WHO-EM/EPI/266/E

Report on the

14th Meeting of the Eastern Mediterranean Regional Working Group on the GAVI Alliance

Cairo, Egypt
6–7 December 2007

World Health Organization
Regional Office for the Eastern Mediterranean

Document WHO-EM/EPI/266/E/09.08/104

CONTENTS

1. INTRODUCTION

The 14th meeting of the Regional Working Group (RWG) on the GAVI Alliance was held in Cairo, Egypt on 6–7 December 2007. The objectives of the meetings were to:

- review country progress in utilization of the GAVI Alliance's immunization services support (ISS), new and underused vaccine introduction (NUVI) and health system strengthening (HSS);
- identify weaknesses and gaps and recommended corrective measures;
- agree on country technical assistance needed to adequately implement the GAVI application process; and
- discuss country progress relating to their applications for ISS, NUVI and HSS.

The meeting was attended by national managers of the Expanded Programme on Immunization and national health systems focal persons from Afghanistan, Djibouti, Pakistan, Somalia, Sudan, southern Sudan and Yemen, staff of the World Health Organization (WHO) and United Nations Children's Fund (UNICEF) country offices, regional offices and headquarters, in addition to members of the Regional Technical Advisory Group on Vaccine-Preventable Diseases.

The meeting was opened by Dr Ezzeddine Mohsni, Regional Adviser, Vaccine-Preventable Diseases and Immunization, WHO Regional Office for the Eastern Mediterranean (EMRO), who delivered a message from Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean. In his message, Dr Gezairy noted that in the first phase of GAVI funding, all eligible countries of the Region had benefited from GAVI support for strengthening of immunization services. Five out of these six countries had introduced hepatitis B vaccination as well as fulfilled the criteria set by the GAVI Alliance. However, one of the remaining countries, Somalia, was still unable to meet the criterion of at least 50% coverage with three doses of combined diphtheria, pertussis and tetanus vaccine (DPT3) because of its complex emergency situation. He urged the GAVI Alliance to relax criteria for such countries so that their population could also benefit from introduction of hepatitis B vaccine in routine immunization. He emphasized that immunization programmes and other services could not work without strengthening the health system as a horizontal platform. Countries were now working on strengthening this area through the use of GAVI HSS window to target barriers and health system bottlenecks in order to maintain and increase immunization coverage and improve maternal and child health services.

The meeting programme and full list of participants are attached as Annexes 1 and 2, respectively.

2. TECHNICAL PRESENTATIONS

2.1 Analysis of comprehensive multi year plans

Dr Rudi Eggers, WHO/HQ

Comprehensive multi year plans (cMYPs) developed in line with the Global Immunization Vision and Strategy (GIVS) provide national goals, objectives and strategies for 3–5 year period and include a costing and financing component. WHO/UNICEF guidelines for developing the the cMYP, the cMYP costing tool and its guideline are available on the WHO website for use by countries.

Besides the GAVI-eligible countries in the Region, other countries including Bahrain, Jordan, Morocco, Oman and the Syrian Arab Republic have developed cMYPs.

An analysis was conducted of 57 available cMYPS at global level to determine if they are applying WHO UNICEF guidelines, comprehensively planning all immunization system components in line with GIVS and country planning cycles with fully costing programme needs. Based on the analysis the following can be concluded.

- cMYPs have become an integral part of the planning process for the Expanded Programme on Immunization (EPI) in countries and across WHO and UNICEF regions.
- The relevant Millennium Development Goals and the GIVS goals are being incorporated into the planning process particularly with reference to coverage targets and the introduction of new vaccines as a means of further reducing child hood morbidity and mortality.
- The cMYPs indicate the GIVS target of increased coverage (80%) is achievable and countries are committed to increasing coverage for all antigens and for many countries the introduction of new vaccines to further boost the effectiveness of immunization programmes.
- Immunization programmes have been strengthened in the past 5 years, possibly driven by the financial sustainability planning (FSP) process and GAVI support. Coverage has steadily improved. The cold chain has been updated and increased funding has provided the impetus for further improvements.
- Countries are strategically planning for the introduction of new vaccines between 2007 and 2010.
- Campaigns and the number of antigens being delivered by the use of campaigns are also increasing.
- Vitamin A supplementation as part of EPI is becoming more prevalent in routine EPI and campaigns.
- Data collection and integration of the data collected into the cMYP tool have improved considerably since the completion of FSP and the usage of the tool in the areas of data entry and costing and financing is generally well understood and completed accurately.
- There is evidence that capacity building efforts over the years through the FSP process have resulted in enhanced country level capacities for cMYP development and costing.

