

## THE VACCINE PRODUCT PRICE AND PROCUREMENT PROJECT

# Improving access to vaccines: the role and progress of vaccine price transparency

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# OUTLINE

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PART 1: Why price transparency?

PART 2: The role of WHO

PART 3: V3P - progress and use

PART 4: Moving forward



# Vaccine price is an important element of sustainable immunization programmes

- ✦ Vaccine price is an important component of immunization budgets: 81.5%
- ✦ 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

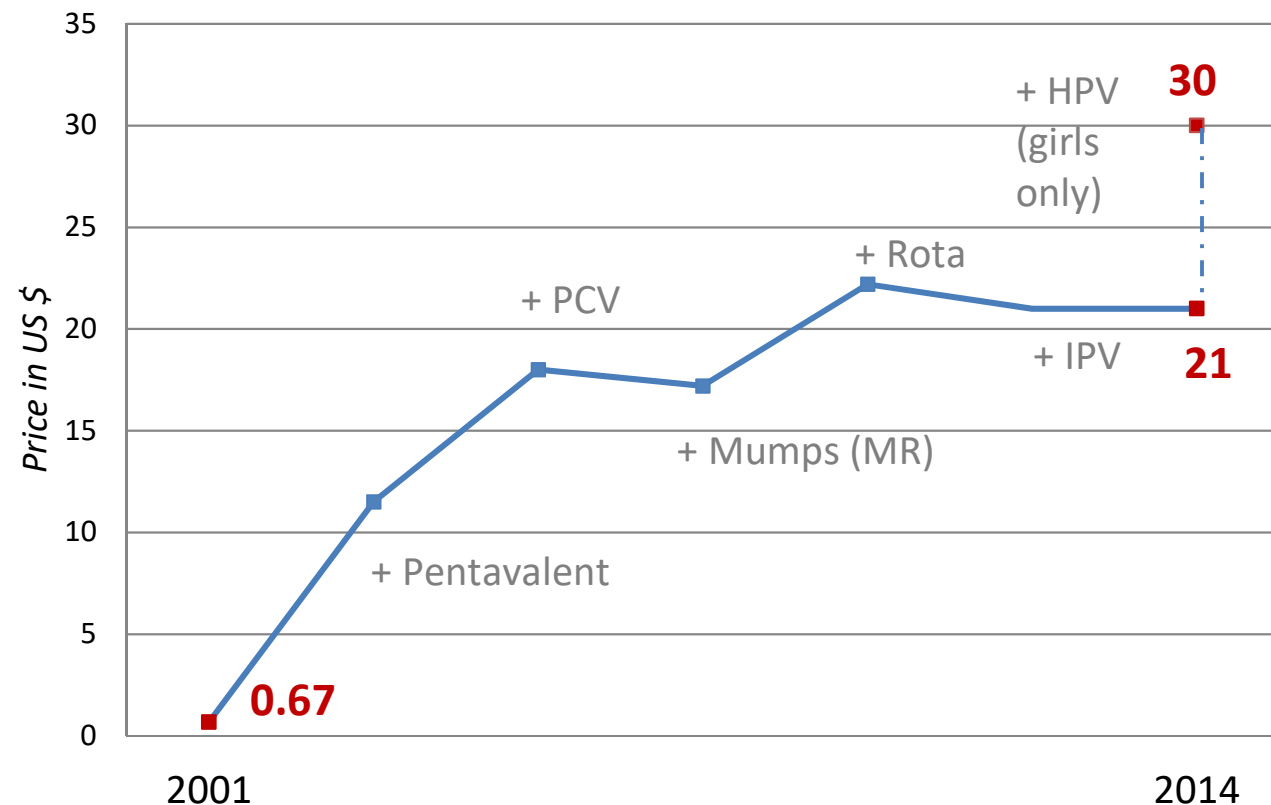
Indicator	Measure
Government Expenditure on Vaccines	28.41 USD per live birth
Government Expenditure on Routine Immunization	34.85 USD per live birth
% Government Expenditure on RI spent on Vaccines	81.54%

Sources: JRF 2016 (2015 data). Note that the figures may be significantly different from the 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.

# The cost to fully immunize a child has risen in the last 15 years

- ✦ New antigens are added to national programmes (eg. PCV, Rotavirus, HPV, ...)
- ✦ Newer vaccines are priced much higher (eg. minimum price available to UNICEF for BCG at \$8c a dose in 2017, while PCV is at \$3.30)

