Subject	**Eligibility, Transition and Co-financing, including Catalytic Phase - UPDATED**
Agenda item	**06bii**
Category	**For Decision**

Executive Summary

This paper proposes to the Board a series of changes to Gavi's Eligibility and Transition and Co-financing (ELTRACO) policies for Gavi 6.0. Since 2008, Gavi's innovative ELTRACO model has raised over US$ 5 billion in domestic resources for immunisation, driving financial and programmatic sustainability and supporting 19 countries to transition out of Gavi support. However, its future success is threatened by several challenges, which are proposed to be addressed via six strategic shifts, a support package for Small Island Developing States (SIDS), and a new Catalytic Phase. As per the Board's guidance, the proposals seek to ensure sustainability and achieve health impact, equity, and market shaping outcomes. Their implementation will be accompanied by a Learning Agenda. The estimated cost of the ELTRACO shifts, US$ 348 million, plus US$ 250 million for the Catalytic Phase, is aligned with the Gavi 6.0 strategic costing estimate presented to the Board in June 2024. The proposal to expedite support for new vaccine introductions to 2025 would cost a further estimated US$ 9.5 million. Proposals were refined via consultations with Alliance partners, implementing countries, CSOs, manufacturers, and the Funding Policy Review Board Task Team.

The proposals were presented to the Programme and Policy Committee (PPC) in October and November 2024. At those~~at~~ meetings the PPC:

1. Recommended all proposals to the Board for approval.~~, except a proposal regarding co-financing obligations when Gavi channels vaccines and support directly through partners in emergency situations and humanitarian settings. This will be discussed at the 20 November 2024 PPC meeting.~~
2. Requested the Secretariat estimate the cost of expediting the downward adjustment in co-financing to 2025 for countries expected to benefit from this in 2026
3. Requested the Secretariat put forward options for adjusting the rate of co- financing increase for countries in Preparatory Transition, to be explored in 2025 as part of broader Gavi 6.0 recalibration exercises following replenishment.

Action Requested of the Board

That Gavi Alliance Programme and Policy Committee **recommends** to the Gavi Alliance Board, subject to the availability of funding for the 2026-2030 period following Gavi's replenishment for that period, that it:

a) Under Shift A, **approve**:

i. Directly linking country co-financing contribution to the price of the vaccines for specific vaccine markets, where certain conditions are met (as outlined in Annex B to Doc 06bii);

ii. Determining the percentage of the vaccine price that the country will pay in co-financing according to the principles of: minimal disruption to current co-financing obligations, uniform payment for the same product across Initial Self Financing (ISF) countries, and affordability of new vaccines;

iii. Human Papillomavirus (HPV) and pneumococcal vaccine (PCV) as the first vaccine markets to meet the specific conditions under decision point a)(i), and hence the first markets for application of Shift A, with co-financing set at 4% for HPV and 7% for PCV of the vaccine price[1], in accordance with the principles of decision point a)(ii); and

iv. Following the application of Shift A to HPV and PCV as per decision point a)(iii), that future applications of Shift A to other vaccine markets, as well as the appropriate co-financing, will be reviewed and applied by the Secretariat, in accordance with the considerations and principles specified in Annex B to Doc 06bii and in decision point a)(ii), leveraging market shaping roadmap review cycles and in consultation with Alliance market shaping partners.

b) Under Shift B, **approve**:

i. Increasing the Gavi eligibility threshold to US$ 2,300 Gross National Income (GNI) per capita (p.c.) in 2026; and

ii. Providing countries that regain eligibility with a downward adjustment in co-financing for individual Gavi-supported vaccine programmes, including fully self-financed ones, to 80% at the point at which they re-enter Preparatory Transition (PT) phase.

c) Under the Small Island Developing States (SIDS) Package,

i. **Approve** increasing Accelerated Transition (AT) phase for SIDS to 12 years and providing a one-time downward adjustment in co-financing for individual Gavi-supported vaccine programmes, including fully self-financed ones, to 80% in 2026; and

ii. **Note** that SIDS will continue to receive programmatic support, including for campaigns, for the entirety of the AT phase.

