GUIDELINES FOR PREPARING A NATIONAL IMMUNIZATION PROGRAM FINANCIAL SUSTAINABILITY PLAN

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<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>EPI</td>
<td>Expanded Program on Immunization</td>
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<td>FS</td>
<td>Financial Sustainability</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>GAVI</td>
<td>Global Alliance for Vaccines and Immunization</td>
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<td>ICC</td>
<td>Inter-Agency Coordinating Committee</td>
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<td>Sector-Wide Approach</td>
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<td>TB</td>
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GUIDELINES FOR PREPARING A NATIONAL IMMUNIZATION PROGRAM
FINANCIAL SUSTAINABILITY PLAN

This document provides information for countries receiving funding from the Vaccine Fund and their development partners about the Financial Sustainability Plans that all countries are required to submit at the mid-point in funding (approximately two-and-a-half years after the first funds or products are received). It describes the purpose, suggested content and format, and process for preparation of the FS Plan.

The Importance of Planning for Financial Sustainability

Immunization programs can improve the health of children only when the programs have adequate and reliable funding, combined with efficient procurement and use of resources. Secure financing for the long term helps to make possible continuity in services and continuous increases in coverage, quality and access to both traditional EPI and newer vaccines. Thus, understanding a program’s current financial status and future needs, and identifying and implementing a financing strategy that allows the program to achieve its goals, are fundamental tasks in the planning and management of all immunization (and other health) programs.

- Thinking about Financial Resources Is an Essential Part of Program Planning

In general, there are four basic aspects of financial resources to consider: How much does it cost to achieve program aims? How much funding is available now and in the future relative to what is required for program expansion and improvement (the “gap”)? How do the funds flow from the source to the eventual use? How are the funds used? All of these aspects influence the extent to which a program can achieve its objectives, and can contribute to the overall aims of the health sector. For example:

-- If the program seeks to maintain coverage, additional resources will likely be needed in the future simply to keep up with population growth.

-- If the program wishes to expand coverage, the financing arrangements may need to ensure that sufficient funds are allocated for personnel and other recurrent costs associated with new outreach strategies – and that the funds are disbursed on time, and are used effectively.

-- If the program has identified better vaccine management in peripheral zones as a key challenge, the financing

A Two-Way Street

- Financing strategies are based on program objectives.
- Program objectives take into consideration financial realities.
targets must focus on obtaining funds for capital investments to revitalize the cold chain – and ensuring that the individuals responsible for maintenance of the cold chain have (and use) the funds they need, when they need them, to make repairs.

-- If the program has relatively high levels of coverage of the basic vaccines and is striving to introduce new antigens, the main emphasis of the financing strategy might be to obtain and sustain much higher levels of funding for vaccine procurement, as well as for the additional staff training, transport and cold chain space required – and to make sure that there is timely access to foreign exchange, if needed.

While broad health, as well as program-specific objectives are the starting point for determining how much is needed to finance a program and how that financing should be organized, sometimes program objectives themselves must be modified in the face of financial realities. For example, if immunization is deemed to be a lower priority than other uses of government funds, and/or a major donor terminates or greatly reduces support and no alternative arrangements can be made, program managers may have no choice but to slow down planned expansion. In this way, setting program objectives and determining the right financing strategy both are parts of the same ongoing process of program planning.

It is important to note that planning for financial sustainability takes into consideration many levels of decision making, and specifically requires attention to the district level. Increasingly, immunization programs are seeking to address the needs across all geographic areas – and particularly in low-performing districts – by establishing district-level targets, strategies, and budgets (often in the form of “microplans”). In addition, in many countries there is a trend toward decentralization, and expanded decision making and budgetary responsibilities at sub-national levels. Thus, good program management and planning, and therefore financing, takes into account the planning at multiple levels within a country (district, province, national), to ensure that funding is both adequate and reliable at the level at which it will be used.

Building on the Vaccine Fund for Long-Term Success

How much will be needed to support the expansion of immunization coverage and improvement of the quality of the vaccines and the immunization services? How will the immunization program be financed in the future? How should the funds flow to ensure that they will be available when they are needed? How can they be used effectively to meet program objectives? And what is the size and nature of the gap in financing immunization services now and in the future?

The long-term success of the immunization program depends on answering these questions, and then identifying and taking actions to improve a program’s financial prospects based on those answers. The immunization program will reach (or come close to) its program objectives – attaining continuous improvements in coverage and quality – only if the resources can be counted on to support those efforts.

The Vaccine Fund’s mission is to “mobilize resources for, champion, monitor the results of, and help sustain the Global Alliance for Vaccines and Immunization’s (GAVI) program to protect the children of the world’s 75 poorest countries from vaccine-preventable disease.”
While all Ministries of Health and immunization program managers should be considering how the program financing can be sustained over the long term, such planning is particularly important for recipients of Vaccine Fund resources because of the way the Fund works. The Vaccine Fund is designed to be a catalyst to increase the financial resources for national immunization programs in a step-wise fashion. The Vaccine Fund provides an initial allocation of resources to support the strengthening of immunization systems (leading to increased coverage and quality) and/or to introduce newer vaccines, some of which are common in industrialized countries but not yet in widespread use in the developing world. Once that initial allocation is disbursed (over a five- to ten-year period), it is currently expected that no additional funds will be made available for the specific activities covered under the initial allocation. It is expected that in each country domestic and supplementary external resources will be mobilized to take up where the Vaccine Fund leaves off. A core challenge of planning for the program’s future, then, is determining the actions needed to maintain the current level and mobilize those new resources.

The Vaccine Fund intends to become a long-term mechanism in the global immunization effort. As the Vaccine Fund phases out of providing the initial types of support, its focus will evolve to support the introduction of vaccines now in the late stages of product development in the countries where such introduction is justified epidemiologically and is backed by effective and efficient management capacity. For example, the Vaccine Fund may provide some countries with resources to introduce anticipated new vaccines, such as those against rotavirus, pneumococcus or meningococcal A. Again, subject to fulfillment of the requirements of the program, that support (which may also potentially be dedicated to new means to improve program performance) will be for a specific period – five to ten years – with the expectation that other sources of funding will fill in at the end of Vaccine Fund support.

