International Pharmaceutical Federation

Introducing the FIP 'Transforming Vaccination Globally, Regionally and Nationally' 2021

Accelerating Equity, Access and Sustainability Through Policy Development and Implementation

Sustainable and equitable access to vaccines: Establishing priorities and setting policies in the South East Asian region

October 26

FIP DIGITAL PROGRAMME

TRANSFORMING VACCINATION

GLOBALLY, REGIONALLY & NATIONALLY

Moderators

Chinta Abayawardana

Editor and Past President
Pharmaceutical Society of Sri Lanka

Sherly Meilianti

Data and Intelligence Specialist
FIP

Announcements

- This webinar is being recorded and live-streamed via YouTube
- The recording will be available on our website https://events.fip.org
- You may ask questions using the question box provided
- You are welcome to provide feedback to webinars@fip.org
- Become a member of FIP at www.fip.org/membership_registration

ADVANCING PHARMACY WORLDWIDE

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FIP Transforming Vaccination Regionally & Globally 2020

Recapping key outcomes

The 1st FIP digital transformation outcome-based online programme

Underpinned by the FIP Development Goals (FIP DGs)

Resulted in:
Global FIP Commitment to Action on Vaccination in Pharmacies
&
FIP Transforming Vaccination Collection

Resource Webpage
transformingvaccination.fip.org

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Transforming Vaccination 2021

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12 events over 2 series

- Series 1: Towards equity in vaccinations globally
- Series 2: Sustainability in vaccinations regionally and nationally

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Transforming Vaccination 2021:
Series 1 Towards equity in vaccinations globally

The first of the two series comprises 5 episodes which include an opening event alongside 4 other events which explore equity in vaccinations across the different angles of

age,
gender,
literacy & education,
and collaboration & working together.

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Transforming Vaccination 2021:
Series 2 Sustainability in vaccinations regionally and nationally

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The second of the two series in 2021 comprises 7 digital events, including 6 regional roundtables which will discuss and identify priorities for sustainable access to vaccinations through pharmacies around the world.

The programme will end with a Leadership Summit in which we present a commitment to action on sustainable and equitable access to vaccines through pharmacies.

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Transforming Vaccination 2021: Key Outcomes

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1) 12 digital events including 6 regional roundtables and a Leadership Summit

2) FIP Global Commitment to accelerate equity, access and sustainability of vaccinations

3) Special Policy Collection

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Transforming Vaccination 2020 Outcomes: Southeast Asia Region

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Regional needs and priorities identified to transform vaccination

- Pharmacovigilance of vaccines in monitoring and management.
- Advocacy to the government from national and international organizations

Challenges experienced in transforming vaccination for pharmacists:

- Procurement through medical supply division,
- Need of central and regional storage for proper drug storage,
- Supply to end-user by medical officer of health, Hospital clinics, and Hospital wards in Patient care.

Transforming Vaccination 2020 Outcomes: Southeast Asian Region

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Lessons learnt whilst transforming vaccination for pharmacists:

- Gearing up for Covax-19, Dissemination of Covax news with adaptable guidance, tools, trainings, and advocacy materials.

Key vaccination-related legislative enablers and barriers emerging in the region:

- Importation of vaccine should be monitored by legislative authority in a transparent way.

Today's panelists

Vindya Pathiraja

Senior Lecturer - Department of Pharmacy, University of Ruhuna

General Secretary of the Pharmaceutical Society of Sri Lanka

Suresh Bhojraj

Pro-Chancellor, JSS Academy of Higher Education and Research, Mysuru

President of Pharmacy Council of India

Keri Lestari

Lecturer and Pharmacist Universitas Padjadjaran Indonesia

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Today's panelists

Rao Vadlamudi

Professional Secretary
SEARPharm Forum
India

Sanjeev Sharma Kattel

Pharmacy Officer/Acting Chief
Department Of Drug Administration
Kathmandu, Nepal

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Vindya Pathiraja

Senior Lecturer, Department of Pharmacy, Faculty of Allied Health Sciences, University of Ruhuna, Sri Lanka

General Secretary
Pharmaceutical Society of Sri Lanka

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The impact of regulatory implementation on vaccine equity, access and Sustainability: Sri Lankan perspective

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Objectives

- Sri Lankan context
- Current status of vaccination in Sri Lanka
- Strengths and priorities
- Ensuring equity in access to vaccinations
- Weaknesses and challenges; vaccine equity, access and sustainability
- A policy change that can help increase access to vaccination

Sri Lankan context

- Population of Sri Lanka was 21,670,000 (Statistics, Central Bank of Sri Lanka)
- 9 provinces, 24 districts and 331 divisional secretary divisions
- Life expectancy at birth was 72.1 years for males and 78.6 years for females in year 2018
- Infant mortality rate was 10.1 per 1000 livebirths (Family Health Bureau, 2019)
- Total health care service is free of charge in Sri Lanka
- Implementing authority of the National Immunization Programme and Vaccine preventable disease surveillance is the Epidemiology Unit of the Ministry of Health

Sri Lankan context

- National Medicines Regulatory Authority (NMRA) is responsible for licensing
- Epidemiology unit of MOH undertakes surveillance in coordination with the NMRA
- Medical Research Institute operates as the national control laboratory, fulfilling the laboratory access function, and responsible for lot release of all vaccines imported to the country

Current status of vaccination in Sri Lanka

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National Immunization Programme (NIP)

- Sri Lankan government is totally funding for all vaccines in National Immunization Programme(NIP), except

-GAVI funded :

Hepatitis B vaccine in 2004-2007

Pentavaccine in 2008 to 2014

IPV in 2015 -2018

- Ministry of Health has a separate dedicated budget line for vaccine procurement
- COVID-19: Over 83% of the adult (>20 years) population vaccinated

