

INTERVIEW KEY FINDINGS

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OVERVIEW

In June and July 2021, we conducted 25 interviews with 36 key measles stakeholders to better understand partner perspectives on the introduction of MR 5-dose. Interviewees included global, regional, and country-level counterparts from a range of organizations, including UNICEF, WHO, Gavi, U.S. CDC, and IFRC. The process revealed strong alignment on the value of using MR 5-dose as a tool for improving coverage and equity. But stakeholders noted:

- A lack of prioritization
- Absence of leadership
- No agreed-upon global strategy
- And the need for technical assistance, financial support, operational research, and better information sharing and communications

Finally, interviewees saw near-term opportunities to advance the issue, citing COVID-19 response investments and activities as likely to minimize barriers to MR 5-dose introduction.

Please find below key findings and themes from the interviews. Refer to the Appendix for key interview questions and a list of interviewees.

PROBLEM STATEMENTS AND OPPORTUNITIES

STRONG ALIGNMENT BUT LACK OF PRIORITIZATION

- There is strong alignment that MR 5-dose is an important tool for improving coverage and equity. Countries should have the option of procuring it.
- Partners also align on the following:
 - A commitment to improving measles coverage.
 - The need for an agreed-upon global agenda and advocacy and communications plan for MR 5-dose adoption.
 - A recognition that healthcare worker hesitancy to open vials is a problem. Fear of wastage is a fundamental issue. Evidence shows that 5-dose vials can reduce missed opportunities.
 - An understanding that the “One vial, one child” policy is unrealistic. Every country has this policy, but fear of stockouts and district-level incentive structures prevent it from happening in practice.
 - An agreement that countries can handle mixed presentations (i.e., 10-dose for campaigns and 5-dose for routine).
 - The primary concern is how to manage leftover 10-dose vials from campaigns.
 - However, multiple stakeholders mentioned that if the impact on storage and distribution is minimal, then using 5-dose for both campaigns and routine could be optimal.
- Despite this alignment, MR 5-dose has not been a priority for partners historically or currently. There is a lack of leadership and ownership across partners to push this issue forward. Additionally, EPI

“Violent agreement this is the right move”

“Absolutely think, especially for routine, 5d needs to become the standard”

“There is a huge say-do gap”

“It’s been simmering for long time, but we need the partnership to come together and verbalize objectives and goals”

“This is an issue of prioritization; not alignment”

managers are overwhelmed with competing demands, especially with the current focus on COVID-19 response.

NO “CHAMPION” OR AGREED UPON GLOBAL STRATEGY

- No partner has a clear strategy, position, or objective for MR 5-dose demand generation. No one feels responsible for pushing this agenda forward.
- Stakeholders mentioned a need to develop milestones, ensure accountability, and measure progress. This intervention needs momentum and uniform messaging.
- There is sometimes a disconnect between the campaign- and routine-focused colleagues within the

measles community. Campaign-focused colleagues are less focused on innovations to improve routine immunization.

Delivery-based innovation is not as common as product innovation. But, as one stakeholder put it, “this is an underrated thing that can improve coverage and equity.” It’s also an opportunity to show solidarity with healthcare workers: i.e., we know wastage is a challenge and now we have an innovation to help you.

TECHNICAL ASSISTANCE AND FINANCIAL SUPPORT ARE NEEDED TO ENABLE THE SWITCH

Technical Assistance

- Country-specific guidance and technical support are needed to enable the introduction of 5-dose.
 - At present, information is provided to countries in a scattered and vague way.
 - Complicating the development of guidance is the fact that it remains uncertain how an introduction would affect costs (both vaccine- and non-vaccine-related), cold-chain, wastage, coverage, etc., in each country.
- Technical assistance should include support for vaccine forecasting and determining the number of 5-dose vials needed compared to 10-dose vials.
- Stakeholders say there’s a need to advocate with countries that the programmatic benefits—e.g., the increase in timely and overall coverage; the ability to reach zero-dose children and achieve equity; reductions in wastage—would offset the operational and costing challenges.

