WHO Costing, Budgeting, Financing and Delivery of COVID-19 Vaccines

Q&A for Session 16: COVID-19 Vaccines Impact Modelling - Key Issues to know about Modeled Evidence to Inform Prioritization and Delivery

Wednesday, December 8, 2021

Thank you for attending the above webinar session. Many questions were submitted by participants during the webinar. In this document, we share the answers from presenters to each question that was asked during the corresponding Q&A session.

Links to the session recordings in all languages and presentations can be found on the TechNet-21 website.

More information on COVID-19 vaccine introduction can be found in the resources listed below.

- COVID-19 vaccine introduction toolkit in English, Arabic, Chinese, French, Russian, and Spanish.
- Guidance on developing a national deployment and vaccination plan for COVID-19 vaccines
- TechNet-21 – The Technical Network for Strengthening Immunization Services

Webinar-related resources can be found in the following links:

- Guidance on Use of Modelling for Policy Responses to Covid-19
- Maximising the use of COVID-19 models in policy making: CMCC
- Strategy to Achieve Global Covid-19 Vaccination by mid-2022
- Strategic Advisory Group of Experts on Immunization (SAGE)
- Evidence to recommendations for COVID-19 vaccines: Evidence framework

In addition, TechNet-21 manages two Telegram channels supporting the webinar series participants. In these spaces you will be able to share your experiences, discuss key questions, and connect with experts from around the world. We'll also share new information and global guidance as it becomes available. Join us today:

- WHO Costing, Budgeting, Financing and Delivery of COVID-19 Vaccines (EN)
- OMS - calcul des coûts, budgétisation, financement et livraison des vaccins COVID-19 (FR)

How will countries be supported for modelling, accuracy and hiccups during the process?
Live answered at 1:02:07 - https://youtu.be/m1M5HnkekQA?t=3727

The IHME predicted by modelling that in Somalia, by the start of December, the First dose would be at 3% and the Second dose 2%. However, the real situation in the country was the First dose at 3% and the second dose 4%. How to predict the bias or flexibility fall out during modelling?
Live answered at 01:03:42 - https://youtu.be/m1M5HnkekQA?t=3822

Is it possible to model for high vaccination rate with low financial resources use instead of direct indicators like deaths and disease?
Some models have looked at the cost-effectiveness of different vaccination strategies in terms of the cost per health impact achieved (for example, this cost-effectiveness analysis of Pakistan: https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003815)

Optimal scheduling/roll-out prioritisation will also depend on (future) exposure risk and how it changes over time. (How) has this been included in the considerations?
It is a good question and one we still grapple with - how to estimate future transmission. We used the reproduction number to capture any number of non-pharmaceutical interventions, rather than modelling NPIs individually.
We then typically increased R at the same time as vaccinating, or just after achieving desired vaccine coverage (depending on what the specific analysis was) and looked at different levels of maximum R.

Is the COVID-19 vaccine going to be integrated to the annual vaccination scheme? What are the recommendations? Is it for older people only or for everyone independently from the age group?
Live answered at 1:00:31 - https://youtu.be/m1M5HnkekQA?t=3631

20-40% of vaccination will help reduce the hospitalization to what percentage?
This will depend on the country (demographics, hsopitalisation rates), past epidemic and extent of naturally acquired immunity, and who has been vaccinated. So it is hard to predict. In the model for Colombia from IECS, 40% vaccination coverage allowed some lifting of PHM and keep hospitalisation low.