



17th TechNet Conference

Panama City, Panama | October 16-19, 2023

Immunization Programmes That Leave No One Behind

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Vaccine Financing

Ulla Kou Griffiths, UNICEF HQ

Murat Hakan Öztürk, PAHO Revolving Fund For Access To Vaccines

Kikelomo Lambo, Clinton Health Access Initiative

October 18, 2023



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Sustainable Financing for Traditional Vaccines *How do we achieve it?*

Ulla Kou Griffiths, UNICEF HQ

October 18, 2023

Presentation outline

1. The issue
2. Political economy factors
3. Potential solutions

Our working definition

Traditional vaccines

- BCG 1921
- Td 1924
- DTP 1948
- OPV 1961
- Measles 1963
- MR 1971

New/Gavi-funded vaccines

- Hepatis B 1981
- Hib 1987
- PCV 2000
- Rotavirus 2006
- ...
- ...

Traditional vaccines are cheap

2023 UNICEF price per dose*

- Td US\$ 0.12
- OPV US\$ 0.14
- BCG US\$ 0.18
- DTP US\$ 0.18
- Measles US\$ 0.46
- MR US\$ 0.91

2023 Gavi price per dose*

- Pentavalent US\$ 1.04
- PCV US\$ 8.39
- Rotavirus US\$ 1.10
- HPV US\$ 8.97

*Simple average across manufacturers and vial sizes

Countries pay their Gavi co-financing, but they do not consistently pay for traditional vaccines

History of Gavi co-financing default

	Countries that defaulted														
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
	CAR	CAR	CAR	Angola	Afghanistan	Afghanistan	Angola	Angola	Ghana	CAR	Cameroun	Liberia			
	Chad	Cote d'Ivoire	Congo, DR.	CAR	Angola	Angola	Congo Republic	Congo	Congo, DR.	Chad	Ghana				
	Gambia	Congo, DR.	Georgia	Congo, DR.	CAR	Cameroon	Congo, DR.	Congo, DR.	Madagascar	Cameroon	Sierra Leone				
	Guinea-Bissau	Guinea	Guinea	Togo	Congo Republic	Congo Republic	Cote d'Ivoire	Eritrea	Niger	Congo, DR.					
	Guinea	Uzbekistan	Guinea-Bissau		Congo, DR.	Djibouti	Djibouti	Kenya		Sierra Leone					
	Kiribati		Kenya		Guinea	Ghana	Ghana	Korea, DPR							
	Lesotho		Niger		Niger	Guinea	Guinea-Bissau	Madagascar							
	Pakistan				Pakistan	Kenya	Haiti	Niger							
					Sudan	Kiribati	Kenya	Pakistan							
						Kyrgyzstan	Lesotho	Uganda							
						Pakistan	Pakistan								
							Papua New Guinea								
							Sierra Leone								
							Solomon Islands								
							South Sudan								
							Zimbabwe								
							Tanzania								
							Uganda								
							Vietnam								
							Zimbabwe								
# of late payers	8	5	7	4	9	14	17	10	4	5	3	1	0	0	
Total # of countries	32	52	57	62	67	68	70	70	67	64	56	54	54	55	
# of countries with a full waiver	0	0	0	0	0	1	2	5	2	1	1	1	7	3	
# of countries with co-fin obligations	32	52	57	62	67	67	68	65	65	63	55	53	47	52	
% of late payers	25%	10%	12%	6%	13%	21%	25%	15%	6%	8%	5%	2%	0%	0%	

Financing of traditional vaccines in a sample of fragile countries

	Government financed	Donor financed (fully or partially)
Afghanistan		X
Somalia		X
South Sudan		X
CAR		X
Chad	X	
Mali	X	X
Niger	X	X
Syria		X
Papua NG	X	X
Sudan		X
Yemen		X
Haiti		X

Source: UNICEF Country Offices, 2023

We are currently surveying countries in all UNICEF regions

English (United States) ▾

Survey on Sustainable Financing for Traditional Vaccines

Your response to this survey will help us identify how UNICEF programme countries are currently financing traditional vaccines.

This consultation is undertaken by UNICEF HQ in collaboration with Regional Offices and will contribute to informing UNICEF strategies for ensuring sustainable financing of traditional vaccines. In this survey, we define sustainable financing as governments being able to pay for all the vaccines they need when they need them.

Traditional vaccines are BCG, Measles containing vaccines, Polio, DTP and Td vaccines, which are supposed to be paid for solely by the government. The survey considers vaccine procurement for both routine immunization and campaigns.

The survey is structured to allow you to capture:

- General information on procurement of traditional vaccines
- Sources of financing for traditional vaccines
- Predictability and timeliness of financing for traditional vaccine procurement
- Plans for action

The survey is expected to take 10-15 minutes to complete. Thank you in advance for your time and engagement with this collaborative effort.

UNICEF region	Number of countries received survey ('at risk')
EAPRO	9
ECARO	3
ESARO	18
LACRO	7
ROSA	7
WCARO	22
Total	66

Why are we having this problem?

