## DOCUMENT ADMINISTRATION

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Approved by: Gavi Alliance Board

Effective from: 1 January 2013
Effective from: 1 July 2017

Next review: At the request of the Board
1. **Policy purpose**

1.1. This policy contains prioritisation criteria for identifying a sub-set of Gavi countries affected by fragility as per international standards. It provides guidance on flexibilities in applying certain Board-approved policies and processes to adapt to the local context, in order to increase the effectiveness of support towards equitable access to immunisation.

1.2. This policy also details flexibilities that can be extended in the case of an emergency and for Gavi-supported countries hosting refugees.

2. **Key principles**

2.1. Gavi’s approach in these settings is guided by the following principles:

- **Transparency**: Gavi applies objective and transparent criteria to identify countries facing fragility as defined in section 5, while assessing emergencies and situations of refugees on a case-by-case basis, acknowledging that any categorisation must be treated flexibly.

- **Prioritisation**: countries that face fragility are prioritised for Alliance-wide engagement recognising that these countries need stronger and more sustained dialogue, increased planning and implementation support and regular review and monitoring.

- **Flexibility**: Gavi recognises that its standard policies and processes may need adaptation to effectively and swiftly respond to special needs in these settings. Such flexibilities are adapted to the local context and may sometimes involve a temporary departure from the principles underpinning Gavi’s general approach.

- **Resilience**: while recognising the need to adjust support and support modalities to respond to an emergency, where feasible, Gavi seeks to maintain a longer-term perspective and focus on building resilience of systems and, ultimately, transition readiness, in line with its comparative advantage.

- **Complementarity**: Gavi funding and activities are intended to complement – and not replace or duplicate – the funding and activities of individual Alliance partners and other actors operating in these settings.

- **Coordination**: the Alliance seeks to coordinate, consult and share information with the national government, other in-country partners and international partners including humanitarian actors.

- **A higher risk appetite**: Gavi recognises and accepts that its engagement in fragile settings, emergencies and situations involving refugees, exposes the Alliance to higher levels of risk, including fiduciary risk, operational risk (e.g. security of personnel), and programmatic risk (e.g. value for money and sustainability). Operating in such environments may therefore come with increased cost of risk management and mitigation and may also require a higher risk appetite where it may not be possible to fully mitigate the risks required to engage in these settings.

- **Humanitarian principles**: Gavi recognises the importance of the neutrality, independence and impartiality of humanitarian actors operating in conflict situations.

- **Gender lens**: cognizant that gender inequities can be exacerbated in fragile and emergency settings, and that gender-sensitive approaches are expected
to increase the effectiveness of programmes implemented in these settings, Gavi underscores the importance of a gender lens in the design and implementation of immunisation services. Guidance on gender-sensitive approaches in these settings will be sought from Alliance partners with expertise in this area.

3. **Scope**

3.1. This policy applies to Gavi-supported countries (Low-Income, Phase 1 and Phase 2 as per the Eligibility & Transition Policy) that are faced with:

   a) **Fragility:** this concerns a sub-set of Gavi countries affected by fragility as per international classifications and identified on an annual basis (see section 5).

   b) **Emergencies:** this concerns more unexpected, sudden situations/events (see section 6).

   c) **Refugees:** this concerns Gavi-supported countries hosting refugees (see section 7).

3.2. Unless explicitly stated in this Policy, it does not cover flexibilities in the Eligibility & Transition and Co-Financing Policies, which remain subject to Board approval.

4. **Decision-making and reporting**

4.1. Flexibilities may be of programmatic, administrative or financial nature as outlined below. All flexibilities with financial implications are subject to CEO approval taking into account recommendations from the Independent Review Committee, High Level Review Panel or the appropriate Alliance coordination body, as relevant, provided that sufficient funds are available in the envelope that the Board has approved in accordance with the programme funding policy. Any request that involves programme expenditures not covered under Board-approved envelopes is decided on by the Gavi Alliance Board.

4.2. The Secretariat in consultation with partners will review and approve flexibilities in Board-approved policies without financial implications.

4.3. The Secretariat shall document all extended flexibilities and related approval processes. Approved flexibilities to Board-approved Policies are reported to the Board.

5. **Fragility**

**Classification**

5.1. Countries facing fragility may have special needs requiring tailored approaches that involve flexibilities in Board-approved policies. Fragility-related challenges vary and can include weak government institutions, economic instability, and internal displacement of people, amongst other things.

5.2. Once per year, Gavi reviews the following officially published lists to identify a sub-set of the countries it supports that meet the criteria for facing ‘fragility’ for the purpose of this policy:

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1 The timing of Gavi’s review is aligned with the timing of annual updates to the three lists.
- Fund for Peace Fragile States Index\(^2\): top two categories (‘very high alert’ and ‘high alert’)
- OECD States of Fragility\(^3\): top category (‘extremely fragile’)
- World Bank harmonised list of fragile situations\(^4\)

5.3. The following countries classify as facing ‘fragility’ for the purpose of this policy:
   a) Low-Income Countries and Phase 1 Countries that feature on at least two of the three lists within the categories indicated;
   b) Phase 2 Countries that feature on at least one of the three lists within the categories indicated.

