



Pan American Health Organization

*Regional Office of the
World Health Organization*



Introduction of New Vaccines: Perspectives from PAHO's Pro-Vac Experience

1 December 2007

**Jon Kim Andrus, MD
Immunization Unit**

The Work We Do & the Links to MDGs in Latin America and the Caribbean

Basic
Immunization
– MDG 4

✓ Immunization currently prevents approx
174,000 child deaths per year*

The
Unfinished
Agenda –
MDG 4

✓ Approx 36,000 preventable child deaths
by 2015 if coverage reaches 95% in all
municipalities*

New
Vaccines –
MDG 4

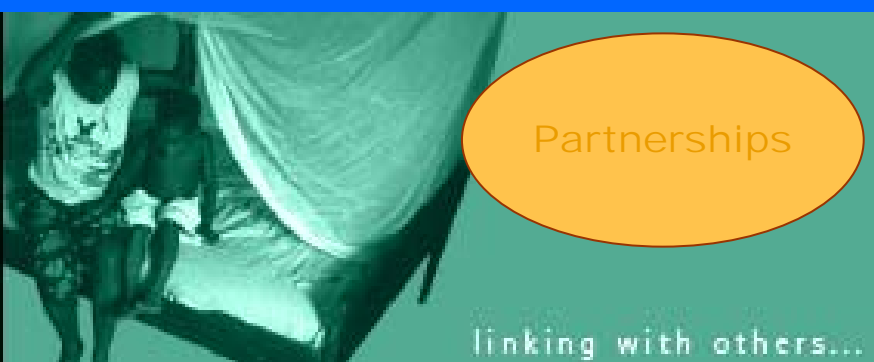
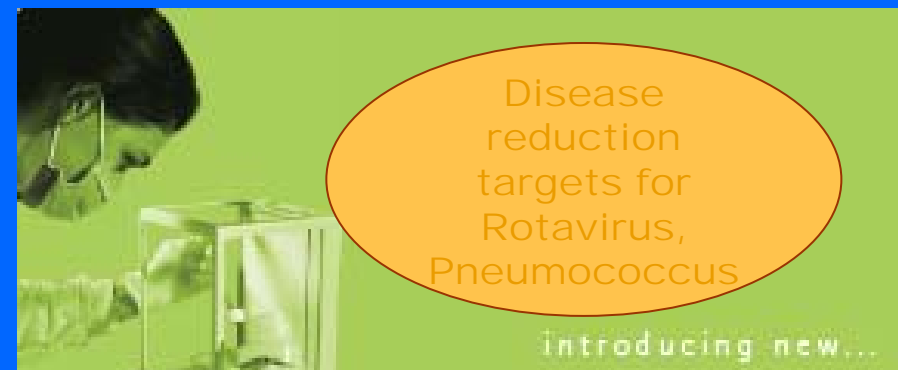
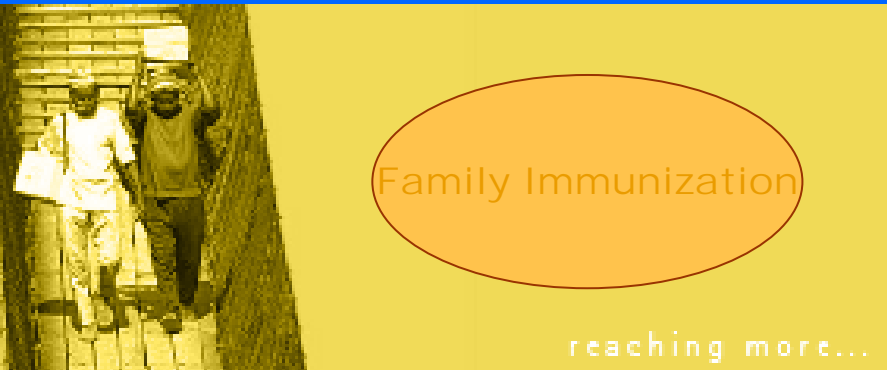
✓ Approx 149,000 preventable
deaths by 2015 with rotavirus and
pneumococcal vaccines*

Revolving
Fund –
MDG 8

✓ Access to affordable
vaccines

* WHO IVB VPD Disease Burden Modeling (2003 data)

Global Immunization Vision and Strategies (GIVS)



