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UNICEF Supply Division

Global Vaccines and Medicine Procurement Practitioners Exchange Forum (eV-MPPEF)

Final Report
6 and 7 December 2021

Introduction and Objectives

UNICEF works in over 190¹ countries and territories to protect every right of every child, supporting governments to achieve a situation where no child dies from a preventable cause and all children survive and thrive. To maximize results, UNICEF Supply Division partners with or acts as a procurement agency for over 100 countries as well as other organizations, procuring over 2 billion doses of vaccines for routine immunization and outbreak response annually in addition to US\$190 million in nutrition supplies and US\$140 million in pharmaceuticals on average per year.



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Strengthening national procurement systems involves addressing gaps in their different components, such as needs planning, forecasting, quantification, strategic procurement, financing, registration and legislation. Although, over the years, governments and the global health community have invested in improving the functionalities of essential medicine and vaccine procurement and supply management systems in Low- and Middle-Income Countries (LMICs), shortages of vaccines, medicine and related supplies are still happening globally.

To help address these gaps, UNICEF Supply Division has hosted the Vaccine Procurement Practitioners Exchange Forum (VPPEF) annually, since 2015. This event presents a unique opportunity for vaccine procurement practitioners from different countries and regions to network with and learn from peers, catalyzing the momentum for continuous future exchanges. To advance the objectives of the VPPEF, in 2016, UNICEF Supply Division established the Vaccine

Procurement Practitioners Network (VPPN), which today has more than 250 members from 79 countries.

Due to pandemic-related travel restrictions, the 2021 forum was held virtually for the first time ever. It was also the first Forum to bring together both vaccine and medicine procurement practitioners, given the strong professional overlap between them. The 2021 edition was therefore named the joint virtual Vaccines and Medicines Procurement Practitioners Forum (eV-MPPEF), taking place on 6–7 December.

The Forum engages and leverages collective knowledge from procurement practitioners supporting countries to strengthen their procurement processes. The Forum provides a unique venue for peer-to-peer cooperation among practitioners to exchange knowledge, practical experiences, challenges and best practices to collectively improve their procurement processes and ensure timely, sustainable access to affordable supplies.

The objectives of the Practitioners Forum are to:

- give health procurement practitioners the opportunity to share their experiences on the procurement of vaccines and medicine
- provide a global update on the COVID-19 response and discuss key challenges, achievements and mitigating strategies
- foster opportunities to engage with the Vaccine Procurement Practitioners Network (VPPN)
- provide guidance on strengthening procurement planning processes and financing with a focus on ensuring sustainable, timely access to affordable, quality-assured supplies
- share relevant resources and tools available to facilitate knowledge sharing of experiences and best practices

¹ [unicef.org/about](https://www.unicef.org/about)

Agenda and Summary of Activities

11:00 – 11.15 (15 min)	Welcome and introduction	Etleva Kadilli Director Supply Division, UNICEF
11.15 - 11.30 (15 min)	Objectives of the meeting, remarks, technical considerations and learning objectives	Jacqueline Enstone Learning and Development (L&D) Manager, UNICEF
11.30 – 12.15 (45 min)	Status of the current environment	All government participants
12.15 – 12.45 (30 min)	COVID-19 supply and logistics update, overview on supply availability and freight and logistics.	Ann Ottosen Senior Manager, UNICEF Akthem Fourati Chief, MNC, UNICEF Jean-Cedric Meeus Chief, Transport, UNICEF
15 minutes break		
13.00 – 13.45 (45 min)	Leveraging best practices learned from the COVID-19 response	Morocco Abdelkrim Tanouti Head of Administrative Department Mohammed Benazzouz EPI Manager Kazakhstan Indira Sadvakassova Act. Head of Department
13.45 – 14.00 (15 min)	Wrap-up of the day	Jacqueline Enstone L&D Manager, UNICEF

Day 2 – Parallel Sessions – Vaccines and Medicine
Tuesday 7 December [11 am – 2 pm CET]

Parallel session – VACCINES

11:00 – 11.15 (15 min)	Introduction of the day, learning objectives, technical considerations and agenda	Jacqueline Enstone Learning and Development (L&D) Manager, UNICEF
11:15 – 11.45 (30 min)	Regulatory, update, lessons learned from COVID-19 and opportunities	Olivier Christian Lapujade PQ/EUL Department of Regulation and Prequalification, WHO
15 minutes break		
12:00 – 13:15 (1hr 15 min)	Impacts of COVID-19 on routine and campaign immunization	Imran Mirza Health Specialist, UNICEF Bangladesh M. Jashim Khan Deputy Secretary Edouard Kamangaza Contracts Manager, UNICEF
13:15 – 13:45 (30 min)	Update on new initiatives	Loic Sanchez Supply Officer, UNICEF Heba Almohtaseb Head of procurement section/GPD Jordan Krista Hund Contracts Manager, UNICEF Dorthe Konradsen Monitoring Specialist, UNICEF
13.45 – 14.00 (15min)	Wrap-up of the day	Andrew Owain Jones Principal Adviser, UNICEF

