Immunization Financing in Selected AU States

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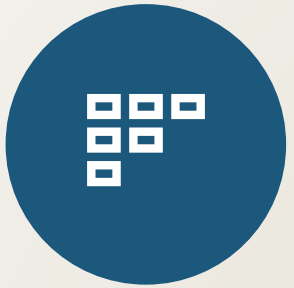
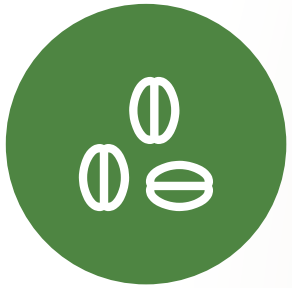
Content

Background



Scope



Analytic Framework

Cluster Findings

Background

Immunization an **investment for the future**:

- Saves lives & protects population health
- Improves productivity & resilience
- Enables a safer, healthier, more prosperous world

A **foundation for PHC**

Reduced prioritization of Immunization

Inequalities persist

ADI 2017 Declaration:

- "……everyone in Africa, no matter who they are or where they live, receives the full benefits of immunization…."

20M
Under-immunized

13M
Zero Dose Children

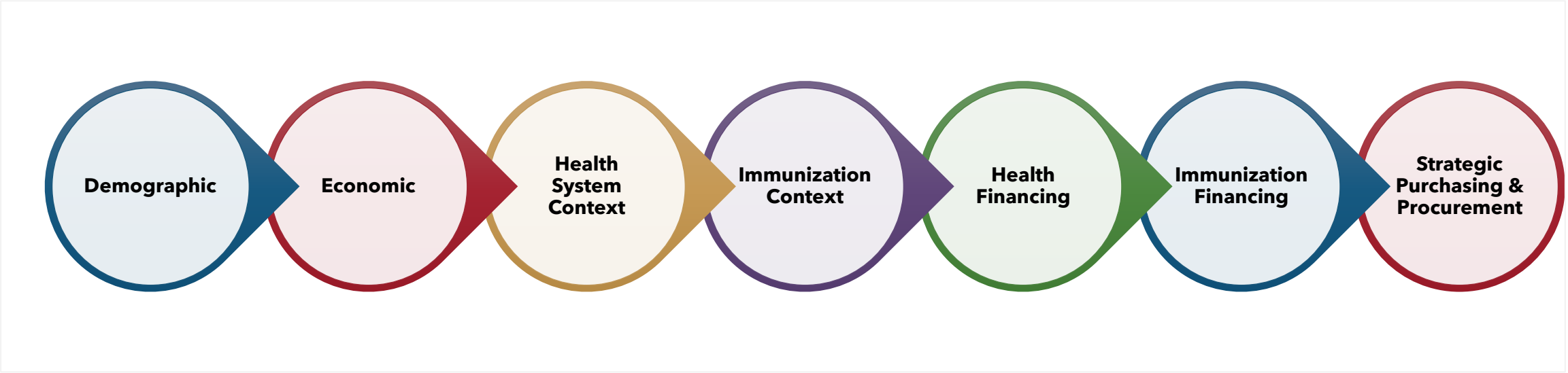
ADI Goal 2

Increase and sustain domestic investments and funding allocations to meet the cost of traditional vaccines, fulfill new vaccine financing requirements; and provide financial support for operational implementation of immunization activities by Expanded Programme on Immunization programs.

Scope

Country	Justification
Comoros	Current chair of the AU; Franco-phone country; East Africa; Island
DRC	Fragility; Franco-phone country; East Africa
Ethiopia	High number of Zero Dose; Anglophone
Kenya	Transitioning country; East Africa; Anglophone
Malawi	Pilot country for the malaria vaccine; Anglophone; Southern Africa
Mozambique	Fragility; Cyclones; Portuguese; Southern Africa
Nigeria	High number of Zero Dose; Anglophone; West Africa
Senegal	Franco-phone country; AU Chair; West Africa
South Sudan	Presents a fragile context; East Africa
Uganda	East Africa; Anglophone

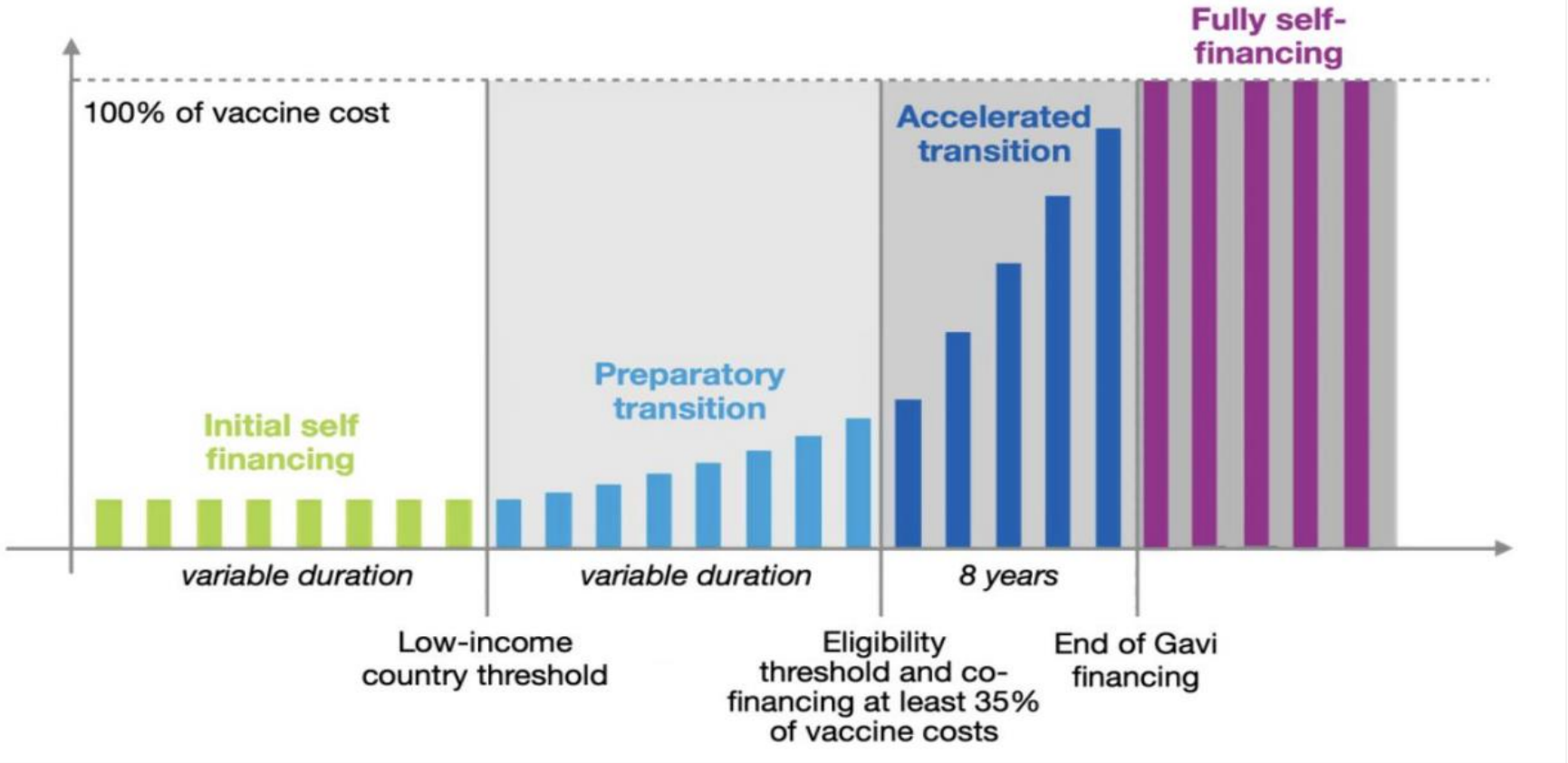
Framework



Highlight

Immunization Financing happens **within a context** with influences **within** and **outside the health sector**

GAVI Eligibility Guideline 2023



Only 2 countries within the cluster are in the accelerated transition phase; Majority were in the Initial Self-Financing Phase

Eligibility within the Cluster

Initial Self Financing (US$1085 GNI p.c.)

Mozambique, DRC, Malawi, Uganda & Ethiopia; S. Sudan*.

Preparatory Transition (>$1085 <$1730 GNI p.c.)

Comoros, Senegal

Accelerated Transition (US$ 1730 GNI p.c.)

Kenya, Nigeria

Fully Self Financing

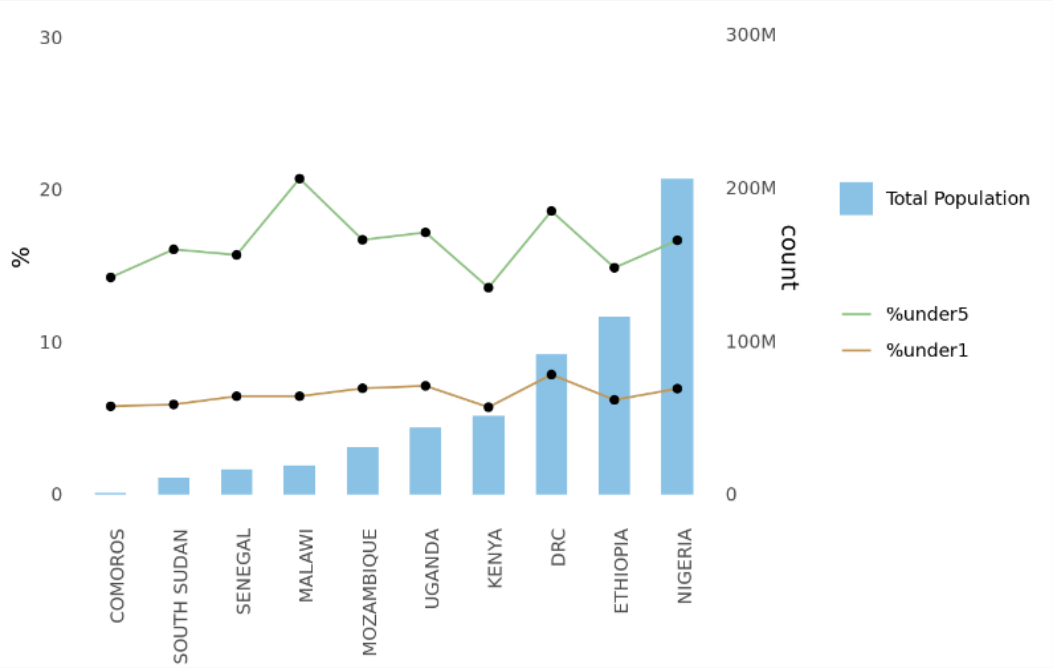
None

Source: https://www.gavi.org/sites/default/files/programmes-impact/gavi-eligibility-and-transition-policy.pdf; https://www.gavi.org/sites/default/files/programmes-impact/Gavi-Co-financing-Policy.pdf

Demographic Context

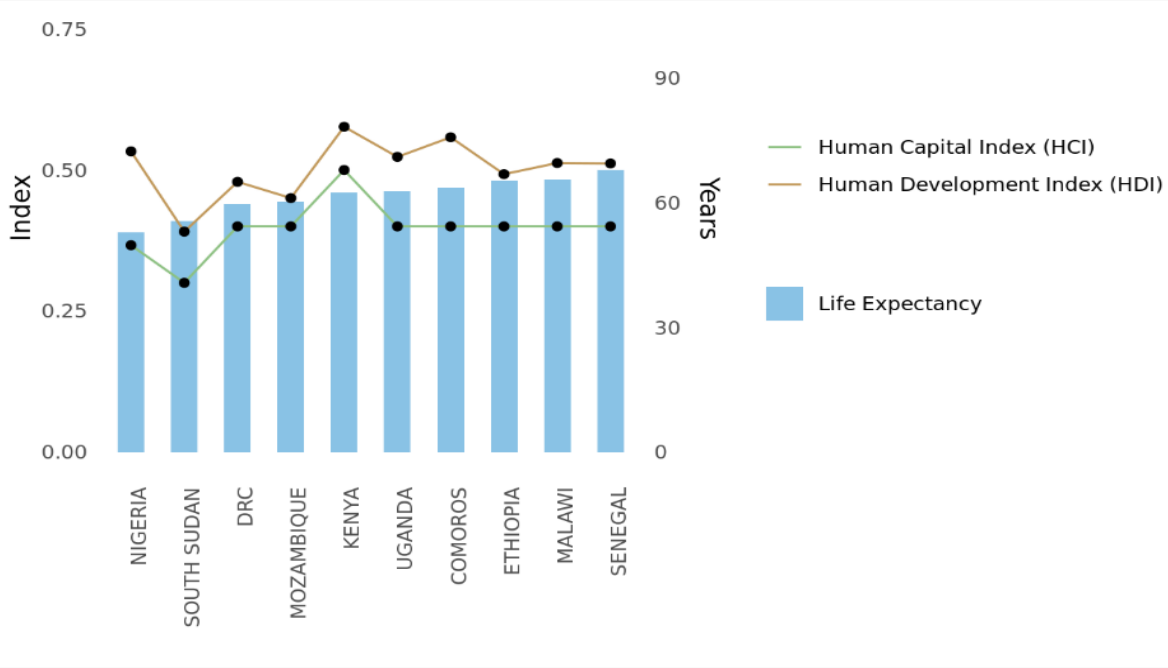
Immunization can improve productivity and wellness at individual and population level & needs sustained multi-sectoral investments.

Population Data Trends



Critical beneficiaries:
<12 Months ~ **10%** of Population
<5 years ~ **20%** of Population
Comoros lowest; Nigerian Highest Population

Productivity and Development Potential

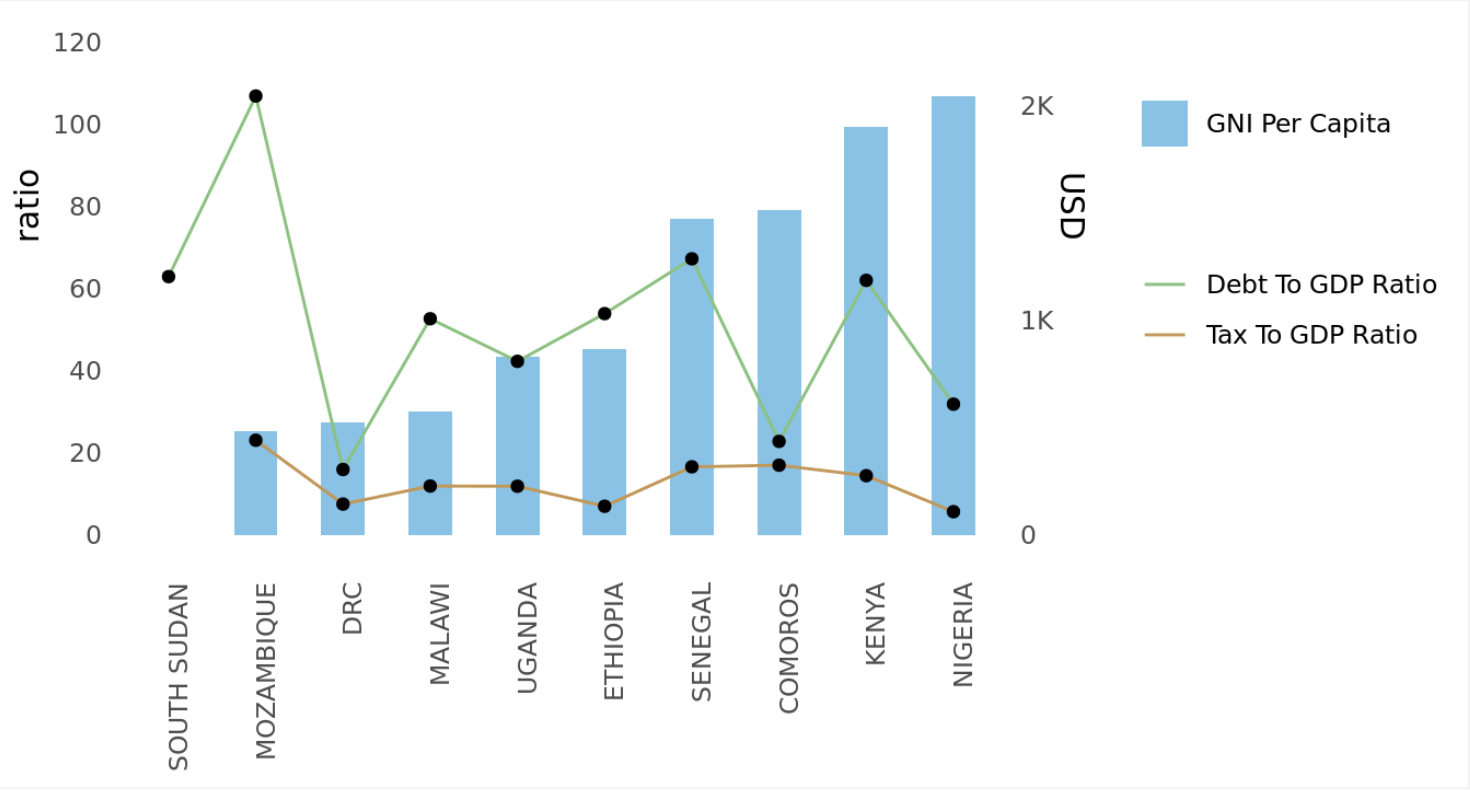


- Low HDI and HCI
- **Sustained multi-sectoral investments** in alleviating the drivers of inequities and ill-health.

Economic Context

High Public Debt and Low Tax Revenues limit the fiscal space for health and immunization.

