

Summary report on the

Consultative meeting to review progress in introducing seasonal influenza vaccination in the Eastern Mediterranean Region

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Virtual meeting
28 September 2021



REGIONAL OFFICE FOR THE

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1. Introduction

Influenza is a major cause of morbidity and mortality worldwide. WHO has developed a global influenza strategy (2019–2030) to reduce the burden of seasonal influenza, minimize the risk of zoonotic influenza and mitigate the impact of pandemic influenza. The strategy promotes using three tools for the prevention and control of seasonal influenza, including: non-pharmaceutical interventions to slow the spread of the illness; vaccines to reduce transmission, disease severity and incidence of serious complications and death; and antiviral medicines to treat the illness and reduce the risk of serious complications and death.

While influenza vaccination is highly recommended to prevent severe disease in high-risk groups, vaccination coverage rates (VCRs) remain low in many countries, including countries of the WHO Eastern Mediterranean Region. There are several challenges in increasing the uptake of influenza vaccination in the countries of the Region, as identified in the most recent regional meeting organized by WHO in 2019. These include a lack of local evidence, competing priorities, limited tracking and monitoring systems, limited collaboration between stakeholders, and vaccine hesitancy and misconceptions. The meeting also identified several opportunities to support the expansion of influenza vaccination programmes in the Region.

WHO – together with ministries of health, WHO country offices and partners – is progressively moving to implement the recommendations of the 2019 meeting. In collaboration with the Partnership for Influenza Vaccine Introduction (PIVI), a draft of a regional roadmap for increasing the uptake of influenza vaccination has been developed. Regional and country profiles documenting seasonal influenza vaccination policy development and implementation have also been developed. COVID-19 vaccination presents both opportunities and challenges for the introduction of seasonal influenza vaccination.

As such, WHO, through its infectious hazard preparedness and health emergencies programmes in the Region, jointly with the immunization team in its Division of Communicable Disease Control, held a consultative meeting on 28 September 2021 to review progress in introducing seasonal influenza vaccination in the countries of the Region, present a draft regional action plan to promote seasonal influenza vaccination and provide guidance to Member States on the way forward, considering the opportunities and challenges presented by COVID-19 vaccination, particularly in the context of synergizing and integrating seasonal influenza vaccination in routine immunization programmes.

The objectives of the meeting were to;

- review the situation of seasonal influenza vaccination policies and programme implementation in the Region;
- promote synergies and integration between national immunization and seasonal influenza programmes;
- review and provide feedback on a draft regional action plan to increase the uptake of seasonal influenza vaccination in the Region, in light of the experience of the WHO Regional Office for the Americas and the WHO Regional Office for Europe;
- identify opportunities to scale up vaccination rates among vulnerable populations in the countries of the Region; and
- discuss emerging evidence on the impact of COVID-19 vaccination on seasonal influenza vaccination, related challenges and opportunities for seasonal influenza programmes.

The meeting was attended by participants from ministries of health, including expanded programme on immunization (EPI) managers and influenza focal persons, and national immunization technical advisory groups (NITAGs). There was also representation from WHO country offices (immunization and influenza focal persons), WHO Regional

Offices for the Americas, Europe and the Eastern Mediterranean, and WHO headquarters. Key partners, including the United States Centers for Disease Control and Prevention (CDC), the Task Force for Global Health, PIVI, the Institute of Public Health of Albania and Aga Khan University, also participated in the meeting.

Dr Wasiq Khan, Team Lead for Infectious Hazard Prevention and Preparedness at the WHO Regional Office for the Eastern Mediterranean, welcomed participants, thanking Member States and partners for their hard work and stressing the importance of collaboration and active coordination to achieve influenza vaccination goals. He acknowledged the valuable contribution of Member States, WHO regional offices and partners in sharing their experiences and lessons learned for scaling up influenza vaccination policy and programme implementation.

Dr Quamrul Hasan, Unit Head, Immunization, Vaccine Preventable Diseases and Polio Transition, WHO Regional Office for the Eastern Mediterranean, and Dr Wenqing Zhang, Unit Head, Emergency Preparedness, WHO headquarters, in their opening speeches highlighted the importance of putting influenza at the top of the health agenda due to the high risk that the disease represents to public health. They acknowledged the important role that existing influenza platforms (surveillance, vaccination and national influenza centres) have played in responding to the ongoing COVID-19 pandemic. Although most public health activities have currently been leveraged in the COVID-19 response, the speakers urged Member States to initiate or continue working in an integrated manner and to make use of the opportunities presented by the COVID-19 pandemic to increase access to immunization services and coverage with different antigens, including the influenza vaccine.

