Removing barriers to the distribution of life-saving vaccines

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Barriers to the distribution of life saving vaccines in low income countries can and should be overcome, say experts in this week's issue of the BMJ.

They suggest that building local clinical research and vaccine production capacity in developing countries will increase the global availability of affordable vaccines.

Delay in delivering vaccines in low and middle income countries results in more than two million deaths a year.

Many of the reasons offered for the unequal access to vaccines in poorer countries can be challenged with new evidence and a better understanding of the underlying problems, write Dave Chokshi, from the University of Pennsylvania School of Medicine and Aaron Kesselheim, from the Division of Pharmacoepidemiology anfd Pharacoeconomics at Brigham and Women's Hospital.

They point out that an exclusive focus on the primacy of public health infrastructure can result in a missed opportunity to build infrastructure through vaccination. Studies of polio eradication in the Americas have shown how immunisation programmes can strengthen the infrastructure of health systems.

Vaccines are one of the few interventions that can save lives even when healthcare infrastructure is inadequate or non-existent, they argue.

However, there are worries about insufficient funding, say the authors. For instance, the Global Alliance for Vaccines and Immunization (GAVI) has collected almost $7bn since its inception in 2000, but it estimates that it will cost $35bn to carry out its existing programmes in the 72 poorest countries up to 2015.

In addition, there are concerns about intellectual property rights slowing the distribution of vaccine technology from rich to poor countries, prices offered by pharmaceutical manufacturers being too high, and the implementation of donation programmes being too slow.

So what needs to be done to increase the availability of these life saving vaccines, ask the authors?

Constructing clinical research of vaccine efficiency in low and middle income countries would expand scientific capacity, encourage more ethical clinical trials, and better inform government's risk-benefit calculations for investing in vaccines, claim the authors.

In addition, lowering the barriers to vaccine production in developing countries by, for example, improving local manufacturers' access to specialised technology, would build innovative capacity as well as production capacity, they say.

But the authors believe that the ultimate aim of any effort to improve global access to vaccines is to show the benefits of vaccination to local leaders in health care and government.

Local political leadership when combined with increased investment can prioritise disease prevention, raise awareness of the benefits of vaccination, and encourage country-level leadership, they conclude.

Source: British Medical Journal