

VACCINE PRODUCTION IN DEVELOPING COUNTRIES: AN ECONOMIC EVALUATION

Syarifah Liza Munira

Department of Economics,

Faculty of Economics and Business,

Universitas Indonesia

liza.munira@ui.ac.id; lizamunira@yahoo.com

2018 Global Vaccine and Immunization Research Forum (GVIRF)

20 – 22 March 2018 Bangkok, Thailand

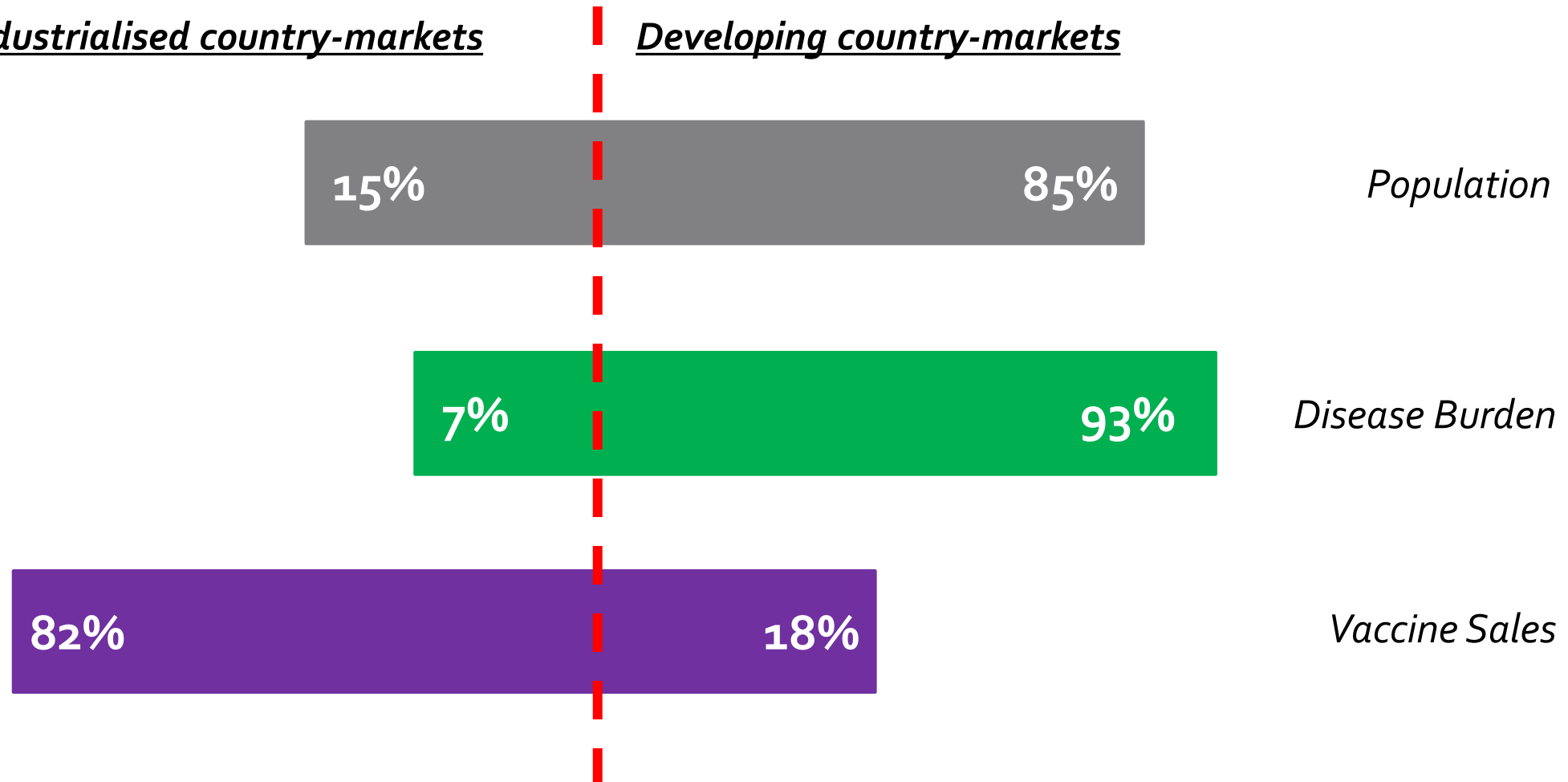
Preview

- Context: Local vaccine production in developing countries
- Framework: Economic evaluation of establishing new vaccine facilities in developing countries
- Methodology:
 1. Cost analysis using questionnaire on existing vaccine manufacturers in developing countries
 2. Econometric analysis on viability factors influencing market shares and revenue size of developing country manufacturers
- Results and Conclusions:
 1. Cost structure and cost drivers
 2. Viability factors influencing market shares and revenue sizes

Gap Between Vaccine Markets

Industrialised country-markets

Developing country-markets



Source: Kaddar, M. (2013). *Global Vaccine Market Features and Trends*. Paper presented at the Workshop on Business Modelling for Sustainable Influenza Vaccine Manufacturing, Washington DC.

