

Summary report on the

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**One day consultative meeting
to discuss ways to promote
the use of seasonal influenza
vaccine among high-risk
groups in the Eastern
Mediterranean Region**

Casablanca, Morocco
16 November 2019



REGIONAL OFFICE FOR THE

**World Health
Organization**

Eastern Mediterranean

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1. Introduction

Influenza is a major cause of morbidity and mortality worldwide. Each year, seasonal influenza causes up to 650 000 deaths and millions of people are hospitalized. Moreover, influenza pandemics can have a major impact on health and society as a whole. A sustainable seasonal influenza programme or policy not only reduces the disease burden but strengthens health systems and leads to better pandemic preparedness. Since it is conducted annually, seasonal influenza vaccination allows countries to develop, practice and refine vaccine approval, distribution and delivery plans, each year. Increasing national, regional and global efforts to expand the use of seasonal vaccines provides economic and public health benefits today, while developing systems for pandemic response in the future.

The importance of influenza vaccination has been highlighted in World Health Assembly resolution WHA56.19 on Prevention and control of influenza pandemics and annual epidemics (2003), the Global Action Plan for Influenza Vaccines (2006–2016), the Pandemic Influenza Preparedness Framework (2011) and World Health Assembly resolution WHA70(10) on Review of the Pandemic Influenza Preparedness Framework (2017).

The capacity of countries in the WHO Eastern Mediterranean Region in surveillance and pandemic planning has greatly increased over the past decade. However, the Region continues to have some of the lowest rates of vaccine utilization globally. The countries of the Region are highly diverse with respect to their influenza vaccination programmes: some have high-quality robust annual programmes, some have small programmes they wish to expand, while others have yet to introduce the vaccine.

On 16 November 2019, WHO held a one-day consultative meeting in Casablanca, Morocco, to discuss ways to promote the use of seasonal influenza vaccine among high-risk groups in the Eastern Mediterranean Region. The meeting focused on identifying challenges and opportunities for the introduction and expansion of influenza vaccination policies and programmes in the Region.

The objectives of the meeting were to:

- review the current landscape of influenza vaccination in the Region;
- review ongoing initiatives related to influenza vaccination and preparedness that are relevant to seasonal vaccination programme development;
- discuss key challenges to influenza vaccination programme growth in the Region;
- discuss tools and approaches to accelerating the creation of an evidence base for the development of national vaccine policies; and
- identify opportunities for regional collaboration to expand influenza prevention in the Region.

The meeting was attended by influenza focal points and Expanded Programme on Immunization (EPI) managers from Afghanistan, Bahrain, Djibouti, Egypt, Iran (Islamic Republic of), Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Pakistan, Palestine, Qatar, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates and Yemen, as well as by representatives of the United States Centers for Disease Control and Prevention (CDC), Partnership for Influenza Vaccine Introduction (PIVI) and WHO.

2. Summary of discussions

Despite the expansion of vaccine use globally, vaccines are still underused in many low- and middle-income countries, and in many countries that have vaccination policies, vaccine programmes remain weak. Political and technical challenges to vaccine expansion persist. These include negative perceptions of the relative value, affordability and availability of vaccines, regulatory obstacles, a need for national policies and a lack of operational plans to implement programmes.

In addition to these challenges, vaccine expansion can be technically difficult due to a lack of information on disease burden, a lack of an infant-focus among target groups and the need to deliver the programme annually, as well as difficulties in measuring impact, communicating value, matching supply and demand and integrating seasonal influenza vaccination into routine immunization programmes. A consensus was reached among participants that most countries in the Region face similar issues and there is a need to urgently identify opportunities to address them.

Another major challenge for countries in the Region is vaccine hesitancy. In 2019, vaccine hesitancy was listed as one of the top 10 threats to global health. Some of the known barriers to vaccination include perceived low risk of infection/disease, concerns over vaccine effectiveness and safety, lack of vaccination recommendation from health providers, the inconvenience of accessing vaccination and out-of-pocket payment. Ensuring easy and free access is the best strategy to increase uptake. However, vaccine acceptance and demand are complex, context-specific and vary across time and place.

A major concern is vaccine hesitancy amongst health care workers. A recent study conducted in Lebanon and Oman to identify knowledge,

attitudes and practices (KAP) regarding seasonal influenza vaccination among health workers provided a cornerstone for discussions at the meeting. In the 2018/2019 season, almost half (43%) the health care workers in Lebanon had received the seasonal influenza vaccine, whereas only 14% had received it during the past five seasons. Health care workers in paediatrics departments were more likely to receive the vaccine. A history of vaccination was a predictor of willingness to recommend the vaccine, and better knowledge about influenza and vaccination were strongly associated with willingness to recommend the vaccine. The study also found that willingness to receive a vaccine decreases if there is a fee for the vaccine.

Common challenges that countries in the Region experience were identified by participants as being: the lack of local data for developing an evidence base; a lack of tracking and monitoring systems; the lack of political will and competing priorities; the under-valuing of influenza vaccination by the National Immunization Technical Advisory Group (NITAG); regulatory obstacles; health worker hesitancy; vaccine costs; lack of data sharing by the private sector; difficulties in achieving behaviour change and addressing population characteristics; and the impact of anti-vaccination rumours.

Other issues that further compound these challenges were described, including difficulties in retaining the commitment of policy-makers (who change every 4–5 years) and achieving collaboration between influenza programmes and the EPI nationally, the existence of multiple stakeholders and minimum collaboration within the health care system, challenges in estimating the target (denominators) for countries with high numbers of refugees and internally-displaced people and in ensuring vaccine supply, as well as cold chain issues, difficulties in managing vaccines left over after campaigns, ethical issues regarding mandatory vaccination and the activities of “anti-vax” groups.

3. Recommendations

To Member States

1. Increase the national evidence base by conducting influenza disease burden estimation studies, KAP surveys and other relevant studies.
2. Develop policy briefs using findings and recommendations from the influenza disease burden estimation studies, KAP surveys and other relevant studies.
3. Improve access to vaccination through introducing policies on vaccination implementation by nurses, mobile teams and at pharmacies.
4. Increase communication messages about influenza vaccines through campaigns, social media or other platforms, ensuring that communications are targeted at high-risk groups.
5. Reduce the price of influenza vaccination through national subsidies or by participating in regional pooled procurement.
6. Improve collaboration and information-sharing between the influenza surveillance programme and the EPI programme.
7. Advocate for a more effective partnership between the public and private sectors to promote seasonal influenza vaccine uptake and improve coverage rates.

To WHO

8. Create a mechanism for regional cooperation towards greater influenza prevention and control through increased use of influenza vaccine.
9. Support countries in the Region with adequate epidemiological and laboratory surveillance data to conduct seasonal influenza burden estimation studies in support of better public health decision-making on seasonal influenza vaccine introduction.

10. Support countries in the Region to develop seasonal influenza policies and strategies to enhance the availability, accessibility and utilization of season influenza vaccine.
11. Support NITAG capacity-building so that they can provide evidence-based policy and programme decisions related to the introduction of seasonal influenza vaccine.
12. Share best practices and lessons learned from countries where NITAG members are providing evidence-based recommendations for seasonal influenza vaccine policy and practices.
13. Assist countries to develop tailored influenza vaccination campaigns for health workers that promote the importance and benefits of seasonal influenza vaccination.
14. Ensure the availability of appropriate influenza vaccination campaign materials translated into local languages in all countries of the Region.
15. Support countries in the Region to carry out KAP studies regarding seasonal influenza vaccination among health care workers and other high-risk groups.

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