

TWG meeting on Development of Research Agenda Workshop for EPI

































Milestones of Myanmar Immunization Programme



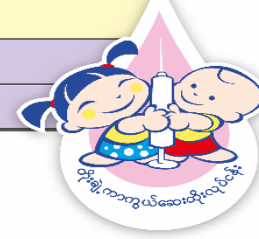
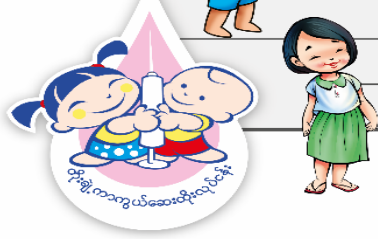


ပုံမှန်ကာကွယ်ဆေးထိုး၊ ဆေးတိုက်ခြင်း အစီအစဉ်

အသက်		ကာကွယ်ဆေးများ	ကာကွယ်ပေးသည့်ရောဂါများ
 မွေးပြီးပြီးချင်း		ဘီစီဂျီ*	ပြင်းထန်တီဘီရောဂါ
		အသည်းရောင်အသားဝါ (ဘီ)	အသည်းရောင်အသားဝါ(ဘီ)
 (၂) လ		ဘီစီဂျီ*	ပြင်းထန်တီဘီရောဂါ
		ပိုလီယို (ပထမ)	ပိုလီယိုအကြောသေရောဂါ
		ပြင်းထန်ဝမ်းပျက်ဝမ်းလျှော (ရိုတာ) (ပထမ)	ပြင်းထန်ဝမ်းပျက်ဝမ်းလျှောရောဂါ
		ပြင်းထန်အဆုတ်ရောင် (ပီစီစီ) (ပထမ)	ပြင်းထန်အဆုတ်ရောင်ရောဂါ
		ဆုံဆို့၊ ကြက်ညှာ၊ မေးခိုင်း၊ အသည်းရောင်အသားဝါ (ဘီ)၊ ဦးနှောက်အမြှေးရောင် (ငါးမျိုးစပ်ကာကွယ်ဆေး) (ပထမ)	ဆုံဆို့နာ၊ ကြက်ညှာ၊ မေးခိုင်း၊ အသည်းရောင်အသားဝါ (ဘီ)၊ ဦးနှောက်အမြှေးရောင်ရောဂါ/အဆုတ်ရောင်ရောဂါ
 (၄) လ		ပိုလီယို (ဒုတိယ)	ပိုလီယိုအကြောသေရောဂါ
		ပြင်းထန်ဝမ်းပျက်ဝမ်းလျှော (ရိုတာ) (ဒုတိယ)	ပြင်းထန်ဝမ်းပျက်ဝမ်းလျှောရောဂါ
		ပြင်းထန်အဆုတ်ရောင် (ပီစီစီ) (ဒုတိယ)	ပြင်းထန်အဆုတ်ရောင်ရောဂါ
		ပိုလီယိုထိုးဆေး	ပိုလီယိုအကြောသေရောဂါ
		ဆုံဆို့၊ ကြက်ညှာ၊ မေးခိုင်း၊ အသည်းရောင်အသားဝါ (ဘီ)၊ ဦးနှောက်အမြှေးရောင် (ငါးမျိုးစပ်ကာကွယ်ဆေး) (ဒုတိယ)	ဆုံဆို့နာ၊ ကြက်ညှာ၊ မေးခိုင်း၊ အသည်းရောင်အသားဝါ (ဘီ)၊ ဦးနှောက်အမြှေးရောင်ရောဂါ/အဆုတ်ရောင်ရောဂါ
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 (၉) လ		ဝက်သက် - ဂျီကီသိုး (ပထမ)	ဝက်သက်ရောဂါ၊ ဂျီကီသိုးရောဂါ
		ဂျပန်ဦးနှောက်ရောင်	ဂျပန်ဦးနှောက်ရောင်ရောဂါ
 (၁) နှစ်ခွဲ		ဝက်သက် - ဂျီကီသိုး (ဒုတိယ)	ဝက်သက်ရောဂါ၊ ဂျီကီသိုးရောဂါ
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 (၃) နှစ် (၁၀) နှစ်		အိတ်(ချ်)ပီစီ (ပထမ)	သားအိမ်ခေါင်းကင်ဆာရောဂါ
		အိတ်(ချ်)ပီစီ (ဒုတိယ)	သားအိမ်ခေါင်းကင်ဆာရောဂါ

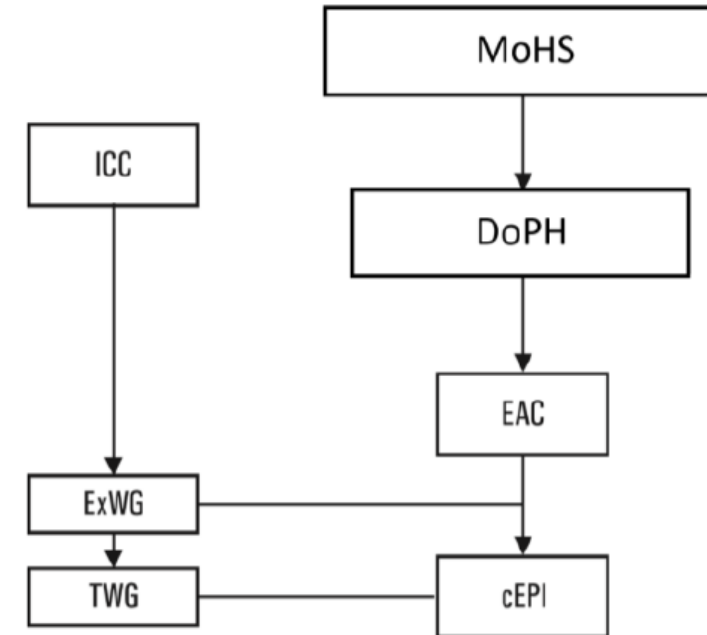
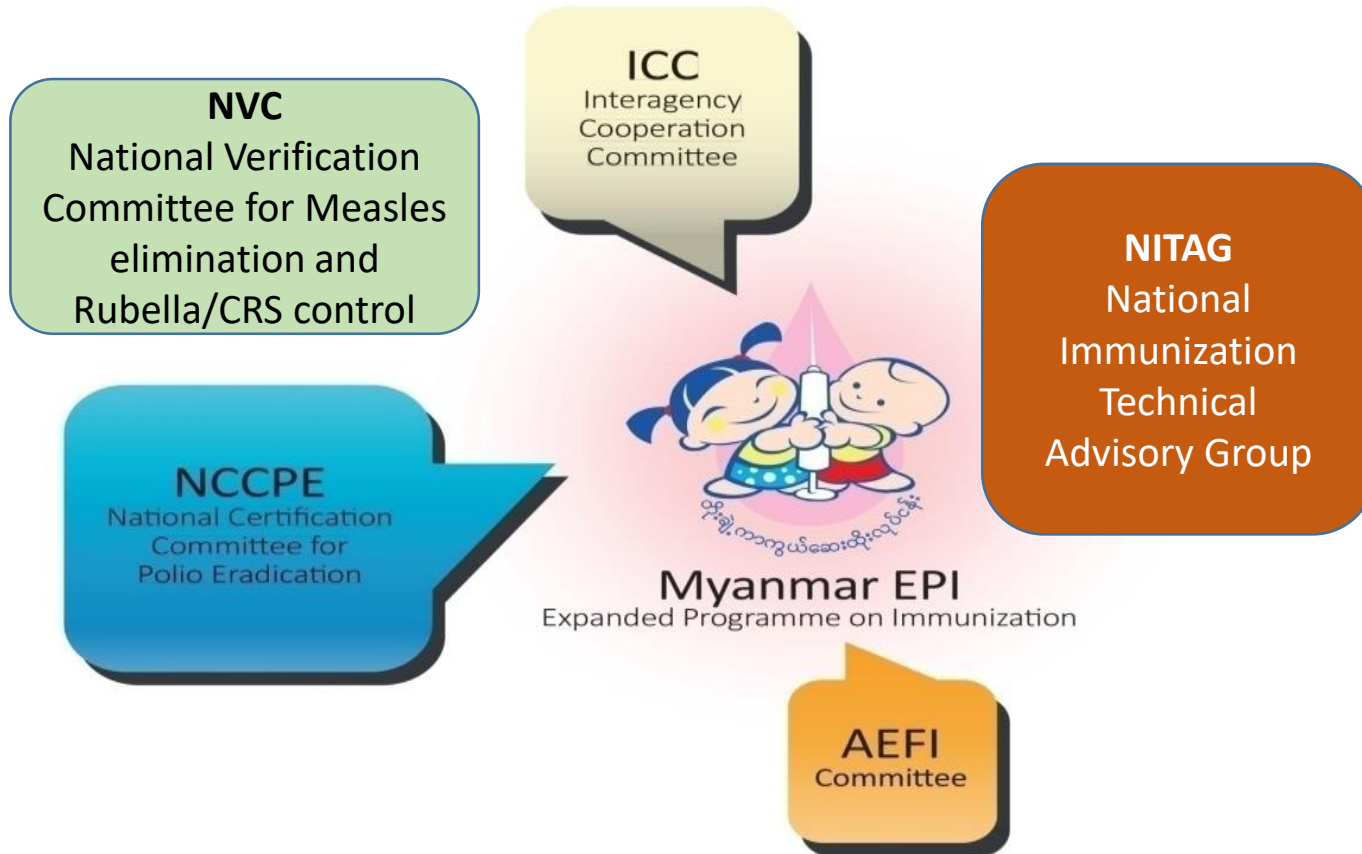
ဆေးရုံဆေးခန်းတွင် မွေးဖွားသောကလေးများကို မွေးဖွားပြီးပြီးချင်း ၂၄ နာရီအတွင်းအသည်းရောင်အသားဝါ(ဘီ)ကာကွယ်ဆေးထိုးပေးနေပါသည်။

*ဘီစီဂျီကာကွယ်ဆေးကို မွေးတွင်မထိုးနိုင်ပါက အသက်(၂)လမတိုင်မီတွင်လည်းကောင်း၊ အသက် (၂)လတွင် အခြားကာကွယ်ဆေးများနှင့်အတူလည်းကောင်း ထိုးနိုင်ပါသည်။



[Steering Committees]

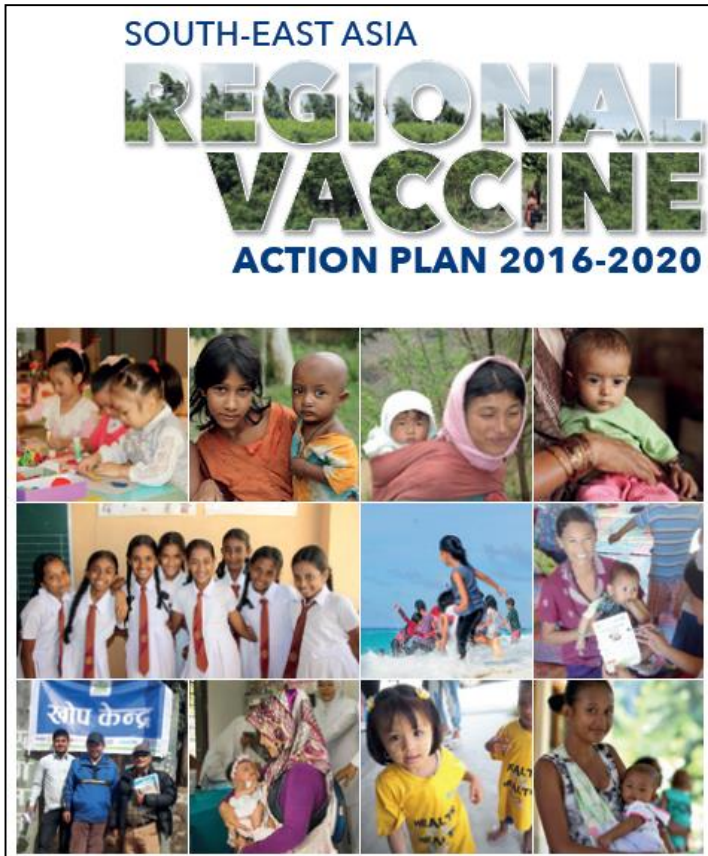
National Immunization Programme Steering and Formulation



Gavi Partners Stakeholders' Briefing Myanmar, 23 July 2020

4





*South-East Asia Regional Vaccine Action Plan
Progress and challenges : An overview*

Myanmar
Progress and challenges :An overview





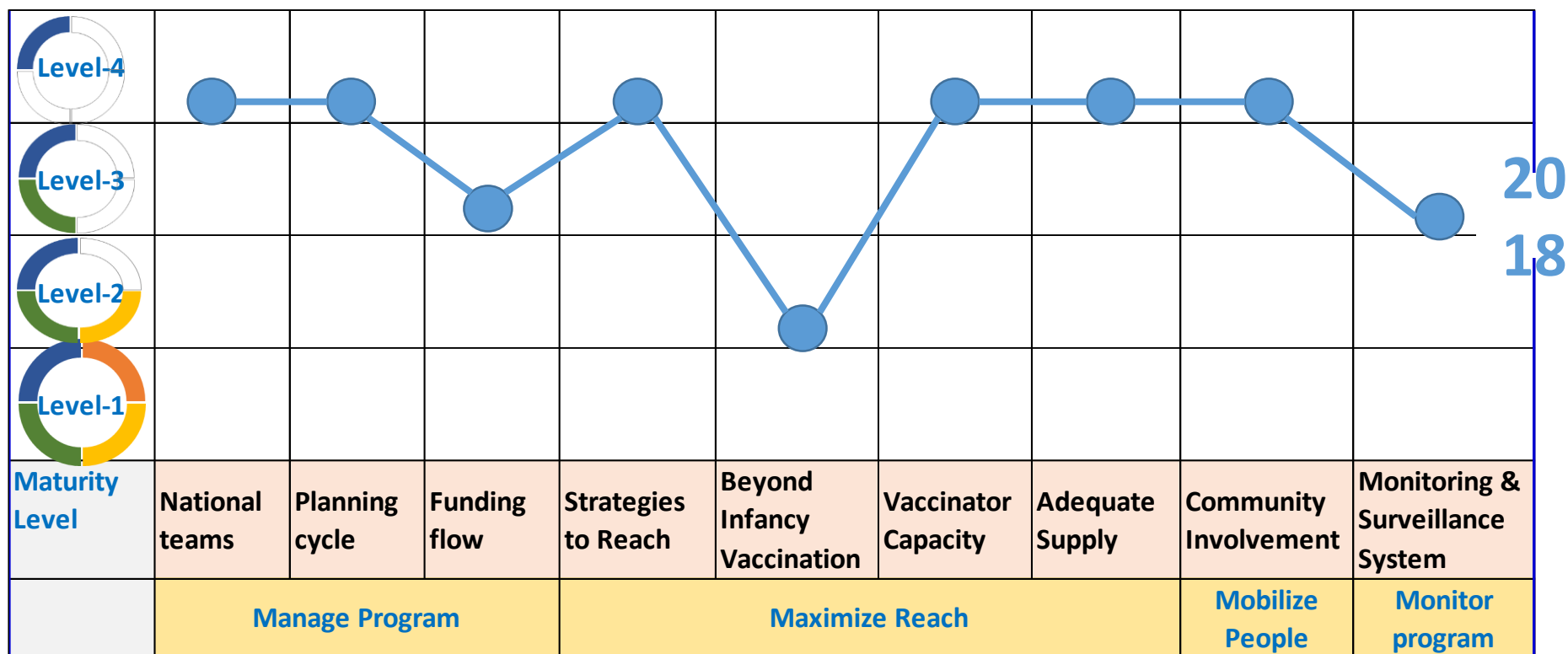
Global Vaccine Action Plan: Status of Myanmar





