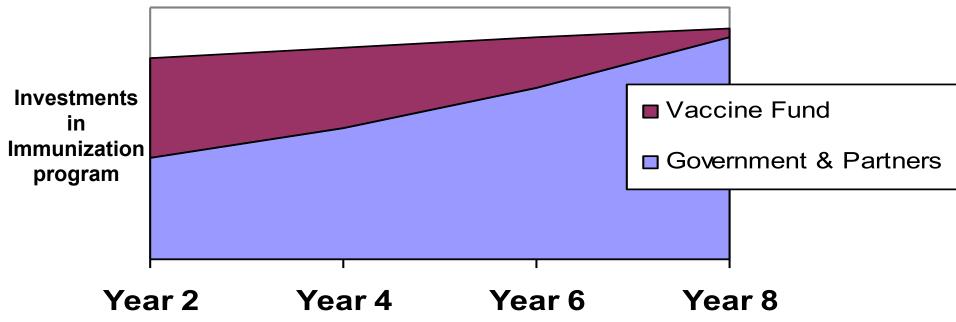
### GAVI RESOURCE GAP ALWAYS **BEEN AN ISSUE**

### Phasing in...(an early diagram)

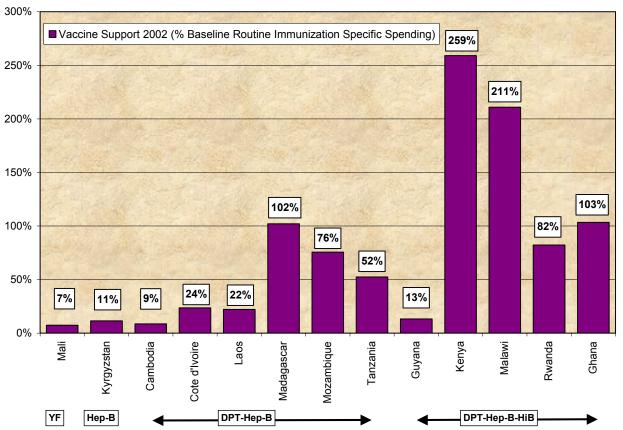
- 5 year Vaccine Fund commitment extended over 8 year phase-
- Countries will be notified of 5 year Vaccine Fund commitment



