

Immunization Economics Pre-Congress Meeting

Bali, July 19-20th, 2025

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Immunization financing and donor transitions: how are LMICs managing the USG funding withdrawal?

Bali, July 20, 2025



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Immunisation financing and Donor Transitions

Sustaining immunisation programs amid ODA funding cuts

Brendan Kwesiga
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UNICEF-PG Health/Immunisation



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)

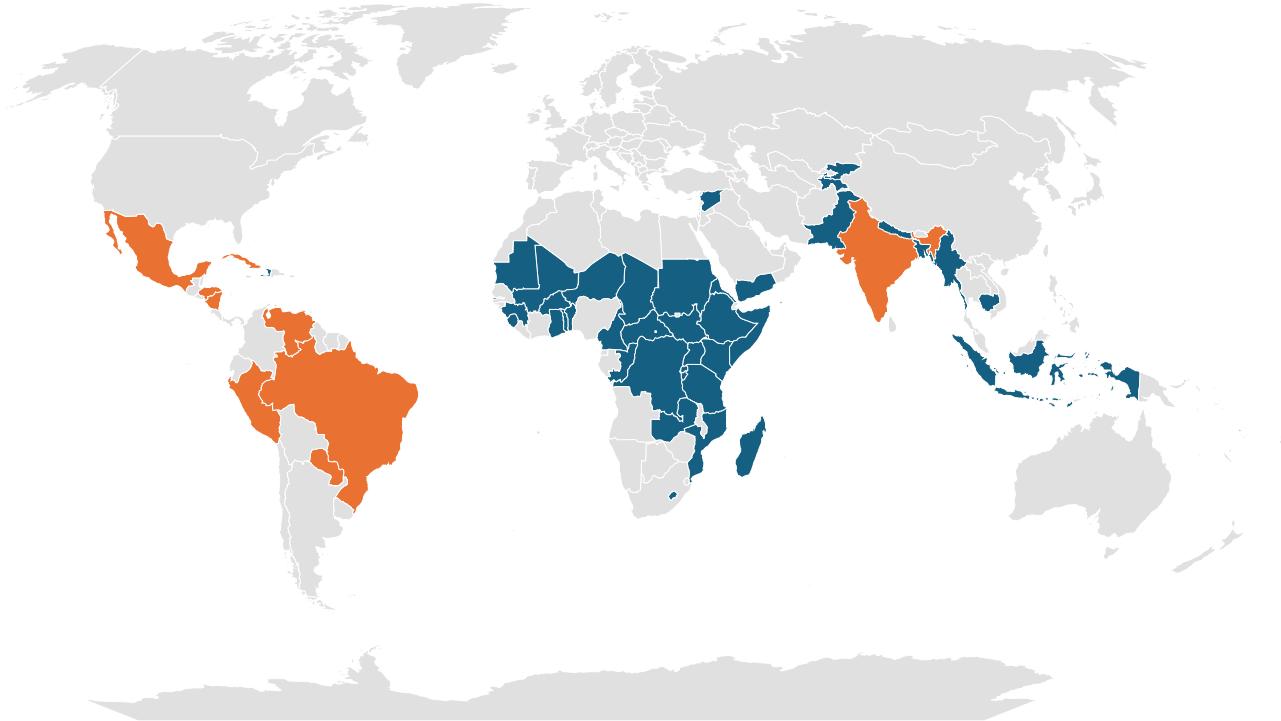
However, it is not just spending levels but also how the money is spent + how health system (including service delivery) is designed

