

The Sri Lankan Experience of Effective Management and Supportive Supervision of EPI Delivery: Study Tour Key Takeaways

The Linked Immunisation Action Network hosted a study tour in Sri Lanka on effective management and supportive supervision of Expanded Programme on Immunisation (EPI) delivery in June 2023; participants included Ministry of Health representatives from Indonesia and Vietnam.

Introduction

Led by the Institute for Health Policy (IHP), the main objective of the study tour was to explore how Sri Lanka’s National Immunisation Programme effectively manages immunisation delivery across multiple levels, under varying and challenging conditions, and at a low cost. Sri Lanka is an interesting case study because, despite the country’s low health expenditure, it has maintained near-universal immunisation coverage for decades, even out-performing some high-income countries.

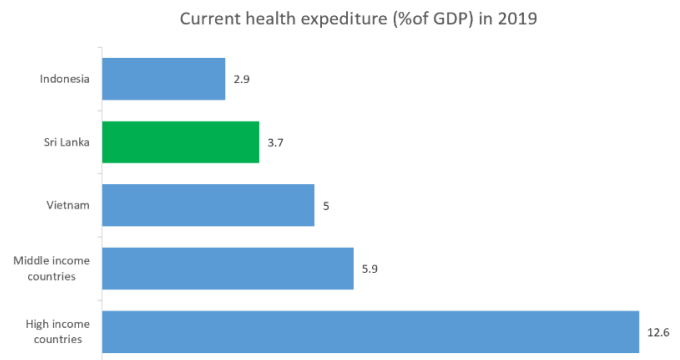


Figure 1: Health expenditure, Source: Health Nutrition and Population Statistics, [1]

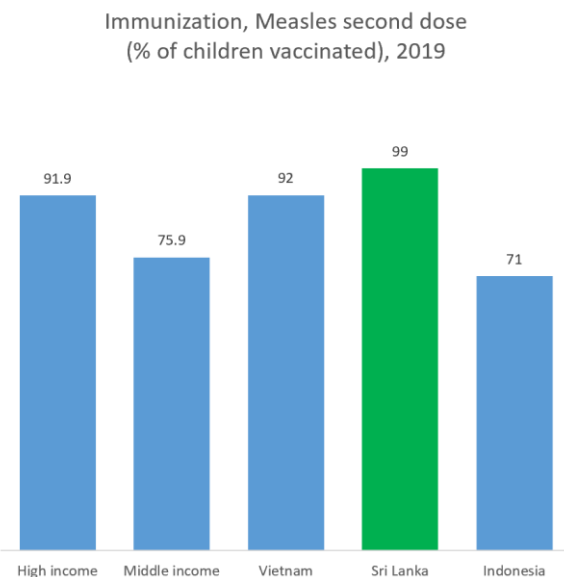


Figure 3: Measles 2nd dose %; Source: Health Nutrition and Population Statistics, [1]

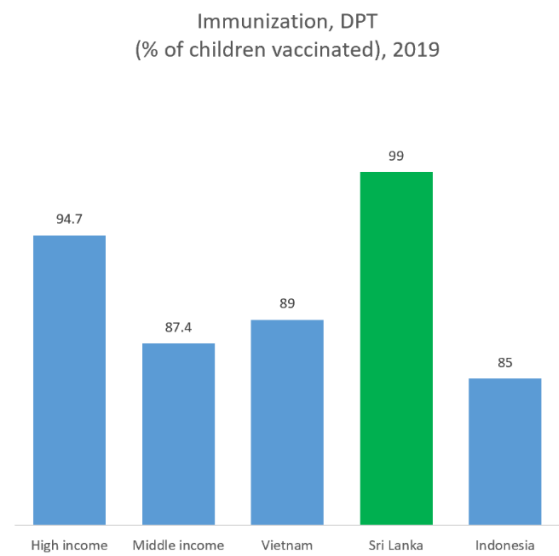


Figure 2: DPT immunisation %; Source: Health Nutrition and Population Statistics, [1]

Sri Lanka's country-wide immunisation services are well-managed and sustained at a very low cost and with minimal external technical support or financing. Most people receive vaccinations through the public sector, which provides the service for free, since the EPI programme is integrated with routine primary healthcare services; therefore, immunisation services are not a large contributor to the relatively high out-of-pocket health expenditure in the country. As a result, Sri Lanka has achieved and sustained equitable, pro-poor, near-universal immunisation coverage for decades [3]. The strength and resilience of the system were further highlighted in the wake of the COVID-19 pandemic when Sri Lanka experienced minimal immunisation backsliding. This is largely due to the country's public health delivery system, which emphasises the effective management of staff, includes a robust in-service training programme, and employs hierarchical management reviews at all levels.

