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USAID MEDICINES, TECHNOLOGIES, AND PHARMACEUTICAL SERVICES (MTaPS) PROGRAM

Improved Access. Improved Services. Better Health Outcomes.

COVID-19 vaccine delivery insights from global surveys

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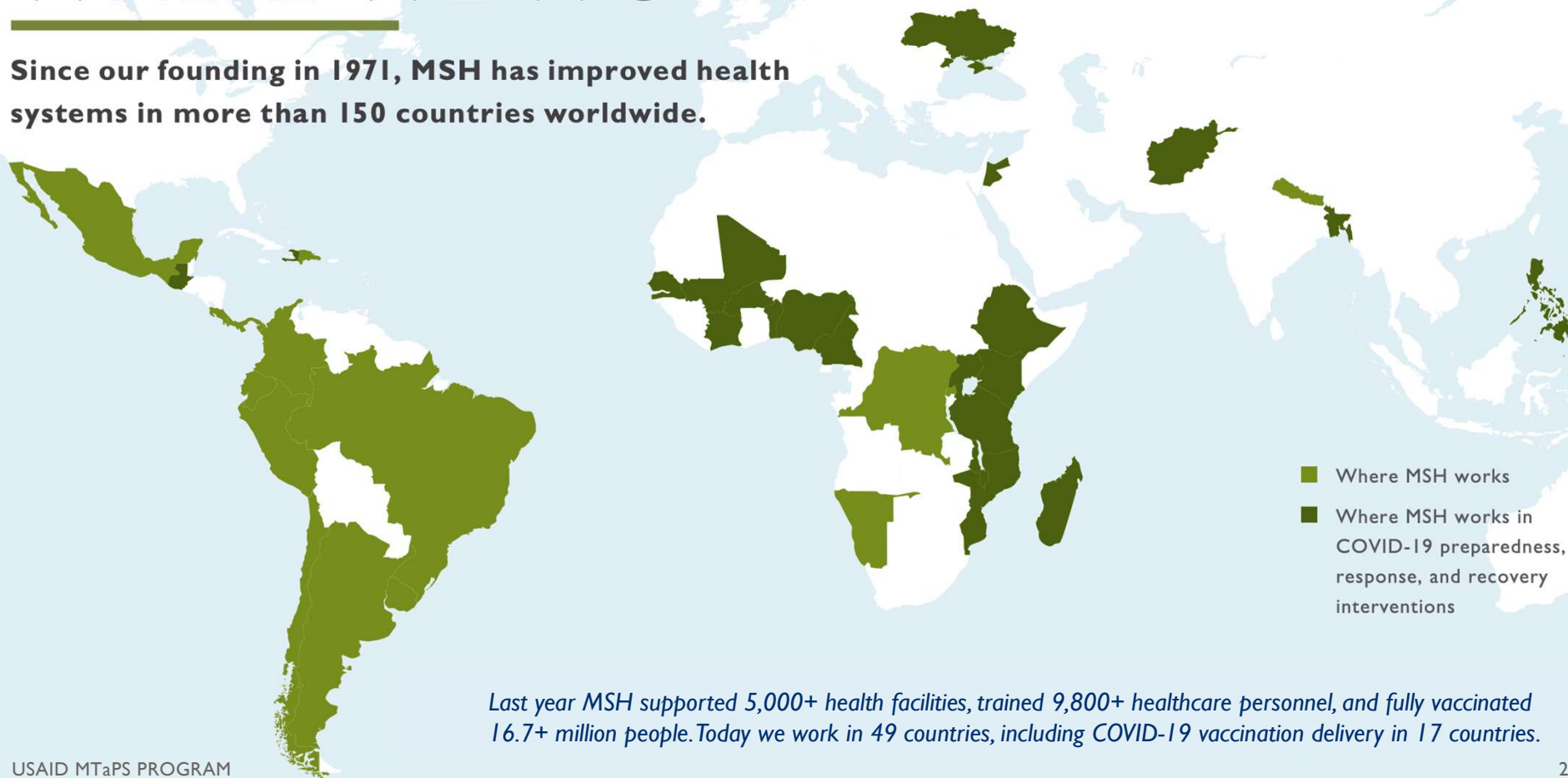
November 1, 2022



USAID
FROM THE AMERICAN PEOPLE

WHERE WE WORK

Since our founding in 1971, MSH has improved health systems in more than 150 countries worldwide.



