

WHO-EM/IMZ/46 E
November 1986

THE THIRD INTERCOUNTRY MEETING FOR
EPI PROGRAMME MANAGERS

Nicosia, Cyprus, 7-11 July 1986

(Meeting Reference: EM/INC.MTG.EPI/14.86)



WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN
1986

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1. INTRODUCTION

The third Inter-country Meeting on the Expanded Programme on Immunization took place in Nicosia, Cyprus from 7 to 11 July 1986. It was aimed in particular at EPI programme managers and had the following objectives:

- to discuss the expanded programme on immunization in participating countries, including an assessment of progress towards programme targets established in the second inter-country EPI meeting held in Tunis in July 1985;
- to follow up actions taken to fulfil the recommendations of the joint WHO EMRO/SEARO inter-regional meeting on the "Prevention of Neonatal Tetanus" held in Lahore (1984)¹ and those of the second inter-country meeting on EPI, Tunis (1985)²;
- to review accelerated EPI activities in participating countries.

The meeting was attended by participants from 24 countries and by representatives from UNRWA and the Palestine Red Crescent.

The list of participants appears in Annex I.

The meeting was inaugurated by H.E. Dr Ch. C. Pelekanos, Minister of Health, Cyprus. Dr Pelekanos stressed the fact that EPI was not only an essential element of primary health care but a most important one since it was concerned with child survival and well-being. He also pointed out that the target date set for universal child immunization, 1990, was rapidly approaching and all health professionals should be concerned to ensure that by that date all children should have ready access to immunization.

Dr Hussein Gezairy, Regional Director for WHO Eastern Mediterranean Region, welcomed participants to the meeting and emphasized that WHO, in collaboration with UNICEF, was prepared to offer all possible support to assist national programmes. One year after having established coverage targets, it was now appropriate for participants to update information and assess their progress towards those targets and to discuss ways in which international assistance could strengthen future national activities, enabling them not only to achieve the 1990 target but to sustain the achievement indefinitely. It was to be hoped that such an achievement would lead to matching developments in other sectors of health such as disease surveillance, diarrhoeal disease control, control of respiratory infections and the provision of essential drugs.

Mr Richard Reid, Regional Director for UNICEF, Middle East and North Africa Region, stressed that the meeting symbolized four principles of great importance to UNICEF: the well-being of children; harmony, both between countries and between countries and international agencies; commitment to the ideal of child health; and the stamina and determination to meet the 1990 goal.

¹ WHO EMRO Technical Publication No. 7 and SEARO (WHO Regional Office for South-East Asia) Technical Publication No. 3.

² Report of the meeting document no. WHO-EM/IMZ/40.

The participants elected Dr Michael Voniatis, Senior Medical Officer, Cyprus, as its Chairman, Dr Mussallam El-Bually, Chief of Paediatrics Services, Oman, as Vice-Chairman and Dr Khalil Sherif, Director of Preventive Medicine, United Arab Emirates, as Rapporteur.

2. OVERVIEW

Global Overview

Based upon reports received from countries, it is estimated that almost 40% of infants in the developing world, excluding China, receive a third dose of DPT or OPV. In 1974, less than 5% of infants received any such vaccines. Considering the average drop-out rate of 30% from first to third doses, it is clear that the number of children having some access to immunization has increased considerably.

There are considerable differences in achievement between WHO Regions and there are wide variations between countries. The inequalities in achievement are illustrated by the fact that 13 of the least developed countries have an immunization coverage level of less than 15%.

At the global level, no clear impact can yet be seen on the reported incidence of disease but in some countries and Regions, disease reductions are evident. The Americas Region has established a Regional target for the elimination of poliomyelitis and, since 1974, the incidence of this disease has been reduced by about 90%. There are also many countries or parts of countries where the impact of the Expanded Programme on Immunization is clearly visible.

In the absence of reliable reporting, it is estimated that some 3.5 million deaths still occur annually from neonatal tetanus, measles and pertussis, and that 250 000 cases of polio still occur each year. At the same time, it is estimated that the Expanded Programme on Immunization is already preventing one million deaths annually.

