

# Effects of development assistance for immunization on vaccine coverage (1996 to 2016)

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## INTRO

- Substantial amounts of development assistance for health (DAH) have been targeted towards childhood immunization. We evaluate the effects of assistance from Gavi and other channels on childhood vaccine coverage.

## METHODS

- N = 120 LMIC's
- Data sources included project databases of known agencies channeling assistance for immunization, coverage estimates from IHME, covariate data from IHME and the World Bank.
- System Generalized Method of Moments

## RESULTS

	Pneumococcal (PCV 3)	Rotavirus 2/3	Pentavalent 3	Measles 2	DPT 3
Gavi Vaccine DAH pc	3.586* (1.261)	2.335* (0.478)	0.905* (0.113)	0.905 (0.113)	-0.071 (0.138)
Gavi HSS DAH pc	-0.045 (0.287)	0.002 (0.094)	0.030 (0.080)	0.030 (0.080)	0.071 (0.108)
Non Gavi DAH pc	1.567* (0.786)	0.809* (0.218)	0.413* (0.106)	0.413 (0.106)	0.006 (0.030)

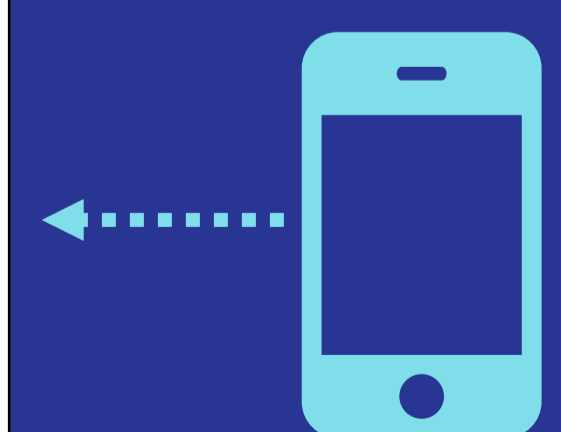
## DISCUSSION

- As more vaccines are scaled up and countries transition from aid, strategies for sustainability and efficiency need to be strengthened.
- Country specific assessments are needed to evaluate HSS processes and drivers of efficiency



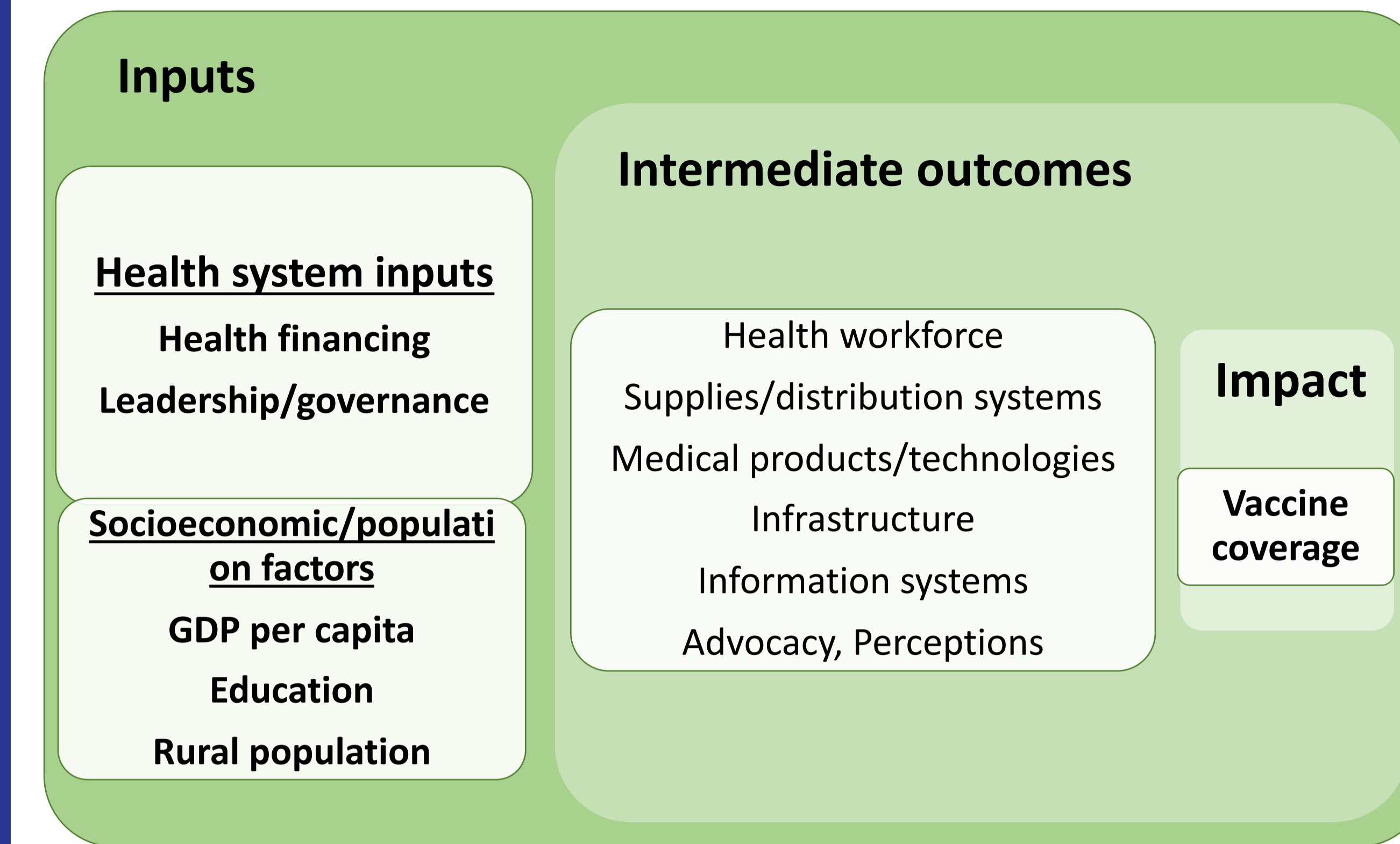
# Higher amounts of Gavi vaccine specific DAH led to improvements in coverage for pneumococcal conjugate , pentavalent and rotavirus vaccines.

