

# Drivers of Routine Immunization Performance in Africa: Findings from the ARISE Project

Robert Steinglass, JSI

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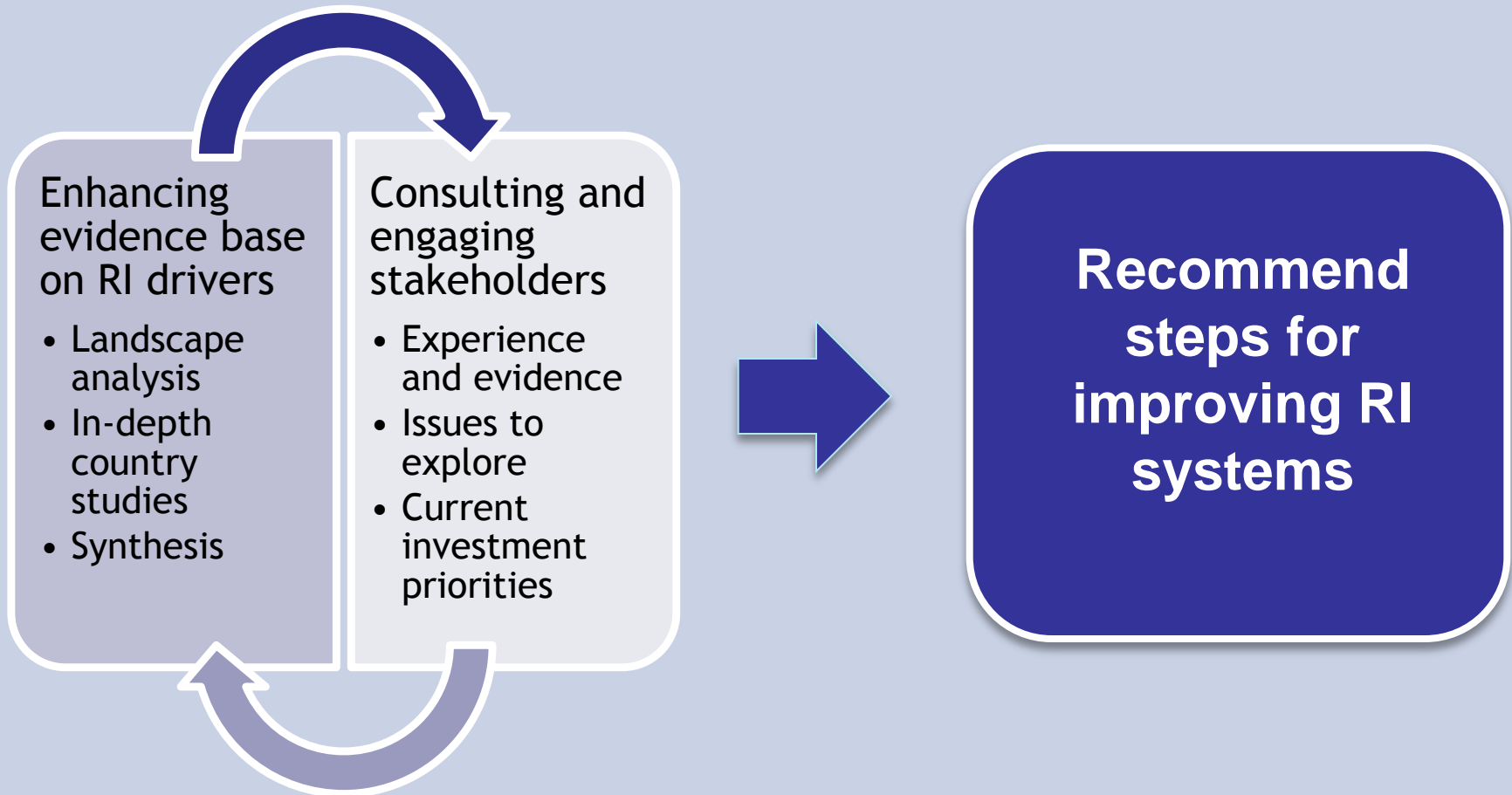
# ARISE Project Background

