Twenty-Ninth Intercountry Meeting of National Managers of The Expanded Programme on Immunization and Sixteenth Intercountry Meeting on Measles/Rubella Control and Elimination

Amman, Jordan, 29 November – 3 December 2015

Summary report

The Vaccine Preventable Diseases and Immunization (VPI) unit of the Communicable Disease Prevention and Control Department (DCD) of World Health Organization (WHO) Regional Office of the Eastern Mediterranean (EMRO) organized the Twenty-Ninth Intercountry Meeting of National Managers of The Expanded Programme on Immunization and the Sixteenth Intercountry Meeting on Measles/Rubella Control and Elimination, that were held in Amman, Jordan in the period of 29 November to 3 December 2015.

The objectives of the meeting were to: review countries’ progress towards achieving the regional immunization targets, including, routine immunization, measles elimination and hepatitis B control targets; review countries’ progress in implementation of the national plans and update the national plans for strengthening routine immunization, measles/rubella elimination and control and hepatitis B control programme; and review the situation of IPV introduction in routine immunization in EMR countries and the situation of preparation for switching from tOPV to bOPV in 2016 and update the related national plans.

The meeting was attended by delegates from 21 countries of the EMR (all except Djibouti), Members of the Immunization Regional Technical Advisory Group (RTAG) and National Technical Advisory Groups (NITAGs), WHO (EPI and POL related staff from country, regional and HQ levels), as well as representatives from different partners including; UNICEF (HQ, Supply Division, ESARO and MENARO and UNICEF country offices), Gavi, the Vaccine Alliance, the US Centre for disease control and prevention (CDC), the Bill and Melinda Gates Foundation (BMGF), the Network for Education and Support for Immunization (NESI), Agence De Medicine Preventive (AMP) and the Eastern Mediterranean Public Health Network (EMPHNET).

Dr. Maria Cristina Profili, WHO representative, Amman, Jordan, inaugurated the meeting and delivered a message from Dr Ala Alwan, WHO Regional Director of the Eastern Mediterranean Regional Office. In his message, the RD noted that vaccination is a key tool for prevention of child deaths and referred to the countries’ efforts to achieve the regional eradication, elimination and control targets, including, polio eradication, measles elimination, maternal and neonatal tetanus elimination and hepatitis B control and underlined that 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. He referred also to the major challenges currently facing the region in connection to the geo-political situation in several countries and their impact on vaccine delivery systems and appreciated the efforts and innovative approaches that have been undertaken in order to keep EPI functioning and to overcome the challenges. While commending the achievements of immunization programmes in many countries, Dr Alwan cautioned that much still remained to be done in order to achieve regional and global targets.

Dr Najwa Khuri-Bulos, Chairperson, NITAG, Jordan and Dr Zein Karar, Chairperson, NITAG, Sudan, chaired the meeting

The meeting entailed sessions on global and regional situation of EPI and measles/rubella control and elimination, strengthening routine immunization in low coverage countries, polio eradication initiative and polio end game strategic plan, progress in achieving and sustaining population immunity against measles and rubella, achieving the target of measles/rubella surveillance system performance indicators as well as discussing the Eastern Mediterranean Vaccine Action Plan (EMVAP).

The meeting included two break-out group works dedicated to discuss, in details, country by country situation in achieving required population immunity and its impact on measles/rubella occurrence and looking at situation of measles-rubella surveillance. A third group work was dedicated to discussing enhancing implementation of objective 2 of the polio end game strategic plan, including IPV introduction and switching from tOPV to bOPV in routine immunization. A fourth group work was dedicated to discussing the EMVAP.

The meeting was actively participated by all. Ample time for discussions was provided during each session and during the work groups. Participants from the countries and the partners expressed their appreciation for the level of the technical discussion, the input, active participation and transparency in sharing information by the delegates from all countries. A memory stick that contained the background materials related to the meeting and all pour point presentations submitted during the meeting was distributed to all participants.

Based on the discussions, the recommendations of the meeting were drafted and presented to the participants at the final sessions. Participants actively participated in commenting, modifying and refining the recommendations.

**Recommendations**

**Preamble:**

Participants of the meeting appreciated and commended the efforts of the national EPI programmes in countries of the Region and the devotion of the front-line health workers in the countries in crises for reaching the children in the hard-to-reach areas with life-saving vaccines.
Participants of the meeting commended the efforts of several countries in the region for controlling measles outbreaks through implementation of wide-age range SIAs. In addition, participants congratulated Egypt for the successful implementation of the MR SIAs and commended Egypt and UAE for the successful approach in dealing with vaccine hesitancy during those SIAs.

Participants of the meeting recognized the high quality of measles/rubella surveillance and achievement of the main targets of the surveillance system indicators in several countries and the success in implementation of measles/rubella surveillance under the challenging situation in Syria and Yemen.

Participants of the meeting noted the progress in the interruption of wild polio virus transmission in the Middle East and the Horn of Africa and the decrease in polio cases in Afghanistan and Pakistan. Nevertheless, the participants expressed concern about the difficulty and insecurity the polio teams are facing in this phase of the polio endgame. Participants of the meeting noted the progress in IPV introduction and plans for the switch from tOPV to bOPV in April 2016.