Characteristic of the Vaccine Industry

- High fixed costs
- Small market (2 – 3% of pharmaceuticals market)
- High price – cost margin
- Scrutiny on price and quality
- Different market for different vaccine antigens, no overlap
 - High market concentration
- Investment decisions based on economic considerations

Study on costs of establishing new vaccine facilities in emerging markets

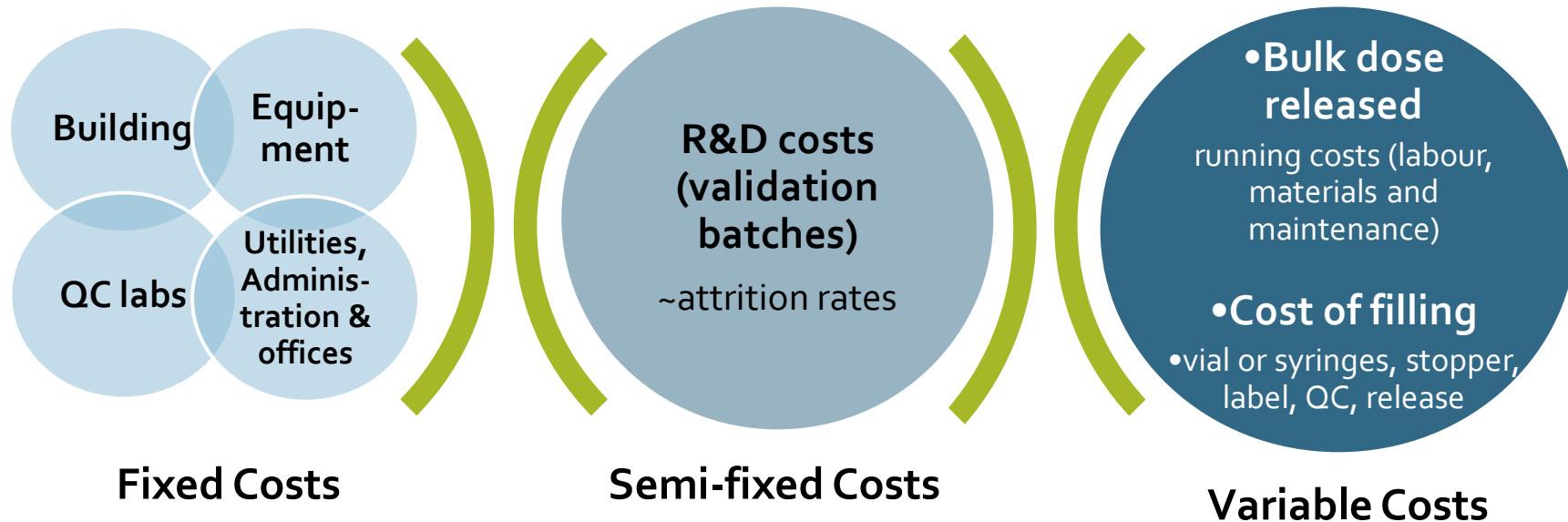
Background

- Existing literature are limited
 - Mahoney (1990), Mahoney et al (2012), Mercer study (2002), Mercer study (2006)
- Expressed interest by countries to WHO wishing to establish local vaccine production
- Need for analysis of whether local production is in fact suitable for each country that expresses these interests
- Sensitive data

Methodology

- Questionnaire (8 respondents, 12 observations)
- Self reporting
- Broad estimation
- Hypothetical scenario of scale and scope
(production capacity & number of vaccines)

Questions asked: Production costs



Fixed costs: 3 scenarios

Scenario	Annual Doses	Vaccines Produced
Scenario A	20 million	1 vaccine
Scenario B	20 million	5 vaccines
Scenario C	100 million	5 vaccines

Effect of greater production scope

Effect of greater production scale

Analysis

- **Observations segregated by:**

- Vaccine technology

- Bacterial
- Viral
- Combination
- Recombinant
- Conjugate
- Novel

- Vaccine formulation

- Multi-dose vials (10 dose)
- Single-dose vials
- Pre-filled syringes
- Lyophilized

