

Assessment of immunization services and coordination of GAVI activities at country level

**Report of a meeting
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Abbreviations

AEFI	adverse event following immunization
AFP	acute flaccid paralysis
DTP	diphtheria–tetanus–pertussis vaccine
FIFO	first in, first out (vaccine management term)
GAVI	Global Alliance for Vaccines and Immunization
GCVF	Global Children’s Vaccine Fund
ICC	Interagency Coordinating Committee
NORAD	Norwegian Agency for International Development
TFID	Task Force on Infrastructure Development
NRA	national regulatory authority

1. Executive summary

In 1999 the new Immunization Services Assessment Guidelines were developed as a rapid assessment tool. They were also designed as a means of assessing the capacity of immunization services to integrate new vaccines and other innovations, and of aiding partners and governments to plan the efficient allocation of resources.

The Guidelines were pilot-tested in Tanzania during February 2000. The results, together with a revised version of the Guidelines, key indicators and basic questions were shared with partner agencies and country representatives at a meeting held in Geneva on 3-5 May 2000. This process was considered to be a crucial step in improving immunization service reviews as well as improving coordination and information-sharing among partner agencies at country level.

The approach proposed in the Guidelines was generally accepted. The participants agreed that, after inclusion of the proposed modifications, the Guidelines would serve country managers and partners in the review process. It was also agreed that they would provide the Global Alliance on Vaccines and Immunization (GAVI) with a useful decision-making tool in relation to the funding of immunization services, the introduction of new vaccines, and infrastructure development.

GAVI process

The GAVI guidelines for country applications were discussed during the meeting. The following were among the key issues considered:

- the mechanisms needed to enable the Global Children's Vaccine Fund (GCVF) to increase and sustain the proportion of vaccine costs covered by government budgets;
- the mechanisms that should be put in place to validate routine immunization coverage data;
- the most feasible mechanisms for monitoring the impact of increased immunization coverage on disease reduction;
- the mechanisms that should be used by GCVF to ensure the maintenance of critical immunization functions in reformed health systems.

In addition, regional subgroups met to coordinate and finalize plans for country visits and assessments. The results of reviews and assessments will be sent to GAVI from countries seeking funding.

2. Introduction

The new Immunization Services Assessment Guidelines were developed as a means of rapidly assessing immunization services and their capacity for integrating new vaccines and other innovations, and of planning for the efficient allocation of resources. The Guidelines have therefore been identified as a useful tool for partners, technicians and policy-makers at country level.

The Global Alliance for Vaccines and Immunization (GAVI), a partnership of public and private organizations dedicated to increasing children's access to immunization against killer diseases throughout the world, has presented a window of opportunity through which funds for immunization services, infrastructure development and the introduction of new vaccines may be obtained.

Expressions of interest in receiving funds have been received from 55 countries. The GAVI Board identified the Guidelines as a mechanism for obtaining a picture of national immunization services whereby the prioritization of applications for funding could be made easier.

3. Recommendations/ action points

During the meeting the following decisions were taken:

- The Guidelines development team would complete the next draft of the Guidelines by mid-June 2000 and share it with all participants. Special attention would be given to making it more user-friendly and clarifying the objectives and procedures of the Advance Assessment Team.
- Copies of the revised version of the Guidelines would be made available to countries planning assessments of immunization services so that it could be used if appropriate or desirable.
- NORAD agreed to participate in a small working group that would meet by the first week of June 2000 to develop and finalize the health systems component of the Guidelines. This component would be included in the next version of the Guidelines and submitted with the final report.
- Countries and their Interagency Coordinating Committees (ICCs) would decide on the objectives of assessments and would outline the areas of enquiry on which assessment teams would focus, which might be a study of all operational areas in order to identify achievements and problems, or a study designed to answer specific questions.
- The members of assessment teams should be experienced in the management of immunization services. Teams would be balanced between nationals responsible for immunization services and experts from outside the countries concerned. The balance would depend on the terms of reference of the assessment. It was suggested that assessments should be carried out so as to build capacity among junior staff and that the experience of the polio STOP team might be of value to GAVI.
- A short feedback form would be prepared in order to obtain systematic information from countries carrying out assessments. This form would be of value when the structure of the Guidelines and country assessment experiences using this and other methodologies were reviewed in a year's time.

