

## **Update for SAGE:**

DoV cost, financing, and impact projections, and efforts to track resources

6-8 November 2012



# Objectives

- Share initial thinking on **plans for a new immunization resource tracking mechanism**
- Provide an **update on the issues raised by SAGE** in February 2012 related to the costing, financing and impact work
- Seek **SAGE feedback now on proposed efforts to update the projections**, prior to beginning the work

# Immunization Resource Tracking

# Tracking resources and commitments

## Documenting and tracking commitments

- The LC has committed that over the decade, the DoV leadership will encourage GVAP implementation and achievement of the DoV vision
- **Draft immunization commitment guidelines** will be presented to SAGE on 7 Nov for approval
  - Build on guidelines for "Every Woman Every Child", but with specificity to identify immunization-specific commitments
  - Were shared with CSOs, IFMPA, DVCMN and BIO for feedback
- Discussions with PMNCH to monitor commitments using their stakeholder survey process

# Is there a need for Immunization Resource Tracking?

- Approaches exist to track immunization financial flows on a regular basis across the poorest countries (e.g. JRFs, APRs...) but are imperfect
  - Quality/validity
  - Frequency and level of detail
  - Availability across low and middle income countries
  - Ability to tally with global level financing
- **The immunization community is therefore unable to articulate how much is spent annually on immunization across low and middle income countries with any degree of certainty**
- The DoV offers an opportunity to:
  - Improve previous efforts
  - Promote accountability among the different stakeholders involved in immunization, and
  - Encourage the sustainability and country ownership of resource allocation processes

## Recent work on resource tracking

- Conducted a **landscape analysis** to assess strengths and weaknesses of existing mechanisms
- Commissioned **retrospective analyses** to ascertain immunization funding flows from development partners, governments and, to the extent possible CSOs at global, regional and country levels... Aim is to disaggregate flows according to vaccines vs. service delivery, and routine (vs. supplemental?) immunization
- In addition, efforts underway towards **improved quality of financing data reporting** building on existing and streamlining existing approaches

# Two overarching components of work

## 1. Retrospective data analyses

To use existing information to understand likely resource flows could global and national levels with limited disaggregation

- Statistical techniques to existing global (WHO NHA data, DAH, OECD-DAC) and country level (JRF, APR, cMYP data) to triangulate immunization financing flows
- Benchmarking to validate data and to help further disaggregate information

## 2. Improved quality of financial reporting

To develop and support a multi-partner process that streamlines and enhances data collection and reporting processes; and strengthens capacities to collect and analyze expenditure data with feedback mechanisms to strengthen decision-making

- Roadmap for improving financing data quality and reporting to be developed
- Feedback mechanisms and capacity building efforts developed and deployed

## Cost, financing, and impact projections



# Looking back: GVAP cost, financing, & impact projections

	HEALTH & ECONOMIC BENEFITS	COSTS	FINANCING FLOWS (Govts + GAVI only)
ROUTINE VACCINATION	24-26 million deaths averted	\$42-51 billion	\$29 billion
SUPPLEMENTAL VACCINATION (ADCs, elimination, eradication efforts)	Not assessed	\$8-9 billion	\$3 billion
RESEARCH & DEVELOPMENT	Not assessed	Assessed but not included	Not assessed

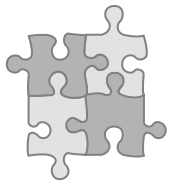
Estimates included in the GVAP, and endorsed in May 2012 by WHA

# Looking back: Key lessons learned from past analysis



## **A complex multi-stakeholder process**

- Need to allocate sufficient time and sufficient resources
- Need for clearer roles and responsibilities to ensure accountability



## **Wide variety of end users; Disaggregation and alignment of costs and impact projections are important**

- Need to create a flexible model rather than ‘fixed’ projections
- Need to understand upfront uses and users of information



## **Delicate balance between reliance on existing analyses and consistency of assumption**



## **Transparency and external validation of inputs important for stakeholder buy in**

# Key SAGE feedback on initial GVAP projections and approaches to address feedback

## SAGE feedback on initial exercise

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**Communicate assumptions used in each model more clearly**

**Current VSL methodology may not be appropriate for economic impact analysis**

- VSL not developed for measuring trade-offs in children under 5
- Empirical data for LICs are limited

**Aspirational goals of GVAP should be better accounted for within costing model**

**Need to characterize projected numbers in terms of ROI, not just cost**

## Approaches to address feedback

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**Assumptions to be shared and validated externally**

- Initial analysis documented in peer-reviewed papers planned for Vaccine supplement

**VSL analysis planned as part of economic impact analysis**

- Pending input from SAGE Nov. 2012

**Update projections to increase flexibility of projections and conduct scenario analyses**

**Update projections to align cost and impact and perform ROI analyses** (requiring development of new delivery cost methodology)

