

Protecting global access to lifesaving vaccines

PATH's global advocacy strategy during the United Nations Environment Program mercury treaty negotiations

In January 2013, government delegates finalized a global environmental treaty on mercury having agreed to exclude vaccines containing the preservative thiomersal from further regulation. This was an important step championed by PATH and our partners to protect access to lifesaving vaccines in resource-poor settings. The United Nations Environment Program (UNEP) treaty focuses instead on restricting products and pollutants that are the major sources of mercury released into the environment and pose a serious health risk. The issue was under discussion during treaty negotiations because thiomersal contains a small amount of ethylmercury, though studies have demonstrated its safety in vaccines for children and adults.

PATH coordinated the advocacy efforts of partners and public health experts worldwide to ensure the final treaty language did not restrict access to vaccines containing thiomersal, also known as thimerosal in the United States. This effort marked PATH's first engagement

in international treaty negotiations, because of the potentially devastating implications of restricting the use of thiomersal, it was crucial to engage. Restricting access to thiomersal-containing vaccines, which help to prevent at least 1.4 million child deaths annually, would endanger the immense health gains achieved during the last century and could also result in greater manufacturing and distribution costs, vaccine prices, carbon emissions, and environmental waste.

PATH worked with the World Health Organization (WHO), United Nations Children's Fund (UNICEF), GAVI Alliance civil society organizations (CSOs), and animal health experts to educate delegates participating in the negotiations, most of whom represented ministries of environment. Mirroring our ten-parts approach to advocacy, PATH drew upon our technical experience and evidence, to drive the debates, and we leveraged our global network to connect decision-makers with experts.

PATH'S GLOBAL ADVOCACY APPROACH DURING UNEP TREATY NEGOTIATIONS

As a global health product developer, PATH uses technical expertise and evidence to inform and influence decision-makers in our efforts to improve the health of people worldwide through innovative health solutions, enabling policies, and sustainable resources. Leveraging this unique set of capabilities and areas of expertise, we translate our understanding of technical evidence and new innovations across the health spectrum to inform and influence global health policy and resource decisions. During the UNEP mercury treaty negotiations, PATH and our partners spearheaded a successful policy advocacy strategy composed of six key steps that contributed to a successful outcome.

Identify the challenge

While limiting human exposure to mercury is generally important, a mercury treaty that restricts the preservative thiomersal would undermine UNEP's primary goal: to protect people's health and the environment. It is



A mother in Burkina Faso displays a vaccination card for her son, who just received a dose of MenAfriVac®, a safe and affordable vaccine containing thiomersal that provides protection against group A meningococcal meningitis. The Meningitis Vaccine Project, a partnership between PATH and WHO, was created to accelerate the development of a Meningitis A vaccine for Africa.

important to maintain access to lifesaving vaccines with a proven safe and cost-effective method. Through our relationship with the WHO, PATH's leadership learned of the mercury treaty and its potentially restrictive impact on thiomersal in August 2011. Global health experts attending the first two rounds of negotiations identified the lack of research-based advocates supporting the use of thiomersal at the negotiations as a key gap to protecting access to lifesaving vaccines. In partnership with the International Pediatric Association (IPA), the American Academy of Pediatrics (AAP), the GAVI Alliance CSOs, and many others, PATH quickly identified staff and partners with access to regional and national policymakers and influencers who could become key messengers in providing evidence on the safety and importance of thiomersal-containing vaccines—as well as the detrimental effects of the proposed ban.

Identify PATH's strengths and partners' capabilities

As an organization with extensive research experience, PATH is ideally positioned to use technical evidence to inform policy decisions through advocacy. During the negotiations, our delegation drew upon relevant technical and national-level evidence about vaccine supply chains and immunization costs to educate delegates about thiomersal in terms that resonated with them. To maximize our potential impact, PATH also identified partners with complementary strengths and connected experts to country delegates with similar issue areas and concerns. For example, PATH and our contacts identified country-level advocates with access to a targeted set of influential ministries of health. Because PATH was new to the treaty negotiation process and could not attend all treaty-related meetings, we utilized our partners to leverage their networks of national advocates, who served a key function by educating decision-makers and sharing updates with the global advocacy network.