- Potential reasons:
 - Insufficient Government vaccine budget
 - Public financial managed bottlenecks
 - Economic and political turmoil
 - War and unrest
 - Prioritization to pay for Gavi co-financing
 - Political economy issues

Qualitative study on political economy

Findings:

1. Greater discussion about traditional vaccine financing that vitamin A financing within countries
2. Lack of long-term strategy for financing health commodities
3. Advocacy can lead to sustained Government financing

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JOURNAL ARTICLE ACCEPTED MANUSCRIPT

The political economy of financing traditional vaccines and vitamin A supplements in six African countries [Get access >](#)

Justice Nonvignon, Genevieve Cecilia Aryeetey ✉, Alex Adjagba, Jennifer Asman, Alyssa Sharkey, Andreas Hasman, Sarah W Pallas, Ulla Kou Griffiths

Health Policy and Planning, czad079, <https://doi.org/10.1093/heapol/czad079>

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Abstract

Vaccines and vitamin A supplementation are financed by donors in several countries, indicating that challenges remain with achieving sustainable government financing of these critical health commodities. This qualitative study aimed to explore political economy variables of actors' interests, roles, power, and commitment to ensure government financing of vaccines and vitamin A supplementation (VAS). A total of 77 interviews were conducted in Burundi, Comoros, Ethiopia, Madagascar, Malawi, and Zimbabwe. Governments and development partners had similar interests. Donor commitment to vaccines and VAS was sometimes dependent on the priorities and political situation of the donor country. Governments' commitment to

Next steps/potential solutions

Global/regional levels

- Highlight extent of problem and identify countries most affected
- Divide countries into common characteristics and identify solutions
- Demonstrate the cost of inaction
- Explore opportunities within global existing policies for predictable external funding
- Visibility of vaccine procurement budget allocation
 - UNICEF immunization budget database

Country level

- Identify public financial management bottlenecks
- Long-term planning
- Increase advocacy linked to political economy context
- In fragile context where donor support still needed, agree on multi-year support



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Financial Challenges for Immunization Programmes with Limited Resources:

Perspectives from Americas

Oscar Vargas, PAHO Revolving Fund For Access To Vaccines

Murat Hakan Öztürk, PAHO Revolving Fund For Access To Vaccines

KEY MESSAGE

Domestically financed national immunization programmes with limited resources are experiencing tremendous affordability challenges for relatively new vaccines

A recent analysis showed that countries would have paid at least **75% more for the 13* most used routine vaccines in the region**

47 vaccine products



29



Injection devices & cold chain equipment products

38 Providers



41

Countries and Territories of Latin America and the Caribbean

Over

95%

of vaccines procured are covered by national funding

75 million

vaccinated by the National Immunization Programs annually.



Total PAHO RF Credit Line of more than

\$270 Million

Dec 2022 (for 60 days credit line)

\$900

Million

procured in 2022

PAHO



EXPAND-(ING)-ED IMMUNIZATION PROGRAMS

Since 1980s, EPIs are challenged to:

- ✓ provide protection against 3 times as many diseases;
- ✓ increase target age ranges from infants to adults;
- ✓ administer 3 times as many doses per person;
- ✓ increase 8-fold the spending on vaccines to fully immunize one person;

To support expansion of national EPIs, the PAHO Revolving Fund is also expanding

Myth: PAHO's Member States comfortably affording new vaccines

- PAHO Member States voiced its affordability concerns in 2013 Resolution.
- PAHO Member States (like all developing countries globally) do not have sufficient resources to fully sustain needs of **EXPAND(ING)ED** Program on Immunization (i.e. Dengue, COVID-19).
- Each extra dollar spent for these new vaccines is a lost opportunity for other needs of immunization programs and the overall health sector.
- PAHO MS are **sacrificing** to be able to sustain these new vaccines in their immunization programs.
- Experience and data of PAHO RF make it uniquely qualified as an authority on affordability challenges of developing countries as largest public health group procurement mechanism “for self-financing countries” with a pre-funding mechanism, owned by all participating MS, regardless of income strata.

Health and the economy in Latin America: PAHO-ECLAC Reports in 2020 and 2021



- Unprecedented economic challenges
- Health systems are under tension
- Years of health investments and gains to be lost
- Economy cannot recover without controlling the virus
- Access to vaccines and life-saving supplies will be critical
- Countries need extended financial and health support

Impact of the pandemic & the additional cost burden of COVID-19 vaccines



- ✓ Unprecedented economic challenges
- ✓ Health systems under tension
- ✓ Years of health investments and gains to be lost
- ✓ Economy cannot recover as expected
- ✓ Access to vaccines and life-saving supplies will be critical
- ✓ Countries need extended financial and health support

- **Sample country baseline:** assuming all main vaccines are introduced in the routine immunization program (including PCV, Rotavirus and HPV) plus an established adult vaccination program with influenza vaccine
- Weighted average cost projection: \$10.55 per dose

Cost of covering 20% of population with COVID-19 vaccine booster

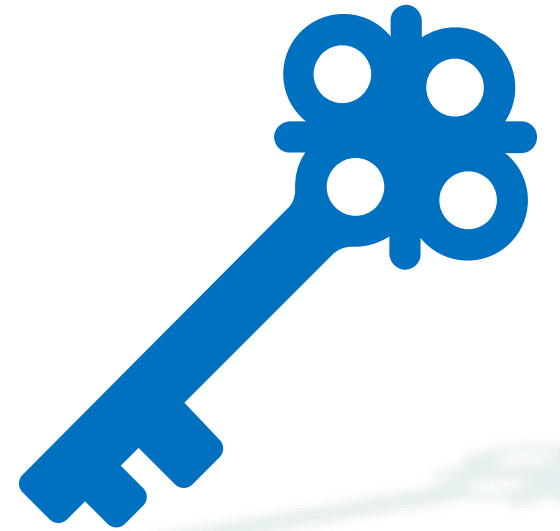
~ 120% of routine budget

Cost of covering 70% of population with COVID-19 vaccine booster

More than 4 times of routine budget

Key Takeaways

1. There has been a **tremendous progress in development of new vaccines**. Coming years will be also promising with several products in the pipeline.
2. Decision-making on introduction of new vaccines are becoming **more complex**. Instead of historical **sequential** introduction trends, EPI programs need to decide within multiple options **simultaneously**.
3. **Product portfolio optimization** and informed decision making will be critical. PAHO RF will provide strategic decision-making support.