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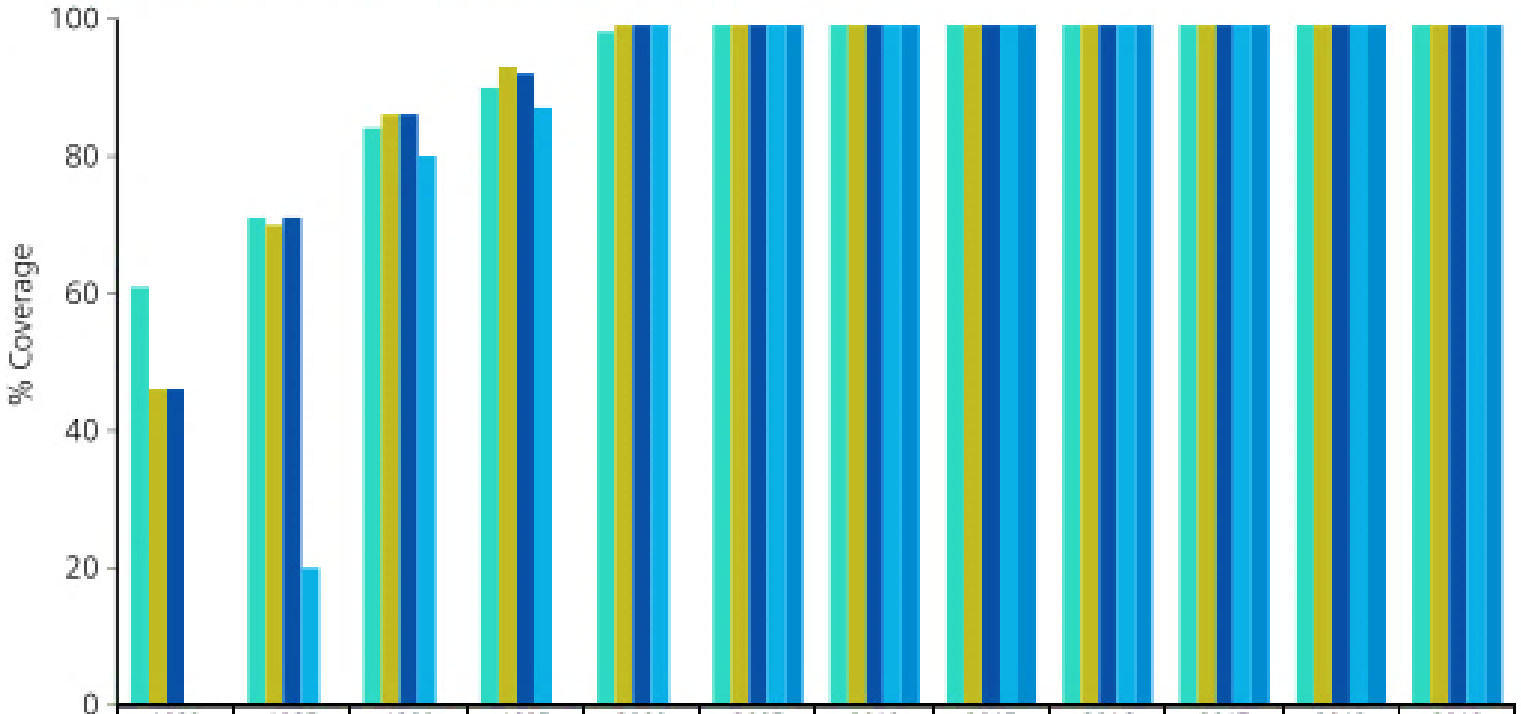
Outcomes of the NIP

- Twelve years after the launch of the national NIP, Sri Lanka achieved Universal Childhood Immunization status (coverage of more than 80%) for all EPI vaccines.
- Following this success, the nation has now nearly eliminated, among others, Japanese encephalitis; neonatal tetanus; and congenital rubella syndrome.
- The last case of virologically confirmed poliomyelitis patient was reported in 1993.
- Today, the programme has achieved an immunization coverage rate of over 99% for all childhood vaccines.

National immunization coverage Sri Lanka, 1980-2019



	1980	1985	1990	1995	2000	2005	2010	2015	2016	2017	2018	2019
BCG	61	71	84	90	98	99	99	99	99	99	99	99
DTP3	46	70	86	93	99	99	99	99	99	99	99	99
OPV3	46	71	86	92	99	99	99	99	99	99	99	99
MCV1		20	80	87	99	99	99	99	99	99	99	99
MCV2						99	99	99	99	99	99	99

Source: WHO and UNICEF estimates of immunization coverage, July 2020 revision

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Strengths and priorities

- NIP
- Free health care service
- Decentralized health care system

  - Sri Lankans are within 1.4 kilometers of a basic health clinic and 4.8 kilometers from a health care facility
- Integrated care below the district level

  - At the provincial level, there is a strong Primary Health Care system that focuses on community engagement and empowerment
- Highest priority to the health of women and children and has always had ownership and pride over the NIP
- Covid-19: Proactive regulatory approach

Sustainability of NIP

- Well-coordinated programmes at the national level
- Commitment to the life course approach, where immunization is integrated into wider range of health services
- Improving the public's health literacy on immunizations
- Improving the efficiency of vaccination services through community engagement
- Supporting self-management of immunizations
- Bringing the community voice to service design and processes

Ensuring equity in access to vaccinations

- Ensuring no financial barriers to health
- Improving the public's health seeking behavior through governmental commitment to Free education for all
- Addressing any potential bottlenecks relating to geographical access and social barriers including cultural acceptability of vaccines
- Political commitment
- Coordination across Government and multi-sector collaboration

Weaknesses and challenges

- Pharmacists have no direct role in vaccination
- All vaccines are imported - Sri Lanka is not a vaccine producing country
- Laboratory facilities for testing vaccine are very minimal
- Vaccines for the state sector procured by the SPC directly from WHO prequalified manufacturers
- Poor public health literacy regarding vaccination
- Economic crisis
- International market forces
- Changing population demographics
- Lack of human resources
- Improving the health information system

A policy change to increase access to vaccination

To date, the immunization program has viewed vaccine wastage as a price it must pay for ensuring that every child is immunized.

However, less wastage could mean lower costs, making wastage rates a useful financial management tool.

As high coverage has already been achieved, wastage rates must now be analyzed in depth (to identify causes) and the appropriate reduction strategies should be implemented.

Thank You

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Suresh Bhojraj

Pro-Chancellor, JSS Academy of Higher Education and Research, Mysuru
President, Pharmacy Council of India

Sustainable and equitable access to vaccines: Establishing priorities and setting policies in the Southeast Asian region.

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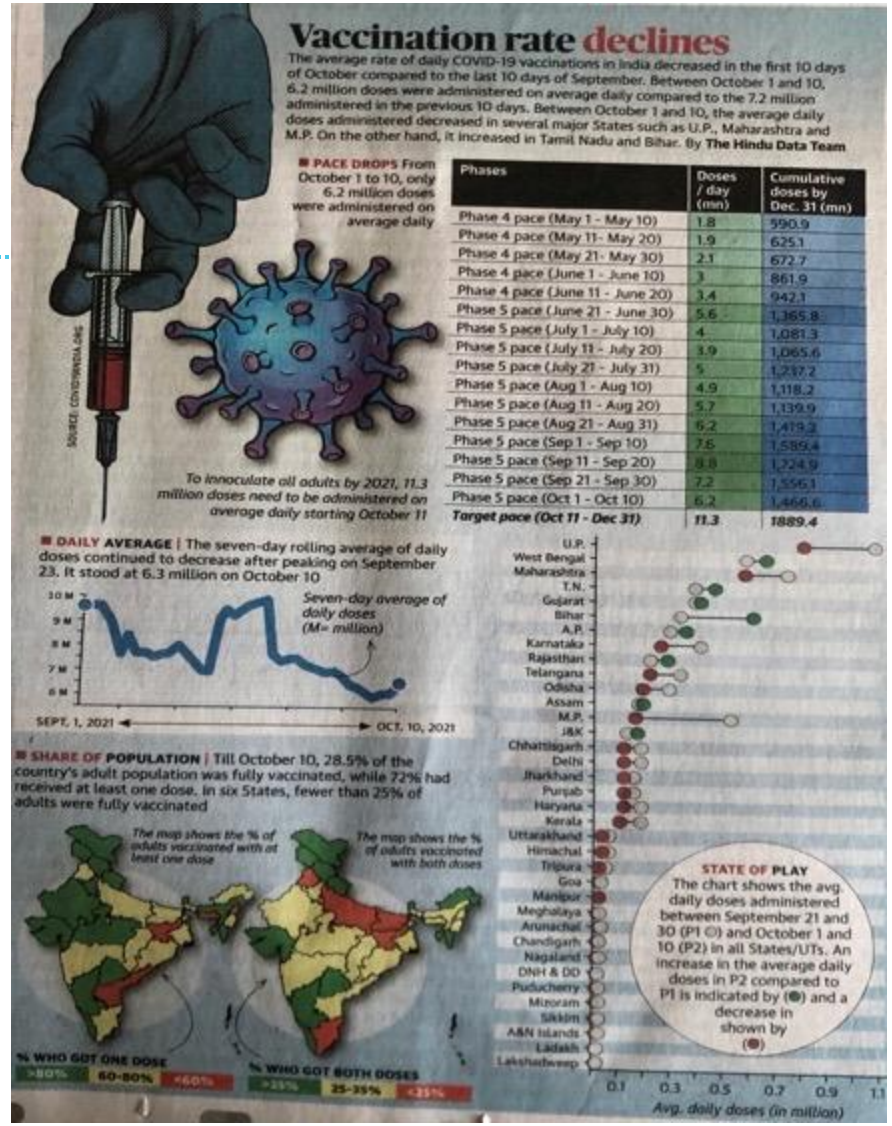
Sustainable and equitable access to vaccines: The NEED

