

A Decade of Sustainable Immunization Financing

By the **Sabin Vaccine Institute**

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The Sabin Vaccine Institute is a leading advocate for expanding vaccine access and uptake globally, advancing vaccine research and development, and amplifying vaccine knowledge and innovation. Unlocking the potential of vaccines through partnership, Sabin has built a robust ecosystem of funders, innovators, implementers, practitioners, policy makers and public stakeholders to advance its vision of a future free from preventable diseases. As a non-profit with more than two decades of experience, Sabin is committed to finding solutions that last and extending the full benefits of vaccines to all people, regardless of who they are or where they live. At Sabin, we believe in the power of vaccines to change the world. For more information, visit www.sabin.org and follow us on Twitter, @SabinVaccine.

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Executive Summary

Immunization is among the most impactful and cost-effective investments a nation can make to secure a healthy workforce, safeguard its population against devastating disease outbreaks and propel its economy into the next stage of development. Investments in science and technology have led to the discovery and use of new vaccines that present countries with the opportunity to protect their people from more serious, debilitating and often life-threatening diseases than ever before. But as the impact of vaccination expands, the cost to vaccinate a child continues to rise. At the same time, many low- and middle-income countries that have relied on external support for their health programs are transitioning to full self-financing. As their economies grow, these countries face two challenges: to make prudent, informed decisions regarding vaccine introduction and to establish reliable immunization financing from their own national budgets as part of a national commitment to the health of their people.

From 2008 to 2018, Sabin's Sustainable Immunization Financing Program, known by many as SIF, helped build support for immunization within key institutions throughout the world. The program launched in 15 low- and middle-income countries in Africa and Asia with leadership from Dr. Mike McQuestion and the late Dr. Ciro de Quadros. With guidance from experienced, well-connected field officers from each region, Sabin has since worked with 23 countries with the goals of helping to establish and secure national immunization budgets and finding domestic funding solutions that would ensure reliable financing for immunization for decades to come.

At Sabin, we believe in the importance of country ownership of immunization programs. Because immunization is one of the most important responsibilities a nation has to its people, solutions must be driven by national leaders. We have seen how crucial this is to the success of this work, both as a motivator for collective action and as a necessary component of lasting change.

When we began, Sabin was the one of the first organizations developing new, domestic funding solutions for immunization. Through 10 years of the SIF Program and many more in our work to shape immunization policy around the world, we know that lasting solutions cannot be imposed; they must be built.

The SIF Program was unique in comparison to other development organizations in that it cultivated a philosophy of self-reliance and challenged individual countries to be teachers and experts for each other.

The achievements of the last decade are too many to list. Countries passed laws to create and protect financing for immunization, founded advocacy networks to ensure immunization is a national priority, and successfully established, defended or expanded national and local immunization budgets. We are proud to have assisted countries committed to investing in their future, in spite of political and financial obstacles, and we are grateful to have been a part of their journeys toward sustainable immunization financing.

Although the official SIF Program has ended, we remain committed to supporting the development of country-led, evidence-based solutions to extend the full benefits of immunization to all people, regardless of who they are or where they live.



Dr. Bruce Gellin
President, Global Immunization
Sabin Vaccine Institute



Why Sustainable Immunization Financing?

"We must be autonomous so that we can vaccinate our children when we want. When an epidemic happens, we can't be asking ourselves if we have enough money ready. We have to be able to locate the money quickly and secure it quickly in order to vaccinate our children."

— HONORABLE ALAIN PASCAL LEYINDA, PRESIDENT OF THE COMMISSION OF HEALTH, SOCIAL AFFAIRS AND FAMILY, NATIONAL ASSEMBLY, MEMBER OF PARLIAMENT, CONGO-BRAZZAVILLE



Sustainable immunization financing is when a country consistently finances national immunization program priority activities with domestic funding sources and protects these funding sources from economic, political and institutional shocks. Sustainable immunization financing requires continued maintenance of the budget and vaccine resources at a certain threshold to uphold government obligation to provide vaccines to all children, and can be achieved by institutionalizing financing mechanisms that ensure the immunization program is not subject to disruption by political transitions. This includes establishing a budget line for immunization and implementing legislation requiring a certain allocation of funding to that budget line. Once immunization is provided on a reliable basis, this creates an expectation that a country will continue to do so, and the people can then hold their leaders and themselves accountable to that commitment.

Sustainable domestic financing is a long-term commitment that requires monitoring country immunization responsibilities as well as providing for future vaccine procurement costs in public budgets. This necessitates transparency, proper reporting and sharing of data to enable financial decision makers to budget appropriately.

Since immunization programs are complex and relatively costly, financial management must be efficient to ensure sustainability and justify the next year's budget. Greater efficiency reduces overall program costs and closes the gap between funding and resource needs. Over time, the narrowing of this gap results in less reliance on donors.

THE POWER OF VACCINES

3 million lives saved every year

58% decrease in the global under-five mortality rate since 1990 ([WHO](#))

Eradication of smallpox

Near eradication of polio

116 million children immunized in 2017 ([WHO](#))

But millions of children still suffer from vaccine-preventable diseases **due to lack of access to life-saving vaccines.**

A GLOBAL NETWORK FOR IMMUNIZATION MANAGERS

Sabin facilitates peer learning through its global network for immunization managers. In its early years, the [IAIM Network](#) (formerly the International Association for Immunization Managers) fostered a number of peer-to-peer exchanges between managers from varying contexts.

Now, the network continues this work on a broader scale, with a new \$3.5 million grant from the Bill & Melinda Gates Foundation. With more than 400 immunization managers from more than 120 countries, the network facilitates large-scale capacity building focused on management and leadership, connecting immunization managers with peers and providing access to trainings and resources so that they can learn from one another and build stronger, more effective immunization programs.

To achieve the goal, a sustainable immunization financing program should involve in-country stakeholders who will advocate for and commit to acquiring new and continuous domestic financing sources, civil society members who will push for prioritization of and equity in routine immunization programs and decision makers who are knowledgeable of the country's immunization program and informed on the workings of immunization policy.¹

By identifying reliable financing mechanisms, advocating for increased budgets, protecting these advances through legislation and demonstrating efficiency through resource tracking, a sustainably financed immunization program is within reach.

An Investment in Health

Vaccines are a best buy in global health. In a study of 73 lower-income countries, between 2001 and 2020 vaccinations are expected to save more than 20 million lives and \$350 billion in treatment costs and lost productivity due to diseases that vaccines can now effectively prevent.²

When countries invest in vaccines, they can protect children and families not only from the health consequences of a number of serious infectious diseases but also from financial distress that treatments and hospitalizations incur. For example, a 2013 study in Ethiopia showed that rotavirus vaccination would avert \$800,000 in

THE VALUE OF VACCINATION

Every \$1 spent on immunization provides a return of up to \$44 in the world's poorest countries



Source: Return On Investment From Childhood Immunization In Low- And Middle-Income Countries

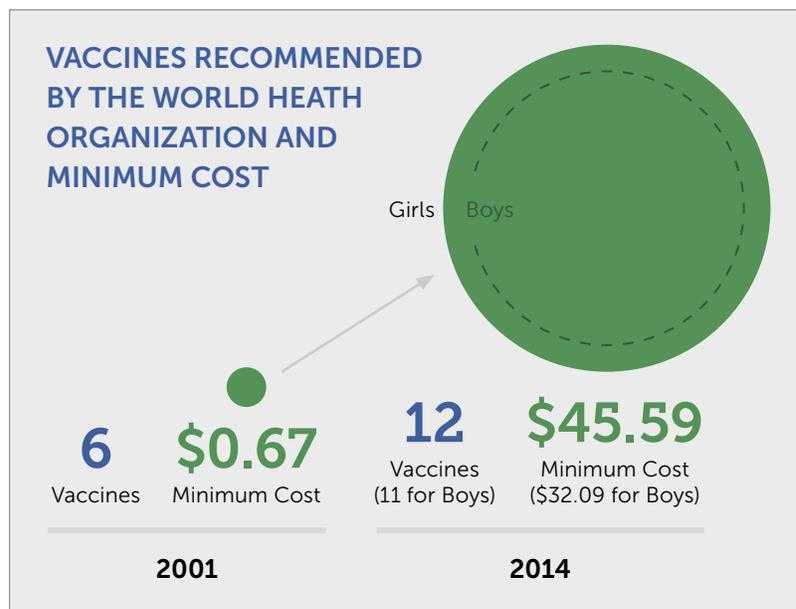
household costs annually per 1 million children vaccinated.³ When countries invest in immunization programs, the payoffs are clear — a healthy, productive and prosperous population.

Rising Costs of Protection

Advances in science and technology are yielding ever more benefits as the development and widespread

use of vaccines against a broader set of infectious diseases continue to impact health and well-being. While the return on these investments is substantial, the power to protect children from additional diseases comes with rising costs to fully immunize a child — costs that have skyrocketed in the past 20 years.

Vaccination costs vary significantly around the world, with countries that independently finance vaccines often paying more than those that receive vaccines at a reduced cost through Gavi and other external support systems.⁴ The expenditure to fully immunize a child in 2015 ranged from \$18.78 in the World Health Organization (WHO) Eastern Mediterranean region to \$56.62 in the WHO European region.⁵



Urgency

“We know that a country must take responsibility of supporting its program before partners pull away.”

— DR. MARIE KOBELA, NATIONAL COORDINATOR OF VACCINATION PROGRAMME, CAMEROON



Created in response to stagnating immunization coverage and lack of access to new vaccines, Gavi currently provides countries with financial support to build and maintain their routine immunization programs, with the goal of gradually transitioning to financial independence. In Gavi’s initial self-financing phase, a country contributes as little as \$0.20 in co-financing for every vaccine dose. As a country experiences significant growth in its national economy, it enters a transitory phase in which its co-financing



Participants worked in small groups to brainstorm solutions to sustainable immunization financing challenges at the Second International Colloquium on Sustainable Immunization Financing in 2013 in Dakar, Senegal

contributions increase by 15 percent each year. Once a country's average Gross National Income (GNI) per capita exceeds the World Bank low-income threshold for three successive years, an accelerated transition, or "graduation" phase, begins. During this phase, Gavi support is gradually phased out and the country must adopt the full ownership and maintenance of its immunization programs.⁶ Gavi may tailor its approach to a country, providing leniency for those that fall behind on their contributions or extending the timeline if a country is not ready to take ownership of its

immunization programs, as in the case of [Nigeria](#). Gavi may also provide targeted funding to support the introduction of a new vaccine.

Many countries that currently receive support from Gavi will no longer be eligible by 2020, as their economies will surpass the current GNI per capita threshold. However, because institutional financial structures remain relatively weak, some countries are unprepared to take on this responsibility. Without adequate structures in place to support financing, coverage gains in recent years are at risk. The recent and simultaneous conclusion of Gavi and Global Fund financial support as low- and middle-income countries reach middle-income status calls for countries to take immediate action to establish domestic funding solutions for immunization.

The Sustainable Immunization Financing Program

"And most important, what we want to see in our country is that each and every county has a budget line for immunization. So we are doing this in collaboration with our partners. And Sabin is at the forefront of all this."

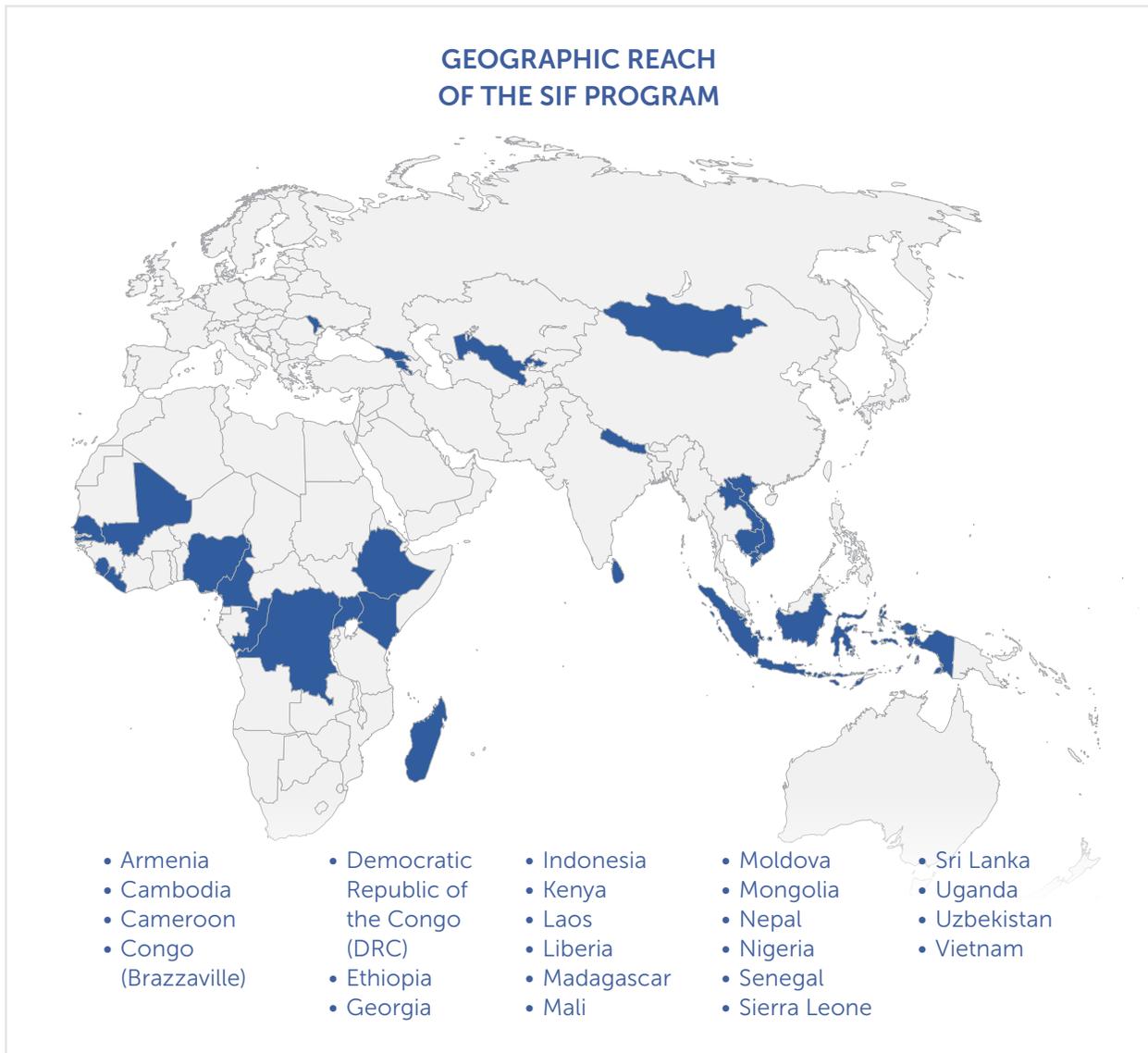
— DR. EPHANTUS MAREE, FORMER HEAD OF VACCINE AND IMMUNIZATION PROGRAM, KENYA



From 2008 to 2018, the Sabin Vaccine Institute's Sustainable Immunization Financing (SIF) Program supported 23 Gavi-funded low- and lower-middle income countries to help them develop sustainable domestic immunization financing mechanisms and prepare for transition