Millennium Development Goals 2015

Financial Requirements for Vaccines, Latin America and the Caribbean, 2007

	Vaccine	Cost		Vaccine Budget
Basic Vaccines (per fully immunized child)	BCG	\$0.10		\$15.93
	OPV	\$0.66		
	Penta+Booster	\$12.37		
	MMR	\$2.80		
	TOTAL	\$15.93		
Under-Utilized Vaccines	Pediatric Yellow Fever	\$0.65	1 doses	\$21.93
	Yellow Fever	\$0.65	1 dose	
	Pediatric Seasonal Influenza	\$1.20	2 doses	
	Adult Seasonal Influenza	\$3.50	1 dose	
	TOTAL	\$6.00		
Supplementary Immunization	Rubella Elimination	\$0.43	1 dose	Cost X Women (15-39 yr)
New Vaccines Pre-qualified	Rotavirus (Oral Vaccine)	\$7.20	2 doses	\$36.33
New Vaccines	Pneumococcus	\$53.00	4 doses	\$624.33
	HPV	\$120.00	3 doses	
	Hepatitis A	8.00	2 doses	
	TOTAL	\$588.00		

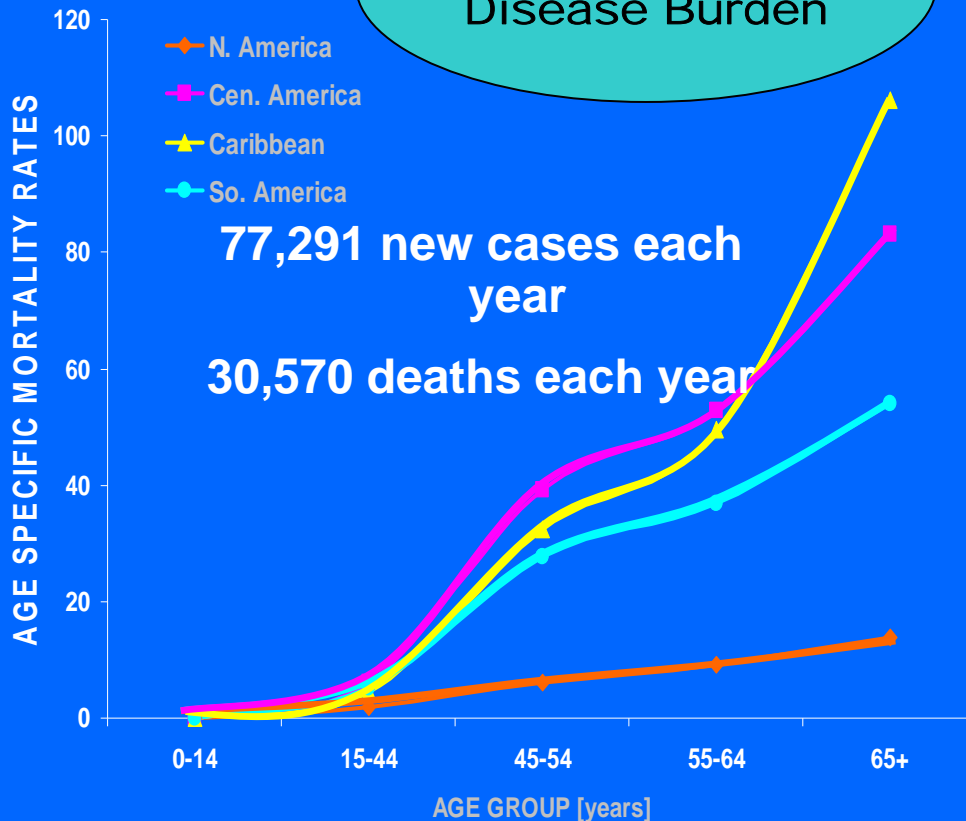
•Current Estimated Prices; Rubella elimination listed but not included in sum total of costs

Source: PAHO's Immunization Unit & the PAHO Revolving Fund

Regional Challenge

Example of HPV

Cervical Cancer Disease Burden



- Taking advantage of new technologies while sustaining national immunization programs within national health priorities
- Reducing the developing country uptake lag time of two decades
- Recognizing new vaccines are orders of magnitude more expensive

