

Country consultation - ELTRACO

Consultation on Gavi's Funding Policy Review

July 2024

gavi.org



Agenda

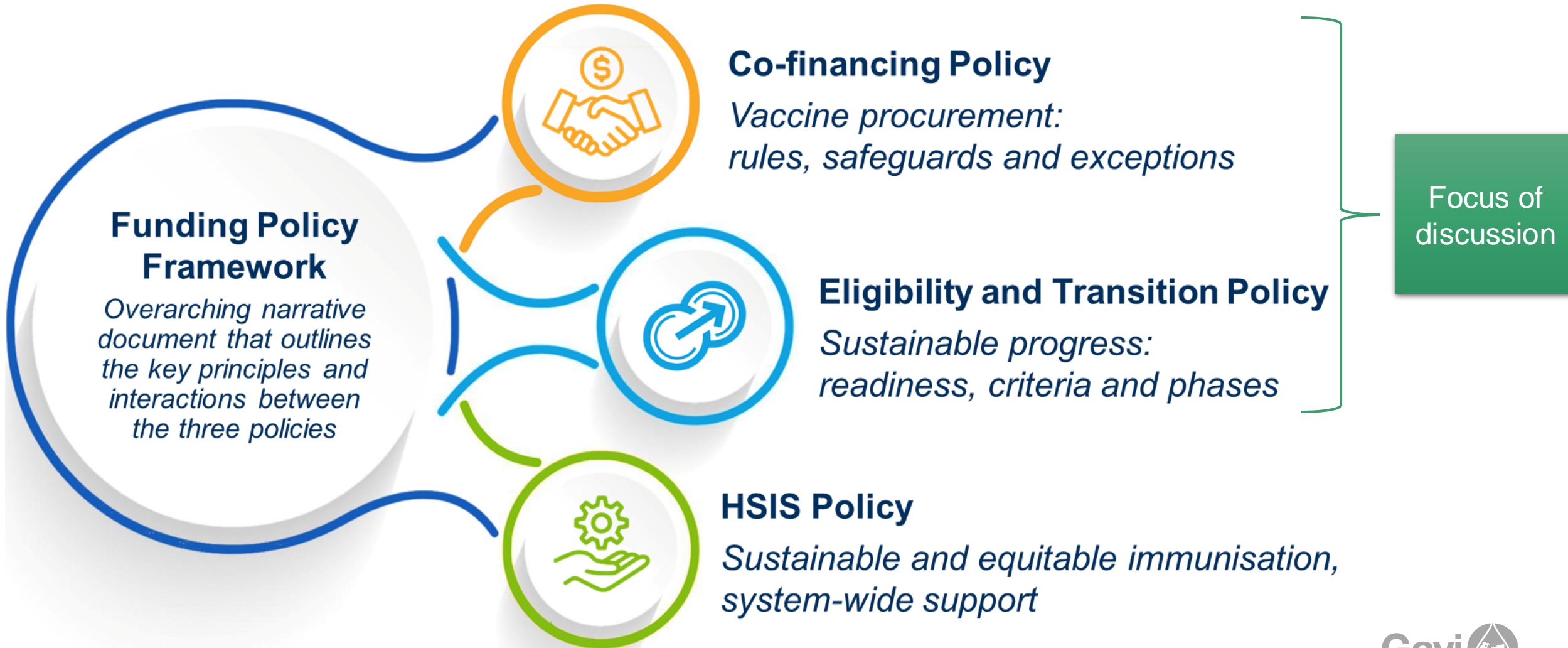
1. Funding Policy Review Overview
2. Context and the evolution and success of Gavi's vaccine co-financing model
3. Challenges to the co-financing model in Gavi 6.0
4. Proposed solutions to address these challenges
5. Middle Income Country approach ➔ Catalytic Phase

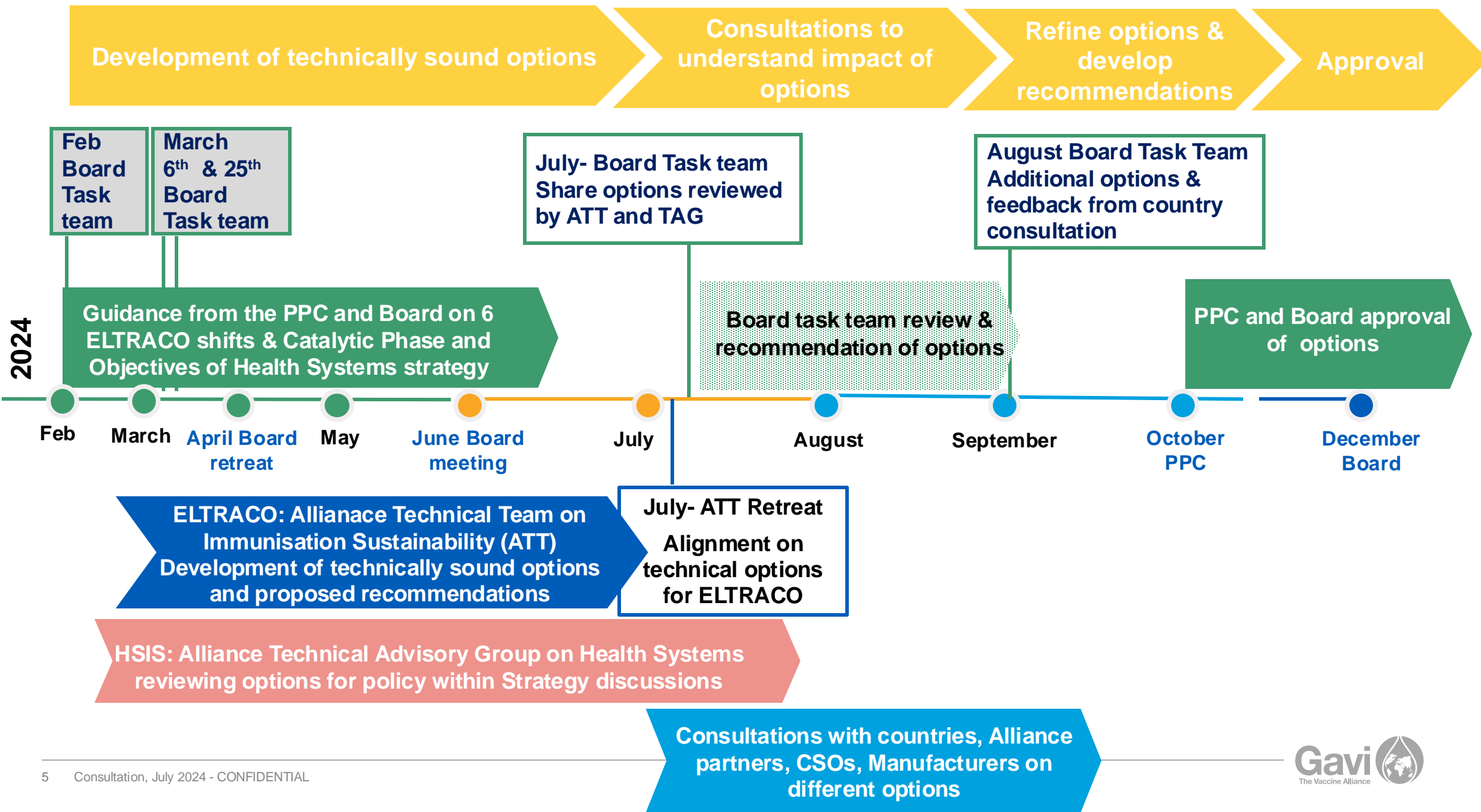
ELTRACO

Funding Policy Review Overview

1

Gavi's core funding policies are being revised to align with the objectives of Gavi 6.0 and HS strategy



