

Final Report  
Training of Trainers (ToT) on Generating Procurement  
Efficiencies in Healthcare

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## INTRODUCTION

### *Aim and objectives*

Since its founding in 2000, the GAVI Alliance has provided vaccines, supplies and programmatic support in over 75 of the world's poorest developing countries (*GAVI, 2009*).

GAVI established a country-eligibility threshold (the latest being less than or equal to US\$1630 gross national income per capita), used on annual bases to determine which countries have crossed the aid eligibility cut-off.

The ineligibility process encourages additional domestic investments and implies different co-financing commitment across years (*Gilchrist, Nanni. 2013*).

The GAVI's eligibility policy resulted in a surge in the numbers of countries graduating. As of early 2020, a total of 16 countries across South-East Asia, Africa, Eastern Europe and Latin America have transitioned out of GAVI support (*Gavi.org, facts and figures*).

As part of transition planning, in 2017 the GAVI Board committed, among others, to support transitioning countries in Europe and Central Asia (ECA) region by providing immunization-related technical assistance, including country-specific support to aggregate demand in order to achieve the benefits that the pooled purchasing arrangements of vertical health programs provided (*GAVI, 2020*).

This support aims to mitigate the transitioning risks and to explore the potential opportunities associated with vaccine and pharmaceutical markets and intends to ensure that the conclusion of the transitioning period occurs carefully and responsibly, particularly in the view of simultaneous phasing out from the other global health financing mechanism (The Global Fund) (*Soable et al., 2020*).

Currently, the initiative applies to four transitioned countries (Armenia, Azerbaijan, Georgia, Moldova) and also invites one or two further countries that will be transitioning in the next future (Kyrgyzstan and Uzbekistan).

In this light, UNICEF ECA Regional Office has organized a technical training-of-trainers (TOT) for procurement staff from six countries national health procurement departments.

The TOT aimed to achieve three goals: (1) contribute to maintaining and mainstreaming immunization and pharmaceuticals essential functions after graduation, to protecting the sustainability of vaccination and other health programmes and their benefits; (2) support the development of the capacities of national procurement staff from transitioning countries on generation of procurement efficiencies intended to support strategic health priorities; and (3) capture and disseminate valuable lessons and to synthesize relevant experiences across programmes.

The training aimed at professionalization of the national procurement practitioners by enabling them to make the efficient use of public funds and contribute to the improvement of skills and competencies public buyers should possess to perform procurement in a more efficient and strategic manner as well as to make informed procurement decisions through strengthening local institutions and supply chains in anticipation/process of the aid transition.

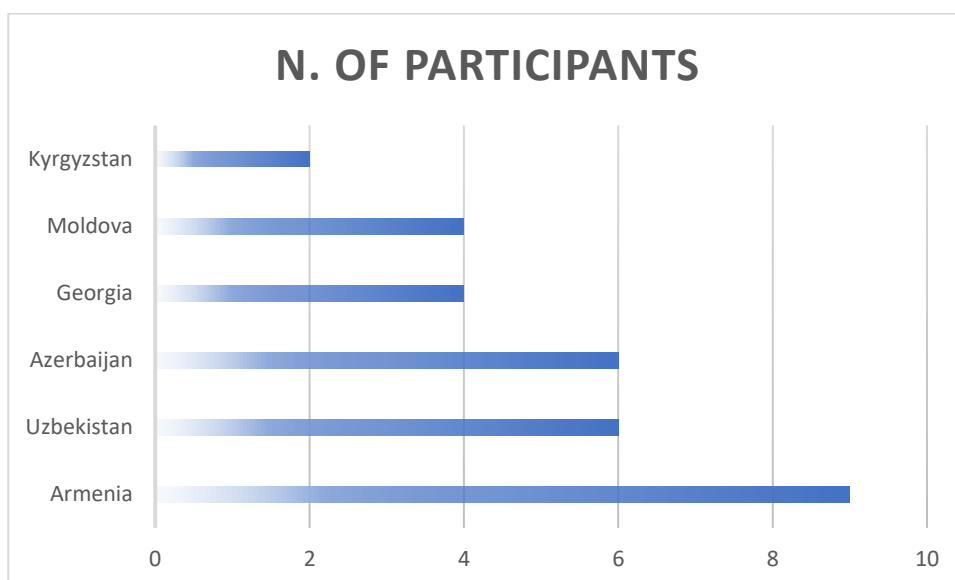
At the end of the ToT, participants were expected to acquire relevant skills:

- To understand the opportunities and challenges of procurement optimization;
- To identify critical elements of procurement management, including the enablers of procurement excellence;
- To analyse the fundamentals of strategic planning, budgeting, demand, forecasting and supply financing in the procurement processes and their application in practice;
- To become familiar with the tools for increasing efficiency (including procurement operating models, centralized purchasing, framework agreements, category management, electronic procurement, etc.) and with the ways to deliver holistic savings/efficiencies;
- To understand key requirements in strategic and innovation procurement;
- Share good practices, lessons learned and real examples from the countries in ECA region.