47th Directing Council, September 2006



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



47th DIRECTING COUNCIL
58th SESSION OF THE REGIONAL COMMITTEE

Washington, D.C., USA, 25-29 September 2006

RESOLUTION

CD47.R10

REGIONAL STRATEGY FOR SUSTAINING NATIONAL IMMUNIZATION PROGRAMS IN THE AMERICAS

THE 47th DIRECTING COUNCIL,

Having considered the report of the Director on the Regional Strategy for Sustaining National Immunization Programs in the Americas (CD47/11, Rev. 1);

Acknowledging that achieving the elimination of rubella and congenital rubella syndrome (CRS) by 2010 will require sustained efforts by the Member States and their development partners;

Taking into account the challenges confronting the ministries of health and finance in the allocation and disbursement of scarce resources for competing high-priority public health interventions including immunization;

Considering the need to make evidence-based decisions, including economic analyses for the introduction of new and underutilized vaccines against epidemiologically important diseases;

Aware that the World Health Organization has endorsed the Global Immunization Vision and Strategies (GIVS) and has promoted achieving the Millennium Development Goals; and

Taking into account the pioneering role and sustained commitment of the Region of the Americas in immunization programs, including the celebration of Vaccination Week in the Americas, and acknowledging the progress achieved so far by Member States,

Urged Member States to:

Expand legal and fiscal space and identify new revenue sources to sustainably finance the introduction of new vaccines against rotavirus, pneumococcus, and human papillomavirus;

Support the mortality reduction targets, consistent with GIVS and the MDGs, for HPV, RV, influenza, and pneumo associated disease;

Utilize the PAHO Revolving Fund for Vaccine procurement to purchase new and underutilized vaccines

Improve coverage of underutilized vaccines

Yellow fever

Influenza

Pentavalent vaccine in Haiti

Introduce new vaccines

Rotavirus

Pneumococcal

Human papillomavirus



ProVac Framework: Technical Criteria

- *Disease burden.* Pneumococcal disease kills more people than tuberculosis and malaria combined.
- *Characteristics of the vaccine.* How effective is the vaccine? What are the adverse events? What kind of presentation?
- *Adverse events and post-marketing surveillance.* Monitoring and surveillance is essential for safety and public confidence.
- *Cost-effectiveness and other economic evaluations.* Economic analyses demonstrate the relative value of the vaccine.

ProVac Framework: Programmatic Criteria

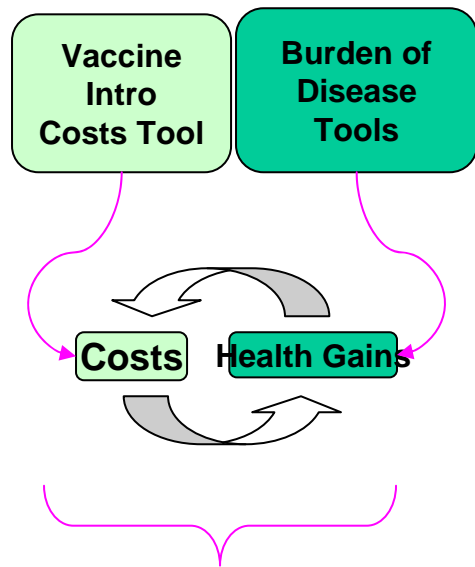
- *Vaccine supply.* Can you guarantee the supply?
- *Logistical and operational issues.* How does the vaccine work in your program? Capacity in the cold chain? Difficulty with transport or freight?
- *Financing strategies.* Affordable vaccines, financed nationally, are easier to introduce sustainably.
- *Partnerships.* The support of partners can help countries with the initial challenges of introducing and financing the vaccine (example: GAVI)

