I. MEASLES ELIMINATION

Preamble

In the light of the global burden of rubella and congenital rubella syndrome (CRS), the 2011 WHO rubella position paper recommends that countries take the opportunity offered by measles elimination activities to increase coverage with rubella-containing vaccines (RCVs). These measles vaccine delivery strategies provide an opportunity for synergy and a platform for advancing rubella and CRS elimination through the use of combined measles-rubella (MR) or measles-mumps-rubella (MMR) vaccines. In addition, surveillance for rubella can be integrated with measles surveillance through an integrated fever and rash surveillance system supported by the global measles and rubella laboratory network.

TAG notes the benefits of fully integrating rubella/CRS prevention with measles elimination and encourages all countries in the Region to plan, implement and evaluate both control efforts together. The 23rd TAG meeting included separate sessions for measles elimination and rubella/CRS prevention, hence this report will summarize these sessions under separate headings. Future TAG meetings will consider both diseases together in a single session.

Conclusions

The TAG notes the progress towards the 2012 regional measles elimination goal. The establishment of national verification committees (NVCs) and submission of annual progress reports documenting progress towards or achievement of measles elimination is a significant achievement. The TAG congratulates the four countries and areas (Australia, Macao [China], Mongolia, and the Republic of Korea) that were verified as having achieved the interruption of endemic measles virus transmission for a period of at least 36 months from the last known endemic case. At the same time, these countries will need to be vigilant and sustain their achievements including an annual review and report of their status.

The TAG notes the resurgence of measles virus transmission in the Region that started in 2013 primarily in countries that had conducted nationwide measles containing vaccine supplementary immunization activities (SIAs) in 2010 and 2011. Increased burden of measles disease in 2013 and the first half of 2014 has been related to imported, import-related and endemic measles virus transmission.

The TAG notes the change in the age distribution of measles in some countries with cases among infants (including measles-related deaths) and adults. This age pattern has been observed in other countries and should be expected when vaccination has prevented most measles cases among age groups eligible for vaccination. However, in all countries experiencing outbreaks, the majority of measles cases in vaccine-eligible children are not fully vaccinated or have unknown

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vaccination status suggesting failure of the programme to vaccinate these children on schedule. There is inadequate evidence to support the use of measles vaccine among infants younger than six months of age. Therefore, measles vaccine is not recommended among infants younger than six months of age. The strategy to prevent cases among infants younger than six months of age is to increase population immunity to stop the spread of measles (i.e. achieve herd immunity).

Priority activities to prevent future large scale measles outbreaks include: (1) maintenance and strengthening of current strategies (achievement of ≥95% coverage with two-doses of measles-rubella vaccine in the routine immunization programme, and MR catch-up and follow up SIAs as needed); and (2) proactive implementation of additional strategies including developing and implementing post-SIA activities to sustain the gains in population immunity obtained by the SIAs.

Recommendations

1. All countries should maintain and strengthen routine immunization to achieve ≥95% coverage with two doses of MR-containing vaccine (MRCV) in the routine immunization programme in a schedule according to published WHO recommendations. The TAG considers the use of single-antigen rubella vaccine as a missed opportunity to prevent measles.

2. Because of the importance of international spread among travellers, countries should take steps to encourage persons to be fully vaccinated prior to international travel to measles-endemic or -infected countries and areas.

3. Immunization programme managers should regularly review measles vaccination coverage (down to the lowest administrative unit), measles surveillance data (including age by vaccination status of cases), and programme capacity (vaccine supply, human resources) to identify communities at risk. This risk assessment should be used to mobilize additional resources to reinforce immunization services in high risk areas/marginalized groups. The U.S. Centers for Disease Control and Prevention and WHO are developing a measles risk assessment tool that should be available by 2015.

4. All countries and areas should have an outbreak response plan and maintain a sensitive epidemiological surveillance system supported by accredited laboratories to support timely detection of importations and outbreaks with prompt implementation of outbreak response measures. All outbreaks should be investigated, appropriate specimens collected and submitted to the laboratory, and chains of transmission documented. The age distribution of cases should be carefully examined to appropriately target outbreak response measures.

5. All WHO Western Pacific Region network laboratories should identify and share measles genotype information from all chains of transmission in collaboration with the Regional Office.

6. All countries and areas should continue to review and evaluate their progress toward or maintenance of measles elimination and NVCs should submit annual reports to the Regional Verification Commission (RVC) that document progress toward, achievement or maintenance of measles elimination.

