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Learning Network for
Countries in Transition

LNCT Member Highlight

Sri Lanka's Transition from Gavi Support

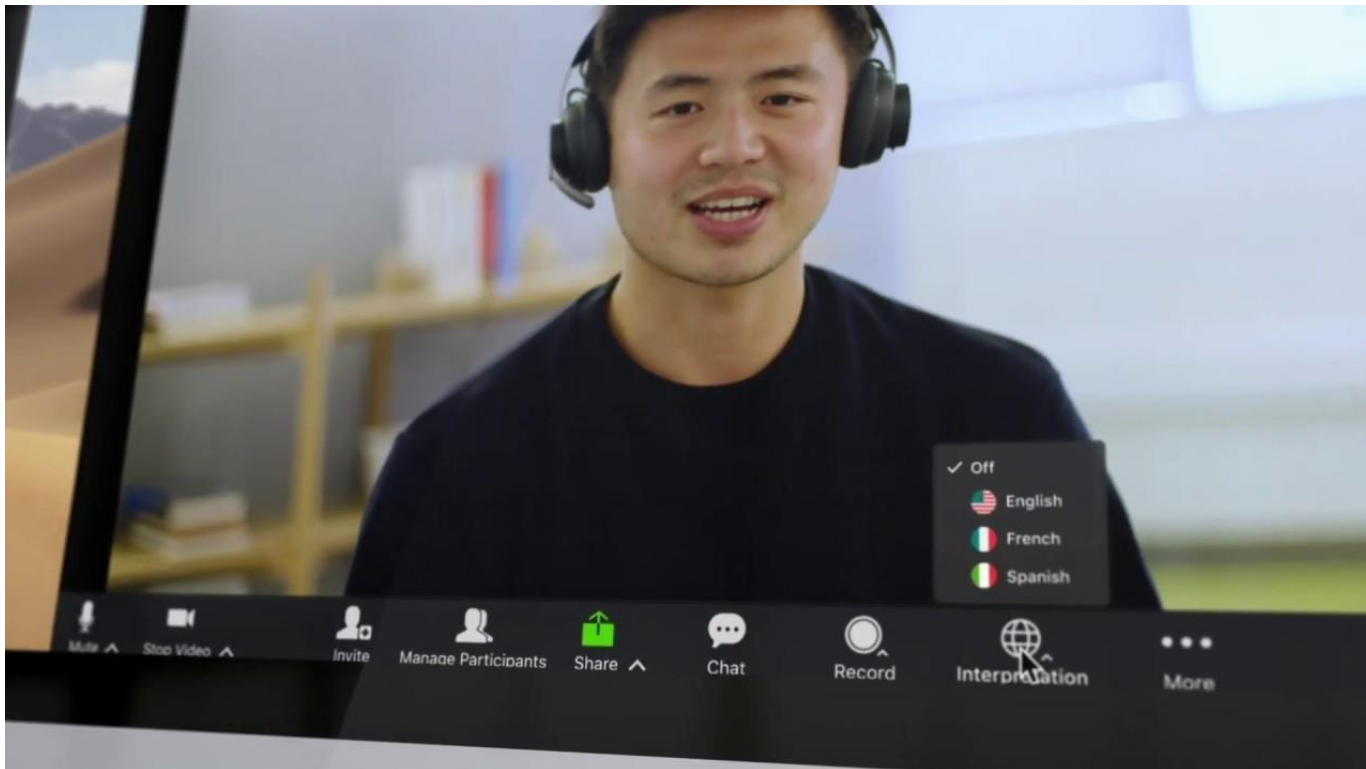
November 19th 2020

Interpretation

1. At the bottom of the screen, select the “Interpretation” function.

2. English and Portuguese options will appear.

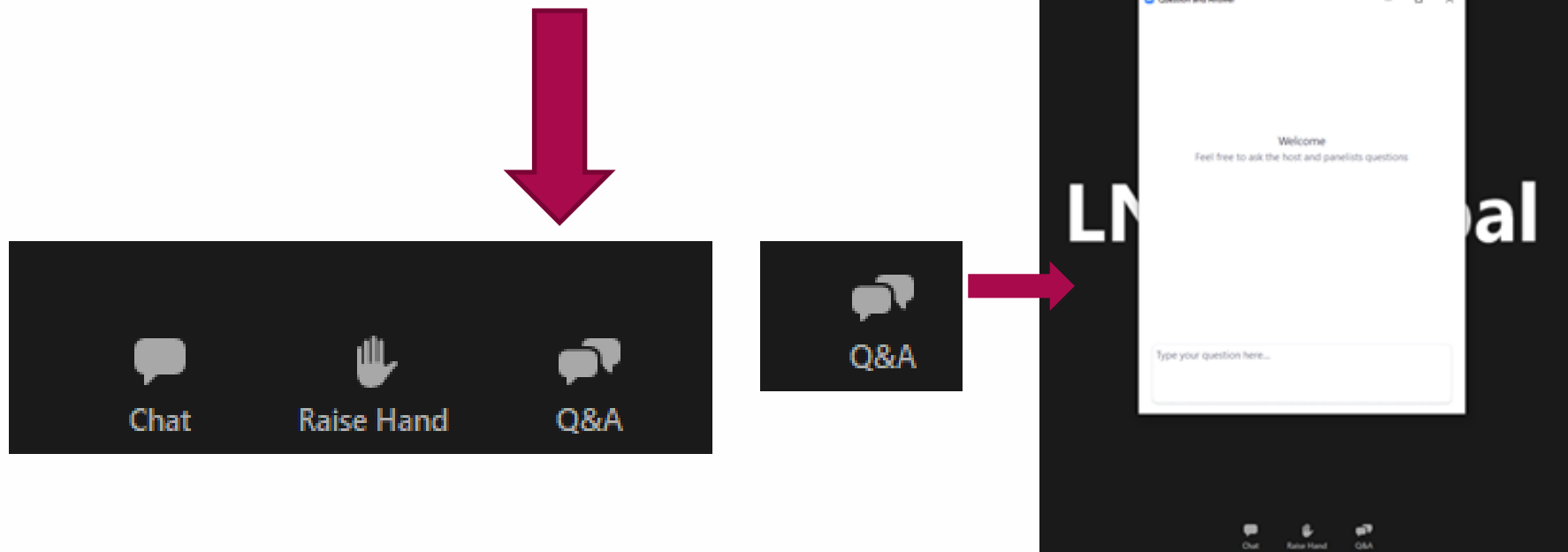
3. Select your preferred language.



Throughout the presentations, place questions in the Q&A box

Find the Q&A button at the bottom of your screen and click

A Q&A box will open in the middle. Enter your question there.





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Biographies and Introduction

November 2020

Dr Ravi Rannan-Eliya – Institute for Health Policy

Presenters

Dr Nihal Abeysinghe

- Public health specialist 1983–2008; Chief Epidemiologist 2003–2008, MOH Sri Lanka
- Regional Advisor, Vaccine Preventable Diseases and Team Leader, Immunization & Vaccine Development Unit, WHO-SEARO – Coordinated establishment of National Immunization Technical Advisory Groups (NITAGs) in WHO-SEAR
- Currently President, College of Community Physicians of Sri Lanka



Dr Sudath Peiris

- Regional Epidemiologist 1985–1996; EPI Program Manager 1996–2015, Ministry of Health Sri Lanka
- Currently WHO Immunization Technical Officer, Timor Leste



Presenters

Dr Sudath Samaraweera

- Consultant Community Physician, MOH Sri Lanka
- Currently Chief Epidemiologist, Epidemiology Unit, MOH Sri Lanka





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Securing funding for immunization: Potential lessons for other countries



Dr. Nihal Abeysinghe

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Former Chief Epidemiologist/EPI Manager
Former Regional Advisor for Vaccine Preventable
Diseases in WHO SEARO

