

Dr. Suphab Panyakeo

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Deputy Director General

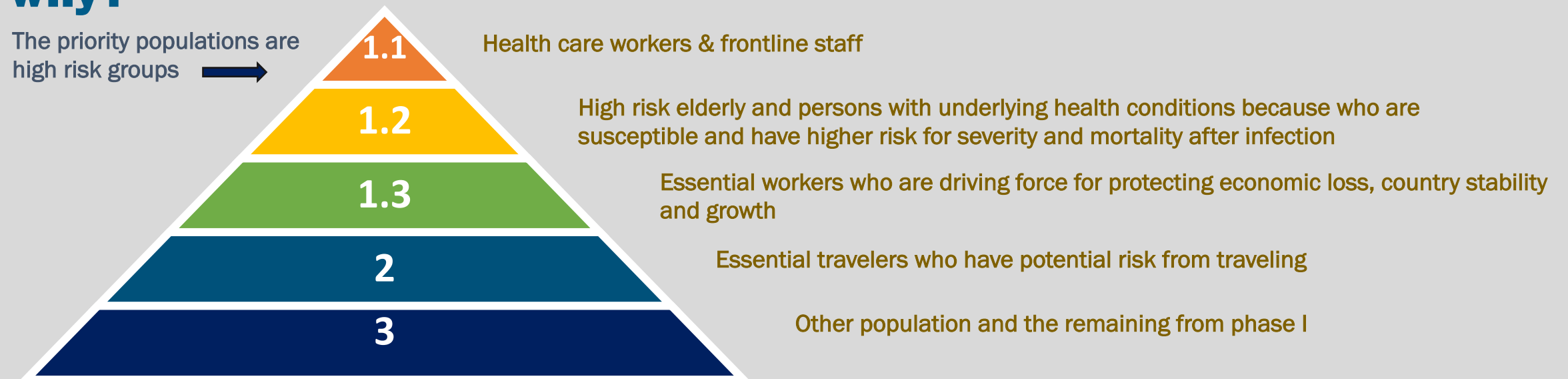
Department of Finance

Ministry of Health, Lao PDR

How did you design your COVID-19 vaccines strategy?

The National Deployment and Vaccination Plan (NDVP) layouts the COVID-19 vaccination strategy in Lao PDR. There are strategies for COVID-19 vaccine deployment by prioritizing populations and by delivering through **fixed and mobile deliveries** to effectively reach target populations. Since COVID-19 vaccine is new, the first phase of vaccine introduction is through fixed site delivery to effectively reach target populations. The mobile vaccination strategy is planned to reach target populations following the national guidelines.

What were your main considerations in doing so? In particular, how are you prioritizing populations for COVID-19 vaccines and why?



Target coverage for COVID-19 vaccination

Phase 1 (22% coverage): Cumulative population vaccinated (In the first half of 2021): 3% of total population then expanded to the remaining target group;

Phase 2 (50% coverage): Cumulative targets around 3.67 million people;

Phase 3 (70% coverage): Cumulative population vaccinated around 5.14 million



Where do you anticipate procuring/accessing vaccines from?

- Currently, the country procure the vaccines via UNICEF from COVAX Facility i.e., AstraZeneca vaccine.
- Bilateral or direct procurement between governments are also conducted such as *Sinopharm* from China, and **Sputnik v** from Russia.

What are your estimates of costs for providing coverage, and what are the main cost drivers?

Vaccine price = \$7 per dose and 2 doses schedule

Phase 1 (22% Coverage):

- Total cost (TC) of vaccine deployment = **\$27.4 million**
- Delivery cost = \$3.0 million

