

# HEALTH AID in TRANSITION

A Review of Gavi, the Vaccine Alliance



— THE CENTER FOR —  
**POLICY IMPACT IN**  
**GLOBAL HEALTH**

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## Summary

1. Gavi, the Vaccine Alliance (Gavi) has a clear Eligibility and Transition Policy. Eligibility is determined using the World Bank's estimate of gross national income per capita (GNI p.c.).
2. Gavi's Co-financing Policy is used to determine how much countries will contribute to the cost of Gavi-supported vaccines. Gavi's aim is to support countries based on their ability to pay. A country's co-financing responsibility gradually increases as its GNI p.c. increases.
3. Gavi has four phases of transition: initial self-financing, preparatory transition, accelerated transition, and fully self-financing. A country is considered transitioning when it begins the accelerated transition phase, and is considered transitioned when it reaches the fully self-financing stage. The goal of these four phases is to help promote financial sustainability through a gradual reduction of Gavi financial support paired with a gradual increase of domestic resources.
4. By 2021, *eighteen* countries are projected to transition out of Gavi support. As of 2019, *six* countries are in the accelerated Gavi transition phase. Another *six* countries are projected to enter the accelerated transition phase between 2021-2025.
5. Gavi provides both financial and technical support during and after a country's transition via transition grants, targeted country assistance, and post-transition technical support.

## Overview

Gavi is an international alliance that seeks to create equal access to new and underused vaccines for children living in the world's poorest countries.<sup>1</sup> Key partners in this alliance include developing country and donor governments, private sector philanthropists, vaccine manufacturers, research and technical institutes, civil society organizations, and multilateral organizations. The Gavi Board, composed of 28 members representing public and private stakeholders, is responsible for providing strategic direction and policymaking.<sup>2</sup> The Gavi Secretariat is responsible for the daily operations of the organization. Through the joint efforts of its partners, Gavi has helped provide routine vaccination programs and introduce new vaccines globally.<sup>3</sup> Gavi also supports vaccine delivery systems,

health systems strengthening (HSS), and civil society development.

Gavi's strategic goals and priorities are identified in five-year strategy period increments. The four strategic goals of the Gavi 2016-2020 strategy are: (i) acceleration of equitable vaccine uptake and coverage, (ii) increased effectiveness and efficient immunization delivery, (iii) improved sustainability of national immunization programs, and (iv) market shaping for vaccine and other immunization products.<sup>4</sup> Gavi's strategy also identifies four "strategic enablers" that are crucial for achieving its mission: in-country leadership; management and coordination; advocacy; and resource mobilization and monitoring and evaluation.



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Gavi raises its funds through replenishment pledging conferences, which generate funding for the upcoming five-year strategy period. Since Gavi's launch, it has received US\$20.8 billion from donors. Direct contributions and innovative finance have accounted for 78% and 22% of total Gavi funding, respectively.<sup>5</sup> About four-fifths (79%) of Gavi funding comes from governments while around one-fifth (21%) comes from the private sector.<sup>6</sup> The United Kingdom (UK), the Bill & Melinda Gates Foundation, and Norway are the three largest Gavi donors. The UK will host the third Gavi replenishment pledging conference in 2020, which will raise funds for the 2021–2025 program period.<sup>7</sup>

## Key Policies Related to Transition

Two policies govern Gavi's transition approach: the **Eligibility and Transition Policy**<sup>8</sup> and the **Co-financing Policy**.<sup>9</sup> The Eligibility and Transition Policy outlines (a) the criteria a country must meet to access Gavi's support, and (b) how Gavi's support shifts over time based on a recipient country's gross national income per capita (GNI p.c.). The Co-financing Policy outlines a country's financial responsibility based on its current phase of support. The ultimate goal of the transition and co-financing process is to ensure financial sustainability of immunization programs

by creating an explicit, predictable pathway for countries to gradually transition away from Gavi support. This inter-linked approach between a country's phase and its co-financing obligations is captured in Figure 1.<sup>10</sup>

## Eligibility and Transition Policy

Gavi's **Eligibility and Transition Policy**, last revised in June 2015, outlines the criteria a country must meet to access Gavi financing.<sup>8</sup> A country's eligibility is based on the World Bank's estimate of GNI p.c., calculated using the Atlas method.<sup>11</sup> During Gavi phase I (2000–2006), 74 countries were eligible to apply for Gavi support based on the GNI p.c. eligibility threshold of US\$1,000 (based on 1998 World Bank data).<sup>12</sup> Gavi's GNI p.c. eligibility threshold was set at US\$1,500 in 2011. The eligibility threshold is revised annually to adjust for inflation.<sup>8</sup> Countries are considered Gavi eligible if their average GNI p.c. over the past three years is equal to or below the current inflation-adjusted threshold amount of US\$1,580. Based on the current GNI p.c. data, 54 countries are projected to remain Gavi eligible by the end of 2020.<sup>12</sup>

