71st WHO World Health Assembly – May 2018
Médecins Sans Frontières (MSF) briefing on provisional agenda item 20.1: Global vaccine action plan, Document A71/39

Background

Médecins Sans Frontières (MSF) teams vaccinate millions of people each year, both as a response to outbreaks of diseases such as measles, meningitis, yellow fever and cholera, and through routine immunisation activities in projects where we provide healthcare to mothers and children. During 2016, MSF delivered more than 6.57 million doses of vaccines and immunological products to people in over 30 countries. In places where children have not been vaccinated, we see the affects in the patients we treat. MSF is gravely concerned by the lack of global progress in vaccination and stagnating immunisation coverage.

Resolution WHA65.17 was adopted during the 65th World Health Assembly (WHA), 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. A further resolution, WHA70.14, was adopted at the 70th WHA in 2017. It urges Member States and the Director-General to strengthen immunisation systems to meet the goals of the GVAP. Due to time constraints, the 142nd session of the Executive Board in January 2018 did not discuss the GVAP agenda item but rather noted the annual review of progress by the Strategic Advisory Group of Experts (SAGE) on Immunization, as outlined in the GVAP *Assessment Report*.[2]

MSF is deeply concerned by the lack of progress towards GVAP targets and wishes to draw attention to the concerns and stark warnings underlined in the 2017 GVAP *Assessment Report*. Progress towards achieving GVAP targets has been too slow. As the Decade of Vaccines (2012-2020) draws to a close, diphtheria-tetanus-pertussis (DTP3) immunisation coverage – the proxy indicator of national immunisation programme performance – has barely improved since 2010.[2] A truly actionable plan to improve vaccination coverage with an expanded package of vaccines must take stock of the root causes of these programmatic failings. As WHO and GVAP partners work to develop GVAP "2.0" (2021-2030), MSF would like to reemphasise some of the key actions that the WHO Secretariat, Member States and donors should take to address the persistent vaccines access challenges that put people's lives at risk today.

Addressing critical barriers to vaccines access: MSF recommendations

In preparation for the upcoming 71st WHO World Health Assembly, Member States are invited to note the SAGE *Assessment Report* and the 12 recommendations outlined.
MSF wishes to emphasise the specific SAGE recommendations that can advance towards more affordable vaccines for middle-income countries, as well as better solutions for reaching populations in crises and humanitarian emergencies with vaccination services.

Recommendations from the GVAP *Assessment Report* that require particular attention are presented in Annex 1 (page 5) of this briefing paper.

1. Ensure those impacted by humanitarian emergencies receive essential vaccinations

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 health, safety and security. The SAGE *Assessment Report* notes that in 2015, 244 million people were living outside of their country of origin. With conflict and insecurity continuing unabated, refugees and migrants are often deprived of traditional sources of healthcare, including vaccination services for their kids.

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 and availability of affordable vaccines during crises, but to date has only provided access to the pneumococcal conjugate vaccine (PCV). It is of concern that such a mechanism needs to be proposed by an NGO and WHO, and negotiated with pharmaceutical corporations in an ad hoc way. In fact, the Pfizer and GlaxoSmithKline (GSK) PCV commitments to the Humanitarian Mechanism limit which entities can purchase the companies' vaccines at the lowest global price. Currently, Pfizer and GSK will only sell to NGOs and UN agencies, excluding governments that also need to access affordable vaccines for humanitarian crises.

This mechanism is limited in scope – it does not cover all populations affected by conflict and forced displacement in need of vaccinations – and relies on voluntary commitments from pharmaceutical companies to make their vaccines available to the Mechanism at the lowest global price. It is a pragmatic short-term solution but does not address the systemic issues of unaffordable vaccines.

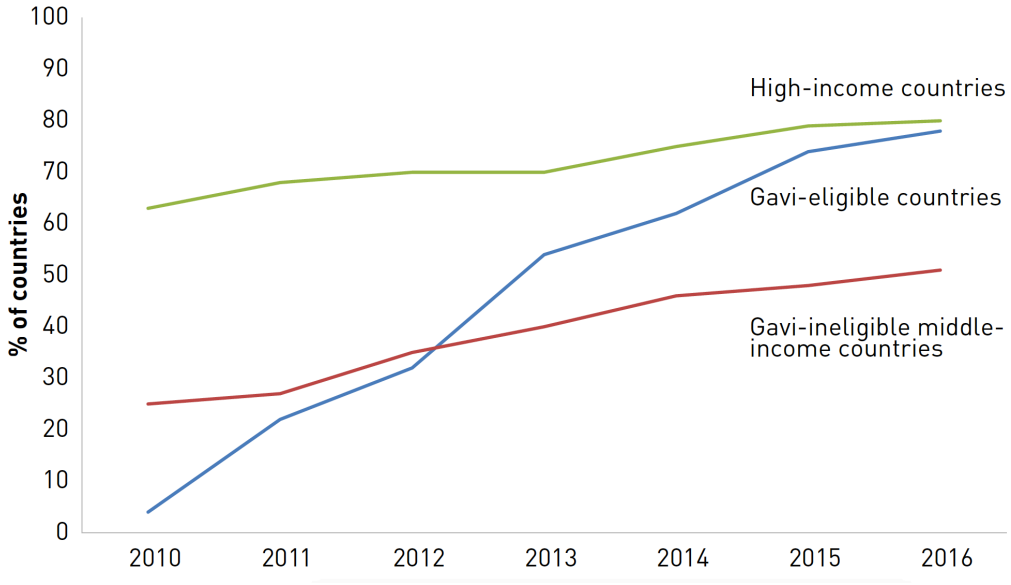
MSF urges the WHO Secretariat and Member States to prioritise and expand efforts to strengthen the Humanitarian Mechanism to ensure populations affected by all types of crisis can benefit. Furthermore, we appeal to WHO to negotiate commitments from pharmaceutical companies that allow their vaccines to be procured through the Mechanism at the lowest global price for governments, UN agencies and NGOs alike. These actions should be complemented by WHO work to develop improved strategies for vaccinating people caught in crisis contexts.

