Country by country approach
Document for public consultation

1. Objectives of this work

In November 2011, the GAVI Alliance Board requested the Secretariat "to develop a policy that clearly defines the GAVI Alliance's approach to fragile and under-performing countries". A paper will be presented to the Programme and Policy Committee (PPC) in October for endorsement by the Board in December 2012. The main objectives of this work are to:

a) Recognise current limitations faced by a subset of GAVI-eligible countries in their ability to access and leverage GAVI support.

b) Ensure that country-specific challenges to accessing immunisation support are identified.

c) Propose flexibilities in current GAVI policies and how they could be applied equitably on a country by country basis.

There are many lists categorising fragile states and they vary in terms of definitions. Of the eight definitions analysed[1], 44 out of the 57 GAVI-eligible countries were categorised as fragile on at least one list. None of the definitions statistically linked to immunisation performance[2].

Based on preliminary analysis from the work, the PPC on 23-24 April 2012 agreed that a country by country approach would be a more useful option than developing a policy centred on a specific fragile states definition. At the PPC, it was further agreed that links with fragility would, if possible, include immunisation coverage and government structure. The policy should stay simple and indicate clearly what the approaches are and who is eligible, and the final framework should be transparent to avoid an unfair application of the policy between countries.

2. The Policy process

The development of the country by country approach consisted of consultations with country stakeholders through bilateral meetings, with delegations at regional meetings and through meetings with civil society organisations. In addition, the Secretariat also established a technical consultation group to provide guidance and advice. This group consisted of immunisation experts and experts working in fragile states including United

[1] Includes: World Bank; OECD; Global Fund; Country Indicator for Foreign Policy, Carleton University, Canada; AUSAID; Brookings Institute; Fund for Peace; GAVI 2006 list of fragile states
[2] Analysis by GAVI Secretariat

Nations Office for the Coordination of Humanitarian Affairs (UN OCHA), the Organisation for Economic Cooperation and Development (OECD) and UK's Department for International Development (DFID), as well as of representatives from different stakeholders such as governments, civil society organisations and GAVI's partners.

These discussions informed the definition of exceptional circumstances that may impede a country's ability to access or leverage GAVI support. In order to ensure that the countries eligible for certain flexibilities could be identified in a transparent and fair manner, corresponding inclusion criteria were developed for each. The criteria are based on externally validated, publicly available lists created or used by a multilateral institution or other recognised international organisation.

The draft country by country approach is subject to a public consultation process from 25 June 2012 – 30 July 2012 prior to being presented to the Programme and Policy committee (PPC) for endorsement by the Board.

3. GAVI's response

Country, Secretariat and expert consultations have resulted in an approach, which recognises the need for GAVI to tailor its response to different country situations. Depending on the type of response required, the presence of one exceptional circumstance entitles a larger sub-set of countries to a set of flexibilities that correspond to their given circumstance; whereas a smaller sub-set of these countries that are in extended fragile situations are entitled to a complete country tailored strategy with the whole set of flexibilities as may be appropriate and over a longer timeframe. This distinction is driven by the rationale that the smaller sub-set of countries in extended fragile situations need a more in depth and holistic approach over a longer timeframe.

GAVI's business model is built on the principle that countries and their local partners are best placed to understand the country needs and to run immunisation programmes. GAVI supports national priorities outlined in national health strategies and the joint assessment by the development partners of national strategies and plans, integrated delivery, budget processes and decision making.

a) **Countries with specific exceptional circumstances**:

Through country and expert consultations, exceptional circumstances faced by GAVI countries that prevent them from accessing GAVI support have been identified. These circumstances can be non-immunisation related, such as political or humanitarian emergencies, or immunisation-related, such as countries with low national coverage or low coverage in a significant amount of districts.

What will GAVI do?

It is recognised that GAVI already has a set of tools and flexibilities that are applicable in many of these extraordinary circumstances. However, it

is also recognised that the use of these tools could be made more transparent and that in some instances, new tools are needed.

Annex 1 outlines GAVI's proposed response to these time-limited situations and flexibilities as well as the eligibility criteria. An illustrative list of 27 countries that would currently be eligible for such flexibilities is provided and would be updated annually.

