

**SUBJECT:** **POTENTIAL GAVI SUPPORT FOR IMMUNISATION IN SYRIA**

**Agenda item:** 08b

**Category:** For Decision

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## **Section A: Overview**

### **1. Purpose**

- 1.1 The purpose of this paper is to ask the Board to take a strategic decision with regards to potential engagement with lower-middle-income countries (LMICs) that are fragile or face protracted emergencies but whose eligibility for Gavi support cannot be exactly determined because a point estimate for Gross National Income (GNI) per capita is not available. Currently this question only arises in the case of Syria. This paper includes information on Syria's income status as relevant to Gavi's eligibility policy, the current situation in Syria including immunisation needs, and options for Gavi engagement.

### **2. PPC discussions**

- 2.1 The Programme and Policy Committee (PPC) discussed this issue at its meeting on 25-26 October 2016. PPC members were generally supportive of engagement with Syria, however they acknowledged that there is uncertainty about its eligibility status. They suggested the Secretariat explore further information to ascertain Syria's eligibility status to the extent possible and that it would be important to consult the World Bank on this matter. They also suggested further exploring what the comparative advantage might be for Gavi to support immunisation in Syria, and how such support might be operationalised.
- 2.2 In those countries experiencing protracted emergencies that fall outside Gavi eligibility (e.g. Libya and Iraq<sup>1</sup>), the PPC recommended no Gavi engagement as it did not think it appropriate to reopen eligibility at this time. It was noted that PPC members representing the CSO and Research & Technical Health Institutes constituencies expressed support for Gavi engagement in these settings.

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<sup>1</sup> Both currently upper middle-income countries

### 3. Recommendations

3.1 The Gavi Alliance Programme and Policy Committee **recommended** to the Gavi Alliance Board that it approve one of the following options for engagement in Syria:

- i. **Option 1 - No engagement**
- ii. **Option 2 - Limited and temporary support.** An initial, time-limited commitment to support vaccine procurement only (option 2A) or vaccine and cold chain procurement (option 2B); to be reviewed two years from now.
- iii. **Option 3 - Comprehensive, needs-based support, similar to “normal” eligibility.** A more open-ended commitment to start engagement in Syria now with needs to be reviewed on a rolling basis. Support would end if Syria would get a GNI p.c. estimate above Gavi’s threshold, be classified as an Upper-Middle-Income Country, or be downgraded to a level 2 emergency. Support may include vaccines, cold chain and HSIS.

### Section B: Content

#### 4. Gavi eligibility, GNI per capita and Syria’s economy

- 4.1 **Summary: as a result of the war, Syria’s economy has significantly deteriorated. There is a possibility that its GNI p.c. is now below Gavi’s threshold, however a precise estimate is not available creating uncertainty over its eligibility status. There is no precedent for this situation.**
- 4.2 Gavi eligibility is determined by a country’s Gross National Income (GNI) per capita based on estimates published annually by the World Bank (Atlas method). Countries whose average GNI p.c. over the past three years is below Gavi’s threshold, currently US\$ 1,580, are eligible for support.
- 4.3 For some countries, the World Bank does not publish a figure, but it provides a range instead.<sup>2</sup> For example, Somalia and Korea, DPR, are listed as ‘estimated to be low income’. As the WB’s upper threshold for low-income countries is US\$ 1,026, this classification clearly falls below Gavi’s eligibility threshold, and those countries are thus considered eligible and are offered the same Gavi support available to other Gavi-eligible countries. More difficult is the classification of lower middle-income country (LMIC) as this range contains countries both below and above Gavi’s eligibility threshold.<sup>3</sup> The Eligibility & Transition Policy had not foreseen this exceptional

<sup>2</sup> There are a number of reasons why the World Bank might not publish a GNI p.c. estimate. For example, some countries do not regularly report data due to conflict, lack of statistical capacity and other reasons. For more information, please refer to <https://datahelpdesk.worldbank.org/knowledgebase/articles/191133-why-are-some-data-not-available>

<sup>3</sup> Countries are classified as LMICs when their GNI p.c. is between US\$ 1,026 and US\$ 4,035

circumstance, and therefore does not provide guidance on how to consider countries classified as such.

