GLOBAL TASK FORCE ON
CHOLERA CONTROL

OCV SUB-WORKING GROUP: SUPPLY ALLOCATION FRAMEWORK

13 October 2023
Seoul, South Korea
OCV Annual Meeting

GOAL OF TODAY'S SESSION

- Reminder of the genesis of the OCV supply allocation framework (SAF)
- Describe the primary purpose and audience of SAF
- Describe the SAF governing principles
- Walkthrough of the allocation criteria development process
- Provide an updated timeline for SAF completion

CONTEXT AND BACKGROUND

OCV Supply Allocation Framework

Background

At its Oct-22 annual meeting, the OCV working group agreed that a Supply Allocation Framework (SAF) for OCV doses for preventative campaigns was required. The SAF is to be developed in 2023.

Problem

Which major user pains are being adressed?

With limited OCV supply, a mechanism is required to allocate doses available for preventative use (assuming there are doses available for preventative)

CAVEAT: This framework will not address the allocation of doses between Emergency & Preventative Use

CAVEAT: This framework will not address the allocation of doses within a country

Caveats:

Roles & Responsibilities

Supply Allocation Sub-Working Group

Review & Prioritize Options

Ideate on other options

Finalize

Development Team

Ideation/Initial Creation of Options

Collate Feedback

Draft

Responsibilities:

Members

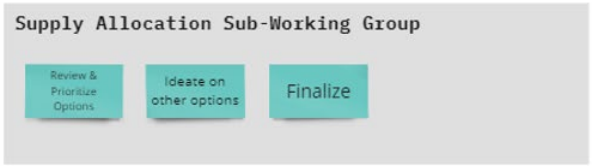
Members:
Co-Chairs: Abhishek Rimal & Amanda Tiffany

Members: Allyson Russell, Andrew Azman, Antonia Naydenov, Catherine Makwe, David Sack, Duncan Steele, Eliane Furrer, Louise Ivers, Lucy Breakwell, Malika Bouhenia, Minzi Lam Meier, Olivia Bullock, Placide Okitayemba, Philippe Barboza, Sanjay Bhardwaj, Tanya Shewchuk, Vincent Mendiboure

Sub group co-chairs: Abhishek Rimal & Amanda Tiffany

- OCV Group Chair: Lucy Breakwall
- GTFCC Secretariat focal point: Malika Bouhenia
- MMGH support: Minzi Lam Meier

OVERVIEW OF SUB-TEAM



TORs

1. Discuss and develop guidance for how to allocate OCV supply in a supply constrained situation between countries for use in preventative campaigns, including the allocation criteria & decision making map

