U.S. Department of Health and Human Services

ASPR
ADMINISTRATION FOR STRATEGIC PREPAREDNESS AND RESPONSE

H·CORE
HHS COORDINATION OPERATIONS AND RESPONSE ELEMENT

# Public-Private Partnerships for Distribution of Medical Countermeasures

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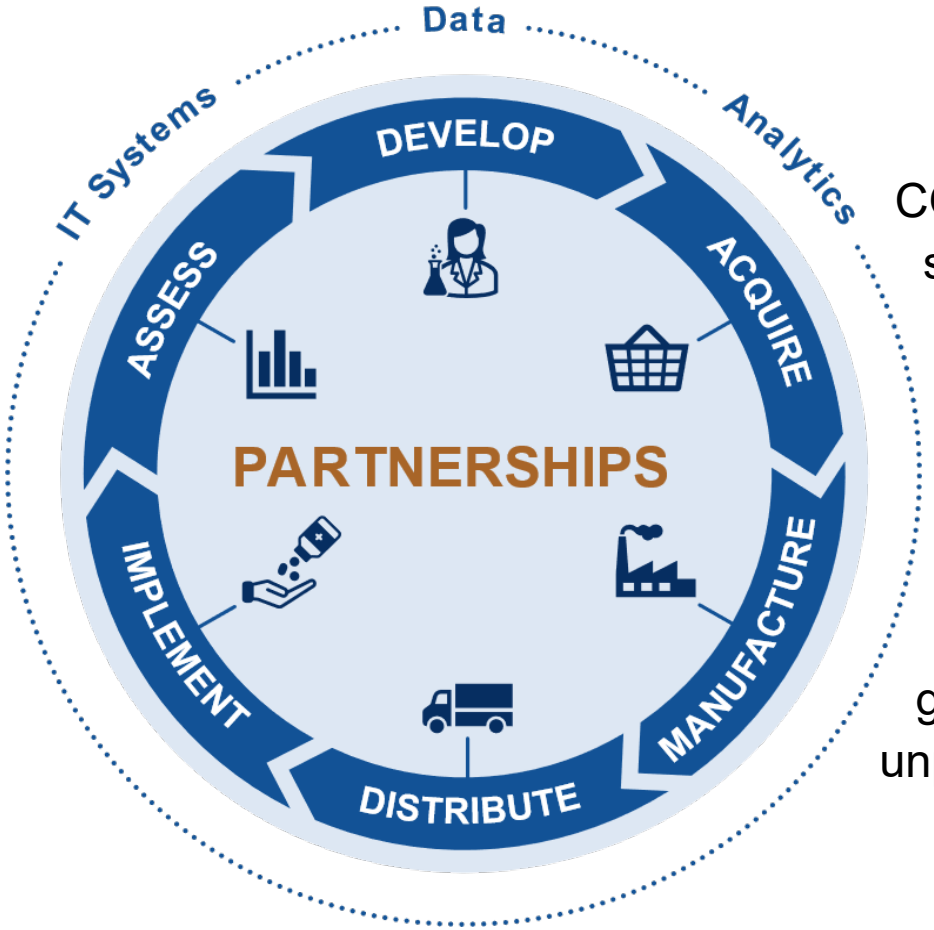
**ASPR's mission:**
Assist the country in **preparing for**, **responding to**, and **recovering from** public health emergencies and disasters.


