

Open Contracting for the COVID-19 Vaccine

A Good Practice Guide

This guide looks at 15 priority pieces of information and data that should be shared along the vaccine procurement cycle. Publicly collecting and sharing this information will support governments and civil society in strengthening the planning, implementation, and monitoring of the related contracting processes in a way that builds public trust.

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Introduction & purpose of this guide

Both Open Contracting Partnership and Transparency International's Global Health Programme are working to support impactful long-term reforms to public procurement to make it more user-friendly, more inclusive, and more data-driven.

We take an open government approach working across the many stakeholders of public procurement and we support an [open data standard](#) to unlock and share accessible information across the entire cycle of public procurement from its planning, to tendering and awarding contracts, and monitoring their implementation.

We saw how important better data and collaboration were to improve resilience and response of public procurement to the supply and demand disruption caused by the pandemic and to prevent the abuse of emergency procedures. Put simply, you can [buy fast and buy openly](#): indeed, improved civil society engagement and better information can lead to a more effective pandemic response.

Many of our partners, both from government and civil society are asking for advice on procuring and contracting for COVID-19 vaccines. There is excellent guidance from the [World Health Organisation](#), UNICEF and others on National Deployment and Vaccination Plans for the medical rollout. There is also good advice from the [UN Office of Drugs and Crime](#) on some corruption risks specifically connected to the vaccine roll-out. **But there is a gap on how to communicate information around the commercial decisions, who governments bought the vaccine from and why, which are central to building and maintaining public trust in the program.**

This guide aims to fill that gap. And, as we are seeing in the real world, lack of trust or credibility in explaining the decisions made can have huge negative consequences for public vaccine confidence.

This guide looks at 15 priority pieces of information that should be shared along the vaccine procurement cycle. Publically collecting and sharing this information will support governments and civil society in strengthening the planning, implementation and monitoring of the related contracting processes in a way that builds public trust.

The guide compliments the key questions around vaccine contracting that global networks such as [Transparency International](#) and the [Open Government Partnership](#) are already asking. We hope it provides more context, depth, and examples of what the key issues around vaccine contracting are and why it matters to have that information in the public domain. For example, it is not just about the price paid for vaccines but their delivery schedule. Important issues like 'march in' rights or the guarantees covering any emerging medical issues can also dramatically affect the rollout. Clear public disclosure and understanding of these issues are also important to maintaining public trust. Open information and data on the challenges, trade-offs, decisions, plans, and progress will bring clarity and certainty to an otherwise uncertain time.

Everyone is on a steep learning curve as we confront the pandemic, so we will regularly update this document. We welcome your insights, clarifications and feedback to this guide so we can improve it iteratively and offer the latest collective guidance on what is working. Drop us a message at engage@open-contracting.org.

Overcoming a culture of secrecy and asymmetry of information in medical procurement

This guide is set against a challenging backdrop that includes:

- A pharmaceutical industry that has been historically secretive and reluctant to engage in greater transparency of its dealmaking
- A restricted supply of COVID-19 vaccine in the short-term and a new market of enormous demand and scale
- Uncertainty on how the virus will evolve, and which vaccines could become less effective or even ineffective against as new variants emerge
- Crushing economic pressure to reopen business as quickly as possible, with the current consensus being that vaccines are central to reopening business and society
- Mounting debt as tax revenues decrease, and budgets are reallocated to health and economic stimulus, creating starker competition for public funds
- Weakened public trust in both democracy and global cooperation leading to an 'everyone for themselves' mentality

Decisions made on the public procurement of the vaccine will be taken at a snapshot in time, while all of the above factors are not static, but in constant flux.

The market for vaccines will evolve and become less tight as more are approved and manufacturing capacity is increased. Strong, open government communication can build public trust in vaccine deployment. Pharmaceutical companies are already researching adaptations for variants. Public support for sharing or donating vaccines could shift as supply increases and the harsh reality of no one being safe until we are all safe takes hold in the public consciousness.

The mission – to procure vaccines for the world as efficiently and effectively as possible – is a constantly moving goal post. The evolving dynamics and information vacuums of a live crisis drive public confusion, fatigue and mistrust. The negotiation of trade-offs and critical decisions governments must make when planning, procuring, distributing, and monitoring their vaccine programs are numerous and varied. Every country will face unique economic and social conditions that will impact their options and preferred contracting approach.

