# A political economy analysis of the routine immunization landscape in Ethiopia: a qualitative study

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## 1 BACKGROUND

**RATIONALE** Despite national commitments to prioritize immunization uptake among zero-dose (ZD) and under-immunized (UI) populations in Ethiopia, the structural and institutional factors that shape the delivery of childhood vaccination services are poorly understood.

**AIM** We examined the political and economic landscape of routine immunization in Ethiopia.

## 2 METHODS

**PARTICIPANTS** We conducted key informant interviews (KIIs) with relevant government and external stakeholders at different levels.

**SAMPLING** We used purposive and snowball sampling to select potential participants.

**DATA MANAGEMENT AND ANALYSIS** Interviews were voice recorded, transcribed, and translated. Data were coded using MAXQDA 2020 software. We conducted a deductive thematic content analysis of transcripts and field notes. We focused on immunization policy content/process and context. We also explored the role of actors and their engagement in immunization policy and strategy development, implementation, and service evaluation.

## 3 FINDINGS

**STUDY PARTICIPANTS AND GEOGRAPHICAL COVERAGE** We conducted 52 KIIs with actors at national level and within Amhara, Oromia, and Somali regions. This included 7 national, 15 regional, 11 zonal, and 19 district, and community level informants.

### THE SYSTEM IN BRIEF

- Ethiopia's federal system allocates budget as a block grant to regional states.
- Regional governments distribute grants to sectoral, zonal, and district-level governments.
- Regional Health Bureaus receive funding via:
  a. Regional budget for operational expenses
  b. Earmarked funds from external sources via the Ministry of Health (MOH) and the Sustainable Development Goals pooled fund
- Districts have full authority/mandate to decide how much budget to allocate to immunization services.

### THE POLITICS OF POLICY MAKING: HOW BEST TO REACH UNDER IMMUNIZED COMMUNITIES?

- Most participants acknowledged that the MOH formulates policy in discussion with different actors, but subnational staff perceived policy and decision-making as 'top-down'.
- The MOH develops immunization policies, allocating resources to regional governments/district authorities who are responsible for implementation.
- Most participants felt that despite prioritizing ZD and UI, national immunization policies lacked context-based approaches to achieve these goals.
- They reported three main considerations to which policies should be adapted:
  a. Political instability and conflict
  b. Population mobility-especially amongst pastoralists
  c. Geographical isolation and inaccessibility

> ***"In our woreda, there are remote areas where communities frequently travel in search of water and food for their livelihoods. When they migrate, health extension workers do not move with them, leading to vaccine defaulting…policy should account for such factors."***
>
> ***(District-level health actor)***

- There was also a clear unmet demand to shape policy and planning for hard-to reach populations using better quality and updated census population figures.

> ***''the biggest problem is that the population has not been counted…this will also have an impact on future supply. It impacts the resource allocated [to us]…because everything [is allocated] based on population."***
>
> ***(Zonal-level health actor)***

### HOW BEST TO OPERATIONALIZE POLICIES?

- Regardless of the quality and contextualization of existing policy, their implementation was often hampered by inadequate resources.
- This may be especially impactful where additional resources for supplies, logistics, and training are needed to address specific challenges.
- Despite a comprehensive immunization strategy, a tailored strategy for special populations with high ZD/UI, such as IDPs, pastoralists, and conflict-affected people, is needed.

### WORKING TOGETHER OR APART?

- Despite a significant level of external funding, the MOH retained most coordination and decision-making.
- Despite earmarked budget allocation for immunisation at the national level, funds are not earmarked at the zonal/district levels.
- Most participants felt there was strong coordination among stakeholders, including government bodies and non-government actors; however, coordination at zonal/district levels could be improved.
- Some suggested that despite there being alignment of donor priorities with national ones, support could be better directed if donors could improve coordination and alignment of their plans among themselves.

## 4 RECOMMENDATIONS

- Strengthening advocacy for resource mobilization and context-specific immunization strategies is necessary.
- Budget allocation should be based on contextualized policy informed by improved estimates of populations in need; all administration levels should have dedicated funds for immunisation.
- Coordination amongst donors, and at sub-national administration levels, should improve.

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