



Report to the GAVI Alliance Board

4-5 December 2012

Subject:	GAVI and fragile states: a country by country approach
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Agenda item:	12
Category:	For Decision
Strategic goal:	SG1 - Vaccines, SG2 - Health systems, SG3 - Financing

Section A Overview

1 Purpose of the report

- 1.1 This report presents the proposed policy for GAVI and fragile states: a country by country approach. The Programme and Policy Committee (PPC) endorsed the policy at its meeting on 16-17 October 2012.

2 Recommendations

- 2.1 The GAVI Alliance Programme and Policy Committee recommends that the GAVI Alliance Board:
- **Approve** GAVI's policy on fragility and immunisation in Annex 1 to Doc 08 subject to the following amendment:

Section 5.4.1 Replace a "2 week timeframe" by a "4 week timeframe."

3 Executive Summary

- 3.1 In November 2011 the Board requested the Secretariat "to develop a policy that clearly defines the GAVI Alliance's approach to fragile and under-performing countries".
- 3.2 There are many lists categorising fragile states and they vary in terms of definitions. Of the eight definitions analysed¹, 44 out of the 57 GAVI-eligible countries were categorised as fragile on at least one list. None of

¹ Includes: World Bank; OECD; Global Fund; Country Indicator for Foreign Policy, Carleton University, Canada; Brookings Institute; Fund for Peace; GAVI 2006 list of fragile states.

the definitions were found to be linked to immunisation performance² in a statistically significant way.

- 3.3 Based on this analysis, the PPC on 23-24 April 2012 agreed that a country by country approach would be a more useful option in the GAVI context rather than developing a policy centred on a specific fragile states definition.
- 3.4 Country, public and expert consultations show that there is a subset of GAVI-eligible countries that find themselves in protracted fragility situations with both immunisation and non-immunisation challenges. The PPC has recommended to the Board that GAVI develop tailored approaches for these countries to address their specific situations.
- 3.5 Recognising that GAVI is not an emergency relief organisation, consultations indicate a need for GAVI to respond when emergencies threaten the immunisation system and/or existing GAVI support. The PCC has also recommended to the Board that GAVI extend time-limited flexibilities to enable countries to address these events.

4 Risk implication and mitigation

- 4.1 Without a specific set of criteria, there is a risk that GAVI will adopt an ad hoc approach in responding to countries in different protracted fragility and/or emergency situations, leading to a sense of “unfairness” between countries. For this reason, the Secretariat has developed the framework (see Annex 1.A) which outlines inclusion criteria for country tailored approaches in a transparent manner.
- 4.2 There is a risk that the framework has not captured the relevant exceptional circumstances and/or that the flexibilities suggested in the approach are not sufficient to address the problems within GAVI’s mandate. The Secretariat has tried to mitigate this risk through an open and inclusive policy development process, benchmarking with internationally recognised best practice for operating in fragile states and through a triangulation exercise with other fragile states lists. The approach further suggests open inclusion criteria for emergency situations, in order for GAVI to be able to react to unforeseen events at country or implementing partner request.
- 4.3 It is important to recognise that the quality and/or frequency of the reporting of data (in the categories relating to equity in particular) may limit the application of the framework. In order to mitigate this risk, GAVI is working to improve data quality through the business plan.
- 4.4 Transparency, accountability and fiduciary risks will be assessed in accordance with the Transparency and Accountability Policy (TAP).

² Analysis by GAVI Secretariat.

5 Financial implications: Business plan and budgets

- 5.1 It is foreseen that the country by country approach can be implemented within the current GAVI Programme Funding budget and forecast.
- 5.2 Individual country tailored approaches may include additional resources to particular countries. These will come under the programme funding envelope and will be reported on in accordance with the amended Programme Funding Policy or be decided on by the Executive Committee of the Board where financial implications may set policy precedents.
- 5.3 Funds to cater for re-routing of vaccines via partners, replacements of destroyed vaccines, additional cash support or other flexibilities that countries may request in case of emergencies will be decided on a country by country basis by the Executive Committee of the Board.