Maturity grid

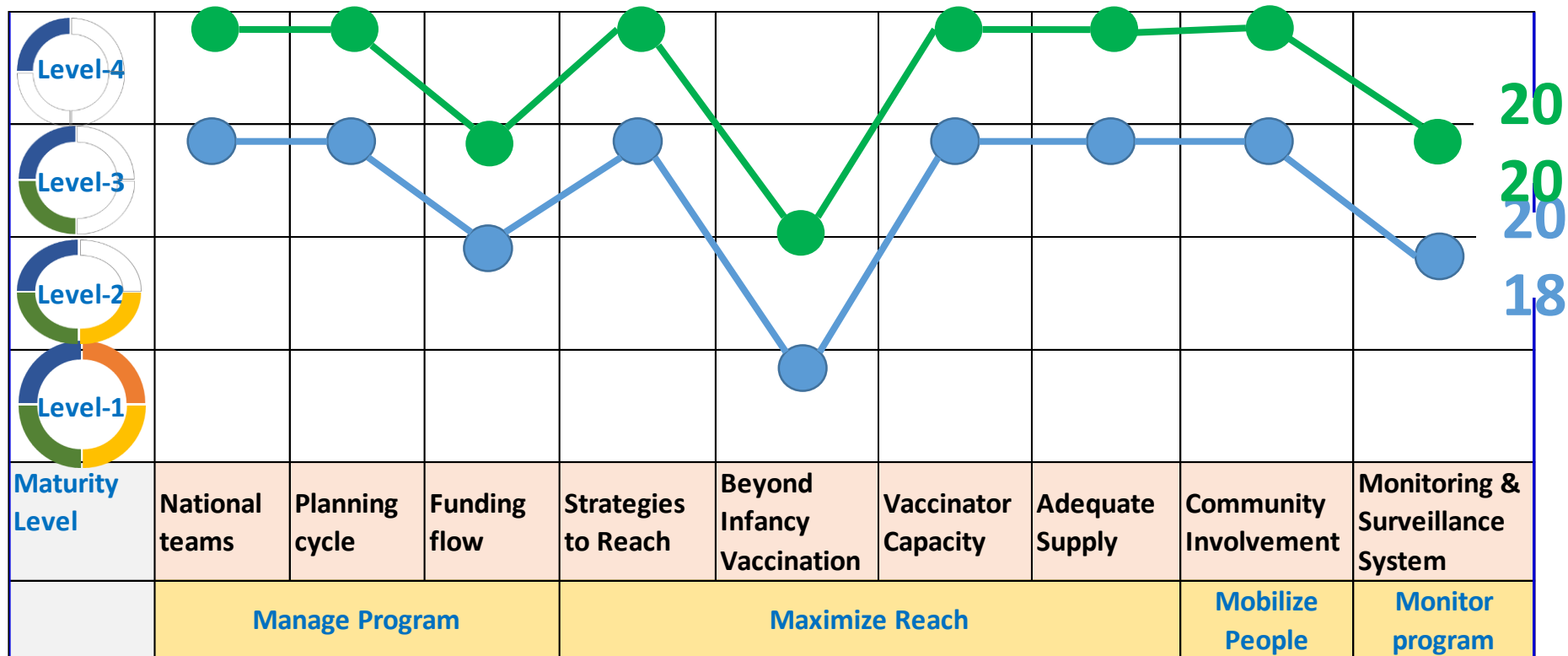
Myanmar = Overall Level 3





Maturity grid

Myanmar = Overall Level 3



Regional Vaccine Action Plan - Vision

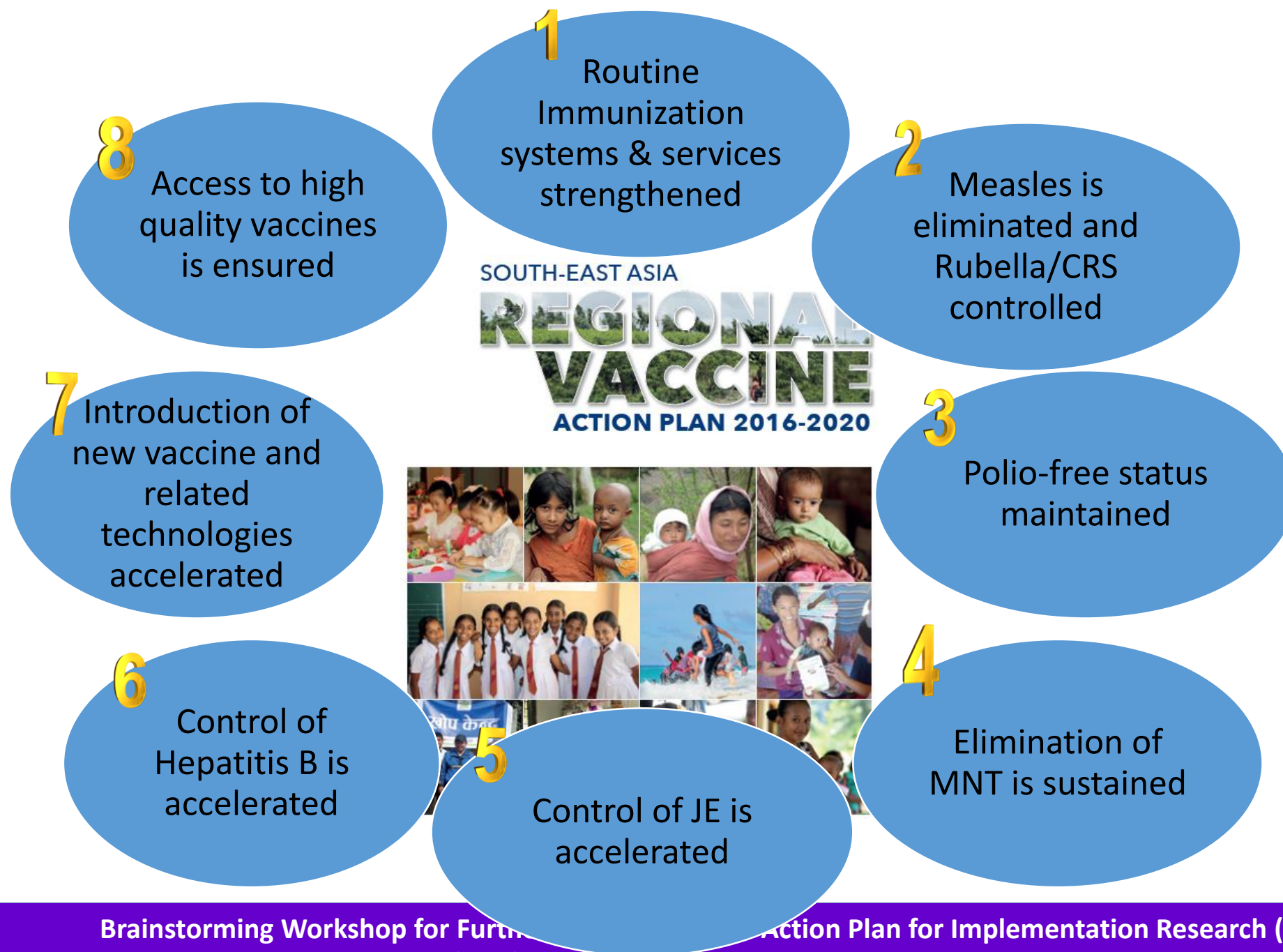


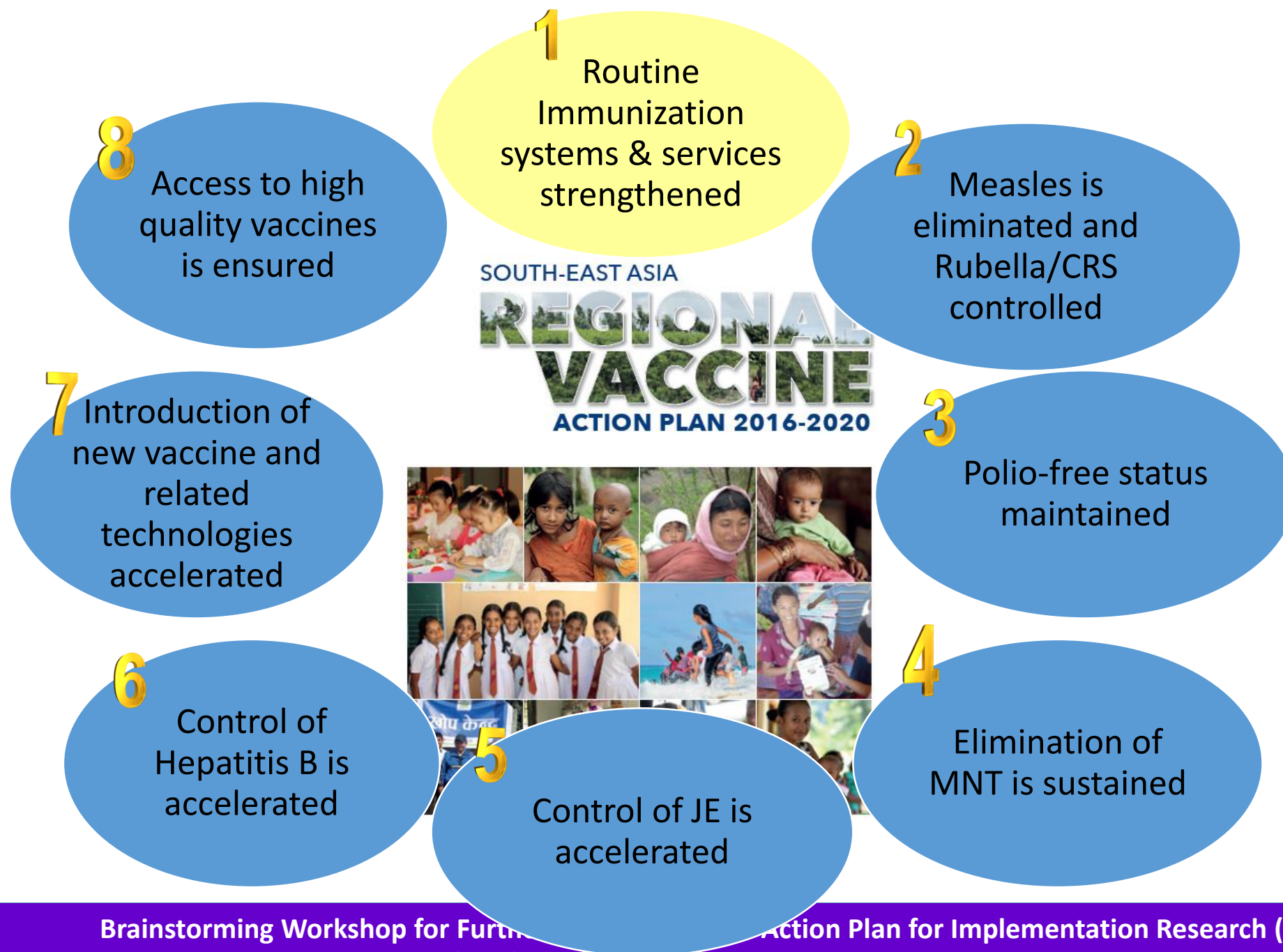
SOUTH-EAST ASIA
**REGIONAL
VACCINE**
ACTION PLAN 2016-2020



“A South-East Asia Region free of vaccine-preventable diseases, where all countries provide equitable access to high-quality, safe, efficacious, affordable vaccines and immunization services throughout the life course.”







Routine immunization systems & services strengthened



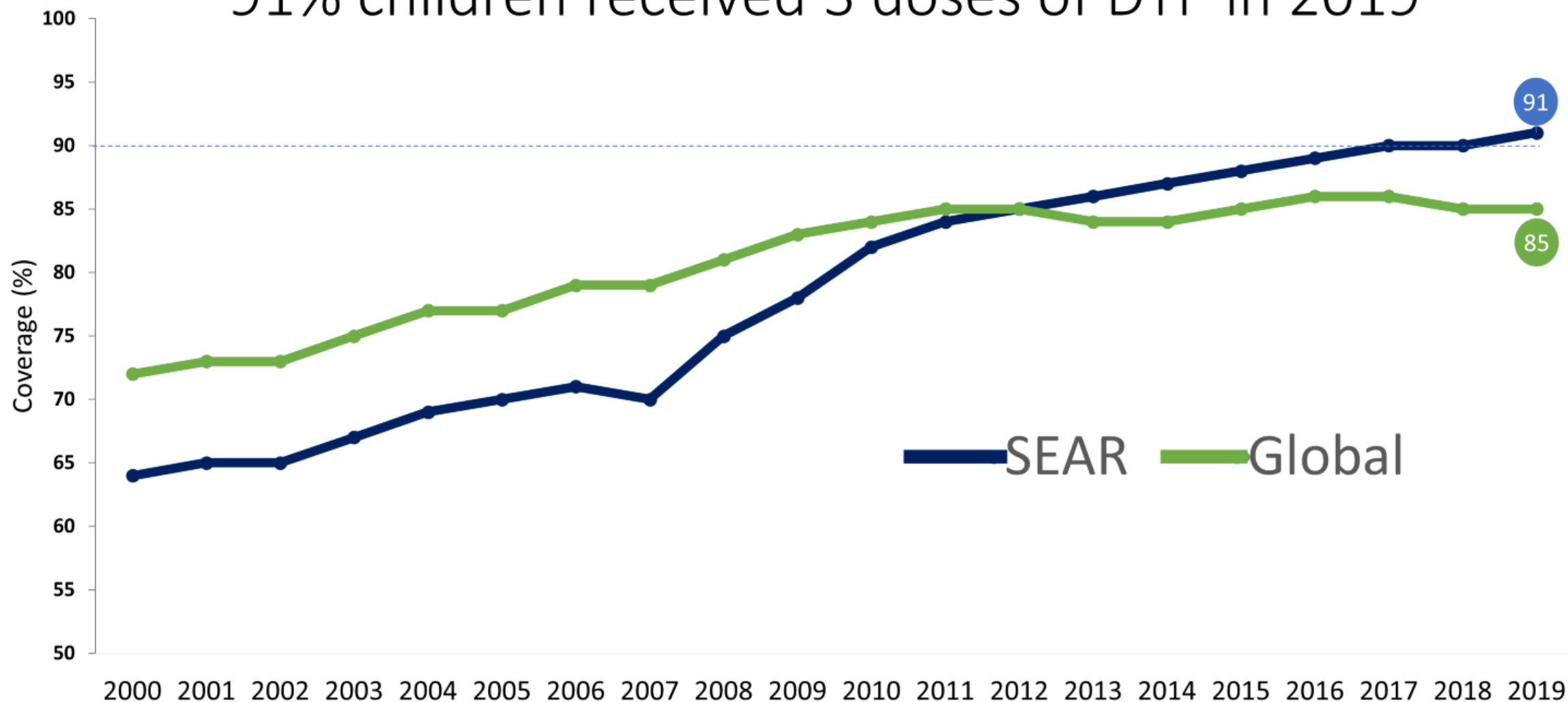
Overarching goal of SEAR vaccine action plan

Target for 2020: All countries in the Region achieve:

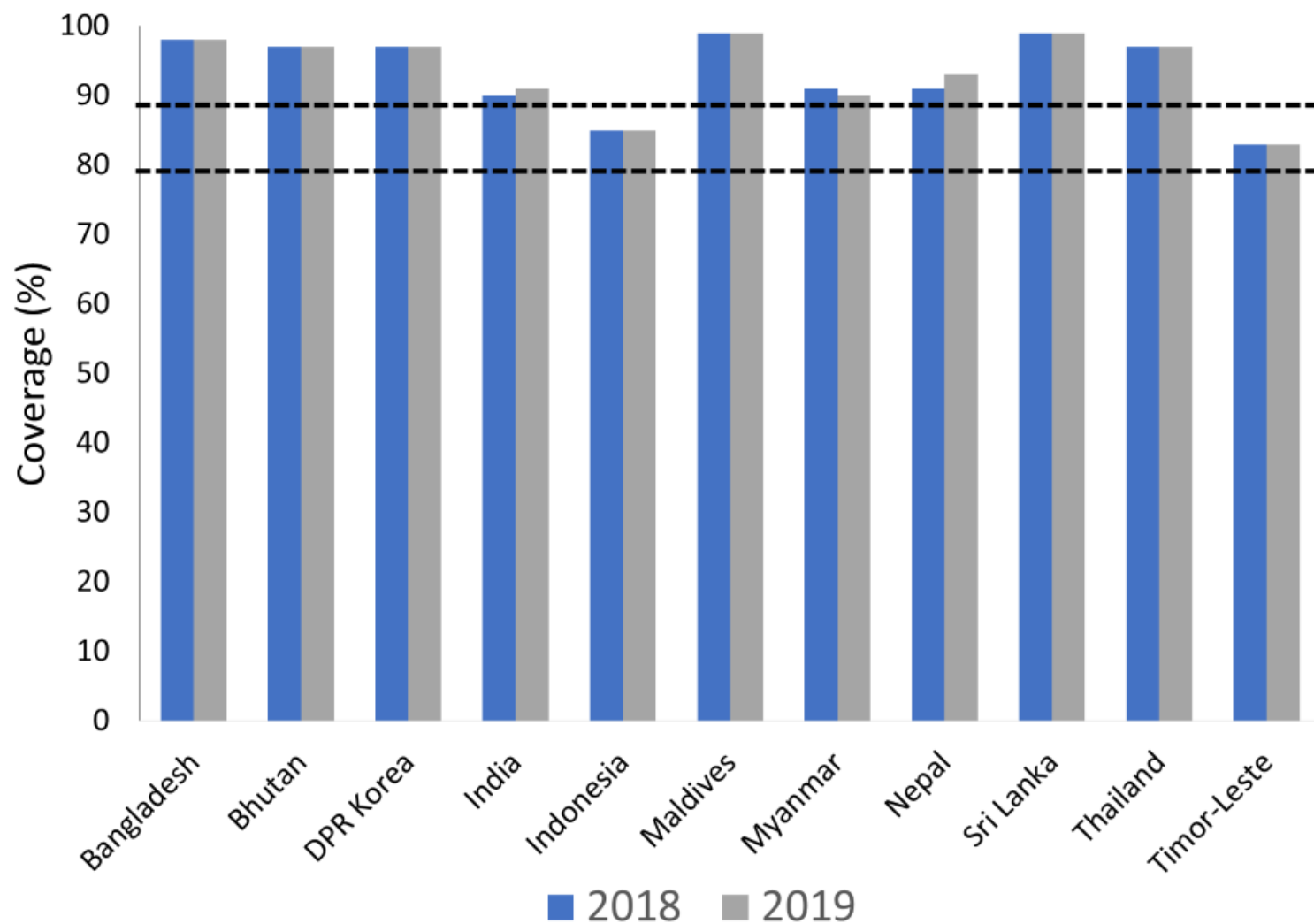
- ☐ National immunization coverage of **$\geq 90\%$ with all vaccines**
- ☐ Immunization coverage of **$\geq 80\%$ with all vaccines in all districts**

Highest ever DTP3 coverage in the Region

91% children received 3 doses of DTP in 2019



DTP3 coverage in the SEA Region, 2018-2019

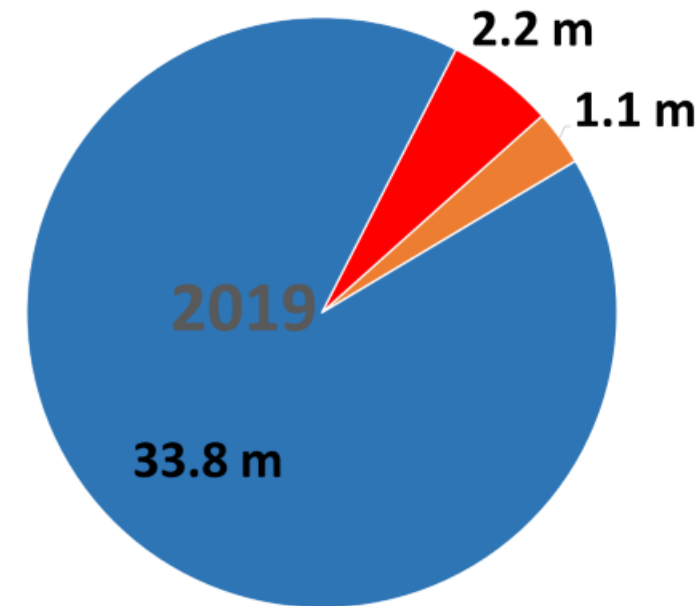
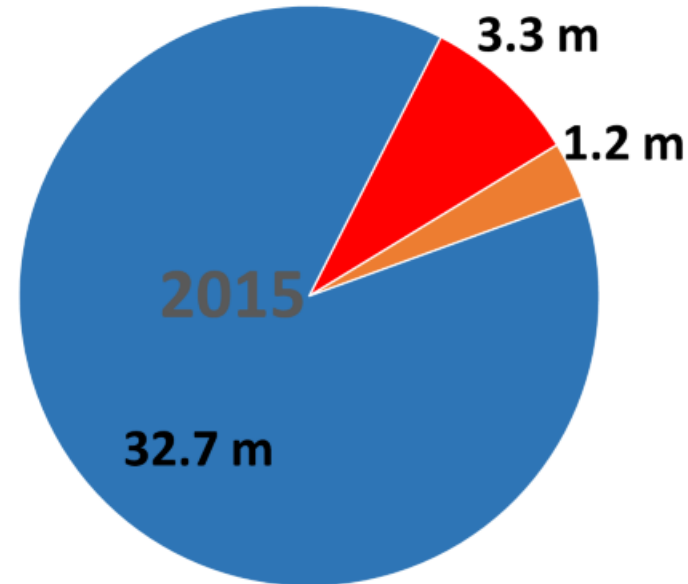
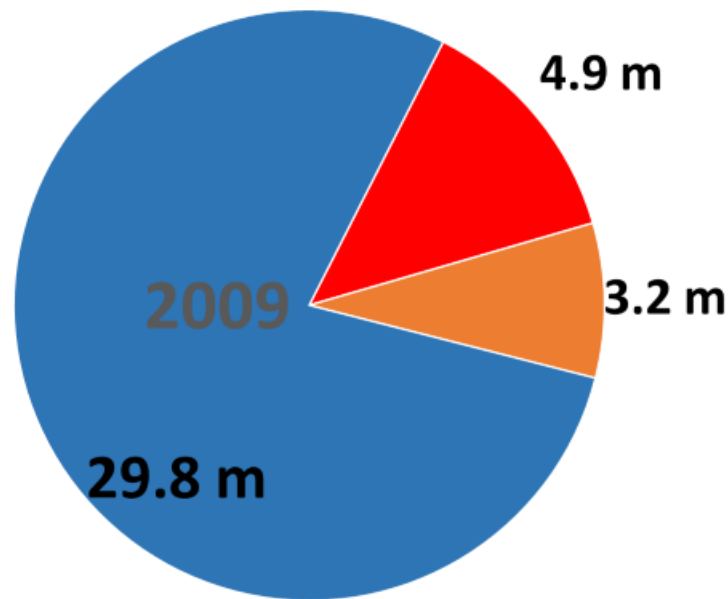


- Coverage $\geq 90\%$ in 9/11 countries
- Coverage in remaining two countries: 80-90%

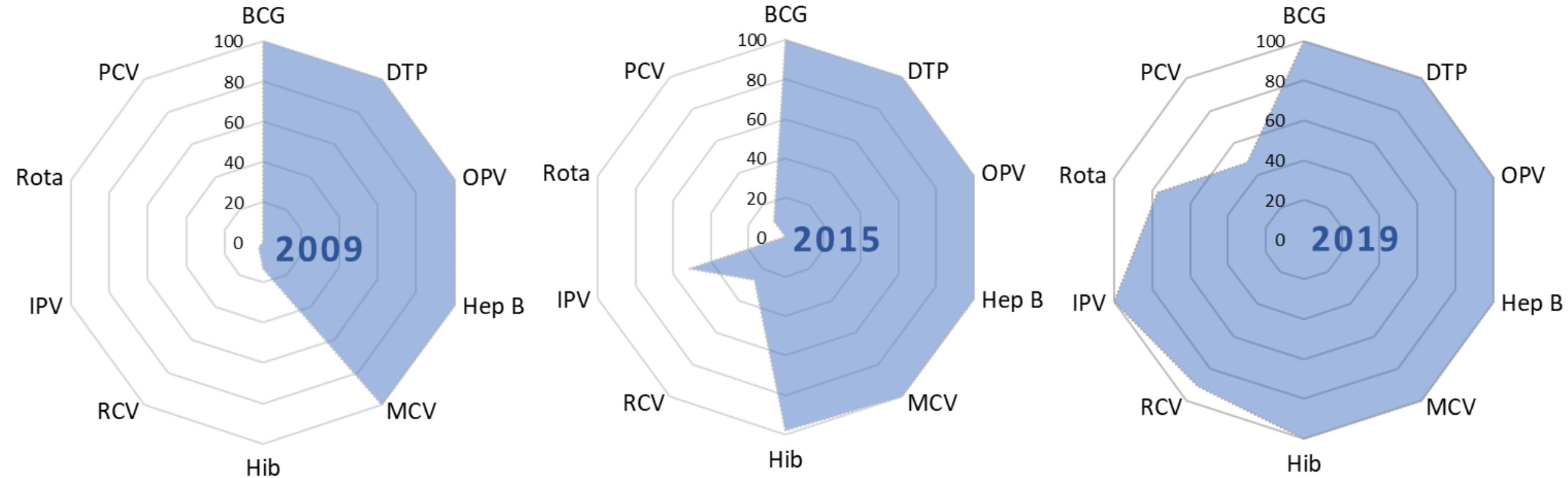


Number of un- and partially-vaccinated children on decline

8.2 million → 4.4 million → 3.3 million



While reaching more children with existing vaccines, range of protection increased through addition of vaccines



10/12/2020

Brainstorming Workshop for Further Development of Action Plan for Implementation Research (EPI),
DMR (POLB), 12th-13th September 2020

Dr Htar Htar Lin, Director (EPI)

