

Immunisation financing and Donor Transitions

Sustaining immunisation programs amid ODA funding cuts

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Presentation Outline

01

Background

02

Effect of funding cuts on immunisation programs

03

Exploring country options for sustainability



Why must sustainability become a priority now?

Immunisation Agenda 2030 emphasizes 4 areas for sustainable financing

- Ensuring sufficient and predictable resources,
- Making optimal use of resources,
- Aligning partnerships, and
- Supporting sustainable transitions from external assistance

What are the threats to sustainability?

- **Planned transitions** (Gavi, GPEI) → More domestic resources even as countries face fiscal constraints
- **Unplanned transitions** → Evolving donor landscape due to ODA cuts (USG and other donors)
- **PLUS**
 - ✓ Raising concerns about programmatic efficiency
 - ✓ Increasing cost of immunisation programs → need does not matching allocation
 - ✓ Cost of reaching the zero-dose/unimmunized children is higher

\$66.7

Standard cost of fully vaccinating a child (<12 months)

VS

\$29.9

*Average spending per surviving infant (LICs)

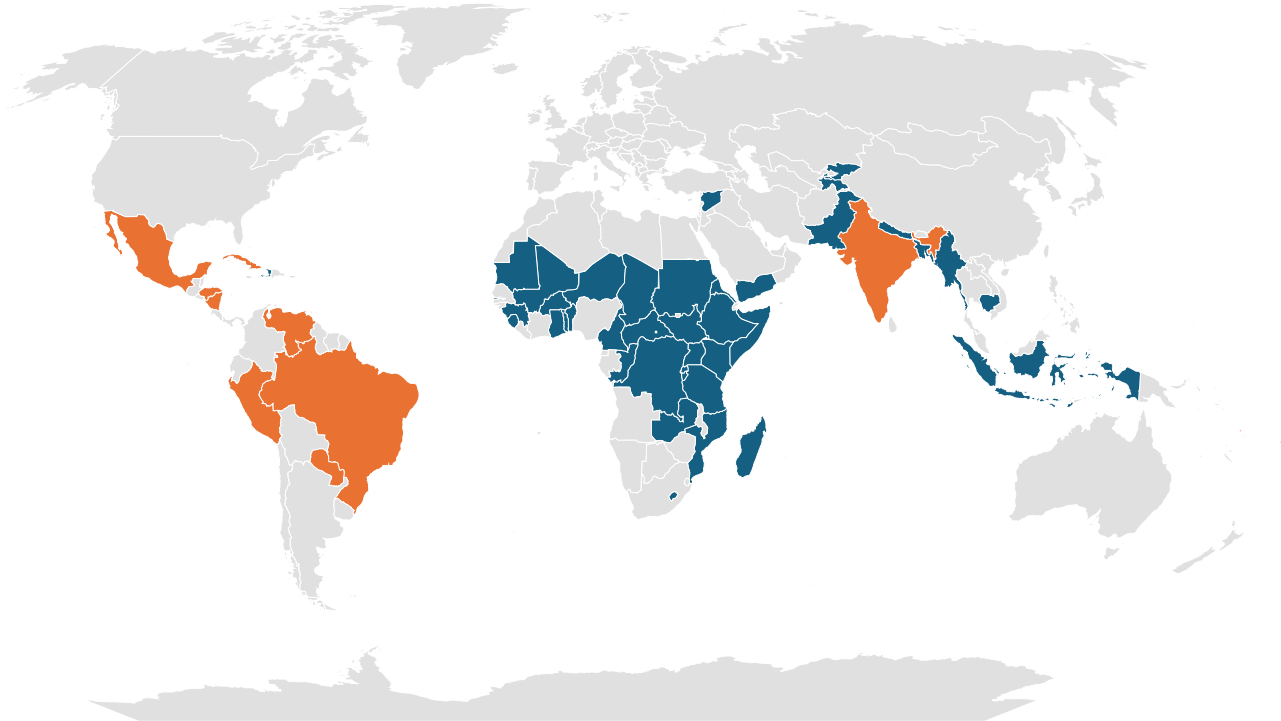
However, it is not just spending levels but also how the money is spent + how health system (including service delivery) is designed

