

DRAFT REPORT ON

MEETING OF THE EASTERN MEDITERRANEAN REGIONAL TECHNICAL ADVISORY GROUP (RTAG) ON IMMUNIZATION, Muscat, Oman, 14 December 2017

1. Introduction

The World Health Organization (WHO) Regional Office for the Eastern Mediterranean (EMRO), organized first meeting of the reconstituted Regional Technical Advisory Group (RTAG) on immunization in Muscat, Oman, 14 December 2017

The objectives of the meeting were to:

- discuss the Terms of Reference and operating procedures of the reconstituted regional technical advisory group (RTAG)
- review regional progress, challenges and constraints facing achieving of goals of the Eastern Mediterranean Vaccine Action Plan (EMVAP) and advice on the way forward.

The meeting was attended by 10 out of the 12 members of the RTAG, Director of department of communicable diseases prevention and control and VPI staff, WHO EMRO. In addition, participants from WHO HQ, UNICEF ROs and HQ, Gavi secretariat and CDC Atlanta attended the meeting (list of participants is attached)

Dr Rana Hajjeh, director, department of communicable diseases prevention and control, opened the meeting, welcomed members of the RTAG and thanked them for their willingness to support immunization programmes in the EMR through their membership in the RTAG. Dr Hajjeh underlined the crucial role the RTAG would play for strengthening immunization programmes in the Region and achieving goals of the Regional Vaccine Action Plan, specially at this difficult point of time where several countries in the region are facing acute or protracted humanitarian emergency situation.

Dr Ziad Memish, Director of Research Department, Prince Mohammed Bin Abdulaziz Hospital, Saudi Arabia, was appointed as Chairman of RTAG

2. Discussion and conclusion

The following were the topics included and main discussion points of the meeting:

1) RTAG: INTRODUCTION AND EXPECTED SUPPORT

Dr R. Hajjeh introduced the subject highlighting role of the RTAG as part of the three levels advisory bodies (SAGE, RTAGs and NITAGs). Terms of reference and expected support of the RTAG, mode of function, communication modalities, meetings and methods of reporting of the RTAG and rotation of RTAG membership were discussed in details. The following were the main discussion points:

- In view of the demanding situation of the region, there might be a need for more than one RTAG meeting per year. Virtual meetings were suggested.
- Formulating recommendations of the RTAG: the Region is very heterogeneous, so general recommendations may not be the best approach. Specific recommendations for certain country/groups of countries will be more beneficial
- Decision making process of RTAG: making decisions by full consensus is desirable but not always possible. . In such situations decisions will be made through majority vote of the members of the RTAG.
- Working Groups within RTAG should be established to focus on specific themes. WGs should not be too many (not more than 3) and can also include non-RTAG experts relevant to the WG subject.
- Establishing RTAG website with an interactive component where there could be a forum to discuss specific issues e.g. disease outbreaks
- RTAG can help facilitate research and help establish linkages between research institutes and public health.
- Need to strengthen RTAG secretariat capacity as planning and coordinating RTAG activities is demanding. Wider secretariat, that includes partners and has the capacity to help with the technical work, should be considered.
- Linking with SAGE and specific SAGE WGs to help address region-specific policy issues.
- Establishing explicit linkages between RTAG and NITAGs to ensure coherence of regional immunization policy application and enhancing leverage of NITAGs in shaping national policies.

2) VPI STRUCTURE AND FUNCTIONS

Dr N. Teleb, RA/VPI, introduced the subject describing the organogram of VPI unit at WHO RO and COs vis-a-vis the workload of the unit and the increasing demand of the member states for technical support, especially in view of the expanding areas of work of EPI and the challenging situation in several countries. The RTAG was requested to advise on the following questions: 1) Is the current structure of VPI adequate for the functions?; 2) Is the current staffing of VPI at RO and COs adequate?; and 3) How to ensure provision of optimum support to the member states in view of current WHO human resource capacity at RO and CO?

The following were the main discussion points:

- The current structure of VPI is adequate but the number of staff is not enough to cover the various areas of work and the increasing countries' demand for technical support (in particular those facing acute and or protracted emergencies).. Resource mobilization is required for recruitment of additional staff
- Increasing the staff in VPI should not be done in isolation of polio eradication activities and transition planning. Ongoing polio eradication activities in countries with major

programme gaps have opportunities for synergies and collaboration that are being missed. Moreover, Polio Transition planning is an opportunity for optimizing staffing for VPI at regional and countries levels. Pakistan and Afghanistan are particular priorities in this regard.