The MTaPS COVID-19 Vaccination Costing work provides insights to the USAID Vaccine Access and Delivery Initiative (VADI) leadership



DESK REVIEWS



GLOBAL SURVEYS



BOTTOM UP
COSTING



COST MODELING



KNOWLEDGE
TRANSLATION

About our global surveys

Survey tool designed
to build on existing
data sets

Survey 1:
Nov 8 – Dec 3

Survey 2:
April 25 - May 13

Survey 1 Participation:
15 LMIC countries
(MSH offices)

Survey 2: from 21 LMIC
countries (MSH and
UNICEF offices)

MSH Survey Questions

- Survey areas included vaccine demand generation; vaccine delivery methods, vaccination supplies; booster doses, HR needs for vaccination and cold chain assessments. Sub-populations and other challenges were also surveyed in Survey 2.
- 51 MSH and UNICEF responses from 21 countries responded to the survey. They actively participate and supported or led planning, coordination, or directly involved in the rollout



Human Resources

- More countries hiring new staff
- Reliance on temporary workers and consultants
- High burden on HCWs



Vaccine Delivery

- Delivery methods adapt and change
- Traditional delivery inadequate
- Increasing use of campaigns and mass vaccination sites



Demand Generation

- Traditional and new strategies
- Financial incentives for community mobilizers
- Combating misinformation



Boosters

- Increasing offering of booster
- Lower priority for countries
- A focus on HCWs, seniors and people with comorbidities.



Cold Chain

- Increasing availability
- Significant gaps at the sub-national levels



Supplies

- Issues mostly resolved



Sub-populations

- Limited focus, in 'accessible' populations

Two aspects where the global survey helped inform the modeling efforts from the last iteration published in Jan 2022:



Human Resources

Large uncertainty on the extent existing staff can (or should) be reallocated to deliver C19 vaccinations. Huge implications on costs for HR surge

- | | | |
|------------------------|-------------------|------------------------------|
| • Protecting Fully | 0-5% reallocation | HR Surge 60.4% of total cost |
| • Protecting Partially | 5% reallocation | HR Surge 26% of total cost |
| • Balancing | 10% reallocation | HR Surge 9.7% of total cost |
| • Leveraging | 10% reallocation | HR Surge 14.6% of total cost |



Vaccine Delivery

Countries introducing new modalities -- but not fully captured in the previous analyses. Outreach, for instance, are more resource intensive.

- Protecting Fully, Protecting Partially, Balancing, (50% Fixed, 50% Outreach)
- Leveraging (85% Fixed, 15% outreach)



Human Resources

COVDP model assumes countries reallocate 5% labor towards C19 vaccination

Sources

- McKinsey Sprint: CVIC, MTaPS first survey, Country Discussions, CDS (20 countries)
- USAID/MTaPS second global survey (21 countries)