Additional approach to countries in emergency situations:

Recognising that GAVI is not a humanitarian organisation, GAVI has as one of its strategic goals to strengthen health systems to deliver immunisation in eligible countries. This may be especially crucial during times of emergency (of humanitarian and/or political nature). Noted as particularly important for the routine activities is the post-emergency transition period when the humanitarian organisations withdraw their support and the regular systems are expected to be functional again. There are also situations of sudden political crisis or conflict that affect GAVIs ability to continue already agreed support.

Recognising the dynamic nature of crises, new countries facing a political or humanitarian emergency not identified in the annual review process would become eligible for the flexibilities proposed under the categories of political and humanitarian emergencies.

b) **Countries in extended fragile situations**:

Keeping in mind that fragility is not necessarily linked to immunisation performance, the examination of GAVI's history and the country and expert consultations have demonstrated that there is a set of countries that face extraordinary challenges over long periods of time in accessing and utilising GAVI support. The specific situations of these countries differ but the common denominator is that they are fragile both in a humanitarian and/or political sense and at the same time, under-performing from an immunisation perspective. These countries may need a tailored approach to overcome obstacles.

The framework developed by the Secretariat identifies both immunisation and non-immunisation challenges. Countries that appear under both sets of challenges, and where problems are of a recurring or protracted nature, would be eligible for a tailored approach (see Annex 1).

The framework takes into consideration both political and humanitarian emergencies and gives priority to countries with long-lasting conflict situations and/or recurring disasters. It also takes into consideration the immunisation aspect through analysing under-performance from a coverage perspective (DTP3 and equity in immunisation) as well as the governance situation (through the Failed States Index developed annually by the Fund for Peace, which includes assessments of deterioration of public service, poverty and uneven economic development).

What will GAVI do?

Building on the experiences from GAVI's work with large countries, a more collaborative approach is occasionally justified to develop a strategy that is tailored to the country-specific situation, building on the flexibilities proposed. It is suggested that such an approach is adopted for countries that face extraordinary challenges that are of a protracted nature. The type of response GAVI extends through the tailored approach will be determined by country need but may include technical assistance and cash support for health systems strengthening above current allocations.

4. What will GAVI achieve with this approach?

Through the implementation of this approach, GAVI aims to address the specific needs of these countries. A full monitoring framework will be developed that will allow GAVI to assess the effects of the suggested changes on an annual basis. The impact assessment will involve the monitoring of outcome and process related measures. For countries in exceptional circumstances, the outcome measures would include indicators such as whether the coverage in routine immunisations has been maintained (or only mildly deteriorated) during emergency and post-emergency situations in GAVI eligible countries. This would translate into process measures assessing GAVI's ability to respond quickly. For countries in extended fragile situations, outcome measures would include improved access to GAVI support by countries in extended fragile situations. The process measures would cover the number of countries with country specific strategies.

The results framework is currently in development and available upon request. Please contact us on public_consultation@gavialliance.org if you would like to receive a copy.

5. Related GAVI work streams and policies

Several GAVI policies make allowance for countries with different capacities and needs. The co-financing policy links financial contributions to a country's ability to finance vaccines and then considers defaulters on a case-by-case basis. Cash-based support is available for countries not meeting the minimum required DTP coverage to apply for New Vaccine Support (NVS). Financial ceilings for GAVI Health Systems Funding Platform support are based on a country's population and per capita gross national income (GNI). Countries are also assessed for their level of fiduciary risk as part of the Transparency and Accountability Policy.

GAVI's health system strengthening is based on the principle of supporting national health strategies and the joint assessment of national strategies and plans by development partners. The country by country approach continues to build on that principle.

In addition, the Board has identified countries with weak, stagnating or decreasing immunisation performance (e.g. on-going analysis of countries with low DTP3 coverage), and countries with large populations as needing a more tailored approach. The country by country approach provides a conceptual framework for GAVI eligible countries and integrates the on-going work on large countries and on low coverage countries. It has been noted in

the list of countries which ones are already subject to country specific strategies as part of other work streams.