2.2 Global overview of the health system strengthening

Dr Patric Kadama, WHO HQ

GAVI HSS investment objectives and eligibility is based upon an investment case of long term vision until 2015. The first phase proposal will have mid-term evaluation in 2010. The GAVI Alliance's HSS principles emphasize that the interventions should be designed to complement work of others.

The regional coordination mechanism requires better partner coordination and timely response. The existing EPI mechanism offers an entry point. Health systems strengthening staff at country level need more information and clarity of their role. More than 30 proposals are expected by October 2007. There is need to establish regional peer review at the earliest. The country support process for investing in health system strengthening has to be learnt by doing. Similarly a debate on monitoring is crucial. There are no shortcuts to the process of dialogue, neither there are standard formulas for embedding the HSS investment in country health policy, sector strategy, planning cycle, budgeting and coordination process.

The International Health Partnership and other global health system strengthening initiatives will overlap with GAVI HSS in many countries. Some emerging frameworks for coordination are the Paris OECD post high-level forum on aid effectiveness, and the H8 and the harmonization for health in Africa (HHA) initiatives. Apart from GAVI HSS, there is still a gap between rhetoric and practice.

2.3 Regional overview of GAVI support for health system strengthening and civil society organizations

Dr Mounir Farag, WHO/EMRO

The importance of the vital role of health system strengthening as the horizontal platform to achieve a robust immunization programme and other health services to fulfil Millennium Development Goals 4 and 5 cannot be denied. It is vital to set a clear schedule to accomplish the regular joint country missions involving maximum representation from WHO headquarters and Regional Office for the Eastern Mediterranean, the concerned UNICEF regional office and GAVI secretariat. Such missions are to be communicated with sufficient time to WHO focal points for EPI and HSS and UNICEF chief of health and/or EPI officer to properly plan for achieving its objectives.

Afghanistan has a strong coordination and collaborative system of work. GAVI HSS will help improve access in difficult areas, covering about 80%. Other HSS contributions from other programmes are to be considered. Special importance is to be given to additional support for civil society due to the specific situation of Afghanistan, with health service provision by nongovernmental organizations. Also another important point was raised which is to consider the laboratories within health system strengthening. WHO EMRO will work to strengthen HSS at country level through establishment of fixed term staff for HSS.

Pakistan has received short term technical support to start working on HSS implementation with primary health care and EPI. A central proposal was delivered and a

transparent financial channel clarified, focusing on a continuous monitoring and evaluation system. Capacity-building is ongoing and capacity is being strengthened at provincial level by strengthening provinces' ownership. An important point during discussions was how to remedy bureaucratic bottlenecks, offering concrete solutions to help. A proposal for civil society organization (CSO) type A and B support is under preparation. WHO/EMRO is in the process of providing continuous, long-term HSS support at country level.

For northern Sudan, discussions highlighted the importance of the joint mission and how it improved coordination and collaboration between EPI, planning and policy departments and all other partners. WHO EMRO support for the application was key in its successful approval by the Independent Review Committee, and work is now focusing on clarifications for the start of implementation. WHO will follow fund channelling. It was agreed that Sudan will deliver two separate proposals, one for northern and another for southern Sudan.

In southern Sudan, the department of planning after overcoming some difficulties and misunderstanding is leading the process of GAVI HSS application development and its implementation. GAVI HSS is a very good opportunity to remedy the majority of health problems and will establish a strong system following the fragile situation that southern Sudan experienced for many years, the Regional Office is providing the requested technical support at country level for the short term until the establishment of long term support.

In Yemen, it was highlighted by nationals that better coordination is needed at all levels between partners and also within the Ministry of public health and population. Continuous support for health system strengthening is urgently needed at country level. Yemen is planning to focus more on strengthening of the fixed sites at national level.