We must communicate quickly, consistently, clearly, and credibly in a way that addresses the public's most pressing concerns.

Building public trust through the contracting processes

Our detailed guidance contains questions for the procurement professional or open government advocate to consider. But in plain language, some of the public's questions related to the contracting process might include:

1. Where do I find information about the vaccine program quickly and easily?
2. What is my government buying on my behalf? Which vaccines and why (including assurance they are safe)?
3. How is my government going to pay for this? Are the prices negotiated competitive?
4. Do the contracts put my interests as a citizen first? What has been agreed with industry?
5. How will the vaccine program be rolled out? When and where will which vaccines brands be distributed? Do we have all the supplies, safety and security we need?
6. Is the government delivering on the plan and where can I see the progress?
7. Is the program fair, or has it been affected by corruption, theft, negligence, incompetence or nepotism? How will we monitor it and hold those responsible for any irregularities accountable?
8. Where can I make a complaint or raise a concern?

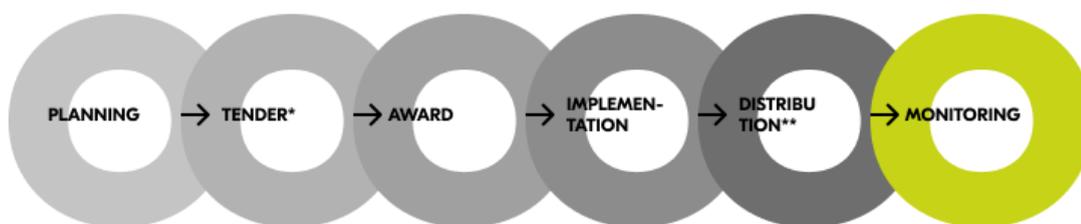
A strong open contracting process will cover all of these areas and reassure citizens that good vaccine deals are being negotiated responsibly and that the government has both budgeted for and secured all of the products and services it needs to deliver the program while managing risks.

An open contracting approach to the vaccine

We've established the *Why* of open contracting for the vaccine – to build public trust in the vaccine program. Fast, clear, consistent, and credible information distributed through the communications channels and platforms citizens are using will inform the public about what the government is doing. But what does an open contracting process for the vaccine include, and how should the information and data be presented to make it effective?

1. **Multistakeholder consultations:** Conversations with industry, civil society, and scientific and academic communities should take place at key points in the contracting process including planning and monitoring
2. **Public interest decision making:** Decisions on what to disclose should be grounded in public interest arguments
3. **Affirmative proactive disclosure:** Information and data should be shared proactively and not only be available through on freedom of information request mechanisms
4. **Timely, up to date information:** Information and data should be updated and relevant as far as possible, and new information should be communicated quickly to minimize the spread of misinformation and speculation
5. **Free access:** Information should be free to access, with no paywall, subscription fee or financial barrier to viewing or using it.

6. **Discoverability:** Information and data should be easy to find, and promoted across all of the relevant channels that citizens use. Ideally vaccine procurement information would be housed on one central platform rather than spread across multiple websites of ministries, agencies and public bodies, but with clear links and promotion across comms channels all directing citizens to the central information source.
7. **Complete budget and spending data:** Complete, clear data on both the estimated budget, ultimate amount spent with prices per unit cost where relevant and an explanation of any discrepancy between planned and actual spend.
8. **Risk management and reporting mechanisms:** Plans for managing the risks associated with the vaccine including monitoring and auditing of the vaccine program should include timelines, resources and budget allocated to them, and mechanisms for citizens to report suspected theft, corruption or foul play.
9. **Open data:** Wherever possible, vaccine procurement information should be shared as open data that is machine readable, downloadable, freely available, reusable, and open licensed to encourage value-add public engagement



**Given the current market conditions, tenders have not seen this stage used effectively. As market conditions evolve and supply increases, we will add a Tender stage to the guidance.*

***We have added a specific distribution phase to this contracting cycle as a subset of implementation given the nature of vaccine procurement requiring a significant focus on distribution, storage and ancillary goods to deliver the program.*

How to use this guide and the checklist tool

Our checklist takes the common questions citizens ask and the components of a strong open contracting communications approach and maps them against the stages of the end-to-end contracting process to walk through what can be disclosed when and how.

