

Annex A: Country pathways and financial implications

1. Full support of IPV (Option 1)

- Countries in the initial self-financing, preparatory transition, accelerated transition and fully self-financing phase receive full Gavi support and will not be required to cost share IPV for 10 years from the year of bOPV cessation

2. Risk-based cost sharing of IPV (Option 2)

- Initial self-financing: Countries receive full Gavi support
- Countries in the preparatory and accelerated transition phases receive full IPV support and start cost share \$.60 from IPV for 10 years from the year of bOPV cessation
- Countries in the Fully self-financing phase receive full IPV support and from the year of bOPV cessation start ramp up IPV support over 5 years (both LMIC and UMIC)

3. Revised Risk-based cost sharing of IPV

- Countries in the initial self-financing phase receive full Gavi support and will not be required to cost share IPV for 10 years from the year of bOPV cessation
- Countries in the preparatory and accelerated transition as well as countries in the fully self-financing phase receive full IPV support and start cost share \$.60 for 10 years from the year of bOPV cessation

Table 1: Country financing for proposed support options by Gavi transition phases

Support options	Gavi transition phases			
	Initial Self-financing	Preparatory transition	Accelerated transition	Fully Self-financing
IPV stand-alone				
1. Full support	No cost-sharing of IPV			
2. Risk-based cost sharing	No cost-sharing of IPV	No cost-sharing of IPV until bOPV cessation, then \$0.60 per target infant in birth cohort		No cost-sharing of IPV until bOPV cessation, then \$0.60 per target infant in birth cohort and ramp up over 5 years to full IPV cost
Revised Risk-based cost sharing	No cost-sharing of IPV	No cost-sharing of IPV until bOPV cessation, then \$0.60 per target infant in birth cohort		
When Hexavalent becomes available				
Hexavalent	Application of Gavi's eligibility and transition, and co-financing Policies from introduction		Linear ramp-up over 7 years to full cost of Hexavalent from introduction	

4. Financial implications

General assumptions for the financial implications (costing)

- The scope of support remains the 70 currently supported countries.
- Global certification of eradication occurs in 2022 followed by cessation of bOPV in 2024.
- Following the global withdrawal of bOPV, countries will no longer need to procure three doses of bOPV per infant in their birth cohort (assumed to be US\$ 0.60 per infant). Ideally this funding will remain in the immunisation programme and we have used this figure as the base funding requirement for IPV for Preparatory, Accelerated and Fully Self-financing countries.
- In line with the SAGE recommendation to maintain IPV for at least 10 years following bOPV cessation, IPV support for all options ends in 2034. There is no support for IPV starting from 2035.
- Bangladesh, Nepal and Sri Lanka do not opt for Hexavalent and continue administer a fractional dose of standalone IPV (fIPV). Relevant IPV rules applied for these countries in all Hexavalent scenarios.
- Demand for IPV is based on the extended Operational Forecast v.16 (2018-2020). All countries are assumed to switch to 2-full doses starting 2021 with a 2-year ramp up (except existing fractional dose users: Bangladesh, Sri Lanka, and Nepal which are assumed to continue using fractional doses).
- Demand for 3 doses of bOPV in routine immunisation is assumed to be identical to Pentavalent (demand forecast v16).
- In the absence of a Hexavalent demand forecast, the demand for Hexavalent is assumed to be identical to Pentavalent (demand forecast v16). This forecast is extended by extrapolation from 2028 to 2035.
- Hexavalent becomes available in 2024, however in insufficient quantities. Therefore, Fully self-financing countries will be prioritized for introduction (2024), followed by Accelerated transition countries (2026), Preparatory transition countries (2028) and Initial self-financing countries (2030).
- Hexavalent price assumptions as described in the November 2018 Board paper with a gradual decrease of the Hexavalent premium to reach null.

Table 2: Estimated net procurement costs of support options for IPV standalone, 2021-25 and 2026-2030 (excluding India)

IPV standalone	2021-2025 (Gavi 5.0)		2026-2030 (Gavi 6.0)	
	Gavi	Country	Gavi	Country
1. Full support of IPV	848	-	695	0
2. Risk-based cost sharing	796	-	429	76
Revised Risk-based cost sharing	800	-	555	-

All figures are in million US\$

¹ In the initial years incremental costs to countries net of bOPV costs are zero or negative in some cases and labelled "-".