

SUSTAINABLE ACCESS TO VACCINES IN MIDDLE INCOME COUNTRIES

Tania Cernuschi
WHO, IVB/EPI

VPPEF- Copenhagen, 04 October 2016

Outline

PART 1: Introduction to the MIC Strategy

PART 2: Price transparency - the V3P

PART 3: Exchanging global supply, demand and regulatory intelligence

PART 4: Enhancing country procurement processes



Outline

PART 1: Introduction to the MIC Strategy


PART 2: Price transparency - the V3P

PART 3: Exchanging global supply, demand and regulatory intelligence

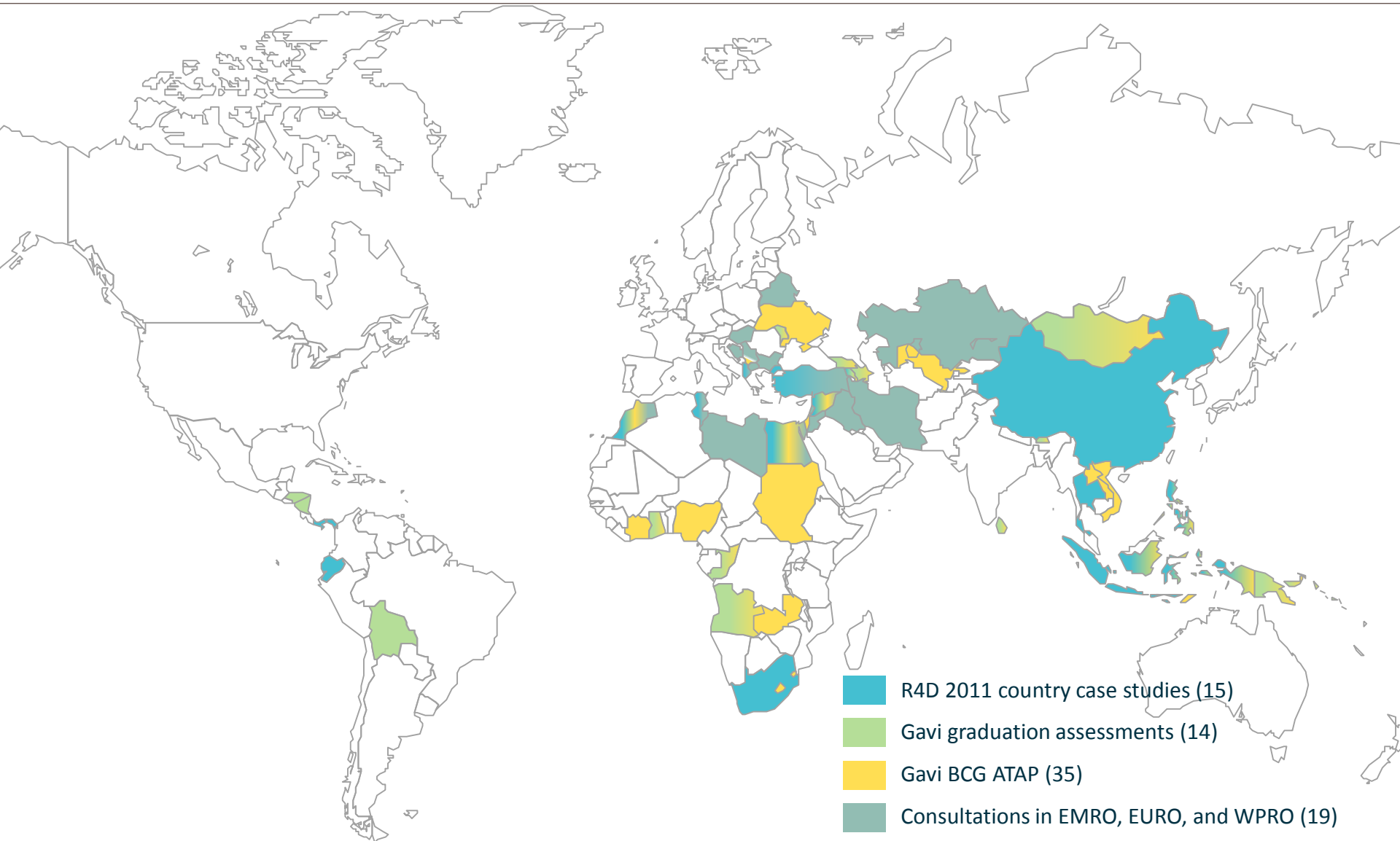
PART 4: Enhancing country procurement processes



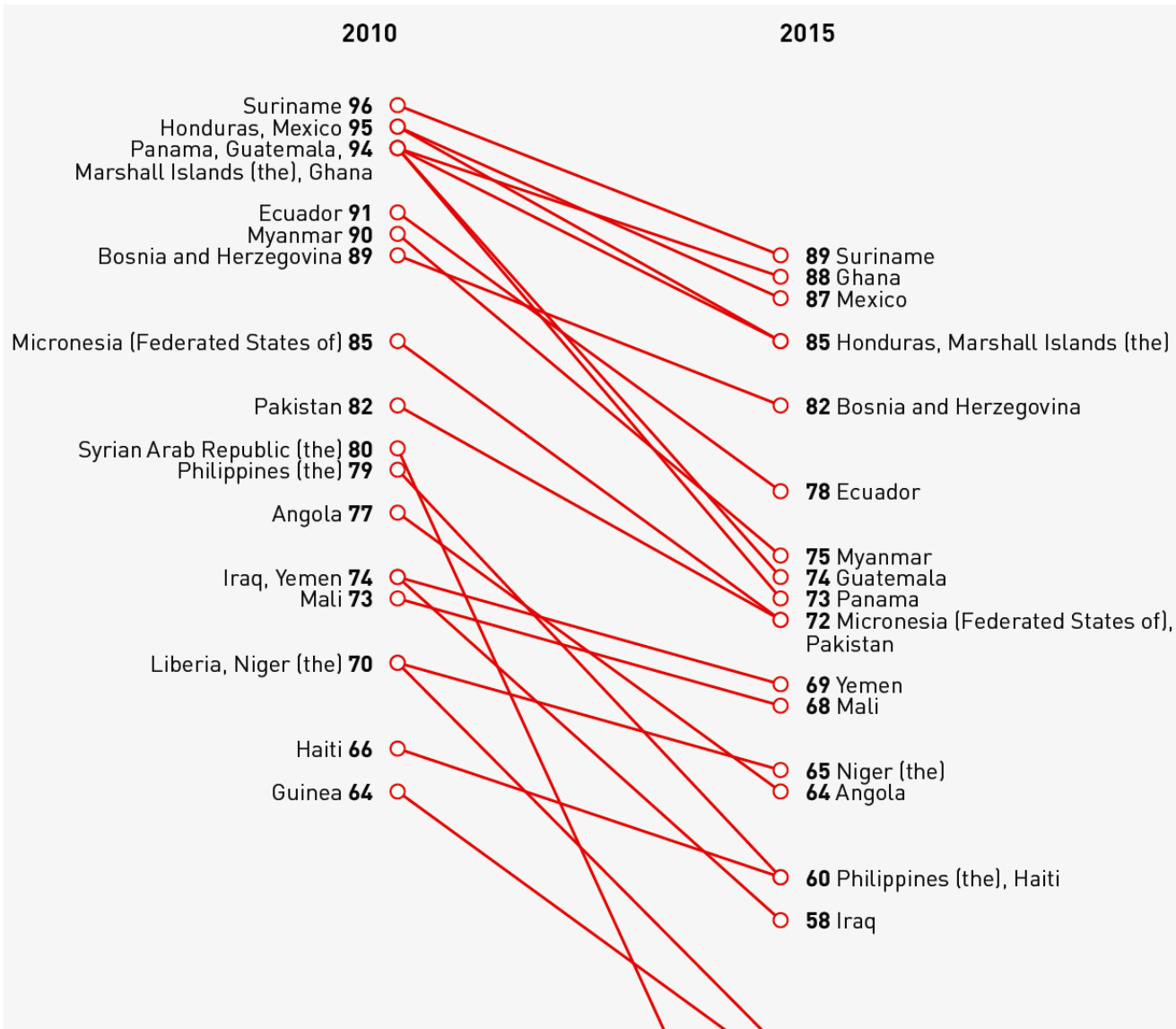
The mandate and membership of the MIC Task Force