4. Defining key indicators and basic questions

4.1 Assessment tool

- Subgroups of participants met to refine the proposed indicators in the functional areas of immunization services delivery, injection safety, logistics, vaccine supply and quality, advocacy and communication, surveillance and finance. It was agreed that a small working group would meet early in June to finalize proposed changes to basic questions and indicators for the health systems component of the Guidelines.
- The indicators outlined in Annex 1 were considered important for the functional areas mentioned above.

4.2 GAVI monitoring

Subgroups defined key indicators that would represent the minimum information needed by GAVI. They included the following.

4.2a *Sub-account 2 (for decisions regarding the introduction of new vaccines):*

GAVI would need all the information listed under Subaccount 1 as well as:

- a plan of action for introducing the new vaccine;
- information about the disease burden;
- an indication of the commitment of the country in question to innovation, e.g. the rate of acute flaccid paralysis (AFP).

4.2b *Subaccount 1 (improving infrastructure):*

- a 3- to 5-year plan of action (Annex 2);
- a financial plan describing the existing programme;
- a proposal;
- a budget line for vaccines;
- a commitment to increase the government share of vaccine purchase;
- an indicator of programme efficiency, (e.g. total DTP purchased/DTP3 administered);

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- information on immunization coverage for each vaccine and on geographical variation in coverage;
 - some safety information was considered important but no specific indicator was agreed;
 - health system indicators remain to be determined.

It was stressed that one of the most important elements for monitoring was the existence of an adequate long-term plan of action for immunization services. The key components of such a plan were discussed (Annex 2).

5. Strengthening coordination and support at country level

ICCs play a major role in supporting planning but it is important to ensure government ownership during the process. The expressions of interest by governments reveal that ICCs are easier to establish at the central level than at the state level. It is also clear that they vary greatly from country to country in their membership, terms of reference and scope of work. Some are technical whereas others work on such activities as advocacy and fundraising. The participants agreed that it was essential to strengthen existing ICCs but considered that GAVI should encourage governments to conduct more systematic planning. It was felt that immunization services should be maintained during decentralization, this being a key aspect of the health reform process, and that such maintenance was being impeded by weak planning at the subnational level.

The Task Force on Infrastructure Development (TFID), responsible for global, regional and national coordination and for national capacity-building, was viewed as an appropriate mechanism for improving coordination. Its terms of reference should therefore include:

- support for and development of country plans;
- evaluation of the impact of GCVF infrastructure projects;
- monitoring the implementation of plans.

It was agreed that the TFID would be a coordinating mechanism, not an implementing body.

The recently established GAVI African Regional Working Group would soon become the reference body for GAVI issues in the African Region. It would liaise with the GAVI Global Working Group and the proposed TFID.

The participants felt that transparent communication was the key to successful cooperation among national governments, GAVI partners and other partners. Even though GAVI was designed to be as inclusive as possible it was felt that the speed with which it had been created had not permitted full and free consultation and information-sharing with all stakeholders.

It was agreed that GAVI regional offices, GAVI partner agencies and their representatives at all levels should speak with one voice and ensure country and regional participation in the decision-making process.

6. Planning

GAVI planning and decision-making bodies should recognize that differences exist among developing countries and health system structures. This should be taken into consideration when interagency coordination is being recommended. Country visits should be carefully programmed with the staff of main agencies at national level. These major focal points should have a framework of agreed objectives and should have funds that can be rapidly disbursed in accordance with a consultative process involving all stakeholders.