- **Assumptions:**

- Attrition rates
- Equipment life-years
- $C_a = (V - R)_a$

C_a : annualized capital cost of equipment

V : acquisition cost of equipment

R : estimated residual value

a : annualization factor = $\frac{r(1+r)^n}{(1+r)^n - 1}$

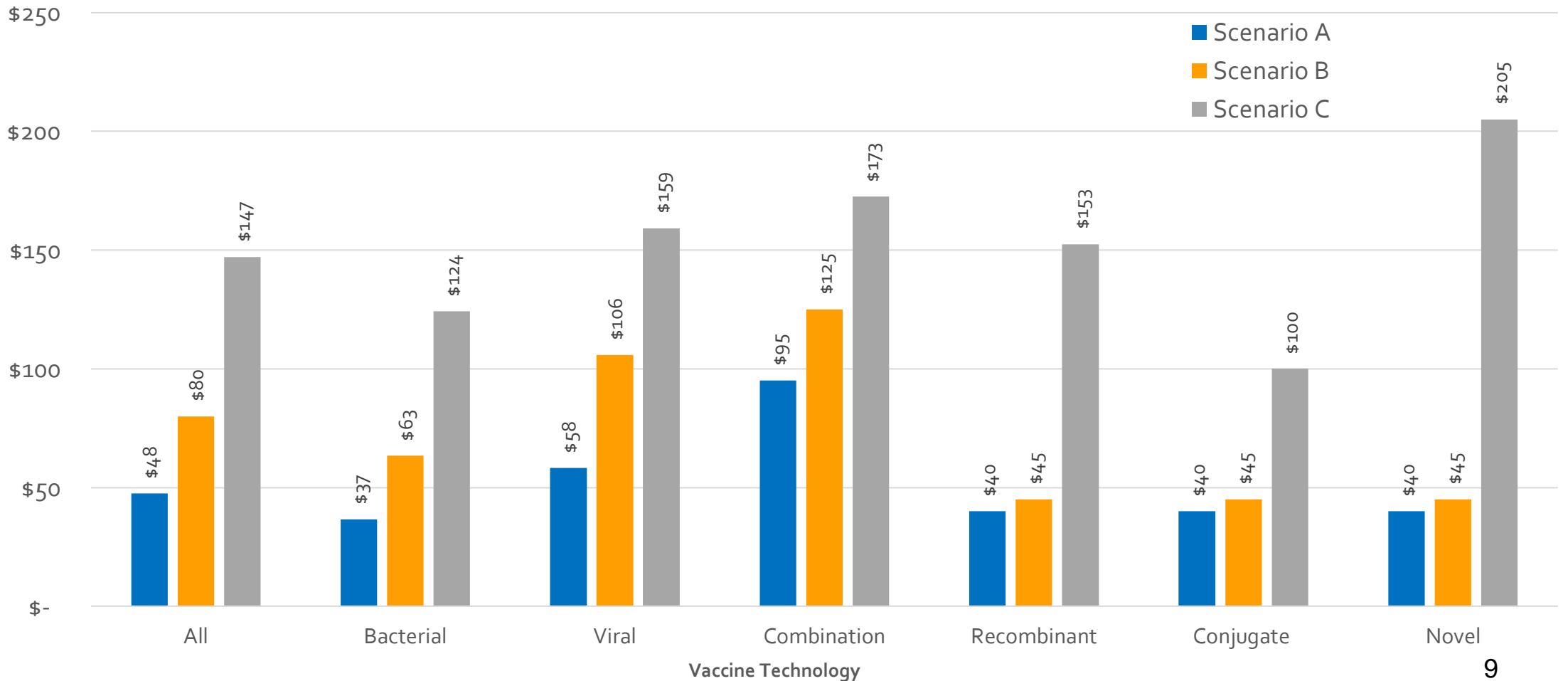
	Building	Equipment	Validation
interest rate (r)	10%	5%	5%
years (n)	25	10	10

Assumptions adopted from: Mercer Management Consulting (2002); Mercer Management Consulting (2006), Mahoney (1990) and Mahoney et al. (2012) and Levin (1983)

