

# AN IDEAL AND SUSTAINABLE FRAMEWORK AGREEMENT FOR THE PUBLIC PROCUREMENT OF VACCINES IN SPAIN



Hidalgo-Vega, A.<sup>1</sup>; Zozaya, N.<sup>2</sup>; Arrazola Martínez, P.<sup>3</sup>; Chávarri Bravo, JR.<sup>4</sup>; Cuesta Esteve, I.<sup>5</sup>; García Rojas, AJ.<sup>6</sup>; Martín-Torres, F.<sup>7</sup>; Redondo Margüello, E.<sup>8</sup>; Rivero Cuadrado, A.<sup>9</sup>; Tamames Gómez, S.<sup>10</sup>; Villaseca Carmena, J.<sup>11</sup>

1) Weber Foundation, Madrid, MAD, Spain. Foundations of Economic Analysis, Universidad de Castilla la Mancha, Toledo, CLM, Spain. 2) Health Economics Department, Weber, Madrid, MAD, Spain. University of Las Palmas de Gran Canaria, Las Palmas, CANA, Spain. 3) Department of Preventive Medicine, Hospital 12 de Octubre, Madrid, MAD, Spain. 4) Acobur Asesores. Madrid, MAD, Spain. 5) Vaccines Unit, Subdirectorate of Public Health, Zaragoza, ARA, Spain. 6) President of the Spanish Vaccine Association, Madrid, MAD, Spain. 7) Department of Pediatrics, Hospital Clínico Universitario de Santiago de Compostela, GAL, Spain. Genetics, Vaccines and Pediatrics Research Group, Health Research Institute - Universidad de Santiago de Compostela, A Coruña, GAL, Spain. 8) International Health and Vaccination Center of Madrid City Council, Madrid, MAD, Spain. Working Group on Preventive Activities of the Spanish Society of Primary Care Physicians, Madrid, MAD, Spain. 9) Hospital Universitario de La Paz, Madrid, MAD, Spain. 10) Public Health General Directorate, Valladolid, CYL, Spain. 11) Health Economics Department, Weber, Madrid, MAD, Spain.

## BACKGROUND

Spain has a regionally-decentralised healthcare system. Nevertheless, in 2012, a centralised public procurement procedure at national level was implemented for vaccines. Regions may opt to adhere to this procedure through a **Framework Agreement (FA)** that fixes maximum prices<sup>1</sup>. This FA also establishes the foundations to regulate the call-off agreements for the public procurement of vaccines included in the immunisation schedule, as well as other vaccines. The FA includes a list of award criteria, both **economic** and **technical criteria**, to be used.

## METHODS

We analysed the **current situation** of the public procurement of vaccines in Spain, derived from 118 public tender documents. The award criteria taken into account by the different autonomous communities were considered, as well as their weightings.

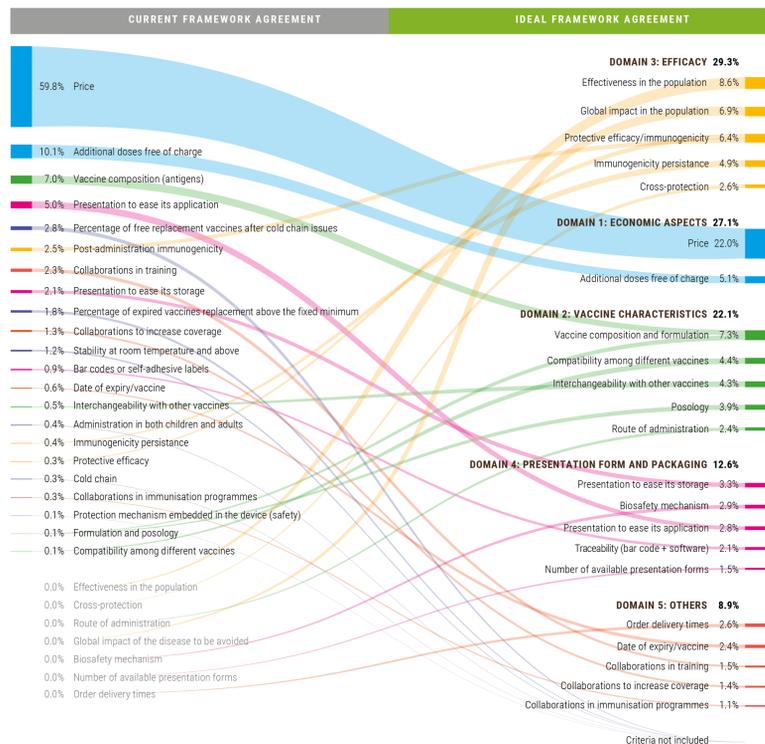
A partial **multi-criteria decision analysis (MCDA)** was carried out to determine the award criteria that should be considered, and their specific weight, in the public procurement of routine vaccines and seasonal influenza vaccines, considering their legal viability. The MCDA was developed by a **multidisciplinary committee** of seven healthcare professionals and managers. A re-test of the results was carried out. The ideal situation was compared with the real framework.