The guidance table shows point by point what government and civil society should look for in how the government communicates information and data on the vaccine contracting process, why it matters, tips for clear communication, and examples of governments that are meeting each particular question adequately.

Alongside this, we have developed a [checklist tool](#) which can be used to conduct an evaluation of a government's current communication around the vaccine contracting process. This will provide

an idea of which areas of information are being provided already, and where there are gaps to fill or weak information that could be strengthened.

It is important to stress that there is no one “right” or “best” way to conduct the COVID-19 vaccine procurement; each country’s individual circumstances will require different considerations and weighing up trade-offs. What matters most is that these decisions are clearly communicated and accountable to citizens as open information and data, to foster understanding of what has been negotiated and why, and to provide a monitoring platform for inefficiencies and/or irregularities to be made accountable.

Disclosure checklist

Open contracting along the COVID-19 vaccine contracting cycle

#	Information to be disclosed	Guidance - information & data to be disclosed with rationale, and where available, examples and resources
General		
1	A single COVID-19 vaccination communication platform that includes information on the full procurement cycle	<p>Information about COVID-19 vaccine plans is often scattered across different agencies and ministries, as well as across different levels of local, regional and national government. Different parts of government may have specific responsibilities for the procurement of one part of the required supplies and services for the vaccination program, but the national government should aggregate this information and data and make sure key information contained in this guidance is available in one place so citizens can follow the plan and contracting cycle from start to finish. Creating this single source of truth will build trust and set realistic expectations of the program rollout. It will also improve the ability of citizens to monitor delivery on the ground and better understand the often difficult choices governments will have to make in this process.</p> <p>Examples: Australia, Canada, USA, Ukraine</p>
Planning		
2	Public vaccine procurement plan	<p>Two of the biggest challenges of the COVID-19 pandemic have been poor planning and weak or non-existent coordination within government itself. Failure to procure and distribute PPE, medical equipment and recently the vaccine itself have resulted in setbacks, scandals, and blame games that severely damage public trust in government procurement and created uncertainty and confusion around the predictability, efficacy and reliability of governments' vaccination programs. To overcome these challenges and their potential impact on vaccine hesitancy, it's crucial that</p>

		<p>governments publish a detailed plan covering all aspects of the vaccine as well as ancillary goods (detailed below) and related services that ensure a smooth rollout (security, distribution and application).</p> <p>Example: USA</p> <p>Resources: WHO & UNICEF Guidance on developing a National Deployment and Vaccination Plan for COVID-19 vaccines (serves as a one-country plan framework)</p>
<p>3</p>	<p>Quantity, timeline & type(s) of vaccines to be procured</p>	<p>There has been growing confusion over the rationale for the vaccine quantities procured by different governments, disruptions to unclear delivery timelines and controversy over which vaccine brands were procured and their relative safety, effectiveness or protection against particular variants.</p> <p>Speculation and confusion around quantity, timelines and type(s) of vaccines slows down public uptake of the vaccine, and deters those who are hesitant from seeking a vaccination appointment due to fears they will not get a vaccine brand they trust or that either the vaccine won't be available soon or given to their age or priority group anyway due to supply issues.</p> <p>Most governments – for budgetary, supply or logistical reasons – will not be able to procure all vaccine brands to offer citizens choices, or even procure enough vaccines of any one brand for the entire population right away. Governments will also want to diversify their vaccine portfolio as part of their strategy to ensure some supply is received on time and they have options if a particular brand becomes less effective against a new variant.</p> <p>Difficult decisions and trade offs will inevitably be made on which vaccines, how many, who is vaccinated first, and so on. Failing to outline the results of these decisions with clear explanations and expectation management for the public creates a fertile environment for misinformation and innuendo to thrive. Critically, beyond the quantitative data on doses and type, it's important to include qualitative information on the safety and efficacy of the chosen vaccine brands.</p> <p>Examples: Canada, Ukraine</p> <p>Resources: NYT vaccine approval tracker, Covid world vaccination tracker</p>

