CONCLUSIONS AND RECOMMENDATIONS

Session 1. Opening remarks

Session 2. Achieving measles elimination by 2012

The Western Pacific Region achieved an all time low in measles incidence (61,297 cases, 34.0/million) in 2009, with a reduction of measles cases by 58% compared with 2008. Reported routine MCV1 and MCV2 coverage was 96% and 94%, respectively, in 2009. Surveillance continues to improve, and the regional measles lab network is growing with improved performance.

Several Member States have made particularly vigorous efforts to eliminate measles. Supplementary immunization activities (SIAs) in 21 Chinese provinces in 2008 and 2009 resulted in a 60% decrease of measles cases from 2008 to 2009, and a further 18% decrease so far in 2010 compared with the same period in 2009. Japan began its 5 year plan to eliminate measles in 2008 and by 2009 the number of measles cases decreased by 94%. However, measles still remains endemic in countries where over 90% of the regional population is located. A June 2010 Technical Consultation on the Verification of Measles Elimination in the Western Pacific Region recommended that verification of measles elimination be carried out for individual countries, and eventually for the Region as a whole.

A regional Vaccine Preventable Disease Laboratory Networks Meeting conducted in February 2010 demonstrated that the measles and rubella network laboratories are providing high quality support to achieve the regional goal of measles elimination by 2012 by confirming suspected cases and identifying measles virus genotypes circulating in the region.

WHO recommends the use of clinical case definitions of measles and rubella for the purposes of surveillance. Some countries have adopted surveillance case definitions of acute fever and rash (AFR) for suspected measles and rubella, aiming to improve the sensitivity of surveillance for detecting both measles and rubella cases but potentially resulting in cases inappropriately confirmed as measles (i.e., “false-positive” cases).

While remarkable progress has been made, challenges to measles elimination remain, including low immunization coverage and inadequate surveillance sensitivity at national and/or subnational levels, outbreaks that include young adults, inadequate monitoring of measles genotypes, importations, and inadequate financial resources and political commitment. Intensified efforts among Member States will require an increase in financial resources; however, a trend of decreasing external funding presents a substantial risk and additional challenge to achieving measles elimination on time.

Recommendations

1. Recommendations from the 2009 TAG Meeting on achieving high immunization coverage, supplementary immunization activities, routine MCV schedules and surveillance remain
valid. The TAG appreciates WPRO's efforts to update its regional plan and endorses the strategic approaches contained in the revised *Plan for Achieving and Sustaining Measles Elimination in the Western Pacific Region, 2010-2020* for future planning nationally and regionally.

2. The TAG concurs with the recommendations from the Technical Consultation on the Verification of Measles Elimination in the Western Pacific Region and requests the Regional Director (RD) and Member States to establish a regional and national verification process. The TAG requests the Regional Verification Commission once established to develop more concrete procedures.

3. Given that only 28 months remain to achieve the measles elimination goal in the Western Pacific Region, the RD should encourage the Regional Committee (RC) to draft a resolution reaffirming Member State commitment to achieve the measles elimination goal and to establish a verification process.

4. The TAG urges member countries and areas to commit the human and financial resources necessary to achieve and sustain measles elimination, and to include specific measles elimination activities as line-items in budgets of national and sub-national immunization and health sector plans.

5. As countries approach elimination, expert committees should be established to provide expert advice on case classification of suspected measles and rubella cases. Countries approaching the elimination phase should strive to minimize the percentage of clinically confirmed cases to <10% and give more emphasis on collecting adequate specimens and establishing epidemiologic linkages through quality case investigations that include additional case finding. Where countries do not yet approach elimination, expert committees should analyse the reasons for accumulation of susceptibles (geographically, age groups) and advise proper actions to reach the goal.

6. The TAG endorses the recommendations from the 2nd Meeting on Vaccine Preventable Diseases Laboratory Networks in the Western Pacific Region (Annex ??) and requests all network laboratories to continue to make full efforts to obtain genotype and sequence information on measles and rubella viruses circulating in the region, which is necessary for monitoring the measles elimination process.

7. TAG recommends that serological or clinical confirmation of reported suspected measles cases should only be applied to cases that satisfy the WHO-recommended clinical case definition of fever, rash and one or more of the following: cough or coryza or conjunctivitis.