Findings

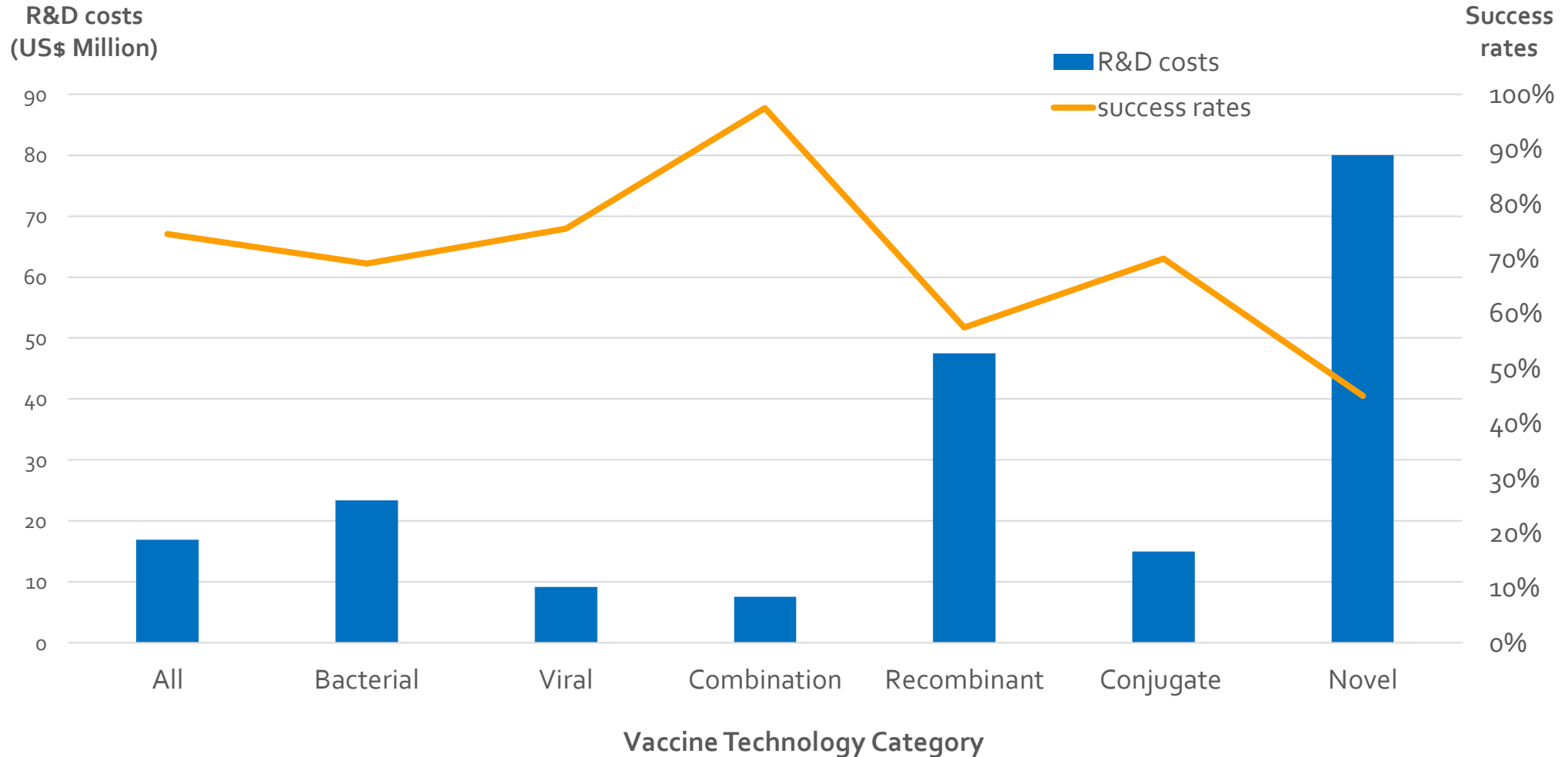
Step fixed-costs: importance of demand forecasting

US\$ (Millions)



Findings

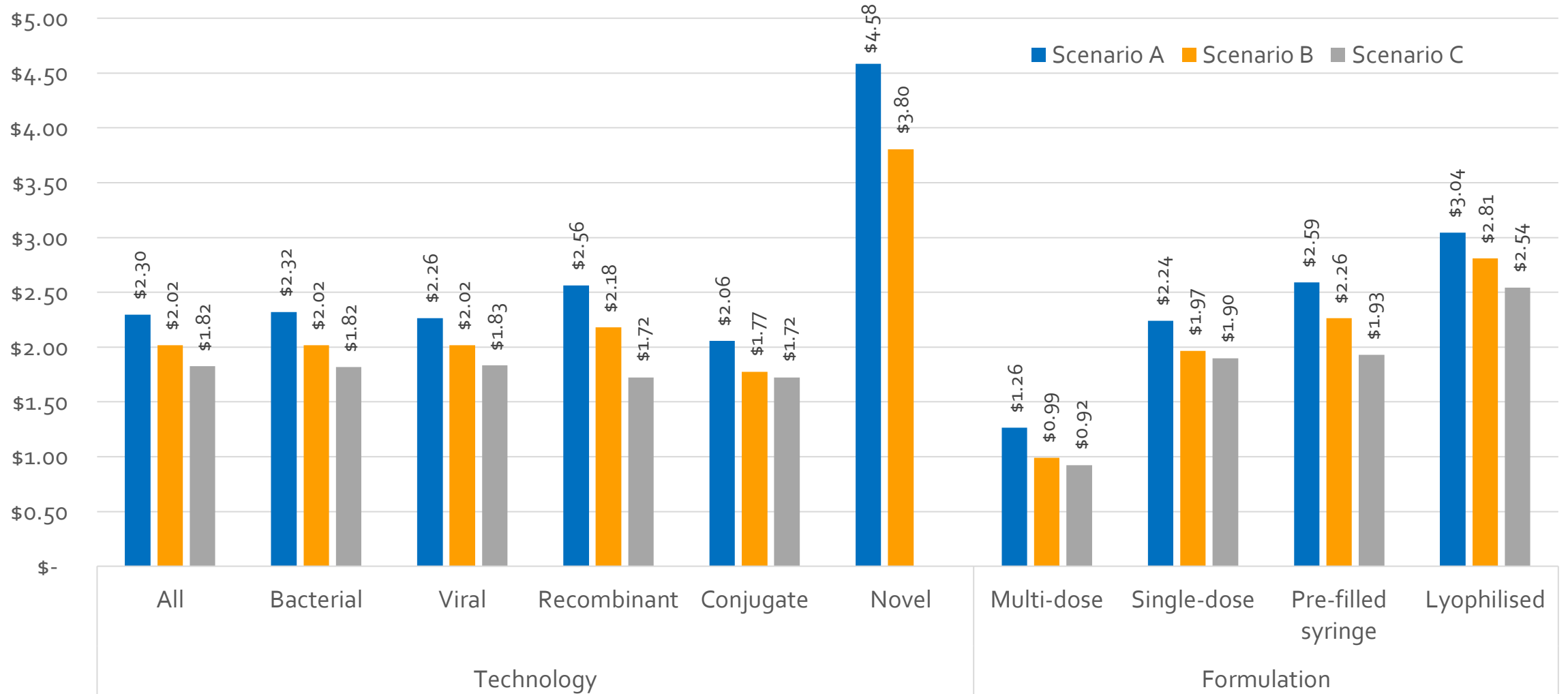
R&D costs and failure rates significantly lower than originating vaccines