- The contrast in vaccination rates between the haves and have-nots is intensifying.
- The wealthier nations are considering the booster immunizations while many residents of poor countries struggling for their first dose.
- Vaccination efforts have been hampered in some regions of the world by armed conflicts, while others are being held back by extreme levels of hesitancy.
- Logistical challenges such as poor roadways and inadequate refrigeration for vaccine storage continue affect the equity.
- The greatest obstacle in the developing nations, however, is supply. Most lack the funding to lock in distribution deals with manufacturers and do not have the technological capacity to produce the vaccine themselves.
- Covax, a global initiative supported by the World Health Organization, has been set up to help; but the program has enough supply to immunize only perhaps 20% of the people in low- and middle-income countries this year.

India's strengths and priorities with regards to vaccination equity, access, and sustainability

- The cumulative number of COVID-19 vaccine doses administered in India stands at 1 billion, with more than 4 million jabs given on October 16, 2021
- India recorded 14,146 fresh COVID-19 infections in a day taking the cumulative cases to 3,40,67,719 while the death toll climbed to 4,52,124 with 144 more fatalities, according to the Union Health Ministry's data on October 17.



Vaccination rate declines

The average rate of daily COVID-19 vaccinations in India decreased in the first 10 days of October compared to the last 10 days of September. Between October 1 and 10, 6.2 million doses were administered on average daily compared to the 7.2 million administered in the previous 10 days. Between October 1 and 10, the average daily doses administered decreased in several major States such as U.P., Maharashtra and M.P. On the other hand, it increased in Tamil Nadu and Bihar. By The Hindu Data Team

PACE DROPS From October 1 to 10, only 6.2 million doses were administered on average daily

Phases	Doses / day (mn)	Cumulative doses by Dec. 31 (mn)
Phase 4 pace (May 1 - May 10)	1.8	590.9
Phase 4 pace (May 11- May 20)	1.9	625.1
Phase 4 pace (May 21- May 30)	2.1	672.7
Phase 4 pace (June 1 - June 10)	3	861.9
Phase 4 pace (June 11 - June 20)	3.4	942.1
Phase 5 pace (June 21 - June 30)	5.6	1,365.8
Phase 5 pace (July 1 - July 10)	4	1,081.3
Phase 5 pace (July 11 - July 20)	3.9	1,065.6
Phase 5 pace (July 21 - July 31)	5	1,237.2
Phase 5 pace (Aug 1 - Aug 10)	4.9	1,118.2
Phase 5 pace (Aug 11 - Aug 20)	5.7	1,139.9
Phase 5 pace (Aug 21 - Aug 31)	6.2	1,419.3
Phase 5 pace (Sep 1 - Sep 10)	7.6	1,589.4
Phase 5 pace (Sep 11 - Sep 20)	8.8	1,724.9
Phase 5 pace (Sep 21 - Sep 30)	7.2	1,556.1
Phase 5 pace (Oct 1 - Oct 10)	6.2	1,466.6
Target pace (Oct 11 - Dec 31)	*11.3*	*1889.4*

To innoculate all adults by 2021, 11.3 million doses need to be administered on average daily starting October 11

DAILY AVERAGE | The seven-day rolling average of daily doses continued to decrease after peaking on September 23. It stood at 6.3 million on October 10

Seven-day average of daily doses (M= million)

10 M, 9 M, 8 M, 7 M, 6 M

SEPT. 1, 2021 — OCT. 10, 2021

SHARE OF POPULATION | Till October 10, 28.5% of the country's adult population was fully vaccinated, while 72% had received at least one dose. In six States, fewer than 25% of adults were fully vaccinated

The map shows the % of adults vaccinated with at least one dose

The map shows the % of adults vaccinated with both doses

% WHO GOT ONE DOSE: >80% | 60-80% | <60%

% WHO GOT BOTH DOSES: >35% | 25-35% | <25%

U.P., West Bengal, Maharashtra, T.N., Gujarat, Bihar, A.P., Karnataka, Rajasthan, Telangana, Odisha, Assam, M.P., J&K, Chhattisgarh, Delhi, Jharkhand, Punjab, Haryana, Kerala, Uttarakhand, Himachal, Tripura, Goa, Manipur, Meghalaya, Arunachal, Chandigarh, Nagaland, DNH & DD, Puducherry, Mizoram, Sikkim, A&N Islands, Ladakh, Lakshadweep

STATE OF PLAY The chart shows the avg. daily doses administered between September 21 and 30 (P1 ●) and October 1 and 10 (P2) in all States/UTs. An increase in the average daily doses in P2 compared to P1 is indicated by (●) and a decrease in shown by (●)

0.1, 0.3, 0.5, 0.7, 0.9, 1.1

Avg. daily doses (in million)

SOURCE: COVIDWINDIA.ORG

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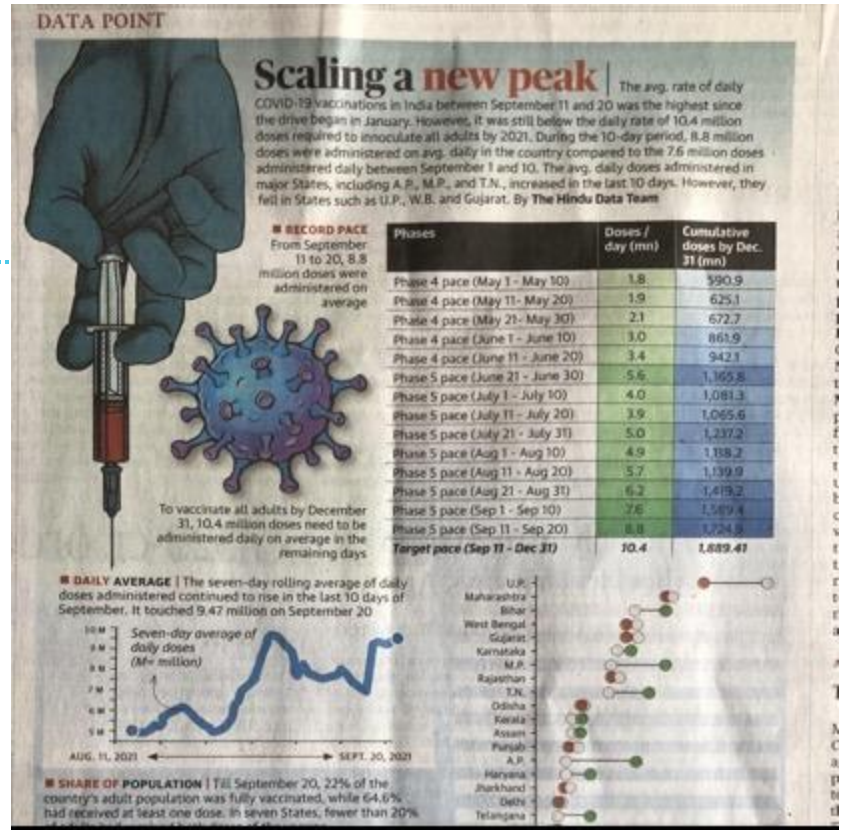
India's weaknesses and challenges with regards to vaccination equity, access, and sustainability?