**Total cost of vaccines to fully immunize a child with vaccines recommended for routine immunization\*, US \$**

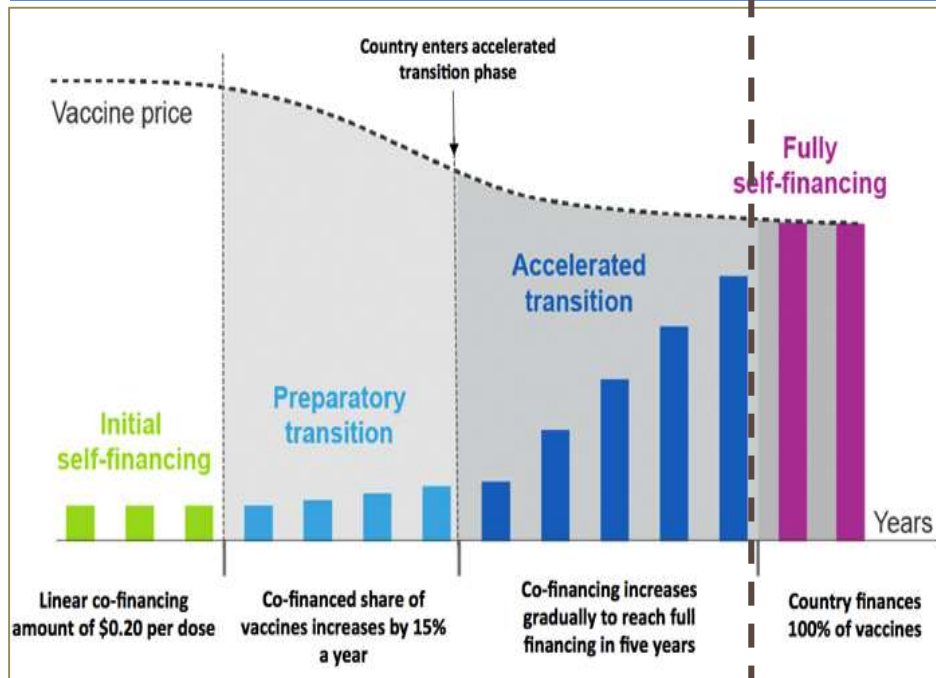


\*Minimum price published on the UNICEF website, mostly offered to Gavi countries  
Sources: UNICEF vaccine prices

# Countries face different challenges regarding access to vaccine prices

## Countries supported by Gavi

### Phases of transition from Gavi financial support for vaccines



## Countries that have lost Gavi support or were never Gavi-eligible

### Middle Income Countries (MICs)

### High Income Countries (HICs)



In 2016: 68 countries

5 countries

65 countries

58 countries

# 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)

# SAGE and the World Health Assembly have recommended countries to share vaccine prices with WHO

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## Recommendations issued by SAGE in 2014:

*“Countries are requested to change the rules of the game on vaccine affordability, **to create transparency which is in their interest**. They can do this by **making pricing information publicly available**, and by **collaborating with WHO and all technical agencies to develop solutions**.”*

## Resolution adopted by the 68<sup>th</sup> World Health Assembly in 2015:

*The WHA urges member states “**to provide, where possible and available, timely vaccine price data** to WHO for publication, with the goal of **increasing affordability through improved price transparency**, particularly for the new vaccines.” - Resolution 68.6 on the GVAP*

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# The MIC strategy recognizes price transparency as a core activity to support access to vaccines

- ✦ Strategy developed in 2015 in collaboration with 8 partners, to support non-Gavi MICs
- ✦ Four main areas of action have been identified by the MIC Strategy:

Goal	Enhance sustainable access to vaccines for populations in middle-income countries to meet GVAP targets			
Driving Principles	<ul style="list-style-type: none"> <li>• Uphold GVAP principles of country ownership, shared responsibility, integration, sustainability and innovation.</li> <li>• Address inequities within and among countries</li> <li>• Maximize health impact</li> <li>• Consider technical and political feasibility</li> <li>• Maximize value for money by complementing existing and planned efforts</li> </ul>			
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"> <li>• Establishing and strengthening NITAGs</li> <li>• Strengthening national capacity to generate evidence for decision-making</li> </ul>	<p>② Increased political commitment and financial sustainability of immunization programmes</p> <ul style="list-style-type: none"> <li>• Strengthening legislative basis for immunization</li> <li>• Advocating for immunization to achieve set immunization spending targets</li> <li>• Mobilizing national resources and increasing efficiency in resource use</li> <li>• Increasing MICs funding credibility through innovative financial platforms</li> </ul>	<p>③ Enhanced demand for and equitable delivery of immunization services</p> <ul style="list-style-type: none"> <li>• Addressing vaccine hesitancy and building community demand</li> <li>• Strengthening in country supply chain and data systems</li> </ul>	<p>④ Improved access to affordable and timely supply</p> <ul style="list-style-type: none"> <li>• Increasing procurement skills and knowledge</li> <li>• Increasing access to revolving funds</li> <li>• Harmonizing product choice &amp; registration processes</li> <li>• Increasing price information</li> <li>• Ensure external procurement options are effective and fit for purpose</li> <li>• Influencing market dynamics</li> </ul>
Strategic enablers	<ul style="list-style-type: none"> <li>• Country commitment and cost sharing</li> <li>• Coordination among international and local partners</li> <li>• International and national advocacy and country-to-country peer learning</li> <li>• Strong monitoring and evaluation efforts</li> </ul>			

# WHO has taken a lead role as broker of price transparency through V3P

V3P has been created to help countries gain access to up-to-date vaccine product, price, and procurement information.

