

# **Responding to the SAGE Recommendations on Middle Income Countries Since 2010**

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# Plan

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- SAGE Recommendation
- Expanding on the Identification of Issues
- WHO & Partners: Regional and Global Response
- Acknowledging need for Co-ordination

# SAGE Recommendations 2010

"SAGE noted that **price continues to be a major barrier** preventing the introduction of new vaccines in these countries. SAGE emphasized the **need for advocacy at national, regional and global levels to support equitable access to new vaccines.**

SAGE endorsed the WHO activities in gathering epidemiological and vaccine-related data at regional and country levels, and encouraged WHO to assist countries to use data from neighboring countries and their region for decision-making. SAGE recognized that this required strengthening of the WHO country offices in lower-middle-income countries.

SAGE requested that WHO facilitate the establishment of a partnership among all relevant stakeholders to **consider: pooled procurement; tiered pricing; greater transparency of pricing; and exploring the role that UNICEF, the Pan American Health Organization and foundations can have in assisting these countries with procuring and financing vaccines."**

# MIC are very diverse

- One Hundred and Eleven countries are “characterised” as MIC
- Total population ~ 5 billion, Annual Birth cohort ~96 million
- MIC have a wide range of GNI/capita (US\$1026 - \$12,475),
- Diversity in size, geography, demographics, governance, health status & infrastructure.
- Including the largest and smallest countries of the world
- 16 landlocked developing countries and 27 small island developing states and 17 least developed countries
- Have a significant diversity in burden of vaccine preventable diseases

# MIC Issues: New and Under-utilised Vaccine Introduction (NUVI)

Lower Middle Income Countries particularly are lagging behind Low Income Countries and High Income Countries in terms of NUVI implementation

- **96 MICs**, 37% of the total MIC birth cohort, have fully implemented **Haemophilus B containing vaccine** (32 have done so with GAVI support.)
- **28 countries**, 14% of the total MIC birth cohort, have fully implemented **Pneumococcus Conjugate Vaccine**, (6 have done so with GAVI support.)
- **25 MICs**, 15% of the total MIC birth cohort, have implemented **Rotavirus vaccine**, (8 have done so with GAVI support.)
- **10 MICs** have fully introduced **Human Papillomavirus vaccine** and a further 12 are currently conducting pilot studies.

# MIC issues: Pricing and Procurement

Access to  
affordable pricing  
and supply

- Unknown pricing creating uncertainty in planning and budgeting
- Lack of market knowledge and impacts
- Lack of competition and obstacles to market entry

Procurement  
challenges both  
self procurement  
and utilising current  
UN mechanisms

- Local procurement challenges and access to pooled procurement opportunities to best meet needs
- Local legislation and consideration of specific vaccine issues

# MIC Issues: Decision making

Lack of information  
required for  
justification and  
decision making  
(Evidence and  
Capacity-building)

- Decisions becoming more complex and requiring greater justification
- Systems not robust or inclusive enough to provide necessary support.

Prioritisation  
Policy, Financing  
and Advocacy

- Decisions are being made at the highest levels due to investment required
- Decisions more challenging when considering multiple factors such as local manufacturing

# MIC Issues: Advocacy

## Advocacy and Social mobilisation

- Competing priorities both within health and more broadly due to level of investment
- Clinician Support
- Public support and growth of anti-immunisation lobby



# Acknowledging the Differences

- The focus of many activities in immunisation particularly in the past decade has been on providing access to donor subsidised or “free” vaccines and support to the poorest countries to implement these.
- MIC do not necessarily require the “free” or subsidized vaccines
- They need the skills and knowledge to make their own decisions on immunisation prioritization and new vaccine implementation and to learn from each other to optimise opportunities.

