B

Outcomes, Uncertainties & Decision Levers in the System

The following appendix focuses on the outcomes of interest, decision levers and uncertainties within the system. The outcomes of interest are summarized as it is applicable. Decision levers and uncertainties for PPE and ventilators are presented separately.

The outcomes of interest are the same for ventilators and PPE. Hence, the outcomes of interest are summarized. In the directed search, only the total normalized coverage was considered. For the uncertainty analysis, all the listed outcomes were implemented to be able to provide a more thorough analysis if needed.

Outcome	Maximize/ Minimize	Definition
Total normalized coverage	Maximize	This variable tracks the total normalized coverage over time. This means the cumulative value is re- port. Ideally, the coverage equals 210, which would mean that at all days all patients can be served with ventilators, or all HCWs have sufficient PPE avail- able to serve patients. During the analysis, only the value at the end of the simulation is of interest.
Shortage of PPE/ventilators per day		This variable reports the absolute shortage of med- ical equipment reported per day. This variable is of less interest, as it provides less insight to decision- makers, given they do not know the absolute de- mand for PPE or ventilators.
Normalized shortage of PPE/ventilators		This variable provides insight about how high the shortage per day is relative to the total demand. The normalized shortage can be insightful to decision- makers as it shows what percentage of patients or HCWs receive sufficient equipment per day. This variable highlights at what point of time the most shortages exist and when improvements start to be visible.

Table B.1: Outcomes of interest for PPE and ventilators

Normalized coverage PPE/ventilators	The normalized coverage of PPE and ventilators re- ports the coverage of PPE and ventilators in the same manner as the shortage of ventilators. This outcome is used as an input for the total normalized coverage.
Total cost for PPE/ventilators	This variable reports the costs of PPE or ventila- tors purchased and delivered considering all supply strategies. Furthermore, the maintenance costs for stockpiling medical equipment are considered.
Supply ready to be shipped	This outcome report the amount of supply that is ready to be distributed to hospitals in England per day. It shows decision-makers at what point of times buffers start existing.

The levers decision-makers have available are described in detail below. This means the decision lever the range of values for the decision lever is defined and the reasoning for the choice is presented. Where possible, sources are implemented. It is differentiated between the decision levers considered for PPE and ventilators. For PPE, only the decision levers relevant for simple masks and gloves are presented, as these two PPE products were used for the MORDM cycle.

Decision lever	Range	Assumption Description
Switch procurement world mar- ket PPE	(0, 1)	The switch determines whether a supply strategy is applied or not.It can be applied, if it takes the value
Switch direct tender PPE	(0, 1)	1. The value 0 indicates it is not applied.
Switch domestic production PPE	(0, 1)	
Switch innovation PPE	(0, 1)	
Order buffer procurement world market PPE	(0.5, 3)	The order buffer indicates the overcapacity in ordering. It is assumed that decision-makers can
Order buffer direct tender PPE	(0.5, 3)	order more products than needed. The UK for
Order buffer domestic produc- tion PPE	(0.5, 3)	instance ordered as much as possible. A higher value presents a higher prioritization.
Order buffer innovation PPE	(0.5, 3)	
Delay domestic production PPE	(7, 60)	The delays regarding the set-up times for each
Direct tender set up time PPE	(7, 45)	process indicate when the first order is placed. The
Set up time procurement PPE	(14, 50)	lowest times possible are 7 days as an equivalent
worldwide		to one week. Set-up times that take a shorter time
Setting up innovation process PPE	(10, 45)	initally, consider a lower minimum and a lower maximum value.
Days in Stock	(7, 30)	The days in stock determine the threshold to start ordering PPE. The values considered are between a week and a month. No data could be found online regarding this value.
Number of patients	(10, 500)	The number of patients determine the threshold to start ordering PPE. The values considered are be- tween a week and a month. No data could be found online regarding this value.
Time horizon for forecast	(5, 30)	Decision-makers can decide what time horizon is considered for shortages. A maximum range of one month is chosen. One week is considered a short- forecast horizon, 3 to 4 weeks can be considered a long horizon (Coroneo et al., 2022). Also, given the simplicity in calculating the forecast value no higher time horizon is considered.