from Gavi support. Over its decade of operation, the program received funding from the Bill & Melinda Gates Foundation, Gavi and the U.S. Centers for Disease Control and Prevention. The SIF Program initially operated in 15 countries: Cambodia, Cameroon, Congo (Brazzaville), the Democratic Republic of the Congo (DRC), Ethiopia, Kenya, Liberia, Madagascar, Mali, Nepal, Nigeria, Senegal, Sierra Leone, Sri Lanka and Uganda. In 2012, Sabin expanded the program to additional countries in Eastern Europe and Asia, eventually including Armenia, Georgia, Indonesia, Moldova, Mongolia, Uzbekistan, Vietnam and Laos.

At the onset of the SIF Program, Sabin was one of the first organizations to focus specifically on developing new, sustainable domestic financing systems for national immunization programs. Drawing on the experience of the Pan American Health Organization (PAHO), which played an instrumental role in mobilizing domestic resources in Latin America, the SIF team focused on motivating domestic resource mobilization for immunization in Africa, Asia and Eastern Europe through close collaboration with elected officials and private-sector



leaders. This strategy has since grown to include UNICEF, Results for Development (R4D), Johns Hopkins International Vaccine Access Center and others.

In the course of the program, more than a dozen SIF countries initiated legislative projects, six introduced budget tracking measures, five enacted immunization laws, five secured budget increases through advocacy and two established national immunization funds. The SIF Program now concluded, this document archives lessons learned over 10 years of Sabin's leadership in domestic resource mobilization for immunization.

Building Country Ownership

"We want to ensure that immunization financing is secure and sustainable, so that we can achieve financial autonomy with regards to immunization, given that we have already been informed that partners will soon gradually withdraw their immunization support."

— **DR. ARO TAFOHASINA RAJOELINA**, DIRECTOR OF DISTRICT DEVELOPMENT,
MINISTRY OF HEALTH, MADAGASCAR



At the heart of the SIF Program was the concept of country ownership. Sabin participated in formulating the Global Vaccine Action Plan (GVAP), which was approved by the World Health Assembly in May 2012 and endorsed by 194 countries. The GVAP provides a guiding framework for disseminating the benefits of vaccination to all people, everywhere, outlining an agenda to prevent millions of deaths during the Decade of Vaccines (2011-2020) thanks to the help of life-saving vaccines.⁷ The GVAP is widely accepted as the formative plan across the global vaccine community, with country ownership as one of its six guiding principles. In the context of sustainable immunization financing, country ownership refers to the extent of immunization costs countries are themselves financing. The eventual goal is full country ownership, in which a country funds 100 percent of its routine immunization program costs.

WE ASKED: Why is country ownership so important to the Global Vaccine Action Plan?

HE SAID: "We want immunization to become part of the social contract in each country. We learned this in Latin America in the 1980s when entire societies engaged in the regional effort to eradicate polio. We used every method we could — mass media, elected officials, schools — to immunize every child and find the last case of polio. And in doing so, we created a popular expectation that from then on, all children were going to be immunized by the government. Once immunization becomes a part of the social contract then it is likely the program will be sustainably financed indefinitely by national revenues; a more reliable, long-term solution than philanthropy."

— **Dr. Mike McQuestion**, SIF Program Director, 2008-2016

GVAP Strategic Objective 5 calls for all countries to establish “sustainable access to predictable funding, quality supply and innovative technologies” for immunization by 2020.⁷ As of the 2018 assessment of the GVAP by the WHO’s Strategic Advisory Group of Experts on Immunization, absolute government expenditures have grown; however, due to rising immunization costs, the proportion of total expenditures funded by governments has fallen by 21 percent between 2010 and 2017.⁸

In practice, country ownership can be achieved by building a network of influential stakeholders, engaging in an immunization financing dialogue and implementing solutions with collective action between civil society, government and the private sector. Sabin acted as a consultant, convener and initiator of change, with the goal of reaching a new, higher equilibrium wherein annual immunization budget requests and advocacy by in-country stakeholders persist long after the conclusion of the SIF Program. Read on to learn about tactics Sabin partner countries have used to build country ownership of immunization.

Principles for Sustainable Change

“These resources don’t just belong to us. The resources belong to the entire Senegalese nation. Those who were born today, those who will be born tomorrow and must be vaccinated, their health must be preserved.”

— HONORABLE ELENE TINE, FORMER PARLIAMENTARIAN AND CHAIR OF THE SENEGALESE PARLIAMENTARY NETWORK FOR IMMUNIZATION, SENEGAL



Collective action, peer learning and increased transparency and accountability represent the conceptual foundations of Sabin’s SIF Program. Applying these concepts led to success in creating sustainable immunization financing programs and sped progress toward this goal. Throughout this report, we document how these concepts have been essential to the smooth functioning of the program and continuous progress through the SIF approach.

Maintaining long-term sustainable immunization financing requires **collective action** across government, civil society and the private sector to lead to accelerated progress such as the rapid drafting and adoption of new legislation. Creating inter-institutional steering committees, task forces and working groups constitutes one method to generate this collective action. Additionally, documenting best practices, sharing ideas between institutions and countries and maintaining transparency and accountability at the national and subnational level contribute to predictable and sufficient immunization financing. If immunization programs are to improve or maintain high levels of coverage, these arrangements must be in place, as they lead to continuous support from a range of in-

country stakeholders to plan and invest in immunization infrastructure and procure routine and new vaccines.

Immunization programs in several SIF Program countries had existing working relationships with a range of national institutions; in others, these connections were rare.⁹ By forming links between the Ministry of Health, Ministry of Finance, members of parliament, immunization managers and external immunization experts, Sabin instrumented collective action and provided a neutral ground for establishing a country-owned immunization program.⁹ Sabin observed that countries with formal or informal multi-institutional working groups made strides toward developing sustainable change. Within these groups, it is important that all relevant institutions are engaged and members know what they are responsible for, whether it be collecting data, drafting legislation, developing financing mechanisms or advocating for immunization.

Peer learning is the idea that individuals learn and take action by observing and interacting with those who are facing the same challenges. Peer learning is an effective tool that the SIF Program utilized to motivate counterparts toward country ownership. Through regional and inter-regional peer exchanges, study tours and symposia, Sabin provided opportunities

HOW CAN CIVIL SOCIETY ORGANIZATIONS FACILITATE PEER LEARNING?

By creating opportunities for peer learning, civil society organizations can play a major role in distributing best practices among countries with shared goals.

- When a country with established financing or legislative mechanisms hosts a **study tour** for countries in the development pipeline, it enables those countries to learn how the host country achieved its goals and how the solution works in practice. This information can then be taken back and shared in country. In October 2014, by request of the parliamentarian spearheading Uganda's legislative process, Sabin organized a visit by representatives from Uganda to Mongolia to study that country's legislative and financing mechanisms. This visit informed the financing provisions of Uganda's immunization law
- **Peer exchange** enables a group of countries working toward similar goals to learn from each other. This can take the form of regional peer exchange workshops, poster sessions at a larger international colloquium or other methods of sharing information. In 2014, Senegal attended a workshop with other Francophone African countries, where they found inspiration in DRC's presentation on its parliamentary network. After the meeting, Senegal created its own network
- Civil society organizations can act as a **conduit for information and peer inspiration**. Field officers can present one country's initiatives to others, and also bring back information on best practices from other countries



At each international colloquium, representatives from participating countries presented a poster detailing their new or planned sustainable immunization financing practices. Attendees then had the opportunity to ask questions and assess their peers' innovations

for peers to share best practices and demonstrate progress toward a common goal. An element of friendly competition often emerged among countries, as each country wanted to be at least as successful as its neighbors. When countries have opportunities to exchange knowledge and approaches, they push each other to improve; relationships that develop between national counterparts become a valuable long-term resource as they encounter similar challenges and learn from the experiences of others.

Over the duration of the SIF Program, more than 70 peer exchanges took place involving SIF Program partner countries. Regional or global meetings such as these enabled participating countries to learn about other countries' achievements, which they could then share with colleagues and use when developing their own country-driven solutions. Sabin observed that peers had more influence in their countries than outside organizations. Country innovations have been attributed to lessons learned and motivation gained through peer exchanges and international colloquia, recognized by immunization stakeholders as an extremely valuable aspect of the SIF Program.

To maintain long-term engagement and ensure follow-through on stakeholder commitments, mechanisms of **accountability** are essential. Publicly lauding officials for their roles in successes and publicizing their commitments help to keep the issue at the forefront and enable partners and in-country stakeholders to hold leaders accountable to the promises they made. Sabin strived to turn conversations into action by recruiting officials to draft and sign declarations at meetings. These documents could then be referenced by Sabin or in-country immunization champions to ensure sustainable immunization financing continued to be a priority long after a meeting ended. The SIF Program also strengthened accountability by documenting and disseminating innovative efforts to generate advocacy and sharing expenditure and overall program data within and among countries.

"The immunization program is important for reducing child mortality and it needs to be a permanent fixture in each new generation"

— MR. VISAL UY, DEPUTY DIRECTOR GENERAL OF THE INTERNATIONAL RELATIONS DEPARTMENT OF THE NATIONAL ASSEMBLY, CAMBODIA



Defining the Role of the Field Officer

Prior to conducting in-country budgeting interventions, the SIF Program conducted country assessments and identified key residents to act as field officers. The initial SIF team included five field officers, each acting as an advocate for three program countries in the same region.

By applying a regional focus, Sabin developed a solid understanding of each region as well as oversight of field activities and needs. Field officers were chosen based on their knowledge of country priorities and ability to work closely with key stakeholders in the region. This created a program driven by specific country interests, and induced trust and credibility in each participating country. Field officers acted as agents for three key immunization stakeholders: national government counterparts, other domestic stakeholders (private sector and civil service) and international immunization partner agencies (Gavi, UNICEF, WHO, World Bank and others).

Importantly, field officers were autonomous, with the sole goal of securing a better future for the country by creating solutions that would outlast their personal involvement. Field officers were responsible for gathering stakeholders and officials, and as a result were essential in the process of building political will and recruiting advocates for enduring immunization legislation.

As they coordinated activities in more than one country and across different ministries and levels of government, their effects were wide-reaching, both domestically and regionally. Field officers working in different regions convened regular meetings, maintaining working relationships as well as shared tactics, resources and achievements. As a result of this model, Sabin was able to facilitate connections between peers, not only within countries but also across regions. This report discusses several examples of how those connections led to progress toward sustainable immunization financing.

WE ASKED: What makes a good field officer?

HE SAID: "What they have in common is a deep knowledge of what everyday life is like in these countries trying to get any public health program going. They had to be residents and citizens of the country, of one of our SIF countries, and they had to agree to stay there. So that was another key thing. And when you put all of that together, therefore you filtered in people who were committed to this kind of work for their country. And were willing to innovate... They had to be social entrepreneurs to get engagement with people who wouldn't normally engage in the question of how you finance vaccines in your country. So they had to have that entrepreneurial spirit. They had to have the kind of personality that would get you into the office of the Minister of Health or a member of parliament or the UNICEF representative."

— **Dr. Mike McQuestion**, SIF Program Director, 2008-2016

Approach

Every country has unique needs, priorities and challenges. Sabin's approach engaged in-country stakeholders from start to finish, ensuring they shared their most appropriate steps with their international peers. Flexibility was also essential; by adjusting priorities for each country, the SIF Program was successful in helping to inculcate innovations contributing to sustainable financing.