<p style="text-align: center;">4</p>	<p>Budget needed for the vaccination program with breakdown in costs & managing agencies</p>	<p>Publishing the National Deployment and Vaccination Plan (NDVP) budget as open data with a breakdown of anticipated spending needs for the vaccine program including ancillary goods and services is the best approach. The budget should include information on how the NDVP will be financed and which entities and budget holders will manage each part of the procurement.</p> <p>Each activity in the plan should be costed, and it should be made clear where existing healthcare resources already accounted for in annual budgets will be used or reallocated, and where additional funds will be now required. Given the rapidly evolving environment, the plan and its associated costing should be developed for a defined immediate period, for example two to three years.</p> <p>Resources: Chapter 4 of the NDVP guidance, WHO COVID vaccine introduction and deployment costing (CVIC) tool, UNICEF COVID-19 Vaccine Market Dashboard</p>
<p style="text-align: center;">5</p>	<p>Vaccination program financing approach</p>	<p>As of today, COVID-19 vaccine procurement consists of four major mechanisms, including through COVID-19 Global Vaccine Access Facility (COVAX), direct and/or advanced purchase agreements with manufacturers, procurement through international organizations, and donations. Governments should provide information on what quantity of vaccines will be secured through what mechanism, how they work and their difference, and explain their choice of mechanism(s) and how the financing secured will add up to cover the costed NDVP.</p> <p>It is important to share which grants, loans or budgetary resources from existing planned government spending will be mobilized and what involvement, if any, there will be from international financial institutions and/or multilateral agencies like Gavi, the World Bank Fast Track COVID Facility and others.</p> <p>Example: Moldova</p> <p>Resources: CGD: What's Behind Slow Demand for MDB Financing for Vaccines?</p>

Award and Contracting

6	<p>Number of vaccine doses procured by brand and through which mechanism(s)</p>	<p>This stage is about publishing information and open data on what was contracted in the negotiation with suppliers following what the government aimed for in its planning stage. This should include the number of doses of each brand of vaccine, and provide notes on delivery schedules - how many, of what, by when has been agreed in the contracts. It should also specify which mechanism(s) were used to secure each contract (COVAX, direct manufacturer contract, donation from X aid agency or government, etc).</p> <p>At this point, there are likely to be discrepancies between the vaccine supplies planned and what was secured due to the nature of a contract negotiation process. It is important to give some clarification of these and how the government will update the original plan to account for any extra or under supply, and confirm this as the implementation plan.</p> <p>Example: Australia</p>
7	<p>Total value of each contract and the price per unit (vaccine dose, needle, mask, etc)</p>	<p>Government must show that amount budgeted = amount spent with explanations or adjustments for any change over the course of negotiation with suppliers. Beyond the total contract value, price per unit is essential to address fears of unfair terms between countries. This is true for vaccine doses as well as any per unit costs of ancillary goods and services procured for the wider NDVP rollout.</p> <p>There is understandably growing anger and frustration in low and middle income over the lack of equity in vaccine procurement and distribution. It has been argued that contract secrecy allows pharmaceutical companies to offer tiered pricing, with lower rates to poorer countries. But so far, wealthy nations have been prioritized in the vaccine rollout, and as Charles Kenny from the Center for Global Development points out, the evidence of pricing that benefits poor countries is weak. In the case of COVID-19, the information we do have indicates that low income countries are often paying higher prices.</p> <p>There may be explanations for these price discrepancies, but without disclosure of the pricing and rationale, including price per unit and price for any ancillary goods or services in the contract, the</p>

		<p>public cannot know for sure. Unpacking how public money was spent and accounting for any real or perceived unfairness is absolutely essential to maintain public trust in the process.</p> <p>Examples: Countries like Canada, Australia, Ukraine and others report the total cost of contracts, but mostly do not report prices. We have only several examples of proactive price disclosure (eg. Ukraine or Hungary). But this is not systematic.</p> <p>Resources: Information about regional and manufacturers pricing is available at UNICEF Market Dashboard. Although information there is mostly from media reports and leaks, rather than from official resources and contracts itself.</p>
8	Vaccine supplier information & due diligence	<p>In addition to disclosing how many doses were procured from which suppliers, basic supplier information and how a government conducted due diligence on the supplier should be disclosed.</p> <p>In the case of many low and middle income countries, vaccine deals may eventually be agreed with intermediaries, and it's of critical importance to know who the counterparty is, and the terms these intermediaries might put forward. As part of the supplier due diligence, especially intermediaries, governments should inquire about the ownership structure of potential awardees, including asking questions about affiliation to other companies, parent, state-owned, or offshore companies. These questions can help uncover the actual financial beneficiaries of the contracts at issue and identify illegal schemes to "game" the system through intermediaries, resulting in higher prices or fake vaccines for governments.</p> <p>Example: Canada discloses information about its vaccine suppliers</p>
9	Vaccine contracts	<p>Governments should operate on the principle of being as open about the vaccine program as possible to build public trust. Contracts should be published, and information should only be redacted by exception and when it is firmly based on public interest to withhold particular information. Confidentiality should be afforded based on the public interest, so that governments are not bullied into unethical agreements behind closed doors in the face of the enormous urgency</p>