Annex 1 GAVI's response

A summary of the exceptional circumstances identified in the exercise is provided below. The table also outlines proposed criteria to assess eligibility under each exceptional circumstance and potential flexibilities in GAVI policies and principles that could be extended. The inclusion criteria were based on externally validated, publicly available lists which used a clear methodology, that have been created or used by a multilateral institution or other recognised international organisation. The list of countries based on the criteria is illustrative due to the dynamic nature of each of the exceptional circumstances and may alter in subsequent years. The table below only includes areas of flexibilities needed in GAVI policies. This is because policies are approved by the Board, and therefore included in this framework, whereas procedures are measures put in place by the Secretariat and partners to implement policies. The country consultations have raised a number of issues about GAVI processes (as opposed to policies) – for example the language used in official communications with governments. These comments are important and will be addressed in a separate document for the GAVI Secretariat.

	Exceptional circumstance	Inclusion criteria	Relevant GAVI policy	Proposed flexibility(ies)	Duration of flexibility	Illustrative list of countries currently covered based on criteria
Non-immunisation related circumstance	**Humanitarian emergency – e.g. disaster, influx of refugees** **Definition:** A humanitarian emergency leading to a public health emergency of international concern (International Health Regulations, 2005).	**Long term response:** Country with 3 or more humanitarian emergencies in the last 5 years as listed on: Declaration of a 'Level 3 emergency' in the country by the Inter-Agency Standing Committee, when available or: Existence of a humanitarian appeal for the country as indicated by UN OCHA http://www.unocha.org/cap/appeals/by-year/results		**New applications:** Accept new HSS support application by country if no existing HSS commitment. **Existing support:** Rapid response process to re-programme existing funds. Rapid response would require a decision within one to two weeks of receiving government/partner request. Work with global authorities (UNOCHA) to ensure that routine immunisation is effectively supported and prioritised during humanitarian emergencies (e.g. through new language	On-going based on APR review	**Long term: OCHA Appeals from 2008-2012** Countries with appeals in all 5 of the 5 years Afghanistan CAR Chad DRC Pakistan Somalia Sudan Yemen Zimbabwe Countries with appeals in 4 of the 5 years Cote d'Ivoire Haiti Kenya

				in their guidelines). Coordination with other agencies to align support (e.g. through HSFP). Re-route vaccines based on discussion with partners.*		Kyrgyz Republic Uganda Countries with appeals in 3 of the 5 years Liberia Nepal **No. of countries identified (with 3 or more): 16**
	Political emergency **Definition:** Political emergency where the ability of government to manage GAVI-funded resources is seriously compromised (includes countries facing international sanctions).	**Long term response:** Country is in the top two categories (maroon and dark red) on the overall ranking in the most recent available Failed States Index[3] by the Fund for Peace Available from: http://www.fundforpeace.org/global/?q=fsi-grid2011 and/or Countries facing sanctions <need a UN-based list currently have provided OFAC list>: http://www.treasury.gov/resource-center/sanctions/Programs/Pages/Programs.aspx	TAP policy	**New applications:** Accept new HSS support applications by partners if no existing HSS commitments. **Existing support:** Re-channel cash-based support through other entities such as partners and CSOs at the request of government/partner.* Re-route vaccines based on discussion with partners.*	On-going based on APR review	Fund for Peace, Failed States Index (2011) Maroon category: Somalia Chad Dark red category: Sudan Congo, DR Haiti Zimbabwe Afghanistan CAR Cote d'Ivoire Guinea Pakistan Yemen **No. of countries identified (2011 data): 12**

[3] The total score which is summed from individual scores across the following parameters: Mounting demographic pressure; Massive movement of refugees and IDPs; Vengeance seeking group grievance; Chronic and sustained human flight; Uneven economic development; Poverty, sharp or severe economic decline; Legitimacy of the state; Progressive deterioration of public services; Violation of human rights and rule of law; Security apparatus; Rise of factionalised elites; Intervention of external actors