8. The TAG requests all countries and areas to report epidemiologic and laboratory measles and rubella data and classification outcomes to the Regional Office at least monthly and in a timely manner. Countries are encouraged to use the standard formats/databases provided by the Regional Office.

9. The TAG recommends that countries and the Regional office systematically review and document contributions of measles elimination activities to child health, routine immunization systems, and health systems.

**Country-specific recommendations**

10. The TAG commends China for its plans to conduct a nation-wide SIA in September 2010, and recommends the country ensure effective strategies to achieve universally high SIA
coverage with a special focus on reaching the previously unreached populations (e.g., migrants, people in remote or poor areas, children born outside of family planning policy, etc).

11. The TAG suggests that Viet Nam may wish to consider carefully monitoring the impact of its upcoming SIA targeting children 1 to 5 years old to determine if measles virus circulation has been interrupted, by conducting intensified surveillance following SIA implementation. The TAG also suggests Viet Nam consider an additional supplementary immunization activity that targets young adults, prioritizing those at highest risk of measles such as students, health care workers and others that live or work in communal settings.

12. The TAG expresses concern regarding the measles outbreak in the Philippines in 2010 and encourages the government to make the needed political and financial commitments to conduct a high quality SIA in 2011 targeting children up to 7 years old.

13. The TAG recommends that (1) Cambodia ensure uninterrupted immunization and surveillance operations, including those of the laboratory, (2) analyze current measles epidemiology and lessons learned from its 2007 SIAs to develop and implement an appropriate action plan for high quality SIAs in early 2011, and (3) introduce MCV2 for 15-18 month old children in 2011 provided MCV1 coverage of at least 80% for three consecutive years is achieved (89% in 2008 and 92% in 2009).

14. The TAG urges the Lao PDR to significantly improve its measles surveillance efforts, particularly in case reporting and laboratory quality. Also, the planned 2011 measles SIAs in the Lao PDR should be conducted in the same high quality fashion as was done in 2007.

Session 3. Accelerating rubella control and CRS prevention

Rubella is endemic in many Member States of the Western Pacific Region with a Regional incidence of 41 per million population in 2009. However, only seven countries and areas accounted for the majority of reported rubella cases; 21 countries had <1 rubella case per million population, and another 8 had 1-9 cases per million population. The levels of rubella incidence vary by country due to the extent and duration of different vaccination strategies. Thirty of 36 Western Pacific Region countries and areas, comprising 93.5% of the regional population, currently include rubella-containing vaccine (RCV) in their routine immunization programmes.

The Western Pacific Region is already in the process of controlling rubella. Six Member States have not yet introduced RCV: Cambodia, Lao People's Democratic Republic, Papua New Guinea, Solomon Islands, Vanuatu and Viet Nam. Case-based measles surveillance already identifies rubella cases, and the measles laboratory network already is evaluating measles immunoglobulin M (IgM) negative specimens for rubella IgM. The burden of congenital rubella syndrome (CRS) is under recognized and underreported in many WPR countries and areas because CRS surveillance is not conducted.

Because it is less infectious, rubella is easier to eliminate and easier still to control than measles. The basic reproductive number ($R_0$)** for rubella ranges between 3-8 as compared to measles with an $R_0$ ranging from 12-18. Measles elimination activities provide opportunities to accelerate control of rubella and prevention of CRS through integrated approaches to vaccination and surveillance. Using a combination vaccine such as MR or MMR instead of monovalent measles

**mean number of secondary cases a typical single infected case will cause in a population with no immunity to the disease in the absence of interventions to control the infection
vaccine during routine and supplementary immunization activities is a convenient and cost effective way to achieve rubella control while achieving measles elimination.

**Recommendations**

1. Recommendations from the 2009 TAG Meeting on accelerating rubella control and CRS prevention remain valid. The TAG reaffirms its recommendation to use measles elimination activities to accelerate rubella control and CRS prevention, allowing flexibility in the target year for achieving rubella and CRS incidence levels consistent with good rubella control.

2. The TAG recommends that member countries and areas with a rubella control goal use the revised Regional *Plan for Control of Rubella and Prevention of CRS in the Western Pacific Region, 2010-2015* as a guide for developing national plans to accelerate rubella control and CRS prevention. Strategies and activities proposed in the Regional Plan should be customized to fit local conditions.

