Summary report on the

Thirtieth intercountry meeting of national EPI managers and seventeenth intercountry meeting on measles/rubella control and elimination

WHO-EM/EPI/351/E

Muscat, Oman
10–13 December 2017

World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

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1. Introduction

The World Health Organization (WHO) Regional Office for the Eastern Mediterranean held the thirtieth intercountry meeting of national managers of the Expanded Programme on Immunization (EPI) and the seventeenth intercountry meeting on measles and rubella control and elimination in Muscat, Oman, from 10 to 13 December 2017. The meeting was part of a series of meetings that included the meeting of national measles/rubella laboratories focal points on 11 December 2018, the meeting of Regional Technical Advisory Group (RTAG) on Immunization on 14 December 2018, and the twenty-third meeting of the Eastern Mediterranean Regional Working Group on Gavi, the Vaccine Alliance on 15–16 December 2018.

The objectives of the meeting were to:

- review countries' progress towards achieving the regional immunization targets, including routine immunization, measles elimination and hepatitis B control targets, within the context of the Eastern Mediterranean Vaccine Action Plan (EMVAP);
- brief the participants on the latest updates for improving immunization programmes; and
- review countries' progress in implementation of national plans, and discuss and update the key planned activities and need for technical support for strengthening routine immunization, measles/rubella elimination and control, and the hepatitis B control programme.

The meeting was attended by national EPI managers from countries of the WHO Eastern Mediterranean Region, chairpersons of National Immunization Technical Advisory Groups (NITAGs), members of the RTAG on Immunization, WHO staff from country, regional and headquarters levels, and representatives of different partners, including the Centers for Disease Control and Prevention (CDC), Gavi Secretariat,

Global Health Development and the Eastern Mediterranean Public Health Network (GHD/EMPHNET), International Federation of Red Cross and Red Crescent Societies (IFRC), Network for Education and Support in Immunisation (NESI), and United Nations Children's Fund (UNICEF).

The meeting was inaugurated by Dr Akjemal Magtymova, WHO Representative in Oman, who delivered a message on behalf of Dr Jaouad Mahjour, acting WHO Regional Director for the Eastern Mediterranean, thanking the Government of Oman for hosting the meeting and the partners for their continued support. Dr Mahjour commended national EPI staff in countries of the Region for their ceaseless efforts to overcome the challenges related to security, accessibility, vaccine supply and human resources, supported by the partners. He noted that, based on reported data and WHO/UNICEF estimates for 2016, many countries had been able to maintain high vaccination coverage, reflecting the enormous efforts of the routine immunization programme in these countries. Dr Mahjour reiterated the importance of achieving high coverage for routine immunization and measles supplementary immunization activities (SIAs), and cautioned that much remained to be done to achieve regional and global immunization goals. Innovative ways were needed, he said, to overcome the challenges faced in countries and to ensure the effective use of available resources.

2. Summary of discussions

Presentations and discussions provided an update on the regional and global situation of routine immunization and measles/rubella elimination, recent Strategic Advisory Group of Experts (SAGE) on Immunization recommendations and WHO vaccine position papers, efforts to improve immunization on the African continent and the Addis Declaration on Immunization, the WHO web-based vaccine and supply stock

management system (VSSM), and missed opportunities for vaccination. EPI managers shared their experiences of delivering vaccines during humanitarian emergencies, improving immunization data quality, improving monitoring and accountability for routine immunization coverage, and improving the immunization supply chain to achieve equity. Experience with measles outbreaks in low- and high-incidence countries and the challenges in reaching elimination were shared by several countries, including Oman, Palestine, Somalia and Sudan.

During group work on strengthening routine immunization and progress towards achieving measles/rubella control and elimination goals, countries shared their EPI situation analyses, successes and challenges, and planned their activities for 2018–2019, and identified the support needed from partners.

Routine immunization coverage

High coverage with all antigens provided by the national immunization programme has been maintained in 14 countries in the Region. There was a slight, yet encouraging, increase of 1% in the regional coverage of diphtheria-tetanus-pertussis (DTP3) vaccine in 2016 compared to 2015, after five years of gradual drop in coverage, and despite the substantial constraints and challenges that several countries in the Region have been experiencing.