Participants of the meeting noted the progress in introduction of the new vaccines in the region and the progress towards achieving the hepatitis B control target. However, the participants noted with concern the growing threat of vaccine hesitancy in countries of the region and that the region is not on track for achieving 4 of the regional immunization goals (high routine immunization, polio eradication, measles elimination and maternal and neonatal tetanus elimination) and that these goals are unlikely to be achieved in 2015.

Participants of the meeting reiterated the importance of accelerating implementation of the relevant recommendations of the previous meetings. In addition, the following is recommended:

I. **Strengthening routine immunization**

1. Countries that have not achieved the routine immunization coverage target (at least 90% DTP3-containing vaccine coverage at national level and 80% in all districts) should, with supported from WHO and partners, conduct in-depth analysis of district level immunization data to identify unreached populations and develop/update district microplans with innovative approaches tailored to reach un/under-immunized populations, including those in the hard to reach areas to ensure equity in access to immunization.

2. Develop and implement appropriate communication and social mobilization strategies to raise community awareness, address cultural barriers and increase and maintain the highest level of demand for immunization. National immunization programmes are to engage with civil society organizations, professional organizations, religious leaders (expanding on the experience of engaging religious leadership in the region in polio eradication), partners, advocates and champions to enhance trust in vaccines and convey
messages on the value of vaccines and the responsibility of individuals, parents and community to ensure that everyone is protected through vaccination.

3. Immunization programmes in all countries should create partnerships and continuously engage with the media, social media and other communication routes to sustain awareness of the public on the benefits of vaccines and vaccination.

4. All countries are encouraged to register all available WHO prequalified vaccines (including bOPV and IPV), in order to ensure availability of alternate sources of vaccine supply in case of shortage of any vaccines used by the national EPI.

5. WHO and UNICEF are requested to work with partners to encourage manufacturers to apply for registration of all WHO prequalified vaccines (as relevant) in all Member States.

II. Implementation of vaccination under humanitarian emergencies

1. WHO is to support the countries facing humanitarian emergency to document the successful strategies, innovative approaches and the lessons learnt in delivery of routine vaccines and implementation of SIAs during the humanitarian emergency situations and share the successful experience with the countries facing similar situations.

2. Local partners who can deliver vaccination in the inaccessible conflict areas should be identified and supported by international partners to deliver routine immunization and SIAs through existing coordination mechanisms.

3. International partners should assist, through existing coordination mechanisms, with mapping of areas where immunization services are interrupted, developing necessary plans for implementation of SIAs and resuming immunization service delivery, support resource mobilization and support strengthening the local capacity to deliver immunization services.

4. Implemented schedule for immunization should be harmonized to ensure equitable access to immunization services for all antigens in all areas of the country.

5. Monitoring and evaluation programme should be instituted to ensure the quality of the delivered services.

III. Decreasing vaccine hesitancy and increasing vaccine demand:

1. Immunization programs are encouraged to assess perceptions, barriers and enablers for increasing vaccination coverage among caregivers and care providers and actively monitor vaccine hesitancy and refusal groups. Countries are to assess the best communication approaches to provide vaccines and vaccination-related information.

2. All countries should develop and implement comprehensive communication and social mobilization strategies to increase community awareness about the risks of vaccine-preventable diseases and the benefits of vaccination and to enhance trust in the immunization program and address concerns using both traditional and new social communication platforms.
3. Immunization programs should ensure the availability of an EPI-trained communication officer and conduct specialized education and training of health care workers on communication skills to rapidly address vaccine hesitancy issues with clients and parents.

4. Immunization programme should create close collaboration, coordination and partnership with the private sector, paediatric and other medical societies to counter vaccine hesitancy messages and address vaccine hesitant behaviours within health care workers and the general public. Inclusion of relevant training into academic and clinical curricula of nursing, medical and other health care professional students and incorporation into continuing education curricula should be implemented.

5. EMRO to develop its human resource and technical capacity for dealing with the growing problem of vaccine hesitancy in the region and provide, in collaboration with partners, the necessary technical support for responding to vaccine hesitancy, conduct the related operational research and build the capacity of the health workers.

IV. Polio eradication

1. WHO and partners are to support the members states in field testing polio preparedness and response plan and conduct training on the outbreak response standard operating procedures

2. Middle East and Horn of Africa countries to effectively use polio asset, knowledge and infrastructure in improving routine immunization coverage through promotion and implementation of the EMVAP and contributions in national public health emergencies like cholera or measles outbreak response, mass exodus, etc.

3. All countries to enhance the sensitivity of the surveillance system and immunization coverage of high risk populations particularly the children of internally displaced people, refugees and migrant communities from polio endemic countries

V. Implementation of Objective 2 of polio eradication end game strategic plan:

1. IPV introduction:
   a. Egypt, Iraq and Djibouti are to prepare for introduction of IPV, including, as necessary, cold chain capacity assessment and cold chain capacity upgrading, reviewing the registration and reporting system as well as training of the immunization health workers at all levels.
   b. WHO is to support the countries to implement fast track registration of IPV vaccine.