Roles & Responsibilities

1. Review & prioritize options
2. Ideate on other options
3. Discuss and develop decision making map

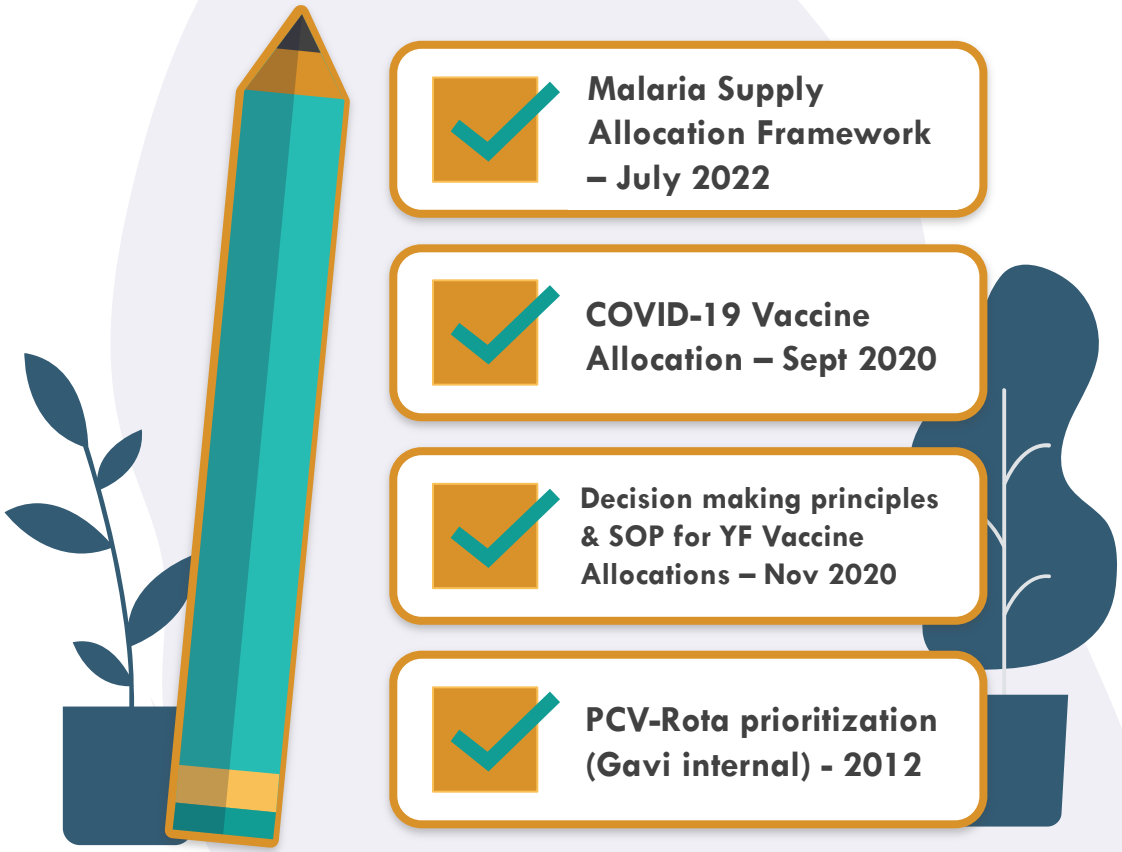
Anticipated outputs

- Document (PPT and Word) providing guidance on how to allocate OCV supply for use in preventative campaigns in a supply constrained environment

OVERARCHING PRINCIPLE: LET'S NOT RE-INVENT THE WHEEL

- Unfortunately, vaccine supply challenges are not unique to OCV
- Prior and existing vaccine allocation frameworks and mechanisms exist, let's leverage these
- To find the components that best suit in the OCV context, we have:
  - Compared the key characteristics of the vaccine and vaccine programme
  - Compared the allocation frameworks
    - Initial desk review findings: Malaria, Typhoid, Yellow Fever, COVID-19, PCV, Rotavirus, IPV
- Leverage the discussions and guidance created for OCV prioritization, what components/principles/indicators can be used to compare across countries

OUTCOME OF EXISTING FRAMEWORKS REVIEWED



RELEVANT COMPONENTS

- Defined governing principles
- Clear criteria for allocation
- Defined governance mechanisms

**will also leverage as much as possible from 2023 Cholera PAMIs Guidance and Prioritization Guidance*

OCV SAF DRAFT

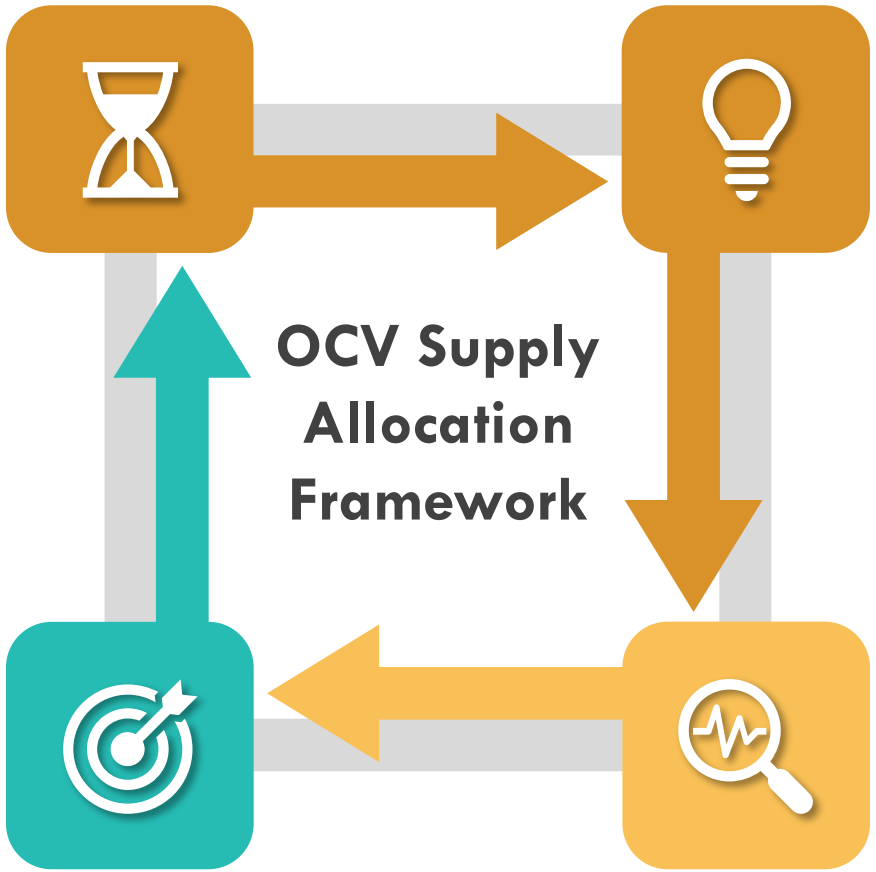
Purpose & Goal
Governing Principles
Draft Allocation Indicators

