



# **Experience from implementing Controlled Temperature Chain (CTC) approach during Men-A Campaign 28 Nov to 7 Dec 2014**

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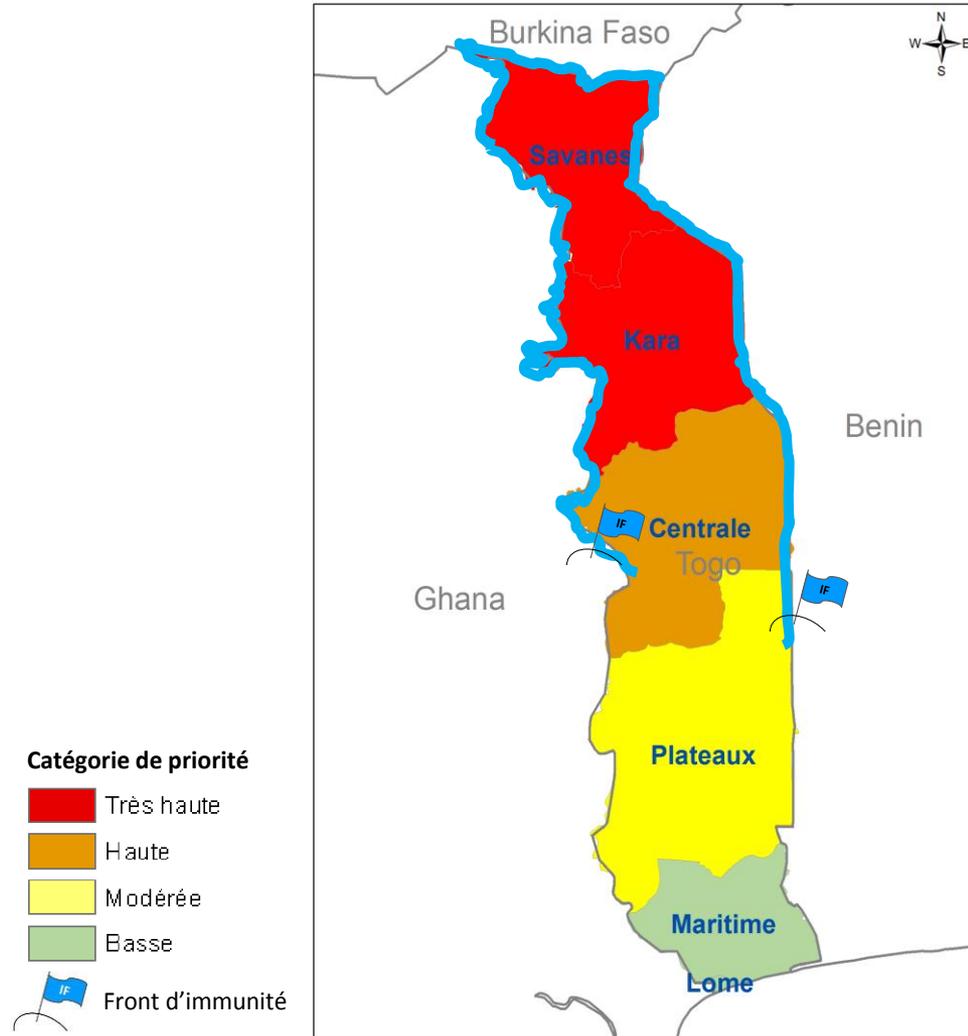
**Bafei T. Justin**

