

Advocacy for Financial Sustainability

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Collaborators

- GAVI Financing Task Force (FTF)
- GAVI Advocacy & Communication Task Force
- CHANGE Project/AED (USAID funded)
- Children's Vaccine Program
- Abt Associates
- World Bank
- WHO
- UNICEF
- Health officials from several countries, providing perspectives from the field

Background:

Financial Sustainability Plans (FSPs)

- Required by GAVI board for grant reporting
- Prepared by countries (often with external assistance)
- Conform to guidelines from GAVI FTF, which manages submission and review process
- Consist of: situation assessment, estimates of current & projected costs and likely funding, and strategies for financial sustainability

GAVI Definition of Financial Sustainability

“Although ***self-sufficiency*** is the ultimate goal, in the nearer term sustainable financing is the ability of a country to ***mobilize*** and ***efficiently use*** domestic and supplementary external resources on a ***reliable*** basis to achieve current and future target levels of ***immunization performance.***”

Initial Experience with FSPs

- 12 Countries (Round 1) submitted their plans in fall 2002
- Review of plans by FTF panel
- Case studies of the experience of countries in developing their FSPs, early 2003

What we learned from the first round plans:

- Many financing strategies lacked depth and clarity—no detailed steps
- Strategies weren't adequately prioritized according to feasibility, impact, etc.
- *Advocacy* with donors and government decision-makers was seen as a “magic bullet” for resource mobilization.

Chronology for Development of Advocacy Support

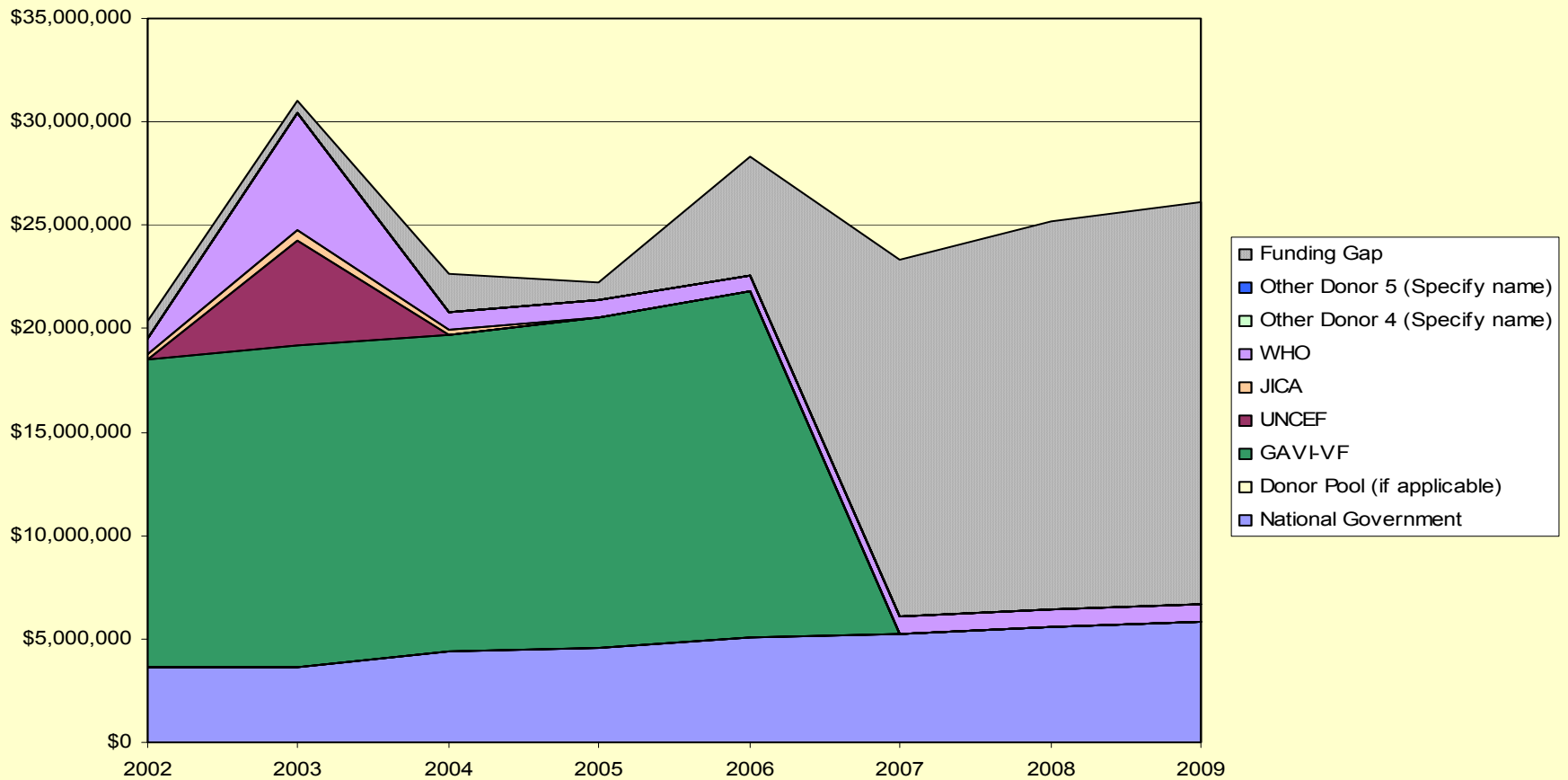
- Members of GAVI ACTF and FTF met in Geneva April 2003
- Advocacy section of FSPs developed and presented at regional FSP workshops in Kampala, Douala, and Moscow (May-August 2003)
- Technical Assistance on advocacy provided to Cambodia July 2003
- An advocacy “tool” was developed and posted on the FTF website for pilot testing

