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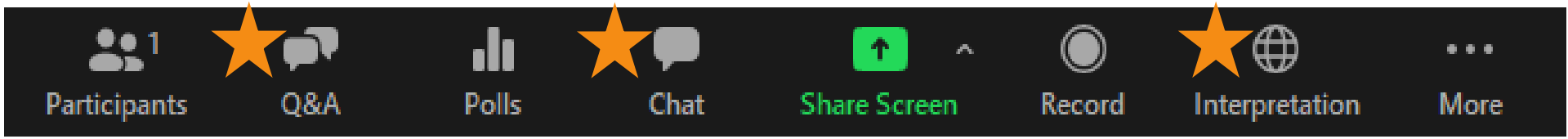
Engaging the Private Sector to Support Immunization Delivery

Lessons from Nigeria

October 2020

Webinar Housekeeping Rules



Q&A: Ask the Panelists

- We will be having a moderated Q&A discussion with our panelists during this webinar.
- Please feel free to submit questions as they arise via the “Q&A” panel on your screen.

Chat: Technical Issues

- If you have technical issues and need to contact the Network Coordinators, use the Chat

Interpretation

- French and Portuguese interpretation will be available for this webinar.
- To access, click on ‘Interpretation’ and then select the appropriate language

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Panelists

Uchenna Igbokwe,
Principal, Solina Health, Nigeria

Chizoba Wonodi,
Johns Hopkins School of Public Health, International Vaccine Access Center (IVAC), Nigeria Country Director

Bello Abdulkadir Aladie,
Deputy Director, National Primary Health Care Development Agency, Nigeria

Provision of Routine Immunization in the Private Sector

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Provision of Routine Immunization in the Private Sector

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Uchenna Igbokwe
Principal, Solina Health

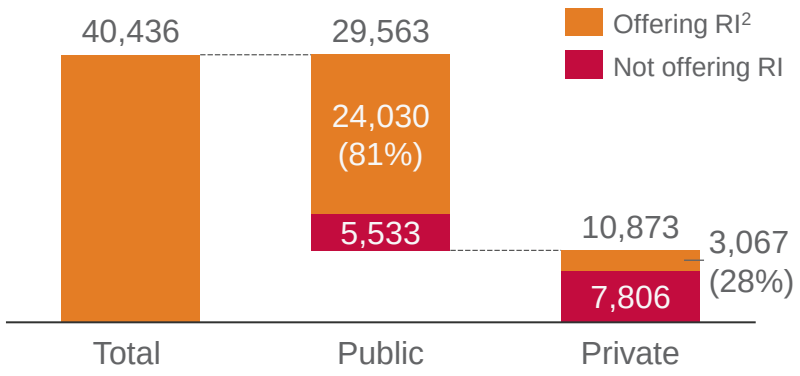
About 27% (10,873/40,436) of registered health facilities in Nigeria are privately owned and the distribution varies across the states

The private sector in Nigeria

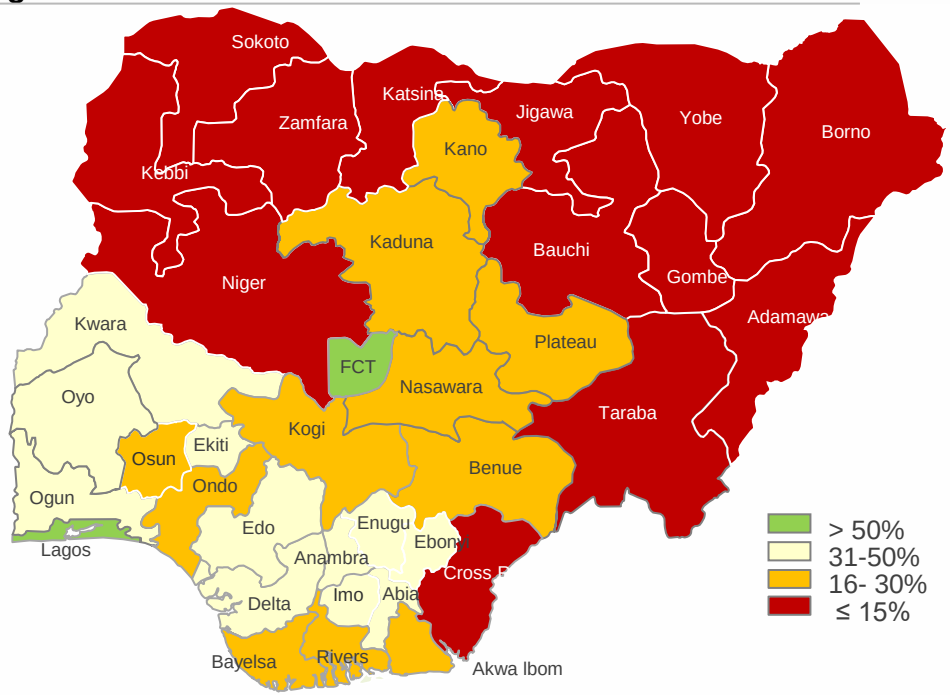
The private sector is defined as *all health-care providers who exist outside the public sector, either for philanthropic or commercial purposes*. In Nigeria, these can be classified thus:

- Private-for-profit
- Private-not-for-profit including NGOs and faith-based organizations

Distribution of health facilities in Nigeria disaggregated by provision of RI services[1]



Proportion of health facilities that are private across Nigerian states[1]



- The large number of private providers in Nigeria signals great potential to expand access to preventive health services including immunization
- However, the varied distribution across the states guides the prioritization of government efforts to engage private providers for immunization service delivery

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1. Nigeria Master List of Health Facilities https://hfr.health.gov.ng/statistics/tables Accessed 11/10/2020; 2.# facilities enlisted on DHIS2 to report routine immunization services

The federal government provides guidance to states on engaging and providing stewardship for private providers to deliver RI services