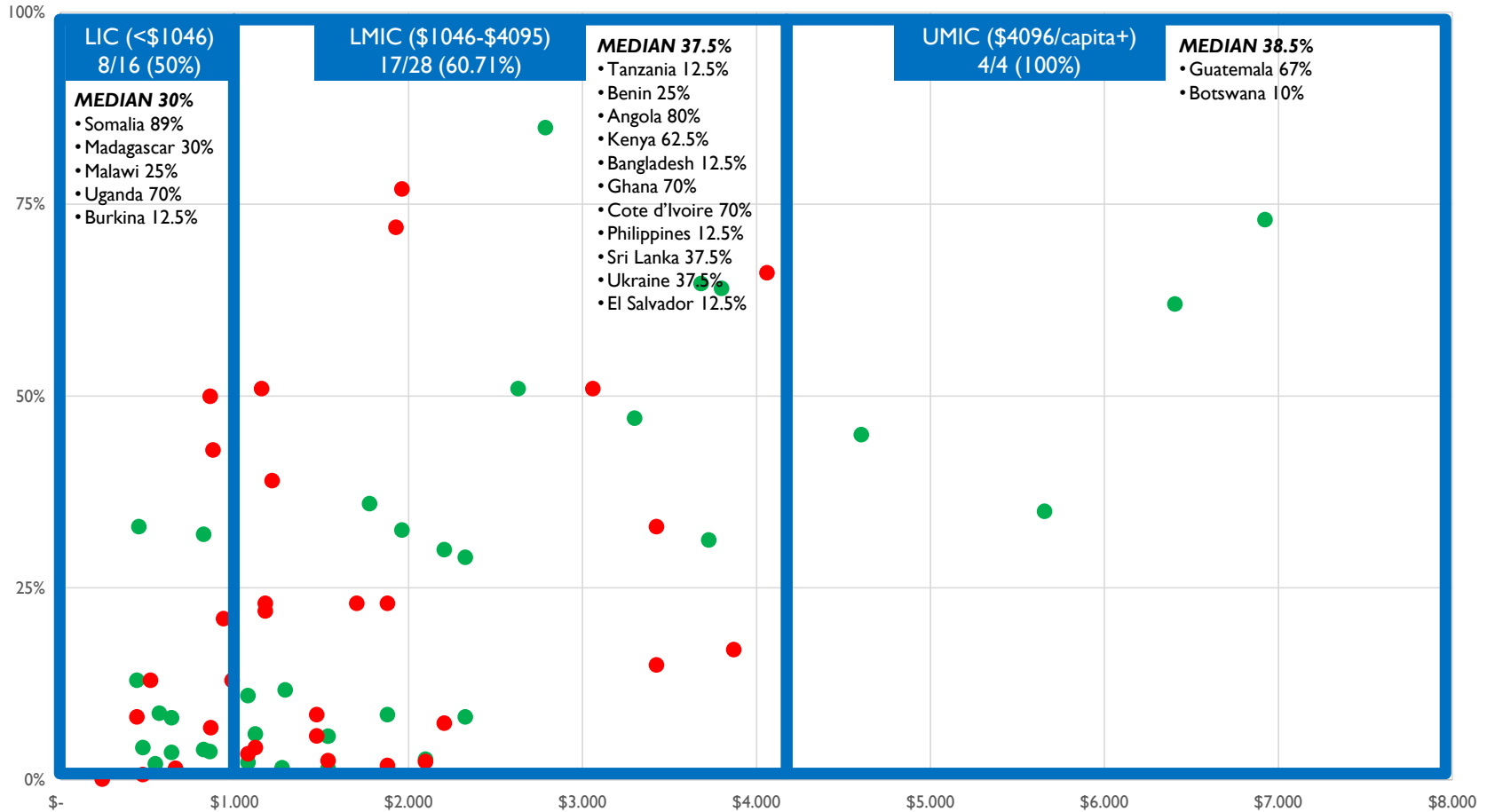
Survey findings

- No reallocation (0%) - 8 countries
- Some reallocation ($\leq 5\%$) - 6 countries
- Reallocation ($> 5\%$) - 13 countries
- Reallocation but unknown amount - 3 countries
- Unclear or conflicting info - 3 countries

*Median was 5% but data range widely.
More information is needed – exploring a third global survey*



Vaccine Delivery: Data on Mass Vaccination Sites



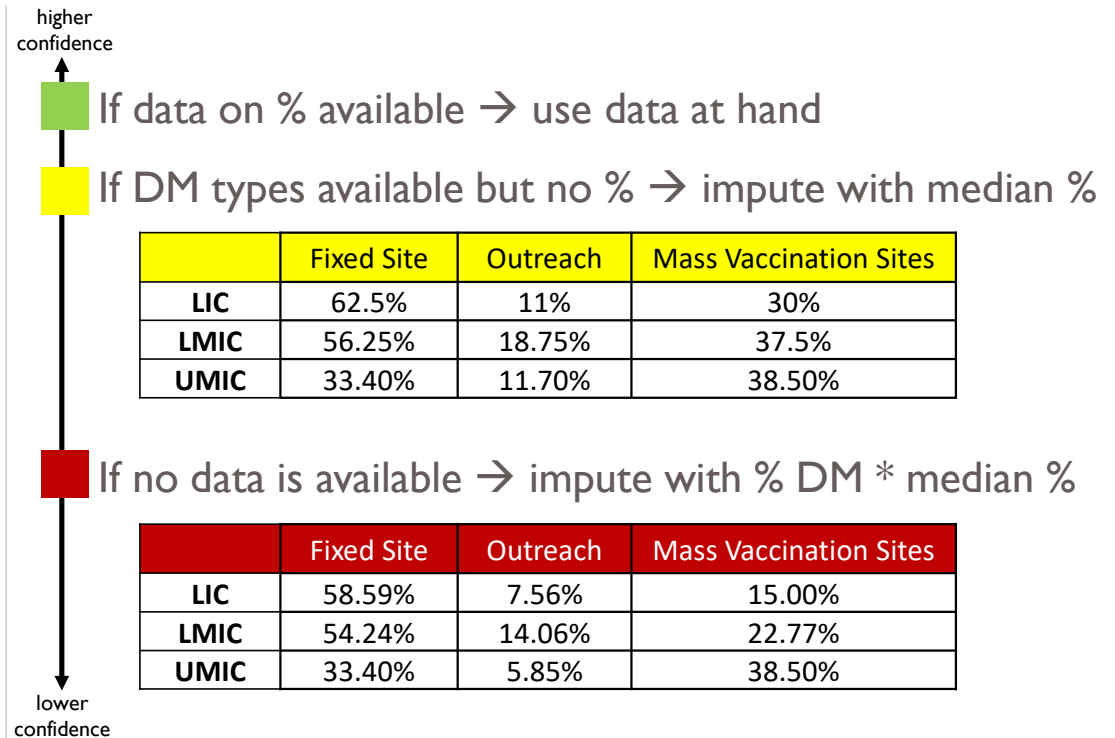


Vaccine Delivery

COVDP model assumes delivery modality split at 54% fixed site, 20% outreach, and 26% mass sites (varies by country)

