Redesigning the vaccine supply chain in Benin

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Agenda

- Video on the redesigned supply chain system in Benin (8’)
  www.youtube.com/watch?v=HqHI1Zgra0g

- Decision process for changing the supply chain

- Main results

- Next steps

- Conclusion
A 2-year process to pilot the redesigned system in Benin
At central level

MoH / ICC
Decision for EPI logistics improvement
For new vaccine introduction

Jan 2012

Method,
Data collection
EVM assessment, CC inventory,
Additional eco and log data,
transport management evaluation

May 2012

National workshop 1
situation analysis;
identification of 4 alternative supply chains models

Jul 2012

Modeling with HERMES software
Simulations of vaccine availability and cost for 4 scenarios

Aug 2012

National workshop 2
Selection of scenario
• Consolidation of vaccine depot at district level
• Distribution loops
• Switch to solar cold chain
• Professionalization of SCM

+ planning for improvement

Sept 2012
A 2-year process to pilot the redesigned system in Benin
At service level (Comé Health Zone)

- In depth situation analysis + Microplanning
- Designation of HR
- Definition of loops
- Identification of CCE and infrastructure

- Procurement and installation
  - Vaccine depot,
  - Mobile warehouse
  - Solar CCE

- Training
  - Logistician,
  - Technicians,
  - EPI responsible

- External evaluation (UNICEF)

- Information system
  - Adaptation/Introduction LMIS

- Nov 12
- Jan – Dec 13
- Jan 14
- Aug 14
- Feb 15

IPM started
Supervision, monitoring
Results summary

- Improvement in most criteria (from 0 to 5 > 80%)
- Greater number of health workers are better trained in vaccine management – leading to improved overall logistic performance
- Revamped CCE or new solar equipment ensuring adequate storage capacity
- Improvement in minimum maintenance of CCE due to the monthly visits
- More than 9,000 expired doses and 500 syringes withdrawn from Health facilities stocks during deliveries
- Operational cost budgeted in the HZ action plan

Source: Evaluation of Comé redesigned system, UNICEF
Results summary

- Excursions out of Min/Max stock level remain frequent (except PCV13)
- Several instances of reaching minimum of 0,
- Poor monitoring of wastage of unopened vials.
- Time allotted for supervision and maintenance is too short during the monthly visits.
- Limited use of data for action
- No improvement in vaccine coverage (drop of outreach session, strike)

Instances when the actual maximum stock is greater than the SMT peak stock by more than 20% (Comé - N=37)

Source: Evaluation of Comé redesigned system, UNICEF
Conceptual framework for the deployment of the system countrywide (2015-2018)

Establish a formal technical working group composed of MoH dept and key partners

Develop assessment tools and SOP’s for redesign system implementation and Conduct regular monitoring session to support decisions

Develop int/ext funding process for investment and running of the redesigned system

Develop mechanism to mobilize technical partners for system implementation, improvement

Provide adequate technical assistance to support capacity building, assessment and planning and supervize

A Supply chain management team skilled to provide adequate support for implementation and maintenance of the system, and make decision based on data

Vaccine availability and quality improved in all 34 Health zones

Sufficient and sustainable funding to implement and maintain the system, by MoH

Immunization supply chain costs reduced;

Improved collaboration between and within MoH departments and with partners
Conclusion

- Informed push supply model: not a revolution but an opportunity to improve vaccine management and raise stakeholders’ attention
- Should be based on a country decision
- Need of technical assistance to link between technical, managerial and political component
- Monitoring and supervision are essentials to maximize the benefits the system can contribute (at all level)
- Role and responsibilities should be carefully agreed by service-, mid- and central-level stakeholders to manage task shifting
- Immunization supply chain doesn’t « belong » to immunization program; In particular, a consensus should be reached with other programs/at various levels.
Acknowledgement

Benin Ministry of Health
AMP
WHO
UNICEF
PATH
HERMES Team
Transaid
VillageReach
LOGIVAC Center
SELF
BMGF

Merci pour votre attention