

Report of Dr. Najwa Khuri-Bulos about the GIM meeting Geneva Switzerland February 1-3 2010

This meeting took place at the CIGG.

The WHO immunization division with the participation UNICEF and GAVI organized this meeting. The aim of the meeting was to

1. To update on progress of the Global Immunization Vision and Strategy (GIVS) and the global immunization and mortality reduction goals in the overall framework of the Millennium Development Goals (MDGs)
2. To share policy decisions and recommendations from the Strategic Advisory Group of Experts (SAGE) and other technical/advisory bodies; and
3. To provide the WHO and UNICEF global and regional staff, as well as immunization partner representatives, with technical updates focusing on the programmatic issues related to the global immunization efforts, including reaching the unreached.

Representatives in attendance were 22 national government representatives. In addition all the WHO regional offices were represented, UNICEF, GAVI, AMP from France, CDC Atlanta, Johns Hopkins, UN foundation, The Sabin Vaccine Institute, US coalition for child survival, The Bill and Melinda Gates Foundation, NESI, the IVI, NORAD, CPHA, NIAID, Medicine Sans Frontier, the red cross, many civil society organizations. Dr. Khuri-Bulos represented the IPA as a temporary advisor and was asked to make a presentation to the meeting. The presentation was on the “engagement of the private sector in support and implementation of the National Immunization Programs”.

The meeting lasted three days. During this meeting a review of the global immunization efforts was made. Vaccine, coverage, financing and vaccine recommendations were also reviewed.

It was noted that while a larger number of children than ever before have been vaccinated in recent years, there still is a large number of children who are not yet being reached. In fact 20% of children are still not vaccinated and many are still not receiving the recently introduced vaccines that have been proved to be effective in preventing pneumonia and diarrhea. The concern however is that even though the delivery of vaccines such as measles has helped decrease measles deaths, resurgence may occur. Another major initiative, the Polio eradication is also proving more difficult to accomplish than initially thought and new innovative modalities and vaccines are being tried. This includes the BiPolio vaccine. Intensified efforts at controlling polio in both endemic and re infected areas are being done with increased community involvement. In all of these major endeavors, the importance of good health systems capable to deliver vaccines is a very important determinant of successful immunization. Parental attitudes were also found to be an important cause of not vaccinating children. Both of these have to be addressed in order to tackle this problem of under or non-vaccinating children.

An added challenge to increasing the benefit of vaccination is the increasing difficulty the introduction of new vaccines in middle-income countries, which are not eligible for GAVI support. This is a subject that is being pursued in order to minimize this inequity.

The IPA presentation was the keynote for the morning session on the second day. Dr. Khuri-Bulos (presentation attached) highlighted the many roles that the pediatrician can play in supporting the immunization programs and efforts. Through their individual practice as well as through the local, regional and the International Pediatric Association, pediatricians can play a major role in supporting the NIPs by advocacy, education and combating rumors among the public and the

professionals as well. She pointed out that the IPA has played a prominent role in the past by being on many influential committees such as the GAVI board. In addition she pointed to the recently created immunization program with DR. Ciro De Quadros as the technical advisor and the advocacy and education role that the IPA can play. She also pointed to the growing disparity between countries and even in the same country between the rich and poor population since many of the recently introduced vaccines are still too expensive to add to the National Immunization Programs, which provide vaccines free of charge. The IPA can be a major contributor to the efforts being made to educate, advocate and help support the immunization programs at the national, regional and international efforts.

During the noon hour in the three days of deliberation three concurrent meetings took place including discussion on introducing a birth dose of hepatitis b. introducing new vaccines to low middle income countries, GAVI strategy, rotavirus vaccine, the NITAGs.

Other subjects included presentation on the progress towards control of measles, tetanus, polio eradication and hepatitis b infection among the health care workers.

While it is agreed that the supply of vaccines is a major function of the public sector, the delivery of vaccines and the vaccination process needs greater engagement of the private sector and the civil society organizations including pediatric societies. This is a good opportunity for the IPA to take the initiative and pursue some of the projects which were suggested by the Immunization Program including the web based immunization course, as well as the survey for pediatric engagement in vaccination, organization and

participation in immunization meetings both regionally and in international conferences and organizing regional workshops about vaccines.