

Message from

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At the

Regional Review Meeting on Immunization

***19-23 July 2010
WHO/SEARO, New Delhi***

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***Address by:*
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Regional Director, WHO South-East Asia**

Senior officials of the ministries of health of the WHO South-East Asia Region, programme managers of national immunization and vaccine preventable disease surveillance, representatives of partner organizations, honourable guests, ladies and gentlemen,

I warmly welcome you all to the Regional Review Meeting on Immunization. First of all, I sincerely thank the distinguished participants for sparing the valuable time to attend the meeting. We in the SEA Region are facing a formidable challenge to increase and sustain high coverage of routine immunization.

We need to support countries to adopt specific strategies that can achieve and sustain such a coverage, especially in countries that are lagging behind the others.

We need to clearly understand why some countries are not able to achieve higher immunization coverage in their certain geographical locations. The underlying reasons for low immunization coverage may be country-specific, but we need to identify them and work towards eliminating the barriers that prevent us from achieving our immunization targets.

More important, we need to revisit the available information on the burden of vaccine preventable diseases. We need to have information on current and future vaccine availability; including technologies for vaccine delivery.

The vaccines used in our immunization programme need evaluation from time to time in terms of their contribution to the reduction of the disease burden, cost implications and the capacity of national programmes to successfully deliver.

Distinguished participants, as we all know, immunization is the most cost-effective public health intervention today. Nonetheless, children in developing countries still do not have adequate access to life-saving vaccines.

Protecting more people with immunization is a global challenge towards achieving the health-related MDGs, especially when considering the hard-to-reach populations.

Immunization acts as a pillar of PHC. The PHC approach will expand its services to cover all children, adolescents and older age groups to increase community demand for immunization and ensure the use of an integrated approach to reach all who are targeted.

Ladies and gentlemen, globally 23.5 million children do not receive DTP3 vaccination during their first year of life. Of these children, 10 million live in the SEA Region. DTP3 coverage in this Region increased only 7% between 2000 and 2008. Three countries in the Region cannot achieve 80% DTP3 coverage.

As far as polio eradication is concerned; the situation in India has significantly improved during the recent past. However, the country still faces a number of challenges on its road towards polio eradication.

The polio-free countries also face challenges in maintaining high-level OPV coverage through routine immunization, and sustaining high-quality AFP surveillance. Measles mortality reduction in the SEA Region is currently at 46% compared with that of the year 2002.

However, measles elimination in the Region is still a formidable challenge. We appreciate funds made available from GAVI, which have provided the opportunity for children in the poor countries to be protected from several common diseases.

Over the last few years, hepatitis B vaccine has emerged as an integral component of routine immunization in most Member States in the Region. Several countries have introduced a vaccine against Japanese encephalitis. Four countries have introduced haemophilus influenza B vaccine. This is an encouraging trend that countries in the Region are adding more vaccines in their national immunization programmes.

This is to encourage countries to move forward towards high and sustainable coverage of routine immunization. To

achieve such immunization coverage needs, infrastructure must be improved, including strengthening strategies for implementation of national immunization programmes.

As far as adding more vaccines into the routine immunization programmes is concerned, WHO will continue providing support to countries in deciding on the choice of vaccines. The choice made will be based on a genuine need for vaccines on the basis of the disease burden and on prioritization according to the countries' ability to afford and sustain.

We have to also keep in mind that a vaccine may be highly efficacious, but the disease it prevents may not necessarily be a public health priority. A vaccine may be highly cost-effective; but it may not be affordable to the country.

The availability of additional vaccines for national immunization programmes has to be sustainable in the long term. As far as side-effects of vaccines are concerned, those traditional vaccines used in EPI have several decades of post-

marketing surveillance. There are enough data to prove their safety.

For the vaccines that are just added to the immunization programmes, their possible long-term side-effects in our populations are not yet known. This needs long-term surveillance and evaluation. Therefore, there is the need to strengthen country surveillance and response systems on the adverse events following immunization.

When adding vaccines into immunization programmes, injection safety and vaccine security need to be assured. I believe that this meeting will provide a useful platform where countries can review their needs and agree on strategies to enhance the coverage of their routine immunization.

Regional policy guidance and a rational framework are required for our future actions in the development and management of our immunization programmes.

Ladies and gentlemen:

With many changes in disease prevention since when EPI started, it is time now to revisit in a big way the national, regional and global policies and strategies on “immunization” with a consideration of the vaccine as a part of the exercise. Immunization should be viewed in a much broader context, encompassing not only scientific and technological but also social, economic and political aspects.

Considering that immunization is the most cost-effective public health intervention, we should do everything possible to achieve high and sustained coverage of routine immunization. Whenever possible and indicated technically and socially, more vaccines should be added into the schedule of national immunization programmes. This is to ensure the maximum health benefit from immunization to various age-groups of our populations, given that the immunization with those vaccines is safe in both the short and long terms, affordable to individuals, communities and countries, and socially acceptable to the people in the community.

With these words, ladies and gentlemen, I wish the meeting all success. Thank you.