Findings

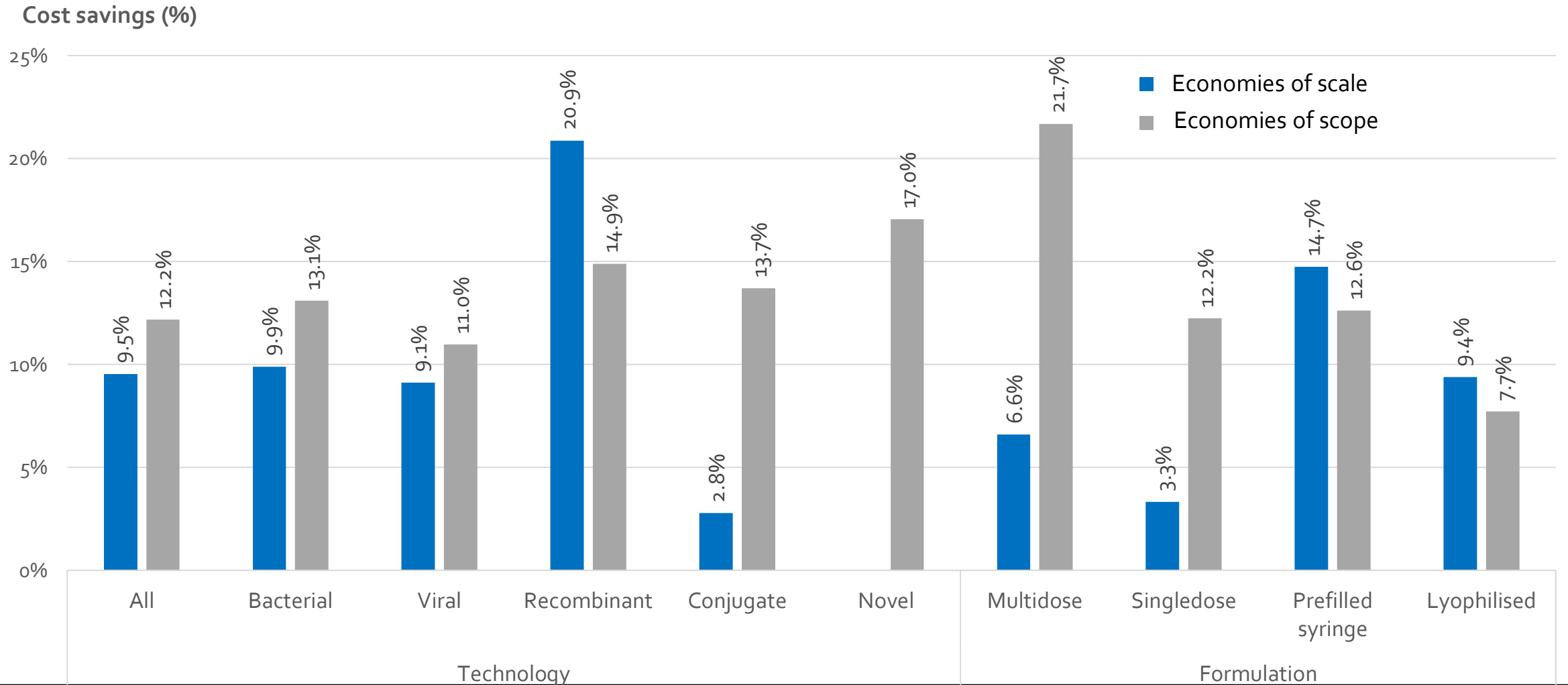
Average vaccine cost-per-dose*: \$2.05 (range: \$0.92 - \$4.40)

