

# VIPS Phase I executive summary: Radio Frequency Identification (RFID)





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# **Radio Frequency Identification (RFID)**

## About Radio Frequency Identification (RFID)

- RFID tags can be affixed to vaccine primary containers and store a wide range of information useful for inventory control, patient monitoring and providing data for electronic medical record systems.
- An RFID system consists of **three components; (i) a tag, (ii) a reader and (iii) the middleware**, which is the computer hardware and software that connects the reader to computer systems by converting data captured from tags into tracking or identification information.
- RFID tags also enable all the tags within range to be identified and every tag does not need to be individually scanned.

There are three types of RFID tags:

- **Passive tags** which do not contain a built-in power source and cannot initiate communication with a reader.
- Semi-passive RFID tags which have built-in batteries and function with a lower signal power and act over long distances.
- Active RFID tags which are battery powered devices that have an active transmitter and can communicate over greater distances.

### Stage of development

 RFID tags are commercially available and are widely used as a tracking system in a variety of industries including agriculture, food, pharmaceuticals and various healthcare practices for the tracking of patients, medical supplies and medical equipment in hospitals.



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RFID tags used for hospital medication trays



Handheld RFID readers & scanners





Quality of evidence: Low to moderate

#### RI\* **VIPS** Criteria Indicators Ability of the vaccine presentation to withstand heat exposure Neutral **Health impact** \_\_\_\_\_ Ability of the vaccine presentation to withstand freeze exposure Neutral Ease of use <sup>a</sup> Worse Coverage Primary criteria Potential to reduce stock outs<sup>b</sup> Equity impact Acceptability of the vaccine presentation to patients/caregivers Likelihood of contamination Neutral Safety impact Likelihood of needle stick injury Neutral Total economic cost of storage and transportation of commodities per dose Neutral Economic costs Total economic cost of the time spent by staff per dose Total introduction and recurrent costs <sup>c</sup> Worse ++. All vaccines are dary criteria Potential breadth Secon-Applicability of innovation to one or several types of vaccines candidates. of innovation use Ability of the technology to facilitate novel vaccine combination No

<sup>a</sup> Ease of use can prevent missed opportunities and impact ability for lesser trained personnel to administer the vaccine, including self-administration

<sup>b</sup> Based on the number of separate components necessary to deliver the vaccine or improved ability to track vaccine commodities

° Total economic cost of one-time / upfront purchases or investments required to introduce the innovation and of recurrent costs associated with the innovation (not otherwise accounted for)

#### Priority indicators -Country consultation

RI\*

Campaigns

Facility	Community	Campaigns
+	++	++
+	+	++
	+	+
		+
+		
++	++	+

#### \* RI : Routine immunisation



# Radio Frequency Identification (RFID): Assessment outcomes



### **KEY BENEFITS**

- Potential to positively impact coverage and equity:
  - Potential to reduce missed opportunities by improving the quality and accuracy of immunisation data for patient vaccination records and surveillance.
- Potential to increase acceptability by improving record keeping of patient/immunisation information which could reduce waiting times and speed up accessing of patient information.
  - May reduce stock-outs: RFID tags can facilitate product tracking by having a unique identifier at the primary container-level, improving inventory data and increasing efficiencies in stock management.
- Potential to save health care worker time when delivering health services by improving patient workflow and the operational processes.
  - Antigen applicability:
    - RFID could be applied to all vaccines, there are no restrictions based on technical feasibility.

### **KEY CHALLENGES**

- Rated lower than the comparator on some aspects of coverage and equity:
- May reduce ease of use due to additional equipment necessary for capturing and processing data (e.g. reader for scanning the RFID tag) and increased number of steps and complexity compared to having no RFID system.
- One-time upfront costs and recurrent costs:
  - Use of RFID system entails **upfront costs** for equipment such as the readers, computers, and software **and recurrent costs** for items such as software updates, network connectivity, and maintenance. Active RFID tags also require batteries, adding cost and complexity.
- Challenges exist regarding the availability of internet servers to power the RFID system, software, readability of the tags, lack of global standards and privacy concerns.
- Some of the benefits of RFID system may not be realised unless the country has implemented electronic data capture systems for recording vaccinations or for tracking adverse events.

How the country consultation (see slide 3)

Important attribute for campaigns or routine facility-based immunisation based on country consultation (see slide 3)

# Radio Frequency Identification (RFID): Rationale for prioritisation



- RFID is recommended to be prioritised for further analysis under Phase II given their supply chain and patient recordkeeping benefits and broad applicability to all vaccines.
- While use of RFID system requires equipment and resources, countries can chose to make such investments (or not) within their own timeframes.

Additional important information to be analysed in phase II (if prioritised for Phase II):

- RFID should be evaluated alongside barcodes in Phase II.
- Inclusion of RFID is likely more costly than inclusion of barcodes on primary containers. However, the benefits of this technology versus barcodes requires further analysis.





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