



GLOBAL IMMUNIZATION NEWS

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TECHNICAL INFORMATION

IMMUNIZATION SAFETY

29/07/05 from Alison Delo, WHO:

The Vaccine Safety Net Project (VSN), officially launched in August 2004, aims to improve global dissemination - via the internet - of information on vaccine safety that adheres to good information practices. Through VSN, the WHO Immunization Safety website "houses" links to other websites providing vaccine safety information http://www.who.int/immunization_safety/safety_quality/approved_vaccine_safety_websites/en/.

In order for a site to be linked, criteria for good information practices (established by the Global Advisory Committee on Vaccine Safety) relating to credibility and content need to be met.

In order to improve knowledge of this initiative, a WHO Note for the Media was issued in English and French on 10 May 2005 (links to the Note in both languages and further information on the Project can be found at:

http://www.who.int/immunization_safety/safety_quality/vaccine_safety_websites/en/).

MEASLES

29/07/05 from Robin Biellik, CVP/PATH: The **First Meeting of the AFR Measles/Rubella Technical Advisory Group** was held in Nairobi, Kenya from 5-6 April 2005. A summary of recommendations from the meeting include:

Inclusion of a second measles routine dose: Countries are encouraged to apply to GAVI for funding for inclusion of second measles dose given the following criteria:

- National first measles dose coverage is $\geq 80\%$, with limited heterogeneity at the sub-national level.
- Efforts are in place to implement RED strategies to raise routine vaccination coverage in poor-performing districts.

- Sensitive, case-based, lab-based measles surveillance is established.
- Follow-up campaigns should continue during a transition phase, but may eventually be suspended when national first and second measles dose coverage both reach $\geq 90\%$ and an annual surveillance detection rate of ≥ 1 suspected measles case (SMC) per 100,000 population in $\geq 80\%$ districts is achieved.

Intervals between follow-up campaigns:

- Routine $\geq 80\%$ - interval four years, target age-group - children 9-59 months of age.
- Routine 60-79% - interval three years, target age-group - children 9-47 months of age.
- Routine $< 60\%$ - interval two years, target age-group - children 9-35 months of age.

Rubella Control:

It was recommended that in countries where measles surveillance has revealed previously unrecognized rubella incidence and concern about national public health importance of CRS, the following should be taken into account:

- National burden of CRS disease, the susceptibility profile among women of child-bearing age, and vaccine cost-effectiveness should first be established.
- Based on this and a comparative analysis of other vaccine-preventable and other disease control interventions, rubella control policy including possible introduction of rubella vaccine may be formulated.
- The decision to introduce rubella vaccine should be taken very cautiously, in view of the observed experience that low coverage through infant vaccination increases CRS incidence by raising average age of infection.

Measles Elimination Goals:

- Regional switch from a measles mortality reduction goal to a measles elimination goal should be deferred until:
 - risk of importation has been significantly reduced, when all countries in region have

implemented measles mortality reduction strategies;

- Human & financial resource requirements have been adequately quantified in advance;
- Deeper national political commitment to measles elimination has been secured throughout the region.
- Regional polio elimination should not be a pre-condition to moving to a regional measles elimination goal. Mechanisms through which measles mortality reduction activities can facilitate polio eradication should be enhanced.
- AFRO should adopt the Global Immunization and Vaccines Strategy (GIVS) goal to achieve 90% reduction in measles deaths in the African Region by 2010.

RED ACTIVITIES

29/07/05 from Gill Mayers, WHO: In 2003, several countries in three regions (AFRO, SEARO and WPRO) introduced the Reaching Every District (RED) strategy for increasing immunization coverage at district level. An in-depth evaluation was conducted by WHO/AFRO and WHO/HQ at the end of 2004 in Angola, DR Congo and Ethiopia to assess the modalities for implementation and begin to look at impact. In 2005, the WHO Regional Office for Africa broadened this evaluation to more countries to document experiences, and use lessons learned to improve the strategy, tools and support provided for implementation of the RED strategy. These evaluations took place in June 2005 in DR Congo, Ethiopia, Kenya, Madagascar and Zimbabwe in collaboration with WHO AFRO and HQ, UNICEF, CDC and USAID. A final report consolidating findings and recommendations for next steps will be available shortly from the WHO Africa Regional Office.