[1] Calculated based on current equivalence to US$ 0.20 per dose for the highest cost product selected by countries for each vaccine.

d) Under Shift C, **approve**:

   i. Introducing a co-financing cap for individual Gavi-supported vaccine programmes for countries in Preparatory Transition (PT) of 80%;

   ii. Providing a downward adjustment in co-financing to individual Gavi-supported vaccine programmes, including fully self-financed ones, to 80% for countries in PT above the co-financing cap; and

   iii. For countries in PT, establishing an introductory co-financing cap of 35% for all new vaccines, with the exception of measles and measles-rubella (MR), which will remain as per the current Board decisions.

e) Under Shift D, **approve**:

   i. For countries in AT, establishing an introductory co-financing cap of 35% for all vaccines, with the exception of Measles and MR which will remain as per the current Board decisions; and

   ii. Providing AT countries with eight years of vaccine support for all new vaccines introduced during AT, regardless of when during the AT phase they are introduced.

f) Under Shift E, **approve**:

   i. Using multiple indicators measuring immunisation coverage to assess programmatic performance of AT countries, aligning directly with the indicators and levels used in the Health Systems allocation model in Gavi 6.0;

   ii. Providing five years of additional programmatic support to reinforce programmatic capacities for countries post-AT who meet the specified criteria; and

   iii. Removing the 90% coverage threshold limit for three doses of pentavalent vaccine (Penta3) for approval of new Health System Strengthening grants for countries in AT.

g) Under Shift F, **approve**:

   i. Allowing Gavi to provide, for countries that experience widespread, large-scale conflict or disaster of such magnitude that profoundly hampers the proper functioning of government, either (i) co-financing waivers of up to three years at any one time, or (ii) partial co-financing obligations, as per the country context.

   ii. That co-financing obligations do not apply where Gavi channels vaccines and support directly through Alliance and other partners in exceptional emergency situations and humanitarian settings.

h) Under the Catalytic Phase[2], **approve**:

   i. The overall scope and eligibility for the Catalytic Phase, including vaccines in scope, as outlined in Annex D to Doc 06bii;

[2] Eligible countries are former- and never-Gavi eligible countries classified by the World Bank as lower middle-income countries (LMICs) or eligible to borrow from the International Development Association (IDA)

ii. Support may be channeled towards vaccine optimisation activities, including switches, to support lower middle-income countries achieve financial sustainability of their vaccine programmes. This would include support for technical assistance and one-off costs, not vaccine doses;

iii. Applying the proposed performance indicators and prioritisation criteria (outlined in this paper) in determining eligibility for Targeted Intervention support to Former-Gavi-eligible countries experiencing backsliding; and

iv. Maintaining the in-principle eligibility of both Former- and Never-Gavi eligible countries for potential Fragility Support (per June 2022 Board Decision 13).

i) **Approve** that the new co-financing rules outlined in the above decision points can be used to inform the approval processes starting in early 2025 for implementation from 2026.

j) **Approve** the application of decision points (d)(iii), (e)(i) and (e)(ii) in 2025 in situations where countries are ready to introduce vaccines, to avoid delaying such introductions, with an additional estimated financial implication of US$ 9.5 million (US$ 0.5 million in 2025 and USD$ 9 million in Gavi 6.0);

k) **Request** that the Secretariat estimate the cost of applying decision point (b)ii and (c)i in 2025 in situations where countries already have co-financing of 80% or greater, for consideration at the December 2024 Board meeting; and

l) **Request** that the Secretariat put forward options for addressing the pace of change in co-financing for PT countries. This will be part of a series of other potential investments to be explored by the Board in 2025 as part of further prioritisation of programmes when future resources and other Gavi cost areas are more clear.

Next steps/timeline

The final policies, incorporating the decisions taken by the Board, will be presented to the PPC and Board in May and June 2025 respectively for recommendation and approval. New cofinancing rules will be used to inform approval processes starting in early 2025. Support for new vaccine introductions for countries in Preparatory Transition and Accelerated Transition will already be available from 1 January 2025. The incremental costs for 2025, i.e. up to US$ 0.5 million to support new vaccine introductions, will be funded from the overall vaccine programme envelope.

