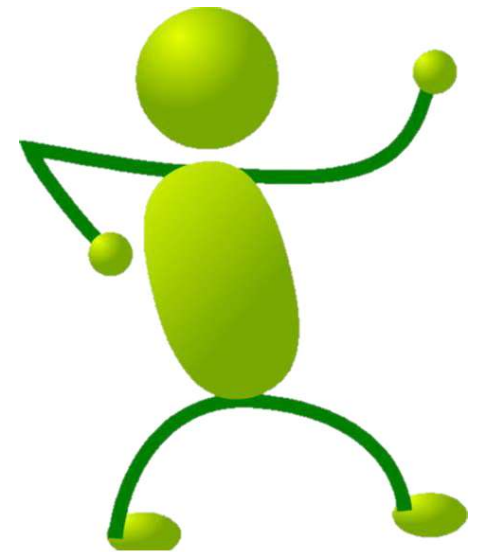
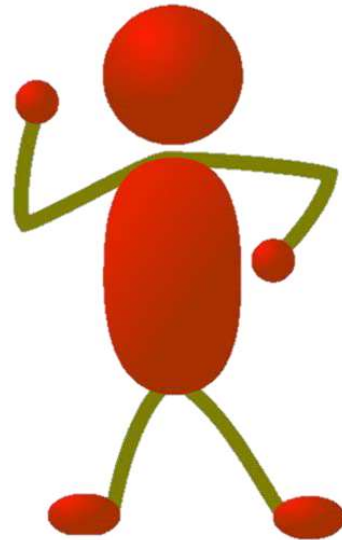




Procurement planning: Impacts on NVIs

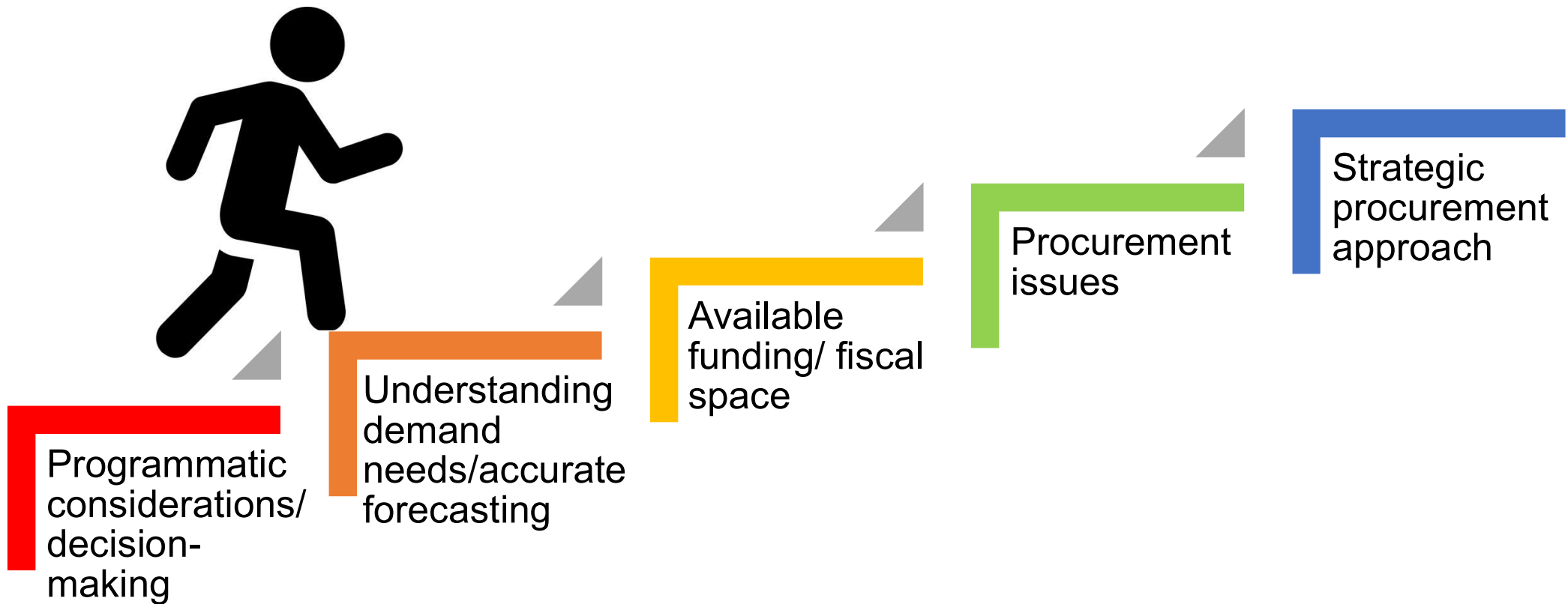
Andisheh Ghazieh
Contracts Manager
UNICEF Supply Division