Task Force mandate (since 2014)	Task Force membership
<ol style="list-style-type: none"> Review the performance of MICs in immunization and refine our understanding of their needs Take stock of ongoing activities to address these needs Define a shared strategy, action plan, and monitoring and evaluation framework to enhance sustainable access to vaccines in MICs Act as an information-sharing and coordination forum across immunization agencies active in MICs 	
	

Countries self-diagnosed issues, gaps and needs



2016 Mid Term Review of GVAP



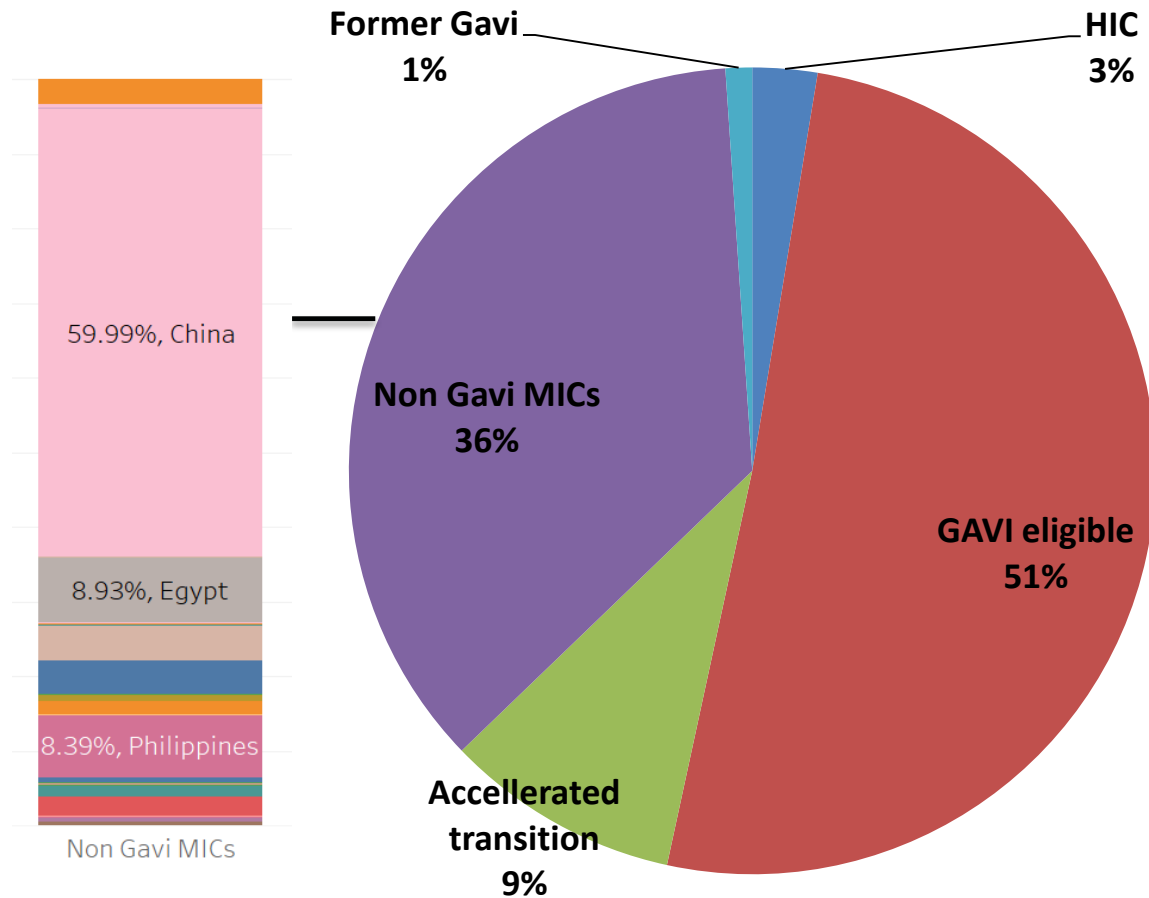
✦ DTP3 coverage declined in 25 countries (2010-2015)

✦ Most of these countries are non-Gavi MICs

✦ Some countries had very sharp declines from already low coverage

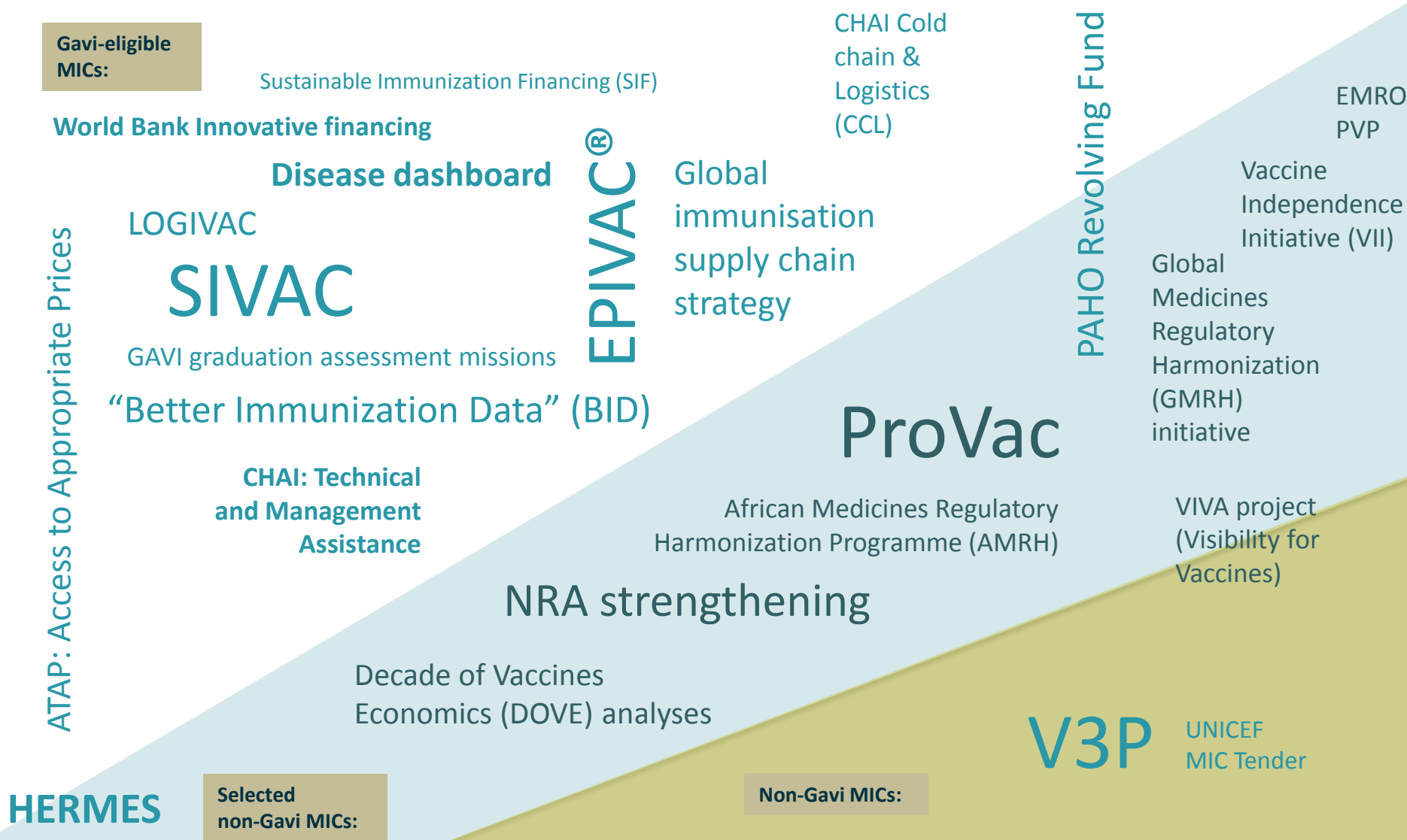
Equitable access requires leaving no country behind