Main Challenges for Financial Sustainability

1. The money doesn't reach where it's needed
 - **Funds get "stuck" at higher levels or do not reach local level in a timely manner**
2. The program doesn't do as much as it could with the money
 - **The input mix is sub-optimal**
 - **Wastage is unnecessarily high**
 - **Savings in costs can be made**
3. There's not enough money to meet program objectives

Anticipated resource gap in a country introducing pentavalent vaccine

Projections of Secure Financing by Source and Funding Gap



Advocacy Challenges

- No easy solutions to these challenges
- “Building awareness” is not going to solve the problem
- Broader approach needed, but not lengthy guidelines or manuals – many good materials on advocacy already exist
- A realistic, disciplined & strategic approach to advocacy was needed

Basic Tenets of the Advocacy Approach used

- Advocacy activities should be driven by, and directly support, the financing strategies themselves
- Best way to start is by identifying the specific actions that need to be taken and by whom, exactly
- This information serves as basis for determining messages, materials, channels, etc.

To illustrate..

- A framework was developed to help countries define and clarify *the specific steps* needed to achieve financing goals

How does the framework work?

1. Starts with the financing strategic objectives already selected by the country
2. Poses series of questions to clarify the *specific actions* that are needed to achieve the goal
3. Defines the specific *actors* who can carry out the *needed action*
4. As necessary, secondary actions and secondary actors are defined

Example of Advocacy Action Framework

“FSP Strategy: Mobilize additional resources by increasing govt. allocation to NIP by 15% for year 2004 & following”

Action needed to achieve FSP strategy	Who will take this action? (primary actor)	What needs to be done to bring about the desired action	Who will do this? (secondary actor)	Motivations and barriers of primary actor (Minister of Health)	Motivation and barriers of secondary actors
50% of expected increase in health budget for 2004 must be allocated to NIP	Minister of Health	It must be agreed to during annual MOH budget meeting. MOF must sign off on it as part of their budget review process	Deputy Health Minister for Policy & Planning and Director of Health Services. Minister of Finance and his deputy for domestic affairs	Minister is a surgeon, more interested in hospitals than prevention He is aware of pressures from outlying provinces in coming elections and impact of recent measles outbreak there	Dir. Health Services supports preventive programs. Policy deputy is member of opposing political party. Minister of Finance didn't agree with the increase to overall health budget

FSP Advocacy Tool

- Interactive CD-ROM aimed to work through a strategy development process, drawing on existing resources and experience; not a set of instructions
- Short problem statements that link to existing manuals, country examples, and resource materials
- 50 CD-ROMS sent to FTF for field testing by consultants working on FSP development
- Available for viewing/testing on www.gaviftf.org

Issues for Consideration (1)

- Advocacy is highly culture-bound and situational: Outsiders can only pose good questions – the answers require insider savvy
- Advocacy activities targeted at specific, politically sensitive issues (like budget allocations) can be a risky activity for EPI program managers
- Country health officials tell us they need more than messages that say “immunization is good...” if they are to successfully advocate for immunization programs *relative to other priorities*

Issues for consideration (2)

- Successful advocacy for immunization by country programs has the potential to affect the power dynamic between and among country managers and external funders -- Funders may feel that their priorities are challenged.

Parting comment

This work describes another example of a communication activity that is integral and vital to the achievement of a larger program goal in immunization.

