Humanitarian Mechanism for Access to Affordable Vaccines

Vaccine Industry Consultation
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Establishment of Humanitarian Mechanism

Launched by WHO, UNICEF, MSF, Save the Children on 1 May 2017
Following June 2016 meeting co-organised by MSF and WHO to address key barrier of obtaining affordable vaccines in humanitarian emergencies in timely manner

Main aim: Facilitate timely access to affordable supply for entities such CSOs, Governments or UN Agencies who procure on behalf of populations facing humanitarian emergencies

Current offers are for PCV vaccine from GSK and Pfizer at approximately US$ 3 per dose
Principles

• Ensure timely and affordable access to vaccine supply for humanitarian emergencies

• Align with WHO’s guidance: ‘Vaccination in acute humanitarian emergencies: A framework for decision making’

• Enhance granting of lowest price to procuring entity while avoiding interference with commercial strategy of companies

• Enable any entity with procurement capacity to purchase vaccines directly from the manufacturer for speed and efficiency

• Promote information and transparency of manufacturers’ price offers for humanitarian emergencies and predictability of process
Key Features of the Humanitarian Mechanism

• Promotion of manufacturer supply commitments; price offers made publicly are recorded and published, including their terms and conditions as indicated by suppliers
• Management & coordination of requests: no duplication; rapid notification to all parties
• Request for access to supply is submitted to Verification Body at WHO: coordinated through WHE; collaboration between WHE and IVB
• Procurement: directly with manufacturer or through UNICEF SD
• Annual monitoring of supply offers’ use
Overview of Requests

- 32 requests for a total of 856,000 doses
- Eight countries/emergency situations supplied
- 68% of doses going to non-GAVI, non-PAHO middle income (Algeria, Greece, Lebanon, Syria)
- Total population targeted: 740,000
Analysis of 32 requests
• 14 in 2017, 8 in 2018, 10 in 2019 (so far)
• Large majority of requests are submitted by MSF (over 80%)

Equal split between PCV10 and PCV13
• 16 requests for PCV 10 (GSK)
• 16 requests for PCV13 (Pfizer)

Timeliness
• Median time to from request to approval: 2 days
• 1 delay over Christmas (25 days)
Analysis of 2017 and 2018 Reports

Implementation
(14 reports available from MSF)

- 5 countries
- Non-vaccination mainly due to security or logistic issues (cold chain failure)
- Some un-used doses still in MSF stock available for use

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<thead>
<tr>
<th></th>
<th>2017</th>
<th>2018</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Doses Requested</td>
<td>296,002</td>
<td>38,400</td>
<td><strong>334,402</strong></td>
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<tr>
<td>Doses used</td>
<td>176,115</td>
<td>20,956</td>
<td>197,071</td>
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Figure. Doses procured and used per country (14 reports)
Lessons Learnt to Date

Does the mechanism meet its aim?

• Demonstrated success in rapid and predictable access to PCV in humanitarian emergencies and direct procurement for CSOs
• Granted transparent and low price to countries and populations beyond Gavi, while avoiding interference with commercial strategy of companies
• Management & coordination of requests: rapid notification / approval
• Collected important information on demand for vaccines in emergency and related challenges

BUT

• Need to further promote use beyond MSF & UNICEF
• Need to further promote supply offers beyond PCV
• How can we provide access also to Governments?
Way Forward

**Supply - expand the vaccines available**
- The current priority vaccines are Typhoid and Rotavirus vaccines
- Focus is on prequalified vaccines
- Information letter going out to specific manufacturers of prequalified vaccines and to DCVMN and IFPMA

**Demand:**
- Strengthen demand quantification for PCV, Rotavirus and Typhoid vaccines through implementation partners
- Increase range of CSOs requesting vaccines from the mechanism – information letter going out to humanitarian/emergency organisations
Thank you