

Summary report on the

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

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Muscat, Oman  
14 December 2017



**World Health  
Organization**

Regional Office for the Eastern Mediterranean

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## Contents

1.	Introduction.....	1
2.	Summary of discussions .....	2
3.	Conclusions.....	8
4.	Recommendations.....	9

## **1. Introduction**

The World Health Organization (WHO) Regional Office for the Eastern Mediterranean organized the first meeting of the reconstituted Regional Technical Advisory Group (RTAG) on Immunization in Muscat, Oman, on 14 December 2017. The meeting was attended by 10 of the 12 members of the RTAG, as well as staff from the WHO Regional Office, WHO headquarters, UNICEF headquarters and regional offices, the Gavi Secretariat, and the Centers for Disease Control and Prevention (CDC).

The objectives of the meeting were to:

- discuss the terms of reference and operating procedures of the reconstituted RTAG; and
- review regional progress, challenges and constraints facing the achievement of the goals of the Eastern Mediterranean Vaccine Action Plan (EMVAP) and provide advice on the way forward.

Dr Rana Hajjeh, Director, Department of Communicable Diseases Prevention and Control, in her opening remarks, welcomed members of the RTAG and thanked them for their willingness to support immunization programmes in the Region through their membership of the RTAG. Dr Hajjeh underlined the crucial role the RTAG would play in strengthening immunization programmes in the Region and achieving the goals of the EMVAP, especially during this difficult period when several countries were facing acute or protracted humanitarian emergency situations.

Dr Ziad Memish, Director of the Research Department, Prince Mohammed Bin Abdulaziz Hospital, Riyadh, Saudi Arabia, was appointed as Chairman of the RTAG.

## **2. Summary of discussions**

### *The RTAG: Introduction and expected support*

The RTAG was introduced and its place within the three levels of advisory bodies, including the Strategic Advisory Group of Experts (SAGE), RTAGs and national immunization technical advisory groups (NITAGs), as well as its terms of reference and expected support, functioning and meetings, communication modalities, methods of reporting and rotation of membership were discussed.

Given the demanding situation in the Region, there may be a need for more than one RTAG meeting per year, and having “virtual” meetings is a possibility. The establishment of working groups within the RTAG to focus on specific themes was discussed, and it was felt that there should not be too many (not more than three) and that they could include non-RTAG experts relevant to the subject. As the Region is very heterogeneous, it was felt that specific recommendations for certain countries/groups of countries would be more beneficial than general recommendations. While making decisions by full consensus of the RTAG is desirable, it is not always possible, and in such situations, decisions should be made through a majority vote of the members of the RTAG.

There is a need to strengthen the capacity of the RTAG Secretariat due to the demanding nature of planning and coordinating RTAG activities. Having a wider Secretariat that includes partners and has the capacity to help with the technical work should be considered. Establishing an RTAG website with an interactive component where there could be a forum to discuss specific issues, such as disease outbreaks, is also an option. The RTAG can help facilitate research and establish linkages between research institutes and public health. Linking with SAGE and

specific SAGE working groups to help address Region-specific policy issues should also be considered. Establishing explicit linkages between the RTAG and NITAGs to ensure coherence of regional immunization policy application and enhancing the leverage of NITAGs in shaping national policies was suggested.

### *Regional vaccine-preventable diseases and immunization programme*

The RTAG felt that the current structure of WHO's regional vaccine-preventable diseases and immunization (VPI) programme is adequate, but that staff numbers are insufficient to cover the various areas of work and the increasing demand by countries for technical support (in particular, from those facing acute and or protracted emergencies). Resource mobilization is therefore required for the recruitment of additional staff. Increasing the staff of the VPI programme should not be done in isolation from polio eradication activities and transition planning. Ongoing polio eradication activities in countries with major programme gaps provide opportunities for synergies and collaboration that are being missed. Moreover, polio transition planning is an opportunity to optimize staffing for the VPI programme at regional and country levels. Afghanistan and Pakistan are particular priorities in this regard.

Traditional recruitment methods are not always effective and there are challenges in finding well-qualified people. Exploring other mechanisms to increase human resource capacity at WHO such as through the use of fellowship programmes, junior professional officers and secondments is needed. Fellowship programmes can be made available for both early-career and mid-career professionals, and will support both programme implementation and investing in the next generation of leaders. Maximizing the use of regional capacities such as Collaborating Centres and centres of excellence will also help.

*Eastern Mediterranean Vaccine Action Plan (EMVAP) 2016–2020*

The RTAG felt that the goals of the EMVAP were still valid, but the feasibility of achieving them in countries experiencing humanitarian emergencies is in question. The barriers in the Region hindering the achievement of the goals need to be addressed.