STARTING AREAS FOR DISCUSSION FOR SUB-GROUP

1. Purpose & Goal

What is the purpose/goal of Supply Allocation Framework

Who are the main users



2. Governing Principles

What should be the 3-5 governing principles of the framework?

3. Allocation criteria

What thresholds/criteria should be used?

4. When & How Used

How will the Supply Allocation Framework be used and by who

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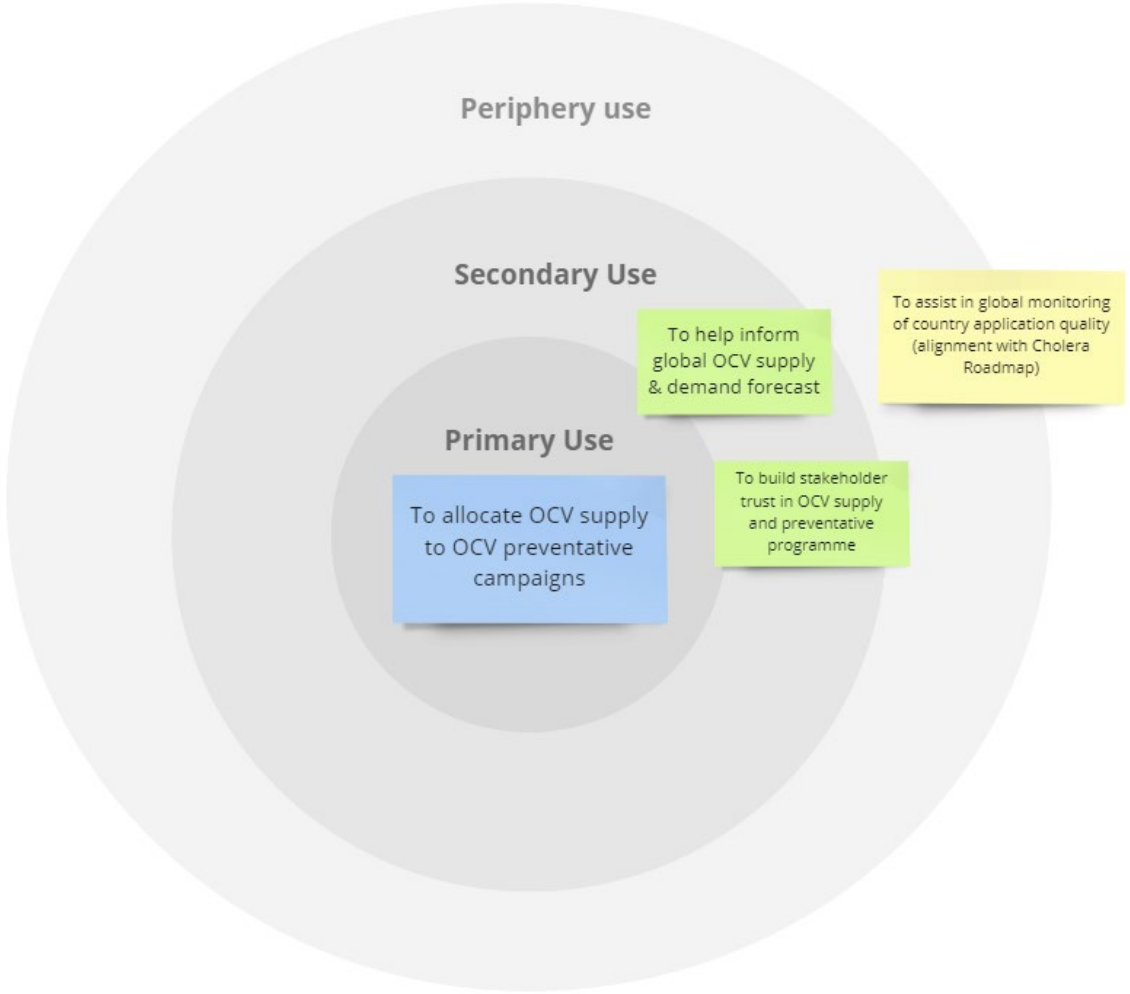
DISCUSSION AREA 1: Purpose & Goal