Respondent Summary

- 52 Countries,
- 41 Gavi Countries

UNICEF Country Survey Overview

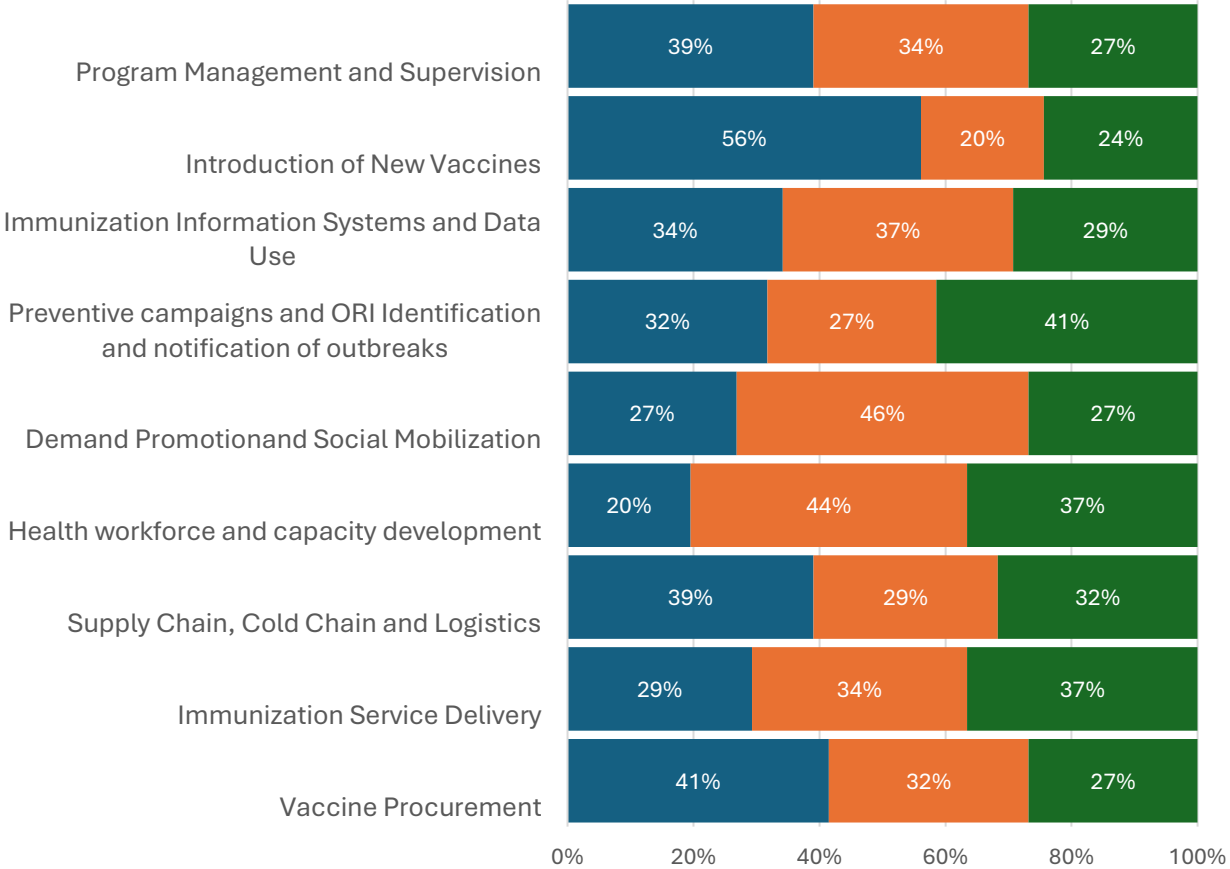
■ Gavi ■ Non-Gavi



Immediate and anticipated effects on immunisation programs -Gavi Only(n=41)

