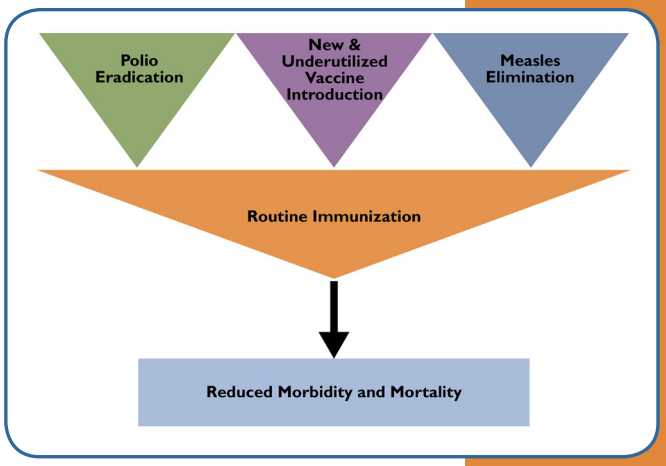
Arise
AFRICA ROUTINE IMMUNIZATION SYSTEM ESSENTIALS

A Stakeholder Consultation on Investment Strategies for Routine Immunization in Africa

The rhetoric and the reality

Routine immunization (RI) has often been called the backbone of immunization programs yet in concrete terms its importance is not sufficiently recognized. This system for providing immunization to children as early in life as possible on a day-in, day-out basis has had a demonstrated impact on reducing child mortality that both pre-dates and coincides with accelerated disease control initiatives. RI is formally designated as a key element of initiatives to eliminate measles and eradicate polio and is acknowledged as essential for realizing the benefits of new and underutilized vaccines. For example, two-thirds of measles deaths averted from 2000 to 2008 were attributed to routine immunization.[1] In the broader health system context, RI is regarded as a core primary health care service that fosters regular contact between communities and health service providers and serves as a broad measure of overall health system performance.

Figure 1. Routine Immunization as Foundation for Other Initiatives



When it comes to provision of support for RI, however, particularly for the recurrent costs essential to program operations, a gap remains between the rhetoric and the reality. Initiatives to eradicate polio and eliminate measles have built support for RI, to a limited extent, into their budgets and into the activities of their technical field staff as time permits. But the vast majority of their resources cover costs directly associated with controlling those diseases: campaigns, surveillance, laboratory, commodities, etc. The GAVI Alliance[2], with its focus on the introduction of new and under-utilized vaccines (NUVI), has a strategic objective of strengthening health systems and immunization service delivery. However, less than 15% of GAVI's budget is for non-commodity support, including support to the country programs responsible for ensuring that children and other target groups actually receive the newly-introduced vaccines. A similar situation is apparent in the plans of technical agencies; for example, less than 5% of the budget for the 2012 immunization plan of action for the Africa Regional Office of the World Health Organization is devoted to routine immunization system strengthening—and that line item is not fully funded. This situation has been observed each year for over a decade.

Understanding the views of global and regional stakeholders toward routine immunization

It was evident from the outset of the ARISE project[3] in 2009 that the views of global and regional stakeholders would be of critical importance if the project's findings on "what drives improvements in routine immunization in Africa" were to be accepted and applied. But, what were stakeholders' views on RI in the first place? And, how did RI fit into their broader investment strategies for health in Africa?

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[1] Weekly Epidemiological Record, volume 84 (49): 514, 4 December 2009.
[2] Formerly, the Global Alliance for Vaccines and Immunization
[3] Described at www.arise.jsi.com.

Between June and November 2010, the ARISE project interviewed approximately 30 people to gain an understanding of their perspectives. Stakeholders were defined broadly as those who:

- Have interest in RI systems in sub-Saharan Africa;
- Are affected by or have an attitude about RI systems; and/or
- Have or could have (because of their position) an active or passive influence on decision-making and implementation processes that relate to RI systems.