ProVac Framework: Social Criteria

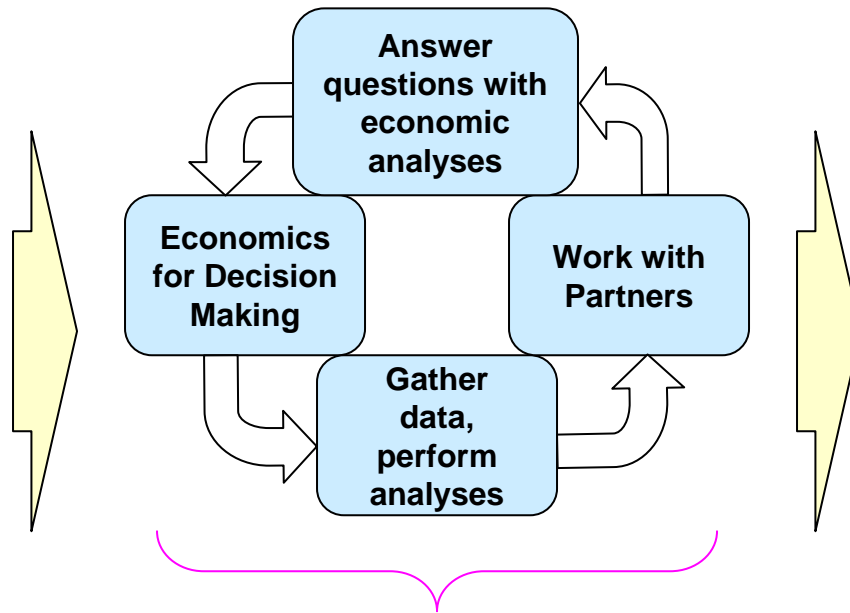
- *Perception of risk.* Public perceptions of the disease or the vaccine will affect demand.
- *Political will.* High-level political commitment has driven the introduction of some vaccines regardless of the evidence available.
- *Equity.* Vaccines can be an effective way to prevent significant burdens of disease in poor populations often unreached by other services or interventions.

