

# "Informing Country Level Decision-Making"

---

## 5th MIM Pan-African Malaria Conference

Nairobi, Kenya, 1–6 November,  
2009



Presented by  
Dr. Felicia Owusu-Antwi  
WHO - Ghana



Health  
Service

# Presentation outline

---

- Introduction
    - Health Policy-decision process in Ghana
    - Experience and lessons learnt from new malaria interventions
    - Experience and lessons learnt from recent vaccine introductions
  - Planning for introduction of a malaria vaccine in Ghana
    - The TAG and it's expected results
    - Issues and Challenges
-

# Introduction

## □ Health Policy-decision process in Ghana

---

- Assessment of Burden of disease to convince Government, policy and decision-makers:
  - Evidence for the effectiveness or efficacy of the approach or intervention.
  - Establishment of:
    - ICC (MOH + Partners) as advocacy and approving authority
    - Technical committee for implementation plans
  - Consensus building
- 
- Secure Funding support (for sustained implementation)
- 
- Registration of the product by FDB

# RECENT MAJOR POLICY DECISIONS IN MALARIA CONTROL

---

- ❑ Change in the anti-malaria drug policy including the introduction and scale up of IPTp.
  - ❑ Piloting and scaling up of HMM
  - ❑ Piloting of IRS to national scale up
  - ❑ Clinical trials and later introduction of Malaria vaccine
-

# Experience and lessons learnt from new interventions (constraints & enabling factors)

---

## Enabling factors

### System exist for policy decision.

(Formation of Technical Committees, enough supportive data, consensus building among major stakeholders, sensitization of key personalities and identifiable groups, intensive IE&C, ensuring availability of the prospective commodity or service, media engagement)

### Political commitment/support

## Constraints

### Media criticisms

### Lack of co operation/compliance by health staff at times

### Periodic stock outs

### Capturing data into mainstream HMIS

---

# Which new vaccines have been introduced or are to be introduced soon

## □ Pentavalent (DPT-HepB-Hib1) - 2002

---

- Pneumococcal vaccine
  - Rotavirus vaccine
  - Introduce 2<sup>nd</sup> dose measles at 18 months
  - ???? Malaria
-

# Experience and lessons learnt from recent vaccines introduction (constraints & enabling factors)

---

## □ Enabling factors

- Political stability
  - Stable programme leadership
  - Committed staff
  - Government decentralized system
  - The immunization strategies adopted
  - Existing partnerships with key partners
  - Strong ICC
  - GAVI reward system
-

# Enabling factors contd

---

- On-going integration of child health interventions
- High Community collaboration (very few cases of refusals on religious beliefs, culture etc) for immunization.
- Regular supply/availability of vaccines

## □ Constraints

- Hard to reach areas(overseas)
  - Transport etc
-

# LESSONS LEARNED

- ❑ Stakeholder sensitization and involvement is key
- ❑ Media involvement is paramount
- ❑ Health worker re-orientation and training is very important.
- ❑ Quality assurance of product and service delivery is equally important
- ❑ Pharmacovigilance (adverse events monitoring) if medicines are involved
- ❑ Community involvement from the beginning enhances acceptance of service/product
- ❑ Intensive and sustained Behaviour change communication (BCC)
- ❑ Supervision , monitoring and evaluation to be well in place
- ❑ There must be provision for resolution of unanticipated deviations

# What it takes to run a successful national immunization programme

- Political motivation.
- Strong and effective leadership and national ownership of immunization programmes.
- Country-driven policies, planning, monitoring, and reporting.
- An effective National Immunization Technical Advisory Committee to help facilitate evidence-based decision-making at country level.
- Sound decision-making on which vaccines to schedule, based on local, regional, and global data.
- Use of routine surveillance data (immunization coverage, vaccine use and wastage, and incidence of diseases) for programme management.
- The capacity for efficient financial planning, including multi-year planning and a budget line for immunization in the national health budget, as well as knowledge of available international funding mechanisms.
- A well-functioning national regulatory authority.
- A motivated, well trained, and well supervised staff.
- A surveillance system for detecting, investigating, and responding to adverse events following immunization.
- Cold-chain facilities and logistics.
- A well-functioning health system that facilitates the delivery of immunization to all communities.

# Planning for introduction of a malaria vaccine in Ghana

---

- Meeting on malaria vaccine and the DMF in 2006
  - Recommendation to establish a TAG on the DMF to facilitate evidence-based decisions
  - Role: advisory to the approving authority on use of a malaria vaccine
-

# Membership of the TAG

---

- Academia/ Researchers
    - School of Public Health, Legon
    - NMIMR
    - SMS, KNUST
    - KHRC
    - ISSER
  - Ghana Health Service.
    - Disease Control Dept (DCD),
    - NMCP
    - EPI
    - Clinical Care Division
  - Food and Drugs Board
  - UNICEF
  - WHO
  - Policy – MOH (PPME )
-

# TAG TERMS OF REFERENCE

## □ Information sharing

---

- Facilitate periodic updates of national stakeholders on progress and results of the vaccine trials currently going on at two sites namely Kintampo and Agogo
  - Identify data requirements and provide assistance to fill gaps through periodic reviews of the DMF.
  - Gather, compile and package evidence for decision making on introduction of the malaria vaccine in the health system and ensure that processes are in place for policy-decision on introduction of the malaria vaccine
-

# TAG TERMS OF REFERENCE

---

- Facilitating policy dialogue
    - Continue to feedback to the broader ICC on outcome of processes.
    - Organize annual meetings to brief the broader stakeholder's community on progress of the malaria vaccine trial and status of the DMF implementation
    - Prepare and/or review advocacy and communication materials for vaccine introduction through media engagement.
-

# TAG TERMS OF REFERENCE

## □ Advisory support

---

- Recommend and support studies on the socio-economic benefits of the vaccine to inform policy.
- Facilitate technical supportive missions and carry out field visits as when required.

## □ Facilitation of regulatory requirements

- Support the NRA in ensuring that regulatory requirements are met satisfactorily
  - The team in addition will be expected to support any further essential actions that may arise during the pre- introduction period.
-

# Expected Outcome

---

- Stakeholders well informed on the processes and stages of trials
  - Support given to meet regulatory requirements.
  - Evidence gathered, compiled and packaged to inform decision making on introduction of the malaria vaccine.
  - Support any further essential actions that may arise during the pre- introduction period.
-

# Mode of functioning

---

- ❑ Officially appointed by MOH/GHS as an advisory body to the ICC
  - ❑ Chaired by an expert immunologist
  - ❑ Coordinated by WCO and NMCP focal
  - ❑ Has a plan of activities
  - ❑ Meet quarterly
-

# Some outcomes from TAG activities

---

- ❑ Discussed possible sources of information on disease burden in children U5 for each age by year
  - ❑ Looking at the different sources of data and identifying gaps.
-

# Critical activities for the rest of the year

---

- Meetings on data – on-going
  - TAG meetings – 21<sup>st</sup> May, 24<sup>th</sup> November, 2009
  - National Stakeholders' dissemination meeting - 26<sup>th</sup> November, 2009
-

# Some challenges

---

- Members of TAG very busy.
  - Clinical trials take time
-

# One major challenge

---

The dedication  
and patience  
to look into  
the future



# ACKNOWLEDGEMENT

---

- THE EPI & NMCP MANAGERS IN GHANA
  - DMF COORDINATING TEAM AND THE NMCP – GHANA
  - THE TAG MEMBERS
  - PATH/MVI
-

*The end*

---

*Thank you for  
your kind  
attention*