**Togo**

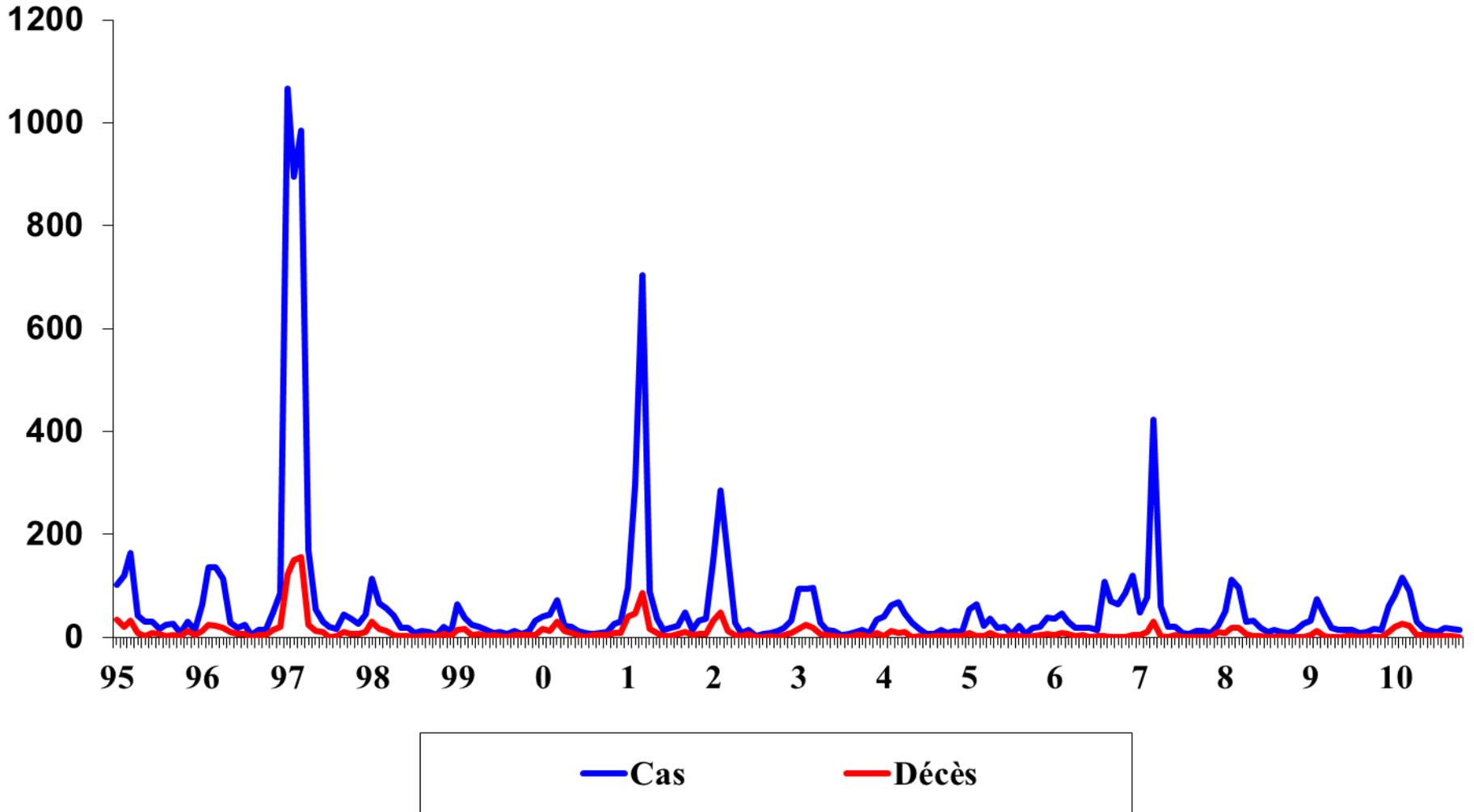
# Background

## Togo

- Total pop in 2014 = 6614217
- Target pop (1 to 29 years) = 70%
- Nb of health regions = 6
- Nb of districts = 40
- Nb of districts at risk = 28
- Climate = tropical
- Average  $T^{\circ} = 36^{\circ}c$



