

# SUSTAINABLE IMMUNIZATION FINANCING

## Summary Digest

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## Regional SIF briefings for district councils and district health management teams in Sierra Leone

The Advocacy Program for Sustainable Immunization Financing was launched in Sierra Leone soon after the Government introduced the decentralization program, which for the health sector entailed the devolution of administrative, fiscal, and programmatic responsibilities to the 13 districts, focusing on the District Councils and District Health Management Teams. This also meant that key decisions pertaining to allocation of funds were now to be made at the district level. The Sabin Vaccine Institute recently organized meetings with the District Councils (DCs) and District Health Management Teams (DHMTs) to sensitize them about the importance of immunization and the need for Sustainable Immunization Financing. The meetings were proposed by the Sierra Leonean delegates who attended the Sabin Colloquium on SIF in Addis Ababa last March.

Two meetings were held. The first took place in Makeni, on 10 November 2011, for the districts of the North Province (Bombali, Kambia, Koinadugu, Port Loko, and Tonkolili), Kono district in the Eastern Province and the Western Area. The second was held in Bo, on 11 November, 2011, for the districts of the Southern Province (Bo, Bonthe, Moyamba, Pujehun), and Kailahun and Kenema in the Eastern Province.

The 56 participants were drawn from all the District/City Councils and DHMTs nationwide, and the meetings were chaired by the Deputy Chairman of the Parliamentary Health Committee, Hon. Jumu. He emphasized the need for collective action to achieve SIF, especially amongst the three key stakeholders, namely Parliament, Ministry of Health and Ministry of Finance. Brief presentations were made by the Chairlady of the Parliamentary Health Committee, Hon. Mrs. Bintu Myers; the UNICEF Program Officer, Ms. Regina Saffa; the Assistant Secretary in the Ministry of Finance, Mr. Sam Aruna; the EPI Manager, Rev. Dr. Thomas Samba; the Senior Program Officer, Sabin Vaccine Institute, Dr. Clifford Kamara; and the Assistant Public Relations Officer in the Ministry of Health, Mr. Morlai Conteh.

Key topics included the need for budgetary decision-makers at the district level, to be fully briefed about the importance and economic benefits of an essential program like the Expanded Program on Immunization. The need for collective action in the face of a donor-dependent health sector was also discussed. The enhanced role of District Level personnel in the planning and budgeting process; strategic partnerships; commitment of Ministry of Finance; and the important role that the press should play in efforts to achieve SIF in Sierra Leone were also covered.

*(Continue to p.2)*



Workshop Participants in Makeni (left); Workshop Participants in Bo (right)

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## Regional SIF briefings for district councils and district health management teams in Sierra Leone

(continued from p.1)

The main recommendations from the briefings included:

- Ensuring regular meetings between all stakeholders and organization of fundraising activities for EPI at all levels;
- Strengthening collective action, especially between Parliamentarians, District Councils, District Health Management Teams, MoHS and MoFED; collaborating with other stakeholders including the UN agencies, development partners, the private sector, CSOs, and the media;
- Parliamentary participation in the formulation of the health sector budget, to ensure the EPI is adequately funded;
- Supporting legislation to increase and maintain the EPI budget;
- Developing Council EPI plans with a budget line for immunizations; activities should include sensitization of communities and advocacy for SIF, with allocation of a proportion of the district budgets to immunization.

These meetings continue Sierra Leone's efforts to achieve SIF. Participants pledged to take the message back to their various districts and ensure that the recommendations are implemented. The Sabin Vaccine Institute's SIF Program will continue supporting the districts in achieving SIF in Sierra Leone.

## Madagascar holds its third SIF briefing

From 23 to 25 November, 2011, SIF Senior Program Officer MAMBU-MA-DISU Helene joined her government and parliamentary counterparts in Antananarivo, Madagascar for that country's third Sabin-supported SIF briefing. The event drew 37 participants. Topics addressed were: a) follow up on the Addis Ababa Action points, b) structure advocacy messages for a stronger routine immunization program investment case, and c) discuss updating the country's immunization legislation to assure sustainable immunization financing. Earlier this year, Dr MAMBU-MA-DISU worked with a team headed by Dr. RAKOTOMANGA Louis Marius, national EPI Manager, Ms. RAKOTOVAO Nadine, health officer in the Ministry of Finance and Hon. RAJOELINA Aro Tafahasina Herinalinjaka, Member of Parliament, to prepare an immunization financing white paper for the country's *Conseil des Ministres*.