ROTAVIRUS

29/07/05 from Robin Biellik, PATH: Rotavirus surveillance activities are expanding worldwide. Concern about rotavirus and interest in rotavirus vaccines are growing rapidly around the world. In recent months, RVP, in partnership with WHO and CDC, has been sponsoring workshops that will lead to a greater number of countries conducting rotavirus surveillance. These expanded surveillance networks will contribute vital information to assist countries, donors, and manufacturers in the vaccine decision-making process.

Africa - In May 2005, representatives from 14 countries attended a workshop in Accra, Ghana, to learn more about setting up surveillance systems. Already a number of countries are conducting rotavirus surveillance in Africa, and more are expected.

Eastern Europe - Approximately 80 participants from Armenia, Azerbaijan, Kazakhstan, Tajikistan, Ukraine and Uzbekistan attended a meeting on rotavirus surveillance in Tashkent, Uzbekistan. Since then, several countries in the region have submitted surveillance proposals.

Eastern Mediterranean - The first meeting of the EMR RWG for rotavirus surveillance was held in Cairo, Egypt from 25-26 April 2005, to review country proposals for establishing sentinel site rotavirus surveillance and to agree on technical and financial issues related to establishing the regional rotavirus surveillance network. As a result of this meeting, proposals are moving forward to initiate surveillance projects in Egypt, Iran, Morocco, Pakistan and Tunisia.

China - RVP supported the second annual Chinese Center for Disease Control rotavirus workshop to be held in Beijing on 11-12 July 2005. The agenda included a discussion of the rotavirus burden in China, and vaccine development and use.

More information on rotavirus activities can be found under the following website:

www.rotavirusvaccine.org

TRAINING

29/07/05 from Jhilmil Bahl, WHO: The Immunization Training Partnership meeting is planned for October 2005. The purpose of the meeting is to bring together all partners interested in immunization training to share information and ideas. For further information, please contact Jhilmil Bahl (bahlj@who.int).

29/07/05 from Modibo Dicko, WHO/AFRO:

The Planning Workshop for Strengthening African National Regulatory Authorities was held from 23-27 May 2005 in Ouagadougou, Burkina Faso for nine francophone countries: Benin, Burkina Faso, Cameroon, Central African Republic, Guinea, Mali, Niger, Senegal and Togo.

The objective of the workshop was "to build capacity of National Regulatory Authorities (NRAs) in order to ensure the safety of all vaccines in use in African countries (particularly those of the Meningitis Belt) and to ease the introduction of new vaccines with emphasis on newly developed Meningitis A conjugate vaccines". The expected result was "Institutional Development Plans (IDPs) prepared for the vaccine regulatory systems that will address all regulatory capacity issues in African countries including licensing process, clinical evaluation skills, authorization and evaluation of clinical trials, and related post-marketing surveillance". The expected result was fully achieved since there are draft IDPs that participants committed to present to their respective MOHs and ICCs for endorsement till September 2005. Follow up visits will be planned later to assess status of implementation of IDPS.

A similar workshop was organized in January 2005 in Addis Ababa, Ethiopia for six Anglophone countries: Ethiopia, Gambia, Ghana, Kenya, Nigeria and Uganda. IDPS were prepared for these countries and follow up visits will be undertaken in July and August 2005 to assess their level of implementation.

A third workshop is planned later this year for country members of SADC (South Africa Development Community).

Each workshop received participants from NRA, EPI, National Ethics Committee and institutions involved in the development of AIDS vaccines from every country.

GAVI-RELATED INFORMATION

REVIEW PROCESS

The next **Proposals Review** will be held from **31 October to 8 November 2005**. The deadline for receiving applications is **7 October 2005**.