Thank You!

*Please don't hesitate to provide
any questions & comments
you might have...*

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Mapping the Pathway Towards Sustainable Immunization Financing

Kikelomo Lambo, Clinton Health Access Initiative

October 18, 2023

Authors & Affiliations

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1. Clinton Health Access initiative
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Keywords

Sustainable immunization finance (SIF), Gavi transition, immunization and Primary Health Care, Health Care Financing

Background



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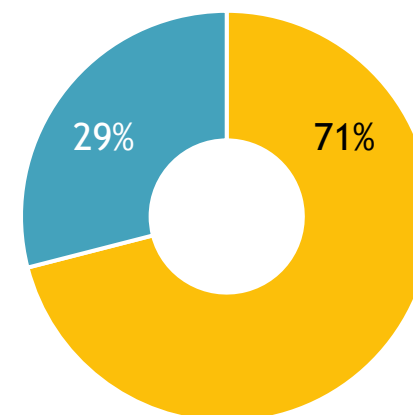
Historical Context - Nigeria

Total Population	213,401,322
Birth Cohort	8,002,758
Surviving Infants	7,570,882
Infant Mortality Rate	72/1000
Child Mortality Rate	114/1000
World Bank Index, IDA	3.2
GNI (per capita US\$)	2,100
Co-financing Group	Accelerated Transition
No. of LGAs	774

Gavi's Support to Nigeria

Non-Vaccine Supply Support (29%)
\$214,121,634

- Health system strengthening
- Operational Support
- New vaccine introduction
- Immunization services support



Vaccine Supply Support (71%)
\$518,008,692

- IPV
- Meningitis
- Measles
- Penta
- Pneumo
- Yellow Fever
- Rota Virus
- Covid-19
- Injection Safety Devices

Gavi's engagement was established in 2001 and will extend until 2028

- ❑ GAVI provides vaccine financing grants to low-income countries. (Countries with ~\$1,035/capita GNI)
- ❑ When a grantee country's GNI exceeds \$1,035/capita, GAVI commences preparatory transitioning and begins an **accelerated transition** when GNI **exceeds \$1,580/capita**
- ❑ In 2013, Nigeria commenced the rebasing of its economy. This resulted in a 90% increase in its GNI (**\$2,760/capita in 2013 vs \$1,430/capita in 2012**)
- ❑ Given the sudden growth in Nigeria's GNI, GAVI granted **extended time (10 Years)** for the transition preparation and commencement of the accelerated transition.
- ❑ Nigeria is currently in its **fifth year of transitioning** out of GAVI support and is expected to fully transition by 2028

Nigeria adopted a three-pronged approach to transitioning

- ❑ Transitioning from GAVI's support required a wholistic approach beyond government co-financing
- ❑ It involved creating an enabling environment to secure past wins and leverage them to achieve sustainable immunization coverages & equity post-GAVI support
- ❑ To achieve programmatic and financial sustainability, Nigeria adopted a three-pronged approach to transitioning:

Transition Assessment

1

- Country context and situation analysis
- Immunization performance and challenges
- Immunization financing, trends and issues
- Co-financing and transition for GAVI support
- Institutional capacities

Transition Planning

2

- Framework for transitioning to country funding
- Target immunization coverage and PHC strengthening metrics
- Strategies and resource requirements
- Guidance for accountability between the government, donors and partners

Monitoring and Accountability

3

- Development of the Accountability Framework
- Aligning key metrics for tracking commitments and performance
- Securing political commitment to financing immunization programmes
- Resource management strategy

The FGoN continues to make progress toward achieving sustainable self-financing by 2028

Overview of the trajectory of GAVI transition



In **2018**, Nigeria's **Gross National Income** per capita exceeded Gavi's support threshold of **\$1,580**, thus leading to eligibility to enter the accelerated transition phase



Vaccine financing was introduced into the FGoN National Budget's **Service-Wide Vote (SWV)** in **2019**



Between **2019** and **2023**, there has been a **34.3%** increase in the allocation to vaccine financing in the SWV



A **10-year strategy plan document** that defines the country's plan for financial ownership of the immunization and primary health care health system was developed in **2018**.



In **2001**, Gavi started providing support to Nigeria for vaccines, cold chain procurement, immunization campaigns and health system strengthening.