The EPI has managed to remain functional under extremely challenging situations in several countries, including during active conflict in some areas, in particular in Libya, Iraq, Syrian Arab Republic and Yemen. Participants expressed their appreciation to all health workers, especially front-line health workers in conflict-affected countries, who risk their lives in order to reach children in hard-to-reach areas with the life-saving vaccines.

Participants of the meeting noted the high administrative coverage of DTP3-containing vaccine reported in Libya, despite the significant challenges and questioned the quality of the reported data.

The use of new technologies for the timely monitoring and reporting of immunization data, as presented by Punjab, Pakistan, and reported by other provinces in Pakistan and other countries of the Region, has led to progress in improving routine immunization coverage. In addition, the VSSM application has been updated to a web-based application to respond to the needs of countries.

There has also been successful implementation and validation of the switch from trivalent oral polio vaccine (tOPV) to bivalent oral polio vaccine (bOPV) in all countries of the Region.

National participants and immunization partners acknowledged the newly reconstituted RTAG on Immunization and commended the involvement and input of RTAG members in the meeting's deliberations.

Measles/rubella control and elimination

There has been progress in the Region towards measles/rubella control and elimination during 2000–2016, with an estimated reduction of annual reported measles incidence by 89% and annual estimated measles deaths by 79%. Seven countries of the Region achieved a very low incidence of endemic measles virus transmission in 2017 (<1 endemic case/million population) and are moving towards measles elimination.

Challenges

There are still large numbers of unvaccinated/under-vaccinated children in the Region, with 3.7 million children missing the third dose of DTP3 in

2016, according to WHO/UNICEF estimates of national immunization coverage (WUENIC). This includes continuous low coverage and many children who are not fully vaccinated in some countries of the Region (Afghanistan, Iraq, Pakistan, Somalia, Syrian Arab Republic and Yemen). The situation is reflected in recurring outbreaks of vaccine-preventable diseases, especially measles, diphtheria and pertussis. This includes frequent outbreaks of measles/rash and fever illness in Somalia, such as the current outbreak of more than 20 000 cases.

Concern was expressed over the slow progress towards achieving the goals of the EMVAP. There was also concern about the decreasing financial support from partners for measles/rubella control and elimination, including from the Measles and Rubella Initiative, and especially for the middle-income countries of the Region.

3. Recommendations

Improving routine immunization coverage

To Member States

1. All countries should finalize their national plans for 2018–2019 for both routine immunization strengthening and measles/rubella control and elimination, and share them with WHO as soon as possible, and not later than the third week of January 2018.
2. Countries that have achieved the routine vaccination coverage goal (at least 90% coverage of DPT3-containing vaccine and the last dose of all vaccines that are provided through the national immunization programme at national level, and at least 80% coverage of all those vaccines in all districts) should:
    - pay sufficient attention to sustaining the achievements of the programme and ensuring the high quality of all components of

the immunization system, including surveillance of vaccine-preventable diseases;

- conduct regular immunization data analysis and periodic data quality assessment, and triangulate available data, including vaccine-preventable diseases surveillance data, in order to identify areas with gaps in immunity of different antigens and apply corrective measures; and
- in countries reporting high coverage of routine immunization that continue to experience outbreaks of vaccine-preventable diseases, conduct data quality assessment and identify strengths and weakness, and develop a data quality improvement plan accordingly; they should also conduct high quality coverage evaluation surveys to identify the real vaccination coverage figures.

3. Countries that have not achieved the routine immunization coverage goal should:
    - conduct regular analysis of district-level immunization data, identify unreached population groups, identify barriers to immunization, develop relevant micro-plans, and apply appropriate and practical strategies to reach the unreached; and
    - develop and implement a comprehensive communication and social mobilization strategy to raise community awareness, address cultural barriers and create high community demand for immunization, and take advantage of the social mobilization activities implemented for the Polio Eradication Initiative to increase awareness about routine immunization.
4. To strengthen the technical and managerial capacity of the national EPI, countries should:
    - decrease the frequency of EPI staff turnover and ensure that new programme managers are well briefed and made aware of all aspects of the programme by outgoing managers, and allow for an adequate transition period;

