SEVENTH MEETING

Thursday, 19 May 2011, at 14:40

Chairman: Dr H. MADZORERA (Zimbabwe)

1. TECHNICAL AND HEALTH MATTERS: Item 13 of the Agenda (continued)

Global immunization vision and strategy: Item 13.5 of the Agenda (Document A64/14) (continued)

Mr GONCHIGSUREN (Mongolia) said that his country had a well-established infrastructure for delivering its Expanded Programme on Immunization, which, together with a multisectoral strategy to reach every district, launched in 2011, and support from United Nations bodies and the GAVI Alliance, permitted the provision of health care and comprehensive social services to every mother and child in the country, even in remote areas.

Dr AYDINLI (Turkey) pointed out that vaccine-preventable diseases remained important causes of morbidity and mortality. Under WHO's leadership, all Member States should continue their efforts to eradicate poliomyelitis, including routine vaccination and surveillance in order to avoid the risk of re-emergence of the disease. Turkey, committed to eradicating poliomyelitis, was also giving priority to the elimination of measles in accordance with WHO's targets. Experience over the previous decade showed that the elimination and ultimate eradication of measles would require greater commitment and extensive cooperation between countries.

Dr ATTAYA LIMWATTANAYINGYONG (Thailand) said that, despite the good progress made since the adoption of the Global immunization vision and strategy by the Fifty-eighth World Health Assembly in 2005, many challenges remained. Successes in low-income countries had come from government commitment, capacity to deliver vaccines to the target population and support from WHO, UNICEF and other development partners, whose valuable contribution should be acknowledged. New vaccines could contribute to the attainment of the Millennium Development Goals, but evidence on the magnitude of the disease burden, the capacity of the cold chain and the health system needed to be used to expand activities; fiscal stability and financial sustainability were prerequisites for their introduction. The Secretariat should support Member States in the generation and use of evidence for decision-making. Structural barriers to self-reliance in low- and middle-income countries included the unaffordable cost of new vaccines, often patented by one manufacturer, with generic products becoming available only 10–15 years after introduction. The expansion of vaccine-manufacturing capacity in developing countries was a vital strategy for promoting security of affordable vaccines, as proved by the results of WHO's support for vaccine production in the recent influenza pandemic. More vaccine producers meant greater global health security. WHO and other partners should foster mechanisms to make vaccines affordable, such as public–private partnerships, differential pricing, advance market commitments, voluntary and compulsory licensing and patent pooling. WHO should not advocate new vaccines for developing countries unless they were cost-effective and affordable, with appropriate delivery services in place. Well-functioning health systems, especially primary health care services, formed the platform for delivery of vaccines and the achievement of health equity. He welcomed the five overarching objectives of the delivery strategy for the proposed global vaccine action plan and looked forward to reviewing it in 2012.

Mr MEI Yang (China) warned that major challenges lay ahead. Some new vaccines were costly and there were technical barriers to their delivery on a large scale in many developing countries. China

supported in principle the strategic direction of the Decade of Vaccines 2011–2020. Stakeholders should redouble their efforts to ensure the eradication of poliomyelitis as quickly as possible. However, prudence was called for in setting targets for the eradication of measles. Adequate and sustainable financing for monitoring and evaluation were needed in order to ensure better knowledge of disease burden and the efficacy of new vaccines. The international community must take specific measures to support developing countries in conducting appropriate research and development. The high prices of certain vaccines made it difficult for developing countries to incorporate them in their immunization programmes. Accelerated transfer of intellectual property was needed to promote local manufacture and bring down prices, and the Secretariat could play an important role in that regard.

Mrs TZIMAS (Germany) urged the Secretariat to continue its standard-setting and advisory role in the area of immunization and in the broader context of disease control and comprehensive health services. All partners should be encouraged to strive for vaccine cost reductions and cost containment in immunization services in order to ensure the long-term sustainability of affordable health systems. Immunization was complementary to other efforts to improve health, in particular multisectoral approaches to provide healthy living environments, including drinking-water and sanitation and adequate nutrition, as well as prevention activities and other needs-based health care.