In Djibouti, the main point of discussion was the small amount of funds according to birth cohort; in this respect the GAVI secretariat is being requested to raise it from US$400 000 to US$ 1 million. Djibouti is planning to apply for HSS in next round (March) and requested EMRO support.

Somalia is planning for the joint mission immediately after the RWG meeting due to its special situation; the three zones will be reviewed and the application based on in-depth evaluation and situation analysis at district level as it was agreed by the HSS regional focal point in September during the national health sector meeting in Nairobi. The Regional Office is following closely the application development and its implementation and the work of international consultants. It will be important to organize the HSS course three or four times per year, and to organize it in the future at country level using those from the country who attended it as a critical support mass.

2.4 Update on GAVI board meetings and Independent Review Committee outcomes

Dr Raj Kumar, GAVI secretariat, Geneva

Out of the three types of Independent Review Committees (IRCs), one is for monitoring purpose. The monitoring IRC is same for HSS and ISS. IRCs report directly to the GAVI Board.

GAVI governance takes place through different GAVI boards. There are a number of countries as members of the board while a couple of task forces assist boards in their decision-making process. There are 20 affiliated and 10 non-affiliated board members in addition to 4 permanent members. The Chair of the Board is elected.

Case preparation for meningococcal conjugate vaccine has been approved and the work of Accelerated Development and Introduction Plans for accelerated vaccine introduction is appreciated by the Board. All Board documents are placed on the web. The HSS annual progress report focuses on monitoring of indicators/milestones and financial performance.

2.5 Coordination role of the Regional Working Group on the GAVI Alliance and proposed plan of joint country missions

Dr Irtaza Ahmad Chaudhri, WHO/EMRO

The importance of regular joint country missions comprising representatives from WHO EMRO, the concerned UNICEF regional office and GAVI secretariat was agreed. The visiting mission is to be joined in the country by WHO focal points for EPI and HSS and UNICEF chief of health and/or EPI officer. The general terms of references of the visiting mission will be to:

- assess country situation vis-à-vis implementation of GAVI ISS HSS and CSO support related activities, through meetings with the Ministry/partners/coordinating bodies and field visits.
- discuss with all concerned the latest on available GAVI support, future country plans, constraints in implementation of the plans and likely support required from the partners especially GAVI, UNICEF and WHO and agree on a plan of action for moving forward, with a defined timeline and responsibilities.
- prepare and share with all concerned the mission report covering the areas mentioned at serial no 1 and 2 above.

In order to strengthen the coordination role of the RWG, and to follow up on the issues as per the terms of reference of the RWG, it was strongly emphasized, and was agreed by the participants, that all the communications from countries to GAVI and vice versa must be copied to the RWG.

The country visit plan for joint missions in 2008 includes Djibouti in March, Yemen in June, Pakistan in September, Afghanistan in November and northern and southern Sudan in December.

Besides the joint country visit, each entity, i.e. WHO, UNICEF, GAVI, can have individual visits to the countries if required; however, it is strongly urged that their visit reports be shared with the RWG.

3. COUNTRY PRESENTATIONS

3.1 Afghanistan

There has been a 25% reduction in child mortality since 2001. DPT3 coverage for 2007 is expected to be around 81%, compared to 77% in 2006. Approximately 2.9 million people (9.7%) reside in areas which are not supported by any donors. An ISS proposal under GAVI phase 2 was approved in August 2007 for the period 2007–2010. A new vaccine proposal for pentavalent vaccine (DPT–HepB–Hib) was approved with clarifications regarding cold chain capacity and co-financing. The government has agreed on co-financing. Ten more cold rooms will be procured to enhance vaccine storage capacity at the national level. Emphasis on the reach every district (RED) approach, including district micro-planning, is to be continued in 2008.

A HSS proposal was approved in August 2007 for US$ 34 million for 2007–2011. The proposal includes improving access to quality health care, increasing health services utilization and increasing the ability of the Ministry of Public Health at various levels to fulfil its stewardship responsibilities. Priorities in implementation of HSS support include recruitment of district health officers, outsourcing of sub-centres, technical assistance for pilot projects and procurement of hardware for sub-centres.

