WHO Executive Board, 142nd Session, January 2018
Provisional Agenda Item 6.2 (EB142/35) – Global Vaccine Action Plan

Background

During the 65th World Health Assembly (WHA) in 2012, resolution WHA65.17 was adopted endorsing the Global Vaccine Action Plan (GVAP).[1] The resolution called on the Director-General to monitor and report annually on progress towards global immunisation targets, via the Executive Board, until the 71st WHA in 2018. In 2013, the GVAP Monitoring, Evaluation and Accountability Framework was adopted by WHA delegates,[2] defining a cyclical process to monitor, review and develop recommendations for action toward GVAP progress under the WHO Strategic Advisory Group of Experts on Immunization (SAGE). In May 2017, the 70th WHA adopted resolution WHA70.14, urging Member States and the Director-General to strengthen immunisation systems to meet GVAP goals.

The SAGE reviews progress toward GVAP targets and releases an annual *Assessment Report of the Global Vaccine Action Plan,* which includes recommendations for improvement over the following year. At this year's Executive Board, Member States are invited to note the SAGE 2017 *Assessment Report* and the 12 recommendations it outlines.

MSF shares many of the serious concerns and stark warnings underlined in the 2017 SAGE *Assessment Report*.[3] Progress towards achieving GVAP targets has been too slow. As the Decade of Vaccines (2012-2020) draws to a close, global diphtheria–tetanus–pertussis vaccine (DTP3) coverage, an indicator of national immunisation programme performance, "...has scarcely changed since 2010."[4]

A truly actionable plan to improve vaccination coverage with an expanded package of vaccines must take stock of the root causes of these roadblocks. As WHO and GVAP partners begin work to develop GVAP "2.0" (2021-2030), MSF would like to highlight some of the key actions that WHO, Member States and donors should take to address the persistent vaccines access challenges that put people's lives at risk today. Recommendations from the GVAP Assessment Report that require particular attention are presented on page 4 of this briefing paper.

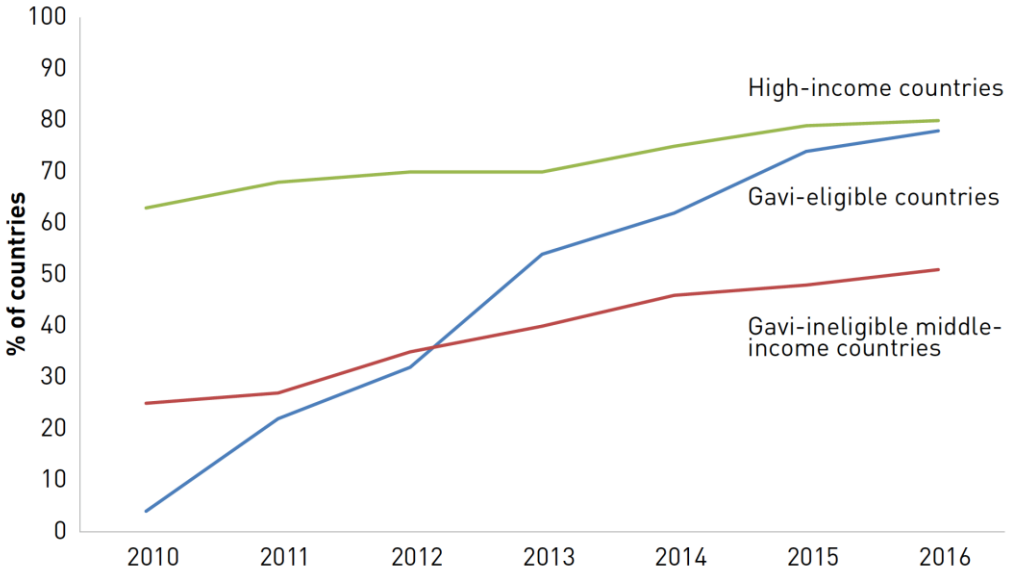
Addressing critical barriers to vaccines access: MSF recommendations

1. Ensure access in middle-income countries (MICs), where unaffordable prices put new and more expensive vaccines out of reach

Unaffordable vaccine prices are the greatest burden to immunisation programs in MICs, which are home to more than 70% of the world's population and more than 70% of the world's poorest people. Despite the proven low costs of production of some vaccines, pharmaceutical corporations set prices that vary widely and take advantage of their de facto monopoly on the market. Such is the case for pneumococcal conjugate vaccines (PCV) and human papillomavirus (HPV) vaccines, for which there are only two producers each.

Most MICs are ineligible for assistance from Gavi, the Vaccine Alliance, and do not have access to Gavi's preferential pricing (which enables access to lower prices through Gavi subsidies). Pneumonia is the leading cause of child mortality worldwide, killing nearly one million children every year despite the existence of an effective vaccine. As shown in the 2017 SAGE *Assessment Report*, "... in 2016, there was almost a 30 percentage point difference in the proportion of Gavi-eligible and Gavi-ineligible middle-income countries introducing this vaccine into their national immunization schedules."[4]

Figure 1: Introduction of pneumococcal conjugate vaccine has been slower in Gavi-ineligible middle-income countries



Source: *2017 Assessment Report of the Global Vaccine Action Plan*.

MSF urges the WHO, Member States and GVAP partners to intensify efforts to support all MICs in securing lower-priced vaccines and systematically address affordability issues that hinder governments' ability to protect their populations from preventable diseases. Specific action is needed to ensure that countries transitioning from Gavi support retain access to Gavi-negotiated vaccine prices.