Mr MARQUES DE LIMA (Sao Tome and Principe) said that the remarkable worldwide progress in the area of immunization reflected the efforts of Member States to achieve the objectives of the Global immunization vision and strategy. With support from WHO, UNICEF and the GAVI Alliance, his Government had introduced vaccines against yellow fever, hepatitis B and *Haemophilus influenzae* type b into its Expanded Programme on Immunization, and was preparing to introduce a second dose of measles-containing vaccine and the pneumococcal and rotavirus vaccines. Significant constraints remained, however, including lack of financial resources and insufficient community participation. The Decade of Vaccines and the global vaccine action plan should help to accelerate efforts to ensure that everyone benefited from immunization. Member States should share information on difficulties in their vaccination services so as to ensure that measures to overcome constraints and weak points were included in the action plan.

Dr ZAINAL (Brunei Darussalam) endorsed the strategic direction for the Decade of Vaccines 2011–2012. The report reflected the need for additional efforts to eliminate inequities in access to safe and effective vaccines. Her country's national immunization programme would be guided by the proposed vaccine delivery strategy outlined in the report, with its five overarching objectives. She also endorsed the overall goal of combating disease through the achievement of high and equitable immunization coverage and other essential health-care interventions throughout the life course. She fully supported the global vaccine action plan.

Dr BRENNEN (Bahamas) supported the implementation of a global immunization action plan. It was refreshing to note that the report acknowledged that many factors had contributed to failures in national immunization programmes, and that comprehensive approaches were needed for such programmes and for disease prevention and management as a whole. The Bahamas was raising public awareness of the importance of immunization through multimedia and personal-appearance campaigns by the Expanded Programme on Immunization team, and had participated in the recent Vaccination Week in the Americas and regional work on the documentation of the elimination of measles, rubella and congenital rubella syndrome.

Acknowledging WHO's tireless efforts to eradicate poliomyelitis, he supported the Director-General's call for continued vigilance, as pockets of disease and lapses in immunization activities left all countries at risk, especially given the fluidity of population movements.

Many developing countries were marginalized because they were ineligible for current support mechanisms and could not afford new vaccines such as the pneumococcal conjugate, rotavirus and

human papillomavirus vaccines. In the Bahamas, a specific budget line for immunization had boosted public recognition of the importance of vaccines but economic difficulties threatened programmes such as the planned introduction of five new antigens into the national immunization programme within the next two years. Increased demand for vaccination placed additional strains on health systems, but the strategic response ensured that services were focused and patient-centred.

He endorsed WHO's strategies to reduce the prices of vaccines and increase availability. Pooled procurement in the Region of the Americas had been of great benefit. Further efforts were needed to ensure full participation by Member States in the Decade of Vaccines.

Dr RASAE (Yemen), speaking on behalf of the Member States of the Eastern Mediterranean Region, affirmed support for the Global immunization vision and strategy. Overall, the countries of the Region had made substantial progress in expanding coverage with the diphtheria, tetanus and pertussis vaccine, although some countries had experienced problems in delivering the third dose. Great strides had been made in controlling poliomyelitis; no case had been recorded in Yemen since 2006 but floods in Afghanistan had impeded progress. Mortality due to measles in the Region had fallen by 93% over the previous decade. Coverage with the hepatitis B vaccine was broadening. Newer vaccines had not yet been widely introduced because of cost and delivery constraints, although the pneumococcal vaccine had been introduced in Yemen. Some countries in the Region faced particular difficulties and needed further support to eliminate measles within the next two years and attain the Millennium Development Goals, especially Goal 4 (Reduce child mortality). WHO should take the lead in promoting equitable access to vaccines, especially the newer products. The start-up of vaccine manufacture in middle-income countries in the Region, including Egypt, Morocco and the United Arab Emirates, should help them to achieve vaccine self-sufficiency. Talks were under way with the GAVI Alliance on buying pneumococcal and rotavirus vaccines over the next few years, possibly from China and India.

