

## Annex A: Framework for Gavi Funding to Countries



### Gavi Alliance Framework for Gavi Funding to Countries Version 1.0

#### DOCUMENT ADMINISTRATION

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1.0	Policy Team	8 December 2022

#### 1. Purpose and Scope of Document

- 1.1 This document serves as an overarching framework for Gavi’s three programmatic funding policies for Gavi-eligible countries: a) The Eligibility & Transition Policy; b) The Co-financing Policy; and c) The Health Systems and Immunisation Strengthening (HSIS) Policy. The purpose of this document is to set out the objectives, principles and approach for Gavi funding to eligible countries.
- 1.2 Gavi supports lower-income countries, to increase the equitable and sustainable use of vaccines in routine immunisation programmes. This document describes the policies that outline the scope of Gavi funding available to Gavi-eligible countries. This funding is intended to support countries as they increase the equitable and sustainable use of vaccines in routine programmes and facilitate their successful transition out of Gavi support. It includes the procurement of vaccines and support to strengthen health systems to extend routine immunisation services to reach zero dose and missed communities, as well as introduce new vaccines, conduct planned campaigns and other supplemental delivery strategies, and implement outbreak response vaccination.
- 1.3 This document does not cover other Gavi funding through the Partners’ Engagement Framework, the Middle-Income Country’s Approach (the “MICs Approach”) for former and select never Gavi-eligible countries, nor other special initiatives which Gavi might fund from time to time.

#### 2. Principles of Gavi Funding to Eligible Countries

- 2.1 Country-driven, predictable and sustainable: Gavi support is country-driven, meaning that it bolsters country leadership to sustainably deliver and finance immunisation. Support is planned and predictable over time. It is directly linked

to a country's ability to pay and is intended to be catalytic and time-limited and to incentivise domestic investments in health. By investing in immunisation, Gavi supports countries to scale up the most cost-effective interventions and improve efficiency of funding such as through improved allocation and increased access to immunisation.

- 2.2 Equity: missed communities, **first priority**: Gavi support is designed to promote equity in access to immunisation by supporting the introduction of new vaccines and by helping countries sustainably extend the reach of their programmes to zero dose children<sup>1</sup> and missed communities.
- 2.3 Tailored to context, adaptable and flexible: The use of Gavi support is differentiated to meet the needs of countries as they change over time and is aligned with national plans and priorities.
- 2.4 Additive and complementary: Gavi encourages countries to integrate immunisation into primary health care and leverage immunisation outcomes to strengthen access to and delivery of primary health care. In addition, Gavi support complements other funding as Gavi seeks to collaborate with other donors in a harmonised fashion.

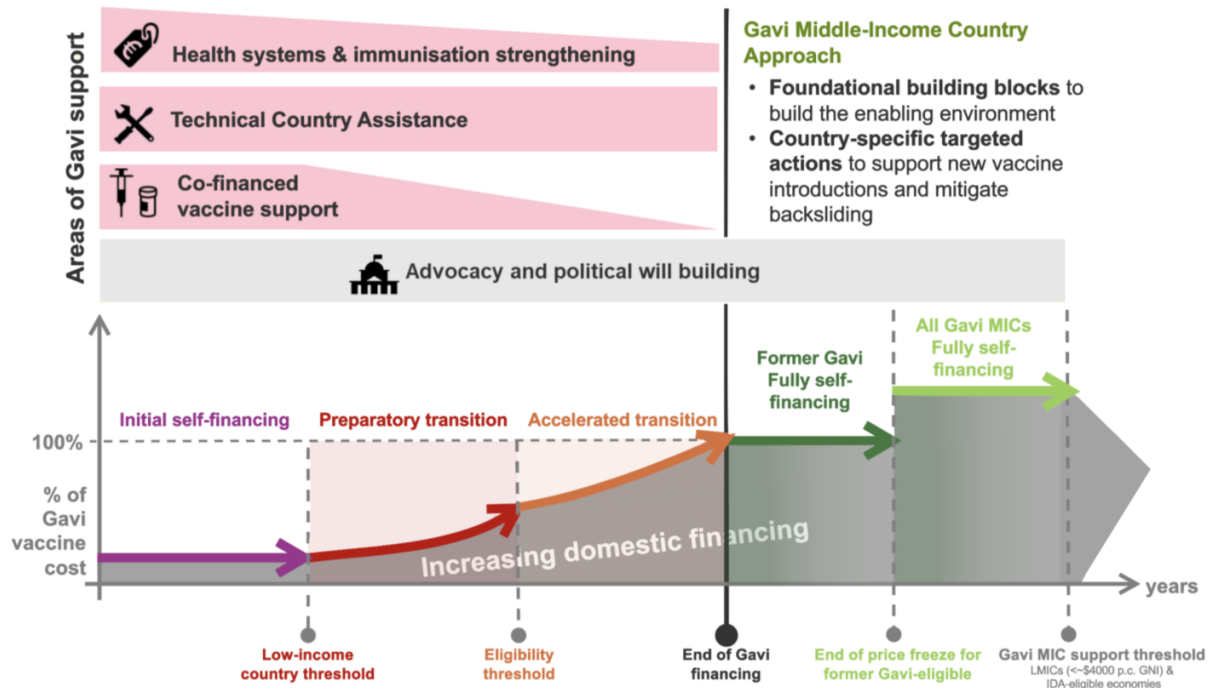
### 3. Gavi Funding to Countries: Introduction

