



Transcript GAVI Press Conference 27.09.2011

Dan Thomas

Thank you very much for joining our webcast we are sitting in Geneva Switzerland at the GAVI Alliance Secretariat we wanted to make a special effort to reach out to as many African journalists as we could today so we asked the African Press Organization to organize this webcast for us and we also have some European media that have been able to join so thank you for joining us.

On our panel, on my right is Dr. Cathy Sanga, Health Attaché from the Tanzanian mission here in Geneva, she is a medical doctor and an expert on reproductive and child health and Tanzania is today receiving approval for both Rotavirus and Pneumococcal vaccine so it is very exciting news for her country.

On the outside we have Dr John Wecker, Director of Vaccine Access and Delivery at PATH, he has been kind enough to stop in here in Geneva, he is a world expert on Rotavirus vaccines and he serves as a member of Rotavirus council and works closely with GAVI as a key member of the accelerating Vaccine Initiative.

And last but not least, in the middle we have Seth Berkley, expert on vaccines and immunization and he is also GAVI Alliance new CEO. So thank you very much for joining us.

We would like to ask you to make a few remarks and then one by one we will go around.

Seth Berkley-

Thank you all for joining us and to me this is a very exciting day. Let me start by emphasizing that the vaccine preventable disease is still a huge problem in the world, WHO estimates that one child is dying of vaccine preventable disease every 20 minutes and this emphasizes the importance of trying to get vaccines out to the people who need them. So we are here today to talk about a new vaccine funding for 37 countries. 16 for the Rotavirus vaccines and 18 for Pneumococcal vaccines. We recently had a funding round for GAVI, which as allowed us to raise an additional 4.3 billion USD to fund the immunization program for 2011 to 2015 and this is the first of the roll out commit to the promises that we made to try to get these vaccines out to those who need them.



Now why these particular vaccines? Diarrhea and pneumonia are the 2 largest killers of children counting for about 35% of child death worldwide, of course Rotavirus is a subset for the causes of diarrhea itself represents about half a million deaths and pneumonia again a larger cause, pneumococcal being the most important of the causes of pneumonia and that also is about half a million deaths a year.

So we are targeting the two largest killers of children in the developing world. What we are talking about today also is the fact that has a particular importance for Africa. 12 countries have been approved for RV and in Africa the WHO estimates that a ¼ of a million children die of RV disease every year. So it is really about half of the world's deaths. And one of the things that is important is that we have to think of the equity issue.

In the past vaccines got developed in the west, high price, low volume and it takes 10-15 years or longer for these vaccines to trickle down to the developing world and so on the Rotavirus vaccine, WHO recommended universal introduction about 2 years ago and Sudan was the first country that received that vaccine in July and now it's going to get to a dozen other countries and the goal is to try to get to 40 countries by 2015, we are talking to immunize approximately 50 million people.

We look at the pneumococcal vaccine side, it is even more striking. Normally there is a very long delay between the time the vaccine is produced and the time it comes out but the modern generation of pneumococcal vaccines have been introduced now a year after these vaccines were launched in the west, so the PCV 13, which is one of the 2 vaccines approved was brought in Nicaragua, one of GAVI eligible countries in the same year it got introduced in the US.

So what we are really talking about here is to take the best tools that exist in the world and getting them to children. So the long term goal is to make sure that where you live doesn't matter on whether you are protected with the best that science has to offer, so we are very excited about this and for us working on the global health field this is very something that is going to help us move towards meeting the MDG, which are obviously coming to a close in the next few years. So the challenge in front of us going forward is going to be how we maintain this momentum, how we roll these out? This is not a simple task, we are going to be working with our partners UNICEF, WHO, World Bank, PATH, the countries and their leadership, the donors, all to make sure that these countries have the capabilities to roll these out cover all of the children in their countries. If you look at the partnership formed, I think there is no other to do it and it is the most powerful way to make sure we can make a difference in these countries. I think today we should celebrate this and I'll be happy to answer questions later.

