

CONFIDENTIAL

# Achieving our immunization goal

GAVI

Executive summary

April 2003

# Background for study

As most readers are aware, early immunization appears to be one of the most cost effective health interventions available. Especially for populations in highly burdened areas, access to immunization has a large beneficial impact on children's health, secondary benefits on the general population's health, and longer-term economic benefits on poverty. To date, the relationship between the need, cost, and impact of increased access to immunization is not fully established. Dramatically increasing immunization coverage is likely to be costly but attainable. And, the impact in terms of lives saved is expected to be very significant; perhaps in the order of 1 in 20 children dying from preventable diseases today in the unvaccinated population.

Thus, GAVI and its partners have committed help countries achieve the 80/80<sup>1</sup> goal and are working to reach it. Achieving the 80/80 goal is challenging. It requires countries to address coverage drivers and barriers across diverse areas from increasing local awareness to building out infrastructure. Fifty-six of the 75 Vaccine Fund eligible countries must increase coverage to meet the target by reaching some of the 31 million unimmunized children. The target requires improvement in hundreds of districts across the world. Prior to this study, some observers questioned whether current efforts were sufficient to reach and sustain vaccination rates at target levels, hence requiring alternative strategies.

At the Global Alliance for Vaccines and Immunization (GAVI) teleconference in October 2002, the Board asked McKinsey and Company (McKinsey) to develop "a strategic framework to increase access to routine immunization within the overall health sector." The study was to be conducted in three phases in collaboration with wide range of GAVI partners (Figures 1-3). A first phase focused on understanding the current coverage situation and forecasting the likely evolution over the coming years. A second phase looked at strategic options for GAVI to reach the coverage goal. The report highlights the most attractive options based on input from a wide range of stakeholders including more than 15 developing countries, over 90 international and regional experts, bilaterals, various others, and the Board. A third phase synthesized the findings and articulated implications for management structures at the global, regional and country levels.

The project recommendations were presented to the GAVI Board at its meeting in New York in March 2003. This executive summary takes into account the key

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<sup>1</sup> The 80/80 target refers to 80 percent district level DTP3 coverage in 80 percent of all countries

outcomes of that meeting. A longer Final report is available. Input is welcome, as the Access Topic will again be raised at the July 2003 Board meeting.

We want to thank everyone who supported McKinsey in this challenging effort.

## Executive summary

Global estimates indicate that as many as 34 million infants are not immunized every year. Of these, 31 million are found in Vaccine Fund (VF) eligible countries. Providing immunization to these children has the potential to save about 2 million additional lives per year and reduce global under-5 mortality by 20 percent.

Over the last two years, we have seen signs of a modest increase in global immunization coverage rates<sup>2</sup>. While the specific drivers of the increase are unclear, country interviewees often cite GAVI/VF mechanisms as partly behind this development (e.g., Immunization Service Strengthening (ISS) funding, multi-year plans).

Country multi-year plans project that coverage will increase throughout the current planning period to 2005. Straight extrapolation of individual country plans suggests most countries would reach the UNGASS<sup>3</sup> target of 80 percent coverage in every district by 2007 to 2008. However, our estimates of coverage evolution suggest 80 percent of VF-eligible countries will only reach 80 percent coverage after 2010, if ever. Thus, more efforts than those in current plans will be required from countries and from GAVI partners.

To meet coverage aspirations, country-specific and health sector barriers as well as global coverage drivers need to be addressed. Effective interventions seen at both levels provide opportunities to accelerate coverage increases. However, localized and tailored solutions are required to ensure sustainable improvements in coverage that eventually benefit the entire health system. A set of best practice interventions has been documented on the country and international level.

Countries have been grouped according to the most important barriers as a means to provide management focus and insights for GAVI partners. For example, we have grouped countries with multiple barriers likely to require integrated turn-around approaches, implying high investments and slower expected coverage growth in return. On the other hand, another group of countries facing more limited barriers could benefit from narrower approaches and more rapid coverage growth can be expected. At the global level, great challenges, such as those posed by HIV/AIDS and the costs of introducing new vaccines, may slow coverage increases. Newer vaccines and the positive spillover from polio investments in

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<sup>2</sup> Immunization coverage in this report generally refers to DTP-3 coverage that has been used as indicator for routine immunization.

<sup>3</sup> United Nations General Assembly Special Session

equipment and personnel training, on the other hand, could speed up coverage increases.

