

# Self-procuring countries: market intelligence from WHO

DCVMN Annual Meeting

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Tania Cernuschi, WHO, UHC-LC, IVB



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# WHO's Engagement

What is the issue we  
need to address?



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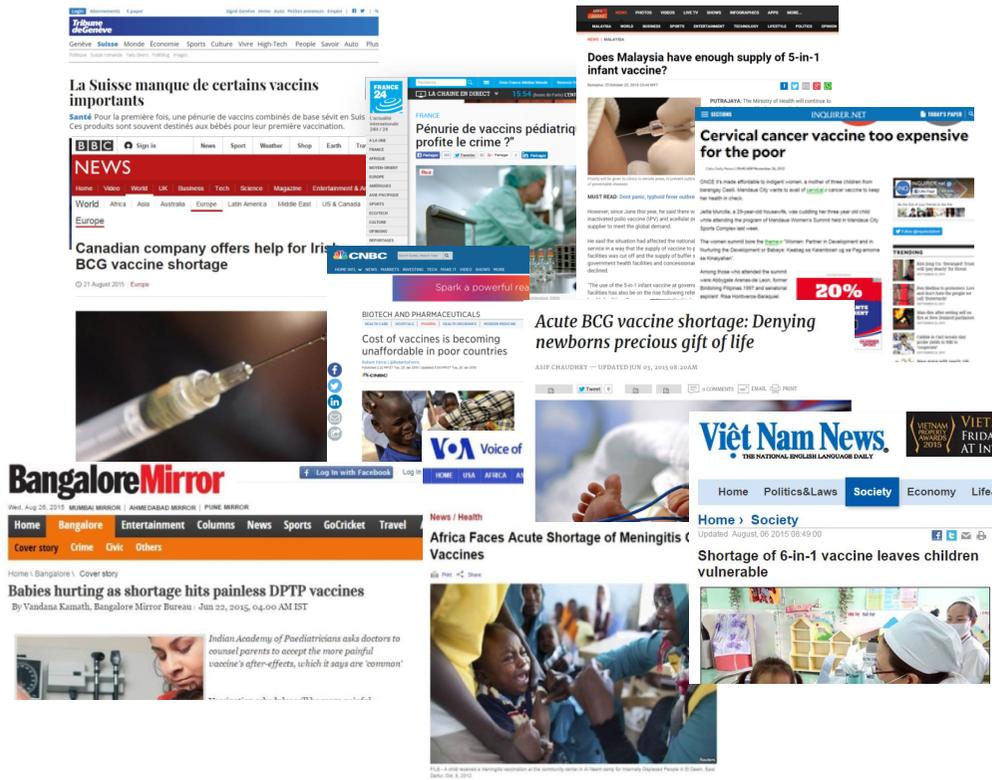
MARKET INFORMATION FOR  
ACCESS TO VACCINES