National Framework for Engagement of Private Health Facilities

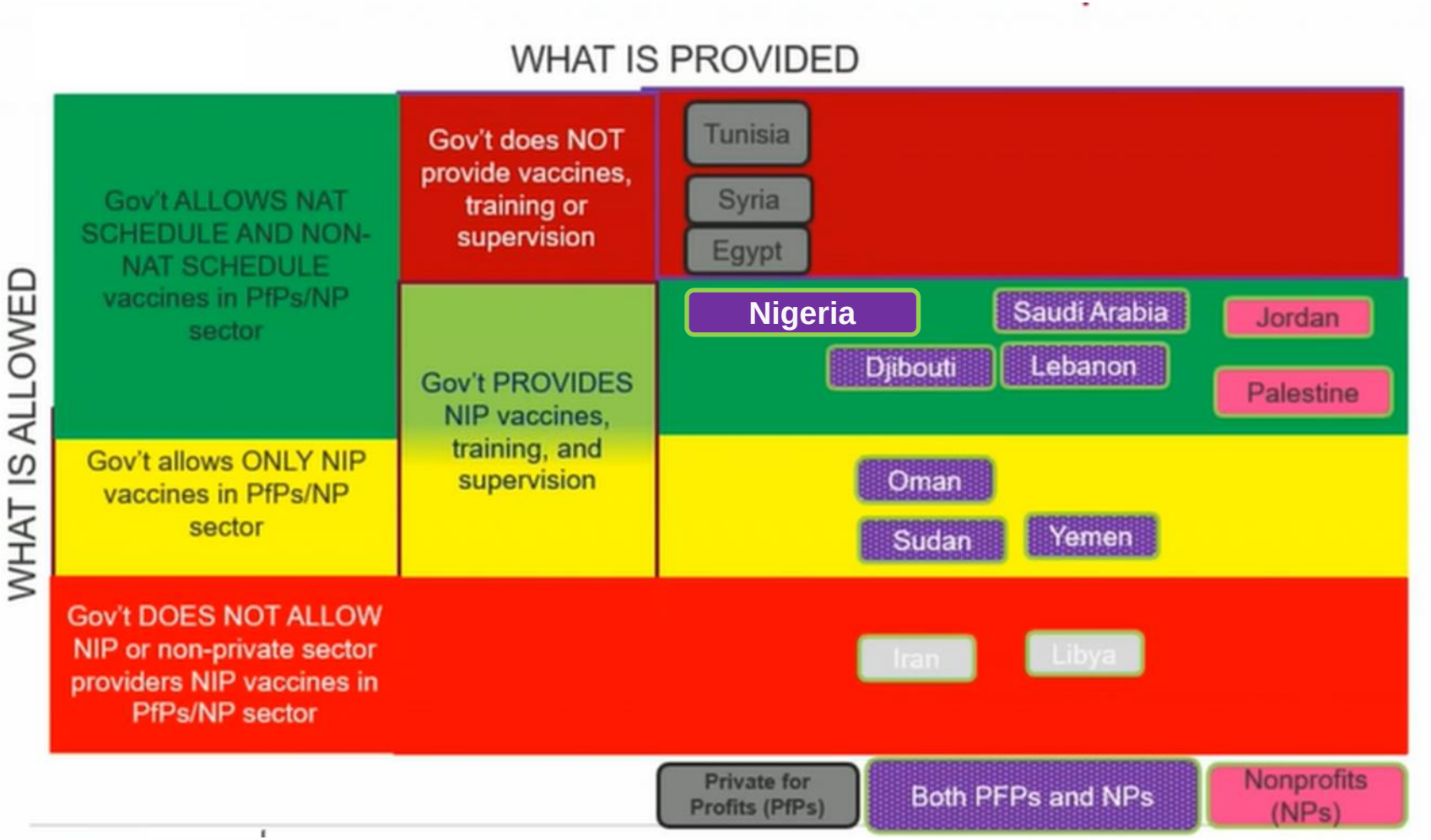
- Available national policies for the engagement of private facilities are the Nigeria Strategy for Immunization and PHC System Strengthening 2018 – 2028 (NSIPSS)[1] and EPI Comprehensive Multiyear Plan 2016-2020 (EPI cMYP 2015)[2]
- Both policies recommend the execution of MoUs between the state governments and the private health providers for the provision routine immunization (RI)

Highlights of the MoU[3]	Details
Objectives of the MoU	▪ To engender accountability with the clear delineation of responsibilities of the government and private practitioners in the provision of Routine Immunization (RI) services
Obligations of the state governments	▪ Assess and ascertain availability of minimum cold chain equipment in Health Facilities ▪ Supply bundled potent vaccines and relevant data tools free of charge ▪ Provide supportive supervision and capacity building for staff
Obligations of the private healthcare provider	▪ Provide vaccinations to eligible population free of charge or at a maximum one-off fee of N500.00 (about $1.3) ▪ Maintain adequate cold chain equipment ▪ Submit regular and timely monthly vaccination data

- The uptake and implementation of this national policy varies however across states; more attention has been paid in more urban settings FCT, Lagos, Kano etc with thriving private sector practice
- Abia state example[4] demonstrates the possibility of securing buy-in of private providers via advocacy to their associations

•SOURCE: Nigeria Strategy for Immunization and PHC System Strengthening 2018 – 2028; [2]EPI Comprehensive Multiyear Plan 2016-2020 (EPI cMYP 2015) [3]NPHCDA Revised MoU for States and Private Facilities. 2017; [4] 10.4081/jphia.2014.297 accessed 11/10/2020