# **What was done by WHO and by partners?**

# Regional Efforts... with very limited resources

- Policy guidelines and networking
- Advocacy for establishment of National Immunization Technical Advisory Groups (NITAGs) -with SIVAC Initiative
- Regional meetings; providing information and sharing experiences
- Translation into local languages and distribution of updated information
- Strengthening new vaccine surveillance and data quality
- Building capacity in self-evaluation of cost-effectiveness of new vaccines (with ProVac)
- Support in conducting post introduction evaluations
- Technical assistance to member states to improve vaccine procurement, management and regulation
- Advocacy at global and regional level including regional Vaccination Weeks
- Political prioritization activities (with Sabins Sustainable Immunization Financing SIF Project)
- Pooling vaccine procurement considerations

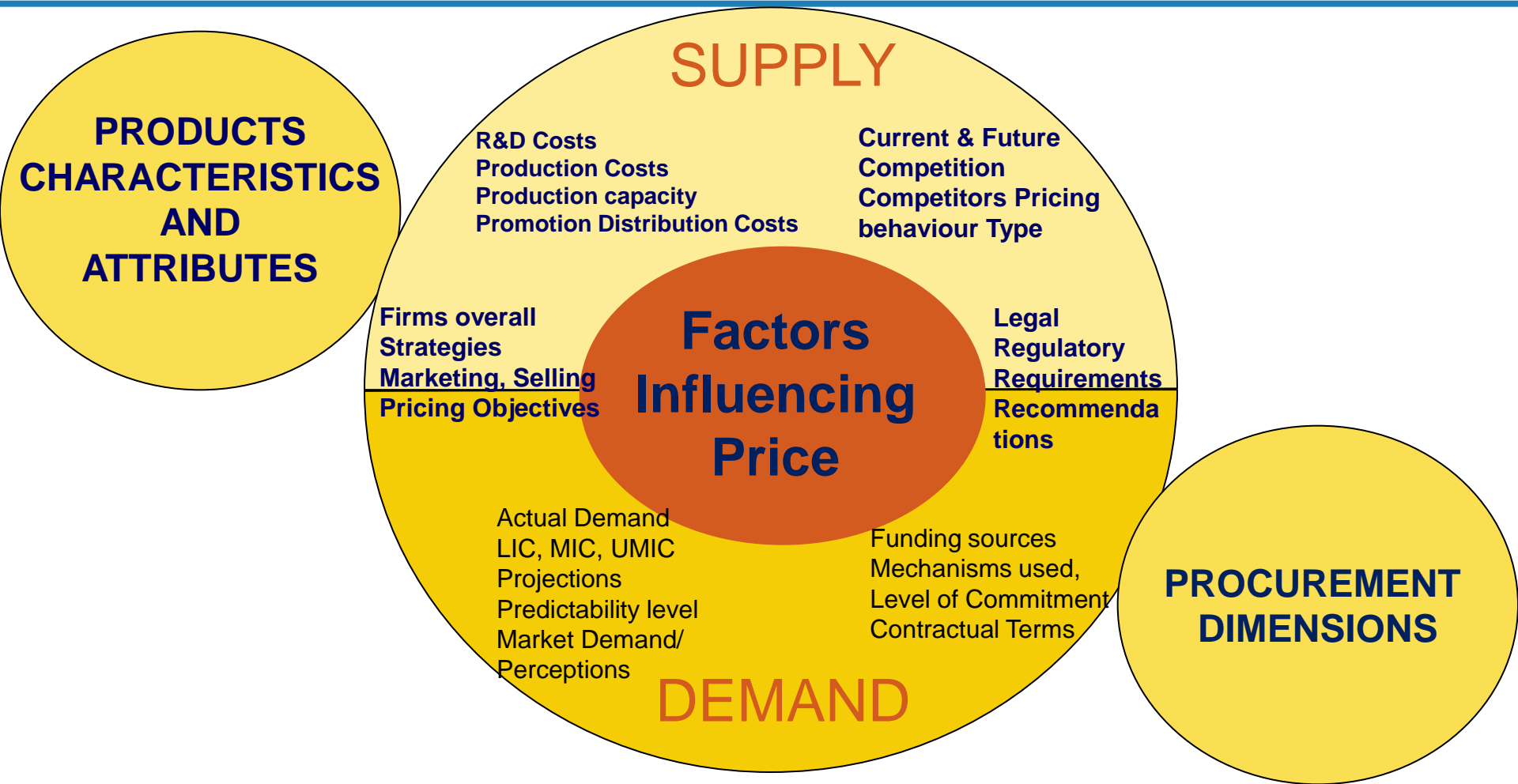
# Global Efforts

- NRA strengthening and Prequalification of new vaccines
- Vaccine Procurement Country Assessments
- Comprehensive Multi Year Planning workshops including MIC
- V3P project country needs assessments and progress
- Extension of SIVAC, SIF and ProVac initiatives to some MIC
- Raising partners awareness through meetings and consultation
- UNICEF MIC strategy
- Collaborating with partners and expanding activities to MIC

# Transparency of Information

- Access to reliable and accurate information has been noted as an obstacle to new vaccine implementation;
- January 2011 a Global Stakeholders Meeting was held to consider the issues particularly in relation to price transparency for MIC;
- September 2011 the Vaccine Product, Price and Procurement (V3P) Project was launched with support of the Bill and Melinda Gates Foundation;
- UNICEF and PAHO have both made steps towards greater transparency in vaccine pricing with website publications.
- The V3P project aims to work with all stakeholders to ensure the most appropriate data and information is made more readily available to MIC and graduating countries.

# V3P project: Prices in Their Context



# V3P Data and Information Sharing

- The first year of activities included:
  - 20 Country Needs Assessments
  - Review of available vaccine information from UNICEF, PAHO and WHO