3. Countries with MCV1 coverage <80% that have not yet introduced RCV may consider adopting a rubella control goal provided they commit to conducting periodic SIAs with MR or MMR. Such a "campaign approach" to rubella control is reasonable in these countries given the need to continue periodic measles SIAs to sustain measles elimination.

4. Countries should review and monitor rubella epidemiology to customize approaches for rubella control and CRS prevention. Countries with a large proportion of rubella cases among child bearing age women (CBAW) should adopt practical vaccination strategies to increase population immunity among them.

5. The TAG encourages all countries to establish sentinel surveillance for congenital rubella syndrome (CRS). For countries such as Cambodia, China, Lao PDR, Mongolia, Papua New Guinea, Philippines and Viet Nam, sentinel CRS surveillance may be established or expanded to evaluate the burden of CRS and monitor the impact of rubella vaccination.

6. The TAG reminds all national Measles labs (NMLs) to test measles IgM negative specimens for rubella IgM, and conversely, all rubella IgM negative specimens for measles IgM. NMLs should be prepared to receive and test samples from CRS surveillance.

**Session 4. Hepatitis B control**

WPRO has made tremendous progress towards reaching the hepatitis B 2012 milestone of HBsAg prevalence <2% among 5-year-old children and continues to serve as a global example of initiative and commitment to preventing chronic hepatitis B infection. However, the TAG is concerned that nine priority countries have low vaccination coverage and will not reach the 2012 milestone. The milestone was established as an interim measure for a regional <1% chronic infection goal and serves as an opportunity to assess barriers and support countries in strengthening their prevention efforts.

Data on the prevalence of chronic infection in countries with high hepatitis B vaccination coverage are needed to measure the impact of the vaccination program. Pacific Island Countries (PICs) in particular have had high coverage for many years but are not able to conduct certification-standard surveys due to small population sizes. Only two countries have completed the certification process; improvement of the process may facilitate and encourage countries to initiate certification.
The comprehensive and active role that the Hepatitis B Expert Resource Panel (ERP) members have proposed is impressive and shows their commitment to hepatitis B control in the region. These experts will provide Member States with critical support and advocacy opportunities. The TAG recognizes that additional funding is required to implement plans and ensure progress in regional hepatitis B control.

**Recommendations**

1. Priority countries should increase timely hepatitis B birth dose (within 24 hours) and timely three-dose coverage to certification level targets ($\geq 65\%$ and $\geq 85\%$) by 2012 and beyond through implementation of detailed action plans.

2. The following countries should seek assistance from WHO to develop and implement detailed action plans for increasing birth dose and routine hepatitis B vaccination coverage (LAO, PNG, CAM).

3. In the next 12 months, the following countries should:
   a. Include hepatitis birth dose and routine vaccination in existing evaluation plans (EPI review in CAM, post-introduction evaluation in PNG).
   b. Arrange a small team or consult for a comprehensive or targeted program evaluation (LAO, PHL, VTN).

4. Countries that have data suggesting that they may have achieved the hepatitis B control goal are encouraged to initiate the certification process with WPRO.

5. By 2011, the ERP and WPRO should develop regional guidance for conducting smaller scale seroprevalence surveys for certification (some PICs), program assessment (LAO, PNG, CAM) or post-certification monitoring. Such guidance should consider:
   a. Pooling data from multiple countries with small populations,
   b. Subnational serosurveys of 5-year-old children in areas and population groups with historically high risk for hepatitis B infection, and
   c. Evaluating the potential role of the country monitoring and evaluation tool and report back to TAG.

6. The TAG endorses the hepatitis B Expert Resource Panel’s proposal to increase their role in facilitating regional hepatitis B control.

7. The TAG endorses the development of the 2010-2011 Regional Plan of Action and would like to recommend that WPRO consider adding or strengthening activities related to:
   a. Establishment of hepatitis B birth dose as part of essential newborn care policies for facility births and maternal and neonatal care packages for home births, which may necessitate use of vaccine outside of the cold chain,
   b. Implementation of standing orders for birth dose vaccination in facilities,
   c. Vaccination of high risk adults, especially health care workers.

