



Gavi Alliance Prioritisation Mechanism for Gavi's Support to Countries Version 3.0

DOCUMENT ADMINISTRATION

VERSION NUMBER	APPROVAL PROCESS	DATE
1.0	Prepared by: Gian Gandhi, Policy and Performance	
	Reviewed by: Gavi Programme and Policy Committee	16 April 2010
	Approved by: Gavi Alliance Board	17 June 2010
2.0	Prepared by: Nina Schwalbe, Policy and Performance	
	Reviewed by: Gavi Programme and Policy Committee	30 April 2013
	Approved by: Gavi Alliance Board	12 June 2013
3.0	Prepared by: Gavi Policy and Strategy, Funding & Performance teams	
	Reviewed by: Gavi Programme and Policy Committee	20 November 2024
	Approved by: Gavi Alliance Board	<u>5 December 2024</u> TBD
	Next review:	2025

1. Purpose & Objectives

- 1.1. The **purpose** of the policy is to inform Gavi's funding decisions for support to countries in the case of a mismatch of expenditures-demand and resources in the course of a strategic period. The policy enables the ranking of country applications recommended for approval by the Independent Review Committee (IRC) or equivalent body¹ in the event that available resources are not sufficient to fund all country applications recommended for approval in an application round.
- 1.2. Specifically, the prioritisation mechanism is directed by six **objectives** to: (i) Minimise loss of health impact; (ii) Maximise value for money; (iii) Maintain equitable access to vaccines; (iv) Safeguard financial sustainability of programmes; (v) Minimise risks of disruptive outbreaks and impact on global health security; and (vi) Minimise risks to market health.

2. Principles

- 2.1. The following principles guide the development and scope of the policy:
 - **Objectivity:** rely on evidence-based criteria and published data.
 - **Transparency:** ensure clear and accessible criteria (objectives and indicators) and rely on broadly available data whose validity is accepted by Gavi-eligible countries and Alliance partners, as well as clarity in communication about decisions.
 - **Feasibility & Simplicity:** ensure ease of implementation of the policy and ensure data are available and comparable across Gavi-eligible countries and updated on a regular basis.
 - **Continuity of Support for ongoing programmes:** seek to minimise disruptions to on-going programmes and activities by honouring support which has been firmly committed to countries via decision letters after recommendation by the Independent Review Committee (IRC) or equivalent body.
 - **Predictability of Support for planned programmes:** seek to uphold country access to support for which country-specific funding envelopes that can be accessed through an application process have been communicated²). The principle highlights that support countries have been planning for should be honoured.

3. Scope

- 3.1. The policy applies to Gavi support for which countries apply and which are reviewed by the IRC or equivalent bodies.

Types of country support

- 3.2. **New vaccine support:** Funding decisions for new vaccine support (NVS) are subject to the prioritisation mechanism. This includes routine introductions, preventive, follow-up and catch-up campaigns, and vaccine switches that are not mandatory and come at a higher incremental cost to Gavi, along with their respective cash support³, as well as vaccine catalytic support for Middle Income Countries (MICs). NVS applications for

¹ For example, some application types are reviewed by the Secretariat instead of the IRC

² This usually takes place at the beginning of a strategic period.

³ Vaccine Introduction Grants (VIGs) for routine immunisation and operational cost grants (Ops) for campaigns

any new vaccines added to the Gavi portfolio in the future will be subject to the prioritisation mechanism as and when application windows for these vaccines are opened.

3.2.1. Outbreak response⁴ and -switch cash grants⁵ and any cost-neutral applications are **excluded** from the scope of the policy.

3.3. **Other cash support:** Innovation top-ups (ITU) are in scope of the prioritisation mechanism.

3.3.1. All other cash funding levers and country technical assistance⁶ have country envelopes previously communicated and are therefore out-of-scope.

Categories of country applications

3.4. The policy applies to the following three categories of application (i) country applications forecasted for the future⁷; (ii) country applications recommended for approval by the IRC round that triggers the mechanism⁸; (iii) country applications previously recommended for approval by the IRC with no decision letter issued yet.

3.4.1. It does **not** apply to any support for which a decision letter has already been issued.

3.5. **The threshold for any application to be in scope of the prioritisation mechanism** is set at US\$ 50,000.

4. Methodology

4.1. The application of the indicators applies to applications for new vaccine support (and directly associated cash support). The methodology is applied in a two-step process: 1) The country applications are assessed against the ranking objectives and scored and ranked, and 2) of those applications that fall below the cut-off based on the funding available, the non-ranking objectives are considered and used to flag significant risks of deprioritisation. If these risks are considered high, applications may be considered to be prioritised for funding by the Secretariat.

4.2. Once the NVS support has been ranked, the Innovation Top-Up support that is also in scope of the prioritisation mechanism would be added to the bottom of the ranking and deprioritised first.

4.3. Where countries submit certain applications jointly (mainly routine introductions with associated catch-up campaigns)⁹, these applications will be scored as one, such that either both are prioritised or neither are prioritised through the prioritisation mechanism. This reflects the programmatic requirements per WHO SAGE recommendations¹⁰.

⁴ Defined as applications for vaccine stockpiles governed by the international Coordinating Group (ICG) and preventative Ebola programmes as these also use stockpile doses.

⁵ Except for switch cash grants directly associated with vaccine switches in scope of the mechanism

⁶ This applies to Health Systems Strengthening (HSS) support including HPV top-up, Partner's Engagement Framework (PEF) Targeted Country Assistance (TCA), the Equity Accelerator Fund (EAF), the Cold Chain Equipment Optimisation Platform (CCEOP), COVID-19 Delivery Support (CDS) and MICs technical assistance and targeted interventions.