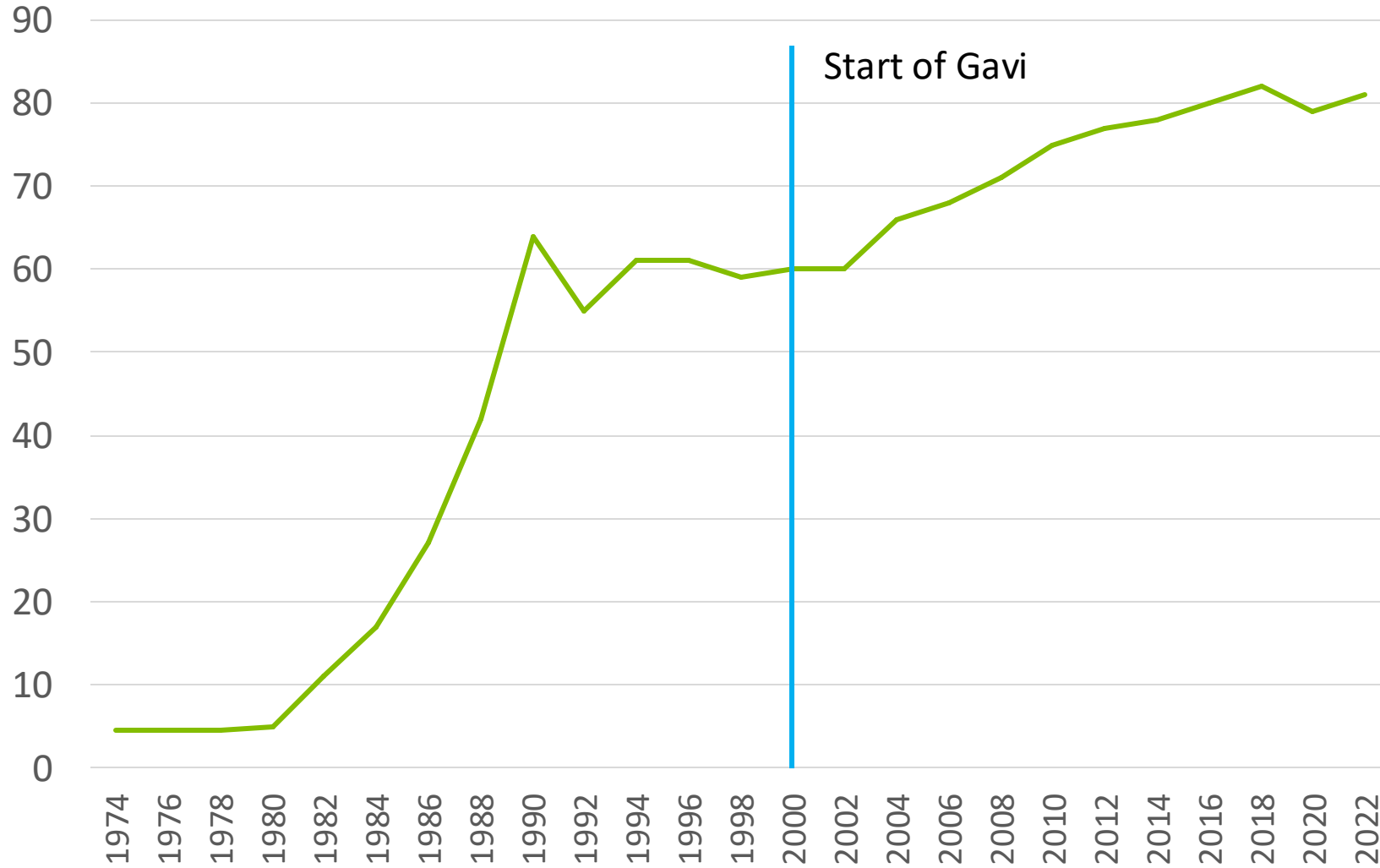


Country Co-financing of Vaccines

Context and the Evolution & Success of Gavi's Co- financing Model

2

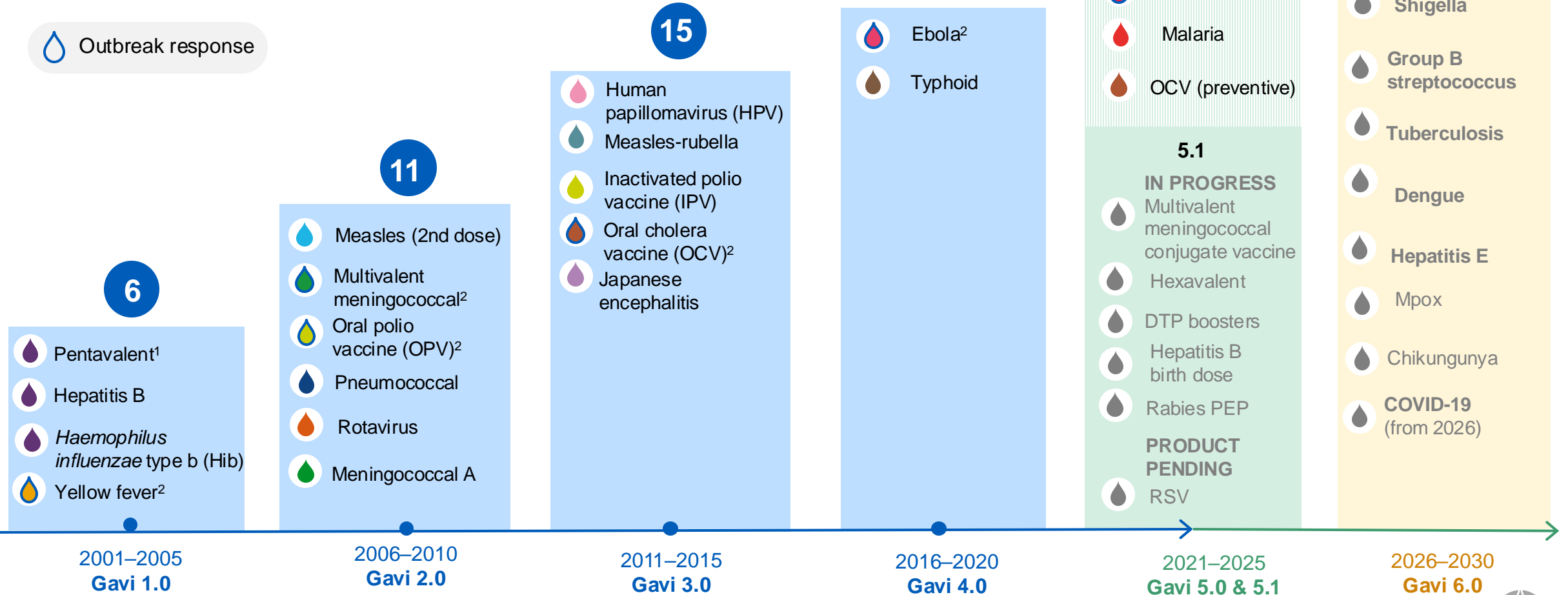
Gavi has supported a 20% point increase in DTP3 Coverage



Gavi's vaccine portfolio has significantly grown over time

Gavi now provides vaccines against 19 infectious diseases through 46 product presentations

Outbreak response



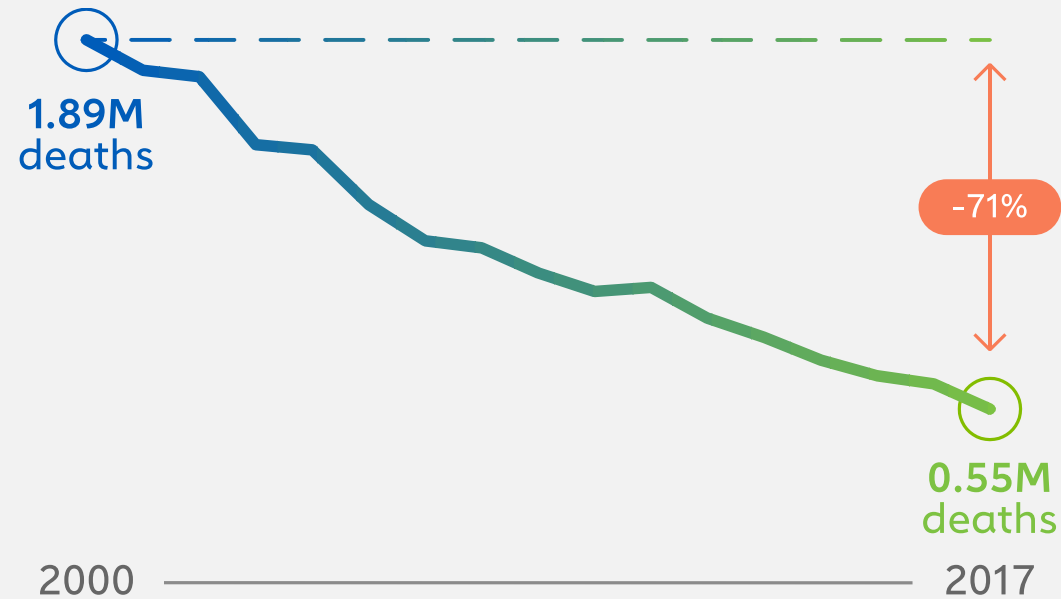
¹ Diphtheria, tetanus, pertussis (DTP) boosters, hepatitis B, *Haemophilus influenzae* type b (Hib),

² Emergency stockpiles

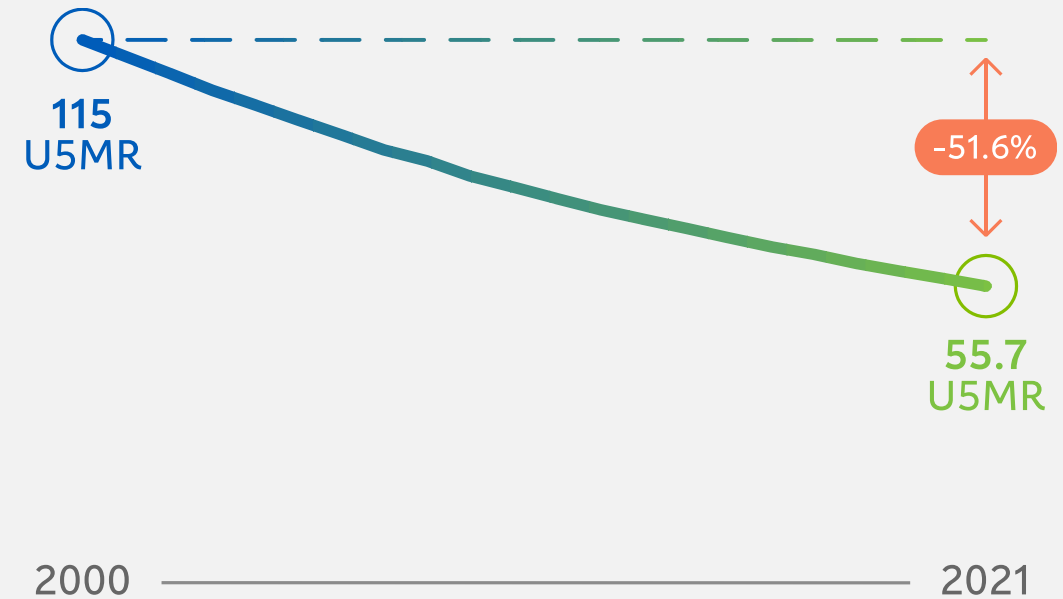
³ Final shortlist to be approved by Gavi Board

Impressive reductions in vaccine preventable deaths at the same time as large reductions in U5MR

~70% reduction in vaccine-preventable child deaths in Gavi57 countries



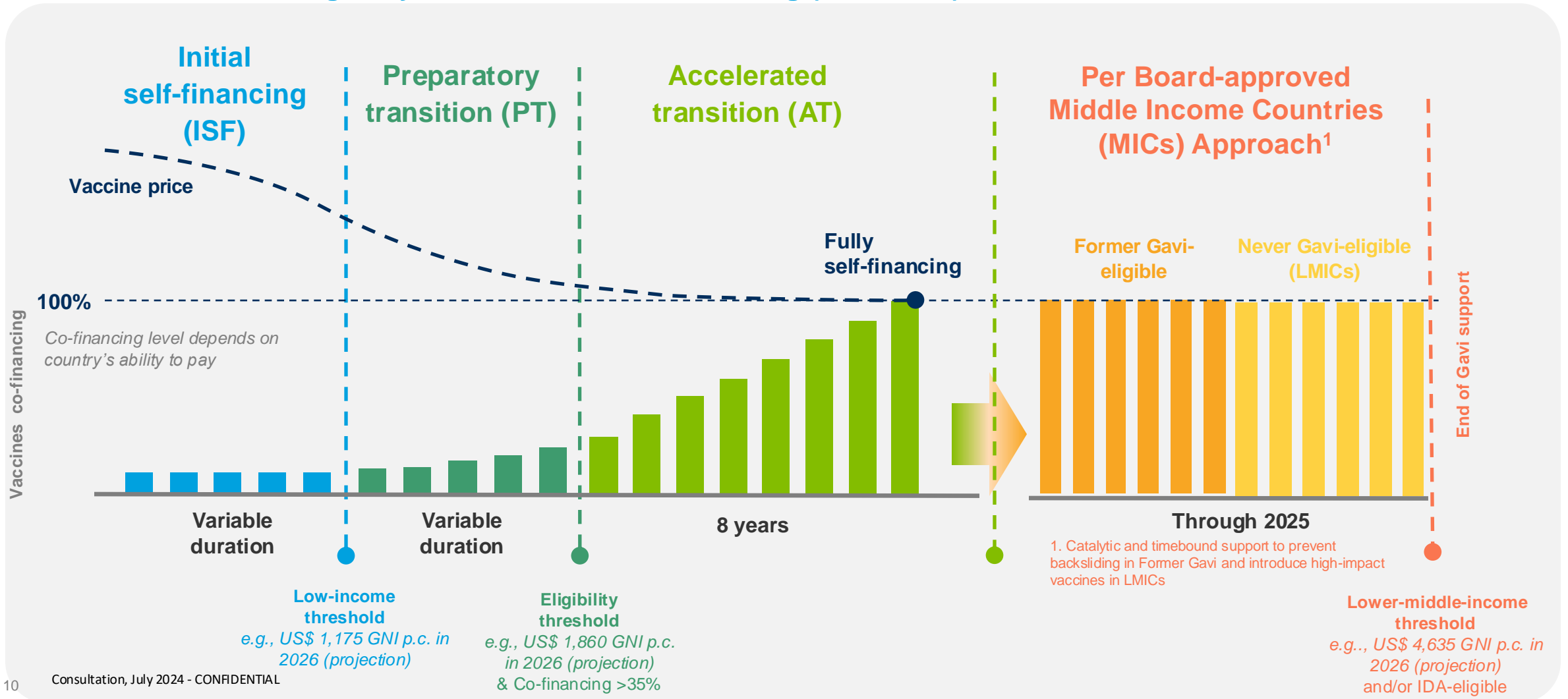
~50% reduction in under-5 mortality rate in Gavi57 countries



Reduction in vaccine-preventable child deaths based on WHO estimates of trends in mortality due to vaccine-preventable diseases among children aged under five. **U5MR**: probability of a child born in a specific year or period dying before they reach the age of five, if subject to age-specific mortality rates for that period; expressed as the number of deaths among children aged under five in a given year, per 1,000 live births.

Gavi has pioneered an ambitious yet practical approach to sustainability

Overview of current Eligibility, Transition and Co-financing (ELTRACO) model



Note: The Low-income, Eligibility and Lower-middle-income thresholds are preliminary projections for the year 2026. These thresholds are adjusted annually based on the World's Bank methodology.

Why is Gavi's co-financing approach important?