*based on 3 specific production scenarios



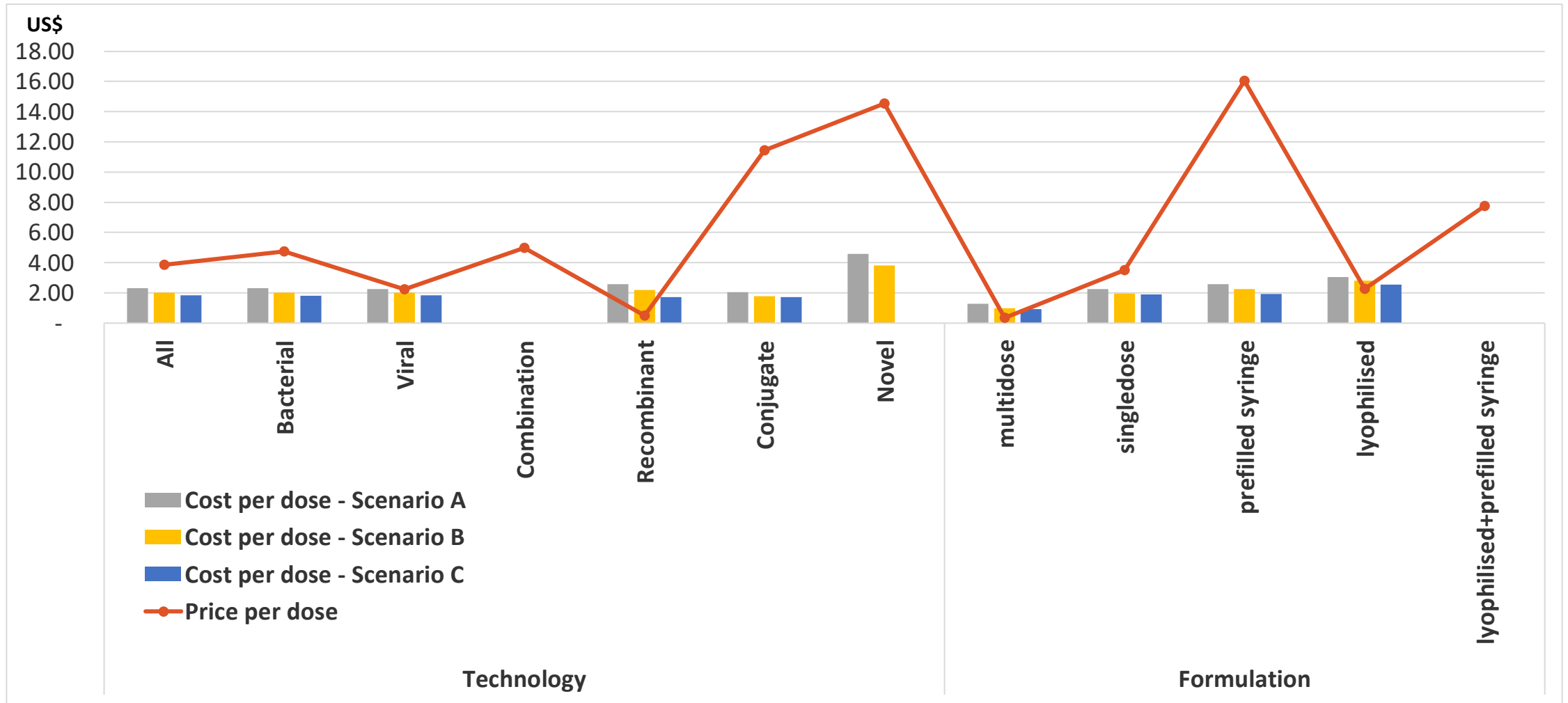
Findings

Existence of economies of scale & economies of scope in developing country vaccine production



