

Session 7d – Financial Sustainability Planning and GAVI

Not a complete report of session discussions. See also presentation from
Kyrgyzstan

Participants:

Countries developing FSPs in 2004: Ukraine,
B&H, Moldova

Countries refining or implementing FSPs:
Uzbekistan, Kyrgyzstan, Armenia, Azerbaijan

Partners: WHO, PATH, CDC, UNICEF

Session Outline

Largely discussion between participants:

- FSP Development Process (1.25 hour)
- FSP Implementation (1.25 hours)
 - Presentation on FSP Implementation in Kyrgyzstan

Process – FSP Development & Implementation

Letter from GAVI

Advocacy to MoH, MoF, and donors

Workshop – Health Reform and FSP (August, 2004)

Team visit to each country – WB & WHO

Diagnostic – Data for Costing & Financing

Pre-review of diagnostic data (November, 2004)

Strategy Development – Policy dialogue with MoH, MoF, and ICC/Partners

FSP Document Submission (January 21, 2004)

Implementation of strategies (January onwards)

- Updating of costs/financing projections
- Short-term (Ensuring committed funds are released) vs. Long-term (negotiating ADB Loan)

Annual progress monitored in report to GAVI

Suggestions

People attending course committed to engage in FSP process. Essential to define team well, ideally before workshop

Clearer description of roles & data needs before course

New way of doing business – Data, analyses and commitments

FSP development work plan established in workshop
valuable

Expand health reform efforts to include public health and immunization, not just curative in discussions

Suggestions - Continued

Communicate the costs/financing together with benefits from immunization program (lives saved, surveillance data, coverage data)

FSP does not assume immediate self sufficiency, but seeing way to decreasing donor dependence.

Self-sustaining different from self-sufficient

Additional follow-up: Asian Development Bank – Unwilling to support AD Syringes for environmental considerations