

## Annex A: Overview of the existing ELTRACO model and MICs approach, including main challenges

The below consists of selected excerpts from the November 2023 Board briefing on Eligibility, co-financing and transition model and MICs Deep-dive.

Figure 1: Overview of the current ELTRACO model and its three transition phases

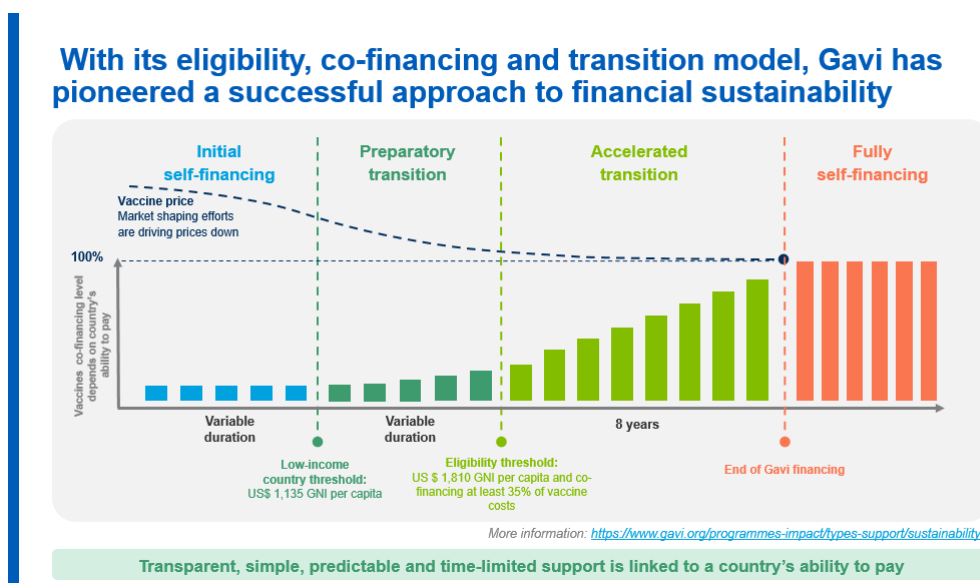


Figure 2: Overview of the main elements of the ELTRACO

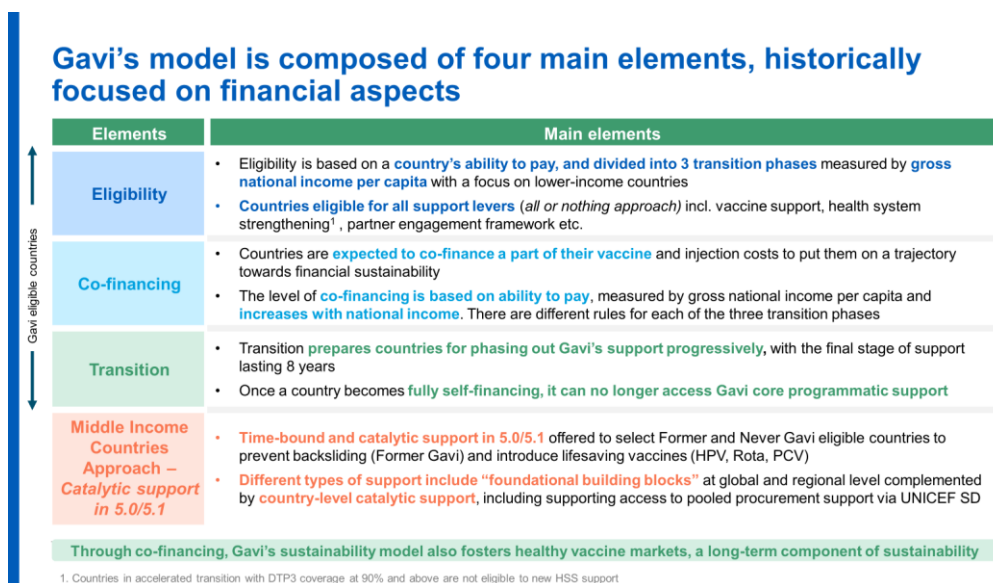


Figure 3: Gavi's model has spurred country co-financing and domestic resource allocation for immunisation

