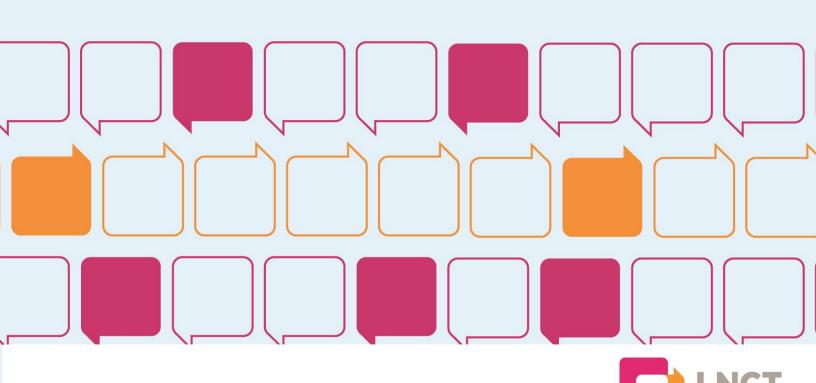
WORKSHOP REPORT

Financing and Managing Immunization Programs in Decentralized Contexts

April 20-22, 2021



Countries in Transition

Table of Contents

Summary of Country Experiences	2
Introduction:	3
Day 1:	3
Session 1: Coverage, Equity and Gavi Transition in Decentralized Contexts: Challenges and Opportunities	3
Session 2: Facilitated discussion: Emergency response in decentralized contexts: The example of COVID-19	4
Session 3: Small group discussions: Decentralization challenges and opportunities	5
Day 2:	6
Session 1: Programmatic sustainability and health-sector decentralization: key issues for immunization programs	
Session 2: Panel: Strategies for overcoming programmatic challenges - Experiences from Nigeria, Pakistan, and Brazil	7
Session 3: Collaborative problem-solving session: Building local ownership and accountability for implementation of Nigeria's Basic Health Care Provision Fund	9
Day 3:	. 10
Session 1: Understanding immunization financial flows and financing in decentralized contexts	.11
Session 2: Open discussion on remaining topics	.12
Session 3: Next steps and action planning	.12
Annex 1: Agenda	.14
Annex 2: Participant List	.16
Annex 3: Virtual engagement lessons learned	. 19
Annex 4: Evaluation Results	20

Summary of Country Experiences:





BRAZIL

 COVID vaccine roll out highlights how even strong decentralized routine immunization programs may not be prepared to manage emergency response (p. 9)



NIGERIA

- Decentralization of some COVID vaccine roll out and financing responsibilities leads to efficiency gains (p. 5)
- COVID response provides opportunities for strengthening electronic data systems (p. 7), reinforcing health worker training, & highlighting value of immunization (p. 12)
- Peer Learning Exchanges provide learning opportunities & incentives for states to strengthen routine immunization performance (p. 7)
- Roll out of Basic Health Care Provision Fund demonstrates the importance of building local ownership, accountability, & political will (p. 9)
- Community engagement structures built for polio elimination are repurposed for COVID response (p. 12)
- See Nigeria's action plan (p. 12)



PAKISTAN

- Re-centralization of vaccine procurement and financing is necessary to ensure efficiency & take advantage of economies of scale (p. 8)
- External audits, data quality self-assessments, & community-based organization engagement help ensure local accountability for funding (p. 10)
- Strong coordination between levels of government strengthens COVID response (p. 12)
- See Pakistan's action plan (p. 13)



REPUBLIC OF CONGO

- Close coordination between national & local health officials leads to improved routine immunization coverage during COVID-19 pandemic (p. 5)
- Direct transfers of funds from national treasury to subnational level alleviates funding bottlenecks (p. 11)
- See Republic of Congo's action plan (p. 12)



THAILAND

 Maintenance of strong central control over financing for some aspects of the immunization program ensures continuity of supply chains (p. 11)



VIETNAM

- Increased role for provincial governments in immunization operational costs leads to efficiency gains for COVID response (p. 5)
- Analysis & advocacy around expenditure & funding flow issues leads to increased funding for immunization at all levels (p. 11)

Introduction:

On April 20-22, 2021, LNCT held its second virtual workshop, *Financing and Managing Immunization Programs in Decentralized Contexts.* **LNCT delegates from Cote d'Ivoire, India, Nigeria, Pakistan, Republic of Congo, and Vietnam** convened online for three days of focused exchange on understanding the implications of decentralization for immunization coverage and equity in relation to routine immunization and the COVID-19 emergency response. The workshop aimed to offer solution-oriented support for common decentralization-challenges identified by country participants, with a focus on strategies that were within the capacity of attendees to implement. Delegates included representatives from Ministries of Health, Ministries of Finance, subnational governments, and partners, who were in attendance to support the country delegation presentations, participate in country dialogues, and support any follow-up actions identified by the country delegations during the workshop. The goals of the workshop were to understand:

- How does decentralization affect the financing and implementation of immunization programs and what is the impact on the program's coverage and equity goals?
- What is the impact of decentralization on emergency response, such as in the case of COVID vaccine roll out?
- What are common financial and programmatic challenges and opportunities for immunization programs in decentralized LNCT countries?
- What strategies have countries successfully used to overcome or mitigate common decentralization-related challenges?

