

ARMENIA

Country presentation

National Immunization Programme (NIP) functions and competencies: challenges and opportunities

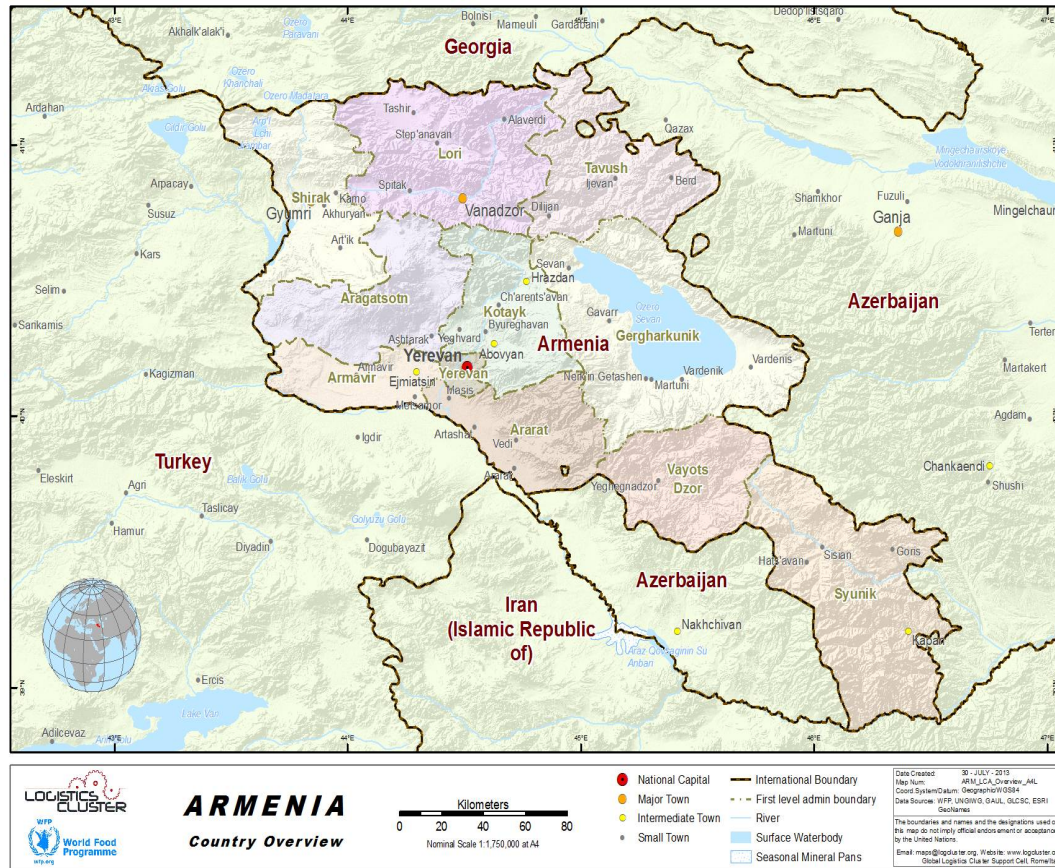
GAYANE SAHAKYAN

NIP Manager in Armenia

Meeting of the Strategic Advisory Group of Experts on
Immunization (SAGE)

