Published on *Treatment Action Campaign* (http://tac.org.za/community)

Glaxo's HPV Vaccine Price Reduction: TAC Urges Caution

By *moderator*
Created *2008/12/08 - 12:14am*
8 December, 2008 - 00:14 ? moderator

At a press conference last month, the Treatment Action Campaign (TAC) called for price deductions on the two Human Papilloma Virus (HPV) vaccines, manufactured by GlaxoSmithKline and Merck.

HPV is a common sexually transmitted infection, and some strains of the disease cause cervical cancer. In South Africa, cervical cancer is the most commonly diagnosed form of cancer. Approximately 7,000 women develop cervical cancer each year, and approximately one in 26 women in South Africans will develop cervical cancer in her lifetime1.

But cervical cancer is a largely preventable disease. If women are given access to the HPV vaccine in the public health sector, they can be protected from the disease that causes cervical cancer. Unfortunately, the vaccines manufactured by Glaxo and MSD are far too expensive for South African women to afford, and arguably too costly for the government to purchase for public roll-out.

TAC therefore launched a campaign to reduce the prices of the drug, and our campaign has met with its first success. On Wednesday 3 December, we learnt that GlaxoSmithKline, the manufacturer of the HPV vaccine Cervarix, has agreed to reduce the price of the vaccine by 36%, to R450 per dose. Three doses of the vaccine are required to protect women from the two strains of HPV which the vaccine targets.

TAC welcomes the announcement, but there are three major issues to consider:

- Glaxo's vaccine, Cervarix, protects against only two cancer-causing strains of HPV, while MSD's vaccine, Gardasil, protects against two cancer-causing strains of HPV and two additional strains of HPV which are known to cause 95% of genital warts globally. Because all four of these strains of HPV are very common in South Africa, MSD's vaccine is more effective, ensuring greater protection against HPV infection.
- Glaxo's reduction in price to R450 per dose of the vaccine is still far too expensive for South Africa to afford. Three doses of the vaccine are required, which means that a full vaccination will cost R1 350. This is more than what Glaxo and Merck offered to the Mexican government when the tenders were granted there.
- A pilot acceptability study must be conducted to assess how a public HPV Vaccines programme could be implemented.

A public roll-out of the HPV vaccine to target 80% of girls aged 9 ? 12 would need to reach 1,567,560 girls at present, and more than 520,000 per year in the future. The roll-out will be expensive, but this vital public health initiative will avert the high costs incurred by treating an epidemic of cervical cancer patients in future years.

It is the health and human right of South African women to be given access to a medicine which protects us from a largely preventable cancer. However, continuing high prices for the vaccine put this essential medical intervention out of the reach of the great majority of South Africans.

TAC calls for MSD to follow Glaxo's lead, and to reduce the price of Gardasil to R150 per dose.

TAC calls for the Health Department to review the current HPV screening guidelines, and to implement a national HPV

vaccines.

1. Guidozzi F. "The HPV vaccine ? What the nurse practitioner needs to know", *Professional Nursing Today* (Jul/Aug 2008), Vol. 12, No. 4

Source URL (retrieved on *2016/06/30 - 2:47pm*): http://tac.org.za/community/node/2443