

TECHNICAL ASSISTANCE COMPLETION REPORT

Division: MKSS

TA No. and Name RETA 5857: ASIAN VACCINATION INITIATIVE			Amount Approved: \$400,000	
			Revised Amount: N/A	
Executing Agency: Asian Development Bank	Source of Funding: Japan Special Fund		TA Amount Undisbursed \$109,718.62	TA Amount Utilized \$290,281.38
Date			Completion Date	
Approval 27 August 1999	Signing N/A	Fielding of Consultants July 2000	Original 31 May 2000	Actual 31 December 2004
			Closing Date	
			Original 31 May 2000	Actual 21 March 2006
Description				
<p>Immunization is an important public health good and a cost-effective way to protect us from infections. In addition to the traditional childhood vaccines, more favorable research and development conditions and improved and more cost-effective technology have led to the emergency of a new range of vaccines that are often more expensive. However, even common vaccines often don't reach certain populations, in particular those living in more isolated locations. Governments of low income countries are reluctant to shoulder the increasing cost of immunization programs, as they face difficult fiscal choices, and expect substantial donor assistance for these, sometimes global, public goods. The Asian Development Bank (ADB), recognizing these trends, constraints and opportunities, decided to examine the need for making the financing of immunization programs in the region more sustainable and reliable, and determine what role ADB and other stakeholders could play in this field.</p>				
Objectives and Scope				
<p>The objectives of RETA 5857: Asian Vaccination Initiative (AVI) were to help sustain and build on the success of the Expanded Program of Immunization (EPI), and assist in ensuring that poor children and mothers enjoy the full benefits of immunization. The technical assistance (TA) carried out background work to examine the need to establish the AVI, to help improve the lives of children and mothers. The TA was to undertake a study of the vaccine-financing requirements and possible financing mechanisms in the Asia and Pacific region. The TA was carried out in three phases: (i) initial background work to examine regional and global vaccination financing issues, as well as immunization-funding gaps; (ii) general consultation with the developing member countries (DMCs) and partner agencies, and identification of countries for follow up studies; and (iii) country-specific follow-up studies. The TA was adequately designed but could have benefited from more consultations with stakeholders in the design phase. However, during the initial phase of the TA the context changed with the establishment of the Global Alliance for Vaccination and Immunization (GAVI), and the scope of the TA was adjusted to focus on country studies to examine and propose options for financing immunization services.</p>				
Evaluation of Inputs				
<p>The TA was approved on 27 August 1999 and closed on 31 December 2004, compared to an original closing date of 31 May 2000. It took time to initiate the financing studies, and publish these studies once completed. While some delay could have been avoided, the original time frame for this kind of TA is considered ambitious.</p> <p>The total cost of the TA was \$480,000; and was financed by the Japan Special Fund (\$400,000); the Department of Health and Aged Care, Government of Australia ((\$40,000), and the World Health Organization (WHO) (\$40,000). The TA financed the participation of officials from the ministries of finance and health from interested DMCs. There were considerable TA savings of almost \$109,718.62 out of a total amount of \$400,000, which were mainly the result of savings on the cost of international consultants.</p> <p>The TA paper indicated one policy analyst for 3.5 person months (pm), one immunization financing specialist (8 pm), and 10 domestic immunization program specialists (total of 10 pm). On an individual basis, ADB engaged 5 international consultants and 6 domestic consultants to undertake one general study on immunization financing in developing countries; immunization program financing assessments for Azerbaijan, Kazakhstan, Kyrgyz Republic, Mongolia, Sri Lanka, and Uzbekistan; and one cost-effectiveness study of Pakistan's EPI. The consulting services were highly satisfactory. Country participation in the studies varied but was generally satisfactory.</p> <p>ADB staff and consultants held extensive consultations with governments in the participating countries, and attended conferences to mobilize support for improving immunization coverage, introducing new vaccines, improving and sustaining the financing of immunization services, and improving planning tools with partners.</p>				

Evaluation of Outputs

The TA set out to mobilize resources for immunization, including examining the possibility of setting up a regional loan facility for vaccines and related equipments and supplies that Governments could use if and when there was a funding gap. Soon after the inception of the TA, GAVI was established and promised grant financing for new vaccines and immunization services. Other donors of vaccines were reinvigorated by GAVI initiative, and external financing of routine immunization also improved. This required a change in the overall orientation of the TA, toward supporting this global initiative with studies and country consultations for improved immunization financing. This was successfully done, and Governments and development partners were pleased with the facilitating role of ADB.

