

Summary report on the

Twenty-eighth meeting of national managers of the Expanded Programme on Immunization

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Amman, Jordan
16–19 November 2014



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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1. Introduction

The Twenty-eighth meeting of national programme managers of the Expanded Programme on Immunization (EPI) was organized by the WHO Regional Office for the Eastern Mediterranean in Amman, Jordan, from 16 to 19 November 2014. The meeting was part of a series of meetings, which included a meeting of chairpersons of National Immunization Technical Advisory Groups (NITAGs) on 20 November 2014, a meeting of national measles/rubella laboratories focal points on 21 November 2014, and the fifteenth intercountry meeting on measles/rubella control and elimination from 22 to 25 November, 2014.

The objectives of the meeting were to:

- review national and regional progress in EPI: achievements, constraints and the way forward in view of the Global Vaccine Action Plan (GVAP);
- discuss recent advances in new vaccines and technologies: progress, constraints and the challenges facing their use;
- update Regional Technical Advisory Group (RTAG) members on progress and constraints facing EPI and get RTAG input for supporting EPI.

The meeting was attended by national EPI managers from countries of the Eastern Mediterranean Region, chairpersons of NITAGs and the RTAG, representatives from the United Nations Children's Fund (UNICEF) headquarters, regional offices and country offices, the Centers for Disease Control and Prevention (CDC, Atlanta), Sabin Vaccine Institute, Network for Education and Support in Immunization (NESI), Agence de Médecine Préventive (AMP), and

WHO staff from headquarters, the Regional Office and country offices.

The meeting was inaugurated by Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean. Dr Alwan reiterated the importance of achieving high coverage with routine immunization and the addition of new vaccines to immunization schedules, as appropriate, and in line with WHO recommendations to achieve the targets of the Millennium Development Goals. He highlighted the need for scale up efforts to achieve eradication of poliomyelitis. While commending the achievements of immunization programmes in many countries, Dr Alwan cautioned that much still remained to be done in order to achieve regional and global targets. He thanked partners for their support and said that innovative ways were needed to overcome prevailing challenges faced by the EPI in various countries and to ensure effective use of available resources.

The 4-day meeting comprised five sessions which included global and regional briefings on: the need to strengthen routine immunization in countries of the Region to meet EPI targets; the poliomyelitis eradication initiative (PEI), including objective 2 of the Polio Eradication and Endgame Strategic Plan 2013–2018; and the hepatitis B control target. The meeting included groupwork on enhancing implementation of objective 2 of the Polio Eradication and Endgame Strategic Plan and reviewing country situations of hepatitis B control and outline plan for implementation of required activities.

Dr Musaab Alsaleh (Kuwait) chaired the meeting.

2. Summary of discussions

Participants noted the slight drop in reported DTP3 coverage in the Region despite substantial constraints and challenges that several countries have experienced – and expressed appreciation to the EPI in Egypt, Tunisia, Libya and Yemen for the extra efforts devoted to maintaining the high performance of the programme.

They also noted the 6% increase in penta3 coverage in Yemen in 2013, compared to 2012.

They expressed appreciation that the EPI would be a regular agenda item at each session of the Regional Committee for the Eastern Mediterranean.

The regional achievement of the introduction of Hib vaccine in all countries of the Region and progress in introducing other new vaccines was commended.

Remarkable improvements in provision of routine immunization to Syrian refugees in countries neighbouring Syria was acknowledged, in addition to the efforts and collaboration of host countries and partners, as well as the solidarity of countries in the Region.

Participants noted the comments of the polio oversight body on the excellent response to ongoing wild poliovirus transmission in the Region but noted with concern the ongoing transmission in Pakistan and Afghanistan, which was posing a threat to the entire Region, and the negative impact it had had on the EPI programme in these countries, in which the number of polio national immunization days had been very high.