Financial Support

- The introduction of 5-dose vials will require additional resources, even if relatively minimal.
- EPI managers have a fixed budget and will need to

justify to a country’s ministry of finance that the extra cost for introducing a new vaccine presentation is worth the potential increases in coverage.

Providing financial support to immunization programs to minimize this barrier and enable the switch would be helpful.

- Stakeholders shared that if we want to improve coverage, we should be willing to put additional funding toward innovative solutions (as long as the cost is reasonable and we can show the benefits). There’s a recognized need to do things differently to improve coverage; while 5-dose may not be the “magic bullet” that fixes everything, partners view it as one of many changes needed to reduce inequities in vaccination services.

INADEQUATE INFORMATION SHARING AND COMMUNICATIONS

- Stakeholders consistently cited lack of information as a primary barrier to country uptake.
- There is a need for a concerted effort to disseminate information and a stronger approach to advocacy and communications.
- Policy guidance/recommendations from technical agencies (e.g., WHO and UNICEF) will be important.
- The following forums are essential entry points for sharing guidance and information:
 - EPI managers’ meeting
 - ICC
 - NITAG
 - RITAG (*Note: the AFRO RITAG in 2019 recommended developing advocacy strategies and encouraged countries to introduce 5-dose when appropriate. In 2020, the AFRO RITAG recommended incorporating 5-dose vials as part of the broad COVID-19 recovery strategy, especially where session sizes are small.*)
 - Regional working groups between WHO and UNICEF
 - WHO inter-country support teams (IST)
- While information sharing is important, stakeholders cautioned that it does not need to be over-engineered. We simply need to provide

governments with answers to key questions to make an informed decision. The following were identified as key areas:

- **Coverage:** show countries the programmatic advantages to introducing MR 5-dose. However, countries don't generally need to be convinced on this point; healthcare worker reluctance to open vials is a known problem.
- **Cost:** provide vaccine and non-vaccine cost estimates, including:
 - Wastage-adjusted purchase price per dose
 - Operational and distribution costs
 - Training costs
- **Cold chain capacity:** estimate additional storage capacity needs. Interviewees generally agree that this would be minimal.
- **Wastage:** estimate the impact MR 5-dose introduction would have on reducing wastage.
- **Supply sustainability:** ensure there is adequate and reliable supply. Some interviewees said increased 5-dose demand poses minimal risk from a market perspective. However, others expressed that supply sustainability is a potential risk (especially given Serum Institute of India's focus on COVID-19 vaccines). Countries will need to know they can rely on the supply pipeline.

OPERATIONAL RESEARCH AND EARLY ADOPTER FEEDBACK WOULD BE HELPFUL

- Country-specific evidence generation will help drive this work forward. Additional implementation research studies that measure the impact of MR 5-dose introduction would be incredibly valuable. However, stakeholders recognize that these are difficult and time-consuming.
- Observational studies and lessons learned from early adopters would be powerful. Many stakeholders agreed that once a few countries introduce MR 5-dose and share its impact, uptake in other countries should increase naturally.

“There is a difference between sharing information and engagement”

“There is a need for a coordinated approach and messaging strategy”

“[The reason for low uptake] is outside logistics and supply chain; it is purely communication”

COVID-19 RESPONSE PRESENTS AN OPPORTUNITY FOR MR 5-DOSE INTRODUCTION

- Multiple stakeholders mentioned that COVID-19 response investments and activities will help minimize barriers to MR 5-dose introduction. For example:
 - **Multiple presentations:** there are many different products and presentations of COVID-19 vaccines.
 - **Cold-chain capacity:** significant investments are in process to increase cold-chain capacity.
 - **Virtual trainings:** online training, WhatsApp, and other technological solutions have been put in place to minimize the need for in-person communication for training.
 - **Advocacy to improve immunization confidence:** COVID-19 has necessitated a push to improve the public's trust in immunization services. MR 5-dose vials can be a part of this solution: providing, for example, the ability to schedule individual appointments, the ability to provide immunization opportunistically on days when measles-containing vaccine is not currently used, convenience for caregivers (i.e., no waiting for cohorts large enough to warrant opening a vial, no turning away would-be vaccinees), and confidence-building for healthcare workers.

