewed the 2002 Progress Report and has found it satisfactory.

Regional Meetings of relevance to GAVI objectives: April - May 2004					
Title of Meeting	Start	Finish	Location	Responsible Partner	Region
April 2004					
SEARO - FSP Development Training Workshop	31-Mar	2-Apr	Bangkok, Thailand	WHO/SEARO	SEARO
SEARO - FSP Development Training Workshop	5-Apr	7-Apr	Kathmandu, Nepal	WHO/SEARO	SEARO
AFRO East Regional Working Group meeting	16-Apr	16-Apr	Harare, Zimbabwe	WHO/AFRO	AFRO
GAVI FTF Core Group Meeting	27-Apr	28-Apr	Ferney Voltaire, France	GAVI	HQ
May 2004					
AFRO - E & S Africa FSP Development Training Workshop	4-May	7-May	Pretoria, South Africa	WHO/AFRO	AFRO
EMRO - FSP Development Training Workshop	25-May	27-May	Cairo, Egypt	WHO/EMRO	EMRO