Delegates and partners discuss ways to accelerate progress towards global immunization goals

A technical briefing – Reaching Everyone, Everywhere with Life-Saving Vaccines – was held on Wednesday, 24 May 2017 with about 250 participants in attendance. The briefing provided an opportunity for delegates to share experiences to better understand some of the challenges and bottlenecks to achieving national and global immunization goals, learning lessons from the successes seen in some regions and countries and seeing how we can build on the successes to-date to get back on track to achieving the ambitious goals set forth in the Global Vaccine Action Plan (GVAP).

The event was moderated by Dr Flavia Bustreo, Assistant Director-General of Family, Women’s and Children’s Health with opening remarks from WHO Director-General, Dr Margaret Chan. The Regional Director of the Americas, Dr Carissa Etienne spoke about the critical factors for success in achieving measles and rubella elimination in the Americas and the Regional Director of South-East Asia, Dr Khetrapal Singh affirmed the commitment of the regional office to support their Member States in reaching the regional measles elimination goal for 2020.

“We need to share lessons learned from countries that have made progress in immunization under very trying condition. Innovation is important, we have vaccines, we need to ensure we can get them to those who need them” – Dr Margaret Chan

“Sustained, strong political leadership at the highest level is necessary to reach everyone with lifesaving vaccines. In addition, the Revolving Fund played a critical role in supplying vaccines at the lowest cost to all Latin American and Caribbean countries and is part of the success of the measles and rubella elimination in the Americas” - Dr Carissa Etienne

“Measles elimination by 2020 is one of the top 7 priorities of the WHO South-East Asia Region. I call on all Member States in the Region to redouble their efforts and to all our partners to commit to resources to support measles elimination and rubella control” – Dr Khetrapal Singh
During the briefing, Dr Chan was presented with an award by the Minister of Health of Angola on behalf of the global immunization community for her leadership, dedication and contributions to the Global Vaccine Action Plan and to the vision of reaching everyone, everywhere with life-saving vaccines.

“We are doing this together. We need you and you need WHO to make the vision of the Global Vaccine Action Plan a reality. Thank you for your support” – Dr Margaret Chan

Country participation in the panel discussion

Speakers from 4 countries participated in the panel discussion:

(1) Dr Luis Sambo, the Minister of Health of Angola;
(2) Mr Søren Brostrøm, Director-General of the Health Authority of Denmark;
(3) Mr Arun Panda, Additional Secretary of Health of India; and
(4) Dr Abdullah Dahan, Vice Minister of Public Health and Population of Yemen.

The speakers highlighted the progress observed and focused on key implementation and addressing challenges such as: targeted approaches to reach the unreached children with immunization services; sustaining immunization coverage during conflicts, outbreaks and other humanitarian agencies; mitigating risks around the transition out of polio eradication and Gavi support; and addressing concerns and fears about the adverse effects of vaccination that may lead to lower immunization coverage with some vaccines.

Dr Luis Sambo, Minister of Health, Angola

“From this year, Angola will no longer receive financial support from Gavi and polio eradication resources. This is really threatening our work on routine immunization and other primary health care interventions. We have been in discussions with various partners on the transition of funding support as countries need more time to adjust to this new context, especially at time when many countries including Angola are facing economic slowdown and national funding for immunization is still on an ad-hoc basis.”

“We’ve recently experienced yellow fever and measles epidemics. If the capacity to increase our immunization coverage against these diseases is not there, we will be faced with more disease outbreaks particularly in remote and hard to reach areas.”

“Latest coverage data shows that the coverage for 3 doses of diphtheria-tetanus-pertussis (DTP3) in Angola is 40%. This must be improved. Angola is committed to reaching the goals of the Global Vaccine Action Plan. Immunization is one of our national health priorities and a key element in our reform agenda.”
Mr Arun Panda, Additional Secretary of Health of India

“In 2014, the immunization coverage in India was 65%. Some of the barriers identified were the lack of parental knowledge on the importance of immunization, the fear of side-effects and the non-availability of vaccines and vaccinators during vaccination sessions. To address these challenges, the government of India launched mission Indradhanush in December 2014 to increase immunization coverage. In Hindi, Indradhanush means rainbow and like the rainbow, we started with 7 vaccines similar to 7 colours of the rainbow and we’ve expanded our immunization rainbow to 11 vaccines.”

“During the project, week-long immunization drives are held every month for four consecutive months, focusing on remote and high-risk areas with low immunization coverage. Meticulous planning sessions and accountability at all levels are key success factors together with developing social mobilization plans that meets the needs of the communities. Three phases of mission Indradhanush have been completed and the fourth phase is ongoing with a completion date of July 2017. A total of 528 districts out of 700 districts in India with be covered under the mission. Up to April 2017, about 220 million children have been reached with life-saving vaccines of which 6 million have been fully immunized and 6 million pregnant women immunized with tetanus toxoid vaccine. The Indradhanush platform has also been used to deliver vitamin A and zinc tablets to children.”

