



VACCINE PROCUREMENT
Practitioners Network (VPPN)

WEBINAR

**Strategic Vaccine Procurement Series:
How to better tie in planning,
forecasting and budgeting within the
procurement timeline?**

DISCUSSION WITH

SENEGAL

TURKMENISTAN

5 February 2026, 1pm – 2.05pm GMT+1

unicef  | for every child

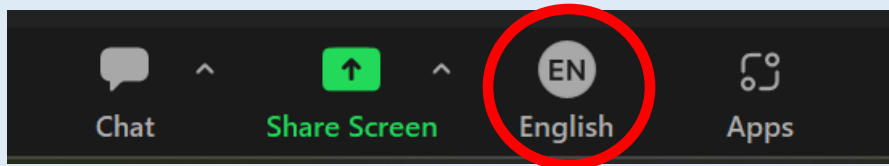
AGENDA

Time	Topic
1:00pm GMT+1 <i>(3 mins)</i>	Welcome and introduction
1:03pm GMT+1 <i>(15 mins)</i>	How to better tie in planning, forecasting and budgeting within the procurement timeline? <i>Heather Deehan, Director, Public Health Agency of Canada</i> <i>Matthaeus Lundie, Senior Director, Public Services and Procurement Canada</i>
1:18pm GMT+1 <i>(15 mins)</i>	Planning, budgeting and procurement of vaccines from the expanded programme <i>Ibrahima Mbaye, Health logistician, Ministry of Health and Social Action, Senegal</i>
1:33pm GMT+1 <i>(15 mins)</i>	National Immunisation Programme and procurement planning processes in Turkmenistan <i>Sachly Nuriyeva, Head of the Epidemiological Surveillance Department, Ministry of Health and Medical Industry</i>
1:48pm GMT+1 <i>(15 mins)</i>	Questions & Answers
2:03pm GMT+1 <i>(2 mins)</i>	Closing remarks
2:05pm GMT+1	End & Further E-discussion on the VPPN

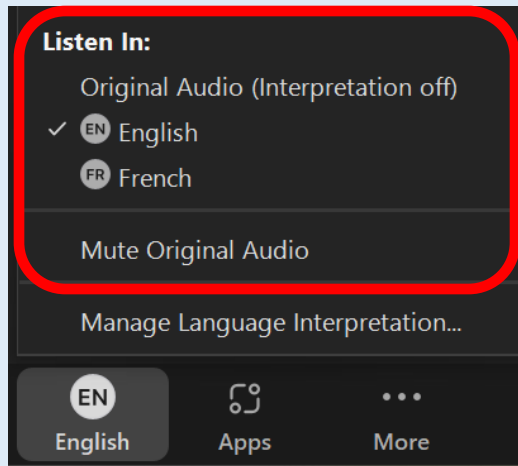
ZOOM FUNCTIONS & RECORDING

Interpretation

- Click on the **Language button** and choose the language you wish to hear.



- For this webinar, you can choose between **English, French and Russian**.

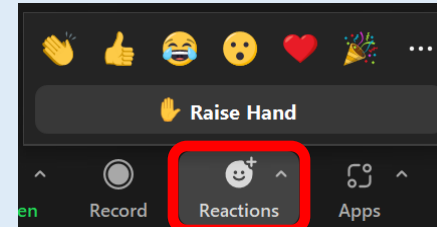
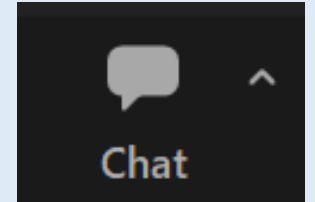


- To hear the interpreted language only, click 'Mute Original Audio'.

Chat Box

Use the Chat:

- For **all your questions**
- To **introduce yourself** (name, organisation, country)



During the Q&A, you can also **raise your hand** to ask a question.

Recording & Sharing

- These sessions are recorded** and your attendance is consent to be recorded.
- The presentations and webinar recording will be **shared on the [Vaccine Procurement Practitioners Network \(VPPN\)](#)**.

INTRODUCTION

Key Learning Objectives

- ✓ Provide an overview of what a strategic procurement approach is and how the whole procurement cycle, from planning to procurement, is connected.
- ✓ Share examples of best practices in regard to how specific procurement building blocks directly impact a country's ability to achieve procurement objectives in a timely fashion, with a focus on the impact of forecasting to improve procurement processes and outcomes
- ✓ Provide peer-to-peer learning and triangular cooperation to support countries in accessing quality-assured vaccines
- ✓ Answer questions on the topic



How to better tie in planning, forecasting and budgeting within the procurement timeline

Heather Deehan, Public Health Agency of Canada

Matt Lundie, Public Services and Procurement Canada



Public Health
Agency of Canada

Agence de la santé
publique du Canada



Public Services and
Procurement Canada

Services publics et
Approvisionnement Canada

The administration of health care programs, such as immunization, is the responsibility of provinces and territories in Canada, including procurement. Under the National Immunization Strategy, the Government of Canada supports the coordination of vaccine program requirements and procurement through the **Bulk Purchasing Program (BPP)**.

Federal: Public Health Agency of Canada (PHAC)

Co-chairs and **manages secretariat function** for the Vaccine Supply Working Group (VSWG): Federal-Provincial-Territorial working group of the Canadian Immunization Committee within the Pan-Canadian Public Health Network.

Helps drive VSWG consensus to provide direction to Public Services and Procurement Canada (PSPC) on the BPP, and supports PSPC in the management of **35+ annual/multi-year contracts** for **60+ different vaccines**

Monitors BPP and non-BPP vaccines for **supply issues** (e.g., supply problem reports, shortages).