Government relations with private providers for immunization service delivery

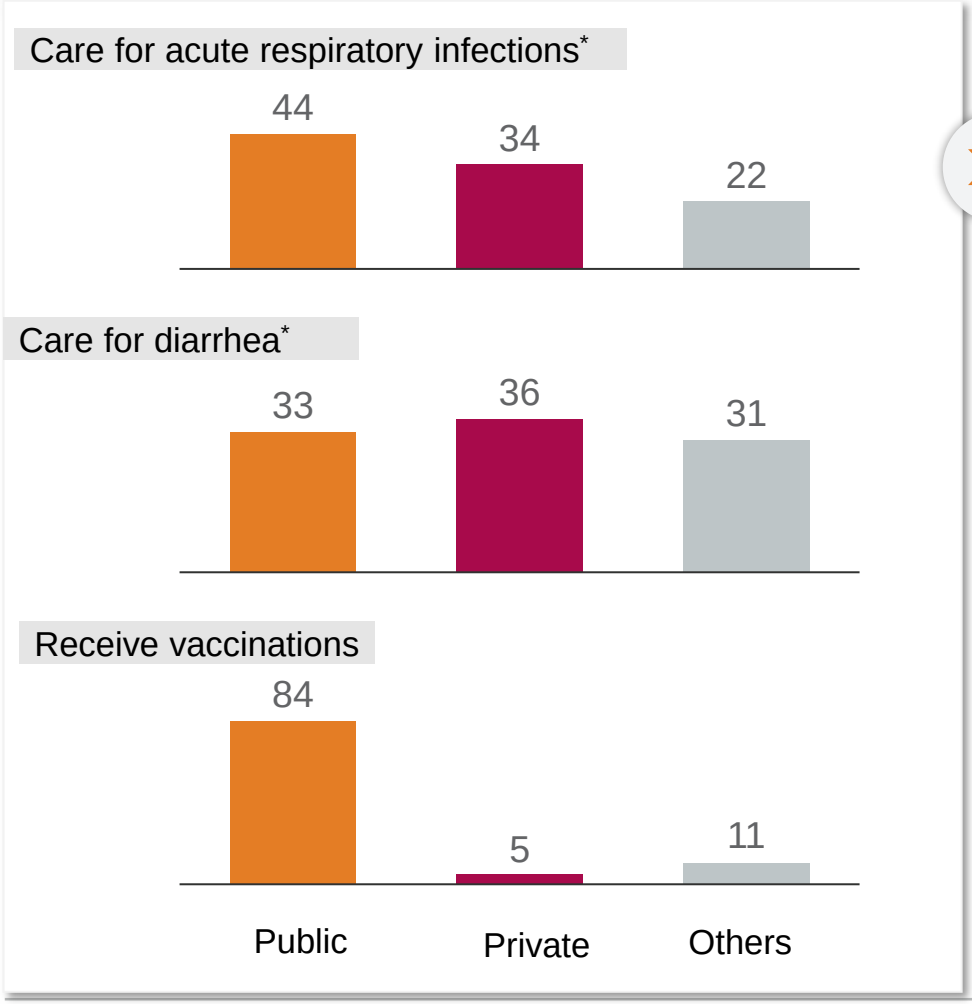


•SOURCE: LNCT webinar resources: strengthening public-private engagement for immunization delivery - Landscape of private sector immunization in MENA countries – Ann Levine, Helen Saxenian and Miloud Kaddar

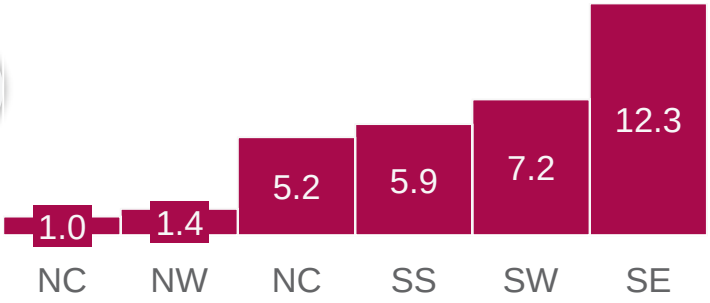
A very small proportion of children are being vaccinated by private health providers

Focus

Where do children seek care in Nigeria[1]?



Variations in use of private facilities for vaccination across geopolitical zones



Caregivers' choices on where to receive vaccinations signal the following:

- Immunization is recognized as a public good which should be free and therefore, they are more likely to pay for curative services at private health facilities
- The availability of private health facilities within the states is a determinant of demand for private-sector vaccinations
- Private providers typically limited to fixed sessions, and do little outreaches; do not have catchment area like public counterparts

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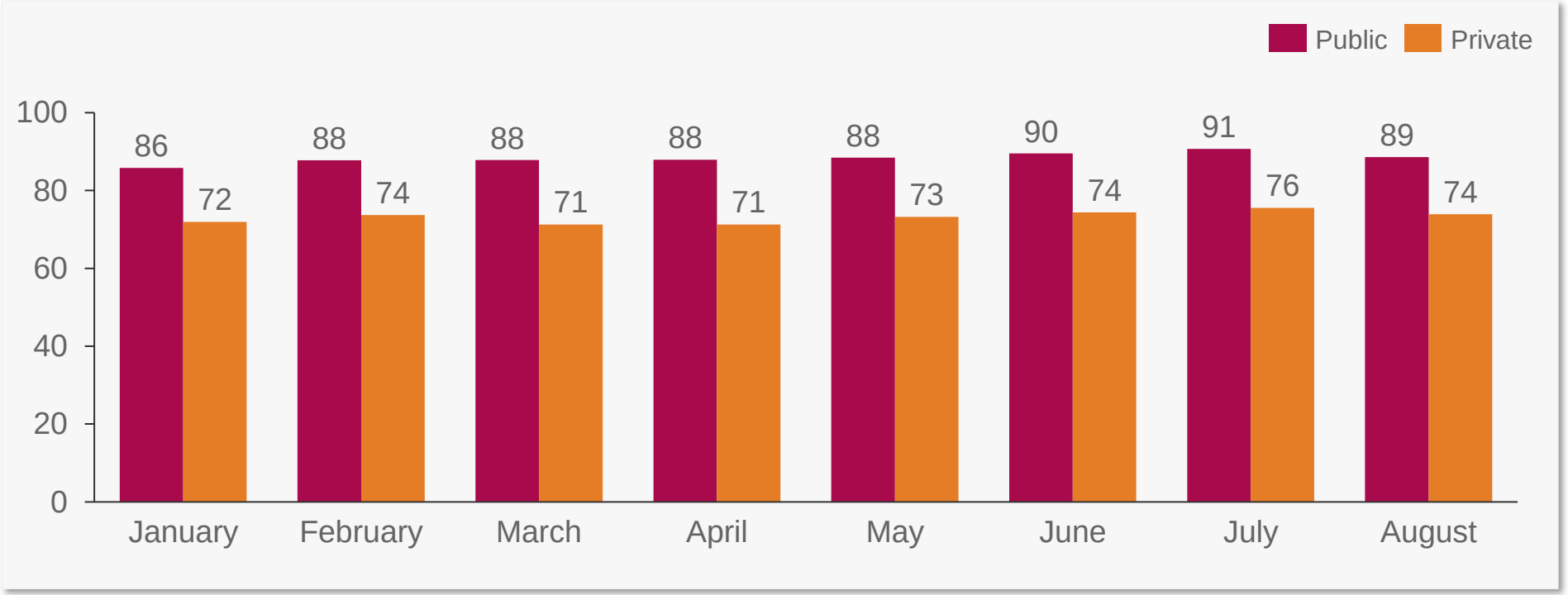
[1] MICS/NICS 2017

