

ABOUT ARISE

Africa Routine Immunization System Essentials (ARISE), implemented by JSI Research & Training Institute and funded by the Bill and Melinda Gates Foundation, was designed to draw lessons from successful routine immunization (RI) systems in sub-Saharan Africa. In general, public health policy makers and practitioners lack clear understanding of the reasons why some RI systems improve and others do not. ARISE documented and consolidated country experiences on RI performance improvement into a body of evidence that can inform future programming and investment.

ARISE conducted in-depth studies of RI in selected districts in Cameroon, Ghana, and Ethiopia to understand how and why specific performance drivers improve coverage in different settings.

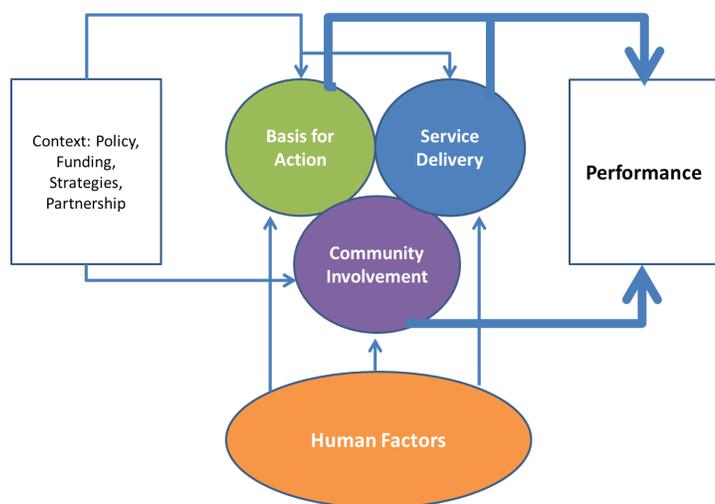
KEY FINDINGS

- ◆ In Cameroon, the ARISE case study identified 12 drivers that influenced improvements in vaccination coverage for diphtheria-tetanus-pertussis (DTP3) at the district level from 2007 to 2010. The drivers fell into four broad categories: *Basis for Action* (fundamental health system structures and processes); *Service Delivery* (strategies, quality, management, and supply chain); *Community Involvement* (communication, local leader involvement, and adaptation to community needs); and *Human Factors* (skills, behaviours, and motivation).
- ◆ Performance improvement depends on the presence of these drivers, but also on how they are introduced, implemented and prioritized in a specific settings. Using resources and ideas creatively to solve problems and achieve goals depends on the capacity of district leaders and managers to understand strategic concepts, rethink them, and tailor them to local needs and conditions of the community.
- ◆ Cameroon's history of support for EPI -- grounded in political will and government commitment -- offers districts a strong foundation for improvements in RI coverage. Support from international partners is necessary for success, as is Cameroon's consistent application over time of such proven operational strategies as managing data quality, strengthening and maintenance of infrastructure, and meaningful community engagement.

Cameroon is a lower middle-income country in central Africa where health services are available from public and private sources and from traditional healers. Current national DTP3 coverage is estimated at 84% (WHO/UNICEF, 2010). The health system has three levels: central administrative, intermediate (10 regions), and operational (179 districts) levels. Immunization coverage has increased steadily since 1980 in response to national strategies, key financial support, and other health system changes. National-level respondents reported that RI performance improvement from 2007 to 2010 could be attributed in part to policies and strategies instituted as early as 1995 (e.g. the decree creating health districts).

