

UGANDA IMMUNISATION POLICY

December 2012 (5th Draft)



Foreword

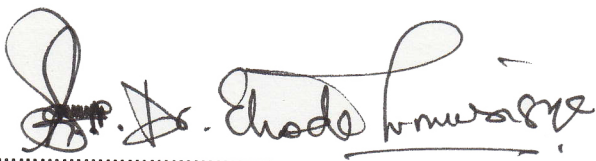
The development of this Uganda Immunization Policy (UIP) has been largely informed by international, regional and national laws, and policies. The UIP has been developed through a participatory process involving a wide range of stakeholders such as the civil society, relevant government ministries, departments and agencies, Health Development Partners (HDP), local governments, private sector, and community service users and providers. Wide consultations ensured that various views and concerns are incorporated in this policy.

The policy aims at achieving the reduction of childhood and maternal morbidity and mortality as stipulated in the Millennium Development Goals (MDGs), the National Development Plan (NDP) and the National Health Policy (NHP) through guiding immunization services in Uganda and shall be reviewed periodically basing on national needs.

The focus of the Immunization Policy is placed on strengthening planning, management and organization of immunization services. It's priority areas shall be on vaccine supply and quality, service delivery, surveillance, logistics , advocacy and communication, strengthening management, strPengthening human and institutional resources, financial sustainability, community involvement and research.

Special thanks go to the Technical Working Groups (TWGs), the Task Force and the consultants that worked tirelessly to put up this policy document together. I look forward to the acceleration of the implementation of the Uganda Immunisation Policy interventions towards attainment of our national and international health goals.

For God and My Country.

A handwritten signature in black ink, appearing to read "Dr. Enoch Ssemujju". The signature is written in a cursive style with a large initial "E".

MINISTER OF HEALTH

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List of Acronyms

cMYP	Comprehensive Multiyear Plan
CSOs	Civil Society Organizations
DPT	Diphtheria Pertussis Tetanus
EPI	Expanded Program on Immunization
GoU	Government of Uganda
HDP	Health Development Partners
HepB	Hepatitis B
Hib	Haemophilus Influenza type B
HPV	Human Papilloma Virus
HSSIP	Health Sector Strategic and Investment Plan
IDSR	Integrated Disease Surveillance and Response
MDG	Millennium Development Goals
MoH	Ministry of Health
NDP	National Development Plan
NHP	National Health Policy
NIDs	National Immunization Days
NMS	National Medical Stores
OPV	Oral Polio Vaccine
PCV	Pneumococcal Conjugate Vaccine
RED/REC	Reach Every District/child
RV	Rota virus Vaccine
SIA	Supplemental Immunization Activities
TFR	Total Fertility Rate
UBOS	Uganda Bureau of Statistics
UDHS	Uganda Demographics and Health Survey
UNEPI	Uganda National Expanded Program on Immunization
UNICEF	United Nations Children's Fund
VHT	Village Health Team
VPD	Vaccine Preventable Diseases
WHO	World Health Organization

1.0 BACKGROUND

Uganda established a comprehensive immunization program between 1962 and 1970; achieving high routine immunization coverage of infants especially for poliomyelitis and tuberculosis. The country became one of the first in Africa to be certified for smallpox eradication in the early seventies. However, due to political and civil unrest in late 1970s and 80s, BCG coverage dramatically dropped. As a response, in 1983, Uganda National Expanded Program on Immunization (UNEPI) was launched to ensure full immunization of infants and women of childbearing age. This registered notable success as DPT3 immunization coverage reached 80% by 1990. In 1991, Uganda was ranked among the top 10 countries in the world for improving routine immunization coverage.

The policy shifts in the 1990s both at international and national levels affected management and consequent delivery of immunization services. Internationally, funding declined when the focus shifted from routine immunization to global eradication of Poliomyelitis and neonatal tetanus. Nationally, Government of Uganda's (GoU) form of governance change towards decentralization meant that financing the operational costs as well as supervision and management of immunization services were left to the districts. Most districts however, lacked financial and management capacity to effectively sustain the routine immunization success thus contributing to the gradual decline in coverage. For example, DPT3 coverage declined from over 80% in 1995 to less than 60% in 2000 (Review of Immunization in Uganda: 2010).

