Self-procuring countries: market intelligence from WHO

DCVMN Annual Meeting
Rio de Janeiro, Brazil, October 23\textsuperscript{rd}, 2018

Tania Cernuschi, WHO, UHC-LC, IVB
WHO’s Engagement

What is the issue we need to address?
The WHA has repeatedly called for action on access to vaccine supply

Total of 50 WHA Global Resolutions on access to medicines and vaccines + 45 regional Resolutions
How does WHO influence access to vaccine supply?

72nd WHA - May 2019 – adopted a Roadmap on access to medicines and vaccines 2019-2023

- Establish global immunization agenda & strategies to build and harness commitment to action
- Inform demand: develop policies for optimal use of vaccines & advance evidence-based introduction of vaccines
- Promote research and innovation to increase impact of vaccines, technologies, and practices
- Provide regulatory support
Market Information for Access: the missing segment

- The global health community had access to **good market intelligence on demand and supply for vaccines** procured through UNICEF, Gavi and PAHO RF

- Much less information was available on self procuring/self-funding countries (of most interest Middle Income Countries – MICs)

- This was an important information gap that WHO and other immunization stakeholder have began to fill
Self-procuring, non-Gavi MICs are an important market for DCVMs

- Procurement of DCVM products by self-procuring, non-Gavi MICs seems to have increased over time
- The Top 5 vaccine groups with the most countries procuring DCVM products in 2018 were HepB, DT-containing, BCG, and MMR.

Source: JRF Country-reported Purchase Data, GVMM
NOTES: Reporting of volumes purchased to JRF has increased substantially from 2013 to 2018; to allow for comparison, 2013 data is supplemented with demand from GVMM and product allocation estimates based on country/income group. Visual excludes China.
Mobilizing new market intelligence

Self procuring countries

World Health Organization

Market Information for Access to Vaccines
Process to collect intel on vaccine use/demand

Step One
Information Gathering
- Countries share information annually through Joint Reporting Form
- Regular collection of information from partners
- Review of public information & lot release data

Step Two
Validation
- Review & update of information with regional offices
- Validation & estimate generation through dialogue with partners & experts
- Publication of information on WHO website
Collection of Market Intelligence for Increased access  
182 MS reported market information in 2019

Figure 1.1: Countries reporting price data

72nd WHA - May 2019 – adopted a Resolution on improving the transparency of markets for medicines, vaccines, and other health products
Process to collect intel on vaccine supply

**Step One: Information Gathering**
- Yearly data collection from manufacturers
- Review of clinical trials data
- Review of product documentation
- Literature review
- Bilateral in-depth validation with manufacturers
- Validation with available analyses from partners

**Step Two: Validation**
- Triangulation with demand

IVIR-AC Endorsed
• More than 15 DCVMN manufacturers responded to the request from WHO

• However about half of DCVMN manufacturers did not respond to the request in 2019
How is the information being used?

Health agents are pictured during the first day of the yellow fever vaccination campaign in Kinshasa, on August 17, 2016.

© WHO / Eduardo Soteras Jalil
Concerned by constrained HPV vaccine supply, the Strategic Advisory Group of Experts on immunization to WHO - SAGE (October 2018) called for a comprehensive evaluation of options for best use and allocation of the limited vaccine supply.

What we did:

1. Developed global supply (including pipeline) and demand estimates.
2. Analyzed supply/demand balance under different schedule/allocation scenarios (current schedule, extended interval, reduced schedule, different target age groups).
3. Provided these inputs to Laval University & LSHTM for modelling of health impact.