Participants acknowledged that regional EPI-related targets (polio eradication, measles elimination, etc.) would not be met by the target date of 2015 and underlined the need to accelerate efforts to meet regional and national targets for the eradication, elimination and control of vaccine-preventable diseases.

It was agreed that it was important to accelerate implementation of recommendations of previous EPI managers' meetings.

3. Recommendations

Strengthening routine immunization

1. Countries that have not yet achieved routine immunization coverage targets (at least 90% DPT3-containing vaccine coverage at national level and 80% in all districts) should:
 - 1.1 Pay more attention to analysing district-level data and identifying unreached populations and the barriers to immunization and apply appropriate strategies to reach the unreached.
 - 1.2 Develop and implement appropriate communication and social mobilization strategies to raise community awareness, address cultural barriers and increase and maintain the highest level of demand for immunization. Countries should expand social mobilization activities, implemented in relation to polio eradication activities, to increase awareness of routine immunization. Countries are encouraged to document best practices related to implementation of communication and social mobilization strategies.

2. Countries with well-performing EPIs should pay enough attention to sustaining the achievements of the programmes, ensuring high quality of all components of the immunization system and bridging any gaps in view of the multiple priorities of the programme.
3. The Regional Office should use all opportunities, including sessions of the Regional Committee, to advocate, at the highest levels, for raising the visibility of regional immunization targets and sustaining government commitment towards scaling up immunization programmes in all countries, including the better performing countries, in order to achieve immunization targets.
4. In line with the Global Vaccine Action Plan (GVAP), endorsed by the World Health Assembly in May 2012:
 - 4.1 The Regional Office should conduct necessary advocacy and awareness strengthening activities (including Regional Committee resolutions) to secure the required regional and country support to ensure adequate implementation of the GVAP.
 - 4.2 All countries should revise their EPI multi-year plan and related strategies to be in line with the GVAP, and should report annually to the Regional Committee on implementation of the GVAP at the national level.
5. Considering the recent SAGE conclusion concerning use of acellular pertussis (aP)-containing vaccine, stating in particular that: licensed aP vaccines have lower initial efficacy, faster waning of immunity, and possibly a reduced impact on transmission of pertussis, as compared to currently internationally available whole cell pertussis (wP)-containing vaccines, and are less effective in clearing mucosal infections than wP vaccines, as indicated by the fact that four out of the five countries where resurgence of pertussis has occurred were exclusively using aP

vaccines, and the recent modelling studies from Australia, England and Wales, and the United States of America, as well as data from a baboon model, that supported the hypothesis that transition from wP to aP vaccine may be associated with disease resurgence; participants recommended the following:

- 5.1 Countries that are using wP-containing vaccines should continue to do so and should not switch to aP-containing vaccines for the primary series of immunization (initial 3 doses of the infant immunization).
- 5.2 Countries that have introduced aP-containing vaccine in the primary series of immunization, should institute laboratory-based pertussis surveillance and take necessary measures if resurgence of pertussis occurs. The NITAG in these countries should review all available information in order to decide about continuation/discontinuation of aP vaccination of the primary series of immunization.
6. In view of the stretched health systems in countries hosting Syrian refugees, WHO and partners are requested to mobilize more resources to enable these countries to continue regularly providing routine immunization to Syrian refugees. Partners, especially the GAVI Alliance, are requested to support these countries in gaining access to procurement of vaccines at affordable prices.
7. WHO, UNICEF and other partners, in collaboration with the host country, are requested to support documentation of the strategies, best practices and lessons learnt concerning implementation of immunization activities in Syria and the countries hosting Syrian refugees.
8. WHO and partners are to support collaboration and coordination of implementation of cross-border immunization and surveillance activities in all countries in need.