Several challenges such as lack of quality and reliable data at all levels, inadequate human resource, low funding and logistical inadequacies have all contributed to the decline in routine immunization coverage. The porous border points especially with Democratic Republic of Congo and South Sudan expose Uganda to threats of Vaccine Preventable Diseases (VPD). For instance, the recent emergence of wild polio virus in early 2009 in Uganda was traced to its circulation in the neighboring Kenya.

Despite the long history of implementation, the immunization services in Uganda have been operated within a fragmented policy environment. While several operation documents such as the National Health policy, UNEPI standards, Comprehensive multiyear Plan (cMYP) and training guidelines have guided immunization management in Uganda since 1960s, there has been no comprehensive National Policy on Immunization.

The development of this national immunization policy has been largely informed by international, regional and national laws, and policies. The policy aims at achieving the reduction of childhood and maternal morbidity and mortality as stipulated in the Millennium Development Goals (MDGs), the National Development Plan (NDP) and the National Health Policy (NHP). It was developed through a participatory process of involving a wide range of stakeholders such as the civil society, relevant government ministries, departments and agencies, Health Development Partners (HDP), local governments, private sector, and community service users and providers. Wide consultations ensured that various views and concerns were incorporated in this policy.

The policy will guide immunization services in Uganda and shall be reviewed regularly basing on national needs. It will focus on strengthening planning, management and organization of immunization services.

2.0 SITUATION ANALYSIS

2.1 General Demographic and Health Status

Uganda has an area of 241,000 km² and a population of about 33 million as per the year 2011. Eighty eight percent of the population lives in rural areas. Uganda's population is expected to increase to about 44 million by 2020 given an average annual growth rate of 3.2% (Statistical abstract UBOS, 2011). This gives about 8 million children aged 0-5years; a critical age group for most vaccine preventable diseases. Such a population increase will place more demands on the health sector in terms of resources.

Uganda has made progress in improving the health of its population: life expectancy increased from 45 years in 2003 to 52 years in 2008; HIV prevalence reduced from 27% to 7% between 2000/01 and 2007/08; Uganda has been declared to have eliminated maternal and neo-natal tetanus as a public health emergency (2011), eradicated indigenous wild poliovirus in 2006 and the prevalence of other vaccine preventable diseases has declined sharply. These achievements have contributed to improvements in national maternal and child health indicators. Under-five mortality rate declined from 156 in 1995 to 137 deaths per 1,000 live births; infant mortality rate decreased from 85 to 75 deaths per 1,000 live births; and maternal mortality rate reduced from 527 to 435 per 100,000 live births between 1995 and 2005 (Statistical abstracts UBOS 2011)

Immunization against the vaccine-preventable diseases remains crucial contributor to the reduction and maintenance of low infant and child mortality in Uganda. With the current total Fertility rate (TFR) at 6.7, there is a large number of children born every year that will require immunization in order to ensure their survival and maintain the gains made in the overall health indicators (Statistical abstracts UBOS 2011)

2.2 Immunization Coverage

Overall, latest coverage data indicates that routine immunization coverage remains sub-optimal, with only 52 percent of children age 12-23 months being fully vaccinated. Whereas almost all (94 percent) receive the BCG vaccine, only 72 percent receive DPT 1-3 vaccinations, 63 percent receive polio 1-3, and 76 percent receive the measles vaccine. Four percent of children age 12-23 months has not received any vaccinations (UDHS 2011).

The disparity between the high coverage of first vaccines (DPT1 and polio vaccine: 93 percent) and low coverage of follow on vaccines (DPT3: 63%) reflects a high dropout rate (30%); which remains a challenge to strengthening routine immunization services in Uganda (UDHS 2011).