The next **Monitoring Review** will be held from **19-23 September 2005**. The deadline for receiving progress reports is **15 August 2005**.

GAVI BOARD MEETING

29/07/05 from GAVI Secretariat: The 16th GAVI Board Meeting was held in Paris, France from 19-20 July 2005. A summary of outcomes from the meeting will be available shortly.

29/07/05 from GAVI Secretariat: The 15th GAVI Board Meeting was held in Geneva, Switzerland from 28-29 April 2005. A summary of decisions from the meeting include:

Global Immunization Vision and Strategy:

The GAVI Board discussed the GIVS strategy recognizing that countries are increasingly looking to integrate their multiyear plans across the health sector, covering everything from immunization to HIV/AIDS to malaria. It is increasingly important to use a combination of strategies to reach everyone with immunization. The Board recommended that cost estimates be developed for GIVS to highlight the total immunization financing and needs.

Vaccine Fund Financial Forecast:

The Board requested that future financial forecast presentations place GAVI funding in the larger context of total immunization financing and needs as presented in the GIVS, when that information becomes available.

The Board also requested the Secretariat to explore the potential for making long-term commitments to countries based on longer-term donor financing.

GAVI Phase II: Funding Principles:

As phase II of GAVI is developed, it is important to clarify how GAVI partners can be supported in the important roles they play in assisting countries. The Board agreed that the principles should not be

finalized until they are discussed by the consultations with countries, and brought to the Board at its next meeting for consideration.

Investment Case Review Process:

The Board approved the proposed investment case review process including the creation of an independent review group to provide recommendations to the GAVI Board for decision.

The Board also agreed that the investment cases dependent on IFFIm funding - measles, maternal and neonatal tetanus and polio stockpile - should be presented to the Board for decision in July 2005, considering the need to disburse funding quickly should the IFFIm be launched at the G8 summit in early July.

They also agreed that new vaccine investment cases should not be submitted in December 2005, but delayed to allow more time for high-level strategic discussions.

Long-Term Vaccine Procurement Strategy:

The Board welcomed the report of the results of the questionnaire sent to its members about GAVI's long term procurement strategy. They recommend that the results of the "Global Vaccine Supply: Changing Role of Suppliers" study conducted under the leadership of World Bank, WHO and Gates Foundation should inform the procurement strategy.

HepB, Hib and Yellow Fever in Phase II:

The new vaccines support policy in Phase II should be revisited to incorporate underlying issues such as co-financing and transition to combination vaccines are integrated. The Board requested the Secretariat to lead a process to develop recommendations for any revision of policies regarding support for HepB and Hib in GAVI Phase II, ensuring appropriate technical and policy input, for submission to the July meeting.

The Board requested a regional team to evaluate the progress on yellow fever, including the yellow fever stockpile and provide recommendations for phase II by the July meeting.

IFFIm Update:

The Board applauded the UK, France and Sweden for their leadership and continued commitment to make IFFIm a reality. These resources will enable saving more children's lives without delay.

The Board agreed that improvements to the audit, monitoring and evaluation of country programmes should be applied consistently between regular GAVI resources and IFFIm resources.

GAVI SECRETARIAT

29/07/05 from Abdallah Bchir, GAVI Secretariat: A consultation meeting was held in Geneva from 13-14 May 2005, prior to the World Health Assembly. Selected 20 countries representing the full range of early adopters to the latest countries to be approved were invited to participate in this meeting (Armenia, Bangladesh,

Benin, Bhutan, Burkina Faso, Burundi, Cambodia, Cameroon, Comoros, DR Congo, Ethiopia, Georgia, Haiti, Mali, Mongolia, Nepal, Pakistan, Senegal, Yemen and Zambia). Participants at the two-day meeting were Directors of Medical Services and EPI Managers. The objective of the meeting was to share lessons learned from current GAVI support and seek country input for the future. It is expected that the July 2005 Board meeting will make strategic decisions on new rules for future GAVI support starting in 2006. The country input from the May consultation will provide timely input into the Board decision-making process.