Sources

- McKinsey Sprint / UNICEF triangulation / USAID MTaPS first global survey (16 countries)
- JSI/USAID M-RITE (9 countries)
- USAID/MTaPS second global survey (21 countries)
- UNICEF NVDP (24 countries)



Estimated will then be calibrated to 100%



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Thank you!

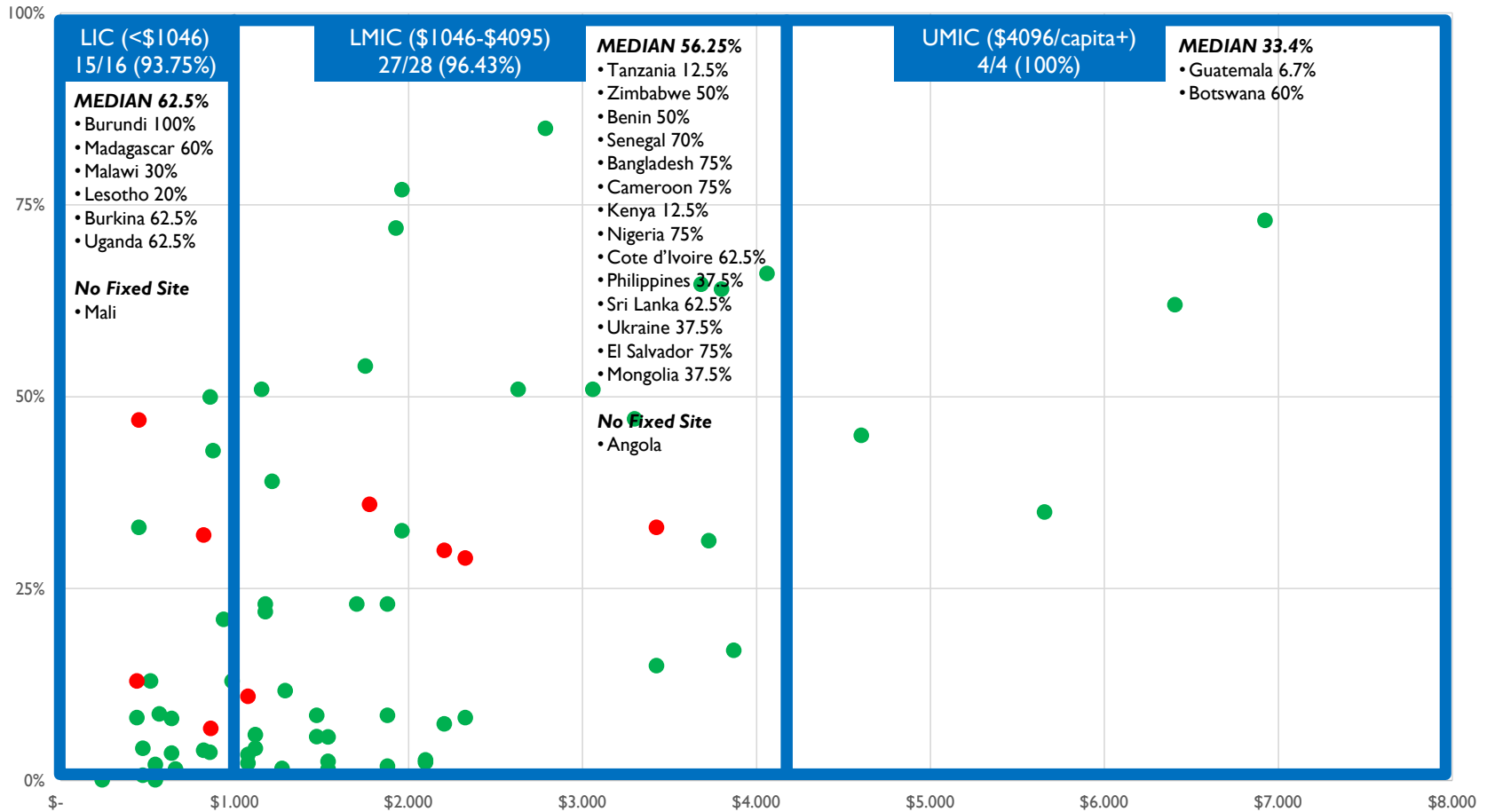
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Acknowledgement: This work is partly made possible by the generous support of the American people through the US Agency for International Development (USAID) contract no. 7200AA18C00074. The contents are the responsibility of the authors (Management Sciences for Health) and do not necessarily reflect the views of the USAID or the United States Government.