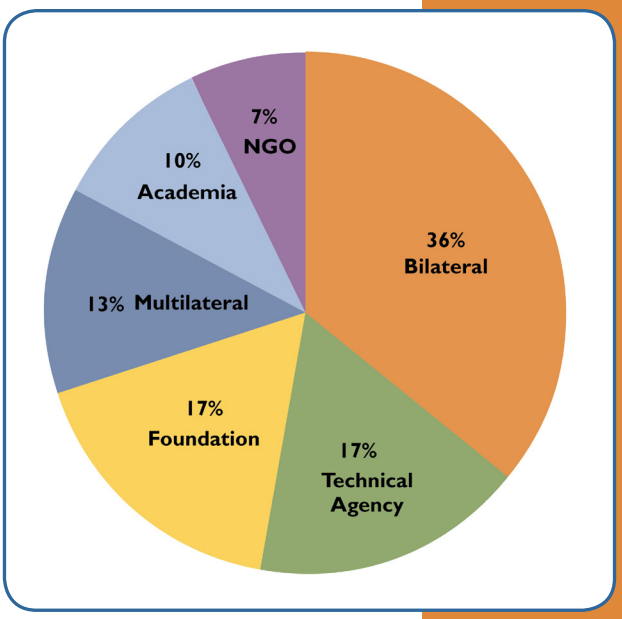
The team intentionally identified both known, active supporters of immunization in Africa and those who have not demonstrated such support but could potentially do so. While some technical experts in immunization were interviewed, particular emphasis was placed on eliciting the views of those who influence decision-making on a broad health portfolio in their respective institutions.

As shown in Figure 2 and Table 1, the people interviewed represented a wide spectrum of organizations supporting global health. Special efforts were made to reach bilateral development partners active in Africa. For a few organizations, it was impossible to arrange interviews with appropriate individuals despite many attempts.

Table 1. Participating Institutions in ARISE Stakeholder Consultation

Australian Government	Norwegian Government
Bill & Melinda Gates Foundation	Save the Children
Danish Government	Swedish Government
Dutch Government	U.K. Government
French Government	UNICEF
GAVI Alliance	U.S. Government–CDC & DHHS
Johns Hopkins University School of Public Health	U.S. Government–USAID
Liverpool Associates in Tropical Health	World Bank
London School of Hygiene and Tropical Medicine	World Health Organization/AFRO
PATH	World Health Organization/Geneva

Figure 2. Types of Institutions Represented by Stakeholders



Interviews focused on a few key areas:

1. A description of each institution's portfolio for supporting health in sub-Saharan Africa
2. The extent to which each institution specifically supports immunization in Africa, particularly routine immunization and their approaches for doing so
3. Processes for how institutions design and develop new health initiatives

Within these broad areas, it was anticipated that there would be opportunity to discover other issues related to, or perhaps even more important than, than those highlighted in the questions.

Importance of immunization among competing health priorities

Responses from stakeholders with responsibility for a broad health portfolio pointed out the serious challenges they face in setting priorities among multiple and compelling health needs:

> *"Look, there are a good 50 interventions out there that managers have to decide among.... If it's a matter of driving immunization coverage from 80% to 90% versus investing in something else, then it may well be that the greater mortality reduction will be brought about by that other thing." [international NGO]*

> *"We need to ask ourselves about value for money–what is it really going to cost to get the last 20% or 10% and compare that to other investments." [bilateral partner]*

> *"We follow [immunization] coverage gures, but we feel there are other areas where problems are bigger, for example, in essential drugs and provision of contraceptives." [bilateral partner]*

> *"Immunization has not been a big focus mainly because [we] focus more broadly on health systems." [multilateral partner]*

Others felt that while the case for immunization is easy to make, it needs to be situated within, and made relevant to, a broader frame of reference:

> *"In terms of cost per DALY, immunization stacks up very well.... As MCH has moved up the political agenda, so has our interest in immunization." [bilateral partner]*

> *"Immunization is one of the best examples for equity and universal access and one of the most important services to pursue in and of itself. There's not only a moral imperative for equity, but also pragmatic and economic reasons. [But] in resource-poor environments, you need to make some hard decisions about where to put resources. What is the relationship of EPI to the wider health system? How can the ef ciencies that have been realized for EPI lead to better health management capability overall?" [multilateral partner]*

> *"It may be necessary to associate routine immunization with a 'movement' such as reducing poverty or improving equity. Attach it to another agenda." [international NGO]*