Other Key contributing factors to low immunization coverage include: Inadequate funding, inadequate human resource, data for planning, and knowledge gaps on EPI, poor social mobilization and low community involvement, (EPI Review report 2010).

2.3 Target Diseases and Age groups

2.3.1 Target diseases

In Uganda, routine immunization is carried out against the following target diseases: Tuberculosis, Measles, Pertussis (whooping cough), Diphtheria, Maternal and Neonatal tetanus, Poliomyelitis, Hepatitis B, and Haemophilus influenza type B disease.

Ministry of Health takes on other vaccine preventable diseases depending on the disease patterns in the country and affordability. Vaccination against other communicable diseases like yellow fever, meningococcal meningitis and rabies is carried out by Ministry of health in partnership with the private sector as guided by the disease epidemiology.

2.3.2 Target age groups

The target age groups for routine immunization by UNEPI includes; children 0-12 months, adolescents, women of childbearing age (15-45 years both pregnant and non-pregnant) and other high-risk groups as determined by the epidemiological pattern of a disease.

Supplemental Immunization Activities (SIAs) with the purpose of control, eradication and elimination may have different target age-groups based on scientific evidence and international recommendations. Other booster doses are given as recommended by the Ministry of Health, to children at five years or above, at school entry, and in post-primary institutions like secondary schools and universities.

2.4 Management of Immunization Services in Uganda

The Ministry of Health implements immunization through the Uganda National Expanded Program on Immunization (UNEPI), which was officially launched in October 1983.

Immunization services in Uganda are managed at national, regional, district and community levels; with different roles for all stakeholders. At national level, responsibilities include; development of policy, standards and guidelines, management of logistics and vaccine supply, technical support to; planning, budgeting, resource mobilization, advocacy and social mobilization, quality assurance, surveillance and research.

Regional Referral Hospitals conduct immunization, co-ordinate Integrated Disease Surveillance and Response (IDSR), supportive supervision, Monitoring and evaluation, cold chain maintenance, and capacity building in the region.

At the district, immunization services are managed through the health system, with different roles for the district, health sub-districts, health facilities and the community.

2.5 Financing of Immunization Services

Immunization services are mainly funded by the government of Uganda with additional support from HDPs. However, there is a huge funding gap as indicated in the Comprehensive Multi-Year Plan (cMYP – FY2012 – 2016). This has negatively impacted on immunization performance, and needs strategies to address the gap in order to ensure continued delivery of quality immunization services.

2.6 Advocacy and Communication

Advocacy, communication and social mobilization have been identified as effective strategies of increasing demand for immunization services. In 2012 a new five – year communication strategy was developed to include new communication channels such as bulky small messaging (sms), emails and Facebook. The strategy continues to evaluate and embrace any innovations in communication and advocacy that will promote and sustain public knowledge and good attitude towards immunization activities.

2.7 Legal and Regulatory Framework

The frame work for this policy is derived from the constitution of Uganda 1995, the Penal Code Act, the Children's Statute and the Public Health Act 1935. They provide for the rights of the child to access health services and how to deal with those who refuse to immunize children as they expose other children to infections.

However, the current laws are broad, overly generalized, outdated and have challenges in legal implementation. There is no specific law regarding immunization services hence the need for legislation.

2.8 Supervision, monitoring and Evaluation

The Ministry of Health and other central level departments/agencies have the mandate to supervise, monitor and evaluate the health sector. In line with the decentralization framework, district health offices have the responsibility of supervising the district health system down to the lowest health unit.

However, there are challenges in monitoring and evaluation of immunization services that include; poor data flow, lack of analysis to guide action, policy and programming, and a weak Surveillance system (Surveillance review findings, 2012).

3.0 GENERAL POLICY FRAMEWORK

3.1 Policy development context

This EPI Policy has been largely informed by international and national laws and policies. These include; millennium development goals (MDGs), the Convention on the Rights of the Child, the UN Convention on the Rights of People with Disabilities (PWD), the International Conference on Population and Development, the Paris Declaration on Harmonization and Alignment, and the International Health Partnerships (IHP+) and related initiatives.