- 3.1 Gavi-eligible countries transition through phases of Gavi support as their ability to domestically finance their immunisation programmes increases, using GNI per capita as a proxy for ability to pay (see Figure 1). Gavi's support for eligible countries is divided into three phases: (i) initial self-financing, (ii) preparatory transition, and (iii) accelerated transition. As a country transitions through phases of Gavi's support, their needs change over time, and countries adjust the use of Gavi funding to meet those needs. It is expected that Gavi funding will decrease over time, but countries will continue to adhere to core principles of equity and sustainability.
- 3.2 The Theory of Change for this Framework (see Annex A) articulates how the funding policies are interconnected and how funding levers work together to achieve Gavi 5.0 aims and objectives.
- 3.3 Gavi encourages countries to plan all their Gavi funding needs in an integrated manner through the Full Portfolio Planning (FPP) process which takes a 5-year view of country support. This comprises vaccine procurement, Health Systems and Immunisation Strengthening (HSIS) including vaccine implementation support and other support, including technical assistance, under the [Partner's Engagement Framework \(PEF\)](#).

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<sup>1</sup> Zero-dose children are those who have not received any routine vaccine. For operational purposes, Gavi measures zero-dose children as those who have not received their first dose of diphtheria-tetanus-pertussis containing vaccine (DTP1).

**Figure 1: Gavi support by transition phase**



3.4 Gavi provides support to countries as outlined in Figure 2 and as described below, each type of assistance is intended to support and complement each other:

3.4.1 Vaccine procurement: Gavi supports countries to introduce vaccines into their routine vaccination programmes. Gavi’s pooled procurement model aims to enable countries’ access to adequate supply of life-saving vaccines at sustainable prices.

3.4.2 Health system and immunisation strengthening (HSIS) support: Gavi supports countries to build strong, equitable, sustainable, and high-quality immunisation programmes and to strengthen and extend immunisation services to regularly reach zero-dose children and communities. This support includes grants for **Health System Strengthening (HSS)** and to strengthen the cold chain through the **Cold Chain Equipment Optimization Platform (CCEOP)** as well as **vaccine implementation support**. Gavi encourages countries to align Gavi funding with support from other multilateral and bilateral donors to help strengthen immunisation programmes and support integrated delivery of essential primary healthcare (PHC) services.

3.4.4 Other technical and financial support not in scope for these policies:

3.4.4.1 During the Gavi 5.0 strategic period, Gavi additionally provides **Equity Accelerator Funding (EAF)** support to countries to accelerate progress on equity. This funding is dedicated for use to reach zero-dose children and missed