The Eligibility and Transition Policy outlines the four phases a country passes through based on explicit GNI p.c. thresholds: **initial self-financing**, **preparatory tran-**

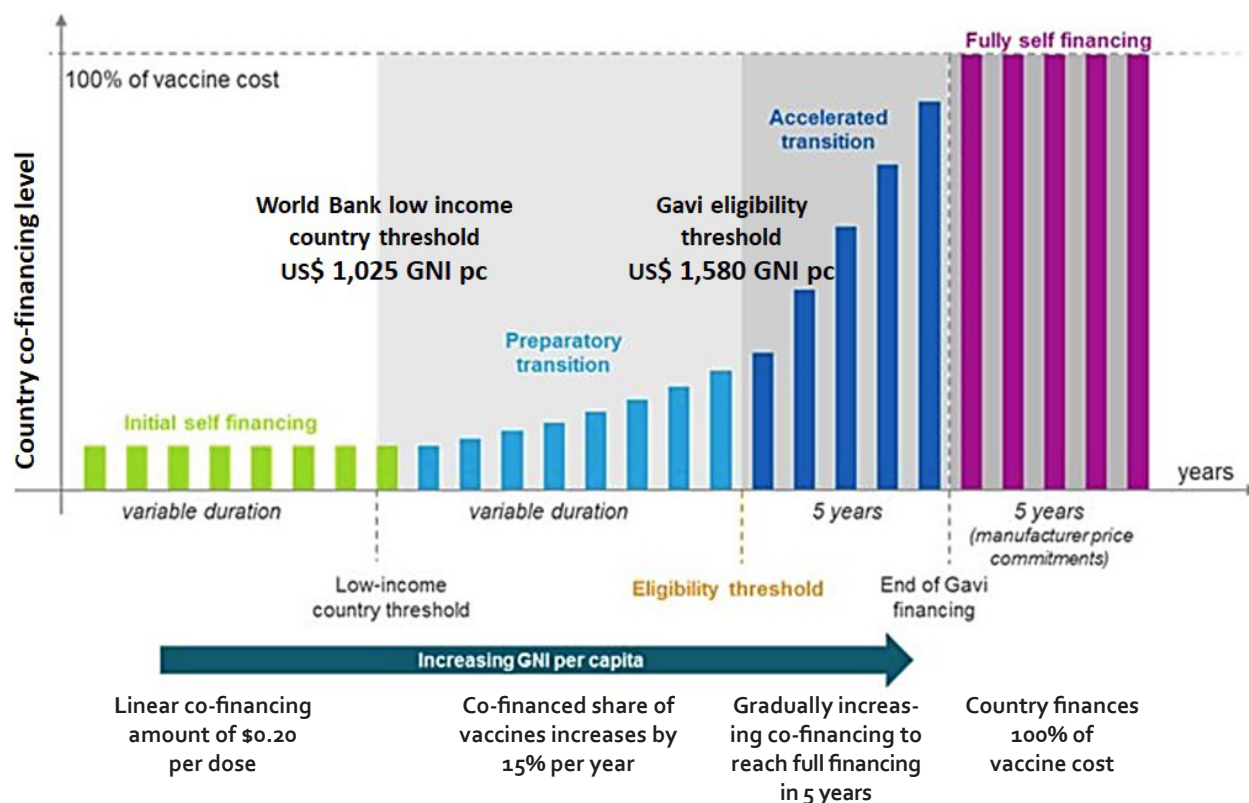


Figure 1: Gavi transition and co-financing approach  
Source: Gavi



sition, accelerated transition, and fully self-financing (Box 1). The goal of these four phases is to support countries based on their ability to pay (i.e., GNI p.c.) and to facilitate a trajectory towards financial sustainability (i.e., by gradually changing co-financing requirements as countries achieve GNI p.c. milestones). A country is considered “transitioning” when it no longer meets the Gavi eligibility criteria (i.e., US\$1,580 GNI p.c.) and therefore enters the accelerated transition phase.