26 April 2017

General Information

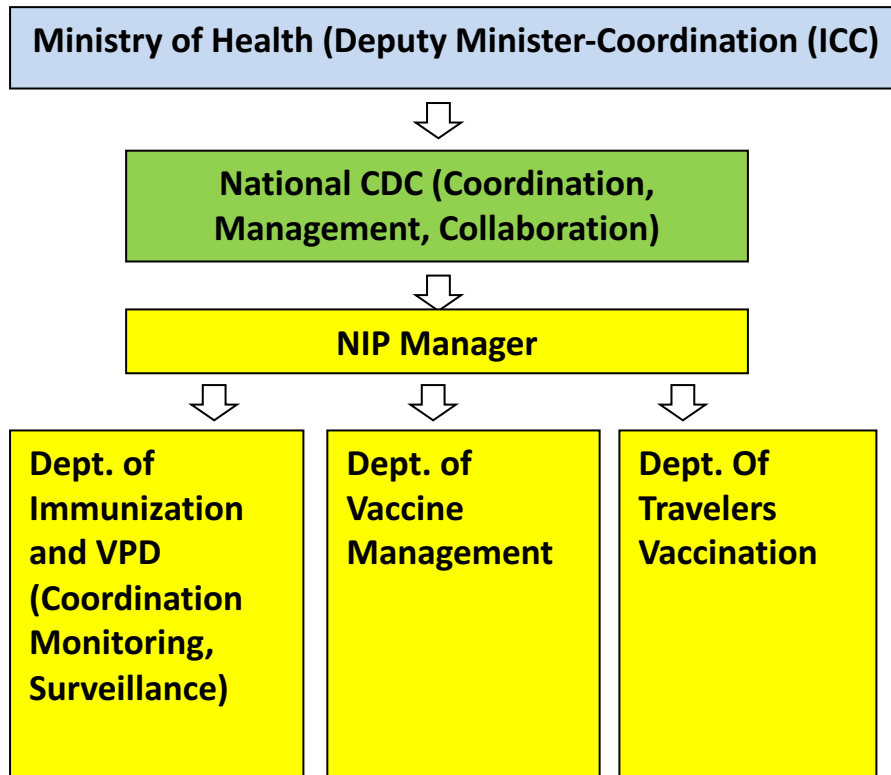


World Bank Income Group	Lower middle income country
Gavi Co-financing status (2016)	Accelerated transition
GNI per capita (WDI, 2014)	3,810 USD
GNI per capita, 3-year average (WDI, 2012-2014)	3,773 USD
Population (UNPD, 2015)	3.0 million
Birth cohort (UNPD, 2015)	40 thousand

Past and current structure and functions

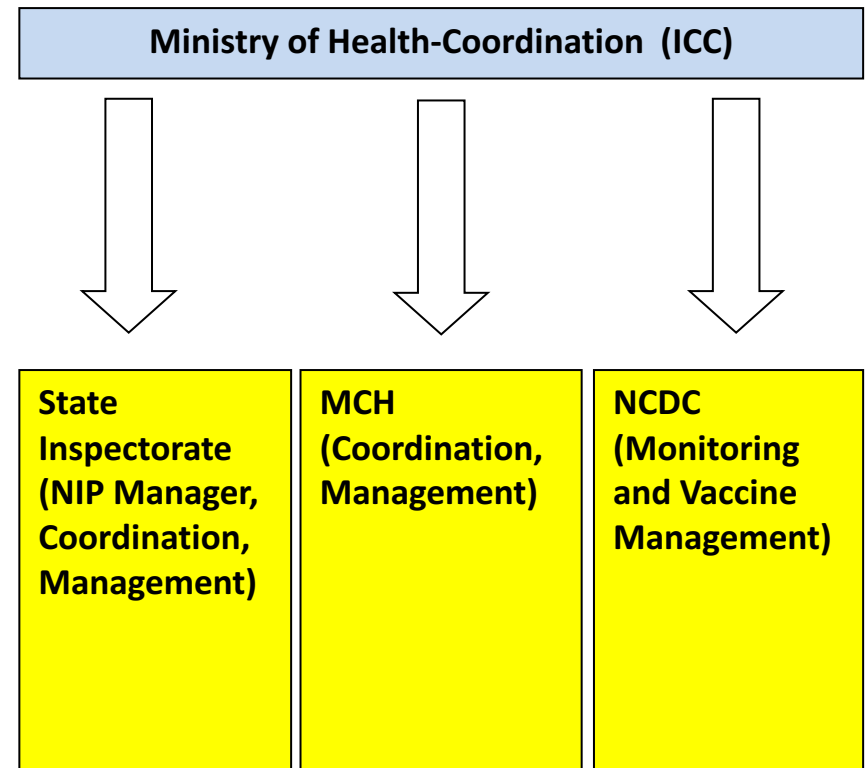
- **Current NIP roles/structure**

- Since 2013 NIP is coordinated and managed by National CDC
- 3 structural units of National CDC