Parallel session – MEDICINE

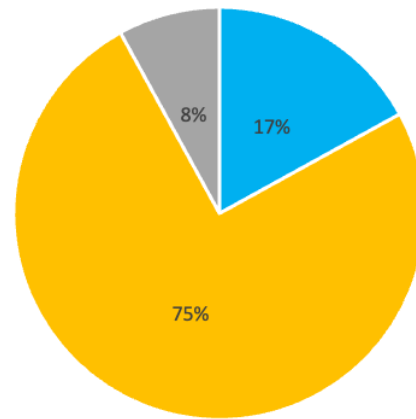
11:00 – 11:15 (15 min)	Welcome and introduction to the Medicine parallel session	Fabiana Biasini Learning and Development Specialist, UNICEF Akthem Fourati Chief, Medicines and Nutrition Centre, UNICEF
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11:15 – 11:55 (40 min)	Strategic Procurement of quality assured essential medicines	<p>Lars Erik Munck Senior Demand and Supply Manager – Amgros</p> <p>Paul Wiberg-Jørgensen Supply Chain, Amgros</p>
10 minutes break		
12.05 – 12.30 (25 min)	Global efforts in increasing access to patented products/ new molecules / COVID-19 therapeutics	<p>Esteban Burrone Head Policy and Advocacy (MPP)</p>
12:30 – 12:55 (25min)	Fast registration of medicines and its application in the pandemic	<p>Dorina Pirgari WHO EURO</p>
10 minutes break		
13.45- 14.00 (15min)	Wrap-up of the day	<p>Andrew Owain Jones Principal Adviser, UNICEF</p>
13.05 – 13.40 (35 min)	UNICEF Supply Chain Maturity Model-Applicability in optimizing the performance of pharmaceutical supply chains	<p>Manuel Celestino Lavayen Supply Chain Manager, UNICEF</p> <p>Tifenn Humbert WHO EURO</p> <p>Constantin Nedelea Pharmacist, Centre for Centralized Public Procurement in Healthcare, Moldova</p> <p>Kyrgyzstan</p>
13.40 – 13.45 (5 min)	Wrap-up	<p>Akthem Fourati Chief, Medicines and Nutrition Centre, UNICEF</p>
13.45 – (15 min)	Close	<p>Hanne Bak Pedersen Deputy Director Supply Programme, UNICEF</p> <p>Dr Natasha Azzopardi Muscat Director of the Division of Country Health Policies and Systems, WHO EURO</p>

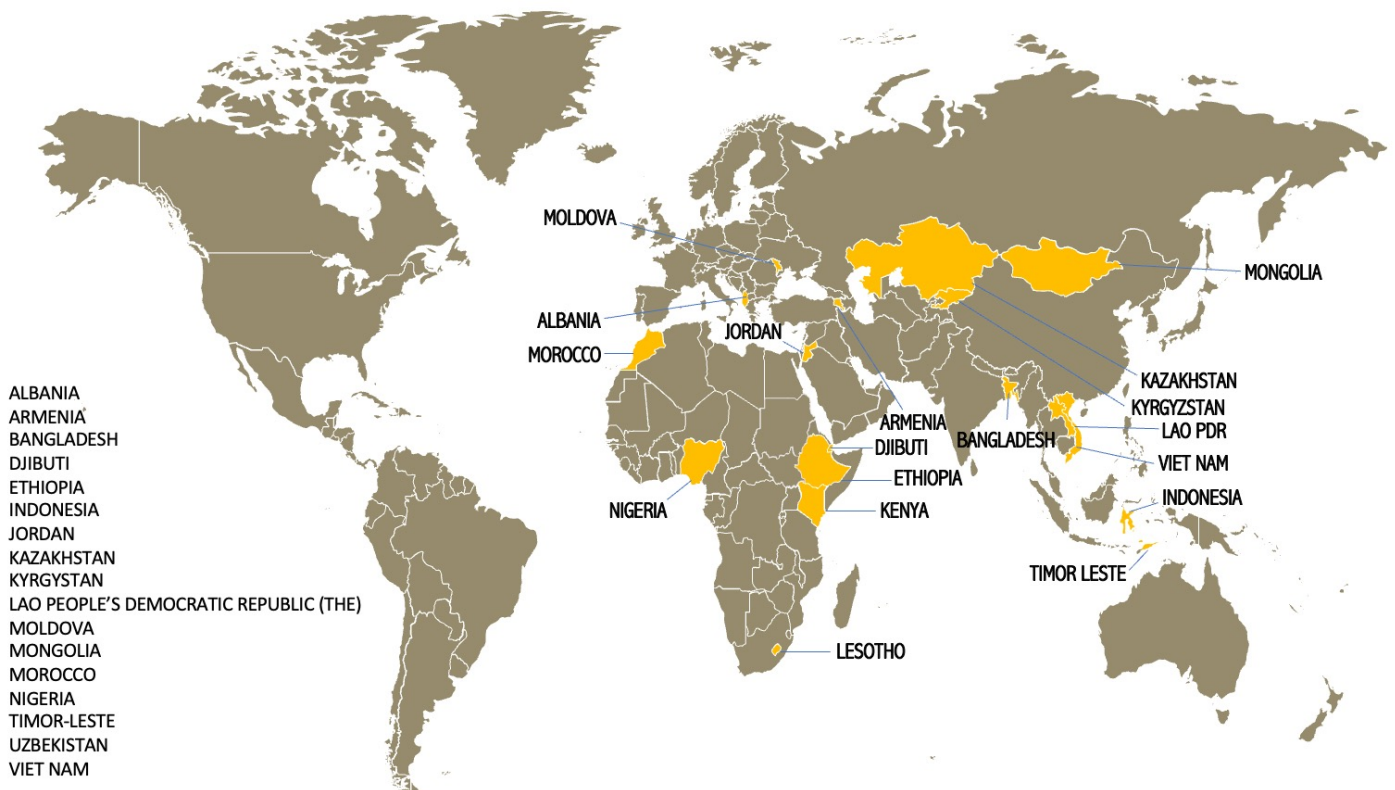
Participants

A total of 109 participants participated on either or both days. Participants included government and UNICEF Regional Offices representatives (75%), UNICEF staff from HQ (17%) and other partners (8%).

The figures below illustrate the participants breakdown across the days and sessions.