"Things are moving along", said Dr. MAMBU-MA-DISU. "The political problems now seem to be receding and the other external partners are back in touch with the EPI Program. Still, a lot of ground was lost in the past two years and it will take a lot of effort to make it up", she added. Both immunization spending and vaccine coverage fell during the crisis. This year's advocacy work will hopefully lead to a routine immunization budget increase in 2012.



Participants gather for a family photo at the SIF briefing on November 25, Antananarivo, Madagascar.

## SIF Program participates in Third WHO African Regional Conference on Immunization (ARCI)

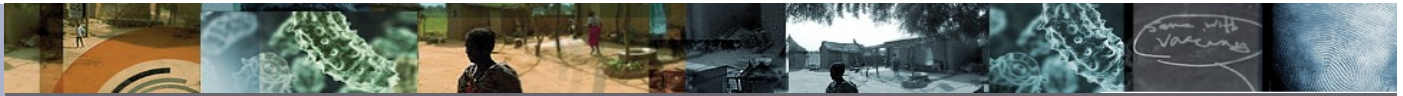
Windhoek, Namibia was the setting for this year's WHO/AFRO ARCI Meeting. The event, which took place on 5-7 December 2011, drew over 200 participants. Representing Sabin were SIF Program Director Mike McQuestion, Program Officer Mariya Savchuk and Senior Program Officers Clifford Kamara, Diana Kizza Mugenzi and Jonas Mbwangue. Sabin also sponsored five peer exchangers from Madagascar and Uganda who presented their advocacy work during an immunization financing session.

The overarching theme to this year's ARCI was polio eradication. In 2011, just four African countries reported polio cases. The eradication goal is now within the Region's grasp. Another highlight was the near disappearance of meningitis in Burkina Faso following that country's mass meningitis immunization campaign a year ago. Only four cases of the disease have been reported in 2011. However, participants expressed their concerns about stagnant and declining routine immunization program performance in a number of African countries.

In the immunization financing session, Sabin peer exchanger Dr. RAKOTONIRINA Simon told of Madagascar's efforts to right its EPI program following three years of political strife. Accompanying him were his Ministry of Finance and Budget counterpart Dr. RAKOTOVAO Nadine and parliamentarian Hon. Dr. RAJOELINA Aro Tafahasina Herinalinjaka, both of whom attended Sabin's Colloquium on SIF in Addis Ababa, Ethiopia last March.

Introducing the Ugandan presenters, Diana Kizza Mugenzi described her immunization financing advocacy work in three of the country's regions. Local Government Representative James Byamukama then gave a riveting description of his district's immunization program. Like other countries, Uganda's districts rely on federal transfers to finance their health services. District-level immunization program performance is often limited by both technical capacity and insufficient health budgets.

WHO has designated 2012 as the Year for Strengthening Routine Immunization Programs. The Sabin team will accordingly intensify its advocacy work in this area, realizing that good technical and budget performance are the heart of every country's national immunization investment case.



## Uganda harnessing media and district-level support for immunization financing

In August, Sabin and the Ugandan Ministry of Health organized a media briefing that brought together over 30 media managers and editors from radio stations, newspaper and television media houses to discuss the concerns, need and opportunities for mass media to communicate immunization financing issues.

The Ministry's Information-Education-Communication and Health Promotion Commissioner, Dr Paul Kagwa told the editors that "immunization programs must develop and employ strategies for proactive, evidence-based, professional communications and public advocacy." The Ugandan media, he added, have strong capacity and have proven time and again their ability to influence decision-makers in Uganda. In other presentations, WHO Representative Dr Joaquim Saweka and Uganda National EPI Program Deputy Manager Dr Jacinta pointed out that vaccine coverage in Uganda is declining. They called for a coordinated effort to salvage the situation.

Following the briefing, the ten media stations offered to place public service announcements on immunization issues at no charge. Journalists subsequently visited a number of Ugandan health districts to observe polio and measles outbreak control activities firsthand.

A second Ugandan advocacy strategy involves legislation. A Sabin-supported desk review of district-level immunization by-laws was completed in late 2010. Results showed wide variations in both the coverage and intent of existing legislation. "In Uganda, each of the 111 districts writes its own by-laws", explained Kampala-based SIF Senior Program Officer Diana Kizza Mugenzi. "We found that many districts lack immunization-related legislation while others need to update what they have." Routine immunization is financed in part through federal grants to the districts. District Health Teams and District Development Councils allocate health funds according to local needs. In line with the country's decentralization process, the Ugandan Ministry of Health recommended that Sabin work with the Ministry of Local Government, the district councils and the district health teams to follow up the study. Analyzing the by-laws will entail detailed local assessments of immunization operations and needs with the various district-level stakeholders.

