

**Experiences from Uganda, Kenya and Ethiopia Advocacy for Sustainable Immunization Financing**  
**Diana Kizza, Senior Program Officer**

**Uganda**

The national revitalization of the EPI program in the early 90's coupled with several partner investments and approaches such as GAVI, Sustainable Outreach Services (SOS) and Reaching Every District has seen EPI performance improve with coverage increasing from 56% (2000) to 85% (2007). However with the upward shock in flow of funds in the early 2000` and downward shock following suspension of ISS funds not to mention the struggle to re-establish a budget line for UNEPI operation in FY 2007/08, the predictability of funding has been proven to be of utmost importance in sustaining good EPI performance. Today, Uganda's immunization funds are under the Poverty Alleviation Fund of the Ministry of Finance, meaning high priority for resource allocation and less susceptible to fluctuations in disbursement in the event of national budget shortfalls. Despite the aforementioned protection of funds, the national immunization resources allocated remain insufficient particularly for the operations budget. On September 15th 2009, the first advocacy forum was organized by the budget committee of the Ugandan Parliament with SVI support at which the Ministries of Health and Finance, Parliamentarians from the budget, social services, national economy and finance committees convened to share information on the UNEPI. On February 23rd, 2010 the second forum shall be held, and will involve the media, the Budget department of the Ministry of Finance, as well as the Private Sector Federation and the National Chamber of Commerce and Industry as the MoH tables the sustainable financing concerns and seeks plausible remedies in preparation of FY2010/11 budget.

**Kenya**

Kenya also experienced a fluctuation in EPI performance, between 1998 -2000 due to a shock in predictability of funds due to DANIDA withdrawal, the shocks show in EPI performance. The Division of Vaccines and Immunization in Kenya recognizes the need to address sustainable health financing. Challenged by the political situation where power sharing resulted in the division of the Ministries, MoH being no exception, SIF program implementation has been slow. During the past year the organizational roles of the newly shared ministry positions have had to be defined and Kenya's development partners have been instrumental in ensuring continuity of many programs during this time. The Ministry of Health is currently organizing the first briefing between the various SIF stakeholders.

**Ethiopia**

Chaired by the First Lady and Chair of the Standing Committee for Social Affairs, Her Excellency M. Azeb Mesfine on 28th September 2009, the first briefing for Ethiopian parliamentarians on sustainable immunization financing was organized by the Sabin Vaccine Institute, with partners WHO and UNICEF. The objectives were to informatively brief the parliamentarians on the technical and financial issues concerning Ethiopia's immunization program and its impact on MDGs and the national development priorities and in so doing highlight the case for advocacy for immunization in Ethiopia.

**Results of Parliamentary briefs**

- An increased interest in the organizational management and efficiency of the health program, breaking barriers due to wrong perceptions of certain offices and programs, e.g. understanding that budget has been the same for past 10 years for operations in Uganda irrespective of the Multi Year Plan, and understanding the sub sector ceiling allocations

- A better understanding of the expectations from each stakeholder, and opportunities to iron out misconceptions on the various aspects of different systems e.g. The various possibilities of working with MPs, e.g. the immunization campaign after the polio outbreak with the recruitment of parliamentarians
- Opportunities to raise concerns that can be clarified by members within the forums
- Opportunities for the immunization program to showcase its plans, management, gaps, technical and allocative efficiency as well as highlight the gaps it has. E.g. Parliamentarians were never aware of the CMYp
- Acknowledgement of the data available, and the need for frequent dependable, quality, timely information for decision makers to use to advocate for health sector needs

### **Progress**

At the start consultations were held with immunization stakeholders including development partners as UNICEF, WHO, CSOs, Rotary, the Ministry of Health departments of EPI, Budget and HMIS, as well as technical working groups for child health and health financing, Ministry of Finance budget department and the domestic private sector. Active discussions on sustainable immunization and consultations with the stakeholders to understand the gains, opportunities, challenges and concerns of the different players all concerted towards the similar goal of sustaining achievements made thus far in immunization.