5.4. For other countries facing special challenges, including at the sub-national level, Gavi’s country-centric model\(^5\) serves as the mechanism to address such challenges through tailored and targeted approaches. In exceptional cases where this is not sufficient to ensure progress, flexibilities under this policy may be considered if there is a compelling justification. Any such flexibilities granted to countries not classified as per section 5.3 will be reported to the Board.

**Flexibilities**

5.5. When a country is classified as facing fragility in accordance with this Policy, this entails the start of a dialogue; flexibilities are not automatically applied. In order to identify and respond to fragility-related challenges in the country, the Gavi Secretariat will prioritise resources at the Secretariat and allocate additional technical assistance funding through the Partners’ Engagement Framework (PEF). Such additional technical assistance will be in accordance with provisions for PEF Tier 2 countries, if such countries are not already included in PEF Tier 1 or Tier 2.

5.6. The Gavi Secretariat coordinates closely with the government, Alliance and other partners in determining the best way to engage in fragile settings ensuring adherence to best practice principles, such as those outlined in the New Deal for Effective Engagement in Fragile States of the OECD Development Assistance Committee\(^6\).

5.7. Flexibilities are pro-actively explored and could include - but are not restricted to:
   a) Flexibilities in Gavi’s application, monitoring and reporting requirements and processes as approved by the Board (e.g. shorter planning horizons, adjusted data requirements, in-country independent reviews\(^7\));

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\(^2\) http://fsi.fundforpeace.org/
\(^5\) This includes the Partners’ Engagement Framework, Country Engagement Framework and the emphasis under the new health systems and immunisation strengthening policy on prioritising low coverage / challenging geographies and populations for increased attention
\(^6\) http://www.oecd.org/dac/governance-peace/conflictfragilityandresilience/iefs.htm
\(^7\) This is expected to be increasingly common in the implementation of the Country Engagement Framework (CEF).
b) Flexibilities in the implementation of Health System and Immunisation Strengthening (HSIS)\(^8\) support such as alternative use of funding (outside of the guidance provided in the HSIS framework) or a bridge grant to meet immediate needs between two HSS grants (i.e. additional funds up to the annual ceiling);

c) Flexibilities in the eligibility criteria for the Performance Based Funding (PBF) component of an HSS grant;

d) In exceptional circumstances where the government and Alliance partners are unable to deliver immunisation services in certain areas or populations, Gavi may provide vaccine support and related operational cost support through non-state actors including civil society organisations (CSOs), in full disclosure to the government, taking into account risk and other implications for the relevant actor. As needed, support could be provided for a broader age and/or antigen range for these populations, in line with the WHO Framework for Decision-Making on Vaccination in Acute Humanitarian Emergencies. Any such engagement will be implemented in close coordination with existing humanitarian mechanisms and in alignment with any existing humanitarian response plan. Relevant criteria and related processes are specified in Operational Guidelines.

5.8. Fragility-related challenges and necessary flexibilities are identified through regular mechanisms of planning and monitoring, including through the Joint Appraisal (JA) process and ongoing dialogue between the government, the Gavi Secretariat, Alliance partners and other relevant in-country partners, including the Humanitarian Country Team and relevant coordination mechanisms such as the Health Cluster and Coordinated Appeal Process.

5.9. If a country in Phase 2\(^9\) is identified as facing fragility with sustainability concerns, the Board may wish to consider flexibilities beyond the scope of this policy. In such a case the Secretariat will present options to the Gavi Alliance Board for consideration.

6. Emergencies

6.1. An emergency can be described as a serious, unexpected and often dangerous situation that causes great damage and/or economic loss and/or loss of life and increases the risk of morbidity and injury. Emergencies can be natural or man-made. Some emergencies have rapid onset (e.g. an earthquake) while others have a slow onset (droughts) and they may last for a longer period of time (e.g. armed conflict, economic crises). Regardless of the nature of the emergency recovery may take a considerable period of time.

6.2. Due to the dynamic nature of emergencies that may affect Gavi-supported countries, Gavi does not use definitive inclusion criteria, but will use WHO and UN classifications as reference points and early warning signs. An emergency may prevent a country from accessing or implementing already existing Gavi support and/or threaten already attained immunisation achievements. Flexibilities related to special needs arising from an emergency are considered by the Gavi Secretariat

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\(^8\) Under the CEF, there will be more continuous adaptation of HSS plans

\(^9\) The final five years following a country’s surpassing of the eligibility threshold during which Gavi support is phased out.
in response to a request by the government or an Alliance partner as and when an emergency event occurs.