Respondent Summary

- 52 Countries,
- 41 Gavi Countries

UNICEF Country Survey Overview

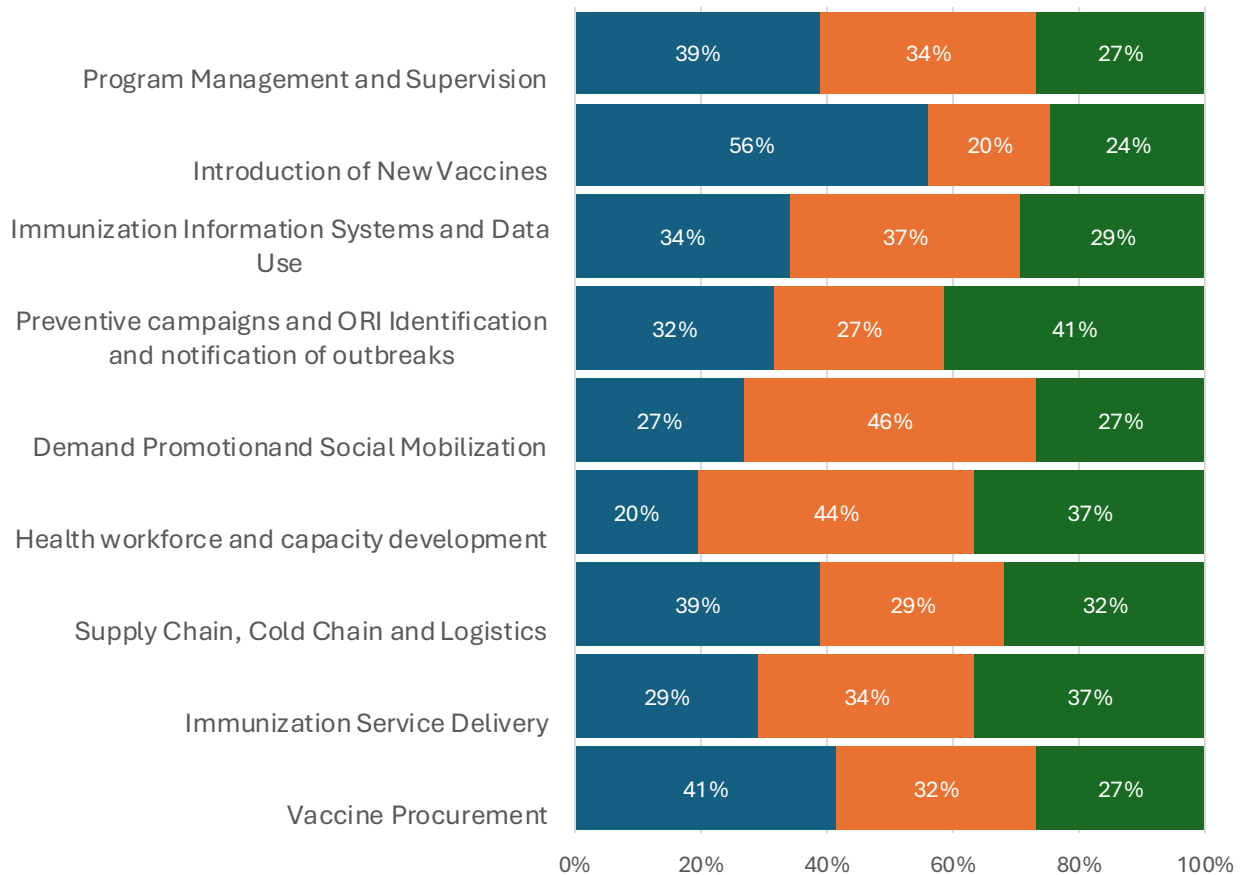
■ Gavi ■ Non-Gavi



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

