

# Developments in UNICEF Vaccine Procurement

*Immunization in the Context of Global Interdependence*

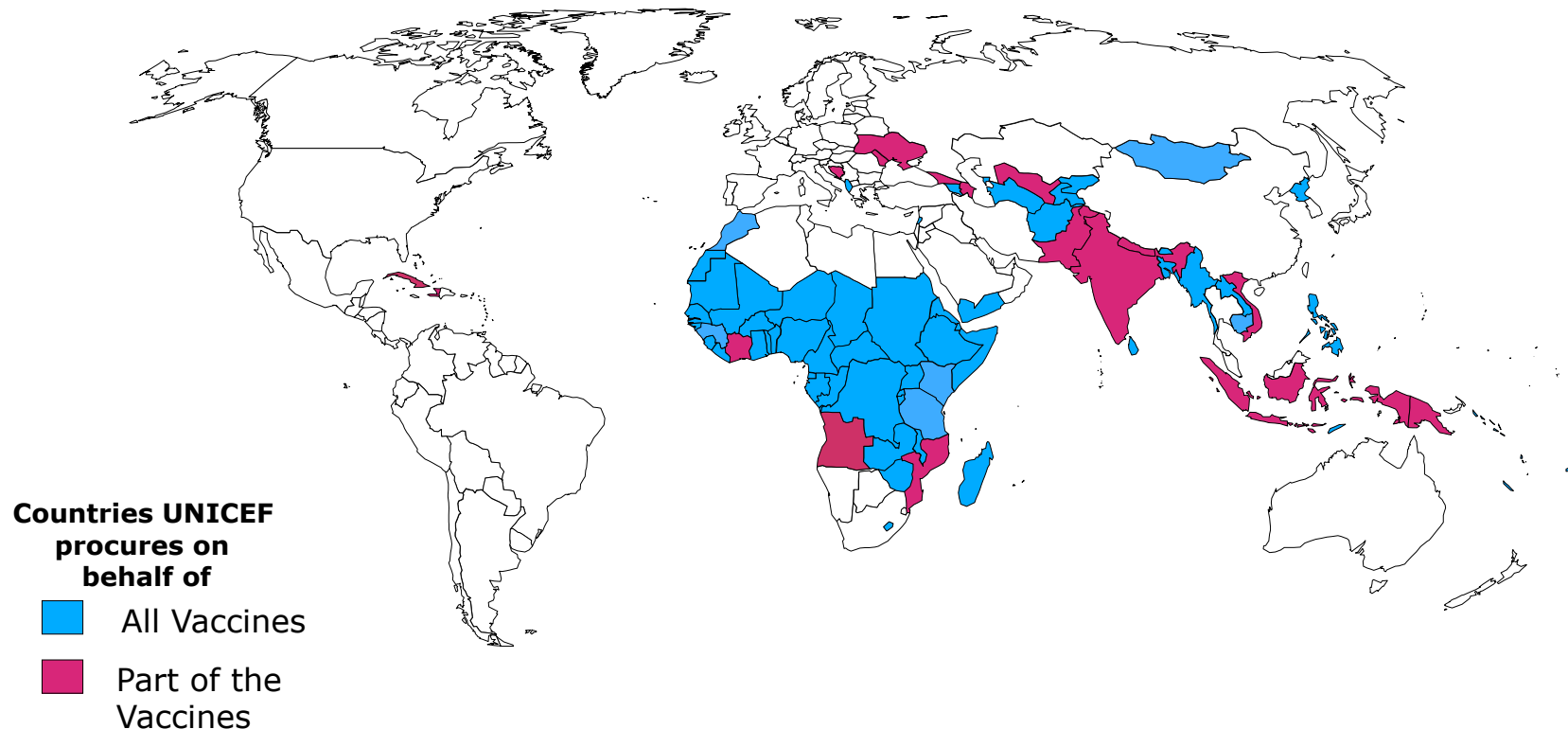
Global Immunization Meeting  
3. February 2010  
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# UNICEF is still procuring immunization supplies on behalf of around 80-100 countries annually, but their status is changing

(BCG , DTP, TT/Td/DT, Measles, OPV, HepB, YF, DTP-HepB, DTP-HepB/Hib, DTP/Hib, Hib, MR, Meningitis, MMR, IPV, etc)



*Based on 2010 Forecasts received by UNICEF*

A significant proportion of developing country routine vaccine demand is planned met through UNICEF procurement, however the profile of the income classification has changed significantly over the past 2 years

2009

2007

WB Income classification July 2009	Total Births 2007	% of Birth Cohort covered by UNICEF Procurement excl China India and Indonesia
High income: OECD	10,741,000	0%
High income: nonOECD	1,143,000	2%
Upper middle income	16,317,000	1%
Lower middle income	26,280,000	47%
Low income	32,263,000	92%
<b>Grand Total</b>	<b>86,744,000</b>	<b>48%</b>

WB Income Classification July 2007	Births 2005	% of Birth Cohort covered by UNICEF Procurement excluding China, India and Indonesia
High income: OECD	10,559,000	0%
High income: nonOECD	1,068,000	0%
Upper middle income	13,841,000	1%
Lower middle income	16,575,407	24%
Low income	43,673,000	83%
<b>Grand Total</b>	<b>85,716,407</b>	<b>47%</b>

Low middle income countries populations are receiving a higher portion of their vaccine supply through UNICEF