2. Summary of discussions

Overview

Of the 22 countries/territories of the Region, 15 (68%) have a national influenza vaccination policy, and have vaccination recommendations for at least two Strategic Advisory Group of Experts (SAGE) recommended high-risk groups. Vaccination hesitancy, lack of burden studies and scarcity of information on vaccination coverage are among the key implementation challenges. Oman, Qatar and Saudi Arabia have effective influenza vaccination programmes through which they have managed to achieve high VCRs by adopting innovative strategies such as integrating influenza surveillance data with the expanded programme on immunization (EPI) database, developing an electronic defaulter tracking system, launching in-pharmacy vaccination services and linking renewal of residency visas and hajj permission to vaccination status. WHO has supported Member States in conducting and publishing various disease, economic burden, and knowledge, attitude and practice (KAP) studies and is planning to facilitate vaccine effectiveness studies soon.

In the WHO European Region, almost all Member States have recommendations for three high-risk groups (older adults, health workers and people with chronic medical conditions). However, the VCR for older adults is below 75% in many countries. To increase the VCR, the WHO Regional Office for Europe has supported building NITAG capacity, strengthening public–private partnerships and implementing annual awareness campaigns. Albania is an example of a European country that has succeeded in achieving a high VCR for all people above six months of age. To reach this coverage, the country adopted the following strategies: generating an evidence base, monitoring coverage data for the different target groups and creating effective partnerships with professional organizations and PIVI. As a

public–private partnership, PIVI aims at creating sustainable influenza vaccination programmes in low- and lower middle-income countries (LMICs) through partnering with national partners, contributing partners and technical collaborators. Currently, PIVI is supporting vaccine supply and providing technical assistance to 14 targeted countries.

In the WHO Region of the Americas, 39 Member States have influenza vaccination policies. To improve access to the COVID-19 vaccine during the pandemic, innovative strategies were adopted such as mobile and drive-through vaccination. The PAHO Revolving Fund supports Member States in timely access to high-quality affordable vaccines, with over 95% of costs covered from national resources.

In the WHO Eastern Mediterranean Region, integration experiences in Oman and the province of Punjab in Pakistan have indicated that government leadership, enforcing laws and legislation and relying on existing resources are key for the success of the integration process. From the NITAG perspective, the integration of influenza vaccine in the routine EPI seems to be feasible. However, countries lacking influenza vaccination policies – such as Sudan – would need some technical support to gather the local evidence required to advocate for the introduction of the influenza vaccine.

Despite its numerous challenges, the COVID-19 pandemic presented some opportunities to countries, including for the establishment of adult vaccination programmes. Based on the current situation and existing opportunities, a roadmap for increasing influenza vaccine uptake and utilization in the Region (2022–2027) has been drafted. The roadmap – which will be finalized by the end of 2021 – aims to support the development and implementation of evidence-based influenza vaccination policies, the strengthening of vaccination programmes and

an increase in vaccine access and uptake. In rolling out the roadmap, WHO would benefit from partnership with PIVI and collaboration with academic institutions such as Aga Khan University (AKU). AKU is currently supporting evidence generation on health workers and pregnant women from two countries (Afghanistan and Pakistan). Moreover, the influenza vaccination programmes in the Region could benefit from the opportunities presented by WHO Academy's course for acute respiratory infection preparedness and Gavi's upcoming Vaccine Investment Strategy.

Seasonal influenza vaccination in the Region

Dr Shaza Mohammed, Consultant for Infectious Hazard Preparedness, at the WHO Regional Office for the Eastern Mediterranean noted that 68% of Member States in the Region have a national influenza vaccination policy and vaccination recommendations for at least two SAGE recommended groups. In addition, recommendations for other groups of national priority – such as hajj travellers, residents of long-term care facilities and certain occupations – are also available for some Member States. In 11 of those 15 Member States with a vaccination policy, influenza vaccine is delivered by both the public and private sectors. Information on VCRs is scarce and its gathering is challenged by a lack of accurate denominators. A literature review conducted by WHO in 2018 concluded that VCRs among all high-risk groups were generally low. Similarly, information on the number of vaccine doses distributed in the Region is limited.

Dr Lubna Al Ariqi, Technical Officer for Infectious Hazard Preparedness at the WHO Regional Office for the Eastern Mediterranean, presented the work being done by WHO to generate the evidence needed to enhance the introduction of influenza vaccination policies and increase vaccine uptake. She noted that the number of KAP studies on influenza

vaccination had increased, and that these studies had revealed variable reasons for vaccination hesitancy among high-risk groups, including concerns about vaccine safety and efficacy, vaccine cost, perceived low disease risk and lack of awareness of vaccine availability. In addition, many operational studies have been published to provide evidence on the importance of increasing influenza vaccination coverage. Despite their tremendous importance for the Region, as yet no vaccine effectiveness study has been conducted.