Source: SEAR annual EPI reporting form 2009, 2015 and 2019 from member states

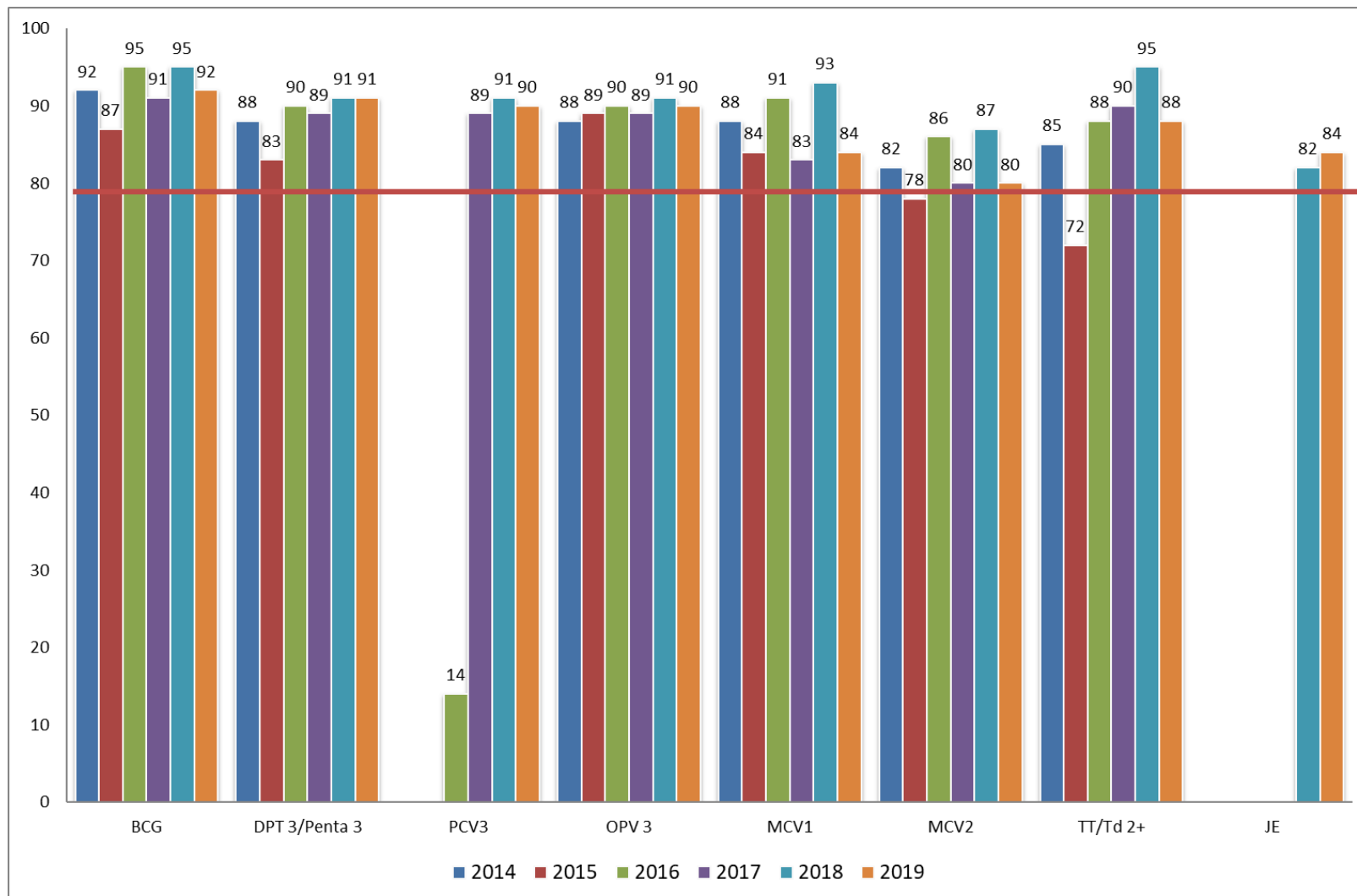




Myanmar update

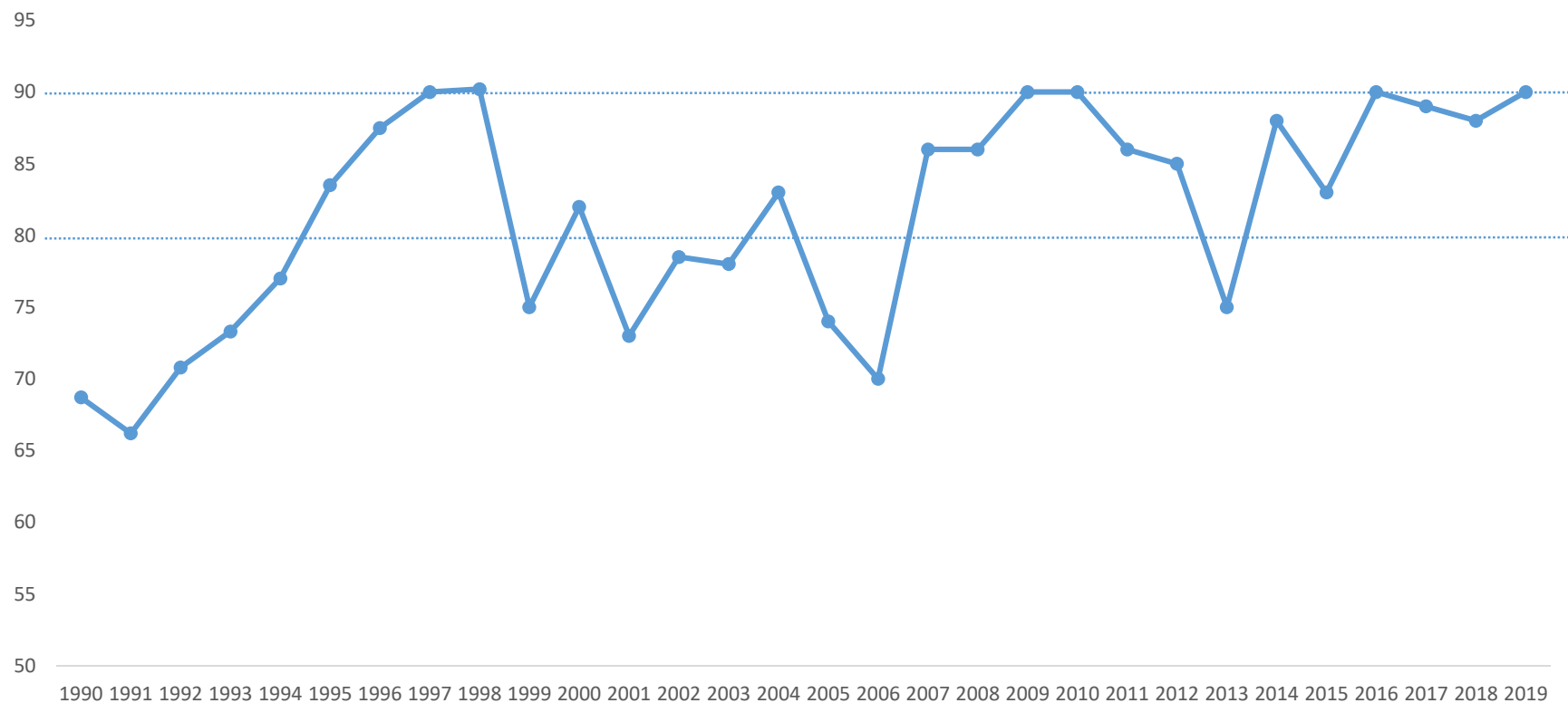


Routine Immunization coverage 2014-2019

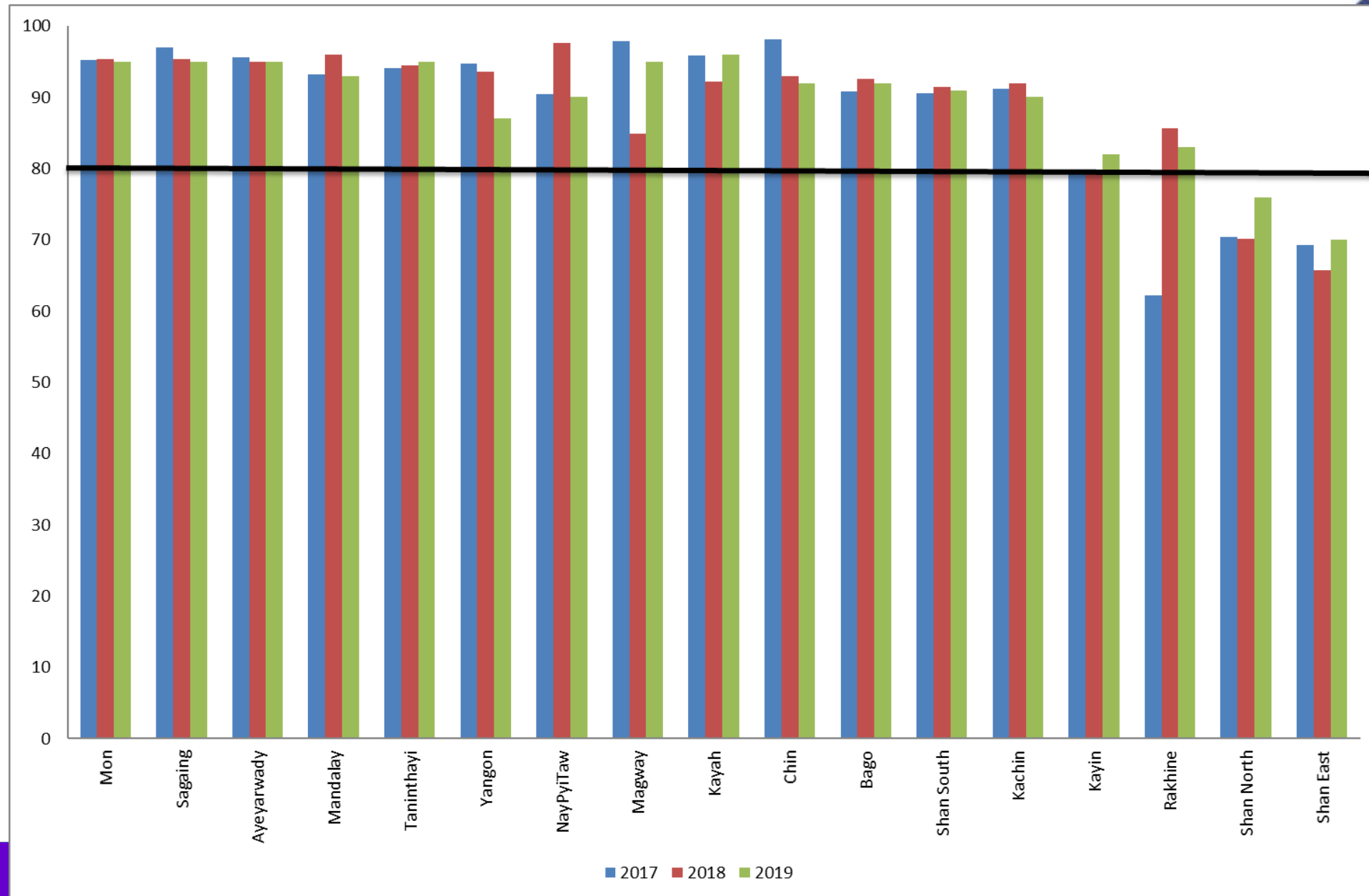




DTP3/Penta3 coverage in Myanmar
90% children receiving 3 doses of DTP in 2019

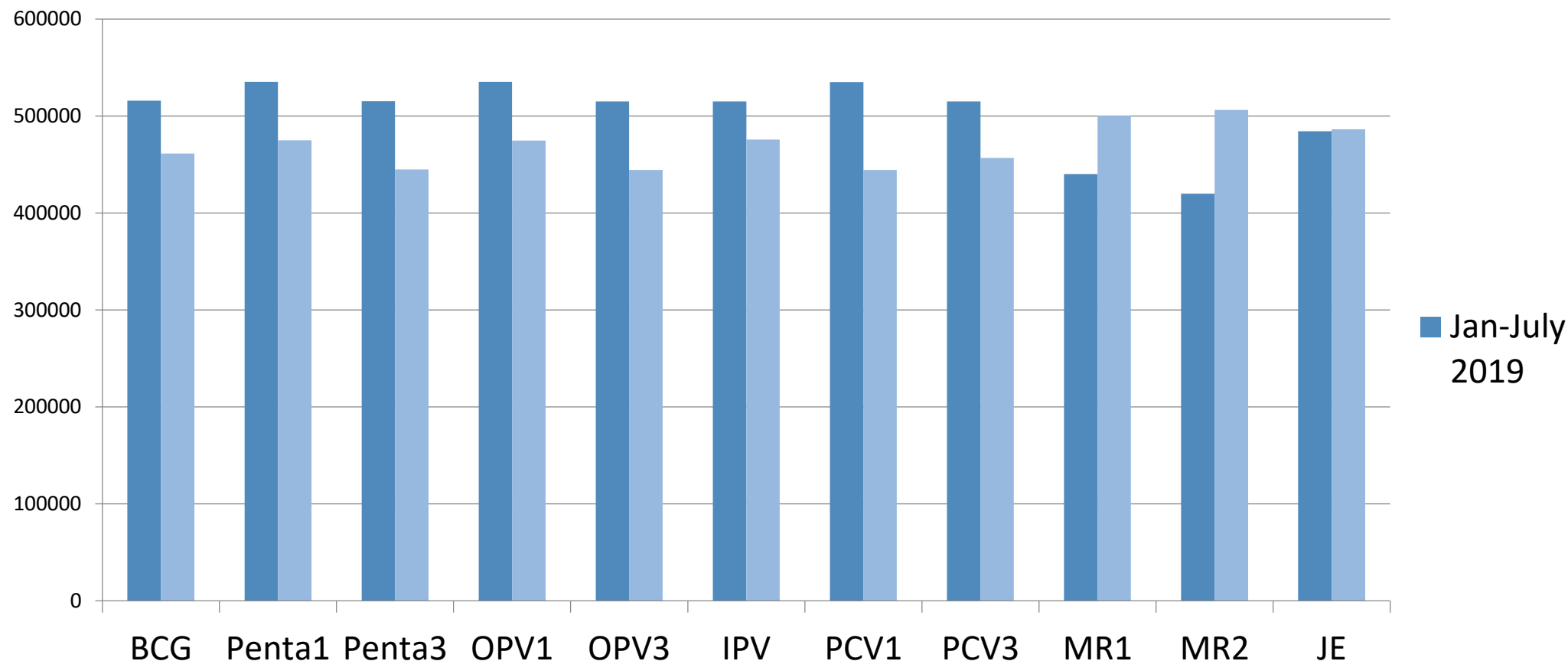


Penta3 coverage (2017-2019)

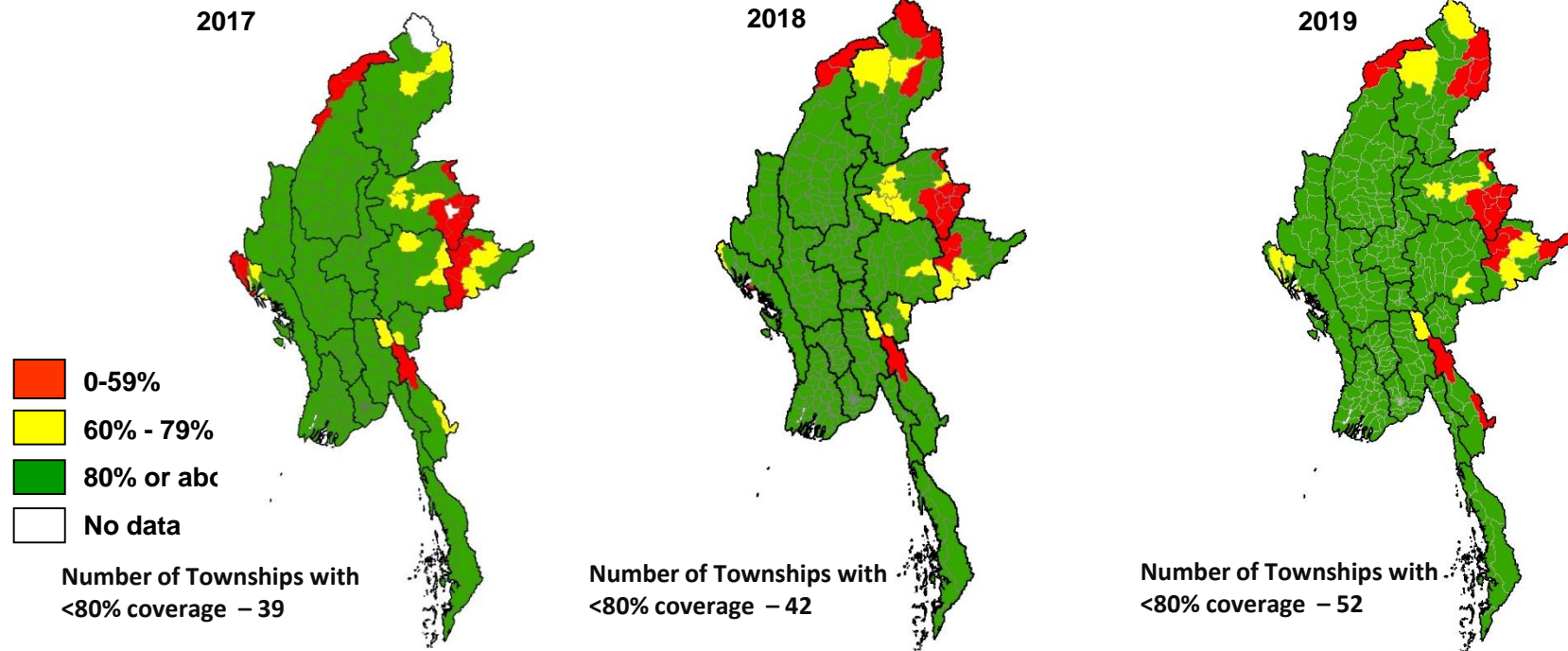




Nationwide Immunization Coverage (Jan-July, 2019 Vs 2020)



Routine DPY3/Penta3 Coverage 2017-2019



Townships with DPT3 coverage

Year	Coverage	< 50%	50%-79%	80%-89%	90%-94%	>=95%
2017		18	21	46	94	151
2018		15	27	47	88	153
2019		18	34	52	103	123

Number of townships with DPT3/Penta3 coverage <80%

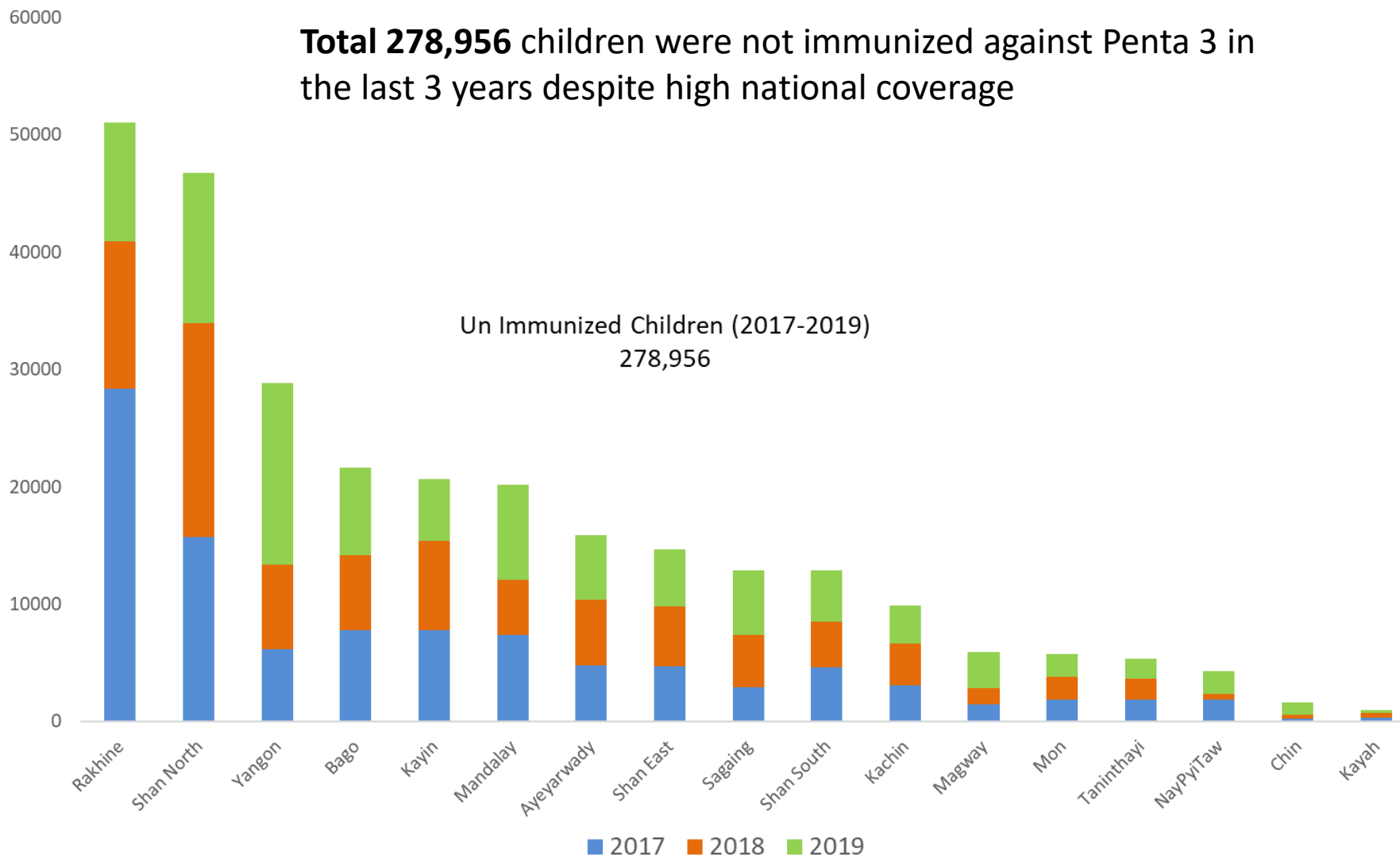


	Tsp with <80%		
	2017	2018	2019
Nay Pyi Taw	0	0	0
Ayeyarwaddy	0	0	0
Bago	0	0	0
Chin	0	0	0
Magway	0	0	0
Kayah	1	2	0
Mandalay	0	1	0
Mon	2	0	1

	Tsp with <80%		
	2017	2018	2019
Kachin	3	10	6
Kachin	3	10	6
Sagaing	3	3	2
Kayin	3	5	3
Rakhine	7	8	5
Shan (E)	6	7	6
Shan (N)	12	17	11
Shan (S)	3	4	1
Yangon	1	1	17
Total	41	58	52

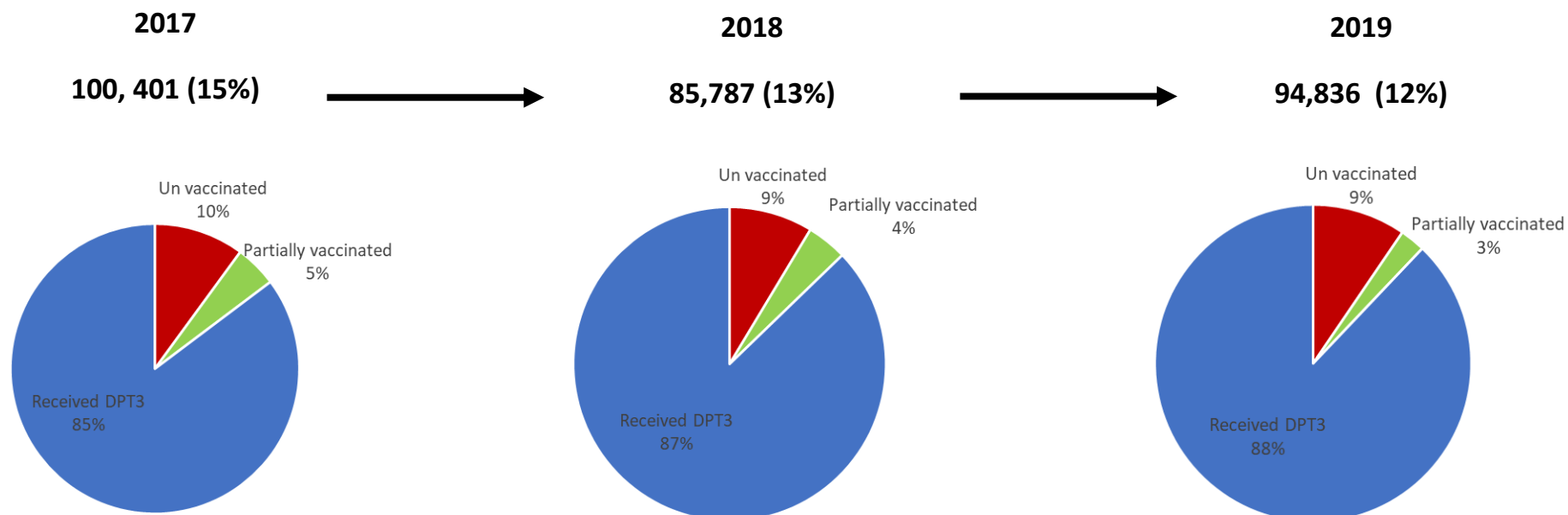


Number of un vaccinated children, DPT3/Penta3 2017-2019





Number of DPT3 un- and partially-vaccinated children on decline





Reported cases of vaccine preventable diseases, 2014-2019

Year	Polio	Diphtheria	Pertussis	NT (% of all tetanus)	Measles	Rubella	JE	CRS
2014	0	29	5	32 (44%)	122	30	50	ND
2015	0 ^a	87	5	30 (ND)	6	34	113	ND
2016	0	136	2	21 (11%)	266	10	393	ND
2017	0	68	4	20 (33%)	1,293	6	442	0
2018	0	127	28	22 (38%)	1,389	13	126	8
2019	0 ^b	22	30	25 (43%)	5,252	28	115	0