This report summarizes the key presentations and discussions that took place during the workshop. The workshop agenda can be found in Annex 1. Annex 2 contains the list of country delegations, facilitators, and partner organization participants. Annex 3 includes some reflections on the successes and challenges of hosting a virtual workshop, and Annex 4 summarizes feedback from the workshop evaluations completed by participants.

Day 1:

The workshop was opened by Ganiyu Salau, LNCT Steering Committee Member from Nigeria, and Kim Harper from Gavi, the Vaccine Alliance. Both speakers highlighted the importance of addressing challenges related to immunization program and financial sustainability, Gavi transition, and COVID-19 response in the context of decentralization present in many of LNCT's countries. The first day of the workshop aimed to frame the discussion of decentralization in terms of its impact on immunization programs and introduce some of the key opportunities and challenges that decentralization presents for immunization coverage and equity.

A <u>recording of the day</u> can be found on LNCT's website, along with the presentations in <u>English</u> and <u>French</u>.

Session 1: Coverage, Equity and Gavi Transition in Decentralized Contexts: Challenges and Opportunities

The first session framed the discussion of decentralization in terms of what it means for immunization program structure, coverage, and equity. It explored how **decentralization's impact on immunization programs is largely determined by how the reform is implemented**, the type (fiscal, administrative, political) and degree (deconcentration, delegation, devolution) of decentralization, **and the level of support that is offered to subnational governments**. While decentralization is often introduced without input from the health sector, immunization program managers at all levels can still have role in determining its impact on immunization.

Decentralization can offer significant opportunities for improving immunization coverage and equity. For example, under a decentralized system, subnational governments may have the authority to

adapt solutions to local contexts and rapidly respond to local crises. There may be greater local accountability and opportunities for minority representation. At the same time, decentralization often introduces new programmatic and financial challenges such as a lack of clarity in roles and responsibilities, new funding bottlenecks, a lack of program management and technical capacity at subnational levels, and a lack of mechanisms for the equitable distribution of resources between regions. These challenges may result in drops in coverage or magnify existing inequities.

During Gavi transition, countries may need to rely on greater revenue raising and budgetary allocation at the subnational level to support the immunization program. As immunization activities become less reliant on external funds managed at the national level, the immunization program may become more decentralized, and governments will have to address shifts in program management responsibilities, budgeting processes and financial flows. To respond to these shifts, the national government can benefit from engaging subnational governments and stakeholders in the Gavi transition planning process.

Country Experiences:

- Based on a poll of workshop attendees, LNCT countries generally perceive that decentralization tends to create more opportunities for immunization equity but more challenges for coverage.
 - Opportunities include (e.g. Nigeria, Vietnam) improved access, flexibility, more rapid response to local challenges, greater local accountability
 - Challenges include (e.g. India, Nigeria, Pakistan, Republic of Congo): availability and continuity of financial resources, subnational implementation capacity, defining roles at various levels, coordination

Key Takeaways:

- Decentralization is neither a cure-all for improving immunization coverage and equity nor an obstacle to managing an effective immunization program. Ultimately, the impact of decentralization on immunization programs is dependent on how the reform is implemented and the level of support offered to subnational governments.
- Decentralization can have a wide-ranging impact on immunization programs, shifting program management and financing responsibilities, introducing new stakeholders, and changing how funds and other resources are mobilized.
- Decentralization can offer opportunities to increase coverage and equity by allowing subnational governments to adapt to their local contexts and increasing local ownership and accountability, but it can also magnify existing weaknesses and inequity in a system.
- Coordination between key stakeholders, clear assignments of roles and responsibilities, alignment of funding and program responsibilities, support for subnational capacity development, and a commitment to immunization at all levels are key to building a strong immunization program in decentralized contexts.
- As immunization programs transition from being primarily supported by funds managed at the
 national level to domestic financing coming from multiple levels of government, they will need to
 build capacity of subnational governments to contribute to immunization program management
 and financing and engage them in the transition process.

Session 2: Facilitated discussion: Emergency response in decentralized contexts: The example of COVID-19

In this session, Miloud Kaddar, a technical advisor to the LNCT Network, discussed decentralization in the context of emergency response. The challenge of maintaining routine immunization activities and immunization coverage during the COVID-19 pandemic and efficiently rolling out the COVID-19 vaccine has highlighted some **key weaknesses in immunization systems**, including:

- Insufficient emergency preparedness.
- Lack of capacity for managing immunization programs and responding to vaccine hesitancy at subnational levels.

Insufficient financing for immunization operational costs.

Drops in immunization coverage as a result of these challenges could create additional burdens on already stressed and constrained health systems and result in drops in coverage and outbreaks of vaccine preventable disease. During this session, speakers from the Republic of Congo and Vietnam presented on how decentralization impacted emergency response to the COVID-19 pandemic, sharing some of the biggest challenges they faced and the strategies they developed to mitigate them.