6.3. Flexibilities may include any of those outlined in section 5.7. Additionally, flexibilities in case of an emergency could include - but are not restricted to the following:

a) Governments or Alliance partners on behalf of the country can request additional Gavi-supported vaccines in case vaccines have been destroyed or to cover an expanded age range in the target population for immunisation. They can also request programmatic adjustments (e.g. emergency vaccination campaigns to supplement routine delivery) and related support (section 6.3 d). All vaccination interventions during an emergency must follow WHO’s Framework for Decision-Making on Immunisation in Acute Humanitarian Emergencies;

b) Gavi may accept new vaccine support (NVS) applications from Gavi-supported countries whose DTP3 coverage has dropped below the eligibility threshold due to an emergency, provided that the country can reliably demonstrate that coverage rates are likely to recover in the post-emergency period;

c) Additional HSS support of up to 50% beyond the country allocation may be requested to support recovery/rebuilding of systems after an emergency event with due consideration for implementation feasibility of additional investments;

d) Governments can request support for additional operational costs of implementing routine immunisation through alternative modalities during the emergency (e.g. delivering routine immunisation through campaigns, section 6.3 a);

e) Governments experiencing an emergency can request additional technical assistance through the PEF, as needed.

6.4. Emergency-related flexibilities are normally granted for a period of one year. If the situation persists, any need for an extension of flexibilities into the following year may be identified through the Joint Appraisal process and in consultation with relevant humanitarian partners, and is reviewed and approved in accordance with section 4 of this policy.

6.5. Gavi funding shall complement funding from individual Alliance partners and other humanitarian response actors and not replace it. Any Gavi-funded activities should be coordinated with the humanitarian response coordination mechanism. The response should align with any existing humanitarian response plan.

6.6. In certain circumstances, vaccine support to CSOs as per section 5.7 d) may not be possible or CSOs may wish to procure vaccines in humanitarian emergency settings in countries outside of Gavi’s mandate. While acknowledging contractual constraints, Gavi’s principle of working through governments, and its mandate

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10 Any Gavi country experiencing an outbreak of disease for which Gavi supports an emergency vaccine stockpile (i.e., cholera, yellow fever, meningitis) may access such vaccines in line with the International Coordination Group (ICG) request and review processes.
specific to Gavi countries, Gavi will advocate for mechanisms to facilitate CSO procurement of vaccines in line with the WHO Framework for Decision-Making on Immunisation in Acute Humanitarian Emergencies.

6.7. Following an emergency, a government may experience challenges in meeting its co-financing requirements which may lead it to request a waiver in the year of the requirement or in the first year of default (i.e. before sanctions would apply as per the Co-Financing Policy). Such requests are reviewed by the PPC and decided upon by the Board.

7. **Refugees**

7.1. This section concerns refugees\(^{11}\); people fleeing conflict or persecution across an international border, hosted by a Gavi-supported country.

7.2. Refugees have the right to health services under international human rights and refugee law and accordingly Gavi encourages governments to ensure comprehensive and sustainable immunisation of refugees.

7.3. The following flexibilities may be granted, as needed, and based on verified refugee population numbers:

   a) Gavi-supported countries hosting refugees may request additional vaccine quantities of already approved vaccine support to cater for a sudden influx of refugees, or use buffer doses and request Gavi replenishment of these doses, as relevant, if this need is not covered under the general humanitarian response funded by other donors.

   b) Governments may request Gavi support for a broader age and/or antigen range for these populations, in line with the WHO Framework for Decision-Making on Vaccination in Acute Humanitarian Emergencies.

   c) Governments are encouraged to co-finance all doses. In exceptional circumstances, where it promotes integration by the government of refugees into national planning processes, and where other partners are unable to co-finance in lieu of the government, the CEO may temporarily waive co-financing on these doses.

7.4. In cases where a government is unable to include immunisation of refugees in the national programme, Gavi, in consultation with the government, may exceptionally fund Alliance partners to provide Gavi-supported vaccines to refugees in Gavi-supported countries. Immunisation services for refugees must be planned and implemented with due consideration for host communities. Cost-sharing arrangements for such support to Alliance partners will be determined on a case-by-case basis, ensuring complementarity with other (humanitarian) funding.

7.5. In recognition of the fact that the provision of immunisation services to refugees can have additional delivery cost implications, governments or partner organisations implementing immunisation services with Gavi-funded vaccines may

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\(^{11}\) Under international law, a person is considered a refugee as soon as they meet the relevant criteria, regardless of whether or not they have received formal recognition as a refugee. A person does not become a refugee because of recognition, but rather is recognised because they are a refugee. This document is therefore equally applicable to asylum seekers.
be granted limited and reasonable additional support for operational costs, provided such support is not available from humanitarian partners in the country.

8. **Review of the Policy**

8.1. Implementation of the policy will be monitored and the policy will be reviewed at the request of the Board in light of findings.