

DOCUMENT ADMINISTRATION

VERSION NUMBER	APPROVAL PROCESS	DATE
1.0	Prepared by: Marta Tufet, Head, Policy	
	Reviewed by: PPC	1 November 2022
	Approved by: Board	7-8 December 2022 Effective from: 1 January 2023
	Next review:	At the request of the Board
2.0	Prepared by: Marta Tufet, Head, Policy	
	Reviewed by: PPC	16 May 2025
	Approved by: Board	[Full date] Effective from: 1 January 2026
	Next review:	At the request of the Board

1. Purpose

- 1.1. The **purpose** of this policy is to define Gavi's Health Systems and Immunisation Strengthening (HSIS) support for countries in the initial self-financing, preparatory transition, and accelerated transition phases, as well as programmatic support available for countries that have transitioned out of the accelerated transition phase and in the catalytic phase. The policy:
- Establishes the principles that guide Gavi's HSIS support
 - Defines the composition of an HSIS grant including its investment requirements
 - Outlines the allocation methodology that determines funding levels for countries in the initial self-financing, preparatory transition, and accelerated transition phases, and
 - Sets out how Gavi's funding levers are designed to promote programmatic sustainability

2. Scope

- 2.1. The policy applies to **all countries able to receive Gavi support** as defined in Gavi's Eligibility and Transition Policy¹; however, the use of the support and how it is accessed differs according to a country's transition phase. Gavi's HSIS support can be accessed by countries in the **initial self-financing phase, preparatory transition phase and accelerated transition phase**² through an HSIS grant³ (section A).
- 2.2. For countries in the **catalytic phase**, the policy guides Gavi's support for the sustainable and equitable introduction of high-impact vaccines, and to prevent and mitigate backsliding in vaccine coverage (section B).
- 2.3. In addition, countries able to receive Gavi support can access funding for chronic fragility, emergencies and hosting displaced populations through Gavi's Fragility, Emergencies and Displaced Populations (FED) Policy.
- 2.4. The **Framework for Gavi Funding to Countries** provides an overview of the objectives, principles and approach for all Gavi support to countries.

¹ Countries that are in one of Gavi's four transition phases: initial self-financing, preparatory transition, accelerated transition, and catalytic. The term Gavi-eligible country refers to a country which is in Initial Self-Financing phase, Preparatory Transition phase, or Accelerated Transition phase, as outlined in Gavi's Eligibility and Transition Policy.

² A country in the Accelerated Transition phase at risk of unsuccessful programmatic transition may apply for five years of additional targeted HSIS support which could be provided after the country has transitioned out of the AT phase. Small Island Developing States (SIDS) remain in the Accelerated Transition (AT) phase for a total of 12 years with continued access to HSIS support.

³ In Gavi's 6.0 Strategic period, a consolidated cash grant to countries replaces the following 5.0 individual funding levers: Health Systems Strengthening (HSS), Equity Accelerator Funding (EAF), operational support for preventive campaigns including Measles/Measles-Rubella follow-up campaigns and other preventive campaigns (Ops), Vaccine Introduction Grants (VIGs), switch grants, Innovation Top-Up, Cold Chain Equipment Optimisation Platform (CCEOP) and Partnership Engagement Framework (PEF) Targeted Country Assistance (TCA).

3. Definitions

- **HSIS support:** Gavi support provided to countries in initial self-financing, preparatory transition and accelerated transition phases is guided by Gavi's Health System Strategy⁴ and is intended to strengthen equity and sustainability in immunisation in a manner that is integrated with national Primary Health Care (PHC) strategies. The HSIS support is provided through one consolidated cash grant, the HSIS grant and does not include Gavi support for vaccines or diagnostics. The scope of, and rules associated with, Gavi's HSIS support and the HSIS grant are outlined in this policy.
- **Measles/measles-rubella follow-up campaigns:** A periodic immunisation campaign usually targeting children aged 9 to 59 months, conducted every 2 to 5 years and based on the accumulation of children susceptible to measles who did not sero-convert or were missed by routine immunisation programmes.
- **Missed communities:** Missed communities refers to clusters of zero-dose and under-immunised children. These communities often face multiple deprivations and vulnerabilities, including lack of basic services, socio-economic inequities, conflict settings, and often gender-related barriers.
- **Preventive campaign⁵:** One-off catch-up campaigns linked to new routine vaccine introductions to accelerate impact, preventive mass vaccination campaigns or periodic follow-up campaigns, such as measles/measles rubella.
- **Routine operational costs:** Ongoing, recurrent expenses essential for sustaining immunisation programme operations. Examples include costs such as salaries for long-term staff positions, fuel, maintenance, utilities, and consumable supplies.
- **Technical assistance in-country:** Technical support to help address immunisation challenges, coordination, prioritisation, and strengthen capacities at country level.
- **Zero-dose children:** Children that have not received any routine vaccine. For operational purposes Gavi defines zero-dose children as those who lack the first dose of diphtheria-tetanus-pertussis containing vaccine (DTP1).

