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ADRESSING
CHALLENGES TO SUSTAINABLE NEW
VACCINE INTRODUCTION:

PERSPECTIVE FROM MONGOLIA

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### CONTENT

- Country background
- Immunization in Mongolia
- Achievements on Immunization financing
- GAVI supports to Mongolia
- Challenges
- Conclusion

#### **COUNTRY BACKGROUND**

Territory: 1,564,100 square km

Population: 2,81 millions

**Density:** 1.6 person per sq meter

**Annual birth cohort:** 70,500

Population growth rate: 1.92 %

**Population distribution:** 67.1% Urban 32.9% Rural

Life expectancy: 68.3

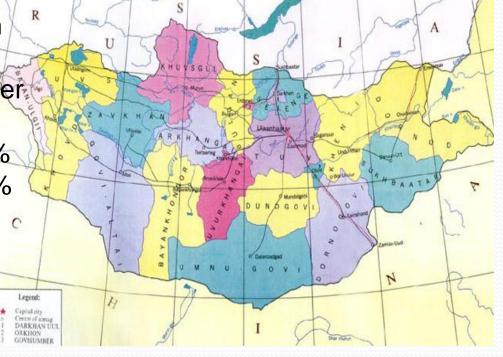
Literacy rate: 98,3 %

Population under 15: 27,2 %

MR under 5 -24,5%

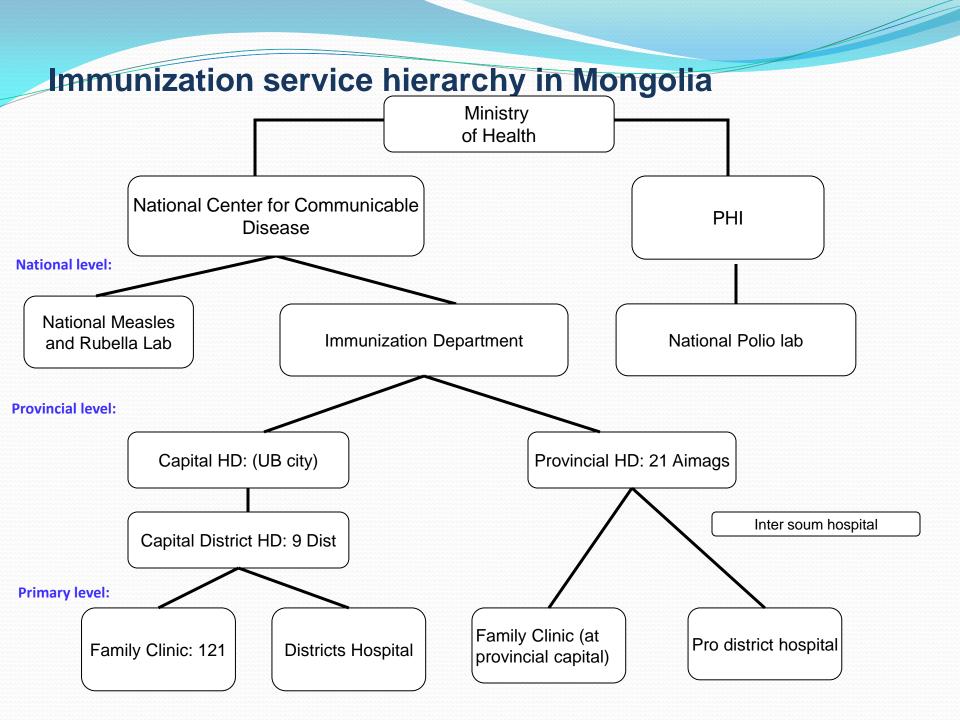
IMR-19,3%

Measles vaccination coverage-98%



#### **IMMUNIZATION IN MONGOLIA**

- 1961: Immunization service started
- 1993: National Immunization Programme (NIP) introduced
- 1996: Active surveillance for Vaccine Preventable Diseases established
- 2000: Immunization Law endorsed
- 2001: Immunization Fund established
- 2001: EPI vaccine coverage reached 96%
- 2005: AD syringe introduced
- 2010: National Immunization Technical Advisory Group established



#### POLICY DOCUMENTS ON IMMUNIZATION

- 2000: Law on Immunization of Mongolia
- 2002: Government policy on Public Health
- 2004: National Programme for Communicable Diseases Control
- 2004: Comprehensive Multi-Year Plan on Immunization
- 2010: National strategy for combating with Viral Hepatitis
- 2011: National plan for wild polio virus importation
- 2012: National strategy for measles elimination
- 2012: National plan on Health System Strengthening through RED approach
- Government resolutions & Health Minister's orders

# MAJOR SUCCESSES OF THE IMMUNIZATION PROGRAMME

- Well-functional immunization service at all level
- Sustaining high routine immunization coverage (above 96%)
- Significant achievements in controlling Vaccine Preventable Diseases:
  - Polio: sustaining polio-free status
  - Hepatitis B: achieved the final regional hepatitis B control goal
  - Measles: likely eliminated measles ahead of 2012
  - Rubella: introduced RVC and accelerating rubella control and
  - Other EPI target diseases: very low incidence
- Introduction of new vaccines and new technologies

