

6: Updating the Global Vaccine Action Plan cost, financing, and impact projections for 2015

Background

The [Global Vaccine Action Plan](#) (GVAP) was endorsed by the WHA in May 2012. As part of the GVAP, globally-aggregated projections for the total cost, impact, and financing available for the period of 2011 – 2020 were developed by multiple groups under the coordination of the Decade of Vaccines Collaboration (DoVC) Secretariat.

In the past weeks, the technical group (composed of representatives of the DoVC Leadership Council agencies) has identified the lessons learned in both process and methodology in order to inform any future update to the projections. Specifically, the need for early alignment on scope, sufficient commitment of enough time and resources, and clear oversight and governance to steer efforts were highlighted as major areas of focus in future update planning.

Summary of limitations of earlier process

Process	<ul style="list-style-type: none">• No upfront process created for internal or external validation and review• Lack of clarity on intended audience and use of projections led to one-off exercise and limited flexibility in communicating the output• Additional analyses were brought in late in the process• Sherpas and Leadership Council (LC) were not engaged early and periodically throughout process and there was limited upward communication within the LC agencies
Methodology	<ul style="list-style-type: none">• Unable to complete the “return on investments” analysis: delivery costing and health impact misaligned in scope• Analysis relied on extrapolated data (2015-2020) and Comprehensive Multi-Year Plan (cMYP) data with many gaps, resulting in weak projections for the second half of the decade• Poor coordination between technical groups on data sources and assumptions• Agency and CSO costs were not included

Updating the cost, financing, and impact projections in 2015

The LC has requested the development of a specification to update and improve the cost, financing and impact projections provided in the GVAP. The technical group recommends the updated projections be used primarily for global and regional advocacy to highlight the value of immunization and promote resource mobilization. Findings will be reported at the global and regional levels, but not at the country level unless a specific need is identified. The technical group agrees there is value of going beyond the original high level estimated numbers in order to articulate funding priorities for the second half of the decade and even contribute to discussions on the 2014 GAVI Alliance replenishment, the 2015 MDG and beyond 2015 agendas and other future initiatives of relevance.

Resource and timeline implications

The recommended scope of the analysis represents a much broader piece of work than originally undertaken to develop the current GVAP cost, financing, and impact projections. This is to overcome the limitations of the previous exercise and to improve the estimates. As a result, the technical group and DoVC Secretariat are exploring the feasibility of committing the resources required to ensure successful implementation of this proposed scope of work that will continue after the DoVC Secretariat ceases to exist.

In order to be prepared for key advocacy milestones in 2014 and 2015, work would need to begin on this analysis in 2013. Technical resources would need to be committed in 2013 to assess the feasibility of the agreed analysis and a coordinating body would need to be established mid-2013 to convene the technical group necessary to update the projections.

Finally, the group also recognizes that the ultimate output of this work will need to be closely aligned with the scope of the resource tracking system and the monitoring and evaluation process, both detailed in other memos. In addition, recommendations below will need to be reviewed by the team conducting the update prior to reengaging on the 2015 review work.

Recommended ideal scope and assumptions

The past exercise was limited by time and resources available to produce only globally aggregated and total cost, funding, and impact projections. The ideal scope of the future update to meet the resource mobilization and advocacy needs outlined above is as follows:

- **Update the cost, financing, and impact projections at a global and regional level**
 - Leverage new or updated data sources (i.e., more comprehensive funding sources).
 - Expand the scope of vaccines and/or countries for cost and impact analyses as detailed above.
 - Align with cost projections in other vaccine investment cases, i.e. measles elimination/eradication.
- **Expand the analyses to include additional costs and impact**
 - Evaluate both total and incremental costs and impacts. Total and incremental results are recommended in order to give the most flexibility in communicating results in 2015. Given data challenges, the appropriate approach and feasibility of generating incremental costs will be explored through consultation in 2013.
 - Include morbidity and economic impact estimates.
 - Include estimates for agency overhead and civil society costs. The SAGE recommended in February 2012 the technical group to evaluate the inclusion of agency overhead and civil society costs.
 - Conduct funding gap analysis. This analysis would build on the resource tracking work that is being developed and would analyze funds by source and year.
- **Develop a new delivery cost methodology that would enable ROI analysis by vaccine**
- **Output indicators for communication purposes**
 - i.e., total costs and total impact; total cost per child; incremental cost and impact by vaccine and per child; total financing by year; funding gap per child and by cost category.
- **Conduct scenario analysis**
 - Coverage scenarios: Produce projections for cost and impact based on different levels of coverage (for example, scenarios would include: baseline coverage scenario building on the GAVI Strategic Demand Forecast, and aspirational GVAP targets, among others).
 - "What-if" scenarios/ game changers: Scenarios to highlight the impact of new technologies and approaches on the costs and benefits to the immunization community (i.e., lower prices, new devices, new service delivery practices, no cold chain requirement in delivery process, only 1 vaccine to cover all diseases, etc.).
 - Including "what if" scenarios would allow for understanding of major drivers in costs or benefits and inform agenda setting and resource mobilization. In addition, such scenarios are aligned with the GVAP commitment to innovation.
- **Quantify the degree of uncertainty in projections**
- **Validate externally**
 - Technical validation of the methods will be sought throughout the process, through convening a broader group of immunization costing and financing experts from a variety of technical agencies than are involved in the projections (i.e. CDC, World Bank).

Assumptions

The technical group would like to make the following recommendations on assumptions:

- **Vaccines: Include the same scope of vaccines highlighted in the GVAP**
 - At a minimum, updated impact projections will include pertussis, cholera, dengue, and malaria. These vaccines are currently in the costing analysis.
 - In addition, inclusion of typhoid, mumps, hep A, and hep E will be evaluated at the start as well as other vaccines that may be available in the decade.
 - Therapeutic vaccines (i.e., rabies, shingles and anthrax) and flu will not be included in either analysis although they are highlighted in the GVAP.
- **Countries: Continue with the same scope as the initial analysis (94 countries)**
 - Initially, low-middle-income countries and GAVI-eligible countries were selected. This set of 94 countries includes two upper-middle-income countries receiving GAVI support.
 - The technical group recommendation to stay with the initial set of 94 countries is based on the desire for comparability to the past exercise, and the limited feasibility/ ease of expanding to all middle-income countries.
- **Time period** will remain 2011 – 2020
- **R&D costs** will continue to be excluded from the analysis
- This will remain primarily a "desk" exercise, without any major field-based elements. New empirical data will be incorporated as and when they become available.