### *Participants' profile*

An overall of 31 participants from 6 Countries (Armenia, Georgia, Azerbaijan, Moldova, Kyrgyzstan and Uzbekistan) have been invited to the training. Their organizational profile varies from governmental procurement staff to public health procurement agencies/ departments including staff from immunization, HIV/AIDS and other health programmes involved into health procurement.

In general terms, the participants are governmental officials from the Ministries of Health, the Ministries of Finance, and from the other national organizations involved into health-related procurement UNICEF COs staff.



### *Facilitators' profile*

The training has been provided by highly specialized staff from UNICEF.

**Sviatlana Kavaliova** is Procurement Services and Financing Specialist at ECA Office with experience in supporting ECA transitioning countries in procurement and supply chain strengthening in health.

**Andrea Papan** is Community of Practice Manager, Vaccine Procurement Practitioners Network (VPPN), UNICEF Supply Division. Her role is to provide a platform for continuous peer-to-peer exchange of theoretical and practical knowledge, joint learning, and collaborative problem solving on vaccine procurement.

**Mathias Thomann-Arenhorst** is MSc from ESCP Business School and is working at UNICEF Supply Division focusing on supplier financing since 2015.

**Loic Sanchez** is a contract specialist in the Vaccine Centre at UNICEF Supply Division, where he is in charge of procuring both HPV and PCV vaccines. Loic also leads a certain number of initiatives focusing on strengthening the vaccine procurement capacity of government partners through technical advice, knowledge sharing and data analysis.

**Cynthia Kamtengeni** is Contract Manager at Medicines Unit, UNICEF Supply Division. She is an expert in Essential Drugs Management and Health System Strengthening.

**Silvia Logar** is a UNICEF consultant specialized in international healthcare management and acted as a focal point for the ToT.

### *Quantitative assessment of participants knowledge of the topic*

The participants received a pre-training tests to assess their baseline knowledge on the topics addressed by the ToT. The test allowed the participants to familiarize themselves with the training contents by answering specific questions as they are covered in the program. Respondents have been requested to choose appropriate answers from true-false questions and multiple-choice questions. The test revealed a good level of understanding of general basics from the health procurement principles; however, it showed room for improvement in terms of strategies to generate efficiencies in the vaccine and pharmaceutical procurement.

## TIMELINE AND TRAINING METHODOLOGY

### *Timeline*

Deliverable	N. of Days	September 20	October 20	November 20	December 20	January 21	February 21
Concept note/training methodology/Workplan	5	x					
ToT Agenda	1	x					
Training Manual	8		x	x			
Power Point presentations	1				x		
Knowledge testing materials	2				x	x	
Organization and delivery of the ToT	5					x	
Countries' roadmap/action plan	3					x	x
Training Accessibility in eLearning	5						x
Final Report	10						x

### *Training methodology*

The training has been delivered using short theoretical introductions before participants' work on case studies and group activities. Discussions on the healthcare procurement and challenges faced by countries in transition were part of case studies.

Practical hands-on exercises walked participants through the main stages in procurement process highlighting key elements that contribute to generation of procurement efficiencies (e.g. procurement of vaccines as well as enabling factors for procurement optimization). Role-based/group work activities were designed to guide through roadmaps to deliver holistic savings/efficiencies. The training concluded with a comprehensive knowledge exchange session involving all the participants.

All the training materials have been delivered to the participants in advance, both in English and Russian, and two simultaneous interpreters Russian-English-Russian have been hired for the training.

Under the supervision of ECARO, Supply Division, the consultant developed and implemented a series of case studies to address relevant health procurement objectives. This includes an in-depth analysis on procurement solutions for a vaccine case. The case study methodology aimed to facilitate learning in the participants as they portray real life situations involving decision making in the procurement process by a set of questions and through an open-ended discussion.

During the sessions, the consultant included a co-creative knowledge exchange momentum among the participants, encouraging contribution from everyone.

The cases simplified complex concepts about procurement efficiencies and exposed participants to real life situations; furthermore, they helped in adding value to the participants through discussion on concrete pros and cons of the procurement models. Finally, this approach improved analytical thinking on strategic planning and budgeting analysis and contribute in developing tolerance for different views on the same subject as well as ability to defend own's point of view with logic.

There is strong scientific support for the benefits of working groups in executive education and the overarching purpose of high-quality group work in educational practice represents the active involvement of the participants in entire learning cycle (*Jones. 2007*).