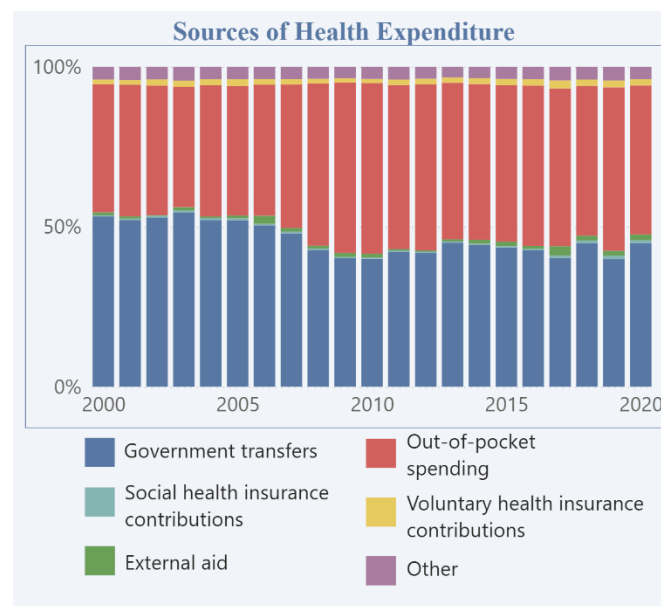


Figure 4: Sri Lankan source sources of health expenditure; Source: WHO Global Health Expenditure Database [2]

Sri Lanka's approach to managing immunisation services, which is rooted in system-wide changes to public services management initiated in the 1960s, is not well understood outside of the country due to limited documentation and external knowledge-sharing. As such, health managers outside of Sri Lanka have had few opportunities to learn about the country's successes. Countries can learn from Sri Lankan healthcare system's approach to effective management and supportive supervision and robust structures to enhance staff training and capacity building at all levels as they seek to identify effective and practical ways to strengthen immunisation programming. For the countries attending the study tour, both Vietnam and Indonesia identified the need to ensure the availability of strong and motivated immunisation teams at the health facility level and to ensure HWs have the necessary skills and knowledge to effectively deliver immunisation services and improve coverage. Accordingly, the study tour aimed to introduce participants to Sri Lanka's immunisation programme management approach, allow first-hand observation of how immunisation services are effectively delivered, and facilitate peer-to-peer knowledge sharing to identify best practices and tools that can be immediately applied to address their home country's immunisation programme challenges.

Key takeaways

Several factors contribute to Sri Lanka's success in sustaining high levels of immunisation coverage, including a strong public health infrastructure, well-trained staff, routine monitoring and evaluation mechanisms, the absence of user fees, high literacy rates, and a collaborative partnership between the health and education sectors [3]. This study tour focused on Sri Lanka's effective management and supportive supervision practices and how the Ministry of Health systematically equips its doctors to become both competent clinicians and managers through skills building, training, structured supervision, and on the ground experience.



Figure 5: A medical officer of health demonstrates immunisation activities for participants.

Effective management strategies and efficient use of resources

Sri Lanka has regularly scheduled monitoring and staff supervision at all levels of the healthcare system, including the facility, district, provincial, and regional levels. The reviews are complemented with structured follow-up to ensure that recommended changes are implemented quickly and properly, creating an accountability and support framework. Furthermore, the fact that the management system has built-in routine collaboration between staff at all levels ensures that frontline concerns are heard by the top-level managers charged with policymaking and resource allocation, ultimately creating a more responsive and effective programme. Frequent meetings with line managers support the prompt reporting of issues to higher-level administrators through a matrix management system in which frontline workers supporting immunisation delivery report to both their geographical health services manager as well as to the national EPI technical programme.

Efficient monitoring and evaluation:

Regular reviews at all levels of the healthcare system ensure that issues are addressed quickly and efficiently. The table below gives an overview of key review meetings. Study tour participants were particularly interested in how Sri Lanka is able to conduct annual reviews at the national level. These meetings encourage data completion and accuracy, support the identification of repeat issues, and facilitate data-driven decision making with continuous performance improvement.

Furthermore, implementation status reports ensure accountability. For example, if a Medical Officer of Health identifies an issue during a facility visit, they are encouraged to provide the training or knowledge required to resolve the issue during that visit itself. However, follow-up supervision must be carried out until they can verify that the issue is resolved. This is one of the Medical Officers key responsibilities; and the requirement to provide updates to the regional level, which are reviewed every other month, increases the likelihood of proactive measures being taken.