Ms EL-HALABI (Botswana) supported the strategic direction for the Decade of Vaccines. Immunization coverage with three doses of diphtheria, tetanus and pertussis vaccine and with oral poliomyelitis vaccine in Botswana currently exceeded WHO's targets. Coverage with the pentavalent vaccine containing diphtheria, tetanus, pertussis, hepatitis B and *Haemophilus influenzae* type b antigens, introduced in 2010, was rising thanks to community mobilization during month-long campaigns to promote child health. Immunization remained a major component of the primary health care system. Introduction of new vaccines was a priority in Botswana's efforts to attain Millennium Development Goal 4 (Reduce child mortality). Constrained by a lack of funding to procure vaccines, Botswana and other countries with a high burden of mortality in children aged under five years needed additional support.

Dr KALESHA (Zambia) said that many countries had achieved high coverage with three doses of diphtheria, tetanus and pertussis vaccine, yet large numbers of children remained underimmunized. Despite the progress made in eradicating poliomyelitis in Africa, concerns remained over the threat of transmission of the wild poliovirus, which remained in circulation in some areas, and, where necessary, country emergency plans must be prepared and implemented. The re-emergence of measles was another source of concern and adequate funding had to be secured for administering a second dose of measles vaccine in supplementary immunization programmes. She commended the launch of the advance market commitment for pneumococcal vaccine (the introduction of which was expected soon in Zambia), and agreed that the introduction of such new vaccines should be set in the context of comprehensive disease control strategies. However, the prohibitive cost of new vaccines, added to already weak health systems, was denying people access to life-saving interventions. Further efforts were needed globally to reduce costs of vaccines, to redress inequities in access to them, and to accelerate the transfer of relevant technologies. Zambia supported the goals and objectives of the Decade of Vaccines. Approaches should be country-led. Gradual movement towards self-sufficiency

was the key to achieving common immunization goals, especially in low-resource settings. There should be broad consultation on the development of the global vaccine action plan. She urged donors to support the replenishment of the GAVI Alliance's funds at the pledging conference to be held in June 2011.

Dr AL NASSER (Kuwait) said that his Government attached the highest priority to immunization and had succeeded in maintaining high coverage rates across the country over recent years through an extensive range of measures, with particular emphasis on campaigns against poliomyelitis and measles. The cold chain had been improved and vaccines had been provided free of charge to all citizens, including those in remote and rural areas of the country.

Dr GWAK Jin (Republic of Korea) said that the Global immunization vision and strategy had provided a useful base for the review and strengthening of national immunization programmes by Member States and had resulted in a significant increase in global immunization coverage rates. However, too many children were still affected by vaccine-preventable diseases, and broader provision of safe and effective vaccines would have resulted in better progress towards Millennium Development Goal 4 (Reduce child mortality). His Government was therefore collaborating closely with the International Vaccine Institute, in particular on its programme to introduce the WHO-prequalified meningococcal vaccine in sub-Saharan Africa. It had also become the first Asian donor to the GAVI Alliance. Successful implementation of the Decade of Vaccines 2011–2020 would require a coordinated action plan that built on existing resources and initiatives. The consultation process for the preparation of the plan should engage important partners, and Member States should be kept fully informed of developments.

Dr GONZÁLEZ (Nicaragua) said that, despite being a low-income country, Nicaragua was developing a policy to improve social conditions. With international support, it had a strong immunization programme, although concerns existed about its long-term sustainability and the cost of new vaccines. In line with the Global immunization vision and strategy, efforts were under way to train staff and acquire the necessary technology for domestic production of vaccines. WHO should support such efforts and facilitate negotiations with the private sector to lower vaccine prices. It should also mount a worldwide campaign to tackle misinformation about vaccination.

Dr DeCOCK (United States of America) said that the Global immunization vision and strategy provided useful goals to support health ministries, international organizations and donors in establishing appropriate immunization targets. The United States recognized the Director-General's leadership role in global poliomyelitis eradication and reaffirmed its commitment to that goal through continued funding, advocacy and technical support. It encouraged other donor countries to give that goal top priority, in particular addressing the financing of oral poliomyelitis vaccine and long-term use of inactivated poliovirus vaccine.

