

		
<b>GAVI Alliance Fragility and Immunisation Policy</b>	Version No.: 1.0	Page 1 / 7

## DOCUMENT ADMINISTRATION

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1.0	Prepared by: Nina Schwalbe, Managing Director, Policy and Performance	
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<b>GAVI Alliance Fragility and Immunisation Policy</b>	Version No.: 1.0	Page 2 / 7

## Fragility and Immunisation Policy

### 1. Objectives

1.1 The objectives of the policy are:

- To improve vaccination coverage in a subset of countries with particularly challenging circumstances; and
- To protect immunization systems and existing GAVI support in GAVI-eligible and graduating countries in case of emergency events.

### 2. Scope

2.1 This policy applies to GAVI-eligible countries that find themselves in either of the two types of situations listed below;

2.2 **Longer term/protracted fragility situations:** this concerns a limited group of GAVI-eligible countries in longer term fragility situations with both immunisation and non-immunisation related challenges and with weak institutions and fragile systems. For these countries, GAVI will develop country tailored approaches (see section 4).

2.3 **Short term emergency situations:** this concerns time-limited situations/events that prevent a country from applying for or implementing already existing GAVI support and/or that threaten already attained immunisation achievements. For these countries, GAVI will extend time-limited one-off flexibilities (see section 5).

2.4 These short term flexibilities also apply to graduating countries in emergency situations. Graduating countries with existing support are able to re-programme cash support and request the re-routing and replacement of vaccines. However, the option to submit a new application for cash support will not be considered for these countries.

### 3. Operating principles

3.1 Any action under this policy will be consistent with GAVI's mandate as defined by the GAVI Alliance Strategy 2011 – 2015.

3.2 GAVI flexibilities will only be extended at country government and/or GAVI implementing partner (WHO/UNICEF) request.

		
<b>GAVI Alliance Fragility and Immunisation Policy</b>	Version No.: 1.0	Page 3 / 7

3.3 Coordination and consultation with the country government, in-country partners and international partners will guide all responses and tailored approaches.

#### 4. Country tailored approach

4.1 A framework has been developed (see Annex 1.A), which captures the circumstances<sup>1</sup> and that serves as a filter to identify countries in longer term protracted fragility situations – with both non-immunisation and immunisation related challenges. The framework will be applied annually to GAVI-eligible countries.

4.2 Countries with four or more exceptional circumstances as identified through the framework will be eligible for a tailored approach.

4.3 Countries in transitional status, defined as a subnational region recognised to undergo a referendum for secession within 5 years, will automatically be identified for a country tailored approach<sup>2</sup>.

4.4 Each tailored approach will be developed by the Secretariat building on existing analyses, data and GAVI partner and bilateral agencies' assessments. The GAVI Secretariat will work closely with government, Alliance and relevant partners when developing each approach in order to ensure coordination and harmonisation of the suggested interventions as well as adherence to aid effectiveness principles and international principles for interaction with fragile states.

4.5 Each approach will be tailored to the county-specific context. Flexibilities that could be extended include - but are not restricted to:

- Technical assistance to re-programme cash support,
- Channelling of funds and vaccines through partners
- Flexibility in application and monitoring requirements to suit country governance cycles,
- Specific advocacy measures
- Additional technical support
- Concerted engagement (for example in-country IRC)
- Collaboration through bilateral agencies

<sup>1</sup> The inclusion criteria are based on externally validated, publicly available lists which use a clear methodology, that have been created or used by a multilateral institution or other recognised international organisation.

<sup>2</sup> An example is South Sudan which received tailored support prior to independence.