^a Excludes two type 2 cVDPVs

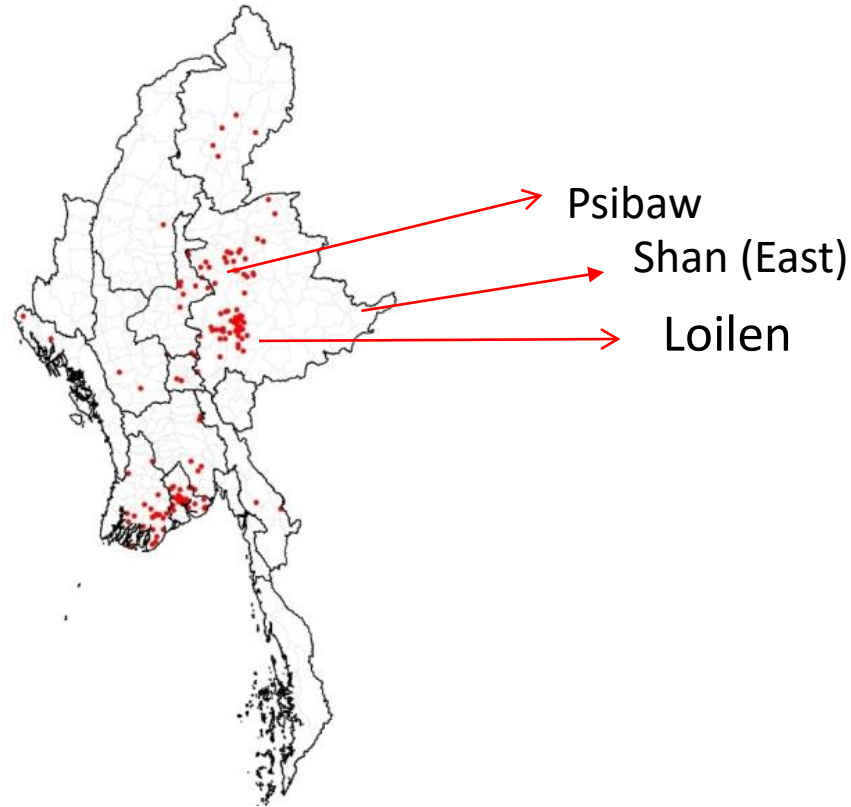
^b Excludes six type 1 VDPV



Suspected diphtheria cases reported in 2020

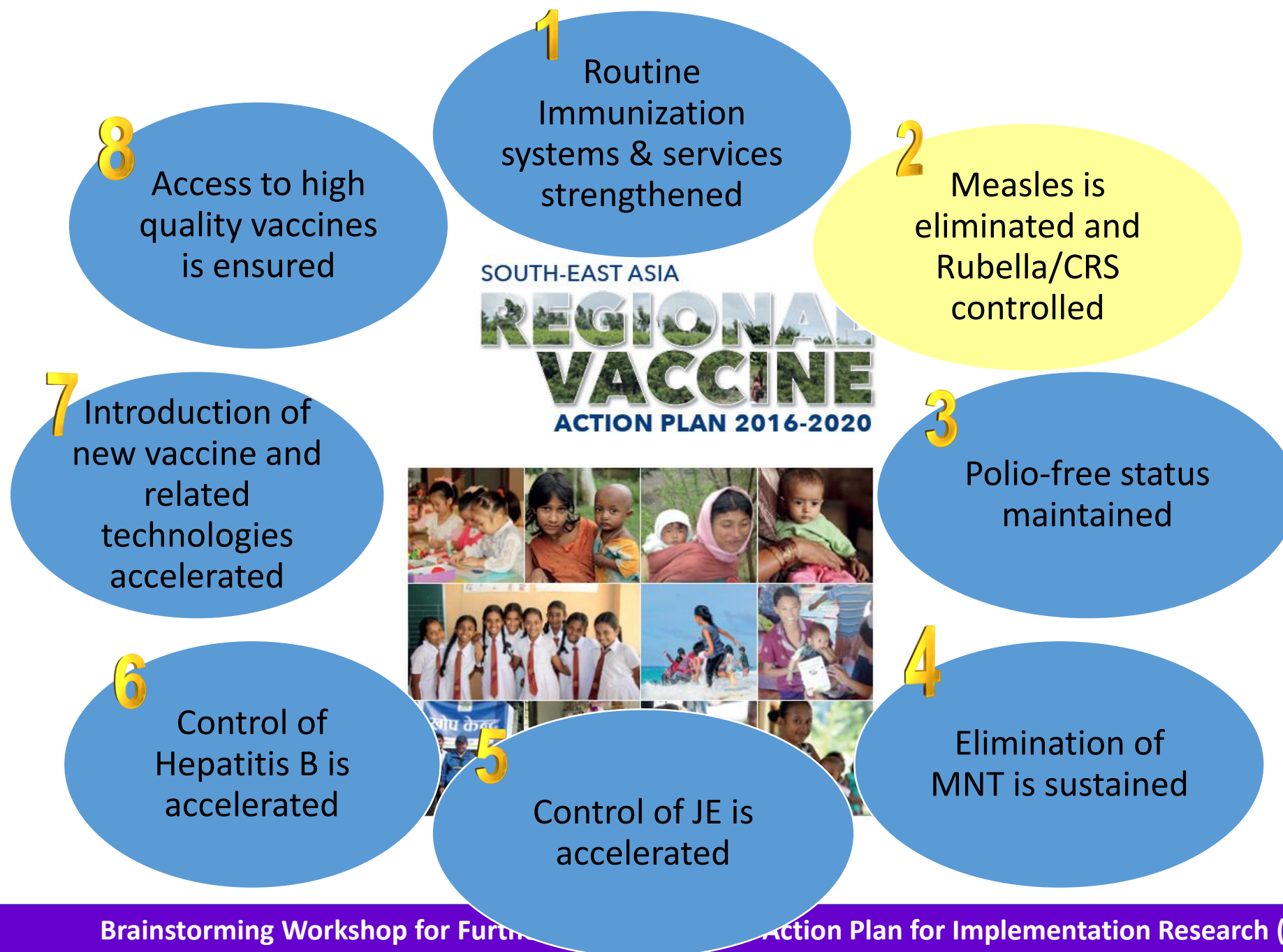


In 2020, there are **total 12 deaths of diphtheria** (as of 9 August)



Source: cEPI

Populations remain vulnerable to diseases for which vaccines have been available for a long time, due to chronic immunity gaps & waning of immunity (policy barriers)



Measles elimination & Rubella/CRS control



- In September 2013, countries of South-East Asia Region adopted the goal of Measles elimination & Rubella/ Congenital Rubella Syndrome (CRS) control by 2020
- Measles elimination and Rubella/CRS control - a flagship priority for the Region
- Strategic Plan for measles elimination and rubella/CRS control in South-East Asia Region: 2014-2020 developed and implemented

Target for 2020: All countries in the Region achieve:

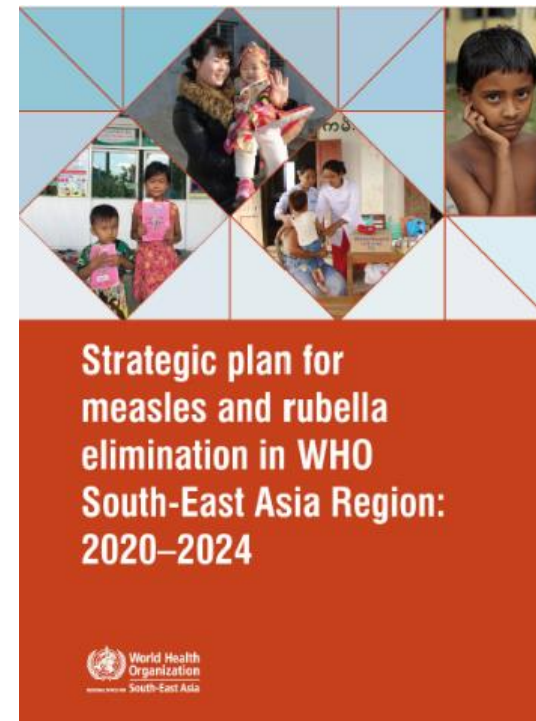
- ☐ ***Absence of endemic measles transmission for ≥ 12 months*** in the presence of well performing surveillance system
- ☐ ***95% reduction in rubella and CRS cases*** as compared with 2008 baseline





Revised Goal –Measles and Rubella elimination by 2023

- In September 2019, in the Seventy-second session of the Regional Committee, countries of South-East Asia Region adopted the goal of **Measles and rubella elimination by 2023** (SEA/RC72/R3)

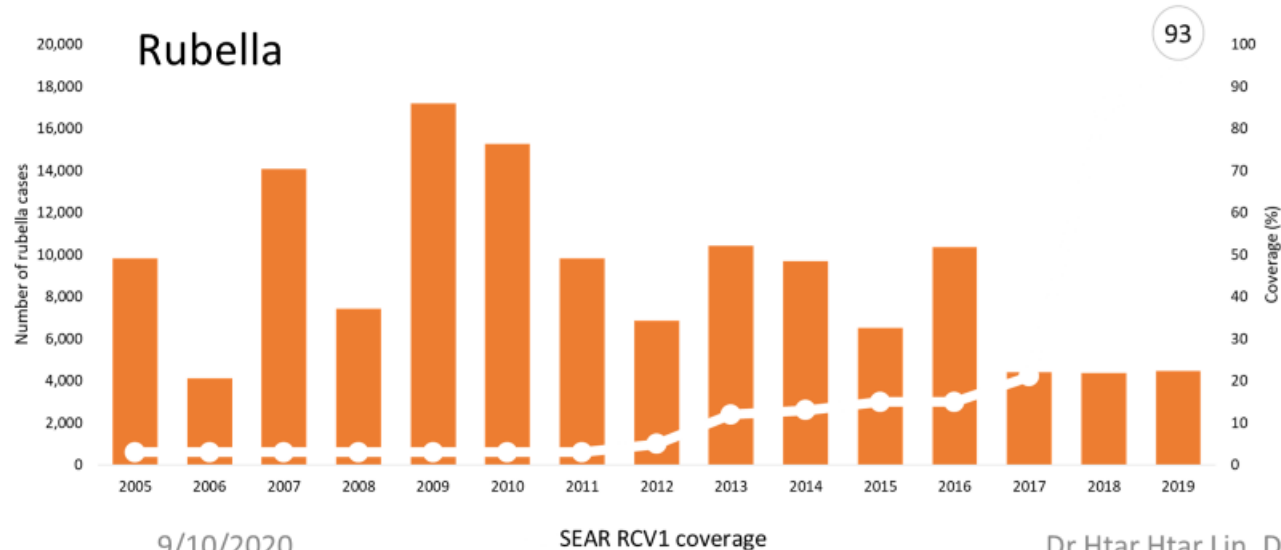
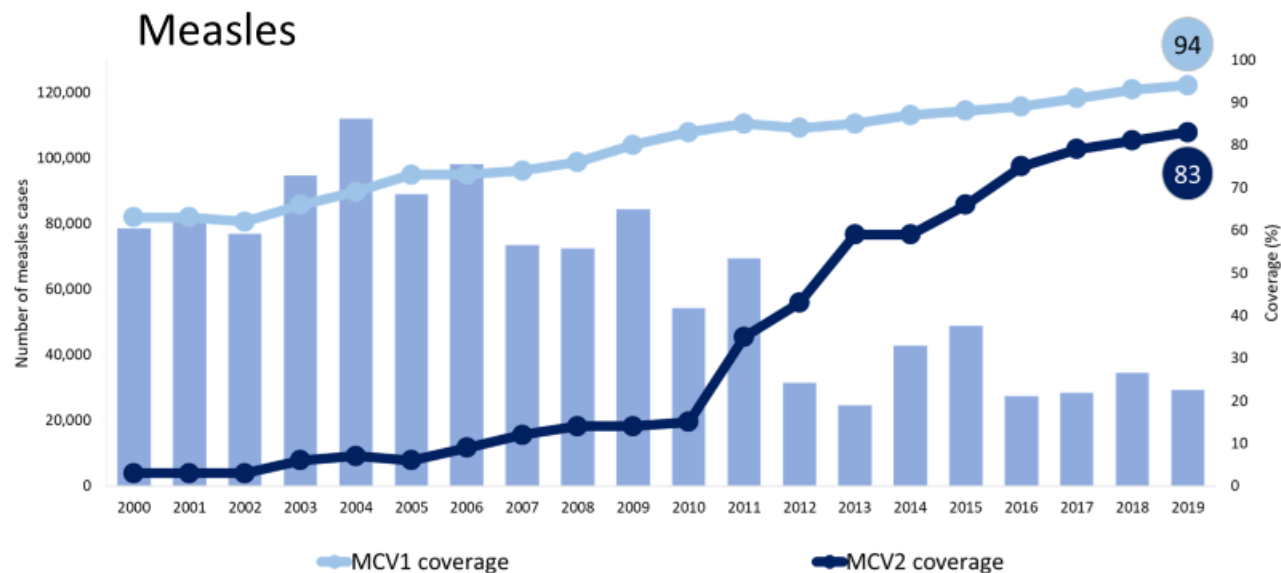




Highlights on measles and rubella elimination 2019

5 countries	Achieved and sustained measles elimination
6 countries	Sustained rubella/CRS control status
35.6 million	Children received MCV1 in RI
31.5 million	Children received MCV2 in RI
33.4 million	Children received RCV1 in RI
205 million	Additional children vaccinated through mass campaigns

Measles and rubella elimination



- Measles & rubella elimination a flagship programme
- 5 countries have achieved measles elimination; 2 also rubella elimination
- 11/11 countries providing 2 doses of MCV and at least 1 dose of RCV
- MCV and RCV coverages highest ever





Key surveillance performance indicators – 2017-2019

Discarded non-measles, non-rubella rate - target: ≥ 2 per 100,000 population

Country	Discarded non-measles non-rubella cases			Percent sub-national units* reporting ≥ 2 non-measles non-rubella cases
	2017	2018	2019	
Bangladesh	2.37	2.46	2.90	72%
Bhutan	21.47	38.98	39.72	100%
DPR Korea	2.10	2.28	1.86	92%
India	0.21	0.46	0.97	12%
Indonesia	0.14	0.77	1.60	14%
Maldives	17.26	7.42	15.65	100%
Myanmar	0.68	1.03	2.58	29%
Nepal	2.60	3.93	5.48	90%
Sri Lanka	0.89	0.75	1.37	23%
Thailand	1.32	3.30	5.93	ND
Timor Leste	10.07	11.02	30.92	100%
SEAR	0.50	0.87	1.52	

Source: Volume 22,
Week 03, 2020 Weekly
reports



Measles elimination and Rubella/CRS control



- Five countries verified for having eliminated indigenous measles
 - Bhutan, DPR Korea, Maldives, Sri Lanka, Timor-Leste
- Six countries verified for having controlled rubella/CRS
 - Bangladesh, Bhutan, Maldives, Nepal, Sri Lanka, Timor-Leste
- 5th RVC meeting (virtual) was held on 6-7 July 2020

The key highlight of the conclusion is

“Measles and Rubella verified as eliminated in Maldives and Sri Lanka”

“significant gains have been made in all countries”.

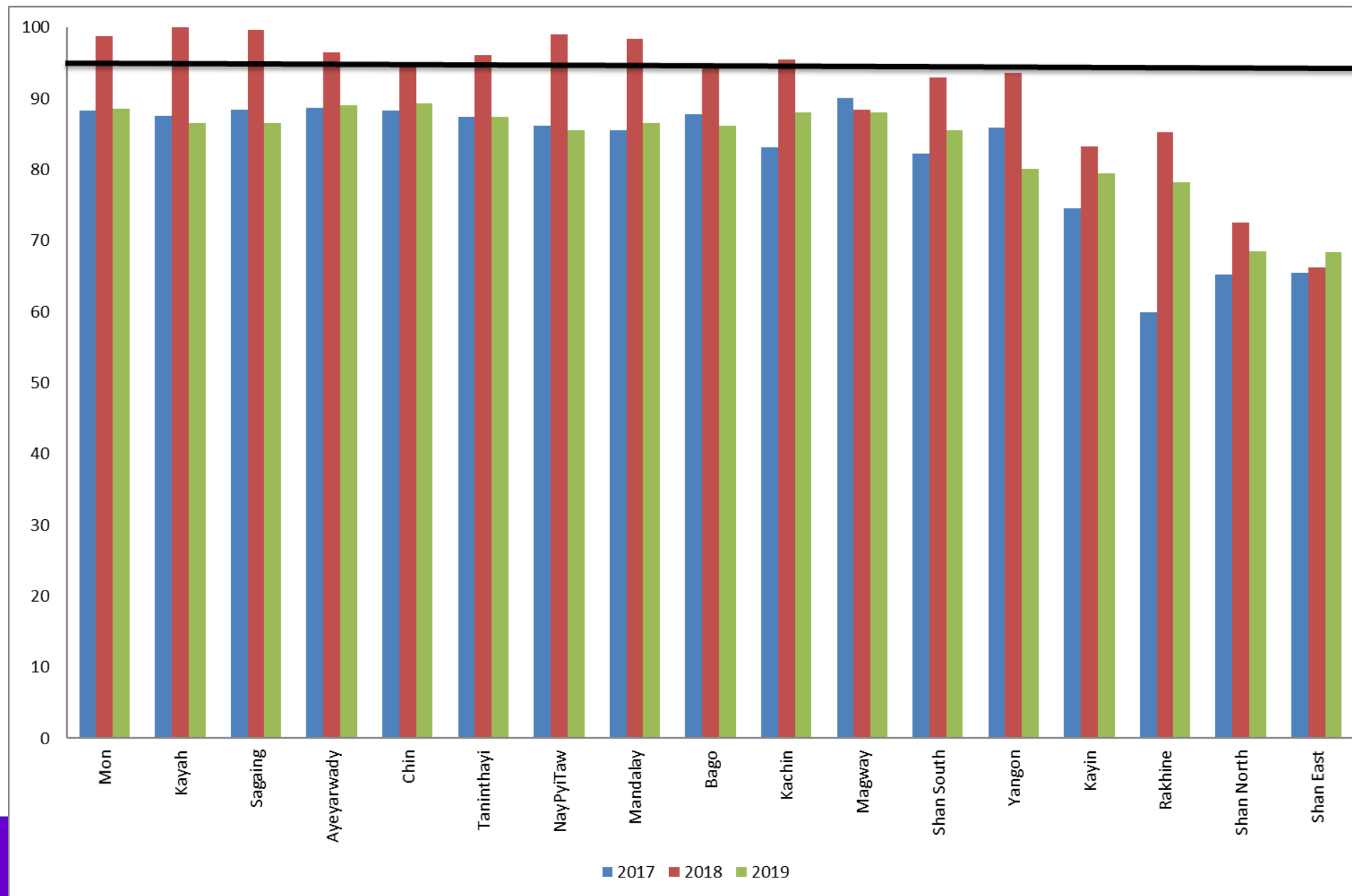




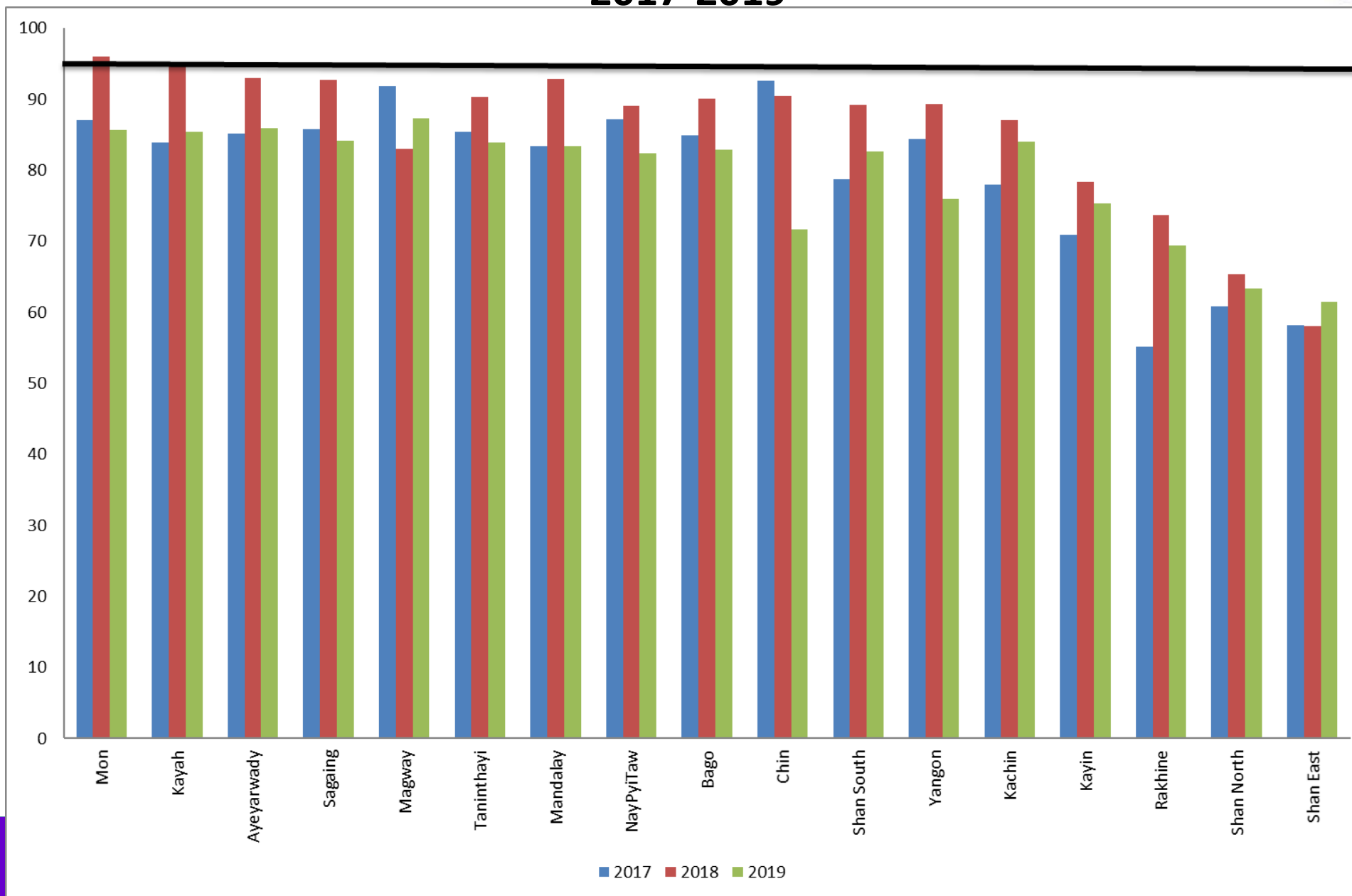
Myanmar updates



First dose of measles containing vaccine coverage (MCV1) 2017-2019



Second dose of measles containing vaccine coverage (MCV2) 2017-2019

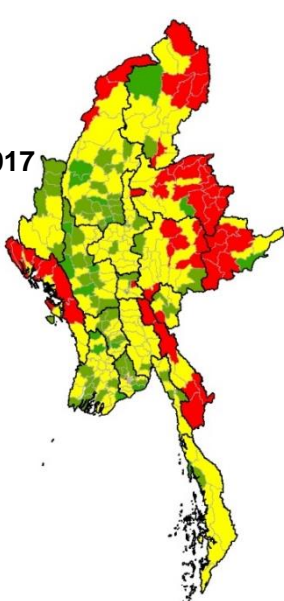


Routine Measles Coverage by Township 2017-2019

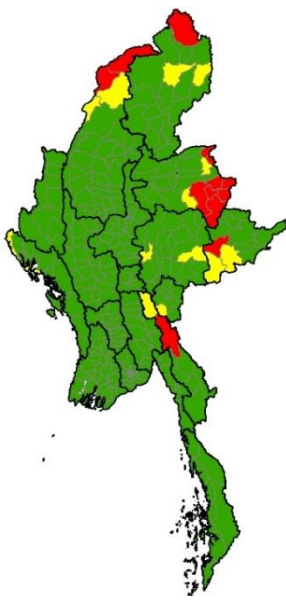


MCV1/MR

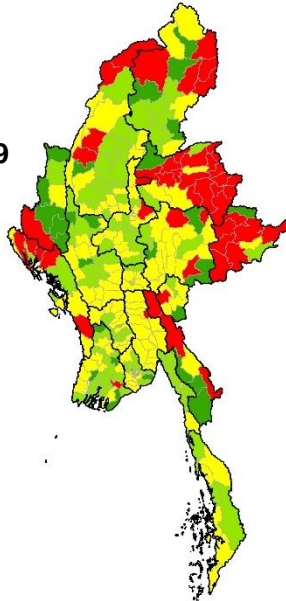
2017



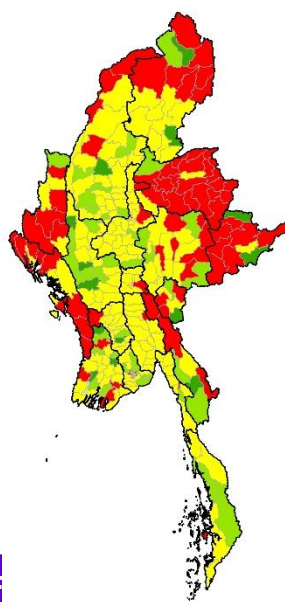
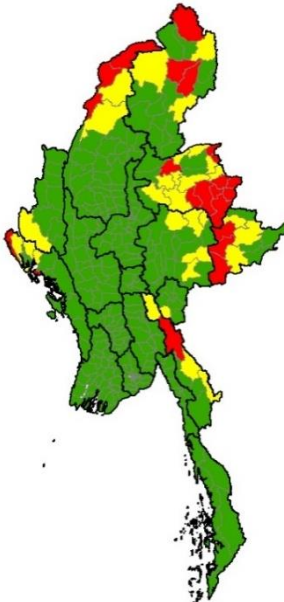
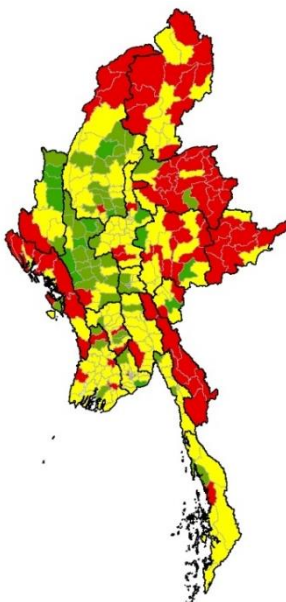
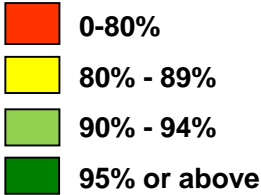
2018