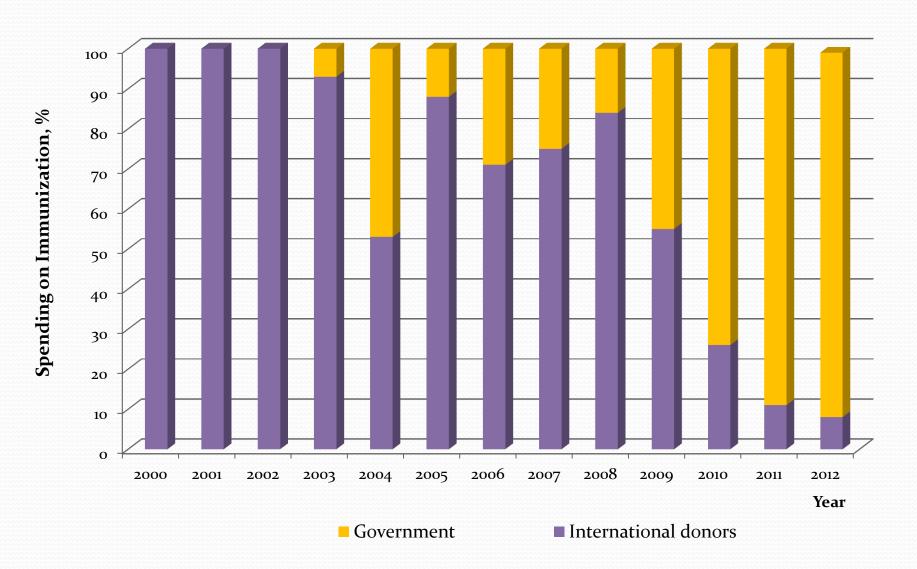
# INTRODUCTION OF NEW VACCINES AND NEW TECHNOLOGIES IN MONGOLIA

N o	Vaccine	Start year	Site	Source of funding
1	Hepatitis B	1991	Nationwide	GoM
2	Penta-valent (DTP-Hib-Hep B)	2005	Phase-based manner covering nationwide in 2008	GAVI
3	Auto-disable syringes	2005	Nationwide	GAVI & GoM
4	Replacement of mono-MCV by MMR	2009	Nationwide	GoM
5	Installation of the computer- based Vaccine Supply and Stock Management software	2009	National level only	UNICEF, WHO &GoM
6	Hepatitis A	2012	13 sites: 12 provinces and UB capital city	GoM
7	HPV	2012	4 sites: 2 districts of the capital city and 2 provinces	MCA

# COUNTRY ACHIEVEMENT ON IMMUNIZATION FINANCING

- 2001: State Immunization Fund established
- 2005: Immunization Fund budget has increased gradually by covering:
  - NIP vaccines procurement
  - Immunization devices (syringes and safety box)
  - Domestic vaccine shipment and
  - Custom tax for the Government-funded vaccines
- 2006: UNICEF Supply channel is used for routine EPI vaccine procurement
- 2008: Full-funding of all existing routine vaccines except of penta by GoM
- 2009: Government has started to co-fund the penta-valent vaccine although the co-funding was scheduled in 2011
- 2011: cMYP revision by the country team reflecting increase of annual birth cohort

Figure 1. Source of Immunization funding, 2000-2012



## **GAVI** support in Mongolia

No	Type of support	Approval period
1	New Vaccine Support, NVS (penta-valent vaccine)	2005-2015
2	Injection Safety Support, INS	2005-2007
3	Immunization System Strengthening, ISS	2008-2012
4	Health System Strengthening, HSS	2010-2012

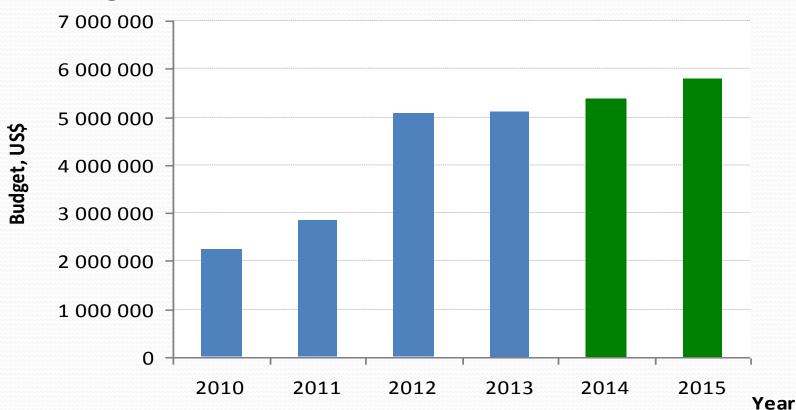
## Challenges

- 1. Ensure financial sustainability of NIP:
  - Vaccine cold chain capacity
  - Funding of new vaccines with AMC price to be introduced in near future such as PCV13
  - REDS strategy implementation in nationwide
- 2. Measurement of new vaccines impact:
  - Post-Introduction Evaluation
  - Cost-Effectiveness Analysis etc
- 3. Advocacy / public awareness / anti-vaccination lobbies

### Addressing challenges identified . . .

- Development of the transition plan for GAVI-graduation
- Government commitment on continues increase for the Immunization funding with well estimated financial projection
- To reflect it in the Medium Term expenditure framework of the MOF
- Expansion of the Immunization Fund scope to be used for more operational costs such as:
  - Vaccine cold chain equipment replacement
  - Training and advocacy
  - Research (PIE and CEA) and
  - Secretarial support for the Fund.
- Explore a mechanism for joint health and social sector funding on REDS strategy implementation as it focuses not only immunization, but also other health and social services

# Figure 2. Current and projected Government spending on Immunization



#### Conclusion

- GAVI support has contributed substantially for strengthening of Mongolia's NIP during the economic transition period,
- Co-financing mechanism resulted to the strong Government ownership and sustainable commitment for Immunization financing,
- Country is in the process for GAVI-graduation through developing transition plan and
- Mongolia is kindly seeking for GAVI support for access to AMC price for PCV13 vaccines as a GAVI-graduating country.

