

Webinar Series: The Role of Vaccination in Maintaining Health and the Economy During Pandemics

Financing Life-Course Immunization for COVID-19 Response & Beyond

6 May 2021 20:00 (Washington, DC)

7 May 2021 9:00 (Singapore)

13:00 (Auckland)



Anupama Tantri
Executive Director of Vaccine Policy Development
MSD



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Dr. Chunhuei ChiProfessor
Oregon State University

Mobilizing Resources to Enable Urgent COVID-19 Mass Vaccination

A Presentation at APEC's

Life Sciences Innovation Forum
Financing Life-Course Immunization for COVID-19
Response & Beyond
Webinar

May 7th, 2021

Chunhuei Chi, MPH, Sc.D.

Director, Center for Global Health
Professor, Global Health Program
Professor, Health Management & Policy Program
College of Public Health and Human Sciences
Oregon State University





Key Questions

- 1. What steps are needed to mobilize resources to enable urgent COVID-19 mass vaccination?
- 2. What types of needs must emergency vaccination funding cover (e.g., more vaccinators, training, communication campaigns, data and tracking systems, new vaccination sites)?

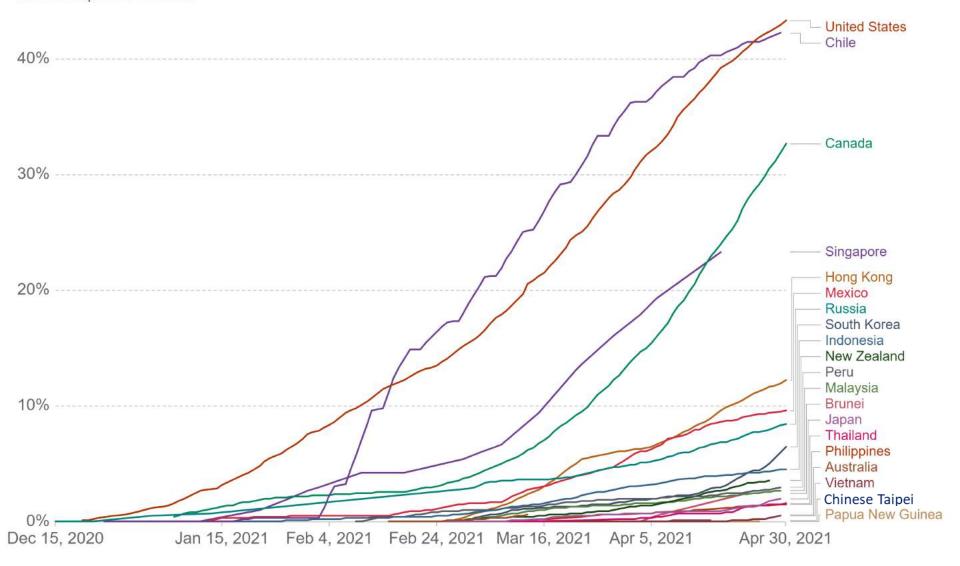




Share of people who received at least one dose of COVID-19 vaccine



Share of the total population that received at least one vaccine dose. This may not equal the share that are fully vaccinated if the vaccine requires two doses.