## **KEY ELEMENTS OF THE PROPOSED GAVI STRATEGY**

The challenge for GAVI partners and participating countries is not developing new plans, but the hard work of achieving the plans already in place. It is apparent that some countries will achieve their goals with current GAVI mechanisms and support while others will fall short. The critical issue is whether GAVI and partners will pursue additional actions to help countries reach their targets and if so, how?

The first step in defining GAVI's coverage strategy is formulating the objective underlying the strategy. Based on the current situation and our discussions with partners, we believe GAVI can meet the 80 percent district level coverage goal before 2010 by encouraging and supporting countries to pursue their own targets. This will promote progress towards Millennium Development Goals<sup>4</sup>.

The differences among the barriers to increased coverage between countries (and sometimes within them) mean that GAVI may need to move beyond one-size-fits-all solutions. As a result, we have proposed a strategic and managerial framework for GAVI's partners to apply their collective leadership and local capacity over time in a flexible and value-added way to drive the greatest level of sustainable immunization.

The proposed strategy is shaped by the following design principles:

- ¶ Local solutions that reflect country (or sub-national) challenges
- ¶ Country ownership of goals and plans
- ¶ Targeted supplemental partner assistance
- ¶ Targeted incremental financial support
- ¶ Increased leverage of country's experiences and expertise
- ¶ Flexibility in responding to the evolving situation by GAVI's partners

There are three major areas that define how GAVI's partners could accelerate coverage growth. First, the Alliance should consider whether and how to assist countries that fall behind their own coverage targets. Second, the Alliance should

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<sup>4</sup> At the Millennium Summit in September 2000, the states of the United Nations commonly accepted the Millennium Development Goals as a framework for measuring development progress and elimination of poverty. The fourth goal calls for reducing the under-five mortality rate by two-thirds between 1990 and 2015.

explore additional initiatives that benefit all countries or specific segments of countries with common expansion levers. Third, GAVI's partners should explore how to leverage existing and new financial resources to close the funding gap to reach the immunization goal. Specifically:

- ¶ *Enhanced efforts in countries that fall behind their own targets.* Today, 14 countries are not meeting their own immunization targets, and it is likely that in the future more countries will fall behind. In some of these countries, incremental financial or non-financial support could unlock coverage increases. Rather than launching a large-scale new program, GAVI's partners could explore different ways to support coverage increases within the context of ongoing activities through directly supporting countries lagging their own plans. This support could be structured in a simple three-step process: 1) countries and GAVI partners need to reaffirm their local commitment to immunization and delivery of basic health services; 2) they would develop a joint assessment of the specific barriers and potential solutions which would result in a specific set of actions and resource requirements for GAVI review; and 3) they would undertake the agreed enhanced efforts on a collaborative and integrated basis. GAVI does not have to successfully help every country to reach the overall coverage goals, but a high success rate is required making this a critical activity.
  
- ¶ *Cross-cutting activities to increase coverage across countries or in specific segments of countries.* We have identified opportunities to focus existing initiatives on countries where they are most needed. For example, GAVI's partners could focus their advocacy efforts, Financial Sustainability Plans (FSPs), and Data Quality Audits (DQAs) on country segments with specific barriers in these areas, while not excluding other countries from these activities. We have also identified opportunities to strengthen activities in the areas of vaccine economics, training, and knowledge sharing between countries.
  
- ¶ *Helping countries leverage financial resources.* On a macro level, growth of 8 to 9 percent per year in immunization spending will be required to meet the coverage targets. This represents a substantial funding challenge in aggregate that needs to be met. GAVI partners and countries will assess gaps between required and available resources to accelerate coverage growth where coverage is lagging plans. In some cases, where financing is a primary barrier, the Alliance could assume a role as a catalyst to encourage reallocation of existing bilateral or multilateral support or to secure additional funding.

## **EXPECTED IMPACT**

Based on our analysis, we believe the proposed actions, if successfully executed, would enable VF-eligible countries to realize the ambition of 80 percent coverage at the district level by 2010. This entails scaling up efforts to immunize between 20 and 25 million of the 34 million children who are not immunized globally; thereby reducing the number of children lacking immunization by over 70 percent and preventing another 600 to 700 thousand deaths each year from 2010. This requires an increase in the aggregated global spending on immunization (plus new vaccines) in the 75 poorest countries at a rate of 8 to 9 percent per year. If countries can pick up half this increase internally short term, then the total spending – to be assumed by GAVI's partners and only nominally by the Vaccine Fund - would be an incremental USD 70 million to USD 100 million in 2004 and USD 100 million to USD 200 million each year starting in 2005.

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