Vaccine financing: A domestic resource mobilization perspective

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Q1: How did you design your COVID-19 vaccines strategy? What were your main considerations in doing so? How are you prioritizing populations for COVID-19 vaccines and why? Where do you anticipate procuring/accessing vaccines from?

➢ The C19 vaccine strategy was designed by the C19 TWG. The TWG consists of partners from WHO and UNICEF who assisted with the strategy design. The strategy was designed based on the experience with the introduction of other new vaccines in Solomons, as well as on templates and technical guidance from WHO, that was contextualized to the Solomon Island situation.

➢ In designing the C19 vaccine strategy, the following were considered
  ▪ limited supply of the C19 vaccine
  ▪ financial resources needed for both the purchase and the deployment of the C19 vaccines
  ▪ capacity of the MHMS (including HR resources) to manage the implementation of the C19 vaccines
  ▪ Logistics of access to vaccines given the global lockdowns and flight restrictions

➢ The population was prioritized based on the WHO SAGE guidance for prioritizing vaccine allocation in limited settings
  ▪ These includes, all Front-liners, health workers, elder people above 55 age with co-mobidities, people with compelling reasons to travel

➢ Vaccines are anticipated from the COVAX facility, from Bilateral country donations, and financial support from Development Partners to purchase vaccines
Q2: What are your estimates of costs for providing coverage, and what are the main cost drivers? How is your country/does your country anticipate financing the vaccine coverage [external assistance, domestic health spending]? What challenges do you anticipate with planning and financing COVID-19 vaccine coverage?

➢ According to the NDVP the estimated cost for the coverage of the first 50% of the eligible population is USD$905,267.

➢ The main cost drivers are:
  ▪ Costs of roll-out of the C19 vaccine across the country: transportation (sea, air, road), allowances, per diems, accommodation, training, awareness campaigns, data recording and monitoring.

➢ The vaccines are anticipated to be financed from COVAX and development partners. As well as through country bi-lateral agreements.

➢ Challenges with planning and financing of the C19 vaccine include:
  ▪ Whether finances (including donated finances) are sufficient to vaccine 100% of the eligible population
  ▪ Uncertain environment results in continuously changing of plans with regards to vaccine roll-out and strategy for vaccination
Q3: What challenges do you anticipate with implementing the COVID-19 vaccine roll-out? How does the COVID-19 vaccine roll-out affect your country’s national immunization program and access to other essential services?

➢ Vaccine hesitancy among health workers
➢ Vaccine hesitancy among the general population
➢ Shortage of health workers in health facility to assist with the C19 vaccine roll-out
➢ The negative impact of the C19 vaccine rollout on other routine health services including routine immunization schedules
➢ The geographical dispersion of the rural population will be hard to reach
➢ Financial challenges associated with the roll-out will affect the implementation plan
➢ Effectively monitoring, recording and responding to AEFI episodes
➢ Politics and challenges of maintaining the governance mechanisms and structures during emergency situations