



In the name of God, the Compassionate, the Merciful

Opening Remarks

to the

**REGIONAL WORKSHOP REVIEWING COUNTRY EXPERIENCES IN PANDEMIC
H1N1 INFLUENZA VACCINE DEPLOYMENT AND VACCINATION ACTIVITIES**

Beirut, Lebanon, 10–12 May 2011

Dear Colleagues,

It is my pleasure to welcome you on behalf of the Regional Director, Dr Hussein Gezairy, to this regional workshop on reviewing country experiences in Pandemic A(H1N1) influenza vaccine deployment and vaccination activities and I am grateful to you all for giving up part of your valuable time to be here. This event is one of a series of global and regional activities to review Pandemic A(H1N1) vaccine deployment and vaccination activities supported by WHO during 2009 and 2010.

Pandemic (H1N1) 2009, first uncovered in April of that year, prompted WHO to declare an influenza pandemic on 11 June 2009. The Pandemic A(H1N1) virus had never before circulated among humans on a large scale. Most people, therefore, had little or no immunity to the infection. So far more than 60 000 Pandemic A(H1N1) laboratory-confirmed cases and at least 1200 deaths have been detected in the WHO Eastern Mediterranean Region.

The pandemic virus was highly contagious. The severity of the disease ranged from very mild symptoms to severe illness and death. More than half of all hospitalized people already had underlying health conditions or weak immune systems. One of the effective strategies to combat the pandemic was the use of safe and efficacious vaccines in vulnerable populations. Existing seasonal influenza vaccines were not effective against the pandemic strain. There was, therefore, a need to develop and produce a new vaccine that is both safe and effective for pandemic influenza.

Ladies and Gentlemen,

The vaccine production chain included a number of steps and the lead time to produce the new vaccine was about five months. As a pre-deployment activity, WHO Regional Office for the Eastern Mediterranean conducted a regional workshop to train EPI managers on developing a vaccine deployment plan.

Timely access to the required amount of vaccine was the main concern of the Member States in the Region. Therefore, upon the availability of the vaccine in the global market, WHO supported vaccination initiatives in Member States through resource mobilization, supply of prequalified vaccines, and deployment of vaccine and ancillary products during the pandemic.

So far, more than 21 million doses have been supplied to the different countries in the Region but only about 3 million doses have been administered, which is quite a low utilization rate. This was mainly because of the high declination rate of the vaccine, even by the priority groups for vaccination, especially health care workers. This raised many concerns related to coordination, communication and social mobilization which need further investigation.

Dear Colleagues,

The world has moved into a situation where recent influenza pandemic patterns have been replaced by seasonal patterns of influenza and the H1N1 virus is expected to continue to circulate as a seasonal influenza strain for the foreseeable future. However, the virus is also expected to change over time as a result of antigenic drift, and the threat of future pandemics is looming.

Accordingly, this meeting is about identifying lessons learned, improving our understanding, drawing recommendations and developing policy responses on how to expedite these activities and ensure high utilization rate so as to ensure better vaccine deployment response activities for future pandemics. The outcomes of this process will be critical in optimizing the effectiveness of future support to pandemics and similar public health threats.

You will have considerable opportunities during the next two days to discuss in much greater depth the opportunities and challenges that faced national health authorities. I am sure it will prove to be a very useful meeting.

Thank you for your participation and your attention.

