

Sub-national management of immunization services during health sector reform (HSR)

Fact Sheet 3 of 3

When health system changes are fundamental and sustained with regards to policy and institutions, we talk about health sector reforms (HSR).

Major HSRs are *decentralization, public/private mix, priority-setting, integration, regulation, and Sector Wide Approaches programmes (SWAPs)*. (Fact Sheet 1)

Key quality elements in health sector reform

The objective of reforms and the driving forces behind reforms which need to be focused upon at the sub-national level during planning, implementation, monitoring and evaluation, are:

Accessibility

The health system as a whole needs to provide adequate access to immunization services, including physical/geographical, financial, cultural and social access.

Equity

Equity includes:

- Fairness in distribution of immunization services.
- Equity in immunization coverage as well as other health outcomes.
- Equitable financing of services, including allocation of funds and other resources

Three fact sheets on immunization and Health Sector Reform:

Fact Sheet 1 takes a broad look at HSR, briefly defines the term, examines why HSR takes place and what it aims to achieve. Different elements in the reform process are discussed, and an outline of how they may affect routine immunization is given. The aims of improving access, equity, quality, effectiveness and sustainability are briefly commented upon. Finally, a simple checklist is presented on immunization activities that have to be maintained during reforms.

Fact Sheet 2 is a guide for immunization managers at national level with emphasis on how to capitalize on the reform process, and what to watch for to avoid undesirable effects. This fact sheet is more specific and focuses on how to ensure that immunization is protected during different events in the health system calendar such as planning, implementation and Monitoring and Evaluation (M&E).

Fact Sheet 3 is a guide for managers at sub-national level during planning, implementation and M&E.

Efficiency and effectiveness

Potential gains in efficiency and effectiveness are often driving forces behind HSR. Strengthening certain elements relating to immunization (e.g. specific wage incentives) may improve immunization coverage, but may negatively affect other services. This requires a perspective of the entire sector, not only immunization.

Sustainability

The ability of the health system to continue delivering services over time requires finances, and a capable and flexible organization, with sufficient human resources and capacity.

Planning

The major tasks include *planning for routine immunization* (annual and multi-year plan), *national immunization days (NIDs)* and *introduction of new vaccines* and other innovations. In the reform process, the following should be considered regarding national planning.

Integrated planning in decentralized systems

HSR will increase the volume of strategic and operational planning at the sub-national level. When funds are received at the sub-national level, responsibilities in relation to setting priorities and using those funds effectively will increase. While planning skills will broaden, knowledge of specific programme needs, however, may decrease as a result of programme integration. Planners will therefore have to identify requirements common to all programmes and separate these from specific programme needs. This will also have to be kept in mind during planning, implementation and monitoring of immunization programmes during HSR.

Decentralization also means involvement of local communities in planning

One aspect of decentralization which is often forgotten is community participation. Immunization may even be a catalyst for linking other programmes to local action for health. Bottom up planning will usually lead to better plans and increase the likelihood of people sticking to the final plan. Local knowledge and communication with community leaders and mothers will enable managers to focus on high priority interventions in underserved areas and support new or better outreach services and plans for new facilities.

Maintaining vaccine specific competence in an integrated system

During HSR members in a district health management team will often be assigned more than one programme function reflecting functional integration. This may lead to lesser availability of competence on vaccine-specific issues such as monitoring of coverage, calculation of vaccine needs, injection safety, disease surveillance system for vaccine preventable diseases, cold chain management and procedures for the introduction of new vaccines. It is vital that knowledge of such functions is not lost during decentralization. The district manager of health services will need to ensure that vaccine-specific issues are properly addressed in planning. Communication with the national manager (or regional level managers if they exist) at an early stage in planning is important if support for capacity strengthening is necessary.

Planning with private partners

If private partners, especially not-for-profit providers, are involved in immunization, they should be involved in planning from the onset. When funds are decentralized, this may offer an opportunity for outsourcing certain functions, such as equipment maintenance, to private companies and ensuring competitive bidding for contracts.

Implementation

Important functions of the sub-national immunization managers during implementation are to facilitate and carry out planned activities, and to identify and solve problems.

Financial allocation in reformed systems

In reformed health systems, financial allocations may be changed, and there is currently a tendency to give more responsibility for budgets and allocations to the sub-national level, even block grants. For immunization managers this requires a good understanding of the financial system and channels of other health programmes and the functioning of health facilities. It may be difficult to compare financial allocations before and after health sector reforms.

Securing sufficient funds for immunization services may require a strong ability to advocate for the services within the Regional and District Health Team as well as within other decision-making bodies at this level.

