Health Sector Reform (HSR): the impact of health sector development on immunization services

Fact Sheet 1 of 3

What is health systems development and health sector reform?

Health system development and Health Sector Reforms (HSR)

Health systems develop as a consequence of changing economies, political priorities, international trends, and change in the pattern of diseases. When such changes are sustained and fundamental with regard to policy and the institutions of the sector, we talk about Health Sector Reform (HSR).

Reforms aim to improve people’s health, but they may also be initiated when the amount of funds available from the State is insufficient to maintain a reasonable standard of health services. When the latter is the case, health sector reform is usually part of a broader public sector reform process (national structural reforms).

Reforming national systems can be a lengthy process. Health services, including immunization, may be negatively affected during the period of change before the elements of the reform are in place.

The objective of reform is to provide the public with better access and quality, more fairness in distribution of services, effectiveness and improved sustainability of essential services.

Is there a correct approach to improve health systems?

There is no blueprint or set of “right” approaches to health sector development. Reforms need to respond to the national health situation, the resources available, as well as the capacity and motivation of people and health workers to adapt to change.

Consideration of the sociopolitical context is important if the reform is to work.

What are the major elements in reform processes?

- Decentralization

Decision-making moves from central (national) to peripheral levels. Peripheral levels may be regions, districts or municipalities. The changes range from districts receiving a block grant from the central treasury and being made responsible for their own health policy, their own tax collection, and the work of the health services (devolution), to districts being given a higher degree of control over operation of local health services (deconcentration). Improved participation of communities in decision-making is one aspect of decentralization. Even in highly decentralized systems, some authority linked to management functions is usually retained at the central level of the health sector (see Fact Sheet 2).
• Public-private mix and changes in financing

Changes in the role and responsibility of the public versus the private sector; i.e. in the public-private mix. Commercial enterprises (private-for-profit), non-governmental organizations and religious health care providers (private-not-for-profit), are included here in the term “private”.

The current trend during economic liberalization is that the private sector enjoys more freedom in relation to financing and/or provision of health services. Private providers may also be financed by government to provide health services to the general public.

Introduction of user fees (cost sharing), where users are charged for services, may be used to increase financial resources going to health services.

• Priority-setting

Changes in priorities in the health services. In low-income countries, essential services may be prioritised to become accessible to most people, especially the poor. The introduction of “an essential package of care” represents a special mode of priority-setting where the health sector primarily allocates resources to a core set of cost-effective health interventions.

• Integration

Changes from vertical health programmes to integration of services. Disease-specific programmes have often been planned and implemented as a separate entity with people, logistic support, supervision and training being linked to that programme only. To achieve better use of resources, functions common to different programmes may be integrated and delivered through the same channels. Integrated services at the point of delivery will usually benefit the client so she/he does not need to go to different sessions for curative, promotive and preventive care for example.

• Regulation

New legislation, such as the Local Government Act, may be introduced as a direct consequence of reforms to provide a legal basis for decentralization and legislation and to secure the financial and political sustainability of priority intervention. New roles of the private sector will often need to be followed up by new laws.

Regulatory mechanisms may also need to be strengthened to ensure that medicinal products for example are of acceptable quality, safety and efficacy when they reach the patient/consumer, and to ensure that their commercial promotion is accurate. The National Drug Regulatory Authorities are responsible for upholding compliance to such legislation.

• Sector wide approaches

Reforms are often linked to changes in donor coordination (and coordination of other stakeholders) such as Sector Wide Approaches (SWAPs), characterized by all significant resources to the sector supporting a single sector policy and expenditure programme, under government leadership.

How does health systems development & HSR impact on immunization?

In Fact Sheets 2 & 3 concrete examples will be presented on how HSR and health systems development at national and sub-national levels affect immunization. This fact sheet provides general comments on some of the potential consequences of health systems development and HSR. Both opportunities and risks during the reform process will be commented on, bearing in mind that HSR offers an opportunity to assess the delivery of immunization services and to improve these services within the context of health systems development.
• Decentralization

As a result of decentralization, there may be more focus on the (fewer) elements retained at central level. Decentralization offers an opportunity to improve the reporting system and make immunization data available and meaningful at the point of collection. In fact, when districts develop their own solutions to collecting data, these may be better adapted to the local context. However, if different districts and regions fail to report to central level, oversight over immunization and disease surveillance may be lost. If EPI programme management functions, previously executed from central level, are not developed more peripherally during decentralization, specialized functions, for example in relation to cold chain management, may be weakened or lost.

• Public-private mix and new financial mechanisms.

The private sector (for-profit) may be contracted and funded to take on the responsibility of purchasing, custom clearance, storage, stock management, distribution and ordering of vaccines after a bid has been made. If user fees are introduced, this may discourage people in low income communities from seeking vaccination as well as other services for themselves and their children.

• Priority-setting

Immunization is one of the most cost-effective health interventions preventing major disability and death. As a consequence of developing poverty reduction strategies, more funds may become available for immunization. Countries may prioritise immunization through adopting “an essential package of care”, which to a large extent is delivered through Primary Health Care (PHC). By giving more resources to PHC, immunization will usually be accorded higher priority.