8. The TAG endorses the development of the 2010-2014 Hepatitis B Strategic Plan. In line with 2010 World Health Assembly Viral Hepatitis Resolution, WPRO should consider enhancing coordination across sectors including with those responsible for injection safety,
safe blood supply, screening of individuals for hepatitis B, clinical treatment, and HIV prevention.

9. The TAG encourages partners to provide technical and financial support for regional and country hepatitis B control activities.

10. The TAG makes the following clarifications regarding the 2012 milestone:
   a. The target year should be interpreted as the year in which prevalence is <2% among 5-year-old children, consistent with the 2005 RCM resolution,
   b. Achievement of targets should be measured in terms of overall regional prevalence and prevalence achieved in each country (or for groups of countries with small populations where data are being pooled), consistent with the 2002 TAG recommendations.

11. Although seroprevalence data is an essential element for certification, birth dose and hepatitis B three-dose vaccination coverage may be used as progress indicators.

Session 5. Poliomyelitis eradication

The TAG concurs with the conclusions made by the Regional Certification Commission (RCC) at its 15th meeting in December 2009. The Region has remained free of circulating poliovirus but TAG considers the recent poliomyelitis outbreaks in the WHO European Region as a stark reminder of the serious risks and dramatic consequences of a wild poliovirus importation should it enter poorly protected communities and be recognized with delay due to performance problems in surveillance. The TAG notes that coverage and/or surveillance gaps exist in several countries, at national or sub-national levels.

Recommendations

1. The TAG urges all countries to maintain their efforts to boost population immunity against poliomyelitis in areas with relatively low performance of routine immunization. This includes special approaches to enhance routine systems such as defaulter tracking, better utilization of fixed-site immunization service delivery, comprehensive outreach or targeted high quality supplementary immunization activities (SIAs). All poliomyelitis partners need to ensure that the required resources are made available to implement these efforts.

2. The TAG recommends that all countries review their performance levels in immunization and surveillance to assess whether the required standards are in place and conduct regular risk assessments at national and appropriate sub-national levels to identify high risk areas for immediate corrective action. The WHO/WPRO Secretariat should provide technical guidance and conduct risk assessments by country at the Regional level. It should be noted that in Tajikistan where a large polio outbreak occurred in 2010 the reported OPV3 coverage exceeded 85%, a reminder that countries with a high reported immunization coverage should not be complacent in this regard.

3. The TAG reminds Member States that active and current preparedness plans for the detection of and response to wild poliovirus importation and vaccine-derived poliovirus (VDPV) emergence are an essential component of countries’ efforts to stay poliomyelitis-free and technical support should be sought from the WHO/WPRO Secretariat, particularly with respect to the following:
   - risk assessment within the International Health Regulations (IHR) 2005 framework,
- vaccine choices for outbreak control,
- partner coordination and
- resource mobilization.

The TAG reiterates that importations of wild poliovirus cannot be prevented; however, circulation of imported wild poliovirus can be limited through uniformly high population immunity and rapid outbreak response SIAs as needed. Sensitive surveillance is essential to quickly and reliably detect spread of imported wild poliovirus and VDPVs; thus all health workers should be encouraged in timely reporting.

4. Each NIP should specifically review their national importation preparedness plan to ensure it continues to meet all requirements to immediately activate an appropriate surveillance and immunization response to detection of wild poliovirus importation or circulating VDPV.

5. The events in Tajikistan highlight the necessity for ongoing and timely information exchange between all countries concerned. Because wild poliovirus outbreaks in polio-free Regions may represent events of international public health concern, transparency and frankness in information sharing are critical. The TAG requests the WHO/WPRO Secretariat to facilitate regular, timely and comprehensive communication, particularly between countries sharing borders.

6. The TAG welcomes the new algorithm for virus isolation that is now being implemented in all poliovirus network laboratories (except in the China provincial laboratories) and that real time PCR for intratypic differentiation (ITD) and VDPV screening is now being implemented in laboratories with ITD function in OPV-using countries.

7. The TAG endorses the recommendations made by the 2nd meeting on Vaccine Preventable Diseases Laboratory Networks in the Western Pacific Region held in Manila, Philippines from 22 to 23 February 2010.

