

Médecins Sans Frontières Summary of the Global Immunisation Vision and Strategy discussions in Committee A at the 64th World Health Assembly

Thursday, May 19 and Friday May 20th, 2011.

Summary: 55 countries and organizations gave interventions concerning the Global Immunisation Vision and Strategy (GIVS). Interventions were notably lacking from several large countries where immunisation coverage rates are low, such as India and Nigeria, and countries where coverage rates have stagnated at low levels, such as Chad and Central African Republic. All interventions supported the GIVS strategy in principle, though various challenges and concerns were highlighted.

- **Measles Outbreaks:** Most country interventions described progress achieved through national immunisation programmes, though many brought up worries over growing numbers of measles outbreaks. It was consistently stated that there was a need to support both routine immunisation and combating specific diseases like measles and polio at the same time as rolling out new vaccines in low-income countries. Norway reminded countries of its recent \$20 million contribution to the Measles Initiative, pointing out that a child should not face being saved from one disease, only to die from another.
- **New Vaccines & High Prices:** Ghana, Kenya, and others emphasized their success with the introduction of new vaccines such as pentavalent and (in the case of Kenya) pneumococcal conjugate, though also asked GAVI to provide even more support. However, some civil society interventions and many country delegates, including Yemen and Nicaragua (which have both recently introduced pneumococcal conjugate vaccine with GAVI assistance) expressed concern over high prices, saying costs of vaccine procurement were doubling (Zambia) or quadrupling (El Salvador). On a related note, countries like Botswana asked GAVI to expand its support to include more countries in need of assistance for expensive new vaccines. Several countries, Save the Children, and GAVI itself urged member states to support the GAVI Replenishment in June.
- **Technology Transfer & Adapted Vaccines:** Several countries, including Iraq, Burundi (on behalf of the AFRO group), Nicaragua, Kenya, and China, called for technology transfer to countries to allow for the local production of vaccines. China, whose regulatory authority was recently pre-qualified by the WHO, was very explicit in calling for greater national autonomy and self-sufficiency in this respect, and asked the WHO to work on overcoming intellectual property barriers for vaccines. Egypt and Thailand specifically mentioned the need for adapted vaccines that better fit developing country needs, with Thailand adding that vaccines should be produced by developing countries so they are affordable, and claiming that more vaccine producers would improve the security of vaccine production.
- **Health Systems Strengthening:** Thailand was also concerned with the ability of weak health systems with limited infrastructure to introduce new vaccines, stating that the WHO should not advocate for vaccines for developing countries unless they are affordable and the appropriate

systems were in place. Countries such as Russia also mentioned the need for stronger health systems, and some, such as Algeria, called for vaccination to be only one part of a sustainable and sufficient health programme. Unicef echoed this by saying vaccination delivery supported provision of other health goods at the same time. International Federation of the Red Cross and Red Crescent Societies noted the importance of civil society organizations for expanding the reach of immunisation, especially in remote locations. Togo described how it had synchronized vaccination campaigns with neighboring countries, and several other countries mentioned the need for such regional plans that held up a unified standard to be more effective with vaccination strategies.

- **Polio:** The United States focused strongly on polio eradication in its intervention, and asked donors to make this their top priority. Several other countries also mentioned the need to continue to work toward polio eradication.
- **IVI:** The Republic of Korea mentioned its desire for greater future involvement of the International Vaccine Institute (based in Seoul) in global immunisation strategies.
- **Raising Community Awareness:** The Bahamas, Kuwait, the Democratic Republic of Congo, and Bangladesh, among others, felt that raising greater awareness of vaccines among the general public was important, and stressed institutionalizing or creating further regional or national “Vaccination Weeks” in regions or countries for such a purpose.
- **Improved Data for Equity in Delivery:** Save the Children and MSF both stressed the need for improved vaccination coverage data in order to better identify where coverage levels are low and address inequities in delivery.
- **Governance:** The Berne Declaration, while giving an intervention on behalf of an NGO coalition (available at: <http://keionline.org/node/1135>), expressed particular concern with private interests’ stake in the Decade of Vaccines, and asked member countries to oppose private donors and private interests being given increased control over governance of the Decade of Vaccines, as well as the WHO through the World Health Forum.
- **MSF Intervention:** Medecins Sans Frontieres gave an intervention as a non-governmental observer, available at: <http://www.msfacecess.org/main/vaccines/wha-64-msf-intervention-on-global-immunisation-vision-and-strategy/>

Conclusions: Closing remarks were given by the WHO Secretariat’s Dr. Okwo-Bele, who said that innovative financing and technology transfer can help countries better afford and produce vaccines. GIVS is now being expanded from its original end date of 2015 to 2020 in order to complete the Decade of Vaccines. The Decade of Vaccines thus appears to be replacing GIVS as the way forward in global immunisation strategies. As mentioned by the Secretariat, Decade of Vaccine governance will involve additional stakeholders outside the WHO, notably the Bill and Melinda Gates Foundation, PATH, and the Institute for Global Health of Barcelona.