

Global Vaccine Action Plan

Secretariat Annual Report 2016

Priority Country report on progress towards GVAP-RVAP goals

UGANDA

A. Progress towards achievement of GVAP goals

1. Summary

This summary table describes the current situation in Uganda regarding achieving the GVAP goals. Data used to assess progress towards achievement of GVAP goals are included in the annex (Country immunization profile).

Area	Indicator	Data for Uganda
10. Government expenditure on routine immunization per live birth (US\$)	Average for 2013-2015 (% change from 2010/2011)	2.1 to 7.0 (+232%)

2.1 Government financing of immunization

The Government is meeting its financial commitments in that it is paying for 100% of the procurement costs of all traditional vaccines (BCG, TT, OPV and measles). It was estimated in FY2013/14 that the Government paid 49% of the total immunization budget, with the majority going towards health worker salaries, procurement of traditional vaccines and co-financing of new vaccines (pentavalent, PCV, HPV), vaccine storage and distribution, the staff and operations of the Uganda National EPI (UNEPI), operational costs for polio and measles campaigns, and block grants to the districts to cover the costs of providing primary health care services (called PHC grants).

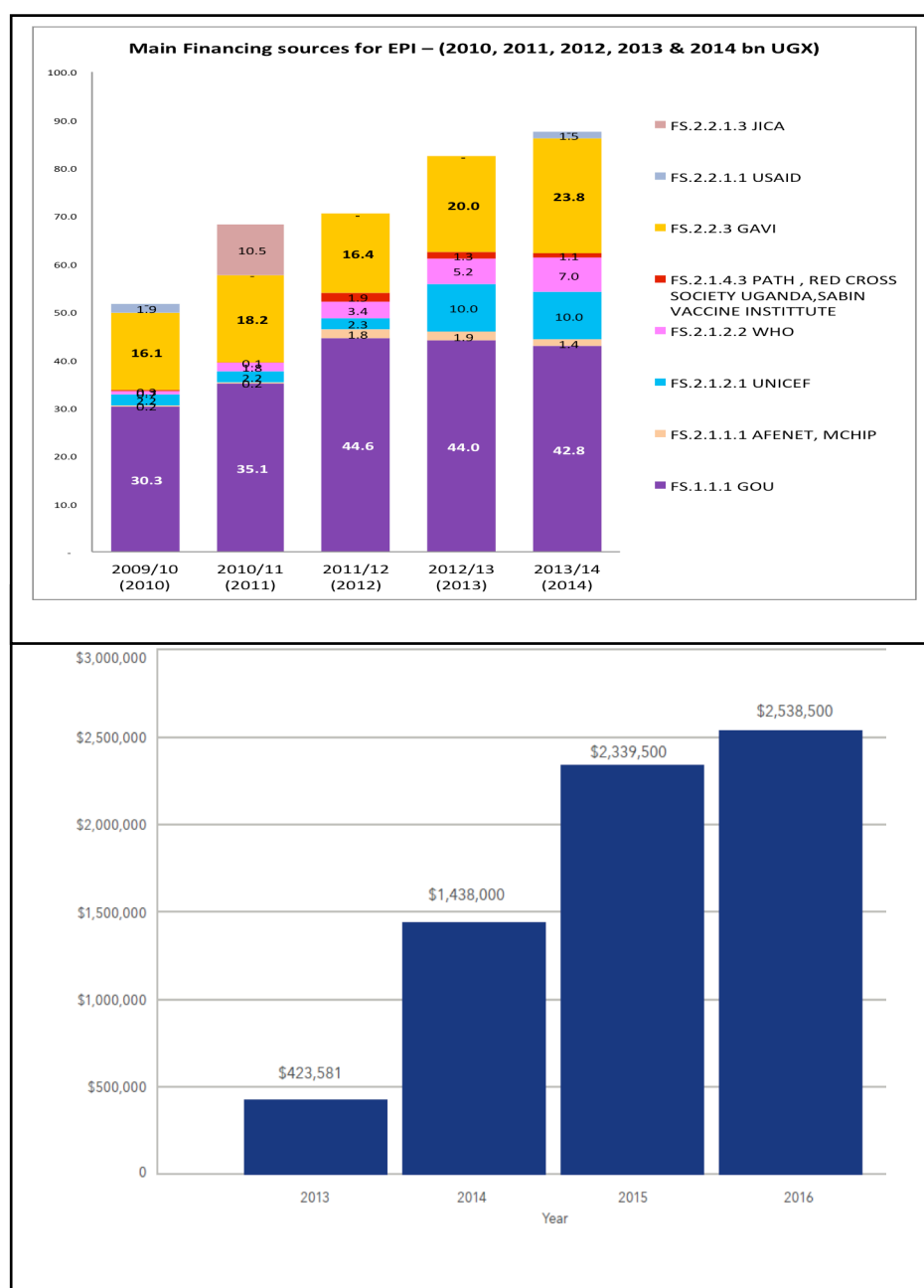
The Government's contribution in absolute terms has been increasing – 41% from 2009/10 to 2013/14 – mainly as a result of co-financing of newly introduced vaccines, which has increased six-fold from 2013 to 2016, as first PCV and then HPV were added to the immunization schedule (Figure 1). The country's co-financing obligation now stands at \$2.5 million per year. The Government's contribution actually declined from 2011 to 2014, due in part to delays in making its co-financing obligations. Uganda has, in fact, been in default in co-financing for GAVI-supported vaccines each year since 2014. This is due to the fact that