The SIF approach to sustainable domestic immunization financing involved the following elements:

- Conducting a primary country assessment to gather information on the country's current financing position
- Engaging an in-country field officer native to the region to develop locally appropriate strategies and work directly with key stakeholders
- Coordinating with other international development partners working in the country
- Recruiting immunization champions spanning parliaments, government ministries, local governments and civil society
- Advocating for immunization financing and drafting sustainable financing plans and solutions
- Convening institutional counterparts across countries developing similar solutions to stimulate constructive feedback and friendly competition
- Documenting and spreading knowledge to in-country stakeholders to ensure continued advocacy for sustainable immunization financing after the completion of the program

Progress and movement through the steps of the SIF approach were measured across the varying domains of the program framework: 1) legislation, 2) financing mechanisms, 3) budget advocacy and 4) resource tracking. Each SIF Program domain included associated progress indicators to track achievement of program goals; fulfillment of these indicators served as another measure of a country's progress toward reliable domestic financing.

1. **LEGISLATION:** An immunization provision guaranteeing government financing of immunization is initiated, revised, approved by a relevant authority, registered for a vote or passed
2. **FINANCING MECHANISMS:** Novel financing arrangements are created. Regulation of funds is established, certain capital resources (including

taxes and voluntary contributions) are earmarked to immunization or resources are directly deposited into the immunization fund

3. **BUDGET ADVOCACY:** National counterparts advocate for an increased immunization budget, an improved proportion of disbursed to approved budget or more timely disbursement of the immunization budget
4. **RESOURCE TRACKING:** National counterparts capture immunization expenditure data through the WHO Joint Reporting Form (JRF),¹⁰ immunization financial data at the subnational level or immunization financial data at the national level through the [SIF Budget Flow Analysis](#) tool, which calculates Public Expenditure and Financial Accountability (PEFA) indicators established by international development partners¹¹

Innovations were prized; the introduction of any new practice related to immunization financing was an indicator of institutional change supporting progress toward sustainable domestic immunization financing.

Legislation

Many countries with whom Sabin collaborated used legislation as a tool to improve uptake of country immunization services. Although social factors drive vaccination and can change frequently over time, when a country passes an immunization law it signifies a long-term prioritization of immunization by the government.

Sabin led SIF partner countries through a process modeled after that which was used by Latin American countries to establish various immunization financing mechanisms in law. By providing a roadmap for the typical legislative process, the SIF Program helped guide field officers as they worked with legal architects to draft new immunization legislation and recruit immunization advocates to drive legislative projects forward. Sabin accompanied countries across different legislative phases, from the initial development of legislative strategy all the way to the implementation of new immunization provisions. In many countries,

PRINCIPLES IN ACTION: ACCOUNTABILITY

As Latin American countries passed immunization laws in the 80s and 90s, PAHO shared the news through its Regional EPI Program newsletter. Validating and sharing a country's accomplishments can create a call to action and generate friendly competition between countries. Following PAHO's model, Sabin produced a SIF Program newsletter, in which individual stakeholders who attended meetings, took action or made commitments were mentioned by name. This and other mechanisms enabled Sabin to praise those who made strides toward immunization financing and publicly hold accountable those who committed to future action.

THE LATIN AMERICAN MODEL

Both Dr. Ciro de Quadros, the late executive vice president of Sabin and leader of campaigns to eradicate polio, measles and smallpox, and Dr. Mike McQuestion, SIF Program director from 2008-2016, came to Sabin from PAHO. They modeled the SIF Program after the success of Latin American countries in achieving country ownership of immunization programs.

From 1980 to 2016, vaccination coverage in Latin America dramatically improved, with DTP3 coverage increasing from 50 to 91 percent. An important driving factor was the establishment of vaccine funding mechanisms, including the Revolving Fund created by PAHO in which member countries pooled resources for immunization procurement. In order to participate in this fund, countries were required to establish a line item in the national budget to purchase vaccines, which many countries accomplished through legislation.¹²

In January 2013, PAHO, Sabin and other partners published a review of vaccination legislation in Latin America, demonstrating an association between new legal frameworks and the advent of effective, self-sustained, country-driven national immunization programs.¹³ A salient output from this report is that it analyzed and established criteria for key legislative provisions for immunization. In 1980, only two Latin American countries had immunization laws; by 2013, 29 of the 31 countries studied not only had vaccine laws but also had laws with provisions for domestic immunization financing. The resultant strengthening of national immunization programs contributed to the decline of vaccine-preventable diseases across the region. Sabin used the lessons learned and best practices developed from achievements in Latin America to help countries improve the financial sustainability of their vaccination programs by analyzing existing laws and drafting new laws. At Sabin's first global Colloquium on Sustainable Immunization Financing in 2011, representatives from Bolivia, Colombia and El Salvador presented success stories in the region and shared their experiences in immunization advocacy and passing immunization legislation.

The laws passed during this time were largely based on a model law developed by PAHO and the Latin American Parliament, itself an example of collective action across the region. In studying the progress of this work across the region, cooperation and unity among parliamentarians, government officials and immunization stakeholders are essential to the successful passage of vaccination laws and strong immunization programs.¹³ These learnings informed the SIF Program's approach.

In 2017, Dr. McQuestion led a follow-up publication also focused on Latin America and the Caribbean. A statistical analysis showed that passing an immunization law led to increased vaccine spending, even after controlling for several variables. Countries with higher vaccine coverage were found to have been more likely to have legislation, while higher-income countries were less likely to have these laws in place. These findings solidify the importance of legislation in establishing or maintaining a sustainable immunization financing program.¹²

the complex process of developing, vetting and implementing immunization legislation continues.

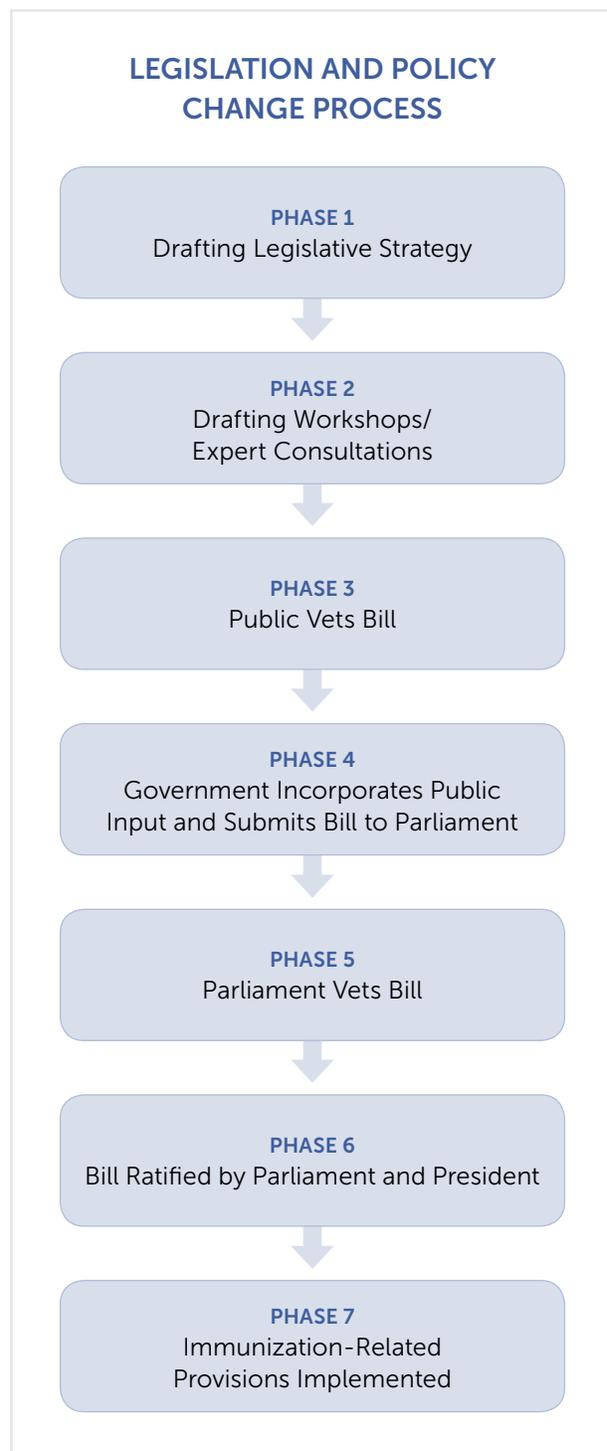
Legislation/policy change

The typical legislative process can be lengthy, often taking several years to draft and pass a law and even more time to implement it. With the rising costs of vaccines and withdrawal of external support, it is useful for countries that have not begun this process to start thinking about the adoption of new legislation, especially when it may take years to put into place. Accordingly, the immunization legislative process across SIF partner countries was tracked using a seven-phase timeline.

Phase 1: Devise Legislative Strategy

The first phase of the legislative process involves convening national counterparts to establish a strategy for the legislations to be put in place. There are many ways to achieve legislative progress, including financial, operational or declarative provisions; statutory immunization laws, decrees, members bills, health bills or government orders; and immunization policies, amendments or regulations.

By inserting immunization-related provisions into a broader health bill slated for passage, it is possible for countries to pass legislation without drafting a separate bill. This approach was successful in Nigeria, where the Senate Health Committee is credited with inserting 'vaccines' into the Public Health Fund budget line immediately before the bill's passage in 2014 to secure 20 percent of the fund earmarked to vaccines. This can be an efficient route to legislative gains, but relies on the existence of a draft health bill.



If no such bill exists, stakeholders may draft a stand-alone immunization law. Those who draft the law (typically in the legal department of the Ministry of Health) should be prepared to justify to the cabinet of the Ministry of Health and other stakeholders why it is important for the law to be stand-alone and not included with other disease programs.

In the SIF Program, the Sabin field officer was often responsible for organization and motivation during the strategy phase. In this phase, counterparts should determine the consultations that will need to occur throughout the drafting process (typically with the Ministry of Finance, Ministry of Health and parliament). This is also the time to build a network of influential stakeholders who will advocate for and support immunization legislation drafts going forward. Securing buy-in from these institutions throughout the process eases the eventual implementation, as these institutions will be called upon to pass and implement the law. Without officials spanning the Ministry of Health, Ministry of Finance, parliament and other partners, passing new legislation may be challenging.

A country may choose to create a dedicated law drafting committee. Bringing together all relevant institutions into a committee (or an unofficial working group) can help streamline the process and promote accountability. Although each country had their own process to determine who would draft immunization legislation, many SIF Program countries, including

Madagascar, Senegal and Nepal, chose to form a dedicated immunization legislation committee or unofficial working group.



Immunization stakeholders from Georgia, Armenia and Moldova gathered at a European Regional Workshop on Immunization Legislation in 2017 to develop legislative roadmaps for sustainability

PRINCIPLES IN ACTION: COLLECTIVE ACTION IN CAMEROON

In **Cameroon**, Sabin's field officer gathered the Ministry of Health legal director and director of cooperation to consider establishing a multi-institutional forum to expedite the drafting process of a novel immunization law. The committee was formed in 2013, and responded to shifting priorities over the following years, drafting an immunization bill and expanding it to incorporate HIV.

Phase 2: Drafting Workshops and Expert Consultations

After developing a legislative strategy, the Sabin field officer gathered counterparts to participate in drafting workshops and expert consultations, collaborating with representatives spanning the Ministry of Health, Ministry of Finance, parliament and

health departments. These gatherings would generally occur throughout the drafting process as new changes were made to the draft bill.

Sabin also encouraged SIF counterparts to host and attend legislative peer review meetings, where each country could share their progress, receive recommendations on their legislative approach or draft laws by foreign working peers and make changes accordingly. For example, during the development of a draft bill with an Expanded Programme on Immunization (EPI) budget line in Congo Brazzaville, the field officer organized a legislative peer review to receive feedback. Following the review, Congolese working peers improved upon the draft law and continued to source additional amendments from their foreign working peers.

PRINCIPLES IN ACTION: COLLECTIVE ACTION IN NEPAL

Short-term, high-impact multidisciplinary task forces can be effective, as seen in **Nepal** in 2011. An immunization legislation committee was created to hold hearings and consult with government ministry representatives and stakeholders. The collaboration by this task force led to the quick and successful introduction of an immunization bill into law over the span of several years.

Phase 3: Public Vets Bill

In many countries, once input from expert consultations and drafting workshops has been incorporated into the draft immunization law, it is sent to the public for review. Feedback from public dissemination is taken directly into account while making changes to the immunization draft law. In 2011 in Sri Lanka, the field officer and working peers crafted a National Immunization Policy that would be streamlined into a draft bill. After passing through the hands of expert consultants, the draft was edited and distributed in 2014 for public comment. The working committee incorporated all valuable public comments into the next draft of the policy.

PRINCIPLES IN ACTION: ACCOUNTABILITY

In 2016, 10 parliamentarians representing nine countries across Africa came together at the landmark Ministerial Conference on Immunization in Africa to [declare their commitment](#) to strengthening immunization programs through advocacy, legislation and continent-wide collaboration. Commitments such as this not only make it possible to hold officials accountable but also play a role in accelerating the legislative process. An Africa-wide network of parliamentarians could accelerate progress toward the African Regional Strategic Plan for Immunization objectives. With these experienced lawmakers at the helm, the group could become a powerful new voice for country ownership of African immunization programs.

Phase 4: Government Incorporates Public Input and Submits Bill to Parliament

As in the case of Sri Lanka, the government incorporates feedback from the public into the draft bill in this phase. Once the bill is approved by relevant government stakeholders, it is submitted to parliament for approval.

Phase 5: Parliament Vets Bill

In this phase, the legislative process moves into parliamentary discussions. Some parliamentarians may already have been engaged in the process, either during the drafting phase or through parliamentary briefings. Countries may organize parliamentary briefings to gather members of parliament and win their support for the drafted immunization law.

