

Tracking financial flows for immunization in Honduras



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ABSTRACT

Introduction: In Honduras, until 2008, vaccine and injection supplies were financed with domestic resources. With the introduction of rotavirus vaccine in 2009 and pneumococcal conjugate in 2011, the country's Expanded Program on Immunization required an influx of resources to support not only vaccine procurement but also investments in cold chain infrastructure and programmatic strategies. This paper examines the origin, allocation, and use of resources for immunization in 2011 in Honduras, with the aim of identifying gaps in financing.

Methods: An adaptation of the System of Health Accounts (2011) codes was used to specifically track resources for immunization services in Honduras for 2011. All financial flows were entered into an Excel database, and each transfer of resources was coded with a financing source and a financing agent. These coded financing sources were then distributed by provider, health care function (activity), health care provision (line item or resource input), and beneficiary (geographic, population, and antigen). All costs were calculated in 2011 United States dollars.

Results: In 2011, financing for routine immunization in Honduras amounted to US\$ 49.1 million, which is equal to 3.3% of the total health spending of US\$ 1.49 billion and 0.29% of the GDP. Of the total financing, 64% originate from domestic sources. The other 36% is external financing, most importantly Gavi support for introducing new vaccines. This analysis identified potential financing gaps for many immunization-related activities besides procuring vaccines, such as expanding the cold chain, training, social mobilization, information systems, and research.

Conclusions: The funding for Honduras' immunization program is a small share of total public spending on health. However, new vaccines recently added to the schedule with financial support from Gavi have increased the financing requirements by more than 30% in comparison to 2008. The Honduran government and its partners are developing sustainability plans to cover a financing gap that will occur when the country graduates from Gavi support in 2016. Access to lower vaccine prices will make the existing and future program, including the planned introduction of HPV vaccine to adolescent girls, more affordable.

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1. Introduction

Immunization is widely regarded as providing one of the best returns on investment in public health. Nevertheless, the resource needs and, as a result, spending for national immunization programs have grown in Honduras and other countries of Latin America. This is primarily due to the introduction of new, more expensive vaccines, as well as the expansion of the populations

benefiting from these vaccines. Established in 1979, Honduras' Expanded Program on Immunization (EPI) has rapidly grown both in terms of the number of vaccines offered in the program as well as the related costs to deliver these vaccines. With financial support from the Gavi, the rotavirus vaccine was introduced in 2009, followed by the pneumococcal vaccine in 2011. Currently, Honduras is considering the introduction of HPV vaccine, which would further increase total financing needs for the program [1].

In 2011, the national health expenditure amounted to US\$ 1.49 billion, representing a per capita expenditure of US\$ 182 [2] (Table 1). As elsewhere in Latin American and the Caribbean, in Honduras the government has set out to secure domestic financing to support immunization services in order to build

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Table 1
Health, economic and demographic indicators for Honduras.

| Indicator | |
|--|-----------|
| Total population [3] | 8,215,313 |
| Expected births [3] | 177,733 |
| Women of childbearing age [3] | 2,135,981 |
| Infant mortality rate [3] | 24.3 |
| GDP per capita (US\$ at current prices) [4] | 2156 |
| National health expenditure (million US\$) [2] | 1494 |
| Public expenditure on health [2] | 48.1% |
| Private expenditure on health [2] | 51.9% |
| Health expenditure per capita (US\$) [2] | 181.8 |

a sustainable program in both the short and medium term. The new, more expensive vaccines provide substantial health benefits [5]. However, their higher costs and the reliance on external aid to introduce them make it imperative to carefully track immunization resources [6]. This study aims to map the financial and commodity flows that support immunization services in Honduras. An accurate understanding of the resource flows and available financing for immunization services in a country such as Honduras could empower decisionmakers and planners with information to improve resource allocation and to mobilize funds needed to fill gaps. The country is currently

developing sustainability plans in preparation for its graduation in 2016 from Gavi subsidies for the pneumococcal conjugate and rotavirus vaccines. Graduation from Gavi support occurs after a country has surpassed the eligibility criteria of <US\$ 1500 per capita GDP [7].

