

Subject	Country Delivery: Nigeria, Papua New Guinea and Venezuela
Agenda item	08
Category	For Decision

Executive Summary

The purpose of this paper is to seek an approval from the Gavi Board for a hybrid Eligibility, Transition and Co-financing (ELTRACO) policy application in 2026 to Papua New Guinea (PNG) and a full ELTRACO policy to Nigeria in 2026, and to PNG in 2028.

PNG and Nigeria will conclude their bespoke strategies in 2027 and 2028 respectively. The Secretariat has analysed the implications of these shifts and based on consultations with Nigeria's Federal Ministry of Health, National Primary Health Care Development Agency (NPHCDA), the Government of PNG, Alliance Partners, donors and the Gavi Secretariat, has developed options for supporting Nigeria and PNG in Gavi 6.0. The recommended approach reflects guidance from the Programme and Policy Committee (PPC) from its May 2025 meeting.

In addition, this paper also seeks an approval from the Gavi Board to continue Gavi's support to Venezuela due to lack of published classification data since 2014.

Action Requested of the Board

The Gavi Alliance Programme and Policy Committee **recommended** to the Gavi Alliance Board that it:

- Approve** that Nigeria sunsets its bespoke strategy on 31 December 2025 and returns to the preparatory transition phase from 01 January 2026, in full alignment with the ELTRACO policy;
- Approve** that Papua New Guinea has a phased sunseting of its bespoke strategy whereby on 01 January 2026 it will be recognised as a Small Island Developing State (SIDS)¹ which partly will apply for its vaccine portfolio, however, it will maintain its current cash allocation to the initial end date of the bespoke strategy 31 December 2027. This grandfathering arrangement is a blend of the bespoke strategy and the new classification (SIDS), hereby termed the hybrid ELTRACO policy application;
- Approve** that the Gavi Secretariat leverages the WHO EPI review and the Gavi programmatic and financial audit instead of an external review of PNG's strategy; and

¹ Eligibility and Transition Policy Section 2: https://www.gavi.org/sites/default/files/programmes-impact/our-impact/02_Gavi-Eligibility-and-Transition-Policy-60.pdf

- d) **Approve** Venezuela as eligible to receive Gavi support under the Catalytic Phase.

Next steps/timeline

The existing bespoke strategies for Nigeria and PNG (vaccines support) will be replaced by the ELTRACO changes that will come into effect on 01 January 2026, as agreed by the Gavi Alliance Board in July 2025. The cash support changes under ELTRACO for PNG will come into effect on 01 January 2028.

Previous PPC or Board deliberations related to this topic

In October 2025 Programme and Policy Committee meeting book: Doc 07 *Country Delivery – Nigeria Papua New Guinea and Venezuela*, Doc 07 *Annex A – May 2025 PPC* – Doc 14 – *Country Delivery – Nigeria and Papua New Guinea* and Doc 07 *Annex B Detailed costing for Nigeria*

In May 2025 Programme and Policy Committee meeting book: Doc 14 *Country Delivery – Nigeria and Papua New Guinea*, Doc 14 *Annex A Benefits and risks of proposed options for Nigeria and PNG*, and Doc 14 *Annex B Detailed costing for Nigeria*

In December 2024 Board meeting book: Doc 03b *Gavi 5.1 Strategy Programmes and partnerships*, and Doc 03b, *Annex F Nigeria Accountability Framework*

In June 2024 Board meeting book: Doc 03a *Gavi 5.1 Strategy Programmes and partnerships*, and Doc 03a, *Appendix 2 Nigeria 2023 Accountability Framework review*

In December 2023 Board meeting book: Doc 04 *Strategy Programmes Progress Risks and Challenges*, Doc 04, *Appendix 4 Update on transition preparedness engagement in AT countries* and Doc 04, *Annex B, Papua New Guinea No Cost Extension*

In June 2023 Board meeting book: Doc 02b *Strategy Programmes Progress Risks and Challenges* and *Appendix 2: NSIPSS Mid Term Review Report (Nigeria)*

In December 2022 Board meeting book: Doc 02a *CEO's Report*, Doc 02b *Strategy Programmes Progress Risks and Challenges*, Doc 02b *Appendix 1 Nigeria Accountability Framework*

In June 2022 Board meeting book: Doc 03 *Strategy Programmes Progress Risks and Challenges*

In June 2020 Board meeting book: Doc 02 *CEO's Report*

In December 2019 Board meeting book: Doc 02 *CEO's Report*

In June 2019 Board meeting book: Doc 02 *CEO's Report*

In November 2018 Board meeting book: Doc 15 *Nigeria Accountability Framework*, and Doc 15, *Annex A Nigeria Accountability Framework*