- establish a system for pre-service and in-service training in the EPI;
- utilize the significant human resource capacity of the Polio Eradication Initiative to support routine immunization and measles elimination activities, especially in countries with a significant number of Polio Eradication Initiative staff (Afghanistan, Iraq, Pakistan, Somalia, and Yemen);
- utilize available EPI e-learning modules, produced by WHO and other partners, to build the technical capacity of EPI staff at different levels; and
- ask their NITAGs to analyze the human resource capacity of the EPI and utilize Regional Committee resolutions on strengthening immunization programme management capacity (EM/RC58/R.5 and EM/RC62/R.1) to mobilize and advocate for resources to improve the structure and management capacity of the EPI.

5. Countries experiencing humanitarian emergencies that have been able to successfully implement innovative approaches to the implementation of routine immunization in difficult situations are requested to document the successful strategies, best practices and lessons learned, and to share these experiences with other countries in similar situations.
6. All countries are encouraged to use new technology to ensure the timely reporting of immunization activities. Countries that have introduced new technologies, such as e-health/m-health, to monitor immunization programmes are requested to evaluate the experience, document best practices and lessons learned, and to share their experience with other countries in the Region.
7. To improve data analysis and data use, all countries should report quarterly district level vaccination coverage data to WHO, as part

of the global reporting system for subnational immunization data. WHO should provide timely feedback.

8. All countries should assess and quantify missed opportunities for vaccination and their contribution to overall vaccination coverage deficits, develop a standard schedule for reaching defaulters, and take all necessary action to minimize missed opportunities for vaccination.
9. Countries should take advantage of the available support from WHO and partners to optimize the vaccine procurement process.
10. Countries should strengthen the decision-making capacity of NITAGs and utilize available partner support to strengthen them, including the support of the newly reconstituted RTAG on Immunization.

To Afghanistan

11. Take immediate action to identify barriers to immunization in low coverage districts, prioritize districts for immediate intervention, and develop and implement district microplans, with appropriate vaccine delivery strategies, in order to improve vaccination coverage.
12. Explore the utilization of the permanent polio teams to provide routine immunization, address the need for the capacity-building of teams, and ensure adequate cold chain and vaccine management capacity.
13. Take all necessary steps to ensure the high quality of upcoming measles SIAs, including implementation of readiness assessments and post-SIA coverage evaluation.

To Iraq

14. As DTP3-containing vaccine coverage is below 80% in 55% of the districts in Iraq, take the necessary action to identify the barriers to immunization in those districts, prioritize districts for

immediate intervention, and develop and implement district microplans, with appropriate vaccine delivery strategies, in order to improve coverage.

To Libya

15. Validate the quality of the administrative coverage figures through conducting data quality assessment and a coverage evaluation survey, when possible.
16. Evaluate coverage of recent SIAs and conduct a “mop-up” campaign in low coverage areas.

To Pakistan

17. As Pakistan hosts 46% of DTP3-unvaccinated children in the Region, ensure political commitment, accountability and the optimization of the use of resources.
18. Ensure that all provinces and areas learn from the experience of Punjab in strengthening and optimizing human and financial resources, improving accountability, and using m-health for timely reporting of immunization data and improving routine immunization coverage.
19. Document the progress in increasing immunization coverage in Punjab and share the documentation in a timely manner with WHO and UNICEF so that the new progress can be reflected in WHO/UNICEF estimates of national immunization coverage for 2017.
20. Accelerate the implementation of the immunization coverage evaluation survey and the identifying of districts with low coverage for further intervention.

To Somalia

21. Optimize the utilization of Gavi Alliance health system strengthening financial support to implement district microplans for the 25 districts currently planned.
22. Explore the possibility of additional Gavi Alliance funding, such as under the fragility, emergencies and refugees policy, for developing and implementing additional district microplans for the districts with the highest number of unvaccinated children in accessible areas.
23. Explore the utilization of polio community/village workers and polio transit vaccination points for providing routine immunization, while ensuring adequate human resource capacity and cold chain and vaccine management.
24. Utilize the opportunity of the upcoming Gavi Alliance partners meeting on Somalia to mobilize more resources and convince the partners who are financing the nongovernmental organizations implementing immunization to increase immunization services utilization by adjusting the working hours of immunization facilities to accommodate women's working hours.