It is very important during this phase that the field officer has established connections and recruited members of parliament to act as immunization advocates and stakeholders. Members of parliament often endorse the draft law or suggested amendments to the bill during these initial parliamentary sessions. Minor changes can be made by parliament without returning the bill to the Ministry of Health, but more significant changes will require ministry review. This phase can take months or even years.

Phase 6: Bill Ratified by Parliament and President

After the ministries and parliament have contributed new modifications to the bill, it can be registered to vote by a member of parliament. The bill is considered “tabled” when it has been introduced to parliament for a vote. Once passed by parliament, the president’s signature is typically required in order for the bill to become law. In the case of SIF Program partner countries, the president typically signed the bill into law within one to three months of it being passed by parliament.

SUPPORTING THE LEGISLATIVE PROCESS IN EASTERN EUROPE

Sabin has applied expertise gained from guiding legislative projects for sustainable immunization financing to broader immunization legislation projects in Eastern Europe. For example, Sabin’s field officer for Georgia carried out a broad survey of stakeholders to help the country define its legislative priorities. Sabin also conducted a study, [Legislative Approaches to Immunization Across the European Region](#), which examines all 53 countries in Europe and features five national and regional [case studies](#) on varying approaches to immunization legislation. As part of this study, Sabin gathered immunization-related laws and regulations, which are now available as part of the [European Immunization Policy Database](#) (other immunization policies can also be found on Sabin’s [website](#)).

Georgia used the study report as a reference in implementing its mandatory immunization policy. Learn more about these projects in the [Georgia case study](#) at the end of this report.

Phase 7: Immunization-Related Provisions Implemented

Once a bill is signed into law, the implementation process begins. Often, a law does not take effect until regulations are established to support it. Once approved by the appropriate government bodies, those regulations must then be implemented across the country.

In Nepal, in anticipation of the bill's passage, the Ministry of Health secretary appointed a seven-member task force (including Sabin's field officer) to formulate implementation regulations, standards and guidelines stipulated in the law. This group refined how the immunization law would be implemented and drafted regulation. During this process, the EPI manager formed four subcommittees to draft specific sections of the regulation: 1) Standards for vaccine storage, supply and distribution, 2) Application and approval letter, 3) Provision of compensation and 4) [Immunization fund structure and operation](#). The regulations were then submitted for final approval by the health minister.

KEY ACHIEVEMENTS: LEGISLATION FOR SUSTAINABILITY

By the conclusion of the SIF Program in 2018, five countries had enacted immunization laws and many had legislative projects underway, initiated from both parliaments and ministries of health.

In 2014, **Nigeria** became the first SIF partner country to pass legislation supporting immunization financing. The [National Health Bill](#) included a provision guaranteeing public immunization financing, and established a fund co-financed by federal revenues and state and local contributions. As of 2017, Nigeria was working to create an external public-private partnership trust fund to complement this existing fund.

After five years of briefings, workshops and peer exchanges supported by the SIF Program, **Nepal** signed "Immunization Bill 2072" into law in 2016. This law included several items to make the country's national immunization program more financially sustainable given that vaccine costs are constantly changing.

Uganda's president signed an immunization act into law in 2016 mandating obligatory immunization of children and women, and created a 'stand-alone' national immunization fund within the Ministry of Finance Consolidated Fund.

Madagascar passed a National Immunization Fund Law in 2017 after six years of dedicated work with the SIF Program. The law created a fund financed by the immunization budget line included in the annual budget, and rendered importation of vaccines tax-exempt. The passage followed the signing of a [parliamentary statement](#), demonstrating Madagascar's commitment to strengthen their immunization program.

In **Laos**, an immunization law was passed by the National Assembly in 2018 with 96 percent approval. The law became official later that year when it was posted to the Ministry of Justice website with a Presidential Decree. The SIF field officer then assisted in the introduction and socialization of the law, continuing into 2019.

Regulations, once approved, form the basis for implementation of the law. Implementation typically involves stakeholders outside the central government to carry out provisions stipulated by the law. For example, Nepal's law makes all vaccines free under the national immunization program and compulsory in the event of epidemics or specific events. Implementing this requires action by the Ministry of Health, Ministry of Finance and even individual health providers. UNICEF/Nepal also played an important role in this process, first by co-sponsoring briefings, and then by providing technical support to Nepal's parliamentary and governmental counterparts.

"You need a law to make sure there is a budget set aside in the national budget every year for the immunization program. That's what we learned in Latin American in the eighties...those countries all had to pass laws to obligate themselves to always have the money set aside...to prevent the diseases from coming back."

— DR. MIKE MCQUESTION, SIF PROGRAM DIRECTOR, 2008-2016



Financing Mechanisms

Countries have several options for funding mechanisms to support immunization, all with varying implications. To ensure continuous functionality of an immunization system, solid financing must be provided to support the present immunization program and any future modifications. Choosing a financing mechanism is a highly important decision, as the existence and sustainability of the program relies heavily on this funding source when external support is removed.¹⁴ Immunization financing can be provided through an account or a fund, but ideally should be financed by dependable, blended finance sources, such that if one source dries up, the immunization program is not put in jeopardy.

Public financing mechanisms

Funding through a trust fund

A number of SIF partner countries chose to pursue new immunization financing through trust funds, which is a pool of funds reserved for a particular purpose with specific rules in place to ensure the proper use of the funds.¹⁵

WHAT IS A TRUST FUND?

A national **trust fund** consists of funds that are walled off for a specific purpose, in this case immunization. The original capital can come from domestic or external sources, such as donor funds, taxes and private-sector contributions. They are held under legislation, and must also have procedures written into a constitution that detail the operating, governing and controlling groups of the fund.

Trust funds can be built with public or private funding sources and must be walled off for their specific purpose using legislation.

“The trust fund is just like a basket. A basket where all the money for immunization will be put. That is the trust fund. It’s a way of mobilizing and lobbying. Because now you have a basket which you need to fill, therefore you have to look everywhere.”

— HONORABLE HUDA OLERU, FORMER MEMBER OF PARLIAMENT, UGANDA



A trust fund is typically created with its own funding base, statutes and articles of constitution that guide how it will operate and outline how it will be used. Trust funds may originate in the legal department of the Ministry of Health and are first vetted within this ministry, followed by the Ministry of Finance and lawmakers who will be called upon to enact the trust fund into law. Alternatively, parliaments or ministries of finance may take the lead. Trust funds frequently rely on the formation of a governing body, a fund management team and a group of technical advisors, in this case with expertise in immunization.

Depending on the purpose of the funding, a trust fund can be classified as either passive or working. A passive fund often entails assets which are used and deposited at a similar rate, whereas a working fund primarily uses gains from interest, leaving the initial invested assets untouched. When funding an immunization program that is expected to expand, it is likely that additional assets will need to be added to the trust fund.¹⁶

Because a trust fund is written into law, it can ensure significant and reliable resources for immunization, and protect immunization funding from shifting political and economic

PRINCIPLES IN ACTION: ACCOUNTABILITY

Sub-regional parliamentary briefings between **Cambodia**, **Sri Lanka** and **Nepal** in 2010 laid the groundwork for Nepal’s immunization trust fund. At the first briefing, parliamentarians adopted the “[Kathmandu Declaration](#),” in which they committed to work for sustainable immunization financing for Nepal. Building on these commitments in the second briefing, they developed the “Kathmandu to Colombo and Beyond Declaration” to call upon all three governments to find innovative ways to increase routine immunization budgets and begin monitoring and reporting program expenditures, coverage and surveillance data.

In the third briefing, they signed the “[Phnom Penh Declaration](#),” highlighting the urgency of achieving the Millennium Development Goals. These elements — policy directives, better reporting and a sense of urgency — helped make Nepal’s trust fund feasible.

climates. This type of fund is also useful for organizing funds for non-emergency situations, especially as funds can expand over time through regular contributions and interest. If a trust fund is established to use interest earnings for regular financing, it can be a highly sustainable financing mechanism. Trust funds also promote country ownership and self-sufficient financing.

One downside to trust funds is that they often come with high administrative costs due to the governing board and members that must maintain the fund's activities. However, increases in administrative capacity overseeing the immunization budget result in greater accountability.¹⁵ Overall, trust funds represent a solid financing option for countries seeking sustainable immunization financing, as they provide ample and reliable sources of funding for immunization programs.

TRUST FUNDS IN ACTION: LEARNING FROM BHUTAN

Bhutan was the first country to create an immunization trust fund, and it remains the world's longest running trust fund to this day. Drugs and vaccines can be very expensive, accounting for nearly 50 percent of the national health expenditures in the late 1990s in Bhutan.¹⁵ To avoid future funding uncertainties, the [Bhutan Health Trust Fund](#) was established in 2000 to reserve funds for health, including immunization. Through the trust fund, the government has committed to providing routine and new vaccines free of cost for their citizens as donor support is fully phased out.

The trust fund was originally targeted at \$24 million, with half financed by the Bhutan government and the other half covered by private and public donors. However, as immunization program and general health care costs have increased, the target was revised to \$48 million in 2016.¹⁶ By setting aside this budget for immunization, Bhutan has transitioned to cover the full cost of the pentavalent vaccine, an expenditure that was previously co-financed by Gavi.

This trust fund has been successful in large part to Bhutan's political champions for immunization, good governance and accountability. The fund receives its revenue through Bhutan's universal payroll tax. This is supplemented by an annual health walk fundraiser, which encourages public solidarity and demand for immunizations, and enables the government to deliver messages about vaccination. The fund acts as a model for other countries developing national immunization budgets, including SIF partner countries, as it has remained a long-term, sustainable financing method in Bhutan. By generating similar political will through the SIF Program, Sabin has helped other countries take steps toward developing similar effective sustainable immunization financing programs.

Funding through general revenue

Government revenue must play an increasing role in financing health care, especially as countries grow their economies. National and subnational government revenue account for

the largest share of funding for immunization programs.¹⁵ Governments can raise general revenue through taxes on income, property, sales, customs duties and other forms. Taxes can be collected at both the national and subnational level, and are then allocated to ministries through a budgetary process.

At the national level, the resources are requested by a ministry (such as the Ministry of Health), which then obtains the funds as a transfer from the treasury (Ministry of Finance). Since these budgets are often based on past spending patterns, they may not adjust quickly to changes in financing needs. Funds are frequently disbursed based on individual requests for resources by line item, although budget approval can take several months. As a result of this process, there may be potentially unpredictable movement of funds from the treasury to relevant ministries.

Over the past 20 years, many countries have decentralized their health systems, transitioning obligations from the national level to local authorities. In a decentralized system, local governments are responsible for raising funds through the implementation of local taxes, and funds for many health programs no longer originate at the central level. Moreover, vaccine procurement and other immunization expenditures become a subnational responsibility; immunization services risk neglect unless they are strictly protected through methods such as earmarking inter-fiscal transfers. Securing and maintaining adequate immunization financing

WHAT IS GENERAL REVENUE?

A government's **general revenue** is comprised of any funds generated from tax or public revenues at a national level. Often, the resources are raised through a variety of different taxes including income, property, sales and value-add, inheritance, customs and import duties, and others.

FINANCING MECHANISMS: WHAT'S THE BEST METHOD?

TRUST FUND

ADVANTAGES

- ✓ Good accountability and regulation
- ✓ Reserved for a specific purpose and backed by legislation

DRAWBACKS

- ✗ Takes time to build interest
- ✗ High administrative costs
- ✗ Need to pass new legislation and organize governing body

GENERAL REVENUE

- ✓ Low administrative costs
- ✓ Budget created through procedures already in place

- ✗ Requires sustained advocacy
- ✗ Not protected through legislation
- ✗ May not adjust quickly to changes in financing needs and approval can take months

in a decentralized system require sustained immunization advocacy from policy makers at the national and subnational level.

Using general revenue is a highly efficient method of immunization financing, as no additional administrative resources are required and the budget is created through procedures already in place, and only a small share of the overall health budget is necessary for vaccination. Cost-effectiveness arguments, such as the economic return on vaccination mentioned in the beginning of this report, also demonstrate why immunization represents a worthwhile investment for a country to make. By continuously reinforcing these messages and acquiring political commitments to immunization financing, general revenue can be a reliable source of immunization funding and can push a country toward country ownership.

Establishing an immunization line item

Sabin encouraged countries to improve immunization financing by introducing a budget line for immunization into the annual national health budget. Line items must be introduced through legislative action, and enable better resource tracking, accountability of expenditures and sustainable contribution to immunization financing.¹⁵ The presence of a consistently funded line item also indicates the government's long-term political commitment to immunization, and may better protect the budget during times of economic distress. However, the mere presence of a line item does not necessarily ensure the health of a country's people; for example, when Sabin first began working in DRC in 2008, the annual budget included a budget line for immunization, but it was unfunded and many stakeholders were not aware of its existence.

The role of domestic private partners

As part of a country's road to independent financing, domestic private partners can supplement government financing for immunization. Just as the Bhutan Health Trust Fund is financed in part through private donations driven by an annual fundraising event, other countries can develop novel approaches to engaging individuals and the private sector in immunization financing.

Similarly, countries may direct private donations into a national trust fund, as Bhutan opted to do, or create a dedicated fund for private-sector contributions, as Nepal chose to do with its Sustainable Immunization Financing Support Fund. Through this fund, private entities can make voluntary contributions to support immunization in Nepal backed by the national immunization law. This fund was initially capitalized by the country's Rotary and Lions clubs as well as other private domestic stakeholders, all of whom would receive tax credits for their donations to the fund.¹⁷

KEY ACHIEVEMENTS: FINANCING MECHANISMS

Over the course of the SIF Program, many countries developed and introduced new financing mechanisms.

