

# HEALTH SYSTEMS AND IMMUNISATION STRENGTHENING POLICY

BOARD MEETING

**Marta Tufet Bayona**

4-5 December 2024, Bali, Indonesia

# Gavi is seeking approval to consolidate multiple cash funding levers into one funding envelope

From:

## Multiple funding levers for cash support

Health Systems Strengthening	Operational support for campaigns (M/MR Follow up and other preventive campaigns)
Equity Accelerator Fund	
Cold chain equipment optimisation platform	Vaccine Introduction Grants
Innovation top-up	Switch Grant
Partner's Engagement Framework Targeted Country Assistance	

## To: Proposal

**One consolidated cash grant for all health systems and immunisation strengthening support\***

### Potential benefits:

- + Simplified processes
- + Reduced transaction costs
- + Programmatic efficiencies

### Potential risks:

- Lower ability to target funding to Gavi's priorities
- Weak country planning capacity
- High level of effort for change management

**Portion of TCA (and potentially SFA) funds allocated to core partners** for key long-term country functions before defining country ceilings

# Shifts are proposed to the allocation formula for HSS, EAF, CCEOP support to reflect Gavi 6.0 priorities



Current formula	
GNI per capita	Birth cohort
# of zero-dose children (DTP1)	# of under-immunised children (DTP3)

*4 equally weighted indicators (25%)*

Proposed formula		
GNI per capita		
# of zero-dose (DTP1)	# of under-immunised (DTP3)	# of un-immunised (MCV2)

*50-50 weighting of financial and programmatic indicators*

## Proposed Changes:



Focus on fully immunised child: Add MCV2



Programmatic sustainability: Weigh GNI pc at 50%



Correct for overcounting of population size

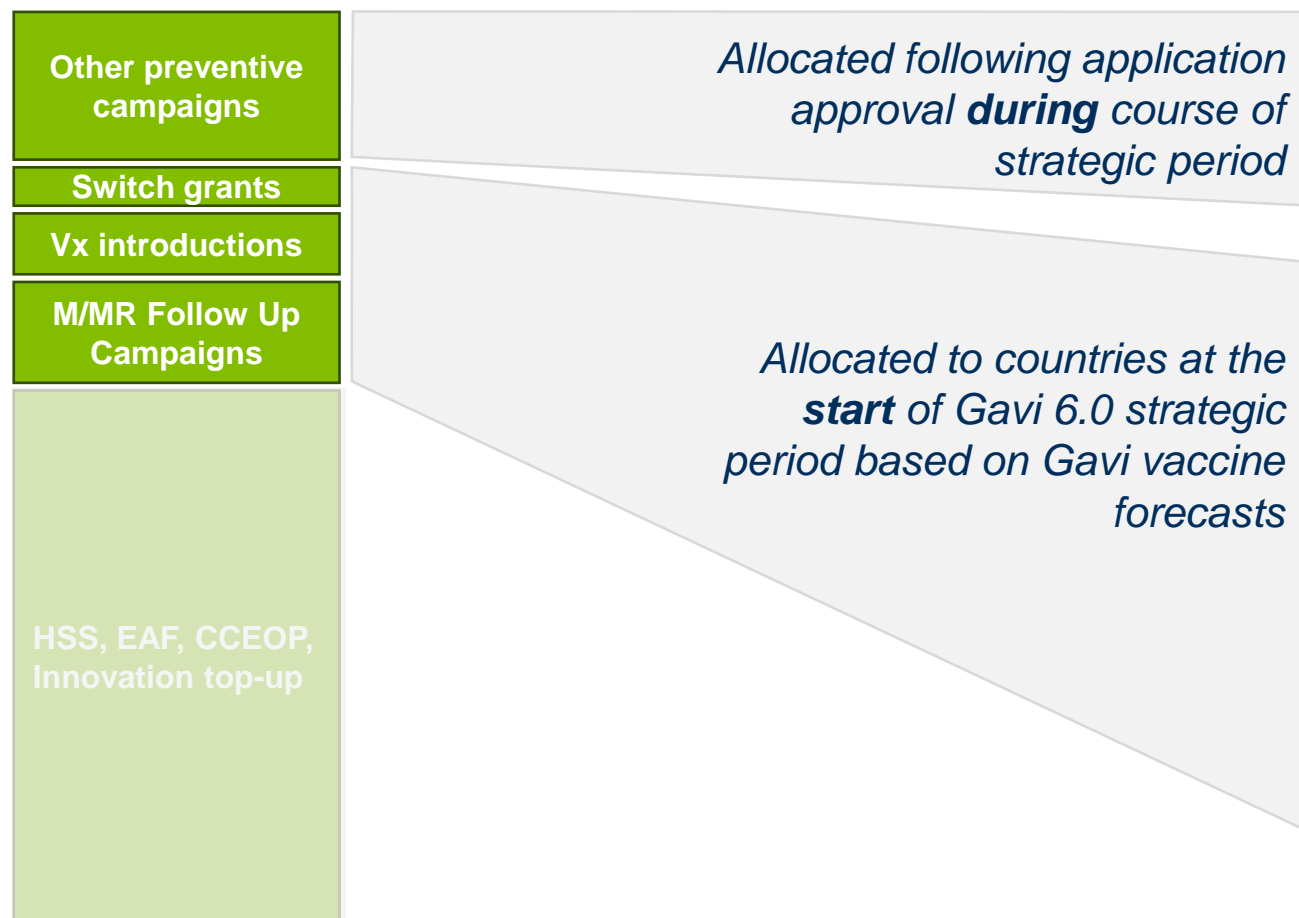


Equity: Introduce caps on ceiling



Differentiation: 10% multiplier for fragile countries

# How and when to allocate funding for vaccine introduction, campaign, switch grants



## Rationale

### **Preventive campaigns:**

- Flexible funding based on country priorities
- Accounts for lower ability to forecast