The example of HPV
SAGE recommends that all countries should **temporarily postpone implementation of HPV vaccination strategies that are gender-neutral, for older age groups (>15 years), or for multi-age cohorts**

Countries may **consider alternative strategies** to ensure that girls receive two doses of HPV vaccine before the age of sexual activity, as appropriate to the individual national context

- To retain the accelerated impact of vaccinating multi-age cohorts (MACs), **countries could target an older cohort of girls (e.g., 13 or 14 years old girls) or in an equivalent school grade**, who are close to initiating sexual activity and thus of high risk of exposure
- **To temporarily reduce vaccine supply needs, countries could adopt a “1+1” schedule** with an extended interval of 3-5 years between doses for younger girls (e.g., first dose provided at 9 or 10 years old or lower school grade) - **off-label use of the vaccine**
Estimating global demand for HPV vaccines

- Current understanding: programmatic dose requirement reaching ~120M doses in 2025
- In May 2018, WHO Director-General made a global call for action towards the elimination of cervical cancer – we are estimating potential further growth of dose requirements to respond to this call
Non-Gavi MICs have fallen behind in introduction of new vaccines

Lower income countries have achieved higher coverage than the global average with support from the Gavi Alliance.

Non-Gavi Middle Income countries have fallen behind.
Countries are using data to inform decision making:

- Data is primarily used by countries and international entities.
- Non-Gavi MICs and European countries seem to be the biggest user of available information.
How can you access information & analyses
WHO website displays selected information in respect of confidentiality

www.who.int/immunization/MI4A
Vaccine Purchase Data

www.who.int/immunization/MI4A

- Data reported by countries over time
- Country name is masked
- Contains info on products purchased, volumes, price and related info
Market Studies

www.who.int/immunization/MI4A

- Vaccine specific market studies
- And cross-vaccine market dynamics
Middle Income Countries

- Products designed to countries understand and leverage market information for forecasting, budgeting, procurement…

  - **Vaccine Purchase Data Note**: key messages to countries & latest purchase information available

  - **Factsheet on Vaccine pricing for Gavi Transitioning and Transitioned Countries**: features manufacturers commitments

  [www.who.int/immunization/MI4A](http://www.who.int/immunization/MI4A)

---

**Vaccine Pricing:**

Gavi Fully Self-financing & Accelerated Transition Countries

Manufacturer commitments presented in this document - provided solely for the purpose of helping Gavi fully self-financing and accelerated transition countries to plan and budget adequately for self-financing - are not legally binding; they do not represent contractual obligations between sellers and countries and as such are not a guarantee of price, eligibility criteria or duration.

All commitments are subject to supply availability. The Gavi product menu with information on product availability is provided by UNICEF at [https://www.unicef.org/supply/index_gavi.html](https://www.unicef.org/supply/index_gavi.html)

This document reflects 2018 prices and will be updated annually.

**Summary**

As of November 2018, nine countries are in a state of accelerated transition from Gavi support to self-financing, and 16 countries have transitioned out of Gavi support. These countries have requested WHO to provide more visibility on their vaccine purchase price prospects, for both the proper budgeting of ongoing vaccination programs and the introduction of new vaccines.

Three manufacturers – GSK, Merck and Pfizer – have committed to continue providing countries that transition out of Gavi support with access to prices similar to those offered to Gavi-supported countries, or to maintain the prices that these countries are currently paying for certain vaccines, for a certain period of time, depending on commitment terms. These commitments apply to:

- human papillomavirus vaccine (HPV)
- pneumococcal conjugate vaccine (PCV)
- rotavirus vaccine (Rota)
Moving forward

Where will our efforts focus?
Missing data from manufacturers limits understanding of global market dynamics

% Responders to 2019 request
**Priorities for WHO market intelligence work**

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>TARGET</th>
<th>TACTICS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ENHANCE DATA COLLECTION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• From non-reporting countries</td>
<td>GLOBAL</td>
<td>• Global outreach</td>
</tr>
<tr>
<td>• From non-reporting industry</td>
<td></td>
<td>• Targeted advocacy</td>
</tr>
<tr>
<td>• Prospective data</td>
<td></td>
<td>• New information collection processes</td>
</tr>
<tr>
<td><strong>ENHANCE AND DOCUMENT USE OF INTELLIGENCE</strong></td>
<td>Focus on Self procuring MICS</td>
<td>• Increased collaboration with partners</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• <strong>Increased collaboration with DCVMs</strong></td>
</tr>
<tr>
<td>• More active monitoring and documentation of data use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Enhance use</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Thank you!