

Summary
Document

May 2019

SUDAN IMMUNISATION DOMESTIC RESOURCE MOBILIZATION ROADMAP

Summary Document

SUDAN IMMUNISATION DOMESTIC RESOURCE MOBILIZATION ROADMAP

Author:

Juan Bester, Public Finance for Children (PF4C) Consultant, Social Policy and Health & Nutrition Sections, UNICEF Regional Office for the Middle East and North Africa (MENARO)

Contributors:

Ministry of Health, Sudan

UNICEF Sudan Country Office: Health & Nutrition Section, Social Policy Section

UNICEF MENARO: Health & Nutrition Section, Social Policy Section

UNICEF Headquarters: Programme Division

Gavi, the Vaccine Alliance



TABLE OF CONTENTS

09

1. Background
and context

09

2. Approach and
methodology

10

3. Findings

14

4. Conclusion and a proposed
Sudan Immunisation Domestic
Resource Mobilization Roadmap



GLOSSARY

AfDB	African Development Bank
AOP	Annual Operational Plan
AWP	Annual Work Plan
cMYP	Comprehensive Multi-Year Plan (for Immunisation)
CSR	Corporate Social Responsibility
FMoFEP	Federal Ministry of Finance and Economic Planning (Government of Sudan)
FMoH	Federal Ministry of Health (Government of Sudan)
GAVI	Gavi, the Vaccine Alliance
GoS	Government of Sudan
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MENA	Middle East and North Africa
MTEF	Medium-term Expenditure Framework
NHIF	National Health Insurance Fund (of Sudan)
NHSSP	National Health Sector Strategic Plan (NHSSP)
OOP	Out-of-pocket
PFM	Public Finance Management
PHC	Primary Health Care
PCA	Programme Capacity Assessment
SCM	Supply Chain Management
UNICEF CO	United Nations Children’s Fund Country Office (in Sudan)
UNICEF MENARO	United Nations Children’s Fund Regional Office for the Middle East and North Africa
UHC	Universal Health Coverage
WHO	World Health Organization



01

BACKGROUND AND CONTEXT

The Government of Sudan (GoS) would need to fund its routine schedule vaccines progressively by its own means. The UNICEF Country Office (CO) is currently purchasing traditional vaccines (around US\$ 5,000,000) through UNICEF's Supply Division for the Federal Ministry of Health (FMoH). **While the cost-savings in procurement through UNICEF's Supply Division will continue for the near future, it is not the case for the financing of vaccine costs by UNICEF.** Furthermore, in January 2020, Sudan is expected to enter into the accelerated Gavi transition phase in light of its exceptionally high increase in Gross National Income per capita observed in 2014. Therefore, it is expected that the GoS takes over, in full, the decrease in donor support of (a) Gavi-supported vaccines and (b) selected associated operational costs, by 2025. This full uptake of financing by the GoS is estimated at a total of between \$30 and \$40 million, depending on which additional vaccines will be rolled out and the coverage targets¹. Funding health/immunisation through domestic resources is the most sustainable option.

As part of its preparations and evidence generation towards eventually developing a domestic resource mobilisation (DRM) strategy for immunisation, the Federal Ministry of Health (FMoH) requested the UNICEF Sudan Country Office (CO) to support it with **developing a roadmap for the required analytics towards eventually developing a DRM strategy**. UNICEF Regional Office for the Middle East and North Africa (MENARO) assisted the UNICEF CO to lay the groundwork for such a DRM strategy through developing a Roadmap. The Roadmap lists the inputs (including the key analytics and necessary evidence to be consolidated or generated), best practices, processes (including responsible entities), results and timelines for the health and immunisation officials to successfully present the case for increased public investment in immunisation to decision-makers in both top-down resource allocations and intra-ministerial resource allocations during the annual budget deliberations.

