

Priorities & policies for lower income countries

A multilateral View

DCVMN AGM

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**World Health
Organization**

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.



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IA2030: Health of vaccine markets and immediate areas for action

SAGE IA2030 REPORT 2021

Vaccine ^a Year	Breadth (total producers ^b)	Supply- demand balance	Concentrati on (share for two largest producers ^b)	Reach (vaccines with global distribution ^c)	Innovation (vaccines in phase III clinical development)	Composite indicator
Bacille Calmette- Guérin (BCG) / 2019/2020*	23	Concerning	60%	4	1	Unhealthy
Human papillomavirus (HPV) / 2019/2020	2 / 3	Unbalance d/ Unbalance d	99%/99%	2/2	3/3	Unhealthy
Pneumococcal conjugate vaccine (PCV) / 2019**/2020	4	Concerning	97%	3	4	Concerning
Pneumococcal polysaccharide / 2019**/2020	4	Concerning	66%	1	1	Concerning
Measles / 2019***/2020	7	Balanced	96%	2	1	Concerning
Measles-rubella / 2019***/2020	9	Balanced	92%	2	2	Concerning
Measles- mumps-rubella (MMR) / 2019***/2020	5	Concerning	69%	3	1	Concerning

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