



World Health  
Organization

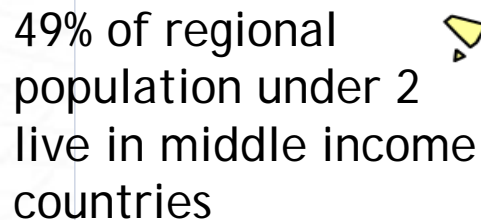
REGIONAL OFFICE FOR  
Europe

# New Vaccine Introduction in Middle Income Countries in WHO European Region

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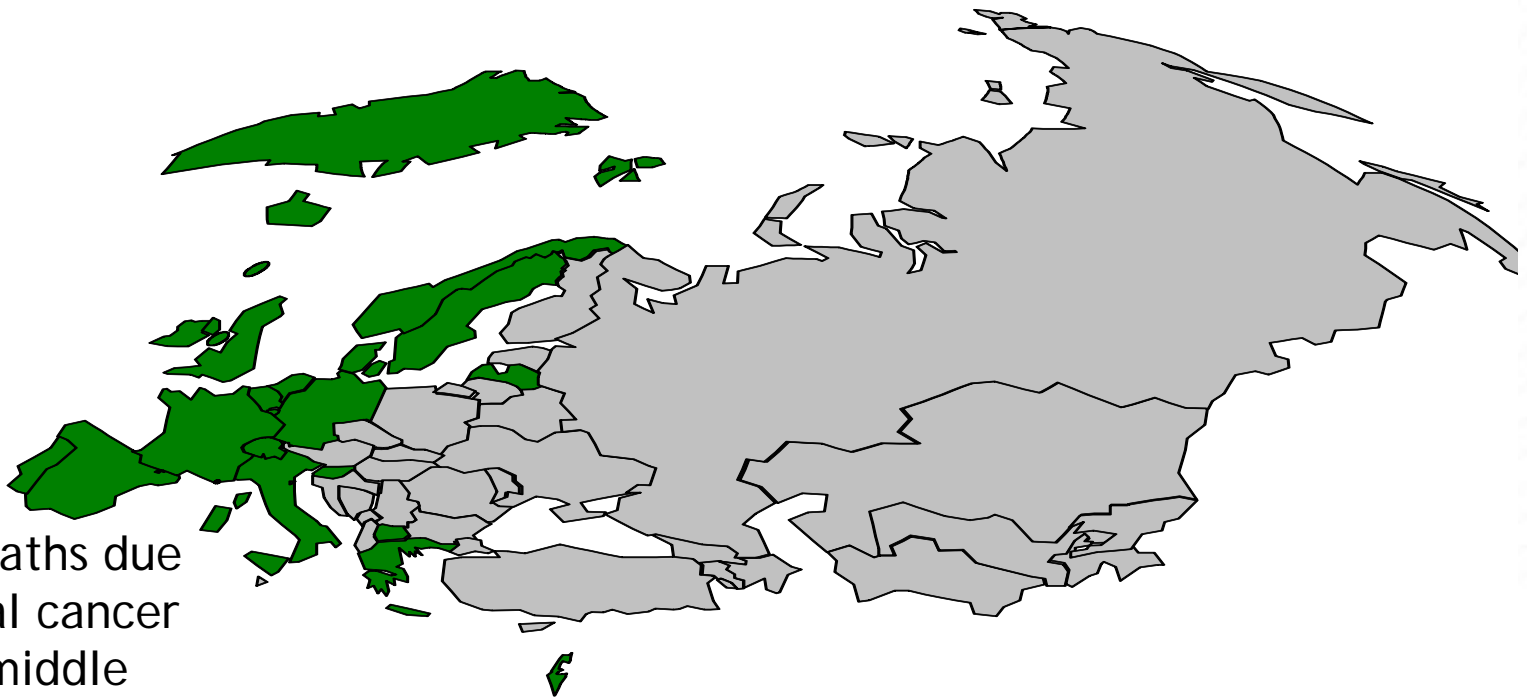
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# WHO European Region, WB income group classification, 2012