- Managed by John Snow, Inc. (JSI)
  - Subcontracts with Makerere University School of Public Health and George Washington University School of Public Health
- Supported by the Bill & Melinda Gates Foundation
- Timeframe: September 2009 - July 2012
- Guidance from External Panel of Experts
  - Jos Vandelaer, UNICEF
  - Richard Mihigo, WHO/AFRO
  - Mercy Ahun, GAVI Alliance
  - David Peters, Johns Hopkins School of Public Health
  - Felicity Cutts, consultant
  - Rachel Feilden, consultant

# ARISE Project Objectives

1. Strengthen the evidence base to improve understanding of the drivers of routine immunization (RI) system performance.
2. Deepen and broaden African and global stakeholder engagement in improving RI.
3. Position the learning to help stakeholders improve RI systems in Africa, identify potential investment options, and clarify stakeholder roles.

# Project Approach



# Objectives of In-depth Country Studies

Create an evidence base to improve understanding of the drivers of routine immunization system performance in Africa

- Identify drivers of RI performance in each country
- Describe how drivers function to improve RI performance
- Articulate investment options through reflection with global and country stakeholders

# Methodology

- Selection of countries: Ethiopia, Ghana, Cameroon
  - Increase in DTP3, 2000-2009
  - DTP3 coverage sustained at a level higher than the regional average
  - Geographic, linguistic, and GNI variation
- Selection of districts:
  - Total of 4 districts per country, all starting at 65-70% DTP3 coverage
  - 3 districts with positive change since 2007
  - 1 “steady” district without recent positive change, for validation
- Qualitative interviews with respondents at central, regional, district, sub-district, health center, health post, and community levels, group discussion, and observation
- Program data review and situation analysis of EPI program
- Assets-based approach: what contributed to improvement?

# ARISE In-depth Country Studies: Analytical Framework

- Targeted community-based services
- Community-based health workforce
- Regular performance review processes
- Community involvement
- Political commitment
- Role of development partners

*Drivers*

## Inputs

- Finances
- Human resources
- Stakeholders
- Transport

## Imm System Essential Components

- Cold chain
- Vaccines
- Service delivery (facilities, outreach, strategy)

## Implementation Processes

- Vaccine quality
- Supply chain
- Access
- Service Quality
- Management

## Immunization System Performance

- DTP1 coverage
- DTP3 coverage
- Dropout
- Equity

*Immunization System*

*Context*

# Description of RI driver at district level:

## Regular performance review processes

- Frequent, regular supervision and meetings; use of performance targets; includes district and community partners
- **Pathway:** 3 convergent routes
  1. regular meetings
  2. accountability to supervisors and community
  3. learning and problem-solving - highly motivating
- **Context factors:** Functions within health system, or highly influenced by community - informal and formal



# Description of RI driver at district level: Community-based health workforce

- **Pathway:**
  - improved access to and availability of services
  - systematic, regular provision of services
  - predictability of services from community perspective
  - well-distributed workforce, average distance to services is reduced; workers are competent and supported
- **Context:**
  - health system reform, including human resources strengthening
  - workers provide integrated primary health care package
  - increased financing for salaries and new facilities; improved health system infrastructure

# Preliminary conclusions

- Prominence of community-oriented drivers shows where EPI needs to focus to reach the hard to reach for higher and more equitable coverage
- Features of the broader health system have the potential to drive RI performance: e.g., human resources reform, decentralization
- The drivers are related and build upon each other to contribute to improved coverage
- The drivers operate upon the basic foundation of a functioning EPI (e.g., vaccines, cold chain, trained personnel)

# Implications of findings (1)

- Need for strong district level health management - capability to analyze and adapt strategies to meet local needs
  - Resources and autonomy to do so
- Need to partner more effectively with community, including greater focus on RED community component
- Other vital investments must continue: vaccines, cold chain, logistics, capacity-building...

# Implications of findings (2)

- **Generalizability:** These drivers may apply in moving from good to very good RI system performance
- As our findings reinforce currently recommended strategies, the question becomes:

*What does it take to institutionalize and support proven drivers of RI on an ongoing basis?*

# Next steps

- ARISE to complete analysis and share findings
- At country level, ARISE is conducting stakeholder analyses on enablers and barriers to implementing the drivers
- At global/regional levels, discussion needed to align support for drivers with existing priorities

# Thank you!

For inquiries, contact [ARISE@jsi.com](mailto:ARISE@jsi.com)

Website: <http://arise.jsi.com>