Global efforts against measles should focus on further reduction of mortality, sustained high coverage with a second dose of measles-containing vaccine and strengthening of surveillance in order to meet the 2015 elimination goals before consideration was given to setting a target date for eradication. His Government had noted the proposed components of the action plan for the Decade of Vaccines and was collaborating with the Secretariat through its agencies in the multi-partner effort to develop the delivery strategy. It welcomed the incorporation of inputs from low- and middle-income countries, which would strengthen country ownership, but sought clarification of the practical links between the global vaccine action plan and the Global immunization vision and strategy. Improvement of data quality and surveillance should be a cross-cutting priority. There should also be a broad-based discussion of the full ramifications of the proposed objectives for the delivery strategy. New vaccines had the potential to reduce childhood mortality substantially, but their introduction should be accompanied by strengthening of the immunization system as a whole.

Given WHO's reduced Programme budget 2012–2013, difficult choices would have to be made, and WHO should endeavour to minimize the impact of cuts on routine immunization programmes, introduction of new vaccines and the sustainability of momentum in relation to the initiatives for the eradication of poliomyelitis and the elimination of measles.

Dr GOUYA (Islamic Republic of Iran) welcomed the substantial rise in global immunization coverage over the previous decade but warned that Member States would have to strengthen their commitment and make even greater efforts if the 2015 target of 90% was to be achieved. Fluctuations in immunization coverage rates must be eliminated, especially in developing countries with large birth cohorts, for example, by strengthening primary health care systems and improving the immunization component of emergency preparedness plans. As indicated in the report, attention should be paid to subnational as well as national coverage rates, especially in border areas. His country was willing to support its neighbours and proposed that the topic should be included on the agenda of meetings in the subregion. Additional efforts should be made, for example through specific training of immunization team staff, to improve public awareness of the importance of childhood immunization, to overcome prejudice against immunization, and to vaccinate preschool children, adolescents and health-care workers. WHO, UNICEF and the GAVI Alliance should consider supporting the production of new vaccines in countries with appropriate manufacturing facilities in order to reduce the cost of new vaccines, as that cost remained a serious deterrent to their inclusion in routine immunization programmes.

Dr RUSLI (Malaysia) said that attainment of the goals of the Decade of Vaccines would require sustainable implementation of immunization programmes and the availability of affordable vaccines. International regulatory bodies should share precise and impartial information on new vaccines and adjuvants with Member States in a timely manner.

Mr EL MENZHI (Morocco) said that immunization programmes provided the opportunity to deliver an integrated package of measures, including control of diarrhoeal, acute respiratory and intestinal parasitic diseases, rectification of micronutrient deficiencies, and family planning. The Decade of Vaccines was ambitious and held much promise, provided that there was optimum engagement of decision-makers in international organizations, civil society, professional bodies and other partners, and the establishment of adequate financing mechanisms, particularly in developing countries. WHO, UNICEF and the GAVI Alliance should step up their efforts to coordinate and support immunization plans, to identify weaknesses and to share information on progress in the implementation of the action plan through national and international meetings.

Ms ESCOREL DE MORAES (Brazil) said that, with the support of PAHO, Brazil, like other Latin American countries, had made significant progress towards eliminating vaccine-preventable diseases. At the 128th session of the Executive Board in January 2012, the member for Brazil had proposed introducing in the report a reference to the meeting of the Global Technical Consultation to assess the Feasibility of Measles Eradication (Washington, DC, 28–30 July 2010), which had concluded that measles could and should be eradicated globally, and activities to that end should be used as an opportunity to promote the elimination of rubella and prevention of congenital rubella syndrome.[1] As measles virus continued to circulate in many countries, countries where the disease had been eliminated remained vulnerable to importation and re-establishment of endemic transmission. Global eradication would only be possible when all regions had succeeded in interrupting transmission through the implementation of systematic activities similar to those in the Region of the Americas. Eradication strategies should become public health priorities, despite the cost.