  - Review of price transparency activities by 5 medicines groups
  - Stakeholder consultation and engagement
- Using the information and analysis from this work the project is moving forward in the development of options for providing an information exchange platform for MIC and GAVI graduating countries

**To what extent have we  
responded to the country needs  
and implemented the SAGE  
recommendations?**



# Addressing the Issues

	LEVEL OF ACHIEVEMENT				
<b>SUPPLY AND PROCUREMENT</b> Started but no achievement so far (Pooled Vaccine Procurement in EMRO, UNICEF MIC Strategy ...)					
<b>ENHANCING DECISION MAKING</b> SIVAC, PROVAC,..					
<b>ADVOCACY/POLICY DIALOGUE</b> SIF/SABIN, SIVAC, PROVAC					
<b>INFO SHARING, TRANSPARENCY AND KNOWLEDGE MANAGEMENT</b> UNICEF, PAHO RF, V3P					

# Fragmented Approach

Although some specific MIC projects are underway and other projects are now being extended in some MIC

- There is currently no strategic vision
- Allocation of countries to projects/activities is often conducted in isolation
- Very limited resources (time and money) for extension of activities and development of tailored approach
- Low sustainability of many activities and the need to prioritize resources and actions

# Partner Project Activities in 111 MIC

WB Classification 2012	LMIC	UMIC
NRA Assessment Activities		
UNICEF SD Procurement Full or Partial		
PAHO RF Countries		
PROVAC Countries		
V3P Project Country Needs Assessment		
USAID Immunization Projects		
UNICEF PIC VII Countries		
R4D Study Country		
EMRO PVP Countries		
Sabin SIF Countries		
SIVAC Countries		
Priority GAVI Graduating Countries 2012		
OPTIMIZE PATH/WHO Vaccine Product Attributes Research		
OPTIMIZE Countries		

# MIC Approach and Coordination

The inclusion of  
MIC issues in  
the GVAP was  
a bold step  
forward

- In March 2012 WHO hosted a meeting of global and regional partners to exchange views and ideas on how best to work together to support MIC in immunisation activities and new vaccine introduction
- A common understanding and vision were reached and resulted in the development of the *Global Vaccine Action Plan (GVAP) companion paper identifying MIC needs and providing possible options* for developing a comprehensive and coordinated approach to MIC