## TRAINING CONTENTS + QA/FEEDBACK AND CONTRIBUTION RECEIVED DURING THE TRAINING

### *Training contents*

The training has been divided into 3 days, each one strategically addressing a specific topic.

#### Day 1: Procurement efficiencies and enablers.

An introduction on public health procurement (overall discussion on complexity of current tendering processes, opportunities to maximise patient health outcomes, transparency and the value for money) has been given. Then, the speakers offered a presentation on the fundamentals of procurement efficiencies: i) types of procurement; ii) saving opportunities; iii) cost savings and cost avoidance; iv) overall impact and benefits of procurement efficiencies in public health context. The first part of the training session for Day 1 has been concluded with a presentation about the VPPN and the benefit of this network. The participants have been guided through the platform to gain basic knowledge on how to navigate the tool. The second part of the day focused on enabling factors. This started with a discussion on policies and regulation frameworks relevant for the procurement process, for instance the appropriate use of treatment guidelines. Following this, there was a presentation on procurement system design, principles of procurement operating models (spectrum of operating models and organization maturity, fit-for-purpose and selection criteria, reviews of the classic arguments for and against centralization/decentralization/center-led of procurement operations) and a final introduction on eProcurement and the generic vs branded name options. The last session of theoretical presentations has been dedicated to the procurement planning and forecasting demand; supply financing and budgeting. Finally, the Day 1 has been concluded with a broad case study discussion based on procurement of the Pneumococcal conjugate vaccine (PCV). The participants had the chance to actively contribute into a round table debate.

#### Day 2: Strategic procurement and sources of efficiencies in the procurement process.

This included, among others, the role of strategic procurement and sourcing strategies (know your product markets, market intelligence, selection of the right procurement partner) as well as the principles for the risk analysis; furthermore, it addressed the link between procurement strategy and product categories (how to develop a procurement strategy; various product categories (bottleneck items, routine, strategic and leverage products)).

The following presentations aimed at covering the development of procurement strategies and the application of strategic approaches in health procurement practice topics. The second part of the training has been dedicated to the sources of efficiencies within procurement process (early and accurate procurement planning, requirements to be defined with the aim of opening up competition, i.e., over-specifications or under-specifications as well as proper timing in procurement process) as well as the requirement definition, i.e., product specifications (technical and quality), quality standards in pharmaceuticals.



Finally, the participants discussed the identification of sources for efficiency at various stages of the process covering in practice the topics of the day and based on the PCV case study.

### Day 3: Critical elements in the evaluation of the bids and contracting including regular and special contracting modalities.

The last theoretical session was dedicated to the risk management in the procurement process: identification, risk analysis and management matrix, mitigation and monitoring of risks in the procurement process, with the participants provided with examples of typical risks, possible consequences and what to do at each stage as well as how the risks influence generation of procurement efficiencies.

During the last role-based exercise the participants have been divided into groups and each group member received in advance his/her role to explore specific challenges across the whole procurement process, based on the sessions provided during the training. These roles included, among others:

i) head of procurement; ii) immunization program officer/technical expert on vaccines; iii) quality assurance specialist; iv) legal expert (contracting).

Finally, the participants have been provided with guidance on how to develop their Country roadmaps.

### *QA/Feedback and contributions received during the training*

During the 3-days training, the participants actively contributed to the discussion and promoted the dialogue within the group.

At day 1, it is worth to mention a very interesting momentum while the participants shared their experience on procurement hybrid models in place in their countries. A relevant example (quite common across participant countries) is related to the vaccines purchase according to the epidemiological framework estimated in each country region. With this approach, the Ministry of Health is responsible for providing demand (quantification and forecast based on epidemiological data from single regions) that is used for central procurement of vaccines through UNICEF. However, the regions in some countries have the right to procure small volumes of non-EPI vaccines through authorized dealers at the local market.

eProcurement revealed to be one of the most appealing topics for the group as such systems exist across the countries but are at different levels of maturity. For example, in Uzbekistan the system is officially in place under the control of the Ministry of Finance, but the legal framework has been set up only for local providers, meaning that there is not possible at the moment to ensure international procurement of vaccines via this system. Procurement of vaccines and medicines from international mechanisms (f.e., UNICEF, UNDP, Wambo, etc.) is not integrated into eProcurement in Uzbekistan and should be approved by the Ministry of Finance upon provision of the proper justification. Uzbekistan procurement process is based on results of annual forecasting exercises.