8. Since the polio eradication initiative began over 20 years ago, many EPI and laboratory staff familiar with the disease and core programme aspects may have left the programme. Continued high staff turnover requires regular assessment of capacities and whether additional training activities need to be conducted. The TAG recommends the critical review and continued support of all polio network laboratories in the Region by conducting annual accreditation of laboratories (with on site review for priority countries) and ensuring training opportunities for laboratories which need additional support.

Session 6. Maternal and neonatal tetanus elimination

The TAG notes the continued momentum in the remaining countries of the WHO Western Pacific Region to achieve maternal and neonatal tetanus (MNT) elimination in the near future and is impressed with the variety of activities being implemented as well as the close collaboration between EPI and Mother and Child Health (MCH) programmes.

Recommendations

1. In this context the TAG reiterates its 2009 recommendation that all countries concerned continue their efforts to reach the elimination goal in the near future and strongly encourages all partners and political decision makers to ensure the necessary priority, support and resources to complete the work.
2. NIPs should, particularly once tetanus toxoid (TT) SIAs have been conducted, strengthen neonatal tetanus (NT) surveillance to support risk assessment and validation claims. Characteristics of quality NT surveillance include timely investigation of all NT cases, relevant neonatal deaths (e.g. occurring within 3-28 days), regular data and performance analysis, validating areas with under-reporting or absence of reporting, and taking corrective actions based on surveillance findings.

3. Where applicable, countries should regularly review their plans to maintain elimination status, including optimizing immunization schedules (e.g. shift from TT vaccination of pregnant women to providing Td childhood and/or adolescent booster doses) and conducting periodic district level risk assessment with WHO and UNICEF participation as appropriate.

Session 7. Vaccine preventable diseases (VPD laboratory networks)

Recommendation

As mentioned in the respective sessions on measles elimination and polio eradication, the TAG endorses the recommendations from the 2nd VPD Laboratory Networks Meeting, including those for the JE laboratory network.

Session 8. New vaccines

Regional status of new vaccine introduction

While substantial progress has been made in expanding utilization of conjugate Hib vaccines, uptake of other new vaccines such as human papillomavirus (HPV), pneumococcal conjugate and rotavirus vaccines remains limited. The vaccines could potentially alleviate the greatest disease burden in low-income countries with limited access to health care including screening and treatment for cervical cancer, and treatment of diarrhoea and pneumonia. However, the high price of the vaccines along with limited external long-term predictable funding remains a major barrier to introduction for routine use. In addition, the role of HPV vaccine as a public health tool for the control of cervical cancer is still debated.

Recommendations

1. Detailed recommendations were provided for individual vaccines (HPV, JE, pneumococcal and rotavirus) by TAG in July 2009, and these still largely remain valid. Efforts should be continued to operationalize those recommendations.

2. Countries should make proactive efforts to obtain sufficient data including epidemiological, funding, and pricing, to enable an informed assessment on the introduction of new and underutilized vaccines.

Regional status of invasive bacterial disease (IBD), Japanese encephalitis (JE), and rotavirus surveillance

Significant progress has been made in consolidating rotavirus and IBD sentinel surveillance under the Ministry of Health in low-income countries, with corresponding laboratory networks. Such surveillance contributes to disease burden evidence needed to consider vaccine introduction, and
may be also useful in measuring the impact of Hib vaccination, and pneumococcal and rotavirus vaccines in the future.

Several countries are developing plans to initiate or expand JE surveillance. Evidence from this surveillance will be critical to support informed decision-making on the use of JE vaccine, and to measure the impact of vaccination.

**Recommendation**

Surveillance for vaccine-preventable diseases is a critical component of effective immunization programmes. Surveillance of diseases targeted by new and underutilized vaccines should be further developed and consolidated under Ministries of Health. Surveillance data should be regularly shared with key decision-makers on vaccine introduction.

**Session 9. Routine Immunization Strengthening**

**Joint Reporting Form (JRF) review**

In 2009, the TAG recommended that Member States and areas provide WHO with complete and timely programme monitoring and VPD surveillance data. The TAG requested the Western Pacific Regional Office to report on the status at the 2010 TAG meeting.

