



UNICEF Perspective and Priorities

*PATH/UNICEF/WHO Workshop on
Innovative Solutions for Vaccine
Supply and Distribution*

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Outline of presentation

- Background on UNICEF vaccine procurement
- Update on UNICEF bar coding
- Environmental management/sustainable procurement
- CTC & DPCP
- Update on Vaccine Arrival Reports

UNICEF has a key role in Vaccine Procurement and procuring Immunization Supplies on behalf of around 100 Countries annually



2016

Vaccines Supplies: US\$ 1.64 billion

2.50
billion doses

2,613
shipments

Immunization Supplies

Vaccines

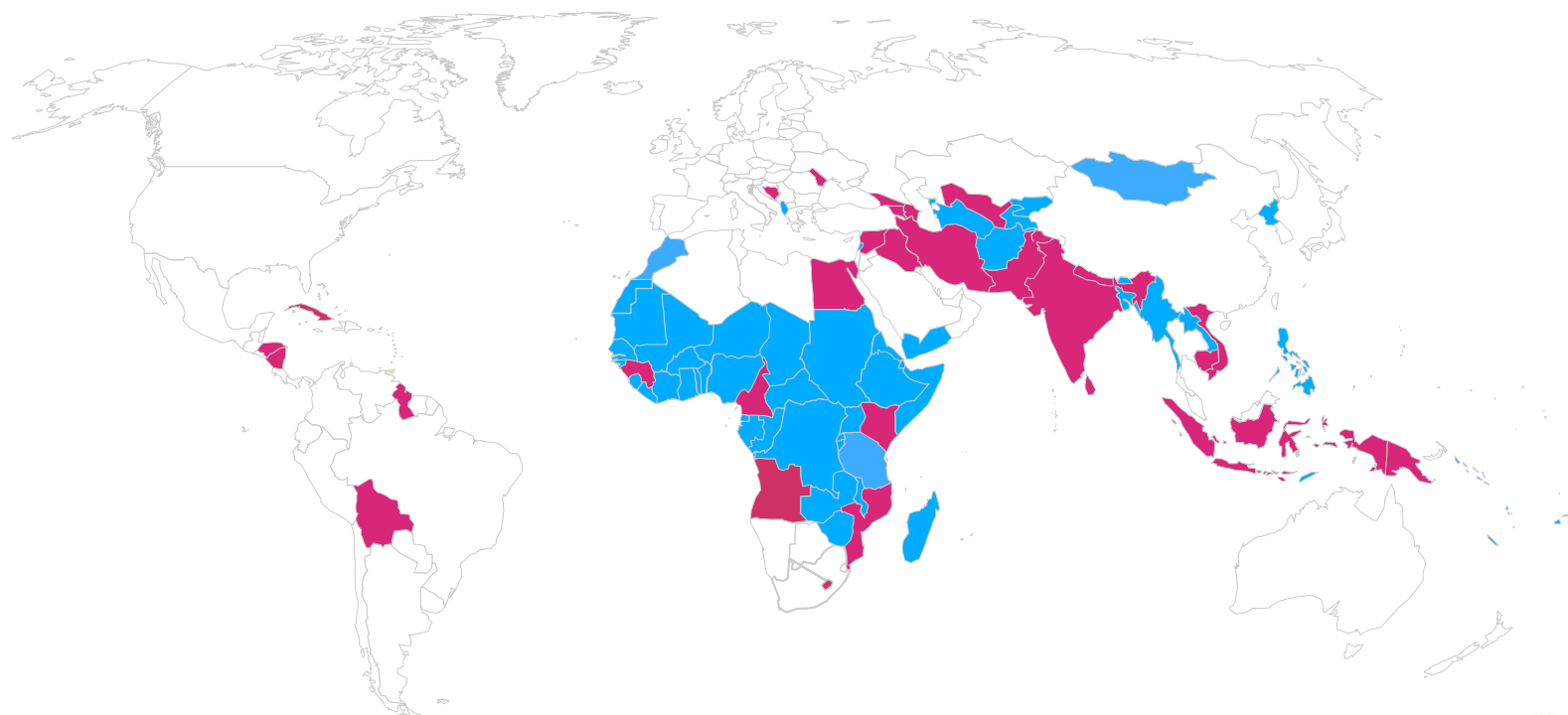
Polio, DTP, TT/Td/DT, Measles
containing, OPV, HepB, YF, DTP-
aP-B-Hib, Meningitis, PCV, RV,
MM, HPV, etc.

