



In the Name of God, the Compassionate, the Merciful

**Address by
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to the

**27TH INTERCOUNTRY MEETING OF NATIONAL MANAGERS OF THE EXPANDED
PROGRAMME ON IMMUNIZATION**

Sharm El-Sheikh, Egypt, 16–19 September 2012

Ladies and Gentlemen, Dear Colleagues,

It gives me great pleasure to welcome you to the 27th intercountry meeting of national managers of the Expanded Programme on Immunization, organized jointly by WHO and UNICEF. I wish to welcome and extend my sincere thanks to the representatives of various partner agencies for their continued interest, commitment and support to immunization activities in the Region. I wish also to welcome the chairpersons of the national immunization technical advisory groups, who shoulder a great responsibility for improving the capacity of national immunization programmes. My warm welcome goes also to our colleagues from WHO and UNICEF headquarters and regional offices as well as field officers participating in this meeting. My sincere thanks are due 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 accounts for more than 20% of child deaths, immunization is certainly 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, build national managerial and decision-making processes to support new vaccines introduction, and partnership and mobilize additional resources for effective implementation of specific disease control, elimination and eradication strategies.

Dear Colleagues,

Since your previous meeting in July 2010, major political changes have taken place in several countries in the Region which have added to the challenges facing some programmes. I acknowledge with satisfaction the major efforts spent and the innovative approaches followed in order to keep EPI functioning as a top priority and to overcome the major barriers faced in terms of security and accessibility, vaccine supply, cold chain and human resources. I am pleased to note that, based on reported data for 2011, Egypt and Tunisia were able to maintain the high vaccination coverage or avoid a significant drop in vaccination coverage. I have also to acknowledge the important role that high public awareness and demand for vaccines has played in maintaining the vaccination coverage in these countries.

I am pleased to note that reported DPT3 coverage reached more than 60% in South Sudan and more than 55% in Somalia in 2011. These significant achievements reflect enormous efforts and strong partner collaboration in these two countries. During the course of this meeting, we will learn more about the efforts of Somalia to re-establish EPI and the activities of Sudan and South Sudan to reach the hard-to-reach populations. You will also be briefed on the constraints routine EPI is facing in Pakistan and the ongoing efforts to overcome them.

Dear Colleagues,

As you know, polio eradication was declared a programmatic emergency for global public health by the World Health Assembly this year. Following the declaration, emergency standard operating procedures were activated in the Region. There has been impressive progress in the programme maintaining the polio free status of the 21 countries. Nonetheless, significant challenges and risks remain in some of them while Pakistan and Afghanistan are still polio endemic.

Currently both endemic countries are intensifying their efforts to stop poliovirus circulation. Pakistan's Augmented National Emergency Action Plan indicates high commitment by the Government of Pakistan. However, places like the Federally Administered Tribal Areas, Quetta block and Gaddap town in Karachi, with ongoing wild poliovirus circulation, represent a continuing risk. Afghanistan has also developed a National Emergency Action Plan this year and, together with the recent independent review of the programme, has defined a roadmap to interrupt the transmission in the southern part of the country. Both countries have also made important recent changes, including an upsurge of human resources, oversight by the highest level and establishment of accountability mechanisms. However, challenges remain and intensive and targeted actions undertaken over the next months will be critical to success.

All other countries of the Region have maintained their polio-free status. However, recent developments in some countries have increased the risk of the circulation of poliovirus should it be introduced. The programme is closely watching the situation through the globally standardized criteria of risk assessment. You will be hearing more about this risk assessment model and I would like to encourage you to apply this model to your country at national and subnational level to identify the gaps in population immunity and surveillance, and to take this opportunity to close such gaps.

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 88% between 1998 and 2010, measles mortality was significantly reduced and measles national case-based laboratory surveillance is being implemented in all countries. Eight countries continue to report very low incidence of measles and are close to validating measles elimination. In this regard, I would like to express our deep thanks to the Measles and Rubella Initiative for the significant financial support provided for implementation of measles supplementary immunization activities in the low-income countries of the Region.

Despite the progress, we have missed achieving measles elimination on time and the target date was postponed to 2015. Moreover, there has been resurgence of measles in several countries since 2009. I am sure you will agree with me that this resurgence is due only to failure to reach the level of measles vaccination coverage that is necessary to interrupt measles transmission or, at least, keep this transmission low. The worrying issue is

that measles outbreaks have occurred in countries that have been reporting high routine or supplementary vaccination coverage. A substantial proportion of the measles cases reported during these outbreaks have occurred among the vaccinated cohorts and a large percentage of these cases proved to be unvaccinated. This raises concern about the quality of the reported routine vaccination data and the quality of the supplementary immunization activities.

Dear Colleagues,

Achievement of MDG4, especially in the priority countries, will continue to be at risk unless we tackle the major causes of under-five mortality, at top of which are pneumonia and diarrhoea. As you all know, pneumonia caused by Hib and the pneumococcus and diarrhoea caused by rotavirus are the causes of up to 20% of under-five mortality in high burden countries of the Region. WHO and partners have been working with countries to promote new and underutilized vaccines introduction in the Region, an effort which has gained unprecedented momentum during the past few years. Hib vaccine is now part of the national immunization schedule in 19 countries and I am pleased to note that it will be introduced in Somalia early next year. Pneumococcal vaccine is now in use in 9 countries and its introduction in Djibouti and Pakistan will start in a few days. Rotavirus vaccine is in use in 6 countries and will be introduced in Djibouti, Libya and Saudi Arabia early next year. I am also pleased to note that the first phase of a vaccination campaign against one of the deadly diseases in Sudan, meningococcal meningitis, will start in a few days as well.

I would like to express my great appreciation to the governments of the GAVI-eligible countries for their increasing investment in immunization and their successful co-financing of new vaccines, and to the support provided by GAVI. However, introduction of these new vaccines still constitutes a real challenge in middle-income countries. While low-income countries are able to introduce these expensive vaccines with GAVI support and high-income countries are able to afford the vaccines, the cost of these vaccines continues to be unaffordably high for most middle-income countries.

Dear Colleagues,

In addition to the efforts at strengthening different aspects of immunization programmes, during the past few years our region has witnessed important initiatives aimed at improving national immunization programmes. Strengthening national immunization technical advisory groups (NITAGs), with the objective of strengthening country decision-making capacity, gained momentum, and 22 out of 23 countries have now established

NITAGs. Important steps are being undertaken towards establishing pooled vaccine procurement mechanism in the Region in order to support middle-income countries. The third Vaccination Week in the Eastern Mediterranean was celebrated with the same success as the first two years, and World Immunization Week was established. More countries are conducting comprehensive review of EPI and are using the results for developing and updating their multi-year plans.

Despite the commendable achievements in different areas of EPI, I am sure you agree with me that 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 2 million infants missed their third dose of DTP vaccines in 2011 and more rigorous implementation of the effective strategies, such as the Reach Every District approach, Child Health Days and acceleration campaigns, is needed. Polio is still endemic in Pakistan and Afghanistan, the measles elimination target was not achieved and a lot still needs to be done for effective implementation of the measles elimination strategy if we are to achieve this target within the coming 3 years. New vaccines against the most killing childhood diseases are not yet offered to the vast majority of children in the Region, and innovative approaches are needed for effective use of available resources, along with stronger partnership for mobilizing additional resources, especially in middle-income countries.

Once again, I wish to express my sincere thanks to all of you for your efforts in promoting the immunization programmes in the Region and I urge you to make 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 Sharm El-Sheikh.