Section B Content

1 Context

- 1.1 The objectives of the country by country approach are:
 - a) To improve vaccination coverage in a subset of countries with particularly challenging circumstances,
 - b) To protect immunisation systems and existing GAVI support in GAVI-eligible and graduating countries in case of emergency events.
- 1.2 The country by country approach aims to develop a transparent mechanism to identify tailored approaches for the limited group of countries that are both fragile and under-performing and which face immunisation and non-immunisation-related challenges. The approach does not aim to consider all countries where specific initiatives are under way (e.g. large countries, countries with DTP3 coverage under 70%). Where a country is identified for a country tailored approach (see Sections 2.1 to 2.4) and has other supporting initiatives under way, these will be brought together in the strategy and action plan developed for that country (see Annex 2).
- 1.3 GAVI is mindful of the OECD and Busan guidelines for effective engagement with fragile countries³. The Secretariat commissioned an analysis that concluded that the recommended country by country approach is generally aligned with these international best practice principles.

2 The country by country approach

- 2.1 The policy process has shown that there are two types of circumstances that demand flexibilities in the way the GAVI model currently operates.

³ OECD's *Principles for Good International Engagement in Fragile States and Situations* (2007) and the *New Deal for Engagement in Fragile States*, Busan 2011.

- 2.2 These flexibilities will be extended at country government and/or GAVI implementing partner (WHO/UNICEF) request.

Longer term/protracted fragility situations

- 2.3 Public, country and expert consultations demonstrate that there is a set of GAVI-eligible countries that face exceptional challenges over long periods of time. Their specific predicaments differ, but analyses show that these countries are fragile both in a humanitarian and/or political sense and at the same time, under-performing from an immunisation perspective.
- 2.4 A framework (see Annex 1.A) has been developed to identify this group of countries in a transparent manner. The framework takes into consideration both political and humanitarian emergencies and gives priority to countries with long-lasting conflict situations and/or recurring disasters. It also takes into consideration the immunisation aspect through analysing under-performance from a coverage perspective (DTP3 coverage, geographical, wealth and gender equity in immunisation and access to GAVI support) as well as the governance situation (through the Failed States Index developed annually by the Fund for Peace, which includes assessments of deterioration of public service, poverty and uneven economic development). To ensure transparency, the inclusion criteria used for each circumstance are based on externally validated, publically available lists created or used by a multilateral institution or other recognised international organisations.
- 2.5 For countries that appear in four (4) or more of the categories in the framework, it is suggested that GAVI develop a country tailored approach. The cut-off allows GAVI to develop a list of priority countries in order to focus limited resources (see Annex 3 for an illustrative list of countries receiving a tailored approach).
- 2.6 Each approach will be adjusted to the country-specific context. Building on GAVI's work with large countries, the types of flexibilities that could be extended in a tailored approach are described in Annex 1 section 4.5.
- 2.7 These flexibilities include but are not restricted to: amount and types of support (e.g. allocation of cash above country ceiling, specific advocacy measures), processes (e.g. provision of technical assistance at application and implementation stages, flexibilities in application and monitoring processes and requirements), type of collaboration (e.g. collaboration with sub-national authorities, channelling of support through implementing partners, collaboration with bilateral and other relevant partners).
- 2.8 Each country approach will contain the following information:
- A situation analysis including an assessment of the roles of different development and other partners,
 - An assessment of the comparative advantage of GAVI engagement in this situation and suggested interventions analysed from a feasibility, efficiency and sustainability perspective,