Economic performance



Highlights

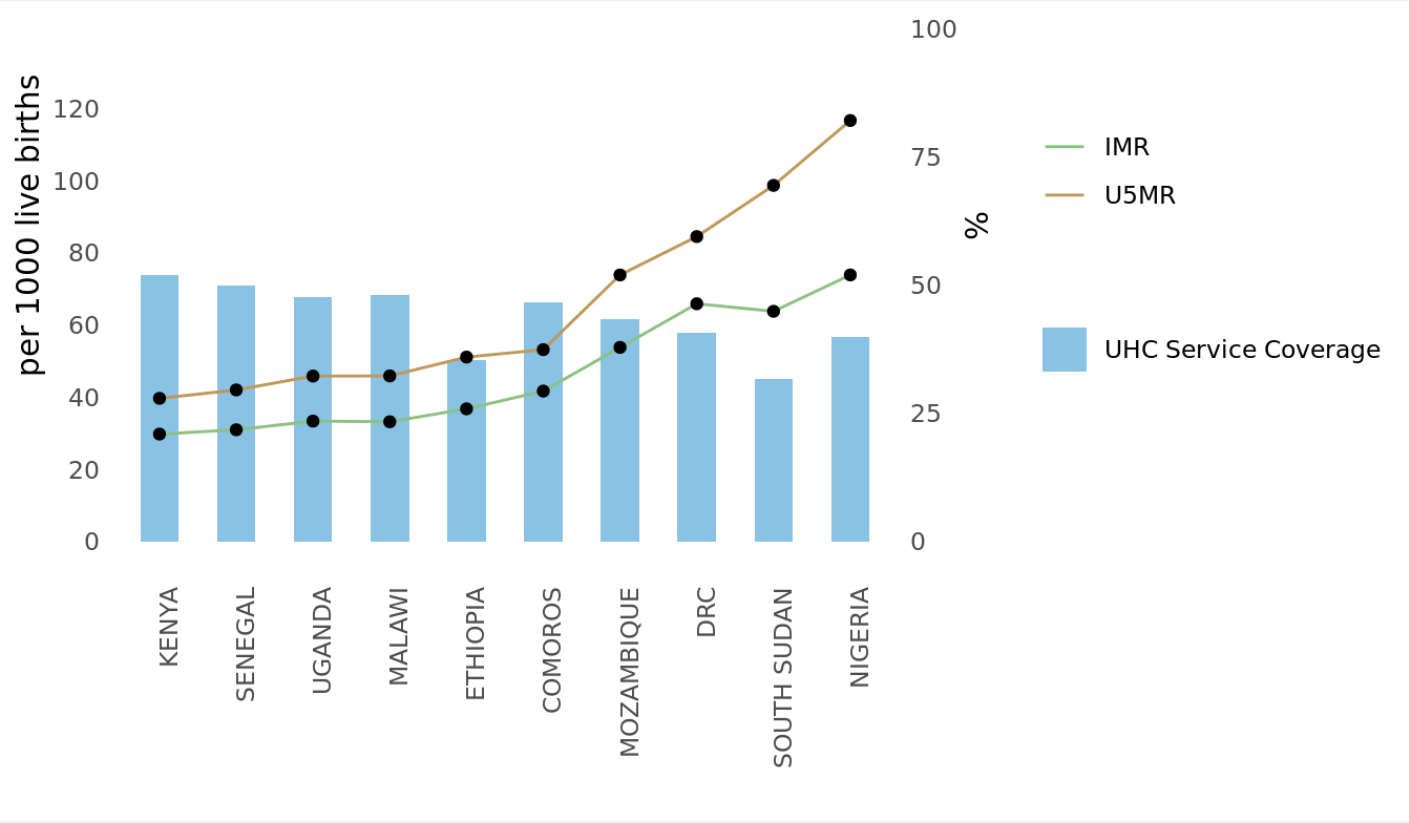
Only Senegal and Mozambique > 15% Tax to GDP Ratio.

Majority of countries have a Debt –GDP ratio that exceeds the global and regional thresholds. (EAC 50%; Southern Africa 60%)

Health System Context

Weak health systems threaten access, quality and sustainability of immunization services.

Health System Performance



Highlights

Low UHC Service coverage .

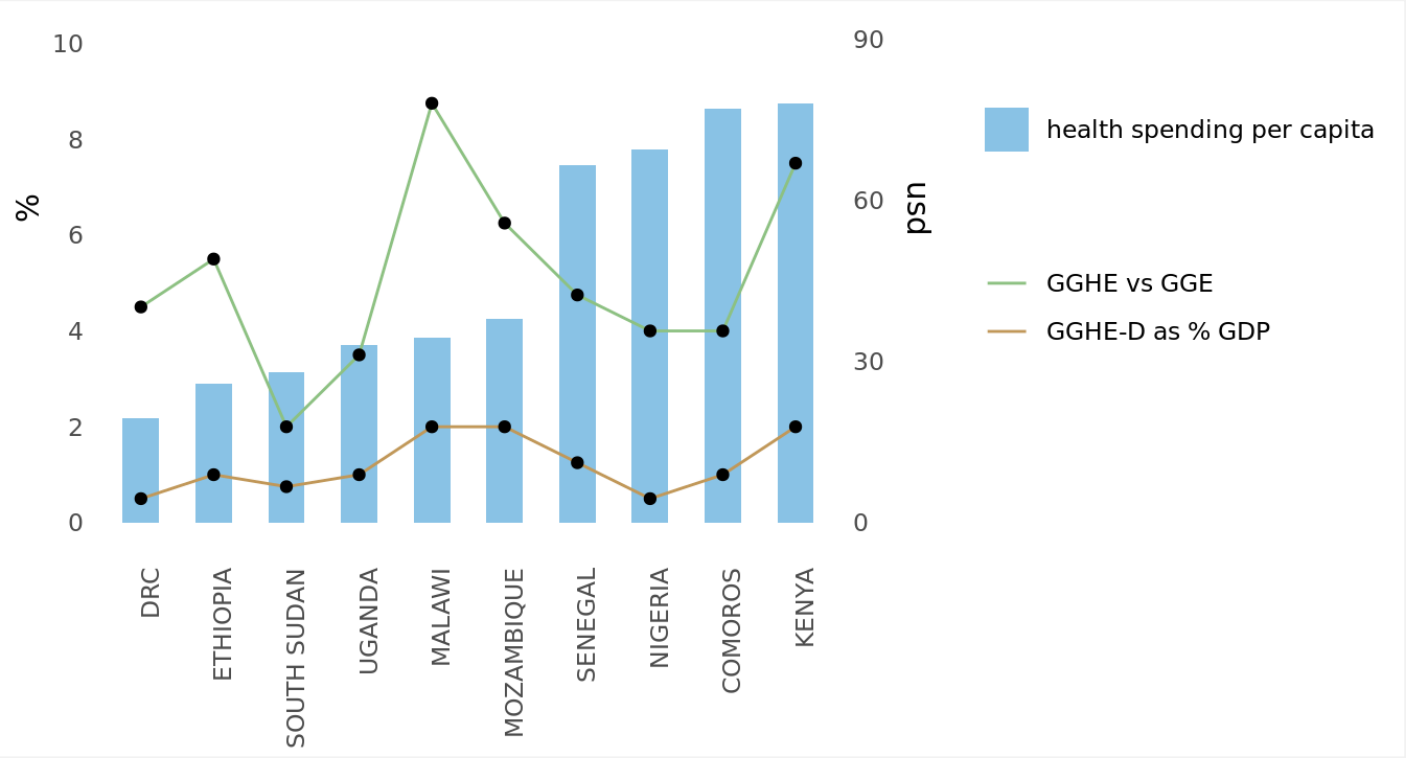
Majority of countries with lowest UHC service coverage had higher mortality rates

Conflict afflicted countries had higher mortality rates

Health Financing Context

Low budgetary prioritization threatens access, quality and sustainability of immunization services.

Health Financing Trends



Highlights

Low Budgetary prioritization of immunization

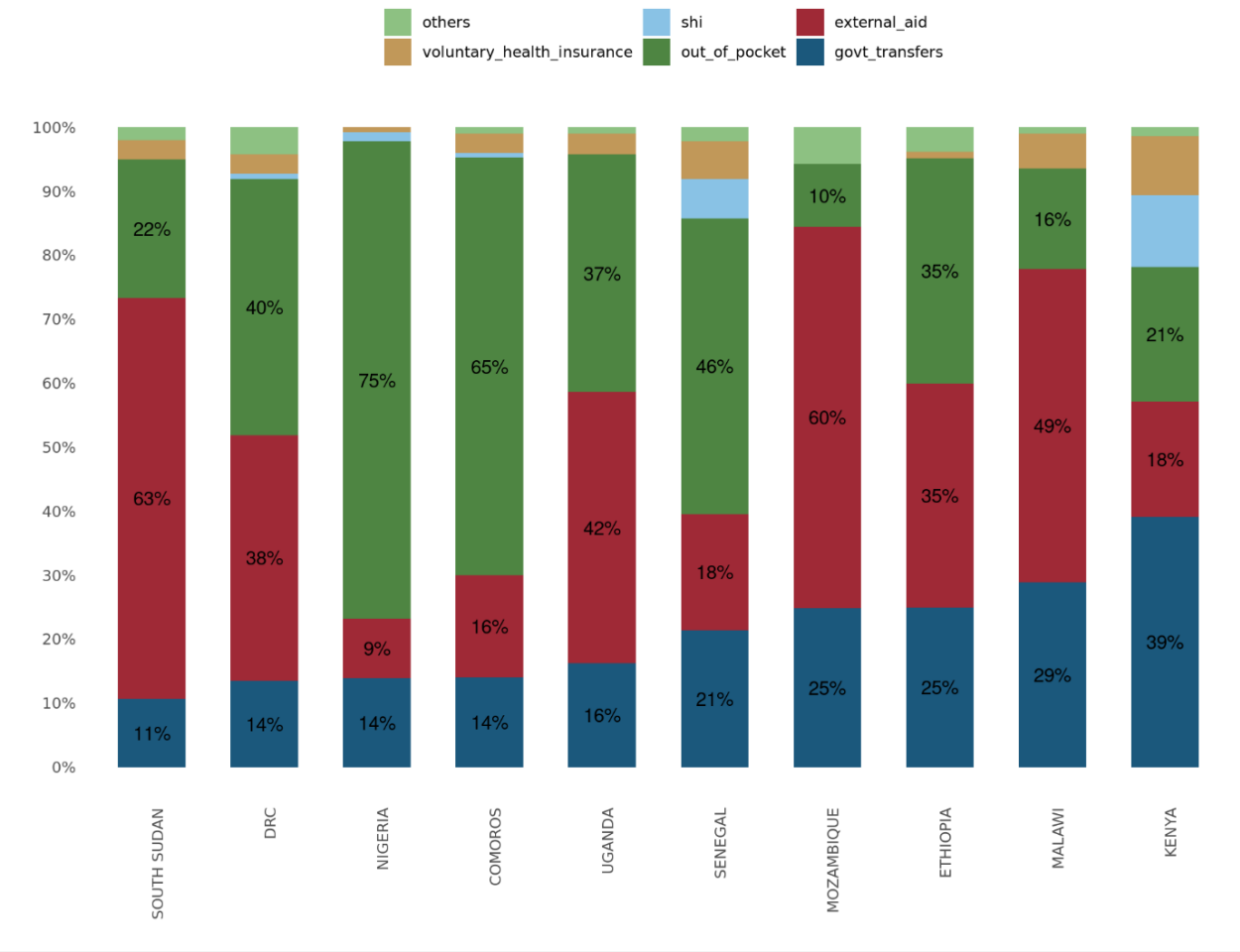
None met the health financing thresholds:

a. **15%** of Govt Budget- Abuja Target
b. **5%** of GDP Target
c. **USD86** per Capita Target

Health Financing Context

High Donor Dependence and OOP Spending threatens sustainability and financial protection of immunization services.

Health Financing Sources



Highlights

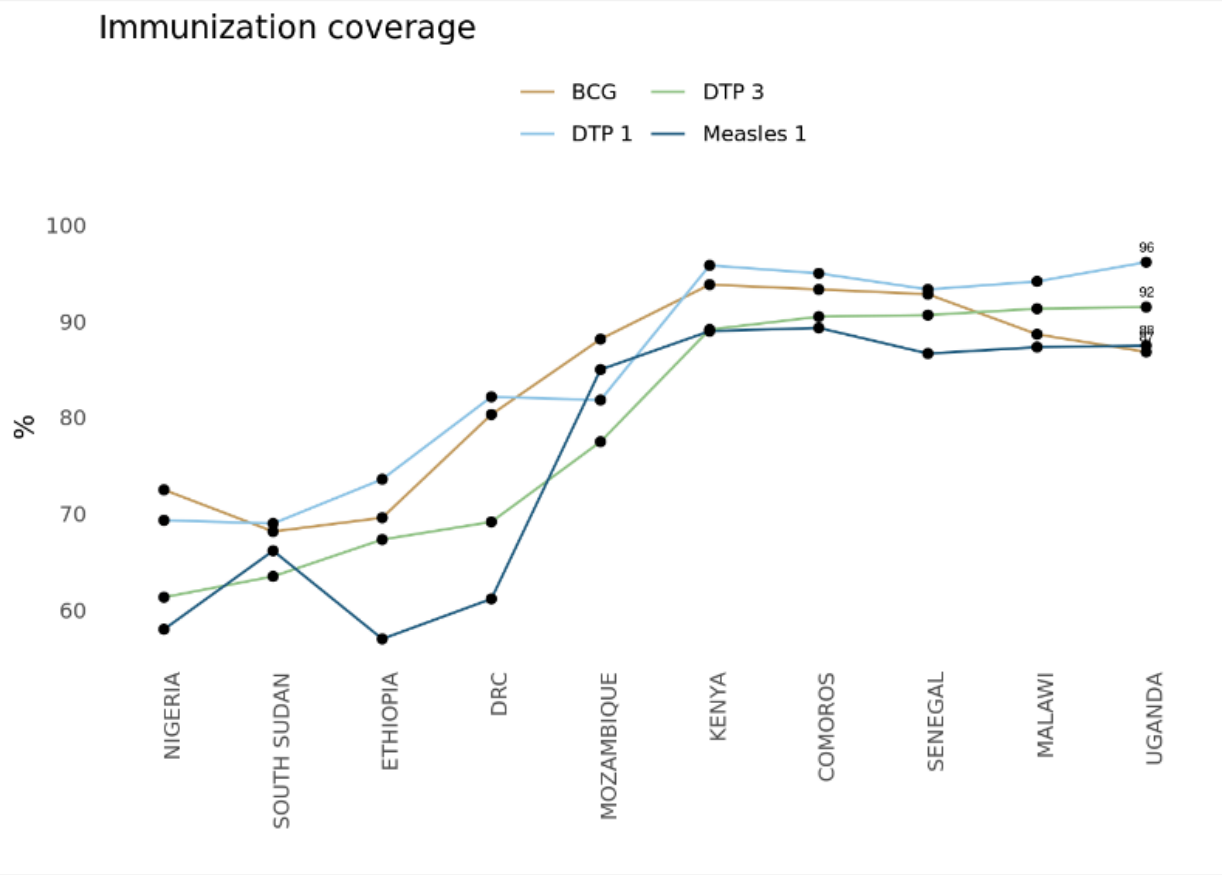
- High Dependence on Donor Funding and Out of Pocket Financing for health.
- **None** of the countries contributes more than 40% of all health financing.
- **Donor contributions** accounted for more than 40% in Uganda, Malawi, South Sudan and Mozambique.
- **Out of pocket payments (OOP)** contributed more than **15%*** in all the countries except for Mozambique.
- OOP were highest in Nigeria, Comoros and Senegal.

*Recommended threshold for OOP is below 15%

Immunization Context

Low Coverage of immunization services in conflict afflicted countries; and beyond 6months of age.

Immunization Coverage



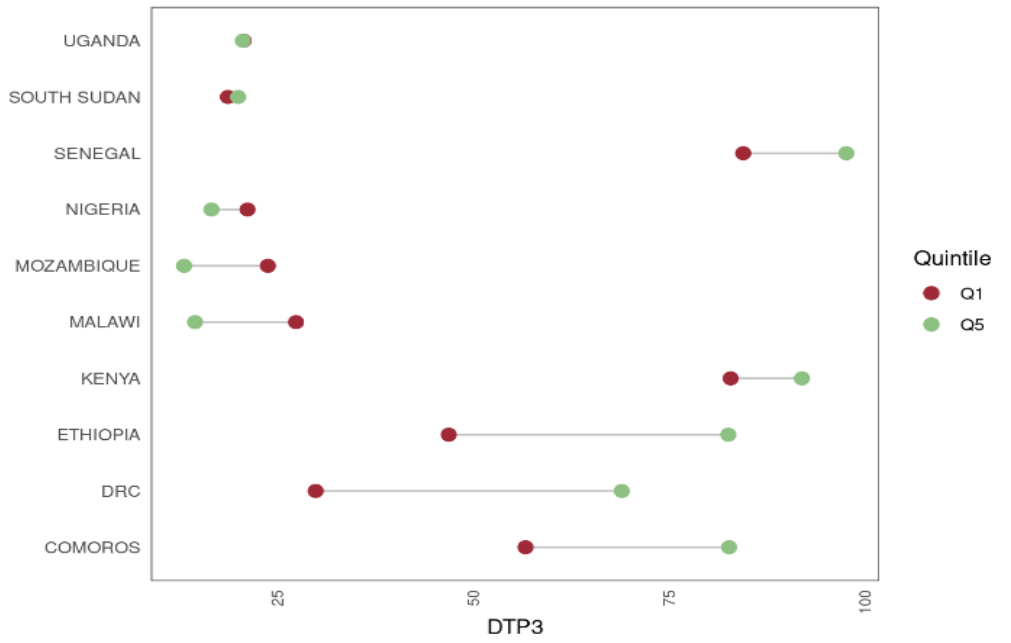
Highlights

- Coverage was highest in Kenya, Comoros, Uganda, Malawi and Senegal.
- Coverage was lowest in conflict affected regions i.e., Nigeria, Ethiopia, DRC and South Sudan.
- Coverage was generally higher in vaccines given before 6 months- BCG, DTP 1
- MCV 2 not consistent in all countries; newly introduced in most countries.