As countries begin to move from preparatory to accelerated transition, Gavi conducts multi-partner **transition assessments** to identify bottlenecks that could negatively influence successful transition out of Gavi financing. Transition assessments are conducted 2-3 years be-

fore a country’s projected transition into the accelerated transition phase. Based on the transition assessment, government-led **transition plans** are formulated to help overcome any identified transition bottlenecks and develop a pathway towards successful transition (i.e., fully self-financing phase). Gavi works closely with countries to address the bottlenecks identified in the transition assessments; this support is available until the end of the accelerated transition phase.<sup>8</sup>

### Co-financing Policy

The latest Co-financing Policy has been in effect since January 1, 2016 and was most recently updated in June 2016.<sup>9</sup> Gavi’s Co-financing Policy lays out guidelines that determine how much countries contribute to the cost of Gavi

Box 1. Transition phases and co-financing requirements

#### 1 Initial self-financing phase

Countries in this phase have a GNI p.c. equal to or below the World Bank low-income country threshold, which is currently US\$1,005. The duration for which a country is in this phase is variable given its dependence on GNI p.c. levels. The country co-financing obligation during this phase is a flat amount of US\$0.20 per dose for any Gavi-supported vaccine that is used for routine immunization. There is no annual increase in a country’s co-financing requirement during this phase.

#### 2 Preparatory transition phase

Countries enter the preparatory transition phase once they surpass the World Bank low-income country GNI p.c. threshold. Countries remain in this phase until their three year average GNI p.c. crosses the Gavi eligibility threshold of US\$1,580. The co-financing requirement for the first year in this phase is equal to the co-financing requirement during the final year of the initial self-financing phase. After the first year in this phase, a country government’s contribution for Gavi-supported vaccines increases by 15% per year. Countries experiencing rapid economic growth may experience a short window of time in the preparatory transition phase, which may jeopardize immunization sustainability. To mitigate such risks, Gavi allows countries to remain in the preparatory transition phase for an additional two years if they encounter one of two scenarios:

1. average GNI p.c. over the past three years is above the US\$1,580 threshold but the country experienced more than a 30% single-year increase in GNI p.c. during the previous five years, or
2. average GNI p.c. over the past three years is above the US\$1,580 threshold but the country experienced more than a 20% single-year increase in GNI p.c. in the previous 5 years and it has a World Health Organization/United Nations Children’s Fund (UNICEF) pentaz3 (3rd dose of pentavalent vaccine) coverage estimate below 90%.

#### 3 Accelerated transition phase

Countries whose average GNI p.c. over the previous three years crosses the Gavi eligibility threshold of US\$1,580 enter the accelerated transition phase and begin to gradually transition out of Gavi support over a five year period. The first year of this phase is called the “grace year”; during this grace year, a country’s co-financing requirement increases at the same rate as it did in the preparatory transition phase (i.e., by 15% per year.) After the grace year (i.e., from year two onward), the co-financing requirement increases gradually to reach 100% of the projected weighted average Gavi vaccine price five years into the future. If a country’s GNI p.c. falls below the eligibility threshold during this phase, a country could regain status as a Gavi-eligible country. Countries can continue to receive vaccine and HSS support from Gavi during this phase.

#### 4 Fully self-financing phase

When a country reaches this phase, it is responsible for 100% of the cost of vaccines and is considered “transitioned.” However, countries can continue to receive vaccine and HSS support from Gavi during this phase. Since 2016, fully self-financing countries have had access to vaccine prices similar to those for Gavi-eligible countries for three vaccines: human papillomavirus, pneumococcal conjugate, and rotavirus. This access has been made possible due to non-binding commitments made in 2015 by three manufacturers—GlaxoSmithKline, Merck, and Pfizer—to provide Gavi prices to post-transition countries for a period of 5-10 years after their transition. Since 2017, post-transition countries have also had access to Gavi prices for the pentavalent vaccine for 5-10 years following their transition. To be eligible for these negotiated prices, all vaccines must be procured through UNICEF.<sup>13</sup>



supported vaccines. Co-financing seeks to enhance country ownership, improve financial sustainability of vaccine financing, and build procurement capacity, to achieve the overarching goal of a smooth transition out of Gavi support (i.e., fully self-financing).<sup>9</sup> The level of co-financing varies depending on a country's transition phase, each of which has a corresponding co-financing obligation (Box 1). Figure 2 shows the total co-financing payments made by countries during the last decade. Between 2008 and 2019, the total amount of co-financing spent on Gavi supported vaccines has increased from US\$21 million to US\$330 million.