- From sub-group meeting #1 & #2, **primary use** of SAF is for the **allocation** of OCV **supply to preventative campaigns**

KEY ASSUMPTION & ENABLING FACTOR of OCV SAF for preventative campaigns:

- That a portion of global OCV doses will be allocated to preventative campaign

DISCUSSION AREA 2: OCV SAF 5 Governing Principles

	Governing Principle
Definition	Broad, overarching belief or value that guides decision-making and sets a direction
Focus	Focus on the guiding philosophy, values, and long-term objective
Use	Provides a moral compass

Complexities/Trade-offs

- **Greatest need** – incidence/mortality data are of inconsistent quality and regional data gaps exist. Being too reliant on available epidemiological data to make assumptions around prioritization may disadvantage countries with less advanced surveillance infrastructure (potentially undermining **equity)**
- **Health impact –** this necessarily must consider both epidemiological data (burden) as well as strength of health system/ability to conduct preventative campaigns, which could also disadvantage individuals living in countries with vulnerable health system (potentially undermining **equity)**

DISCUSSION AREA 3: Allocation Criteria (1/3)

Question: What is the difference between Governing Principles and Allocation Criteria?

	Governing Principle	Allocation Criteria
Definition	Broad, overarching belief or value that guides decision-making and sets a direction	Specific set of rules or factors used to distribute resources, opportunities, or benefits among different individuals or groups.
Focus	Focus on the guiding philosophy, values, and long-term objective	Focuses on rules
Use	Provides a moral compass	Practical and operational tool

Both are essential for decision making however operating at different levels & serve distinct purposes

DISCUSSION AREA 3: Allocation Criteria (2/3)

Considerations for allocation criteria

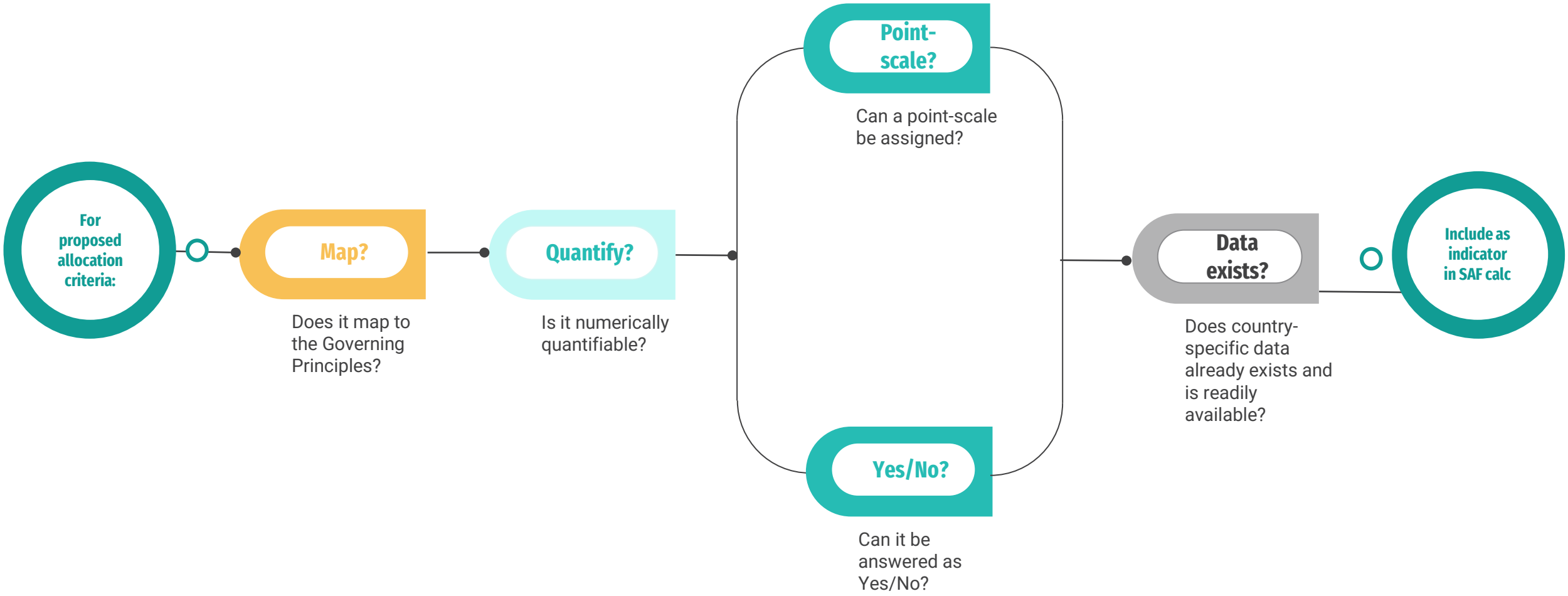
In recognition of the complexity of the situation, and the fact that no one source of data or approach is perfect, we should incorporate multiple allocation criteria