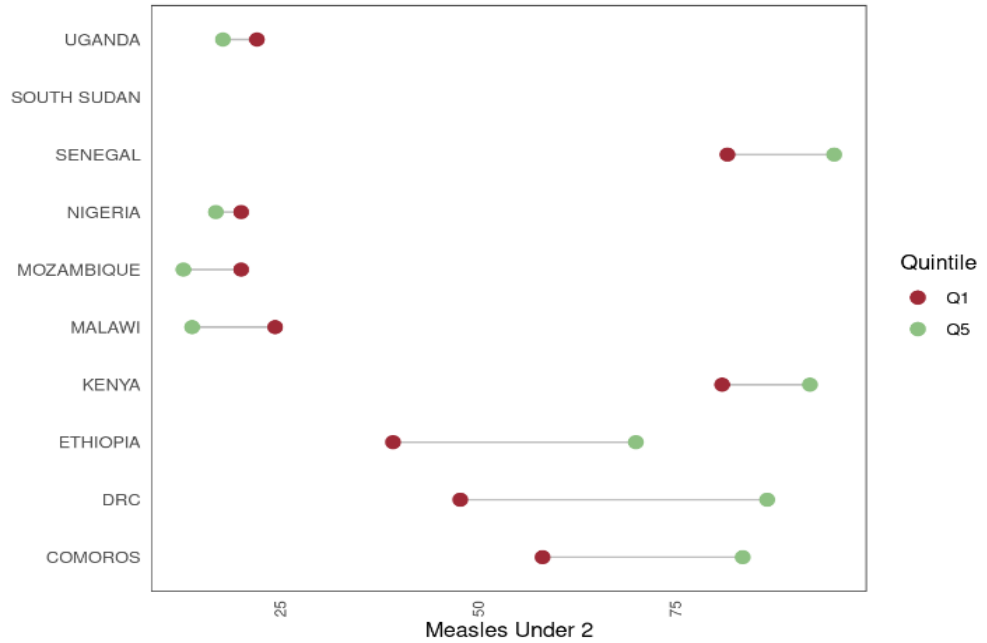
Immunization Context

Income related disparities in coverage of immunization services persist.

DTP 3 Coverage Trends



MCV 2 Coverage Trends



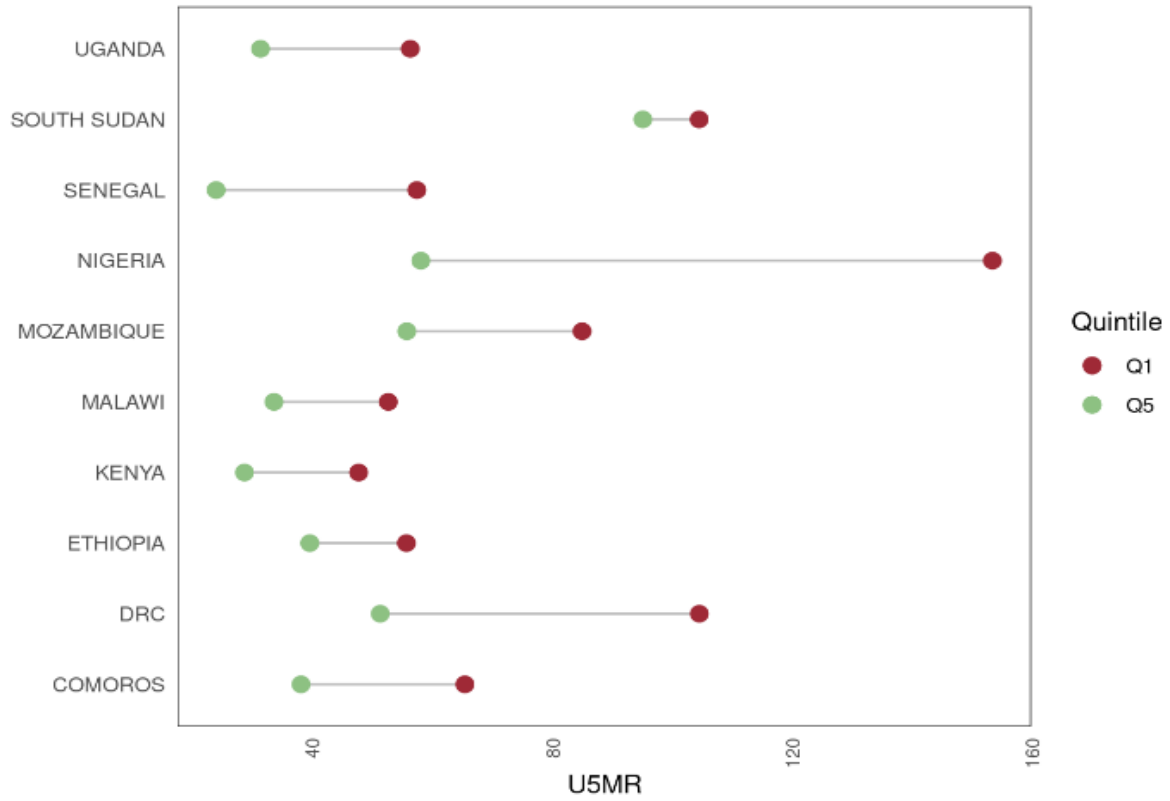
- Inequalities in DTP3/ MCV 2 coverage were highest in DRC, Ethiopia and Comoros; and least in Uganda and South Sudan.
- DTP 3 coverage was highest in Senegal and Kenya in both quintiles, and lowest in South Sudan, Uganda and Nigeria.

- Most countries with low coverage (Nigeria, Mozambique, Uganda and Malawi), the richest group had the lowest coverage, while in most countries with higher coverage, the poorest populations had the lowest coverage.

Immunization Context

Income related disparities in health outcomes persist.

Equity in U5MR



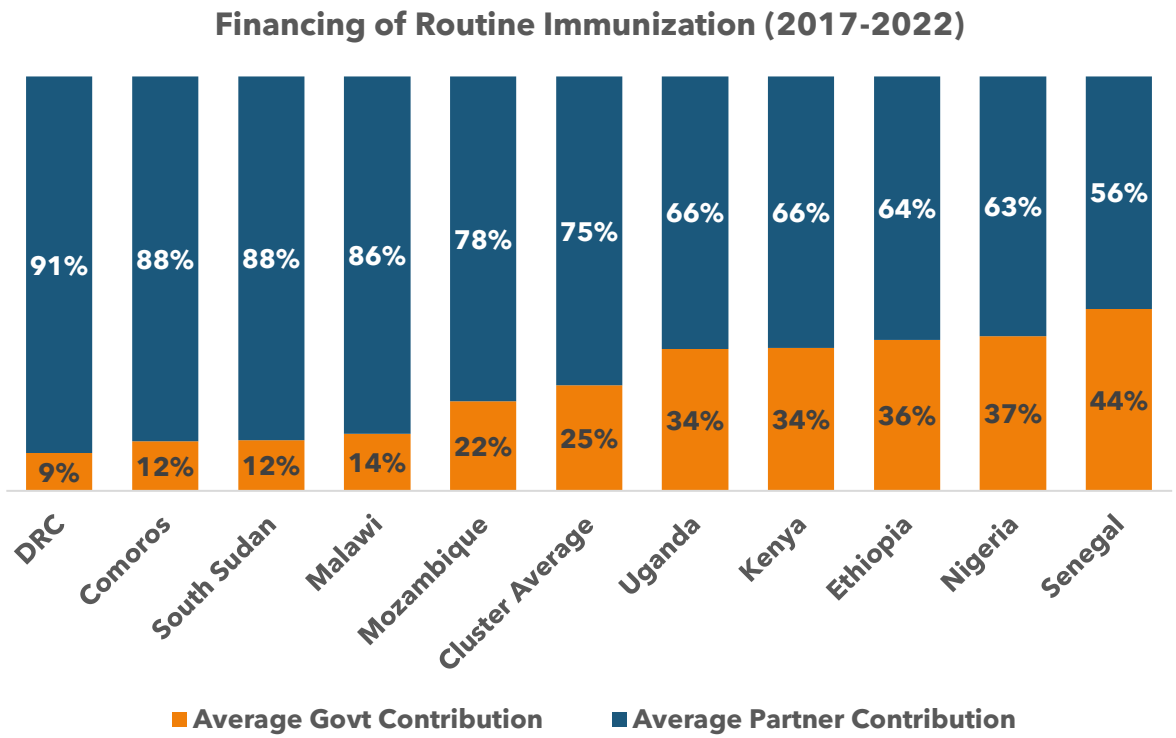
Highlights

- Disparities in under-five mortality between the richest and poorest groups was highest in Nigeria and DRC, and lowest in South Sudan and Ethiopia.
- The lowest under five mortality rate (<40) was recorded among the richest group in Senegal and Kenya, while the highest was noted among the poorest group in Nigeria (>150).

Immunization Financing

Significant donor dependence in immunization financing within this cluster.

Immunization Financing Sources



Highlights

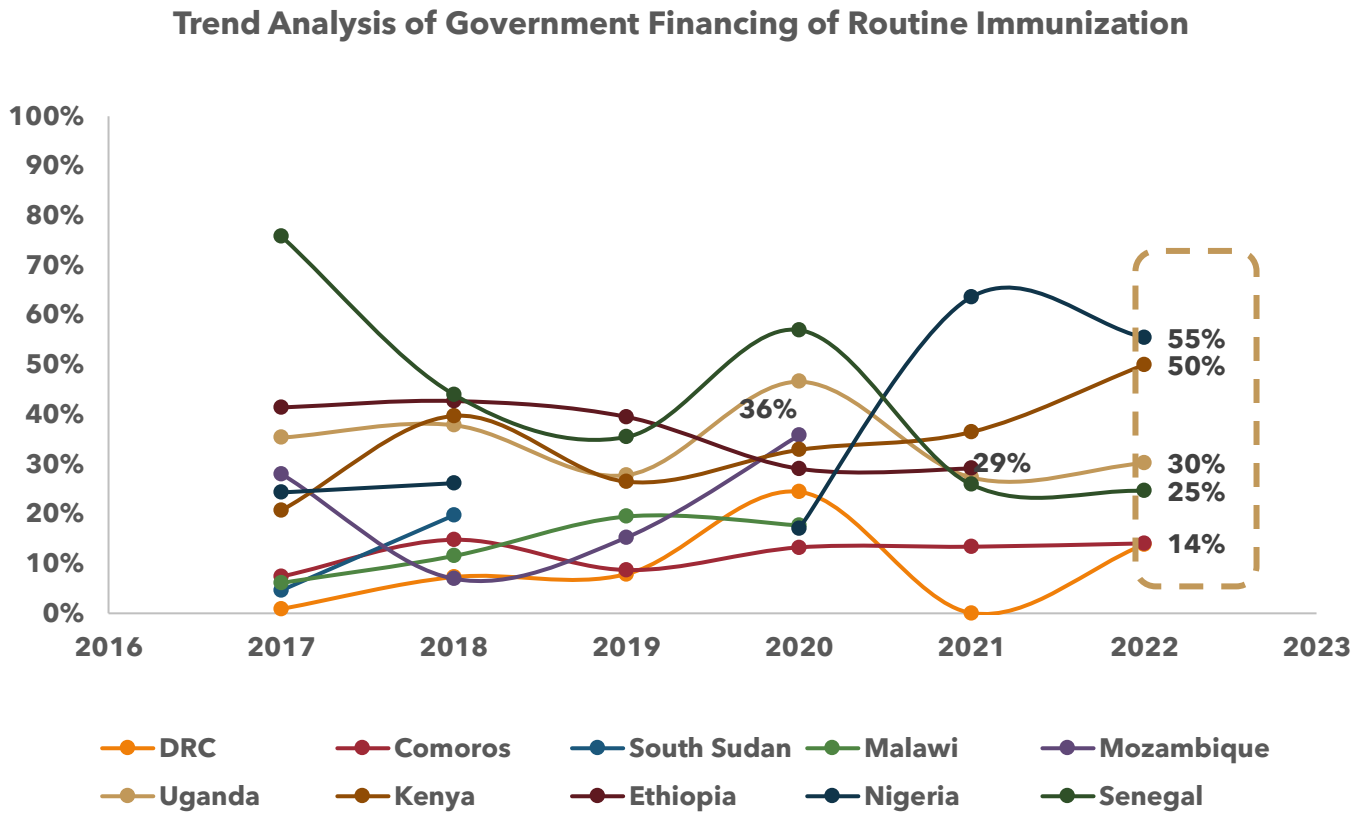
- **Government funding accounted for about 25% of all immunization financing** within this cluster hence high donor dependency.
- Senegal had the highest relative government contribution (44%) while DRC (9%), Comoros (12%) and South Sudan (12%) had the least government contribution to immunization financing
- While donors vary across the countries, **GAVI, WHO, and UNICEF were the most consistent and declared donor sources.**
- **Private sector contributions were not visible** within the existing CMYPs*.

*CMYPs: Country Multi-Year Plans

Immunization Financing

Significant donor dependence in immunization financing within this cluster.

Immunization Financing Trends



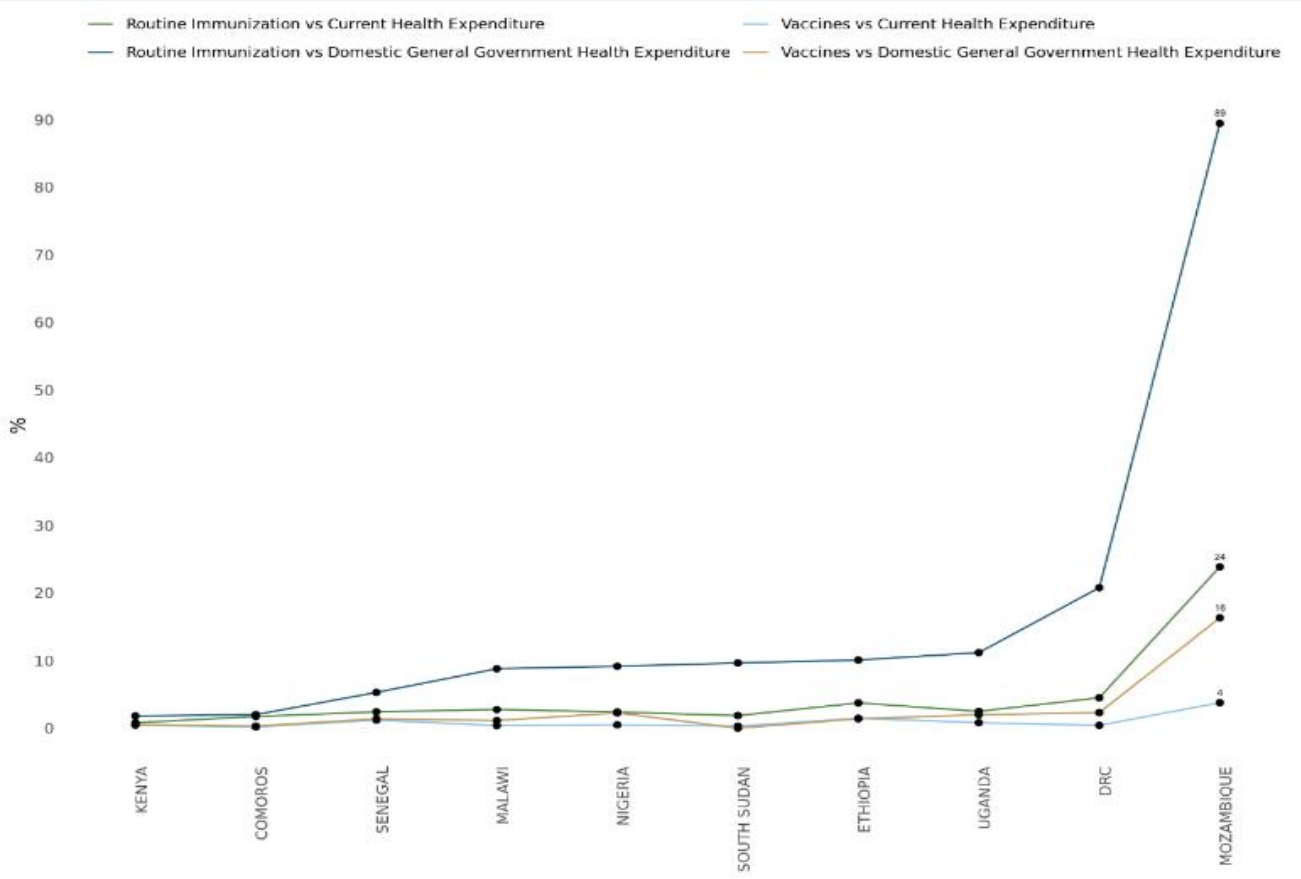
Highlights

- In 2022, Nigeria and Kenya had the highest government financing to Routine Immunization accounting for 55% and 50% respectively, while Comoros had the least government financing at 14%

Immunization Financing

Low Prioritization of immunization financing within this cluster.

Immunization Financing Trends



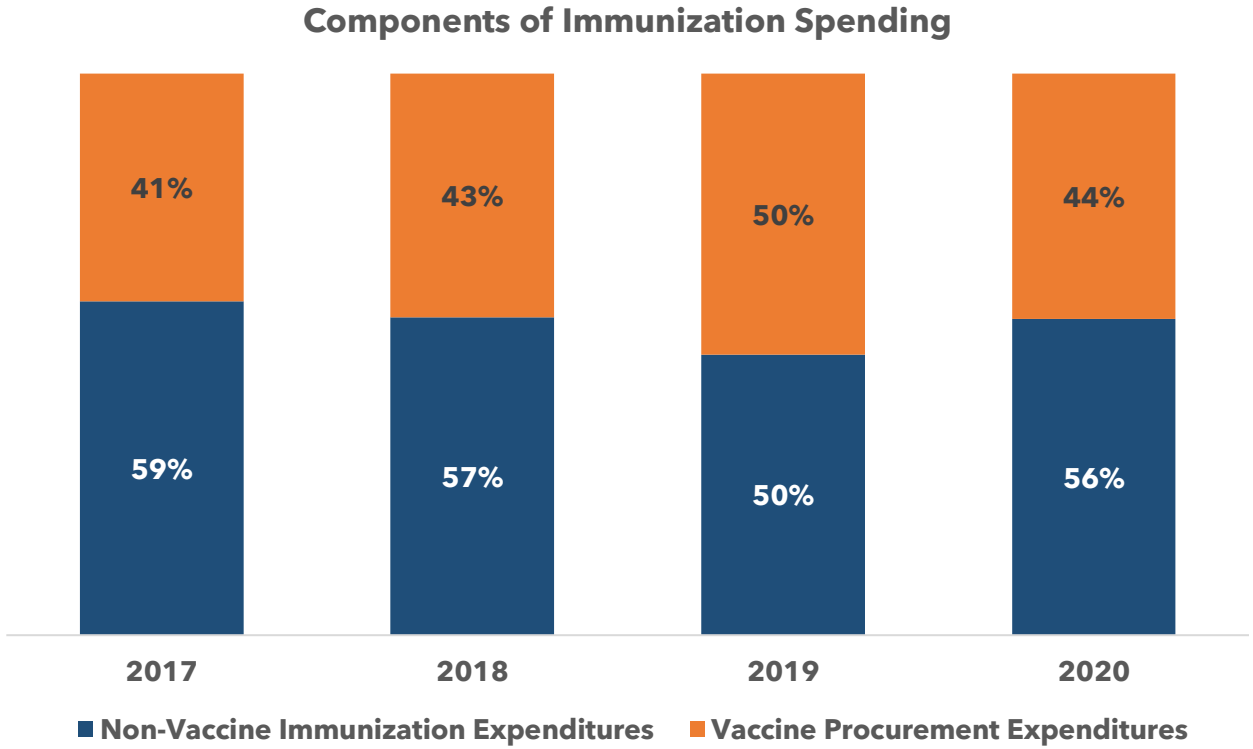
Highlights

- The spending on **routine immunisation** services accounted for **less than 5%** of all the spending within the health sector and **less than 10%** of government spending on health.
- The spending on **vaccines** accounted for **less than 1%** of all the spending within the health sector and **less than 3%** of all the government spending on health

Immunization Financing

Low Prioritization of immunization financing within this cluster.

