Summary report

Meeting of the Regional Technical Advisory Group (RTAG) on immunization of the WHO Eastern Mediterranean Region

Amman, Jordan, 21 November 2013

Introduction
The annual Meeting of the Regional Technical Advisory Group (RTAG) on immunization of WHO Eastern Mediterranean Region was held in Amman, Jordan, 21 November 2013. The meeting was attended by members of the RTAG, chairpersons of National Immunization Technical Advisory Groups (NITAGs) of countries of the EMR, representatives from the Centers for Disease Control and Prevention (CDC, Atlanta), Network for Education on Immunization (NESI) and WHO staff from headquarters and EMRO.

The objectives of the meeting were to:
• Review the current situation of measles and rubella elimination and IPV introduction in the Region.
• Review the mandate, internal procedures and Terms of Reference of the proposed Regional Verification Committee (RVC) on Measles elimination
• Review and endorse the regional guidelines for measles and rubella elimination in the countries of the EMR.

Dr Ezzedine Mohsni, coordinator, Immunization and Vaccines, WHO Regional Office for the Eastern Mediterranean (EMRO), opened the meeting and underlined the objectives and expected outcomes of the meeting. Dr Hyam Bashour, RTAG chairperson chaired the meeting.

The meeting started with Moment of Silence in memorial of Dr Ali Jaffer Mohamed, Ex Chairperson of immunization RTAG, EMRO.

Introductory notes were presented for each topic of the agenda, followed by discussion by RTAG members and the recommendations/action points were agreed upon

1. Progress Towards Measles Elimination in the EMR:
Introductory notes were presented by Dr Nadia Teleb, RA/VPI, EMRO. The presentation reflected the current situation of measles in the EMR.

Points raised and discussed
• The region is progressing towards measles elimination despite the challenges:
  o Several countries are close to achieving the elimination target.
  o Even the counties that are now reporting major outbreaks (Pakistan and Sudan), they were able to reduce measles incidence after successful catch up campaigns. It was felt that resurgence occurred because of a delay in implementation of follow up SIAs and that
follow-up SIAs were not equal in quality to the catch up campaigns. The initial success indicates that measles elimination is doable even in the challenging countries.

- Funding gap
  - Part of the reason for measles resurgence is inadequate funding for the follow up SIAs resulting in delayed implementation of the campaigns and inadequate funding to support measles/rubella surveillance and response.
  - Partners’ and government support is limited to certain countries. GAVI is only supporting Afghanistan and Pakistan for measles SIAs and MRI is supporting the remaining GAVI eligible countries. there is severe shortage of support of the middle income countries, whether for implementation of SIAs or measles/rubella surveillance.
  - The GAVI window of MR campaign is open for all GAVI eligible countries to enhance introduction of rubella vaccine.
  - The current levels of support are not enough to achieve elimination. For example, the target age range supported by GAVI is limited to 9-59 months for measles and 9 months – 14 years for MR.

- Quality of EPI coverage data is a concern
  - There are inconsistencies in coverage data and the epidemiology of measles in several countries, suggesting that there are problems with the quality of administrative coverage data. For example, some countries report high 2 dose vaccination coverage (adequate to achieve elimination) but still experience large outbreaks.

- Need for more government commitment towards measles elimination target.
  - It is important to increase the visibility of measles elimination goal among decision makers, health workers and at the community level.
  - Power of NITAG would be important but only if it is credible. Opportunities like high level meetings and RC should be utilized.

- The problem of measles among expatriates in the GCC countries.
  - Countries are encouraged to use the successful strategies of Bahrain and Oman to vaccinate expatriates communities.

- The high number of measles cases among infants< 9 months of age

- The target date of the regional measles elimination (2015):
  - Should it be maintained? Postponing the measles elimination target date might cause government relaxation and losing the momentum. It is important to capitalize on what is available to enhance the elimination activities

**Decision/recommendations:**

- RTAG members agreed to keep the target date of the regional measles elimination (year 2015) in order to keep the momentum and avoid relaxation
- The region should proceed with verification of elimination in the countries that are ready to do so
- Advocacy and communication capacity should be improved at regional and countries levels to increase visibility of Measles elimination among the decision makers, the health workers and the community. Having a well-functioning and supportive NITAG is an important advocacy tool for national health authorities. Opportunities, like high level national meetings and the RC meeting, should also be utilized for advocacy.
2. **Scaling up the use of Rubella Vaccine:**
Introductory notes were presented by Dr Nadia Teleb, RA/VPI, EMRO. The presentation reflected the current situation of rubella and use of rubella vaccine in the EMR.

The points for discussion by the RTAG included the followings:

- With the current situation of measles vaccination coverage and measles outbreaks in some countries of the EMR, should WHO EMRO push for introduction of rubella vaccine in the remaining countries in the EMR?
- Is the region ready for developing regional target for rubella/CRS elimination?