In Moldova and Georgia, the eProcurement platform is operational by public institutions and its use is mandatory. Georgia shared the experience in conclusion of long-term contracts as the result of tendering processes implemented via eProcurement portal. This portal has the mechanism of price

transparency and allows manufacturers to register the products and their prices, thus, enabling price benchmarking. Georgia has centralized procurement of vaccines. There is a functioning NITAG headed by the Minister of health. Forecasting and planning help develop an appropriate budget for vaccines procurement that is conducted in the year preceding the year when the vaccines should be used. Georgia also includes 25% buffer and assesses the storage capacities to support proper forecasting and planning. In Azerbaijan, vaccines are also procured in a centralized manner. The technical specifications are prepared by the health professionals.

In terms of different product categories, and specifically talking about leverage products, the participants requested clarification on syringes which should be procured for COVID-19 vaccines supplied via COVAX mechanism. The clarification on specification of syringes was provided.

The facilitators then described the differences between Pfizer product (which at time of the training was not yet part of the COVAX Facility), requiring an ultra-cold chain, vaccines need diluent as well as 0.3ml volume syringes recommended (0.5 is also possible) vs Moderna product, approved with a -20 cold chain and 0.5 syringes. UNICEF will sign LTAs with vaccine manufacturers that will be part of COVAX Facility and participate in the tenders like Astra Zeneca and others.

Although this training has not been designed around COVAX, the main message from this Q&A session was about the need for estimating the syringes well in advance as the delivery time is 3 months from the moment of placing the order and the syringes need to be already in the country before the COVID-19 vaccines arrive.

In terms of UNICEF strategy on vaccine procurement, some Q&A have discussed the need to work with the markets, build relationships, leverage and shape the markets.

A common practice described by the UNICEF SD in reply to these questions was the importance to work very close with the market, be transparent and having regular calls with suppliers, as well as to keep an eye on pipeline of suppliers and then try to be flexible and innovative in the contracting.

Countries also reported on their experience in quantifying volumes and the importance of assessing the storage capacities for the vaccines.

During a very fruitful open discussion, the participants shared their country regulations on how technical staff, medical staff and procurement staff contributes to the procurement process, as well as the establishment of a separate body for the coordination of healthcare procurement outside the Ministry of Health (Uzbekistan). The key regulator in most countries in the region is the Ministry of Health, or statutory bodies subordinated to the ministry. In many countries, regulation follows a hierarchical top-down model, whereby the ministry issues standards and norms that have to be followed by health facilities and facility administrators monitor implementation and report results back to the ministry. Where significant decentralization has taken place, responsibility for regulation and monitoring standards is often shared among multiple actors.

Azerbaijan colleagues shared the practices on procurement planning for vaccines, quantification, registration in the country, storage assessment, specification development, evaluation of tender proposals. It was emphasized that health budget increases every year by 10-15%. To minimize the risks of stockouts the country has safety/buffer stocks of strategic products, the warehouse stocks are constantly assessed as well as storage conditions that should comply with Good Storage Practices.

There is a system of strict quality control of medical products. To minimize financial risks the country implements payments upon delivery. However, advance payments are allowed when the products are procured through the MOU with UNICEF.

Uzbekistan highlighted the in-country practices on quality control when NDRA registers all batches of pharmaceutical products. The MOH may issue import waivers for products not registered in the country, however, these products should be either WHO PQ or SRA approved. Shelf-life of imported goods is strictly controlled. The importance of using credit instruments (like pre-financing from UNICEF) was emphasized.

Armenia described how the country develops technical specifications for vaccines that should mandatory include quality assurance criteria (f.e., WHO PQ, GMP, etc.), provision of the required documents. Practices on evaluation of proposals have been also shared. The country can procure vaccines that are either registered or not registered in the country, not registered products should be WHO pre-qualified.

All countries emphasized that fluctuations in currency exchange represent high risks in procurement and shared some mitigation measures, for example, the use of USD fixed prices in the contracts, price monitoring and adjustment upon approval of the MOH and the MOF, etc. To enable procurement efficiencies, the countries increase competitive space and open the markets for potential supplies as well as use other measures (special contracting, procurement from international pooling mechanisms like UNICEF upon price benchmarking, etc.) that can drive prices down.

## CONCLUSIONS, LESSONS LEARNT AND NEXT STEPS

The countries of the former Soviet Union over the last 20 years have experienced an impressive transformation. Fundamental change has occurred in almost all aspects of political, economic and social spheres. At the same time, once the economy opened and information started to flow more freely, consumer expectations started to rise across the board. In the health sector, this resulted in high growth rates of private health expenditure, mostly related to high-end tertiary care services, branded pharmaceuticals and the use of expensive medical technology, often with a limited evidence base. This ToT revealed a fragmented complexity in the management of the health procurement across the participating countries, which is characterized by different levels of the system maturity. The training offered a broad opportunity to learn key principles in the procurement efficiencies for the health sector to government staff which is actively involved in the vaccines procurement but does not have a formal knowledge of the topic. At the same time, government procurement officers had the opportunity to learn strategies to improve their proper mechanisms of risk mitigation and to develop stronger regulations as part of functioning health system. Overall, the whole group of participants received insights about their neighbourhood countries policies and experiences on healthcare procurement.