Develops and implements **strategies to minimize vaccine supply disruptions** and to **mitigate impact of issues** that arise.

Manages & acts as technical authority for **federal reserves** on an ad hoc (e.g., standard-dose & high-dose seasonal influenza vaccines, pneumococcal vaccines) or ongoing basis (e.g., influenza antivirals – in conjunction with Emergency Management Branch).

Vaccine Supply Assurance in Canada

The administration of health care programs, such as immunization, is the responsibility of provinces and territories in Canada, including procurement. Under the National Immunization Strategy, the Government of Canada supports the coordination of vaccine program requirements and procurement through the **Bulk Purchasing Program (BPP)**.

Federal: Public Services and Procurement Canada (PSPC)

- Common services provider
 - Deliver high-quality procurement stewardship
 - Best value for Canadians while enhancing access, competition and fairness
 - Order in Council provides PSPC with the authority to contract on behalf of the Provinces and Territories (PTs)
 - PSPC-PT Memorandums of Understanding
- Challenge function
- Solicitation / negotiation process
- Supplier qualification and communications
- Financial evaluation

Vaccine Supply Assurance in Canada

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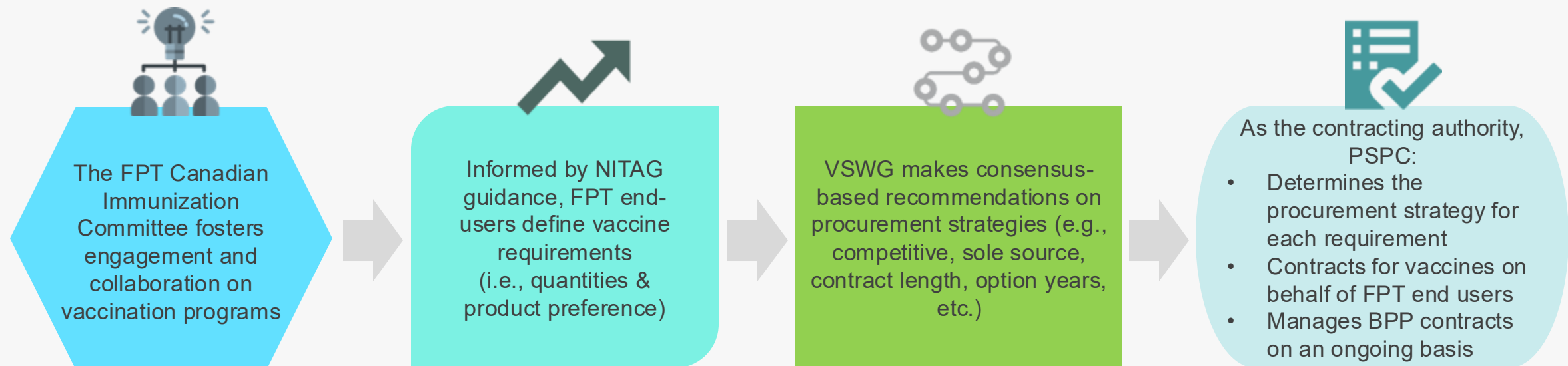
Provinces and Territories



- Requirement definition based on programmatic design and National or provincial recommendations for use
- Sole source justification, if applicable
- Evaluation criteria
- Quantities and commitments
- Budget

Process for Routine Vaccine Procurement

- **Routine vaccines** are those that are recommended for use in specific populations and are primarily offered for **free through public programs administered by PT governments**, as well as **certain federal departments** responsible for healthcare delivery to their populations.
- Canada's **small market size** (less than 2% of the global market) necessitates **collaborative Federal/Provincial/Territorial (FPT) approaches** to ensure security of vaccine supply.
- The BPP coordinates FPT purchases of vaccines for public programs, while the VSWG acts as the consensus forum
- **PTs fully fund** and purchase most of their vaccines through the BPP.
- Each jurisdiction independently determines its vaccine needs based on respective public health priorities, programmatic considerations, and budget.



- Alignment of NITAG guidance is critical to PT programmatic and procurement decision-making timelines.
 - Challenging for jurisdictions in Canada to indicate interest or to make a commitment for procurement prior to the release of NITAG guidance impacts a jurisdiction's ability to make well-informed program decisions.
- Jurisdictions have indicated a need for programmatic guidance through the NITAG statement 2–12 months in advance of making program change requests, with most requiring 6 – 12 months. If the program change is significant, the timeframe could be even longer in some jurisdictions.
 - NITAG statement should include an economic analysis; for some jurisdictions, if there is no economic analysis to inform programmatic decisions, a vaccine may not be included in their program.
 - Complexity / comprehensiveness of NITAG recommendations will impact process
- Majority of jurisdictions prefer to have an advance copy of the NITAG statement to begin the process to review program / introduce changes, with the earliest indication of NITAG expected advice as helpful to the forecasting and budgeting process to inform programmatic and procurement decisions.
 - Some jurisdictions may require a formal web-published statement is needed before full implementation of program, which could delay the bulk procurement process.

- Most jurisdictional budgets for routine vaccination programs are renewed annually, except for three jurisdictions that obtain multi-year budgets.
 - Generally, for unchanged programs, it is expected that the funding will renew year-to-year. When there are changes to programs and/or costs, additional funding requests may be required.
 - Requirement for annual renewals limit the capacity to issue multi-year, firm commitment contracts. Contracts are either single year + option years or, where multiple firm year contracts are recommended (e.g. if price discounts are offered for multi-year commitments), contracts must allow PTs to withdraw, or substantially reduce future year purchase commitments, but ONLY if program funding is ended or reduced (not to switch the program to an alternate vaccine).
- PT funding decisions for routine vaccination programs are made on average 5 months (range: 1–12 months) in advance of the upcoming fiscal year for routine vaccine purchases.
 - Two PTs have permanent year-over-year annual funding once the vaccine program is approved.
 - The landscape is changing, impacting procurement timelines and strategy:
 - In 2025, some PTs reduced program coverage and sought to recover costs by charging a fee for vaccines.
 - Delays in the budget confirmation for new programs is impacting demand quantification and commitments.

