

## State of the World's Vaccines and Immunization: Challenges to Sustaining Progress

- Despite extraordinary progress in immunizing more children over the past decade, in 2007, 24 million children—almost 20 percent of the children born each year—did not get the complete routine immunizations scheduled for their first year of life. Most of these 24 million unimmunized or incompletely-immunized children live in the poorest countries, where many factors combine to thwart attempts to raise vaccine coverage rates—fragile or non-existent health service infrastructure, difficult geographical terrain and armed conflict, to mention just three.
- For the 72 poorest countries, an estimated funding flow of US\$ 25 billion to support immunization is expected to become available from government, multilateral, and other sources. Against a total immunization bill of US\$ 35 billion in these countries, this leaves an unfunded mandate and funding gap of a minimum of US\$ 10 billion. Hence, a minimum of an additional US\$ 1 billion needs to be financed every year to meet international goals on improving access to immunizations and reducing child mortality in the poorest nations.
- Immunization efforts could be especially challenging for the 35 lower-middle income countries that are not eligible for GAVI funding, but where meeting immunization goals in the next decade could cost tens of billions of dollars. The total population in these countries is nearly two billion, including about 30 million children. In some of these countries, many people live on less than US\$ 2 per day and require support from national authorities and the international community to meet their basic needs, including immunization.
- The three key factors that in the past have kept vaccine prices relatively low for developing countries “have evaporated.” Traditionally, manufacturers were able to sell vaccines to developing countries at a lower cost because they could get a higher price from industrialized countries. But industrialized and developing countries no longer use the same vaccines. In addition, manufacturers no longer maintain excess production capacity: supply must be equivalent to demand. Finally, with the exception of the hepatitis B vaccine, there is no longer enough competition among suppliers to keep prices down.
- In both developing and industrialized countries, loss of public confidence in a vaccine due to real or spurious links to adverse events can curtail or even halt immunization activities. Despite the scientific evidence refuting links between the measles-mumps-rubella (MMR) vaccine and autism, there has been a decline in coverage in many countries. Measles is making a comeback in several industrialized countries, including Austria, Israel, Italy, Switzerland, and the United Kingdom. The US Centers for Disease Control and Prevention (CDC) have reported record numbers of measles cases in the United States for the first seven months of 2008—many of them in children whose parents had refused vaccination.