It has three main components:



- ★ Price database: to compare prices across countries



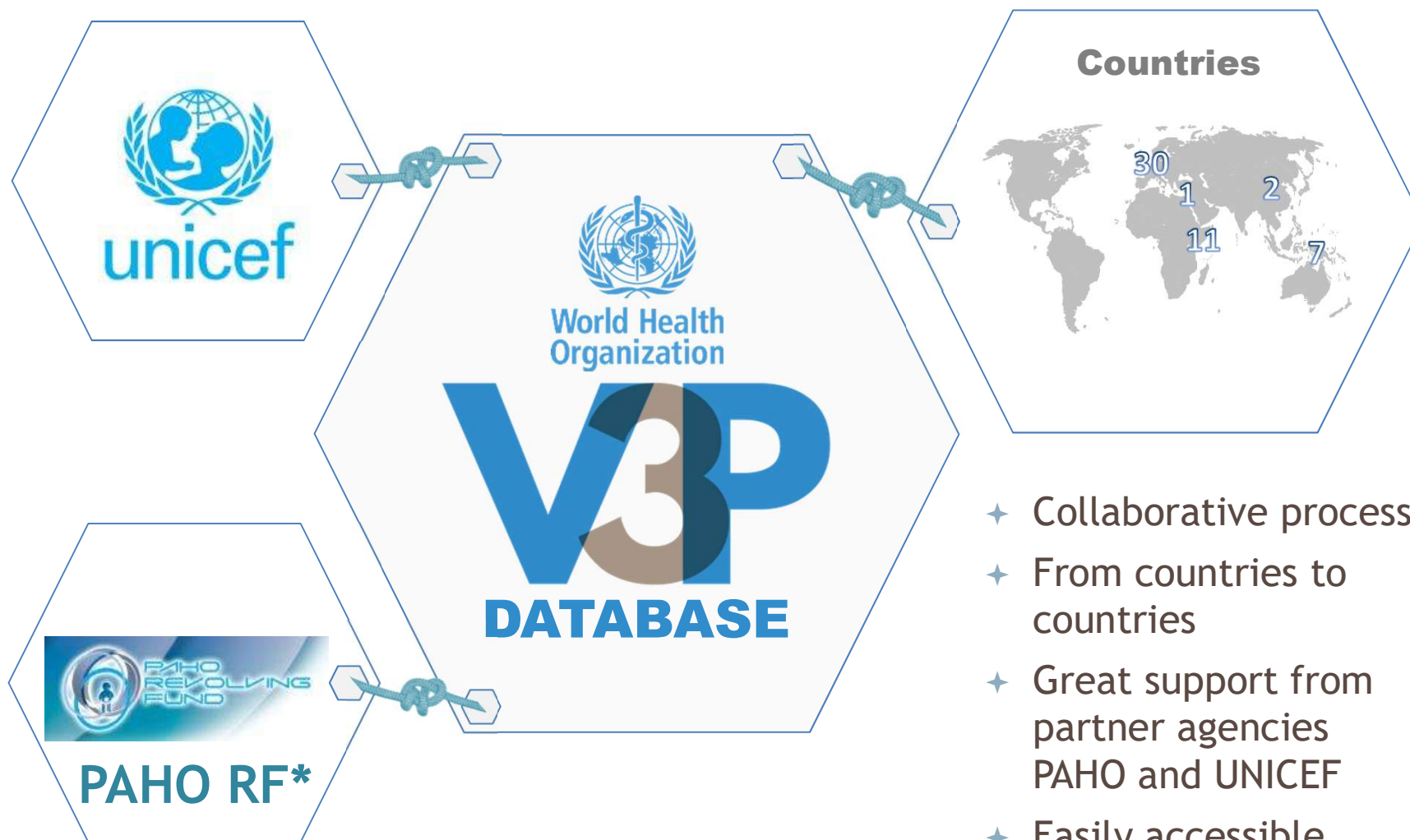
- ★ Knowledge repository: to get information about the V3P project and related articles, reports and analyses



