

Countering a tide of anti-vaccine sentiment

GAVI chief executive Seth Berkley explains the challenges of supporting immunization in the world's neediest countries.

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Seth Berkley heads the non-profit GAVI Alliance.

Oscar Seijkens/GAVI

Vaccines are a cost-effective tool to prevent childhood death from many diseases that plague the developing world. Since it was founded in 2000, the non-profit GAVI Alliance has sought to expand access to immunization in the world's poorest countries. In 2010, the group set a goal of vaccinating 350 million children by the end of 2015.

Seth Berkley, GAVI's chief executive, was in Washington DC recently to talk to two of the group's partners: the World Bank and the US Congress. He tells *Nature* about the challenges of establishing markets for vaccine production and dealing with anti-vaccination sentiments. (The interview has been edited and condensed.)

What does GAVI do?

We purchase vaccines for 60% of the world's children born every year. By creating a stable marketplace for a period of time, we're able to bring new manufacturers into the game. In the past, what's kept developing market manufacturers out is [that] if countries don't have hard currency and they don't have it available regularly, it's very hard to scale up production, and then to find, gee, [the vaccine] is not being bought.

As soon as you say, "I can purchase vaccines with 10 year contracts", then it's worth making those investments, building up those facilities.

Recently you committed to buy an Ebola vaccine — but no vaccine has yet been approved.

What we said is that we would pay for 12 million doses. That wasn't an arbitrary number — that's the combined adult population of the three highly affected countries [Guinea, Liberia and Sierra Leone]. We knew that whenever the vaccine was ready, it was unlikely we'd need it for all three of those countries, but we needed something for planning and that was the number we chose.

We said to companies, "Look, if you need scale-up capabilities, if you need work on investing in temperature stability, those are the things that GAVI would pay for." This was a unique decision. Normally we only purchase vaccines that are WHO [World Health Organization] pre-qualified.

What kind of long-term results are you seeing from your investments?

For the first time this year, we have a Chinese manufacturer. The Chinese experience is pretty important, I think. China was actually a GAVI recipient country — 10% of children in China had hepatitis B. With the vaccination they were able to show that they reduced it to less than 1%. They entered as a donor this year, and we hope that over time China will be able to build on its past experience [with vaccination] now that it's in a different phase of its development.

Anti-vaccine sentiment seems to be on the rise, at least in the United States. Why?

The reason I think we have this anti-vaccine movement now relates to the fact that we've lost trust in experts. Now a Playboy model as a spokesperson has as much credibility as the American Academy of Pediatrics or the CDC [US Centers for Disease Control and Prevention] or a professor. Frankly, that's really crazy.

Do you encounter similar opposition to immunization in countries where you operate? Has there been opposition to vaccination in Pakistan since US intelligence operatives used vaccination campaigns there as cover to hunt Osama bin Laden?

Pakistan is a really interesting case. There's not been a problem so far with vaccination in general. The problem has been [with polio](#).

Most people don't see polio any more. It's only sporadic cases around a large country. So people ask, "Why is it that I don't have any other health services, I don't have any other vaccines, and the only thing I get are people coming all the time to talk about polio?"

With that, and with Osama bin Laden and the CIA effort, it has created that ability to have suspicion and rumours. So now, when the fancy truck rolls up to do a polio campaign, it's a target. It's not about not wanting to immunize children — even the Taliban want their children immunized.

The challenge is getting us back to routine immunization. For example, in Balochistan, which is the part of Pakistan that has the most [polio] cases, the routine coverage rate is 16%. We need to get that routine coverage rate up to 80%.

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