



Ghana

Managing the Transition from Gavi Assistance

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1. Background Information

Indicator	Data Type	2010	2011	2012	2013	2014	2015	2016
Penta-3	Administrative Coverage	92	91	92	90	95	95	99
	Official Estimates		91	92	90	98	89	93
	WHO-UNICEF Estimates	94	91	92	90	98	88	93

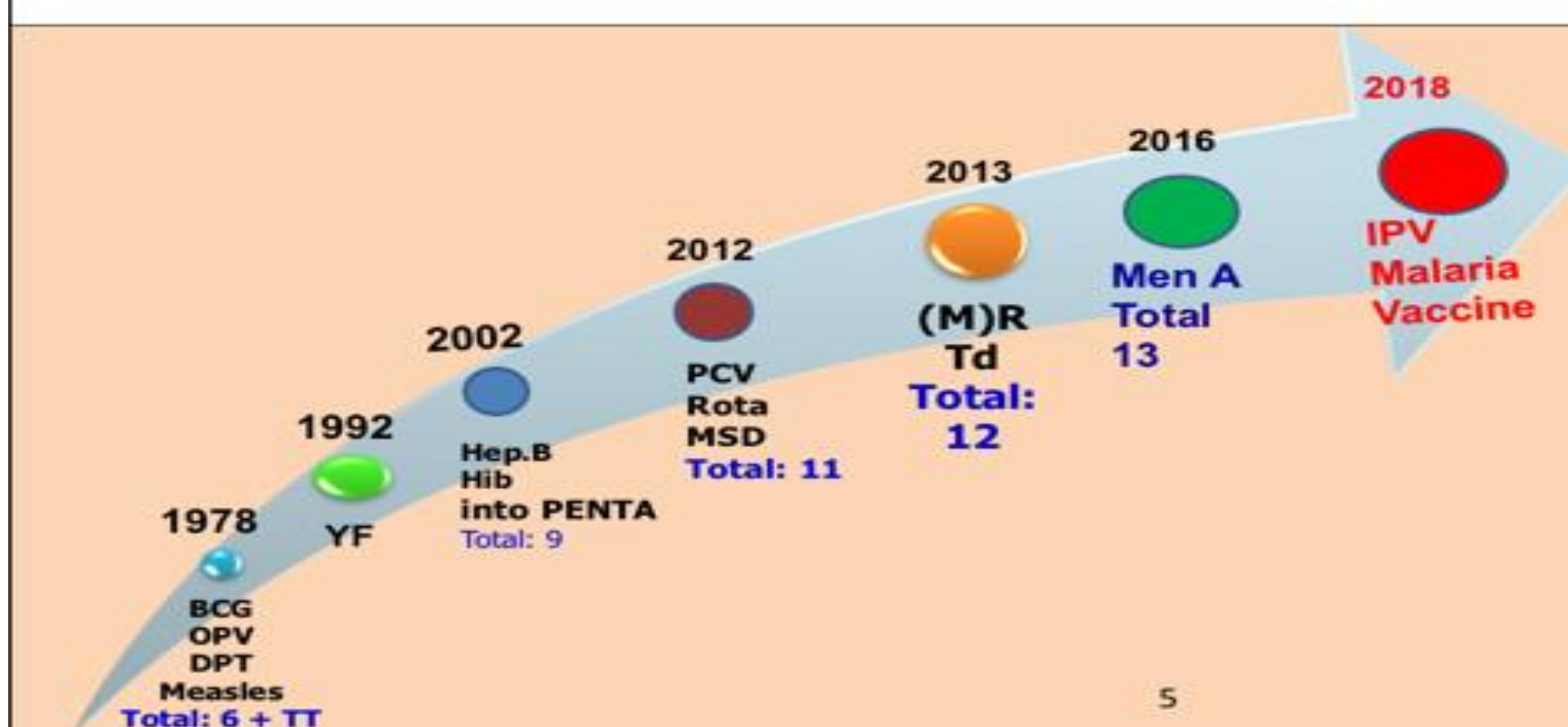
Where the country is in terms of the timing of transition of Gavi support:

Ghana previously crossed Gavi's eligibility threshold and entered accelerated transition in 2013. Due to a sudden increase in GNI pc., the country qualified for two additional years in the preparatory transition phase (2015, 2016)

The current economic situation of the Country resulted in a significant decrease in GNI pc. for 2016. Therefore, Ghana will re-enter the preparatory transition phase on January 2018 given the 3-year average GNI pc falls below Gavi's eligibility threshold, set at US\$ 1,580 for 2017.

Ghana has a HSS grant under execution.