- Traditional recruitment methods are not always effective. There are challenges of finding well qualified people.
- Exploring other mechanisms of increasing human resource capacity at the RO such as fellowship programs, JPO, secondments. Fellowship programs can be at two levels, mid-career and early career professionals. It will serve both supporting the implementation and investing in next generation of leaders.
- Maximizing use of regional capacities such as collaborating centres and centres of excellence

3) EASTERN MEDITERRANEAN VACCINE ACTION PLAN (EMVAP) 2016-2020:

Dr N. Teleb provided brief description of the different sections of the EMVAP with emphasis on EMVAP goals. The RTAG was requested to advise on the following questions: 1) Are the EMVAP goals still valid/applicable in view of the current situation in the region?; 2) How can we increase visibility of EMVAP goals at the highest levels in the countries and among the partners?; 3) How can more resources be allocated/mobilized for implementation of activities pertaining to EMVAP goals, specially for the Middle Income Countries (MICs)

The following were the main discussion points:

- Goals of EMVAP are still valid but the feasibility of achievement of EMVAP goals is in question in countries facing humanitarian emergency situation.
- Need to advocate for increasing commitments to the programme and mobilize resources for implementation of related activities. To advocate and mobilize resources, there is a need to demonstrate VPDs burden in terms of morbidity and mortality, and make an economic case showing the economic benefits of achieving these goals.
- Need to address the barriers in the region hindering the achievement of the goals.
- Need to articulate the national and international risks and costs of failure to achieve EMVAP goals.
- To reduce and eliminate donor-dependency, increasing national resource allocation is required. Fund raising from within the region, including, high income countries, foundations, individuals and the private sector, is required.
- Strengthening partnerships and agreeing on a clear distribution of roles and responsibilities between all potential partners involved in immunization in the Region in order to accelerate EMVAP implementation
- Need to work more on communicating progress and challenges towards achieving the targets

4) ROUTINE IMMUNIZATION:

Dr I. Chaudhri, MO/VPI, briefed the RTAG on situation of routine immunization coverage in countries of the EMR and highlighted the continued success in 14 out of the 22 countries, whereas achieving the EMVAP coverage target is still far in remaining countries, particularly those facing various degrees of humanitarian emergency.

The RTAG was requested to provide guidance on how to address the challenges in the countries with large number of unvaccinated children (AFG, IRQ, PAK, SOM, SYR, YEM).

The following were the main discussion points:

- The large number of unvaccinated children in the region is of great concern. There is a need to map who and where they are and why they are not reached. A number of countries will need TA and resources to perform this exercise.
- Need for concrete strategic plan for countries with high number of unvaccinated children, based on above mentioned mapping exercise, and with specific focused approach and allocation of funds required for reaching the unreached.
- NITAG should be empowered to monitor routine activities for reaching the unvaccinated children in each country
- Need for ensuring accountability in countries with large numbers of unvaccinated children. High quality disaggregated data are required to monitor progress and judge accountability. Accountability frameworks need to be developed for EPI in all low coverage countries, learning from polio experience and utilizing some of its channels and assets.
- Engaging directly with provincial leadership, in addition to Federal leadership in Pakistan. Need to form a multi partner taskforce, learning lessons from polio, focused on addressing RI gaps in Pakistan.

5) MEASLES/RUBELLA CONTROL AND ELIMINATION

Dr N. Musa, MO/VPI, briefed the RTAG on progress towards achieving measles elimination in the region the challenges being faced. She proposed classification of the EMR countries into four groups according to their progress towards achieving measles elimination, based on burden of measles, measles vaccine coverage, performance of measles case based surveillance system as well as the country situation (i.e., political stability, armed conflict, civil strife, humanitarian crisis). The RTAG was requested to provide guidance on how to address measles elimination goal by 2020 in view of the current situation in the region.