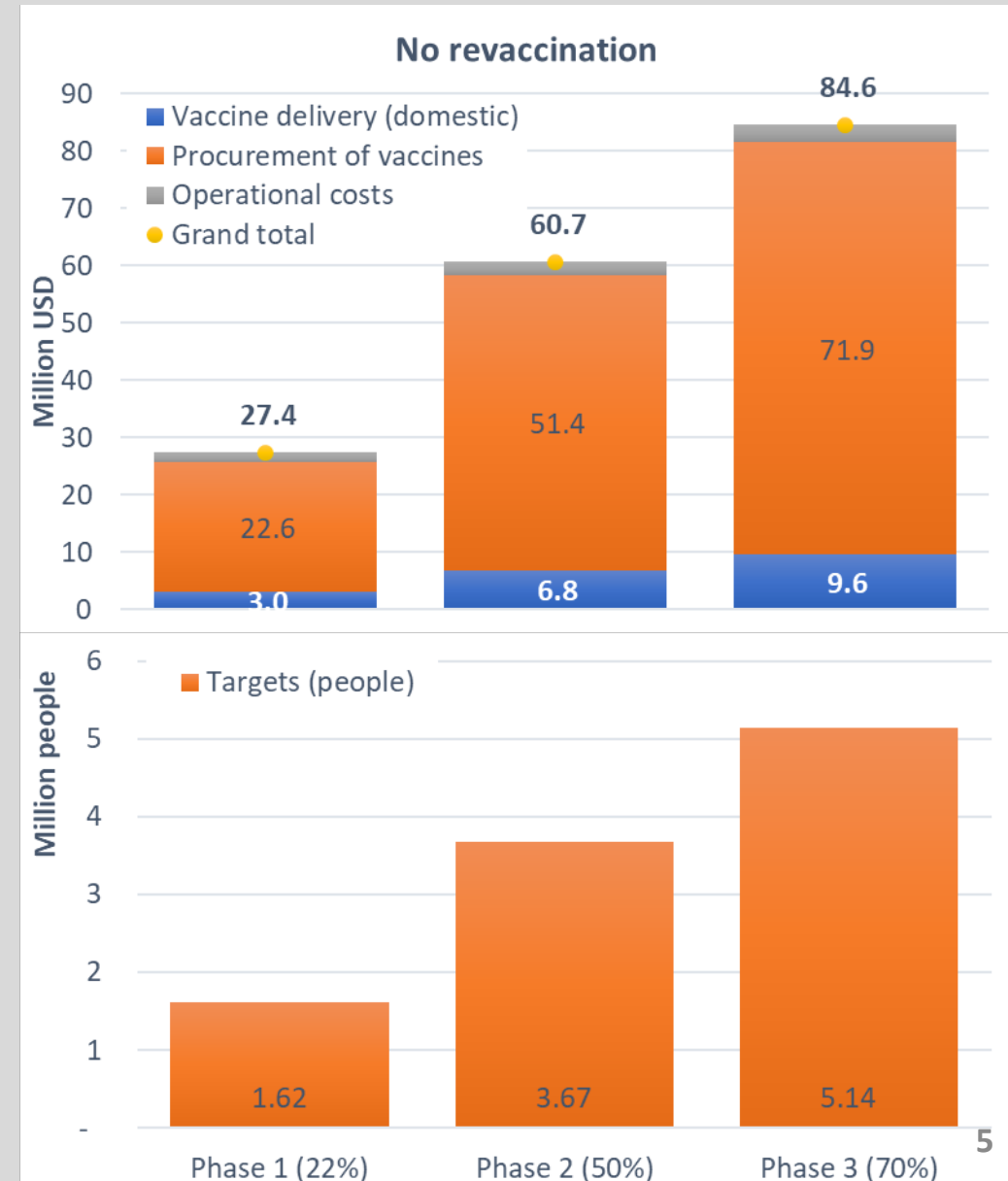
Phase 2 (50% Coverage):

- TC = **\$60.7 million**
- DC = \$6.8 million

Phase 3 (70% Coverage):