Safe Injection equipment

Cold Chain Equipment

Countries UNICEF
procures on behalf of

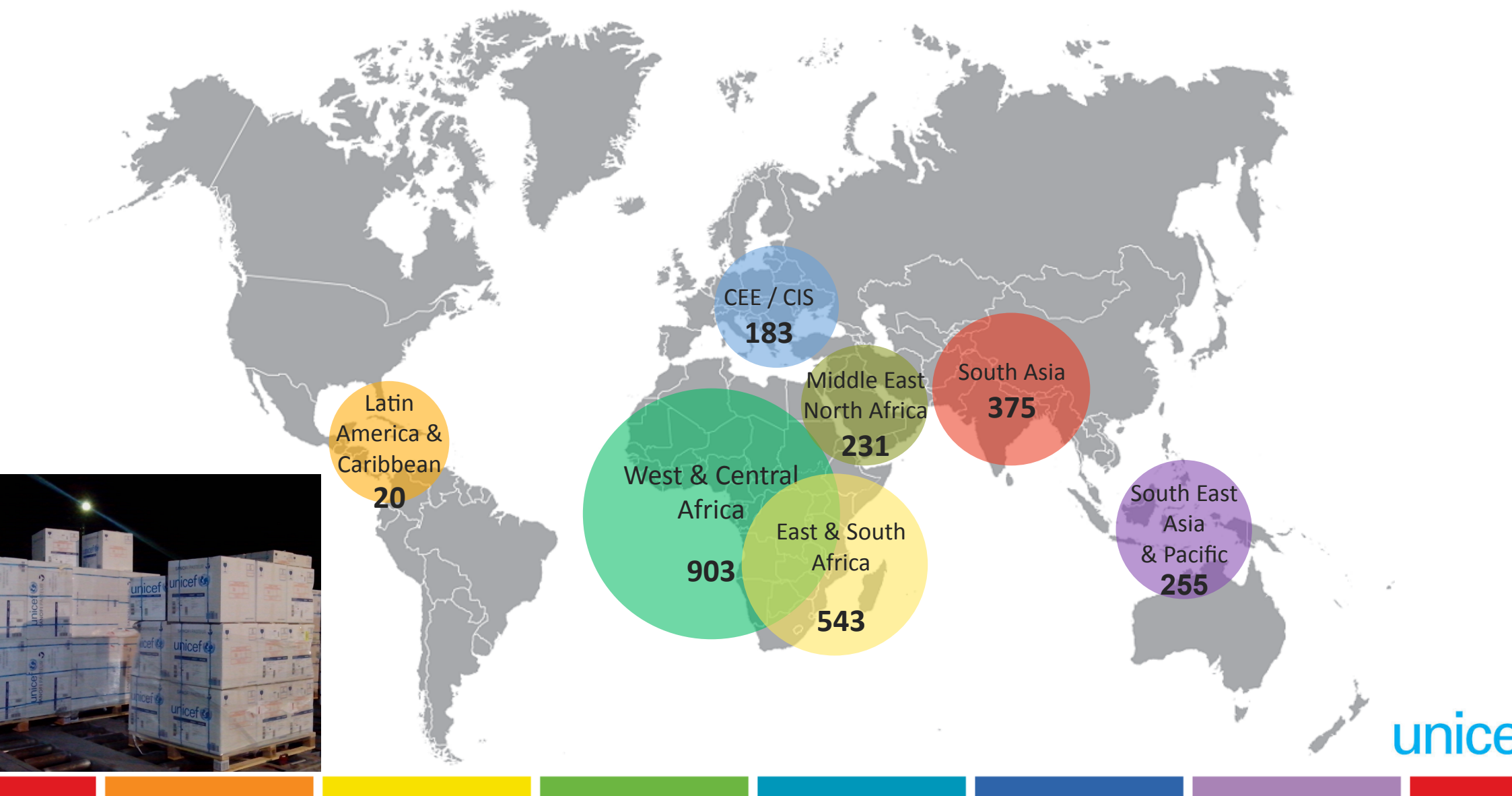
Full schedule
Partial schedule



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Source: UNICEF Supply Division

Delivering Vaccines to Children in Need goes beyond delivery to Port of Entry



Bar coding.....