# COVID-19 Case Study
# Increasing Access to Oral Antiviral (OAV) Medical Countermeasures (MCMs)



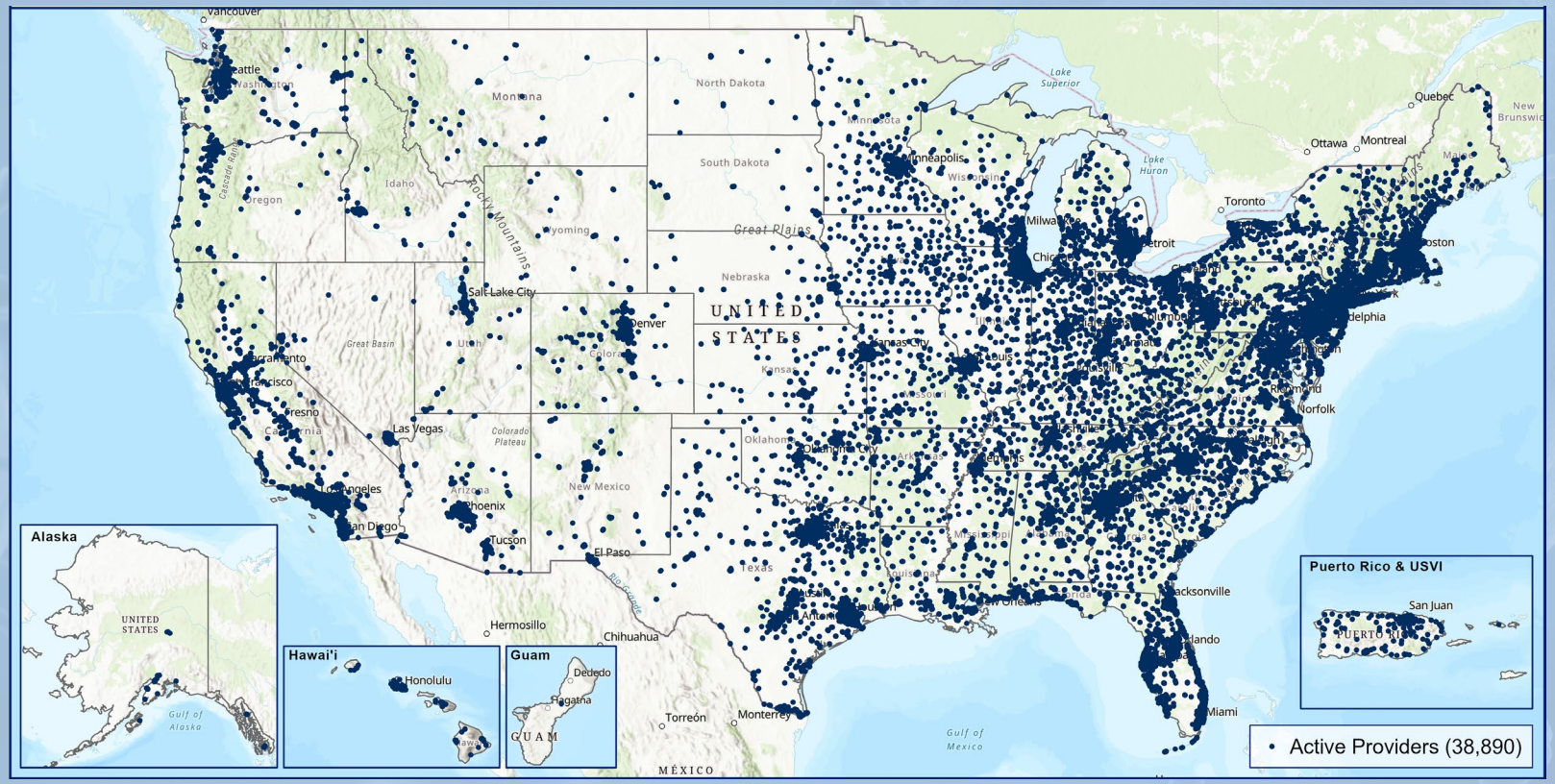

COVID-19 OAVs had not been developed, and distribution systems and visibility into the systems were imperfect as COVID-19 struck.

Public and private sector partnerships existed at and connected every step and enhanced capabilities and capacities throughout the MCM response.

Equity and ease of access to and utilization of U.S. government-procured COVID-19 OAVs occurred at an unprecedented scale.

# Federal Retail Pharmacy Therapeutics Program

## Distribution of Active FRPTP Partners Across the U.S.




Graphic by ASPR GIAV as of October 2023; Data from April 25, 2022 – October 16, 2023