Source: Official data collated by Our World in Data

CC BY

PROCUREMENT



DELIVERY

AVAILABILITY



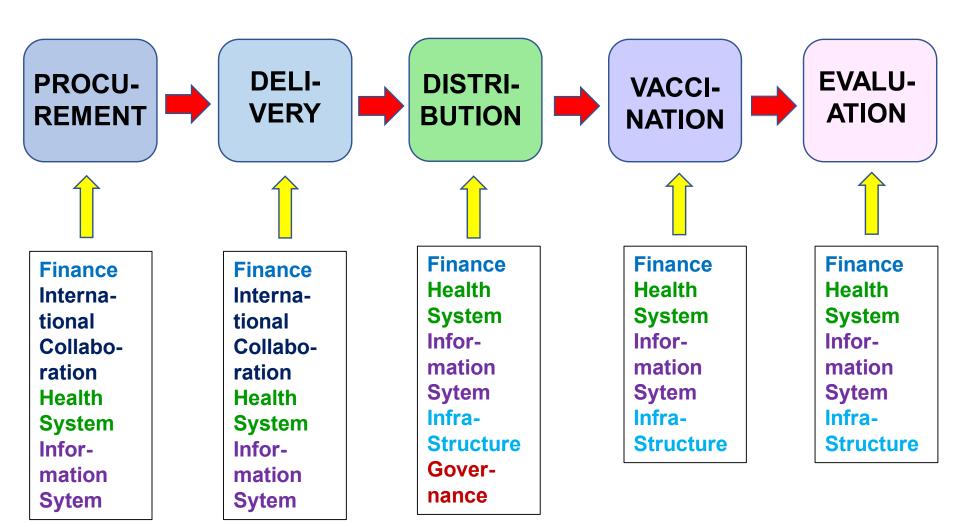
ACCESBILITY

VACCINATION

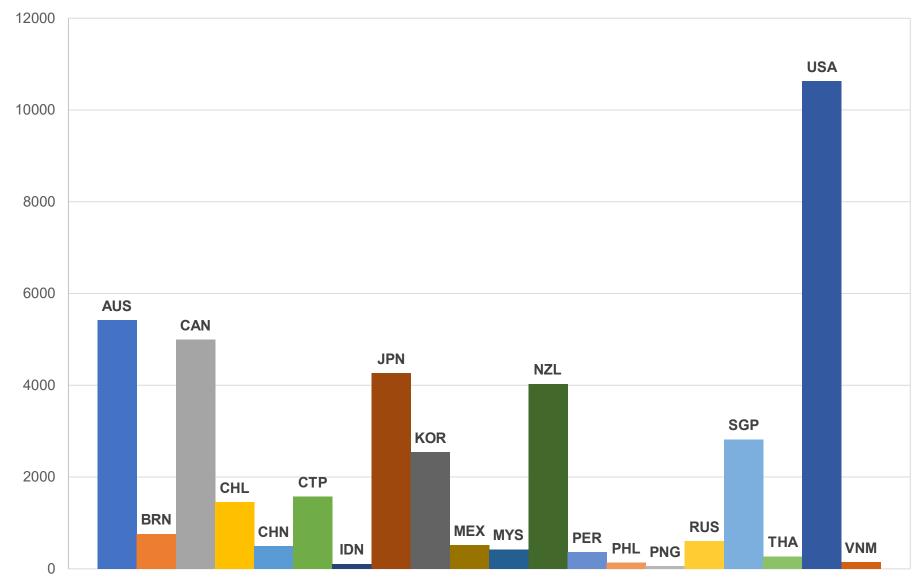


PROTECTION

Mass Vaccination and Resource Mobilization



APEC Economies' Per Capita HC Expenditure, PPP USD, 2018



Data Source: World Bank, 2021

 $https:/\!/data.worldbank.org/indicator/SH.XPD.CHEX.PC.CD\ ,$

Financing Source for COVID-19 Vaccination

Domestic

- MOH Fiscal
- MOH Emergency
- MOF/MOE Emergency
- Extra-Budgetary Mechanism
- Trust Funds and Bonds
- In-kind Resources

External

- ADB
- World Bank
- COVAX
- Bilateral
- Multilateral
- Grants and Loans
- Bonds

Planning for the Future

- 1. An opportunity to strengthen health system and infrastructure beyond the pandemic
- 2. Contextualization of resource mobilization and financing
- 3. Vaccination to improve, rather to exacerbate social and health inequity
- 4. Collaboration within and beyond APEC



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Dr. Mursaleena IslamProgram Director
Thinkwell



How can we ensure adequate financing for routine immunization in the context of COVID-19?

Mursaleena Islam, Ph.D. | APEC Webinar | May 2021

Securing the resources for routine immunization and COVID-19 priorities requires robust, contextually-relevant, and actionable economic evidence

Drawing on Relevant Case Studies

- How much does it cost to deliver routine immunization in the COVID-19 context?
- What is the cost of delivering COVID vaccines?
- How much financing is available for routine immunization?

Case Study



How much does it cost to deliver routine immunization in the COVID-19 context?

Background: COVID precautions including masks, gloves and other infection control measures were anticipated to increase the cost of delivering routine immunization services, though decision makers had little evidence on the likely scale or main drivers of such costs











Working across 8
countries, we set
out to assess the
incremental
additional costs of
delivery

Analyzed historical immunization expenditure data for each country to establish 'baseline'

Built a unit-cost database for key commodities from sources including the UNICEF Supply Catalogue

Developed a

dynamic model to

project delivery

costs across three

implementation

scenarios

Results and Impact: Our projections showed that the costs of delivering routine immunizations by outreach could increase by 20-129%. These data are now used by national governments and development partners to better anticipate and advocate for additional budget needs

References: [1] ThinkWell. 2020. [Report] The cost of routine immunization outreach in the context of COVID-19: estimates from Tanzania and Indonesia; [2] ThinkWell. 2020. [Report] Immunization campaigns during the COVID-19 pandemic. A rapid analysis of the additional operational cost.