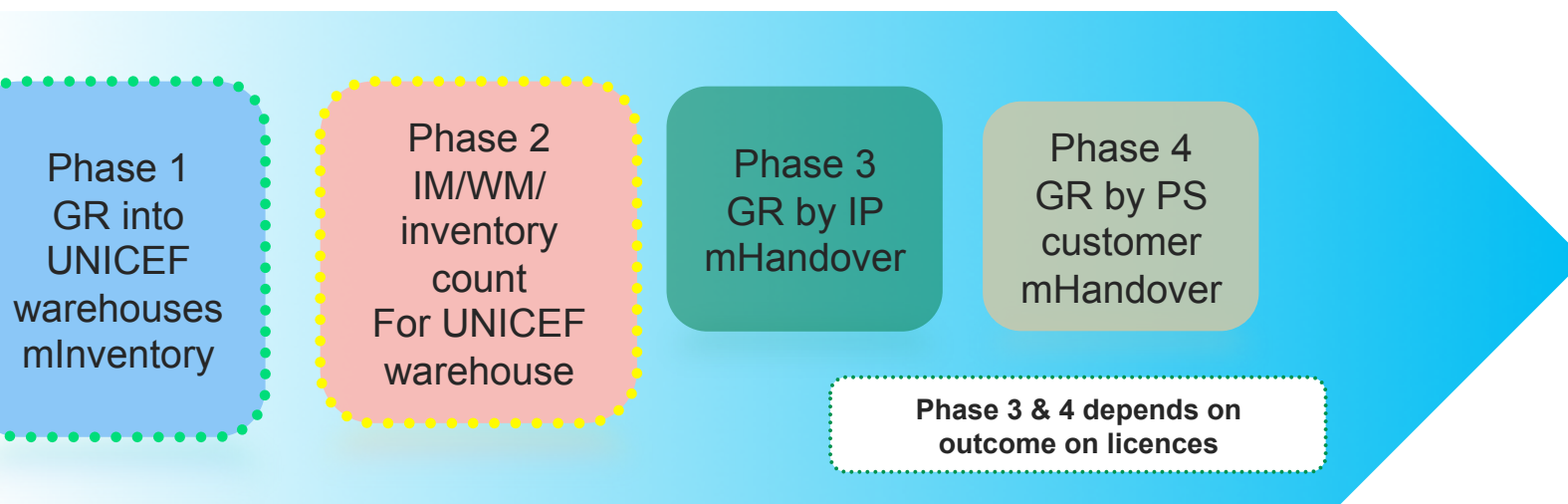
4.2.9 LABELLING AND BAR CODING

Labelling and bar coding are included in WHO's guideline "Assessing the programmatic suitability of vaccines considered for WHO prequalification" as preferred vaccine characteristics.

Programmatic preference for Labels and Barcodes are:

- Labelling: Primary and secondary containers should be labelled according to the principles set out in TRS 996, Annex 2.
- Bar Coding: Bar codes are recommended on all packaging levels used by manufacturers, with the exception of primary packaging, and should conform to GS1 standards. The bar codes should include Global Trade Item Number (GTIN), lot number and expiry date.

Update on UNICEF Barcoding project



Next steps

UNICEF may reach out to vaccine in 2018 to understand the feasibility of adding barcodes to export boxes

mInventory successfully piloted in **Nepal**, Haiti and Uganda in 2016

Up-grade of mInventory implemented April 2017

Fourth pilot country office warehouse: Sierra Leone March 2017

First pilot Supply Division warehouse Hub: Dubai April 2017

Challenges for GS1

- UNICEF material number
- PO and line item number
- UNICEF kits
- Inventory management

new project for UNICEF to conduct a thorough cost and impact analysis and recommendations for adopting GS1 standard in UNICEF.

Move towards a more sustainable procurement (SP) approach encouraging product innovations that reduce the overall carbon footprint and waste disposal requirement.

The Joint UN Agencies
Statement of Intent 'Move
towards a more sustainable
procurement approach
encouraging product innovations
that reduce the overall carbon
footprint and waste disposal
requirement'

Engaging with suppliers and manufacturers to promote environmental and socially responsible procurement of health commodities

Statement of Intent

Recognizing the importance of "leading-by-example" as UN and International health development agencies and other organizations that are engaged with procurement of health commodities in the development sector ("the Signatories") in enacting policies and practices that promote sustainable development;

Cognizant of existing international agreements, declarations, and commitments that reaffirm the above¹;

Understanding that procurement can contribute to sustainable development, particularly where it promotes responsible consumption and production patterns, as called for in Sustainable Development Goal 12, and where it positively influences the application of environmental and social standards to products and services², including in the health sector;