7. Information-sharing and ownership

Information-sharing was considered to be a key issue. Participants asked GAVI to send information to the regional and country level in a speedy and regular way, perhaps weekly, and to disseminate information on a web site and by email. Face-to-face meetings were also considered essential. It was felt that shared experiences of failure as well as of success in the process of assessment and funding, together with illustrative case studies, should be considered. There remained a potential for further improvement in maintaining the interest of agencies in the decision-making process.

GAVI materials, now available only in English, should be translated into French and other languages as appropriate, and diseases in the African Region should also be considered as GAVI priorities.

GAVI being a new alliance, it was proposed that a briefing of as many as 300 participants should be organized in order to ensure the dissemination of information.

Participants asked for clarity regarding the GAVI funding and disbursement mechanism at the regional and country levels.

8. Strengthening immunization services at country level

A presentation was made by the World Bank on its support for the strengthening of immunization services at country level. The World Bank is currently involved in immunization services at headquarters level and regionally. Regional World Bank focal points for immunization have been identified and the Bank has provided loans to various countries in support of both immunization and information-sharing.

9. Summary of major issues discussed and conclusions

A presentation was made on the proposed procedures for submission of proposals to GAVI. Participants broke into working groups, the objectives of which were modified in the light of their concerns. As a result, the following list of ideas and suggestions were developed for GAVI to consider when establishing its principles and procedures.

9.1 Allocation and disbursement system for subaccount 2

- It was agreed that performance, needs and the quality of the service should all be taken into consideration when allocating GAVI funds. Therefore, the question was raised as to whether funds should be tied to performance indicators alone, or whether a combination of performance and activity should be considered.
- Participants were concerned that allocation could lead to an erratic flow of funds.
- Since it is difficult to evaluate performance after one year it was suggested that a longer time frame would be more desirable.
- A 3- to 5-year plan of action should be established with specific indicators identified to monitor progress. It was suggested that Ministries, and their ICCs should also prepare annual work plans (which should be negotiated with GAVI partners).

It was proposed that a scoring system be established on the basis of the following criteria:

9.2 Status of national efforts

The status of national efforts should be determined according to immunization functional areas (e.g. immunization services, surveillance, logistics, vaccine supply and quality).

9.3 Identification of problems

A plan of action (3-5 years) should be developed with defined milestones which should include:

- the identification of problems and the methods of addressing them (including priority problems);
- annual funding requirements, subject to the GAVI envelope;
- an indicator of the extent of coverage.

Two bonuses should be allocated if appropriate: one to coverage and one to financing.

9.4 Tailored indicators of performance

These should include:

- use of GAVI funds
- national effort

9.5 Monitoring should be carried out as follows:

Years 1 and 2	ICC (more feasible than annual audit)
Year 3	External mid-term evaluation (revise indicators, NOT a single indicator)
Year 4	ICC
Year 5	External evaluation

9.6 Timed phasing of support

Phasing should take into account the capacity of the country in question to incorporate the support. Funding should be allocated on a multi-year basis, taking the following points into consideration:

- The plan of action should be used as a tool to guide infrastructure development.
- Country-specific solutions should be sought (based on country reviews and knowledge of local conditions and circumstances).
- Differences between countries in the organization of health systems should be acknowledged, including any health sector reforms that are in progress.
- Funds should be disbursed in phases on the basis of operational realities.

The question arose as to whether trigger indicators should be developed which would be assessed after three years or whether milestones should be identified so that disbursement is linked not only to the number of children vaccinated but also to the successful achievement of other objectives in the 3- to 5-year plan.

9.7 Fixing the share value

Participants agreed that it was necessary to standardize the award system and that the following options should be considered:

- The share value should be based on country-specific costs and should be linked to coverage only.
- The share value should be based on coverage and/or the availability of resources in the fund.
- The share value should increase if coverage increases.
- Funds should be linked to previous achievements, NOT to plans for improvement.

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- There is a need to link reward for achievement with what the country in question can do in the future.
 - Any increase in the allocation of funds for the second year should depend on the improvement achieved during the first year above the baseline.

