



Executive Board, 138th Session, 2016
Agenda Item 9.3 (EB138/32)
Global Vaccine Action Plan

Background

Four years ago at the 2012 World Health Assembly (WHA), Member States endorsed the Global Vaccine Action Plan (GVAP), the 2011-2020 Decade of Vaccines framework for improving vaccination for all.¹ The following year, WHA delegates agreed to the proposed GVAP Monitoring, Evaluation and Accountability framework, and asked for additional indicators to be tracked over the course of the decade.

Each year, the WHO Strategic Advisory Group of Experts (SAGE) – WHO’s immunization policy-setting body – reviews progress against the GVAP targets (as reported by the Decade of Vaccines Secretariat), and issues an *Assessment Report of the Global Vaccine Action Plan*. The recommendations in the SAGE *Assessment Report* aim to outline corrective actions that the Decade of Vaccines partners and member states can take towards improving progress against the GVAP targets. At this year’s Executive Board, member states are invited to note the nine (9) recommendations outlined in the SAGE *Assessment Report*.

Vaccine pricing: a persistent obstacle for member states & humanitarian actors

One area of particular concern that has been repeatedly highlighted by Member States is the challenge of expensive new vaccines.

According to the *lowest* publicly-published prices – prices which are not even available to most countries – the price of fully vaccinating a child has increased by 6,700% over the last thirteen years (2001-2014); and the Decade of Vaccines is expected to cost as much as US\$51 billion, a significant portion of which is for the cost of the vaccines themselves. The newer, more expensive vaccines – such as vaccines against pneumococcal disease, diarrhoea and cervical cancer – are often priced out of reach for countries that do not receive donor support, and these countries often do not receive any other assistance to access affordable prices. Countries that are losing financial support through *Gavi, the Vaccine Alliance* (greater than 30% of the Gavi cohort by 2020), also face a significant affordability challenge; they will have to fully self-finance the cost of new vaccines and will be challenged with unpredictable prices once they lose access to lower Gavi-negotiated prices.

One reason why vaccine prices remain high is due to a lack of competition, particularly in the new vaccines market. For example, there are only two manufacturers each for the newest vaccines: Pfizer and GlaxoSmithKline for pneumococcal conjugate vaccines (PCV); GlaxoSmithKline and Merck for rotavirus vaccines; and GlaxoSmithKline and Merck for human papillomavirus vaccines (HPV). The accelerated introduction of new products on the market to increase competition would lower the price of vaccines and help to make vaccines more affordable for countries and humanitarian organizations.

Last year’s 2015 WHA was a watershed moment for member states when a resolution by the World Health Assembly on vaccine pricing was adopted.² The resolution, originally introduced by Libya, was ultimately co-sponsored by 17 other member states³; and over 50 member states voiced strong

¹ Resolution 65.17 - http://www.who.int/immunization/global_vaccine_action_plan/en/

² http://apps.who.int/gb/ebwha/pdf_files/WHA68/A68_R6-en.pdf

³ 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.

support for the resolution, highlighting their challenges in introducing new vaccines due to high prices.

Tenets of the 2015 WHA resolution on vaccine pricing include:

- 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 resolution concluded with a request to the Director-General to report on progress in implementing the resolution to the Health Assembly through the Executive Board in the annual report on the Global Vaccine Action Plan.

MSF requests that the work of member states in forging this resolution be maintained and Executive Board members request the WHO Secretariat to report upon progress towards implementing the resolution.

Vaccinating crisis-affected populations: the need to provide immunization services to the most vulnerable

People living in crisis contexts are often the most vulnerable, fleeing conflict zones or natural disasters with ruptured healthcare systems and often arriving in places with similarly fragile systems. The 2015 SAGE *Assessment Report of the Global Vaccine Action Plan* highlighted the effect of war on immunization coverage in seven (7) countries affected by conflict or natural disaster:

DTP3 NATIONAL COVERAGE FOR 2014 IN THE SEVEN COUNTRIES WHERE MORE THAN 50% OF CHILDREN ARE UNVACCINATED OR UNDER-VACCINATED.	
Equatorial Guinea	24
South Sudan	39
Somalia	42
Syrian Arab Republic	43
Chad	46
Central African Republic	47
Haiti	48

In countries in which wars and natural disasters have decimated health systems, an unvaccinated diaspora have fled to neighbouring countries or further abroad. There are internally displaced children who cannot access immunization services and areas where ongoing fighting makes vaccination very challenging. WHO has finalized a framework for decision-making about selecting vaccines in acute humanitarian emergencies¹ but more guidance is needed in relation to implementation of sustainable immunization in ongoing conflict or crisis among both internally displaced people and those who have become refugees in other countries.

2015 Assessment Report of the Global Vaccine Action Plan, Strategic Advisory Group of Experts; page 8
http://www.who.int/immunization/global_vaccine_action_plan/SAGE_GVAP_Assessment_Report_2015_EN.pdf?ua=1

While WHO published a framework for vaccinating in acute humanitarian emergencies in 2013, implementation of these guidelines has been slow and sparse.⁴ Additionally, with much of the work being done by the humanitarian community, the inability of humanitarian organizations to purchase new vaccines at the lowest global price also poses a barrier to protecting crisis-affected populations against the most common causes of disease (pneumococcal and diarrhoeal diseases).

⁴ Vaccination in Acute Humanitarian Emergencies: a framework for decision making (2013), WHO.
http://apps.who.int/iris/bitstream/10665/92462/1/WHO_IVB_13.07_eng.pdf

MSF recommendations:

During the upcoming Executive Board, MSF wishes to direct Member States to the SAGE recommendations that can increase vaccination services in crises and humanitarian emergencies. Specifically, MSF encourages member states to:

- Raise SAGE recommendations 7 & 8 and request the WHO Secretariat and partners to enforce the dissemination and implementation of WHO guidelines for vaccinating in emergencies; accelerate opportunities to vaccinate children caught in crisis; and document cases where new vaccines have been used in crisis contexts, and the obstacles to their use.
- Request the WHO Secretariat to work on solutions for humanitarian organizations to access the lowest global price for vaccines for crisis-affected populations living in humanitarian emergencies.
- Require the WHO Secretariat to report back on progress.

Additionally, MSF requests member states to:

- Remind the WHO Secretariat of the 2015 World Health Assembly resolution on vaccine pricing, and the request to the Director-General to report back on progress towards implementing the resolution.
- Request the WHO Secretariat to take the necessary measures to ensure that new vaccine candidates from Developing Country Vaccine Manufacturers are being prioritized in the technical and regulatory support provided by WHO in view of their timely licensing and prequalification.
- Request the WHO Secretariat maintain its role as facilitating and administering a global database on vaccine prices.