Priorities & policies for lower income countries

A multilateral View

DCVMN AGM

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Progress in vaccination in lower income settings over past two decades, but equity in access remains elusive

- New vaccines developed are powerful tools to fight killers such as pneumonia, diarrhea, and cervical cancer.
- Global and regional financing and pooled procurement have shortened the lag between access in high- and lower-income countries.
- But the COVID-19 pandemic has shown that by addressing shortcomings and seizing opportunities, we can do more.
- In response to COVID-19, vaccine development and access shifted from a sequential, risk-averse paradigm to a rapid approach with maximum compression of time to market while ensuring quality.
- Vast public investments and innovative technologies were key facilitators. The pandemic has shown that governments play a crucial role in investing in new vaccines and manufacturing capacity and sharing risks with industry.
- Despite impressive progress, equity in access remains elusive. This perpetuating global economic and health disparity.
We need a paradigm shift to ensure sustainable and timely access across the globe

➢ Establish **early, evidence-informed strategic goals and leadership** that serve the collective global health interest.

➢ **Shoulder risks and invest aggressively** to address the needs of today and prepare for future emergencies.

➢ **Strengthen market preparedness** by investing in:
  - new vaccine technologies,
  - regional research, development, and manufacturing hubs and insurance;
  - enabling regulatory harmonization;
  - market transparency and oversight.

➢ **Define principles and operational details for collaboration in times of scarcity** that enable countries to protect their own citizens while ensuring that no country is left behind.
## IA2030: Health of vaccine markets and immediate areas for action

### SAGE IA2030 REPORT 2021

<table>
<thead>
<tr>
<th>Vaccine (Year)</th>
<th>Breadth (% total producers)</th>
<th>Supply-demand balance</th>
<th>Concentration (share for two largest producers)</th>
<th>Reach (vaccines with global distribution)</th>
<th>Innovation (vaccines in phase III clinical development)</th>
<th>Composite indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bacille Calmette-Guérin (BCG) / 2019/2020*</td>
<td>23</td>
<td>Concerning</td>
<td>60%</td>
<td>4</td>
<td>1</td>
<td>Unhealthy</td>
</tr>
<tr>
<td>Pneumococcal conjugate vaccine (PCV) / 2019**/2020</td>
<td>4</td>
<td>Concerning</td>
<td>97%</td>
<td>3</td>
<td>4</td>
<td>Concerning</td>
</tr>
<tr>
<td>Pneumococcal polysaccharide / 2019**/2020</td>
<td>4</td>
<td>Concerning</td>
<td>66%</td>
<td>1</td>
<td>1</td>
<td>Concerning</td>
</tr>
<tr>
<td>Measles / 2019***/2020</td>
<td>7</td>
<td>Balanced</td>
<td>96%</td>
<td>2</td>
<td>1</td>
<td>Concerning</td>
</tr>
<tr>
<td>Measles-rubella / 2019***/2020</td>
<td>9</td>
<td>Balanced</td>
<td>92%</td>
<td>2</td>
<td>2</td>
<td>Concerning</td>
</tr>
<tr>
<td>Measles-mumps-rubella (MMR) / 2019***/2020</td>
<td>5</td>
<td>Concerning</td>
<td>69%</td>
<td>3</td>
<td>1</td>
<td>Concerning</td>
</tr>
</tbody>
</table>

### For DCVMs to consider:

**Malaria** - Invest in product development and supply capacity increase, following SAGE recommendations and expected high demand

**BCG** - Pursue WHO prequalification to enhance flexibility of access: product process prone to failure

**HPV** – Continue investment in this fast-growing market for more timely and affordable access everywhere

**PCV** – Pursue WHO prequalification, whilst WHO and partners inform country product choice

**MCV** – Pursue active dialogue with WHO and partners in expectation of outbreaks due to reduced coverage and delayed planned SIAs