For 2009 data, the JRF submission schedule for countries to WHO was moved from April to March. Although only 8% of countries met the new deadline, 75% of countries submitted their reports by April as compared to 19% the year before. As of now, all countries have submitted 2009 data reports.

The TAG acknowledges the remarkable efforts made by countries and areas to provide timely reports for 2009, congratulates them all for achieving 100% completeness in reporting, and encourages them to sustain this achievement. The content of the report is of particular importance to continued meaningful assistance from WHO and other UN agencies and will be available to all through global publications.

**Strengthening Routine Immunization Programmes in the Western Pacific Region**

A strong routine immunization programme is a critical foundation for a strong health system, for achievement of the regional goals for maintaining polio-free status, eliminating measles and controlling hepatitis B, and for implementation of the WHO-UNICEF Regional Child Survival Strategy for achieving MDG 4.

Several priority countries in the WPR have been working to improve their routine immunization programmes but continue to have challenges to achieve the GIVS national vaccination coverage goal (at least 90% by 2010). Additional countries will not achieve the GIVS district vaccination coverage goal (at least 80% by 2010). A significant proportion of districts in these countries have coverage well below the targets established for measles elimination and hepatitis B control, and represent a risk for spread of imported wild poliovirus or emergence of vaccine-derived polioviruses.

Monitoring the routine immunization programme at the district level is essential to improve its performance and eventually to achieve the GIVS goals and the regional disease-specific control targets. Many countries in the region have a national system to monitor EPI performance at the district level, but capacity for data collection and analysis and utilization to improve programs is
still insufficient. In addition, there is no standardized mechanism to collect and analyze district EPI performance data from priority countries at the regional level, which would enable WHO to enhance its support to strengthen the overall routine immunization programme.

**Recommendations**

1. Countries, particularly those with significant proportion or number of districts with low routine vaccination coverage, should accelerate their efforts to strengthen their routine immunization programmes to meet the GIVS goal of ≥90% coverage nationally and ≥80% coverage in every district. Efforts should be made to ensure the accuracy of the numbers of children vaccinated and the numbers of eligible children. In a few countries of the Region (e.g. LAO, PNG), the WHO/UNICEF estimates fall short of country reported estimates. Such countries should engage with WHO/UNICEF to understand the reasons and take action to address the differences.

2. WHO should continue to facilitate country exchange of experiences and lessons learnt in district-level monitoring and routine immunization programme strengthening by:
   a. organizing a periodic intercountry EPI managers workshop focusing on high-priority countries to share new information and monitor progress;
   b. supporting priority countries to visit other countries to learn successful models; and
   c. developing a database on coverage, surveillance indicators and other indicators for routine immunization programmes at both national and district levels to be shared among countries.

3. WHO should work with countries, particularly those with significant proportion or number of districts with low routine vaccination coverage, to develop a standardized tool and a regional mechanism to collect and analyze data on the routine immunization programme and other EPI activity performance at the district level.

4. WHO should work with countries to use this tool to actively identify low-performance and/or high-risk districts and should support countries to mobilize additional support and resources to strengthen routine immunization programmes in these districts.

5. The TAG recommends that countries utilize school entry and attendance requirements and/or verification of immunization status coupled with follow-up vaccination when needed to ensure high levels of immunization coverage and prevent transmission. This applies to nursery schools, pre-schools, primary schools, secondary schools and universities.

**Regional vaccination weeks: Lessons learnt and way forward**

Vaccination Week is an event that highlights the importance of protecting infants from vaccine-preventable diseases, celebrates the achievements of immunization programs and their partners in promoting healthy communities. For 2010, the World Health Organization's American Region (AMR), Eastern Mediterranean Region (EMR) and the European Region (EUR), and many countries observed vaccination week from 24 April to 1 May in a call to action to ensure that infants around the world are fully immunized. Events included vaccination, social mobilization and media campaigns, proclamations by high-ranking officials and advocacy meetings among others.

**Recommendation**
Given the success in AMR, EUR and EMR in promoting immunization through vaccination campaigns, regional immunization advocacy, social mobilization initiatives and increased political commitment, the TAG endorses the introduction of the first Vaccination Week in the Western Pacific Region in 2011 and encourages all countries and areas in the region to participate in the planning and execution efforts.