FINDINGS: DRIVERS OF IMMUNIZATION SYSTEM PERFORMANCE

Organizing Framework for RI Performance Drivers in Cameroon



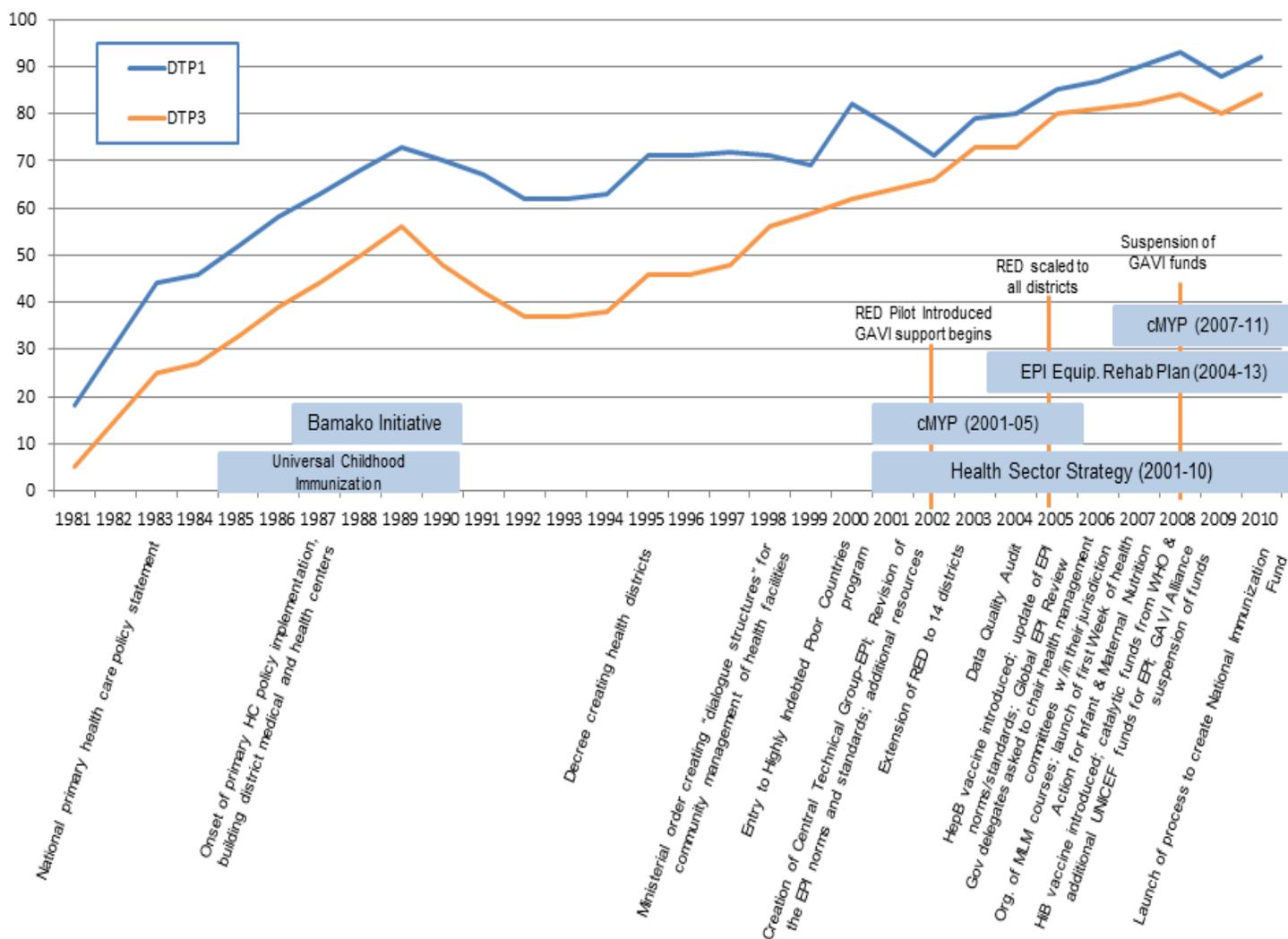
Drivers of Routine Immunization System Performance in Cameroon

Categories	Drivers
Basis for Action	Strategic approach Resources for implementation Management systems
Service Delivery	Type of service delivery strategy Quality of services offered Supply chain management
Community Involvement	Communication Stakeholder involvement Adaptation to specific communities
Human Factors	Human capital Gender and governance Motivation

In the ARISE study districts, the research team identified 12 main performance drivers that contributed to improved vaccination coverage in district-level RI systems. The framework above shows how these drivers, broadly categorized, interact to influence system performance. The drivers of an immunization system's performance and their categories are listed in the table on the right.

METHODOLOGY: ARISE used a case study methodology to identify and explore RI performance drivers. The study focused on three districts (Kribi, Ndop, and Bali) whose rates of immunization coverage improved from 2007 to 2010 and -- for purposes of comparison -- one district (Bafang) whose immunization rate did not increase markedly over that period. The case study, though primarily qualitative, involved collection and analysis of quantitative data as well. Researchers employed structured and unstructured interviews, record review, focus groups discussions, site observation, and home visits. Preliminary drivers identified through interviews and free listing were retained as drivers when a relationship was proven between performance and the driver. The relationship had to be supported by additional data (quantitative or qualitative), a description of a micro-process, pathway or coherent series of events leading to performance improvement.

TIMELINE OF COVERAGE AND EVENTS



*DTP1 and DTP3 data from WHO/UNICEF coverage estimates for 1980-2010 as of July 2011, updated August 3, 2011.

CONCLUSIONS

The ARISE in-depth studies explore the pathways to routine immunization system performance to understand how and why performance improves in different settings. In the ARISE study districts in Cameroon, performance improvement depends on the presence of an immunization system with adequate technical capacity to ensure that essential services are provided on a sustainable basis. However, technical capacity alone does not drive performance change. Twelve key drivers related to health system functions, service delivery, community involvement, and human behavior were found to raise immunization coverage from around 60 percent to more than 80 percent in three years (from 2007 to 2010). These drivers often functioned in combination with one another and district level teams adapted them to suit specific management or community needs.