To Syrian Arab Republic

25. Document and report the successful resumption of routine immunization services and the numbers reached in hard-to-reach areas, so that it can be reflected in the overall vaccination coverage rate for the country, and share the experience and lessons learned with other countries facing similar difficult situations.

To Yemen

26. Continue with periodic implementation of the integrated outreach strategy in hard-to-reach areas, whenever there is a window for implementation.

27. Through adequate microplanning, shift gradually to the implementation of routine immunization through regular fixed, outreach and mobile activities.

To WHO and immunization partners

28. WHO and partners should organize regional and/or national workshops for countries with large numbers of unvaccinated children in order to share successful experiences, conduct in-depth analysis of barriers to immunization and, accordingly, prioritize the actions needed and develop realistic operational plans for improving immunization coverage.
29. WHO and partners should utilize all possible opportunities to advocate for immunization programmes at the highest levels in order to raise the visibility of the regional immunization goals, enhance allocation of adequate resources for immunization activities, including new vaccines introduction in middle-income countries, and improve the managerial capacity of immunization staff.
30. WHO and partners should extend the necessary technical support to all countries to improve technical and managerial capacity, and to strengthen all aspects of immunization programmes according to need and situation, including through conducting operational research and addressing vaccine hesitancy and missed opportunities for vaccination.
31. WHO, UNICEF and partners should support low coverage countries to develop a comprehensive communication strategy and utilize the available resources of the Polio Eradication Initiative to disseminate information on vaccination and vaccination services, and to create community demand for routine immunization.
32. The Gavi Alliance and other partners should provide more financial resources to Yemen as part of the fragility, emergencies and refugees policy, in order to cope with increasing programme

costs and to implement the vaccine delivery strategies needed in the current situation.

Measles/rubella control and elimination

To Member States

33. Countries with measles-containing-vaccine (MCV) routine vaccination coverage below the required level for measles elimination (at least 95% coverage with two doses of MCV at district level) should:
    - strengthen routine vaccination services to achieve high coverage with two doses of measles vaccine at the lowest administrative level (point 1.2 under section I);
    - conduct periodic follow-up SIAs as needed and based on disease epidemiology; and
    - ensure high quality SIAs through mobilizing the necessary resources (domestic and partner) for timely implementation, using WHO SIA guidelines to ensure proper planning and implementation, including the use of the readiness assessment tool to monitor key preparedness indicators at the pre-SIA, intra-SIA and post-SIA periods (SIAs should not be implemented unless pre-campaign readiness indicators are met at all levels), conducting post-SIA coverage evaluation, and implementing mop-up activities where needed.
34. All countries should strengthen measles case-based laboratory surveillance and achieve the required measles surveillance performance indicators.
35. Countries reporting a low incidence of endemic measles virus transmission should strive to engage non-Ministry of Health care providers, including the private sector, school health programmes, health insurance organizations, military health services, in the measles/rubella case-based surveillance system.

36. All countries should use surveillance data, and triangulate all sources of data, to predict and prevent measles/rubella outbreaks. Data should be used to regularly update the national strategy for measles/rubella control and elimination.
37. Countries nearing of measles and/or rubella elimination should establish, as soon as possible, a measles/rubella expert review committee and national verification committee for measles/rubella as per WHO guidelines.

To WHO and immunization partners

38. WHO should extend the required technical support to improve measles/rubella case-based laboratory surveillance in all countries, especially those who have not yet reached the targets for measles/rubella surveillance system performance indicators.
39. WHO and partners should provide the needed support to ensure adequate planning and implementation of high quality MCV SIAs in Afghanistan, Pakistan, Somalia, Sudan and Yemen.
40. WHO should accelerate the establishment of a regional verification commission or commissions for measles and rubella. WHO should also conduct a workshop to brief countries nearing elimination on the documentation of measles elimination and preparing reports for verification of elimination, and should provide the required technical support to national verification committees in the Region.

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