Programmatic and Financing Challenges

- 1** The **tight fiscal space** poses a risk to the country meeting its co-financing obligation
- 2** **Inadequate accountability** of EPI managers in the utilization of available resources
- 3** **Bureaucratic processes** that lead to delay in the release of budgeted funds for immunization

CHAI's Role in the Transition Plan

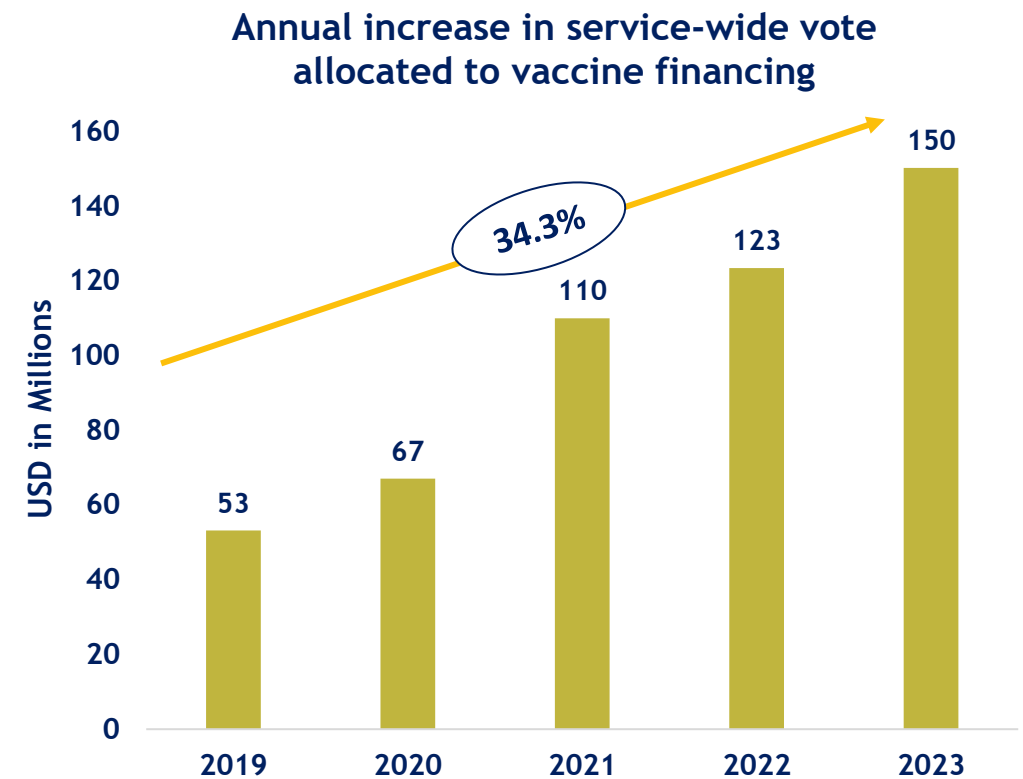
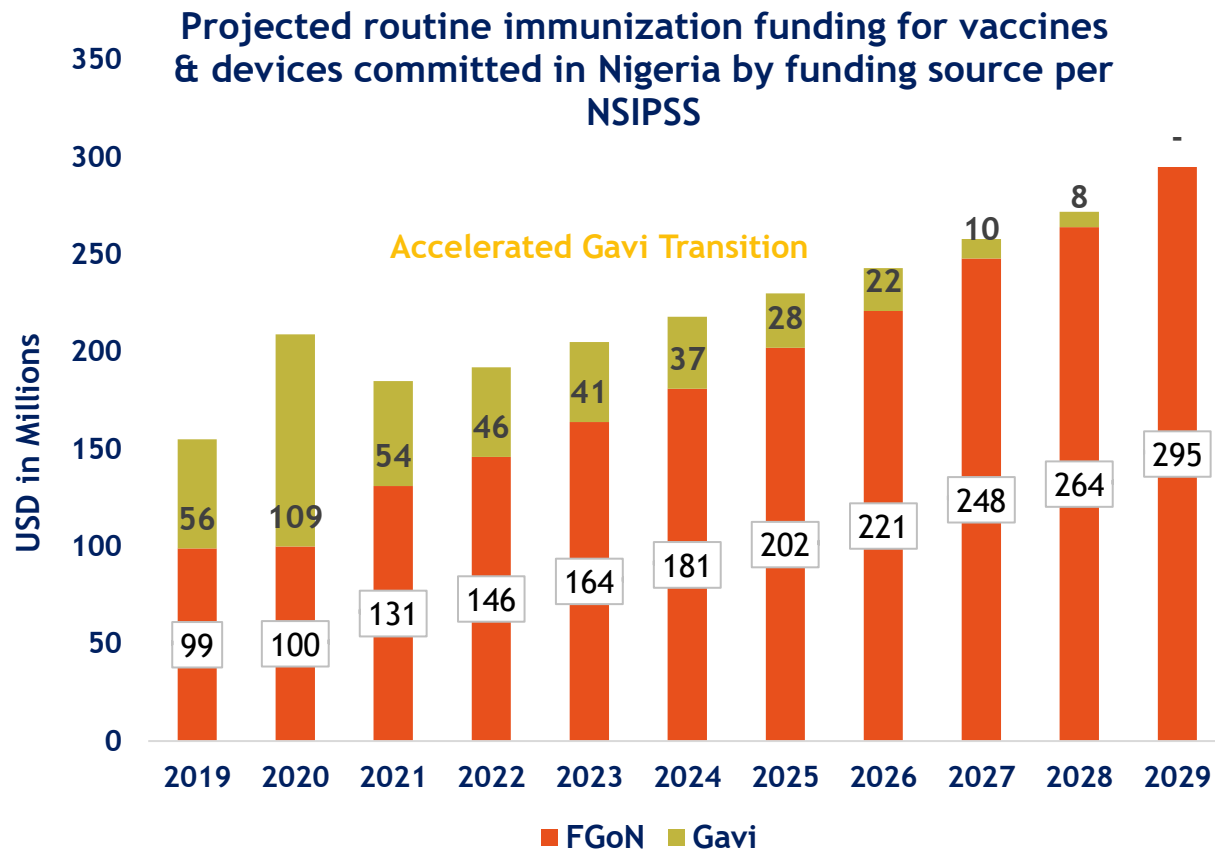
- 1** Supported the development of the **Nigeria Strategy for Immunization and Primary Healthcare System Strengthening**
- 2** Optimized vaccine forecasting processes and facilitated the **creation of a budget line item** in the FGoN Medium Term Expenditure Framework
- 3** Developed an **end-to-end vaccines financing process map** to provide clear financing guidance to all stakeholders