Mentimeter quiz

Go to: [menti.com](https://www.menti.com) & enter code **9580 7868**



Some examples of key challenges

- ✓ **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 сзс 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)	<i>Оральная полиомиелитная вакцина (ОПВ)</i>	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 diphtherial-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 гепатита В и бактериального менингита (Пента)	0,69	Serum Institute	Индия	20,46	Dheer Healthcare Private Limited	Индия	19,77	30

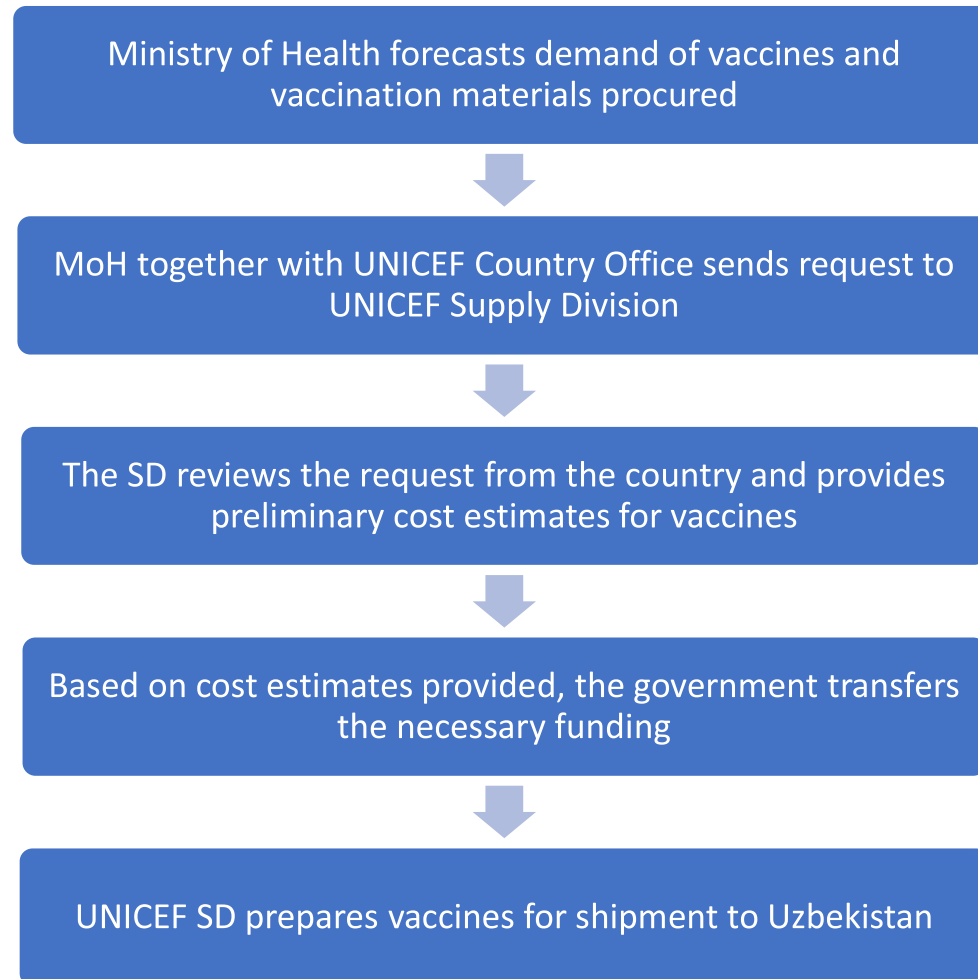
Mechanism for vaccine procurement in Uzbekistan