funds for co-financing are not “ring-fenced” and have been diverted to cover emergencies, such as pension arrears for health staff and salary increases for intern doctors who went on strike. The mismatch between the Government’s quarterly budgetary procedures and GAVI’s fiscal year cycles, as well as devaluation of the Uganda shilling have also contributed to delays in co-financing. These defaults have delayed the introduction of additional vaccines into the routine immunization program, including rotavirus vaccine.

Apart from the issue of co-financing of new vaccines, the government budget for immunization is considered insufficient, and as a result, more costly activities, such as polio and measles campaigns, can mean less funding for routine immunization activities. As mentioned in one report,¹ one national measles campaign can cost the equivalent of two years of recurrent costs for the routine immunization program. Because the Ugandan government could not raise its share of the operational costs for the 2015 measles campaign, the campaign was combined with the introduction of HPV vaccine and Child Health Days, to save costs and to allow funding from the GAVI vaccine introduction grant (VIG) to be used in part for the measles campaign. This resulted in a reduction in the planned activities for the HPV introduction (see below).

¹ Uganda Comprehensive EPI, Surveillance, Immunization Financing Review and Post-introduction Evaluation of Pneumococcal vaccine, 23 Feb – 6 March 2015.

Figure 1: Trends in Ugandan Government financing for immunization



In the top chart, the purple bar (GOU) is Uganda government contribution, including shared costs for health worker salaries and the proportion of PHC grant funding going to immunization.²

Funding for immunization at the local level comes from PHC grants from the central government, which must pay for all of the operational costs of providing the National Minimum Health Care Package, of which immunization is one component. The grants are distributed to each district, but do not have a fixed percentage allocated to immunization. PHC funding is considered inadequate and as a result, health facilities often lack funding for fuel to operate refrigerators and means of transport and fuel to pick up vaccines from district medical stores or to conduct outreach immunization activities. A lack of funding at the district

² Sources: Resource Tracking for Immunization in Uganda, 2013/14, Full Country Evaluation brief, 2015.

level makes it difficult for EPI coordinators to conduct supervisory and monitoring visits, assist with RED/REC activities and the like. All of this can negatively affect immunization coverage and overall program performance.

In the aim of mobilizing additional resources for immunization and to meet the Government's growing co-financing obligations, an Immunization Fund is being established as part of the 2016 Immunization Act. The Fund, currently being designed, will pool funds from the Government, donations and "voluntary contributions" to pay for "vaccines and related supplies, cold chain expenses and immunization outreach activities." Its reported purpose will be to better protect immunization funding (including co-financing) through "ring-fencing" to prevent its diversion, and to mobilize new resources for immunization, including from private industries, such as telecommunications and pharmaceutical companies.

ANNEX: Country immunization profile

- % of total expenditures on vaccines financed by government funds: 15%