- TC = **\$84.6 million**
- DC = \$9.6 million

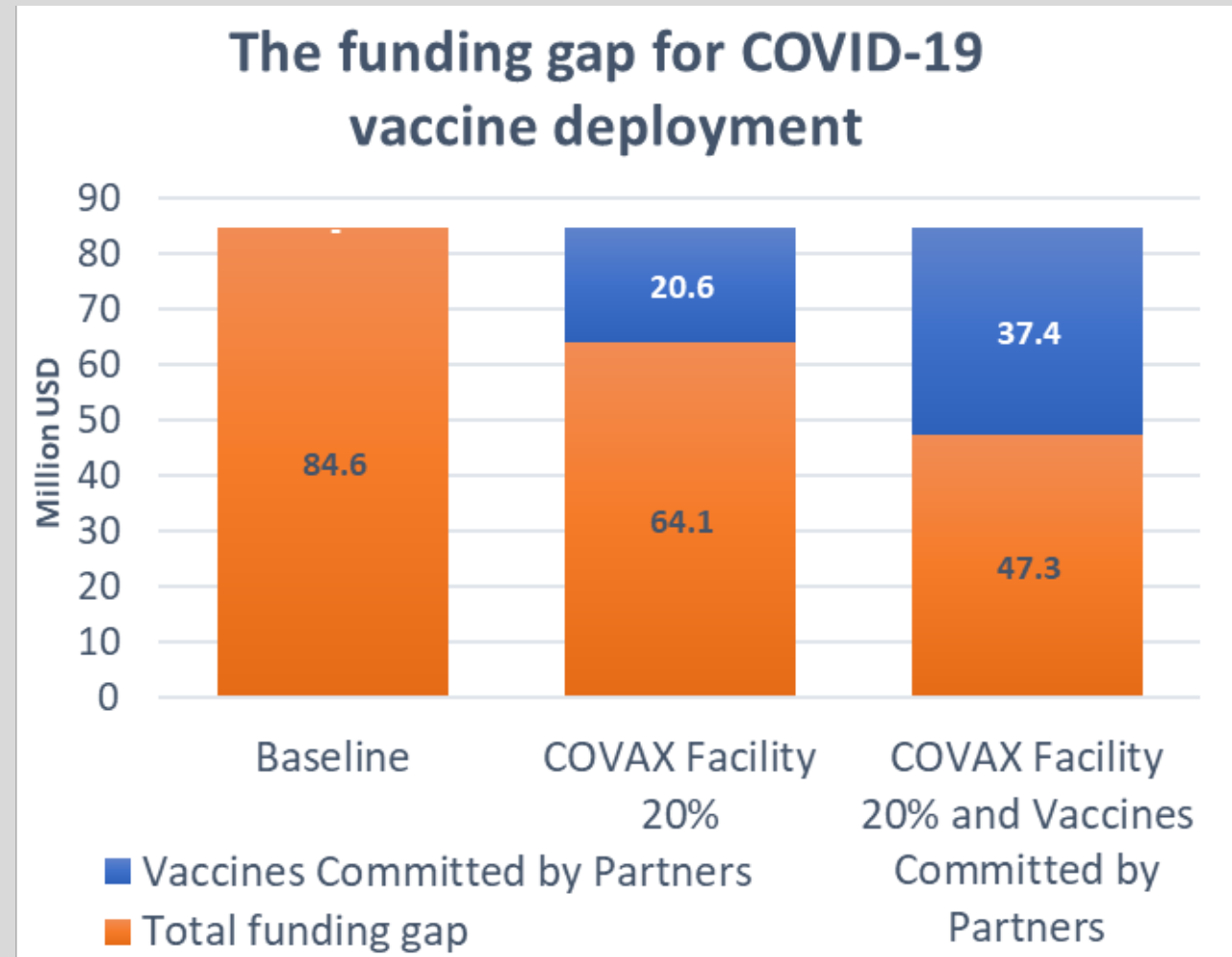
The main cost drivers include vaccine procurement and vaccine delivery



