Overview of Gavi Full Country Evaluations Findings

Uganda

2013-2016

Summary of recommendations

Ministry of Finance

» Be involved at all stages of planning for new vaccine introductions.

Ministry of Health

» Conduct a survey to fully understand the reasons for the discrepancy in delivery between pneumococcal conjugate vaccine and pentavalent vaccine to inform efforts to improve routinization for vaccine introductions.

» Prioritize the regular monitoring of newly introduced vaccines, particularly beyond the Post Introduction Evaluations, to ensure routinization of new vaccines.

» Carefully consider Uganda's ability to cover ongoing operational costs and meet the co-financing requirements that come with proposed new vaccine introductions during the planning phase.

» Evaluate the different models being used for HPV vaccine delivery to identify best practices and inform efforts to improve HPV vaccine coverage nationwide.

Gavi Secretariat

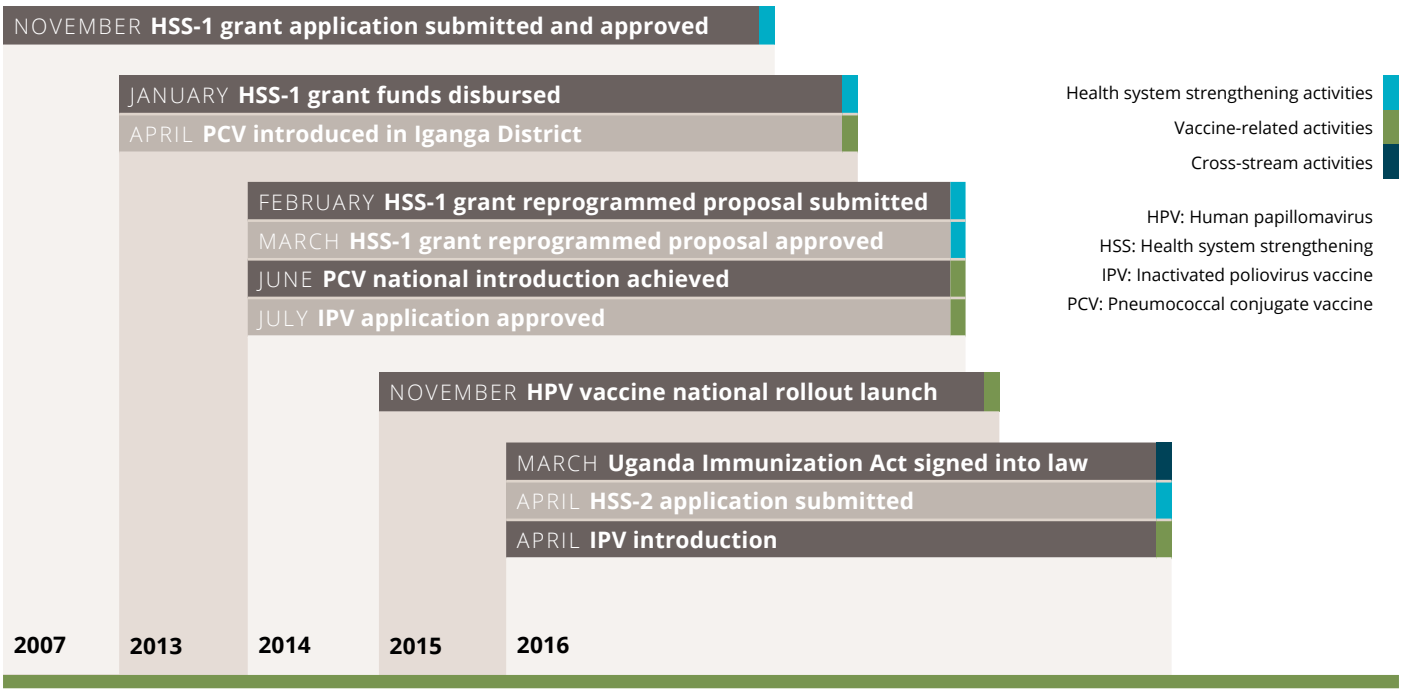
» With global partners, ensure there is a sufficient global supply for fast-tracked vaccines. When shortages do occur, help countries with prioritization and adaptive planning.

» Consider the time required to navigate government systems and for reprogramming during Health System Strengthening grant application and planning processes.

» With the Ministry of Health, develop a structured way to conduct a bottleneck analysis with multiple stakeholders to foster country understanding and ownership.

» Devise an operational definition of technical assistance to guide country stakeholders in identifying proper TA needs and increase in-country understanding of the Partners' Engagement Framework approach to TA allocation.

