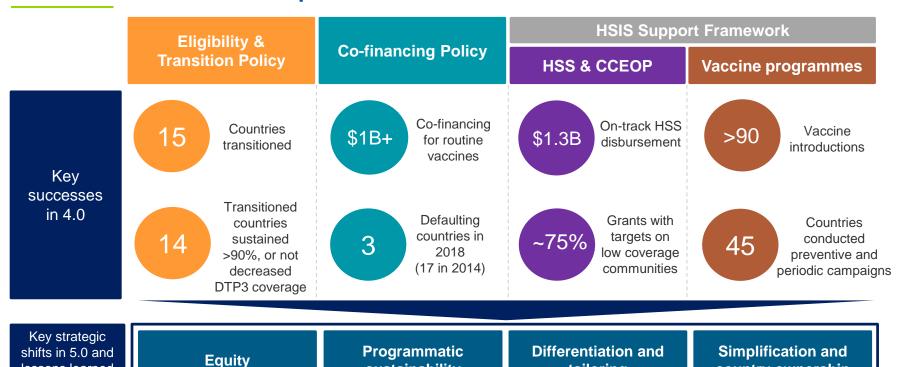
#### **FUNDING POLICY REVIEW**

BOARD MEETING
Wilson Mok
4-5 December 2019, Delhi, India





# Funding policies are largely fit for purpose with some areas of improvement



2

lessons learned

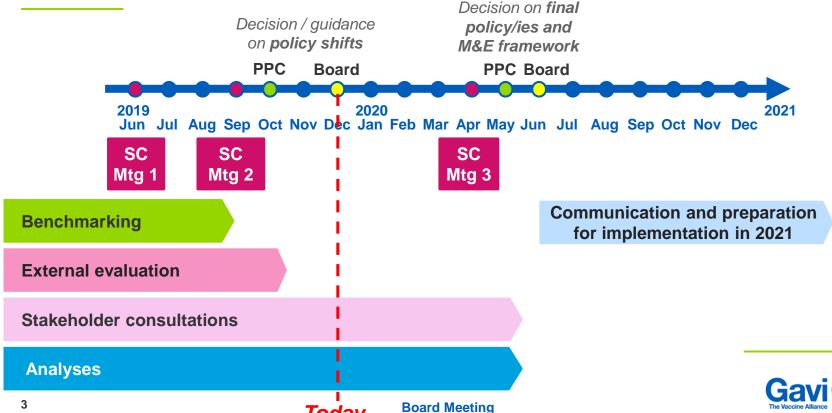
from 4.0

tailoring

country ownership

sustainability

### Funding Policy Review timeline and process



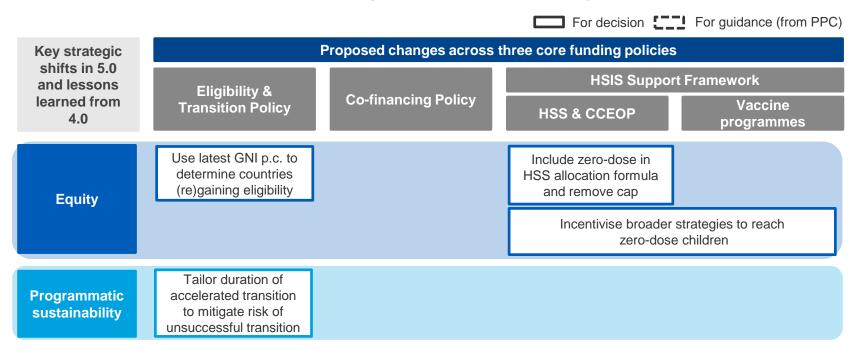
4-5 December 2019

Today

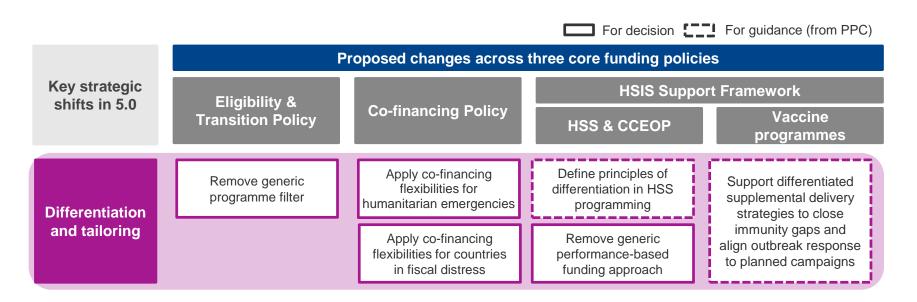


#### Equity and programmatic sustainability

All policy shifts reinforce Gavi 5.0 goals of equity and programmatic sustainability

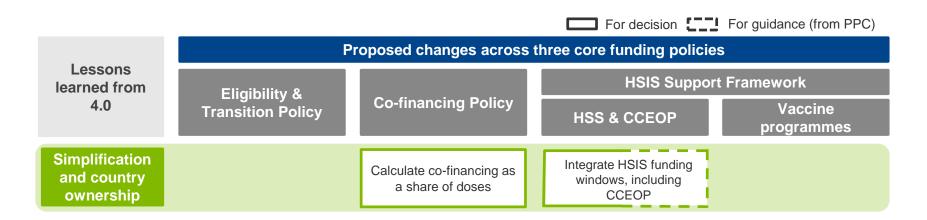


#### Differentiation and tailoring





#### Simplification and country ownership





#### Recommendation (1/3)

The Gavi Alliance Programme and Policy Committee recommends to the Gavi Alliance Board that it **approve** the following, which will be incorporated into Gavi's policies in June 2020:

- a) using the **latest point estimate of GNI per capita** alongside the average GNI per capita over the past three years to determine countries' eligibility for support; and for countries (re)gaining eligibility, adoption of a tailored approach based on the country context;
- b) adoption of an approach to **tailor the accelerated transition** phase as described in Annex B to Doc 09;
- removing the programme filter requiring 70% or higher coverage of the 3rd dose of DTP-containing vaccine for a country to access new support for select vaccines (as set out in the Eligibility & Transition Policy);



#### Recommendation (2/3)

- d) calculating vaccine co-financing for all countries based on the share of doses needed by a country;
- e) adopting an approach to **apply co-financing flexibilities** as described in Annex B to Doc 09, in countries facing **severe fiscal distress** and **countries facing a humanitarian crisis**;



#### Recommendation (3/3)

- f) allocating HSS resources according to four criteria: **equity** (number of zero-dose children), **coverage** (number of underimmunised children), **ability to pay** (GNI pc), and **population in need** (birth cohort), with all four criteria equally weighted;
- g) removing the **cap** of US\$ 100 million over five years currently applied to total country HSS ceilings, but retaining the floor of US\$ 3 million;
- h) integrating support for CCEOP into HSS support; and
- i) discontinuing the mechanism of awarding **Performance Payments** (as set out in the HSIS Support Framework).



## **THANK YOU**



