IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

IMO Pre-Budget Submission 2020

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The Irish health system is suffering from a major medical staffing crisis that is impacting on patient care across our health services. Consultant staffing levels in our public hospitals services fall far below recommended requirements, 520 consultant posts remain unfilled or filled on a temporary basis and 133 consultant posts are filled by doctors who are not on the specialist register. The potential of Public Health Medicine to contribute to prevention, the quality of health services and value for money are not being fully realised due to lack of a consultant contract. In addition, 50% of public health specialists are due to retire in the next five years and the specialty is no longer an attractive option to young medical graduates. One in five GP graduates have already emigrated and many more are planning to leave. Our young doctors are migrating to other English speaking countries in search of better pay and working conditions. Our medical specialists are vital to the delivery of safe, quality care in our public health system. Urgent investment is required to reverse the exodus of our highly trained medical workforce.

Our country has a growing and ageing population, however, investment in health service capacity has failed to meet demand. We need to accelerate investment across the health system including prevention, primary care, acute care and long-term care for the elderly. The idea that just 2,650 additional beds being added to the acute hospital system over the next decade will be enough is frankly dangerously misguided. In the context of existing unmet need as evidenced by waiting lists and hospital crowding the IMO would argue that 5,000 beds with 2,000 of these being made available within the next 2 years would certainly be more realistic. The addressing of nursing home capacity and rehabilitative care needs as well as supporting patients to be managed in their own homes will be key to allowing the additional capacity in the system to be used optimally.

Appropriate resources must also be allocated to support a women's health programme and the roll out of the 9-valent HPV vaccine to school children including boys to increase protection against HPV related cancers.

Summary of Recommendations

<u>Recruitment and Retention of Medical Specialists</u>

- **Urgent action is needed to reverse the pay discrimination suffered by consultants employed in the HSE post October 2012. In the context of Sláintecare there will need to be the negotiation of a new consultant contract;**
- **Increase the number of consultants employed across our hospital system in line with the recommended ratios of the national clinical programmes and colleges;**
- **The IMO is calling for the introduction of tax relief on loan repayments for graduate entry medical students;**
- **In order to attract medical graduates to a career in public health medicine the IMO is calling for the recommendations contained in the Crowe Horwath Report on the Role, Training and Career Structures of Public Health Physicians to be implemented in full including the immediate awarding of consultant status and remuneration to public health specialists in line with their specialist training and experience;**
- **Community medical staffing levels must be increased to maintain the quality and safety of new vaccination programmes;**
- **Ensure that there is no delay in the implementation of the recently negotiated agreement with GPs for the reversal of FEMPI and the implementation of the Chronic Disease Management Programmes;**

- **Further invest in the Development of General Practice through the negotiation and funding of a women's health programme and appropriate GP services for elderly nursing home patients.**

Health Service Capacity

- **The IMO is calling on Government to invest in an accelerated programme of Acute Hospital Capacity not at the minimum requirement of 2,600 additional beds but at a more realistic 5,000 bed requirement level to meet patient demand and to ensure doctors can treat patients appropriately;**
- **Increase the number of rehabilitative care beds, long-term nursing home beds and the financing of home care packages to meet the needs of our elderly population;**
- **Introduce tax incentives to GPs to encourage the development of GP infrastructure (as per the recommendations of the Indecon report) with targeted incentives for newly establishing GPs;**

Women's Sexual Health Programme

Women should have access to a comprehensive sexual health programme in General Practice that includes:

- **Advice on Contraception**
- **Access to contraception including Long Acting Reversible Contraceptive (LARC) methods**
- **Advice on sexually transmitted infection (STI), screening and testing for STIs**
- **Advice on fertility and pre-conception**
- **Advice on menopause**

Roll out of HPV Vaccine to School Children including Boys

Appropriate resources must be allocated to support the roll out of the 9-valent vaccine to school children, accompanied by a fully resourced nationwide public education campaign.

