

# Role of private sector vaccination in Uganda

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# Outline

- Background
- Private provider **contribution to coverage** of vaccines
- Evidence of **service quality issues**
- **Regulatory issues**
- Private providers' role in **adverse events following immunization (AEFI) and vaccine-preventable disease surveillance**
- Harmonization of **vaccine schedule and related issues**
- Contribution to immunization **access, utilization and advocacy**
- **Engagement with private providers?:** Existing dialogue and decision-making
- **Summary of major challenges and strengths**
- **Future plans/recommendations/opportunities?**

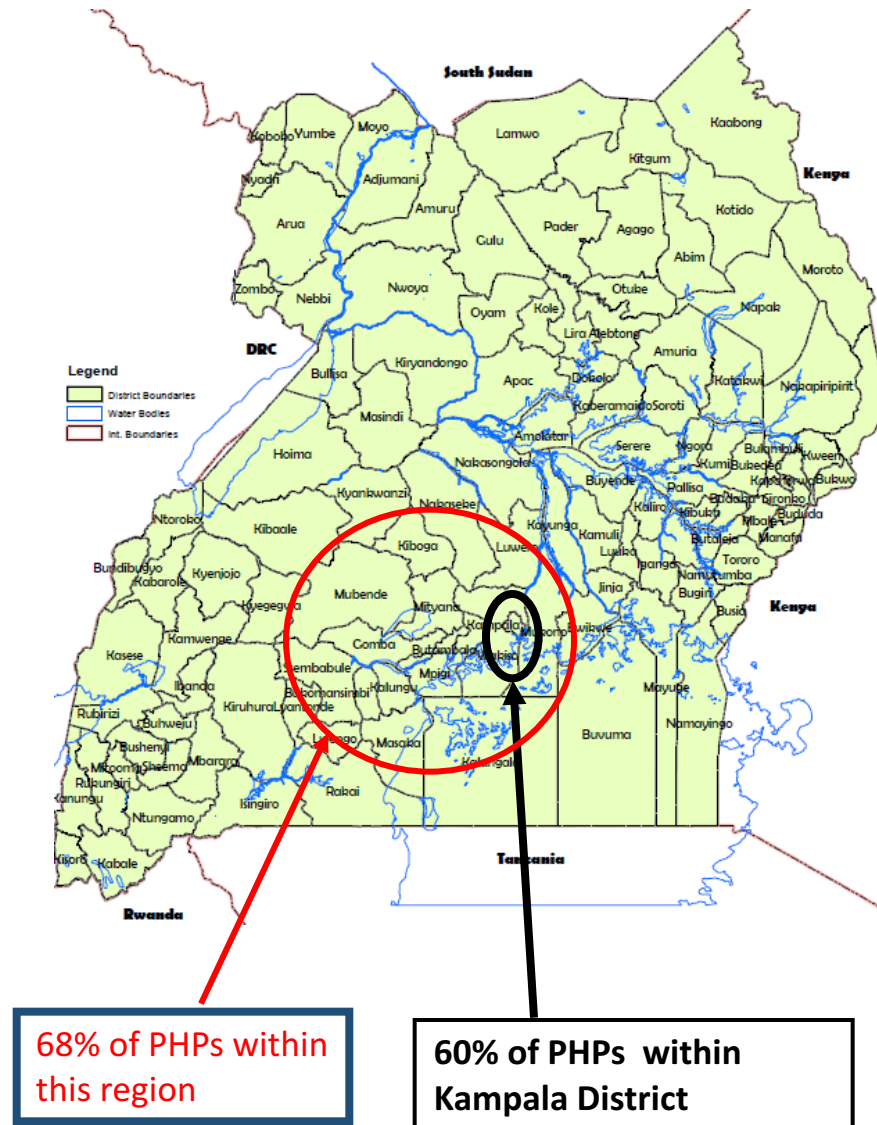
# Background: Private providers in Uganda

- The Public Private Partnership in Health (**PPPH**) is an element of Uganda's Health Sector Strategic Plan.
- The private sector includes:
  - Private Not For Profit (**PNFP**)
  - Private For Profit (**PFP**)
  - Traditional and Complementary Medicine
- Government of Uganda provides free of charge to private providers:
  - Vaccines, fridges, injection materials, data collection tools (Existing tools provide for private provider reporting)
  - Equipment to PNFP and PFP facilities through public–private partnership
  - Operational grants provided to PNFP, but not to PFP

# Health facility and immunization service provision by ownership, Uganda

OWNERSHIP				
	PUBLIC	NGO	PRIVATE	TOTAL
Health facilities (%)	3165 (48)	987 (15)	2475 (37)	6627
Health facilities providing immunization (%)	2596 (82)	148 (15)	75 (3)	3551