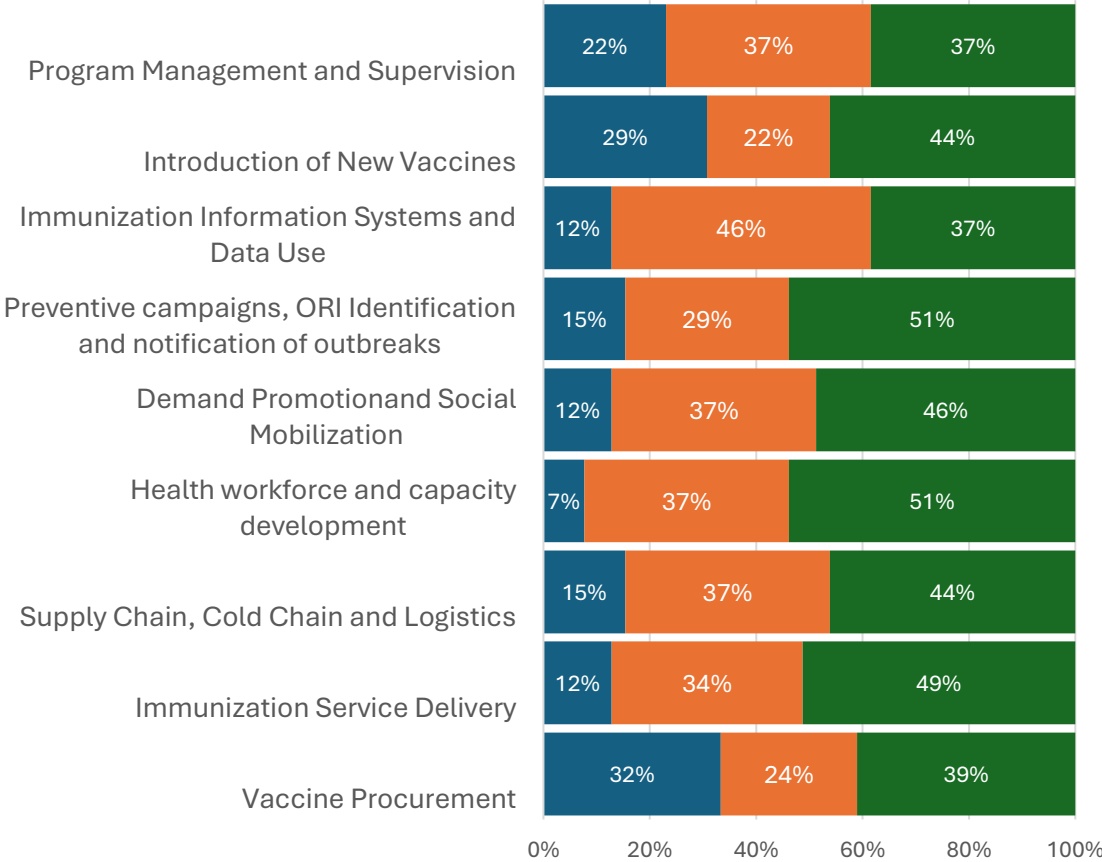
Immediate Effect -2025

■ No effect ■ Moderate effect ■ Significant effect



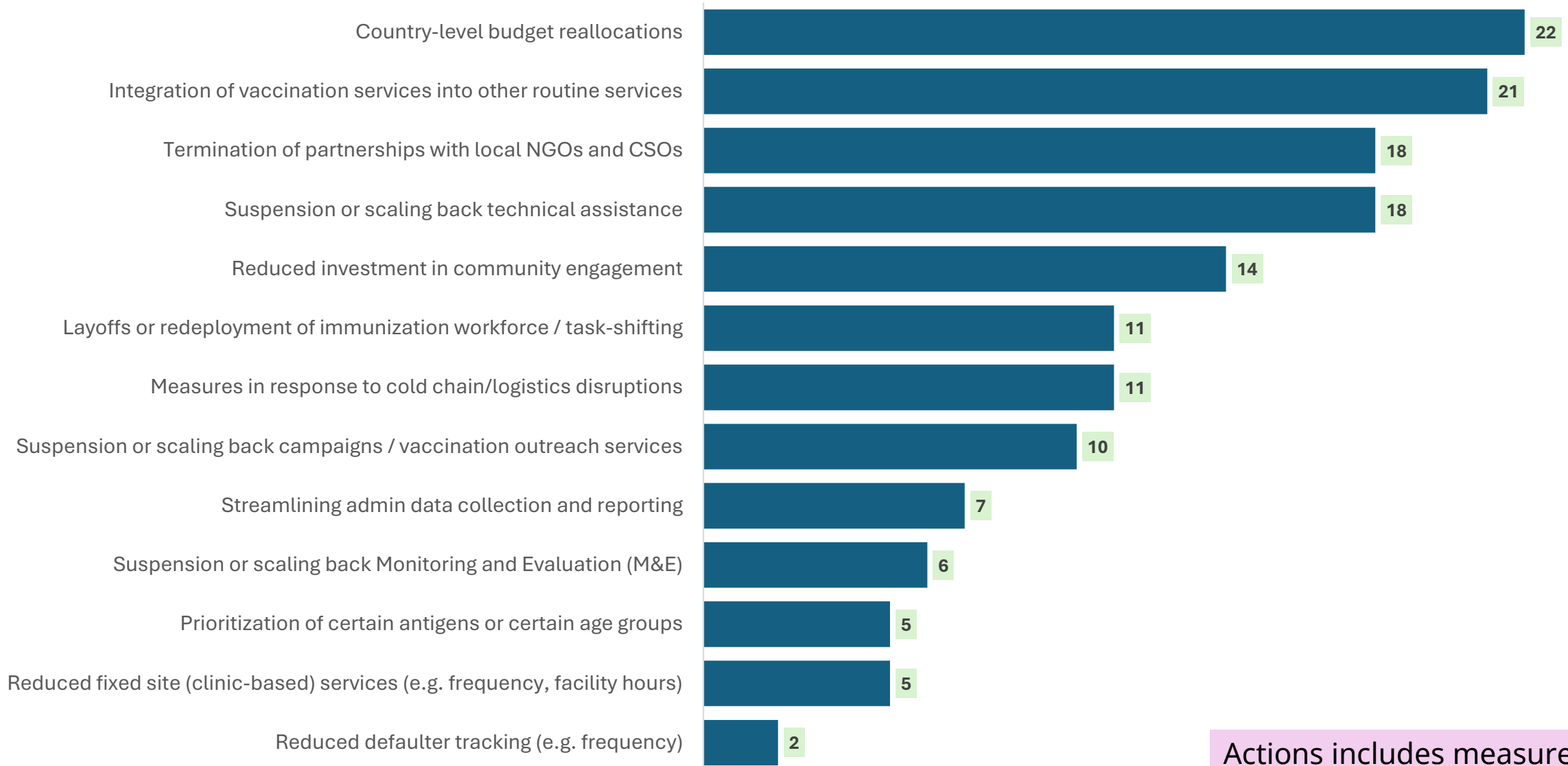
Anticipated Effect -2026-2027

■ No effect ■ Moderate effect ■ Significant effect



