

Health Sector Reforms and Decentralization in Tanzania: The Case of Expanded Program on Immunization at National Level

Semali, Innocent AJ; de Savigny, Don; Tanner, Marcel & Akim, Caroline

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ABSTRACT

Following successful establishment of Expanded Program on Immunization (EPI) in the 1970's as vertical program, the burden of disease for many of the vaccine preventable diseases was pushed to low levels. The current round of health reforms in Tanzania calls for decentralization and integration of vertical programs. This has the potential to assist or erode generally good performance of EPI. Reforms on the programme have been undertaken in Tanzania since 1996, and have included 1) integration of the procurement, storage, and distribution of vaccine and related equipment into the operations of a quasi-autonomous drug procurement agency. 2) government financing of procurement of the oral polio vaccine, cold chain kerosene, and 3) the integration of kerosene and vaccine distribution, supervision and monitoring to district health system.

Our analysis shows that the integration of the procurement and distribution of vaccines into the operations of the drug procurement agency, and privatization of the distribution of the cold chain kerosene initially stalled EPI reforms for several reasons and had an adverse effect on EPI decentralization and coverage. The major cause of the problems was opposition from the EPI providers at district level who had to accept decreased income consequent to the reforms. We conclude that greater involvement of all stakeholders in the planning of the programme, would have presented an opportunity for forecasting the opposition and developing mitigating strategies.