# Health Facilities in Uganda - 2



- The majority (68%) of the PHPs are located in the Central Region;
- Kampala District alone accounts for 60% of the PHPs in the country.
- Kampala district has a total of 1,391 HFs; 98% of them are private
- 90% (133/147) of HFs that offer Immunization services in Kampala are private

# Service delivery in the Private Sector in Uganda

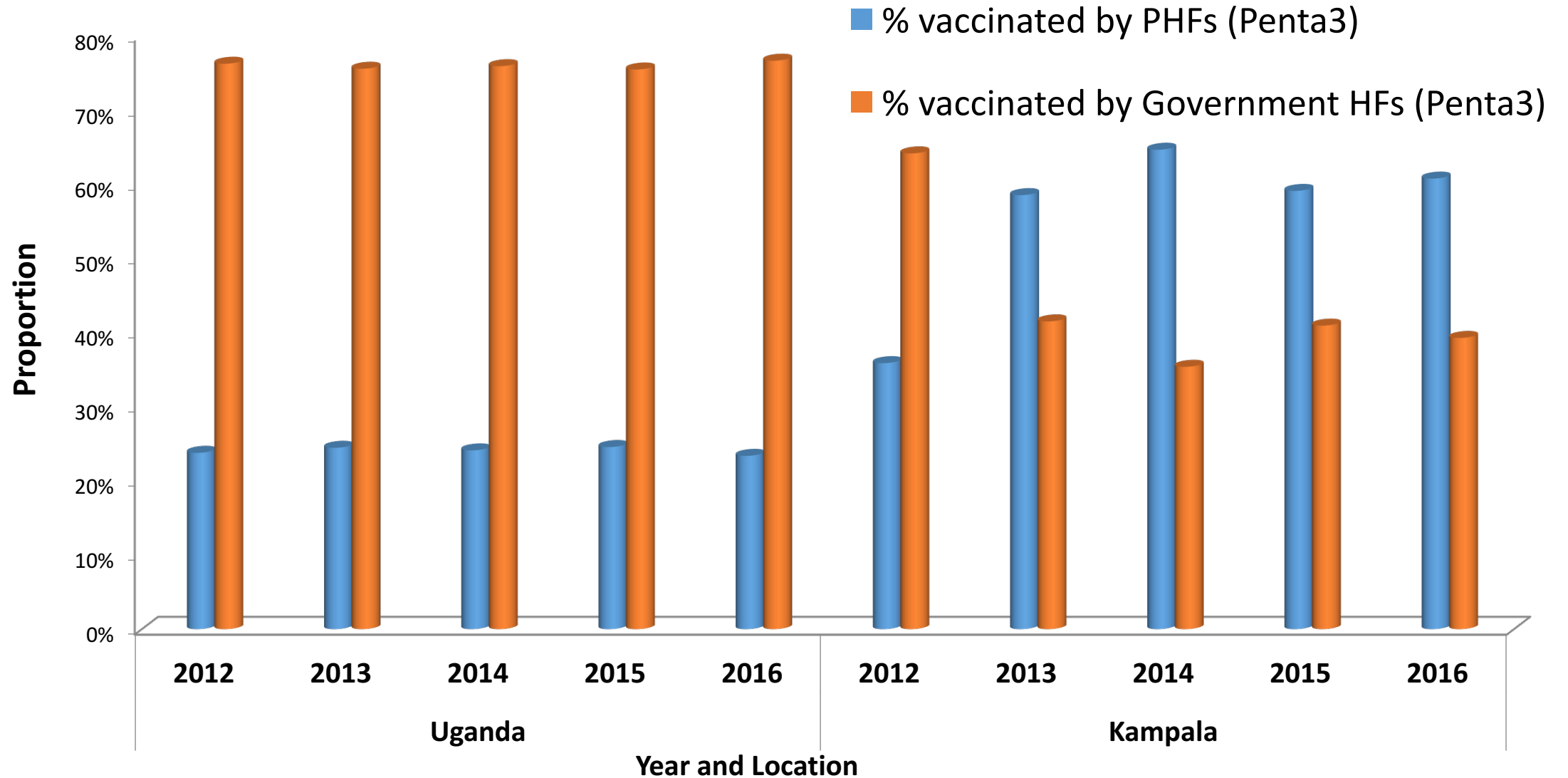
## – what we know

- 22–30% of immunization services are in private facilities<sup>1</sup>
- Location of vaccination (public or private): poorest 2.8 times more likely to be vaccinated at public facility than wealthiest quintile<sup>2</sup>
- Less cold chain in private facilities than other types equipment<sup>1</sup>
  - 20-38% (range by region) of facilities have cold chain
  - >80% have sterilizing equipment, 60-82% have xray
  - ~1/2 of private sector cold chain is in central region
- Indirect charges for immunization services could be barrier for caretakers<sup>2</sup>
- Inadequate funding of immunization to private providers results in a charge for vaccination<sup>2</sup>