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3 Rubella vaccines: WHO position paper. WER No. 29, 2011, 86, 301–316; http://www.who.int/wer
7. Appropriate infection control measures and health care facility practices should be implemented to prevent transmission of measles and rubella in the health care setting, especially in hospitals. These plans should include strategies to ensure that all health workers are immune to measles and rubella.

8. Appropriate measles case management protocols including vitamin A administration and antibiotics to treat secondary bacterial infections should be implemented to reduce morbidity and mortality associated with measles disease.\(^6\)\(^7\)

9. Countries experiencing measles outbreaks should:
   - To prevent measles virus transmission among pre school-aged children who are at highest risk of dying from measles, the second routine dose should ideally be given in the second year of life. Supplementary vaccine doses should be considered for unvaccinated children six months and older who are not yet age eligible for the first dose of measles-containing vaccine (MCV1) in the national immunization programme and who are at high risk of exposure to measles virus such as in outbreak settings or expected travel to measles affected areas. Children who receive supplementary measles vaccine doses prior to the country's recommended age for MCV1, should continue to receive the two doses of MR vaccine according to the national immunization schedule. School entry should be used as an opportunity to ensure that all children have two documented doses of MR vaccine prior to school entry.
   - Analyse why measles outbreaks are occurring by conducting thorough outbreak investigations and conducting operational research to identify persons and groups at increased risk for acquiring measles, characteristics of unvaccinated persons and barriers to vaccination. Considerations include language or cultural barriers among minority populations, access for immigrant or mobile populations or other marginalized or socio-economically disadvantaged groups, vaccine refusal/hesitation, etc.
   - Ensure high quality SIAs are conducted based on detailed analysis of and lessons learned from the past SIAs, for example, developing a mechanism to obtain better and reliable vaccination coverage estimates at subnational levels and to monitor identification and vaccination of unvaccinated children in previous immunization sessions.
   - Conduct statistically valid post-SIA coverage surveys to document the coverage achieved.
   - Review contents and implementation of the national surveillance guidelines and enhance surveillance activities including aggressive case detection or outbreak investigation after the SIA.
   - Regularly (for example, annually) review and identify immunity gaps by geographic area (for example, district) and by birth cohort.
   - Proactively take corrective actions to fill the immunity gaps, for example, selective immunization activities, smaller-scale (region-wide or province-wide) SIAs or more

\(^7\) WHO. Pocketbook of Hospital care for children: Guidelines for the management of common illnesses with limited resources. 2013:174-178.
frequent follow-up SIAs targeting birth cohorts born after the last SIA in specific regions or provinces.

10. Countries with endemic measles virus transmission should update their national plans and develop or update subnational plans and strategies with special focus on high-risk groups and areas and on population immunity gaps.

11. WHO should work with other international partners in supporting countries to plan and conduct the above-recommended actions.

II. POLIOMYELITIS (POLIO) ERADICATION

Conclusions

1. The TAG welcomes the conclusion of the 19th Meeting of the Regional Commission for the Certification of Poliomyelitis Eradication (RCC) regarding the polio-free status of the Region.

2. The TAG notes the draft plan, Polio Endgame in the Western Pacific Region, and acknowledges the progress made at the country and regional level in implementation of the global Polio Eradication and Endgame Strategic Plan. The progress includes identification of inactivated polio vaccine (IPV) introduction dates by most countries, registration of IPV in nearly all necessary countries, and initiation of funding requirements discussions.

3. The TAG notes that acute flaccid paralysis (AFP) surveillance indicators in some countries do not meet recommended standards in the first half of 2014.

4. The TAG raises concern that based on current progress, some countries are at risk of missing the global deadlines for IPV introduction by the end of 2015.

Recommendations

1. The TAG recommends that all countries:
   (a) improve AFP surveillance at the subnational level as outlined by the 19th RCC;
   (b) analyze polio vaccination coverage among non-polio AFP cases to identify immunity gaps and undertake activities to maximize population immunity, particularly in preparation for the withdrawal of type 2-containing OPV;
   (c) ensure that any wild or vaccine-derived poliovirus is detected in a timely manner and that a rapid response is initiated following detection; and
   (d) begin planning for the containment of wild and vaccine-related type 2 polioviruses as per the endgame strategy by reviewing their inventories and destroying unnecessary stool specimens, thereby reducing the number of facilities with potentially infectious poliovirus-containing material.

