

1-3 September 2015 // Antwerp, Belgium

WHO European Regional Meeting of National Immunization Programme Managers



Abstract

Delegates from 47 Member States of the European Region gathered in Antwerp, Belgium, on 1–3 September 2015 together with WHO and partners, to share evidence and best practice and work towards a coordinated effort across the Region to control vaccine-preventable diseases.

The Immunization Programme Managers' Meeting (PMM) is organized semi-annually by the Vaccine-preventable Diseases Programme of the WHO Regional Office for Europe. Through a highly interactive approach, the 2015 meeting offered participants ample opportunities to voice their opinions and experience, interact with each other and WHO staff and work together to translate the European Vaccine Action Plan into national priorities and actions. The format included presentations, panel and group discussions and question-and-answer sessions.

KEYWORDS

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Acknowledgements

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Introduction

Three days of discussion and sharing of experience among national immunization programme managers, WHO, partners and international experts on 1–3 September 2015 brought into full focus the challenges facing the European Region in the area of immunization and progress towards implementation of the European Vaccine Action Plan (EVAP) at national level. Participants from 47 Member States of the European Region gathered at the University of Antwerp, in Antwerp, Belgium, to discuss the remaining barriers to full immunization in Europe and the actions needed to achieve regional goals, such as elimination of measles and rubella and maintenance of the Region’s polio-free status. Simultaneous translation between English and Russian was provided during all sessions.

The Immunization Programme Managers’ Meeting (PMM) is organized semi-annually by the Vaccine-preventable Diseases Programme of the WHO Regional Office for Europe. With a highly interactive programme organized around the five key EVAP objectives, the 2015 meeting offered immunization programme managers ample opportunities to voice their opinions and experiences, interact with each other and WHO staff and work together to translate EVAP strategies into national priorities and actions. The format included presentations, panel and small group discussions and question-and-answer sessions.

The meeting organizers were honoured to welcome Her Majesty the Queen of the Belgians, who attended a keynote lecture by Dr Rudi Eggers of WHO headquarters and a panel discussion on approaches to ensuring equitable access for vulnerable and underserved populations. Several country representatives related their national experiences on this topic, such as with a “tailoring immunization programmes” (TIP) project in a Somali community in Sweden and European Immunization Week activities in Romania aimed at increasing vaccination coverage among the Roma population.

EVAP Strategic Objective 1: All countries commit to immunization as a priority

Governments' commitment to immunization as a public health priority is key in optimizing national immunization programmes' performance and in achieving regional and national immunization goals. This first session of the meeting highlighted case examples of sustained political commitment and the important role of national immunization technical advisory groups (NITAGs) in producing reliable evidence, and including cost–effectiveness studies in the decision-making process related to the introduction of new vaccines.

High political commitment is sustained by involving key stakeholders including the public, health care professionals, voluntary sector, local and national governments and the media. Good stewardship is maintained by professional and clinical leadership and careful national planning of every immunization programme.

Information sharing and collaboration between NITAGs avoids duplication of efforts and allows well-established NITAGs in the Region to contribute to the development of those that are newly established. Several NITAG representatives have also participated in meetings of the European Technical Advisory Group of Experts (ETAGE), which provides insight into the process of how ETAGE recommendations are made and allows ETAGE members to hear NITAG experiences from the field.

Apart from the already established goals, such as the elimination of measles and rubella, the WHO Regional Office for Europe, in collaboration with partners, has developed regional targets and priority activities to achieve the EVAP goal on hepatitis B control. The achievement of regional hepatitis B control targets will protect infants in the Region against hepatitis B through their life course. In the long term it will significantly reduce morbidity and mortality related to hepatitis B.

Case examples discussed

1. A high level of political commitment and good stewardship support the immunization programme in the United Kingdom. Recommendations for the introduction of new vaccines are made only if it can be demonstrated that the vaccine is cost-effective. Such a policy has driven the United Kingdom to reduce the cost of vaccines and their administration by allowing optimized and efficient strategies. High-quality surveillance permits close and rapid evaluation of immunization programme performance to demonstrate benefits, support the strategies and suggest improvements, where necessary.
2. Armenia, a middle-income country that receives support from Gavi, the Vaccine Alliance (Gavi), generated country-specific evidence for rotavirus vaccine to be introduced in the national immunization programme. In 2009, a sentinel surveillance system was established to quantify the burden of rotavirus disease. This and the results of a cost–effectiveness study were communicated to professionals, decision-makers and NITAG members. Three years after introduction of the vaccine, a case-control study demonstrated high vaccine effectiveness, thereby strengthening the rotavirus vaccination programme and securing resource mobilization and funding.