Findings

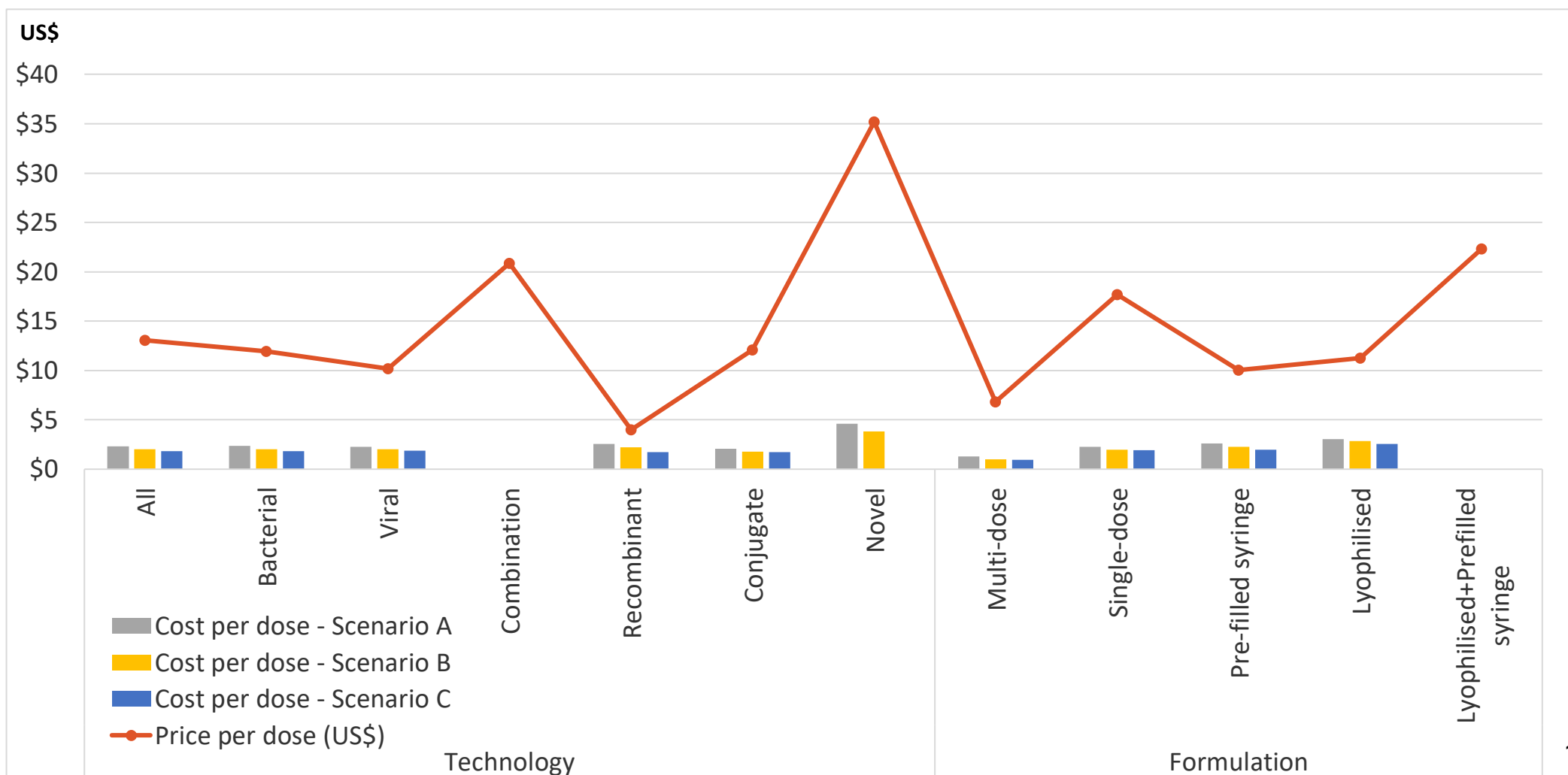
Producer surplus in developing country markets*: bacterial and conjugate | pre-filled syringes



*based on 3 hypothetical scenarios & existing market price

Results

Producer surplus in industrialized country markets*:
need to match epidemiological demand & regulatory requirements



*based on 3 hypothetical scenarios & existing market price

Cost drivers of vaccine production in developing countries

- High fixed costs offset by:
 - Large volumes and multi-vaccine facilities
 - Technology types and formulation presentations
- Mainly driven by fixed costs, but at production scales over 20 million doses, becomes driven by its variable costs (an advance on the current literature)
- Developing country vaccine manufacturers face mostly non-premium markets, yet compensated by:
 - large size of the population
 - high need for vaccines due to disease burden profiles
 - low domestic competition
- Challenges to sustain viability when exporting vaccines or producing new technology vaccines

Econometrics analysis: Multilevel regression (3-level HLM) on panel data (2012 – 2014)

Viabile Production

- 1. Market share, global market***
- 2. Revenue size, domestic market***
- 3. Market share, export market***

= f

Viability characteristics

- Economies of scale**
- GMP/consistency of production**
- Access to new technologies**
- Historical performance to meet demand and scale up production**
- Credibility of quality**
- Management structure**
- Legal status, adequate autonomy**
- National income per capita**
- Market expansion strategy**

Data source (2012 – 2014)

- World Health Organisation:
 - 'Source of Vaccines' database as reported in WHO/UNICEF's Joint Reporting Form (annual)
 - Administrative coverage database
 - Vaccine schedule database
 - Vaccine product, price and procurement (V3P) database
- World Bank:
 - World Development Indicators database
- Vaccine Information Management System (VIMS) database, John Hopkins Bloomberg School of Public Health
- Vaccine manufacturers' and relevant governments' websites.

