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INTRODUCTION - PAHO VACCINE CONFERENCE

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Vaccination, as has been repeatedly pointed out, represents the single most cost-effective procedure in our entire medical armamentarium. It would seem to be axiomatic that universal application of those vaccines which protect against diseases of greatest severity would be of highest priority to every health ministry and health establishment and that community-based immunization programs would be standard practice in every country. As we know, however, this is a goal which still eludes us. One has to wonder why. Why is every child, every pregnant mother not routinely vaccinated? Why are cases of poliomyelitis, measles, tetanus and pertussis so widely prevalent when, in fact, with the simplest and most innocuous of medical procedures, there should be none? If we can't carry out the simplest of procedures, what does it suggest about other aspects of our health and medical care systems?

It seems to me there is, in fact, an understandable reason for this. It is a reason which, if borne in mind, may help us as we design and implement programs. For most countries, vaccination for diseases other than smallpox, represents a new procedure. The vaccines are not new but vaccination is. Less than a decade ago, fewer than 5% of all children in the developing countries were routinely given vaccines against poliomyelitis, measles, diphtheria, pertussis or tetanus. The principal concern of health departments was to provide sufficient facilities for treatment of illness rather than prevention of disease. Health centers and hospitals were built and physicians and other health care workers trained to staff them. But, from my own

experience only a decade ago, I found few ministries indeed for which the purchase of vaccine was a high priority - and this, I must note, pertained in the United States as well. There was money available for expensive antibiotics, steroids and other drugs, for equipment to furnish operating rooms, for X-ray machines and for many other needs. This is not to say that such commodities were of no value - only to note that supplies necessary for the single most cost-effective medical procedure were not being purchased. Our entire system for the delivery of medical care has indeed been designed to treat the sick, to provide therapy to those who presented themselves at a hospital or clinic - not to deliver a vaccine to the healthy to prevent them from becoming ill.

Vaccination programs, as we now recognize, require different strategies than the ones we have used to provide curative services. Because of this, they represent a new type of service to which the health services are not accustomed. They require that health staff take an active role in persuading, in reaching out to the community - not the passive role in which health staff wait in an office for a sick person to appear. Successful programs require different skills and different organizational structures than those which have been so long institutionalized.

Thus, for all of us, it is a time of learning as different approaches are tried in different areas, as staff are retrained and health organizations modified. And much has been learned. This morning we will have the opportunity to learn of some of these lessons.