

NAVIGATING THE EVOLVING ROTAVIRUS VACCINE MENU

Characterizing vaccine switch decision-making and implementation experiences in six countries

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BACKGROUND

In recent years, the range of product, presentation, and schedule options for new and underutilized vaccines has rapidly expanded, providing national immunization programs (NIPs) with the potential to choose options best suited to their country context. This opportunity to optimize programs and mitigate stockouts has not been without obstacles as countries navigate shifting supply, evolving evidence, and implementation challenges. The RVV landscape has been particularly volatile—since 2018, six new products or presentations entered the Gavi market and one withdrew, and supply shocks triggered compulsory switches for existing and planned programs.

OBJECTIVE

To characterize the experience of navigating elective and compulsory vaccine switches to inform NIP strategies and provide guidance to partners on how to better support countries in switch decision-making and implementation.

METHODS

We conducted semi-structured in-depth interviews with current and former Ministry of Health officers and partner organization staff involved in voluntary or compulsory rotavirus vaccine switch implementation in India, Kenya, Nepal, Tanzania, Uganda, and Zambia.

Countries face increasingly complex and time-sensitive decisions on NIP programmatic switches as the RVV landscape evolves and supply fluctuates. Simplifying procedures and proactively building awareness about optimization can help mitigate the burden on countries and strengthen evidence-based switch decision-making.

RESULTS

Optimization

- Decision makers prefer local data to inform decisions—a challenge for newer, less widely used products
- Evaluating compatibility of alternate products or presentations with the existing NIP structure and schedule is critical—some switches are more complex and require more planning, training, funding, and time to implement effectively
- Vaccination campaign, introduction, and switch fatigue impacts program performance and public acceptance and demand

“Other **different formulations** are available on the market which **need to be reviewed and see which would be the best option for us**”

“When we switch the presentation, the doses, then we might need to **revise our immunization guideline and we may need to have training to health workers**”

Elective switches

- Elective switches are relatively uncommon—switches were more frequently driven by external factors like supply constraints or guidance changes
- Cost considerations are key drivers

“The **original formulation we adopted for Rotarix is no longer available and now we have to move to the next one but still it has to go through [the NITAG]**”

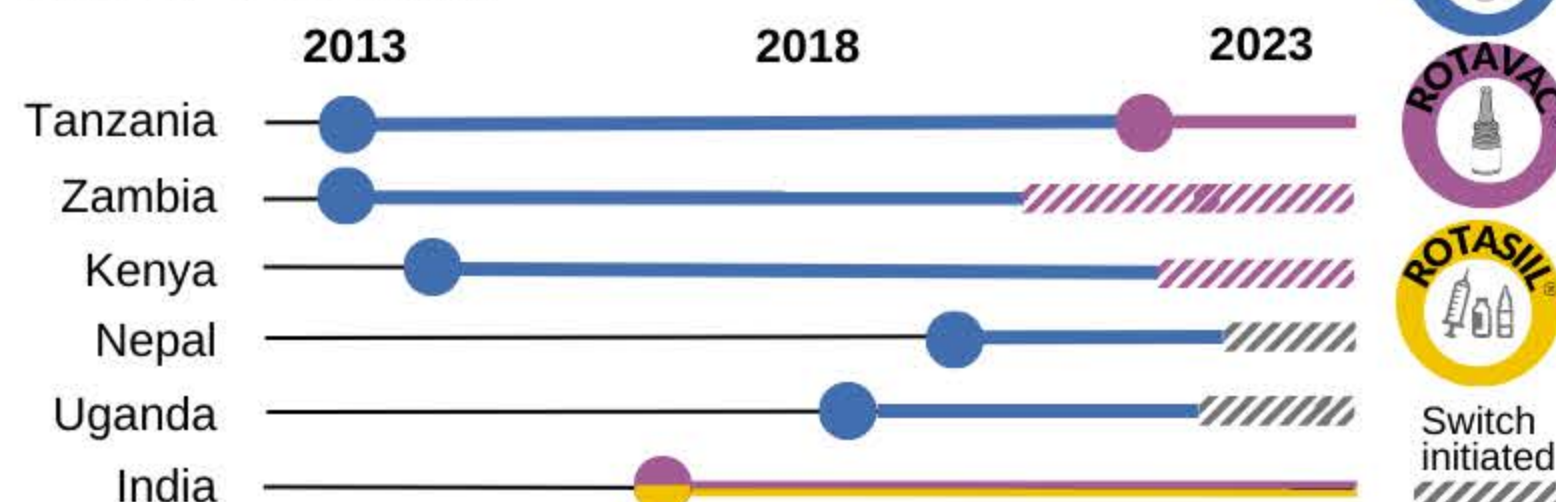
Compulsory switches

- Processes and stakeholders are typically the same
- Timelines are drastically expedited in order to mitigate stockouts—accelerating a multi-year process to just a few months
- Required switch procedures and documentation can be challenging to navigate on tight timelines and often trigger delays

“**Supply is what determines the time around which the vaccine switch happens. The country does not have a choice but to switch**”

“**Countries are not so much informed about the Gavi switch processes and hence using obsolete tools**”

ROTAVIRUS VACCINE INTRODUCTION AND SWITCH BY COUNTRY



KEY LEARNINGS



Switch processes are complex. Additional partner support and improved awareness of available tools/resources is necessary.



Proactive RVV switch discussions could help optimize programs, improve compatibility and acceptance, and potentially generate capacity to introduce emerging vaccines



Simplifying procedures for compulsory switches and mitigating the frequency and severity of compulsory switches is paramount.



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CHOICES is a partnership between the International Vaccine Access Center at the Johns Hopkins Bloomberg School of Public Health, the JSI Research & Training Institute, Inc., and the U.S. Centers for Disease Control and Prevention, and is supported by the Bill & Melinda Gates Foundation. For more information about CHOICES, please contact: agerste5@jhu.edu



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