

## Executive Summary

On 5-6 August 2013, 59 delegates from 17 countries, convened in Dakar, Senegal for the second Sabin Colloquium on Sustainable Immunization Financing (SIF). They represented ministries of finance, ministries of health, other government ministries concerned with immunization financing and parliaments. Joining them were 35 counterparts from global immunization partner agencies WHO, UNICEF, the GAVI Alliance, the Bill & Melinda Gates Foundation and the Sabin Vaccine Institute. Participants spent two days in small groups and plenary sessions, examining their countries' immunization budgets, legislation, and advocacy strategies. A highlight was a poster session where delegates assessed each others' immunization financing innovations. Each country delegation drafted action points that will help them achieve sustainable immunization financing by 2015.

Assessment of the peer review results and country action points show that most of the SIF Program countries have made significant progress since the first Colloquium, which took place in Addis Ababa in March 2011. A summary of Colloquium proceedings and results follows.

### Day One

During a kick-off **immunization finance and budget panel**, delegates from nine countries shared insights into how their countries are financing their immunization programs and how effective advocacy efforts have been in this area. They reported generally increasing national immunization budgets. They described the roles ministries, parliaments and sub-national government entities play in the budget process. They described innovations, such as results-based budgeting, national immunization funds and "sin taxes" to finance immunization. Future financing was a concern, particularly among delegates from countries about to graduate from GAVI grant eligibility, even before they have managed to introduce the newest (pneumococcal and rotavirus) vaccines.

Besides financing and budgeting, legislation is the second focus of SIF Program work. During the second **legislation panel**, delegates from 9 countries pointed out that preparing immunization legislation forces government ministries and parliaments to come together- something seldom or never done in many countries. It forces the institutions to re-conceptualize complex issues such as how best to fiscalize sub-national government investments in health and immunization and how to harmonize federal and sub-national health laws. Some countries already have public finance control mechanisms in place which can easily encompass new immunization line items and fund operations. The cases show that the legislative process is usually long and

arduous and is often interrupted by overriding events. Access to laws from other countries and peer exchanges, particularly through Sabin-organized legislative review workshops, have helped some delegates move their processes along.

Panelists identified a series of specific themes and best practices:

- Nearly all the countries have organized **parliamentary and public forums** (briefings) to explain to the benefits of investing in immunization. These sensitization events greatly facilitate subsequent votes on the draft immunization laws once they are submitted to Parliament.
- Panelists felt that establishing a **network of like-minded parliamentarians** in each country is essential to focus the dialogue with government and to ensure intra-parliamentary continuity on immunization-related issues. A parliamentary forum compensates for high MP turnover and provides necessary logistical and administrative support for the elaboration and implementation of immunization legislation.
- All of the countries represented are currently **developing immunization laws or updating existing ones**. In most cases, freestanding bills are being written. This has been a slow process. In some cases, panelists agreed, time can be saved if immunization legislation can be tacked onto existing laws.
- Panelists agreed that “sin taxes” can be used to **generate revenues** earmarked for immunization and for health in general. They felt there should be a concerted effort to tax at least cigarettes and alcohol- two products that negatively affect population health. Immunization financing, should be included in the category of binding and mandatory (statutory) state budget expenditures.
- A number of countries are working on legislation that will, *inter alia*, **establish national immunization funds**. Questions arose on: how will the fund be managed? What measures can be taken to ensure sound, efficient management? The questions remain moot because no funds have yet been implemented.

After the panels, delegates participated in a **poster session** where countries assessed each others’ new or planned immunization financing practices. Each poster followed a standard format, which included graphs of immunization financing trends, advocacy action points which had been set out by delegates to the previous Addis colloquium and bullet points describing the featured financing or legislative innovation. Delegates and their SIF Program counterparts prepared the posters together prior to the Colloquium. Forty-four delegates from all seventeen countries participated in the poster session. Each rater was randomly assigned three countries

to evaluate. Peer assessments took place in two consecutive 45-minute rounds, each with peers from half the countries rating the other half.

Using a standard assessment guide, raters examined the posters and asked presenters to describe the innovative practices their governments and parliaments are developing, or have developed, to move their countries closer to the sustainable immunization financing goal. The results provide a description of some of the new practices countries are developing to more fully finance, and ultimately to own, their national immunization programs.

Raters most often classified the new practices as budget-related (26%), financial (10%), advocacy-related (6%), legislative (3%) or some combination of the four areas (54%). Seventy-five percent of the practices were happening at national level, 18% at subnational level and 4% at international level. They appear to be developing in gradual fashion; at this point, few are fully institutionalized.

The subjective ratings showed that raters tended to agree most on four items: how the practices were conceptualized in the countries; which practices are leading to greater country ownership; which practices are most likely to succeed and; which practices might succeed in their own countries. Each of the four appears to tap a distinct dimension of the innovativeness construct. Well conceptualized innovations, for example, are not necessarily those leading to country ownership, nor are they likely transferrable to other countries. Whether relatively wealthy or relatively poor, raters decided, a country can innovate to improve immunization financing.