Aware that in leveraging our collective positioning and purchasing power in the International health development sector, we can help advance environmental and socially responsible procurement principles and practices, including through our engagement with suppliers and manufacturers of health commodities;

Mindful that such engagement is part of our collective commitment to ensuring environmental and social responsibility of our own procurement practices;

We, the undersigned Signatories, agree to align our approach to engagement and communication with suppliers and manufacturers of health commodities in our efforts to collectively advance environmental and socially responsible procurement;

The approach we will take to this engagement will:

- Take into account compliance by manufacturers with applicable national and international legislation and regulations addressing environmental issues associated with manufacturing;
- Be supportive of wider principles of value for money and effective competition based on equal treatment, transparency and accountability;
- Balance important environmental, social, health, and economic priorities;
- Recognize the different mandates of the Signatories, and opportunities for engagement with suppliers and manufacturers available to each;
- Build upon existing good practice, including relevant ongoing interagency efforts to advance environmental and socially responsible procurement.³

We further agree to make efforts to reflect this common commitment to advancing environmental and social responsibility as part of our engagement with suppliers and manufacturers in our respective, related institutional (or organizational) strategies and policies, as applicable.

¹ For example in Agenda 21, the outcome document of RIO+20 "The Future We Want", the Millennium Development Goals Sustainable Development Goals, and in other related commitments such as the ILO Declaration on Fundamental Principles and Rights at Work, as well as in other protocols for the protection of the environment, such as the Basel, Stockholm, Montreal and Minamata Conventions and Kyoto Protocol.

² Recommendation # 28 in the United Nations Secretary-General's High-Level Panel of Global Sustainability (2012), *Resilient People, Resilient Planet: A future worth choosing*. New York: United Nations.

³ For example: Greening the Blue and the UNSG's wider initiative on Moving forward to a Carbon Neutral UN; The HCOM Procurement Network Statement on Sustainable Procurement; Interagency efforts underway as part of the UN Environmental Management Group (EMG); work being carried out within the Informal Interagency Task Team on Sustainable Procurement in the Health Sector (IATT-SPHS); etc.

Launched in Geneva on 7th December 2016,

Dr Margaret Chan
Director-General
WHO

Dr Mark Dybul
Executive Director
The Global Fund

Mr Erik Solheim
Head
UN Environment

Mr Anthony Lake
Executive Director
UNICEF

Ms Grete Faremo
Executive Director
UNOPS

Dr Seth Berkley
Chief Executive Officer
GAVI

Ms Helen Clark
Administrator
UNDP

Dr Babatunde Osotimehin
Executive Director
UNFPA

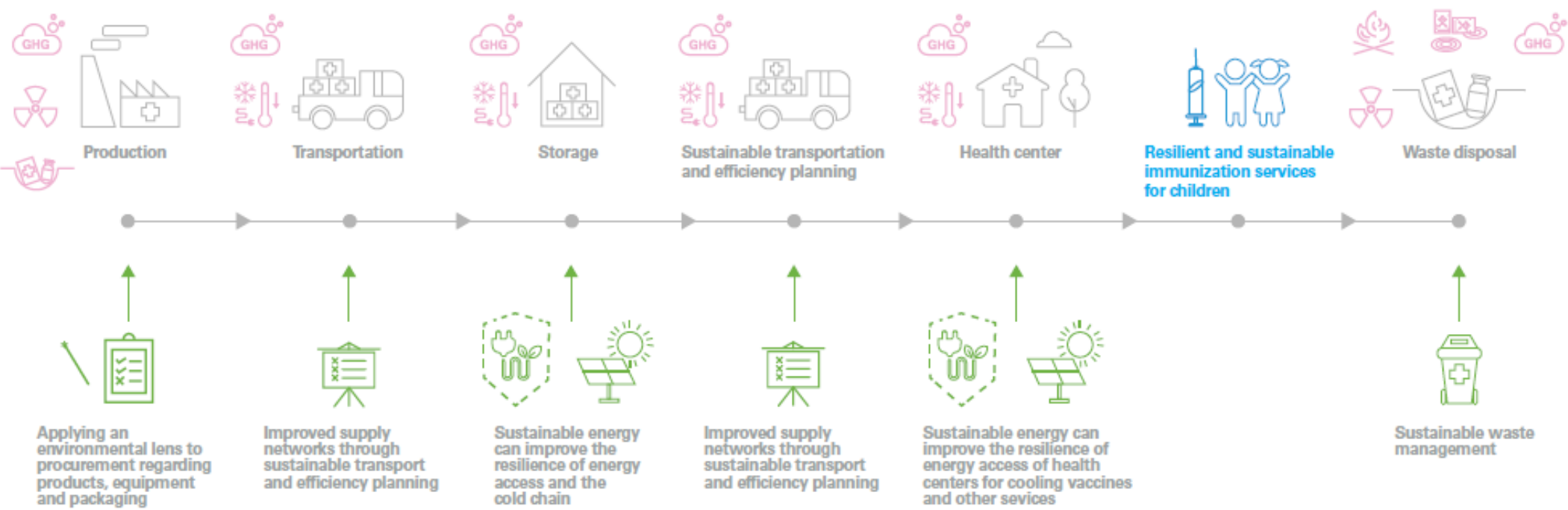
Mr Lello Marmora
Executive Director
UNITAID

