Gavi Alliance
Health Systems and Immunisation Strengthening Policy

DOCUMENT ADMINISTRATION

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1. Purpose

1.1. The **purpose** of this policy is to define Gavi's Health Systems and Immunisation Strengthening (HSIS) support (also referred to as the "cash budget"). The policy:

- Establishes the principles that guide Gavi's HSIS support.
- Outlines the allocation methodology used to determine funding levels for countries in the initial self-financing, preparatory transition, and accelerated transition phases, as well as support provided to countries in the catalytic phase.
- Defines the composition of the HSIS support including the key requirements guiding Gavi's investments across countries, including those in the catalytic phase.
- Sets out how Gavi's HSIS support is designed to promote programmatic sustainability.

2. Scope

2.1. The policy applies to **all countries able to receive Gavi support** as defined in Gavi's Eligibility and Transition Policy[1]; however, the use of the support and how it is accessed differs according to a country's transition phase.

2.2. Gavi's HSIS support[2] can be accessed by countries in the **initial self-financing phase**, **preparatory transition phase** and **accelerated transition phase** (section A).

2.3. For countries in the **catalytic phase**, the policy guides Gavi's support for the sustainable and equitable introduction of high-impact vaccines (section B).

2.4. Access to additional funding for unforeseen needs arising during the strategic period through the Gavi Resilience Mechanism is outside the scope of this policy. This includes support for outbreaks, and for situations reflected in Gavi's Fragility, Emergencies and Displaced Populations (FED) Policy.

2.5. The **Framework for Gavi Funding to Countries** provides an overview of the objectives, principles and approach for all Gavi support to countries.

3. Definitions

- **HSIS support:** Gavi's consolidated cash support (referred to in country communication as "cash budget") for countries in initial self-financing, preparatory transition and accelerated transition phases, guided by Gavi's Health System Strategy[3]. It funds health systems strengthening, including in-

[1]Countries that are in one of Gavi's four transition phases: initial self-financing, preparatory transition, accelerated transition, and catalytic. The term Gavi-eligible country refers to a country which is in Initial Self-Financing phase, Preparatory Transition phase, or Accelerated Transition phase, as outlined in Gavi's Eligibility and Transition Policy.

[2] In Gavi's 6.0 Strategic period, a consolidated cash support to countries replaces the following Gavi 5.0/5.1 individual funding levers: Health Systems Strengthening (HSS), Equity Accelerator Funding (EAF), operational support for preventive campaigns including Measles/Measles-Rubella follow-up campaigns and other preventive campaigns (Ops), Vaccine Introduction Grants (VIGs), switch grants, Innovation Top-Up, Cold Chain Equipment Optimisation Platform (CCEOP) and Partnership Engagement Framework (PEF) Targeted Country Assistance (TCA).

[3] Gavi's Health System Strategy https://www.gavi.org/partner-countries/programmatic-policies

country technical assistance, cold chain equipment and vaccine implementation support. Vaccine procurement and diagnostics are excluded.

- **In-country technical assistance:** Technical support to help address immunisation challenges, coordination, prioritisation, and strengthen capacities at country level.

- **Vaccine implementation support**: Support for the introduction and scale up of new vaccines in the national immunisation schedule, implementation of preventive campaigns, and safe and effective vaccine product, presentation or schedule switches.

- **Preventive immunisation campaign:** Immunisation campaigns conducted to increase population immunity and close immunity gaps in a target population in order to prevent disease transmission and outbreaks. Such campaigns may be conducted as **one-time campaigns,** implemented once for specific epidemiological reasons, or as **periodic follow up campaigns**, implemented at regular intervals to close immunity gaps.

- **Measles/measles-rubella follow-up campaigns**: A periodic immunisation campaign usually targeting children aged 6/9 to 59 months, conducted every 2 to 5 years and based on the accumulation of children susceptible to measles who did not seroconvert or were missed by routine immunisation programmes.

