RTAG RECOMMENDATIONS OUT OF THE 23rd ICM FOR THE EPI MANAGERS, 15-18 MAY 06

RTAG members noted with satisfaction the progress made by member states in raising immunization coverage in the region. In particular, the RTAG would like to commend progress made in Sudan and Yemen where coverage is > than 80% at the national level and recommends that the EMRO RD write to both Ministers of Health and (WRs), commending them on this achievement, and encouraging them to continue their efforts to reach the 2010 coverage goal (90% minimum for DPT3 coverage at national level, with > 80% in each district). The TAG emphasized the importance of ensuring that these achievements are sustained through developing, implementing and monitoring comprehensive country multi-year plans. For Sudan, RTAG recommends that in his letter, the RD raise the issue of inequity and clear discrepancies between the level of immunization performance between Northern and southern states and the need to address them.

Urgent issues

1. RTAG raised concerns about lack of resources to support operational activities and vaccine purchase for the MOH in Palestine. The RTAG appreciates the support of Saudi Arabia and Japan in the purchase of Hib vaccine and recommends that UN agencies, countries in the region, and donors coordinate their efforts to make sure that needed vaccines, immunization equipment and EPI operational costs are made available on time and in sufficient quantity in order to sustain immunization achievements in Palestine.

Routine EPI

2. RTAG recommends that progress in routine EPI be on the agenda of every RC, with reference to GIVS.

3. RTAG reiterates the previous recommendations to EMRO to upgrade regional capacity to produce priority vaccines including seasonal flu vaccine and to report on the progress in every Inter-country Meeting.
4. EMRO to organize a consultation to develop an “expanded” immunization schedule in line with GIVS and recent recommendations from the SAGE. The results of this consultation should be reported at the next RTAG meeting in Nov.

5. WHO and UNICEF should work together to increase training opportunities for EPI managers to strengthen managerial skills in key areas including data management, surveillance for AEFI and VPDs, injection safety, and NRA.

6. Member states should adopt a disease reduction goal for HepB immunization to reduce the prevalence of chronic HBV infection among cohorts born since vaccine introduction to less than 1%. Member states that have introduced vaccine for more than 10 years should use the WHO protocol for HepB impact assessment to demonstrate disease reduction.

7. All countries should establish an Advisory Committee for Immunization Practices. EMRO should assist countries in establishing these committees with draft terms or reference and criteria for membership.

8. Countries with low routine immunization coverage should continue to strengthen access to immunization using all available mechanisms including addressing health systems barriers, staffing issues and engagement of local community resources. In order to monitor district performance, EPI managers should not rely on coverage only but monitor key management indicators that include quality of services.

9. In countries with complex emergencies, efforts should be made to strengthen health systems and access to immunization services.

10. Vaccine management should be assessed in all countries that have not done so using the WHO/UNICEF assessment tool. Countries that have conducted such assessments are urged to implement the recommendations and report on implementation at the next ICM.

GIVS implementation

11. WHO and UNICEF should advocate for GIVS at the country level including a development of summary of GIVS in Arabic and user-friendly communication materials for wide dissemination of GIVS concepts and priorities at the national and local level.
12. EMRO to explore the development of a joint vaccine procurement system including a revolving fund to support purchase of existing and new vaccines as outlined in GIVS, for non-GAVI countries.

13. All countries should prepare and share a multiyear plan according to GIVS including the organization of a coordinating committee by May 2007 for implementation and monitoring of GIVS.

Polio

14. RTAG endorses the recommendations of the PEI TAG and expresses its concern about reintroduction of polio from Nigeria during the current year. RTAG requests that the RD convene a meeting at the World Health Assembly, with ministers of re-infected countries, to discuss steps that need to be taken to prevent dissemination of polio to member states. The RTAG requests the RD to communicate this issue with religious leaders in the Region and organize a meeting of these leaders with religious and national health authorities in Nigeria.

15. Saudi Arabia to require a valid certificate of polio vaccination at least 1 month prior to arrival of all pilgrims to the Haj and Umra from Nigeria, regardless of age.

Surveillance issues

16. All countries are encouraged to participate in the rotavirus/pneumoccal/bacterial meningitis surveillance networks and report data according to the agreed-upon format. EMRO is ready to provide technical support for countries that need assistance with participation/implementation.

17. MOH should make sure that efforts on surveillance for vaccine preventable diseases are coordinated with emphasis on integrating different surveillance systems and timely analysis and sharing of data between disease surveillance program and EPI teams.

Injection Safety

18. All countries are encouraged to procure bundled vaccine with AD syringes including non-GAVI countries procuring through UNICEF.
19. All member states to ensure that all immunization injections are administered according to best injection practices as defined by WHO (including use of AD syringes and safety boxes and use of safe waste management procedures).

20. All member states to ensure that safe injection practices are a core component of the curriculum for all health professionals including nursing and medical students.

Mumps

21. RTAG reviewed and endorsed the mumps consultation organized in EMR and recommends that all member states that have or are intending to introduce mumps vaccine into their routine immunization programme implement the recommendations.

Seasonal Influenza

22. The RTAG requests that EMRO assess seasonal flu vaccine use in countries, constraints in implementation of seasonal influenza vaccination programs, and plans for procurement and use of vaccine in the event of a pandemic. EMRO should monitor use of seasonal flu vaccine including utilization, age and risk group targets and virology surveillance activities.

23. EPI managers should be involved in flu pandemic preparedness, particularly promoting, coordinating and monitoring seasonal vaccine use and cold chain capacity to support use of vaccine in a pandemic. Over time as seasonal flu vaccine use in countries increases, the EPI program should have an increasing role in pandemic flu preparedness activities.

Vaccine research

24. Member states should organize a national coordinating committee for vaccine research to prioritize operational and clinical research relating to EPI, at the country level.

25. EMRO should provide technical assistance and seek support for member states to organize a burden of disease caused by HPV in the region.

Recommendations for the RTAG and the EMRO secretariat

26. RTAG recommends that the recommendations of the Program Managers’ Meeting be finalized within 2 weeks after the meeting and sent directly to
the Ministers of Health and WRs accompanied by a letter from the RD with instructions for the WR to follow-up on these recommendations and provide feedback to the RD.

27. EMRO should finalize the report from the ICM no later than 2 months after the meeting and send it to member states.

28. In order to improve its input and contribution to the development of immunization programmes in the region, and upon EMRO request, the RTAG members agreed to meet in the future every six months instead of once a year. The next RTAG meeting will be held on 17 November (one day), back to back to the measles/rubella/mumps inter-country meeting (13–16 November 2006). The additional and specific RTAG meeting will be used to review regional progress in the different areas of immunization, the degree of implementation of recommendations (for both the secretariat and the member states), and discuss priority issues for the Region. The secretariat will propose priority areas for discussion, prepare a draft agenda, and organize technical documentation and share all these documents with the RTAG members two months before the November meeting.

29. Member states request that RTAG members attend technical committee meetings at the national level as needed.