Environmental management/sustainable procurement

ESM entry points in the life cycle of a vaccine



Integrating environmental sustainability management (ESM) in the vaccination programme



Move towards a more sustainable procurement (SP) approach within Safe Injection Equipment - encouraging product innovations that reduce the overall carbon footprint and waste disposal requirement.

UNICEF shipped over 30,000m³ (5,500 tons) of SIE in 2016, generating contaminated waste, requiring disposal.

In the next tender round, the intent is to focus on multiple elements crossing the 3 pillars (Environmental, Economic, Social) of SP and extending along the supply chain, including

- Influencing Industry's Sustainable Procurement Policy: Continue driving for green manufacturing (QMS) and address social SP elements through requiring industry to report on such;
- Implementation of Sustainable Procurement Criteria within the Tender activity, including SP elements in the tender evaluation (Weight, Volume, Local manufacturing); GTC requirements
- Internal process: introduce step one of e-tendering through switching from Paper based to Electronic bid submissions.

Leveraging the procurement function to reduce the resultant waste generated.

Target: 20 percent of awards made to new Local Manufacturers by 2021

- (i) stimulate local production facilities to reach the required quality standards and**
- (ii) to grow local production.**

Commitment To Equity

For UNICEF, **equity** means that all children have an opportunity to survive, develop, and reach their full potential without bias or favoritism

Wherever the poorest children are... wherever the most vulnerable children are... wherever the forgotten children are... that is where we must also be—in even greater measure.

Anthony Lake, UNICEF *Executive Director*



UNICEF see both CTC and DPC as essential work to reach the 5th child

UNICEF's Role in promoting Vaccine Formulations with potential to support closing the Equity Gap

Vaccines in Controlled Temperature Chain

- Increasing country awareness and demand:
 - Communication to +100 countries in UNICEF's annual forecasting letter 2017
 - Requesting indications of interest to apply CTC and switch – fully or partially - to vaccines approved for CTC once available through UNICEF
 - Support documentation, advocacy with national governments, communication and social mobilization and in-country implementation
- Stimulating the supply side:
 - In line with vaccine and immunization strategy focus, to encourage manufacturers to pursue CTC indication – potentially consider pull mechanisms
 - Include and consider CTC as an evaluation criteria in UNICEF tenders starting 2017 for suitable vaccines

CTC has the potential to reduce logistics costs at lower levels and increase vaccine reach and coverage – requiring a total systems costs approach beyond vaccine prices

UNICEF's Role in promoting Vaccine Presentations with potential to support closing the Equity Gap