- **Zero-dose children:** Children that have not received any routine vaccine. For operational purposes Gavi defines zero-dose children as those who lack the first dose of diphtheria-tetanus-pertussis containing vaccine (DTP1).

- **Missed and underserved communities**: Refers to clusters of zero-dose and under-immunised children. These communities often face multiple deprivations and vulnerabilities, including lack of basic services, socio-economic inequities, conflict settings, and often gender-related barriers.

- **Civil Society Organisations**: Full range of formal and informal, non-governmental and not-for-profit organisations that represent the interests, expertise and values of communities. These are community-based organisations, civil society organisations, faith-based organisations, international and local non-governmental organisations, civil society networks, local professional associations, academia, not for profit advocacy organisations.

- **Routine operational costs:** Ongoing, recurrent expenses essential for sustaining immunisation programme operations. Examples include costs such as salaries for long-term staff positions, fuel, maintenance, utilities, and consumable supplies.

4. Principles

4.1. The following principles guide the application of this policy:

4.1.1. **Country-led, sustainable:** Gavi's support is designed to strengthen country ownership and engage governments to sustainably deliver and finance immunisation as a part of Primary Health Care (PHC) systems. Support is linked to a countries' ability to pay, catalytic and time-limited, and intended to incentivise domestic investments in immunisation and delivery. It does not replace government funding and complements support from other

partners. Gavi will prioritise the use of country systems to channel the support, which must be aligned with Gavi's five-year strategy priorities and national priorities as outlined in national immunisation and health sector strategic plans.

4.1.2. **Equity:** Gavi support is designed to promote equity in access to immunisation by supporting the introduction of new vaccines (inter-country equity) and by helping countries sustainably extend the reach of their programmes to zero dose children and missed communities along the life course (intra-country equity).

4.1.3. **Differentiated, transparent and predictable:** The use of Gavi support is differentiated to meet the needs of countries as they change over time. Transparency and predictability guide the allocation of the HSIS support, enabling countries to plan effectively and achieve operational and financial efficiencies.

A. HSIS support to countries in initial self-financing, preparatory transition and accelerated transition phases

5. Allocation of funds to countries

5.1. Gavi allocates funding to countries through the HSIS support as a consolidated cash amount at the beginning of the strategic period, to support health systems strengthening, technical assistance and vaccine implementation support.

5.2. The HSIS support enables countries to strengthen and sustain immunisation systems, supporting the introduction and routine delivery of vaccines to all who need them, aligned with national Primary Health Care (PHC) approaches and Gavi's five-year strategy and its Health Systems Strategy.

5.3. Each country's total HSIS support is determined through a combination of a base allocation and funds to support vaccine implementation needs.

5.4. **Base allocation:** Gavi allocates a portion of the HSIS support to countries for the duration of the strategic period using a formula, designed to prioritise support to the lowest-income countries and those with the highest number of zero-dose and under-immunised children, based on the following parameters.

5.4.1. Financial indicator:

- **Ability to pay**, measured by the Gross National Income (GNI) per capita as defined by the World Bank, calculated using the Atlas method[4];

5.4.2. Performance indicators:

- **Equity of immunisation (intra-country equity)**, measured by the number of children missing the first dose of diphtheria, tetanus and pertussis containing vaccines (DTP1)[5], the zero-dose children.

- **Strength of routine infant immunisation programme**, measured by the number of children missing the third dose of diphtheria, tetanus and

[4] Gross National Income per capita (GNI p.c.): In the HSIS allocation formula, GNI per capita is scaled to the birth cohort to align income measures with the size of the target immunisation population. In cases where the most recent available GNI per capita data is not available, the median GNI per capita for countries within the same transition segment is applied.
[5] Estimates for DTP1, DTP3, MCV1 and MCV2 are sourced from the WHO/UNICEF Estimates of National Immunisation Coverage (WUENIC): https://immunizationdata.who.int.

pertussis containing vaccines (DTP3); and

- **Strength of the second year of life programme to fully immunise children** through the second year of life (2YL), measured by the number of children missing the second dose of measles containing vaccine (MCV2)[6].