Thank you



John Wecker-

Good morning. Thank you Seth for inviting me to join you today at this historical milestone in the rollout of this life-saving vaccine to the children living in Africa. With GAVI's support, I have been working to accelerate access to rotavirus vaccines in GAVI-eligible countries since before the new rotavirus vaccines were even on the market in the US and Europe. I have spent the better part of a decade generating and communicating the evidence necessary for policy makers to make informed decisions about the introduction of rotavirus vaccines in the countries where they are needed most. Today, with GAVI's support, 12 African countries will shortly join Sudan, which was the first GAVI-eligible African country to rollout rotavirus vaccines earlier this year. The coming wave of rotavirus vaccine rollouts will provide a lifeline for children across the African continent. I am excited and proud to be part of this announcement and to finally see the day when the children who need the vaccine most will now have a chance at a healthy and happy life free from the threat of severe disease.

As you heard from Dr. Berkley Rotavirus is the leading cause of severe diarrhea in children under five years of age worldwide, killing more than half a million children each year and hospitalizing millions more. In Africa, the statistics are tragic and staggering -- nearly 50% of all rotavirus deaths in the world occur in Africa, where access to treatment for severe rotavirus diarrhea is limited or unavailable. African children carry one of the heaviest burdens of rotavirus disease – each year an estimated 230,000 African children die of rotavirus disease and roughly 40% of African children hospitalized with severe diarrhea are infected with rotavirus.

We know that vaccines are the best way to protect children in Africa and the rest of the world from severe rotavirus disease and the deadly dehydrating diarrhea that it causes. Numerous recent scientific studies have shown the swift and significant impact of rotavirus vaccine to reduce child



deaths and improve children's health. The evidence that rotavirus vaccines reduce the risk of disease, decrease deaths and hospitalizations, and save health care costs is compelling. Countries understand this, which is why we are seeing this tremendous expression of demand. Fortunately, with the success of the funding round earlier this year, GAVI is in the position to satisfy that demand.

Last month, I visited Tanzania, including a pediatric ward in Dar es Salaam. The administrator there told me that during the peak season, three or four children fill each one of the beds, many suffering from severe diarrhea caused by rotavirus. Everyone in Tanzania is waiting impatiently for the arrival of rotavirus vaccines -- parents, health workers, the ministry of health, and most of all, the children. They have heard about the experience in Sudan and have seen the news around the world that vaccines against rotavirus are saving lives in countries where children have access to them. With today's announcement that Tanzania has been approved to receive financial support from GAVI, the country will begin to put in place the necessary infrastructure and training required to roll-out rotavirus vaccines nationwide.

I encourage everyone to visit GAVI's website for more information on rotavirus vaccines and be sure to watch the GAVI film on the introduction of rotavirus vaccines in Africa. The video provides a real-world look at the staggering burden of rotavirus and diarrheal disease in Africa, the high demand for lifesaving rotavirus vaccines, and GAVI's commitment to support their introduction in Africa to provide a lifeline for children across the African continent. The video shares Sudan's experience with vaccine introduction and Tanzania's joyful optimism for the future arrival of rotavirus vaccines.

Thank you very much.

Dan Thomas – Finally last but not least, Dr Cathy Sanga from Tanzania



Cathy Sanga-

Good morning everybody and thank you for being part of this panel as my previous speakers have said, we are very excited to be part of the 24 countries that receive Rotavirus and other vaccines.

Tanzania recognizes that immunization is a long term health investment and a public expenditure. Through immunization we believe we will be able to reduce child death. As the previous speakers have highlighted, Africa is the continent which is carrying the Rotavirus burden, we feel that getting these resources and getting support from GAVI will push us further.

I 'd like to share my personal experience. 6 years ago, my young brother son was 10 months old fell sick with fever and diarrhea the parents thought it was malaria, they went to the clinic and got told it wasn't malaria. They were asked to continue using all the addition therapy fever improved but diarrhea didn't so they had to rush to hospital where he managed to get special care, he survived, but this case is not the same for all other children in Africa so to have access to the Rotavirus vaccine is a big excitement and a good intervention to protect lives of children under 5. We are very convinced that Rotavirus vaccine will reduce hospitalization and hospital attendance so it has both social and economic impact on the families, communities and government.

Today's announcement brings hope to many families in our country in general and I'd like to take this opportunity to thank on behalf of the millions of children in Africa and their families in other part of the world the support from donors and partners in providing and introducing the vaccines, that will further support the countries commitment in immunization.

Thank you very much and we are looking forward to the discussion which will follow.

