

Need for
Sustained
Budgetary
Increase and
Timely
Release of
appropriated
Routine
Immunization
Budget in
Lagos State.

ABSTRACT

In 2017, the World Health Organisation (WHO) ranked Nigeria as the country with the largest number of unimmunized children in the world. Strong routine immunization is required to facilitate the interruption of all vaccine preventable disorders and protect children in the communities from re-infection. It will maximize the reach of quality vaccines through a well-functioning supply and cold chain system. A policy on improving equity, detecting unreached groups, efficient service delivery and the capacity of vaccinators is desirable, to redress the situation, the annual RI related budgets provide the platform for effective financing of RI projects and programmes.

INTRODUCTION

The Expanded Programme on Immunization (EPI) was initiated in 1979, with the objective of providing immunization services to communities in Nigeria. The aim was to reduce the burden from vaccine-preventable diseases and therefore served as the entry point for primary health care delivery in various communities in the country. Following a decline in the performance of the EPI between 1988 and 1990, the National Programme on Immunization (NPI) was established. The establishment of this new programme in 1996 was targeted at encouraging national commitment and ownership towards the implementation of the EPI. The NPI was merged with the National Primary Health Care Development Agency (NPHCDA) in 2007 where its functions are now being discharged by the Department of Disease Control & Immunization.

In spite of the institution of a strengthening approach for the implementation of EPI over the years which resulted in improved cold chain system; increased community awareness and participation; and capacity building for immunization service delivery personnel, there still persists substantial gaps in EPI implementation across the country. This includes findings from several health/immunization system analyses, including the Health Sector Reform Programme; Expert Review Committee (ERC) on Polio Eradication Initiative (PEI) of Nigeria; National Immunization Coverage Survey (NICS) 2003, 2006 and 2008; Demographic and Health Survey; amongst others, identify the following as priority areas - (1) improving immunization coverage; (2) continuing bundled vaccines supplies; (3) interruption of the transmission of the wild poliovirus; (4) introduction of new vaccines; (5) building capacity of staff at all levels; (6) cold chain management; (7) data and information management; (8) Integration.

Routine immunization (RI) is provided at the health facilities in Nigeria through the public health system (mainly in LGA health facilities) and the private sector which is a key player in health care delivery service in most states in Nigeria. The decline in the RI coverage occurred as a result of various reasons, mainly due to the collapse of the Primary Health Care system in Nigeria in the 1990s, as a result of poor funding by governments and lack of political commitment and ownership at all levels. As a result, many health facilities—either ceased to function or stopped providing RI services. Vaccine stock outs became common place. The few facilities providing RI services were not able to reach

distant communities, as minimal or no outreach/mobile immunization activities were conducted. Furthermore, there were no activities to sustain community demands. Other significant reasons for the continuing low coverage include lack of awareness of immunization schedule, time and place, poor attitude of the health worker and apparent stock out of vaccines at service delivery points. Today, in many states, these problems still persist.

THE LAGOS STATE CONTEXT

Lagos being a mega city with a population of 25 million at a growth rate of 3.2%¹ and a high proportion of youths estimated at 43% is believed to have a large proportion of those children. It is important to state at this juncture that many women in riverine and hard –to-reach communities within Lagos metropolis are not fully taking up immunization services, hence the percentage of fully immunized children less than 1 year in the communities is sub optimal. Infant Mortality 45/1000 live births and only 65% of the children are fully immunized (MICS 2016/2017) – even 37% (MNCH 2017 Scorecards using DVDMT data.)² This still remains unacceptable. While it is expected that all children by the age of 1 should have completed their immunization schedule according to the NPI schedule, this is not the case in many communities owing to transportation challenges amongst others. In some of the aforementioned areas, the location of Primary Health Centres are far between, forcing many of the women to travel long distances in order to access immunization services.