2. Ensure access to vaccines in middle-income countries, where unaffordable prices put new and more expensive vaccines out of reach

Unaffordable vaccine prices are the greatest burden to immunisation programs in middle-income countries, which are home to more than 70 per cent of the world's population and more than 70 per cent of the world's poorest people. Pharmaceutical corporations set prices that vary widely despite cost of production analyses, taking advantage of their de facto monopoly on the market. Increasingly, we see the inhibitory role of unmerited patents and pharmaceutical companies' evergreening strategies posing barriers to the development of competitor products that could challenge monopoly prices. Such is the case for PCV and the human papillomavirus (HPV) vaccine, for which there are only two producers each that have highly patented their products, delaying price-lowering competition from more affordable manufacturers in emerging economies.

Most middle-income countries are ineligible for assistance from Gavi, the Vaccine Alliance, and do not have access to Gavi's preferential pricing. As shown in the 2017 SAGE *Assessment Report* (Figure 1), the proportion of introductions of PCV in middle-income countries that are Gavi-ineligible has been 30 per cent less than PCV introductions in Gavi-eligible countries.

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*[2]

Even countries that once benefitted from Gavi financial support now find themselves in a precarious situation as they are weaned off of subsidies while 'transitioning' from Gavi. Over 30 per cent of Gavi countries are now in the 'transition' process, slowly losing international donor support and facing unpredictable vaccine prices. These countries must be guaranteed long-term access to Gavi-negotiated prices to ensure the sustainability of their immunisation programmes originally financed by Gavi and its international donors.

MSF urges the WHO Secretariat, Member States and GVAP partners to intensify efforts to support all middle-income countries in securing lower-priced vaccines and to systematically address affordability issues that hinder governments' ability to protect their populations from preventable diseases. Additionally, specific action by Gavi and commitments from pharmaceutical companies are needed to ensure long-term access to Gavi-negotiated prices for countries that 'transition' out of Gavi support.

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

In 2015, Member States adopted resolution WHA68.6 on vaccine pricing, which highlighted the challenges governments face in introducing new vaccines due to unaffordable prices.[3]

The resolution was co-sponsored by 17 Member States[*] and recommended a series of key actions that have far-reaching potential to improve affordable access to 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, neither the *Assessment Report* nor the WHA GVAP document A71/39 explicitly refer to resolution WHA68.6, nor do they provide an assessment of progress toward the actions requested of Member States and the Director-General in that resolution.

MSF urges Member States to ensure that WHA68.6 is fully implemented and monitored by the WHO Secretariat. Comprehensive implementation of resolution WHA68.6 would play a major role in lowering vaccine prices and improving vaccine coverage, particularly in middle-income countries.

Summary of MSF recommendations

1. MSF urges the WHO Secretariat 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.
2. MSF urges the WHO Secretariat, Member States and GVAP partners to intensify efforts to support middle-income countries in securing lower-priced vaccines and to 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.
3. MSF urges Member States to ensure that the WHO Secretariat fully implements and monitors 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.

[*] Countries co-sponsoring the 2015 World Health Assembly resolution on vaccine pricing: Algeria, Bahrain, Brazil, Egypt, Iran, Lebanon, Morocco, Nigeria, Pakistan, Qatar, Saudi Arabia, Sudan, Thailand, Togo, Tunisia, Venezuela, Zimbabwe.

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

Annex 1: GVAP *Assessment Report*, Select recommendations[2]

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. Geneva: World Health Organization. [Online]. 2013 [Cited 2018 Apr 24]. Available from: http://www.who.int/entity/immunization/global_vaccine_action_plan/GVAP_doc_2011_2020/en/index.html.

[2] WHO. 2017 Assessment report of the global vaccine action plan. [Online]. 2017 [Cited 2018 Apr 24]. Available from: http://www.who.int/entity/immunization/web_2017_sage_gvap_assessment_report_en.pdf?ua=1.

[3] WHO. Sixty-sixth World Health Assembly, Agenda item 16.4: Global vaccine action plan. [Online]. 2015 May [Cited 2018 Apr 24]. Available from: http://apps.who.int/gb/ebwha/pdf_files/WHA68/A68_R6-en.pdf