IDENTIFIED POTENTIAL NEXT STEPS

LEARN FROM EARLY ADAPTORS (E.G., LAOS)

- Conduct operational research in countries that have switched to MR 5-dose to better understand successes, challenges, lessons learned, and impact
- Country examples would be very helpful; after a few countries introduce, uptake should then increase naturally
- This would also be a professional opportunity for EPI managers to publish results in a peer-reviewed journal

INCREASE AWARENESS AND ADVOCATE FOR MR-5 DOSE IN THE APPROPRIATE FORUMS

- The Gates Foundation could use its voice and financing to improve the visibility of MR 5-dose
- Ensure MR 5-dose is on the agenda at key meetings such as EPI managers' meetings, RITAGs, and NITAGs

MINIMIZE THE FINANCIAL BARRIER TO COUNTRIES TO MAKE THE SWITCH

- Gavi could subsidize the first year of introduction
- Allow countries to purchase 5-dose vials at the same price per dose as 10-dose vials for three years (current prices for MR are \$0.72 per dose for 10-dose vials versus \$0.90 for 5-dose vials)
- Help cover operational costs required for the switch
- Advocate that countries can apply for a Gavi switch grant

PROVIDE TECHNICAL ASSISTANCE

- Provide country-specific guidance and technical support to estimate the impact of introduction on costs, cold-chain, wastage, coverage, etc.
- Technical assistance support should include forecasting the number of 5-dose vials needed compared to 10-dose vials

INTERVIEW AND/OR SURVEY NITAGS

- Better understand current gaps, challenges, and country preferences for MR 5-dose vials

PROVIDE FORMAL GUIDANCE FROM TECHNICAL AGENCIES

- Clear recommendations and guidance from a technical agency (e.g., WHO and UNICEF) would be helpful
- A policy push from global, regional, and country-level technical agencies is needed

ONLY OFFER 5-DOSE FOR ROUTINE IMMUNIZATION

- Multiple stakeholders referred to the experience of tetanus and polio and the global switch from TT to Td and OPV to IPV as a potential path forward. In these scenarios, TT and OPV were no longer procurement options, given the known programmatic benefits of Td and IPV.
- Partners could advocate for increased supply of 5-dose vials and Gavi could stop providing 10-dose vials as an option for routine immunization
- While this option was mentioned, stakeholders expressed hesitation with this top-down approach

DISAGGREGATE MISSED OPPORTUNITIES FOR VACCINATION (MOV) STUDIES BY VACCINE

- Promote the idea that MOV studies be disaggregated by vaccine, going forward

APPENDIX

KEY QUESTIONS

MR 5-dose global market strategy:

- Does your organization have a position, strategy, or goals on uptake of MR 5-dose? What objectives you are trying to achieve in the next 5 years?
- What do you think should be the position, strategy, or goals of your organization on MR 5-dose?
- What do you believe are the opportunities (both programmatically and from a market perspective)?
- What are your perspectives (risk/benefits) on MR 5-dose presentations (both programmatically and from a market perspective)? Cold chain? Wastage? Procurement costs? Storage requirements? Other costs? Training? Supply sustainability?
- Why has MR 5-dose uptake historically been relatively weak vs. potential? What do you think is reducing country uptake of 5-dose?

MR 5-dose challenges to uptake and demand generation:

- What is your perspective on mixed presentations in-country, e.g., 5-dose for rural areas and 10-dose in urban and peri-urban settings?
- What information has been provided to countries regarding MR 5-dose?

Additional questions

- What are lessons learned from countries that have already introduced (or planned to introduce) MR 5-dose?
- Do you believe partners are aligned on MR 5-dose programmatic benefits or do you feel additional effort is needed to ensure alignment?