3. Rotavirus vaccine was introduced in Latvia in 2015. In support of this decision, the cost–effectiveness of the vaccine was discussed in great depth with the Ministry of Finance. The introduction of the vaccine in neighbouring Estonia was another important factor leading to its introduction in Latvia.

4. As a recently classified middle-income country, Albania is not eligible for Gavi support. Despite positive outcomes of cost–effectiveness studies and support from the paediatric association, rotavirus vaccine has not been introduced because of budget limitations in the face of competing priorities such as noncommunicable diseases. Apart from adequate evidence, more support is needed, possibly from external organizations and fora, to make the evidence more obvious and more appreciated by politicians.

EVAP Strategic Objective 2: Individuals understand the value of immunization services and vaccines and demand vaccination

Building strong and resilient immunization programmes includes action to maintain, and build, demand for immunization through:

- better communication and transparency of policies related to immunization;
- engaging and educating health care providers and the public.

Action in these areas is an important measure of Member States’ commitment to increasing demand for immunization. The very important group of “fence sitters” is bigger and easier to tackle than the smaller group with negative attitudes that are resistant to change. Therefore the “fence sitters” should be the target of countries’ strategies. Taking action includes monitoring vaccine hesitancy, understanding it based on social/behavioural science and responding promptly to legitimate concerns.

Ongoing education of health care workers about vaccination has shown to be a very good investment to prevent vaccine scepticism among parents. The information provided needs to be tailored to this audience, providing clear facts, using channels of continuing medical education, and be accompanied with active and quick feedback.

One of the breakout sessions gave participants the opportunity to provide input to WHO/Europe materials on vaccine-safety-related events currently under development. During the session, participants shared experiences, best practice and examples of responding to safety-related events in their countries.

Best-practice-based advice to be incorporated in the WHO materials included the following:

- Ensure that immunization programme staff are carefully trained in how to interpret and respond to an AEFI.
- Build trust/professional relationships with, and educate, journalists at the main media outlets about vaccines and immunization.

- Build a network of experts and share experiences.
- Choose the right spokespersons and always stick to the facts in communicating with the public and media.
- Do all of the above before there is no crisis.

Other WHO/Europe projects underway include a guide with tools and techniques to respond to vaccine deniers, focusing on debating skills and practical communication techniques.

Case examples discussed

1. Experience has shown that, even in the context of an outbreak, some parents' concerns have shifted from fear of the disease to fear of the vaccine. This development is particularly visible in the Balkan countries, where distrust in vaccines is fuelled by a strong anti-vaccine lobby that receives high visibility in the commercial media outlets. Public health experts need to be better equipped with communication skills and information packages to successfully face well-trained anti-vaccination activists in TV debates.

2. Estonia has officially nominated a working group to address communication issues including maintaining and increasing demand. The communication group receives and answers daily media and public requests and has proven to be very useful in crisis communication about safety issues. Its systematic and transparent approach has generated positive outcomes.

3. The public health response to detection of wild poliovirus in the sewage in Israel in 2013 included the following communication interventions:

- engagement of 20–30 physicians on social media answering all questions arising from the public;
- development of a comprehensive website;
- release of a video by medical associations.

This approach proved to be effective in informing the public, pushing forward the vaccination agenda and countering anti-vaccination initiatives.

EVAP Strategic Objective 3:

The benefits of vaccination are equitably extended to all people through tailored, innovative strategies

Tackling inequitable access to vaccines requires alignment of supply and demand as well as identification and targeting of underserved populations. Social science tools such as the Tailoring Immunization Programmes (TIP) approach can help to identify underlying causes for inequities and strategies to overcome them. Special attention should be devoted to specific target groups such as migrants, international travellers and marginalized communities. Electronic immunization registries can help by offering specific advantages (such as monitoring by cohort, detailed analysis for tailored strategies or individual follow-up of persons with delayed vaccines).

This session was attended by Her Royal Highness, Queen of the Belgians.

Case examples discussed

1. The Russian Federation offers vaccines free of charge to all children and adults, including health care workers and workers in the education system. In response to threats, such as a measles outbreak starting in 2014, supplemental immunization is provided for children, adults and health care workers. Reaching adult cohorts is problematic, and for this purpose the programme emphasized the message that “Immunization is a life course opportunity”.

