WELCOME

Global VPPEF
20 & 21 June 2023
Copenhagen, Denmark

BEFORE WE BEGIN

GLOBAL VPPEF 2023

Key information and a few ground rules...

TIME
- Please be punctual as we have a packed agenda!
- Please keep interventions short and focused

LOGISTICS
- Bathrooms
- Breaks/Lunch served in tent outside

INTERPRETATION
Interpretation is available as follows:
- Russian – English
- French – English
- Portuguese – English

ADMIN
- Wifi info
- Phone charging stations
- Emergency #s
  - 112
  - 1813

QUESTION & INTERVENTIONS
- Please raise hands when you would like to intervene and wait for the facilitator to give you the floor. Please also state your name and country.
- Kindly keep questions and interventions until the end of the presentation.
- All questions will be addressed – if not in the session, these will be noted and addressed after the meeting.
- Mentimeter – for all “Parking lot” questions go to menti.com & use code **9951 2014**

KNOWLEDGE SHARING
- This event is about exchanging best practices, lessons learned, etc. Please participate as much as possible.
- All presentations, resources and accompanying material will be shared on the Vaccine Procurement Practitioners Network (VPPN).

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Security briefing & welcome video

Link to video

Over the next two days

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DAY 1 | TUESDAY

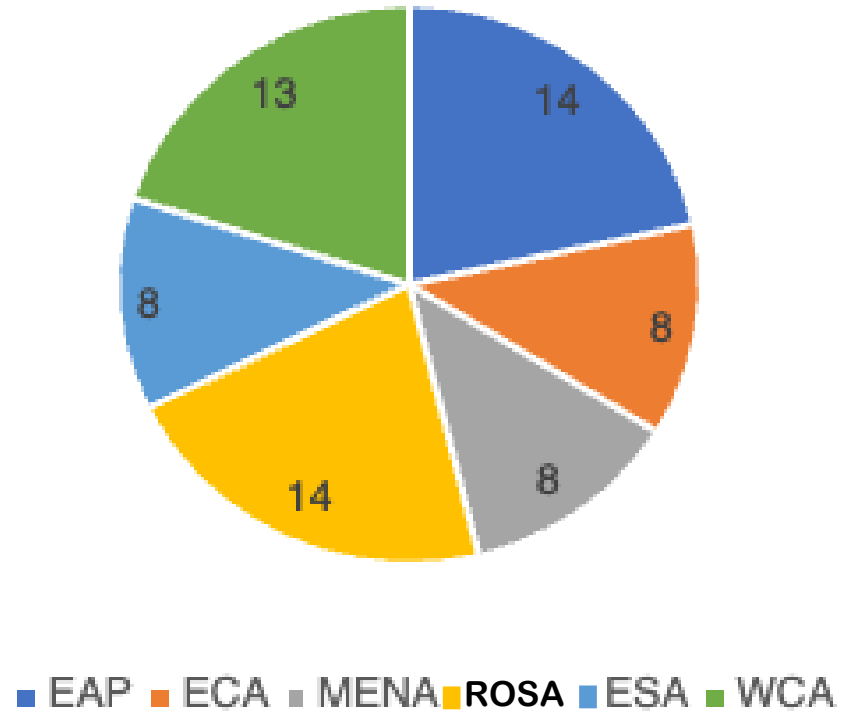
- OPENING & WELCOME
- INTRODUCTIONS, OBJECTIVES & SECURITY BRIEFING
- OVERVIEW OF THE GLOBAL IMMUNIZATION PROGRAMMATIC STATUS
- GOVERNMENT UPDATES
- DEEP DIVE ON M7: PROCUREMENT PLANS
- DEEP DIVE ON M4: LEVERAGING MARKET INTELLIGENCE
- UNICEF, Gavi & WHO TOOLS / RESOURCES & HEXAVALENT UPDATE

DAY 2 | WEDNESDAY

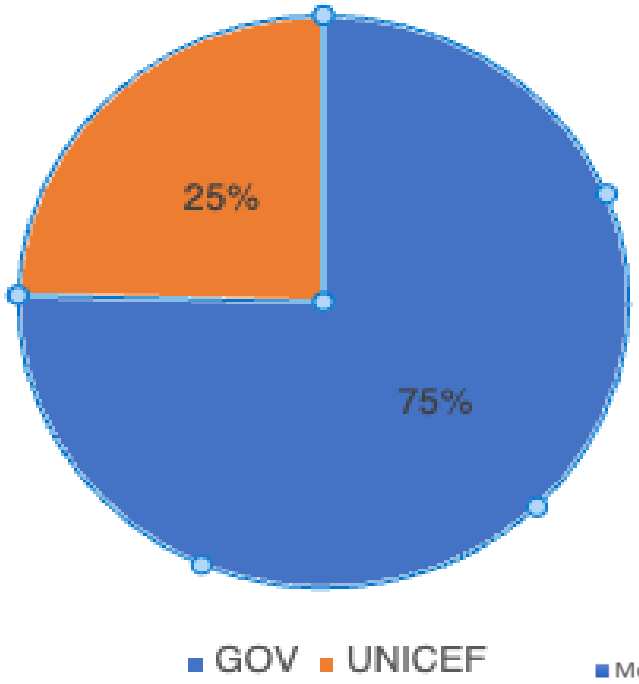
- OPENING & RECAP
- OVERVIEW OF HPV SUPPLY & PROGRAMMATIC IMPLICATIONS
- PRACTICAL EXAMPLE: LEVERAGING MARKET INTELLIGENCE
- WAREHOUSE TOURS
- PRACTICAL EXAMPLE: FORECASTING, PLANNING & BUDGETING
- ROADMAPS: DEVELOPMENT OF COUNTRY ACTION PLANS
- NEXT STEPS & CLOSING

Who is in the room?

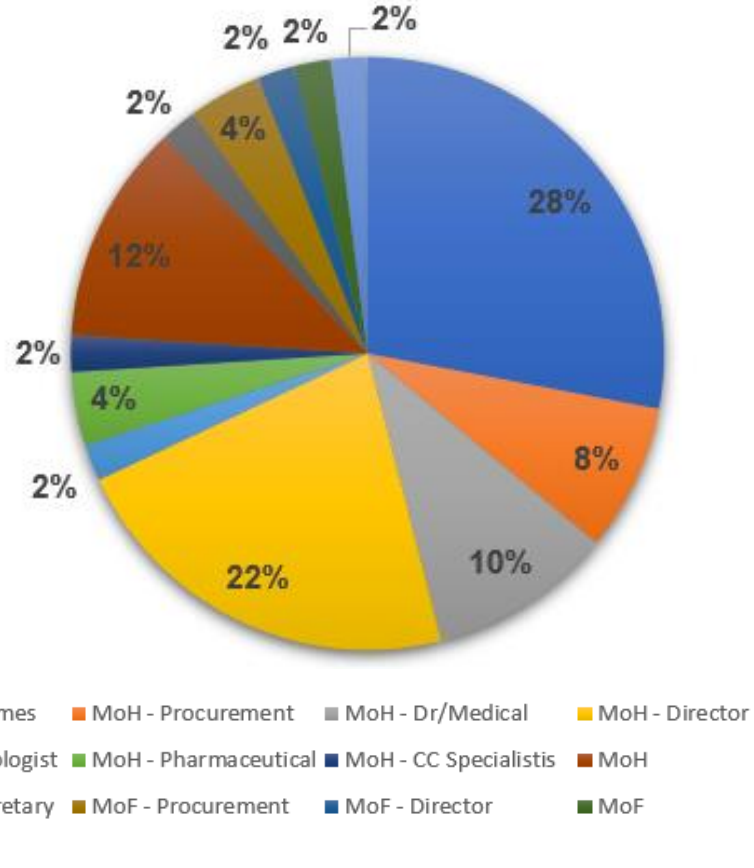
of participants based on UNICEF Regions



Government versus UNICEF representation



Government participants' procurement roles



Introductions: Topics to discuss

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What would you like to take away from the VPPEF?

What would you like to discuss about introducing a new vaccine?

What is the biggest challenge you face with your NIP?

What comes to mind when you think about Copenhagen?

What is something you like to do in your spare time?

Overview of the global immunization programmatic status

Svetlana Stefanet
Immunization Specialist
ECA Regional Office, UNICEF

Overview of global immunization coverage

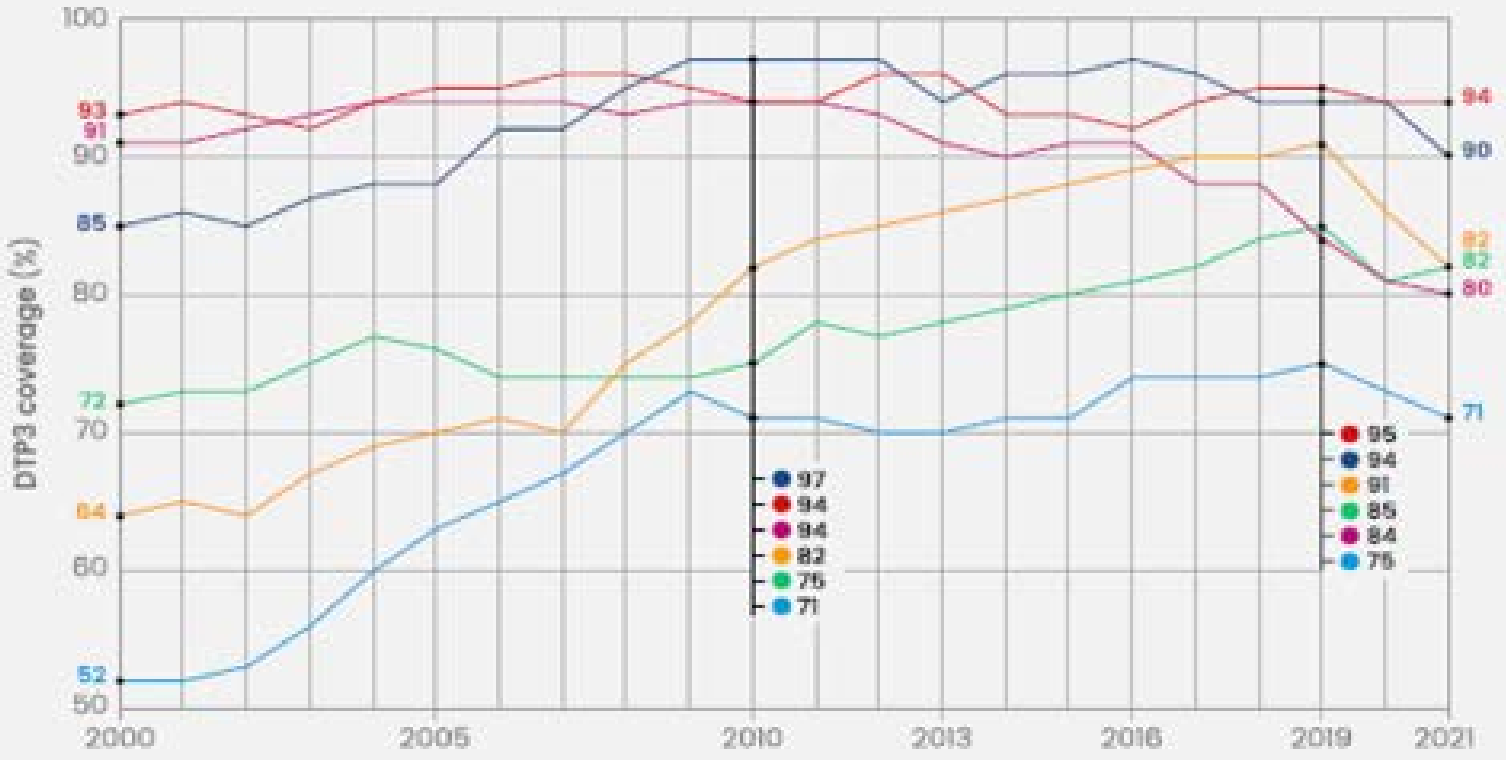
Immunization coverage in the WHO South-East Asian Region had the sharpest decline during the COVID-19 pandemic years of 2020/21

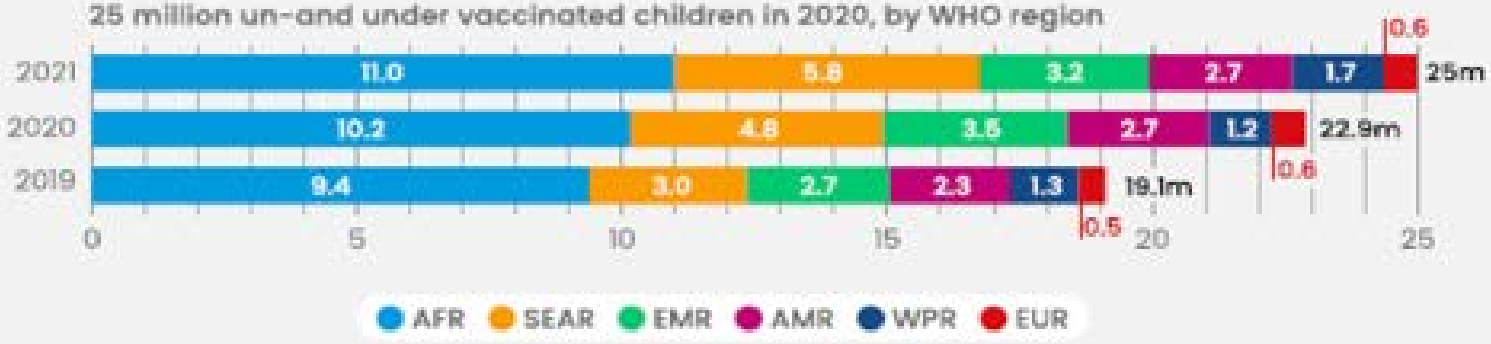
Essential immunization service coverage dropped in all WHO Regions.

The South-East Asian Region was most affected with a drop of 9% over two years. The Region of the Americas, the African Region, and the Western Pacific Region all dropped 4%, the Eastern Mediterranean Region dropped 3% and the European Region limited its drop to 1%.

Significant efforts will be needed to recover from the strains experienced during the pandemic, catch up missed children, and to sustain immunization as an essential health service.

In this analysis, zero-dose children are those who lack any dose of DTP. Under-vaccinated are those who received one dose, but not a third protective dose.





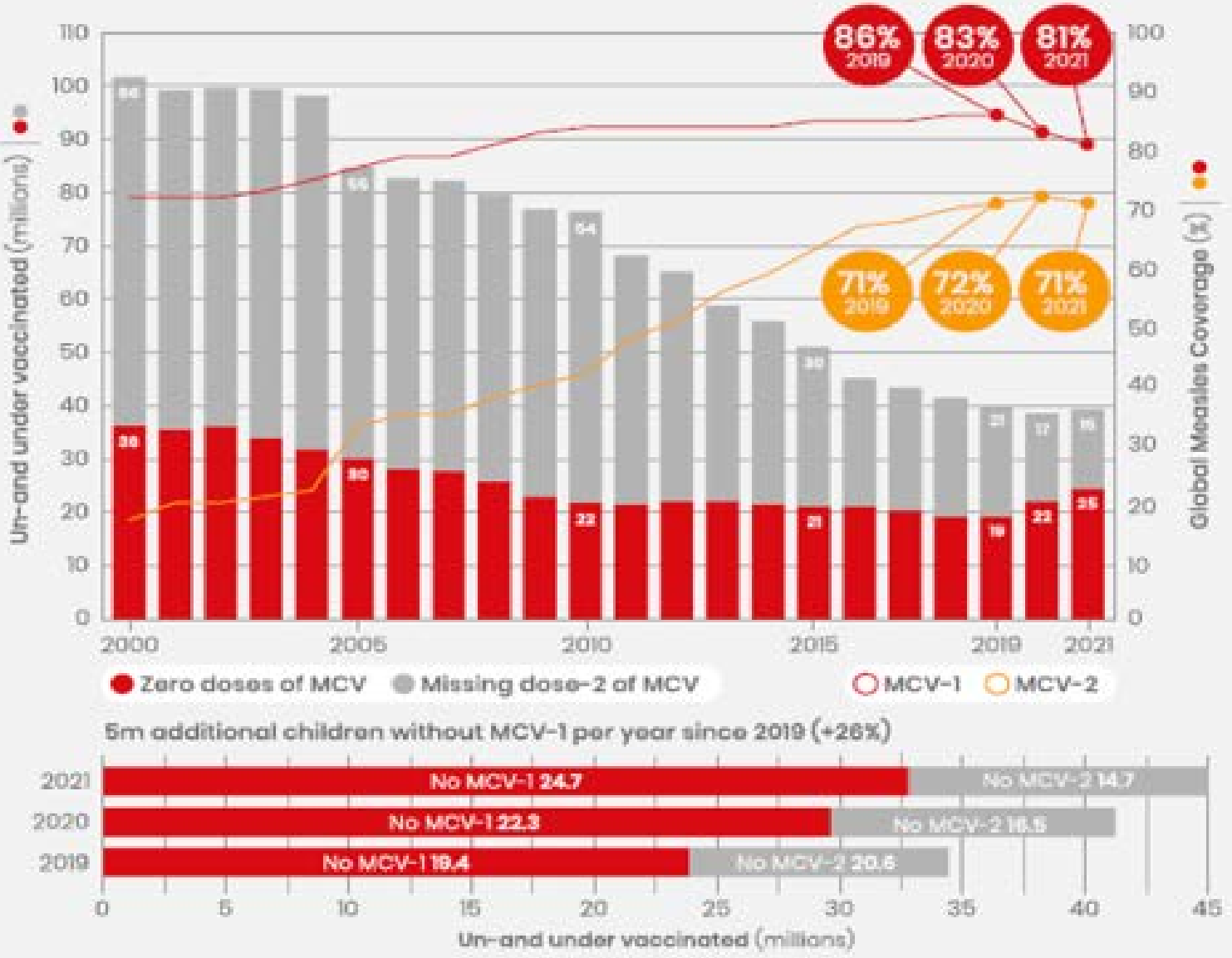
Overview of global immunization coverage

First dose measles coverage dropped to 81% in 2021, leaving 5 million more children unvaccinated compared to in 2019

Coverage of the first dose of measles-containing vaccine (MCV-1) dropped to 81% in 2021, the lowest level since 2008.

This leaves 25 million children vulnerable. An additional 15 million children received only a first dose, but not a needed second dose through regular public health services.

Supplemental Immunization Activities (including campaigns) continue to be required to ensure that all children receive the 2 doses that will protect them from measles.



World Health Organization unicef

UNICEF's State of the World's Children Report

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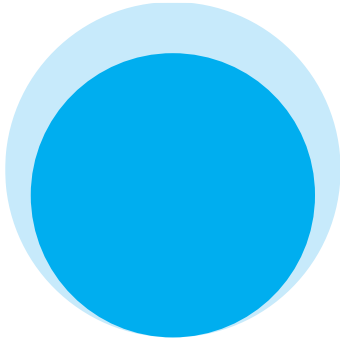
Far too many children are not getting the protection they need - **reaching the last child remains a challenge**

UNICEF estimates that

67 million children

missed out entirely or partially on routine immunization between 2019 and 2021;



48 million

of them missed out entirely.

Disruptions caused by the pandemic interrupted childhood vaccination almost everywhere, setting back vaccination rates to levels not seen since 2008.

1 in 5

children are **zero-dose** (unvaccinated) and **under-vaccinated**, leaving them vulnerable to a range of vaccine-preventable diseases.

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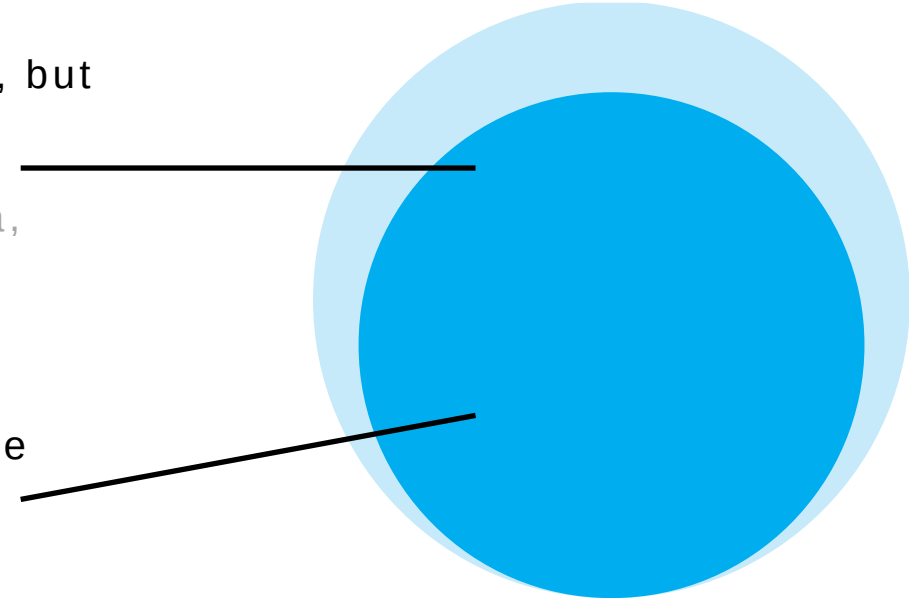
Understanding zero dose

Under-vaccinated refers to children who have received some, but not all, of their recommended schedule of vaccinations.

Calculated as children who have received their first diphtheria, tetanus and pertussis (DTP) vaccine but not their third

Zero-dose refers to children who have not received any vaccinations. Most live in communities that experience multiple deprivations

Calculated as children who have not received their first DTP vaccine.



Most zero-dose children live in communities that experience multiple deprivations, meaning those communities that lack adequate resources and access to essential services.

This means zero-dose children are also markers of missed communities.

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Vast regional differences exist

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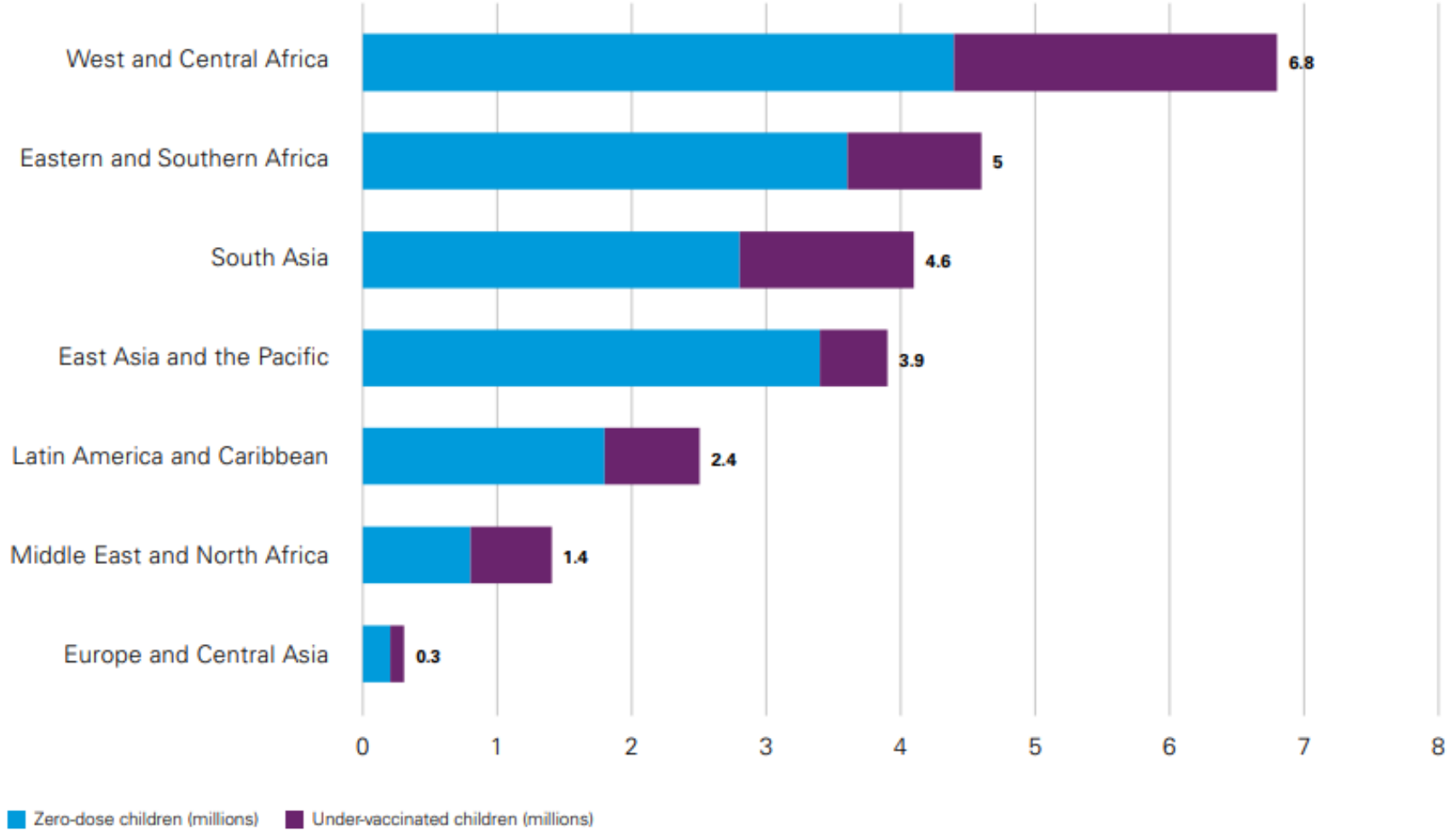
Zero-dose and under-vaccinated children by UNICEF programme regions, 2021



Source: World Health Organization and United Nations Children's Fund, 'Estimates of National Immunization Coverage (WUENIC), 2021 revision', July 2022.