The EPI policy has also been formulated within the context of the provisions of the Constitution of the Republic of Uganda (1995 as amended) and the Local Government Act (1997 as amended). It is also within

the context of National Development Plan (NDP), National Health Policy (NHPII 2010), Health Sector Strategic and Investment Plan (HSSIP), and MOH (Uganda) Child Survival Strategy 2010 among others.

3.2 Rationale for the policy

- To harmonize efforts that contribute to reduction of mortality, morbidity and disability rates due to vaccine preventable diseases.
- To provide guidance on delivery of quality immunization services, delivery system and resource mobilization.

4.0 VISION, MISSION, GOAL, AND GUIDING PRINCIPLES

4.1 VISION

A population free of vaccine-preventable diseases in Uganda.

4.2 MISSION

To contribute to the overall national health objective of reducing morbidity, mortality and disability due to vaccine preventable diseases

4.3 GOAL

To ensure that every child and high-risk group is fully vaccinated with high quality and effective vaccines against the target diseases according to recommended strategies.

4.4 GUIDING PRINCIPLES

4.4.1 Equity: This policy will ensure equitable service delivery to all people in Uganda despite their social, gender, economic, demographic, or geographical definition and allocation of resources in accordance with needs.

4.4.2 Gender-sensitive and responsive immunization services: A gender-sensitive and responsive national immunization service shall be achieved and strengthened through mainstreaming gender in planning, monitoring and implementation of the programs.

4.4.3 Safety and Potency: Safety and potency of vaccines including procurement, storage, transportation and administration shall be ensured at all times.

4.4.4 Universal Accessibility: Immunization services shall be accessible to all eligible people in Uganda at the nearest health center and outreaches.

4.4.5 Acceptability: The vaccines delivered through EPI program should be acceptable to all targeted groups, caretakers and community.

4.4.6 Ownership and Sustainability: The policy shall provide a framework to support sustainable development in a cost-effective and an uninterrupted manner. Alternative and sustainable options for immunization financing and organization shall be explored. Stakeholders will be actively involved in planning, implementation, monitoring and evaluation of the immunization services at all levels.

4.4.7 Evidence based programming/interventions: Decision making shall be supported by scientific and proven findings. There will be room for introduction of new vaccines onto the national schedule as deemed necessary based on scientific evidence and as resources allow.

4.4.8 Accountability: All immunization partners will take responsibility for their actions. There will be value for money in the provision of immunization services.

5.0 POLICY PRIORITY AREAS

Immunization coverage in Uganda is still as low as 52% for some antigens. Factors attributable to low coverage include; inadequate social mobilization, inadequate financing, insufficient skills among health workers, management and organization of the program. The policy priority areas include the following;

1. **Vaccine supply and quality:** The procurement, transportation, storage and use of vaccines will be done in accordance with WHO, UNICEF and other international recommendations.
2. **Service delivery:** Immunization will be delivered using approved immunization delivery strategies (Static, outreach & SIAs), mapping of communities against service points (health facilities & outreaches) and waste management (RED/REC strategy).
3. **Surveillance:** Strengthening an Integrated Disease Surveillance and Response (IDSR) framework by improving the collection and utilization of data for evidence-based decision making at all levels. UNEPI is responsible for setting up and maintaining surveillance for EPI targeted diseases and Adverse Events Following Immunization (AEFI).

4. **Logistics:** To strengthen the logistics system by ensuring transparency and efficiency in procurement, storage, and delivery of vaccines plus other supplies following the international recommendations.
5. **Advocacy and Communication:** This policy will address gaps existing so as to increase awareness, acceptability and demand for immunization services in all parts of the country using the revised communication strategy.
6. **Strengthening management:** Strengthening management will include; capacity building among lower health cadres, top management and technical teams through training, mentoring, exchange visits and technical assistance.
7. **Strengthening Human and institutional resources:** This policy emphasizes that vaccines should be given by qualified health workers and skilled personnel accepted by MOH.
8. **Financial sustainability:** Government shall ensure availability of adequate finances and explore alternative funding mechanisms for immunization.
9. **Community involvement:** The key consumers of immunization are parents/guardians and this policy shall ensure they are involved in planning, management, reviews, surveillance, monitoring and evaluation of immunization services.
10. **Research:** Government shall facilitate and create a conducive environment for research to generate evidence to guide the immunization program.