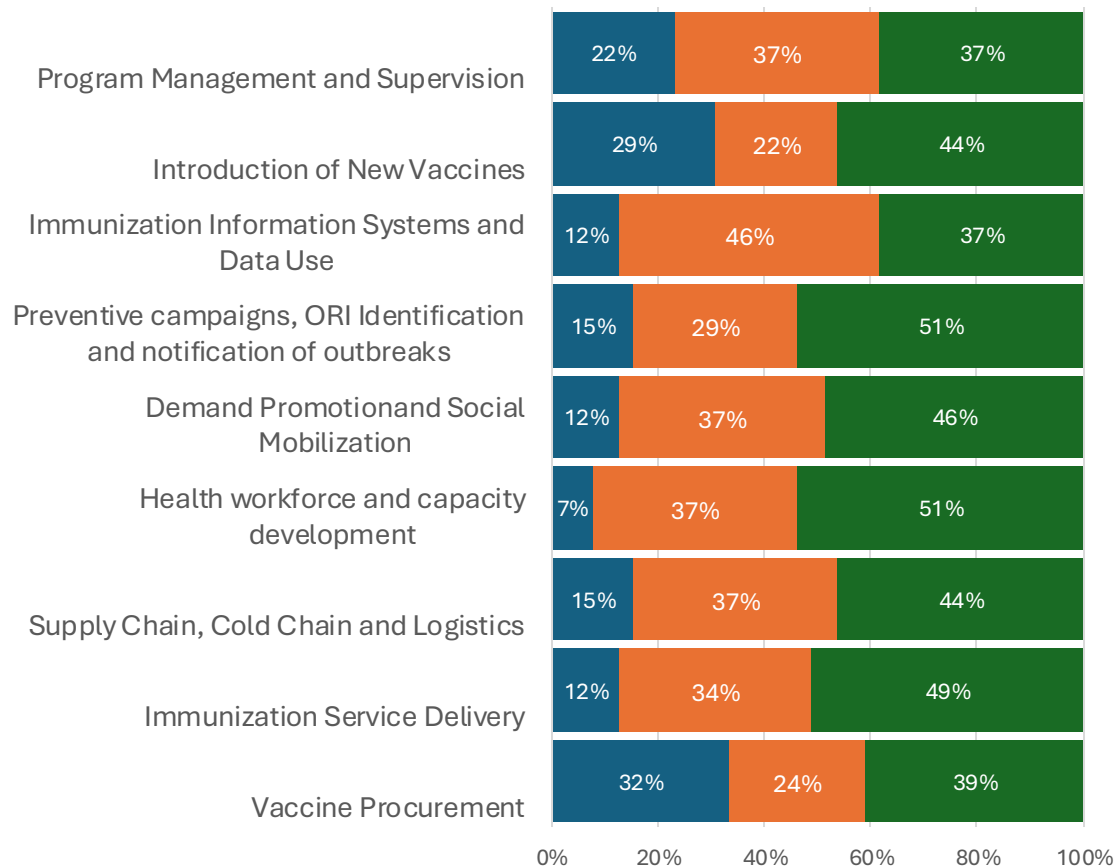
Immediate Effect -2025

■ No effect ■ Moderate effect ■ Significant effect



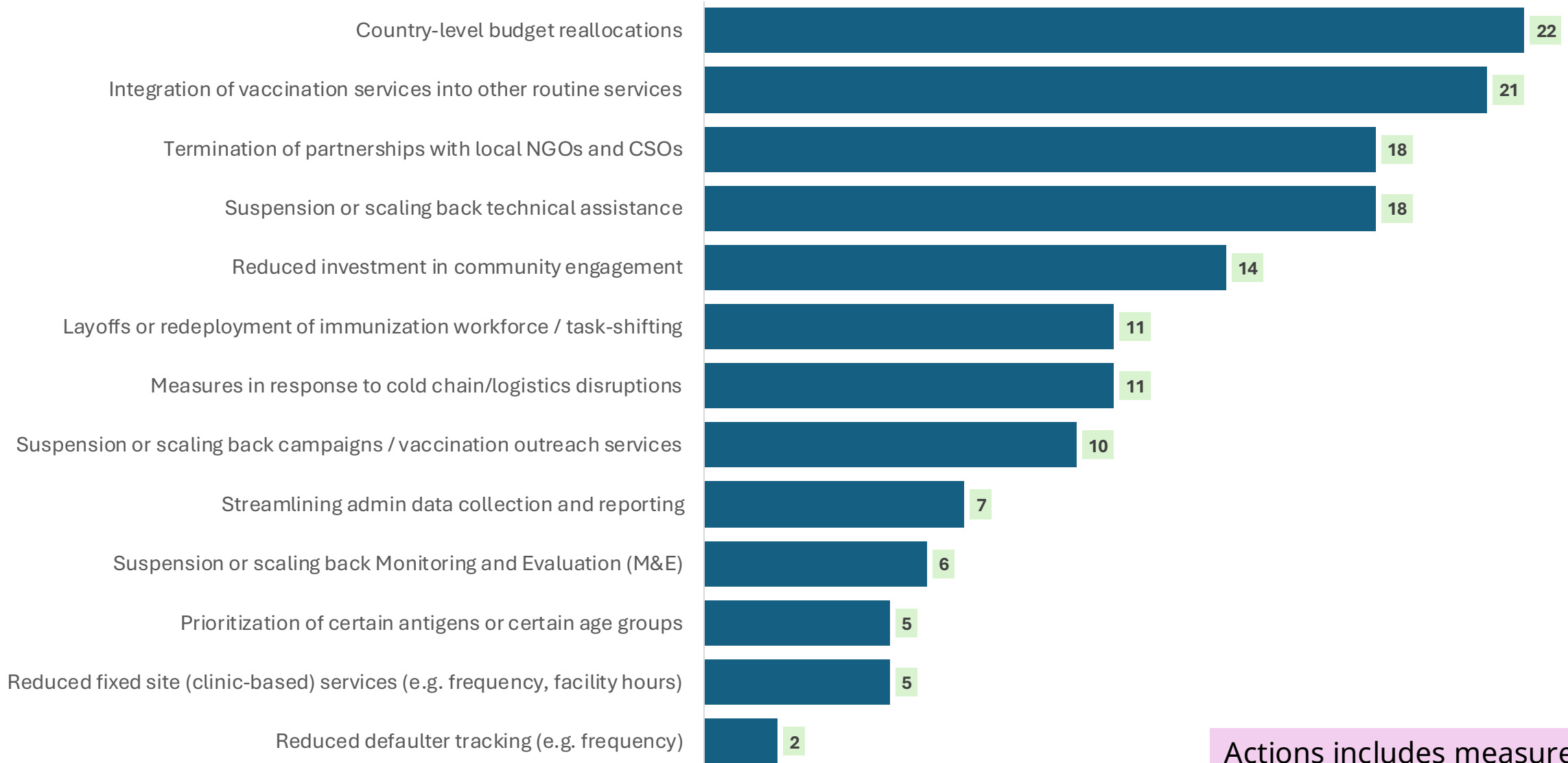
Anticipated Effect -2026-2027