9.8 Indicators

Participants asked GAVI to consider the following points:

- Which indicators should be used?
- How should they be standardized?
- How should they be validated?
- Should DTP3 alone be used or should other indicators also be considered?
- How should routine and survey data be reconciled?
- How should the monitoring system be strengthened with quality indicators?
- Should the focus be on coverage only, with rewards for performance but not for quality?
- In comparing DTP1 with DTP3, is the purpose to reach new children or to complete schemes?
- Is measles coverage a better indicator?
- Should DTP3 be used as the coverage indicator when support is given to improve the monitoring system?
- Data quality: is coverage a difficult indicator to monitor?
- Are there ways in which GAVI can improve monitoring in medium to large countries?
- It is necessary to ensure that all partners are involved and that they agree on basic indicators for monitoring and validation criteria (e.g. DHS surveys, cluster surveys) so as to reduce or eliminate errors in reported coverage within countries.
- A double set of indicators was proposed: financing (plan of action financed over several years) and outcome (coverage).
- It was agreed that indicators should be used as an entry point to work in the development of quality, bridging the gap between survey and administrative coverage.

9.9 Sustainability

Sustainability was of great concern and discussions were held on the following points:

- How can distortions be avoided?
- Country specificity and regional situations.
- Inter-country differences.
- How can equity be ensured?

9.10 Sustainability of achievements - risk for non-sustainable mechanism

Participants stated that:

- There is a risk of defaulting at country level, especially in countries with weak infrastructure.
- Subaccount 1 is linked to coverage: countries with poor coverage usually have poor infrastructure and therefore lack the capacity to incorporate programmes.
- There is a need to reconcile competing priorities, such as the Polio Eradication Initiative or measles control, for infrastructural funds.
- Governments should determine how to deal with sustainability. ICCs provide the opportunity and ensure government ownership.

9.11 Country-specific solutions

Participants considered the following:

- What should be done for ineligible countries?
- If disease burden studies demonstrate a public health priority, GAVI should be able to give support to ineligible countries.
- Creative solutions should be sought.
- Mechanisms should be identified for promoting creative thinking so that programmes can reach more children.

9.12 How will funds be disbursed?

Participants concluded that:

- The regional context and ongoing mechanisms should be taken into consideration.
- The share system should be used initially as a way of allocating funds.
- Funds should be allocated on a 3- to 5-year basis rather than on a 1-year basis.
- The idea of using funds as a reward for good performance is valid. Some positive results have been obtained in Africa by this means.
- Auditing should be in place in the interest of achieving accountability.

GAVI should focus more on sustainability, including the definition of the concept, indicators and plans for sustainability.

Support from GCVF for immunization services should be based on a fixed share concept plus an amount based on a needs indicator.

Annex 1:

Key indicators for immunization assessment guidelines

Immunization services delivery

National level	Subnational level	Service delivery level
Coverage level for each vaccine during last 3 years	Coverage level for each vaccine during last 3 years	Coverage level for each vaccine during last 3 years
Proportion of subnational units by coverage level for each vaccine (e.g. <50%, 50 - 79%, >80%)	Proportion of areas by coverage level for each vaccine (e.g. <50%, 50- 79%, >80%)	Dropout rate (e.g. BCG - DTP3 or DTP1 - DTP3 or DTP1 - measles)
Dropout rate (e.g. BCG – DTP3 or DTP1 - DTP3 or DTP1 - measles)	Dropout rate (e.g. BCG – DTP3 or DTP1 - DTP3 or DTP1 - measles)	Completeness and timeliness of routine coverage reporting to next highest level
Completeness and timeliness of routine coverage reporting from subnational levels	Completeness and timeliness of routine coverage reporting from subordinate levels	
Existence of a policy and plan for immunization	Proportion of facilities offering vaccinations	