## Transition Status

### Previous Transitions

In total, *fifteen* countries have transitioned out of Gavi support: Angola, Armenia, Azerbaijan, Bhutan, Bolivia, Cuba, Georgia, Guyana, Honduras, Indonesia, Kiribati, Mongolia, Republic of Moldova, Sri Lanka, and Timor-Leste.<sup>17</sup>

Prior to the establishment of Gavi's transition policy, support to several countries ended when their GNI p.c. crossed Gavi's maximum eligibility threshold. Support ended for China, Turkmenistan, and Ukraine during Gavi phase II (2007-2010) and Albania and Bosnia & Herzegovina during Gavi phase III (2011-2015).<sup>12</sup> Gavi's exit from these countries without an explicit plan in place was the impetus for establishing the Eligibility and Transition Policy.

## Ongoing Transitions

Gavi updates the eligibility and transition status of countries every July after the World Bank publishes its GNI p.c. data. The latest update is based on July 2019 World Bank GNI p.c. figures.

As of 2019:

- *Fourteen* countries are in the preparatory transition phase: Bangladesh, Cambodia, Cameroon, Côte d'Ivoire, Djibouti, Ghana, Kenya, Kyrgyzstan, Lesotho, Mauritania, Myanmar, Pakistan, Sudan, and Zambia.
- *Nine* countries are currently in the accelerated transition phase: India, Lao PDR, Nicaragua, Nigeria, Papua New Guinea, São Tomé and Príncipe, the Solomon Islands, Uzbekistan, and Vietnam. In 2018, US\$204.5 million was disbursed to these nine countries, amounting to 9% of Gavi's total annual disbursements.<sup>14</sup>

Notably, Nigeria received a 10-year extension on its Gavi co-financing requirement while in the accelerated transition phase. Nigeria is now expected to transition to the fully self-financing phase in 2028.<sup>15</sup> The Gavi Board also approved an extension of Papua New Guinea's transition until 2025.<sup>34</sup>

## Projected Transitions

Gavi's transition projections are based on the annual International Monetary Fund (IMF) forecasts<sup>16</sup> and are subject to change based on future economic outlook.

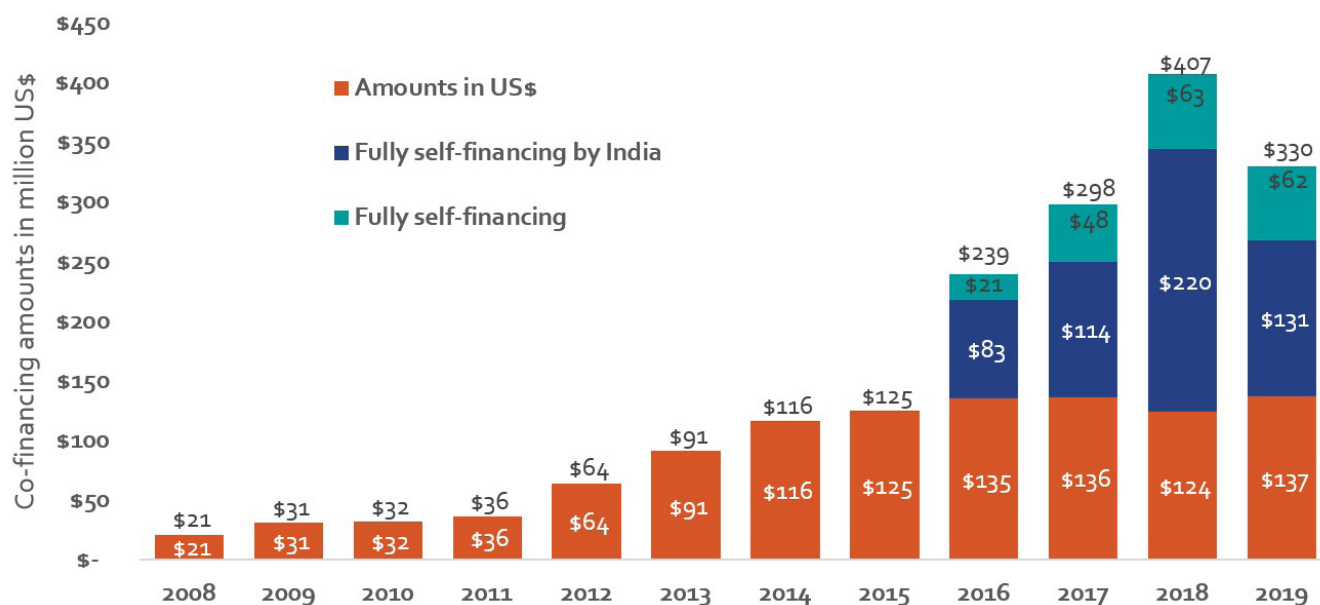


Figure 2: Trends in Gavi co-financing

Source: Gavi. Adapted from data shared by Gavi.

