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PARLIAMENTARY DEBATES



THE SENATE

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ADJOURNMENT

Myanmar: Immunisation of Children

SPEECH

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Date Tuesday, 27 November 2012
Page 95
Questioner
Speaker Urquhart, Sen Anne

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Senator URQUHART (Tasmania) (22:58): Nineteen million children in developing countries do not currently receive the life-saving vaccines that some parents in wealthy nations quite literally take for granted. As a result, each year 1.7 million children die from a vaccine-preventable disease. Vaccines are one of the best ways to ensure a child has the opportunity of a healthy life as they help to prevent these avoidable but deadly diseases. By preventing disease, vaccines are far more cost effective than the treatment required when a person gets sick. As many of the world's poor live in areas where access to treatment and care is virtually impossible to come by, providing vaccines enables these communities to focus their limited healthcare finances on illnesses that are not as easily preventable.

During the 1990s vaccine coverage rates were lagging behind and public health risk was on the increase. The Global Alliance for Vaccines and Immunisation, GAVI, was launched in 2000 to fund vaccines for children in the world's 70 poorest countries. It is an innovative public-private partnership which works with existing World Health Organization and UNICEF structures as well as with public and private donors such as the government of Australia, the Bill & Melinda Gates Foundation, developing countries such as Myanmar and the pharmaceutical industry.

GAVI seeks to close three critical gaps in the provision of vaccines which are: between children for whom immunisation is a given and the 19 million children worldwide with no access to vaccines; between the introduction of a new vaccine in rich countries and the average 10-15 years required for the same vaccine to reach low-income countries; and between the need for new vaccines in developing countries and the lack of research and funds to provide them. To do this, GAVI works with its broad partnership base and delivers its business model based on: securing long-term financing to give developing countries security; empowering developing countries to set targets, integrate GAVI's work into national plans, run and co-finance projects; funding health worker training, monitoring and logistics to ensure that vaccinations get to those most in need; and influencing vaccine prices through monopoly purchasing and encouraging competition between suppliers, while also providing long-term market security to suppliers and pricing vaccines on capacity-to-pay basis.

Australia is a significant contributor to GAVI with pledges and donations currently at \$484 million dollars. Fifty-seven countries are currently eligible for GAVI support as their gross national income per capita is below or equal to US\$1,500. To receive support, countries must make formal proposals to GAVI that outline requirements of how the country will itself plan to boost resources to immunisation and health care more broadly.

I was recently invited to attend a GAVI Alliance visit to Myanmar, formerly known as Burma, one of the poorest countries in South-East Asia. Myanmar is emerging from five decades of isolation, both economically and politically, and has been a partner of the GAVI Alliance since 2002. During the visit we examined how Australia's aid to the GAVI Alliance is seeing more children vaccinated and Myanmar's health system strengthened. The trip opened my eyes to the power of Australia's foreign aid efforts. Together with many other nations, we are funding life-saving vaccinations for some of the world's poorest children, giving them the opportunity to go to school and have a healthy life.

Myanmar has turned a corner in the past two or three years with a general election in 2010 and, earlier this year, a by-election, which was well contested by the opposition party led by the inspirational Aung Sun Su Kyi. President Sein's government have released over 500 political prisoners, progressed peace with ethnic groups, and instigated new laws to provide for greater freedom of expression and assembly, labour rights and political participation. Australia has reacted positively to these reforms, and earlier this year we removed economic sanctions and began to normalise trade between our countries. We were one of the first nations to act and lift our economic sanctions, which will encourage the reform process in Myanmar and boost the economic prospects of its people. Further, other nations such as the USA have been encouraged to boost their engagement with Myanmar. In turn, this development will lift many out of a subsistence lifestyle and increase health and education outcomes.

After arriving in Yangon, the former capital of Myanmar and the biggest city, we were briefed by the health teams from the World Health Organization, UNICEF and AusAID and inspected a cold storage facility in Yangon used as the central vaccine store.

We then travelled to the new capital, Naypyidaw, a six-hour bus ride north of Yangon. Naypyidaw has been designed and built since 2005 and features the magnificent Uppatasanti Pagoda, a Buddhist temple standing 99 metres tall. One can only appreciate a city that has been planned and, to an extent, built before development occurs when standing in the middle of a 20-lane freeway with only a solitary car rushing by.

In Naypyidaw, I attended the GAVI Alliance and Myanmar Ministry of Health launch ceremony for the pentavalent and measles second dose vaccines.

With one injection, the pentavalent vaccine protects children against five deadly but preventable diseases: diphtheria, tetanus, whooping cough, hepatitis B and meningitis. The second dose measles campaign is to target those children who missed out on the first vaccination program earlier this year. The Ministry of Health and GAVI use public launches to highlight the benefits of vaccinations, and gain significant promotion across the country.

It was heartening at this launch to meet parents and their children who had travelled from the regions surrounding Naypyidaw to get their children vaccinated. I found a six-month-old set of twins waiting for their vaccinations. Their mum gladly passed her babies over to me for a photo. She knew from the information provided by the GAVI Alliance and Myanmar Ministry of Health about the effectiveness of vaccinations. No doubt she would have known people who had suffered illness and mortality from the diseases being vaccinated against that day. She was taking her young children to receive their vaccinations and was lining up virtually in the middle of a paddock. The vaccines were being administered in poorly resourced facilities, but she knew that with this vaccination the chance of her young children contracting measles, whooping cough or one of the other preventable diseases was almost totally removed, and that vaccinating her children would reduce the prevalence of these diseases in her community, not only protecting her children, but hopefully preventing a cousin or friend from contracting a disease.

After the vaccine launch, we travelled south of the city to the Thagara health centre in the Yedashe township. Here, we inspected the health centre and further observed immunisations. Importantly, it was an opportunity to get a firsthand understanding of the poor condition of healthcare facilities and the isolation faced by many patients. The cement floors were cold and many of the tiles lining the walls were cracked. The hospital does not provide meals or drugs free of charge to patients—a completely unknown concept to an Australian. If the family of a patient cannot afford the drugs or the food, or if there is no international aid

program providing services in a region, the patient will just go without. Further, as nursing staff are in short supply, patients rely on family members not only to prepare food and supply drugs, but to provide a lot of their essential care such as washing.

In Yedashe, I met a young mother who had recently given birth to a premature baby. The baby weighed less than two kilograms. This hospital had no cribs for the babies; they were nursed next to their mother, who was in a room with many others. There were also no facilities at the hospital to assist premature babies or their mothers. This young mother was so severely anaemic that she could not feed the baby, and therefore the ongoing health and survival of mother and baby was completely up in the air. This story highlights the need for Australia to continue to invest through our overseas development assistance program in health-system strengthening across the developing world. It highlights the need for Australia and organisations like the GAVI Alliance to partner with developing countries to improve resources in their health systems.

I was quite shocked this week, barely two weeks upon returning from Myanmar, that the Australian Academy of Science had seen the need to launch a booklet on the science of immunisations in Australia. I had just returned from one of the poorest countries in our region, if not the world—a country that has been torn apart by division and military rule for the best part of half a century, a country that was partnering with the GAVI Alliance to deliver life-saving vaccinations to its people—and in Australia I received a booklet seeking to address the confusion in the public domain in Australia about the effectiveness and safety of vaccinations. I applaud the academy for this initiative and encourage all to visit the website, to download the booklet and to discuss the importance and safety of vaccination with family and friends. After learning about the importance of vaccinations, please ensure that your family and you are adequately vaccinated. And do consider donating to the GAVI Alliance and its partners such as UNICEF that provide life-saving assistance. (*Time expired*)