

Title: Trends and patterns of Vaccination inequity In Ethiopia: Opportunities and Challenges to improve Coverage and inequity

21th ARM, Immunization side meeting
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Outline of Presentation

- Background information
- Why addressing immunization equity is important?
- Equity during MDG & SDG
- Inequity patterns and status of vaccination in Ethiopia
- Benefit of Equitable Immunization service
- Opportunities and Challenges to improve coverage and inequity
- Discussion points

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What is equity ?

- Equity is the **absence of avoidable or remediable differences** among groups of people, whether those groups are defined socially, economically, demographically, or geographically (WHO)
- Equity involves
 - (a) **political and ideological issues** i.e. legislation, policy, governance, accountability, etc. issues that are not favouring equal opportunities for the disadvantaged children and communities
 - (b) **services and systems** i.e. services that are not reaching those who are most in need. This requires analysing and removing the barriers to access and underlying systems constraints
 - (c) **societal factors** i.e. social norms, behaviours, practices that are impeding access to services or fuelling discrimination and deprivations



Background information- immunization

- Full immunization is an **effective public health intervention** to reduce child morbidity and mortality
- Increasing immunization coverage is a key government priority to meet the **performance indicators of the HSTP and SDG 3 targets**
- Immunization **is both a driver of equity and a key indicator** of health equity given that children missing out on immunization are likely to suffer multiple deprivations.
- Immunization is a **cross-cutting health intervention** (provided across the life-course and the levels of care)
- But to move towards equitable health outcomes, we need to know:
 - Where are the inequities? Which population groups are disadvantaged?
 - Why are the large gaps in coverages between the disadvantaged and advantaged groups despite vaccination is a cost-exempted service?
- This information is critical to design appropriate policies to address health equity.

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Why is addressing immunization equity important ?

- Equity in immunization is critical because the poorest population bear the largest burden of vaccine preventable diseases. *Investing in the most deprived children saved twice more lives compared with similar investment in less deprived communities. (UNICEF Narrowing the Gap, July 2017)*

Global and National priority

- Global Goals:
 - *GVAP- Goal 3- benefits of immunization are equitably extended to **all** people*
 - *SDG10- “ living no one behind” and SDG reducing inequities within and among countries*
 - Addis Ababa Action points African ministers Summit on immunization which took place from 24 to 25 February 2016
 - Target 3.8 of the SDG achieving **Universal health coverage** including financial protection
- **Nationally in Ethiopia HSTP (2015/16-2019/20):** equity has been given priority and it is one of the transformational agenda of the health sector



Equity during SDG era

A well-recognized shortcoming of the MDG was the failure to target equitable distribution of benefits while focusing on raising national averages.

Therefore, SDGs recognize the critical importance of disaggregating data and using for the planning and action;

1. **equity being counted**– looking beyond national averages e.g. who, where, and why children are still being left behind.
2. **equity in quality** it is not enough only to close *equity* gaps in access to health services for children. finding new ways to provide high quality services is critical to ensure equity in real sense.
3. **equity in resilience.** There is no doubt that humanitarian emergencies disproportionately affect the most disadvantaged children. E.g. effects of conflict and drought increase the risks for those disadvantaged groups. Therefore, a special focus on such group of children is critical to achieve equity.

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Inequity status of vaccination in Ethiopia

- Vaccination coverage has **moderately increased**. However, the **increase was not in line** with the increase in health facilities and human resources. FIC increased by three folds while HFs increased by more than 10 folds during the last two decades
- **Almost a comparable proportion of children in the country** have “not been vaccinated at all” from 2010 & 2019 (15 to 20 percent)
- There are **wide variations** in coverage amongst different regions
- **Economic status, care takers’ educational status, place of residence, and geographic distribution** were major equity factors for vaccination inequality in Ethiopia
- Particularly, **inequality gap was widened between the poorest and wealthiest households**
- Poor and illiterate caretakers being discouraged from **using and returning** for vaccination services. This directly implies for utilization of other RMNCH services resulting into poor outcomes.



What is being done to reduce inequity in Ethiopia?