Notes: 1) Fully self-financing amounts are estimates

2) India self-financing includes pentavalent, rotavirus, and measles-rubella vaccines and uses an average annual exchange rate for Indian rupee to US dollar conversion



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Based on IMF projections in 2019:

- By the end of 2020, *fifty-four* countries are projected to remain Gavi eligible.<sup>12</sup>
- Six countries are projected to enter accelerated transition between 2021 and 2025: Bangladesh (2021), Côte d'Ivoire (2022), Djibouti (2022), Ghana (2022), Kenya (2022), and Zimbabwe (2024).
- Three countries are projected to enter the fully self-financing phase between 2021 and 2025 (i.e., transition out of Gavi support): Nicaragua (2021), Uzbekistan (2021), and Vietnam (2020). Including these three countries, this brings the total number of countries that will have transitioned out of Gavi support by 2021 to eighteen.<sup>17</sup>

Table 1 shows the full list of countries that are now in accelerated transition, or that will have transitioned by 2021, or that are projected to transition between 2021 and 2025.

## Transition Learning

Gavi has conducted several evaluations, studies, and assessments that have informed its transition policy and engagement with countries. The early experiences of Gavi exits prior to the establishment of its transition and co-financing policies have been the impetus for establishing a more structured and phased out transition process. After the introduction of the first Co-financing Policy, which came into effect in 2008, the Gavi co-financing task team conducted a review to assess early co-financing experiences.<sup>18</sup> As a result of the assessment, the 2012 Co-financing Policy was introduced. The new policy moved from variable co-financing requirements to a more structured and gradual increase in co-financing obligations.<sup>19</sup>

In 2014, the Norwegian Institute of Public Health conducted an independent evaluation of Gavi's 2012 Co-financing Policy.<sup>19</sup> The evaluation found that co-financing had

a significant impact on increasing country ownership and financial sustainability. The evaluation also found that the co-financing requirements were affordable, as reflected by low default rates among countries. However, the evaluation raised concerns about the steep increases in co-financing requirements and proposed a reconsideration of the five-year accelerated transition period. The evaluators proposed several recommendations for the Gavi Board. Some of the critical recommendations that impact transitions included:

- conduct broader policy engagements with country stakeholders, particularly the Ministries of Finance, and keep them informed about country GNI changes;
- consider adjustments to the five-year accelerated transition period when co-financing obligations significantly ramp up;
- encourage financial evaluations to help determine the future impact of co-financing obligations;
- synchronize co-financing plans with country immunization planning cycles, budget cycles, and fiscal years when possible;
- assess next steps and maintain flexibility for countries facing potential default threats, such as changes in political leadership and financial and other crises; and
- assist countries with national procurement policies and the transition towards self-procurement.

Gavi has also conducted several country-wide evaluations. Although not directly related to transitions, some of the findings and recommendations could help to improve future transitions. A cross-country summary<sup>20</sup> of the evaluations conducted between 2013-2016 noted:

- countries found it difficult to meet co-financing requirements due to their weak fiscal health;

Table 1. List of upcoming Gavi transition countries by status (2019-2025)

<b>Accelerated transition in 2019</b>	India, Lao PDR, Nicaragua, Nigeria, Papua NG, São Tomé and Príncipe, Solomon Islands, Uzbekistan, Vietnam
<b>Transitioned by 2021</b>	<b>Transitioned:</b> Angola, Armenia, Azerbaijan, Bhutan, Bolivia, Cuba, Georgia, Guyana, Honduras, Indonesia, Kiribati, Moldova, Mongolia, Sri Lanka, Timor-Leste <b>First Year Fully Self-Financing in 2021:</b> Nicaragua, Uzbekistan <b>First Year Fully Self-Financing in 2020:</b> Vietnam
<b>Projected to enter accelerated transition 2021-2025</b>	Bangladesh (2021), Côte d'Ivoire (2022), Djibouti (2022), Ghana (2022), Kenya (2022), Zimbabwe (2024)

Source: Gavi

Adapted from data shared by Gavi. Projected transitions are based on IMF forecasts and subject to change.



