

Annex D: Framework for Gavi Funding to Countries

1. Purpose, Scope and Rationale

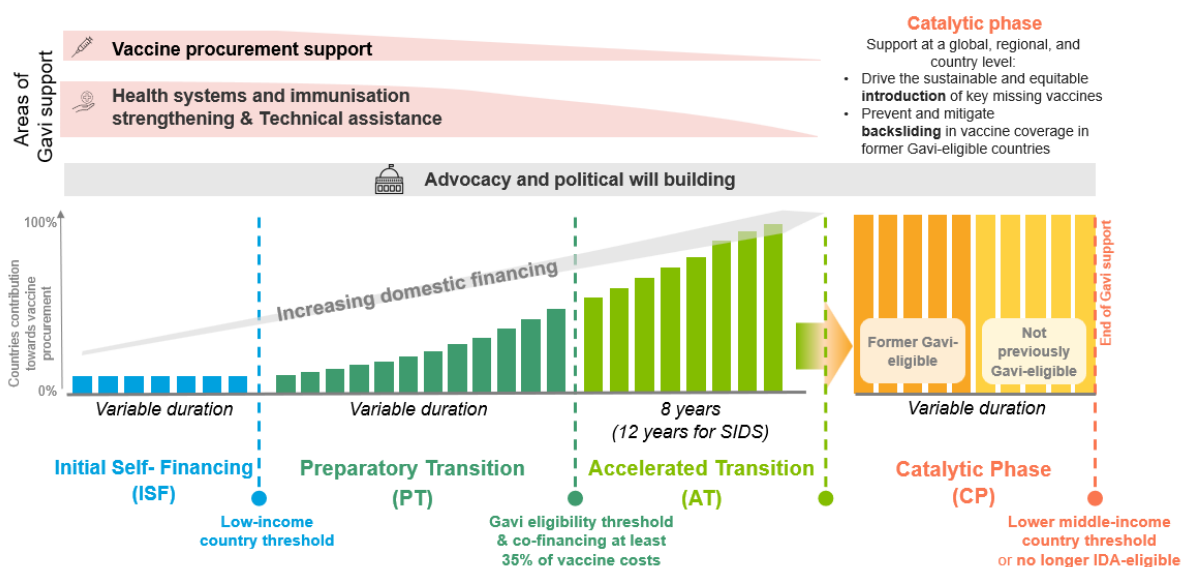
- 1.1 This document serves as an overarching framework for Gavi's three programmatic funding policies for countries able to receive Gavi support: a) Eligibility & Transition Policy; b) Co-financing Policy; and c) Health Systems and Immunisation Strengthening (HSIS) Policy.
- 1.2 Gavi supports low and lower-middle income countries to increase the equitable and sustainable use of vaccines in routine immunisation programmes, whilst also ensuring successful transition from Gavi support and long-term sustainability. Funding can include vaccine procurement including financial and technical support for the introduction of new vaccines, planned campaigns and other supplemental delivery strategies, as well as to strengthen health systems, and efforts to extend routine immunisation services to reach zero-dose and missed communities. This document sets out the objectives, principles and approach for Gavi funding to countries able to receive Gavi support as defined in the Eligibility and Transition policy.
- 1.3 This document does not cover Gavi's outbreak response for certain outbreak and epidemic-prone diseases, support or special initiatives which Gavi might fund from time to time. Gavi supports global stockpiles and other outbreak response mechanisms, through which Gavi eligible countries can access fully funded vaccines.
- 1.4 The principles of Gavi funding are outlined in each of the policy documents: a) **country-led, sustainable**; b) **equity**; and c) **differentiated, transparent and predictable**.

2. Gavi Funding to Countries: Introduction

- 2.1 Countries transition through Gavi's support phases as their ability to domestically finance their immunisation programmes increases. Gavi's support is divided into four phases: (i) initial self-financing, (ii) preparatory transition, (iii) accelerated transition and (iv) catalytic, determined by GNI per capita as a proxy for ability to pay (see Figure 1). As countries transition through these phases their needs change and countries adjust the use of Gavi funding to meet those needs. It is expected that Gavi funding will decrease over time, but that countries will continue to adhere to core principles of equity and sustainability.
- 2.2 Gavi encourages countries in initial self-financing, preparatory transition and accelerated transition phases to plan all their Gavi funding needs in an integrated manner when planning their HSIS grant which takes a 5-year view of country support and for which countries apply for in the first two years of a strategic period. In doing so, countries are encouraged to utilise funding to the fullest extent, establish clear priorities, and pursue greater efficiencies.

