



Establishing a Second Year of Life (2YL) healthy child visit

Introduction

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Presentation to the SAGE Meeting

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Problem statement

- With launch of EPI 1974
 - Target six specific vaccine-preventable diseases: diphtheria, pertussis, tetanus, measles, poliomyelitis, and tuberculosis, **all in the first year of life**
- WHO has substantially increased number of recommended vaccines to be given by all immunization programs
 - Hepatitis B, Haemophilus influenzae b, pneumococcal disease, rotavirus, rubella, Meningitis A
 - **However, many still perceive immunization as a health intervention only for children <1 year old and do not offer vaccinations to children over 1 year of age even if the child was never vaccinated**
 - Even when policies are in place to allow vaccination of children over 1 year of age, this often does not translate to a change in practices.
- Even when a vaccination dose is given in the second year of life, it may not be used as an **opportunity to deliver** other health interventions

Benefits to establishing a strong 2YL platform

1) For additional scheduled doses

- **Booster doses** of routine immunizations
 - Eg. DTP4 are increasingly recognized of public health importance
- **Second dose**
 - A second Measles Containing Vaccine dose (MCV2) is recommended in most settings. Although some countries offer MCV2 at school entry ages, most offer MCV2 during the second year of life.
- **Part of primary schedule**
 - For some newer vaccines such as pneumococcus vaccine, one schedule option includes a routine dose in the second year of life
 - Meningitis A routine dose may be given at 12 – 15 months
- **Primary schedule**
 - Multiple vaccines in development such as vaccines for malaria and dengue fever that will likely be recommended for children over 1 year of age.

Benefits to establishing a strong 2YL platform

2) To catch up missed doses

- Achieve higher coverage of vaccines offered in the first year of life through **catch-up** vaccination.
- An important **opportunity** to provide missed vaccines to children and to improve overall coverage.
- By expanding vaccination services to the 2nd year of life, a child will no longer be **limited to a 3-month window** for receipt of MCV1; this change will positively impact the achievement of the measles elimination goals. Other missed doses in infancy should also be given at this time.

3) To provide integrated child health interventions

- “**Healthy child visit**”
- Create opportunities to **integrate** with other health interventions.
- Immunization systems are increasingly integrated with other health interventions with the intent of maximizing public health impact with limited resources.
- 2nd year of life platform is an opportunity to further integrate immunizations with other health interventions such as **Vitamin A supplementation, nutrition, growth monitoring, and deworming.**

This session - Objectives

FOR INFORMATION AND DISCUSSION

- To inform SAGE and immunization partners about the development of guidance to establish a second year of life health child visit that includes vaccination.
- Aim is to inform SAGE on the justification for the needs and opportunities of a healthy child visit in the second year of life and provide an understanding of the proposed work and outcomes of this project.
- SAGE will be asked to provide input to the process and/or content.

This session – Content

FOR INFORMATION AND DISCUSSION

Time	Topic	Presenter
10 min	Introduction to the topic.	Jaleela Jawad (Member of SAGE)
15 min	Activities towards developing guidance for a 2YL healthy child visit	Rudi Eggers (WHO HQ)
30 min	Discussion	
15 min	Findings of the Zambia 2YL case study	Rebecca Fields (John Snow, Inc)
15 min	Landscape analysis on 2YL	Imran Mirza (UNICEF HQ PD)
30 min	Discussion	