Distribution of PCV unvaccinated children by income & Gavi eligibility in 2015



Unvaccinated children are calculated using WHO-UNICEF coverage estimates (WUENIC, 2016) and surviving infants (2016) from all countries, with PCV in in schedule or not

Efforts to help non-Gavi MICs have, to date, been substantial but fragmented and uncoordinated



SAGE Endorsed Partner-shared MIC strategy 2015-2020

Goal	Enhance sustainable access to vaccines for populations in middle-income countries to meet GVAP targets			
Driving Principles	<ul style="list-style-type: none"> • Uphold GVAP principles of country ownership, shared responsibility, integration, sustainability and innovation. • Address inequities within and among countries • Maximize health impact • Consider technical and political feasibility • Maximize value for money by complementing existing and planned efforts 			
Geography	All MICs not supported through the Gavi Alliance			
Objective	Raise and sustain high and equitable immunization coverage and enable new vaccine introductions			
Focus areas	<p>① Strengthened decision-making for timely and evidence-based immunization policy and programmatic choices</p> <ul style="list-style-type: none"> • Establishing and strengthening NITAGs • Strengthening national capacity to generate evidence for decision-making 	<p>② Increased political commitment and financial sustainability of immunization programmes</p> <ul style="list-style-type: none"> • Strengthening legislative basis for immunization • Advocating for immunization to achieve set immunization spending targets • Mobilizing national resources and increasing efficiency in resource use • Increasing MICs funding credibility through innovative financial platforms 	<p>③ Enhanced demand for and equitable delivery of immunization services</p> <ul style="list-style-type: none"> • Addressing vaccine hesitancy and building community demand • Strengthening in country supply chain and data systems 	<p>④ Improved access to affordable and timely supply</p> <ul style="list-style-type: none"> • Increasing procurement skills and knowledge • Increasing access to revolving funds • Harmonizing product choice & registration processes • Increasing price information • Ensure external procurement options are effective and fit for purpose • Influencing market dynamics
Strategic enablers	<ul style="list-style-type: none"> • Country commitment and cost sharing • Coordination among international and local partners • International and national advocacy and country-to-country peer learning • Strong monitoring and evaluation efforts 			

Outline

PART 1: Introduction to the MIC Strategy

PART 2: Price transparency - the V3P

PART 3: Exchanging global supply, demand and regulatory intelligence

PART 4: Enhancing country procurement processes



Vaccine price is an important element of sustainable immunization programmes

- ✦ Vaccine price is an important component of immunization budgets
- ✦ Required budget is a major factor in decisions to adopt and to sustain new vaccines
- ✦ BUT countries lack visibility into vaccine prices for decision making
- ✦ Some countries are uncertain about whether they are getting equitable and fair prices

Vaccine price is an important component of immunization budgets

Indicator	Measure
Government Expenditure on Vaccines	28.41 USD per live birth
Government Expenditure on Routine Immunization	34.85 USD per live birth
% Government Expenditure on RI spent on Vaccines	81.54%

Sources: JRF 2016 (2015 data). Note that figures may be significantly different from previous years due to some changes in methodology and updated/corrected data. Figures are only reflective of the 107 countries that have been included in the final cohort for analysis.



There have been repeated requests for price transparency at the World Health Assembly (WHA)

Since
2001

World Health Assembly asking for increased availability of vaccine pricing information

2014
WHA

Request for greater price transparency and information on cost of production

2015
WHA

Resolution 68.6 on the GVAP* - access to sustainable supplies of affordable vaccines, including the promotion of vaccine price transparency

* GVAP: Global Vaccine Action Plan

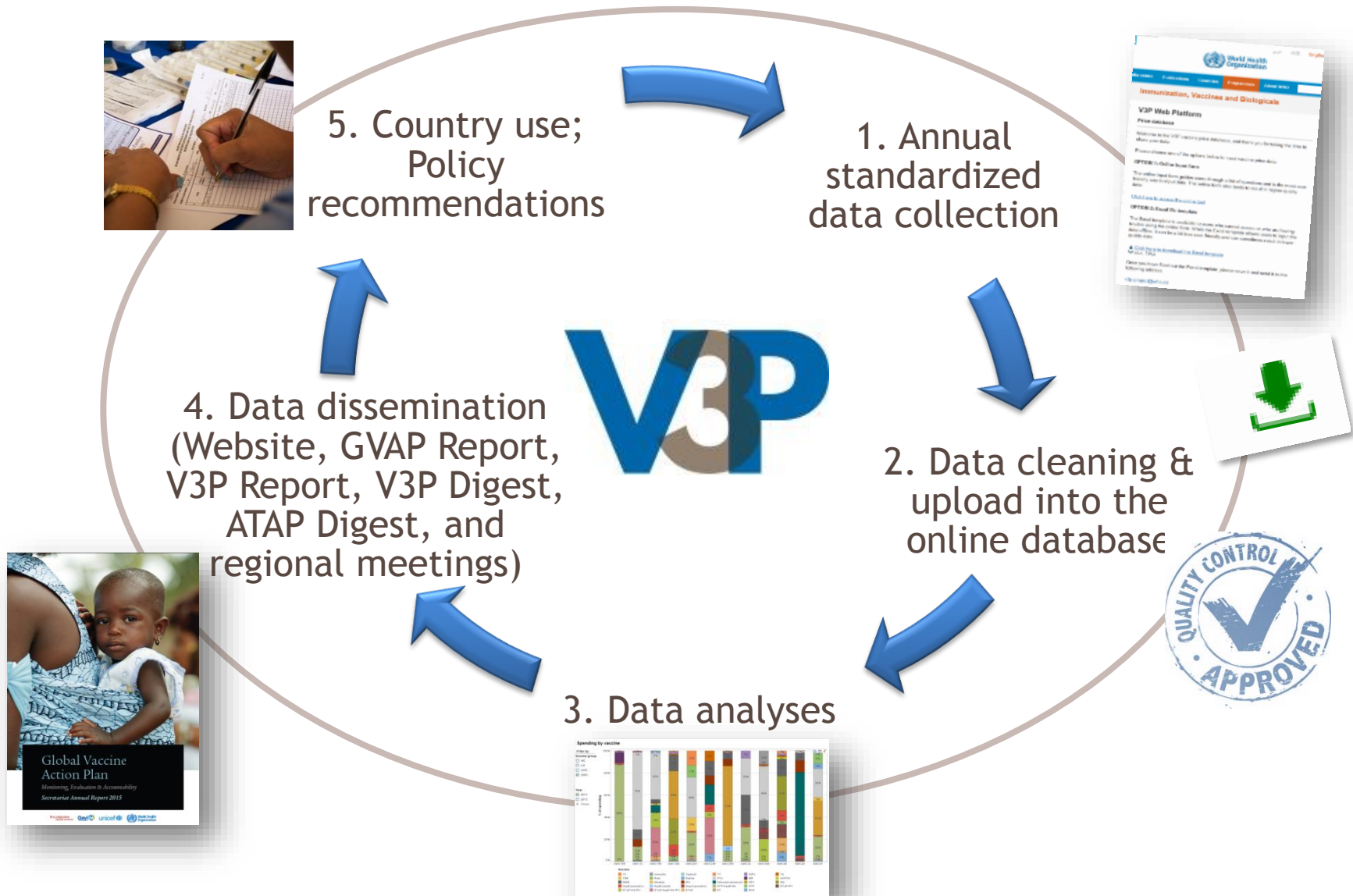
Sources: WHA/54, WHA/66, WHA/67, WHA/68



WHO should provide support for countries in the area of procurement and vaccine affordability.

