Sudan

Managing the Transition from Gavi Assistance

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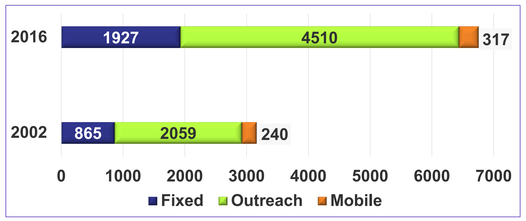
1. Background Information

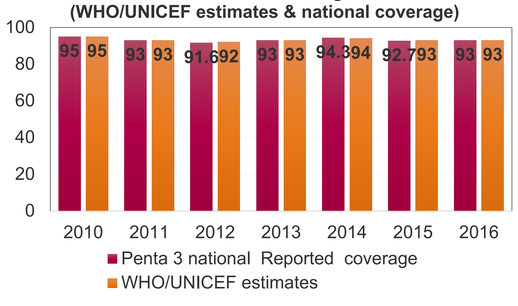
Total pop	= 44,571,144
< 1 pop.	= 1,520,161
< 5 pop.	= 7,033,567
States	= 18
Localities	= 189

Expansion of EPI services network up to 2016

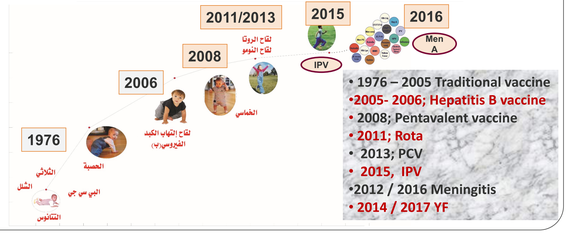


- Sudan will enter accelerated transition phase in 2020 – fully self-financing 2025
- Current HSS grant until 2019
- Introduction of YF vaccine into the routine immunization system: Planned for 2019
- Introduction of Rubella vaccine to under-one children targeted group with demonstration of disease burden: Planned for 2019
- Introduction of HPV vaccine to girls of 14 years age, with demonstration of disease burden

Sudan DTP3/Penta3 coverage, 2010-16 (WHO/UNICEF estimates & national coverage)



New and underused vaccines in Sudan



2. Financing

EPI expenditure, 2015-2016

Years	Total Cost for Vaccines & Injection Supply	Funding Source		
		Gavi	Government	UNICEF
2015	37,964,399	34,220,000	3,744,399	2,700,000
2016	40,238,286	32,740,353	4,092,078	3,405,856

Resource requirement for Routine vaccines, 2017 - 2020:

Cost category	2017	2018	2019	2020	2017-2020
Vaccines (routine vaccines only)	$46,939,428	$48,855,852	$62,451,027	$63,545,272	**$221,791,579**
Traditional	$2,177,795	$2,282,198	$2,279,806	$2,360,604	**$9,100,403**
Underused	$11,966,900	$12,482,049	$17,321,779	$17,544,611	**$59,315,339**
Normal	$32,794,733	$34,091,605	$42,849,442	$43,640,057	**$153,375,837**

Key challenges for securing financing:

- Expenditure in Health is still not the Government priority with current total health expenditure. Although showing slightly increasing trend
- Within health sector the priority is curative services
- Frequent health emergencies (disease outbreak, refugees, internally displaced populations, etc.) become a priority for funding with availed resources effected
- In relation to Gavi funding: delays in fund transfer to the country due to sanctions; however, the issue was solved by putting EPI service delivery as the top priority for HSS grant implementation and use of existing in country Gavi fund for service delivery
- As of MoH; activities planned to be implemented through MoF support usually gets delayed due to delayed receipt of fund from MoF. (currently working to address it through extensive advocacy with MoF

3. Procurement

- Vaccines are procured through UNICEF Supply Division.

4. NITAG

- NITAG established to advise the Ministry of Health on policy-related issues related to immunization
- Core committee members are selected through ministerial decree and non-core members are selected by the core group.
- A clear TOR is available
- Core group: Pediatrician, Epidemiologist, Immunologist, Pharmacist, Community Medicine Physician, Research Specialist
- Meeting implementation requires 50% of the members+ 1, two meetings per year (every 6 months) and ad hoc meetings as needed

Meeting documentation

- The chair and the reporter prepare the meeting agenda.
- Distribution of the agenda and the required supporting documents to the members happen at least one week before the meeting through email contact.
- Meeting minutes are distributed to the members 1-2 weeks after the meeting through email or other means.
- Recommendations should be reported to the Minister of Health with a copy to the undersecretary.
- Decision making process will be reached by consensus.
- If a consensus is not reached the chair person will make a decision on the final recommendation, noting in the minutes that (in regard to this specific issue) a consensus was not reached.

5. Coverage and Equity

Equity:

- The inequities in immunization services may include differences between populations in terms of ethnicity, gender or socioeconomic status. In 2002, Sudan implemented Reaching Every District (RED) approach, which supports efforts to ensure equity in immunization services
- Immunization services are free of charge even if offered through private clinics, ultimately it is affordable for the poor equally as the rich child
- Annual special plans to reach the children in hard to reach places (e.g. nomads, IDPs or closed areas) are developed and the implementation is closely monitored by the Federal Ministry of Health jointly with partners
- Mapping of the active partners and their comparative advantages for improving immunization services delivery in the specific areas




Coverage and Equity Cont'd

Challenges:

- Delivery of immunization services to security compromised areas (Darfur states, SKO, BN) and to other special groups (Nomads, IDPs, & Ethnic groups)
- Influx of refugees and cross-border issues (surveillance, outbreak prevention and vaccination)
- HR (lack of staff, turn over, etc.)
- Achieving and sustaining 95% coverage of Penta3 as national figure
- Transportation for mobile & supervision activities
- Ensuring community participation and involvement in all EPI activities at all levels.

Steps being taken:

- Improvement of accessibility in inaccessible areas through partnership and a special agreement with the community leaders
- Capacity building and replacement training (basic- MLM – cold chain)
- Strengthening supportive supervision and feedback
- Special plans considering the special population

6. Transition Plan

- N/A

7. Graduation Grant

- N/A

8. Key Lessons

- Efficient utilization of resources.
- Comply with all WHO Standards for quality EPI program, disease elimination and eradication.
- Performance based Reward.
- Evidence based decision.
- Increase demand for Immunization services.
- Accountability.
- Win-win integrated approach.
- Partnership

Gavi The Vaccine Alliance

LNCT Learning Network for Countries in Transition

Bill & Melinda Gates foundation