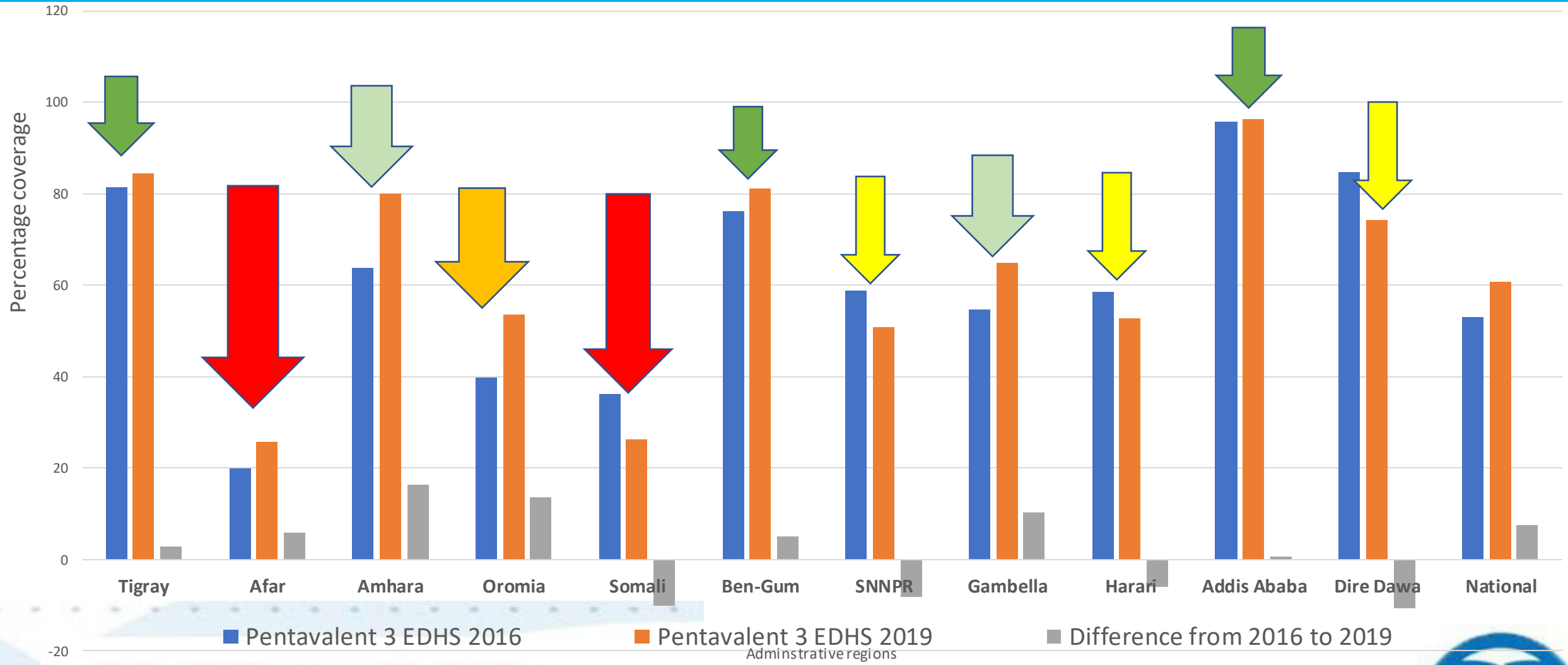
- The government has pro-poor policies and strategies while challenged by implementation capacity
- The government is working to reduce geographic inequality through provide special support for low performing administrative and geographic areas
- The FMoH and partners conduct annual and periodic state of inequality to monitor the status
- Expand service availability for example through procurement and installation of SDDs in remote health facilities
- Strengthen community platform WHDA/Social mobilization committee
- Targeted support by partners
- RED/REC and PIRI initiatives to reach unreached