Chronology of vaccine introductions in Ghana



Sources of financing for vaccine expenditures, 2015-2017

- MoH budget
- Gavi

Expenditures (Co-financing) – MoH Budget

Item	Vaccine Type	2015	2016	2017
1.0	Pentavalent	1,290,500	449,500	1,040,000
2.0	PCV	764,500	1,084,000	3,357,000
3.0	Rota	463,500	1,173,500	1,213,500
4.0	Yellow Fever	526,000	478,500	424,000
5.0	MenA	nil	113,000	263,500
	TOTAL	3,625,000	3,298,500	6,298,000

Expenditures (GAVI Support)

Item	Vaccine Type	2015	2016	2017
1.0	Pentavalent	5,964,000	1,509,000	3,431,000
2.0	PCV	9,899,000	6,444,000	13,556,500
3.0	Rota	3,648,500	3,476,000	3,934,000
4.0	Yellow Fever	785,000	422,500	1,449,500
5.0	MenA	nil	2,365,000	934,500
	TOTAL	20,296,500	14,216,500	23,305,500

Ghana is yet to receive correspondence and official notification of GAVI Support covering the periods 2018 – 2022

2. Financing

Projected Cost (Co-financing) MoH Budget

Item	Vaccine Type	Expenditure				
		2018	2019	2020	2021	2022
1.0	Pentavalent	986,770	1,397,581	1,701,058	2,012,034	2,326,500
2.0	PCV	2,591,423	3,660,470	4,468,320	5,296,445	6,133,956
3.0	Rota	1,171,558	1,651,475	2,015,854	2,389,016	2,767,642
4.0	Yellow Fever	387,579	533,177	649,605	768,981	889,710
5.0	MenA	269,824	349,669	426,032	514,993	595,896
	TOTAL	5,395,338	7,592,371	9,260,869	10,981,469	12,713,704

Key challenges

- Timely release of budget funds for payment of vaccines and devices for immunization remains the key challenge to the programme
- Inadequate budgetary allocations in previous years

Mitigation strategies

- Political commitment- commencement of the new Government in 2017 saw the provision of USD 16.3 million in 2017 budget for immunization activities. USD 10.0 million has been released and used for traditional vaccines and 2017 co-financing
- Advocacy at levels of cabinet, parliament, and MoF to ensure consistency and continuous increase in budget allocations and timely release of funds
- Discussions are on-going towards the restructuring the National Health Insurance Authority (NHIA) benefit package to include preventive services like immunization
- Efforts are being made towards Public-Private Sector partnerships in the future as part of Health Sector Medium Term Development Plan to ensure sustainable financing of the entire health sector.

Health financing system and immunization

- Services like immunization, HIV/ AIDS, Malaria, and TB are still largely supported by Multilaterals such as GAVI and Global Fund. Clinical service delivery is largely dependent on NHIA. Public healthcare services are highly underfunded with DPs dominating in the provision of funding

History of default on Gavi co-financing

- Defaulted on co-financing (2014), resolved 2015
- 2016 co-financing component is still outstanding, government is committed to resolve by end of 2017

3. Procurement

- Current procurement method for vaccines: UNICEF
- Member of Vaccine Independence Initiative: No
- Changes in procurement anticipated (2018-2020): None
- Local vaccine production: None

Main procurement challenge

- Delayed release of funds for payment of vaccine cost estimates

4. NITAG

- The country is in the process of forming a NITAG
- In its absence the Inter- Agency Co-ordinating Council (ICC) is to advise the MOH and Ghana Health on policy-related as well as programmatic issues related to immunization
- It is envisaged that NITAG would be formed and functional by mid-2018.

