Analysis of indicators used in Financial Sustainability Plans submitted to GAVI

Marty Makinen, PhD, Abt Associates, Inc.
Raj Gadhia, MPH, Emory University
Partners for Health Reform plus project

URL: http://www.phrplus.org
Organization of Presentation

- Purpose
- Background of GAVI
- Financial Sustainability
- The Financial Sustainability Plan (FSP)
- Indicators countries submitted in 2002
- Conclusions
- Recommendations
Purpose

▲ Understand indicators used by countries
▲ Learn about how appropriate the indicators are
▲ Assess recommendations for GAVI
Global Alliance for Vaccines and Immunization (GAVI)

▲ PPP to increase children’s access to vaccines
▲ Partners: national governments, UNICEF, WHO, The World Bank, Gates Foundation, the vaccine industry, public health institutions and NGOs.
▲ Financing arm: the Vaccine Fund
▲ Financial Sustainability requirement
GAVI Definition of Financial Sustainability

The ability of a country to *mobilize and efficiently use domestic and supplementary external resources on a reliable basis* to achieve current and future target levels of immunization performance in terms of access, utilization, quality, safety and equity.
The Financial Sustainability Plan (FSP)

- Describes the government’s approach to mobilizing and effectively using financial resources to support medium- and long-term program objectives
- Submit at 2 year mark
- Prepared by ICC: Donors, MOH, MOF, NIP, GOX
- Focus here: the use of indicators in the FSPs submitted in 2002
Eleven FSPs reviewed – use of recommended indicators

- GAVI recommended twenty-three indicators total
- Indicators grouped into four categories
- Classified four of the total twenty-three indicators as global
- What did countries use
Categories are Key Elements of Financial Sustainability

- Mobilization and use of adequate resources
- Reliability of resources
- Efficient use of resources
- Self sufficiency
Four Global indicators recommended

- National operating expenditures on immunization as a share of GDP
- National capital expenditures on immunization as a share of GDP
- Vaccine wastage rate
- Donor expenditures vs. donor pledges
Findings

- Uniform choice of indicator
- Use of global indicators
- Use of national indicators
Indicator choices were not uniform

- Total number of indicators
  - Process indicators
- Uneven in capturing elements of FS
- Uneven use of GAVI recommended indicators
Use of global indicators

- Proportion using them
- Most popular indicator
- Least popular indicator
- Donor performance indicator usage
Use of national indicators

- Proportion using them
- Most popular category
- Least popular category
Conclusions

- Development of M&E plans
- Utility and breadth of indicators
- Under-representation of key elements of financial sustainability
Recommendations

- Training on practical value of indicators
- Move beyond process indicators
- Investigate and focus on indicators of donor performance
List of Country FSPs reviewed

- Cambodia
- Cote d’Ivoire
- Ghana
- Kenya
- Kyrgyzstan
- Laos
- Malawi
- Mali
- Mozambique
- Rwanda
- Tanzania
Nineteen national Indicators

- Program-specific recurrent expenditures paid for with national resources within the past fiscal year divided by total program-specific expenditures
- Program-specific capital expenditures paid for with national resources within the past fiscal year divided by total program-specific capital expenditures
- Plan of Action for Demand Generation (Communications Plan) implemented
- Share of caretakers (mothers, fathers and in-laws) knowledgeable about at least one benefit of immunization services
- Share of caretakers (mothers, fathers and in-laws) knowledgeable about at least one benefit of immunization services
- Plan to set aside or allocate funds to replace or upgrade capital items essential to the immunization program (e.g. cold chain)
- Well established Financial Planning process involving all financiers
- % of districts with access to services within five kilometers or travel of twenty minutes or less, irrespective of travel mode
- Share of actual total expenditures (domestic and international together and separately) to amount budgeted for program within the last fiscal year
- Share of actual domestic expenditures on recurrent costs of immunization program/amount budgeted for recurrent costs within the last fiscal year
- Share of actual domestic expenditures on capital costs of immunization program/amount budgeted for capital costs within the last fiscal year
- Share actual district recurrent expenditures to amount budgeted
- Existence of laws, statutes, regulations and/or official decrees specifying amounts or allocations to be dedicated to immunization programs
- Purchase of quality vaccines with use of international procurement mechanism or direct procurement with price differential of less than ten percent from international one for which the country is eligible
- Existence of a Training Plan (that includes training in both (1) conducting financial assessments and (2) efficient use of resources) that has been used to conduct training sessions during past 1-2 years
- Existence of an accounting system for the immunization program or a broader accounting system where expenditures can be disaggregated by program
- Trends in wastage rates over time, by antigen, particularly for OPV, DTP and TT which can be reused
- Trends of vaccine stock-outs, by region
GAVI Partner Roles

- **WHO**: To develop global policies and strategies
- **UNICEF**: To advocate and mobilize leaders from all levels to recognize this priority
- **The Bill & Melinda Gates Foundation**: To invest and raise awareness
- **Vaccine industry**: supply high quality vaccines to the poorest populations, R&D
- **NGOs**: provide technical advice and staff to government programs, additional financial support.
GAVI Decision process

- Independent Review Committee & GAVI Board review 3 conditions:
  - ICC
  - A recent review (within 3 years) of immunization services
  - A multi-year plan
- Requests go to Vaccine Fund Board
GAVI is Distinct

▲ How it is different from other immunization groups
▲ Support countries get
FTF subgroup

What partners helped develop the annex indicators for GAVI? What groups?

FTF subgroup: (WHO), (PHRplus), (World Bank), (University of Nairobi), (PAHO)