Immunization safety

National level	Subnational level	Service delivery level
Completion of a standardized immunization injection safety assessment	Copy of national policy, implementation plan, and budget for immunization injection safety	Use of one sterile needle and one sterile syringe for each injection
System for detecting and investigating adverse events following immunization (AEFIs) and reporting them to the national level	Supervision system for injection safety and AEFI monitoring	Collection of sharps in puncture-proof containers
Existence of guidelines on injection safety, including policy, plans for implementation and budget, education and awareness, provision of supplies, and waste disposal	Distribution and maintenance system for supplies for safe injections	Appropriate disposal of injection equipment
	System for detecting, investigating and reporting AEFIs	Knowledge of what should be reported as an AEFI

Logistics

National level	Subnational level	Service delivery level
<p>Existence of guidelines on:</p> <ul style="list-style-type: none"> · vaccine management · transport management · cold chain · disposal and destruction <p>Management of vaccine</p> <ul style="list-style-type: none"> · FIFO · expired vaccine <p>Stock management of supplies</p> <ul style="list-style-type: none"> · forecasting requirements · lack of stock-outs <p>Transport</p> <ul style="list-style-type: none"> · availability · use <p>Cold Chain</p> <ul style="list-style-type: none"> · temperature monitoring · vaccine vial monitors or other indicator 	<p>No new indicators</p> <p>Existence of a system for monitoring:</p> <ul style="list-style-type: none"> · adequacy of stock of equipment, supplies, and consumables · availability of vehicles for routine and emergency use · operation of cold chain equipment <p>Adequacy of means of communication between units and health facilities and between units and next higher or national level</p>	<p>Adequacy of stock of equipment, supplies and consumables</p> <ul style="list-style-type: none"> · immunization sessions not disrupted due to stock-outs <p>Safe disposal and destruction of used sharps and syringes</p> <ul style="list-style-type: none"> · absence of used sharps inappropriately disposed · adequate supply of safety boxes <p>Monitoring of operation of cold chain equipment</p> <ul style="list-style-type: none"> · immunization sessions not disrupted due to equipment breakdowns <p>Adequacy of transport management</p> <ul style="list-style-type: none"> · immunization sessions not disrupted due to lack of transport

Vaccine supply and quality

National level
<p>Supply</p> <ul style="list-style-type: none"> · existence of a vaccine forecast · correlation between forecast and vaccine available for use · vaccine utilization monitoring <p>Source and finance</p> <ul style="list-style-type: none"> · system for selection of sources · sustainable financing mechanism <p>Quality</p> <p><i>For vaccine-producing countries</i></p> <ul style="list-style-type: none"> · fully functional national regulatory authority (NRA) or other independent assessment of quality performed · manufacturer viable <p><i>For vaccine-procuring countries</i></p> <ul style="list-style-type: none"> · vaccines procured from prequalified sources · fully functional NRA or other independent assessment of quality performed <p><i>Countries receiving vaccine from UN agencies</i></p> <ul style="list-style-type: none"> · donations policy · AEFI detection system

Advocacy and communication

National level	Subnational level	Service delivery level
Active support of routine immunizations: <ul style="list-style-type: none"> · by political leaders · by development partners Active public promotion of immunizations	Active support of routine immunizations by political leaders, nongovernmental organizations and other influential people in the area Active public promotion of immunizations by units Support from the level above	Knowledge of public, including parents, about immunizations Ability of health staff to communicate effectively with clients Community involvement in planning and monitoring of health services Support from level above Strategies to reach the unreached, defaulters and non-users

Surveillance

National level	Subnational level	Service delivery level
Non-polio AFP rate % of measles outbreaks investigated % of measles cases with information on age and vaccination status Completeness and timeliness of routing reporting Feedback mechanisms	Non-polio AFP rate % of measles outbreaks investigated % of measles cases with information on age and vaccination status Completeness and timeliness of routing reporting Feedback mechanisms	May be the same for the national and subnational levels and may also consider zero reporting of all vaccine-preventable diseases % AFP cases investigated within 24-48 hours

Finance

National level
Is there a budget consistent with the overall programme plan? Is there a government line item for immunizations? For vaccines? Is the share of committed programme funding from government increasing relative to external sources over the next 3-5 years? Does the programme meet generally accepted accounting practices? How does the programme perform on the following efficiency indicators: <i>DTP vaccine costs</i> <i>children immunized with DTP</i> Does the programme have a financial plan for the programmatic costs of GAVI-supported introduction of new vaccines?

