

"We hope more countries will adopt JE vaccine"

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We hope countries will adopt JE vaccine



Q: Having worked with Indian Council for Medical research (ICMR), what appealed to you about joining PATH?

I was a research scientist conducting large scale clinical trials mostly on vaccines. However, after the trial results were declared there was nothing more I could do in terms of advocacy, preparedness planning, and execution. As a public health person, I would like to see the introduction of the some of these critical vaccines in the national programs.

Q: As the lead on the Multi-Country Japanese Encephalitis (JE) Project, how do you propose to shape the project? What kind of achievements are you expecting?

Since the JE vaccine has been pre-qualified (an approval issued by the World Health Organization (WHO)), there are several countries that would be willing to adopt the vaccine in their EPI program. However, most countries do not have robust surveillance system in place. Our first commitment will be to set this up in collaboration with WHO in countries like Myanmar, Indonesia, and Bhutan. For countries having proper surveillance in place, we will help them apply to GAVI to help afford the vaccines. For non-GAVI countries (like Philippines) we will need to have some innovative plans. We will also organize bi-regional meetings (via the WHO regional networks) for uniformity across the board. The final achievement will be strategies to ensure strong surveillance and introduction of the vaccines into the national program in JE endemic countries.

Q: You are a well known expert on diarrheal diseases and cholera. Could you tell us about the GEMS research that you recently concluded?

It was a multi-country case-control study to identify the causative organisms of moderate to severe diarrhea in children less than 5 years of age. The study showed excess risk of infection (ERI) highest for rotavirus infection in all seven countries, followed by Shigella, cholera, etc. according to different age groups. The final objective of this study was prioritization of vaccine introduction in each country.

Q: What kind of projects will you be handling in your new position at PATH?

Mostly challenging immunization issues - and supporting Indian authorities with technical help in the introduction of vaccines and formulating vaccination strategies for the national programs. These will include support in the form of manpower development, advocacy, micro- planning and related issues.

Q: Do you think that leaders in India recognize the high toll of diarrheal disease?

Unfortunately no! Probably because it is seen as a disease of the poor and is not given enough importance. Also there is no glamour around those working with diarrheal diseases in comparison to some of the high profile health campaigns in the country.

Q: What is needed to help everyone pay more attention to this challenge?

Proper surveillance data is needed to convince policy makers and advocacy for the available and affordable vaccines. Also scientists need to be more vocal in their approach to decision makers.

Q: You have come from a respected Indian Government organization (National Institute of Cholera and Enteric Diseases). What learning do you bring to PATH?

There are many issues which are beyond the capacity or purview of government organizations to resolve. This is where the role of agencies like PATH becomes so vital. PATH has to support and co-ordinate these activities with the government so that the public health services are delivered to the community efficiently and effectively.