⁷ Until the end of the following year or strategic period

⁸ Also includes Secretariat-led reviews and IRC ad-hoc reviews

⁹ For example, catch-up campaigns associated with vaccine introductions of MR, TCV, HPV, JE, MenA, MMCV, PCV and YF.

¹⁰ WHO SAGE provides normative guidance for Gavi vaccine programmes

4.4. The indicators, data sources and weighting used to score and rank the NVS proposals are described in table 1.

Table 1: Scoring methodology for new vaccine support applications

Objective	Indicator	Data Source	Weight
Ranking objectives			
Minimise loss of health impact	<ul style="list-style-type: none"> Future deaths averted per fully vaccinated person Routine Immunisation: Ratio of future deaths averted to total population per fully vaccinated person from the first five years of vaccination Campaigns: Ratio of future deaths averted to total population per fully vaccinated person, from year of vaccination. In case of subnational campaigns, calculate the proportion of the targeted populations 	Modelling undertaken by the Vaccine Impact Modelling Consortium (VIMC) Population data from the United Nations Population Division's World Population Prospects (WPP 2024)	30%
Maximise value for money	<p>Calculated as Weighted Average Price per vaccine course divided by future deaths averted per fully vaccinated person</p> <p>Cost to Gavi per future death averted</p> <ul style="list-style-type: none"> Cost to Gavi calculated as weighted average price per vaccine course x Number of people fully vaccinated Future death averted is based on health impact 	Price estimates are based on internal Gavi sources. Future deaths averted per fully vaccinated person is same as above. Fully vaccinated population is estimated using standardized populations from the WPP 2024 and coverage estimates from Gavi forecasts.	30%
Maintain equitable access to vaccines	Percentage of Gavi supported vaccines that a country has introduced relative to the total the number of such vaccines the country is eligible to receive	Internal Gavi sources	10%
Safeguard financial sustainability of programmes	<ul style="list-style-type: none"> Co-financing performance for Gavi supported vaccines in the last 5 years measured by country's ability to meet co-financing obligations of previous year by 31 December, or the fiscal year as agreed with the country <ul style="list-style-type: none"> Countries with pre-agreed co-financing waivers are not penalised Gross national income (GNI) per capita 	Co-financing performance for Gavi-supported vaccines in the last five years based on annual monitoring reports GNI: Atlas method from the World Bank	30%
Non-ranking objectives			
Minimise risk of disruptive future outbreaks and impact on global health security	Used to flag significant risks in cases where potential for outbreaks is considered 'high'	Assessment against: <ul style="list-style-type: none"> Global Health Security risk e.g., PHEIC or pandemic potential, alignment with global agendas Country outbreak risk e.g., burden of disease, R0 and coverage, case fatality ratio Vaccination impact on disease with epidemic potential e.g., risk of outbreak if no vaccination, vaccine characteristics 	n/a
Minimise risks to market health	Used to flag significant risks in cases where impact on market-shaping is considered 'high'	Assessment against the Demand Health criteria of the Healthy Market Framework: <ul style="list-style-type: none"> Materialisation of demand Predictability of demand 	n/a

		<ul style="list-style-type: none"> Balanced demand of appropriate products & timely uptake of new innovative products 	
--	--	--	--

5. Application of the policy

5.1. When the Secretariat projects a mismatch of demand and resources, the Audit & Finance Committee (AFC) will be notified and requested to approve the mismatch, as well as confirm the value of support that is available for prioritisation. If approved by the AFC, the next regular IRC meeting would trigger a prioritisation round.

5.2. Following the AFC approval to trigger the mechanism, the issuance of decision letters will be immediately paused for those applications in scope of the mechanism until the prioritisation round has concludedfor the duration of the mismatch.

5.3. Every subsequent regular IRC meeting triggers the next prioritisation round until there is no longer a mismatch, as defined by the AFC.

~~5.1. When the Secretariat determines the mismatch of expenditures and resources is closed, the next IRC meeting round triggers the use of the prioritisation mechanism (prioritisation round).~~

~~5.2. The health impact indicator should be used to break ties if required.~~

5.3.5.4. In each prioritisation round the three relevant categories of application are in scope (see section 3.4). A ranking of country applications for all three stages is compiled in each round and available funding allocated to cover the top country applications in the ranking regardless of the category of application. This means that some funding will be retained for applications expected to be high ranking that are forecasted for the future.

5.5. The health impact indicator should be used to break ties if required.

5.6. Countries with IRC recommended application(s) that have been prioritised in a prioritisation round may choose to instead fund an IRC recommended application(s) that was deprioritised if the cost of the deprioritised application(s) is equivalent to or less than those initially prioritised.

5.4.5.7. Where individual country applications are not prioritised in the ranking of a prioritisation round, they will automatically go into the next prioritisation round. Every subsequent regular IRC meeting triggers the next prioritisation round until the mismatch of ~~expenditures-demand~~ and resources is closed.

5.5.5.8. When the mismatch of ~~expenditures-demand~~ and resources is considered over, applications that the IRC had recommended for approval will remain considered as such and progress through Gavi's country funding cycle as usual.

6. Implementation & Monitoring

6.1. This policy comes into effect on 6 December 2024.

6.2. When applied, the results of the prioritisation process will be reported to the PPC and the Board.

6.3. This policy will be reviewed and updated in 2025.