Previous Board Committee or Board deliberations related to this topic

In October 2024 PPC meeting book: Doc 06bii - Eligibility, Transition and Co-financing, including Catalytic Phase

In June 2024 Board meeting book*:* Doc 06a - Future of Gavi's Eligibility, Co-financing and Transition Model and Middle-Income Countries Approach

In April 2024 Board retreat book: Doc 06a - Annex A - Overview of the existing ELTRACO model and MICs approach, including main challenges

In April 2024 Board retreat folder: Pre Read, Appendix, Meeting Summary

In December 2023 Board retreat folder: Pre Read – Part 1 and 2

In June 2023 Board meeting book: Doc 05 - Approach for Gavi 6.0 Strategy Design and the Road to Replenishment

In March 2023 Board retreat folder: Pre Read

In December 2022 Board meeting book: Doc 11b - Funding Policy Review: Eligibility and Transition Policy and Co-Financing Policy

In June 2022 Board meeting book: Doc 09 - Gavi's Approach to Engagement with Former and Never-Eligible Middle-Income Countries (MICS)

Report

1. Background

1.1 Gavi's innovative Eligibility, Transition and Co-financing (ELTRACO) policies have raised over US$ 5 billion in domestic resources for immunisation since 2008, driving financial and programmatic sustainability and supporting 19 countries to transition out of Gavi support. However, their future success is threatened by both a challenging macro-economic environment and expanding vaccine portfolios that could hinder countries' ability to grow and sustain their immunisation programmes. In June 2024 the Gavi Board endorsed an 'enhanced model' for ELTRACO to address these concerns, comprising six strategic shifts, an ELTRACO learning agenda, a new Catalytic Phase (formerly the Middle-Income Countries (MICs) Approach), alongside a support package for Small Island Developing States (SIDS). In line with Board guidance, the proposed shifts are primarily designed to ensure country sustainability. They also seek health impact, equity, and market shaping, and reflect principles of tailored, transparent and predictable, simple and feasible, and efficiency gains. Detailed consultations with Alliance partners, implementing countries, civil society organisations, manufacturers, and the Funding Policy Review Board Task Team, refined these proposals.

1.2 **The proposals were presented to the PPC at its meetings in October 2024 and November 2024.** The PPC ~~r~~recommended all proposals to the Board for approval~~, except a proposal regarding co-financing obligations when Gavi channels vaccines and support directly through partners in emergency situations and humanitarian settings. This will be discussed at the 20 November 2024 PPC meeting~~. The PPC also requested:

- That the Secretariat estimate the cost of providing a downward adjustment to co-financing in 2025 to those countries expecting to benefit from these provisions in 2026 (i.e. decision points (b)(ii) and (c)(i)), for consideration at the December 2024 Board meeting. This was proposed to avoid increasing a country's co-financing share in 2025, only to bring it down in 2026. See paragraph 4.2 for details.
- That the Secretariat put forward options for addressing the rate of co-financing increase for countries in Preparatory Transition (PT), to be considered as part of a broader recalibration of Gavi 6.0 priorities by the Board following the replenishment in 2025.

2. Challenges to the future success of the ELTRACO model

2.1 Gavi's ELTRACO model has been built on the assumption that countries see a gradual growth in their gross national income (GNI) over time. This assumption has largely been proven, but recent macro-economic conditions have resulted in some countries experiencing economic stagnation or decline, and Gavi countries now have more diverse and complex needs than previous cohorts. At the same time, the number of Gavi-supported vaccines and vaccine manufacturers has increased, helping to save over 17 million lives. Yet for countries that provide the widest breadth of protection, larger vaccine portfolios have led to greater co-financing obligations.

