

Summary report on the

# Meeting of the Regional Technical Advisory Group (RTAG) on Immunization

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Amman, Jordan  
21 November 2013



**World Health  
Organization**

Regional Office for the Eastern Mediterranean

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## **1. Introduction**

The annual meeting of the Regional Technical Advisory Group (RTAG) on Immunization for the WHO Eastern Mediterranean Region was held in Amman, Jordan, on 21 November 2013. The meeting was attended by members of the RTAG, chairpersons of national immunization technical advisory groups (NITAGs) of countries of the Region, representatives from the Centers for Disease Control and Prevention (CDC), the Network for Education on Immunization (NESI), and staff from WHO headquarters and the WHO Regional Office for the Eastern Mediterranean.

The objectives of the meeting were to:

- review the current situation of measles and rubella elimination and inactivated poliovirus vaccine (IPV) introduction in the Region;
- review the mandate, internal procedures and terms of reference of the proposed Regional Verification Committee (RVC) for Measles Elimination;
- review and endorse the regional guidelines for measles and rubella elimination in the countries of the Eastern Mediterranean Region.

Dr Ezzedine Mohsni, Coordinator, Immunization and Vaccines, WHO Regional Office for the Eastern Mediterranean, opened the meeting and Dr Hyam Bashour, RTAG on Immunization Chairperson, chaired the meeting. The meeting started with a moment of silence in memory of Dr Ali Jaffer Mohamed, ex-Chairperson of the RTAG on Immunization.

## **2. Summary of discussions**

### *Progress towards measles elimination in the Eastern Mediterranean Region*

The Region is progressing towards measles elimination despite the challenges. Several countries are close to achieving the elimination target, and even the countries that are currently reporting major outbreaks (Pakistan and Sudan) have been able to reduce measles incidence after successful catch-up campaigns.

It was felt that resurgence has occurred because of a delay in implementation of follow-up supplementary immunization activities (SIAs) and that the follow-up SIAs themselves were not equal in quality to the catch-up campaigns. However, the initial success indicates that measles elimination is achievable, even in the most challenging countries.

Part of the reason for measles resurgence is inadequate funding for follow-up SIAs resulting in delayed implementation of campaigns and inadequate funding to support measles/rubella surveillance and response. Partner and government support is limited to certain countries. For example, the GAVI Alliance is only supporting Afghanistan and Pakistan for measles SIAs and the Measles & Rubella Initiative (MRI) is supporting the remaining GAVI Alliance-eligible countries. There is a severe shortage of support for middle-income countries, whether for implementation of SIAs or measles/rubella surveillance.

The GAVI Alliance measles/rubella campaign funding window is open for all GAVI Alliance-eligible countries to enhance introduction of rubella vaccine. However, the current levels of support are not enough

to achieve elimination. For example, the target age range supported by the GAVI Alliance is limited to 9–59 months for measles and 9 months–14 years for measles/rubella.

The quality of data on Expanded Programme on Immunization (EPI) coverage is another concern. There are inconsistencies between the coverage data and the epidemiology of measles in several countries, suggesting that there are problems with the quality of administrative coverage data. For example, some countries report high two-dose vaccination coverage (adequate to achieve elimination), yet still experience major outbreaks.

There is a problem of measles among expatriates in the countries of the Gulf Cooperation Council (GCC). Countries are encouraged to use the successful strategies of Bahrain and Oman to vaccinate expatriate communities. Another challenge is the high number of measles cases among infants < 9 months of age in the Region.

There is a need for more government commitment to the measles elimination target. It is therefore important to increase the visibility of the measles elimination goal among decision-makers and health workers, and at the community level. The role of the NITAGs in this is important, but only if they are credible. Opportunities such as high-level meetings and the WHO Regional Committee for the Eastern Mediterranean should be utilized.

There was discussion on whether the target date of 2015 for regional measles elimination should be maintained. Postponing the target date might cause governments to relax, with a resulting loss of momentum. It is important to capitalize on what is available to enhance elimination activities.

*Global Polio Eradication Initiative endgame strategy: enhancing the introduction of IPV*

The benefit of introducing at least one dose of IPV was discussed, as well as the procedure for the global switch from trivalent oral polio vaccine (tOPV) to bivalent oral polio vaccine (bOPV). There is concern from NITAG and RTAG members over the tight timeframe for the introduction of IPV, including the short timeline for GAVI Alliance-eligible countries and the financial constraints of middle-income countries. The challenge of adding another injectable vaccine was noted and a need identified for advocacy and communication, especially with health care providers and the private sector.