- To Vaccinate all Adults in India by December 31st, 2021, India need to administer 10.4 million doses daily
- The hesitancy among the population due to the conflicting information available about global approval of vaccines is one of the major reasons for the delays
- The clarity on the need for a booster dose for maintaining the required immunity is needed.
- Where multiple vaccines are available the clarity on the safety of taking additional vaccine doses to meet the global requirements for travel.



DATA POINT

Scaling a new peak

The avg. rate of daily COVID-19 vaccinations in India between September 11 and 20 was the highest since the drive began in January. However, it was still below the daily rate of 10.4 million doses required to inoculate all adults by 2021. During the 10-day period, 8.8 million doses were administered on avg. daily in the country compared to the 7.6 million doses administered daily between September 1 and 10. The avg. daily doses administered in major States, including A.P., M.P., and T.N., increased in the last 10 days. However, they fell in States such as U.P., W.B. and Gujarat. By The Hindu Data Team

RECORD PACE From September 11 to 20, 8.8 million doses were administered on average

To vaccinate all adults by December 31, 10.4 million doses need to be administered daily on average in the remaining days

Phases	Doses / day (mn)	Cumulative doses by Dec. 31 (mn)
Phase 4 pace (May 1 - May 10)	1.8	590.9
Phase 4 pace (May 11- May 20)	1.9	625.1
Phase 4 pace (May 21- May 30)	2.1	672.7
Phase 4 pace (June 1 - June 10)	3.0	861.9
Phase 4 pace (June 11 - June 20)	3.4	942.1
Phase 5 pace (June 21 - June 30)	5.6	1,165.8
Phase 5 pace (July 1 - July 10)	4.0	1,081.3
Phase 5 pace (July 11 - July 20)	3.9	1,065.6
Phase 5 pace (July 21 - July 31)	5.0	1,237.2
Phase 5 pace (Aug 1 - Aug 10)	4.9	1,188.2
Phase 5 pace (Aug 11 - Aug 20)	5.7	1,339.9
Phase 5 pace (Aug 21 - Aug 31)	6.2	1,419.2
Phase 5 pace (Sep 1 - Sep 10)	7.6	1,589.4
Phase 5 pace (Sep 11 - Sep 20)	8.8	1,724.9
Target pace (Sep 11 - Dec 31)	*10.4*	*1,889.41*

DAILY AVERAGE | The seven-day rolling average of daily doses administered continued to rise in the last 10 days of September. It touched 9.47 million on September 20

SHARE OF POPULATION | Till September 20, 22% of the country's adult population was fully vaccinated, while 64.6% had received at least one dose. In seven States, fewer than 20%

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Policy Change that can help vaccine Equity : **Provide access to vaccines in the private sector like the public sector**

Public sector
Supports access to economically weaker sections and the rural populations

Vaccine Equity
The vaccines are administered free of cost, but patients will have to go to designated centers only

Private Sector
Supports the urban and economically stable population

Vaccine equity
The population has to pay from their pocket for the vaccination. The facility and infrastructure is underutilized

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From an education/training perspective, what needs to be done to prepare pharmacists for vaccination?
Infusing Public Health in Pharmacy Education

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- Infusing Public Health in Pharmacy Education would be major step forward from the education and training perspective for pharmacists to comprehend their roles in such public health emergencies and responding to nationwide call for vaccination or other medication management.
- The Pharmacy Education typically comprises of the Pharmaceutical Sciences and pharmacy practice components in building the competencies required by the pharmacists for practicing the profession of pharmacy .
- If anything, the scope and contributing the overall management of a public health emergency is limited. The need for a socially driven pharmacist is now emerging and to juxtapose the multidisciplinary science of Public Health will produce the pharmacists who can rise to the occasion.

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COVID-19 VACCINATION IN INDONESIA

Prof. Dr. apt. Keri Lestari, M.Si.

- *Professor of Pharmacology and Clinical Pharmacy Universitas Padjadjaran*
- *Chairperson of the Committee for Handling COVID-19 and Economic Recovery in the Pharmaceutical Sector, Indonesian Pharmacists Association*

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COVID-19 VACCINATION UPDATE IN INDONESIA

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update : 20 Oktober 2021
Pukul : 12:00

TOTAL SASARAN	208.265.720	TOTAL VAKSINASI 1 109.796.866 (52.72%)	TOTAL VAKSINASI 2 64.622.692 (31.03%)	TOTAL VAKSINASI 3 1.084.321 (73.83%)
1 SDM KESEHATAN	1.468.764	VAKSINASI 1 2.002.538 (136.34%)	VAKSINASI 2 1.877.259 (127.81%)	VAKSINASI 3 1.084.321 (73.83%)
2 PETUGAS PUBLIK	17.327.167	VAKSINASI 1 27.955.123 (161.34%)	VAKSINASI 2 22.216.166 (128.22%)	
3 LANSIA	21.553.118	VAKSINASI 1 7.789.289 (36.14%)	VAKSINASI 2 4.889.115 (22.69%)	
4 MASYARAKAT UMUM	141.211.181	VAKSINASI 1 67.065.981 (48.30%)	VAKSINASI 2 31.729.235 (23.16%)	
5 REMAJA	26.705.490	VAKSINASI 1 3.843.312 (14.40%)	VAKSINASI 2 2.935.465 (11.00%)	
6 GOTONG ROYONG		VAKSINASI 1 1.131.578 (7.54%)	VAKSINASI 2 973.854 (6.49%)	

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VACCINE STRATEGIC ROLE

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Essential Elements of Global Health Security

- Public health priority
- Strengthening National Health System and Capacity
- Prevent, protect and control pandemic (Ebola, Zika, MERS-Cov, SARS,COVID-19 etc)