Country Experiences:

- In the **Republic of Congo**, immunization coverage dropped by 16% in the first half of 2020¹ due, in part, to disruptions in the supply chain and drops in vaccine demand. Dr. Alexis Mourou Moyoka explained how the Republic of Congo was able to successfully conduct catch-up campaigns by sharing tools, communication plans and other knowledge with local and regional departments and involving them in major decisions. The combined efforts of all levels of government together with close monitoring at the national level led to a 10% gain in immunization coverage in the second half of the year.
- In Vietnam, local governments have taken on an increasing share of financial and programmatic responsibilities over the last four years and are responsible for covering the operational costs of COVID-19 immunization. Dr. Dang Thi Thanh Huyen and Dr. Duong Thi Hong revealed how limited investment from local governments have resulted in a decrease in outreach sessions and insufficient resources for the immunization program. However, these challenges were partially mitigated by the fact that the decentralized structure allowed some provincial governments to use their authority to reallocate budgets to address immunization program needs more effectively during the pandemic.
- Nigeria has decentralized at least some COVID roll out and financing responsibilities to the subnational level. This provides flexibility but also presents a need for leadership, guidance, and capacity building.
- Pakistan highlighted that emergency response requires a more centralized approach than does routine immunization. Provinces that were already overburdened by high COVID disease incidence and diverting resources to COVID patient care were unable to take on the additional responsibility of COVID vaccine introduction. Therefore, in order to ensure an efficient response and targeted strategy, some functions like COVID vaccine procurement were centralized while provinces were encouraged to contribute additional resources.

Key Takeaways:

- COVID vaccine introduction has demonstrated a need for emergency response planning, learning about the roll out, and a more sustainable model for routine immunization.
- Decentralization can pose some coordination and mobilization challenges for emergency response, but it can also help countries rapidly adapt their response to local contexts and needs.

Session 3: Small group discussions: Decentralization challenges and opportunities

Participants were then divided into small groups to engage in cross-country dialogue around decentralization challenges and lessons learned related to routine immunization and COVID-19 response. India met with Vietnam while Pakistan met with Nigeria. Congo met with Cote d'Ivoire before Cote d'Ivoire dropped due to connectivity issues and Congo continued its discussion with the LNCT Network Coordinators. Highlights from these group discussions, as recorded on country Jamboards, are summarized below.

Key immunization program challenges related to decentralization in LNCT countries

Challenge Country Jamboards Mentioning this Challenge

¹ Coverage rates dropped from 79% at the end of 2019 to 63% by June 2020.

Ensuring funding accountability at subnational	India, Nigeria, Pakistan
levels	
Ensuring timely and accurate data collection	India
Coordination of activities across levels of	India, Nigeria, Republic of Congo, Vietnam
government	
Inadequate or inequitable financial resources for	Nigeria, Pakistan, Vietnam
immunization at subnational level, particularly in	
the context of increasing Gavi co-financing	
commitments	
Low subnational program management capacity	Pakistan

Key COVID vaccine introduction challenges related to decentralization in LNCT countries

Challenge	Country Jamboards Mentioning this Challenge	
Efficient and even mobilization of resources	Pakistan, Vietnam	
Coordination around planning and policy	Pakistan, Republic of Congo	
Subnational capacity/prioritization of hesitancy	Nigeria, Republic of Congo	
management and communications		
Availability of timely/accurate data, especially on	India, Vietnam	
hesitancy and VPD/AEFI surveillance		
Sustainability of human resources at the	Vietnam	
subnational level		
Efficient supply and cold chain management	Republic of Congo	

Key lessons learned for immunization programs related to decentralization in LNCT countries

Lesson	Country Jamboards Mentioning this Lesson
Importance of clear definition of roles and	India
responsibilities	
Need for indicators, norms, and guidelines for	India
accountability	
Gavi transition as an opportunity to better engage	Republic of Congo
local levels in immunization service delivery,	
planning, and financing	
Need for lessons learned and better planning for	Vietnam
emergency response	

During these discussion sessions, countries noted that, during the workshop, they hoped to learn strategies for:

- Closing gaps in routine immunization coverage as a result of the pandemic (India)
- Strengthening surveillance (India)
- Strengthening aspects of a decentralized system that provide opportunities for improving immunization coverage or equity (Congo)
- Managing hesitancy and AEFI response, based on experiences from other LNCT countries (Vietnam)
- Managing COVID vaccine roll out, based on experiences from other LNCT countries (Vietnam)

Day 2:

The second day of the workshop focused on programmatic sustainability in the context of decentralized routine immunization and emergency response, such as the COVID-19 response. It highlighted key topics including the importance of clearly assigning roles and responsibilities between levels of government, of the role of the central government in providing leadership and coordination, and of putting structures and plans in place to allow efficient response to national emergencies.

A <u>recording of the day</u> can be found on LNCT's website, along with the presentations in <u>English</u> and <u>French</u>.