Pro-Vac

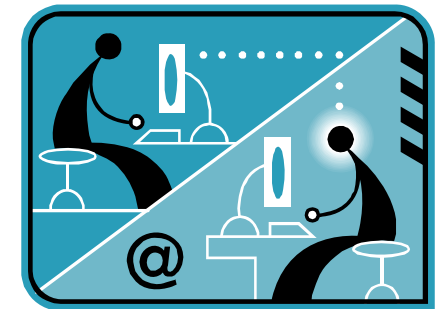
Tools, Workshops, Long-term Support



Tools for Economic Analysis

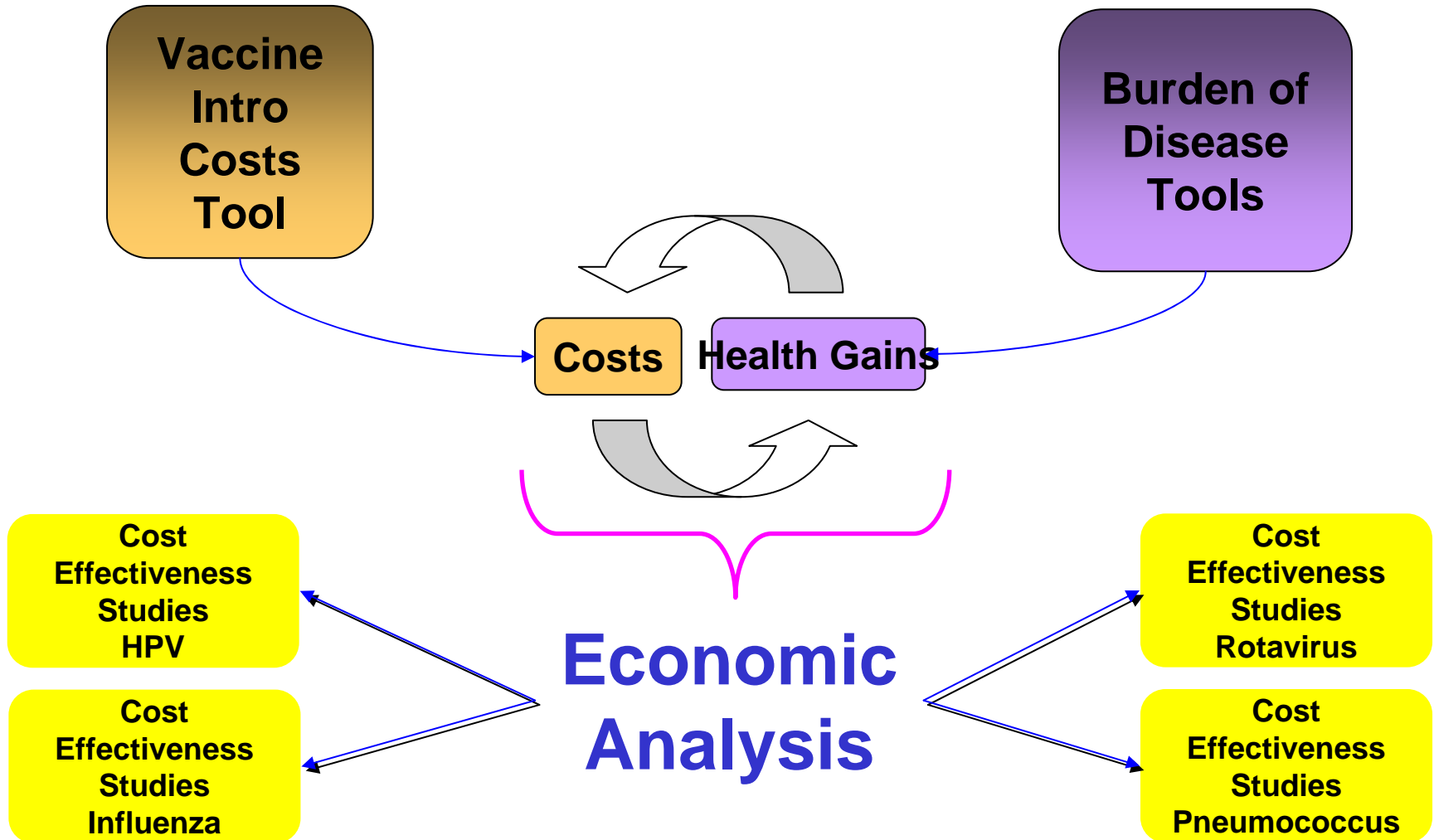


Regional Workshops



5-year plan for ongoing support to Countries

Tools for Economic Analysis



Twelve Month Vision

- Mobilize resources and provide technical cooperation for comprehensive evaluations of new vaccines in priority countries (5 GAVI, 1 non-GAVI)

Country	Subregion(s)	Vaccine(s)
Honduras	Central America	Pneumococcus, RV
Nicaragua	Central America	Pneumococcus
Cuba	Caribbean	Pneumococcus
Guyana	Caribbean	Pneumococcus, RV, HPV
Jamaica	Caribbean	HPV
Bolivia	Andean / Southern Cone	Pneumococcus

Vaccine Laws in the Americas



Programmatic Sustainability:

- Public good
- National health priority
- National vaccination schedule
- Facilitates introduction of new and underutilized vaccines

Financial Sustainability:

- Independent budget line for purchase of vaccines, syringes and cold chain equipment
- Cost-control through exemption from value-added taxes and import duties
- Participation in the Revolving Fund
- Reduced risk of supply interruption

Creating Fiscal Space for Immunization

↑ Efficiency

- ☛ Prioritize expenses: importation taxes, eliminate wasteful expenditures, increase spending for goods and meritorious services (vaccines)
- ☛ Combat corruption and the trafficking of vaccines and supplies

↑ Fiscal Revenues

- ☛ Improve tax collection and administration
- ☛ Identify additional revenue sources

Donations: think strategically

- ☛ Ensure financial sustainability following the completion of the donation or subsidy
- ☛ Consider the limitations and international criteria for debt service and relief

Partnering with the Private Sector

- ☛ When encountering opportunities... always strategizing to ensure equity and access