02

APPROACH AND METHODOLOGY

The Roadmap was developed after a desk review of relevant literature that took place from August to September 2018 as well as an onsite mission in Sudan in October 2018, during which immunisation stakeholders were consulted to further explore the immunisation finance landscape and shape the Roadmap.

The desk review drew from (a) best practices in immunisation financing, (b) past studies on immunisation financing in Sudan, including stakeholder roles, health expenditure mechanisms and entry-points for future attention, and (c) a review of the policy, legislative and planning frameworks for immunisation in Sudan (based on documents that could be obtained prior to the field mission).

However, key documents, namely English versions of (a) the planning and budgeting frameworks / policies / guides employed by FMoH, (b) the latest immunisation annual work plans (AWPs), and (c) the detailed and disaggregated FMoH budget statements and estimates, could not be sourced from stakeholders for inclusion in the review.

1 Gavi – The Vaccine Alliance. 2017a. Sudan Joint Appraisal report 2017. Note to file: Sudan Joint Appraisal final, Oct.2017.doc. The range is considering the addition of human papillomavirus and yellow fever vaccines into the national schedule.

03 | FINDINGS

The findings are presented below in a summarised format.

Macroeconomic: The official expected growth rate for 2019 is 5.1%, but the country is facing significant challenges given the inflationary pressures, a rapidly deteriorating exchange rate, shortages in some key commodities, such as fuel, and increasing international debt.

Fiscal framework: The revenue outlook is severely constrained by the macroeconomic circumstances, affecting all forms of fiscal space for the health sector. Government-wide budgets were cut in-year (2018). The trend is negative real growth in budgets. The absence of credible MTEFs means that there is lack of transparency on strategic resource allocations.

Governance, management and capacity issues: Immunisation financing is influenced by the PFM systems capacities that are not consolidated yet, including gaps in terms of performance/results-based planning and budgeting. There is a general lack of budget transparency as per the 2017 Open Budget Index (www.internationalbudget.org), which means that it is problematic to map existing frameworks, finance actors and the budget cycle, as well as to identify existing evidence to feed a DRM strategy for immunisation financing.

Past immunisation finance studies and reports: The health financing system is fragmented and needs improvement, and the decentralised delivery system is characterised by a complex flow of funds. There is an over-reliance on international development aid. Due to the lack of up-to-date comprehensive analysis of immunisation financing in Sudan, there are no reviews on the relevant elements of the political economy, the key stakeholders and the frameworks that define immunisation finance (including legislative, policy, planning, budgeting). Shortcomings regarding the programme, financial, and vaccine and cold chain management capacities in the Gavi support programme, collectively represent “moderate to high risks” for Gavi’s support programme and, therefore, immunisation financing and roll-out in Sudan.²

High-level prioritisation of immunisation financing: No long-term apex law or plan, such as a national development plan, that contextualizes immunisation in the long run and the priority given to it by the government, could be obtained. There is a need for a long-term nationally owned development priority to immunisation. Despite the continuous work between the FMoH and Federal Ministry of Finance and Economic Planning (FMoFEP) they did not conclude an agreement on the implications of the future financing of immunisation, including the transition from Gavi support. The team also identified the lack of a coherent high-level policy/planning on resource mobilisation, advocacy and stakeholder engagement. The President had shown interest in prioritising immunisation in speeches, as it was clearly stated during the WHO Regional Committee meeting, Khartoum, 15-17 October 2018. Nonetheless, the Ministry of Health has to still allocate sufficient resources to immunisation.

Legislative and policy frameworks for immunisation: In line with desk review findings, evidence suggests that the FMoH needs further institutional level engagement to ensure ownership and financing of immunisation over the short to long-term. Policy frameworks exist primarily in the form of the National Health Policy (NHP) 2017-2030³, providing room for immunisation within universal health coverage (UHC), under the national health insurance fund (NHIF) - specifically in terms of the Plan's strategic objective of 'Eliminate extreme poverty and hunger' (page 76). Immunization was explicitly mentioned as the fifth project under the strategic objective of 'Reducing of maternal and child mortality rates' (page 81) and within the sixth project, 'Measles Elimination' (page 82). In general, it is not clear which direction the FMoH is pushing on strategic resource allocation within the health sector, i.e. towards more efficiencies within programmes and/or shifts in priority from curative to preventive programming.