6.0 POLICY OBJECTIVES AND STRATEGIES

6.1 Availability of safe, potent and effective vaccines

There have been concerns of lack of availability of adequate vaccines at immunization units around the country as evidenced by high stock out rate for tracer medicine including vaccines is 20% (2011/12 MOH report). The policy focuses on provision of safe, potent and effective vaccines against targeted diseases given to the targeted age groups and other high-risk groups as may be determined by the epidemiological pattern of a disease.

The cold chain system in Uganda shall comprise; the process of receiving, transporting, storing and distribution of vaccines to all parts of Uganda.

6.1.1 Policy Objective

To ensure the availability of safe, potent and effective vaccines for targeted diseases among the targeted population and age groups.

6.1.2 Policy Strategies

- The government shall procure medicines/vaccines, injection materials and equipment from prequalified sources through UNICEF.
- Use WHO recommended methods to forecast vaccines at all levels.
- Provide and maintain an effective cold chain and logistics system at all levels.
- Vaccines shall be stored in equipment approved by WHO and Government.
- Vaccines and immunization supplies shall be bundled for distribution at all levels.
- Periodically conduct Stock taking of EPI cold chain equipment
- Regularly plan and conduct Effective Vaccine management assessment as guided by WHO

6.2 Management and organization of immunization services

Immunization services in Uganda are provided by MOH through UNEPI using the health structure: National, Regional, district, HSD, HF and community (outreaches). This policy shall ensure coordinated, supportive and accountable health management structures.

6.2.1 Policy Objective

To strengthen coordination, support and accountability of health management structures for quality immunization service delivery in Uganda.

6.2.2 Strategies

- Enact/review laws, develop Guidelines/standards clearly spelling out roles & responsibilities of different actors in the management of immunization services in Uganda.
- Build Capacity at all levels in immunization services.
- Coordinate the different levels and players.
- Allocate, utilize and account appropriately resources at all levels.
- Design, pilot and implement appropriate service delivery models for specific population groups.
- Integrate planning and service delivery at all levels.

6.3 Access to immunization services

In accordance with Public Health Act, the Children's Statute, National Health Policy, as well as the constitution of Uganda, every child has a right to access health services. Currently accessibility is low given that only 4 in 10 children are fully vaccinated by 12 months, while 6 in 10 are not (UDHS 2011). The focus of this policy is to increase access to immunization services by all people living in Ugandan. For routine immunization, services shall be provided at all static health facilities, outreaches and any other approved delivery strategies. Immunization services at delivery points in public facilities shall be provided free of charge.

6.3.1 Policy objective

To Increase access to immunization services by all target groups and ages.

6.3.2 Policy Strategies

- Provision of quality immunization services through approved delivery strategies
- Scale up RED/REC and use innovative approaches for hard to reach areas.
- Implement periodic routine immunization activities (including CHDs, Family health and African/Global vaccination week) and supplementary Immunization Activities (SIAs).
- Integrate immunization with other ongoing services.
- Mapping of population against service points.
- Ministry of health shall regulate immunization services in private health facilities.

6.4 Advocacy and Communication

The EPI review of immunization in Uganda, October-November 2010 states that 74% of care takers were told of vaccines given to the child. So social mobilization and advocacy shall be adopted as a key strategy in increasing awareness, demand and utilization of immunization services.

Advocacy and communication will be based on the EPI communication strategy. The government shall also address the problem of negative attitudes, myths and rumors on immunization in the population, enhance community involvement and participation, and improve attendance at immunization service points.

6.4.1 Policy objective

To increase and sustain demand for utilization of the immunization services.

