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GAVI funding and assessment of vaccine cost-effectiveness

Chunling Lu and colleagues (Sept 23, p 1088)[1] found that the Global Alliance for Vaccines and Immunization (GAVI) has had little effect on the coverage of diphtheria, tetanus, and pertussis (DTP) vaccination in areas where baseline coverage was greater than 65%. By contrast, global coverage with hepatitis B vaccine increased from 3% in 1992 to 51% in 2004.[2]

DTP is not the area of interest to GAVI partners in industry. Industry participation in GAVI was obtained on the specific assurance that it would open up developing country markets for newer vaccines.[3] This is progressing well by all reports.

Resolution 45.17 of the World Health Assembly mandates that newer vaccines that are cost-effective be integrated into national immunisation programmes. The first step is for individual countries to establish cost-effectiveness. However, GAVI circumvents this step by providing poor countries with grants to support purchase of new vaccines. With this funding, vaccine costs can come close to zero, and countries are persuaded to start the programme. Funding is withdrawn after a couple of years and nations are effectively lured into a debt trap.

Industry has contributed little to GAVI. Of the US$1 billion spent, $750 million was contributed by the Bill and Melinda Gates Foundation.[4] There is little evidence to support the argument that vaccine development has suddenly become too complex for public research institutes, as is made out.[5] It would be cheaper for the Gates Foundation to invest in vaccine research by academic and public research institutions. The resulting vaccines would be publicly available, regional and national manufacturers could produce them cheaply, uptake would increase, and the poor children of the world would benefit.

We declare that we have no conflict of interest.

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Response from GAVI Alliance

Although we applaud the commitment of Amit Kumar and Jacob Puliyel to child immunisation, many of their contentions are based on a flawed understanding of GAVI's work.

There is overwhelming evidence that immunisation is one of the most cost-effective public-health interventions a country can make. Simply put, the vaccines funded by GAVI are saving lives. GAVI, through its partners, has immunised more than 115 million children, preventing an estimated 1·7 million deaths. GAVI works with its partners, including industrialised and developing countries, vaccine makers, WHO, UNICEF, and others, to ensure that the vaccines adopted by each country are affordable and appropriate for the unique needs of each country.

Sustaining and building on the gains of developing countries continues to be a priority for GAVI, and we are working with countries to help them support the vaccines they have introduced. GAVI provides countries with vaccines over long periods (5–15 years) to enable ministers of health to determine priorities and affordability and to make the kind of decisions about public health trade-offs noted by Kumar and Puliyel.

Vaccine research, although crucially important, is not a substitute for a multifaceted approach to child health and immunisation. Several complementary investments are needed to ensure the appropriate vaccines are developed, manufactured, and accessible to citizens of the developing world. GAVI and other organisations are supporting researchers and vaccine makers in their efforts.

A reinvigorated global movement is needed to increase access to immunisation and to ensure that we reach the Millennium Development Goals. We are well on our way to making this happen.

I declare that I have no conflict of interest.

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Adjudication of serious heart failure in patients from PROactive

There has been much discussion of the increased incidence of investigator-reported heart failure with pioglitazone in the PROactive study[1] versus the drug's potential benefit in preventing macrovascular complications in type 2 diabetes.[2–4] Because heart failure events were reported as adverse events and

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