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Star Health

It's time to save more children from early grave

Bangladesh has applied for Hib vaccine recently. Now it is time to get prepared applying for pneumococcal vaccine to save more lives from pneumonia

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Pneumonia (inflammation of lung) is the leading killer of Bangladeshi children under the age of five. Major causes for most pneumonia infections are *Streptococcus pneumoniae* and *Haemophilus influenzae* type b (Hib) bacteria. Hib is also the most common cause of bacterial meningitis (an inflammation of the membranes protecting the brain and spinal cord) in countries like ours that lack routine immunisation with Hib vaccine.

Every year more than one lac children die of pneumonia - informed Dr Samir Saha, Professor of Microbiology of Institute of Child Health, Dhaka (widely known as Dhaka Shishu Hospital).

Doctors are fighting against these diseases, but antibacterial resistance is another factor which makes the battle more difficult. Pediatricians are facing challenges increasingly to treat pneumonia and meningitis since bacteria are getting resistant most of the first line antibiotics. The second line antibiotics are costly and not readily available in the public hospitals of the country. As a result, the treatment is often delayed; many poor patients can not afford those costly antibiotics. Children, who survive, develop disabilities and growth retardation. Often the dilemma leads many more children to an early grave.

A safe and effective vaccine against Hib has existed for over 15 years. Yet, we did not have access to this vaccine. Children were dying needlessly due to the lack of Hib vaccine.

Funding from the GAVI Alliance enables eligible countries to purchase vaccine at a subsidised price through 2015. Poorest countries (e.g., Bangladesh) pay \$0.23/dose. The good news is - Bangladesh plans to introduce the vaccine into EPI in 2008 and has applied for the vaccine recently.

The existing Hib vaccine is a pentavalent conjugate vaccine. It includes vaccines against Diphtheria-Pertussis (Whooping cough)-Tetanus, currently given as DPT and the Hepatitis B. This way the conjugate Hib vaccine works against five diseases which will save the children from getting multiple shots. Simultaneously it will save the government from spending for those two vaccines.

In spite of all these good aspects, why children who need Hib vaccine

the most not receive it? Dr. Rana Hajjeh, Project Director for the Hib Initiative (a team of professionals from Johns Hopkins University Bloomberg School of Public Health, the CDC, London School of Hygiene and Tropical Medicine and WHO, whose aim is to reduce childhood meningitis and pneumonia through sustained use of Hib vaccine) pointed out the causes as low awareness of pneumonia and meningitis and causes, difficulty measuring diseases, concern about cost and the governments are focused on other priorities.

The provision of vaccine is somewhat that we can not afford not to afford. The additional price for the vaccine should not be the cost of life.

Another vaccine against *S. Pneumoniae* is likely to be within our reach by short period of time. Canada, Italy, Norway, Russia, the United Kingdom and the Bill & Melinda Gates Foundation committed US\$1.5 billion to launch the first Advance Market Commitment (AMC) to help speed the development and availability of the new vaccine.

The AMC pilot represents the first step in a historic effort to create a market for life-saving vaccines for children in the world's poorest countries.

The pilot will provide 7 to 10 years of funding to support the development of future vaccines against pneumococcal diseases and will include provisions to assure the long term sustainable supply and price for the poorest countries.

Our government should come forward to inform the global alliance that how dire the need of the pneumococcal vaccine is in Bangladesh and how beneficial its outcome, since we have very rich surveillance data from our country.

The introduction of new vaccines in developing countries has in the past been delayed due to a lack of incentives and adequate planning to address both supply and demand issues before launching vaccines. But this time, the initiative has been started in time and is going on.

We are lucky that Bangladesh government has focused on this priority. If they are concerned more about introducing pneumococcal vaccine, many more lives would be saved. Since, we are likely to introduce Hib vaccine, we are to get pneumococcal vaccine at more subsidised rate when it is available. There is no reason to miss the train of hope.

Vaccine to prevent pneumonia is part of the solution, and it is available now. We should not make delay for decision and proper action. Time lost means lives lost.

Additional report on pneumococcal vaccine [Ray of hope for the third world to combat pneumonia] is available on <http://thedailystar.net/2007/02/18/d702186101127.htm>