

Global immunization vision and strategy

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Intervention by Michelle Childs, Médecins Sans Frontières

Médecins Sans Frontières welcomes the proposed Global Immunization Vision and Strategy (EB128/9) which rightfully encourages a rebalancing of the global vaccine strategy, so that support for the introduction of the newer vaccines does not mean momentum is lost as regards the need to ensure basic immunization.

New vaccines such as pneumococcal vaccines have the potential to avert millions of deaths worldwide. At the same time, the need for MSF medical teams to intervene in several measles outbreak responses illustrates the weak coverage of traditional vaccines, and is a clear indication of the failure of routine basic immunization, despite the global decrease in measles morbidity and mortality.

Every day immunisation opportunities are missed, when young children accessing healthcare are not offered catch-up vaccinations. National immunisation programmes should be supported to leverage every interaction with young children to provide ‘catch-up’ vaccinations. Currently, financial incentives reward countries for vaccinating children under one but not for vaccinating children above one year. The target of vaccinating children by the age of one should be an aspiration, and not a cut-off point.

Funding for routine measles vaccinations and catch-up campaigns has gradually diminished in recent years because of decreased political will and priority setting. The Measles Initiative faces a critical funding gap and some countries are not in a position to raise the 50% of operational costs asked of them to support supplementary vaccination activities. Simultaneously, implementing countries must continually be encouraged to increase their contribution to vaccination purchase and programmes.

To maximize the potential of vaccination, technologies better adapted to the realities of resource-limited settings need to be developed. The arrival of a low-cost meningitis A vaccine last year shows the promise of tailoring vaccine development to the needs to developing countries. The development of a more practical one-dose cholera vaccine, for use in outbreaks such as in Haiti, is one of the key research and development challenges ahead.

The report from the Secretariat rightly underlines the fact that vaccine “prices continue to be a major obstacle”. The current funding crisis at the GAVI Alliance is partly due to prices that are too high. Too much emphasis has been put on incentivising multinational pharmaceutical companies, at the expense of investing in support to emerging producers that can produce quality vaccines at dramatically reduced prices.

The report lacks strategies and concrete actions to bring vaccine prices down. It must include measures that stimulate competition as powerful way to reduce prices and should support increased price transparency. Competition can be achieved by supporting technology transfer, development support to emerging country vaccine makers and overcoming intellectual property barriers where they exist. The meningitis A vaccine, developed with the critical participation of Southern producers and scientists, shows the efficiency of a model that delinks the cost of research from the price of a product, and provides a telling example of how different groups can work together from the outset to ensure a new product is affordable.