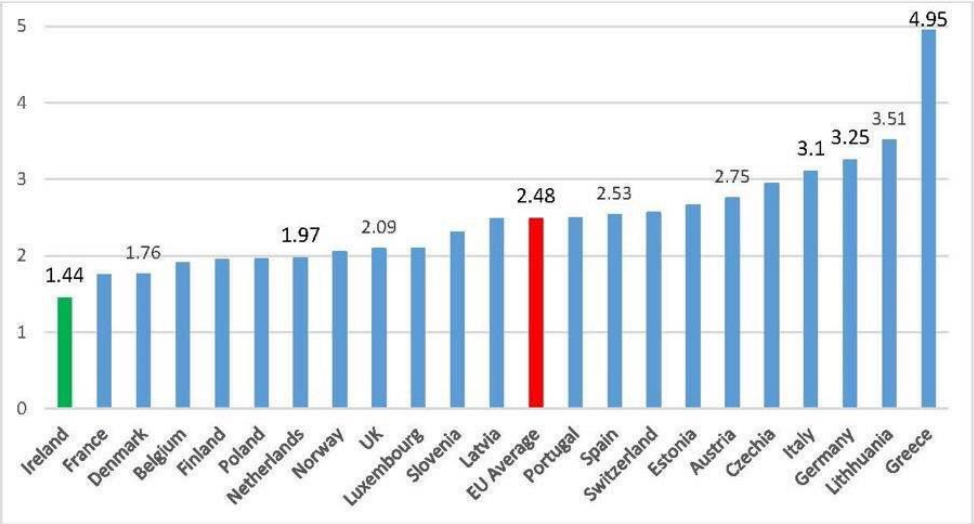
Recruitment and Retention of Medical Specialists

Across our health system the crisis in recruitment and retention of medical specialists is compromising the efficient and safe delivery of patient care.

Hospital Consultants

Consultants are key specialists in our hospital services assuring quality of care and patient safety, with ultimate clinical and professional responsibility for the patients in his/her care. However across our hospital system the shortage of hospital consultants is having a major impact on patient care.

Figure: *Specialist medical practitioners per 1,000 population in EU in 2018 (or nearest year)*



Source: OECD Health Statistics, July 2019

The latest OECD figures[1] show that with 1.44 specialists per 1,000 population Ireland has the lowest number of medical specialists in the EU. (EU average 2.48 per 1,000 population). And figures from the HSE's NDTP (National Doctor Training and Planning) office show that there are approximately 520 consultant posts remain unfilled or filled on a temporary basis[2] and 133 doctors are employed in HSE consultant posts who are not on the specialist register[3], despite this being a requirement under the current Consultant contract.

Consultant staffing levels across our health services fall far below recommended staffing levels leading to over 770,000 patients on hospital waiting lists. Table 1 highlights the relationship between consultant shortages and some of the larger outpatient waiting lists for specialist care.

Other figures show the shortage of consultants and the impact on patient care. For example:

- Based on current hospital configurations[4] we have a deficit of approximately 30 Emergency Medicine Consultants while in January this year the number of patients waiting on a trolleys surpassed 600.

[1] OECD Health Stats 2019 (Figures exclude Specialist General Practitioners)
[2] NDTP – Approved Consultant Establishment 30 June 2019
[3] NDTP, Report of the NDTP Project Team on the Employment of Consultants not Registered in the Specialist Division of the Register of Medical Practitioners, May 2019 – Unpublished
[4] HSE - NDTP review of the Emergency Medicine Medical Workforce in Ireland 2017

Table 1 – Consultant Shortages and Waiting Lists per Medical Specialty

Specialty	Recommended ratio of Specialists per population	No. of consultants required as per current pop.	No. of Approved Consultant Posts 30/06/2019	No. of Consultants Employed 30/06/2019	Current Shortfall of Consultants	Outpatient Waiting Lists NTPF – 25/07/2019	Inpatient/Day case procedure waiting list – 25/07/2019
Otolaryngology ENT	1: 40,000	121	50	45	76	65,867	4,548
Orthopaedics[5]	1:24,000	202	108	99	103	68,760	10,694
Dermatology	1:62,500	78	48	42	36	45,974	454
Ophthalmology[6]	1:33,000	147	46	41	106	44,320	8,474
General Surgery[7]	1: 25,000	194	181	161	33	47,555	12,416
Urology	1:50,000	97	37	32	65	30,887	8,373
Obs & Gynaecology[8]		239	167	142	97	28,442	4,887
Cardiology[9]	1:48,000	101	79	64	37	24,329	4,045
Neurology	1:70,000	64	45	43	21	22,280	238
Rheumatology[10]	1:79,000	61	39	40	21	18,115	306