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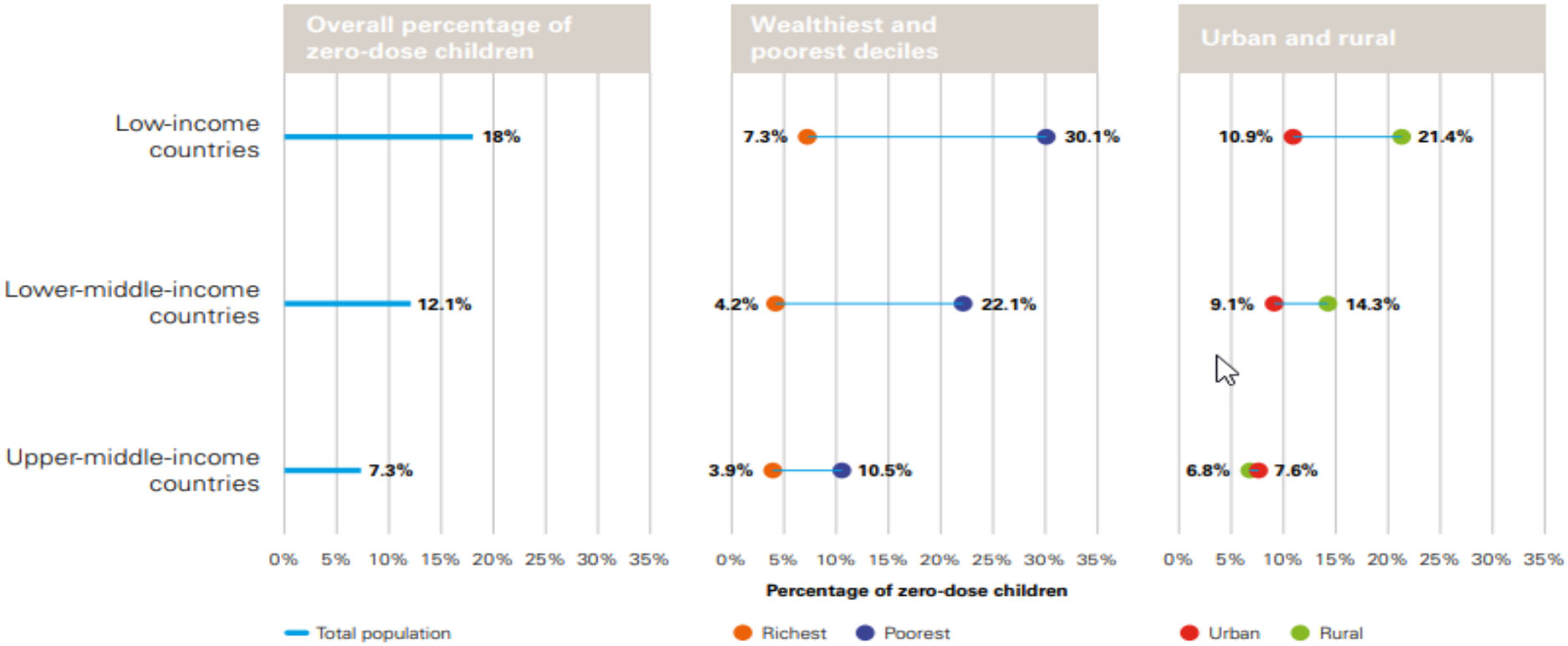
Zero-dose trends by income level

In 74 low- and middle-income countries, percentage of zero-dose children, percentage in highest and lowest wealth decile, percentage in urban and rural locations organized by World Bank income classification



Source: Victora, Cesar, and Aluísio Barros, 'Within-country Inequalities in Zero-dose Prevalence: Background paper for *The State of the World's Children 2023*', International Center for Equity in Health at the Federal University of Pelotas, Brazil, December 2022.

Zero-dose trends by region and income level

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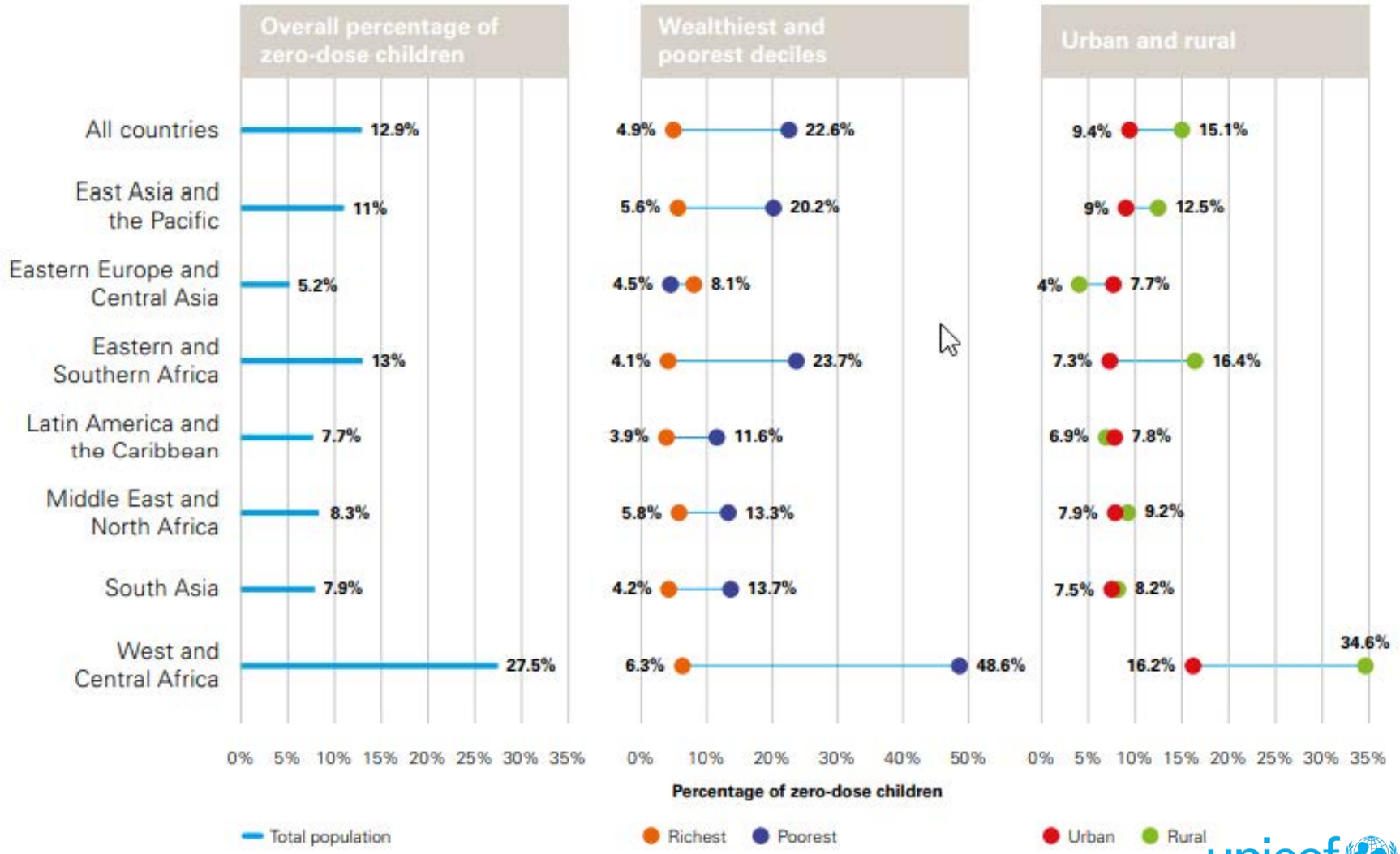
In 74 low- and middle-income countries, percentage of zero-dose children, percentage in highest and lowest wealth decile, percentage in urban and rural locations organized by UNICEF programme regions



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The Covid-19 pandemic set childhood immunization back

*Based on distribution of zero-dose children in 2021 WUENIC Estimates

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Backsliding during the pandemic

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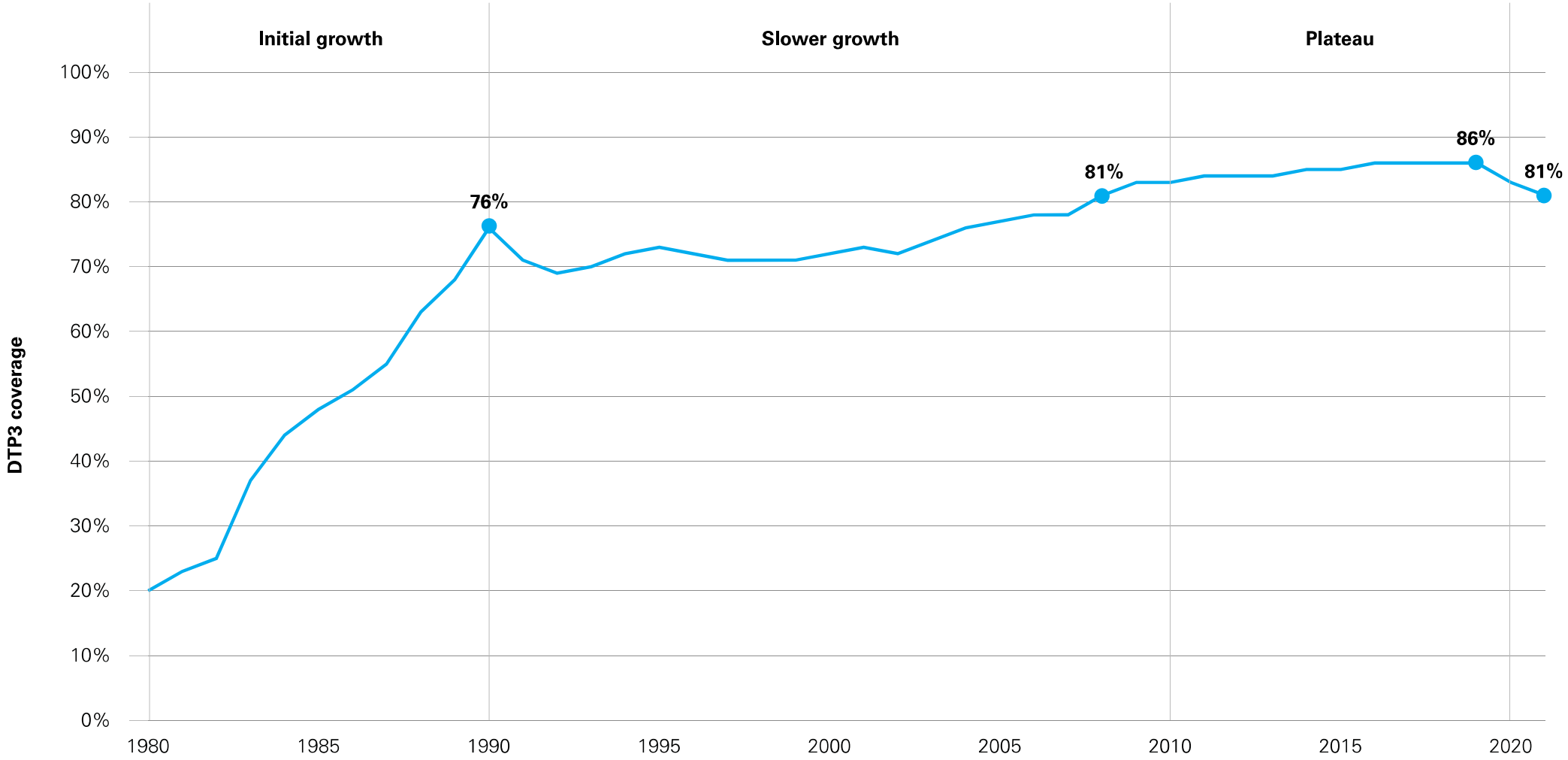
Backsliding in vaccination coverage during the pandemic came at the end of a decade that saw little growth



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Why did the pandemic set childhood immunization back?

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It placed unprecedented new demands on **health systems**, which they were often ill-equipped to cope with.

Stay-at-home recommendations and the fear of contracting the virus from health-care facilities led **families to put off vaccinating** children.

It exacerbated existing **shortages of health workers**.

It placed **heavy strains on front-line health workers**, mostly women, who were also coping with additional care burdens at home.

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A Lost Decade: Pandemic impacts on spending

The World Bank estimates that

41 countries will likely not return to pre-COVID levels of government spending until 2027

– essentially a “lost decade” for public investment with consequences for government investment in people’s health

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Regional updates

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Europe and Central Asia Region: Immunization Performance Overview

Immunization Coverage

95.7% DTP1 Coverage	180,764 Zero-Dose Children
93.1% DTP3 Coverage	291,074 Unimmunized DTP3
94.3% MCV1 Coverage	239,804 Unimmunized MCV1
92.8% MCV2 Coverage	306,442 Unimmunized MCV2

Vaccine Preventable Diseases

0 Diphtheria	43 Measles	37 Polio

New Vaccines Status

DTP1 COVERAGE

Country	Year	Antigen	Coverage	Target Births	# Immunized	Zero Dose Children
Albania	2021	DTPCV1	98	29,289	28,703	586
Armenia	2021	DTPCV1	96	33,700	32,352	1,348
Azerbaijan	2021	DTPCV1	92	127,085	116,918	10,167
Belarus	2021	DTPCV1	98	88,853	87,076	1,777
Bosnia and Herzegovina	2021	DTPCV1	89	27,646	24,605	3,041
Bulgaria	2021	DTPCV1	92	58,112	53,463	4,649
Croatia	2021	DTPCV1	98	34,733	34,038	695
Georgia	2021	DTPCV1	97	50,430	48,917	1,513
Greece	2021	DTPCV1	99	79,072	78,281	791
Kazakhstan	2021	DTPCV1	98	413,483	405,213	8,270
Kosovo	2021	DTPCV1	92	18,604	17,116	1,488
Kyrgyzstan	2021	DTPCV1	89	157,661	140,318	17,343
Montenegro	2021	DTPCV1	94	6,965	6,547	418
North Macedonia	2021	DTPCV1	89	20,114	17,901	2,213
Republic of Moldova	2021	DTPCV1	87	38,146	33,187	4,959
Romania	2021	DTPCV1	95	195,366	185,598	9,768
Serbia	2021	DTPCV1	97	67,609	65,581	2,028
Tajikistan	2021	DTPCV1	97	260,838	253,013	7,825
Türkiye	2021	DTPCV1	95	1,244,782	1,182,543	62,239
Turkmenistan	2021	DTPCV1	99	136,968	135,598	1,370
Ukraine	2021	DTPCV1	91	336,096	305,847	30,249
Uzbekistan	2021	DTPCV1	99	802,875	794,846	8,029
Total				**4,228,427**	**4,047,663**	**180,764**

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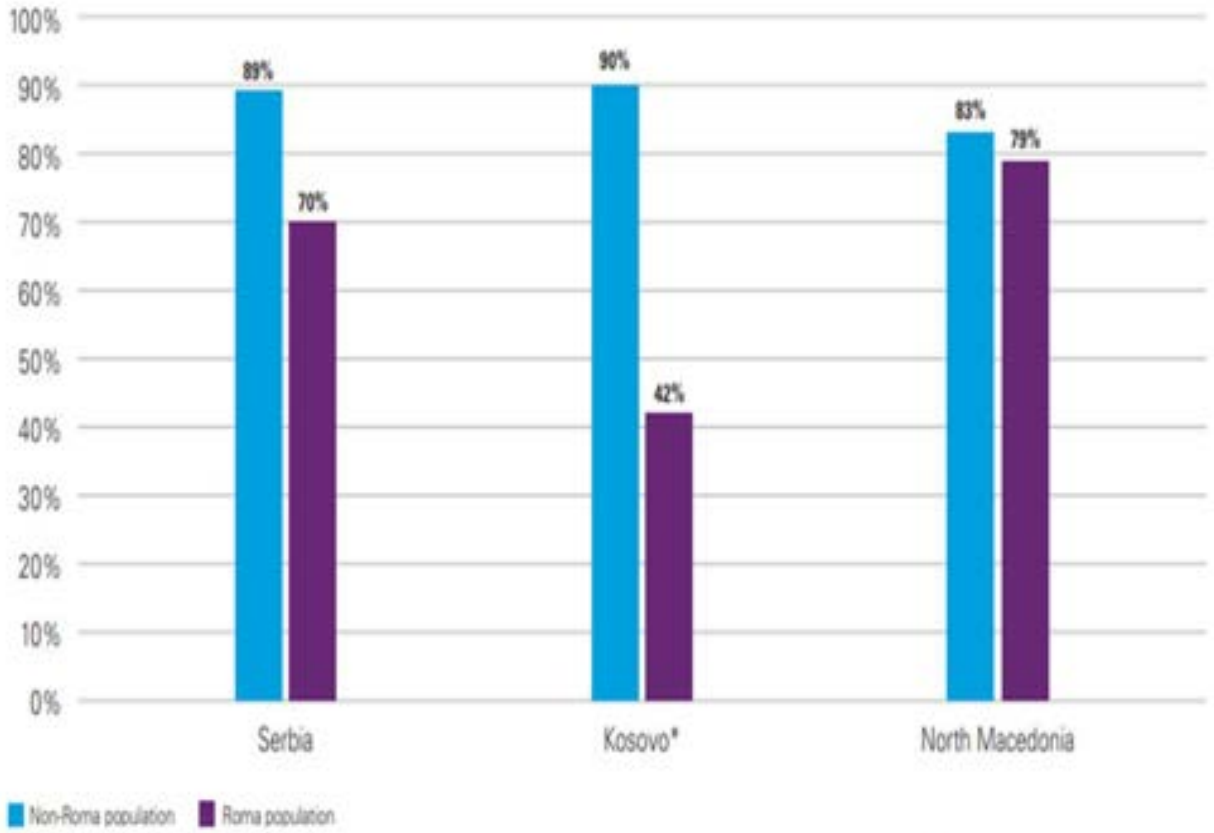
Roma children are less likely to be vaccinate



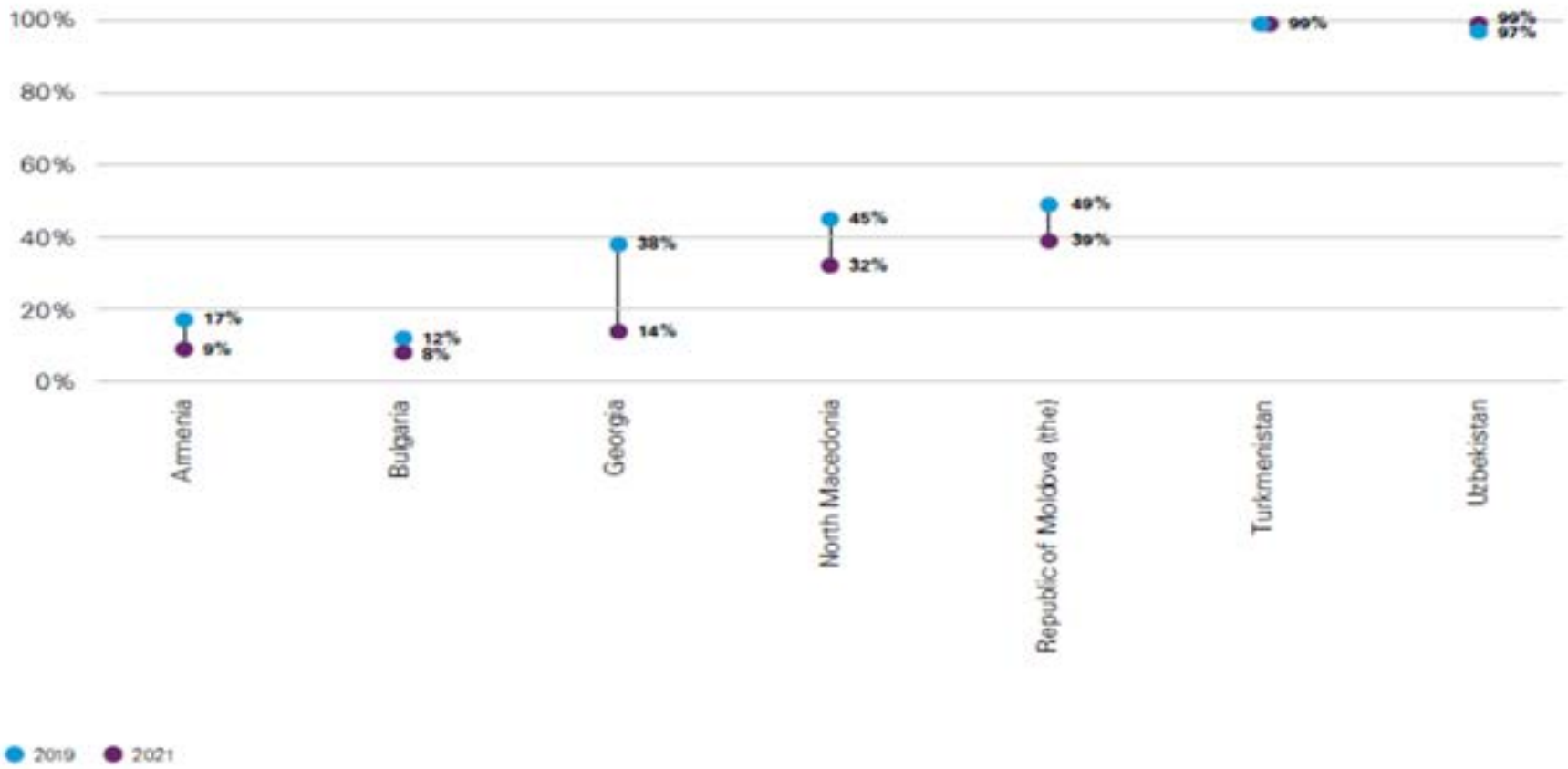
Source: UNICEF analysis based on Multiple Indicator Cluster Survey data from Serbia (2019), Kosovo (2019-2020) and North Macedonia (2018-2019).
*This designation is without prejudice to positions on status and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence.

Status of introduction of New Vaccines, ECAR

No	Country	PCV	Rota	HPV
1	Albania	Yes	Yes	Yes
2	Armenia	Yes	Yes	Yes
3	Azerbaijan	Yes	No	No
4	Belarus	Yes	No	No
5	Bosnia & Herzegovina	No	No	Yes
6	Bulgaria	Yes	Yes	Yes
7	Croatia	Yes	No	Yes
8	Georgia	Yes	Yes	Yes
9	Greece	Yes	Yes	Yes
10	Kazakhstan	Yes	No	No
11	Kosovo	No	No	No
12	Kyrgyzstan	Yes	Yes	Yes
13	Montenegro	No	No	Yes
14	North Macedonia	Yes	Yes	Yes
15	Republic of Moldova	Yes	Yes	Yes
16	Romania	Yes	No	No
17	Serbia	Yes	No	Yes
18	Tajikistan	No	Yes	No
19	Turkey	Yes	No	No
20	Turkmenistan	Yes	Yes	Yes
21	Ukraine	No	No	No
22	Uzbekistan	Yes	Yes	Yes

HPV vaccination

Despite achieving high HPV vaccine coverage rates in Turkmenistan and Uzbekistan, a **decline in coverage was present in most countries**.



Source: World Health Organization estimates of human papillomavirus (HPV) immunization coverage, 2010–2021, 15 July 2022.