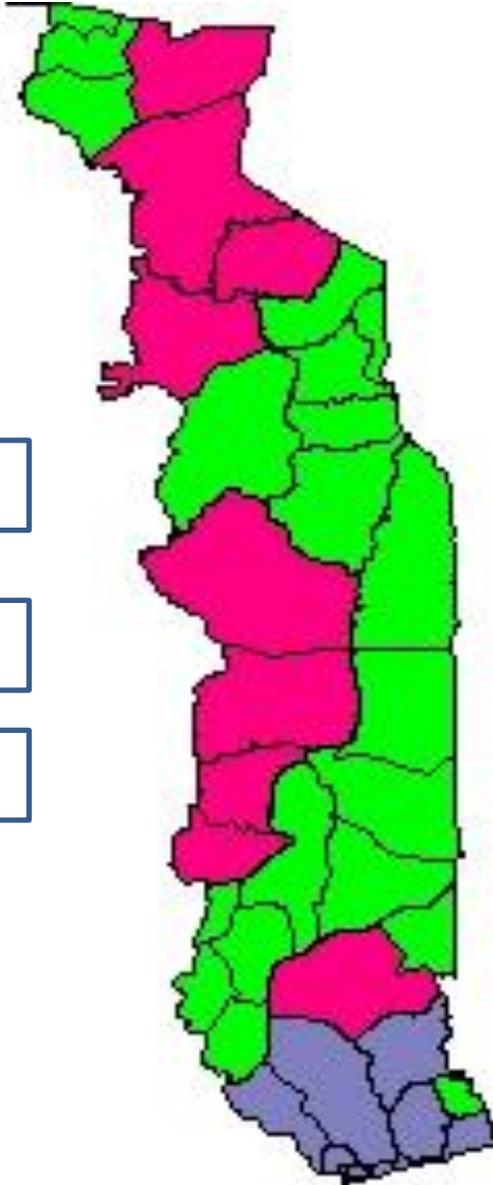
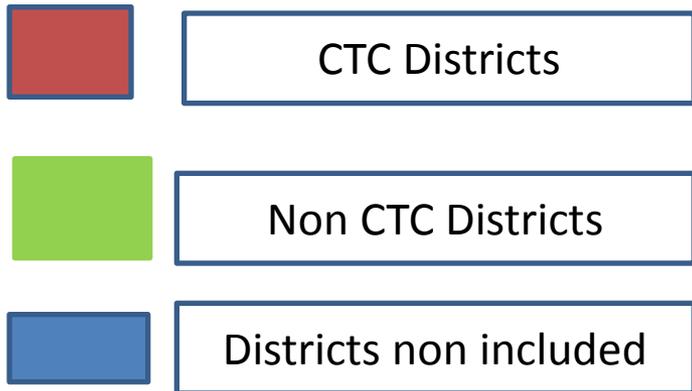
# Background



# Background

Health regions	Nb of Districts	Nb of districts with CTC	Target pop in non CTC Districts	Target Pop in CTC Districts	Total target Pop
Plateaux	12	4	716 013	346 899	1 062 912
Centrale	4	2	283 322	225 382	508 704
Kara	7	2	372 848	166 856	539 704
Savanes	5	2	376 566	266 303	642 869
<b>Total</b>	<b>28</b>	<b>10</b>	<b>1 748 748</b>	<b>1 005 440</b>	<b>2 754 189</b>

# Background



# CTC Scenarios

- 3 scenarios were used in the CTC districts
  - Scenario 1: was applicable to health centers without cold chain, but located close to the district center. District has a low capacity to produce ice packs;
    - CTC begins at the district level
  - Scenario 2: was appropriate for health facilities without cold chain, but the District has a good capacity to produce ice packs
    - CTC starts at the health center
  - Scenario 3: was applicable in health facilities with a functional cold chain.
    - CTC starts at the health center

# Training and planning

- Preparation process and microplanning have been organized at all levels with the support of WHO, GAVI, UNICEF
- Each CTC district determined the scenarios to be implemented in their respective health facilities
- Stakeholders were trained at all levels on the use of the MenAfrivac vials as well as the application of the CTC strategy

# Coordination

- National organization committee in charge of the overall campaign coordination
  - Technical sub-committee: in charge of producing guidelines and tools to be used for the campaign
  - Logistic sub-committee: in charge of planning, implementation and follow up of logistics during the campaign
  - Communication sub-committee: in charge of social mobilization
  - Pharmacovigilance sub-committee: in charge of planning and surveillance of adverse events following vaccination
- AEFI Expert committee responsible for review and classification of AEFI notified
- Coordination committees were established at regional and district level