Session 1: Programmatic sustainability and health-sector decentralization: key issues for immunization programs

In this session, Jhoney Barcarolo, a Senior Advisor to the LNCT Network, presented key challenges and strategies for ensuring programmatic sustainability for immunization programs in decentralized contexts. He noted that although vaccine financing is a key component of a successful transition from Gavi support, immunization program sustainability also requires effective program management and implementation of immunization activities. Programmatic sustainability is not only about results — a country can reach high and equitable coverage but be unable to sustain those results once donor support ends. **Programmatic sustainability is related to the non-financial capacities required to sustain and improve the program performance after transition — these include leadership and management, budgeting and execution, procurement and supply chain, demand generation, data, and service delivery.**

Countries may be faced with challenges as they begin the decentralization process and thus should be prepared with strategies to mitigate them. Mr. Barcarolo outlined strategies for mitigating some of the most common challenges immunization programs faced in decentralized contexts. He noted that in the past year, the COVID-19 pandemic has exposed programmatic vulnerabilities at multiple levels of health systems worldwide. Countries should reflect on key challenges and lessons learned and consider how to strengthen system weaknesses moving forward.

Country Experiences:

Nigeria is taking advantage of the electronic data management system rolled out for COVID vaccine registration to strengthen its electronic data infrastructure for other health programs, including routine immunization. The country hopes that electronic health records will help address long-standing challenges around data quality and use, including challenges quantifying target populations.

Key Takeaways

- Decentralization is a reform in many ways beyond EPI control, but immunization program
 managers can help shape it and leverage it to enhance the program's outreach, resilience, and
 impact.
- Clarity about programmatic roles and responsibilities is critical to ensure timely decision-making, promote mutual accountability and inform dialogue on financial responsibilities (and possible gaps). In practice, this involves mapping out all the required programmatic functions and developing a division of labor across the various levels of the program. The allocation of roles and responsibilities should reflect each level of government's comparative advantages and position within the health system.
- A high-capacity immunization program remains a key aspect of epidemic preparedness but COVID-19 has shown how much more remains to be done.
- During the pandemic, immunization is high on the agenda of decision-makers. Countries should leverage opportunities to mobilize domestic and external resources, strengthen critical country capacities, and "build (back) better".

Session 2: Panel: Strategies for overcoming programmatic challenges - Experiences from Nigeria, Pakistan, and Brazil

Mr. Barcarolo facilitated a panel highlighting strategies and challenges to ensuring programmatic sustainability for immunization in routine and emergency contexts with experiences from Nigeria, Pakistan, and Brazil.

Building subnational immunization program performance through Peer Learning Exchanges: Nigeria

In Nigeria's highly decentralized federal system, the Federal government is responsible for policy development, vaccine procurement, technical support, and tertiary care while the state and local governments are responsible for lower levels of care, routine immunization infrastructure and logistics. A major concern for their immunization program has been large disparities in immunization spending, system performance, and coverage between states, with states in the South tending to fare better than those in the North.

Low immunization coverage rates in the lower performing states have been **linked to demand-side issues**, **weaknesses in program management systems**, **and capacity** in areas such as leadership and governance, logistics and planning, service delivery, and supervision. To strengthen routine immunization systems in these lower performing states, **an innovative pooled basket funding mechanism**, which pooled state and partner resources through a Memorandum of Understanding in each state, **was established to ensure program funds were available**. At the same time, coordination mechanisms were set up to ensure high-level oversight and accountability. The secured funds were then channeled into strengthening routine immunization systems across primary health care building blocks and building institutional and personnel capacity.

Throughout this process, Solina Health, a health systems consulting firm in Nigeria, provided management and leadership support by facilitating **joint problem-solving sessions with key immunization stakeholders in the states**. During these sessions, higher-performing states led discussions on a mutually selected topic with participants jointly developing solutions and clear implementation plans with timelines for progress tracking. **These sessions have led to successes across multiple programmatic areas**, including vaccine supply chain, financial management, and demand generation, **and have provided a mechanism for the dissemination of lessons learned** to the national level and other parts of the country.

Key Takeaways

• Nigeria's subnational peer learning exchanges have been an important way to support improved immunization performance. Success factors for subnational peer learning include: a willingness on the part of state teams to work collaboratively with one another, the involvement of high-level decision-makers, the availability of adequate resources including financing and technical capacity building, a plan for disseminating learning, and the existence of a platform for cross-state and stakeholder collaboration.

Aligning procurement responsibilities and financing in a decentralized context: An experience from Pakistan

Following Pakistan's devolution in 2010, all functions related to immunization shifted to the provinces while the national government became responsible for coordination and regulation of health care across the country. At the time of devolution, Pakistan's immunization program was faced with several challenges including a rise in polio cases, measles outbreaks, a high percentage of children only being partially immunized, and immunization inequities due to accessibility and demand challenges. To improve efficiency and take advantage of economies of scale, the federal government developed a comprehensive Multi-year Plan (2014-2018) followed by a National Immunization Support Project (2015-16 to 2019-20) in consensus from the provinces. The end result was a pooled procurement system in which the federal EPI was given the responsibility to procure vaccines and vaccine related items, such as cold chain equipment, on behalf of provinces, using a pool of provincial funds. Since the pooled procurement system was implemented, Pakistan's EPI has been able to fulfill all Gavi co-financing obligations and maintain sufficient stock of vaccine at all levels for Gavi and traditional vaccines.