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- a trend towards directing funds through partners;
- instead of country systems was a threat to country ownership and to programmatic and financial sustainability; and
- there was a lack of evidence of transition planning and preparedness and limited guidance provided by Gavi to countries in the preparatory transition phase.

The summary report called for early financial sustainability assessments during the preparatory transition phase, along with a focus on capacity building and technical assistance. The report also emphasized the need to adopt a tailored approach in each country while allowing flexibility to those countries facing emergencies or macroeconomic crises.

#### Box 2: Transition support

Gavi's transition and co-financing policies aim to improve financial sustainability and emphasize the need to move towards domestically financed vaccine programs. At the same time, these policies recognize that countries may face different types of financial and technical constraints. These constraints could jeopardize the transition process, leading to defaults on co-financing obligations, or could threaten the gains made in the post-transition phase. To mitigate these risks, Gavi provides several types of transition support, outlined below.

#### Transition grants

Transition grants (earlier known as graduation grants) can be accessed by countries transitioning from Gavi support. These funds enable countries to address bottlenecks identified during the transition assessment.<sup>21</sup> As of 2017, 16 countries had received transition grants amounting to US\$13.6 million.<sup>3</sup>

#### Targeted country assistance (TCA)

The TCA is a form of non-financial support provided through the Partners' Engagement Framework (PEF) in the form of technical assistance. The PEF, introduced in 2015, is a platform through which Gavi development partners provide operational support to countries. Gavi-supported countries, including those in accelerated and fully self-financing transition phases, are eligible for TCA under exceptional circumstances.<sup>22</sup> In 2017, a baseline assessment of Gavi's support to the PEF-TCA<sup>23</sup> found that the PEF-TCA led to significant improvements in country ownership, transparency, and accountability. The assessment also highlighted the need to use more innovative technical assistance approaches and to improve skills transfer while keeping the country context in mind.

#### Post-transition engagement (PTE) support

During the November 2017 Gavi Board meeting, the Board approved PTE in countries until 2020.<sup>17,24</sup> The board noted that "any country that has or will have transitioned from Gavi support by the end of 2019 is eligible to apply for post-transition engagement support," but noted that the support must be fully implemented by the end of 2020.<sup>25</sup> The countries currently eligible for PTE are Bhutan, Honduras, Mongolia, Sri Lanka, Guyana, Indonesia, Kiribati, Moldova, Armenia, Azerbaijan, Bolivia, Cuba, Georgia, and Vietnam (for 2020 only). Angola and Timor-Leste receive separate funded country-tailored support based on specific risks to the sustainability of their vaccination programs.

#### Learning Network for Countries in Transition (LNCT)

The LNCT is another notable post-transition support platform supported by Gavi.<sup>26</sup> Through the LNCT, countries either currently in or approaching the accelerated transition phase, as well as those in the early post-transition phase, can access a network of peers, experts, and resources on sustaining immunization programs and accessing affordable and high-quality vaccines. Fifteen countries are currently part of the LNCT: Angola, Armenia, Georgia, Ghana, Indonesia, Lao People's Democratic Republic, Nigeria, Republic of Congo, Republic of Moldova, São Tomé and Príncipe, Sri Lanka, Sudan, Timor-Leste, Uzbekistan, and Vietnam.

#### Vaccine Procurement Practitioners Network (VPPN)

The VPPN is a network of senior-level practitioners and technical experts from middle-income countries, UNICEF, and partner organizations who exchange knowledge and learn from each other's experiences online and at face-to-face events.<sup>27</sup> The network is supported by Gavi and various other organizations, and is hosted by the UNICEF Supply Division in Copenhagen, Denmark. It provides resources and guidance to middle-income countries on various subjects such as: market intelligence, planning and forecasting, budgeting and financing, vaccine prices, regulatory system strengthening, supply chain strengthening, strategic procurement, and human resources for vaccine procurement. In addition, Vaccine Procurement Practitioner Exchange Forums (VPPEF) are organized annually in Copenhagen.<sup>28</sup> Based on participant feedback, two sub-regional VPPEFs have been organized in 2019 in collaboration with LNCT: one in Georgia (April) and Myanmar (September).



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To ensure that countries can sustain the gains achieved through Gavi support in the post-transition period (i.e., fully self-financing phase), Gavi has introduced special pre-transition support grants and increased its post-transition engagement in recent years. Box 2 highlights several examples of such support. Transition planning is another tool that has helped countries prepare to phase out of Gavi's support. First introduced in 2012 in six countries, transition planning has helped both Gavi and countries to assess transition risks and develop multi-year plans to address identified challenges.