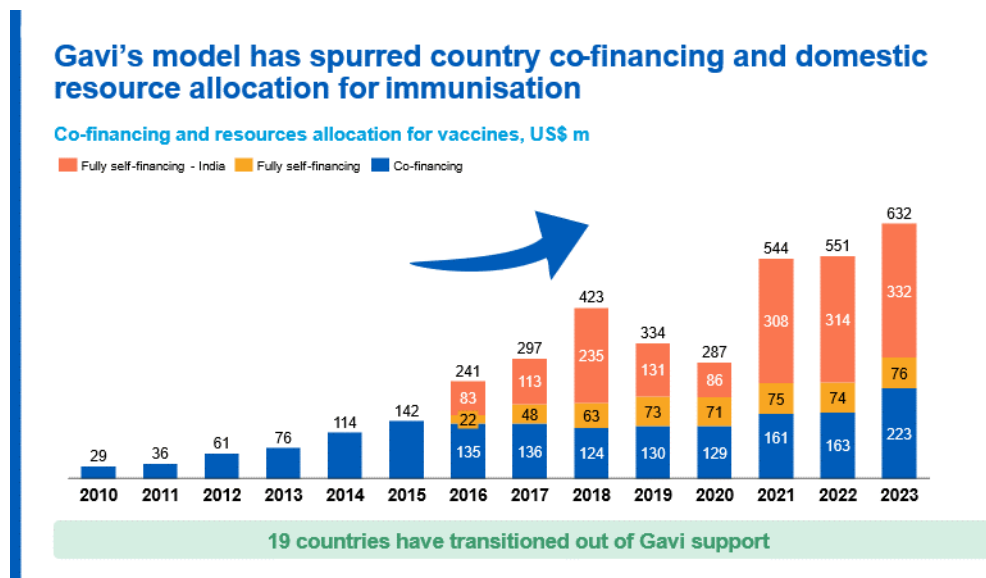


Figure 4: Gavi has already made a few amendments to the model to evolve with the need of countries

