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Deputy for Demand Planning and Financing in the Covid-19 Vaccine Delivery Partnership



2

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1

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A shift occurred where supply outstripped demand resulting in EPI managers being unable to plan for vaccine management, making demand forecasting impossible.



Vaccine delivery was defined by access to funds, existing hegemonies, supplier goodwill. Countries would accept whatever they received.

As saturation for high income countries became the norm and more vaccines received WHO approval globally, a shift occurred towards oversupply

Vaccine choice became characterized by supply chain logistics concerns (e.g. ultra-cold chain, population preferences for one vs two dose options, national authorizations).

Today:

1



Forecasting remains an inexact science with a significant amount of stock expiring before use

2



Demand planning is slowly moving towards being informed by country level targets (how much stock is needed, when, where and for whom), global stock availability and COVAX donations stock.

3



EPI managers and country decision makers are being supported in choice making.

4



COVAX allocation is now demand driven, building on the country choices of coverage targets, priority populations and requests are being streamlined

5



Vaccination campaigns are shifting towards high- and at-risk populations as countries become more targeted in their approach

6



Volatility spurred by variants remains an ongoing challenge to planning efforts and population demand.



Decision-making support tools from WHO and Priority Vax are designed to help program managers match products to vaccine strategies and in country capacity resources and constraints. Priority Vax is an interactive, online tool to support deliberations and decision-making using evidence-to-recommendation frameworks.

As resources are limited and the costs and range of available vaccines increase, priority setting is needed to help balance the many competing needs within a health system and to equitably and transparently establish how to select appropriate vaccines.

Considerations for optimizing the COVID-19 country vaccine portfolio



Links for further support

- [CRD Toolkit](#)
- **English:** [Considerations for choosing COVID-19 vaccine products](#)
- **French:** [Facteurs à prendre en considération lors du choix des produits vaccinaux contre la COVID-19](#)
- **Spanish:** [Consideraciones para elegir vacunas contra la COVID-19](#)



Name	Weight	Adverse	Favorable	Value	Score
Moderna (mRNA-1273)					
Cost per dose	70%	80	0	2	97.5
Ultra-Cold Chain	7%	1	0	1	0
Refrigeration Shelf-life	19%	0	100	30	30
Number of Doses	4%	4	0	2	50
Pfizer (Comirnaty/ BNT162b2)					
Cost per dose	70%	80	0	22	72.5
Ultra-Cold Chain	7%	1	0	1	0
Refrigeration Shelf-life	19%	0	100	5	5
Number of Doses	4%	4	0	2	50
Oxford /AstraZeneca (AZD1222)					
Cost per dose	70%	80	0	3	96.25
Ultra-Cold Chain	7%	1	0	0	100
Refrigeration Shelf-life	19%	0	100	100	100
Number of Doses	4%	4	0	2	50
J&J (Ad26.COV2.S)					
Cost per dose	70%	80	0	10	87.5
Ultra-Cold Chain	7%	1	0	0	100
Refrigeration Shelf-life	19%	0	100	90	90
Number of Doses	4%	4	0	1	75
Sinovac (CoronaVac)					
Cost per dose	70%	80	0	30	62.5
Ultra-Cold Chain	7%	1	0	0	100

Selecting between available supply of COVID-19 vaccines

PriorityVax supports national and sub-national level decision-making on overall selection of vaccines to be deployed.

PriorityVax can be used to compare different vaccines against local criteria and conditions to best match & direct supply for different regions within a country.

For example:

- Cold-chain requirements
- **Refrigeration shelf-life**
- # of doses / vial
- **Overall # doses available**
- Training requirements for administration
- **% effectiveness of vaccine**
- Risk profile of target population

Promoting Tailored, Transparent & Equitable Vaccine Prioritization & Allocation

Tenets of Priority Vax

- Priority-setting is essential to sustainable decisions and investments where resources, supply and/or financial and health systems are constrained
- The use of local evidence and context in decision-making improves
 - program and health outcomes
 - enables the explicit consideration of issues of equity
 - promotes local ownership and sustained commitments to related programs
- A transparent and auditable decision-making process can aid in building policy & program consensus and public confidence

Our Panelists Guideposts for Success:



1 Strengthening Data management systems from central stores to district or county levels to user points is key to correctly identify and quantify and monitor coverage in the highest risk groups (elderly populations, immuno-compromised, healthcare workers)



2 Synergizing and integrating existing systems to move from emergency to routine mode for COVID 19 vaccines



3 Encouraging the management of boosters and additional stocks for high-risk groups