

GVIRF 2016: Opening session: Welcome, Opening remarks, and Keynote	
Rapporteurs: Carsten Mantel, WHO	
Session Outline	<p>Chairs: Secretariat (Lee Hall, NIAID; Joachim Hombach, WHO; Angela Hwang, BMGF)</p> <p>Opening remarks: Secretariat; Margaret Chan, Director-General WHO (Video)</p> <p>Keynote : Yogan Pillay (Director National Dept Health, South Africa)</p> <p>Comments: Helen Rees (University of Witwatersrand, South Africa)</p>
Summary (400-500 words)	<p><i>The Secretariat</i> welcomed participants to the 2nd GVIRF. The Forum is related to the mission of DoV / GVAP, which explicitly includes R&D component. The Forum will build on the momentum of the Ministerial Conference on Immunization in Addis Ababa. It gathers important representatives of the African research community, covering a broad spectrum of disciplines. The forum will provide ample opportunities for discussion and networking within the immunization research community, providing an end-to-end research partnership approach.</p> <p><i>Dr Margaret Chan</i> thanked NIAID and BMGF for joining WHO to organize this conference. The Forum will provide opportunity for sharing information and ideas among researchers and with donors and global immunization partners. The Sustainable Development Goals (SDG) agenda demands self-reliance in African vaccine research including operational and implementation research, while the GVAP calls for new approaches in malaria, TB and HIV vaccine development as well as for vaccines against Group A and B streptococcus, RSV and dengue. We are proud to have witnessed the development of the first safe and effective Ebola vaccine. In light of this, WHO is developing an R&D blueprint for diseases of epidemic potential, which includes pathways for accelerated regulatory approval. It is time to break down structural bottlenecks, improve and shorten clinical trial pathways, and more timely reporting of research findings. Given the uneven distribution of technical research capacity around the world, there is need to strengthen coordination and to seek a stronger involvement of developing country partners.</p> <p><i>Dr Yogan Pillay</i> welcomed participants to South Africa. A recent study showed that the return on investments for immunization was 16 USD for every USD invested. EPI is a critical component of primary health care and must be funded at the national level in the context of universal health coverage. It is good to see that African researchers exhibit such strong presence at this meeting. The burden of disease, both of communicable and non-communicable diseases is still significant in Africa and it is not acceptable, that 3 million children still die in Africa every year and that 1 in 5 children still does not receive all recommended vaccines. South Africa invests about 2 billion Rand per year into immunization, with PCV being the largest contributor to these costs. Means to reducing cost and for increasing distribution of vaccines to rural areas must be found. While a much needed malaria vaccine may soon be available, we are still far from a TB or HIV vaccine and more research funding is urgently needed here. African researchers are to develop ethically sound vaccines, and the recent Ebola and Zika outbreaks demonstrate the need for immediate vaccine development.</p> <p>In South Africa the EPI attempts to achieve equitable immunization coverage, is</p>

maintaining the polio-free status, maternal and neonatal tetanus elimination, and has implemented new vaccines such as rotavirus and PCV since 2009. These vaccines have significantly contributed to a reduction of morbidity and mortality of children under the age of 5 years. The use of pentavalent vaccine was recently changed to hexavalent vaccine, but the global shortage of hexavalent vaccines at this point appears to make this a suboptimal decision in hindsight. HPV was introduced in 2013 in collaboration between the Departments of Health and Education and is integrated into the school health programme. The road-to-health booklet as passport to health for all children is being promoted. But South Africa still witnesses high child mortality due to late referrals, and it is therefore critical to focus on linking demand and supply sides so that communities can truly own their health care services. IPV has therefore already been introduced, and the tOPV-bOPV switch date is set for 20th April 2016. The measles incidence has reached < 5 cases/million and South Africa is on track for reaching the elimination goal. And finally, in a globalized world with porous borders, we will need to always take into account emerging outbreak risks.

Comments by Helen Rees on African priorities. There are many recent exemplary successes in the immunization field in Africa: the MenAfriVacc roll-out with excellent demand creation, polio elimination in Nigeria using hit-and-run strategies using local people, the lessons learned from the Ebola crises with an understanding of the need for immediate development and provision of a vaccine. At the same time there are many fragile states in Africa with weak health systems, which are still unable to respond to such emergencies, demonstrating the need for strengthening health systems and of laboratory networks to improve the much needed surveillance. There is also a need for better diagnostics (e.g. for Zika virus). We are called upon to build more research capacity in the African Region. South Africa has a very strong immunization research community in both the basic and clinical fields. There is a high appreciation for the fact that this Research Forum is held in South Africa. Thanks to Yogan Pillay for his significant leadership in the field of immunization in South Africa.