



**REPUBLIC OF MOZAMBIQUE**  
**MINISTRY OF HEALTH**  
**Committee of Experts on Immunization (CoPI)**

## **First Meeting**

**Maputo, 26 to 28 April 2011.**

**Recommendation R001/01/2011 Eng.**

### **Recommendation on improvement of the performance of EPI (how to reach those who are not yet reached)**

#### **Preamble**

- A. The CoPI notes with concern that the coverage rates of EPI, which in the 90s and early 2000s showed a trend of improvement, has been decreasing in recent years, with particular focus in 2010. This year the EPI performance was hampered by rupture of stock of the PENTA vaccine because of problems with the quality of the vaccine that we have been provided (which is not attributable to the country), which forced the suspension of vaccination for 2 months. However, it is worrying that in 2010 we had a large number of unvaccinated children.
- B. The CoPI also noted with concern that repeatedly since 2005, the rate of breakdown of vaccine PENTA 1 to PENTA 3 was higher than the WHO recommendation (less than 10%), having been exceptionally 24% in 2010, for the reasons previously stated.
- C. The CoPI noted that there is lack of scientific information on the causes of the existence of large numbers of un and under vaccinated children.
- D. However, depending on available information, CoPI, acknowledged that everything seems to indicate that the main causes of un and under vaccinated children are:
  - » Difficulties in geographic access, important in certain provinces, with insufficient coverage of fixed posts and irregular functioning of mobile teams, although there is also coverage rates, lower than desirable, in urban areas;
  - » Failure or inefficiency of IEC strategies, resulting in a large percentage of people who do not know of vaccination programs or fail to assign them adequate priority;
  - » Systematic breaks of vaccine stocks which worsened in 2010, for the reasons mentioned above;

- » Attitudes and behaviors of parents and families to refuse vaccination, either for religious or political reasons.
- » Weak collaboration of certain community leaders and community groups;
- » Attitudes and behaviors of Health staff leading to demotivation of users or to missed opportunities for vaccination.

**E. During the debates of CoPI, it was noted that:**

- » There are problems of management of EPI, at all levels, some of which are reflections of structural and functional deficiencies of the National Health Service,
- » There are quantitative and qualitative problems in relation to Human Resources involved in EPI, their management and their training. Many of these problems are not specific to the training of EPI personnel and affect other professional groups in the NHS, but with effects on EPI. Among these problems are:
  - Poor quality of training, in EPI and other areas with direct impact in EPI;
  - Poor coordination and scheduling of this training,
  - Poor harmonization of the content of this training,
  - Weakness of mechanisms for monitoring and evaluation of these training programs,
  - Irregular review and updating of these training programs,
  - Poor planning of courses according to needs.

**F. The COPI deplores the existence of individual or collective actions that impede vaccination programs through disinformation, incitement to violence, among other reasons.**

## **Operative Paragraphs**

**Under these circumstances, the CoPI, recommends:**

1. That the Ministry of Health, continue and intensify the process of expanding the health network, and that until the end of 2013, in all health centers, there should be full functional fixed immunization posts.
2. However, the CoPI believes that, in the immediate, there is the need to strengthen the operational capability of the mobile teams, and to this respect, all the criteria established for the planning of mobile teams have to be implemented, as needed, in order to improve their effectiveness and efficiency, particularly in relation to:
  - » training of human resources,
  - » transportation, maintenance and its fuel,
  - » maintenance of the cold chain,
  - » storage quality of inputs for EPI,
  - » timely payment to staff of allowances and other incentives to improve performance.

3. The MOH to ensure that, up to the end of 2011, the strategy already adopted for the Health Promotion, appropriately addresses the promotion of EPI and that it will be immediately implemented.
4. That up to April 2012, it will be conducted, at least one Socio-Anthropological research study (of sociometric nature and possibly also socioqualitatif) on perspectives, behaviors and attitudes of the population and the vaccinator agents, as well as on missed opportunities that lead to a large number of children un or under vaccinated.
5. The CoPI recommends improving the management of EPI, at all levels, and in all its components, by the implementation of the recommendations left by the national and International teams of evaluation of EPI and for the implementation of CoPI recommendations, taking particularly into account the need to develop actions aimed at eliminating the causes listed here for the low coverage rates.
6. The CoPI considers vital to the success of EPI, that it will be a more rational management of human resources involved in it, and therefore recommends that job descriptions of different types of health technicians, directly or indirectly involved in EPI and in the Epidemiological Surveillance Subsystem (ESSS) should exist and its dissemination have to be improved and intensified, so that job descriptions serve as effective instruments of human resource management at all levels, especially those Health workers who have responsibilities related to EPI and the ESSS.
7. The CoPI recommends the development of quality training to all staff involved in the EPI, in particular to managers at all levels, and above all:
  - Assurance that pre-service and in-service training of EPI staff and of other areas with direct impact on the EPI are better planned, coordinated and harmonized, ensuring a proper calendar in programmatic terms and of contents and covering all technical areas and of management of EPI and of epidemiological surveillance of vaccine preventable diseases.
  - Guarantee that the methods of monitoring and evaluation of courses, trainers, trainees and post-training skills are implemented in all courses of EPI and courses in other areas with direct impact on EPI and epidemiological surveillance of vaccine preventable diseases.
  - That updating and revising the pre-service and in service training courses are made regularly taking into account the current demands in this area.
8. The CoPI also recommends the development, by the end of February 2012, of instructions and mechanisms for retention in EPI and epidemiological surveillance tasks of the trained staff.
9. The CoPI is prepared to participate, as early as May 2011, in Advocacy activities in order to stimulate the involvement of civil society, training institutions and communities, namely through press conferences, advocacy for