The following were the main discussion points:

- Low performing countries may need more realistic substantive milestones for measles elimination

- Maintaining the target date of measles elimination would be an incentive to the well performing countries and will encourage the low performing ones.
- Need to raise the visibility of measles to help increase political commitment. Keeping the RC informed of the issues that will impact the region's efforts for achieving the measles goal.
- Countries need to assess population immunity, predict and anticipate outbreaks and address immunity gaps to mitigate outbreaks. For example, apply cohort analyses, revive and use the measles strategic Planning (MSP) tool, etc.
- Enhancing measles and rubella surveillance through using e technology and mobile phones.
- Introducing rubella vaccine more widely in the region, where suitable, and building on the opportunity of measles elimination to eliminate rubella together with regional elimination of measles.
- As countries verify measles elimination, they should also aim to verify elimination of rubella.

6) INTRODUCTION OF NEW AND UNDERUTILIZED VACCINES:

Dr K. Fahmy, MO/VPI, provided brief notes on progress in introduction of the different types of the new and underutilized vaccines in countries of the EMR.

The RTAG was requested to provide guidance on how to accelerate introduction of HPV in the EMR

The following were the main discussion points:

- Need to discuss/address introduction of new vaccines according to their regional/national priority order in relation to disease burden. Accordingly PCV vaccine should come first, followed by Rotavirus vaccine then HPV. NITAG need to be well informed to take the appropriate decision on that.
- HPV infection might be much more common in the Region than it's known. Need to document the real burden and use the data for advocacy for HPV introduction.
- HPV introduction is difficult as there is no adolescent vaccination platform in several countries. Need to develop a platform for adolescent vaccination.
- Other barriers to HPV vaccine introduction in the region may explain the slow uptake of this vaccine (lack of data on disease burden, vaccine price, etc) and need to be assessed
- Use advocacy for SDGs for introduction of new vaccines especially HPV

7) POLIO TRANSITION

Dr N. Abid, Team Leader, Cross Cutting Functions, Polio Eradication initiative, briefed the RTAG on polio transition. He explained that Polio Transition process involves carefully analyzing the risks and opportunities associated with ramping down or transitioning the assets, functions and knowledge of the polio programme at all levels, with ensuring that the world remains polio-free, that the programme's

benefits continue, and that lessons learned by the Global Polio Eradication Initiative (GPEI) are transferred and applied. Sixteen countries globally are considered priorities for transition planning, 4 of them are in the EMR: Afghanistan, Pakistan, Somalia and Sudan. Sudan and Somalia are expected to complete their transition plan by end of 2nd quarter 2018, while Afghanistan and Pakistan should do it within a year of stopping wild poliovirus transmission. The Regional Steering Committee on Polio Transition decided, in 2017, to add Yemen, Iraq and Syria to the list of transition priority countries in the Region.

The following were the main discussion points:

- GPEI will begin to phase out 6-12 months after the certification of interruption of wild poliovirus transmission which will impact the size and availability of Polio assets. Concern about rapidity of change as part of the transition, especially in the field.
- Pakistan and Afghanistan will not be affected by polio transition in the immediate future, as they remain endemic for polio.
- Huge investments were put in polio. Concern about losing the polio infrastructure due to diminishing funding. Resources need to be mobilized to maintain and adapt this infrastructure for elimination/eradication of other diseases (e.g. measles) and sustain eradication of polio.
- A concrete transition plans for polio resources with operational aspects and specific milestones, taking into account that transition planning is country-specific, is required.
- The Region needs to develop a resource mobilization plan that will address immunization and surveillance gaps in the region in the aftermath of polio transition.
- RTAG needs clarity on what the transition means for the VPI team and for the polio team, how it will happen in the field and how the 2 streams would come together as polio eradication assets begin to ramp down.
- RTAG is willing to play a role in monitoring the implementation of the polio transition roadmap, if considered helpful and necessary.

3. RECOMMENDATIONS

Preamble:

RTAG noted the following achievements in the region with appreciation:

1. Maintaining high coverage with all antigens provided by the national EPI in 14 countries in the region¹.
2. Maintaining of EPI functions under extremely challenging situation and active conflict in some areas in countries facing humanitarian emergency situation (Iraq, Libya, Syria and

¹ Bahrain, Egypt, Iran, Jordan, Kuwait, Libya, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Sudan, Tunisia and UAE. Concerns are raised about validity of the immunization data quality and coverage estimates of Libya

- Yemen). The region has developed vast experience and best practices for delivering immunization in areas of armed conflict and various phases and types of humanitarian crises.
3. Progress of the region towards measles/rubella control/elimination with achievement of very low incidence of endemic measles virus transmission (<1/million population) in 7 countries in 2017²
 4. The remarkable progress the region has made towards polio eradication, particularly in Pakistan and Afghanistan, the two remaining endemic countries and the commencing of planning for polio transition in the region.