6.4.2 Policy Strategies

- Develop and implement the communication strategy on immunization services in Uganda.
- Involve decision makers to support the immunization program.
- Create awareness among community about the increased vigilance towards vaccine preventable diseases and the benefits of immunization.
- Improve Interpersonal Communication skills among service providers.
- Mobilize communities for immunization services through community structures.
- Build partnerships in mobilization for immunization, particularly with CSOs, Health Development Partners, Faith Based Organizations (FBOs), politicians, the private sector and any other partnerships in mobilization for immunization.
- Explain immunization to correct misconceptions and imaginary fears about immunization in the general population.

6.5 Monitoring and evaluation

MoH shall be responsible for monitoring the incidence and trends of targeted vaccine preventable diseases through the Integrated Disease Surveillance and Response (IDSR) framework. Information collected shall be analyzed and used to monitor the performance of the program including the status of implementation of activities geared towards attainment of global targets and initiating appropriate action. Monitoring and evaluation tools shall be developed and disseminated by MOH

6.5.1 Objective

To improve Surveillance and Monitoring of disease incidence, trends and Program performance

6.5.2 Policy Strategies

- Generation of quality HMIS/EPI data and performance monitoring indicators.
- Use HMIS data and IDSR including case based and sentinel data for monitoring and evaluation.
- Ensure availability of reporting forms and appropriate capacity for data collection and analysis use and feedback.
- Periodically review and evaluate immunization services including coverage surveys.
- Promote monitoring, investigation and management of Adverse Events Following Immunization (AEFIs).

- Facilitate research on immunization.
- Streamline cross-border collaboration on issues regarding immunization.
- Monitor the quality and efficient utilization of vaccines at all levels.
- Investigate and manage all AEFIs appropriately.

6.6 Injection Safety and Waste Management

All the EPI antigens currently in use, except oral polio vaccine, are administered by injection. The need for safe injections, therefore, is very critical. The improved safety of injections will prevent transmission of blood borne infections, injury, and minimize occurrence of some adverse events following immunization (AEFI) in particular immunization errors. This will in turn enhance public confidence in the immunization programs and increase the demand for the service. The injectable vaccines shall be administered by professional health workers using auto-disable syringes as per recommended standards.

6.6.1 Policy Objective

To ensure injection safety and proper waste management

6.6.2 Policy Strategy

- Implement injection safety and health care waste management policies.
- Build capacity of the Health system and providers to handle waste generated during immunization services.

6.7 Financial Resources and Sources for Immunization Services

Financial requirements for immunization services are largely met by the Government of Uganda and Development Partners. However, financial gaps still exist and innovative ways of funding the program should be sought. This policy shall ensure mobilization, allocation and efficient use of resources for immunization.

6.7.1 Policy Objective

To mobilize financial resources for immunization services in Uganda while ensuring equity, efficiency, transparency and mutual accountability.

6.7.2 Policy Strategies

- Develop and implement a comprehensive financial sustainability plan
- Increase of budget allocation to the immunization services.
- Establish partnership between private sectors, donors and Non- Government Organizations (NGOs) and others towards immunization financing.
- Strengthen partnership with international Immunization Funding institutions.
- Cost Immunization services in the country and develop a financing strategy addressing resource mobilization, and efficient allocation.
- Strengthen the program's financial management systems for efficient use of resources.

6.8 Human Resources

The percentage of filled positions in public health facilities is low 56% (UDHS 2011). This is coupled with high turnover, inadequate human resources tends to negatively affect the quality of immunization services. Government shall build capacity for health workers, develop standard training and reference materials and provide supportive supervision.

6.8.1 Policy objective 1

To strengthen the capacity of human resources for immunization services

6.8.2 Policy Strategies 1

- Develop and implement a capacity building plan to train health workers (in-service and pre-service) in immunization.
- Engage health training institutions to regularly update the EPI content in their curriculum.
- Develop and customize task shifting strategy for immunization services.
- Improve the managerial and leadership skills of health workers at all levels.
- Engage all qualified health workers; including those outside the public service, to facilitate delivery of immunization services, particularly during campaigns and National immunization days.
- Ensure continuous quality improvement to reach all target populations.

