

Funding for Innovation

A proposal for a new GAVI priority area

GAVI and The Vaccine Fund were created to provide partners with the freedom, collective energy and wisdom, and resources to push the thinking and boundaries of established immunization programs. Through GAVI, partners were supported to take risks as a group that would not have been acceptable, possible or supportable by a single partner.

These innovations include the open, transparent and bottom-up country proposal and review process, performance-based grants for immunization services support, financial sustainability planning, the Data Quality Audit (DQA), and the Accelerated Development and Introduction Plans (ADIPs). However, looking ahead as GAVI/The Vaccine Fund matures, its processes develop, and it becomes more institutionalized, the focus on innovation and novel approaches is at risk of being lost.

A dedicated *Resources for Innovations* program will encourage GAVI partners to continue to innovate and take risks in immunization and within their institutions. Resources would support collaborative efforts for which funds are traditionally difficult to secure, and for which the involvement of the GAVI Alliance would add value. Practical, feasible solutions to common problems would be sought through careful and deliberative operational research and pilot initiatives. The resources would test new ways of working and establish fundamental principles that can be scaled up through and by existing institutions and mechanisms.

For example, before GAVI, most immunization programme managers did not have comprehensive systems to account for their donor and government contributions or their immunization expenditures. GAVI partners identified this deficiency and built the financial sustainability planning tool with input from government health officials, donors, the World Bank, technical agencies and other relevant partners. The resulting process has been widely endorsed and could have applications to other areas of health. The Funding for Innovation programme would ensure more of this type of collaborative innovation in the future.

Decisions about the use of funds would be made by the GAVI Board based on identified priorities, based on principles such as the following:

1. Potential for shifting paradigm
2. Potential for reaching hard to reach populations
3. Limited existing data need to derive policy platform
4. Addressing gaps in the information base
5. Innovation/capacity building
6. A genuine possibility that investment would fail to bring a return (acceptable risk)

It is envisioned that the majority of the awards will support a common work plan developed and/or implemented by multiple partners rather than to fund institutions to pursue elements of their own work plans or for individual countries to address country-specific issues. The allocation could be approximately 5% of total spending so that in a \$4 billion over ten years scenario, this programme would amount to \$200 million over ten years.

Following are some illustrative examples of the types of efforts that could be supported:

1. **Replicating best practices to address widespread gaps.** The transport challenge is widely recognized as an important barrier to overcome to increase access to immunization. Ensuring that the most remote health posts carry an adequate and consistent stock of necessary vaccines, and that the vaccines are transported under conditions that maintain their efficacy (refrigeration), relies upon a working distribution network. Furthermore, transportation is needed to enable supportive supervision, and outreach services.

Yet even if health systems have access to cars, trucks, and motorcycles the costs of maintaining these vehicles can render them useless after only a short time navigating dirt and mud roads.

Innovative approaches to address this challenge have been tried. For example Riders for Health in a number of African countries and Village Reach in Mozambique¹. But efforts to date have been piecemeal, and widespread replication of good ideas has been lacking.

2. **Informatics.** The potential for using new information technologies to improve health delivery has been discussed but there is little knowledge on how feasible these strategies could be. For example, computer-readable vaccination cards so that mothers could bring their infants to any health centre, and the record of the vaccination would be automatically transmitted to a central computer; using hand-held computers to enable immediate storing and transmission of local coverage information to provincial or national level; or developing national immunization coverage websites which would improve accessibility and transparency of immunization data.
3. **Building local research capacity.** The large number of studies carried out to support GAVI efforts have proven to be a growing burden to national immunization staff. From the McKinsey access study two years ago, to the recent ISS study, to the current Hib and health system barriers studies, it is clear that the current system used to gain local knowledge is not sustainable.

However, local knowledge will continue to be essential for successful Alliance endeavors. One possible solution would be to build up a network of local experts who could be supported to build this knowledge base. International research efforts would then tap into that network, instead of already overburdened health system staff.

4. **High-risk investments.** Traditional donor behavior does not usually feature a willingness to take risks. As a result, some potential opportunities are lost. For example, providing financial support to a developing country vaccine manufacturer to enhance its ability to develop high-demand combination vaccines could result in nothing if the manufacturer is not able to manufacture the vaccine. Or, it could completely transform the supply situation and accelerate affordability.
5. **Improving disease surveillance.** Immunization coverage is a process indicator – the real impact is in lives saved and disease burden reduced. However, in order to measure impact a baseline of current morbidity/mortality data is needed. Reliable information is extremely scarce; countries would need to improve their infrastructure for field surveillance, laboratory capacity, and data management. The investment cost for this, while very difficult to estimate, will in some cases be significant. But the benefits – obtaining true impact data – would be substantial.

¹ See <http://www.riders.org> and <http://www.villagereach.org> for more information

6. **Support for investment case development.** If the Board is presented with an investment case with insufficient data or evidence, it may decide to allocate resources to enable the required research.

If the principles for the Funding for Innovation program are accepted by the Board, a full proposal – including processes for soliciting, reviewing, funding and monitoring grants – would be developed.