■ UNICEF HQ ■ GOVERNMENTS & UNICEF ROs ■ OTHER PARTNERS





State of the current environment (open discussion)

Countries are facing a double challenge. On the one hand, countries must respond to the COVID-19 pandemic. On the other hand, they need to maintain essential health services.

The following questions were drafted together with UNICEF Regional Office colleagues and were shared for reflection prior to the event with participants.

Could you describe the impact of the COVID-19 crisis on implementation of the immunization or medicine programmes in your country? Specifically, please consider this when looking at your government's: procurement activities, supply & in-country logistics, disruption stock out, service interruption (reaching vulnerable population...), adjustments to the planning,

contracting and forecasting (2022+);

What strategic adaptations have you put in place to ensure that limited public- and private-sector resources have been leveraged to maximize access to health systems (immunization programming and access to medicines)? What challenges has your country faced, and continues to face, during this pandemic crisis?

The open discussion revealed a high-quality knowledge exchange between government representatives, namely from Indonesia, Kazakhstan, Kyrgyzstan, Moldova, Morocco and Timor-Leste as well as from UNICEF East Asia and Pacific on the impact of COVID-19 on their procurement of vaccines and medicine as well as good practices to cope with the situation.

Participants shared some good examples of decisions taken to avoid essential health services disruption and to support access to COVID-19 medical products, including strategic adjustments to support service delivery.

The participants also highlighted the importance of close collaboration between supply units and health programming for pandemic preparedness, as well as the need for optimal coordination with all the stakeholders responding to COVID-19. Among others, policy/legislation adjustments (emergency procurement/simplified procedures) and appropriate forecasting and planning have been recognized as critical interventions to sustain the health system amid the emergency.

Participants also provided concrete examples of measures (described in the following paragraph) introduced to monitor irreducible stock, as well as context specific interventions established to reinforce local markets during the pandemic.

Country-specific contributions

Albania

The government representatives described the reallocation of the domestic budget and need-based readjustments implemented during the emergency. E-procurement has been very (s)low for a small country like Albania with a population of 3 million. Therefore, no distributor/manufacturer was interested in deploying the medical products there. However, thanks to the readjustment of the current law on public procurement, as well as the adoption of the emergency procedures for all the vaccine supply, including syringes, Albania succeeded in achieving timely procurement of medical products. This also helped informing the 2022 forecasting vaccination plan.

Indonesia

The government representatives described the vaccine rollout challenges for a country with a large territory and population size.

Kyrgyzstan

All drugs that are part of the COVID-19 treatment, as well as essential medicine, were included into a simplified process for public procurement,

including those not yet authorized by the country. The leverage of United Nations international mechanism was not possible in the early stage of the emergency as this option was not embodied in the national legislation. Instead, now there are specific rules introduced by the Government.

Moldova

All the WHO-prequalified vaccines have been procured by UNICEF at reasonable prices. Following the emergency declaration, the national immunization days had to be interrupted. However, as soon as all limitations were lifted, Moldova resumed immunization campaigns and all doctors received recommendations on how to continue vaccination programmes. This was established through a continuous dialogue with medical doctors at the community level (with UNICEF technical assistance).

Timor-Leste

The shipment of vaccine to Timor-Leste has been described as challenging; most vaccines are imported in the country and need special flights. The COVID-19 vaccine supply chain has been a problem, as the country was receiving only a single flight every two weeks. Thanks to support from UNICEF, the Ministry of Health and partners, Timor-Leste is reinforcing the supply chain using charter flights to speed up the vaccination campaign.

COVID-19 supply and logistics update, overview on supply availability and freight and logistics

Vaccines Market (Ann Ottosen)

The presenter provided an overview of the current vaccine market and how COVID-19 has impacted the supply and delivery of vaccines. From the onset of the pandemic, with the declaration by the WHO Director General in March 2020, UNICEF reported an immediate drop in the vaccine shipments to countries, down from seven shipments per day to around seven shipments per week². This drop was caused mostly by logistic challenges, such as flight disruptions, as well as by several countries being under lockdown. At the same time, the capacity of vaccine manufacturers was also impacted.

¹ <https://www.unicef.org/supply/stories/overcoming-covid-19-disruptions-transport-vaccines>

The sector faced a considerable backlog in the vaccine deliveries through most of 2020, with an estimated 11% lower delivery rate as compared to 2019 and 2018 (with some variations between specific vaccines). However, the effectiveness of the immunization campaigns in 2021 contributed to mitigate those impacts, with current forecast figures similar to those from 2019 levels.

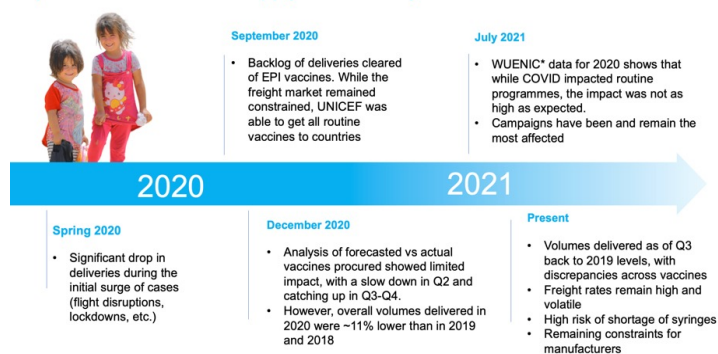
Constraints have been reported on the devices side as well, with shortages of vaccine injection devices due to the dramatic increase in the global demand for vaccines (including COVID-19 vaccines), as well as the internal competition within facilities to sustain their capacity. The same applies to several raw materials needed in the vaccine production industry.