The significance of Gavi's Co-Financing Strategy within Global Immunisation Efforts

 Puts Countries on the path of **successful transition** | 19 countries transitioned from Gavi

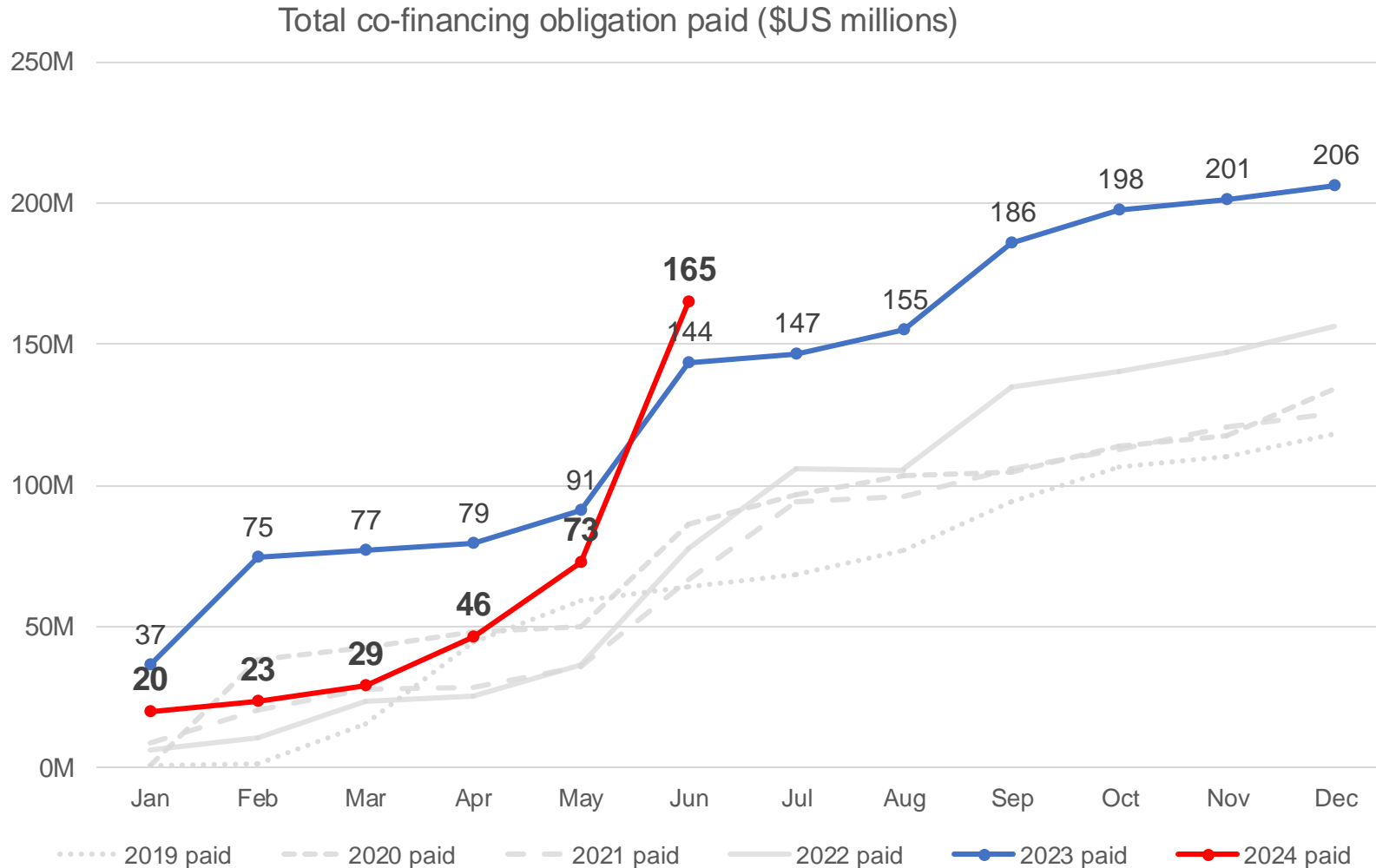
 Directs significant **resources** to vaccination | \$1.3B in Gavi 5.1, \$2.5B since Gavi 3.0

 Demonstrates **government ownership** | Governments are proud of their contribution

 Supports Gavi's **Resource Mobilisation** | Donors appreciate government contributions

 Gavi's Comparative **advantage** | Almost *unique* in global health

By end of June 2024, **\$165M** in total co-financing had been paid by all countries



Year 2024

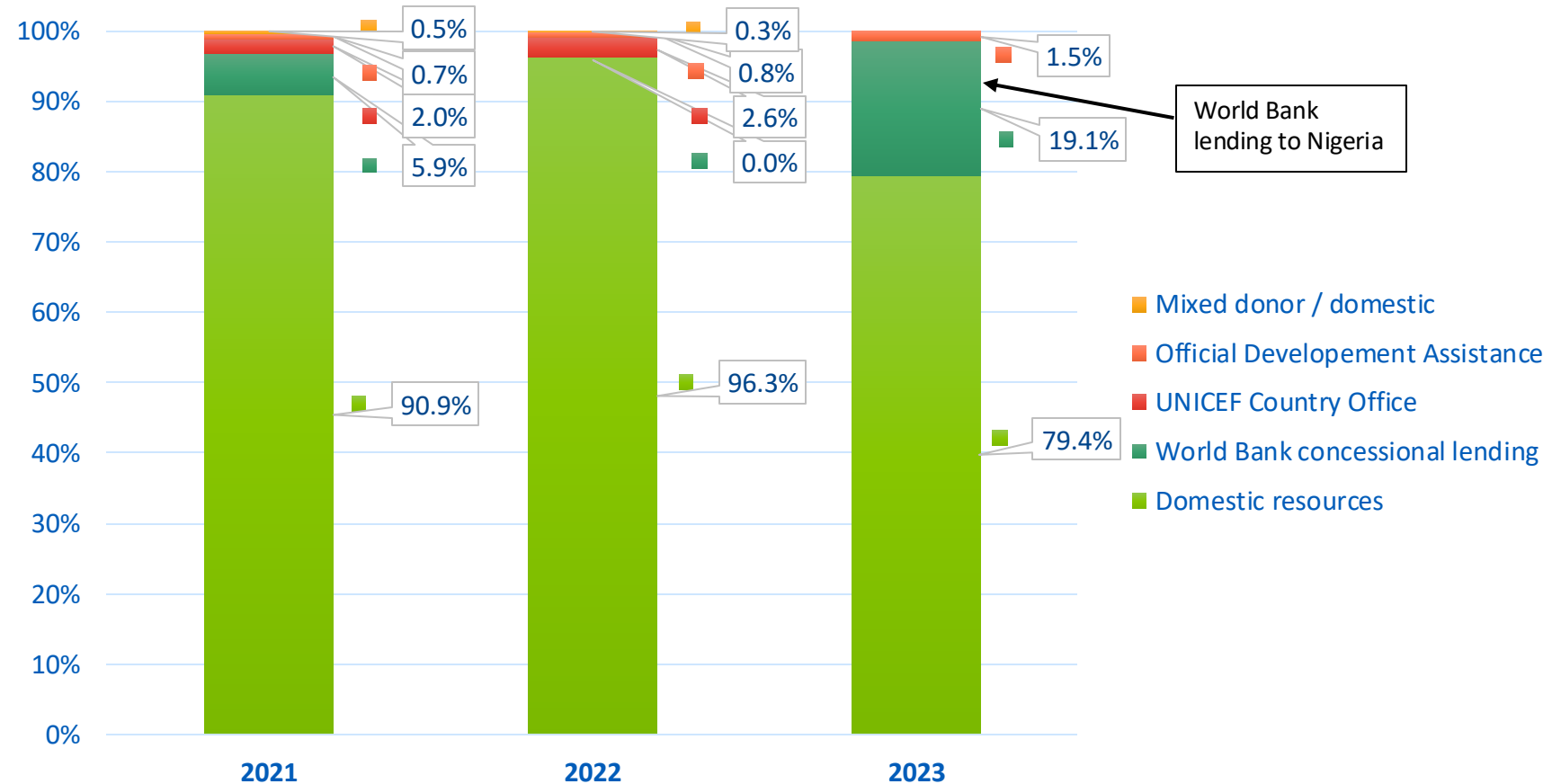
- **\$165M** of total co-financing has been paid by all countries as of end of June 2024
- Total co-financing paid in June of 2024 is **15% greater** for all countries than at this point last year

Co-financing comes almost entirely from Budgetary resources

Domestic Resource mobilisation is the largest source for co-financing

- Most of the funding to meet country co-financing obligations originates from the government's own budgetary resources
- This demonstrates a strong commitment to their immunisation programmes and towards its sustainability

Co-financing amounts by source of funds, in percentage

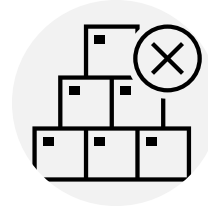


The Success Factors Behind Gavi's Co-financing Model

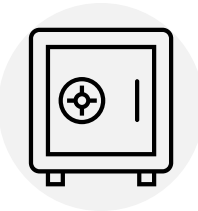
Unlocking the potential of Domestic Resource Mobilisation



Tangible and important
practical and obviously necessary input



Clear Consequences
Credible repercussions for non-payment



Irrevocable transfer of funds
not fungible, a real expenditure



Considerable Experience
17 years of implementation means that Gavi alliance understands it and supports it



Credible Date Updated Regularly
Monthly data from UNICEF SD allows careful tracking. (Very credible data)



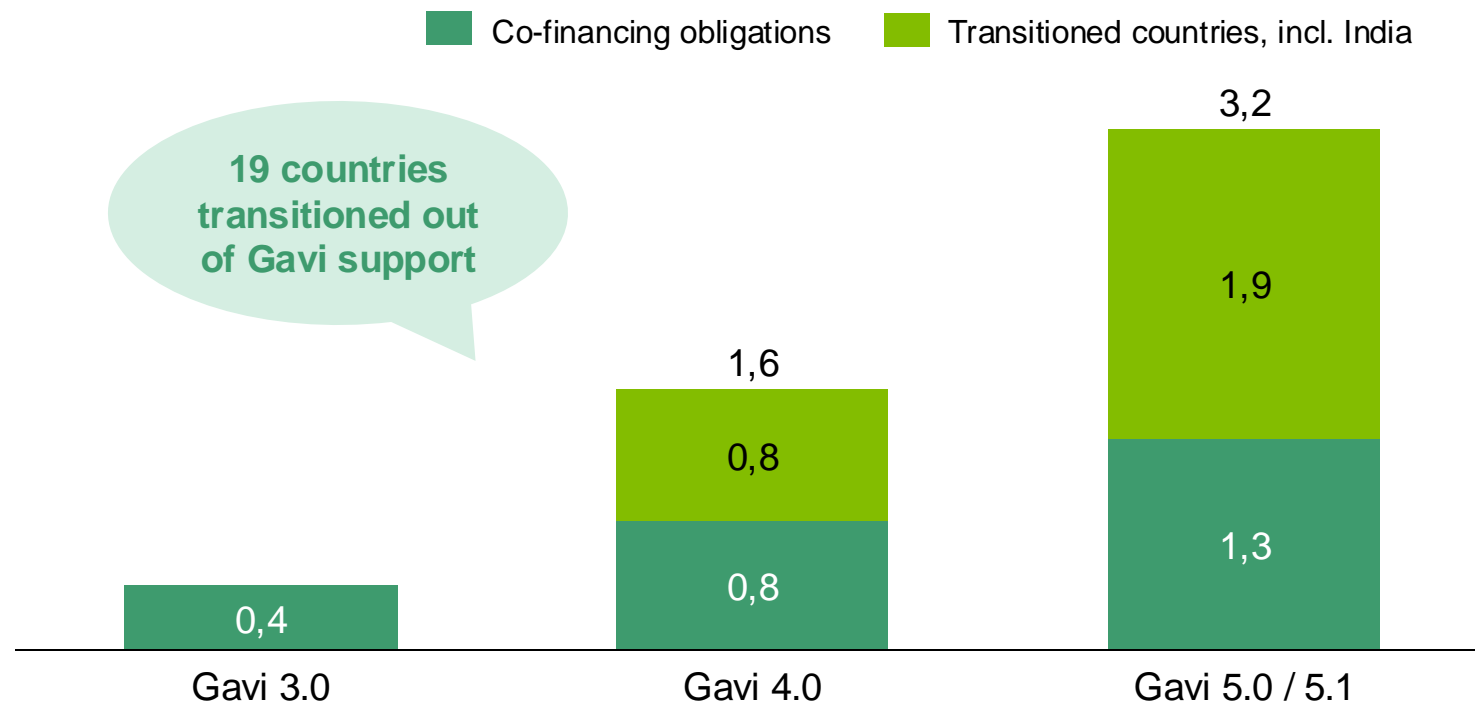
Ambitious but Achievable
It has represented “affordable” expenditure, about 1% of General Government Health Expenditure