2019



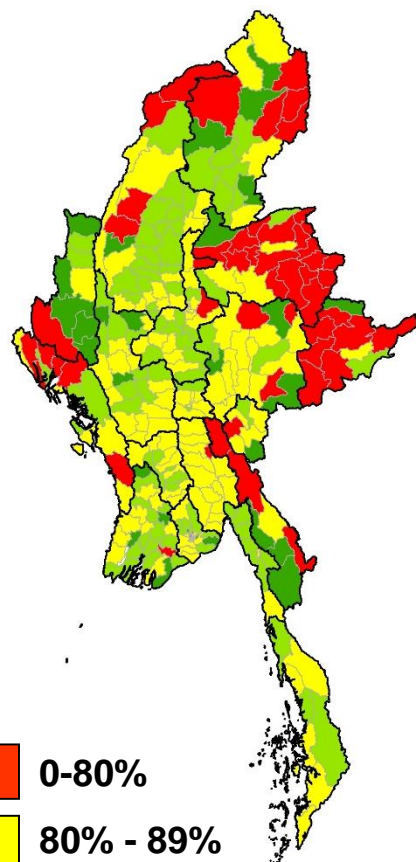
MCV /MR2



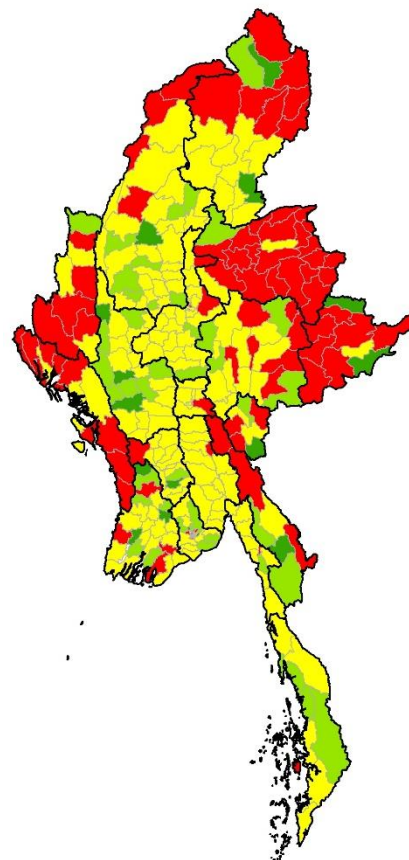
Routine Measles Coverage by Township 2019



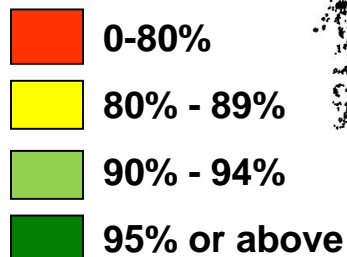
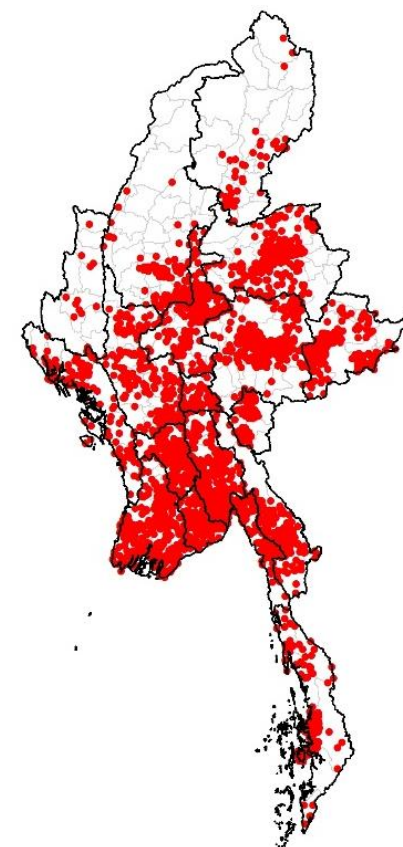
Measles Rubella 1
84%



Measles Rubella 2
80%



Confirmed Measles Cases
5252

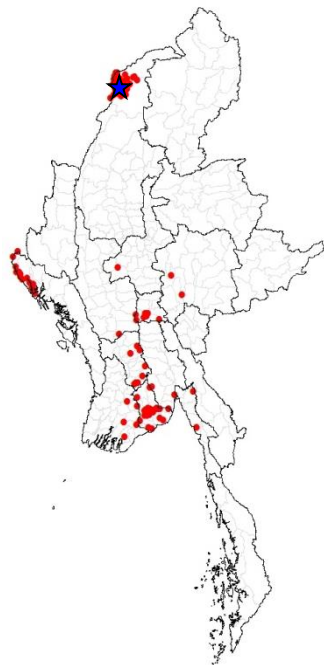


Measles Cases by State and Region Myanmar, 2016-2020*



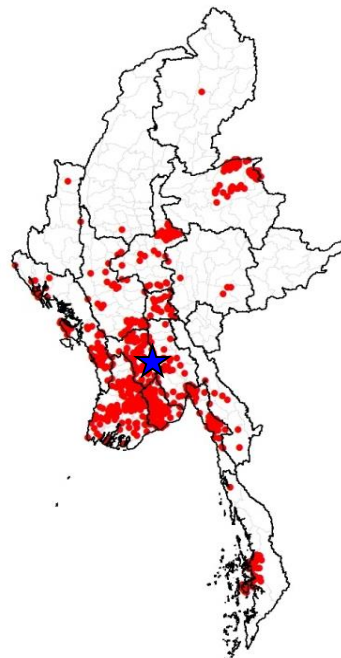
2016: 269 cases

Total no. of cases = 269
Total no. of outbreaks = 8
Total no. of Deaths = 21



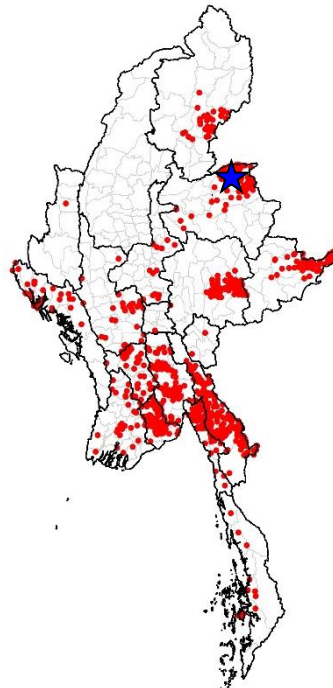
2017: 1293 cases

Total no. of cases = 1293
Total no. of outbreaks = 21
Total no. of Deaths = 1



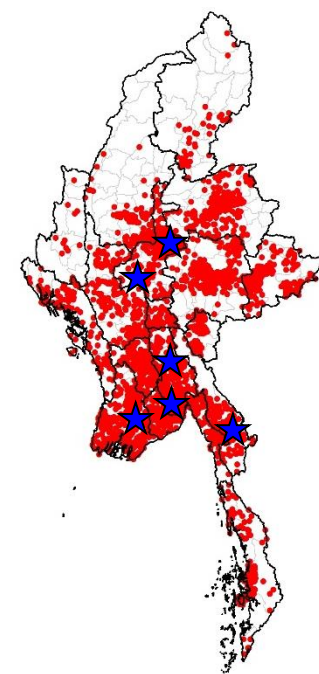
2018: 1389 cases

Total no. of cases = 1389
Total no. of outbreaks = 34
Total no. of Deaths = 1



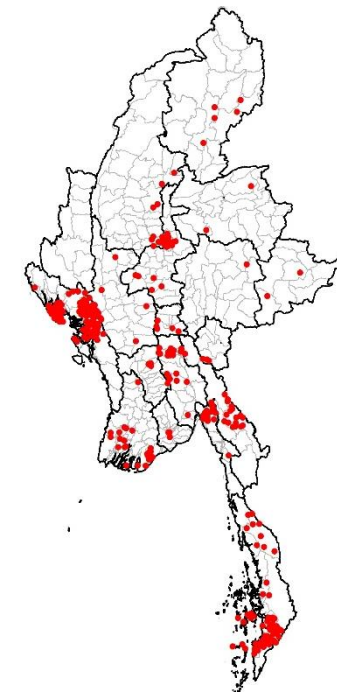
2019: 5252 cases

Total no. of cases = 5252
Total no. of outbreaks = 104
Total no. of Deaths = 22



2020: 425 cases

Total no. of cases = 425
Total no. of outbreaks = 15
Total no. of Deaths = 0

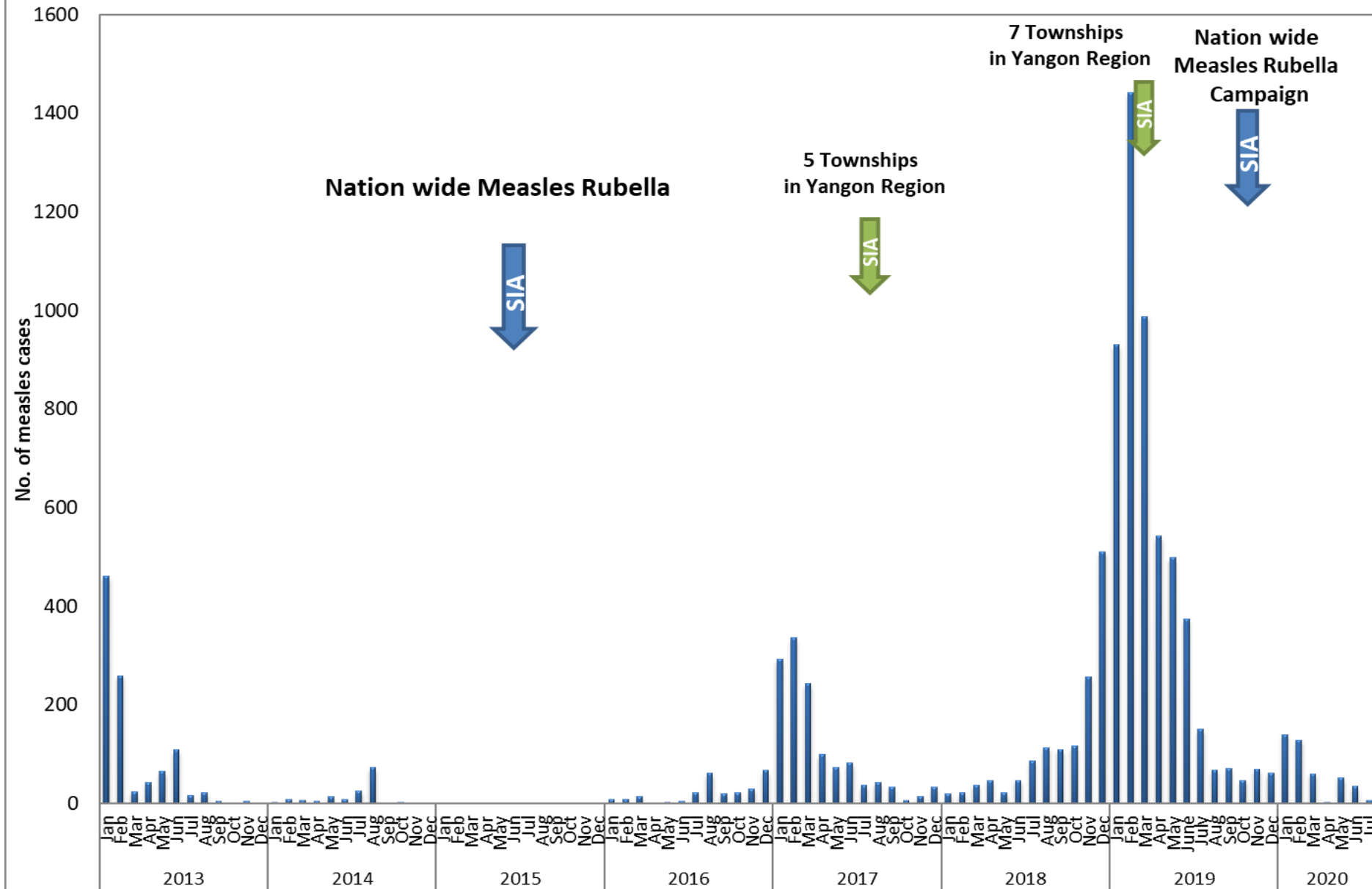


- 1 Dot = 1 case (Routine case based)
- 1 Dot = 5 cases (Outbreak)
- ★ Deaths

*Data as of 07 Aug 2020



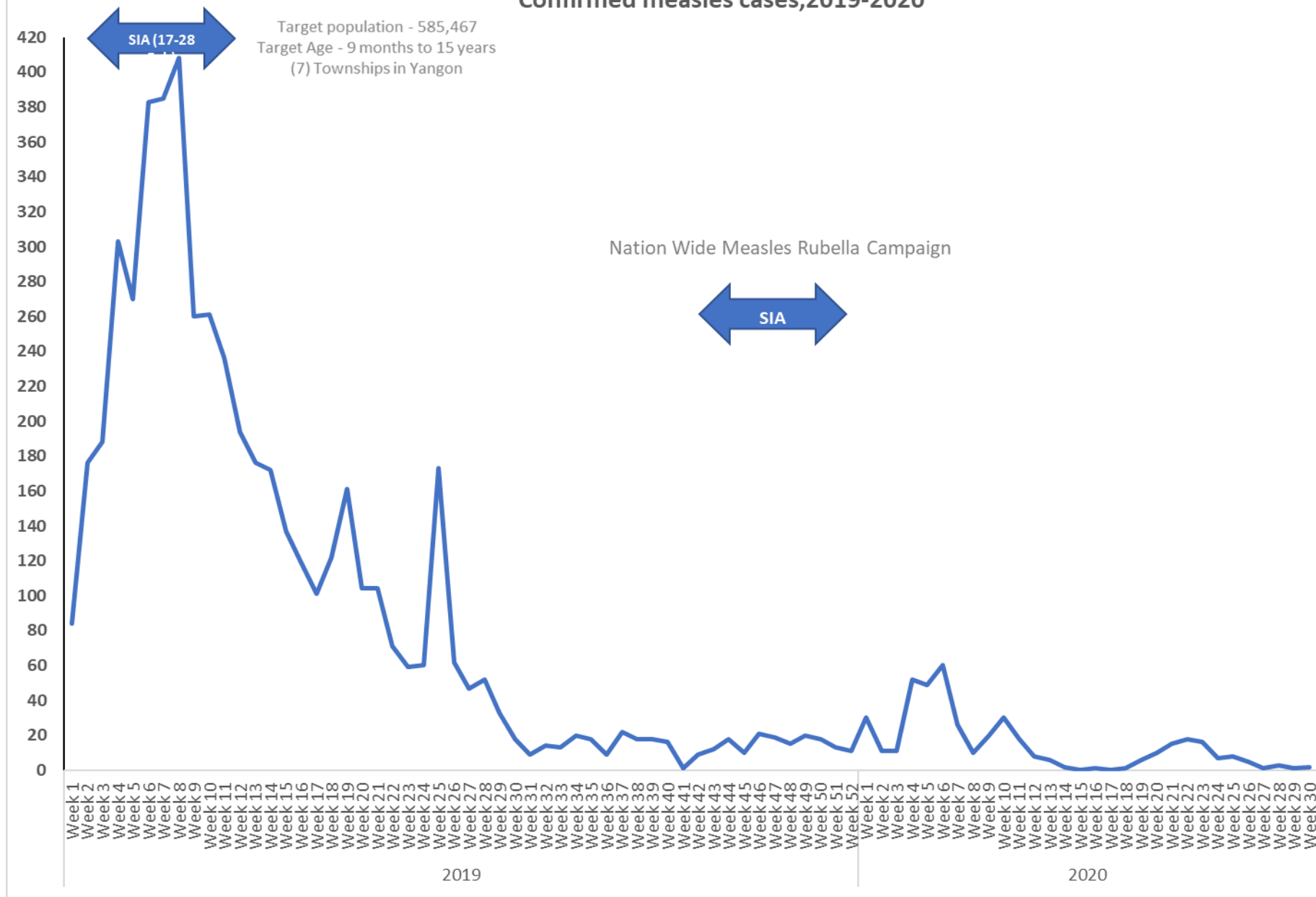
Epidemic curve for Measles Cases 2013-2020*



