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Evaluation of Immunization Services Support (ISS) Funding

Background

The launch by the Global Alliance for Vaccines and Immunization (GAVI) of performance-related funding for immunization is a new idea in development cooperation. Immunization Services Support (ISS) is a flexible form of funding that is designed to strengthen health systems in order to increase access to immunization in countries with low immunization coverage. GAVI allows countries themselves to decide how the money should be spent (e.g., on training, outreach, cold chain or vehicles). But after an initial investment period of three years, the continuation of funding for a further three years - in the form of rewards of US\$20 for each additional child vaccinated with DTP3 - is dependent on verifiable results showing a year-on-year increase in immunization coverage. To ensure the validity of the immunization coverage data, GAVI supports an independently organized data quality audit (DQA) to verify the immunization reporting system.

ISS funding is provided to all Vaccine Fund-eligible countries with DTP3 coverage less than 80%. GAVI has so far disbursed US\$ 73.7 million in ISS support through The Vaccine Fund to 52 countries (as of December 2004).

To find out how effective the initial ISS funding has been - and what lessons can be learned – the GAVI Board commissioned an evaluation of ISS funding, which was carried out in the first half of 2004.

Evaluation

The evaluation¹, carried out by Abt Associates, involved a review of progress reports from 33 countries that had received ISS funds by June 2002 (the cut-off date used) and detailed country case studies based on interviews carried out in April and May 2004 in six countries. Of these countries, three were eligible for rewards (Cambodia, Mali and Tanzania) and three were not (Kenya, Madagascar and Mozambique).

Main findings:

- In most of the countries reviewed, the allocation of ISS funds has been systematic and strategic, i.e., used to address obstacles and increase immunization coverage.

¹ Evaluation of GAVI Immunization Services Support Funding, Abt Associates Inc, Bethesda, MD, USA, 2004.

- ISS funds appear to be related to modest improvements in performance at the country level. Of the 33 ISS-funded countries, 23 had succeeded in increasing the number of DTP3-immunized children by 2003, although in six countries this was accounted for by population growth.
- In most countries, the reward incentives of ISS funding had not distorted immunization priorities.
- The complete flexibility of ISS funding was declared to be its most valuable characteristic - allowing national immunization programmes to use funds when and where they are needed most in efforts to strengthen immunization efforts and improve performance.

How the ISS money was spent:

- ISS funds were mainly used for recurrent expenses (81%) and at subnational levels (68%).
- The main categories for ISS funding were training (21%), monitoring and surveillance (11%) and vehicles (9%).
- While some countries focused ISS funds on under-performing districts, other countries - for political and equity reasons - shared them among all districts.
- Although outreach was not identified by countries as a major category for ISS funds, the purchase of vehicles and use of per diems suggest otherwise.

Impact on immunization financing:

- In most countries, ISS funding has been additional to, and has not replaced, existing sources of immunization funding.
- At the same time, total funding for immunization has increased and the total amount of government funding for immunization has also increased.
- In some countries, ISS funds were used to counteract the underfunding of critical areas which hampered immunization improvement strategies. Although successful in removing barriers and boosting coverage, the report warns that there is a risk that the use of ISS funds in this way could divert countries from addressing the root causes of funding shortfalls.

The evaluation study recommends that ISS funding should be continued.