Nigeria has achieved 2 of the 3 commitments made towards a domestically funded immunization programme

S/No.	Commitment	Status	Comment
1	Annually increase in vaccine co-financing by approximately 10% each year until 2028.	Achieved	Since 2018, the FGoN has continually met the 10% increment in vaccine co-financing.
2	Between 2018 -2022, immunization will be financed through any of the following three options: <ol style="list-style-type: none"> i. FMOH and NPHCDA Budgets ii. Service Wide Votes iii. Basic Health Care Provision Funds iv. Loan and support from partners. 	Achieved	<p>Immunization is being financed through the service-wide votes, loans from the world bank and BHCPF.</p> <ul style="list-style-type: none"> - The service wide vote was created in 2018 in the national budget - In 2022, an MoU was signed with the world bank for the provision of funds for the procurement of vaccines and devices - 20% of the BHCPF is allocated through the NPHCDA gateway for the procurement of drugs, vaccines, and commodities.
3	From 2023 and beyond as a medium to long-term financing approach, immunization financing will be a first-line charge in the National Budget	In progress	Advocacy and high-level engagement of legislators are ongoing for the inclusion of immunization as a first-line charge.

Since 2019, there has been a 34.3% increase in the allocation to vaccine financing

Since entering accelerated transition, Nigeria has released ~\$231M from its service-wide vote for Vaccine Financing

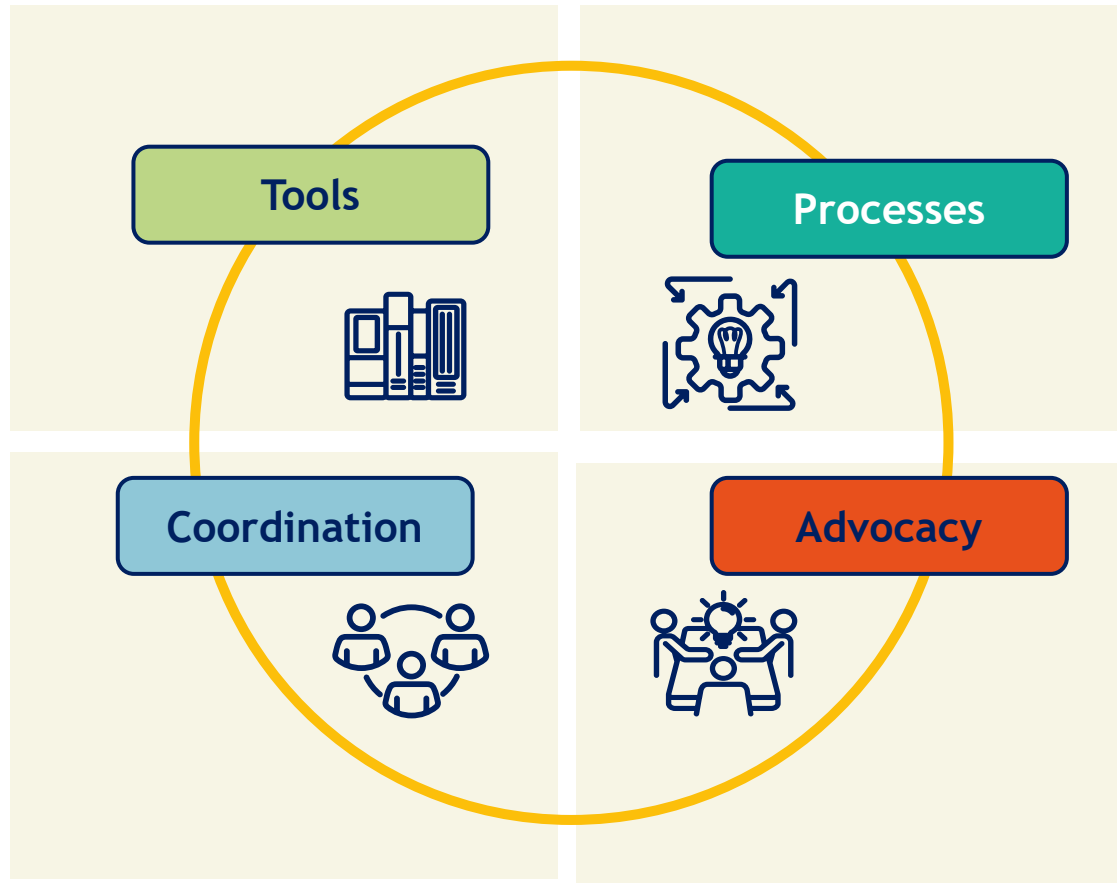


Factors that have contributed to the Nigeria's success story

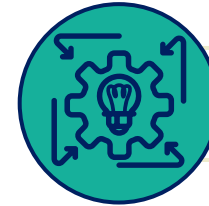


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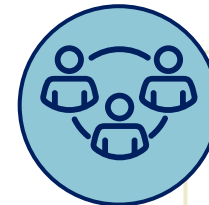
Four enabling factors have contributed to Nigeria's success story