At the events where legislature, executive and private sector have discussed the gaps, mulled possible solutions to fill the gaps within national contexts and understood each other's requirements, questions on what possible sustainable financing solutions are being more jointly sought. Questions on the options of revolving funds, legislative bills being tailored to ensure sustainability of successful ventures, opportunities to better understand and partake in the price negotiation processes, learning what are other countries doing, and working together with regional bodies to tailor plausible sustainable ideas are being queried.

In addition, observed is a revisiting to FSP documents and sustainable financing components in the immunization plans and strategies.

**Sustainable Immunization Financing Program Update  
Helene Mambu-ma-Disu, Senior Program Officer**

**DR CONGO**

The SIF Program became operational in May 2009. Several bilateral meetings have been held with members of Parliament, MOH, MOF and partners such as UNICEF, WHO, ROTARY and USAID. All were found to be interested in working together to help the country put in place a mechanism that will allow sustainable financing of the Immunization Program. DR Congo has not been paying for the basic vaccines or for the co-financing agreed upon with GAVI (\$1.3 million for 2010 that was due in November 2009). After the first briefing workshop of the MPs sponsored by SVI in collaboration with UNICEF, WHO, USAID, ROTARY and attended by 15 MPs, MOH, MOF, Ministry of Budget, Ministry of Planning and the office of the Prime Minister, everybody became aware that something needed to be done. The process was initiated by the Minister of Budget to release the amount needed for GAVI co financing. Unfortunately, so far only part of the overdue amount has been paid via UNICEF. The remaining amount should be paid during this month. One thing is true: there is now dialogue between the MOH and his colleagues in charge of budgeting and releasing the funds and the Parliament (Sociocultural Committee). SVI has become a regular member of the ICC and many technical and strategic meetings have been held over the past 6 months. The 2010 budget has been voted by the Parliament and is still to be promulgated by the head of State. We have been told that there is a budget line for vaccine procurement. Since the country is well decentralized, one of the next steps is to work with the provincial parliaments and governments so that they may finance the immunization operations in their respective provinces.

**RWANDA**

The first visit was done in June 2009 at which time meetings were held with the EPI Manager, the Permanent Secretary of the MOH, WHO, UNICEF, USAID. Though we have not been able to make another visit, we know that RWANDA is not doing bad at all according to what we heard from the external partners that we met during the first visit and according to what we hear on the news and what we read in the literature. The national budget does have a budget line for immunization activities and they do have sound health financing schemes from which other countries can learn. The EPI Manager has confirmed the next visit for the month of April 2010.

**MADAGASCAR**

Because of the political turmoil that has been affecting the country since early 2009, the first visit to the country was only done in December 2009. From the meeting we had with the nationals and external partners, all involved with EPI are welcoming the SIF advocacy component. But the crisis poses difficulties. Parliament was dissolved in 2008. With no parliament, the 2010 national budgetary law has been approved and passed by a presidential ordinance. Even without parliament we can help reinforce the dialogue between the MOH and the MOF.

**INTER AGENCY COORDINATION**

SVI/SIF has been associated and made substantive contributions to most of the regional and sub regional coordination meetings organized by WHO, UNICEF and GAVI (Dakar, Lilongwe, Harare and Hanoi).

**CLIFFORD WURIE KAMARA, SENIOR PROGRAM OFFICER  
(LIBERIA; NIGERIA; SIERRA LEONE)**

**1. COUNTRY EXPERIENCES**

1.1. Background: Similarities between Liberia and Sierra Leone are both poor, post-conflict countries which are very donor dependent; compared to Nigeria, which is much less donor dependent, but plagued by the Polio crisis and difficulties with the uptake of immunizations, especially in the North. The approach to the introduction and roll-out of SIF activities therefore had to be different, as well as country-specific.