Experience of Oman, Qatar and Saudi Arabia

Mr Bader Al-Rawahi, Head of the Expanded Programme on Immunization at the Ministry of Health of Oman, presented the experience of Oman in introducing seasonal influenza vaccination and increasing coverage among all target groups. The seasonal influenza vaccine has been included in the national EPI schedule since 2005. The programme is currently targeting four of the SAGE recommended groups (pregnant women, older adults, health workers and people with chronic conditions) in addition to hajj travellers. To increase vaccination coverage, Oman has used strategies such as strengthening the surveillance system, integrating electronic influenza surveillance data with the EPI database, implementing effective communication strategies using different media tools and languages, and establishing effective public–private partnerships. In addition, the country has a tracking system in place to follow unimmunized people. Because of these strategies, the VCRs among the target groups dramatically increased to reach between 70% and 100% in 2020.

Dr Soha Al Bayat of the Qatari Ministry of Public Health described the country's experience of increasing influenza vaccination coverage. The programme is currently targeting all SAGE recommended groups. Although the VCRs for the target groups vary between 9% and 79%,

the total number of people who received a vaccine between 2018 and 2020 was almost doubled. To increase vaccine uptake, the government is adopting the following strategies: holding the vaccination campaign between September and April, providing the vaccine for free in both public and private health facilities, implementing media campaigns targeting high-risk groups and monitoring their impact closely, and monitoring vaccine uptake weekly. Despite this, the programme faces key challenges, including concerns about coadministration of COVID-19 and influenza vaccines, and vaccination hesitancy among health workers and pregnant women. The country has benefited from the well-established influenza platforms (utilization the monitoring system, the adverse event following immunization reporting system, and vaccination and waste management guidelines) in responding to COVID-19.

Dr Musallam Yunus Hassan Abuhasan, National EPI Manager at the Ministry of Health of Saudi Arabia, presented the measures taken in Saudi Arabia to prevent and control seasonal influenza and increase vaccination coverage among the target groups using an action plan with three components: vaccination, social mobilization and awareness raising, and surveillance. As a result, the VCR for all high-risk groups increased from 2% in 2011 to 18% by 2020 and the goal is to achieve 40% coverage by the end of 2024. To increase vaccine uptake, Saudi Arabia is adopting new strategies, including launching in-pharmacy vaccination, using a digital VCR tracker, generating local evidence on disease and economic burden, linking hajj permissions to influenza vaccination, and conducting educational sessions for health workers. As in other countries, the influenza vaccination programme in Saudi Arabia is challenged by the ongoing COVID-19 pandemic, vaccination hesitancy, concerns about COVID-19 and influenza vaccine coadministration, and a low level of public awareness.

Seasonal influenza vaccination in other regions: the European experience with seasonal influenza

Ms Pernille Jorgensen, Technical Officer for Infectious Hazard Management at the WHO Regional Office for Europe, presented on the status of seasonal influenza vaccination in the WHO European Region. Generally, most Member States target three high-risk groups (older adults, health workers and people with chronic medical conditions), with variations in recommendations for pregnant women. Access to the vaccine varies across Europe, with minimal access in middle-income countries. Similarly, there is also a huge variation in VCRs. Most countries have a VCR below 75% for older persons and other high-risk groups. One of the key challenges is the lack of coverage monitoring, as many countries have no system to monitor VCRs among the different high-risk groups. WHO has supported many activities such as NITAG capacity-building, evidence generation and publication (including vaccine effectiveness studies, cost-effectiveness analysis and burden studies), strengthening public-private partnerships (CDC, PIVI), developing guidelines to increase VCRs among specific target groups and implementing awareness campaigns on an annual basis.

Seasonal influenza vaccination in other regions: country experience from Albania

Dr Silvia Bino, Head of the Control of Infectious Diseases Department of the National Institute of Public Health, Albania, described Albania's unique experience in expanding seasonal influenza vaccination. The vaccination policy evolved from targeting four risk groups in 2009 to universal recommendations for all people above 6 months of age in 2019. The influenza vaccine has been included in national immunization planning and forecasting since 2018. Vaccine procurement, distribution, administration and monitoring are all under

the responsibility of the national immunization programme. In addition to the registered vaccines, the country can procure non-registered vaccines through its Ministry of Health after obtaining the approval of the NITAG. The programme has managed to conduct costing using the WHO FLUtool, develop vaccination guidelines, generate evidence (through KAP, disease burden and economic burden studies), collect coverage data for the different target groups, and create effective partnerships with professional organizations and PIVI. As of 2020, the average VCR is 86%.