■ No effect ■ Moderate effect ■ Significant effect



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

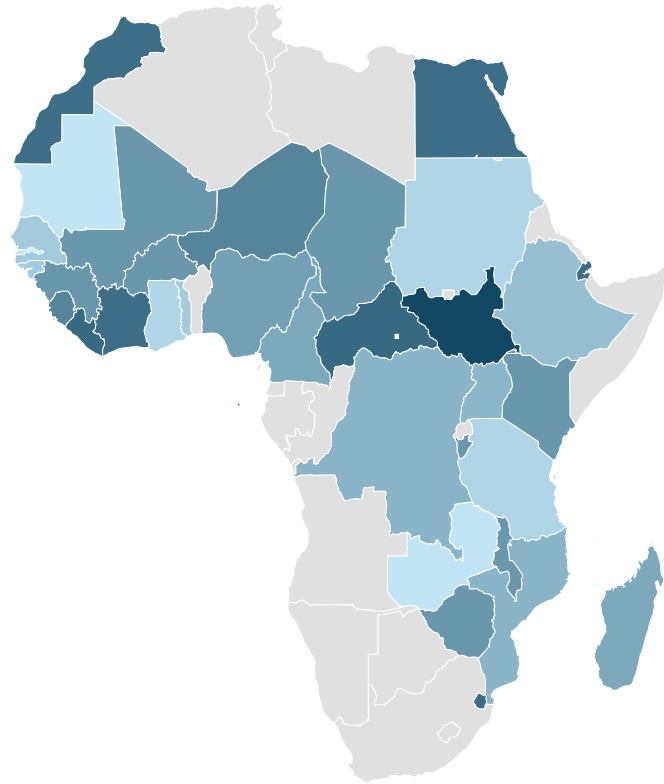
Reported mitigation/actions taken across the different countries-Gavi ONLY (n=41)



