

# Immunization

## MCSP Tanzania Program Brief

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Despite having an immunization program described as “one of the best-performing in Africa,”<sup>1</sup> Tanzania has continued to prioritize efforts toward improving its national immunization program’s performance. From 2014-2018, the Maternal and Child Survival Program (MCSP) worked hand-in-hand with the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC)/ Immunization and Vaccine Development (IVD) Program to strengthen the delivery of Tanzania’s routine immunization services and to introduce new life-saving vaccines. Partnering at national level and within four regions, MCSP supported the IVD Program to strengthen its workforce and systems with an overarching goal to reduce the number of Tanzania’s unvaccinated and under-vaccinated children, especially those living in hard-to-reach areas.



Mothers and their children wait at a health facility in Muleba, Kagera waiting for their immunization appointments. MCSP/Hatibu Yusph

### Program Approaches, Strategies, Interventions, and Challenges

Constraints including health worker shortages, budget limitations, inadequate community linkages, and health information system gaps have challenged Tanzania’s ability to deliver consistently reliable, high-quality, and equitable immunization services nationwide. In response to these challenges, MCSP’s immunization support focused on five main intervention areas:

- 1. Helped the IVD Program refine and implement its national immunization agenda:** For four years, MCSP provided high-level technical support to the IVD Program in five major capacities: immunization policy development, strategic planning and partner coordination, program monitoring and evaluation, health workforce development, and program learning and research. MCSP was an active member of the national IVD Technical Working Group (TWG), the Immunization Interagency Coordination Committee, and secretariat of the National Immunization Technical Advisory Group helping the IVD Program refine and implement its national immunization agenda. Through these groups, MCSP supported the IVD Program in: developing comprehensive Multi-Year Plans and annual IVD workplans; conducting annual/semi-annual program reviews as well as national reviews such as the Effective Vaccine Management Assessment and the GAVI Joint Appraisal; introducing new vaccines; implementing national campaigns and polio endgame activities; developing resource mobilization

<sup>1</sup> D Lyimo, C Kamugisha, E Yohana, M Eshetu, A Wallace, K Ward, C Mantel, K Hennessey. “Improving the efficiency and standards of a National Immunization Program Review: lessons learnt from United Republic of Tanzania.” *Panafrican-med-journal.com*. 28 Nov. 2017. Web. 30 Nov. 2017. <<http://www.panafrican-med-journal.com/content/article/28/209/pdf/209.pdf>>

strategies and grant proposals; strengthening immunization surveillance and health information systems; and updating national health worker training curricula. Collectively, these and other activities helped Tanzania achieve the Global Vaccine Action Plan (GVAP) 2011-2020 goal of reaching a national Penta3 vaccination coverage rate of 90% with the intent to prevent deaths through more equitable access to existing vaccines for people in all communities.

**2. Strengthened the capacity of regional and council health teams to effectively manage immunization services:**

MCSP worked closely with the IVD TWG and Zonal Training Centers in Iringa, Arusha, and Kigoma to build and refresh the immunization workforce's knowledge and skills. In addition to updating the national IVD training guidelines and Immunization in Practice (IIP) guidelines, MCSP led management trainings across all levels of the health system so that vaccines were being introduced and accurately administered by healthcare workers while the overall immunization programs were being proactively and effectively managed.



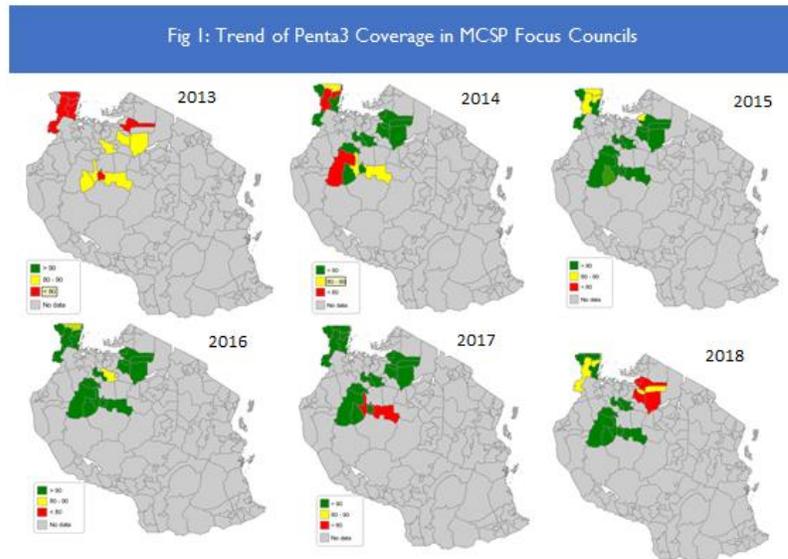
Community Health Workers deliver vaccine supplies to a local Community Health Facility MCSP/Hatibu Yusuph

With the IVD Program and other partners, MCSP also built health worker capacity in immunization-related information systems, for example by supporting training on the new, web-based Vaccine Information Management System (VIMS) as well as the electronic Integrated Disease Surveillance and Response (eIDSR) so that the healthcare workers could track the incidence of vaccine-preventable diseases. The *Streamlining and Strengthening the Disease Surveillance System in Tanzania* report can be downloaded [here](#).