Dan Thomas– That is the opening statement, we posted a press release about today's announcement on our website, it's also been sent to all of you watching this webcast in the same manners as the media advisory. We are here to answer any questions that you have for our panelists. We can explain the implication of this announcement today, what it means for countries in Africa and other developing countries. There are 37 countries in the world who will be receiving good news today from the GAVI Alliance.



Bloomberg News-

Can you give us some more information about which brands of vaccines are involved and price GAVI is buying them?

Seth Berkley- On Pneumococcal vaccines, we are getting vaccines from 2 different suppliers countries apply for the vaccines that they receive those vaccines are a 10 valent and a 13 valent vaccines that are coming from GSK and from Pfizer the manufacturing companies, the interesting thing about those particular vaccines is that they had been sold at a much higher price in Europe and the US, and a new instrument was created, the advanced market commitment, which was trying to encourage these manufacturers to engage in producing these vaccines in large quantities for use in the developing world. So a target price was set \$3.50 this was a 90% reduction from the price that had been available in the markets in the west. As part of that advanced market commitment there is additional fundings that go to these companies for making these vaccines available early on. But let me emphasize that that price is a sealing price and what we expect over time is that new entrance will come in. We already got some interest from a number of companies in the emerging markets and those will be expected to enter in the next few years and we will expect the prices for those to be dropping.

For the Rotavirus, there are also 2 vaccines currently available right now, those vaccines are from Merck and from GSK and we were quite excited to here a price reduction at the Pledging Conference of June 13 where GSK has stepped forward to reduce their price to \$5 for their course of vaccines we of course will be going back and doing a procurement of these vaccines so a new price will be made available as these come out. Obviously we will work on making these vaccines more affordable.

John Wecker- On addition to the rotavirus, there are several manufacturer in India, China, Brazil and Indonesia that are also undertaking the development of new ROTAVIRUS vaccines and we expect those to start becoming available around 2015-2016 and we look forward to a very healthy and competitive market place soon for rotavirus.

Seth Berkley - One other point on that is that GAVI will only procure a vaccine that have WHO pre-qualification, that meets the quality standards. And so one of the delay that Dr Wecker was talking about is due to the fact that these vaccines will not only have to be made, tested but will also have to receive this qualification from WHO.



What does this announcement mean for children in Africa?

Cathy Sanga- This announcement means that we are talking about 50% of children suffering from diarrhea will survive, which means survival

Dan Thomas – John, you spent some time recently in Africa, what is your take on the introduction.

John Wecker- It is devastating for families, severe rotavirus, Gastro, Diarrhea, it is very very young children and it is devastating for the families to lose children that young. But we now have the ability to prevent many of those deaths. I think it is survival and an opportunity for life, for healthy, long, productive life. As many vaccines provide opportunity to prevent these terrible diseases, we should be added and using in Africa and the rest of the developing world.

Seth Berkley- Dr Sanga already mentioned this but I want to emphasize on that it is exactly in the least developed world and the most difficult areas to reach that in essence it has the most value, because as you heard in a setting where you have access to urban hospital you have the ability to get intra-venous fluids other treatments, and even in that case not all children will survive but in areas where you don't have these conditions, prevention is always best, particularly in those areas.

Afrik.com

Have your vaccines been tested already?

Seth Berkley- The interesting thing about vaccines in general is that they go through a rigorous process before they get registered. Research process to start then very large trials to look at their safety and then these particular vaccines have been rolled out as said in the West before they've made it to the developing world. So we have literally millions of patients and years of experience with these vaccines looking at safety, in these populations. There are systems, once these are out, which side effects do you have so we have very good information on the safety of these vaccines and they are extremely safe.



John Wecker- We together with funding from GAVI conducted large scale state of the art clinical trials demonstrated in the poorest countries in Africa and Asia that these rotavirus vaccines have the ability to reduce severe diseases. The information collected during these trials was critical for this recommendation Dr Berkley referred to earlier by the WHO. This global recommendation that all countries should be introducing RV around the world.

Once countries introduce RV, we continue to conduct studies to look at the real world impact after their introduction, again with the funding support from GAVI we have conducted these effectiveness studies, in countries in Latin America, Nicaragua, Salvador that showed clearly the reduction of disease that occurs after the introduction of the RV. In addition we have on-going effectiveness studies in South Africa as well as Bangladesh to continue to show the world that these vaccines have an important role to play in increasing child survival and reducing deaths.