- Two new immunization funds were successfully developed in **Nepal** when the country passed its [immunization law](#) in 2016. The law included provisions for a public National Immunization Fund and a private Sustainable Immunization Support Fund, as well as policies to earmark existing taxes to immunization and transfer unspent funds at the end of the fiscal year. The private fund offers tax exemptions for domestic contributors, and the Nepali government allocated 60 million Nepalese rupees, or \$550,000, to the public fund during enactment of the law
- In 2014, **Mali** began considering the establishment of a national immunization fund. After receiving recommendations from sub-regional peers, immunization stakeholders added a provision to the financing mechanism's concept document to engage the private sector to support immunization. Similarly, **Kenya** created the Kenya Private Sector Immunization Forum in 2015 as part of their efforts to seek additional financing arrangements
- In 2015, **Uganda** passed legislation to create an immunization fund after conducting a study tour in **Mongolia**, a country that developed their immunization fund in 2000. The new law included operational and cold chain costs in the fund and regulations for a board to oversee fund administration. Revenue would come from parliamentary appropriations and donations, with five percent of the Ministry of Finance Consolidated Fund earmarked for immunization annually

Budget Advocacy

"Each target audience, you have to be able to bring down your conversation to be something they can identify with, understand and want to be part of. If you can't achieve that, you haven't gotten that stakeholdership."

— **DR. BEN ANYENE**, CHAIRMAN, NATIONAL IMMUNIZATION FINANCING TASK TEAM, NIGERIA



The budget process

Phase 1: Budget proposal

The budget proposal is typically initiated by financial authorities within the EPI or the financial department of the Ministry of Health. To streamline subsequent approvals, the EPI manager or other immunization champions can track the process and visit relevant stakeholders to review the budget proposal and field concerns. This may include approving bodies such

as the Minister of Health, the cabinet of the Ministry of Health and the health department of the Ministry of Finance. This proposal is often informed by an evaluation of present resource needs conducted by the EPI to project future requirements.

Phase 2: Ministerial and parliamentary approval of immunization budget

The budget must be approved by parliament. In certain countries, this stage involves a parliamentary hearing with each ministry, affording the financial department of the Ministry of Health an opportunity to answer questions about the budget proposal. If this is the case, representatives from this department must be fluent on the investment case in order to justify the proposal. Approvals by other executive branch institutions may also be required depending on the country.

Phase 3: Disbursement of immunization funds from the treasury

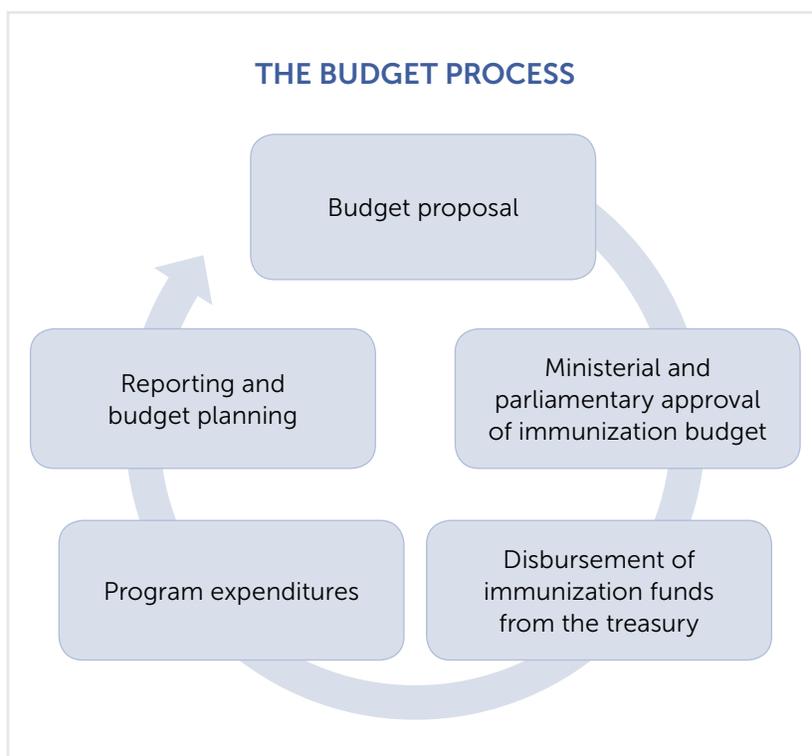
Funds are disbursed by the treasury at the central level, then channeled through the Ministry of Health to the EPI, which must prioritize funds by program and distribute funds to the subnational level.

Phase 4: Program expenditures

Funds are used by the EPI to support the immunization system at the national and subnational level. Expenditure tracking is often conducted during this phase as funds are distributed and used.

Phase 5: Reporting and budget planning

During this stage, the EPI collects data on spending and uses that information to inform the next year's budget.



WHAT SHOULD BE INCLUDED IN AN IMMUNIZATION BUDGET?

As countries graduate from Gavi support, many immunization program aspects to which a country may have contributed minimally become their full financial responsibility to fund and maintain. There are many components a country must consider when developing a budget for immunization. A country's financial responsibility may include any combination of the following immunization system elements:

RECURRENT COSTS:

- Vaccines
- Injection Supplies
- Personnel
- Transportation
- Maintenance and Overhead
- Training
- Information, Education and Communication
- Supervision and Monitoring
- Disease Surveillance
- Program Management and Planning
- Research
- Information Systems
- Campaigns

CAPITAL INVESTMENTS:

- Capital Costs (equipment, vehicles and buildings)

By investing in a sustainable immunization program, countries can be prepared to take authority and reliably manage all previous and newly introduced immunization costs.

Source: [The SIF Program's Generic Annual Work Plan](#)

The advocacy process

Early on in their engagement, Sabin's field officers held meetings to familiarize high-level government officials and parliamentarians with the country's financial situation relative to immunization and the importance of establishing lasting funding solutions. In these conversations, Sabin learned that many stakeholders in Gavi-supported countries did not understand their country's role in the Gavi transition process, and in some cases did not realize that immunization financing was the responsibility of their governments.

Acting as both catalyst and convener, Sabin field officers played an advocacy role in motivating decision makers to focus on sustainable immunization financing. The process of evidence-based advocacy included compilation of data such as past expenditures, projected program needs and health implications of the budget. In making the case for investing in immunization programs, these data provide compelling evidence for immunization champions to motivate government decision makers.

Sabin often led counterparts in role-playing exercises to develop and practice their advocacy asks. In 2016, Sabin's field officer in Uzbekistan led one such exercise at a UNICEF workshop

on immunization budgeting, advocacy and legislative improvements, with the goal of equipping participants with effective advocacy techniques as they negotiated for increased government immunization budgets. Sabin conducted a similar exercise for parliamentarians in DRC in 2018. For more information on this exercise, refer to the [DRC case study](#) at the end of this report.

Most EPI managers are physicians who are untrained in public finance, and must learn on the job about the complexities of the budgetary process. Immunization managers also need to understand who the relevant stakeholders are in their country to secure their buy-in.

The critical role of leadership: Parliamentarians and ministries of health

"It took almost three months before even Sierra Leone could get donor money to do immunization for measles, before we could even do a measles campaign. This was an eye-opener. I keep telling people, if we had our own money, immediately when we had an outbreak, we are going to call in immediately for vaccines to immunize our children. So the morbidity that happened during this outbreak could have been stopped immediately. But because we don't have money for ourselves, we depended on donors, it took almost three months. That was very devastating."

— HONORABLE A.B.D. SESAY, PARLIAMENTARIAN, SIERRA LEONE



Immunizations are not only a wonder of medicine but also a popular bipartisan issue, with the potential to transcend politics and unite even bitter rivals in the common cause of preventing child mortality.

Parliamentarians play both proactive and reactive roles in budget advocacy, making a strong case up front to create or increase the immunization budget or intervening to defend against proposed cuts. Once the advocacy goal is identified, an immunization advocate needs data to support their arguments. For instance, parliamentarians pushing for an increased annual immunization budget allocation require information from the Ministry of Health to demonstrate the immunization program is using its funds efficiently. In addition, they need data on the costs of the program and the potential health risks resulting from an insufficiently funded program.

Parliamentarians (or the Ministry of Health itself) can then take this information to the parliament in plenary to make a case for a budget increase. The same tactics have proven effective in SIF partner countries to defend against budget cuts. In the case of Senegal, a

ADVOCACY STRATEGY

Sabin developed the following steps to an effective advocacy strategy, based on Eugene Bardach's "A Practical Guide for Policy Analysis: The Eightfold Path to More Effective Problem Solving":

1. IDENTIFY THE PROBLEM

Based on the information available, identify the most pressing sustainable immunization financing problem facing the country that the target audience can address. Identify the weaknesses within the system, future threats and consequences that could result. Below is an example of a problem statement:

- **Current Weakness:** If the government's immunization expenditures continue to climb at a weak annual rate,
- **Future Threat:** Gavi's expected withdrawal from the country in [year] is projected to create a considerable immunization funding gap in the country,
- **First Consequence (System-Level):** Causing vaccine coverage to decrease and consequent vaccine-preventable disease outbreaks,
- **Second Consequence (Citizen-Level):** Resulting in disability and loss of life.

2. SELECT THE TARGET AUDIENCE

Identify those best positioned to mitigate or resolve the problem identified in step one. Consider the role they could play in sustainable immunization financing, but currently do not

3. ASSEMBLE EVIDENCE

Gather data or reach out to other institutions for health and financial information to back up the problem statement. Identify currently available information and the steps needed to generate or gather additional information. Tactics that have proven effective to back up problem statements for advocates in SIF partner countries include:

- Describe the risks of not vaccinating. How many children will not be vaccinated and how many could become sick or die as a result?
- Compare to a neighboring country with a lower or similar GNI per capita that is providing more immunization financing per child
- Demonstrate donor dependence and link to an absence of national sovereignty. This is an especially salient political platform in many Sub-Saharan and Southeast Asian countries prioritizing autonomy over their development sectors more broadly

4. FORMULATE THE ADVOCACY ASK

Determine a few direct or indirect actions the target audience can take to address the problem. Be realistic about what actions they are able to take. The ask should be SMART: Specific, Measurable, Achievable, Relevant and Time Bound. The audience should walk away knowing exactly what is expected of them and why it is important

5. DEVELOP THE MESSAGE

The advocacy message consists of the problem statement from step one, evidence supporting the statement from step three and the advocacy ask from step four

6. COMMUNICATE THE MESSAGE

Consider the best way to reach the target audience. Examples of delivery methods include writing a letter, scheduling a meeting and raising the message at policy forums where the target audience may be in attendance

7. MONITOR AND FOLLOW UP

Continue to engage with the target audience. Consider taking additional actions to confirm whether the target audience has taken the requested action



At the Third International Colloquium on Sustainable Immunization Financing in 2016, 14 parliamentarians representing 13 countries drafted and signed the Kathmandu Parliamentary Declaration, stating their commitment to support domestic immunization financing, increase advocacy efforts and share best practices to assure sustainable public immunization financing

parliamentary champion for immunization played a critical part in ensuring the budget line for immunization was approved in parliament.

In DRC, a parliamentarian who served on the budget committee and therefore had visibility on budget proposals was able to initiate the advocacy process, reaching out to the EPI for cost estimates related to procurement or co-financing, or justifications for expenditures, and subsequently using that information to defend against cuts proposed by the Ministry of Finance.

The role of advocacy coalitions

Many SIF partner countries have found success in creating parliamentary or cross-institutional advocacy coalitions, which may consist of members spanning legislatures, government ministries and civil society. Sabin encouraged those interested in creating advocacy networks to establish terms of reference (or a charter) outlining the group's purpose and how it would engage in the advocacy process.

One of the most robust examples of this comes from DRC. Their parliamentary network, established following parliamentary briefings by Sabin's field officer, played an active role in budget advocacy at both the national and subnational level. This network has served as a model to other SIF partner countries interested in forming their own advocacy networks. Strong leadership from a few vocal parliamentarians, as well as the inclusion of a parliamentarian who served on the budget committee, enabled the network to oversee the status of fund disbursement, making this network particularly effective. Read more about this advocacy network in the [DRC case study](#).

PRINCIPLES IN ACTION: PEER LEARNING

Laos first became interested in the SIF Program upon hearing about **Vietnam's** achievements at a WHO meeting. Sabin spurred this kind of friendly competition by sharing data between peer countries. At workshops, Sabin presented JRF data allowing countries to compare their progress toward country ownership with neighboring countries. Though JRF data are far from perfect, they still serve as an effective motivational tool.

Advocacy coalitions should consider the group's longevity when recruiting members; particularly for a parliamentary network, which relies on its members being reelected, leaders should consider integrating officials from approving bodies whose positions are relatively secured in case the network's members lose their seats in parliament.

KEY ACHIEVEMENTS: BUDGET ADVOCACY

During the course of the SIF Program, Cameroon, DRC, Georgia, Mali and Vietnam won budget increases through advocacy. These and other achievements are described below.

In 2015, a peer exchange involving Senegal, Cameroon and Mali took place where they simulated budget negotiations between the EPI and Health Minister. Later that year, **Cameroon's** Health Minister was ordered to cut Ministry program budgets. Officials responded with an advocacy memo using data from the SIF Budget Flow Analysis tool, which saved the program from a budget cut and secured the EPI a 17 percent budget increase.

