

Report of a meeting on health sector reform and priority health interventions: the case of immunization services

Washington, 15–16 November 1999



DEPARTMENT OF VACCINES AND BIOLOGICALS



World Health Organization
Geneva
2000



**The Department of Vaccines and Biologicals
thanks the donors whose unspecified financial support
has made the production of this document possible.**

This report is based on a meeting organized by the Department of Vaccines and Biologicals and the Department of Organization of Health Services of the World Health Organization in Geneva, in collaboration with the Division of Health Systems and Services Development and the Division of Vaccines and Immunization at WHO's Regional Office for the Americas/ Pan American Health Organization in Washington, D.C.

This document was produced by the
Expanded Programme on Immunization Team
of the Department of Vaccines and Biologicals

*Ordering code: WHO/V&B/00.39
Printed: February 2001*

This document is available on the Internet at:
www.who.int/vaccines-documents/

Copies may be requested from:
World Health Organization
Department of Vaccines and Biologicals
CH-1211 Geneva 27, Switzerland
• Fax: + 41 22 791 4227 • E-mail: vaccines@who.int •

© World Health Organization 2000

This document is not a formal publication of the World Health Organization (WHO), and all rights are reserved by the Organization. The document may, however, be freely reviewed, abstracted, reproduced and translated, in part or in whole, but not for sale nor for use in conjunction with commercial purposes.

The views expressed in documents by named authors are solely the responsibility of those authors.

Contents

<i>Abbreviations</i>	v
<i>Executive summary</i>	vii
1. Introduction	1
1.1 Background	1
1.2 Purpose	2
1.3 Approach	2
2. Summary of presentations and discussions	3
2.1 Key issues in health sector reform/development	3
2.2 New perspectives in health sector development and monitoring	3
2.3 Major trends for health sector reform in Latin America	4
2.4 Immunization services in the context of health sector reform/ development	5
2.5 Global response to key issues in health sector reform/development	6
2.6 How can we increase or sustain adequate immunization services cost-effectively within the context of health sector reform/ development?	7
2.7 How can WHO and development partners, based on the analysis car- ried out so far, best assist countries to plan or undergo health reforms while ensuring the strongest impact of their immunization services?.....	8
3. Summary of group discussions	9
3.1 Tools	9
3.2 Policy guidance	9
3.3 Partners and governments	10
3.4 Performance contracts and monitoring	10
3.5 Functions and capabilities to be retained at national level	11
3.6 Integration between national and local levels.....	11
3.7 Lessons from priority programmes	11
3.8 Concrete steps at national and district level to strengthen health sector reform and immunization efforts.....	12
4. Recommendations of the meeting	13
4.1 Global recommendations	13
4.2 National and district recommendations	13
Annex 1: Agenda	15
Annex 2: List of participants	19

Abbreviations

AFRO	WHO Regional Office for Africa
AMRO	WHO Regional Office for the Americas
DALYs	disability adjusted lift years
DTP	diphtheria–tetanus–pertussis vaccine
EMRO	WHO Regional Office for the Eastern Mediterranean
EPI	Expanded Programme on Immunization
HSR	health sector reform
ICC	intercountry coordinating committee
NIDs	national immunization days
PAHO	Pan American Health Organization
SEARO	WHO Regional Office for South-East Asia
WDR	World Development Report
WHO	World Health Organization

Executive summary

Evaluating the effects of health sector reform (HSR) involves describing a policy change, describing changes in performance and assessing to what extent the changes observed may be attributed to the reform that was implemented. Evaluative studies on the effects on immunization services were conducted in a number of countries including seven South American countries, three African countries and one European country.

Immunization services are among the health interventions that more frequently fulfil the principles of equity, solidarity and efficiency. Health reforms offer an opportunity to assess the delivery of immunization services and provide an occasion to improve these services within the context of health systems development.

The meeting reviewed available information as it relates to health sector reform and health systems development and discussed priority health interventions using the example of immunization services. Country case studies were presented which highlighted the key issues that immunization services are facing in a rapidly changing socioeconomic environment. The report of this meeting will be shared widely with national and international development partners and health officers in charge of planning and developing health systems and immunization services.

Recommendations from the meeting include:

- Documentation should be prepared by WHO Secretariat together with key development partners. This should include: a position paper on the best practices for priority health interventions, using the case of immunization programmes as an example, within the context of major health systems development issues; and fact sheets should be developed to facilitate health system development and priority health interventions.
- WHO and development partners should work with countries to ensure that assessment of priority health interventions incorporates essential health system development issues. (The immunization programme is working on revising the current immunization tools, and incorporating essential health systems development issues.)
- Countries should invite development partners to participate in planning the health sector and health sector financing, ensuring that the financial envelope for immunization programmes is part of the overall financial framework. Development partners should ensure flexibility in financing priority health interventions and should avoid earmarking

-
- Countries and development partners should ensure that national immunization plans become an integral part of national health sector development plans and the indicators of performance of these plans should form a key part of the overall monitoring system.
 - Countries and development partners should identify key indicators to monitor the performance of the overall health system. Immunization indicators should be part of these.
 - Countries and development partners should ensure that the capacity for specific technical skills and functions, planning and management are strengthened at all levels so that they help all units to effectively and efficiently implement priority health interventions, such as immunization.
 - Countries should focus on developing managerial capacity at the district level, including relevant integrated in-service training and development of performance incentives.