*A laboratory technician doing testing for Tuberculosis.*

© WHO / SEARO / Gary Hampton

# 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**

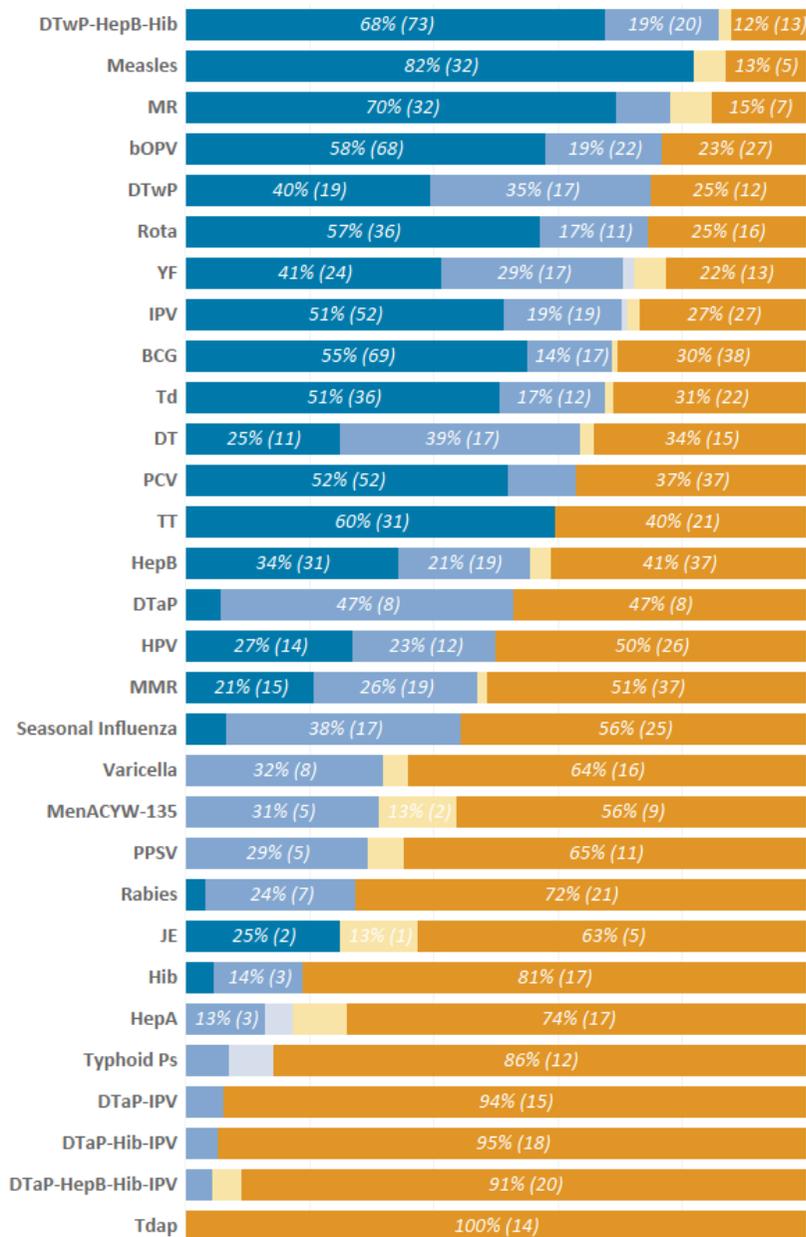


Establish global immunization **agenda & strategies** to build and harness commitment to action

**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

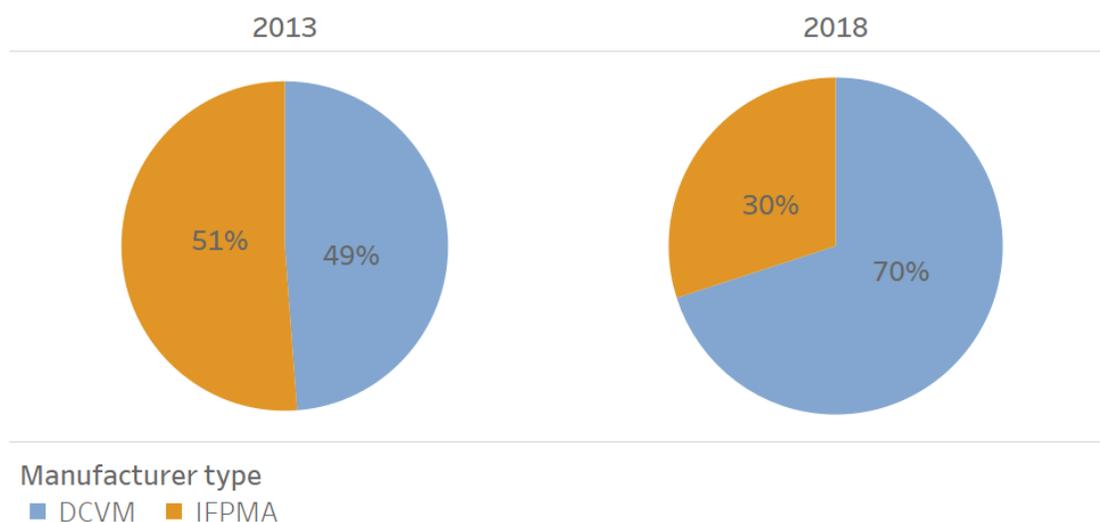


## Market Information for Access: the missing segment

- 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 begun to fill

# Self-procuring, non-Gavi MICs are an important market for DCVMs

Percent of volumes procured of DCVM and IFPMA products by self-procuring, non-Gavi MICs



- 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



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# Process to collect intel on vaccine use/demand

## Step One Information Gathering

Countries share information annually through Joint Reporting Form

The image shows a screenshot of a table titled 'WORLD HEALTH ORGANIZATION - MARKET INFORMATION FOR ACCESS TO VACCINES - JRF DATA COLLECTION'. The table has multiple columns and rows, with some cells highlighted in green. The columns include 'COUNTRY', 'VACCINE', 'STATUS', 'DATE', 'QUANTITY', 'COST', 'PRICE', 'COST PER DOSE', 'PRICE PER DOSE', 'COST PER VIAL', 'PRICE PER VIAL', 'COST PER VIAL (USD)', 'PRICE PER VIAL (USD)', 'COST PER VIAL (USD)', 'PRICE PER VIAL (USD)', 'COST PER VIAL (USD)', 'PRICE PER VIAL (USD)'. The rows represent different countries and vaccine types.