5.4.3. The formula uses three-year rolling averages for all indicators and assigns weighting as 50% for GNI per capita and 50% for performance indicators (number of children missing DTP1, DTP3, and MCV2) to balance support for countries based on both their financial capacity and immunisation performance[7].

5.4.4. Recognising the increased costs associated with reaching children in fragile settings, countries classified as facing chronic fragility per Gavi's Fragility, Emergencies and Displaced Populations (FED) policy receive an additional 10% of funding towards the base allocation.

5.4.5. For the base allocation, a minimum of US$ 5 million is allocated to each country for the 5-year period regardless of the size of the country, and a maximum of US$ 120 million.

5.4.6. Manual adjustments to country allocations can be made by the Secretariat to account for special circumstances.

5.5. **Funds to support Vaccine implementation need:** On top of the base allocation, funding for vaccine implementation support is added to the HSIS support at the start of the strategic period as follows:

5.5.1.1. Funding for vaccine introductions, preventive campaigns and planned vaccine switches for vaccine programmes in scope of a country's guaranteed vaccine budget (as defined in the Vaccine Budget policy) is based on Gavi's latest financial forecast[8] at the time.

5.5.1.2. This funding is conditional on the corresponding guaranteed vaccine activities taking place. Where countries do not proceed with these activities, the associated funding will not be disbursed. If the activity proceeds, funding remains fungible in line with country priorities, subject to the guardrails set out in this policy.

5.5.2. Funding for vaccine introductions, preventive campaigns and planned vaccine switches for vaccine programmes in scope of a country's discretionary vaccine budget (as defined in the Vaccine Budget policy) is allocated from the funding remaining after amounts for guaranteed programmes are allocated. This funding is allocated on a proportional basis, reflecting each country's share of discretionary vaccine budget available for new activities[9] at the start of the strategic period, and applying that share to the remaining support for discretionary vaccine

[6] For countries that have introduced MCV2 in the three preceding years, the number of children not immunised with MCV2, as estimated by WUENIC, is used. For countries that have not introduced MCV2, the number of children in the second year of life who were not reached with MCV1 is used as a proxy.
[7] For the GNI indicator, the relationship is inverse, e.g. the lower the GNI pc, the higher the share of the funds. For performance indicators, Gavi uses absolute numbers of un- and under-immunised children, hence the higher the absolute number, the higher the share of the funds.
[8] Support is calculated on a dollar per child amount for each forecasted introduction, campaign and switch https://www.gavi.org/our-alliance/market-shaping/vaccine-demand-forecasting
[9] New activities" refers to discretionary vaccine budget remaining after accounting for resources required to support existing routine programmes

implementation.

5.5.3. Where vaccine implementation support allocated through the approach described in Section 5.5.3 would exceed needs (e.g. if available funding to support new activities within discretionary vaccine budgets is marginal), it may be held centrally and allocated by Gavi Secretariat to all countries through periodic reallocations of HSIS support.

5.6. This methodology determines each country's allocation for HSIS support. Countries have the flexibility to programme their allocation holistically and with fungibility, aligned with their national needs and priorities, Gavi's five-year strategy and its Health System Strategy.

5.7. **Guardrails**: This flexibility is subject to three guardrails, which must be respected. Guardrail amounts are communicated to countries at the same time as their allocation for HSIS support. Any exceptions to these guardrails require approval by the Gavi Secretariat.

5.7.1. **Civil Society Organisations:** Countries must allocate at least 10% of their HSIS support to CSOs to implement equity- focused interventions that improve immunisation coverage in missed and underserved communities. Any deviation from this requirement must be robustly justified based on country context. Where justification is insufficient, Gavi will engage with the country to ensure alignment with minimum allocation requirement. Countries in fragile and humanitarian setting are encouraged to allocate higher shares aligned with national priorities and programme needs.