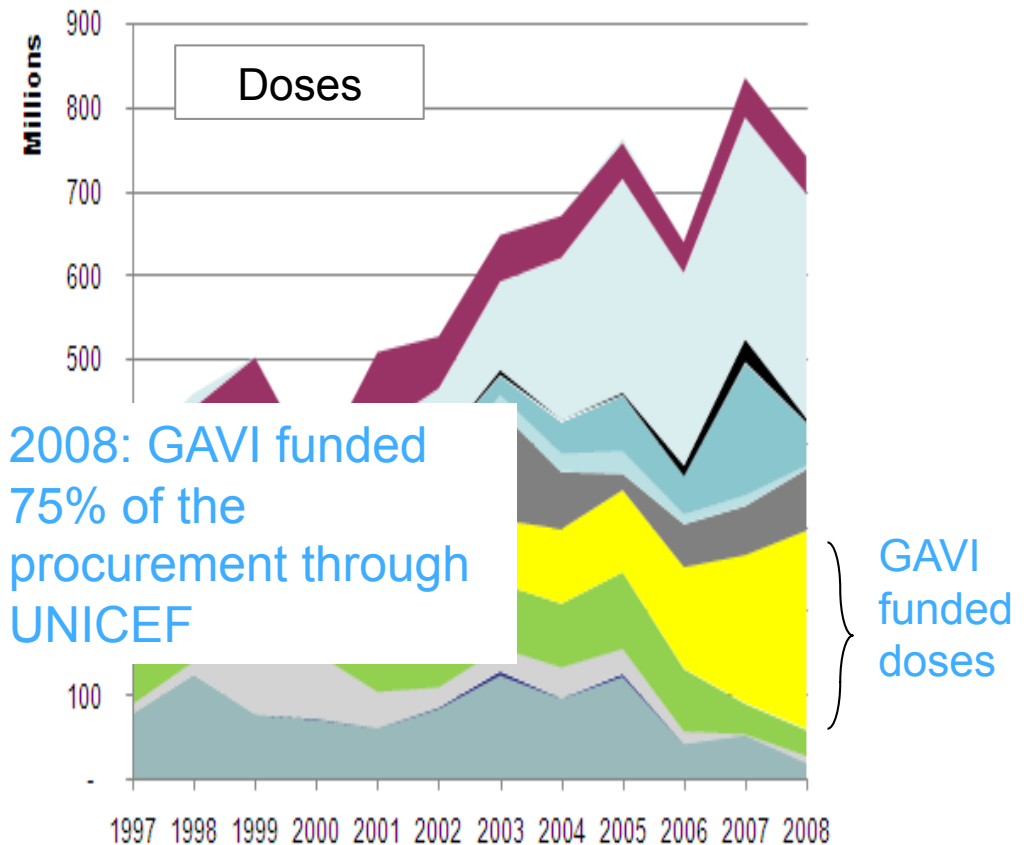
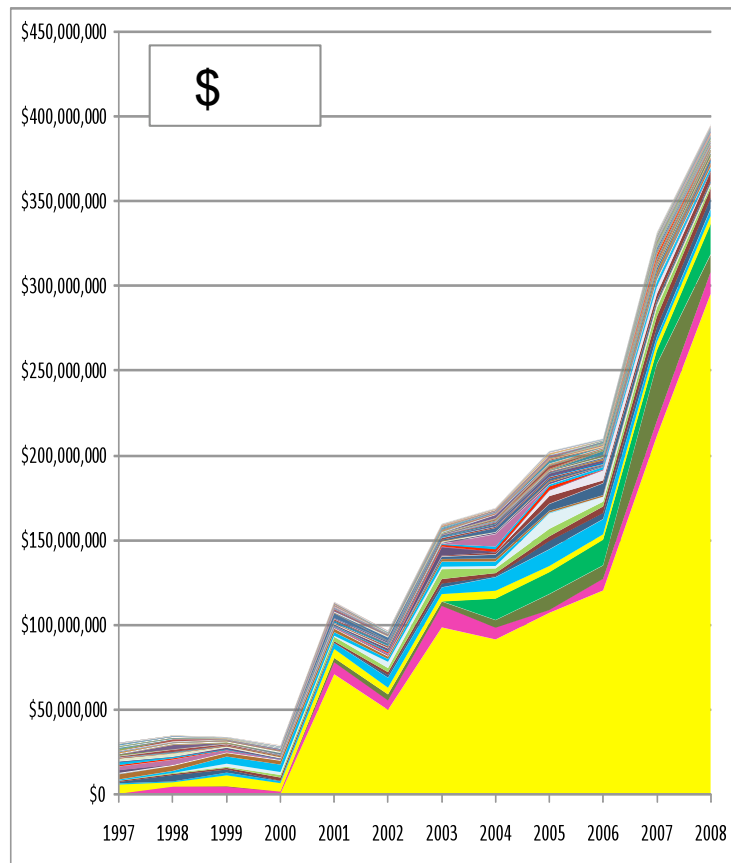
Data Sources:

Population Data: 'The State of the Worlds Children 2008'; The State of the Worlds Children 2006

Procurement Coverage Data: UNICEF Vaccine Forecast 2009, UNICEF Vaccine Forecast 2007

Income Classification: World Bank Website 2009, World Bank Website 2007

# The funding for vaccine procurement through UNICEF (not including polio vaccines) is increasingly depending on GAVI funding



Creates stability, but also dependency

The key focus for UNICEF Vaccine  
Procurement continues to be

## VACCINE SECURITY

Ensuring an uninterrupted, sustainable  
supply of affordable vaccines of assured  
quality

# UNICEF Vaccine Supply 2010-2012

Supply agreements in place for the next 3 year period for routine vaccines.

Supply secured; supply markets are less fragile for most of the basic vaccines

The exception is Yellow Fever vaccine: still fragile supply and with uncertain funding situation for the campaign demand.

## Expected challenges for supply in the next 3 years:

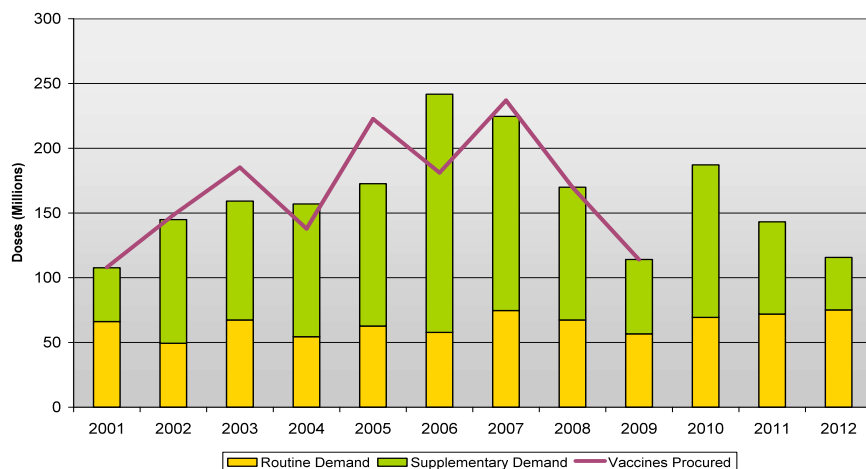
- Meeting the differentiated demand: new OPVs, Measles containing vaccine (strains, presentations), different DTP-HepB-Hib presentations.