*Computed after excluding the proportion that did not seek any care: Others include community sources and PPMVs

Private health facilities consistently post lower administrative data reporting rates than their public counterparts

NHMIS reporting rate for private and public health facilities January – August, 2020 (%)



- The suboptimal reporting rates across private health facilities can be ascribed to inadequate and irregular supply of tools, poor capacity of private practitioners and poor accountability for the reporting process
- State governments would need to improve production and supply of tools for the private sector, enhance training and provide stronger oversight through supportive supervision to private providers

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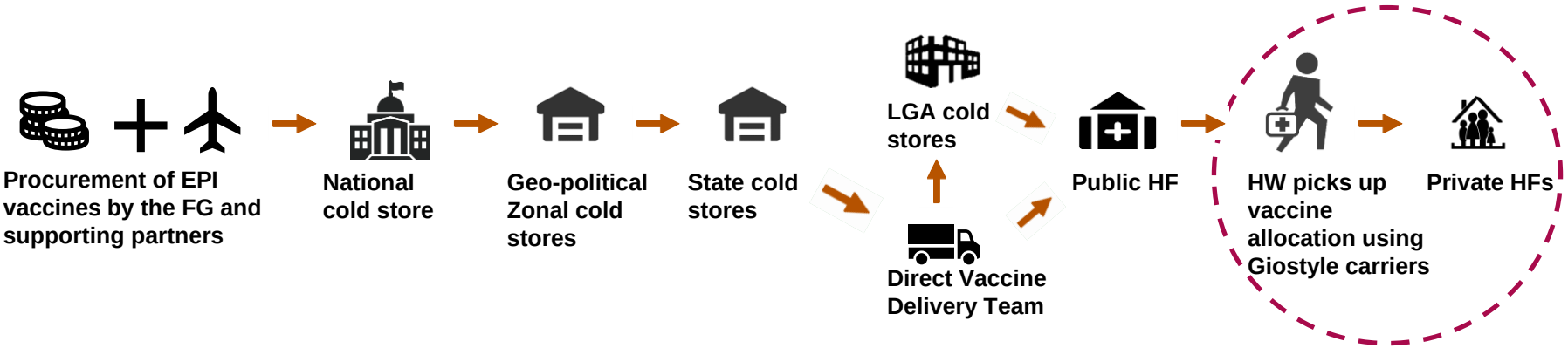
SOURCE: DHIS2, NHMIS Monthly Summary (version 2013)

Private health facilities typically 'pull' vaccines from the closest government-owned health facility

Focus

How do private facilities get vaccines?



- Procurement for vaccines on the national RI schedule is by the federal government and supporting partners
- However, vaccines not included in the schedule can be procured by the private sector through the open market
- Private facilities pick up vaccines for routine immunization sessions from public facilities:
  - Private health facilities rarely have appropriate cold chain equipment to store vaccines
  - They are often not mapped into the states' vaccine distribution or CCE procurement plans
  - The costs for vaccine pick-up are typically borne by the private facilities
- As states further optimize the efficiency of their vaccine supply chain, efforts must be made to integrate private sector needs in government plans to enhance immunization delivery

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SOURCE: Interviews conducted with focal persons in NERICC, Borno, Kaduna, Kano, Abia, Lagos and Osun

To build the capacity of private RI providers, state and LGA teams provide trainings and conduct supportive supervision

	Details	Challenges

Trainings	▪ Private RI providers are included in the following routine training:
	  ▪ Vaccine Management Training
	  ▪ Basic Guide for the Provision of Routine Immunization
	  ▪ Data management and reporting for Routine Immunization
		▪ Poor availability of private practitioners for state/LGA training
		▪ High turn-over rate of staff from private facilities leading to capacity loss

Supportive Supervision	▪ State and LGA supervisors carry out supportive supervisory visits to private health facilities:
	  ▪ To assess conduct of RI sessions
	  ▪ To assess vaccine use
	  ▪ To build capacity of staff on any identified gap
		▪ Infrequent supervisory visits conducted by state/LGA supervisors to fewer private health facilities. For instance, only 3% (1,791/60,348) of all visits so far in 2020 have been conducted to private health facilities[1]

- Quality of immunization services at private facilities are not well documented; anecdotal data suggests significant variations in services quality, as in the cases in many other countries
- Limited role of private providers in policy, program monitoring, advocacy and AEFI surveillance

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SOURCE: Interviews conducted with focal persons in NERICC, Borno, Kaduna, Kano, Abia, Lagos and Osun

[1]WHO RISS ODK platform accessed 14/10/2020

Key takeaways

I. Private sector practitioners are critical in delivery of curative services in Nigeria; potential to contribute significantly to preventive services including immunization is not yet fully harnessed

II. Enabling policies are critical to engaging the private sector; the federal government of Nigeria provides guidelines on the execution of MoUs between states and private facilities

III. The absence of adequate cold chain equipment in private facilities and connection to the vaccine delivery architecture may hamper immunization services; high-volume private facilities should be captured in future redesigns of state vaccine supply chain systems

IV. Improvements in reporting from private facilities require a deliberate push by states and LGAs to ensure private facilities are registered on the electronic (DHIS2) platforms and also receive adequate data tools

V. While efforts are made to improve the uptake of the usual methods of capacity transfer such as supportive supervision and state/LGA level trainings, alternative and more flexible digital training approaches should be considered in order to increase attendance from private facilities

VI. Both federal and state government need to establish clear roles and systems for the private providers to participate in policy and planning, program monitoring, and advocacy

Despite some scepticism about the ability and willingness of private sector to deliver quality immunization, experiences in Nigeria and other countries suggest that effective delivery is possible

THANK YOU FOR LISTENING

Civil Society Organizations and Sustainable Vaccine Financing

October 22nd, 2020

The Learning Network for Countries in Transition Webinar

Civil Society Organizations and sustainable vaccine financing

Dr. Chizoba Wonodi

Nigeria Country Director,

International Vaccine Access Center

JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH

INTERNATIONAL VACCINE ACCESS CENTER

VISION

A world where people and communities are free from the health, economic, and social consequences of vaccine-preventable diseases.

MISSION

To accelerate global access to life-saving vaccines through development and implementation of evidence-based policies.