		
<b>GAVI Alliance Fragility and Immunisation Policy</b>	Version No.: 1.0	Page 4 / 7

- Collaboration through non-state actors/civil society organisations

- 4.6 Individual country tailored approaches may include additional resources to particular countries. These will come under the programme funding envelope and will be reported on in accordance with the amended Programme Funding Policy or be decided on by the Executive Committee of the Board where financial implications may set policy precedents.
- 4.7 Implementation of the country tailored approach will be done by the GAVI Secretariat in close collaboration with country governments, WHO/UNICEF and other GAVI partners. At the country level, this can include bilateral agencies where relevant and civil society organisations.
- 4.8 Each approach will include a monitoring plan which will enable GAVI to follow-up together with the country on the identified interventions. The indicators will align with the policy's overall results framework but may in addition include specific indicators required to monitor the implementation at country level.
- 4.9 Where relevant, the duration of the tailored approach will be synchronised with the comprehensive multi-year plan (cMYP) and/or country health/immunization strategies. It is recognised that in some countries, a shorter planning cycle may be more appropriate, with the understanding that the overall engagement may be long term.

## 5. Emergency flexibilities

- 5.1 Due to the dynamic nature of crises it is impossible to have a set of definitive inclusion criteria for emergency flexibilities. GAVI will therefore apply the wider definition of a time-limited event (man-made or natural) which threatens the immunisation system and/or the implementation of existing GAVI support.
- 5.2 Flexibilities will be extended at the request of the country government or a GAVI in-country partner (WHO/UNICEF) when an event has occurred. The request should be endorsed by the country mechanisms for immunisation coordination – the Interagency Coordination Committee (ICC) – or any mechanism that is coordinating the emergency response in the country.
- 5.3 Health Systems Strengthening Support (HSS)/ Health Systems Funding Platform (HSFP) support
- 5.3.1 Countries affected by an emergency with existing HSS/HSFP are allowed to re-programme up to 50% of any monies remaining in country from the cash support within GAVI's HSS/HSFP mandate. The decision to re-programme will be taken by the ICC or any mechanism that is coordinating the emergency response in the country and submitted to the GAVI Executive

		
<b>GAVI Alliance Fragility and Immunisation Policy</b>	Version No.: 1.0	Page 5 / 7

Committee (EC) for approval (this will be given within four weeks). A TAP review in the form of a Cash Program Audit (CPA) will be carried out if the re-programmed amount is above US\$100,000.<sup>3</sup>

5.3.2 For emergency affected countries that do not have HSS/HSPF support, have utilised their HSS/HSFP support and/or are not able to access the support due to the crisis, GAVI will accept an emergency HSS/HSFP application by the country or by WHO/UNICEF on behalf of government. Approval for such additional support will be given on a country by country basis and the decision will be taken by the EC taking into account the country needs and GAVI's financial situation.

5.3.3 For monitoring purposes, it is suggested that re-programming is reported in the APR. The annual review process will also include a report of if the emergency situation continues to exist in the country.

#### 5.4 New Vaccine Support

5.4.1 Countries with New Vaccine Support (NVS) can request GAVI to:

- Re-route vaccines if applicable and revise the delivery plan in case of revised need,
- Apply for GAVI procurement of replacement vaccines in case vaccines have been destroyed,
- Apply for additional vaccine quantities (of already approved NVS support) to cater for influx of refugees, provided that it can be proved that these are not covered under the general humanitarian response funded by other donors.
- The Secretariat will aim to respond to requests with a decision (but not delivery) within a four week timeframe.

5.4.2 Any decision with financial implications will need to be taken by the Executive Committee (EC).

#### 5.5 NVS application flexibilities

5.5.1 GAVI may also accept new NVS applications/allow introduction of NVS from GAVI eligible countries whose DTP3 coverage has dropped below the eligibility threshold due to crisis, provided that the country can reliably demonstrate that coverage rates have resumed in the post-crisis period and that it will likely reach 70% within a year of NVS introduction (exception on a country by country basis). This will be through the normal IRC procedures.

<sup>3</sup> This review will be carried out either as a desk-review or in-country. The review will take place after the re-programmed funds have been expended.