Educate key decision-makers and influencers

Before PATH initiated our direct participation in the mercury treaty negotiations, we coordinated a sign-on letter as part of our core internal strategy. The letter was important because it created a consensus position from a wide range of global health stakeholders. The letter provided basic information about the importance of maintaining access to thiomersal-containing vaccines—and the dire consequences of restricting these lifesaving vaccines—and was written for the ultimate decision-makers: officials at environmental ministries. In order to appeal to ministries of environment, the letter framed the issue of thiomersal in terms that related to the delegates' priorities. This sign-on letter was an important step in our advocacy strategy because it directly reached treaty decision-makers, showing them that there was

a broad network of advocates and technical experts concerned about the issue and also served as an important educational tool for subsequent advocacy outreach.

Engage partners on advocacy activities

PATH drew from the invaluable expertise of our network of partners at the GAVI Alliance CSOs, the IPA, the AAP, and many other nongovernmental organizations (NGOs) and colleagues to maximize our impact during the negotiations. In addition to engaging PATH experts in Latin America, Europe, Africa, Asia, and the United Kingdom, our partners leveraged their credibility with key national decision-makers to ensure success in our advocacy strategy. For example, the GAVI Alliance CSOs and IPA advocated in target countries, such as Nigeria, a leader in the African regional group. And our partners at World Vision in Germany met with the head of the intergovernmental negotiating committee (INC), emphasizing the safety of thiomersal use in vaccines.

The GAVI Alliance CSOs, include more than 200 immunization-focused organizations from around the world. This network allowed PATH to connect with many immunization advocates during the negotiations.

Lead with evidence and correct misinformation

Until a few years ago, substantial scientific evidence on the safety of thiomersal in vaccines was unavailable. Though this is no longer the case today, in 1999, the lack of information led to the precautionary removal of thiomersal from vaccines distributed in the United States, which was supported by the AAP, the US Public Health Service Commissioned Corps, and the Centers for Disease Control and Prevention. Unfortunately, that national policy change in the United States sparked doubt in developed and developing nations about the safety of thiomersal. Anti-thiomersal advocates used those events—as well as outdated information on thiomersal's safety—as a platform during the UNEP mercury treaty negotiations. In response, PATH and its partners worked with the AAP to publicize its new position confirming the safety of thiomersal in vaccines, providing robust scientific evidence refuting the claims that thiomersal was unsafe. Furthermore, PATH highlighted the fact that thiomersal has been used safely for more than 50 years in immunization campaigns, something many decision-makers in developing countries did not realize.

“The WHO Strategic Advisory Group of Experts on immunization reaffirmed that thiomersal-containing vaccines were safe, essential, and irreplaceable components of immunization programs, especially in developing countries, and that removal of these products would disproportionately jeopardize the health and lives of the most disadvantaged children worldwide.”

—*Weekly Epidemiological Record*, No. 21, 25 May 2012.

Evaluating our success

In addition to the final text language that expressly protected the use of thiomersal in the treaty, the measure of success achieved by PATH and our partners is marked by the statements made by country delegates in support of thiomersal and their general understanding of the value of vaccines. Additionally, the immunization and health community was strongly represented at the fourth and fifth rounds of negotiations. PATH and its partners expanded our global advocacy networks to include new experts outside the immunization community who also have a stake in this issue, such as global animal health advocates and environmental health communicators. Most importantly, vaccine advocates corrected the inflammatory misconception that thiomersal had been phased out of immunization efforts in developed countries because of safety issues.

LESSONS LEARNED

While our approach ultimately contributed to a successful outcome, PATH identified several lessons learned to inform future engagement with global treaty negotiations.

Influencing formal and informal decision-making

PATH’s approach to the mercury treaty negotiations evolved through a series of steps characterized by the formal decision-making process at the core of the negotiations and the informal decision-making that emerged through on-the-ground observations. Informal decision-making was important to our advocacy strategy because our observations at the negotiations helped us to identify potential influencers who understood our issue, as well as stakeholders that should be targeted with educational efforts. In response, PATH and our partners focused our efforts on building a relationship with Zambia and Nigeria because those country delegates strongly influenced the rest of the African region’s delegates.

PATH staff and partners attended regional consultations, the final two rounds of the negotiations, and side meetings within the health community, which helped us and our

partners participate in and identify the informal decision-making that took place between countries, regions, and policymakers. While country delegates are the only meeting attendees allowed to vote and speak during most side-meetings and contact groups during the negotiations, the presence of PATH and our partners helped us tailor and support targeted formal statements about the importance of thiomersal-containing vaccines within developing countries. PATH’s visibility at the meetings also supported the efforts of our ally governments and identified potential champions or messengers that spoke in favor of the essential use of thiomersal.

