## Annex D: Overview of potential indicators for decoupling cash from vaccine support

## Potential indicators to determine eligibility for additional cash support Indicator group Strengths · U5MR, life expectancy, cause of death, Comprehensive measure of health system Broad indicators - many factors beyond 1.Epidemiology strength and outcomes No additional reporting burden for countries diseas immunisation affect these indicators (Neonatal burden mortality accounts for 50% of U5 deaths) e.g. U5MR uses publicly available data · Coverage: DTP1/3, MCV1/3, HPV1, Measures coverage and reach of routine · Perverse incentives -potential incentive to underreport immunisation Lack of available WHO/UNICEF (WUENIC) Composite: Breadth of protection (life immunisation services course), fully immunised child Composite measures provide a portfolio-level Coverage / Countries have introduced PCV, HPV, Rota, Penta (e.g. selection of core infant view of the effectiveness of Gavi's investments and reflect the life course estimates at present for some vaccines (e.g. HPV) introductions vaccines) approach · Geographic equity, and accessibility of May overlook disparities within urban areas, with Demonstrates that a country's immunisation vaccination services • DTP drop out, stock availability at facility program is reaching a large portion of the limited access to healthcare services despite being located within areas with high overall coverage 3. Accessibility population, including underserved and equity communities · Lack of robust data quality in hard-to-reach areas Immunisation financing: increased domestic • Measure's ability of the health system to Data limitations, including incomplete or unreliable data, lack of standardized indicators, and 4. Health financing/ dependency on external funding deliver immunisation services and procure **Systems** Vaccine Supply chain: e.g. EVM score Leadership, management, co-ordination: e.g. EPI team capacity, NITAG difficulties in data collection and analysis. This may Strengthening (assessment of hinder efforts to accurately assess readiness for components of a healthcare system - will also transition and monitor progress over time some health Human resources for health e.g. Health worker/Health facility density & distribution enable targeted interventions to improve transition readiness building \*This assumes an aggregate indicator to reflect components of a health system blocks) Subjectivity – determining an appropriate weighting when combining multiple indicators may be Vaccine coverage + Key health system Balanced view to readiness to transition and a • 5. Composite indicator building blocks more nuanced understanding of programme indicator performance and health systems capacity