Summary of the Médecins Sans Frontières (MSF) / International Federation of the Red Cross and Red Crescent Societies (IFRC) Side Event at the 64th World Health Assembly:

"The Global Immunisation Vision & Strategy: Getting the Balance Right"

Wednesday, May 18th, 2011.

Participants: Over 70 participants attended the MSF/IFRC co-sponsored WHA side event on vaccines, including representatives from Egypt, India, Iraq, Liberia, Kenya, Niger, Sri Lanka, and the United States. Key figures from the World Health Organisation (WHO), Expanded Programme on Immunisation (EPI), New and Under-Utilised Vaccine Introduction (NUVI), and measles elimination efforts were also present, as well as representatives of the Global Alliance for Vaccines and Immunisation (GAVI). Civil society and academia were represented, among others, by MSF, IFRC, Oxfam, World Vision, Save the Children, People's Health Movement, IBFAN, Cairo University, and the Institute of Medicine.

Context: The session was moderated by *Dr. Stefan Seebacher from the IFRC*. In his introduction, Dr. Seebacher noted the many immunisation priorities that compete for attention and resources, including routine immunisation, outbreak response, disease-specific initiatives, and the introduction of new vaccines. He framed the debate by noting that rather than have competing objectives, we should instead concentrate on how to better balance these priorities, as all were important. Two presentations were followed by a debate panel with audience participation, which was moderated by *Dr. Dominique Legros.*

Presentations: *Rebecca Grais, from Epicentre* spoke on **"Measles Outbreaks: Insights from recent experience in Malawi and Democratic Republic of Congo".** The presentation highlighted that recent measles outbreaks fall into two categories: (1) in places like Malawi where coverage has been improving, outbreaks are seen in older age groups, in people who are too old to have benefitted from increased vaccine availability; (2) In places like Democratic Republic of Congo, the failure to vaccinate children leads to widespread outbreaks at all ages. Grais stated that there was a lack of political and financial commitment to routine immunisation, and a lack of adapted vaccines designed for conditions in low-resource settings.

Dr. Annah W. Wamae from the Kenyan Ministry of Public Health and Sanitation spoke about "**National Introduction of a New Vaccine: Pneumococcal Vaccine (PCV) in Kenya**". She described the health situation in Kenya, followed by an explanation of the decision to introduce PCV10, which was based on analysis of the national burden of pneumococcal disease and serotype prevalence. She described the challenges of the delayed roll-out, brought up the importance of community awareness and mobilization to create adequate vaccine demand, and described the various government working groups and monitoring and evaluation tools required to support and follow the February 2011 launch. Dr. Wamae outlined the challenges of resource mobilization, meeting high demand, and sustainability of expensive new vaccine programmes, but was clear she thought the introduction of the vaccine now was the right thing to do. She also said that introducing new vaccines created opportunities to increase

public and political interest in immunisation, strengthen health systems, and create holistic approaches to disease control. Kenya hopes to introduce rotavirus vaccines in 2013.

Debate Panel: Dr. Legros posed a question to the panel to start the hour-long discussion, noting that extensive resources are going to GAVI and the Polio Eradication Initiative (PEI), but there are still outbreaks of measles suggesting low coverage—he asked if we are overloading already-weak health systems by introducing so many initiatives, but noted if we only focus on traditional EPI, we may be missing something important.

Hans Everts of WHO was the first panel participant to respond, and said the drive to eradicate polio worked in close partnership with routine immunisation, and had contributed to strengthening routine immunisation through Reach Every District strategies and identifying high-risk groups. However, there was also the need to improve, and better coordinate campaigns that vaccinate for different diseases.

Dr. Wamae responded to the question posed by Dr. Legros, saying that the important thing to do was reduce mortality overall—this means protecting children against measles, and against diseases protected against by new vaccines. Governments and partners need to come up with the resources to do both.

Dr. Grais responded that she also thinks there is a need for both new vaccines and strengthening routine immunisation, but there is a great need for better tools and delivery systems—if she, as a mother whose professional life is focused on immunisation, finds it hard to vaccinate her children on time, it cannot be easy for a mother in rural Africa to do it. Vaccines must be better suited for low-resource settings.

The discussion was then opened to the audience. Several topics that came up:

Debate on health systems:

- WHO representatives felt strongly that new vaccines and disease-specific initiatives strengthened EPI by improving health worker training, cold chain, etc. MSF pointed out that in countries like DRC, parallel tracks for measles outbreak response and new vaccine introduction suggested this was not always true. It was mentioned that there was a need to revise EPI guidelines, which have not changed in decades, in order to make them more flexible at field level, and allow them to be better integrated into a comprehensive package of care.

- There was general agreement that responses to outbreaks should be evidence-based. Also, the point was stressed by multiple participants that while strengthening routine immunisation was necessary, the rollout of new vaccines should still continue, even if health systems are not as robust as might be desired.

- There was a call to have different mechanisms of immunisation support for GAVI countries that are struggling to achieve high rates of EPI. It was mentioned that perhaps there is a need to have GAVI in-country support for these countries.

- Discussion occurred on the need to have a more integrated package of care to reduce child mortality, which would include vaccination along with improved nutrition, water and sanitation, etc. The need for increased political support was emphasized, pointing out that countries like India spend less than 1% of GDP on health, and need to increase the size of the pie.

Debate on vaccine prices:

- Several audience members noted that new vaccines have higher prices that are not sustainable long-term, particularly when GAVI support ends, and others mentioned that price should not have to get in the way of equity goals in immunizing children. It was noted that countries do not want to find themselves in the situation where they have to ration vaccines to high-risk populations because vaccine prices are high, as PAHO countries must do in some cases.

- As noted by Dr. Grais, some newer vaccines like rotavirus are not only relatively expensive, but have been designed with industrialized countries in mind, and research and development processes have not always made new vaccines practical or affordable for low-resource settings.

- There were several solutions offered up on how to achieve lower prices. The WHO used the example of pooled procurement as a way to lower prices. Dr. Wamae mentioned technology transfer to developing countries for producing lower-cost vaccines, and Oxfam noted that the Advance Market Commitment did not consider tech transfer in its design. Price transparency was also mentioned as a solution, and participants noted recent improvements in price transparency from Unicef were a positive development, and further steps from Unicef and GAVI would be welcome.

Discussion on community mobilization:

- Participants stressed the importance of social marketing and community awareness to improve confidence and create demand for vaccines at country level.

GAVI comments:

- GAVI representatives mentioned they are considering support for the rubella vaccine (not a new vaccine), and offer support for measles second dose in some cases. They noted their method of operating was through country governments and in-country partners like WHO and Unicef. GAVI also stated that prices take time to come down, and they hoped their new strategic plan for market shaping, which is in development, would help speed up price reductions.

Conclusions: Dr. Seebacher noted he could not draw conclusions on all of the topics discussed, but agreed with what Dr. Wamae focused on in saying vaccination is only part of a comprehensive package of child health. He also stated that the balance was different at different levels (national, international, funding), and decisions should focus on the strengthening the old while introducing the new, and be based on evidence and country situations. He noted this discussion would not have been possible ten years ago because today's options were not available then. But there is still a substantial need to advocate for vaccination to ensure children are not dying from vaccine-preventable diseases.