## For new vaccines:

- Establish supply agreements
- Manage supply in a scale-up environment

# Measles demand through UNICEF 2001-2012

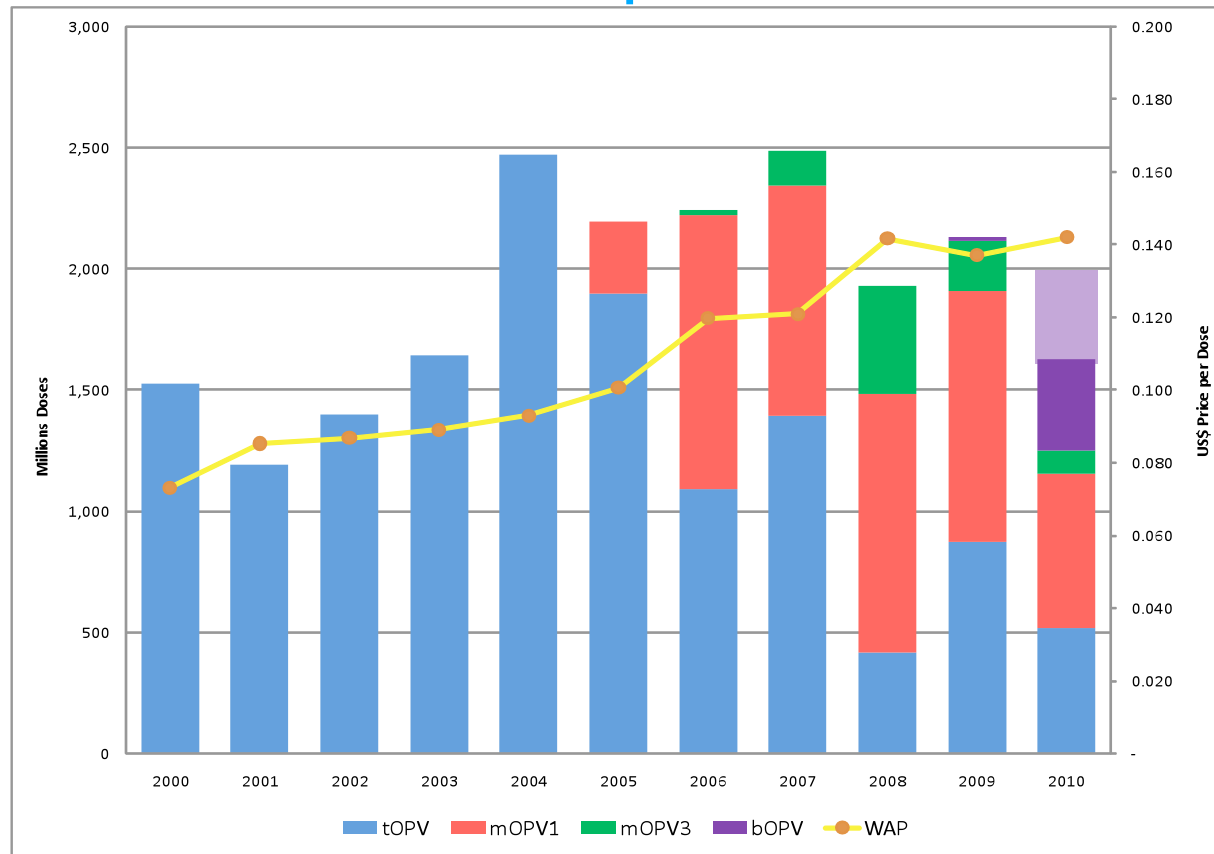
Measles Vaccine Demand through UNICEF - Routine / Supplementary 2001-2012



WAP prices	2010	2011	2012
Measles 10	\$0.226	\$0.237	\$0.244
MR 10	\$0.532	\$0.534	\$0.536
MMR 1	\$1.75	\$1.850	\$1.950
MMR 1	\$2.9	n/a	n/a
MMR 5	\$4.5	\$4.5	\$4.5
MMR 10	\$1.166	\$1.183	\$1.190

- 3 suppliers, with potential pipeline in next 3 year
- Current forecasts beyond 2012 continue at the same level
- Measles Combination vaccines still at relatively low levels, and differ
- *Current supply meets current programmatic requirements*