2. Countries conducting environmental surveillance (Australia, China, Japan and Malaysia) should identify and characterize polioviruses using WHO-recommended methods and results should be shared with the WHO Regional Office for the Western Pacific at least on a monthly basis. Any wild or vaccine-derived poliovirus detected should be reported to WHO within 24 hours of assessment.

3. China provincial polio laboratories should work toward achieving the global timeline of 14 days for virus isolation.
4. All countries should develop national polio endgame plans. Exclusively oral polio vaccine (OPV)-using countries should finalize plans according to the timeline recommended by the Polio Oversight Board and reaffirmed by the Strategic Advisory Group of Experts on Immunization (SAGE):

(a) by mid-2014 for countries in Tier 1 (China) and Tier 2 (Cambodia, Lao People’s Democratic Republic, Papua New Guinea and Philippines); and

(b) by end-2014 for countries in Tier 4 (Cook Islands, Fiji, Kiribati, Mongolia, Nauru, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu, and Viet Nam).

These plans should include plans for IPV introduction and related communications and operational requirements. Since the temperature requirements of IPV are different from that of OPV, appropriate cold chain modifications should be made. Exclusively OPV-using countries that have not yet initiated development of this plan (Cambodia, Mongolia, Nauru, Samoa, Solomon Islands, Tonga, Tuvalu, Viet Nam) should do so urgently and should update the WHO Regional Office for the Western Pacific quarterly on progress. The TAG requests the Regional Office to provide technical support to countries in preparing these plans.

5. All exclusively OPV-using countries and areas that have not already done so should communicate a formal decision and date for IPV introduction to the WHO Regional Office for the Western Pacific. Countries are expected to introduce IPV by November 2015 as recommended by the Polio Oversight Board to ensure preparedness for the global switch from trivalent OPV to bivalent OPV tentatively planned for April 2016.

6. Countries should assess the financial requirements to implement all components of the polio endgame, including surveillance, containment, and IPV introduction, at the national level, and should identify funding sources as soon as possible. GAVI-eligible countries that have not yet submitted an application to GAVI for IPV support (Cambodia, Mongolia, Solomon Islands and Viet Nam) should apply in September 2014, or identify an alternative funding source before then.

7. The TAG notes that a communications plan for the polio endgame is being developed by WHO and encourages countries to use the document as a reference for the development of national communications plans for the polio endgame.

III. RUBELLA ELIMINATION

Conclusions

The TAG notes that rubella infection affects a significant number of women of reproductive age in the Region. Some of these infections result in the babies being born with congenital rubella syndrome. Data from mathematical models suggests that there is a significant burden of CRS, miscarriages, and fetal deaths due to congenital rubella infection (CRI) in countries not implementing rubella control strategies. Therefore, the TAG reaffirms its 2013 recommendation that the Western Pacific Region should establish a regional goal for rubella elimination.

Most Member States in the Western Pacific Region are already implementing the immunization strategies needed to achieve measles elimination and most countries are now using measles and rubella combination vaccines to achieve measles elimination. Recognizing that
rubella is less contagious than measles\(^8\) and that full implementation of measles elimination strategies provides an opportunity to achieve rubella elimination, the TAG reaffirms that the Region should utilize the measles elimination platform and strategies to achieve rubella elimination.\(^9\)

**Recommendations**

1. The TAG requests the Regional Director to seek endorsement of a regional rubella elimination goal (target date to be determined) by Member States in the Regional Committee Meeting in 2014.

2. The TAG encourages Member States to utilize the momentum for achieving measles elimination to develop a national policy, plans and strategies to eliminate rubella and prevent CRS in the context of their national policy and strategies for measles elimination and to utilize and enhance the synergy between the elimination initiatives. The TAG recommends the WHO Regional Office for the Western Pacific to provide support to Member States in developing national policies, plans and strategies to eliminate rubella.

3. The TAG encourages all Member States to investigate suspected rubella cases in an integrated measles-rubella case-based surveillance system. Investigation should include collecting appropriate specimens for laboratory confirmation and genotyping. Member States should submit rubella case-based data (including final classification of suspected cases as laboratory confirmed, epidemiologically linked, clinically compatible or discarded; and source of infection as endemic, imported, import-related, or unknown) on a monthly basis to the WHO Regional Office for the Western Pacific beginning in January 2015. The TAG requests the Regional Office to continue providing technical support to countries and areas to analyze data and describe the country-specific epidemiology of rubella including immunity gaps by sex and age.