2.2 These developments threaten Gavi's future success. One, while country vaccine portfolios and costs have expanded, Gavi's eligibility threshold has remained constant in real terms, no longer accurately reflecting a country's ability to pay and putting transition at risk, including for SIDS which face certain challenges. Two, countries with slower economic growth take longer to move through PT phase, yet co-financing obligations increase regardless, resulting in risks to financial sustainability and new vaccine introductions (NVIs), as well as co-financing defaults. Three, some countries struggle to take advantage of Gavi's growing vaccine offering, especially those with a high co-financing rate or soon to transition out of Gavi support, and therefore may graduate without having introduced key vaccines.

2.3 Four, an ever more diverse set of country needs challenge the model's ability to respond. Specifically, countries currently graduate out of vaccine and programmatic support simultaneously but some countries, while able to meet co-financing obligations, face programmatic issues which impede successful transition. Five, while Gavi can waive co-financing for countries facing severe humanitarian crisis, the annual process does not address how to support programme sustainability. Six, Gavi's model does not always promote holistic country product choices as Initial Self-Financing (ISF) countries are not explicitly incentivised to consider price in product choice decisions, thereby jeopardising country sustainability and market health by limiting consideration of lower-cost vaccines which can offer potential cost savings[3].

2.4 Finally, WUENIC data indicate that lower middle countries (LMICs) continue to have lower breadth of protection than Gavi-eligible countries, largely due to the slow introduction of key high-impact vaccines which mean global health goals will not be met without specific action. The 5.0/5.1 MICs Approach is on track to achieve its vaccine introduction targets, but over half of countries supported under the MICs Approach are still missing at least one high impact vaccine[4] at the end of 2023. Further, some LMICs continue to experience backsliding in coverage, large zero-dose populations, and increasing conflicts and fragility, threatening immunisation programme performance, equity, and the legacy of Gavi investments in former-Gavi eligible countries.

3. Proposed solutions

3.1 The six proposed strategic shifts comprise the Board-endorsed 'enhanced model' which, along with a specific support package for SIDS, address these threats. The proposals respect the Board's stated objectives and principles (Appendix 1), whilst remaining within the Gavi 6.0 strategic budget estimate.

[3] Simulations estimate potential theoretical savings in Gavi 6.0 for HPV and PCV programs in ISF countries of up to 25%, in the highly unlikely scenario where all ISF countries adopt the lowest priced HPV and PCV vaccines. A more realistic simulation indicates that 10% savings could be expected. But there is significant uncertainty.
[4] Among those vaccines supported through the MICs Approach: HPV, PCV, Rotavirus

3.2 **Shift A: Introducing price exposure for ISF countries.** To ensure Gavi-eligible countries are supported by sustainable and healthy vaccine markets, it is proposed that ISF countries will, for specific vaccines, no longer pay a fixed US$ 0.20 per dose but rather a percentage of vaccine price[5]. The specific vaccines will be determined by whether a) the vaccine market is a 'full choice' market, and b) if this change is expected to improve demand-side dynamics in a way that supports long-term programme sustainability and aligns with objectives defined by vaccine market roadmaps (Annex B for details). The co- financing for these vaccines (applied to existing vaccines, new introductions and product switches) will be determined via three principles: minimal disruption to current co-financing obligations, uniform payment for the same product across ISF countries, and affordability of NVIs. The above conditions and principles leads to initially applying this change to HPV and PCV, with co- financing at 4% and 7% respectively (Appendix 1). In future, market shaping roadmap review cycles will enable updating the list of affected vaccines and the appropriate co-financing, in consultation with Alliance partners through the Square Group[6].

3.3 **Shift B: Updating Gavi's eligibility threshold.** To ensure that Gavi's eligibility threshold better reflects countries' ability to pay, it is proposed to update the eligibility threshold to US$ 2,300 GNI p.c. in 2026[7], meaning that some countries will remain in PT phase for longer whilst others will regain eligibility (Appendix 1)[8]. Those regaining eligibility will receive a downward adjustment in co-financing to 80% for individual Gavi-supported vaccine programmes, including fully-self financed (FSF) ones, at the point at which they re-enter PT.