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

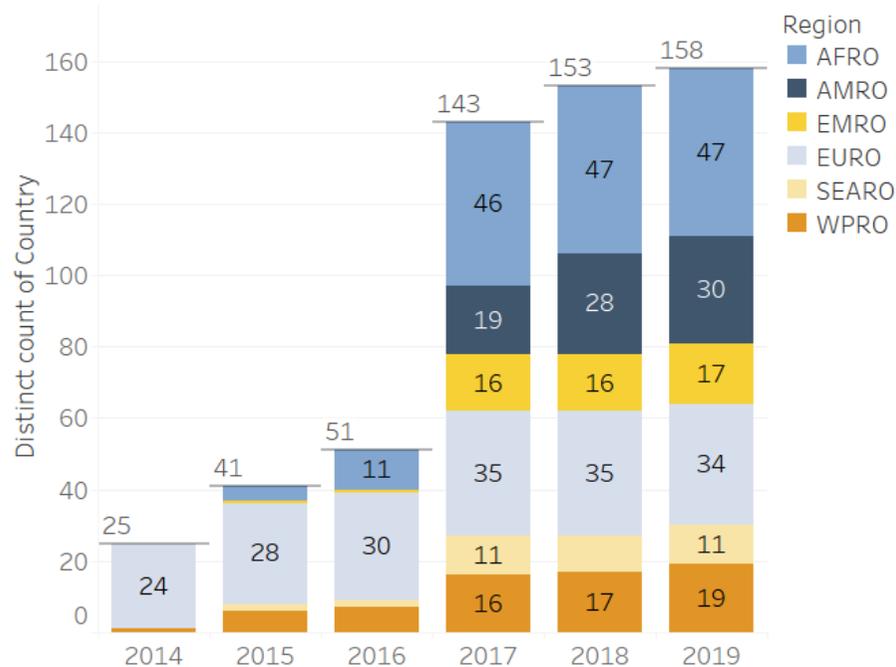
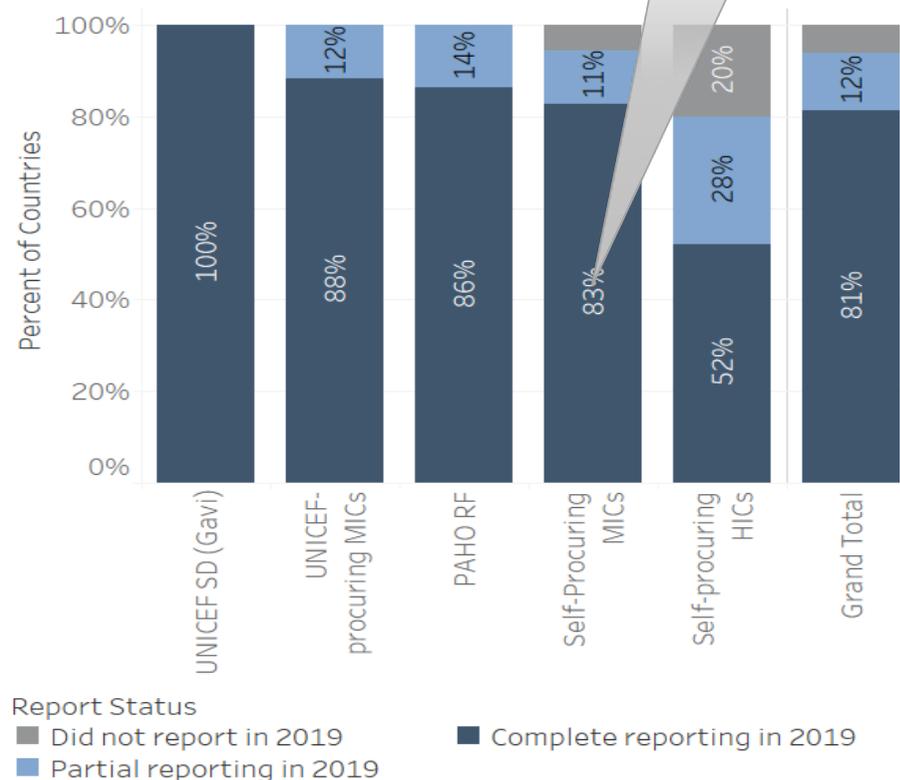