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

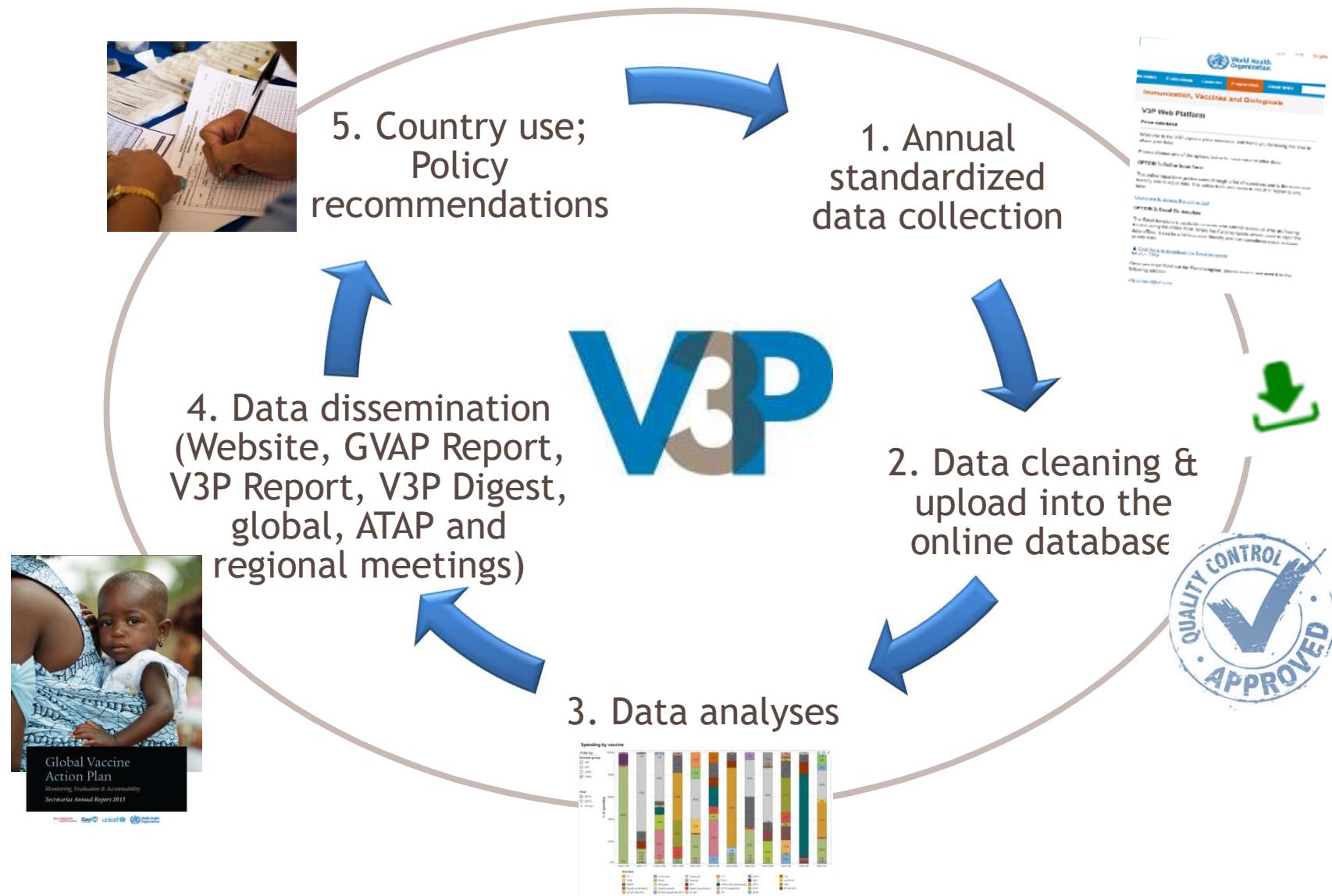


# The V3P price database is a collaborative platform for all countries to access and use



\*Pan American Health Organization Revolving Fund

# 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

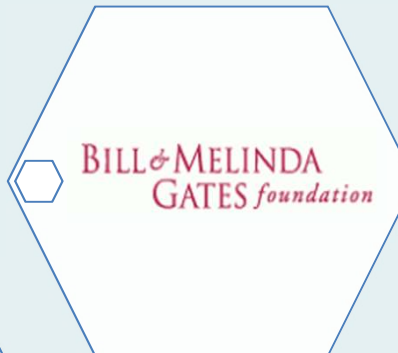


V3P project  
Fair Pricing Forum



Support access  
Linksbridge

BILL & MELINDA  
GATES foundation



Campaigns & lobbying  
The Right Shot report



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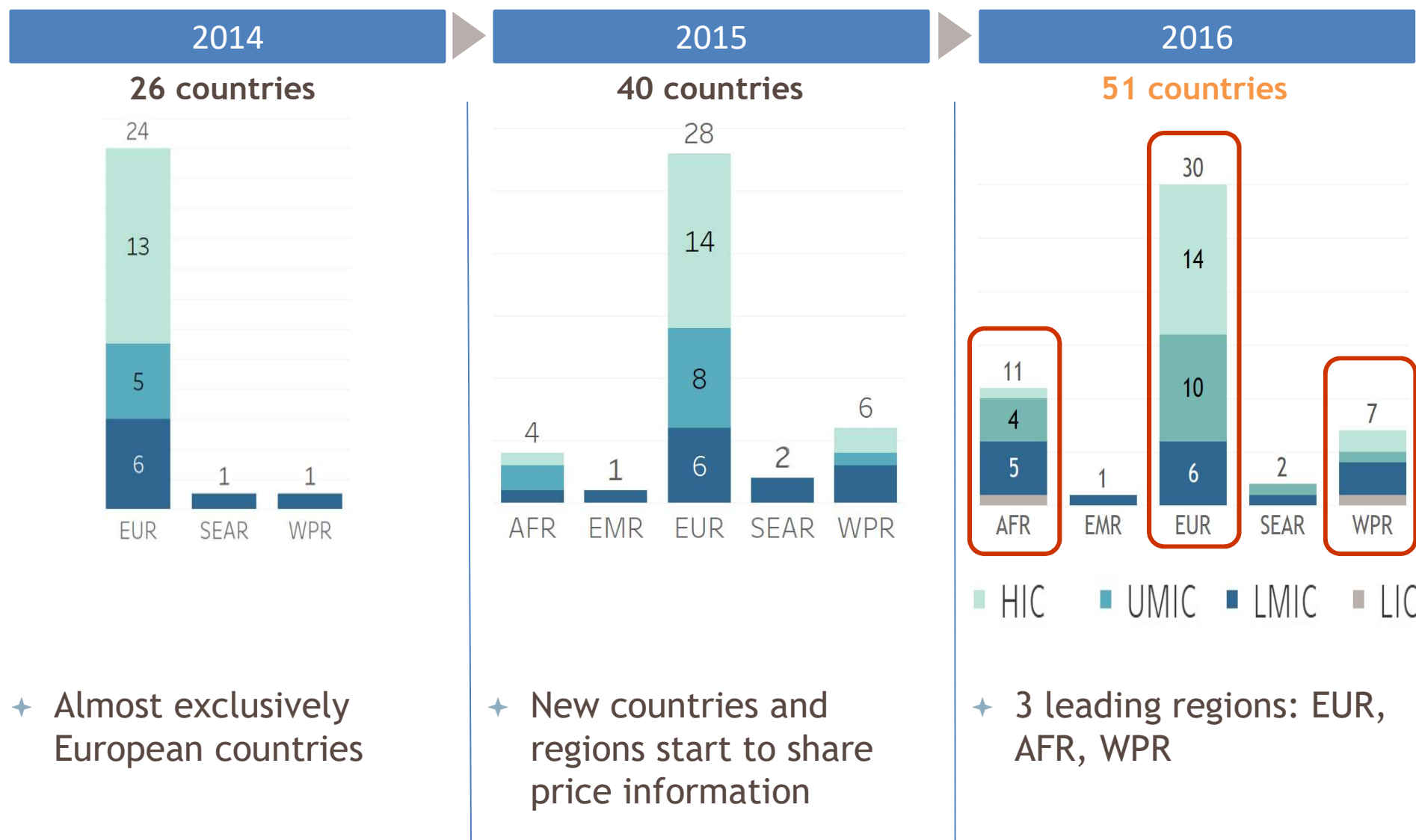
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# Participation of countries in V3P has doubled in 2 years



# In 2016, vaccine price transparency is achieved for 70% of the world

## Data sources

## Countries covered

### Countries



Countries sharing price information with V3P directly



Gavi eligible or in-transition countries and known to procure all or part of their vaccines through UNICEF



PAHO

All countries of the Americas



In 2016, the V3P database contained vaccine prices available to 131 countries, representing **70% of all countries in the world.\***