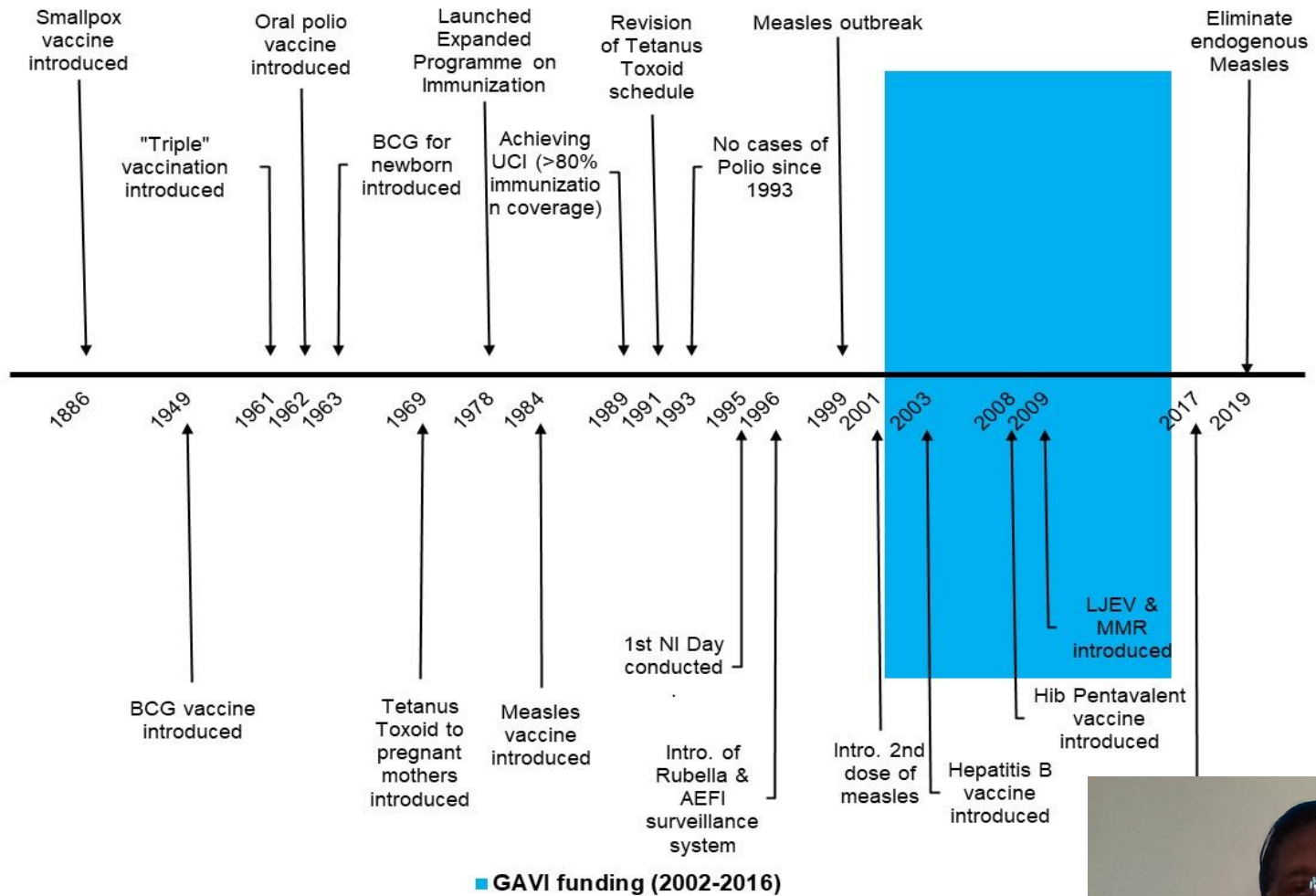


Understanding the value of immunization

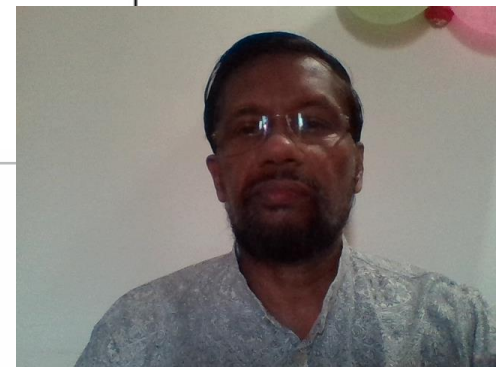
- Strong public health infrastructure; establishment of health units since 1926
- The top MOH leaders are doctors by institutional design and hence it is easy to convince them if adequate evidence is made available
- High health literacy due to the universal education opportunities made available by successive Governments since 1950s can understand its value



Important milestones

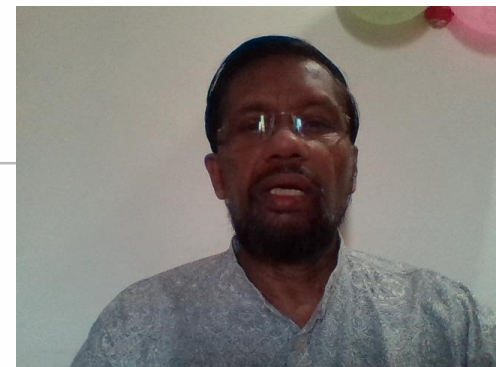


■ GAVI funding (2002-2016)



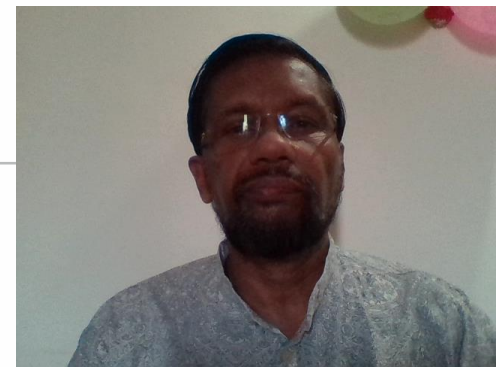
Decision making on new vaccines introduction : the process

- Advisory Committee on Communicable Diseases – (equivalent to NITAG)
- Role of the Epidemiology Unit
- Collection of evidence: disease incidence, mortality, vaccine information (efficacy, effectiveness) cost, logistics need