3.4 **A support package for SIDS.** Recognising SIDS's specific transition challenges, it is proposed to extend the Accelerated Transition (AT) phase for Gav-eligible SIDS (Appendix 1) to 12 years[9] and provide a one-time downward co-financing adjustment to 80% for individual Gavi-support vaccine programmes, including FSF ones, for SIDS in AT in 2026. SIDS will continue to receive programmatic support, including for campaigns, for the entire AT phase.

3.5 **Shift C: Limiting co-financing for countries in PT.** To counter the risk of excessively high co-financing for countries in PT, it is proposed to introduce a co-financing cap of 80% for individual Gavi-supported vaccine programmes for PT countries. Countries in PT that currently have Gavi-supported programmes with a co-financing rate above 80%, including FSF ones, will receive a downward adjustment to the level of the cap. Furthermore, to support NVIs in PT an introductory co-financing ceiling of 35% for NVIs[10] is proposed, including for those countries regaining eligibility. Finally, the PPC, reflecting concerns over the rate of co-financing increase for countries in PT, requested that the

[5] Using a percentage will expose countries to price changes but history shows no major HPV/PCV price increases.
[6] Square group members include Gavi, UNICEF, WHO and BMGF.
[7] The threshold is adjusted annually to account for inflation in accordance with the World Bank methodology.
[8] The Secretariat is examining the implications of the ELTRACO changes on Nigeria and PNG's special Board approved strategies and will come back to the PPC and Board as appropriate.
[9] The extra 4 years will be added to the current transition date, even where AT has been longer than 8 years
[10] Except measles and MR, which will continue as per current Board decisions.

Secretariat put forward options for addressing this rate of change and that these be reviewed as part of recalibration discussions of 6.0 priorities in 2025.

3.6 **Shift D: Supporting new vaccine introductions for countries in AT.** To help prevent countries from transitioning out of Gavi without key vaccines, and mirroring the proposed NVI support under Shift C, it is proposed that AT countries can introduce new vaccines with an introductory co-financing ceiling of 35%[10], regardless of when during AT they are introduced. Countries in AT will also receive eight years[11] of vaccine support from the year of introduction, thus remaining eligible for vaccine procurement support and Gavi pricing for that vaccine during the eight years. This does not affect the duration of AT: countries will still transition into the Catalytic Phase (previously the MICs Approach) after eight years, regardless of any additional vaccine support for NVIs.

3.7 **Shift E: Decoupling programmatic support from vaccine support for countries post-transition.** To address the risk of unsuccessful programmatic transition, Shift E proposes to identify at-risk countries via programmatic indicators[12] before inviting applications for additional targeted cash support, which will then be provided for five years following AT. The support will depend on country need and commitments but will seek to improve vaccine programmes and sustain immunisation investments[13]. It is also proposed to remove the current policy condition that new health systems strengthening grants are only available for AT countries with Penta3 coverage under 90%, in order to support strengthening of institutional capacities required for programmatic sustainability, consistent with the health systems strategy.

3.8 **Shift F: Co-financing waivers and partial co-financing obligations for fragile countries.** To reduce the administrative burden on fragile countries and to support tailored co-financing discussions, Shift F proposes multi-year co- financing waivers of up to three years (noting that these would not be an entitlement) and partial co-financing obligations (reassessed annually) to aid countries' financial sustainability and gradual transition back to full obligations following a waiver[14]. It is also proposed to clarify Gavi's policy language to confirm that co-financing does not apply where Gavi channels vaccines and support directly through Alliance and other partners in exceptional emergency situations and humanitarian settings. ~~A further proposal regarding co-financing obligations when Gavi channels vaccines and support directly through partners in exceptional emergency situations and humanitarian settings was originally proposed to the October PPC but following questions raised, will be further discussed at the 20 November 2024 meeting of the PPC.~~

[11] SIDS that introduce a new vaccine in the first year of AT could receive 12 years of support if AT for SIDS is extended under the support package for SIDS
[12] DTP3, DTP1 and MCV1. These align with the Gavi 6.0 Health Systems allocation model. Thresholds are to be decided. Further requirements for applying for this support will be set out in the operational guidelines.
[13] As for Shift D, Shift E does not affect the duration of AT, despite any additional years of programmatic support.
[14] The vaccine co-financing waiver process will also be used for cold chain equipment country joint investment waivers (see Doc 06bi for details)

