

# Sri Lanka

## Managing the Transition from Gavi Assistance Deepa Gamage, Samitha Ginige, Sapumal Dhanapala



### 1. Background Information

#### Trends in DTP3 coverage, 2010-16

Year	National coverage	WHO/UNICEF estimates
2010	93%	99%
2011	94%	99%
2012	99%	99%
2013	99%	99%
2014	98%	99%
2015	99%	99%
2016	99%	99%

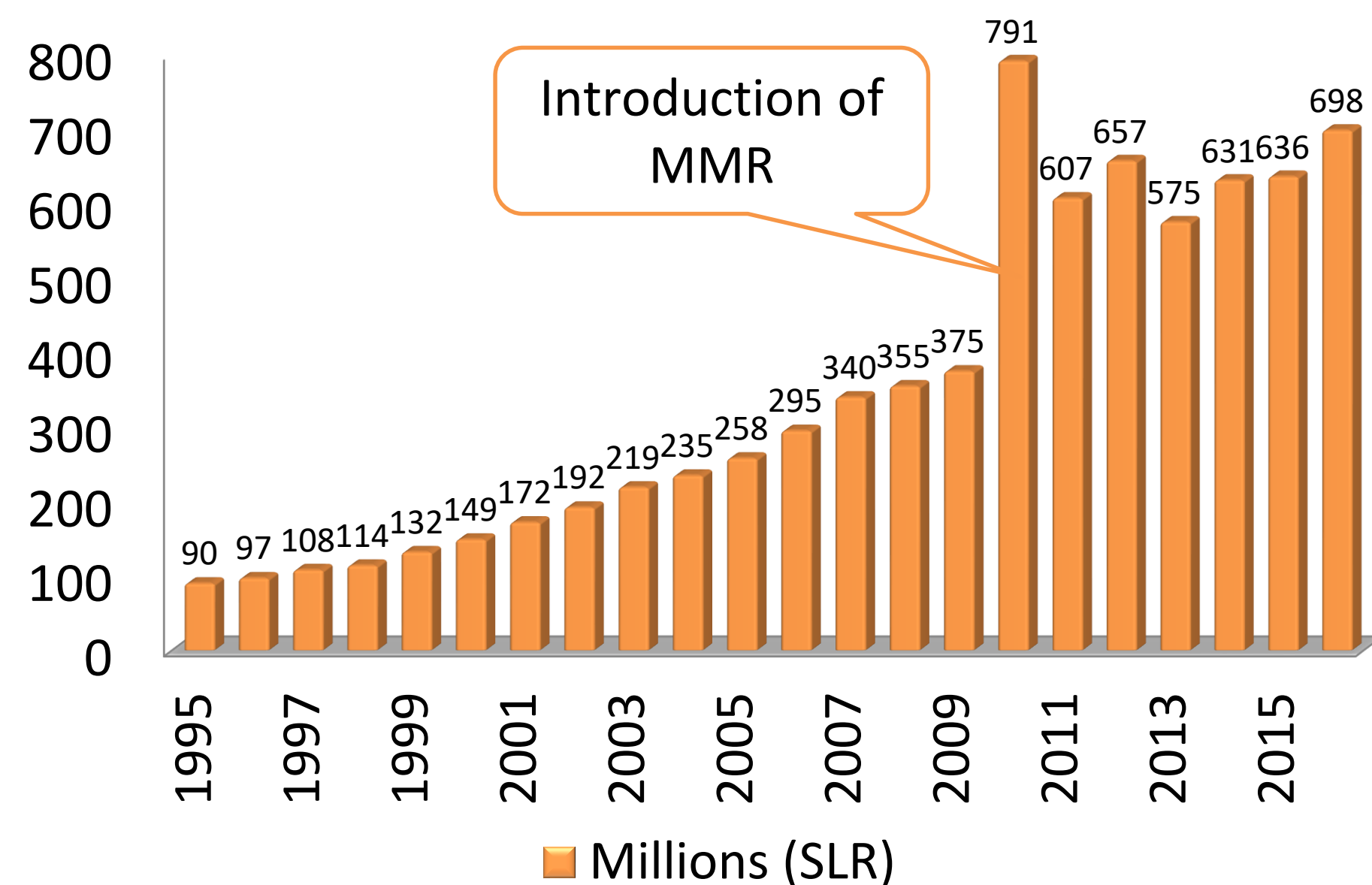
#### Where the country is in terms of the timing of transition of Gavi support:

- Since 2015 Sri Lanka is considered as GAVI graduated country.
- Currently there is no GAVI co-financing commitment for any vaccines.
- Currently Sri Lanka is not getting GAVI HSS grant
- In 2015 country got GAVI graduation grant and all the activities were completed
- Under polio end game programme from 2015-2018 country is expected to get required IPV vaccines for the EPI programme through GAVI
- In 2017, Sri Lanka got 50% of required HPV vaccines (only for the introductory year) and HPV vaccine introductory grant (2.4US\$ per child, only for the introductory year)

#### New vaccine introductions with Gavi support:

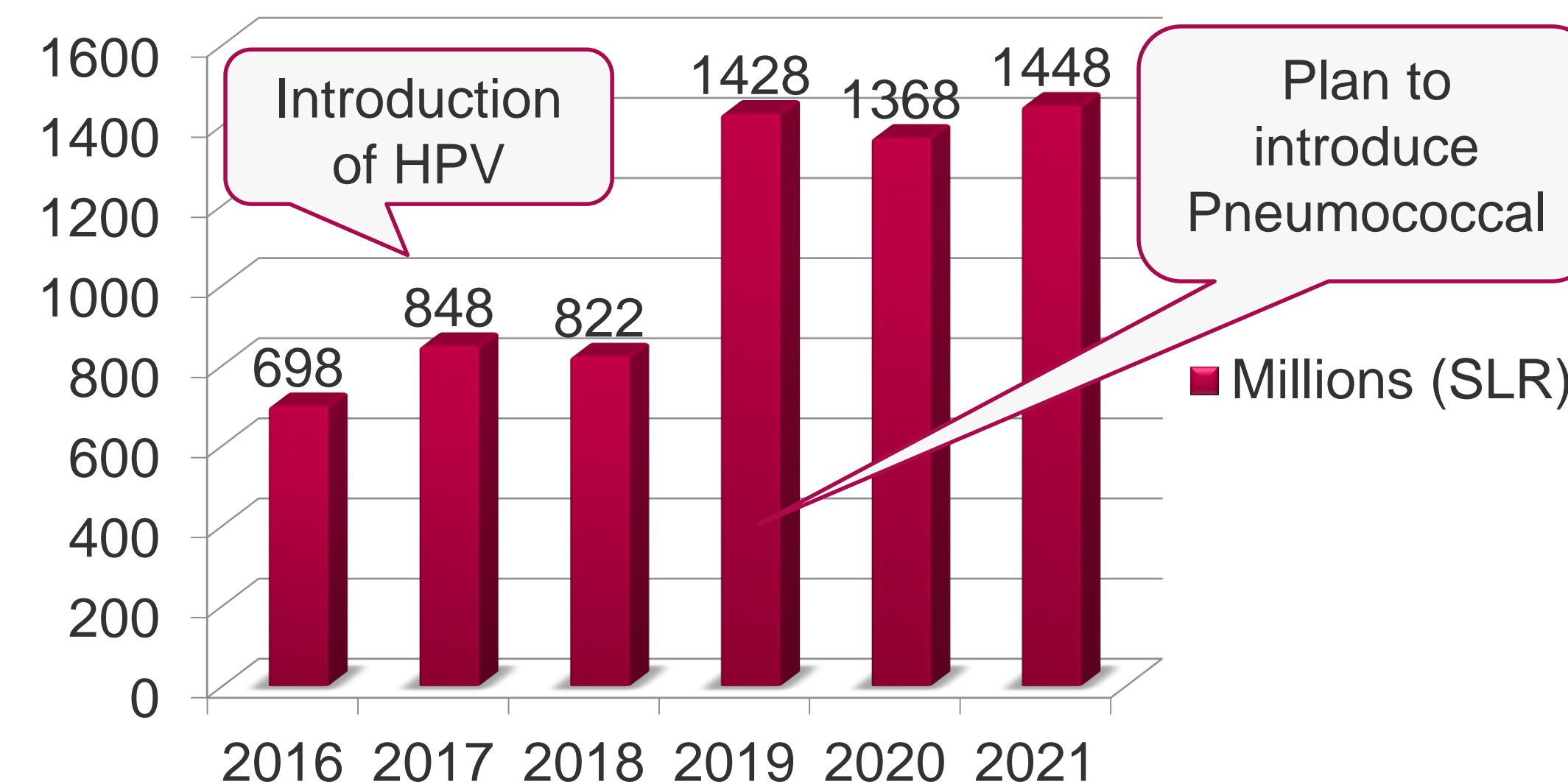
- GAVI funded Hepatitis B vaccine in 2004-2007
- Penta vaccine in 2008 to 2014
- IPV in 2015 -2018