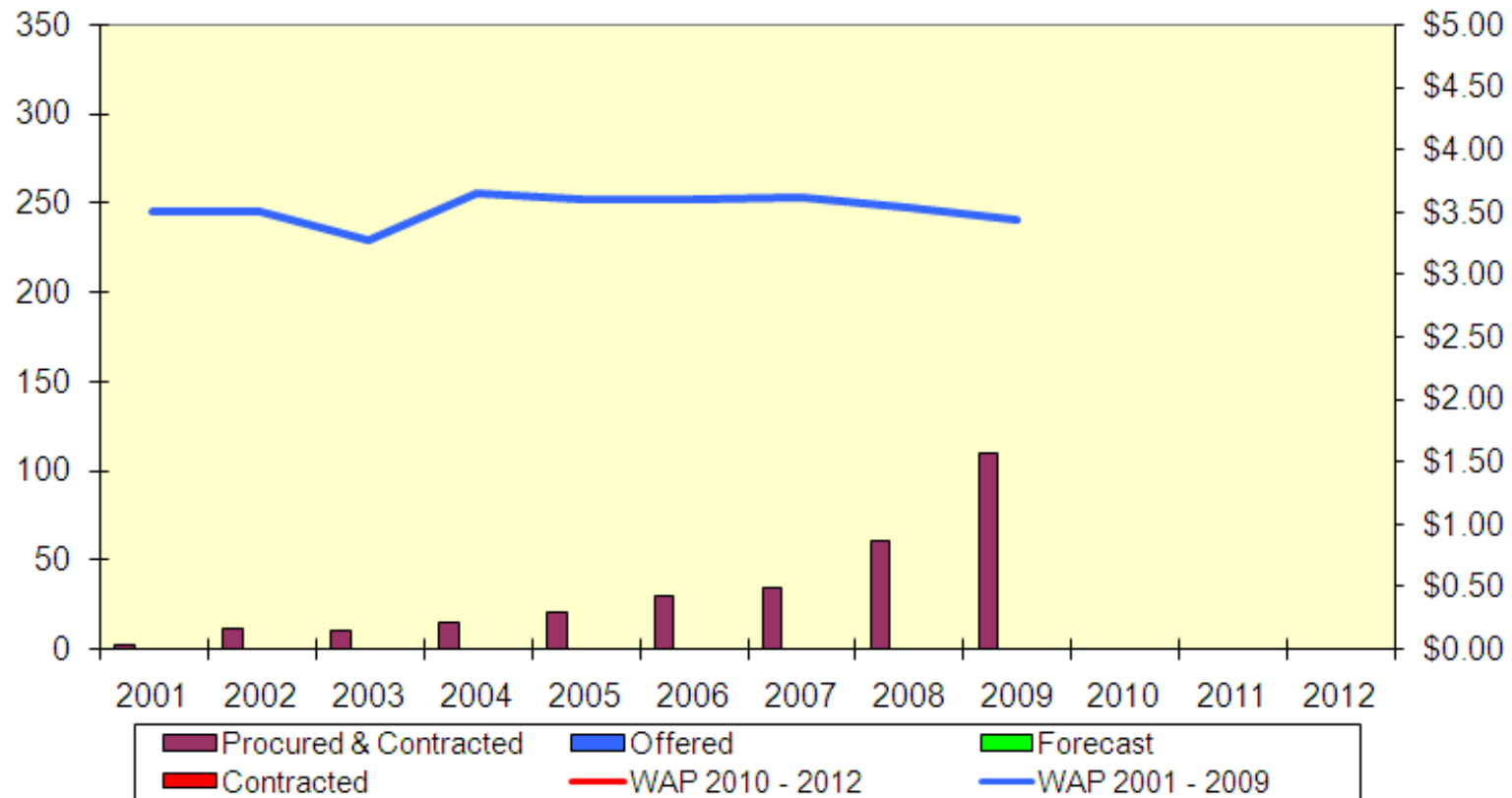
# The polio vaccine demand has remained high, and become more complex with the demand for differentiated OPV products



**bOPV – 2 suppliers**  
**mOPV3 – 2 supplier**  
**mOPV1 – 6 suppliers**  
**tOPV – 5 suppliers**

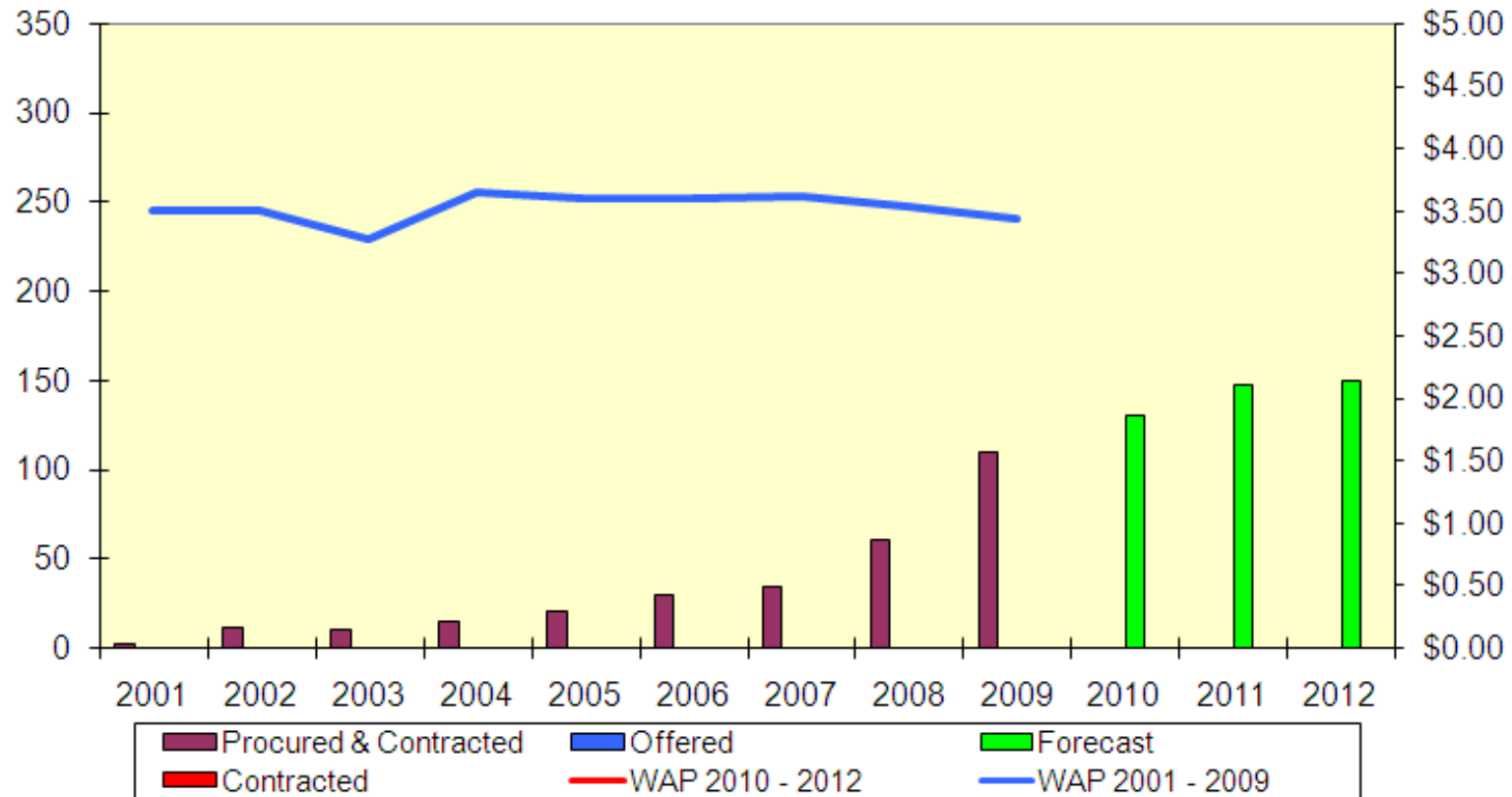
- Tender in 2010 for the next 2-3 year period
- New contracting approach successful in balancing market visibility and demand flexibility.
- The close coordination with the programme and the industry has enabled short cycles from R&D to products in use