COUNTRY INFORMATION¹ BY REGION

AMERICAS

GUYANA

29/07/05 from PAHO: The country has started to phase-out support for **pentavalent** vaccine, which will end in 2006. PAHO is organizing a country visit to provide technical assistance for this activity.

HAITI

29/07/05 from PAHO: A country visit is organized by PAHO to coordinate conducting a **DQA** this year.

EAST & SOUTH AFRICA

ANGOLA

29/07/05 from AFRO E&S:

The **injection safety, waste management** and **vaccine management assessments** will take place in September 2005.

The **DQA** is tentatively scheduled for November 2005.

The **FSP** is due in 2005.

BURUNDI

29/07/05 from AFRO E&S:

The first shipment of **pentavalent vaccine** was received on 9 April 2005. The formal launching took place on 7 April 2005, to coincide with the World Health Day, under the patronage of the President of Burundi. Pentavalent vaccine was borrowed from

Kigali to permit the launch on the 7th. Implementation of the vaccine is going well. Glaxo Smithkline financed a training on pentavalent vaccine in Bujumbura on 12-13 April 2005. All provincial medical officers and heads of health sectors participated.

COMOROS

29/07/05 from AFRO E&S: **DTP-HepB tetraivalent vaccine** was received in March 2005, and was introduced in June 2005.

ERITREA

29/07/05 from AFRO E&S:

The **multi-year plan** needs to be revised this year, and the ICP will provide technical assistance.

ETHIOPIA

29/07/05 from AFRO E&S:

The **EPI Review** and **multi-year plan** are scheduled for later this year.

The **RED evaluation** was completed in June 2005.

KENYA

29/07/05 from AFRO E&S:

The **RED evaluation** was completed in June 2005.

INS is ending in 2005, and Kenya will receive support from donors and partners as well as from PEPFAR.

LESOTHO

29/07/05 from AFRO E&S: An **external evaluation** of the **EPI Mid-Level Management (MLM)** training was scheduled to be conducted from 2-6 May 2005.

MADAGASCAR

29/07/05 from AFRO E&S: The **RED Evaluation** was completed in June 2005 with support from WHO/HQ, AFRO and CDC.

MALAWI

29/07/05 from AFRO E&S:

The **measles campaign** has been postponed to the second quarter of 2005.

The **MLM** and **RED training** have been postponed to the second quarter of 2005.

The monitoring of **vaccine wastage** through sentinel sites is ongoing.

MOZAMBIQUE

29/07/05 from AFRO E&S:

There are ongoing preparations for a nation-wide **measles campaign** to be held in phases from July to September 2005. Oral Polio Vaccine and Vitamin A will also be administered and

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
STOP = Stop Transmission of Polio

discussions on integrating ITNs into the campaign are still ongoing.

The **multi-year plan** will be developed after the programme review tentatively planned for October 2005.

INS is ending in 2005.

UGANDA

29/07/05 from AFRO E&S:

The **Hib impact study** supported by CDC is ongoing and results will be available when study is completed.

Planning to conduct an **EPI review** and **multi-year plan** in August 2005.

29/07/05 from Fiona Braka-Makmot: The country participated in the GAVI consultative process from 25-29 April 2005. The consultation involved the Ministries of Health and Finance, and health development partners. The purpose of the consultation was to gain information on lessons learned from GAVI Phase I, and the country perspective on the next phase of GAVI support towards vaccines, immunization and health systems strengthening.

ZAMBIA

29/07/05 from AFRO E&S:

The country is expecting the last shipment of 623,000 doses of **DTP3-Hib vaccine**, and current stocks will last to July 2005.

The **injection safety** support will end in 2005, and the government is prepared to continue financing safe injections post-GAVI funding.

The **EPI review** has been conducted and draft report produced. The **EPI multi-year plan** will be prepared by the end of this year.