5. Coverage and Equity

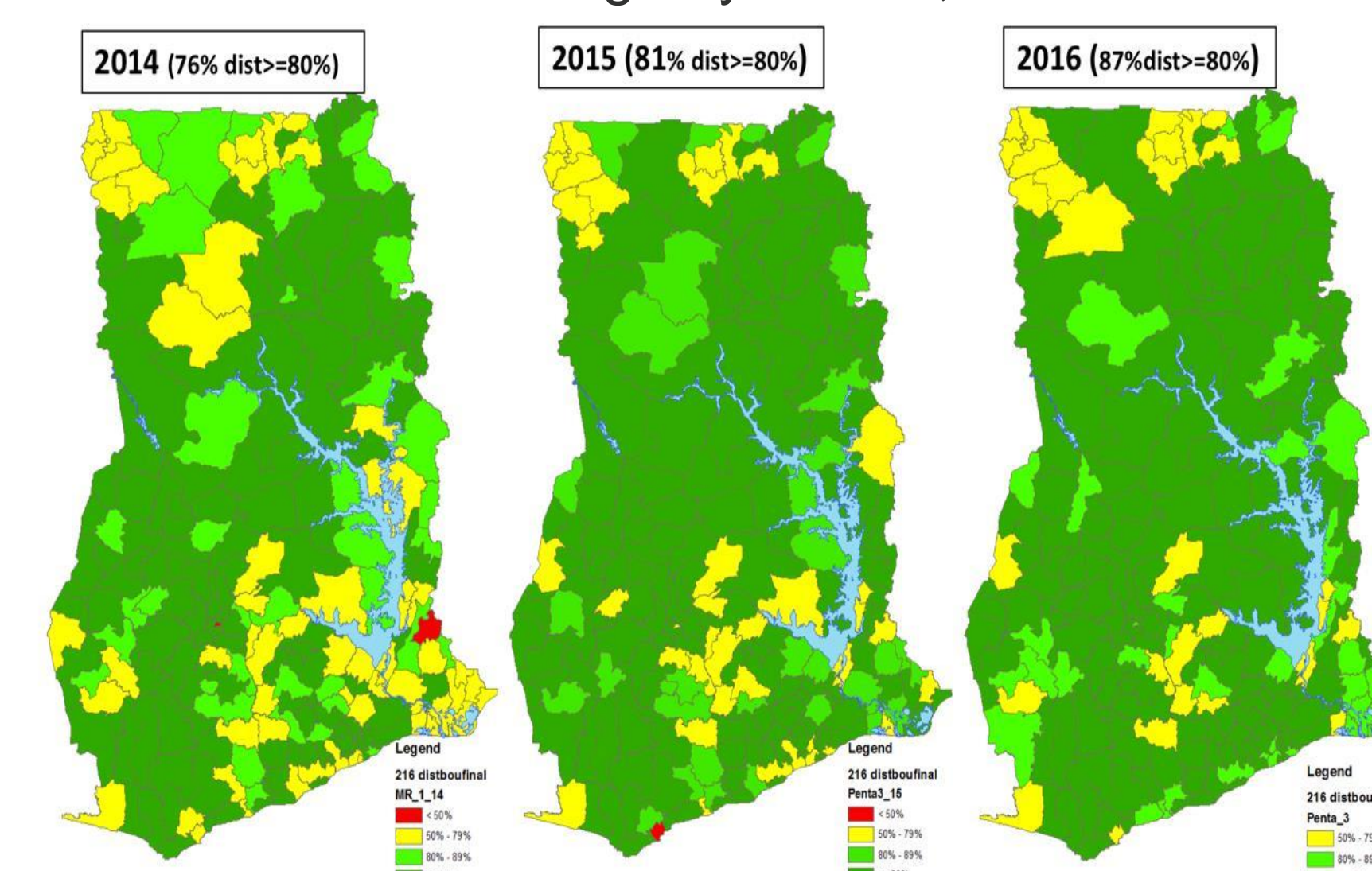
Key challenges

- Inadequate cold chain storage capacity at national, districts and health facilities
- Inadequate pickups, motorbikes and boats to support service delivery
- Insufficient demand creation for RI, weak links with communities and their leaders;
- Weak system of tracking children especially in the second year of life
- Weak monitoring and supervision at the district and sub-district level
- Incomplete data reporting
- Inequitable human resource distribution
- Delays in the release of funds for payment of vaccines and other logistics.
- Inadequate operational funds

Mitigation strategies

- Ghana has applied for Gavi CCEOP to help improve its cold chain capacity at the District and operational levels.
- The Gavi HSS support is being used to address some of the operational challenges e.g procurement of equipment and vehicles to support service delivery and supportive supervision
- Through the CDC second year of Life (2-YL) project, communication is being strengthened to create demand for immunization services and staff are also being trained to improve immunization data quality
- Partners such as WHO and UNICEF are also providing some logistical, technical and financial support to complement Governments effort in providing immunization services

Trends in Penta3 Coverage by district, 2014-2016



6. Transition Plan

- A 2016 draft transition plan needs review, given revised Gavi eligibility and current trends and challenges on capacity and system strengthening to ensure financing sustainability during and beyond transition.
- Government has initiated steps towards creating fiscal space and financial sustainability for the entire health sector to include financing of immunization programme and to that effect is seeking technical assistance from the World Bank.
- The first step of a dialogue with key players of the health sector and stakeholders towards creating fiscal space and financial sustainability led to a meeting at Senchi Hotel in March 2017 to which GAVI representatives participated.

9. Further Thoughts

Domestic “wish list” for immunization strengthening and successful transition

- Sustainable financing for vaccines, equipment and devices, as well as operation activities.

Donor “wish list” for immunization strengthening and successful transition

- Availability of adequate cold chain capacity all service delivery points
- Vehicles and motorbikes for service delivery across all levels
- Capacity building of staff especially in data management and vaccine cold chain management at all levels.
- Improve data management through the use of DHIMS 2 and E-Tracker system.
- Assist in the provision of incinerators to manage immunization waste.
- Provision of Fibre Boats for numerous island communities along the Volta lake which are hard to reach.
- Provision of technical and financial support to improve coverage in Urban communities.
- Ghana would wish that GAVI continuous to allow the Country access affordable vaccines through the GAVI system using UNICEF for the said procurements.
- Strengthening the Country's AEFI management system.
- Need for Technical Support to set and manage NITAG.
- Capacity building in the area of vaccine safety in the Ghana.



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