4. Principles

4.1. The following principles guide the application of this policy:

- 4.1.1. **Country-led, sustainable:** Gavi support is country-led, meaning that it bolsters country leadership to sustainably deliver and finance immunisation in support of the Lusaka Agenda⁶. 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 and delivery of vaccines as an integral part

⁴ Gavi's Health System Strategy

⁵ Further details including regarding integration can be found in Gavi's operational guidelines.

⁶ The Lusaka Agenda launched on 12 December 2023. It captures consensus around five key shifts for the long-term evolution of Global Health Initiatives and the wider health ecosystem and provides a foundation for coordinated action to support these shifts, and a path towards a joint long-term vision of domestically financed health systems and Universal Health Coverage (UHC) that leaves no one behind.

of countries' primary health care systems. It should not replace government funding and should be complementary to support from other partners in the country. Gavi will prioritise the use of country systems to channel the support, which must be aligned with national priorities as outlined in national immunisation and health sector strategic plans.

- 4.1.2. **Equity:** 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 and missed communities along the life course.
- 4.1.3. **Differentiated, transparent and predictable:** The use of Gavi support is differentiated to meet the needs of countries as they change over time. Transparency and predictability guide the allocation of the consolidated HSIS grant to countries in the initial self- financing, preparatory transition and accelerated transition phases, enabling countries to plan effectively and achieve operational and financial efficiencies.

A. HSIS grant to countries in initial self-financing, preparatory transition and accelerated transition phases

5. Allocation of funds to countries

- 5.1. Gavi's HSIS grants are guided by Gavi's Health System Strategy and are intended to strengthen equity and sustainability in immunisation. Through this support, countries are expected to strengthen routine immunisation systems to introduce and deliver vaccines to all who need them in a manner that is integrated with national PHC approaches and that strengthens the overall health system. Details regarding the support are provided in Gavi's operational guidelines.
- 5.2. Countries in these phases can apply for an **HSIS grant once every 5 years** within the first two years of a Gavi strategic period, in alignment with their national plans, priorities, and budgeting processes and with Gavi's strategic objectives and guidelines. Different restrictions on the use of funds and related operational guidelines may apply to different transition phases. Details regarding the flexibilities can be found in Gavi's operational guidelines.
- 5.3. Countries must plan comprehensively for the 5-year period. To support such planning, countries are provided with an **envelope** for their HSIS grant at the start of the strategic period. Approved funds are disbursed in tranches based on agreed planned activities. Additional funding approved for the country during the cycle for preventive campaigns and unforeseen events beyond the country's control will be provided as a top-up to the HSIS grant. Details regarding the fund disbursement and flexibilities can be found in Gavi's operational guidelines.
- 5.4. A minimum of [PLACEHOLDER] is allocated to each country for the 5-year period regardless of the size of the country, and a maximum of [PLACEHOLDER].
- 5.5. Gavi calculates **country envelopes** in two stages:
 - 5.5.1. **Stage 1:** Gavi allocates a portion of its HSIS support to countries for the duration of Gavi's strategic period through a formula, designed to prioritise support to the lowest-income countries and those with the most zero-dose and missed children, using the following parameters.

- 5.5.1.1. Financial indicator:

- **Ability to pay**, measured by the Gross National Income (GNI) per capita as defined by the World Bank, calculated using the Atlas method⁷;

5.5.1.2. Performance indicators:

- **Equity of immunisation**, measured by the number of children missing the first dose of diphtheria, tetanus and pertussis containing vaccines (DTP1), the zero-dose children;
- **Strength of routine infant immunisation programme**, measured by the number of children missing the third dose of diphtheria, tetanus and pertussis containing vaccines (DTP3); and
- **Strength of the second year of life programme to fully immunise children** through the second year of life (2YL), measured by the number of children missing the second dose of measles containing vaccine (MCV2)⁸.