Implementation of objective 2 of the Polio Eradication and Endgame Strategic Plan

9. In terms of strengthening routine immunization using global PEI assets countries of the polio Endgame Strategic Plan (Afghanistan, Pakistan and Somalia) are urged to accelerate implementation of the EPI/PEI synergy plan for strengthening routine immunization in respective countries and report quarterly to the Immunization System Management Group, through the Regional Office, on progress of implementation.
 - 9.1 As envisaged under objective 2 of the Endgame Strategic Plan, PEI staff in WHO and UNICEF should dedicate a significant amount of time to strengthening routine immunization in coordination with the respective EPI units.
 - 9.2 In view of ongoing wild poliovirus transmission and while taking the national EPI onboard, PEI team leads of WHO and UNICEF are encouraged to review the current EPI/PEI synergy plan for strengthening routine immunization so as to establish a realistic timeframe for its implementation, monitoring and accountability.

Introduction of inactivated poliovirus (IPV)

10. In order to ensure maximum immunogenicity to IPV, at least one dose of the vaccine should be administered at 14 weeks of age or soon after, as an additional dose to the ongoing oral poliovirus schedule, as per WHO recommendations.
 - 10.1 Djibouti is urged to take the necessary action for submitting GAVI application for introduction of IPV vaccine by GAVI's deadline of 25 January 2015.

- 10.2 All countries that have not introduced IPV vaccine should accelerate the registration of prequalified vaccines to avoid any delay in the planned introduction date. Countries are encouraged to register all available prequalified IPV vaccines in order to ensure availability of alternate sources of the vaccine in case of shortage of the vaccine produced by any manufacturer.
- 10.3 WHO and UNICEF are requested to encourage vaccine producers to submit their files for IPV registration in the different countries as soon as possible.
- 10.4 WHO is requested to support countries to implement fast track registration of IPV vaccine.

tOPV-bOPV switch

11. All countries are encouraged to register all available prequalified bOPV vaccines, for use in routine immunization (as soon as the products are prequalified by WHO for use in routine immunization), in order to ensure availability of alternate sources of vaccine supply in case of shortage.
 - 11.1 WHO and partners are requested to accelerate the finalization of the operational protocol, including the readiness assessment tool, for implementation of tOPV-bOPV switch.
 - 11.2 All countries are required to consider developing national plans of action for implementation of the switch in line with WHO-related guidance.
 - 11.3 GPEI is to mobilize necessary resources for supporting the operational cost of the switch in low resource countries, including replacement/compensation of destroyed tOPV stocks.

- 11.4 WHO and UNICEF are requested to encourage vaccine producers to submit their files for registration of bOPV in the different countries, where possible.
- 11.5 WHO is requested to support countries in the implementation of fast track registration of bOPV vaccine.
- 11.6 WHO and UNICEF are requested to initiate a system for mapping vaccine procurement and vaccine stock of the self-procuring countries in order to help the countries keep minimum stock of tOPV at the time of the switch and procure bOPV in a timely manner.
- 11.7 WHO is requested to send a letter from the highest level of WHO and UNICEF to all countries informing of the tOPV-bOPV switch long in advance of the official switch date, in order for countries to initiate preparation in good time.

Hepatitis B disease reduction target

12. All countries that have not yet introduced hepatitis B birth dose should make all efforts to introduce it.
 - 12.1 Countries that have not introduced hepatitis B birth dose due to financial problems, should make every effort to secure necessary resources from domestic resources or through partners' support. Those countries should identify the target and strategies of implementation and develop national plans for introduction of hepatitis B birth dose and use these plans for advocacy and resource mobilization.
 - 12.2 GAVI Alliance partners and representatives of the regional constituency in the GAVI Board are to explore the possibility of GAVI support to introduction of birth dose in GAVI-eligible countries.