This exercise was carried out from a macro perspective for all vaccines in general terms, i.e. without analysing the characteristics of any single vaccine. Due to the differentiating characteristics of **influenza vaccines** and **routine vaccines**, as well as their different coverage rates, a **differentiated approach** was used for these two types of vaccines approved by the Interterritorial Council of the Spanish National Health System.

## RESULTS

The FA for routine vaccines currently considers 22 different award criteria, with remarkable regional differences. Price is the prevailing award criterion (mean weighting of 60%). In an **ideal FA, 22 criteria** should be considered, grouped and weighted into five domains: efficacy (weighting of 29%), economic aspects (27%), vaccine characteristics (22%), presentation form (13%), and others (9%). **Price should only account for 22%** of the final decision (Figure 2). The economic aspects (price + additional doses free of charge) account for 70% of the final decision and should decrease to 27% (Figure 4).

Figure 2. Ideal weighting of the selected criteria for routine vaccines, by type of criterion



The current FA for influenza vaccines takes into account 9 different criteria. 90% of the final decision is based on three criteria: price (36%), the protection mechanism embedded in the device (28%), and presentation form (26%). **Ideally, 20 criteria** should be considered, grouped into five domains: efficacy (weighting of 28.6%), economic aspects (25%), vaccine characteristics (20%), presentation form (15.7%), and others (10.7%). Price would be the item with the highest relative weight (19%), though much lower than in the current situation (36%) (Figure 3). The relative weight of the economic criteria should decrease from 36% to 25% (Figure 4).

## OBJECTIVES

- To **develop** an **ideal** and **sustainable** FA for the public procurement of vaccines in Spain.
- To **determine** the **desirable award criteria** and their relative weight that should be included in an ideal and sustainable framework agreement for the public procurement of vaccines in Spain.
- To **compare** the **ideal FA** to the **current situation**, and to identify areas in need of improvement.

