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Ã¢â?¬Å?Four new vaccines have increased India's immunization strengthÃ¢â?¬?

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Q: What kind of overall impact will the recent inclusion of four new vaccines have on the national immunization program?Â

The Government has introduced four new vaccines in the universal immunization program and no doubt it is a major accomplishment. The existing oral polio vaccine is a live virus and has its disadvantages such as vaccine derived polio cases. It can get into the environment and we cannot get rid of the polio virus like that as it will continue to remain there. The introduction of an injectable polio vaccine (IPV) will help in complete elimination and in achieving the zero virus targets. So, that is a major success for the polio program.

Contagious Rubella has been identified as one of the major problems by the Indian Society of Paediatrics. After discussions within the community, it was decided that the existing measles vaccines will be replaced. It is a great decision at the right time as the new vaccine will not only control Rubella but Measles as well. Hence, it eliminates two diseases at no extra cost.

The third vaccine is that of Japanese Encephalitis. It is not a new vaccine but an existing one. However, now the coverage is being extended to adults. The children are now better protected and hence, the infection is shifting to adults. Therefore, going after JE in high priority districts is on the agenda of the government.

Rotavirus is the major cause of diarrhoea in this country although sanitation and better hygiene too improve the situation. Its prevention can help save lives. Our estimate is that close to 50,000 deaths could be averted if the rotavirus immunization is done. There are two vaccines abroad-one from Merck and other from GSK. In India, permission has been granted to indigenously developed a vaccine through PPP. This is the remarkable partnership between government agencies, private players and international institutes that made it happen. The vaccines abroad cost close to $15, the one from India will be priced anywhere close to 50-60 cents. Trials of the vaccine have shown its efficiency to be similar to any other vaccine. There is no reason to doubt its superiority or labelling it inferior due to the price tag as the vaccine has been developed through rigorous processes and is of great quality.

This will be the single largest improvement in the last 30 years of UIP. It has increased the strength of the immunization program and is certainly a great achievement for the country.

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Q: How has the fight against malaria progressed? Will we able to achieve any potential solution for a vaccine?

Malaria is a disease where proper technology has been deployed. Infact, India has shown that it can contain the disease as witnessed in the 70s as part of a global effort. The tools are vector control, messages, personal protection, and treatment. The challenges in the program are two fold. One is stronger surveillance and to go after specific goals and the ability to target and catch potential people or areas. Drugs used in the program have become ineffective due to resistance and there is a need to have a combination of drugs. It has not happened in all the districts yet but the government will soon have to replace the existing system with new measures. This will be of tremendous help in reducing mortality. Some focus can help in containing malaria as the tools exist.

We need prevention, a vaccine as well as a treatment because those who already have malaria, cannot be left to die. As of now, we have not been successful in developing the vaccine but we cannot just wait for it to happen. Thus, we remain dependant on other preventive measures such as awareness and spraying, which can help in controlling the disease to a great extent. Remember in the 70s when there was no vaccine, the disease caused a huge number of deaths. But we have been successful in decreasing its burden significantly.

Q: Anti-microbial resistance is fast emerging as a major issue. How do you look at the current scenario?

Now, we have had this problem for a while but we have not responded appropriately. We had in a recent study found that between 2000-2010, the total antibiotic consumption went up by 36 percent globally. Out of that, 3 quarters were just from BRICS and India was on top. India is the largest consumer of antibiotics in the world. Is that justified? Partially, as we have a huge disease affected population. It is not fully justified because we use extreme drugs for common ailments.

There needs to be balance as antibiotics are very important. Lack of antibiotics for children in rural pockets has led to death. At the same time, over the counter sale of antibiotics has caused over-exposure. Especially in rural areas, children don't have access to antibiotics while in urban areas, it can be otherwise.

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Q: What kind of a role is being played by the PHFI in tackling various diseases?

We are working across areas including infectious diseases, maternal and child health, nutrition, non-communicable diseases, and health systems. We are working on Zoonotic diseases that include the JE and Leishmaniasis. We have a large program on HIV-AIDS. Besides that, drug resistance from Malaria, anti-microbial resistance and technical support to routine immunization are our areas of activity.

So we have a strong interest both in research which is very programmatic (that is to help in the actual program but has also to do with the health system and the science of the concerned disease). India has a huge burden of diseases and we are trying to break it down by partnering with important institutions.

Q: Have regulations been a hurdle in vaccine development?

I have not been involved directly in such a process here but certainly, the uncertainty in approvals of trials has been a challenge for those doing them. We are hopeful that it will get resolved and we will have a clearly defined regulatory pathway sometime soon. However, since we are not doing any trials, it is not a barrier for our work.

Q: Do you think healthcare investments are enough?

India spends far less than others in health and it needs to increase significantly. 2-3 percent of GDP for health from the government has not yet happened and we are still stuck at 1-1.3 percent, which is not enough. However, only that won't help. We need to spend smartly to get maximum returns on that.

We need a better primary healthcare system. Early detection and screening to ensure people don't end up at hospitals where the treatment is expensive. We need to adopt a better health system and be health sensitive. It is also not only about the quantum of spending but the way it is being spent that matters.

Q: Have the health policies in India matured enough in the last 67 years?

There are states that have done well and few have not. There are examples of one state doing better in drug procurement and the other in community mobilisation whereas many states don't even fare well in the basics. Therefore, we need better learning within the country. Health is basically a state subject and they have to play an important role.

While the center will allocate, states have to understand the importance of improving facilities. Recognition of health as a major issue at the local level can only help.

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