- The implementation arrangements for the suggested activities, including for example arrangements for collaboration with subnational authorities and/or through Alliance, civil society or other partners.
 - A description of risks, required resources and monitoring measures.
- 2.9 Funding of the activities will be provided primarily through the GAVI cash support window (HSS/HSFP).
- 2.10 The Secretariat will work closely with countries, Alliance and other partners to ensure coordination and harmonisation of the suggested interventions as well as adherence to aid effectiveness principles. The Secretariat will align this work with other work streams (see Annex 2) to yield a coordinated response from GAVI – and where applicable its Alliance partners - for each country⁴.
- 2.11 It is important to note that the absence of a tailored approach does not mean that a country will not receive any flexibilities or targeted support from GAVI. Other policies make allowances for countries with different capacities and needs (see Annex 2). There are also several on-going work streams that address other challenges that countries may face, such as low immunisation coverage (under 70% DTP3 coverage), data quality challenges and special challenges faced by large countries.

⁴ Countries identified through other work streams from the Business Plan: Afghanistan, Bangladesh, Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Congo, Democratic Republic of Ethiopia, Guinea, Guinea Bissau, Haiti, India, Lao PDR, Lesotho, Liberia, Madagascar, Mali, Mauritania, Mozambique, Niger.

Short term emergency situations

- 2.12 Consultation show that there are time-limited events (man-made or natural) that may threaten the immunisation system and/or that may prevent a country from implementing existing GAVI support. Recognising that GAVI is not an emergency relief organisation, GAVI has been advised to consider appropriate responses to these situations.⁵
- 2.13 For countries facing such events, the Secretariat proposes to extend one-off, time-limited flexibilities. These flexibilities (as outlined in Annex 1 sections 5.3 and 5.4) include: allowing countries to rapidly re-programme a proportion of existing cash support; if applicable access limited additional cash support on a country by country basis; re-route existing vaccine support and apply for replacement vaccines. Where flexibilities requested relate to vaccines, these should be applied in the context of the upcoming SAGE recommendation on use of vaccines in humanitarian emergencies.

3 Monitoring and evaluation

- 3.1 The results and monitoring framework outlines how the overall policy will be assessed (see Annex 4). It is suggested that the policy be subject to a full review after 3 years of implementation.
- 3.2 In order to ensure a results focus, each country tailored approach will include a monitoring plan which will enable GAVI to follow-up together with the country on the identified interventions. The indicators will align with the policy's overall results framework but may also include specific indicators required to monitor the implementation at country level.

4 Procedural issues

- 4.1 The country consultations have raised a number of additional issues about GAVI procedures, for example with regards to the language used in official communications with governments. These issues are important and have been addressed in a separate document for the GAVI Secretariat.

Section C Implications

1 Impact on countries

- 1.1 The aim of this work is to better respond to countries and situations that prevent access to or optimal use of GAVI support. It involves an increased level of engagement, dialogue and co-ordination with country and Alliance partners, in particular with WHO and UNICEF. It further contains an increased reliance on in-country mechanisms for coordination of support.

2 Impact on GAVI stakeholders

- 2.1 The suggested approach will require closer collaboration with various partners both within and outside the GAVI Alliance. At both national and international level it will involve intensified coordination with implementing

partners such as WHO and UNICEF, with other international organisations, with civil society and with relevant partners in order to ensure access to and delivery of GAVI support.

3 Impact on Secretariat

- 3.1 The implementation policy is included in the GAVI Secretariat's 2013 work plan and budget, including a planned scale up of Country Responsible Officers (CROs) to enhance engagement with countries. To effectively manage the available Secretariat and Alliance resources, the process of developing and implementing the country tailored approaches for the selected group of countries will be staggered during 2013 and during subsequent years for any new countries identified through the framework.
- 3.2 As recognised by several international organisations⁶, working with countries in longer term fragile situations is labour intensive and will demand additional input from Secretariat and partner staff resources. Given the recent strengthening of the Secretariat, it is foreseen that the policy can be implemented within the existing resources. Should there be additional need for support of a technical nature, this will be included in the individual country tailored approach and addressed through the business planning process.