Level	Review	Purpose	Frequency
Facility	Field visits	Evaluate performance and processes being followed	Six clinics per month per district
District/ community	EPI and vaccine preventable disease (VPD) review	Conducted in altering districts to review key performance indicators	Quarterly
District	EPI coverage survey	Evaluate coverage	One district per year
Regional	Epidemiological review	Review district immunization programmes and VPD reports per district	Quarterly
Regional	2-day residential meeting	Focal points give detailed presentations on key performance indicators for their district	Quarterly, between epidemiological reviews
Regional	Review minutes from the previous year	Ensure issues are being resolved and are not repeated	Annually
National	Review minutes from the previous year	Ensure issues are being resolved and are not repeated	Annually
National	EPI and VPD review	Review key performance indicators	Annually

Effective coordination and resource management:

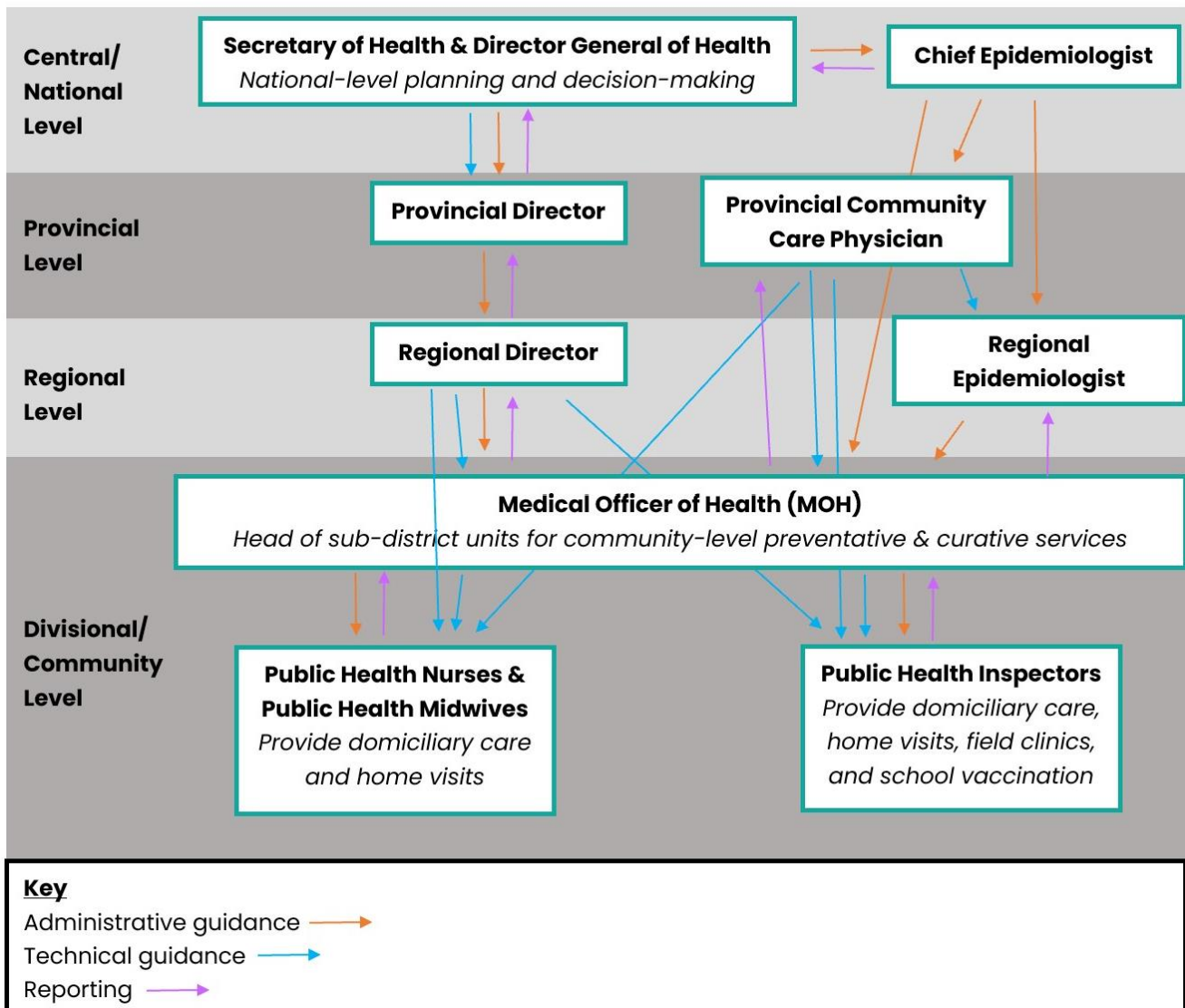
The immunisation programme has a structured accountability framework that ensures crucial information is promptly relayed to higher levels. Furthermore, technical and administrative guidance are delivered directly to frontline staff from higher levels to minimise implementation delays. The graphic below outlines the immunisation service delivery structure.

