



Progress report on the implementation of the Eastern Mediterranean vaccine action plan 2016–2020

Introduction

1. In May 2012, the Sixty-fifth World Health Assembly endorsed the Global Vaccine Action Plan (GVAP) in resolution WHA65.17 as the operational framework for implementation of the vision of the Decade of Vaccines 2011–2020.
2. An Eastern Mediterranean vaccine action plan (EMVAP) 2016–2020, was subsequently developed and was endorsed in October 2015 by the Regional Committee for the Eastern Mediterranean in resolution EM/RC62/R.1 as a framework for implementation of the GVAP in countries of the Region. The EMVAP defines strategic objectives and priority actions for immunization programmes to guide efforts to prevent and control vaccine-preventable diseases from 2016 to 2020 and beyond. It takes into account the specific needs of Member States in the Region and the challenges facing these countries.
3. In accordance with resolution EM/RC62/R.1, a report on the progress made and remaining challenges is to be submitted to the Regional Committee every two years starting from 2017. This report is the first in that series of reports.

Current situation in the Eastern Mediterranean Region

Goal 1: Routine immunization coverage

4. In 2010, DTP3 coverage reached 86% in the Eastern Mediterranean Region. However, as a result of political unrest in several countries of the Region beginning in 2011, by 2016, regional DTP3 coverage had dropped to 80%. In light of the significant challenges facing immunization programmes as a result of conflict and instability in several countries, this decline in coverage can be expected.
5. In 2016, 64% (14/22) of countries of the Region met the GVAP/EMVAP target for national DTP3 coverage of 90% or more at national level.
6. In 2016, 3.7 million infants missed receiving DTP3 vaccine in the Region. More than 90% of these infants are in countries affected by emergencies.
7. In spite of significant challenges, several countries of the Region have succeeded not only in maintaining strong immunization programmes but in further strengthening them. Among these countries, Egypt, with strong government commitment, increased resources in order to maintain a strong EPI and to introduce pentavalent vaccine. In 2015, Egypt also conducted a national measles/rubella campaign targeting 23 million children in spite of economic constraints. A similar level of commitment was demonstrated by the Government of Tunisia which allocated resources to maintain a strong EPI and introduce inactivated polio vaccine (IPV) amid its internal challenges. Countries neighbouring the Syrian Arab Republic, in particular Jordan and Iraq, showed a great response in providing routine immunization to Syrian refugees, in addition to providing routine vaccination services to their national populations.
8. High population demand in countries facing internal difficulties, such as Egypt, Libya and Tunisia, was instrumental in maintaining high coverage of routine immunization in spite of all the challenges.

Goal 2: Disease elimination and control

Measles elimination

9. Countries of the Region adopted measles elimination as a goal to be reached by 2020.
10. Countries of the Region have been implementing the regional strategy for measles elimination with variable levels of success. Based on WHO/UNICEF estimates of national immunization coverage for 2016, out of the 22 countries of the Region, estimated measles-containing vaccine first dose (MCV1) coverage was $\geq 95\%$ in 12 (55%), 90–94% in 1 (4.6%) and $< 90\%$ (range 46–85%) in 9 (41%) countries. Of the 9 countries with $\geq 95\%$ MCV1 coverage, 5 (23% of all countries) reported $\geq 95\%$ coverage in all districts. In the same year, among the 21 countries with a routine second dose of measles vaccine, MCV2 coverage was $\geq 95\%$ in 12 (55%), 90–94% in 1 (4.6%), and $< 90\%$ (range 40–82%) in 8 (48%) countries.
11. During the period 2002–2016, more than 478 million people were reached through national or subnational supplementary immunization activities (SIAs). Measles case-based surveillance has been implemented in all countries of the Region, except Djibouti and Somalia, with the support of a well-established global and regional laboratory network and national measles/rubella laboratories in all countries. Measles surveillance performance indicators showed that the majority of countries met surveillance standards.
12. During the period 1998–2010, reported measles cases decreased by 77%, from 89 478 cases in 1998 to 10 072 in 2010. However, during 2011–2016, with increasing political unrest and a deteriorating security situation in several countries, in addition to a significant diversion of donor funding from measles SIAs to multiple indicator cluster surveys, regional progress slowed and the number of reported measles cases reported by countries reached 6264 in 2016.
13. Inadequate visibility of the measles elimination target, weak managerial capacity, crisis and competing public health priorities are the major challenges in most countries.

Maternal and neonatal tetanus elimination

14. Six out of the 22 countries of the Region – Afghanistan, Djibouti, Pakistan, Somalia, Sudan and Yemen – representing more than a quarter (6/23) of countries that have not achieved this goal worldwide, are yet to eliminate maternal and neonatal tetanus. However Punjab province of Pakistan (population around 100 million) was validated as having achieved elimination in November 2016. Financial constraints and the inability to allocate/mobilize required resources for implementation of the required SIAs in high-risk districts are the main factors behind the failure to achieve this long delayed goal.