Challenges

- Delay in transfer of funds due to prolonged procedures.
- Limited country capacity to conduct vaccination coverage surveys.
- Inadequate coordination between EPI and health system strengthening efforts.
- Need to launch demographic survey for updating population data
- Need for the Ministry of Public Health to take a lead role in coordinating the services being provided by nongovernmental organizations.
- Strong involvement by nongovernmental organizations needed for EPI micro-planning.
- Difficult terrain, requiring strengthening mobile teams, developing sub-centres and training community health workers to reach hard-to-reach areas.
- Continuous need for technical assistance from WHO.

Action points

- Improving routine immunization coverage
  - Emphasize on district level micro-planning; continue the momentum
  - Develop better coordination with nongovernmental organizations – GAVI civil society organization support for pilot
  - Ensure the planned 120 sub centres have functional EPI static centres.

- Develop surveillance system
  - Coordinate use of available support, polio, disease early warning systems, etc.
  - EMRO to provide required technical support.
- Introduction of pentavalent (DPT–HepB–Hib)
  - Respond to GAVI conditions for February 2008 round regarding cMYP and cold chain expansion plan.
- Health system strengthening/civil society organization proposals
  - Plan CSO task team and HSS EMRO regional focal point to support development of CSO application type B to be submitted for 7 March 2008.
  - Apply for CSO type A lump sum fund.
  - Implement HSS implementation follow-up and ensure continuous HSS technical support at country level.

3.2 Djibouti

Pentavalent (DPT–HepB–Hib) vaccine was introduced in August 2007. There are plans to apply for GAVI HSS and CSO support in 2008. Routine measles coverage for 2006 was 68%. Utilization rate of GAVI ISS funds is 97%. For GAVI new vaccine introduction support, a lump sum of US$ 100 000 was received in October 2007.

There are plans to submit an application for pneumococcal and rotavirus vaccine introduction to GAVI in 2009, with likely introduction in 2010. Development of a proposal for HSS support is under way and is planned to be submitted for the 7 March round. The proposition for CSO support is planned to be submitted by end January 2008. The HSS proposal will target capacity-building, strengthening of the infrastructure and management system, and establishing a mechanism to increase civil society participation.

Challenges

- Funds of US$ 50 000 for support to prepare the HSS proposal are still awaited.
- The Ministry of Health considers that its support under HSS should be increased to US$ 1 million instead of the projected budget of US$ 400 000, because it has to cater to a large refugee population.

Action points

- HSS/CSO support
  - Follow up with GAVI Secretariat for the awaited funds (US$ 50 000).
  - Plan for EMRO/HSS regional focal point visit to support application development in French, end of January, for submission on 7 March 2008.
  - Apply for the CSO type A lump sum
- Submission to GAVI the request for US$ 1 million with strong justification for consideration of the GAVI board.
- Strengthening of routine immunization: Ministry of Health to work towards ensuring sustainability.

3.3 Pakistan

Out of the total approved US$ 35.6 million under GAVI phase 1, US$ 15.57 million has been disbursed/released. There is still an amount of US$ 20.03 million in balance. The federal EPI is in process of preparing PC1 with separate chapters for provinces for the balance US$ 20.03 million under GAVI ISS phase 1 and expected reward of US$ 10.2 million under GAVI ISS phase 2. Pentavalent (DPT–HepB–Hib) vaccine is to be introduced from mid 2008 under GAVI support. The country will make a co-payment of US$ 14.572 million for 2008–2010. A training workshop for CSOs was held in September 2007. 24 organizations participated and 16 submitted their proposals.

Estimated GAVI support under HSS is US$ 76 million for 5 years. GAVI approved US$ 23 million for a 2 year period. The Government of Pakistan also contributed US$ 1.7 million for the same period. The request for transfer of US$ 16 million under HSS was sent by the country. HSS support is to be mainly utilized for improving maternal and child health services at district level, strengthening district health care delivery services and enhancing the role of civil society organizations in health system decision-making.