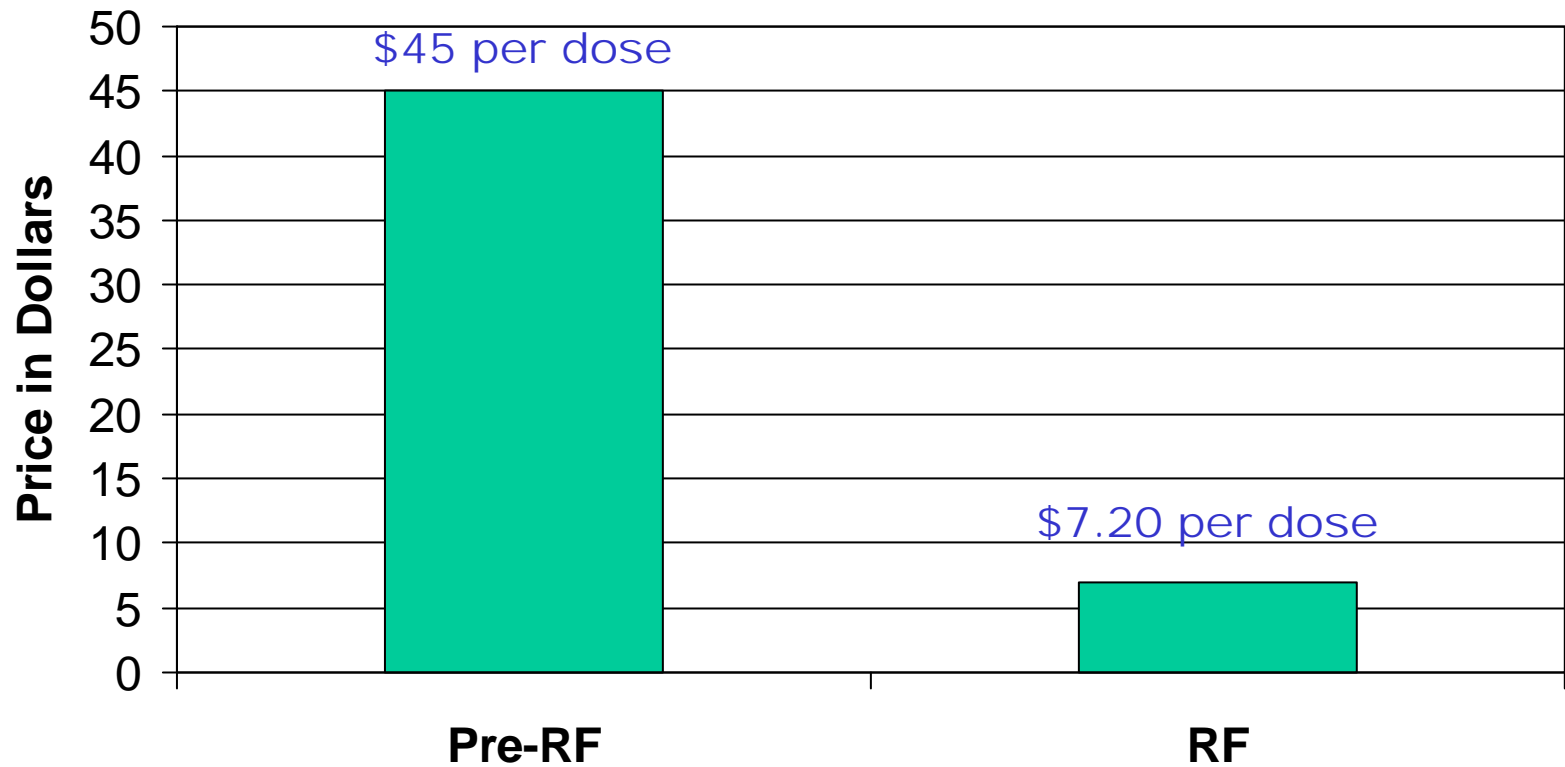
Hepatitis A Vaccine Use: Results of Survey of 22 Countries of Latin America & Caribbean, 2007 (1)

- Countries including HA vaccine in their universal childhood immunization programs: Argentina and Panama
- Countries using HA vaccine in public sector only: Bermuda
- Countries using HA vaccine in private sector only: 8 (Ecuador, El Salvador, Guatemala, Honduras, Jamaica, Nicaragua, Paraguay, St. Maarten)
- Countries using HA vaccine for outbreak control: Colombia and Uruguay
- Strategies being utilized: Children aged 12-23 months, international travelers, individuals with occupational risk, upon request, outbreak control