- A group of 50 parliamentarians in **DRC** formed the Congolese Parliamentary Network for Immunization Support (Abbreviated in French as REPACAV) in 2012, which has since defended against budget cuts, secured increases and convinced officials to establish immunization budget lines. Inspired by the DRC, **Senegal** formed its own network of parliamentarians. Read more in the [DRC case study](#)
- **Uganda** also formed a parliamentary forum in 2012, which played a crucial role in moving the draft immunization legislation forward. Liberia created its own forum in 2013, modeled after Uganda's
- A proposed cut to **Georgia's** immunization budget in 2015 led members of parliament to highlight the country's impending Gavi graduation and potential effects on health from the budget cut, and the Minister of Finance restored the budget
- In 2013, **Vietnam's** EPI budget was on track to be cut by 29 percent. After two parliamentary briefings with the EPI in 2013, the 2014 budget was restored to 120 percent of its original amount. At a meeting in 2015, the EPI manager attributed the increase to efforts by Sabin's field officer

Resource Tracking

Sound financial management practices are necessary for any sustainably-funded immunization program. Budget tracking entails official monitoring of the immunization budget as it evolves from the immunization program's aspirational budget to the Minister of Health all the way down to the program's expenditures.

Building on budget tracking, resource tracking entails demonstrating immunization program efficiency and return on investment (to justify budget increases), improving financial

management and strengthening accountability. By illuminating program inefficiencies, countries can identify cost savings that will help reduce reliance on donor support.

In a centralized system, funds flow from the Ministry of Finance to the Ministry of Health, where they are directed to the central EPI, and then to the subnational level. However, funds can get stuck at any point in this process. For countries with decentralized health systems, subnational programs rely on revenue generated at the subnational level. Some countries encounter challenges with ensuring the funds allocated in their annual budget are disbursed, while others have trouble accounting for where funds were spent. Even when countries produce reports detailing how funds are used, inaccurate reporting remains a significant issue.

Recognizing the importance of resource tracking for accountability, the SIF team developed the Budget Flow Analysis tool to help countries track the flow of funds and identify any bottlenecks in the process. Budget tracking can also reveal cases where greater coordination is needed across the budgeting process. For instance, when a SIF country examined secondary documents informing the calculations of the immunization budget flow figures,

IMPROVING GLOBAL DATA ACCURACY

A direct measure of country ownership are the annual reported government routine immunization expenditures per surviving infant. These data, reported through the WHO/UNICEF JRF, can be used to measure the size and success of a country's investment in immunization as well as compare immunization financing across countries. This is the primary tool to collect annual government immunization spending data; however, conclusions and information pulled from the JRF may be unreliable due to inaccurate, inconsistent or incomplete reporting.

After participating with WHO and UNICEF staff in sub-regional EPI manager meetings across Africa in 2014, the SIF team learned that reporting rates had fallen and there were many inconsistencies in the reported data. Sabin conducted an analysis of worldwide JRF data from 2006 to 2013 and found inconsistencies in data from every region, ranging from math errors (percentages incorrectly calculated) to logical impossibilities (government vaccine expenditures exceeding total vaccine expenditures).

To improve data accuracy and completeness, the SIF Program proposed new validation rules to the WHO in 2014. The changes were accepted and integrated by the WHO, with an error message appearing when countries entered illogical values into the form or omitted data. Combined with a concerted effort by the WHO to guide African countries through the reporting process, these improvements make JRF data more valuable, so that this information may be used in the future to hold countries accountable to their commitments and demonstrate progress toward country ownership.

an added benefit was the realization that the central level was purchasing motorcycles, yet nobody had budgeted for fuel for the motorcycles.

Resource tracking is needed at all levels of government. An analysis of subnational budget flows helps the national EPI understand how the subnational level is spending money to prevent overlaps or gaps in spending. Countries often have a difficult time obtaining itemized spending data, meaning that the actual resource needs for immunization are not fully accounted for in the immunization budget. This underlines the importance of budget transparency, resource tracking and oversight to inform the necessary funds for immunization, all of which are made easier through the Budget Flow Analysis tool. The tool also motivates EPI accountants to examine secondary, itemized documents to consider discrepancies between different budget phases, helping familiarize the EPI with how funds move through the government so they know whom to contact to get the funds they need. Without clear monitoring of program expenditures, immunization budgets are often underfunded relative to the needs of the program.⁹

KEY ACHIEVEMENTS: RESOURCE TRACKING

During the course of the SIF Program, Cameroon, DRC, Mongolia, Nepal, Sri Lanka and Vietnam introduced budget tracking measures. Examples are described below.

DRC has a subnational expenditure reporting form called Form 6, which enables financial accountability and helps identify bottlenecks to inform budgets. In 2013, Sabin digitized the form, which increased its use across the country. Read more in the [DRC case study](#).

In 2013, **Nepal** inserted an expenditure tracking analysis into its Annual Work Plan. At a series of Sabin-hosted workshops, Nepal developed district-level resource tracking guidelines, which were then field tested in eight districts. The data returned valuable information on the EPI's absorptive capacity, and officials committed to extend resource tracking to more districts.

Sri Lanka completed a costing study to determine government spending per immunized child. In 2012, the Minister of Health initiated a series of Sabin-assisted district-level costing studies to improve the accuracy of reporting and analyze inter-district cost variations.

In 2012, **Vietnam's** EPI manager requested that Sabin work with the EPI team to resolve a lack of immunization expenditure reporting by all provinces. By the end of 2013, nearly all of the 63 provinces reported expenditures.

Measuring Progress

“We know that effective vaccination programs contribute to healthier, more productive societies. Helping countries find ways to increase and sustain their national immunization budgets is a critical – and necessary – public health priority.”

– DR. CIRO DE QUADROS, FORMER EXECUTIVE VICE PRESIDENT, SABIN VACCINE INSTITUTE, THE 2011 SIF COLLOQUIUM



By the end of the SIF program, countries should have developed the ability to advocate for, mobilize and use domestic resources reliably to fund all aspects of their immunization programs. The expectations of participating countries are detailed below. When countries met these indicators, it demonstrated fulfillment of SIF Program goals and an advance toward sustainable domestic immunization financing. No country met all of these goals, and a few made no progress at all due to challenges explored at the end of this report. However, Sabin planted the seeds and the influence of peers may still germinate and lead to further progress.

MEASURING A COUNTRY'S PROGRESS IN THE SIF PROGRAM

The primary goal of the SIF Program was to help countries establish a reliable domestic budget for immunization and supply them with tools to achieve long-term ownership of their immunization program. The following indicators, when completed, indicated a country achieved the goals of this program:

Financing arrangement

- **Self-sufficiency:** Domestic financing covers all routine immunization functions except new vaccine introduction
- **Composition:** Federal, provincial and municipal governments jointly finance routine immunization
- **Sustainability:** Financing is structured in a way that protects flows from economic, political or institutional disruptions
- **Legislation:** Public financing for immunization is guaranteed by law

Budget and oversight

- **Method:** Routine immunization budget is based on actual expenditures
- **Disbursement:** Treasury disburses full approved immunization program budget to Ministry of Health

- **Allocation:** Ministry of Health allocates full disbursed budget to immunization program
- **Resource tracking:** In-year program expenditures are tracked at national and subnational levels
- **Absorptive capacity:** Immunization program spends 90 percent or more of its allocated budget
- **Reporting:** Allocated immunization budget and expenditures are reported to the Ministry of Health finance office
- **Oversight:** Legislators oversee execution of approved immunization budget

Policy and advocacy

- **Policy:** Routine immunization program explicitly supported in national health policy/plans/expenditure frameworks
- **Transparency:** Federal and subnational officials, parliamentarians and the public are regularly informed about immunization outputs and expenditures (value for money)
- **Representation:** Parliamentarians participate in immunization-related field activities

Lessons Learned and Recommendations

Many key achievements in SIF Program countries have been detailed throughout this report. In this section, we discuss what we have learned from a decade of sustainable immunization financing, including recommendations for other civil society organizations who wish to support projects to improve sustainable immunization financing. Most SIF Program countries will not achieve full ownership by 2020, the deadline set by the GVAP. However, the progress made in the last decade toward country ownership of sustainable immunization programs gives ample reason for optimism.

The Importance of Context

“Each time you have a change in government, priorities change and you face a lot of new problems. Even with Sabin, they’ve been working in Sierra Leone since 2009 and during this period there has been constant changes in the parliamentarians working on Sustainable Immunization Financing. So there’s no institutional memory.”

— HONORABLE A.B.D. SESAY, PARLIAMENTARIAN, SIERRA LEONE



It is essential to understand the political state of a country before engaging, particularly that each country will have different priorities and needs. A fundamental characteristic of the SIF Program was its flexibility when supporting countries as they worked to develop new policies and generate a sustainable immunization budget. There is no one recipe for country ownership, because no two countries start from the same position.

Some of the countries Sabin worked with have unstable political climates, leading to a high rate of turnover in official positions. In these situations, it becomes even more important to establish a broad network of champions across every institution. If success in a country depended on a single vocal champion and that person lost their position, the program would be forced to start from scratch. Therefore, by building a strong network that crosses institutions and political parties, the program is more insulated from political shocks.

The Importance of Local Knowledge

“Sabin Vaccine Institute conducted members of parliament and they opened our eyes. That’s when we knew that really we have a problem with immunization. Then I picked it from there, when I got the first basic information from Sabin Vaccine Institute.”

— **HONORABLE HUDA OLERU**, FORMER MEMBER OF PARLIAMENT, CHAIRPERSON OF THE PARLIAMENTARY FORUM FOR IMMUNIZATION, UGANDA



Sabin selected field officers with the expertise and determination to push forward the sustainable immunization financing agenda in their region. They were chosen based on their capabilities and connectedness, and were responsible for helping to identify country priorities, build trust, establish credibility, provide technical support and motivate stakeholders to action.

Field officers who possessed strong established relationships across institutions were most effective. Some field officers previously worked in the institutions they now brought together, and understood the processes and power dynamics at play. Field officers could hold substantial reach across sectors and ministries, and were positioned as a liaison between various immunization stakeholders. By connecting groups that normally might not have come in contact, field officers could build trust across institutions and between federal and subnational officials — trust that is necessary to the achievement of country ownership. As each field officer worked in three countries, it was not only valuable to have a network of stakeholders in a single country but also across the region.

From Immunization Financing to Immunization Legislation

“Now is a critical time to act and create legislative protections, before these countries take on full self-financing and country ownership of their immunization programs. Gavi has helped prevent more than 8 million future deaths by immunizing more than half a billion children around the world. Immunization legislation can help protect these gains.”

— AMY FINAN, CEO, SABIN VACCINE INSTITUTE



In the beginning of the SIF Program, Sabin primarily worked on immunization budgeting and funding strategies. However, in order to ensure that changes are truly sustainable, legislation is needed. Sabin observed that countries successful in making legislative changes enlisted a cadre of stakeholders spanning the executive and legislative branches to generate and push forward legislative progress.

In Eastern Europe, country needs called for Sabin to extend this legislative focus even further, outside of the realm of financing. Georgia is fully funding its routine immunization expenses. Although the country has increased its immunization budget and invested in new technologies, low immunization coverage rates remain a challenge. Discussions at a 2017 regional workshop hosted by Sabin revealed that Georgia’s top priority was to address legislative challenges and gaps hindering vaccine access. The workshop created space for participants to discuss these challenges and identify areas for improvement in current immunization legislation. Based on this conversation, Sabin shifted its focus to helping the country determine what legislative action might be appropriate to address its challenges. Read more about this transition and the work that followed in the [Georgia case study](#) at the end of this report.

Similarly, in Moldova, there is an established landscape of immunization financing partners. However, discussions at a 2018 meeting revealed major gaps in the realm of communication, both by media and health professionals. Given Sabin’s experience in building political will globally and training journalists in Latin America to report on immunization, we were called on to help address these issues. This contributed to the decision to hold **Reporting on Immunization** and **Media Skills workshops** in Romania in 2018, which equipped Moldovan and Romanian journalists and health care professionals from the region with the skills needed to communicate accurately about immunization. Moldova’s state secretary at the Ministry of Health participated in the workshops, and has asked Sabin to conduct additional related trainings in Moldova. With technical support from Sabin, Moldova has launched a working group to review its legislative landscape.

Conclusion

Over the past decade, many SIF partner countries have made significant progress toward full ownership of their immunization programs. During this period, countries passed new legislation guaranteeing a sustainable immunization budget, strengthened existing laws and identified gaps in legislation affecting immunization financing. New financing arrangements were established, steps were taken to better track resources and networks of influential stakeholders were gathered to advocate for immunization.

Seeds have been planted by this program that will continue to grow and spread as the lessons learned through this experience can inform other countries embarking on the important road to country ownership of their immunization programs.