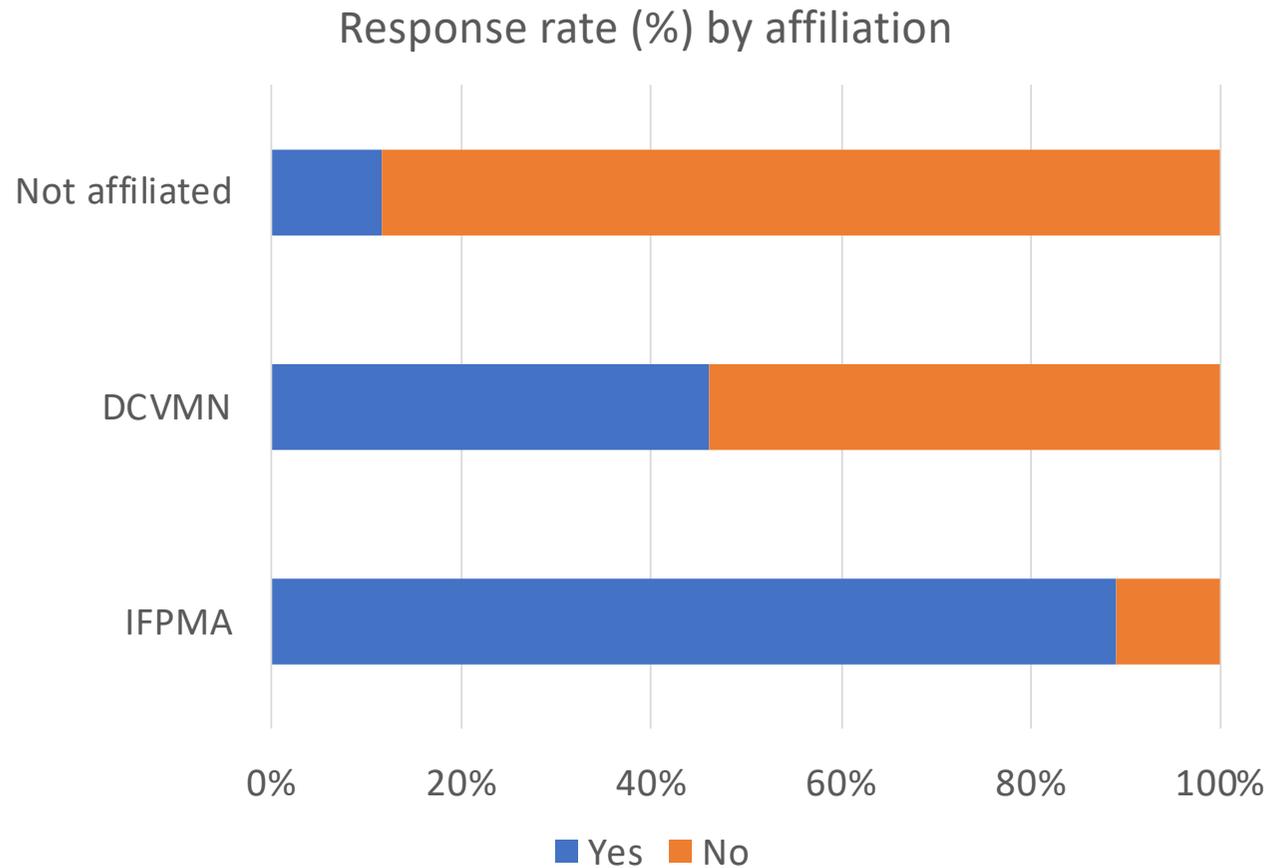
Figure 1.2: Proportion of countries reporting (2019)