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%

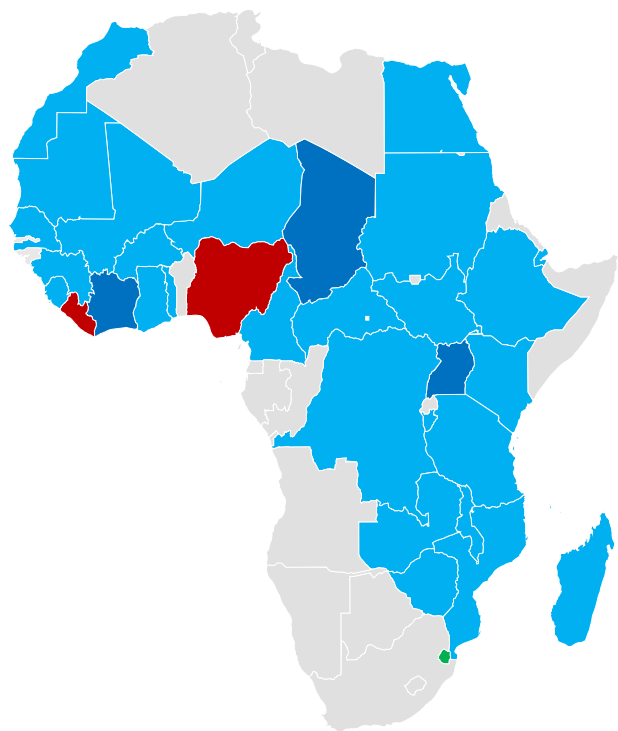
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- With USG only scenario reduction for African countries—this would result into reduction of between **10% to 30% of external funding for immunisation** (bilateral + contribution to Gavi) → conservative estimate due to evolving landscape

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

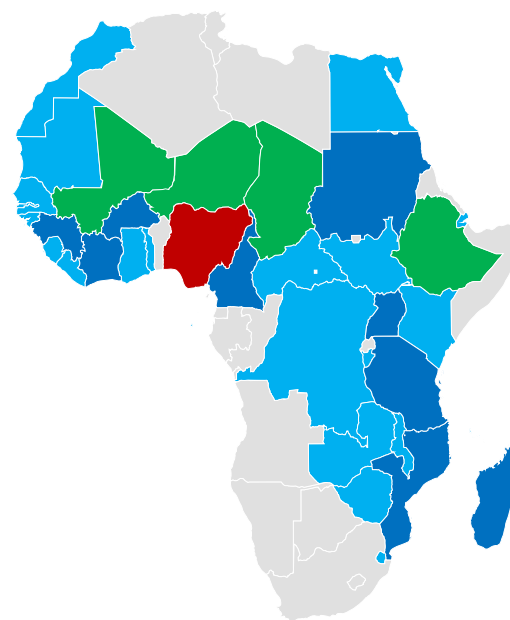
Projected increase in Annual Vaccine preventable disease (VPD) related child mortality due to ODA reduction

Incremental number of VPD deaths per year



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

Total number of VPD deaths per year



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

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

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Country potential for expanding budgetary space for health

