Techno-Economic Assessment of Electronic Vaccine Intelligence Network (eVIN)





Immunization Supply Chain

Universal Immunization Program of India, largest in the world, caters its beneficiaries through ~27,000 CCPs; with 95% CCPs situated below the district level (PHC, CHC, Urban Health Facility, Sub-centers)



An Effective Immunization Supply Chain Plays a Key Role in Improving the Immunization Coverage

eVIN has been designed to provide visibility of real time stock & temperature patterns, to calculate vaccine requirement, to tackle emergency situations of temperature breach, to provide information on consumption patterns and possibilities of stock reallocation

Rationale

- With the Gavi HSS1 support (2015-17), eVIN has been implemented in 12 out of 36 states and union territories. Gavi HSS2 support (2017-21) enabled the introduction of eVIN in the remaining 24 states and union territories. From the year 2018 onwards, state governments were expected to sustain its own implementation costs.
- Given the context, 'Techno-economic assessment of eVIN' was proposed to provide learnings for scale up of the progarmme in remaining states, and also pave a sustainable way forward for eventual transition of eVIN from UNDP/GAVI to GoI.

Study Objectives



To assess the programmatic usefulness of eVIN implementation, in areas of stock management and documentation, temperature monitoring and cold chain equipment



To document the program benefits and challenges of eVIN implementation, in contributing to system effectiveness and efficiencies



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To evaluate the economic impact of eVIN implementation, including cost savings on vaccine and cold chain logistics management

To conduct an economic-feasibility assessment modelling the Return On Investment (ROI) of eVIN implementation

Study Design (Quasi Experimental Design)



Pre- and post- eVIN implementation assessment: To assess programmatic usefulness of eVIN

• A comparative analysis of key process indicators was done for all 12 eVIN states, based on a set of six-month data before eVIN implementation and another six-month data (Oct'17 to Mar'18) after eVIN implementation.



- A **comparative assessment** in three eVIN and three Non-eVIN states:
- A comparative analysis of key performance indicators was done to assess enhanced outcomes in eVIN states as compared with non-eVIN states.



- **Economic assessment** of eVIN implementation :
- Economic assessment was conducted in 7 states using a pre-post study design separately for one year before eVIN and one year from eVIN implementation.

Both quantitative and qualitative methods were applied for programmatic assessment, while economic assessment was purely quantitative.

Total 944 cold chain points were covered in programmatic assessment. Economic assessment collected data from 102 CCPs in 7 states.

Study Design (Quasi Experimental Design)



Designation and Training Status of Cold Chain Handlers





Savings in Vaccine Utilization by eVIN States (Source: Immunization Division, MoHFW)



- Vaccine Utilization = Opening Dosage + Dosage Received Closing Balance
- Pre eVIN period: 2015-16 for UP, MP and Raj as eVIN was implemented in early 2016-17; 2016-17- for remaining 9 states
- Post eVIN period: 2016-17 for UP, MP and Raj; 2017-18 for remaining 9 states
- *Vaccines Considered -Hep-B, DPT, BCG, Pentavalent, TT : for 12 states
- Measles in 11 states except HP because of introduction of MR
- OPV in 9 states except Uttar Pradesh, Madhya Pradesh and Rajasthan because of t-opv to b-opv switch and mop-up rounds in 2016-17.

Facilities Reported Stock-out of any Antigen (%)



There is no statistically significant difference in maximum and minimum stock of any antigen after introduction of eVIN.

*Reference period: Pre: 6 months prior to inception of eVIN, post: Oct'17 to Mar'18, Vaccines-Hep-B, DPT, BCG, Pentavalent, Measles, OPV & TT for 12 states except Measles not included for HP because of introduction of MR

Percent Reduction in Missed Opportunity



After eVIN implementation, an additional 4,01,438 antigens were administered to the due beneficiaries

*Missed opportunity has been calculated by number of sessions missed, multiplied by number of children immunized/facility in the pre/post period from the HMIS data for the sampled districts. # Hep-B is in number of days of stock-out. To calculate missed opportunity, number of days of stock-out was multiplied with the number of children immunized with Hep-B in a facility in a day in the pre/post period from HMIS data for the sampled districts. \$ includes children and women

Facilities having Discard of any Vaccine (Source: UNDP-India reported eVIN and VCCM records)



Significance * p<0.05, ** p<0.01, *** p<0.001 Significance test of proportion (prtest) UNDP data considered, includes wastage due to VVM, freezing, expiry and broken vials

Doses Discarded: Projections

Antigen	Pre-eVIN	Post-eVIN	% reduction in doses discarded
BCG	128,751	25,750	80.0
DPT	801,670	10,668	98.7
HEP-B	64,209	33,442	47.9
MEASLES	34,278	6,688	80.5
OPV	192,626	150,489	21.9
PENTA	29,094	16,387	43.7
тт	37,121	6,688	82.0
Total	12,87,749	2,50,112	80.6

Vaccine Distribution Practices



57% reduction

In post eVIN mean response time was 3 days in comparison with 7 days in pre-eVIN



Vaccine Documentation Practices



facilities in the post-eVIN period



Documentation: More Than 90% Completeness



Above 90% completeness' indicates less than or equal to 10 instances missed out of 6 critical indicators- batch no, expiry date, VVM status, opening balance, closing balance, open vials (at CCP).

Accuracy in Documentation (across eVIN states)



accuracy matched in stock registers and eVIN entries



accuracy matched in physical counting of doses and eVIN entries

Temperature Monitoring



CCH Recording on the Same Day

Between 2 to 8 Degree

Observed Stem Thermometer Reading in the Recommended Temperature

Accuracy of Temperature (%): eVIN Logger Matched with Stem Thermometer



Difference is less than ± 0.5 degree Celsius

Difference between ± 0.5 to ± 1 degree Celsius

Difference is more than ± 1 degree Celsius

Cold Chain Equipment: Sickness Rate



Time Required to: Prepare Vaccine Indent, After Vaccine Receipt, and in Updating Vaccine Distribution



Challenges Addressed or Not





