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Trends of expenditure on Immunization in Pakistan since 2000.

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Abstract:

World health organization started Expanded Program on Immunization in 1974. At that time only 5% of the children were covered globally in the first year on program. In Pakistan 16.34% of the total population is under five years' children. In 2000 Global Alliance for Vaccines and Immunizations (GAVI) was introduced in Pakistan. Since 2000 by the finance and HR support from GAVI, additional 370 million children have been vaccinated from deadly disease. It has been noticed that the expenditure on immunization remained inconsistent over the time period. Since 2000 the massive change is seen in the pattern of expenditure on immunization both routine and campaigns to meet the goals. In Pakistan, expenditure on immunization has reached to \$240 million annually but still the fully immunized children are between 43-62% of all the under-five population of the country. Immunization services needed to be on time and efficiently provided to the communities. The growth in fiscal gap and need for expenditure competition in financing, has subjugated policymaking. There is a need for reviewing the current policies for budgeting immunization program and needful risk assessment will support future financial crisis.

Key Words: Immunization, Global Alliance for Vaccines and Immunization, Extended Program of Immunization,

Introduction:

Immunization is the method by which an individual is made resistant to the infection (s). Currently focus is on prevention of the disease is to decrease the morbidity and mortality. It is one the greatest public health intervention that has visible impact on population. Vaccination save millions of lives globally every year. This has also reduced the cost of treatment and decreased the burden on hospital bed occupancies and Out-patient departments, especially the pediatric departments. World health organization started Expanded Program on Immunization in 1974. At that time only 5% of the children were covered globally in the first year on pro-

gram. Expanded program on immunization was started in Pakistan in 1978 with an objective to reduce mortality and morbidity against six vaccine preventable diseases.¹ In Pakistan 16.34% of the total population is under five years' children. At the age of one-month 11/76% infants are infected with diarrhea.² In Pakistan the mortality has reduced 15% in the recent time as 50% of the under-five mortalities are due to vaccine preventable diseases. In 2000 GAVI alliance was introduced in Pakistan, which has supported Pakistan to overall increase in the number of vaccinations in the country. Since 2000 by the finance and HR support from GAVI additional 370 million children have been vaccinated from

deadly disease. Other partners with the government of Pakistan are supporting the program of immunization financially and technically. Partners that are mainly contributing in this program are WHO, UNICEF, Japan International Cooperation Agency (JICA), World Bank, Centers for Disease Control and Prevention (CDC), Rotary International, USAID, GAVI and Department for International Development (DFID).^{3,4}

Trend of Expenditure on Immunization:

It has been noticed that the expenditure on immunization remained inconsistent over the time period. It is much higher than that in late 1980's and early 1990's but still it could not meet the requirements of expanding the program of immunization in the recent times. The expenditure on immunization is mainly through the federal government budget, provincial budget contribution and external assistance every fiscal year. Allocation of Budget for expended program on Immunization in total health budget from year 2001 to 2010 has increase from 900 million rupees to 6000 million rupees. The total budget allocation has increase from 4.9% in 2001 to 14.6% in 2010. Allocation of the total health budget to the immunization program has increase with every passing year from 2001 to 2010 from 4.9% to 14.6% with a dip in year 2002 to 2004 as 1.6% and has drastically increase in year 2009 and 2010 as the total budget on health has also been increased.^{5,6}

During the period of 2000 to 2010 the allocation of the budget remained inconsistent with its utilization. From year 2006-10, the allocation has been increased but gap in its expenditure remain high in 2007 and 2010. The budget is not properly utilized in these years. The budgetary allocations done after a 40-50% drawn out for the federal and provincial level EPI staffs, the remaining budget is for purchase, training and transport availabilities. This includes vaccine purchase 56%, non-staff 15%, cold chain 1%, transport 3% and miscellaneous 17%. External sources also contribute in the expenditure on immunization. Majorly World bank is contribution 52% of the total contribution and 2nd FAM 23% UNICEF 11%, Asian Dev Bank 7%, WHO 3% and DFID 4%. The annual expenditure on both the routine immunization and campaign range from US\$ 47.767 million to US\$ 175.894 million. It is estimated that the cost per child being vaccinated is around about 10-20 \$. Major cost per child is on injection equipment 10.93 US\$ and on advocacy and communication 6.46 US\$.⁷