1. Introduction

This report is based on a meeting organized by the Department of Vaccines and Biologicals (VAB) and the Department of Organization of Health Services (OSD) of the World Health Organization (WHO) in Geneva, in collaboration with WHO's Regional Office for the Americas/Pan American Health Organization (AMRO/PAHO) in Washington, D.C., on 15-16 November 1999. The meeting considered issues arising from the interrelationship between health sector reform and immunization services, as an example of priority health interventions.

1.1 Background

A substantial number of countries have embarked upon, or are in the process of planning fundamental changes in their health systems – health sector reform – to respond more adequately to the needs of local populations as well as to other challenges from the socioeconomic and political environment. Inequity in health outcomes, too great a focus on hospital-based care for preventable diseases, institutional problems which limit health sector performance, civil service reform and the unregulated growth of the private health sector represent important challenges. Health sector reform has been defined as “a sustained process of fundamental change in policy and institutional arrangements designed to improve the functioning of the health system and thereby people's health”.¹

Yet traditional national immunization programmes have in many countries been slow to respond to changes in health systems. Anecdotally, managers of such programmes feel they are losing control, and that administrative and organizational reforms are being over-emphasized at the cost of declining immunization coverage. Similar issues arise with other priority health interventions.

The meeting was organized to take stock of the interrelationship between health sector reform and immunization services, and consider how best major stakeholders can respond to the challenges of the reform processes. It approached the issues via country case studies and presentations on key issues.

A background paper with key references that was prepared for the meeting is attached in Annex 3.

¹ Cassels A. *Health sector reform: key issues in less developed countries*. Forum on health sector reform discussion paper No. 1, 1995.

1.2 Purpose

The conference brought together two groups dedicated to improving health outcomes, especially for the poor: those working to improve the impact of immunization programmes and those working to strengthen health systems.

The meeting's objectives were to:

- Review global experiences in strengthening immunization services during health sector reform.
- Review how immunization services can contribute to HSR efforts.
- Agree on ways through which national authorities can effectively coordinate action and partners at country level to support immunization services.
- Define and agree upon concrete strategies for global stakeholders to better support countries in planning the inputs and processes required to achieve and sustain effective immunization coverage and quality of care.

1.3 Approach

The issues were approached via country case studies and presentations on key areas, followed by discussion in working groups. The agenda is attached in Annex 1 and a list of participants in Annex 2.

A series of background papers were made available prior to and during the meeting. The key background paper is attached in Annex 3.

2. Summary of presentations and discussions

2.1 Key issues in health sector reform/development

The meeting opened with consideration of three presentations. The first, on new perspectives in health development and monitoring, outlined work in progress on a WHO framework for health systems. The second reviewed major trends in health sector reform in Latin America, where by the mid-90s almost every country had either embarked on health sector reform or was considering it. The third considered immunization services in the context of health sector reform, and particularly decentralization, which seemed to have particular impact on priority health services.

2.2 New perspectives in health sector development and monitoring

2.2.1 Key points

- Health system goals include improving population health and reducing health inequalities, enhancing the responsiveness of health services to the legitimate expectations of the population and assuring fairness of financial contributions towards the cost of health care (and financial risk protection).
- Performance is the achievement of a specific goal relative to resources.
- Efficiency is the achievement of the socially desired combination of goals relative to resources. There is a need to design measures and build capacity to monitor achievement of goals.
- Health system functions include service provision; resource generation; financing and stewardship (formulating health policy, regulating, collecting and using intelligence/data).

2.2.2 Conclusions

Immunization services are a public good – they benefit communities, not just individuals.

- Immunization services are highly cost-effective, e.g. cost estimated at US\$ 0.5 per head in 1990 prices, cost per DALY for EPI plus interventions is estimated at US\$ 25 to \$30 (WDR, 1993).
- Well functioning health systems improve population health by responding to their legitimate immunization needs.

2.3 Major trends for health sector reform in Latin America

2.3.1 Key points

- Health sector reform in Latin America has encompassed macroeconomic instability and reorganization. The role of the state has changed from providing a centralized, supply-driven service, to a government led, but essentially decentralized service in the context of wider public management reform.
- The guiding principles of the health sector reforms have been:
 - equity – increasing equity of access to, and outcomes from, health services;
 - efficiency – maximizing the use of scarce resources;
 - effectiveness and quality – ensuring priority is given to evidence and evaluation-based services, which are acceptable to consumers (perceived quality) and providers of services (technical quality);
 - sustainability – adequacy of services assured over time;
 - social participation – the wider community involved in decisions relating to health services and an understanding by them of what can be expected of those services.
- The health care system in Latin America is usually segmented between the ministry of health, social security and the private sector.
- Key distinct functions include:
 - the steering role – the development of a coherent policy framework;
 - financing and insurance – ensuring that adequate resources are available to provide access to essential services (especially by poorer groups), that resources are used efficiently and are affordable, and that there is adequate risk protection, especially in the case of catastrophic ill health;
 - purchasing – the need to ensure that limited resources are put to the best possible use and that their effectiveness is monitored.

2.3.2 Conclusions

Critical issues in decentralization:

- Decisions concerning which government functions to decentralize.
- Asymmetric decentralization in Latin America with the process developing at different speeds in different places.
- The need for careful assessment of decentralization processes to understand what is going on in countries undergoing reform.

2.4 Immunization services in the context of health sector reform/development

2.4.1 Key points

- The objectives of health sector reform include allocative and technical efficiency (allocating resources to their most productive use and ensuring that the services are of the necessary quality and delivered at least cost), equity in access to, and financing of, health services, and financial sustainability.
- Key issues for immunization services include preserving essential system functions while seizing the opportunity presented by reform for improving immunization services; assigning clear roles and responsibilities to key managers in securing the delivery of immunization services; coordinating priority services; ensuring that sustainable financing mechanisms are in place.
- Essential functions at national level include:
 - formulation of national policies, strategies, standards and guidelines;
 - international coordination;
 - procurement and quality assurance of vaccines and equipment;
 - information analysis;
 - operational research to improve the quality and uptake of immunization services.