To finish Day One, participants were divided into six **small groups** to reflect on what they had shared and to analyze specific immunization financing issues. Three groups focused on finance/budget and oversight themes while the other three groups looked at legislative themes. A nominal group technique was used. Each participant reported a problem or challenge he or she considered important for immunization financing. Facilitators listed these. In the ensuing discussion, the number of problems was reduced to just a few and participants brainstormed possible solutions for each. Selected problems and proposed solutions are presented below.

The three **finance/budget** groups lamented the absence of actual cost and expenditure data from which to estimate forward budgets. (*Proposed solutions*: Conduct costing studies, analyze program costs)

- A second problem was a general lack of budgeting and financial management skills on the part of EPI teams. (*Proposed solution*: Build financial management capacity through training and assigning skilled staff to EPI teams).

- There is a general lack of budget transparency: financial and budgetary information is not being shared within or across public institutions.
- Program financing, participants agreed, is highly dependent on external funding (*Proposed solutions*: identify new domestic revenue sources, improve tax collection, pass legislation ring-fencing immunization funding)
- Ministries of finance are not helping enough to find new financing sources (*Proposed solution*: approach, engage ministries of finance)
- Vaccine costs are *high and rising* (*Proposed solutions*: pooled procurement arrangements, independent study of vaccine markets)
- Immunization budget disbursements are often delayed (*Proposed solution*: establish a buffer fund)
- Expenditures are not tracked, analyzed (*Proposed solutions*: establish budget monitoring (resource tracking) and reporting procedures, analyze expenditures as part of performance appraisals (including sub-national levels), improve management information systems)
- There is not enough coordination, transparency and accountability among public institutions (*Proposed solutions*: expand Interagency Coordinating Committees (ICCs) to include more national institutions; publish tax revenues and link them to immunization expenditures; perform timely internal and external audits)

The three **legislative groups** identified 24 problems affecting legislative action for sustainable immunization financing. Among them:

- Insufficient political commitment to universal immunization, all three groups felt, is a root problem. The availability of external immunization funding delays legislative action (state dependence). (*Proposed solutions*: evidence-based advocacy targeting both senior government officials and MPs; public information campaigns to raise demand, create political pressure for immunization; field visits by key decision-makers)
- The complex, ponderous legislative process itself is a significant barrier. With legislation, there is a tension between specificity (harder to pass, more effective) and generality (easier to pass, less effective). In some countries, governments and parliaments have little or no prior experience creating legislation together. Both sides lack the resources needed to properly legislate. (*Proposed solutions*: Insert immunization into existing health laws where possible versus writing a free-standing immunization bill; organize occasional briefings where government officials and MPs come together to discuss the legislation; arrange more capacity building for parliaments and training for MPs; continue international peer exchanges)

- Government officials and parliamentarians do not know enough of the facts on immunization and immunization financing to take action. Investment cases for immunization are not made. (*Proposed solution*: provide regular reports on the immunization program to key decision-makers covering both immunization financial and technical indicators).

## Day Two

Day Two began with reports from the six small groups, which generated a lively Q&A session. A panel composed of partner agency counterparts followed, focusing on the **Global Vaccine Action Plan** and how countries can leverage the innovations presented on Day One to meet selected GVAP strategic objectives. In this second Q&A session, the delegates stressed the importance of working together to achieve the GVAP objectives. They reinforced the need for each country to determine its own immunization priorities and for the external partners to shift their practices to fully support country ownership. Other GVAP-related issues addressed included: the need for more certainty on the price of the newer vaccines; the relationship between the various reports currently produced by the countries (JRF, GAVI Annual Report, National Health Accounts) and how they will contribute to the annual GVAP reporting process; and the need for faster technology transfer in Africa especially for vaccine production.

The 17 country delegations spent most of the afternoon of Day Two working in small groups. Each group developed a set of **short- and medium-term action points**, which delegates will strive to implement to achieve the SIF objective. The delegates then reconvened and presented their plans in plenary.

Thirteen out of the seventeen countries were represented in both the Addis and Dakar Colloquia. Analyzing the two sets of action points for the thirteen countries, five common themes emerge. Most frequent in both sets are legislation and advocacy activities. Financing is next, followed by financial management and organizational changes within the EPI program .

Five of the thirteen countries (Liberia, Madagascar, Nepal, DRC, and Sri Lanka) formulated financing action points in both Colloquia. The comparison shows that the countries remain most strongly committed to their legislative work and to developing their own advocacy capacities.

Looking ahead, six countries (Cameroon, Madagascar, Mali, Nepal, Senegal, Vietnam) set action points in Dakar relating to GVAP implementation.

Their country action points completed, delegates next discussed, and ultimately adopted, the **Declaration of Dakar**. Drafted by an *ad hoc* delegate committee, the Declaration captures the key issues discussed throughout the Colloquium. It sets targets for developing more financing, budgetary and management best practices for immunization programs and calls for more south-south exchanges of these practices. The Declaration exhorts countries to fully implement GVAP. Delegations selected one delegate each to sign the Declaration.

The Colloquium finished with a posttest and **closing remarks** from the global immunization agency counterparts and the Director General, Ministry of Health and Social Welfare, Senegal.