Case Study:

Improving Sustainable Immunisation Coverage in Pakistan in partnership with the Alliance

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Gavi Board meeting, 14 June 2017
Contents

- Background and overview of the Alliance support
- Devolution and its impact
- Commitment to improve
- System interventions
- Equitable coverage
- Challenges and opportunities
Pakistan represents 9% of Gavi-country under-immunised children
Overview of Gavi support

Pakistan remains the largest recipient of Gavi support

Total committed funds as of January 2017: **US$1.16 billion**

**Vaccine Support**
- Penta (including HebB & DTP-HebB) ($433.8 M)
- Pneumococcal ($425.4 M)
- Measles ($10 M)
- IPV ($11.5 M)
- Rotavirus ($42.7 M)

**Health Systems and Immunisation Strengthening Support**
- Health and immunisation system strengthening ($72.3 M ISS & HSS1) + ($84 M NISP)
- Vaccine introduction grants and Injection Safety ($26.1 M)
- Operational support for Measles campaigns ($21.7 M)
- Civil Society Support ($7.7 M)
- CCEOP (est $25 M)

**Targeted Country Assistance / Partners Engagement Framework**
- (~$2.7 M for 2017)
  - WHO and Unicef staff & World Bank’s technical assistance
  - Expanded partners; IVAC, Acasus and CSO platform (through CRS)
Devolution of Health to Provincial Governments

- **Khyber Pakhtunkhwa**: Population: 32.9 mln
- **Punjab**: Population: 100.6 mln
- **Sindh**: Population: 55.3 mln
- **Balochistan**: Population: 14.2 mln
Key challenges after devolution

- Ambiguity in federal vs. provincial roles
- ToRs of staff did not change with new roles
- Limited operational resource allocation, ad-hoc financing
- Vaccine procurement and financing issues leading to stock-outs
- Data quality issues; weak VPD and AEFI surveillance
- Inadequate monitoring and oversight capacity
- Aged cold-chain and insufficient capacity
- Data quality issues; weak VPD and AEFI surveillance
Percentage of Fully Immunised Children per District

(according to country’s EPI programme)

Number of unvaccinated children per district


Legend

- >10,000
- 5000 - 10,000
- <5000
- Other Districts
Commitment to improving immunization
Strong political commitment to immunisation
Regular Stock-take Sessions (Punjab and KP)
Significant increase in the EPI budget; Balochistan

Balochistan provincial EPI budget*
Million PKR

<table>
<thead>
<tr>
<th>Year</th>
<th>Budget (Million PKR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012/13</td>
<td>2</td>
</tr>
<tr>
<td>2013/14</td>
<td>0.85</td>
</tr>
<tr>
<td>2014/15</td>
<td>14.6</td>
</tr>
<tr>
<td>2015/16</td>
<td>122.4</td>
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<tr>
<td>2016/17</td>
<td>772.5</td>
</tr>
</tbody>
</table>

*Excludes recurring district EPI salaries
Regular engagement of the Alliance with Country’s leadership
Strengthening systems
National Immunisation Support Project (NISP)

- Pooled funding through a Multi-Donor Trust Fund (MDTF) managed by the World Bank

- The MDTF uses government systems and structures for implementation and engages directly with Provinces

- The Fund will reimburse the government based on the achievement of disbursement-linked indicators (DLIs) tailored at the Provincial level

- Reporting on progress through a single Performance and Results Framework, reducing transaction costs

- Key role of ICC in review of NISP programme reporting
National Immunisation Support Project (NISP)

Total: $370 Million
Tailored Targets to Provincial Situation
(NISP Joint Performance and Results Framework)

% Coverage of Fully immunized children 12-23 months

- Punjab
- Sindh
- KP
- Balochistan

Baseline Year 1 Year 2 Year 3 Year 4 End Target

Balochistan: 65%
Sindh: 80%
Punjab: 
Punjab: 
KP: 

End Target

0 25 50 75 100
Sustainability of Financing

Moving from PC-1 (development budget system) to recurrent cost (regular budget)

**Project-based Budget (PC-1)**
- Time-bound
- Donor-oriented
- Multiple levels of approval

**Recurrent Budget**
- Regular, following fiscal year allocations, predictable
- No longer subject to multiple approval processes
Pooled Procurement and financing for vaccines

Pooling resources

1) advanced payment by province
2) Payment within 15 days
3) Deduction at source after 15 days

Procurement

Federal government on behalf of provinces
Improving Equitable Coverage
Urbanisation

Challenge of reaching every child: Service delivery in urban slums

Caption: Abdul Sattar, a government vaccinator moves from one vaccination point to another to vaccinate children in one of the urban slums of Lahore, the capital city of Punjab province, Pakistan.
Credit: UNICEF/Pakistan/2016/Asad Zaidi
Supply and Cold Chain Investments

- Supply chain system re-design and support from cold-chain equipment optimization platform (CCE OP)
- Nineteen new and refurbished warehouses
- Use of advanced information technology for vaccine management
- ISO 9001 certification of the management of central warehouse
Data Improvement and Use of Technology

- E-Vaccs in use
- A district-level immunisation coverage survey is planned for 2017
- On-time vaccination and equity have both improved significantly
Country Tailored Approach by Alliance

Flexibilities for Pakistan:

- Alignment of co-financing requirements with country’s fiscal year
- Strategic use of remaining Gavi balances
- Use of a joint performance and results framework through NISP
Leveraging Polio Assets

- Identification of zero-dose children
- Sharing of micro-plans
- Sharing of lessons learned such as vaccinating at transit points and improved data collection
### Evident Progress: example of Punjab

#### Children 12-23 mo fully immunized, %

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>PHS, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>66</td>
<td>82</td>
</tr>
</tbody>
</table>

#### Children 11 months, coverage by antigen %

<table>
<thead>
<tr>
<th></th>
<th>OPV - 0</th>
<th>BCG</th>
<th>OPV - 1</th>
<th>Pneumo/ Penta - 1</th>
<th>OPV - 2</th>
<th>Pneumo/ Penta - 2</th>
<th>OPV - 3</th>
<th>Pneumo/ Penta - 3</th>
<th>Measles - 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>92</td>
<td>89</td>
<td>96</td>
<td>86</td>
<td>92</td>
<td>84</td>
<td>95</td>
<td>88</td>
<td>91</td>
</tr>
<tr>
<td>PHS, 2016</td>
<td>95</td>
<td>96</td>
<td>97</td>
<td>92</td>
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<td>84</td>
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1 Baseline shown for children aged 11mo is Nielsen Wave 1; Baseline for 12-23mo is a range based on MICS & PDHS

SOURCE: Nielsen Wave 1, December 2014; Punjab Health Survey (PHS), November 2016
Challenges and opportunities

- Uneven progress
- Population growth and movement
- Varying capacities
- Beyond Polio
- Integration
Thank you for supporting the children of Pakistan!