After that second round, the Vaccine Fund would again support the introduction of vaccines that are now in the early stages of development, but show great promise for the future. These potentially include vaccines against malaria, tuberculosis, HIV/AIDS. Although these vaccines are likely to be quite costly at the start, their potential for reducing the burden of disease and associated treatment costs could make them sound investments for many countries. As currently envisioned, the Vaccine Fund would (subject to the fulfillment of the requirements of the program), once again provide resources for a five- to ten-year period, and then phase out as domestic and external resources fill the gap.

In this way, the Vaccine Fund will benefit immunization programs – and many generations of children – only if financing of immunization services changes significantly: New resources will need to be mobilized and phased-in, and both existing and new sources of funding will have to respond to program needs.

Recognizing the urgency of starting to plan for the financial arrangements after the conclusion of the current round of Vaccine Fund support, GAVI requires that
governments receiving Vaccine Fund resources work with program partners to assess prospects for financial sustainability of their immunization programs, and to identify and address key challenges and opportunities. This will be done through the development of a country’s Financial Sustainability Plan.

The Financial Sustainability Plan

The Financial Sustainability (FS) Plan is a document that assesses the key financing challenges facing the national immunization program, and describes the government’s approach to mobilizing and effectively using financial resources to support medium- and long-term program objectives. It is prepared by the national government (including managers of the national immunization program, and officials of the Ministries of Health and Finance), in collaboration with other members of the Inter-Agency Coordinating Committee (ICC) and/or other relevant donor groups. Technical assistance for financial sustainability planning, and particularly for compilation and analysis of information about program costs, can be provided through GAVI partners, but only if such skills are unavailable within a government or within a country. The FS Plan is a key instrument for governments to use in planning for the financial health of the immunization program – and in advocating among the Ministry of Health, Ministry of Finance and international donor partners to support program expansion and improvement.

Financial sustainability of the immunization program is part and parcel of setting priorities, mobilizing resources, and using resources effectively throughout the health sector. While the FS Plan is a requirement of GAVI and is submitted as a stand-alone document, it is expected that the Plan will be part of the broader strategic planning processes in the health sector, and will take as a starting point the public sector commitment to the health sector, and priority-setting within the sector. The FS Plan builds on – and contributes to – on-going discussion about national and health sector priorities and mechanisms for reliable and sufficient financing of those priorities. The objective is not to move toward full financing of an expanded immunization program at the expense of the broader health sector (or other high-impact interventions), but rather to support immunization to the extent that it is makes the best possible use of health sector resources.

The actions defined in the FS Plan are most likely to be implemented if they are seen as an integral part of managing the immunization program. Therefore, strategies and actions proposed in the FS Plan are expected to form part of the updates of the immunization program’s Multi-year Plan and annual action plans.
GAVI’s Definition of Financial Sustainability

Before starting to plan for financial sustainability, it is important to understand the meaning of the term. Since its inception, GAVI has engaged in a process of consultation and analysis related to how immunization programs currently are financed – and how they can be sustained into the future as resource requirements increase. As a result of that work, in June 2001 the GAVI Board accepted the definition of financial sustainability shown in the box. By doing so, it moves away from an earlier conceptualization that equated financial sustainability with self-sufficiency in vaccine procurement and toward the idea that financial sustainability:

- Is a shared concern and a shared responsibility of both governments and their development partners;
- Requires matching financing to evolving program objectives;
- Includes the concepts of (1) adequate and (2) reliable financial resources, focusing not only on the quantity of funds but on how well they reach the levels where they are needed; and
- Is related to both mobilization and efficient use of financial resources.

Objectives of the Financial Sustainability Plan

The Financial Sustainability Plan has several objectives – some for the country receiving Vaccine Fund support, and some for GAVI itself.

For the country and its National Immunization Program – which are the primary beneficiaries of the planning process – the FS Plan is designed to improve the prospects for reliable and sufficient long-term financing by:

- Serving as a source of information that can be used for health sector planning;
- Generating a clear picture of the financing situation and challenges, based on quantitative information and careful analysis;
- Developing relevant, realistic and specific strategies and actions that are likely to lead to financial sustainability;

GAVI’s 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 in terms of access, utilization, quality, safety and equity.
• Identifying process and outcome indicators to measure progress toward the objectives set for financial sustainability; and

• Serving as an advocacy tool – a framework for discussion among the Ministry of Health, Ministry of Finance, non-governmental organizations, private businesses, and development partners about how well the current and future financing arrangements meet the program objectives for expansion and quality improvement.

While financial sustainability cannot be achieved through a single document, if the process of preparing the FS Plan is taken seriously it has the potential to help the government and its partners identify key financing issues, develop targets for sound financing that are consistent with the program objectives, and agree about specific steps to move toward those targets. It is not an academic exercise, but rather a practical instrument for dialogue, planning and action among key players. Importantly, by demonstrating the government’s interest in looking for long-term solutions, it can stimulate partners to see the program as an excellent investment.

For GAVI and the Vaccine Fund, the FS Plan is designed to support the global goal of better child health by:

• Ensuring that every country receiving Vaccine Fund support makes progress toward financial sustainability.

• Providing data for partners at the global level who are working to generate additional resources for immunization. Data to improve the understanding at the global level must be obtained using a standard methodology for estimating current program costs and projecting resource needs.

• Providing information about the commitment to immunization of national governments in developing countries – information that will contribute to the mobilization of resources among current and potential donor agencies.

How to Use the Guidelines

These Guidelines are intended to assist countries during the preparation process. They provide detailed information about the required elements of the FS Plan, and recommendations for the FS Plan’s content and format. For each recommended section of the FS Plan, the Guidelines describe the objective of the section, the relevance of the information for the issue of financial sustainability, the scope of the information and To best fit the specific local conditions, each country will have its own process to follow in finding and analyzing key information, discussing and negotiating future financing arrangements, and identifying the most promising and important steps to move toward financial sustainability. To the extent possible, this process should be consistent with existing national strategic planning and budgeting efforts.
analysis, and key questions to get the work started. (Note that the questions in boxes are intended to start the work off, but should be adapted to the context. It is not expected that all questions will be answered in each FS Plan.)