Table B.2: Decision levers to affect the provision of PPE

	(0, 1)	The second secon
Government budget for PPE	(0, 1)	The government can choose to a share of PPE in-
		novation supply strategies. It is considered that the
		government support all proposed innovative projects
		to increase the attractiveness of innovative supply
		strategies.
Urgency	(0, 5)	Similarly, it is assumed that the government can in-
		fluence how urgent action is taken to develop ideas
		regarding innovative PPE supply strategies. It is as-
		sumed that this value can range between 0 and 5. 5
		is the maximum value considered on the scale.
Share of products expiring per	(0,	It was evident that expired products were stored in
day	0.0016667)	the stockpile for PPE (National Audit Office, 2020b).
		This value determines how high the share of PPE
		expiring each day is. A maximum value of 5% per
		month of the the entire inventory is assumed to be
		the maximum. No data was found about what share
		of the PPE stockpile expired in reality per month.
Share of stockpile available to	(0, 1)	This variable determines what share of PPE in the
hospitals		stockpile is delivered to hospital compared to other
		settings. In reality, 80% of the English stockpile went
		to hospitals (National Audit Office, 2020b).
Initial value for simple masks in	(0,	3 times the advised value mentioned in reports by
stockpile UK	468000000)	National Audit Office (2020b) were considered to
Initial value for gloves in stock-	(0,	be the maximum PPE to be stored. This value may
pile UK	1079700000)	be difficult to reach in reality due to costs.
Preparation time for delivery	(1, 10)	The values refer to the delay in days in the
PPE		operation of the stockpile, as it was the case
Delivery time of PPE stockpiling	(1, 21)	(National Audit Office, 2020b).
Time to check PPE	(1, 5)	The values refer to delay in days in checking
Shipment time to hospitals PPE	(1, 10)	products and their distribution.

Decision lever	Range	Assumption Description
Switch procurement world mar-	(0, 1)	The switch determines whether a supply strategy is
ket ventilator		applied or not. It can be applied, if it takes the value
Switch direct tender ventilators	(0, 1)	1. The value 0 indicates it is not applied.
Switch innovation process venti-	(0, 1)	Stockpiling is assumed to be applied.
lator		Stockplining is assumed to be applied.
Switch loaning ventilators	(0, 1)	
Switch domestic production ven-	(0, 1)	
tilators		
Direct tender set up time ventila-	(7, 45)	The delays regarding the set-up times for each
tor		process indicate when the first order is placed. The
Check up time	(5, 21)	lowest times possible are 7 days as an equivalent
Delay domestic production	(7, 60)	to one week. Set-up times that take a shorter time
setup ventilator		initally, consider a lower minimum and a lower
Procurement time ventilators	(15, 60)	maximum value. More complicated procurement
worldwide		processes come with a higher maximum value.
Time to establish loaning pro-	(3.5 , 21)	
cess		

Order buffer procurement world	(0.5, 3)	The order buffer indicates the overcapacity in
market vent		ordering. It is assumed that decision-makers can
Order buffer direct tender vent	(0.5, 3)	order more products than needed. The UK for
Order buffer domestic produc-	(0.5, 3)	instance ordered as much as possible. A higher
tion		value presents a higher prioritization.
Order buffer innovation	(0.5, 3)	
Initial ventilators in stockpile	(0, 10000)	No data was available regarding the number of ven-
		tilators stored. The range is based on the maximum
		demand plus an assumed bugger.
Delivery time of ventilators stock-	(1, 14)	The values refer to the delay in days in the
piling		operation of the stockpile (National Audit Office,
Preparation time for delivery	(1, 10)	2020b). A delay is also possible for the delivery.
Time horizon for forecast	(5, 30)	One week is considered a short-forecast horizon, 3
		to 4 weeks can be considered a long horizon (Coro-
		neo et al., 2022). Given the simplicity in calculating
		the forecast value no higher time horizon is consid-
		ered.
Urgency	(0, 5)	It is assumed that the government can influence how
		urgent action is taken to develop ideas regarding in-
		novative ventilator supply strategies. It is assumed
		that this value can range between 0 and 5. 5 is the
		maximum value considered on the scale.
Government support	(0, 0.1)	The government can choose to a share of ventila-
		tor innovation supply strategies. It is considered
		that the government support cannot support all pro-
		posed projects, as the development of ventilators is
		often more expensive. The number refers to the
		amount of ventilator designs approved during the
		ventilator challenge versus its reach (National Audit
		Office, 2020a).
Time to check products	(1, 5)	The values refer to delay in days in checking
Shipment time to hospitals	(1, 10)	products and their distribution.