Dan Thomas- Dr Sanga, maybe you can talk about the farmers and communities willingness to participate in immunization for their children. With years of experience working in Tanzania, how do communities react to the availability of this childhood immunization?

Cathy Sanga- As I mentioned earlier, immunization is a priority in our government, and we have been conducting this program for the past 30 years, communities have seen the value of vaccinate, especially when we talk about polio, diphtheria and other conditions. So the communities has a lot of trust in vaccines and have seen the benefit; So to ask when they can use these new vaccines. When we educate we inform on the benefit and the value of it they really come forward for that. We are also facing other challenges in the system, when you talk of human resources, if we cannot prevent It will be very difficult to assist someone when he or she falls sick and to us prevention is a priority. We see that there is a need as we are committed to enhance immunization. Even when you look at how our government is operating, we have been co-financing the support we are getting from GAVI and the commitment is there. Families will come forward for that because there is a cost besides just admission.

Seth Berkley- We are also part of this announcement for countries who are going to receive financing for meningitis vaccine. And that vaccine is relatively new, there is another example of very fearful disease in Africa, it disrupted the economies, has enormous effects these have just began to be rolled out over the short period of time and we have seen tremendous effect. First of all disease have disappeared in some of these places. And the demand for these vaccines is absolutely critical. It does go back to the point as vaccine succeed, we have a paradox, a problem the demand is enormous as people use to being vaccinated, disease disappear, there's less understanding and less desire to get it so this is one of the challenges we have to face when working with vaccines.



Deutsch Press Agentur (dpa)

What is it worth in terms of money? How much is the total costs of the approvals today?

Seth Berkley- The approvals today were a little over \$ 1 billion in resources that were spread out across these vaccines

Deutsch Press Agentur (dpa)

Which other vaccines are you announcing today?

Seth Berkley- The pentavalent vaccine is a combination of 5 different vaccines, diphtheria, tetanus, whooping cough, hepatitis B and Homophiles influenza type b

Hepatitis B all together means less injection, ease of handling and it has been rolled out now by many countries across the world. Obviously here 2 of the countries that are being discussed, Nigeria, a very large country that has a very important role to play in terms of number of children and Somalia that has its own issues given the fragile nature of that state, so we are quite excited about moving It out there. Measles has been a component of vaccines for quite some time but we are at a different stage now, we are trying to eliminate measles from many different part of the world.

This is about giving a second dose.

Bloomberg News

Do you have a ballpark estimate of how many deaths this will prevent? And second, can you explain the mechanics of the program: does GAVI purchase and distribute the vaccines, on its own?

Seth Berkley- In terms of the mechanics of the programs, the way this process works, is countries put in an application for the particular vaccines they want. These are then reviewed by an independent comity that looks at the capabilities of these countries to be able to deliver the vaccines, the storage facilities and cold chains, where the vaccines need to be stored, is it adequate to take these new vaccines forward to the rural areas? And based on all of that they make a set of recommendations that say “yes we think they are ready to go” or “we think they are ready to go with some minor changes” or “They need some major work”. Based upon that they get approved and that’s what we



talk about here is the approval of these countries and with that approval a process will go forward to procure vaccines for them to get it into those countries, and then these vaccines will be delivered by the countries and they are all on the immunization programs working with our partners on the ground.

John- First of all there was some very important results that came out from Mexico demonstrating that the use of RV reduced mortality.

How many lives, depend on number of factors. And the main factor is the number of children that we can reach. As we roll these vaccines out in Africa there are challenges distributing vaccines to all part of the countries so all children have an equitable access. In addition to the investment that we make in developing the vaccine and distributing we also need to make investment in the healthcare systems to make sure we are able to reach all the children. If we reach as many children as possible the number of lives saved will go up

Dan Thomas- Maybe you can talk about how the ministers of health our partners on the ground help, how they receive the vaccines and roll them out.

Cathy Sanga- One of the key activity is to do a lot of advocacy to the population, service providers and then we do have our procurement and distribution system, our partners support us in procuring and storage capacity we also look out the outreach. How communities participate; There is a lot of training which goes to the service providers, storage capacity and central and district levels and also at facilities because of the new additional vaccines, there are additional requests that we normally ask.