The **external evaluation** of the **EPI Mid-Level Management (MLM)** training was scheduled to be conducted from 11-15 May 2005.

The **vaccine wastage surveillance system** was scheduled for May 2005.

WEST & CENTRAL AFRICA

BENIN

29/07/05 from AFRO W&C: An external **EPI Review** and a workshop for the development of the **multi-year plan** are scheduled for 2005. Technical assistance is needed for both activities.

BURKINA FASO

29/07/05 from AFRO W&C:

Planning to start with **pentavalent vaccine** in early 2006, and already received some funding to prepare for the introduction.

A workshop was scheduled to train on **DQS** for all francophone countries in May-June 2005.

GAMBIA

29/07/05 from AFRO W&C:

After a successful **pneumococcal conjugate vaccine** trial (9 valent), the country is planning a sub-national campaign with the vaccine this year. The **EPI Review** and the **multi-year plan** are scheduled for the first half of 2006.

GUINEA

29/07/05 from AFRO W&C: The second phase of **Yellow Fever** preventive campaign is scheduled to commence shortly.

LIBERIA

29/07/05 from AFRO W&C:

Multiantigen outreach immunization activities started in March 2005, following staff training and review of the national EPI policy document.

Planning to apply for **injection safety** support from the Vaccine Fund in September 2005.

DQA was scheduled for July 2005.

MALI

29/07/05 from AFRO W&C: Introduction of **pentavalent vaccine** was planned for May-June 2005, upon completion of the second round of polio campaign.

MAURITANIA

29/07/05 from AFRO W&C: **HepB monovalent vaccine** was officially launched in March 2005, and implementation will start in July 2005.

NIGER

29/07/05 from AFRO W&C: Country is planning to submit applications for **new vaccines (HepB and Yellow Fever)** by the end of the year. Technical assistance is required for this.

SIERRA LEONE

29/07/05 from AFRO W&C: The **EPI Review** was scheduled for June 2005. Following this, a **multi-year plan** will be prepared.

EASTERN MEDITERRANEAN

REGIONAL INFORMATION

29/07/05 from EMRO: The EMRO regional office organized the 22nd national **EPI Managers Meeting** and the 18th **RTAG Meeting** from 4-7 July 2005. The countries had the opportunity to discuss routine immunization, new vaccines, GAVI Phase Two, multi-year planning, bridge financing, and other related issues.

AFGHANISTAN

29/07/05 from EMRO:

EMRO will provide training for drafting a **fully costed multi-year plan** in November 2005, and the plan will be finalized by the end of this year.

DJIBOUTI

29/07/05 from EMRO: Technical assistance is needed in September 2005 for the preparation of the application for **pentavalent vaccine**. The World Bank will provide technical assistance for the preparation of the **FSP**, which will be at the same time as the application.

PAKISTAN

29/07/05 from EMRO:

A **coverage survey** is expected for this year, following the NIDs.

EMRO is currently recruiting three **routine immunization advisers** to work in each province of the country on **RED** and **measles** activities. A fourth routine immunization adviser is being recruited.

SOMALIA

29/07/05 from EMRO:

EMRO has identified a focal point for **routine** and **measles immunization**, and the focal point will be recruited.

A **measles catch-up campaign** is planned for November 2005.

SUDAN

29/07/05 from EMRO:

HepB implementation started in January 2005 in North Sudan, and a **post-introduction evaluation** is planned by the end of the year. The **RED evaluation** will be conducted this year. In South Sudan, Immunization activities are focused on **measles**, and there is good coordination with the polio staff. A mission was planned to review the EPI and measles activities during the second week of June. The measles campaign is scheduled for October 2005.

TUNISIA*

29/07/05 from EMRO: The country has been using **Hib vaccine** in monovalent formula. EMRO is in consultation with the MoH to discuss issues of procurement.

YEMEN

29/07/05 from EMRO:

The implementation of **pentavalent vaccine** started, and new vaccines were received in cash support.

A **post-introduction evaluation** is planned to be conducted before the end of 2005.