## Transition Impact: Country Experiences

Gavi's annual reports provide an overview of country transition experiences. According to the 2017 annual report, in 2016 fifteen transitioning and transitioned countries were self-financing 27 vaccines. However, six out of the 15 transitioning countries saw a decline in basic immunization coverage between 2016 and 2017. In terms of meeting co-financing obligations, countries have generally performed well with only five out of 63 countries defaulting on their co-financing obligations. In its annual report, Gavi also reports on indicators relevant to sustained immunization program success. In 2017, most countries appeared to lag behind in institutional capacity, which is measured by national decision making, program management, and monitoring. Among countries that have transitioned out of Gavi support, Bhutan, Guyana, Honduras, Indonesia, Kiribati, Mongolia, Republic of Moldova, and Sri Lanka have all successfully fully financed their vaccines and maintained immunization coverage rates for more than one year. Gavi reports that it is too early to assess the performance of other more recently transitioned countries.<sup>17</sup>

A 2018 study by Cernuschi et al<sup>29</sup> on the challenges to sustainable immunization faced by Gavi transitioning countries confirms the findings of Gavi's 2017 annual report. The study highlights four key challenges countries face during transition: decision-making, political commitment and financial sustainability, equitable delivery of vaccines, and access to timely and affordable supplies. The study also notes the risks faced by countries due to simultaneous or closely timed transitions from other sources of donor support.

A recent analysis by the Center for Global Development (CGD) lays out some key transition-specific challenges: one is the mismatch between Gavi eligibility and the tar-

get populations that Gavi aims to serve.<sup>30</sup> Most countries that will cross the US\$1,580 Gavi eligibility threshold are home to very large under-vaccinated populations—as CGD notes, “the population of under-vaccinated children will become concentrated within Gavi ineligible countries.” Another challenge that CGD highlights is a country's ability to procure affordable quality vaccines when they lose access to Gavi's negotiated vaccine prices.

Recent academic studies have identified significant challenges facing transitioned countries. A 2016 paper by Kallenberg et al<sup>31</sup> highlights the financial challenges facing countries coping with high vaccine costs. The paper also highlights key programmatic and institutional challenges, such as low procurement capacity, the lack of evidence-based decision-making, the lack of institutionalized immunization support mechanisms, and the impact of political changes on immunization prioritization. A 2014 study by Saxenian et al<sup>32</sup> found that there were major differences in the capacity of countries to undertake responsibility for immunization programs after transition. The key challenges faced by countries are related to budgeting, procurement, regulation, and technical capacity.

A study by Trumbo et al<sup>33</sup> looked at the role of vaccination legislation in Gavi transitioning countries. The study found that although Armenia, Georgia, and Moldova used different legal frameworks, they were each successful in improving vaccine procurement and regulations while making immunization a public good.

Figure 3 shows the status of various indicators such as vaccine coverage, financing, institutional capacity, and equity across Gavi transitioning countries in the period 2016–2025. While most transitioning countries are able to finance vaccines, many of these countries seem to be facing weaknesses in their health systems and institutional capacity as seen from their vaccine coverage trend and equity indicators.

## Outlook

Gavi has recently called for evaluations of its Co-financing Policy (2016) and Eligibility and Transition Policy (2015). The Co-financing Policy revisions are expected to simplify the criteria for calculating a country's co-financing obligations. Based on country dialogues and recent transition extensions in Nigeria and Papua New Guinea, Gavi is expected to adjust its transition approach on a case-by-case basis to allow more flexibility for countries facing external shocks, fi-



	Country Name	Birth Cohort	Coverage	Coverage Trend	Equity	Inst. Capacity	Vaccine Financing	Vaccines Introduced
2015 – 2020	Angola	1,160,571						
	Armenia	37,820						
	Azerbaijan	163,712				N/A		
	Bhutan	14,084						
	Bolivia	244,950						
	Cuba	122,721				N/A	N/A	
	Georgia	51,446						
	Guyana	15,347						
	Honduras	193,798						
	Indonesia	4,806,445				N/A		
	Kiribati	3,105			N/A			
	Moldova	40,362						
	Mongolia	69,383			N/A			
	Sri Lanka	310,936						
	Timor-Leste	43,310						
	Viet Nam	1,543,906						
	Nicaragua	116,796						
	Papua New Guinea	215,204						
	Uzbekistan	635,229						
2021-2025	India	24,280,341						
	Lao PDR	154,187						
	Solomon Islands	16,812						
	Sao Tome	6,538						
	Sudan	1,263,137						
	Cote d'Ivoire	836,856						