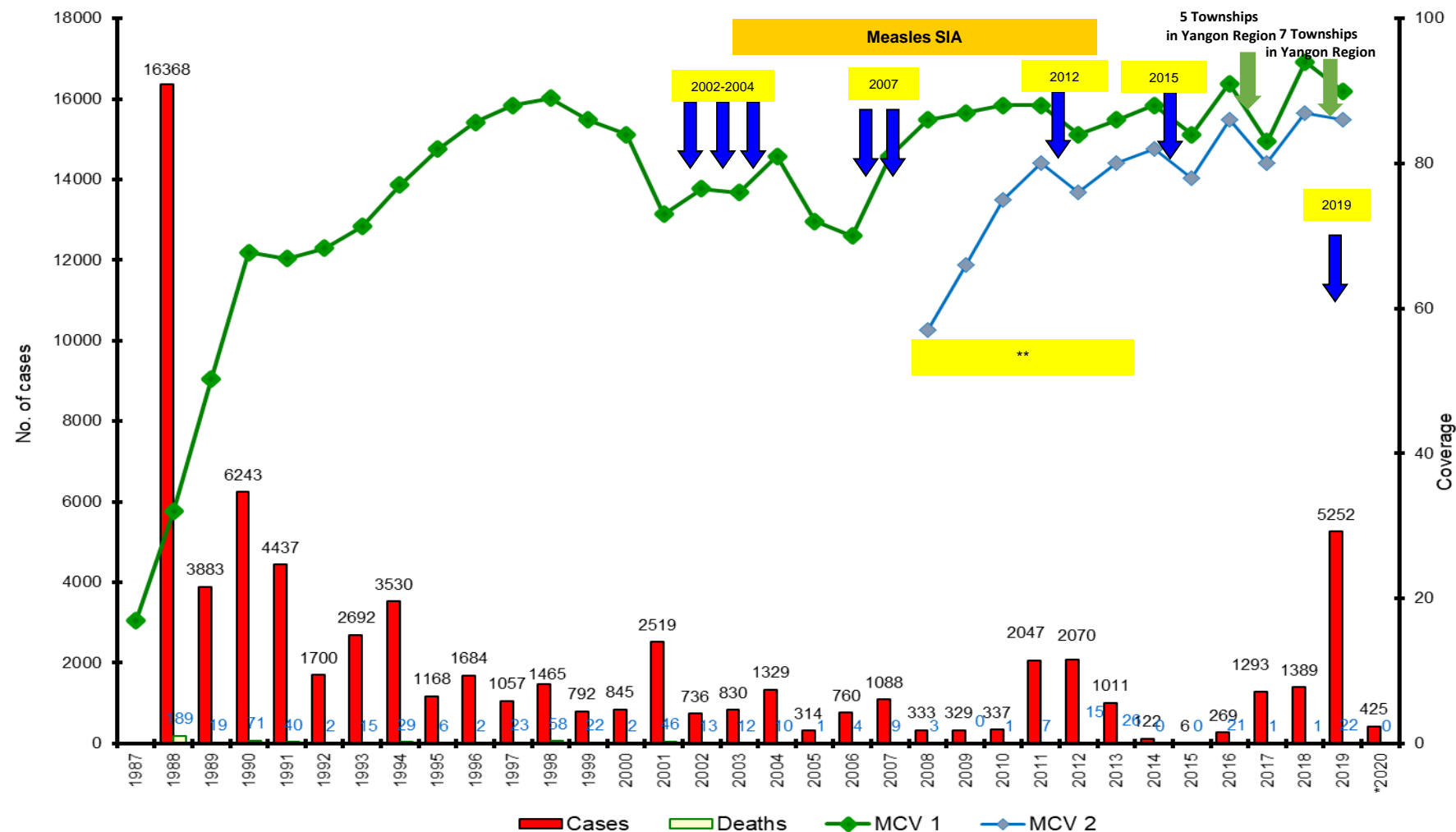
*Data as of 07 Aug 2020



Confirmed measles cases, 2019-2020*



Trends of Measles Cases by Year, Myanmar, 1987-2020*



** Laboratory confirmed measles cases only from Measles case based surveillance

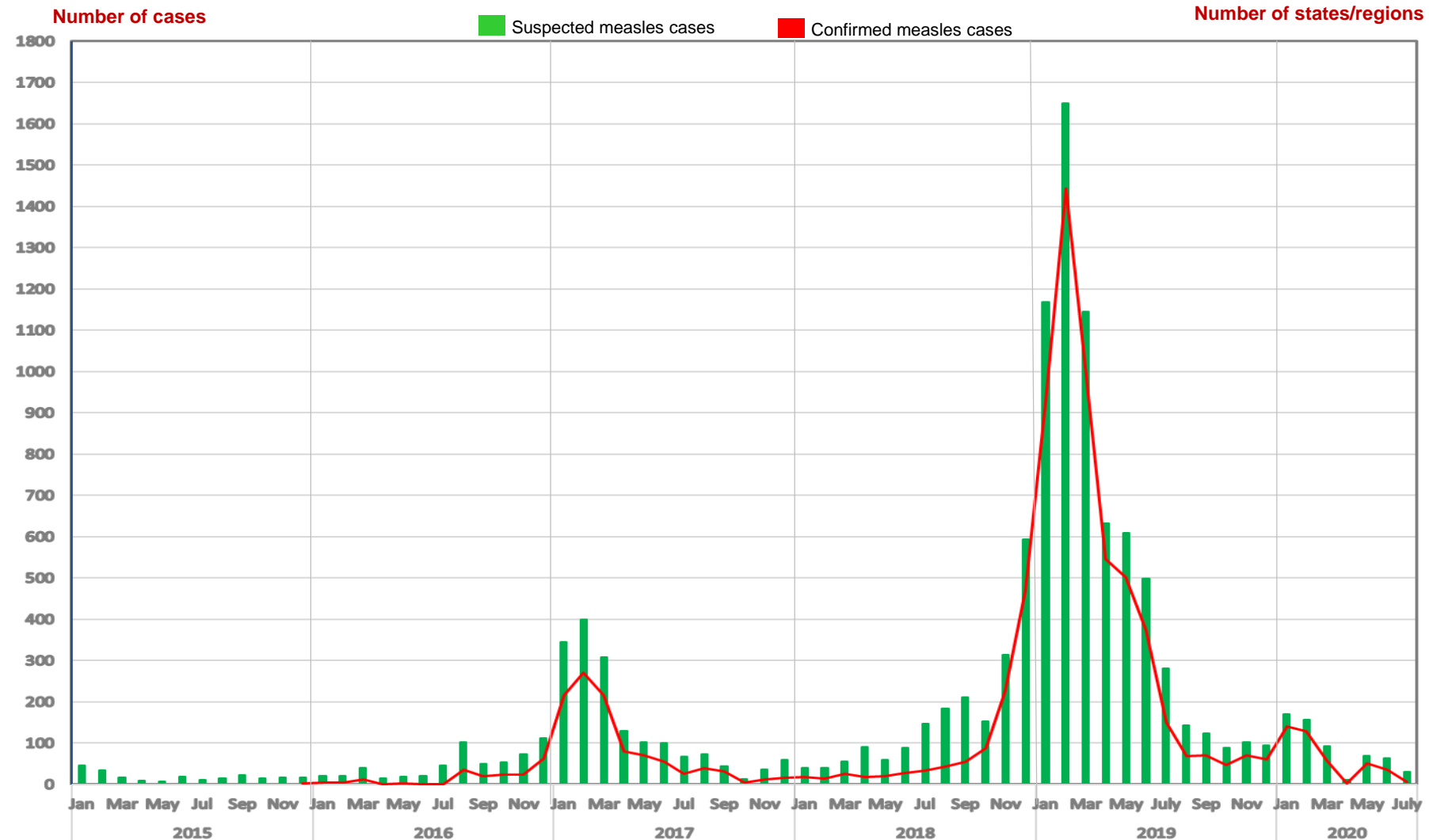
*Data as of 07 Aug 2020



Situation analysis of Measles and Rubella in the country

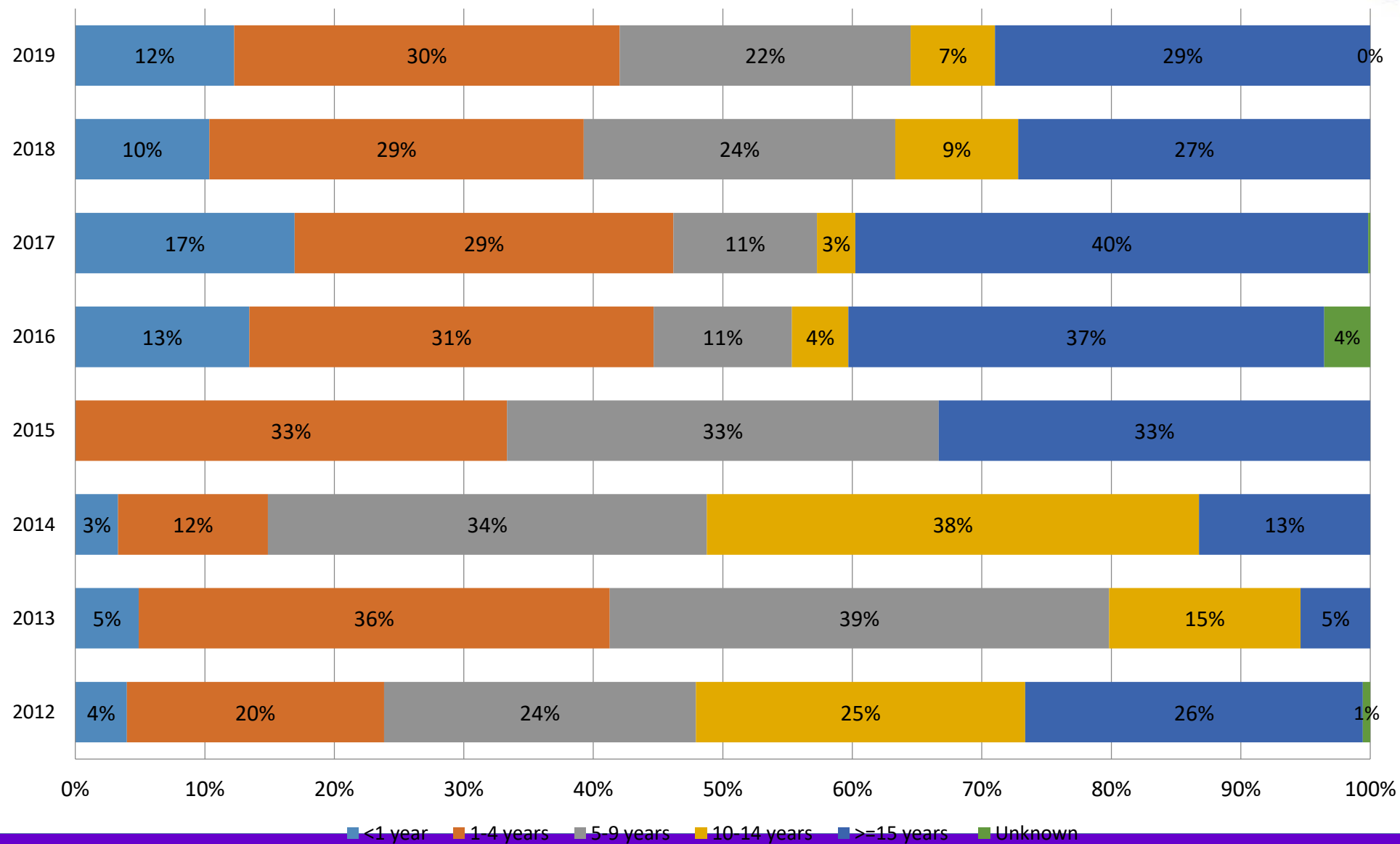


Based on case based surveillance reports

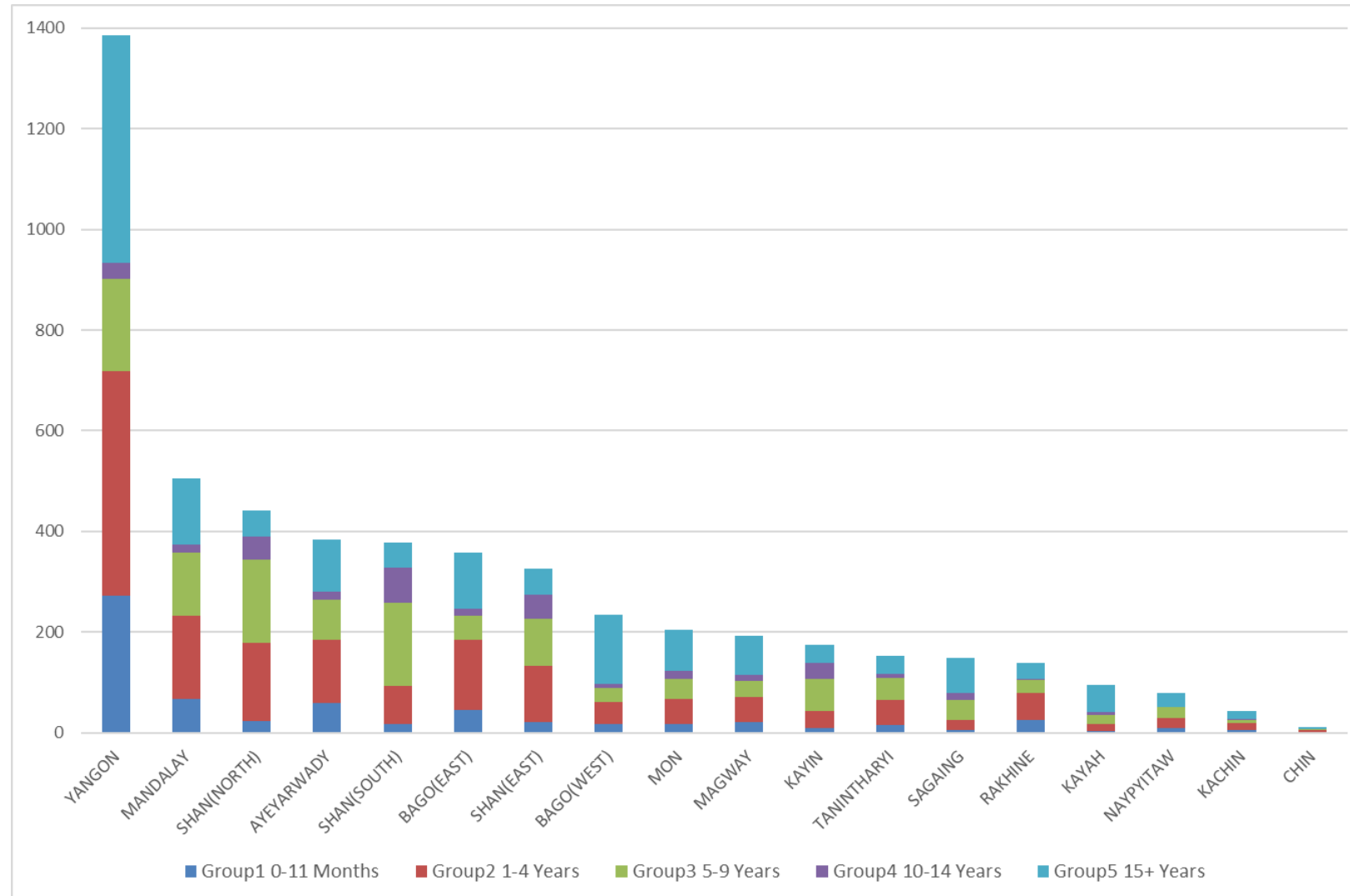




Age Distribution of Laboratory Confirmed Measles Cases, Myanmar, 2012-2019

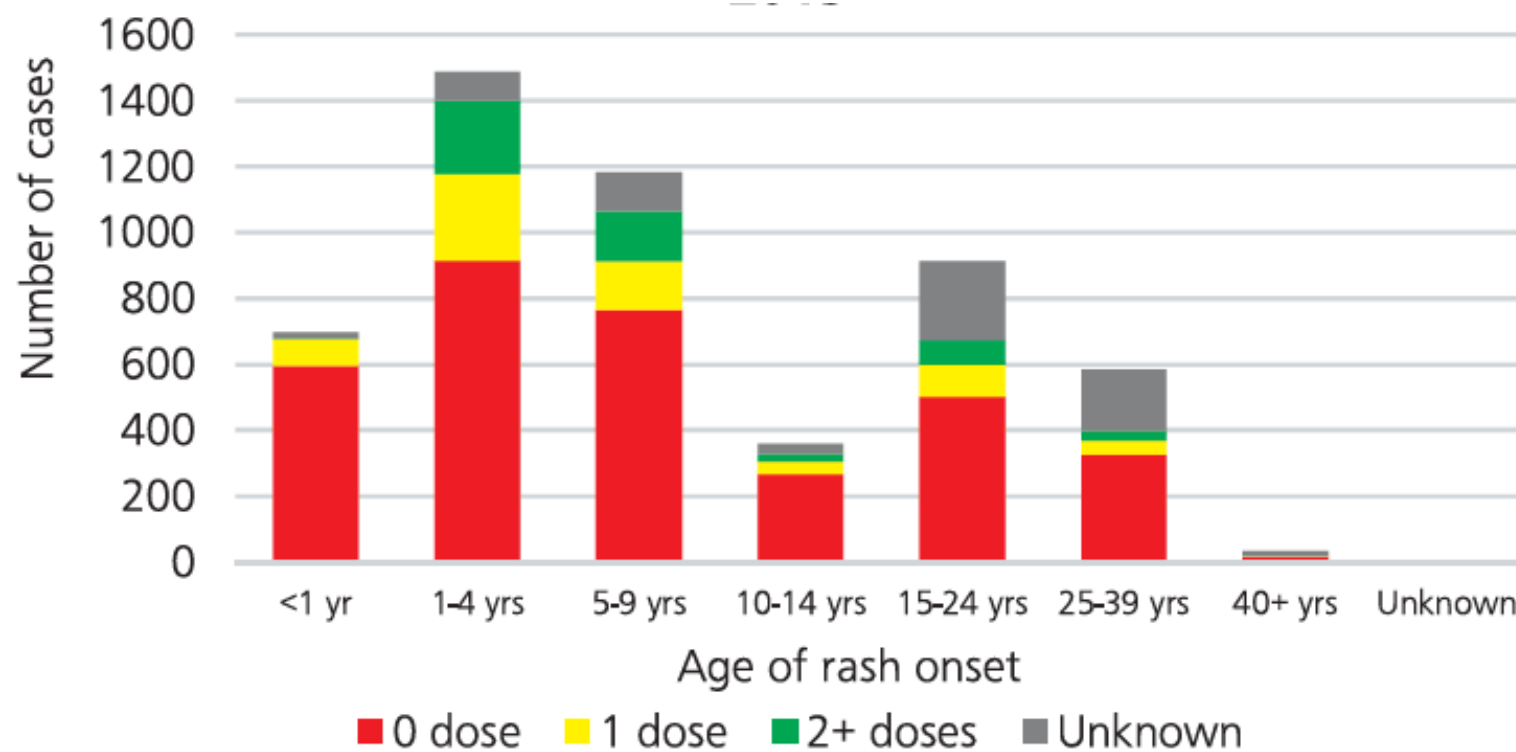


Distribution of measles cases among age group in State/Region with highest number of cases, 2019



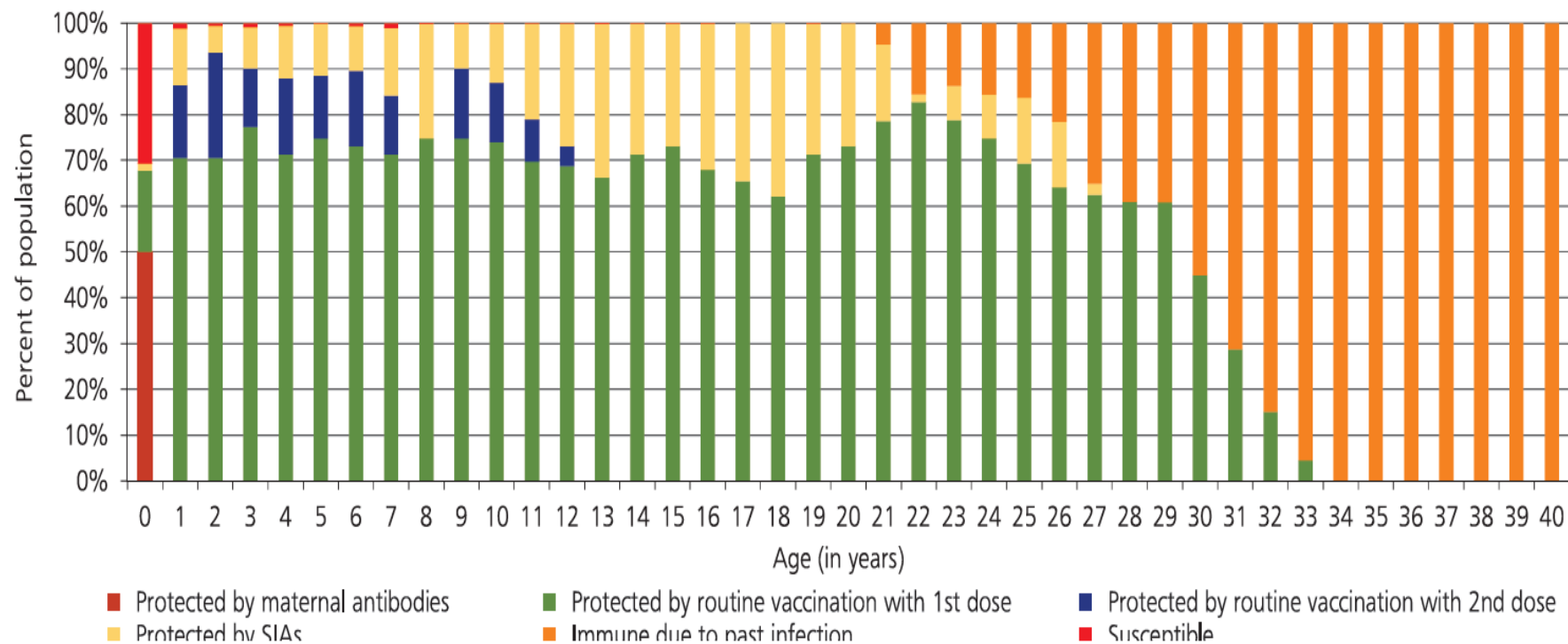


Vaccination status of confirmed measles cases, by age in 2019



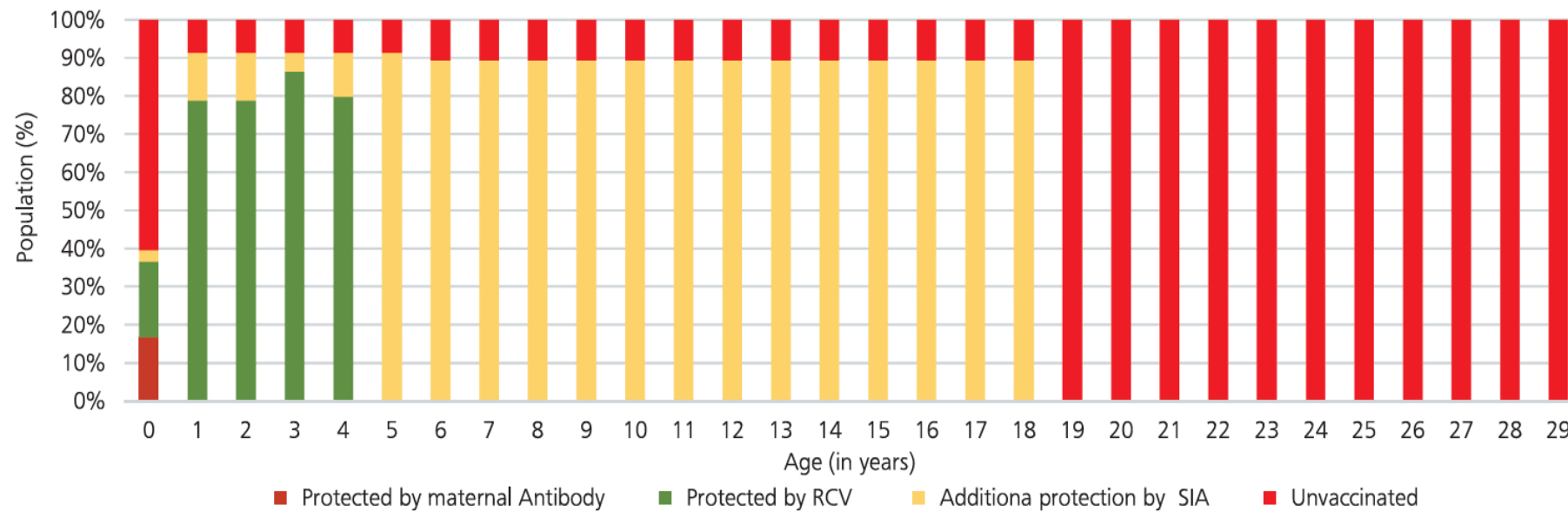


Immunity against measles –immunity profile by age in 2019





Immunity against rubella –immunity profile by age in 2019

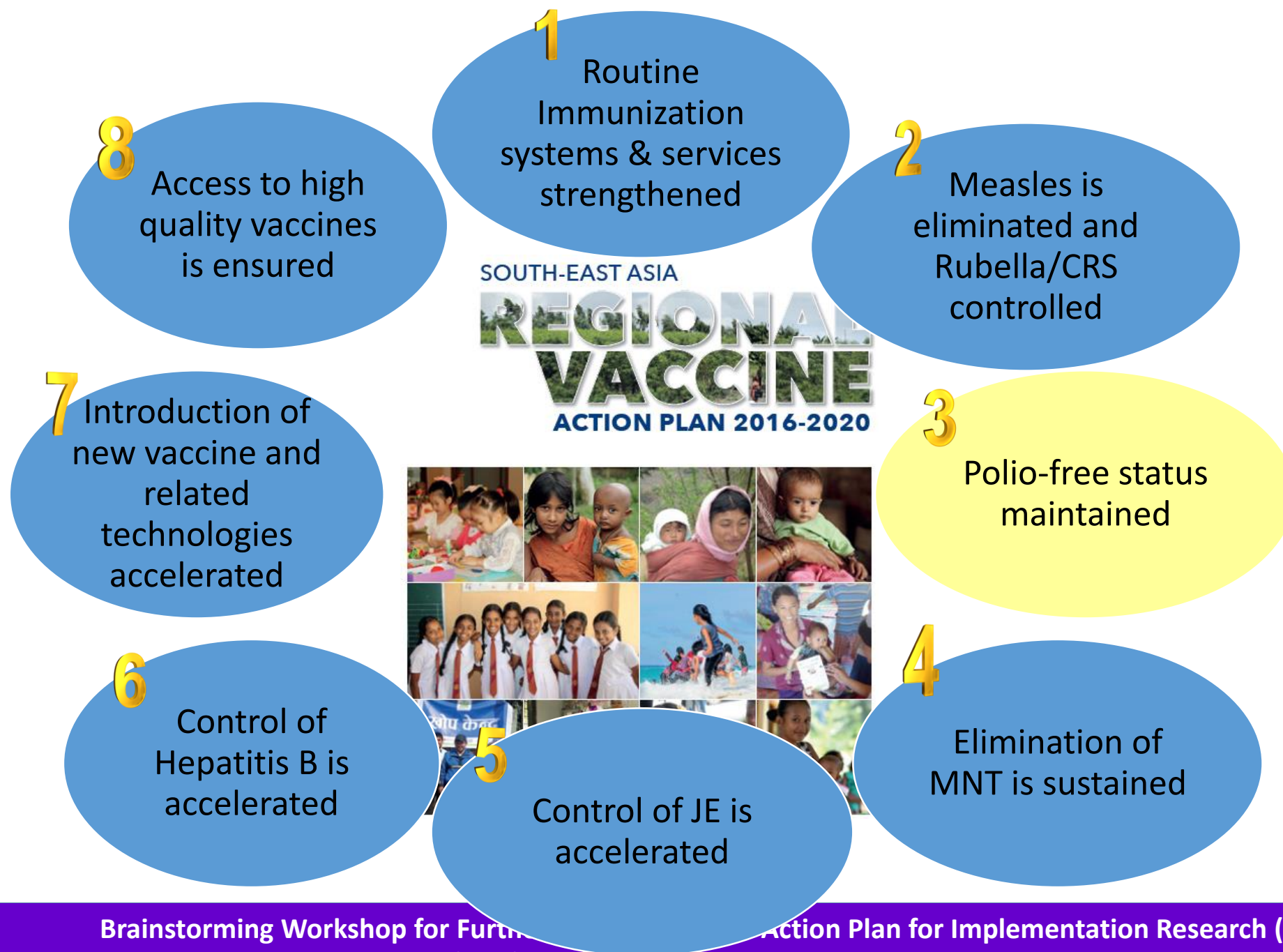


**Modeled using WHO and UNICEF estimates and JRF (multiple years) and does not include immunity due to natural infection*