Report

1. Facts and Data

- 1.1 To inform Gavi 6.0 support for Nigeria and PNG, the Secretariat developed a four-option matrix anchored on the Gavi 6.0 ELTRACO policy as illustrated in Table 1 below:

<i>Options</i>	Option 1: Status quo	Option 2: Hybrid ELTRACO	Option 3: Full ELTRACO	Option 4: Revised bespoke strategy
<i>Details</i>	Maintain existing bespoke strategy until it concludes	Maintain cash envelope under bespoke strategy until it concludes; apply vaccines support as per revised ELTRACO rules from 2026	Sunset bespoke strategy and apply ELTRACO rules from 2026	Continue with revised bespoke strategy with tailored cash and vaccine envelope

- 1.2 Based on the analysis gathered through the matrix, and consultations with the Governments of Nigeria and PNG, Alliance partners and donors, the Secretariat presented its recommended option to the PPC in its May 2025 meeting for guidance.
- 1.3 Following the PPC's overall support to the proposals on both Nigeria and Papua New Guinea, this paper illustrates the final proposal to be recommended for approval.
- 1.4 There have been no significant changes in Nigeria's and PNG's programmatic and economic context since the update to the May 2025 PPC, except for the release of the WHO-UNICEF estimates for National Coverage (WUENIC) in June 2025.
- 1.5 According to 2025 WUENIC estimates, coverage of Penta 3 in Nigeria increased from 53% in 2016 to 67% in 2024. During the same period, the number of zero-dose children also decreased from 3.5 million to less than 2.1 million. Improvements in coverage have been accompanied by vaccine introductions, notably Measles-Containing Vaccine second-dose (MCV2), second dose of the Inactivated Poliovirus Vaccine (IPV2), rotavirus vaccine (Rota), Human Papillomavirus Vaccine (HPV), and malaria.
- 1.6 WUENIC data for DTP3 in PNG decreased from 40% in 2020 to 35% in 2023 and has since recovered to 42% in 2024. Moreover, administrative data from the electronic National Health Information System indicates that in the 15 provinces with the most zero-dose children, their number fell from 116,889 in 2023 to 114,261 in 2024.

2. Nigeria

- 2.1 Based on the country context, the analysis of the four options as indicated in Section 1.1 Table 1, the preference expressed by the Government of Nigeria, and support provided by the PPC members during its May 2025 meeting, **it is proposed to proceed with option 3, that is a full ELTRACO**. With this approach, Nigeria will sunset its bespoke strategy on 31 December 2025 and return to the preparatory transition phase from 01 January 2026, in full alignment with the ELTRACO policy.
- 2.2 Nigeria's cash envelope will be informed by the Gavi 6.0 Health System and Immunisation Strengthening Support (HSIS) Policy and Nigeria's vaccine financing would be determined by ELTRACO.
- 2.3 Under this option, vaccine costs are estimated at US\$ 822 million, with the Government expected to contribute US\$ 442 million.² From 2026, Nigeria will receive a single, consolidated HSIS grant in line with Gavi's grant management reform. This will be calculated using the Board-approved allocation approach under the HSIS Policy, with the final amount determined by the cap - the maximum a country can receive. This cap was reviewed by the PPC in its October 2025 meeting (see Doc 05a).

3. Papua New Guinea (PNG)

- 3.1 Based on the country context, the analysis of the four options as indicated in Section 1.1 Table 1, the preference expressed by the Government of Nigeria, and support provided by the PPC members during its May 2025 meeting, **it is proposed to proceed with option 2, that is a hybrid ELTRACO**. Through this approach, PNG will have a phased sunseting of its bespoke strategy whereby on 01 January 2026 it will be recognised as a Small Island Developing State (SIDS)³ which partly will apply for its vaccine portfolio, however, it will maintain its current cash allocation to the initial end date of the bespoke strategy 31 December 2027. This grandfathering arrangement is a blend of the bespoke strategy and the new classification (SIDS).
- 3.2 This option ensures alignment with the donor funding cycles who have specifically timed their immunisation funding to coincide with the conclusion of Gavi's bespoke strategy in 2027. It also enables PNG to laser focus on reaching zero-dose and under-immunised children as aligned under the current Full Portfolio Planning process (FPP). Further, during its May 2025 meeting the PPC members noted that while a full ELTRACO would have been preferred from 2026, they opted to support the recommended option 2 because of country preference and to honour the previous Board approval.
- 3.3 Under this option, cash support would continue at levels in the Board-approved strategy until 2027 (with US\$ 10 million remaining unspent in the Board-

² US\$ 740 million is estimated in total routine vaccine costs from the multi-year approvals. An additional US\$ 82 million is estimated for campaign costs, based on the Gavi Financial Forecast, v23.