Program implementation and funding decision-making process

- PT internal processes before a decision is made on program implementation and funding approval include some, or all, of the following steps:
 - Review of NITAG (NACI) guidance including economic analyses (if available)
 - Assessment of PT burden of disease, anticipated uptake and quantities required
 - Conducting environmental scans (e.g., guidance of other advisory bodies – such as other PTs, CDC)
 - Stakeholder engagement (primarily internal)
 - Development of briefing materials, business cases, costing forecast
 - Approval by the jurisdiction's relevant advisory committee(s)
 - May be limited by the frequency of meetings, need for discussion at the committee more than once
 - Submission for legislative/budgetary approval
 - Update of IT systems, policies, logistics
- For most jurisdictions, process is the same for all Vaccine Preventable Diseases (VPDs) but may be expedited in some cases.

Factors that could expedite a decision on program implementation

Decisions to expedite a program implementation or seek “off cycle” budget approval for a new revised program could be pursued when:

- There is a health emergency / significant epidemiological need for new program / program change
- Program is seasonal (e.g., RSV, Influenza) or school based and does not align with the start of normal budget cycle
- There is public/political pressure
- The cost can be absorbed as a budget pressure, or there is federal funding

National Contracts - Timelines

Responsible Office	Deliverable	Target	
PSPC	Action Notice - Proposed Procurement Strategy / Quantity Estimates	August	New Contract
FPT	Comment on Strategy / Provide Estimated Quantities / Delivery Schedule	September	
PSPC	Issue Solicitation / Negotiations	Early October	
PSPC	Action Notice - Proposed Contract Award / Quantity Commitment / Delivery Schedule	Mid October	
FPT	Agreement on award / Provide Final Quantities and Delivery Schedule	November	
PSPC	Award Contract / Delivery Schedule	December	
PSPC	Action Notice - Proposed Contract Amendment / Quantity Commitment / Delivery Schedule	July	Option Year
FPT	Agreement on amendment / Provide Final Quantities and Delivery Schedule	September	
PSPC	Award Amendment / Delivery Schedule	November	

RSV vaccines for older adults: Rapidly Changing Landscape

Situation:

- Sole-source contract awarded on behalf of 2 jurisdictions in the country for one firm year (2023/24) for a targeted vaccination program for older adults. Only one authorized product available at that time. Contract includes two option years, with provision for other jurisdictions to participate in the option years.
- NITAG guidance for use of RSV vaccines in adults is only anticipated in June / July 2024.

Procurement pressure:

- Decision required by Jan. 31, 2024 to exercise the contract option year.
- PT decisions on implementation of new program (or expansion of existing program) dependent on NITAG guidance to determine the forecasted demand and budget requirement.

Procurement challenge:

- Significant change in the vaccine landscape with regulatory approval of alternative products prior to start of 2024 RSV season impacts PSPC ability to exercise contract option.
- PTs may need to seek program and budget approval in absence of NITAG guidance if programs desired for fall 2024.

Procurement options:

- Exercise the Option Year of the sole source contract:
 - Excludes the opportunity to access alternative products and possible savings through competition
- Issue competitive tender on behalf of jurisdictions with demand forecast in 2024
 - Likely that many jurisdictions will postpone introduction of programs until 2025 to allow for consideration of NITAG guidance and subsequent internal program/budget approvals
 - Include provision for other jurisdictions to participate in future option years

Situation:

- PCV contracts extended through 2023/24 to give PTs time to assess NITAG guidance on pneumo vaccines for adults (Feb. 2023) and interim guidance on pneumo vaccines for children (March 2023). Both contracts have additional option years.
- Updated NITAG guidance including new PCV products for children shared with PTs in December 2023 recommending:
 - Either PCV15 or PCV20 should be product of choice for healthy children under 5 years of age;
 - PCV20 preferred for high-risk children; references to expected benefit of reduced IPD from 5 additional serotypes in PCV20; suggests potential program efficiencies of single vaccine for all pneumo programs (pediatric and adult).

Procurement pressure:

- Decisions were required on option year exercise for existing contracts by end of December 2023.
- Competitive tender needed to be expedited to allow for new contracts to commence on April 1, 2024.
- Program changes (PPV23 and PCV13 to PCV15 and/or PCV20) require PT program review + budget approvals

Procurement challenge:

- PSPC conclusion that they could NOT exercise option year due to significant changes in pediatric vaccine landscape:
 - New vaccines on market in Canada (PCV15 and PCV20); and
 - New NITAG guidance available (Interim statement supporting interchangeability of PCV13 and PCV15; Updated Statement supporting choice of either PCV15 and PCV20 which strongly suggested need to compete).
- PT consensus required on how to compete requirement for healthy children: which vaccine to set as the minimum acceptable? How to evaluate (price only or recognition of product differences)? How to award (“winner take all” or “split” award)?
- Industry players exerting pressure and focusing on different elements / language of NITAG guidance to support their preferred position.