—Member State (WHA/67)

A standardized process to achieve sustainability of price transparency is in place



Several immunization partners are active on vaccine price transparency

Public prices
Market updates



Public prices

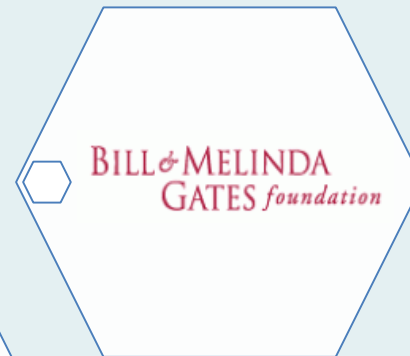


World Health
Organization
V3P



Support access
Linksbridge

BILL & MELINDA
GATES foundation



Campaigns & lobbying
The Right Shot report

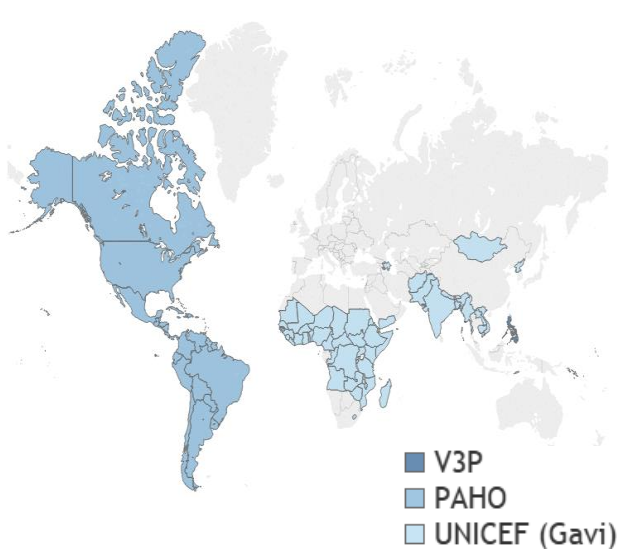


V3P project
Fair Pricing Forum

Participation of countries in V3P has doubled in 2 years

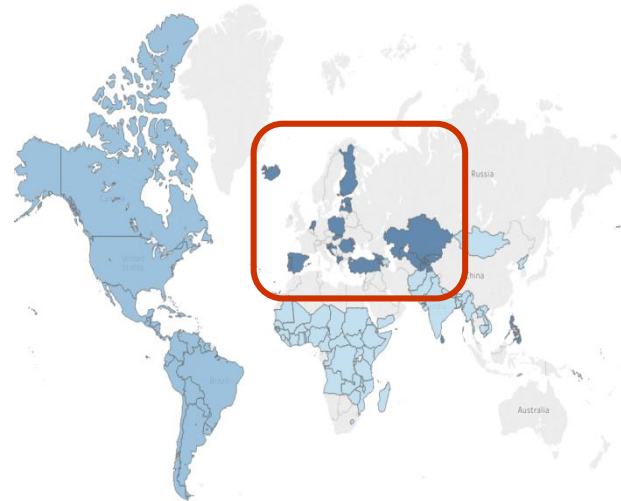
2013

PAHO & UNICEF



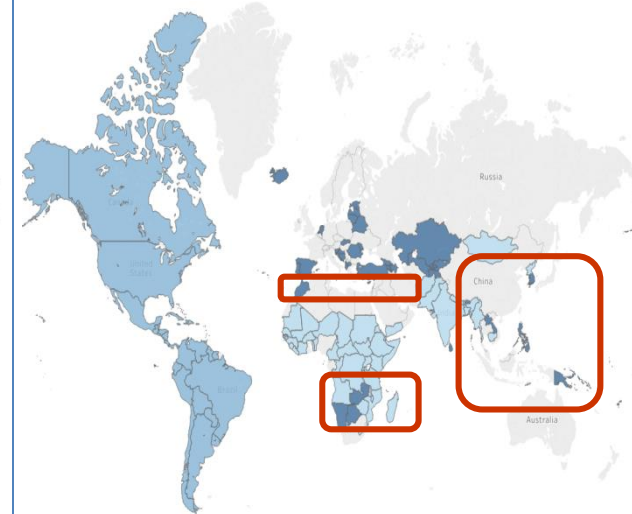
2014

PAHO, UNICEF & 26 countries



2015

PAHO, UNICEF & 40 countries



✦ 96 countries covered

✦ 118 countries covered

✦ 125 countries covered

✦ New data from Europe becomes available through V3P.

✦ New countries and regions start to share price information.

