

# Global Vaccine Action Plan

## *Secretariat Annual Report 2016*

### *Priority Country report on progress towards*

### *GVAP-RVAP goals*

## CHAD

### A. Progress towards achievement of GVAP goals

#### 1. Summary

This summary table describes the current situation in Chad regarding achieving the GVAP goals. Data used to assess progress towards achievement of GVAP goals are included in the annex.

Area	Indicator	Chad
9. NITAG	NITAG established?	No

#### 2. Country ownership of the immunization programme

##### 2.1 Immunization policy decision-making capacity

The main decision-making body for immunization in Chad is the ICC, chaired by the Minister of Health or his representative, and consisting of high-level officials from other government ministries (e.g., Finance, Communications, Social Affairs) and various UN partner organizations. The committee approves the EPI annual plan and other key decisions, coordinates partner activities, mobilizes resources for different activities, and serves as a link between development partners and government agencies. The ICC does not meet regularly to plan and monitor activities, but instead meets on an “as needed” basis to approve recommendations, sign off on key documents (e.g., GAVI proposals and Joint Appraisal reports) and make other major decisions.

Recommendations for the immunization program are made by the EPI Technical Support Committee (*Comité technique d'appui du PEV* or CTA/PEV), which is chaired by the EPI Director and made up of MOH technical staff and the immunization focal points of the major partner organizations. The CTA/PEV meets weekly to plan immunization activities, develop documents, such as annual action plans, and monitor immunization activities. All recommendations and key documents developed by the CTA/PEV then go to the ICC for approval.

No independent national advisory committee on immunization (NITAG) yet exists in Chad, although there is a high-level technical advisory group (TAG) for polio that meets twice a year to make recommendations that are then presented to the Prime Minister or President. The TAG, which includes both national and international members, has expanded its portfolio to other vaccine preventable diseases. There have been initial discussions about establishing a NITAG to replace the polio TAG.

### **2.3 Human resource situation**

The number of permanent staff positions in the immunization program in Chad is quite small – with five medical officers and a total of 29 persons (including support staff) at the central level and 23 regional EPI focal points (one per region).<sup>1</sup> Three of the professional staff in the central EPI office are CDC or WHO consultants. The small number of professional and technical staff in the central office has severely constrained the team's ability to provide adequate technical support, oversight and financial management of the program. Considerable staff turnover in recent years has also affected the program. To supplement this staff, partners (UNICEF, WHO and GAVI) support a contingency of 145 surveillance medical officers, communications officers and other experts, who are under contract. Many of the WHO positions are funded with polio program funds, which will be reduced, starting in 2017, under the polio transition plan.

The Government has been increasing its health workforce, which now numbers around 9,200 health workers (mainly nurses) – an increase of 1,000 since 2013.<sup>2</sup> While this yields a ratio of one health worker per 1,500 people, this workforce is very poorly distributed within the country and not all of them administer vaccinations. The skills level of health workers also varies; the EPI review of 2012 found that only 54% of health workers who provided immunizations had received any formal training and only half of the immunization trainings planned in 2011 (in vaccine and cold chain management, communication, safe injections) actually took place.

To further increase the number of health workers, the HSS II proposal, which is being resubmitted, calls for hiring and training an additional 174 health workers, who will focus on immunization activities.<sup>3</sup>

### **B. Partner support to address key challenges to meeting the GVAP goals**

As mentioned in Section 2.2. above, development partners cover the majority of costs of the immunization program, with large portions of expenditures going towards polio, measles and other vaccination campaigns, improvements in the logistics and cold chain system, and implementation of the RED strategy in 54 districts. In addition, but WHO and UNICEF provide 145 staff and consultants to fill in the considerable gap in personnel for the immunization program. These include 55 staff and consultants paid by WHO to assist with RED activities, the intensified vaccination campaigns for nomads and other hard-to-reach populations described above, and other efforts to improve vaccination coverage and reduce missed opportunities. UNICEF's workforce includes more than 60 consultants providing on-the-ground assistance with communications and implementation of RED strategies.

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<sup>1</sup> Chad Annual EPI Action Plan, 2016.

<sup>2</sup> Joint Appraisal report 2016.

<sup>3</sup> Joint Appraisal report 2016.

Three areas of support from international partners that have been the most critical to the functioning of and improvements with Chad's immunization program are:

- **Rehabilitation and expansion of the cold chain and logistics system.** With support from the GAVI HSS grant and technical support from several partners, the central cold rooms have been expanded from four to seven, four sub-national depots with cold rooms have been built, and solar-powered refrigerators are being procured for the district stores and health centers to reduce the need for kerosene. The plan is to have a (solar) refrigerator in all of the nation's 1,100 health centers.<sup>4</sup> Partners are also providing technical support and training in cold maintenance, vaccine management and data monitoring.
- **RED strategy implementation.** This has been a major effort, involving many partners (the Gates Foundation, WHO, UNICEF, GAVI and others) to improve the routine immunization program in selected low-performing health districts, now 54. GAVI, jointly with the Government, supports implementation of the RED strategy in 22 districts, UNICEF supports another 22 districts and WHO supports ten.<sup>5</sup> This funding has gone into creating and equipping new health centers in under-served areas, procuring cold chain equipment and vehicles, and paying for operational expenses such as fuel for vehicles and refrigerators. Besides funding, partners have provided technical assistance, through national and international staff and consultants – in developing micro-plans, working with communities to increase coverages rates through home visits and default tracking, among other activities. Administrative data show a significant increase in immunization coverage in the partner-supported districts, likely contributing to the increase in national WUENIC estimates from 2014 to 2015.
- **Training and capacity-building.** Partners have provided and are continuing to provide financial and technical support for a range of trainings to increase the skills and capacity of those involved in immunization and disease surveillance. This includes training of health staff in RED activities; surveillance training for zonal surveillance focal points; training of Regional EPI focal points in data collection, data management and interpretation using the DVD-MT software to improve data quality; and mid-level managers (MLM) training at the regional level.

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<sup>4</sup> Joint appraisal report 2016.

<sup>5</sup> Joint appraisal report 2016.

## **Annex 1: Country immunization profile**

- Planning and management:
  - Vaccines stockout: no event in 2015
  - cMYP: 2013-2017
  - Annual Plan: Yes
- Country decision making: No NITAG