****On vaccine procurement –countries mentioned potential risk to co-financing payment in both short and medium term**

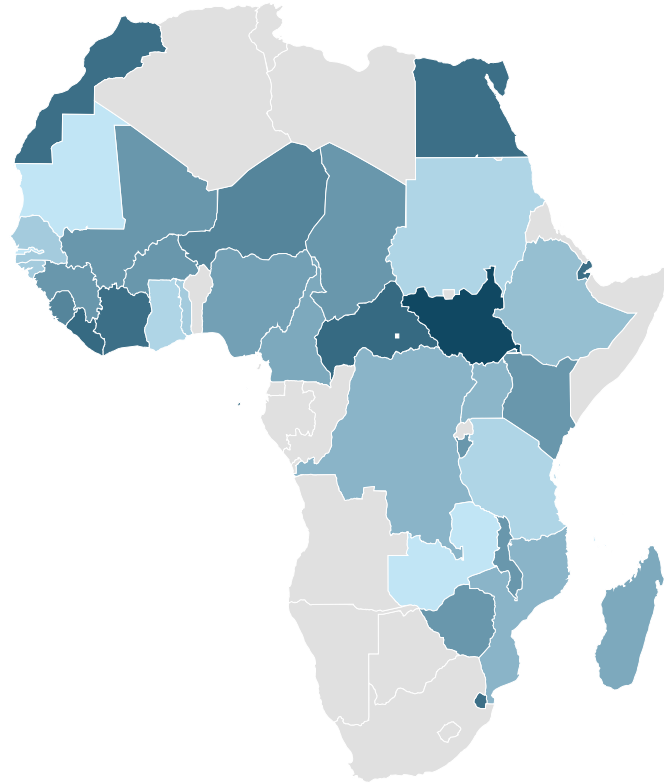
Reported mitigation/actions taken across the different countries-Gavi ONLY (n=41)