5.5.1.3. The formula uses three-year rolling averages for all indicators and assigns weighting as 50% for GNI per capita and 50% for performance indicators (number of children missing DTP1, DTP3, and MCV2) to balance support for countries based on both their financial capacity and immunisation performance⁹.

5.5.1.4. To safeguard as much funding as possible per child in fragile settings, a 10 percent multiplier is added for each country classified as fragile and conflict-affected¹⁰.

5.5.2. **Stage 2:** Funds to support vaccine introductions, planned vaccine switches and measles/measles-rubella follow-up campaigns are added to the country envelope at the start of Gavi's strategic period, based on the Gavi forecast¹¹.

5.6. Countries are required to:

⁷ Gross National Income per capita (GNI p.c.): GNI is the sum of value added by all resident producers plus any product taxes (less subsidies) not included in the valuation of output plus net receipts of primary income (compensation of employees and property income) from abroad. GNI p.c. is GNI divided by mid-year population. GNI p.c. in US dollars is converted using the World Bank Atlas Method which smooths exchange rate fluctuations using a three-year rolling average, price-adjusted conversion factor, calculated by the World Bank.

⁸ For countries that have introduced MCV2 in the three preceding years (since 2021), the drop out of MCV1 to MCV2 is used. For countries that have not introduced MCV2, the birth cohort (3-year average) minus MCV1 are considered drop out.

⁹ For the GNI indicator, the relationship is inverse, e.g. the lower the GNI pc, the higher the share of the funds. For performance indicators, Gavi uses absolute numbers of un- and under-immunised children, hence the higher the absolute number, the higher the share of the funds.

¹⁰ Classified in Gavi's FED Policy.

¹¹ <https://www.gavi.org/our-alliance/market-shaping/vaccine-demand-forecasting>

- 5.6.1. Allocate at least 10% of the consolidated grant envelope to Civil Society Organisations (CSOs)¹² unless they can provide a robust rationale as to why this is not appropriate in their context. Further guidance regarding the CSO engagement requirement can be found in Gavi's operational guidelines.
- 5.6.2. Make a minimum investment in Cold Chain Equipment (CCE) as a critical investment area, termed as CCE minimum floor. This is estimated by Gavi for each country based on their CCE needs estimates¹³ as of the start of the strategic cycle. Countries may request an investment below the indicated CCE minimum floor upon provision of adequate justification of reduced needs (e.g. as those are met through domestic or other non-Gavi donor funding based on updated CCE inventory and gap analyses).
- 5.6.3. Plan for measles/measles-rubella follow-up campaign implementation within the range communicated by Gavi, which safeguards funding within the consolidated grant for follow-up campaigns targeting children 6/9-59 months for measles prevention. Countries should plan to conduct measles/measles-rubella follow-up campaigns in accordance with WHO guidance on inter-campaign intervals, and the country's population measles immunity profile.
 - 5.6.3.1. Countries may request additional support for M/MR follow-up campaigns targeting a wider age range where epidemiologically indicated as part of their holistic application, noting that such funding falls outside the guard-railed amount and is subject to the availability of resources.
 - 5.6.3.2. Countries introducing rubella immunisation using the MR vaccine in catch-up campaigns should align the wide-age range MR catch-up campaign with WHO guidance for measles follow-up campaign timing. These MR catch-up campaigns may be supported, leveraging guard-railed measles funding for children 6/9-59 months old and be supplemented by the budget for forecasted preventive campaigns for children aged 5-14 years, as described below.
 - 5.6.3.3. Guidance on how countries can plan for expenditures for M/MR campaigns beyond the guardrail, including the justification required, is provided in Gavi's operational guidelines. Other exceptions are also outlined in the guidelines.
- 5.7. Countries are encouraged to apply for preventive campaigns other than the measles/measles-rubella follow-up campaigns, as part of the integrated application at the start of the 5-year cycle.
 - 5.7.1. Countries will be communicated an amount for all their forecasted preventive campaigns planned in the first two years of a strategic period.

¹² Gavi defines civil society as the "Full range of formal and informal, non-governmental and not-for-profit organisations that represent the interests, expertise and values of communities. These are community-based organisations, civil society organisations, faith-based organisations, international and local non-governmental organisations, civil society networks, local professional associations, academia, not for profit advocacy organisations."