Seasonal influenza vaccination in other regions: the Task Force for Global Health and PIVI experience in building seasonal influenza vaccination systems

Dr Joseph Bresee, Director of Respiratory Virus Prevention at the Task Force for Global Health, summarized the goals of the PIVI public–private partnership in creating sustainable influenza vaccination programmes in LMICs by building capacity and immunization infrastructure, generating evidence and sharing knowledge. With clear roles and responsibilities, the partnership involves different actors such as country partners, contributing partners and technical collaborators. PIVI has grown over the years from supporting a single country in 2012 to 14 countries in 2021. The PIVI roadmap (2021–2026) focuses on two elements: supporting vaccine supply and providing technical assistance to targeted countries. The partnership faces many challenges such as demand variability and uncertainty, supply and price uncertainty, lack of equity in influenza prevention, and the integration of influenza and COVID-19 vaccination programmes. Dr Breese concluded his presentation by urging countries to benefit from the opportunities presented by COVID-19 vaccination for influenza and other adult vaccinations.

Influenza vaccination in routine immunization: the experience of the Americas in seasonal influenza vaccination

Dr Alba Maria Roperio, Regional Adviser on Immunization, WHO Regional Office for the Americas, briefed participants on the experience in the Americas of integrating seasonal influenza into the EPI. Since 2004, the Regional Office's Technical Advisory Group on Vaccine Preventable Diseases has recommended strengthening surveillance systems and developing a seasonal influenza vaccination policy for all countries. As of 2020, 39 of 51 Member States in the Region had an influenza vaccination policy with variable recommendations for the different risk groups. Like other WHO regions, the Region of the Americas faces some challenges, such as irregular reporting of VCRs from Member States and vaccination hesitancy among health workers and pregnant women. Due to the COVID-19 pandemic, three groups were prioritized: health workers, older adults and people with chronic diseases. Innovative strategies were developed to reach these target groups such as mobile vaccination teams, drive-through vaccination and vaccination by appointment. The key lessons learned in the Americas were that NITAG support, political commitment, strengthening the surveillance system, innovative delivery, effective risk communication strategies and pooled procurement are crucial to enhancing influenza vaccination programmes at the national level.

Mr John Fitzsimmons, Chief, Revolving Fund for Access to Vaccines, WHO Regional Office for the Americas, presented the Fund's experience in supporting 41 Member States to access high-quality affordable vaccines in a timely fashion, with over 95% of the cost covered from national resources. The Revolving Fund works in a cycle made of five steps: annual demand planning, demand consolidation, supply allocation, placement and follow-up, and delivery at the country

level. Due to this support, high vaccination coverage with some antigens was achieved in the WHO Region of the Americas.

Influenza vaccination in routine immunization: Case study of introducing a new vaccine to a routine EPI programme

The experience of the Punjab province of Pakistan in introducing the hepatitis B vaccine to the routine EPI programme was presented by Dr Muhammad Imran Qureshi, Technical Officer for EPI Data and Surveillance at the WHO Sub-Office Lahore, Pakistan. Involving many stakeholders, the process started with estimating the disease burden in 2007 and ended with an official launch in 2017. Government ownership and leadership, development of enforcing laws and legislations, and building on existing resources were key for the success of the integration. However, the programme faced many challenges, including frequent vaccine stock-outs, delayed production of vaccination cards and registry, weak demand generation and lack of vaccine impact assessment studies.

Presented by Dr Al Ariqi, the key reasons for low influenza vaccine uptake include a lack of local evidence, vaccination hesitancy, low public awareness and rumours, perceived low national priority, poor public–private collaboration, lack of VCR monitoring systems, vaccine cost and regulatory constraints. It is expected that huge benefits will result from integrating the seasonal influenza vaccine in routine EPI programmes, such as maximizing the use of existing resources, increasing VCRs, addressing common vaccination issues (hesitancy) and generating community demands.

Influenza vaccination in routine immunization: EPI programme perspective on seasonal influenza vaccination

Mr Al-Rawahi presented the experience of Oman in integrating seasonal influenza vaccine in the routine immunization programme. In the beginning, many challenges were reported such as inadequate public–private partnerships, lack of policy for pregnant women and health workers, language barriers for non-Arabic-speaking expatriates, and health workers not encouraging vaccination. To overcome these challenges, the country took some technical and administrative measures, including integrating all communicable disease data with EPI data, linking the adverse event following immunization reporting system to surveillance, and linking the renewal of the residency visa to influenza vaccination status. In addition, influenza awareness campaigns were included in the annual health education plans. He concluded that integration is achievable and leads to increased influenza vaccination uptake.