There is a need to advocate for increased commitment to the EMVAP and to mobilize resources for the implementation of activities. To achieve this, there is a need to demonstrate the vaccine-preventable disease burden in terms of morbidity and mortality, and to make an economic case showing the economic benefits of achieving the Plan's goals. Moreover, the national and international risks and costs of failure to achieve the goals should be articulated, and more work done to communicate the progress made and the obstacles that exist to achieving the targets.

To reduce or eliminate donor-dependency, increasing national resource allocation is required. Fund raising from within the Region, including from high-income countries, foundations, individuals and the private sector, is required. Strengthening partnerships and agreeing on a clear distribution of roles and responsibilities between all potential partners involved in immunization in the Region is also needed in order to accelerate EMVAP implementation.

*Routine immunization*

Routine immunization coverage in countries of the Region shows continued success in 14 out of the 22 countries. However, achieving the EMVAP coverage target remains a challenge in other countries, particularly those facing various degrees of humanitarian emergency. The large number of unvaccinated children in the Region is of great concern. There is a need to map who and where they are, and why



they are not reached. A number of countries will need technical support and resources to perform this exercise. A strategic plan for countries with a high number of unvaccinated children, based on the mapping exercise and adopting a focused approach, is required, along with the allocation of the necessary funds.

There is a need to ensure accountability in countries with large numbers of unvaccinated children. The NITAG should be empowered to monitor routine activities for reaching unvaccinated children in each country. High quality disaggregated data are required to monitor progress and judge accountability, and accountability frameworks need to be developed for immunization in all low coverage countries, as well as learning from the polio experience and utilizing some of its channels and assets. In Pakistan, engaging directly with the provincial leadership, in addition to the Federal leadership, was suggested, as was forming a multi-partner taskforce, learning lessons from polio, and addressing the gaps in routine immunization.

### *Measles/rubella control and elimination*

Classification of countries into four groups according to their progress towards achieving measles elimination was proposed to the RTAG, based on the burden of measles, measles vaccine coverage, performance of the measles case-based surveillance system and the country situation (political stability, armed conflict, civil strife, humanitarian crisis). Low-performing countries may need more realistic substantive milestones for measles elimination. However, maintaining the target date of 2020 for measles elimination would be an incentive to well-performing countries and would encourage the low-performing ones.

There is a need to raise the visibility of measles in order to increase political commitment. The Regional Committee should be informed of

issues that impact efforts to achieve the measles goal. Countries need to assess population immunity, predict and anticipate outbreaks, and address immunity gaps to mitigate outbreaks, such as by applying cohort analyses and reviving and using the measles strategic planning tool. Enhancing measles and rubella surveillance can be done by using e-technology and mobile phones.

Rubella vaccination should be introduced more widely in the Region, where suitable, and the opportunity of measles elimination used to eliminate rubella as well. As countries verify measles elimination, they should also aim to verify elimination of rubella.

#### *Introduction of new and underutilized vaccines*

There is a need to address the introduction of new vaccines according to their respective disease burden. Accordingly, pneumococcal conjugate vaccine (PCV) should come first, followed by rotavirus vaccine, then human papillomavirus (HPV) vaccine. The NITAG will need to be well informed in order to take the appropriate decision on this for each country. The Sustainable Development Goals provide an opportunity for the introduction of new vaccines, especially HPV vaccine.

HPV infection might be much more common in the Region than is known. There is a need to document the real burden and use the data to advocate for HPV vaccine introduction. However, HPV vaccine introduction is difficult as there is no adolescent vaccination platform in several countries, which therefore needs to be developed. Other barriers to HPV vaccine introduction, such as a lack of data on disease burden and the vaccine price, may explain the slow uptake of this vaccine and need to be assessed.

*Polio transition*

The polio transition process involves carefully analysing the risks and opportunities associated with ramping down or transitioning the assets, functions and knowledge of the polio programme at all levels, while ensuring that the world remains polio-free, that the programme's benefits continue, and that lessons learned are transferred and applied. Sixteen countries globally are considered priorities for transition planning, including four in the Region: Afghanistan, Pakistan, Somalia and Sudan. Somalia and Sudan are expected to complete their transition plan by end of the second quarter of 2018, while Afghanistan and Pakistan should do it within a year of stopping wild poliovirus transmission. The Regional Steering Committee on Polio Transition decided in 2017 to add Iraq, Syrian Arab Republic and Yemen to the list of priority transition countries in the Region.

The Global Polio Eradication Initiative (GPEI) will begin to be phased out 6–12 months after certification of interruption of wild poliovirus transmission, impacting the size and availability of polio assets. There is concern about the rapidity of this change, especially in the field. Afghanistan and Pakistan will not be affected by polio transition in the immediate future, as they remain endemic for polio. Huge resources were invested in polio eradication and there is concern about the loss of polio infrastructure. Resources need to be mobilized to maintain and adapt this infrastructure for the elimination/eradication of other diseases (such as measles), and to sustain the eradication of polio.

