

Summary report on the

WHO-EM/EPI/346/E

Twenty-first meeting of the Eastern Mediterranean Regional Working Group on Gavi, the Vaccine Alliance

Djibouti, Djibouti
27–29 April 2015



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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1. Introduction

The 21st meeting of the Eastern Mediterranean Regional Working Group on Gavi, the Vaccine Alliance was held in Djibouti from 27 to 29 April 2015. Since the inception of the Global Alliance for Vaccines and Immunization (now Gavi, the Vaccine Alliance) in 2000, meetings of the Regional Working Group are held regularly and are considered by the countries receiving Gavi support and by partners as an important platform to discuss relevant issues including updates on Gavi policies. The objectives of the 21st meeting were to:

- review country progress in implementing Gavi process related to the different windows of support, identify weaknesses and gaps and recommend corrective measures;
- brief the participants on the available Gavi support and update on the Gavi policies, mainly co-financing of vaccines, grant application monitoring and reviews and Gavi strategy 2016–2020;
- agree on the technical assistance needed by countries in order to implement Gavi processes adequately;
- enhance the collaborative approach of routine immunization and health system strengthening;
- update the countries on objective 2 of polio endgame strategic plan, namely introduction of inactivated polio vaccine (IPV) and switch from trivalent (tOPV) to bivalent oral polio vaccine (bOPV).

The meeting was attended by nationals from five of the six countries receiving Gavi support in the Region, namely Afghanistan, Djibouti, Pakistan, Somalia and Sudan. National participants from Yemen could not join due to the prevailing situation. Other participants included representatives from partner agencies, i.e. WHO headquarters, regional and country offices, UNICEF headquarters, regional and country offices, Bill and Melinda Gates Foundation, Global Fund to fight AIDs, Tuberculosis and Malaria and the Gavi Secretariat.

The meeting was opened by Dr Nadia Teleb, Regional Adviser for Vaccine-preventable Diseases, WHO Regional Office for the Eastern Mediterranean. She noted that 2015 was the target year to achieve measles elimination, maternal and tetanus elimination and hepatitis B control, and stressed that concerted efforts would be needed by all to achieve these targets. This would also require substantial improvement in the immunization systems in particular and broader health systems in general.

During discussions, the participants shared their country performance regarding utilization of Gavi support for achieving immunization targets and discussed the challenges and possible solutions. Participants were updated on the latest Gavi policies especially those related to joint appraisals. During group work, country teams mapped out the main technical assistance anticipated for 2015–2017. The participants also developed action points for specific countries as well as for partners.

In addition, country-specific side meetings were held with country teams and partners to discuss the draft annual progress report 2014. The participants acknowledged the usefulness of the regular meetings of the Regional Working Group.

2. Summary of key challenges

In Afghanistan, key challenges include the lack of adequate synergy between the polio eradication initiative (PEI) and Expanded Programme on Immunization (EPI), resulting in missed opportunities to strengthen the immunization programme. As well there is no specific focus on addressing equity issues in the annual plan of action. Implementation of health system strengthening has been slow, and there are delays in maternal and neonatal tetanus elimination. Actions needed are as follows.

- Review the implementation status of PEI/EPI synergy plan on a quarterly basis.
- Undertake the required actions to ensure that the PEI/EPI synergy plan is implemented fully.
- Update the synergy plan, if required or at yearly interval whichever is early.
- Findings of equity analysis, which has been undertaken recently should be considered while developing annual plan of action.
- Review the implementation status of support for health system strengthening on a quarterly basis in consultation with the health system coordinating committee.
- Undertake the required actions to ensure timely implementation of the second round of health system strengthening activities.
- Revise the risk analysis for maternal and neonatal tetanus elimination.
- Undertake TT supplementary immunization activities with the support of partners.

In Djibouti, key challenges include weak management capacity and capacity to utilize health system strengthening support, likely to be received in country shortly. Maternal and neonatal tetanus elimination is delayed, and the country multiyear plan will expire at the end of 2015. Actions needed are as follows.