- Accountability framework
- Vaccine financing plan and outlook
- Vaccine funds disbursement process map



- Instituted new forecast processes
- Optimized existing forecast processes



- Internal coordination platform
- External (Inter-ministerial) coordination platform



- Inclusion of budget line in National Budget (service wide vote)
- Identification of vaccine champions
- Inter-ministerial advocacy for prioritization of vaccine financing

Certain tools have aided the institutionalization of immunization financing

Accountability Framework



- The accountability framework was **developed to assess Nigeria's progress** against agreed targets and indicators to achieve the goal of the NSIPSS
- It has 15 indicators that cut across **health financing, financial management, governance, and programmatic performance**
- The accountability framework has **enhanced ownership and promoted transparency across the system.**

Vaccine Financing Plan



- An annual plan that details how the FGoN will finance immunization activities.
- It **highlights risks** that could derail the government from meeting its co-financing obligation while also proposing approaches to address the challenges
- Key highlights of the plan include the annual vaccine resource need, sources of vaccine financing, fund flow and disbursement schedule

Funds Disbursement Process Map



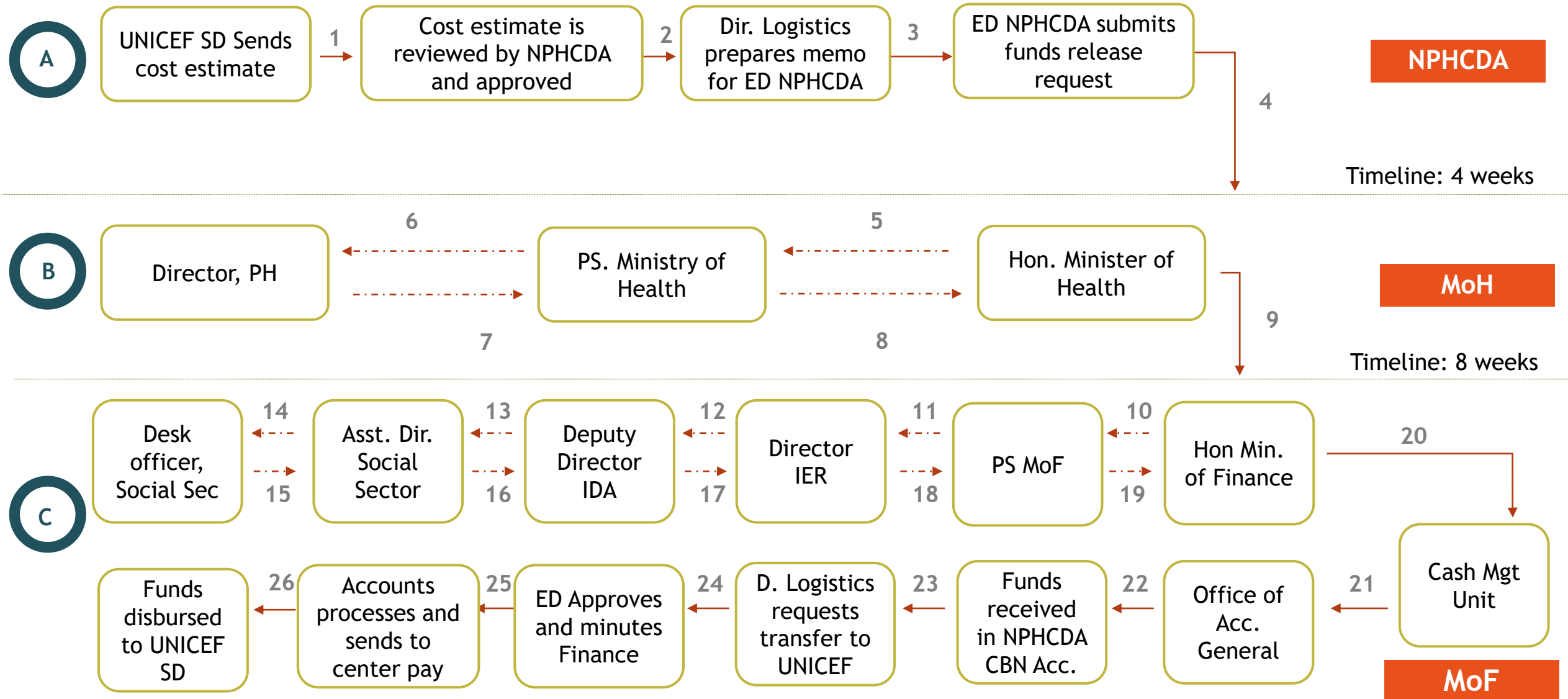
- This living document outlays the different stages of funds disbursement from initiation to transfer to UNICEF supply division.
- It **highlights bottlenecks** in the funds disbursement process and **proposes recommendations including shorter timelines at the various touchpoints**

