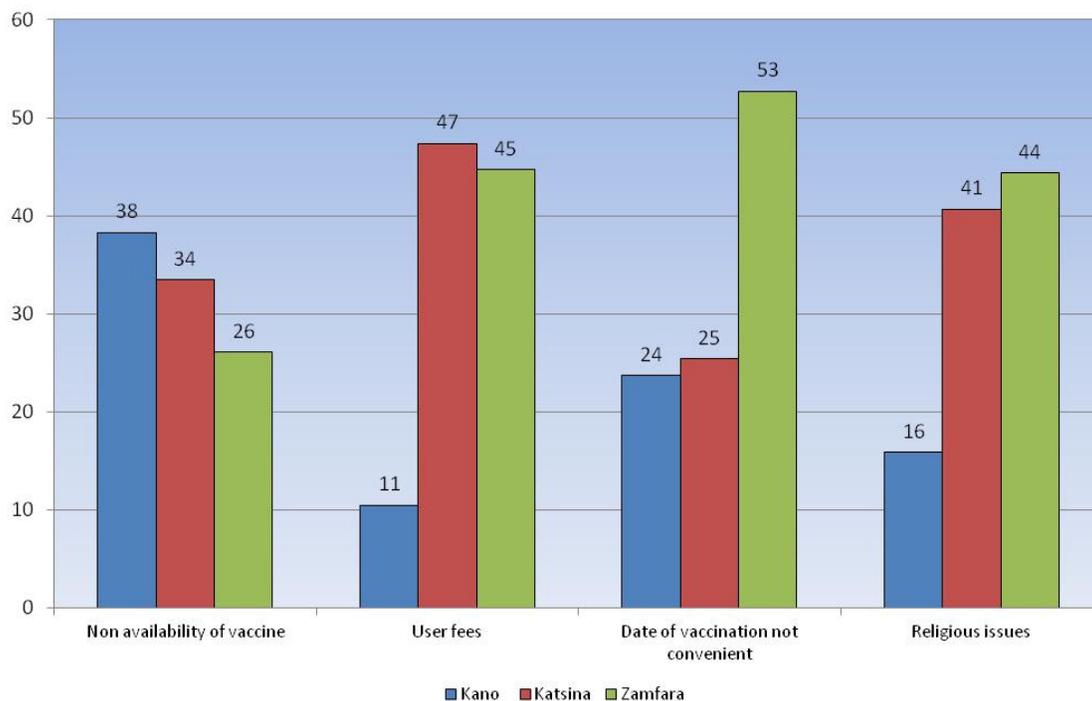


Supporting the PEI study – exploring the reasons for non-vaccination

This was reported on in the 2010 annual report. The data was analysed, presented and discussed in 2011. In essence, a rapid health systems analysis and a qualitative assessment of the roles and practices of stakeholders that influence non-vaccination against polio in high-risk states of northern Nigeria was conducted. The objectives of this assessment were to better understand the failure to vaccinate children under 5 years of age in northern Nigeria.

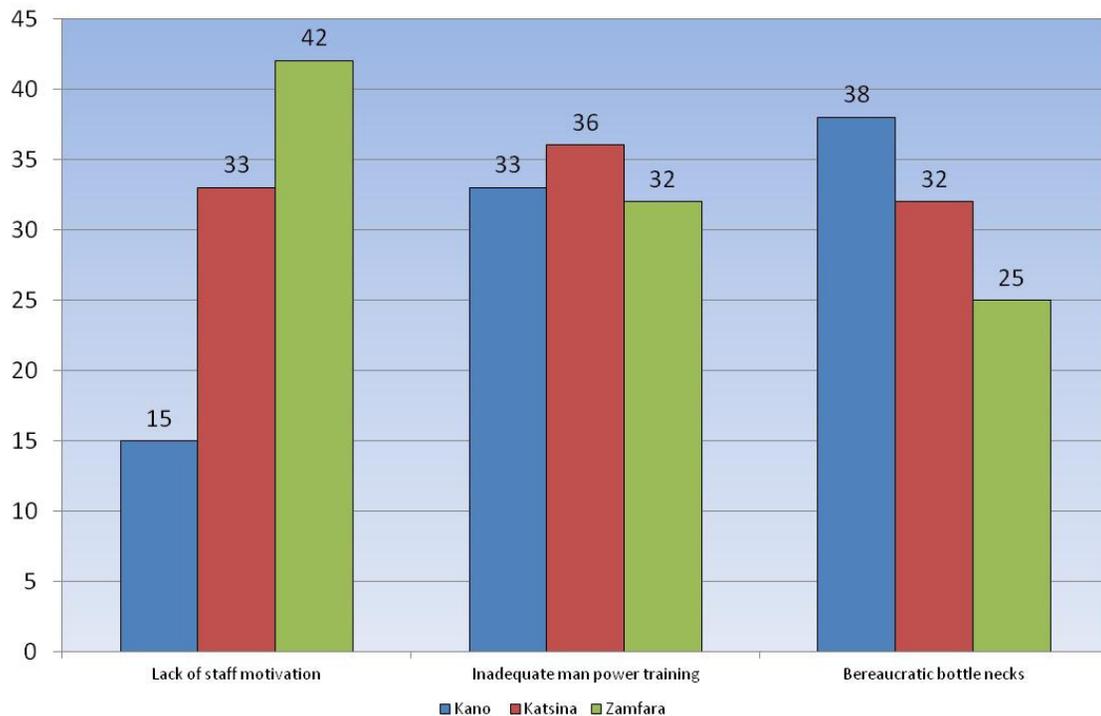
Results were presented to the Core Group and the immunisation stakeholders consultative conference and showed that, to some extent, PEI has strengthened health infrastructure at all levels of the system and has led to increased funding for PEI and routine immunization activities. However, the report also found low level of LGA commitment to support PHC; weak vaccine management resulting in vaccine stock-outs, unsafe storage, and poor distribution of vaccines and immunization supplies. PEI campaigns were also noted to have increased the workload on health personnel who in turn were unable to perform routine immunization services. Surveillance is poor and needs strengthening across states, LGAs and wards. In addition, findings noted that increased priority and funding for PEI/RI has been detrimental to other programs.



Barriers to High uptake of Immunisation Services as reported by state level Health Personnel

Some results from the PEI study

Perceived Management Challenges reported by State level Health Personnel in the 3 focus states



Communiqué from the Immunization Stakeholders Consultative Conference (opened by the Minister of State for Health Dr. Muhammad Ali Pate)

The focus was on the following key issues:

Routine Immunization should be strengthened; NPHCDA should ensure that vaccines are always available; NPHCDA should support states to revamp their cold chain and facilitate strengthening the cold chain in the LGAs. NPHCDA to explore options to ease access to GAVI ISS funds.

Polio Eradication – a key focus should be training and retraining of health workers on data management and provision of data tools by states/LGAs and also provision of counterpart funds to augment remuneration of vaccinators.

In addition, NPHCDA to harvest best practices from states that have shown great improvement over a short period of time and share with low performing states and develop a well-defined six month implementable emergency plan on PEI and RI addressing state specific issues.

The study has helped shift the emphasis back to a combination of RI and PEI services with most stakeholders agreeing that a balance between the two needs to be sought. For example, the GAVI fund now guarantees, through UNICEF, against vaccines stock-outs while the Presidential Economic Team approved for a 1st line charge to the Federal budget for immunization funds from 2012.¹ This should assist in minimising vaccine stockouts which has been a problem in 2011 which has meant that all states have experienced some shortages of vaccines and supplies in 2011.

¹ This means that this money is 'top-sliced' or 'protected' for this purpose and this purpose only