- 4.4 Historically, *previously eligible* countries entering the LMIC category but lacking a precise GNI p.c. estimate have continued to receive Gavi support. Only Djibouti has been in this situation. It had been Gavi-eligible based on its GNI p.c. levels when in 2012 the WB stopped publishing a precise estimate and instead classified Djibouti as LMIC. However, there is no precedent for previously *ineligible* countries entering this category (LMIC) without a precise estimate, such as Syria.
- 4.5 In 2015, the **World Bank** (WB) classified Syria as an LMIC for the third year in a row, without a precise GNI per capita estimate. The last WB estimate available<sup>4</sup> is US\$ 1,860 for the year 2007. This number would have likely increased between 2007 and the start of the crisis in 2011. Since then, Syria's GNI p.c. has likely significantly decreased as a result of the war, without a precise estimate being available.
- 4.6 The **International Monetary Fund** (IMF) estimates that Syria's Gross Domestic Product (GDP) is less than half of what it was before the conflict started, with several caveats around lack of data and use of estimates. In the IMF data bank, no GDP figure is indicated since 2010 (2010 GDP per capita US\$ 2,806).<sup>5</sup>
- 4.7 The 2015 **UN World Statistics Pocketbook**, published by the UN Statistics Division (UNSD), estimated Syria's GNI p.c. at US\$ 1,573 for the year 2013. The 2016 edition did not include any GNI p.c. estimate for Syria. Of note, there are important discrepancies between this datasource and the World Bank. For example, the UNSD has in the past classified countries as having a GNI p.c. above Gavi's threshold while they were considered as a low-income country by the World Bank.
- 4.8 Following consultations, the Secretariat was not able to establish other reputable sources for GNI p.c. estimates.
- 4.9 Apart from Syria, no other, previously ineligible country<sup>6</sup> has been classified as an LMIC for three years in a row without a GNI per capita estimate.

## 5. Immunisation in Syria

- 5.1 It is estimated that around 400,000<sup>7</sup> people have been killed, over 4 million Syrians have fled the country, and 8.7 million are internally displaced<sup>8</sup> since

<sup>4</sup> <http://data.worldbank.org/country/syrian-arab-republic>

<sup>5</sup> IMF working paper WP/16/123, June 2016

<sup>6</sup> Except for territories such as the West Bank and Gaza, which at the time of the absence of a GNI per capita were not recognised as a country.

<sup>7</sup> UN and Arab League Envoy to Syria <http://www.unmultimedia.org/radio/english/2016/04/syria-envoy-claims-400000-have-died-in-syria-conflict/#.WCnHOfKFOUk>