Kizza Mugenzi and her counterparts began working in nine districts- three in each of three regions. Their immediate aim is to ensure that the districts work together to craft health by-laws that allocate adequate budgets for routine immunization activities. The districts are quickly taking stock of their situations. The legislative work falls onto the local Government Councilors who sit on the District Councils. But the revisions will take time. Any new or revised by-laws they propose must be shown to be compatible with federal constitutional provisions before they can be implemented.

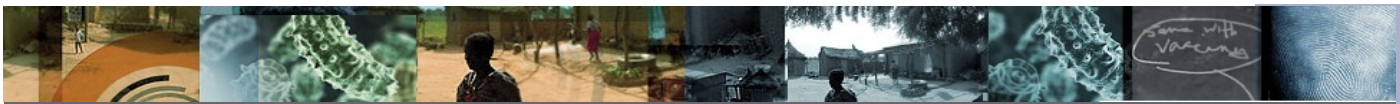
Some of the by-laws have been effective. In Kiboga District (Central Uganda), Councilor (LC-5) Mr. Andrew Ntege reported that an ordinance passed in 2003-2004 was about imprisoning parents who didn't take their infants for immunization. The district relied on a single mobile government van to collect parents and their kids from the villages and take them to health centers for immunization. "Most parents had a bias about immunization", continued Mr. Ntege, "so they would hide their children. But because of this ordinance, parents started to voluntarily take their kids for immunization. They developed a positive attitude towards immunization".

In nearby Gulu District, reported District Medical Officer Grace Anena, an existing by-law mandates that parents present immunization cards for their children at school registration. Vaccinations are sometimes administered to children as old as 15 years to satisfy the requirement.

On 28 November, Kizza Mugenzi and her colleagues organized an advocacy briefing in Kyenjojo District with the participation of district- and sub-county level councilors. In the briefing, participants discussed the many challenges Kyenjojo District faces in achieving universal immunization coverage. They considered the practicality of district by-laws on immunization and how they would be implemented. The leaders agreed to explore immunization co-financing with local tea plantations. Traveling as a Sabin peer exchanger, Kyenjojo District LG-5 Councilor James Byamukama later described the effort in an immunization financing workshop at the Third African Regional Immunization conference in Windhoek, Namibia (see related story in this issue).



Kyenjojo District counterparts meet to discuss local sustainable immunization financing strategies



## Rotary and Lions clubs team up to support Nepal's immunization program

On 20 November 2011, in Kathmandu, Nepal's Rotary and Lions clubs came together for a workshop on immunization financing. The event, co-sponsored by Sabin and UNICEF, featured presentations by Rotary and Lions officials; Dr. Shyam Raj Upreti, Director of the Ministry of Health and Population's Child Health Division; Mr. Bodh Raj Niroula, Joint Secretary of Budget and Program Division, Ministry of Finance; Mr. Vidyadhar Mallik, Vice Chairperson of Nepal Poverty Alleviation Fund; and WHO and UNICEF representatives, respectively, Dr. Frank Paulin and Dr. Will Parks. Both Upreti and Mallik participated in previous Sabin advocacy activities and both have emerged as SIF champions.

In his remarks, Dr. Upreti outlined the Ministry's decentralized primary health care system and ongoing efforts to make the EPI program more efficient. This convergence of private with public immunization stakeholders, remarked Mr. Niroula, portends important increases to the country's immunization resources.

A poor country, Nepal is nevertheless determined to achieve its sustainable immunization financing goal. The government currently meets about one-third of its routine immunization budget. In its budget speech last July, Nepal's Finance Minister announced the government would prepare legislation for Parliament's approval within the current fiscal year assuring public immunization financing. Nepal's sustainable financing solution will include a new public-private immunization fund, which the Rotary and Lions clubs are already capitalizing. To date, the two organizations have raised some US\$ 4000. The Lions clubs have pledged to raise about US\$ 165,000 annually for the fund.

Representing the Rotary Club of Kathmandu North, Mr. Ram Bhandari described how proceeds from the new fund would be earmarked for routine immunization system strengthening. With their combined network of 540 clubs, both organizations are poised to actively participate in routine immunization activities nationwide.

