GAVI RESOURCE GAP ALWAYS BEEN AN ISSUE
Phasing in…(an early diagram)

- 5 year Vaccine Fund commitment extended over 8 year phase-

- Countries will be notified of 5 year Vaccine Fund commitment

![Diagram showing investments in immunization program over years 2 to 8, with separate sections for Vaccine Fund and Government & Partners investments.](image)
Meeting the resource gap

- Challenge will be significant for most countries
Cost and financial sustainability indicators for selected countries

* For every million US$ of debt adjusted GDP produced (proxy of capacity to pay of country) X US$ is spend on recurrent (non-personnel) routine immunization.
Based on recent in-depth costing studies and/or financing assessments


For Illustration only. Do not quote
Meeting the resource gap

Immunization Program Financing

- $0
- Year 2
- Year 4
- Year 6
- Year 8

- Gap
- Possible External
- Probable External
- Probable Gov't
- Secure External
- Secure Gov't
Future resource requirements, financing & gaps

- Government funding is expected to rise to $58 million by 2008, but this will not make up for the decrease in donor funding, leading to a growing resource gap.
Results: reaching more children

Cumulative Number of Children Reached in GAVI-Supported Countries

*projected

Source: WHO/UNICEF
Results: Accelerating new vaccine introduction

Achievement with combination vaccines

- Hep B licensed
- HepB combos licensed
- GAVI established
- HepB - all developing countries
- HepB containing combination vaccines

Millions of doses

1983 1985 1987 1989 1991 1993 1995 1997 1999 2001 2003 2005
Global immunization 1980-2010, DTP3 coverage

EPI coverage

EPI program coverage by geography

EPI coverage of 20 most populous African countries
GAVI: Increased Financing

Immunisation spending has more than doubled in GAVI countries. Less than 15% of this increase is due to GAVI support. GAVI support may have galvanised countries to spend in this area.

Source: WHO/UNICEF, GIVS costing
GAVI PHASE 2 SUPPORT TO ELIGIBLE COUNTRIES
GAVI phase 2 support

• During it’s first Phase (2000 – 2005), GAVI offered eligible countries 3 windows of support:
  1. Immunisation Services Support
  2. Injection Safety
  3. New & Underused Vaccines

• For Phase 2 (2006 – 2015), a new window will be available: Health Systems Strengthening
  – “Adding value through harmonization”
  – “Innovation: advancing new, better and sustainable technologies”
Challenges: Supporting countries

• Managing a complex country support system
  – Moving from ‘one size fits all’ to adapting to country specific systems & timelines
  – Monitoring systems for country support – country selected indicators, country payments
  – Possible negative impact of country payments on demand
Challenges: scaling up

• In recent years, there has been a significant increase in donor funding to GHP’s, notably GFATM, but also to GAVI
  – Traditional bilateral sources have doubled
  – Finance mechanisms such as IFFIm will double resources again

• Urgent & substantial increase in donor funding needed for social sectors if the MDGs are to be reached
  – Yet still a major financing gap despite the upward trend ($11 - $15 billion for the Global Immunization Vision and Strategy alone)
  – New resources needed to fund soon-to-be-available vaccines (Rotavirus & Pneumococcal)
Challenges: Harmonisation & alignment

- Integrating at the country and district levels
- Demonstrating results and learning
- Targeted innovation
- Broadening partnerships: Civil Society
- Country-driven approaches
Challenges: Innovation

• New products faster and at better prices
  – 25% of MDG 4 could be delivered by immunisation

• Innovative policies
  – Enhancing countries’ voice, ownership and accountability
  – Performance-based funding
  – Immunization financing within the broader context of health sector
  – Data Quality Audits

• Innovative financing instruments
  – IFFIm
  – Advance Market Commitments (AMC’s) for R&D
  – Influencing markets and prices

- 72 countries eligible
- **Graduating countries:** Albania, Bosnia & Herzegovina, Turkmenistan, China
  - *New country:* Kiribati (flag on last page)
- **Specific arrangements:**
  - *India:* US$ 100 m cap
  - *Indonesia:* no cap for Phase 2
Immunization services support (ISS)

- Financial support to expand immunization services
- According to national planning cycle
- Continuing countries (first group of countries end ISS in 2007)
  - Renewal of ISS with an updated Multi-Year Plan
  - Data Quality Audit continues
- New countries
  - Same as above
  - Investment & reward phase for DPT3 achievements
- Endorsement of applications by highest national coordination body
Health systems strengthening (HSS)

• $500 million window of financial support to address barriers to immunization in the larger national health system (such as human resources)

• Application requirements
  – Health Sector Review report
  – Comprehensive Multi-Year Plan
  – Plan for use of HSS funds (based on existing sector plans: health sector strategic plan, PRSP, etc.,)
  – Health sector financial audit report
  – Allocation based on $5/$2.5 per birth cohort for countries with GNI<$365/>$365 respectively

• Progress Monitoring in Annual Progress Report
  – Country selected process indicators for first 3 years
  – Output indicators (district DTP3 coverage) from 4th year
Injection safety (INS)

- 3 years full support for injection materials for routine vaccines
- For remaining 7 countries which have not already applied
- No change in application & monitoring requirements
- Transition to full government support
  - 30 countries have completed support in 2004 & 2005; all 2004 countries have successfully transitioned to government financing of safe injection materials
New & underused vaccines (NVS) ongoing phase 1 support

• Bridge financing
  – Agreements with countries
  – Countries will provide vaccine request through Annual Progress Report

• Phase 1 approvals: separate guidelines will be provided for bridge financing, mono Hep B and yellow fever - no applications needed
New & underused vaccines (NVS) in phase 2

- Support up to 2015
- Initial support to last the length of the Multi-Year Plan, countries will then re-apply
- Increasing country payment up to the target payment by the end of the support
- Signed agreement between GAVI and the country included in the application form
- Vaccine Management Assessment required