# Market shaping - The Pentavalent market development



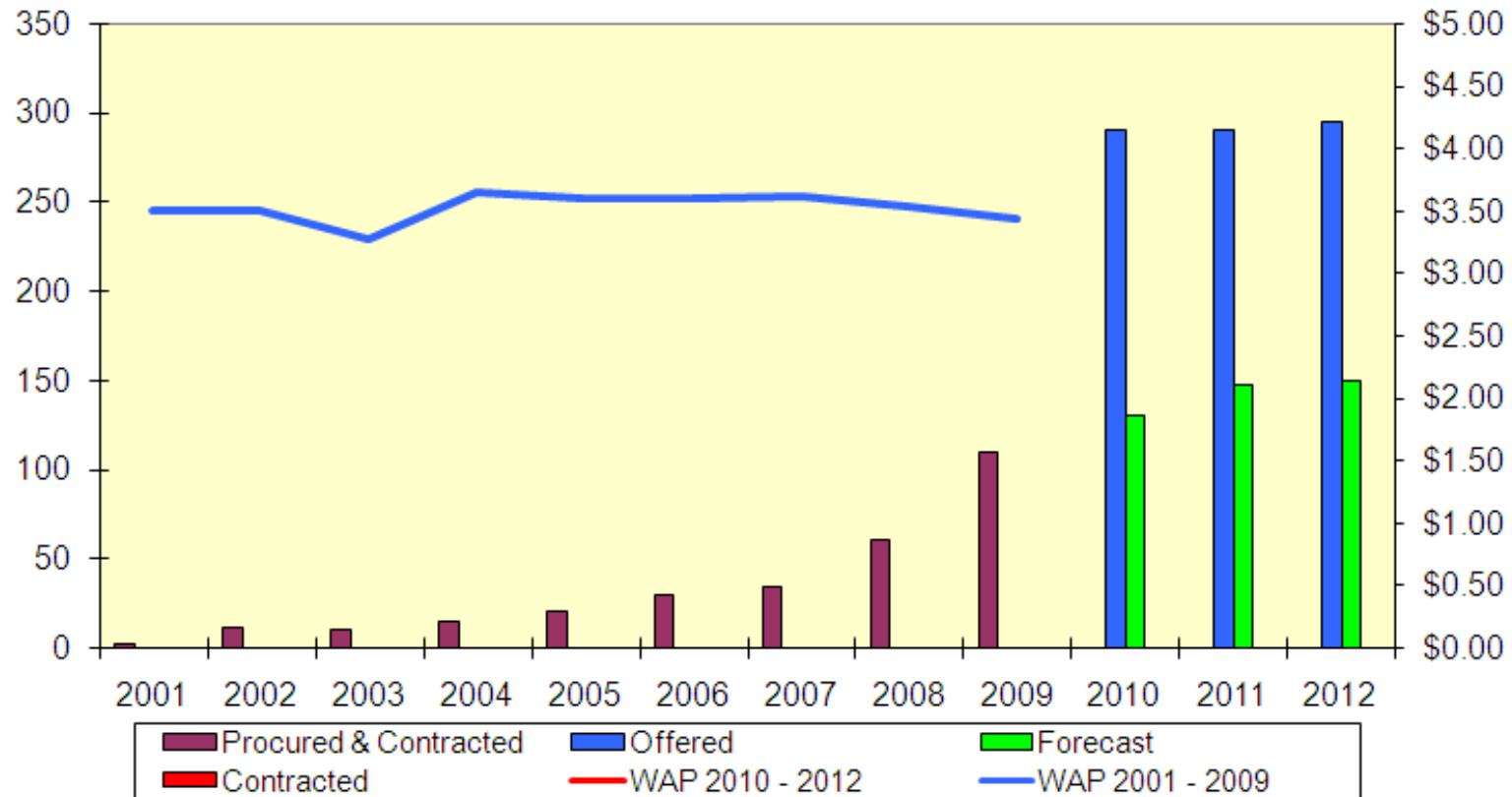
Pentavalent demand development showed significant scale up in 2009