Influence

Often the most influential advocates for decision-makers are citizens of their own country. PATH partnered with a colleague from the Nigeria-based Communication for Development Center, part of the GAVI Alliance CSO Steering Committee, to attend two African regional consultations and the fourth and fifth rounds of negotiations. This advocate was essential to PATH’s strategy because he helped PATH identify key country delegates at the regional consultations, and he served as an important source of scientifically accurate information for delegates.

Leveraging networks and looking beyond obvious allies

A pillar of PATH’s approach to advocacy is collaboration with a range of partners and networks. The mercury negotiations proved that to successfully influence global policy change, PATH’s advocates achieved the greatest influence by leveraging global networks. PATH’s outreach needed to expand beyond the partnership of the immunization community to include broader global health and environmental advocates.

Networks

Thiomersal-containing vaccines not only protect humans, but also help ensure animal health. During the negotiations, some countries were more motivated by the negative impacts on animal health caused by restricting access to thiomersal-containing vaccines. For example, the delegate from Mali, who served as a co-chair of the African region for the negotiations, recognized the importance of thiomersal because veterinary thiomersal-containing vaccines have a direct impact on human health within their country. This delegate, in addition to the International Federation of Animal Health and the World Organization for Animal Health, became unlikely—but essential—partners for PATH and directly contributed to our mutual success.

Collaborating across sectors

The UNEP treaty placed decision-making power in the hands of officials from countries' ministries of environment. Influencing ministries of health to inform their counterparts at the ministries of environment was our greatest point of influence. Officials at ministries of health could also echo the adverse health impacts that would follow restricted access to thiomersal. Environmental health experts operate as a cross-section between these two ministries and can bring health impacts to light in environmental treaties.

Sectors

PATH worked closely with Brazil's delegation on the issue of thiomersal throughout the negotiations. A representative from the ministry of health sits in the ministry of environment to educate his counterparts about potential health impacts of environmental issues. This cross-sector model of Brazil's health and environment ministries enabled successful communication about the protection of access to thiomersal-containing vaccines; this is an important model that can be applied to other governments and organizations to avoid misinformation about health and environmental impacts. Brazil identified this potential gap in communication early, and was therefore one of the biggest champions for excluding thiomersal in the treaty.

A SUCCESSFUL OUTCOME

Protecting global access to lifesaving vaccines is a win for children, families, and communities worldwide, and it directly supports UNEP's goal of improving people's health and the environment. By correcting misinformation, collaborating across sectors, and engaging a global network of experts and influencers, PATH and our partners successfully contributed to the adoption of a global mercury treaty that protects access to thiomersal-

containing vaccines and focuses instead on regulating major sources of mercury contamination.

While the outcome of the negotiations was positive, we recognize that there is still much work to be done to promote accurate information about vaccines and protect access to proven lifesaving interventions across the globe. We hope PATH's experience in the UNEP treaty negotiations will help inform future efforts to support global health through global policy advocacy for years to come.

The negotiating process terms

UNEP mercury treaty: A global legally binding instrument on the use of mercury, now called the Minamata Convention.

Intergovernmental negotiating committee (INC): Country delegates that negotiate the text of the treaty.

Contact group: An essential sub-committee that is formed to discuss topics in greater detail and negotiate the related text of the treaty. All UN countries may send representatives to contact groups and NGOs may participate as observers. Only country delegates may speak, and others (including other UN bodies, such as the WHO) may only speak if a country delegate directly asks them a question.

Regional consultation: Country delegates are grouped into regions to meet before each round of negotiations to discuss regional priorities and treaty text.

Formal decision-making: Official submissions of statements and documents and speeches given in the plenary session.

Informal decision-making: Side conversations, observations, and partnerships that emerge during regional meetings, contact groups, and negotiations. These moments provide an opportunity for advocates to influence final outcomes.



PATH is an international nonprofit organization that transforms global health through innovation. We take an entrepreneurial approach to developing and delivering high-impact, low-cost solutions, from lifesaving vaccines, drugs, diagnostics, and devices to collaborative programs with communities. Through our work in more than 70 countries, PATH and our partners empower people to achieve their full potential.

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