



Rue de Lausanne, 78
CP 116 - 1211 Geneva 2,
Tel: +41 (0) 22 849 84 05
Fax: +41 (0) 22 849 84 04

access@msf.org
www.msfacecess.org

13 June 2014

Dear Dr. Berkley

We are writing to you as public health professionals, program implementers and other concerned stakeholders to express our serious concerns that GAVI is missing an important opportunity in not supporting hepatitis B virus (HBV) birth dose vaccination.

Hepatitis B affects more than 240 million people globally, causing over 600,000 deaths each year. Viral hepatitis is the most important cause of primary hepatocellular carcinoma – causing up to 80% of cases worldwide. The highest burden of HBV infection lies in low- and middle-income countries where up to 15% of the population may have chronic infection.

By far the most important mechanism of infection in these contexts is perinatal transmission. A single shot of HBV vaccine within the first 24 hours of life can reduce perinatal transmission rates from 15% to less than 1%, thus preventing the vast majority of new infections. However, in spite of pioneering advocacy by some health professionals and public health networks, notably in Africa, HBV birth dose coverage is very poor and 38 out of 56 GAVI eligible countries are not delivering HBV birth dose. Yet, where supported, HBV birth dose coverage can substantially increase, reaching rates upwards of 90%. For example, the partnership between GAVI and the Chinese government that supported provision of HBV birth dose free of charge, catalyzed a dramatic scale up of HBV birth dose. As a result, now less than 1% of children born to mothers living with HBV are infected with HBV.

Clearly, financial support is not the only barrier to HBV vaccine delivery. As most women deliver their babies outside health facilities, HBV vaccination often must be provided where the women deliver. Therefore vaccine characteristics such as labeling enabling use at ambient temperatures under certain conditions and vaccine presentations that allow for lay health worker administration are critical. Ensuring production of vaccines with these characteristics should be incentivized by GAVI's commitment and leadership.

GAVI's initial success with HBV birth dose in China has not been replicated in other countries. GAVI is not currently supporting the scale up of HBV birth dose vaccine elsewhere. This is a critical missed opportunity to prevent significant morbidity and mortality globally. The China experience was an example of a flexible and country-responsive GAVI that designs support to meet country priorities. We call upon GAVI to pursue such strategies in the development of its next Strategic Plan for the 2016-2020 period.

WHO pre-qualified HBV vaccines have been available since the mid-1980s with HBV vaccination being a core antigen included in the WHO-recommended EPI schedule for the last 30 years.

Therefore we urge GAVI to include a focus on scaling up HBV birth dose in its support programmes. This strategy will achieve 3 goals: a) help GAVI achieve its mission to protect people's health by increasing access to immunisation in poor countries, b) demonstrate GAVI's strategic vision that enables programmatic change in how vaccines are delivered at country level and c) incentivize manufacturers to produce HBV vaccines that meet the needs of low- and middle-income countries – vaccines that are both affordable, packaged for ease of use and that are labeled for use at ambient temperatures for a certain period of time.








We look forward to your response at your earliest convenience.







Kind regards,







A handwritten signature in black ink that reads "Manica Vajay Balasaram". The signature is fluid and cursive, with a long horizontal stroke at the end.


Dr Manica Balasegaram
Executive Director, MSF Access Campaign

List of Signatory Organizations








No.	Organization	Logo
1	Academy of Medicine Malaysia	
2	Africa Partners Medical Group	
3	Afrihealth Optonet Association/COVIAN	
4	Afro Global Alliance Ghana	
5	Agence Nationale de Recherches sur le Sida et les Hépatites Virales (ANRS)	
6	Dr. Alexandra Calmy (HUG)	Individual sign-on in her capacity as physician in charge of the HIV/AIDS Unit in the University Hospital of Geneva.
7	American Association for the Study of Liver Disease	<p data-bbox="951 1367 1162 1402">AMERICAN ASSOCIATION FOR THE STUDY OF LIVER DISEASES</p> 
8	Asia and Pacific Alliance to Eliminate Viral Hepatitis	 <p data-bbox="902 1654 1208 1675">Asia and Pacific Alliance to Eliminate Viral Hepatitis</p>
9	Asian Liver Center at Stanford University	