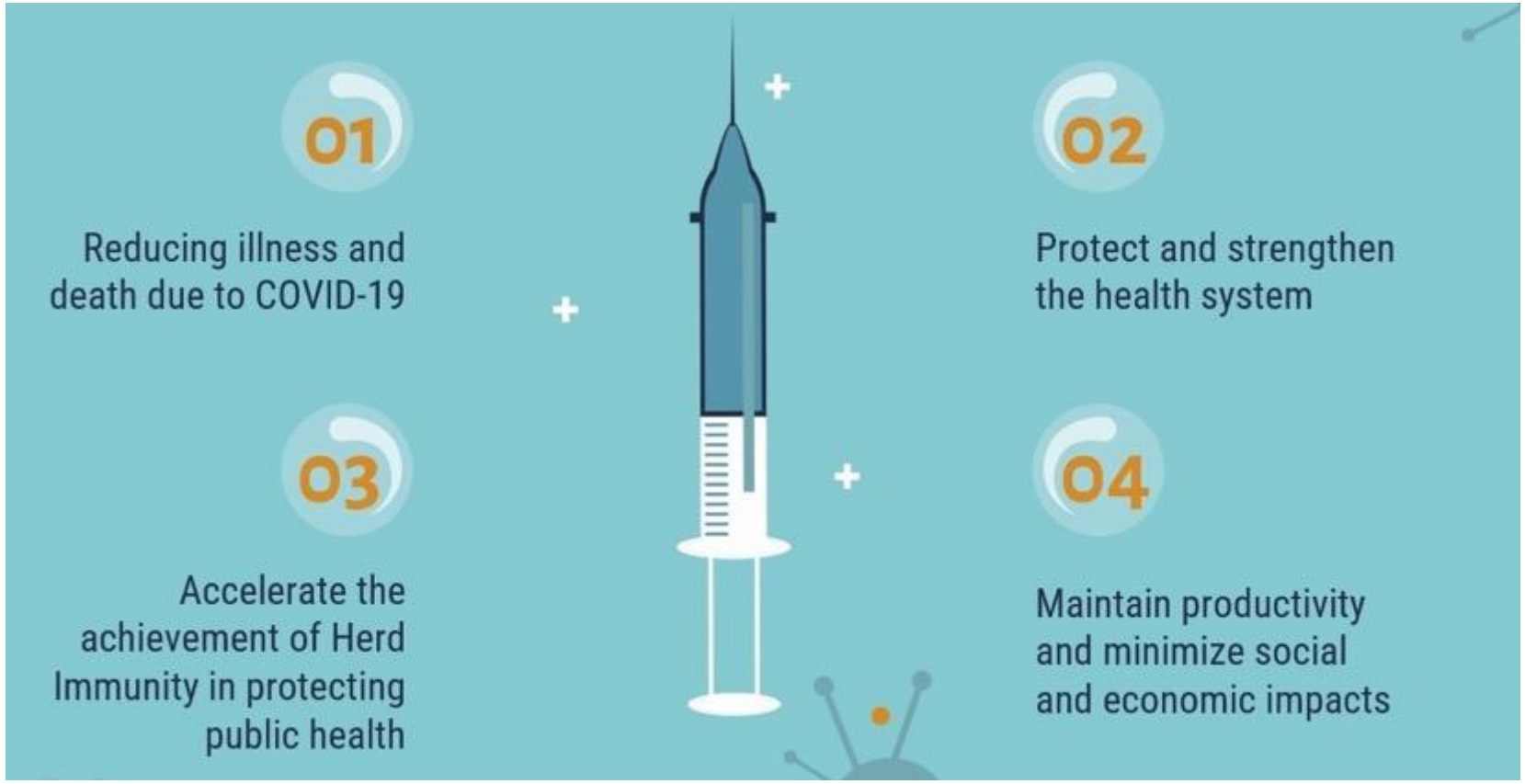
Vaccine Diplomacy

- Vaccines as a medium to put aside political conflicts, unite to overcome the pandemic
- Success story : Polio Control in Afghanistan

International Collaboration

- Increase international cooperation in the development of new vaccines
- Involvement of NGOs (Bill & Melinda Gates Foundation, Welcome Trust, etc.)

PURPOSE OF THE COVID-19 VACCINE



COVID-19 VACCINE SUPPLY SCENARIO PRINCIPLES AND PLANS

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Level	Target Group
Epidemiological Setting: Transmission in Society	
Level I Vaccine availability is very limited 1-10% of the national population	Health Workers in Health Service Facilities and at-risk age groups
Level II Vaccine availability is limited to 11–20% of the national population	Health workers, age at risk, comorbid groups (controlled), sociodemography: community leaders, BPJS PBI, health cadres, etc.
Level III Vaccine availability is limited to 21–50% of the national population	Whole group at level1 and 2, teachers, officerstransportation, essential workers(market traders, etc.) as well asother risk groups

COVID-19 Vaccine Selection

1. Safety (no severe side effects)
2. Efficacy (ideal: 70%; minimum 50%)
3. Long protection period (at least 1 year)
4. Storage stability (temperature 2 - 8°C)
5. Packaging: Multi dose (optimization of vaccine cold chain capacity)
6. The same platform for easy evaluation
7. There is an authorization for use by BPOM

https://www.who.int/publications/m/item/who-target-product-profiles-for-covid-19-vaccines

https://www.who.int/docs/default-source/immunization/sage/covid/sage-prioritization-roadmap-covid19-vaccines.pdf?sfvrsn=bf227443_2&download=true

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COVID-19 VACCINE RECOMMENDATIONS

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KOMITE PENASIHAT AHLI IMUNISASI NASIONAL
(Indonesian Technical Advisory Group on Immunization)

KOMITE PENASIHAT AHLI IMUNISASI NASIONAL
(Indonesian Technical Advisory Group on Immunization)

1. **Vaccinations can be given to the front line** (health and support personnel who work in health facilities – at the beginning of vaccine availability)
2. **There is no data to support the safety** of giving COVID-19 immunization in the elderly, comorbid, pregnant and lactating women
3. The provision of vaccines is expected to be in **multidose packaging** in order to optimization of cold chain capacity and **effective discharging index**
4. To establish herd immunity, immunization can be given to 70-80% of the target
5. The Immunization Program is carried out after the issuance of the **EUA** (Emergency Use Authorization) from BPOM
6. **Public communication** is needed by releasing the results of clinical trials in Indonesia and testimonials
7. For national vaccines, there should be **not many types**, to reduce Adverse Events after Immunization.

Reference : P2P Ministry oh Health Republic of Indonesia

It is necessary to develop criteria for determining the number of targets, considering the limited availability of vaccines at the global level, data to support the provision of COVID-19 immunization in comorbid cases, pregnant women and the level of risk of transmission.

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COVID-19 VACCINE SPECIFICATION

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	ASTRAZENECA	GAMELEYA	JOHSON & JOHNSON	MODERNA	NOVOVAX	PFIZER/BIONTECH	SINOVAC	SINOPHARM
Vaccine type	Viral Vector (chimpanzee adenovirus ChaDoX1)	Viral vector (recombinant adenovirus type 5 and 26)	Viral vector (recombinant adenovirus type 26)	mRNA	Protein Subunit	mRNA	Inactivated Virus	Inactivated Virus
Available Through Covax	✓	-	✓	✓	✓	✓	-	-
Doses Required	8-12 weeks apart 4 weeks apart	3 weeks apart		4 weeks apart	3 weeks apart	3 weeks apart	2-4 weeks apart	3 weeks apart
Shipping, Storage & presentation	Normal cold chain requiremt (2-8° C), 10-dose vial	-18.5° C (liquid form); 2-8° C (dry form)	Shipped at -20° C; 2-8° C for up to 3 months; 5-dose vial	-25°C to – 15°C 10-dose vial	2-8° C 10-dose vial	-80 to -60°C;2-8° C for up top 1 month; 6-dose vial	2-8° C; 10-dose vial	2-8° C Single dose vial/prefilled syringes
Approval by a Stringent Regulatory Authority (SRA)	WHO-EUL, EMA, TGA, MHRA	Under review by WHO SAGE	WHO EUL, EMA, FDA, MHRA	WHO EUL, FDA	Under review by WHO SAGE	WHO-EUL, FDA, EMA, TGA, MHRA	WHO- EUL	WHO- EUL