- **Respect** – we want to acknowledge challenges & competing priorities in cholera-endemic countries and try to simplify this process as much as possible by leveraging inputs already included in NCPs & Gavi applications
- **Greatest need** - Challenging to compare country-specific priority indices given different levels of quality/availability of epidemiological data across settings, known under reporting & low proportion of cases with laboratory confirmation
- **The SAF calculation is to allocate available doses,** not to assess the merit/robustness of the preventative campaign application (this is already done by the Gavi IRC)

Complexities/Trade-offs

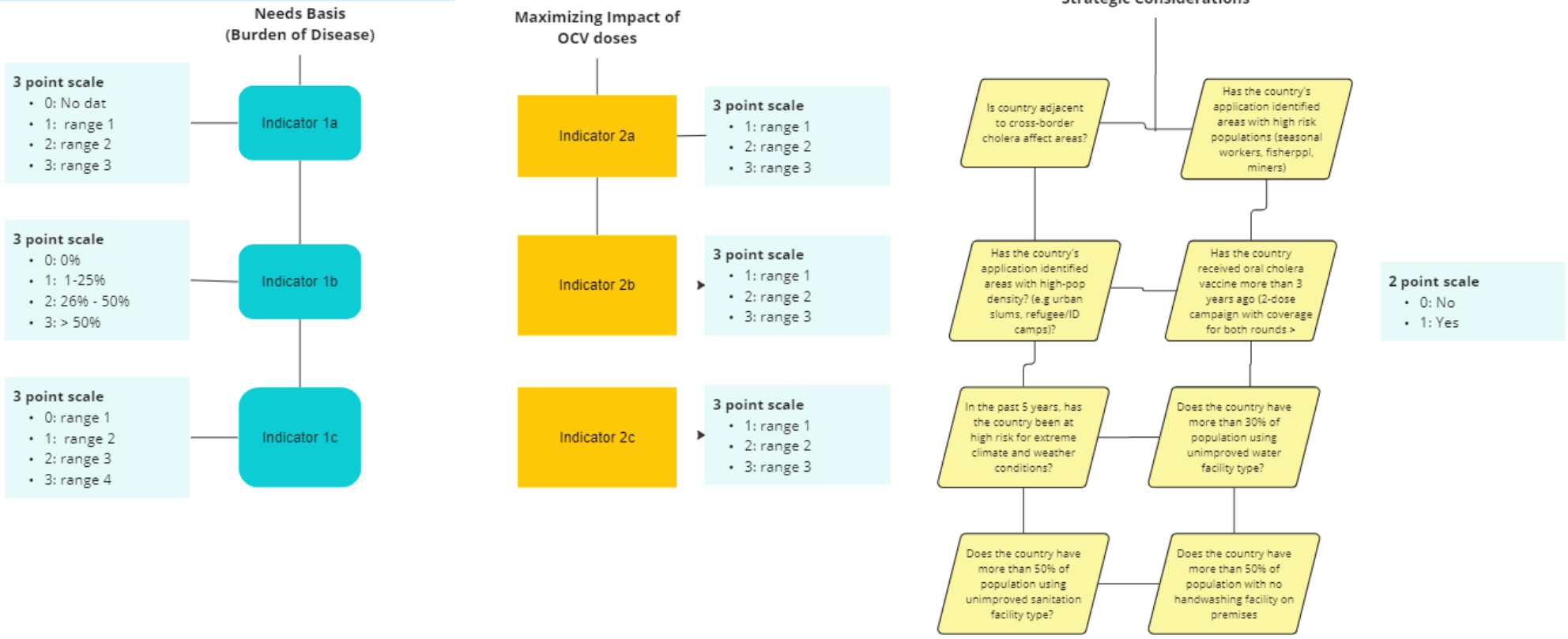
- **Greatest need** – incidence/mortality data are of inconsistent quality and regional data gaps exist. Being too reliant on available epidemiological data to make assumptions around prioritization may disadvantage countries with less advanced surveillance infrastructure (potentially undermining **equity)**
- **Health impact –** this necessarily must consider both epidemiological data (burden) as well as strength of health system/ability to conduct preventative campaigns, which could also disadvantage individuals living in countries with vulnerable health system (potentially undermining **equity)**