Combines fiscal capacity and fragility

Revenue Capacity

Debt status

X

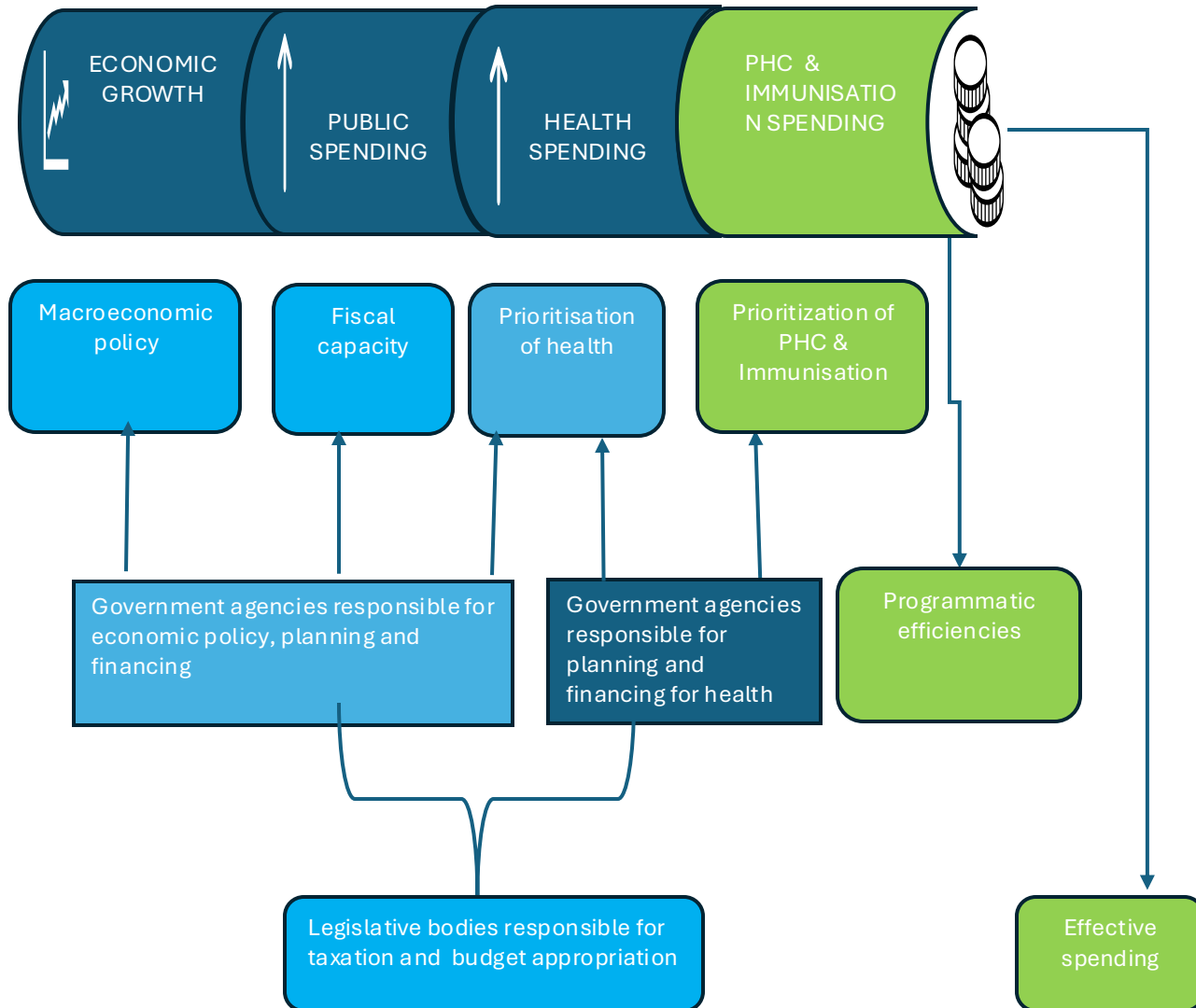
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Country	GDP Growth	Revenue mobilization (Tax)	Health Expenditure (as % GDP)	Debt risk	Fragility/Conflict	Social Protection	Potential to Mitigate Effects
Malawi	Low	Low	Moderate	In distress	No	Low	Constrained
CAR	Low	Low	Moderate	High	Yes	Low	Constrained
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.



Panel discussion

USG funding withdrawal: lessons learned and way forward

Girmaye Deye (Fenot Associates & health financing advisor to MOH Ethiopia)

Shabana Haidar (Country Director, ThinkWell, Pakistan)

Rose Jalang'o (EPI manager, National Vaccines & Immunization Program, Kenya)

Soazic Elise Wang Sonne (World Bank)

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Efficiency, prioritization, and vaccine portfolio optimization: optimization experiences & best practices

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Country Case Studies on PCV Optimization and Integration

Session on Efficiency, prioritization, and vaccine portfolio optimization:
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Urgent case for efficiency in immunization

Shifting macro-economic shifts impacting aid allocation

Opportunity to drive long term changes in global health architecture



Technical Efficiency

Achieving more health outcomes with fewer resources by reducing costs, integrating health care delivery, and delivering services more effectively