Actions includes measures to increase allocation BUT also cut program costs

Decline in ODA could increase already high VPD related child mortality

Projected of reduction in ODA (%) - Based on US only



% ODA reduction (US only) 10% 30%

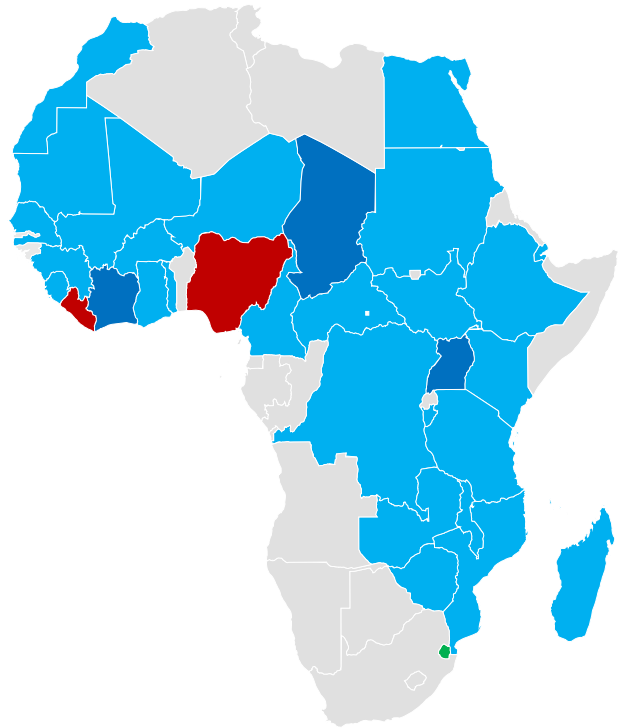
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- With USG only scenario reduction for African countries—this would result into reduction of between **10% to 30% of external funding for immunisation** (bilateral + contribution to Gavi) → conservative estimate due to evolving landscape

Source: Computations based on data from OECD CRS, WHO GHED, WHO/UNICEF eJRF

Projected increase in Annual Vaccine preventable disease (VPD) related child mortality due to ODA reduction

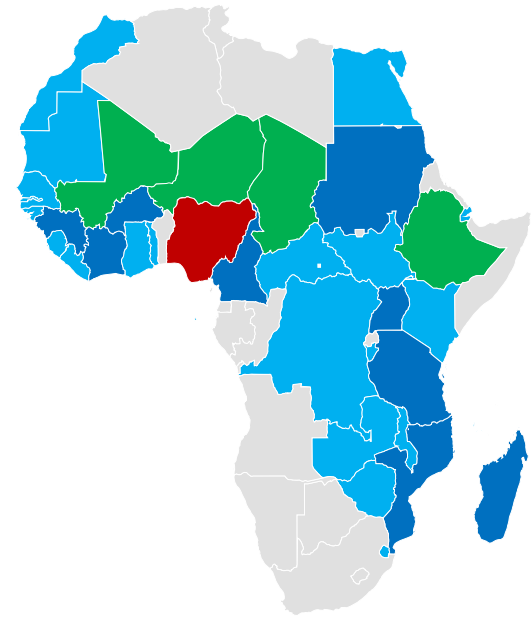
Incremental number of VPD deaths per year



- Minimal (<100)
- Moderate(100-500)
- High(500-1000)
- Extreme(>1000)
- No data

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Total number of VPD deaths per year



- Low (<5000)
- Moderate(5000-15000)
- High(15000-30000)
- Very High(>30,000)

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VPD mortality is already high (averaging up to 500,000 per year) and would be increased with ODA cuts

