Communicable Diseases

Strategy and actions

Clear and ambitious goals are needed to build on recent gains. In 2013–2014, a draft Regional Framework for Implementation of the Global Vaccine Action Plan was developed through extensive consultation with Member States. This draft framework has been designed to support Member States by tailoring the strategies and activities recommended in the Global Vaccine Action Plan 2011–2020 (GVAP) to the Western Pacific Region. Existing regional and global goals have been consolidated to assist Member States to implement the GVAP.

Results achieved

In 2013, the Region sustained its polio-free status. The Regional Certification Commission for Poliomyelitis Eradication identified three countries at high risk for importation of poliovirus: the Lao People’s Democratic Republic, Papua New Guinea and the Philippines. Polio laboratories throughout the Region maintained accreditation and with WHO support many introduced new techniques for intratypic differentiation and screening for vaccine-derived poliovirus.

In 2014, Australia, Macao SAR (China), Mongolia and the Republic of Korea were verified as having achieved elimination of endemic measles virus transmission for a period greater than 36 months. Although measles transmission has been declining, resurgence occurred in 2013 and mass outbreak response immunization campaigns were conducted in China, the Philippines and Viet Nam. The number of WHO measles and rubella laboratories in the Region participating in the WHO accreditation programme rose to 53 in 2014. During past year, molecular diagnostic capacities of network laboratories for genotyping and sequencing were further strengthened to provide fast genotyping results for the programme.

Cambodia introduced rubella vaccine into its routine immunization programme following a nationwide measles–rubella vaccination campaign targeting children from 9 months to 15 years of age. As of mid-2014, 34 of the 37 countries and areas in the Region have introduced rubella into their routine immunization schedule. With most countries in the Region establishing rubella control

The National Measles and Rubella Laboratory at the National Center for Laboratory and Epidemiology in the Lao People’s Democratic Republic was accredited by WHO in October 2013.
programmes, the goal of achieving rubella elimination can now be considered.

The Regional Committee for the Western Pacific in 2013 endorsed a resolution to make 2017 the target for achieving the goal of reducing hepatitis B prevalence to less than 1% among 5-year-old children. To meet this target, WHO support to Member States is focusing on advocacy, increasing vaccination coverage and verifying impact. The Regional Immunization Week theme this year was stopping hepatitis B and liver cancer through vaccination. Regional vaccination coverage for hepatitis B in 2012 increased to 91% for three doses and 76% for the timely birth dose. The WHO Hepatitis B Expert Resource Panel verified Brunei Darussalam, Cook Islands and Palau as having met the hepatitis B control goal.

In December 2013, a neonatal mortality survey validated the elimination of maternal and neonatal tetanus in the Lao People’s Democratic Republic. As of mid-2014, only Cambodia, Papua New Guinea and the Philippines have not yet validated elimination of maternal and neonatal tetanus in the Region.

Nine of 12 countries at risk for Japanese encephalitis now include the vaccine in their immunization schedules for some or all risk areas. In 2013, two additional countries established surveillance to better define the disease burden. This year also marked the first WHO prequalification of a Japanese encephalitis vaccine, which was also the first prequalified vaccine produced in China. These factors make it feasible for the Region to accelerate Japanese encephalitis control over coming years.

Achieving 95% national coverage and 90% district coverage for all vaccines used in national immunization programmes was proposed as a regional goal. Such high coverage is important to the success of disease elimination and control programmes and to reduce inequities in vaccine access. In 2013, seven countries exceeded the 95% national goal for coverage with three doses of diphtheria–tetanus–pertussis vaccine. WHO supported formulation of a regional alliance for national regulatory authorities for vaccines, which helps build independent, competent and effective regulatory systems.

Countries in the Region increasingly gathered and used evidence for vaccine policy decisions. During the past year, four Member States introduced one or more new vaccines into their routine schedules and eight participated in the WHO rotavirus and invasive bacterial disease surveillance networks, collecting evidence on disease burden and the impact of vaccination. WHO-supported laboratories provided quality-assured testing.

Children show the fingernail markings that indicate they have been vaccinated in a major campaign against diphtheria, Japanese encephalitis and polio.
for these diseases, along with Japanese encephalitis. WHO provided support for the Lao People’s Democratic Republic to undertake a human papillomavirus vaccine demonstration project and for Mongolia to evaluate the cost-effectiveness of pneumococcal conjugate vaccine.

**Future directions**

Immunization is a cost-effective, life-saving intervention that contributes substantially to the achievement of Millennium Development Goal (MDG) 4, which calls for a reduction in child mortality, and MDG 5, which calls for a reduction in maternal mortality. The new draft *Regional Framework for Implementation of the Global Vaccine Action Plan* outlines a way forward to strengthen immunization systems and achieve regional immunization goals. WHO will continue to work closely with Member States and assist them in their efforts to strengthen immunization programmes and further reduce the impact of vaccine-preventable diseases. WHO promotes a comprehensive approach that engages maternal, newborn, child and adolescent health in an effort to maximize the benefits of vaccination and to promote sustainable programmes.

**Fighting the scourge of hepatitis B**

Doctors explain to a new mother in the Philippines the importance of vaccinations, especially the hepatitis B birth-dose vaccine. Half of the world’s hepatitis B cases are in the Western Pacific Region.

Worldwide 240 million people live with chronic hepatitis B and 325 000 die each year from the disease, according to WHO estimates. The Western Pacific Region is home to a quarter of the world population, yet accounts for more than half of the deaths from hepatitis B. This high burden prompted countries in the Region to take stronger action to prevent new cases of hepatitis B through increased vaccination coverage.

Their efforts have sharply reduced new infections. In 2012, the Region achieved the milestone of reducing hepatitis B chronic infection among 5-year-old children to less than 2%. By 2013, vaccination coverage had improved to 91% for the three-dose series and 76% for timely birth dose. To accurately monitor impact, WHO established an independent Expert Resource Panel for hepatitis B, charged with verifying the achievements of Member States in reducing prevalence among children. The panel has independently verified 11 countries and areas as having achieved a chronic infection prevalence of less than 1% among 5-year-old children.

At the sixty-fourth session of the Regional Committee for the Western Pacific, Regional Director Dr Shin Young-soo congratulated Member States on successes in controlling hepatitis B in children. He also called attention to the challenges ahead. With many pregnant women in the Region already infected, reducing mother-to-child transmission of hepatitis B requires providing the first dose within 24 hours of life. Reaching millions of mothers living in remote areas that lack ready access to health care will require intensified efforts and a greater commitment of resources.