6.8.3 Policy objective 2:

To ensure appropriate tools are available to provide quality immunization services

6.8.4 Policy Strategies 2

- Develop, produce and disseminate EPI standards, guidelines and reference materials.
- Provide appropriate tools including computers, quality improvement tools at all levels.
- Provide logistical support including transport.
- Motivate health workers with appropriate incentives.

6.9 Partnership for immunization

Immunization services cut across a broad-spectrum of health service delivery system. Partnership with various stakeholders is necessary for the program success. Therefore, the public and private health sector (both Private Not For Profit and Private Health Practitioners), development partners, Community Based Organizations (CBOs) and communities shall play an important role in the delivery of immunization services. Partners and their roles shall be identified at all levels (International, National, District and Community). Ministry of Health through UNEPI should take the lead in coordinating partners with the goal of ensuring complementarity and efficient use of resources.

6.9.1 Objective

To optimize benefits from partnership for immunization.

6.9.2 Strategies

- Implement public private partnership in health policy (PPPH).
- Coordinate and collaborate with Health Development partners
- Enhance multi-sectoral collaboration at all levels
- Map out partners for immunization and their roles at all levels
- Assure continued participation of the private sector in the process of planning, effective implementation of immunization activities.

6.10 Legal and regulatory frame work

Up-to-date laws and their enforcement provide an enabling environment for effective operationalization of this policy. The current laws related to immunization activities in Uganda do not provide specific sanctions

against non-compliance. Policies and guidelines on immunization shall be reviewed, new laws enacted in order to fit the current planning and implementation environment.

6.10.1 Policy Objective

To strengthen a legal and regulatory framework governing immunization services in Uganda.

6.10.2 Policy Strategies

- Review the current immunization regulations, policies and identify gaps for amendment.
- Ensure that there is policy coordination in health related sectors for mainstreaming immunization issues.
- Coordinate with relevant institutions including National Drug Authority, National Medical Stores, Professional Councils and others for effective implementation of this policy.
- Develop an immunization Law that promotes the service and specifies the punitive measures against noncompliance.
- Advocate for enforcement of immunization related laws by the law enforcement institutions.
- Increase awareness of all stakeholders on specific immunization related laws to guide delivery of immunization services.
- Local governments to enact bylaws to enforce immunization services.
- Develop and enforce sanctions for defaulters of immunization.

6.11 Implementation Arrangements

The EPI policy shall be implemented as an integral part of the National Health Policy following the decentralization arrangement of the Government of Uganda. The EPI strategic plan shall be implemented within the broader framework of the Health Sector Strategic and Investment Plan (HSSIP).

6.11.1. Policy Objective

To implement the EPI policy in an integrated and efficient manner for maximum immunization outcomes

6.11.2 Strategies

- Revise this policy 10 years from the date of approval.
- The comprehensive Multi-Year Plan (cMYP) shall be used to implement this policy on a roll out basis.
- Implementation guidelines outlining the roles and responsibilities of various stakeholders shall be developed.

- The implementation of this policy shall be conducted within the structural arrangements of the decentralization policy and health service delivery system in Uganda.
- UNEPI is mandated to coordinate the implementation of this policy in collaboration with other Ministry of Health departments.
- UNEPI shall collaborate with Health Development Partners, Line Ministries, Private sector, FBOs, CBOs and other relevant stake holders in the implementation of this policy.

6.12 Dissemination

The success of this policy will mainly depend on how it is disseminated to various stakeholders. The Ministry of Health and other stakeholders at all levels shall engage in communicating and disseminating the policy.

6.12.1 Policy Objective

To ensure that the EPI policy is disseminated to all relevant stakeholders at all levels.

6.12.2 Policy Strategies

- Print and disseminate the policy to all stakeholders at all levels in order to be appreciated, accepted and adhered to.
- The Ministry of Health and other stakeholders at all levels shall engage in communicating and disseminating the policy.

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