- 2.3 Countries in the catalytic phase that are eligible for each funding lever in this phase will be required to apply for support demonstrating alignment with the support objectives and requirements, as described in clause 2.7.
- 2.4 Gavi provides support to countries as outlined in Figure 1 and as described below, each type of assistance is intended to support and complement each other.
- 2.5 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

Figure 1: Gavi support by transition phase

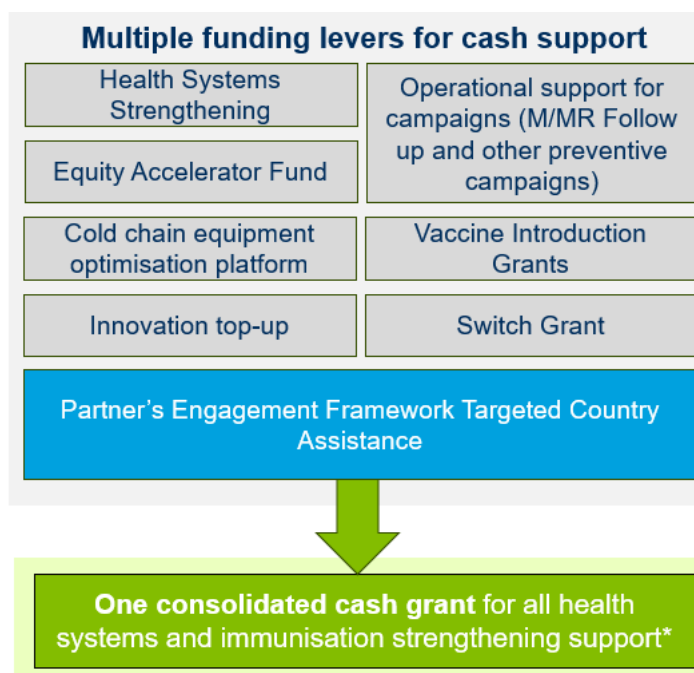


- 2.6 Countries in initial self-financing, preparatory transition, and accelerated transition phases
 - 2.6.1 Vaccine procurement: Gavi supports countries to introduce and sustain vaccines into their routine vaccination programmes. Gavi's pooled procurement model aims to enable countries' access to an adequate supply of life-saving vaccines at sustainable prices.
 - 2.6.2 HSIS support: Provided through a HSIS grant and guided by Gavi's Health System Strategy it is intended to strengthen equity and sustainability in immunisation in a manner that is integrated with other Primary Health Care (PHC) programmes and that strengthen the overall health system. It can include financial and technical support to introduce new vaccines, conduct measles/measles-rubella preventive campaigns, switch vaccine products to optimise the vaccine portfolio, purchase cold chain equipment, engage civil society organisations (CSO)¹ and access in-country technical assistance.

¹ 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

2.6.3 In Gavi's 6.0 strategic period, the HSIS grant to countries replaces the following individual funding levers from Gavi 5.0/5.1 (Figure 2): Health Systems Strengthening (HSS), Equity Accelerator Funding (EAF), operational support for 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).

Figure 2: Consolidation of funding levers



**Does not include funding for emergencies, including outbreak response*

2.6.4 Other technical and financial support:

2.6.4.1 In addition to the technical assistance support which is included in the HSIS grant, Gavi supports WHO and UNICEF and, in select countries where contextually applicable, other country-selected partners to provide countries with long-term support for critical functions. This funding will be based on country needs, country and partner context, and defined results to be monitored through an accountability framework for partners at country, regional and global levels.

2.6.4.2 In addition, countries able to receive Gavi support that are classified as fragile or conflict-affected under Gavi's Fragility, Emergencies and Displaced populations (FED) Policy can access flexible and differentiated support for chronic fragility, emergencies and hosting displaced populations.

organisations, civil society networks, local professional associations, academia, not for profit advocacy organisations."