Immunization Financing Trends



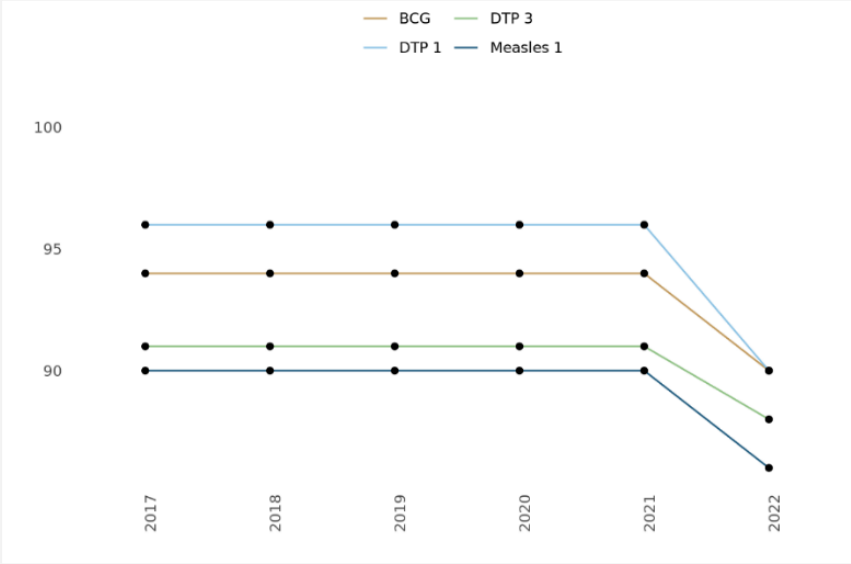
Highlights

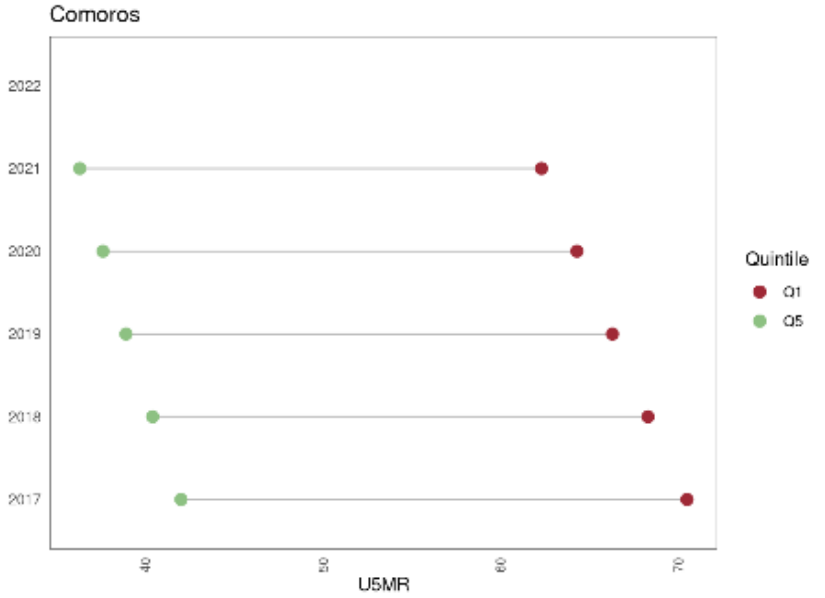
- Procurement of vaccines alone consumed a large share of immunisation spending as it ranged between 41% and 50%.
- Efficiencies within the procurement and vaccine delivery systems can unlock more resources

Country Profiles

COUNTRY PROFILE: COMOROS

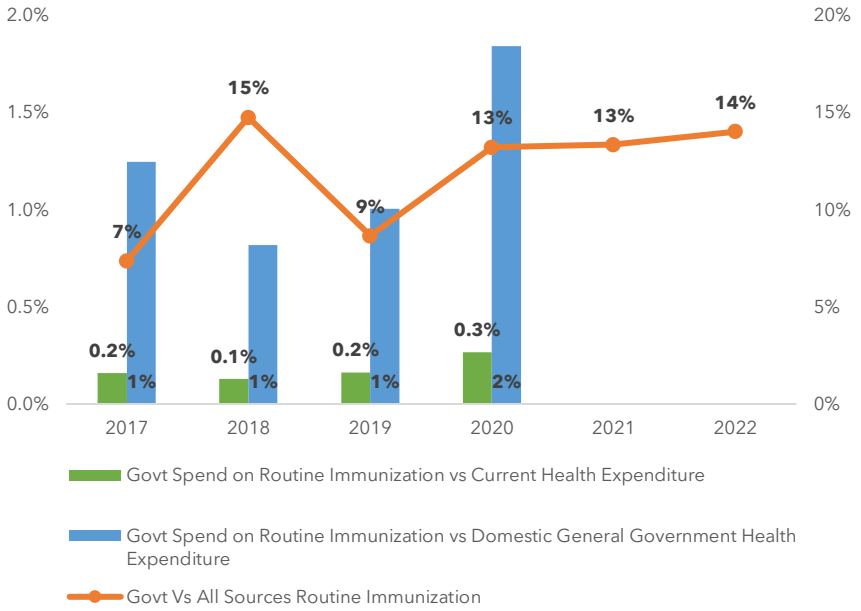
Immunization Coverage in Comoros



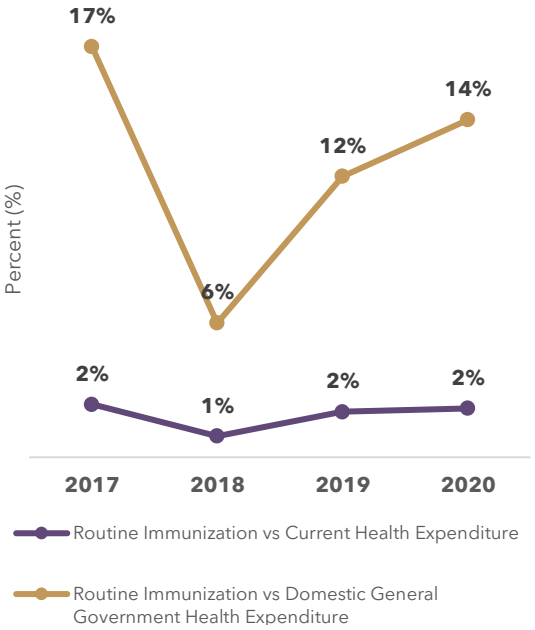


The declining immunization coverage, and high inequality in child health outcomes necessitate intentional equity enhancing approaches to increase and sustain access to the essential vaccines and child health services in Comoros.

Government Prioritization of Immunization Services

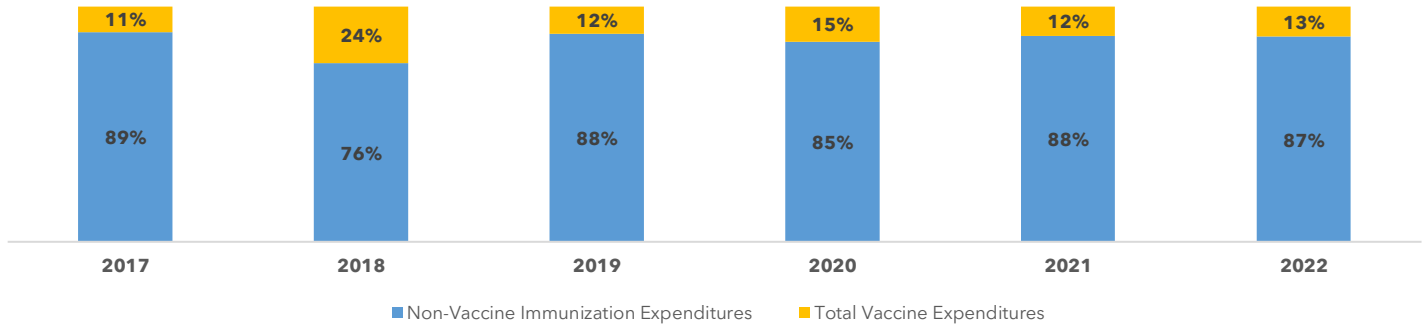


Immunization Prioritization in Comoros



There is significant donor dependence for immunization financing in Comoros; Government's contribution to immunization increased marginally from **7% to 14%. Routine Immunization** accounted for between **1% and 2%** of the Current Health Expenditure; and between **6% and 17%** of the Domestic General Government Health Expenditures. This threatens sustainability of immunization services.

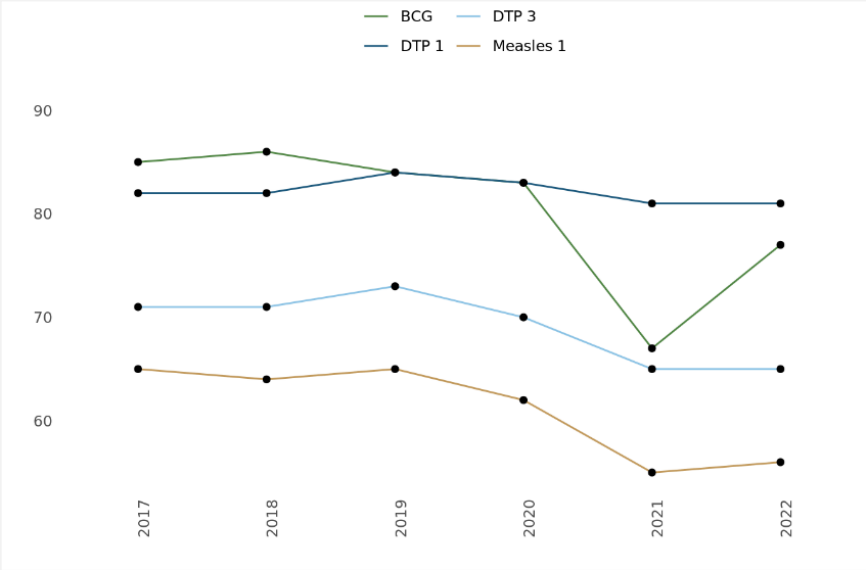
Components of Immunization Spending in Comoros

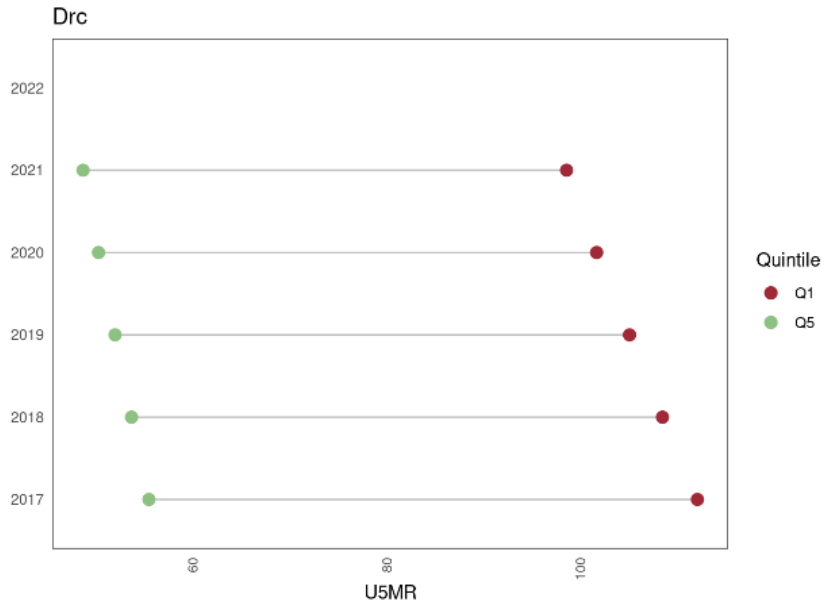


Procurement of vaccines accounted for between **11% and 24%** of the immunization expenditures. Improving efficiencies in vaccine delivery bears significant potential in maximizing value for immunization investments as the country prepares for transition.

COUNTRY PROFILE: D.R. CONGO

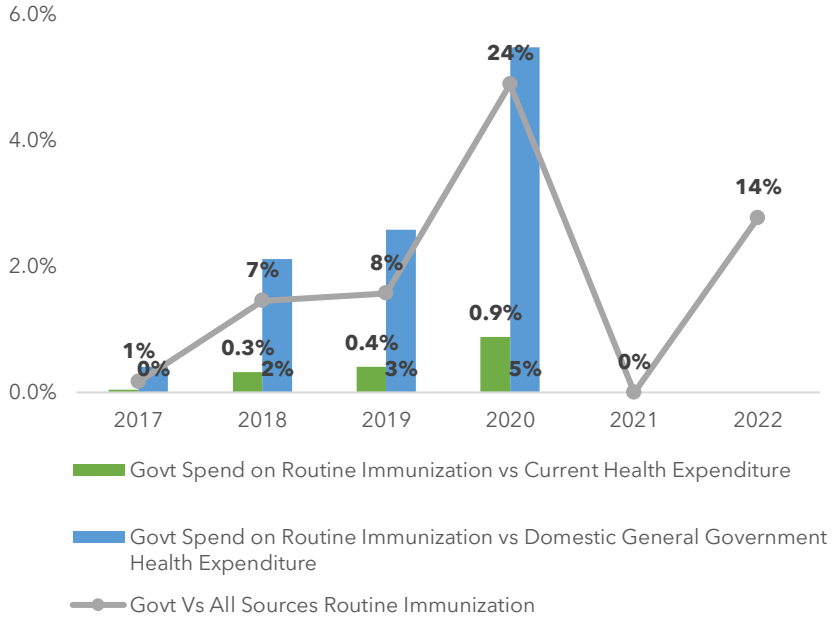
Immunization Coverage in DRC



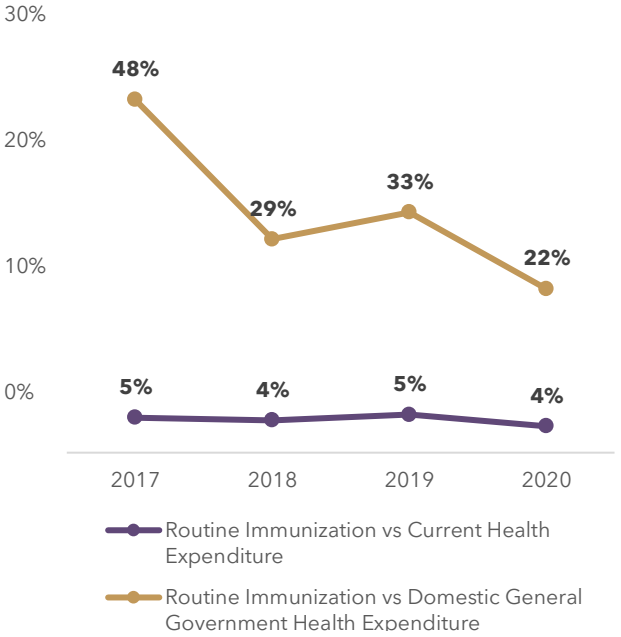


The low and declining immunization coverage (<90%), and high inequality in child health outcomes necessitate intentional equity enhancing approaches to increase and sustain access to the essential vaccines and child health services in DRC.

Government Prioritization of Immunization Services

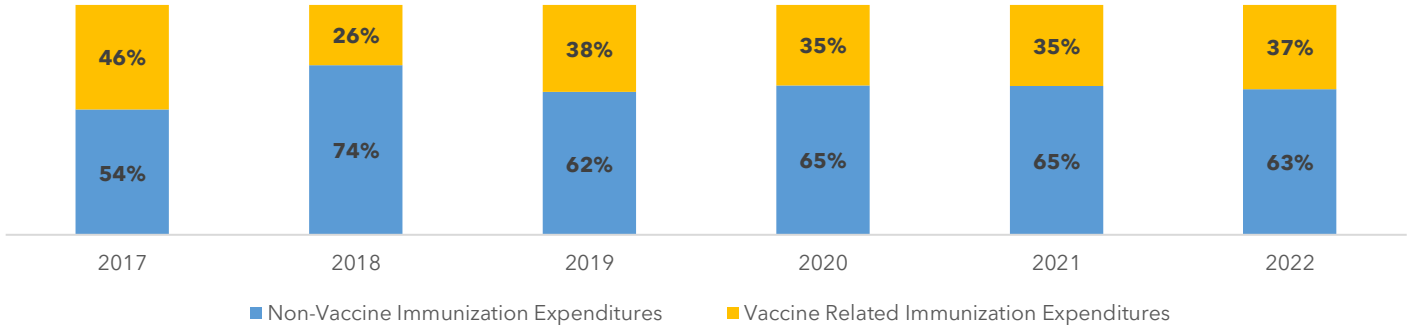


Immunization Prioritization in DRC



There is significant donor dependence for immunization financing in Comoros; Government's contribution to immunization was below **24%. Routine Immunization** accounted for **between 4% and 5%** of the Current Health Expenditure; and between **22% and 48%** of the Domestic General Government Health Expenditures. This threatens sustainability of immunization services.