Key Takeaways

 As seen in Pakistan, re-centralization of some functions, like vaccine procurement and financing, may be necessary to ensure efficiency and take advantage of economies of scale.

Lessons learned from the current COVID-19 vaccine roll-out in Brazil

In 1988, Brazil's constitution established the National Unified Health System – a decentralized system with coordination and shared responsibilities at each health management level. The national level is responsible for leadership and coordination activities such as planning, vaccine procurement, distribution, communication, supervision, and capacity-building. National leadership is also in charge of coordination and close communication with state EPIs where they hold regular meetings to share experiences, challenges, and agree on joint decisions to manage operational issues.

Despite having a generally strong decentralized immunization program, Brazil has faced a multitude of challenges with its COVID-19 vaccine rollout. Since rollout began, it has become clear that there is a lack of strong leadership and coordination at the national level for addressing the pandemic. These are crucial in the context of decentralized immunization programs. The following are noteworthy examples:

- Vaccination norms and strategies are poorly developed, resulting in a lack of clarity around implementation at the municipal level.
- There is limited planning capacity at local levels due to intermittent vaccine supply.
- There has been limited social communication and mobilization activities at the national level with mixed and inconsistent messages, leaving states to develop social media communication campaigns.
- There has been a lack of timely and transparent response and clarification around AEFI events occurring globally and in Brazil, leading to increases in vaccine hesitancy.
- A recent national ruling from the federal justice department authorizes states and municipalities to perform activities usually under the responsibility of the national government, including vaccine procurement, developing norms, defining priority vaccination groups, and social mobilization.

There are a multitude of reasons for the underperformance of the EPI program in Brazil's decentralized system, which is usually very strong in routine immunization, in the context of the COVID-19 pandemic. The limited access to vaccines was a consequence of the lack of early central level engagement and support to vaccines and the acknowledgement of vaccination as an essential strategy for overcoming the pandemic.

Key Takeaways

- As seen in Brazil, strong routine immunization programs may not be equipped for strong emergency response without adequate planning and consideration for the most effective and efficient alignment of roles and responsibilities in a public health emergency.
- A key lesson learned from Brazil is that critical functions for the national government in emergencies include leadership, continuous and sustained coordination with EPI coordinators at state levels, clear and consistent messaging, vigorous and timely communication strategies, centralized procurement and distribution, and creation of robust and centralized information systems.

Session 3: Collaborative problem-solving session: Building local ownership and accountability for implementation of Nigeria's Basic Health Care Provision Fund

In this session, Dr. Oritseweyimi Ogbe from the Nigeria delegation presented on challenges of building local ownership and accountability for the implementation of Nigeria's Basic Health Care Provision Fund (BHCPF) with the goal of soliciting ideas from other countries on how to improve performance and generating discussion around key issues for immunization program implementation at the local level.

The BHCPF aims to address the financial barriers to accessing primary health care for the poor and vulnerable through catalytic funding for infrastructure improvement, human resource strengthening, procurement of commodities, and health insurance for the most vulnerable. The BHCPF is financed 25% by states and from a 1% earmark on Consolidated Federal Revenue, with funding expected to increase over time. Funding from the BHCPF is expected to contribute to operational and systems costs for immunization service delivery. However, implementation of BHCPF has been delayed at the subnational level due to **numerous challenges** including:

- Lack of subnational **ownership** and budgetary prioritization
- **Political interference** in planning and implementation
- Poor **coordination** and structural **governance** mechanisms
- Difficulty adapting implementation to local contexts
- Insufficient mechanisms for monitoring progress
- Insufficient **financing** at all levels

In this presentation, Nigeria chose to focus on its challenges building ownership and accountability at the lowest level. As part of its response, **Nigeria has aimed to increase local ownership of implementation** by allowing facilities greater flexibility and autonomy (including direct facility financing), encourage co-ownership and management of implementation of the BHCPF by local Ward Development Committees, and strengthen monitoring and accountability through use of a score card of state implementation. However, Nigeria is seeking ideas from other countries around how to:

- More effectively use Ward Development Committees to strengthen ownership of health programs at the community level.
- Build political will and mobilize resources at the subnational level for immunization and primary healthcare.
- Ensure accountability of funds at the facility level, including mechanisms for monitoring and measuring progress.

During the following discussion, country participants contributed examples from their own experience of how they have addressed similar issues.

Country Experiences:

- **Republic of Congo**: A network of community health workers are engaged in integrating primary health care and following up with children for health services. There is a need for better coordination and monitoring of these activities at the local level.
- Pakistan: The country engages with Community Based Organizations to help bridge service
 delivery gaps and improve community awareness and local ownership. The country would be
 interested to learn how to use this forum to also build accountability.
- **Nigeria**: Some states have set up facility funding accounts to better track who has access to funds and expenditure through regular reviews and audits.
- **Pakistan**: External audits and regular data quality self-assessments help identify issues to ensure corrective actions and funding accountability.