Dan Thomas –Question about the beginning of the roll out of rotavirus particularly in Africa

Seth Berkley-We saw the first introduction in Sudan in July this year, a very exciting introduction. The coverage rate is already quite high. As we heard today, 12 additional countries in Africa, 16 in total but 12 in Africa. We also have the opportunity to introduce these new vaccines. We expect several of these countries to begin early 2012, and then several others will begin in 2013. The reason that it takes some time as we just talked about, countries need to put in place the necessary infrastructure, they need to train worker, they need to educate communities for them to understand the benefits and so for some countries it takes a little time to put all that in place so we'll see a wave of



introduction in the next 2 years and we fully expect in the future more African countries to apply for GAVI's support. Over 40 countries worldwide to introduce it by 2015.

Development Today

How is it decided whether countries receive 13 or 10 valent pneumococcal vaccine? how many countries will be receiving 13 and 10?

Seth Berkley- We allow countries to apply for which particular product they want. Now from an epidemic point of view, these vaccines are quite similar so we don't see a dramatic different coverage. One of the complexities of pneumococcal disease is that there are 80 different types of pneumococcus. Some vaccines were designed particularly for the west; these new vaccines are interchangeable, they have slightly different packaging, one is a 2-dose packaging one is a single dose packaging. Up until now, we have been able to try and get countries what they choose in terms of these but we also obviously have to look at issues of the supplies for these vaccines. These are very complex vaccines to make because of all the different sub-types in there because of the conjugation process and as a result, we hope to continue to provide them as countries ask for them but in a certain time we will have to substitute one for the other based upon availability of supply. And obviously we are working very closely with our manufacturers. One of the advantages of this type of procurement is that we can work with the manufacturers and give them the forecast.

The Guardian (UK)

When do you roll out these vaccines and which countries are getting them first?

Seth Berkley- The 2 issues are going to be, when they apply for them and as Dr. Wecker said, it is really based upon the capability available in these countries. How ready are they for doing this? And then they have to put a plan together. It depends on what's going on locally with the countries.

Africa24 TV

Can every family afford these vaccines for their children?



Seth Berkley- The long term hope for GAVI is that there will be a sustainability of these vaccines as countries economy grows and over time there is co-financing of these vaccines. But we understand that in very poor places and regions they may not be adequate fundings to roll these out initially. What GAVI is doing is using donors finance to bring these vaccines to the countries. In the countries we are talking about here, these vaccines are not charged for, these are being given by the government as part of their immunization programs, of course in some countries vaccines are available on the open market but in this case we are talking about ones that are being publicly provided. Over time we also hope that working with manufacturer the healthy market that Dr Wecker talked about that we will be able to reduce these prices further, although for us it is not only important to reduce prices, that's important that we have a stable healthy working market that includes supply security, so ideally, we would like to have multiple vaccines producers for all these countries.

Dan Thomas- Dr Sanga, how do families in Tanzania, come to this question?

Cathy Sanga- The government has seen the value of immunization and to us there is a policy. Health for children under 5 is free. So it means that the government is taking care of all the immunization for under 5. There are funds set aside to procure vaccines. Since we started working with GAVI in 2001 we have been able to fulfill the requirement of co-financing and continue to provide the vaccine for free. So what we are working on it to make sure that they are accessible to every community. We normally have community-based days and use some of events like the African Child Day in June and in December where we link it with other interventions.

Dan Thomas- It is very clear that vaccines are free for families who want to bring their children at point of immunization;

Africa science news service

What is the procedure of application? Won't it derail the urgency of giving the vaccine to children?

Seth Berkley- Again to emphasize, the first thing I said was about the urgency of one child dying of vaccine preventable diseases every 20 minutes. So that is exactly what we have to live by. That being said, we also have to make sure that the delivery is done well, that the vaccines are handled



properly, these are absolutely critical because we are dealing with healthy people and we want to make sure there's confidence in the system. That that vaccine can get down to all parts of the countries who need it so that requires planning. There is combination of urgency with enough planning to make sure that when the roll out occurs, it occurs in a way that instills confidence in the families. We know in the past that people have walked hours and hours to far away clinics only to find out that vaccines were not available and that's exactly the type of things we want to avoid so it is that combination. But obviously we are trying to move in as quickly as possible.