Within the group work and through discussion of case studies each group of country representatives has been able to reflect, among others, about the roadmap on how to achieve holistic savings/efficiencies, opportunities for optimization as well as ideas for further improvements for their countries. In fact, the collection of group work outputs and case studies solutions revealed to be an effective way of generating procurement efficiencies that the countries can use in their daily practice. Indeed, collaborative learning techniques helped to generate a rich mix of creative ideas as well as identify suitable lessons learnt from previous sessions. Assigning roles also helped to distribute responsibility among group members and ensured accountability from all participants. These methodologies have proven impact in speed up the four stages of team development (*Rønning et al., 2019*).

An emerging critical point was the establishment of an ECA network for more regular knowledge exchanges. In general terms, the ToT revealed the need to support the full engagement of the ECA Region into relevant stakeholder networks. Specifically, there is an opportunity to offer participant's access to relevant knowledge material via VPPN platform, once this will be available in Russian language. Also, the establishment of an ECA health procurement network or the ECA Countries membership to the existing immunization and health procurement networks is encouraged. Participants may benefit from follow-up ToT sessions, including topics that have not been addressed here (please refer to the action plan).

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Annex I

ANALYSIS OF PARTICIPANTS' EVALUATION ON THE TRAINING

After the ToT, the participants have been asked to provide their evaluation on the training by completing an evaluation questionnaire.

The questionnaire included the following questions:

1. Was/will be this training experience useful in your work?

Был ли /является ли тренинг полезным в вашей работе?

Y N

Да Нет

If no, please explain why \_\_\_\_\_

Если нет, пожалуйста, объясните \_\_\_\_\_

2. Did you have the opportunity to share your experience?

Была ли у вас возможность поделиться опытом?

Y N

Да. Нет

If no, please explain why \_\_\_\_\_

Если нет, пожалуйста, объясните \_\_\_\_\_

3. What presented at the training is applicable for your country context and your organization?

Подходит ли представленное на тренинге к применению в контексте вашей страны или вашей организации?