#### Vaccine financing for procurement of vaccines for NIP 1995-2015



### 2. Financing

#### Projected costs for vaccine procurement (SLR), 2017-2021



#### Securing Financing:

- Sri Lanka is having totally free health care delivery system
- Government is committed to provide necessary funding support for the implementation of National immunization programme. This commitment was ensured through the National immunization policy.
- Country is having separate budget line within the national health budget for procurement of vaccines for the National immunization programme. This budget line is subjected to update annually based on the national immunization programme requirements.

### 3. Procurement

#### Method:

- All EPI vaccines except HPV procured through direct self-procurement process since 1995.
- In 2017, only HPV vaccine procured through UNICEF SD, because procurement through UNICEF was needed to get Gavi promised price (US\$4.5)

#### Challenges:

- Increased cost of vaccines
  - High cost of new vaccines
  - Increased cost of routine vaccines
  - Devaluation of the Rupee against US Dollar
- Increased public demand for new and combine vaccines
- Limited number of vaccine products registered with NRA
- Non availability of local suppliers for some vaccine products
- Required number of vaccine doses are relatively small compared to larger countries, causing less interest from vaccine manufacturers and less country bargain power
- Adverse international market trends e.g. Reduce production of low cost traditional vaccines (DPT,DT)

### 3. Procurement (cont.)

#### To address the procurement challenges:

- Ensure government commitment for the availability of efficacious, safe and quality vaccines for the public through National Immunization policy.
- Availability of separate budget line for vaccine procurement within the health budget
- Exploring moving from annual vaccine procurement process to three years Long Term Agreement with manufacturers, which will result in obtaining better procurement deal.
- Ensure adequate vaccine buffer stocks at each level National (6M) District (3M), Divisional (2 M)
- Encourage registration of more vaccine suppliers and products

### 4. NITAG

- Sri Lanka is having well establish NITAG to advice ministry of Health regarding immunization related policy issues.
- The NITAG structure is consistent with WHO recommendations
- NITAG usually has quarterly meetings
- More than 5 different areas of experts represented the NITAG; Epidemiologists, Microbiologists, Virologists, Vaccinologists, Pharmacologists, Paediatricians, Physicians, VOGs, Professional colleges, academia

### 5. Coverage and Equity

- Over the last 10 years Countries National EPI programe was able to achieve and maintained over 95% coverage for all the EPI vaccines in all administrative districts.

### 6. Transition Plan

- Country has developed a National Immunization policy in 2014
- National immunization policy was endorsed by the cabinet of ministers in 2015.
- National immunization policy was published as government Gazet notification in 2016.
- Currently in the process of developing National immunization policy implementation strategic plan.
- Currently in the process of developing immunization legislative Act

### 7. Graduation Grant

- Sri Lanka got a GAVI graduation grant of US\$ 87,004
- Epidemiology unit (main immunization programme implementation agency) was responsible for receiving and managing the grant
- Grant used for:
  - Facilitating the implementation of national level electronic immunization related data management system
  - Development of immunization related risk communication plan and train health workers
  - Capacity building of district cold room logistic focal persons
  - Provision of IT facilities at district cold room
- Total grant was utilize within the stipulated time of one year (3rd Q 2015 – 3rd Q 2016)
- Challenges with grant
  - Country had received the grant with significant delay.
- Successes with grant
  - Country was able to utilize said grant effectively to improve the immunization services further.

### 8. Key Lessons

- Strong government (political) commitment towards immunization programme
- Having separate budget line within the National health budget for procurement of vaccine
- Availability of well-established time tested strong routine monitoring and evaluation mechanism for immunization programme covering each level (National, district and divisional)
- Rational and evidence based introduction of new vaccines.



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