**72nd WHA - May 2019 – adopted a Resolution on improving the transparency of markets for medicines, vaccines, and other health products**



# 2019 manufacturer data collection



- 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

# Information use

How is the  
information being  
used?



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

• © WHO /Eduardo Soteras Jalil

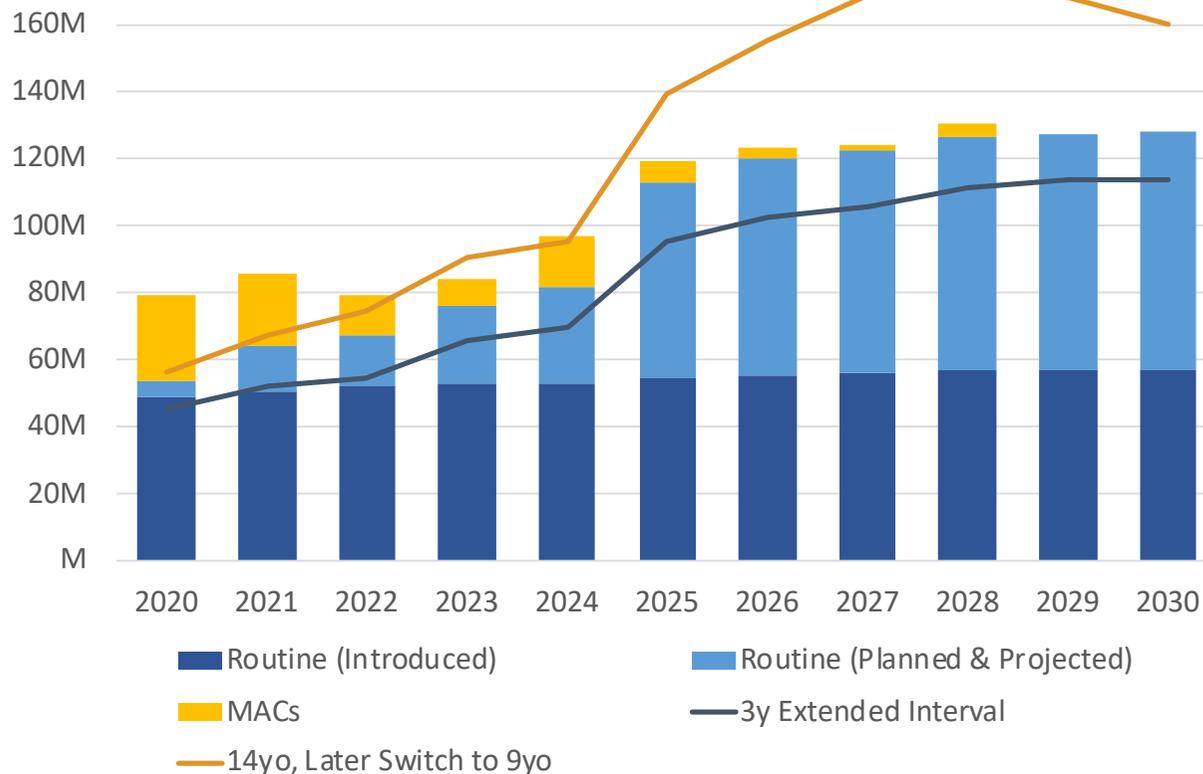
# The example of HPV

- 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

# Understanding of global HPV vaccine market dynamics informed SAGE's advice to WHO

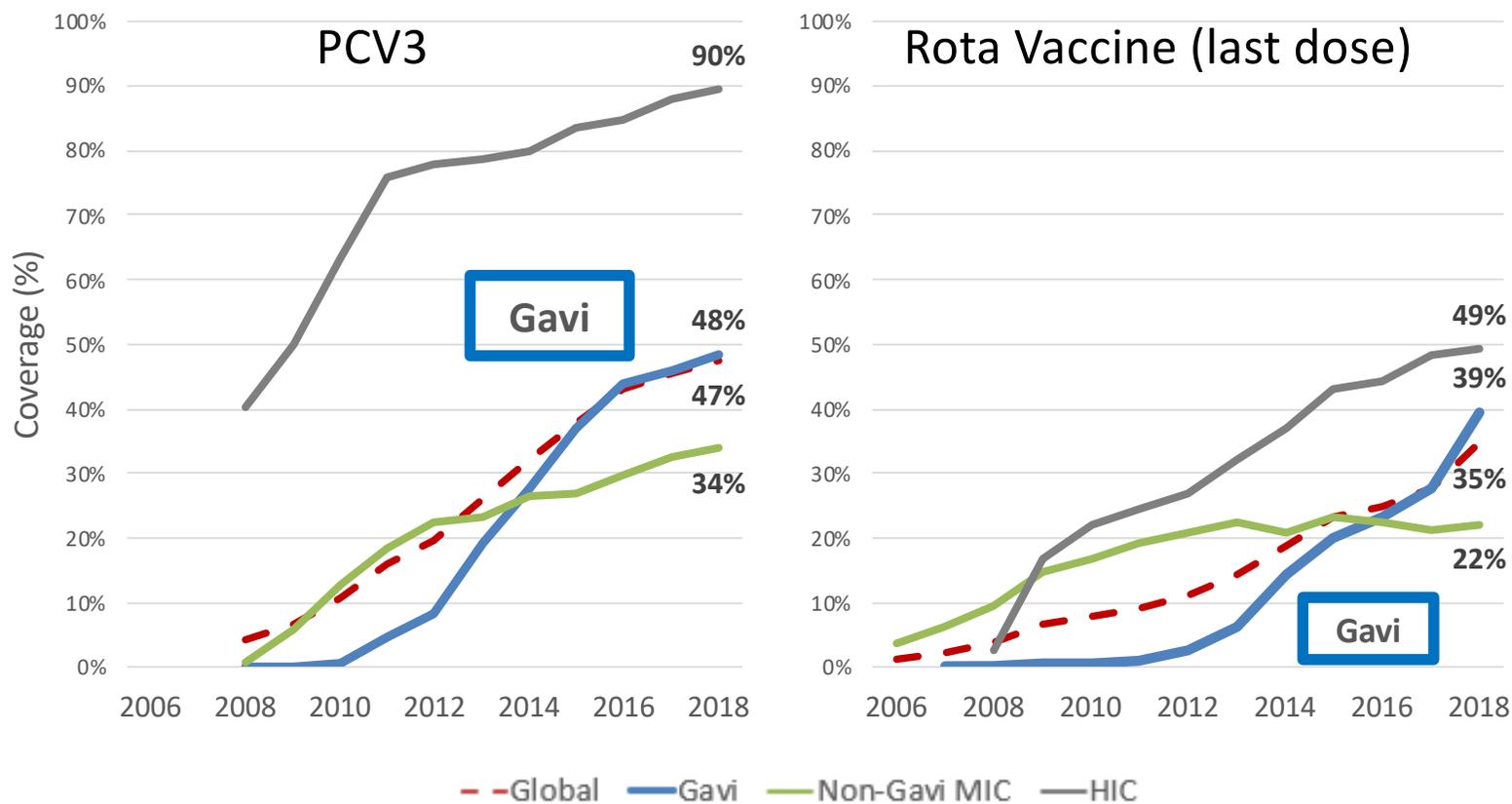
- SAGE recommends that all countries should **temporarily postpone implementation of HPV vaccination strategies that are gender-neutral, for older age groups (>15 years), or for multi-age cohorts**
- Countries may **consider alternative strategies** to ensure that girls receive two doses of HPV vaccine 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