Best practice in health sector planning, costing and budgeting: It is recommended that immunisation finance is seen as a function of a cascading process from long-term national development, to sectoral and broad expenditure, finally to detailed immunisation annual planning and realistically costed budgets. Indicative resource-per-source commitments to specific health sector objectives through, for example, a medium-term expenditure framework (MTEF) is a way of 'institutionalising' DRM for immunisation. There is no recent diagnostic study on the broad public finance management system in Sudan. Some aspects are, however, addressed in the Gavi Joint Assessments and related Programme Capacity Assessment (PCA) reports.

The best practice suggested is to develop credible, evidence-based Comprehensive Multi-Year Plans (cMYPs) for immunisation. However, a recent global stock-take notes that there are various challenges in developing and actually employing cMYPs.

Immunisation planning and budgeting frameworks: There are some shortcomings in FMoH's cMYP 2017-2020, namely that (i) it has not been updated since 2017 and therefore may contain outdated fiscal as well as macroeconomic assumptions and statistics, and (ii) it does not contain a detailed resource advocacy and communication component. No equivalents or alternatives within FMoH could be sourced.

The FMoH is piloting a programme-based budgeting as a strategy for improving planning, budgeting and reporting practice. While immunisation projects will be included in a single sub-programme for the 2019 budget, it is not clear how the format of programme budgets will link with performance or costing frameworks. There is little evidence on how immunisation features in the budgeting frameworks, policies, and guides employed specifically by FMoH and therefore per definition by immunisation, apart from the NHSSP 2017-2020, cMYP 2017-2020, and AWP's reviewed.

No detailed and disaggregated past and planned budget estimates for FMoH could be obtained by the time of writing. Furthermore, a specific strategy to deal with sustainably financing of traditional and Gavi-supported vaccines needs to be developed.

3 Federal Ministry of Health (FMoH), Government of Sudan. 2017. Sudan National Health Policy (NHP) 2017-2030. Government Printers: Khartoum.

Domestic resource options for health financing: Domestic resource options are few, given the macroeconomic pressures and tight fiscal framework. Domestic public funding has the greatest potential for sustainability, especially considering that an immunised population is a public good. Mechanisms such as health budget earmarks or trust funds, where they exist, are “likely to play only a supporting role in immunisation financing. They do not guarantee additive funding and can add complexity.”⁴

Moreover, a further exploration in the private or business sector resource mobilisation in Sudan is encouraged. In the same way, household out-of-pocket (OOP) financing should be discouraged, especially since it is already at high levels. The other routes that private sector resource mobilisation can flow are the following or a combination thereof: (a) through NHIF, where the healthy and those that can pay more, subsidising the poor and needy (essentially private resources becoming public resources); and (b) market shaping within the domestic private sector pharmaceutical industry (already underway through the assistance from UNICEF Supply Division, et al).

Domestic public sector resources for immunisation: Fiscal space for the health sector, and for any other social services sectors for that matter, is severely constrained by the current macroeconomic circumstances, which impedes GoS’s ability to raise more taxes or reprioritise allocations to the health sector. Legislative and policy frameworks allow for greater UHC coverage. It is not likely that Zakat⁵ and member contributions would support higher coverage through more prepaid contributions. Premium increases would be problematic in the current economic climate. Nevertheless, when trying to include immunisation, substantial evidence should be generated (such as actuarial studies and premium simulations).

