



In the Name of God, the Compassionate, the Merciful

Address by

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**26TH INTERCOUNTRY MEETING OF NATIONAL MANAGERS OF THE
EXPANDED PROGRAMME ON IMMUNIZATION**

and

**2ND MEETING OF THE CHAIRPERSONS OF THE NATIONAL TECHNICAL
ADVISORY GROUPS**

Cairo, Egypt, 4–7 July 2010

Ladies and Gentlemen, Dear colleagues,

It gives me great pleasure to welcome you to the 26th intercountry meeting of national managers of the Expanded Programme on Immunization and second meeting of the chairpersons of the National Technical Advisory Groups (NITAGs), organized jointly by WHO/EMRO and UNICEF/MENARO. I wish to welcome members of the Regional Technical Advisory Group for the Expanded Programme on Immunization for the Eastern Mediterranean Region; in particular, I would like to extend a warm welcome to the new members and my deep thanks to those members whose period of membership has concluded. I wish also to welcome and extend my sincere thanks to the representatives of the various partner agencies, for making the effort to come and for their continued interest, commitment and support to immunization activities in the Region. A special word of welcome goes to the chairpersons of the national immunization technical advisory groups; a great responsibility for ensuring quality of the immunization programmes, especially with improving the decision making-process, is ahead of you. My sincere welcome is due the national managers of the Expanded Programme on Immunization; all achievements on the ground and all the challenges that are met are the result of your tireless efforts to give EPI the attention it deserves.

Dear colleagues,

Immunization programmes are currently challenged with several important targets for control, elimination and eradication of vaccine-preventable diseases. At the top of the list are polio eradication, measles elimination, maternal and neonatal tetanus elimination and hepatitis B control. In addition, as vaccine-preventable diseases account for more than 25% of child mortality, immunization is certainly a key tool to reach the Millennium Development Goal 4, reducing by two-thirds between 1990 and 2015 the under-five mortality rate.

Reaching high routine immunization coverage in all districts, introducing new life-saving vaccines and technologies, and implementing the accelerated disease control strategies are the recognized pillars for reaching these goals. Because of that, we have been focusing in the past few years on strengthening routine immunization services to reach the un-reached, building national managerial and decision-making processes to support new vaccine introduction and partnership and mobilizing adequate resources for effective implementation of the specific disease control, eradication and elimination strategies.

Dear colleagues,

I am pleased to note that, since we last met in October 2008, you were able not only to sustain the progress made along the preceding years but also to add more achievements as well. The regional coverage with DPT3-containing vaccine has reached 87% for the first time. I acknowledge with satisfaction the significant improvement in the coverage figures of the priority countries. It is clear that you did your best to overcome all the barriers facing routine immunization, particularly in the challenging areas in Afghanistan, Iraq, Pakistan, Sudan and Somalia. I am pleased to note that DPT3 coverage in Somalia reached more than 50% in 2009, and that in southern Sudan it almost tripled during the past 2 years to reach around 50% as well. This significant achievement reflects huge efforts and strong partner collaboration for implementation of appropriate and effective strategies, namely, Reaching Every District (RED), Child Health Days and acceleration campaigns. This significant improvement in routine immunization coverage has renewed hope and trust in achieving the global and regional targets in such challenging situations. I can see that the innovative approaches that were implemented in Somalia and Yemen will be shared with you during the course of the meeting.

Dear colleagues,

Substantial progress has also been made in measles mortality reduction, through increasing routine vaccination coverage and implementation of successful immunization campaigns in all countries of the Region. As a result, the 90% measles mortality reduction goal was achieved 3 years before the target date of 2010.

Despite many challenges, our region continues to make steady progress towards the polio eradication target. The polio-free status of the 18 polio-free countries has been sustained for more than five years by avoiding the development of immunity gaps among children in the presence of satisfactory level surveillance.

In Afghanistan and Pakistan, it is now very clear that the main challenge is in 13 districts of southern Afghanistan and 15 districts from Khyber Pakhtunkhwa and the Federally Administered Tribal Areas, Quetta block and some towns of Karachi. Insecurity in some of these areas is compounding the problems. The programme is making every effort to overcome such issues by finding local solutions. Enhanced performance in these high-risk districts offers clear opportunities for Afghanistan and Pakistan to stop poliovirus circulation. I am confident that you, our national EPI teams, will rise up to these challenges with clear plans to manage.

