

## The role of political will for country ownership of immunisation

5.9 million children under 5 died in 2015, the majority from vaccine preventable diseases.<sup>1</sup> Decades of effort & investment from donor countries have driven significant progress but, in the final year of the Millennium Development Goals, 19.4 million children still missed out on vaccines that could save their lives.<sup>2</sup> In order to tackle the remaining challenges and achieve universal immunisation, countries need to progress towards full country ownership of their routine immunisation programme.

Governments need to show public leadership, commit to domestically financing immunisation programmes, and ensure those commitments trickle down to policy change that is implemented in communities. Donor agencies cannot support entire immunisation programmes that are delivered as part of a national health system. Politicians, community leaders, and civil society, at a national and local level, have an important role to play in encouraging full country ownership through scrutinising policy, holding leaders to account, and driving sustainable financing.

### WHY IMMUNISATION?

**2 - 3million** LIVES ARE SAVED EACH YEAR<sup>3</sup>

IMMUNISATION HAS HELPED DRIVE DOWN UNDER 5 MORTALITY



**12.6million** IN 1990 | **5.9million** IN 2015



FOR EVERY \$1 INVESTED \$16 IS SAVED<sup>4</sup>

IMMUNISATION IS FOCUSED ON REACHING EVERY CHILD



## WHAT IS COUNTRY OWNERSHIP OF IMMUNISATION AND WHY IS IT IMPORTANT?

Country ownership is grounded in the ability of a country to provide leadership, finance, and deliver universal routine immunisation services. These 3 interlinked elements are required for strong, sustainable, and functioning routine immunisation systems. All of these can be impacted by political will.

### 1 GOVERNMENT LEADERSHIP

- ◆ High-level political commitments are needed to ensure the benefits of immunisation are understood and recognised at all levels of the health service. This includes public statements of commitment and the inclusion of immunisation in national health and development strategies, which also encourage public confidence in the benefits of immunisation.
- ◆ Public and political engagement, at national, regional, and district levels, which scrutinises policy and holds the government to account on policy and financing and drives country ownership.

### 2 SUSTAINABLE FINANCING

- ◆ Countries increasing domestic finances for immunisation programmes, with a long-term routine immunisation budget line in place.
- ◆ The budget for immunisation needs to be predictable. Engaged political representatives, especially in finance and health committees, as well as civil society representatives, can raise the important economic arguments, creating champions in health and financing ministries and government to ensure domestic financing is prioritised within the national health budget.

### 3 PROGRAMME AND POLICY IMPLEMENTATION

- ◆ Countries need the technical ability and capacity to turn political will and policies into deliverable programmes. National coordination and local level political accountability is key.

## A focus on financing

Children are already missing out on immunisation because of a lack of dedicated domestic financing. Immunisation budgets need to be increased as part of a growing health budget, especially in countries that are experiencing economic growth. With a limited health budget, governments must decide what services and interventions to prioritise. Domestic financing for immunisation can have one of the biggest impacts on the health service, with quantifiable improvements for the whole health system.

- ◆ Immunisation is a core part of a health system, and a key service to achieving UHC, an agreed target of the Sustainable Development Goals.
- ◆ Donor financing will not continue indefinitely. The political will for increasing sustainable domestic resources is key.
- ◆ Immunisation needs continuous, long term and reliable funding to allow for planning and programmatic development to improve coverage. This often requires considerable investments in infrastructure, supply and cold chains, human resources, and procurement.

## Gavi, the Vaccine Alliance

Gavi is a public private partnership which aims to create equal access to new and underused vaccines for children living in the poorest countries. It has helped prevent more than 8 million future deaths by vaccinating more than half a billion children.<sup>6</sup> Gavi provides financial support to countries whilst using its market shaping tools to make vaccines more affordable and more available. It leverages the expertise of partners to make supply chains more sustainable and supports countries towards financial self-sufficiency.