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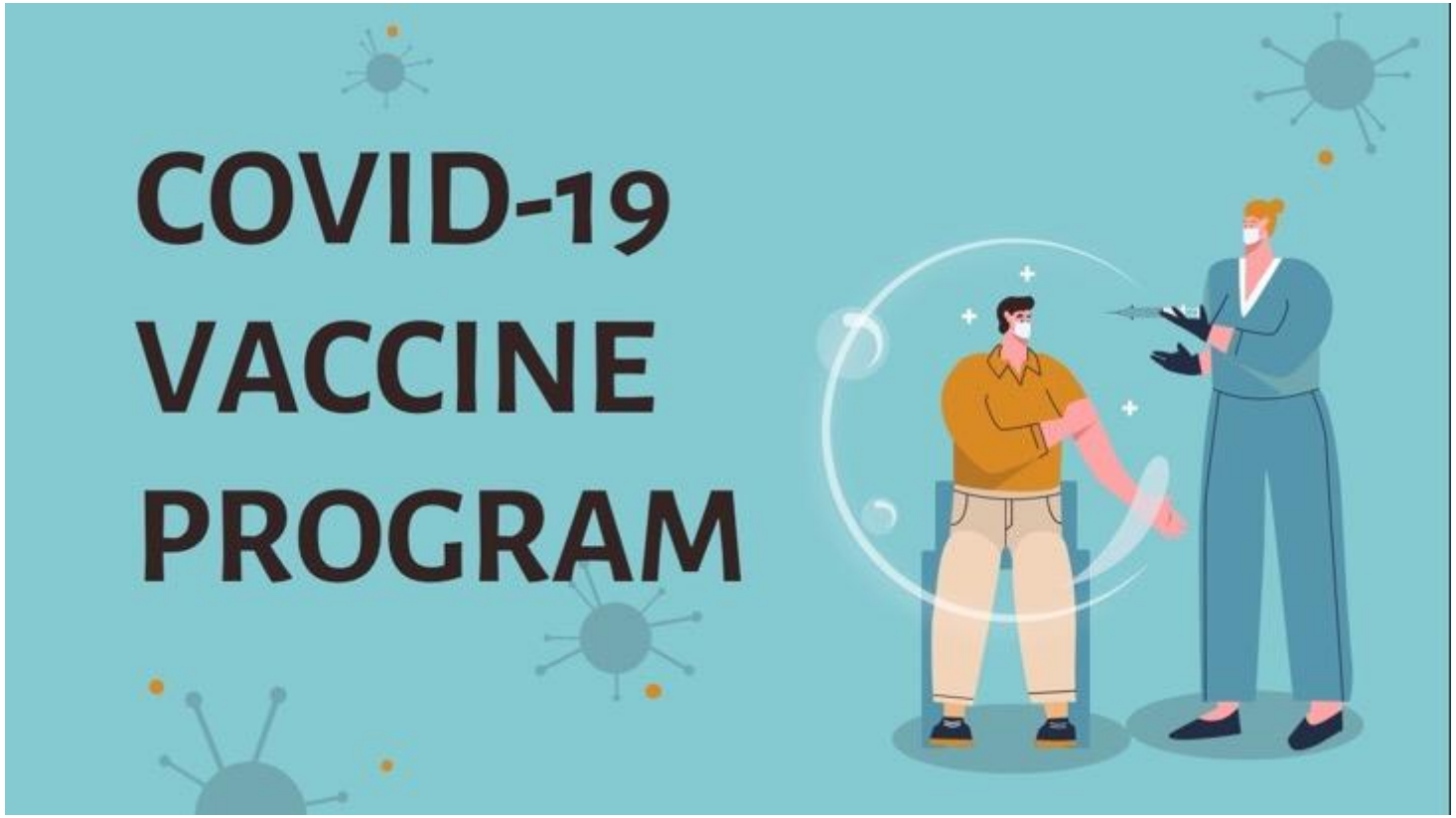
COVID-19
VACCINE
PROGRAM

SINOVAC AstraZeneca

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TRANSFORMING VACCINATION
GLOBALLY, REGIONALLY & NATIONALLY

Product Picture	Coronavac	Vaksin COVID-19	
			
Platform	Inactivated	Inactivated	Viral vector
Indication	> 18 years	> 12 years	> 18 years
Schedule	2 dose (0-28 day)	2 dose (0-28 day)	2 dose (0-8 s/d 12 weeks) Ind : 12 weeks
Packaging	Vial @ 0.5 mL (1 ds) Vial @1 ml (2 ds) Vial @ 0,5 ml (1 ds) grant	Vial @ 5 mL (10 dose)	Vial @ 5 mL (10 dose)
Storage Temperature	2 –8°C	2 –8°C	2 –8°C
EUA Issue Date	11 January 2021	15 February 2021	22 February 2021
Number of arrivals (dose)	3.000.000 50.000.000 12.776.000 (hibah covax &RRT)	122.500.000	B2B: 20.000.000 **Covax AstraZeneca : 19.977.960 (Japan, Australia, UK, Dutch, Korean, Spain, Italy, French)**

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moderna Pfizer janssen

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Foto produk			
Platform	mRNA	mRNA	Viral Vector
Indication	≥ 18 years	≥ 12 years	≥ 18 years
Schedule	2 dose (0-28 day)	2 dose (0-21 day)	1 dose
Packaging	Vial @ 15 dose	Vial @ 6 dose (@ 0.3 mL)	Vial @5 dose
Storage Temperature	-50 s/d -15°C	-80°C s/d -60°C	-25 s/d -15°C
EUA Issue Date	2 July 2021	14 July 2021	7 September 2021
Number of arrivals (dose)	8.000.000	50.000.000 5.445.180	3.000.000

SINOPHARM

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GLOBALLY, REGIONALLY & NATIONALLY

Foto produk	
Platform	Inactivated
Indication	> 18 years
Schedule	2 dose (0-21/28 day)
Packaging	Vial @ 1 mL (2 dose)
Storage Temperature	2 – 8°C
EUA Issue Date	30 April 2021
Number of arrivals (dose)	HIBAH 750.000

VAKSIN COVID-19
GOTONG ROYONG (VGR)

SINOPHARM

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GLOBALLY, REGIONALLY & NATIONALLY

Foto produk	
Platform	Inactivated
Indication	> 18 years
Schedule	2 dose (0-21/28 day)
Packaging	Vial @ 1 mL (2 dose)
Storage Temperature	2 –8°C
EUA Issue Date	30 April 2021
Number of arrivals (dose)	7.500.000

MERAH PUTIH VACCINE PROGRESS

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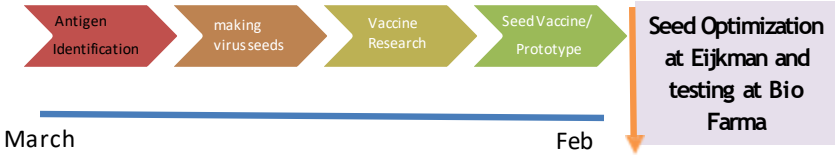
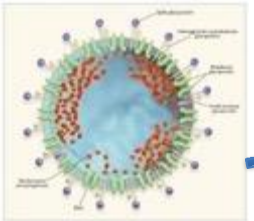
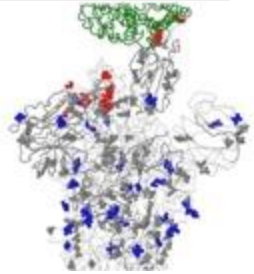
Vaccine platform: Recombinant Protein Sub Unit