"This fund adds pressure on the government to push for an increased immunization budget", commented SIF Senior Program Officer Devendra Gnawali, who has worked closely on the project. "We also thank Dr. Sudhir Khanal and UNICEF/Nepal for teaming up with us", he added.

## West African health budget officers master cMYP tool for immunization

On 23-25 November, 2011, budget officers from ministries of health and ministries of finance from 16 West African countries attended an immunization program costing workshop in Ouidah, Benin. Facilitating the event were counterparts from Sabin/SIF, WHO/AFRO, UNICEF and the Agence pour la Médecine Préventive (AMP). The workshop objective was to develop skills for monitoring immunization program expenditures using the WHO/UNICEF Comprehensive Multi-Year Planning (cMYP) tool for immunization. Developed in 2005, the cMYP tool has been used to cost immunization programs in all 65 GAVI-eligible countries.

In recent years there have been similar cMYP workshops throughout Africa and Asia. Ten of the budget officers attending the Ouidah workshop came from five SIF Program pilot countries: Liberia, Mali, Nigeria, Senegal and Sierra Leone. SIF Senior Program Officers Jonas Mbwangue and Clifford Kamara both facilitated the Ouidah workshop.

"Until now, the cMYPs were used almost exclusively by external experts", commented Mbwangue, who works in Mali and Senegal as well as his native Cameroon. "Countries have to have an up-to-date cMYP costing in order to apply for a GAVI grant. Now we are transferring the technology to the countries so that they can begin monitoring their own program expenditures".

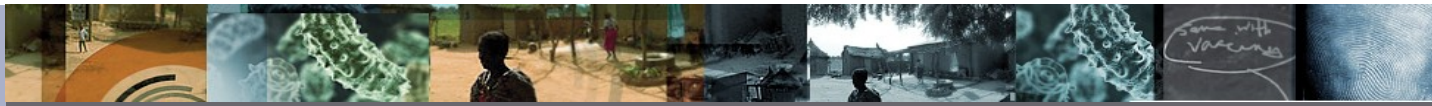
By all accounts the Ouidah workshop was a success. The budget officers resolved to use the cMYP tool in their countries. "I will be following up with my counterparts who attended this workshop", reported Kamara, who directs SIF Program activities in Sierra Leone, Liberia and Nigeria.

From an advocacy viewpoint, EPI managers need to monitor and report routine immunization program expenditures in order to justify budget increases. Adding routine expenditures to vaccine coverage and epidemiological analysis has been described as "adding the third leg to the EPI stool". The cMYP tool can be used for this purpose. But getting it to happen won't be easy. Reflecting on his efforts in Sierra Leone, Kamara commented "Those who control expenditure data do not want to reveal it. And public health managers don't like to deal with financial data".

WHO/AFRO and Sabin are planning a similar workshop for Central African countries next year. SIF Senior Program Officers Jonas Mbwangue and Helene Mambu-Ma-Disu will represent Sabin along with their counterpart budget officers from Cameroon, DR Congo and Republic of Congo.

## Republic of Congo (Brazzaville) joins SIF Program

From 13 to 17 November, SIF Program Director MCQUESTION Mike and Senior Program Officer, MAMBU-MA-DISU Helene went to Brazzaville, capital of the Republic of Congo, one of two African countries set to graduate from GAVI eligibility this year (the other one being Angola) for the introductory visit of the SIF Program. This was done in a joint mission with WHO counterparts Dr. KADDAR Miloud from Geneva and Dr. KONDE Kader, EPI Focal Point at the WHO country Office in Congo Brazzaville. In Parliamentary meetings, both the Speaker of the National Assembly and the Chairman of the Senate expressed their support for the sustainable financing goal. WHO and UNICEF country Representatives, Dr. GAMATIE Youssouf and Mrs. FLACH Marianne, will continue to support the country in its efforts to increase and sustain immunization financing. For his part, national EPI manager, Dr. DIDI Boris, acknowledged the need to more closely monitor his program's budget allocation, disbursement, use and performance as part of the country's new output-based budgeting system. Dr. MAMBU-MA-DISU will direct Sabin's advocacy work in the Republic of Congo.



## Letter from the SIF Program Director

29 December 2011

Dear Colleague,

As 2011 comes to a close, we at Sabin want to reconnect with all of our Sustainable Immunization Financing champions, take stock of where we are and share some ideas for the coming year.