¹³ The CCE minimum floor is estimated by the Gavi Secretariat, leveraging the latest inventories and gap analyses performed at country level by countries and partners

This forecasted amount would be an upper bound (indicative ceiling) that would be added to the country envelope calculated as described in 5.5 for planning purposes but would not be allocated nor disbursed until a plan and budget is received and approved for the preventive campaign. The amount is not guaranteed and may be updated or reprogrammed if not used. If approved, additional funding will be allocated in the HSIS grant to support these campaigns¹⁴.

- 5.7.2. In cases where these campaigns cannot be planned or approved at the start of the period, countries can apply for them separately and access additional funding. The thresholds governing these funds and the process for defining the amounts and accessing them are outlined in Gavi's operational guidelines.
- 5.7.3. Countries can also access support for compulsory switches¹⁵ through top-ups to the HSIS grant.
- 5.7.4. Countries are strongly encouraged to integrate campaigns where possible, to improve efficiencies, ensure a holistic approach between routine immunisation and supplemental activities and to minimise the number of stand-alone campaigns within the strategic funding cycle.
- 5.8. Details of the above requirements are communicated to countries at the same time as the envelope amount.
- 5.9. Countries are restricted from using the funds guided by this policy to purchase vaccines and associated devices, medicines, and non-prequalified CCE.
- 5.10. Additional support may be available to countries under Gavi's FED Policy or through a separate mechanism in the case of unforeseen events/outbreaks.

6. Use of funds and transition phase differentiation

- 6.1. Countries should use the HSIS grant for their health system and immunisation strengthening needs, including all vaccine implementation needs¹⁶, in-country technical assistance and broader PHC investments when strategic to meet immunisation objectives, aligned with national plans and priorities and Gavi's Health System Strategy. Gavi will support countries to invest across six pillars spanning the health system building blocks¹⁷ and encourage investments in catalytic and targeted flagship interventions as outlined in the Health Systems Strategy.
- 6.2. Countries should also use the HSIS grant to obtain technical assistance according to their needs from Alliance and other partners, including civil society partners and

¹⁴ Coordinated and integrated campaigns, building on the lessons learnt from previous years, are encouraged

¹⁵ In cases outside of the country's control, such as for example in a supply shortage situation

¹⁶ Including introduction and scale up new vaccines in the national immunisation schedule, planning and implementation of timely and when relevant integrated, preventive immunisation campaigns, implementation of other service delivery strategies, and safe and effective switches to different products, presentations, uses, or dose schedules.

¹⁷ Service delivery and demand generation, human resources for health, supply chain, data and digitally enabled information systems, governance leadership and management, health financing.

the private sector, in coordination with existing in-country technical assistance for health. Further information can be found in Gavi's operational guidelines.

- 6.3. In addition to the HSIS grant, Gavi supports WHO and UNICEF, and in selected countries where contextually applicable, other country-selected partners to provide countries with long-term support for foundational functions.
- 6.4. To promote long-term programmatic sustainability as guided by the Lusaka Agenda, Gavi applies differentiated rules for Gavi support to **routine operational costs**, as defined in section 3, as countries move towards transition from Gavi support.
 - 6.4.1. Gavi will limit support to countries for specific categories of routine operational costs starting in preparatory transition with a gradual decline in support as they move into accelerated transition. Limits in support would be introduced as thresholds for specific costs categories, rather than strict restrictions or there would be explicit exceptions for time-limited activities. The specific cost categories considered can be found in Gavi's operational guidelines.
- 6.5. In addition to Gavi's vaccine co-financing requirements¹⁸, countries are required to make domestic investments in CCE throughout the 5-year Gavi strategic cycle, termed as CCE country joint investment, with the objective of facilitating the mobilisation and sustaining of domestic financing for CCE introduced with Gavi support.
 - 6.5.1. The CCE country joint investment required is proportional to the value of CCE procurement each country makes in quality-assured CCE and associated services from its cash grant, and is tiered based on transition status (10% for initial self-financing, 20% for preparatory transition and 35% for accelerated transition countries).
 - 6.5.2. Countries are restricted from using Gavi funds for their CCE joint investment. Where it is not feasible to commit domestic funds, countries may use other donor funding.
 - 6.5.3. In the case a country has not met the requirement by an agreed upon timeline, Gavi may reduce the country's next cash disbursement by an amount equivalent to [PLACEHOLDER] times the value of the joint investment amount not contributed by the country.
 - 6.5.4. A country may be exempted from the CCE joint investment requirement described above in exceptional circumstances in alignment with the Gavi FED Policy¹⁹ and under the specific circumstances described in the Vaccine Co-financing Policy²⁰.
- 6.6. Countries in the accelerated transition phase at risk of unsuccessful programmatic transition (assessed using DPT1, DPT3 and MCV2 thresholds [PLACEHOLDER]) may apply for five years of additional targeted HSIS support, which could be

