



# NATIONAL COMMITTEE ON VACCINES AND IMMUNIZATION STRATEGIES (NCVIS)

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President

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# RATIONALE AND STRUCTURES

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- Vaccinations a political problem
- Growing complexity
- Health policies
- General counseling
- Systematic review and analysis
- Settling disputes
- Persuasion to influence public opinion, parents, and specific groups

# POVERTY, SCIENCE, & HEALTH

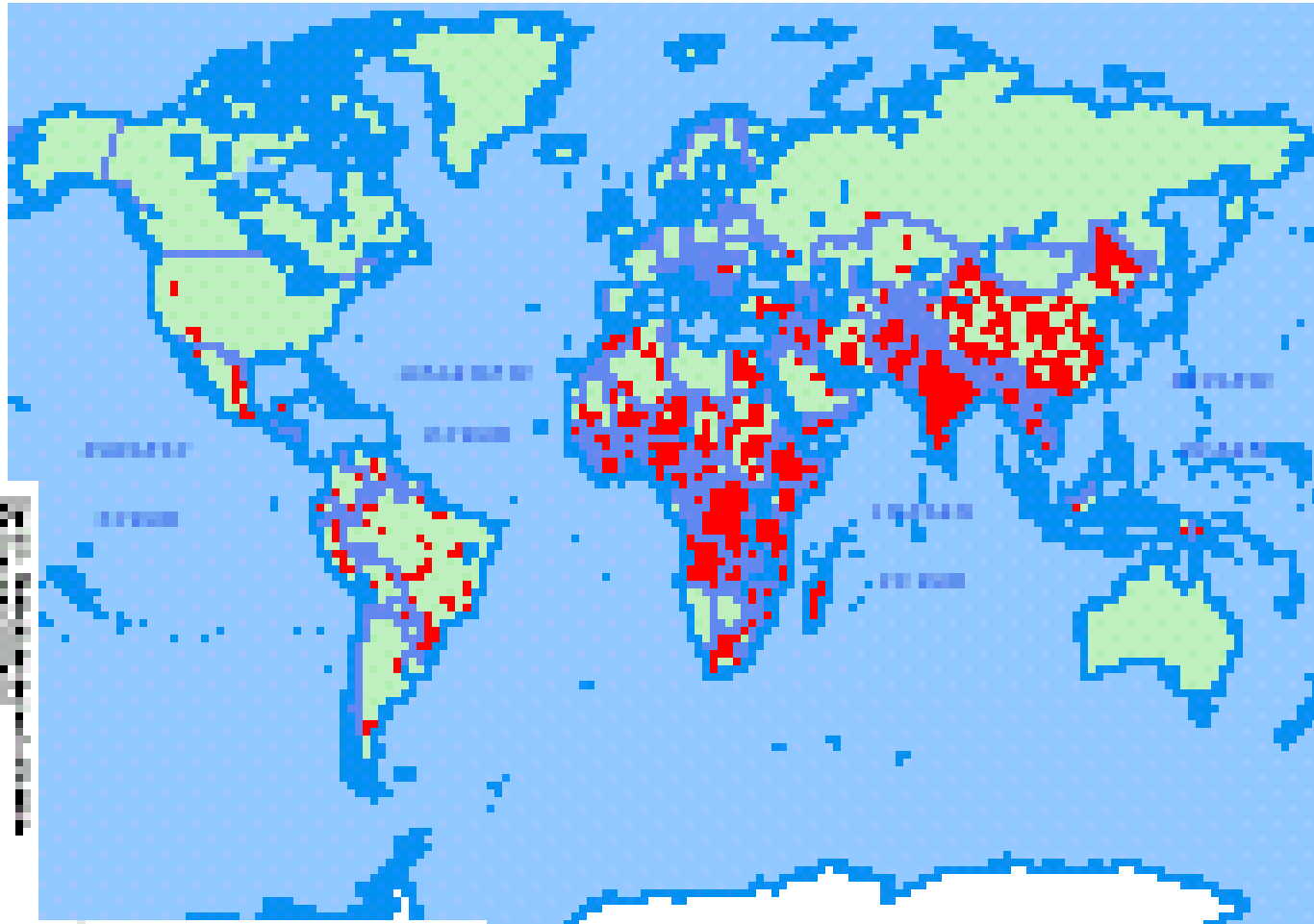
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# HOT SPOTS OF INFANT MORTALITY

## Inequity

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# MILLIONS OF PREVENTABLE DEATHS

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|                     |     |                             |      |
|---------------------|-----|-----------------------------|------|
| ○ Pneumonia         | 2.1 | Congenital defects          | 0.5  |
| ○ Diarrhea          | 2.0 | Pertussis                   | 0.4  |
| ○ Measles           | 1.1 | Neonatal tetanus            | 0.4  |
| ○ Prematurity       | 1.0 | Other                       | 1.3  |
| ○ Neonatal asphyxia | 0.9 | TOTAL                       | 10.4 |
| ○ Malaria           | 0.7 | 2/3 HAVE BEEN<br>VACCINATED |      |
| ○ AIDS              | 0.5 |                             |      |