decision-makers and opinion leaders, among others, to stimulate a broad movement of civil society in support of immunization and its promotion, as an important means for the achievement of the Millennium Development Goal No. 4.

10. The CoPI calls on the competent authorities for the creation and implementation of legal instruments to punish those responsible for the actions that hamper the vaccination program.

The CoPI also decided that, in the agenda of one of its meetings, in 2012, will be included specific points on the «Human Resources Training for EPI and epidemiological surveillance of vaccine preventable diseases» and on «Research on vaccines and vaccine preventable diseases».

### **Monitoring Indicators:**

- Number of new primary health care units, per year,
- Number of new fixed vaccination posts, per year,
- All Health Centers already have, by the end of 2013, fixed vaccination posts,
- Degree of dissemination to the staff in charge at provincial, district and health center levels, of the criteria adopted for planning and improvement of the Mobile Teams;
- Annual Report on the implementation level of the criteria adopted for planning and improvement of Mobile Teams and for the quality of them,
- Degree of compliance with the annual plan of the Mobile Teams,
- That, up to the end of 2011, the strategy already adopted for the Promotion of Health, effective and appropriately addresses the promotion of EPI
- At the end of 2011, the strategy already adopted contemplating EPI is already being implemented,
- That in the next HDSs, will be already included questions about knowledge, behaviors and attitudes of the population in relation to the EPI and the National Immunization Schedule, so that with this type of surveys we can provide data for guiding the redefinition of IEC strategies.,
- That, by the end of 2012, there have already been made surveys to health workers at PHC level, involved or not in EPI, on their knowledge of the National Immunization Schedule, in order to reorient the training of EPI implementing agents in order to achieve a better professional performance by these agents.
- That, until April 2012, has already been conducted, at least one study, on the attitudes and behavior of the population and of the vaccinators agents, which influence the dynamics of vaccination, in order to obtain data for guiding the redefinition of IEC strategies,
- Annual level of implementation of management improvements introduced in the EPI, to solve the problems encountered in periodic evaluations,

- Degree of implementation of CoPI recommendations. in particular those related to the development of actions aimed at eliminating the causes listed here for the low coverage rates,
- Absolute number of un and under vaccinated children, by type of vaccine and by year (with analysis at National, Provincial and District levels),
- Annual rate of coverage for each vaccine (analysis at National, Provincial and District levels),
- Rate of vaccine drop out between Penta 1 and Penta 3, per year (with analysis at National, Provincial and District levels),
- Job Descriptions of staff directly or indirectly linked to EPI and epidemiological surveillance of vaccine preventable diseases published, until the end of 2011, and distributed to all managers and supervisors and EPI and ESSS, at all levels, by the end of April 2012, to serve as effective instruments of human resources management,
- Number of training activities per year and with an analytical report assessing its quality,
- Number of staff trained (basic training and refresher courses),
- Annual plan coordinated and harmonized training completed and released until the end of February each year,
- Annual training plan finalized, coordinated, harmonized and made available, by the end of February each year.
- Curriculum Framework of short courses finalized and approved by the end of January 2012,
- Curricula of pre-service courses of Preventive Medicine and other areas with direct impact on EPI, reviewed and updated every four years,
- Methods of monitoring and evaluation of training courses established and approved, by January 2012 and implemented thereafter,
- Database and criteria for participation in refresher courses, defined up to the end of January 2012,
- The retention instructions and mechanisms, in EPI and epidemiological surveillance, of the trained personnel, have been developed by the end February 2012,
- Starting in May 2011, the CoPI is already involved in advocacy activities in order to stimulate the involvement of civil society, training institutions and communities, namely through press conferences, advocacy for decision-makers and opinion leaders, among others, to stimulate a broad movement of civil society in support of immunization and its promotion, as an important means for the achievement of the Millennium Development Goal No. 4.

- ➔ By the end of September 2011, CoPI has contacted the relevant authorities (National Assembly, Ministry of Justice, Supreme Court and the Attorney General's Office) calling for these agencies to create and implement legal instruments to punish those responsible for the actions that hamper the vaccination program.
- ➔ That in the agenda of one of CoPI's meetings, in 2012, specific points on the «Human Resources Training for EPI and epidemiological surveillance of vaccine preventable diseases» and on «Research on vaccines and vaccine preventable diseases» have actually been included.

*Maputo, 28 April 2011*