[1] Document EB128/2011/REC/2, summary record of the fourth meeting.

Those elements, together with those set out in the report, provided a strategic direction for effective long-term global immunization efforts.

Professor HAQUE (Bangladesh) welcomed the report, noting in particular the information provided on why some countries had not yet achieved high immunization coverage rates. Bangladesh, despite being a developing country, had achieved a sustained high level of coverage. It fully supported the Decade of Vaccines initiative, which set ambitious goals. It was to be hoped that the global vaccine action plan currently under development would be approved by the Sixty-fifth World Health Assembly. He expressed particular support for the five proposed overarching objectives of the vaccine delivery strategy.

Bangladesh had been poliomyelitis-free since 2006 and had also achieved its goal for measles elimination. *Haemophilus influenzae* type b, pneumococcal conjugate and rotavirus vaccines, among others, had been recently or were due shortly to be introduced in the country, and Bangladesh was working with WHO to produce affordable vaccines to meet national needs.

Regarding the Decade of Vaccines 2011–2020, comprehensive prevention and control measures must be established and/or improved, in addition to the provision of vaccines. The gradual withdrawal of funding of the GAVI Alliance might lead some countries to seek other forms of financial and technical support in order to maintain current levels of vaccine quality and immunization coverage.

Dr AL-JALAHMA (Bahrain) said that the prevention and eradication of diseases could only be achieved through improved, safe and effective immunization programmes that were carried out in coordination with international organizations. Strengthening research and manufacturing of vaccines would also be necessary. Bahrain had made considerable progress in expanding its vaccination programmes, incorporating several new antigens. Immunization coverage at the primary health care level was universal, and routine vaccination coverage for children, with for instance *Haemophilus influenzae* type b, pneumococcal, meningococcal, tetanus, pertussis and measles vaccines, had reached 98% in 2010. Bahrain was monitoring services in both the public and private sectors to reduce the adverse effects of vaccination.

She urged support for those countries that did not currently benefit from funding from the GAVI Alliance so as to ensure universal coverage and usage of new vaccines. She welcomed the report and particularly commended the five objectives of the proposed vaccine delivery strategy.

Dr BELAYNER (Ethiopia) welcomed the report and, in particular, its proposal for a global vaccine action plan. Ethiopia would continue to work towards achieving the objectives of the strategy, for example through lobbying donors to maintain their support. It had recently undertaken integrated supplementary immunization activities against measles, based on best practices, which had been documented and could be shared with other countries, on request. It was also working to introduce new vaccines and to enhance routine immunization. She stressed the need for all countries to support other immunization partners.

Mr NACEUR (Tunisia) informed the Committee of the positive impact of the report on national planning, noting the many objectives that had already been achieved, including a significant increase in immunization expenditure. Faced with the re-emergence of measles, Tunisia had been conducting vaccination campaigns and he asked WHO to strengthen its regional activities on raising public awareness.

If immunization was to be a human right, the availability of necessary vaccines had to be assured. Tunisia's national programme included the objectives of maintaining poliomyelitis-free status, eliminating measles and reducing the incidence of hepatitis B. The national budget provided for an action plan to monitor immunization and ensure universal coverage but it was hoped that WHO would provide financial support to provide vaccines at affordable prices. Other measures would also

be needed, including joint purchasing, data collection on vaccines and the modernization of refrigeration facilities.

Dr RAMATLAPENG (Lesotho) outlined the current national health situation, noting the awareness of the need to improve certain health indicators if the country was to achieve Millennium Development Goals 4 (Reduce child mortality) and 5 (Improve maternal health). Lesotho was experiencing a steady decline in immunization coverage rates, despite having attained high levels in the context of supplementary immunization activities. The country recognized the need to undertake additional outreach activities and to encourage social mobilization and implement the recommended "Reaching Every District" strategy.

