Access to affordable vaccines in Emergency and Humanitarian Response
June 20, 2016
Objectives

- To provide an overview of UNICEF vaccine response to health emergencies
- Obstacles to access affordable vaccines
- Considerations for UNICEF and UNICEF’s role in response to humanitarian crisis: access to vaccine
Use of Vaccines for Emergency and Outbreak response

- **Measles and MR**
  - 72 Hours
  - 1M doses Measles and 100K doses MR

- **Oral Cholera**
  - 96 Hours
  - LTA with 2 components: Preventive Campaigns and Emergency/Outbreak response

- **Yellow Fever**
  - 72 Hours
  - LTA with 2 components: Routine and Emergency/Outbreak response

- **Meningococcal A, C and W containing vaccines**
  - 72 Hours
  - LTA with 2 components: Routine and Emergency/Outbreak response

- **Oral Polio Vaccine** – sufficient availability to respond to outbreaks
  - IPV – recommended use in outbreak response
  - mOPV stockpile - Switch

- **ILO**
  - 72 Hours

- **GPEI**
Considerations to access vaccines in emergencies

Availability of quality assured vaccines:
• UNICEF procures WHO prequalified vaccine
• If there is limited or no supply of prequalified vaccine, UNICEF has established criteria to ensure the quality of the product including:
  – The manufacturer must be WHO pre-qualified for supply of at least one other vaccine.
  – The vaccine must be licensed by the NRA in the country of origin, and this NRA must be functional (as assessed by WHO/RSS)
  – The vaccine must be registered in at least two additional countries with functional NRAs (as assessed by WHO/RSS).
• In emergency situation where there are no options that meet the criteria, we will procure with the approval of the recipient country and WHO endorsement

Product registration in country:
• Approval is required by country to permit the vaccine into country if there are no other options available; we must respect the NRAs; support from WHO if/as needed

No available vaccine in the market:
• Limited supply/supply constrained vaccines are managed by the ICG; this is not the case with OPV/Measles
• Stockpiling vaccine to ensure there is timely availability of vaccines, taking into consideration global market for vaccine and lead-times for production

Timely Supply of vaccine to respond to outbreaks:
• Stockpiling vaccines or our long term arrangement (LTAs) improve the availability of vaccines required for timely response;
• Forecasting needs will assist us to develop contractual agreements with suppliers or terms sheets for donations of vaccines in support of emergency use)
• Forecasting accuracy and contracting help to achieve affordable prices for vaccines
Requests for access to vaccines through UNICEF

Requests for vaccines to respond to humanitarian crises have been limited to PCV

During Q4 2015 and Q1 2016, SD received the following requests:

### Q4 2015 / Q1 2016

<table>
<thead>
<tr>
<th>Requester</th>
<th>Affected population</th>
<th>Case</th>
<th>Target population</th>
<th>Vaccination Schedule / doses</th>
<th>12 Months need (doses)</th>
<th>Wastage rate (5%)</th>
<th>Buffer stock (25%)</th>
<th>Total Doses (buffer + wastage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tanzania CO</td>
<td>Burundian</td>
<td>Refugees</td>
<td>10,000</td>
<td>3</td>
<td>30,000</td>
<td>1,500</td>
<td>7,875</td>
<td>39,375</td>
</tr>
<tr>
<td>Rwanda CO</td>
<td>Burundian</td>
<td>Refugees</td>
<td>3,746</td>
<td>3</td>
<td>11,238</td>
<td>562</td>
<td>2,950</td>
<td>14,750</td>
</tr>
<tr>
<td>UNICEF RO - MENA</td>
<td>Sudanese</td>
<td>Population in rebel controlled areas</td>
<td>10,000</td>
<td>3</td>
<td>30,000</td>
<td>1,500</td>
<td>7,875</td>
<td>39,375</td>
</tr>
<tr>
<td>Lebanon CO (*)</td>
<td>Syrian</td>
<td>Refugees</td>
<td>10,000</td>
<td>3</td>
<td>30,000</td>
<td>1,500</td>
<td>7,875</td>
<td>39,375</td>
</tr>
<tr>
<td></td>
<td>Palestinian</td>
<td>Refugees</td>
<td>6,000</td>
<td>3</td>
<td>18,000</td>
<td>900</td>
<td>4,725</td>
<td>23,625</td>
</tr>
<tr>
<td>UNICEF RO - CEE/CIS</td>
<td>Several origins</td>
<td>Migrants / Refugees</td>
<td></td>
<td>3</td>
<td>10,000</td>
<td>500</td>
<td>2,625</td>
<td>13,125</td>
</tr>
</tbody>
</table>