# **Looking ahead:** Updating projections around the midpoint of decade will serve a number of purposes

**Increased flexibility, disaggregation, robustness, and alignment of cost, financing, and impact projections –**

Addressing previous SAGE recommendations and limitations identified

**A tool for global and regional advocacy to promote resource mobilization and the value of immunization –**

Addressing requests from Communications Group, and CSOs

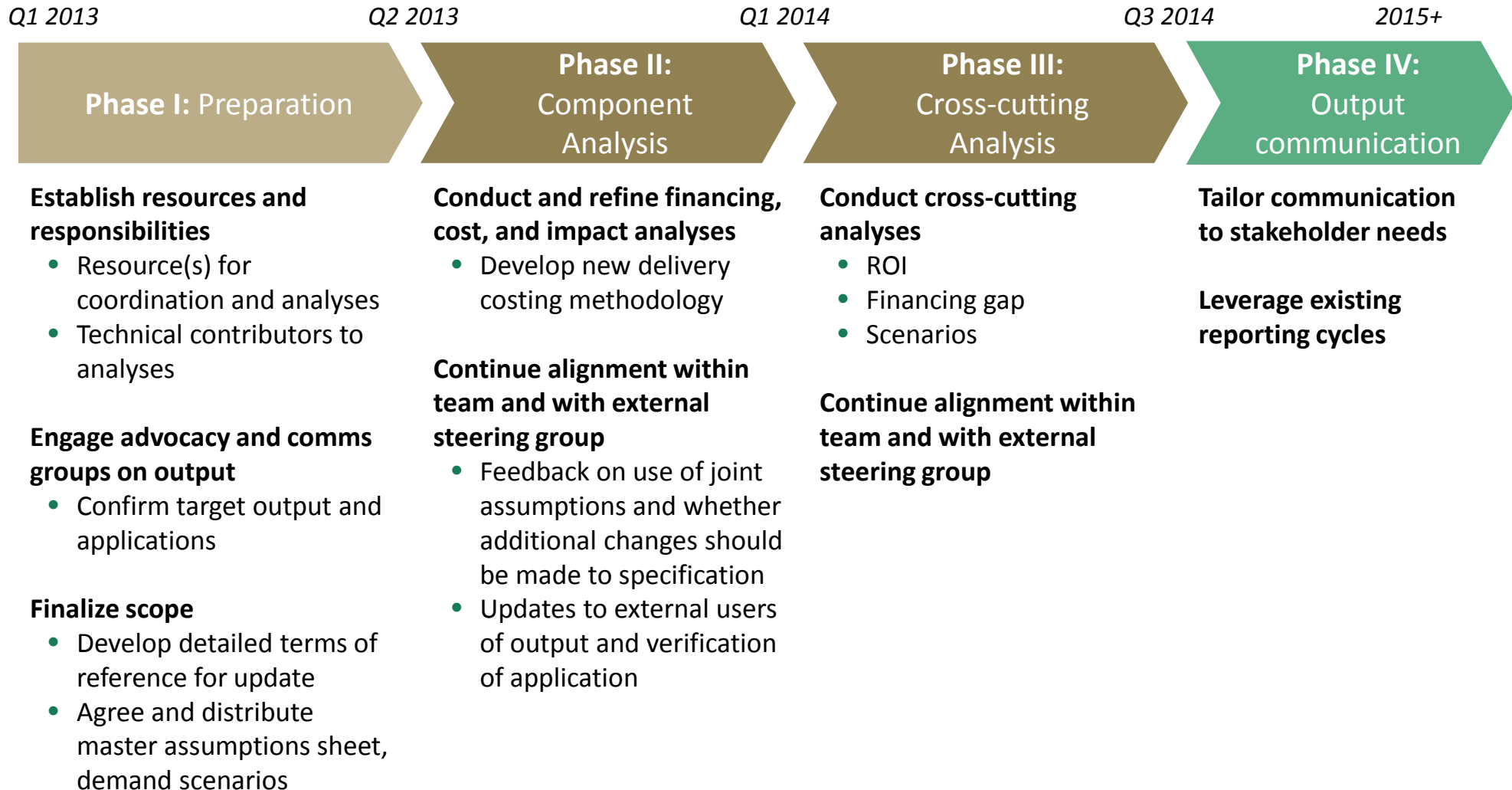
**An input to other high-level immunization efforts such as GAVI Alliance Replenishment and post-2015 agenda setting –**

Addressing expected demand for new long-term information

# Looking ahead: Depending on scope, the update could enable conduct of a broader range of analyses

Financing	Costs	Impact (health and economic)	Combined analyses
<b>Projected commitments and expenditures</b> <ul style="list-style-type: none"> <li>By donor</li> </ul>	<b>Total and incremental costs</b> <ul style="list-style-type: none"> <li>For vaccines</li> <li>For delivery</li> </ul> <b>Explore new delivery cost methodology that can be disaggregated</b>  <b>Agency and CSO costs</b>  <b>Degrees of uncertainty</b>	<b>Future deaths averted</b>  <b>Cases and DALYs averted</b>  <b>Cost of illness averted</b>  <b>VSL analysis</b>  <b>Degree of uncertainty</b>	<b>Return on Investment</b>  <b>Financing gap</b>
<b>Scenario analyses</b>	<b>Vaccine coverage scenarios</b> <ul style="list-style-type: none"> <li>Baseline, country input, and aspirational targets</li> </ul> <b>'What-if' scenarios</b> <ul style="list-style-type: none"> <li>Game changers (e.g. cold chain efficiencies)</li> </ul>		

# Looking ahead: What it would take to update projections



## Next steps

- Agree scope and target purpose of output
- Incorporate any feedback from SAGE discussion
- Technical specification finalized by 16 November