EIJKMAN bioFarma

- Merah Putih vaccine seed collaboration between Bio Farma and the Eijkman Bio Molecular Institute
- The first prototype vaccine seed still needs re-optimization of seed design
- Trials of new vaccine seed clones have been carried out on a 5L scale fermenter.
- Testing the results of the expression/yield of the protein antigen is being carried out
- Preclinical trial target starting Q4 2021







Q4 2022

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COVID-19 VACCINE DISTRIBUTION ALLOCATION IN INDONESIA

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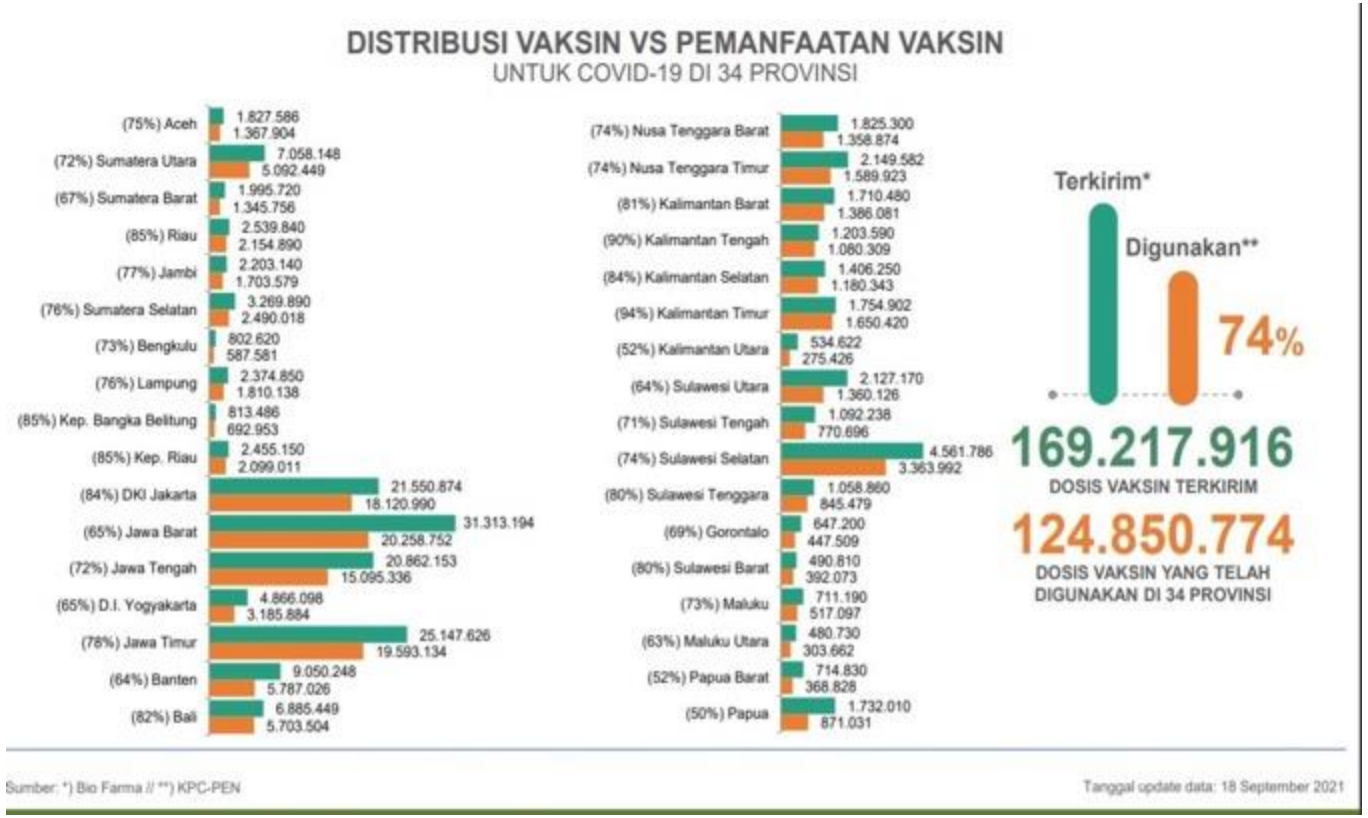

Distribution Allocation is determined by the Ministry of Health

The determination of the handover point is determined by the Ministry of Health

Distribution assignment to Bio Farma can involve PBF Partners (through HUB)

All distribution processes are assisted by BPKP

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CHALLENGE OF ACHEVING 70% VACCINATION COVERAGE FOR THE WORLD'S 7.8 BILLION POPULATION

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- Development of vaccines, completion of trials andapproval
- Scale-up of global manufacturing capacity
- Huge Financing need for the purchase and deployment ofthe vaccines
- Shipping and transportation: mRNA type requires "UltraCold -80°C " (not yet in place even for OECD countries)
- Country level Cold Chain and distribution logisticsmanagement
- Equitable distribution and Identification of priority groups: e.g. people with co-morbidities
- Country vaccination capacity constraint: "army of vaccinators"
- Public acceptance and risk communication: resistanceand misinformation
- Medical care waste management: significant medical waste, inside and outside facilities
- IT for Monitoring and Reporting to monitor temperature, coverage, side effects etc,

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VACCINATION PROGRESS IN INDONESIA

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- Indonesia was **amongst the first countries globally to announce free vaccines to its entire adult population** in December 2020, and had already secured supplies for a large part of its vaccine needs by December 2020, ahead of most othercountries.
- Since June 2021, Indonesia has expanded the free coverage to the 12 – 17-year-old population group. A total of **208 million beneficiaries** will now receive free vaccines by early 2022.
- The government's cumulative allocation for COVID-19 response by the health sector, including vaccination, has exceeded **US$ 14.9 billion** for 2020 and 2021.
- Having secured its supplies ahead of most other countries, **Indonesia has not been held back by global vaccine supply constraints**. Vaccine arrivals into Indonesia (in pre-packaged as well as bulk form) as of Sep 20th, 2021 amounted to **239 million doses**, sufficient for about 60 percent of total needs. This is further expected to accelerate in the next 3 months.
- On 31st August 2021, an important milestone was achieved. Indonesia administered its 100 millionth dose- and is now vaccinating well over 1 million doses each day in September 2021. It is the seventh country globally to achieve this milestone of 100m doses.

THANK YOU

Do you have any questions?