		
<b>GAVI Alliance Fragility and Immunisation Policy</b>	Version No.: 1.0	Page 6 / 7

## 5.6 Co-financing and Performance Based Funding

5.6.1 At the request of the country, GAVI will conduct an analysis to determine any implications for the country co-financing commitments including circumstances that may give rise to exemptions for default on a case by case basis.

5.6.2 For countries with Performance Based Funding (PBF) under the HSS/HSFP GAVI will conduct an analysis to determine the emergency implications for the PBF implementation at the request of the country.

## 6. Effective date and Review of Policy

6.1 The policy will come into effect on 1 January 2013. It will be reviewed in 2016 after three full years of implementation.

### Annex 1.A Framework filter for country tailored approach

The criteria are based on externally validated, publicly available lists created or used by a multilateral institution or other recognised international organisation

	Circumstance	Inclusion criteria
Non-immunisation criteria	<b>Humanitarian emergency</b> A humanitarian national or sub-national emergency leading to a public health emergency of international concern (International Health Regulations, 2005).	Country with 3 or more humanitarian emergencies in the last 5 years listed as Humanitarian appeal for the country as indicated by UN OCHA <a href="http://www.unocha.org/cap/appeals/by-year/results">http://www.unocha.org/cap/appeals/by-year/results</a>
	<b>Political instability</b> This includes countries with legitimate governments but with sub-national fragility and emergencies and/or countries facing international sanctions.	Country is in the top two categories in the Failed States Index <sup>1</sup> by the Fund for Peace: <a href="http://www.fundforpeace.org/global/?q=fsi-grid2011">http://www.fundforpeace.org/global/?q=fsi-grid2011</a> Countries facing sanctions <a href="http://www.treasury.gov/resource_center/sanctions/Programs/Pages/Programs.aspx">http://www.treasury.gov/resource_center/sanctions/Programs/Pages/Programs.aspx</a>
	<b>Country with devolution of healthcare services</b> Country with subnational areas that have complete authority over the health and immunisation system (through full decentralisation) <b>without</b> any central health authority or coordinating body.	Country with complete devolution of MOH from the central level to regional levels.
Immunisation related criteria	<b>Country with equity concerns</b> Country with subnational, gender or wealth quintile differences in immunisation coverage leading to equity concerns	One or more of: Difference in DTP3 coverage between the lowest wealth quintile and the highest wealth quintile is greater than 20% points Country with >50% of districts reporting DTP3 coverage <50% Country with Odds Ratio confidence interval (female versus males) not including 1 <sup>2</sup>
	<b>Country not fully accessing GAVI support</b>	Countries that have had two or more “resubmission” outcomes from the IRC for New Vaccine Support and HSS applications and/or who have not applied for HSS, or one of penta, pneumo or rota vaccines.
	<b>Countries with large un-immunised populations of children</b>	Ten GAVI-eligible countries with largest un-immunised populations of children <sup>3</sup>
	<b>Country with less than 70% national DTP3 coverage</b>	Country with national DTP3 coverage less than 70%, as reported by WHO/UNICEF for the latest available year.

<sup>1</sup> Including parameters: Mounting demographic pressure; Massive movement of refugees and IDPs; Vengeance seeking group grievance; Chronic and sustained human flight; Uneven economic development; Poverty, sharp or severe economic decline; Legitimacy of the state; Progressive deterioration of public services; Violation of human rights and rule of law; Security apparatus; Rise of factionalised elites; Intervention of external actors.

<sup>2</sup> Odds Ratio – DHS data analysis, SAGE report (2010), confidence interval (95%), countries with an OR below or above 1 and with a CI not including 1 (1= equal likelihood of being vaccinated) in the category “Likelihood of outcome “access” (not being vaccinated) between boys and girls”. An Odds Ratio with scores below 1 and with a CI not including 1 (0-0.99) would indicate that boys are less likely to be immunized and a score greater than but not including 1, with a CI not including 1, would indicate that girls are less likely to be immunized.

<sup>3</sup> GAVI Annual Report 2011.