<sup>1</sup>USAID 2005, Bisase 2004

<sup>2</sup>Babirye et al 2014

# Private providers contribution to coverage (Penta 3)



# Potential contribution of private providers to coverage

- Untapped resource; could contribute to national immunisation service delivery (37% of HFs)
- Targeted resource that can reach urban “hard to reach” population – slums, very rich
- Corporate responsibility needs to be strengthened in private sector
- Coordination mechanism exists through PPPH
- Existing regulatory bodies



# Regulatory issues

## Who regulates private sector?

- Uganda Medical and Dental Practitioners' Council
- Uganda Allied Professionals' Council
- Uganda Nurses and Midwives Association

## Challenges with regulation

- Limited capacity (human resource, financial) to enforce health regulatory framework<sup>1</sup>
- Enforcement of legislation and policies remains a challenge<sup>1</sup>

# Role of private providers in AEFI and vaccine preventable disease (VPD) surveillance?

## Reporting of AEFIs in public and private facilities, 2014-2016

Year	Private Not-For-Profit, n (%)	Private For-Profit, n(%)	Government, n(%)	Total
2014	53(28)	37(19)	101(54)	191
2015	53(20)	58(22)	154(58)	265
2016	39(24)	59(37)	62(39)	160

Both private and government facilities are involved in surveillance activities

- Health workers in private for-profit facilities in Kampala trained in surveillance of vaccine preventable diseases
- Surveillance tools were distributed to all facilities

# Harmonization of vaccination schedules

- No differences in routine EPI vaccination schedule
  - All vaccines are provided according to the national guidelines
- Challenges with differing schedules/antigens
  - Some private facilities purchase/provide vaccines that are not part of the national schedule e.g. rota vaccine, mumps, rubella, typhoid, influenza
- Population immunity issues
  - Immunity gaps exist due to accumulating unimmunized children, but not directly related to private sector
  - Inequity due to geographical location, education status, wealth status, religion

## Contribution/potential contribution of private providers to immunization access, utilization and advocacy

- Private providers (and CSOs) included in current Health System Strengthening (HSS) grant 2016 – 2020 to:
  - Mobilize and follow-up for immunisation
  - Mobilize resource persons (e.g., religious and cultural leaders)
  - Support scale up of a family connect and
  - Community Health Management Systems (CHMS) - e-health systems/ e-tools
- Engagement of **Civil Society Organizations** in community services
- Involvement of PPPH in immunization and coordination of private providers
- Private providers are conduit to narrowing the equity gap to immunization (communication, social mobilization, and advocacy)
- Broaden interface of advocacy and communication with community and political leadership
- Avenue for resource mobilization to immunization

## Engagement with private providers: Dialogue & role in decision-making

- Government provides vaccines and materials free of charge to private providers
- MOU between MOH and Federation of PHPs under Gavi HSS to support:
  - Mapping of private health facilities in Kampala
  - Training of 200 health workers from private facilities in Kampala (Operational Level Training, VPD Surveillance)
  - Equip 100 private facilities with EPI Fridges
- Mechanism for communication with private sector on vaccination issues
  - Private provider representation on Ministry of Health Policy Advisory Committee, EPI Technical Working Group and National Certification Committee
  - Professional organization provides technical guidance
- Experiences with engagement
  - Not all private facilities members of the Federation that signed a Memorandum of Understanding
  - Disagreements between different private providers' associations
  - Providers busy; inadequate time for full engagement
- Opportunities for training of service providers during Supplementary Immunization Activities and vaccine introduction

# Engaging private sector in immunization: Major strengths and challenges

## Strengths

- Large proportion (47%) HFs are private; potential to expand reach of services
- Existing MOU and framework for engagement via PPPH
- Study findings highlight some gaps that could be addressed

## Challenges

- Expansion to include all private providers requires human and financial resources
- Monitoring all providers to ensure alignment with national policies
- Institutionalizing strong PPPH to encompass private sector
- Private facilities not evenly distributed across the country

# Future plans/Recommendations/Opportunities

- Government will continue engagement with the private providers in all areas of providing effective immunization services
- Support will be provided under Gavi HSS2 to support countrywide mapping of health facilities and training
- Increased training, supportive supervision and mentorship of private facilities to improve quality of data and reporting
- Country in process of developing Immunization Coordination Committee which will have a representative of the private sector
- District health offices have mandate to integrate private provider in the mainstream service delivery

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