

## **IAP's Perspectives on Current Vaccination Scenario in India**

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The current vaccination scene is marred by controversies and conflicts. In the absence of clear-cut policies, hard-core evidence, and lack of transparency in dealing with international agencies and donors, industry, academic bodies, and the media, the public health establishments dealing with vaccination are under unprecedented pressure from different quarters. Their policies are criticized by experts, openly questioned by the media, and dragged to the court by an emerging coterie of disbelievers often described as 'anti-vaccine activists'. The government also seems a bit confused and scared to take head on these groups mainly fearing judicial intervention and their adverse decisions. The current controversy on the safety of pentavalent vaccines (DTwP-HepB-Hib), introduced recently in few more states is just one glaring example of the mess created by different stakeholders of the move in the government circles and their many adversaries outside the circle [1].

On the other hand, the private sector is also not bereft of its own ills, accusations, and indictments. The 'private market' though quite miniscule in comparison to huge public sector in terms of vaccine needs and usage seems quite unregulated. There is no 'playing rules' for the industry regarding their operations in this sector. There is no ethical guideline, no monitoring, and no 'code of conduct' for their promotional activities. As a result, the vaccine industry evolves their own set of rules and regulations, driven solely by sales and profits. And in the process, they often prop-up a group of 'experts' from the pool of so called 'key opinion leaders' willing to help them in pursuance of their final goal of boosting sales and garnering profits. They use the baits of 'paid speaking assignments' and 'foreign jaunts' to these experts to further their cause. Often they try to influence the guidelines of academic bodies by sponsoring their meetings, CMEs, and scientific sessions to get a favorable recommendation. All these issues are not under any veil and frequently discussed and debated openly by academia and lay media, now and then [2-5].

### **RECENT INITIATIVES BY IAP**

The Academy has taken several unprecedented steps to

tackle all the above mentioned issues in recent times. Though the government is still not actively pursuing our guidance in many such issues and only approaches us at the time of crisis and adversity, nevertheless we do not feel shy of making them aware of our stand on some very critical issues dealing with public use of vaccines and vaccination practices. We are regularly publishing separate recommendations on public use of vaccines in form of position papers, issuing appeals in favor of key government initiatives of public benefits, and of course, taking on misinformation campaigns by the anti-vaccine groups. Recently, we arranged a roundtable discussion on the current controversy on the safety of pentavalent vaccines and discussed thread bare all the issues involved with open mind. All the stakeholders were invited and final decision was made public [6].

We are still continuing with our advice to government establishments on various key immunization related public health activities like polio eradication and national vaccination policies through our representation to various meetings organized by Ministry of Health like the IEAG, NTAGI, National AEFI Meeting, etc. We are also supporting the government on surveillance of VPDs and AEFI through our own initiatives and programs. Our flagship program, 'IAP Mission Uday' has helped tremendously in reorienting our members regarding the critical need of data keeping and reporting to appropriate authorities. IDSurv utility has tremendous potential in boosting real-time infectious disease surveillance from the private sector.

Our aim should be to highlight the indigenous problems and find indigenous solution to such problems. Our support and encouragement to homebred vaccine industry should be viewed in this perspective. We should not wait for the foreign agencies and experts to point out to us what our children are ailing with? What are the diseases to be targeted for elimination or control? Which vaccines should be introduced in our national immunization program? There may be some vested interests involved and lead to criticism later from different quarters.

Regarding setting our own house in order, we have taken some very tough exceptional measures that would go a long way to salvage the image of IAP and its experts in the sphere of immunization. For the first time, the selection process of constitution of the immunization committee has been made a completely transparent and democratic one. Very strict codes of conduct are drafted to take care of conflict of interest issues. An independent expert committee has been constituted to deal with conflicts of interest issues at different levels. The Academy is committed to issue all its recommendations solely on 'evidence-based' process and a separate working group has been assigned this responsibility. However, this is a very tedious, time consuming process and would take time to deliver results. The functioning of the new immunization committee, the advisory committee of vaccines and immunization practices (ACVIP) has been made totally independent of vaccine industry support.

We believe in the equity as far as distribution of vaccines in the country is concerned. Currently, the newer vaccines licensed in the country are quite expensive and beyond the reach of poor children who need them the most. Ideally, this aberration must be corrected. If a particular vaccine cannot be delivered to the one who needs it the most, that vaccine ideally should not be licensed in the country at first place. The issue of making undue profit by the private practitioners on prescription of newer vaccines has been criticized by both, the experts and the media [2, 7]. We have urged the vaccine manufacturers to reduce the difference on actual price and printed MRP of all the vaccines marketed in India so that some expensive vaccines are made somewhat more affordable to the public.

There are many other issues that need to be looked in to and addressed right away by the government and the Academy. However, we need to be pragmatic in our approach. The system improvement is a long process, and at least we are committed to the reforms at IAP. I do sincerely hope my successors would also tread on the same path that would ultimately help in redeeming the stature of the Academy at all fronts.

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