4 Legal and governance implications

- 4.1 When GAVI's policy on fragility and immunisation is adopted and GAVI tailors its approach to an individual country, where necessary, the grant arrangements for that country will be adjusted.

5 Consultation

- 5.1 The policy development process consisted of consultations with country stakeholders. In total 18 GAVI-eligible countries were consulted on a bilateral basis⁷. These consultations included representatives from the country EPI team, Ministry of Health planning division, local representatives from partner organisations and civil society representatives. Countries were asked to identify situations in which they required support from GAVI outside of normal policies and procedures and what response from GAVI would be most useful given its remit. Additionally, a consultation was held at the WHO New and Under-utilized Vaccine Implementation (NUVI) meeting.
- 5.2 The Secretariat established a technical consultation group to provide guidance and advice throughout the process. This group consisted of immunisation experts and experts working in fragile states including United Nations Office for the Coordination of Humanitarian Affairs (UN

⁶ Benchmarking paper/best practices in working with fragile countries, analysis made for the country by country policy work, Catriona Waddington, HLSP August 2012.

⁷ Includes: Angola, Bangladesh, Central African Republic, Chad, Congo Democratic Republic, Haiti, Korea DPR, Madagascar, Mozambique, Nepal, Nigeria, Pakistan, Papua New Guinea, Sao Tome & Principe, Solomon Islands, North Sudan, Timor Leste and Yemen.

OCHA), the Organisation for Economic Cooperation and Development (OECD) and UK's Department for International Development (DFID), as well as of representatives from different stakeholders such as governments, civil society organisations and GAVI Alliance partners⁸.

- 5.3 A separate session was held with civil society at the CSO Steering Committee meeting in June 2012, where the draft framework was presented and feedback was gathered. Approximately 15 CSO representatives were in attendance.
- 5.4 A web-based public consultation was held from 25 June 2012 till 6 August 2012, where the draft policy was available on the GAVI website for feedback, in English and French. Additionally, three briefing calls were held (in English and French) where countries were given the opportunity to get their queries addressed. Some countries used this opportunity to provide their feedback on the policy and the framework. Fourteen written responses were received through the online questionnaire, and over 50 individuals participated on the briefing calls. Detailed comments are available to Board members on the myGAVI website.

6 Gender implications

- 6.1 The framework aims to identify countries with gender differences in the immunisation coverage as outlined in the inclusion criteria for "Country with equity concerns" (see Annex 1.A).
- 6.2 Each country tailored approach will include an analysis based on existing data, of the country situation with regards to gender and immunisation from both the service delivery and access perspectives.

⁸ Membership includes: Aurelia Nguyen, co-Chair (GAVI Secretariat); Paul Kelly, co-Chair (GAVI Secretariat); Amanda Glassman (Centre for Global Development); Dr Maritel Costales (UNICEF); Alf Blikberg (UNOCHA); Abigail Robinson (DFID); Dr David Koffi (Immunisation expert, Senegal); Dr Jean Marie Edengue (Immunisation expert, Cameroon); Dr Majeed Siddiqui (Health Net TPO, Afghanistan & Pakistan); Dr Ngoma Kintaudi (SANRU, DRC); Juana de Catheu (DAC-OECD); Dr Magid Al-Jonaid (Deputy Minister for Primary Health Care, Yemen); Dr Richard Mihigo (WHO). Observers: Nabeela Khan (GAVI Secretariat); Anna-Carin Matterson (GAVI Secretariat); Catriona Waddington (HLSP); Farouk Jiwa (GAVI Secretariat); Amy Diettrich (GAVI CSO Constituency CFP Officer and Advisor to the Civil Society Board Representative).

Section D Annexes

Annex 1: GAVI's approach to fragility and immunisation

1. Objectives

1.1 The objectives of the policy are:

- To improve vaccination coverage in a subset of countries with particularly challenging circumstances; and
- To protect immunization systems and existing GAVI support in GAVI-eligible and graduating countries in case of emergency events.