**1.2. ACHIEVEMENTS:**

1.2.A: LIBERIA - slow formation of an "SIF stakeholder group" comprising of the MoH, MoF, House of Representatives, WHO and UNICEF. Writer participation took place in County EPI meeting where goals and objectives of the AP for SIF were presented in a workshop. Saw also writer participation in the Annual National Health Review meeting, where there was the opportunity to network with key partners and decision-makers in Liberia's health sector. Peer -exchange visit by the EPI Manager of Liberia to Sierra Leone. Preparations are now well underway for the conduct of a one-day symposium for Representatives and Senators.

1.2.B: SIERRA LEONE – Established a motivated, committed "stakeholder group" that includes MoH, MoF, Parliament, WHO, UNICEF, Rotary International and the Sierra Leone Association of Journalists. One-day symposium for Parliamentarians (NB: funded by SABIN but co-hosted with the WHO, emphasizing collective action amongst stakeholders) that was chaired by the Speaker of the House of Parliament. Creation of a budget line for EPI, again, based on collective action between MoH and MoF. As a direct result of the AP activities, there has been a significant increase in the EPI budget (between the years of 2009 and 2010.) The EPI Manager testifies to this increased and expressed being grateful for the SIF Program's inputs), as well as timely payments. Saw the active participation of SPO in ICC and other relevant meetings, as well as workshops to revise the cMYP, National Health Sector Strategic Plan and the National EPI Policy. Hosting of Liberia's EPI Manager in a Peer Exchange visit to Sierra Leone to meet key stakeholders, share experiences, study the progress of SIF, as well as the steps needed for the implementation of the one-day symposium for Parliamentarians, which is to be replicated in Liberia.

1.2.C: NIGERIA: Slow roll out of SIF activities because, in the words of a Senior colleague in the National Primary Health Care Development Agency (NPHCDA) that is responsible for the EPI, "our hands have been full trying to address the urgent problems associated with the spread of the wild Polio virus..." We are in consultation with colleagues in the NPHCDA, and it is expected that there will be a significant uptake of activities in Nigeria this year, since the problem of Polio has been largely resolved/ contained.

**1.3. CHALLENGES:** The costs of immunization are usually greater than the health budgets of most GAVI- eligible countries - increased government contribution is still inadequate to address the problems. Recession and donor fatigue are making it difficult to access additional funds needed as well as elaborate alternative strategies for SIF. Level of interest and commitment varies between countries, and a high level of commitment must be achieved and maintained amongst stakeholders.

**1.4. WAY FORWARD:** Expanding the group of stakeholders and search for “champions for collective action” is necessary. Decentralization of SIF activities in line with the devolution of health care and health budgets to the district/ county/ Local Government Area.

## **2. OTHER ACTIVITIES**

**2.1. DAKAR WORKSHOP FACILITATION:** In May 2009, UNICEF in collaboration with the GAVI Secretariat, World Bank, and World Health Organization organized a meeting on Immunization Financing and Sustainability – Co-Financing New Vaccines and Sustainability. In addition to assisting with the facilitation of the workshop, a presentation was also made on the SIF and its unique contribution to efforts to achieve sustainable immunization financing.

**2.2. PRESENTATION TO EUROPEAN MPs DURING GAVI'S PARTNER MEETING IN HANOI:** a presentation was made on the AP to a delegation of Members of Parliament from developed/ donor countries in from Europe and New Zealand. All previous presentations had been to Parliamentarians and other stakeholders from recipient/ beneficiary countries, so the presentation had to be tailored to this particular audience, with aims to raise their awareness as to how they can contribute towards achieving SIF in developing countries. The presentation was an eye opener for most MPs, who as a result, committed to forge a relationship with the SIF Program to achieve sustainable immunization financing in developing countries.