Country potential for expanding budgetary space for health

Combines fiscal capacity and fragility

Revenue Capacity

Debt status

X

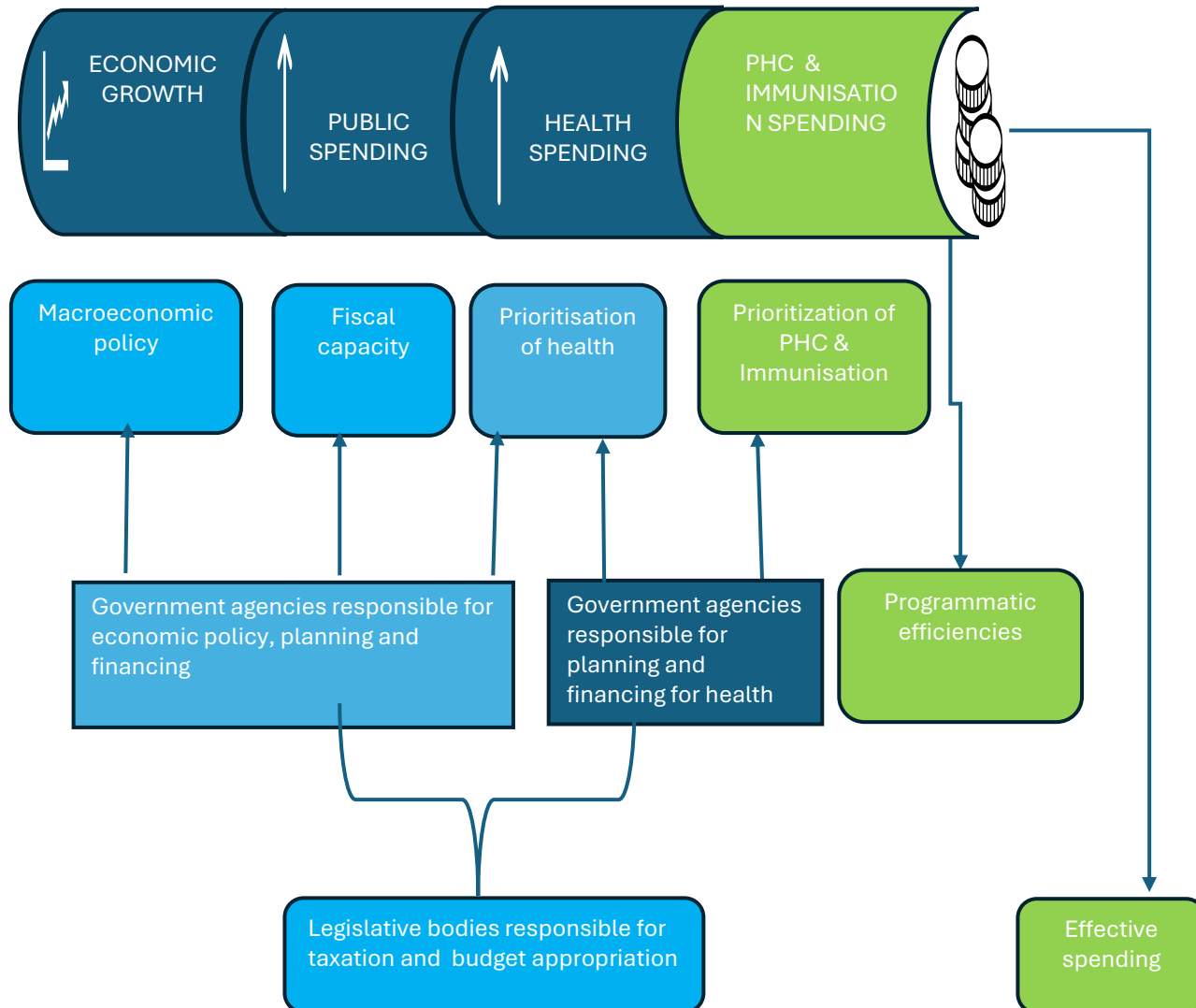
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Country	GDP Growth	Revenue mobilization (Tax)	Health Expenditure (as % GDP)	Debt risk	Fragility/ Conflict	Social Protection	Potential to Mitigate Effects
Malawi	Low	Low	Moderate	In distress	No	Low	Constrained
CAR	Low	Low	Moderate	High	Yes	Low	Constrained
Comoros	Moderate	Low	Moderate	High	Yes	Low	Constrained
Ethiopia	High	Low	Low	In distress	Yes	Low	Constrained
Zimbabwe	High	Moderate	Low	In distress	Yes	Low	Constrained
Somalia	High	Low	Low	Moderate	Yes	Low	Constrained
Nigeria	Moderate	Low	Low	Low	Yes	Low	Constrained
Kenya	High	Moderate	Low	High	No	Low	Constrained
South Sudan	Moderate	High	Moderate	High	Yes	Low	Constrained
Burundi	Moderate	High	Moderate	High	Yes	Low	Constrained
DRC	High	Moderate	Low	Moderate	Yes	Low	Constrained
Tanzania	High	Moderate	Low	Moderate	No	Low	Not constrained
Uganda	High	Moderate	Low	Moderate	No	Low	Not constrained
Mozambique	High	High	Moderate	High	Yes	Low	Constrained
Rwanda	High	Moderate	Moderate	Moderate	No	Low	Not constrained
South Africa	Low	High	Moderate	Moderate	No	High	Not constrained
Zambia	High	High	Moderate	In distress	No	Moderate	Constrained
Eswatini	High	High	Moderate	High	No	Moderate	Constrained
Lesotho	Moderate	High	High	Moderate	No	Low	Not constrained
Botswana	Moderate	High	Moderate	Low	No	Low	Not constrained
Liberia	High	Moderate	High	Moderate	No	Low	Not constrained
Namibia	High	High	Moderate	Moderate	No	High	Not constrained