New vaccines/innovation

All immunization operations indicators
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Annex 2:

Financing guidelines

Basic components of a multi-year plan of action for immunization*

- I. Introduction
 1. Sociodemographic information
 2. Health situation
- II. Mortality – morbidity of vaccine-preventable diseases
- III. Health system description
- IV. Summary of EPI progress
- V. Justification
- VI. Plan of action 2000 – 2004
 1. Purpose – targets - goals
 2. General objectives
 3. Indicators
 4. Strategies
- VII. Distribution of the plan of action 2000 – 2004
 1. Functional areas
 2. Activities by strategy or functional area
 3. Timeline
 4. Responsible
 5. Costs
 6. Funds committed/expected – source
 7. Shortfall
 8. Remarks

VII. Annexes

(The plan of action should be updated and drafted as one of the final stages of the assessment process)

* All of the six WHO regions have guidelines for preparation of immunization services plans of action

Financing guidelines

Basic questions	Sources of information	Further inquiries
<p>What is the macroeconomic context for the immunization programme?</p>	<p>From the ministry of finance find out:</p> <ul style="list-style-type: none"> • GDP per capita in nominal and purchasing power parity terms • GDP growth rate for the last 3-5 years and the problems, forecast for the next 3-5 years • population growth rate • unemployment rate • consumer price inflation rate 	<p>Are there any special circumstances affecting the economy of the country? Natural disaster, famine, war, disease outbreaks, drought, key export commodity price changes, currency convertibility debt relief granted or in prospect?</p>
<p>What resources are available to government and what share of them is allocated to health?</p>	<p>From the ministry of health (or finance, if necessary) find out:</p> <ul style="list-style-type: none"> • government spending as a percentage of GDP • share of government spending going to debt service • share of government (all levels, national, regional, and local) spending going to (1) health and (2) education • external support for the health sector, distinguishing grants and loans 	<p>If information is available from the Ministry of Health, household surveys, or other sources, find out about private spending on health and its importance relative to government spending. This may include out-of-pocket spending by consumers, social health insurance, private indemnity insurance, and spending by businesses on health services for workers and dependants.</p>
<p>What share of health resources is allocated to immunizations?</p>	<p>From the ministry of health and ICC members find out:</p> <ul style="list-style-type: none"> • share of government (all levels) health spending going to immunizations • external grant funding for immunizations (including use of financing mechanisms, such as the VII or PAHO Revolving Fund) • external loan funding for immunizations 	<p>If information is available from the Ministry of Health, household surveys, or other sources, find out about private spending on immunizations and its importance relative to government spending. This may include out-of-pocket spending by consumers, health insurance coverage for immunizations, and spending by businesses on immunizations for workers and dependants.</p>

Basic questions	Sources of information	Further inquiries
<p>How does social sector, health, and immunization spending by the government compare to other neighbouring and similar countries?</p>	<p>See data from neighbouring countries or other countries of a similar level of GDP per capita (WHO or GAVI should be accumulating a data base as immunization assessments are performed) for the following ratios:</p> <ul style="list-style-type: none"> • government spending as a share of GDP • government (1) health and (2) education spending as a share of overall spending • government immunization spending as a share of total health spending, overall government spending, and as a share of GDP 	<p>The information assembled here may inform the work on a financial sustainability strategy (see below) from the point of view of the determining the adequacy of financial contribution made from government resources.</p>
<p>How dependent on external funding is the immunization programme?</p>	<p>With data from the ICC, calculate:</p> <ul style="list-style-type: none"> • share of immunization programme operating costs covered by external (1) loans and (2) grants • share of immunization investment costs covered by external (1) loans and (2) grants 	<p>With data on private and quasi-government (e.g. government operated contributory insurance programmes) spending on immunizations from household surveys (such as LSMS) or data from surveys of businesses, calculate:</p> <ul style="list-style-type: none"> • private out-of-pocket spending on immunizations relative to government spending • business spending on immunizations relative to government spending • insurance spending on immunizations relative to government spending • total private and quasi-government spending on immunizations relative to government spending
<p>What is the financing strategy for the immunization programme?</p>	<p>From information provided by the MOH and ICC, describe the combination of sources of funds for the immunization programme from domestic government, private, and quasi-government sources and external grants and loans, including roles of each category of funder in operating and investment spending. Distinguish between what is the stated policy and what is the reality.</p>	