East Asia and the Pacific Region: Immunization Performance Overview

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EAPR immunization overview (2021)

Coverage 0.00 – 99.00

	Antigen								
	DTP1	DTP3	IPV1	MCV1	MCV2	PCV3	Pol3	RCV1	Rotac
Brunei Darussalam	99.00	99.00	99.00	99.00	99.00		99.00	99.00	
Cambodia	94.00	92.00	92.00	84.00	71.00	90.00	93.00	84.00	
China	99.00	99.00	99.00	99.00	99.00		99.00	99.00	
Cook Islands	99.00	98.00	98.00	99.00	98.00		98.00	99.00	
DPRK	42.00	41.00	17.00	42.00	41.00		0.00		
Fiji	99.00	99.00	99.00	96.00	94.00	99.00	99.00	96.00	99.00
FS Micronesia	95.00	72.00	95.00	64.00	38.00	70.00	72.00	64.00	42.00
Indonesia	74.00	67.00	61.00	72.00	50.00	1.00	68.00	72.00	
Kiribati	99.00	92.00	78.00	80.00	58.00	99.00	91.00	80.00	80.00
Lao PDR	85.00	75.00	71.00	73.00	50.00	74.00	74.00	73.00	
Malaysia	98.00	95.00	88.00	96.00	84.00		95.00	96.00	
Marshall Islands	97.00	86.00	96.00	85.00	58.00	61.00	85.00	85.00	53.00
Mongolia	97.00	95.00	95.00	95.00	94.00	95.00	97.00	95.00	
Myanmar	45.00	37.00	46.00	44.00	42.00	40.00	43.00	44.00	33.00
Nauru	99.00	98.00	99.00	98.00	97.00	59.00	98.00	98.00	60.00
Niue	99.00	99.00	99.00	99.00	99.00	99.00	99.00	99.00	99.00
Palau	99.00	95.00	99.00	93.00	84.00	77.00	95.00	93.00	82.00
Philippines	57.00	57.00	56.00	57.00	55.00	51.00	56.00	57.00	
PNG	39.00	31.00	31.00	38.00	20.00	32.00	32.00	38.00	
Samoa	96.00	85.00	77.00	62.00	50.00	3.00	80.00	62.00	30.00
Solomon Islands	95.00	87.00	79.00	67.00	40.00	86.00	84.00	67.00	75.00
Thailand	99.00	97.00	97.00	96.00	87.00		97.00	96.00	71.00
Timor-Leste	87.00	86.00	84.00	79.00	78.00		86.00	79.00	80.00
Tonga	99.00	99.00	99.00	99.00	99.00	67.00	99.00	99.00	
Tuvalu	99.00	94.00	99.00	93.00	84.00		87.00	93.00	59.00
Vanuatu	71.00	62.00	62.00	50.00		2.00	62.00	50.00	9.00
Viet Nam	87.00	83.00	80.00	89.00	85.00		81.00	89.00	

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Source: WUENIC 2021 Estimates

EAP Region

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Country*	Number of zero-dose children	Zero-dose percentage share of children under age 1	Number of under-vaccinated children**	Under-vaccinated percentage share of children under age 1
Indonesia	1,149,784	26	309,557	7
Philippines (the)	1,047,996	43	0	0
Myanmar	491,542	55	71,497	8
Democratic People's Republic of Korea (the)	197,227	58	3,400	1
Viet Nam	187,315	13	57,636	4
Papua New Guinea	150,267	61	19,708	8
China	108,285	1	0	0
Lao People's Democratic Republic	23,766	15	15,844	10
Cambodia	18,896	6	6,298	2
Malaysia	10,161	2	15,242	3
Thailand	6,404	1	12,807	2
Timor-Leste	4,164	13	320	1
Vanuatu	2,676	29	831	9
Mongolia	2,126	3	1,418	2
Solomon Islands	1,040	5	1,663	8
Samoa	236	4	649	11
Fiji	176	1	0	0
Micronesia (the Federated States of)	116	5	532	23
Brunei Darussalam	61	1	0	0
Kiribati	34	1	238	7
Marshall Islands (the)	24	3	90	11
Tonga	24	1	0	0
Cook Islands (New Zealand)	3	1	3	1
Nauru	3	1	4	1
Palau	3	1	10	4
Tuvalu	3	1	13	5
Niue (New Zealand)	0	1	0	0

Source: World Health Organization and United Nations Children's Fund, 'Estimates of National Immunization Coverage (WUENIC), 2021 revision', July 2022.
* Countries are ranked by numbers of zero-dose children.
** The number of under-vaccinated children excludes zero-dose children.

Excerpt from State of the World's Children 2023, EAP regional brief

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EAP Region

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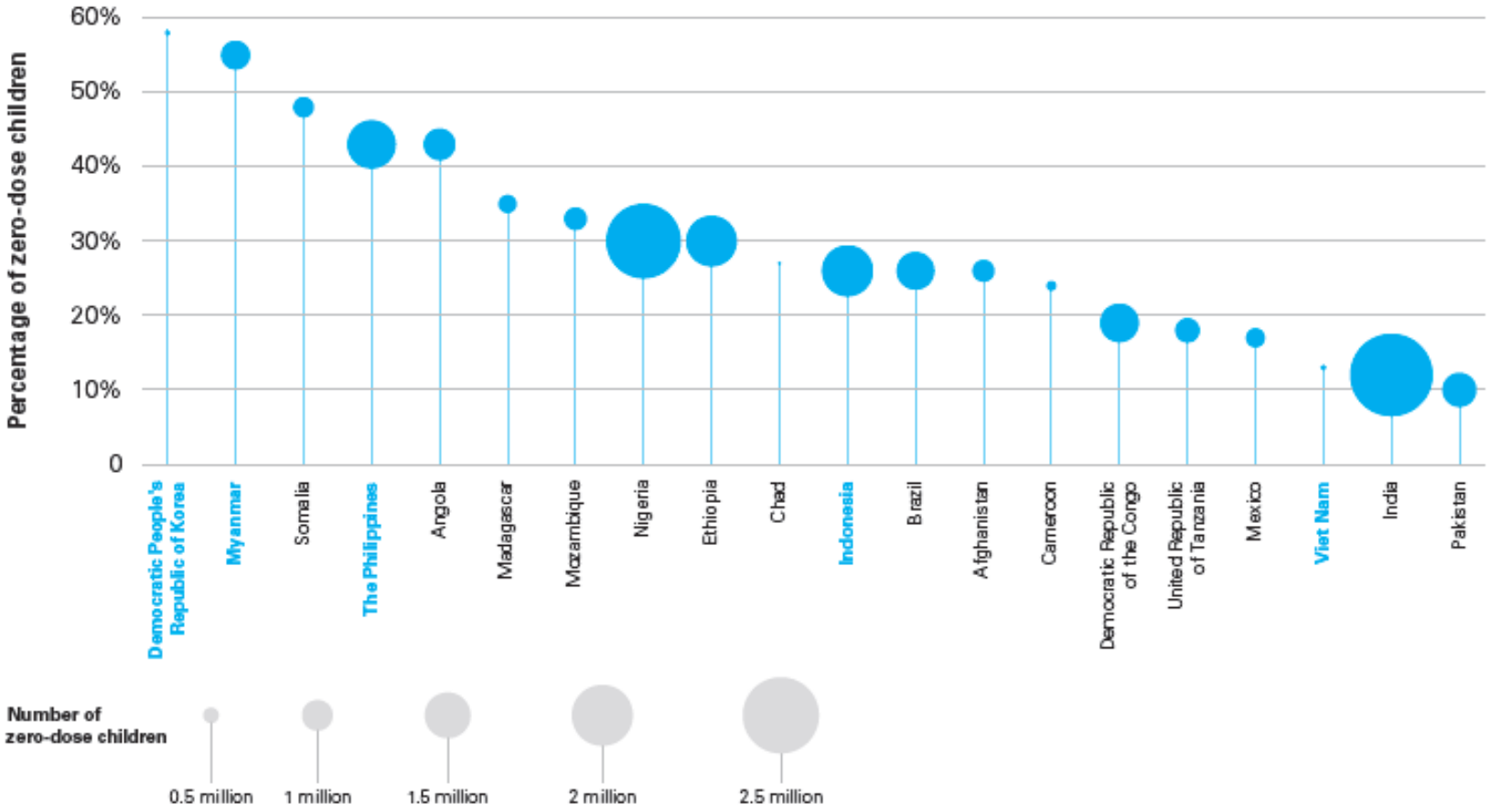
Five of the top 20 countries in the world with the largest number of zero-dose children **are in East Asia and the Pacific.**



Source: World Health Organization and United Nations Children's Fund, 'Estimates of National Immunization Coverage (WUENIC), 2021 revision', July 2022.

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Excerpt from State of the World's Children 2023, EAP regional brief

EAP Region

New vaccine introduction

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	HPV	PCV	RV
Cambodia	2024	Yes	
China			
Cook Islands	Yes		
Democratic People's Republic of Korea			
Fiji	Yes	Yes	Yes
Indonesia	Yes (P)	Yes	Yes (P)
Kiribati	2023	Yes	Yes
Lao People's Democratic Republic	Yes	Yes	
Malaysia	Yes	Yes	
Marshall Islands	Yes	Yes	Yes
Micronesia (Federated States of)	Yes	Yes	Yes
Mongolia	2023	Yes	
Myanmar	Yes	Yes	Yes

	HPV	PCV	RV
Nauru	Yes	Yes	Yes
Niue	Yes	Yes	Yes
Palau	Yes	Yes	Yes
Papua New Guinea		Yes	
Philippines	Yes (P)	Yes	
Samoa	Yes	Yes	Yes
Solomon Islands	Yes	Yes	Yes
Thailand	Yes		Yes
Timor-Leste	2023		Yes
Tonga	Yes	Yes	Yes
Tuvalu	Yes	Yes	Yes
Vanuatu	2023	Yes	Yes
Viet Nam	2026	2025	2023 (P)

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EAP Region
HPV vaccination

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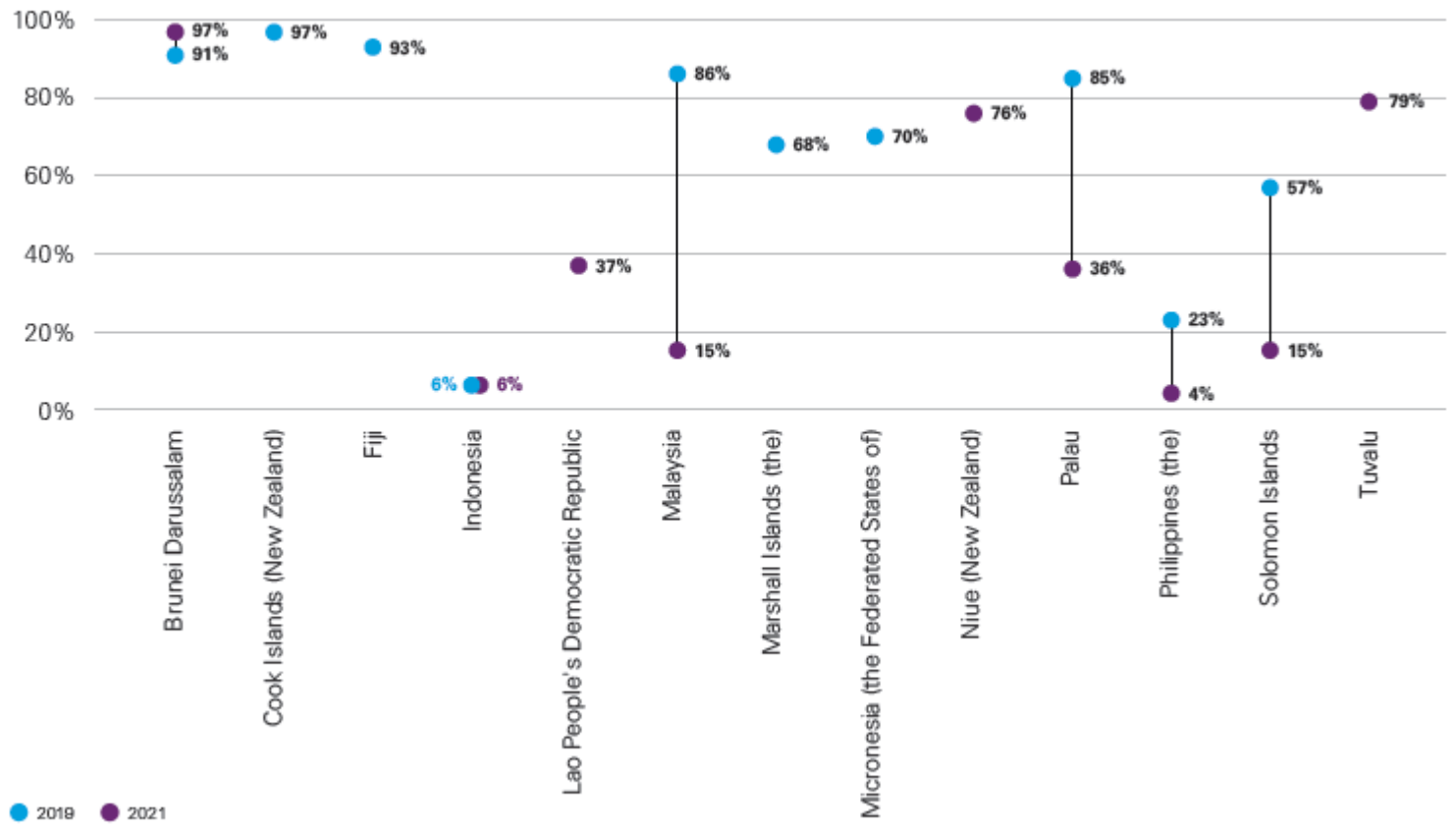
Figure 8. Percentage of girls who received the first dose of HPV vaccine, 2019–2021



Source: World Health Organization estimates of human papillomavirus (HPV) immunization coverage, 2010–2021, 15 July 2022.

Between 2019 and 2021, some countries in EAP experienced a **considerable drop in HPV vaccine coverage**.

Excerpt from State of the World's Children 2023, EAP regional brief

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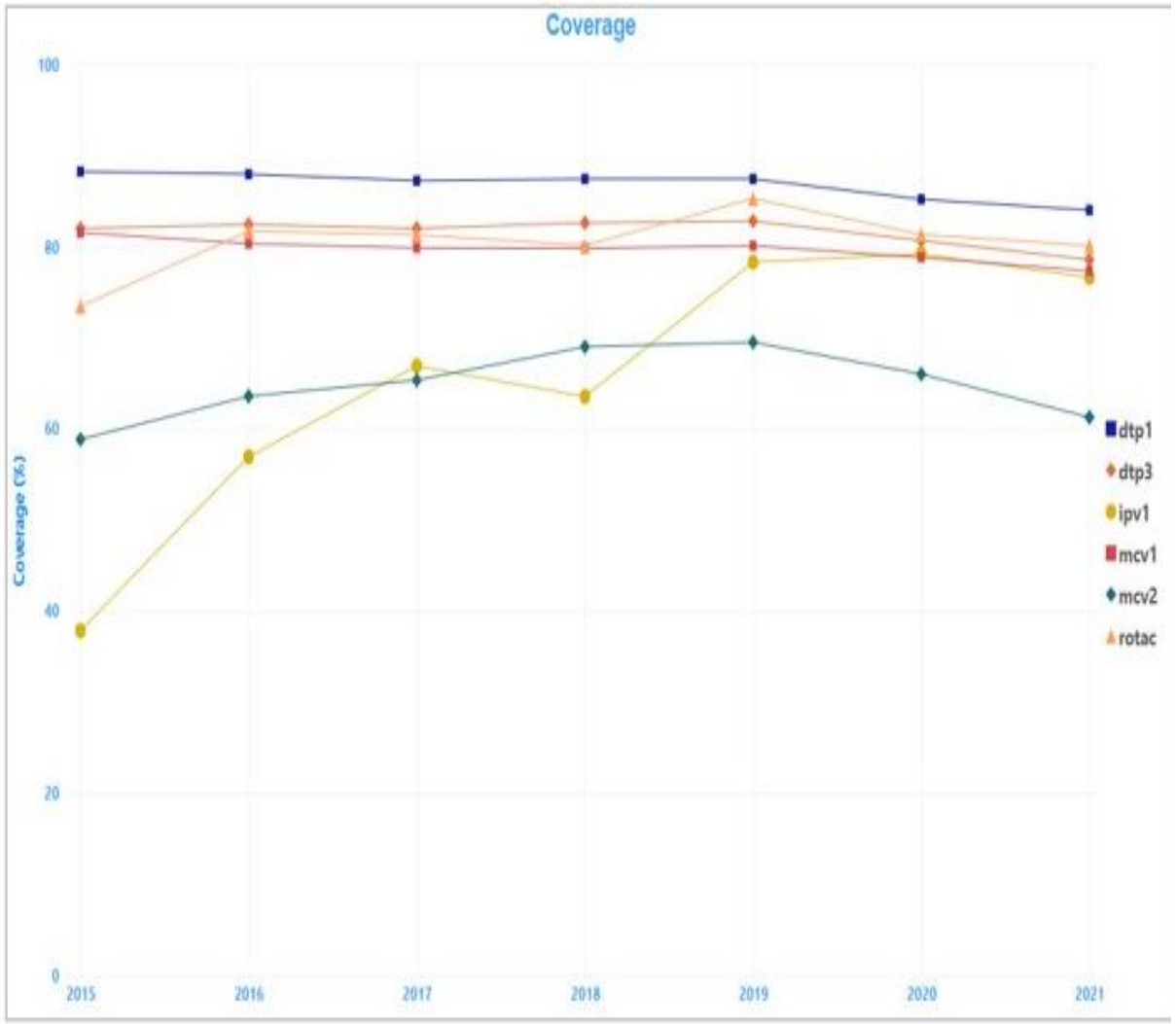
Eastern and Southern Africa Region: Immunization Performance



Unvaccinated Children per Antigen [2021]

Country	dtp1	dtp3	ipv1	mcv1	mcv2	rotac
Angola	553,309	707,723	810,663	823,530	810,380	823,530
Botswana	1,185	2,963	2,963	1,778	17,871	8,888
Burundi	16,946	25,419	25,419	42,366	61,280	25,419
Comoros	1,164	3,492	3,725	4,190	18,399	
Eritrea	3,037	5,062	5,062	7,087	14,520	4,050
Eswatini	3,908	6,420	7,258	5,583	8,670	4,187
Ethiopia	1,134,182	1,323,212	1,323,212	1,739,079	1,926,072	1,323,212
Kenya	14,302	128,717	128,717	157,321	591,255	128,717
Lesotho	4,528	7,358	7,358	5,660	9,842	14,717
Madagascar	303,775	390,568	373,209	529,436	630,632	451,323
Malawi	31,893	44,650	51,029	63,786	157,471	51,029
Mozambique	371,514	439,062	337,740	180,128	314,627	303,968
Namibia	2,034	4,746	16,271	6,780	24,619	6,780
Rwanda	39,345	47,213	47,213	51,148	56,727	43,279
Somalia	337,948	408,354	408,354	380,192	611,144	
South Africa	103,433	160,896	160,896	149,404	214,089	172,389
South Sudan	145,940	151,896	181,680	151,896		
Tanzania	402,373	424,727	424,727	536,498	799,939	514,144
Uganda	49,266	147,797	164,219	164,219		213,485
Zambia	38,957	58,435	129,856	64,928	116,340	84,407
Zimbabwe	33,150	66,300	66,300	71,036	119,472	56,828

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ESA Region

Sharp increase in number of Zero Dose children since 2018 in ESA:

- **countries with the highest number of ZD are highlighted in dark red**

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World Health Organization

Vaccine intro - HPV (Human Papilloma Virus) vaccine by Country - 2022

Yes | Yes (Partial) | No | Not applicable

World Health Organization

Vaccine intro - PCV (Pneumococcal conjugate vaccine) by Country - 2022

World Health Organization

Vaccine intro - Rotavirus vaccine by Country - 2022

Yes | Yes (Risk groups) | Yes (Partial) | No | Not applicable

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Middle East and North Africa: Immunization Performance Overview

GLOBAL VPPEF 2023

More than 1 million still not fully vaccinated

In 2021, 1.4 out of 11 million surviving infants in the region did not receive the three recommended doses of DTP vaccine

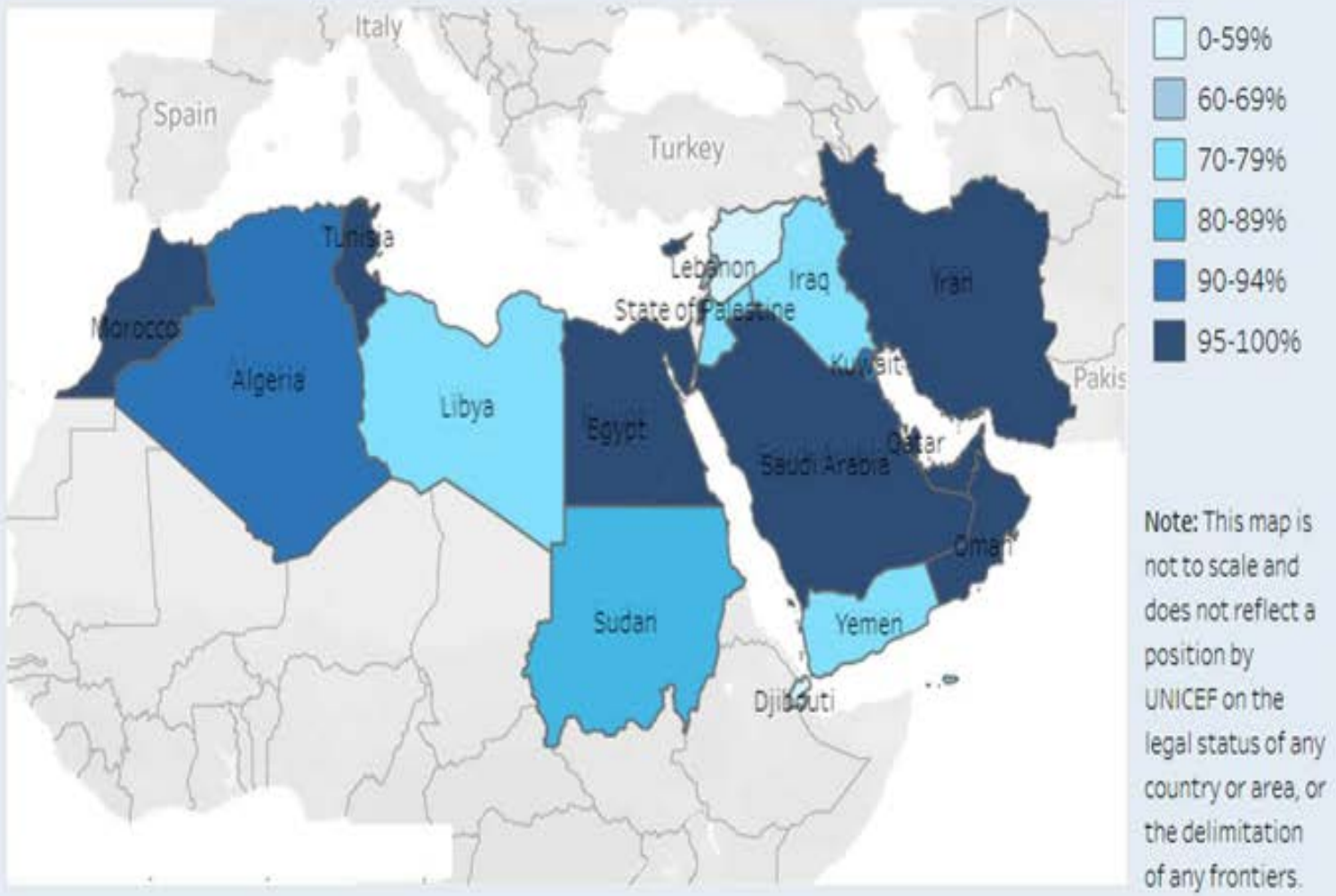
Over 60 per cent of countries sustained at least 90% coverage for DTP3

12 out of 21 countries in the region sustained the target coverage of 90% or above for DTP3 for the past three years

Measles regional coverage below the global target

In 2021, the regional coverage of MCV1 was 86% compared to the global coverage of 81%

Coverage and number of children unvaccinated for DTP3, 2021



Note: This map is not to scale and does not reflect a position by UNICEF on the legal status of any country or area, or the delimitation of any frontiers.