[5] Waiting lists for Orthopaedics include adults and children
[6] 6,151 patients were waiting for cataract surgery Apr 2019
[7] waiting list figures include General Surgery, Vascular Surgery, Breast surgery and Gastro-intestinal surgery)
[8] 100 additional specialists recommended by National Clinical Programme for Obstetrics and Gynaecology 2015
[9] Consultant posts in Cardiology (approved and employed) include General Medicine
[10] Consultant posts in Rheumatology (approved and employed) include General Medicine

- One in five consultants psychiatry posts are filled on a temporary basis.[11] The College of Psychiatrists of Ireland estimate that we need to double the number of consultant Psychiatrists including an additional 89 Child and Adolescent Psychiatrists[12], meanwhile 2,606 young people were waiting for a CAMHS appointment in April this year.[13]

The latest Workforce Intelligence Report from the Medical Council[14] confirms the medical workforce crisis. Ireland is becoming increasingly reliant on foreign doctors while at the same time we are training our medical graduates for export, which is poor value for money.

- 42% of doctors currently registered with the Medical Council are foreign trained doctors
- 52.9% of those leaving the trainee specialist division and 65.3% of those leaving the specialist division left to practice abroad - mainly in the UK, Australia, Canada and the US.

A survey carried out by the IMO revealed that two thirds of NCHDs perceive pay to be the primary reason for emigration and 83% believe the pay disparity at consultant level will impact on their decision as to whether to apply for consultant posts in Ireland. Current disparities in pay between consultants employed pre and post 2012 rise to up to €50,000 a year for colleagues doing the same job and carrying the same level of responsibility.

The IMO's Fight for Fairness campaign has been highlighting the issue of consultant pay. At the IMO AGM this year the Minister for Health undertook to work with the IMO to find a process to bring the issue of Consultant pay inequality to an end however, as yet no progress has been made.

- **Urgent action is needed to reverse the pay discrimination suffered by consultants employed in the HSE post October 2012. In the context of Sláintecare there will need to be the negotiation of a new consultant contract;**
- **Increase the number of consultants employed across our hospital system in line with the recommended ratios of the national clinical programmes and colleges;**

NCHDs

The introduction of the Graduate Entry Medicine degrees was a welcome development and has allowed a new group of doctors with different skill sets and experience to contribute to our health system. Many of these graduates have amassed significant debt (up to €100,000) in order to fund their own education and are often left with no choice but to move abroad to better remunerated posts so they can reduce the debt and benefit from an improved quality of life. The lack of financial support in Ireland makes it very difficult for these experienced practitioners to meet their financial obligations and contribute to the Irish health service.

- **The IMO is calling for the introduction of tax relief on loan repayments for graduate entry medical students;**

[11] HSE NDTP- Opening Statement to the Oireachtas Committee on the Future of Mental Healthcare 9 May 2018
[12] College of Psychiatrists of Ireland –Workforce Planning Report 2013-2023 – December 2013
[13] HSE Response to PQ 20237 – P Tobin TD 28 May 2019
[14] Medical Council, Workforce Intelligence Report, A Report on the 2016 and 2017 Annual Registration Retention & Voluntary Registration Withdrawals Surveys

Public and Community Health Doctors

Public Health Specialists carry out essential roles in health services including heath protection, health improvement, health services improvement and health intelligence. They have statutory responsibilities in health surveillance, in protecting the public from infectious disease and environmental threats, and ensuring Ireland meets its commitments under national and international health regulations. If properly resourced public health doctors could play a pivotal role in commissioning services, analysing health data, conducting needs assessments, assembling the evidence base for interventions, monitoring services and quality assuring parts of the health service such as screening. The recent report from the Dr Gabriel Scally into the Cervical Check controversy [15] highlighted the necessity of Public Health Medical skill and expertise required for public health programmes like screening, vaccination, tobacco control or infectious diseases and how the lack of sufficient public health expertise both within Cervical Check and the National Cancer Registry of Ireland "can only have had a detrimental impact on their interactions and effective functioning".

In 2006, the Faculty of Public Health Medicine (UK) recommended a minimum of 25 public health specialists per million population, although other factors should also be considered including epidemiological information and multi-disciplinary nature of the specialty.[16] However based on these minimum recommendations Ireland would require a minimum of 121 Public Health Specialists. The Crowe Horwath Report on Public Health Medicine commissioned by the Dept of Health[17] found that:

- Currently Ireland has 47.5 WTE Public Health Specialists, 15 Director of Public Health WTE and 29.5 Senior Medical Officer WTE. Almost 30% of Specialists in Public Health Medicine are 60 years or over while a further 30% are 55 years old or over.
- Public Health Medicine is not perceived as an attractive career option by 98% of medicals students and interns - 76% are not even aware of Public Health Medicine as an option at all.
- Lack of consultant status and remuneration and poor career opportunities are factors contributing to the poor perception of the value Public Health Medicine.