Figure 1. Diagram of the methodology used for the project

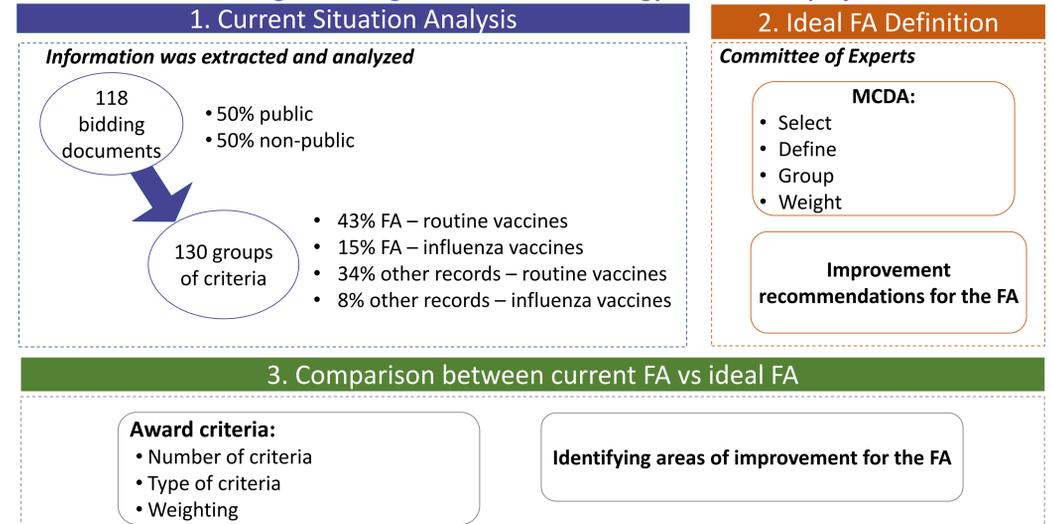


Figure 3. Ideal weighting of the selected criteria for influenza vaccines, by type of criterion

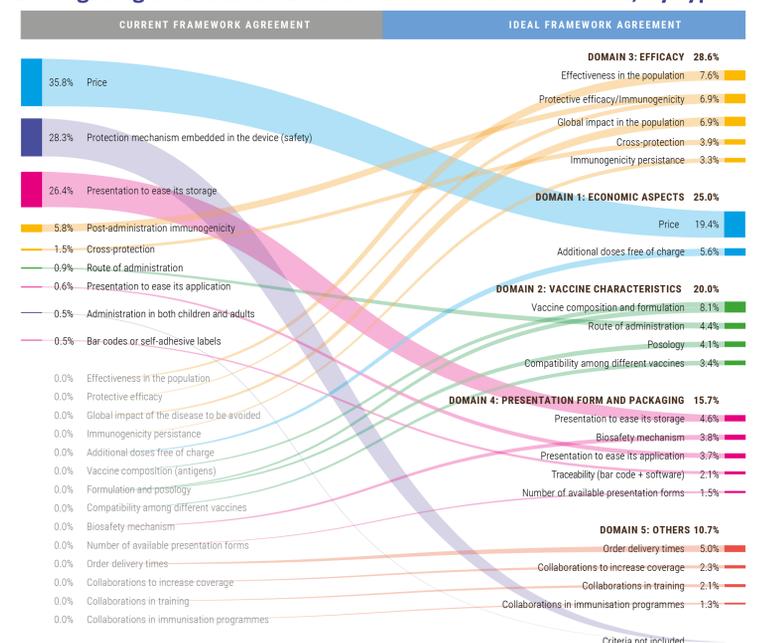
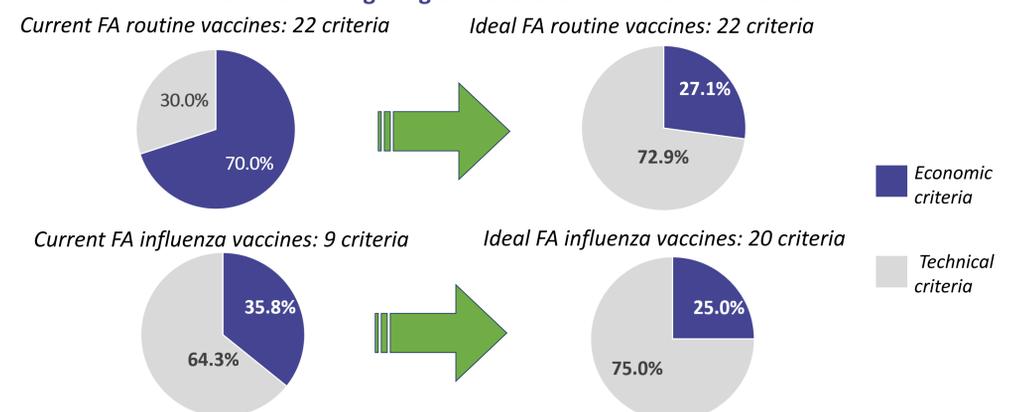


Figure 4. Comparison between the current and the ideal FAs for routine and influenza vaccines: mean weighting of the economic vs. technical award criteria



## CONCLUSIONS

In order to move towards a more efficient, equitable, and sustainable model for the public procurement of vaccines in Spain, we suggest to standardize the current common purchase model, to find a **balance** between the weights assigned **between technical and economic aspects**, and to introduce **flexibility** in order to allow for innovation.