

Lessons Learned from Push-Plus Implementation in Northern Nigeria

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Abstract : Four decades ago, the World Health Organization (WHO) launched the Expanded Programme on Immunization (EPI). The EPI blueprint laid out the technical and managerial functions necessary to routinely vaccinate children with a limited number of vaccines, providing protection against diphtheria, tetanus, whooping cough, measles, polio, and tuberculosis, and to prevent maternal and neonatal tetanus by vaccinating women of childbearing age with tetanus toxoid. Despite global efforts, the Routine Immunization (RI) coverage in two of the World Health Organization (WHO) regions; the African Region and the South-East Asia Region, still remains short of its targets. As a result, the WHO Regional Director for Africa declared 2012 as the year for intensifying RI in these regions and this also coincided with the declaration of polio as a programmatic emergency by the WHO Executive Board. In order to intensify routine immunization, the National Routine Immunization Strategic Plan (2013-2015) stated that its core priority is to ensure 100% adequacy and availability of vaccines for safe immunization. To achieve 100% availability, the "PUSH System" and then "Push-Plus" were adopted for vaccine distribution, which replaced the inefficient "PULL" method. The NPHCDA plays the key role in coordinating activities in area advocacy, capacity building, engagement of 3PL for the state as well as monitoring and evaluation of the vaccine delivery process. eHealth Africa (eHA) is a player as a 3PL service provider engaged by State Primary Health Care Boards (SPHCDB) to ensure vaccine availability through Vaccine Direct Delivery (VDD) project which is essential to successful routine immunization services. The VDD project ensures the availability and adequate supply of high-quality vaccines and immunization-related materials to last-mile facilities. eHA's commitment to the VDD project saw the need for an assessment of the project vis-a-vis the overall project performance, evaluation of a process for necessary improvement suggestions as well as general impact across Kano State (Where eHA had transitioned to the state), Bauchi State (currently manage delivery to all LGAs except 3 LGAs currently being managed by the state), Sokoto State (eHA currently covers all LGAs) and Zamfara State (Currently, in-sourced and managed solely by the state).

Keywords : cold chain logistics, health supply chain system strengthening, logistics management information system, vaccine delivery traceability and accountability

Conference Title : ICHLSCM 2020 : International Conference on Humanitarian Logistics and Supply Chain Management

Conference Location : Vienna, Austria

Conference Dates : June 18-19, 2020