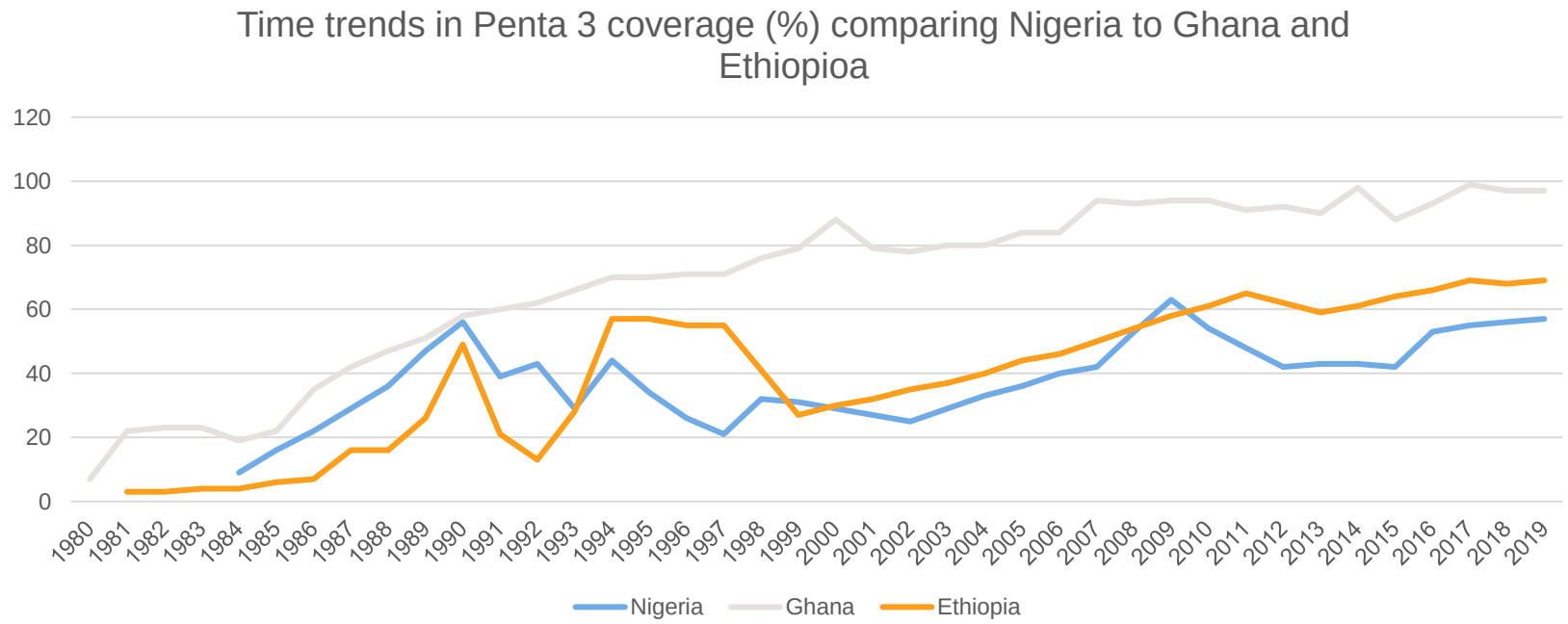
Outline

- Context
- CSOs in Nigerian immunization space
- Advocating for immunization financing
- Demand generation
- Challenges with CSO engagement
- Way forward

IVAC

Context

Coverage of penta 3 is increasing in Nigeria, though the country still under performs compared to its neighbor, Ghana, and its fellow large country, Ethiopia



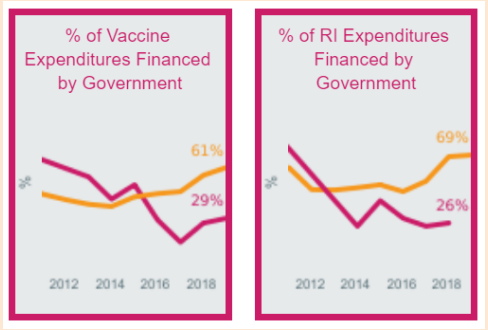
Wuenic estimates 2019

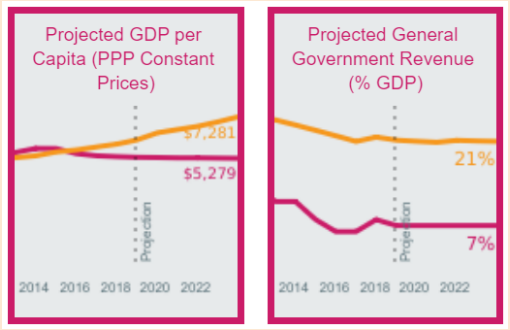
IVAC

Context

Nigeria's immunization program faced huge funding gaps as it approached Gavi transition

- Since 2001 Gavi has supported Nigeria's immunization program with cash, equipment & TA (~1 billion USD)
- The 2014 rebasing of the economy set Nigeria on the path of accelerated transition from Gavi support
- The projected funding gap required urgent action to sensitize policy makers, parliamentarians, the public etc.. to take action
- This was an opportunity for CSOs to contribute





Nigeria
LNCT average

Source: Learning Network for Countries in Transition - https://lnct.global/focus-area/managing-the-gavi-transition/

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Nigeria has a long vibrant history of CSO activism and action

Recent history

- Democracy activists (NADECO, CLO – early 90s)
- Civil liberties (CLO – early 90s)
- Women's rights (FIDA)
- HIV (CISGHAN – early 2000s)
- Health sector reform (HERFON, early 2000s)
- Accountability (Budgit, CODE, 2015)
- Sustainable vaccine financing (NIFT, WAVA 2015)

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National Immunization Financing Task Team (NIFT) and the Women Advocates for Vaccine Access (WAVA) emerged as the arrowhead of the advocacy for sustainable immunization financing in Nigeria

NIFT brought together government, partners, CSOs and the private sector

Key achievements include

- Harmonization of the divergent estimates of routine immunization funding requirements produced by McKinsey, WHO and CHAI in 2015
- Appointment of champions in the National Assembly who protected immunization funding in the national budget
- High-level national and global advocacy that political will for managing Nigeria's transition risk leading to Gavi Board's granting Nigeria extended transition and additional 1B USD
- Elevated the discussion about local vaccine production as a long-term strategy for vaccine security for some basic vaccines