						OFAC sanctions: Cote d'Ivoire Congo, DR Korea, DPR Myanmar Somalia Sudan Zimbabwe **No. of countries identified (based on May): 7**
	Country with transitional status **Definition:** A subnational area currently not recognised as a country, but is scheduled to gain secession through the process of referendum in order to recognise it as an autonomous county.	Region recognised to undergo a referendum for succession within 5 years	Eligibility policy	**New applications:** Accept proposals and APRs from pre-referendum authorities.* **Existing support:** Re-channel funds through partners	Until referendum for succession passes	**No. of countries identified: 0**
Immunisation related circumstance	**Country with devolution of healthcare services** **Definition:** Country with subnational areas that have complete authority over the health and immunisation system (through full decentralisation) without any central health authority.	Country with complete devolution of MOH from the central level to regional levels.	Eligibility policy	**New applications:** Accept sub-national applications with liaison through a central entity. **Existing support:** Re-channel funds through subnational entity.	For the duration of proposal based on cMYP	Pakistan (from 2015)- based on conversation with EPI manager **No. of countries identified: 1**
	Country with very low performance in a significant number of	In the country the difference in DTP3 coverage between the lowest wealth quintile and the	Eligibility policy	**New applications:** Accept application from and funding to partners and other	For the duration of proposal based on cMYP	CAR, India, Liberia, Mozambique, Nigeria, Pakistan, Vietnam, Yemen

	districts **Definition:** Country with large subnational differences in immunisation coverage leading to equity concerns.	highest wealth quintile is greater than 40% points[4] (based on latest available data).		stakeholders. **Existing support:** Work with partner countries to encourage channelling of HSS funds to districts recognised as having greater need. Reprogramming of cash support based on government request to districts in greater need (based on DTP3 coverage).		**No. of countries identified: 8**
	Country unsuccessful in GAVI application twice or more	Countries, which have had two or more "resubmission" outcomes from the IRC for New Vaccine Support and HSS applications		**New applications:** Proactive engagement with country. Direct support for TA. **Existing support:** Proactive engagement with country. Direct support for TA.	On-going till next successful application round	Between 2005-2012 3 resubmissions: Nigeria 2 resubmissions: Democratic Republic of Congo, Guinea, Tanzania, Mozambique **No. of countries identified: 5**
	Countries with less than 70% national DTP3 coverage	Country with national DTP3 coverage less than 70%, as reported by WHO/UNICEF for the latest available year.	Eligibility policy	**New applications:** None **Existing support:** Proactive engagement with country. Direct support for TA.	For the duration of proposal based on cMYP	From Data warehouse (UNICEF/WHO estimates, 2010): Afghanistan CAR Chad + DRC + Guinea Haiti

[4] The Equity Indicator in the Business Plan is as follows "Number of countries where DTP3 coverage is +/- 20 percentage points of coverage in highest wealth quintile". Using a 20% point difference identified 25 GAVI-eligible countries; hence a 40% point difference was set for this inclusion criterion, which limited the number of countries to those with extreme equity issues between wealth quintiles.

						Liberia Mauritania Nigeria PNG Somalia Uganda [+] [+] currently part of the <70% work with WHO and UNICEF **No. of countries identified: 12**

* identifies a flexibility that has been extended in the past in response to specific circumstance(s).

Countries with exceptional circumstances: Overall, the framework above identifies 27 out of the 57 GAVI-eligible countries as having at least one exceptional circumstance in the framework above. Of these 27 countries, 15 are also in situations of extended fragility with at least one non-immunisation related exceptional circumstance and one immunisation-related exceptional circumstance. For these countries long-term, country-specific strategies will be developed. These countries have been underlined in the list below:

- Afghanistan
- Central African Republic
- Chad [α]
- Congo, Democratic Republic[α]
- Cote d'Ivoire
- Guinea
- Haiti
- India [α]
- Kenya
- Korea DPR (OFAC)
- Kyrgyz Republic
- Liberia
- Mauritania
- Mozambique
- Myanmar (OFAC)
- Nepal
- Nigeria [α]
- Pakistan
- Papua New Guinea
- Somalia
- Republic of Sudan
- South Sudan (no DTP3 coverage information)
- Tanzania
- Uganda [α]
- Vietnam
- Yemen
- Zimbabwe

[α] Countries that have country-specific strategies as part of other work streams.