



Address by  
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to the  
**TWENTY-EIGHTH INTERCOUNTRY MEETING OF NATIONAL MANAGERS OF  
THE EXPANDED PROGRAMME ON IMMUNIZATION**  
**Amman, Jordan, 16–19 November 2014**

Ladies and Gentlemen, Dear Colleagues,

It gives me great pleasure to welcome you to the twenty-eighth Intercountry Meeting of National Managers of the Expanded Programme on Immunization. I wish to welcome and extend my sincere thanks to the representatives of various partner agencies for making the effort to come and for their continued interest, commitment and support to immunization activities in the Region. I wish also to welcome members of the Regional Technical Advisory Group on immunization and the chairpersons of the national immunization technical advisory groups, who shoulder a great responsibility for improving the capacity of national immunization programmes, as well as our colleagues from WHO and UNICEF headquarters and regional offices, and field officers participating in this meeting. My sincere thanks is due to the managers of the Expanded Programme on Immunization for their tireless efforts to give EPI the attention it deserves.

Dear Colleagues,

Immunization programmes have adopted several important targets for control, elimination and eradication of vaccine-preventable diseases. At the top are polio eradication, measles elimination, maternal and neonatal tetanus elimination and hepatitis B control. In addition, as vaccine-preventable diseases account for more than 20% of child deaths, immunization is a key tool for achieving the targets of Millennium Development Goal 4. Reaching high routine immunization coverage in all districts, introducing new life-saving vaccines and technologies, and implementing the accelerated disease control strategies are the key pillars for achieving these targets. We have therefore been focusing, in the past few years, on supporting countries to: strengthen routine immunization services to reach the un-reached; to build national managerial and decision-making capacity to support new vaccines introduction and partnership; and to mobilize additional resources for effective implementation of specific disease control, elimination and eradication strategies.

Dear Colleagues,

Since your last meeting in September 2012, the Region has continued to face major challenges in relation to the emergency and security situations in several countries. I acknowledge the major efforts made and the innovative approaches followed in order to keep EPI functioning as a top priority, and to overcome the barriers faced in terms of security and accessibility, vaccine supply and human resources. I am pleased to note that, based on reported data and WHO-UNICEF estimates for 2013, Egypt and Yemen were able to recover from the drop in vaccination coverage that occurred in the preceding year, and several other countries were able to maintain the high vaccination coverage. These significant achievements reflect the enormous efforts of the EPI programme in these countries. I have also to acknowledge the important role that high public awareness and demand for immunization has played in maintaining coverage in the countries facing internal difficulties.

Nevertheless, we saw an unprecedented drop in routine vaccination coverage in the Syrian Arab Republic. In addition, routine vaccination services to Syrian refugees in the neighbouring countries continued to face challenges and to pose a burden on the health systems of these countries. During the course of this meeting, we will learn more about the efforts of Syria and the neighbouring countries to maintain EPI services under the current circumstances. You will also be briefed on the efforts to improve routine vaccination coverage using the assets of the polio eradication initiative in Afghanistan, Pakistan and Somalia.

Dear Colleagues,

We are now in an absolutely critical phase of the global struggle to eradicate polio. In October 2013, our Member States declared the international spread of wild poliovirus an emergency for the Region. Since then, progress on polio eradication has been mixed. On the one hand, the rapid, well-coordinated, and comprehensive multi-country polio outbreak response in the Middle East successfully prevented an explosive outbreak, and in the Horn of Africa transmission is now restricted to focal areas in Somalia. While there are still significant risks of transmission continuing in both settings, not least because of insecurity and large scale population movement, it is possible to see clear progress in controlling the outbreaks. On the other hand, the resurgence of polio in Pakistan, which now accounts for more than 80% of all polio reported in the world, threatens all the achievements made in the Region and globally. In Afghanistan, the persistence of transmission in the south and east is of continuing concern. The situation calls for our immediate and continued action to effectively stop transmission of polio, in the Region and in the world. I want to remind all of us that success in eradicating polio is a global success for immunization; and failure will be perceived in many quarters as a failure of immunization as a strategy. It is up to us as immunization and public health professionals to ensure that we, and the world, succeed.