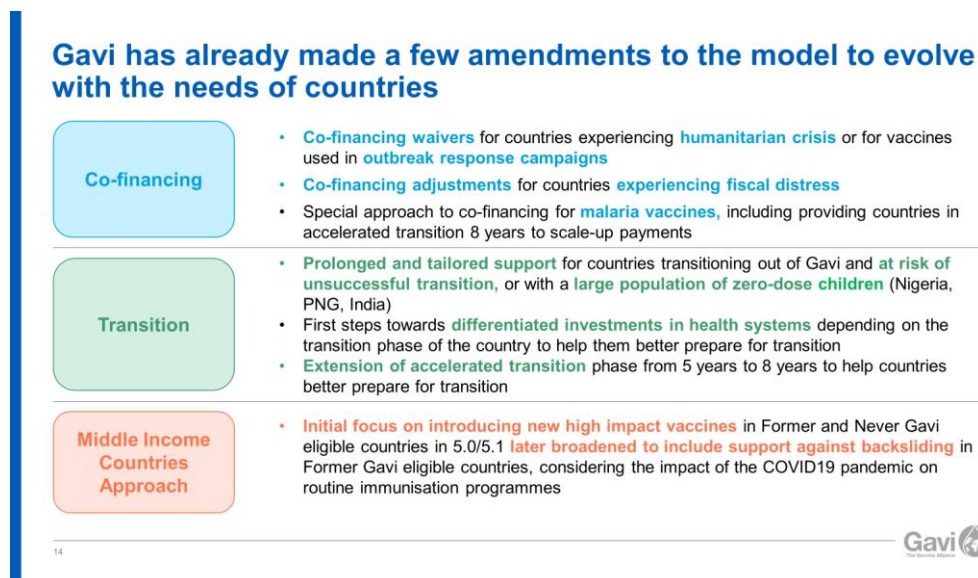
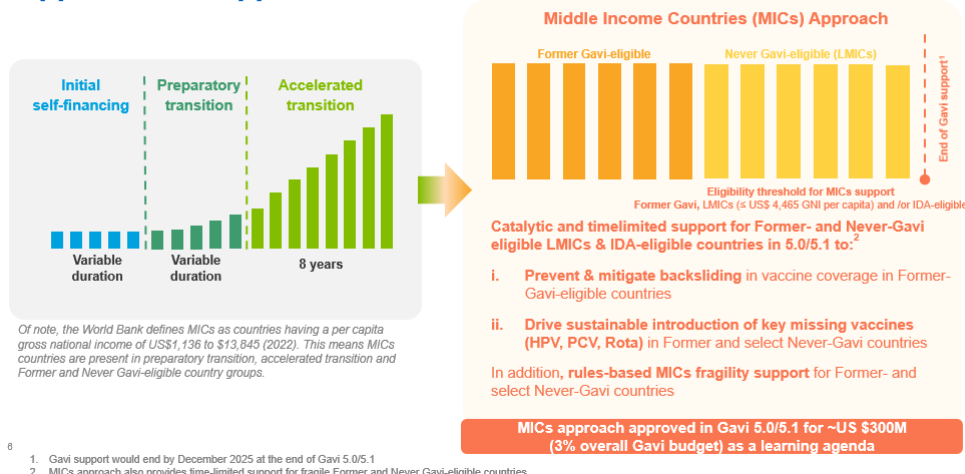


Figure 5: Deep-dives on the Middle-Income Countries Approach

## In 5.0/5.1, the model was enriched with the Middle-Income Countries approach to support Former- and Never-Gavi countries



1. Gavi support would end by December 2025 at the end of Gavi 5.0/5.1  
2. MICs approach also provides time-limited support for fragile Former and Never Gavi-eligible countries

## Deep-dive | The MICs approach advances its objectives through different catalytic types of support, tailored to country needs