“Thanks to mission Indradhanush, there has been a 6.7% increase in immunization coverage compared to a 1% increase in the past. Routine immunization and capacity of healthcare workers have also been strengthened by incorporating mission Indradhanush sessions in routine immunizations.”

Dr Abdullah Dahan, Vice Minister of Public Health and Population of Yemen

“Despite being one of the poorest countries in the region, the Government of Yemen is committed to bringing life-saving vaccines to the population. Because of conflict, we are facing many challenges on immunization, including the availability of vaccines, administration of vaccines, access to the target population and vaccine hesitancy.”

“Since the beginning of the conflict, the government and partners have taken extraordinary steps to ensure continuation of vaccine supply to the country including special charter flights and a hub in Djibouti for proper storage of vaccines. It is evident that the national immunization programme can continue during times of emergencies with strong commitment from the government and the flexibility of support from partners.”
Mr Søren Brostrøm, Health Authority of Denmark

“Until 3 years ago, Denmark can be considered a success story with regards to the use of human papillomavirus (HPV) vaccination. In 2007 and 2008, we started rolling out HPV vaccination aimed at 12 year olds and some catch up programmes targeting older girls. By 2010, we achieved high coverage of HPV vaccination and currently women between the ages of 15 and 30 would have received HPV vaccination, which is crucial as Denmark has one of the highest incidence of cervical cancer in Europe, with a very high transmission of HPV. If it were not for cervical cancer screening, we would have a huge prevalence of cervical cancer. HPV vaccination is important for Denmark in bringing down the incidence of cervical cancer.”

“In 2014 and 2015, we were hit by a crisis which started with media reports on increased reporting of adverse events following HPV vaccination with women complaining of headaches, dizziness and fatigue. In the beginning, when we looked into the issue together with the European Medicines Agency, we were not particularly concerned as there were no evidence that HPV vaccine was causing those symptoms.”

“We have spent time analysing the issue and we discovered that parents are not vaccine deniers, they are delayers. They can be convinced and we can convince them. But this is difficult with rumours spreading via social media. We should also realize that often in high income countries, immunization success can equal failure i.e. the challenge of explaining to parents why they need to vaccinate their children when they can’t see the diseases. Young parents in Denmark do not know measles. They do not know polio. We need to educate them on the importance of immunization.”

“To tackle the issue, we have developed a broad alliance including medical and nurses associations and cancer research agencies and have embarked on a campaign to ensure parents better understand the need for immunization and that vaccines are safe and effective in preventing diseases. In Denmark, we do not have a general disbelief in immunization. We have seen increases in polio and measles vaccination, for example. The WHO European Regional Office have provided us with critical support and advise and we are confident that we can bounce back and sustain high HPV vaccination coverage.”

In addition, several participants took the floor during the event including:

- The Secretary General, Ministry of Public Health of Greece and Member of the Standing Committee of the Regional Committee for the European region provided a perspective from
Greece, a country not directly been affected by conflict of emergencies but have been indirectly affected because of the influx of refugees.

- A UNICEF representative spoke about the approaches to promote equity and reaching the 5th child with life-saving vaccines.
- A representative from Save the Children spoke on the need for sustainable financing of immunization programmes.
- A representative from the Bill & Melinda Gates Foundation highlighted the need to find innovative ways to increase data quality and provide incentives for healthcare workers to ensure accuracy of data.

Mrs Anuradha Gupta, Deputy CEO of Gavi, the Vaccine Alliance

“Good is not good when better is possible. We can’t forget that immunization is the best intervention. We have much to celebrate but it is important not to forget that immunization is the best prevention; not to forget that immunization is the cornerstone of primary health care. We must focus on reaching the 19 million children missing basic immunization and move from using DTP3 to using two doses of measles vaccine (MCV2) as the key indicator for tracking performance of immunization programmes.”

“Gavi now has an ambitious programme aiming to reach 40 million girls with HPV vaccine by 2020 and I would really urge all countries present here to take advantage of this opportunity because the vaccine price that Gavi has negotiated for HPV vaccine is very low. HPV vaccination is important because it has the potential to become such a wonderful platform for an integrated service delivery.”

In closing the session, Dr Bustreo highlighted that “when a country invests significantly in immunization programs, other health services also benefit.”

In addition, Dr Bustreo pointed out that vaccine hesitancy is a growing issue that may affect progress towards reaching and sustaining high immunization coverage and we must work together to ensure that all parents, caregivers and healthcare professionals understand the importance of vaccine and immunization in preventing diseases and saving lives.

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