In this context, UNICEF introduced a number of actions, in close collaboration with partners, manufacturers and governments, such as a statement jointly issued with WHO, providing guidance on the use of vaccines with shorter shelf-life and avoid any waste, including the acceptance of those dosages (liaising with national regulatory authorities) and instructions for their management at the country level.

Further constraints emerged in the global vaccines market, for example related to introduction of non-standard injection device required for the administration of the Pfizer vaccine. Another action undertaken was the guidance provided on the introduction of ultra-cold chain management of COVID-19 vaccines. In addition, health financing and excessive workload on healthcare workforce have been considered.

Medicine Market (Mr. Akthem Fourati)

Impact of COVID-19 on supply and delivery of vaccines



*WHO/UNICEF Estimates of National Immunization Coverage (WUENIC)

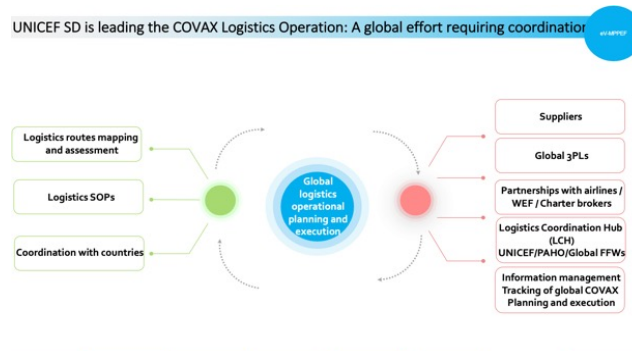
The medicine market has also been impacted by COVID-19 pandemic. Other than what has been presented for vaccines, which is equally applicable, the medicine market has been particularly solicited by the higher worldwide demand of pharmaceuticals involved in COVID-19 treatment. This includes, among others, medical products necessary in the intensive care units.

Changes on the programmatic side adapting to the emergency that increased the pharmaceutical demand have been also described. For example, the adoption of multiple dispensing of HIV treatment has surged the request for anti-retroviral products.

Several actions have been taken to support the pharmaceutical systems amid the pandemics, for example, the introduction of geographical differentiations of the suppliers' base to cope with logistic challenges following increased restrictions on mobility. Another example is the establishment of the strategic inventories in warehouses for the rapid deployment of medical products.

UNICEF also continues to work with partners to ensure accessibility and affordability of COVID-19 treatment. A specific case study has been described on desametaxone, with UNICEF establishing a strategic inventory for the product.

Logistics updates (Jean-Cedric Meeus)



The presentation provided useful insights on the dynamics of logistics amid the COVID-19 pandemic. In 2020, the biggest challenge was storage capacity, with the need to promptly identify warehouses to store medical products. In 2021, the challenge shifted to freight capacity, necessary to ensure timely delivery of medicine and vaccines.

A key factor in the improvement of logistics was the increasing number of partnerships, including those with the private sector. In particular, in 2020 UNICEF endorsed a relevant meeting with industry under the World Economic Forum agenda. During the event, participants discussed how to collaborate to effectively deliver vaccines, medicine and medical products. As a result of the meeting, the Humanitarian Airfreight Initiative was established and launched in February 2021, with the aim to support logistic operations amid pandemics.

Interventions to enable and optimize the supply chain included the reliable supply forecasts, as well as the fast tracking of pre-clearance on short notice at country level.

Leveraging best practices learned from the COVID-19 response

Representatives from both the governments of Morocco and Kazakhstan provided an overview of best practices the countries put in place to cope with the COVID-19 pandemic.

Representatives from Morocco described the impacts of pandemics in general on their health and immunization system. The government representatives discussed the mitigating actions taken, which included ensuring sufficient storage was available and enough syringes were procured, as well as securing adequate funding to sustain the health system and revising the forecast to allow for the impact that COVID-19 had on the immunization programming.

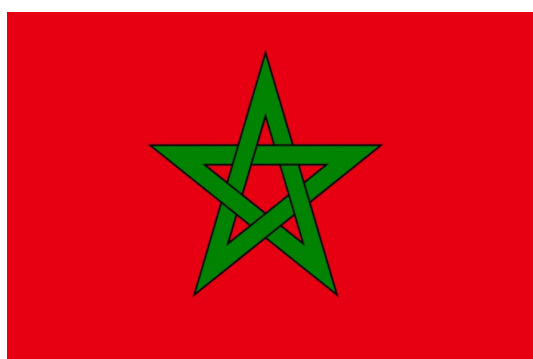
Support on progressive reduction of stocks for medicine and vaccines has been defined as critical for the optimization of the process. Special arrangements for personal protective equipment (PPE) such as masks and gloves have been introduced. Overall assessment of vaccines stock levels, including at the community level, and massive communication and awareness plan to encourage the population to get immunized have been adopted. Some examples of this outreach programming included immunization teams going door to door in villages, providing everyone with the opportunity to receive the vaccine as well as introducing TV advertisements in Arabic, French

and other local languages around the importance of vaccination. Facilitators of the immunization campaign were promptly trained, as part of a wider monitoring system put in place to evaluate the activities. Storage space was increased to cater for higher requirements for the COVID-19 vaccines.



Kazakhstan representatives also provided an overview of the impact of COVID-19 on their medical procurement/programming. In particular, government representative described how the pandemic challenges turned into a great opportunity for improvement in supply chain, leading to quick decisions to ensure procurement efficiencies.

A WHO staff member operating in Kazakhstan shared several interesting elements about the registration regulations that have been adjusted in the country to bring in medicine used in COVID-19 case management. Today in Kazakhstan, there are five free-of-charge COVID-19 vaccines available for citizens. The presentation also focused on the national production agenda, which includes a local vaccine production facility.



