Overcome last mile

Protect last child

Immunization Supply Chain-
Driving Coverage and Equity Improvements
Aim of the session

• Increase recognition on close linkages between iSCL and equity improvements

• Identify new ideas and strategies, good practices, & synergies to overcome the last mile and protect the last child
Cast a brick to attract jade
DPT3 coverage between the richest and poorest quintiles

- **Lao PDR**: 2012, LSIS
  - Richest: 37%
  - Poorest: 81%

- **Viet Nam**: 2011, MICS
  - Richest: 60%
  - Poorest: 86%

- **Cambodia**: 2014, DHS
  - Richest: 72%
  - Poorest: 93%

- **Philippines**: 2013, DHS
  - Richest: 79%
  - Poorest: 93%

- **Mongolia**: 2010, MICS
  - Richest: 91%
  - Poorest: 96%
Who are those unreached?

- Often from hard-to-reach communities
  - Urban poor, migrants
  - Remote rural areas
  - Ethnic minorities
  - New settlements

- Suboptimal services from health facility

- Great difficulty in accessing health facility
Why not vaccinated?

A determinants analysis of high disparities and slow progress of immunization coverage in rural areas without road in Lao PDR revealed significant supply challenges:

- Limited ability to adequately monitor & protect cold chain
- Limited ability to ensure uninterrupted supply of vaccines at service delivery points
Why aren’t all children fully immunized?

Poor availability, quality and timeliness of information on

1. Cold chain availability and functioning and
2. Vaccine stock-outs holds back performance of the National Immunization Programme
# Stock-out reports in Pacific Island Countries 2008 - 2013

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<th>Country</th>
<th>2008</th>
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Data source: Joint Reporting Forms on immunizations. The above table provided by WPRO,
Real-time monitoring

An innovation through 30DTRs + IT technology in Lao PDR

• Function of CC equipment
• Vaccine stock levels
**Where is the last mile?**

**Geographic distance**
- Remote and mountainous areas
- Ethnic minorities

**Social distance**
- Migrants
- Urban poor
- Ethnic minorities (e.g. language)
Reaching the last mile with vaccines is that hardest
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<th>Challenges!</th>
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<td>– HFs in rural poor/remote: gaps in iSCL infrastructure, management &amp; capacity</td>
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<td>– Urban HFs: ISCL coping with growing migrants/new settlements</td>
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<td>– ‘Beyond HF’ not/lightly discussed in iSCL improvement plans</td>
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<td>– Equity-sensitive: take the needs of the underserved when planning iSCL investments (e.g. CCE, infrastructure, ICTs)</td>
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<td>– Beyond HF: understand and address the last mile challenge (extend cEVM to that level?)</td>
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<td>– Resilient system design in response to migrants, fast urbanization gaps in disaster preparedness, etc</td>
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Work together

- Develop iSCL and equity improvement plans in the context of improving routine immunization systems

- Jointly link with the health system strengthening opportunities, such as Gavi HSS grant.

- Build environment for two professional groups to work together and learn from each other
iSCL, with eHealth, for HSS

Better health outcomes

More equitable coverage and quality of services

Stronger Health System

Harmonized strategies

Improved child health

Improved delivery of services (EPI, Nutrition, WASH)

Improved data availability and quality

Improved managerial capacity to act on data

Adoption of good managerial practices at provincial level

Development of an E-Health strategy

DHIS2  iSCL  Birth registration records  +++

DHSS at provincial level

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Our joint promise:

Reaching the last mile
Reaching the last child