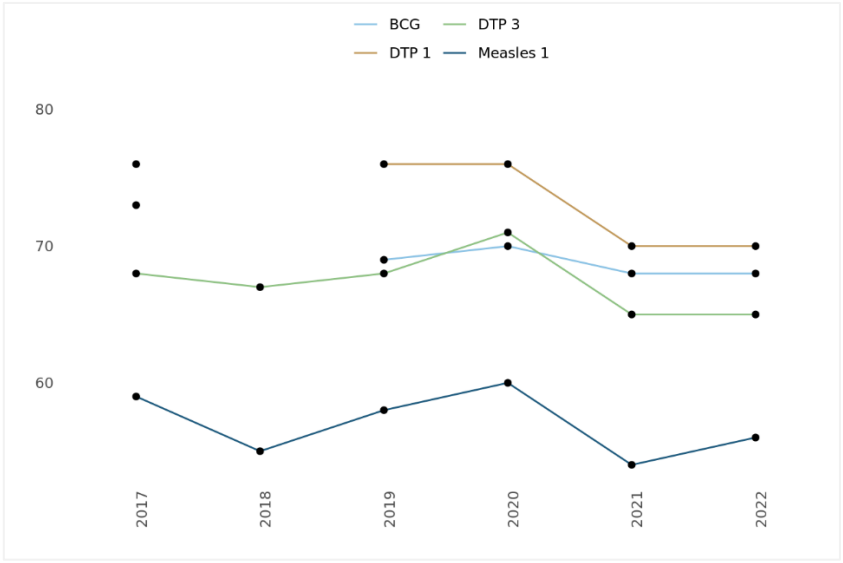
Components of Immunization Spending in DRC

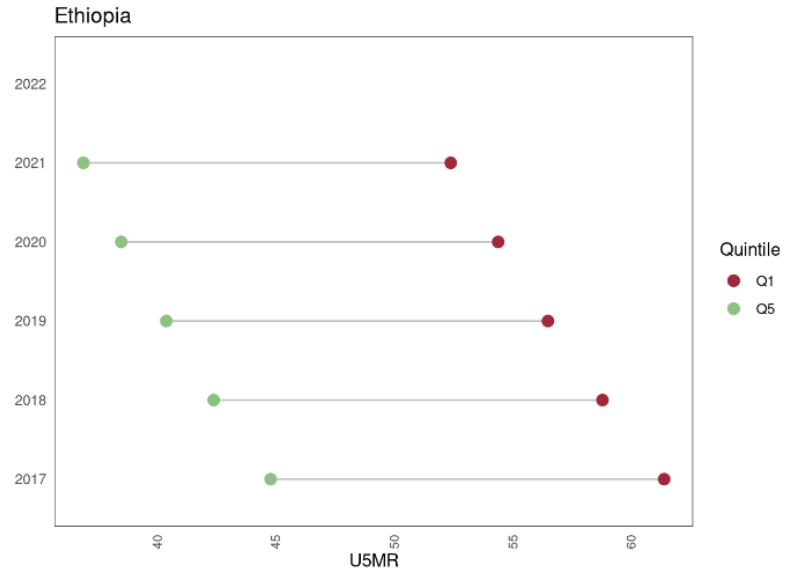


Procurement of vaccines accounted for between **26% and 46%** of the immunization expenditures. Improving efficiencies in vaccine delivery bears significant potential in maximizing value for immunization investments as the country prepares for transition.

COUNTRY PROFILE: ETHIOPIA

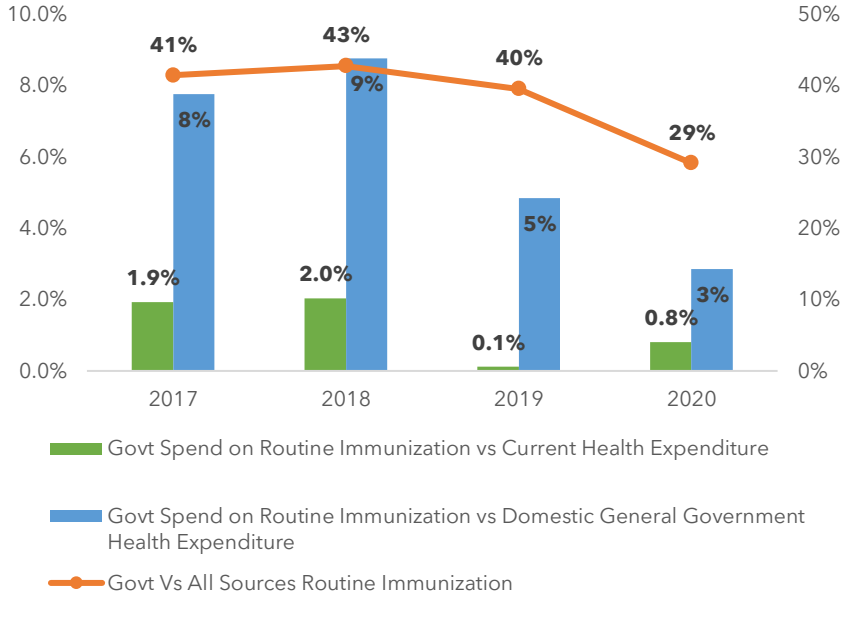
Immunization Coverage in Ethiopia



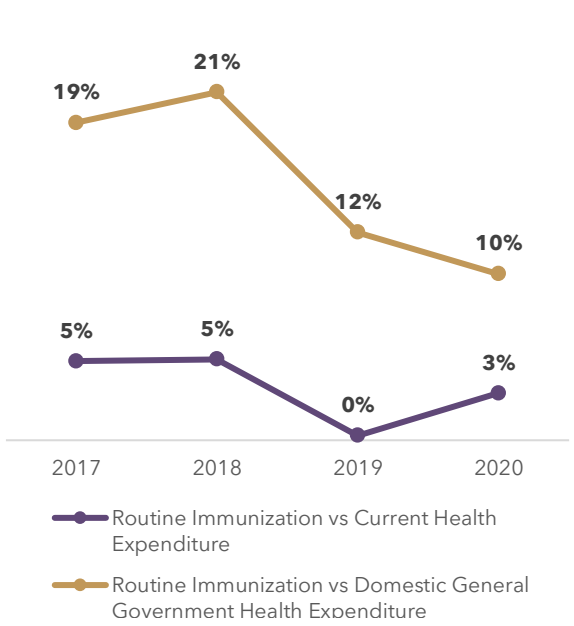


The low immunization coverage (<90%), and high inequality in child health outcomes necessitate intentional equity enhancing approaches to increase and sustain access to the essential vaccines and child health services in Ethiopia.

Government Prioritization of Immunization Services

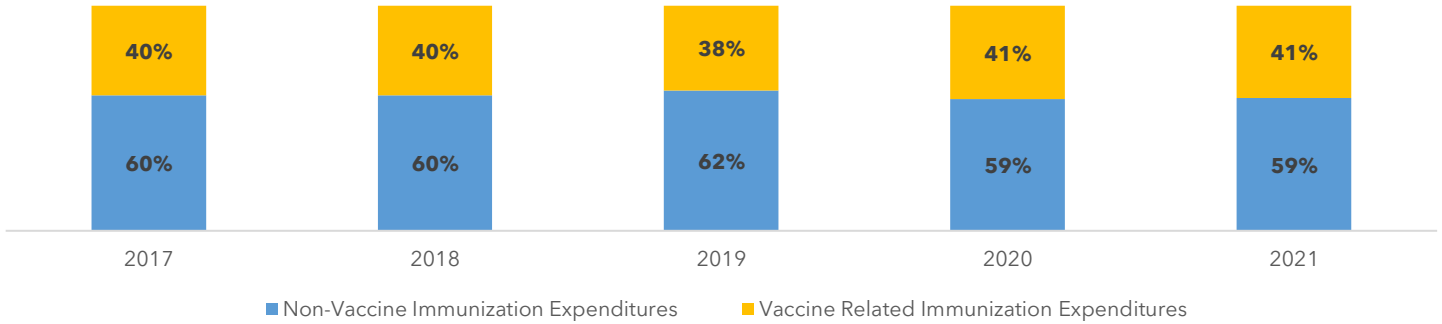


Immunization Prioritization in Ethiopia



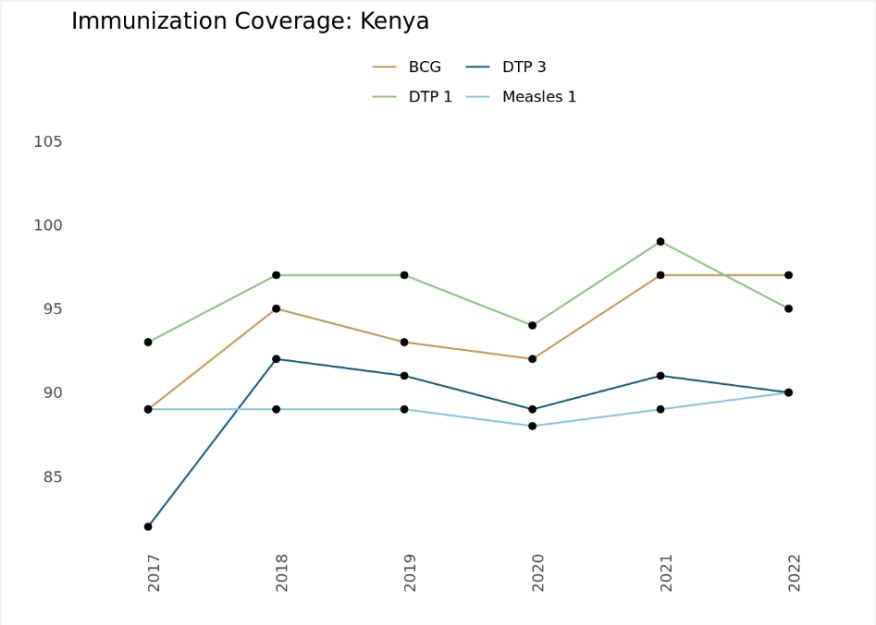
There is significant donor dependence for immunization financing in Comoros; Government's contribution to immunization declined from **41% to 29%. Routine Immunization** accounted for less than **5%** of the Current Health Expenditure; and between **10% and 21%** of the Domestic General Government Health Expenditures. This threatens sustainability of immunization services.

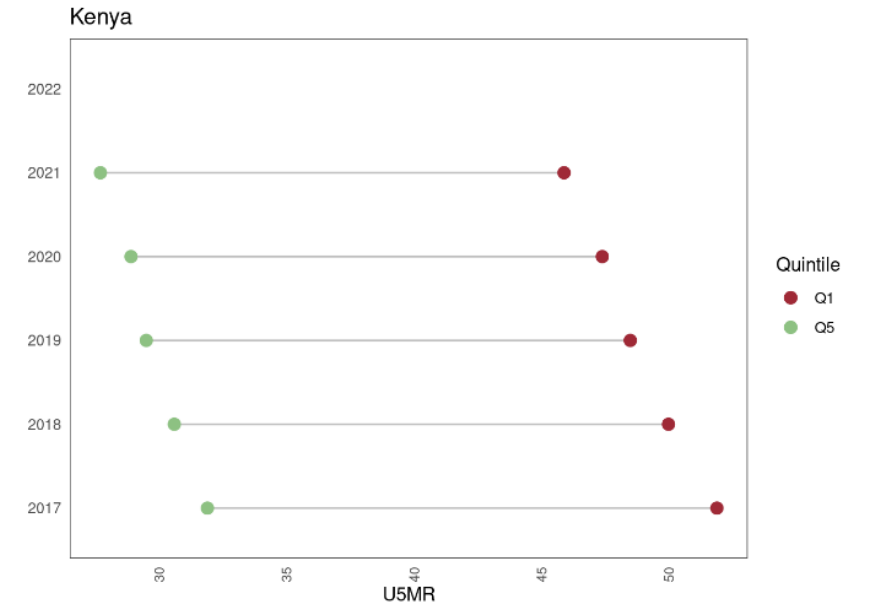
Components of Immunization Spending in Ethiopia



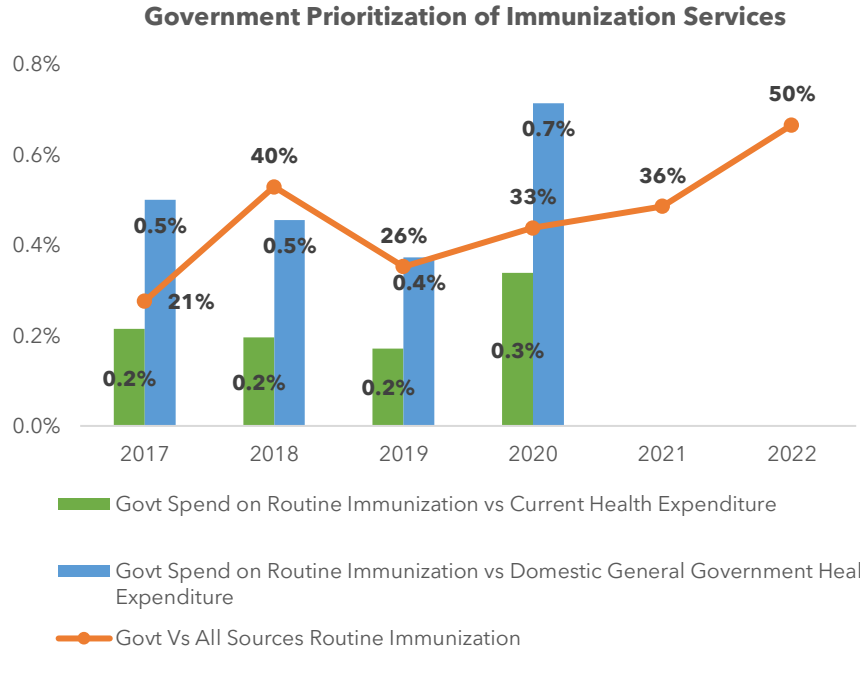
Procurement of vaccines accounted for between **38% and 41%** of the immunization expenditures. Improving efficiencies in vaccine delivery bears significant potential in maximizing value for immunization investments as the country prepares for transition.

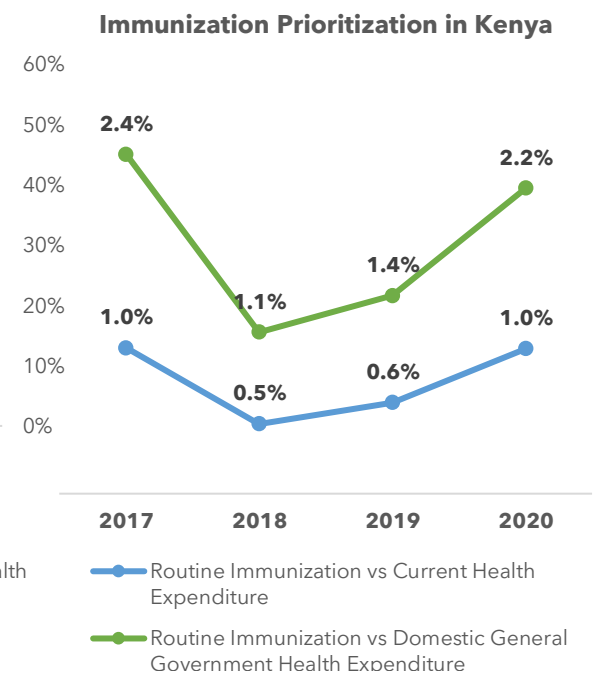
COUNTRY PROFILE: KENYA



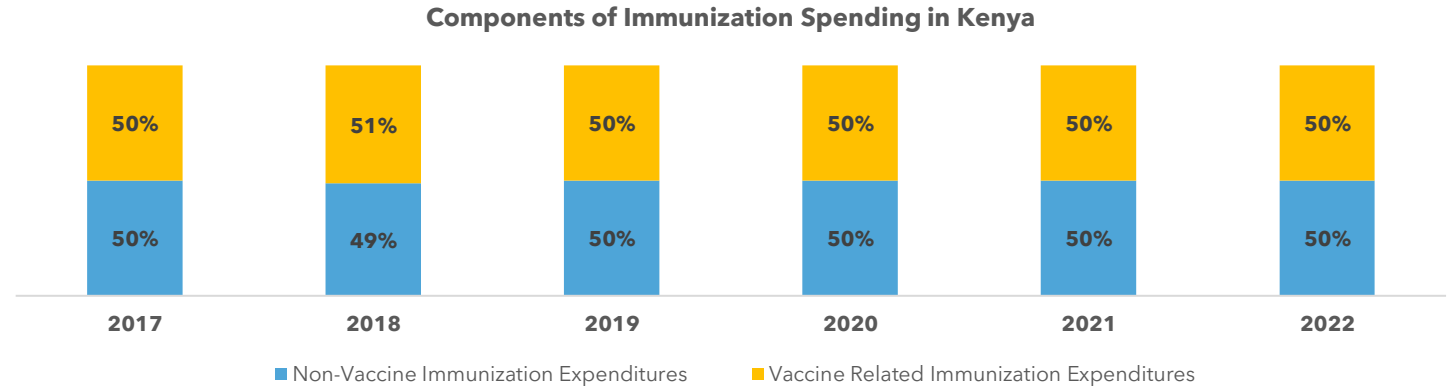


Despite the high immunization coverage, the high inequality in child health outcomes necessitate intentional equity enhancing approaches to increase and sustain access to the essential vaccines and child health services in Kenya.