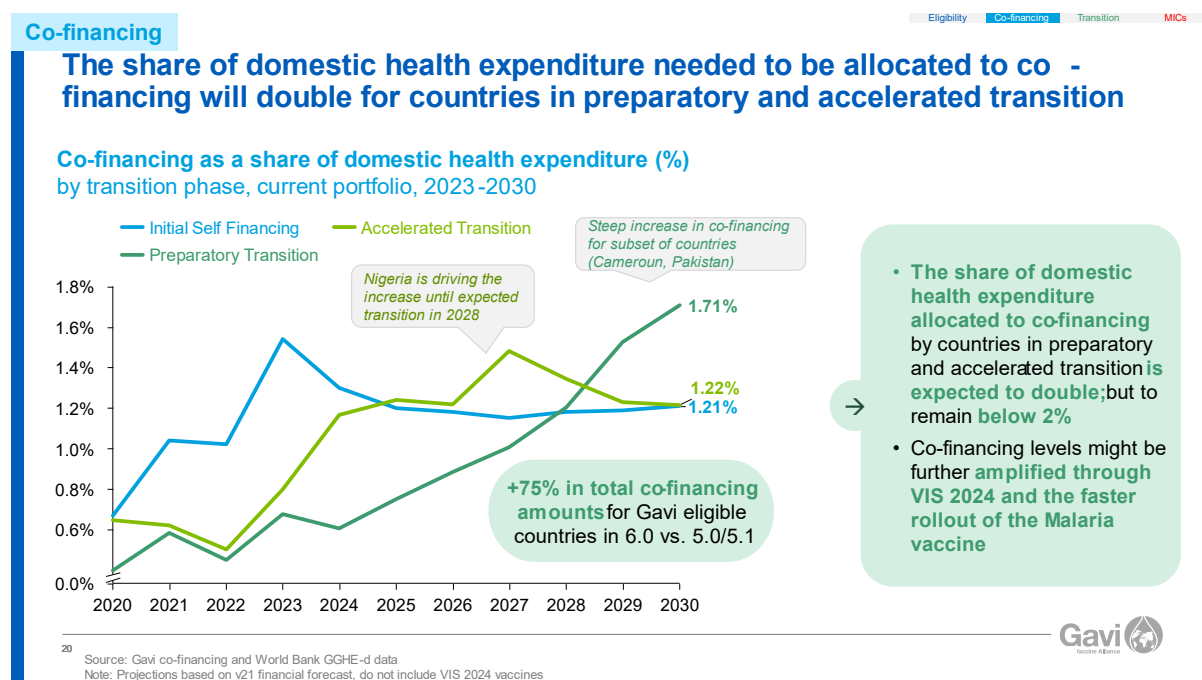
Objectives	Levers for support	Eligible countries
Prevent & mitigate backsliding	<ul style="list-style-type: none"> <li><b>Foundational building blocks:</b> Global and regional initiatives, including technical assistance; advocacy support and peer-to-peer learning platform</li> <li><b>Targeted interventions:</b> In-country technical assistance and /or cash support to mitigate backsliding in Former Gavi only</li> </ul>	<ul style="list-style-type: none"> <li>Former and Never Gavi</li> <li>Only Former Gavi</li> </ul>
Drive sustainable introduction of key missing vaccines (HPV, PCV, Rota)	<ul style="list-style-type: none"> <li><b>Foundational building blocks:</b> Global and regional initiatives including technical assistance; advocacy, and peer-to-peer platform</li> <li><b>Country-specific technical assistance</b> to support the introduction of new vaccines; <b>one-off costs support</b> for new vaccine introductions; <b>vaccine catalytic financing</b> for half of the first birth / target cohort;</li> <li>Assistance for <b>accessing pooled procurement</b> mechanisms in collaboration via UNICEF's MICs Financing Facility (MFF)</li> </ul>	<ul style="list-style-type: none"> <li>Former and Never Gavi</li> </ul>
Differentiate support for fragile countries	<ul style="list-style-type: none"> <li>Time-limited rules-based support for countries including a <b>portion of routine vaccine financing and technical assistance</b></li> </ul>	<ul style="list-style-type: none"> <li>Former and Never Gavi</li> </ul>

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Figure 6: Overview of the main challenges identified across the current ELTRACO model and MICs approach