Day 2 - Vaccines

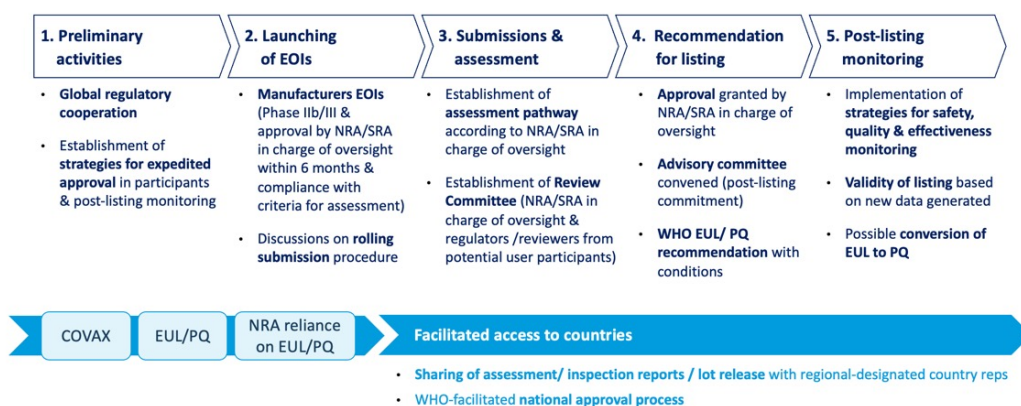
Regulatory, update, lessons learned from COVID-19 and opportunities (Oliver Lapujade)

This session focused on the Emergency Use Listing (EUL), a specific authorization procedure for emergency contexts developed to temporarily authorize vaccines and medicine based on a risk benefit assessment. Compared to the Pre-Qualification (PQ), the EUL accepts rolling review of data from the manufacturer and applies the reliance mechanism at any level of the process. This is a time-limited recommendation, with the understanding that the products will then become eligible for PQ.

at multiple outcomes. For example, with regards to in-use storage conditions and vaccine shelf-life, there is a scientific risk-based approach to determine the proposed shelf- life in the absence of real-time stability data on commercial batches. Consideration of platform stable data, prior knowledge from early clinical batches or statistical modelling may also be applied to forecast expiry of product.

Several post-listing monitoring activities are in place and the validity of listing is based on new data generated.

In-country expedited approval for use & post-listing monitoring: the WHO regulatory alignment roadmap*



During the ongoing COVID-19 Public Health Emergency, few COVID-19 vaccines have been eligible for the WHO EUL assessment. The in-country expedited approval for use and post-listing monitoring starts with preliminary activities, including a global regulatory cooperation among the involved parties. The second step is the inclusion of the product in an invitation to manufacturers to submit an expression of Interest for Product Evaluation (EOI). EOIs are issued by therapeutic area by WHO, following consultation with WHO disease programmes and/or clinical specialists. Following the submission, a review committee (national regulatory authorities, NRA/stringent regulatory authorities, SRA) in charge of oversight assesses the product. The assessment process adopted to evaluate the COVID-19 vaccines via EUL may look

This includes, among others, shipping validation to show evidence that the amount of dry ice used can maintain the temperature inside the shipping container at between - 80 degrees to - 60 degrees for 48 hours in case of international shipment.

Finally, the Post-EUL commitments (Updated data on the efficacy/effectiveness of the vaccine against disease caused by emerging SARS-CoV-2 variants of concern, ongoing efficacy/effectiveness data in different target population/co-morbidities) aim to evaluate the possible conversion of EUL to PQ for COVID-19 vaccines.

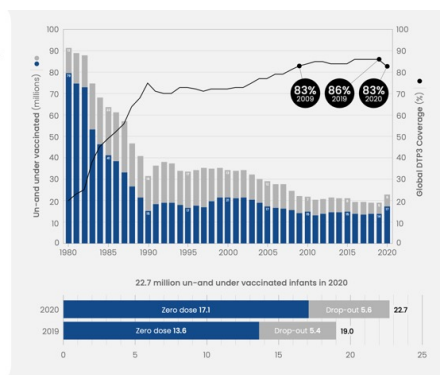
Impacts of COVID-19 on routine and campaign immunization (Imran Mirza, Jashim Khan and Edouard Kamangaza)

Looking at the global DTP³ coverage, the pandemic has led to the infant immunization coverage dropping to 83% in 2020 (vs 86% in 2019), leaving 3.7 million more children un-or under vaccinated, compared to the previous year. Data revealed that countries supported by Gavi, the Vaccine Alliance, (Gavi) experienced a larger setback than higher-income countries due to, among other reasons, the diversion of funds to support the emergency response. The pandemic not only affected routine immunization but also national vaccination campaigns, which have been cancelled or postponed due to multiple factors such as lockdowns, the infection rate among healthcare professionals, fear and hesitancy among communities in accessing the healthcare facilities as well as the cancellation of field activities in vaccination centres.

Infant immunization coverage dropped to 83% in 2020, leaving 3.7 million more children un-or under vaccinated than in 2019

Coverage of a third dose of vaccine protecting against diphtheria, tetanus, and pertussis (DTP-3) dropped to 83% in 2020, leaving 22.7 million children vulnerable to vaccine preventable diseases.

Coverage of the first dose of measles vaccine (MCV-1) dropped to 84% in 2020, the lowest level since 2010.



