

Global Vaccine Action Plan

Secretariat Annual Report 2016

Priority Country report on progress towards GVAP-RVAP goals

PAKISTAN

A. Progress towards achievement of GVAP goals

1. Summary

This summary table describes the current situation in Pakistan 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	Pakistan
9. NITAG	NITAG established?	Yes

2. Country ownership of the immunization programme

2.1 Overview of country ownership in its primary health care system, including immunization

In 2011, an amendment to the Pakistani constitution devolved the responsibility of health services from the Federal to the Provincial level and dissolved the Ministry of Health. Decentralization significantly changed the management of immunisation in Pakistan; it permitted a tailored approach to meeting provincial needs but caused initial confusion around the roles and responsibilities of EPI staff and financing at all levels, primarily due to the unclear division of roles and responsibilities for federal and provincial governments. There is also concern about the limited capacities of provincial governments to provide services, possibilities of differing immunization schedules and protocols, and disparate delivery strategies between provinces. Significant progress has been made since 2015 on the clarification of roles and responsibilities.

As it stands, provincial governments are responsible for the implementation and execution of immunization services and of increasing immunization coverage, while the Federal EPI Cell under the newly created Ministry of National Health Services, Regulations and Coordination

(MoNHSRC) has the responsibility for coordination, technical support, international collaborations and donor coordination, disease information and surveillance, monitoring of infectious diseases in addition to regulations, standards and accreditations. Recently a Health Planning, System Strengthening and Information Analysis unit was created to oversee and coordinate health systems related work in the country. Immunization and health systems objectives are both represented in Pakistan's National Immunisation Support Project (2016-2020) which is tasked with increasing the equitable coverage of services for immunisation against vaccine preventable diseases (VPD), for children under 2 years of age. This includes improving immunisation services through strengthening of routine immunisation systems (as part of the country's health system).

Within the newly decentralized health system, the federal health authorities remains exclusively responsible for fulfilment of national commitments at the global and regional levels (such as the Sustainable Development Goals) while supporting sub-national entities in the implementation of their respective immunization programs. Political leadership on immunization has improved over the past few years, particularly at the federal level, but varies between provinces. However, despite significant efforts by the government and its partners, Pakistan's immunization indicators have yet to reach expected benchmarks. The key goals of polio eradication and measles and neonatal tetanus elimination are still not achieved. Additionally routine vaccination coverage remains insufficient, as evident in several recent outbreaks of measles, pertussis and diphtheria in different parts of the country. Coverage of maternal and child health services, contraception, vaccination and communicable disease control is mostly better in urban areas than in rural areas, and there are significant geographic disparities.

CSOs can be essential to reaching immunization targets, particularly in hard to reach areas and urban slums. However communication and roles need to be better defined and coordinated with the EPI programme. This has been recognized in the creation of the CSO unit, a coordinating unit to serve as an interface between the Government, CSOs and UNICEF. This unit was relocated to the office of Federal EPI in 2013 to ensure that it is better positioned to fulfil its function to strengthen health systems, but has recently become non-functional due to vacancies in key positions. A window of opportunity exists in the engagement of CSOs in Pakistan in demand generation for better health service delivery, as well as community mobilisation through advocacy, communication for development and other social mobilization approaches. By the virtue of their presence, CSOs can augment the capacity and coverage of public sector community health workers by deploying additional workforce. This would be particularly suited to areas where people resist vaccination due to some myths and misconceptions. Civil society has played a significant role in health systems strengthening in Pakistan, by extending support to government counterparts.

a. Immunization policy decision-making capacity

A National Immunization Technical Advisory Group (NITAG) exists comprised of renowned scientists, experts in different technical disciplines as core members along with key technical partners and relevant professional bodies as liaison members. This body provides technical advice on immunization to the ministry and has been instrumental in recommending new vaccine introductions. The ICC, as a strong governing body for Gavi support and overall immunization, is not fully functional and needs to be further strengthened.

c. Human resource situation

The EPI in Pakistan has serious shortfalls in the quality and number of human resources at both the management and operational level. Most of the provincial/area program offices including the Federal EPI have insufficiently skilled staff with insufficient technical and managerial competency. Certain areas (Particularly FATA, CDA/ICT, GB and AJK) experience severe human resource shortages. In some areas, there are only 1-2 dedicated EPI staff. The population of the areas combined is around 10 million and contains territory with challenging terrain because of the lack of infrastructure and high insecurity. TORs are unspecific, there is an overall lack of accountability, limited career potential and often limited job security. Orientation, training and continued education is only rudimentarily provided. There is a frequent staff turnover at all levels.

Significant gaps exist specifically in cold chain and logistics staff number and technical knowledge at Federal and Provincial levels. Temporary support is provided by partners (WHO, UNICEF and USAID) to the federal and provincial program offices through secondments or other contractual arrangements, but their adequacy as well as current state of utilization is being questioned due to limited management capacity. The vaccinator / population ratio is very low resulting in highly irregular service delivery. The new EPI policy requires a minimum number of vaccinators per population and geographic area. Provinces have taken initiatives to recruit more vaccinators and at the same time train Lady Health Workers (LHWs) to perform routine immunization services.