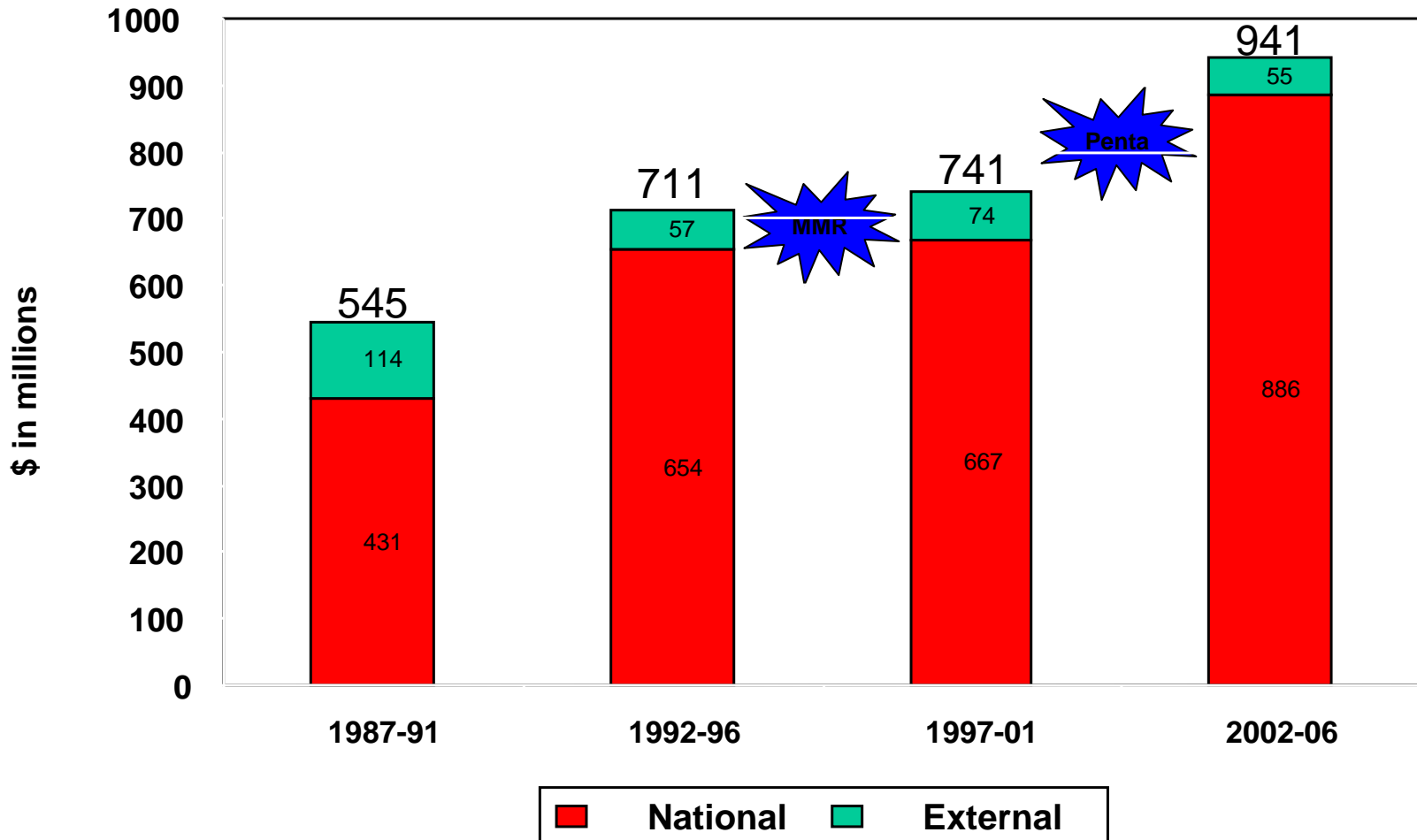
Hepatitis A Vaccine Use: Results of Survey of 22 Countries of Latin America & Caribbean, 2007 (2)

- Countries with plans to introduce HA vaccine into the public sector:
 - Cuba 2012
 - El Salvador 2012
 - Mexico 2008 or 2009