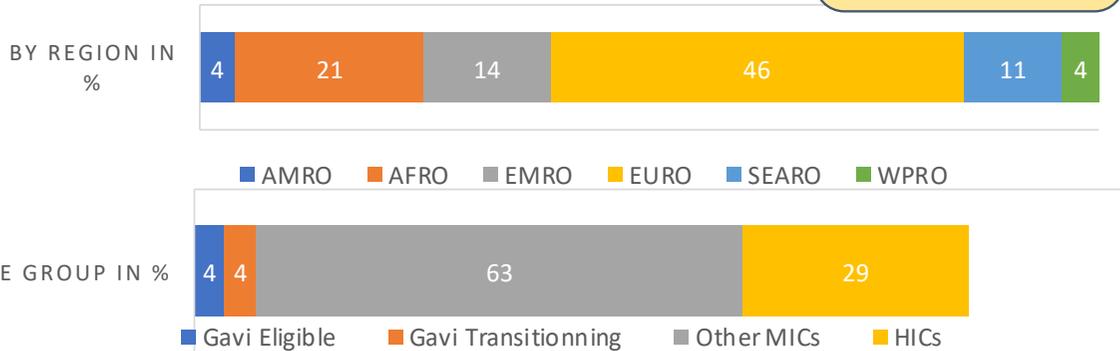
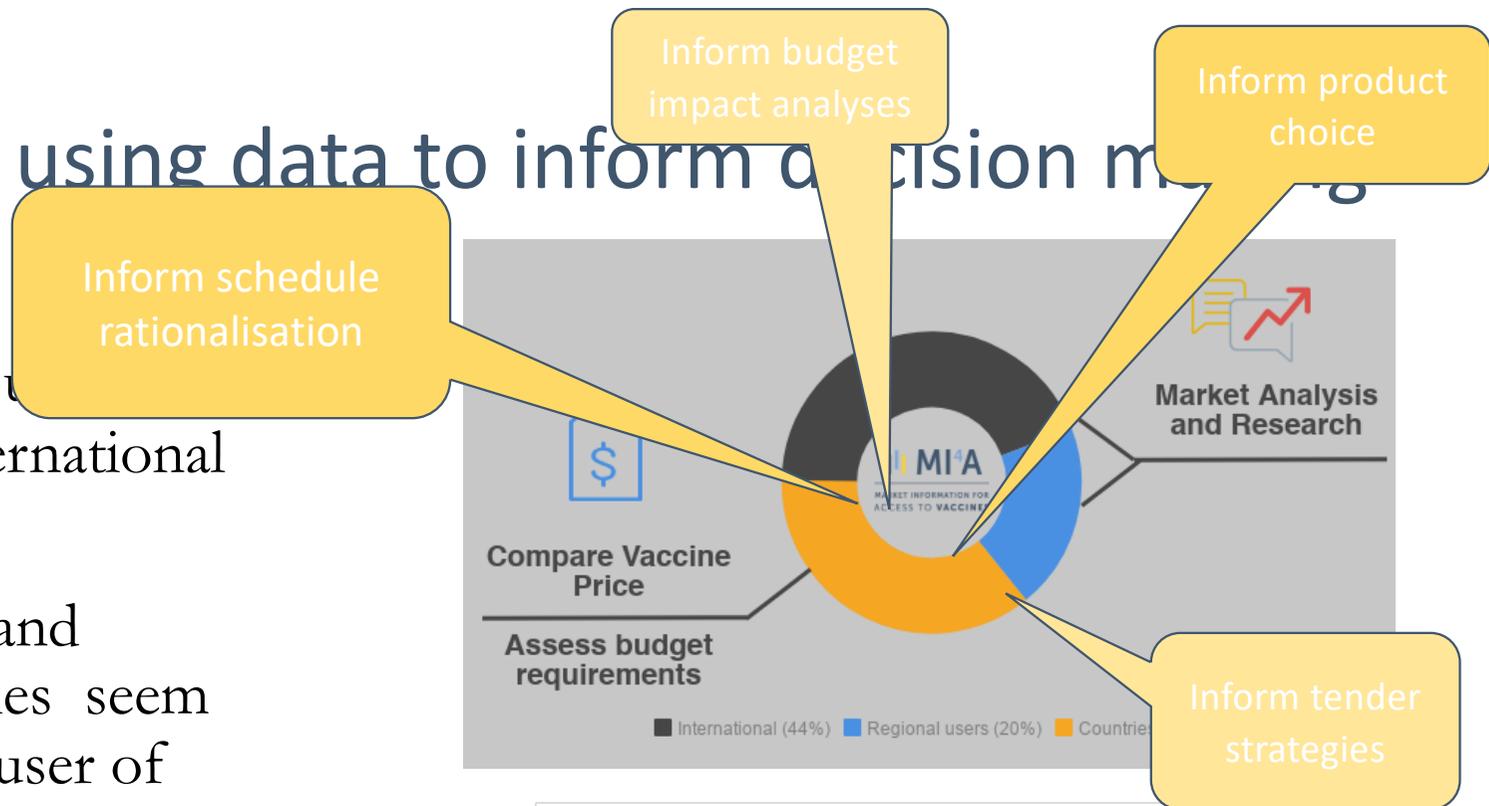
## Progress for newer vaccine uptake and MIC inequity

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



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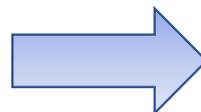
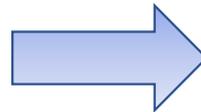
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# WHO website displays selected information in respect of confidentiality

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



## MI4A: Market Information for Access to Vaccines



MARKET INFORMATION FOR  
ACCESS TO **VACCINES**

↓ MI4A project overview  
pdf, 630kb

Building on existing efforts, MI4A provides a global perspective on vaccine markets, responding to WHA Resolutions and WHO SAGE requests for action. In particular, MI4A aims to identify and address affordability and shortage issues for self-funding and self-procuring countries that are mostly excluded from international support. MI4A leverages the success of the **WHO Vaccine Product, Price and Procurement (V3P)** project.



### Vaccine Purchase Data

The price database contains information on vaccine prices and procurement modalities as reported by participating countries and partners, including PAHO revolving fund and UNICEF.



### Market Studies

MI4A produces a range of market analyses and vaccine-specific reports. These aim to strengthen understanding of global vaccine supply-demand dynamics, identifying affordability and shortage risks.



### Middle Income Countries

Middle-income countries (MICs) face the greatest challenge of ensuring sustainable access to vaccine supply, given their limited external assistance and national resources.

# Vaccine Purchase Data



## Vaccine Purchase Data

The price database contains information on vaccine prices and procurement modalities as reported by participating countries and partners, including PAHO revolving fund and UNICEF.

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

## MI4A: Vaccine Purchase Data



Access the MI4A database here

↓ [MI4A/V3P vaccine purchase database](#)  
xlsx, 4.73Mb



## MARKET INFORMATION FOR ACCESS TO VACCINES

The MI4A/V3P vaccine purchase database contains information on vaccine prices, volumes, manufacturers, procurement modalities, contract length and more as reported by over 150 countries.