The seven country studies and one regional study are of high quality. The study on *“Immunization Financing in Developing Countries: Trends and Issues”*, examines the trends in immunization financing in developing countries in the region, and the role of government, international agencies, and others. It also presents innovative mechanisms tried in different countries for financing immunization programs and procuring vaccines. Five out of seven country-level study reports about the financing and management of immunization programs in these countries have been published due to high demand. The reports were highly appreciated by partner agencies and DMC governments for their content and analysis. They contain a good synopsis of immunization financing, and new information that was of use to our DMC governments and other international agencies, and helped improve aid coordination and strengthen ADB’s recognition in the health sector.

The TA also supported a conference on Sustaining and Expanding Immunization Programs, in Brisbane, 21-24 November 1999—ADB presented key issues and options in financing immunization programs. There was consensus among all the major international agencies on the need for greater financing for strengthening and expanding immunization programs. Greater investment in immunization program is also justified on equity grounds since the poor carry a disproportionately larger burden of immunization preventable diseases. The conference witnessed the establishment of a GAVI, composed of WHO, United Nations Children’s Fund (UNICEF), the World Bank, the Bill and Melinda Gates Children’s Vaccine Program, and the Rockefeller Foundation, and the commitment of substantial funds for immunization programs by the Bill and Melinda Gates Children’s Vaccine Foundation for their new program.

The TA team played a critical role in the policy dialogue regarding the financing of immunization, and facilitating the introduction of GAVI in the region. The funding of GAVI allowed Governments to introduce new vaccines, and leveraged this support with Government financing for routine immunization with more cost-effective antigens, for which the coverage was still low in several countries. However, Government financing of immunization programs remains poor in several low income countries, and in these countries, routine immunization coverage continues to be below target. ADB demonstrated the importance of prioritizing antigens through a cost-effectiveness study in Pakistan. More policy work and dialogue is required in this area, within the overall context of regional public goods, the role of Government in the health sector, and use of limited resources. ADB mainly continues this dialogue in the countries where it is active in health sector through projects. However, regional dialogue on regional public goods could be another way of following up the financing of immunization programs, such as is being done under the G0025/6/7: GMS Regional Communicable Diseases Control Project.

Overall Assessment and Rating

The TA was rated as successful. The TA, through immunization financing studies and regional dialogue, was very relevant and timely, and made an important and critical contribution to the establishment of GAVI and financing of immunization programs in 7 countries in the region. The country studies were of high quality, and much appreciated and used by Governments and aid agencies. ADB made an important contribution to the regional dialogue on the financing of immunization services.

Major Lessons Learned

ADB

- (i) The TA was properly adjusted to support the establishment of GAVI shortly after its inception. However, such change in scope could have benefited from reappraisal to facilitate realignment, adjust expected outcome, and ensure that recipient agencies are fully on board with the revised scope.
- (ii) Regional TAs of this nature, involving policy work and regional consultation, are subject to adjustments and time consuming, and require ample time for implementation. However, the implementation of this TA appears to have been particularly labor intensive and slow, and could have benefited from contracting a technical institution or firm.

Recipient Agencies

- (i) The TA focused on country studies. A joint regional TA approach providing opportunities for sharing and comparing could have provided additional benefits in terms of technology transfer, and motivating Governments to improve immunization financing.
- (ii) The TA leverage could have been enhanced with a greater involvement of other aid agencies.

Recommendations and Follow-Up Actions

- (i) Despite GAVI and other international support, and despite obvious benefits, the financing of immunization services remains a major challenge in low income countries in the region. It requires further advocacy and follow up within the context of regional public goods and the role of the Government in the health sector. ADB and other aid agencies should consider immunization a regional priority and work together to find sustainable solutions.
- (ii) A joint regional approach is recommended to coordinate the provision of regional public goods for immunization and infectious diseases control, such as is currently being supported by G0025/6/7: GMS Regional Communicable Diseases Control Project. However, more sustainable, government-owned mechanisms of regional coordination and technology transfer will need to be built up over time that can be sustained and expanded.
- (iii) Regional TAs involve many agencies and need to be tightly managed so as to bring the various stakeholders together and ensure that the anticipated results are achieved. Contracting an agency would help to facilitate this.
- (iv) Partnership with other aid agencies, while generally more time consuming and requiring proper up-front assessment, should be considered important to improve the quality, leverage, and use of TA products.

Prepared by Vincent de Wit Designation Principal Health Specialist, MKSS