- 2.6.4.3 Countries in the initial self-financing, preparatory transition and accelerated transition phases can also access additional funds for unforeseen events beyond the country's control that may pose a risk to ongoing or planned programmes, such as for example forced vaccine switches due to supply challenges.

2.7 Countries in Gavi's catalytic phase

- 2.7.1 Gavi can provide countries in the catalytic phase with time-limited and needs-based country-level support as per its two specific objectives, summarised in table 1.

- 2.7.2 Countries access to 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

2.7.3 **Objective 1: Drive the sustainable and equitable introduction of key missing vaccines**

- 2.7.3.1 **New vaccine introductions (NVI) support:** All countries in the catalytic phase can receive support for the introduction of HPV, PCV and rotavirus. Once available in the Gavi portfolio, a subset of prioritised countries can also receive support for the introduction of dengue vaccines, as well as for the groundwork to prepare for future tuberculosis vaccines. Prioritisation for the support related to dengue and tuberculosis vaccines, will be determined based on disease burden and the list of selected countries will be published on Gavi's website in time.

NVI support includes the following types, which may be offered individually, combined, or in full:

- 2.7.3.2 Technical assistance (TA): support via relevant in-country and national partners, including CSOs, academic institutions and others as appropriate.
- 2.7.3.3 Support for one-off-costs (OOC): funding to help cover specific one-off costs directly related to ensuring the sustainability and equity of a new vaccine introduction.
- 2.7.3.4 Vaccine catalytic-financing (VCF): one-off vaccine financing for doses to cover half of the first single-age target cohort for a new vaccine introduction where this has a meaningful and positive impact on a new vaccine introduction. VCF will be provided via one of Gavi's procurement agencies (e.g., UNICEF or PAHO).

2.7.3.5 Assistance for accessing pooled procurement mechanisms: support for access to pooled procurement mechanisms for vaccines and devices.

2.7.3.6 **Vaccine switches and optimisation support:** All countries in the catalytic phase are eligible to access information and learnings on switches and portfolio optimisation as well as TA for assessing switch or optimisation opportunities. Former Gavi-eligible countries as defined in 4.4.1 of the Eligibility and Transition policy can receive TA or OOC to support implementation of portfolio optimisation and vaccine switches contributing to the financial sustainability of vaccine programs. No vaccine financing will be provided.

2.7.4 Objective 2: Prevent and mitigate backsliding in vaccine coverage

2.7.4.1 Prioritised former Gavi-eligible countries in the catalytic phase can receive support in the form of in-country TA and/or support for **Targeted Interventions (TI)** to mitigate backsliding in vaccine coverage. Prioritised countries are determined by performance indicators: DTP1, DTP3, and MCV2 and invited to submit support requests. These indicators inform a two-stage screening process, run annually, to determine eligibility to support for backsliding mitigation:

- Countries underperforming in one or more indicators, in alignment with thresholds defined in the HSIS Policy.
- 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.

Table 1 – Country-level support in the catalytic phase

Objective	Type of support		Eligibility
1) Drive the sustainable and equitable introduction of key missing vaccines	New vaccine introductions (NVI) support:	Technical assistance (TA)	All countries in the catalytic phase where nationwide introduction is missing ²
		Support for one-off-costs (OOC)	
		Vaccine catalytic	

² _Eligibility applicable to activities related to the introduction of HPV, PCV and rotavirus vaccines. Prioritisation for support related to the introductions of Dengue and TB support is based on diseases burden. Further details can be found in the Gavi's operational guidelines._

		financing (VCF)	
		Assistance for accessing pooled procurement mechanisms	
	Vaccine switches and optimisation support:	TA for assessing switch or optimisation opportunities	All countries in the catalytic phase
		TA for implementation	Former-Gavi eligible countries
		OOC for implementation	
2) Prevent and mitigate backsliding in vaccine coverage	Targeted Interventions (TI) support		Former-Gavi eligible countries

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

2.8 Countries in the catalytic phase facing challenges related to fragility, emergencies, and displaced populations can receive support, defined under Gavi's FED Policy.

