dcvmn
Developing Countries Vaccine Manufacturers Network

DCVMN Supply Chain Discussion minutes
Wednesday 25 June 2019
Geneva

Participants:
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Meeting started at 9h05 and finished at 12h00.

This meeting was called as a result of a new strategy being pursued by DCVMN, moving from training activities towards engaging manufacturers on specific areas of interest that explore potential synergies creating more value for the network. Supply chain is a focus for many organizations active in the global immunization community (Gavi, WHO, UNICEF, IFPMA, CEPI, etc.) as it relates to the infrastructure bringing vaccines from manufacturer to point of vaccination. Sharing best practices will enable a better utilization of resources. Strengthening the vaccine supply chain will strengthen response capacity (rapid supply of vaccines) and create efficiencies to improve vaccine supply security. Supply chain represents a complex environment that needs to be understood (and controlled). The reputation of manufacturers continues after vaccines have left the factory up to when they are utilized, thus the importance of reliably delivering effective safe vaccines. Developing country vaccine manufacturers are becoming global suppliers which puts additional onus on effective management of the supply chain in an increasing number of emerging countries.

Reference points included the establishment by WHO and UNICEF in 2009 of an assessment tool, EVM (Effective Vaccine Management), for countries to achieve at least an 80% supply chain performance as measured by indicators across 9 capabilities. IFPMA created a supply chain group at the same time given its concerns about vaccine supply chains in countries.

To address DCVMN's interest in this area, a questionnaire of 38 questions, tackling 8 areas in secondary and tertiary stages of the supply chain (formulation through vaccination), was designed to assess the topics where manufactures could create synergies. Results from 26 anonymous respondents (from 43 invited) were pooled and analyzed, together with the comments of 9 (non- anonymous) interviews with manufacturers. Results were tabulated to identify the principal challenges manufacturers face regarding the vaccine supply chain. Based on analysis and discussions, the aim was to establish a DCVMN vaccine supply chain collaborative working group focused on innovation that could increase the efficiency and effectiveness of the vaccine supply chain in emerging countries.

A draft white paper had been written and was circulated prior to the meeting.

The eight areas of assessment were presented and discussed in the meeting. The fact that the answers were anonymous did not allow any sub-analysis of the data, as to large or small manufacturers, neither if they operate in a large or small geography. The results reflect the high diversity and heterogeneity of the companies involved. One discussion point stressed that innovation and low cost manufacturing are often competing goals.

The top priorities that emerged from the assessment were 4:

1. Traceability
2. Stockpile management/funding for emergency vaccines, as related to both bulk and finished product
3. Buffer stocks for 24-month shelf-life vaccines, given the potential financial risk; manufacturers expect prepayment or at least a financial incentive to hold stocks and need customers' agreements on flexible requirements for remaining shelf life for stocked vaccines
4. New packaging and delivery technologies to further improve the vaccine supply chain.

These points need data to support proposals for change/improvements. It was further suggested to explore partnerships with 360R for better understanding of the value of sharing supply audits, which was another of the areas of assessment considered but not prioritized.

It was concluded that traceability, stockpiling and new packaging technologies should form the agenda of the DCVMN vaccine supply chain working group. It was considered that delivery technologies were not appropriate for a collaborative working group.

The proposed draft terms of reference (TOR) for a vaccine supply chain working group was reviewed and edited, and a chair person for the group was appointed: Ms. Lingjiang Yang, CNBG, due to her many years of experience in WHO pre-qualification and supply of JE vaccines across large geographies, including purchases by UNICEF.

Finally, it was suggested to complement the white paper draft to include the discussions of this meeting by 1st July, then circulate among the meeting participants for comments by July 15th. Then the draft can be circulated to the broader membership for information and comments by 1st August, together with the ToRs and an invitation for members to volunteer to join the working group.

By 31st August, an invitation to the first working group meeting in Hanoi in the last week of November (likely the 30th) will be circulated to volunteers joining the working group.

Nyon, June 30 2019:
Notes by Sonia Pagliusi, edited by Stephen Jarrett

Approved: Lingjiang Yang, Chair
Chengdu

Dec. 08. 2020