3.9 The Catalytic Phase (previously known as the MICs Approach)[15]

3.9.1 In Gavi 6.0 the Catalytic Phase will be an evolution of the MICs Approach, building on the successes and lessons to date to become more targeted, impactful and sustainable, in line with the entire ELTRACO review. As with the 5.0/5.1 MICs Approach, the Catalytic Phase support will continue to be time-limited and needs-based. Country eligibility will be former- and never-Gavi eligible countries classified by the World Bank as lower-middle income or eligible to borrow from the International Development Association[16].

3.9.2 The three objectives of the MICs Approach will be maintained in the Catalytic Phase, with the primary focus on closing the vaccine introduction gap in MICs, through prioritised, targeted, and catalytic support towards introduction of high impact vaccines. Following Board guidance, there will also be a focus on initiatives for vaccine access and sustainable pricing, leveraging UNICEF's MICs Financing Facility and partner collaborations. Support for vaccine switches and optimisation will also be available, reflecting the important contribution this can make to financial sustainability of vaccine programmes[17].

3.9.3 HPV, PCV and rotavirus vaccine introduction will remain the priority focus of NVI support. Support for dengue vaccine introduction and for the groundwork to prepare for future tuberculosis (TB) vaccines will also be prioritised for selected countries, based on the high health impact of these vaccines in MICs (96% and 62% of potential deaths could be averted through dengue vaccine and TB vaccine, respectively, are from MICs) and the anticipated barriers to their introduction (including vaccine access and sustainable financing, and need for evidence to guide introduction decisions).

3.9.4 The second objective is to prevent and mitigate backsliding in vaccine coverage and the Catalytic Phase will maintain targeted interventions (TI) in prioritised former-Gavi eligible countries. The eligibility indicators for TI support will be aligned with the proposed HSS allocation model and the prioritisation criteria refined based on lessons learnt. As appropriate, country-level interventions will leverage multilateral development bank partnerships to integrate immunisation into primary health care programmes. Lastly, the fragility objective is also maintained, with both Former- and Never-Gavi eligible MICs continuing to be eligible for this support. However, for the Catalytic Phase we aim to harmonise this support under the new Gavi 6.0 Fragile and Humanitarian approach**.** Funding for fragility support to eligible MICs will be explored via this process.

[15] See Annex D for details on the Catalytic Phase
[16] The initial eligible country list will be based on 2024 data released by the World Bank in July 2025 and updated annually. A country remains eligible for the whole strategic period. India has a separate tailored approach.
[17] This would include support for technical assistance and one-off costs, but not vaccine doses.

4. Operational considerations

4.1 While the ELTRACO policies will only be formally updated in June 2025, the Secretariat will need to consider any new eligibility and co-financing rules in early 2025 to process some country decision letters specifying future co-financing obligations. Thus, the Board is requested to approve that any new eligibility and co-financing rules can be used to inform the 2025 approval process for implementation from 2026. Additionally, to avoid incentivising PT and AT countries to delay NVIs until 2026 it is proposed to apply the new co- financing rules that support NVIs from 1 January 2025[18].

4.2 In October 2024, the PPC requested that the Secretariat estimate the cost of applying a downward adjustment in co-financing to 80% in 2025 for countries expected to benefit from this provision in 2026 (decision points (b)(ii) and (c)(i)), and to bring this for the Board's consideration in December 2024. Concretely, this would mean applying a downward adjustment in co-financing to 80% for individual Gavi-supported programmes for any country expected to regain eligibility in 2026 (i.e. countries currently not Gavi-eligible and Gavi-eligible ones currently in AT) and for SIDS in AT. The Secretariat estimates that this would cost US$ 11.9 million in 2025 (US$ 3.5 million for currently not Gavi- eligible countries, US$ 7.9 million for countries currently in AT expected to regain eligibility, and US$ 0.5 million for SIDS in AT). The Secretariat considers that this proposal entails some challenges, including uncertainty about eligibility projections for 2026[19], questions over whether currently non-Gavi-eligible countries would become eligible for Gavi-pricing, and the high associated (and unbudgeted for) cost in 2025. Understanding that the intention behind the original proposal was to avoid increasing a country's co-financing in 2025, only to bring it down in 2026, the Secretariat has also explored an alternative option whereby that for current Gavi-eligible countries only, expected to benefit from decision points (b)(ii) and (c)(i) in 2026, to hold constant at 2024 levels the co-financing share in 2025 for any individual Gavi- support programme currently with a co-financing share of 80% or greater. This would mitigate some of the uncertainty over future eligibility, circumvent challenging questions over Gavi-eligibility for currently non-Gavi-eligible countries, and cost less: an estimated US$ 3.9 million in 2025.