Dear colleagues,

I am glad to note that the outbreak in Sudan has successfully been controlled and no polio case has been reported for one year. We must continue strengthening the immunity status of children, surveillance and our preparedness to address any importation. In anticipation of cessation of transmission, progress in the implementation of laboratory containment and preparation for regional certification is impressive.

I wish to re-emphasize the need to ensure that EPI teams make maximum use of the experience and infrastructure of the polio eradication initiative in promoting routine immunization. High routine immunization coverage is the key to protect any country from a situation like what we have observed recently in Tajikistan.

Dear colleagues,

As you all know, achievement of Millennium Development Goal 4, especially in the priority countries, will be at risk unless we tackle the two major causes of under-five mortality in our Region, namely pneumonia and diarrhoeal diseases, through vaccination and other public health interventions. New and underutilized vaccine introduction in our Region gained unprecedented momentum during the past 2 years with introduction of Hib vaccine in national immunization programmes in Afghanistan, Pakistan and Sudan. Pneumococcal vaccine is now in use in all GCC states and the number of countries introducing rotavirus vaccine is on the increase. Most of the GAVI-eligible countries have obtained approval or are in the process of applying for pneumococcal and rotavirus vaccines introduction. In addition, the challenges facing introduction of new vaccines in the middle-income countries is resolving in some countries with the decision on introduction of pneumococcal and rotavirus vaccines in Morocco and re-introduction of Hib vaccine in Tunisia. I am pleased also that in 2009 the WHO Regional Committee passed a resolution directly related to one of these vaccine, hepatitis B vaccine, and set a hepatitis B control target, namely reducing HbS antigen prevalence to less than 1% among children less than 5 years of age in all countries by 2015. You will be discussing the proposed regional strategy to achieve this target during the course of the meeting.

Dear colleagues,

During the past 2 years, our Region has witnessed important initiatives aiming at improving immunization programmes. Strengthening national immunization technical advisory groups, with the objective of strengthening the country technical capacity to decide on and set policies and priorities, gained momentum, with most countries now having established, or in the process of establishing, a NITAG. Important steps were taken towards establishing pooled vaccine procurement mechanism in the Eastern Mediterranean Region. Phase 1 of establishing the mechanism is under way, and the UNICEF procurement mechanism is now available for utilization by middle-income countries, a step that, we hope, will be instrumental in pushing forward introduction of new vaccines in the Region. I am also proud of the Vaccination Week in the Eastern Mediterranean Region initiative, in which all countries in the Region participated. I take this opportunity to congratulate all of you for the excellent performance and the successful activities undertaken during vaccination week.

This remarkable success brings with it the responsibility for all of us to maintain the momentum and innovation in the coming years. While we are celebrating this success today, we need to discuss in depth the next steps in order to ensure more successes in the coming years.

Dear colleagues,

Despite these commendable achievements, a lot still has to be done. Around 900 000 children missed their basic vaccines in 2009, and more vigorous implementation of the effective strategies, such as RED, Child health days and acceleration campaigns, is needed. The measles elimination target was not achieved and a lot remains to be done for effective implementation of the measles elimination strategy if we are to achieve this target within the coming few years. New vaccines against the most killing childhood diseases, pneumococcal and rotavirus diseases, are still not offered to the vast majority of the children in our Region, and innovative approaches for effective use of the available resources and stronger partnership for mobilizing additional resources are needed, especially in the low-income and middle-income countries. We need to start implementing the regional strategy for hepatitis control in order to be able to achieve the hepatitis B control target by 2015. We must also ensure better monitoring and evaluation of the immunization programme in order to ensure higher performance, safety and quality. I am confident that through your efforts the long-awaited goal of polio eradication will be achieved in the very near future.

Dear colleagues

Once again, I wish to express my sincere gratitude to all of you for your efforts in promoting the immunization programmes in the Eastern Mediterranean Region and I urge you to make the maximum benefit of this meeting through sound deliberations and open exchange of experience. I assure you of our continuous support and collaboration and I wish you all a pleasant stay in Cairo