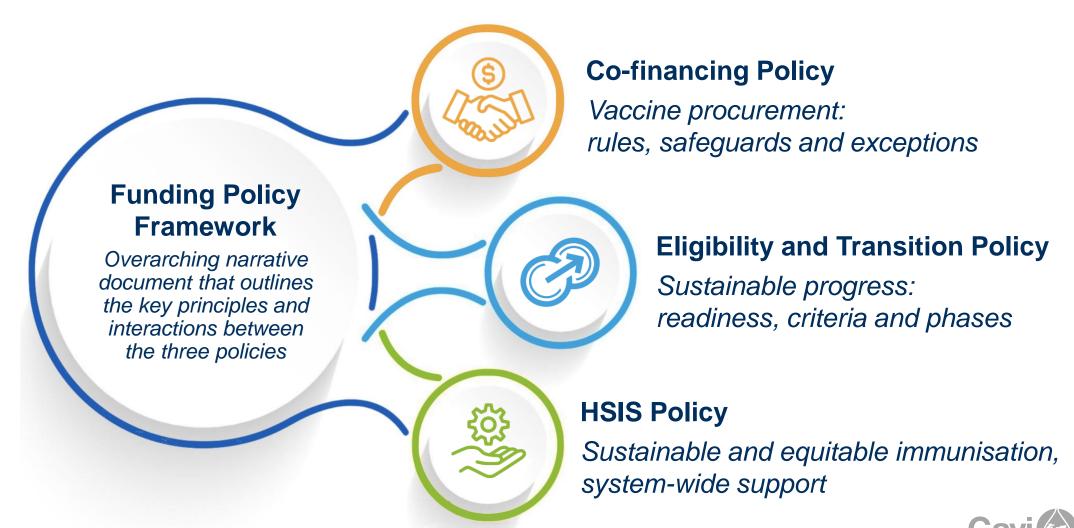


### **FUNDING POLICY REVIEW**

BOARD MEETING

Marta Tufet, Emmanuel Bor
7-8 December, Geneva, Switzerland

## The Framework on Gavi Funding to Countries offers a narrative of the three policies' principles and interactions



## While co-financing has been successful, accelerated transition countries are facing increased fiscal challenges

#### **Current AT countries have a lower baseline...**

#### ...and are facing greater economic uncertainty

	Graduated countries	Countries currently in accelerated transition
Average GNI p.c.*	US\$ 3,300	US\$ 2,400
Countries with <85% DTP3 Coverage	25% (n = 16)	38% (n = 8)
Average spending on vaccines by General Government Health Expenditure-Domestic (GGHE-D)**	0.12%	0.55%

Countries in accelerated transition have voiced strong concerns over the feasibility of transition timelines

- Economic impacts of COVID-19 pandemic and war in Ukraine
- 70% of accelerated transition countries are likely to see contraction or stagnation in health spending
- Increase in debt levels in countries in accelerated transition will further decrease health spending by 5%



## Extending the duration of accelerated transition phase enables sustainable increases in co-financing

#### **Entry to accelerated transition**

(New) 35% co-financing threshold to enter phase

Country	% co-financing when entering accelerated transition
Bangladesh	12%
Cote D'Ivoire	17%
Djibouti	20%
Kenya	11%

These adjustments will strengthen financial sustainability, reduce the risk of unsuccessful transition and reduce ad hoc exceptions

#### **Duration of accelerated transition**

Extension of phase from 5 to 8 years

#### Average annual percentage point increase in co-financing



#### **Proposed Co-financing Policy**

Extension of AT to 8 years + 35% threshold to enter AT

## Exceptional, time-limited approach to malaria cofinancing would facilitate affordability and support uptake

#### Context

- Very high demand from implementing countries
- Feedback from the Board to ensure vaccine affordability for implementation starting 2023
- Malaria vaccine is currently very expensive at EUR 9.30/dose
- 40% of the global malaria burden is in countries in accelerated transition

#### **Risks of inaction**

 Displacing vaccine financing from other programmes



 Lives lost and lack of health impact

Consultations heard strong support for the proposed approach from malaria-endemic countries and Alliance partners



### Recommendation

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

**Approve** the Health Systems and Immunisation Strengthening Policy attached as Annex B to Doc 11a.

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

- a) Approve the revised Eligibility & Transition Policy attached as Annex A to Doc 11b.
- b) Approve the revised Co-financing Policy attached as Annex B to Doc 11b.
- c) <u>Approve</u> the exceptional time-limited approach to malaria vaccine co-financing as follows, to be reviewed by the Programme and Policy Committee no later than 2027:
  - i. For initial self-financing countries: Country contributes US \$0.20 per dose (no annual increase).
  - ii. For preparatory transition countries: Country co-financing starts at US \$0.20 per dose in the first year of introduction and the price fraction increases by 15% annually.
  - iii. For accelerated transition countries: Country contributes 20% of the price fraction in the first year of introduction and increases co-financing by 10 percentage points annually. Country should reach 100% co-financing after 8 years.
- d) <u>Note</u> that the Secretariat will return to the Programme and Policy Committee on malaria co-financing should market conditions change significantly.





# Thank you