DISCUSSION AREA 3: Allocation Criteria (3/3)
Logic steps to determine allocation criteria



Illustrative Example of Allocation Calculation Components (1/2)

Indicators must be:
- Quantifiable
- Verifiable
- Easy to understand



1. For a country, each area is given a score based on point-scale
2. Country adds up all its point to get a total score
3. Based its total score, the country gets a weighting = country score/total of all country scores
4. # doses allocated = country % weight x doses available
5. Compare dose allocation to what country application has requested

Illustrative Example Calculation (2/2)

	Needs Basis			Maximizing OCV dose impact		Strategic							
	Indicator 1a	Indicator 1b	Indicator 1b	Indicate 2a	Indicator 2b	Indicator 3a	Indicator 3b	Indicator 3c	Indicator 3d	Indicator 3e	Indicator 3f	Indicator 3g	Indicator 3h
Country A	3	50%	90%	20%		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Country B	11	50%	50%		50%	No	No	No	Yes	Yes	Yes	No	No
Country C	25	25%	30%	60%		Yes	Yes	Yes	No	Yes	Yes	No	No

	Needs Basis			Maximizing OCV dose impact		Strategic							
	Indicator 1a	Indicator 1b	Indicator 1b	Indicate 2a	Indicator 2b	Indicator 3a	Indicator 3b	Indicator 3c	Indicator 3d	Indicator 3e	Indicator 3f	Indicator 3g	Indicator 3h
Country A	1	2	3	1		1	1	1	1	1	1	1	1
Country B	2	2	2		2	0	0	0	1	1	1	0	0
Country C	3	1	1	3		1	1	1	0	1	1	0	0

Doses to be allocated 15'000'000

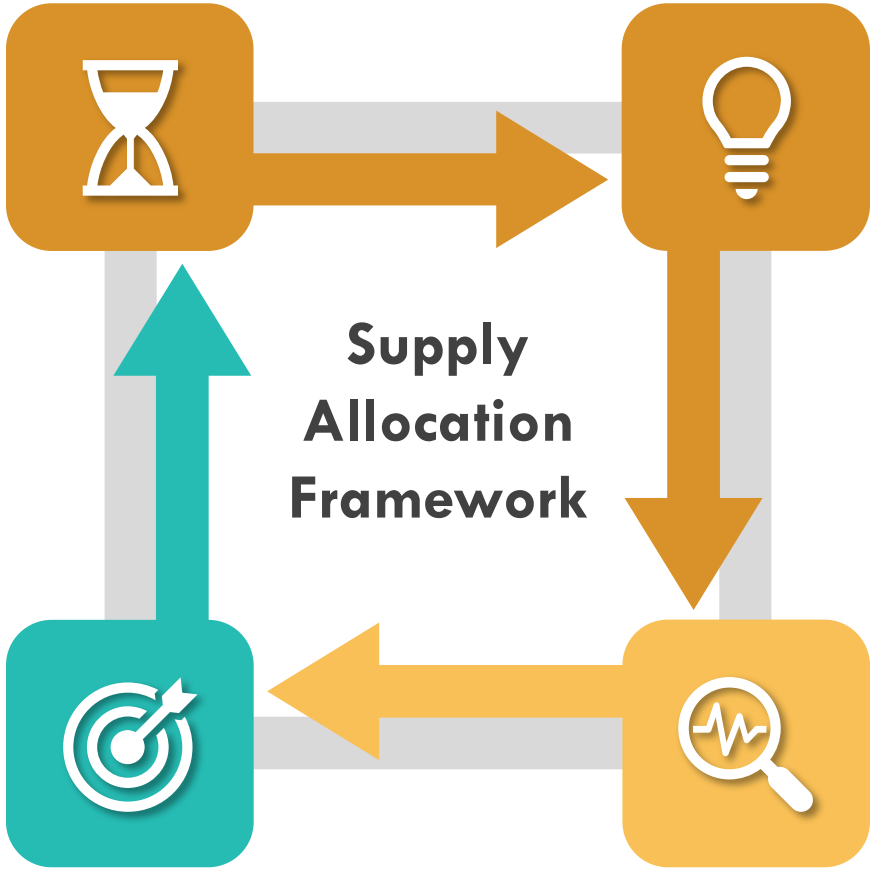
Score	% weight	Allocated Doses
15	38%	5'769'000
11	28%	4'231'000
13	33%	5'000'000
39	**100%**	**15'000'000**