Emerging trends in favour of efficiency

Opportunity (not exhaustive)

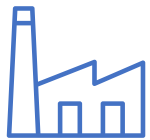


Expanding menu of new vaccine antigens on offer



Illustrative examples

6-7 most common # of NVIs in Gavi74 today
10-19 eligible Vxs for Gavi countries in 6.0



Broadening of **supplier base** and more product options (inc. low cost)



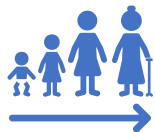
20→25 suppliers in next 5yrs
3→6 PCV options in 5.0 to 6.0



More **choices** on recommended immunization schedules and use cases



>50 possible choices (product, schedule, presentation, etc.)



Increasing number of **immunization touchpoints** across the life course



6 touchpoints in 5.0
8 touchpoints in 6.0 (plus pregnant & older kids)

High impact levers for efficiency

1

Optimization

Assess new/alternative vaccine product(s), presentation(s) or schedule(s) or use(s) and switch to more opportune one(s) based on country and market context

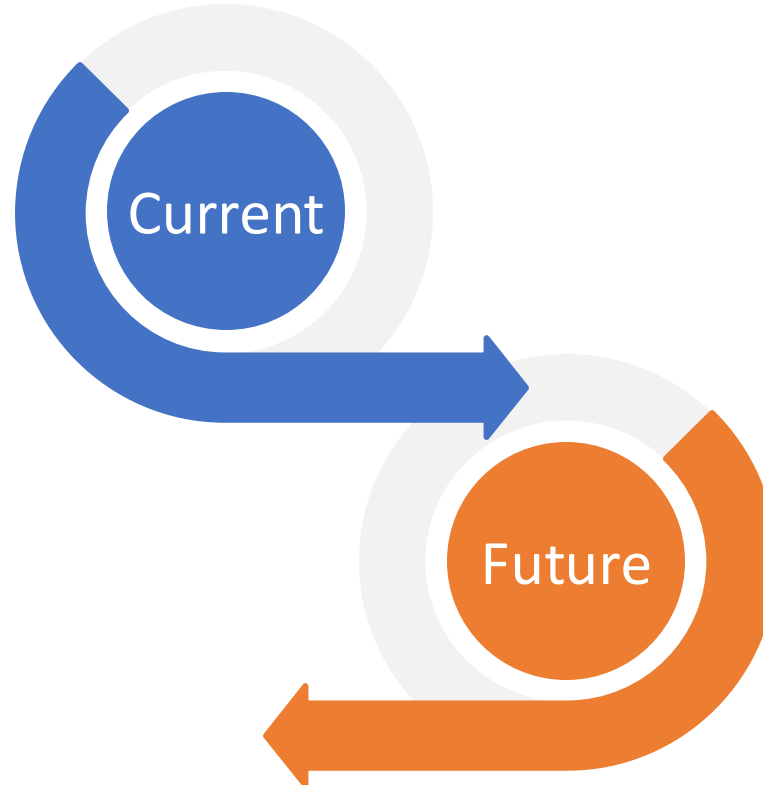
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Integration

Adopt an integrated approach to immunisation programming (service delivery, policy, planning and management) to ensure efficiency, promote equity and increase demand

Optimization as the way forward

Reactive & Antigen Specific
Opportunistic and ad-hoc,
switches, global-driven



Systematic, portfolio lens
Evidence-based, routine
process led by country
stakeholders

*Focus on saving costs, market health and
building local capacities*

1

Considerations for PCV Optimization vary depending on country context and rationale

Kenya



Nigeria



Gavi Status

Accelerated Transition

Accelerated Transition

Switch Considered Product

Product

Year of decision 2022

2024

Rationale Financial Sustainability

Financial Sustainability
And New Vaccine Prioritization

Integration of immunization with other primary health care services

- Opportunity to **deploy scalable integration** models that reduce missed opportunities for vaccinations and other PHC services
- Key principles:
 - Leverage programmatic synergies
 - Consider context appropriate interventions
 - Promote learning mindset to generate evidence on the outcomes and impact
 - Identify mechanisms of sustainable and scalable solutions