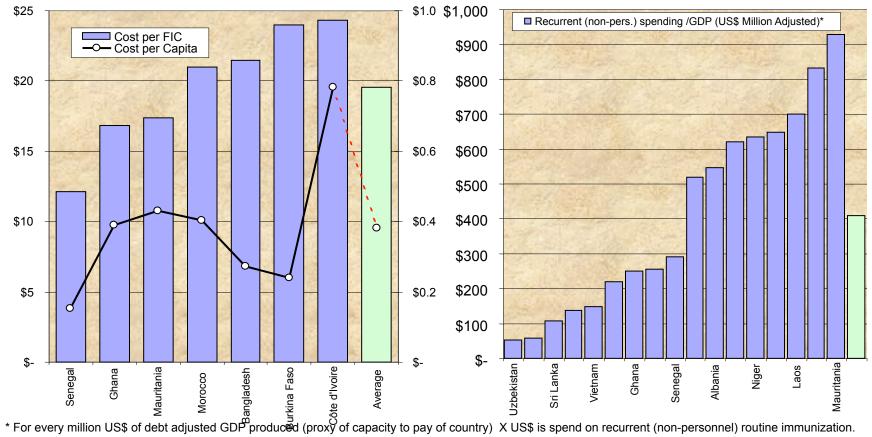
#### Meeting the resource gap

• Challenge will be significant for most countries

#### **Challenge of Financing Certain Vaccines**



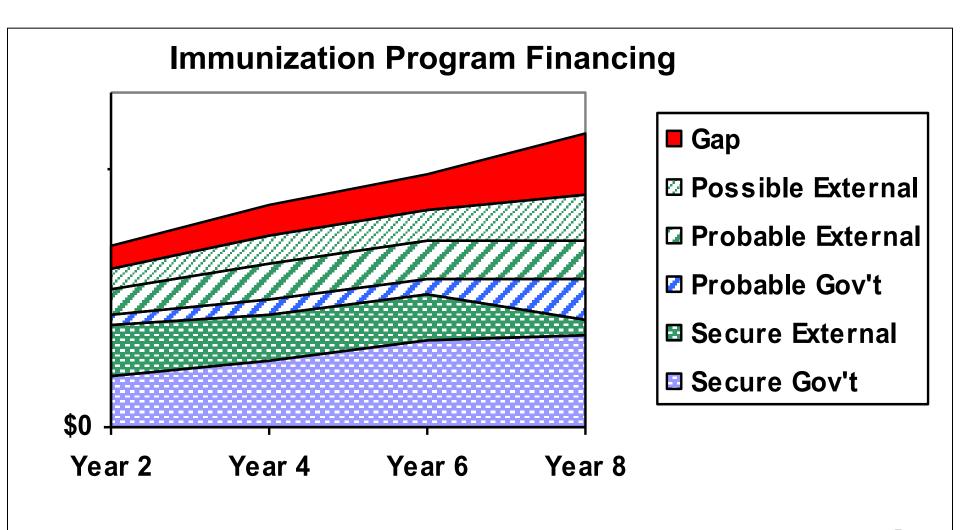
### Cost and financial sustainability indicators for selected countries



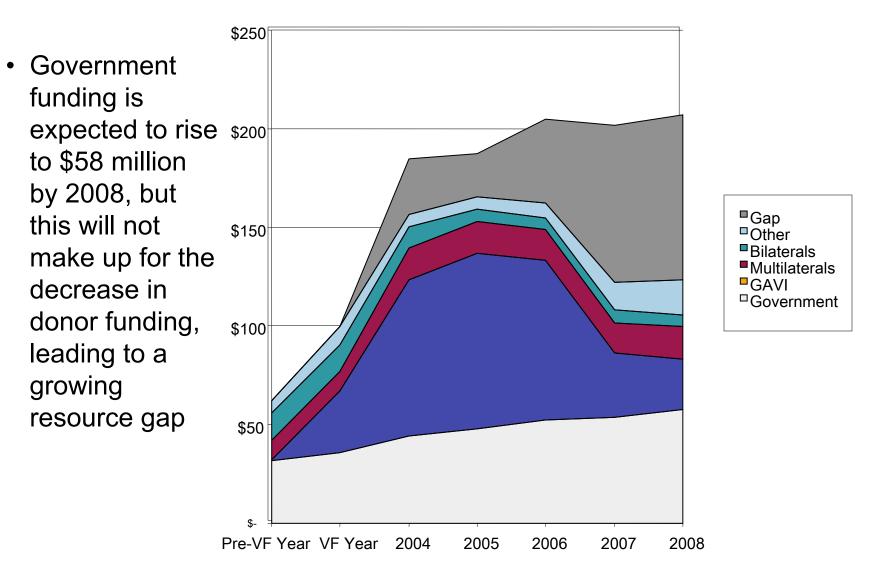
\* For every million US\$ of debt adjusted GDP produced (proxy of capacity to pay of country) X US\$ is spend on recurrent (non-personnel) routine immunization. Based on recent in-depth costing studies and/or financing assessments <u>Source</u>: WHO-VAM based on Abt-Associates, ADB, PHR, ARIVAS-CATR, World Bank and WHO.