- Focus on improving programme management capacity through provision of training of the existing staff, with support of partners, and recruiting additional staff utilizing Gavi support.
- Nominate a country multiyear plan development committee, headed by nationals with partners representation
- Develop the next country multiyear plan, with WHO/UNICEF support, by the end of 2015.
- Revise the risk analysis for maternal and neonatal tetanus elimination.

- Undertake TT supplementary immunization activities with the support of partners. Nominate a national focal point to coordinate health system strengthening support

In Pakistan, key challenges include weak technical capacity at federal and provincial EPI level and repeated default for co-financing of Gavi-supported vaccines. There have been delays in implementation of the recommendations of the high level mission that visited Pakistan in early 2015. Implementation is also slow for the country multiyear plan and for plans to enhance synergy between the polio eradication initiative and routine immunization programme and for health system strengthening. Actions needed are as follows.

- EPI to initiate action at time of allocation of yearly budget, for ensuring the co-financing amount
- Timely initiation of self-procurement to complete the process in time and not risking in getting into default status.
- Coordinate with the WHO country office for arranging capacity-building for EPI staff.
- Recruit/reallocate appropriate staff on government pay roll for federal EPI, rather than relying on partner-supported staff.
- Ensure implementation of the recommendations
- Update the interagency coordinating committee on a quarterly basis on the implementation status of recommendations of the high level mission.
- Develop annual plans of action based on the multiyear plans.
- Ensure implementation of the annual plans of action.
- Update the interagency coordinating committee on a quarterly basis on the implementation status of the annual plan of action.
- Review the implementation status of PEI/EPI synergy plan on quarterly basis.
- Undertake the required actions to ensure that PEI/EPI synergy plan is fully implemented

- Update the synergy plan, if required or at yearly interval whichever is early
- Ensure implementation of the health system strengthening activity plan.
- Update the health sector coordinating committee on a quarterly basis on the implementation status of health system strengthening activity plan.

In Somalia, among the major challenges are the very low routine immunization coverage (DPT3 29% in 2014) and the considerable resources required for improving immunization coverage and strengthening the immunization system. Actions needed are as follows.

- Expedite establishment of EPI management team at district level
- Implement recently developed “one EPI” plan
- Follow the reach every district approach for raising the immunization coverage.
- Complete the implementation of health system strengthening in 2015
- Apply for the next health system strengthening support
- Develop the next country multiyear plan, with resource requirements for the coming years and potential source of funding.

In Sudan, key challenges are validation of the reported high coverage (DPT3 94%), reducing the high number of measles cases in 2013–14 despite undertaking measles supplementary immunization activities, and completing the yellow fever campaign. Actions needed are as follows.

- Undertake coverage evaluation survey as per the WHO-recommended methodology.
- Focus on undertaking high quality measles supplementary immunization activities in the future through robust microplanning, strong intra-campaign monitoring with instant

remedial actions and evaluation soon after the end of each supplementary immunization activity.

- Implement the second phase of the yellow fever campaign.

In Yemen, the overriding challenge is the risk of further deterioration of EPI due to the ongoing geopolitical situation. Actions needed are as follows.

- Modify the annual plan of action to take into consideration the current national context for innovative approaches to maintain the gains of routine immunization.
- Pay special attention to proper vaccine storage in wake of power cuts and shortage of fuels.
- Develop the next country multiyear plan and consider the situation on the ground while defining objectives and key activities for reaching the goals.

3. Action points

Countries

- Increase immunization coverage with equity through implementing country multiyear plans
- Give special focus to improving data quality and the quality of supplementary immunization activities.
- Introduce inactivated polio vaccine as planned, i.e without any delay.
- Start planning and preparing for switch from trivalent to bivalent oral polio vaccine.
- Refine, finalize with the health system coordinating committee and start implementing the plan developed as part of group work immediately.

- Prepare for joint assessment (filling the matrix and preparing required documents) convening the health system coordinating committee.

WHO

- Provide guidance on managing trivalent oral polio vaccine stocks after the switch.

GAVI Secretariat

- Provide timely and clear information, especially for the upcoming monitoring of performance framework.

All partners

- Assist Yemen in maintaining vaccine management and immunization coverage.
- UNICEF to provide timely funding for maternal and neonatal tetanus elimination on the agreed maternal and neonatal tetanus elimination plans.



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