2. Scope

2.1. The policy applies to GAVI-eligible countries that find themselves in either of the two types of situations listed below;

2.2. **Longer term/protracted fragility situations:** this concerns a limited group of GAVI-eligible countries in longer term fragility situations with both immunisation and non-immunisation related challenges and with weak institutions and fragile systems. For these countries, GAVI will develop country tailored approaches (see section 4).

2.3. **Short term emergency situations:** this concerns time-limited situations/events that prevent a country from applying for or implementing already existing GAVI support and/or that threaten already attained immunisation achievements. For these countries, GAVI will extend time-limited one-off flexibilities (see section 5).

2.4. These short term flexibilities also apply to graduating countries in emergency situations. Graduating countries with existing support are able to re-programme cash support and request the re-routing and replacement of vaccines. However, the option to submit a new application for cash support will not be considered for these countries.

3. Operating principles

3.1. Any action under this policy will be consistent with GAVI's mandate as defined by the GAVI Alliance Strategy 2011 – 2015.

3.2. GAVI flexibilities will only be extended at country government and/or GAVI implementing partner (WHO/UNICEF) request.

3.3. Coordination and consultation with the country government, in-country partners and international partners will guide all responses and tailored approaches.

4. Country tailored approach

- 4.1. A framework has been developed (see Annex 1.A), which captures the circumstances⁹ and that serves as a filter to identify countries in longer term protracted fragility situations – with both non-immunisation and immunisation related challenges. The framework will be applied annually to GAVI-eligible countries.
- 4.2. Countries with four or more exceptional circumstances as identified through the framework will be eligible for a tailored approach.
- 4.3. Countries in transitional status, defined as a subnational region recognised to undergo a referendum for secession within 5 years, will automatically be identified for a country tailored approach¹⁰.
- 4.4. Each tailored approach will be developed by the Secretariat building on existing analyses, data and GAVI partner and bilateral agencies' assessments. The GAVI Secretariat will work closely with government, Alliance and relevant partners when developing each approach in order to ensure coordination and harmonisation of the suggested interventions as well as adherence to aid effectiveness principles and international principles for interaction with fragile states.
- 4.5. Each approach will be tailored to the county-specific context. Flexibilities that could be extended include - but are not restricted to:
 - Technical assistance to re-programme cash support,
 - Channelling of funds and vaccines through partners
 - Flexibility in application and monitoring requirements to suit country governance cycles,
 - Specific advocacy measures
 - Additional technical support
 - Concerted engagement (for example in-country IRC)
 - Collaboration through bilateral agencies
 - Collaboration through non-state actors/civil society organisations
- 4.6. Individual country tailored approaches may include additional resources to particular countries. These will come under the programme funding envelope and will be reported on in accordance with the amended Programme Funding Policy or be decided on by the Executive Committee of the Board where financial implications may set policy precedents.
- 4.7. Implementation of the country tailored approach will be done by the GAVI Secretariat in close collaboration with country governments, WHO/UNICEF and other GAVI partners. At the country level, this can include bilateral agencies where relevant and civil society organisations.

⁹ The inclusion criteria are based on externally validated, publicly available lists which use a clear methodology, that have been created or used by a multilateral institution or other recognised international organisation.

¹⁰ An example is South Sudan which received tailored support prior to independence.

- 4.8. Each approach will include a monitoring plan which will enable GAVI to follow-up together with the country on the identified interventions. The indicators will align with the policy's overall results framework but may in addition include specific indicators required to monitor the implementation at country level.
- 4.9. Where relevant, the duration of the tailored approach will be synchronised with the comprehensive multi-year plan (cMYP) and/or country health/immunization strategies. It is recognised that in some countries, a shorter planning cycle may be more appropriate, with the understanding that the overall engagement may be long term.

