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The EPI decision-making process is complex and dynamic

The vaccine landscape is continuing to expand, whereas EPI budgets are often not growing at the same pace, implying constrained resources for countries. Weighing decisions about changes to EPI portfolios systematically is therefore necessary. When considering a vaccine introduction or a switch, it is critical this is included within the planning stage. This will allow for a country to make the right decision about whether to move forward with an introduction or a switch, as well as develop a prioritization order for potential implementation.

Incorporating MI can enhance EPI optimization

When considering an introduction or switch, certain factors should be weighed during the decision-making process to enhance efficiency and effectiveness. While the range of factors is consistent, how they weigh can vary widely not only by the country context but also by the specific vaccine programme. Being aware of what vaccine profiles are available or coming soon, countries are better equipped to prioritise EPI activities, to look for options that have added benefits and to know if and when to move forward. To this end, a wealth of resources is available for EPI managers, who also need to take into account learnings from other countries.

A clear idea of the problem is critical

While switches can help improve impact, they can also be disruptive. Therefore, it is crucial to examine if they are worth the trade-offs. The temptation to be in a perpetual state of switching should also be avoided by keeping in mind the current and upcoming options that suit the country's context the most.

MI key resources:

General resources

- UNICEF Strategic Vaccine Procurement e-course
- > WHO Immunization Agenda 2030
- WHO Immunization Analysis & Insights
- Johns Hopkins International Vaccine Access Center (IVAC)
- Guidance for switches & EPI portfolio optimisation

Product choice

- UNICEF Key supply markets dashboard
- UNICEF Market notes and updates
- WHO Prequalification information
- WHO MI4A Vaccine Product List
- WHO Vaccine Wastage Calculator
- Access to Vaccines Index

Market dynamics

- <u>UNICEF Vaccines Market</u>
 <u>Dashboard</u>
- UNICEF Vaccine Industry Consultation (VIC)
- WHO Global vaccine market report 2023
- WHO MI4A Market Studies

Price information

- UNICEF Vaccine pricing data
- WHO MI4A Vaccine purchase database

Decision support

WHO Country-led Assessment for Prioritisation on Immunisation

What key factors affect EPI decision-making?

- €
- Financial considerations cost-effectiveness, return on investment, domestic funding availability, external funding eligibility, initial affordability.

 Epidemiologic need and suitability disease burden, priority ages and
- ₩ 0000
 - populations, serotype coverage, efficacy and effectiveness, safety

 Programmatic suitability dosing schedule, cold chain requirements, shelf life,



weight vary by

vial size, ease of administration, training needs, home-based records, M&E tools

Acceptability — schedule and presentation, caregiver/beneficiary preferences and perceptions, health worker preferences, anticipated demand



- **Competing priorities** planned introductions, planned or necessary switches, planned campaigns, outbreaks, NIS development and review
- External factors political environment and priorities, national and subnational election and budget processes, supply disruptions



Market intelligence can fill key gaps and shape how and when these factors are examined

- Supply, cost, and alternatives for currently used vaccines
- Characteristics, cost, and supply for available vaccines that are not yet introduced
- Characteristics, cost, supply, and timelines for vaccines in the development pipeline

For additional resources:

Market Intelligence Series: WEBINAR 1

Recording & PPT in EN, RU, FR

✓ <u>Recording & FFF III EN, RO,</u>
✓ <u>Lessons Learnt</u>

WEBINAR 2

✓ Recording & PPT in EN, RU, FR
✓ Lessons Learnt

WEBINAR 3

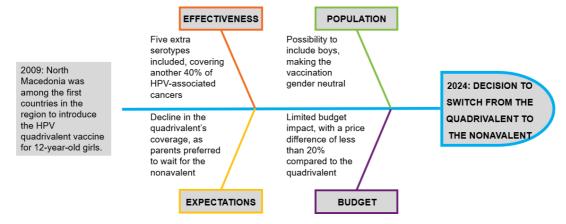
Recording & PPT in EN, RU, FR

Q&A SERIES - How to leverage MI for your vaccine procurement strategy?

✓ EN, RU, FR

MI IN PRACTICE - NORTH MACEDONIA'S SWITCH TO THE NONAVALENT HPV VACCINE

I) Context and reasons for the switch



II) Challenges and best practice in North Macedonia

CHALLENGES	BEST PRACTICE
Healthcare workers' education, including gynaecologists', especially on why vaccinating so early	Switch partly justified by increasing HPV vaccination coverage since COVID-19 decline
Media and social media misinformation and rumours, such as the believed effects on fertility	Transition period considered, with recommendations to finish the started schedules and maximise the use of the quadrivalent stock before administering the nonavalent
Use of monitoring data on vaccine coverage and acceptance to develop tailor-made approaches	Monitoring system showed large regional differences in coverage and parents' attitude and highlighted the importance of communication between healthcare workers and parents
Need for more real-world evidence and national data, to address government and population questions	Promotion efforts increased vaccine acceptance among younger generations

UZBEKISTAN'S SWITCH TO THE LIQUID ROTAVIRUS VACCINE

I) Decision-making process and benefits

Simpler and safer: ready-to use presentation, with ✓ Epidemiological study and field research fewer risks of mistakes during administration by technical experts and scientist group Time-saving: quick process, reducing load on healthcare workers ✓ Rotavirus vaccine products review (schedule, cold chain requirements, ...) Storage and logistics: less space required and Switch to the ✓ Convincing the government of the switch optimized cold chain management liquid rotavirus through products' strengths and weaknesses High acceptance: improved experience for healthcare vaccine analysis and other data workers and parents and increased trust ✓ Promotion and training of healthcare Improved public health: increased immunization workers coverage and fewer risks of outbreaks ✓ Monitoring of side effects Less expensive: vaccine's price and savings for the health system (no need for rehydration units)

II) Challenges and lessons learnt in Uzbekistan

CHALLENGES	LESSONS LEARNT
Cold chain management: ensuring cold chain is maintained as storage space requirements increase	Cold chain strengthening: investment in cold storage infrastructure was needed for sustainability
Supply chain adaptation: adjusting logistics for the vaccine's liquid form	Collaboration: strong partnerships between international organizations (UNICEF, WHO) and local authorities simplified the process
Training: need to retrain medical staff in new procedures for handling vaccine	Improved training: comprehensive training of medical staff played a key role in successful implementation
Public acceptance: overcoming initial reluctance on the part of the medical staff and public	Involving the public: early and transparent promotion of public awareness contributed to trust and acceptance
Regulatory approvals: updating procedures for the registration of liquid vaccines	
Cost: resolving issues related to high initial expenses for procurement and use	