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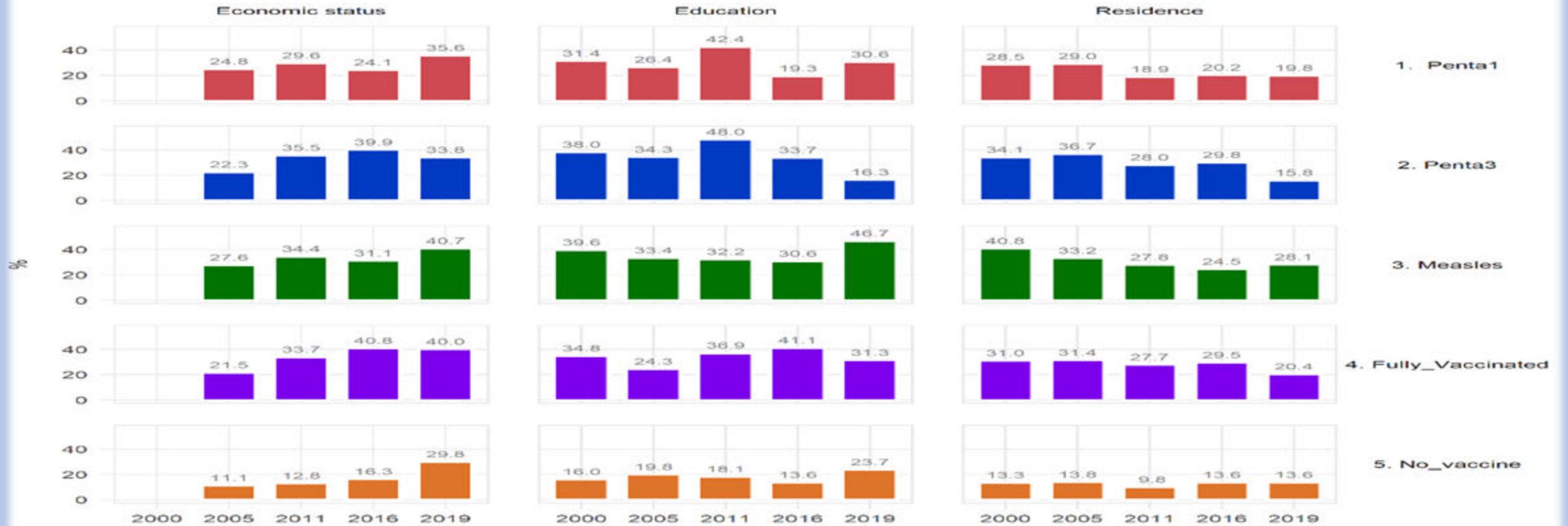


Proportion of penta 3 Coverage EDHS 2016 vs Mini DHS 2019 by Region



Trend and pattern of immunization inequality for different antigens between highest and lowest economic status, uneducated and secondary+ and urban rural residents from 2000-2019 DHS

Ethiopia (DHS 2000 - 2019) immunization inequity trend



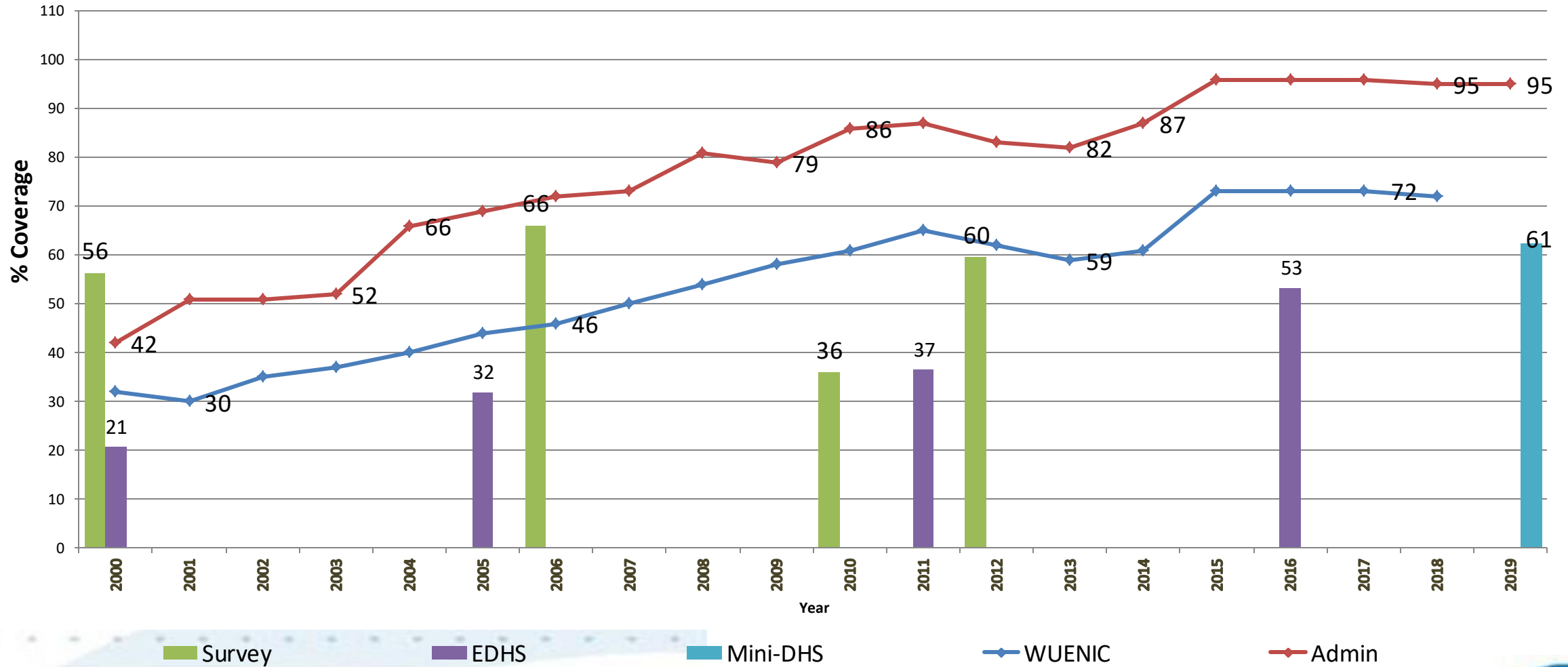
Immunization coverage in equity in children 12-23 months old by wealth, education and residence.

