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Speech file

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Introductory Comments - 15 October 1985

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Yesterday, we had an opportunity to review the status of progress and events in this rapidly developing revolution of interest in vaccination and child survival. Plans and programs in the world's two largest countries, in our host country of Colombia and in others on other continents, are being by matched by resources undreamed of as recently as 18 months ago - at our first meeting. Canada's announcement of a generous commitment of \$25,000,000 climaxed a quite extraordinary day.

The speakers yesterday addressed the questions of political will and the resources required to reach 90% of the world's children with six vaccines by 1990. Eighteen months ago, this was a utopian hope - today, it appears to be a feasible although yet formidable objective in many, perhaps in the majority of countries.

What is there then to discuss today? I believe there are several critical areas which demand scrutiny as we shape our strategy for the 1990 objective and important considerations which extend beyond 1990 which similarly impact on this strategy.

First, we need to ask whether our ultimate objective is really that of vaccinating 90% of the world's children by 1990. In my opinion, it is not. Our true objective is that of preventing six diseases. But it is of concern to me that, as yet, few countries have made significant progress in developing systems to determine whether or not their programs are actually preventing these illnesses. Some, in fact, have not yet considered plans to do so. Eventually - hopefully sooner rather than later - we will need to investigate each case which occurs as each represents a failure in program execution. By analyzing these failures and the reasons for them, program strategy and tactics can be altered to

minimize them. Moreover, this activity, like the program for vaccination cannot stop in 1990. This is a continuing task and we must be prepared for 1991 and 1992 and the years thereafter.

Second, we must ask whether the vaccination campaign represents the end product of our efforts? Again, I believe the answer must be no. The vaccination campaigns, if well-conceived and soundly established, provide us an exceptional opportunity to develop a permanent structure - a managerial framework - for other cost effective interventions such as family planning, oral rehydration, Vitamin A distribution and others. Opportunities to do so will be explored by later speakers this morning.

Third, we need to examine research needs. In discussing this program, a number of persons, some of whom have important roles, have suggested that problem is simply one of mobilizing political will and administering vaccine of proven efficacy. Is there a role for research? For the answer to this question, I believe we need to look to history for guidance. As you will recall, the World Health Assembly decided in 1955 on a program for global malaria eradication. Scientists and health officials alike agreed that with the availability of a new insecticide (DDT), the problem was simply that of mobilizing resources, political will and effective management to systematically spray the interior walls of dwellings throughout the world with DDT. Drug therapy would serve to cure the few remaining cases. Deliberately, research programs were stopped, laboratories were closed and the research structure dismantled. Ten years later, it became apparent that neither the problem nor the solution were so simple as was originally believed. Research was urgently required but as the great Sir Ian Macgregor observed: "We had eradicated the malariologists rather than the malaria." Even today, two decades later, the research structure has been only partially reassembled and malaria is as serious a problem as it was in 1955.

In 1966, the World Health Assembly decided on a second global eradication program - one for smallpox. Again, reputable scientists and health officials alike challenged the need for research. As they

pointed out, a fully effective vaccine was available and had been in use for more than 150 years; health officials throughout the world had had decades of experience with smallpox. The problem was seen as being solely that of mobilizing resources and political will and vaccinating persons throughout the world. Happily, albeit with difficulty, we were successful in not repeating the mistake of the malaria program. WHO provided only \$40,000 for research but laboratories in many countries, as well as epidemiologists in the field, contributed substantial time and effort in an array of research studies, both basic and applied. Within a space of only a few years, most laboratories had changed the strain of vaccine virus which they used and new production methods were employed. By 1970, all vaccinations were being performed with instruments never used in smallpox vaccination campaigns before 1967 - the bifurcated needle and the jet injector. Our understanding of the epidemiology of smallpox had changed completely and so had the strategy of the program. I have no hesitancy in saying that without the ongoing research program, all of you would have had to present valid smallpox vaccination certificates before entering Colombia.

Today, not one of the six vaccines we are using in the program is fully satisfactory and none approach smallpox vaccine in the important characteristics of stability, efficacy and ease of administration. As descriptions of the various national programs so well illustrate, we have a very great deal to learn about the optimum strategy and tactics for immunization programs. In most countries, we know little or nothing about either the incidence or the epidemiology of the diseases in question. How best we can obtain such information on an ongoing basis has been little explored. Many other questions pertain to vaccine production and a range of other issues. However, as recently as two months ago, a senior official in one of the assistance agencies asked why there were funds provided for research in one of the programs!

It seems to be absolutely vital that we build solidly and well for a program which by 1990 provides 6 vaccines but by 1995 may provide 10 or even 15 vaccines and, in its course, controls the diseases in question

and begins to cope with other problems for which simple, inexpensive technologies are available. In debating how we do this, I would hope that we might discard the terms of "horizontal" and "vertical" programs - now wholly irrelevant and out-of-date - and address the problem of how best to make available, as widely as possible, the most appropriate technologies to protect the world's children.

DAH/dmpc