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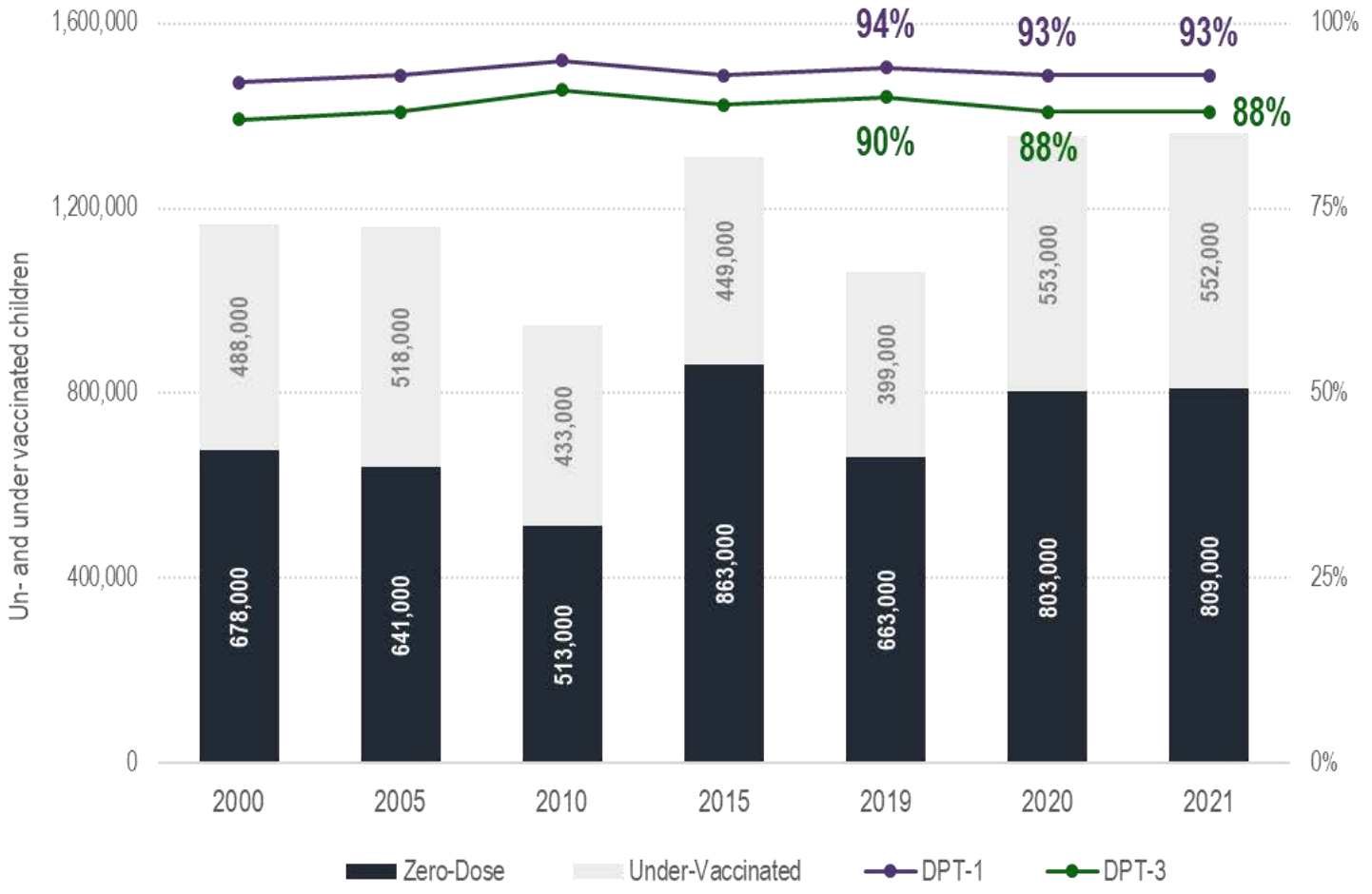
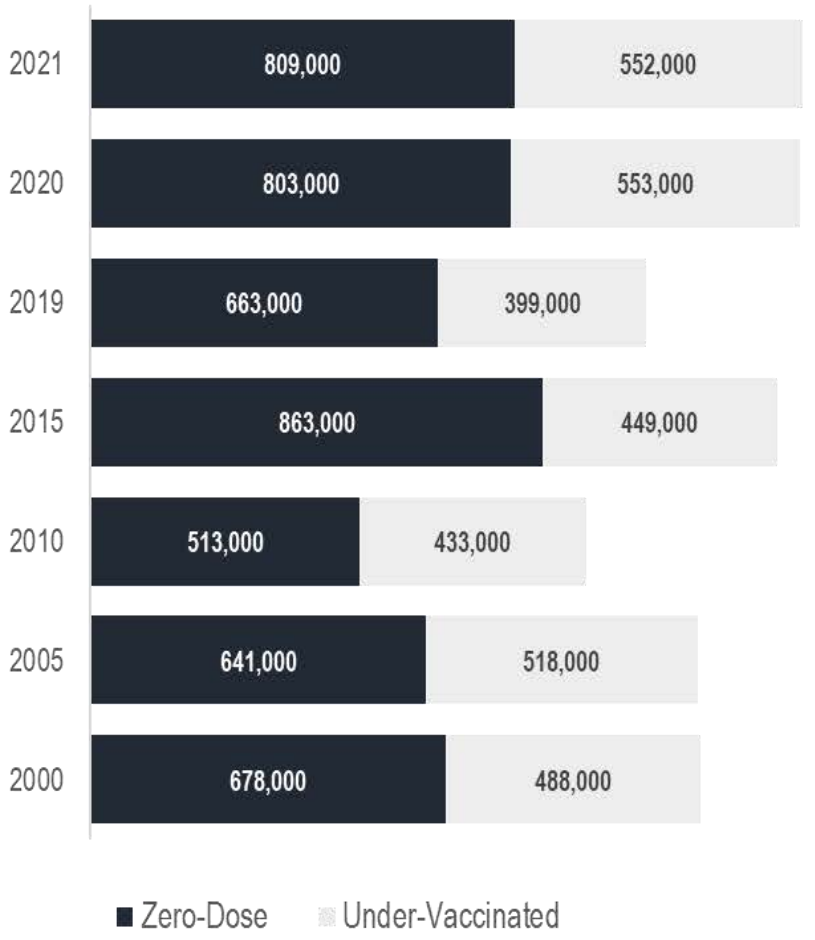
Trends of un- and under vaccinated children in MENA Region, 2020 - 2021

GLOBAL VPPEF 2023





- The DPT-1 and DPT-3 coverages in the region decreased by 1% and 2%, respectively in the year-2021 when compared with the year 2019.However, there was no change between the year-2020 and 2021 for both schedules.
- Over 1.4 million were un- or under vaccinated in the region in the year 2021, which is 0.3 million more than in 2019.

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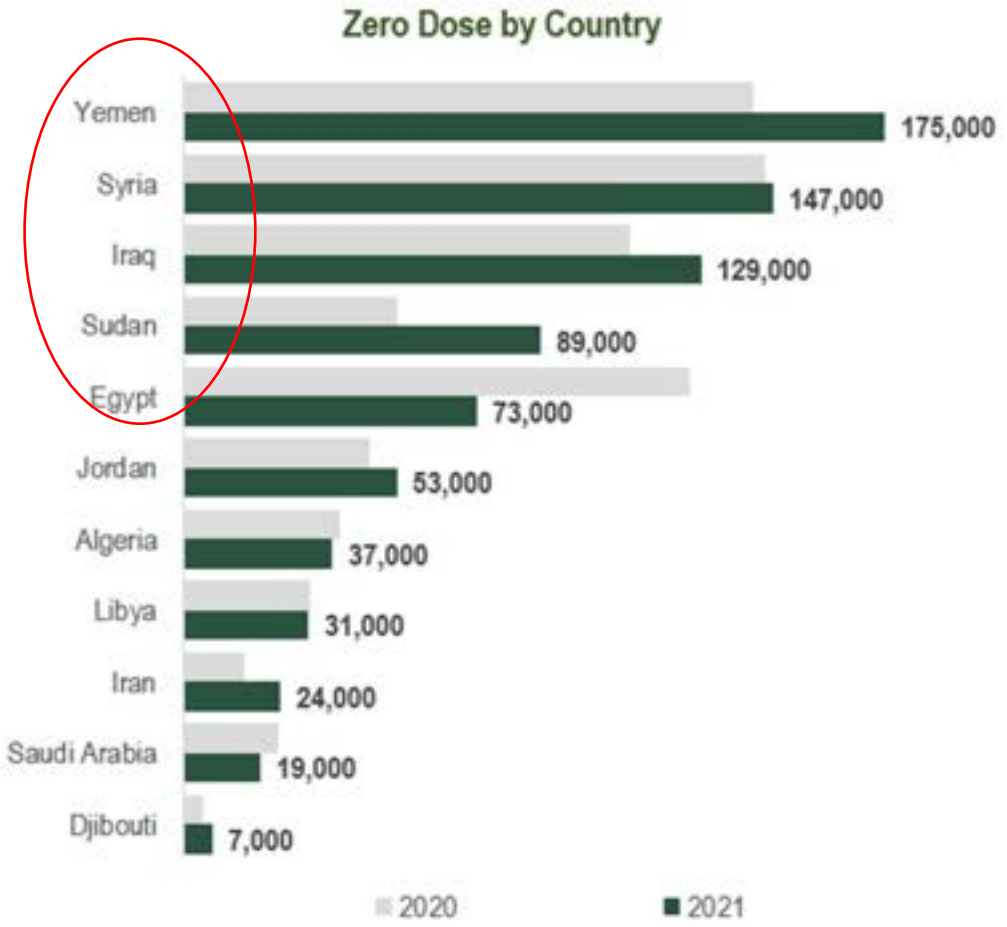
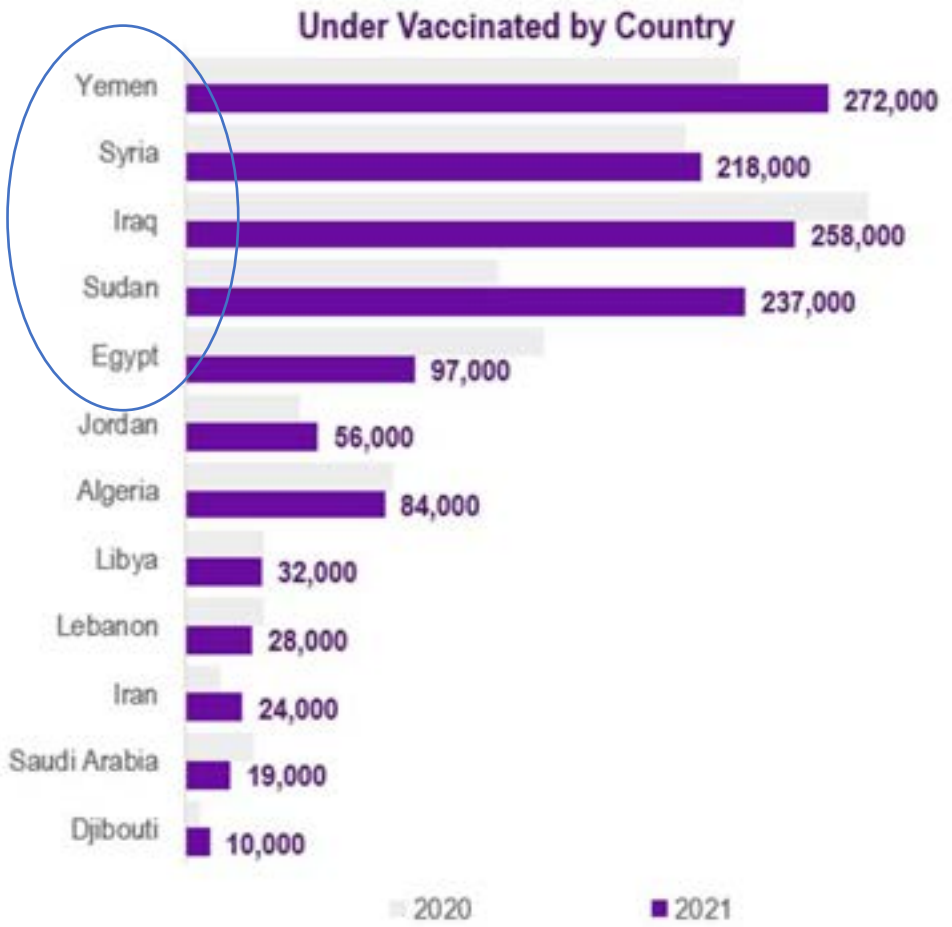
MENA: Zero dose and under-vaccinated children by countries

GLOBAL VPPEF 2023



- More than half (56%) of the zero dose children are found in three countries of the region -**Yemen, Syria and Iraq**

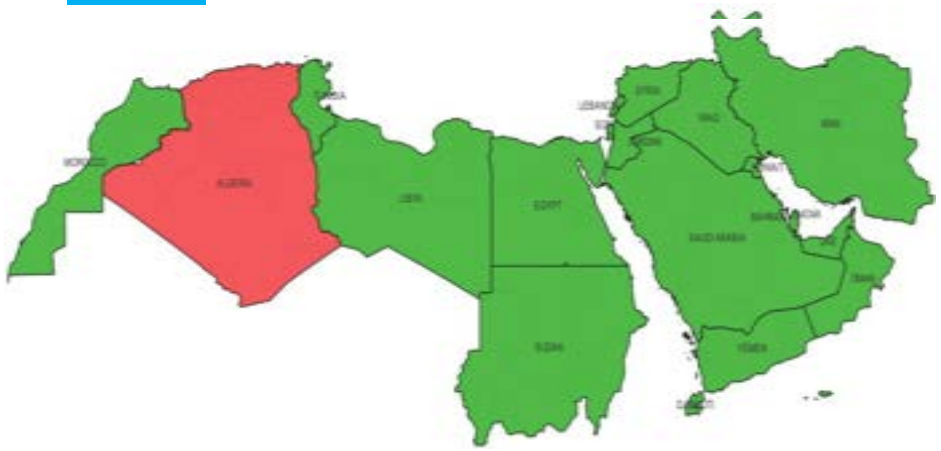


- Around third-quarter (72%) of unvaccinated children live in **Yemen, Syria, Iraq and Sudan.**
- In Sudan, the number of under vaccinated children increased by **38% in** the year 2021 when compared with the year 2020.

Status of new vaccine introduction in MENA

GLOBAL VPPEF 2023

HIB

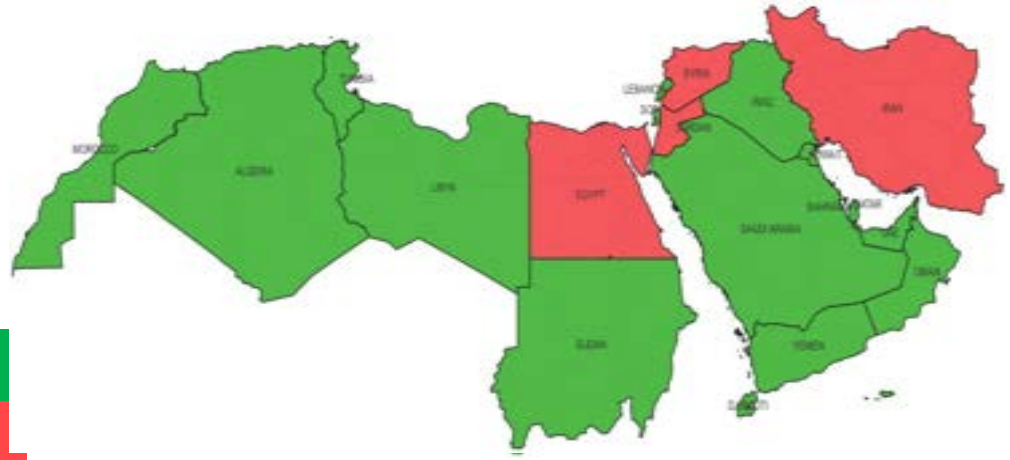


Except for HPV most of the Gavi eligible countries have introduced most of the new vaccines compared to Middle Income Countries (non-Gavi Eligible Countries

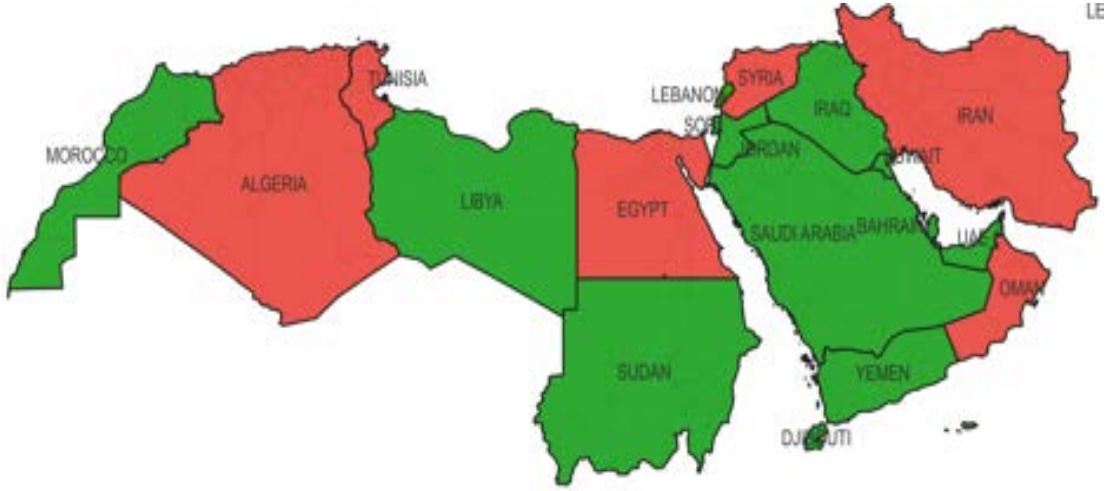
Introduced

Not introduced

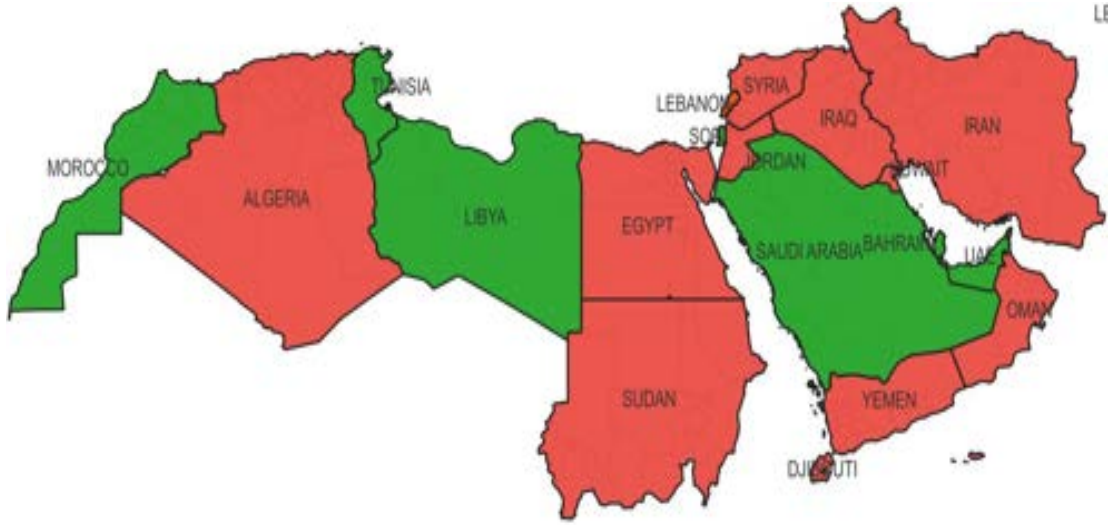
PCV



ROTA



HPV

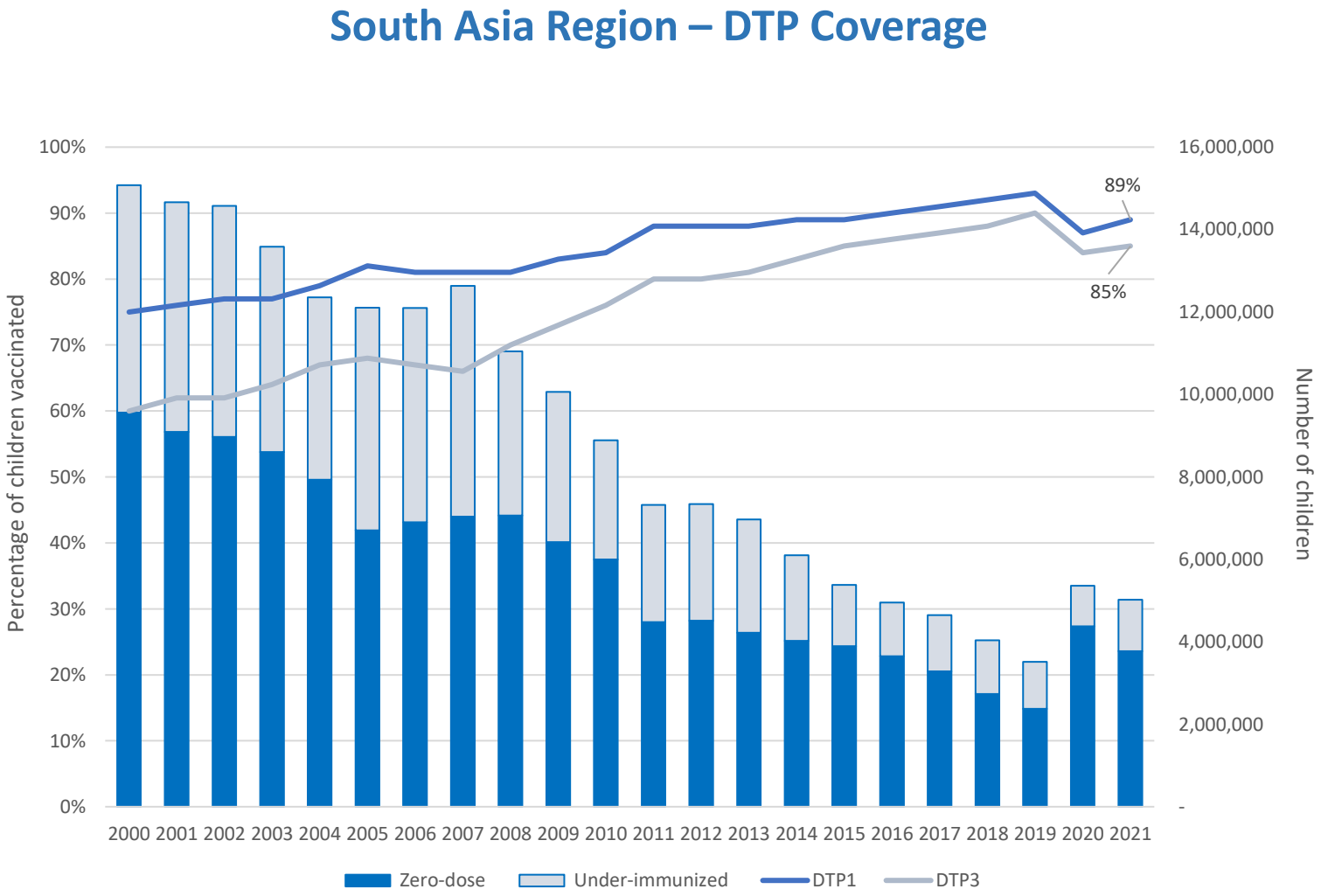


GLOBAL VPPEF 2023

South Asia Region: Immunization Performance Overview

2021

- DTP coverage dropped to **2015 levels;** improved from 2020 to 2021
- **3.8 million zero-dose** children (+ 1.4 million since 2019)
- 21% of global total & 2nd highest burden
- **3 countries in top 20**: India (1), Pakistan (3), Afghanistan (13)
- **6/8 countries** coverage >90%
- **+ 1.2 million under-vaccinated** (out of 34 million)