2.4.2 Conclusions

- Immunization services performance is an excellent indicator of the performance of the overall health system, but not the only one.
- Managerial capacity at the peripheral level should be strengthened.
- International development partners should support immunization services in the context of health systems development.

2.4.3 Discussion

- There should be greater focus on human resources development. There is a need to focus on both identifying and meeting human resource needs in terms of numbers, skills and skill mix (through education and training). It is also essential to focus on how productively these resources are used, touching on issues such as pay and conditions, reward systems etc.
- More accurate data on countries' current investments in immunization services is a prerequisite for informed discussion on how to improve them. Such data could be collected as part of a national health accounts exercise. This would include a comprehensive picture of spending on immunization services from all sources (ministry of health, private sector, social security, donor). When combined with data on outputs, it could shed significant light on the effectiveness of current approaches and suggest possible ways forward.
- Peripheral health services have often failed to reach the poor. Even when health services are free, the poor are often put off by poor quality services and access costs. There is a need to provide alternative strategies to reach the whole population effectively.

2.5 Global response to key issues in health sector reform/development

2.5.1 Key points

Attention was given to the global response to key issues in the development of health sector reform/development, and three diverse presentations were given.

The first covered the background to, and early experience of, health sector reform in Bangladesh, where one-third of health financing comes from development partners. The Expanded Programme on Immunization (EPI) had been included in the essential service package, immunization coverage had risen by 7% and vaccine availability had increased in the first year of the reform programme.

The second presentation examined the position of the mission hospitals as a private sector partner during health sector reform in Zambia, where in 1996 the churches provided about 30% of hospital beds and 40% of health outreach activities, including immunization. In the reform process, the churches secured representation on district health management teams but faced uncomfortable challenges like scaling down of some of their services and disclosure of sources of funding.

The final presentation took a general view of responses to a new health environment characterized by integration of programmes and decentralization. It examined the special issues for immunization (including well-established vertical structures, strong affiliations with external agencies, specific procurement planning for specialized vaccines) but urged the importance of taking a positive approach to health system development.

2.5.2 Conclusions

- Reform is often a government-wide initiative, not specifically tailored for the health sector.
- The private sector, as a significant or growing health care provider in most developing countries, needs to be involved in health sector reform.
- Key process components include:
 - building consensus about the overall reform framework among local partners, including the private sector;
 - determination of health objectives at the outset, with clear priorities;
 - effective preparation, especially in relation to capacity building, human resource issues, information systems;
 - consultation, coordination and transparency.
- Those engaged in priority health programmes like immunization may feel threatened or devalued during health sector reform/development. But it was argued that pro-active engagement and support is likely to prove a more effective response than maintaining a distance, which may risk loss of influence.

-
- Agencies associated with priority health programmes have practical support to offer, for example:
 - evidence on costs and effectiveness of alternative approaches, to inform priority setting and help shape programmes;
 - temporary technical and financial support during the transition period;
 - help for staff and counterparts in developing approaches and skills appropriate to the new environment.

2.5.3 Discussions

- Presentations focused on aid-dependent countries. Optimal solutions are likely to be country specific.
- Commitment at the highest political levels, as well as from senior government officials working in the health sector is essential to success.
- Developing and retaining skilled, motivated staff is a critical issue. Without these key staff, programmes are unsustainable.
- Health systems development may help tackle the discrepancy between reported immunization coverage and actual survey data through the development of better management information systems and better monitoring and evaluation systems.

2.6 How can we increase or sustain adequate immunization services cost-effectively within the context of health sector reform/development?

These sessions opened with a paper on making reforms work for immunization, and the methodology that some countries use to help assess whether, and to what extent, health sector reform had an impact on immunization services. Where immunization coverage had declined, it was important to be able to differentiate between ill-functioning immunization services and any deleterious effect that health reform had on immunization services. This discussion was followed by presentations on the regional perspective in four of the six WHO regions – by the Regional Office for the Americas/Pan American Health Organization (AMRO/PAHO), and the WHO Regional Offices for Africa (AFRO), the Eastern Mediterranean (EMRO) and South-East Asia (SEARO). This included selected country experiences in developing/sustaining immunization services in the context of the health sector reform. Country case studies covered Bolivia, Ghana, Indonesia, the Kyrgyz Republic, Mexico and Pakistan. The two continents with the greatest experience in health sector reform were Africa and the Americas.

2.6.1 Key points

- There is no single model of health sector reform and therefore no single approach to its relationship to priority health interventions.
- Health sector reform is an opportunity for strengthening and expanding immunization services or any other priority intervention.
- Good practices in terms of the delivery of immunization services have knock-on effects on the quality of other services. Immunization, therefore, can be the key to opening the door to other intervention packages.

-
- Success requires country ownership of the programme, with leadership and political will at all levels.
 - Social mobilization and community education (developing demand) is crucial to the sustainability of priority programmes.
 - Management contracts with districts are necessary (see 6.4 – Performance contracts & monitoring).

2.7 How can WHO and development partners, based on the analysis carried out so far, best assist countries to plan or undergo health reforms while ensuring the strongest impact of their immunization services?