Vaccine Product Presentations

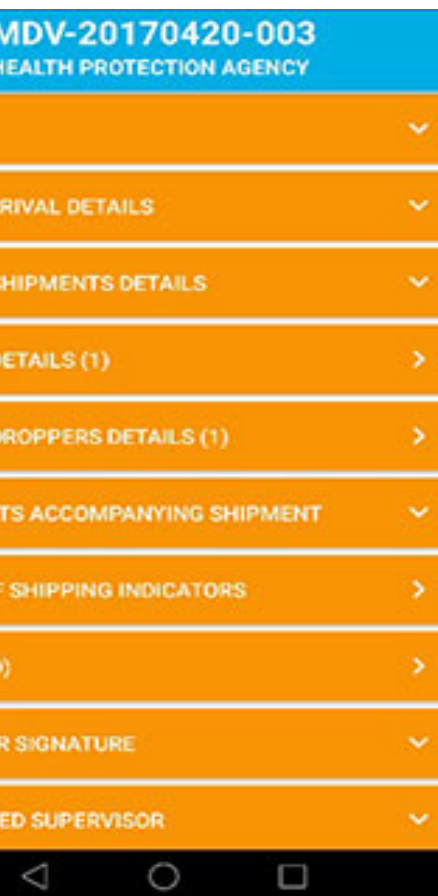
- Developing country preferences for vial sizes:
 - Historically: Multi-dose vials used in developing countries
 - New vaccines, early product life cycle: Single or low MDVs (penta: 1+2 ds, PCV: 1+2 ds)
 - Over time: Countries switching to larger vial sizes (penta: 10 dose; PCV: 4 dose)
 - Lowest cost per dose, easing burden on supply and logistics, including cold chain due to reduced per dose volume, maximizing production output
- Moving cost-efficiency from decision maker to health care worker:
 - Hesitancy to open large vial of expensive vaccine to reduce wastage in RI? Risks of suboptimal coverage, delayed immunizations; and drop outs. Smaller vial sizes – reduced risk of AEFI?
 - Improved data required on the effects of dose per container choices on key elements of immunization programmes - case studies in progress
- Through Dose Per Container Partnership better guidance to countries and industry; requesting guidance from countries on preferred presentation beyond those available

Optimal vial size – or mix of vial sizes? – depends on setting of each immunization activity and has potential to improve health impact

Some issues that may have links with TSE

- Focus more on the customer - (the customer is not necessarily the one who pays for products but who ultimately uses them) - go and meet them and have them input in product design!
- EPI managers have become more informed and need to be responded to - they are your market influencers and need more choice!
- Designing more pro-grammatically suitable vaccines needs an understanding of the front line health workers, beneficiaries and the PHC context in which vaccines are delivered (also urban / rural and fixed site / outreach / mobile delivery all have specific needs that may need different products)
- Vaccine presentations influence (there are trade offs) coverage, cost, equity, safety, wastage and HCW behaviour - these dimensions need mapped out and considered
- think of a menu approach of presentations that considers trade offs between different aspects of presentation and the effects on systems – DPC Partnership is considering this and this could be a useful addition to TSE work

Vaccine Arrival Reports – Mobile Application



Vaccine Arrival Report App to be Launched Globally

Supply Division is developing an electronic version of the Vaccine Arrival Report (VAR).

As part of the shipping process, the VAR is a requirement in the WHO guidelines on international packaging and shipping of vaccines which requires all countries to complete a paper based form and return to SD within three days of receiving the shipment.

The current rate of return of the VAR to SD within three days is less than 40 percent

This can lead to inaccurate and delayed information in the reports, hindering a timely response by UN

Implementation of the VAR app is expected to lead to time and cost savings. The faster turnaround time for receipt of the VAR, which in turn allows for faster notification of shipment inadequacies, will enable UNICEF and suppliers to respond to inadequacies in a timelier manner.

During 2015-2016, a pilot was conducted by the Albania, Turkmenistan, Nigeria and Somalia Country Offices. The app was used by consignees in the respective countries and received positive feedback. The roll-out across all UNICEF country offices is scheduled for Q1 of 2018

Vaccine Arrival Reports

*Percentage of Vaccine Arrival Reports (VAR) received at SD of total vaccine shipments – Target 80%

KPI6 – Vaccine Shipments inspected	2015	2016
Number of Shipments	2511	2619
Number of VAR Received	2276	2548
Percentage of VAR received	91%	97%
Number of VARs received within 3 days	663	936
Percentage of VAR received within 3 days	26%	37%

Q1 2016	Q2 2016	Q1 2017	Q2 2017
800	627	615	580
776	577	573	559
97%	92%	93%	96%
262	268	228	229
34%	43%	37%	39%

New Vaccine Inspection Timeliness

Inspection timeliness is measure days between arrival of shipment at airport of destination and date of inspection at Central store as reported by consignee on the VAR

Vaccine Shipment Inspection Timeliness	Q1 2017	Q2 2017
Number of Shipments	615	580
% of Shipments Inspected <=1 day	81%	79%
% Shipment Inspected 2-3 days	7%	8%
% Shipment Inspected 4+ days	12%	13%

- Inspection timeliness introduced in 2017 to show VAR delays in customs/inspection vs submission of VAR
- Q2/Q3 focus on top 10 poor performing countries to understand reasons for VAR delay
- VAR Mobile App project to scale up Q3/Q4 to support VAR timeliness

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Real Equality is Equity