**3. Implemented the Reaching Every Child (REC) strategy in 19 underperforming councils:** At the council and health facility level, MCSP supported health workers to develop annual immunization microplans aimed at reaching unvaccinated children through outreach services and community-based defaulter tracing activities. The key components of the REC strategy were facilitating REC microplanning, supportive supervision and routine review meetings, in which MCSP supported participants with reviewing and using immunization data to plan services and allocate resources. In Muleba council in Kagera, MCSP piloted an approach that used data to inform the budgeting process for Comprehensive Council Health Planning (CCHP). After the pilot, government funding for immunization operations at health facility and councils level in Muleba rose from 48% to 100%, while Penta3 coverage also increased. While the connection between Penta3 coverage and CCHP budgeting improvements is limited, results from the pilot suggested that CCHP strengthening may be an important component of immunization system strengthening. The *Strengthening Comprehensive Council Health Planning to Increase Immunization Coverage* report can be downloaded [here](#).

**4. Introduced new and underutilized vaccines nationwide:** With MCSP support, the MOHCDGEC successfully introduced the Measles-Rubella combined vaccine in 2014 and the human papillomavirus vaccine (HPV) and inactivated polio vaccine (IPV) in 2018. The MOHCDGEC also switched from trivalent oral poliovirus vaccine (OPV) to bivalent OPV in 2016. MCSP conducted post-introduction supportive supervision visits to health facilities in all 19 MCSP-supported councils to help ensure the new vaccines were sustainably integrated into routine immunization.

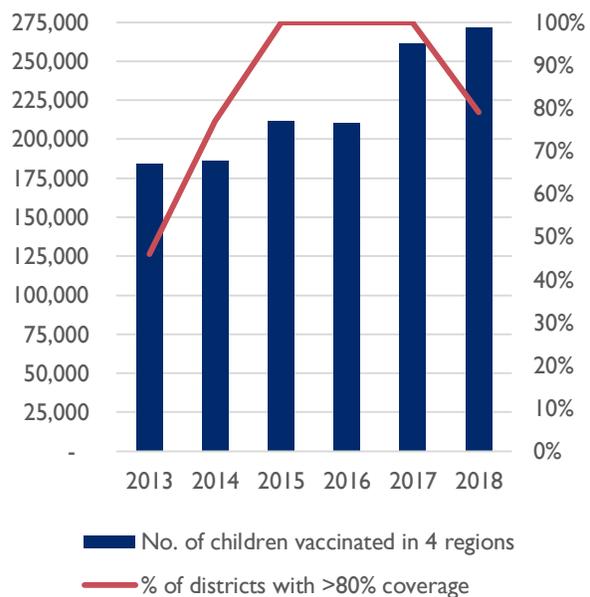
5. **Advised on logistics system:** Since 2015, when the Government of Tanzania started to transition operations of the Central Vaccine Store from Tanzania’s Medical Stores Department to the IVD, MCSP has advised the MOHCEDGEC on national cold chain planning; rolling out the Vaccine Information Management System (VIMS) and strengthening routine supportive supervision and monitoring of regional vaccine stores. MCSP also supported MOH/IVD in developing the cold chain equipment optimization plan (CCEOP) including distribution.



## Key Results and Lessons Learned

- From 2013, the Penta3 coverage in MCSP-supported councils increased significantly while the number of unvaccinated children dropped from 40,000 to fewer than 5,000 children by 2016 protecting communities from vaccine preventable diseases. With fewer unvaccinated children, communities are more protected against diseases and outbreaks. Additionally, all MCSP-supported councils achieved 80% Penta3 coverage from 2015 to 2017. However, in 2018 four councils documented less than 80% coverage due to the revision of the target population, as shown in Figures 1 and 2. In 2018, the Government of Tanzania adjusted the national census calculation significantly increasing denominators and inaccurately implying a decrease in coverage. This experience shows the importance of understanding the connection that changes in general reporting practices can have on the reporting of immunization coverage.
- MCSP supported the IVD Program at the national level and R/DIVOs at the local level to successfully introduce measles second dose, MR, HPV, and IPV, and switch from the use of tri-OPV to bi-OPV.
- VIMS, which combines district vaccination data management tool (DVDMT), stock management, and cold chain equipment inventory management into one web-based platform, was piloted with MCSP support in 44 councils in seven regions and is now implemented in all regions and councils, facilitating routine monitoring and improvement of immunization program performance by providing stakeholders with comprehensive dashboard displays to aid timely and informed decision-making. VIMS demonstrates the benefit of a streamlined system on reporting. The *Assessing the Effectiveness of a Web-Based Vaccine Information Management System on Immunization-Related Data Functions* report can be downloaded [here](#).

**Fig. 2:** Number of children vaccinated with Penta3 in 4 MCSP-supported regions by year and percentage of districts with Penta3 coverage >80%



- To ensure doctors, public health officers and nurses and midwives were being taught with updated WHO immunization pre service education curricula, MCSP supported the IVD Program revise and standardize lesson plans, course outlines, tools and training facilitator guides for each cadre.

## Recommendations

- **Allocated funds in CCHPs for regular program review meetings and supportive supervision of health workers should be prioritized by IVD.** These activities increase national and sub-national-level engagement and support for immunization initiatives, improve data-use in decision-making, and strengthen program managers' and health workers' capacity to sustainably provide high-quality services to all populations at the right time. When health workers – including community health workers – participate in reviews and receive supervision and feedback, their confidence, and commitment to action improves.
- Efforts to improve the quality of immunization program data, such as VIMS and eIDSR, are critically important through supportive supervision and mentoring. Without accurate, reliable, and timely information, program and service delivery improvements cannot be made. **However, IVD and its partners should pair the scale-up of such interventions with complementary capacity-building, supervision, monitoring, and review activities in order for health workers to be equipped to manage and maintain systems.**
- **Council health teams should continue to engage community leaders, health facility governing committee members, and community health volunteers through established platforms such as primary health care meetings and health facility governance committees.** Uniting these groups in the development, implementation, monitoring, and refinement of immunization initiatives (e.g., defaulter tracking and resource mobilization) will help ensure that efforts are relevant, effective, and sustainable into the future.

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