

Proposal for a timelimited extension of immunization services support (ISS)

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.

Implementation of immunization services support

Five years of ISS funding (three years of investments and two of rewards) is currently available only to countries with DTP3 coverage below 80%.

In all, 52 countries have been approved for ISS with total commitments of \$337 million over five years, provided the countries actually reach their targets. So far, \$ 52 million of ISS funding has been disbursed to these 52 countries. The largest amount disbursed for an individual country has been to Bangladesh with \$7.1 million.

By 2003, 16 countries had received three years of ISS investment payments. Eight of those countries achieved immunization coverage gains in 2002 and so were approved by the GAVI Board in December for reward payments totaling \$ 15 million. The other eight countries had not increased coverage and were not approved for reward payments. However, these countries had recognized their weak performance and decided earlier to delay half of their third investment payment until 2004, to give them more time and resources to achieve coverage increases.

The timeschedule for subsequent rounds of ISS approvals appears in Annex 1.

The ISS study

In order to better understand how the ISS support was used by countries and to get a basis for further decisionmaking GAVI commissioned a special study. The study was carried out April-June 2004 by Abt Associates and have resulted in preliminary findings and recommendations based on 2002 immunization figures. When 2003 figures become available the study will be complemented by these and finalized.

The tentative findings – tentative because the ISS mechanisms has only worked a short time permitting only study of a few countries –show that ISS funds appear to be related to modest

improvements in performance in roughly half the countries studied although it has not been possible to attribute changes in performance to ISS funding. Transaction costs appear to be small, countries have put in place appropriate procedures for financial monitoring and the flexibility of the funds allows response to acute problems. In general data quality and completeness were a major problem in most countries although the DQAs appears to have had a significant impact in motivating countries to improve data quality. The presence of a coherent ICC appeared to be a key factor for strategic allocation of funds.

The consultants recommend that GAVI continue to provide ISS funds and continue the approach of un-targeted support.

Discussion

The amount of ISS actually disbursed to countries over the past four years (\$52 million) is a relatively small investment. However, this investment has had a major positive impact in establishing GAVI/The Vaccine Fund as a different kind of funder that gives countries freedom to use resources as they need. Most recipient countries appreciate the efficiency of the system and have used the money to fund national priorities.

Early indications are that ISS might be having a positive impact on DTP3 coverage in the countries that receive it. However, it is too soon to tell. More time is needed to give us the opportunity to learn from this funding mechanism. If the principles now being put to the test are successful, they may well be applied to other types of health systems support

We have seen that in most countries, five years is not long enough to build lasting improvements in immunization services. The proposed extension of the ISS support will only meet a small portion of the financing need. However, by adhering to the GAVI principles of being innovative and time-limited, it is anticipated to have a strong catalytic effect.

Experience shows that the monitoring requirements for ISS which includes the immunization data quality audits (DQA) have had a strong effect in increasing the attention to reporting systems and instituting change. It will be important to maintain the emphasis on data quality in order to maintain the progress.

The original GAVI access milestone was revised to be in line with the goals of the Children's Summit – 90% national DTP3 coverage or 80% in every district. Furthermore, partners are now discussing 95% national DTP3 immunization coverage as a target for 2015. These are strong arguments for lifting the current 80% DTP3 coverage ceiling.

Extension of ISS

The proposed 5-year extension would not include an investment phase but only be a reward mechanism to provide support based on additional children reached by DTP3 immunization in the previous year.

Calculation of additional children reached will be based on the regular routine immunization reporting system and requiring a successful DQA to validate the quality of the information system.

The phase two funding would be provided after independent review and continued funding should be contingent upon the submission of an enhanced progress report and a recent coverage survey, starting 2005.

If the proposal is approved in principle specific guidelines will be developed by the Working Group for announcement to countries.

Based on partners' best estimates for immunization coverage the 5-year commitment for this extended ISS would be appr. \$ 127 million, provided all eligible countries (except the three big) are approved and ultimately reach their immunization targets. As current estimates end by 2010 and as the individual immunization targets for each country at the end of the second phase are not known today the above figure is an estimate.

Recommendations

The Executive Secretary, in consultation with the Working Group, recommends a five-year extension of ISS, based on the same principles as current. This phase two ISS would be available to all Vaccine Fund eligible countries (except China, India and Indonesia) and not just those under 80% DTP3 coverage.

ANNEX 1

Timeline of targets/achievements for Immunization Services Support to 72 GAVI/VF eligible countries *(Note 1)*

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
18 countries : Armenia, Azerbaijan, Burkina Faso, Cameroon, Côte d'Ivoire, Ghana, Haiti, Kenya, Liberia, Madagascar, Mali, Mozambique, Pakistan, Rwanda, São Tomé, Sierra Leone, Tajikistan, Tanzania	●—————●														
22 Countries : Afghanistan, Bangladesh, Burundi, Cambodia, Comoros, Eritrea, Ethiopia, Gambia, Georgia, Guinea, Lao DPR, Lesotho, Myanmar, Nepal, Niger, Nigeria, Senegal, Sudan, Uganda, Yemen, Zambia, Zimbabwe	●—————●														
9 Countries : CAR, Djibouti, Congo DR, Guinea Bissau, Korea DPR, Mauritania, Mongolia, Somalia, Togo	●—————●														
3 Countries: Angola, Chad , Congo	●—————●														
<i>Projected to apply for phase 1 support:</i> 3 Countries : Timor Leste, Papua NG, Solomon Isl	●—————●														
<i>Projected for phase 2 support if 80% ceiling is lifted:</i> 17 Countries not eligible for phase 1: Albania, Benin, Bhutan, Bolivia, Bosnia & H, Cuba, Guyana, Honduras, Kyrgyz Rep, Malawi, Moldova, Nicaragua, Sri Lanka, Turkmenistan, Ukraine, Uzbekistan, Viet Nam	●-----●														

Note 1 : China, India and Indonesia are not counted in this table because they receive a special consideration for GAVI/VF support

Note 2 : Phase 1 —————
Phase 2 -----

Note 3 : Table shows years for which support has been approved. Actual disbursement of rewards will normally occur two years after these years.