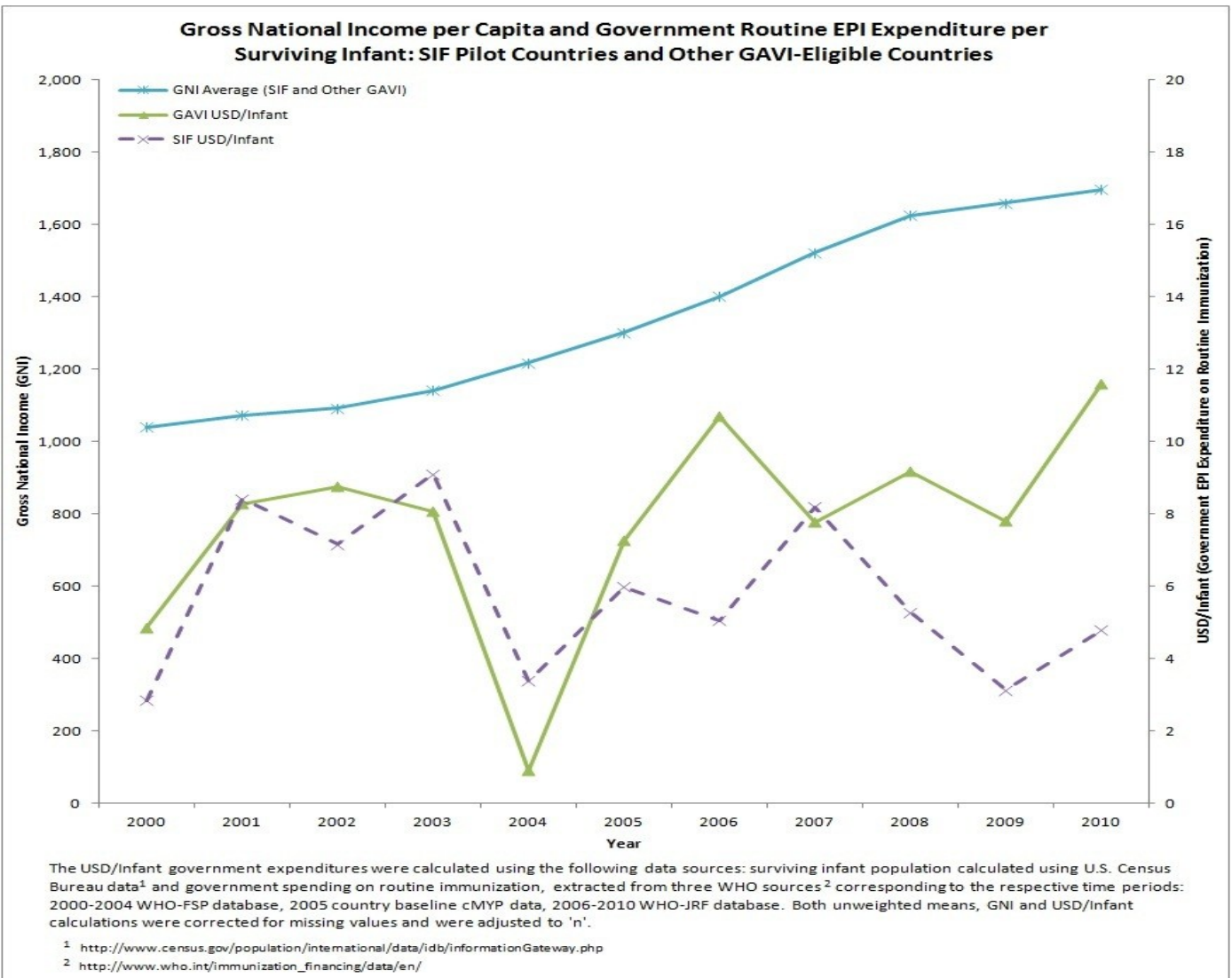
If you have ever attended one of our SIF briefings, if you ever participated in a Sabin-sponsored peer exchange, or if you are otherwise working toward our common goal of helping countries find their sustainable immunization financing solutions, you are an SIF champion. Another term we could use is *institutional entrepreneur* - you are one of those individuals who create and defend the innovations needed to improve the performance of your organization or institution.