<sup>8</sup> UNHCR <http://www.unhcr.org/syria-emergency.html>

2011. Syria has been classified as a Grade 3 emergency by WHO since January 2013<sup>9</sup>.

- 5.2 Syria had a relatively strong immunisation programme before the war. The government had plans to introduce PCV and rotavirus vaccines before the crisis. WHO/UNICEF estimate that DTP3 coverage declined from 80% in 2010 to 41% in 2015, the fourth lowest in the world<sup>10</sup>. Before the war, about 90% of Syria's medicines were locally produced. Severe damage to the country's pharmaceutical industry has resulted in significant drug shortages in essential medications such as antibiotics.<sup>11</sup> With large numbers of unvaccinated children and reduced access to curative services, vaccine-preventable disease mortality has increased and the country faces a high risk of outbreaks, as evidenced by measles, polio and meningitis outbreaks. UNICEF and WHO have rolled-out numerous measles and polio vaccination campaigns in Syria (as well as in neighbouring Jordan, Lebanon, Iraq, and Turkey) since the beginning of the conflict.
- 5.3 There are an estimated 3.2 million children under-five in Syria.
- 5.4 Routine Immunisation (RI) is implemented by the Ministry of Health (MoH) in areas under government control. In addition, the MoH conducts immunisation activities in some besieged and hard-to-reach areas via MoH field workers and Syrian Arab Red Crescent volunteers. Support to routine immunisation is a shared effort between UNICEF and WHO with their CSO implementing partners, with CDC providing support in disease surveillance. Government procurement of vaccines has been interrupted by financial constraints and lack of foreign currency, as well as an inability to procure due to international sanctions. UNICEF currently procures all vaccines for use in government-controlled *and* other areas in Syria. Immunisation in areas not under government control is supported by CSOs operating cross-border from Turkey and Jordan, coordinated through the 'Syrian Immunisation Group', led by WHO and UNICEF.
- 5.5 In May 2016, UNICEF, WHO and national partners launched the Accelerated Implementation of Routine Immunisation (AIRI) initiative. The first and second nationwide RI campaign for children since the beginning of the crisis took place in the past months, in both government- and opposition-controlled areas. This multi-antigen campaign targets children under 5 years of age with pentavalent, IPV, MMR and OPV. In 2016, over 1 million children were reached in opposition controlled areas through the AIRI initiative. Immunisation coverage data from these areas is being reported by implementing CSOs and verified by an independent monitoring body<sup>12</sup>. In addition, three rounds of multi-antigen vaccination campaigns were undertaken out of Damascus in hard to reach and besieged areas.

<sup>9</sup> <http://www.who.int/hac/donorinfo/2013/en/>

<sup>10</sup> Higher only than Equatorial Guinea (16%), Ukraine (23%) and South Sudan (31%), WUENIC, DTP3 coverage 2015

<sup>11</sup> Taleb ZB, Bahelah R, Fouad FM, Coutts A, Wilcox M, et al. (2014) Syria: health in a country undergoing tragic transition. *Int J Public Health*

<sup>12</sup> Partners have contracted an independent CSO to monitor performance and assess coverage, reporting to the Syria Immunisation Group.

- 5.6 Vaccines for areas under the control of opposition groups are delivered from outside Syria (across borders under the UN Security Council Resolution [UNSCR] 2165). The government is notified of vaccine delivery under the UNSCR mechanism.
- 5.7 Support for Syria is coordinated through the Syria Humanitarian Response Plan (HRP), with a rolling annual plan and budget.
- 5.8 In 2016, the budget for vaccine procurement by UNICEF for both government-controlled areas and other areas in Syria was approximately US\$ 18 million (2/3 RI and 1/3 polio campaigns). Partners secured around 50% of the funds required for immunisation from ECHO<sup>13</sup>, DFID<sup>14</sup>, OCHA<sup>15</sup>, OFDA<sup>16</sup>, Sida<sup>17</sup>, Kuwait and Japan, which funded around 80% of the vaccine needs.
- 5.9 Partners indicate that community demand for immunisation remains very strong in Syria.

## **6. 2017 immunisation needs**

- 6.1 Funding needs for 2017 are currently being finalised by partners.
- 6.2 Partners are aiming to reach over 3 million children under 5 years of age in 2017. This target is nationwide and includes immunisation of children in difficult to reach areas such as Raqqa and Dei-ez-Zor that have not previously been reached by the campaigns.
- 6.3 2017 funding needs for immunisation in the Humanitarian Response Plan for all of Syria are estimated around US\$ 34 million<sup>18</sup>. Of this, US\$ 23 million is the estimated need for all vaccines, with Gavi-supported vaccines (pentavalent, IPV and MR-containing vaccines) accounting for approximately US\$ 20 million. Of the US\$ 34 million, around US\$ 4 million is for the procurement of cold chain equipment in 2017. The remainder (US\$ 7 million) is for operational costs, training and monitoring.
- 6.4 For 2017, no funds have yet been secured.

## **7. Options for Gavi engagement**

- 7.1 **Option 1.** The Board could decide to not engage in Syria for a number of reasons. First, there is currently no guarantee that Syria's GNI per capita is below Gavi's threshold, or more precisely, that its average GNI p.c. of the past three years is below Gavi's threshold. Secondly, even if the Board was ready to commit support despite this ambiguity, there are other uncertainties and potential challenges surrounding the implementation of such support.