*Strengthening the NITAGs to support the achievement of immunization targets*

It is a challenge for the busy secretariats of NITAGs to provide the necessary background information and there is a need for a dedicated focal point. There is also a need for minimizing the number of the technical advisory groups (TAGs) within a country (e.g. EPI TAG, polio TAG). It was clarified that integration is recommended by WHO.

There is a need to strengthen NITAGs and build the capacity of NITAG members. The engagement of NITAGs with training institutions to build EPI capacity, the inclusion of members of academia in NITAGs and ensuring the updating of EPI components in undergraduate and postgraduate curricula were all discussed.

The quality of NITAGs should be focused on. Meeting NITAG indicators does not necessarily mean having a fully functioning NITAG. For instance, current NITAG indicators do not reflect how



many recommendations of the NITAG have been applied and how far governments are responsive to NITAG decisions.

*The establishment of a regional verification commission and regional guidelines for the documentation and verification of measles and rubella elimination*

The regional guidelines on verification of measles/rubella elimination and the proposal for the establishment of a regional measles/rubella verification commission were discussed. RTAG members expressed their appreciation for the efforts made in compiling the guidelines and indicated that the guidelines are well prepared and in final shape. It was agreed to give RTAG members two more weeks to provide final comments, if any. After that, the guidelines will be considered endorsed by the RTAG.

*General discussion on RTAG (closed meeting for RTAG members and the Secretariat).*

It was reiterated that RTAG members attend the regional EPI managers' meetings for information, but that developing meeting recommendations is the responsibility of WHO, with the input of the participants. As regards implementation of RTAG recommendations, in line with the Strategic Advisory Group of Experts (SAGE) on immunization procedures, it was clarified that RTAG recommendations are directed to the WHO Regional Office. If the Regional Office finds them suitable, they are taken to countries directly or to the Regional Committee for endorsement.

On the role of RTAG in raising visibility of EPI targets, it was agreed that RTAG might undertake missions to countries for advocacy and to increase the visibility of EPI targets.

The Secretariat informed members of RTAG that the Regional Office is in the process of reviewing the structure, composition, mandate and terms of reference of RTAG. This was well received by all RTAG members. Apart from the annual RTAG meetings, it was agreed that RTAG members might be invited to regional meetings of EPI or measles/rubella managers as appropriate and as their time permits.

### **3. Recommendations**

*On the progress towards measles elimination in the Eastern Mediterranean Region*

1. A regional target should be set of rubella/congenital rubella syndrome (CRS) elimination by 2020.
2. Verification of elimination should be available for countries who achieve elimination.
3. Encouragement should be given to the remaining countries of the Region to introduce rubella vaccine; the GAVI Alliance measles/rubella campaign funding window should be seen as an opportunity to introduce rubella vaccine and consolidate efforts for measles elimination.
4. Somalia should defer the introduction of the rubella vaccine due to the potential for very low vaccination coverage to lead to an increase in CRS.

*On the Global Polio Eradication Initiative endgame strategy: enhancing introduction of IPV*

5. Countries that have not introduced IPV vaccine should develop a plan for implementing objective 2 of the Global Polio Eradication Initiative endgame strategy, including IPV introduction, with a timeline and budget. Planning for IPV introduction should follow the same guidelines used for the introduction of other new vaccines.
6. WHO, in conjunction with partners, should provide the necessary guidance and technical support for implementing the endgame strategy.

*On the strengthening the NITAGs to support the achievement of immunization targets*

7. The capacity of NITAGs should be strengthened with a focus on quality indicators.
8. Opportunities should be sought for sharing information and experience between regional NITAGs and other functioning NITAGs (e.g. US, Canada), through exchange of information and/or attending related meetings.
9. The support of Supporting National Independent Immunization and Vaccine Advisory Committees (SIVAC) and NESI should be sought for building the capacity of more NITAGs in the Region.

*On the establishment of a regional verification commission and regional guidelines for the documentation and verification of measles and rubella elimination*

10. RTAG members should be given two more weeks for providing final comments, if any; after that, the guidelines will be considered endorsed by the RTAG.



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