Influenza vaccination in routine immunization: NITAG/Regional Technical Advisory Group perspective on seasonal influenza vaccination

Professor Zainelabdein Abdel Rahim Karrar, Chairperson of the National Immunization Technical Advisory Group of Sudan, observed that the presence of a strong EPI with well-trained personnel might be an enabling factor for integrating the influenza vaccine into the routine immunization programme in Sudan. However, challenges exist, including perceived low priority by policy-makers and health planners, lack of burden studies, other competing priorities (COVID-19 and other large-scale epidemics), affordability and access to the influenza vaccine for Sudan as a low-income country, as well as the complicated sociopolitical context. As an initial step, the country would need some

technical support to gather the evidence needed to advocate for the introduction of the influenza vaccine.

COVID-19 and influenza vaccination

Dr Bresee highlighted the importance of the influenza vaccination programme in responding to other vaccine-preventable epidemics and pandemics, including COVID-19. The COVID-19 pandemic has presented opportunities to many countries such as new vaccine technologies, regional investment in the vaccine industry in LMICs and the establishment of adult vaccination programmes. Nevertheless, the obstacles are many, including limited attention and competing priorities. To scale up vaccination programmes, countries need to document their experience in benefiting from the influenza vaccination programme in responding to COVID-19 and make use of the COVID-19 vaccination platform in building other adult vaccination programmes.

Regional roadmap for increasing influenza vaccine uptake

Dr Abrar Chughtai, Temporary Adviser, Program Director, Master of Infectious Diseases Intelligence School of Population Health, University of New South Wales, Australia, presented a draft of a roadmap for increasing the uptake and utilization of the influenza vaccine in the Region (2022–2027). The plan has three objectives: developing and implementing evidence-based influenza vaccination policies; strengthening vaccination delivery programmes; and driving vaccine access and uptake. For prioritization purposes, Member States are classified into three groups (A, B and C) based on income level and the status of seasonal influenza vaccination. Each group will be targeted with a specific set of actions. These actions are tailored around four strategic priorities: generating national and regional evidence;

developing and updating influenza vaccination policies; improving implementation of the national vaccination policy; and developing evidence-based strategies to increase influenza vaccine uptake. The plan will be finalized by December 2021 after receiving feedback from the Member States of the Region.

Update from WHO

Ms Shoshanna Goldin, Technical Officer, WHO headquarters, provided updates on three of the Global Influenza Strategy (2019–2030) objectives: surveillance, influenza prevention and control programmes, and pandemic preparedness and response. The updates included the establishment of GISRS+, revision of the WHO-UNICEF joint reporting form on immunization, development of a module on measuring the behavioural and social drivers of influenza vaccination, review of the evidence on target populations and trivalent or quadrivalent vaccine by the SAGE, building the evidence base on seasonal influenza vaccination for health workers to inform Gavi's upcoming vaccine investment strategy, and establishment of the WHO Academy's course on acute respiratory infection preparedness and response as a capacity-building platform.

Update on the WHO–AKU collaborative project

Dr Imran Nisar, AKU, briefed participants about the progress of the WHO–AKU collaborative project. The project aims to identify predictors of and barriers to seasonal influenza vaccine uptake among pregnant women and health workers in Afghanistan and Pakistan, and develop policy briefs to advocate for the introduction of influenza vaccination accordingly. The data collection process was initiated in the middle of September 2021 with a survey of pregnant women using an online tool and will be finalized by the end of October 2021 in the two

countries. Thereafter, policy briefs will be developed and presented to stakeholders in the two countries in advocacy workshops by the end of November 2021.

3. Conclusion

Dr Khan concluded the meeting by thanking the attendees for their active participation, and emphasizing the importance of placing seasonal influenza at the top of the health agenda because of the public health benefits reported by many countries in different regions. While noting the challenges the implementation of influenza vaccination faces, he stressed the great opportunities that exist and the need to follow a pragmatic approach to scaling up the influenza vaccination agenda in the Region based on the four strategic priorities of the regional roadmap. He encouraged Member States to benefit from the lessons learned and success stories presented during the meeting on the integration of influenza vaccination into immunization programmes. Finally, he reaffirmed that WHO would continue to provide the needed technical support in collaboration with all partners to achieve the desired influenza vaccination goals.



World Health Organization
Regional Office for the Eastern Mediterranean
P.O. Box 7608, Nasr City 11371
Cairo, Egypt
www.emro.who.int