Basic questions	Sources of information	Further inquiries
<p>Have there been changes made in the organization of the system or are changes in view that will influence financing?</p>	<p>Find out about, describe, and analyse changes in system organization that may affect resource availability and/or what institutions may make resource allocation decisions concerning the immunization programme. This may entail situations like the following: decentralization of resource generation and allocation or the earmarking of funds for immunizations within the central allocation for health.</p>	<p>Where the changes in organization already are in place or are in place in pilot areas, visits to a sample of those areas should be made to assess how resource generation mechanisms work in reality in possible contrast to official policy.</p>
<p>What is the estimated cost of the current immunization programme?</p>	<p>Use the immunization programme budget where available, or use information from the MOH and external ICC members to assemble a programme budget covering operating costs broken out by component (personnel, transportation, vaccines, supplies, cold chain fuel and maintenance, etc.) and investment costs (cold chain equipment, vehicles, etc.), shown by source (government at all levels, domestic private and quasi-government, external loans, and external grants). Distinguish expenditures for the routine programme and special programmes, such as NIDs, subnational immunization days (SNIDs), and mop ups for polio eradication. Note: to the extent possible, this cost estimate should follow the standard format requested by GAVI fund applications and by WHO/UNICEF reporting requirements.</p>	<p>Where cost estimates for parts of the programme are missing or of questionable quality, conduct specific data collection activities to fill in the gaps or verify the available information. Examples of areas where information often is missing or of questionable quality are:</p> <ul style="list-style-type: none"> • Time of personnel devoted to immunization activities (collect through interviews or direct observation of a sample of personnel). • Vaccine wastage rates (collect through record reviews, interviews, or direct observation—set up protocol with other assessment team members). • Lifetimes of durable equipment (collect through record reviews or interviews concerning useful lifetimes of refrigerators, vehicles, sterilizers, buildings, etc.). • Fuel consumption (collect through record reviews for refrigerators and vehicles). <p>Counterparts from the immunization programme responsible for budgeting and cost estimation should be involved in this work. Part of the involvement should be to learn how (if they do not already have this knowledge) to use the electronic spreadsheets developed or improved for future budgeting, cost estimation, and financial planning.</p>