Annexes provide additional background materials and technical resources.

- Annex I includes the written guidelines and tool for the costing, financing and gap analysis section. This annex provides step-by-step instructions on how to complete the tables, with simplified methodologies to calculate each variable (including methods for estimation of shared costs), costing definitions and suggestions about how to find data, calculate basic indicators; additional reference materials are also included.

- Annex II provides suggestions for developing strategies for addressing financial sustainability.

- Annex III provides a list of suggested indicators to monitor progress toward financial sustainability.

- Annex IV presents a suggested timeline for preparation of the FS Plan, and a list of possible information sources.

In general, Financial Sustainability Plans are prepared by a team comprised of individuals with in-depth knowledge about, and/or access to the following information:

- the organization and financing of the health sector;
- the organization, objectives, strategies, goods procurement and service delivery protocols, and operations of the immunization program;
- physical plant, human resources, supplies, and costs in the health sector and NIP;
- national and sector-level budgeting processes and sources of information;
- donor health strategies, activities, and budgets.

GAVI strongly suggests that all individuals responsible for the preparation of an FS Plan carefully read these Guidelines (including the annexes) and consider how best to apply them to a particular country situation. While a limited number of elements are required, many decisions about what to include in the FS Plan are left up to the national government. These Guidelines are intended to assist in that process, but should be adapted so that the FS Plan genuinely meets country needs, and fits within the national planning and budgeting processes. It is strongly recommended that the team preparing the FS Plan take advantage of a host of additional reference materials that are available, including interim and full Poverty Reduction Strategies, public expenditure reviews, health sector analyses, Midterm Expenditure Frameworks, and other materials that are available through the Ministry of Finance and the Ministry of Health, as well as the World Bank and many donor agencies.
An Overview of the Financial Sustainability Plan

The FS Plan is a document to be prepared by government, in collaboration with members of the ICC and the broader set of development agencies engaged in the health sector. While intended primarily as a document for the national government to use, the FS Plan will be submitted to GAVI for feedback. As part of the existing GAVI reporting mechanisms, countries will be expected to report on progress toward financial sustainability through annual progress reports.

The FS Plan has three major components:

- **Diagnosis.** A systematic analysis of the current financing situation and future financing prospects [Sections 1, 2, 3 and 4].

- **Strategic Plan.** A detailed strategy to move to financial sustainability as the program grows and improves, along with specific, time-bound short- to medium-term actions to be taken by the government and its partners, and indicators to monitor progress [Section 5]; and

- **Comments.** Statements from ICC members (particularly leading financing partners) regarding their view of the FS Plan analysis, and proposed strategy and actions [Section 6].

An FS Plan can be of any length, although it is recommended that countries strive to communicate the basic information in approximately 25 pages, with additional information in annexes. **An FS Plan must contain several elements before the document will be accepted by the GAVI Secretariat for review.** These elements are listed in the box below. To avoid duplication of effort, GAVI encourages countries to cross-reference existing materials (such as the Multi-year Plan and other documents) when appropriate.
Required Elements of a Country’s Financial Sustainability Plan

A country’s FS Plan will be accepted by the GAVI Secretariat for review if it includes:

- An Executive Summary that highlights the main financing challenges and key strategies
- A set of information on expenditures and financing sources, and an estimate of any funding gap, using standard tables for reporting the information and recommended methodologies (spreadsheets used for calculation must also be submitted)
- A strategy for financial sustainability, including a limited number of key monitoring indicators
- The signature of the Minister of Health, or a letter of support from the Minister of Health
- The signature of the Minister of Finance, or a letter of support from the Minister of Finance
- Signed statements from key ICC members (leading financing partners), indicating that they have reviewed the document
- Comments on the FS Plan by leading financing partners/members of the ICC

Suggested Content and Format of the Financial Sustainability Plan

Cover Page

The cover page indicates the name of the country and the date of submission of the plan to GAVI/Vaccine Fund.

Table of Contents

The Table of Contents is an inventory and “at-a-glance” summary of the contents of the plan, indicating which components have been included (with page number). In addition, it provides citations for any additional relevant materials that are cross-referenced but not included in their entirety, such as the Multi-year Plan. If the cross-referenced materials were submitted for the Vaccine Fund application, they do not need to be attached to the FS Plan. If the cross-referenced materials were not sent to GAVI previously, they are included as annexes.
Executive Summary

The Executive Summary is a three- to four-page section that clearly and concisely communicates a set of specific information regarding the immunization program’s financing status and strategy. Because the Executive Summary can be a valuable tool for communication and advocacy among many different audiences, it is strongly recommended that considerable effort go into organizing and presenting key information, including:

- **A statement about the key program objectives** [from Section 2].
  - Coverage expansion
  - Introduction of new vaccines
  - Improvement in quality and efficiency
  - Other objectives

- **Assessment (or diagnosis) of the key financing challenges and opportunities associated with the country and health system context** [from Section 1]
  - Macroeconomic growth prospects
  - Debt relief prospects
  - Government commitment to social sectors overall, and immunization and other health programs specifically, including public spending on health services as a share of GDP and total government spending
  - Health sector organization and financing changes with likely impact on the immunization program
  - Role of donor agencies in support of immunization and other health programs
  - Constraints associated with the budgeting, procurement, disbursement and reporting systems
  - Other issues

- **Current program costs and sources of financing** [from Section 3].
  - Total program costs
  - Total program cost as a share of total government health spending
  - Total program cost as a share of total government health spending plus total donor support
  - Vaccine costs as a share of total costs
  - Costs per fully-immunized child
  - Share of financing by government, major external funders