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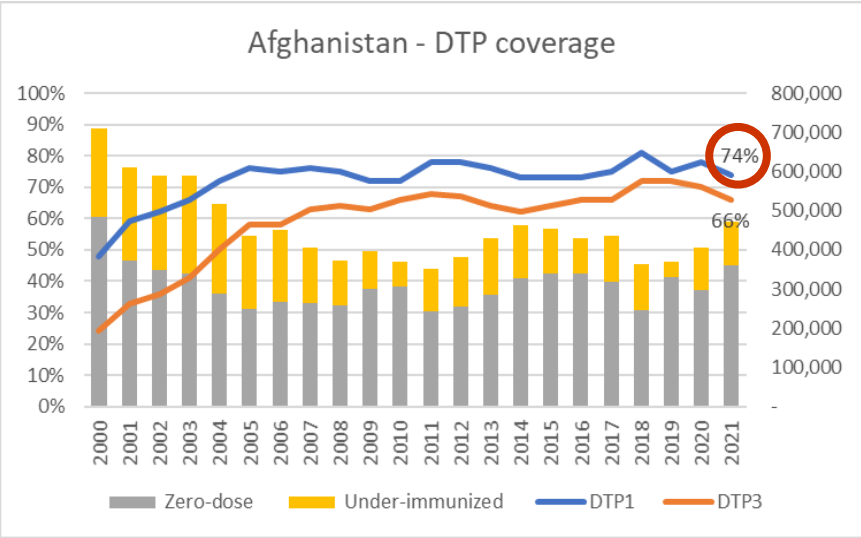
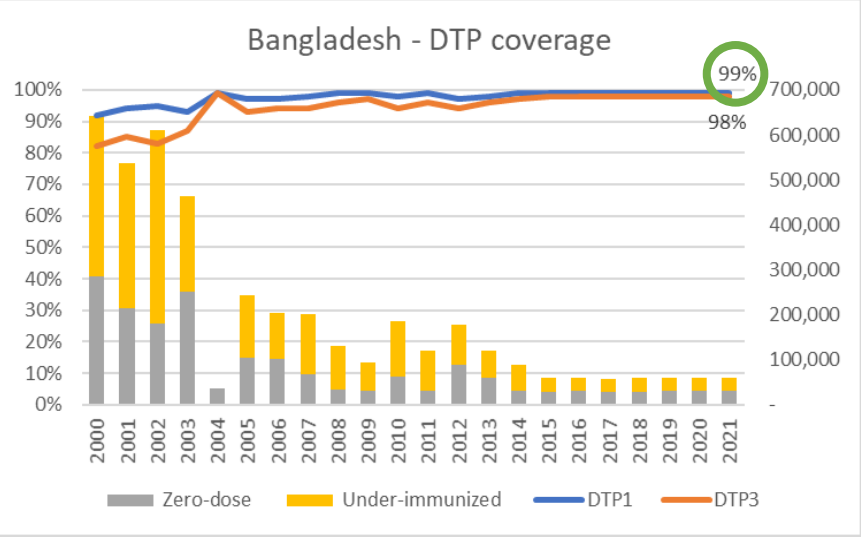
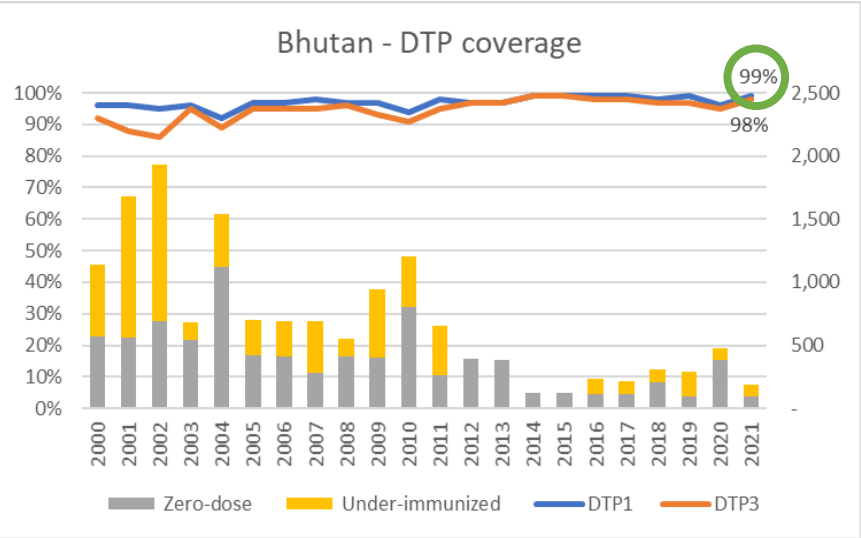
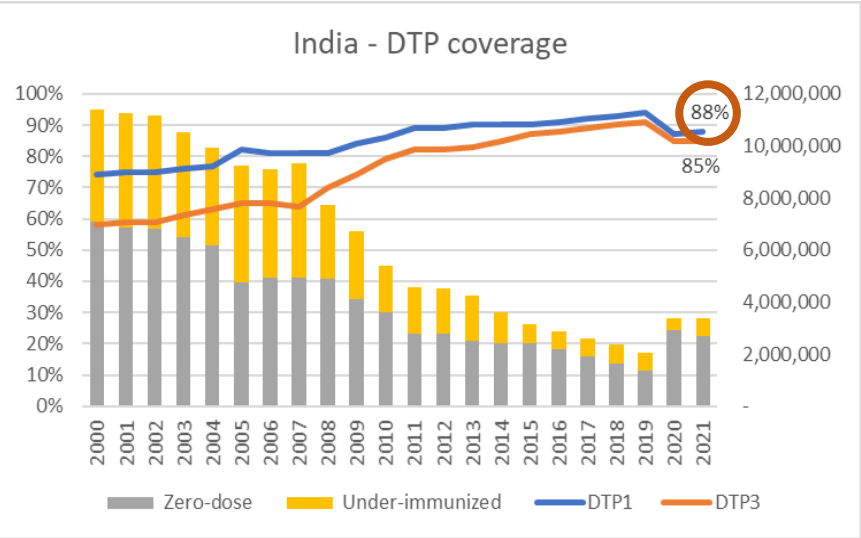
DTP coverage by country- 2021









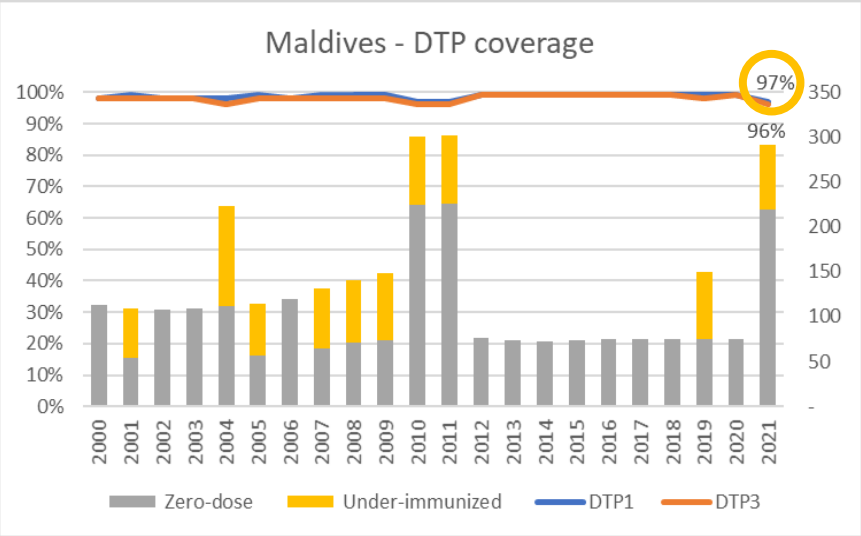
Largest decline in DTP coverage observed in:

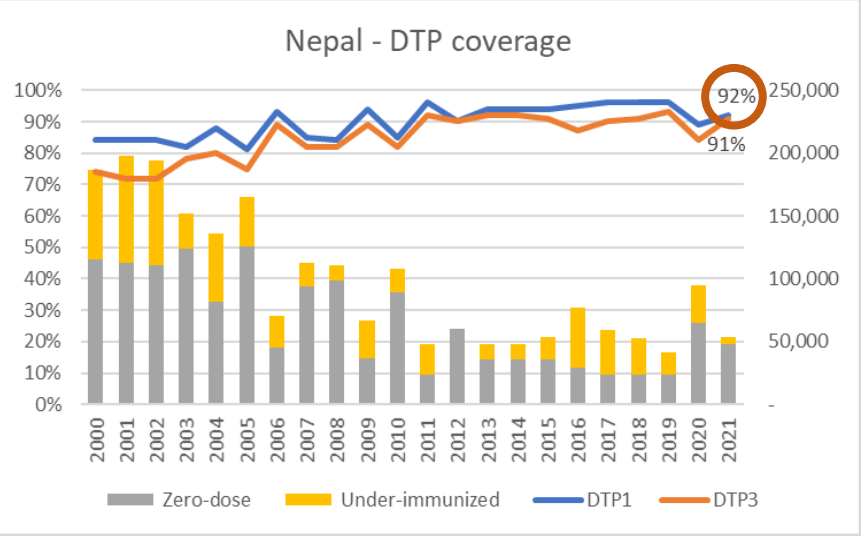
- **India**: largest increase in zero-dose and under-vaccinated children by 1.3 million (63%) since 2019
- **Afghanistan**: second largest increase with 101,000 (27 %)

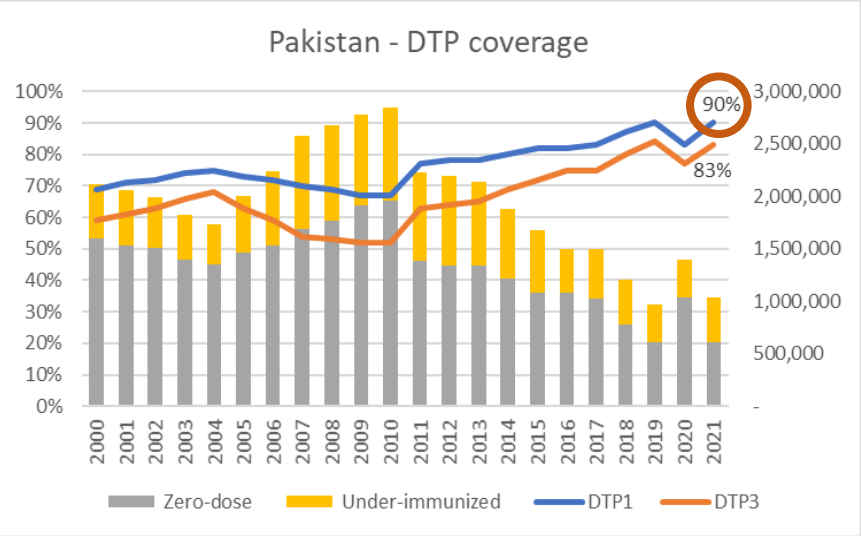
Bangladesh and **Bhutan** sustained coverage at pre-pandemic levels

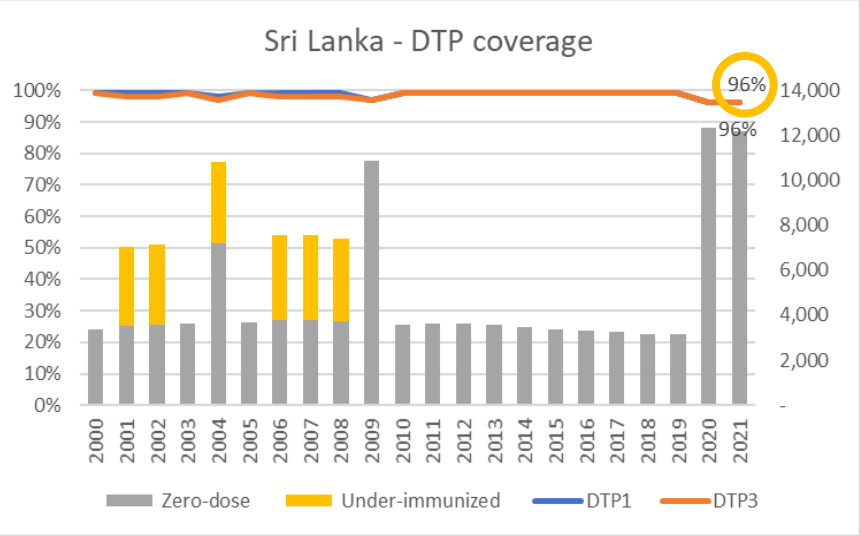
Source: WUENIC July 2022 update

DTP coverage by country- 2021









Source: WUENIC July 2022 update

Nepal, Maldives and **Sri Lanka** experienced slight reduction in DTP coverage

Zero dose and under-vaccinated children **increased** in **Nepal** (30%)**, in Maldives** (95%), and **Sri Lanka** (289%)

Pakistan recovered from COVID-19 related dip amongst few countries globally due to successful implementation of **"Urban strategy"** to vaccinate children in urban slums using an integrated approach to zero-dose mapping

ROSA Region

Status of New Vaccines Introduction in EPI Programme _ South Asia (source eJRF July 2022)											
	Penta	MRcv	MCV2	IPV	PCV	Rota	HBV0	TCV	Td	HPV	JE
Afghanistan	2009	Measles	2004	2015	2014	2018	2014	-		-	-
Bangladesh	2009	2012	2012	2015	2015	2021	-	-		2022*	-
Bhutan	2011	2006	2006	2015	2019	-	2011	-		2009	-
India	2015	2018	2010	2015		2019	2008			-	2007*
Maldives	2013	2007	2007	2015		-	1998	-		2019	-
Nepal	2009	2013	2015	2014	2015	2020	-	2022		-	2017
Pakistan	2009	2021	2009	2015	2014	2018	2018*	2021-22		-	-
Sri Lanka	2008	2001	2001	2015	-	-	-	-		2017	2011
	*Partial introduction										

WCAR: Immunization Performance Overview

GLOBAL VPPEF 2023

Nearly 7 million still not fully vaccinated

In 2021, 6.8 out of 20.4 million surviving infants in the region did not receive the three recommended doses of DTP vaccine

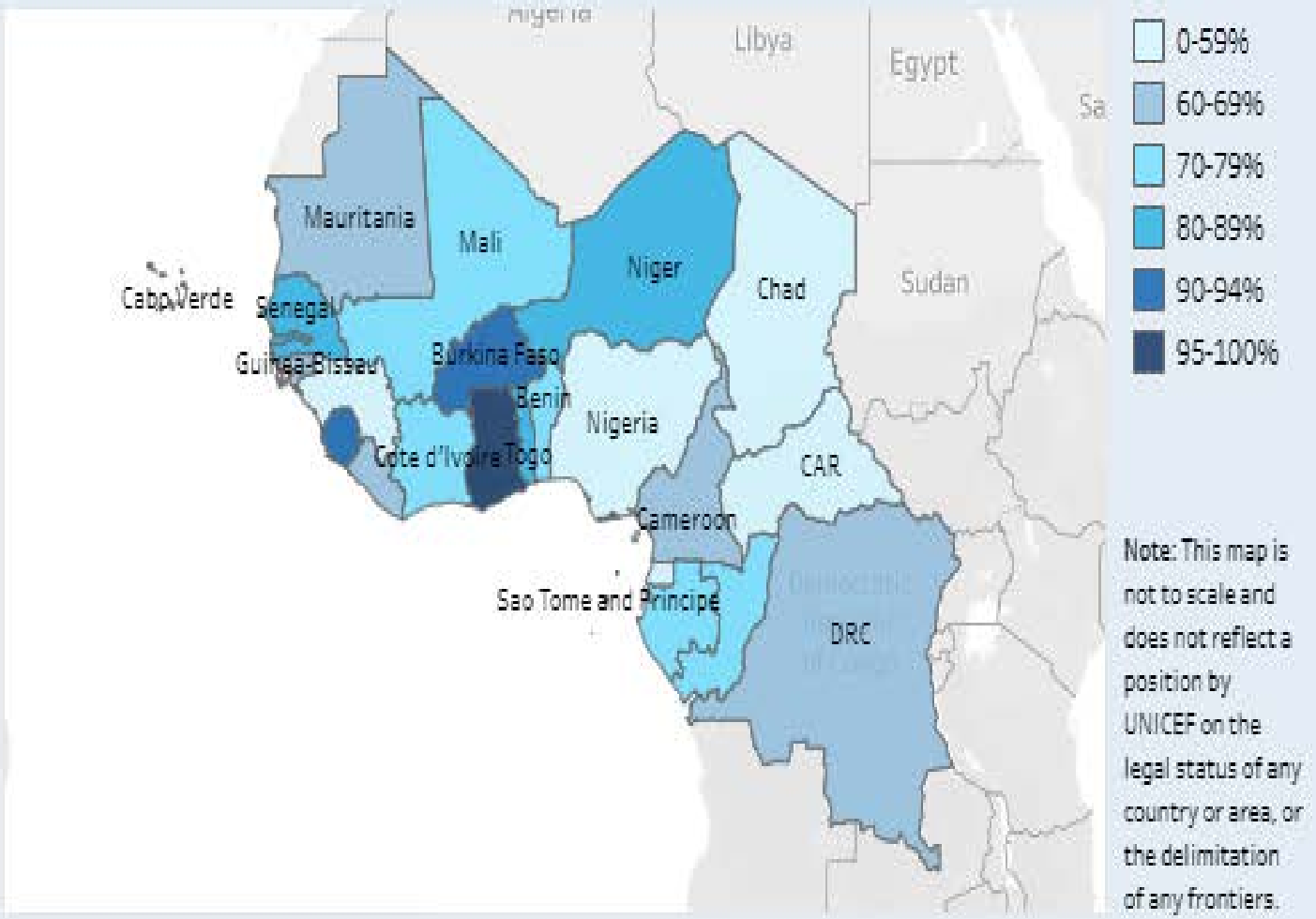
One-in-five countries sustained at least 90% coverage for DTP3

5 out of 24 countries in the region sustained the target coverage of 90% or above for DTP3 for the past three years

Measles regional coverage is below the key target

In 2021, the regional coverage of MCV1 was 64% compared to the target of 95% needed to prevent outbreaks

Coverage and number of children unvaccinated for DTP3, 2021



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WCA Region

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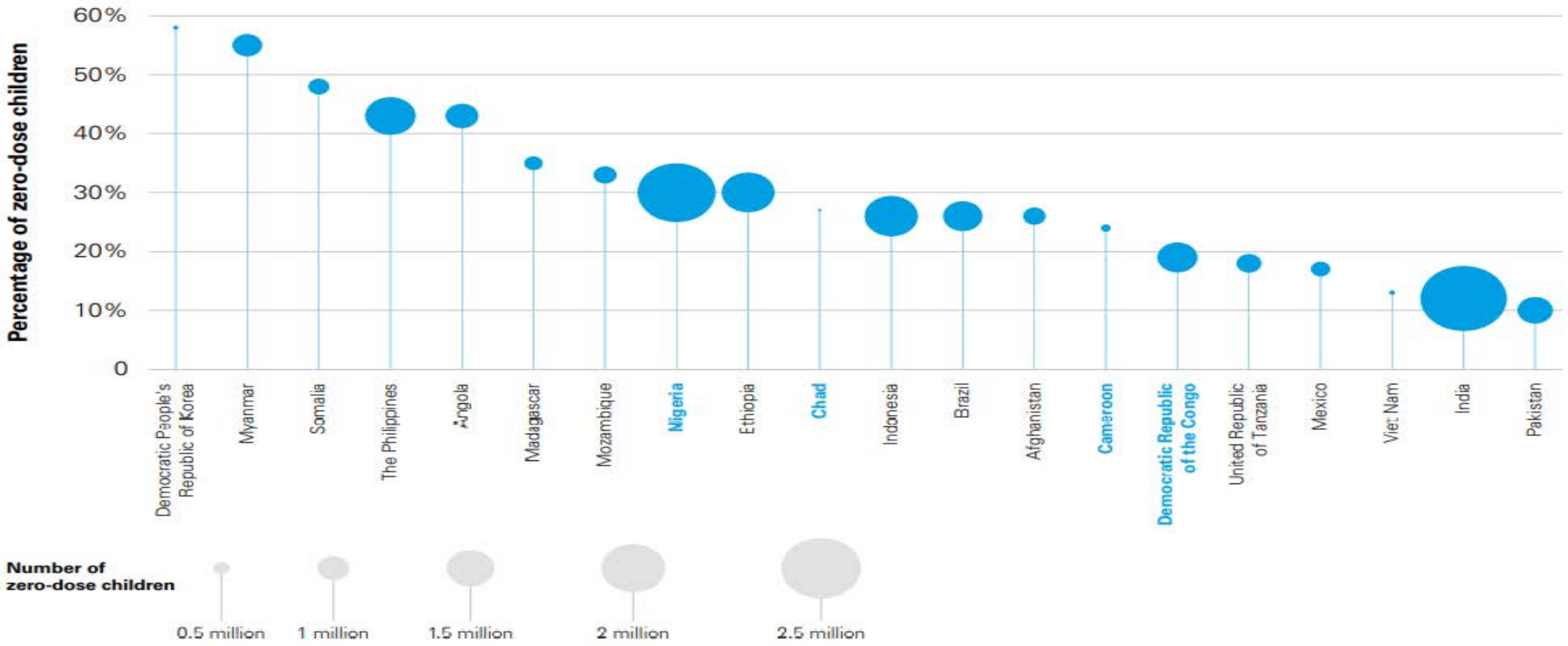
Four of the top 20 countries in the world with the largest number of zero-dose children are in **West and Central Africa**.



Source: World Health Organization and United Nations Children's Fund, 'Estimates of National Immunization Coverage (WUENIC), 2021 revision', July 2022.

Source: World Health Organization and United Nations Children's Fund, 'Estimates of National Immunization Coverage (WUENIC), 2021 revision', July 2022.

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WCA Region

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Country	Number of zero-dose	Zero-dose % share of children under age one	Number of under-vaccinated	Under-vaccinated % share of children under age one
Nigeria	2,247,212	30	1,048,700	14
DRC	734,287	19	618,347	16
Cameroon	219,207	24	63,935	7
Chad	190,658	27	105,921	15
Guinea	168,258	38	66,417	15
Mali	157,055	18	43,626	5
Côte d'Ivoire	133,748	15	80,249	9
Central African Republic (the)	102,416	46	26,717	12
Benin	72,787	16	36,394	8
Senegal	69,952	13	10,762	2
Niger (the)	66,241	6	132,483	12
Burkina Faso	37,706	5	30,165	4

Country	Number of zero-dose	Zero-dose % share of children under age one	Number of under-vaccinated	Under-vaccinated % share of children under age one
Mauritania	36,891	25	10,329	7
Congo (the)	33,114	19	6,971	4
Togo	31,838	12	13,266	5
Liberia	29,523	19	23,308	15
Gambia (the)	15,391	18	0	0
Sierra Leone	15,020	6	5,007	2
Gabon	14,857	24	619	1
Guinea-Bissau	11,680	19	8,607	14
Equatorial Guinea	10,936	23	11,412	24
Ghana	8,796	1	8,795	1
Cabo Verde	691	7	0	0
Sao Tome and Principe	188	3	0	0

***Source:** World Health Organization and United Nations Children's Fund, 'Estimates of National Immunization Coverage (WUENIC), 2021 revision', July 2022.

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The big catch-up

GLOBAL VPPEF 2023

An Essential Immunization Recovery Plan for 2023-2025

1

Catch-up

Reach children who missed vaccination during 2019-2022, some of which was due to the pandemic, and provide all missing vaccinations and other PHC services;

2

Restore

Restore vaccination coverage rates in 2023 back to at least 2019 coverage levels for the current birth cohort.

3

Strengthen

Strengthen immunization systems, within Primary Health Care, to improve programme resilience and accelerate the trajectory towards reaching zero-dose children in line with the IA2030 and Gavi 5.1 goals and targets.