The uncertainties considered for the directed search of PPE (simple masks and gloves) and ventilators are presented in Table B.4 and B.5. Next to the range considered for MORDM, this table also includes the assumed value in the original Vensim model, as well as the source or assumption that is supporting the assumed value and the range of values considered.

Table B.4: Uncertainties cons	sidered for PPE
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Uncertainty	Assumed Value	Range	Source/Reason
Gloves changes per patient per day ICU	170	(85,250)	The assumed value is based on the
Gloves changes per patient per day Non ICU	80	(40,120)	assumptions provided by Johns Hopkins Center for Health Security
Gowns changes per patient per day ICU	20	(10, 30)	(2020). For the uncertainty analysis, a value of from 50% to 150% of the
Gowns changes per patient per day non ICU	20	(10, 30)	orignal assumptions to consider for changes.
Simple mask changes per pa- tient per day ICU	10	(5, 15)	changes.
Simple mask changes per pa- tient per day non ICU	10	(5, 15)	

N95 respirators changes per pa-	3	(2, 6)	
tient per day ICU		(_, _)	
N95 respirators changes per pa-	2.6	(1.3, 3.9)	-
tient per day non ICU			
Eye protection changes per pa-	6	(3, 9)	
tient per day ICU			
Eye protection changes per pa-	6	(1.3 , 3.9)	
tient per day non ICU	0.00		
Infectivity	0.08	(0.02, 0.2)	Based on the assumption, that the in-
			fectivity of a coronavirus varies, as it did among different wave of COVID-19.
Transportation time domestic	7	(1, 14)	Refers to the delay in material procure-
production PPE	1	(1, 14)	ment. It is assumed that the delivery of
			products can be up to 14 days late due
			to raw material shortages.
Base raw material procurement	12000	(20000,	No information was provided
eye protection domestic produc-		240000)	regarding production values. Hence
tion		,	high varieties were chosen. Products
Base raw material procurement	598800	(20000,	that are easier to produce have higher
simple masks domestic produc-		90000)	ranges (gloves, simple masks).
tion			Furthermore, orders by the English
Base raw material procurement	17400	(5000, 50000)	health system were considered as
N95 respirators domestic pro-			corner points (National Audit Office,
duction	120000	(20000	2020b), as well as production
Base raw material procurement gowns domestic production	120000	(20000, 240000)	capacities of other countries.
Base raw material procurement	698630	(144000,	-
gloves domestic production	000000	1440000)	
Shipment time domestic produc-	5	(1,21)	Department of Health and Social Care
tion PPE			(2020) assures deliveries within 5 days
			for PPE from stockpile. The assump-
			tion is made that the same delivery
			time is considered for domestic supply
			strategies. Additional delays are con-
Dreduction time develoption		(1.10)	sidered as an uncertainty.
Production time domestic pro-	1.5	(1,10)	Refers to appearing delays in the pro-
duction PPE			duction, likely to happen due to learn-
Time to reach maximum produc-	45	(5, 90)	ing process in production. Refers to the time it takes to reach the
tion capacity PPE dom produc-			maximum production or procurement
tion			capacity. Assumption, that it can take
Time to reach maximum procure-	30	(5, 90)	up to three months to reach maximum.
ment capacity PPE dom produc-			(Based on shipment times)
tion			
Transportation time direct tender	5	(1,21)	Delays in purchasing raw material for
PPE			production of PPE. Such delays can in-
			crease due to raw material shortages
			(OECD, 2020).
Threshold to start direct tender	7	(1,21)	This value determines when suppliers
PPE			reached through direct tender start to
			increase their production. It refers to
Time to reach max direct tender	21	(1,90)	the existing order backlog. Time it takes to reaches maximum in-
	21	(1,50)	crease in production & procurement ca-
			pacity
			Pacity