Investing in routine immunization at global level

Virtually all development partners and technical agencies interviewed said that at the global level they make substantial contributions to the global partnership of the GAVI Alliance. Almost all organizations participating in interviews had a role on the GAVI Board or its Program and Policy Committee. Generally, they expressed satisfaction with GAVI and specifically credited GAVI with bringing down prices for new vaccines; using the creative financing concepts of Advance Market Commitments and the International Finance Facility for Immunization; supporting new vaccine introduction with the requirement for modest co-payments by recipient countries; applying a performance-based funding scheme; and using the health systems strengthening (HSS) approach:

> *"The results achieved to date by GAVI are tremendous." [bilateral partner]*

"Mostly we work through GAVI…. We have faith in GAVI…. We have made long-term predictable commitments to GAVI." [bilateral partner]

Some described their confidence that GAVI's approaches are well-supported by technical expertise from WHO and effectively channel support to routine immunization:

"We believe that GAVI is dependent on WHO for technical support, which is appropriate." [bilateral partner]

"[Our government] is not providing funding for immunization projects at country level because it supports GAVI instead and expects GAVI channels to provide nancial support for routine immunization, mostly via HSS funding." [bilateral partner]

Several stakeholders described their organizational commitment to HSS strategies, noting that GAVI's HSS approach was in line with their own priorities:

"You can accomplish a lot with EPI-speci c support, but there still remain big system-wide bottlenecks such as human resources for health." [bilateral partner]

"As we focus on value for money, we realize we need the systems to make immunization work." [bilateral partner]

"We are much more interested in sector-wide planning than in program-speci c planning and plans." [bilateral partner]

Others, however, were skeptical about the benefits of HSS in improving specific programmatic outcomes, including routine immunization. They questioned the assumptions and the evidence supporting HSS funding, as well as whether it is off-putting to some partners:

"In places where there is good governance and where there are suf cient human resources for health, you can be con dent that this approach [HSS] will work. Theoretically, this is good. But in most African countries, it may not work out that way. For example, in Chad, there [are] insuf cient human resources to make that ideal approach work…. Kids are dying in the meantime. We need to have immediate action speci cally for immunization while at the same time trying to build up the broader capabilities." [technical agency]

"I have railed against HSS [at GAVI]. There is no evidence that it is effective." [technical agency]

"Perhaps the idea of 'systems' scares donors away. It is also dif cult to measure the effectiveness of system investment, and it can be seen as an endless money pit." [international NGO]

"Even in a poor country that may be politically unstable or have a weak health system, it is still worth investing in routine immunization. It will lead to improvements and those bene ts. Those bene ts are visible despite immunization being a preventive service because you're actually delivering something to people–they get something and this is politically appealing." [international NGO]

The issue of investment in polio eradication and its relationship to RI was raised spontaneously by some stakeholders. One bilateral partner that embraces HSS funding but not directed RI support noted that it does provide regional grants for polio eradication. Another bilateral partner expressed the view that funding for polio indirectly builds capability for routine immunization. But, another stakeholder stated:

> *"The impact of polio eradication on routine immunization needs to be explored. This is a dif cult and sensitive topic, of course, but the implications are important. It sends a message that RI is less important than polio eradication. It's just a sinkhole for time and resources. Yes, it's a sensitive topic, but if you don't deal with it, you're ignoring it." [international NGO]*

Investing in routine immunization at country level—or not

A varied picture emerged regarding country-level, bilateral investments for routine immunization. Very few bilateral partners and technical agencies said they provide financial and technical support for RI at country level, either directly or mediated through projects or seconded staff. However, most bilateral and multilateral partners interviewed do not provide direct support for routine immunization in Africa. As one stated:

> *"I cannot, off the top of my head, think of countries [where we] support immunization bilaterally. Mostly, we work through GAVI." [bilateral partner]*

Instead, their bilateral support takes the form of either sector-wide support for health or general budget support that can be used for whichever priority the recipient government chooses. These donors subscribe to the Paris Declaration for Aid Effectiveness and the Accra Agenda, both of which emphasize ownership, alignment, integration, and management accountability. These partners expressed deep philosophical commitments to these principles, putting their confidence and their investments into developing strong national health sector plans, the components of which can be financed by the bilateral funds they provide. They are averse to earmarking a specific health program, immunization or otherwise, because it runs counter to the notion of national ownership in setting priorities. Instead, they hold that well-formulated national plans should serve as the basis for determining how external funds are used:

> *"We support countries based on what they de ne as priorities. We do not give direct support to immunization. When we support national health systems we also support their EPI." [bilateral partner]*

> *"Governments should have a list of their own priorities. Of course, childhood immunization would be on that list. Then, regardless of who comes in with money for x, y and z, it is mediated through the government's own priorities." [academia]*

> *"Even if countries are making the wrong choices, it's better than having donors dictate what they should fund." [bilateral partner]*

Governments supporting their own routine immunization programs

Ideally, considerations of external investments in RI should be complemented by an understanding of countries' own allocations for RI and the decision-making behind it. Some development partners assume that routine immunization is an "easy sell," albeit one that still faces obstacles:

> *"Immunization is easy because it's completely non-controversial – nobody is against it. So the key issue is not about acceptability of immunization, it's about investments, including why and how countries invest in primary health care, including RI, as opposed to tertiary care." [bilateral partner]*

Concerted effort is under way in several countries to engage parliamentarians, as their decision-making is seen as the route for truly institutionalizing long-term support for RI:

> *"Generally, Parliamentarians want to know from immunization program managers: (a) is money a problem? How much did you get? and (b) of what you got, how did you use it?... We have to be able to engineer some line item budgeting, so Parliament can follow how the budget has been spent." [technical agency]*

But as one stakeholder from a technical agency asked, "What are the drivers of decisions on supporting immunization?" On a very limited scale, the ARISE project explored the obstacles and enablers for decision-making related to proven drivers of RI improvements in three countries. But more attention to this area is needed beyond ARISE's work, particularly focusing on operational costs such as fuel, supervision, and transportation. Given the increased decentralization of health service management in Africa, decision-making on these items is usually made at the discretion of district medical officers responsible for multiple health programs.

Monitoring progress with routine immunization

Some stakeholders spontaneously commented on monitoring and evaluation aspects of routine immunization. One bilateral donor remarked that DTP3 is a useful indicator of overall health system strength and a proxy measure for equity. In this sense, and to those institutions with greater interest in health systems than immunization, the significance of DTP3 is only incidentally related to immunization itself. Others raised major concerns about the quality of RI data, particularly if it is to be used for serious decision-making.

> *"Regarding performance-based approaches and reliance on performance data, 'trust but verify.'" [academia]*

> *"There is serious need to measure more, and more often…. For immunization, there's a heavy reliance on health facility data and not enough on population-based survey data. But those surveys are essential, and they need to be done to disaggregated levels. It would be crazy not to do this. Since administrative data usually overestimate coverage, kids go unprotected, and people think they're doing better than they are. This is lethal." [multilateral partner]*

Conclusions

The findings from this informal consultation with global and regional level stakeholders represent views from a particular point in time (2010). Some important developments have occurred since then, particularly within the GAVI Alliance. Nevertheless, some points can be noted.

- While recognized as a core primary health care service, RI faces substantial competition for resources from several worthy health interventions. Linking RI with a broader, high-visibility issue such as equity may increase its appeal.
- These interviews highlight the critical role of the GAVI Alliance. It is the central mechanism used by bilaterals and others who are impressed with its success with NUVI and vaccine financing and believe that it plays a country-level role in all aspects of immunization.
- Divergent and deeply-held views about both the effectiveness and political appropriateness of HSS funding versus directed support for RI continue to exist. This seems to break down along institutional lines, with bilateral and multilateral partners favoring HSS while technical agencies view direct support for RI as essential.
- As one stakeholder put it, "The main obstacle to increasing RI performance is the lack of long-term, predictable, secure funding at the appropriate level." But the understanding of country-level decision-making as it relates to RI, while growing, is still limited. Several global stakeholders described their views that the removal of system-wide bottlenecks, together with rational country-level decision-making to address national health priorities, would assure constant and sufficient resources for RI.
- The ability to measure accurately RI performance with administrative data remains a problem that requires serious attention as well as greater use of population-based data.

Taken together, these findings suggest a precarious, assumption-laden approach to supporting routine immunization in Africa. Yet any vaccine, whether traditional, newly-introduced, or still under development, will only be as effective as the service delivery system that provides it to those who are to benefit from it.

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