Challenges

- Plenty of unused funds under phase 1.
- Need to effectively utilize technical capacity of polio team to improve programme performance.
- Need to establish strong coordination between the Ministry of Health and civil society organizations and a way to channel money through the Ministry for civil society support.
- According to the system-wide barrier study, bureaucratic procedures are hampering the timely utilization of funds. HSS should be used to overcome the bottlenecks in the system.
- Pakistan should consider use of GAVI HSS support to strengthen production of vaccines.
- Risks in changing vaccine procurement system from procurement through UNICEF to self procurement in a short time of 6–7 months.
- Utilization of the extra amount of monovalent hepatitis B vaccine after shifting to pentavalent one.

Action points

- Improving routine immunization coverage
  - Match the ISS funds utilization with the planned activities and review the situation on a quarterly basis.
  - Technical capacity of the polio team to be utilized effectively
  - Update cMYP (Q1 2008) and develop/update the plan of action for 2008
  - Undertake the planned activity for adjustment of target population (Q1 2008)
- Introduction of pentavalent (DPT–HepB–Hib) vaccine
  - Immediately start implementation of the plan of action
    Accomplish the required cold chain expansion by time

- Vaccine procurement
  Shifting to self procurement in very short time may have serious effects, i.e. gap in vaccine availability. EPI to pay special attention towards this.
- Balance of monovalent hepatitis B vaccine
  - In continuation of the decision of the 13 RWG to utilize the available balance in consultation with the national intersectoral coordination committee, at the earliest.
- HSS/CSO support: the national focal person for HSS/CSO to be proactive and keep the Regional Office updated on the progress on a monthly basis
  - Apply for CSO type A lump sum fund
  - Follow-up HSS implementation and ensure continuous technical support at country level.

3.4 Somalia

Update

DPT3 coverage for 2006 was around 38%. During January–June 2007, it was 29% for the central/southern zone, 37% for the northwest zone and 8% for the northeast zone, with approximately 32% in Somalia as a whole. WHO and UNICEF, along with nongovernmental organizations, are supporting the Ministry of Health in EPI service delivery. All areas of EPI, including management, service delivery and utilization are extremely weak. GAVI HSS proposal development is in process and is planned to be submitted to GAVI for the 7 March round.

Challenges

- Very poor infrastructure and performance of existing health services in addition to lack of trained workforce in most parts of Somalia.
- Great difficulty for international agencies to visit Somalia due to security reasons.
- Lack of regulation of the role of nongovernmental organizations in Somalia, with health services run by different agencies.
- In the absence of a functional government-supported health system, the unregulated growth of a predominantly unqualified private sector.
- Need to integrate between polio and EPI activities.

Action points

- Strengthening of routine immunization
  Develop specific strategies, keeping in view the country situation.
  - Based on security situation and feasibility, move more international staff to Somalia to work closely with health authorities.
  - GAVI to consider hepatitis B vaccine as one of the basic vaccines (not as new and underused vaccine) and waive the condition of 50% DPT3.
- HSS support: draft HSS proposal being prepared with EMRO to be shared with all partners by end January 2008 for their feedback and submitted for 7 March round.

3.5 Southern Sudan

The intersectoral coordination committee (ICC) was formed in April 2007 while the national health sector coordination committee (NHSCC) was formed in July 2007. The cMYP was developed in April 2007 and updated in November 2007. GAVI ISS support under phase 2 was approved in 2007. Although DPT3 coverage was around 30% in 2007, the Ministry of Health is committed to achieving 80% regional target by end 2010. There are plans to submit a proposal for HSS for 7 March 2008 round.

Challenges

- Strong government commitment and existence of a comprehensive health policy are encouraging.
- Lack of trained personnel at all levels.
- Low pace of fund transfer from donors.
- Lack of reliable demographic data and little possibility to conduct census in the near future.
- Technical assistance and resources required for implementation of the planned activities.
- Need for strong coordination with northern Sudan, preferably through WHO.