Key Takeaways:

- Local ownership and political will are critical for the successful and sustainable implementation of health programs in decentralized contexts.
- There is a need for resources and tools to help countries establish and monitor local accountability for program financing and health program implementation.

Day 3:

The third and final day of the workshop focused on financial sustainability in decentralized contexts. It highlighted key issues such as the importance of **ensuring that the operational costs of immunization**

programs are sufficiently funded, advocating for immunization to be prioritized by subnational governments, and ensuring equitable financing for immunization in contexts where some regions may have more capacity to contribute local revenue than others. The final day also presented an opportunity for country teams to reflect on their key takeaways and next steps from the workshop.

A <u>recording of the day</u> can be found on LNCT's website, along with the presentations in <u>English</u> and <u>French</u>.

Session 1: Understanding immunization financial flows and financing in decentralized contexts

Dr. Ravi Rannan-Eliya of the Institute for Health Policy in Sri Lanka presented across the three broad areas of immunization financing in decentralized systems: the source of financing, financing flows, and resource allocation and expenditure. The sources for immunization financing at the subnational level are primarily national and subnational government revenues, with the national government providing the majority of funding. The mechanisms by which immunization resources are transferred from the national to subnational governments varies between providing funding based on program inputs, such as staffing, cold chain procurement and maintenance, fuel, etc., to providing funding through conditional or unconditional block grants. The presentation then discussed funding flows and how most countries face challenges ensuring the timely disbursement and release of allocated funds, but in decentralized systems, the potential for encountering challenges is much greater.

While the principal rationale for decentralization is the benefit of allowing local leaders to allocate resources in a manner that is responsive to local needs, when local governments have more discretion over how resources are allocated across program areas, it may be harder to ensure that there are sufficient resources available for the immunization program due to variations in how immunization is prioritized and subnational capacity to appropriately budget the resources needed. A critical area that is often underfunded at subnational levels is operational expenses. Typically, procurement of vaccines is done at the national level, and subnational governments are then responsible for either all or a portion of operational expenses.

Country Experiences:

- Mitigating solutions for overcoming bottlenecks in funding flows:
 - Sri Lanka advocated for increased priority to be given to immunization if cash is constrained by explaining to policymakers the significance of funding disruptions.
 - The provinces in **Vietnam** annually report immunization expenditure and have conducted an analysis of funding flow issues using a budget flow analysis tool developed by Sabin. Discussion and advocacy around this data with key stakeholders at all levels has resulted in an increase in both national and provincial budgets for immunization.
 - Republic of Congo and Australia simplified funding flows by using direct transfers from the national level treasury of the MoH to providers or subnational governments.
 - Thailand shared its model for financing immunization, which includes strong central level control over budgetary decision-making. Although the subnational level contributes to some operational costs, the country decided to leave responsibility for financing cold chain and logistics, as well as vaccines, at the national level to ensure that these critical functions are adequately funded.

Key takeaways:

- Decentralization offers opportunities to improve equity and efficiency. However, maintaining
 equity and maximizing efficiency are also key financing challenges in decentralized systems.
- Requirements for subnational governments to finance a portion of the immunization program
 through local revenues results in mixed outcomes due to varied priorities and revenue collection
 capacities at subnational levels.
- To ensure sufficient subnational budget allocation for immunization, national and subnational immunization programs can strengthen advocacy efforts to identify or cultivate immunization

- champions, advocate for the inclusion of an immunization line item, and ensure the availability and use of cost and coverage data during allocation decision-making.
- Key to addressing the issue of insufficient funding for operational costs at subnational levels is ensuring that subnational governments are aware of the program costs for which they are responsible and understand how much must be allocated to cover these costs.

Session 2: Open discussion on remaining topics

The last plenary session of the workshop allowed time for open discussion of any remaining topics that countries wished to discuss and focused primarily on COVID response.

Country Experiences:

- Nigeria: Community engagement structures built for polio elimination helped respond to COVID-19. The decentralized structures allowed the country to effectively mobilize community health workers.
- **Nigeria**: The pandemic is being used as an opportunity to reenforce the training of its health workers and communicate the value of immunization to the population.
- Pakistan: The provinces contributed substantially to resource mobilization and their efforts were well-coordinated between levels of government, thereby ensuring timely delivery of vaccines in a safe environment.

Key Takeaways:

- Most participants felt that their countries were taking advantage of the momentum generated by the COVID-19 pandemic to address long-standing weaknesses in their health systems.
- Most participants felt that their country's decentralized structure aided their response to the pandemic.

Session 3: Next steps and action planning

In the last session of the workshop, countries gathered in their individual country groups to align on their key takeaways from the workshop and plan for next steps and action items. Summaries of these country discussions and action items can be found below.