# DECISIONS ABOUT VACCINES

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- Have always been intertwined with political positions
- Liberal individualists vs. interventionists or statist
- Compulsory vs. voluntary
- Equity and access: free or paid
- The community's vision
- Evidence as technical support



# GROWING COMPLEXITY

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- Simple vaccines for common illnesses
- Complex vaccines for much rarer illnesses
- Explosion of molecular biology and biotechnology
- Economic considerations: cost-effectiveness



# HEALTH POLICIES

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- Not always easy to develop
- Multiple and conflicting interests
  - Rich and poor, healthy and sick, young and old, men and women
- Building on evidence
- Necessary consensuses
- Evaluations, redesigns, cancellations: Conflicts





# MODEL ADVISORY COMMITTEES

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- Group of “friends”
- Representative experts named for capacity in transparent processes
- Autonomous administration and congressional committee
- Transparency law: civilian committee

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- Created 28 December 2009 by Exempt Decree 2028
- Establishes need for technical policy expertise in vaccination policies
- Aimed at elevating its technical quality and transparency in the eyes of the citizenry



# AREAS OF EXPERTISE

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- Pediatric and adult infectious diseases
- Epidemiology of infectious diseases
- Public health
- Health economics
- Microbiology
- Immunology
- Clinical research



# COMPONENTS

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- Staff with a recognized trajectory, 3-year term
- Panel of Experts and Secretariat (Ministry of Health)
- Transparent public selection
- Initial selection — named by health authority



# NCVIS ELECTS PRESIDENT

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- Interlocutor with Health Division (Ministry)
- Will take the lead in proposals: internal regulations, meeting dates, minutes, organization of working groups, topics and reporting
- Minimum 3 sessions per year lasting 4 to 8 hours
- President's and Secretariat's Agenda



# OTHER PARTICIPANTS

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- DELEGATES: representatives from
  - private health
  - municipalities
  - Ministries of Education and Finance,
  - PAHO
  - User and ethnic groups
- Have a voice but no vote
- Vary by topic
- Called by Committee



# SUBJECT AREAS

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- POLICIES, CONTENTS AND PROGRAMMATIC MODALITIES
- MONITORING OF COVERAGE AND IMPACT OF IMMUNIZATION
- CONTINUOUS IMPROVEMENT IN MANAGEMENT, QUALITY, AND SAFETY OF THE IMMUNIZATION PROGRAM



# POLICIES, CONTENTS, AND PROGRAMMATIC MODALITIES

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- Recommend adjustments to NIP strategies, schemes, and techniques
- Expansion priorities for NIP components
- Identify gaps in the information needed for making decisions about vaccine-preventable diseases
- Standards compatible with regulation





# MONITORING COVERAGE AND IMMUNIZATION IMPACT

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- Recommend measures to improve coverage monitoring
- Adjustments to improve NIP monitoring and notification
- Contribute to the design of monitoring and notification standards with an eye to NIP expansion prospects

# CONTINUOUS IMPROVEMENT IN MANAGEMENT, QUALITY, AND SAFETY OF THE IMMUNIZATION PROGRAM

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- Recommend
  - Measures to optimize fiscal budget
  - Measures for better private-public coordination
- Contribute
  - Design of technical standards of operation
  - Develop training strategies
  - Develop monitoring systems

# MEMBERS JUNE 2011

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- EXPERTS: Avendaño, Luis; Burrows, Jaime; Ferreccio, Catterina; Inostroza, Jaime; Jiménez, Jorge; O’Ryan, Miguel; Hugo, Povea; Pérez, Carlos; Romero, Andrés; Roessler, Patricia; Vergara, Rodrigo
- DELEGATES: PAHO, AA Clinics, AA Municipalities
- SECRETARIAT: Ministry of Health Immunization Unit



# STATE OF THE ART

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- Jiménez President, Roessler Rapporteur
- Meetings about every 60 days
- Various reports issued
  - [www.minsal.cl](http://www.minsal.cl)
- Waiting for a Technical Secretary and its own website



# REPORTS AND CONSULTATIONS ISSUED OR UNDER WAY

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## ○ ISSUED

- Use of pneumococcal vaccine
- Expanding use of influenza vaccine
- Expanding measles vaccination
- Using vaccines with thimerosal

## ○ UNDER WAY

- HPV vaccine
- Compulsory vaccination
- DPT use in adolescents and adults

# The master calls, the disciples respond: blog and Twitter

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## Epidemiology politics: the case of measles

By [Jorge Jiménez](#)

Epidemics and their implications for health and politics generate what I call Political Epidemiology. Governments have fallen, peoples have rebelled, and religions have blamed the gods. In the case of measles, a highly effective vaccine is bringing us close in Chile to certified eradication.



**rgenneroriganti** Three weeks ago, from Twitter:

Keep Calm: The truth about measles in Chile  
<http://bit.ly/iocEIq> by Jorge Jiménez de la Jara