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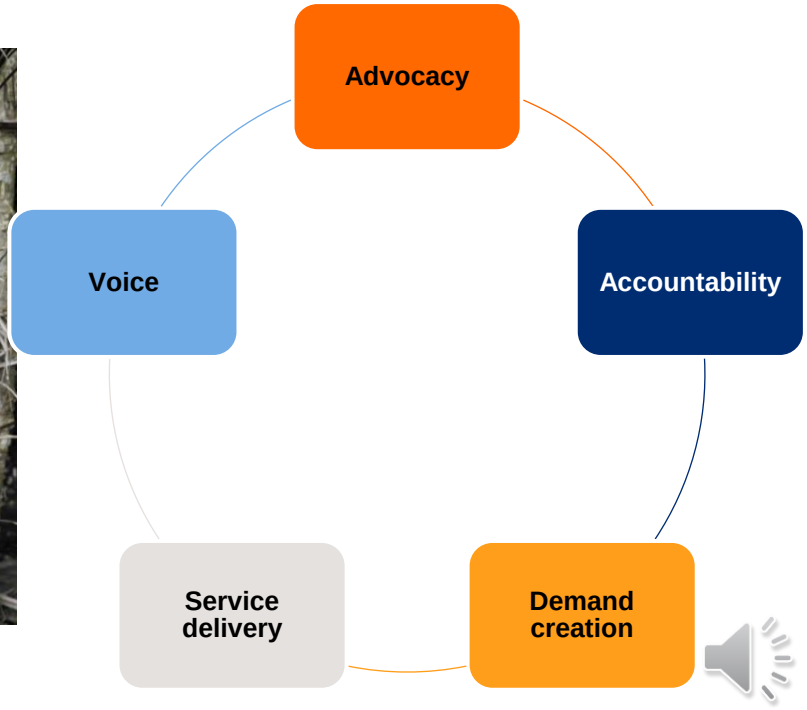
CSOs play a variety of important roles in the immunization program



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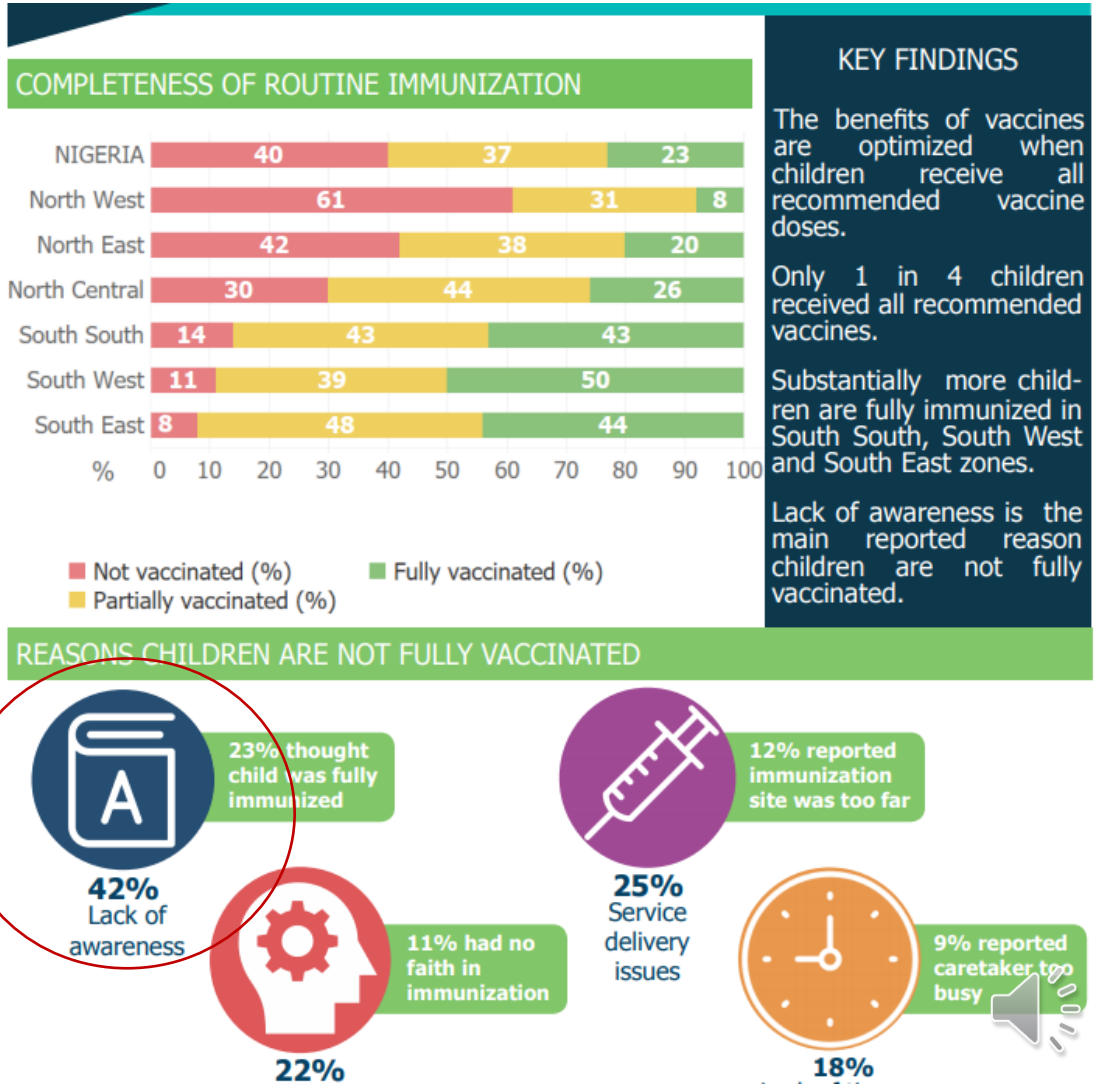
Strong need for demand-side interventions

The 2016/2017 NICS MICS demonstrates that lack of awareness is a major reason for children not being fully immunized, highlighting the importance of demand generation in achieving immunization coverage goals

CSOs play an important role in demand creation and could play an even bigger role if their social assets and reach are harnessed and optimized



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Challenges with government's formal engagement with CSO

- Absence of a clear structure and mechanism for sustainably engaging CSOs are partners
- Need for a well funded-structured platform to coordinate CSO activities and contributions to immunization
- Absence of a well-defined funding mechanism for CSOs
- Poor recognition of the broader developmental value CSOs bring to immunization
- Government concern about CSOs' motives and impact of their watch-dog role