Key takeaways and action items identified by country teams

Country	Key takeaways	Action Items
Nigeria	 Decentralization can be an innovation; overall decentralization has been a plus for COVID. Key issues and challenges we need to focus on: Capacity of health workers; planning and coordination, opportunities for improvement on data and COVID-related ICT solutions. Key question of how countries can use decentralization to improve accountability at frontlines - not fully addressed. Countries using the momentum of COVID to strengthen their systems 	 Increase/enhance robust engagement with existing structures at all levels on immunization activities and innovations. Standardize tracking of performance in all states. Engage with key traditional leaders and other champions to generate local resources for immunization. Explore a bilateral exchange with Pakistan on topics such as provincial taxation, pooled funds, and expenditure tracking.
Republic of Congo	Necessity to link programmatic functions and financial dimensions for decentralization to function effectively.	 Strengthen vaccine storage infrastructure at department level. Strengthen financing for operational costs at local level.

	 Decentralization is a governmental decision, but the Ministry of Health can contribute to it's roll out for the benefit of public health and equity. Decentralization must be planned well to succeed. The central level should remain responsible for certain priorities, like vaccine procurement, evaluation, and coordination of technical and financial partners. 	Expand the community engagement approach to the whole country.
Pakistan	 Decentralization can work well if planned well. Decentralization requires strong leadership and technical capacity. Financial aspects also need to be well-planned. 	Advocate at the provincial level to improve subnational participation in pooled financing for vaccine procurement.

The workshop was closed by Logan Brenzel of the Bill and Melinda Gates Foundation and Dr. Alexis Mourou Moyoka, LNCT Steering Committee Member from Republic of Congo.

Annex 1: Agenda

LNCT Workshop: Financing and Managing Immunization Programs in Decentralized Contexts

Agenda

Date: April 20-22, 2021

Location: Virtual

Topic for discussion: Understand the implications of decentralization for immunization coverage and equity for both routine immunization and COVID-19/emergency response. Offer action-oriented and problem-solving support for specific decentralization-challenges identified by country participants.

Participating countries: Congo, Cote d'Ivoire, India, Nigeria, Pakistan, Vietnam

Day 1: An overview and framing of immunization in decentralized contexts (2:45)

No.	Time	Title/Presenter	
1	45 min	Welcome and Introductions	
		Ganiyu Salau, LNCT Steering Committee Member, Nigeria	
		Kim Harper, Gavi, the Vaccine Alliance	
2	35 min	Coverage, Equity and Gavi Transition in Decentralized Contexts:	
		Challenges and Opportunities	
		Leah Ewald, LNCT Network Coordinator	
	10-minute break		
3	30 min	Facilitated discussion: Emergency response in decentralized contexts:	
		The example of COVID-19	
		Miloud Kaddar, LNCT Network Coordinator	
4	20 main		
4	30 min	Small group discussions: Decentralization challenges and opportunities	
5	5 min	Time to fill out workshop evaluation	
6	10 min	Wrap up of Day 1	

Day 2: Programmatic Sustainability in Decentralized Contexts (2:45)

No.	Time	Title/Presenter	
1	10 min	Welcome to Day 2	
2	20 min	Programmatic sustainability and health-sector decentralization: key issues for immunization programs Jhoney Barcarolo, Senior Advisor to the LNCT Network Coordinator	
3	50 min	Panel: Strategies for overcoming programmatic challenges Nigeria's MOU structure and Peer Learning Exchanges Dr. Bakunawa Garba Bello, Nigeria Delegation, and Raihanah Ibrahim, Solina Aligning procurement and financing responsibilities in Pakistan Dr. Soofia Yunus, Pakistan Delegation Brazil's lessons learned about emergency response in decentralized systems COVID vaccine introduction Cristiana Toscano, PAHO Regional Technical Advisory Group of experts for vaccines, WHO SAGE working group on COVID-19 vaccines	

	10-minute break		
4	10 min	Introduction to collaborative problem-solving process	
		Leah Ewald, LNCT Network Coordinator	
5	50 min	Collaborative problem-solving session: Building local ownership and accountability for implementation of Nigeria's Basic Health Care Provision Fund Dr. Oritseweyimi Ogbe, Nigeria Delegation	
6	10 min	Time to fill out workshop evaluation	
7	5 min	Wrap up of Day 2	

Day 3: Financial Sustainability in Decentralized Contexts (2:55)

No.	Time	Title/Presenter		
1	10 min	Welcome to Day 3		
2	20 min	Understanding immunization financial flows and financing in		
		decentralized contexts		
		Ravi Rannan-Eliya, LNCT Network Coordinator		
3	40 min	Discussion: Strategies for overcoming financial challenges		
		Country experience from Thailand		
		Chaninan Sonthichai		
		10-minute break		
4	30 min	Open discussion forum on remaining topics, including COVID response		
		and ensuring accountability		
5	5 min	Introduction to Next Steps activity		
		Leah Ewald, LNCT Network Coordinator		
6	30 min	Next Steps activity		
7	10 min	Time to fill out workshop evaluation		
8	20 min	Wrap up of workshop		
		Logan Brenzel, Bill & Melinda Gates Foundation		
		Alexis Mourou Moyoka, LNCT Steering Committee Member, Republic of		
		Congo		

