



GOVERNMENT OF UGANDA

MINISTRY OF HEALTH

Uganda National Expanded Programme on Immunization

VACCINES FINANCING IN UGANDA
By
Jimmy Ameny
Procurement & SCM Specialist



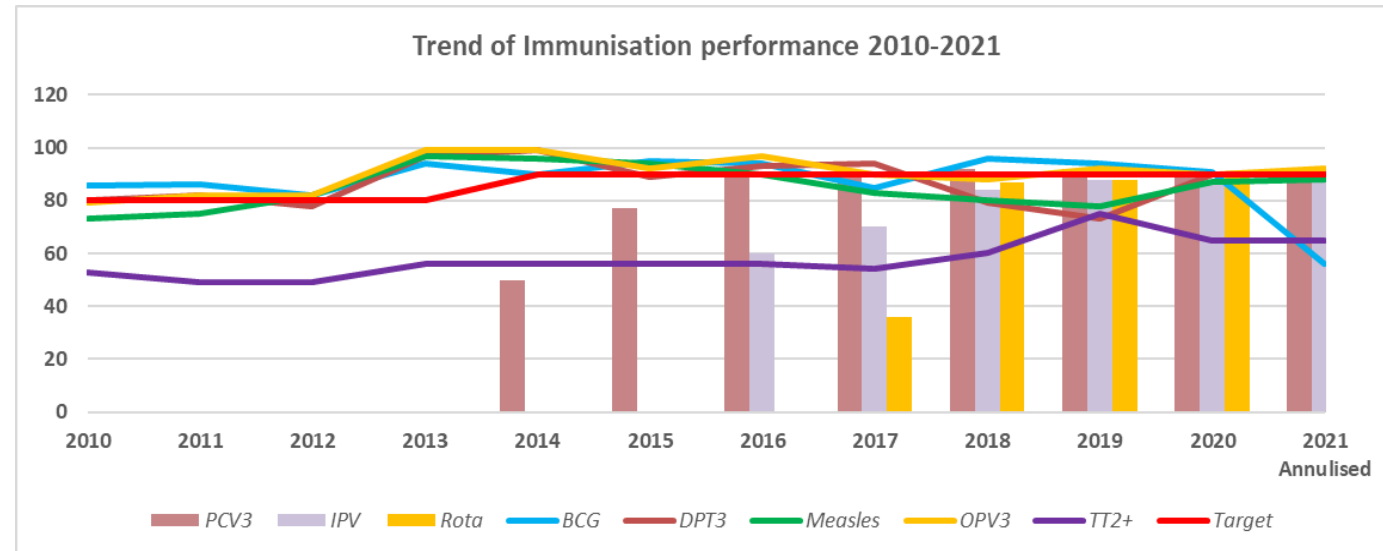
Country Context



- A nationwide program headed by: MoH Ass. Commissioner
- Coordinating structures: NCC, ICC, EPI TWG, **VMC (Immunization Supply Chain)**, Data & Surveillance
- National Medical Stores (NMS) responsible for vaccine receipt, storage & distribution
- Decentralized program: National → District → HF with clear roles and responsibilities.
- Main partners: Gavi, WHO, UNICEF, USAID, CDC, PATH, AFENET, CHAI, JICA