Bloomberg News

Just to confirm, is the negotiated price 90 percent less than the "western price" for all the vaccines involved?

Seth Berkley- That is on the pneumococcal vaccine on other vaccines there are differences. And obviously it depends on the price when vaccines first appear they come in at quite high levels and they do drop down over time, even in the West. So this is a moving target and depending on the comparisons at any point on time but the goal here is to try to have available at the least possible price while keeping an healthy market, which is why we are going to continue moving forward;

Dan Thomas- Just to add to that, the cost of the pneumococcal vaccine. One shot in the US is about \$93 a day and we are procuring it for \$3.50 that shows the more than 90% decrease.

Afrik.com

The vaccines just have to be administrated one time? Can the sickness come again?

John Wecker- For RV there are 2 vaccines available, one is administered in a 3-dose schedule and one is administered in a 2-dose schedule and these are given at the same time as the child receive their routing immunization. That will provide protection for that child during the most vulnerable period. Our objective is to prevent that first early serious event. And after that the child will grow and mature. Rotavirus is something that we all live with, it is part of the environment so we are constantly expose but if we can protect that child they he will have an opportunity to live a long and healthy life.



Seth Berkley- For Pneumococcal vaccine, it is a similar story, 3-dose vaccine again given at routine time, that protects during the childhood period. It doesn't cover every pneumococcal strain but it covers most of them at least 90% of potential disease.

Dan Thomas- Dr Wecker maybe you can expand on the child protection. So the child is protected but I believe other members of the family are also protected from the child being immunized.

John Wecker- Yes the youngest children are the most vulnerable and we have seen during the trial that providing the vaccine prevents these severe event, what we have also seen, shows that older children, too old to receive the vaccine, we are also seeing a reduction of disease in these children as well. The youngest children are the children who are affecting others in the communities so we can prevent that occurrence. So an entire community receives protection just from immunizing one child. The benefit goes way beyond just vaccinating that one child

Development Today

Seth said total investment in approvals is about USD 1 billion. How much is recipient countries' contribution to this?

Seth Berkley- I don't have that number on the tip of my fingers but for the poorest countries, they are co-financing at a rate of about 20 cents per dose of vaccine so we have to calculate out the number of doses that are associated with that. And then as countries get higher economy closer to graduation levels from GAVI then the rates of co-finance goes up, that number I mentioned is not including the countries contribution.

Dan Thomas- What is the principal behind the idea of co-financing? What is GAVI trying to do by insisting the recipient countries pay us for the portion of the cost of the vaccine?

Seth Berkley- At the end of the day, one of the most important things. Vaccines are the most cost effective intervention you can have for healthcare and preventing disease and so one of the issues is that all countries should prioritize. It an important tool that they should use and to make it sustainable over time, it is important for that the country participate. Ministers of health understand



that completely. It is more for Ministries of Finance and political leaders to understand the importance of this.

So by having a co-financing program from the beginning, people begin to prioritize when they have discussions about health interventions, they talk about the cost effectiveness of these and then overtime they can move to a state where they will be able to support this.

And one of the issues that is important to say is that these vaccines are much more complicated than the ones that we use in traditional vaccines programs. GAVI is helping these countries until their economy gets stronger and they can afford the full cost.

Bloomberg News

And how does the size of this particular commitment compare with previous programs? Is this the largest ever purchase of vaccines for developing nations?

Seth Berkley- This is certainly the largest roll out that GAVI has done in terms of the demand and it has been quite interesting as people have started to hear about these vaccines understand the importance of the disease they target and see the affect in other countries. We have 74 applications from 50 countries so this is a massive interest and in this case we talked about the 37 programs that are being moved forward here. It is for us the largest commitment of funds that has occurred in our history.

Dan Thomas-That was our last question so thank you very much indeed, we have had a tremendous response from people wanting to join this webcast. Thank you all of you who've joined us for this media briefing including some people in the US who got up very early in the morning to take part.

The press release is out now, the embargo is lifted, it is on our website: www.gavialliance.org there are documents on our website including a film that Dr Wecker mentioned. From Geneva we would like to thank you for joining us.