Ireland differs from other English speaking countries in that specialists in public health medicine are not remunerated on an equal basis to other consultant specialists within the health system, despite the fact that they are required to be on the specialist register and must undergo specialist training. The Crowe Horwath Report made a number of recommendations to improve the role and function of public health specialists, training and career structure of public health medicine, recommending that serious consideration should be made to awarding consultant status to public health doctors who meet defined criteria and that their remuneration package should be reviewed to ensure that competitive and attractive remuneration packages can be offered.

- **In order to attract medical graduates to a career in public health medicine the IMO is calling for the recommendations contained in the Crowe Horwath Report to be implemented in full including the immediate awarding of consultant status and remuneration to public health specialists in line with their specialist training and experience, allowing them to work to the top of their licence.**
- **It is important also that the requirements of Senior Medical Officers in Public Health are taken into account in the implementation of the Crowe Horwath Report. A recent IMO survey shows that lack of clerical support and inadequate rota cover are particular issues for such doctors.**

[15] Scally G, Scoping Inquiry into the CervicalCheck Screening Programme, Final report April 2018
[16] HSE –Specialty Specific Reviews – Public Health Medicine 2014
[17] Crowe Horwath, Final Report to the Department of Health on the Role, Training and Career Structures of Public Health Physicians, April 2018

Community medical doctors work mainly in areas of Child Health and Immunisation, however the number of doctors employed in community health has fallen over the last ten years despite increased demand due to population growth. During this time community medical doctors have implemented the secondary school HPV, Tdap and MenC vaccination programmes as well as a MMR catch-up campaign. Some additional posts have been allocated this year for extension of HPV programme, but at the same time, vacant posts arising as a result of resignations or retirements cannot be filled. Failure to maintain staffing levels in the community medical service will jeopardise important school vaccination programmes and delivery of other child health services.

- **Community medical staffing levels must be increased to maintain the quality and safety of child health and vaccination programmes.**

General Practice

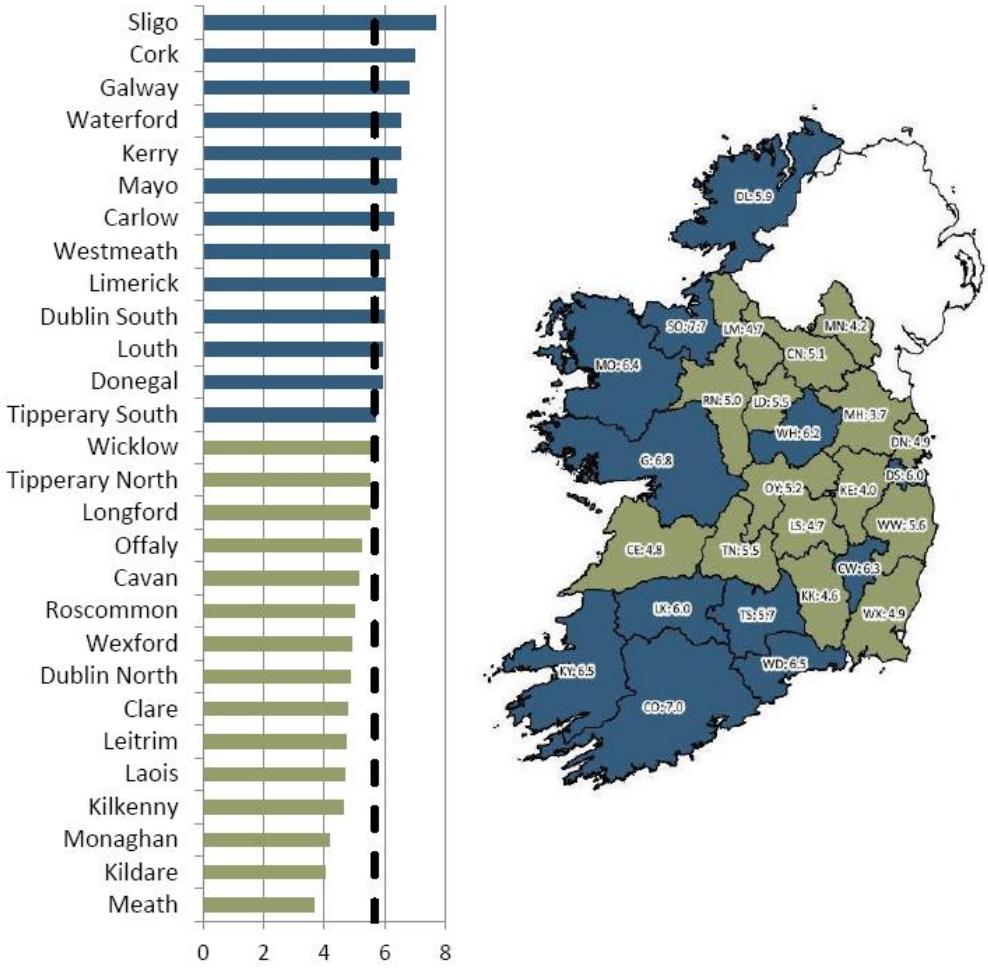
General practitioners are the cornerstone of the healthcare system and Government policy recognises the need to orientate our model of healthcare towards GP-led care in the community, (or Primary care) based on an extensive body of international research which shows that continuity of care and the patient-centred approach that is specific to the General Practice model of care is associated with better health outcomes, equity of access, reduced inequalities in health, more appropriate utilisation of services and long-term cost effectiveness. [18] [19] [20]