Maximum prod direct tondor	4	(1 1 2)	Based on the increase possible for Chi
Maximum prod direct tender PPE	4	(1,12)	Based on the increase possible for Chinese producers (OECD, 2020).
Base raw material eye protection	199600	(20000,	Assumed to be 5% of production &
capacity direct tender	100000	400000)	procurement capacity worldwide.
Base raw material simple masks	998000	(50000,	Assumption that Enlgish health
capacity direct tender		2000000)	system can reach up to 10% of
Base raw material N95 respira-	29000	(10000,	capacity purchasing products from
tors capacity direct tender		100000)	world market.
Base raw material gowns capac-	199600	(20000,	
ity direct tender		400000)	
Base raw material gloves capac-	3.49315	(800000,	
ity direct tender	e+07	5000000)	
Shipment time direct tender PPE	45	(14, 120)	It is assumed products are flown into
			the country, as the delivery is guaran-
			teed and the price per piece is higher.
			This takes between 1 and 3 months
			(Gandrup-Marino et al., 2021).
Share of faulty PPE	0.15	(0, 0.5)	7& of ordered PPE was unusable in
-			the first year of Covid-19 (Public Ac-
			counts Committee - House of Com-
			mons, 2021). Assumed to reach up to
			50%.
Reach PPE	100	(0, 300)	Maximum businesses that can be
			reached. No information was available.
			Hence, the values is assumed to be un-
			certain. Values above 300 return unre-
			alistic production capacities.
Production time Innovation PPE	2	(1, 7)	Delays in production of suppliers us-
			ing innovative supply strategies. Uncer-
			tainty range assumed, as no data was
			found.
Transportation time PPE innova-	7	(3.5, 21)	Delays in prcorument of raw material.
tion			Likely to occur as suppliers often pro-
			cure smaller amounts of raw material,
			and suppliers are new to production.
			Hence, higher uncertainty compared to
	_		other delays in procurement.
Shipment time innovation PPE	5	(3.5, 14)	Department of Health and Social Care
			(2020) assures deliveries within 5 days
			for PPE from stockpile. The assump-
			tion is made that the same delivery
			time is considered for domestic supply
			strategies. Fewer than domestic pro-
			duction because of smaller the design
	1000	(500, 20000)	of innovative supply strategies.
Base raw material eye protection	1000	(500, 30000)	Refers to the production capacity per
capacity innovation PPE	7200	(2400 24000)	idea. Uncertainty ranges based on
Base raw material simple masks	1200	(3400, 34000)	information found in articles, plus
capacity innovation PPE Base raw material N95 respira-	1000	(3400, 25200)	additional range where applicable (Cates, 2020; Dixon, 2020; Pagliacolo
	1000	(3400, 25200)	
tors capacity innovation PPE Base raw material gowns capac-	2000	(500, 30000)	& Pavka, 2020).
ity innovation PPE	2000		
Base raw material gloves capac-	20000	(5000, 160000)	
ity innovation PPE	20000		