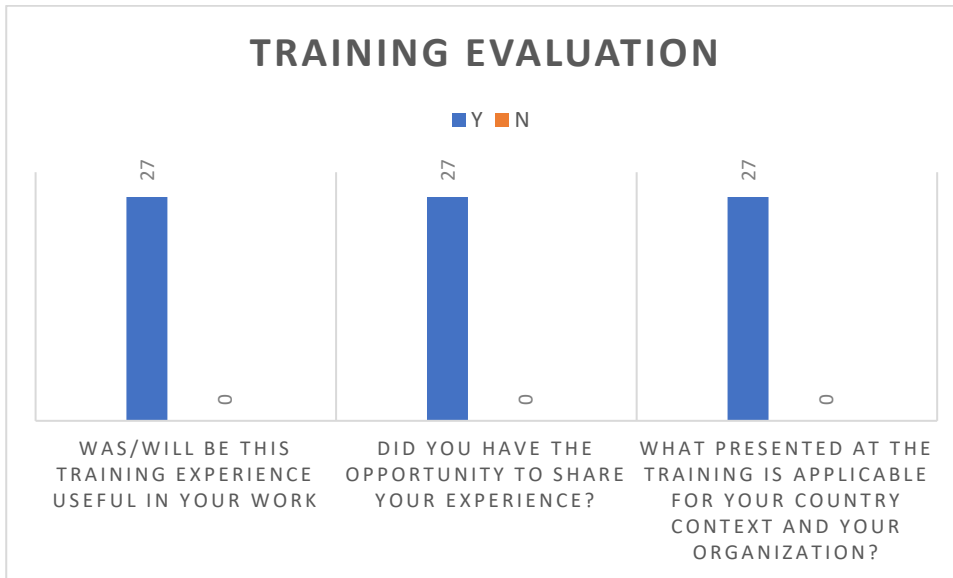
Y N

Да. Нет

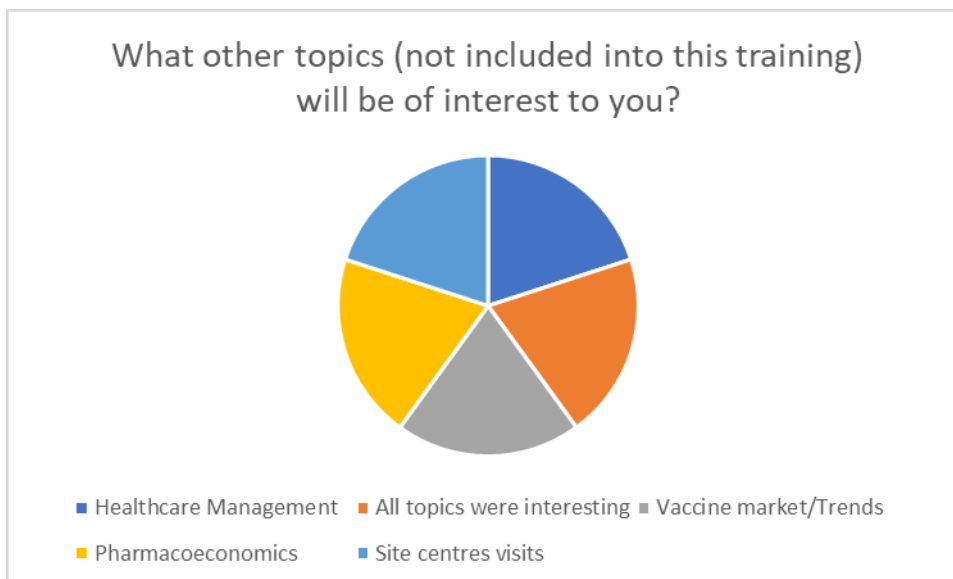
If no, please explain why \_\_\_\_\_

Если нет, пожалуйста, объясните \_\_\_\_\_

Overall, 27 participants out of 31 completed the format.  
 The 100% of them reported to be fully satisfied with the training provided by UNICEF.



The questionnaire also provided the participants with the opportunity to express their interest into further topics not covered by the current ToT.  
 Here are the results:





Annex II

ROAD MAP/ACTION PLANS

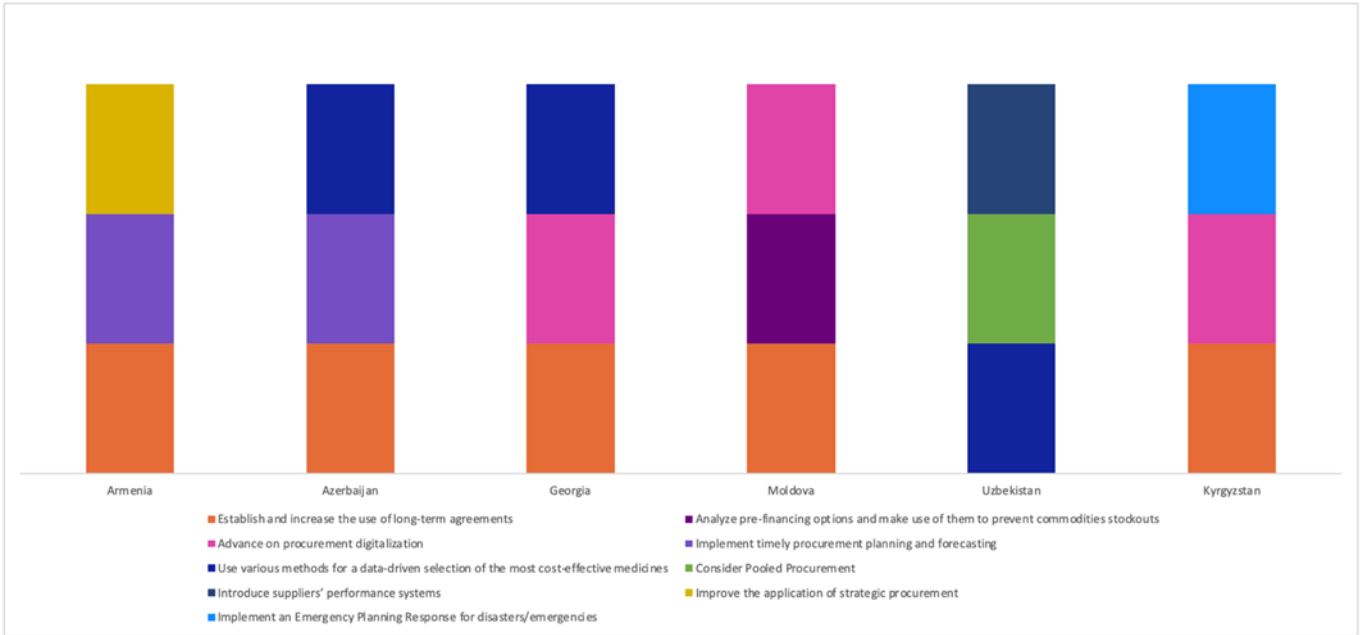
The TOT participants have been requested to develop roadmaps for their respective countries to deliver value for money as a guiding policy and to identify potential benefits and barriers in their procurement processes, as well as to draw lessons regarding how best to incorporate procurement models into the design and implementation of health reforms in countries in transition.