Thank you



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Country Case Studies - Kenya

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PCV switch in Kenya: PCV10-4 → PCV10-5

NVIP implemented PCV Product Switch in 2022 to optimize total procurement costs

- Target population size (2022): **1,553,056**
- Switching from: **PCV10 (GSK)**, 4 doses/vial, liquid
- Switching to: **PCV10 (SII)**, 5 doses/vial, liquid
- Implementation Funding: **Gavi Switch Grant**, USD 0.25 per child in the birth cohort in the switch year
- Total Savings Unlocked: \$1.05 per dose, approx. \$4,891,824.40 (antigen cost savings)

PCV switch in Kenya: PCV10-4 → PCV10-5

KENITAG reviewed evidence and recommended in favor of the PCV product switch



In February 2021, KENITAG compiled and appraised available evidence on PCV product options in form of vaccines characteristics, effectiveness, formulation and cost



KENITAG to recommend switch primarily driven by comparable characteristics and cost effectiveness of Pneumosil product



NVIP decision to switch, ICC endorsement, and submitted Gavi application for implementation support



Implementation conducted in 2022, along with RV compulsory switch

PCV switch in Kenya: PCV10-4 → PCV10-5

Key enablers to optimization decision making include national policies and available evidence

- ✓ **Available evidence:** safety, disease burden, serotype prevalence & coverage, efficacy and effectiveness
- ✓ **Programmatic considerations** e.g. supply availability, cost (co-financing, cost effectiveness), sustainability, number of doses in schedule / per vial
- ✓ **Supply chain:** Storage & transportation needs e.g. cold chain capacity requirements considered sufficient

Country Case Studies - Nigeria

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PCV switch in Nigeria: PCV10-4 → PCV10-5

NPHCDA is planning to implement PCV Product Switch in Q4 2025

- Target population size (2024): **7,114,431**
- Switching from: **PCV10 (GSK), 4 doses/vial, liquid**
- Switching to: **PCV10 (SII), 5 doses/vial, liquid**
- Implementation Funding: **Gavi Switch Grant**, USD 0.25 per child in the birth cohort in the switch year
- Expecting to have a cumulative cost savings of ~196M for FGoN through 2030 due to this switch

PCV switch in Nigeria: PCV10-4 → PCV10-5

Latest Gavi FPP process included a systematic review of existing antigen portfolio



FPP provided strategic vision for broader new vaccines strategy



Costing data for current vaccine portfolio and anticipated NVIs considering accelerated transition status



Multiple rounds of technical discussions conducted at NITAG and with New Vaccines Strategic Task team



Inclusion in Gavi FPP request as an approach to open fiscal space to support other new vaccines (e.g. malaria, Men5)

PCV switch in Nigeria: PCV10-4 → PCV10-5

Key enablers to optimization decision making include:

- ✓ Having sufficient technical resource to **conduct necessary costing analysis** for informed decision-making
- ✓ Clear **visibility of new products available** to countries to support holistic decisions on optimization and prioritization

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Portfolio Planning in Indonesia

National Immunization Strategy (NIS) as an opportunity for full portfolio review

- **Strong political and technical interest** to prioritize growing number of new vaccines while considering opportunities to optimize the vaccine portfolio, as well as other components of the health system.
- **Pilot use of CAPACITI** decision support tool (Country-led Assessment for Prioritization on Immunization) in 2020
- **NITAG generating recommendations** based on evidence-based, country-context specific, and transparent process
- **Costing** to inform operational feasibility, and domestic budgeting and advocacy

Integrated planning and service delivery

Systematic approaches to strengthen immunization coverage and equity

- **Indonesia Health Transformation Agenda** focuses largely on primary health: promoting healthy lifestyle, expanding immunization, mandatory screening, and improving quality and access to primary healthcare
- **Integration adopted at local service delivery level** to enhance patient care coordination, maximize resource efficiency, and improve community health outcomes
- **Rotavirus vaccine introduction** starting 2022: Leveraging communication on broader diarrheal prevention; coordinating multiple stakeholders (including private sector) to promote implementation of RV immunization

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