**2.3. NETWORKING IN OTHER REGIONAL AND GLOBAL FORA (WITH OTHER SABIN SIF COLLEAGUES):** Active participation in numerous global and regional immunization related meetings that took place in Mauritius, Johannesburg, Ouagadougou, Brazzaville, Dakar and Harare. These opportunities were always used to network with colleagues from the global and regional health communities. Health Care financing in general, and Sustainable Immunization Financing in particular, are topical issues that need to be urgently addressed as they are important steps in our efforts to achieve the MDGs.

## **3. CONCLUDING REMARKS:**

We saw marked success in raising awareness on SIF amongst key decision-makers, especially in MoH, MoF and Parliamentarians. In addition, "gratefulness of some stakeholders", especially Parliamentarians, particularly after the presentation of the "Investment Case" for immunizations; this usually leads to commitments to work closely with the SIF Program and other partners towards achieving sustainable immunization financing. Emphasis is now on the decentralization of SIF activities in line with the decentralization of EPI funding in most countries. The difficulties associated with obtaining accurate programmatic and financial data for EPI are noted. The SIF supports efforts to strengthen this process as and when needed. Matching financial and programmatic data for performance monitoring is sometimes perceived as an "audit" and there is need to vehemently and immediately dispel this notion since it may lead to a lack of cooperation. Emphasis is also now being brought on a country-specific approach, as well as a continuous "search" for additional stakeholders (from the private sector, CSOs etc) and "champions" for SIF.

**Jonas Mbwangue**  
**Senior Program Officer (Cameroon, Mali, Senegal)**  
**Program for Sustainable Immunization Financing (SIF)**

The SIF Program was introduced to Cameroon, Mali and Senegal in May 2008. The emphasis has been on assuring national ownership of the EPI Programs; SIF acts as a facilitator. Activities to date have included: a) establishing ongoing dialog between EPI teams and parliamentarians and among ministries of finance, ministries of health and parliaments; b) sub-regional exchanges among the three institutional actors, and; c) participation in technical meetings (GAVI Technical Groups, WHO EPI Managers meetings, etc.) These activities would not have been possible without the assistance of WHO, UNICEF, USAID and the World Bank. What follows is a description of SIF Program successes to date in Cameroon, Mali and Senegal.

**Cameroon : Accelerate the absorption of cMYP resources**

As in Mali and Senegal, Cameroon has maintained good vaccine coverage- above 80% fully immunized despite regional disparities. But in an SIF-sponsored meeting between EPI and parliamentarians in August 2009, a WHO-assisted review of data showed signs of stagnation. One of the problems identified has been resource mobilization, ie, accessing the CFA 15m from HIPC resources approved for EPI. The dialog among EPI managers who manage the cMYP, Ministry of Finance cadres in charge of the budget and cadres from the Ministry of Economy in charge of the Medium Term Expenditure Framework has accelerated the flow of EPI funding.

**Mali : Immunization inserted in the budget negotiations agenda**

The Malian Parliament's very dynamic Health and Budget Committees already participate in budget negotiations for the health sector. They have not been familiarized with EPI activities other than vaccination. Thanks to collective inputs by WHO, UNICEF, USAID and the World Bank to SIF-organized meetings, immunization is now an explicit, integral part of budget negotiation activities by the Parliamentarian Health and Budget Committees.

**Senegal : Increasing EPI Budget**

Since 2007, the budget allocated to EPI has been capped at FCFA 850m. In an SIF-organized briefing in August 2009, members of health and budget committees from both chambers of parliament and senate promised to advocate for an EPI budget increase. In December 2009, their promise was realized. The 2010 EPI budget was increased to FCFA 1b.

**NEXT STEPS : Increasing the visibility of immunization**

Giving more importance to immunization in health sector budget negotiations is an SIF Program priority in Cameroon, Mali and Senegal for 2010. Collective action will target: a) institutionalizing Immunization sub-committees in parliaments ; b) maintaining quarterly information exchanges among EPI/MoH, parliament, MoF, MoE and external partner agency counterparts ; c) joint analyses of EPI technical and financial performance data. These activities stem from the recommendations of an SIF-organized Peer Exchange Forum, which took place in Dakar, Senegal in December 2009. Participants included parliamentarian and government counterparts from the three countries. Technical collaboration was provided by WHO/IVB/HQ, WHO/Senegal, UNICEF/Mali and UNICEF/Senegal.