Annex 2: Participant List

Republic of Congo			
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Annex 3: Virtual engagement lessons learned

- Pre-recorded presentations can help to mitigate issues with Internet connectivity and disruptions
 to panelist availability. To allow for audience engagement, the presenter should still be able to
 join the question and answer or discussion session live.
- In cases where pre-recorded presentations are not feasible, speakers must practice and run through their presentation in advance so that they are more capable of keeping to time during the live workshop. They should also identify a back-up speaker in case of technical difficulties.
- To optimize engagement in a virtual environment, particularly during busy times for countries such as in the case of COVAX roll out, fewer days and/or shorter sessions may be ideal. It may also be preferable to spread the sessions over several weeks rather than concentrating the sessions in a one-week period.
- To ensure that content is tailored to country needs during busy times and create accountability for participation, smaller group sizes, including participants from 2-3 countries, may be ideal.
- Interactive tools like polls or Jamboard were helpful for encouraging participation and generating discussion in a virtual environment.
- Conducting interpretation within the Zoom platform allowed for less "drop-offs" of non-English speaking participants particularly during break-outs, thus providing more time to focus on country group discussions.

Annex 4: Evaluation Results

LNCT regularly conducts evaluation surveys during LNCT workshops as part of its efforts to continuously improve network offerings. Participants responded to a series of questions about the day's content at the end of Days 1-3. On Day 3, participants were also asked questions about the workshop logistics, facilitation, and overall quality. The summary of the evaluation results can be found below.

Participants were given a series of positive statements about the workshop and its content and asked to indicate if they (1) disagreed, (2) neither agreed nor disagreed or (3) agreed. The average of their responses are reported below. Select responses from written feedback are also included.

Overview:

- The response rate to the evaluation survey was over 70% on all days. On Days 1 and 2, participants were given a short pulse check of 3-4 questions in Zoom. 76% of participants responded. On Day 3, participants were asked to fill out a longer Google Survey on the content of the day and the quality of the overall workshop. 72% of participants responded.
- Overall, participants agreed that content of the sessions were relevant and engaging, with the sessions on Day 3, financing immunization programs in decentralized contexts, rated the highest.
- At the end of the workshop, participants overwhelmingly agreed that the facilitators fostered a safe space for collaborative learning (3.00) and engaged all participants (3.00).
- When asked if the collaborative problem-solving session was useful and worthy of inclusion in future workshops, participants agreed (2.92).
- Participants agreed that the technology used to support the virtual format was easy to use (3.00) and the interpretation and translation was effective (3.00). One respondent wrote that there was a brief challenge with interpretation on one of the days, but it was quickly resolved.
- The majority of participants indicated on the final survey that they had visited the website and accessed the accompanying workshop materials (2.80).
- Participants agreed they learned something new at this event (3.00), with many respondents indicating the exchanging of country experiences and the country panels were the most useful part of the workshop. Written comments include: "country experiences", "the experience sharing session was very useful and I learnt a lot from other countries...", "...country cases", and "the examples of countries advanced in the decentralization of immunization activities."
- When asked how future workshops could be improved, many participants asked for more interactive sessions with countries and earlier engagement with countries. Written comments include: "...have more time to discuss country experiences", "Early engagement of the Countries during the planning phase", "...more country engagement ahead of any future workshops", "More preparation with countries and more interactive sessions..."

Selected comments

"The experience sharing session was very useful, and I learned a lot from other countries. I especially took note of the challenges being faced by other countries."

"Physical meeting will be better. However, this is one of the most important virtual workshops I've attended. Thanks."

The workshop could be improved with "Early planning and more country engagement ahead of any future workshops."

Day (N) ²	The content of the sessions was relevant to my work and presented in an engaging way. (n) ³	There were opportunities for participants to discuss and share thoughts. (n)	There was a good balance between country examples, partner presentations and interactive sessions (Q&A, polls, country work, etc). (n)
1 (17)	2.85 (13)	2.77 (13)	2.92 (13)
2 (17)	2.85 (13)	2.92 (13)	3.00 (13)
3 (11)	3.00 (8)	3.00 (8)	2.88 (8)

Key Takeaways:

- LNCT will continue to emphasize opportunities for country-to-country discussion and experiencesharing during future events, as these continue to be the sessions rated most favorably by our participants. To allow more time for cross-country discussion, LNCT may consider including fewer or more condensed presentations or making pre-recorded presentations available in advance of the workshop so that workshop time can be devoted to discussion.
- LNCT will consider how to engage countries in some pre-work ahead of learning activities to generate interest and thinking, keeping in mind countries' busy schedules during COVID vaccine roll out.
- LNCT will continue to rely on Zoom-based interpretation and participation technology for future virtual activities as it is consistently rated as easy to use by our participants and generated a high response rate to polls and evaluations during the event.

² N= the number of non-facilitator participants attending the event each day

³ n= the number of respondents