

GVIRF 2014: Keynote 2 Research for Universal Coverage and Immunization in the Post-MDG Poverty Reduction Agenda	
Rapporteurs: R. Hutubessy (WHO), A. Hwang (BMGF)	
Session Outline	<p>Chair: Samba Sow</p> <p>Presentations: Margaret Chan – Research for universal health coverage Tim Evans – Perspective on vaccines and poverty reduction</p>
Objectives of the session	Present a high level perspective on the role of immunization in support of the universal coverage agenda and major priorities of research
Main outcome	The Expanded Programme on Immunization (EPI) is one of the most successful of all public health programs. EPI experiences and solutions provide models for delivery of universal health coverage, helping to improve health and development outcomes.
Summary (400-500 words)	<p>Dr Chan celebrated the accomplishments of the Expanded Programme on Immunization, which was established in 1974 as the world moved closer to smallpox eradication. It is now one of the most successful of all public health programs: WHO estimates that immunization programs save the lives of around 2.5 million people each year and protect many more from illness and disability. However, 22 million children are still missed each year: reaching them will require intensified innovation in vaccine and immunization research.</p> <p>Dr Chan noted that since the very beginning, EPI has been a pathfinder for universal health coverage. The World Health Assembly Resolution that called for the Programme’s creation gave it the explicit objective of providing universal access to four vaccines. Immunization programs have now matured to the point that they can serve as a model for the delivery of preventive interventions for multiple health problems. As countries reform their health systems to make them more inclusive and fair, including through the provision of social protection, the use of services increases and in parallel health spending increases. A growing number of countries are willing to take on these added responsibilities and incur these additional costs because it is the right thing to do.</p> <p>For public health, the previous century was an era of treatment that relied on the technology-driven medical model to combat infectious diseases. With the major shift in the disease burden towards non-communicable diseases, this century must be an era of prevention, with immunization leading the way. Immunization programmes have successfully dealt with problems of poor procurement policies, poor supply chains, infrequent supportive supervision, insufficient planning, and inadequate engagement of community leaders. Universal coverage faces similar barriers and has much to gain from EPI experiences and solutions. Immunization, like universal coverage, is a magnet for solidarity that transcends borders and sectors. It has compelling public and political appeal, and is an especially rewarding investment for national governments and donors. And it still has tremendous unrealized potential.</p> <p>Dr Evans described the links between health and wealth, noting that 24% of full income growth in developing countries is attributable to health improvements, and that a 10% increase in life expectancy is associated with a 0.4% increase in annual economic growth. Financing systems that pool resources lessen poverty and improve equity, while pay-as-you-go systems deter investments in health, especially for preventive interventions. Although better health outcomes lead to better development outcomes, Universal Health Care remains scarce.</p> <p>The World Bank is working to improve financial protection and service delivery. By 2030, it plans to double the fraction of people in developing countries with access to basic health services. By 2030, no-one should fall into poverty due to out-of-pocket health care expenses. To accomplish this, it is investing US\$ 12B annually into delivery, improving global practices, and increasing accountability in financial protection and service delivery.</p> <p>Looking ahead, the World Bank is actively engaged in defining GAVI’s 2016-2020 strategy, increasing country engagement and financing sustainable and innovative state-led vaccination programs, and addressing the emerging challenge of delivery to poor populations in middle-income countries. Underpinning this work is a drive for more robust metrics to incentivise performance and build the investment case for health.</p>
Key references or quotes (up to 5)	<ul style="list-style-type: none"> • This century must be an era of prevention, with immunization leading the way. -MC • If we miss the poor, we miss the point. -MC • Healthcare is not an expenditure, it’s an investment. There is no better investment than in health -TE

	<ul style="list-style-type: none">• Bill Foege: There's nothing wrong with the Hawthorne Effect, provided you can scale it. -TE• We don't have reliable denominators – official registration systems have official birth less than 10%. Immunization systems should built a bridge e.g. via BCG and NNT.
--	---