Vaccine Finance Tracker



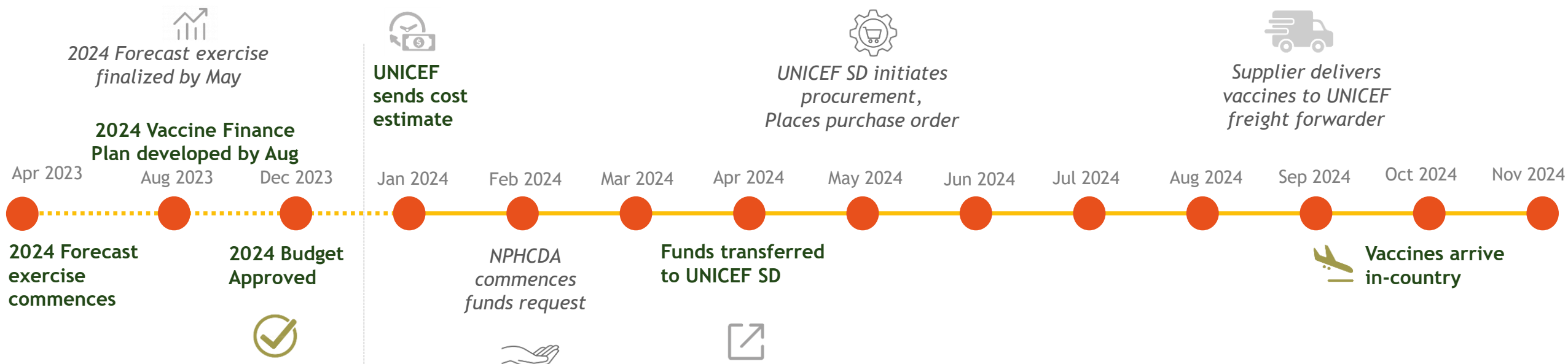
- Monitors funds disbursement
Monitors quarterly shipment, delivery and utilization (distribution) of routine immunization and supplementary immunization antigens.
- **Tracks stock out of antigens** based on delivery to the cold stores and vaccination program utilization

Funds disbursement process map



The forecast process was optimized to see that it is accurate and timely for budgetary use.

- ❑ The forecast exercise is directly linked to the development of the annual vaccine financing plan (VFP). The VFP directly incorporates estimates and assumptions from the completed forecast as well as expected sources of financing, funds flow and disbursement schedule.
- ❑ To coincide with the nation's budgeting cycle, the forecast needed to be done on time. The forecasting process is completed by May in time for the commencement of the national budgeting cycle, which begins in June.
- ❑ The forecast was changed from a national-level activity to a state-level activity and this led to the use of realistic coverage targets to optimize and promote judicious use of resources.



The country has strong coordination platforms that ensure immunization financing goals are met

Coordination Platform

Members

Responsibilities

1.

Vaccine Finance and Accountability Task Team

- NPHCDA
- Ministry of Finance
- GAVI
- BMGF
- World Bank
- Ministry of Health
- CHAI
- Partners

- Monitors the progress of implementation of the approved NSIPSS Accountability Framework.
- Tracks funds and vaccines utilization
- Strengthens advocacy for immunization and PHC financing
- Develops the annual vaccine financing (VF) Plan

2.

Inter-Agency Coordinating Committee

- NPHCDA
- GAVI
- CHAI
- BMGF
- World Bank
- Ministry of Health
- Partners

- Oversees the country's immunization program.
- Approves the annual vaccine financing plan each year
- Reviews the vaccine financing progress report at least twice a year or as may be needed.

3.

National Logistics Working Group

- NPHCDA
- UNICEF
- CHAI
- Partners in the supply chain space

- Conducts the annual state-specific forecast
- Ensures availability of adequate and potent vaccines at all service delivery points
- Oversees the planning and implementation of all logistics activities.