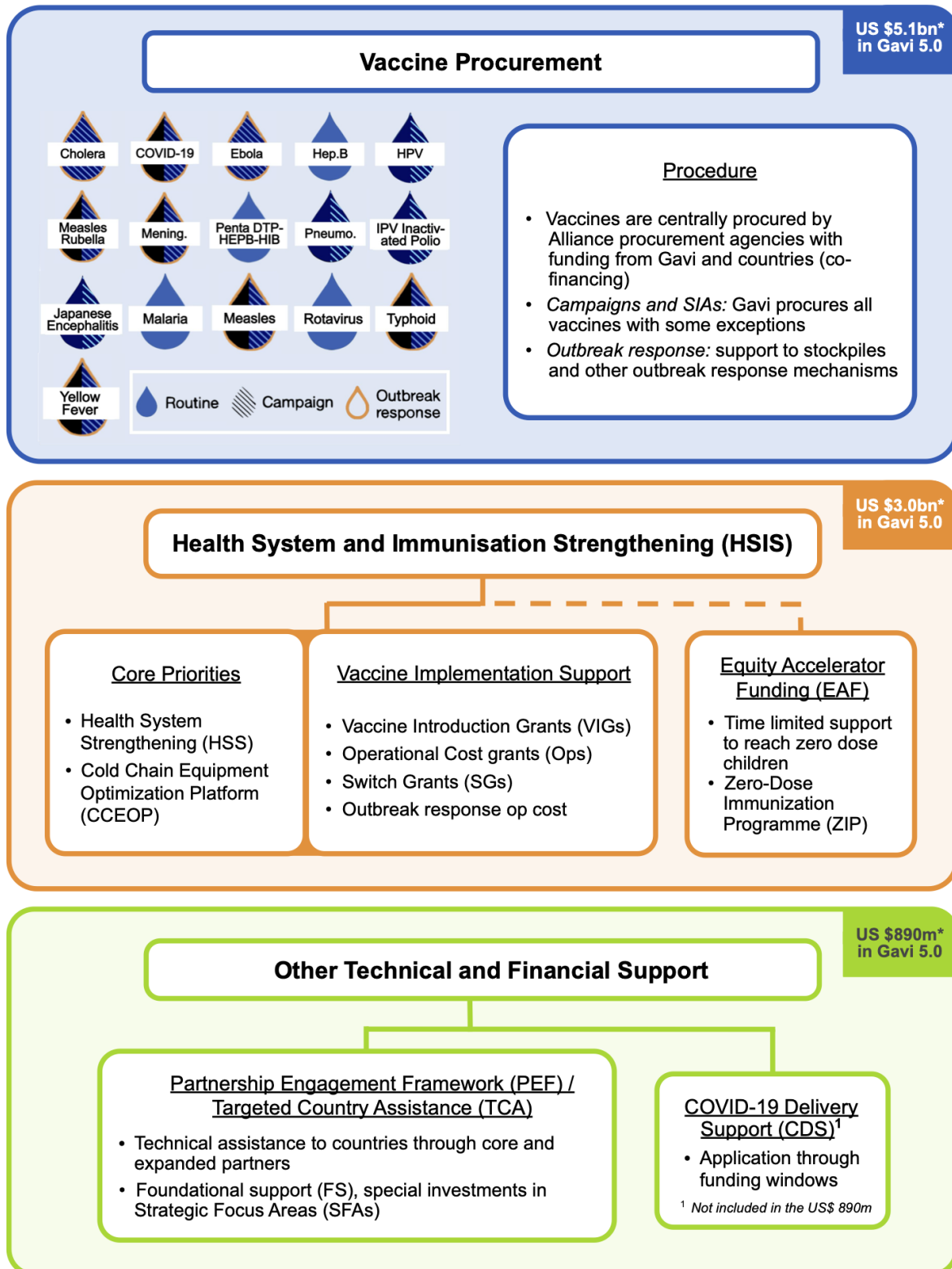
communities. The difference between EAF and HSS is that HSS can be programmed for broader systems strengthening activities whereas EAF can only be used for activities that are identified as critical to reaching zero-dose children and missed communities in a specific context. Furthermore, HSS grants run across Gavi strategic cycles, whereas EAF funding is currently only available for the 2021- 2025 strategic period. Due to its limited duration, the EAF is not in scope of the HSIS Policy.

3.4.4.2 In addition, Gavi provides support to countries through the **Partners' Engagement Framework (PEF)**. PEF areas of support: (i) **Targeted country assistance (TCA)** is support provided for technical assistance to countries for Partners on the ground. It is the largest funding stream in PEF, reflective of the intent to strengthen country outcomes to increase coverage and reach under and un-immunised children. At the global and regional level, funding is provided through (ii) **Foundational Support** – predictable, long-term funding for core functions at WHO, UNICEF, World Bank and CDC. As well as Special Investments in **Strategic Focus Areas (SFA)** which provides time limited, catalytic funding for new approaches to proof of concept at country level and to prepare for scale up across countries. **Gavi's COVID-19 Delivery Support (CDS)**: Specifically, for COVID-19, countries can access delivery support through the CDS Funding windows.