Vaccination Status in Pakistan since 2000:

Since 2000 efforts have been increased to achieve targets of Millennium Development Goal to decrease the vaccine preventable diseases. The Millennium Development Goal's target for year 2015 was more than 90% achievement in fully immunized children but still it remained below and was 80% averagely from year 2001 to 2012. Though the trend of increment is seen with every passing year but still no achievements made in target. According to the Millennium Development Goal fully immunized children from age twelve months to twenty-three months in year 2001-02 was 53%, which reached to 80% in 2011-12 against the target of 90% fully immunized children.⁸ Measles I coverage is also not reaching to the set target. This gap in immunization has led to increase under five mortality rates and infant mortality rates. Year 2001-02 reported 57% coverage of measles I in under one year children and has increase to 81% in 2011-12 against target of 90% as mentioned in millennium development goals.^{8,9}

Financial Situation analysis:

In Pakistan, since year 2000, the massive change is seen in the pattern of expenditure on immunization both routine and campaigns to meet the goals. After the 18th amendment the decision-making power for the finance has been change and more power shifted towards the province from the federal ministry.^{10,11} In Pakistan, expenditure on immunization has reached to \$240 million annually but still the fully immunized children are between 43-62% of all the under-five population of the country.⁶ There is uncertainty in estimating cost for expenditure, it is a significant challenge in financing for immunization. Out breaks and underachievement of the targets are mainly due to the weak financing mechanism and accountability system in Pakistan.¹² It has been noticed that the problems in delivering immunization are in fact not due to actual financial reasons. Lack of accountability in governance and break up of government system into federal, provincial and district has weakened the systems of accountability. Most of the immunization budget is paid off to the staffs, which are hired on the federal and provincial head offices.^{10,13}

Before distributing budget, it is imperative to develop planning framework for appropriate allocation of resources for the program implementation. Analysis of

allocation of the budget for immunization activities, shows that most of the budget is utilized for salaries and amount left to spent for operational activities is very small. Situation of the districts shows that for many years' operational activities found compromised due to non-availability of the operational payments.⁶ The budget for immunization program is under head of development projects, consequently there is significant delay in approval and payment system. Delay on average is for six months and hence targets are not fully achieved.¹⁴

Lack in information system for the management of finance:

In Pakistan the financial information system lacks due to weak or no reporting systems in the country. Information of expenditure even at the lower level like provincial and district is not well organized or if there is any information available there is no any expertise tracking of the activities but that is also very limited to the coverage and vaccine distribution but still the cold chain and other equipment related to the immunization are not part of this new system.

Donor Funds off the books:

Donor funding contributes about 48% of the total expenditure on Immunization in Pakistan. All the contribution from the donor agencies remains off the books. This is also one of the causes of severe financial risk in Pakistan. This risk mainly due to incapacity of the country's own financial system and due to the resistance of some donor agencies to keep their financial information away from the channel they support with a legal exemption. In the perspective of the financial systems this is a very serious problem as this hinders the real financial status from the policy-makers at the time of resource allocation and budgeting for immunization in Pakistan.¹⁵

Conclusion and recommendations:

Immunization services needed to be on time and efficiently provided to the communities. It is required to establish policies that may restrict wastage of financial resource and may support immunization program. The growth in fiscal gap and need for expenditure competition in financing, has subjugated policy-making. Future analysis of financial trends and resources available for funding immunization programs and identification of contribution that may play a major role in terms of financing. There is a need for re-

viewing the current policies for budgeting immunization program and needful risk assessment will support future financial crisis.⁷

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