

SUBJECT: **CONSENT AGENDA: GAVI POLICY: FRAGILITY, EMERGENCIES AND REFUGEES**

Agenda item: 02e

Category: For Decision

Section A: Introduction

- In December 2016, the Board approved a set of principles to form the basis for a Gavi Policy on Fragility, Emergencies and Refugees. It also approved immediate operationalisation of these principles pending a formal policy document that would replace the previous Fragility and Immunisation Policy.
- The PPC has now reviewed the revised policy enshrining the principles approved by the Board in December 2016. It noted the complexity of the topic and welcomed the extensive consultations undertaken by the Secretariat to guide the finalisation of this policy. It suggested that the Secretariat provide some illustration of the potential financial implications. Annex D includes several examples of how the policy might be applied and the resulting financial implications (which are expected to be relatively limited). The civil society constituency also expressed their interest in providing input into the operational guidelines being developed by the Secretariat to implement the policy, especially on engagement with non-state actors. Following their discussion, the PPC recommended the policy attached as Annex A for approval by the Board through the consent agenda.

Section B: Gavi Policy: Fragility, Emergencies, Refugees

- 1.1 The policy takes into account the following key principles approved by the Board (summarised below based on the December Board paper)¹:
- (a) The policy should distinguish between (1) fragility (2) emergencies and (3) refugees. The criteria for classification of countries facing fragility should be objective and transparent. For emergencies Gavi should use WHO and UN classifications as reference points.
 - (b) The policy should allow sufficient flexibility to enable a swift and effective response in each of these circumstances. Flexibilities applied should be reported regularly to the PPC and Board.

¹ These can found in sections 4.5, 5.3 and 6.4 of the Board document available at <http://www.gavi.org/about/governance/gavi-board/minutes/2016/7-dec/minutes/08a---fragile-settings-emergencies-and-displaced-people/>

- (c) Gavi-funded interventions should be coordinated with relevant humanitarian actors. Gavi may directly engage non-state actors when warranted by special circumstances and with full disclosure to the government.
 - (d) In case of refugee populations, emphasis should be on integration to ensure comprehensive and sustainable access to health services. The standard policy of vaccine co-financing by the government applies. However, in exceptional cases with adequate justification, a time-limited waiver could be considered.
 - (e) Any case of a Phase 2 country classified as facing fragility under this policy with sustainability concerns would be brought to the Board in view of the high risk posed by fragility to its successful transitioning.²
- 1.2 Identification of countries facing fragility relies on the three Board-approved international classifications of fragility, which consider political, economic, environmental and social instability, as well as public sector management and social inclusion.³ The methodology prioritises a sub-set of Gavi countries, not expected to exceed twenty, that may be granted exceptions to Board-approved requirements, if needed.⁴ For other countries, Gavi's new country-centric model⁵ allows for more tailored and targeted approaches to address fragility challenges, including at sub-national level. In exceptional cases where this is not sufficient to ensure progress, flexibility may be considered, in line with the PPC's guidance from October 2016.⁶
- 1.3 Following consultations, the policy restricts decision-making authority on national co-financing waivers for a country in an emergency to the Board.⁷
- 1.4 Special needs relating to internally displaced people (IDPs) would be addressed through fragility- or emergency-related flexibilities, while the third section in the policy (previously labeled 'displaced people') focuses on displaced populations across borders, i.e. refugees⁸, in Gavi-supported countries.

² Currently, three Phase 2 countries would be classified as facing fragility under the revised policy – Nigeria, Papua New Guinea and the Solomon Islands. As requested by the Board at its recent retreat, the Secretariat is developing tailored approaches for Nigeria and Papua New Guinea which will be discussed with the PPC in October and the Board in November.

³ Detailed methodologies for these assessments can be found here: [OECD](#), [World Bank](#), [Fund for Peace](#)

⁴ Based on current data, in 2017, the proposed methodology would identify 16 Gavi-supported countries including three in accelerated transition (illustrative): Afghanistan, Burundi, Central African Republic, Chad, Democratic Republic of Congo, Eritrea, Haiti, Mali, Nigeria, Papua New Guinea, Solomon Islands, Somalia, South Sudan, Sudan, Yemen, Zimbabwe. Ten out of these countries are also PEF priority countries.