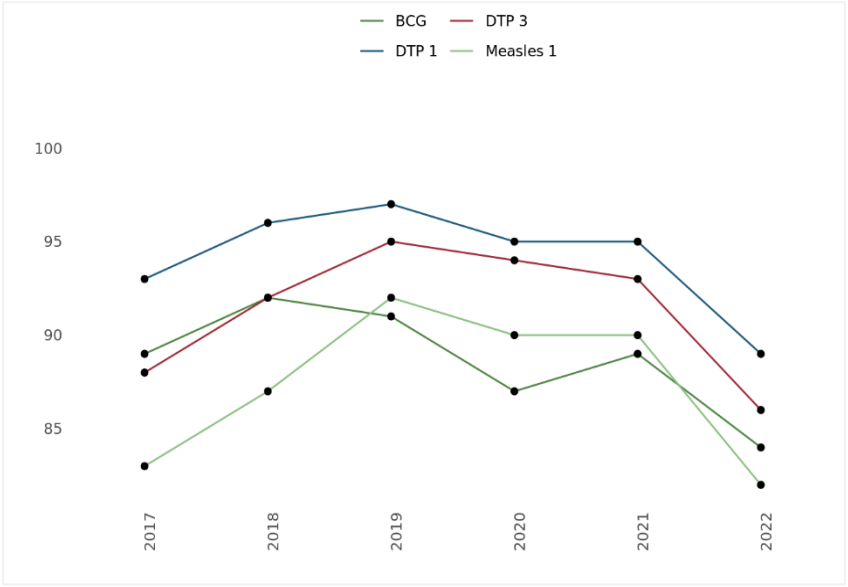
There is significant donor dependence for immunization financing in Kenya; Government's contribution to immunization more than doubled from **21% to 50%. Routine Immunization** accounted for between **0.5% and 1%** of the Current Health Expenditure; and between **1% and 2%** of the Domestic General Government Health Expenditures. This threatens sustainability of immunization services.

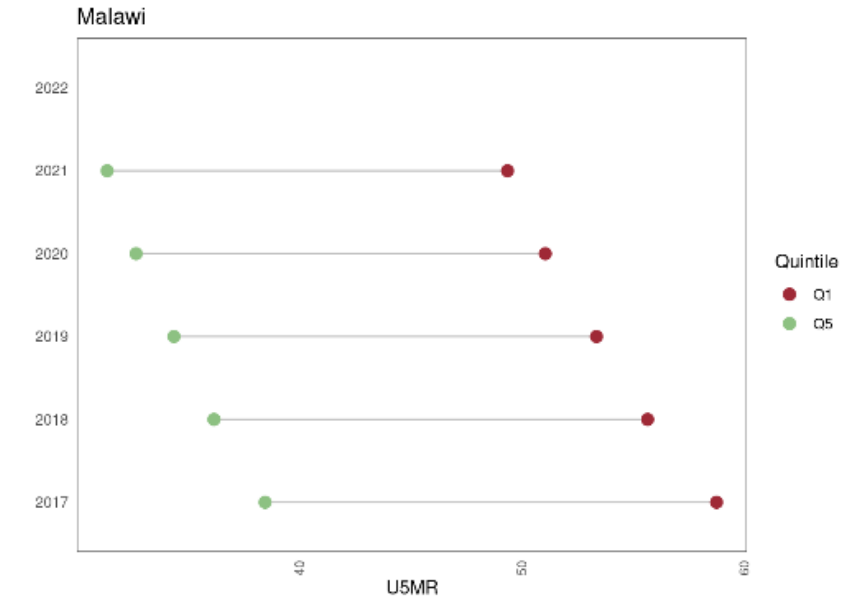


Procurement of vaccines accounted for between **half** of the immunization expenditures. Improving efficiencies in vaccine delivery bears significant potential in maximizing value for immunization investments as the country prepares for transition.

COUNTRY PROFILE: MALAWI

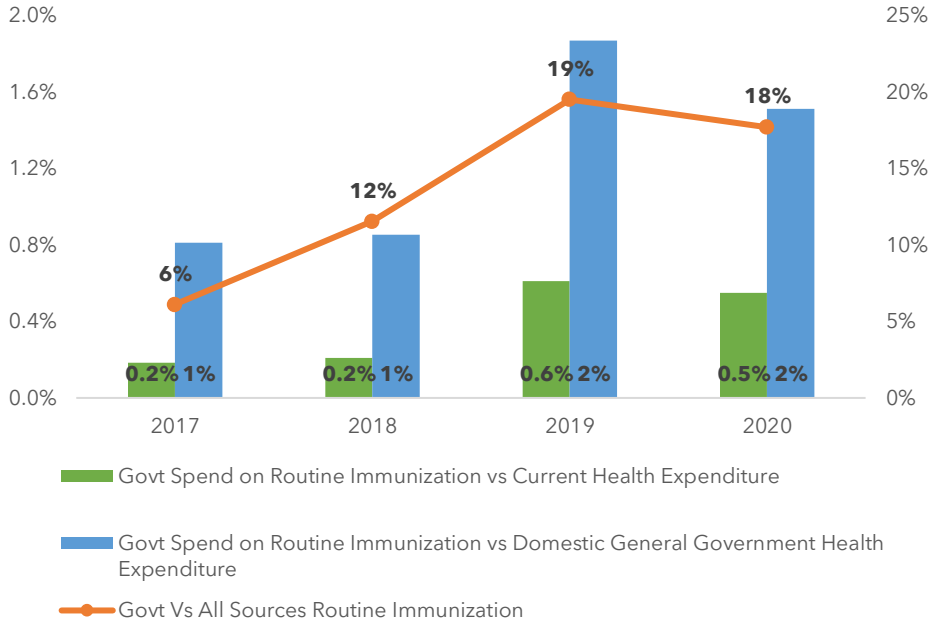
Immunization Coverage in Malawi



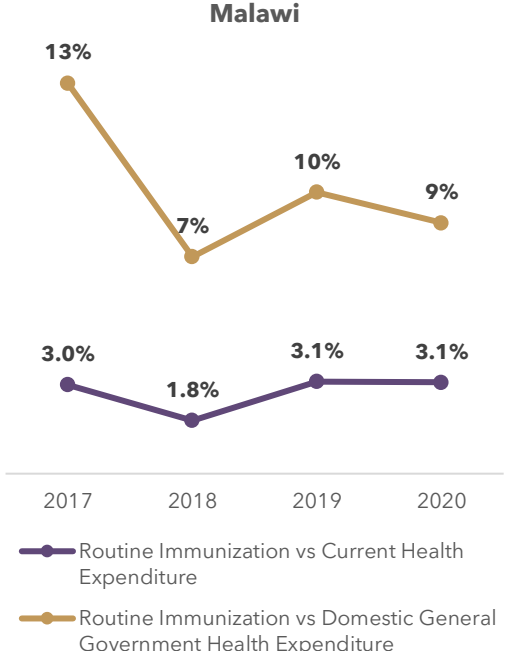


The declining immunization coverage, and high inequality in child health outcomes necessitate intentional equity enhancing approaches to increase and sustain access to the essential vaccines and child health services in Malawi.

Government Prioritization of Immunization Services

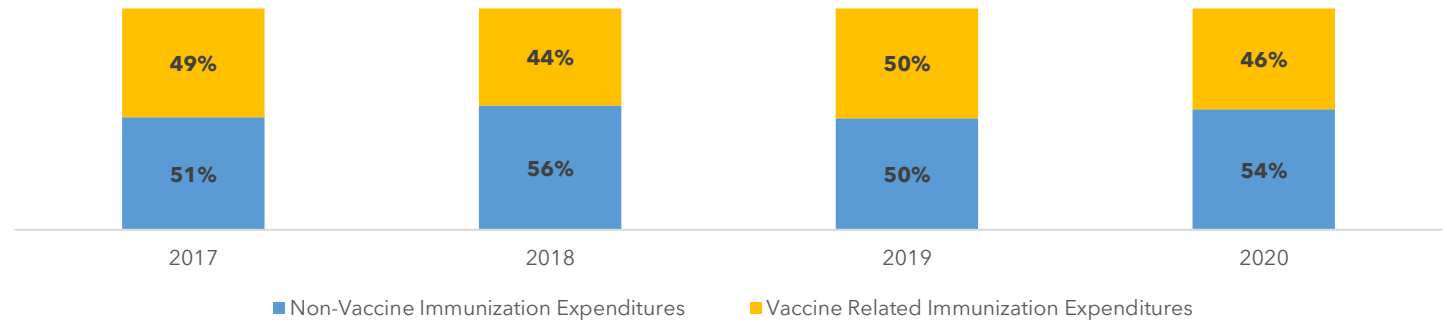


Immunization Prioritization in Malawi



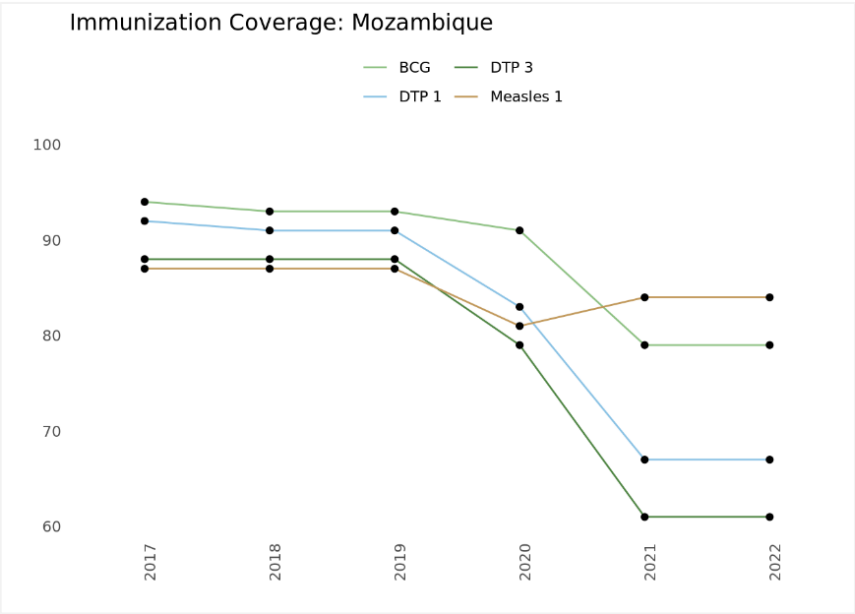
There is significant donor dependence for immunization financing in Malawi; Government's contribution to immunization declined marginally from **13% to 9%. Routine Immunization** accounted for between **2% and 3%** of the Current Health Expenditure; and between **7% and 13%** of the Domestic General Government Health Expenditures. This threatens sustainability of immunization services.

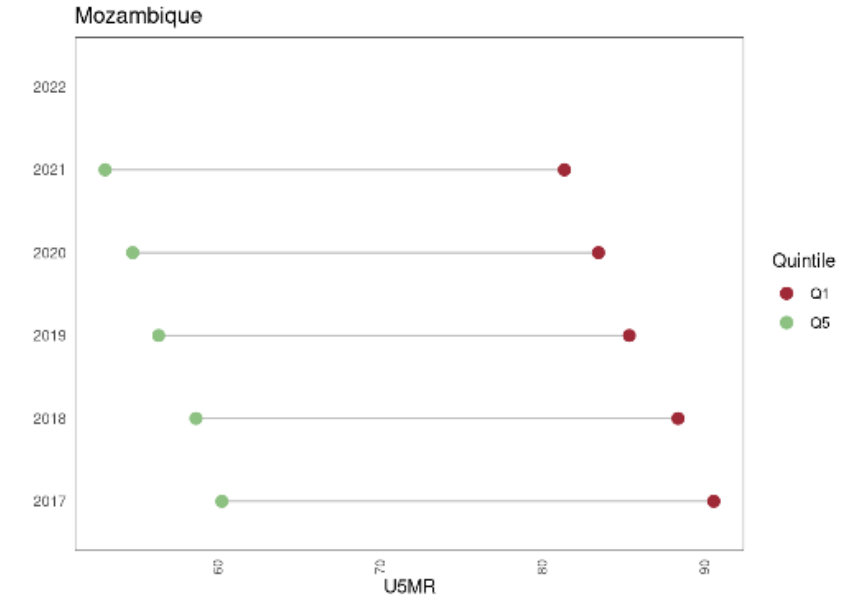
Components of Immunization Spending in Malawi



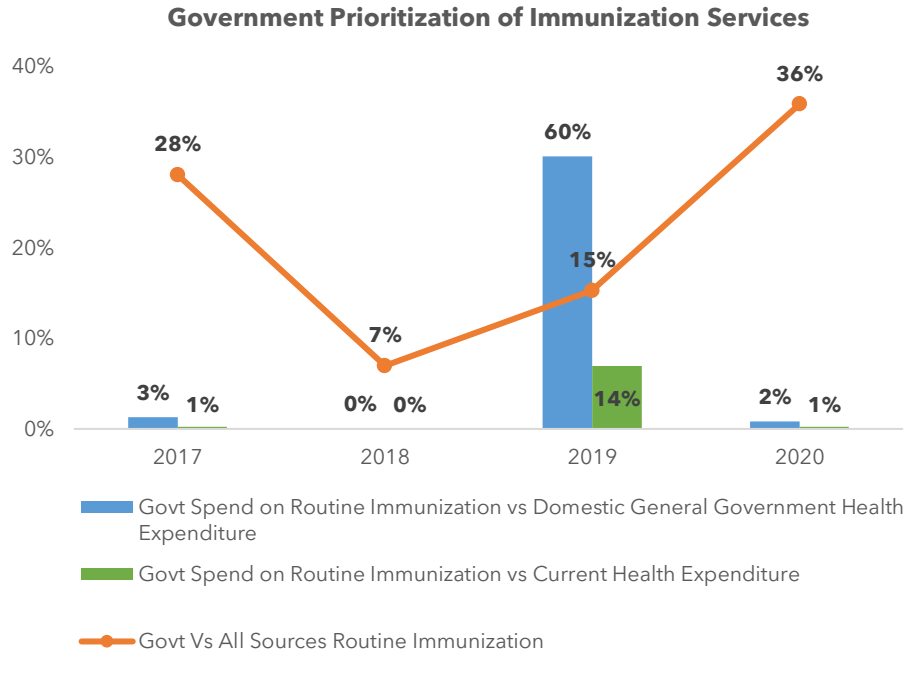
Procurement of vaccines accounted for between **44% and 50%** of the immunization expenditures. Improving efficiencies in vaccine delivery bears significant potential in maximizing value for immunization investments as the country prepares for transition.

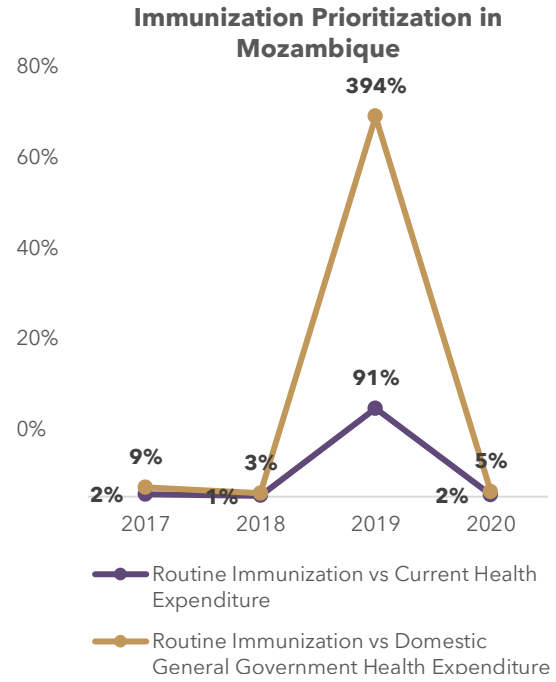
COUNTRY PROFILE: MOZAMBIQUE



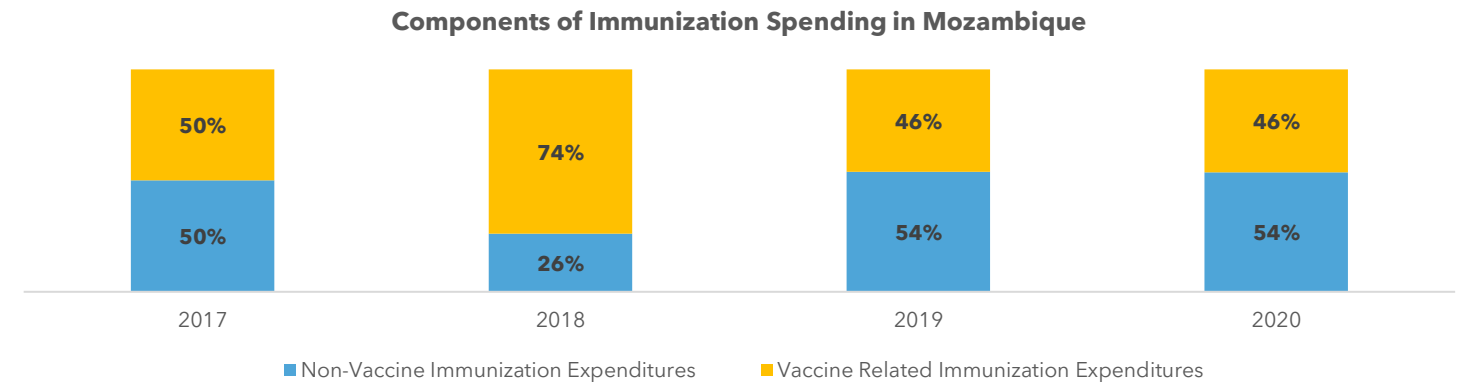


The declining immunization coverage, and high inequality in child health outcomes necessitate intentional equity enhancing approaches to increase and sustain access to the essential vaccines and child health services in Mozambique.