**PROJECTIONS (KNOWN)**

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* PROJECTIONS (KNOWN)
Mapping: Access to PCV in Humanitarian Emergency

Within / Towards a Gavi supported country
- AMC prices are accessible to Gvt and CSOs
  - Process needs to be simplified and better understood by manufacturers

Within / Towards countries with a PCV program
- National or reference prices applicable
  - Expensive to UN and NGOs providing support / funding
  - Legal / contractual barriers from manufacturers
  - Lack of a widely applicable framework

Within / Towards countries without a PCV program
- Reference prices applicable?
  - Expensive to UN and NGOs providing support / funding
  - Legal / contractual barriers from manufacturers
  - Lack of a widely applicable framework
  - Resistance from host governments (?)
Considerations for UNICEF and UNICEF’s role in response to humanitarian crisis

- UNICEF is committed to providing quality assured, affordable vaccines for children, and recognizes the inequity in the access to affordable vaccine, including countries that are not Gavi-eligible.

- UNICEF further recognizes that acceptance of donations of vaccines is not a sustainable measure to ensure children have access to affordable vaccines, and may in fact inhibit the ability to secure this goal.

- UNICEF, in all negotiations with manufacturers, including those concerning donation of vaccines, will continue to pursue opportunities to increase access to affordable vaccine.

- UNICEF, in collaboration with WHO, will pursue a mechanism that may be used to access pneumococcal vaccine for response to humanitarian emergencies.

- UNICEF will share the proposed Terms and Conditions for acceptance of donations of PCV with MSF for their feedback and input as it is anticipated that they will be accessing supply from the stockpile.
Thank You
Global Emergency activities

59 countries & territories

Type of response in 2014

- **77** Natural disasters (hydro-meteorological)
- **25** Natural disasters (geo-physical)
- **68** Socio-political crisis (acute economic crisis, conflict/civil unrest, human rights crisis)
- **96** Health crisis (acute nutritional crisis, epidemic, influenza, human pandemic)
- **28** Other humanitarian situations

**RESPONDED TO**

294 HUMANITARIAN SITUATIONS
Recent examples 2015

Nepal earthquakes: UNICEF emergency supply routes & response

- Supplies delivered: 1,275 MT
- Procurement value: $24.5M

Key supplies:
- 856 tents for clinic, schools and child-friendly spaces
- 30,160 tarpsauls (785,000 m2)
- 760 emergency health kits
- 571 health kits
- 1,080 misterfly kits
- 375,285 packs of vaccines (1 vial = 10 doses)
- 50 diarrhoeal disease kits
- 3,509 family hygiene and dignity kits
- 1,000 water and sanitation kits
- 12.2 million water purification tablets
- 196 water tanks
- 9,322 early childhood development kits
- 199,646 school kits
- 5,714 recreation kits
- 12,371 cartons of ready-to-use therapeutic food (RUTF)

Life-saving supplies to Ebola-affected countries

UNICEF has supplied 7,994 MT of supplies to Guinea, Liberia and Sierra Leone

- Guinea: 3,711 MT by air
- Liberia: 4,223 MT by sea
- Sierra Leone: 9,231 MT

#Backtoschool
All schools reopen. UNICEF and partners are helping create a safe environment for children to stay healthy and learn. UNICEF activities include hygiene kits, Wash boxes to prevent the spread of infection, and thermometers to check early warning signs of fever.
Moving forward

Majority of vaccines to be considered for Emergency Response

Traditional approach or historical trends: no longer valid approach

Decision Making Framework including 3 steps:

1) an assessment of the epidemiological risk posed by each potentially important VPD within a given context;
2) a consideration of the properties of each vaccine to be taken into account for the intervention;
3) prioritization of the importance of vaccination in relation to other urgent public-health interventions