### **Vaccine Introduction and Switch grants:**

- Dependent on global and national policies
- High variability but low financial value
- Advanced visibility allows integration with HS activities

### **M/MR Follow-up Campaigns:**

- Forecasts provide high predictability
- Advanced visibility for country planning
- Crucial to prevent outbreaks

*\*For campaigns linked to introductions, both campaign and introduction amounts will be allocated following approval of application*

# Gavi 6.0: Protecting key investments and promoting programmatic sustainability

## Guardrails in a consolidated grant



**CSO guardrail** recommendation at PPC meeting on 20 November



Minimum floor based on alliance forecast of **Cold Chain Equipment** needs



**Measles/Measles-Rubella follow up campaigns**, based on forecasts and historical data (to be developed in next phase of FPR)

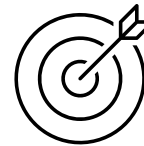
## Promoting government co-investment in health systems

1

**CCE Country Joint Investment (CJI):** Maintaining and improving the CJI model

2

**Development of HSS domestic co-investment options** in immunisation for scale-up in Gavi 7.0



- Gradual uptake of recurring costs by countries based on country needs and transition status
- Government engagement beyond Ministry of Health

# Recommendation (1/4)

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

1. With respect to the consolidation of funding levers, that it:
  - a) **approve** the consolidation of seven funding levers into one consolidated cash grant, namely: i) Health Systems Strengthening (HSS); ii) Equity Accelerator Funding (EAF); iii) operational support for predictable campaigns; iv) Vaccine Introduction Grants (VIGs); v) predictable switch grants; vi) Innovation Top-Up; and vii) Cold Chain Equipment Optimisation Platform (CCEOP);
  - b) **approve** limited guardrails to safeguard investments in Cold Chain Equipment (CCE) by introducing a minimum spending requirement for CCE based on an Alliance-validated CCE needs forecast;
  - c) **approve** guardrails to safeguard investments in Civil Society Organisations (CSOs) by maintaining a 10% minimum allocation for CSOs within the consolidated grant ceilings provided to countries at the start of the strategic period;
  - d) **approve** the development of a third guardrail for Measles/Measles-Rubella Follow-Up Campaigns with details to be defined in consultation with Alliance partners and outlined in the final policy document;

# Recommendation (2/4)

- e) **allocate** a portion of funds from the Partners' Engagement Framework (PEF) Targeted Country Assistance (TCA) and potentially from Strategic Focus Area (SFA) funding pots to the Foundational Support pot of core partners in advance of the definition of country ceilings, for predictable funding of key long-term country functions. The allocation proportion and methodology will be developed by the Secretariat in consultation with Countries and Alliance partners. An accountability framework to ensure partners meet the Alliance's objectives in countries effectively and transparently with these funds will be developed to be approved by the Board;
- f) **approve** inclusion of PEF TCA funds apportioned to countries into the consolidated cash grant per the cash allocation formula in the policy; and
- g) **note** that this option will be time-limited to 6.0, with a review by the PPC to consider its extension into 7.0.

# Recommendation (3/4)

2. With respect to the revised allocation formula to determine Gavi's cash support in a consolidated cash grant, that it **approve**:
- a) a new allocation formula, that takes into account ability to pay, equity, health system performance and population size using the following indicators: GNI per capita and three-year averages of the number of children missing the first dose of diphtheria, tetanus, and pertussis vaccine (DTP1), the number of children missing the third dose (DTP3) and the number of children missing MCV2;
  - b) adjustments to the weightings of the indicators in the allocation formula to 50% for Gross National Income (GNI) per capita and 50% for performance indicators (DTP1, DTP3, MCV2), while reinstating a cap on the total amount a country can receive of health systems support and maintaining a minimum floor. Details of the caps and minimum floors will be determined following replenishment and brought back to the Board, through the PPC, for approval;
  - c) a 10% multiplier to prioritise funding for countries facing chronic fragility as defined by Gavi's Fragility, Emergencies and Displaced Population (FED) policy; and
  - d) the proposed approach to allocate funds for Measles/Measles-Rubella Follow-Up Campaigns, vaccine introductions and planned switch grants at the start of Gavi's strategic period, based on forecasts, while holding back funds for other preventive campaigns (and their associated introduction grants if relevant) until countries' applications are approved.

# Recommendation (4/4)

3. In relation to programmatic sustainability, that it approve an approach to programmatic sustainability:
  - a) maintaining the country joint investment requirement for cold chain equipment (CCE) and aligning with other co-financing requirements, and introducing in-kind alternatives to joint investment; and
  - b) a wide-ranging learning agenda in Gavi 6.0 to explore country specific and country-owned modalities to increase domestic investment in immunisation.

# Thank you