

The Monitoring & Evaluation/Accountability Framework for the Global Vaccine Action Plan

5: Resource Tracking

Background

The Global Vaccine Action Plan's (GVAP) Monitoring & Evaluation/Accountability Framework is in need of a resource tracking process to monitor the resources mobilized for immunizations. It would also instruct the assessment of cost projections, funding gaps and other components required for the 2015 review of the financing, costing and impact investments included in the [GVAP](#).

To better understand the state of resource tracking, the costing, financing and impact technical team of experts from the Decade of Vaccines Collaboration (DoVC) Leadership Council (LC) agencies recommended a landscape review of existing resource tracking mechanisms. The Institute for Health Metrics and Evaluation (IHME) is conducting the rapid landscape review and, based on its preliminary findings, suggested a resource tracking framework. On 10-11 October, the technical team met in person and discussed the landscape review, framework and a plan to generate reliable, usable and easily produced information on the resources available for vaccinations. This document outlines the initial thinking of the technical group and different areas currently under consideration.

Summary

The resource tracking exercise will focus on evaluating funding flows from development partners, governments and, to the extent possible, civil society organizations (CSOs) at the global, regional and country level and ultimately to routine immunization programs. This will be reported at the country level for the period 2006-2010 for the 94 countries identified in the DoVC costing and financing analysis. Data sources include information collected from development partner agencies, CSOs involved with immunization, and governments. Funding flows will be evaluated both in the aggregate and be disaggregated, as possible, into funding for vaccines and service delivery, and global and country level funding. Other possible disaggregation will be explored as the quality and breadth of data are explored more fully.

Two components are currently under discussion and consideration: (i) retrospective analyses and (ii) improved quality of financial reporting. The first component would generate retrospective estimates of the resources devoted to routine vaccinations, by country and year, and would be done over the short and mid-term. The second component, which could be implemented in tandem and in collaboration with partners, involves putting a process in motion that fosters the consistent provision of quality data, and would be a longer-term effort. The objective of the improved financial reporting quality component would be to propose and enact modifications to the process by which data are collected from countries, to reduce dependence on statistical inference and improve policymakers' ability to improve the efficiency and sustainability of immunization interventions.

Retrospective Analyses

As discussed and proposed, the retrospective analyses would consist of two activities, over the short and mid-term:

1. First activity (short-term output)

The first activity involved in the retrospective analyses would generate the following metrics: **estimates of the domestic and external funding for immunizations disaggregated by country and year, but would not disaggregate vaccine and service delivery financing flows**. Countries' contributions would be obtained from WHO-UNICEF Joint Reporting Form (JRF) data and potentially other sources. The development assistance for health devoted to vaccines and immunizations would be obtained from the IHME database gathered directly from external sources of financing and additional data collection from development partners, including key immunization CSOs, and supplemented by figures from the baseline year of the Comprehensive Multi-Year Plans (cMYP) if deemed relevant. Based on the availability of JRF data, it is proposed that the initial estimates cover the years 2006-2010. This first activity is estimated would take six-months to be completed.

2. Second activity (mid-term output)

Two challenges associated with the first activity estimates are that funds are not disaggregated by vaccine costs versus service delivery costs, and that source data are subject to measurement error. The second activity would produce these additional metrics: **estimates of vaccines and service delivery financing disaggregated by country and year**. Other distinctions, such as funding flows versus physical stocks, the differences among resources budgeted, allocated and used, and additional disaggregation of service delivery merit further

discussion and consideration by the technical team. In addition, other types of disaggregation of the information will be explored, including assessing funds transfers at the global and country level.

A benchmarking exercise to assess and correct measurement error would also be conducted. Estimates would be validated by comparing financial flows to other data sources, such as the number of doses delivered and coverage rates in a country. There are few areas in health in which this validation is possible, but vaccination is one such area because it has a well-defined supply chain. This analysis would generate a validated estimate by triangulating financing data with supply-chain information and coverage rates. The statistical techniques to accomplish this triangulation have previously been applied to health (most notably to the financing and supply of insecticide-treated bed nets), but not yet to vaccination. Data from immunization costing studies currently underway will also be used, as available, to complete the triangulation exercise. Initially, it appears these estimates could also be made for the period of 2006-2010, depending on the availability of the additional data sources. This second activity could possibly take approximately 10 months to be completed.

Improve the quality of financial reporting activity (long-term output)

Statistical estimation can enhance the utility of problematic data, but statistics is not a substitute for accurate and readily usable information. The LC agencies' technical team has begun to discuss a process to improve the quality of reporting on immunization expenditures and sources of financing which would build off and be pursued in parallel to the retrospective analyses described above. Currently, multiple processes exist to collect similar types of data from countries, and few (if any) feedback and validation mechanisms exist. Our priority would be not to create another data-collection mechanism, but rather to identify strategies to improve existing mechanisms such as the JRFs, GAVI Alliance Annual Progress Reports (APRs), cMYPs and other annual planning exercises and the data collected via these mechanisms. **The objective would be to develop and support a multi-partner process that would strengthen capacities to collect and analyze expenditure data and provide feedback in view of streamlining and enhancing data collection and reporting processes.** It is useful to note that the current GAVI Alliance Business Plan for 2013 includes an activity to strengthen resource tracking.

Improving quality of reporting would require the identification of corrective and enhancement measures and incentives to improve the quality of the data itself. Building off a data quality assessment and stock-taking of data gaps, **a roadmap for improving financing data quality and reporting would be developed.** While the deployment of the road map and its actual contents require further discussion, encouraging the use of annual work plans and budgets at the country level is a proposal to be considered. If data were linked with regular discussions among country level stakeholders on resource planning, allocation and effective use, their relevance and quality would be more important, as would the manner in which they are produced. Based on the recommendations of the road map, **feedback mechanisms and capacity building efforts could be developed and deployed.**

Improving quality of reporting work is ongoing and it should link with the LC work on costing, financing and impact. The improvements proposed are guided by the following principles:

1. The resource tracking process should strive to promote accountability among the different stakeholders involved in immunization.
2. It should encourage the sustainability and country ownership of resource allocation processes.
3. The information provided should be relevant and useable.
4. The tracking process should not be cumbersome to health workers or others involved in producing health service. The system should strengthen, not burden, the operation of the health system and aim for integration of the flows of information.
5. Data should be comparable across time within a country and potentially across space for a subset of countries.
6. The costs to undertake this work should be reasonable, and not detract from the system's provision of service. The trade-off between short-term and long-term costs is a relevant consideration. Significant investment may be required to scale up a tracking system, but the system may still be economical if the costs of maintenance are low.
7. The framework and process put in place needs to be user-friendly and easily replicable on an ongoing basis.

Next Steps

Based on the feedback received from SAGE, the technical team will further develop these concepts and create a concrete proposal that takes into consideration resource needs and timelines for the implementation of the various activities.