2.7.1 Key points

- There is a crucial role for WHO and development partners in providing support in the period of reform transition. The World Bank has started to track the reform process. WHO needs to determine when to provide technical assistance to support reform countries.
- Development partners have an important advocacy role to play but it is vital that they do not send conflicting signals about reform versus priority health interventions.
- WHO and development partners need to understand and support work on the issues set out below:
 - immunization programmes are often unbalanced and unstable because it is easier to obtain funding for some elements (e.g. vaccines and surveillance) than others (e.g. training). Health sector reform offers an opportunity to address this;
 - health sector reform often provides the impetus to review immunization policies and programmes;
 - the development of effective but expensive new vaccines poses challenges on a number of fronts, including cost, equity and managerial issues such as logistics and waste.
- Key research needs include:
 - documenting successes and failures;
 - examining major variations in immunization coverage within countries;
 - the integration of public health programmes;
 - role of the private sector;
 - the regulatory role of governments.

3. Summary of group discussions

3.1 Tools

Tools could be developed for use at international and national levels in the following categories:

- Tools for understanding changes taking place in countries: such as how health reform is defined, what components are included at what levels within each country, how priorities are set, the status of immunization within reform processes, priority setting processes and packages of “priority” interventions.
- Tools for developing policy guidance based on experiences to date with immunization in the context of reform. These might include tools to: help countries to draft laws and regulations; sort out authority; assign responsibilities and roles; and assure the appropriate allocation of finance. It might include tools to help countries and their subnational units to clarify appropriate priority-setting methods and use them appropriately with immunization (e.g. so that over-reliance on disease burden or “demand” for prevention does not reduce the priority of immunization).
- Tools for advocating sound policies.
- Tools for managing service delivery and for managing the public health infrastructure essential for effective service delivery. Management tools would include those for improving planning, training, supervision and assessment – especially in integrated and/or decentralized settings where existing tools may not suffice. Public health infrastructure embraces each country’s ability to enact laws and regulations and enforce them; to maintain information systems (including monitoring and surveillance) laboratories and other such elements that are not visible in service delivery.

3.2 Policy guidance

Important topics for policy statements or guidance include:

- Appropriate methods for establishing priorities in health systems for essential services.
- Inclusion of immunization managers or others experienced with immunization in discussion of health reforms – guidance on who is appropriate should be included as well as how such persons can gain a seat at the discussion table.
- Improving the level and consistency of pay for health workers, as well as incentives to improve motivation of staff at the service delivery level.

-
- The quality of immunization and other priority services.
 - Financing – policies to achieve stable, sustainable financing for successful immunization – including policies on how to track funds from national level through allocation to the user in decentralized and/or integrated systems.
 - Clarification of the special characteristics of immunization services as a “public good”, so that it is understood to be benefiting communities, not just individuals. Immunization services thus deserve and should obtain public finance.
 - Guidance on the special features of procurement of vaccines and specialized equipment for immunization in the context of reform.
 - Indicators for assessing performance of immunization and other priority services.

3.3 Partners and governments

- Governments and partners should agree on a set of priority programmes and not on only one programme.
- There should be negotiations on a total increase in spending rather than increases for specific programmes or assignment of funds to specific priority areas. Earmarking should be avoided.
- Governments should try to discourage matching funds. When renegotiations with governments cannot meet commitments, partners may be able to help.
- There will be a need to protect activities over a reasonable time frame.
- If there is good accountability, partners are content to refocus their attention away from inputs towards more productive issues such as policy dialogue and the provision of technical advice where required.

3.4 Performance contracts and monitoring

- It is important to use key indicators to monitor and evaluate immunization and priority services, not only at national but also at operational level. There is a need for a few outcome indicators rather than only the input indicators agreed upon by all partners, and next in priority, specific technical and process-oriented indicators should be developed. Indicators should address equity, performance and commitment of local government entities. They should be agreed in advance.
- Immunization coverage is an important indicator but not the only one.
- Surveillance data should be geographically and denominator driven. In highly developed “managed care” environments immunization coverage can be used to monitor quality of individual practitioners.
- There should be performance contracts at the peripheral level.
- Outside verification of performance is important to ensure objectivity.

3.5 Functions and capabilities to be retained at national level

The precise definition of functions and capabilities to be retained at central level rather than decentralized will differ from country to country. In many cases it will be prudent to allow essential components such as vaccine procurement to remain a centralized function.

- However, a “template” approach should be developed – i.e. an assessment of the following issues should be carried out: political will, leadership and advocacy in favour of immunization services.
- Financial commitment.
- Donor coordination.
- Multi-year plans.
- Vaccination policy.
- Vaccine procurement and dissemination through the cold chain.
- Operational research.
- Training activities from national to district level.

3.6 Integration between national and local levels

- Standard-setting needs to be integrated between national and local levels. This area has not been well developed and needs more work.
- It is important that training at the district level, including peer-to-peer training, be integrated into the regional/national plan.

3.7 Lessons from priority programmes

The experience of priority programme staff should be utilized for the benefit of system development, particularly when targeting the poor, micro-planning, developing indicators, and planning national immunization days (NIDs). Examples of good immunization practice with lessons for the wider health system include:

- Reaching the unreached through multiple strategies (EPI spearheaded the extension of public health).
- A population-based approach.
- Monitoring quantifiable indicators of health outcome.
- Disaggregation of data.
- Novel peer-to-peer approaches to training/supervision.
- Attention to all systems and technical details (cold chain, logistics, etc).