and pressure to save their citizens' lives. (See our [FAQs on confidentiality](#) in vaccine contracts and [arguments](#) for making vaccine contracts open)

The contracts should be readily available on the government's website, and the contract information should be made available in open data formats instead of only as a PDF.

In terms of the contract components, pricing information is critical, but it is not the only item of information in the contracts that is in the public interest. Clauses of particular public interest include:

- ["Best effort" manufacturing](#)
- March-in rights: This details the ability of a government to intervene on citizens' behalf if a company no longer offers the vaccine under reasonable terms and rates
- Liability and indemnity arrangements
- Delivery schedules
- Licensing arrangements: for further manufacture at scale.

Examples:

Red Palta analysis of [Latin America vaccine purchases](#) showed that most countries changed their laws to give financial indemnity and confidentiality to the pharmaceutical companies that produce the vaccine as the clauses go beyond the norms of vaccine contracts.

Analysis of [Mexican vaccines contracts conducted by PODER](#) shows how key clauses have been redacted.

Vaccine manufacturers such as [Pfizer have been accused of "bullying" governments in COVID-19 vaccine negotiations](#) (in Latin America and South Africa) and have asked some countries to put up sovereign assets, such as embassy buildings and military bases, as a guarantee against the cost of any future legal cases.

Contract implementation

Quantity of vaccine doses by vaccine brand and progress against delivery schedule

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The scramble for vaccine doses has led to scandal, resentment and finger pointing within and between governments, a prominent example being the [EU AstraZeneca contract](#) and criticism of [Canada's over purchase of vaccines](#) (398 million doses for a population of 37 million), including a request to participate early in COVAX. As high income countries fight over delivery and production schedules and amass the vast majority of early supplies, those countries who chose to pool resources regionally, negotiate through COVAX or who are simply too small or low income to get in front of the big pharmaceutical companies early have been left feeling trampled over in the race to vaccinate the world.

It's critical that decisions on supply quantity and vaccine types are explained. In the case of under supply, a country may be limited by its budget or its ability to obtain vaccine doses and choose a quantity designated for priority populations. In cases of over supply, a country may have made a selfish, panicked purchase decision, or it may have bought extra vaccines as insurance as variants evolve, or to account for losses/waste, or with a view to donating the excess vaccine elsewhere. But without any clarity on the decision or detail on the numbers, the public can't know either way.

From a global perspective, publishing clear data on the number of doses procured where and being distributed when, regularly updated, gives the world a greater sense of how we are progressing as a whole, and a starting point from which to improve how we [distribute vaccines more equitably](#). After all, no one is safe until everyone is safe, and the illusion of creating a national island of herd immunity has been shattered as new variants have emerged and quickly crossed borders.

Tracking and publishing this data serves a clear accountability purpose domestically as well. Citizens can monitor which vaccines are being distributed where and when, and inevitably when changes to delivery schedules do occur, the progress can be updated in real time to manage the public's expectations and reassures citizens that the government has the situation under control.

Example:

[Medical Procurement of Ukraine](#) Sinovac vaccine contract

<p>11</p>	<p>Quality assurance provisions and plans</p>	<p>Quality assurance is a key part of vaccine procurement, especially against a backdrop of vaccine hesitancy. Governments should publish their approval documentation, and also publish their plans for quality assurance testing the vaccines received prior to distribution and application. This will reassure citizens that the government can guarantee the vaccines received meet the authorized standards.</p> <p>Examples: Slovakia's State Institute for Drug Control claimed the vaccines delivered to the country were different to elsewhere.</p> <p>USA overview of vaccine types</p> <p>UK documentation on vaccine approval (each vaccine has a separate page, this is the Pfizer example)</p>
<p>12</p>	<p>Distribution & stock management data</p>	<p>From a practical perspective, citizens will need to know where vaccines are available, and will want to understand the types and supply available near them. Some countries like the US, several African countries, New Zealand, and Portugal, already have advanced e-stocks management systems for medicines and vaccines that could integrate the entire publicly-funded vaccine supply chain from purchasing and ordering through distribution to region, municipalities and even individual health service facilities. Real-time data collection helps to better monitor and manage vaccine utilization and distribution. It also helps citizens to quickly find what vaccine is available in their region already, as rates of national and regional distribution may vary at any point in time.</p> <p>Examples: USA Ukraine</p>