<sup>13</sup> EU Humanitarian Aid and Civil Protection (ECHO)

<sup>14</sup> Department for International Development (DFID)

<sup>15</sup> United Nations Office for the Coordination of Humanitarian Affairs (OCHA)

<sup>16</sup> Office of US Foreign Disaster Assistance (OFDA)

<sup>17</sup> Swedish International Development Cooperation Agency (Sida)

<sup>18</sup> This number may not include *all* operational costs and costs for training, monitoring etc. as plans are still being developed

For example, Gavi's mandate and support modalities, which are focused on vaccine financing and long-term strengthening of immunisation systems, are not well suited to the situation in the absence of a well-functioning EPI programme, reduced government ability to deliver health services in the country, and an unlikely ability to co-finance vaccines. Although Gavi currently supports several countries in crisis (e.g. Yemen, South Sudan), it has no prior experience in Syria. Finally, extending support to Syria may trigger political sensitivities with a potential for strategic and reputational risk.

- 7.2 Option 2.** The Gavi Board could decide to make an initial, time-limited (e.g. 2-years) commitment for immunisation support in Syria through Alliance partners operating in the country and across borders from neighbouring countries. Support could include vaccine financing (**A**) or vaccine *and* cold chain equipment financing (**B**). Such a decision (2A or 2B) could be based on the recognition that Syria is, at a minimum, close to being a Gavi-eligible country while also facing a severe crisis and serious immunisation needs - the population is very vulnerable to vaccine-preventable disease, exacerbated by limited access to curative services, and there is a serious ongoing risk of polio and measles outbreaks - and that this unique situation and need call for an exceptional approach. Support would be provided through Alliance partners operating under the Humanitarian Response Plan. As such Gavi would contribute to immunisation in both government-controlled areas and in other areas where efforts are being made by humanitarian partners to deliver immunisation. This approach would ensure that such immunisation efforts were not put at risk due to funding for vaccine procurement not being available for 2017 (or subsequent years). Partners did not manage to raise the full required amount in 2016, so it would be highly likely that Gavi would fill a gap. A limited commitment in scope and time would limit risks associated with an engagement in Syria.
- 7.3 Option 3.** The Gavi Board could decide to grant Syria the status of Gavi-eligible country. Such a decision would recognise that there is uncertainty over Syria's GNI per capita, but would give a country in a difficult situation 'the benefit of the doubt'. This would create access to Gavi's different support modalities (vaccine support, financial support for health systems strengthening, and technical assistance). HSIS funds could support operational costs of vaccine delivery and help address health system needs in the short term, with a view to rebuild it for the longer term. Risks that would need to be considered would include how to address equity and how to provide support to areas not accessible by the government.



Table 1: Summary of options:

	<b>Main rationale</b>
<b>Option 1</b>	Not eligible, OR Uncertainty about effectiveness of Gavi support, risk exposure
<b>Option 2</b>	Unique situation calls for unique approach: limited support package provided to Alliance partners Limits risk exposure and potential equity concerns relative to option 3
<b>Option 3</b>	Benefit of the doubt on eligibility

## **Section C: Financial implications and risks**

### **10. Financial implications**

10.1 Option 1 would have no financial implications. Preliminary estimates from the 2017 Humanitarian Response Plan indicate cost implications of option 2A (Gavi-supported vaccines through UNICEF) may be around US\$ 20 million for 2017 for all of Syria including the cross-border operation. Option 2B (Gavi-supported vaccines and procurement of cold chain equipment through UNICEF in 2017) would amount to approximately US\$ 24 million, again for all areas of Syria covered by the Humanitarian Response Plan. Financial implications of option 3 are difficult to forecast. For illustration purposes, based on the current allocation formula in the HSIS framework Syria's HSS allocation over 5 years would amount to approximately US\$ 10 million.

### **11. Risks**

11.1 Providing support to a country in a state of civil war will naturally entail heightened risks, with political and equity risks in the forefront. A decision to not engage also comes with risks, including the reputational risk of inaction. In general, engaging in a context such as Syria will require a high(er) risk appetite.