#### For Illustration only. Do not quote

#### Meeting the resource gap

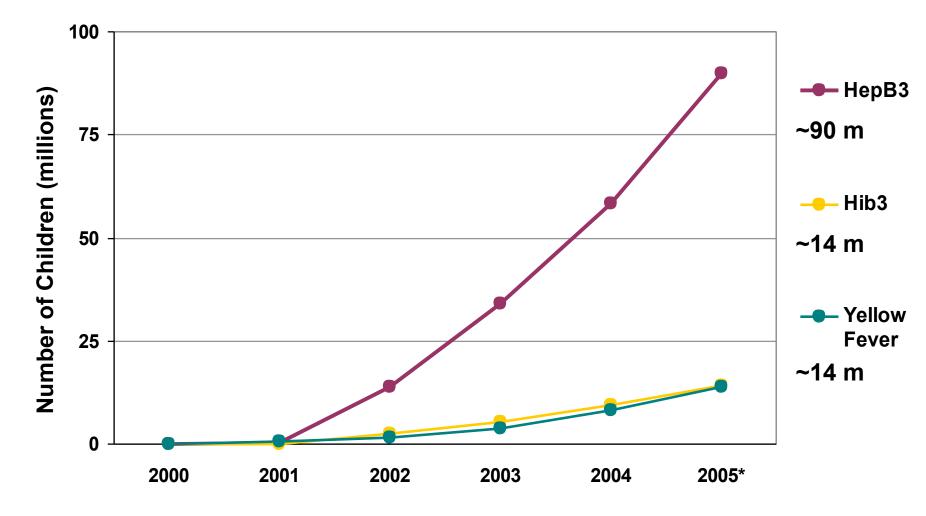


### Future resource requirements, financing & gaps



#### Results: reaching more children

**Cumulative Number of Children Reached in GAVI-Supported Countries** 

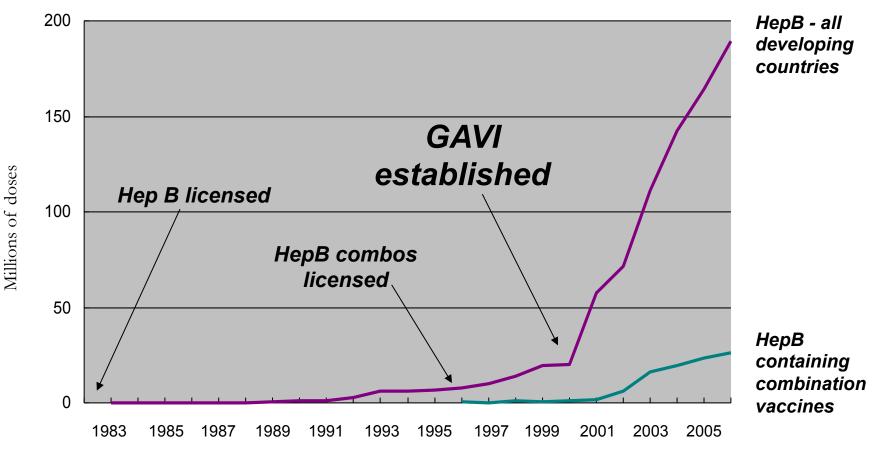


\*projected

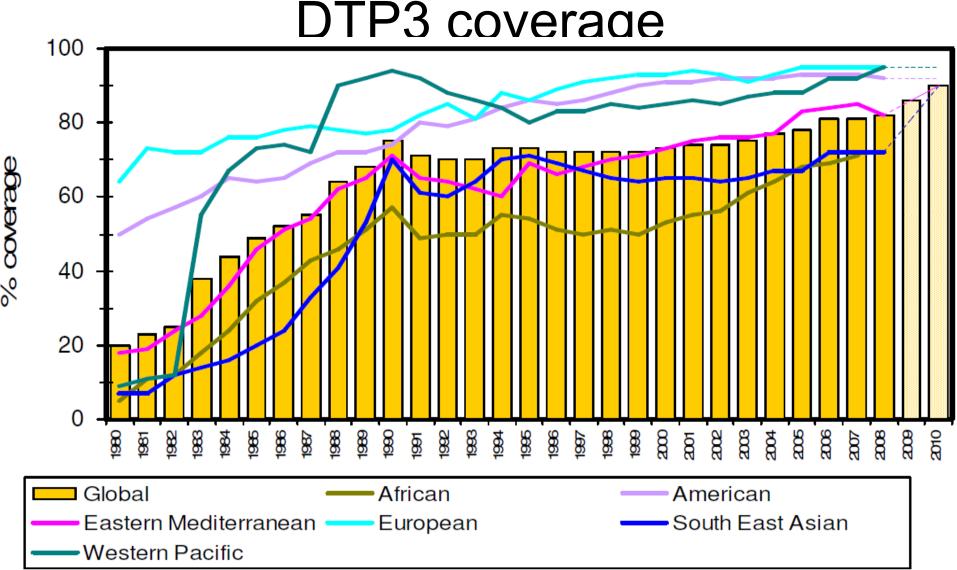
Source: WHO/UNICEF

