



### A fairer deal for pneumococcal vaccination

**To the Editor:** In South Africa, 51 300 children under 5 die each year; pneumonia is a leading cause.<sup>1</sup> The incidence of invasive pneumococcal disease has more than doubled in the last two decades, to >500 per 100 000 children. This rise is associated with the HIV epidemic, with 75% of cases of invasive pneumococcal disease occurring in HIV-infected children.<sup>2</sup>

The launch of PCV-7 as part of the primary immunisation programme in September 2008 was welcome news. However, recent negotiations by other developing countries have shown that South Africa is paying far more than it should for a sub-optimal vaccine formulation.

In September 2009, the Brazilian Government negotiated a deal to obtain GSK's 10-valent vaccine for \$US17 per dose, falling to \$US7 in time.<sup>3</sup> Despite Brazil having an almost identical GDP to that of South Africa,<sup>4</sup> the South African government is paying \$26 per dose for Wyeth's 7-valent vaccine (in the private sector, the cost is as high as \$US60 per dose). While PCV-7 covers 70% of invasive isolates and is therefore a worthwhile vaccine to roll out, PCV-10 would increase coverage to up to 85%.<sup>5</sup>

The usual justification given by manufacturers for the high cost of medicines and vaccines is the need to make a return on their R&D investment; but Wyeth has already netted its manufacturer over US\$2.7 billion in worldwide sales of PCV-7.<sup>6</sup> Given that South Africa participated in the clinical development of pneumococcal vaccines,<sup>7</sup> it would seem reasonable that the country be accorded a fairer price, particularly because the high cost is hampering implementation in some provinces. A more affordable vaccine would encourage the provision of adequate stocks across the country and allow vaccination plans to include a catch-up strategy for older children to ensure maximum coverage.



South Africa's Department of Health can ill afford to pay for costly interventions when cheaper alternatives exist. A recent Treasury report made it clear that the health sector needed to make efforts to achieve optimal value for money; insisting on a better price for PCV would be a good place to start.

**Nathan Ford**

*Médecins sans Frontières*  
Johannesburg  
nathan.ford@joburg.msf.org

**Daniel Berman**

*Access to Essential Medicines Project*  
*Médecins sans Frontières*  
Geneva

**Lisa Frigati**

*Red Cross War Memorial Children's Hospital*  
Cape Town

7. Klugman KP, Madhi SA, Huebner RE, Kohberger R, Mbelle N, Pierce N. Vaccine Trialists Group. A trial of a 9-valent pneumococcal conjugate vaccine in children with and those without HIV infection. *N Engl J Med* 2003; 349: 1341-1348.

1. Chopra M, Daviaud E, Pattinson R, Fonn S, Lawn JE. Saving the lives of South Africa's mothers, babies, and children: can the health system deliver? *Lancet* 2009; 374: 835-846.
2. Zar HJ, Madhi SA. Pneumococcal conjugate vaccine – a health priority. *S Afr Med J* 2008; 98(6): 463.
3. Jack A. GSK signs lifetime deal with Brazil for pneumococcal vaccine. *Financial Times* 28 September 2009.
4. United Nations Development Programme. *Human Development Report*. New York: United Nations, 2009.
5. Von Gottberg A, de Gouvbeia L, Quan V, et al. Vaccine-preventable invasive pneumococcal disease, South Africa. *S Afr J Epidemiol Infect* 2007; 22: 95 (abstract 101).
6. Maggon K. *Global Vaccine Market Review 2008*. Google Knol. <http://knol.google.com/k/krishan-maggon/global-vaccine-market-review-2008-world/3fy5eowy8suq3/8#> (accessed 5 November 2009).