Lesotho used the pentavalent vaccine and had applied to the GAVI Alliance for support to introduce the pneumococcal and rotavirus vaccines, which were currently unaffordable. Plans had also been developed for improved nutrition and integrated management of childhood illnesses.

Her country supported the Decade of Vaccines 2011–2020 and recognized immunization as a human right; her Government was in the process of making it a legal requirement for all parents to vaccinate their children. Lesotho was also implementing the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa, but in order to attain that and other goals it would require additional financial resources. She therefore called on the donor community to replenish the GAVI Alliance's funds and sustain support to WHO and other organizations in the United Nations system.

Dr MORALES (Bolivarian Republic of Venezuela), welcoming the report, stressed the right to free and universal access to vaccines as an essential condition of the Global immunization vision and strategy. Concerted efforts by WHO were thus required to reduce the cost of vaccines as a public good and to evaluate the epidemiological impact of new vaccines. She urged a focus on eradicating poliomyelitis and measles and eliminating maternal and neonatal tetanus.

Dr AGOUDAVI (Togo) said that, through its Expanded Programme on Immunization, Togo had had considerable success in recent years in controlling vaccine-preventable diseases, including the elimination of neonatal tetanus. Despite having been declared free of wild poliovirus in 2007, the country had had to undertake a series of synchronized vaccination campaigns between 2009 and 2011, in collaboration with neighbouring countries, following the re-importation of the virus.

Vaccination campaigns against measles had seen morbidity rates for the disease fall by 94% since 2001. Vaccines against several other diseases had been introduced since 2005 and others were due to be introduced in the two years to come with financial support from the GAVI Alliance. Togo had significantly increased routine vaccination coverage rates for all antigens through the "Reaching Every District" initiative.

Ms GAMARRA (Paraguay) said that her country had introduced several new vaccines, financed from the national budget, under a law guaranteeing the right to vaccination. As a result, Paraguay was in the process of certifying the elimination of poliomyelitis, measles and rubella.

Echoing the comments made by the delegate of Brazil, she said that a universal commitment and holistic policy were needed to eliminate measles, which still persisted in some regions. Better methods were needed to assess coverage precisely, with the support of technical committees.

Mr FOURAR (Algeria) observed that immunization programmes were much more likely to succeed if they were linked to other health interventions within a cohesive and sustainable health system. Achievements in the area of immunization were not necessarily sustainable, being susceptible to the threat of unforeseeable factors such as conflict or the lack of financial resources.

Notwithstanding the recognition of immunization as a human right and the declaration of the Decade of Vaccines 2011–2020, many children still did not have access to vaccines. Although low-income countries benefited from the GAVI Alliance, middle-income countries did not receive such

support and often lacked the necessary resources to introduce new vaccines and technologies. For example, the introduction of the pneumococcal vaccine could increase immunization costs seven- or eight-fold in those countries.

Given its leadership role in the Expanded Programme on Immunization, WHO should establish innovative strategies to ensure that all children had access to all vaccines.

Dr FALL (Senegal) welcomed the report, noting that it provided a suitable framework for national programmes. He thanked WHO, UNICEF and the development partners for the continued technical and financial support provided to Senegal in interrupting the spread of wild poliovirus and controlling measles. Particular thanks were due to the GAVI Alliance, which had enabled Senegal to introduce hepatitis B and *Haemophilus influenzae* type b vaccines. It was hoped that such support for introducing new vaccines would continue.

Dr SALEH (Egypt), noting that Egypt used only vaccines recommended by WHO, including some multidose vaccines, said that the latter should be provided in liquid rather than tablet form, as it was difficult to dissolve the tablets to make several doses. Given the country's goal of maximizing immunity through high-quality services, the use of liquid vaccines was justified on both practical and financial grounds.

Professor ADITAMA (Indonesia), welcoming the report, said that Indonesia had recently initiated a comprehensive programme to promote complete immunization in areas with low coverage. The country was also maintaining quality of immunization in areas that already had higher coverage.

Indonesia considered the Global immunization vision and strategy to be of high importance and looked forward to working with other Member States and WHO to achieve the objectives of the Decade of Vaccines 2011–2020.