In 6.0, Gavi has an opportunity to build on the success of its ELTRACO and MICs model and ensure it remains fit for purpose

The ELTRACO / MICs model has worked well to date to drive financial and programmatic sustainability

But the model is facing challenges

Co-financing and resources allocation for vaccines, US\$ Bn, 2011-2025



Sustainability, health impact and equity challenged by:

- Challenging **macro-economic outlook**
- Rapidly **increasing co-financing levels**
- **Limited programmatic readiness** to transition
- **Growing inequities in access** to immunisation including in a subset of **Former- and Never- Gavi-eligible countries**

Main challenges faced by the ELTRACO model in Gavi 6.0

Navigating the Complex Landscape and Addressing Financial Hurdles

Eligibility

Decline in some countries' ability to pay, mostly due to high debt levels & slow growth, not always reflected in Gavi's current eligibility indicator

Co-financing

Steep increases in co-financing in PT and AT countries

No price exposure in ISF countries threatening market health

Need to refine co-financing waivers to adapt fragile countries needs

Transition

Introductions of new and more costly vaccines, resulting in growing and more expensive portfolios of vaccines

Programmatic challenges faced by AT countries

3

Country's Co-financing in Gavi 6.0

Proposed solutions to address these challenges

Proposed shifts to the ELTRACO model + MICs approach

Initial Self-Financing (ISF)

a Introducing price exposure

Preparatory and Accelerated Transition (PT & AT)

b Updating Gavi's eligibility threshold (+ SIDS approach), including co-financing support for fully self-financing (FSF) vaccine programmes

Preparatory Transition (PT)

c Slowing down annual co-financing increase by making it linear and/or capping it

Accelerated Transition (AT)

d Providing minimum years of co-financing support for new vaccine introductions

e Decoupling the transition from vaccine and cash support for countries at risk of unsuccessful programmatic transition

Fragile countries

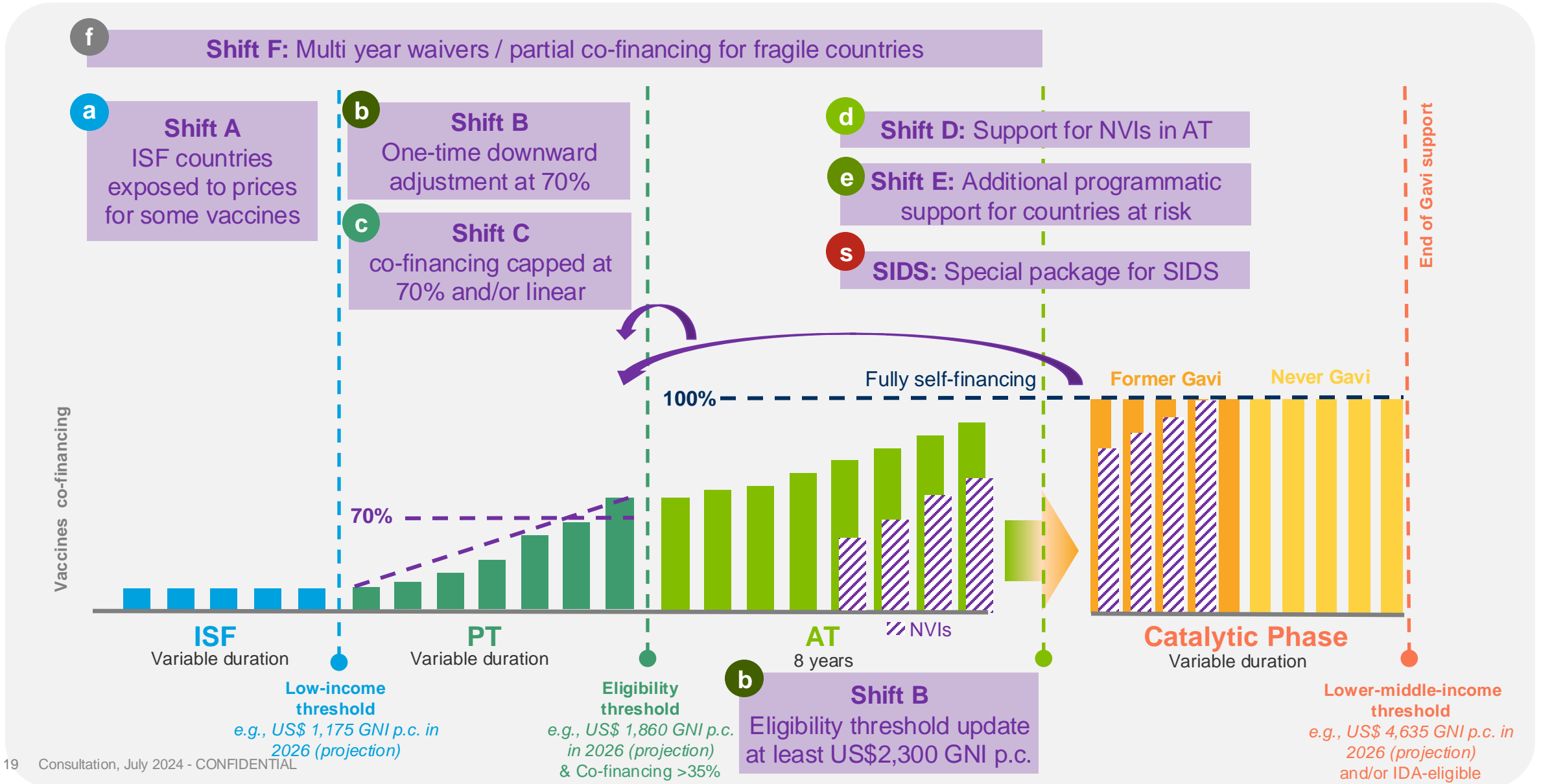
f Exploring the possibility of further differentiating co-financing rules for a subset of fragile countries facing humanitarian crisis

Catalytic phase (former MICs Approach)

o Objectives: Sustainable introduction of new vaccines, preventing and mitigating backsliding in routine immunisation, support in fragile countries

+ Developing a learning agenda to test some elements of the transition by vaccine model

Ensuring coherence across the proposed shifts



Shift A

Countries affected: ISF

Introducing price exposure

Shift A | Introducing price exposure

Countries affected: Initial Self Financing (ISF)



Objective of the shift

- To **expose ISF countries to price for specific vaccines where relevant** using a price fraction to:
 - ✓ **Drive market health** by encouraging/ enabling more informed product selection by including price as one factor in the decision-making process. This could be a **key lever** for **enabling supplier diversity** and **long-term competition** where other levers do not exist.
 - ✓ **Potentially** enable some countries to **save money by switching** to a more cost-effective product.

Additional context

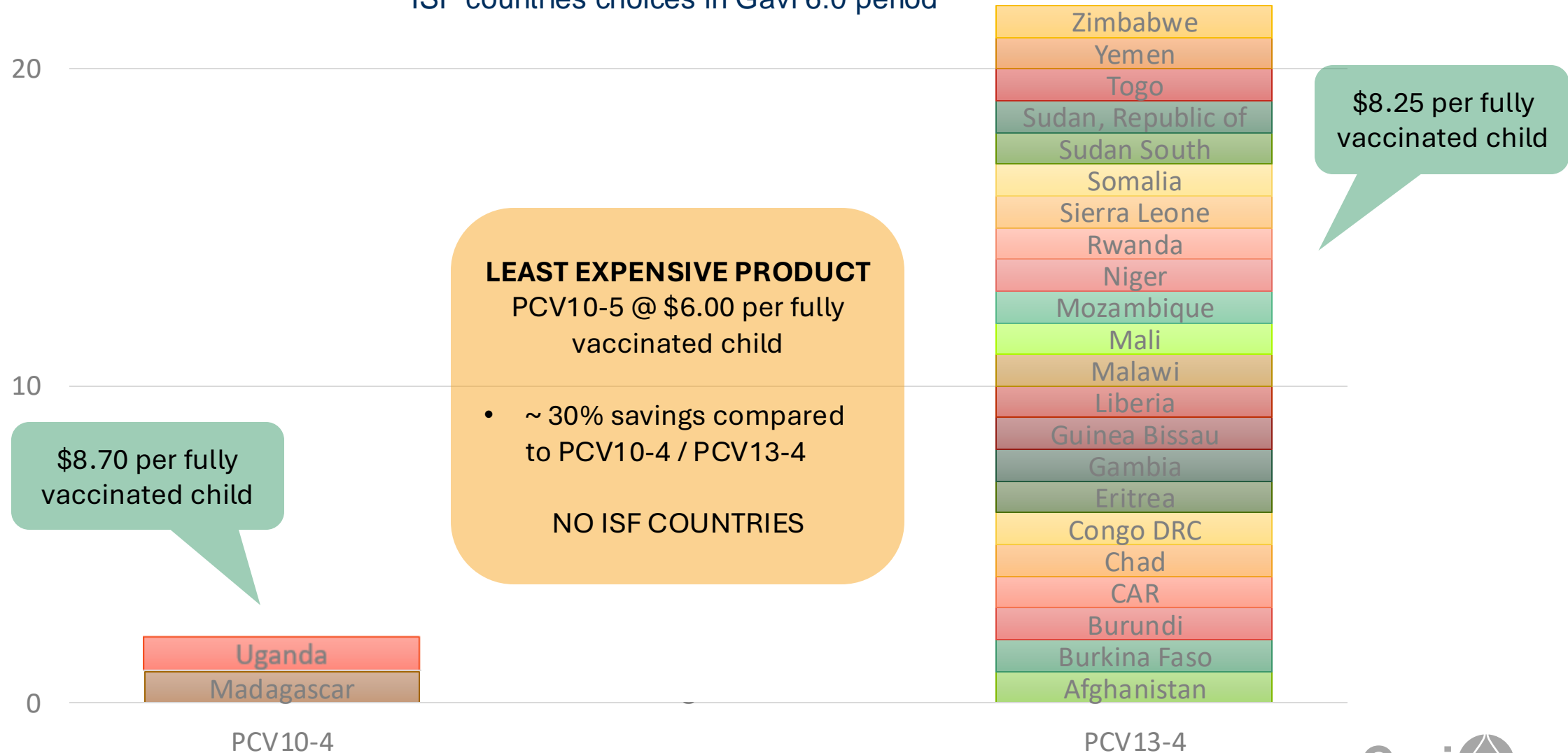
- This shift is **not driven by concerns over affordability** of the current model, but by the aspiration to introduce cost effectiveness considerations in country decisions, where relevant
- It is also recognised that this shift is part of a **wider toolbox for portfolio optimisation**.

Shift A | Key questions

1. Noting that the purpose of Shift A is to drive market health in order to support long-term sustainability, and that it would be designed in such a way to ensure it is cost neutral for the vast majority of countries, **do you agree with the proposal to introduce price exposure into for HPV and PCV vaccine markets for ISF countries, understanding that currently these are the two markets for which Shift A would be beneficial?**
2. To what extent do you think paying a percentage of the vaccine price will impact your decision about which product to introduce? **Do you think it might also incentivize you to switch to a cheaper product?**
3. What concerns, if any, do you have about this approach?