³ Eligibility and Transition Policy Section 2: https://www.gavi.org/sites/default/files/programmes-impact/our-impact/02_Gavi-Eligibility-and-Transition-Policy-60.pdf

approved strategy), and support for the three remaining years of the Gavi 6.0 strategic period will be determined as per the Gavi 6.0 HSIS policy.

- 3.4 In December 2023, the Board requested an external review of the PNG strategy by December 2026. However, several donor organisations⁴ have conducted various audits and studies over the past years to assess the health/immunisation sector's performance in PNG. This includes the recent Gavi comprehensive 2025 Programmatic and Financial audit of Gavi programmes in PNG. In 2026, WHO will carry out an Expanded Programme on Immunization (EPI) review in PNG with a strategic subnational focus. Given the country's competing priorities, the Gavi Secretariat seeks to leverage the EPI review and the Gavi programmatic and financial audit instead of the initially proposed external review.

4. Venezuela

- 4.1 Gavi's Eligibility and Transition Policy⁵ outlines the criteria and procedures that determine which countries are able to receive Gavi support⁶. These criteria are based on the World Bank income classification. However, for countries without a published income classification, the policy requires an individual review and Board approval.
- 4.2 Venezuela has not had this classification since 2014, preventing confirmation of its status as a lower middle-income (LMIC) country, and therefore able to receive Gavi support. In June 2022, the Board approved Venezuela's eligibility under Gavi's 5.0 Middle-Income Country approach.
- 4.3 For Gavi 6.0, the Secretariat has updated the analyses using the same methodology based on United Nations and International Monetary Fund estimates, and other data. The analyses show that Venezuela's 2023 Gross National Income (GNI) p.c. is estimated at US\$ 4,214 (within the 2025 LMIC threshold)⁷, accompanied by an expected decline of 4%⁸ in Gross Domestic Product (GDP) and continued signs of severe fragility⁹. Furthermore, national survey data shows that poverty affected 83% of the population in 2023 and 73% in 2024¹⁰.

⁴ These include Gavi, the Global Fund, World Bank and Department of Foreign Affairs and Trade, Australia (DFAT).

⁵ Eligibility and Transition Policy Section 5.3: https://www.gavi.org/sites/default/files/programmes-impact/our-impact/02_Gavi-Eligibility-and-Transition-Policy-60.pdf

⁶ Countries that are in one of Gavi's four transition phases: initial self-financing, preparatory transition, accelerated transition, and catalytic.

⁷ MICS LMIC threshold 2025: US\$ 4,515. Between 2000-2014 the Gross National Income (GNI) calculated by the United Nations Statistics Division were within 5% of those calculated by the World Bank. UN GNI unstats.un.org/unsd/snaama/CountryProfile

⁸ Analysis by Gavi: [Real GDP growth LMICS IMF.xlsx](https://www.imf.org/external/datamapper/NGDP_RPCH@WEO/) based on: IMF Real GDP growth www.imf.org/external/datamapper/NGDP_RPCH@WEO/

⁹ Venezuela has been listed in the World Bank's classification of fragile and conflict-affected situations consecutively since 2020. <https://thedocs.worldbank.org/en/doc/b7176d1485821af6f7638e63e266c717-0090082025/original/FCSList-FY06toFY25.pdf>. The OCHA nationwide Humanitarian Response Plan was extended to the 2024-2025 period <https://www.unocha.org/publications/report/venezuela-bolivarian-republic/venezuela-extension-humanitarian-response-plan-2024-2025>

¹⁰ ENCOVI 2024 Survey of Living Conditions (in Spanish): <https://www.proyectoencovi.com/encovi-2024>

- 4.4 In 2023-2024, coverage indicators have improved across all antigens, largely driven by US\$ 28 million¹¹ of Gavi fragility support, but remain below pre-pandemic levels – DTP3 at 62% in 2024 compared to 64% in 2019¹².
- 4.5 Eligibility for the Catalytic Phase in Gavi 6.0 would enable Venezuela to access support for the introduction of three critical vaccines: Pneumococcal Conjugate Vaccine (PCV), Rotavirus and Human papillomavirus (HPV). Its fragility status will be confirmed through the process outlined in Gavi's updated Fragility, Emergencies and Displaced Populations Policy.

Annexes

Annex A: Detailed costing for Nigeria

¹¹ US\$ 25.3 million for vaccine support and US\$ 2.8 million for technical assistance in 2023-24.

¹² In 2024, Venezuela's DTP3 coverage reached 62%, IPV1 67%, and MCV1 71%, compared to Gavi 57 averages of 82%, 82%, and 80% respectively