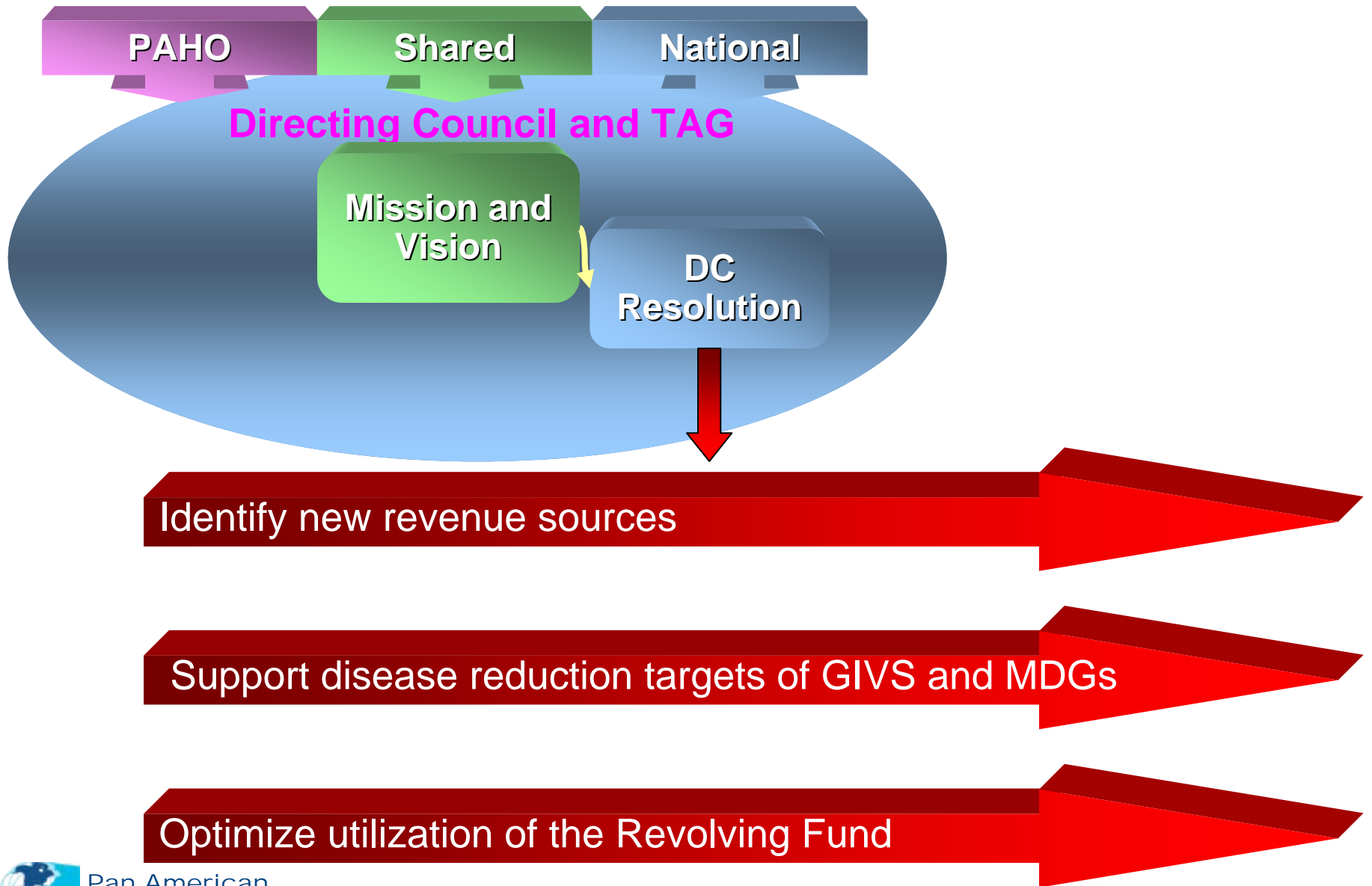
Estimated Effect of PAHO's Revolving Fund on Rotavirus Vaccine Price, 2007



Financing Vaccines, Latin America and the Caribbean, 1987-2006



PAHO Overview on Vaccine Financing



Partnerships



Canadian International
Development Agency



American
Red Cross



pneumoADIP



Together, we can save a life



UNITED NATIONS
FOUNDATION



March
of Dimes
Saving babies, together



United States Department of
Health & Human Services

BILL & MELINDA
GATES foundation



International Federation
of Red Cross and Red Crescent Societies



EUROPEAN UNION

Summary

A key role of PAHO and its partners is to continue to build strong national immunization programs from which to bridge to new vaccines to achieve the MDGs with capacity development as a key guiding principle



www.paho.org/immunization



Pan American
Health
Organization

Acknowledgements

Alba Maria Ropero

Michael Davila

Cuauhtemoc Ruiz Matus



www.paho.org/immunization



Pan American
Health
Organization