Nationwide **DTP3 coverage** has increased from 65% to 77%, however there are considerable differences between the districts.

Technical assistance will be provided for the **multi-year plan** to be drafted in November 2005.

EUROPEAN REGION

REGIONAL INFORMATION

29/07/05 from EURO:

The **Global Training Network (GTN) on Adverse Events Following Immunization (AEFI)** was held from 26-29 April 2005 in Tarasevich Institute in Moscow, Russian Federation. Participants (mainly NIP managers, epidemiologists in charge of surveillance and NRA persons dealing with biological products and vaccines or responsible for pharmacovigilance) from Armenia, Georgia, Moldova and Ukraine attended this meeting. Participants indicated that the course was valuable and useful for upgrading their AEFI systems. Plans of action to strengthen the existing AEFI system were drafted by all participating countries, and should be finalized and implemented once the participants return to their countries.

The **Technical Consultation Meeting on Measles, Rubella and Congenital Rubella Syndrome Surveillance** was held from 12-13 April 2005 in Copenhagen, Denmark. Participants from Albania and Krygyzstan attended the meeting. The purpose of the meeting was to:

- Review and revise existing definitions and develop clearly defined performance indicators for measles, rubella and CRS surveillance that will permit the monitoring of progress;
- Make recommendations on the need and methods for further integration of measles and rubella surveillance;
- Make recommendations on preferred methods for CRS surveillance in low, medium and high income countries.

ARMENIA

29/07/05 from EURO: A WHO mission was conducted on 8 April 2005, to follow up on the **AEFI surveillance system** and to establish a sentinel surveillance system.

AZERBAIJAN

29/07/05 from EURO:

A WHO mission was conducted from 25 April to 18 May 2005, to assess **injection safety** and **health care waste management** in the country, prior to the **measles-rubella campaign** scheduled for October 2005.

Another mission was conducted by WHO from 18 April to 2 May 2005 to revise the national **measles and rubella strategic plan** and to assist in conducting macro-planning activities for the coming supplementary immunization activity for measles and rubella.

UZBEKISTAN

29/07/05 from EURO: Following the national training on **AEFI Surveillance and response**, combined with immunization monitoring, 30 sub-national workshops have been held to roll down the acquired knowledge to district (rayon) and health facility levels in April 2005.

29/07/05 from EURO: A meeting on "Rotavirus Diarrhoea in Uzbekistan: Disease Burden and New Vaccine Introduction", was held in Tashkent on 24 May 2005. The meeting brought together pediatricians, Ministry of Health officials, and scientists from Uzbekistan, as well as representatives from WHO and other international health agencies and representatives from Ministries of Health and National Immunization Programme Managers from Armenia, Azerbaijan, Kazakhstan, Tajikistan and Ukraine. Recently collected data on rotavirus disease burden and a cost-effectiveness analysis of a potential introduction of rotavirus disease burden and a cost-effectiveness analysis of a potential introduction of rotavirus vaccine in Uzbekistan were presented and discussed at the meeting.

Using the WHO Generic Protocol for Rotavirus Surveillance, Uzbekistan has piloted rotavirus surveillance in Tashkent Children's Hospital Number 4, since June 2003, and expanded surveillance to a second hospital in Bukhara in 2005. From 2003 through May 2004, rotavirus was detected in 27% of children hospitalized with acute gastroenteritis and was the most common cause of gastroenteritis in the study. National disease burden estimates were presented that demonstrated that one child in every 100 in 300 would die of rotavirus during the first five years of life in Uzbekistan. An effective vaccine against rotavirus would prevent annually an estimated of 91% of deaths (1,493) and hospitalizations (4,801) among children under five years of age, associated with rotavirus in Uzbekistan. Including rotavirus vaccination in the National Immunization Programme would save approximately \$330,000 in direct medical expenses and an additional \$40,000 in direct non-medical and indirect costs. While rotavirus vaccination is very unlikely to be cost-

saving in Uzbekistan, it is likely to be a cost-effective strategy for prevention of diarrheal disease. Data from the studies presented are currently in press.