Supply chain and ancillary products

13	Contracts, planning & delivery of supply chain services	<p>Public interest in ensuring the vaccines are safe and equitably distributed is high. Publishing a plan on how government will manage the required services such as logistical, storage, and security of the supply can address these concerns and create the conditions for accountable end-to-end service delivery in the vaccination program. The procurement process for the provision of these goods and services that ensure an effective vaccine should follow open contracting principles.</p> <p>Vaccine delivery will not be a one-time event but rather a continuous effort for the duration of the COVID-19 pandemic. Due to the cold chain storage needs of the vaccine and the need to protect against corruption, theft or tampering in the supply chain, countries should conduct careful assessments of the existing supply chain system to be able to identify and address gaps and risks. Where countries are unable to support all the additional capacity requirements, contracting private sector resources may be considered to address the capacity shortfall.</p> <p>As logistics is one of the biggest risks, it's important to demonstrate that it has been properly organized and managed. Governments should inform people about state-owned or private infrastructure and which party(ies) is ultimately responsible for the process.</p> <p>Examples: Canada (see End-to-end logistics) Ukraine (see Transportation of the vaccines)</p> <p>Resources: WHO and UNICEF provide strong guidance on supply chain planning (section 7) and logistics guidance.</p>
14	Contracts for ancillary goods	<p>Successful vaccination campaigns require many more additional products in addition to the vaccine itself. Governments will procure ancillary supplies (syringes, safety boxes, vaccine carriers, cooling packs, markers, data collection forms, cold storage, AEFI response kits and IPC/PPE, etc.) based on the target population and number of staff that will comprise the vaccination and monitoring teams. Most of the products required should be procured using traditional procurement systems, including open procedures with proper information and data disclosure. For these purchases we recommend</p>

		<p>to use open contracting principles and approaches.</p> <p>Governments have had a pretty clear timeframe to plan for mass vaccination (at least six months) so opaque emergency procedures and last minute panic buying should be questioned. Even when the pandemic first hit, we note that some public authorities were able to use approaches like frameworks and accelerated competitions instead of sole sourcing (see here).</p> <p>We recognize that there may be sudden changes in the global supply of some mass vaccination products like syringes. So, if governments do need to resort to emergency procedures, it is critical that these follow open contracting best practices including rapid disclosure of information as soon as the contract is agreed and that they do not create unaccountable or opaque 'fast' or 'VIP' lanes as we have seen in the procurement of PPE.</p> <p>Resources: OCP COVID-19 procurement resources OCP guide on how to collect, visualize and public COVID-19 procurement data</p> <p>Examples: Canada (see Vaccine related supplies)</p>
Monitoring of vaccine contracting cycle		
15	Government monitoring and accountability plans, audit reports, reporting mechanisms for citizens	<p>The COVID-19 vaccine contracting cycle is complex and has multiple risks that can threaten public health goals, including asymmetric contracts, receiving falsified products, overpayments, sole sourcing, inappropriate use of emergency procedures, nepotism, and favouritism. The UNODC has a great paper laying out the key risks and how they can be mitigated.</p> <p>Mitigation measures include:</p> <ul style="list-style-type: none"> • A corruption risk assessment and local mitigation plans • A specialized committee to oversee emergency funds and vaccine deployment • Transparent criteria for priority vaccine recipients and public information about vaccine programs • Secure storage and distribution systems to mitigate corruption risks