The Health Service Capacity Review published in January last year estimates that that an additional 1,400 GPs will be required by 2031, assuming no changes to eligibility arrangements for medical cards and GP visit cards holders.[21] With some transfer of tasks to practice nurses and almost a doubling of the number of practice nurses, the Review estimates that the requirement will reduce slightly to 1,030 additional GPs. However, the HSE's National Doctor Training and Planning Unit estimate that if we were to expand GP care to the whole population (as per Sláintecare) Ireland would require an additional 2,055 GPs. [22]

Our GP workforce is also emigrating. A survey by the ICGP of GP trainees and graduates in 2017[23] reveals that one in five recently qualified GPs have already emigrated while a further 30% of newly qualified GPs are considering emigration. While over 50% of GP trainees see themselves in as a GP Principal in a partnership or Group practice in 10 years' time, concerns about the viability of general practice, financial prospects and quality of life are the key factors influencing their decision to migrate.

[18] Starfield B. Shi L and Macinko J, Contribution of Primary Care to Health Systems and Health. The Milbank Quarterly, Vol. 83, No. 3, 2005 (pp. 457–502)
[19] Atun R, What are the Advantages and Disadvantages of Restructuring a Health System to be More Focused on Primary Care Services? Copenhagen, WHO Regional Office for Europe, Health Evidence Network report ; January 2004
[20] Kringos DS et al, The Strength of Primary Care in Europe, NIVEL 2012
[21] PA Consulting, Health Service Capacity Review 2018, Department of Health 2018
[22] HSE NDTP (National Doctor Training and Planning) Unit 2015, Medical Workforce Planning, Future Demand for General Practitioners, 2015-2025
[23] Mansfield G, Collins C, Pericin I, Larkin J & and Foy F, Is the face of Irish General Practice Changing? A survey of GP trainees and recent GP graduates 2017, ICGP 2018

A recent report from the ESRI[24] shows that in 2014 we had approximately 6.3 GPs per 10,000 population (WTEs) with many counties falling way below the national average. However with one quarter of GPs due to retire in the next 5 years and difficulties recruiting GPs to GMS posts, many communities will be left without a GP. Most affected will be communities in rural and disadvantaged urban areas.



Estimated Number of WTE GPs per 10,000 population by Geographic Area
Source: ESRI, *Geographic Profile of Healthcare Needs and Non-Acute Healthcare Supply in Ireland*

Over the past decade the FEMPI cuts have decimated General Practice, however, the recent GP deal negotiated between the IMO, the HSE and the Department of Health - which includes the reversal of FEMPI cuts and investment in chronic disease management programmes - has been welcomed by the vast majority of GPs. However the restoration of FEMPI will at best stabilise General Practice and further resources are needed to promote the development of General Practice including investment in a women's health programme (see page 12) and appropriate GP services for elderly nursing home patients.