Supply chain management: New effective vaccine management assessment tools

Critical management and equipment failures continue to occur within vaccine stores and during distribution, at all levels of the supply chain. Data indicate problems with both stock-outs and avoidable vaccine wastage in many countries, placing immunization services at risk. At the same time, new, bulkier and costly vaccines and health technologies are placing increased demands on vaccine management systems. The new WHO Effective Vaccine Management (EVM) package was developed and launched in July 2010, adapting approaches from the earlier Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment (VMA) and incorporating additional tools, guidance materials, and a web-based platform allowing for centralized updating. EVM provides countries with a mechanism for comprehensive assessment, planning, monitoring, and improvement of vaccine management systems, including cold chain equipment and capacity, stock control, and transport systems.

Recommendations

1. Member States are strongly encouraged to use the new EVM assessment tool, conduct the necessary assessments and implement the indicated improvements, such as training, updating cold chain equipment inventories and cold chain equipment repair and replacement. By doing so, countries will assure quality control and can be prepared for the introduction of an increasing number of new, bulkier and more costly vaccines.

Progress of pandemic influenza A (H1N1) 2009 vaccine deployment and vaccination implementation

In response to the influenza A (H1N1) 2009 pandemic, Member States deployed large volumes of vaccine and conducted or initiated vaccination campaigns. Some countries were well-prepared for this challenge because of the earlier threat from influenza A (H5N1), but preparedness varied from country to country. During the vaccine deployment and vaccination campaigns there were a lot of challenges faced by Member States and lessons learnt. It was found to be critical to have a prior consensus within the Government system and between Government and partner agencies to have successful vaccine deployment and vaccination implementation. It was also found that firm political commitment in the country leads to better vaccination implementation. These lessons learnt should be utilized to prepare the country for future pandemics.

Recommendations

1. In the post-pandemic period when virus is still circulating, vaccination against the virus is still the best protection, when available. Member States are encouraged to vaccinate high-risk individuals with a monovalent (single virus) pandemic influenza A (H1N1) 2009 vaccine, or a trivalent seasonal influenza vaccine (which includes the H1N1 (2009) strain, as well as other seasonal strains H3N2 and B), depending on availability.

2. Though pandemic influenza A (H1N1) 2009 was milder than initially anticipated, disease spread to 214 countries and areas across the globe with more than 18,449 deaths. Member States are strongly encouraged to gather lessons learnt from this pandemic influenza A
(H1N1) vaccine deployment and vaccination experience and prepare themselves accordingly for the next pandemic.

Regional status of national regulatory authorities (NRAs) and adverse events following immunization (AEFI) surveillance systems

Vaccine quality is an important factor in EPI programmes. High performing AEFI surveillance contributes to ensuring vaccine quality as well as EPI programme quality, by identifying programme errors and addressing community concerns regarding vaccines. The existence of NRA oversight in all countries is also a critical component of ensuring quality for both vaccines and the EPI programme.

**Recommendation**

All Member States re-confirm the necessity of having an NRA which functions in accordance with WHO guidelines so it can play a leading role in ensuring vaccine quality and contributing to immunization safety; particularly through its role in licensing and AEFI surveillance. For countries introducing new and underutilized vaccines, NRAs must at a minimum have capacity in licensing and post-marketing surveillance, including high-quality AEFI surveillance.

Session 10. Interagency Coordinating Committee

The Region is experiencing a period of financial uncertainty. Dependence on a limited number of traditional donors is affecting future planning as some donors are experiencing financial difficulties in meeting their own needs. Resource requirements for achieving the regional strategic goals for 2012 amount to more than US$37 million not counting the resource requirements for the other components of EPI. With identified resources of less than US$10 million per year, it will be difficult to achieve the goals.

It is extremely important for the Region to explore innovative fundraising mechanisms outside of the traditional approaches.

**Recommendations**

1. National governments should explore bilateral opportunities with non-traditional donors in support of EPI activities at all levels.

2. Developed countries are encouraged to adopt developing countries at any scale utilizing the sister cities concept to support the achievement of regional goals.

3. The WHO Western Pacific Regional Office should continue exploring innovative fundraising methods to increase and diversify the Regional donor base.

4. WHO should ensure a favorable environment for partner contributions by examining its administrative and financial systems and removing disincentives for donors; as possible.