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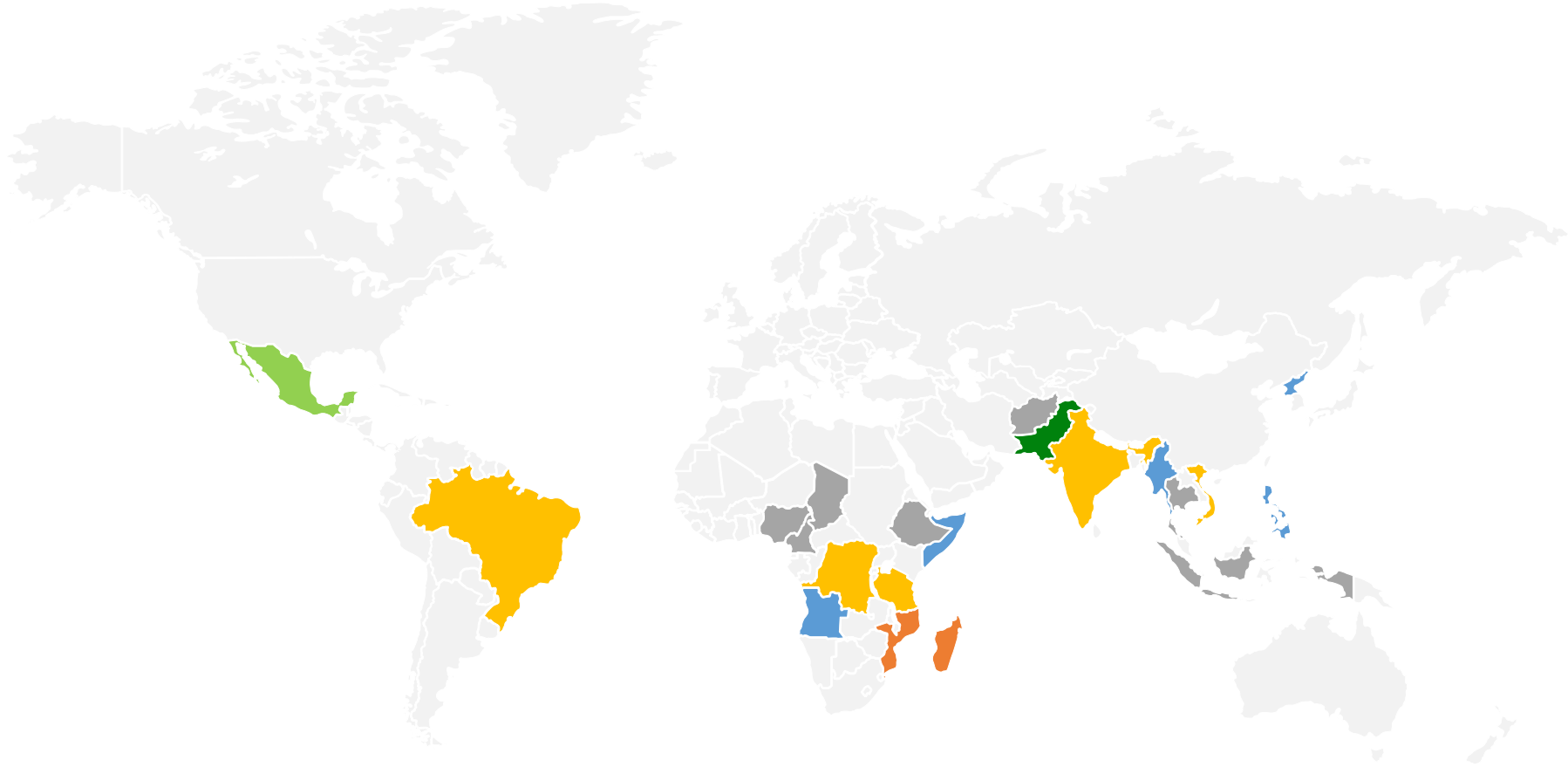
GLOBAL VPPEF 2023

Reaching zero-dose children

By focusing on 20 countries, we have the opportunity to reach **78%* of zero-dose children**

WUENIC 2021: coverage and number of zero-dose children

Coverage - 2021	Rank	Country	DTP1 (%)	Number zero-dose children
	1	India	88	2,711,000
	2	Nigeria	70	2,247,000
	3	Indonesia	74	1,150,000
	4	Ethiopia	70	1,134,000
	5	Philippines	57	1,048,000
	6	DR Congo	81	734,000
	7	Brazil	74	710,000
	8	Pakistan	90	611,000
	9	Angola	57	553,000
	10	Myanmar	45	492,000
	11	Tanzania	82	402,000
	12	Mozambique	67	372,000
	13	Afghanistan	74	361,000
	14	Somalia	52	338,000
	15	Mexico	83	317,000
	16	Madagascar	65	304,000
	17	Cameroon	76	219,000
	18	DPR Korea	42	197,000
	19	Chad	73	191,000
	20	Vietnam	87	187,000
		Total		**14.3 million**



*Based on distribution of zero-dose children in 2021 WUENIC Estimates

DTP1 COVERAGE (%) <60 60-69 70-79 80-89 90-94

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Key takeaways

GLOBAL VPPEF 2023

Vaccinate children, everywhere

- Catch up on the vaccination of children missed during the pandemic
- Identify zero-dose and under-vaccinated children and address key inequities
- Identify children in urban areas, access children in rural areas
- Meet the challenges in emergency and fragile settings

Strengthen demand and confidence in vaccination

- Talk to communities
- Tackle gender barriers
- Equip health workers to address concerns
- Rethink accountability in health systems to boost trust

Spend more, better on immunization and health

- Invest in primary health care at the national level
- Better align donor support
- Strengthen leadership capacity and promote accountability
- Explore innovative financing

Build resilient systems and shockproof them for the future

- Focus on health workers, especially women
- Improve data collection and disease surveillance
- Secure vaccine and other supplies
- Develop and promote worthwhile innovations

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UNICEF will work against a set of clear benchmarks to support countries to achieve the immunization goals and targets

UNICEF will strengthen the enabling environment for immunization and primary health care by

- Improving generation and use of evidence
- Strengthening leadership, management and coordination, and strategic planning
- Enabling governments and immunization stakeholders to sustainably finance immunization services

UNICEF will enhance equitable access to quality immunization services provided through resilient primary health care by

- Extending reach of immunization services, including new & under-utilized vaccines
- Ensuring countries have uninterrupted access to affordable vaccines and immunization-related supplies
- Improving readiness to prevent and respond to VPD outbreaks and pandemics, while achieving eradication and elimination goals
- Improving availability of potent vaccines at service delivery points

UNICEF will improve demand for quality immunization and primary health services by

- Delivering responsive and effective social behavior interventions designed and implemented with communities
- Improving capacity of frontline health workers to build trust and confidence in vaccination and PHC services

Questions and Discussion

Government Updates

Global VPPEF
20 & 21 June 2023
Copenhagen, Denmark

Immunization marketplace

GLOBAL VPPEF 2023

The process

1. Review posters around the room on your own
2. Connect with another participant to discuss & have a coffee
3. Connect with another pair & synthesize your key takeaways
4. Return to plenary and discuss

Please focus on these 3 areas:

1. Main challenges experienced that resonate with your country's experience
2. Mitigating strategy or strategies you feel that you could leverage for your country context
3. Best practices that might work in your country context

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Guiding questions

1. Do you see any challenges from other country's that are similar to your own country context?

2. What mitigating strategy or strategies implemented in another country might support a similar challenge for a new introduction in your country context?

3. Are there any best practices that you could leverage and apply in your country context?

4. What are some areas highlighted in the posters that you would like to discuss further over the next 2 days?

5. What do you wish you knew now about introducing a new vaccine that you didn't know beforehand?

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LUNCH

Please return in 60 minutes

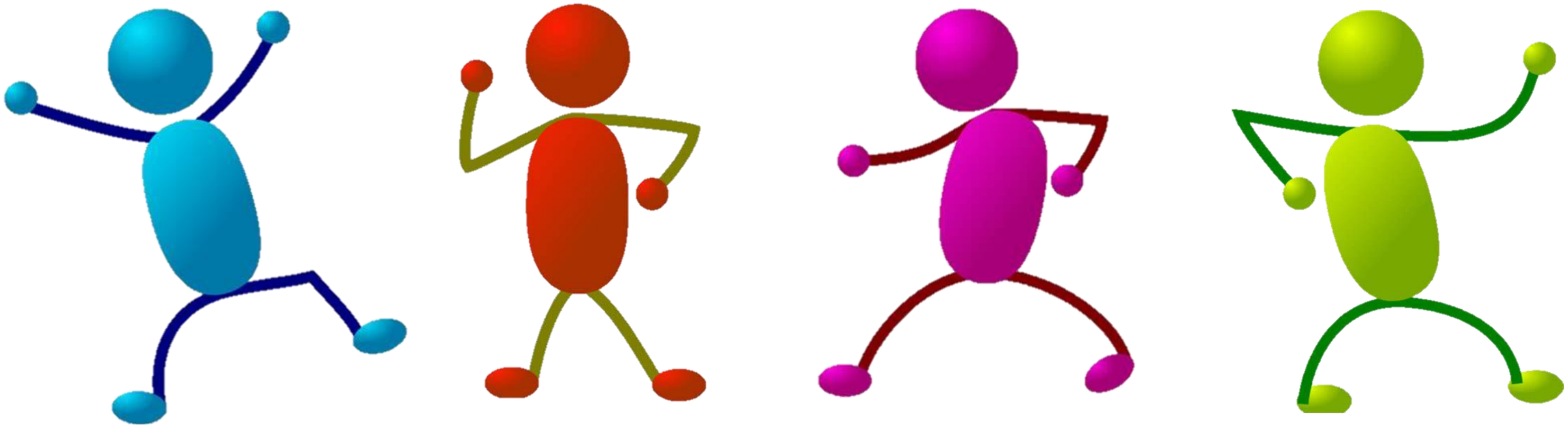
GLOBAL VPPEF
20 & 21 June 2023
Copenhagen, Denmark

Procurement planning: Impacts on NVIs

Andisheh Ghazieh
Contracts Manager
UNICEF Supply Division

Introduction

GLOBAL VPPEF 2023



Mentimeter quiz

Go to: menti.com & enter code **9580 7868**

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Procurement planning: Key building blocks

Programmatic considerations/ decision-making

Understanding demand needs/accurate forecasting

Available funding/ fiscal space

Procurement issues

Strategic procurement approach

Some examples of key challenges

GLOBAL VPPEF 2023

- ✓ Miscommunication amongst stakeholders around key programmatic or planning areas, such as change in product preference by programme, new and emerging presentations not taken into consideration
- ✓ Misunderstanding of market trends, such as shortfall in specific vaccines/products
- ✓ Issues with data, such as not predicting correct target population, coverage, wastage, etc
- ✓ Poor timing (ie lead times) or inaccurate scope of the procurement plan itself
- ✓ Lack of sufficient sustainable funding or funding availability
- ✓ Lack of a risk/mitigation plan or insufficient M&E in place
- ✓ Issues with registration requirements
- ✓ Poor contract management or problems with tender processes

ОПЫТ ВНЕДРЕНИЯ ВАКЦИНЫ ПРОТИВ ВПЧ В УЗБЕКИСТАНЕ

Турсунова Д.А. Руководитель РПИ, нач. отд. вакцины и иммунопрофилактики Службы сэс Республики Узбекистан

Stages of implementation

- Assessing the burden of cervical cancer and HPV
- Discussion, justification and national approval
- Information campaign
- Mass campaign

The burden of cervical cancer in Uzbekistan

- Cost per case of hospitalisation – **$806,3**
- Cost covered by the patient **$502,4** (62,3%)
- Average number of hospital admissions per year - **3,6 time**
- The total economic burden (cost per case X number of admissions X number of new cases) is
- The total economic burden (cost per case X number of admissions X number of new cases) is **3 628 350$**
  - 2260462,05 covered by patient
  - 1367887,95 covered by the government

In April 2017, the Cabinet of Ministers of the Republic of Uzbekistan approved the National Cancer Control and Prevention Plan, which includes primary prevention measures such as vaccination against human papillomavirus, in addition to measures to improve cervical cancer treatment and palliative care.

According to Presidential Decree No. 2857 of 29 March 2017 on "Measures to Improve the Organization of Primary Health Care Facilities in the Republic of Uzbekistan", and taking into account the successful experience of using the tetravalent vaccine against human papillomavirus, the Ministry of Health of the Republic of Uzbekistan, with support from WHO and UNICEF, is introducing HPV vaccination for girls aged 9 from 21 October.

The Ministry of Health together with the Ministry of Public Education have approved a joint calendar Work Plan for HPV vaccine introduction and developed a roadmap for HPV vaccine introduction in Uzbekistan.

Conducting a Formative Qualitative Study

To better understand the level of public awareness, to ensure safe vaccination and to further develop a communication plan for HPV vaccine introduction in Uzbekistan, a Formative Qualitative Study was conducted in Tashkent city and Tashkent region from 18 - 25 February 2019 with the participation of WHO international consultants.

Eighteen in-depth interviews and 17 focus group discussions were conducted.

Informative flyers with the most common questions and answers about HPV vaccination have been produced and distributed in the regions of the country.

Adapted and translated into Uzbek the training modules and presentations of the WHO training course on the HPV vaccination programme for health workers and teachers.

Study of the experience of HPV vaccine introduction in the Republic of Moldova

In August 2019 for 12 specialists visited Republic of Moldova to learn country experiences on HPV vaccination programme implementation, i.e.

- planning and organising the implementation of HPV vaccination
- Conducting a communication campaign among health care providers and the population
- Cooperation within the health care system and intersectoral collaboration
- Effective vaccine management, including safe disposal of medical waste, etc.

Lessons learned - general principles

Time costs	• Careful planning and implementation is time-consuming. The activities at each stage are time-consuming. • Ideally, allow 1-2 years for planning and implementing activities. Allocate as much time as possible to the preparation and implementation of the vaccine outreach and implementation campaign.
Intersectoral cooperation	• HPV vaccine introduction is a complex task that requires collaboration between many actors within and outside the health sector. Some actors may not immediately understand their role. Allocate enough time to gain their support. • Identify actors who can influence and contribute to the planning and implementation of interventions at different levels. • Actively engage with them to define their roles and responsibilities at each stage and maintain clear communication. This will make the implementation process efficient and easy and increase ownership of the process.
People-centred communication	• Communication between agencies and individuals is key to successful engagement. • Build relationships between partners by organizing face-to-face meetings or virtual interaction through professional and personal networks, establishing working groups and facilitating information sharing and assistance at every stage of vaccine implementation. • Identify the communication needs of different target groups and communicate at their level and in ways that are most appropriate in terms of understanding and persuasion.

Government procurement of vaccines through UNICEF

The vaccine procurement process consists of the following steps:

- Planning/Forecasting the need
- Placing an order for the necessary vaccines (as well as vaccination supplies)
- Delivery and receipt of vaccines

Why vaccine procurement through UNICEF

- All vaccines procured through UNICEF are prequalified by WHO
- The cost of vaccines procured through UNICEF is significantly lower than the global market because UNICEF procures in large quantities and for the long term
- The vaccine supplier undergoes a rigorous and thorough screening process, from production evaluation (GMP and ICO) to product inspection
- Control of delivery from manufacturer to recipient with all cold chain requirements.
- Vaccines procured through UNICEF are therefore safe vaccines

СРАВНЕНИЕ ЦЕН
по осуществляемым поставкам вакцин в Республику Узбекистан

в долл. США

№	Тип вакцины	Предназначение	Текущие цены (ЮНИСЕФ)	Производитель		Рыночная цена	Производитель		Разница между фактической ценой и рыночной	
				Название	Страна		Название	Страна	Сумма	в разы
1	BCG	Вакцина против туберкулёза (БЦЖ)	0,12	Serum Institute	Индия	0,80	Dheer Healthcare Private Limited	Индия	0,68	**7**
2	Hepatitis B	Вакцина против гепатита В (ВГВ)	0,24	Serum Institute	Индия	23,95	Merck	США	23,71	**100**
3	OPV (bivalent 1 + 3)	*Оральная полиомиелитная вакцина (ОПВ)*	0,14	GlaxoSmithKline Biologicals S.A.	Белгия	0,99	Aventis Pasteur India Ltd.	Индия	0,86	**7**
4	MMR	Комплексная вакцина от трех заболеваний: кори, краснухи и паротита (КПК)	1,28	Serum Institute	Индия	78,67	Merck	США	77,39	**61**
5	DPT	Адсорбированная коклюшно-дифтерийно-столбнячная вакцина (АКДС)	0,17	Serum Institute	Индия	7,64	Actiza Pharmaceutical Private Limited	Индия	7,48	**46**
6	Modified absorbed diptherial-tetanus anatoxin	Адсорбированная дифтерийно-столбнячная вакцина. Буква «М», чтобы обозначить уменьшенное количество компонентов средства (АДС-М)	0,11	Serum Institute	Индия	20,00	Aventis Pasteur India Ltd.	Индия	19,89	**182**
7	RotaV (RV)	Вакцина против ротавирусной инфекции человека (диарея) / (Рота)	0,95	Serum Institute	Индия	124,56	GlaxoSmithKline Biologicals S.A.	Белгия	123,61	**131**
8	PCV	Вакцина для выработки иммунитета у человека к различным болезням, в том числе, заболеваниям легких, головного и спинного мозга, органов слуха и кожного покрова (Пневмо)	2,00	Serum Institute	Индия	202,00	Pfizer	США	200,00	**101**
9	HPV (4-valent)	Вакцина от вируса папилломы человека (рак шейки матки) / (ВПЧ)	4,50	Merck	США	227,93	Merck	США	223,43	**51**
10	IPV	Инактивированная полиомиелитная вакцина против полио-вируса (ИПВ)	3,10	Bilthoven Biologicals	Голландия	20,00	Actiza Pharmaceutical Private Limited	Индия	16,90	**6**
11	Pentavalent vaccine	Вакцина против дифтерии, столбняка, коклюша и вирусного геппатита В и бактериального менингита (Пента)	0,69	Serum Institute	Индия	20,46	Dheer Healthcare Private Limited	Индия	19,77	**30**

Mechanism for vaccine procurement in Uzbekistan

- A forecast of vaccine requirements for each year is prepared by the Vaccine and Immunisation Logistics Department of the Sanitary and Epidemiological Welfare and Public Health Committee of the Ministry of Health of Uzbekistan according to the UNICEF price list in June of each year and submitted for approval to the Finance Department of the Ministry of Health of Uzbekistan.
- After approval, the request for vaccines and vaccination materials (syringes and CBU) is submitted to the Ministry of Economy and Finance for approval.
- A preliminary annual forecast for the procurement of vaccines for immunization of children according to the national calendar is submitted to UNICEF (September).

- The budget for vaccines and vaccination supplies is approved annually by the Oliy Majlis.
- UNICEF's SD plans the procurement of vaccines and sends a preliminary cost estimate for the vaccines to be procured.
- Every year, in two tranches (at the end of the first and second quarter), the allocated funds for vaccine procurement are transferred to UNICEF SD (Copenhagen) after conversion.

- Once the cost estimate and the number of doses requested for the certain types of vaccine types have been approved, a schedule for receiving the vaccines is agreed upon and drawn up.
- Each vaccine, upon arrival in the country, undergoes customs procedures in accordance with the legislation of the country and certification for the use of vaccines.
- Each vaccine used is monitored at all levels of the cold chain.

Purchase of vaccines and vaccination material

Ministry of Health forecasts demand of vaccines and vaccination materials procured

↓

MoH together with UNICEF Country Office sends request to UNICEF Supply Division

↓

The SD reviews the request from the country and provides preliminary cost estimates for vaccines

↓

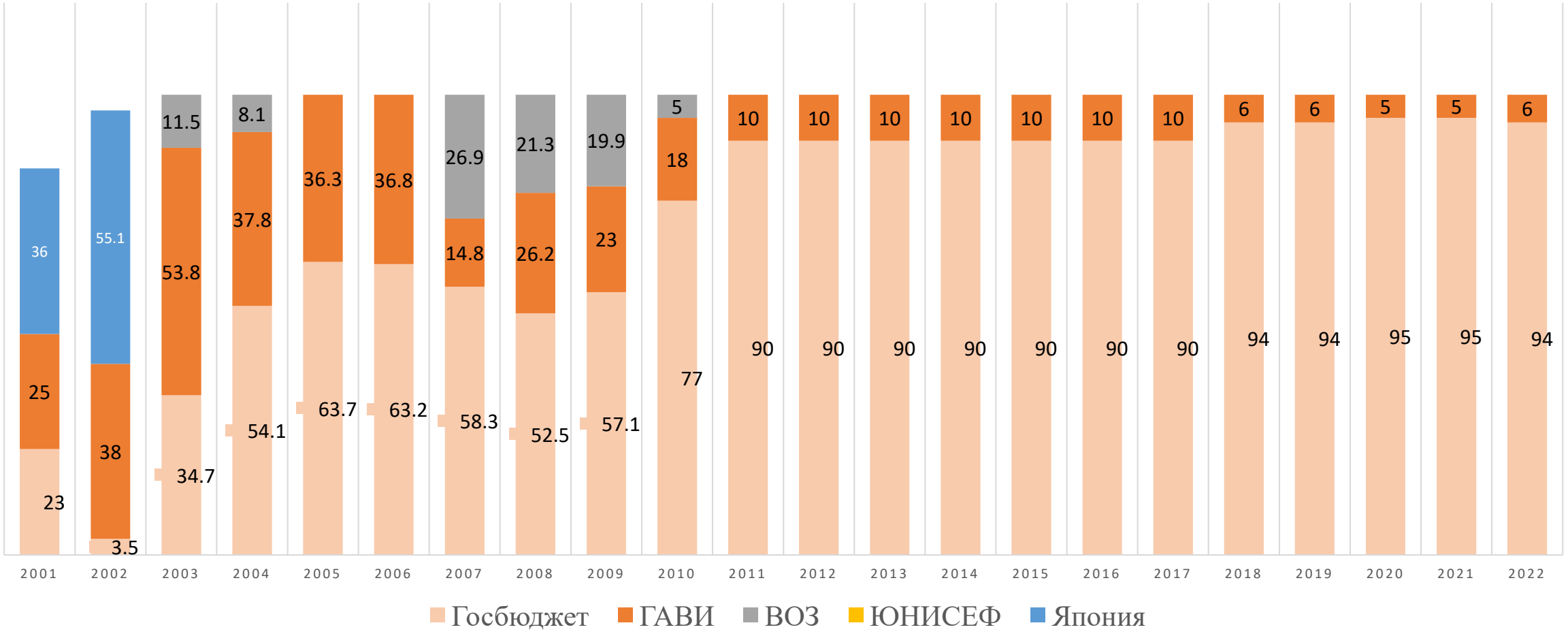
Based on cost estimates provided, the government transfers the necessary funding

↓

UNICEF SD prepares vaccines for shipment to Uzbekistan

Vaccine Procurement

Funding of vaccine procurement in the Republic of Uzbekistan, 2001-2022



Problems and solutions

- Vaccine registration should comply with WHO requirements and accelerated registration should be introduced.
- Certification of vaccines in the country should be done according to vaccines procured from UNICEF, according to their requirements requalified by WHO.
- The Sanitary and Epidemiological Agency should be given the key to access the UPSULA programme (registration of adverse events after immunization worldwide).
- Vaccine supplies should be decided from January of each year as per letter of guarantee, prior to transfer of funds.
- It is desirable to plan and arrange delivery of vaccines in the first half of the year.
- Training of staff on logistics issues, organise exchange of experience between countries.
- Familiarisation with vaccine production plants in order to avoid adverse events after immunisation.
- Plan logistical assistance to address shortcomings identified in WHO/UNICEF EDS requirements (effective vaccine management).
- Intellectual training of 95% of those responsible for logistics, procurement, storage, transportation of vaccines to achieve high rates of vaccination coverage of children.
- Continuation of the training programme for health care workers and health care institutions on the mechanism of vaccine procurement and handling of vaccines. Increasing the required training materials.

БЛАГОДАРЮ ЗА ВНИМАНИЕ!

Brainstorm

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1. Discuss at your table what are the key challenges you faced during your procurement planning for NVIs & how did you address these challenges?

2. Consider the different building blocks, including:
    1. Programmatic considerations
    2. Steps

3. Plenary to discuss

Questions and Discussion

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COFFEE BREAK

Please return in 15 minutes

GLOBAL VPPEF
20 & 21 June 2023
Copenhagen, Denmark

Market Intelligence: Uses and how best to leverage for a NVI

Johanna Fihman
Technical Officer, Global Access team
World Health Organization

GLOBAL VPPEF 2023

What is market intelligence?

What is market intelligence?

Market intelligence can be described as *the result of collecting, analyzing and interpreting relevant information that effectively allows buyers to better understand the different market dynamics within an industry for a specific product or service, to make more accurate and optimal procurement decisions*

How can MI be leveraged to inform procurement decisions around NVIs?

- Understand and compare the different available products, presentations & formulations to choose the right vaccine for NIP
- Understand potential innovation needs and prospects in the market
- Inform the development of SMART objectives
- Decide on procurement modality and strategy
- Understand the country's position in the context of the global market
- Understand other players and the role of key stakeholders within the global market context
- Assess potential risks related to global availability or potential global shortages, as well as identify market opportunities

** Source: Cambridge Dictionary, 2022*

Video of vaccine specificities

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Link to Video

World Health Organization

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Understand your context

Understanding your country's context and the global market landscape will inform your procurement strategy and enable you to make appropriate decisions tailored to your country's needs.

Income level & tiered pricing impact

Production level & impact on cost

Product life cycle & R&D cost impacts

Procurement channel & product options/prices

Multi-year tendering & potential cost efficiencies

Legislation & regulatory considerations

Key components of market intelligence for NVIs

Identify key components of market intelligence

Key questions to ask once you understand your context:

- ✔ What can market intelligence tell us?
- ✔ What should we be looking for?