Current product choice | PCV

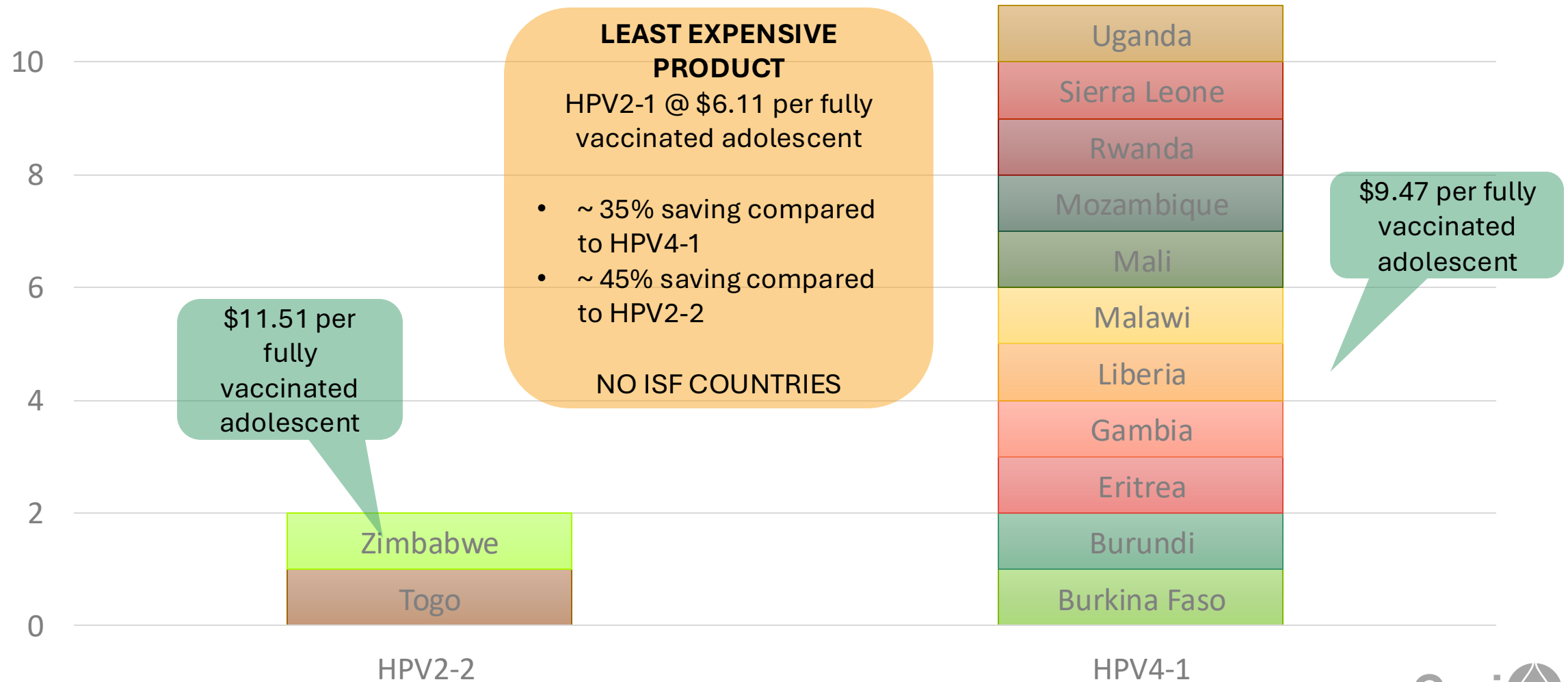
ISF countries choices in Gavi 6.0 period



Note: Country choice based on current product choices and assumptions for the financial forecast for year 2026

Current product choice | HPV

ISF Countries choices in Gavi 6.0 period

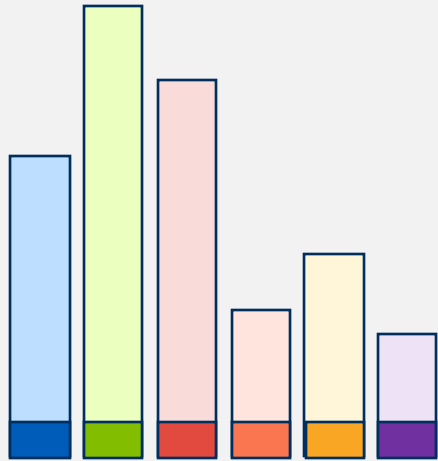


Note: Country choice based on current product choices and assumptions for the financial forecast for year 2026

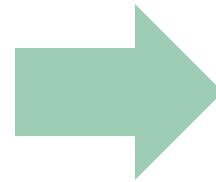
This analysis is based on a 2-dose schedule for all vaccines products for simplicity

Shift A | Introducing price exposure

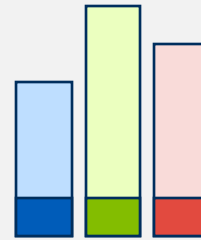
What happens now?



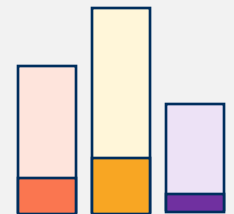
All vaccines cost \$0.20/dose, regardless of the actual cost of the vaccine



What is Shift A proposing to happen instead?



Some vaccines will still cost \$0.20/dose, regardless of the actual cost of the vaccine



Some vaccines will now cost a % of the total vaccine price

Shift B

Countries affected: PT, AT and former-Gavi countries

Updating Gavi's eligibility threshold

Shift B | Updating Gavi's eligibility threshold

Countries affected: Preparatory Transition (PT) and Accelerated Transition (AT) and some former-Gavi countries



Objective of the shift

- To revise the eligibility criteria for Gavi to more accurately represent a country's capacity to transition out of Gavi's support in a sustainable manner:
 - ✓ Better reflect the rising vaccine costs associated with growing portfolios
 - ✓ Reduces the risk of unsuccessful transition
 - ✓ Reduction in ad-hoc requests for exceptional extensions for Board approval

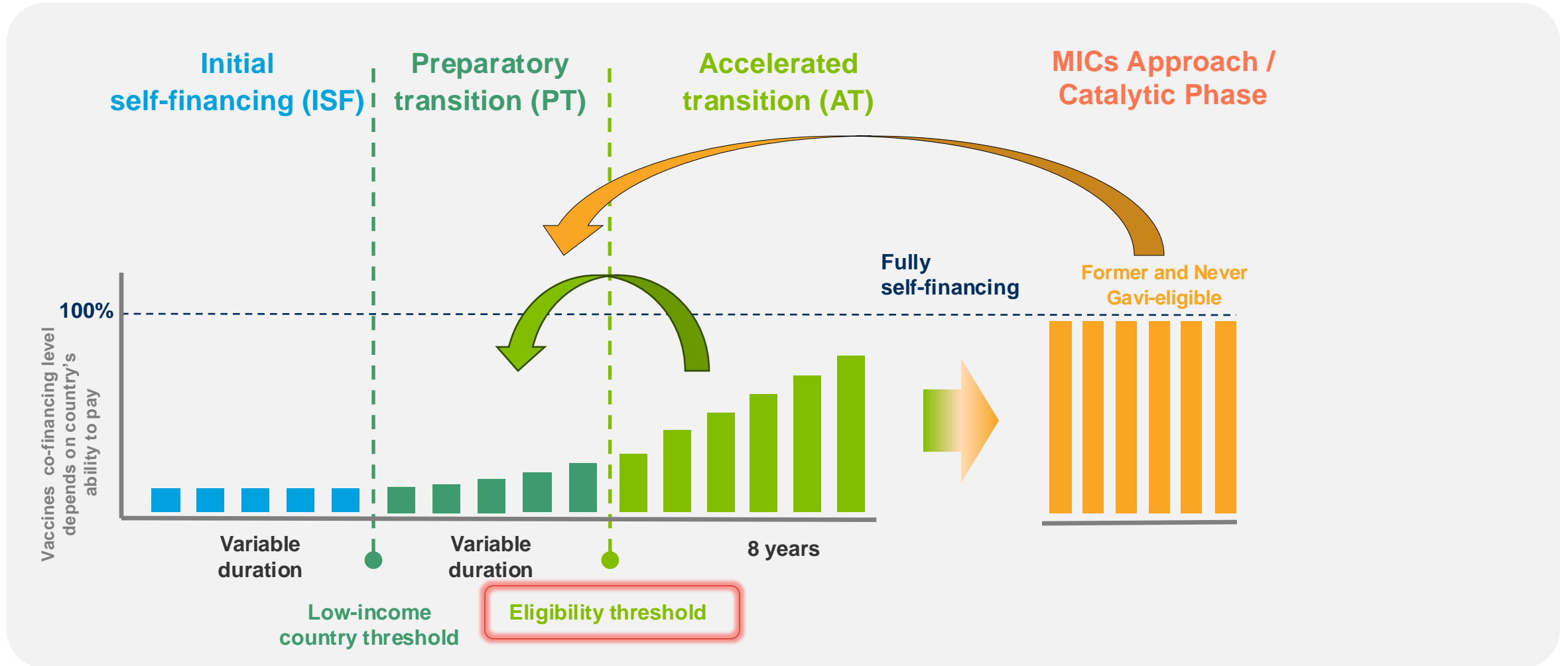
Additional context

- AT countries are facing greater economic challenges than countries that previously transitioned out of Gavi support
- AT countries are also suffering from slower economic growth challenging countries' ability to meet sharp ramp up in co-financing obligations. However, they are also doing well so far in meeting co-financing obligations

Shift B | Key questions

1. Gavi is considering increasing Gavi's eligibility to better support countries. **Do you agree with the proposal to reduce co-financing to 70% for those countries that regain eligibility?**
2. Some countries have suggested that this would not be favourable because it will lead to a reduction in co-financing which has been hard-won. What do you think? **How can the Alliance support countries to retain these funds within their immunisation budgets, for example to be used towards new vaccine introductions or programmatic costs?**
3. **Do you think that allowing all countries in PT, including those that regain eligibility, to introduce a new vaccine at 35% co-financing will help incentivize new vaccine introductions?**

Shift B | Countries that re-gain eligibility move back to PT



Uncertainty in GNI pc projections | Preliminary 2026 estimates

GNI pc projections for year 2026 (derived from GDP pc projections)

Impact of updating Gavi's eligibility threshold on countries transition pathways and eligibility