Note: DTP3 coverage: green: >90%, amber: >80-90%, red: <=80%. Coverage trend over the past 3 years. Increasing coverage: >2pp. No change: -2pp to 2pp. Decreasing coverage: <-2pp; Geographic equity: green = >90% of districts have >80% DTP 3 coverage; amber: >80-90% of districts >80%; red: <=80% of districts >80%; Vaccines introduced/Introduced sub-nationally or scheduled for introduction in 4.0 period: green if 4 core vaccines introduced (Penta, PCV, Rota, HPV), amber if 3, red if 2 or 1; institutional capacity: World Bank CPIA Index data for "Quality Public Administration" and "Building HR"; green: avg. score >3 and none <2.8; amber: avg <=3 and none <2.8; red: one < 2.8 (2.8 is consistent with World Bank threshold) Vaccine financing: green: if vaccine spend as share of Government Expenditure (GE) <0.1% and as share of General Government Health Expenditure (GGHE) <1%; amber: if either share of GE >=0.1% or share of GHE >=1% Red: If both GE and GGHE above threshold; n/a: reference data source not available; Source: WUENIC 2016, survey, WHO repository, UNICEF, World Bank, Gavi strategic demand forecast.

Figure 3: Status of Gavi transitioning countries 2016 - 2025

Source: Gavi

nancial crises, or financial constraints. Gavi is also expected to consider the recommendations of the 2014 Co-financing Policy evaluation and extend the accelerated transition period to ensure better programmatic sustainability.

Gavi intends to improve its post-transition support by institutionalizing it in the next Co-financing Policy revision. Gavi is also planning to expand its market shaping function to non-Gavi supported countries that are within the Gavi eligible GNI p.c. range to ensure access to affordable vaccine prices. Looking ahead, Gavi is expected to expand its focus beyond financial targets to key programmatic challenges faced by countries to create an enabling and sustainable environment for immunization financing.

During the June 2019 Gavi board meeting, four goals for the upcoming 2021-2025 strategy period were announced, many of which seek to address key sustainability and transition topics: (i) introduce and scale-up vaccines, (ii) strengthen health systems to increase equity in immunization, (iii) improve sustainability of immunization pro-

grams, and (iv) ensure healthy markets for vaccines and related products.<sup>34</sup> To fund these goals for the 2021-2025 strategy period, the UK will host the next Gavi replenishment pledging conference in 2020.

## Resources

- 1 Gavi, the Vaccine Alliance. History of Gavi. Available from: <https://www.gavi.org/about/mission/history/>
- 2 Gavi, the Vaccine Alliance. Governing Gavi. Available from: <https://www.gavi.org/about/governance/>
- 3 Gavi, the Vaccine Alliance. Annual Progress Report. Available from: <https://www.gavi.org/library/publications/gavi-progress-reports/gavi-progress-report-2017/>
- 4 Gavi, the Vaccine Alliance. Phase IV (2016-20). Available from: <https://www.gavi.org/about/strategy/phase-iv-2016-20/>
- 5 Gavi, the Vaccine Alliance. Funding. Available from: <https://www.gavi.org/investing/funding/>
- 6 Gavi, the Vaccine Alliance. Key figures: donor contributions & pledges. Available from: <https://www.gavi.org/investing/funding/donor-contributions-pledges/>
- 7 Gavi, the Vaccine Alliance. UK to host Gavi replenishment in 2020. Available from: <https://www.gavi.org/library/news/statements/2019/uk-to-host-gavi-replenishment-in-2020/>



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- 8 Gavi, the Vaccine Alliance. Eligibility and Transition Policy. Available from: <https://www.gavi.org/library/gavi-documents/policies/gavi-eligibility-and-transition-policy/>
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## Methods

Our research included a desk-based review of donor websites, strategy documents, grey literature reports, and academic literature. We triangulated the findings of our desk review with key informant interviews with high-level policy personnel within each of the donor agencies. This project was screened for exemption by the Duke University Institutional Review Board as part of the study 'Driving health progress during disease, demographic, domestic finance and donor transitions (the "4Ds"): policy analysis and engagement with transitioning countries.'



The 4Ds is a project led by the [Center for Policy Impact in Global Health](#) that focuses on integrated research across four major global health transitions: disease, demography, development assistance for health, and domestic resources for health.