For example, Burkina Faso, Mozambique and Sierra Leone postponed HPV introduction to much later in 2020 than originally planned, and Zimbabwe postponed a joint IPV-HPV-VitA campaign. Overall, 64 immunization campaigns in 45 countries, including 26 in Africa, were postponed by the end of 2020, with an estimated target population of approximately 217 million affected by these delays, to sustain immunization activities globally, UNICEF proposed several urgent action items, among others:

- i) prioritizing vulnerable communities that have been already at higher risk pre-pandemic;
- ii) the reinforcement of the health information

system to monitor the vaccine rollouts as well as performance indicators;

iii) the mobilization of additional funds to cover extra costs related to routine and campaign immunization (e.g. extra due to higher demand for syringes or medical devices).

An important proposal included the optimization of the current COVID-19 vaccination campaign, which can be conducted with other routine immunization campaigns to maximize the benefits for the population⁴. A specific case study was provided on the Rotavirus vaccine, which UNICEF started to procure in 2011, currently accounting for 45% of the global volume procured, and eight per cent of global revenue. There are currently 3 manufacturers with 10 prequalified vaccines offering doses to Gavi-supported countries and LMICs.

During the pandemic, the Rotavirus immunization programming has experienced several challenges. Countries with limited cold chain capacity decided to delay shipments of routine vaccines, prioritizing COVID-19 vaccines. UNICEF intervened by splitting vaccine shipments to reduce the volumes acceptable for any given country to support it with storage capacity challenges. This was the case in Nepal, where the country recorded a backlog in vaccine storage due to the COVID-19 pandemic that had affected immunization activities. Ethiopia and Mozambique also had to delay receiving the Rotavirus vaccine shipments because they prioritized COVID-19 vaccine deliveries.

Another issue was related to the short shelf-life of the Rotavirus vaccines. As a result of export restrictions and freight forwarders constraints and due to longer storage time of vaccines at manufacturers' warehouses, the recommended shelf-life was shortened. Given supply disruptions at the manufacturer-level, countries with high risk of stockout were given priority for shipment. Shipment plans for the countries assigned to this manufacturer were revised jointly between UNICEF and governments.

³ <https://immunizationdata.who.int/pages/coverage/DTP.html?CODE=Global&ANTIGEN=DTPCV3>

⁴ Wang R, Liu M, Liu J. The Association between Influenza Vaccination and COVID-19 and Its Outcomes: A Systematic Review and Meta-Analysis of Observational Studies. *Vaccines (Basel)*. 2021 May 20;9(5):529.

UNICEF has also negotiated with some countries to accept vaccines with shorter shelf-life, and immediately utilize these vaccines once they were delivered in the country. Finally, the supply disruption also extended to the availability of vaccines, which was limited. To address this issue, UNICEF championed the utilization of charter flights to deliver vaccines where stockouts were pressing. Bangladesh representatives gave an example from their country, describing all the constraints in the routine and campaign immunization that affected it during the COVID-19 pandemic. These are mostly related to the interruption of field activities, because of either in-person vaccinations were cancelled due to lockdowns, or the increase of COVID-19 infections among healthcare professionals, or even fears of being infected in vaccine⁵ centres. In Bangladesh, vaccine hesitancy is not common. However, there is some reluctance against the vaccination campaign. The country has so far been able to re-establish pre-COVID-19 immunization rates, mainly at the community level. The country also successfully restored strong partnerships across the health sector.

Update on new initiatives (Loic Sanchez, Heba Almohetaseb, Krista Hund, Dorthe Konradsen)

A quick update on Vaccine Procurement Practitioners Exchange Forum (VPPEF) and Vaccine Procurement Practitioners Network (VPPN) was provided.

The VPPEF has been held annually since 2015. However, due to the pandemic, since 2020, this unique opportunity for vaccine procurement practitioners to exchange knowledge and good practices has been held virtually. In 2016, UNICEF developed the VPPN, which is an online platform where VPPEF participants can continue the discussion and access all the relevant materials.

Both activities, the Forum and the Network, indeed aim to foster peer-to-peer exchanges of vaccine procurement-related knowledge. Currently, there are 273 members representing 60 countries. For those wishing to participate, the first step is to create a personal profile on TechNet-21; TechNet-21 members can then apply to become a member of the VPPN community.

The platform provides a wealth of relevant information, including an archive, videos from previous webinars, events and many other sessions. UNICEF is currently running an assessment of VPPEF and VPPN to identify their main achievements to date and the impact of these capacity building initiatives on countries procurement capacities. UNICEF will review the recommendations received and will keep the Community of Practice (CoP) informed of the next steps.

VPPN Knowledge Base The new VPPN Group Site was launched on 16 January 2020 on [TechNet-21.org](https://www.technet-21.org)

Announcements	Timeline	About us	Members	Discussions	Country Profiles	Library	Themes	Videos	Events	Albums
Key messages broadcasted to all members.	VPPN's own Facebook page. All the latest postings on the network.	Background information on the VPPN - its history, purpose, values, and partners.	A very important page! Connect with other members - search, chat, email privately.	This is a core knowledge sharing area for our community of practice. All previous VPPN Discussions are archived here.	Information on VPPN country members, data & statistics, related discussions and relevant resources.	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.)	Content searchable by key themes/ topics.	Catalogue of video presentations, including the Zoom recordings of the 2020 Knowledge Sharing Sessions/ Webinars.	VPPEFs, Workshops, events posted by members.	Catalogue of photos.

⁵ Escandón K, Rasmussen AL, Bogoch II, et al. COVID-19 false dichotomies and a comprehensive review of the evidence regarding public health, COVID-19 symptomatology, SARS-CoV-2 transmission, mask wearing, and reinfection. *BMC Infect Dis.* 2021;21(1):710. Published 2021 Jul 27. doi:10.1186/s12879-021-06357-4

Ms. Heba Almohtaseb, representative of the Government of Jordan, is an active member of the VPPN. She provided country-specific insights on procurement efficiencies generated by exchanging knowledge through the VPPN. In particular, she gave an overview of the Knowledge Strategy Advisory Group (KSAG) initiative, which provides VPPN participants with the opportunity to improve vaccine procurement outcomes.