10	Association de Lutte Contre Le Sida (ALCS)	
11	Association Sauvons l'Afrique Des Hépatites (ASADH)	
12	Association SOS Hépatites Burkina	
13	Australian Injecting and Illicit Drug Users League (AIVL)	
14	Australian Research Centre in Sex, Health and Society (ARCSHS)	
15	Center for Research on Women, Central China Normal University	
16	China HIV/AIDS CBO Network	
17	Chutian University Student Union	
18	Coalition PLUS	
19	Coalition to Eradicate Viral Hepatitis in Asia Pacific	

20	Correlation Network- Hepatitis C Initiative	
21	Ensemble pour une Solidarité Thérapeutique Hospitalière En Réseau (ESTHER)	
22	European Association for the Study of the Liver	
23	European Liver Patients Association	European Liver Patients Association 
24	Groupe d'intervention en santé publique & épidémiologie (GISPE)	
25	Fujian Love Castle Organization	
26	Guizhou Qianyuan Working Group	
27	Haixi Care Group	
28	HANDS Pakistan	
29	Hangzhou Xihu Working Group	
30	Hebei Handan Working Group	

31	Hebei Langfang Brotherhood Working Group	
32	Hebei Red Candle PLHIV Support Group	
33	Henan Human Health Promotion Association	
34	Henan Kaifeng Wei Gay Volunteer Group	
35	Henan Nanyang Spring Thunder Support Group	
36	Henan Pioneer Charity	
37	Henan Shangshui Aixin Support Group	
38	Henan Weishi Red Ribbon Association	
39	Henan Wintersweet Women Support Group	
40	Henan Xinxiang Aixin Association	
41	Henan Xinxiang Red Ribbon Volunteers Working Group	
42	Henan Xinyang Qingzhulin PLHIV Support Association	
43	Henan Zhecheng Civic Association for AIDS Control	
44	Henan Xin Zheng Ai Wei Sunshine Home Support Group	
45	Henan Zhumadian Tianzhong Charity	
46	Hepatitis B and C Public Policy Association	

47	HepCBC Hepatitis C Education and Prevention Society	
48	Home of Hemophiliac, Henan	
49	Hunan Tongai Network	
50	International AIDS Society	
51	International HIV/AIDS Alliance in Ukraine	
52	International Network of People who Use Drugs (INPUD)	
53	International Treatment Preparedness Coalition China (ITPC-China)	
54	ITPC - MENA	
55	ITPC Global	
56	Dr. Jean Marie Hureauux	Individual sign-on in his capacity as Member, Virology Unit, Groupe Hospitalier La Pitié-Salpêtrière, Paris, France.
57	Jiangsu Nanjing Working Group	
58	Latin America Association for the Study of the Liver (ALEH)	
59	Long Yan Aixin Working Group	
60	Dr. Marion Peters MD and Dr. Raymond Chung MD	Individual Sign-on in their capacity as Chairs of the Hepatitis Transformative Science Group of the AIDS Clinical Trial Group

61	Medecins Du Monde	
62	OXFAM	
63	Pakistan Medical Research Council	
64	Quanzhou Home of Caring Mothers	
65	South African Gastroenterology Society	
66	STOP AIDS UK	
67	Suzhou Share-the-sunshine Support Group	
68	Tianjin Xinai Home of Female	
69	Treat Asia	
70	Treatment Action Group	

71	UICC	
72	World Hepatitis Alliance	
73	Xi'an Sunshine Working Group	
74	Yu Hou Cai Hong Working Group	
75	Zhejiang Aixin Support Group	
76	Zhenjiang Rainbow Working Group	