## **Experiences from Nepal, Cambodia and Sri Lanka on Advocacy for Sustainable Immunization Financing**

**Devendra Prasad Gnawali, PhD, Senior Program Officer**

### **Nepal:**

Since inception, from December 2008 onwards, Advocacy on Sustainable Immunization Financing Program (SIF) in Nepal had several separate bilateral meetings between SIF and Ministry of Health and Population/ Department of Health Services/Child Health Division, Ministry of Finance, parliamentarians, National Planning Commission, Civil Society Organization (Rotary), Domestic Private Business partners, WHO, UNICEF and World Bank. The SIF program has received positive support from all key stakeholders. This support motivated us to organize a Talk Program on Sustainable Immunization Financing in September 11, 2009. This first talk program brought tremendous opportunity to work on advocacy on sustainable immunization financing in Nepal. The Honorable president Mrs. Sandhya Devi of Women, Children and Social Welfare Committee of Nepalese Parliament demanded a briefing for all sixty honorable members of the committee. After receiving the demand, we are closely working with Dr. Shyam Raj Uprety, Director of Child Health Division, Dr. YV Pradhan, Director General of Department of Health Services/Ministry of Health and Population, Parliament Secretariat and UNICEF Nepal. We did advocacy briefings for all members of Health and Population Committee of Parliament from 22-23 January, 2010. Now this program is gaining momentum. We are jointly organizing a “Symposium for Parliamentarians on Child Health and Sustainable Immunization Financing” in Kathmandu, Nepal from 9-11 February, 2010. This is sub-regional level symposium. Parliamentarians, officials from the Ministry of Health and the Ministry of Finance from Sri Lanka and Cambodia are also participating in the symposium. We are also receiving support from Rotary. In collaboration with UNICEF, we are planning to bring more than 500 Rotarians with parliamentarians, officials from the Ministry of Health, Ministry of Finance to create a wave of sustainable immunization financing in the country. This event will happen in May in Kathmandu. Most of the Business communities and Bankers are member of Rotary. Hopefully, this collaboration would be able to explore domestic resources for immunization financing in Nepal.

### **Cambodia:**

Several bilateral meetings were held with high level officials from the Ministry of Health, the Ministry of Finance and Economy, WHO, World Bank, UNICEF, JICA and Rotarians in Cambodia. Despite an initially discouraging reception from some external development partners, we continued our efforts to contact officials from the Ministry of Health, Ministry of Economy & Finance and Parliament Secretariat. The Ministry of Health included parliamentarians in the advocacy program on Sustainable Immunization. We did briefing for Honorable Members of the Commission on Public Health, Social Work, Veteran, Youth Rehabilitation, Labor, Vocational Training and Women’s Affairs of National Assembly of Cambodia. They welcomed the advocacy program. We are continuing to brief them and want to involve them in the every step of the budget cycle. The Parliamentarians said that they need support from the external development partners until they reach the sustainable immunization financing objective.

### **Sri Lanka:**

We applied a similar approach to engage Sri Lanka. Several talks with the concerned officials from the Ministry of Health and Nutrition, Ministry of Finance & Planning, WHO, UNICEF, World Bank were held. Public Health Services are a constitutional right in Sri Lanka. It is the best performing country in South Asia Region in terms of service delivery. They do agree that collective action among Parliamentarians, the Ministry of Health and the Ministry of Finance & Planning can add value in



5<sup>th</sup> Global Immunization Meeting  
Side Meeting #3

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making immunization financing sustainable. Sri Lanka was planning to organize a symposium for Parliamentarians on sustainable immunization in October. Unfortunately, due to some unavoidable causes, it was postponed. We are also planning to bring all domestic business partners, including Rotarians, together to explore domestic resources for immunization.