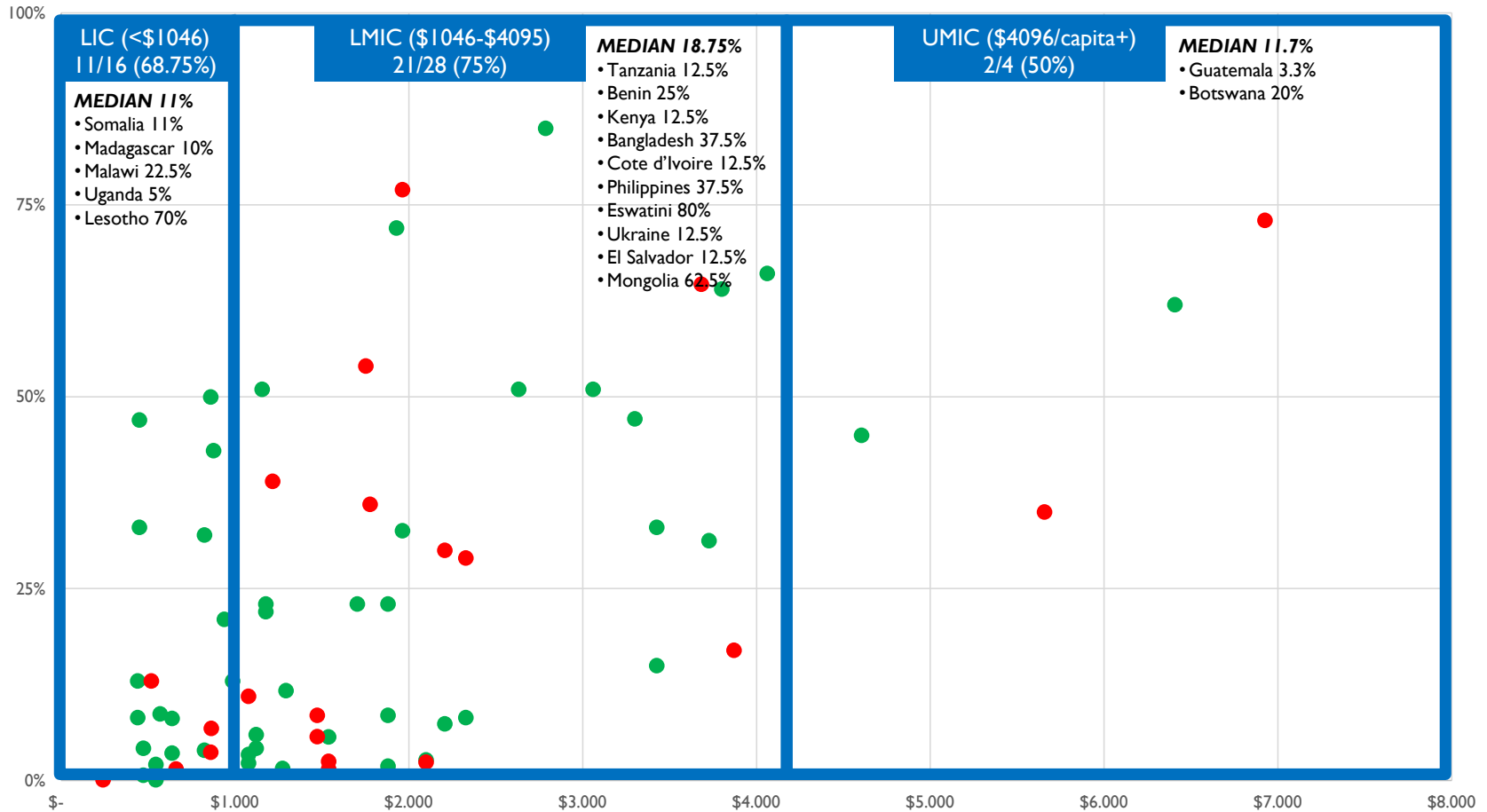


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Countries' use of Fixed Site



Countries' use of Outreach



Countries' use of Mass Vaccination Sites