# Introduction of HPV vaccine, WHO European Region, 2012

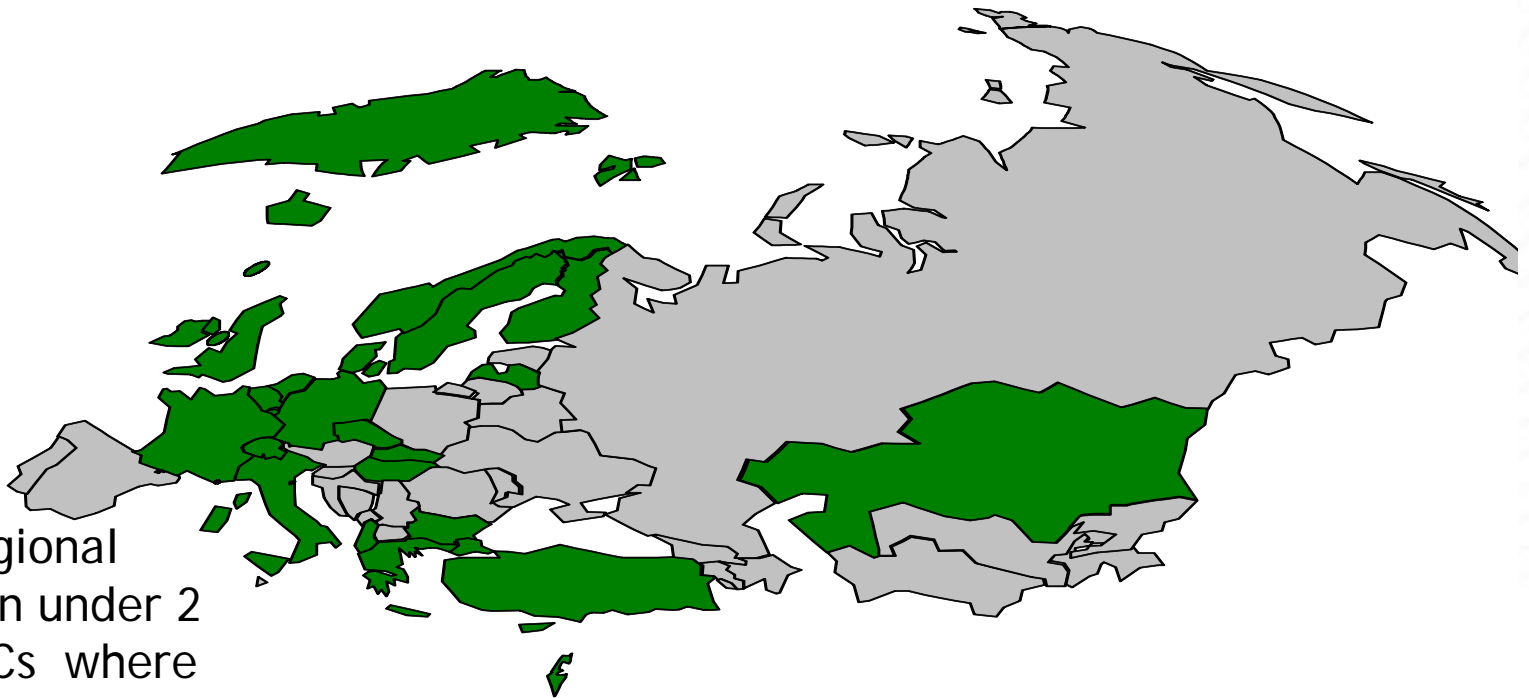
—  
■ Introduced (21)  
■ Not introduced



59% of deaths due to cervical cancer occur in middle income countries (Globocan, 2008)

# Introduction of pneumococcal vaccine. WHO European Region, 2012

■ Introduced (26)  
■ Not introduced



34% of regional  
population under 2  
live in MICs where  
pneumococcal  
vaccine has not  
been introduced

# Impediments to introduction of new vaccines in middle income countries

- New vaccines are not affordable
- Lack of political will



# Vaccines prices & procurement mechanisms

- High prices of new vaccines that require significant increase in immunization programme budget
- Inadequate procurement mechanisms that do not allow obtain affordable prices for new vaccines:
  - \$16 per dose of HPV vaccine in Belgium vs €75 per dose in MKD
  - \$16 per dose of rotavirus vaccine in Austria vs \$35 per dose in Belarus
- Obstacles in utilization of existing pooled procurement mechanisms:
  - No information about UNICEF vaccine prices for middle income countries
  - UNICEF's conditions not always compatible with country public procurement laws (payment in advance, participation in tenders)

# Prioritization of introduction of new vaccines

- Lack of awareness about burden of disease (invasive bacterial diseases):
  - limited capacity to collect and interpret local evidence
  - limited capacity to interpret global and regional estimates
- Lack of expertise to obtain local evidence on cost-effectiveness of new vaccines (Albania, Latvia - to prioritize introduction of new vaccines)
- Insufficient decision making mechanism including lack of standing National Advisory Bodies on Immunization (74% of HIC have NITAGs vs 60% of MICs)

# New vaccines introduction failures

- Lack of capacity to address negative attitude towards new vaccines among parents and medical workers (introduction of HPV vaccine in Romania and MKD)
- Lack of preparedness for crisis communication to arrange rapid response in case of AEFI or anti vaccination groups (suspension of Hib vaccination in BiH)



# **SUPPORT TO MIDDLE INCOME COUNTRIES**

# WHO Regional Office for Europe

- Regional meetings:
  - providing regional overviews and updated information
  - sharing experiences and best practices
- Translation into local languages and distribution of updated information
- Advocacy for establishment of NITAGs
- Constancy support in strengthening new vaccine surveillance
- Building capacity in self-evaluation of cost-effectiveness of new vaccines
- Support in conducting post introduction evaluations

# Limitations

- WHO Europe:
  - Very limited funds to provide technical support and build capacity of MICs: NUVI activities are funded only by GAVI for GAVI eligible and graduating countries
- Very limited partners involved

# Conclusions

- MICs represent an important part of Member States and population under 2. We can't comply with our mandate without paying due attention to this group of countries
- There is a need to allow resources and develop approach to assist middle income countries in
  - Accessing vaccines at affordable prices
  - Strengthening vaccine procurement mechanisms including pooled procurement through UNICEF or regional mechanism
  - Building capacity to collect evidence, make informed decision, and implement new vaccines