Action points

- Strengthening routine immunization
  - Implement the plan of action for 2008 with quarterly review of the implementation status
  - Continue active involvement of polio teams for routine EPI
  - Keep the key government decision-makers updated with regard to progress and needs
  - Continue advocacy efforts with the government and EPI partners
  - Approach northern Sudan through WHO to utilize their technical capacity for strengthening EPI service delivery in southern Sudan
  - Provide joint reporting form (southern Sudan) for 2006 and onwards to be in line with GAVI annual progress report
- HSS support
  - Build effective coordination with nongovernmental organizations – GAVI CSO and HSS an opportunity
  - EMRO/HSS regional focal point to continue providing technical support for application development to be submitted 7 March 2008
  - Apply for CSO type A lump sum

3.6 Sudan

Update

GAVI support for northern Sudan under phase 2, approved for ISS, NVS (pentavalent DPT-HepB-Hib) and HSS. Annualized DPT3 coverage for 2007 was 86.5%. All districts are

implementing the RED approach. Data quality self-assessment (DQS) is being used at locality level. Social mobilization activities include EPI friends association in all states, annual immunization day celebration, child health forum and Sudanese Women's Union partnership.

During 2007, 2 intersectoral coordination committee meetings, 2 national review meetings for all states/partners, RED implementation assessment and five operational research studies were conducted. The main areas of ISS support included Personnel/Outreach/Mobile (37%) and transportation (40%). The first shipment of pentavalent vaccine (DPT–HepB–Hib) consisting of 1.655 million dose was received in November/December 2007. The national co-financing share was included in the Ministry of Finance budget for 2008. Cold chain capacity is being strengthened at all levels. At national level, a new cold room of 18 000 litres capacity was installed. All the cold rooms are connected with a continuous electronic temperature monitoring system. Injection safety equipment was identified as a budget line in the Ministry of Finance budget: US$ 600 000 for 2007. The adverse events following immunization (AEFI) system is functioning in 12 out of 15 states. The current cMYP for 2006–2011 needs updating to include activities like coverage survey, MNT campaigns, accreditation of central stores and inclusion of new vaccines, i.e. rotavirus, pneumococcal, yellow fever etc. The EPI plan for 2008 has been developed, and includes provision of technical support to southern Sudan, if required. GAVI HSS funds for 5 years (2008–2012) amount to US$ 16.151 million. Two main areas of utilization of GAVI HSS funds are: 1) improving service delivery and access to essential package of primary health care services in 4 selected states; and 2) building institutional capacity in all the 15 northern states.

Challenges

- Sudan's reward for 2006 achievements and lump sum support for introduction of new vaccine (US$ 100 000) are still awaited from GAVI.
- GAVI to consider higher awards for achievements above 85% as was also discussed in the 13 RWG meeting.
- Coordination between health system strengthening and the child survival initiative needs to be further improved.
- Though all districts are following the RED approach, services need monitoring to be of good quality.
- GAVI should consider providing lump sum support for introduction of new vaccine (pentavalent) according to the latest policy, i.e. US$0.30 per child based on the birth cohort of year of introduction instead of the previous policy of lump sum of US$ 100 000.
- Manufactures may be approached to prepare multi-dose vials of pentavalent vaccine (DPT–HepB–Hib) to ease the burden of storage and transportation.
- RED approach application in Sudan is a good model for other countries.
- Willingness and taking lead to support southern Sudan is appreciated.

Action points

- Improving immunization coverage
  - While sustaining the achievements, further improve and strengthen the quality of immunization services

- Introduction of pentavalent (DPT–HepB–Hib)
  - Go ahead with new vaccine introduction planned activities with WHO/EMRO support until GAVI support is received
  - Ministry of Health to write to GAVI for consideration on the new vaccine introduction support on the revised formula based on birth cohort and updated plan of action with required budget
- Supporting southern Sudan in strengthening of routine immunization
  - Agree on plan of action with southern Sudan
  - Provide required technical assistance: visit of southern Sudan mission to northern Sudan, and visit of northern Sudan technical experts to southern Sudan
- HSS/CSO support
  - The national focal person for HSS/CSO to support the GAVI HSS implementation as planned, be proactive and continue keeping the Regional Office updated
  - Apply for CSO type A lump sum fund.

3.7 Yemen

Microplans at the health facility level for both outreach and mobile sessions for 2008 are being prepared. A new building, 40 new cars and 1950 refrigerators were added to the EPI. 88% coverage with pentavalent vaccine (DPT–HepB–Hib) was achieved up to October 2007. This included delivery through fixed sites (59.6%) and outreach (28%).