# Implementation

- Strategies
  - Fixe poste (60%)
  - Advance poste (30%)
  - Mobile (10%)
- CTC Scenarios
  - Scenario 1 : 24 health facilities (14.3%)
  - Scenario 2 : 43 health facilities (25.6%)
  - Scenario 3 : 101 health facilities (60.1%)

# CTC Supervision & Partnership

- Supervision was conducted by
  - Supervisors from national level
  - Supervisors from regional level
  - Supervisors from District level
  - Supervisors from Health facilities
- Technical & Financial support from partners
  - WHO/HQ/AFRO/IST/Country office
  - UNICEF
  - GAVI

# Monitoring & Evaluation

- Daily data collection, data analysis and transmission was organized at each level
- Coordination meetings were held at each level during the campaign period
- Rapid assessment of the vaccine coverage was organized at the end of the campaign in all districts
- External vaccine coverage survey has been conducted by a national consultant in March 2015

# Campaign launch



**President**

# Campaign launch

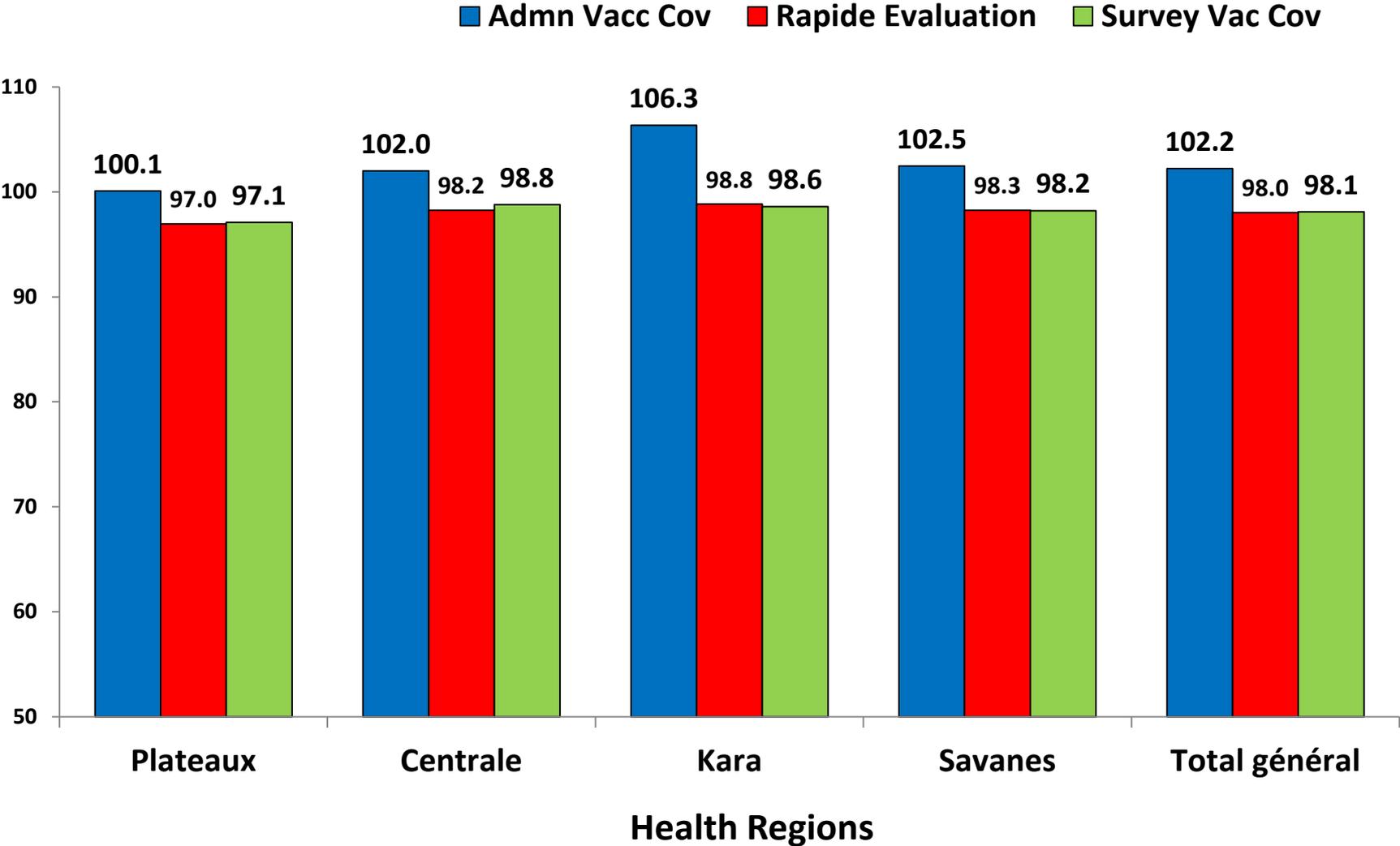


**WHO  
Representative**

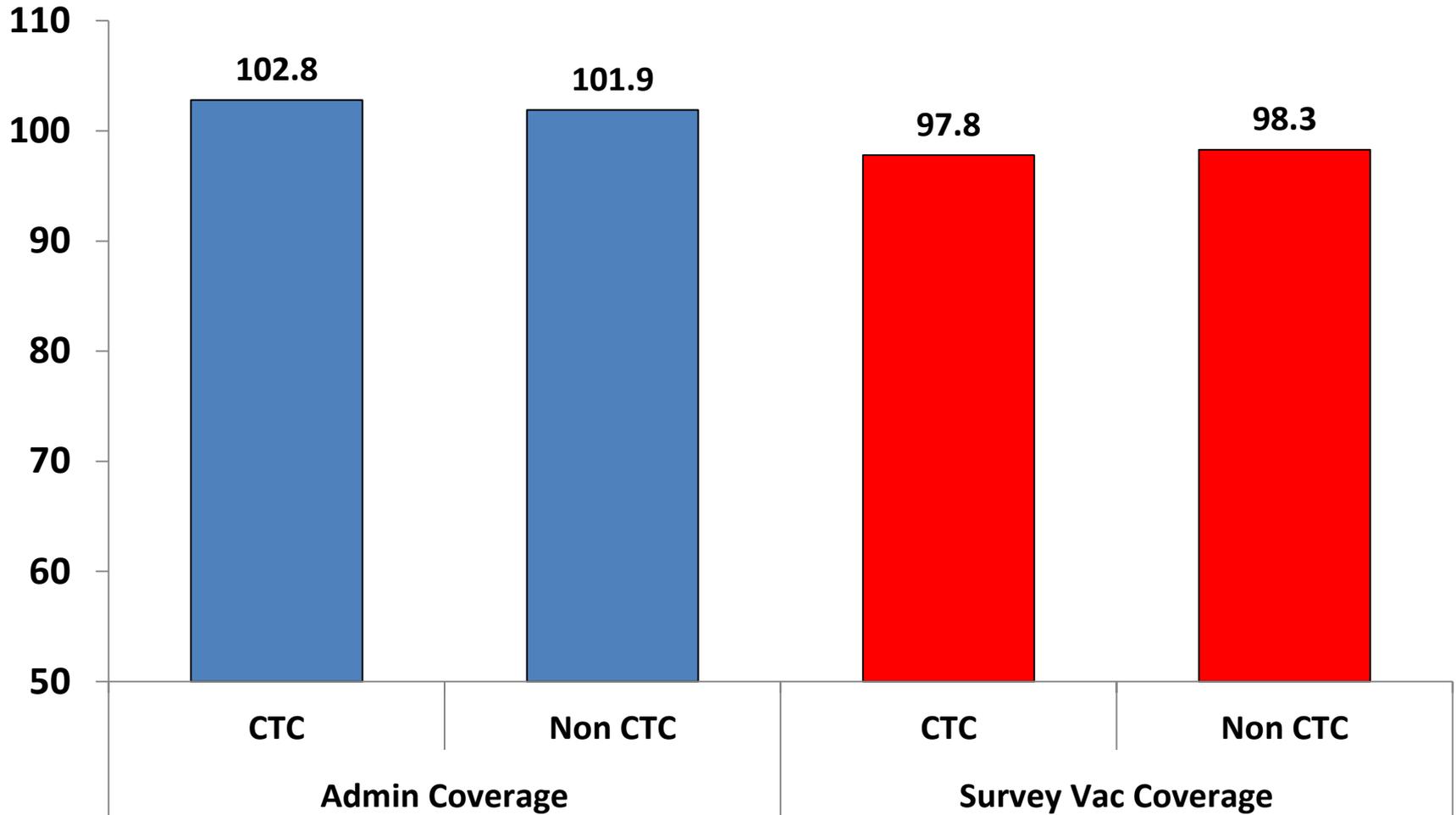