- **Projected gap in resources during and after the remainder of current Vaccine Fund commitment, including graph depicting the funding gap over time** [from Section 4].
  - Total future cost and total future funding
  - Total projected funding gap, by year, through end of current Vaccine Fund commitment
- Vaccine expenses as share of total gap, by year, through end of current Vaccine Fund commitment
- Total projected funding gap during three years after end of current Vaccine Fund commitment in absolute terms and as a share of a projected total spending on the health sector
- Vaccine expenses as share of total gap after end of current Vaccine Fund commitment (if possible to calculate)

- **Strategic priorities for financial sustainability, based on a diagnosis of the key financing challenges** [from Section 5].
  - Main strategies for financial sustainability, and estimates of the potential impact on funding gap
  - Possible adjustment in program objectives due to funding risks

- **Short- and medium-term actions to move toward financial sustainability** [from Section 5].
  - Timeline for specific steps to implement main strategies
  - Division of responsibilities for specific steps to implement main strategies

- **Indicators to monitor progress toward the objectives set for financial sustainability** [from Section 5].
  - Small number of key indicators, linked to main strategies
Section 1. Impact of Country and Health System Context on Immunization Program Costs, Financing and Financial Management

Objective. This section assesses how current conditions and likely changes in the organization and/or financing of the public sector – and particularly the health sector – affect (or will affect) the immunization program’s resource requirements, availability or use. A special focus of the section is on the process of budgeting and financial management, which may affect the program’s ability to access existing financial resources in a timely manner.

Relevance to Financial Sustainability. The health sector competes with many other sectors for limited public resources, and thus any changes in the public sector in general – from debt relief to civil service reform – may have implications for the immunization program. Similarly, the immunization program is just one small part of a large health system, which also includes hospitals, curative care services at lower levels (e.g., health centers, health posts), and major public health programs (e.g., vector control, TB control, HIV/AIDS prevention). Typically, the immunization program is a much smaller part of the health system budget than any of these other elements, although it may attract more attention from financing partners than do some of the other elements. Any significant change in overall system organization and financing – such as a trend toward deconcentration or decentralization, reforms in how priorities are set within national or financing partner budgets (including the introduction or expansion of a Sector-Wide Approach, or SWAP), or the creation of formal (contractual) relationships between the

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<td>Impact of Country and Health System Context</td>
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<td>• What are the macroeconomic issues facing our country that may affect availability of public funding for immunization, including economic growth prospects and vulnerability, and debt relief?</td>
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<td>- Are local governments expected to increase their participation in the immunization program? If so, what will the likely impact be?</td>
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<td>- Are local governments being given more budgetary responsibilities? If so, what will the likely impact be?</td>
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<td>• Are civil service reforms or other initiatives likely to affect wages of health workers?</td>
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<td>• What are our country’s development objectives, and how does health fit? How much currently is spent on health?</td>
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<td>• What are our government’s priorities in health?</td>
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<td>• Is there a trend toward decentralization, deconcentration and/or integration of services, which might affect program costs or flow of funds?</td>
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<td>- Are health sector and specific program budgets developed on the basis of good information about the cost of inputs and availability of funding?</td>
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<td>- Do program managers get the financial data they need to plan and make decisions?</td>
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<td>- Do funds flow to the right level at the right time? If not, why?</td>
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<td>- Do the procurement processes make the best use of limited resources?</td>
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<td>• Is there a trend toward greater integration of services and/or financing (for example, under a SWAp arrangement)? If so, what are the likely implications for the immunization program? Are immunization indicators used to assess performance?</td>
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<tr>
<td>• How do our methods and procedures for budgeting, procurement, disbursing and reporting on the use of funds for immunization inputs affect the flow of funds?</td>
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<tr>
<td>- Do funds flow to the right level at the right time? If not, why?</td>
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public and private sectors – can have important implications for the immunization program.

Information about budgeting and financial management processes deserves special attention for several reasons: First, because budgeting decisions are fundamental to the question of how much financing will be available for the immunization program. Second, because policymakers and program managers need reliable, up-to-date information about a program’s financial status for sound planning. Third, because financing is only useful if it reaches the places it is needed through timely disbursements. Many programs have suffered from slow release of funds at the district level, even when adequate resources have been allocated within national budgets. Fourth, because financial sustainability is enhanced by efficient procurement of vaccines and other inputs that obtains the best value for money. And fifth, because programs that manage funds well – and have good procedures for accounting and auditing – are more likely to attract sustained commitments from financing partners.

**Scope.** This section is not expected to be a detailed description of the health sector but rather an assessment of how specific characteristics and/or changes in the country context and the health system affect the current and future financing of the immunization program. *When relevant,* it may cover, for example, macroeconomic trends, civil service reforms, the implementation of decentralization and/or deconcentration policies within the health sector, changes in health sector priority-setting, trends toward integration of health services, new arrangements with donors (e.g., SWAps), changes in the role of the non-profit and the commercial private sector, and other topics. In all instances, it is expected that this section will include information on the level and trends in government spending on health as a percentage of GDP, and as a share of all government spending. This information will be used as the context for the projections of future domestic and external financing, in Section 4.

This section also covers the budgeting process, financial information systems, procurement arrangements, disbursement systems, accounting and auditing. It does not describe each of these aspects in detail, but rather identifies the main areas in which these processes impede the immunization program’s ability to achieve reliable and sufficient financing. This information will be used in the preparation of the financial sustainability strategy, if it is determined that improving the flow of funds is required for making progress toward sustainability.

Because of the breadth of these topics, it is expected that a range of individuals knowledgeable about strategy development and planning within the Ministries of Health and Finance can provide valuable input for this section. Input from technical personnel in the Ministries of Health and Finance who are familiar with budgeting and financial management practices will be required. In addition, it may be useful to consult with officials at the district or other local levels to understand their perspectives. The box on the previous page provides suggestions for questions to start the assessment.
Section 2. Program Characteristics, Objectives and Strategies

Objective. This section provides basic information about the scale, scope, performance, management and future plans of the national immunization program, highlighting the specific types of improvements that are to be achieved over the planning horizon of approximately five to seven years. Unless there is a more recent planning document, the Multiyear Plan should be used as the basis. Emphasis is on the program improvements or changes that are likely to have an impact on the program costs. This is the fundamental information that will serve as the basis for projecting future resource requirements.