- 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.

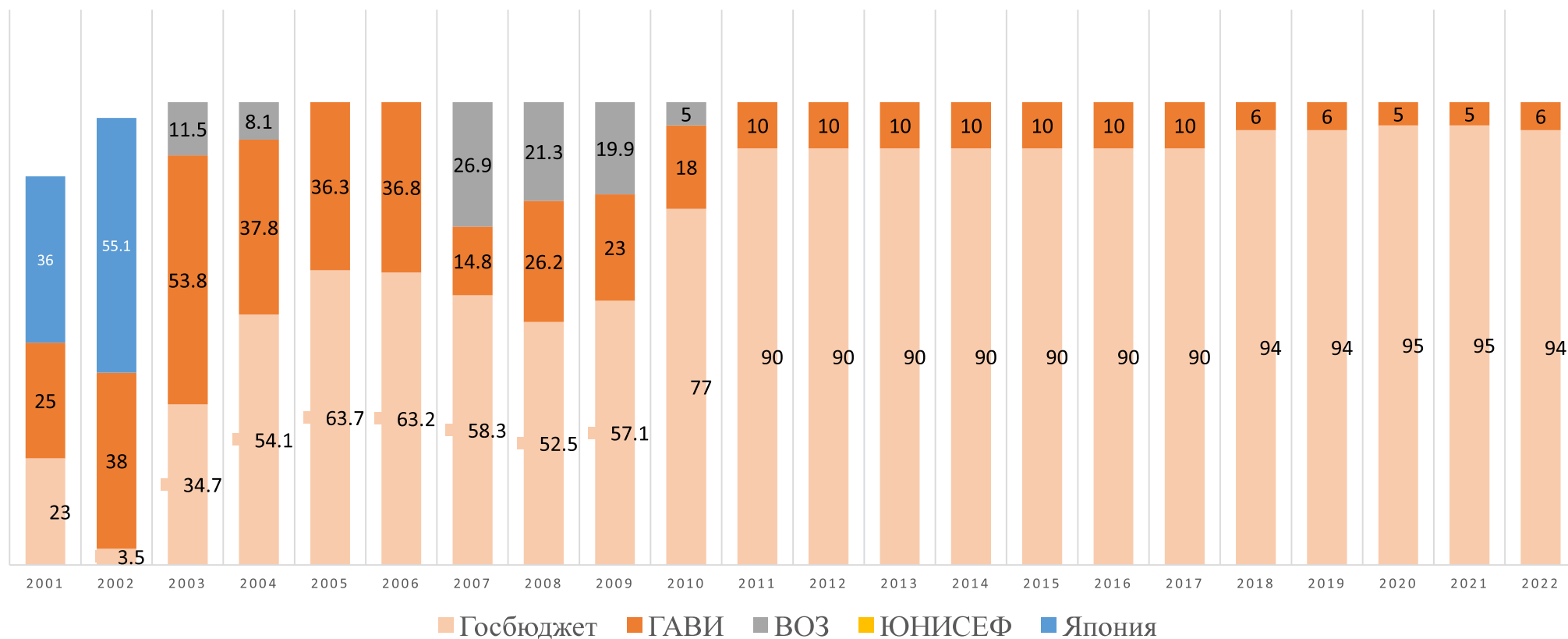
Purchase of vaccines and vaccination material



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!



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