Women and their partners should be entitled to expert advice from their GP on the range of contraceptives available, their effectiveness and their suitability to individual patients, as well as

[24] Smith S, Walsh M, Wren M-A, Barron S, Morgenroth E, Eighan J and Lyons S, Geographic profile of healthcare needs and non-acute healthcare supply in Ireland, ESRI 2019

their potential side effects before making an informed decision. With rising number of chlamydia among young women and microbial resistant gonorrhoea, women should receive appropriate advice on sexually transmitted infection (STI) as well as screening and testing for STIs. Access to contraception including long acting reversible contraceptive (LARC) methods should form part of a comprehensive sexual health programme for women in general practice.

Neurodegenerative disease (stroke, dementia etc.) is a common reason for admission to nursing home care, and the care of cognitively impaired patients requires significant general practice input. The current GMS contract which provides for acute diagnosis and care is not fit for purpose for this cohort of patients and capitation rates for patients in nursing homes only apply on the basis of age and not on the complexity of care needed.

- **Ensure that there is no delay in the implementation of the recently negotiated agreement with GPs for the reversal of FEMPI and the implementation of the Chronic Disease Management Programmes;**
- **Further invest in the Development of General Practice through the negotiation and funding of a women's health programme and appropriate GP services for elderly nursing home patients.**

Health Service Capacity

In addition to addressing our workforce issues, the IMO has been consistently campaigning for capital investment to increase capacity across our health system to restore safe occupancy rates and to meet the needs of Ireland's growing and ageing population.

Acute Hospital Capacity

The Health Capacity Review, published in 2018 estimated that between 2,590 and 7,150 acute hospital beds (inpatient and day beds) will be required to meet future demand. The Health Service Capacity Review also flagged the international evidence which shows that that high bed occupancy is associated with a number of adverse results including increased risk of healthcare associated infections such as MRSA, increased mortality, increased probability of an adverse event and risks to staff welfare.[25] The Review also recommended that an additional 1,260 beds should be immediately required to restore occupancy rates to international standards. Figures were based on 2016 bed levels, however since then, just 381 additional inpatient beds and 83 additional day beds/places have been provided.[26]

Meanwhile overcrowding in our Emergency Departments continues - in January this year the number of patients waiting on a trolleys surpassed 600 while the 6 hour target for admission or discharge to a hospital bed[27] is achieved for only about 60% of all patients and for less than 30% of those requiring admission to a ward bed.

- **The IMO is calling on Government to invest in an accelerated programme of Acute Hospital Capacity not at the minimum requirement of 2,600 additional beds but at a more realistic 5,000 bed requirement level to meet patient demand and to ensure doctors can treat patients appropriately.**

[25] PA Consulting, Health Service Capacity Review 2018, Department of Health 2018
[26] Department of Health, Open Beds Report - April 2019
[27] The Emergency Medicine Programme for Ireland set out a target that 95% of patients should be either admitted or discharged within 6-hours of arriving at an Emergency Department (ED).

Long-term Residential Care for the Elderly

By 2031 the population over 65 years of age is predicted to grow by 65% while the population over 85 years is expected to grow by 95%. While only a small percentage of elderly people require long-term care, the ageing population will have a significant impact on the number of long-stay beds required.

The Health Service Capacity Review 2018[28] estimates that to meet the social care needs of older patients, by 2031 over 10,000 long-term beds are required, between 1,800 and 2,500 additional short-term beds are required and between 11,000 and 19,000 additional home care packages plus up to 460 intensive home care packages are required. In February this year 637 people were delayed in hospital awaiting appropriate long-term care while annually over 200,000 hospital bed days are lost as a result of delayed discharges.[29] Futhermore, over 6,000 people are waiting for home care supports. [30]

- **Increase the number of rehabilitative care beds, long-term nursing home beds and the financing of home care packages to meet the needs of our elderly population**

Primary-Care Infrastructure

Significant investment in infrastructure is required if the model of care is to shift from an emphasis on hospital care to care in general practice in the community, however the IMO has grave concerns about the current approach to roll-out Primary Care Centres and Community Diagnostic Facilities relying on the private sector (either through operational leases or public-private partnership) . This approach directly contradicts the recommendations of the Government's commissioned Analysis of Potential Measures to Encourage the Provision of Primary Care Facilities. [31] The Report by Indecon, published in 2015, recommended a multi-faceted approach involving HSE-leased or built premises, GP-led centres and incentives for GPs to invest in their own premises and equipment. The report recommended that when developing HSE centres that the HSE should consult with GPs and consider existing and planned GP investments while targeted tax incentives for GPs would ensure the development of facilities which would be GP-led and that could significantly reduce exchequer costs and enhance health outcomes. Indecon also recommended that targeted tax-incentives for passive investors should not be permitted.