Case Study



What is the cost of delivering COVID vaccines?

Background: COVAX member countries and donors required rapid evidence on the non-antigen delivery costs of COVID vaccines to better inform planning and advocacy efforts.



Goal: To determine
incremental
delivery costs for
COVID vaccines
across all 92 AMC
countries

Supported the
COVAX Costing
TWG to build and
test assumptions
on population
coverage and
scale-up strategies

Modelled costs at global/regional levels (tech) as well as at country level (transport, cold chain, etc.)

Developed robust estimates of costs per dose, costs per country as well as total costs across all AMC countries

Results and Impact: Country-level delivery costs amount **to US\$2.82 per fully vaccinated person**. The World Bank used these findings to conduct a fiscal space analysis to support resource allocation and prioritization.

Case Study



How much financing is available for routine immunization?

Background: The Indonesian Ministry of Health (IMoH) acted rapidly at the onset of the pandemic to reallocate funding from routine service delivery toward COVID response













Goal: To determine the impacts of COVID response reallocations on local-level budgets for routine immunization

Worked with

Government and
local-level
managers to
analyze pre- andpost pandemic
budgets

Cross-district
analysis of
financing
adjustment for
essential services
including routine
immunization

combined budget
analytics with
interviews with
service providers
to determine
qualitative impact
on services

Results and Impact: The budget for routine immunization declined across all districts assessed, through the magnitude of the decline varied. The combination of quantitative and qualitative outputs gave decision makers rich evidence to support budget advocacy efforts

Securing the resources for routine immunization and COVID-19 priorities requires robust, contextually-relevant, and actionable economic evidence

Evidence needs vary

Context is crucial

Dissemination is key

Economic and financial costing

Payer perspectives

Government counterparts

Cost-benefit analysis

Local expertise

Implementing partners

Investment cases

Laser focus on usability

Academic community



ThinkWell is an organization dedicated to improving the health and well-being of society as a means to achieve global prosperity. Since 2011, we have supported over 30 countries to achieve long-lasting improvements to their health systems.

Find out more at **thinkwell.global**

Contact speaker, Mursaleena Islam:





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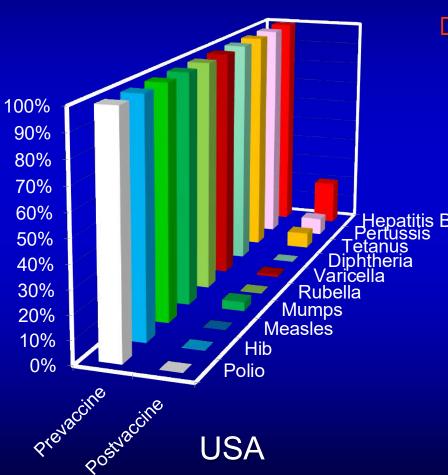
Dr. Ping-Ing LeeProfessor
National Taiwan University

Mobilizing Diverse & Sustainable Financing to Achieve Immunization Across the Life-Course

Ping-Ing Lee



The government should be responsible for promoting immunization

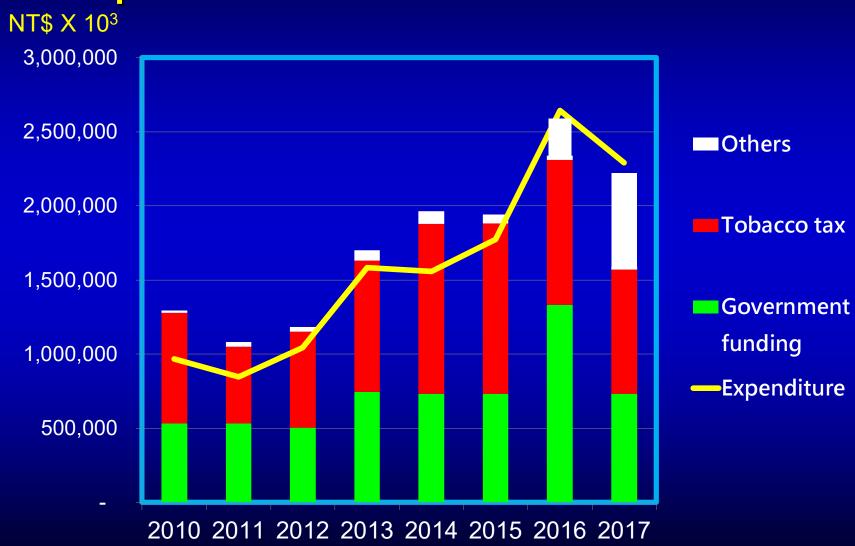


Constitutions

- 156: ... should adopt and execute policies to improve welfare of women and children
- 157: ...should promote preventive medicine