### How to use the MI4A database

↓ [MI4A database instructions for users](#)  
pdf, 271kb

### Interpreting MI4A / V3P data

↓ [How to interpret the data: factors to consider when comparing vaccine price data](#)  
pdf, 4.49Mb

# Market Studies



## Market Studies

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

- Vaccine specific market studies
- And cross-vaccine market dynamics



## Global Vaccine Market Report

### Executive Summary

In response to repeated calls from WHO Member States, WHO launched the Market Information for Access to Vaccines (MI4A) initiative to enhance vaccine market transparency and understand global vaccine market dynamics.

This report provides a snapshot of the **global vaccine market** covering all vaccines and countries, complementing existing resources focused on specific market segments (see *Annex 1*). The report is divided into five sections: 1. vaccine market transparency, 2. global vaccine market value and volume, 3. vaccine products, 4. vaccine procurement and 5. vaccine price.

Key findings:

- **Vaccine market transparency** has tripled since 2016, as country reporting increased from 51 to 151 countries in 2018. MI4A data now covers almost all self-procuring MICs and engagement from HICs has improved
- Innovator vaccines, such as PCV, continue to drive **global market value** while Diphtheria and Tetanus (D&T)-containing vaccines comprise the largest share of **global volumes**
- **Products** from DCVMs comprise the majority share of volumes procured
- Countries are primarily **self-procuring** vaccines, with 60% of volumes reported to be self-procured. MICs represent 91% of self-procured volumes
- Self-procuring MICs pay at least double the PAHO RF **price** for more than one-third of vaccines
- A richer data set allows this report to further analyze **factors associated with price** for self-procuring countries – volumes procured, income, and contract length:
  - » An increase of one million doses procured is associated with a 1.7% decrease in vaccine price
  - » Every \$1,000 increase in GNI per capita is associated with a 5.5% increase in vaccine price
  - » Contract length shows no significant relationship with price

These findings can continue to inform dialogue on access in context of WHO's work on Fair Pricing of Medicines.<sup>1</sup>

For further information, please contact [MI4A@who.int](mailto:MI4A@who.int).



### Overview of MI4A

MI4A (Market Information for Access to Vaccines), a World Health Organization (WHO) initiative launched in January 2018, aims to:

- Enhance the understanding of global vaccine demand, supply and pricing dynamics and identify affordability and shortage risks;
- Convene all relevant global health partners to contribute to the development of policies, strategies and guidance to address identified risks;
- Strengthen national and regional capacity for improved access to vaccines supply.

MI4A focuses, in particular, on addressing the needs of self-procuring countries that experience limited benefit from international support.

The initiative builds on the success of the WHO Vaccine Product, Price and Procurement (V3P) project and responds to calls for action from WHO Member States and the Strategic Advisory Group of Experts on Immunization (SAGE) to address vaccine market information gaps.

More information and reports available:

<http://who.int/immunization/MI4A>

# Middle Income Countries

## Vaccine Pricing: Gavi Fully Self-financing & Accelerated Transition Countries



### Middle Income Countries

Middle-income countries (MICs) face the greatest challenge of ensuring sustainable access to vaccine supply, given their limited external assistance and national resources.

- 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

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<sup>1</sup>, and 16 countries have transitioned out of Gavi support<sup>2</sup>. 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)<sup>3</sup>

# Moving forward

Where will our efforts focus?



