

Issues in Access to Vaccines in Developing Countries

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ABSTRACT

Access to vaccines is a critical issue in ensuring the health of children, especially in the developing countries. Access is currently limited due to limited money available for vaccine procurement, high prices of new vaccines for existing and emerging diseases and poor health delivery infrastructure in developing countries. The vaccine industry has only paid lip service to the cause of immunization of the world's children. They have kept their profit maximization objective foremost even in the interactions with the international agencies and with health partnership initiatives. However, if they avoid such selfish pursuits and look at shared value with society, much can be gained in the immunization of children and their health. The vaccine industry must shed its reticence, respond to the economic and technological demands of immunization and work towards making immunization affordable and accessible to all. This paper scans the vaccine industry and analyses the issues concerning vaccine access and the role played by the industry.

INTRODUCTION

Vaccines are primarily used to prepare and protect living beings against diseases. Among the major dreaded diseases that vaccines offer protection are measles, mumps, rubella, polio, pneumonia, hepatitis A and C, diphtheria, pertussis, tetanus, rabies, influenza, pneumonia, cervical cancer just to name a few. Vaccines are considered to be among the most cost-effective health interventions known to man. Vaccines have saved millions of lives from dreaded diseases [1]. Systematic use of vaccines has also led to the eradication of life threatening diseases.

However, there is a sharp first world - third world divide in the matter of access to vaccines. Children in the developed countries have access to vaccines against several diseases and are effectively protected thanks to robust immunization programmes. In contrast, children in the developing countries have limited access to vaccines and immunization, mainly due to resource constraints for vaccine procurement and use; and due to poor public health delivery infrastructure. Compounding this is the issue of high prices of vaccines charged by manufacturers in an industry which is dominated by multinational companies and has an oligopolistic character.

Access to vaccines is one of the prime drivers in achieving immunization goals. Access to vaccines and their use in immunization programmes in some developing countries and most of least developed countries is supported in good part by targeted immunization programmes piloted by multi-

lateral agencies and aided by generous donations from several charitable organizations. While much has been achieved, much more remains to be done.

THEORETICAL VALUE OF ARTICLE

The article, with well researched facts and figures, first traces the progress in immunization in the world and how after facing stagnation, the concerted action by the World Health Organization (WHO) and the Global Alliance for Vaccines and Immunization (GAVI); and supported by munificent donors, has led to a situation where immunization targets are now within striking range. It points out that sustaining the levels of immunization and expansion of the list of diseases covered by immunization programmes is becoming difficult. This is attributed to increasing prices of vaccines and the decreasing marginal returns of investments made in development of affordable vaccines.

The article focuses on the manner in which the multinational companies in the vaccine industry from the developed world have kept prices high and even usurped public funds against

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common good in the name of developing new vaccines; and how these vaccine companies perpetuate their market dominance through technology and intellectual property rights. It points out to the lip service rendered by such players in the industry to more affordable pricing, which can significantly help improve vaccine access and immunization coverage in the world.

The authors produce data to demonstrate that the profitability of vaccine companies is on par, if not better than most pharmaceutical companies, which has always been viewed as profiteering at the expense of consumers. They also dispel the notion that the profitability of developing country vaccine manufacturers is low by citing the example of a hugely profitable Indian company. They then argue that rather than be driven by shareholder capitalism; the vaccine companies must pursue the path of shared value with society.

The article presents the case for players in the vaccine industry to be more egalitarian since they are dealing with a fundamental social need – of protecting lives, especially of the vulnerable group of children and poor people. The vaccine industry cannot be blind to the cause of the very people that they benefit commercially from, especially the poorest of the poor in the least developing countries. The authors make a clarion call to the industry to contribute to vaccine access and immunization, a dire need in many parts of the world, as part of their social responsibility.

CRITIQUE

The position taken by the authors regarding the lack of social responsibility by the Industry may appear one sided to many in the developed world. However, in the eyes of the poor in the developing countries, there cannot be a better cause than fight diseases which plague their societies and it is here that the purely profit seeking vaccine companies have been found wanting.

The authors have assumed that pricing of new vaccines is exorbitant by possibly not factoring the high cost of development of technology and costs incurred in conducting in clinical trials to obtain regulatory approvals. This has often been the argument of the multinational companies. This can be viewed as a conjecture but considering that the authors are closely connected with the Industry, this charge would not be tenable.

The issue of access also has to do with providing necessary health infrastructure for which governments are responsible and not the vaccine industry. The vaccine industry would have very little to do with this aspect. The authors have taken cognizance of this but mention only in the passing.

It can be argued that social responsibility of commercial companies to provide for public good cannot be mandated. Nevertheless, there is merit in the authors' premise that the biggest social contribution by vaccine companies would be

with making prices affordable, so that governments can make better access to vaccines and immunization eminently possible.

CONCLUSION

This article is an exceptional one which highlights the need for connecting business goals with society's needs so that there is a win-win situation for both. It makes a strong case for commercial business to do soul searching to see how well they address common good instead of being solely swayed by profit considerations. The value derived is a shared value, combining both economic and social values.

REFERENCE

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