Influenza vaccines for older adults – Decision Timelines

Situation:

- Two vaccine products under sole-source contracts for 23/24 only. An alternative product available but not under contract, not marketed in Canada in 23/24.
- New NITAG guidance shared with PTs in December:
 - recommends that three specialty influenza vaccines be preferentially offered to adults 65 years and older over other influenza vaccines.
 - Insufficient evidence to compare/contrast the 3 specialty vaccines.
- Prior NITAG guidance: One product was preferentially recommended over standard dose vaccine; insufficient evidence to make similar recommendations for other vaccines targeted to seniors.

Procurement pressure:

- Decision was required by Jan. 15 on exercise of one product's contract option year.
- Decision on new contract for another product required early enough to meet end Feb. deadline for providing initial purchase quantity.
- Switch from one product to another constitutes program change which could trigger need for internal PT reviews

Procurement challenge:

- Does NITAG guidance support justify sole source contracts, or is competitive tender now required? Does the NITAG guidance suggest “equivalency”?
- Do PTs have sufficient information / time to “switch gears” on program for seniors (programmatic implementation)?



**Planning, budgeting and procurement
for vaccines
for extended immunisation
programme**

*Ibrahima Mbaye, Health logistician, Ministry of Health
and Social Action, Senegal*

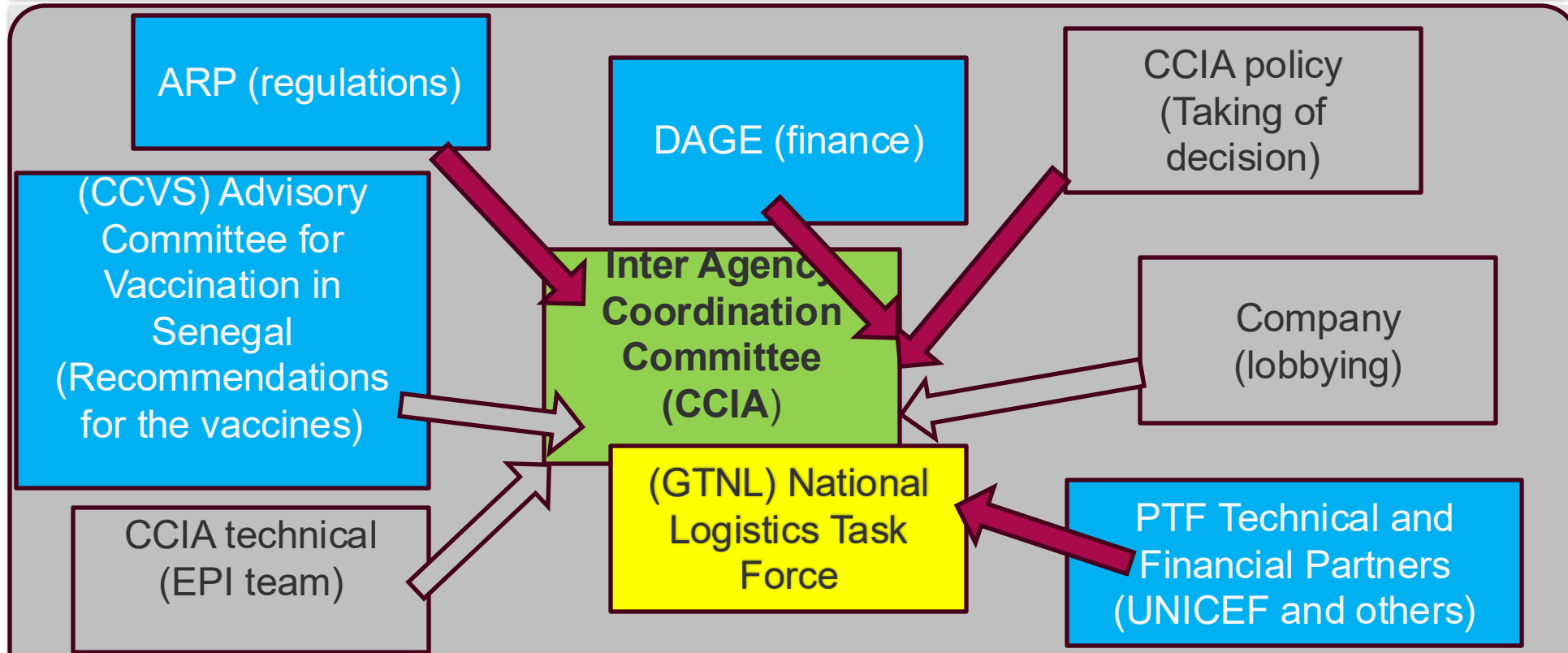


PROCUREMENT OF VACCINES AND SOURCES OF SOURCES

Vaccines	Sources of finance
HEP B	100% borne by the state: budget paid directly into UNICEF accounts after budgetary arbitration and translated into grants
BCG	
measles-rubella	
AAV	
Td	
bivalent oral polio vaccine	
PCV13	STATE/ GAVI BY CO-FINANCING with decision letters shared with the EPI and budget directly paid into UNICEF accounts
ROTA	
HEXA	
HPV	

Full coverage of cost of conventional vaccines,
 Co-financing with a share (18%) of the financing of new vaccines
 Total budget for State = 29%
 Budget for Gavi = 71%

VACCINE PLANNING, FORECASTING AND FINANCING PROCESS: COORDINATION FRAMEWORK



- Two multidisciplinary coordination bodies: GTNL and CCIA
- Organisation of four quarterly meetings each per year for better coordination of vaccine supply etc.
- Regular revitalisation of the supply coordination and monitoring framework in accordance with GEV 2023 (Efficient Management of Vaccines 2023);

POLICIES IN PLACE FOR VACCINE PROCUREMENT

Policies have been put in place to facilitate the supply of vaccines

Legal,

- Order creating the CCVS
- Order on the release of batches

Financial

- Establishment of a parliamentary group for vaccination
- Budgetary provision for purchasing vaccines
- Respect for co-financing

