2 April 2017 – The high level mission from 7 to 9 March 2017 was conducted to review the immunization programme in Pakistan was joined by representatives from UNICEF, WHO, the World Bank, DFID, USAID, CDC and JICA. The main objectives of the mission was to engage with high-level federal and provincial authorities to leverage political support for routine immunization and review progress on issues identified during previous high-level missions and also to assess progress of the National Immunization Support Project (NISP). The progress made by the programme since the last mission was reviewed with the stakeholders. Deliberations on how to further align collaboration across all partners, including support through the Partners' Engagement Framework, towards improving coverage and equity in immunization was also one of the important point in the agenda.

The key observations included strong political commitment for immunisation, both at federal level and at most of the provinces, translated into increased programme performance and investment in immunization and accountability. Initiation of NISP has been regarded as a great step forward. The establishment of a mechanism for pooled vaccine procurement and co-financing was appreciated by the mission. Innovative use of technology and data, to track performance and inform decision-making (e.g. e-VACCS, Zindagi Mahfouz) now used across provinces. Improved accountability through frequent review meetings and "stock takes" across the provinces and the progress made in the PEI – EPI synergy thereby using the polio assets for improving routine immunization.

The mission's initial major recommendations mainly focused on the continuation of political engagement on routine immunization. For sustainability and to overcome the implementation delays the mission recommended to move immunization financing to recurrent side of budget, starting from next financial year for operational expenses and staffing and the following year for vaccine costs. It is important to ensure adequate focus, resources (technical and financial), evidence, data driven interventions and monitoring of demand side interventions for RI building on the demand side work undertaken by the polio programme.

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