- Technical discussion
- Exploration of availability of different products; other country experiences
- Awareness, advocacy, negotiations
- Securing funds
- Decision making



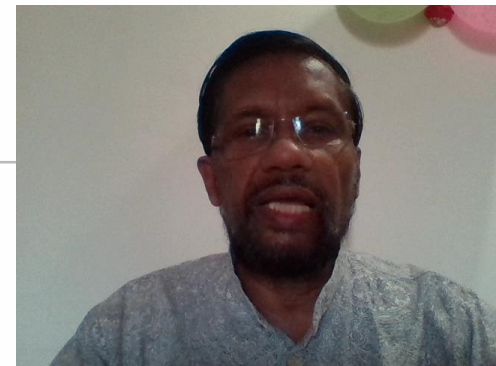
The success: the difference

- The Context : achievements before 2000
 - Team work
 - Commitment
 - Recognition: MoH, Public, Politicians, Treasury
 - Opportunities for becoming experts
 - Continuous Professional Development
- The basis
 - As a disease control strategy
 - Monitoring & Evaluation
 - WER
 - Quarterly reports
 - Quarterly surveillance & EPI reviews
 - EPI/CDD/ARI surveys



The challenges

- Ensuring annual funding
- Product availability
- Procurement & supply issues
- Sustainability





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Building local capacity and technical leadership: Lessons for other countries