5. Emergency flexibilities

- 5.1. Due to the dynamic nature of crises it is impossible to have a set of definitive inclusion criteria for emergency flexibilities. GAVI will therefore apply the wider definition of a time-limited event (man-made or natural) which threatens the immunisation system and/or the implementation of existing GAVI support.
- 5.2. Flexibilities will be extended at the request of the country government or a GAVI in-country partner (WHO/UNICEF) when an event has occurred. The request should be endorsed by the country mechanisms for immunisation coordination – the Interagency Coordination Committee (ICC) – or any mechanism that is coordinating the emergency response in the country.
- 5.3. Health Systems Strengthening Support (HSS)/ Health Systems Funding Platform (HSFP) support
 - 5.3.1. Countries affected by an emergency with existing HSS/HSFP are allowed to re-programme up to 50% of any monies remaining in country from the cash support within GAVI's HSS/HSFP mandate. The decision to re-programme will be taken by the ICC or any mechanism that is coordinating the emergency response in the country and submitted to the GAVI Executive Committee (EC) for approval (this will be given within four weeks). A TAP review in the form of a Cash Program Audit (CPA) will be carried out if the re-programmed amount is above US\$100,000.¹¹
 - 5.3.2. For emergency affected countries that do not have HSS/HSFP support, have utilised their HSS/HSFP support and/or are not able to access the support due to the crisis, GAVI will accept an emergency HSS/HSFP application by the country or by WHO/UNICEF on behalf of government. Approval for such additional support will be given on a country by country basis and the decision will be taken by the EC taking into account the country needs and GAVI's financial situation.
 - 5.3.3. For monitoring purposes, it is suggested that re-programming is reported in the APR. The annual review process will also include a report of if the emergency situation continues to exist in the country.

¹¹ This review will be carried out either as a desk-review or in-country. The review will take place after the re-programmed funds have been expended.

5.4. New Vaccine Support

5.4.1. Countries with New Vaccine Support (NVS) can request GAVI to:

- Re-route vaccines if applicable and revise the delivery plan in case of revised need,
- Apply for GAVI procurement of replacement vaccines in case vaccines have been destroyed,
- Apply for additional vaccine quantities (of already approved NVS support) to cater for influx of refugees, provided that it can be proved that these are not covered under the general humanitarian response funded by other donors.
- The Secretariat will aim to respond to requests with a decision (but not delivery) within a four week timeframe.

5.4.2. Any decision with financial implications will need to be taken by the Executive Committee (EC).

5.5. NVS application flexibilities

5.5.1. GAVI may also accept new NVS applications/allow introduction of NVS from GAVI eligible countries whose DTP3 coverage has dropped below the eligibility threshold due to crisis, provided that the country can reliably demonstrate that coverage rates have resumed in the post-crisis period and that it will likely reach 70% within a year of NVS introduction (exception on a country by country basis). This will be through the normal IRC procedures.

5.6. Co-financing and Performance Based Funding

5.6.1. At the request of the country, GAVI will conduct an analysis to determine any implications for the country co-financing commitments including circumstances that may give rise to exemptions for default on a case by case basis.

5.6.2. For countries with Performance Based Funding (PBF) under the HSS/HSFP GAVI will conduct an analysis to determine the emergency implications for the PBF implementation at the request of the country.

6. **Effective date and Review of Policy**

6.1 The policy will come into effect on 1 January 2013. It will be reviewed in 2016 after three full years of implementation.