**Unicef  
Representative**

# Results: MenA Vaccine coverage



# Results: CTC compared to non-CTC



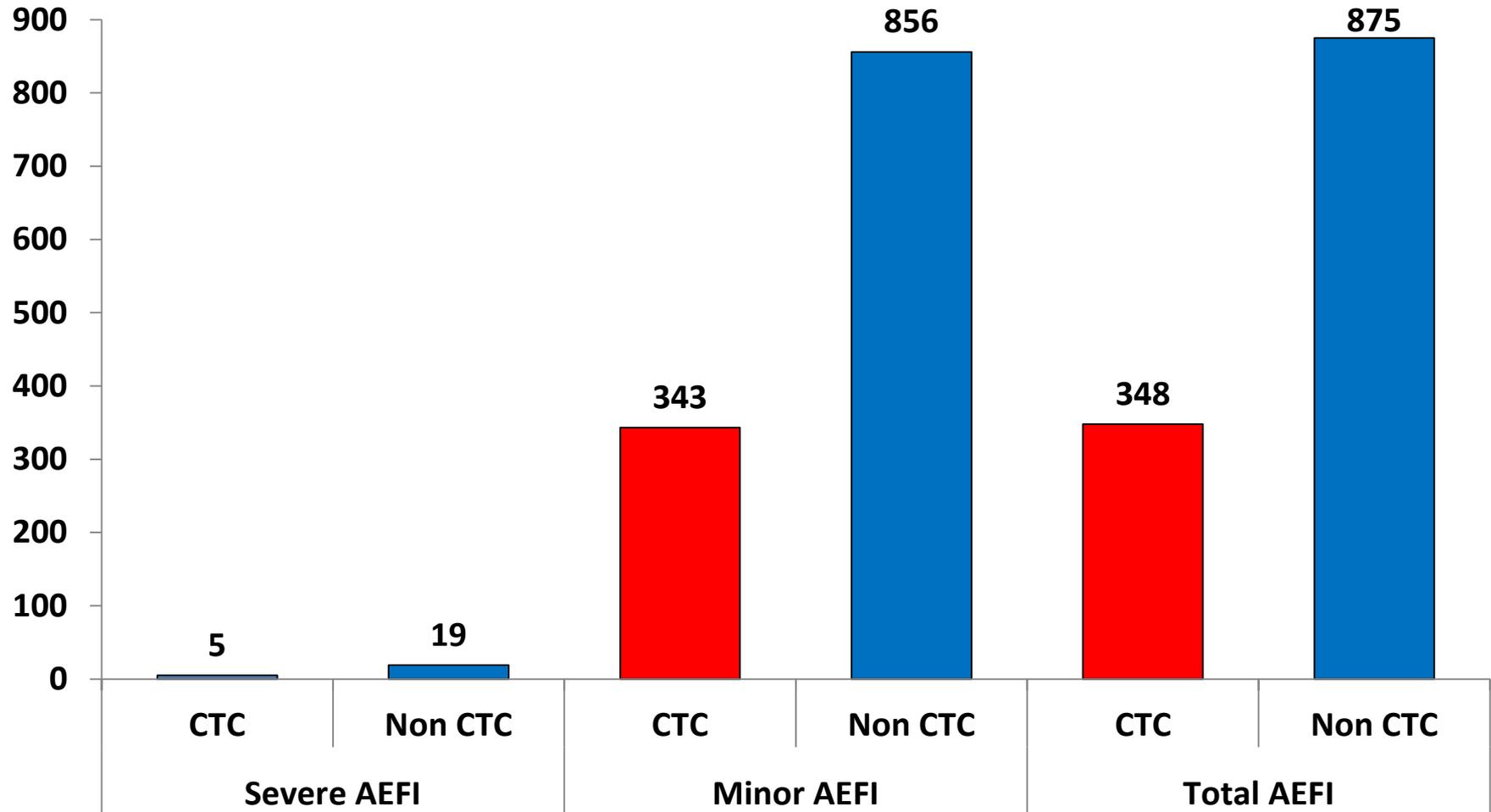
# Supplies management

			Distributed to regions				
	Planned	Received	Centrale	Plateaux	Kara	Savanes	Total
<b>MenAfrivac Vaccine</b>	2 981 000	2 981 000	488 700	1 193 200	603 600	669 950	<b>2 955 450</b>
<b>Diluent MenAfrivac</b>	2 981 000	2 981 000	488700	1 193 200	603600	669950	<b>2 955 450</b>
<b>Peak Threshold Temperature Indicator</b>	1000	1090	203	461	179	238	<b>1 081</b>
<b>ADS 0,5 ml</b>	2 954 000	3 006 300	488 700	1 193 200	603 600	669 950	<b>2 955 450</b>
<b>Recon. Syr. 5 ml</b>	328 000	329 380	50 400	119 320	61 890	66 995	<b>298 605</b>
<b>Safety box 5 litres</b>	36 450	36 975	5 550	13 275	6 775	7 550	<b>33 150</b>

# Vaccine wastage due to CTC

- Nb of doses of vaccine used in CTC: **1 000 990**
- Nb of vials discarded due to 4 days excursion  
disparity : **2**
- Nb of Vials discarded due to exposure to 40°C : **0**

# AEFI notified during campaign



# Reported events from AEFI surveillance

- From the AEFI surveillance system,