DISCLAIMER: map not approved by WHO

Vaccine price transparency for 70% of the world is achieved in 2016

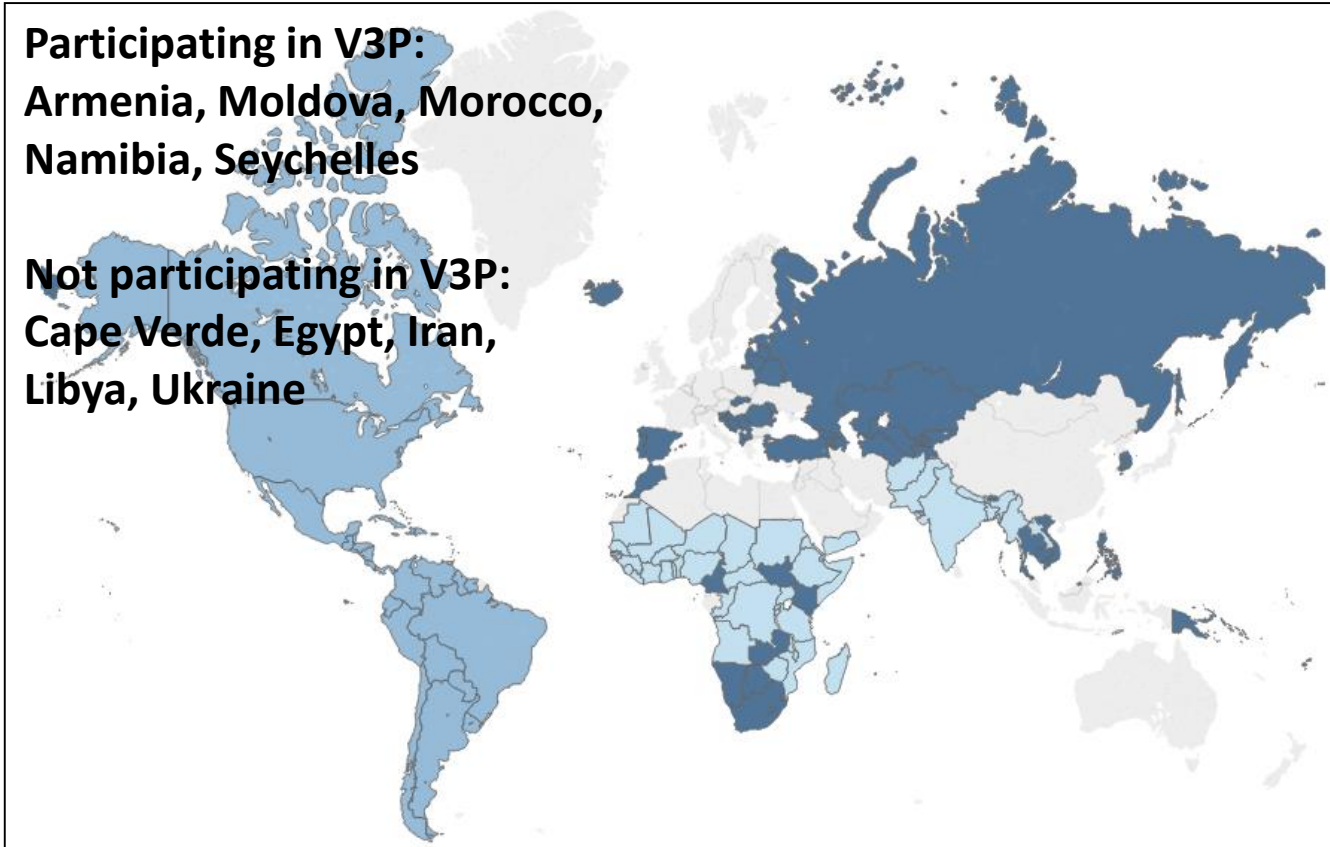
Map of countries sharing prices in 2016

Participating in V3P:

Armenia, Moldova, Morocco, Namibia, Seychelles

Not participating in V3P:

Cape Verde, Egypt, Iran, Libya, Ukraine



Price sharing sources:

- V3P
- PAHO
- UNICEF (Gavi)

131 countries are covered by prices available through V3P - or about 70% of the world*

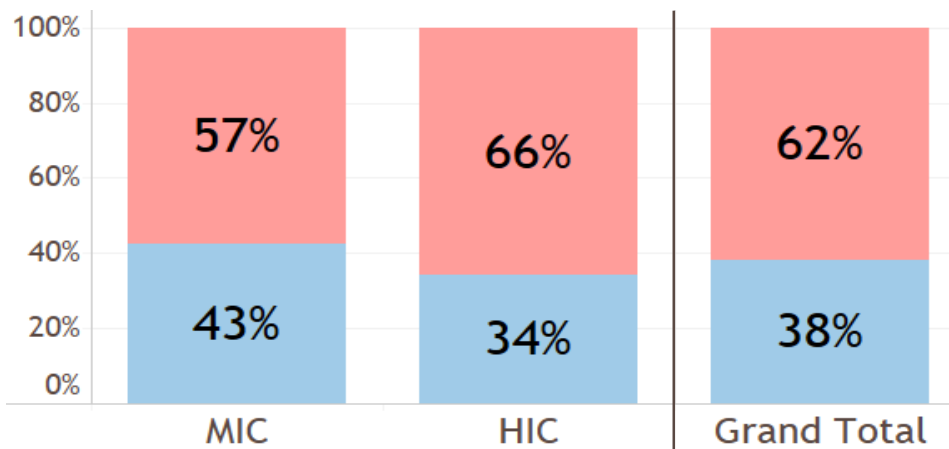
Note: "PAHO" includes all countries of the region of the Americas, as they could potentially access vaccines through the Revolving Fund. "UNICEF (Gavi)" includes all countries that are Gavi eligible or in-transition and known to procure all or part of their vaccines through UNICEF are included.

* Including data from PAHO, UNICEF and countries

DISCLAIMER: map not approved by WHO

Participation from non-PAHO and non-Gavi countries is a priority

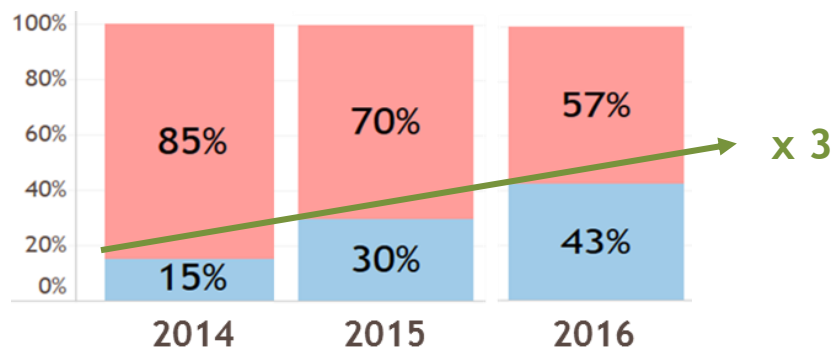
Non-PAHO and non-Gavi countries* included in the V3P database in 2016, by income level



■ No direct participation
■ Direct participation in V3P

✦ In 2016: V3P database covers 43% of the non-Gavi and non-PAHO MICs (20 countries) and 34% of HICs (16 countries).

Evolution of participation in V3P of non-PAHO and non-Gavi MICs*, 2014-2016



✦ Participation is steadily increasing.

* Used as a proxy for countries that are more likely to mix or self-procure



Countries use data to inform decisions

NEED

V3P ENABLER

ACTION

To facilitate country planning and budgeting (eg. introduction of new vaccines)