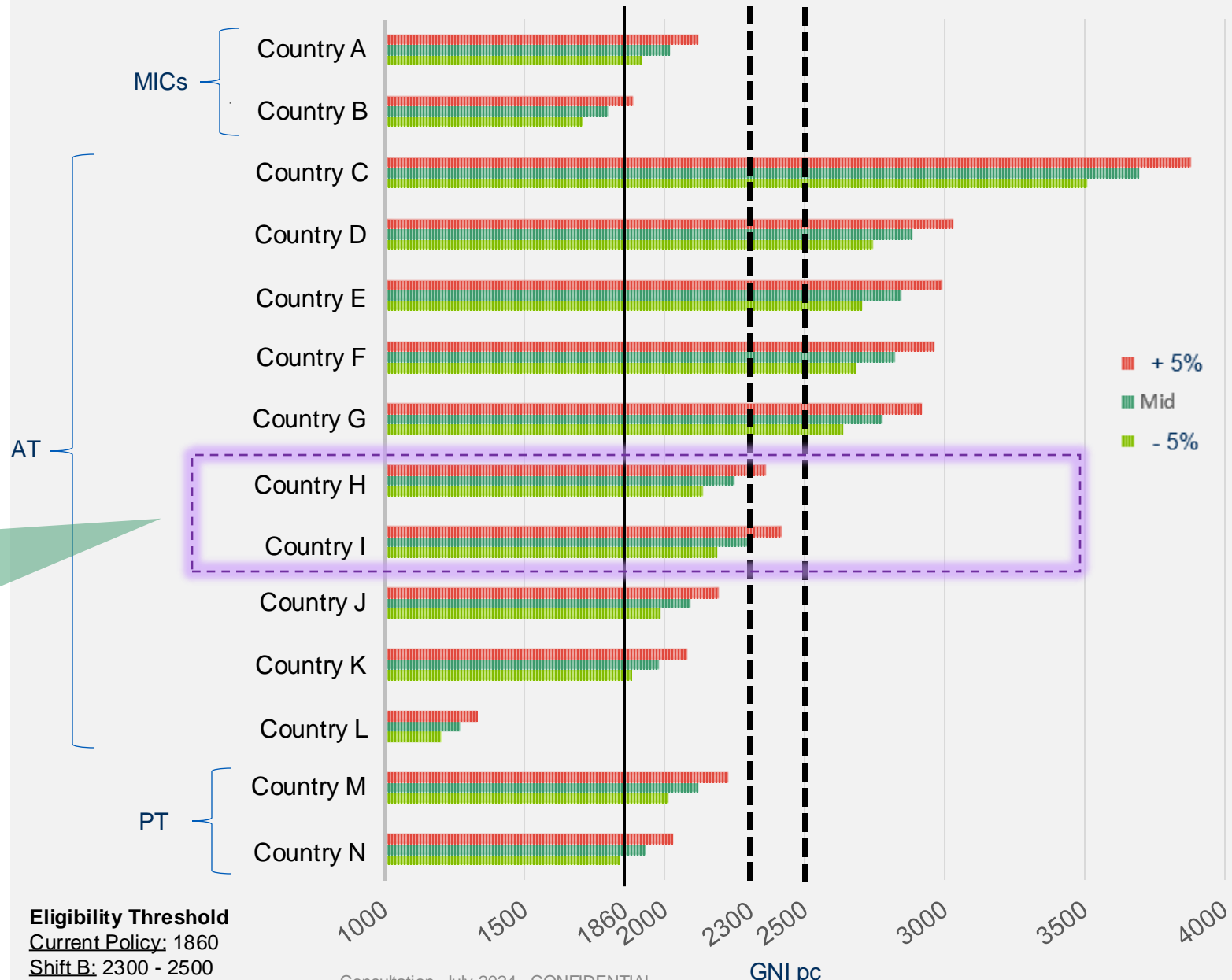
Highly dependent on the assumptions

Some countries will definitely 'stay' or 'transition' at either \$2,300 or \$2,500

Only some countries will be affected by this decision

Simulation exercise considering a point estimate for a country's GNI p.c. in year 2026 and consider a + - 5% variation

Preliminary eligibility estimations for current policy and scenarios for threshold update, according to the latest GNI p.c. estimates based on WB GNI pc July 2024 and IMF GDP pc projections from April 2024



Eligibility Threshold
 Current Policy: 1860
 Shift B: 2300 - 2500

Shift B | Co-financing for countries that regain eligibility

One-time downward adjustment

Existing vaccine programmes

- Under current rules, countries with a fully self-financed vaccine programme **do not regain** co-financing support if they become re-eligible for Gavi.



- Under this shift, countries that regain eligibility could also **regain Gavi support**, with a **one-time downward adjustment in co-financing** for existing programmes, e.g. to 70%

Fixed introductory price fraction

New vaccine introductions

- Under current rules, countries in Preparatory Transition (PT) phase can introduce new vaccines at the same co-financing level as their current portfolio



- Under this shift, countries would be able to introduce a new vaccine at a **fixed introductory price fraction**, e.g. 35%, to help **incentivise NVIs**
 - This rate would apply as a cap for **all countries in PT**

Shift C

Countries affected: PT

**Slowing down
co-financing
increases by
making it linear
and/or capping it**

Shift C | Limiting the co-financing increase in PT

Countries affected: Preparatory Transition (PT)



Objective of the shift

- To revise the co-financing rules to **protect the sustainability of vaccine financing for countries that spend a long time in PT:**
 - ✓ **Avoid a rapid increase** in their share of co-financing (exponential)
 - ✓ **Prevent PT countries from reaching 100% co-financing** before leaving this phase
 - ✓ **Reduce the risk of countries defaulting** in co-financing
 - ✓ **Reduce the need of tailored strategies** for select countries that have stagnated in PT phase for too long

Additional context

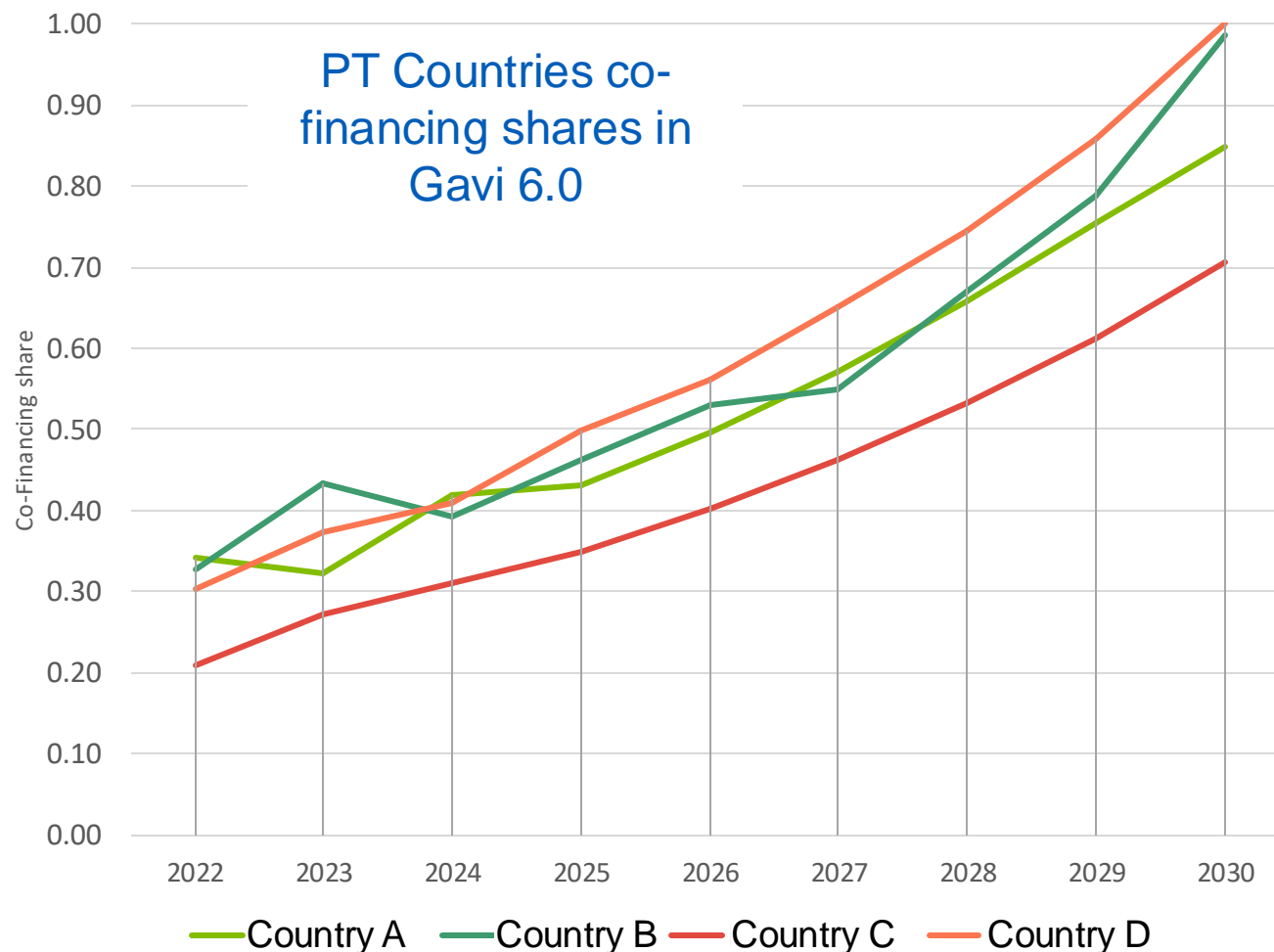
- Extremely high levels of co-financing in PT countries can be unsustainable, especially in the context of stagnating growth.
- From an equity perspective, there is a need to ensure that countries with similar GNI are facing similar co-financing requirements in the context of countries re-gaining eligibility

Shift C | Key questions

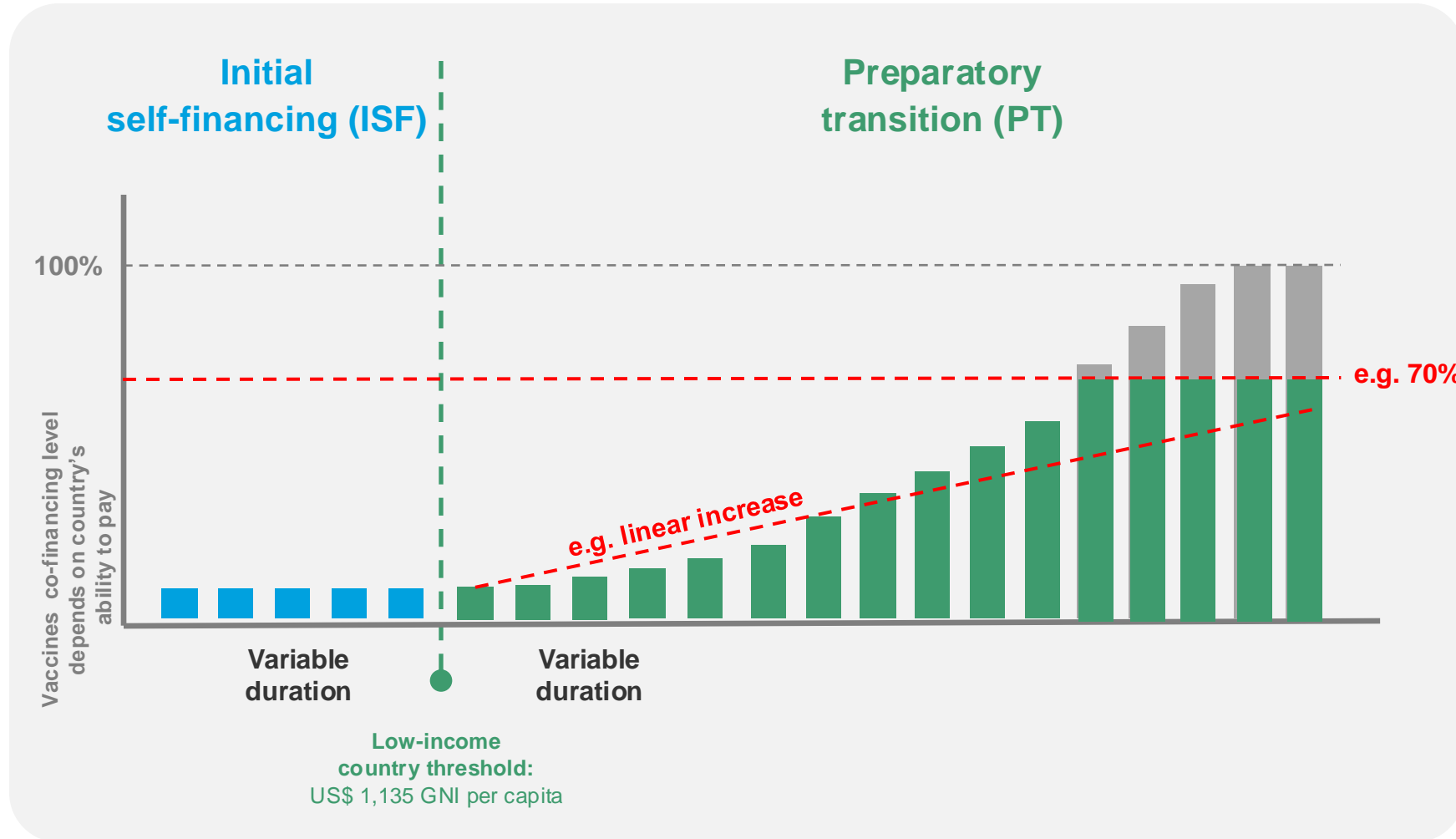
1. Under Shift C, co-financing for countries in PT could be capped at 70%. **Do you agree with this suggestion?** Why? What do you think could be the downside to this approach?
2. **Do you think that the current rate of increase (15% per year) of co-financing for countries in PT is manageable?** If not, what do you think would be a more manageable rate of increase? Why?