UNICEF also provided an overview of the Strategic Vaccine Procurement Assessment Toolbox⁶, which is a standardized methodology for governments to assess their own national vaccine procurement processes, targeted for vaccine procurement practitioners, ministries of health (MoH) staff, UNICEF staff, and partners. A webinar on the tool is also available on the VPPN platform. UNICEF will shortly launch in the Q2 2022 an online five-hour course on strategic vaccine procurement (currently under development), which will provide an overview of key procurement processes, supporting governments and partners to strengthen their strategic vaccine procurement approach.

UNICEF and WHO have also developed the Next Generation SMT (Stock Management Tool)⁷, which has converted the Excel-based tool into an online application that is expected to be ready for the global roll-out in Q1 2022 (pilots ongoing in three countries). The SMT is a free, user-friendly tool that includes key performance indicators to help monitor the stock management of vaccines and associated supplies at multiple levels of the supply chain.

Day 1 sessions witnessed high-quality knowledge exchange between government representatives, partners and UNICEF staff; those discussions tackled the impact of COVID-19 on procurement of vaccines and medicines and good practices to cope with the situation.

In particular, participants presented country-specific decisions taken to avoid essential health services disruption and to support access to COVID-19 medical products as well as strategic adjustments to support service delivery. Among others, these include the importance of close

collaboration between supply units and health programming for pandemic preparedness; policy/legislation adjustments (emergency procurement/simplified procedures); appropriate forecasting and planning like the review of safety stock for key health supplies as well as the development of local markets for a number of health supplies requested during the pandemic.

Day 2 - Medicine

The overall objective of day 2 medicine parallel session was to provide an opportunity to health procurement practitioners to share experiences on medicine procurement especially during the COVID-19 pandemic. The session focused on a global update on the COVID-19 responses and discussions on Key Challenges, achievements, and mitigating strategies from countries.

Organizations and countries participants were expected to provide guidance on strengthening procurement planning processes and financing to ensuring sustainable, timely access to affordable and quality assured supplies. UNICEF and WHO shared resources and tools available for support countries for assessing the procurement and supply system of medical product. Moldova and Kyrgyzstan shared their experience in using these tools.

Strategic Procurement of quality Assured essential medicines, AMGROS, Lars Erik Munck & Paul Wiberg-Jørgensen

AMGROS established 1990 as a procurement body plays a key role to ensure availability of medicines in the Danish public health system. They do this by organizing and conducting tendering procedures and procurement that creates economy and savings. In 2020 the cost saving amount was approx.

⁶ <https://www.unicef.org/supply/strategic-vaccine-procurement-assessment-toolbox>

⁷ <https://www.unicef.org/supply/introducing-vaccine-stock-management-tool-smt>

DKK 6 bn and this surplus amount is paid back to the regions every year. To ensure availability of medicines in the Danish healthcare system both Primary care and Secondary Care, AMGROS in 2020, increased the stock level from 3 to 6 months. They also organized tenders to secure diversity in supply by awarding contracts from 3 months to 36 months with fixed prices during contract period. The Increase of safety stock levels in the country during the pandemic has reduced significantly backorders.

To achieve these results AMGROS uses to monitor and follow up on supplier performance, as well as providing accurate estimates to improve supply security. AMGROS also ensures transparency and communication in the supply chain to tackle issues that arise. Their strategy considers also International Cooperation with Nordic Pharmaceutical Forum and European cooperation organizations.

Global efforts in increasing access to patented products/new molecules/covid therapeutics, (Medicine Patent Pool) Estaban Burrone

As a Case study on License on HIV treatment with Dolutegravir, over 350 million packs of TLD and DTG have been supplied in 117 countries and also 11 companies are ready to supply quality assured product.

MPP has negotiated voluntary licenses to access patented COVID-19 treatments for Molnupiravir (Merck/MSD) and PF-07321332(Pfizer) that will enable a large number of LMICs to benefit from access to quality assured generics. The MPP fully transparent License process has resulted in the impact on the public health system:

Fast registration of medicines and its application in the pandemic, WHO EURO, Dorina Pirgari

This session presented by Dr Dorina from WHO EURO, aims to provide to participants an overview on how to fasten registration of medicines especially during the pandemic. First, the medicines registration process as compared to the reality is not optimized from the manufacturers to NRA and approved products.



Based on impact methodology from: *The Lancet Public Health*, 2021 - [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(21\)00202-4/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(21)00202-4/fulltext)

The Medicine Patent Pool, established in 2010 which role was to accelerate access to new HIV medicines in LMICS by facilitating the development of new formulations needed in developing countries has expanded his work to hepatitis C, Tuberculosis in 2016, other patented essential medicines in 2018 and now COVID-19 medicines. MPP model work to enable multiple manufacturers to supply in LIMICs before patent expiry, facilitating competition, price reductions, and supply security.

WHO pre-qualification team and National regulatory authorities have worked on a collaborative procedure in the assessment and accelerated national registration of WHO prequalified pharmaceuticals products and vaccines.

During the COVID-19 pandemic, special authorization for use of the WHO Emergency Use Listing has been granted to countries when the product meets the criteria:

- The disease for which the product is intended is serious or immediately life threatening, has the potential of causing an outbreak, epidemic or pandemic and it is reasonable to consider the product for an EUL assessment, e.g., there are no licensed products for the indication or for a critical subpopulation (e.g., children);
- Existing products have not been successful in eradicating the disease or preventing outbreaks (in the case of vaccines and medicines);
- The product is manufactured in compliance with current Good Manufacturing Practices (GMP) in the case of medicines and vaccines and under a functional Quality Management System (QMS) in the case of IVDs; and
- The applicant undertakes to complete the development of the product (validation and verification of the product in the case of IVDs) and apply for WHO prequalification once the product is licensed.

