Funding policies are largely fit for purpose with some areas of improvement

<table>
<thead>
<tr>
<th>Eligibility &amp; Transition Policy</th>
<th>Co-financing Policy</th>
<th>HSIS Support Framework</th>
</tr>
</thead>
<tbody>
<tr>
<td>Countries transitioned</td>
<td>$1B+</td>
<td>On-track HSS disbursement</td>
</tr>
<tr>
<td>15</td>
<td>Co-financing</td>
<td>$1.3B</td>
</tr>
<tr>
<td>Transitioned countries</td>
<td>for routine vaccines</td>
<td></td>
</tr>
<tr>
<td>sustained &gt;90%, or not</td>
<td>3</td>
<td>Grants with</td>
</tr>
<tr>
<td>decreased DTP3 coverage</td>
<td>Defaulting</td>
<td>targets on</td>
</tr>
<tr>
<td>14</td>
<td>countries in</td>
<td>low coverage</td>
</tr>
<tr>
<td></td>
<td>2018 (17 in 2014)</td>
<td>communities</td>
</tr>
</tbody>
</table>

Key successes in 4.0

- 15 Countries transitioned
- 14 Transitioned countries sustained >90%, or not decreased DTP3 coverage
- 3 Defaulting countries in 2018 (17 in 2014)
- $1B+ Co-financing for routine vaccines
- $1.3B On-track HSS disbursement
- ~75% Grants with targets on low coverage communities
- >90 Countries conducted preventive and periodic campaigns
- 45 Vaccine introductions

Key strategic shifts in 5.0 and lessons learned from 4.0

- Equity
- Programmatic sustainability
- Differentiation and tailoring
- Simplification and country ownership
Funding Policy Review timeline and process

- **Decision / guidance on policy shifts**
  - PPC
  - Board
  - SC Mtg 1
  - SC Mtg 2

- **Decision on final policy/ies and M&E framework**
  - PPC Board
  - SC Mtg 3

- **Benchmarking**
- **External evaluation**
- **Stakeholder consultations**
- **Analyses**

- **Communication and preparation for implementation in 2021**

**Board Meeting**
4-5 December 2019
**Equity and programmatic sustainability**

- All policy shifts reinforce Gavi 5.0 goals of equity and programmatic sustainability

### Key strategic shifts in 5.0 and lessons learned from 4.0

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#### Equity
- Use latest GNI p.c. to determine countries (re)gaining eligibility
- Include zero-dose in HSS allocation formula and remove cap
- Incentivise broader strategies to reach zero-dose children

#### Programmatic sustainability
- Tailor duration of accelerated transition to mitigate risk of unsuccessful transition

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*Board Meeting*

4-5 December 2019
Differentiation and tailoring

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<tr>
<td>Differentiation and tailoring</td>
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<tr>
<td>Remove generic programme filter</td>
<td>Apply co-financing flexibilities for humanitarian emergencies</td>
</tr>
<tr>
<td>Apply co-financing flexibilities for countries in fiscal distress</td>
<td>Remove generic performance-based funding approach</td>
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For decision | For guidance (from PPC)
### Simplification and country ownership

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- **Simplification and country ownership**
  - Calculate co-financing as a share of doses
  - Integrate HSIS funding windows, including CCEOP

- **For decision**
- **For guidance (from PPC)**
Recommendation (1/3)

The Gavi Alliance Programme and Policy Committee recommends to the Gavi Alliance Board that it approve the following, which will be incorporated into Gavi’s policies in June 2020:

a) using the latest point estimate of GNI per capita alongside the average GNI per capita over the past three years to determine countries’ eligibility for support; and for countries (re)gaining eligibility, adoption of a tailored approach based on the country context;

b) adoption of an approach to tailor the accelerated transition phase as described in Annex B to Doc 09;

c) removing the programme filter requiring 70% or higher coverage of the 3rd dose of DTP-containing vaccine for a country to access new support for select vaccines (as set out in the Eligibility & Transition Policy);
Recommendation (2/3)

d) calculating vaccine co-financing for all countries based on the share of doses needed by a country;

e) adopting an approach to apply co-financing flexibilities as described in Annex B to Doc 09, in countries facing severe fiscal distress and countries facing a humanitarian crisis;
Recommendation (3/3)

f) allocating HSS resources according to four criteria: **equity** (number of zero-dose children), **coverage** (number of underimmunised children), **ability to pay** (GNI pc), and **population in need** (birth cohort), with all four criteria equally weighted;

g) removing the **cap** of US$ 100 million over five years currently applied to total country HSS ceilings, but retaining the floor of US$ 3 million;

h) **integrating** support for CCEOP into HSS support; and

i) discontinuing the mechanism of awarding **Performance Payments** (as set out in the HSIS Support Framework).
THANK YOU