1. Mid-term progress in implementing last ICM recommendations

After Dr Ali Jaffer, chairman of the RTAG, opened the meeting, Dr S. Youssouf, RA VPI reported to the RTAG on the mid-term progress of implementation of last inter-country meeting recommendations. In summary, most of the recommendations made to the EMRO were implemented, except few of them that do not fall under VPI responsibility (such as relating to the pandemic flu preparedness); while the rate of implementation of country recommendations varied from country to country and from a recommendation to another.

Discussion

RTAG raised several points relating to:

- Best ways to follow-up with country implementation of RTAG recommendations (some countries do not report on progress on time):
  - **Action point:** EMRO to send feedback on follow-up on country implementation of RTAG recommendations to Ministries of Health.

- Role of WHO/UNICEF GIVS (Global Immunization Vision and Strategies) in reaching the MDGs and the need that countries develop comprehensive multi-year plans to implement GIVS. Dr Ali Jaafar mentioned that recently GCC countries made a substantial donation to Islamic countries through the Islamic development bank to reach MDGs.
  - **Action point:** EMRO to translate GIVS into main regional languages.

- Vaccine procurement: they stressed the importance of setting-up sub-regional or regional joint procurement systems as one of the main solutions to prevent vaccine shortages and reduce prices.

- Role of EPI programme in pandemic flu preparedness:
Action Point: VPI EMRO to schedule a presentation or provide a written report to the next national EPI managers’ inter-country meeting.

2. Briefing on the Regional Consultation on Routine Immunization Schedule

In order to assist member states in implementing the most appropriate immunization schedule to implement GIVS and reach MDGs, the RTAG in its 19th meeting (Cairo, May 2006) recommended to EMRO to hold a consultation to review the country situation and propose a regional standardized routine immunization schedule. Accordingly, EMRO has convened a meeting in Cairo on October 2006 with a couple of well-known experts in immunization and epidemiology of vaccines preventable diseases from the global and the regional level.

The main output of this consultation (proposed standardized schedule) was presented for discussion.

Discussion:

RTAG mentioned that EMRO is going far ahead (this experience will certainly be used by HQ that is actually thinking about the same issue) and congratulated EMRO for the result achieved. RTAG raised the following issues:

- Use of combination vaccines
- Provision of HepB birth dose in countries with low institutional birth rate.
- The benefit from giving a second measles routine dose in countries not being able to achieve MCV1 coverage of more than 80%?
- Hib booster dose

The RTAG decided to endorse the proposed schedule after the following changes have been made:

- The proposed schedule should clearly reflect the previous RTAG recommendation on use of combination vaccines.
- Hib booster dose should not be included in the schedule, but flagged in a footnote to make it clear that it will depend on country specific Hib disease epidemiology.

Action Points:

- EMRO to make the proposed changes and provide the final schedule and technical paper to all RTAG members by 30th of December, 2006.
- The schedule should be regularly revised and readapted to any new knowledge, epidemiological changes in VPDs, etc

3. Use of vaccines preserved with thiomersal:

VPI EMRO briefed RTAG about the use of vaccine preserved with Thiomersal and infantile autism, saying that although there is no established association but pediatricians from some EMR member states have been raising the issue and some of them are reluctant to use despite the fact that a number of studies concluded that there is no association between thiomersal and infantile autism.
TAG suggested that since there is no established evidence, hence a brochure can be developed to educate pediatric society that there is no established evidence. It was also suggested that if this issue can be putted as a fact sheet at WHO website.

4. RTAG: Role and functioning mechanism:

Taking in consideration the current as well as the highly expected developments in vaccines and vaccinology, the MDGs as well as WHO/UNICEF GIVS, the expectations from national EPI programmes will much higher as they have to prepare the field for accommodating some of the very important vaccines such as pneumococcal, HPV and rotavirus vaccines, that will certainly revolutionize the scope of communicable diseases in the world and the developing countries in particular. Taking in consideration the high cost of these vaccines/technologies in comparison with the classic ones, huge efforts will be needed to change the mind of national health deciders in the Region about the immunization programme. Accordingly, the RTAG will be more and more requested to advice on best ways to improve government investment in immunization, advice on the introduction of new vaccines and new technologies, the best ways to do it, etc. and has to have the capacity to do it in a well convincing and appropriate way.

RTAG mentioned that EMRO should focus on raising national deciders’ awareness about this issue and continuing building country capacity to deal with these highly expected changes. RTAG suggested that EMRO look into some of the countries to look for managerial and human resource issues, so scope of work can be broaden.

**Action Points:**

- **RTAG suggested that their ToRs be revised and based on WHO/UNICEF GIVS,**
- **EMRO to use the opportunity offered through the Regional Committee to brief Ministers of Health on the expected revolution in the area of vaccines and immunization and the need that member states start operating the appropriate changes and taking the proper measures to be ready to accommodate them.**
- **EMRO to assess the situation and the capacity of EPI management team to deal with GIVS in some countries and propose correction measures.**
- **EMR member states to keep in mind the precious and leader role of national EPI programme in controlling communicable diseases and reducing mortality and morbidity, and make sure that it has all the required support and ingredients to fill its role and reach national, regional and global goals.**
- **VPI EMRO to develop a quarterly EPI newsletter. (VPI unit mentioned that this is actually in process and that the first one will be issued for 2007 first quarter).**
- **RTAG to write to the secretariat and propose any topic they think important to discuss in the coming meetings.**
- **The secretariat should find a way to make sure that main issues discussed in SAGE are brought to the attention of the RTAG and vice-versa.**