

Proposal for a one-year extension of Immunization Services Support (ISS) funding

Introduction

Looking to the future there is wide agreement that GAVI/The Vaccine Fund needs to provide considerable support to countries to strengthen immunization services. The Board is reviewing a proposed framework for providing such support in phase 2.

However, the timeline for adoption of this new framework means that countries may experience a gap in funding – current Immunization Services Support (ISS) funding will end for 19 countries at the end of 2005 (see Box 1). In addition, the countries which have not been able to increase coverage are not eligible for reward payments. But these are precisely the countries which need financial support to strengthen their immunization services.

GAVI/Vaccine Fund immunization services support

Recognizing that health systems in the poorest countries each have unique requirements, GAVI partners designed a novel approach to provide funding to support countries' basic immunization services. With immunization services support (ISS), there are no global rules about how the money should be used – the national Interagency Coordination Committee (ICC) is responsible for deciding where the resources are most needed and will be best utilized.

The amount of funding provided in the three-year investment phase is based on the extent to which the country plans to increase immunization coverage. After three years of investment payments, additional funding is only available to countries that have actually reached more children. Immunization coverage data are independently audited to ensure system integrity.

A preliminary evaluation¹ of ISS funding was unable to reach definitive conclusions because the system has not been in place for sufficient time. The authors did recommend however that the funding be continued because early indications are promising. For one, countries greatly appreciate the flexible nature of the funding. In many countries, most of the funds are being used at the district level – commonly understood to be a prerequisite for improved program performance. The GAVI Independent Review Committee (IRC) Monitoring Team has also recommended that ISS funding be continued. So while it is still too early to prove that this is a cost-effective way of supporting the expansion of immunization services, it is felt that the experiment should continue. If it proves successful, the approach could provide valuable lessons for other areas in development funding.

¹ Abt Associates, Evaluation of GAVI Immunization Services Support, 2004

Yet a number of countries are not benefiting from ISS funding. Countries that have not been able to increase their immunization rates, and those that have actually seen coverage drop, will not receive rewards. Countries that have weak health information systems and have therefore been unable to pass the Data Quality Audit are not able to receive rewards.

However, there is a precedent to channel Vaccine Fund support through partners. In countries experiencing complex emergencies, such as Afghanistan under the Taliban and Somalia currently, ISS funding has been channeled through partners. This precedent could be extended to those countries that have not been able to earn rewards to date.

The GAVI Secretariat, in consultation with the Working Group therefore recommends:

- To extend ISS support for the countries whose ISS funding is scheduled to end by the end of 2005. These countries would be eligible for an additional year of rewards, if they increase immunization coverage. This would primarily benefit high-performing countries.
- To consider channeling ISS support through ICC implementing partners in low-performing countries and to request the Working Group to develop the modalities for this type of funding.