3.4.4.3 Middle-Income Countries (MICs) Approach: support with the objectives to prevent backsliding in vaccine coverage in former Gavi eligible countries and to drive the sustainable introduction of key missing vaccines in both former- and select never-Gavi eligible countries.

3.4.5 Gavi uses a Board-approved allocation formula to **calculate 5-year ceilings for every country's allocation** for Health Systems Strengthening (HSS), Equity Accelerator Funding (EAF), Cold Chain Equipment Optimisation Platform (CCEOP) support, and Targeted Country Assistance (TCA). Each ceiling represents the maximum amount of funding a country is eligible to receive over a five-year period. Access to this support is aligned with country cycles with the aim that Gavi funding is complementary to national plans and initiatives.

**Figure 2 – Types of Gavi Support**



\*Based on Financial Update, expenditure forecast 2021-2025 Gavi 5.0, Report to the Gavi Board, December 2020. Updated annually. Excludes malaria and COVID-19 vaccines, which were not approved at the time.

- 3.4.6 In Gavi's 5.0 strategic period, investments in demand generation and community engagement include engaging civil society and communities more actively in the design, development and implementation of Gavi supported grants, with a new **requirement that at least 10%** of all Gavi Health System Strengthening (HSS), Equity Accelerator Funding (EAF) and Targeted Country Assistance (TCA) support should be channelled through **Civil Society Organisations (CSOs)**, unless they can provide a robust rationale as to why this is not appropriate in their context.
- 3.4.7 Gavi recognises the inherent risk in some of its investments and differentiates its funding approach to align with its risk appetite as articulated and approved by the Gavi Board.

#### 4. Country transition through phases of Gavi's support

##### Relevant Policies and Guidelines

Eligibility and Transition Policy

[Fragility, Emergencies and Displaced Populations \(FED\) Policy](#)

- 4.1 The **Eligibility and Transition policy** sets out the criteria that determine which countries are eligible to apply for different forms of Gavi support.
- 4.2 Country transition through phases of Gavi support is based on GNI per capita (p.c.) as a proxy of a country's ability to domestically finance its immunisation programme. As a country's GNI p.c. increases, it increases its financing for vaccine procurement while Gavi support correspondingly decreases, to the point at which a country fully finances its own vaccine programme and Gavi support ends. In addition, the intention is that a country gradually strengthens its health system and improves immunisation outcomes, while also increasing domestic expenditures on health. This approach aims to support countries to, at the point of transition, be fully self-financing well-functioning programmes capable of sustaining and even building on gains in coverage and equity. While Gavi funding levels decrease as countries progress along the transition pathway, the types and use of funding are adjusted to specific country contexts. Gavi's transition model groups eligible countries in three phases of transition. The thresholds for these phases are defined in the Eligibility and Transition Policy:
- 4.2.1 Initial self-financing countries have GNI p.c. levels below the World Bank's low-income threshold. Gavi funding alongside country financing is intended to support building the fundamentals of sustainable immunisation systems.
- 4.2.2 Preparatory transition countries have GNI p.c. levels above the World Bank's low-income threshold but below Gavi's eligibility threshold. Countries in this phase increase their domestic financing of

immunisation programmes and health systems as Gavi support decreases.

- 4.2.3 Accelerated transition countries have crossed Gavi’s eligibility threshold and the country is co-financing at least 35% of vaccine costs. Countries are approaching transition from Gavi eligibility. These countries further increase domestic financing as Gavi support winds down.
- 4.3 To tailor its country support, Gavi classifies countries into segments: Core, High Impact or Fragile. These segments indicate what the objective of Gavi engagement will be, as well as expectations for engagement with countries both from the Gavi Secretariat and across the Alliance partners. Across these country segments, support offered will be differentiated to meet country needs as they change over time and will be aligned with national plans and priorities. The thresholds for Gavi’s transition model remain the same regardless of the country’s segment.
- 4.4 Once they exit from Gavi support, countries fully self-finance their immunisation programmes, see Figure 1. In some instances, former Gavi-eligible countries could receive limited, targeted support under the Middle-Income Countries (MICs) Approach as per its specific objectives: to prevent backsliding in vaccine coverage and to drive the sustainable introduction of key missing vaccines<sup>2</sup>.
- 4.5 At any stage in the transition pathways described, countries might face conflict or fragility. Gavi support provides flexibilities for these circumstances as governed by the Fragility, Emergencies and Displaced Populations (FED) Policy.