¹⁸ Gavi Vaccine Co-financing policy v3

¹⁹ Gavi Fragility, emergencies and displaced populations policy

²⁰ Gavi Vaccine Co-financing policy v3

provided after the country has transitioned out of the accelerated transition phase to aid their successful transition.

6.6.1. This support is not granted automatically; a country must apply, providing evidence of previous efforts and forward commitments to improve performance.

6.6.2. A country will not be eligible to receive this additional HSIS support and catalytic phase support for backsliding prevention and mitigation (Section B) simultaneously.

6.6.3. Further details can be found in Gavi's operational guidelines.

B. Gavi support in the Catalytic Phase

7. Gavi support to catalytic phase countries

7.1. Gavi's support to countries in the catalytic phase promotes:

7.1.1. **Sustainable and equitable introduction** of high impact vaccines in countries through the funding of in-country technical assistance (TA) and one-off costs (OOC) directly related to the introduction. Countries can also benefit from TA for vaccine optimisation and switches, and former-Gavi eligible²¹ countries can receive TA or OOC to support their implementation.

7.1.2. **Mitigation of backsliding in vaccine coverage** with support in the form of in-country TA and/or funding for Targeted Interventions (TI) in prioritised former-Gavi eligible countries. Prioritisation criteria are determined by performance indicators: DTP1, DTP3, and MCV2. These indicators inform a two-stage screening process, conducted annually, to determine eligibility:

7.1.2.1. Countries underperforming in one or more indicators, in alignment with thresholds defined in clause 6.6.

7.1.2.2. Countries experiencing a significant declining coverage trend in the last 3 years or a severe coverage drop in the last year. Further details can be found in Gavi's operational guidelines.

7.2. Countries in the catalytic phase can also be supported by Gavi-funded multi-country TA and peer-learning initiatives at the regional and global level contributing to the catalytic phase specific objectives outlined in 7.1.

7.3. Time-limited support: Support in the catalytic phase is not based on a country ceiling. The extent and duration depend on the approval of a needs-based support request submitted by the country, as guided by Gavi's operational guidelines.

7.4. Additional support may be available to countries in the catalytic phase under Gavi's FED Policy.

7.5. Further details on the catalytic phase, including vaccine support for introductions (i.e., vaccine catalytic funding), are outlined defined in the Eligibility and Transition Policy and the Funding Framework.

C. Guideline, compliance and exceptions

²¹ Please refer to Gavi's Eligibility and Transition Policy

8. Implementation and compliance

- 8.1. Detailed guidelines to countries regarding the recommended programming and use of funds can be found in Gavi's operational guidelines.
- 8.2. Monitoring of this policy is outlined in Annex A to the Framework for Gavi Funding to Countries document and describes the relevant indicators that are reported on annually as part of Gavi's 6.0 Measurement Framework.
- 8.3. Continued disbursement of funds is dependent on countries utilising funds already disbursed and upon submission of relevant progress and financial reports, external audits and compliance with appropriate legal frameworks, other Gavi policies, including the risk policy, and as outlined in Gavi's operational guidelines.

9. Exceptions

- 9.1. Under exceptional circumstances, including outbreaks and unforeseen events, Gavi may provide additional resources. Separate funds are available for such situations [\[PLACEHOLDER\]](#)
- 9.2. Other exceptions are governed by the FED Policy or require approval from the Gavi Board.

10. Timeline for Implementation and review

- 10.1. This policy comes into effect on 1 January 2026 and replaces the Health System and Immunisation Strengthening Policy approved by the Board in December 2022
- 10.2. This policy will be reviewed and updated as and when required. Any amendments to this policy are subject to Gavi Board approval.