Relevance to Financial Sustainability. Program characteristics and objectives form the basis for understanding what needs to be financed. In later sections, the expected (or at least hoped-for) program improvements will be used as the basis for projections of resource requirements. In addition, certain program characteristics, including the role of international financing partners, can have important implications for future financing.

Scope. This section includes:

(a) Quantitative and qualitative information about program performance and targets, including specific improvements that are sought over the planning horizon of approximately five to seven years. Throughout, the most reliable and current performance figures should be used. If figures do not correspond to previous statements in the country proposal to GAVI/Vaccine Fund, the Joint Reporting Form and/or annual reports, technical support for the revised numbers is provided. To be included is:

- Information about the current immunization schedule, listing all antigens and target ages, and specific plans to increase coverage and/or introduce new antigens and/or different formulations of standard antigens (e.g., combination vaccines) and/or introduce changes in immunization technology (e.g., autodestruct syringes). The section indicates the vaccines to be introduced, the anticipated start date, and the expected rate of uptake (e.g., first year, 10 percent coverage; second year, 15 percent coverage, etc.). Included here is a discussion of whether financing issues and constraints were taken into consideration during the creation of program objectives, and whether the program targets are considered realistic by program management, or are known to be...
overly ambitious, given capacity constraints. Also included here is information about the phasing of introduction of new vaccines, and how additional funding is used to increase coverage.

- Most recent data on overall and district-level coverage, by antigen, and targets for coverage. Also included here is a brief discussion of special coverage issues that may have important implications for resource requirements – for example, potential high costs associated with reaching specific population subgroups.

- Most recent data on antigen-specific wastage rates for all antigens, and any specific plans to reduce wastage.

Sources of additional details about the program, such as the Multi-year Action Plan, district microplans, any recent program evaluations and/or other special studies or policy documents, may be cross-referenced.

(b) Information about possible change in program objectives in light of financial constraints. This highlights how expansion and improvement in the program might be slowed or otherwise modified if the level of financial support is inadequate to meet the existing program objectives. It should reflect a priority-setting exercise on the part of the immunization program management, and may form the basis for the development of one or more scenarios for resource requirements in Section 5.

(c) Data from the district level. In an effort to improve performance in lagging districts, which is essential for reaching the overall national and international goals for immunization, there is increasing attention given to tailoring strategies and targets at the district level. Many countries are implementing procedures to reinforce planning at peripheral levels, often called “microplans.” While the process of reflecting these plans in national-level planning may be challenging, reaching overall program objectives requires attention to district-level program objectives. When developing the FS Plan, it is important to draw as much information as possible from district microplans. As the FS Plan is updated in future years, microplanning may become a more important input into national workplans, costing and budgeting.

(d) Information about the roles and responsibilities of partners in immunization financing, service delivery and other aspects of the program. This includes, for example, information on the role of the private sector (commercial and NGO/non-profit); as well as development partners, including technical cooperation agencies (e.g., the World Health Organization and its regional offices), bilateral agencies (e.g., the British Department for International Development, the Japanese International Cooperation Agency, the Danish International Development Agency), multilateral agencies (UNICEF, GAVI/Vaccine Fund, World Bank, regional development banks), and other partners (e.g., Rotary International, local philanthropic groups). Any pending changes in the range of development partners – for example, an increasing or decreasing level of financial participation, introduction or expansion of a SWAp, shift to general budget support, and so forth – will be highlighted.
All of this information should be readily available to the EPI Program Manager. Suggested starting questions are shown in the box on the previous page.

**Section 3. Pre-Vaccine Fund and Vaccine Fund Year Program Costs and Financing (Refer to corresponding Annex I)**

**Objective.** This section is intended to provide and analyze basic information about the total cost of the national immunization program, broken down by core cost categories (vaccines, personnel, transport and others), and by funding source (government, international donors, and others) during a year before Vaccine Fund resources were made available (the “pre-Vaccine Fund year”), and during a year in which Vaccine Fund resources were provided to the program (the “Vaccine Fund year”).

**Relevance to Financial Sustainability.** Knowing what you are spending on your existing immunization program is the first step before assessing the future costs and future financial requirements. Looking at two time periods – before and after the introduction of Vaccine Fund resources – permits a better understanding of the financial implications of program advances. Immunization programs can function only when a specific set of inputs are available on a reliable basis. Stable and adequate funding is critical for moving toward financial sustainability. Looking at trends in financing can shed light on the predictability of both domestic and external funding.

**Scope.** This section presents:

(a) **Quantitative information about pre-Vaccine Fund program costs and financing.** The information that is required for this sub-section is reported in FSP S.3 worksheets of Annex I. The table contains a set of variables that are optional but desirable (see box), as well as variables that are required.

(b) **Quantitative information about current expenditures and financing patterns (“Vaccine Fund year”), including Vaccine Fund resources.** The information that is required for this sub-section should be reported in FSP S.3 worksheets of Annex I. The table contains a set of variables that are optional, yet desirable (see box), as well as variables that are required.

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1 The **“pre-Vaccine Fund year”** is the most recent fiscal year for which data on actual expenditures and financing of the National Immunization Programme are available prior to having received or implemented any support from GAVI and the Vaccine Fund, usually the 1st year prior to the first received support from GAVI / Vaccine Fund. It is not necessarily the same as the “baseline year” reported in the GAVI/Vaccine Fund application. The **“Vaccine Fund year”** is the most recent fiscal year for which data on total expenditures and financing on the National Immunization Programme are available after the start of GAVI /Vaccine Fund support. The Vaccine Fund year will usually be the 2nd year following the first implemented support from GAVI and the Vaccine Fund.
(c) **Quantitative and qualitative information about trends in the volume and reliability of government and external financing** in the recent past. Stabilizing the flow of funds is key for moving toward financial sustainability, and any year-to-year fluctuations in the immunization budget should be described in this sub-section. When possible, it is important to provide quantitative information on past trends in the volume of government and donor funds for immunization: Which donors have been increasing or decreasing support for the immunization program? How has the immunization program fared in government budget allocations, relative to the rest of the health sector, and to overall public spending? This section should also highlight any significant constraints (or positive developments) in obtaining commitments of financial support for the immunization program, and/or in accessing resources from domestic or external sources.