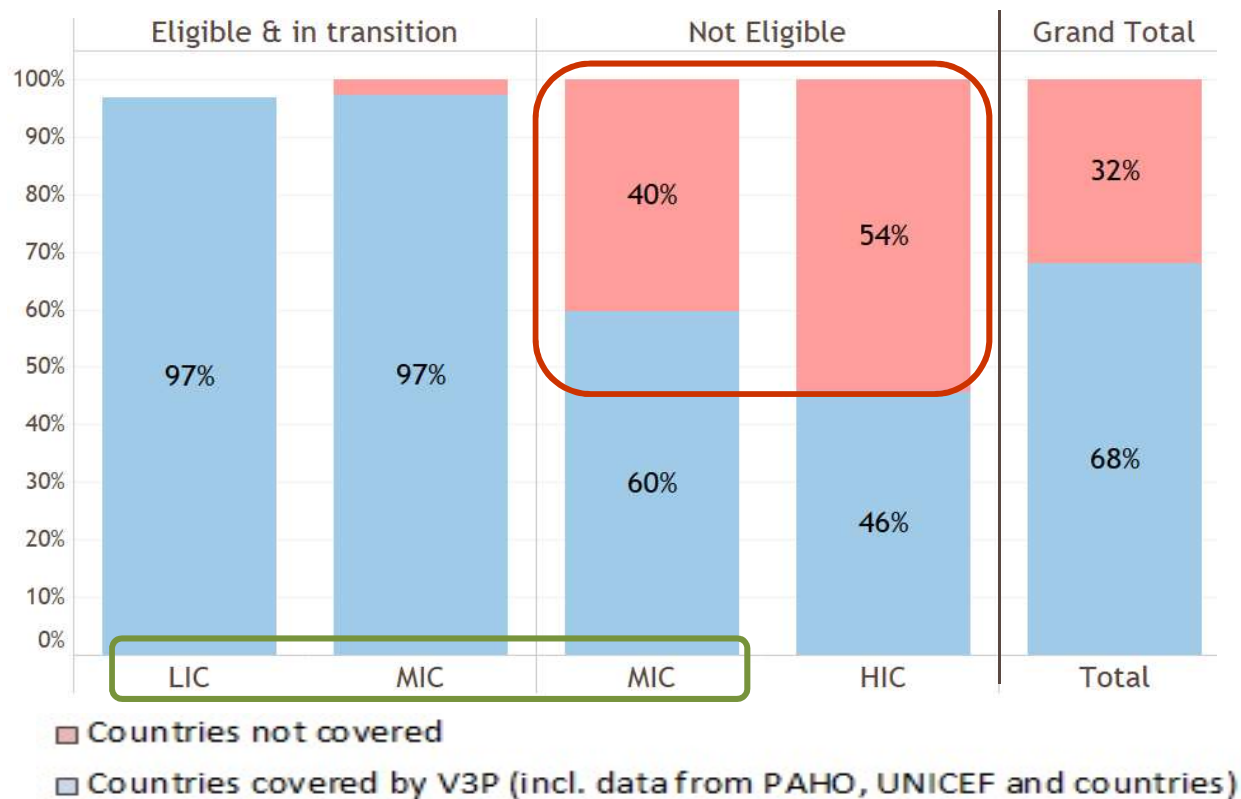
Note: “PAHO” includes all countries of the region of the Americas, as they could all potentially access vaccines through the Revolving Fund. “UNICEF” includes all countries that are Gavi eligible or in-transition and known to procure all or part of their vaccines through UNICEF in 2016.



# There is good availability of information for LICs and MICs

## Countries covered by the V3P database\*, by income level and Gavi eligibility

Percentage



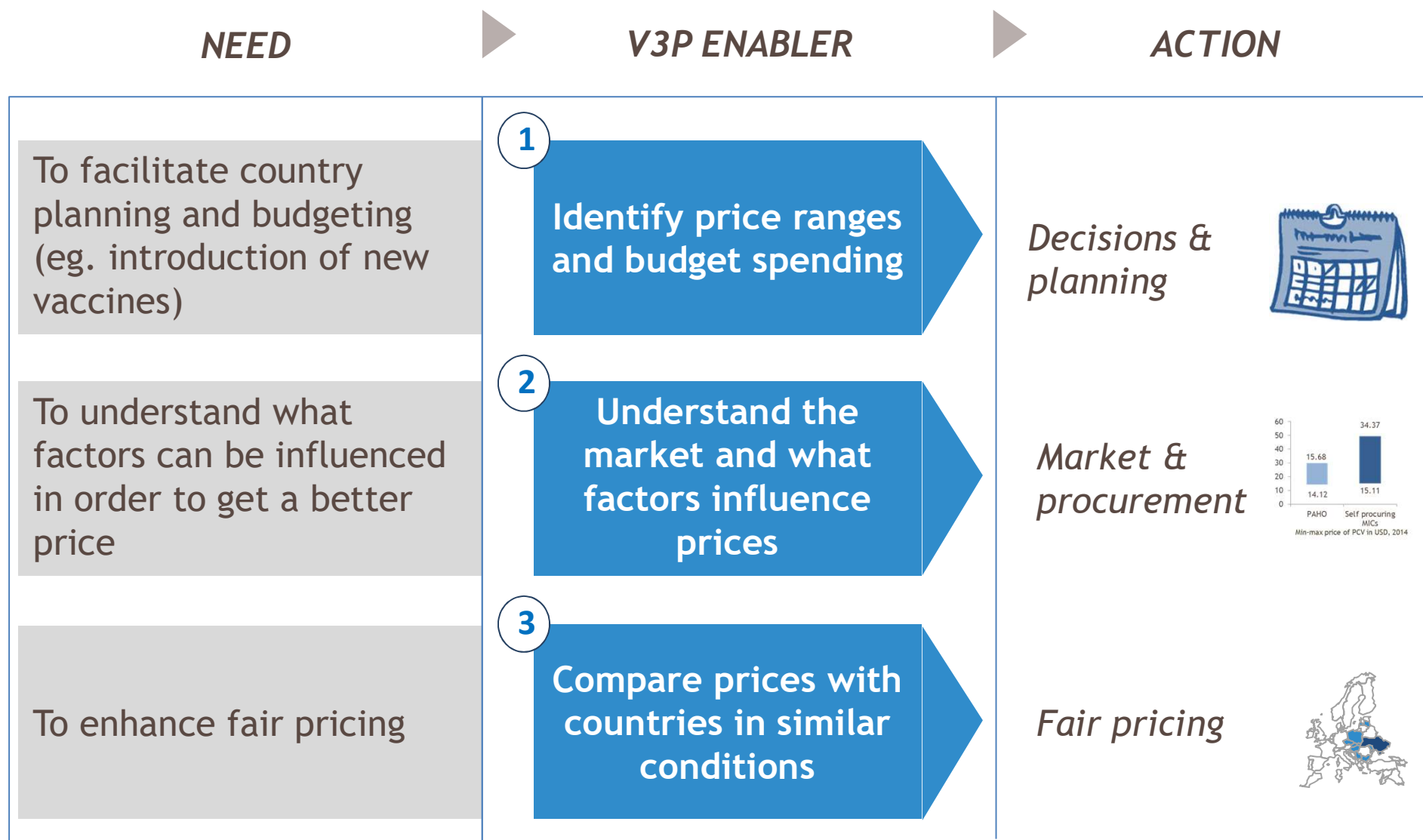
✦ Good visibility on prices paid in MICs and LICs