- 12.3 Countries that have not introduced hepatitis B birth dose due to low institutional delivery rate are requested to introduce the birth dose even if the expected coverage figures are not high in the beginning, and should develop a plan of action for phased expansion of hepatitis B birth dose.
13. All countries are to make every effort to increase the coverage with the birth dose delivered within 24 hours of birth.
- 13.1 Countries should formulate necessary policy and legislation to ensure administration of birth dose of hepatitis B vaccine in all maternity care institutions, public and private.
- 13.2 National EPI programmes should coordinate with maternal and child health and other related departments and stakeholders (private sector, professional associations) and concerned partners to improve delivery of the birth dose within the first 24 hours of life.
- 13.3 Countries in which a large proportion of deliveries are occurring outside health care institutions should identify innovative approaches and locally suitable solutions (e. g. using lady health workers), as well as using new technologies (uniject) for administration of the birth dose.
- 13.4 WHO and partners are to expedite availability of prequalified hepatitis B uniject at affordable cost, for use in selective settings outside health care institutions.
14. All countries, that have not recently done so, are encouraged to conduct hepatitis B sero-prevalence survey, using the WHO guidelines “Documenting the impact of hepatitis B immunization: best practice for conducting a serosurvey”,¹ to document the

¹ World Health Organization Department of Immunization, Vaccines and Biologicals. Documenting the impact of hepatitis B immunization: Best

- impact of the hepatitis B vaccination programme and progress towards achieving the 2015 regional hepatitis B disease reduction target and/or use the data for further advocacy for introduction/improving coverage of the birth dose.
15. Countries that are ready for verifying achievement of the control target should identify an independent national body of experts with key technical expertise, including EPI experts, epidemiologists, virologists, clinicians/paediatricians and public health physicians, for verification of achieving the hepatitis B control target and submission of the country's verification report to the Regional Verification Commission. Where possible, countries are encouraged to utilize existing suitable national committees, with necessary modification, for verification activities of hepatitis B control target.
 16. WHO and partners are to provide necessary technical support to countries, if requested, for undertaking hepatitis B sero-surveys.
 17. WHO should finalize guidelines for verification of achievement of the hepatitis B control target in the Eastern Mediterranean Region and make these guidelines available to countries by January 2015.

Improving monitoring and evaluation of EPI

18. In order to utilize the opportunity of upcoming demographic and health/multiple indicator cluster surveys and to ensure high quality of the results related to EPI, the EPI programme should proactively collaborate and coordinate with the responsible entity for conducting these surveys to ensure that recording practices are well understood by surveyors and the needs of EPI programme are

adequately addressed. EPI programmes are encouraged to improve proper use and retention of home-based records (vaccination cards) as, among other purposes, they serve as primary documentation for coverage surveys.

19. WHO and partners are to provide necessary technical support to countries in order to identify appropriate ways for estimating the denominator of calculating the administrative vaccination coverage.
20. WHO is requested to resolve, with the GAVI Alliance, the interpretation of the country official estimates (sheet 5 of the joint reporting form), that allow for providing only vaccination coverage without providing the number of vaccinated children.

Improving vaccine management and logistics

21. All countries, that have not yet done so, are encouraged to conduct assessment of the effective vaccine management system, develop an improvement plan and allocate/mobilize necessary resources for its implementation.
22. All countries should strengthen their immunization supply chain system, invest in human resources capacity-building and develop continuous improvement plans for their immunization supply chains, using the latest available technologies and state-of-the-art practices.
23. All countries should appoint a properly trained immunization supply chain manager and ensure proper management of the supply chain from the demand and vaccine forecasting phase until delivery to the end-user.
24. WHO and UNICEF are to provide the necessary technical support for implementation of effective vaccine management upon countries' request.

Planning and financing for immunization

25. All countries are encouraged to develop comprehensive multi-year plans and annual workplan for immunization as per WHO/UNICEF guidelines and in line with the GVAP and allocate/mobilize necessary resources for its implementation.
26. Countries to pay special attention for accuracy of reporting of joint reporting form financing indicators.
27. WHO to adjust joint reporting form reporting to accommodate financial information reporting from Member States with different fiscal and calendar years.



World Health Organization
Regional Office for the Eastern Mediterranean
P.O. Box 7608, Nasr City 11371
Cairo, Egypt
www.emro.who.int