Basic questions	Sources of information	Further inquiries
<p>What is the projected cost of the programme over the coming five years?</p>	<p>Use population growth rates and planned programme changes (e.g. introduction of new vaccines, efforts to reach underserved populations, improved estimation of vaccine needs) and activities (renewal of cold chain equipment) to estimate the cost of the programme over the medium term, following the same format as the estimate for the current year.</p>	
<p>What are the costs of the proposed changes in the programme arising from the assessment?</p>	<ul style="list-style-type: none"> Ask all assessment team members to gather or estimate the numbers and timing of inputs needed to achieve the changes in the programme that they recommend (e.g. for safer immunization practices, one week of training for 50 personnel per district, auto-disable syringes for the newborn cohort, construction of disposal sites at each service delivery point, phased in over 25% of the country per year over the next four years). Find or estimate unit costs of the changes recommended. Calculate the annual and total 3-5 year costs (or, in some cases, savings) of the recommended changes, including alternative formulations of the changes for use in decision making about which recommendations to accept and with what timing. 	<p>Since resources often will be insufficient to meet all recommendations, the financing specialists may be asked to run a variety of "what if?" scenarios using a variety of combinations of recommended changes or alternative formulations of changes to assist decision makers.</p> <p>This process may take considerable time following the completion of the work of the main assessment team. Ideally, national personnel will have become sufficiently capable in the use of the electronic spreadsheets used for the financing analyses to conduct these "what if?" analyses.</p>
<p>What is the medium-term cost of the programme, with the changes recommended by the assessment?</p>	<p>Assemble the annual cost information for the programme as amended by the recommended and accepted changes from the assessment into a 3-5 year cost estimate, following the same format as above. This cost estimate or the corresponding financial plan (see cell at right) should provide the needed input for a GAVI fund application.</p>	<p>Show the difference between costs (where investments are depreciated over their lifetime) and expenditures (where resources must be mobilized to purchase inputs). The former would be shown in an estimate of costs, whereas the latter would be represented in a financial plan.</p>
<p>What steps could be taken to enhance the financial sustainability of the immunization programme?</p>	<p>Use all of the assembled information on estimated costs, sources of funds, changes in system organization, and special circumstances (e.g. debt relief, changes in macroeconomic performance) to formulate options for improving financial sustainability.</p>	<p>Programme management may use ideas from these suggested options to formulate a sustainability strategy to submit as part of a GAVI fund application.</p>

Annex 2b:

Summary of funding needs by component and source of funding

Component (Type of cost: REC - recurrent INV - investment)	Type of Cost	External - partners										Gov.	Grand total	Shortfall	
		WHO		Total WHO	e.g. USAID	e.g. JICA	e.g. UNICEF	Others	Total external						
		Regional	WR						\$	%	\$				%
Functional areas:	Inv														
	Rec.														
	Tot.														
Immunization services	Inv														
	Rec.														
	Tot.														
Logistics	Inv														
	Rec.														
	Tot.														
.....	Inv														
	Rec.														
	Tot.														
.....	Inv														
	Fun														
	Tot.														

Annex 3:

Draft agenda

Purpose:

1. To familiarize participants with the assessment guidelines process.
2. To improve the data collection tools based on participants' areas of expertise.
3. To provide updated information on immunization policies, strategies, and technology.

Participants:

Individuals who will be working with ministries of health in planning and implementing immunization service assessment based on these guidelines.

Wednesday, 5 April 2000

08:30	Introduction to the briefing	B. Melgaard
08:45	Introductions	J.M. Olivé
09:00	GAVI and the Task Force on Country Coordination	M. Zaffran

Update on immunization policies, strategies, and technologies

09:30	Immunization services	A.M. Henao-Restrepo
10:15	<i>Coffee</i>	
10:45	Disease surveillance	P. Duclos and D. Featherstone
11:30	Logistics	J. Lloyd
12:30	<i>Lunch</i>	
14:00	Communications	B. Owens/UNICEF representative
14:30	Health systems	J. Heldrup
15:30	<i>Coffee</i>	
16:00	Vaccine supply and quality	J. Milstein
16:30	Immunization financing	M. Makinen
17:30	Close	

Thursday 6 April 2000

Assessment Guidelines

09:00	Introduction to the methodology	A.M. Henao-Restrepo K. Engstrom
10:15	<i>Coffee</i>	
10:45	The tool in practice – group work	
12:30	<i>Lunch</i>	
14:00	Using assessment results to update country plans of action or prepare project proposals	A. Brooks
15:00	The role of interagency coordination in implementing change	
15:30	<i>Coffee</i>	

Assessing capacity for Innovations

16:00	Key issues in new vaccine introduction	J. Wenger
17:30	Close	

Friday, 7 April 2000

The assessment process

09:00	Implementing the assessment steps	
09:30	Improving data collection and analysis	
10:15	<i>Coffee</i>	

Review of data collection tools

10:45	Analysis of tools by functional areas – expert groups	
12:30	<i>Lunch</i>	
14:00	Group reporting and discussion	
15:30	<i>Coffee</i>	
16:00	Next steps	
17:00	Closure	

Annex 4:

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