Average time to approve and de- velop PPE	60	(15, 120)	Assumption, based on time it took to develop ventilators (National Audit Of-
			fice, 2020a). Range can be smaller or higher depending on PPE and innova- tion.
Time to reach maximum produc- tion capacity PPE innovation	30	(5, 90)	Time it takes to reach their maximum capacity. The uncertainty range
Time to reach maximum procure- ment capacity PPE innovation	30	(5, 90)	considers the length of the pandemic.
Base raw material procurement	3.992e+06	(1000000,	Assumed values consider the
eye protection worldwide		8000000)	available data where possible (Bhutta
Base raw material procurement	1.996e+07	(10000000,	& Santhakumar, 2016; OECD, 2020;
simple masks worldwide		6000000)	Statista, 2022). Uncertainty ranges
Base raw material procurement	580000	(120000,	assume up to 3 times the current
N95 respirators worldwide		1200000)	output.
Base raw material procurement	3.992e	(1000000,	
gowns worldwide	+06	8000000)	
Base raw material procurement	6.9863e	(20000000,	
gloves worldwide	+08	140000000)	
Preparation shipment PPE pro-	1	(1, 10)	Delay in preparing shipments for de-
duction worldwide			livery. Interruptions of production are
			more likely due to health-related crisis.
Threshold for export restriction		(1000000,	Value determines at what order back-
PPE		10000000)	log of orders due to Covid-19, the ex-
			port is restricted. As no information
			was available, a wide range was con-
			sidered.
Delayed shipment time	90	(30, 360)	Lead times of up to 9 months were pos- sible (Gandrup-Marino et al., 2021).
Normal shipment time	21	(7, 45)	Delivery times from PPE producers in
			China ranges between 15 to 30 days
			(HisoMedical, 2020). A wider range
			was considered to account for suppliers
			located in other countries as well.
Reduction export PPE	1	(0, 1)	Value determines to what percentage
			the export is reduced. It can take on
			any value between 0 and 1.
Maximum increase in procure-	10	(1, 20)	Assumption based on production
ment capacity PPE			icnrease by Chinese suppliers (OECD,
Time to reach maximum procure-	120	(14, 210)	2020). Considered uncertainty range
ment capacity PPE worldwide			based on length of simulation run.
Maximum days in backlog be-	10	(1, 45)	
fore increase in procurement ca-			
pacity			
Maximum increase in production	10	(1, 20)	Assumption based on production
capacity PPE			icnrease by Chinese suppliers (OECD,
Time to reach maximum produc-	120	(14, 210)	2020). Considered uncertainty range
tion capacity PPE worldwide		,	based on length of simulation run.
Maximum days in backlog be-	14	(1, 20)	Determines when suppliers increase
fore increase in prod capacity			their production. No knowledge avail-
			able.
Share of PPE ready for previous	0.6	(0.2, 1)	Assumption, that share of products
order			goes to orders that were placed before
			Covid-19 hit the system.

Maximum transportation time	8	(1, 20)	Assumption based on production
PPE procurement world market			icnrease by Chinese suppliers (OECD,
change in transportation time	21	(7, 60)	2020). Considered uncertainty range
PPE			based on length of simulation run.

Table B.5: Uncertainties considered for ventilators

Uncertainty	Assumed Value	Range	Source/Reason
Production time domestic pro- duction	1	(1,5)	Delay in domestic production.
Transportation time domestic production	1.5	(1,10)	Delay in procurement of materials for domestic production. Higher than the delay in domestic production, as it may be more difficult to reach raw suppliers ad hoc.
Shipment time domestic produc- tion	3	(1,21)	Department of Health and Social Care (2020) assures deliveries within 5 days for PPE from stockpile. The assump- tion is made that the same delivery time is considered for domestic supply strategies. Additional delays are con- sidered as an uncertainty. Higher for ventilators, since transportation may be more difficult.
Time to reach maximum produc- tion capacity vent dom produc- tion	14	(5,30)	Assumption based on information about ventilator challenge provided by Leggett (2020). Assumption is that it
Time to reach maximum procure- ment capacity vent dom produc- tion	10	(5,30)	also includes raw materials.
Production capacity domestic production ventilator	214	(50,430)	
Raw material domestic produc- tion ventilator	214	(50,430)	
Delivery time for available venti- lators	5	(1,21)	Department of Health and Social Care (2020) assures deliveries within 5 days for PPE from stockpile. The assump- tion is made that the same delivery time is considered for domestic supply strategies. Additional delays are con- sidered as an uncertainty. Higher for ventilators, since transportation may be more difficult.
Share of ventilators available and fitting	0.7	(0,1)	Refers to share of ventilators suitable to be loaned, it can take any value be- tween 0 and 1
Potentially available ventilators	1700	(0,2400)	Refers to the ventilators that may be suitable to loan. Assumption based on National Audit Office (2020a)
Transportation time direct tender ventilator	1.5	(1,10)	Delays may occur in the procurement of raw material for production of venti- lators.
Production time ventilators di- rect tender	1	(1,10)	Delays may occur due Covid-19 in the production.