2. Protect people in humanitarian emergencies from compounded vulnerability

People affected by conflict and forced displacement are least likely to receive the vaccines they need, increasing their vulnerability to infectious diseases and outbreaks alongside a host of concurrent threats to their health, safety and security. With conflict and insecurity continuing unabated, refugees and migrants are often deprived of traditional sources of healthcare, including vaccination services. The SAGE *Assessment Report* notes that 244 million people were living outside of their country of origin in 2015.

The Humanitarian Mechanism, founded by WHO, MSF, UNICEF and Save the Children, and launched in May 2017, is one milestone in efforts to improve access to vaccination for people caught in humanitarian emergencies. The Mechanism is a way to ensure quick procurement of affordable vaccines during crises, but to date has only provided access to PCV. Furthermore, the Mechanism is limited in scope – it does not cover all populations affected by conflict and forced displacement – and relies on voluntary commitments from

pharmaceutical companies to make vaccines available to the Mechanism at the lowest global price.

MSF urges the WHO and Member States to prioritise and expand efforts to strengthen the Humanitarian Mechanism and to encourage and negotiate commitments from pharmaceutical companies to allow their vaccines to be procured through the Mechanism at the lowest global price. These actions should be complemented by WHO work to develop improved strategies for vaccinating people caught in crisis contexts.

3. Improve access to affordable vaccines by fully implementing resolution WHA68.6

In 2015, Member States adopted resolution WHA68.6 on vaccine pricing, which highlighted the challenges faced by governments in introducing new vaccines due to unaffordable prices.[4] The resolution was ultimately co-sponsored by 17 Member States.[*] Resolution WHA68.6 recommends a series of key actions that have far-reaching potential to improve access to affordable vaccines by:

- Increasing publicly-available vaccine price data through transparency measures;
- Monitoring vaccine prices through annual reporting;
- Pursuing strategies such as pooling vaccine procurement in regional and interregional or other groupings, as appropriate, to leverage economies of scale;
- Promoting competition by expanding the number of manufacturers, particularly in developing countries, that can produce WHO-prequalified vaccines; and
- Reporting upon technical, procedural and legal barriers that may undermine robust competition.

The 2017 SAGE *Assessment Report* notes progress in improving vaccine affordability in some areas, such as the significant increase in availability of vaccine price information through WHO's Vaccine Product Price and Procurement (V3P) initiative.[†] It also recommends the increased use of pooled procurement mechanisms (used by organisations such as PAHO and UNICEF). However, the *Assessment Report* does not explicitly refer to resolution WHA68.6, nor does it provide an assessment of progress toward the actions requested of Member States and the Director-General in that resolution.

MSF urges Member States to request WHO to fully implement and monitor WHA68.6. Comprehensive implementation of resolution WHA68.6 would play a major role in lowering vaccine prices and improving vaccine coverage, particularly in middle-income countries. MSF encourages all Member States to share vaccine data with the WHO V3P initiative to increase price transparency for use in governments' vaccine procurement negotiations.

[*] Algeria, Bahrain, Brazil, Egypt, Iran, Lebanon, Morocco, Nigeria, Pakistan, Qatar, Saudi Arabia, Sudan, Thailand, Togo, Tunisia, and Venezuela, Zimbabwe

[†] See: http://www.who.int/immunization/programmes_systems/procurement/v3p/platform/module1/en/

2017 SAGE *Assessment Report* – Priority recommendations

Recommendation 6: Displaced, mobile and neglected populations
Existing knowledge on reaching displaced and mobile populations – including individuals escaping conflict zones or natural disasters, economic migrants, seasonal migrants, those moving to urban centres, and traditional nomadic communities – and other neglected populations should be synthesized to identify good practice, innovative new approaches and gaps in knowledge

Main responsibility: WHO HQ, UNICEF; other key stakeholders: WHO regional offices, national partners, academic community, CSOs

Recommendation 10: Vaccine access
Multidimensional analyses should be undertaken to identify procurement and other programmatic issues affecting timely provision of vaccination, including to the most neglected and remote populations, and used to develop more effective procurement, stock management and distribution plans

Main responsibility: WHO regional offices, countries; other key stakeholders: RITAGs

Recommendation 11: Vaccine supply
Current and anticipated vaccine supply and demand for routinely used vaccines should continue to be mapped and constraints identified, integrating and expanding other relevant ongoing work and focusing on vaccines most at risk of supply shortages

Main responsibility: UNICEF, WHO HQ and other partners; other key stakeholders: manufacturers, WHO technical advisers

Recommendation 12: Middle-income countries
WHO regional offices should support middle-income countries in their regions by leveraging all opportunities to promote the exchange of information, the sharing of lessons learned and peer-to-peer support

Main responsibility: WHO regional offices, countries; other key stakeholders: WHO HQ

References

[1] WHO. Global vaccine action plan 2011-2020. [Online]. 2013 [Cited 2017 Oct 23]. Available from: http://www.who.int/entity/immunization/global_vaccine_action_plan/GVAP_doc_2011_2020/en/index.html

[2] WHO. Summary records of the Sixty-sixth World Health Assembly, Document A66/70. [Online]. 2013 May [Cited 2017 Dec 19]. Available from: http://apps.who.int/gb/ebwha/pdf_files/WHA66-REC3/EN/A66_REC3-en-A10.pdf

[3] WHO. 2017 Assessment Report of the Global Vaccine Action Plan, Strategic Advisory Group of Experts on Immunization. 2017 [Cited 2017 Dec 19]. Available from: http://www.who.int/entity/immunization/web_2017_sage_gvap_assessment_report_en.pdf?ua=1

[4] WHO. Sixty-sixth World Health Assembly, Agenda item 16.4: Global vaccine action plan. [Online]. 2015 May [Cited 2017 Dec 19]. Available from:

http://apps.who.int/gb/ebwha/pdf_files/WHA68/A68_R6-en.pdf