For young GPs seeking to establish themselves in a new community, the initial investment costs in premises, equipment, IT systems, insurance etc. and are particularly prohibitive.

- **Introduce tax incentives to GPs to encourage the development of GP infrastructure (as per the recommendations of the Indecon report) with targeted incentives for newly establishing GPs;**

[28] Pa Consulting 2018 Opcit.

[29] HSE Performance Report March 2019

[30] Kelly F, Wall M, HSE targets home-help hours in plan to save €500m, Irish Times 22 June 2019 https://www.irishtimes.com/news/health/hse-targets-home-help-hours-in-plan-to-save-500m-1.3933674

[31] Indecon International Economic Consultants 2015 Analysis of Potential Measures to Encourage the Provision of Primary Care Facilities , Dublin 2015

Women's Sexual Health Programme

The Department of Health is currently carrying out a consultation on access to contraception in line with the recommendation of the Joint Committee on the Eighth Amendment of the Constitution to introduce "a scheme for the provision of the most effective method of contraception, free of charge and having regard to personal circumstances, to all people who wish to avail of them within the State."

The IMO however has some concerns about proposals to provide free access to the contraceptive pill through pharmacists. While this option may seemingly provide ease of access this opt inhibits GPs from providing a comprehensive sexual health service.

There are numerous forms of contraception available and needs and preferences are different for women at different stages in their life. Individuals and couples must be able to make an informed choice about contraception based on age, sex, individual medical history, family history the efficacy of the contraception, potential side effects, etc.

Long Acting Forms of Contraception have been found to be more effective at reducing unplanned pregnancies than short acting hormonal methods as they reduce patient error.[32] Studies also show that women are more likely to choose this form of contraception if they receive comprehensive information from their healthcare provider, however, the cost of LARC including the GP consultation cost for insertion and removal can be prohibitive for patients, particularly those above the threshold to qualify for a medical card.[33]

Sexual health is not just about contraception and preventing unwanted pregnancies, it also about prevent sexually transmitted infection. The prevalence of sexually transmitted infection (STI) is increasing. In 2018, the number of STI's rose by 7% compared with 2017 and of particular concern is the increase in cases of chlamydia among young women and anti-microbial resistant gonorrhoea.

Sexual health is also about advice on fertility, conception as well as advice on menopause.

Women should have access to a comprehensive sexual health programme in General Practice that includes:

- **Advice on Contraception**
- **Access to contraception including Long Acting Reversible Contraceptive (LARC) methods.**
- **Advice on sexually transmitted infection (STI), screening and testing for STIs**
- **Advice on fertility and pre-conception**
- **Advice on menopause**

[32] Ni Riain A, Day M, Ryan S, and Murphy M, Crisis Pregnancy: A Management Guide for General Practice
[33] Merki-Feld GS, Caetano C, Porz TC, et al. Are there unmet needs in contraceptive counselling and choice? Findings of the European TANCO Study. Eur J Contracept Reprod Health Care. 2018;23:183-193.

Roll out of HPV Vaccine to School Children including Boys

The World Health Organisation has identified vaccine hesitancy as one of the top 10 threats to global health in 2019. Vaccine hesitancy is the growing reluctance of individuals to get vaccinated or to vaccinate their children and threatens to reverse the progress made in vaccine preventable disease.

For example, in 2014-2015 national uptake of the HPV vaccination among school girls reached its highest level of 87% but fell to 51% in 2016-2017 due to misinformation about the vaccine spread through the social media. Significant efforts on behalf of health professionals, the department of health and the HSE have been made in order to restore uptake rates to 70% in 2018.

In September 2019 the HPV immunisation programme is to be extended to include adoption of the 9-valent vaccine and the extension of the HPV immunisation programme to include boys and continued efforts are needed by all parties to ensure high uptake of the vaccine among both girls and boys.

- **Appropriate resources must be allocated to support the roll out of the 9-valent vaccine to school children, accompanied by a fully resourced nationwide public education campaign.**