



# Redesigning the vaccine supply chain in Benin

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LOGIVAC – a project of AMP and WHO

#### Agenda

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



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

#### 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

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

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

Jan 2012

May 2012

Jul 2012

Aug 2012

Sept 2012

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



#### **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- More than 9,000 expired doses and 500 syringes withdrawn from Health facilities stocks during deliveries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



#### EVM assessment results (last distribution level)

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)



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

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

Improved collaboration between and within MoH departments and with partners Vaccine availability and quality improved in all 34 Health zones

Immunization supply chain costs reduced;



- 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.



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# Merci pour votre attention

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