Analytics/evidence required as steps towards a DRM strategy for immunisation include:

- › Undertaking FMOH’s Economic Impact of new and traditional vaccines and equity costing analysis.
- › Updating cMYP 2017-2020, and/or start preparations for the next round of cMYP to include detailed advocacy and communication strategy components along with annual planning, or develop an equivalent as the prime tool for DRM for immunisation. Ensuring that the process of updating is participatory and led by the immunisation in FMOH to facilitate ownership and sustainability. In addition, it would be relevant for immunisation staff to have improved capacity to use the cMYP as an advocacy and resource mobilisation tool.
- › Comprehensive review of the broad landscape of immunisation financing to determine the main elements, including: political and economic determinants, supply and demand determinants (laws, policies, plans), resource (financial and non-financial), determinants (plans, budgets, reports), fiscal space for immunisation, architecture of the public and private financing of immunisation, and key finance actors.
- › A public finance management-focused assessment of immunisation, building on the most recent Gavi CPA of 2018, for each stage of the life-cycle and specifically the budget cycle (policy, planning, budgeting, expenditure, accounting and reporting, monitoring and evaluation, legislative oversight), taking into account standard indicators such as economy, efficiency, effectiveness, adequacy, transparency, and equity.

4 <https://www.immunizationfinancing.org/en/sources-of-financing/domestic-public-funding-sources#!>

5 Zakat is a mandatory yearly alms giving under the Third Pillar of Islam. The amount is based on the wealth of the giver. Specified thresholds exist. The purpose is to reduce poverty and inequality, and to promote social justice, philanthropy and human dignity. It is an important short-term social safety net. Zakat funding is roughly estimated to be between USD \$200 billion to \$1 trillion per year. Source: UNICEF MENARO presentation, note to file.

- › Prime tools to address all of the above will be (among others): (a) Political Economic Analysis, (b) Policy and Institutional Review (PIR), followed by (c) Public Expenditure Review (PER), (d) Budget Analysis, and (e) Fiscal Space Analysis.
- › Developing a public sector resource mobilisation strategy. Components to include an advocacy and communication strategy.
- › For all of above: technical support provided by the international community, including UNICEF, Gavi, WHO, World Bank and others, e.g., as part of ongoing health system strengthening.

Domestic private sector resources for immunisation: There is a need for a dedicated private sector engagement strategy focusing on DRM for immunisation (or as a component of a broader advocacy and communication strategy). The FMOH private sector engagement study presumably would only yield results later in 2019. A dedicated promotion and communication strategy to raise awareness about immunisation and attract commercial interest, among other objectives is needed, including:

- › Pursuing Corporate Social Responsibility (CSR) synergies. For example, Sudatel announced that it would contribute to community health in 2019.
- › Considering synergies in supply chains of large, diversified, transport / logistics-intensive firms. For instance, DAL Group has more than 600 trucks per day on the road in Sudan, any of which has cold storage facilities, or is connected to such facilities – there may be links to the cold-chain immunisation needs.

Analytics/evidence required as steps towards a DRM strategy for immunisation include:

- › Undertaking of FMOH's 'Private sector engagement study'.
- › Comprehensive mapping and analysis of private sector key finance actors, including their interests, strategic/competitive advantages, resource commitments (including financial and non-financial plans, budgets, etc.), geographical focus, value and supply chains, CSR approaches.
- › Developing private sector resource mobilisation strategy. Components to include an advocacy and communication strategy.
- › For all of above: technical support provided by the international community, including UNICEF, Gavi, WHO, World Bank and others, e.g. as part of ongoing health system strengthening.

04

CONCLUSION AND A PROPOSED SUDAN IMMUNISATION DOMESTIC RESOURCE MOBILIZATION ROADMAP

The draft Roadmap was discussed during an internal meeting at MENARO headquarters on 1 November 2018. The key outcome was to position the Roadmap as a list of options, without delineating in terms of the specific domestic resource options to be decided upon, but rather providing the opportunity for stakeholders to identify their unique and complementary potential contributions within the analytics that should be generated as inputs for a DRM strategy for immunisation.