# The Pentavalent market development



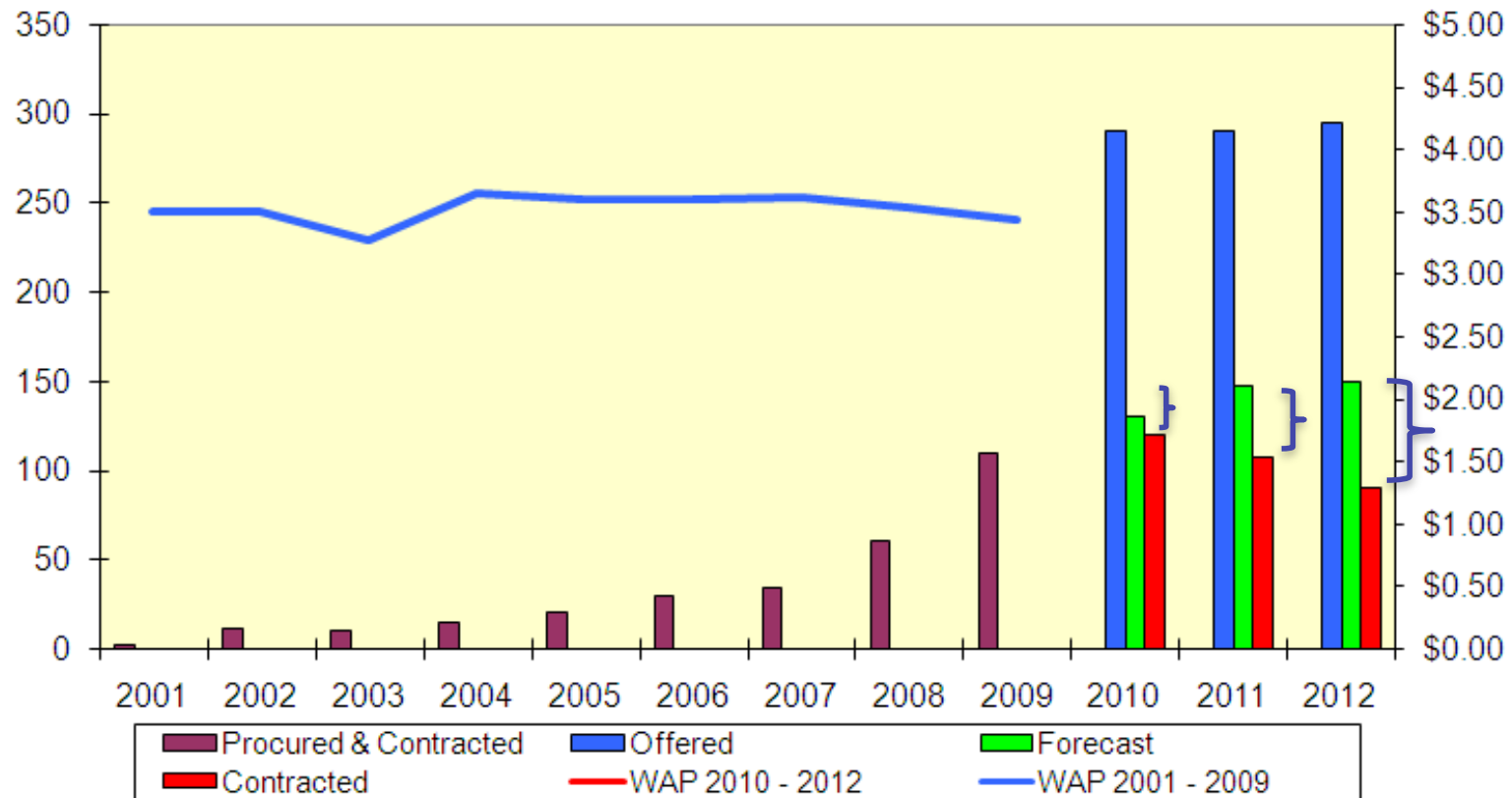
2010 – 2012 Forecast Quantities are similar to 2009 (excluding India demand)

# The Pentavalent market development



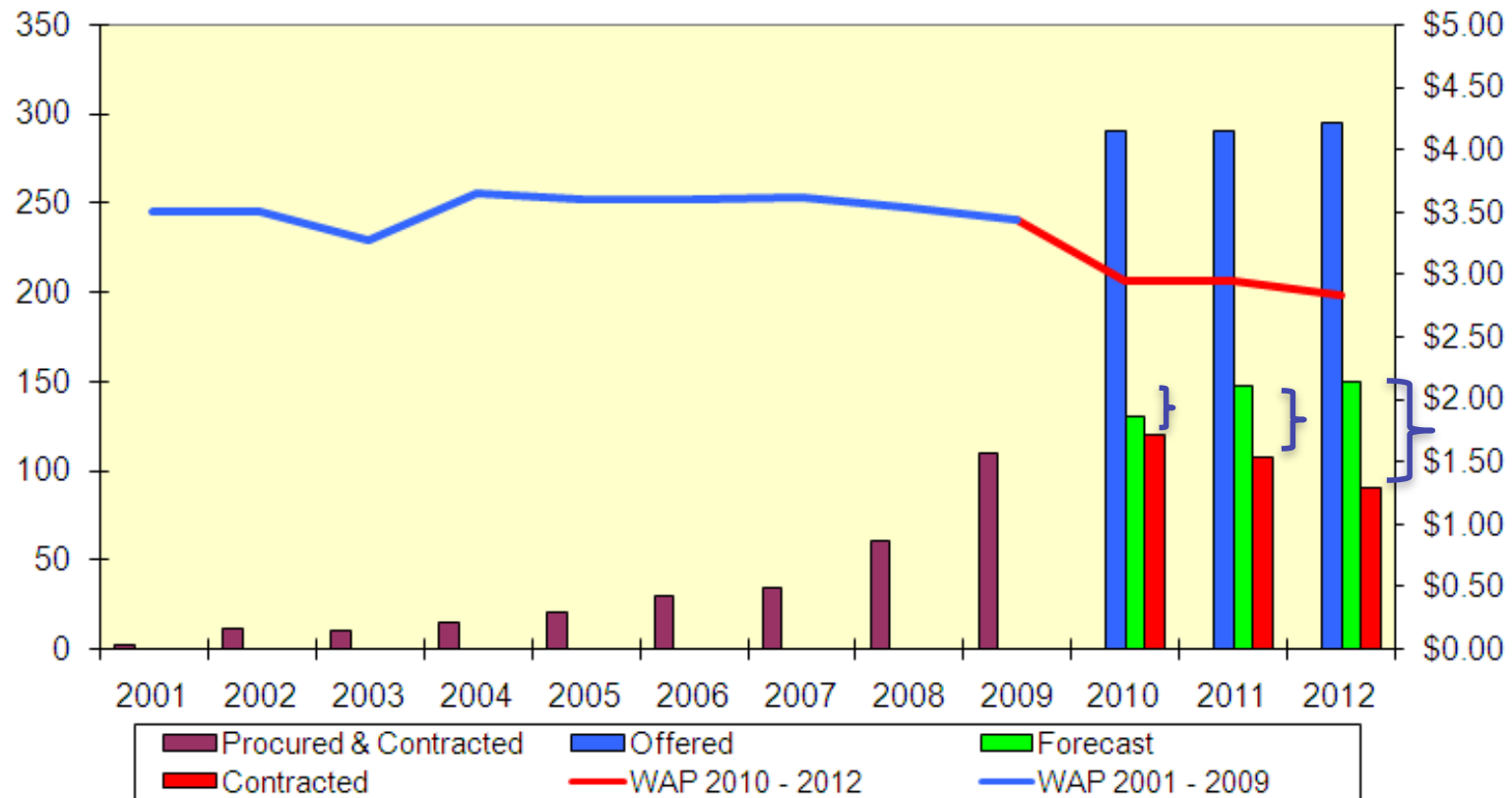
The supply base of WHO PQ vaccines has increased in response to increased demand, showing a positive development in the supply base with additional products in the pipeline