3. Country transition through phases of Gavi's support

Relevant Policies and Guidelines

Eligibility and Transition Policy

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

- 3.1 The **Eligibility and Transition policy** sets out the criteria that determine which countries are able to receive different forms of Gavi support.
- 3.2 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.

- 3.3 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. The intention is for a country to gradually strengthen its health system and improve 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 with well-functioning programmes capable of sustaining and even building on gains in coverage and equity.
- 3.4 As part of its sustainability approach, Gavi's health system support also decreases as the country income increases. This support is allocated through a formula (see section 6 below) which in addition to programmatic indicators also considers the country income. Gavi expects a country to gradually finance more of its health system needs with domestic resources as its GNI p.c. increases.
- 3.5 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 countries in four phases of transition. The thresholds for these phases are defined in the Eligibility and Transition Policy:
 - 3.5.1 **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.
 - 3.5.2 **Preparatory transition countries** have GNI p.c. levels above the World Bank's low-income threshold but below Gavi's eligibility threshold. The threshold for eligibility for Gavi support is US\$ 2300 GNI p.c. in 2026. Countries in this phase increase their domestic financing of immunisation programmes and health systems as Gavi support decreases.
 - 3.5.3 **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.
- 3.6 **Catalytic phase** countries that are not Gavi eligible (Initial self-financing, Preparatory Transition and Accelerated Transition phases) and with a GNI p.c. equal or below the World Bank lower-middle income threshold, or they are eligible to borrow from the International Development Association (IDA-eligible). Countries in this phase are either former Gavi-eligible (i.e. transitioned out of Acceleration Transition phase) or have not previously been Gavi-eligible but meet the criteria above. Countries in this phase independently sustain their immunisation programmes, however, may apply for limited support to mitigate backsliding in vaccine coverage and drive the sustainable introduction of high-impact new vaccines. For countries in the catalytic phase, Gavi's funding aims to support the sustainable and equitable introduction of high-impact vaccines,

and to prevent and mitigate backsliding in vaccine coverage, as outlined in section 2.7.

- 3.7 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.

4. Vaccine Procurement

Relevant Policies and Guidelines

Eligibility Policy

Co-financing Policy

[Self-Procurement Policy](#)

[Placeholder for new operational guidelines]

- 4.1 Countries in initial self-financing, preparatory transition, and accelerated transition phases are expected to co-finance the purchase of their vaccines. A country's co-financing share is determined by its transition phase as defined in the Eligibility and Transition policy and co-financing rules set out in the Co-financing policy. The co-financing policy outlines exceptions for countries facing unique circumstances.
- 4.2 There is no country co-financing for vaccines introduced by countries in catalytic phase. Vaccine support for countries in this phase is outlined in section 2.7.
- 4.3 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, planned campaigns and other tailored supplementary delivery strategies (please see HSIS section below). Vaccines are centrally procured by the Alliance's procurement agencies, with funding from both Gavi and countries channelled directly to the agency. Gavi does not provide funding for vaccines introduced without Gavi support except in very rare circumstances³. Under certain conditions, countries can also self-procure Gavi-financed doses per the Self-Procurement Policy.
- 4.4 Gavi finances the procurement of vaccines for comprehensive disease control, supporting three types of vaccine delivery strategy:
- 4.4.1 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.

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

- 4.4.2 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 Gavi's operational guidelines, and tailored strategies to close immunity gaps.

5. Health System and Immunisation Strengthening Support

Relevant Policies and Guidelines

HSIS Policy

[Placeholder for new operational guidelines]