5.7.2. **Cold Chain Equipment (CCE**): Countries must meet a minimum level of investment in CCE, referred to as CCE minimum floor, to ensure adequate vaccine storage and delivery capacity. The CCE minimum floor is estimated by Gavi, at the start of the strategic period, based on country-specific CCE needs, informed by latest available inventories and gap analysis conducted at country level by countries and partners. Countries may request an investment below the indicated CCE minimum floor, subject to adequate justification of reduced needs (for example, where those are met through domestic or other non-Gavi donor funding based on updated CCE inventory and gap analyses).

5.7.3. **Measles/Measles Rubella (M/MR) follow up campaigns:** Countries must plan for M/MR follow-up campaign implementation targeting children aged 6/9-59 months within the funding range communicated by Gavi[10], to maintain population immunity and prevent the accumulation of susceptible children.

5.7.3.1. Measles/measles-rubella follow-up campaigns should be planned in accordance with WHO guidance on inter-campaign intervals, and the country's measles immunity profile. For countries introducing rubella with a wide age MR catch-up campaign, timing should align with measles follow-up activities.

5.7.3.2. Guardrailed funding may be used to support the 6/9–59-month cohort within MR catch up campaigns. Countries planning M/MR campaigns targeting populations older than 59 months should prioritise financing from within their HSIS support or other non-Gavi/domestic resources, in line with programme priorities and

[10] The range is calculated on a dollar per child amount for each forecasted campaign.

epidemiological need.

5.7.3.3. Where appropriate, guardrailed funds may support delivery approaches for routine immunisation strengthening that deliver measles containing vaccines for the 6/9–59-month age group, such as subnational campaigns or integrated routine enhancing activities.

5.7.3.4. Adjustments to the use of the guardrailed allocation may be made only where justified, based on programme and epidemiological need.

6. Use of funds

6.1. Countries should use the HSIS support as a single integrated source of funding, to support health system and immunisation strengthening needs, including vaccine implementation needs, in-country technical assistance and broader PHC investments, where these contribute to immunisation objectives. Countries should plan the use of HSIS support holistically alongside their Vaccine Budgets and other resources, aligning investments with national priorities, programmatic needs and Gavi's strategic objectives

6.2. Gavi will support countries to invest across eight investment areas spanning the health system building blocks[11] including investments in catalytic and targeted flagship interventions as outlined in the Health Systems Strategy.

6.3. Countries are strongly encouraged to integrate preventive campaigns, to improve efficiencies, ensure a holistic approach between routine immunisation and supplemental immunisation activities and to minimise the number of stand-alone campaigns.

6.4. Countries should also use the HSIS support to obtain technical assistance according to their needs from Alliance core partners[12], other in-country partners, civil society partners and the private sector, and, in coordination with existing in-country technical assistance for health. Separately from HSIS support, the Foundational Fund provides funding to WHO and UNICEF, and where contextually appropriate, other partners, to provide countries with long-term support for foundational immunisation functions.

6.5. Countries may apply for HSIS support once per Gavi strategic period, through the country application for all Gavi support. Applications must be submitted within the first two years of the strategic period and should cover the full strategic period. Approved funds are disbursed in tranches based on agreed planned activities and may be reprogrammed in line with Gavi's Funding Guidelines.

6.6. Countries are restricted from using the funds to purchase vaccines and associated devices, medicines, and non-prequalified CCE.

7. Transition and sustainability

7.1. To promote long-term programmatic sustainability, Gavi progressively shifts responsibility for financing key components of health systems to countries as they

[11] Service delivery, demand generation, human resources for health, supply chain, data and digitally enabled information systems, governance leadership and management, health financing, and vaccine-preventable disease surveillance.
[12] Comprises Alliance core partners, UNICEF, WHO, and World Bank

progress along the transition pathway, as defined by the Eligibility and Transition Policy. This includes support for **routine operational costs**, as defined in section 3, and Cold Chain Equipment (CCE), with differentiated rules for Gavi support based on a country's transition status.