Goal 2. Myanmar way forward

- vaccination services be extended until the age of at least 5 years
- MR Catch up Mass campaign in 2019
- School entry check for immunization status
- MR for monastery, orphanages, health care workers, medical students
- Hospital based immunization clinics and expansion of fixed posts at health facilities
- ORI in any outbreak (Need to report)
- Involvement of private sector
- Case based surveillance



Polio-free status is maintained



Target: ***No wild poliovirus transmission*** is re-established in the Region; and ***cVDPVs responded*** to as per global guidelines



Polio-free status is maintained



- **No WPV** detected in the Region since January 2011
- Circulating vaccine-derived poliovirus type 1 (**cVDPV1**) confirmed in Papua province of **Indonesia** (Feb 2019); Grade 1 emergency; outbreak response ongoing
- **VDPV type 1** detected in **Myanmar** (June 2019); Under investigation; risk assessment and response planning underway
- Laboratory-supported AFP surveillance functional in all countries; 16 polio laboratories; > 78,000 samples tested annually
 - Sub-national gaps in surveillance quality remain a challenge
- Environmental surveillance through 76 sites in 6 countries



Polio-free status is maintained



- IPV being administered in all countries; supplies restored in countries with stock-outs in 2017
 - 4 countries providing intradermal IPV
 - Coverage improving but remains below 80% - much lower in some countries
- Pockets of low OPV & IPV coverage remain – pose risk
- Poliovirus containment as per GAP III requirements in progress
 - Two poliovirus essential facilities (PEFs) identified
 - WPV2 and VDPV2 inventories completed in all countries
 - Inventories of Sabin2 potentially infectious materials ongoing
- Regional Certification Commission and National Certification Committees fully functional

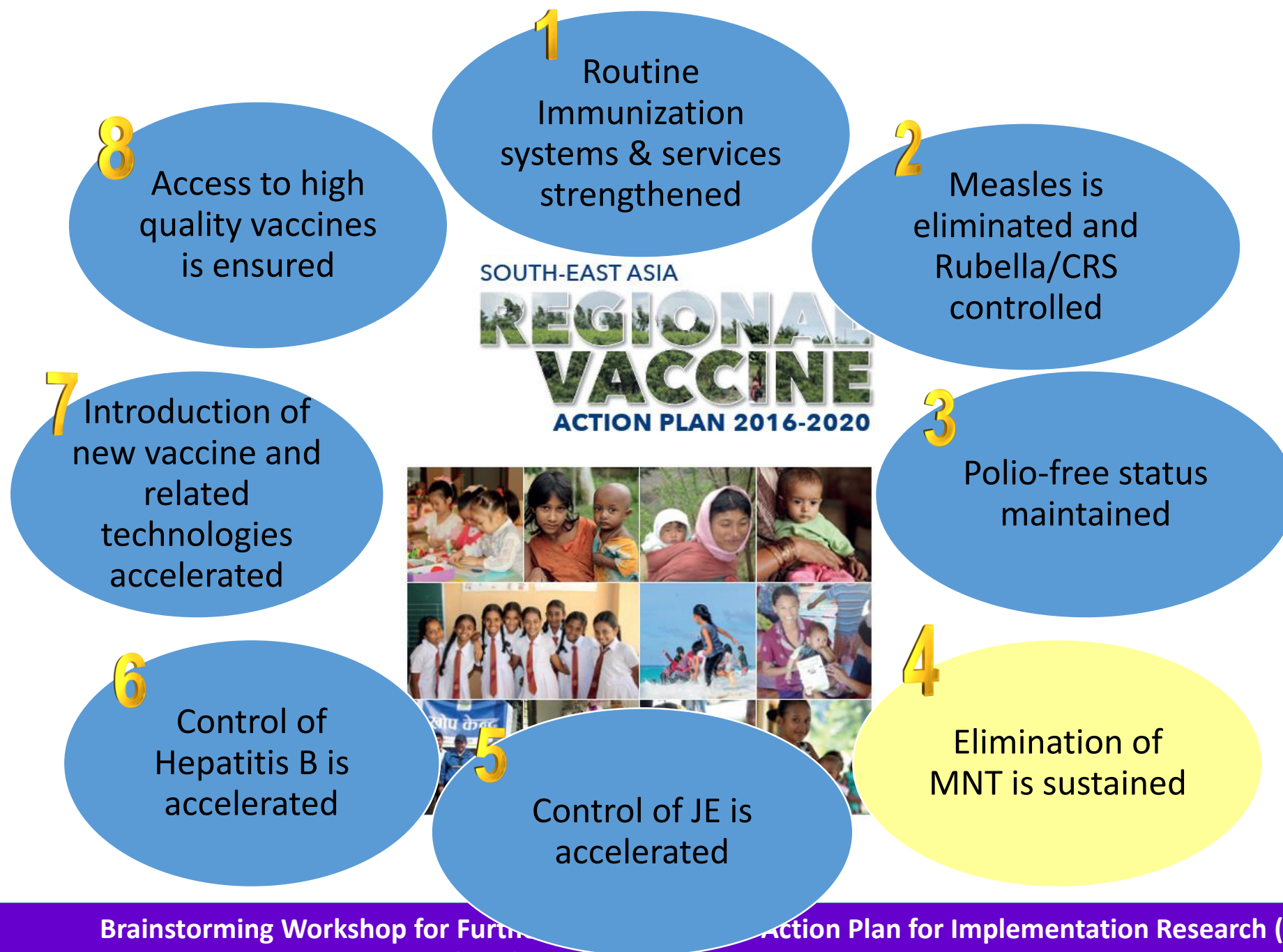


Polio transition planning



- Polio-funded assets in the Region being increasingly utilized for other health and immunization activities
 - Strengthening immunization systems, VPD surveillance, introduction of new vaccines, measles elimination, emergency response
 - Risk of back-sliding of these activities if polio-funded assets were to disappear
- Transition plans developed in five countries affected by polio ramp-down
 - Bangladesh, India, Indonesia, Myanmar and Nepal
 - Plans include maintaining essential polio functions until global certification and beyond
 - Alternative sources of funding, including domestic resources, essential component of transition plans





Elimination of maternal and neonatal tetanus is sustained



Target for 2020: All countries in the Region continue to maintain maternal and neonatal tetanus elimination defined as **< 1 neonatal tetanus case per 1000 live-births in each district**

Sustaining maternal and neonatal tetanus elimination



Surveillance	Progress	Challenges/gaps	For action
Neonatal tetanus	252 cases from 6 countries	No district ≥ 1 NT case per 1000 LB but surveillance gaps	Systematic analysis & monitoring to be built
Tetanus	7,578 cases from 8 countries		Surveillance guidance to be enhanced
Clean delivery			
SBA	78%; 4/11 $\geq 90\%$	BAN, NEP, TLS $< 60\%$	HR to be strengthened

Post MNTE validation assessments to date only conducted in Bhutan and Timor Leste

New WHO 2019 guidelines:

https://www.who.int/immunization/diseases/MNTE_initiative/en/





Myanmar update



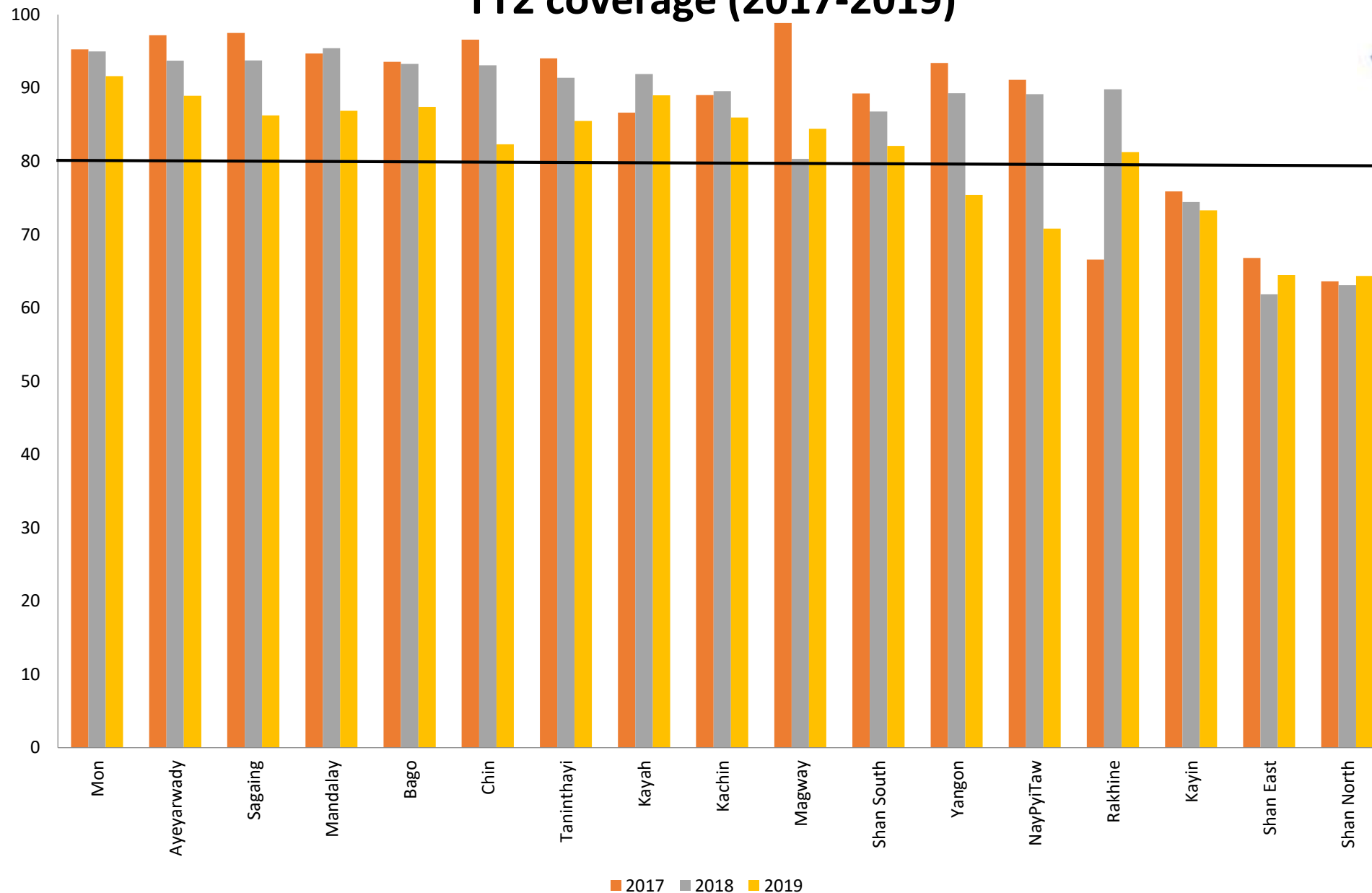
MNTE is sustained

- TT replacement with Td in August 2017
- Penta4 introduction in 2nd quarter of 2019
- Td5 at school entry following cohort of Td4
- Td6 with HPV following the same cohort

Key challenges

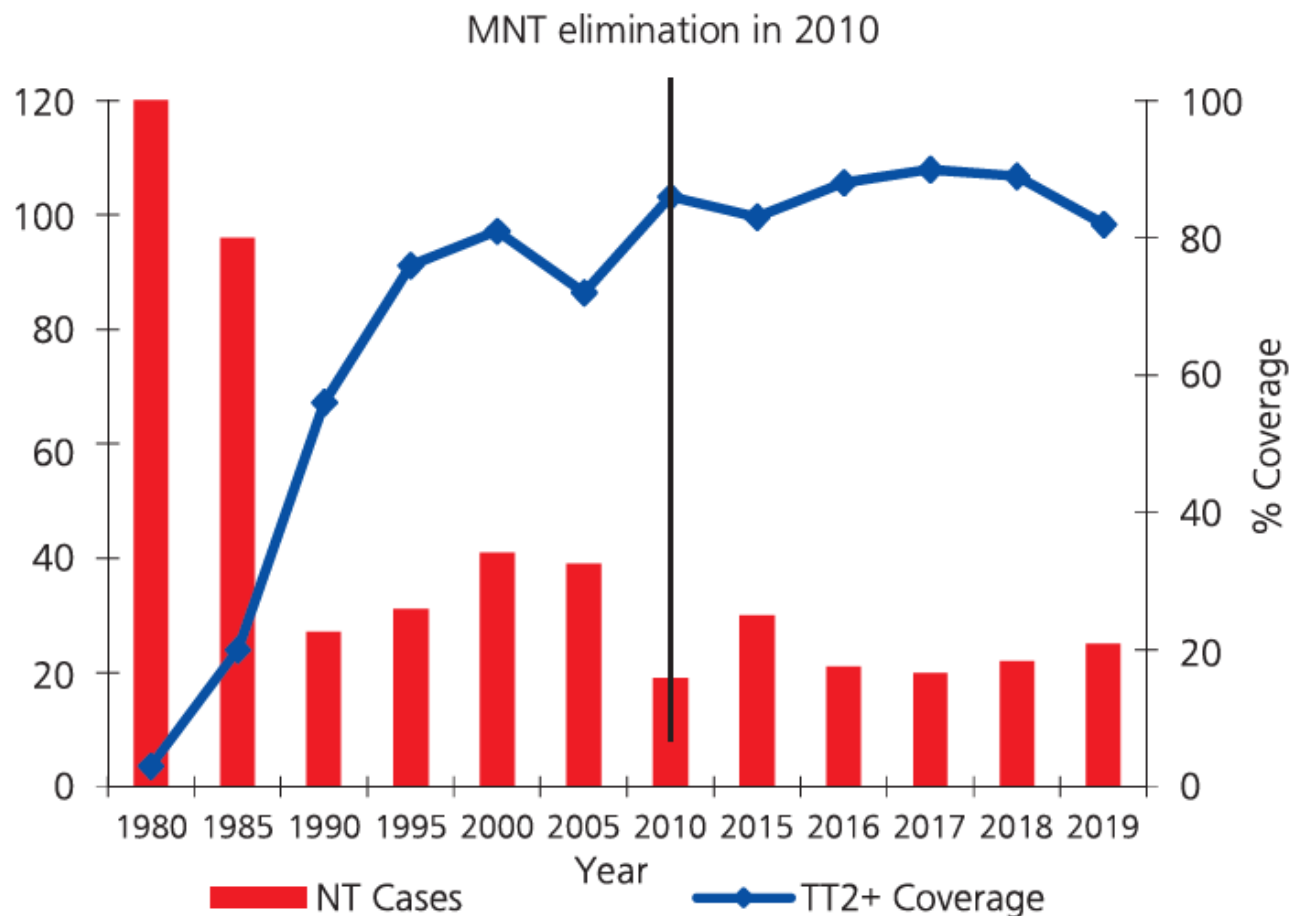
- AN care coverage
- Unreached population and working PW

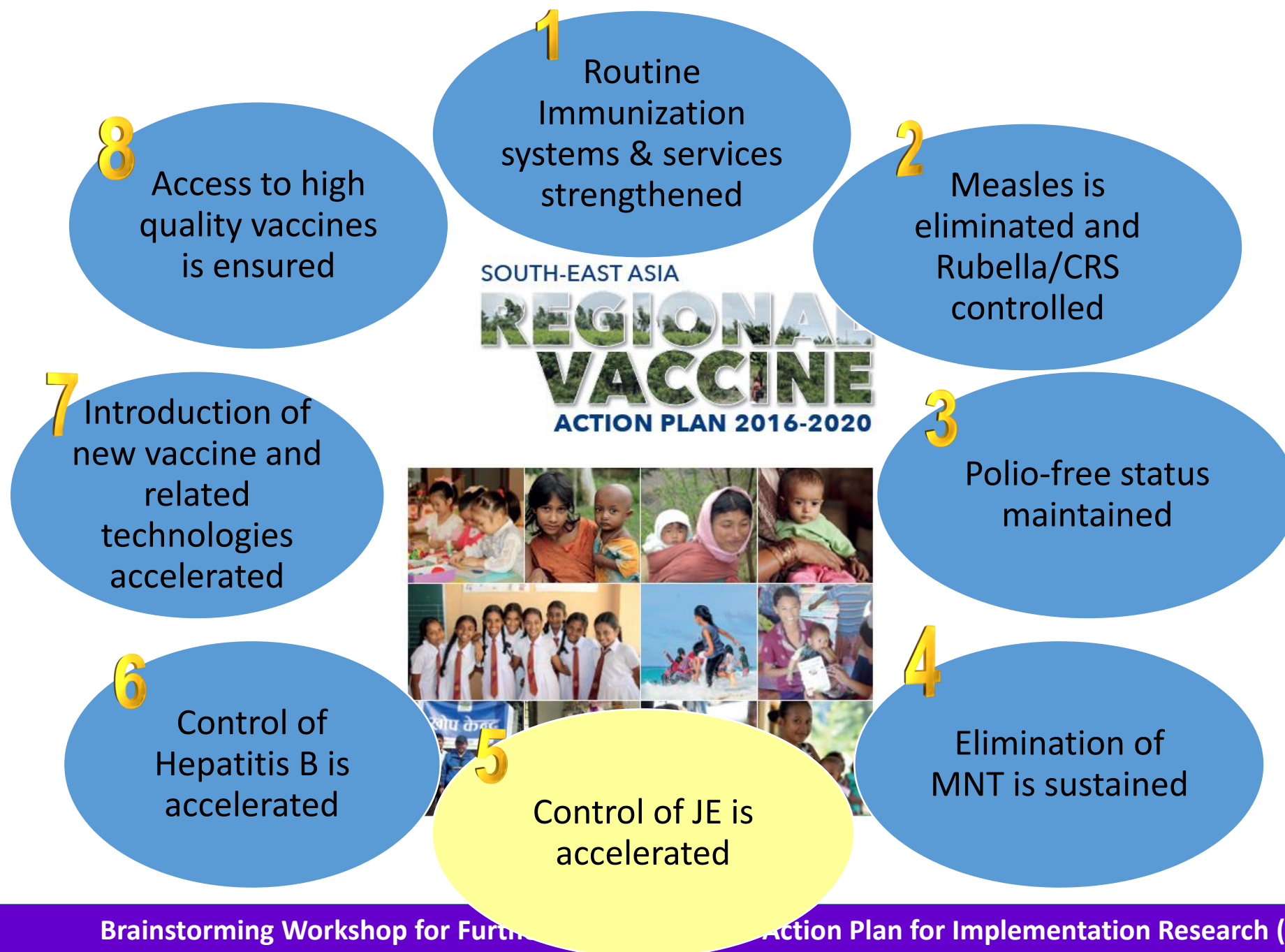
TT2 coverage (2017-2019)





TT2 coverage and NNT cases 1980-2019





Control of JE is accelerated



Target for 2020: Seven countries in the South-East Asia Region will have introduced ***immunization against Japanese encephalitis in nationally-defined high-risk areas.***



Control of Japanese Encephalitis is accelerated



JE vaccine introduction:

- nationwide in 4 countries - Myanmar, Nepal, Sri Lanka and Thailand
- in nationally-defined high-risk areas in 2 countries - India and Indonesia
- JE vaccination campaign in 1 country - DPR Korea (yet to include in RI)



JE/AES surveillance

- All JE endemic countries conducting surveillance
- 14 laboratories (incl. 1 RRL) provide support
- Capacity building of JE lab network in process

Challenges:

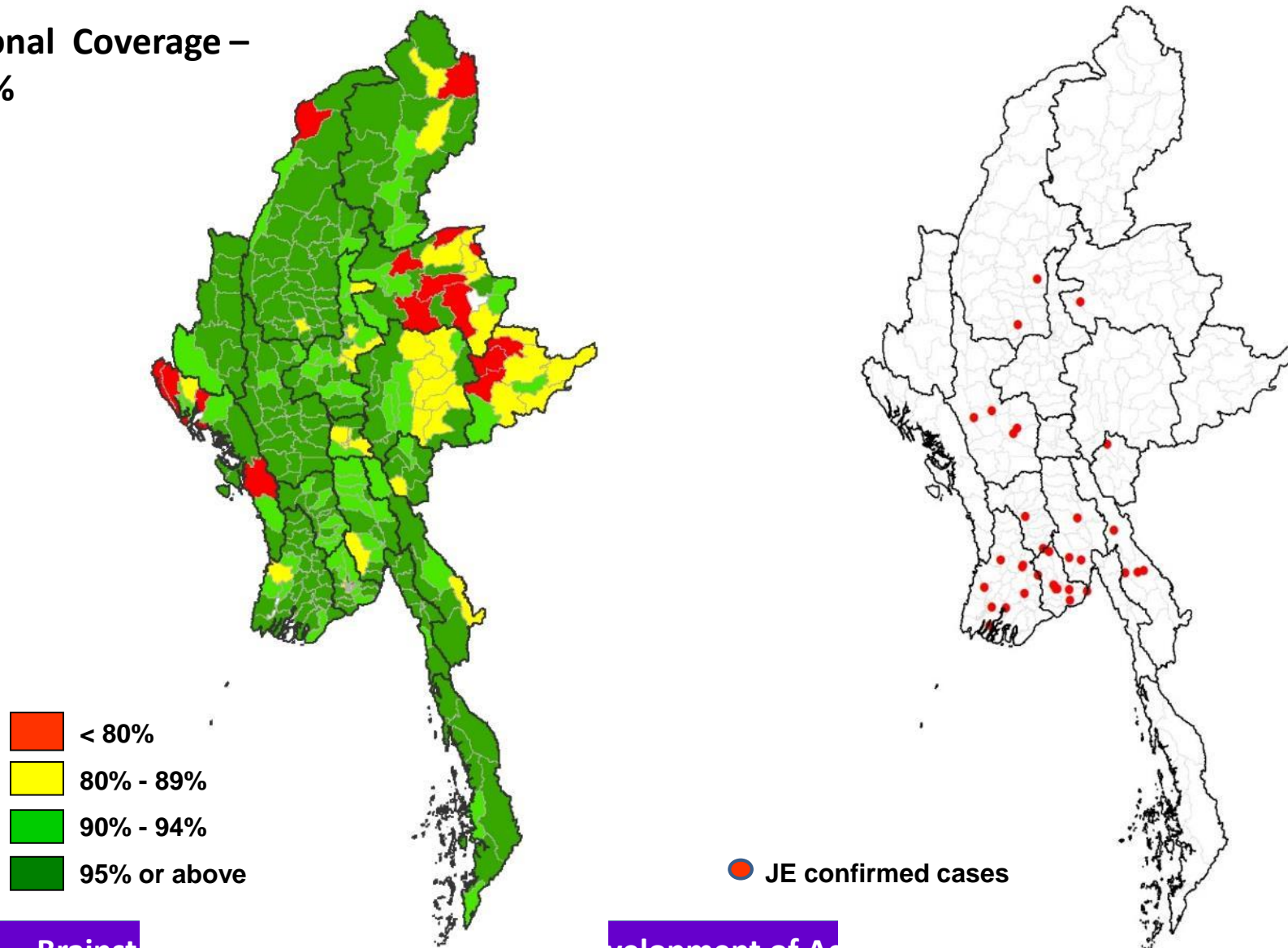
- JE/AES surveillance protocols not standardized across countries
 - Variability in scope, case definition, investigation protocols
- JE vaccination coverage sub-optimal leading to JE cases/outbreaks in areas where vaccine being provided



