Role of private sector vaccination in Uganda

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Outline

• Background
• Private provider **contribution to coverage** of vaccines
• Evidence of **service quality issues**
• **Regulatory issues**
• Private providers’ role in **adverse events following immunization (AEFI) and vaccine-preventable disease surveillance**
• Harmonization of **vaccine schedule and related issues**
• Contribution to immunization **access, utilization and advocacy**
• **Engagement with private providers?:** Existing dialogue and decision-making
• **Summary of major challenges and strengths**
• **Future plans/recommendations/opportunities?**
Background: Private providers in Uganda

• The Public Private Partnership in Health (PPPH) is an element of Uganda’s Health Sector Strategic Plan.

• The private sector includes:
  • Private Not For Profit (PNFP)
  • Private For Profit (PFP)
  • Traditional and Complementary Medicine

• Government of Uganda provides free of charge to private providers:
  • Vaccines, fridges, injection materials, data collection tools (Existing tools provide for private provider reporting)
  • Equipment to PNFP and PFP facilities through public–private partnership
  • Operational grants provided to PNFP, but not to PFP
Health facility and immunization service provision by ownership, Uganda

<table>
<thead>
<tr>
<th>OWNERSHIP</th>
<th>PUBLIC</th>
<th>NGO</th>
<th>PRIVATE</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health facilities (%)</td>
<td>3165 (48)</td>
<td>987 (15)</td>
<td>2475 (37)</td>
<td>6627</td>
</tr>
<tr>
<td>Health facilities providing immunization (%)</td>
<td>2596 (82)</td>
<td>148 (15)</td>
<td>75 (3)</td>
<td>3551</td>
</tr>
</tbody>
</table>
• The majority (68%) of the PHPs are located in the Central Region;

• Kampala District alone accounts for 60% of the PHPs in the country.

• Kampala district has a total of 1,391 HFs; 98% of them are private

• 90% (133/147) of HFs that offer Immunization services in Kampala are private
Service delivery in the Private Sector in Uganda – what we know

• 22–30% of immunization services are in private facilities\(^1\)

• Location of vaccination (public or private): poorest 2.8 times more likely to be vaccinated at public facility than wealthiest quintile\(^2\)

• Less cold chain in private facilities than other types equipment\(^1\)
  • 20-38% (range by region) of facilities have cold chain
  • >80% have sterilizing equipment, 60-82% have xray
  • ~1/2 of private sector cold chain is in central region

• Indirect charges for immunization services could be barrier for caretakers\(^2\)

• Inadequate funding of immunization to private providers results in a charge for vaccination\(^2\)

\(^1\) USAID 2005, Bisase 2004
\(^2\) Babirye et al 2014
Private providers contribution to coverage (Penta 3)

<table>
<thead>
<tr>
<th>Year and Location</th>
<th>Uganda DHIS2</th>
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<tbody>
<tr>
<td>2012</td>
<td>7</td>
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</table>

% vaccinated by PHFs (Penta3)

% vaccinated by Government HFs (Penta3)
Potential contribution of private providers to coverage

• Untapped resource; could contribute to national immunisation service delivery (37% of HFs)

• Targeted resource that can reach urban “hard to reach” population – slums, very rich

• Corporate responsibility needs to be strengthened in private sector

• Coordination mechanism exists through PPPH

• Existing regulatory bodies
Regulatory issues

Who regulates private sector?
- Uganda Medical and Dental Practitioners’ Council
- Uganda Allied Professionals’ Council
- Uganda Nurses and Midwives Association

Challenges with regulation
- Limited capacity (human resource, financial) to enforce health regulatory framework\(^1\)
- Enforcement of legislation and policies remains a challenge\(^1\)

\(^1\) NIP
Role of private providers in AEFI and vaccine preventable disease (VPD) surveillance?

Reporting of AEFIs in public and private facilities, 2014-2016

<table>
<thead>
<tr>
<th>Year</th>
<th>Private Not-For-Profit, n (%)</th>
<th>Private For-Profit, n(%)</th>
<th>Government, n(%)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>53(28)</td>
<td>37(19)</td>
<td>101(54)</td>
<td>191</td>
</tr>
<tr>
<td>2015</td>
<td>53(20)</td>
<td>58(22)</td>
<td>154(58)</td>
<td>265</td>
</tr>
<tr>
<td>2016</td>
<td>39(24)</td>
<td>59(37)</td>
<td>62(39)</td>
<td>160</td>
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</tbody>
</table>

Both private and government facilities are involved in surveillance activities

• Health workers in private for-profit facilities in Kampala trained in surveillance of vaccine preventable diseases
• Surveillance tools were distributed to all facilities
Harmonization of vaccination schedules

• No differences in routine EPI vaccination schedule
  • All vaccines are provided according to the national guidelines

• Challenges with differing schedules/antigens
  • Some private facilities purchase/provide vaccines that are not part of the national schedule e.g. rota vaccine, mumps, rubella, typhoid, influenza

• Population immunity issues
  • Immunity gaps exist due to accumulating unimmunized children, but not directly related to private sector
  • Inequity due to geographical location, education status, wealth status, religion
Contribution/potential contribution of private providers to immunization access, utilization and advocacy

• Private providers (and CSOs) included in current Health System Strengthening (HSS) grant 2016 – 2020 to:
  • Mobilize and follow-up for immunisation
  • Mobilize resource persons (e.g., religious and cultural leaders)
  • Support scale up of a family connect and
  • Community Health Management Systems (CHMS) - e-health systems/ e-tools

• Engagement of Civil Society Organizations in community services

• Involvement of PPPH in immunization and coordination of private providers

• Private providers are conduit to narrowing the equity gap to immunization (communication, social mobilization, and advocacy)

• Broaden interface of advocacy and communication with community and political leadership

• Avenue for resource mobilization to immunization
Engagement with private providers: Dialogue & role in decision-making

• Government provides vaccines and materials free of charge to private providers

• MOU between MOH and Federation of PHPs under Gavi HSS to support:
  - Mapping of private health facilities in Kampala
  - Training of 200 health workers from private facilities in Kampala (Operational Level Training, VPD Surveillance)
  - Equip 100 private facilities with EPI Fridges

• Mechanism for communication with private sector on vaccination issues
  - Private provider representation on Ministry of Health Policy Advisory Committee, EPI Technical Working Group and National Certification Committee
  - Professional organization provides technical guidance

• Experiences with engagement
  - Not all private facilities members of the Federation that signed a Memorandum of Understanding
  - Disagreements between different private providers’ associations
  - Providers busy; inadequate time for full engagement

• Opportunities for training of service providers during Supplementary Immunization Activities and vaccine introduction
Engaging private sector in immunization: Major strengths and challenges

**Strengths**

- Large proportion (47%) HFs are private; potential to expand reach of services
- Existing MOU and framework for engagement via PPPH
- Study findings highlight some gaps that could be addressed

**Challenges**

- Expansion to include all private providers requires human and financial resources
- Monitoring all providers to ensure alignment with national policies
- Institutionalizing strong PPPH to encompass private sector
- Private facilities not evenly distributed across the country
Future plans/Recommendations/Opportunities

- Government will continue engagement with the private providers in all areas of providing effective immunization services.

- Support will be provided under Gavi HSS2 to support countrywide mapping of health facilities and training.

- Increased training, supportive supervision and mentorship of private facilities to improve quality of data and reporting.

- Country in process of developing Immunization Coordination Committee which will have a representative of the private sector.

- District health offices have mandate to integrate private provider in the mainstream service delivery.
END