To facilitate and harmonize the process, the roadmap format has been proposed in the form of a standardized action plan.

Not all the participants are directly accountable for the guiding policies on health procurement and, therefore, the results that are presented below, are aggregated per each country rather than per a single participant.

Core action plan activities I plan to implement to achieve procurement efficiencies						
	Armenia	Uzbekistan	Azerbaijan	Georgia	Moldova	Kyrgyzstan
Establish and increase the use of long-term agreements	x		x	x	x	x
Analyse pre-financing options and make use of them to prevent commodities stockouts					x	
Advance on procurement digitalization				x	x	x
Implement timely procurement planning and forecasting	x		x			
Use various methods for a data-driven selection of the most cost-effective medicines		x	x	x		
Consider Pooled Procurement		x				
Introduce suppliers' performance systems		x				
Improve the application of strategic procurement	x					
Implement an Emergency Planning Response for disasters/emergencies						x

Core action plan activities I plan to implement to achieve procurement efficiencies (summary)



Core action plan activities I plan to implement to achieve procurement efficiencies

Establish and increase the use of long-term agreements Selected Countries



**Core action plan activities I plan to implement to achieve procurement efficiencies**

**Analyze pre-financing options and make use of them to prevent commodities stockouts Selected Countries**



**Core action plan activities I plan to implement to achieve procurement efficiencies**

**Advance on procurement digitalization Selected Countries**



## Core action plan activities I plan to implement to achieve procurement efficiencies

### Implement timely procurement planning and forecasting Selected Countries



## Core action plan activities I plan to implement to achieve procurement efficiencies

### Improve the application of strategic procurement Selected Countries



**Core action plan activities I plan to implement to achieve procurement efficiencies**

**Implement an Emergency Planning Response for disasters/emergencies Selected Countries**



**Core action plan activities I plan to implement to achieve procurement efficiencies**

**Use various methods for a data-driven selection of the most cost-effective medicines Selected Countries**



Annex III  
AGENDA

Day 1

*Theme of the Day: Procurement Efficiency and Enablers*

9.00 – 10.00	<p>Registration   Pre-training test</p> <p>*Participants presentation and pre- test knowledge assessment</p>
10.00 – 10.15	<p>Opening and Welcome</p> <p>*Remind to participants on how we expect them to prepare the roadmap.</p> <p>A special section about roadmap element will be included in manual.</p>
10.15– 12.00	<p><i>Silvia Logar</i>, procurement efficiencies and enablers: procurement efficiencies in public health context, types (pooled, mixed, decentralized), saving opportunities, cost avoidance, benefits and impact.</p> <p><i>Andrea Papan</i>, VPPN presentation</p> <p>Enablers:</p> <p><i>Cynthia Kamtengeni</i>, policies and regulatory frameworks (e.g. Treatment Guidelines).</p> <p><i>Silvia Logar</i>, procurement system design and procurement operating models; eProcurement and other enabling factors like brand vs generic product</p> <p><i>Loic Sanchez and Mathias Thomann-Arenhorst</i>, procurement planning and forecasting demand; supply financing and budgeting.</p>
12.00– 12.15	<p>Coffee break</p>
12.15 – 13.00	<p>Case study: VAX in the context of enablers (the role of different operating models and enablers).</p> <p>Q&amp;A</p>

## Day 2

*Theme of the Day: Strategic Procurement and Sources of Efficiencies in the Procurement Process*

9.00 – 9:10	Wrap up of Day 1
9.10 -10.10	<p><i>Silvia Logar</i>, strategic procurement objectives of the organization; risk analysis; procurement and sourcing strategies (know your product markets, market intelligence, selection of the right procurement partner); procurement strategy and product categories (how to develop a procurement strategy; various product categories (bottleneck items, routine, strategic and leverage products).</p> <p><i>Loic Sanchez</i>, development of procurement strategies.</p> <p><i>Sviatlana Kavaliova</i>, application of strategic approaches in health procurement practice.</p>
10.10 – 11.00	Group work on case study (part 1): developing the procurement profile and related strategies for VAX
11.00 – 11.15	Coffee break
11.15 – 12.00	<p><i>Silvia Logar</i>, sources of efficiencies within procurement process: early and accurate procurement planning, requirements to be defined with the aim of opening up competition, i.e. over-specifications or under-specifications as well as proper timing in procurement process.</p> <p><i>Cynthia Kamtengeni</i>, requirement definition i.e. product specifications (technical and quality), quality standards in pharmaceuticals.</p>
12.00 – 13.00	<p>Group work on case study (part 2): procurement process for procurement of VAX with identification of sources for efficiency at various stages of the process covering in practice the topics of the day.</p> <p>Q&amp;A</p>