GAVI ISS funds worth US$ 2.9 million were approved for 2006–2010 under the phase 2 plan for shifting outreach to fixed sites. The cMYP was developed in 2006 and updated in September 2007 to include rotavirus and pneumococcal vaccine. Case-based measles surveillance has been initiated. During January–November 2007, 458 suspected cases were reported. The government of Yemen has committed to co-financing for new vaccines. An HSS proposal was approved by GAVI for US$ 6.5 million.

Challenges

- Need to strengthen coordination with other partners and nongovernmental organizations.
- Sustaining co-payment of government and the need to send evidence to GAVI.
- Expansion of cold chain capacity to cope with introduction of pneumococcal vaccine and maintenance of satisfactory cold chain at all levels.
- Shifting gradually the emphasis from out-reach services to fixed site service delivery.

Action points

- Improving immunization coverage
  - Emphasize microplanning at health facilities; gradually focus on fixed site strategies
  - Strengthen coordination of partners.
- Introduction of pneumococcal vaccine
  - Respond to GAVI conditions (updating cMYP and proper elaboration of the cold chain capacity
  - Immediately provide evidence for the co-payment of Hib vaccine

- HSS/CSO support
  - The national focal person for HSS/CSO to be proactive and keep the Regional Office updated on the progress on monthly basis
  - Apply for CSO type A lump sum fund
  - Follow up HSS implementation and ensure continuous HSS technical support at country level.

4. CONCLUSIONS

- GAVI should waive of the criteria of minimum 50% DPT3 coverage for introduction of hepatitis B vaccine in the case of countries in complex emergency situations such as Somalia.
- Regional representatives should be invited to the GAVI board meetings as observers.
- GAVI should actively consider the case of middle-income countries, as their being left out for introduction of new vaccines may cause serious problems.
- The availability of funds for new vaccine surveillance for only six months and conversion of non classified funds to the classified category will lead to considerable problems.
- Countries will send their annual progress reports by 15 April for review by RWG core group.
- Headquarters of WHO and UNICEF strongly urge the offices at regional and country levels to work closely together.
- Middle income countries should also find a source of support from other donors, e.g. Bill and Melinda Gates Foundation.
- Analysis of cMYP at regional and country level will also undertaken by headquarters and the Regional Office.

Annex 1

PROGRAMME

Thursday, 6 December 2007

08:30–09:00	Registration	
09:00–09:30	Opening session Opening remarks Adoption of the Agenda Introduction of the participants Session 1: Country updates (25 minutes presentation + 20 minutes discussions, covering GAVI ISS, NUVI, HSS – Progress and Issues)	WHO EMRO
09:30–10:15	Afghanistan	*National EPI Manager/National HSS Focal person*
10:15–11:00	Pakistan	*National EPI Manager/National HSS Focal person*
11:30–12:15	Yemen	*National EPI Manager/National HSS Focal person*
12:15–13:00	Northern Sudan	*National EPI Manager/National HSS Focal person*
14:00–14:45	Southern Sudan	*National EPI Manager/National HSS Focal person*
14:45–15:30	Somalia	*National EPI Manager/National HSS Focal person*
15:45–16:30	Djibouti	*National EPI Manager/National IISS Focal person*
16:30–17:00	Wrap-up of Session 1	

Friday, 7 December 2007

	Session 2: Briefings *(including 10–15 minutes discussions)*	
08:30–09:00	HSS: Global overview	*WHO HQ*
09:00–09:30	HSS: Regional overview	*DHS/HSS*
09:30–10:00	Update on GAVI Board meeting, IRC outcomes, GAVI new-vaccines investment strategy, etc	*GAVI Secretariat*
10:30–11:15	ISS evaluation results	*GAVI Secretariat*
11:15–11:45	Analysis of country c MYPs	*WHO HQ*
	Session 3: Closing	
13:00–13:20	Coordination role of RWG on GAVI and proposed plan of joint country visits	*DCD/VPI*
13:20–14:00	Action points and wrap-up	*WIIO EMRO*

Annex 2

LIST OF PARTICIPANTS

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