4. The TAG encourages all Member States to conduct surveillance for CRS by strengthening the routine reporting of clinically confirmed CRS cases using the WHO clinical case definitions and/or establishing sentinel site surveillance for CRS. WHO is developing guidelines for CRS surveillance which should be available by the end of 2014.

5. TAG endorses the recent SAGE recommendations and encourages countries to give the first dose of RCV with the first dose of MCV as MR or MMR, because coverage with the first dose of MCV is usually higher than for the second dose and immunogenicity is equally high. Although vaccine manufacturers may restrict indications to children ≥12 months of age, the safety and immunogenicity of rubella and mumps combination vaccines among children 6 to 12 months of age are well-established. Combination MR and MMR vaccines can be safely used for MCV1 among children 8 to 12 months of age according to the national immunization schedules for MCV1 and for supplementary doses among children 6 months and older in outbreak settings.

6. The TAG considers the use of single antigen measles vaccine as a missed opportunity to prevent rubella and CRS. The TAG endorses the recent SAGE recommendations and encourages countries using different MCVs (that is, measles (M), MR or MMR) for the first and second routine doses to use the same vaccine (either MR or MMR) for both routine doses to simplify vaccine procurement, logistics, recording, and reporting, and to

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\(^8\) Basic reproduction rate \((R_0)\) (in developed countries) and implied crude herd immunity threshold \((H)\) of measles are 12-18 and 92-94, respectively, while \(R_0\) and \(H\) of rubella are 6-7 and 83-86, respectively.

\(^9\) Rubella vaccines: WHO position paper. WER No. 29, 2011, 86, 301–316; http://www.who.int/wer
increase coverage and decrease vaccine wastage. These programmatic advantages likely outweigh the marginal increase in vaccine cost. Combination vaccines (MR or MMR) should be used when providing supplementary doses.

7. For countries that have not yet introduced rubella containing vaccine into the national immunization schedule (Viet Nam, Papua New Guinea, Vanuatu), to quickly increase population immunity, rubella-containing vaccine should be introduced following the implementation of wide age-range catch-up campaigns targeting children up to at least 15 years of age and based on rubella epidemiology. For countries that have recently introduced rubella-containing vaccine without first conducting a wide age-range catch-up campaign (China, Philippines, Solomon Islands), additional strategies should be considered to target both males and females to comprehensively fill immunity gaps. These strategies may include offering measles-rubella containing vaccine in schools, in colleges or universities, to health workers, to military and police, at other work sites, etc.

8. The TAG recommends the WHO Regional Office for the Western Pacific to continue to dialogue with countries to develop a consensus on the appropriate target year for rubella elimination in the Region.

IV. HEPATITIS B CONTROL

Conclusions

The TAG is pleased with the progress towards achieving the regional hepatitis B control goal of reducing hepatitis B chronic infection among 5 year-old children to less than 1% by 2017. The progress is due to the commitment and actions of Member States and is a true public health success story. The TAG recognizes that additional efforts are needed to achieve the 1% goal in all countries and areas, and to sustain the progress made. The TAG recognizes that World Health Assembly Resolution 67.6, which promotes comprehensive viral hepatitis prevention and control, provides a broader context for the prevention of hepatitis B through vaccination.

Recommendations

1. The TAG reaffirms the importance of providing a birth dose of hepatitis B vaccine to all newborns within the first 24 hours of life. Newborns that have not received hepatitis B vaccine within 24 hours should receive it as soon as possible thereafter.

2. The TAG recommends convening a consultation on strategies for increasing and sustaining hepatitis B vaccine birth dose coverage. The consultation would focus on developing action plans to implement strategies for improving birth dose vaccination coverage.

3. Because of the high risk of infection of health workers in the work setting, the TAG requests the Regional Director to advocate for the endorsement of a goal to introduce health worker hepatitis B vaccination policies in all countries and areas.


5. The TAG requests countries that require programme improvements to achieve the regional hepatitis B control goal to develop action plans to meet the regional goal by 2017.

7. The TAG endorses the development of a regional hepatitis B laboratory network in order to support the achievement of the regional hepatitis B goal. The TAG recognizes that resources will need to be secured under the leadership of WHO and Member States.