## 5. Vaccine Procurement

### Relevant Policies and Guidelines

Co-financing Policy

[Self-Procurement Policy](#)

[Vaccine Funding Guidelines](#)

[Budget Eligibility Guide](#)

- 5.1 Countries are expected to co-finance the purchase of most vaccines, with the co-financing share specific to transition phase and vaccine, detailed in the **co-financing policy**.
- 5.2 On behalf of eligible countries, Gavi funds the procurement of **vaccines** that are part of its portfolio and, where relevant, supports countries with their introduction (please see HSIS section below). Gavi does not provide funding for vaccines introduced without Gavi support except in very rare

<sup>2</sup> Gavi’s MICs approach: <https://www.gavi.org/types-support/sustainability/gavi-mics-approach>

circumstances<sup>3</sup>. Vaccines are centrally procured by the Alliance's procurement agencies, with funding from both Gavi and countries channelled directly to the agency. Under certain conditions, countries can also self-procure Gavi-financed doses per the Self-Procurement Policy.

- 5.3 Gavi finances the procurement of vaccines for comprehensive disease control, supporting three types of vaccine delivery strategy:
- 5.3.1 Routine immunisation: Gavi procures a portion of the vaccines administered per the national immunisation schedules, including the standard and catch-up schedules, to complement a country's co-procurement (either procured through the procurement agencies or self-procured) as per the co-financing Policy.
  - 5.3.2 Planned campaigns and tailored supplemental delivery strategies: Gavi procures the full amount of vaccines for planned campaigns supported across various disease areas with certain exceptions as outlined in the co-financing policy and Vaccine Funding Guidelines, and tailored strategies to close immunity gaps.
  - 5.3.3 Outbreak response: for certain outbreak and epidemic-prone diseases, Gavi supports global stockpiles and other outbreak response mechanisms, through which Gavi eligible countries can access fully funded vaccines.

## 6. Health System and Immunisation Strengthening Support

### Relevant Policies and Guidelines

HSIS Policy

[Programme Funding Guidelines](#)

[Vaccine Funding Guidelines](#)

[Budget Eligibility Guide](#)

- 6.1 Gavi's HSIS Policy sets out the principles, general requirements and procedures for the HSIS support. The policy is complemented by more detailed programmatic and operational guidance.
- 6.2 HSIS support includes Gavi's support to Health System Strengthening (HSS), cold chain equipment through the Cold Chain Optimization Platform (CCEOP) and vaccine implementation. In 5.0, countries also have the opportunity to access additional HSS to accelerate progress in reaching zero-dose in the form of an EAF grant, which is governed by the same allocation formula and programme funding guidelines.

<sup>3</sup> Exceptions may be determined for countries re-entering eligibility or by the Board.



- 6.3 Interventions supported by Gavi's HSS grants should be targeted and tailored based on context. Countries in earlier development stages with weaker systems and lower immunisation coverage are encouraged to prioritise interventions that build essential programmatic capacities with a focus on areas with disproportionately high numbers of zero-dose and under-immunised children. Countries with stronger health systems and high coverage, and especially those approaching transition, are encouraged to invest in strengthening the quality, efficiency and sustainability of immunisation services.
- 6.4 Under CCEOP, countries are required to jointly invest in CCE procurement with the level of joint investment varying based on a country's transition phase at the time of application. This ranges from Gavi funding 80% of CCE cost for countries in the initial self-financing phase, to 50% for countries in the preparatory and accelerated transition phases.
- 6.5 Gavi's HSIS support is disbursed directly to countries or to implementing partners, except where commodities are centrally procured. In such instances, Gavi will withhold a portion of the allocation to disburse directly to its procurement partner on a country's behalf. In the event of a barrier to funding being disbursed to the country directly, such as capacity for financial management, fiduciary risk, timely and efficient funding of immunisation activities or as agreed with country, Gavi can use a different channel for disbursement.