Current Funding Gap of Vaccine Deployment

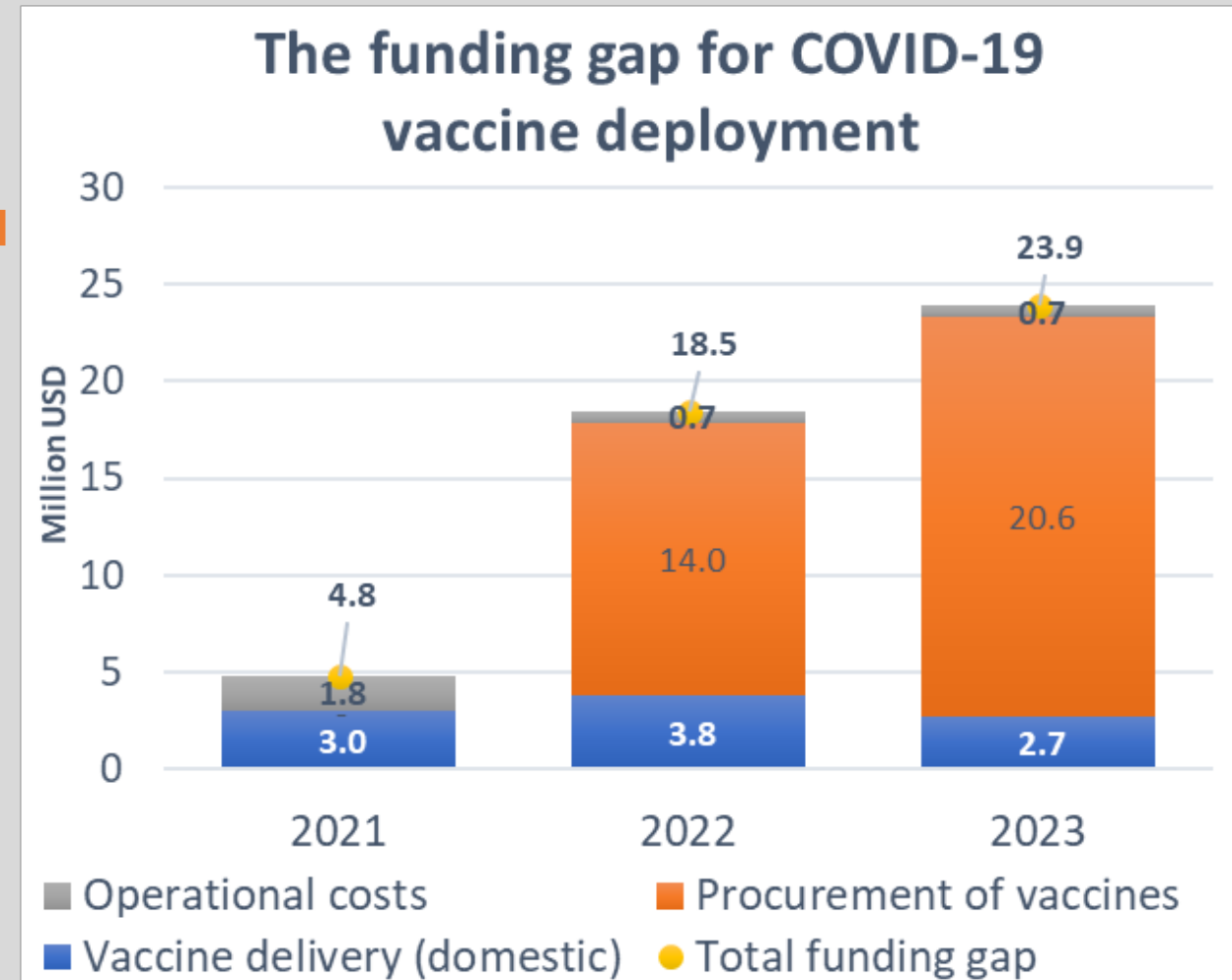
Vaccines committed by development partners

- **COVAX:** 20% of population or around 2.9 million doses
- **Sinopharm V:** 1.1 million doses
- **Spunik V:** 1,000 doses
- **Others:** around 1.15 million doses + \$1 million (procurement and deployment)



How does your country anticipate financing the vaccine coverage?

- If entire vaccines for 22% of total population are subsidized by partners and COVAX AMC, the funding gap in 2021 is **\$4.8 million for delivery and operational costs**.
- Vaccines currently committed by partners and COVAX AMC can partially cover 28% of total population in 2022. **The funding gap in this year is around \$18.5 million** including delivery and operational costs.
- In 2023, 20% of total population will be vaccinated which aims to reach 70% coverage in this year. Thus, **the funding gap in 2023 accounts for \$23.9 million** including 2.7 million for delivery and \$0.7 million for operational costs.



Challenges on planning and financing COVID-19 vaccine coverage

- So far, around **5.3 million doses** of COVID-19 vaccine are committed by partners and COVAX AMC (36% of total population). **Thus, around 2 million doses remain in need to reach 50% coverage.**
- To reach 70% coverage, If there is no more vaccine committed by partners or COVAX AMC, the GoL needs to find other sources for financing vaccine procurement, deployment and other activities.

What challenges do you anticipate with implementing the COVID-19 vaccine roll-out?

- Risk communication & information management are necessary for effective vaccine rollout
- Target groups are prioritized in vaccine rollout and vaccine reaches to those in remote and rural areas;
- Ensure timely delivery of 2nd dose, and reduce the vaccine wastage;
- The reporting rate on DHIS2 is low. Provinces and districts need close follow up DAILY reporting on DHIS2

How does the COVID-19 vaccine roll-out affect your country's national immunization program and access to other essential services?

Due to covid-19 vaccine roll out, there are major constraints in human and financial resources to operate the routine immunization. This may delay the implementation of routine immunization activity at particularly subnational levels. Travelling restriction, limited of staff availability makes difficult to access to health services particularly for the poor in remote and rural areas.