

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

**Q&A for Session 04: Costing Alone is Not Enough: Budgets Need to be Planned and Executed**

**Wednesday, August 25, 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:

- Mapping PFM considerations for COVID-19 vaccine rollout: <https://www.pfm4health.net/pfm-and-vaccination>

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)

## **What are the implications at the global level for COVID-19 vaccine financing?**

Live answered at 00:24:01 <https://youtu.be/Ma3vDQLEYZo?t=1441>

### **In Africa, particularly Nigeria, budget overlaps have been the order of the day. The provisions of the last budget are moved to the next budget cycle as a result of non-implementation. This has often resulted into poor project execution due to the lack of clear-cut decision. What is the best way forward?**

Obviously, the best way forward is to improve implementation of the budget in the same year of its adoption. We know that improving health budget execution means to address some generic PFM aspects (eg rigidities in budget and disbursement structure that can contribute to reduce level of execution), as well as some health-related issues (eg delays in procurement that may impact level of budget execution).

### **Do we have any examples of countries that have organized a fundraising at the national level (example: telethon) to finance the response to COVID-19?**

Very interesting question. I dont know of a telethon to fund COVID-19 vaccination but there are examples of "private sector funds" where corporations contribute and individuals can also contribute.

I believe Viet Nam is raising funding from private sector (households included) through voluntary payment to a fund, not through a telethon.

### **How can scenario-based costing of COVID-19 vaccination rollout be captured in a country's budget as the cost for each scenario is likely to be different?**

Live answered at 00:44:29 <https://youtu.be/Ma3vDQLEYZo?t=2669>

The scenarios help decide which coverage level a country chooses to implement. Then the cost of the selected scenario should be used during budget preparation.

Scenario costing actually helps in budget negotiation and allocation prioritization. Based on the scenarios and the accompanying targets by scenarios, motivations are then advanced in argument for allocations. In the final case it is the selected scenario and cost that will be reflected in the budget if budget requires only one-point estimates (as is usually the case). Scenarios helps to interrogate the possibilities and decisions are then made

### **Corruption is one of the serious issues in healthcare, which might increase with an expedited allocation. Any advice?**

Live answered at 1:05:14 <https://youtu.be/Ma3vDQLEYZo?t=3914>

### **Is there any general recommended guidance on costing for HR and operational costs for vaccination campaigns?**

We have the detailed guidance on NDVP which lists the items needed to be included in the costing. And in the costing tool (CVIC), there is also a step-by-step guide on the costing. The HR cost is also linked to the delivery modality. Feel free to email to CVICosting@who.int. Happy to follow up to understand your

specific question.

[https://www.who.int/publications/i/item/who-2019-ncov-vaccine\\_deployment\\_tool-2021.1](https://www.who.int/publications/i/item/who-2019-ncov-vaccine_deployment_tool-2021.1)

**For planning purpose in the future, "IF" a 3rd dose is recommended, for example for inactivated vaccines, would COVAX cover the cost of 3rd dose for AMC Countries? If not, how should this additional cost be budgeted and managed? Just to note that SAGE has not made any recommendation on boosters yet, but gathering data which will allow evidence-based policy decisions to be taken.**

On August 10th, WHO issued a statement, with support of the Strategic Advisory Group of Experts (SAGE) on Immunization and its COVID-19 Vaccines Working Group ([link](#)). It concluded that "In the context of ongoing global vaccine supply constraints, administration of booster doses will exacerbate inequities by driving up demand and consuming scarce supply while priority populations in some countries, or subnational settings, have not yet received a primary vaccination series. The focus for the time being remains on increasing global vaccination coverage with the primary series (either one or two doses for current EUL vaccines).

Introducing booster doses should be firmly evidence-driven and targeted to the population groups in greatest need. The rationale for implementing booster doses should be guided by evidence on waning vaccine effectiveness, in particular a decline in protection against severe disease in the general population or in high-risk populations, or due to a circulating VOC. To date, the evidence remains limited and inconclusive on any widespread need for booster doses following a primary vaccination series. WHO is carefully monitoring the situation and will continue to work closely with countries to obtain the data required for policy recommendations.

Should a country choose to introduce booster dose to their plan, then costing would be updated based on revised plan, including cost of procuring the vaccine.

**Could the challenge in budget execution in the health sector be due to other factors in addition to COVID-19? What was the situation before COVID-19?**

Live answered at 1:07:23 <https://youtu.be/Ma3vDQLEYZo?t=4043>

**On the slide that shows "indicators used to identify countries with potential health system and financial challenges"... how did we arrive at the 1% figure? Is this based on anecdotal experience?**

Live answered at 1:10:50 <https://youtu.be/Ma3vDQLEYZo?t=4250>

**Shouldn't health financing procedures be adapted to health crisis responses and integrated as part of preparedness plans and related JEE?**

Countries do need to invest in pandemic preparedness. Such funding is additional to response budgets and prepares for future needs.

**Based on your experience, are there countries where the immunization programmes are working on multiannual costing and execution plans?**

A great question. There is evidence where some countries are beginning to cost out the rollout of COVID-19 over multiple year horizons. This exercise is complicated for a couple of reasons: 1) what is the timing of COVID-19 vaccine supply? 2) will there be a need for a booster?