

Mozambique

Internal Appraisal 2014

1. Brief Description of Process

This Internal Appraisal for Mozambique was conducted for Gavi by independent technical expert Deborah McSmith, in cooperation with the Gavi Senior Country Managers, Alison Riddle and Stefano Lazzari, and is based on reports, documentation and clarification provided to Gavi by the national authorities and institutions in the country for the year 2013.

Mozambique is reporting on NVS support for Penta3 and PCV10. The country is also reporting on ISS and VIG funds utilization in 2013. Country is not eligible for ISS reward as the grant was carried over from 2012.

2. Achievements and Constraints

The country acknowledges that estimated targets reported in the APR differ somewhat from updated targets in the cMYP 2014-2018, and the 2013 JRF data. The APR reports that the number of surviving infants has increased since the 2012 APR, based on data from the 2011 DHS indicating that the infant mortality rate has decreased from 94/1000 to 64/1000 live births. This has resulted in an increase in number of surviving infants and to a possible reduction of coverage rates due to the increased denominator. Per APR, the new data was harmonized with the updated cMYP 2014-2018 and the 2013 JRF and 2014 targets should reflect these updates.

There are notable differences between country reports and WHO/UNICEF reports for OPV, DTP3, and Penta3 coverage.

The APR reports that the overall target set for 2013, i.e. to reduce the number of un/under immunized children by at least 10 % from 2012 data, was not achieved. Actually, there were an additional 40,291 children fully immunized with DTP3 in 2013 when compared to 2012 and the reported increase in un/under immunized children by 24% in 2013 is most likely due to the large increase in the target population between 2012 and 2013.

Mozambique fell short of its target for PCV10 coverage (achievement of 45% compared to target of 92%), explained by a 9 rather than 12 month campaign. The APR notes that the PCV10 target in this 2013 APR (876,368) is different from the PCV10 target in 2013 JRF (735,496) since in the latter document the denominator corresponds to 9 months of the total target population, given that PCV10 was introduced in April 2013.

The country recognizes that annual DTP drop-out rate is higher than the expected rate (12% versus 10%) and has to work hard to bring it down to 10% or less. Wastage rates were within allowable limits.

2011 DHS DTP3 coverage estimates of 76.2% for boys and 76.1% for girls indicate minimal gender difference. To ensure continued coverage equity, the EPI program engages NGOs working for equal opportunities, such as the Foundation for Community Development, to develop appropriate communication strategies and messages. Implementation of RED/REC strategy in areas with high numbers of unimmunized children helps to address inequity in hard to reach areas.

3. Governance

In Mozambique all EPI related decisions are made by the ICC. The ICC met only 2 times in 2013. ICC members include MOH, WHO, UNICEF, UNFPA, and 2 CSO members: Foundation for

Community Development and Village Reach. Minutes from the 2014 meeting to endorse the 2013 APR indicate a plan to revise the ICC's TOR.

Key concerns expressed in the APR 2013 by the ICC include:

- Very limited funds for EPI program. So far, no resources available for the construction of the vaccine stores at provincial levels for the installation of the CC capacity to meet Rotavirus vaccine introduction in 2015. Funds planned under Gavi HSS are still pending, waiting receipt of year 1 workplan, procurement plan and budget.
- High number of un / under immunized children
- The quality of EPI data is still a matter of concern in many districts
- Not much progress in implementing the PIE and EVMA recommendations, both conducted in 2012.

Main ICC recommendations:

- To increase government funds allocation to EPI program and mobilize additional resources in support of the program, using Gavi and other funding opportunities at country level.
- Accelerate the implementation of measures towards the improvement of the quality of data
- Accelerate the implementation of the PIE and vaccine management assessments
- Implement innovative strategies to reduce the number of un and under immunized children countrywide

4. Programme Management

Mozambique Expanded Program on Immunization was launched in 1979 under the Primary Health Care Program, with the main objective of reducing mortality and morbidity from vaccine preventable diseases. The program and the ICC are grappling with several challenges for program management, in particular human resources constraints and lack of funds and transport to support program implementation.