Regulatory

- Release of batches
- Authorisation of importation

PLANNING AND FORECASTING PROCESS

- Last delivery of the year made in September N-1
- Physical inventory of the central repository in September (end of year)
- Translation of stock available at central level into months of stock
- Demographic data from year n to year n+5 (ANSD: *National Agency for Statistics and Demography*)
- Remaining orders to be delivered in September (Order tracking and logistics plan)
- The delivery time for each antigen shared by Unicef
- Funding situation with Grants in collaboration with Unicef country
- Forecast in September with Unicef and the entire EPI team based on the remaining stock and the target
- Development of the order tracking plan with colour codes then shared each month

Antigens	Quantity to order	Sources of finance	Date of order	Date or receipt Cost estimate	Date of confirmation	PO number	Date of receipt Purchase order	Date of receipt pre-alert	Date of reception vaccines	Date of delivery scheduled in Forecast	Quantities delivered (doses)	cost (\$)/CE	Cost (\$)/ Pre-alert	observations
HPV4-1	398,970	GAVI				45208546		08/04/2025	21/04/2025	April	398970		1819316.74	Compliant quantities received
BCG-20	400,000	STATE	04/03/2025			45209309		15/05/2025	27/05/2025	June	400000		72600	Compliant quantities received
PCV13-4	720,000	GAVI				45207907		01/04/2025	08/04/2025	April	720000		2005496.48	Compliant quantities received
DTP-HepB-Hib-10 (lqd)	600,000	GAVI								May				
BOPV-10	800,100	STATE	04/03/2025			45209233		24/04/2025	10/05/2025	May	800500		169121.73	Non-compliant quantities received (excess of 400 doses)
HepB-10	275,690	STATE	01/07/2025			45209638			26/06/2025	June	276000		74520	Non-compliant quantities received (excess of 310 doses)
MR-10	423,000	STATE	01/04/2025			45207403		17/03/2025		June				
YF-10	559,400	STATE	04/03/2025							May				
Td-10	486,120	STATE	17/02/2025							May				
HEXA	154,000	GAVI				45209764		06/06/2025	14/06/2025	June	154000		467400	Compliant quantities received
Consumables														
BS- 5 litres	67,950	STATE								May				
SD- 5ml	58,500	STATE								May				
SD 2ml	32,900	STATE								May				

VACCINE FINANCING PROCESS

The financing of vaccines is independent of their budgeting

It undergoes the following process:

For the STATE

- ❑ Annual allocation of the health budget by the State according to the schedule for preparing the finance law (National Assembly with the parliamentary group for vaccination)
- ❑ Budgetary arbitration carried out at the level of the Ministry of Health (“DAGE”) for the allocation of financial resources to health departments and programs (EPI and other Programmes).
- ❑ Payment of funds into Unicef accounts which are translated into Grants and managed by the EPI for the purchase of traditional vaccines and compliance with co-financing
- ❑ Since the Vaccine Independence Initiative: Secure budget line provided by the State for the purchase of traditional vaccines (BCG, OPV, AAV, first dose RR, etc.) and the co-financing of new vaccines

For GAVI,

Funds are paid directly into Unicef accounts and orders are systematically delivered following the decision letters and the validated forecast schedule.

PROCUREMENT CHALLENGES

Procurement challenges and implemented strategies

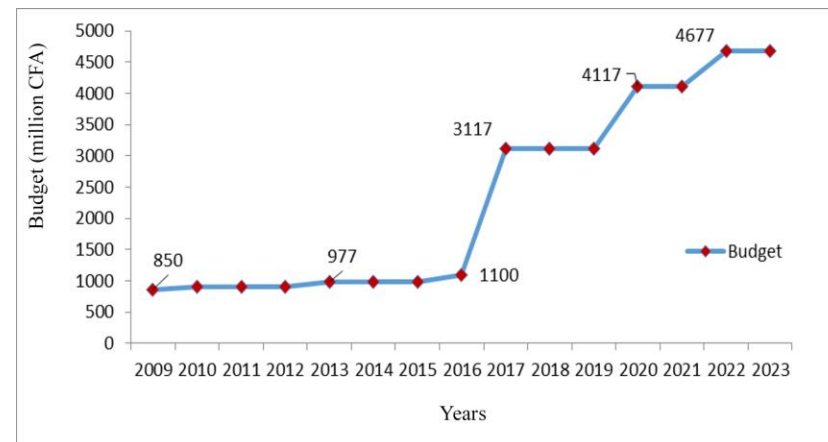
3 main challenges in procurement

- Availability of the vaccine on the market
- Delay in setting up funds
- Availability of funds
- Inventory visibility at all levels (Country)

Strategies implemented to mitigate these challenges.

- Segmentation of the command or switch
- Establishment of a network of parliamentarians for vaccination
- Lobbying with the Ministry of Finance
- Digitalisation of inventory management

Note: No funding shortfall since 2008
The curve shows the evolution of the budget allocated to the purchase of vaccines since 2008





National Immunisation Programme and procurement planning processes

Turkmenistan

**Strategies for improving health
through vaccination**

*Sachly Nuriyeva, Head of the Epidemiological
Surveillance Department, Ministry of Health and
Medical Industry, Turkmenistan*



TURKMENISTAN

Overview of the National Immunisation Programme

Sustainable access to vaccines

Turkmenistan ensures free access to essential vaccines through a sustainable national immunisation programme

The agreement on sustainable financing

The agreement to the Memorandum with UNICEF operational partner provides funding for vaccine procurement in the subsequent years