Source of funding for NIP program, Taipei





Health interventions in competition

Long-term care

Health insurance

Rare disease

Nutrition policy

Betel nut control

Hospital accreditation

Obesity prevention

Precision medicine

Drug control

Tabaco control

Cancer screening

HIV prevention

New technology

Health insurance

Border quarantine

Health screening

Age-friendly

TB control

Prenatal care

Infection control

Immunization

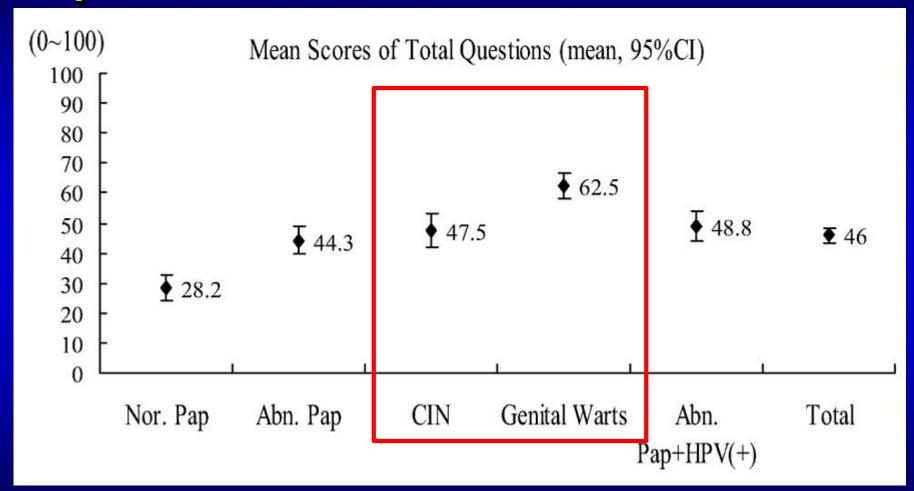


Cost-effectiveness analysis

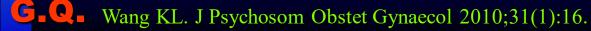
- Disability-adjusted life year (DALY):
 - Assessment of global burden of disease analysis
 - Combines years of life lost due to premature mortality and years of life lost due to time lived in states of less than full health.
- DALY averted (WHO)
 - < per capita GNI X 1 : very cost-effective</p>
 - □ Per capita GNI X 1-3: cost-effective
 - > Per capita GNI X 3: not cost-effective
- GDP of Taiwan (2007): \$29,800



Most cost-effective analyses ignored the impacts other than finance



Pap: papanicolaou smear; CIN: cervical intraepithelial neoplasia; HPV: human papilloma virus



Independent budget for immunization

Immunization Funds since 2010

Vaccine	['] 18	'19	'20	'21	'22	'23
Hepatitis A vaccine for children	0	0	0	0	0	0
Pneumococcal vaccine for ≥ 75 yrs		0	0	0	0	0
Pneumococcal vaccine for high-risk population		O	0	0	O	0
Hepatitis B immune globulin for neonates born to HBeAg(-) carrier mothers		0	0	0	0	0
Pneumococcal vaccine for ≥ 65 yrs			0	0	0	0
Rotavirus vaccine for infants			Low income	0	O	0
Pneumococcal vaccine for at-risk population					0	0
Hepatitis A vaccine for adolescents						0



Vaccine Funds since 2010, Taipei

Others: 1% **Government funding** Tobacco tax 53%



Vaccine donations GAVI, since 2000



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About Gavi, the Vaccine Alliance

French

Created in 2000, Gavi is an international organisation a global Vaccine Alliance, bringing together public and private sectors with the shared goal of creating equal access to new and underused vaccines for children living in the world's poorest countries.

Why invest in vaccines?



OF ANNUAL BIRTHS ARE IN **GAVI SUPPORTED COUNTRIES**

THE VACCINE MARKET

Value of vaccination

Gavi's partnership model

Global health and development



Gavi members include

Governing Gavi





How Gavi works



Vaccine donations UNICEF



WHO WE ARE

WHAT WE DO ~

WHERE WE WORK ~

PRESS CENTRE ~

STATISTICS

BLOGS

Who we are

UNICEF works for a world in which every child has a fair chance in life.

About UNICEF



From distributing lifesaving aid to children in the aftermath of World War II to fighting Ebola, UNICEF has been working for children for almost 70 years.

Our history

See how LINICEE works



Children need your help

Children worldwide need your help right now. Please donate what you can today.