Descriptive Analysis

- Data size: approx. 4.55 billion doses, \$ 5.74 billion
- 311 observations based on 40 vaccines types produced by 34 manufacturers in 16 countries
- 118 combinations over 3 years (2012 – 2014)
- Inclusion: vaccine doses procured from developing country manufacturers
- Exclusion: vaccine procurement reported as multiple sources

Findings

Multilevel regression analysis: Vaccine viability factors on market shares

Independent Variable	Market share, global market		Revenue size, domestic market		Market share, export market	
	coefficient	p-value	coefficient	p-value	coefficient	p-value
Constant	-13.51		-12.32		-7.83	
Surviving Infants (log)	-1.00	0.021*	0.95	0.000**	-0.38	0.654
Number of vaccines products	0.10	0.026*	0.18	0.531	0.10	0.022*
Consistent production supply	0.90	0.001**	1.61	0.000**	1.48	0.001**
Vaccine technology	0.79	0.000**	0.74	0.000**	0.34	0.083
Sufficient supply against demand	0.70	0.010*	0.33	0.335	0.80	0.028*
NRA	0.83	0.125	0.18	0.761	3.12	0.003*
Vaccine PQ status	0.98	0.000**	-0.21	0.561	1.15	0.002*
Ownership status	1.01	0.011*	1.26	0.004*	1.45	0.041*
Number of MOH, last 5 years	0.06	0.588	0.06	0.411	-0.07	0.823
National income per capita	0.48	0.046*	1.17	0.000**	0.53	0.272
Proportion of export sales	-1.00	0.000**				

*: p-value < 0.05; **: p-value < 0.001; bold number: significant

Source: Analysis based on Munira, S.L (2017) "Viability vaccine of local vaccine production.", ANU

Once up and running – developing country vaccine production viability factors

Market shares:

Domestic markets	Export markets
<ul style="list-style-type: none">• Production scale• Sustainable and reliable production• Autonomous management structure• National income level• Vaccine technology type	<ul style="list-style-type: none">• Production scale and scope• Sustainable and reliable production• Autonomous management structure• Fully functioning NRA• Prequalified vaccines

Key messages

- Production scale and scope are essential in achieving and sustaining viability
- Step costs in vaccine production – production set up and planning is critical
- Sustainable and reliable production essential in maintaining market share
- Establishing strong domestic presence important prior to expanding into export markets
- Formulation types are cost drivers yet not a determining factor on price

Acknowledgements

- Martin Friede and Jan Hendriks (World Health Organization)
- Jim Butler, Archie Clements, Yijuan Chen (ANU)
- Ines Atmosukarto (Lipotek) and Louise Carter (Novartis)
- Allison Sudradjat Awards (Australia Awards/DFAT)

Thank you

Econometrics analysis: Mixed-model regression on panel data (2005 – 2015)

Vaccine Prices

**Developing Country
Manufacturers**

- **Traditional vaccines**
- **Modern vaccines**

= f

Procurement factors

- **Volume**
- **Procurement Mechanism**
- **Contract**
- **Formulation**
- **Formulation size**
- **Vaccine technology**
- **Income level (Procurer)**
- **Income level (Manufacturer)**
- **Competition**

Data source (2005 – 2015)

- World Health Organisation:
 - Vaccine product, price and procurement (V3P) database
 - Prequalified (PQ) vaccines' list
- World Bank: country classification

	Developing country manufacturers
Doses	0.51 billion
Revenue	\$ 0.4 billion
Observations	392
Vaccine types	25
Manufacturers	20
Producing countries	8
Procuring countries	43

Note: based on V3P participating countries reporting to WHO

Multilevel regression analysis : Procurement factors on vaccine prices – Developing country manufacturers

Independent Variable	Price/dose (log)	
	coefficient	p-value
Constant	-0.70	
Volume (log)	-0.05	0.007*
UN Procurement	-0.84	0.000**
Contract	-0.10	0.384
Formulation type	-0.01	0.912
Formulation size	-0.06	0.000**
Vaccine Technology	0.91	0.003*
Income Level (Procurer)	0.17	0.025*
Income Level (Producer)	0.49	0.000**
No. of substitutes (PQ)	0.00	0.857

*: p-value < 0.05; **: p-value < 0.001; bold number: significant

Source: Analysis based on Munira, S.L (2017) "Viability vaccine of local vaccine production..", ANU

Procurement factors on developing country vaccines pricing behaviour

All vaccines	Traditional vaccines	Modern vaccines
<ul style="list-style-type: none">• Volume• UN Procurement• Formulation size• Income level (Procuring & Producing country)	<ul style="list-style-type: none">• UN procurement,• Formulation size,• Income level (Producer)	<ul style="list-style-type: none">• Volume• UN Procurement• Formulation size

- **Vaccine pricing behavior compared to other manufacturers:**
 - Formulation type not a determining factor on price
 - Traditional vaccines are saturated, hence volume does not influence prices