

**25<sup>th</sup> RTAG Meeting**  
**30 July, 2009**  
**Tunis, Tunisia**

**Draft Report**

The 25<sup>th</sup> Regional Technical Advisory Group meeting was organized by EMRO VPI on 30 July. Five RTAG members, technical partners (CDC, SIVAC, and NESI) and WHO HQ participated in this 1 day meeting in Tunis, Tunisia to discuss and make recommendations on Measles elimination validation process guidelines, Regional Hepatitis B and C control goal, Regional pooled vaccine procurement and strengthening of RTAG structure and process.

The first presentation given by Dr. Boubker Naouri from EMRO/VPI pertained to the measles elimination validation process, and the recent field-testing of the draft guidelines which took place in Jordan and Syria. Regarding the field testing and the guidelines, it was suggested that VPI considers the benefit of reviewing the guidelines in other countries which are not in the elimination phase; continue with the field visits as a surveillance review in addition to testing the tool; share field testing findings with Polio eradication program colleagues; and inquire about measles/rubella vaccination in schools. It was also recommended that during the next inter-country meeting, VPI should include an exercise on case investigation and review contact tracing guidelines in PAHO; recommend standardization of measles case definition throughout the Region; and recommend enhancement of viral isolation and genotyping to document interruption of endemic measles transmission and timely detection of importations. Regarding the proposed measles elimination validation committee, it was suggested that NITAG member(s) serves on the working group; that a strong feedback mechanism be in place; and that the term used to characterize the 'group' should be clarified (committee vs. task force). Regarding accelerated rubella control guidelines, it was suggested that EMRO approaches WPRO for guidance on its comprehensive strategy to control/prevent rubella and CRS. As with measles surveillance system, countries should systematically report measles and rubella outbreaks to EMRO, and this topic should be discussed at the next inter-country meeting and perhaps even communicated via regular newsletters. Finally, there was a question about the 2010 measles elimination goal and whether its progress should be reported to the RC? More discussions should take place regarding this point.

The second presentation given by Dr. Nadia Teleb from EMRO/VPI pertained to the regional Hepatitis B & C control goal. Important discussions took place around the issue of birth dose, about the existing evidence (i.e. multi-purpose sero-surveys to collect more information), concerns related to reaching children not born in health facilities, and cultural barriers (e.g. Pakistan, men can not visit homes). It was suggested to ask the RD to intervene and communicate with the ministers regarding Lady Health Workers in the upcoming OIC. The existing data seem to reinforce the importance of timely birth dose within 24 hours. Regarding mandatory screening for the health workers of Hep B and C, and HIV, occupational health, and injection safety, these important issues should be approached comprehensively and include both vaccination and prevention (e.g. health education) dimensions. Also, given the complex

nature of Hepatitis B and C control, the roles and responsibilities of EMRO/VPI should be better clarified and defined. Regarding catch up campaigns, there will be a paper which will be published by WER which will provide more information (i.e. guidelines, etc). There were concerns regarding the GAVI funds, and how the proposed cuts would affect the region, especially since the current policy does not provide support for the provision of Hepatitis B dose at birth. Finally, it was suggested that a Hepatitis scorecard of the countries would be developed for the RTAG, and Oman may take the lead in developing a profile of Heb B and report back to RTAG.

The third presentation given by Dr. Ezzeddine Mohsni from EMRO/VPI pertained to the progress of regional pooled vaccine procurement. It was a brief presentation because most of it was discussed during the NITAG chairpersons briefing. The main discussion points included quality control and what advice or control should be given to the countries to assure high quality. To have a successful procurement system, there must be clear rules and procedures, and countries have to honor their commitments. Also, consideration was given to the concept of one price for all versus tiered pricing, as wealthier countries should subsidize the other less developed countries. EMRO will start with middle income countries but will to open up and include others, including GAVI and high income countries. Finally, it was mentioned that EMRO should consider parallel systems until further refined, and that an MoU between WHO and CPU on the terms of reference, commitment, etc. should be signed.

The final presentation given by Dr. Phil Duclose from WHO/HQ pertained to the Overview of strategic and technical advisory groups. It was agreed that an RTAG framework should be developed and used for further discussions. The main variables in the framework would include: Agenda preparations; Rotation and attendance: NITAG members to attend RTAG members; Membership: Should a SAGE member be part of RTAG? (It would be difficult); Are we aware of people from our region? How can we pick up people from our NITAG to join RTAG? RTAG representation from geo-blocks; from regions and from international; Communication: Chairman of the TAG communicate with the NITAG chairs; Linkage with other meetings (including EPI); Working groups to work on specific region related issue (not to replicate SAGE). It was discussed that currently is not the right time to apply for posts or membership (selection and appointment processes to remain the same), but that expertise from other regions to be reflected on EMRO RTAG. By the end of September EMRO VPI will give the dates for next few meetings.