2. Migrants passing through the former Yugoslav Republic of Macedonia or living in camps receive free health care, including vaccination through medical teams. Challenges to achieving high universal coverage include the difficulty of registering and vaccinating individuals who do not have a permanent residence, including some members of the Roma population in several countries.

EVAP Strategic Objective 4: Strong immunization systems are an integral part of a well-functioning health system

All health systems are in transition, towards new and better services, and are in pursuit of the most cost-effective ways to provide these services to their populations. The immunization programme is sometimes considered as a cornerstone in strengthening the health system, while in other countries changes in the system as a whole have a negative effect on it. Building a strong immunization programme includes, among other actions, improving immunization surveillance information at national and local levels, capacity building of immunization programme staff and improvement of primary health care service delivery.

Case examples discussed

1. Montenegro enjoys strong political commitment for surveillance of all vaccine-preventable diseases. The country has an electronically integrated health care system built on a core e-registry for immunizations. All general practitioners report on suspected cases or adverse events following immunization (AEFIs) to national and local public health centres, which secures the timeliness and completeness of reporting.

2. Case-based rubella surveillance was successfully introduced in Germany in March 2013 despite the country’s decentralized health system. To enable national-level surveillance, case definitions were developed based on WHO recommendations and the existing reporting system (including software) was adopted.

3. The human papillomavirus (HPV) vaccine was introduced in Portugal based on cervical cancer morbidity of about 390 deaths annually. In December 2014 the country achieved 94% coverage among 16-year-old girls. The following factors were considered to have contributed to the campaign’s success:

- The vaccination schedule is entirely publically funded, regardless of residents' status.
- Vaccines are procured at regional level according to national-level guidelines and distributed to health service providers.
- The NITAG is responsible for advising the Ministry of Health on immunization policies.
- Vaccination is not obligatory.
- Public demand for vaccines is very high and politicians and the media are very supportive.
- School health services were well prepared and cooperated during the communication campaign.
- No serious adverse events were reported.

EVAP Strategic Objective 5: Improving immunization programmes' sustainable access to predictable funding and high-quality supply

A panel discussion addressed the financial sustainability of immunization programmes, focusing on:

- best practice;
- improving efficient use of and mobilizing additional domestic resources for immunization;
- preparations in countries scheduled to 'graduate' from Gavi funding for immunization.

WHO activities and resources in this area were presented, including a new Resource Mobilization Handbook and accompanying library of advocacy tools.

A Gavi representative explained the Alliance's practice of early engagement of countries to prepare them for the transition from Gavi support.

One breakout group examined WHO and UNICEF recommendations and support to improve the efficiency of national vaccine procurement systems and to address systematic barriers. For example, UNICEF has developed strategies to support both transitioning and self-procuring countries to ensure availability of necessary vaccine supply. WHO and UNICEF furthermore promote transparency of vaccine prices, by publishing information on their websites and through periodic updates.

Global supply shortages of vaccines, including a-cellular-pertussis-containing vaccines and Bacillus Calmette–Guérin (BCG) vaccines, was a burning issue of concern for many countries. Challenges for small countries in particular as well as barriers to joint/pooled procurement were discussed, leading to the conclusion that a feasibility study would be useful to assist countries in decision-making in this area.

The role of strong national regulatory authorities is a key aspect of ensuring vaccine quality at affordable prices.

Case example discussed

Budgetary developments and demand forecasting in Armenia were highlighted as an example of high-level prioritization of vaccines. For example, Armenia has a designated budget line for vaccines in its biannual national budget, and allocations for this area have nearly tripled over the past few years.

Special session: European Immunization Week

A dedicated half-day session focused on European Immunization Week (EIW), which takes place every year in April, to identify and share promising practice, stimulate use of social media and political advocacy and inform the further development of EIW. The session featured a 'marketplace' in which 10 Member States showcased their EIW activities over the past years through presentations, printed materials and videos. Two Member States also presented their EIW activities to Her Majesty, Queen of the Belgians during her visit to the Meeting.

Special session: New standard operating procedures (SOPs) for responding in the event of polio importation into a polio-free country

In an extraordinary session on 4 September, the Regional Office presented new SOPs for responding in the event of polio importation into a polio-free country. The SOPs were introduced in February 2015 by the Global Polio Eradication Initiative. All countries were encouraged to review and update their national outbreak preparedness and response plans in line with these new standards and definitions.

This additional session also provided the opportunity for WHO to update participants on outbreak response measures taken in Ukraine, following confirmation on 28 August of 2 cases of circulating vaccine-derived polio. This included planning for three planned immunization rounds, the first of which targeting more than 2 million children under 6 years of age and the final round targeting 4.75 million children up to 10 years of age. The vaccine would be free for all children in the designated age groups.