It is also observed that outreach programmes to the affected areas are inadequate in scope and frequency. This development creates a gap in the NPI schedule. Failure to improve on this is fueling morbidity and mortality from vaccine preventable diseases among children under 5 in the communities. Routine immunization needs should be made sustainable, reliable and timely to ensure every child is fully immunized against Polio, measles, pertussis, diphtheria, TB, etc.

Routine Immunization Financing Considerations in Lagos State Y2016 –Y2018

Lagos State Primary Health Care Board						
	2016		2017		2018	
	Budget	Actual	Budget	Actual	Budget	Actual
Support for PHC WMHCP,IMNCH, NIPDS & Immunization at PHC Level	30,000,000	1,414,500	30,000,000	26,735,353.71	68,213,000	
NPI Cold chain store	2,000,000	996,000	2,386,000	2,304,000	6,004,506	
Renovation of cold chain store	120,000,000	4,003,641	51,967,639	40,843,654.87	40,000,000	

Lagos State Ministry of Health Budgetary allocations & performance

	2016		2017		2018	
Programme	Budget	Actual	Budget	Actual	Budget	Actual
Immunization Programme	25,279,604.00	23,000,000.00	25,840,000.00	18,674,000	613,200,000	

Health Insurance Scheme

	2016		2017		2018	
Programme	Budget	Actual	Budget	Actual	Budget	Actual
State Health Insurance Scheme	437,906,500.00	173,402,297.34	437,906,500	0	6,804,620,000.00	

CONCLUSION

In view of above, if the Lagos State Government will apply the following thinking around its implementation of RI, desired improvements listed below are assured:

Timely Release of RI funds for the PHC Board:

- ⊕ Timely release of budgeted funds for Routine Immunization will ensure regular programmes on RI, and hence reduce incidences of epidemics in the state.
- ⊕ There will be confidence in the PHCs in the State as community members will begin to look up to the PHC for reduction of disease burden in their LG.
- ⊕ It will be possible to track the regular funds given to the PHCs for that activity.

Sustained Increased funding of RI:

- ⊕ Increased funding will make money available to reach other communities which hitherto had not been reached.
- ⊕ There will be enough funds to engage as many personnel as desired to do the activities..
- ⊕ Reduction of disease burden in the state when routine immunization is embarked upon.

Launching & Implementation of the Lagos State Health Scheme

- ⊕ Rolling out The Lagos State Health Plan which is a Basic, defined minimum benefit package of health care services for Primary Care as well as an "affordable" supplementary benefit package of health care services for Secondary and Tertiary Care.
- ⊕ Establishing the Lagos State Health Fund - the Lagos State Health Fund (LASHEF) with 1% of the Consolidated Revenue Fund (CRF) which will serve as a basket of funds from several

sources (including the private sector, development partners & the National Health Act through the NHIS & NPHCDA) for the provision of health care services for the enrolled population.

Inauguration of Local Government Health Authority at the LGAs and the constitution of the PHC board members:

- ⊕ Having a PHC Board in place will ensure smooth running of the PHCB as an entity, and also conform to the Health Sector Reform Law of 2006.
- ⊕ Inauguration of the LGHA will ensure smooth running of the PHCs at the LG level in the State.
- ⊕ LGHA will eliminate all shortcomings being experienced presently at the PHCs as there will be an effective supervision and monitoring.
- ⊕ Programme activities will run smoothly at the LG levels.

In order to provide an effective approach to achieving a sustainable RI programme in Lagos state, it is important to address issues of inadequate Cold Chain (CC) infrastructure, weak preventive maintenance (PPM) system of CC systems leading to rapid and continuous break down, inadequate supportive supervision, weak monitoring and use of data for action as well as slow integration of private providers in RI service delivery. Ultimately, these point to the need for sustained increase in funding as well as timely release of funds already earmarked for allocation of RI within the state.

¹ Lagos Bureau of Statistics, 2018

² District Vaccination Data Management tool (DVDMT), and population data from Lagos Bureau of Statistics (BoS)

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