Mozambique has an injection safety plan, which is part of the waste management policy, and encountered no problems in its implementation in 2013. Limited financial resources constrain an accelerated provision of incinerators to health facilities as defined in the national waste management plan. The PCV10 PIE conducted in 2012 identified some health facilities that were not burning waste on a daily basis and others that were not using pits and incinerators properly; these problems are being addressed.

The country has a national dedicated vaccine pharmacovigilance capacity but no national AEFI expert review committee, institutional development plan for vaccine safety, or risk communication strategy with preparedness plans to address vaccine crises. The Country conducts sentinel surveillance and special studies for RV diarrhea.

The Mozambique EVMA conducted in May 2012 identified several management-related weaknesses including in E1: Vaccine arrivals, E2: temperature monitoring, E5: Maintenance, E6: stock management, E8: Vaccine management, and E9: information management system and supportive functions. The EVMA improvement plan implementation status report submitted with the APR indicates 11% of recommended activities fully achieved, 50% partly achieved, and 39% not yet addressed.

Activities not yet achieved include development of a prototype for NV introduction at all levels; distribution of updated forms prior to NV introduction; a study to identify appropriate denominators to help set realistic targets; development of standard supervision guidelines; mechanisms for notification of Adverse Events Post Vaccination (AEPV); increased social mobilization including translation of IEC materials into local language. The next EVMA is planned for May 2015.

A Gavi approved HSS grant to begin in 2014, once the Year One workplan, procurement plan, and budget are submitted and approved by Gavi, will help the country to address these challenges.

A PIE for the introduction of Rotavirus, IPV and HPV is planned for December 2015 (Mozambique began an HPV demo project in May 2014).

5. Programme Delivery

The country reports no vaccine stock outs or postponed deliveries in 2013.

In 2013, Mozambique remained among the top 10 countries in the ESA sub-region with the highest number of un/under immunized children, as has been the case the last four years. Mozambique had made progress in 2010 and 2011, with a 50% reduction in the number of un/under immunized children in 2010 and 58% reduction in 2011, but in 2013 saw an increase of 24% in the number of un/under immunized children because of the change in denominator due to a reduced infant mortality rate. Using the number of surviving infants resulting from the 2012 infant mortality rate data of 94/1000 for both 2012 and 2013 APR, the country succeeded in increasing its DPT3 coverage in 2% (from 93% in 2012 to 95% in 2013). The country also succeeded in reducing the number of un/under immunized children by 22% in 2013 as compared to 2012 (target was at least 10% reduction). However, measles coverage had a small reduction of 1% (91% in 2012 to 90% in 2013). The country struggles with resource constraints, and in 2013 did not complete all planned outreach services.

Per 2012 APR, almost 50% of the population does not have access to a fixed vaccination post and outreach remains the sole strategy to reach these communities. The new HSS grant will be used to strengthen outreach strategies and capacity.

Key immunization program activities in 2013 included:

- Introducing PCV10 countrywide
- PIE for PCV10 introduction
- 2 rounds of National Health Week immunizations (integrating OPV vaccination to under 5 year's children nationwide in the first round and measles to 6-59 months in the second round)
- Supportive supervision to 8 low performing provinces
- DVDMT training for 27 district EPI managers
- Procurement and distribution of 33 refrigerators
- Procurement and distribution of 30 motorbikes for low performing districts

Despite resource constraints, the country describes several action points to move the immunization program forward:

- Build capacity on RED/REC strategy and other strategies to increase coverage, develop micro plans and incorporate into district routine planning process (country plans to pilot REC in 2014).
- Closely monitor district performance – assess gaps and constraints and provide support as necessary.
- Advocate for and mobilize additional resources to support RED/REC implementation (financial & materials).
- Implement and monitor REC strategy, DQS and DVDMT countrywide to improve program performance, data quality and vaccine management.
- Look for synergies with other prevention programs for more efficient use of resources and as a means to reduce financial constraints.
- Build capacity at all levels for proper data management and its use for local decision taking; improve data quality and information flow.