1

Identify price ranges and budget spending

Decisions & planning

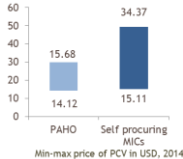


To understand what factors can be influenced in order to get a better price

2

Understand the market and what factors influence prices

Market & procurement



To enhance fair pricing

3

Compare prices with countries in similar conditions

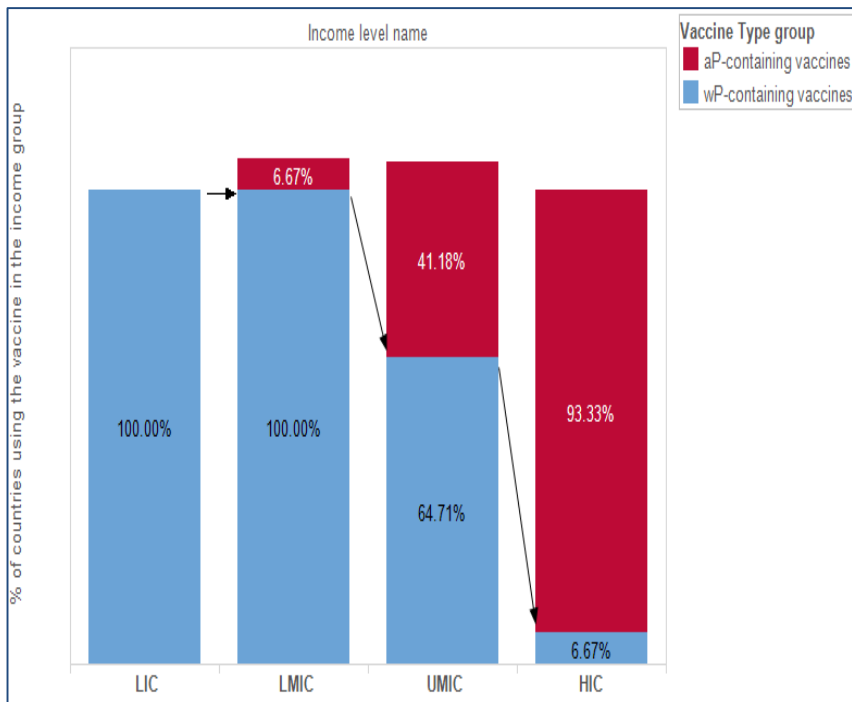
Fair pricing



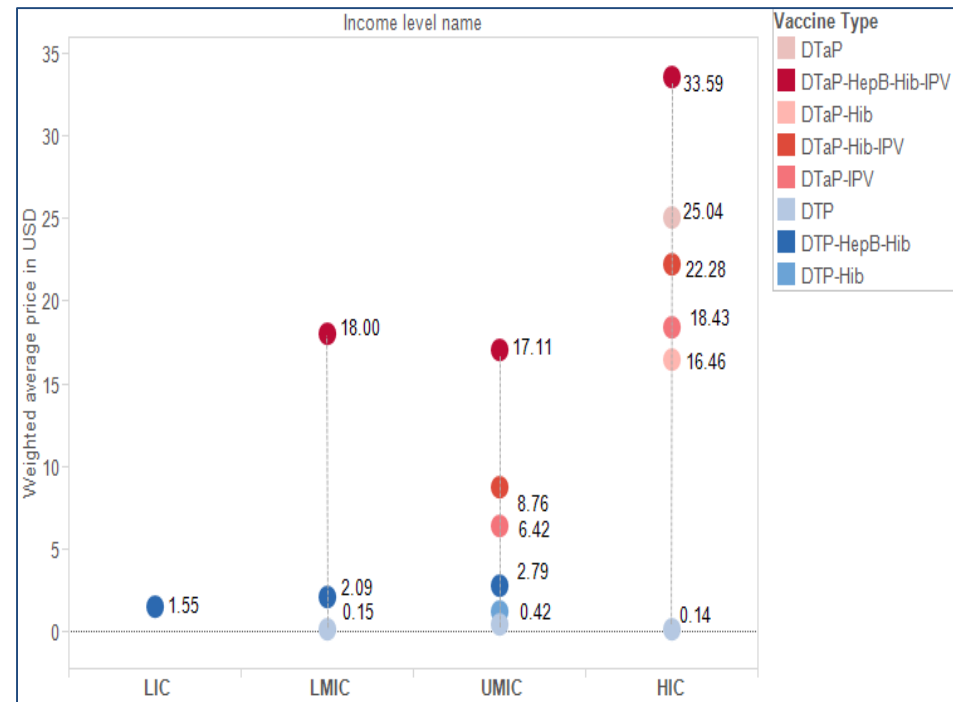
1

Decisions & planning: example of aP & wP-containing vaccines

Percentage of countries using wP and aP-containing products*, 2015



WAP* in USD per dose for wP and aP-containing products, 2015



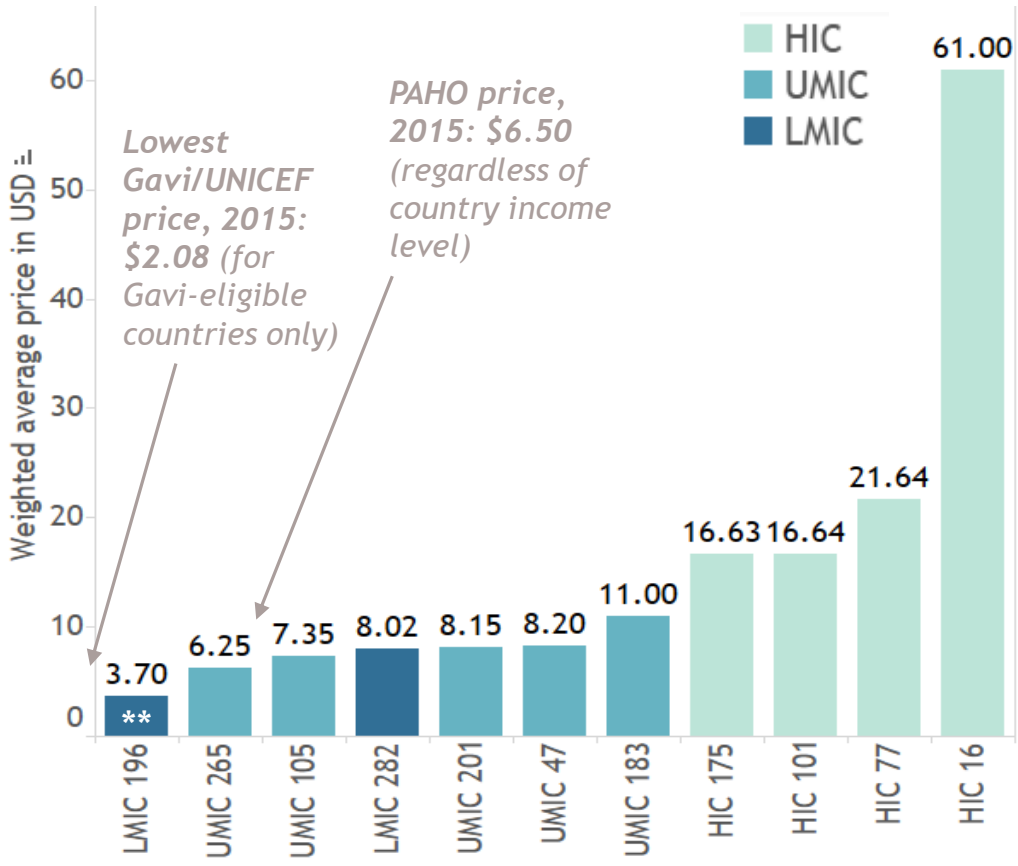
Using price information for decision-making:

- ✦ Many MICs are switching from wP-containing products to aP-containing products.
- ✦ Countries need to take into account in their decision the high difference in price between these vaccine products.

*Weighted Average Price, USD per dose. Note that the percentage can be greater than 100% if a country uses both wP and aP-containing vaccines

2 Market & procurement: Rotavirus vaccine

Weighed Average Price (WAP*) of rotavirus vaccine in non-Gavi eligible countries, 2015



PROCUREMENT FACTORS:

- ★ Gavi-eligibility (1.88€/dose).
- ★ PAHO RF (\$6.50/dose).
- ★ High-volume (\$6.25/dose).

MARKET FACTORS:

- ★ Duopoly with clear market leader.
- ★ Tiered pricing applied.



Explore pool procurement and alternative product.

* WAP by volume, in USD per dose / ** 3-dose schedule
 Note: Difference in price may be due to exchange rate fluctuations
 Source: V3P database - www.who.int/immunization/v3p (extract on 25 August 2016).



