



An evaluation of GAVI's Immunisation Services Support (ISS)

In 2000, the GAVI Alliance pioneered a new strategy to improve immunisation coverage rates in the world's poorest countries. Immunisation Services Support combines completely flexible funding with a simple, performance-based award system. An external review of the first five years of GAVI's ISS, completed in late 2007, set out to assess the effectiveness of this innovative model.

The evaluation included both quantitative and qualitative elements; reviewing financial sustainability plans, annual progress reports and coverage data for all countries that received ISS funding, and conducting an in-depth analysis of the ISS experience in six countries.

What is GAVI ISS?

GAVI Immunisation Services Support is possibly the first truly performance-based programme of its kind. It provides flexible funding that countries can use towards immunisation services and delivery, according to their own national immunisation plan. Countries have complete control over how and when to use their ISS funding with one condition: that DTP3 coverage rates continue to rise.

How it works: GAVI makes an upfront investment in a country's immunisation services, disbursed as a cash grant over a three year period. Thereafter, countries are eligible to receive US\$20 for each additional child they reach with three doses of diphtheria-tetanus-pertussis (DTP3) vaccine, as compared to the previous year's target. GAVI ensures transparency and accountability through an intensive proposal and performance review process, and an independent audit of each country's data collection and reporting system.

Difficult to get, but easy to use: GAVI follows the simple principle that cash-based support is most effective when countries have the freedom to use it flexibly to address their own unique priorities. To preserve this standard while ensuring

accountability, GAVI requires countries to undergo a rigorous proposal development process, with stringent annual reporting standards.

Partnership – the foundation of GAVI ISS:

An interagency coordinating committee (ICC) of partners in each country helps develop ISS proposal and reports, and craft strategies to put ISS funds to best use. ISS also relies upon the collaboration of key GAVI partners in each country, from UNICEF and WHO, to civil society organisations, to provide technical support as needed.

Findings of the evaluation

An external evaluation of the first five years of Immunisation Services Support demonstrated that:

1 GAVI now has 'proof of concept' that ISS works: "ISS expenditure had a significant, positive impact on immunisation coverage." ISS helped boost coverage in countries with both low and high starting baseline coverage rates, not just those with coverage below 50%. The evaluation estimates that nearly 2.4 million children were immunised with DTP3 who would have not otherwise have been immunised had ISS expenditures been zero.

Estimated number of immunisations attributable to ISS

By year and starting DTP3 coverage level (1998-2000)

Year	DTP3 coverage less than 50%	DTP3 coverage 50-75%	DTP3 coverage 75% and greater	Total
2001	18,881	65,167	49,864	133,912
2002	80,495	50,313	30,204	161,013
2003	147,538	84,353	42,629	274,520
2004	440,380	197,284	109,176	746,840
2005	589,078	282,518	203,660	1,075,256
Total	1,276,372	679,635	435,534	2,391,541

Across all countries and years, the evaluation model estimates that nearly **2.4 million children were immunised with DTP3 who would not have been reached had ISS expenditures been zero**. In 2005 alone, more than 1 million immunisations can be attributed to ISS. Between each of the three baseline coverage groups, ISS accounts for a 15 to 16% DTP3 coverage increase.

2 Countries spent ISS funds where they were needed most: The flexibility of the ISS funding mechanism allowed countries to finance critical, underfunded areas in their national immunisation plans.

3 Countries integrate ISS into national immunisation plans: Country expenditures with ISS funds were clearly reflected in national immunisation plan budgets.

4 ISS had a positive effect on immunisation systems as a whole, not just on DTP3: The programme's focus on DTP3 did not negatively influence immunisation with other antigens. In fact, coverage with measles vaccine mirrored increases in DTP3 rates.

5 GAVI should not place restrictions on how countries spend their ISS funds: The evaluation did not find any correlation between increased DTP3 coverage and any particular type of expenditure.

6 ISS enhanced partner coordination for immunisation: the collaborative mechanism used to plan and monitor ISS stimulated greater partner participation at the country level and helped partners to better coordinate their activities with those of the government and others.

7 Strong technical support is critical to success: the highest performing countries had consistent and reliable technical support from partners.

Expenditures by health system level

Source: annual progress reports (weighted average across countries)

	Central	Provincial	District
Year 1	23%	36%	41%
Year 2	20%	27%	53%
Year 3	15%	29%	56%
Year 4	25%	29%	45%
Year 5	33%	8%	59%

The majority of funding was spent at the district level where it could have the greatest impact. Furthermore, countries generally allocated funds to lowest performing and underfunded districts – where support is needed most.

Recommendations for the ISS window in the future

Given the clear evidence that GAVI Immunisation Services Support has had a positive impact on immunisation coverage, the evaluation strongly recommended that GAVI continue providing ISS funding, using the same flexible and country-driven approach, and relying upon DTP3 as the progress indicator. The evaluation also proposed several key adjustments to make ISS even more effective in the years to come. These recommendations are currently under review by Alliance partners, and will be presented to the Alliance Board for final decision in June 2008.

ISS and its lessons for harmonised development assistance

Lessons learnt from Immunisation Services Support can help build a case for flexible, harmonised development finance, while providing early insights on what works and what does not. The success of the ISS window demonstrates that flexible, integrated funding works when countries are expected to manage for results. The ISS evaluation also highlights the critical importance of coordinated donor support at the country level.

The ISS evaluation report is available at: <http://www.gavialliance.org/performance/evaluation/index.php>



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