Gavi countries are required to co-finance vaccines using their domestic resources on a scale dependant to their income status, leading to full financing over time.<sup>7</sup> In January 2017, an additional 4 countries became fully self-financing, which brought the total number of countries who have fully transitioned from Gavi support to 14. A further 13 countries are expected to reach the end of Gavi support by the end of 2020.<sup>8</sup> The Gavi model is favoured by donors as an important way to support countries to develop ownership and increase domestic financing for immunisation. However, in many countries, significant challenges exist in increasing domestic resources quickly and sustainably, and political leadership has a key role to play in overcoming these and ensuring successful donor withdrawal.



Will Boase/RESULTS UK

## WHAT HAPPENS IF WE DON'T PRIORITISE FINANCING FOR IMMUNISATION?

- ◆ Countries fail to successfully transition away from donor financing. Unsustainable financing could affect immunisation rates and children would be put at risk of dying from vaccine preventable diseases.
- ◆ Countries and donors could face increasing long term costs as a response to disease outbreaks and health emergencies. The response cost to outbreaks and emergencies can be much higher than the costs of routine immunisation and put significant pressure on stockpiles which can have a knock-on effect on global health security.
- ◆ A valuable opportunity to improve health systems on the path to UHC is missed.
- ◆ Past investments could be placed at risk. There have been large global investments in the drive towards polio elimination and other health epidemics. This has brought global rates of vaccine preventable diseases to an all-time low for certain diseases but this could quickly change.

### Case study | The role of political will in Uganda

#### Sabin Vaccine Institute Sustainable Immunisation Financing (SIF) Programme

The Sabin Vaccine Institute SIF Program works within certain Gavi-eligible countries to establish the necessary political, social, and legal frameworks to prepare countries to successfully assume financial responsibility for their immunisation programmes upon Gavi graduation. Sabin's programme in Uganda began its efforts in September 2008. The passing of immunisation legislation, along with improved expenditure tracking, were identified as the main ways to attain financial sustainability for immunisation services. Political will has been a key component in achieving both these things.<sup>9</sup> Uganda has made considerable progress towards country ownership, in part because of the receptiveness and collaboration of the government and parliamentarians to work together towards the same goal on immunisation.

#### Uganda Parliamentary Forum on Immunisation

In 2012, the Parliamentary Forum on Immunisation (the Forum) was founded with support from Sabin. It was led by Hon. Huda Oleru, a Member of Parliament from the Yumbe district.

The Forum highlighted to fellow parliamentarians why investment in immunisation is important to the development of Uganda and galvanised interest and support across parliament. Members of the Forum took part in peer to peer learning visits sponsored and organised by Sabin to meet with MPs and government officials from other countries to understand how they had made progress and what lessons could be applied in Uganda. With help from Sabin, they developed improved budget allocation tools to better track immunisation spending and arranged specific meetings and roundtables with the Ministry of Finance and the Ministry of Health to show support for increased spending on immunisation, as

well as encouraging greater collaboration between the two ministries. Technical information, and evidence in support for prioritising immunisation spending, was gathered through engagement with the National Immunisation Technical Advisory Group (NITAG) in order to engage with other parliamentarians and government officials and to build support for the Immunisation Act.<sup>10</sup>

#### The National Immunisation Act 2016

Hon. Huda Oleru, with the backing of the Forum, was responsible for the introduction of the private member's bill on immunisation in the Ugandan Parliament in 2012. This resulted in the National Immunisation Act, which became law in March 2016. The law was designed to fill many of the gaps which were causing immunisation inequities and created a new method of earmarked domestic and sustainable financing for immunisation through an immunisation fund. It also legislates that immunisation of all children, women of reproductive age, and other target groups, is compulsory.

The law was developed in close collaboration with the Forum and the Uganda Expanded Programme on Immunisation (EPI) team with technical support from Sabin. The Forum drove political and government support and the EPI team led the technical terms and functionality, endeavouring for a complimentary partnership towards country ownership. Further, it was only through engagement by the Forum with the Ministry of Finance that the Act was given the permission it needed to move forward in parliament.<sup>11</sup>

The Immunisation Act is evidence of what can be achieved with **dedicated political will and government prioritisation of immunisation**. The momentum which has been galvanised must be embraced and continued to ensure the Act results in concrete actions to tackle immunisation inequities including ensuring that the immunisation fund is implemented and fully funded.