(d) **Basic analysis of the data, with a focus on implications for future costs and financing.** Once the data tables are completed, several basic analyses can be undertaken to give a picture of the main types of costs, the main sources of funds, how resources are mobilized and spent now, and what changes have occurred with the onset of GAVI/Vaccine Fund support. For example, it may be useful to compare across the pre-Vaccine Fund and Vaccine Fund years and to report any significant changes and comment on summary figures, such as:

- total program cost
- total program cost as a share of total government health spending
- total program cost as a share of total government health spending plus total donor support
- vaccine costs as a share of total costs
  - cost per fully-immunized child
  - share of financing by government versus external sources

To help in the analysis, it might be useful to represent this information charts, graphs or summary tables. (See Annex I for examples.)

**Section 4. Future Resource Requirements and Program Financing / Gap Analysis (Refer to corresponding Annex I)**

**Objective.** This section takes the information about program objectives and strategies from Section 2, and the basic cost information from Section 3, and translates them into projected future costs, based on assumptions about the inputs required to achieve the targets. Then, this section estimates and analyzes the gap between future resource requirements – linked to the program objectives – and available financing over the remaining period of the current commitment of Vaccine Fund support, and for at least three years after that point.

**Relevance to Financial Sustainability.** Closing the gap between resource requirements and available financing is one of the basic conditions for financial sustainability. It is
important to note that because of the difficulty of obtaining long-term commitments, it is expected that a gap of some size will always exist when projecting far into the future.

 Scope. The starting point for this section is the multi-year financing plan that was developed in conjunction with the Multi-year Plan and submitted to GAVI as part of the Vaccine Fund application, or subsequent modifications of that financing plan. The method of estimating the likely future costs of the immunization program has many features in common with the method of measuring existing costs (see Section 3): resources can be classified according to types of inputs (vaccines, personnel, and others); the activity they are used for (routine or supplemental); and who is expected to contribute to them (government and donors). The basic steps are: (a) examine the current expenditures (using the pre-Vaccine Fund and Vaccine Fund year expenditure estimates of FSP S.4 worksheets in annex I; (b) determine the additional resources required over time (projecting costs over several years, based on program objectives in Section 2); (c) identify the funding available to match these additional requirements; and (4) estimate and understand the causes of the funding gaps. Thus, this section includes:

(a) Projections of resource requirements over the remaining period of the current commitment of Vaccine Fund support, and for at least three years after that point, based on the program objectives indicated in Section 2 (e.g., coverage expansion, introduction of new vaccines, introduction of new immunization technology, population growth, and other changes). Standard methods, provided in Annex I, should be used for these projections. The information on resource requirements must be provided in the form shown in the FSP FS.4 worksheets in Annex I. Annex I provides step-by-step instructions and methodologies for estimating the resource requirements on an annual basis, building on a set of clear assumptions. A set of calculation worksheets and suggested data sources are included for this purpose.

(b) Projections of future financing levels and patterns over the remaining period of the current commitment of Vaccine Fund support, and for at least three years after that point. Projected financing from both government and external sources is classified as “secure,” indicating that there is a written commitment for the provision of such funds, either from the government or from external partners; or “probable,” indicating that it is based on historical trends (see Section 3) and/or other information (including discussions with donors) it is likely (but not assured) that funds will be made available. This part of the section includes a discussion of the possible risks associated with each source of financing. Depending on country conditions, it may be useful to indicate how vulnerable government financing is to the political and economic cycle (and whether there are upcoming elections that may result in changed priorities); and/or whether changes are anticipated in the relationships with key financing partners.

(c) Estimates of the gap between resource requirements and “secure financing,” and estimates of the gap between resource requirements and “secure
financing plus probable financing” over the remaining period of the current commitment of Vaccine Fund support, and for at least three years after that point.

To give a clear picture of the future requirements and financing, it is also strongly recommended that a graph be developed showing the financing situation year-by-year (see example). The graph may be adapted to country conditions and needs – for example, by separating out information for different financing partners.

(d) Analysis of the gap. Once the basic information is available, a number of basic analyses can be undertaken to reveal the major factors contributing to the funding gap. For example, it may be useful to report and comment on some summary figures, such as:

- total projected funding gap through end of current Vaccine Fund commitment (note that the Vaccine Fund commitment can be extended over time from 5 to 10 years, upon the request of the recipient government)

- vaccine expenses as share of total gap through end of current Vaccine Fund commitment (if possible to estimate, which may not be the case if donor funding is channeled through a SWAp or national budget support)

- total projected funding gap during three years after end of current Vaccine Fund commitment, in absolute terms and as a share of a projected total spending on the health sector

- vaccine expenses as share of total gap after end of current Vaccine Fund commitment

To generate the estimates of future financing, it is suggested that individuals preparing the FS Plan have individual discussions with each of the institutions related to program financing (e.g., Ministry of Health, Ministry of Finance, major financing partners) to see if estimates can be made of the future financing levels. It is very likely that neither the national government nor the majority of program partners will be able to make multi-year commitments; therefore it is expected that the future years will include estimates of “secure” and “probable” financing levels. Although much of this will be based on assumptions, it is important to go through the exercise of estimating future financing as a starting place for planning.

Section 5. Sustainable Financing Strategy, Actions and Indicators (Refer to corresponding Annex II and Annex III)

Objective. This section – the heart of the FS Plan – is expected to present the strategy for moving toward financial sustainability, based on the earlier analysis, along with short- to medium-term actions to be taken by the government and its partners. The particular FS strategy you will choose for your country will be tailored to its situation and possibilities. However, it is likely to include efforts to:
(1) mobilize additional resources from national and external sources;
(2) improve program efficiency to minimize additional resources needed; and
(3) increase the reliability of resource availability.