A concrete transition plan for polio resources is required, including operational aspects and specific milestones, and taking into account that transition planning is country-specific. The Region also needs to develop a resource mobilization plan that will address immunization and surveillance gaps in the Region after polio transition. The RTAG needs

clarity on what the transition means for the VPI and polio programme teams, how it will happen in the field, and how the two streams will come together as polio eradication assets begin to ramp down. The RTAG is willing to play a role in monitoring the implementation of the polio transition roadmap, if this is considered helpful.

### **3. Conclusions**

The RTAG noted the following achievements in the Region with appreciation.

- The maintenance of high coverage for all antigens provided by national immunization programmes in 14 countries of the Region (Bahrain, Egypt, Islamic Republic of Iran, Jordan, Kuwait, Libya, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Sudan, Tunisia and United Arab Emirates). However, there are concerns about the quality of immunization data and the validity of coverage estimates for Libya.
- The maintenance of immunization programme functions under extremely challenging situations, including active conflict, in some areas in countries experiencing humanitarian emergencies (Iraq, Libya, Syrian Arab Republic and Yemen). The Region has gained much experience and developed best practices in delivering immunization in areas of armed conflict and in the various phases and types of humanitarian crisis.
- The progress towards measles and rubella control/elimination in the Region, with the achievement of a very low incidence of endemic measles virus transmission (<1/million population) in seven countries in 2017 (Bahrain, Egypt, Islamic Republic of Iran, Jordan, Morocco, Palestine and Tunisia).
- The remarkable progress made towards polio eradication in the Region, particularly in Afghanistan and Pakistan, the two

remaining endemic countries, and the commencing of planning for polio transition in the Region.

The RTAG noted the following issues with concern.

- The large number of unvaccinated/under-vaccinated children in the Region who are concentrated in six countries (Afghanistan, Iraq, Pakistan, Somalia, Syrian Arab Republic and Yemen).
- The slow progress towards achieving the goals of the EMVAP.
- The delayed introduction of new and underutilized vaccines in the Region.
- The current staffing levels of the regional VPI programme, which is inadequate to delivering the required technical support to countries in view of the expanding areas of work of the programme and the challenging situation in several countries of the Region.

#### **4. Recommendations**

*Standard operating procedures of the Regional Technical Advisory Group on Immunization*

It is recommended that the RTAG take the following actions.

1. Revise the terms of reference of the RTAG to include addressing vaccine-preventable diseases control and immunization during acute and protracted humanitarian emergency situations.
2. Establish a RTAG website with an interactive component open for questions and answers.
3. Include the engagement of NITAGs as an agenda item at the next RTAG meeting.
4. Establish RTAG working groups on the following: meeting EMVAP immunization coverage targets; conflicts and complex emergency situations; and new vaccines introduction.

*VPI programme structure and functions*

Recognizing that strengthening regional VPI programme capacity is indispensable to the success of country immunization programmes, and that its essential functions are at risk of being compromised due to understaffing, the RTAG recommends that WHO should urgently focus on filling the human resource gap through the following actions.

5. Provide/mobilize resources to fill core positions.
6. Collaborate with the polio eradication programme to identify and leverage opportunities to fill human resource gaps in countries with substantial polio eradication assets.
7. Ensure that the regional polio transition plan addresses the human resources gap in the VPI programme.
8. Create an internship and mid-career fellowship programme for country-funded immunization professionals and trainees from academic centres within the Region to provide additional human resources for the VPI programme and develop the practical experience of the next generation of vaccine programme leaders in the Region.
9. Work with international partners, such as CDC, to facilitate the secondment of technical staff to the Region.
10. Optimize and align the utilization of all potential partners, including CDC, the Eastern Mediterranean Public Health Network, UNICEF, WHO Collaborating Centres and other academic institutions, to help in the implementation of EMVAP-related activities.
11. Engage with prominent academic institutions in the Region to attract their top graduates to work in immunization programmes.

*Eastern Mediterranean Vaccine Action Plan (EMVAP)*

12. WHO should develop a comprehensive advocacy and resource mobilization strategy to increase national commitment to the EMVAP and mobilize resources for implementation of EMVAP-related activities.
13. WHO should develop a business case to demonstrate the vaccine-preventable diseases burden in terms of morbidity and mortality, the economic benefits of achieving the EMVAP goals, and the cost of implementing the related activities.
14. The RTAG should utilize any opportunity with governments and partners to raise the visibility of the EMVAP goals and promote commitment to them.