# The Pentavalent market development



Out of the total quantities projected for 2010, 2011 and 2012 (130M, 148M and 150M doses), UNICEF opted to reserve 8%, 28% and 40% respectively, for award at a later point in time.

# The Pentavalent market development

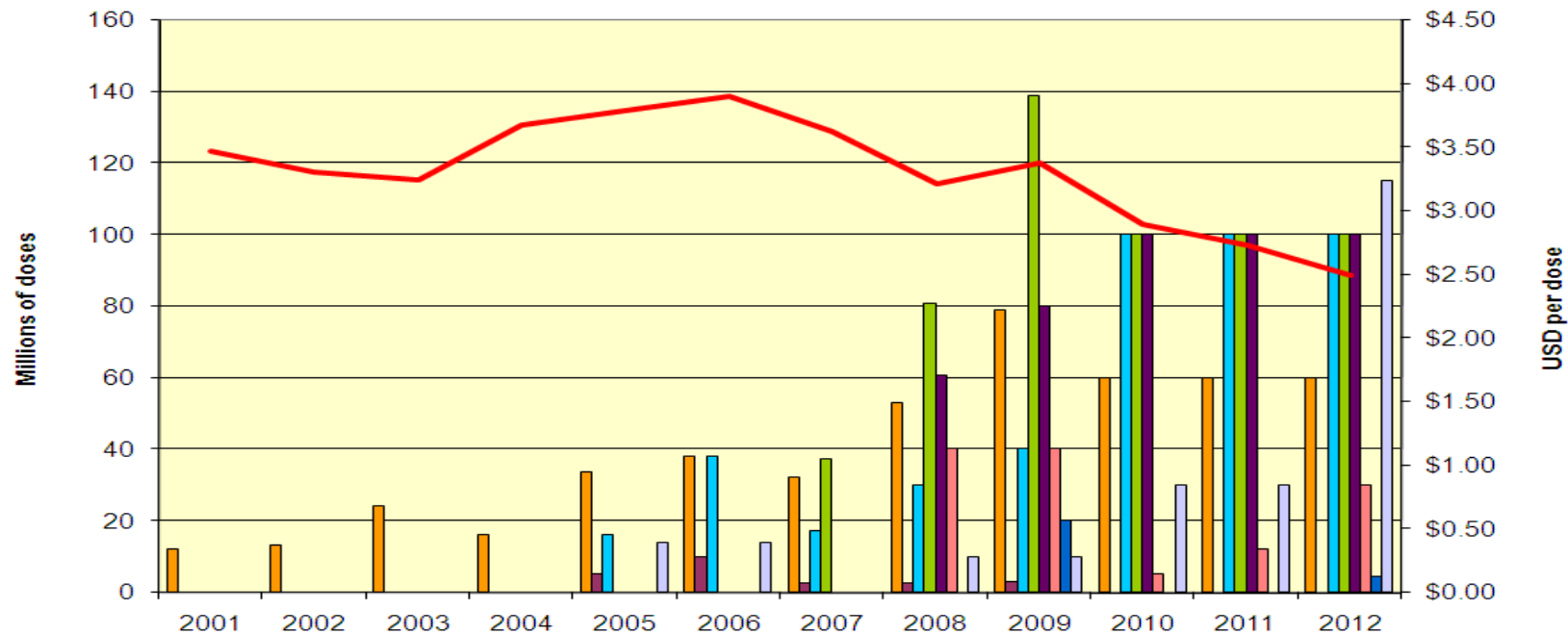


Flexibility to switch between available presentations and new products was also established. The WAP has declined to < \$3.00/ dose with anticipated declines with additional awards, switching to multi dose presentations or new products

# Market Shaping

The growth in demand in DTP-HepB/Hib, supported by GAVI funding, has transitioned the DTP market, creating the sustainable market...

DTP-HepB/Hib vaccine offered to UNICEF 2000-2012 (WAP for smaller vial size)



*All offers for DTP-HepB/Hib for pre-qualified and non pre-qualified products*

...required to attract manufacturers, create competition and lower prices

## New vaccines:

### Rotavirus vaccines:

- No demand through UNICEF yet. Procurement action pending funding clarification on demand.
- 2 WHO pre-qualified vaccines

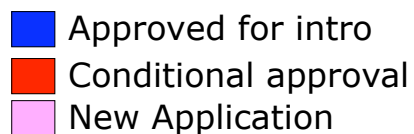
### Conjugate Meningitis A vaccine:

- No WHO pre-qualified vaccine
- Procurement action pending pre-qualification status and clarification on timing of the demand