Shift C | Some countries in PT will see significant increases in co-financing under the current policy

Country	Years in PT (2024)	Co-Fi Share (Routine, excl Malaria)
Country 1	17	42%
Country 2	17	31%
Country 3	17	41%
Country 4	14	15%
Country 5	14	18%
Country 6	12	11%
Country 7	12	31%
Country 8	12	28%
Country 9	9	16%
Country 10	8	17%
Country 11	5	39%
Country 12	5	12%
Country 13	3	22%
Country 14	3	10%
Country 15	3	21%
Country 16	3	9%
Country 17	1	28%



Shift C | Countries in PT could see co-financing capped and/or a move to a linear increase in co-financing



Shift D

Countries affected: AT

Additional co-financing support for new vaccine introductions

Shift D | Support for new vaccine introductions in AT

Countries affected: Accelerated Transition (AT)



Objective of the shift

- To provide more incentives for AT countries to introduce key missing vaccines, thereby increasing Gavi's health impact.
 - ✓ Increase the uptake of new vaccines in AT countries
 - ✓ Protect fiscal space to sustain existing portfolio
 - ✓ Enhance financial sustainability for vaccine programmes in transitioning countries

Additional context

- Countries in AT face high barriers to NVIs due to high initial co-financing rates and potentially very few years of support.
- The amount of time a country spends in AT will not be extended
- Countries will have a 'tail' of co-fin support that continues as they move into the 'catalytic' phase.

Shift D | Key questions

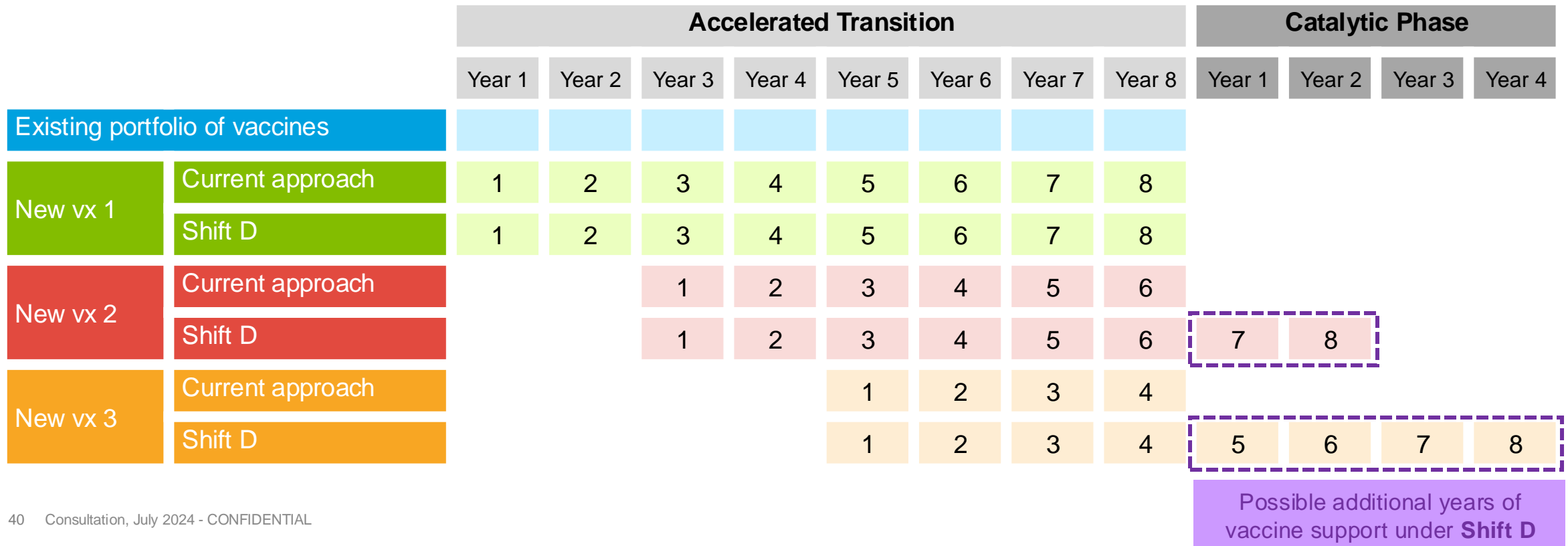
1. Countries in AT could, under Shift D, introduce a new vaccine at 35% and receive 8 years of support. **Do you think this approach could help to incentivize new vaccine introductions for countries in AT?** If not, what would you propose instead?

Shift D | Illustration

Providing a minimum years of co-financing support for new vaccine introductions for AT countries

Example:

- Country introduces 3 new vaccines during its time in AT.
- Each vaccine receives e.g., 8 years of Gavi support
- Countries can introduce new vaccines at a price fraction of e.g. 35% for co-financing



Shift E

Countries affected: AT

**Decoupling
programmatic
support for
countries at risk
of unsuccessful
transition**

Shift E: Targeted programmatic support to address transition gaps

Countries affected: Accelerated Transition (AT) countries moving into the Catalytic phase

Objective of the shift

- Provide targeted programmatic support to countries as they transition out of vaccine financing to **reduce the risk of unsuccessful programmatic transition.**
 - ✓ **Build Capacities in Critical Areas:** Enhance key capacities such as financial management, budget planning, data usage and procurement to prepare countries for sustaining their immunisation programs independently after Gavi support ends
 - ✓ **Mitigate risks of unsuccessful programmatic transition**



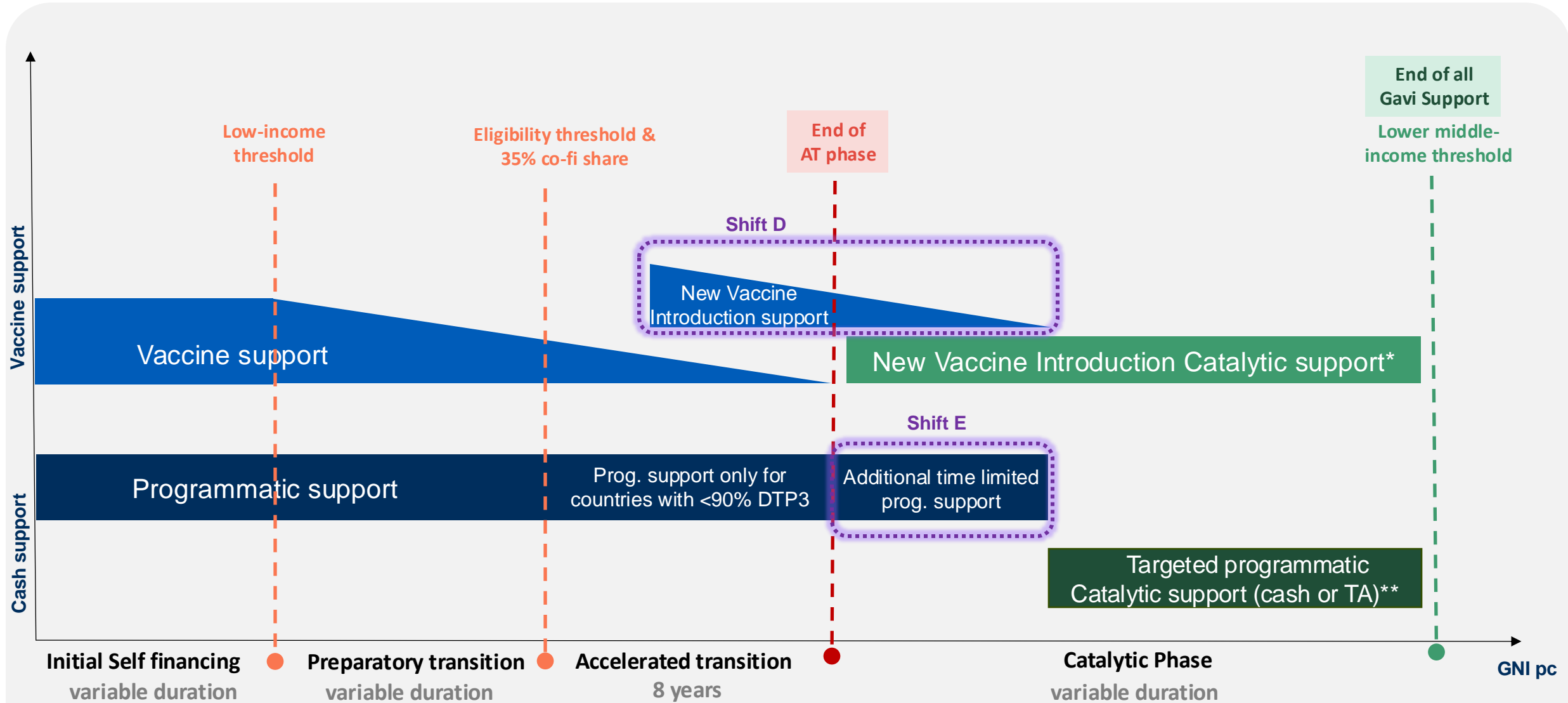
Additional context

- Original intent of Shift E was to cater to a larger list of countries at high risk of unsuccessful programmatic transition. With increase of GNI threshold to at least US\$ 2300- less countries in scope
- Board guidance was to consider a programmatic indicator for transition- covered under Shift E
- Board guidance was to consider vaccine & programmatic support for SIDS even above the updated eligibility threshold
- **Health systems strategy** being developed with core objective to strengthen programmatic sustainability- supporting countries to transition earlier on, beginning in preparatory transition.

Shift E | Key questions

1. Knowing that Shift E is designed to reduce the risk of unsuccessful transition of countries out of Gavi support, what criteria do you think should be used to determine which countries in AT should receive additional cash support (keeping simplicity and feasibility in mind)?
2. How long should this support be available for?

