

How can the government successfully engage the private sector in health for equitable distribution of COVID-19 vaccines?

Interview series

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From an equity perspective, what are some of the biggest achievements in COVID-19 vaccine distribution involving the private sector?

One of the big successes we saw was that organizations such as UNICEF, WHO, and others came together with the private sector to develop mechanisms to address key supply chain challenges. For instance, through working with epidemiologists, clinical specialists, and technical experts in government, we were able to position supplies based on potential hotspots zones and aggregate demand, coordinate purchasing, and secure transport routes when the markets had collapsed. Another example is the establishment of partnership platforms such as the COVID-19 supply chain system (led and managed by WHO and WFP) which was a way to aggregate demand at the country level. When the pandemic first started it was the wild west - for instance, we would get complaints from manufacturers about hundreds of requests coming from the same source.

So, we needed to aggregate demand at country level and leverage all NGOs and government approved institutions which allowed us to aggregate demand over 180 countries. This gave us buying power and was one of the ways we tapped into country knowledge, resources, and management. The lessons learned from this process is being applied to building more products to increase engagement with countries. We also helped countries with technical guidance to form partnerships, ensure quality products are purchased, and the correct equipment was purchased and used properly. The Operations Support and Logistics (OSL) unit was able to disseminate technical guidance to governments to work with health clusters and engage implementing partners that were reliable and effective.

And what are some of the challenges faced in equitable COVID-19 vaccine distribution?

We have seen 4 key challenges on the supply chain side that have impacted vaccine equity:

Resource allocation. When allocating limited resources for the COVID-19 response, it was difficult to maintain a balance between a 'pandemic emergency response' mindset and one that prioritized operations that had a vulnerability element to it. For example, how do we prioritize resource allocation for developed countries with high COVID-19 case counts vs. those countries that do not yet have high case numbers but are generally more vulnerable. This is a huge equity issue in terms of operating models for responding at scale across 180 countries.

Governments and geopolitics. Defense production acts were utilized in many countries, either explicitly or implicitly. In doing so, we saw the shutdown of the supply chain and an increase of hoarding. So, those countries with more resources won.

Supply Chain. Equity is a function of political clout to impact supply chains. When resource allocation and geopolitics functions collapsed, it severely impacted the global supply chain. When you have concentrated supplies (raw materials or providers) coming from only 1-2 countries, the biggest and strongest are going to win.

Funding mechanisms. There are plenty of financing mechanisms such as pooled resources, bridge funding, the Pandemic Influenza Preparedness (PIP) framework etc. But it is more to do with the money itself – if you only have a billion dollars for 7.5 billion people for vaccines, it is not going to work. It is about growing the pie of funding.

In some countries, public-private partnerships have focused on leveraging digital innovations and technologies for the delivery of COVID-19 vaccines.

From an equity lens, what are your thoughts on such partnerships and what are some of the lessons we can learn from them?

While data and digital initiatives are wonderful, the pandemic exposed the fact that none of them work in a vacuum. What we need is for the elements of digital capacity, funding mechanisms and allocation strategies to work together. So how do you connect operational nodes and expertise and resources? I think the best initiative that someone can do is create a collaborative platform to make those connections. If there is a connection where partners can understand cause and correlation, have visibility, share resource and expertise from a leveraged standpoint, it would generate results. You need a platform for that brings together IT infrastructure, data access, tools, relationship, and trust building. That was what the CSCS was trying to do this with the Market Intel platform which.

received positive responses as companies were willing to share sensitive information provided data governance systems were in place. If we can figure out those connections and aggregate country data at the global level, we are creating value for everyone. If you do that, money will flow, allocation difficulty becomes easier, and it puts pressure on government and supply chain to do things differently. To reiterate, this is not an LMIC issue – many developed country governments were lacking in this space and the creation of a vacuum through lack of data sharing greatly resulted in hoarding and scrambling. If we have the real time visibility of the issue, at least we have a chance to mitigate it.

What are some innovative financing mechanisms that can be implemented to accelerate vaccine procurement and distribution in LMICs?

Can you give us an example of an incident where an innovative financing mechanism has been successful for vaccine delivery?

This is tricky because it goes back to the wide range of mechanisms that people utilize. UNICEF is wonderful with the bridge facility, pooled funds, and the medicine patent pool. WHO put together a bridge facility with the Gates Foundation during the pandemic but what we didn't tap into (and which we are now working on through the Global Respiratory Partnership) was the fact that manufacturers have a variety of third-party financiers that is not innovative for them but would be innovative for the UN system and governments.

There are mechanisms to emulate but it is difficult for UN organizations to take risk, so we need to figure out ways of transferring risk properly which is not a lexicon of a UN agency. I am confident that the mechanism can be found but what it all comes down to is the size of the pooled money and ensuring that countries have improved access to local funding. For example, can we create a product that has fees attached to it so that we can always have money flowing into countries? Can a country do that? Can a government in an LMIC figure out how to tap into a local or regional development bank to mitigate risk? One of the biggest mistakes that financing mechanisms do is that they concentrate on a core group of donors and fewer NGOs in comparison.

What can we learn from LMICs that have experience in implementing successful mass vaccination campaigns that have involved the private sector to make sure that no one is left behind?

A commonality of both the COVID-19 work and the Ebola vaccine work is that WHO offices worked towards standardizing regulatory approval processes to streamline and mitigate risk. Importantly, if you do everything in a linear fashion, you are too late. While regulatory processes are being worked on, raw materials and equipment need to be lined up, parallel to lining up the transport. But with all that connected work going on, who assumes what risk?

By allocating risk properly, funds can flow freely. For instance, WHO took a lot of risk with the Ebola vaccine development and assigned experts to validate the vaccine which rapidly went through. COVAX worked similarly by lining up GAVI for cold-chain distribution, WHO for technical input and so on. From a logistical standpoint, if government can figure out regulatory and supply chain elements, we can get the tools to them.

If you could give one piece of advice to global organizations on how they can ensure that measures they are recommending for equitable vaccine distribution are suitable for local contexts, what would it be?

It would be to build upon the empowerment of local communities. I have learned through PPPs that the best response is due to people. The supply chain too is all about people – one cannot achieve results without having good relationships with someone in the field. Local community members have changed their community, their country, and the world.

The question is how do you empower individuals? We are all human beings - we react to incentives. If we find the right “value” or “operating model” that incentivizing people to do something without coordinating, it might empower them.