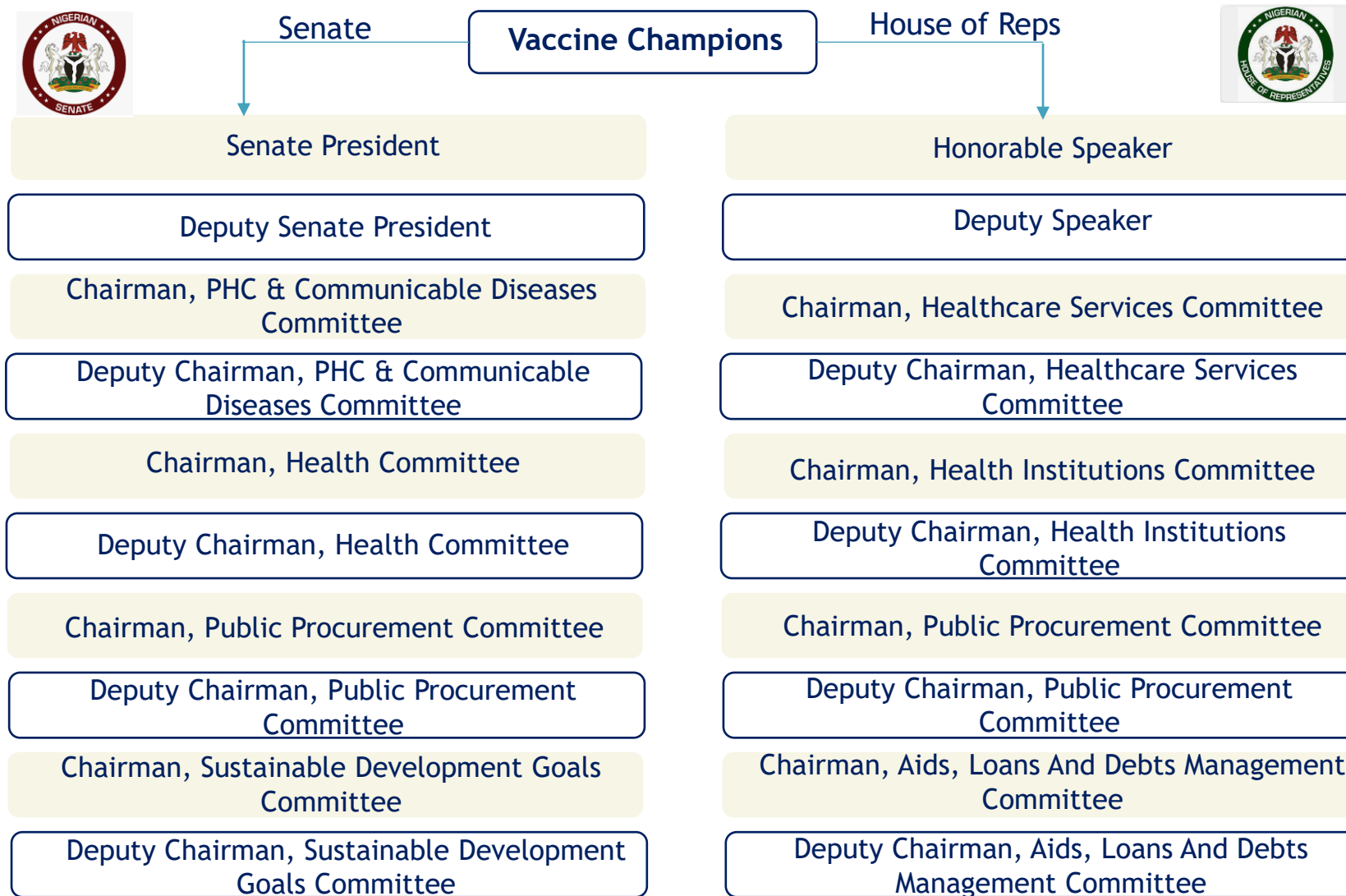
4.

NPHCDA Finance Committee

- NPHCDA
- CHAI
- Partners supporting PHC financing

- Ensures the availability and proper allocation of resources
- Contributes to the success of immunization initiatives
- Facilitates stakeholder engagement for effective financial management

Vaccine champions were identified within the upper and lower chambers of the National assembly



These champions were identified to support **defense of the vaccine financing line item** on the country's budget and for engagement with respect to the **inclusion of vaccine finance as a first line charge item** on the National Budget

Sustainability and Lessons Learnt



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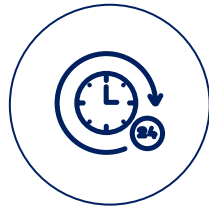
Funding vaccines as a first-line charge item will result in a significant reduction in bureaucracy

The following are cases for the inclusion of vaccine financing as a first-line charge in the national budget



Guaranteed funding

Securing immunization as a first line charge item would allow the Nigerian government to automatically transfer consistent, **front-loaded funding to immunization from a guaranteed source of revenue.**



Timely procurement

Reliable funding for procurement of vaccines that is accessible at the beginning of each year is **essential to procure vaccines in a timely manner**



Stability

Establishing funding for procurement of vaccines as part of the first line charge would allow Nigeria to provide the **financial stabilization** previously provided by partners such as Gavi.



Coverage

Consistent procurement with reliable government funds is required to **sustain and increase immunization coverage** rates across the country.

As we transition, challenges, risks and mitigants have been identified

CHALLENGES/RISKS

SOLUTIONS



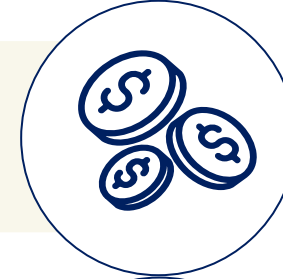
Change in political landscape and key stakeholders because of national elections

Conduct of sensitization workshops, high level advocacy visits with advocacy materials to engage the new key stakeholders



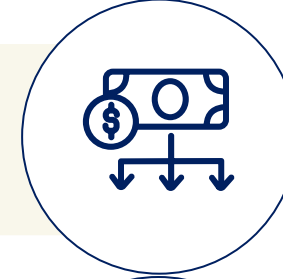
Inability of government to meet its co-financing obligation to Gavi in a timely manner due to a delay in budget approval and release process

Developed a process map highlighting bottlenecks in the fund disbursement process and proposed recommendations



Risk of diversion of funds, as well as tight fiscal space, leading to non-fulfilment of the country's financial obligations.

Developed a procurement plan for submission to MoF and BoF, to assist with the prioritization budget releases for vaccines.



Issues with data availability and quality, leading to ineffective or inaccurate costing, forecasting, and budgeting for vaccine procurement.

Regular updates and monthly review of the vaccine financing tracker with all key stakeholders



Q & A



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Thank You!

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