



**The evaluation report of the administration performance of the
vaccine program in the Ministry of Health**

In cooperation with

Sharaka Program - Netherlands Court of Audit



Introduction

Primary Health Care has proven to be a highly effective and efficient way to address the main causes and risks of today's poor health and well-being, as well as to deal with emerging challenges that may threaten health tomorrow. It has also been found to be a good value investment; given the evidence that quality Primary Health Care reduces total healthcare costs and improves efficiency by reducing hospital admissions. Dealing with increasingly complex health needs calls for a multi-sectoral approach that integrates policies aimed at promoting health and prevention, with solutions that respond to the requirements of local communities and provide health services. Primary Health Care also includes essential elements to improve health security and prevent health threats such as epidemics and antimicrobial, through measures such as community participation and education, prescriptions, and a basic set of essential public health functions. Promoting systems at the local community and health facilities levels contributes to building resilience, which is critical to withstand collapse to the health system.

Strengthening Primary Health Care is essential to achieve Sustainable Development Goals related to health and comprehensive health coverage. This will contribute to other goals beyond the goal of good health and well-being (the third goal of the Sustainable Development Goals), including those related to poverty eradication, zero hunger, quality education, gender equality, and clean water and sanitation.

As such, the theme of evaluating the performance of the Primary Health Care program was chosen to determine the effectiveness of this administration in mitigating the main risks of poor health and well-being and in achieving a safe and healthy environment.

Grounds for choosing the audit scope

- Based on the Sharaka program with the Netherlands Court of Audit to strengthen the institutional capabilities of the Audit Bureau in financial and performance audit to conduct a collaborative audit of the same subject by several SAIs.
- The importance of the effective role of the Primary Health Care program as a basic service provided by the Ministry of Health to the citizens, and the extent to which complacency in providing this service affects the health of citizens.

Audit objectives:

○ **The main objective:**

Examine the efficiency of the Primary Health Care Department in the Ministry of Health to reach a healthy society through an integrated health system that works fairly, efficiently, and with high quality and leadership at the regional level.

○ **Sub-objectives:**

- Verify the ability of the Ministry/ Primary Health Care Department to properly plan the utilization of all the resources at its disposal to manage its Directorates in addition to establishing environmental awareness among citizens.
- Study the procedure taken and the operations implemented by the Ministry/Primary Health Care Department in terms of providing quality and equitable health care services.
- Increase the efficiency and effectiveness of infrastructure management.

- Improving the quality and safety of health care services and ensuring their sustainability.
- Contribute to reducing the spread of communicable and infectious diseases.
- Promote reproductive health services, family planning, and child health.
- Developing the infrastructure of primary health care institutions.

Upon studying the relevant documents and conducting interviews with the staff concerned, the following was found:

First: Legislative Framework:

1. There is no integrated and unified system for the Primary Health Care Department at the Kingdom's level through which it determines the roles of all relevant authorities and the coordination and follow-up mechanism to implement public policies and operational programs that will increase the effectiveness of the program.
2. Article (28) of the Public Health Law No. (47) of 2008 did not include the obligations of the guardian to vaccinate newborns and the procedures to be taken in case of not taking the vaccine following the National Vaccination Program.
3. There is no electronic link between the Ministry of Health and its directorates and/or related authorities such as the Statistics Department and the Civil Status Department to follow up and count newborns to ensure that they receive the vaccine.

4. There is no complete electronic database that includes the number of births and children and the vaccinations that must be given to them on time in preparation for a follow-up.
5. There is no electronic vaccination card that facilitates the follow-up and account of the vaccination dates and issuing alerts to the guardian of the need to go and take the vaccines, and alerts to the Ministry of Health of the required quantities of vaccines weekly and monthly.
6. No new vaccines have been included in the National Vaccine Program since 2015, despite the approval and recommendations of the National Vaccination Committee that vaccines (chickenpox, hepatitis A and pneumococcus) should be introduced during the study period (2016-2018) which could have a negative health and financial impact.
7. The Law of the Education or the instructions issued under it did not contain any legal consequences if children were admitted to school or kindergarten without taking the necessary vaccines or if the vaccination card was not presented.
8. There is no determination of the role of the relevant authorities in following up the vaccines, whether in schools, kindergartens, or others.