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Way forward

- Government, partners and CSOs co-create a strategy for engagement at all levels, from global to regional to national and subnational
- Create a dedicated funding window to support CSOs activities. Funding for accountability functions should be outside government control
- Strengthen existing CSO coalitions and networks to harness their reach and assess
- Integrate CSOs into governance structures at all levels
- Include CSOs in plans for capacity building at all levels

IVAC

Thank you

IVAC

Leveraging Private Sector Expertise to Strengthen Cold Chain Maintenance

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Leveraging private sector expertise to strengthen cold chain maintenance

Project Last Mile

October 2020

Pharm. Bello Abdulkadir Aladie
National Primary Health Care Development Agency

Project Overview

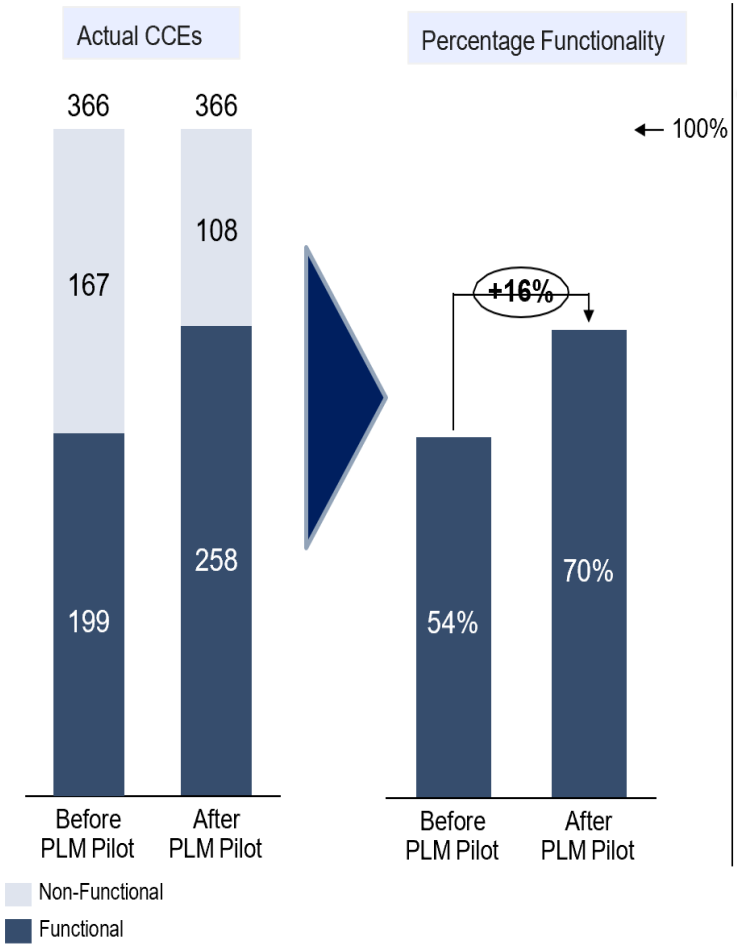
- Problem/Challenge to be Addressed:
  - Weak cold chain infrastructure as one of the key immunization program challenges in Nigeria.
  - High failure rate of CCE due to poor and largely unstructured maintenance system
  - Lack of capacity for CCE maintenance
- The main objective of the Project Last Mile (PLM) partnership in Nigeria was to test the efficiency and effectiveness of the Coca Cola model for maintenance of refrigerators with a view to adopting the model for vaccine Cold Chain Equipment in the country
- Implementation Timeframe:
  - PLM supported the country from 2016 to 2018 on training of CCE technicians.
  - However, the pilot project in Lagos on the Coca Cola model spanned six months from February to August 2019
  - The scale-up was to be in phases