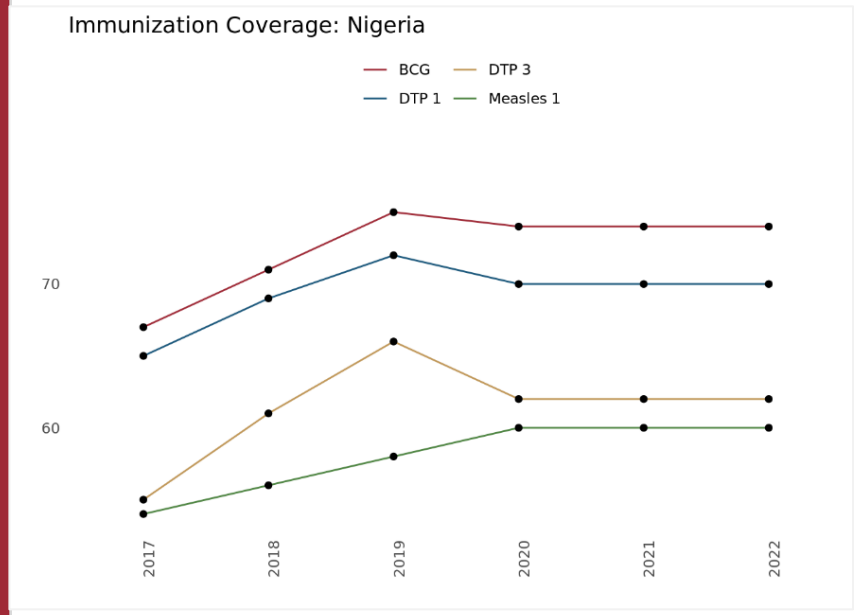


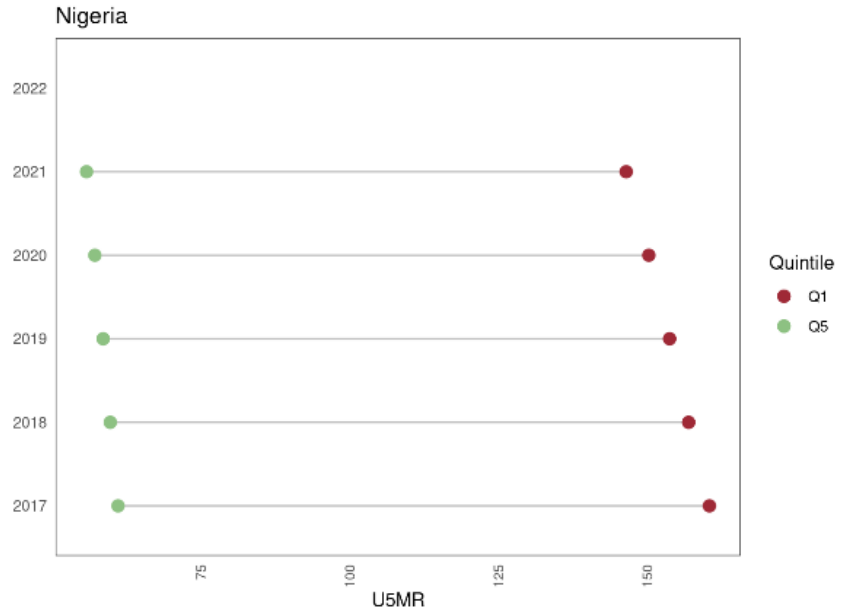
There is significant donor dependence for immunization financing in Mozambique; Government's contribution to immunization ranged between from **7% to 36%. Routine Immunization** accounted for between **1% and 91%** of the Current Health Expenditure; and between **3% and 400%** of the Domestic General Government Health Expenditures. This threatens sustainability of immunization services.



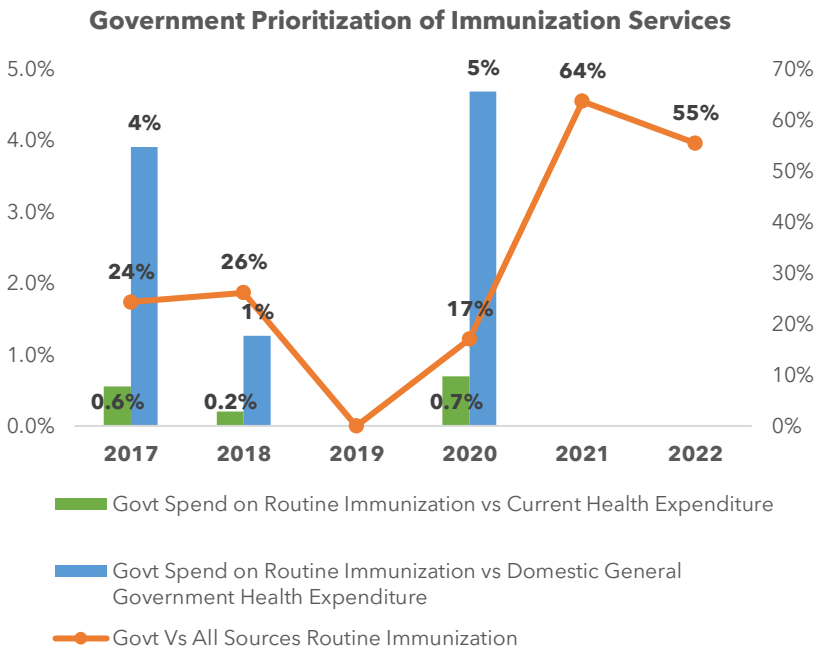
Procurement of vaccines accounted for between **46% and 74%** of the immunization expenditures. Improving efficiencies in vaccine delivery bears significant potential in maximizing value for immunization investments as the country prepares for transition.

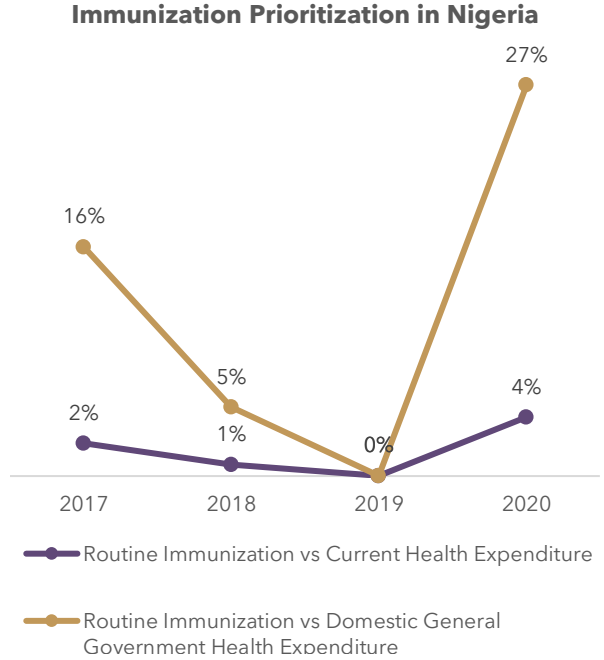
COUNTRY PROFILE: NIGERIA



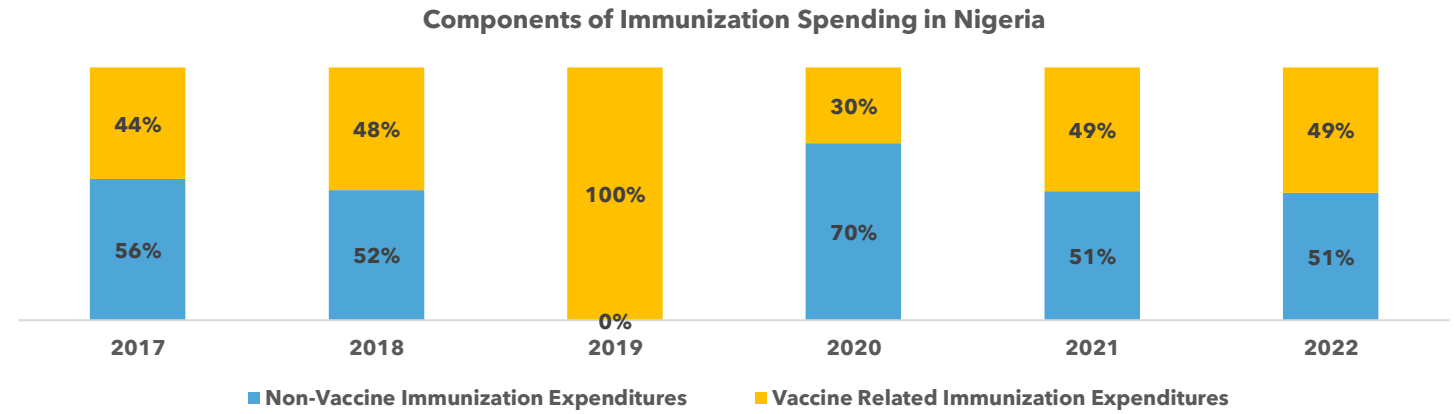


The low immunization coverage (<90%), and high inequality in child health outcomes necessitate intentional equity enhancing approaches to increase and sustain access to the essential vaccines and child health services in Nigeria.



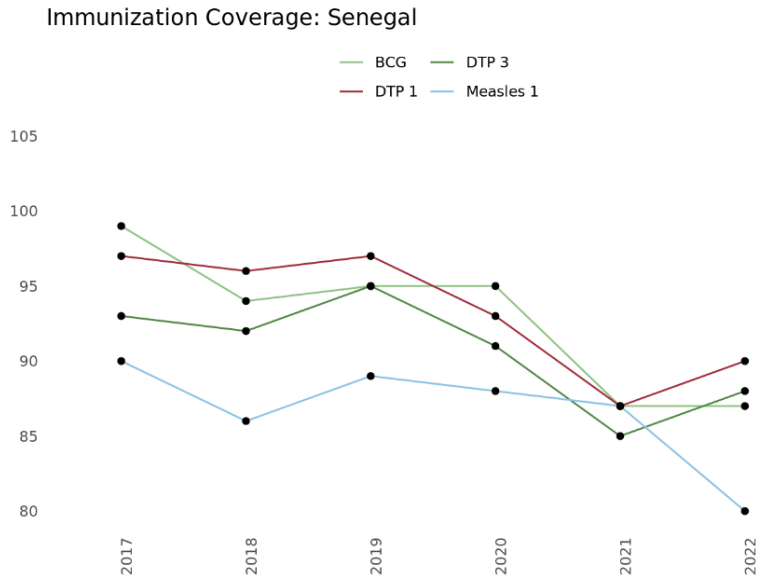


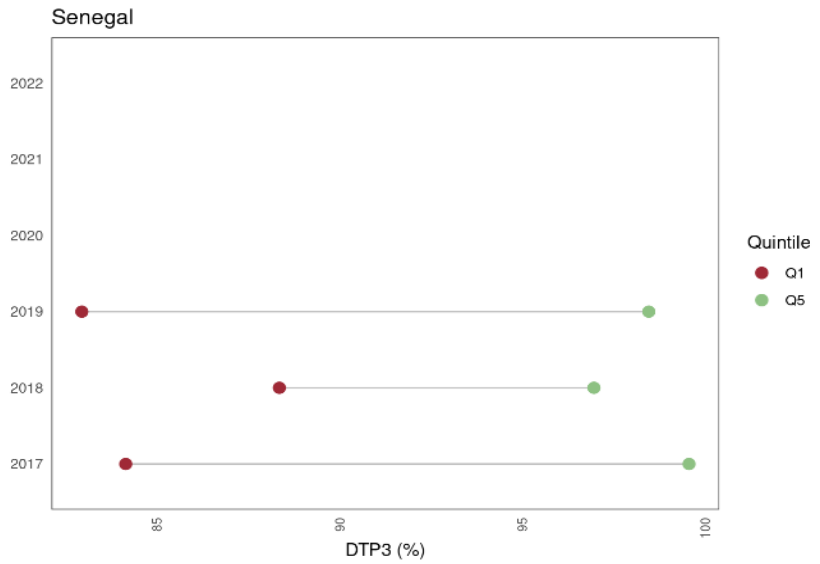
There is significant donor dependence for immunization financing in Senegal; Government's contribution to immunization increased from **24% to 55%. Routine Immunization** accounted for **between less than 1% and 4%** of the Current Health Expenditure; and between **5% and 27%** of the Domestic General Government Health Expenditures. This threatens sustainability of immunization services.



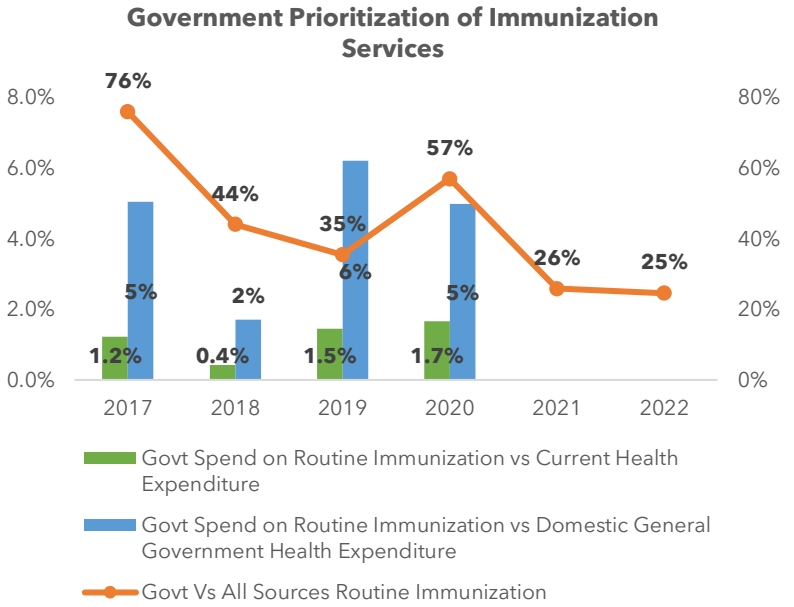
Procurement of vaccines accounted for between **30% and 49%** of the immunization expenditures. Improving efficiencies in vaccine delivery bears significant potential in maximizing value for immunization investments as the country prepares for transition.

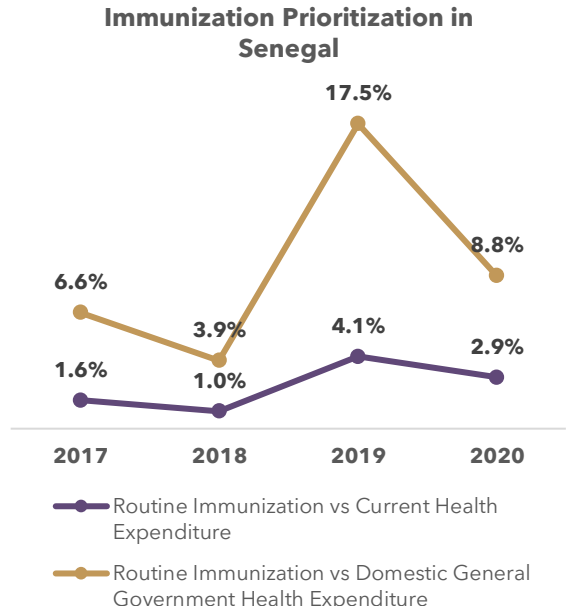
COUNTRY PROFILE: SENEGAL



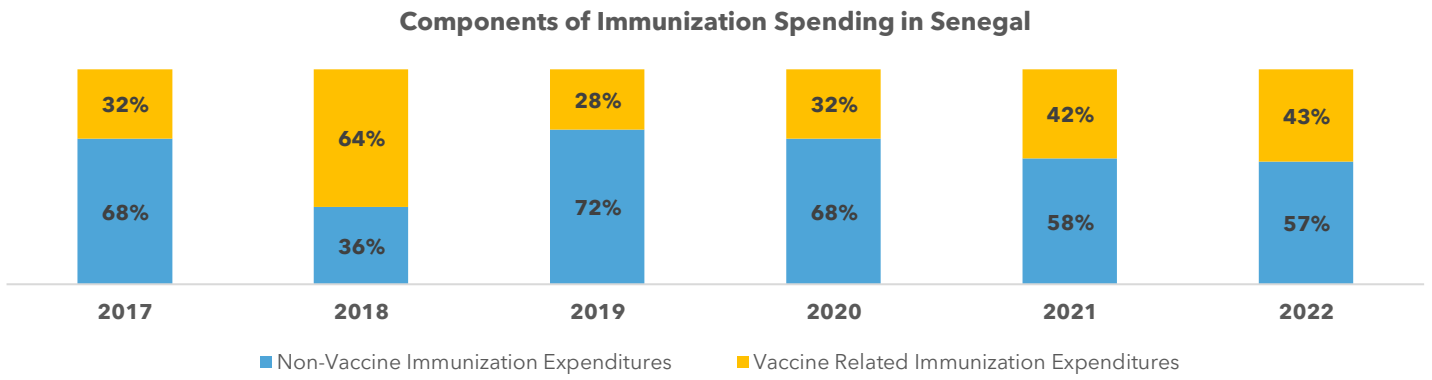


The declining immunization coverage, and rising inequality in coverage necessitate intentional equity enhancing approaches to increase and sustain access to the essential vaccines in Senegal.