AREAS FOR DISCUSSION FOR SUB-GROUP

1. Purpose & Goal

- Discussions completed with sub-group
- Written purposes & goal included in draft guidance document

Done: Meeting #1 – May 30, 2023



2. Governing Principles

- Discussions completed with sub-group
- Written governing principles included in draft guidance document

Done: Meeting #2 – June 13, 2023

3. Allocation criteria

Completed:

- Meeting #3a – June 28, 2023
- Meeting #3b – July 8, 2023
- 15 one to one discussions – August & early Sept
- Developed two models & country case studies, tested in the in-person workshop: Seoul Oct 2023

To Do:

- Develop 1 consolidated SAF calculation model
- Write allocation criteria in draft guidance document

4. When & How Used

To Do

- Sub-group meeting to brainstorm & discuss the governance process
- Draft the outcome of the discussion and include in the draft guidance document

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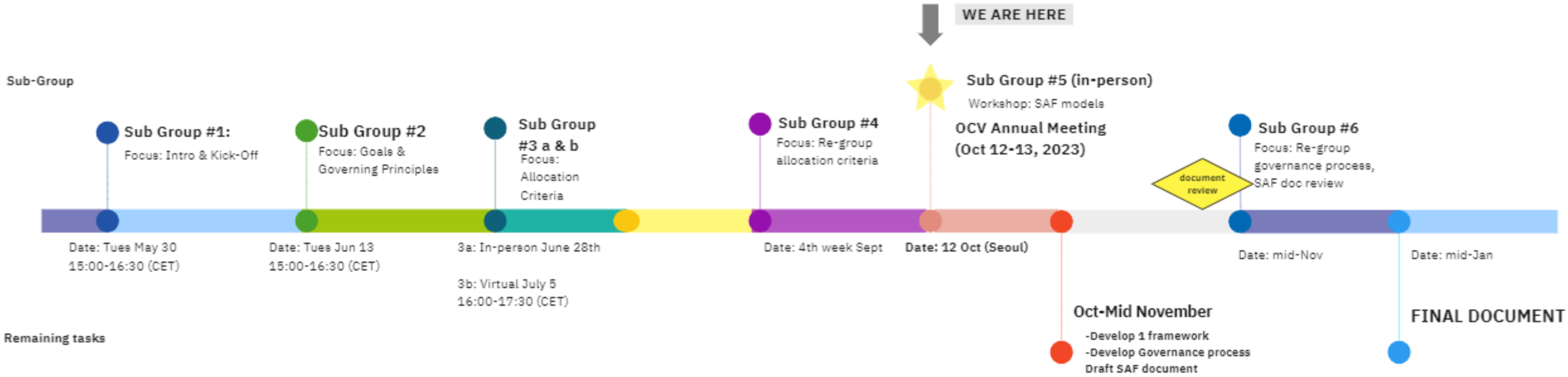
SAF SUB-GROUP MEETING TIMELINE



QUESTIONS – COMMENTS?

Thank you

Together we can #endcholera

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