Health Equity Assessment Toolkit Plus (HEAT Plus): Software for exploring and comparing health inequalities in countries. Upload database edition. Version 2.0. Geneva, World Health Organization, 2018. WHO provides this toolkit without data, and all data added to, or resulting from, the toolkit are the sole responsibility of the user, not WHO.



DPT/penta3 coverage trend - Year 2000 - 2019

Large differences in various data sources



Benefit of Equitable Immunization service

- Immunizations is a tracer primary health care service: where vaccines are delivered, so are other child health services; such as GM, nutrition counseling and treatment,

Immunization services can;

- Be used as tracer and driver for ensuring child health equity and for revitalizing PHC for UHC
- Create systems for reaching households/family oriented preventive and promotive services such as hygiene messages, ODF (h-hs sanitation), ITN use, FP etc
- Contribute to over all strengthening of the health system
- Enhance interoperability in birth notification for registration and use of data from CRVS
- One of the key responses during humanitarian situation



Opportunities to improve coverage and inequity

- High Political commitment
- Existence of Favorable policies and strategies
- Transformation agendas that have synergetic effect four in one
- Extensive expansion of PHC ,well defined and structured health system
- Existence of community platform and Experience in using Community platform and community mobilization
- Defined and adaptable strategy from global to local and Forty years of experience on EPI
- Immunization is exempted service and can be provided at all level of health care and using different approaches
- Existence of Partners support
- Favorable platform for integrated programming and service delivery

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Challenges to improve Coverage and Inequity

Demand

- Fatigue from (HDA/WHDA)- a net work of community volunteers declining density and engagement
- Fear of too many injections at a time and side effects leading to vaccine hesitancy among care takers to withdraw vaccination
- Care taker not informed and/or forgot when to come back for the next appointment
- Low Socio-economic status led to inadequate information and prioritization to demand right to vaccination, Migration (movement)

Supply side barriers

- Stockout of vaccines at the point of service delivery, inadequate cold chain maintenance,
- Turnover of trained staff, low commitment and accountability, inadequate use of data and evidence for decision
- Topographic, Geographic and social distance, Missed opportunities
- Session interruption and frequent closure of HPs and frequent appointment for multidose vaccines

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Challenges to improve Coverage and Inequity...

Enabling environment

- Lack of knowledge, skill and positive attitude on Programme management, monitoring, coordination and accountability
- Inadequate budget allocation for outreach services
- Rapidly expanding/evolving scope of EPI vs health system capacity to carry out tasks (increase NVI, SIA, Budget, cold chain capacity, eradication, elimination activities)
- Ensuring effective service delivery in conflict-affected, settings with limited capacity and weak systems;
- Reaching deprived populations in urban slums; remote, inaccessible populations;
- Securing sustainable financing for immunization programmes,

Quality

- Poor data quality, inaccurate denominator
- There is no cohort registry and defaulter tracing and referral mechanism

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Discussion points

- Why is vaccination coverage and inequity lingering despite favorable conditions and opportunities exist in Ethiopia?
- What actions can be taken to improve coverage and equity of vaccination?
- How do we do these actions?
- Who and when shall the actions be done?
- How can we ensure that actions are being taken?

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I Thank you



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