• Integration²

Integration offers an opportunity for efficient use of health resources such as personnel, equipment, and information systems. Immunization services may be used for spearheading reforms such as integration with other health programmes when delivering EPI³ and micronutrient supplementation. On the other hand, immunization may not receive the same attention in an integrated health service where immunization is just one element. It is therefore important to ensure that the performance monitoring and management systems promote effective planning and management for immunization during reforms.

### Fundamental immunization activities to be maintained during reforms — a check list

- Ensure adequate supplies. One of the most critical elements during HSR is to ensure that adequate supplies of high-quality vaccine and injection equipment arrive in the country at the right time. It is the national level’s responsibility to purchase adequate supplies in a timely manner through open international tender, although this job may be outsourced.

- Ensure potent and safe vaccine at delivery points. All vaccines in the immunization schedule must be available, potent and safe at the point of delivery, and reach the poor and the most remote areas.

- Ensure immunization safety. Vaccines correctly administered and safety of injection equipment must be ensured during vaccination and disposal.

- Guarantee timely administration. Vaccines must be administered at the time when the client is susceptible and prior to exposure to disease.

- Improve capacity to monitor. Documentation and record keeping should be ensured for individual and public health purposes.

- Enhance surveillance of disease & adverse events. A functioning monitoring system, including disease surveillance, should be in place for detecting successes and failures in EPI.

- Plan to achieve financial sustainability. Finances for immunization services need to be secured.

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1. See fact sheet for immunization ([www.who.int/vaccines-documents/docsPDF01/www563.pdf](http://www.who.int/vaccines-documents/docsPDF01/www563.pdf))
3. See also ‘Immunization services assessment guidelines’ ([http://www.who.int/vaccines-diseases/service/immsystemassess.shtml](http://www.who.int/vaccines-diseases/service/immsystemassess.shtml))
• Regulation

WHO has identified six essential control functions to be undertaken by an effective vaccine regulatory system building on Drug Regulatory Authorities. These will be presented in Fact Sheet 2. Regulations which are well enforced will contribute to vaccines being available, potent and safe at the point of delivery.

• Sector wide approaches

With SWAPs, new funding arrangements may provide cost-efficient ways of financing services, compared to different elements of the health service supporting “their component” such as ordering of supplies. However, when bi- and multilateral organizations have special arrangements for procuring and paying for in-kind donations, governments may have problems in taking them over. In order to avoid disruption, agreements have been made in some SWAPs to continue using specialized agencies for procurement, i.e. UNICEF for vaccines. As a result of SWAPs, earmarked funding or separate projects (and budget line) for immunization may be lost, and EPI will have to ensure that funds for vaccines and other supplies are included within the sector wide procurement plan.

How may access, equity, quality, effectiveness and sustainability for immunization services be improved?

Equity

Political will, leadership and advocacy for immunization are especially important during the reform process. Everybody involved in immunization has a responsibility to advocate for equity directly and/or through national, district or community leaders.

- Equity concerns should be expressed in Interagency Coordination Committees (ICC) where all stakeholders come together to discuss different aspects of immunization services such as polio eradication, EPI and the introduction of new vaccines. In these areas, equity is a major concern. Mapping of underserved areas followed up with provision of outreach services will improve accessibility and equity. Establishing new permanent sites in under-reached areas is, if possible, a more sustainable solution. Where ICCs are immunization-specific, a mechanism for feeding into the sector wide coordination body should be established.

- User fees should not be introduced for immunization since this will reduce access of the poor.

Efficiency and effectiveness

- Assessing the burden of disease (BoD) is important prior to introduction of new and underused vaccines. The BoD study, together with the estimated cost of adding a new vaccine to the EPI schedule, will provide the basis for assessing the cost-effectiveness of such an introduction. This assessment may in turn be used as evidence for policy decisions on priority-setting.

- Detailed planning of campaigns, for example, provides the basis for efficient use of funds.

- Surveillance for Acute Flaccid Paralysis (AFP) has been intensified during polio eradication campaigns. This improvement in disease surveillance should be further utilised for surveillance of other vaccine-preventable diseases, notably measles. Information may be used for improving the effectiveness of routine EPI and immunization campaigns.

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Accessibility and dropout

- **Develop strategies to increase access to immunization services.** DTP3 below 80% suggests poor accessibility. DTP1 is an indicator of people accessing the service at least once. Dropout rates can be measured by the difference between DTP3 and DTP1. If more than 10% of children drop out, this should be further investigated. Improving management of immunization will usually lower the dropout rate. (NOTE: provide website for WHO-UNICEF document: “Increasing immunization coverage”).

Financial sustainability

- Although self-sufficiency is the ultimate goal, in the short term sustainable financing is the ability of a country to mobilize and efficiently use domestic and supplementary external resources on a reliable basis to achieve target levels of immunization performance (sustainability definition used by GAVI).

- Financing targets and actions must be tied to programme goals and strategies. For example, if the programme is focusing on expanding coverage of the basic EPI vaccines, financing targets should be set so that sufficient funds are available for personnel and other recurrent costs associated with new outreach strategies.

- Including immunization targets in poverty reduction strategy papers should also help to maintain long-term support for immunization.

- Social mobilization, advocacy, community education and participation are crucial for sustainability.

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