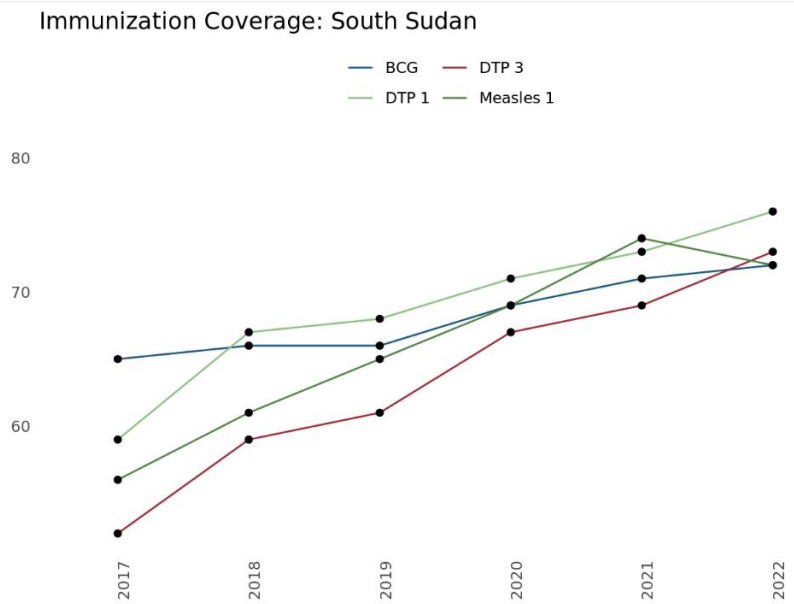


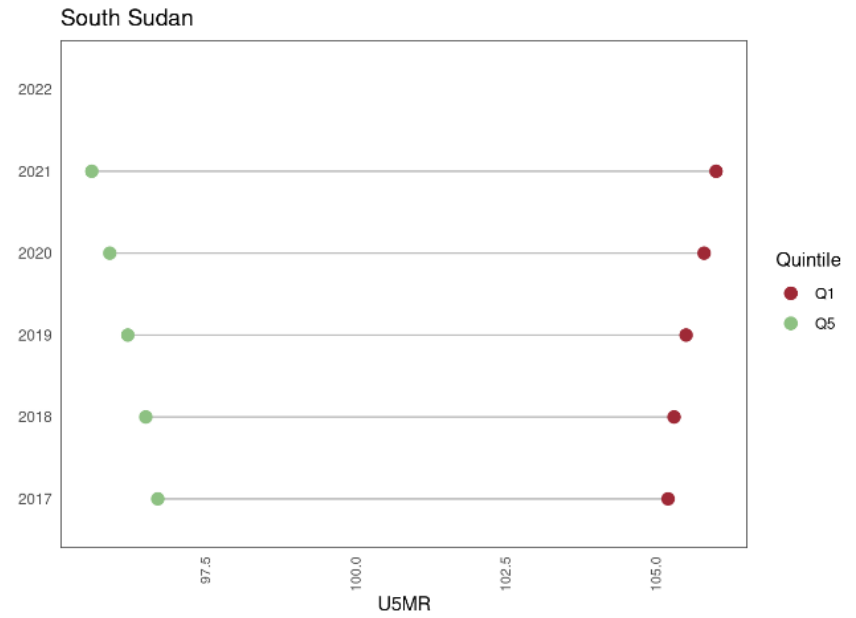
There is significant donor dependence for immunization financing in Senegal; Government's contribution to immunization declined from **76% to 25%. Routine Immunization** accounted for between **1% and 4%** of the Current Health Expenditure; and between **4% and 18%** of the Domestic General Government Health Expenditures. This threatens sustainability of immunization services.



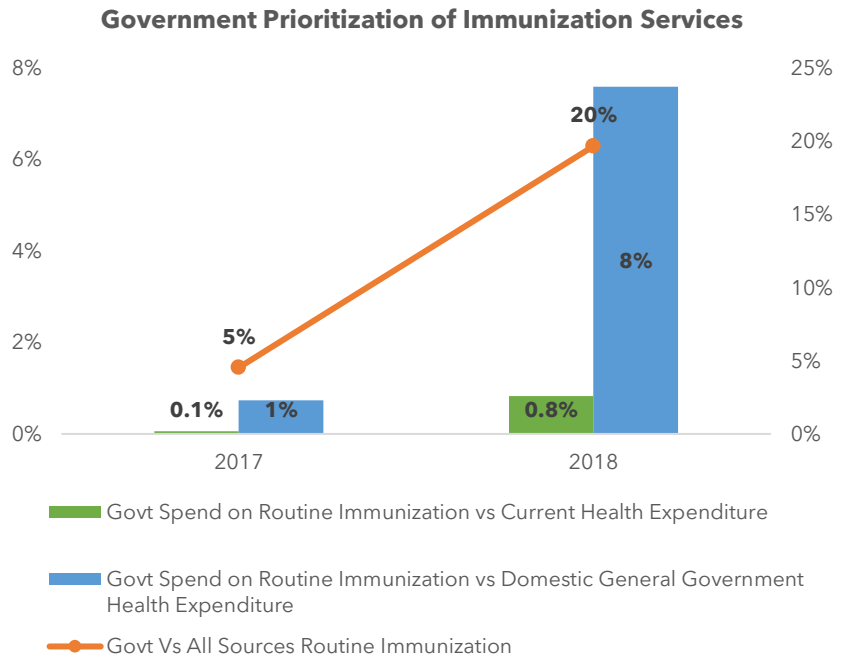
Procurement of vaccines accounted for between **28% and 64%** of the immunization expenditures. Improving efficiencies in vaccine delivery bears significant potential in maximizing value for immunization investments as the country prepares for transition.

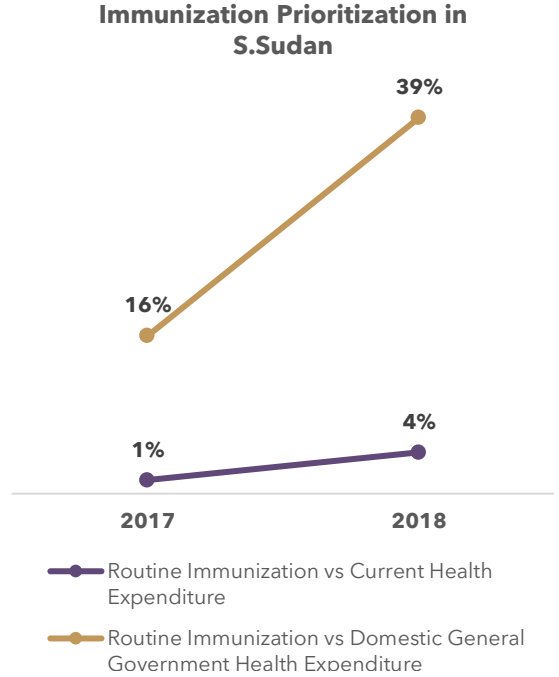
COUNTRY PROFILE: SOUTH SUDAN



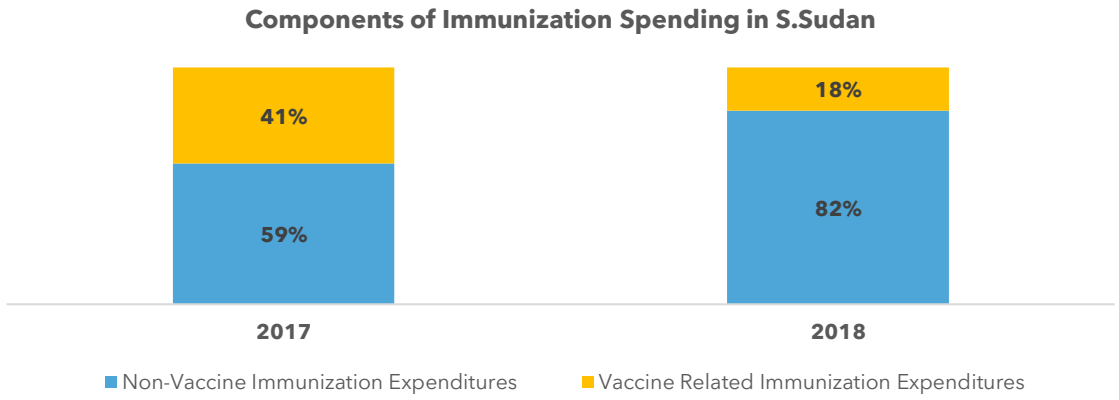


Though rising, the low immunization coverage, and high inequality in child health outcomes necessitate intentional equity enhancing approaches to increase and sustain access to the essential vaccines and child health services in South Sudan.



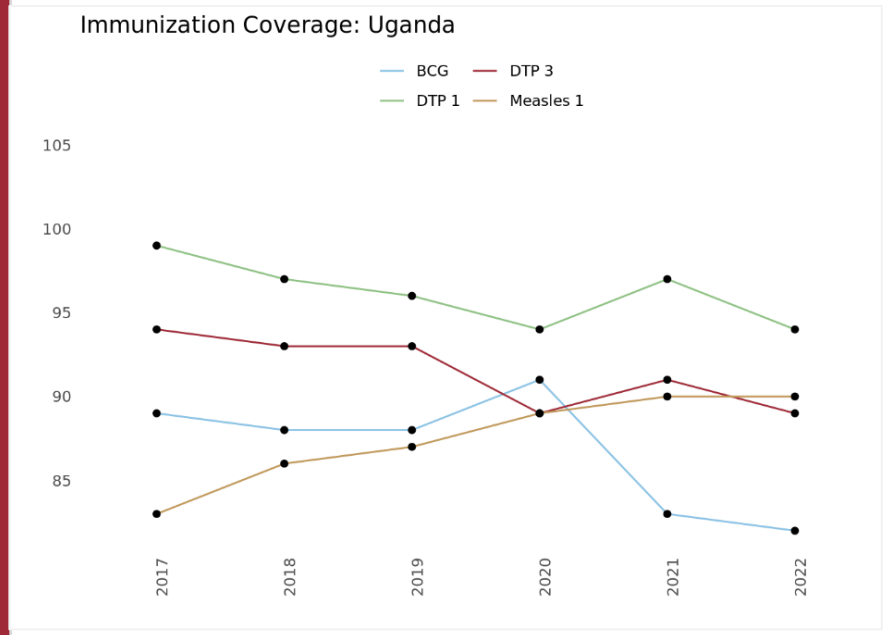


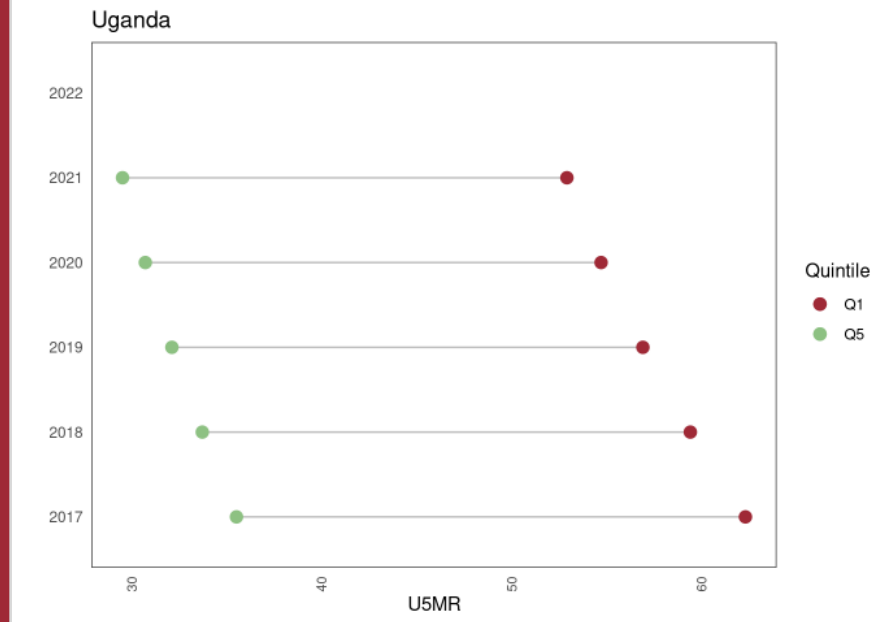
Despite paucity of data, there is significant donor dependence for immunization financing in South Sudan; Government's contribution to immunization increased from **5% to 20%. Routine Immunization** accounted for between **1% and 4%** of the Current Health Expenditure; and between **16% and 40%** of the Domestic General Government Health Expenditures. This threatens sustainability of immunization services.



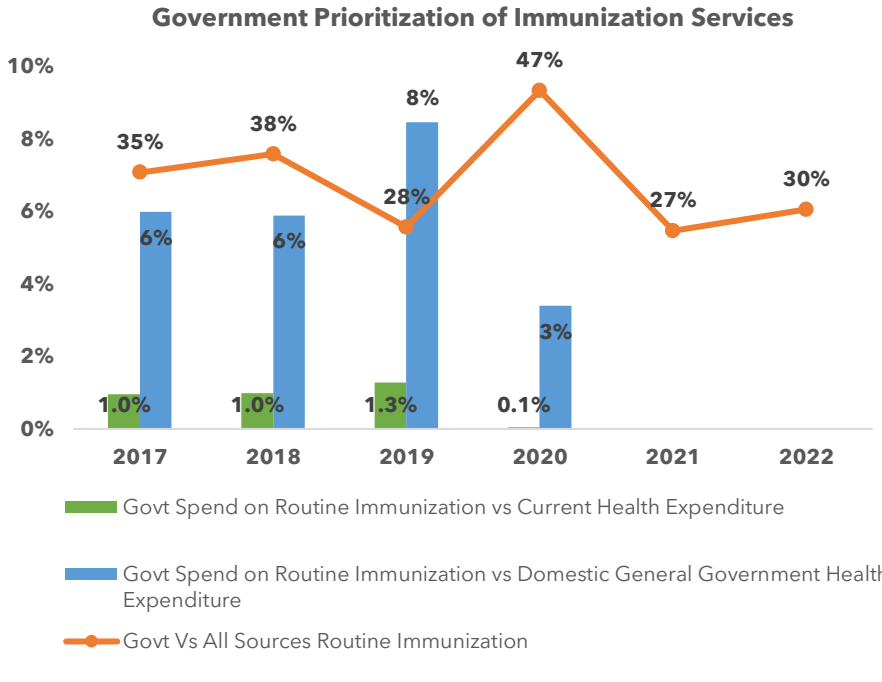
Procurement of vaccines accounted for between **18% and 41%** of the immunization expenditures. Improving efficiencies in vaccine delivery bears significant potential in maximizing value for immunization investments as the country prepares for transition.

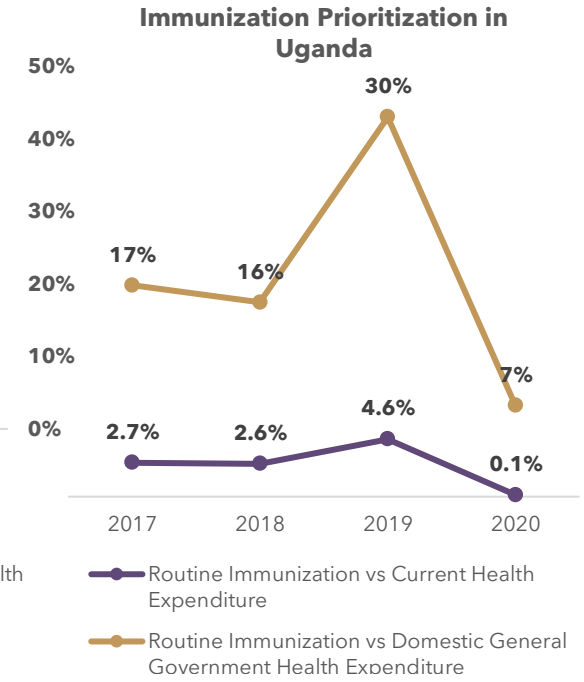
COUNTRY PROFILE: UGANDA



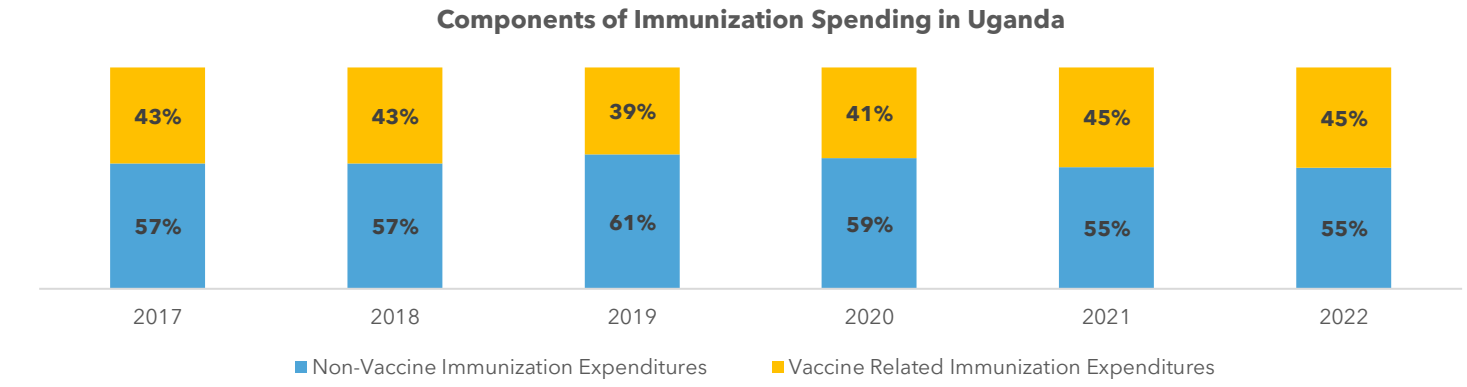


The declining immunization coverage, and high inequality in child health outcomes necessitate intentional equity enhancing approaches to increase and sustain access to the essential vaccines and child health services in Uganda.





There is significant donor dependence for immunization financing in Uganda; Government's contribution to immunization declined marginally from **47% to 27%. Routine Immunization** accounted for between **0.1% and 5%** of the Current Health Expenditure; and between **7% and 30%** of the Domestic General Government Health Expenditures. This threatens sustainability of immunization services.



Procurement of vaccines accounted for between **11% and 24%** of the immunization expenditures. Improving efficiencies in vaccine delivery bears significant potential in maximizing value for immunization investments as the country prepares for transition.

Challenges

- Economic and Fiscal constraints
- Weak Political Prioritization
- Low Budgetary Prioritization
- Donor dependence
- Weak governance & accountability structures
- Limited data for planning & accountability
- Weak health systems
- Staffing Inadequacies
- Vaccine procurement costs > new vaccines
- Supply chain logistics
- Inadequate infrastructure
- Immunization Systems Inefficiencies > Wastage
- Political instability
- Natural disasters

Advocacy Recommendations: Short Term

Capacity-building for immunization financing (forecasting, economic evaluation, budget cycles, expenditure tracking)

Strengthen CSO capacity for Immunization advocacy and accountability

Advocacy for **increased health and immunization budgets > cover routine & new vaccines**

Develop, Implement & Monitor **costed national and subnational immunization plans**

Advocacy for **stronger political goodwill for immunization**

Improve **data management for evidence-based planning & financing**

Leverage **technology for efficient vaccine delivery; immunization systems**

Foster **strategic collaborations** (local, regional, global).

Advocacy Recommendations: Medium & Long Term

PFM Reforms for effective **debt management & enhanced tax administration**

Promote **prepayment mechanisms e.g., tax-based health insurance schemes, subsidies for indigents**

Incentivize and promote **domestic vaccine manufacturing**

Strengthen **healthcare infrastructure & human resources > PHC & Integration of Immunization**

Strengthen **Governance systems** for accountability

Invest in **poverty reduction & alleviating drivers of inequality**

Address drivers of **political instability**

Mitigate for **natural disasters**