- 14 of the 22 countries identified as most vulnerable to shocks due to aid cuts are also constrained
- Even countries with potential to expand budget space, this needs to be translated into actual allocation
- Generally low levels of protection mean that increased payment burden would lead to more poverty

Source: Authors based on IMF WEO, ILO

What are the options for sustainability?



- **In LMICs, increase in health budget driven by:**
 - Mainly increase in domestic spending in LMIC has been economic growth → *Fiscal space constrained in most of the vulnerable countries (previous slide)*
 - Reprioritization of government spending → *only responsible for one-fifth of increase*
- **Options within the control of MOH/EPI**
 - Prioritization within the health budget – limited room but possible
 - Improving programmatic efficiencies – main area of focus
 - Effectiveness in spending – mainly improving PFM capacities (MOH not lead)



Options of increasing/sustaining current government allocation

- **WHAT?**

- Protecting allocation
- Improving execution
- Leveraging PHC oriented fiscal reforms to ensure more resources available at facility/service delivery level

- **HOW?—within control of MOH/EPI?**

- ✓ NIS to be closely linked to national health plans and the medium-term planning process (not just the document)
- ✓ Budget advocacy (within MOH budget and beyond)
- ✓ Strengthening transparency and accountability—tracking and reporting
- ✓ Sub-national governments??—engagement on delivery costs
- ✓ Implementation capacity at sub national level → most financing for the delivery of PHC and immunization is executed by subnational governments

The catalytic role of ODA remains very important. Ensure it is better aligned (re: Lusaka agenda)



Efficiency levers for immunisation programs

- **Strategic procurement**

- ✓ Strengthening capacity in forecasting, budgeting and procurement can increase procurement efficiency, accuracy, and prevent interruption of vaccine supply

- **Programmatic integration (with PHC) focused on functional efficiencies**

- ✓ Immunization programs can be better integrated with other PHC services and priority programs (service bundling)
- ✓ Shared system investments – digital innovations, logistics and supply chain etc

- **Delivery channel optimization**

- ✓ Tailored delivery strategies according to geographies/population targeted → especially zero dose and under immunized populations
- ✓ Improved campaign effectiveness –including stronger routine-campaign synergies

- **Vaccine portfolio prioritization and optimization**

- ✓ New vaccine introductions (selection, sequencing etc.)
- ✓ Within portfolio optimization (switches)



Thank you.