- 5.1 Gavi's HSIS Policy sets out the principles, general requirements and procedures for Gavi's financial and technical support to countries, which differs by country transition status. The policy is complemented by more detailed programmatic and operational guidance.
- 5.2 For countries in the initial self-financing, preparatory transition and accelerated transition phases, Gavi's support is guided by the Health System Strategy and provided through the HSIS grant for health system and immunisation strengthening needs, cold chain equipment, vaccine implementation, and technical assistance at country level. It is provided through the consolidated grant.
- 5.3 Interventions supported by Gavi's HSIS grants should be targeted and tailored based on context and national plans, aligned with Gavi objectives. Countries in earlier development stages with weaker systems and lower immunisation coverage are encouraged to prioritise interventions that build essential programmatic capacities within their primary health care programmes to increase coverage of immunisation 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, sustainability and PHC integration of immunisation services with more targeted efforts to reach remaining pockets of zero-dose children. Gavi and its Alliance partners will support countries to fully vaccinate children through their second year of life, particularly in missed communities, and help countries adapt their systems to routinely deliver vaccines also to populations outside early childhood.
- 5.4 Countries in accelerated transition who are at risk of unsuccessful transition from Gavi support, (assessed using DPT1, DPT3, and MCV2 coverage thresholds), may apply for five years of additional targeted HSIS support following their transition out of accelerated transition phase. This support aims to address acute programmatic challenges countries may experience to aid their successful transition. This support is not granted automatically; a country must first meet the eligibility criteria and then can apply for support, providing

evidence of previous efforts and forward commitments to improve performance. Further details on this support can be found in Gavi's operational guidelines.

- 5.5 The amounts of support available to countries in the initial self-financing, preparatory transition and accelerated transition phases for the duration of Gavi's strategic period are determined at its outset and communicated to countries as a single, consolidated envelope. This includes all cash support to countries except for certain preventive campaigns, for which additional funds may be accessed during the strategic period, and resources for unforeseen and unplanned events, such as emergencies and outbreaks. Gavi uses its Board-approved allocation formula for Gavi 6.0 to calculate a portion of the 5-year envelope for each country's HSIS grant. This formula has a financial indicator, GNI per capita, at the weight of 50%, and programmatic indicators, measured by the number of children missing the first dose of diphtheria, tetanus and pertussis containing vaccines (DTP1), the zero-dose children, the number of children missing the third dose of diphtheria, tetanus and pertussis containing vaccines (DTP3) and the number of children missing the second dose of measles containing vaccine (MCV2). A 10-percent multiplier is added for countries classified as fragile and conflict-affected, to safeguard as much funding as possible for these settings.
- 5.6 The envelope also includes funds for planned vaccine introductions, planned vaccine switches and measles/measles-rubella follow-up campaigns and as per Gavi's forecast. To support country planning, a forecasted amount for their planned preventive campaigns in the first two years of the strategic period is also included in the envelope. This forecasted amount is not allocated nor disbursed until an approved plan and budget is received and approved for the preventive campaign. In the event that forecasted activities are not implemented as planned, the envelope may be adjusted proportionally. Countries can apply for an HSIS grant once every 5 years within the first two years of a Gavi strategic period.
- 5.7 There are some restrictions and guardrails in the allocation and use of funds, including a requirement to channel at least 10% of the HSIS grant through Civil Society Organisations (CSOs) unless the country can provide a robust rationale as to why this is not appropriate in their context. Countries are also required to make an investment in measles/measles-rubella follow up campaign implementation within a specified range and a Cold Chain Equipment (CCE) minimum investment, tailored to each country context.
- 5.8 In addition to the above requirements with respect to the use of Gavi funds, Gavi aims to support less recurrent costs as countries approach transition to encourage domestic investment these, as well as in cold chain equipment, with the objective of facilitating the mobilisation and sustaining of domestic financing for immunisation.
- 5.9 Funds are disbursed in tranches based on agreed planned activities, adjusted if relevant over the period. Any funds not used at the end of a country's grant cycle will not translate into a grant extension but will be repurposed for the

subsequent cycle (“use it or lose it”). The disbursement of funds and management of cash is guided by Gavi’s operational guidelines.

- 5.10 Gavi’s HSIS support is disbursed directly to countries or to implementing partners, except in some circumstances where commodities are centrally procured, there are fiduciary concerns, or requests from countries to disburse funding directly to partners. 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.

6. Monitoring and Evaluation

- 6.1. The policies will be monitored by the Gavi Secretariat on an ongoing basis at the strategic and process levels as outlined in Annex A to Doc 06.

Annex A will outline to monitoring approach and will be finalised once Gavi’s 6.0 Execution Framework has been finalised.