### Results: Accelerating new vaccine introduction

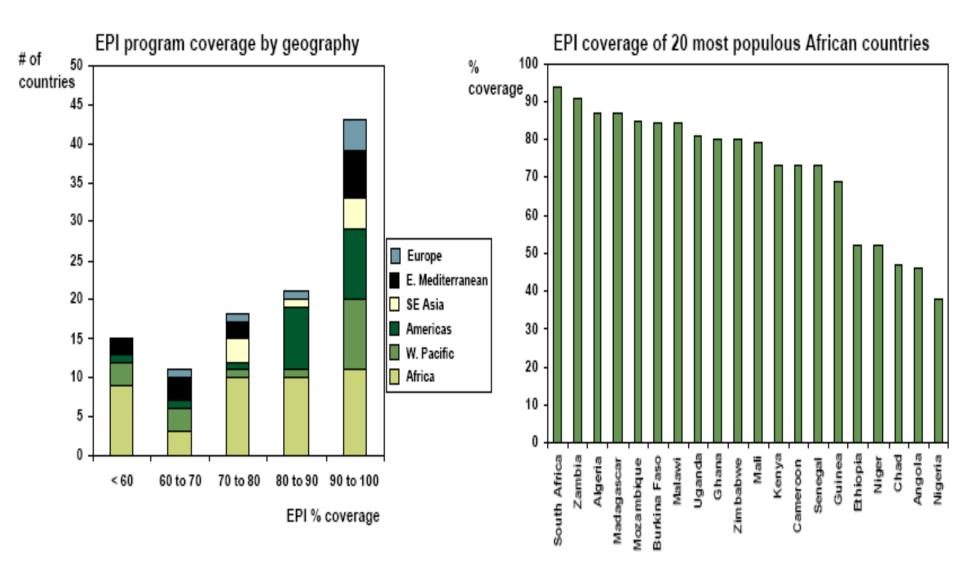
Achievement with combination vaccines



#### Global immunization 1980-2010,

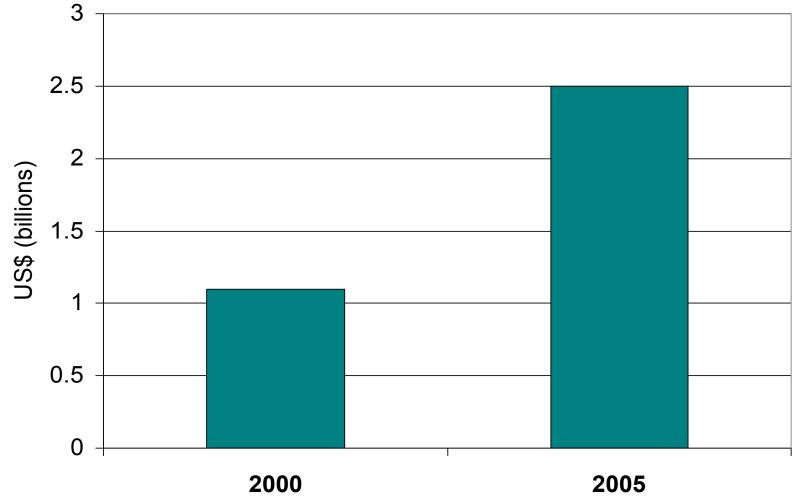


#### **EPI** coverage



#### **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



### 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

#### ?



### Country eligibility in phase 2 (2006 – 2015)

- 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