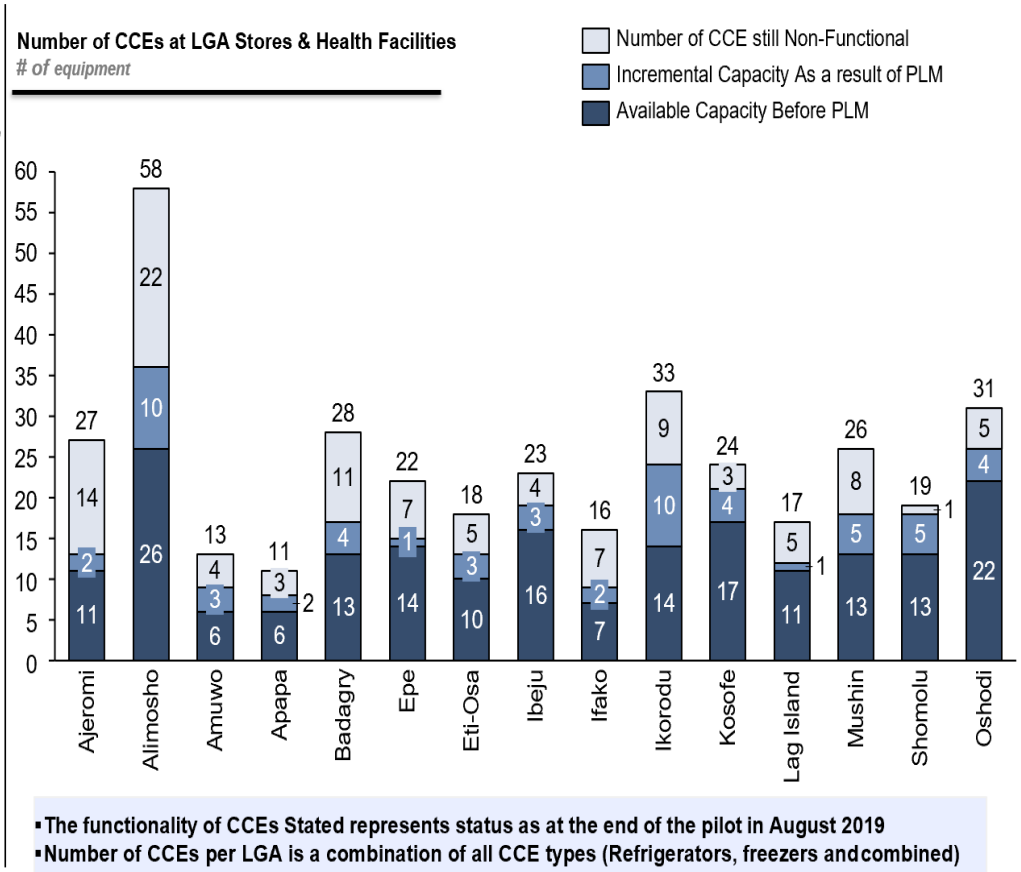
Partnership Development

- Project Last Mile (PLM): Partnership of USAID, Global Fund, BMGF, the Coca-Cola Company & Foundation, working with governments and local Coca- Cola bottlers to develop tailored, last mile delivery solutions for life-saving medicines
- BMGF invited PLM in 2016 to evaluate how the CocaCola system for maintenance of its numerous refrigerators could be adapted to strengthen the country's cold chain system in Nigeria
- The Partnership through Frigoglass, provided capacity building support from 2016 to 2018, when BMGF invited PLM to Lagos state to pilot an outsourced maintenance model for vaccine refrigerators using the Coca-Cola model. The pilot targeted 386 units of CCE in 15 LGAs of Lagos state for maintenance and repairs during the pilot study
- Roles and responsibilities of key stakeholders (including financing):
  - National & State governments: Overall coordination, training funds and M & E
  - Coca Cola: Technical expertise (Part of consortium)
  - CHAI: Technical support (funded by BMGF)
  - Frigoglass: Outsourced maintenance provider *(primary maintenance provider for Nigeria's local Coca-Cola bottler, NBC, across the country)*
- Support to the project earned Coca Cola CSR points

Results of Lagos pilot project

Repairs from the pilot contributed to a 16% increase in available capacity and 100% Equipment uptime across all 15 LGAs where the pilot was conducted





- The functionality of CCEs Stated represents status as at the end of the pilot in August 2019
- Number of CCEs per LGA is a combination of all CCE types (Refrigerators, freezers and combined)

Implementation Challenges

- The plan had been to use the results of the Lagos pilot project to inform nationwide scale-up. However, this has not happened due to issues with:
  - Financial sustainability
    - For sustainability, States would be expected to fund maintenance of cold chain equipment going forward. The political will necessary to guarantee sustained States' funding is lacking. The pilot project in Lagos state was almost scuttled due to lack of funds. The annual cost of maintenance for CCE under warranty is **₦3,254.4** while the cost for equipment not under warranty is **₦41,270.40**
  - Programmatic sustainability
    - The system may turn out to be antithetic to the broader health system strengthening goals of the country, which is to build capacity within the public service system for activities that impact service delivery

Sustainability Plans for CCE maintenance

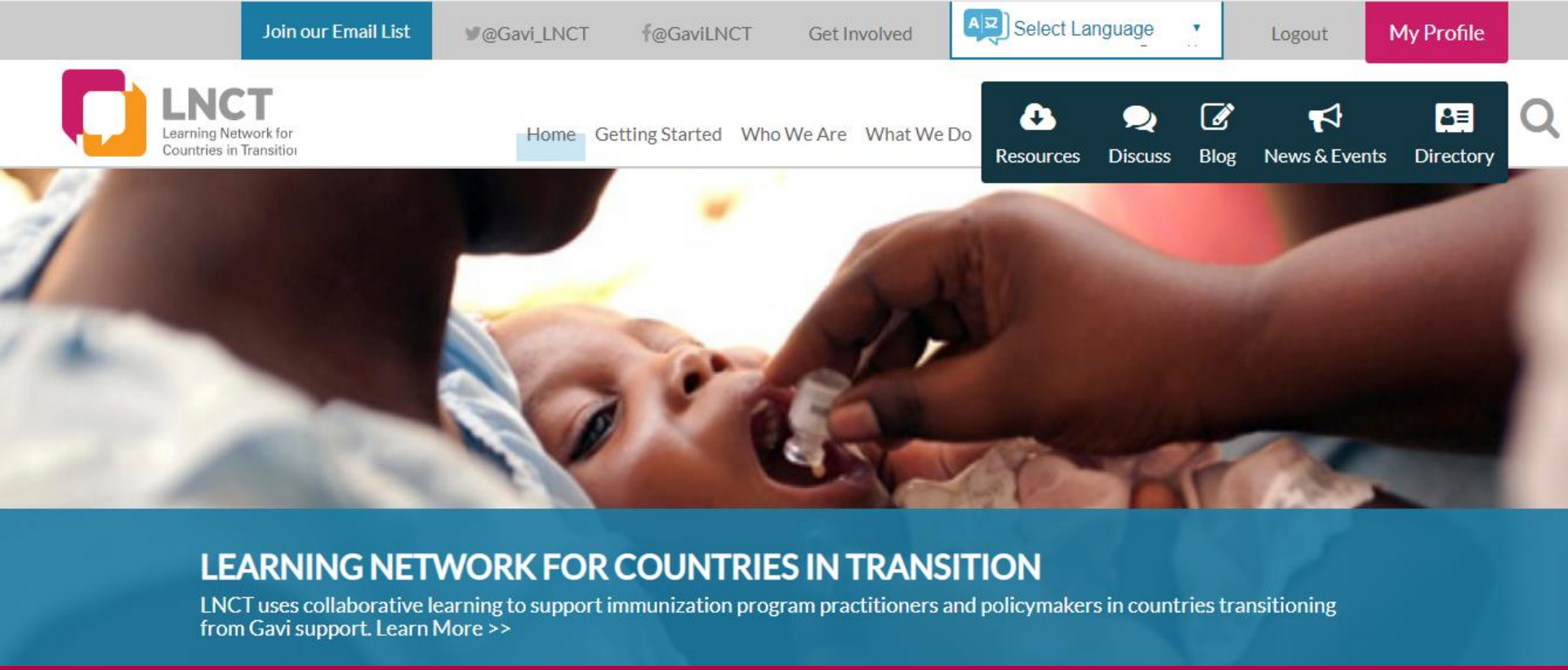
- Drawing from lessons learned through the partnership, the country is adopting a system which is has the potentials for being cheaper and contributing to the country's health system strengthening goals:

- With support from Gavi and the National Government, States have established Maintenance Units.
  - Tool kits are being procured for the maintenance units by Gavi
  - Maintenance technicians are being trained by the in-country representatives of CCE manufacturers

- In States without the current capacity to adequately staff this unit, outsourced maintenance system has been recommended

Thank you

Moderated Question & Answer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LNCT uses collaborative learning to support immunization program practitioners and policymakers in countries transitioning from Gavi support. Learn More >>

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