⁵ This includes the Partners' Engagement Framework, Country Engagement Framework and the emphasis under the new health systems and immunisation strengthening policy on prioritising low coverage / challenging geographies and populations for increased attention

⁶ The PPC in October 2016 emphasised the importance of remaining cognisant of the special challenges that other countries may face, including at the sub-national level, and keeping the assessment of fragility (and application of flexibilities) dynamic and flexible.

⁷ The Board may be asked to take such decisions electronically between meetings in urgent cases

⁸ For the purpose of this Policy this includes both refugees and asylum seekers

- 1.5 By default, Gavi would promote and encourage integration of refugees into regular programmes by the host government in line with the Refugee Convention. However, experience has shown that there are circumstances where this is not feasible in which case alternative arrangements may be explored. Operational Guidelines will provide guidance to the Secretariat and Partners for assessing the specific situation and deciding on an appropriate response. In line with the Eligibility & Transition Policy, the Fragility, Emergencies, Refugees Policy applies only to refugees residing in Gavi-supported countries.
- 1.6 Annex B provides an overview of different flexibilities and preliminary indications of proposed internal decision-making processes, including for those flexibilities covered by this policy. The Secretariat would regularly report flexibilities in the Country Programmes Update to the PPC and Board.

2. Risk implications

- 2.1 The Alliance will generally face an elevated level of inherent risk in fragile and emergency settings. The flexibilities outlined in this Policy recognise that different, and often higher-risk, forms of engagement will be needed in these circumstances and reflect a higher risk appetite in the engagement with affected countries. This means that the Alliance may balance trade-offs between risks differently in these settings where the programmatic rewards of flexibilities outweigh the risks, or (financial or transaction) costs of mitigation. Examples of risks the Alliance may tolerate to a higher extent in these settings include:
 - (a) Engaging a non-state actor for implementation of Gavi support or repurposing Health System Strengthening support for Human Resource costs in an emergency situation may be associated with higher sustainability risk;
 - (b) Waiving eligibility criteria for performance-based funding (PBF), flexible requirements for new vaccine support (NVS) applications, or providing additional funding for delivery of vaccines to hard-to-reach populations may come with increased risks of grant underperformance or reduced value for money.
- 2.2 There is a risk that flexibilities undermine incentives for compliance with Gavi's requirements and thus erode important principles underpinning Gavi's strategy such as sustainability and national ownership. By their nature every individual situation of fragility or emergency is unique and to some extent unpredictable. No country is automatically entitled to flexibilities and the Alliance will carefully assess each individual situation before suggesting or committing to any flexibilities.

3. Next steps

- 3.1 Following approval of the new Policy, the Secretariat will finalise operational guidelines detailing internal review and decision-making processes. The

following examples illustrate some of the processes to be detailed in operational guidelines:

- (a) Classification: timing of updates to the list; process for informing relevant teams and implementing partners
- (b) Internal processes for reviewing, approving, and documenting flexibilities;
- (c) Preliminary processes relating to exceptional engagement of non-state actors for the implementation of Gavi support in hard-to-reach areas, including alignment with the new 'humanitarian mechanism' launched jointly by WHO, UNICEF, MSF, and Save the Children. Experience over time will inform the development of standardised approaches.⁹

3.2 The Monitoring Framework attached as Annex C is a first attempt to outline outcomes and outputs that the Alliance will monitor throughout the implementation of the policy. This will be further refined in parallel with the development of operational guidelines. Going forward, the Secretariat will include regular updates on the implementation of this policy in the Country Programmes Update to the PPC and Board.

Section C: Actions requested of the Board

The Gavi Alliance Programme and Policy Committee recommends to the Gavi Alliance Board that it:

Approve the Gavi Policy: Fragility, Emergencies, Refugees, attached as Annex A, to Doc 02e, as amended by discussions at the PPC, which will replace the 2013 Fragility and Immunisation Policy.

Annexes

Annex A: Gavi Policy: Fragility, Emergencies, Refugees

Annex B: Overview of flexibilities

Annex C: Monitoring Framework – Draft

Annex D: Illustrative financial implications

⁹ Any support to immunisation efforts in a humanitarian context will be aligned with the WHO Framework for Decision-making on Vaccination in Acute Humanitarian Emergencies.