The recommendations from the meeting included a commitment to continue hospital-based surveillance for rotavirus in Uzbekistan, and to expand activities to refine disease burden estimates to other settings, including outpatient clinics and the community. Other countries in the region also indicated their interest in initiating the evidence base to determine the priority of rotavirus vaccine introduction, once vaccines become available. The meeting provided an opportunity for investigators and senior Ministry of Health staff in Uzbekistan to meet and ensure that national surveillance data will be routinely transmitted to national decision-makers in anticipation of rotavirus vaccine availability in the next 1-2 years, and was an effective catalyst to encourage other countries in the region to begin collecting local data to inform their own national decisions.

SOUTH EAST ASIA REGION

BANGLADESH

29/07/05 from SEARO:

The country was preparing for the **introduction of hepatitis B vaccine** in the remaining 32 districts. Introduction of the vaccine will be completed this year.

Country has recently completed a **district-wise 30 cluster coverage survey** to obtain district data for EPI coverage.

DPR KOREA

29/07/05 from SEARO:

HepB vaccine implementation nation-wide was accomplished at the end of 2004.

The **DQA** was carried out in December 2004. The country passed with a verification factor of 0.93.

WESTERN PACIFIC REGION

REGIONAL INFORMATION

29/07/05 from WPRO: The **Regional Working Group Meeting** was held in Beijing, China on 11 June 2005. A summary of outcomes will be available shortly.

29/07/05 from WPRO: The **Immunization Partnership** in the **Western Pacific Region** focuses on the provision of recourses in support of measles elimination, enhanced hepatitis B control, and the retention of poliomyelitis free status through the strengthening of overall routine immunization.

The Immunization Partnership was recently launched at the WPR Inter-country Committee that

LIST OF MEETINGS RELATED TO IMMUNIZATION

Regional Meetings Related to Immunization: July 2005 - December 2005					
Title of Meeting	Start	Finish	Location	Responsible Partner	Region
Jul-05					
22nd National EPI Managers ICM and 18th RTAG Meeting	04-Jul	07-Jul	Cairo, Egypt	EMRO	EMR
GAVI Board Meeting	19-Jul	20-Jul	Paris, France	GAVI Secretariat	Global
Aug-05					
AFRO Inter-Country MLM course for Anglophone Countries	01-Aug	12-Aug	Lusaka, Zambia	AFRO	AFR
Sep-05					
Ministers of Health and Finance Meeting on Introduction of New Vaccines	tbd	tbd	Washington DC	PAHO	Americas
Bi-regional workshop on the development of comprehensive multi-year plans	12-Sep	14-Sep	tbd	SEARO/WPRO	SEAR/WPR
EMRO Inter-Country Meeting on Measles Elimination	12-Sep	15-Sep	Casablanca, Morocco	EMRO	EMR
GAVI Working Group Meeting	21-Sep	22-Sep	Amsterdam	GAVI Secretariat	Global
Oct-05					
South America EPI Managers Meeting	24-Oct	28-Oct	Asuncion, Paraguay	PAHO	Americas
Immunization Training Partnership	tbd	tbd	Geneva	WHO	Global
Nov-05					
GAVI Working Group Meeting	02-Nov	03-Nov	Geneva	GAVI Secretariat	Global
GAVI Eastern Mediterranean Regional Working Group Meeting	20-Nov	22-Nov	Cairo, Egypt	EMRO	EMR
Caribbean EPI Managers Meeting	28-Nov	02-Dec	Bermuda	PAHO	Americas
Task Force on Immunization	28-Nov	01-Dec	Brazzaville	AFRO	AFR
Dec-05					
GAVI Board Meeting	06-Dec	07-Dec	New Delhi, India	GAVI Secretariat	Global
Intl. Workshop on Rotavirus Epidemiological Surveillance	12-Dec	16-Dec	Rio de Janeiro, Brazil	PAHO	Americas