Second: Institutional framework:

1. There is a discrepancy in the prices of some vaccines provided in the private sector.
2. The lack of electronic monitoring of communicable diseases in all sectors (public and private), and the failure to continue developing the national vaccination program.

3. There is a weakness in the implementation of the Strategic Plan, as well as the absence of a mechanism to monitor, evaluate and adjust the course of the Strategic Plan, such as the revision of the Strategic Plan of the Ministry (2016-2018).
4. Unplanned expansion and poor distribution of health services are sometimes based on demand rather than actual need.
5. There is no electronic database of staff showing the scientific and practical qualifications and an inaccurate number of the vaccination staff.
6. The cold chain suffers from a severe shortage of refrigerators and cold rooms, in addition to the frequent breakdowns of the only car prepared for vaccines.
7. There is no trained and qualified personnel to conduct the vaccine operation.

Third: Financial Framework:

1. The allocations for the purchase of vaccines and serums are combined with the allocations of medicines during the study period, where the remaining amounts of the allocations for the purchase of vaccines are used for other items, resulting in the non-inclusion of vaccines recommended by the National Vaccine Committee.
2. There is no adequate financial allocation for the vaccine and serums program which leads to a significant increase in the primary and secondary health care programs spending, where the prevalence of communicable diseases in the community requires hospitalization, which is a burden on the health system.

3. Some international organizations specialized in refugees in camps have obtained free vaccines for refugees living in the camps and some of these international organizations have failed to fulfill their commitment under the agreements signed with them, such as (USAID, EU).
4. No capital expenditure has been allocated under the budget of the Ministry of Health during the study period (2016-2018).

Recommendations

1. Develop an integrated and unified system for the primary health care management at the Kingdom's level through which it determines the roles of all relevant authorities and the coordination and follow-up mechanism to implement public policies and operational programs that will increase the effectiveness of the program.
2. The public health law and the Ministry of Education law include legal procedures against parents who fail to give vaccines to their children and the schools and kindergartens that register children who fail to take vaccines, in addition to determining the responsibilities of all relevant authorities and individuals (Ministry of Health, Ministry of Education, General Statistics Department, Civil Status Department, and Parents).
3. Reinforcing the electronic system for the vaccination program in the Ministry of Health to ensure:
 - A. Monitor communicable diseases.

- B. Link all relevant authorities to follow up and count newborns and dates of vaccines and alerts for both the Ministry of Health and parents.
 - C. Provide a database of the supervising and implementing staff of the National Vaccine Program that includes scientific and practical qualifications and work-site.
 - D. Establish a list of the prices of vaccines in the private sector so that they are equally binding on the prices of medicines.
4. Establish a list of the prices of vaccines in the private sector is as binding as the prices of medicines.
 5. Promote the follow-up of the implementation of the strategic plan and the development of the national program of vaccines.
 6. Prepare explicit studies and statistics showing the number of infections and the cost of treatment for diseases caused by not including the recommended vaccines in the national vaccine program.
 7. Provide the vaccine and serums program with adequate allocations for the inclusion of recommended vaccines by specialists (the National Immunization Technical Advisory Groups NITAG), and allocate allocations to improve the efficiency and effectiveness of the cold chain.
 8. Provide the Ministry with sufficient personnel to supervise the vaccination process.
 9. Separate the allocation for the purchase of vaccines and serums from the allocations for medicines and medical consumables.
 10. Follow-up of international organizations to implement their financial obligations under the agreements concluded with them.

**The team for evaluating the Primary Health Care Performance in the
Ministry of Health**

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