DTP3 COVERAGE RATES

**52%** IN 2000 | **78%** IN 2015



GOVERNMENT FINANCING AS A % OF ROUTINE IMMUNISATION PROGRAMME

**21%** IN 2010 | **49%** IN 2014



GOOD PROGRESS IN TERMS OF UNDER 5 MORTALITY WITH A REDUCTION FROM

**187** PER 1000 IN 1990 | **55** PER 1000 IN 2015

## Why is country ownership important for Uganda?

Uganda is a low-income country and one of the least developed in the world. Only 78% of children received the basic diphtheria, tetanus and pertussis vaccine in 2015 and there are a number of challenges which need high level leadership, improved policies, and increased financing to ensure every child receives the vaccines they need. There is growing scepticism of vaccines and their effectiveness in certain areas. Doubts have been caused primarily in eastern Uganda by the Abajiri 'cult' (also known as the 666). There is a risk this could increase. Weak infrastructure, especially in the cold chain for rural areas, can have serious consequences for immunisation equity. Delays in responding to fridge breakdowns, irregular maintenance, issues with safety and retention of solar panels, and timely supply of gas are all common challenges.

At local level, immunisation is often not a priority. Insufficient human resources matched with heavy workloads and in-

adequate skills lead to missed opportunities for immunisation. 39% of districts reported health worker vacancy rates of more than 35%, with 64% of these districts reporting this has had a negative impact on routine immunisation. A further 38% of health workers are reported to not having received training on immunisation in the last 12 months.<sup>15</sup> Delays in the release of funds from the Ministry of Finance to the Ministry of Health often interrupts service delivery, and a tight immunisation budget is not enough to ensure delivery of vaccines to the children in the hardest to reach areas.<sup>16</sup> Uganda is not alone in facing these sorts of challenges and the effects of these challenges may be having even more of an impact in countries which are already seeing changes in their donor funding. Uganda shows us how important political will can be for encouraging country ownership through legislation and taking important first steps towards leadership on domestic financing to ensure universal immunisation.

## RECOMMENDATIONS

### FOR THE UK GOVERNMENT

- ◆ Support countries to increase domestic fiscal space for immunisation and health
- ◆ Support the role that CSOs can play in galvanising political will for improved leadership and sustainable financing
- ◆ Engage with parliamentary forums and ambassador networks in DFID priority countries to highlight the importance of immunisation and the need for countries to urgently move forward towards country ownership
- ◆ Develop guidelines on donor withdrawal (to be used in bilateral withdrawal and form the basis of position on the boards of multilaterals) which encourage responsible changes in donor funding

### FOR UK PARLIAMENTARIANS

- ◆ Encourage DFID to do more to support countries increase their national health budgets
- ◆ Use parliamentary networks to highlight the significant economic benefits of immunisation and the need for policy prioritisation and the allocation of domestic resources

### FOR NATIONAL GOVERNMENTS

- ◆ Increase domestic resources allocated to vaccines and vaccine delivery to ensure long-term financial sustainability as donor financing changes.
- ◆ Prioritise and increase public investments in immunisation as part of a growing health budget
- ◆ Have financial sustainability plans in place to ensure co-financing payments can be made and they are able to successfully increase domestic resources when donor funding withdraws

This case study forms part of a wider research project documenting the role of country ownership and sustainable financing for immunisation. This focus is on political will, taking Uganda as a case study.

1 WHO Global Health Observatory Data

2 WHO Immunisation Coverage Factsheet - Updated September 2016

3 WHO Global Immunisation Data, 2015

4 [www.gavi.org/about/mission/facts-and-figures/](http://www.gavi.org/about/mission/facts-and-figures/)

5 UN-IGME, 2015

6 <http://www.gavi.org/results/goal-level-indicators/mission-indicators/>

7 <http://www.gavi.org/support/sustainability/transition-process/>

8 Gavi Progress Report 2015

9 <http://www.sabin.org/programs/sustainable-immunization-financing/uganda?language=en>

10 Information gathered through RESULTS UK meetings in Uganda in August 2016

11 Ibid

12 Ibid

13 Gavi co-financing information sheet Uganda

14 World Bank Data

15 Gavi Joint Appraisal 2015

16 All challenges identified through RESULTS UK meetings in Uganda in August 2016