		<ul style="list-style-type: none"> • Strengthen civil society participation • Identifying and protecting vulnerable individuals and communities • Protection of civic space including journalists and whistle-blowers • Comprehensive auditing, oversight, accountability and reporting mechanisms to monitor the disbursement process and verify appropriate receipts. <p>The specialized committee to oversee emergency funds and vaccine deployment should have a strong anticorruption mandate and bring in comprehensive auditing, oversight, accountability and reporting mechanisms to oversee the whole contracting cycle. Publicly available oversight reports (whether from Supreme Audit Institutions or from a special committee) will also help to ensure accountability and integrity of the process, as well as to increase trust of citizens.</p> <p>In addition to formal audit and oversight procedures, it is crucial to empower citizens monitoring and control and to make sure that protected feedback channels are open, available and widely advertised. These might be telephone hotlines, on-line feedback forms, radio engagement or other mechanisms that fit a country's local context. A clear process and timelines for handling complaints are also vital so citizens know where they are in the process and what happens next if they activate one of these channels.</p> <p>Resources: UNODC guidance on COVID-19 vaccine and corruption risks Examples: UK NAO COVID Procurement Audit</p>
Additional information to consider		
	<p>Plans for future vaccine procurement once initial needs are met</p>	<p>At the time of developing this guide, it is not yet clear whether additional vaccine drives will be needed, variants might impact vaccine efficacy in some areas or regular boosters for certain populations might be advisable. Many governments are investing in on-going R&D, or beginning to consider how they might plan ahead for subsequent COVID-19 vaccination needs.</p> <p>While delivering and distributing approved vaccines for the immediate NDVP, government should start to think about expanding its vaccine portfolio to prepare for potential medium to long-term demand. Currently, in addition to the eight approved vaccines, there are five authorized for the</p>

		<p>emergency use and another 23 on the Phase 3 of the clinical trial. Early communication about new vaccines procurement will help to build trust and vaccine acceptance. And communication about planning future vaccine procurement will assure citizens that the government is getting on the front foot in the fight against the virus.</p> <p>Examples: Canada and Australia (see Doses for Australia)</p>
	<p>Disposal of ancillary products after use</p>	<p>Management of clinical waste related to COVID-19 vaccination requires special attention. Proper waste management procedures are critical for the safety of health workers and the community. Furthermore, with COVID-19 vaccines being delivered in a mass vaccination campaign strategy, the generation of health care waste will be amplified, due to the mandatory use of disposable and reusable materials and hazardous wastes, such as PPE, used by the vaccination teams. To minimize risk to communities, each vaccination team should practice on-site waste segregation and implement reverse logistics, where health care waste is taken to a proper medical waste disposal centre by the vaccination team to be disposed of properly along with other hazardous wastes. The contracting of any suppliers to handle the collection and disposal of this waste should follow open contracting best practices, and suppliers must dispose of waste in accordance with national safety guidelines, to ensure suppliers can be held to the highest standards of service delivery in this critical area.</p> <p>Resources: WHO and UNICEF Guidance (Section 7.9)</p>

Further resources

- [WHO Partners Platform](#)
- [WHO guidance on developing a National Deployment and Vaccination Plan](#)
- [WHO guidance on supply and logistics](#)
- [WHO COVID-19 vaccine introduction and deployment costing tool](#)
- [WHO resources on community engagement](#) and [acceptance](#)
- [WHO Country Readiness Workstream](#)
- [UNICEF COVID-19 Vaccine Market Dashboard](#)
- [UNODC COVID-19 Vaccines and Corruption Risks](#)
- [UNODC Recommendations on Accountability and Corruption Prevention in time of COVID-19](#)
- [Open Government Partnership Guide to Open Government and the Coronavirus: Vaccines](#)
- [Open Contracting Partnership: 8 reasons why vaccine procurement should be open](#)
- [FAQs on open contracting, confidentiality, & vaccine procurement](#)
- [Open Contracting Partnership COVID-19 procurement resources](#)
- [Open Contracting guide on how to collect, visualize and public COVID-19 procurement data](#)
- [Transparency International COVID-19 vaccine transparency](#)
- [The Coalition for Epidemic Preparedness Innovations Summary on Equitable Access to COVID-19 Vaccines](#)
- [New York Times COVID Vaccines development tracker](#)
- [New York Times COVID Vaccination tracker](#)

Acknowledging guidance contributors

This guide was developed by the Open Contracting Partnership and Transparency International Global Health Programme. Over time it will be strengthened and refined through the feedback of our partners and open contracting community. We are deeply grateful for their time, expertise and input in improving this guide.

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