3 Fair pricing: Pneumococcal Vaccine (PCV)

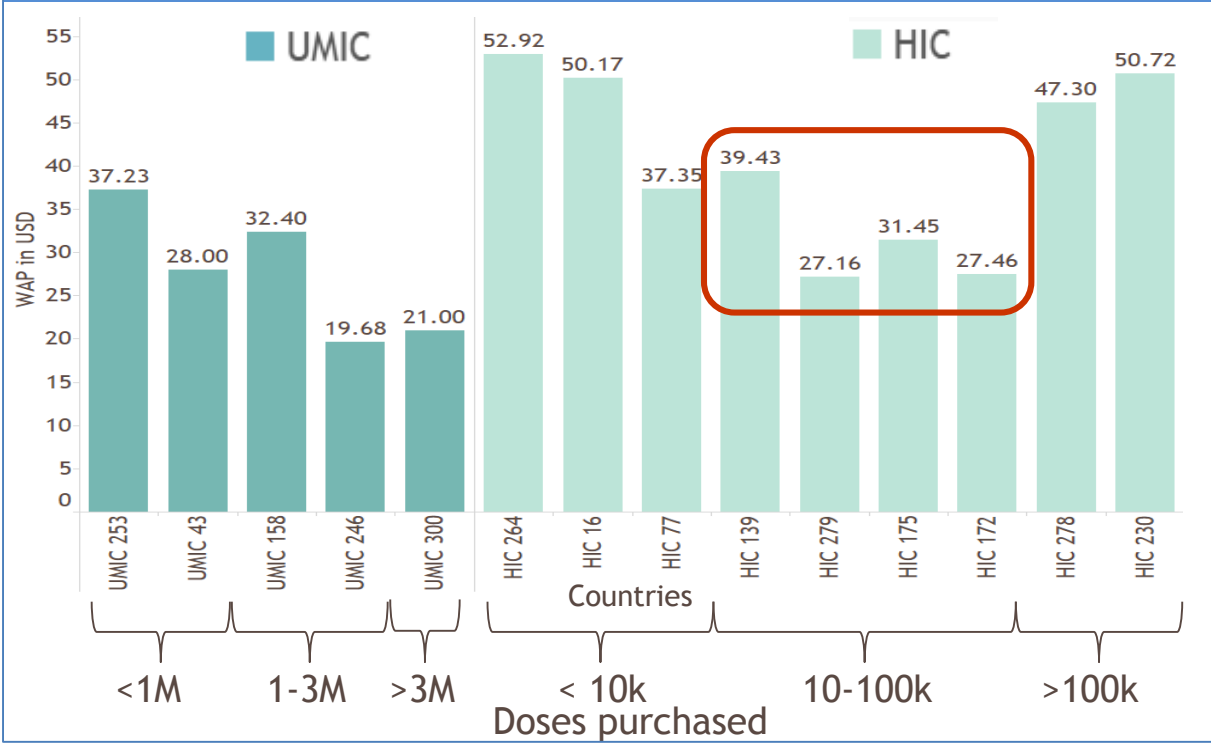
Definition: using prices from similar countries to inform negotiations & tender limits.

Similarities can be by:

- Geography → EUR
- Year of purchase → 2015
- Vaccine specifics → 1-dose
- Income level → HIC
- Procurement method → Self
- Other (e.g. volume) → 20k

Example of country X:

WAP of 1-dose PCV in self-procuring countries in Europe, 2015
In USD per dose



Country X could use the price range \$27 - \$39 as an estimate of the price it may pay



At the regional/global level, data can be used to inform strategies

Type of use

- ✦ Global market analysis
- ✦ Inform immunization partners policies and market shaping strategies
- ✦ Inform regional strategies for access to supply
- ✦ Fill in information gap for international procurement

Examples

- ✦ GVAP report: ‘price differentiation led by income, overlapping tiers’
- ✦ What prices will Gavi countries access as they lose external support?
- ✦ V3P can help inform tender strategies of international procurement entities
- ✦ Most European countries purchase from the same manufacturer: possible risks of shortages, opportunities for harmonization
- ✦ Informing procurement costs and negotiations for the purchase of hexavalent vaccine for vaccination of refugees coming to Europe



How to access V3P?

Got to www.who.int/immunization/v3p

You will find three main Gateways:



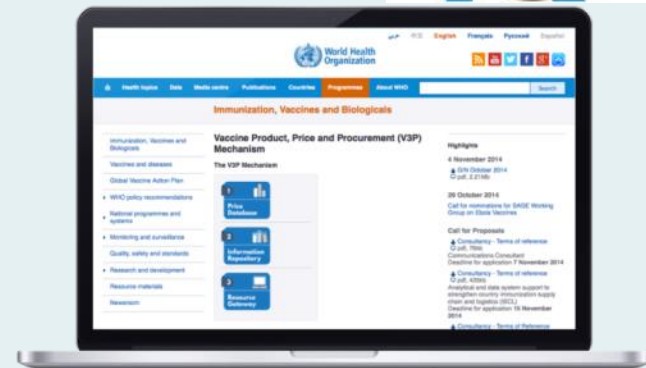
- ✦ Price database: to compare prices across countries



- ✦ Knowledge repository: to get information about the V3P project and related articles, reports and analyses



- ✦ Resource gateway: to access the full range of online resources on vaccine products, prices, and procurement (incl. links to partners' websites)



The V3P mechanism was designed to help middle-income and GAVI-graduating countries, but any country can participate.

Access the V3P page from the VPPN

Vaccine Procurement Practitioners Network

HOME COMMUNITY DISCUSSIONS RESOURCES

unicef

Hi Pedro Amado 0

6 7

Explore the Knowledge Base

Find the latest on vaccine procurement, pricing and regulation >

News Discussions Resources

Outline

PART 1: Introduction to the MIC Strategy

PART 2: Price transparency - the V3P

PART 3: Exchanging global supply, demand and regulatory intelligence

PART 4: Enhancing country procurement processes



Several vaccines are currently in short supply or at risk of a shortage

Vaccines in the WHO Model List of Essential Medicines:

Traditional vaccines	BCG
	MR, MMRV
	DTP
	* tOPV
Newer vaccines	aP-containing
	IPV
	HPV
	PCV
	Rotavirus
Vaccines with specific recommendations	Yellow Fever
	** Meningococcal
	Hep A
	Japanese Encephalitis
	Cholera

Vaccines with no known issues

Measles ; Hib ; HepB; DTP-HepB-Hib ; TT ; Td ; Rabies ; Typhoid ; MMR, Seasonal influenza

Legend:

- Known shortages in several countries and regions
- Known shortages in a few countries, or vaccine at risk of shortage (eg. with 2 or less manufacturers)