  - 1164 AEFIs were reported
  - Of which 33 were severe AEFIs
- Of the 33 severe AEFIs investigated during the campaign by the Experts committee, none were attributed to use of a CTC.

# Lessons learnt



**Commitment of local leaders and administrative key persons (Sokode)**

# Lessons learnt



**Anna-Lea and Landoh during supervision in Djarkpanga (Sotouboua District)**

# Lessons learnt

- ++ Microplans have been prepared the “classical Excel way” but in addition, for each of the CTC districts, the best scenario was discussed and identified in advance
- -- Detailed circuit of each vaccination team was completed just before the campaign
- ++ The implementation of the CTC in the districts helped solve MenA vaccine storage problem in health centers without refrigerators
- +- Vaccine coverage was similar in CTC districts compare to non CTC districts

# Lessons learnt



**Regional coordination meeting  
(Central region)**

# Lessons learnt

- ++ There was no significant difference in vaccine wastage between CTC areas compare to non CTC areas.
- ++ Togo did not experience more AEFIs in CTC districts compared to non CTC district .
- -- Out of fear of vaccine wastage at the district level and vaccinators → Scenarios were not implemented properly at the beginning of the campaign
- ++ Good acceptance and enthusiasm for CTC by health workers

# Lessons learnt

- ++ In CTC districts, the management of ice packs was not a concern (in terms of packaging and transport) compared to what is usually seen in other campaigns.
- ++ One vaccine carrier per team was sufficient in CTC areas compared to two vaccine carriers in non CTC areas
- ++ During the polio vaccination campaign conducted from 19 to 22 December 2014, two weeks after the MenAfriVac campaign, the cold chain was used properly and without confusion in CTC districts

# Conclusion

- Requirements for implementation of CTC
  - Commitment of decision makers
  - Adequate planning
  - Adequate staff training
  - Strong supervision and monitoring system
- Scale up of CTC to other types of vaccines would contribute to overcome inequities in many countries.

**Thank you**



**Vaccinated Students showing their vaccination cards**

**Merci**