- Upgrade the cold chain as per CC Upgrade Plan developed in 2013 (and updated in early 2014).
- Improve vaccine management at all levels and reduce vaccine wastage.
- Introduce Rotavirus, IPV and MSD vaccines in 2015 countrywide
- Improve surveillance of new vaccines.
- Maintain certification levels for AFP/Polio surveillance indicators and standard level indicators for Measles surveillance in 2014 and beyond.
- Conduct HPV demonstration program and the Post-introduction evaluation for HPV vaccine.
- Co-finance the payment of new and under used vaccines.

The country had initially applied for PCV13 but due to shortage of this vaccine in the market PCV10 was introduced in the place of PCV13, with the commitment to switch to PCV13 when available. The APR does not mention the intention of the country to switch during 2014. However, the EPI Technical group has recently discussed this issue, acknowledging that the transition will have some implications in the actual schedule and delivery mode. The country has recently decided to postpone the switch to PCV13 to 2016-2017 due to the concomitant introduction of Rotavirus, IPV and MSD vaccines in 2015 countrywide.

6. Data Quality

The Country is quite aware of data quality issues but has not been able to give them strong attention due to resource constraints. All DQs conducted by different provinces have identified issues related to inadequate filling of forms at health facilities, incorrect inclusion of children over 1 year (out of target group) in the numerator, over reporting in summary sheets, weak or no defaulter tracing, insufficient use of data for local decision making processes. The country recognizes that these problems need to be addressed, but financial constraints have hindered trainings and supportive supervision to address problems.

In 2012, Mozambique piloted a district vaccine and data management tool in 3 districts, then expanded it to 27 more districts and purchased 30 computers to support data management in these districts. The country is seeking resources to address identified data collection and data management issues at provincial level. The Gavi approved HSS grant for 2014 to 2018 provides resources to address these issues.

7. Global Polio Eradication Initiative, if relevant

The APR makes no reference to the integration of polio with routine immunization; however it does refer to maintaining certification levels for AFP/Polio surveillance indicators, which suggests that it participates in the Global Polio Eradication Initiative. The Country plans to introduce IPV in 2015.

8. Health System Strengthening

Mozambique is not reporting on HSS funds utilization in 2013. Disbursement of the first year tranche for the new 2014 HSS grant is pending, waiting for the submission of the work plan, procurement plan and budget for the Year 1 that, according to the minutes presented with the APR, were approved by the ICC on 13 May 2014.

9. Use of non-HSS Cash Grants from Gavi

Mozambique is not reporting on CSO funds utilization in 2013.

Of US\$ 246,523 carried over from an ISS grant in 2012, the country used US\$ 127,593 in 2013, leaving a carryover balance of US\$ 118,930 for 2014. Funds were used for vaccine delivery, CC maintenance, program management and program coordination meetings, and a coverage survey in one province.

ISS support from Gavi is reported on the national health sector budget. No external audit was conducted for ISS funds utilization in 2013, nor has the financial statement from this grant been provided.

Mozambique received a Vaccine Introduction Grant (VIG) in 2013 for PCV10 introduction in the amount of US\$ 815,500, spent US\$ 687,926 in 2013, and carried over US\$ 127,574. This grant financed procurement of CC equipment, printing of data collection tools, printing and distribution of communication materials and dissemination of spots, training of health workers on new vaccine introduction and EPI logistic (DVDMT tool and vaccine management), computers for districts for data management, vaccine delivery to provinces, districts and health facilities, launching of vaccine, supportive supervisory visits in the preparatory, introduction and post introduction phases, and the PIE.

The VIG grant balance will be used to strengthen district capacity on effective vaccine management and data quality through training on the use of the DVDMT and DQS tools and supportive supervision.