## 7. Vaccine Implementation Support

### Relevant Policies and Guidelines

HSIS Policy

[Programme Funding Guidelines](#)

[Vaccine Funding Guidelines](#)

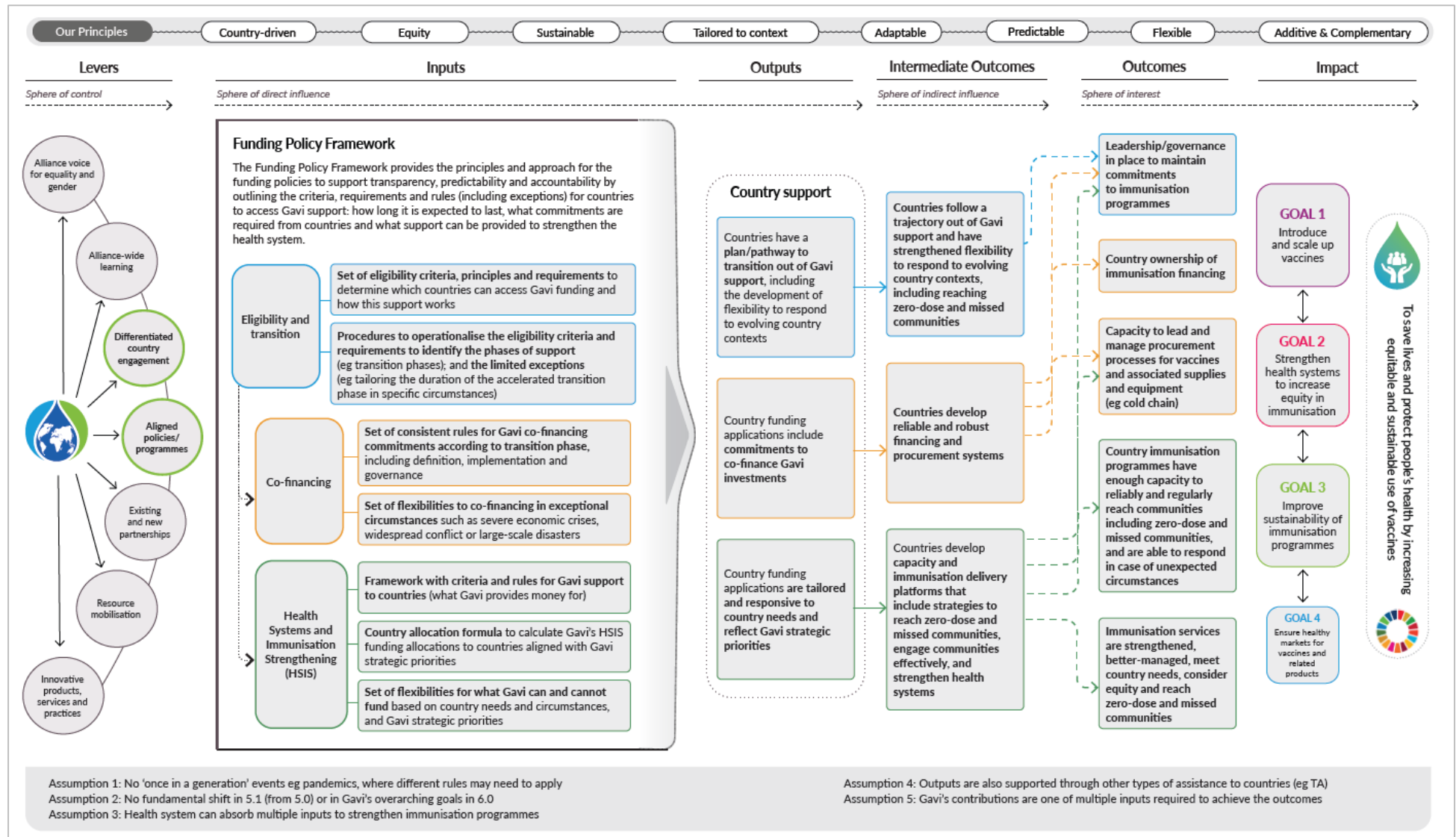
- 7.1 To strengthen successful immunisation delivery, and support countries to optimise their vaccine programmes, Gavi provides funding to support new introductions of vaccines into the national immunisation schedule (vaccine introduction grants), planned campaigns and other supplemental delivery strategies (operational cost grants), as well as outbreak response and grants to facilitate the safe and effective transition to a different product, presentation, use, or dose schedule (switch grants) as set out in the HSIS Policy.
- 7.2 These grants are provided as additional funding to the HSS grants. Countries are expected to plan and manage them as part of the HSIS support and to ensure that the grants are aligned with and contribute towards strengthening routine immunisation programmes.
- 7.3 Detailed guidance for the use of these grants can be found in the Vaccine Funding Guidelines.