2. Methods

2.1. Conceptual framework and accounting method

Resource tracking is a real-time planning and evaluation tool to understand and assess the flow of resources for health (and, in this case, immunization services) aimed at reaching end users in a country [8]. A more precise description and understanding of these resource flows enables a management team to demonstrate their good stewardship of both domestic and external funding sources as well as to identify any overlap and/or inefficiencies. Additionally, these methods may point to funding gaps and to reasons to support resource mobilization efforts. This analysis focuses on the flow of financing and commodities for the routine immunization program from external, government, and other domestic sources. Following the EPIC Common Approach [9], this analysis adapted the System Health Accounts [10] coding methods for tracking financial flows to

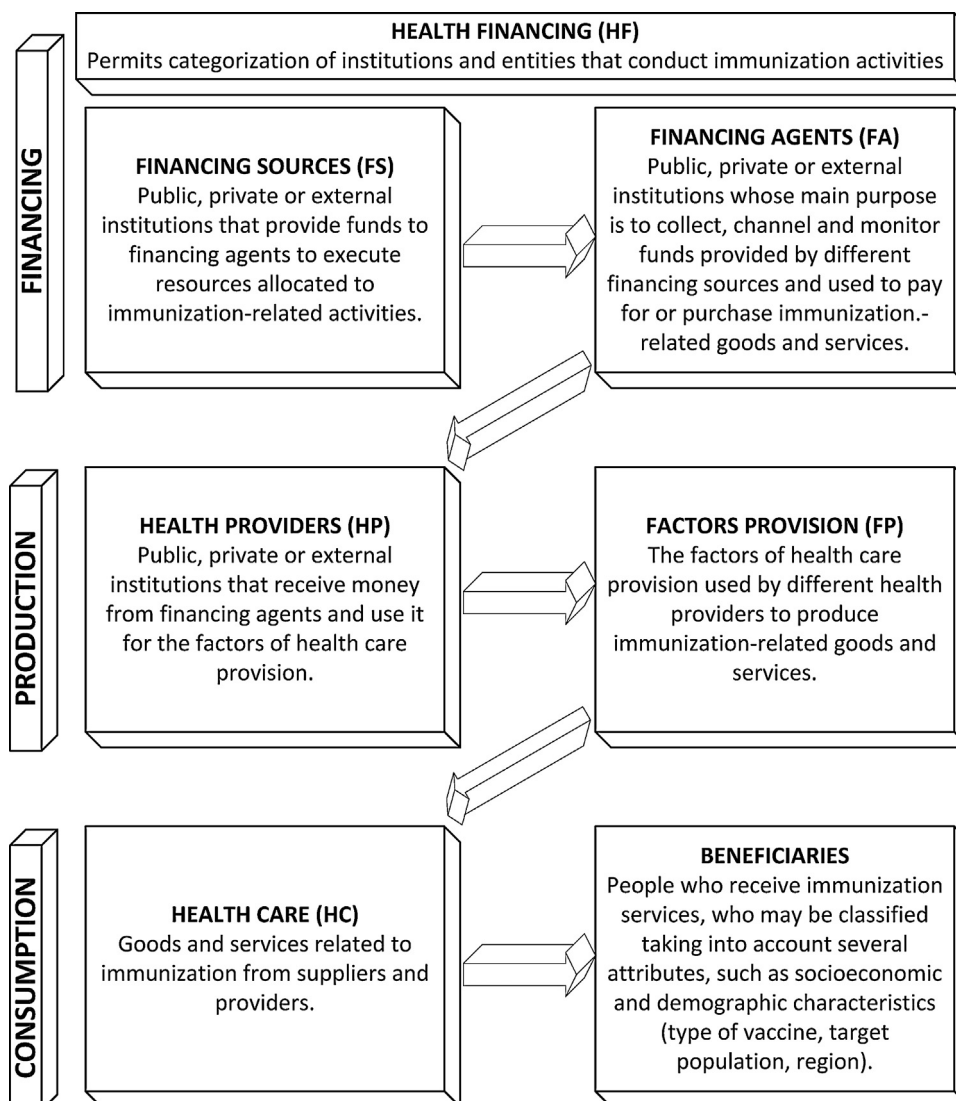


Fig. 1. System of Health Accounts (SHA) 2011 financing, production, and consumption codes [6].

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