

Annex C: Detailed costings for ELTRACO and assumptions

1. ELTRACO Shifts

The cost of the recommended ELTRACO options as proposed in this paper is US\$ 348 million. This is broken down as follows.

Shift	Parameter	Value	Cost (M US\$)	Total Cost (M US\$)
Shift A				0 M
Shift B				139 M
	Eligibility Threshold update	2,300	122 M	
	One-time downwards adjustment	80%	17 M	
Shift C				147 M
	PT Cap		139 M	
	PT Cap for PT countries	80%	43 M	
	PT Cap for countries with downwards adjustment	80%	95 M	
	NVI - Introductory price fraction cap for PT	35%	9 M	
Shift D				5 M
	NVI - Introductory price fraction cap for AT	35%	5 M	
SIDS				22 M
	Vaccine downwards adjustment and Cap	80%	7 M	
	HSS support		15 M	
Shift E				35 M
	Additional Prog. Support		35 M	
Shift F				0 M
TOTAL ELTRACO COST in Gavi 6.0				348 M

2. NVI support in 2025

The estimated additional cost of implementing the decisions on new vaccine introductions from 2025 (under shifts C and D) would be US\$ 9.5 million (of which up to US\$ 0.5 million in 2025) and is anticipated to support the following country introductions: Bangladesh (HepB, JEV, TCV), Cameroun (MenA), Côte d'Ivoire (DTP Booster 1st), Ethiopia (DTP Booster 1st, HepB) and Pakistan (HPV). The cost during 2025 will depend on the timelines for these vaccine introductions and will be funded from the overall vaccine envelope.

3. Costings for the Catalytic Phase are included in annex D

Assumptions

Shift A

- The policy changes are anticipated to incur no additional costs for Gavi.
- Both Gavi and relevant countries are expected to experience cost reductions in the mid to long term.

- Evidence from PT and AT countries shows that being price-exposed does not predictably lead to change in product choice. Ultimately, Shift A supports more holistic decision-making by ensuring that price is considered as a factor; a more considered appreciation of price may lead to cost savings when other important programmatic considerations are equal.

Shift B

- Update of the eligibility threshold to US\$ 2,300 GNI per capita for the year 2026.
- Preliminary eligibility estimations for current policy and scenarios for threshold update projected according to the latest GNI per capita estimates based on WB GNI per capita July 2024 and IMF GDP per capita projections from April 2024.
- For countries regaining eligibility: one-time downward adjustment to 80% co-financing

Shift C

- For countries currently in PT: price fraction ceiling at 80% (at individual vaccines level)
- For countries regaining eligibility: price fraction ceiling at 80% (at individual vaccines level)
- Cap for the introductory price fraction at 35% for countries in PT, including those regaining eligibility.

Shift D

- New vaccine introduction of countries in AT includes SIDS countries expected to benefit from an AT extension.
- All Gavi-supported routine vaccines contemplated, up to VIS 2024.
- Pricing: as countries will receive Gavi vaccine support, it is assumed they will have access to Gavi prices for the 8 years of support.

SIDS

- Vaccine Support: one-time downward adjustment to 80%; and extension of their AT phase to 12 years.
- Cash support: HSS funding as per standard allocation formula considered for 6.0.

Shift E

- Countries in scope consider the update of the eligibility thresholds (Shift B) and the AT extension for SIDS.
- Remaining funds used to cover additional HSS needs stemming from ELTRACO shifts (US\$ 35 million Shift E envelope and US\$ 15 million

additional HSS funds for SIDS amount to US\$ 50 million earmarked for HSS implications of ELTRACO shifts).

Shift F

- The policy changes are anticipated to incur no additional costs for Gavi.
- Multi-year waivers are deemed cost-neutral; partial co-financing obligations are considered in lieu of a full waiver.
- The current assumption for the financial forecast is co-financing does not apply when Gavi channels vaccines through non-state actors for populations or areas where governments cannot or is unwilling to recognise or provide support as per the FED policy. The policy shift would reduce the administrative burden currently attached to requesting co-financing waivers, without altering the cost.