On the other hand, this is also an incentive for improving efficiency through integrating different health systems functions, such as transport, supervision, information, but also procurement of vaccines and other supplies if relevant at sub-national level.

Flow of funds under decentralization

The flow of funds from national to executing level (sub-national and/or health facility) often proves to be difficult, particularly in the case of decentralization. *Bottlenecks* in this system should be identified and resolved as early as possible, and any disbursements to lower levels made in a *timely manner*. It is often necessary to view the funds for immunization with the financial flow in the health care system in general, as this may be the same block of funds. This requires working closely with the planning officer, financing officer and accountant at the sub-national level.

Priority-setting and advocacy

There are examples of district leaders who are unaware of the importance of Primary Health Care (PHC) and who reduce the allocation to PHC when responsible for budgets and allocations. Political will, leadership and advocacy in favour of immunization are especially important during the reform process. All involved in immunization have a responsibility to advocate directly and/or through national, sub-national and community leaders. Funding is more likely to be secured if districts are sensitised about PHC and the importance and cost efficiency of immunization in preventing outbreaks of diseases.

Integration and private/public mix

Integration of programmes may improve overall efficiency and effectiveness of the system but simultaneously there is a need to safeguard the achievements of individual programmes, such as immunization coverage.

After HSR, responsibility for supervision of facilities may also include private for-profit and not-for-profit sectors. This requires broad operational planning as discussed above and may increase the tasks of the immunization managers. On the other hand integrated supervision, i.e. with other programmes, may make supervision more efficient (e.g. sharing transport and covering more units), but requires clear guidelines and checklists for non-immunization people.

Last but not least, integration may provide possibilities to incorporate new activities in immunization services, such as Vitamin A supplements, in order to achieve broader objectives.

Social mobilization and awareness making after decentralization

In the context of reforms, awareness of immunization in the population must be retained and new and innovative ways of social mobilization should be used. At the sub-national level the responsibility should be to raise awareness through schools, radio and television, newspapers, campaigns etc., and to provide guidance, opportunities and a framework for lower levels to achieve this, for example through the establishment of committees to improve community participation. **Note:** the introduction of fees may discourage people from seeking immunization¹ and other health services.

Monitoring and evaluation

During monitoring and evaluation, the influence of HSR should be followed to capture problems and see how benefits can be further increased. Monitoring includes continuous following of indicators through a general or vaccine-specific Management Information System (MIS) and problem identification on a daily basis using different informal and formal sources for information.

Decentralization of monitoring

Decentralization offers an opportunity to improve the reporting system to fit local circumstances and make data available and meaningful at the point of collection. Some indicators reflecting local problems may be developed at the district or health facility level. Health facilities often fail to analyse data before passing them on to the next level. Problems should, however, be addressed at the level of data collection (i.e. locally). District managers should only take action when local solutions are not found. Proper feedback from the local manager on MIS figures is one way of educating facility staff about local use of management information. A properly devised MIS will identify changes in coverage figures, stock-outs, cold chain and other failures in logistics.

Monitoring public and private facilities

Sub-national managers should have an overview of the immunization status and disease surveillance in the area. This includes a proper reporting system by private (for-profit and not-for-profit) providers. Monitoring will be facilitated if all providers use the same reporting form. In some countries sub-national managers may have problems including municipalities in the reporting system due to uncertainties about jurisdiction. In such cases the Ministry of Health should be brought in to resolve the issue. The same applies if the private sector is not willing to submit information to, or coordination by, the public sector.

Integrating supervision and reporting systems

There are gains to be made when reporting through an integrated system which covers commonalities of different programmes such as management, transport, timely allocation of funds and manpower issues. Only programme-specific reporting will need to be added on. Supervision should be carried out by a person who has a broad knowledge of different programmes or by a team possessing a broad knowledge base.

¹ See Fact sheet for immunization (www.who.int/vaccines-documents/docsPDF01/www563.pdf)

Monitoring key quality elements

The sub-national manager may decide to focus on certain issues such as coverage of DTP3 if it is well below 80% or is falling. The first step is to see if there is a dropout rate greater than 10% and identify reasons for this (see Fact Sheet 1 — accessibility and drop out). If dropout is not the cause, access to services should be looked into. At times, lack of mobilization or negative perception of immunization may be the cause. Qualitative studies may be needed to determine whether unexplained drops in coverage are caused by changes in people's perception of immunization risks.

Monitoring impact

Impact of changes should be closely monitored through disease surveillance systems, especially during reforms. An outbreak of measles for example may reflect a negative effect of reforms. Close scrutiny of changes in health status should be made before attributing disease outbreaks to reforms. Influx of unvaccinated individuals may for example be the cause of such a disease outbreak.

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