3.8 Concrete steps at national and district level to strengthen health sector reform and immunization efforts

- Assess past failures to learn lessons; and invest in problem countries to convert failures to successes. This has been an experimental phase.
- Disseminate and teach the lessons learned.
- Undertake a clear assessment at national level of capabilities (vaccines, cold chain, finances).
- Engage politicians from an early stage in order to advocate immunization efforts.
- Establish networks between immunization and health sector reform advocates to ensure that integration of activities takes place. EPI people should participate in some of the experiments and learn by doing.
- Establish clear planning targets and common monitoring tools.

4. Recommendations of the meeting

4.1 Global recommendations

- More studies may not be needed. Given the conclusions of existing studies, the focus should be proactive in developing proper tools which ensure that the reform process is taken as an opportunity to strengthen immunization services.
- The report of this meeting and the information included in the background document for the conference will serve as the basis for a position paper. This will include best practices for priority health interventions using the case of immunization programmes as an example within the context of major health system development (e.g. financing health sector reform, policy and advocacy). The paper will be prepared by WHO Secretariat in close consultation with key development partners.
- Fact sheets will be prepared to assist countries and their development partners to facilitate and guide discussions on health system development and priority health interventions. WHO Secretariat will prepare a draft of the fact sheets and circulate them among partners and relevant national authorities for feedback.
- WHO and development partners should work with countries to ensure that the assessment of priority health interventions incorporates essential health system development issues. The immunization programme is working on revising the current immunization service assessment tools and essential health system development issues are being incorporated.

4.2 National and district recommendations²

- Countries should invite development partners to participate when planning the health sector, priority health interventions and their financing, ensuring that the financial envelope for immunization programmes is part of the overall financial framework. This should be the first step to ensure that national priorities are evidence based, and reflect people's health needs. Development partners should ensure flexibility in financing priority health interventions and avoid earmarking.
- Countries and development partners should ensure that national immunization plans become an integral part of the national health sector development plans and indicators of performance of the immunization plan form a key part of the overall monitoring system.

² WHO, December 1999.

-
- Some key functions should not be decentralized: e.g. formulation of national policies, strategies, standards and guidelines; international coordination; procurement and quality assurance of vaccines and equipment; information analysis; and operational research.
 - Managerial and financial responsibilities, including responsibilities for supervision and accountability, must be clearly defined at all levels. A designated person must guide the process at local level and ensure proper monitoring of progress.
 - Immunization managers should be proactive and engaged in the health sector reform process from the start. International agencies should facilitate access of immunization programme managers to the discussion table.
 - Legislation may be needed to secure the financial and political sustainability of priority interventions.
 - Countries and development partners should identify key indicators to monitor the performance of the overall health system. Immunization indicators should be part of these indicators. These performance indicators should be standardized at national level for the entire system.
 - Countries and development partners should work to ensure that the capacity for specific technical skills and functions, planning and management are strengthened at all levels so that they help all units to effectively and efficiently implement priority health interventions such as immunization.
 - Countries should focus on developing managerial capacity at the district level, including relevant integrated in-service training and development of performance incentives.

11.45	Private sector as a partner in health sector reform programmes in Zambia	M.A. Banda,WHO
12:00	Questions and clarifications	
12:15	How can development agencies support immunization objectives in this new environment?	J. McLaughlin, WB
12.30	Maintaining social and political commitment to priority health interventions	V. Tobin, UNICEF
12.45	Questions and clarifications	
13:00	<i>Lunch break</i>	
Session 3:	How to achieve/sustain effective immunization coverage and quality of services in the context of the health sector reform – country and regional perspective	
	<i>Expected outcome: examples of how countries and regions can sustain effective immunization coverage and quality of services during the health reform process identified and shared</i>	
	<i>Chairperson: C. de Quadros</i>	
14:00	Developing a methodology to assess the impact of the health sector reform on immunization services	R. Steinglass, BASICS 2
14:15	African perspective on how to achieve/sustain immunization coverage and quality of services in the context of the health sector reform	J.M. Okwo Bele, AFRO
14:30	Health reform and immunization performance in Ghana	S. Adjei/ S. Anemana/ K. Awoonor-William, Ghana
14:45	Questions and clarifications	
15:00	Links between health sector reform, decentralization and immunization programmes: Summary of results of immunization services evaluations in 12 countries	G. Tambini, PAHO
15.15	EPI in the context of health reform: how to strengthen the immunization programme: the Bolivian experience	F. Lavadenz, Bolivia
15:30	Immunization and decentralization: how to strengthen the immunization programme: the Mexican experience	J. I. Santos, Mexico
15:45	<i>Coffee break</i>	

16:15	Questions and clarifications	
16:30	Immunization and health sector reform in the Kyrgyz Republic	V. Glinenko/L. Shteinke, Kyrgyz Republic
16:45	Health reform and immunization in the Eastern Mediterranean: a regional perspective	T. Gaafar, EMRO
17:00	Immunization and health sector reform in Pakistan	R. Hafiz/ M. A. Khan, Pakistan
17:15	Health reform and immunization in South-East Asia: a regional perspective	J. Andrus, SEARO
17:30	Immunization and health sector reform in Indonesia	S. Soeparan/ E. J. Soepardi, Indonesia
17:45	Questions and clarifications	

Tuesday, 16 November 1999

Session 4: How can we increase or sustain adequate immunization services cost-effectively within the context of health sector reform/development

Chairperson: B Melgaard

Group-work facilitators:

M. LaForce, BASICS 2; R. Steinglass, BASICS 2, J.M. Olivé, WHO; P. Carrasco, PAHO
K. Grant, IHSD; K. Caines, IHSD, J. Heldrup, WHO

08:30 Lessons learned from health sector development-reform summarized K. Grant, IHSD

08:45 Objectives and methodology of the group discussion K. Grant, IHSD

09:00 **Group work - structured discussions**

Groups 1- 2: How can we increase or sustain adequate immunization services cost-effectively within the context of health sector reform/development: global and national perspectives

Groups 3- 4: How can we increase or sustain adequate immunization services cost-effectively within the context of health sector reform/development: national and district perspectives

10.30 *Coffee break*

11.00 **Plenary - reports group discussions**

Expected outcome: consensus on concrete strategies to strengthen delivery of immunization interventions within the context of the health sector reform/development. Consensus on how can immunization status be used as an indicator for the effectiveness or otherwise of wider changes in the health sector?