Reliable supplies of vaccines

Under the Memorandum with UNICEF, the country guarantees the procurement of vaccines pre-qualified by WHO and of safe injection equipment, ensuring their uninterrupted supply

Programme Expansion – Vaccination against 14 Antigens

In 2025, the immunisation schedule replaced the pentavalent vaccine with a hexavalent vaccine, the country fully transitioned to IPV and modified the HPV vaccination schedule from two doses to a single dose



Forecasting Period and Planning

Forecasting and demand planning

annual calculation of vaccine requirements for the following year;
multi-year vaccine requirement plan for coordination and allocation
of budgetary funds

Data Used

Key data for requirement calculations are based on indicators
and tools recommended by WHO and UNICEF for cold chain
management and Electronic Vaccine Management System

Procurement Mechanism

for all routine vaccines, procurement is carried out through the
UNICEF Supply Division; for specific vaccines, either tender
procurement or direct contracts are used.

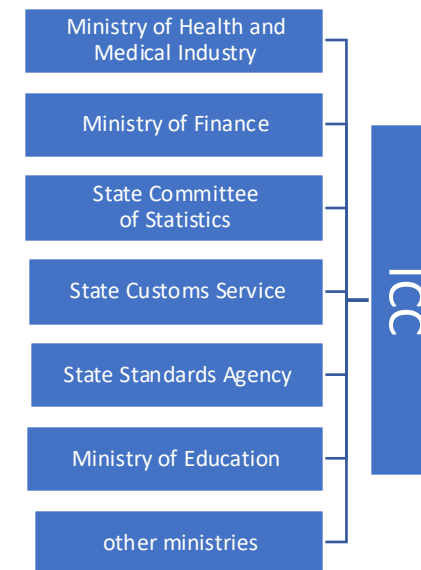


Forecasting and Planning II

Coordination between stakeholders

Interdepartmental Coordination Committee (ICC) established under the Ministry of Health and Medical Industry of Turkmenistan

Immunisation issues are managed by the Cabinet of Ministers



Roles and responsibilities

Forecasting and coordination

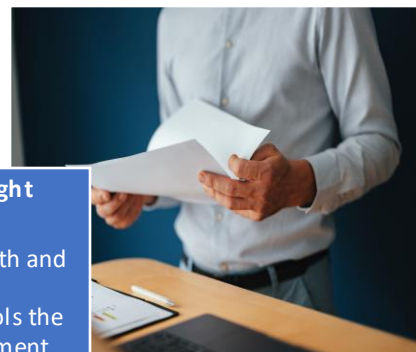
The Department of Epidemiological Surveillance manages forecasting, as well as supply planning and coordination, taking into account budget cycles and financial considerations.



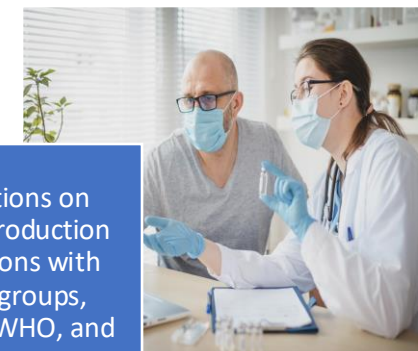
Procurement oversight

The Ministry of Health and Medical Industry of Turkmenistan controls the accuracy of procurement reporting

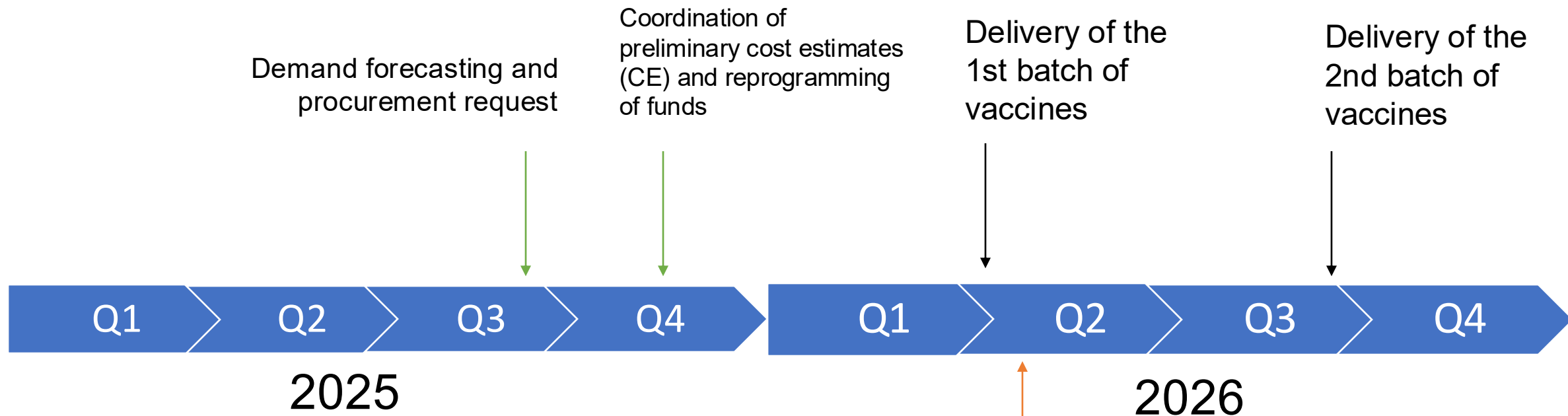
financial control is exercised by the Ministry of Finance and Economy.



Consultations on vaccine introduction
Consultations with advisory groups, ministries, WHO, and UNICEF ensure informed decisions regarding new vaccines and immunisation schedules.



Approach and Stages



The forecasting process begins in August and the data is submitted to the UNICEF operational partner in September using the UNICEF forecasting tool.