Sources

1. World Health Organization. Ensuring Sustainability: Immunization Financing in an Era of Transition [Internet]. 2016. Available from: <https://www.afro.who.int/publications/ministerial-conference-immunization-africa>
2. Ozawa S, Clar S, Portnoy A, Grewal S, Stack ML, Sinha A, et al. Estimated Economic Impact of Vaccinations in 73 Low- and Middle-Income Countries, 2001–2020. Bull World Health Organ [Internet]. 2017;95:629–38. Available from: <http://dx.doi.org/10.2471/BLT.16.178475>
3. Verguet S, Murphy S, Anderson B, Johansson KA, Glass R, Rheingans R. Public Finance of Rotavirus Vaccination in India and Ethiopia: An Extended Cost-Effectiveness Analysis. Vaccine [Internet]. 2013;31(42):4902–10. Available from: <https://doi.org/10.1016/j.vaccine.2013.07.014>
4. Wolfson LJ, Gasse F, Lee-Martin S-P, Lydon P, Magan A, Tibouti A, et al. Estimating the Costs of Achieving the WHO–UNICEF Global Immunization Vision and Strategy, 2006–2015. Bull World Health Organ [Internet]. 2008;86(1):1–80. Available from: <https://www.who.int/bulletin/volumes/86/1/07-045096/en/>
5. Brenzel L. What have we Learned on Costs and Financing of Routine Immunization from the Comprehensive Multi-Year Plans in GAVI Eligible Countries? Vaccine [Internet]. 2015;33:A93--A98. Available from: <https://doi.org/10.1016/j.vaccine.2014.12.076>
6. Gavi. Transition Process [Internet]. 2019. Available from: <https://www.gavi.org/support/sustainability/transition-process/>
7. World Health Organization. Global Vaccine Action Plan 2011–2020 [Internet]. 2013. Available from: https://www.who.int/immunization/global_vaccine_action_plan/GVAP_doc_2011_2020/en/
8. MacDonald N. Global Vaccine Action Plan SAGE 2018 Assessment Report [Internet]. 2018. Available from: https://www.who.int/immunization/sage/meetings/2018/october/presentations_background_docs/en/index1.html
9. McQuestion M, Gnawali D, Kamara C, Kizza D, Mambu-Ma-Disu H, Mbwangue J, et al. Creating Sustainable Financing And Support For Immunization Programs In Fifteen Developing Countries. Health Aff [Internet]. Health Affairs; 2011 Jun;30(6):1134–40. Available from: <https://doi.org/10.1377/hlthaff.2011.0265>
10. World Health Organization. WHO/UNICEF Joint Reporting Process [Data Set]. 2017.
11. PEFA. Framework for Assessing Public Financial Management [Internet]. Washington, D.C.; 2016. Available from: <https://pefa.org/content/pefa-framework>
12. McQuestion M, Garcia AGF, Janusz C, Andrus JK. National Legislation and Spending on Vaccines in Latin America and the Caribbean. J Public Health Policy [Internet]. 2017;38(1):3–15. Available from: <https://doi.org/10.1057/s41271-016-0052-x>
13. Trumbo SP, Janusz CB, Jauregui B, McQuestion M, Felix G, Ruiz-Matus C, et al. Vaccination Legislation in Latin America and the Caribbean. J Public Health Policy [Internet]. 2013;34(1):82–99. Available from: <https://doi.org/10.1057/jphp.2012.66>
14. Gavi. Immunization Financing Options: A Resource for Policymakers [Internet]. 2010. Available from: https://www.who.int/immunization/programmes_systems/financing/analyses/briefcase/en/
15. Gavi, The World Bank. Immunization Financing Toolkit: A Resource for Policy-Makers and Program Managers. 2010.
16. Results for Development. Immunization Financing: A Resource Guide for Advocates, Policymakers, and Program Managers. Washington, D.C.; 2017.
17. Sabin Vaccine Institute. Nepal Enacts Bill to Strengthen National Immunization Program, Reduce Dependency on External Funding [Press Release] [Internet]. Washington, D.C.; 2016. Available from: <https://www.sabin.org/updates/pressreleases/nepal-enacts-bill-strengthen-national-immunization-program-reduce-dependency>

Appendix A

How Change Happens: A Case Study from the Democratic Republic of Congo

Sabin worked with policy makers and officials in the Democratic Republic of the Congo (DRC) from 2009 to 2018. During that time, DRC made significant advances in the areas of immunization advocacy, subnational financing and budget tracking.

THIS CASE STUDY EXAMINES:

- How parliamentarians can lead the improvement of national and subnational immunization financing through advocacy
- How provinces can learn from each other to progress immunization financing
- How countries can improve budget tracking at all levels of government

Cultivating Champions

When Sabin began working in DRC, the national budget included a budget line for immunization, but the government was not consistently funding that budget line. Sabin learned that representatives at key institutions were not aware of the budget line, believing instead that international development partners were responsible for funding immunization in DRC. Before any significant progress could be made, key policy makers needed to be informed of the government's responsibility for immunization financing.

Sabin's Approach

In 2009, Sabin Field Officer Dr. Hélène Mambu-ma-Disu met with the Expanded Programme on Immunization (EPI) and parliamentarians to explain the financing process and the implications on the health of the people of DRC if immunization is not fully financed. Following these meetings, DRC began contributing to the funding of traditional vaccines.

One of only two women to have served as EPI manager for the country, Dr. Mambu-ma-Disu is a pediatrician and tropical medicine specialist. She began her career as a public health medical officer in western DRC and worked at the World Health Organization Regional Office for Africa in addition to serving in the national EPI. Her established connections within the

government have enabled her to work with officials and policy makers across institutions.

Having a respected peer in this role was important to the program's success, as Dr. Mambu-ma-Disu was able to secure important, high-level meetings.

Forming a Parliamentary Advocacy Network

Parliamentarians have been pivotal in advancing significantly toward sustainable immunization financing in the country, a feat achieved through long-term, one-on-one engagement to ensure they understood the importance of funding immunization and how to accomplish it.

Following a briefing from Sabin to explain the importance of government financing of immunization, a small group of parliamentarians formed a network to advocate for and oversee public immunization financing. The Congolese Parliamentary Network for Immunization Support (abbreviated in French as REPACAV) was established in May 2012, with Honorable Lusenge and Honorable Kaswende as its president and vice president respectively. Formed with technical support from Dr. Mambu-ma-Disu, the network included as many as 50 current and former parliamentarians who committed to increasing the government's financing of immunization to protect the people of DRC. The network's role is to mobilize sufficient and timely domestic immunization resources during multiple phases of the national budget process.

Advocating for Immunization

REPACAV required evidence from the EPI to justify maintaining or increasing the immunization budget. As a member of the Economic and Financial Committee of the National Assembly, Honorable Grégoire Kiro (also a member of REPACAV) consulted with the EPI to determine the program's financial needs so that REPACAV could defend the budget in the National Assembly. Figures provided by the EPI on the program's needs, past effectiveness and risks of not funding are critical tools for advocates like Honorable Kiro.

REPACAV acted as the last line of defense against immunization budget cuts. Together, the parliamentarians have pushed for budget increases and defended the immunization

WE ASKED: What arguments were effective in getting parliamentarians engaged in the issue of immunization financing?

SHE SAID: "My magic expression during all these years has been 'Immunization of our children is a matter of sovereignty.'
— Dr. Héléne Mambu-ma-Disu



budget against cuts over multiple years. For example, in 2016, when the government ordered across-the-board cuts of 21 percent, REPACAV fought for the immunization budget to be spared. Ultimately, the immunization budget was approved at \$13.5 million, only an 8 percent decrease from the previous appropriation of \$14.6 million.

Delivering on Co-Financing Commitments

Timely payment of the Gavi co-financing requirement is a recurring challenge in DRC. Since Gavi funding is conditional on a country paying its portion of the procurement costs for new and under-utilized vaccines, DRC does not receive its annual vaccines until it has paid its co-financing requirement to Gavi. This presents an immediate risk to health, and opens up the possibility that Gavi will suspend its funding.

In June 2015, the previous year's co-financing requirement had not yet been paid in full, even though the funds were approved by parliament for that fiscal year. Members of REPACAV took action, meeting with the government's budgeting authorities and convincing them to cover the remainder. But by July, it still had not been paid. To pressure the government into fulfilling its commitment, Honorable Lusenge launched a months-long media campaign citing ongoing outbreaks and the importance to the country's national sovereignty of funding immunization. The government then ordered payment of the remainder of the country's 2014 co-financing requirement as well as a portion of the payment for 2015.

Despite this success, late disbursement remains a chronic issue in DRC, leaving the country without new vaccines Gavi supports and putting the country at risk for outbreaks of rotavirus, yellow fever and polio.

Securing Subnational Commitments

Full immunization financing in DRC could not be accomplished without engaging provincial and local authorities. As Honorable Lusenge stated at a 2013 provincial visit, DRC needs a network reaching from the national to the local level to engage every citizen and move the country closer to immunization program ownership.

LANGUAGE MATTERS

Honorable Lusenge used powerful phrases to attract media attention and convince government officials to invest in immunization:

"Immunization is a weapon of mass protection."

"We cannot continue to make children and ask the international community to care for them."

"Immunization is a development tool that will actually save money by reducing hospital care costs."

Visiting the Provinces

Provincial governments in DRC are responsible for financing the majority of operational costs for immunization. Yet, most provinces do not have a dedicated budget line for immunization. Beginning in 2013, together with Dr. Mambu-ma-Disu and other partners (UNICEF, SANRU and PATH), REPACAV visited provinces across the country to meet with provincial officials (including the provincial minister of health, minister of finance, governor and president of the provincial assembly), with the goal of securing commitments to finance immunization. REPACAV encouraged provinces to insert an immunization-specific line item into each provincial budget law and appropriate sufficient funds under that line item.

SNAPSHOT: THE FIRST MEETING OF ITS KIND

REPACAV's visit to Bas Congo Province in 2013 was the first such meeting of National Assembly parliamentarians with provincial parliamentarians that anyone could recall. Read more about that visit [here](#).

The network has since visited 10 of the country's then 11 provinces (the country was divided into 26 provinces in 2015). Five of the original 11 provinces now have a dedicated line item for immunization, and others have increased their immunization budgets. In preparation for REPACAV's visit in 2014, Maniema Province increased its budget from \$6,000 to \$10,000. Following REPACAV's 2013 visit, Kasai-Oriental Province founded a Provincial Immunization Parliamentary Network, which prompted the Provincial Assembly to insert a line item for immunization into the budget law. In the first year for which the line item existed, the province appropriated \$10,000 under the line item. True to the commitments made during REPACAV's 2015 visit, Kasai-Central Province also established an immunization-specific line item and appropriated nearly \$150,000 to it for 2016.

Learning from Peers

In the spirit of peer learning, provinces shared their approaches to establish budget lines for immunization and appropriate funds to those budget lines at a 2018 Sabin provincial workshop. Representatives from Bas-Uele Province credited their success in establishing a budget line to observing how Tshopo Province established its own budget line. They also mentioned the importance of comprehensively and accurately articulating the province's resource needs to secure adequate funds for immunization, underlining the importance of collecting quality data.

Just as Bas-Uele applied what it learned from Tshopo, this peer exchange will enable provinces in attendance to apply what they have learned from each other to create stronger, more stable provincial immunization programs.

SNAPSHOT: MAKING IMMUNIZATION A PROVINCIAL PRIORITY

At the 2018 provincial workshop, Nord Kivu Province identified three tactics that facilitated the incorporation of immunization-specific line items in the provincial budget law:

1. Develop concept notes and memos justifying the positive impact an immunization-specific line item would have on the provincial health system
2. Involve a number of institutions, including health zones, the Provincial Health Division, Ministries of Budget and Finance, Council of Ministers and above all, the Provincial Assembly
3. Garner buy-in from the community within the province

In 2017, the province appropriated nearly \$200,000 to immunization. However, the province reported that none of these funds were disbursed, reinforcing the fact that creating a budget line is only half the battle.

Tracking Subnational Spending

Each province in DRC is subdivided into multiple EPI antennas (or regions), which are responsible for tracking immunization expenditures and reporting up to the provincial EPI. This information is reported through a form called Form 6 (or Formulaire 6).

Introduced by the EPI in 2008, Form 6 promotes budget transparency and accountability at every level of the immunization program by illustrating how resources flow throughout the country (from donors or higher levels of government) and allowing for comparisons between funding released to the antenna and funds spent.

Form 6 data can help improve program management by answering important questions and identifying bottlenecks (Why didn't the vaccines make it to the cold storage room? Is it because funds weren't released at a higher level of government?). This process can also help national counterparts generate an accurate budget and anticipate financial gaps to ensure that planned immunization-related activities are properly financed and carried out.

Prior to 2013, few antenna reported Form 6 data. That year, Sabin developed the first fully electronic version of the form, including formulas to automate calculations. The newly digitized form was further refined based on feedback from the EPI and distributed to the antennas by the former national EPI administrative and financial director, Mr. Benjamin Matata.



More than 60 officials from the national, provincial and antenna level gather for a 2018 provincial resource tracking workshop

As a result, 37 of 44 antennas submitted the form to the EPI for 2016, though not all data were complete or accurate.

Working Directly with the End User

Complete, reliable Form 6 data could be a valuable tool to uncover cost savings or make a case for greater immunization spending. To improve completion and accuracy, Mr. Matata and Sabin staff trained EPI antenna directors, logisticians and

provincial health division directors from 10 provinces to use Form 6 at a Sabin provincial workshop in 2018. The participants filled out Form 6 during the training, entering data and troubleshooting issues in real time. The provincial health division director for Haut-Katanga Province, Mrs. Nathalie Kibenzi Mulongo, interpreted the data from her province and presented the results the following day. Her presentation demonstrated how antenna-level spending data can be used to confirm follow-through on budget commitments or demonstrate program efficiency when advocating for budget increases. Budget and health ministers in attendance expressed that they saw value in Form 6 data.