Key activities



Introduction

PURPOSE

The Gavi Full Country Evaluations (FCE) is a prospective study from 2013-2016 in four countries: Bangladesh, Mozambique, Uganda, and Zambia. The study aims to understand and quantify the barriers and drivers of immunization program improvements, through the lens contributions made by Gavi, the Vaccine Alliance. This brief summarizes the key findings and recommendations from the 2013-2016 evaluation period in Uganda, with an emphasis on the 2016 recommendations that are most timely, relevant, and actionable.

GAVI SUPPORT

Uganda first received support from Gavi, for immunization services support and the introduction of vaccines in 2001. During the past 16 years, Gavi provided funding for new vaccine introductions, health system strengthening, and other related activities to the Uganda National Expanded Programme on Immunization (UNEPI) (see Table 1).

TABLE 1: GAVI SUPPORT IN UGANDA, 2001-2017[1]

TYPE OF GAVI SUPPORT	PERIOD	TOTAL AMOUNT OF FUNDING ($US)
Pneumococcal conjugate vaccine	2013-2020	141,197,326
Pentavalent vaccine	2002-2020	188,482,806
Human papillomavirus vaccine national introduction	2015-2016	10,829,040
Inactivated poliovirus vaccine	2015-2017	9,430,500
Health System Strengthening grant	Approved in 2008, disbursed in 2012	19,242,000
Immunization Services Support grant	2001-2004	9,230,520
Injection Safety Support grant	2002-2004	1,207,299
Vaccine Introduction grant	2002, 2013, 2015, 2017	5,601,144

New Vaccine Introductions

PNEUMOCOCCAL CONJUGATE VACCINE

APRIL 2013 **PCV introduced in Iganga District**

JUNE 2014 **National introduction achieved**

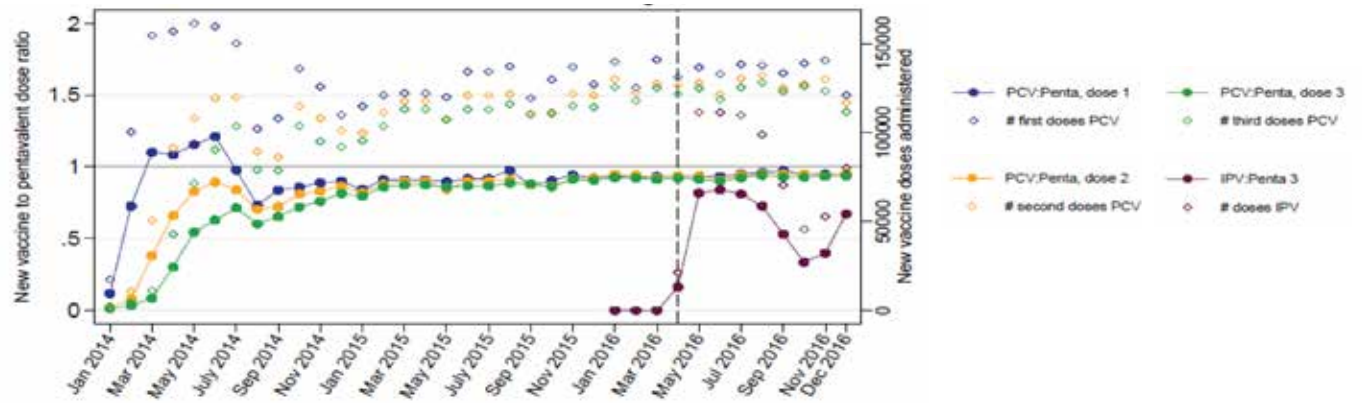
Data show that pneumococcal conjugate vaccine (PCV) coverage rates were lower compared to doses of pentavalent vaccine. Although there has been tremendous improvement in PCV routinization since January 2014, it is not fully routinized at the same level as other immunizations (see Figure 1).

- In 2014 and 2015, under-routinization was due to insufficient PCV quantities at the national level, which led to rationing PCV doses to lower levels of the health system.
- In 2015 and 2016, it is believed that PCV was being normally administered, but due to poor data-keeping practices, coverage was not properly recorded. Coverage improvements coincided with data quality trainings conducted by UNEPI and partners.