Annex 1.A Framework filter for country tailored approach

The criteria are based on externally validated, publicly available lists created or used by a multilateral institution or other recognised international organisation

	Circumstance	Inclusion criteria
Non-immunisation criteria	Humanitarian emergency A humanitarian national or sub-national emergency leading to a public health emergency of international concern (International Health Regulations, 2005).	Country with 3 or more humanitarian emergencies in the last 5 years listed as Humanitarian appeal for the country as indicated by UN OCHA http://www.unocha.org/cap/appeals/by-year/results
	Political instability This includes countries with legitimate governments but with sub-national fragility and emergencies and/or countries facing international sanctions.	Country is in the top two categories in the Failed States Index ¹² by the Fund for Peace: http://www.fundforpeace.org/global/?q=fsi-grid2011 Countries facing sanctions http://www.treasury.gov/resource_center/sanctions/Programs/Pages/Programs.aspx
	Country with devolution of healthcare services Country with subnational areas that have complete authority over the health and immunisation system (through full decentralisation) without any central health authority or coordinating body.	Country with complete devolution of MOH from the central level to regional levels.
related immunisation criteria	Country with equity concerns Country with subnational, gender or wealth quintile differences in immunisation coverage leading to equity concerns	One or more of: Difference in DTP3 coverage between the lowest wealth quintile and the highest wealth quintile is greater than 20% points Country with >50% of districts reporting DTP3 coverage <50% Country with Odds Ratio confidence interval (female versus males) not including 1 ¹³
	Country not fully accessing GAVI support	Countries that have had two or more “resubmission” outcomes from the IRC for New Vaccine Support and HSS applications and/or who have not applied for HSS, or one of penta, pneumo or rota vaccines.
	Countries with large un-immunised populations of children	Ten GAVI-eligible countries with largest un-immunised populations of children ¹⁴
	Country with less than 70% national DTP3 coverage	Country with national DTP3 coverage less than 70%, as reported by WHO/UNICEF for the latest available year.

¹²Including parameters: Mounting demographic pressure; Massive movement of refugees and IDPs; Vengeance seeking group grievance; Chronic and sustained human flight; Uneven economic development; Poverty, sharp or severe economic decline; Legitimacy of the state; Progressive deterioration of public services; Violation of human rights and rule of law; Security apparatus; Rise of factionalised elites; Intervention of external actors.

¹³ Odds Ratio – DHS data analysis, SAGE report (2010), confidence interval (95%), countries with an OR below or above 1 and with a CI not including 1 (1= equal likelihood of being vaccinated) in the category “Likelihood of outcome “access” (not being vaccinated) between boys and girls”. An Odds Ratio with scores below 1 and with a CI not including 1 (0-0.99) would indicate that boys are less likely to be immunized and a score greater than but not including 1, with a CI not including 1, would indicate that girls are less likely to be immunized.

¹⁴ GAVI Annual Report 2011.

Annex 2: GAVI policies and dedicated work streams relevant to the approach

This annex outlines the existing policies that are most relevant to the country by country approach as well as the other Secretariat and GAVI Alliance-wide work streams that relate to countries with performance challenges.

1. Related policies

The policy process consultations have raised questions relating to existing policies, where flexibilities already exist or could be introduced and/or adjusted to better meet the needs of the countries identified in the country by country approach. These policies include:

(a) The co-financing policy

The co-financing policy links financial contributions to a country's ability to finance vaccines as measured by per capita income. There is flexibility in the co-financing policy once a country defaults. For countries in the wake of a crisis (humanitarian or political), analysis can be done prior to a country defaulting to assess its default implications on a case by case basis.

(b) GAVI's work with Civil Society Organisations

At its meeting in June 2012, the GAVI Board decided that Government remains the default approach for GAVI support but that direct funding for CSO activities can be requested as part of a country Health Systems Funding Platform (HSFP) application. In addition, the Board decided that GAVI should have flexibility to engage CSOs directly where rare and exceptional circumstances require different approaches. These approaches should be developed in response to country-specific analysis. The country by country approach has taken note of this decision and the approach includes a provision for working through CSOs when the situation warrants it.

(c) Performance Based Funding

Operational guidelines are currently being developed to roll out the performance-based funding mechanism. Countries that will be targeted for the first phase of introduction will most likely be countries with relatively strong systems and will thus not overlap with the countries identified for a tailored approach in the country by country policy. However, even countries with robust systems can be affected by emergency events. In cases where this would affect the PBF, at the request of the country, GAVI will conduct analysis to determine PBF implications on a case by case basis.