Next, observe the key components of market intelligence:

- ✓ **Product options** (considering necessary lead times)
- ✓ **Supply availability** and perspectives in the short-mid -long term
- ✓ **Price**
- ✓ **Procurement mechanisms**

Results of leveraging market intelligence

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- Access to lower prices: E.g. understanding the global pricing landscape and product options could influence your choice of product, increase your negotiating power and improve tender outcomes.

- Potential access to alternative sources: E.g. market intelligence can be leveraged to determine if alternative sources may be available for specific products that the country could access (optimization).

- Ability to support decision makers: E.g. leveraging market intelligence can allow procurement specialists to advocate with decision-makers on which products may be best for the NIP.

- Planning timelines of the tender: E.g. market intelligence can be used to inform the tender timelines, based on the market landscape and future pipeline product

Group reflections

GLOBAL VPPEF 2023

Within your group, please discuss your experiences in using market intelligence in your country & share back one example in plenary that addresses:

1. What sources of information do you use to get both, the national and global overview of a given vaccine market?

2. What was the outcome ie did it help you meet your procurement objective(s) or did it create a challenge?

3. Highlight any challenges you have experienced in regards to accessing, using or interpreting market intelligence to inform your procurement planning.

Groups

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1. **Group A**
   a. eSwatini
   b. Kosovo
   c. Maldives
   d. Palestine
2. **Group B**
   a. Azerbaijan
   b. Morocco
   c. Sri Lanka
   d. Tunisia
   e. Vietnam
3. **Group C**
   a. Bangladesh
   b. Cote D'Ivoire
   c. Ghana
   d. Sao Tome And Principe
4. **Group D**
   a. Lao PDR
   b. Kenya
   c. Nigeria
   d. Uzbekistan

World Health Organization

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Questions and Discussion

Update on UNICEF, Gavi & WHO tools & resources

Krista Hund, Contracts Manager – UNICEF Supply Division

Mathias Thomann-Arenhorst, Finance Specialist – UNICEF Supply Division

Procurement strengthening tools

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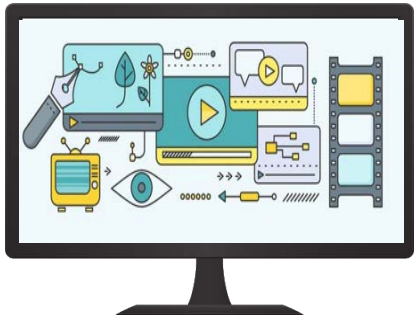
CAPACITY DEVELOPMENT

Strategic Vaccine Procurement Assessment Toolbox

A standardized methodology for governments to assess their own national vaccine procurement processes

Available at unicef.org | UNICEF Supply Division



Strategic Vaccine Procurement e-learning course

e-course to guide users on how to identify & understand the strategic vaccine procurement cycle & processes to ensure sustainable access to affordable vaccines.

Available on Agora here.

KNOWLEDGE EXCHANGE

Vaccine Procurement Practitioners Exchange Forum (VPPEF)

Country buyers & Partners

Exchange good practices & expertise

9 Forums held since 2015
2020 eVPPEF (online)

Increasing demand from members & partners

Vaccine Procurement Practitioners Network (VPPN)

Online platform

Exchange

>45 countries represented

Knowledge sharing/ development - Monthly webinar/ e-discussions

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eCourse: Strategic vaccine procurement

5 -6 hours learning time	Collaborative approach (Authors + peer reviewer process)
7 Modules: (1) Intro (2) VM (3) MI (4) Regulatory (5) FP&B (6) SVP (7) M&E	Launched: Q1 2023

Collaborative Approach

Content developed with multiple partners:

- CHAI, DCVMN, Gates Foundation, Gavi, the Vaccine Alliance, Government partners (Canada, DFID, Estonia, Norway), IFPMA, MSF, PATH, UNICEF SD (CC, HRC, MSDEU, MSFC, VC), WHO

Partners consulted:

- PAHO
- USAID
- World Bank

Vaccine Procurement Practitioners Network (VPPN)

GLOBAL VPPEF 2023

PURPOSE

To provide inputs and concrete recommendations that will guide on prioritizing efforts and resources as to achieve the goal of the VPPN "*to serve as a platform for continuous exchange of theoretical and practical knowledge, joint learning and collaborative problem solving related to vaccine procurement in MICs & Gavi Transitioning Countries.*"

Announcements

Key messages broadcasted to all members.

Timeline

VPPN's own Facebook page. All the latest postings on the network.

About us

Background information on the VPPN - its history, purpose, values, and partners.

Members

A very important page! Connect with other members – search, chat, email privately.

Discussions

This is a core knowledge sharing area for our community of practice. All previous VPPN Discussions are archived here.

Country Profiles

Information on VPPN country members, data & statistics, related discussions and relevant resources.

Library

All VPPN resources can be searched here (Note: only VPPN resources are available in this search, the TechNet-21 Library menu option is a separated search function.)

Themes

Content searchable by key themes/ topics.

Videos

Catalogue of video presentations, including the Zoom recordings of the 2020 Knowledge Sharing Sessions/ Webinars.

Events

VPPEFs, Workshops, events posted by members.

Albums

Catalogue of photos.

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How to join the VPPN

Invitation

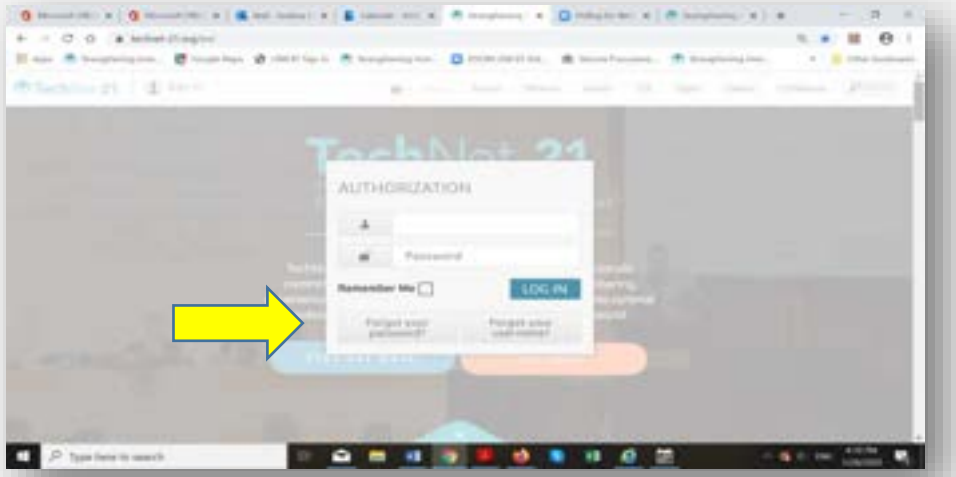
An invitation to join the VPPN (and TechNet) was sent to your email

Registration.

Your email is your username

Retrieve credentials

Click on “Forgot your password” to create a new password



Instructions

Please be sure to review the instructions in the two Quick Sheets handouts that will be shared: "How to Register and Manage Alerts" and “How to use the VPPN”

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UNICEF resources

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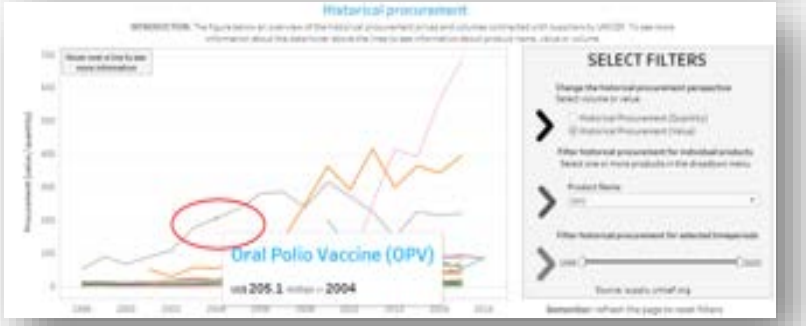


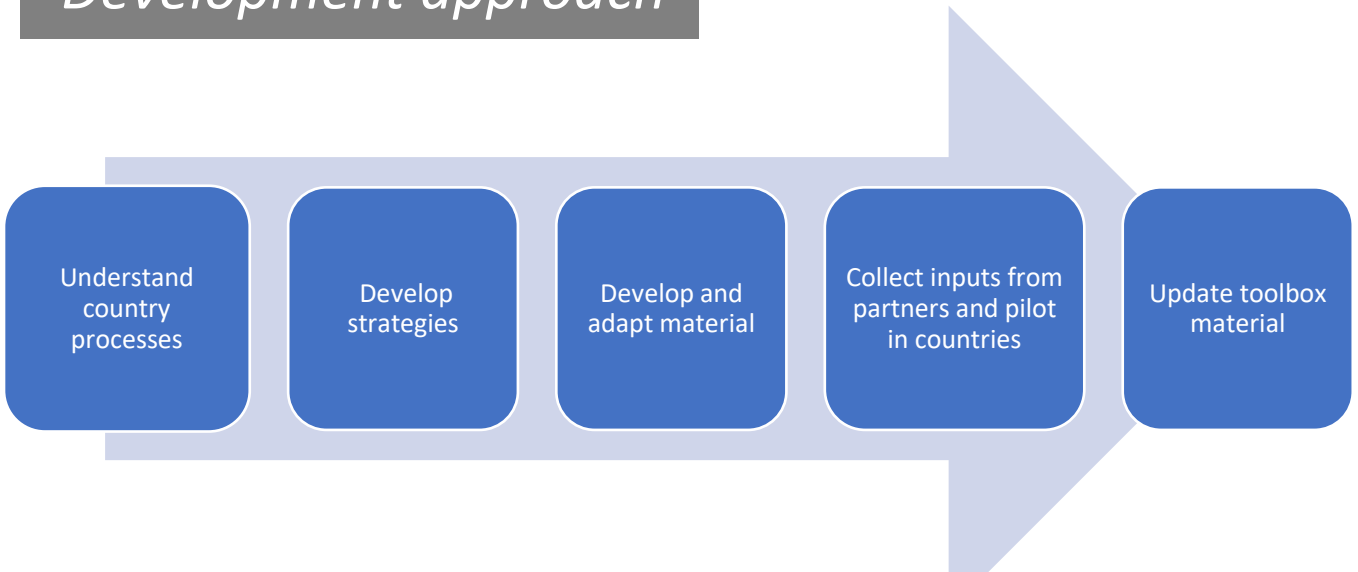
Useful resources	UNICEF.org
Annual Vaccine Industry Consultation	link
Contracts Awards	link
Emergency stockpile availability (OCV/ Meningococcal/YFV)	link
Strategic Tender Calendar	link
Supply Chain Dashboard	link
UNICEF Market Notes	link
UNICEF Product Menu	link
Vaccine Pricing data	link

The IFSP toolbox Overview

Toolbox objectives

- Make material available online for countries and partners to use
- Improve forecasting and planning of vaccines, related products and cold chain equipment
- Introduce a standard approach to capacity-building

Development approach



Strategies guiding the toolbox

- Ensure establishment and institutionalization of government-led forecast teams
- Establishment of quality processes for forecasting and coherence with budget planning
- Standardize forecast methods and ensure data quality
- Institutionalize forecast KPIs to monitor forecast accuracy and use
- Invest in staff capacity building

Toolbox content

Coordination and establishment of forecast teams

Assessment tool

Training Resources

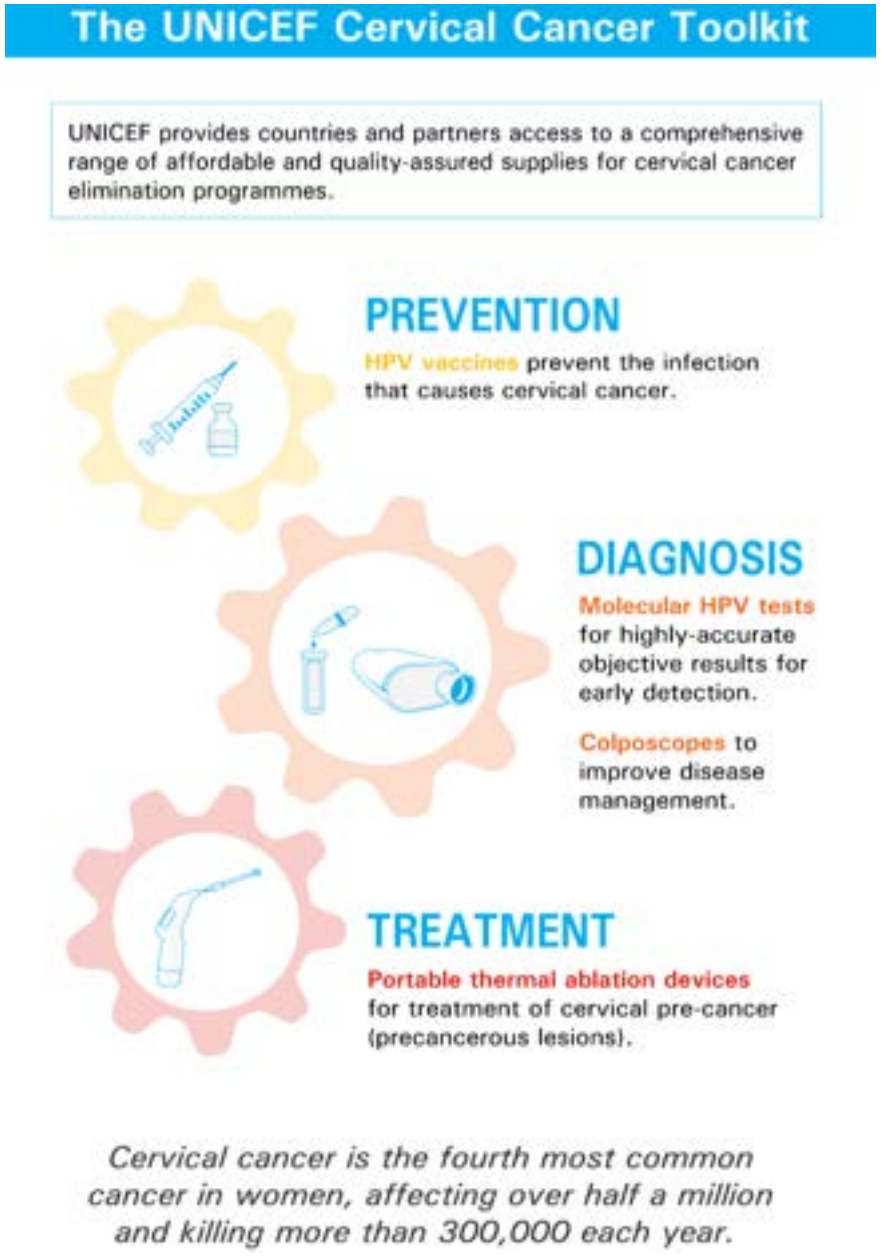
Country cases and communication materials

Forecast methodologies and selection of appropriate method

Performance Monitoring and KPI description

Supply planning and budgeting

HPV Cervical



- UNICEF has developed a "Cervical Cancer Toolkit".
- The toolkit covers HPV vaccines, HPV diagnostics, portable treatment devices for cervical pre-cancer available through UNICEF.
- For more information, please visit Cervical-cancer-toolkit-January-2023.pdf (unicef.org)

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Outline of Key Financing Instruments

Procurement Services Center

June 2023

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Standard pre-financing

"VII Subscription"

Addresses recurring cashflow delays – agreed VII ceiling

- Formal access to VII Capital Fund ("credit card like mechanism") allocated country ceiling accompanied by technical assistance as part of a VII Plan
- Countries pay back after delivery of goods and Statement of Account ("SoA")
- Scope: All commodities that can be procured via SD

"Ad-hoc" pre-financing

Addresses non-recurring temporary disbursement delays – approval on a case-by-case basis

- Delayed self-funded Country disbursement, grants or multi-lateral arrangement (e.g., World Bank loan)
- Scope: All commodities that can be procured via SD

Providing financial backing for Special Contracts

- UNICEF negotiates firm commitments with suppliers employing non-standard contractual terms. Objectives of individual special contracts vary depending on UNICEF's specific requirement and prevailing market conditions, include:
  - Improved pricing (and therefore savings)
  - Accelerated or guaranteed availability of supplies
  - Market shaping

Examples of key VII achievements:
- $650m throughput achieved in 2021 in response to the Covid crisis.
- $111m financing deployed in 2022 to secure and accelerate the procurement of 2.5m cartons of RUTF in the context of the nutrition crisis.

Middle Income Countries Financing Facility (MFF)

GLOBAL VPPEF 2023

- Targeted at Middle Income Countries (“MICs”) that do not typically receive donor support (anymore) and have lagged in the introduction and scale-up of vaccines and other essential health supplies, leading to avoidable mortality and morbidity.

- To address these barriers and global inequities, UNICEF has launched the MFF which will allow these countries to benefit from UNICEF’s procurement scale, access, market expertise and affordable pricing. The MFF builds on the successful experience of the VII.

- MFF offers both (hybrid) ***pre-financing and special contracting*** (as appropriate) modalities to support access, for **larger amounts** compared to previously available financing tools, including to support *multi-year firm contracting*.

- Examples of how countries have benefitted from activities which are supported under the MFF are as follows:

  - ***Cash-flow delays*** - Country pre-financings have accelerated the delivery of supplies to countries by typically between 3 to 6 months (budget release delays were backed-up by country repayment commitments).

  - ***Procurement law restrictions*** - Addressing countries inability to provide advance payment due to national procurement law restrictions: As a pilot transaction with Indonesia, UNICEF was able to waive (pre-finance) 70% of the advance payment obligation based on a repayment commitment from the country at the time of delivery which secured timely access to PCV via placement of POs with suppliers and enabled the introduction scale up in the country during 2022. Indonesia is otherwise not able to meet UNICEF’s standard advance payment requirement given their national procurement law restrictions.

  - ***Market shaping*** - Special contracts have resulted in accelerated or guaranteed availability of supplies, reduced lead times, and improved pricing. HPV is an example, where multi-year commitments have resulted in the ability to negotiate 11-13% price reductions. Aggregated demand from multiple MICs and long-term forecast commitments may support negotiation of price reductions for other vaccines as well.

PSC: Contact information

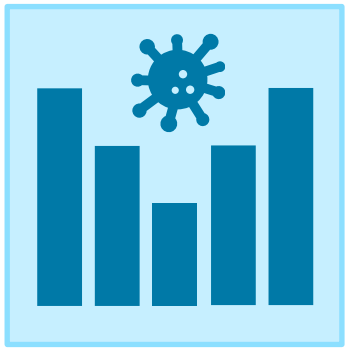
- Bénédicte Kariger, Senior Manager (Innovative Financing), bkariger@unicef.org
- Mathias Thomann-Arenhorst, Finance Specialist, mthomannarenhorst@unicef.org
- Claire Frijs-Madsen, Finance Specialist, cfrijsmadsen@unicef.org

Gavi MICs Approach: Overview

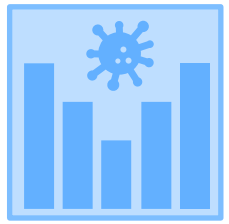
June 2023, UNICEF Global Vaccine Procurement Practitioners Exchange Forum

gavi.org

The MICs Approach addresses key threats to equity and sustainability

	Problem statement	Objectives
	MICs are lagging behind in introducing critical vaccines, presenting a threat to inter-country equity	Drive the sustainable introduction of PCV, rotavirus, and HPV vaccines in former- and select never-Gavi eligible countries
	Risk of backsliding, heightened by the pandemic, exacerbates intra-country inequities and jeopardises the legacy of Gavi investments	Prevent and mitigate backsliding in vaccine coverage in former-Gavi eligible countries

The MICs Approach is guided by explicit outcomes, reflecting its clear focus on results

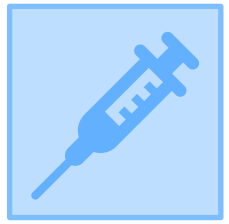


Mitigating backsliding

90% of former-Gavi countries with >90% pre-COVID DTP3 coverage restore coverage back above this threshold **&** remaining countries **arrest the decline** and begin an **upward trajectory**

Reducing zero-dose

Reduce the number of zero-dose children by **230,000** in former-Gavi countries



New vaccine introductions

Introduce **8-10** new vaccines and reach **4M-6M** children/adolescents

Gavi aims to achieve the MICs Approach objectives through a clear theory of change

Intervention areas

Foundational building blocks

Targeted & catalytic tools

Intermediate outcomes

Political commitment to & accountability for equitable immunisation at national and subnational levels

Institutional capacities to plan and deliver sustained, equitable immunisation programmes, as a platform for PHC delivery

Sufficient, sustained, and reliable domestic resources for immunisation programmes

Community demand for & confidence in vaccines and immunisation services, including among missed communities

Zero-dose children identified and targeted

Routine immunisation services restored and reinforced to catch up missed children

Sustainable access to PCV, rotavirus and HPV vaccines*

Long-term outcomes

Driving new vaccine introductions

PCV, rotavirus and HPV vaccines sustainably introduced in national immunisation programmes

Preventing and mitigating backsliding

Prevent
Immunisation system performance is **maintained, sustainable, and resilient** to shocks and stresses

Mitigate
Coverage rates restored, including by reaching zero-dose children

*Reflects Gavi's efforts to enable more sustainable vaccine prices, primarily through collaboration with UNICEF SD

The Foundational Building Blocks

Addressing systemic issues across middle-income countries

Gavi works hand-in-hand with core and expanded partners to strengthen the enabling environment for new vaccine introductions and sustainable immunisation programmes, with efforts including:

Providing regional and multi-country **technical assistance**

Supporting **peer-to-peer learning** platforms

(Peer-to-peer country knowledge exchange platform, the **Linked Immunisation Action Network**, builds on the pre-existing Learning Network for Countries in Transition (LNCT), but now includes all MICs-eligible countries and is dedicated towards supporting countries to achieve the MICs Approach objectives

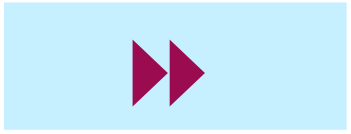
Galvanising **political commitment**

Targeted and Catalytic Tools

Targeted engagement with countries interested in or actively planning new vaccine introductions

Dedicated in-country technical assistance via relevant core and expanded partners

Flexible funding to cover time-limited, **one-off costs** related to new vaccine introductions



Vaccine **catalytic financing** for half of the first birth (or target) cohort

Assistance accessing **pooled procurement** as a mechanism to support sustainable access to new vaccines including sustainable prices

Gavi support guidelines are available on the Gavi website (see “Gavi Middle Income Countries (MICs)”) https://www.gavi.org/our-support/guidelines

Countries and economies eligible under the MICs Approach as of July 2022

Former-Gavi eligible countries			Never-Gavi eligible countries*		
Angola	Guyana	Sri Lanka	Algeria	Kosovo	Saint Lucia
Armenia	Honduras	Timor-Leste	Belize	Lebanon	Saint Vincent and the Grenadines
Azerbaijan	Indonesia	Ukraine	Cabo Verde	Maldives	Samoa
Bhutan	Kiribati	Uzbekistan	Dominica	Marshall Islands	Tonga
Bolivia	Moldova	Viet Nam	Egypt	Micronesia	Tunisia
Cuba	Mongolia		El Salvador	Morocco	Tuvalu
Georgia	Nicaragua		Eswatini	Occupied Palestinian territory	Vanuatu
			Fiji	Philippines	Venezuela
			Grenada		
			Iran		

Note that countries retain their eligibility through the duration of the Gavi 5.0 strategic period

*Includes World Bank classified lower middle-income countries, IDA-eligible economies and Venezuela following Gavi Board approval as eligible under the MICs Approach in the absence of a World Bank classification

Summary of MICs Approach support modalities

Intervention area	MICs Approach objective		Support available	Type of support	Recipient types
	Backsliding	NVIs			
Foundational Building Blocks	✓	✓	- Advocacy - Regional and multi-country initiatives - P2P knowledge sharing platform	Regional and global level initiatives	Core and expanded partners
Country specific tools		✓	Country-specific technical assistance	Country-specific support to support NVIs	Core and expanded partners, via countries
		✓	Flexible, one-off support for new vaccine introduction costs	Country-specific support to support NVIs	Countries and their implementing partners
		✓	Innovative Financing Mechanism	Support to UNICEF SD for financing mechanism	UNICEF SD
		✓	Vaccine Catalytic Financing	Start up vaccine financing for countries, equivalent to half of the first target cohort	Countries via UNICEF SD or PAHO RF
	✓		Targeted Interventions	Country-specific support to mitigate backsliding	Countries and their implementing partners
Fragility			Vaccine costs for fragile MICs	Time-limited routine vaccine costs for countries and associated essential logistics support	Countries via UNICEF SD or PAHO RF
			Technical assistance for fragile MICs	Essential technical assistance from partners	Core and expanded partners