✦ But data missing for 40% of non-Gavi MICs (27 countries) and 54% of HICs (31 countries)

Note: for PAHO, all countries of the AMRO region are included as they could potentially access vaccines through the Revolving Fund. The exact list of the 40 countries purchasing through the revolving fund is not known

\* Including data from PAHO, UNICEF and countries

# At the national level, data can be used to inform countries' decisions

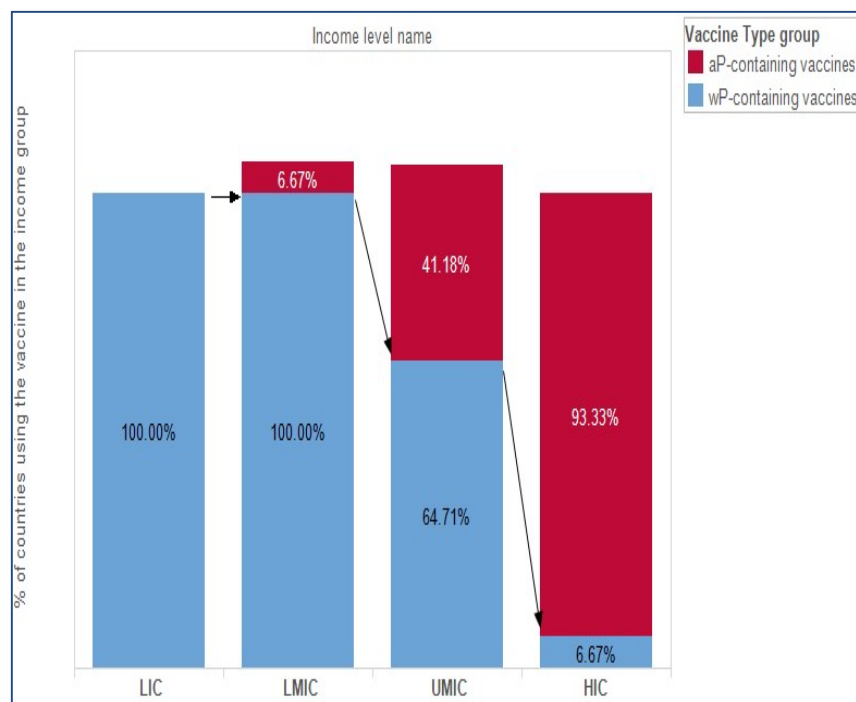


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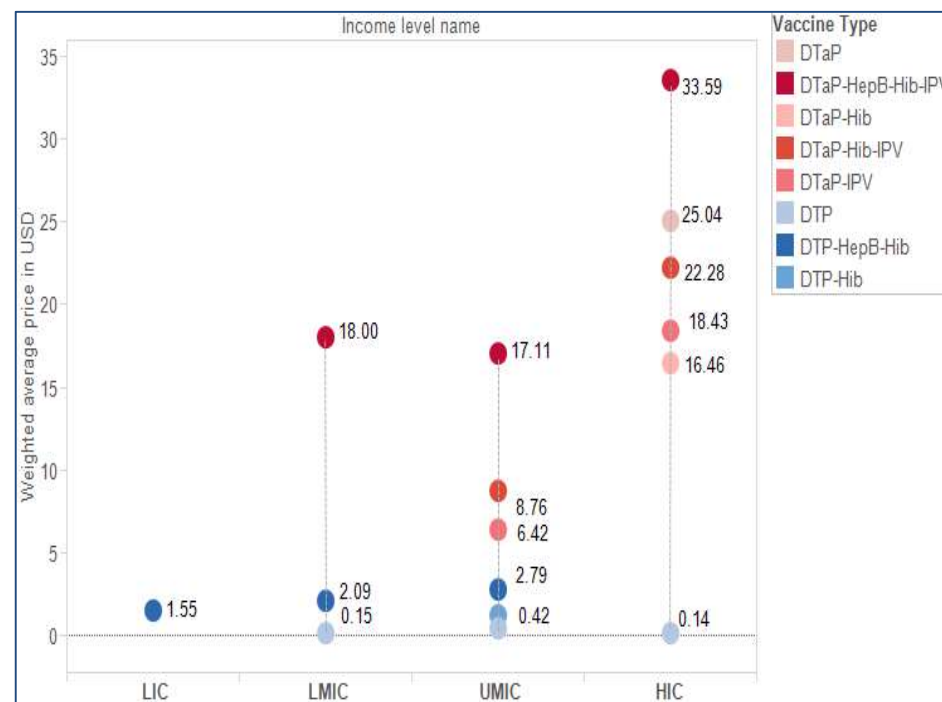
## Decisions & planning: example of aP & wP-containing vaccines