RTAG noted the following issues with concern:

1. The large number of unvaccinated/under-vaccinated children in the region who are concentrated in six countries, namely, Afghanistan, Pakistan, Iraq, Somalia, Syria and Yemen,
2. The slow progress towards achieving the EMVAP goals.
3. The delayed introduction of the new and underutilized vaccines in the region.
4. The current staffing at VPI unit is inadequate for delivering the required technical support to the member countries, in view of the expanding areas of work of EPI and the challenging situation in several countries of the region

Accordingly, RTAG members recommended the following:

1) RTAG: Introduction and expected support

- 1.1. Revise TORs of RTAG to include addressing VPD control and immunization during acute and protracted humanitarian emergency situations
- 1.2. Establishing RTAG website with an interactive component open for Qs and As
- 1.3. Including engagement of NITAGs as an agenda item at the next RTAG meeting
- 1.4. Establishing RTAG working groups on the following:
 - EMVAP – meeting immunization coverage targets
 - Conflicts and complex situations
 - New vaccines introduction

2) VPI STRUCTURE AND FUNCTIONS

Recognizing that strengthening EMRO/VPI capacity is indispensable to the success of the country immunization programs, and that its essential functions are at risk of being compromised due to understaffing, the RTAG recommends that the regional office should urgently focus on filling this human resource gap through the following actions:

- 2.1. Providing/mobilizing resources for filling in the core positions
- 2.2. Collaborating with Polio Eradication to identify and leverage current opportunities to fill human resource gaps in countries with substantial polio eradication assets.

² Bahrain, Egypt, Iran, Jordan, Morocco, Palestine and Tunisia

- 2.3. Ensure that Regional Polio Transition Plan closes the human resources gap in VPI (which I think will definitely happen once polio assets transitioned)
- 2.4. Creating an internship and mid-career programme fellowship for countries-funded immunization professionals and trainees from academic centres within the region, in order to provide additional human resource to VPI and develop practical experience to the next generation of vaccine program leaders in the EMR.
- 2.5. Working with international partners (e.g. CDC) to facilitate secondment of technical staff to the region.
- 2.6. Optimizing and aligning utilization of all potential partners (UNICEF, CDC, EMPHNET,..) , collaborating and academic institutions to help implementation of EMVAP-related activities.
- 2.7. Engaging actively with prominent academic institutions in the region to attract their top graduates to work in immunization programmes.

3) EASTERN MEDITERRANEAN VACCINE ACTION PLAN (EMVAP)

- 3.1. Developing comprehensive advocacy and resource mobilization strategy to increase national commitments to the programme and mobilize resources for implementation of EMVAP-related activities.
- 3.2. Develop business case to demonstrate VPDs burden in terms of morbidity and mortality, demonstrate the economic benefits of achieving the EMVAP goals and the cost of implementation of related activities.
- 3.3. RTAG should utilize any opportunity, with governments and partners, for advocacy to raise commitment to and visibility of immunization goals in the Region.

4) ROUTINE IMMUNIZATION

- 4.1. WHO is to take immediate action for working with the countries and related partners for mapping the unvaccinated children in each country: who and where they are and why they are not reached.
- 4.2. Developing a concrete strategic plan for countries with high number of unvaccinated children with a specific focused approach, with allocation of required funds, for reaching the unreached.
- 4.3. Working with the countries to ensure empowering NITAGs to monitor activities related to identifying and reaching the unvaccinated children in each country
- 4.4. EMRO should engage directly with provincial leadership, in addition to Federal leadership, in Pakistan. If possible, WHO should support the country for forming and leading a multi partner taskforce, learning from polio experience, focused on addressing RI gaps in Pakistan.
- 4.5. As the region has developed vast experience and best practices for delivering immunization in areas of armed conflict and various phases and types of humanitarian crises, these lessons and best practices should be systematically documented and widely shared.