10. Financial Management

The 2013 APR provides a detailed description of how Gavi funds are managed and accounted for in country. Required 2012 and 2013 bank statements for Gavi cash programs were only received by the Secretariat in September 2014.

An FMA for Mozambique was conducted in 2013 and The FMA concluded that the financing mechanism as well as the fiduciary arrangements are still weak and should be improved based on the proposed systems for budget, disbursement, procurement, accounting and financial report, internal audit, and external audit. The overall residual fiduciary risk of the Mozambique HSS programme was deemed substantial because of several key weaknesses identified. An FMR was developed and signed by the Government; however, some documentation is still missing before the country can be considered compliant with the FMR.

The country requests technical assistance for developing financial sustainability strategies, and mobilizing funds for immunization.

The external audit for PCV10 introduction has not yet taken place.

11. NVS Targets

Given the reliance on immunization outreach to reach half of the country's population, and given that in 2013 only 78% of planned outreach sessions were implemented, Mozambique needs to develop an intensified outreach strategy for immunization and actively seek donor support to fully implement it.

The country also needs to design an immediate strategy to complete immunization for PCV10 to clarify confusion from broadcast messages about which young children are eligible and ensure that children who have completed DTP3 immunization are also immunized for PCV.

Mozambique was advised by a 2012 IRC to review and perhaps reduce targets. However, there are notable differences between country reports and WHO/UNICEF reports for OPV, DTP3, and Penta3 coverage. The country expressed the view that adjusting the target coverage to DHS or WHO/UNICEF estimates will reduce the number of doses that will be made available to the country and increase the risk of stock out.

The country intends to apply for IPV introduction in order to introduce simultaneously three vaccines in June 2015 (IPV, HPV and Rotavirus). It is important that accurate targets be set for these new vaccines. For PCV, 2015 targets for first dose are higher than those initially approved (1,024,571 vs 993,044), and in line with Penta. These changes are justified in APR. The country also wishes to switch from PCV10 to PCV13.

For Rota, 2015 targets have been adjusted for June 2015 introduction, to about half of those of Penta (653,981 vs 1,024,571.)

12. EPI Financing and Sustainability

Mozambique is in the low-income category and met its co-financing commitments in 2013.

The Government of Mozambique contributed 24% of immunization related funding in 2013 and Gavi contributed 64%. In 2013 the Government has financed all traditional vaccines (up from 80% in 2012) and their respective injection safety materials, and 7.6% of new and underused vaccines, with Gavi financing the remaining 92.4%.

In the APR, the country has requested technical assistance for developing financial sustainability strategies and to mobilize funds for immunization. An immunization financing assessment carried out in 2013 identified several challenges including decreasing health sector overall funding as a proportion of the total government expenditure, increase in resources required for the implementation of the cMYP due mainly to the total expenditure for new and under-utilized vaccines, and the progressive reduction of the proportion of vaccine expenditures covered by Government contribution. Recommendations included establishing a vaccination law including means of EPI financing, monitoring and reporting on program efficiency, and better tracking of expenditure on vaccines and immunization services.

13. Renewal Recommendations

Topic	Recommendation
NVS - Penta	Renewal without a change in presentation for Penta3 vaccines once action points below are completed.
NVS - PCV	Renewal of support, based on targets requested by country, without a change in vaccine presentation (PCV10)

14. Recommended Actions

Topic	Action Point	Responsible	Timeline
Targets	Agree on a revision of vaccination targets to ensure feasibility while preventing any possible vaccine stock outs.	Country, Gavi	
NVS	Describe to Gavi how remaining EVM improvement recommendations will be addressed and by when.	ICC	
NVS and ISS Audits	Outstanding external audits for PCV10 introduction and ISS grant to be provided to Gavi	Country	
HSS	Provide Gavi with the Year 1 work plan, procurement plan and budget to allow release of the first tranche for the new HSS grant.	Country, Gavi	