2. Related work streams

It is important to note that the country tailored approaches developed through this work stream will aim to complement and align with these other work streams to yield a coordinated response from GAVI, together with partners where relevant, for each country.

There are several other work streams that relate to countries in fragile situations or with performance challenges¹⁵. The GAVI Board has previously identified countries with weak, stagnating or decreasing immunisation performance and countries with large populations as needing a more tailored approach. Examples of related on-going and/or planned work streams funded through the business plan include:

- Large countries: involves work with India and Nigeria to programme/re-programme cash support to address country-specific circumstances;
- Low coverage countries (under 70% DTP3 coverage): involves the development of country-specific strategies collaboratively with UNICEF and WHO for countries identified as having DTP3 coverage levels below 70%;
- Countries with data quality concerns: involves work with countries to improve the quality of administrative data;
- HSS implementation concerns: involves work to improve HSS uptake, disbursement and implementation.

The country by country approach integrates and will be coordinated - and where relevant harmonised with these work streams within the Secretariat and also with the work planned to be undertaken jointly with UNICEF and WHO.

¹⁵ Countries identified through other work streams from the Business Plan: Afghanistan, Bangladesh, Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Congo, Democratic Republic of Ethiopia, Guinea, Guinea Bissau, Haiti, India, Lao PDR, Lesotho, Liberia, Madagascar, Mali, Mauritania, Mozambique, Niger.

Annex 3: Illustrative list of countries receiving a tailored approach:

If the framework is applied to GAVI-eligible countries in August 2012, using a cut-off point of being identified in 4 categories or more in the main framework, the following countries would be eligible for a country tailored approach:

1. Afghanistan
2. CAR
3. Chad
4. Cote d'Ivoire
5. Congo, Democratic Republic ^α
6. Haiti
7. Nigeria ^α
8. Pakistan
9. Somalia
10. South Sudan

^α Countries that have country-specific strategies as part of other work streams in the GAVI secretariat

Annex 4: Results and Monitoring framework

	Input	Process	Output	Outcome	Impact
RESULTS Rapid/Short term	Extended flexibilities	Execution of rapid response	Deployment of vaccines and cash support within an appropriate time frame to ensure timely vaccination	Immunisation coverage of (DTP3) and GAVI supported NVS maintained or not decreased by more than 10 percentage points measured in the year following the emergency event.	Reduced infant and under 5 mortality Reduced difference between DTP3 coverage in lowest and highest wealth quintile
RESULTS Long term	Extended flexibilities	Country diagnosis by GAVI through the framework	Flexibilities applied in an equitable manner Country-specific strategies for a sub-set of countries	Increased immunisation coverage through NVS immunisations and HSS utilisation in countries in protracted fragility situations	
MONITORING		Time for rapid response by GAVI in crisis situations Number of country-specific strategies/tailored approaches developed and approved	Countries accessing short term flexibilities NVS applications and approvals from relevant countries HSS applications and approvals from relevant countries	Coverage of vaccines introduced with GAVI support HSS funding utilisation rate for listed countries	DTP3 coverage in countries with a country-tailored approach or short term flexibilities Infant and Under 5 mortality rates-baseline at end 2012 (baseline) – measure for relevant countries after 5 years. Equity (Gender, Income, Geographical) tracked through GAVI business plan indicators
DATA SOURCE	GAVI administrative records	GAVI administrative records	GAVI administrative records	GAVI administrative records	GAVI/WHO/UNICEF Vaccine coverage – yearly Infant&U5 mortality - 5 years

The principle is to build on the existing data, already routinely collected and monitored by the countries and GAVI as far as possible. However, when there is a need to track data at a sub-national level, present data sources are not sufficient and there may be a need to collect additional data. This will be determined on a case by case basis.