5) MEASLES/RUBELLA CONTROL AND ELIMINATION

RTAG recognizes that countries of the EMR are at different situations and capacities for achieving measles elimination. While some countries are progressing well, the situation in other countries is not conducive for achieving elimination by the target date. Accordingly, RTAG recommends the following:

- 5.1. Maintaining the measles elimination target of 2020 and verifying elimination in countries that might meet the criteria for verification.
- 5.2. Establishing progress milestones on the path to elimination for countries facing high endemicity/outbreaks of measles. Attaining at least 90% MCV1 coverage in Djibouti, Pakistan, Sudan, Syria, Yemen and at least 80% MCV1 coverage in Afghanistan, Somalia and Yemen by WUENIC estimates by 2020, as a milestone towards measles elimination.
- 5.3. RTAG commends EMRO on steps taken to establish the Regional Verification Committee and encourages setting the dates for the first meeting in the first half of 2018.
- 5.4. Member countries that are close to measles elimination should assess whether rubella has been eliminated or is close to elimination and take appropriate steps to achieve both measles and rubella elimination.
- 5.5. Jordan, Palestine, Oman and Bahrain are to submit for measles (and rubella if applicable) elimination verification at the earliest opportunity and no later than end 2018.
- 5.6. Egypt, Morocco, Tunisia, Kuwait, Iran, Libya and KSA should begin preparation of documentation for verification of measles (and rubella if applicable) elimination and complete the documentation by 2019.
- 5.7. RTAG notes that the current funding climate for measles and rubella elimination goals is sub-optimal and recognizes the key role that the region plays in promoting measles and rubella elimination. RTAG recommends that EMRO and partners make every effort to increase the visibility of measles and rubella elimination in the region and globally.
- 5.8. Member countries that have not yet introduced RCV and potentially meet the criteria for introduction (Afghanistan, Djibouti, Pakistan and Sudan) should introduce RCV into their national program by 2020. A risk – benefit analysis including estimates of accumulating cases of Congenital Rubella Syndrome (CRS) is to be conducted and used as an advocacy tool for the introduction of RCV in those countries.
- 5.9. All countries should establish/strengthen CRS surveillance.

6) INTRODUCTION OF NEW AND UNDERUTILIZED VACCINES

- 6.1. Member countries, who haven't done so, should add the following new vaccines on their EPI schedule in the order of priority determined by NITAGs:

pneumococcal conjugate vaccine, rotavirus vaccine, chicken pox vaccine, hepatitis A vaccine and human papillomavirus vaccine.

- 6.2. Member countries where at birth Hepatitis B immunization has not been implemented, should take necessary steps to make that introduction as soon as feasible. VPI should provide guidance to countries on the necessary steps and on implementing or, at least piloting, the new tools and opportunities and including in the neonatal care kits and training of birth attendants in administering the vaccine.
- 6.3. Member countries that have not introduced HPV vaccination should initiate efforts of quantification of the HPV-related burden of diseases (including cervical and other genital cancers, cervical intraepithelial neoplasia, prevalence of HPV infections, and genital warts), enhancing advocacy for HPV vaccination and raising public and physician awareness and education.
- 6.4. Member countries should plan on establishing an Adolescent vaccination platform where this is absent. This platform is necessary to implement the pre-teen tetanus/diphtheria/pertussis booster and introduce the HPV vaccine.
- 6.5. WHO should work with countries to generate data on HPV burden and costs and health and economic benefits of HPV vaccine introduction in the region.

7) POLIO TRANSITION

Recognizing that countries with substantial polio infrastructure can further leverage these resources to meet their broader immunization goals, including measles elimination goal, the RTAG recommends that:

- 7.1. A regional multi-year roadmap be prepared by mid-2018 that articulates how the polio-funded human and material resources in the regional office and within countries - taking into consideration the country context - will be leveraged to help meet the EMVAP goals, without jeopardizing the focused efforts to interrupt poliovirus transmission in the region;
- 7.2. RO should identifies mechanisms and responsible focal points for coordination between VPI and Polio Eradication Initiative and include clear milestones for monitoring progress.
- 7.3. RO should systematically identify and leverage synergies between EPI and ongoing polio eradication activities before the commencement of polio transition.