In some cases, once you assess the strategy options available, you may decide to propose to revise the program’s objectives to align what is to be done with available financing. Within these categories for the FS strategy there will be many variations that depend on local circumstances.

The work to be performed in strategy formulation is to choose the variations that are feasible and that will address the FS challenge in your context. Your strategy will: identify what is to be done, select indicators that you will use to monitor and evaluate progress, and set targets for the indicators. Once your strategy is defined, specific implementation action plans (with defined action steps, timelines, and assigned responsibilities) will be developed to guide implementation.

Annex II provides detailed guidance on how to formulate your financial sustainability (FS) strategy.

Relevance to Financial Sustainability. Financial sustainability depends on a clear strategy for matching financing arrangements to program objectives, which is based on a careful analysis of current conditions and future prospects.

Scope. The strategy identifies steps toward financial sustainability that (a) address the aspects of financial sustainability that are most important for your country and program, as identified in the earlier sections; (b) have a good chance of having a positive impact; and (c) take into consideration both opportunities – for example, an upcoming renegotiation with key partners – and limitations – for example, the growing demands on the public budget of other priorities, both within and outside of the health sector. The strategy includes specific actions to be taken, along with a timeline for action, specific responsibilities of agencies and individuals, the funding required to implement the actions, and a manageable number of indicators for measuring progress. (See Annex III for suggestions about how to approach the task of strategic planning.)

This section should respond to the following points:

- **Based on the earlier diagnosis (sections 1-4 of the FSP),** what are the main constraints and opportunities facing the program in the areas of resource mobilization, reliability of resources and efficiency? (Note that not all of these areas may apply in all countries.)

- For each of the main constraints or opportunities, what are the most promising strategies that should be followed to move toward financial sustainability? Which of these is within the area of influence of program management? Of the Ministry of Health? Of the Ministry of Finance? Of donors? Of other actors?
• Which strategies are feasible, in light of existing human resource and other constraints? Among the feasible strategies, what is the likely impact on the funding gap of each of the possible strategies? If possible, this impact should be presented in the form of an alternative scenario for future resource requirements.

• Are there ways that the Vaccine Fund support can be structured so that it enhances the chances for long-term sustainability? Specifically, would it be preferable to stretch the duration of Vaccine Fund support over an additional 1-3 years (without changing the total amount), permitting time for other sources to phase in more gradually?

• For each of the strategies identified, what are a small number of short-term actions that are the first steps in implementing the strategy? Who is responsible for taking these actions? When? How much will it cost to implement them? Can they be included in this current or future program Action Plans?

• Assessing and revising programmatic objectives based on the expected outcomes and feasibility of your strategies
When the FS strategy is complete, it is likely that it will not be clear how all future “gaps” will be filled. This is normal and expected by all concerned, not cause for alarm. However, the FS strategy should show some hope and promise that the “gaps” eventually can be filled. In the extreme case, where the probability of filling major “gaps” looks particularly low, it may be necessary to revisit programmatic objectives. That is, reduce the size of the “gaps” by scaling back programmatic objectives, such as adding newer antigens, increasing coverage rapidly, introducing all safety improvements, or strengthening the infrastructure of the NIP by adding staff and replacing or upgrading cold chain equipment. This kind of step is regarded as a “last resort” and should be taken only in close consultation with ICC members, including the Vaccine Fund. The criteria to use in choosing which programmatic objectives to cut back could include, impact on morbidity and mortality, impact on the size of the financial gap, and impact on equity of access to the protection afforded by immunizations.

• Importance of including key stakeholders in assessment and selection of strategy options
The engagement of stakeholders in the process of strategy development can be an important means of gaining new ideas, support for the choices made, and support for eventual implementation of the strategy. The stakeholders in the FS strategy are all of those that you would identify for the FSP overall, namely Ministry of Health and Finance decision makers, the NIP Director and key staff, ICC members, and others involved with national or external resource allocation.

• Choosing indicators and targets
For each of the strategies identified, what are a small number of monitoring indicators, and what are the current values of those indicators?
Once the stakeholders have settled on a strategy, it is necessary to choose indicators of progress in implementing the strategy and to set targets for achievement. The indicators should capture major, measurable items for each element of the strategy. The targets are specific values of the indicators that you aim to achieve at specific intervals of time. What are the target values for those indicators, and over what time period?

Here is an example of an indicator and target for FS:

**STRATEGIES AND ACTIONS TO MOBILIZE AND USE ADEQUATE RESOURCES**

*Indicator*: Total Government Expenditure, recurrent and capital, for National Immunization Programme (NIP) as a percent of national health sector expenditure

*(Current value 2001 = $977,563.07 US or 3.8%; target value 2008 = $1.57 million or ~5%)*

See Annex III for further suggestions on indicators.

**Linking the strategy to an action plan for implementation:**

Once the FS strategy is made final, the next step is to develop an action plan to implement it. This involves taking each strategy element; assigning responsibility to an individual or unit for accomplishing it; setting a timeframe for the work to be performed, including breaking it down into specific implementation steps; and associating with each element the indicators of attainment, targets, and means of measurement (described in the previous section).

The strategic plan should have clearly defined and reasonable accountability for each action. Responsibility should not be vague (such as Ministry of Health, or Government), every action has to have a specific assigned person (title) to provide for clear and transparent feedback and monitoring for the implementation of the strategic plan.