Dr. Sudath Peiris

Former Assistant Epidemiologist/Deputy EPI Manager

Technical Officer for Vaccine Preventable Diseases , WHO Timor Leste

November 2020



Historical commitment to local healthcare capacity and expertise

- Provision of health care to the public and fostering of indigenous medicine accepted as key responsibility by ancient kings of Sri Lanka
- Recruitment and training of local health workforce expanded significantly after introduction of universal free education in 1930s
- Medical department the first department to brought under the control of Sri Lankan managers during 1930s
- Establishment of Public Health Units (Medical Officer of Health System) commenced in 1926 – Provision of public health services headed by Medical Doctor and group of field level health workers



Commitment to local medical/public health training

- Local training of Western medical doctors started in 19th Century during British rule
 - First local medical school started in 1848 and first government school in 1870
 - Access to medical schools on merit and free since 1930s
- Senior MOH officials required to have postgraduate training in public health or management since 1960s
- Postgraduate Institute of Medicine (PGIM) established to provide full specialist training within country (1976)
 - Local specialist qualifications mandatory for specialist posts
 - One of the first courses established was MSc/MD in Community Medicine
 - MSc/MD in Medical Administration established in 1995
 - All public health doctors and specialists now trained and groomed in Sri Lanka
- All field public health staff also trained by MoH in National Institute of Health Sciences



Immunization seen as tool for disease control, not extension of MCH

- Sri Lankan health planners used immunization as a tool for disease control from the beginning and not as just another MCH service
- Long before global EPI programme launched, MoH using vaccination to control Smallpox, BCG, Typhoid, Cholera, Tetanus, Diphtheria and Pertussis.
 - At national level, immunization services part of National Epidemiological Service
 - At district and grass-roots level, immunization services fully integrated to general public health services
- Therefore, there is no identifiable immunization programme as such in Sri Lanka, and only a few medical specialists at national level engaged full-time in managing immunization related work
 - No other dedicated immunization staff
 - Results in low unit cost in provision of immunization services



Sri Lankan experience in vaccine self procurement and how Sri Lanka managed the transition to post-GAVI, vaccine procurement and potential challenges.



Sri Lankan experience in vaccine procurement

- Local self-procurement the norm before international support
 - National medicines formulary, essential medicines list and global tender used for medicines since 1950s
 - Cabinet insisted that medicines procurement should remain centralized, rejecting proposals to decentralize in 1950s
- 1990: Vaccines self-procurement started
 - Purchaser for MoH: State Pharmaceutical Cooperation (SPC)
 - Regulator: National Medicine Regulatory Authority (NMRA)
 - WHO pre-qualification minimum benchmark for quality assurance
- 1995: All EPI vaccines self -procured by international competitive tender
 - All vaccines self-financed
 - **JE vaccine and MMR vaccines introduced without donor funding**



Sri Lankan experience in vaccine

- With start of GAVI, MoH determined not to rely on donors for vaccines, as these are first priority for government spending:
 - All National Immunization Programme (NIP) vaccines remain 100% self-financed from 1995
 - GAVI funding used only for:
 - Hep B 2004–2007 (**Free**)
 - Penta vaccine 2008–2014 (**Co-financing only**)
 - IPV 2015–2018 (**Free**)
 - HPV 2017 (**One birth cohort free, introduced after GAVI transition**)
- To ensure regular funding, MoH has dedicated budget line for vaccine procurement
 - Sabine vaccine Institute initiative on sustainable immunization financing



Sri Lankan experience in vaccine

- Despite dedicated, stable budget line, problems exist:
 - Frequent delays in starting LoCs was experienced due to government cash flow problems
- Coping strategies
 - Direct advocacy by EPI staff to MoH leadership/Treasury when necessary to release funds that might result in out-of-stock position
 - Maintaining minimum 6m buffer stocks at national level
 - Precautionary approach to new vaccine introductions without succumbing to pressure – **Sustainability**
 - Stringent process in decision making with disease burden studies and economic evaluations (Rotavirus/PCV vaccines yet to be introduced and HPV introduced only after vaccine market price become affordable – **GAVI LTA Price**)





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COVAX facility

Dr Sudath Samaraweera

Chief Epidemiologist, Epidemiology Unit, MOH
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Question and Answer