-
- 12.00 Structured discussion led by Chairperson
- 12:30 *Lunch break*
- Session 5:** **How can WHO and development partners, based on the analysis carried out so far, best assist countries to plan or undergo health reforms while ensuring the strongest impact of their immunization services?**
- Expected outcome: to identify concrete steps on how WHO and development partners can best assist countries to plan or undergo health reforms while ensuring the strongest impact of their immunization services.*
- Panelists: D. Cotlear, WB; S. Adjeii, Ghana; R. Brugha, LSHTM*
- Chairperson: C. de Quadros*
- 14:00 Panel discussion
- 15.00 *Coffee break*
- Session 6:**
- 15:30 **Conclusions and recommendations**
 Rapporteurs and Secretariat
- 17:00 Adjourn

Annex 2:

List of participants

Country representatives

Dr Fernando Lavadenz, General Manager of Health Reform, Ministry of Health, Bolivia

Dr Fernando Muñoz, Vice Presidente, Centro Latinoamericano de Investigaciones en, Sistemas de Salud (CLAISS), Av. Del Cóndor 844 Oficina 203, Ciudad Empresarial Huechuraba, Santiago, Chile.
Tel: +11 562 738 4330; Fax: +11 562 738 4334
Email: claiss@ctcreuna.cl

Dr Sam Adjei, Director (Research), Health Research Unit of Ghana, Ministry of Health, PO Box 184, Accra, Ghana
Tel: +233 21 226 739; Fax: +233 21 226 739
Email: gpced@ighmail.com

Dr Sylvester Anemana, Regional Director of Health Services, Ministry of Health, Ghana, Regional Health Administration, P.O. Box 99, Tamace, Ghana
Tel: +233 71 22777; Fax: +233 71 22777
Email: moh-nr@africaonline.com.gh

Dr Koku Awoonor-William, District Director of Health Services, Ministry of Health, PO Box 54, Nkwanta V/R, C/I RHA, Box 72, Ghana
Email: kawoonor@hotmail.com

Dr Setiawan Soeparan, Head, Health Planning Bureau, Ministry of Health, JL HR Rasuna Said Kau 4-9, Jakarta 12950, Indonesia
Tel: +62 21 5201588; Fax: +62 21 5201 588
Email: johan@centrin.net.id

Dr Elizabeth Jane Soepardi, National EPI Programme Manager, Ministry of Health, 29 Percetakan Negara, Jakarta 10560, Indonesia
Tel: +62 21 520 1588; Fax: +62 21 520 1588
Email: johan@centrin.net.id

Dr Svetlana Firsova, Head, Republican Center for Immunoprophylaxis, 535 Frunze Str, Bishkek, Kyrgyzstan
Tel: +312 66 11 43; Fax: +312 66 02 21
Email: balkabek@imtiko.bishkek.su

Dr Ludmila Shteinke, Advisor to the Minister of Health, Ministry of Health,
148 Moskovskaya, 720405 Bishkek, Kyrgyzstan
Tel: +312 66 17 77; Fax: +312 66 07 93

Dr Jose Alberto Gomez Rodriguez, Asesor del C. Secretario de Salud
de Mexico (SSA), Secretaria de Salud (Mexico SSA), Lieja No. 7 2 piso,
Col Juarez CP 06696, Mexico DF, Mexico
Tel: +5286-39 53; Fax: +5553 71 06

Dr José Ignacio Santos, Consejo Nacional de Vacunacion (CONAVA),
Secretaria de Salud, Francisco P. Miranda, No. 177-2ndo. Piso,
Colonia Unidad Lomas de Plateros, Mexico, D.F., 01480 Mexico
Tel: +525 593 1122; Fax: +525 593 1144
E.mail: jisantos@supernet.com.mx

Dr Rehan Hafiz, Programme Manager, EPI, NIH Islamabad, Pakistan 240861
Tel: +92 51 240861; Fax: +240492
Email: rehan@epi-wjho.sdnpk.undp.org

Dr Ana Mendoza, Residente del Program de Salud Interbacuibak de OPS,
525 235th N.W., Washington, D.C. 20037, USA
Tel: +1 202 974 3680
Email: mendoza@paho.org

Dr Suzanne G. Prysor-Jones, Project Director, SARA, AED,
1875 Connecticut Ave. N.W., #900, Washington, D.C. 20009, USA
Tel: +1 202 883 8812; Fax: +1 202 884 8400
Email: sprysor@aed.org

University of Massachusetts

Dr Phyllis Freeman, Law Centre, Wheatley, 04 128A, 100 Morrissey Boulevard,
Boston, MA 02125 3393, USA
Tel: +1 617 287 7372; Fax: +1 617 287 7379
Email: pfreeman@nas.edu7 or phyllis.freeman@umb.edu

Institute of Development Studies

Dr Chris Simms, Independent Researcher, University of Sussex Falmer UK,
Brighton BN1 9RE, UK
Tel: +44 1273 606261; Fax: +44 1273 621 202/691647
Email: csimms88@hotmail.com