Sri Lanka's ability to effectively allocate and utilize its human and financial resources is instrumental to the immunisation programme's success. The integration of immunisation services into primary healthcare delivery and the requirement of community-level experience for all Ministry of Health doctors ensure adequate human resources island-wide.



Figure 6: Demonstration of records for performance monitoring

Sri Lanka Ministry of Health Immunisation Services Delivery Structure



Data recording:

All data related to vaccinations is recorded carefully and regularly in registers. Every clinic is required to send these records to the district Medical Officer of Health office once a month. The office then manually enters this data onto the electronic system. Data entered into the system is analysed by the Ministry of Health to assess immunisation coverage nationwide and within districts. This data informs reviews at all levels and is used to track progress on identified challenges.

The electronic system provides data on vaccine management, completeness of reporting, administration of vaccines (techniques, health education, and risk communication), vaccine safety assurance (readiness to attend to emergencies, anaphylaxis management, and the reporting and investigating of adverse events following immunisation), and logistics management.

Teamwork and a learning culture

Emphasizing teamwork, motivation, and appreciation fosters a positive learning culture within the healthcare system. This approach leads to improved HW satisfaction and motivation, ultimately contributing to better service delivery and patient care.

Motivation through peer learning:

Monitoring HW performance through indicators is a vital practice to identify areas for improvement and develop action plans to immediately address any issues. Sri Lanka's emphasis on data-driven decision-making enables continuous performance enhancement and targeted interventions. HWs are assessed against key performance indicators within their designated Medical Officer of Health areas. Every month, the office holds a conference where midwives are required to present data on vaccinations to all staff, including the Regional Epidemiologist and the district's Medical Officer of Maternal and Child Health. This format shares knowledge among health areas and motivates staff to improve performance as it stimulates an element of peer accountability. In these meetings, staff discuss issues and use peer-to-peer learning to identify and apply best practices, with a specific focus on problem-solving.

Practical training and skills development:

Investing in HW development is essential to equipping staff with the necessary skills to administer immunisations and provide other healthcare services effectively. Required, hands-on, in-service field training conducted by the Postgraduate Institute of Medicine (PGIM) and the National Institute of Health Sciences (NIHS) equip HWs at all levels with the practical experience needed to excel in their roles. For example, doctors who receive in-service training from the PGIM are specialized in the effective management of health service delivery. Similarly, midwives are trained in specialist areas, including immunisation,

that allow them to educate mothers as well as administer vaccines without additional support. Frontline HWs are educated to support the monitoring and surveillance of immunisation activities within Medical Officer of Health areas. This required and often free specialist training for each category of HW ensures that each HW is able to carry out their specific job role successfully.

Summary

The study tour to Sri Lanka provided participants from Indonesia and Vietnam with valuable learnings on effective management strategies, supportive supervision, specialised training, and the importance of strong teamwork and a learning culture in strengthening immunisation programmes. By adopting and adapting these key takeaways, countries within the Linked Immunisation Action Network can enhance their immunisation programmes and improve overall immunisation delivery.

"I am a regional staff who is responsible for technical skills in relevant immunisation. This study tour provided me many lessons related to my works such as supportive supervision, organising the immunisation process, EPI and VPD review."

-Dr. Nguyen Thi Thu Huong, EPI Office in the Northern region, National Institute of Hygiene and Epidemiology (NIHE), Vietnam

If you are interested in peer-to-peer learning exchanges with another country, please reach out to the Linked Immunisation Action Network at community@linkedimmunisation.org.

Sources

1. The World Bank (2019, October 16). World Development Indicators. DataBank. <https://databank.worldbank.org/source/world-development-indicators>
2. World Health Organization (2020, June 16). Health Expenditure Profile Sri Lanka. Global Health Expenditure Database. https://apps.who.int/nha/database/country_profile/Index/en
3. Smith, O. (2018). Achieving Pro-Poor Universal Health Coverage without Health Financing Reforms (Publication No. NO. 38) [UNIVERSAL HEALTH COVERAGE STUDY SERIES, The World Bank]. <https://documents1.worldbank.org/curated/en/138941516179080537/pdf/Sri-Lanka-Achieving-pro-poor-universal-health-coverage-without-health-financing-reforms.pdf>