Challenges identified across the main components of Gavi's current model will be addressed in Gavi 6.0		Risk to objective
Main diagnostic elements		
Eligibility	<ul style="list-style-type: none"> <li>Gavi's current eligibility and transition criteria (GNI p.c.) and threshold may no longer adequately reflect a <b>country's ability to pay or commitment to invest in their health systems</b>. In the face of harsher macroeconomic and budgetary conditions, countries may struggle to transition through each phase</li> <li><b>Support is not sufficiently tailored for the diversity of countries'</b> financial and programmatic needs with most countries being currently eligible for all Gavi's support levers or none</li> </ul>	Equity, Sustainability
Co-financing	<ul style="list-style-type: none"> <li>A subset of <b>countries especially in Preparatory Transition and Accelerated Transition are facing challenges with co-financing affordability</b> given rapidly increasing levels of co-financing in a context of stagnant or deteriorating macroeconomic climate</li> <li>Under the current policy, <b>countries which regain eligibility to Gavi cannot access support for vaccine programmes they are already fully self-financing</b>. This means these countries receive less support than other countries with comparable levels of GNI per capita, thus potentially facing challenges in maintaining, introducing, and scaling up vaccine programmes</li> <li>The current co-financing model policy may lead to unfavourable demand dynamics and market shaping consequences <b>due to lack of/ limited price sensitivity (most acute for Initial Self-Financing countries)</b></li> <li>A subset of <b>fragile countries</b> facing humanitarian crisis need <b>co-financing waivers year after year</b> leading to high transaction costs for yearly waiver requests, while other countries also face <b>challenges transitioning from a waiver back to the full payment</b> of their co-financing obligations</li> </ul>	Equity Sustainability Market shaping
Transition	<ul style="list-style-type: none"> <li>Programmatic challenges including variable and inequitable levels of immunisation coverage <b>pose a risk to the successful transition</b> of countries in Accelerated Transition. This is particularly challenging for countries who are transitioning out of Gavi support with <b>larger and more complex vaccine portfolios</b></li> </ul>	Sustainability
MICs approach	<ul style="list-style-type: none"> <li>A subset of Former and Never Gavi countries continue to face <b>significant immunisation-related challenges, including backsliding in routine coverage, large zero dose populations, and low breadth of protection</b>. Number of fragile MICs requiring tailored support may expand in 6.0</li> <li>A subset of Former and Never Gavi countries are set to <b>miss vaccine introductions of upcoming vaccines with significant health impact in these countries</b></li> </ul>	Health impact Sustainability
Resourcing	<ul style="list-style-type: none"> <li>Gavi's policies provide limited incentives to <b>prioritise resources toward the most cost-effective vaccines programmes</b>. The current global economic conditions, marked by potential reductions in donor spending, pose a significant risk <b>for Gavi in sustaining its current expenditure on an expanding portfolio of vaccines</b></li> </ul>	All

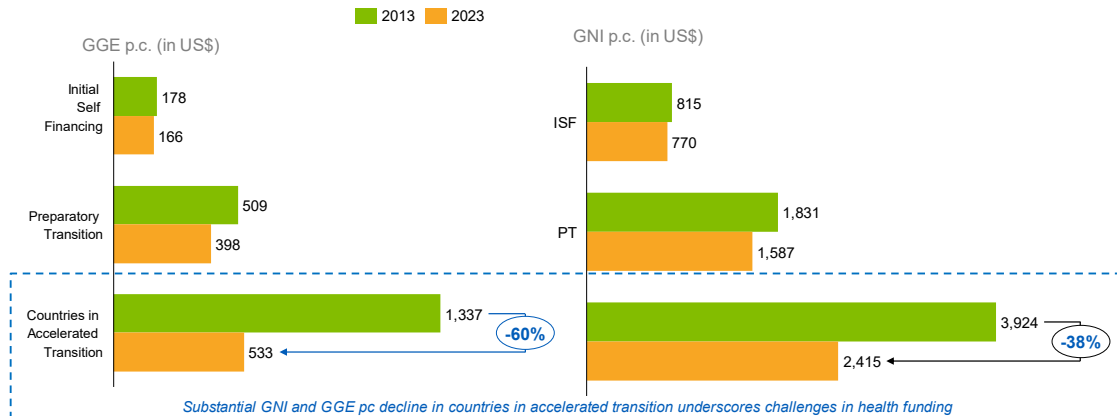
Figure 7: Selected analyses from the diagnostic on the ELTRACO and MICs model (more analyses in the pre-read for the November 2023 Briefing)



## Co-financing

**Deep-dive Accelerated Transition** | Countries in accelerated transition are now facing greater economic challenges than those in this transition phase 10 years ago

Gross National Income (GNI) and General Government Expenditure (GGE) per capita by transition phase, 2023 vs. 2013

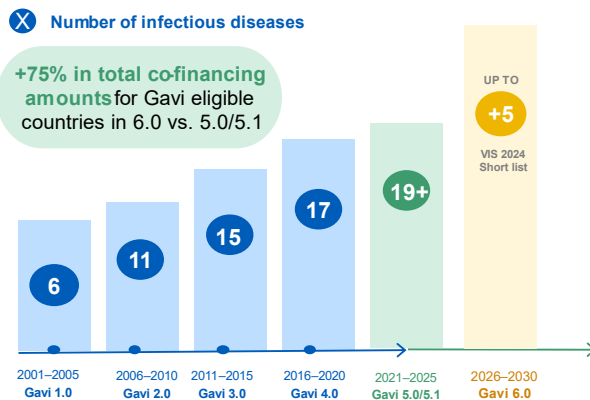


Countries transitioning out of Gavi support today face greater economic challenges than those transitioning out 10 years ago