London School of Hygiene and Tropical Medicine

Dr Ruairi Brugha, Health Policy Unit, London School of Hygiene and Tropical
Medicine, Keppel Street, London WC1E 7HT, UK
Tel: +44 20 7927 2972; Fax: +44 20 7637 5391

Bill and Melinda Gates Children's Vaccine Program

Dr Alan Brooks, Program Officer, C/o PATH, 4 Nickerson Street, Seattle, WA 98109, USA

Tel: +1 (206) 285 3500; 1 (206) 275 2983; Fax: +1 (206) 285 6619

Email: abrooks@path.org

Partnerships for Development Reform

Dr Nancy Pielemeier, Project Director, Abt Associates Inc, 4800 Montgomery Lane, Suite 600, Bethesda, MD 20814, USA

Tel: +1 301 913 0685

Email: nancy_pielemeier@abtassoc.com

Mr Miloud Kaddar, Health Economist, ABT Associates Inc, 4800 Montgomery Lane, Suite 600, Bethesda, MD 20814, USA

Tel: +1 301 215 5919; Fax: +1 301 652 3916

Email: miloud_kaddar@abtassoc.com

BASICS

Suite 300, 1600 Wilson Boulevard, Suite 300, Arlington, VA 22209, USA

Professor F. Marc LaForce, Director

Tel: +1 703 312 6576; Fax: +1 703 312 6900

Email: mlaforce@basics.org

Dr Rebecca Fields

Tel: +1 703 312 6869; Fax: +1 703 312 6900

Email: rfields@basics.org

Dr Robert Steinglass

Tel: +1 703 312 6882; Fax: +1 703 312 6900

Email: rsteingl@basics.org

Dr Pat Taylor, Deputy Director

Tel: +(703) 312 6855

Email: ptaylor@basics.org

Institute for Health Sector Development (IHSD)

Dr Ken Grant, 27 Old Street, London EC1V 9HL, UK

Tel: +44 (0) 20 7253 2222; Fax: +44 (0) 20 7251 4404

Email: ken.grant@ihsd.org

Dr Enamul Karim, Senior Consultant, 0303 Priyo Prangan, 2 Paribagh, Dhaka-1000, Bangladesh

Email: enamul.karim@hlsp.org

Ms Karen Caines, 27 Old Street, London EC1V 9HL, UK

Tel: +44 (0) 20 7253 2222; Fax: +44 (0) 20 7251 4404

Save the Children

Dr Peter Poore, 17 Grove Lane, London SE5 8RD, UK

Tel: +44 (0) 20 7703 5400; Fax: +44 (0) 20 7703 2278

Email: p.poore@sefuk.org.uk

Canadian International Development Agency (CIDA)

Dr Meena Dawar, Community Medicine Resident, 200 Promenade du Portage,
Hull, Québec, K1A 0G4, Canada

Tel: +1 819 997 7870; Fax: +1 819 997 9049

Email: mdawar@interchange.ubc.ca or meena_dawar@acdi-cida.gc.ca

Centers for Disease Control and Prevention (CDC)

Dr Wadia Hanna, National Public Health Performance Standards,
Program, Public Health Program Office, Centers for Disease Control and
Prevention, 4770 Buford Hwy NE, Mail Stop K 39. Atlanta, GA 30341, USA

Email: weh0@cdc.gov

United Nations Children's Fund (UNICEF)

3 United Nations Plaza, New York, NY 10017, USA

Dr David Alnwick, Chief, Health Section

Tel: +1 212 824 6369; Fax: +1 212 824 6465

Email: dalnwick@unicef.org

Dr Vanessa Tobin

Tel: +1 212 824 6563; Fax: +1 212 824 6460

Email: vtobin@unicef.org

Dr Steve Jarrett, Deputy Director, UNICEF Supply Division, UNICEF Plads,
Freeport, DK-2100 Copenhagen, Denmark

Tel: +45 35 27 35 27; Fax: +45 35 27 3202

Email: vli-frankenstein@unicef.dk

United States Agency for International Development (USAID)

Ronald Reagan Building, 1300 Pennsylvania Avenue N.W., Washington,
D.C. 20528-3700, USA

Dr Al Bartlett, Senior Technical Advisor for Child Survival

Tel: +1 202 712 0991; Fax: +1 202 216 3702

Email: abartlett@usaid.gov

Dr Annette Bongiovanni, Senior Technical Advisor

Tel: +1 202 712 0537; Fax: +1 202 216 3262

Email: abongiovannia@usaid.gov

Dr Karen Cavanaugh

Email: cavanaugh@usaid.gov

Ms Carole Dabbs, Team Leader, LAC/RSD/HPN

Email: cdabbs@usaid.org

**Dr Bob Emrey, Acting Chief, Health Policy and Sector Reform, Room 3.7,
Office of Health and Nutrition**

Tel: +202 712 4583; Fax: +202 216 3702

Email: bemrey@usaid.gov

**Mr Richard Greene, Chief, Child Survival Division, Office of Health and
Nutrition, G-PHN/HN/CS**

Tel: +1 202 712 1283

Email: rgreene@usaid.gov

**Dr Mary Harvey, Technical Advisor for Child Survival,
Africa Bureau/Office of Sustainable Development**

Tel: +1 202 712 5483

Email: maharvey@usaid.gov

Dr Stephen Landry, Children's Vaccine Program, Office of Health and Nutrition

Tel: +1 202 712 4808; Fax: +1 202 216 3702

Email: slandry@usaid.gov

**Ms Ellyn W. Ogden, Worldwide Polio Eradication Coordinator,
Sr. Technical Advisor (CEDPA/TAACS), Polio Eradication Initiative,
Office of Health and Nutrition, Suite 3.07.062**