Thank you

Information on the Gavi MICs Approach is available online:
Gavi's approach to engaging with Middle Income Countries

Market Intelligence – WHO resources

Johanna Fihman
Technical Officer, Global Access, WHO

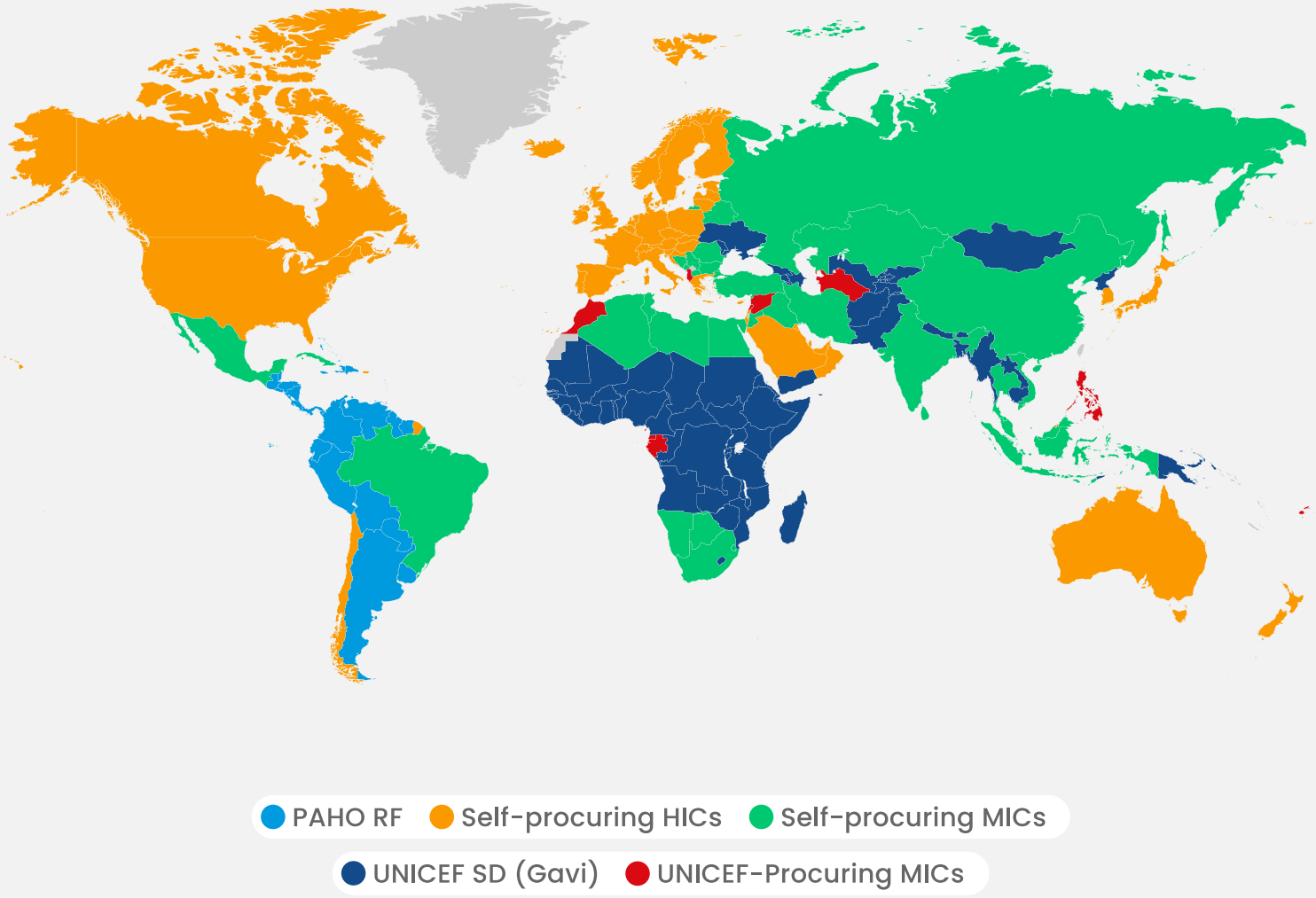
World Health Organization

Expanded global view

Vaccine supply is planned and distributed to serve a **global market** – consumption in one country impacts others

WHO aims to provide visibility on:

- **All vaccines** – independent of global funding schemes
- **All countries** – independent of procurement method
- **All suppliers** – independent of PQ status of their products
- **All payors** – independent of the public or private status
- **All populations** – independent of recommendation for use



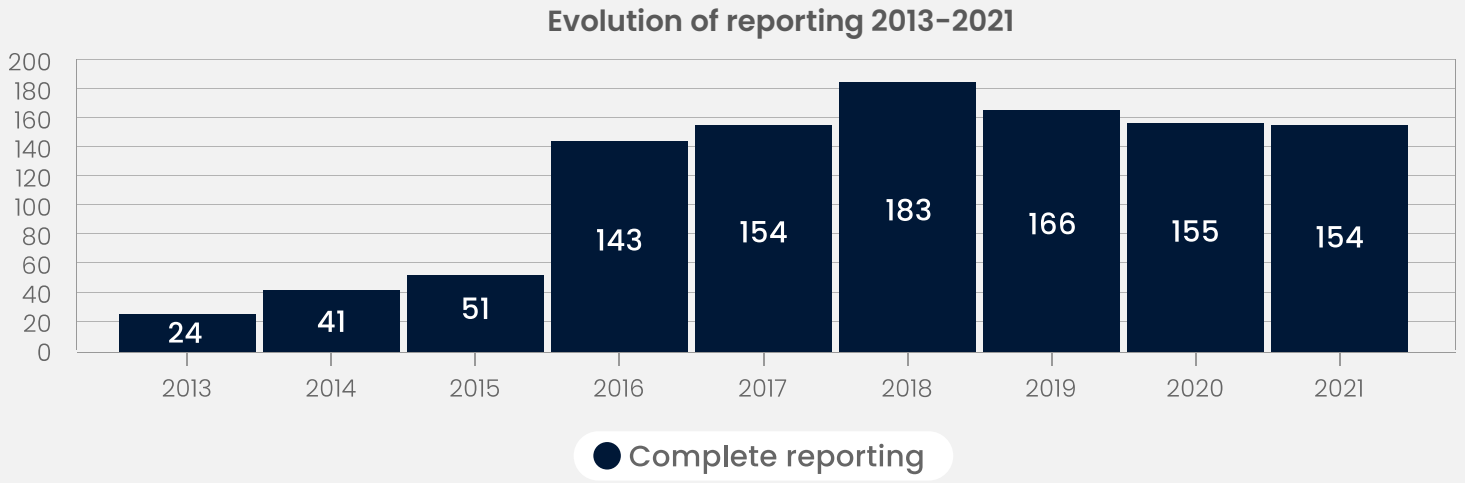
World Health Organization

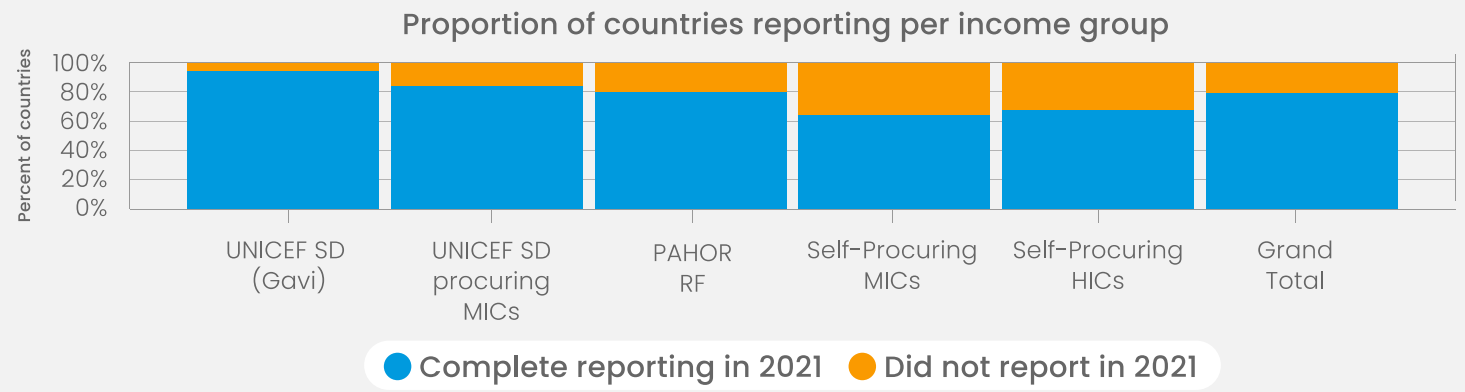
MI4A
MARKET INFORMATION FOR ACCESS TO VACCINES

Data is collected annually through the WHO/UNICEF JRF

- Countries report vaccine purchases through the WHO UNICEF Joint Reporting Form
- It includes questions on products, volumes, procurement mechanism, contract length and prices

The level of reporting has slightly decreased since the C-19 pandemic and introduction of e-JRF





A peer-to-peer platform is available on WHO website: MI4A

MI4A vaccine purchase database

- Contains information on vaccines purchased, volumes, price, procurement mechanism
- Country name is **anonymized** to respect confidentiality

MI4A Full Product List

- Contains list of all available vaccine available for procurement regardless of their prequalification status

World Health Organization

MI4A
MARKET INFORMATION FOR ACCESS TO VACCINES

Vaccine Purchase Database Countries can access the information online

- Information can be filtered by region, by income group and other criteria and allows for comparison of prices paid by different countries
- Example below shows how PCV prices paid in SEARO compares to other self procuring MICs in other regions

Regi	Income	Gavi/Non	Country	Ye	Vaccine	Manufacturer	Presentation	age Numb	Number of Dos	Procurement Mechanism	ContractLe	Price per Dose
SEARO	LMIC	Non-Gavi	LMIC4018	2021	MMR	Serum Institute of India Pvt. Ltd.	Vial	5	9000	UNICEF SD	1 year	$ 1.47
SEARO	LMIC	Non-Gavi	LMIC4018	2021	PCV13	Pfizer	Vial	4	48000	UNICEF SD	1 year	$ 2.90
SEARO	LMIC	Non-Gavi	LMIC4018	2021	HPV4	Merck Vaccines	Vial	1	22990	UNICEF SD	1 year	$ 4.50
SEARO	UMIC	Non-Gavi	LMIC4021	2021	HPV2	PT Bio Farma (Persero)	Vial	1	138739	Self-procurement	5 years	$ 1.25
SEARO	UMIC	Non-Gavi	LMIC4021	2021	HPV4	Merck Vaccines	Vial	1	138739	Self-procurement	5 years	$ 1.25
SEARO	UMIC	Non-Gavi	LMIC4021	2021	PCV13	Pfizer	Vial	1	1656600	Self-procurement	5 years	$ 6.39
SEARO	UMIC	Non-Gavi	LMIC4043	2021	HPV4	Merck Vaccines	Vial	1	400000	UNICEF SD	1 year	$ 4.50
SEARO	UMIC	Non-Gavi	LMIC4043	2021	MMR	Serum Institute of India Pvt. Ltd.	Vial	10	800000	Self-procurement	1 year	$ 1.40

Regi	Income	Gavi/Non	Country	Ye	Vaccine	Manufacturer	Presentation	age Numb	Number of Dos	Procurement Mechanism	ContractLe	Price per Dose
WPRO	LMIC	Non-Gavi	LMIC4003	2021	PCV13	Pfizer	Vial	4	7000000	Self-procurement	1 year	$ 1.95
SEARO	UMIC	Non-Gavi	LMIC4021	2021	PCV13	Pfizer	Vial	1	1656600	Self-procurement	5 years	$ 6.39
AFRO	UMIC	Non-Gavi	UMIC4046	2021	PCV13	Pfizer	Pre-filled syringe	1	3339030	Self-procurement	3 years	$ 16.56
EMRO	LMIC	Non-Gavi	LMIC4039	2021	PCV10	GlaxoSmithKline Biologicals SA	Vial	1	680000	Self-procurement	3 years	$ 16.80
EURO	UMIC	Non-Gavi	UMIC4041	2021	PCV13	Pfizer	Pre-filled syringe	1	3308725	Self-procurement	2 years	$ 19.59
EURO	UMIC	Non-Gavi	UMIC4041	2021	PCV13	Pfizer	Pre-filled syringe	1	3308725	Self-procurement	2 years	$ 19.59
EURO	UMIC	Non-Gavi	UMIC4021	2021	PCV10	GlaxoSmithKline Biologicals SA	Pre-filled syringe	1	11905	Self-procurement	1 year	$ 21.00
EURO	UMIC	Non-Gavi	UMIC4036	2021	PCV13	Pfizer	Pre-filled syringe	1	958360	Self-procurement	1 year	$ 24.37
EURO	UMIC	Non-Gavi	UMIC4039	2021	PCV13	Pfizer	Pre-filled syringe	1	400	Self-procurement	3 years	$ 25.69
EURO	UMIC	Non-Gavi	UMIC4020	2021	PCV10	GlaxoSmithKline Biologicals SA	Pre-filled syringe	1	320000	Self-procurement	2 years	$ 35.38
EURO	UMIC	Non-Gavi	UMIC4040	2021	PCV13	Pfizer	Pre-filled syringe	1	110000	Self-procurement	3 years	$ 40.85

The Full Product List provides information on all available products

- **The MI4A Products List** provides a snapshot overview of vaccine products available for procurement – irrespective of their WHO prequalification status

- This list reflects information reported by countries through the 2022 Joint Reporting Form (JRF) and is supplemented / amended with available information gathered through separate consultations

Source: MI4A 2022 Vaccine Product List

MI4A 2022 VACCINE PRODUCTS LIST

The MI4A Products List provides a snapshot overview of vaccine products available for procurement – irrespective of their WHO prequalification status – as of August 2022.

This list reflects information reported by countries through the 2022 Joint Reporting Form (JRF) and is supplemented / amended with available information gathered through separate consultations. As part of the MI4A project, WHO conducts in-depth global market studies where the list of available vaccines can be considered comprehensive and up to date. Studies conducted so far include BCG, DtT-containing, measles-containing, meningococcal, HPV, and pneumococcal vaccines. For all the other vaccines it should be noted that this list may not be complete and may be missing some products whose availability is not documented through public reported data and sources.

For reference the list of WHO Prequalified vaccines is available on the WHO website: https://www.who.int/immunization_standards/vaccine_quality/PQ_vaccine_list_en/en/

For additional information please contact MI4A@who.int

Vaccine	WHO PQ	Manufacturer	Dosage Numb	Commercial Name (where available)
Anthrax	No	Kazakh	10	Y. pestis EV line NIIEG attenuated (lyophilized)
Anthrax	No	Ministry of Defense, Russia	10	
BCG	No	Administración Nacional de Laboratorios e Institutos de Salud	10	
BCG	No	Administración Nacional de Laboratorios e Institutos de Salud	20	
BCG	Yes	AJ Vaccines A/S	10	BCG Vaccine (former SSI - Statens Serum Institut)
BCG	No	AJ Vaccines A/S	20	BCG vaccine (former SSI - Statens Serum Institut)
BCG	No	BCG Vaccine Laboratory, Chennai	10	
BCG	No	BCG Vaccine Laboratory, Chennai	20	
BCG	No	Biomed Lublin	10	Antituberle vaccine (Szczepionka przeciwgruźlicza)
BCG	No	BioVac	20	BCG VACCINE SSI ID
BCG	Yes	Bul Bio - National Center of Infectious and Parasitic Diseases Ltd.	10	BCG Vaccine
BCG	Yes	Bul Bio - National Center of Infectious and Parasitic Diseases Ltd.	20	BCG Vaccine
BCG	No	Chengdu Institute of Biological Products Co.,Ltd	5	BCG Vaccine for Intradermal Injection - 0.25mg
BCG	No	Fundacao Ataulpho de Paiva	10	BCG vaccine
BCG	No	GreenSignal Bio Pharma Limited	10	BCG vaccine 10 (Freeze Dried)
BCG	No	GreenSignal Bio Pharma Limited	20	BCG vaccine (Freeze Dried) - Intradermal
BCG	No	ImmunoBiology Ltd		T-Biovax
BCG	No	Institut Pasteur de Tunis	20	BCG vaccine, freeze-dried - Pasteur 1173 P2 strain

Ten Global Market Studies performed so far covering key vaccines

MI4A Market Studies

- Meningococcal meningitis
- Pneumococcal
- Human rabies
- Typhoid
- Hepatitis A
- BCG
- D&T containing
- HPV
- Measles containing
- Malaria


World Health
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Update on Hexavalent & DTwP-Containing Vaccines

Andisheh Ghazieh
Contracts Manager
UNICEF Supply Division

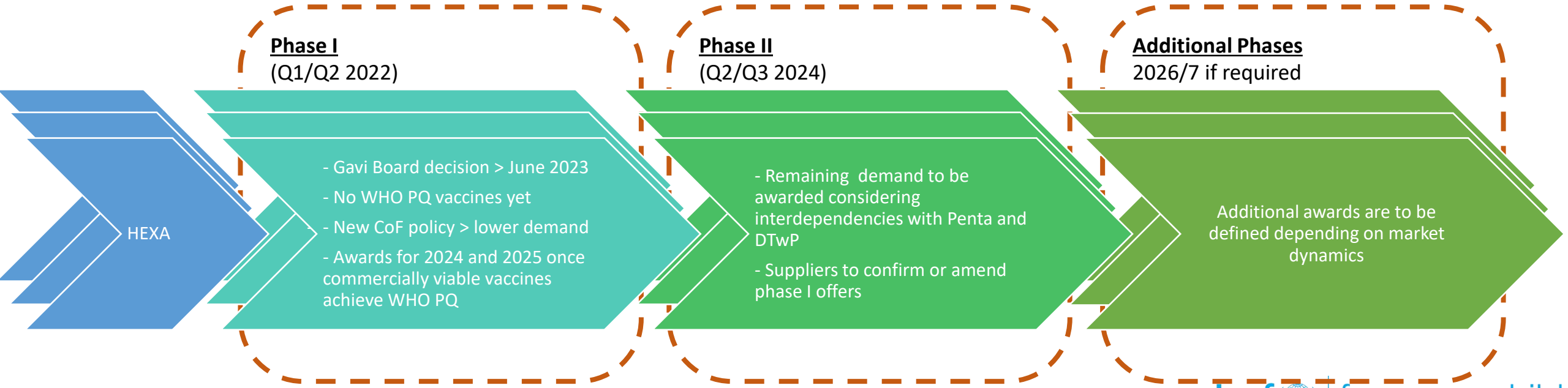
Hexavalent & DTwP-containing tender recap

The whole-cell Pertussis Hexavalent vaccine is a combination of whole cell Pentavalent and IPV vaccine, based on a 4-dose immunization schedule versus a combination schedule of 3-dose Penta + 1-dose DTwP booster + 2-dose IPV.

In November 2018, the Gavi Board approved in-principle support for Hexavalent, subject to (i) a vaccine being licensed, (ii) recommended for use by WHO, (iii) WHO prequalified, and (iv) with met market attributes met that support its successful implementation.

In 2022, considering that the above conditions were met or expected to be met, Gavi was planning to request the Board to open a funding window for Hexavalent. However, Gavi Board postponed such decision to June 2023.

In Q1 2022, UNICEF launched a multi-phase DTwP-containing tender to proceed with awards for DTwP, Pentavalent and Hexavalent for the period 2023-2027, while allowing management of cross-antigen demand development during the introduction and supply transition towards hexavalent.



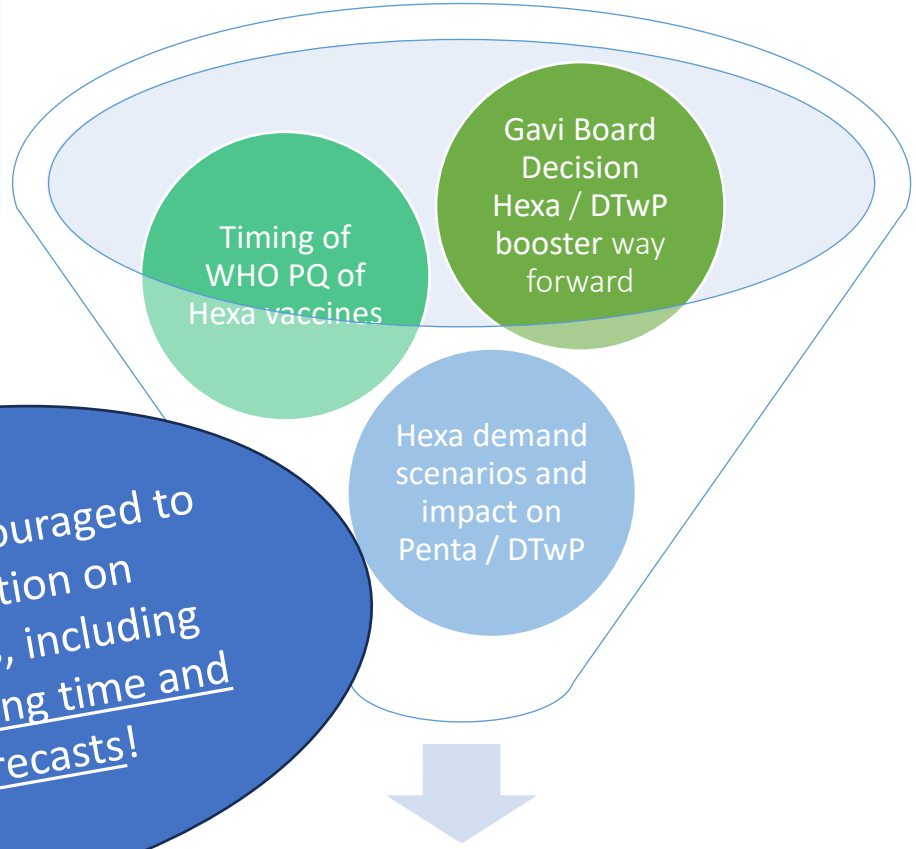
Hexavalent updates & impact moving forward

GLOBAL VPPEF 2023

- **Gavi Board approval of Hexavalent expected in June 2023:**
  - Followed by program implementation and update of demand scenarios
  - First country applications expected in Q3/Q4 2023
  - Commencement of supply expected in 2024
- **DTwP booster 2YL will be moving forward.** Timing of implementation to be decided with partners.

- **Hexavalent vaccine pipeline:**
  - Manufacturer A achieved WHO PQ in Q4 2022 but decided to discontinue production plans and vaccine was delisted
  - Manufacturer B expected to achieve WHO PQ in Q3/Q4 2023, ava
    supply in 2024
  - Manufacturer C and D expected to achieve WHO PQ in 20
    supply in 2025
  - Manufacturer E and F expected to achieve WHO PQ b
    supply in 2027

- **UNICEF considering awards for supply in 2024 -2025** based o
  commercially viable vaccines aligned with tender objectives for:
  - Gavi demand
  - Non-Gavi demand (MICs)
- **Phase II award strategy** considering Gavi decision, timing of WHO PQ and **demand scenarios**
- **Publication of DTwP-containing market note** in advance of phase II of the tender



Countries are encouraged to share information on hexavalent plans, including indicative switching time and demand forecasts!

Timing and Award Strategy for Phase II of Tender

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Recap of Day 1

Global VPPEF
20 & 21 June 2023
Copenhagen, Denmark

Recap of the day

GLOBAL VPPEF 2023

Step 1: Word Cloud

1. Go to menti.com & enter code **9535 7450**
2. Enter 1 to 2 adjectives that describe today's sessions.

Step 2: Reflections

1. Go to menti.com & enter code **9611 0878**
2. Add 1 to 2 reflections/takeaways from today's sessions.
    1. Is there anything you'd like to explore further?
    2. What did you find the most helpful from today's discussions?

Social event: Flammen

If joining tonight's dinner at Flammen, please arrive by 19:00.

Address: Nyropsgade 2

Closest S-tog:

- A/B/C: Vesterport & walk 4 minutes

Closest Metro:

- M1/M2: Norreport
- M4: Radhuspladsen

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