

## Drug companies agree to cut price of HPV vaccine to developing countries to increase accessibility

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More girls in developing countries will have access to vaccination against human papillomavirus (HPV), the infection responsible for most forms of cervical cancer, after drug companies agreed to supply the vaccine at a much lower price.

The Global Alliance for Vaccines and Immunisation (GAVI Alliance), a public-private partnership whose aim is to increase access to vaccines in developing countries, has negotiated with the companies Merck and GlaxoSmithKline for vaccines to be priced at \$4.50 (£2.90; €3.40) and \$4.60 a dose, respectively. The previous lowest price for developing countries was around \$13 a dose.

GAVI hopes that by 2020 around 30 million girls in 40 countries will have access to the vaccine and that the cost of the vaccine will reduce further as demand for it rises.

Of 15 countries that have applied for access to the vaccine, GAVI has approved pilot projects in just eight: Kenya, Ghana, Laos, Madagascar, Malawi, Niger, Sierra Leone, and Tanzania. Rwanda will be the first country in Africa to roll out the HPV programme nationally to girls aged 9-13 years after a pilot project that began there in 2011. A third of adolescent girls in Uganda also have access to the vaccine in a pilot project supported by GAVI and other partners.<sup>1</sup>

Seth Berkley, chief executive of GAVI, said that the HPV vaccine programme was “transformative,” as 85% of the 275 000 women who died from cervical cancer every year were in developing countries.

He said that developing countries faced a “triple whammy” in terms of cervical cancer: “They have a higher incidence of the disease, there is a lack of screening programmes, and [there are] very poor treatment programmes. This is a disease that kills women in the prime of their lives, and it’s a slow and terrible death. That’s why there is so much demand for this vaccine.”

One of the challenges faced by countries is how to reach the target population. “Most countries will do the vaccination through the schools, but how do you get out to those who aren’t at school and are most at risk?” Berkley asked.

Countries have been asked to do pilot projects in urban and rural districts to prove that they could reach all groups, said Berkley.

If the pilot projects succeeded, countries would then be able to scale up the programme nationally. However, he accepted that there may be delays in implementing the programmes nationally because the group to be vaccinated had not been targeted specifically before.

Berkley said that countries could use the vaccination programme as an opportunity to talk to girls about sexual and reproductive health but that the programme was primarily about preventing disease. “We want people to understand that even in countries which have conservative views this is an anti-cervical cancer vaccine which will protect girls,” he said.

The charity Médecins Sans Frontières said that the price of the vaccine was still too high for developing countries, as the required three doses would add up to nearly \$14. Kate Elder, vaccines policy adviser at the charity, said, “It’s really disappointing that pharmaceutical companies haven’t offered GAVI a much better deal on the HPV vaccine. This vaccine is critical for millions of girls in developing countries, where cervical cancer is the main cause of cancer deaths among women. The price is unjustifiably high and will add to the already spiralling vaccination costs faced by low income countries.”

A GSK spokesman said that \$4.60 was a discount of 96% on the price in developed countries. “It’s in line with our longstanding tiered pricing policy which enables lower income countries to pay significantly less than higher income countries for the same vaccine,” he said.

**bmj.com Analysis:** Reduced premature mortality in Rwanda: lessons from success (*BMJ* 2013;346:f65, doi:10.1136/bmj.f65)

Editorial: HPV vaccination—reaping the rewards of the appliance of science (*BMJ* 2013;346:f2184, doi:10.1136/bmj.f2184)

1 Gulland A. Uganda launches HPV vaccination programme to fight its commonest cancer. *BMJ* 2012;345:e6055.

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