Shift E| Decoupling vaccine and cash support



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*NVI support includes: catalytic financing (50% first cohort in 1 or 2 years); NVI TA; and one-off costs

** Country-level support only for Former-Gavi (i.e., fully self-financing countries)

Shift F

Countries affected: Fragile

Waivers & Partial co-financing for fragile countries

Shift F | Key questions

1. Under Shift F, fragile countries could receive a co-financing waiver of up to three years. **Do you think this will help support, or hinder, long-term sustainability? What points of caution would you urge in implementing this approach?**
2. Fragile countries could also receive a partial-co-financing obligation to help them return to full co-financing following a waiver. Do you think this should be implemented on a per vaccine programme basis (e.g. countries are only obliged to pay for a specific vaccine programme such as pentavalent) or as a percentage of the overall vaccine portfolio (e.g. 50% of the total cost). **Which option do you think is better and why?**

Shift F | Waivers & Partial co-financing for fragile countries

Countries affected: Fragile



Objective of the shift

- To **enable fragile countries to sustain their immunisation programmes** when facing financial issues and **prepare the path for sustainable vaccine financing**
 - ✓ **Provide longer term visibility** in additional vaccine support
 - ✓ **Reduce transaction costs** for countries, partners and Gavi
 - ✓ **Promote a gradual return to vaccine co-financing**, allowing countries to regain control and get back on the path to sustainability

Additional context

- Some fragile countries need co-financing waivers year after year, leading to high transaction costs for waiver requests
- Some fragile countries face challenges with transitioning from a waiver to the full payment of their co-financing obligation
- Important to remain within the principles of Gavi's support model by requiring a commitment from countries

Shift F | Support for fragile countries could be better tailored to meet their needs

Through discussions with partners and the Gavi Secretariat, fragile countries could receive:

Waivers

Multi-year co-financing waivers

- Co-financing waivers of up to 3 years
- Reducing transaction costs
- Providing longer-term visibility on co-financing requirements
- ***Not an entitlement***



Co-Financing adjustment

Partial co-financing

- Partial co-financing obligation
- Supporting countries to maintain at least some co-financing
- Ensuring countries are not stuck in a 'waiver trap'



SIDS

Countries affected: current Gavi-eligible
SIDS

Support for Small Island Developing States

Shift SIDS | Key questions

1. Given the specific characteristics of SIDS, the Gavi Board is considering providing a specific package of support for these countries that are currently Gavi eligible and in AT phase. **Do you believe that the current proposal sufficiently addresses the challenges faced by SIDS within Gavi?**

SIDS | Support for Small Island Developing States

Countries affected: Current Gavi eligible SIDS



Objective of the shift

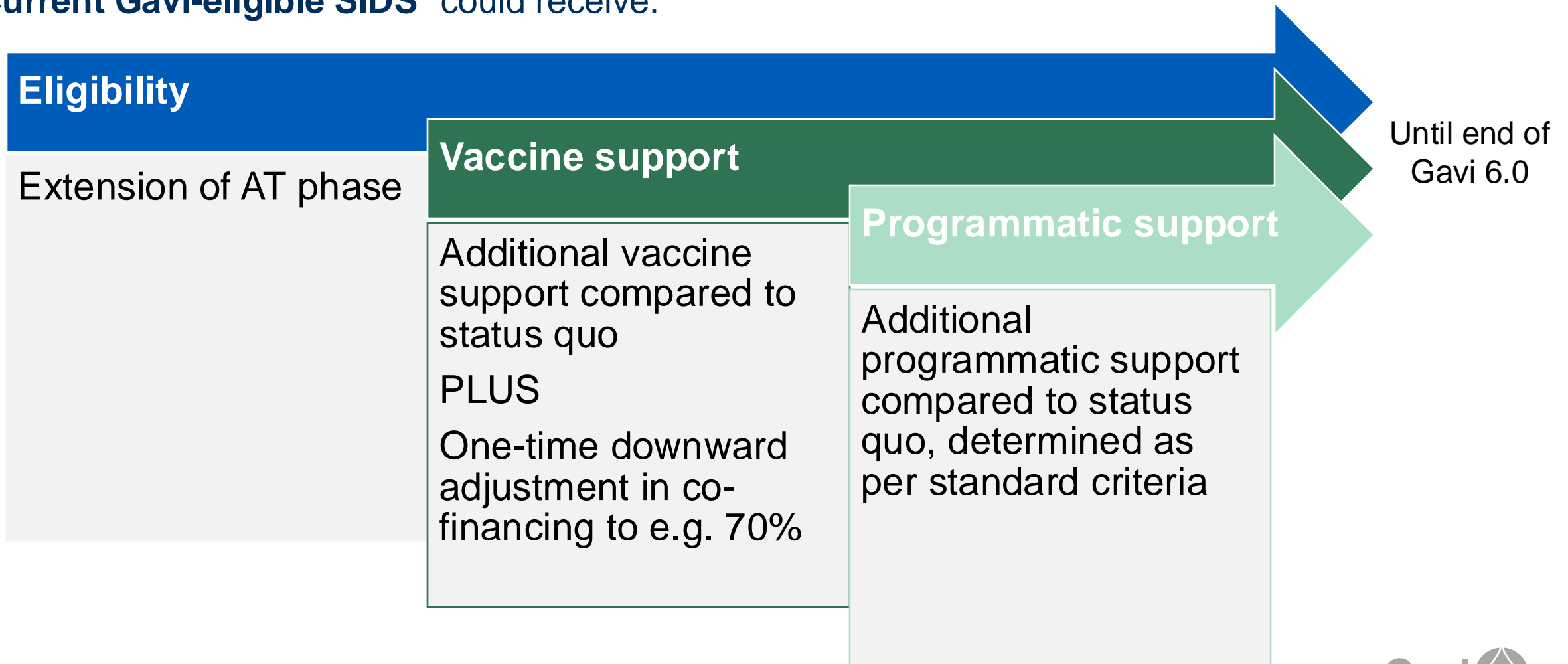
- Consider **vaccine and programmatic support for current Gavi-eligible Small Island Developing States**
 - ✓ **Provide additional support for SIDS** including countries with a GNI p.c. above US\$ 2,300 in 2026
 - ✓ **Reduces the risk of unsuccessful transition**
 - ✓ **Reduction in ad-hoc** requests for exceptional extensions for Board approval

Additional context

- Adjust support recognising the unique climate effects, macroeconomic instability, programmatic and financing challenges they experience
- Follows specific Board Guidance from June 2024 meeting

SIDS| Programmatic and Vaccine support for SIDS

Current Gavi-eligible SIDS* could receive:



5

Middle Income Country approach

Catalytic phase

Catalytic phase

Countries affected: Countries in the Catalytic phase (Current MICs approach)

Objective of the shift (i.e., streamlining of MICs Approach objectives)



- Drive sustainable introduction of key missing vaccines
 - ✓ **Country-level catalysers**, leveraged through partnerships with GHIs & MDBs
 - ✓ Continue working on **vaccine access and sustainable pricing** with UNICEF and others
 - ✓ Multi-country technical assistance
- Prevent and mitigate backsliding
 - ✓ Country-level **targeted interventions for select Former Gavi-eligible countries**; leveraged through partnerships with MDBs
 - ✓ Both Former and Never Gavi-eligible countries can access **global & regional public goods** (e.g. multi-country technical assistance)
- Ensure support for fragile countries
 - ✓ Harmonised support explored in new Fragile, Conflict and Humanitarian Settings strategic approach

Additional context

- Support under the Catalytic phase remains **needs-based** with stringent and **rules-based** application criteria.
- Eligibility: Former- and Never-Gavi eligible **Lower Middle-Income Countries** (WB classification) or eligible for International Development Association (**IDA**) support

Catalytic phase | Key questions

1. **Should the Catalytic Phase provide support for vaccine optimization and switches?** Is the proposal to include implementation support for Former Gavi-eligible countries adequate? **What else should be taken into consideration?**
2. How should the Catalytic Phase determine eligibility and prioritise support for prevention and mitigation of backsliding in former Gavi-eligible countries? **Is the proposal to expand indicators considered to determine eligibility adequate?**
3. Noting that there is a limited amount of funding, **should both former and never Gavi-eligible countries be eligible for fragility support under the Catalytic Phase or just former Gavi-eligible countries?**

Catalytic Phase | MICs Approach in 5.0/5.1

Key funding levers

Intervention area	Support	Progress to date (since 2022)
Foundational building blocks (Global & regional support)	Advocacy to galvanise political commitment	<ul style="list-style-type: none"> ➤ Global/ Regional Technical Assistance with WHO, UNICEF under implementation ➤ Expanded partners: under implementation ➤ Access to linked learning platform for MICs countries
	Multi-country technical assistance	
	Peer-to-peer learning platforms for MICs	
Responsive & catalytic tools (Country level support)	Targeted interventions (TI) to restore routine immunisation coverage	5 Former-Gavi eligible countries receive TI support (Angola, Bolivia, Honduras, Indonesia, Viet Nam)
	New vaccine introduction <ul style="list-style-type: none"> ➤ Technical assistance ➤ Flexible, one-off funding to cover costs related to new vaccine introduction ➤ Vaccine catalytic financing (50% of a first cohort, procurement via UNICEF SD or PAHO RF) 	6 introductions: Eswatini (HPV), Indonesia (HPV&Rota), Kosovo (PCV, Rota& HPV); Applications approved by the IRC: Iran (PCV&Rota), Cuba (PCV, HPV), Grenada (PCV& Rota), Jordan (PCV), Angola (HPV), Tunisia (HPV) Applications in development: Mongolia (HPV), Maldives (PCV&Rota), Viet Nam (HPV), Philippines (HPV& Rota)
	Facilitating access to pooled procurement mechanisms in collaboration with UNICEF SD (MICs Financing Facility, MFF)	Operationalised

FRAGILITY SUPPORT

(Providing support to **both Former and Never-Gavi eligible:** Venezuela, Lebanon, Sri-Lanka, oPT)*

Key challenges

- Backsliding & large Zero Dose in MICs
- 60% of MICs are missing at least one of the 3 vaccines (PCV, Rota & HPV)

Key targets

- **Prioritise backsliding** support in 90% of former-Gavi countries with >90% pre-COVID DTP3 coverage
- **Reduce the number of zero-dose** children by 230,000 in former-Gavi countries
- **Introduce 8-10 new vaccines** and reach 4M-6M children/adolescents

Catalytic Phase | 6.0 level of ambition

Key funding levers

Objectives	Intervention area
Drive sustainable introduction of key missing vaccines	<ol style="list-style-type: none"> 1) Country-level catalysers, leveraged through partnerships with GHIs & MDBs: <ul style="list-style-type: none"> • Vaccine catalytic financing • One-off-costs • Country-tailored Technical Assistance 2) Continue working on vaccine access and sustainable pricing with UNICEF and other partners 3) Multi-country technical assistance
Prevent and mitigate backsliding	<ol style="list-style-type: none"> 1) Country-level Targeted Interventions for select Former Gavi-eligible countries; leveraged through partnerships with MDBs 2) Both Former and Never Gavi-eligible countries can access global & regional public goods (e.g. Multi-country technical assistance)
Ensure support for fragile countries	<p>TBC:</p> <p>Harmonised support explored in new Fragile, Conflict and Humanitarian Settings strategic approach</p>

Key challenges

- Backsliding & growing inequities in immunisation access in LMICs
- 54%* of MICs are missing at least one of the 3 vaccines (PCV, Rota & HPV) & upcoming vaccines (dengue & future TB vaccine) with significant health impact in LMICs

Key targets (TBC)

- Introduce **XX** new vaccines and reach **XX** children/adolescents among Former and Never Gavi-eligible countries
- 90% of countries introducing new vaccines in the 6.0 catalytic phase achieve 90% vaccination coverage within the third year of introduction
- Reducing the number of ZD by at least **XX%** (TBC)
- 90% of former-Gavi eligible countries in the catalytic phase are maintaining >90% coverage of **XX**

Catalytic Phase | Outstanding design options

The streamlining of the MICs Approach is an opportunity to respond to early implementation learnings and new context:

Objective	Design options	Why
1. Driving the sustainable introduction of key missing vaccines & prevent and mitigate backsliding	1. How will the Catalytic phase support sustainable access to vaccines including consideration for vaccine optimisation / switches?	<ul style="list-style-type: none"> • Key considerations for financial sustainability among Gavi-MICs • Align with levers under the catalytic phase at global/regional/country levels
2. Preventing and mitigating backsliding of routine immunisation	2. How do we determine eligibility and prioritise support for prevention and mitigation of backsliding?	<ul style="list-style-type: none"> • Build on lessons on indicators used to determine eligibility • Respond to need to prioritise given limited funding
3. Ensuring support for fragile countries	3. Are both Former-Gavi and Never-Gavi eligible countries eligible for support?	<ul style="list-style-type: none"> • Differentiated, fragility-responsive principles • Maintain critical routine immunisation programmes during emergencies and fragility situations

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Q&A

Thank you