Expanded Programme on Immunisation
Leadership and Management Programme
(EPI LAMP)

Program Overview

What:
A 9-month certificate program to strengthen the leadership and management capabilities of EPI teams in Ministries of Health from Gavi priority countries in Anglophone and Francophone Africa and Asia.
EPI LAMP’s rigorous, team-based, blended learning model combines:
- 60 hours of online learning to build essential skills
- Three one-week classroom-based forums to refine skills and leverage professional networks for peer learning
- Team-based mentored breakthrough projects to apply new skills for measurable impact on EPI programme performance

Who:
EPI LAMP is funded by Gavi and implemented by a consortium of partners led by Yale’s Global Health Leadership Initiative and includes PATH, the University of Global Health Equity in Kigali, Rwanda, and the University of Yaoundé and the Department of Disease Control, Epidemics and Pandemics in Yaoundé, Cameroon.

Why:
EPI LAMP is grounded in the conviction that strong EPI teams are critical for the effective management of Gavi grants and achievement of global immunization targets. Upon graduation, EPI teams emerge prepared to manage increasingly complex EPI programmes, with attention to efficient operations, robust performance management and improvement, and effective political engagement and advocacy.

Results

Delegates demonstrated a statistically significant increase in self-assessed management and leadership competency across eight domains.

Additionally, through quantitative and qualitative data analysis, delegates illustrated shifts in organizational culture including:
- Improved problem solving
- Enhanced attention to team dynamics
- Development of shared accountability for EPI program success
- A more nuanced vision of leadership
- Translation of new skills and approaches

“Before we had a problem, we would just say, ‘Okay, this district is not performing.’ Now we think, ‘This district is not performing, but why is it not performing?’ (Strategic Problem Solving) is useful when we have any problem.”
(Tanzania, Cohort III).

“We really work more like a team, more than before”
(Cameroon, Cohort II).

“We are now going deeper into our data and trying to use it to help make decision.”
(Zambia, Cohort I).

“It has helped my colleagues in the EPI program. They were experiencing problems, but actually they could not find the root causes. They can now find the root cause of difficult problems”
(The Gambia, Cohort I).

Impact

The breakthrough project developed by each team targeted a different aspect of national EPI program performance, and each team developed a measurable objective and set of process and outcomes indicators. Examples of projects include:
- Increase the 2nd dose of Measles and Rubella coverage from 56% to 70% by the end of 2021 in Zambia.
- Reduce administrative Pentavalent dose 3 coverage over-reporting by 30% in Somali and Oromia regions in Ethiopia by the end of 2021.
- Increase birth dose Hepatitis-B coverage from 28% to 65% by 2021 in the Solomon Islands.
- Increase the 2nd dose of Measles and Rubella coverage by 20% in high conflict regions in Burkina Faso (Center North, East, North and Sahel) by the end of 2022.