At the end the aim of the special authorization to use WHO PQ EUL is to try to obtain the fastest and robust emergency/ Special authorization for use in countries and avoid any duplication or unnecessary steps that could delay the process. The Drug Administration of Vietnam represented by Dr Gudima Lima shared their experience on the overview on the timeline of vaccines approval by acting on the aspects of the registration process (submission, Taxes, time frame and type of evaluation).

UNICEF supply Chain Maturity Model-Applicability in optimizing the performance of pharmaceuticals supply chain, Manuel Lavayen (Unicef), Tifenn Humbert (WHO EURO)

The objective of the session was to share relevant resources and tools available for countries support and hear from their experiences. As presented UNICEF supply Chain maturity model is of full advantages for countries in the optimization of their pharmaceuticals supply chain. The model has the added value below:

- Identifies strengths, gaps and priorities of national supply chain system
- Evidence-based roadmaps and grant proposals to strengthen supply chains
- Informs government's response plan

- Co-ordination WHO, UNICEF and other partners
- Monitoring and evaluation framework to track progress from all deployed interventions
- Complement in more-in-depth assessments.

Modolva and Kyrgyzstan countries shared their experiences in using the tool.

Modolva, Constantin Nedelea



Moldova experience was how to overcome challenges and improving procurement and Supply chain Management, experience from COVID-19. It is noted that they faced challenges such as multiple logistical difficulties, disruptions of supply chains, procurement of Anti COVID-19 vaccines directly from manufacturers. The solutions to tackle these issues were decentralization, Government approval of the regulation on public procurement of needs for prevention and control of COVID-19 infection, open tender reduced from 3 to 1 month. The quantification of needs, the implementation of framework agreement, payment in advance allowed, negotiation of contract clause with manufacturers; procurement of Air transport service have also been the key steps in the solution from Modolva.

Kyrgyzstan, Saltanat moldoisaeva & Mariyam Djankorozova



Kyrgyzstan shared their experience in using UNICEF Tool for assessing the procurement and supply system of medical products. The tool provides an overview of the process of initiation and assessment and focus on list of Essential Drugs. They faced some challenges but focused on the advantages of the tool that can be valuable in structuring the system of procurement and supply, detecting and identifying the gaps and bottlenecks in PSM and an excellent guide for the development of the strategy of PSM.

It was a productive two-day workshop, with lots of engaging conversations among all the countries that participated in the first edition of the joint Vaccine and Medicine Procurement Practitioners Exchange Forum hosted by UNICEF Supply Division, in collaboration with partners. While conversations from day 1 were focused on providing an overview of the current health systems environment in the midst of the COVID19 pandemic, day 2 focused more on the current situation with a focus on improving immunization programming and procurement efficiencies for medicines and vaccines.

Communication and Dissemination

- Position eVMPPEF as the the first-ever joint Forum for vaccine and medicine procurement practitioners.
- Opportunity to showcase best practices, policy and advocacy solutions adopted amid the pandemic emergency to support routine and immunization campaign.



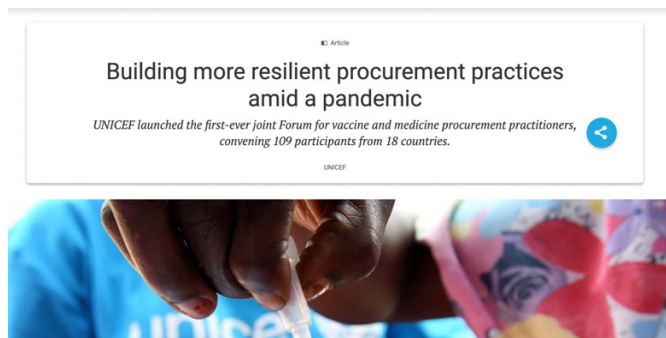
Eva Kadilli
@EvaUNICEF

The first ever online joint Vaccine and Medicine Procurement Practitioners Exchange Forum just kicked off at @UNICEFSupply! @UNICEF is convening 21 countries to discuss the impact of #COVID19 on their procurement practices.



UNICEF e UNICEF Supply Division

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Available at: <https://www.unicef.org/supply/stories/building-more-resilient-procurement-practices-amid-pandemic>

Lessons Learned and Future Steps

Resilience and adaptation to support routine and immunization campaigns

Despite the evidence that immunization activities were postponed or halted in the second half of the fiscal year 2020, they mostly restarted in 2021. The fear of contracting COVID-19, lack of transportation, healthcare staffing shortages, and a host of other pandemic-related challenges contributed to low patient turnout. Adaptation actions have been identified to mitigate impacts of diminished vaccination delivery and campaigns. These include, among others, the adoption of emergency mechanisms to effectively procure vaccines and medicines as well as the introduction of country-specific policies to improve the health system resilience. These lessons learnt could be applicable also to potential new COVID-19 waves/other emergencies.

Next steps

UNICEF commitment to work with governments and partners continues through Vaccine Procurement Practitioners Exchange Forum (VPPEF) and Vaccine Procurement Practitioners Network (VPPN), online platforms to foster peer-to-peer exchanges of vaccine procurement related knowledge. Indeed, new exciting upcoming online courses have been presented, as well as an overview of the Strategic Vaccine Procurement Assessment Toolbox. We are also optimistic that future events and courses could be arranged in presence.