* Due to the switch to bOPV

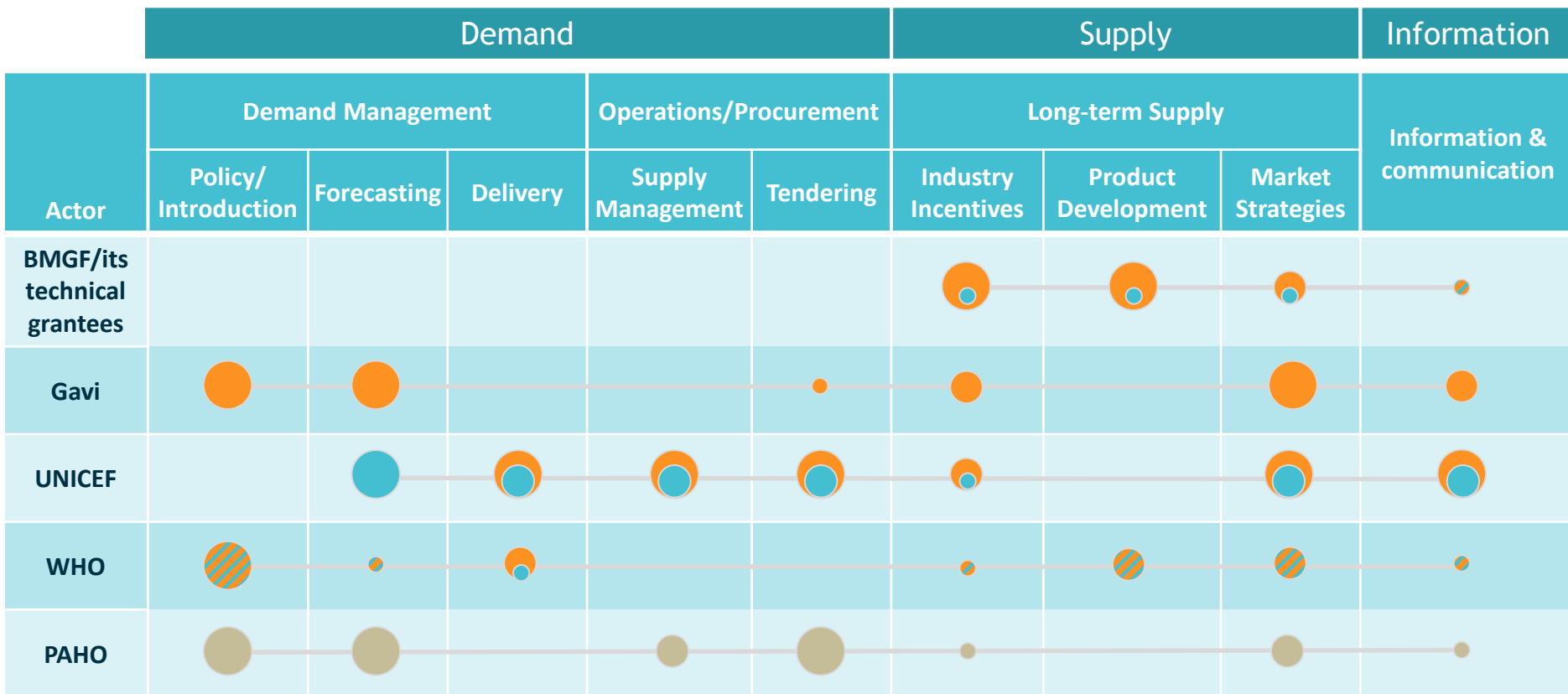
** Short supply of multivalent vaccines

- **15 out of 25 vaccines in shortage or at risk of a shortage (60%).**
- **Issues for newer vaccines are mainly linked to mono/duopoly situations.**
- **Issues are more complex for traditional vaccines and vaccines with specific recommendations.**
- **Other biologicals also in shortages (e.g. diphtheria antitoxin, snake antivenoms).**



There are several actors working on supply and demand

Main international partners



- Several global actors across areas
- Most actors have a specific focus (e.g. PAHO on PAHO countries, Gavi on Gavi countries/vaccines)

Legend:

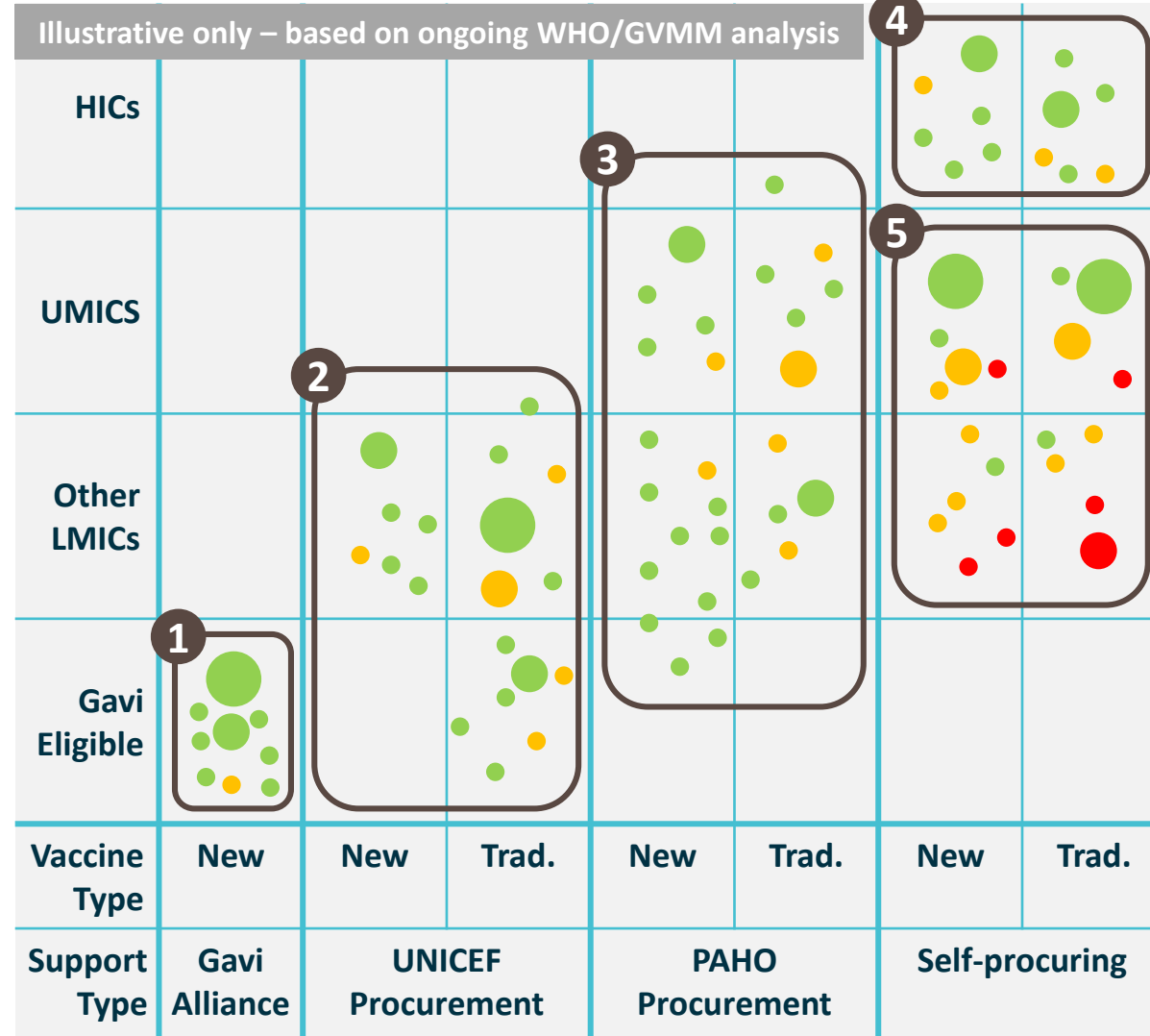
- Gavi (orange circle)
- Non-Gavi (blue circle)
- PAHO (grey circle)

Size of circle indicates level of focus



Supply/demand risk is highest in self-procuring Middle Income Countries (MICs)

Vaccine markets supply/demand risk landscape:



5 Self-procuring MICs have mixed prospects. With several countries vulnerable to markets not being able to meet their demand at affordable prices.

Country demand vs. supply risk: ● Lower ● Medium ● Higher
 Size of circle indicates demand volume

Towards more intelligence and enhanced dialogue

WHO IVB & EMP working with BMGF and Linksbridge to:

- Map information available across WHO on demand, supply, regulatory matters
- Analyse potential information gaps across main immunization partners
- Propose potential mechanisms to address gap and enhance information sharing and dialogue for enhanced demand-supply management



Outline

PART 1: Introduction to the MIC Strategy

PART 2: Price transparency - the V3P

PART 3: Exchanging global supply, demand and regulatory intelligence

PART 4: Enhancing country procurement processes



Procurement issues in UN & Self-procuring countries

Preliminary analysis of Gavi transition assessments shows that:

- 73% of countries under study, independently of procurement method, have identified at least one issue in their current procurement practices
- Several procurement issues are raised by countries:
 - Weak forecasting
 - No procurement team
 - Weak procurement processes
 - Limited procurement experience
 - Supplier preference
 - Weak market knowledge
 - Weak staff training
 - Inappropriate buffer stock
 - Insufficient funding and/or untimely funding
 - Procurement by price
 - Inadequate price referencing
 - Importation: customs and port clearance issues
 - Inability to conduct multi-year tenders



WHO will play a supporting role in this area

- WHO is looking into the possibility of developing procurement guidelines and assessment tools to guide countries in strengthening of procurement processes
- WHO Regional Offices are providing some opportunities for regional



Thank you!

