

Summary report on the

# Twenty-ninth intercountry meeting of national managers of the Expanded Programme on Immunization and sixteenth intercountry meeting on measles and rubella control and elimination

Amman, Jordan  
29 November–3 December 2015



**World Health  
Organization**

Regional Office for the Eastern Mediterranean

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## **1. Introduction**

The WHO Regional Office for the Eastern Mediterranean organized the 29th intercountry meeting of national managers of the Expanded Programme on Immunization and 16th intercountry meeting on measles/rubella control and elimination in Amman, Jordan from 29 November to 3 December 2015.

The objectives of the meeting were to: review country progress towards achieving the regional immunization targets, including routine immunization, measles elimination and hepatitis B control targets; review country progress in implementation of the national plans and update the national plans for strengthening routine immunization, measles/rubella elimination and control and hepatitis B control programme; and review the introduction of inactivated polio vaccine (IPV) into routine immunization programmes in countries and preparations for switching from trivalent oral poliovaccine (tOPV) to the bivalent form (bOPV) in 2016 and update related national plans

The meeting was attended by delegates from 21 countries of the Eastern Mediterranean Region, members of the Regional Technical Advisory Group on Immunization and national technical advisory groups, WHO staff from country, regional and headquarters levels, as well as representatives of different partners including the United Nations Children's Fund (UNICEF), Gavi, the Vaccine Alliance, U.S. Centers for Disease Control and Prevention (CDC), Bill and Melinda Gates Foundation, Network for Education and Support for Immunization, Agence de Médecine Préventive and Eastern Mediterranean Public Health Network. Dr Najwa Khori (Jordan) and Dr Zein Eddine Karar (Sudan) chaired the meeting.

Dr Maria Cristina Profili, WHO Representative in Jordan, inaugurated the meeting and delivered a message from Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean. In his message, Dr Alwan referred to the regional eradication, elimination and control targets and underlined that reaching high routine immunization coverage in all districts, introducing new lifesaving vaccines and technologies and implementing the accelerated disease control strategies were the key pillars for achieving these targets. He drew attention to major challenges facing the Region in connection to the geopolitical situation in several countries and their impact on vaccine delivery systems in the Region and expressed appreciation for the efforts and innovative approaches undertaken in order to keep EPI functioning and to overcome the challenges. While commending the achievements of immunization programmes in many countries, Dr Alwan noted that much still remained to be done in order to achieve regional and global targets.

The meeting was structured as plenary sessions with discussions and group work. The working groups discussed: achieving required population immunity and its impact on measles and rubella occurrence; measles and rubella surveillance; the polio endgame strategic plan, including IPV introduction and switching from tOPV to bOPV in routine immunization; and the regional vaccine action plan. The recommendations of the meeting were drawn from the discussions, and participants actively participated in commenting, modifying and refining the recommendations.

## **2. Conclusions**

Participants expressed appreciation for the efforts of the national immunization programmes and the dedication of the front-line health

workers in the countries in crises, particularly in reaching the children in the hard-to-reach areas with lifesaving vaccines.

Several countries were recognized for successfully controlling measles outbreaks through implementation of wide age-range supplementary immunization activities. Participants congratulated Egypt for the successful implementation of the measles and rubella supplementary immunization activities and commended Egypt and the United Arab Emirates for the successful approach in dealing with vaccine hesitancy during supplementary immunization activities.

Participants recognized the high quality of measles/rubella surveillance and achievement of the main targets of the surveillance system indicators in several countries. Implementation of measles/rubella surveillance was successful in the Syrian Arab Republic and Yemen despite the challenging situations.

Participants noted the progress in the interruption of wild poliovirus transmission in the Middle East and the Horn of Africa and the decrease in polio cases in Pakistan and Afghanistan. Nevertheless, they expressed concern about the difficulty and insecurity the polio teams are facing in this phase of the polio endgame. Most countries made good progress in IPV introduction and plans for the switch from tOPV to bOPV in April 2016.

Many countries have successfully introduced new vaccines and there is good progress towards achieving the hepatitis B control target. However, concern was expressed over the growing threat of vaccine hesitancy in countries and the meeting noted that the Region is not on track for achieving 4 of the regional immunization goals (high routine immunization, polio eradication, measles elimination and neonatal

tetanus elimination) and that these goals were unlikely to be achieved in 2015.

In addition to issuing a number of recommendations below, participants emphasized the importance of accelerating implementation of the recommendations of previous meetings.

### 3. Recommendations

#### *Strengthening routine immunization*

1. Countries that have not yet achieved the routine immunization coverage target (at least 90% DTP3-containing vaccine coverage at national level and 80% in all districts) should, with support from WHO and partners, conduct in-depth analysis of district level immunization data to identify the unreached populations and develop/update district microplans with innovative approaches tailored to reach unimmunized and under-immunized populations, including those in hard-to-reach areas to ensure equity in access to immunization.
2. Countries should develop and implement appropriate communication and social mobilization strategies to raise community awareness, address cultural barriers and increase and maintain the highest level of demand for immunization. National immunization programmes are to engage with civil society

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