## Transition

**Gavi's growing portfolio of vaccines comes with financial and programmatic challenges and calls for prioritisation**

Evolution of Gavi's portfolio, 2001 -2030



Gavi now provides vaccines against **19 infectious diseases** through **46 product presentations**

Gavi's growing portfolio of vaccines represents a great opportunity to increase health impact, but poses new challenges in terms of long-term financial stability and sustainability e.g.,

- Inclusion of new vaccines requires **additional co-financing from countries** and may require additional **health system investment** e.g., to build relevant immunisation touchpoints
- Increasingly large and complex portfolios of vaccines calls for **potential recalibration of country choices, market shaping considerations and balancing with Gavi's resourcing**

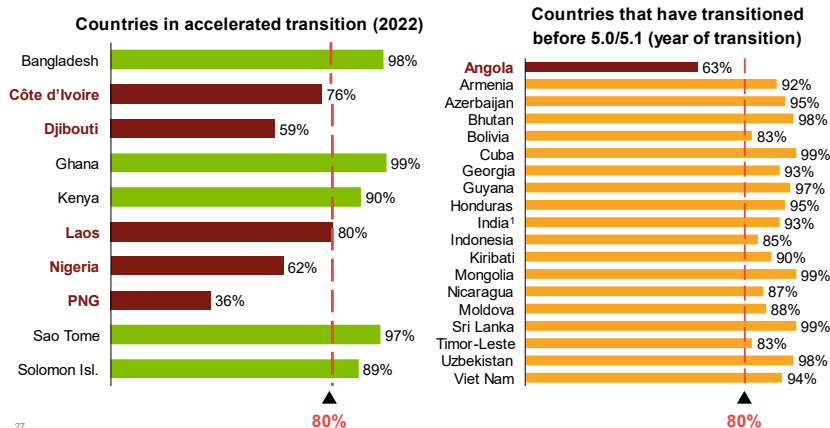
Note: VIS 2024 short list include Dengue, Shigella, Hep E, TB (first introductions projected in 2032) and GBS – so potentially up to 5 additional infectious diseases

Transition

## Half of the transitioning countries have immunisation coverage below 80%

DTP3 coverage (%), countries in accelerated transition vs. countries that have transitioned before 5.0/5.1

Dtp3 coverage below 80%



→ Half of countries in accelerated transition have coverage below 80%, despite only one Former Gavi country (Angola) had coverage below 80% at time of transition

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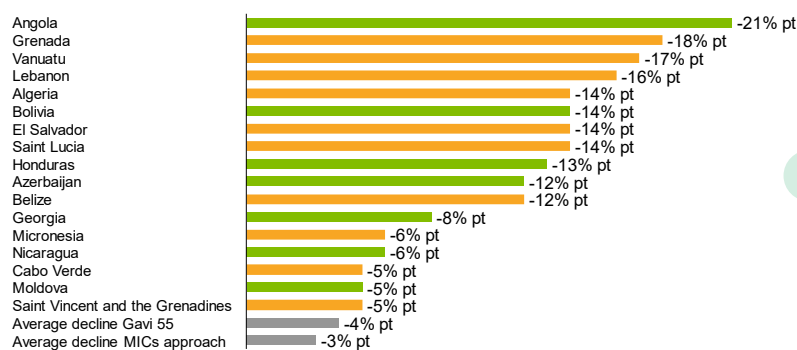
<sup>1</sup> India not covered by MICs approach, but by special Board approved strategy, Ukraine not included due to lack of data availability