7.2. Starting in the Preparatory Transition phase, Gavi will introduce limits on support for selected routine operational cost categories, with support gradually declining further as countries move into Accelerated Transition phase. These limits will be applied as thresholds, with flexibility for time limited exceptions, where appropriate. The specific cost categories considered can be found in Gavi's Funding Guidelines.

7.3. In addition to Gavi's vaccine co-financing requirements[13], countries are required to make domestic investments in CCE throughout the five-year Gavi strategic cycle, termed as **CCE country joint investment**, with the objective of facilitating the mobilisation and sustaining of domestic financing for CCE introduced with Gavi support.

7.3.1. The CCE country joint investment is proportional to the value of quality-assured CCE, and associated services procured through the HSIS support. The joint investment rate is tiered by transition status at submission of the country application: 10% for initial self-financing, 20% for preparatory transition and 35% for accelerated transition countries.

7.3.2. Countries are restricted from using Gavi funds for their CCE country joint investment. Where it is not feasible to commit domestic funds, countries may use other external funding.

7.3.3. Countries may fulfil the CCE country joint investment either through annual repayments or by paying the full amount upfront. Where a country opts to pay upfront, the joint investment must be fulfilled in advance of procurement. Where a country that selects annual repayments does not meet the requirement within the agreed timeline, Gavi may reduce the country's next cash disbursement by an amount equal to twice the outstanding CCE country joint investment.

7.3.4. A country may be exempted from the CCE country joint investment requirement described above in exceptional circumstances in alignment with the Gavi FED Policy and under specific circumstances described in the Vaccine Co-financing Policy as determined by the Gavi Secretariat.

B. Gavi support in the Catalytic Phase

8. Gavi support to catalytic phase countries

8.1. Gavi's HSIS support to countries in the catalytic phase promotes sustainable and equitable introduction of high impact vaccines through the funding of in-country technical assistance (TA) and one-off costs (OOC)[14] directly related to the introduction. Countries can also benefit from TA for vaccine optimisation and switches, while former-Gavi eligible countries can also receive OOC to support their implementation.

8.2. Countries in the catalytic phase can also be supported by Gavi-funded multi-

[13] Gavi Vaccine Co-financing policy- https://www.gavi.org/partner-countries/programmatic-policies
[14] One-off costs (OOC) are support for non-recurrent expenditures associated with the sustainable and equitable introduction of new vaccines.

country TA and peer-learning initiatives at the regional and global level contributing to the catalytic phase specific objective outlined in 8.1.

8.3. The extent and duration depend on the approval of a needs-based support request submitted by the country and is time-limited, as guided by Gavi's Funding Guidelines.

8.4. Further details on the catalytic phase, including vaccine support for introductions (i.e., vaccine catalytic funding), are outlined defined in the Eligibility and Transition Policy and Gavi's Funding Framework.

C. Guideline, compliance and exceptions

9. Implementation and compliance

9.1. Detailed guidelines regarding the recommended programming and use of funds can be found in Gavi's Funding Guidelines.

9.2. Monitoring of this policy is outlined in Annex A to the Framework for Gavi Funding to countries document and describes the relevant indicators that are reported on annually as part of Gavi's 6.0 Measurement Framework.

9.3. Continued disbursement of funds is dependent on countries utilising funds already disbursed and upon submission of relevant programmatic and financial reports, external audits and compliance with appropriate legal frameworks, other Gavi policies, including the risk policy, and as outlined in Gavi's Funding Guidelines, Partnership framework agreements and legal agreements.

10. Exceptions

10.1. Exceptions are governed by the Fragility, Emergencies and Displaced Populations (FED) Policy or unless otherwise specified above, require approval by the Gavi Board.

11. Timeline for Implementation and review

11.1. This policy comes into effect on 3 July 2026 and replaces the Health System and Immunisation Strengthening Policy approved by the Board in July 2025.

11.2. This policy will be reviewed and updated as and when required. Any amendments to this policy are subject to Gavi Board approval.