> *I realized the difference between PCV3 and DTP3 (diphtheria, tetanus, and pertussis) recently, when the district team visited our facility for support supervision. I did not have any explanation because we have not had any PCV stockouts and every child that gets DTP also gets PCV. But, we are always overwhelmed by workload so there is a problem with the data. This has changed; we are now okay.*
>
> **— Health Worker Key Informant Interview 2016**

[1] *Source: http://www.gavi.org/country/all-countries-commitments-and-disbursements, accessed last November 21, 2016. Values shown represent Gavi commitments, those which Gavi intends to fund over the life span of the program, subject to performance and availability of funds.*

FIGURE 1: ROUTINIZATION OF PCV AND IPV IN UGANDA, 2014–2016



2016 Recommendations

Ministry of Health: Conduct a survey to fully understand the reasons for the discrepancy in delivery between PCV and pentavalent vaccine to inform efforts to improve routinization for vaccine introductions.

Ministry of Health: Prioritize the regular monitoring of newly introduced vaccines, particularly beyond the Post Introduction Evaluations, to ensure routinization of new vaccines.

INACTIVATED POLIOVIRUS VACCINE

JULY 2014 **IPV application approved**

MAY 2015 (PLANNED), APRIL 2016 (ACTUAL) **Introduction**

Supply shortages affected inactivated poliovirus vaccine (IPV) introduction:

- The arrival date of IPV in Uganda was uncertain due to global supply shortages, which caused the introduction to be delayed from 2015 to 2016.
- IPV delivery increased quickly after its introduction in April 2016, but began to drop after June due to global supply shortages (see Figure 1).

2016 Recommendation

Gavi Secretariat: With global partners, ensure there is a sufficient global supply for fast-tracked vaccines. When shortages do occur, help countries with prioritization and adaptive planning.

HUMAN PAPILLOMAVIRUS VACCINE

SEPTEMBER 2013 **HPV vaccine national rollout application submitted**

MARCH 2014 **National rollout application approved**

APRIL 2015 (PLANNED), NOVEMBER 2015 (ACTUAL) **National rollout launch**

Following a successful human papillomavirus (HPV) vaccine demonstration project in select districts, Uganda secured funds from Gavi for national rollout. The country faced several challenges during the national launch:

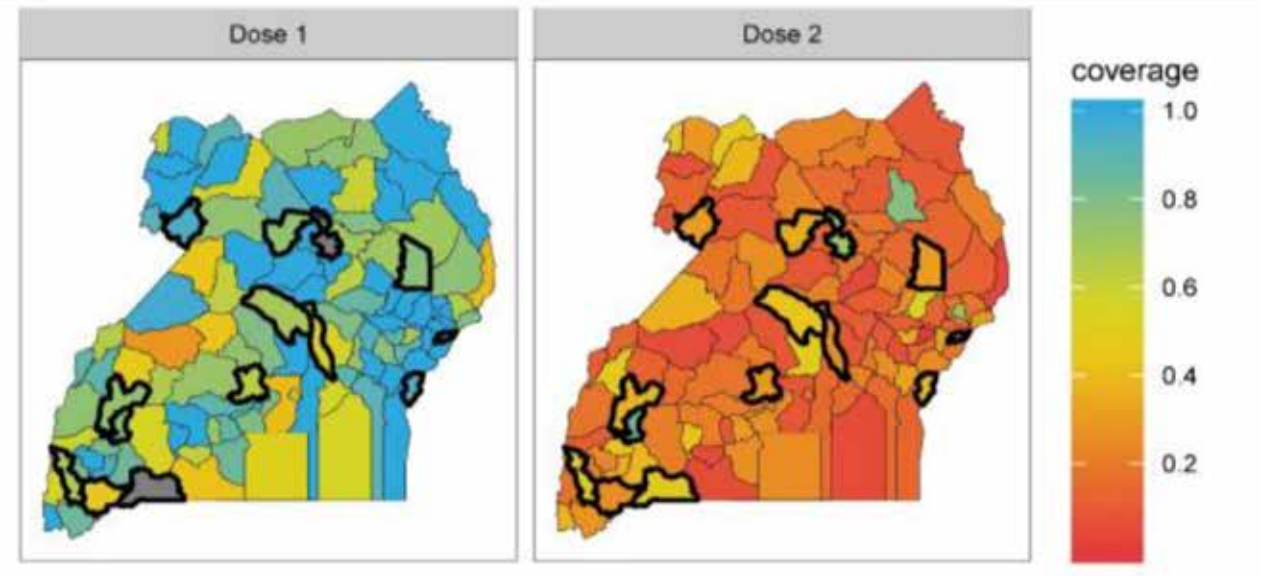
- Shortage of vaccine storage space due to delayed implementation of the Health System Strengthening-1 grant led to postponing the rollout from April 2015 to November 2015.