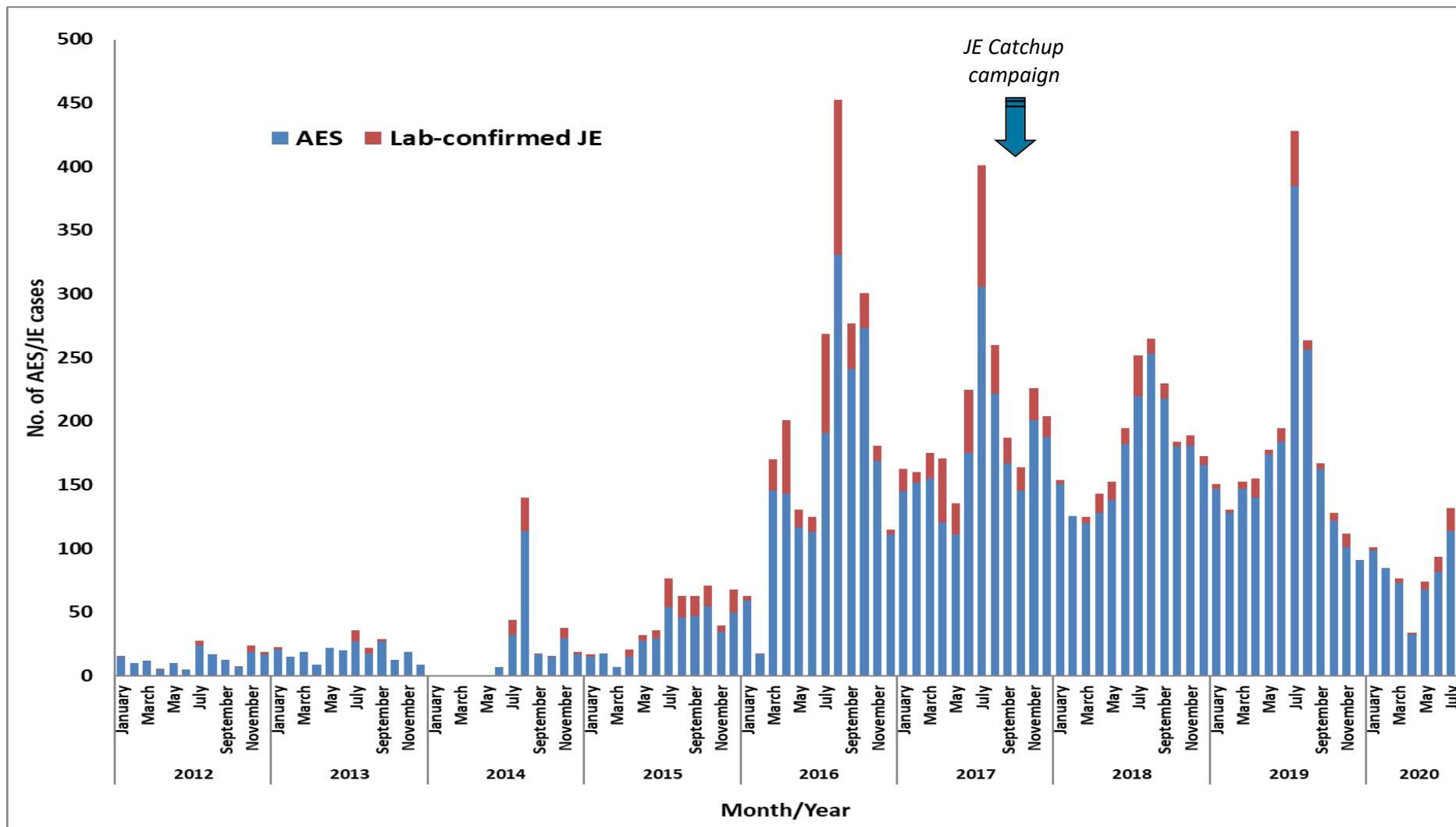
Coverage of JE Campaign Vs Distribution of JE Cases in 2018



National Coverage –
92.5%



JE incidence: lab confirmed and reported AES cases by months 2014-2020*





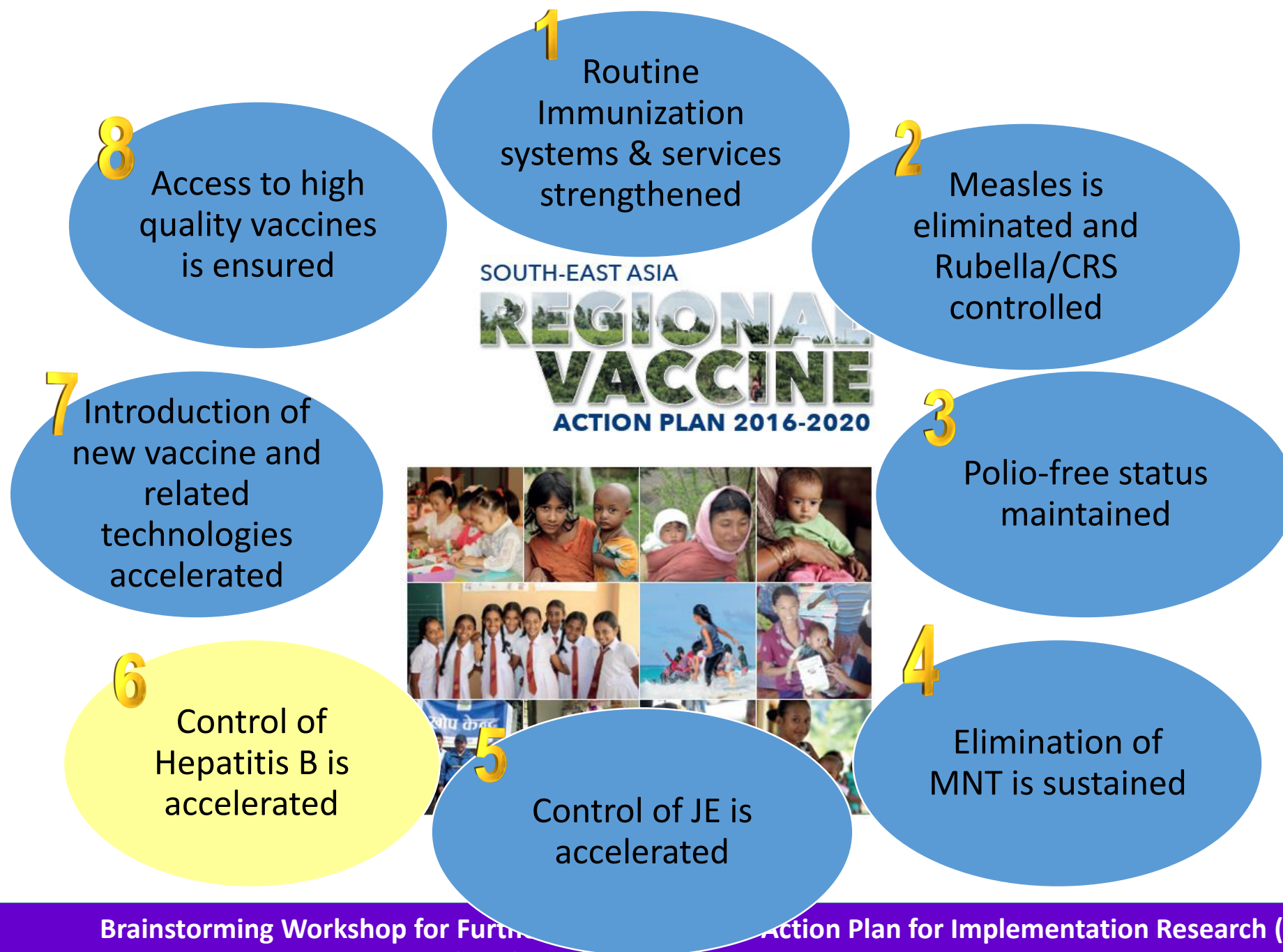
Control of Japanese Encephalitis is accelerated.

JE vaccine introduction:

- nationwide in Myanmar in January 2019
- JE vaccination campaign Nov-Dec 2018
9m to 15ys

Challenges:

- JE/AES surveillance protocols not standardized across countries
- JE vaccination coverage sub-optimal leading to JE cases/outbreaks in some areas where vaccine being provided



Control of Hepatitis B is accelerated



Target for 2020: Ten countries in the Region will have reduced seroprevalence of chronic hepatitis B infection, measured through ***HBsAg to less than 1% in 5 year-old children at national level.***

Control of Hepatitis B is accelerated



- All countries have Hepatitis B vaccine (HepB) in EPI schedule
 - 8/11 countries also provide birth dose
 - HepB3 coverage in SEAR increased to 89% (2018) from 53% (2010)
- Sero-survey data for HBsAg available for 4 countries
- Regional Expert Panel for verification of Hepatitis B control established
 - Verification process, criteria for verification, guidelines for verification
- Four countries have submitted evidence for consideration of verification of Hepatitis B control by Expert Panel
 - Evidence under review by Panel
- Two countries planning sero-survey for HBsAg

Challenges:

- Achieving universally high coverage with three doses of HepB during infancy and HepB birth dose
- Complexities in conducting sero-surveys





Myanmar updates



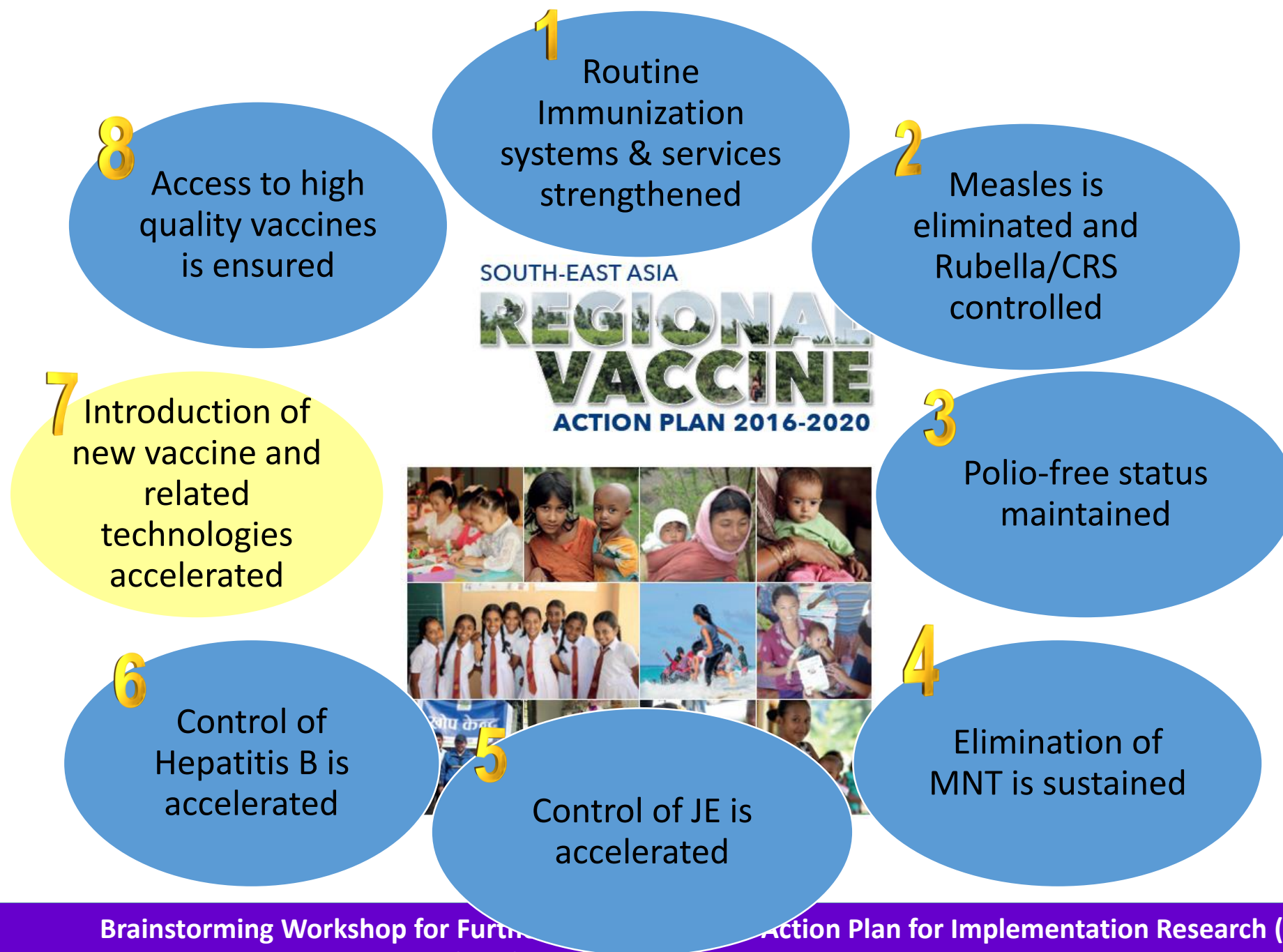
Control of Hepatitis B is accelerated.

- Hepatitis B vaccine (BD) in EPI schedule
 - 20% of institutional deliveries are provided.
- HepB3 coverage- above 80%
- Challenges:
 - Achieving universally high coverage
 - Continued issues of reaching the unreached for HepB3
 - Timely birth dose application in non-institutional deliveries
- Way forward
 - HepB (BD) to be given out of cold chain for non-institutional deliveries



Goal-6-HepB control accelerated

Key Issues and Challenges	NITAG Conclusion
17% nationally since then because vaccination could start only in December allowing a month for HepB-BD in 2017.	To expand the HepB BD <ul style="list-style-type: none"> - Expansion of cold chain - Out of cold chain HepB use
Hepatitis B catch up campaign	At fixed posts with no cost strategy targeting 1.4 million children in April to July, 2018
Baseline assessment of HepB prevalence among under 5.	Included in research agenda
Private sector is providing HepB (BD)	Engage private sector in hepatitis B prevention

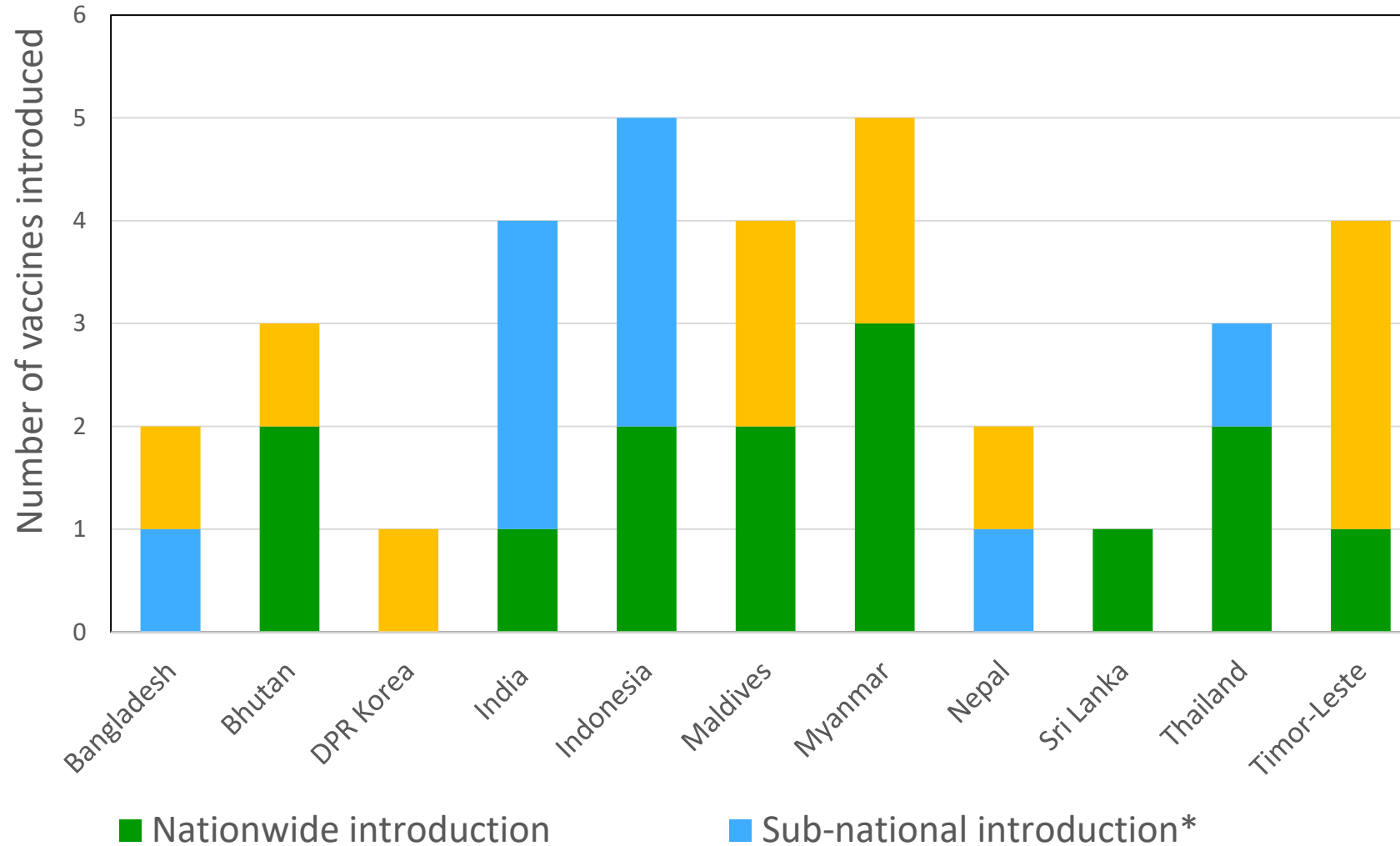


Introduction of new vaccines and technologies accelerated



Target: Each country in the Region will have introduced ***at least two additional new or underutilized vaccines*** between 2016 and 2020.

Introduction of new and under utilized vaccines since 2016



Brainstorming Workshop for Further Development of Action Plan for Implementation Research (EPI),

Source: JRF 2018 and NITAG reports
DMR (POLB), 12th-13th September 2020* Includes HPV demo project in Bangladesh and Nepal





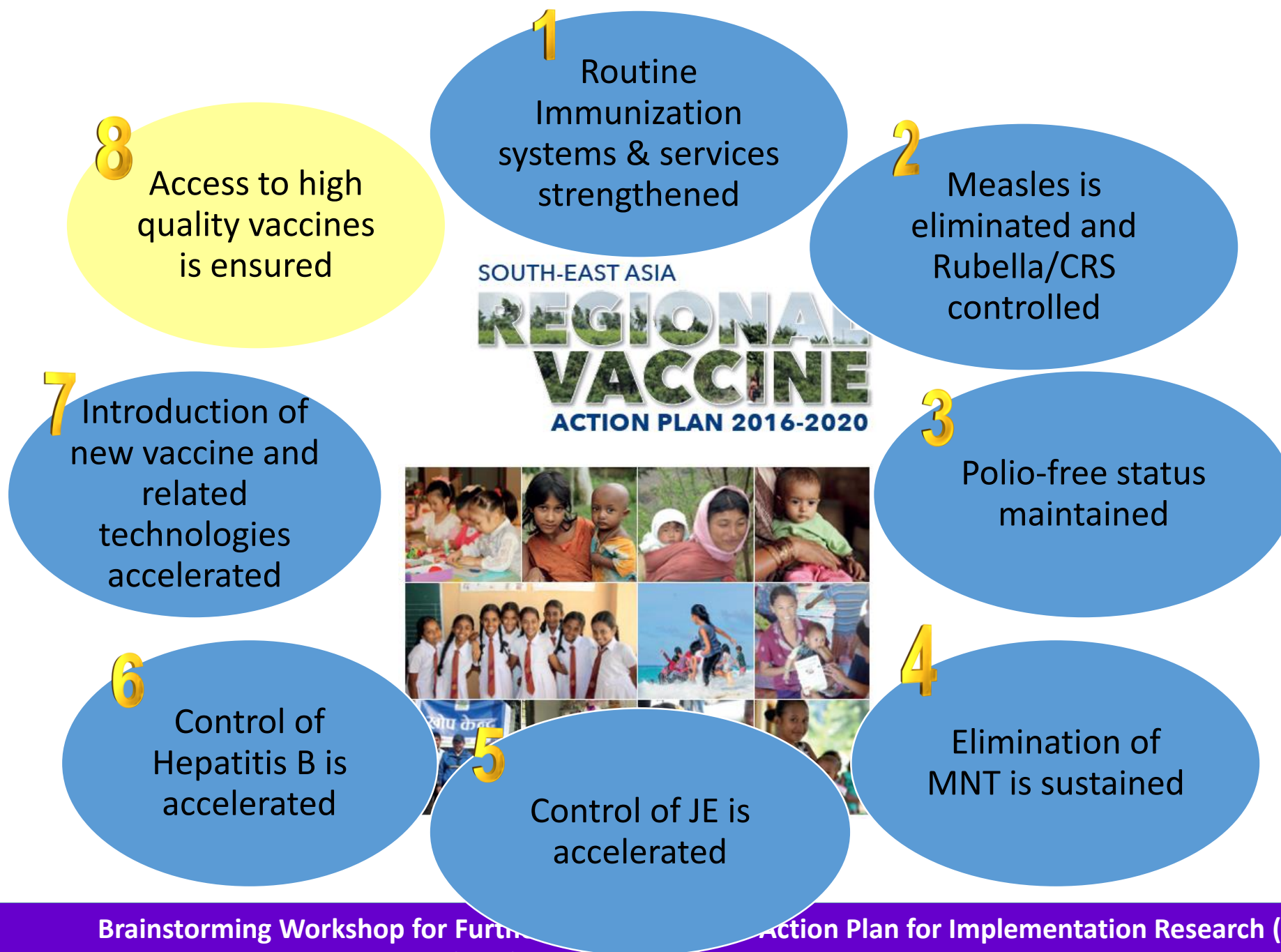
Introduction of new and under utilized vaccines

- 2015
 - Rubella
 - IPV
- 2016
 - bOPV from tOPV
 - PCV
- 2017
 - MCV2 to MR2
 - TT to Td
- 2018
 - JE
 - PCV10 to PCV13
- 2020
 - RVV
 - HPV
- 2019
 - MR follow-up (9m to 5 years)
- Smooth introduction
- vaccines coverage reached coverage levels of other vaccines
- No serious adverse events or injection safety issues



Challenges

- Cumulative burden of co-financing budget
- Development of Immunization policy to secure funding for vaccines
- To reduce expenditure on outreach services to minimal through health system strengthening



Access to high quality vaccines is ensured



Target for 2020:

- ☐ Five SEA Region countries will manufacture vaccines of assured quality
- ☐ All countries in the region will have no stock-outs at national & sub-national levels



Access to high quality vaccines is ensured

Vaccines in Myanmar EPI

- WHO pre-qualified vaccines
- procured by UNICEF

Future challenges:

- Functionality of NRAs
- Market shaping
- Procurement expertise, vaccine price transparency or bargaining power in countries that do not procure through UNICEF

Summary



- Significant progress in implementation of activities to achieve targets/goals of Regional Vaccine Action Plan following concerted efforts of national governments and partners
- Challenges/risks remain for each goal
- Activities to overcome these challenges to be identified and incorporated in country plans

Sustain, accelerate and innovate







Questions, comments and suggestion