Summary report on the

Meeting of the Regional Technical Advisory Group (RTAG) on Immunization

WHO-EM/EPI/325/E

Amman, Jordan
21 November 2013

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Regional Office for the Eastern Mediterranean

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1. Introduction

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

The objectives of the meeting were to:

- review the current situation of measles and rubella elimination and inactivated poliovirus vaccine (IPV) introduction in the Region;
- review the mandate, internal procedures and terms of reference of the proposed Regional Verification Committee (RVC) for Measles Elimination;
- review and endorse the regional guidelines for measles and rubella elimination in the countries of the Eastern Mediterranean Region.

Dr Ezzedine Mohsni, Coordinator, Immunization and Vaccines, WHO Regional Office for the Eastern Mediterranean, opened the meeting and Dr Hyam Bashour, RTAG on Immunization Chairperson, chaired the meeting. The meeting started with a moment of silence in memory of Dr Ali Jaffer Mohamed, ex-Chairperson of the RTAG on Immunization.

2. Summary of discussions

Progress towards measles elimination in the Eastern Mediterranean Region

The Region is progressing towards measles elimination despite the challenges. Several countries are close to achieving the elimination target, and even the counties that are currently reporting major outbreaks (Pakistan and Sudan) have been able to reduce measles incidence after successful catch-up campaigns.

It was felt that resurgence has occurred because of a delay in implementation of follow-up supplementary immunization activities (SIAs) and that the follow-up SIAs themselves were not equal in quality to the catch-up campaigns. However, the initial success indicates that measles elimination is achievable, even in the most challenging countries.

Part of the reason for measles resurgence is inadequate funding for follow-up SIAs resulting in delayed implementation of campaigns and inadequate funding to support measles/rubella surveillance and response. Partner and government support is limited to certain countries. For example, the GAVI Alliance is only supporting Afghanistan and Pakistan for measles SIAs and the Measles & Rubella Initiative (MRI) is supporting the remaining GAVI Alliance-eligible countries. There is a severe shortage of support for middle-income countries, whether for implementation of SIAs or measles/rubella surveillance.

The GAVI Alliance measles/rubella campaign funding window is open for all GAVI Alliance-eligible countries to enhance introduction of rubella vaccine. However, the current levels of support are not enough

to achieve elimination. For example, the target age range supported by the GAVI Alliance is limited to 9–59 months for measles and 9 months–14 years for measles/rubella.

The quality of data on Expanded Programme on Immunization (EPI) coverage is another concern. There are inconsistencies between the 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 two-dose vaccination coverage (adequate to achieve elimination), yet still experience major outbreaks.

There is a problem of measles among expatriates in the countries of the Gulf Cooperation Council (GCC). Countries are encouraged to use the successful strategies of Bahrain and Oman to vaccinate expatriate communities. Another challenge is the high number of measles cases among infants < 9 months of age in the Region.

There is a need for more government commitment to the measles elimination target. It is therefore important to increase the visibility of the measles elimination goal among decision-makers and health workers, and at the community level. The role of the NITAGs in this is important, but only if they are credible. Opportunities such as high-level meetings and the WHO Regional Committee for the Eastern Mediterranean should be utilized.

There was discussion on whether the target date of 2015 for regional measles elimination should be maintained. Postponing the target date might cause governments to relax, with a resulting loss of momentum. It is important to capitalize on what is available to enhance elimination activities.

Global Polio Eradication Initiative endgame strategy: enhancing the introduction of IPV

The benefit of introducing at least one dose of IPV was discussed, as well as the procedure for the global switch from trivalent oral polio vaccine (tOPV) to bivalent oral polio vaccine (bOPV). There is concern from NITAG and RTAG members over the tight timeframe for the introduction of IPV, including the short timeline for GAVI Alliance-eligible countries and the financial constraints of middle-income countries. The challenge of adding another injectable vaccine was noted and a need identified for advocacy and communication, especially with health care providers and the private sector.

Strengthening the NITAGs to support the achievement of immunization targets

It is a challenge for the busy secretariats of NITAGs to provide the necessary background information and there is a need for a dedicated focal point. There is also a need for minimizing the number of the technical advisory groups (TAGs) within a country (e.g. EPI TAG, polio TAG). It was clarified that integration is recommended by WHO.

There is a need to strengthen NITAGs and build the capacity of NITAG members. The engagement of NITAGs with training