2. Preparing for the switch from tOPV to bOPV:
   a. WHO is requested to support countries in the implementation of registration of bOPV vaccine according to updated WHO guidelines.
   b. All countries should adhere to the dates of the globally coordinated switch period (17 April to 1 May 2016). Remaining countries that have not decided on the switch day should do so and notify WHO, UNICEF, and partners on the switch day soon.
c. Egypt, Iraq, Libya, and Syria are required to develop national plans of action for implementation of the switch in line with the WHO related guidance, and share the national switch plan with WHO, UNICEF, and partners by 15 December 2015.
d. All countries are to regularly follow up on the national preparations for implementation of the switch, using the switch planning dashboard, to ensure timely completion of all switch-related activities including thorough validation and reporting to WHO as per switch guidelines.
e. All member states should ensure they have adequate operational funds and stock of bOPV by the switch date.
f. WHO and partners are requested to provide technical support to the countries in need in order to ensure smooth implementation of the switch by the global target date.
g. WHO to support the countries in implementing training on the interim and post switch guidelines to respond to VDPV2.

VI. Measles/rubella elimination and control:

1. All countries are asked to include a long-term plan for measles elimination in their cMYP and to develop and implement annual work plans accordingly.

2. All countries are encouraged to use the new WHO guidelines to conduct high quality measles/rubella SIAs, including, readiness assessment tools, intra-campaign performance monitoring and post campaign coverage surveys. Countries should develop plans and ensure budget allocation for mop-up activities based on results of the post campaign evaluation and coverage surveys.

3. The participants reaffirms the recommendation of SAGE that infants from 6 months of age receive a dose of measles containing vaccine in the following circumstances:
   a. during a measles outbreak as part of intensified service delivery;
   b. during SIAs in settings where risk of measles among infants remains high (e.g. in endemic countries experiencing regular outbreaks);
   c. for internally displaced populations and refugees, and populations in conflict zones;
   d. for individual children at high risk of contracting measles (e.g. contacts of known measles cases or in settings with increased risk of exposure during outbreaks such as day-care facilities);
   e. for infants travelling to countries experiencing measles outbreaks;
   f. for infants known to be HIV-positive (see 2009 WHO measles vaccine position paper).

Measles containing vaccine (MCV) administered before the age of 9 months should be considered a supplementary dose and recorded on the child’s vaccination record as “MCV0”. Children who receive a MCV0 dose should then receive subsequent measles-containing vaccines at the recommended ages according to the national schedule.
4. WHO/EMRO is requested to expedite establishing Regional Verification Commissions for measles/rubella elimination and hepatitis B reduction goals.

5. All countries should establish a national verification committee (NVC) for measles and rubella elimination in line with EMRO guidelines on establishing national measles/rubella verification committees.

6. All countries are to establish suitable CRS surveillance systems and/or CRS disease burden studies. Countries that have not introduced rubella vaccine are to use the data generated for advocacy and decision-making on introduction of rubella vaccine. Countries that have introduced rubella vaccine are to use these data for monitoring progress towards achieving the national rubella/CRS elimination target.

7. WHO and partners are to provide necessary technical support for establishing CRS surveillance or conducting CRS disease burden studies, including analysis of data and using the data for decision making and mobilizing necessary resources for rubella vaccine introduction.

8. All countries are to strengthen measles/rubella case-based laboratory surveillance and reach the recommended surveillance system performance indicators. Countries should ensure proper coordination and collaboration between epidemiology and laboratory surveillance departments and ensure consistent reporting of data to EMRO.

9. Provincial EPI programmes in Pakistan are to share all case-based surveillance data with the Federal EPI cell and Federal EPI cell is to share the comprehensive data with EMRO.

10. Member states are urged to collect representative specimens for genotype analysis from all outbreaks and report all sequencing data to the international database.

11. All member states should conduct in-depth data analysis, provide regular feedback to reporting source, and develop appropriate responses based on the analysis.

12. To avoid overburdening the laboratory during an outbreak, programs are requested to enhance epidemiologic investigation and linking cases epidemiologically with laboratory-confirmed cases following WHO guidelines. Once an outbreak has been confirmed, further testing should be done every three months or when the outbreak appears in new areas.

13. Countries that face difficulties in specimens transportation within the country or outside the country, including cold chain maintenance, are encouraged to use alternative sampling techniques such as dry whole blood on filter paper spots or oral fluid collection device, which can withstand ambient temperature for around a week.

14. WHO to continue providing the necessary support to strengthen and sustain high quality testing, including, providing training opportunities and monitoring laboratory performance including serology and molecular quality assurance.

VII. Eastern Mediterranean Vaccine Action Plan (EMVAP):

1. Countries are to update their multi-year plans in line with the EMVAP and develop annual immunization workplans in line with the multiyear immunization plan.