**Points raised and discussed**

- Providing single measles vaccine is a missed opportunity for combating rubella. The benefit of combining rubella vaccine with measles vaccine is more than the cost of combining. These points will leverage the way to Rubella elimination through integration of efforts.
- The concern was raised about introducing rubella vaccine without attaining high coverage which might result in increasing occurrence of CRS, while the major burden currently might be under 15 years of age.
  - It was clarified that the required coverage for rubella vaccine to achieve elimination is around 80% which is much lower than the 95% required for measles elimination. Therefore, Rubella elimination is easier than Measles elimination due to the lower vaccination coverage needed to achieve elimination. Fifteen countries in the region have already decided to eliminate Rubella.
- **Rubella and CRS disease burden**
  - For countries lacking rubella disease burden data, there is an abundance of data in other countries to suggest there is significant disease burden in countries that have not introduced rubella vaccine.
  - Country-specific data on CRS is not available to support decision-making on rubella vaccine introduction. The need to set-up CRS surveillance when possible was reiterated
- Introduction of Rubella vaccine in Somalia might be potentially harmful due to the very low coverage of measles vaccine.
- Setting Rubella elimination target for all countries will encourage the remaining countries to introduce the Rubella vaccine and make efforts to achieve the target.
- The current GAVI window for MR campaign constitute an opportunity for introduction of rubella vaccine and consolidating the efforts for measles elimination.

**Decision/Recommendations**

- Setting a regional target of rubella/CRS elimination by 2020.
- Verification of elimination should be availed for the countries who achieve elimination
- Encouraging the remaining countries to introduce rubella vaccine. GAVI window of MR campaign is an opportunity to introduce rubella vaccine and consolidate efforts for measles elimination
- Somalia should defer introduction of Rubella vaccine due to the potential of the
very low vaccination coverage to lead to an increase in CRS.

3. **PEI end game strategy: Enhancing introduction of IPV**
   The subject was introduced by Dr Rudolf Eggers, WHO/HQ.

**Points raised and discussed**
- The benefit for introducing at least 1 dose of IPV
- The procedure of tOPV-bOPV switch
- Concern of NITAG and RTAG members about the tight time of introduction of IPV, including the tight timeline for GAVI eligible countries and the financial constraints in the MICs.
- The challenge of adding another injectable vaccine and the need for advocacy and communication, especially with the health care providers and the private sector.

**Recommendations**
- Countries that have not introduced IPV vaccine should develop a plan for implementing objective 2 of the polio endgame strategy, including IPV introduction, with timeline and budget. Planning for IPV introduction should follow same guidelines used for introduction of other new vaccines.
- WHO and partners to provide the necessary guidance and technical support

4. **Strengthening the National Immunization Technical Advisory Groups (NITAGs) to support achieving the immunization targets**

Dr Philippe Duclos, WHO/HQ, presented on the purpose and functions of NITAGs and their expected roles in achieving immunization targets and IPV introduction. Dr Carine Dochez, NESI, presented on strengthening the NITAGs for supporting EPI to achieve the immunization targets

**Points raised and discussed**
- The challenge facing the busy secretariat of the NITAG (EPI) in providing the necessary background information and the need for dedicated focal point
- The need for minimizing the number of the TAGs in the country (e.g EPI TAG, polio TAG...). It was clarified that integration is recommended by EMRO
- There is a need to strengthen NITAG and build the capacity of the NITAG members.
- Engagement of the NITAG with training institutions to build EPI capacity, including members of the academia in the NITAG and ensuring updating the EPI components in the undergraduate and post graduate curricula.
- Focusing on the quality of the NITAG. Meeting the NITAG indicators does not necessarily mean having a fully functioning NITAG. Current NITAG indicators don’t reflect how many recommendations of NITAGs are applied and how much government is respecting to NITAG decisions

**Recommendations**
- Strengthening capacity of the NITAGs with focusing on quality indicators
- Seeking opportunities of sharing information and experience between regional NITAGs and other functioning NITAGs (US, Canada) through exchange of
• Information and/or attending related meetings
• Seeking opportunity of the support of SIVAC and NESI for building the capacity of more NITAGs in the region.

5. The establishment of the Regional Verification Commission and regional guidelines for the Documentation and Verification of Measles and Rubella Elimination

Dr Nadia Teleb, WHO, EMRO, presented the regional guidelines on verification of measles/rubella elimination and the proposal for the establishment of the regional measles-rubella verification commission. The draft guideline (attached) was shared with the RTAG members in advance for review and comments.

Recommendations
The RTAG members expressed their appreciation for the efforts in compiling the guidelines and indicated that the guidelines are well prepared and in a final shape. It was agreed to give the RTAG members two more weeks for providing final comments, if any, after that, the guidelines will be considered endorsed by the RTAG.