Example of use

### 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

## At the global level, data can be used to monitor trends

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### Main findings from the GVAP price report

- ✦ Pool procurement mechanisms manage to secure lower prices than self-procuring countries, except for self-procuring countries purchasing large volumes.
- ✦ A small but consistent impact of volume on price for most vaccines.
- ✦ Tiered-pricing: price differentiation led by income segmentation + product preferences (eg. aP vs wP-containing vaccines).

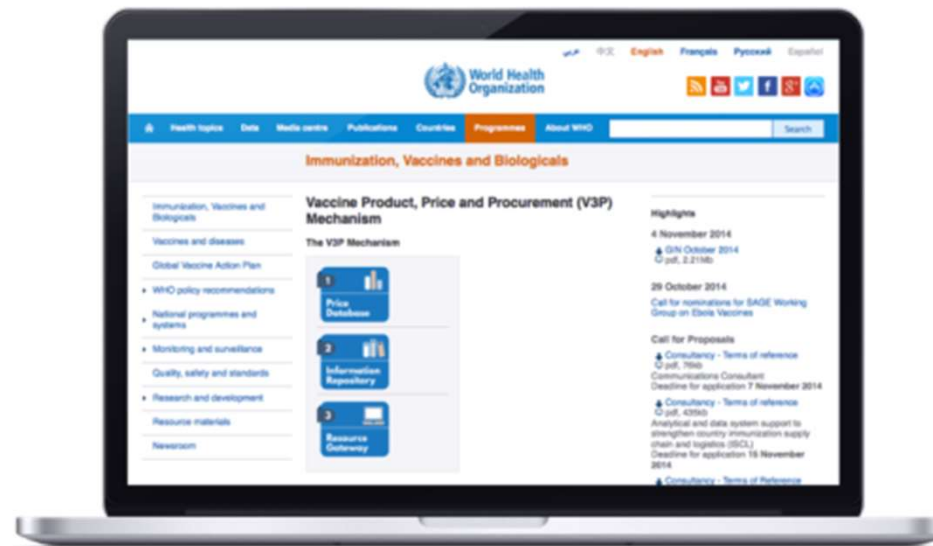
## At the global and regional levels, data can be used to inform strategies

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Type of use	Examples
Global market analyses	✦ GVAP price report, vaccine specific analyses, trends.
Inform immunization partners policies and market shaping strategies	✦ What prices will Gavi countries access as they lose external support? What impact market strategies may have on the overall market ?
Inform regional strategies for access to supply	✦ Prevalence of single sources of vaccines in European countries.
Fill in information gap for international procurement	✦ Informing procurement costs and negotiations for the purchase of hexavalent vaccine for vaccination of refugees coming to Europe.

# The V3P website is freely accessible

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# Great progress in 2016, which needs to be built upon

## Strengths

- ✦ 51 countries, 5 WHO regions + PAHO, 5000 users, 45 vaccine types, data for 70% of the world
- ✦ Unique , global, coordinated vaccine price database
- ✦ Easy access to data and analyses

## Weaknesses

- ✦ 58 countries still not participating
- ✦ Imbalance between regions
- ✦ Variable data quality
- ✦ Subnational procurement data not captured
- ✦ Cost to countries, not to end users

## Opportunities

- ✦ WHA resolution + recommendations
- ✦ Improve country decision-making and allocation of resources
- ✦ Data collection with the JRF in 2017

## Threats

- ✦ Need to make sure that data is used in context as much as possible



# Moving forward

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- ✦ Price transparency is important for countries to take informed decisions for sustainable introduction of new vaccines. It also help countries enhance efficient use of scarce resources.
- ✦ Through its price transparency initiative (V3P), WHO is responding to requests by member states for increased price transparency (WHA 68.6)
- ✦ In 2016, the V3P database is covering about 70% of the world, both in terms of number of countries and birth cohort.
- ✦ Collected data is already useful to inform understanding of vaccine markets and for global policy making.
- ✦ Moving forward, efforts will focus on maintaining participation and enhancing country use of information.

# Thank you!



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**WEB: [www.who.int/immunization/v3p](http://www.who.int/immunization/v3p)**

**EMAIL: [v3p-project@who.int](mailto:v3p-project@who.int)**

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World Health  
Organization