Dr WAMAE (Kenya) said that her country was committed to implementation of the Global immunization vision and strategy and had made remarkable progress in routine immunization in recent years, with current data showing that 82% of children were fully immunized. That and other achievements were explained by the expansion of immunization services, new regional facilities for vaccine storage and distribution, new cold-chain facilities, and enhanced outreach to under-immunized children in hard-to-reach areas.

Kenya was monitoring carefully for cases of imported poliomyelitis or acute flaccid paralysis but still faced challenges in attaining high routine coverage for the third dose of oral poliomyelitis vaccine.

Despite supplementary immunization activities, sporadic outbreaks of measles still occurred in the country, affecting children of all ages. She therefore requested further technical and financial support from WHO for the introduction of a booster dose of measles vaccine into the country’s routine immunization schedule.

Other vaccines had recently been, or were due to be, introduced, including those against *Haemophilus influenzae* type b, pneumococcal infection and rotavirus. Kenya appealed to donors to contribute further funds to the GAVI Alliance so that it could continue to support developing countries in introducing new vaccines. WHO should also continue to advocate lower prices of new vaccines, for instance through fast-tracked prequalification and increased technology transfer.

Drawing attention to the high number of deaths from cervical cancer in Kenya each year, she requested urgent technical and financial support for vaccination; the high cost of the human papillomavirus vaccine placed it beyond the reach of many women.

Dr FIKRI (United Arab Emirates) said that the strategy outlined in the report would provide a useful basis for future immunization policies. High rates of coverage with three doses of diphtheria, tetanus and pertussis vaccine had been achieved in many countries, but efforts to eradicate

poliomyelitis and measles needed to be accelerated. Many lives could be saved through the introduction of new vaccines. Countries should build on the successes of epidemiological surveillance networks and, to that end, ensure the provision of sustainable funding and observance of appropriate safety and quality standards. Partnerships would need to be developed and strengthened so that the acceptance of immunization as a human right could be made a reality.

In the United Arab Emirates, children of all ages received all routine vaccinations. Medical services were accessible and provided free of charge, as were immunization services in all schools. The country aimed to enhance further its national monitoring and surveillance facilities, particularly for cases of acute flaccid paralysis but also for other vaccine-preventable diseases including those that had been eliminated or eradicated in the country, such as neonatal tetanus, measles and poliomyelitis.

Dr SOLÍS VÁSQUEZ (Peru) said that the Expanded Programme on Immunization in Peru had led to the eradication of smallpox and poliomyelitis, the elimination of neonatal tetanus and the control of other vaccine-preventable diseases. The country was in the process of certifying the elimination of measles, rubella and congenital rubella syndrome. New vaccines introduced as a result of a considerable increase in the national public health budget had benefited both children and other vulnerable population groups. Those achievements had been accompanied and sustained by a sophisticated epidemiological surveillance system, which monitored vaccine-preventable diseases and adverse events following vaccination. Obstacles to reaching all children, particularly those in indigenous tribes or living in rural areas, remained. Peru therefore attached great importance to the Decade of Vaccines 2011–2020 and to the aims of ensuring that all people lived free from the threat of vaccine-preventable diseases, and that access to safe and effective vaccines was a universal right.

Dr PADILLA (Philippines) affirmed her country's commitment to achieving the objectives of the global vaccine action plan under the Decade of Vaccines 2011–2020 and emphasized the need to ensure that the action plan was based on a demand-driven and country-led approach. In that connection, the Government's Department of Health had launched a national programme to immunize all children aged under seven years against measles and rubella.

Expanding immunization coverage would need the commitment of all stakeholders and sustainable financing. She agreed with other delegates on the need to enhance the capacity of manufacturers in low-income countries, in particular in order to facilitate self-sufficiency and reduce vaccine prices. She urged international partners to continue investing in countries such as hers in order to support the implementation of comprehensive disease prevention and control strategies.