Following the debrief at MENARO headquarters, the draft Roadmap was presented to key stakeholders at the Gavi Regional Working Group meeting in Amman on 4 November 2018. The participants were senior managers within FMoH and representatives from Gavi secretariat, the Center for Disease Control and Prevention, EMPHNET/GHD, WHO, and World Bank.

The following Roadmap lists the evidence that needs to be consolidated or developed, the necessary processes, as well as key milestones and outputs.

SUDAN IMMUNISATION DOMESTIC RESOURCE MOBILIZATION ROADMAP 2019-2020: Key evidence/analytics to be considered for developing a strategy

ANALYTICS/EVIDENCE REQUIRED	MILESTONES / OUTPUTS	RESPONSIBLE	PROPOSED TIMELINE
<p>Comprehensive review of health sector financing in Sudan, focusing on immunisation. Evidence required:</p> <ul style="list-style-type: none"> • In-depth understanding of the broad power dynamics and macroeconomic forces that shape immunisation financing. • In-depth understanding of relevant legislative and policy frameworks that shape immunisation. • Prevailing public finance management issues. • Health sector budget cycle bottlenecks. • Key finance actors, stakeholder interests. 	<ul style="list-style-type: none"> › Political Economy Analysis › Policy and Institutional Review (PIR) › Public Expenditure Review (PER) › Immunization Budget Analysis of past financial and non-financial performance 	<p>?</p> <p>?</p> <p>?</p> <p>?</p>	<p>From start of the process: 6 months</p> <p>From start of the process: 6 months</p> <p>From start of the process: 12 months</p> <p>From start of the process: 6 months</p>
<p>In-depth understanding of health financing 'space' between domestic public sector and private/non-profit sector (including Zakat, Waqf).</p>	<ul style="list-style-type: none"> › Fiscal Space Analysis for Health Financing 	<p>?</p>	<p>From start of the process: 12 months</p>
<p>Build investment case for immunisation in Sudan, including on past financial and non-financial performance (to show economy, efficiency, effectiveness of immunisation), potential return of investment, and costs of inaction.</p>	<ul style="list-style-type: none"> › Economic impact of new and traditional vaccines › Equity costing analysis › Immunization Budget Analysis of past financial and non-financial performance 	<p>FMoH, with support from UNICEF.</p> <p>?</p> <p>?</p>	<p>From start of the process: 6 months (not 12)</p> <p>From start of the process: 6 months (not 12)</p> <p>From start of the process: 6 months (not 12)</p>
<p>Updated cMYP 2017-2020, or an equivalent, to include detailed advocacy and communication strategy and annual planning components or develop an equivalent as the prime tool for DRM for immunisation.</p>	<ul style="list-style-type: none"> › Updated cMYP 2017-2020, or an equivalent 	<p>?</p>	<p>From start of the process: 6 months (not 12)</p>
<p>In-depth understanding of alternative and innovative financing from/with the private/non-profit sector, including Zakat, Waqf, PPPs, Social Impact Bonds.</p>	<ul style="list-style-type: none"> › Private Sector Engagement Study › Study on alternative and innovative financing of immunisation 	<p>FMoH, with support from UNICEF.</p> <p>?</p>	<p>From start of the process: 6 months (not 12)</p> <p>From start of the process: 6 months (not 12)</p>
<p>END GAME: Sustainably increased domestic public and private sector financing of immunisation, driven by a dedicated public and private sector DRM strategy. DRM strategy components to include: solid investment case, advocacy and communication strategy, stakeholder engagement strategy. Championed by Minister of Health, with high-level and technical international support.</p>			<p>From start of the process: 24 months</p>



Nahad Sadr-Azodi

Regional Immunization Specialist
nsadrazodi@unicef.org | +962791246697

United Nations Children's Fund
Regional Office for the Middle East & North Africa
Amman
Jordan

www.unicef.org

facebook

www.facebook.com/UNICEFmena

twitter

twitter.com/UNICEFmena