## Day 3

### Theme of the Day: Sources for Efficiencies in the Procurement Process

9.00 – 9:10	Wrap up of Day 2
9.10 – 9.40	<p><i>Silvia Logar</i>, critical elements in the evaluation of the bids and contracting including regular and special contracting modalities.</p> <p>Risk management in the procurement process: identification, risk analysis and management matrix, mitigation and monitoring of risks in the procurement process. *The participants will be provided with examples of typical risks, possible consequences and what to do at each stage as well as how the risks influence generation of procurement efficiencies.</p>
9.40 – 10.45	<p>Role play in the group work on case study (part 3): continuation of the procurement process for procurement VAX A with identification of critical elements in the evaluation of the bids related to VAX A</p> <p>Role-based exercise: each group member will receive in advance his/her role to explore specific challenges across the whole procurement process. These include, among others:</p> <p>i) head of procurement; ii) immunization program officer/technical expert from vaccines; iii) quality assurance specialist; iv) legal expert (contracting).</p> <p>Q&amp;A</p>
10.45 – 11.00	Coffee break
11.00 – 13.00	<p>Discussion on the finalization of the roadmap to generate procurement efficiencies – knowledge sharing to enable each country to summarize the action plan for systematic approach to more efficient procurement.</p> <p>One representative from the participants will be invited to present his/her roadmap.</p>



## Annex IV

## LIST OF PARTICIPANTS

Country	Participants' names and roles
UZBEKISTAN	Alisher Jaborov, Head of Department for Forecasting of Medicines and Health products, MOH
	Tokhir Utashev, Senior Specialist, Department of Economics and Financing, MOH
	Bobur Yuldashev, Head of Department, Sanitary-epidemiological Wellbeing and Public Health Service
	Hikmatulla Usmanov, Deputy Director, O'zmedimpeks (procurement branch of MOH)
	Otabek Safaev, Head of Department, O'zmedimpeks (procurement branch of MOH)
	Jahongir Tursunov, Leading Specialist, O'zmedimpeks (procurement branch of MOH)
ARMENIA	Gayane Sahakyan, Deputy General-Director of NCDC, National immunization Program Manager
	Svetlana Grigoryan, Head of Immunization and Vaccine Preventable Diseases Epidemiology Department of National Center of Diseases Control and Prevention of MOH
	Mariam Ghukasyan, Epidemiologist of immunization and epidemiology of VPD department of NCDC
	Pirijida Simonyan, Pediatrician of immunization and epidemiology of VPD department of NCDC
	Lilit Karapetyan, Pediatrician of immunization and epidemiology of VPD department of NCDC
	Naira Khachatryan, Epidemiologist of immunization and epidemiology of VPD department of NCDC
	Meline Hovsepyan, Epidemiologist of immunization and epidemiology of VPD department of NCDC
	Aram Yeritsyan, Epidemiologist of immunization and epidemiology of VPD department of NCDC
	Marine Kirakosyan, Pediatrician of immunization and epidemiology of VPD department of NCDC
AZERBAIJAN	Sevda İbrahimova, Coordinator of the Sector of Pharmaceutical Services Department of Medicines and Medical Devices Administration of the Regional Medical Divisions (TABİB)
	Nigar Pashayeva, Chief Specialist of branch on affairs of Baku-Sumgait Region of Coordination Department of TABİB

	Khanim Malikova, Department of Disease Control and Prevention
	Rustam Rustambayev, Deputy director, Innovation and Supply Centre of the MoH
	Rashida Abdullayeva, Head of department, Innovation and Supply Centre of the MoH
	Elshan Suleymanov, Adviser, Innovation and Supply Centre of the MoH
GEORGIA	Gia Kobalia, Deputy Head of Finance-Economic Department, National Center for Disease Control and Public Health
	Giorgi Kachlishvili
	Elene Karseladze, Reports Assistant
	Vladimir Getia, Head of State Public Health Programm and Regional Managment Department, National Center for Disease and Public Health of Georgia
KYRGYZSTAN	Gulbara Ishenapysov, Ministry of Health of the Kyrgyz Republic, National Center for Disease Control and Public Health
	Jyldyz Sydykova, Operations Manager for CIS (Georgia, Kazakhstan, Kyrgyzstan, Russia, Eastern Europe)
MOLDOVA	Sergiu Balta: Chief of Medical Devices Procurement Department, CHCPP
	Gheorghe Gogceag, Chief of the Medicine and Medical Devices Policy Service, CHPP
	Constantin Nedelea, Chief of Medicine Procurement Department, CHCPP
	Liliana Ardeleanu: Chief of Administrative, Monitoring and Statistics Department, CHCPP