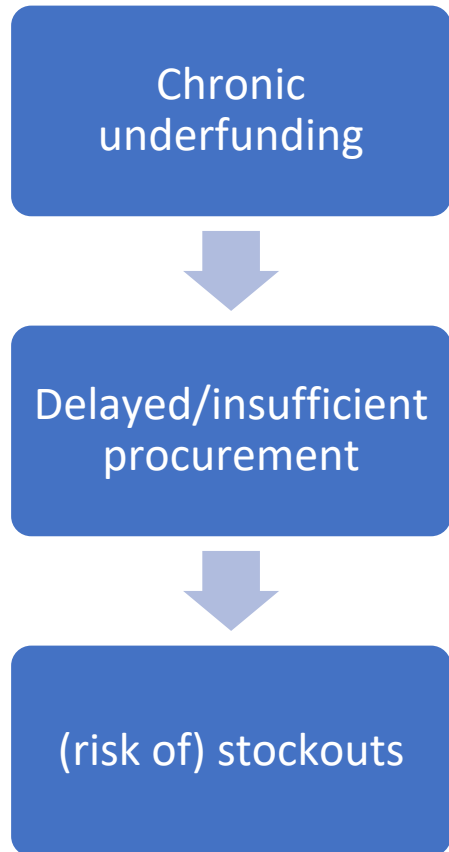
- Currently 13 Antigens - BCG, bOPV, IPV, PCV, Penta, Rota, HPV, MR & Td for WCBA and SMC
- 7 vaccine introduced In the last 10 yrs: Penta (2002), PCV-10 (2013), HPV (2008), bOPV 2016; Rota (2018), IPV (2016), Td (2018) and MR1 (2019).
- Applications submitted for MCV2, IPV2, YF and nOPV underway
- Immunisation coverage rates have stagnated at 75 – 85% for all antigens (for MCV1 73% in 2010 to current 80% .

- Population: 42,808,578, growth rate 3%
- U1 year: 1,840,769 (4.3%)
- 10yr Girl: 659252 (1.54%)
- No. of districts: 135





Situation in 2018 Traditional EPI



- GoU funded antigens historically budgeted at a flat rate (UGX 11 billion)
- This level was somewhat de-linked from annual forecasting exercise, population growth, coverage and other developments
- As the gap between budgeted amounts and actual needs grew bigger, the dependency on top-up funding (emergency procurement by UNICEF) became more common
- As of 2018, the VMC projected that the balances available under GoU budget line for that FY would be insufficient to cover routine needs
- The risk of stockouts at central level for BCG, bOPV and Td by May/June 2019 became imminent



Overcoming the challenge – a triple approach



1. Addressing the impending stock out in 2019

Quantify shortage projected for that FY



Request a pre-financing solution (against next FY budget)



Approval and execution by UNICEF

2. Increasing and sustaining budget allocation

Analyze history and generate evidence



Develop clear and targeted messages for decision makers



Advocacy at all levels

3. Systematic approach adopted within EPI programme

Institutionalize stock and pipeline monitoring through VMC



Early detection of problems (red flags)



Activation of short-, mid- and long-term solutions



Outcome



The 2019 efforts resulted in a threefold achievement:

- ✓ Averted stock out in Q2 2019 and quickly repaid pre-financing within the expected period (Q3 2019)
- ✓ Accomplished a doubling of the budget allocated to vaccines (from UGX 11bn to UGX 21bn) for the 2019-20 FY
- ✓ Introduced a mindset shift: from a “flat” allocation year-on-year to an understanding that vaccine budget should be informed by the annual forecasting exercise.



A few lessons learned



- Importance of building on **strengths** that exist within the programme: utilized the Vaccine Management Committee (TWG) to anchor the process
- Consistent use of the **annual forecast exercise** as the starting point for all planning/budgeting/financing discussions
- Institute a **single source** of the truth (NMS stock reports and ViVa) and an **SOP** that outlined the monthly monitoring cycle process
- Leverage the power of the **emergency situation** (impending stock out with no funds available) to illustrate the effect of the systemic root cause
- Collective and **concerted advocacy** effort, from all (MoH, NMS, CHAI, PATH, UNICEF) to all relevant decision makers (technical, political, health, finance)
- Once institutionalized, the process can work for **all funding sources** (example: the experience with monitoring the pipeline of Gavi vaccines in 2021 and advocating for changes to DLs)
- **Role of each stakeholder** clearly defined, including MoH (leadership, coordination), NMS (technical accuracy), UNICEF (technical support on upstream), EPI partners (technical support and advocacy)