Dr ESPINOZA (El Salvador) said that the Global immunization vision and strategy should include reference to the need to strengthen national health systems and ensure that their capacity to vaccinate and monitor adverse events after vaccination kept pace with the increase in the number of vaccines purchased by, or donated to, countries. Without such action, investment in vaccination would not be effective. Increasing costs also raised concerns about the sustainability of future immunization programmes.

El Salvador had quadrupled its immunization budget over the past two years, focusing most new expenditure on pneumococcal vaccine. However, it faced the same challenges as many other countries in terms of its ability to introduce new vaccines owing to their high cost. WHO should therefore include in its strategy ways to strengthen regional and national vaccine-manufacturing capacity and technology transfer.

Research was also needed in many developing countries on the immune response and effectiveness of vaccination in malnourished populations. The Secretariat should provide support to least-developed countries for improving immunization coverage in the short term. The inequality in coverage between regions was intolerable and posed a grave threat to humanity.

Dr BOKENGE (Democratic Republic of the Congo) said that the introduction of new vaccines and the interruption of wild poliovirus circulation in his country would require an integrated approach, with sustainable funding and a strengthened health system. His country therefore proposed the initiative of an African immunization week to promote advocacy, increase community participation and improve vaccine services.

Dr PETT (United Nations Children's Fund) said that UNICEF was proud of its contribution to implementing the Global immunization vision and strategy and achieving a 78% reduction in measles mortality worldwide, the near-eradication of poliomyelitis, and the elimination of maternal and neonatal tetanus in all but 38 countries. The key to those successes lay in effective partnerships and the power of collective action, which had led to the accelerated introduction of many new or underused vaccines and had influenced the markets to bring down the cost of vaccines.

However, many challenges still remained, such as the resurgence of measles, primarily in Africa, owing to inadequate vaccination campaigns and funding. Further action was needed from all concerned parties in order to reach and immunize all children and to ensure the safe and secure supply of affordable vaccines. UNICEF would be playing an active role throughout the Decade of Vaccines in collaboration with other key partners.

Mr GIZAW (International Federation of Red Cross and Red Crescent Societies), speaking at the invitation of the CHAIRMAN, said that the Federation was fully committed to working with partners to fulfil the ambitious goals of the Decade of Vaccines 2011–2020. However, for progress to be made towards achieving those goals, urgent attention must be paid to combating the resurgence of measles in Africa and redressing the inadequacy of routine immunization systems in some countries. The strengthening of those systems, which were the backbone of basic health care, was a particularly challenging task. Success would help to accelerate and sustain progress towards eradication and elimination of several diseases. The members of the Federation and other organizations were well placed to help to improve basic immunization and should be more broadly engaged by governments in developing strategies and prioritizing the most vulnerable and marginalized populations.

The Global Polio Eradication Initiative had made considerable progress towards its objective, but its Independent Monitoring Board had noted the need to enhance communications and social mobilization-related aspects of the programme. Stimulating community demand for vaccination against poliomyelitis would require concerted planning and resource mobilization, and he encouraged all partners to ensure that the Initiative was fully funded.

Professor Shan-Chwen CHANG (Chinese Taipei), said that it was regrettable that in a few countries so many children were not being routinely vaccinated owing to system weaknesses, low public awareness and fears or misconceptions about vaccines. Chinese Taipei had achieved high rates of coverage for all routine vaccinations, surpassing the targets of the Global immunization vision and strategy for 2010. That success could be attributed to an immunization information system, which collected and analysed vaccination data for all children and generated lists of unvaccinated children for follow-up.

Chinese Taipei was in the process of developing an enterovirus vaccine and had also amended its Communicable Disease Control Act in order to provide financial sustainability to immunization programmes and a legal basis for vaccine funding. It would seek to contribute to the 2012 goal of measles elimination set for the Western Pacific Region but was concerned that various factors could affect progress towards that goal. He therefore urged the Secretariat to promote further cooperation and collaboration in immunization programmes in the Region.

(For continuation of the discussion, see the summary record of the eighth meeting, section 2.)

The meeting rose at 16:55.