*Routine immunization*

15. WHO should take immediate action to work with countries and partners to map the unvaccinated children in each country to identify who and where they are, and why they are not being reached.
16. WHO should develop a concrete strategic plan for countries with a high number of unvaccinated children to reach the unreached. It should adopt a focused approach and include the allocation of the required funds.
17. WHO should work with countries to ensure that NITAGs are empowered to monitor activities to identify and reach the unvaccinated children in each country.
18. WHO should engage with the provincial leadership, in addition to the Federal leadership, in Pakistan. If possible, WHO should support the country in forming and leading a multi-partner taskforce, learning from the polio experience, and focusing on addressing the gaps in routine immunization.

19. As the Region has gained much experience and developed best practices in delivering immunization in areas of armed conflict and during the various phases and types of humanitarian crisis, the lessons learned and best practices should be systematically documented and widely shared by WHO.

### *Measles and rubella control and elimination*

The RTAG recognizes that countries of the Region are at different stages and have different capacities for achieving measles elimination. While some countries are progressing well, the situation in other countries is not conducive for achieving elimination by the 2020 target date. Accordingly, the RTAG recommends the following.

20. WHO should maintain the measles elimination target of 2020 and verify elimination in countries that meet the criteria for verification.
21. WHO should establish progress milestones on the path to elimination for countries facing high endemicity/outbreaks of measles. By 2020, attain at least 90% measles-containing vaccine first-dose (MCV1) immunization coverage in Djibouti, Pakistan, Sudan, and Syrian Arab Republic, and at least 80% MCV1 coverage in Afghanistan, Somalia and Yemen, according to WHO/UNICEF estimates of national immunization coverage (WUENIC), as a milestone towards measles elimination.
22. WHO is commended on the steps taken to establish the regional verification committee and should set the date for the first meeting in the first half of 2018.
23. Countries that are close to measles elimination should assess whether rubella has been eliminated or is close to elimination, and take appropriate steps to achieve both measles and rubella elimination.



24. Bahrain, Jordan, Oman and Palestine are to submit for measles (and rubella, if applicable) elimination verification at the earliest opportunity and no later than end 2018.
25. Egypt, Kuwait, Islamic Republic of Iran, Libya, Morocco, Saudi Arabia and Tunisia should begin preparation of documentation for verification of measles (and rubella, if applicable) elimination, completing the documentation by 2019.
26. Given that the current funding climate for measles and rubella elimination goals is sub-optimal and the key role that the WHO Region Office plays in promoting measles and rubella elimination, WHO and partners should make every effort to increase the visibility of measles and rubella elimination in the Region and globally.
27. Countries that have not yet introduced rubella-containing vaccine (RCV) and potentially meet the criteria for introduction (Afghanistan, Djibouti, Pakistan and Sudan), should introduce RCV into their national programmes by 2020. A risk–benefit analysis, including estimates of accumulating cases of congenital rubella syndrome (CRS), should be conducted in those countries, supported by WHO and partners, and used as an advocacy tool for the introduction of RCV.
28. All countries should establish/strengthen CRS surveillance.

*Introduction of new and underutilized vaccines*

29. Countries, who have not yet done so, should add the following new vaccines to their immunization programme schedule in the order of priority as determined by the NITAG: pneumococcal conjugate vaccine, rotavirus vaccine, chicken pox vaccine, hepatitis A vaccine and human papillomavirus vaccine.
30. Countries where hepatitis B immunization has not been implemented at birth, should take the necessary steps to introduce

this as soon as is feasible. The VPI programme should provide guidance to countries on the necessary steps and on implementing, or piloting, new tools and opportunities, including neonatal care kits and the training of birth attendants in administering the vaccine.

31. Countries that have not introduced HPV vaccination should initiate efforts to quantify the HPV-related burden of disease (including cervical and other genital cancers, cervical intraepithelial neoplasia, prevalence of HPV infections, and genital warts), enhance advocacy for HPV vaccination, and raise public and physician awareness and education.
32. Countries should plan to establish an adolescent vaccination platform where this is absent. This is necessary for implementation of the pre-teenage tetanus/diphtheria/pertussis booster and the introduction of HPV vaccine.
33. WHO should work with countries to generate data on the HPV burden, and on the costs and health and economic benefits of HPV vaccine introduction in the Region.

### *Polio transition*

Recognizing that countries with substantial polio infrastructure can leverage these resources to meet their broader immunization goals, including the measles elimination goal, the RTAG recommends the following.

34. WHO should prepare a regional multi-year roadmap by mid-2018 that articulates how the polio-funded human and material resources in the WHO Regional Office and within countries, taking into consideration the country context, will be leveraged to help meet the EMVAP goals, without jeopardizing the focused efforts to interrupt poliovirus transmission in the Region.

35. WHO should identify mechanisms and responsible focal points for coordination between the VPI programme and the GPEI, and provide clear milestones for monitoring progress.
36. WHO should systematically identify and leverage synergies between the immunization programme and ongoing polio eradication activities before the commencement of polio transition.



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