A screenshot of a data table with multiple columns and rows, likely representing forecasting data. The table is partially obscured by a yellow highlight.



Transfer of Funds (Transaction)

Input data for forecasting

Monthly monitoring and verification

To ensure accurate forecasts, demand forecasting is based on the demographic data, vaccine stock levels and vaccination coverage, as well as on vaccine wastage estimates.

Vaccination data is tracked monthly, with physical stock checks ensuring inventory accuracy.

Real-time stock monitoring

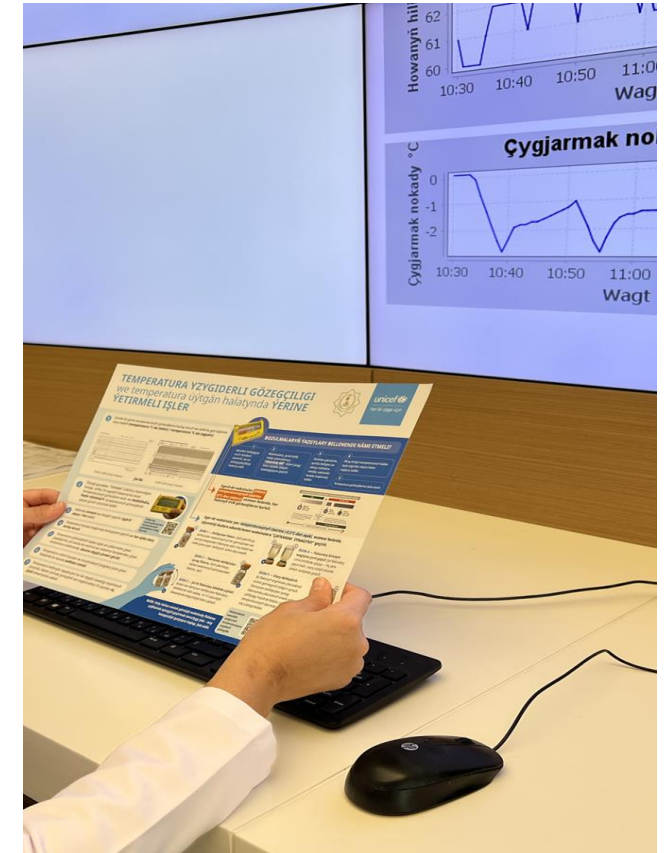
VACBASE provides up-to-date vaccine stock indicators, thus improving the efficiency of forecasting and supply management.

Reserve stock and risk mitigation

A reserve stock at the national warehouse covering three to six months prevents stock shortages and supports uninterrupted immunisation programmes.

Proactive planning and procurement

Forecasting, budgeting, and procurement are coordinated to ensure the continuous availability of vaccines despite potential issues with suppliers.



Budget Cycle and Availability of Funds

New national immunisation schedule — changes

	1993	2002	2007	2010	2016	2019	2025
Number of antigens	7	8	9	10	11	14	14
Number of vaccines	6	7	8	8	10	13	12
New vaccines		HepB	Rubella (MMR)	Hib (penta)	IPV, HPV	Rota, PCV, Hep A	Switch from bOPV to IPV (Hexa)

Budget Cycle and Availability of Funds II

СОГЛАШЕНИЕ по осуществлению закупок вакцин и оборудования для иммунизации на 2026-2028 годы в рамках стандартного «Меморандума о взаимопонимании о предоставлении услуг по закупкам между Правительством Туркменистана и ЮНИСЕФ, Детским фондом Организации Объединенных Наций»

Правительство Туркменистана, представленное Министерством здравоохранения и медицинской промышленности Туркменистана, и ЮНИСЕФ, Детский фонд Организации Объединенных Наций, в дальнейшем именуемые Сторонами,

в рамках «Меморандума о взаимопонимании о предоставлении услуг по закупкам между Правительством Туркменистана и ЮНИСЕФ, Детским фондом Организации Объединенных Наций» от 28 августа 2015 года,

принимая во внимание, что Правительство обратилось к ЮНИСЕФ, Детский фонд Организации Объединенных Наций, согласился оказать услуги по поставке товаров и услуг не ограниченных только поставками вакцины, медикаментов, а также другого оборудования, относящихся к защите здоровья матери и ребенка, которые будут заказаны Правительством Туркменистана через Представительство ЮНИСЕФ в Туркменистане, которое в свою очередь будет поддерживать связь с Отделом снабжения ЮНИСЕФ для оказания услуг по закупкам,

принимая во внимание, что цель Соглашения - оказание содействия Правительству Туркменистана в поддержании вакцинальной независимости, цель которой заключается в 100% государственном финансировании вакцин и стоимости оборудования, необходимого для программы иммунопрофилактики до 2028 года,

принимая во внимание, что настоящее Соглашение по осуществлению закупок вакцин и оборудования для иммунизации на 2026-2028 (далее именуемое - Соглашение) будет руководствоваться «Меморандумом о взаимопонимании о предоставлении услуг по закупкам между Правительством Туркменистана и ЮНИСЕФ, Детским фондом Организации Объединенных Наций» от 28 августа 2015 года и результатами предварительных расчетов,