**21**
FRPTP Partners

**~89%**
FRPTP contributed to bringing 89% of population ≤5 miles of a dispensing location[1]

**14.9 M**
COVID-19 Tx Shipped[2]

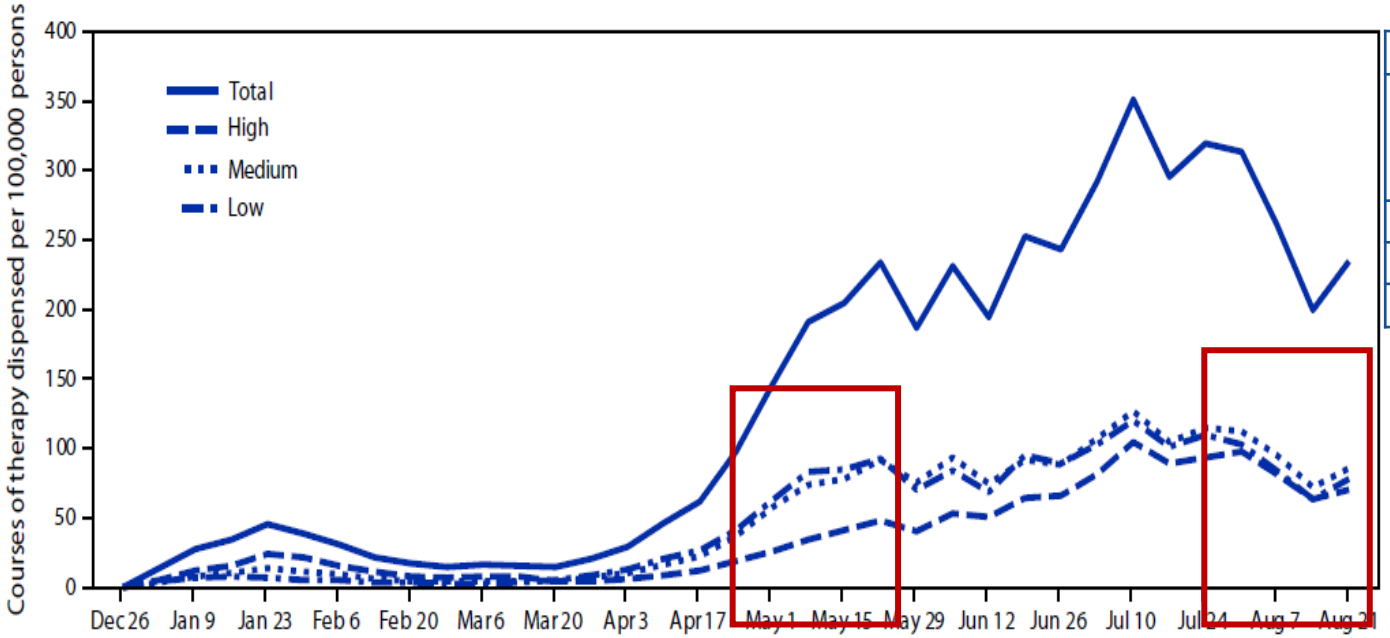
**4.7X**
OAVs dispensed via FRPTP vs Jurisdiction/ Federal Entities[2]

[1]Data from September 2023; JHU analysis
[2]Data pulled from Tiberius as of 10/18/2023; Reported OAVs from Apr 25, 2022 - Oct 18, 2023

# Equitable Dispensing of COVID-19 Oral Antivirals (OAVs) through August 2022

Oct 28: *Notes From the Field*: Dispensing of Oral Antiviral Drugs for Treatment of COVID-19 by Zip Code–Level Social Vulnerability — United States, December 23, 2021–August 28, 2022

FIGURE. Courses of oral antiviral COVID-19 therapy dispensed per 100,000 persons, by zip code–level social vulnerability — United States December 23, 2021–August 28, 2022*




| | Apr 24 - May 21 | | July 31- Aug 28 | | Change |
|---|---|---|---|---|---|
| EDI vulnerability rank | Dispensed per 100k | % Total Dispensed (per 100k) | Dispensed per 100k | % Total Dispensed (per 100k) | % Increase May to Aug |
| Low | 274 | 43% | 331 | 33% | 21% |
| Med | 247 | 39% | 367 | 36% | 48% |
| High | 121 | 19% | 315 | 31% | 159% |

- Analysis of all OAV dispensing data, relies on provider reported data
- Overall OAV dispensing increased 57% from April 24–May 21 to July 31–August 28, 2022, with greatest % increase in high EDI zip codes [EDI= Equitable Distribution Index]
- Data indicate a narrowing of dispensing gap

# Barriers and Facilitators to Partnerships for MCM Distribution

| Barriers | Facilitators |
|---|---|
| Uncertainty/distrust of workflow and/or relationships | Partner meetings and engagements (invest in relationship building) |
| Syncing operational workflow between entities with differing logistics | Logistics optimization across sectors |
| Legal concerns (liability, data ownership and outputs) | Provider agreements, Data Use Agreements |
| Lack of data/logistics automation | Updated IT platforms for automated data feeds |
| Lack of data visibility (siloed data and outdated public health infrastructure) | Secure portals created for authorized users; automated data reports established |

# Next frontier

- Strengthen external partnerships: enhance and formalize partnerships to ensure synchronized, synergistic modernization
- Innovate on 'last mile distribution': rapid development & dissemination of critical, MCM-specific information
- Maintain open communication channels: real-time feedback to eliminate logistics barriers as they surface

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# Questions?

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