# We found no association between Gavi DAH for HSS and vaccine coverage.



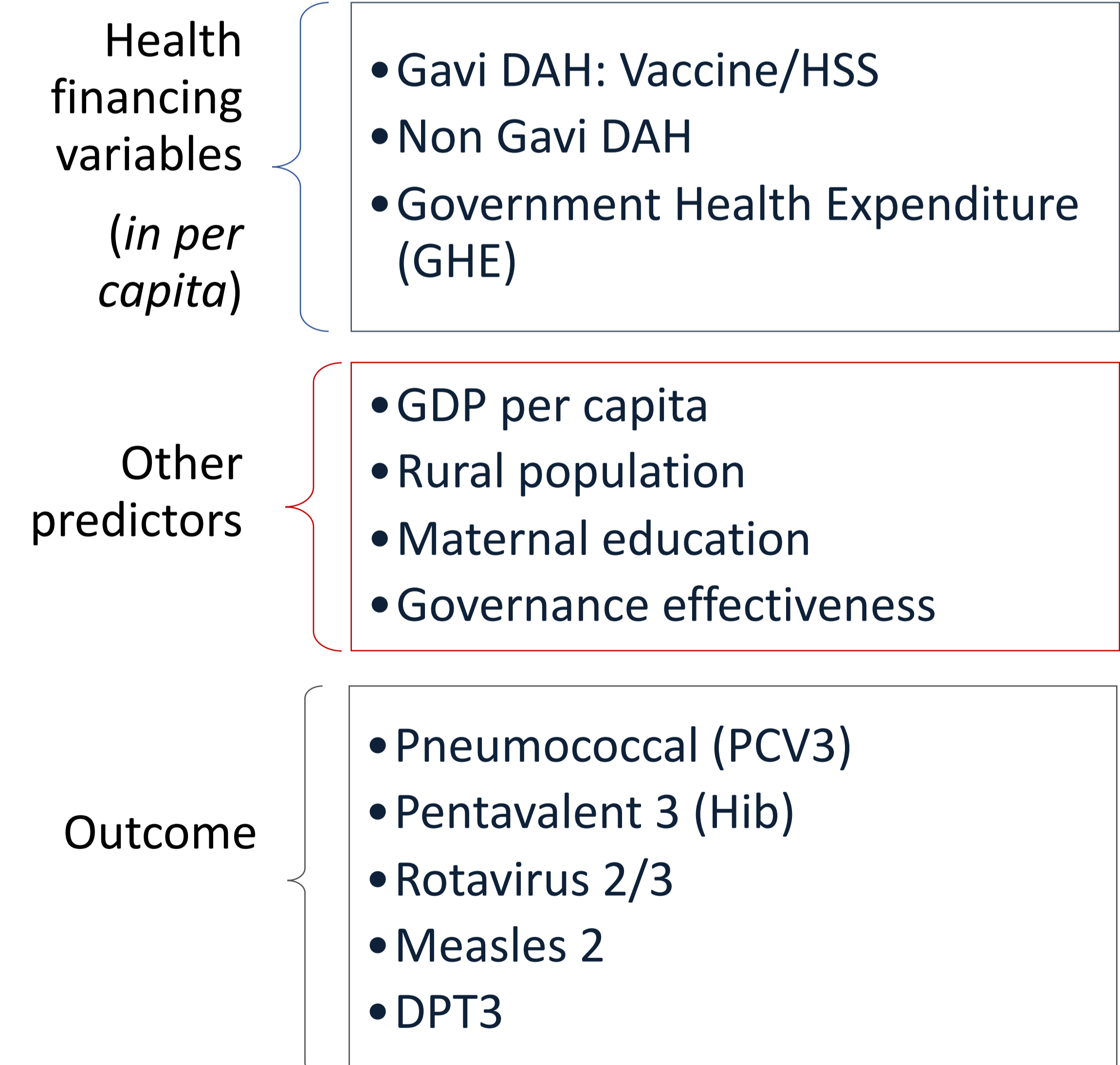
Take a picture to learn more

## Conceptual framework



<https://www.gavi.org/results/disbursements/>  
<http://ghdx.healthdata.org/>  
<https://datacatalog.worldbank.org/dataset/worldwide-governance-indicators>

## Variables used in analysis



## Future considerations:

- Evaluate HSS against proximal outputs
- Include domestic financing for immunization
- Measure and assess DAH at point of implementation