- The delay led to holding the launch during a school holiday. Given that most of the target age group (10-year-old girls) are in school, this was a missed vaccination opportunity.
- Measles campaign activities were merged with HPV vaccine introductory activities and covered by the HPV Vaccine Introduction Grant, resulting in inadequate funding for HPV vaccine social mobilization.
- Rollout was slow, with eight districts not reporting vaccine delivery data until April 2016.
- Due to insufficient resources and training, the chosen HPV vaccine delivery model was unclear to districts and health workers when national rollout began; as a result, districts used varying models.

> *For HPV [vaccine training] was a little bit funny. They brought us a central supervisor who was not well equipped with everything. The information she was giving wasn't well detailed, and when someone would ask a question she would even get stuck.*
>
> **—MOH Key Informant Interview 2016**

The national coverage rate for HPV vaccine dose 1 was 83.4% and HPV vaccine dose 2 was 22.8% (see Figure 2).

FIGURE 2: HPV VACCINE COVERAGE BY DISTRICT IN UGANDA, FROM HEALTH MANAGEMENT INFORMATION SYSTEM DATA, NOVEMBER 2015 – DECEMBER 2016



NOTE: *HPV demonstration districts are outlined in bold.*

2016 Recommendations

Ministry of Health: Evaluate the different models being used for HPV vaccine delivery to identify best practices and inform efforts to improve HPV vaccine coverage nationwide.

Health System Strengthening

HEALTH SYSTEM STRENGTHENING-1

NOVEMBER 2007 **HSS-1 grant application submitted and approved**

JANUARY 2013 **Funds disbursed**

FEBRUARY 2014 **Reprogrammed proposal submitted**

MARCH 2014 **Reprogrammed proposal approved**

JUNE 2016 **Official grant period ended**

AUGUST 2016 **No-cost extension grant approved**

Health System Strengthening-1 (HSS-1) implementation suffered from delays that led to the need for a no-cost extension through June 2017. Challenges included:

- Protracted time required for procurement of equipment and civil works through the government system.
- HSS-1 grant funds for procurement and construction were transferred to nongovernmental organization partners following reports of abuse and inappropriate handling of the tendering process by the Government of Uganda.
- Concurrent reprogramming of HSS-1 funds took longer than expected.

2016 Recommendation

Gavi Secretariat: Consider the time required to navigate government systems and for reprogramming during HSS grant application and planning processes.

HEALTH SYSTEM STRENGTHENING-2

NOVEMBER 2015 **HSS-2 grant application process began**

APRIL 2016 **Proposal submitted**

The application process for the Health System Strengthening-2 (HSS-2) grant proposal was extended because the EPI stakeholders disagreed about the proposed objectives, bottleneck analysis, and activities. The more than 60 process participants agreed to postpone the target submission date so they could reach consensus on the various issues. Although the application submission was delayed, the extensive stakeholder engagement fostered country ownership of the proposal.

> *What worked well was the engagement of different stakeholders. At least there was significant effort put to bring stakeholders together to the extent that it even derailed the process, but they agreed on the priorities of the proposal.*
>
> **—Partner Organization Key Informant Interview 2016**

2016 Recommendations

Gavi Secretariat: With the MOH, develop a structured way to conduct a bottleneck analysis with multiple stakeholders to foster country understanding and ownership.

Cross-Stream Analysis

FINANCIAL SUSTAINABILITY

DECEMBER 2014 **National Immunization Technical Advisory Group instituted**

MARCH 2016 **Uganda Immunization Act signed into law**

In-country immunization partners are concerned about Uganda's ability to sustain the ever-increasing immunization budget with each new vaccine added.

- Uganda's co-financing obligations to Gavi have increased because of the multiple new vaccine introductions in recent years (see Figure 3).
- FCE resource tracking shows that the entire envelope of immunization financing is increasing in Uganda; however, this is largely due to increased financing from the World Health Organization (WHO) and Gavi. The government of Uganda's contributions have increased only slightly in absolute terms (see Figure 4).

To address concerns about financial sustainability, the country has taken several steps:

- The MOH called on the National Immunization Technical Advisory Group to provide technical guidance on priority vaccines to introduce before a final decision is taken.
- The Uganda Immunization Act was passed to help ensure financial sustainability of the immunization programme (see text box).
- With support from WHO under the Partners' Engagement Framework, the country plans to develop an immunization financial sustainability plan.