Base production capacity direct tender ventilator	250	(50,500)	Assumed to be similar to the values of domestic production, as it is difficult to
			order products.
Maximum prod direct tender vent	5	(1,10)	Assumption
Shipment time direct tender	30	(14,120)	Range based on available information about shipment times of PPE.
Share of faulty products	0.05	(0, 0.5)	Assumption that up to half of pur- chased ventilators can be useless, based on reports about unusable ven- tilators (Campbell, 2020).
Reach	2000	(0,2000)	Based on the number of participat- ing businesses (National Audit Office, 2020a).
Production time innovation	1	(1,7)	Assumption that production may be de- layed.
Share of actionable innovations	0.1	(0.01, 0.2)	Share of actionable innovations is as- sumed to lower for ventilators, as they are more complicated to produce.
Transportation time ventilator in- novation	1.5	(1,10)	Assumption that delays may exist in the delivery of raw material for innovative suppliers.
Shipment time innovation	5	(1,21)	Department of Health and Social Care (2020) assures deliveries within 5 days for PPE from stockpile. The assump- tion is made that the same delivery time is considered for domestic supply strategies. Additional delays are con- sidered as an uncertainty. Higher for ventilators, since transportation may be more difficult.
Average time to approve and de- velop products	45	(15,120)	Higher range of values compared to PPE chosen because it is more compli- cated to produce. Range is based on information from ventilator challenge (National Audit Office, 2020a).
Time to reach maximum produc- tion capacity vent innovation	30	(10,90)	No information available regarding both variables. Range of uncertainty is
Time to reach maximum procure- ment capacity vent innovation	21	(10,90)	choasen based on length of pandemic
Base capacity innovation	10	(1,30)	Assumed to be very low, as single project may only produce a few venti- lators per week.
Production time ventilator pro- duction worldwide	1	(1,10)	Delays may occur due to health-related crisis.
Base raw material ventilator pro- duction worldwide	850	(430,1720)	Assumption, that US produces 1/3 of ventilator supply, and based on the in- formation about ventilator production in US (Statista, 2020).
Preparation shipment produc- tion worldwide	1	(1,10)	Delays may occur due to health-related crisis.
Purchasing power UK as share of GDP per person	0.0881	(0.05, 0.33)	Refers to the purchasing power of Eng- land. Based on the GDP of the UK, compared to other countries.

Shipment time procurement from world market	30	(14,90)	Shipment times may be delayed (simi- lar assumption as with PPE)
Maximum increase in procure- ment capacity vent ww	10	(1,15)	Based on information about ventilator production in US (Statista, 2020).
Time to reach maximum procure- ment capacity vent worldwide	210	(60,480)	Based on information about ventilator production in US (Statista, 2020).
Maximum increase in production capacity vent worldwide	10	(1,15)	Based on the data derived from (Statista, 2020).
Reduction export ventilator	1	(0,1)	Export restrictions may apply to ventila- tors.
Time to reach maximum produc- tion capacity vent worldwide	240	(60,480)	Due to the complexity of the ventilator production, it takes more time to reach full production capacity.
Maximum days in backlog be- fore increase in prod capacity vent	30	(14,60)	No information available regarding both variables.
Maximum days in backlog be- fore increase in procu capacity vent	21	(14,60)	
Share of vent ready for previous order	0.7	(0.2,1)	Assumption that share of ventilators is delivered to customers whose demand did not result from COVID-19.
Maximum transportation time change in transportation time	3 21	(1,3) (7,60)	No information available regarding both variables.