MICs

## Some Former and Never Gavi eligible MICs face programmatic challenges, while not always being eligible to relevant support

Top 15 MICs countries experiencing most significant decline in DTP3 coverage over past 5 years

Former Gavi: Eligible to some backsliding support under MICs approach  
Never Gavi: Not eligible to backsliding support under MICs approach



Percentage point decline in DTP3 coverage (2018-2022)

<sup>1</sup> Includes 17 countries because of the same recorded decline in Cabo Verde, Moldova and Saint Vincent and the Grenadines

30 Source: WEUNIC data (2023)

→ 17 MICs experienced a backsliding of more than 5 ppt DTP3 coverage over past 5 years, of those countries less than half are eligible to some backsliding support under MICs approach (Former Gavi)

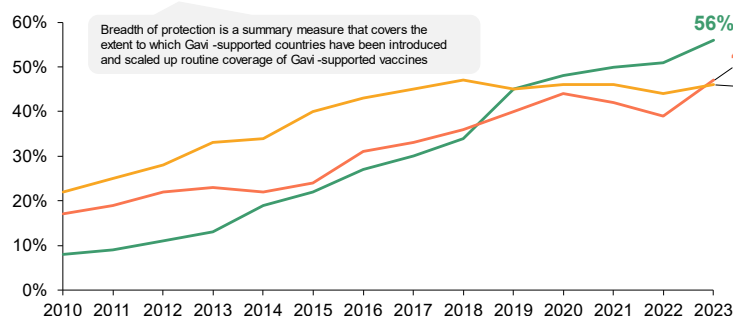
MICs

## Former and never Gavi eligible MICs have lower breadth of protection than Gavi 57

Breadth of protection in Gavi 57 and MICs, %, 2010-2023

— Gavi 57 — Former Gavi — Never Gavi

Breadth of protection (%)



Note: Former-Gavi here includes all countries considered posttransition (including Nicaragua and Uzbekistan). Note Nicaragua and Uzbekistan are also included in the Gavi57 aggregate.  
Never Gavi MICs are defined as countries with neverGavi-eligible IDA-eligible economies and never-Gavi eligible lower middle-income countries based on the 2022 World Bank Country and Lending Groups.

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Source: WEUNIC data (2023)

Eligibility Co-financing Transition MICs

Breadth of protection for former and never Gavi MICs has, for the last 5 years, been lower than for Gavi 57

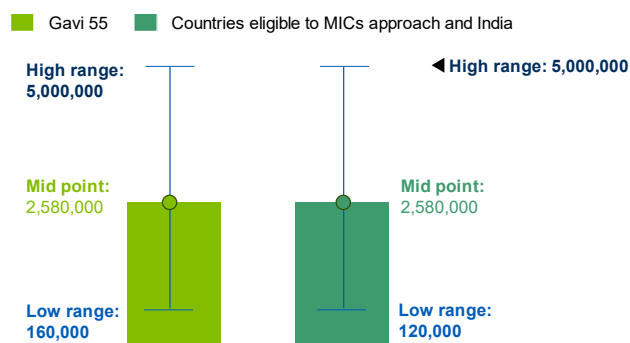
PCV, Rota and HPV present the lowest coverage among vaccines included in BoP of former and Never Gavi MICs



MICs

## New vaccines such as TB have a high disease burden in MICs

Forecasted deaths averted, Tuberculosis vaccine, Gavi 55, Countries eligible for MICs approach and India, 2026 -2040



High range: Routine immunisation of 15 years old plus oneoff catch-up campaigns for 16-44 years old; Low range: Routine immunisation of 15 years old in the MICs + India scenario, India accounts for 47,000 deaths averted in low range and 3M of deaths averted in high range

Source: Initial results, VIS 2024 – as of December 2023

New vaccines such as tuberculosis and dengue are forecasted to have significant health impact in MICs, yet under current eligibility rules, former and never Gavi countries would not receive support for these upcoming vaccines