5. An ELTRACO Learning Agenda. A learning agenda will accompany the implementation of the 'enhanced model'. Alongside other learning agendas to guide Gavi 7.0 design, it will include questions on vaccine prioritisation, vaccine envelopes[20], health systems co-investments, and supporting country transitions. The Secretariat will also monitor the relationship between co-financing obligations, country GNI, and fiscal space.

[18] Anticipated to support the following introductions: Bangladesh (hepatitis B vaccine (HepB), Japanese encephalitis vaccine (JEV), typhoid conjugate vaccine (TCV)), Cameroun (meningitis A vaccine (MenA)), Côte d'Ivoire (DTP Booster 1st), Ethiopia (DTP Booster 1st, HepB) and Pakistan (HPV).
[19] Eligibility for 2026 will only be confirmed after publication by the World Bank of 2024 GNI pc data in July 2025. Uncertainty is high for some countries e.g. Ghana which may either remain in AT or move to PT.
[20] e.g. consolidating new vaccine introduction support into a separate funding envelope to incentivise prioritisation between new introductions in a strategic period or within a countries' current portfolio.

6. **Cost Implications.** The estimated cost of the ELTRACO shifts is US$ 348 million (Annex C) and aligns with the ELTRACO budget presented to the Board in June 2024. The PPC recommendation to expedite the NVI support for PT and AT countries to 1 January 2025 would cost an additional estimated US$ 9.5 million (of which up to US$ 0.5 million would be incurred in 2025). Incremental costs in 2025, i.e. up to US$ 0.5 million, will be funded from the overall vaccine programme envelope. As per guidance from the Board, the cost of the Catalytic Phase in Gavi 6.0 is US$ 250 million[21]. See Annex D for details.

Annexes

Annex A: Implications/Anticipated impact

Annex B: Shift A scope conditions & assessment

Annex C: Detailed costings for ELTRACO and assumptions

Annex D: Catalytic Phase

Additional information available on BoardEffect

Appendix 1: Supplementary information[22]

Additional reference materials online:

Gavi's Co-financing Policy: https://www.gavi.org/programmes-impact/programmatic-policies/co-financing-policy

Gavi's Eligibility and Transition Policy: https://www.gavi.org/types-support/sustainability/eligibility

Gavi's Middle-Income Countries Approach: https://www.gavi.org/types-support/sustainability/gavi-mics-approach

Gavi's Health Systems and Immunisation Strengthening Policy: https://www.gavi.org/sites/default/files/programmes-impact/Gavi-Health-Systems-and-Immunisation-Strengthening-Policy.pdf

Gavi's Fragility, Emergencies, and Displaced Populations Policy: https://www.gavi.org/programmes-impact/programmatic-policies/fragility-emergencies-and-displaced-populations-policy

[21] Per discussions on budget and trade-offs during the Board retreat, April 2024
[22] Includes: ELTRACO review core objectives & principles; The ELTRACO model: a continuum of support; Countries affected by the shifts; Current price fraction for ISF countries for HPV and PCV; Country transition projections in Gavi 6.0 with the updated eligibility threshold of US$ 2,300 GNI per capita (atlas method); SIDS and Gavi Eligibility; Financial Relief for Countries: Impact of shifts to the ELTRACO model on co-financing obligations