Dear Colleagues,

The Region has witnessed commendable progress in measles control and elimination since establishing the regional elimination target in 1997. The number of reported measles cases decreased by 81% between 1998 and 2013, measles mortality was significantly reduced and measles national case-based laboratory surveillance is being implemented in all countries. Six countries are reporting very low incidence of measles, three are reporting zero endemic cases and are ready to verify measles elimination, and countries with lower vaccination coverage continue to implement supplementary activities to boost population immunity. In this regard, I would like to express our appreciation to the Measles and Rubella Initiative as well as the GAVI Alliance for the significant financial support provided for implementation of measles supplementary immunization activities in the low-income countries.

Despite the progress, the Region is not currently on track to achieve the measles elimination target by 2015, and the deteriorating security situation in some countries continues to add to the challenges facing implementation of the regional strategy of measles elimination. In view of the importance of the subject, this meeting will be followed by a dedicated meeting on measles and rubella control and elimination, where the situation in each country will be discussed in detail, challenges identified and suitable actions recommended.

Dear Colleagues,

Prevention and control of hepatitis is also a priority. We are only one year away from the target date of hepatitis B control. While available information indicates that the target of less than 1% HbS antigen prevalence among children under 5 years of age has been achieved in several countries, achievement of the target has still to be confirmed in most countries. Considerable time has been allocated for discussion of this important subject and the regional guidelines for verification of achievement of the target.

Dear Colleagues,

The achievement of MDG4, especially in the priority countries, will continue to be at risk unless we tackle the major causes of under-5 mortality, especially pneumonia and diarrhoea. As you all know, WHO and partners have been working with countries to promote the introduction of new and underutilized vaccines in the Region, an effort which has gained momentum during the past few years. The introduction of new vaccines progressed in 2012 and 2013. Since we met in September 2012, *Haemophilus influenzae* type B vaccine (Hib) has been introduced in Somalia and Egypt, pneumococcal vaccine was introduced in Afghanistan, Djibouti, Pakistan and Sudan, and rotavirus vaccine was introduced in Saudi Arabia, United Arab Emirates and Yemen. Major achievements in the introduction of new vaccines were made in Libya, where pneumococcal, rotavirus, inactivated polio vaccine (IPV), meningococcal and human papillomavirus vaccines

were introduced in 2013–2014. Sudan has successfully completed two phases of the meningococcal A conjugate vaccine campaign and is preparing for a similar campaign for yellow fever.

This unprecedented success reflects the commitment of the governments, whether to fully fund the vaccine cost or to co-finance GAVI support. I would like, here, to express my great appreciation to the unlimited GAVI support for the introduction of the new vaccines in the countries it supports. In this regard, WHO is committed to strengthening the countries' capacity to make decisions on introducing new vaccines based on evidence. During the past few years, our region has witnessed remarkable progress in establishing and strengthening the national immunization technical advisory groups (NITAGs). Currently, 21 out of the 22 countries have established NITAGs and WHO is working on further strengthening their decision-making capacity. This meeting will be followed by a one-day workshop on capacity-building for them.

Important steps are being undertaken to strengthen the EPI programme capacity. Regional and national training workshops on effective vaccine management are regularly conducted. More countries are conducting a comprehensive review of EPI, including effective vaccine management assessment and data quality assessment, and are using the results to develop and update their multi-year plans. Attention is also being given at the regional and national levels to improving data quality and to using EPI and surveillance data for action.

Despite the commendable achievements in different areas of EPI, much remains to be done in order to achieve the targets set. Seven countries still have not reached the target DPT3 coverage of 90% at national level. Around 3 million infants missed their third dose of DPT vaccine in 2013 and more rigorous implementation is needed of the effective strategies, such as the Reach Every District approach, Child Health Days and acceleration campaigns. Polio is still endemic in Pakistan and Afghanistan, the measles elimination target is not on track and a lot still needs to be done for effective implementation of the measles elimination strategy. We need to see innovation with regard to overcoming the current challenges, effective use of available resources, and stronger partnership in mobilizing additional resources.

Once again, I wish to express my sincere thanks to all of you for your efforts in promoting the immunization programmes in the Region. I urge you to gain the maximum benefit of this meeting through sound deliberations, open discussion and effective exchange of experience. I assure you of our continued support and collaboration and I wish you all a pleasant stay in Amman.