The training also served as a professional development opportunity for EPI antenna directors, who were enthusiastic to learn about Form 6 and demonstrate their expertise to provincial and national officials. By bringing all three levels of government together, the workshop also gave antenna-level officials an opportunity to provide input on the Form 6 process. These discussions revealed the need for more feedback to the antennas once forms have been submitted, and sparked conversations at the central level as to how feedback can best be given to motivate antenna-level reporting. At the end of the workshop, a number of provinces committed to submit punctual, accurate and complete Form 6 data to the central level.

Lasting Impact

The accomplishments in DRC demonstrate the gains that can be made when high-level champions across the government commit to improving immunization financing. In particular, the parliamentary network, which has since served as a model for similar groups in Senegal and Nepal, has been key to securing commitments from other officials, improving budget transparency and accountability and elevating the issue of immunization financing in DRC.

Lessons Learned

- Parliamentarians equipped with information can be powerful advocates for immunization financing. DRC's parliamentary network has served as an inspiration for other Sabin partner countries as to how parliamentarians can ensure sufficient funding for immunization
- Provinces can learn from the national government and from each other to improve immunization financing. Peer learning proved key to Bas-Uele Province establishing a budget line for immunization
- Tools are more effective when developed in collaboration with the end user and then properly supported. Digitizing Form 6, incorporating feedback from the EPI and training users on how and why to complete the form proved critical to its uptake

Appendix B

How Change Happens: A Case Study from the Republic of Georgia

Sabin worked with policy makers and officials in the Republic of Georgia from 2014 to 2018. During that time, Georgia made significant advances in the areas of immunization advocacy, legislation for sustainable immunization and budget tracking.

THIS CASE STUDY EXAMINES:

- How advocates can use data to make the case for the value of vaccination and secure government financing for immunization
- How a country can become fully self-financing
- The importance of collaboration between many immunization stakeholders, including public health officials, health care providers, schools and budgeting authorities

Using Evidence to Inform Immunization Policy

Georgia was in the midst of its transition from Gavi support when Sabin began its engagement in the country in 2014, led by field officer and Georgia native, Dr. Eka Paatashvili. Based on her experience working for the Georgia Ministry of Labour, Health and Social Affairs (MOH), Dr. Paatashvili knew that the country would need to strengthen its policy and financing practices in order to achieve sustainable financing for immunization. To do this, Georgia needed immunization champions to build political will and encourage collective action.

With its initial scoping work in 2014, Sabin identified the decision makers engaged in immunization across the Ministries of Health and Finance, National Center for Disease Control and Public Health (NCDC) and parliament, and supported the stakeholders' efforts to improve the sustainability of the immunization program through evidence supporting investment in immunization.

To bolster the arguments of immunization advocates, Sabin provided international research on the cost-effectiveness of immunization that had previously not been included in the immunization dialogue in Georgia. Sabin also gathered evidence from Georgia and



Representatives from Georgia participate in the Third International Colloquium on Sustainable Immunization Financing in Kathmandu, Nepal, in 2016.

conducted budget analysis and tracking, which helped to make the case for prioritizing immunization in the national budget.

Advocating for Immunization Financing

In 2014, Dr. Paatashvili worked with NCDC officials to use Sabin's Budget Flow Analysis tool to analyze the National Immunization Program's budget. The key finding of this exercise was that the budget forecast in

the country's multi-year plan was not in compliance with the proposed and approved EPI budget. The EPI budget lacked funding for communication, trainings and other programmatic expenses that were mostly funded by donors.

In Dr. Paatashvili's discussions with government officials, she stressed the importance of an evidence-informed budgeting process. This proved to be critical when preparing the FY2016 budget, as the government faced a budget cut of \$800,000. Sabin and the Parliamentary Committee on Health and Social Affairs organized a joint policy dialogue to advocate for immunization funding, attended by decision makers from the Ministries of Health and Finance. Sabin provided evidence on cost-effectiveness as well as a budget tracking analysis to inform advocacy efforts. Informed by this analysis, the finance minister restored the budget request, marking the third year of substantial increases. The immunization budget rose from \$2.5 million in 2014 to nearly \$6 million in 2016.*

For FY2017, the NCDC found that immunization costs were increasing as Georgia began switching from the pentavalent to hexavalent vaccine and as Gavi co-financing obligations for pneumococcal conjugate vaccines increased. This resulted in a National Immunization Program increase of approximately 25 percent over its 2016 budget.

Georgia's immunization budgeting is aided by a strong budget analysis system at the Ministry of Finance, where similar expenses from individual programs are grouped to analyze trends. In contrast to many neighboring countries, whose immunization budgets include only the costs to purchase vaccines, Georgia began covering more than half of cold chain costs in 2014, showing that the government has long understood the need to cover increasing

* Converted using historical conversion rates for January 1 of the respective years.

immunization program costs as Gavi support decreased.

Building Political Will

Sabin also worked to increase parliamentary involvement in immunization, including engaging the Parliamentary Health Committee in 2015 to increase members' awareness of the importance and benefits of immunization. To

solidify this awareness, Sabin convened stakeholders at a policy dialogue in late 2015, where delegates discussed immunization challenges and best practices. Delegates highlighted coverage challenges, and discussed how these issues could be resolved through both existing and possible future immunization regulations. Participants also clarified the roles of parliament, ministries, local governments and non-governmental organizations.

Sabin closely collaborated with the Parliament of Georgia to strengthen its role in advocacy and accountability for immunization financing and legislation. In 2016, the Parliamentary Health Committee and Sabin hosted the first parliamentary hearing for stakeholders to discuss sustainability of the national immunization program and its performance in the areas of budgeting, legislation and financing. Stakeholders discussed the need to increase parliamentary accountability for immunization performance, and proposed that the MOH and other stakeholders should be required to report National Immunization Program progress and performance to parliament. The participants agreed upon the importance of regular hearings and supported the initiative of active parliamentary engagement in immunization program oversight.

Georgia's example shows the importance of obtaining buy-in from multiple levels of government and civil society to enact change. The NCDC, Ministries of Health and Finance, parliament and non-governmental and multilateral organizations were all actively involved in the nation's progress in building sustainable health systems.

Fully Self-Financing

Georgia has clearly demonstrated its commitment to immunization. As of 2018, the country fully finances its vaccine purchasing costs, including routine immunization and new vaccines. Out of all current or former Gavi-funded Eastern European countries, Georgia is the only country to have introduced the hexavalent vaccine. It has also developed an electronic

WE ASKED: What is Georgia's greatest immunization accomplishment from 2014 to 2018?

SHE SAID: "The country took complete ownership of its immunization program, and the Ministry of Health has a high understanding of immunization importance."
— Dr. Eka Paataashvili



immunization module to track immunization records throughout the country.

Georgia has been successful in vaccine procurement and legislation for procurement. For several years, the country has applied innovative procurement mechanisms, facilitated by the 2005 Law on State Procurement. This includes multi-year tendering, long-term contracts and advanced payments, and was used to secure a long-term contract for hexavalent vaccine at a very convenient price.

SNAPSHOT: LEARNING FROM OTHER EUROPEAN COUNTRIES

To better inform delegates at the 2017 workshop on immunization legislation, Sabin interviewed health leaders of several European countries to provide examples of different approaches to vaccine procurement policies, immunization financing provisions and legislation to increase vaccine uptake. Those case studies are available [here](#).

Advancing Immunization Policy and Legislation

As Georgia reached the transition to self-financing of its immunization program, its immunization priorities shifted. Despite increasing its budget and introducing new vaccines and technologies, immunization coverage remains a challenge in Georgia. As of 2017, Georgia was one of 11 countries in the European region that has not yet eradicated measles and rubella. In response to the government's new priorities, Sabin shifted its focus from immunization financing to key legislative challenges and gaps hindering vaccine access and uptake.

Defining Georgia's Legislative Goals

In 2017, Sabin convened a regional workshop on immunization legislation, which brought high-level decision makers from Georgia, Armenia and Moldova together to exchange ideas about immunization legislation – the first meeting of its kind in the Eastern European region. Georgian immunization officials voiced three priority topics during workshop preparations: quality of immunization services, vaccine access and immunization coverage.

This workshop crystalized the needs of and priorities for Georgia's immunization program. Workshop discussions with Georgian stakeholders revealed a lack of motivation on the part of health care providers and the government to increase immunization coverage. Participants suggested approaches to encourage private providers and parents to promote and seek out immunization services, including advocacy and communication campaigns to improve immunization knowledge, school-based education campaigns for students and parents and regulations to improve immunization service quality from medical practitioners.

Identifying Interventions to Increase Coverage

Following the 2017 workshop, Sabin initiated research to further define the challenges facing Georgia's immunization system and identify interventions to improve coverage, with a focus on immunization legislation and regulations – areas where other Georgia-based non-governmental organizations were not substantively engaged. Dr. Paatashvili led the analysis, interviewing and obtaining buy-in from Georgian stakeholders to determine how institutional and regulatory factors influence immunization coverage and service delivery.

Respondents identified a number of challenges that they felt were slowing progress, including the following: 1) awareness of immunization, 2) trust among the public and health professionals, 3) insurance coverage, 4) shortage of personnel to provide and monitor vaccination and 5) coordination of the immunization program among key stakeholders.

In 2017 and 2018, in partnership with the Parliament of Georgia and MOH, Sabin hosted policy dialogues to present this research as evidence for potential policy solutions. The dialogues also brought about suggestions for consideration by parliamentarians for immunization and support evidence-based policy decision making. Participants evaluated and prioritized policies to improve routine immunization coverage. Participants included stakeholders from across the immunization system, technical experts and representatives from the local offices of the World Health Organization, UNICEF, the U.S. Centers for Disease Control and Prevention, USAID and the World Bank and regional insurance companies and public health officials.

Considering Other Legislative Approaches

Sabin's research demonstrated government interest in mandatory immunization, though officials voiced concern about resistance and enforcement mechanisms. Some stakeholders suggested that awareness generation was the most urgent need, while others felt that mandatory immunization or specific approaches for certain subsets of the population (such as schoolchildren or workers in certain industries) would be a more effective intervention. It is important to consider all angles and places to intervene, such as at the national, subnational or community level, when determining the most effective strategy to increase immunization coverage.

RESEARCH SNAPSHOT

"It is important to conduct trainings for doctors regularly, stay alert in this regard, and maintain statistics, show living examples. Vaccines are good, vaccination is necessary, and it is appropriate to remind about it."

– National Immunization Technical Advisory Group official

Increasing Awareness

Interviewees suggested that the structure of the health care system makes it difficult to track continuity of care, leading to gaps in childhood vaccinations. Interviewees suggested an increase in use of health information systems, including electronic medical records, to track patient vaccination. Workshop delegates also recommended a new communication strategy for the primary health system to solidify long-term approaches to vaccine uptake.

Engaging Health Care Providers

Interviewees also made clear that they recognized doctors' resistance to championing vaccination as an issue, as many doctors are in the private sector and are not accountable for outbreaks of vaccine-preventable diseases. Interviewees also suggested incentives, either in the form of results-based financing, pay raises or non-financial professional recognition, may be a potential method to increase motivation.

Encouraging Collaboration

Research demonstrated a lack of cross-sectoral collaboration and communication between the Ministries of Health and Education, parliament, local governments, schools and other stakeholders. At the 2018 workshop, participants recommended targeting increased cooperation between schools and local self-governments as a potential method to improve immunization tracking and coverage rates in school populations.

Georgia's Way Forward

At the conclusion of the May 2018 workshop, participants committed to move forward together to increase demand for immunization through education, improve vaccine services, incentivize medical providers to achieve immunization targets, clarify roles and encourage collaboration. Read more about the workshop [here](#).

As of August 2018, parliamentarians were in the process of creating an intergovernmental working group on immunization legislation, with the idea that improving collaboration would translate into improved coverage and that this forum could be a mechanism to consider the implications of introducing mandatory immunization policies.

At the same time, parliament conducted a regulation impact assessment incorporating financing, regulatory and behavioral analysis to investigate how introducing mandatory vaccination would affect the health care and immunization systems. This assessment provided cost-benefit and sustainability analyses for selected policy alternatives of mandatory vaccination.

Georgia is exemplary of building an evidence base to support policy changes and carefully considering the particular historical, economic and political factors to best support legislative changes. The Parliament of Georgia has announced policy changes supporting the immunization program, including a bill making vaccination mandatory for children to go into effect in June 2019.¹ At a Sabin-hosted meeting in December 2018, stakeholders in Georgia referenced the findings from Sabin’s report, “[Legislative Approaches to Immunization Across the European Region](#),” when developing the country’s strategy for implementing the new law.

As Georgia has shifted its focus from immunization financing to policy, the commitment of government ministries and stakeholders remains clear as they work to ensure that sustainable practices will be enacted so that immunization reaches all people in Georgia.

Lessons Learned

- Economic and health data can help inform decision makers of the value of investing in immunization. Advocates in Georgia made use of both national and international data to secure budget increases to support the national immunization program more fully
- Multisector engagement and alignment is critical: Support from multiple levels of government and civil society help to enact change. In Georgia, the NCDC, Ministries of Health and Finance, parliament and non-governmental and multilateral organizations have all been actively involved in the nation’s progress in building sustainable health systems
- National leaders and partners must be responsive to the country’s most pressing needs. In the face of low coverage rates, leaders in Georgia chose to prioritize immunization policy and regulations to strengthen coverage rates

Sources

1. Morrison, Thea. Children’s Vaccination to Become Mandatory from June 2019. (2019). Georgia Today on the Web [cited 10 January 2019]. Available from: <http://georgiatoday.ge/news/13966/Children%27s-Vaccination-to-Become-Mandatory-from-June-2019>