7.4 Flexibilities to the guidance can be applied as per Gavi’s Fragility, Emergencies and Displaced Populations Policy (FED) and related operational guidelines.

**8. Monitoring and Evaluation**

8.1 The policies will be monitored by the Gavi Secretariat on an ongoing basis at the strategic and process levels. The monitoring framework is adjoined to the Theory of Change and described in Annex A.

**Annex A - Theory of Change (ToC) & Monitoring and Evaluation Framework**



This **Theory of Change** (ToC) has been designed to reflect the Framework for Gavi Funding to Countries (also referred to as the Funding Policies Framework). It complements the policies as it articulates how they are interconnected, and how funding levers work together to achieve Gavi 5.0 aims and objectives.

On the left-hand side are all the **levers** that will contribute towards the Funding Policies' outcomes. However, the two that are highlighted are particularly important:

- Differentiated country engagement. Bespoke, contextualized, and targeted approaches will be adopted according to specific country needs.
- Aligned policies and programmes. This involves the effective operationalization of the policy into SOPs/operational guidelines to enable countries to leverage the flexibilities they need.

Gavi's **inputs** are grouped by core policy area within the overarching Framework. Commonalities between the three policies are highlighted in bold and their relationship to one another is expressed in the ToC. As part of its approach to being country-led, the use of the policies (along with the levers) will be shaped by the **differentiated country engagement**, which is supported by further tailoring and adaptation within countries.

1. **Eligibility and Transition.** The Eligibility and Transition Policy sets out the criteria to determine which countries can apply for Gavi support, based on a country's GNI per capita. It also provides a clear, institutionalised pathway for a country's journey through and eventual transition out of Gavi support by determining the phase of support for countries, which is how support through the co-financing and HSIS policies is differentiated, as indicated by the arrow to the left-hand side of the Funding Policy Framework box. The policy also sets out the exceptions under which the phases of support may be revisited.
2. **Co-financing.** The co-financing Policy enshrines the principle of financial sustainability by requiring countries to invest resources to procure an increasing share of vaccine doses over time. It applies rules for co-financing requirements according to transition phase, and flexibilities in case of exceptional circumstances (e.g. severe humanitarian or fiscal crises).
3. **Health Systems and Immunisation Strengthening.** This policy sets out the objectives, principles and general requirements for Gavi's HSIS support to countries. It sets out the equity focused allocation formula used to calculate grant ceilings for the health system strengthening (HSS) and cold chain equipment support<sup>4</sup>. It establishes the priorities for Gavi's HSIS investments including the vaccine implementation support and maps out flexibilities to the requirements based on country needs and circumstances.

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<sup>4</sup> The formula is also used to calculate the Cold Chain Equipment Optimisation Platform (CCEOP) support ceilings.

The headline **output** stemming from the realisation of Gavi's funding policies is **country support**. There are three ways in which country support is framed, which relate back to the three policies within the framework:

1. **Countries have a plan/pathway to transition out of Gavi support**, including the development of flexibilities to respond to evolving country contexts (*Eligibility and transition*)
2. Country funding applications **include commitments to co-finance Gavi investments** (*co-financing*)
3. Country funding applications are **tailored and responsive to country needs and reflect Gavi's strategic priorities** (*HSIS*)

These outputs result in three **intermediate outcomes** that chart a pathway for countries towards the intended outcomes and ultimate goals of the funding policies. For the achievement of the intermediate outcomes, Gavi's sphere of influence becomes indirect as inputs beyond Gavi support are required and will be affected if the assumptions do not hold over time. The intermediate outcomes and the logic behind their achievement are presented below:

1. When implemented, transition plans/pathways that respond to evolving country contexts (output 1) support countries in a **trajectory out of Gavi support with strengthened flexibility to respond to evolving country contexts, including reaching zero-dose and missed communities**.
2. When implemented, plans to co-finance Gavi investments (output 2) support **countries to develop reliable and robust financing and procurement systems**.
3. Results from country funding applications that are aligned with a) countries' needs and b) Gavi's strategic priorities (output 3) support countries to **develop capacity and immunization delivery platforms that include tailored and 5.0-aligned strategies that reach zero-dose and missed communities, engage communities effectively, and strengthen health systems**.