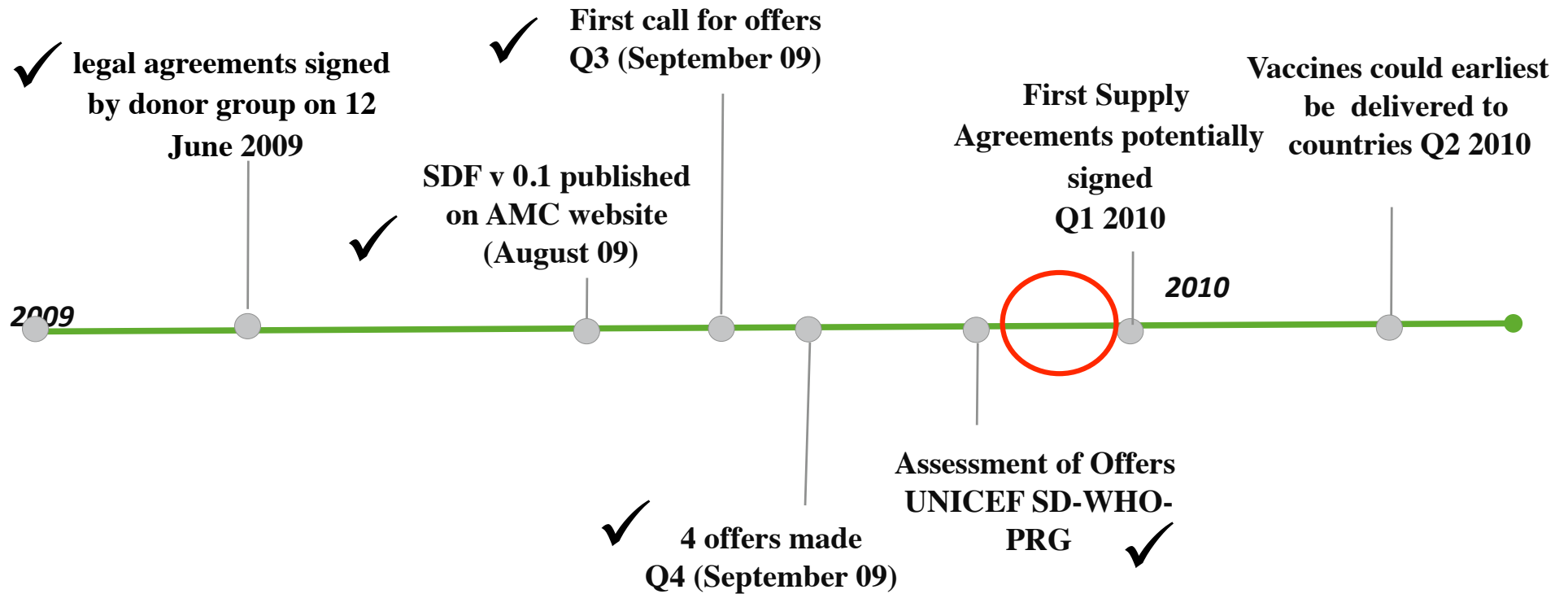
# Pneumococcal Vaccine

13 GAVI-supported countries approved to introduce from 2009 to 2011

- 2 countries have introduced PCV7 in 2009
- 11 countries have requested to introduce vaccines in 2010 and 2011
- Demand based on current GAVI approvals in 2010: ~19M doses



# The pneumococcal vaccine tender (AMC)



Design

Implementation

- Country price max \$3.50 per dose
- Currently only one WHO pre-qualified vaccine (PCV10) meeting AMC profile
- No vaccine yet IAC evaluated and approved for AMC funding
- Likely limited availability in the first years, access criteria being reviewed by partners.

# Immunization in the context of Global Interdependence:

## Addressing Sustainability

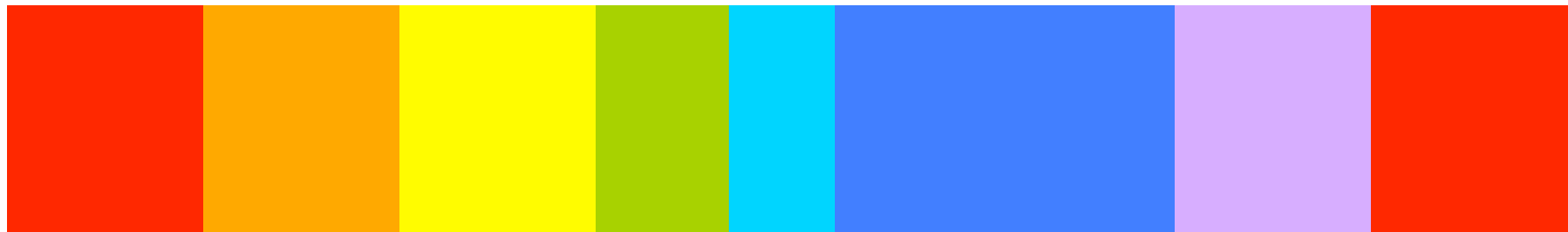
- Continue to focus on assuring vaccine availability – market shaping & supply/demand management
- Assure continued vaccine supply for the children in LMICs
- Funding is the difference between need and demand
  - The high dependency on GAVI for existing vaccines, the lack of demand visibility for YF, Rota, Meningitis A and new vaccines beyond this

## Reaching more people

- Getting the vaccines to the child – supply chain logistics

# Reaching more - Enabling vaccine security through the entire supply chain

SD will focus - in conjunction with partners and country offices - on disseminating tools, data and analysis that can be enablers for countries in their planning, procurement, financing, storage, distribution and monitoring in the supply chain of immunization and health products.



*Pricing for forecasting purposes, Provisional Plans with specific funding and cash flow needs, and volume information, cold chain requirement calculator, forecast accuracy, VAR and stock-out data. Specific requests for support; vaccine security missions, supply chain and logistics support*

*Thank You!*

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## Additional Information

Historical annual procurement values and volumes are available on the UNICEF website at

[http://www.unicef.org/supply/index\\_38554.html](http://www.unicef.org/supply/index_38554.html)

Weighted Average Prices are available on the UNICEF website at

[http://www.unicef.org/supply/index\\_7991.html](http://www.unicef.org/supply/index_7991.html)

Country Specific Immunization Data posted on the UNICEF Intranet under the Supply Section (Country specific pages)