This session also updated participants on planning for the global switch from trivalent to bivalent oral polio vaccine (OPV), scheduled to take place in April 2016.

Annex 1. Programme

Day 1
<p>Keynote: Sustaining political commitment to immunization and stewardship of immunization programme in the United Kingdom</p>
<p>Panel:</p> <ul style="list-style-type: none"> • Generation of national evidence to inform and engage opinion leaders • Role of NITAGs in empowering governments to define immunization policy based on evidence • Strengthening of NITAGs through collaboration and exchange of information • Political commitment to achieving regional measles and rubella elimination goal
<p>European Vaccine Action Plan Goal 3: Control of Hepatitis B – regional targets and priority activities</p>
<p>Panel discussion:</p> <ul style="list-style-type: none"> • Review the targets and proposed activities • Discuss feasibility of achievement of targets and verification of the achievement
<p>Plenary speech: Using targeted health policies to increase demand</p>
<p>Panel debate:</p> <ul style="list-style-type: none"> • Ensuring demand in the face of skepticism – experiences and case examples • Tackling the new threats: dealing with anti-vaccine sentiment • Communicating risk in the absence of disease • Joining forces – working with partners • Frontline focus: the sceptic health worker • Risk perception – how psychology shapes our decisions about health <p>Measuring and monitoring demand--> Q&A (facilitated by Chair)</p>
<p>Breakout group discussions: New guidance and training materials</p> <ul style="list-style-type: none"> • How do we face deniers in the public debate? • Addressing scepticism among health workers. – Maximizing the role of health workers in allaying vaccine safety fears • Resilient programmes – managing the threat of vaccine safety-related events
<ul style="list-style-type: none"> • Plenary: Session summary and concluding remarks
Day 2
<p>Keynote: Equitable access and delivery : key considerations and promising practices</p>
<p>Arrival of Her Majesty the Queen of the Belgians</p>
<p>Panel</p> <ul style="list-style-type: none"> • 2 minute interventions & questions and answers

<ul style="list-style-type: none"> • Operational research: consumer-oriented approaches to equitable delivery • Reaching adults and adolescent, and non-discriminatory immunization policy, fully inclusive services • E-registries: current use and potential • Addressing inequities: spotlight on migrants, asylum seekers and Roma populations and innovative strategies to address the needs of the marginalized • Tailoring immunization programmes: leveraging behavioural insight methods to reduce inequality • Q&A session
<p>Break out groups:</p> <ul style="list-style-type: none"> • The value and potential of e-registries: exploring opportunities to introduce, support and scale-up e-registries in the European Region • Addressing migrant and mobile populations (incl asylum seekers) – best practices, sharing experiences and shaping a guidance document for the European Region
<p>Plenary: Session summary and concluding remarks</p>
<p>Day 3</p>
<p>Keynote: European Immunization Week (EIW): 10 years young</p>
<p>Presentation: Opportunities to promote national EIW efforts at the Regional level</p>
<p>Presentation: The role of social media in EIW: innovative ways to reach the public and decision-makers</p>
<p>Q&A</p>
<p>EIW marketplace: Inspiration for 2016 and beyond</p>
<p>Keynotes:</p> <ul style="list-style-type: none"> • Integration of immunization into broader health systems • Role of monitoring and surveillance in achieving programme goals and targets
<p>Panel:</p> <ul style="list-style-type: none"> • Addressing vaccine-preventable diseases surveillance in decentralized health systems • Keeping immunization programmes and surveillance high on the agenda in health systems in transition • Strengthening and expanding vaccine-preventable disease surveillance • Expanding immunization beyond infancy and early childhood - activities of the immunization programme and the health system • Strengthening capacity of health care workers in the area of vaccine-preventable diseases • Strengthening immunization supply chains • Q&A session

Breakout groups:

- PD surveillance and immunization coverage monitoring – ensuring high-quality data for global and regional goals
- What legal and health system interventions are needed in MS to improve monitoring and surveillance systems?
- What role do you expect from WHO and other partners in assisting your country in further strengthening monitoring and surveillance?

Strengthening immunization supply chains

- How would you know whether your immunization supply chain performs well and what are the priority actions for its further improvement?
- Who are the actors involved and how to strengthen their roles and responsibilities?
- What could WHO and partners do to support your country?

Annex 2. List of participants

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The WHO Regional Office for Europe

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