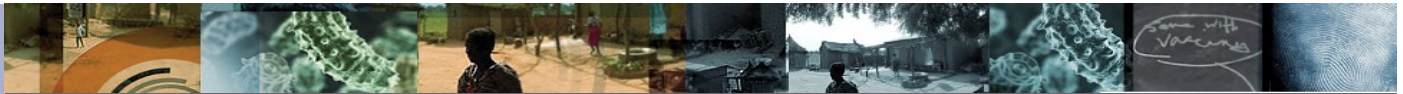
In Addis Ababa, last March, at the first [Sabin Colloquium on SIF](#), we heard champions representing 13 of our countries propose innovations for achieving the SIF goal. Most of the delegations, we are pleased to report, have followed through with those action points. SIF champions are advocating for bigger immunization budgets using sound investment cases. They are finding creative ways to bring decentralized governments, mass media contacts and community service organizations into the ranks of immunization stakeholders. All of these innovations are decreasing external dependencies and increasing country ownership of an essential public good- a fully immunized population.

So where are we now? The chart below shows mean government routine immunization program expenditures per surviving infant through 2010 for two groups of countries: the 15 SIF pilot countries and the rest of the GAVI-eligible countries. These are the expenditures the governments reported through the [WHO/UNICEF Joint Reporting Form](#). Since 2009, an upward trend in national expenditures is evident for both groups. However, the rate of increase is far too modest for countries to achieve the SIF goal by 2013, as we originally proposed.

That goal, we believe, will cost somewhere around US\$20 to \$30 per infant. We suspect that governments are underreporting their immunization investments. Knowing the true cost of national immunization programs requires ongoing analysis of actual program expenditures, including shared health system expenditures down to sub-national levels. In some countries, particularly in West Africa, SIF champions are starting this work.

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## Letter from the SIF Program Director

The second area of notable progress is legislation. Parliamentarians and their government counterparts in ten SIF countries are now fashioning new laws that will, among other provisions, guarantee some level of government funding for immunization. These *projets de loi* are taking champions into new areas of collaborative work. Some projects involve reorganizing immunization programs into higher-level divisions so that their budgets can be more carefully monitored. Others involve creating immunization trust funds which will allow private sector donors to support immunization. In at least one country, SIF champions are revising sub-national by-laws governing immunization financing. (See related story in this issue.)

Throughout the coming year, the Sabin SIF Program team will continue to collaborate with you, the champions. One new tool you can use is our [SIF online library](http://www.sabin.org/sif) ([www.sabin.org/sif](http://www.sabin.org/sif)). Here you will find recent articles we have identified, in English and French, on selected SIF-related topics. Just send us an email ([sif@sabin.org](mailto:sif@sabin.org)) and we will provide you the password. We invite you to submit other articles you find useful to your SIF advocacy work. We will add them to the library.

We look forward to seeing you again soon and we wish you all the best in 2012.  
On behalf of the SIF Team,

Mike McQuestion  
SIF Program Director

## Sustainable Immunization Financing Program Activity and Outputs This Period

Milestone/Activity (1.X.11 - 31.XII.11)	Achieved this quarter	Cumulative (1.IX.09–31.XII.11)	Details:
Visits to field countries	8	72	Mali (2), Cambodia, Sri Lanka, Republic of Congo (2), Madagascar, Senegal
National Parliamentary briefing	4	52	Madagascar, Cameroon, Mali, Sri Lanka
Sub-regional Parliamentary briefing	0	11	None reported this period
International Partners Meetings	5	49	• WHO/UNICEF/SVI/AMP training (Ouidah, 11/11) • Annual Regional Conference on Immunization ARCI / African Regional Inter-Agency Coordination Committee ARICC (Windhoek, 12/11) • Sub-regional Working Group (SRWG) (Windhoek, 12/11) • Decade of Vaccines Collaboration Consultation (Windhoek, 12/11) • GAVI IFSTT (Windhoek, 12/11)
Advocacy activities inserted into cMYP	7	30	Sri Lanka, Nepal, Mali, Cameroon, DRC, Uganda, Sierra Leone
Peer exchanges with SIF target countries	3	32	Uganda - 2 district health leaders attended the ARCI in Windhoek, Namibia; Madagascar - representatives from MoH, MoF, parliament attended ARCI in Windhoek, Namibia; Ouidah, Benin - 10 Sabin peer exchangers attended a training on immunization costing/budgeting using cMYP.
National routine EPI budget increased	7	23	Cameroon, Mali, Senegal, Uganda, Republic of Congo (Brazzaville), Nepal, Sri Lanka

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