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Rao Vadlamudi

Professional Secretary
SEARPharm Forum

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Sustainable and equitable access to vaccines: Establishing priorities and setting policies in the South East Asian region- India example

Current status of the India with regards to vaccination

- India has administered 1,00,59,04,580 doses of vaccines by Oct 22
- 709,386,804 first doses (73.5 % of eligible population) and 296,517,776 second doses. 30% of eligible population are fully vaccinated
- India population on Oct 22 at 6:00 pm was 1,398,037,945 with about 960,000,000 are eligible for vaccination
- Covishield (SII), Covaxin (Bharat Biotech), Sputnik-V (Gamelia), ZyCoV-D (Zydus), AZD1222 (AZ/Oxford), Moderna and Janssen are approved

India's strengths and priorities with regards to vaccination equity, access, and sustainability

- First vaccine was given on Jan 16 and 1 billion doses were given in 280 days, largest vaccination drive in the entire world.
- Most vaccine doses administered were manufactured in India
- The drive could be sustained due to large manufacturing capacities, 244, 300 Covid vaccination centres (public and private) and 200,000 vaccinators (HCW) and 390,000 supporting team members
- Drones were employed to ferry vaccines to inaccessible areas
- India provided 66.37 million doses to 95 countries as gift/supply agreements with vaccine manufacturers/for COVAX project

India's weaknesses and challenges with regards to vaccination equity, access, and sustainability

- Still 70 million adults in the vulnerable age group of > 45 y not received even a single dose of Vaccine
- Lower % of women (47.5 vs 52.5 % males) vaccinated particularly in rural areas due to vaccine hesitancy.
- Monitoring of Adverse events after vaccination was not adequate
- Greater proportion of urban population is vaccinated relative to rural population.
- 900 million doses yet to be given to fully vaccinate all eligible population
- Very few pharmacists were employed as vaccinators and no community pharmacy was involved as a Covid vaccination centre

Policy Changes needed

- Community pharmacists to be deployed as vaccinators
- Competency-development for community pharmacists to be certified as immunization experts to procure, store, administer and monitor after effects of Vaccinations
- Community pharmacies to be developed as recognised vaccination centres all over the country
- Future vaccination drives to be implemented through community pharmacies

Sanjeev Sharma Kattel

•Acting Chief, Department of Drug Administration, Regional office, Biratnagar, Province-1, Nepal
•Publicity Secretary
Nepal Pharmaceutical Association

Discussion Agenda

- Introduction of Nepal and Background of Vaccination Program in Nepal
- Current status of the country with regards to vaccination
- Country's strengths and priorities with regards to vaccination equity, access, and sustainability
- Success story.
- Weaknesses and challenges with regards to vaccination equity, access, and sustainability
- ONE policy change that can take place today within your region's healthcare system that can increase access to vaccination and help achieve equity

Introduction of Nepal and background of vaccination program in Nepal

- Federal Democratic Nepal is a land locked country, which covers 147,847 square km and total population are 30,200,000.
- Birth cohort is 621,000
- Immunization Program was started from 1979 after the declaration of Smallpox eradication.
- Only three antigens were introduced at the lunching period in three districts.
- Expanded Program of Immunization was a vertical projects which had led the responsibilities for vaccination .

Current status of country vaccination

- Nepal is providing 12 antigens to all target groups
- They are; BCG, DPT-HepB-Hib, bOPV, IPV, PCV, ROTA, MR, JE, Td
- About 17,000 immunization sessions are conducting in each month
- Fixed, out reach and mobile immunization clinics are in practice.
- There are four tire system to distribute the vaccines-central, provincial, districts and local level.
- Cold chain equipment and mode of transportation are different for different level. We store vaccine in WIC and WIF are in Central and provincial level and ILR in districts and health facility level

Strength and priorities to vaccination equity accesses and sustainability

- Provision in present Constitution of Nepal 2015
- Fundamental right
- Free supply
- Using WHO PQS CCEs to store the vaccines and following EVM SOP
- Vaccines are providing as per session per vial system
- Immunization Act
- Fund for immunization has established
- Out reach and mobile immunization session
- Hard to reach area – search and vaccination
- FCHV at community level

Success stories

- Eradication of Small pox
- Decrease child mortality and morbidity rate
- Control of neonatal and maternal death
- Zero reporting of Polio and in-process to eradicate polio
- Controlled Japanese Encephalitis
- From 2018 control of Congenital Rubella Syndrome
- Nepal Declare 66 districts as full Immunization districts
- Introduction of new vaccines in coming day like Typhoid , HPV in routine immunization program, covid-19 vaccine.
- Target to elimination of MR from the country with 2023
- Controlled Hepatitis B from 2019

Weakness and challenges with regard to vaccination equity, accesses and sustainability

- Limited infrastructure-available warehouse are old with low space
- Limited cold chain equipment for new antigens in all level
- HR management for vaccination a) old organogram b) heavy load in work place c) vaccinator – old aged d) cold chain management
- Difficulties to reach at vaccination center due to complicated geographical situation
- Migration – a) seasonal b) temporary – access c) Rural to urban
- Private Health institutions GoN
- Recording and reporting
- Increasing no of antigens

Policy change in healthcare system that can increase accesses to vaccination and help achieve equity

- We have to change the policy for cold chain and vaccine management strategy policy as per the constitution of Nepal or federal system.
- Renovation and reconstruction of warehouse for new cold rooms
- Replacement of the old cold chain equipment to maintain of quality of vaccines
- Restructuring the existing organogram for the cold chain and vaccine management as well as vaccinator to maintain the quality of vaccine for immunization with minimizing AEFI
- Real time data regarding equipment and vaccine logistics and vaccination recoding and reporting
- Effective communication through national as well as local media and other communication center

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Any Questions?

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10 EQUITY & EQUALITY

18 ACCESS TO MEDICINES, DEVICES & SERVICES

21 SUSTAINABILITY IN PHARMACY

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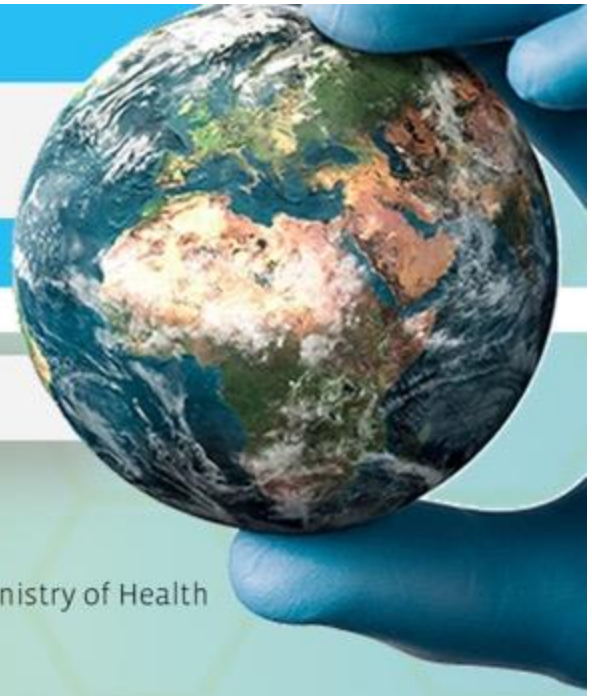
EPISODE 5

Sustainable and equitable access to vaccines: Establishing priorities and setting policies in the **Western Pacific** region



SERIES 2

"Sustainability in vaccinations regionally and nationally"

Date 28 October **Time** 9:00-10:30 CEST

Moderator
John Jackson
President, Western Pacific Pharmaceutical Forum, Australia

Co-Moderator
Parisa Aslani
Professor in Medicines Use Optimisation, The University of Sydney, Australia

Panellist
Amrahi Buang
President, Malaysian Pharmacists Society (MPS), Malaysia

Panellist
Stephanie Tay
Senior Manager, Ministry of Health Singapore

Panellist
Leonila M. Ocampo
Former President and Member, Council Of Advisers Philippine Pharmacists' Association, Inc., Philippines

Panellist
Chris Campbell
General Manager Policy and Engagement, State Manager QLD, Pharmaceutical Society of Australia, Australia

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