

1. What are the most pressing current and future challenges for measurement and coverage of immunisation?

Even in industrialised countries, measurement of the coverage of vaccines may be unreliable. In the UK, there is an accurate population register, often absent in less advantaged countries. In principle, vaccinations are recorded against individual children, resulting in the most accurate methodology for estimating coverage.

In some countries, eg USA, coverage is estimated on the basis of telephone surveys. In others, the number of doses given is estimated by applying a wastage factor to the number of doses distributed and comparing this with the known or estimated number of individuals in the target group. In less industrialised states, regular, hopefully representative, field surveys are carried out.

- a. To what extent do challenges in measurement have an effect on determining the success of current immunisation programmes?**
- b. How much of a challenge do discrepancies in data collection and presentation pose to securing equitable access to all 11 WHO recommended vaccines?**

The accuracy of the measurement of immunisation coverage is extremely important. It is much better to step in when a suboptimal level of coverage is noted, rather than to wait for an increase in disease rates. If the data are not accurate, unnecessary resources may be put in to increase coverage which has been incorrectly thought to be poor. It is important that data on vaccination coverage is available at quite a granular level, ie small geographical areas, age, sex and ethnicity, among other things. In this way, work to increase coverage can be targeted.

Coverage may be affected by access to vaccines, so mapping coverage geographically and matching it to vaccine delivery facilities may explain patchy coverage.

2. What needs to be done, in the short and long term, to increase coverage and equitable access to all 11 WHO recommended vaccines?

- a. Please highlight successful/unsuccessful examples of existing efforts**

In industrialised countries, call-recall systems are the most effective means of maintaining high coverage rates. Even with very solid evidence, these are still not used as they should be. For parents who have concerns about immunisation, it is important that they have access to a person whom they can trust, and who has the time and expertise to talk to them. Giving the facts is only part of the role. Unfortunately, time is often short, even in resource-rich countries. Having empathy with the parents and answering their specific concerns is as, if not more, important.

In settings where there is not the capacity to institute call-recall systems, attaining high coverage may be dependent on special immunisations days, during which the whole of the eligible cohort is targeted. This will

often involve going into the community – taking the vaccines to the recipients, rather than asking the recipients to come to the vaccinators. This may also be appropriate in some circumstances, for example in settings where there is disability or a large family, and therefore accessing services may be difficult.

In all settings, opportunistic immunisation should be encouraged. When eligible children are visiting health or other facilities, the opportunity can be taken to enquire about immunisation status. If any vaccinations are due, advice can be given and even better, vaccines given.

3. How can routine immunisation play a role within the achievement of universal health coverage?

Ideally vaccination programmes should not be stand alone, but part of broader health programmes. Unfortunately, resources are often strained and once time has been taken to administer and record vaccinations, there is little left for anything else

4. What are the biggest risks for the UK and globally if equity and access to vaccinations is not improved?

It is not possible to abandon a vaccine while diseases transmitted from human to human still exist anywhere in the world. A current example is polio vaccine. Although the disease is very uncommon and has not occurred other than in three countries in the last five years, it would be premature for other countries to stop universal vaccination for their citizens. While the disease still exists and anyone in the population might be exposed, all the population needs to be protected by vaccination. Once the disease has been eradicated, resources in all countries are freed up for other purposes.

5. What role do UK decision makers play in improving equitable access to all 11 WHO recommended vaccines?

- a. **Is there more the UK should do in terms of bilateral and multilateral investments?**
- b. **To what extent is the prioritisation of routine immunisation programmes by the Department for International Development (DfID) compatible with DfID, and cross-government, strategies?**

The UK has a role in supporting research into both vaccine technology, and into factors influencing the uptake of vaccines in different settings. UK should also support less privileged countries in delivering vaccines to their populations. We have a moral duty to do this, but it is also in our interest as once a disease is eradicated, we can stop using the vaccine in UK and divert resources.

6. What role do civil society and the private sector have to play in improving equitable access to all 11 WHO recommended vaccines?

Rotary International has played an invaluable part in supporting the campaign to eradicate polio. The Bill and Melinda Gates Foundation supports a variety of initiatives in relation to vaccination. GAVI is a good example of different bodies working together. Tiered pricing, whereby high-income countries pay more for vaccines than do low-income countries, is also helpful.

What is more problematic is vaccine manufacturers playing a more direct role, ie producing information materials for the public or sponsoring non-academic or quasi-educational activities for professionals. Many members of the population feel that Big Pharma is conflicted, having a major financial interest in seeing their products used. It is best that nothing is done to fuel this concern.

When there are concerns about vaccines, it may be important to enlist the help of individual community leaders and role models.

7. Are there any other barriers to equitable access to immunisation, in the UK and globally, that you think the inquiry should consider?

a. To what extent can and should these be addressed, and what role does the UK have to play?

In order to understand vaccine safety and improve uptake, the ability to weigh up evidence and understand the scientific method can be important. However, being able to do this is a much more general problem that applies to many aspects of life. While it is necessary to tackle individual issues as they arise, much better would be that children learn, as part of their education, basic skills of critical appraisal.

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- developing policy messages and recommendations to promote better child health outcomes
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