Hepatitis B

15. In October 2009, the WHO Regional Committee for the Eastern Mediterranean passed resolution EMRC56R.5, adopting a regional hepatitis B control goal to “reduce prevalence of chronic hepatitis B virus infection to $< 1\%$ among children aged < 5 years by 2015”.
16. The Regional Office has developed a regional strategy to achieve the hepatitis B control target.
17. The Regional Office has been supporting countries of the Region to develop and implement national strategies to achieve the regional hepatitis B control goal.
18. The number of countries that are implementing the hepatitis B birth dose has increased from 13 in 2009 to 18 countries in 2016, including three countries, Afghanistan, Egypt and Pakistan, which have partially introduced the birth dose vaccination. The main reason for its delayed introduction is financial in GAVI-supported countries as the birth dose is not supported by GAVI. Available information, through serosurveys and monitoring of programme performance, indicates that this target might have already been achieved in many countries although verification, through the implementation of hepatitis B serosurveys, is

still to be done in most countries. The Regional Office has developed regional guidelines for countries to verify achievement of the goal.

Goal 3: Introducing new vaccines of regional and national priority

19. Countries of the Region have made remarkable progress in introducing new life-saving vaccines in the last few years. From 2011 to 2016, 33 new vaccines were introduced in the Region. *Haemophilus influenzae* type B (Hib) vaccine has been introduced in national immunization programmes in all countries. Pneumococcal conjugate vaccine (PCV) has been introduced in 14 countries and rotavirus vaccine in 11 countries. IPV has been introduced in 21 countries but its introduction in Egypt has been delayed due to a global shortage of IPV. Sudan, after completing a national immunization campaign with meningococcal A conjugate vaccine (Men-Afri-Vac), introduced the vaccine in their routine immunization programme in July 2016. Sudan also completed two phases of a national yellow fever vaccination campaign but completion of the remaining phase is currently constrained by a global shortage of yellow fever vaccine.

20. The support of GAVI, the Vaccine Alliance, to eligible countries and the commitment of governments to fulfil co-financing components, has been pivotal in facilitating introduction of new vaccines in those countries. The exceptional commitment of governments of middle-income countries to fully finance introduction of new vaccines is commendable. Nevertheless, middle-income countries and specifically low-middle-income countries continue to face difficulty in introducing the new vaccines due to the combined effects of the high cost of the vaccine and inadequate allocation of necessary domestic resources.

Sustaining immunization programmes in humanitarian emergencies in the Region: challenges and successes

21. Many countries of the Region are currently experiencing, either directly or indirectly, acute or protracted humanitarian emergencies, including a massive influx of refugees, which has resulted in the overstretching of health systems in neighbouring countries.

22. Despite the current situation, remarkable efforts have been devoted to maintaining immunization programmes in countries affected by emergencies and to reach every child with life-saving vaccines. While the concerted support of partners has been a key factor in availing required resources in some countries, government commitment and allocation of national resources has been exceptional in several countries. The devotion of health workers at grass-roots level and their relentless efforts to reach children in hard-to-reach areas with life-saving vaccines, community demand for vaccines and the seeking of vaccination services, where available, remain the major elements for success. The sustaining of national immunization programmes in Yemen with its current humanitarian emergency is commendable. Despite the challenges in Syrian Arab Republic in 2016, 1 641 804 children were reached at least once with immunizations, which represents a big achievement. Many children were reached for the first time in spite of previous multiple polio/measles immunization rounds. These efforts will support attainment of polio-free status and reduce the incidence of measles. Similarly, EPI services have been provided in other countries affected by emergencies.

Challenges facing achieving immunization goals

23. Some of the challenges preventing achievement of immunization goals in the Region include:

- insecurity and humanitarian emergencies;
- weak managerial capacity and rapid turnover of national staff;
- inadequate attention given to immunization goals and lower priority accorded to routine immunization in view of more pressing needs in some countries;
- uncertainty about the target population in several countries due to inadequate civil registration systems, poor/old census data and continuous internal and/or external population movement;
- inadequate financial resources, both domestic and external, leading to below optimum implementation of immunization programmes in many low-resource countries and countries affected by emergencies;

- global vaccine shortages that have resulted in the delayed introduction of some vaccines (e.g. IPV) and delayed implementation of SIAs (e.g. measles, mumps, and rubella (MMR) and yellow fever).

Achieving immunization goals in the Region

24. Immunization is undeniably one of the most successful and cost-effective public health interventions available and tremendous progress has been made to improve immunization coverage and introduce new vaccines in countries of the Region. While many challenges remain, including acute humanitarian emergencies prevailing in several countries, there are reasons to be optimistic. Political will and government funding for immunization is increasing.

25. The EMVAP/GVAP provide a strong framework for overcoming challenges to achieving immunization goals in the Region. Comprehensive multi-year plans, in line with the EMVAP, are being developed/updated in countries. While WHO and other development partners should continue to fulfil their commitments to providing the required support, governments, communities and individuals must work collectively to put these plans into action.