**Dr Suzsane McQueen, NEP, Centre for Population, Health and Nutrition,
Room 3.6, Office of Field and Programme Support**

Tel: +1 202 712 4908

Email: smcqueen@usaid.gov

Dr Hope Sukin

Email: hsukin@usaid.gov

United States General Accounting Office (USGAO)

441 G. St. N.W., Washington DC 20548, USA

Ms Ann L. Baker, Evaluator, Rm 4964

Tel: +202 512 4196; Fax: +202 512 5351

Email: bakera@nsiad@gao.gov

Ms Lynne Holloway, International Relations and Trade Group

**Mr Michael McAtee, Senior Evaluator, International Relations and Trade
Group, Room 4964**

Tel: +202 512 8978; Fax: +202 512 9088

Email: mcatee.nsiad@gao.gov

World Bank

1818 H. Street N.W., Washington D.C. 20433, USA

Dr Amie Batson, Health Specialist

Tel: +1 202 458 8300; Fax: +1 202 522 3489

Email: abatson@worldbank.org

Dr Daniel Cotlear

Tel: +1 202 473 5083; Fax: +1 202 522 3135

Email: dcotlear@worldbank.org

Dr Rafael Flores

Email: floresr@worldbank.org

Dr Salim J. Habayeb, Principal Public Health Specialist, South Asia Region

Tel: +1 202 458 0314; Fax: +1 202 522 2955

Email: shabayeb@worldbank.org

Dr Evangeline Javier

Email: ejavier@worldbank.org

Dr Ruth Levine, LAC

Tel: +202 458 1893

Email: rlevine1@worldbank.org

Dr Benjamin Loevinsohn, Senior Public Health Specialist

Email: bloevinsohn@worldbank.org

Dr Julie McLaughlin, Health Specialist, Africa Region

Tel: +1 202 458 4679; Fax: +1 202 473 8299

Email: jmclaughlin@worldbank.org

Dr Maryse Pierre-Louis, MENA, Room H 9 039 (Mahgreb and Iran)

Tel: +1 202 473 3329; Fax: +1 202 477 8642

Ms Diana Weil

Tel: +1 202 473 3329; Fax: +1 202 477 8642

Email: dweil@worldbank.org

Inter-American Development Bank

Dr Alfredo Solari, Principal Social Development Specialist in Health,

1300 New York Avenue, N.W, Stop W-0502, Washington, D.C. 20577, USA

Tel: +202 623 1345; Fax: +202 623 1576

Email: alfredos@iadb.org

WHO Secretariat

Regional offices

WHO Regional Office for Africa (AFRO)

Dr Okwo Bele, Regional Adviser, EPI

WHO Regional Office for the Americas/Pan American Health Organization (AMRO/PAHO)

Dr Mirta Roses, Deputy Director, PAHO

Email: rosesm@paho.org

Dr Daniel Lopez-Acuña, Director, Division of Health Systems and Services Development

Tel: +1 (202) 974 3221

Email: lopezdan@paho.org

Dr Ciro A. de Quadros, Director, Division of Vaccines and Immunization (HVP)

Tel: +1 (202) 974 3247

Email: quadrosc@paho.org

Dr Pedro Crocco, Regional Adviser in Health Systems and Services

Tel: +1 (202) 974 3649

Email: croccope@paho.gov

Dr Gina Tambini, Coordinator of the Expanded Programme on Immunization, Division of Vaccines and Immunizations

Tel: +1 (202) 974 3706

Email: tambinig@paho.org

Ms Monica Brana, Technical Information Officer, Division of Vaccines and Immunization

Mr Jean-Pierre Scioville, Division of Vaccines and Immunization

Dr Peter Carrasco, Regional Technical Officer, Division of Vaccines and Immunization

Mr Mauricio Landaverde, Regional Adviser, Division of Vaccines and Immunization

Dr Myriam Gersenovic, Regional Adviser on Health Systems and Services, Health Systems Based on Primary Health Care, Health Systems and Services Development

WHO Regional Office for the Eastern Mediterranean (EMRO)

Dr Taky Gaafar, Regional Adviser, EPI

Tel: 203 483 3285; Fax: +203 483 3285

Email: gaafart@who.sci.eg

WHO Regional Office for South-East Asia (SEARO)

Dr Jon Andrus, Regional Adviser, EPI

Email: andrusj@whosea.org

Dr Nyoman Kumara Rai, Regional Adviser/HRH,

Human Resources for Health

Email: raink@whosea.org

WHO headquarters

Health Technology and Pharmaceuticals (HTP)

Department of Vaccines and Biologicals (VAB)

Dr Bjorn Melgaard, Director, VAB/HTP

Ms Carole Francis, Expanded Programme on Immunization (EPI), VAB/HTP

Dr Ana-Maria Henao-Restrepo, EPI/VAB/HTP

Dr Jean-Marc Olivé, EPI/VAB/HTP

Evidence and Information for Policy (EIP)

Department of Organization of Health Services Delivery (OSD)

Dr Mazuwa Andrew Banda, OSD/EIP

Dr Jørn Heldrup, Programme Development Officer, OSD/EIP

Dr Kei Kawabata, Programme Development Officer, OSD/EIP

Communicable Diseases (CDS)

Department of Communicable Disease Research and Development

(including TDR) (CRD)

Dr Eric Blas, CRD/CDS