FIGURE 3: ANNUAL CO-FINANCING OBLIGATIONS IN UGANDA, BASED ON GAVI DECISION LETTERS (IN US$), 2013–2016

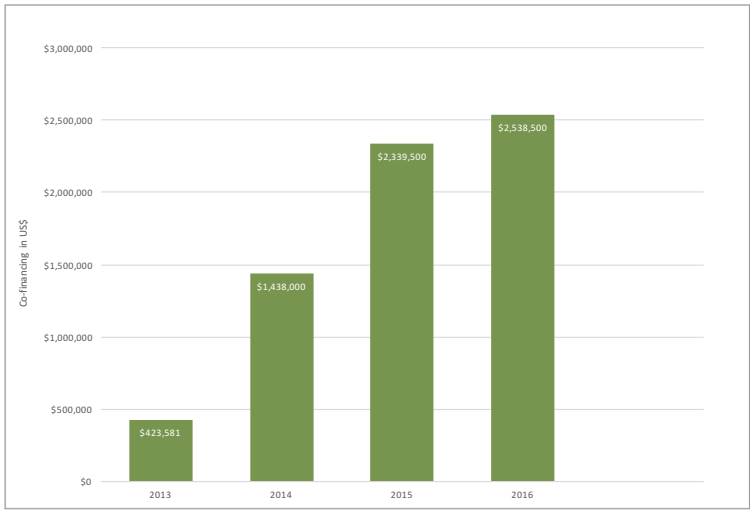
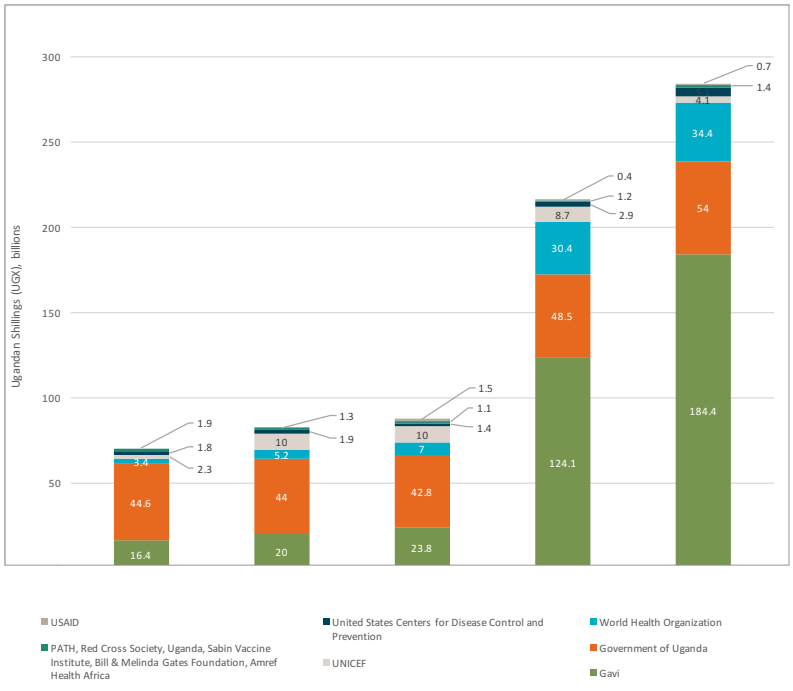


FIGURE 4: RESOURCE TRACKING OF IMMUNIZATION FUNDING IN UGANDA, 2012–2016



UGANDA IMMUNIZATION ACT

A bill was passed by the Ugandan parliament in December 2015 and enacted into law in March 2016 to ensure sustainability of the Uganda National Expanded Programme on Immunization after the country graduates from Gavi support. The law mandates compulsory immunization and establishes a new national immunization fund.

2016 Recommendations

Ministry of Health: Carefully consider Uganda's ability to cover ongoing operational costs and meet the co-financing requirements that come with proposed new vaccine introductions during the planning phase.

Ministry of Finance: Be involved at all stages of planning for new vaccine introductions.

TECHNICAL ASSISTANCE

APRIL 2014, MAY 2015, JUNE 2016 **JA workshops held**

At the Joint Appraisal (JA) 2016 workshop, there was some confusion over what TA means and how it works according to JA guidelines:

- Most UNEPI officials understood TA as support offered to the country in areas that require specialized skills and capacity-building for sustainability rather than any support offered by partners aiming at improving immunization outcomes.
- Stakeholders were not clear that they needed only to identify TA needs, not providers.

The UNEPI structure has remained thin despite continued expansion of the immunization platform. As a result, there is heavy reliance on TA of all types, including external consultants, in-country consultants, and TA embedded in the EPI.

2016 Recommendation

Gavi Secretariat: Devise an operational definition of TA to guide country stakeholders in identifying proper TA needs and to increase in-country understanding of the Partners' Engagement Framework approach to TA allocation.


Gavi
The Vaccine Alliance


IHME


PATH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