DONATE NOW



UNICEF believes:

All children have a right to survive, thrive and fulfill their potential - to the benefit of a better world.

That means equal access to services and care that can make all the difference in children's lives. It means working to achieve gender fairness and equality. Read about UNICEF's gender action plan.

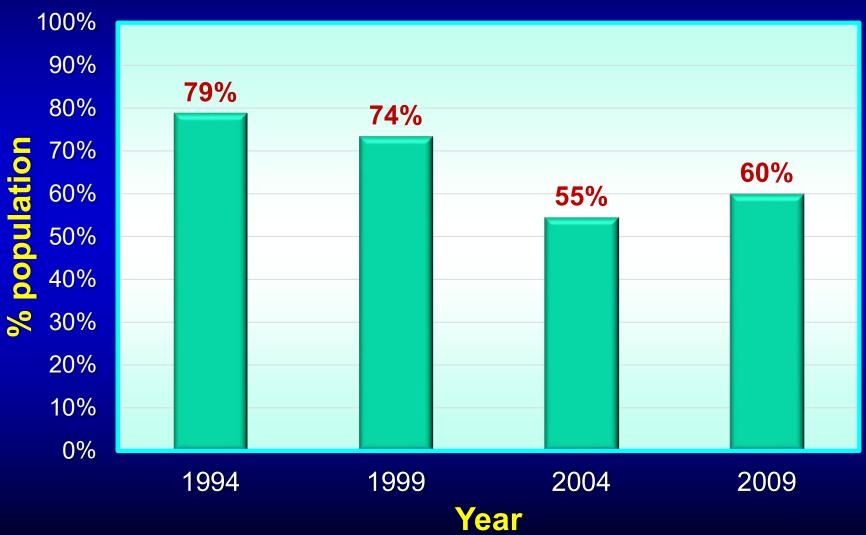
NT\$7.1 billion donated to a **University Biomedicine to Fight**

Cancer Central Agency, Oct 8, 2015





Religious giving, Taipei Questionnaire survey, 1994-2009





Awareness! Awareness! Awareness!

- Increased awareness of the importance of vaccine and vaccine-preventable disease:
 - Vaccine hesitancy
 - Vaccine acceptance
 - ↑ Vaccine donation
 - motivation of stakeholders to support vaccination program
- Measures to increase awareness:
 - Public education: starting from primary schools
 - Media education
 - Medical education
 - Continued medical education



Parents' attitude toward copayment for immunization N=1,560, TIVS, Taipei, 2014

家長對兒童疫苗政策態度民意調查記者會

Question:
How much will
you be willing to
pay for a vaccine
with a copayment
strategy?

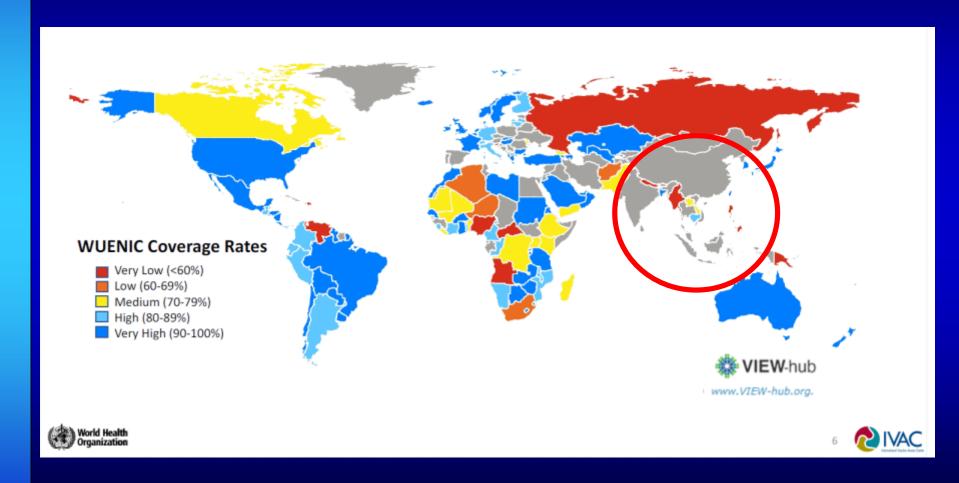




Areas with rotavirus vaccine in NIP N-81, May 1, 2016



Areas with pneumococcal conjugate vaccine in NIP SAGE, WHO, Oct. 18, 2017





Areas with human papillomavirus vaccine in NIP N=80, May, 2018, WHO





Joint Expert Forum for Prevention of Pneumococcal Diseases in Children in Asia