- **Historical structure and capabilities**

- Coordinated by MoH/NIP Manager
- No structural units
- Responsibilities shared among MoH units



NIP: Major changes in the last 5 years

- Introductions of new vaccines and vaccination programmes - **increases in storage, distribution, training, costing, transportation, data management (paper-based registries)**
 - ❖ Hib (Penta)-2009, Rota- 2012, PCV - 2014, HPV – 2017
 - ❖ Adolescent Vaccination Programme, Vaccination Programme of Military Recruits -2014
 - ❖ Vaccination of risk groups -2016 (Hep B, seasonal flu, rabies/post-exposure)
- Anti -vaccination lobbies (social media monitoring and management)
- Measles/Rubella/Polio/Hep B elimination goals
- Integration into and harmonization with new political strategies (to maintain the political commitment)
- Integration within National CDC activities (need to work with other programmes)
- Management of secretarial services for Commissions on immunization (ICC, NITAG, Polio/MR certification)

Main impact of changes

- Increased workload
 - ❖ Lack of expertise and trained staff
 - ❖ Overloaded experts (the same person was responsible for VPD surveillance, TB control, outbreak response, etc.)
- Unclear roles and responsibilities within MoH structural units involved in NIP activities (MCH, State Inspectorate, Drug agency, National CDC, etc.)
 - ❖ No written regulation on responsibilities: for example- monitoring and supportive supervision was not implemented routinely, only by ministerial order involving experts from different units ;
- Management and supervision (inspection function) of NIP by the same unit –**State Inspectorate**
- Need for a new coordination mechanism for other vaccination programmes (collaboration with Ministries of Education and Defense)
- Need for a harmonization with other PH programmes (screening, check up, etc.)
- Need for an official entity to present the country's experience at international fora and to replicate positive experience from other countries

How has the NIP addressed these changes?

- Establishing NIP structural units at national level (National CDC):
Immunization and VPD Surveillance, Vaccine Management and Travellers Vaccination
 - ❖ adding new staff specifically for NIP: currently there are 1 NIP Manager, 5 paediatricians and 5 epidemiologists (at national level)
 - ❖ 10 regional coordinators
- Training staff on new competencies and skills:
 - ❖ disease surveillance;
 - ❖ supportive supervisions;
 - ❖ effective vaccine management, etc.
- Adopting the Government Decrees on:
 - ❖ the National CDC as the main NIP Coordination and Management unit of the MoH (2013);
 - ❖ National Immunization Programme for 2016-2020, developed in line with WHO EURO Vaccine Action Plan

Main challenges and gaps

- **Legal:** The position of the NIP manager is not officially established in the HR plan (need to provide legal framework to it)
- **Institutional:** NIP Manager is a National CDC staff, no direct subordination to the MoH (need the close connection with MoH)
- **Technical/financial:** Prioritization of other PH programmes within National CDC due to integration and harmonization of NIP activities with other programmes and lack of resources

Country level opportunities

- **MoH:** To strengthen legal framework, maintain current NIP structure (need a clear TOR, since the MoH is still questioning whether it is cost-effective to keep a huge NIP team in the country with limited resources)
- **Local partners:** Active interaction and collaboration for developing of legal regulations and finalizing NIP TOR, functions, and priority actions
- **NGOs/Social Media/Professional Associations:** Support and close cooperation for raising vaccination awareness

What is the Role of Partners?

- **Global:** Develop a clear position paper on NIP TOR (at country level WHO position papers are always considered as basic documents)
- **Regional:** Develop detailed guidelines on NIP structure and functions to support countries; build capacity of NIP Managers, guide countries implementation policies, and organize regular regional meetings of NIP Managers from the countries in the region to share experiences, adopt policies and monitor progress
- **Country:** Maintain and strengthen available capacities and encourage the country's commitments and ownership

THANK YOU!

Gayane Sahakyan

NIP Manager in Armenia

gsahakyan63@yahoo.com