The use of Lady Health Workers (LHWs) and Lady Health Supervisors (LHSs) is being explored by a number of provinces to strengthen Routine Immunisation through service delivery. If more LHWs are used in campaigns, then vaccinators will have more time for RI. Previously, LHWs were used in social mobilisation and health education. Pakistan has more than 110,000 Lady Health Workers at the community level and they play an integral role in bridging between health facility and community for providing essential health services to communities, especially in rural areas that are difficult to reach. Currently not all provinces allow LHWs to provide all vaccines, but this is under discussion. Ongoing training activities (funded from unspent funds from HSS-1) for LHWs and an assessment of their contribution to RI is underway. In May 2016, WHO with Gavi funding support held a consultation on the use of LHWs in RI. One of the significant workshop decisions included the formation and establishment of coordination committees at the Federal, Provincial, District and Health Facility level. Availability of these LHWs as female vaccinators will not only be a tremendous boost for vaccination service delivery for improving EPI coverage in Pakistan, but will also be more culturally acceptable to the community. LHWs have access to women and households in ways that other healthcare givers might not; they are important for increasing routine immunization and in strengthening other childcare practices.

CSOs have continued to play a significant role, particularly focusing on strengthening routine immunization, and have somewhat alleviated the personnel shortage. CSOs have clearly agreed on concrete results in terms of number of children immunized/percentage increase in immunization (BCG, Penta 3 and Measles). Because the CSOs are successful at social mobilization, they have been key for arranging vaccination camps and vaccination points to ensure vaccination of children (missed and defaulter children). There is some concern that CSOs are not fulfilling their task to reach children in areas where government vaccinators

cannot go; however the CSOs have remained successful in increasing immunization coverage and addressing refusals. The district governments also truly appreciate and realize CSOs contribution. At many occasions, district health offices, issued letter of appreciation in recognition of CSOs work for immunization.

B. Partner support to address remaining challenges to meet the GVAP goals and targets area

Partner support for immunization activities is similar to that in many other GAVI-supported countries, with major partners providing financial support and technical assistance for polio and measles immunization campaigns, new vaccine introductions, surveillance, training, social mobilization, cold chain improvements and so forth (see Table 1).

1. Activities conducted by partners by category

Table 1: Partners and areas of assistance in Pakistan

Partner	Assistance Areas
WHO	<p>Policy and leadership (development of cMYP, financial sustainability plan)</p> <p>Disease surveillance (case-based measles surveillance as part of integrated VPD surveillance)</p> <p>Immunization campaigns/SIAs</p> <p>Microplanning for Reach Every District (RED)/ Reach Every Community (REC) approach</p> <p>New vaccine introductions (PCV10, IPV)</p> <p>HR support to Federal and Provincial levels</p> <p>Cold chain improvements (EVM assessment and implementation)</p>
Government of China	<p>Provides cold rooms, refrigerators, refrigerator trucks, and repair and maintenance of the cold rooms and trucks</p>
USAID	<p>Support in the development of vaccine logistics management information system (vLMIS) for immunization along with its operationalization in 54 districts through the Deliver Project</p> <p>Deliver provided both hardware and software along with the trainings on vLMIS</p> <p>Funding MCHIP for routine immunization in some districts of Sindh</p>

UNICEF	<p>Implementing RED/REC starting in 23 districts; plans to scale up this approach in one-fifth of the country during the next five years</p> <p>Procurement of vaccines and logistics</p> <p>Supported the construction/renovation of 19 warehouses across four provinces and one area i.e., Gilgit Baltistan (GB)</p> <p>Cold chain improvements (EVM assessment and implementation)</p> <p>Development and implementation of the communication plans for the Measles SIA across four provinces and four areas (AJK, GB, FATA, ICT/CDA) in addition to development of Measles and RI messages</p> <p>New vaccine introductions (PCV10, IPV)</p> <p>Based on the findings of the National KAPB survey, supported the development of the national communication strategy for RI</p>
World Bank	<p>Support in the designing and development of National Immunization Support Project to improve coverage</p> <p>Provided technical support in holding workshops for the development of Disbursement linked indicators (DLI) and for building understanding and consensus amongst the provincial programmes</p> <p>Provided consultants for the development of NISP PC-1s for the Provincial and Federal levels</p>
JICA	Support has been provided to measles SIAs and cold chain in KPK
Rotary International	Supported immunization primarily through polio work

2. Gaps in support to meet needs

The main areas identified for future technical support were trainings and capacity building of health workers, LHWs and polio workers on EPI; trainings on surveillance and M&E; reporting, trainings on data reporting, use of data and analysis; need for development of robust and integrated management information system, expansion of vLMIS and scale up for integration of functions of surveillance, and M&E. The need for upgrading standardized cold chain equipment across all districts was highlighted during the EVM Assessment. In addition, demand creation for RI and the renewed engagement strategy with CSOs is an area that needs close attention.

Significantly, a census has not been undertaken for almost 18 years, leading to different practices to estimate immunisation targets. The use of different sources of data, such as polio SIA data (<1 year children from SIA tally sheet) and micro census data in certain UCs and LHW records to determine a more accurate estimate of the denominator is suggested. Provinces may consider triangulating different available sources of micro data in consultation with local experts e.g. Provincial bureau of statistics, P&D etc. and technical partners. Until this data is made available, EPI could be encouraged to use polio data for target setting in microplanning.

There are large coverage discrepancies within the country, with Punjab having the highest coverage levels and very strong political commitment, KPK and Balochistan also having strong political interest but a lower baseline than Punjab, and Sindh struggling the most. In Sindh in particular, there is significant political turnover, and a recently installed chief minister could lead to changes for the province, though this remains to be seen.

ANNEXES

- Planning and management:
 - Vaccines stockout: 1 event for BCG (3 months duration)
 - cMYP: 2014-2018
 - Annual Plan: Yes
 - Country decision making: NITAG meeting the 6 minimum criteria defined by WHO for a functioning NITAG