V. ACCELERATED CONTROL OF JAPANESE ENCEPHALITIS (JE)

Conclusions

JE virus is maintained in the environment in a zoonotic cycle among mosquitoes, birds and pigs. Human vaccination is the single most important control measure for JE disease. The TAG notes several important advances in JE control during the past year. There are several high quality JE vaccines available and two are now WHO-prequalified, facilitating procurement through United Nations agencies and with GAVI support. GAVI included JE vaccine among its supported vaccines in 2014 and the Lao People’s Democratic Republic was the first country to apply for this support. Also, there were modest increases in donor support for JE surveillance and related activities. These advances support the establishment of a regional goal for accelerated control of JE as recommended by the TAG in 2013 and submitted for consideration and endorsement by the Regional Committee in October 2014.

As previously noted, expert consultation is needed to determine the appropriate targets and timeframe for the goal, and to identify strategies for achieving it. The SAGE review of JE vaccines and revision of the WHO position paper on JE vaccines in 2014 will provide supportive guidance on these strategies. JE surveillance is not systematic in some areas and is fragmented into multiple systems, hindering data analysis and interpretation. These weaknesses in surveillance limit efforts to estimate disease burden, define target populations for vaccination, and measure impact of vaccination in some countries. Synthesis of JE data from surveillance, outbreak reports, research studies and other sources has helped to fill this gap and provide evidence for decision-making in some countries.

Recommendations

1. The TAG requests the WHO Regional Office for the Western Pacific to develop the targets, timelines and strategies to achieve a JE accelerated control goal through consultation with experts and Member States during the coming year.

2. The TAG reiterates the recommendation of the 22nd TAG that JE surveillance with laboratory confirmation should be further strengthened in endemic areas of the Western Pacific Region, and sentinel surveillance should be strengthened and made more systematic to facilitate reporting at the regional level.

VI. MATERNAL AND NEONATAL TETANUS (MNT) ELIMINATION

Conclusions

The TAG congratulates the Lao People's Democratic Republic on the 2013 achievement of validation of MNT elimination. The TAG also commends the progress made in Cambodia, Papua New Guinea, and the Philippines towards the 2015 MNT elimination goal and is pleased to note that all three countries have plans for validating MNT elimination in 2015. The TAG notes that
vaccination is only one of multiple strategies that can be used to achieve MNT elimination including promoting health facility-based or clean deliveries, presence of skilled birth attendants, and safe cord care practices.

Recommendations

1. The TAG urges the three remaining countries in the Western Pacific Region to implement their planned activities, to conduct pre-validation assessments and to complete validation surveys by end of 2015 in order to meet the 2015 global goal for MNT elimination.

2. The TAG further recommends that all countries and areas that have achieved elimination should annually review the WHO/UNICEF district data spreadsheet to identify low performing areas and implement appropriate corrective actions.

VII. EVIDENCE-BASED INTRODUCTION OF NEW VACCINES

Conclusions

The TAG notes that low-income and middle-income countries in the Western Pacific Region have made significant progress in introducing new and underutilized vaccines in the past year, yet still lag far behind high-income countries in including new vaccines in their national immunization programmes. An increasing number of Member States are gaining experience in collecting and evaluating evidence for vaccine introduction decision-making. Development of national plans for evidence-based introduction of new vaccines would facilitate a systematic approach to this process. WHO plays an important role in providing technical support and capacity building for the development and implementation of these plans, including the collection and evaluation of relevant evidence. Surveillance supported by laboratory confirmation is a key source of such evidence and the quality of surveillance requires consistent attention.

Recommendations

1. Before making a decision on new vaccine introduction, countries should evaluate evidence on disease burden including surveillance, cost, the role of other disease prevention and control measures, vaccine characteristics, vaccine supply, and immunization programme and health system strength, as further detailed in the recently published WHO guidance, Principles and Considerations for Adding a Vaccine to a National Immunization Programme.

2. The TAG reiterates its advice that each Member State develops a national plan for evidence-based introduction of new vaccines in coordination with NITAGs or similar groups. This plan could be part of the comprehensive multi-year plan for immunization or other health plans. The TAG urges countries in which surveillance includes laboratory confirmation for diseases targeted by new vaccines to monitor and improve the quality of surveillance implementation.

3. The TAG requests WHO to provide guidance, technical support and capacity-building for development and implementation of national plans for evidence-based introduction of new vaccines.

4. The TAG requests countries introducing new vaccines to use the opportunity to strengthen health systems and to scale-up implementation of complementary interventions against the
targeted diseases, as exemplified by guidance in the Global Action Plan for Pneumonia and Diarrhoea and Comprehensive Cervical Cancer Prevention and Control.