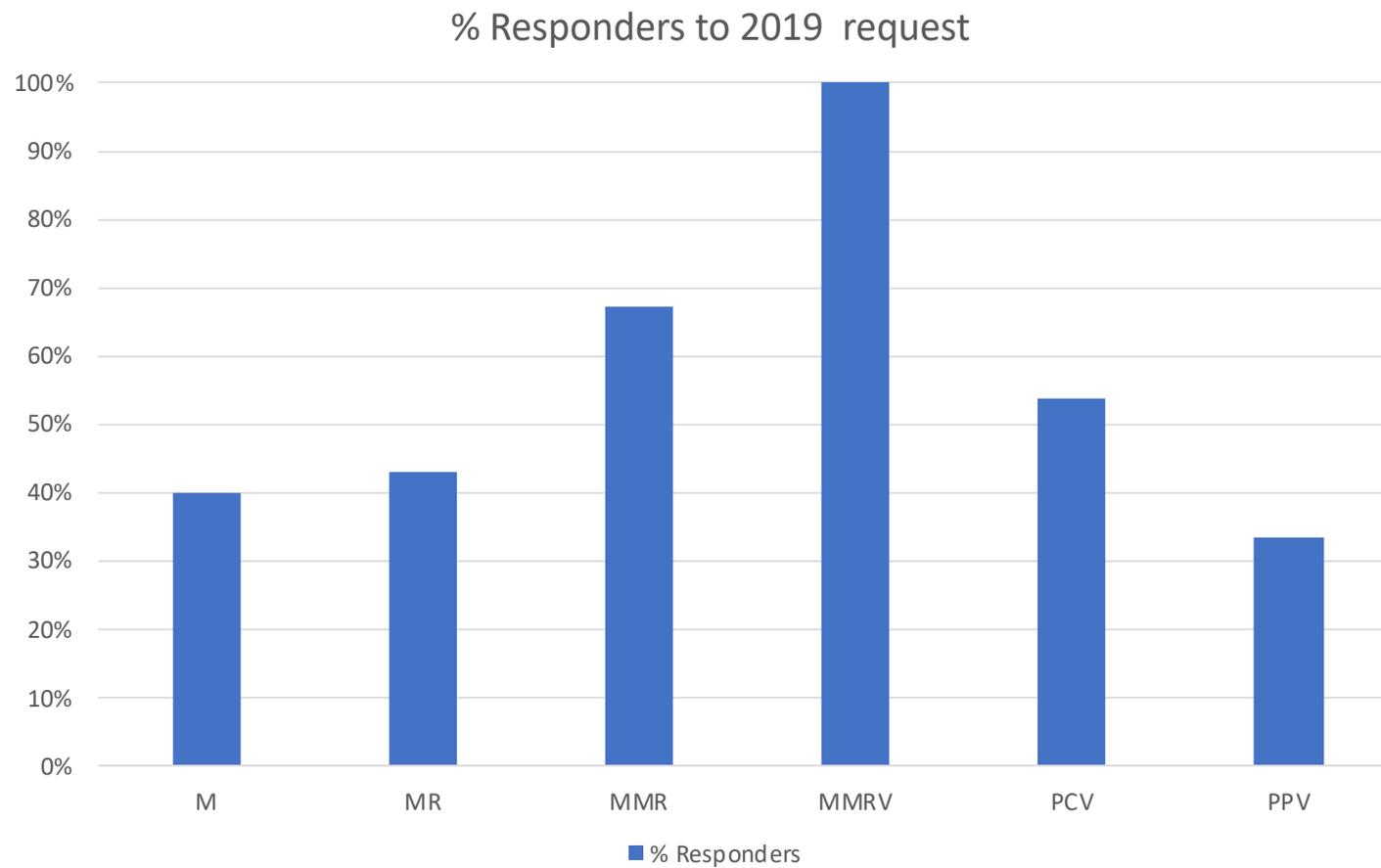
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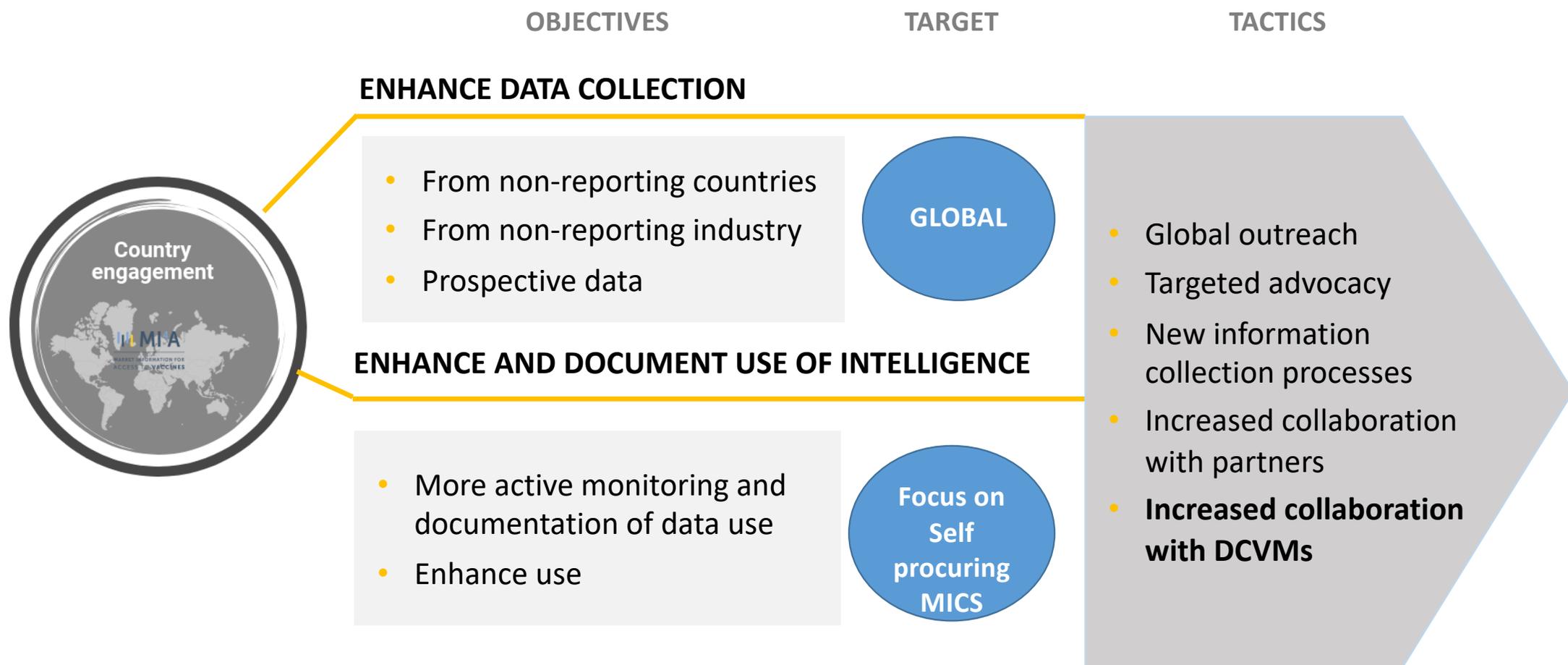
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# Missing data from manufacturers limits understanding of global market dynamics



# Priorities for WHO market intelligence work



Thank you!



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