In turn, these intermediate outcomes relate to specific and overarching **outcomes**:

1. **Leadership/governance in place to maintain commitments to immunisation programmes**, resulting from countries' trajectory out of Gavi support (intermediate outcome 1), and countries' strengthened capacity and immunisation delivery platforms (intermediate outcome 3);
2. **Country ownership of immunisation financing**;
3. **Capacity to lead and manage procurement processes** for vaccines and associated supplies and equipment (e.g. cold chain) both emerge from countries' development of reliable and robust financing and procurement systems (intermediate outcome 2), with the latter outcome also supported by

intermediate outcome 3 – countries' increased capacity and immunisation delivery platforms;

4. Countries' increased capacity and immunisation delivery platforms foster **capacity within country immunisation programmes to reliably and regularly reach zero-dose and missed communities, and the ability to respond in case of unexpected circumstances;** and
5. **Strengthened, better-managed, immunisation services, which meet country needs, consider equity and reach zero-dose and missed communities.**

These five outcomes contribute most directly to Gavi **5.0 strategic goals 1, 2 and 3**: 'introduce and scale-up vaccines', 'strengthen health systems to increase equity in immunisation' and 'improve sustainability of immunisation programmes'.

The ToC is built on a set of **principles** which define the way in which Gavi will approach and operationalize the funding policies. These are: **country-driven**, placing the country perspective at the centre of their design; **equity**, prioritising reaching zero-dose, missed communities and under-immunised children; **sustainable** beyond Gavi support, placing focus on system strengthening and increased cost-sharing as countries progress along the transition pathway; **predictable**, countries know what support to expect over time; **tailored to context**, and aligned with national plans and priorities; **adaptable; flexible, and additive and complementary**; collaborative in nature both to support provided by other development partners and to domestic funding with demonstrable commitment to take over activities funded through longer-term HSIS.

In turn, these are underpinned by **several core assumptions**, which describe what needs to be in place for Gavi's Funding Policy Framework to be effective: 1) the implementation of the funding policies assumes an existing state of affairs and does not take into consideration major, 'once in a generation' events, where different rules may need to apply; 2) no fundamental shift in Gavi's overarching goals and strategy; 3) that these health systems can absorb multiple inputs to strengthen immunisation programmes; 4) that outputs are also supported through other types of assistance to countries, and 5) that Gavi's contributions are one of multiple efforts required to achieve outcomes.

### Monitoring Framework for ToC

The policies will be monitored by the Gavi Secretariat on an ongoing basis at the strategic and process levels. These indicators and monitoring processes are subject to evolution and addition as Gavi strategy evolves.

#### 1. Strategy-level:

As mentioned above, the funding policies contribute mainly to the achievement of Gavi's first three strategic goals:

- Goal 1: Introduce and scale-up vaccines

- Goal 2: Strengthen health systems to increase equity in immunisation
- Goal 3: Improve sustainability of immunisation programmes

## 2. Process-level:

Gavi's progress in implementing the funding policies will be monitored through performance indicators from Gavi's 5.0 Monitoring and Performance Management framework and reported on an annual basis. The selection of indicators below aims to inform how the funding policies are supporting the outputs (country support) and through their implementation the intermediate outcomes and ultimately the outcomes.

Process-level indicators:

- B.5 - Total amount of funds allocated towards targeted investments to reach zero dose children
- B.3 - Percentage of funding disbursed through each funding lever (vs. approved and latest forecast)
- M.26 - Number of routine introductions completed over number of targets set for the calendar year
- N.28 - Percentage of Gavi supported campaigns that achieved target coverage rate (quality)
- C.9 - Proportion of planned workplan activities implemented as per the plan
- G.15 - Percentage of vaccine programmes with country co-financing obligations of current year met
- P.32 - Reduction in the number of zero-dose children
- P.33 - Percentage change in number of zero-dose children (disaggregated by previous year and baseline year)
- J.19 - Proportion of health facilities providing routine immunization services that reported no stock-outs of DTP-containing vaccine in {Year}
- O.30 - Percentage of functional health facilities providing routine immunisation services

The indicators include Gavi-Secretariat facing indicators to denote whether a country is taking up Gavi levers (B.5 and B.3), and country-facing indicators to indicate if these levers are being implemented as expected (M.26 and N.28), and if the country's performance against outputs and outcomes is as expected (C.9, G.15, P.32, P.33, J.19 and O.30).

## 3. Evaluation

This Funding Framework will be reviewed and updated as and when required.