A valuable technical resource for the section on strategies is the *Immunization Financing Options Resource Kit* ([http://www.vaccinealliance.org/home/Task_Forces/Financing_Task_Force/Documents/resourcekit.php](http://www.vaccinealliance.org/home/Task_Forces/Financing_Task_Force/Documents/resourcekit.php)), which provides information about the advantages and disadvantages of a range of sources of funding for immunization programs.
Sample Action Plan

<table>
<thead>
<tr>
<th>Dimension of Financial Sustainability</th>
<th>Main Strategies</th>
<th>Progress Indicators (Current Value)</th>
<th>Actions, Start Date, Estimated Cost of Implementation</th>
<th>Responsibility</th>
</tr>
</thead>
</table>
| Mobilizing Adequate Resources        | Increase government budget allocation to EPI by 1.5% per year                    | -Total government expenditures on immunization program as a percent of national health expenditure ($977,563 or 3.8%) | - MOH to present EPI Financial Sustainability Plan to Cabinet Subcommittee, Office of the President during first quarter of 2004 for further detailed discussions  
- MCH/EPI Officer to brief Minister of Health on financial sustainability for next round of budget negotiations with parliament  
This will commence in February 2004  
MCH/EPI Officer  
Director of Planning Unit  
Permanent Secretary, MOH |
| Mobilizing Adequate Resources        | Increase number of ICC members and/or EPI personnel at MOH Budget Planning Sessions to at least 10 out of 15 persons | -Number of ICC members and/or EPI personnel included in EPI budget planning (3 out of 15 persons) | -EPI personnel and ICC members will be included in each fiscal year budget planning cycle to facilitate advocacy for NIP resource requirements. ICC members and EPI staff will be informed of MOH recurrent and capital budget planning sessions at least 6-8 weeks in advance and encouraged to attend  
- Each ICC member as well as the EPI staff will receive copies of the MYP and list of capital resource requirements for the corresponding fiscal year to facilitate advocacy beginning January 2004  
Chairman of ICC  
MCH/EPI Office |
| Mobilization and Use of Adequate Resources | Increase access to health care in hinterland areas | % villages with access to vaccination services within five kilometers or twenty minutes or less | -Regional Health Officers and Medexes will organize with village leaders and captains to arrange outreach activities at least once every quarter beginning January 2004  
RHOs  
Medex of districts  
Regional Executive Officer |

Section 6. Stakeholder Comments

Objective. This section provides information about who participated in the development of and/or reviewed the FS Plan. It also provides an opportunity for all program partners to voice an opinion and/or provide additional factual information relevant to the FS Plan. **Note that the main purpose of this section is to make sure that key actors are well-informed about the contents of the FS Plan.** The plan itself is the government’s, and does not require endorsement from donors.

Relevance for Financial Sustainability. Although the responsibility for financing the national immunization program – and for ensuring its long-term viability – lies primarily with the national government, program partners play an essential role. With its adoption of the definition of financial sustainability, GAVI recognizes the responsibility of financing partners. **It is therefore vital that key ICC partners are aware of the contents of the FS Plan (and indicate that awareness with their signatures); and that they are given an opportunity to express their endorsement of the plan and/or other views.** It is strongly recommended that representatives of development agencies that may
not be represented on the ICC, including the World Bank, be part of this consultation and be asked to provide comments.

Scope. This section has two parts:

(a) Signature and title of key ICC members and/or, in the case of a country in which a SWAp is in place, the members of the SWAp coordinating body, indicating that they have reviewed the final version of the FS Plan. This is a required element of all FS Plans, but the signatures may be in the form of separate signed statements, rather than a full set of signatures on one page.

(b) Comments by any and all ICC members and/or, in the case of a country in which a SWAp is in place, the members of the SWAp coordinating body who wish to provide additional input.

Submission and Review of the Financial Sustainability Plan

The Financial Sustainability Plan will be submitted to the GAVI Secretariat to provide information to GAVI partners about:

- the progress toward financial sustainability in countries receiving support from the Vaccine Fund;
- the type of technical assistance and/or training that might be useful for specific countries receiving support from the Vaccine Fund; and
- the magnitude of the financing challenges in countries receiving support from the Vaccine Fund.

Review Process

The process for review of the FS Plan has three steps, after the Plan is submitted to the GAVI Secretariat:

Step 1. Screening by the GAVI Secretariat. The GAVI Secretariat will do a rapid check of the FS Plan to make sure it includes the required elements. Note that once it is received by the GAVI Secretariat, the FS Plan may be disseminated to partner agencies and/or the data may be used in a publicly-available database.

Step 2. Technical Review. Technical specialists will carefully review the quantitative information submitted to make sure that it is internally consistent and, where appropriate, consistent with internationally available information. This means, for example, that the coverage figures and targets reported will be checked against the Multiyear Action Plan and that calculations will be done to ensure that the estimates of future resource requirements are reasonable, given information about internationally available prices, the
size of future birth cohorts, etc. If the information appears to contain major errors or inconsistencies, the country will be asked for a clarification before the subsequent step.

A review panel will examine the plan, using the following general criteria:

- Does the FS Plan give a clear picture of the funding position and likely resource requirements associated with planned changes in coverage or vaccines?

- Does the FS Plan provide a clear analysis of the financial position and obstacles to improving sustainability (whether through better financial management, improved efficiency or more funding), closely related to the evidence?

- Does the FS Plan include clear strategies and actions that address the obstacles and are realistic, relevant, specific, likely to move the program toward financial sustainability and able to be monitored?

- Does the FS Plan reflect a discussion on immunization program financing involving the Ministry of Health, Ministry of Finance and program partners?

- Are there specific “red lights” that show major problems, and therefore call for an intensive response (e.g., huge gaps in funding or major system reforms underway).

**Step 3. Feedback.** Each country submitting a Financial Sustainability Plan will receive detailed feedback and suggestions for strengthening of the analysis, as well as information about additional technical resources that may be available for implementation.

**Step 4. Monitoring FS Progress.** GAVI will monitor the implementation of the FS Plan strategies through annual progress reports (as part of routine reporting), which will include updated costing and financing tables of the financial sustainability plan.

**FOR FURTHER INFORMATION AND ASSISTANCE**

There are several sources of information about the Financial Sustainability Plans:

For information about FS Plan submission process and requirements, see the GAVI website [www.vaccinealliance.org](http://www.vaccinealliance.org), or the Vaccine Fund website, [www.vaccinefund.org](http://www.vaccinefund.org). Or contact the GAVI Secretariat at:

**GAVI Secretariat**  
c/o UNICEF  
Palais des Nations,  
1211 Geneva 10  
Switzerland  
Tel: 41.22.909.50.19  
Fax: 41.22.909.59.31  
Email: Gavi@unicef.org
For information about support in preparing the FS Plan, contact your Regional Working Group representative.