наименование	общая потребность (в дозах)					всего запланировано
	2026	2027	2028	2029	2030	
Вакцина против кори, краснухи, паротита, живая аттенуированная, КПК	300 000	280 000	280 000	270 000	270 000	1 400 000
Вакцина против туберкулеза, лиофилизированная (живая) для новорожденных	400 000	400 000	400 000	400 000	400 000	2 000 000
Вакцина против туберкулеза, лиофилизированная (живая), для взрослых	170 000	170 000	175 000	190 000	182 000	887 000
Вакцина против вирусного гепатита В (ГепВ) для детей	130 000	132 000	133 000	133 000	133 000	661 000
Асорбированный коклюшно-дифтерийно-столбнячный анатоксин для детей	130 000	132 000	140 000	140 000	140 000	682 000
Асорбированный дифтерийно-столбнячный анатоксин для детей	160 000	150 000	135 000	130 000	130 000	705 000
Асорбированный дифтерийно-столбнячный анатоксин для взрослых	300 000	300 000	280 000	280 000	300 000	1 460 000
Вакцина против дифтерии, коклюша, столбняка, гепатита В, полиомелита, НВ инфекции (гексавакцина)	368 000	374 000	377 000	380 000	380 000	1 879 000
Вакцина против полиомелита, инактивированная	116 000	119 000	120 000	122 000	122 000	597 000
Вакцина против Вируса Папиллома Человека	177 000	170 000	170 000	170 000	169 000	856 000
Вакцина против пневмококковой инфекции	368 000	374 000	377 000	377 000	377 000	1 873 000
Вакцина против ротавирусной инфекции	368 000	374 000	377 000	377 000	377 000	1 873 000
Вакцина против гепатита А	122 500	125 000	126 000	126 000	126 000	625 500
шприцы для введения всего	2 176 000	2 153 000	2 134 000	2 114 000	2 141 000	10 718 000
шприцы для введения всего	122 000	124 000	125 000	125 000	125 000	621 000
шприцы для введения всего	268 000	271 000	280 000	291 000	293 000	1 403 000
шприцы для разведения БЦЖ всего	41 000	41 000	42 000	42 000	42 000	208 000
шприцы для разведения флакона КПК всего	66 000	62 000	62 000	62 000	62 000	314 000
коробки безопасности для уничтожения шприцев всего	43 000	44 000	42 000	42 000	42 000	213 000

Вакцина	К-во доз для вакцинации одного человека (а)	Размер флакона (б)	Цена флакона (с)	Цена дозы (д)	
6.1 1) БЦЖ	1	20	\$ 4.300	\$ 0.2150	4.300
6.2 2) АКДС	1	10	\$ 2.490	\$ 0.2490	2.490
6.3 3) МММ	2	5	\$ 9.750	\$ 1.950	9.750
6.4 4) ОПВ	2	10	\$ -	\$ -	0.000
6.5 5) ОПВ	5	10	\$ -	\$ -	0.000
6.6 6) ОПВ	3	10	\$ -	\$ -	0.000
6.7 7) ОПВ	3	10	\$ 0.550	\$ 0.550	0.550
6.8 8) АКДС	1	10	\$ 2.180	\$ 0.2180	2.180
6.9 9) АКДС	1	10	\$ 4.300	\$ 0.4300	4.300
6.10 10) АКДС-ГепВ-НВ-ПВ	3	10	\$ 4.900	\$ 4.900	4.900
6.11 11) АКДС-М	1	10	\$ 1.810	\$ 0.1810	1.810
6.12 12) АКДС-М	1	10	\$ 2.900	\$ 2.900	2.900
			\$ 0.000	\$ 19.000	19.000
			\$ 1.600	\$ 17.900	17.900
			\$ 1.600	\$ 0.900	1.600
			\$ 6.990	\$ 6.990	6.990

Key Conclusions

Planning

Calculations of vaccine requirements and procurement costs over a five-year period

Annual calculations of vaccine requirements and procurement costs

Funding

Advance coordination and approval of funding for vaccine procurement, broken down by year, for the three-year cycle (2026–2028)

Procurement and supply of vaccines

Timely requests and deliveries, minimisation of the risks of delays, sustainable procurement



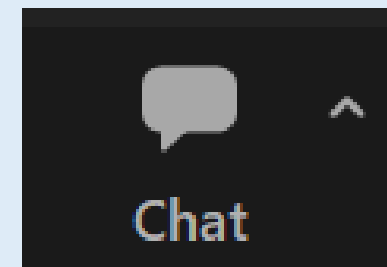
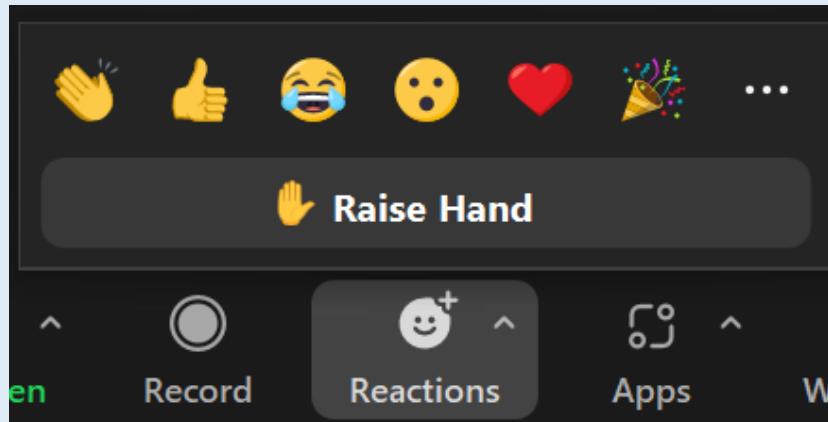


Questions & Answers session

QUESTIONS & ANSWERS

The floor is open for your questions...

...Raise your hand to ask a question or write it in the chat.



CLOSING REMARKS

Join us on the [Vaccine Procurement Practitioners Network](#) to continue the discussion and share any other question you might have!



VACCINE PROCUREMENT
Practitioners Network (VPPN)

THANK YOU

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