The Thirty-ninth World Health Assembly, in resolution WHA39.30 noted the recommendations contained in the Director-General's report on the Expanded Programme on Immunization. These called for three general and four specific actions to promote immunization.

Generally:

- (a) promoting the achievement of the 1990 goal through collaboration among ministries, organizations and individuals in both the public and private sector to create effective consumer demand and ensure that this demand is met;
- (b) adopting a mix of complementary strategies for programme acceleration;
- (c) ensuring that rapid increases in coverage can be sustained through mechanisms which strengthen the delivery of other primary health care interventions.

Specifically:

- (i) providing immunization at every contact point;
- (ii) reducing drop-out rates between first and last immunizations;
- (iii) improving immunization services to the disadvantaged in urban areas;
- (iv) increasing the priority for the control of measles, poliomyelitis and neonatal tetanus.

The same resolution affirmed the EPI goal of reducing morbidity and mortality by providing immunization for all children of the world by 1990 and urged all Member States to pursue vigorously the recommendations of the Director-General's reports in order to accelerate progress in their immunization programmes.

Many countries have already accelerated their immunization programmes. UNICEF has been extremely effective in mobilizing political as well as financial support for the Expanded Programme on Immunization at international, as well as at national levels. It has dramatically increased its advocacy for a child health revolution and has called for vigorous action to provide growth monitoring, oral rehydration therapy, breastfeeding, food supplementation, child spacing and women's education, as well as immunization.

Commitment to the 1990 target has increased considerably in recent years. The letter of the Secretary General of the United Nations to Heads of State, the signing of a declaration reaffirming the commitment to the 1990 goal, the special support programme from the Italian Government and the polio initiative from Rotary International are just a few examples of the increased support to EPI which has encouraged many national programmes to explore new ways of rapidly increasing immunization coverage. As a result several effective new strategies have evolved.

Regional Overview

The participants, working in subgroups, reviewed the status of national immunization programmes, their achievements and the constraints affecting them.

Immunization coverage in the Region has continued to increase in children aged under one year. In the Eastern Mediterranean Region, it is estimated that during 1985, 46% of infants received three doses of DPT and OPV and 37% received measles immunization. Only three countries in 1985 had DPT3 coverage of less than 20% compared with nine countries in 1981 and six in 1984. On the other hand, fourteen countries had coverage levels of over 60%.

TABLE I - PERCENTAGE COVERAGE TARGETS FOR FULL IMMUNIZATION OF CHILDREN AGED LESS THAN ONE YEAR, ESTABLISHED JULY 1986

	1986	1987	1988	1989	1990
Afghanistan	40	50	60	85	
Algeria	75	80	85	90	90+
Bahrain	85	85 [†]	95	95 [†]	
Cyprus	75	85	95 [†]		
Democratic Yemen	45	60	75	90	
Djibouti	40	70	80	90	100
Egypt	50	60	75		
Iran, Islamic Republic of	80	85	90	95 [†]	
Iraq	60	60	85 [†]		
Jordan	70	80	85		
Kuwait	95	95	95	95 [†]	
Lebanon	60	80	90	95	100
Libyan Arab Jamahiriya	85	90	95	95 [†]	
Morocco	60	65	70	75	80+
Oman	80	80 [†]	85	90 [†]	
Pakistan	60	72	85	90 [†]	
Qatar	85	80 [†]	85	95 [†]	
Saudi Arabia	80	80 [†]	85	95 [†]	
Somalia	30	50	70	90	
Sudan		30 [†]	70	90 [†]	
Syrian Arab Republic	45	75	80 [†]		
Tunisia	85	90	95	95	100
Turkey					
United Arab Emirates	65	65	85	85 [†]	95 [†]
Yemen	45	76	87	92	95 [†]
UNRWA	70	75	90		
Palestine Red Crescent	65	75	80	85	