VIII. MEETING REGIONAL VACCINATION COVERAGE TARGETS

Conclusions

1. The TAG acknowledges the efforts countries are making to find innovative approaches to reach underserved populations, though the TAG also notes the uneven progress at subnational levels towards achieving vaccination coverage targets.

2. The TAG takes note of the need to improve the quality of the data countries are collecting and reporting, including coverage and financing-related data.

Recommendations

1. Countries with either stagnant or declining vaccination coverage or prolonged vaccine-preventable disease outbreaks should consider conducting comprehensive programme reviews to identify crucial underlying factors that prevent achieving acceptable levels of population immunity and to define approaches to address them. This should include efforts to increase community demand and improve service delivery. Cambodia and Mongolia are two promising examples.

2. Countries are encouraged to review the quality of immunization data at all administrative levels annually and to use the data to improve programme performance and periodically perform in-depth data quality assessments, including surveys.

3. Countries are encouraged to analyze coverage data at all levels regularly and take action in low-performing areas. Countries are requested to share subnational coverage data annually with the WHO Regional Office for the Western Pacific according to a format to be provided.

4. The WHO Regional Office for the Western Pacific is requested to support countries by providing guidance on new information and communication technologies to improve the recording and reporting of data.

IX. REGIONAL FRAMEWORK FOR IMPLEMENTATION OF THE GLOBAL VACCINE ACTION PLAN IN THE WESTERN PACIFIC 2013-2020

Conclusions

1. The TAG welcomes the final draft of the Regional Framework for Implementation of the Global Vaccine Action Plan in the Western Pacific 2013-2020, appreciates the broad consultation made in this process and supports the WHO Regional Office for the Western Pacific to seek endorsement for this framework from the Regional Committee.

2. Ensuring vaccine safety is an essential component of immunization programmes. The TAG appreciates that the WHO Regional Office for the Western Pacific and Member States have taken initiative to strengthen the adverse events following immunization (AEFI) surveillance system and the responses to vaccine safety incidents in some
countries. The TAG noted that the Region’s AEFI surveillance systems still require strengthening in many countries and areas.

3. The TAG notes that national regulatory authority (NRA) systems and functions for vaccines require strengthening in many countries and areas. The TAG appreciates that the WHO Regional Office for the Western Pacific and Member States have taken initiative to formulate and operationalize a regional alliance to coordinate and support countries in developing or strengthening NRA systems.

4. Communication and social mobilization are essential components of an immunization programme. Immunization Week is a mechanism to promote immunization as a crucial public health programme to protect individuals and communities from vaccine-preventable diseases.

5. The TAG notes country concerns about vaccine prices that limit vaccine introduction and vaccine stock-outs that affect programme operations.

Recommendations

1. The TAG supports the WHO Regional Office for the Western Pacific in seeking Regional Committee endorsement of the Regional Framework for Implementation of the Global Vaccine Action Plan in the Western Pacific and advocates that countries utilize the framework.

2. TAG encourages existing national technical advisory groups on immunization to discuss the immunization goals proposed in the Regional Framework for Implementation of GVAP in the Western Pacific and to formulate evidenced-based national policies to achieve these goals.

3. The TAG reiterates the recommendation made during the 20th TAG meeting that all Member States should emphasize strengthening the AEFI surveillance system.
   - The TAG encourages all countries to emphasize the importance of immunization safety practices for maintaining high quality immunization services.
   - The TAG advises all countries to strengthen the AEFI surveillance system, especially when vaccines are administered to large populations (such as during supplementary immunization activities) or with new vaccine introduction.

4. The TAG notes the important role of the Regional Alliance for NRAs for Vaccine in the Western Pacific as a platform to establish or strengthen vaccine regulatory system in countries and asks the WHO Regional Office for the Western Pacific to support the Alliance in implementing its workplans.

5. The TAG continues to endorse the implementation of Immunization Week and encourages all Member States in the Region to participate in this important event. The TAG requests the WHO Regional Office for the Western Pacific to explore establishing a theme for the 2015 Immunization Week in consultation with countries. In addition, Member States should use other opportunities as appropriate to promote the benefits of vaccination.

6. The TAG urges countries to strengthen their vaccine management systems to avoid vaccine stock-outs.
7. Given the substantial concern among low-income and middle-income countries about pricing of newer vaccines, the TAG requests the WHO Regional Office for the Western Pacific to explore interest among Member States to establish a regional pooled procurement mechanism to facilitate access to new vaccines and increase vaccine security for all vaccines.