



GAVI and fragile states: a country by country approach

Supporting specific countries to overcome challenging circumstances

Frequently asked questions
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1. Why has GAVI developed a policy for countries in specific situations?

Country, public and expert consultations show that there is a subset of GAVI-eligible countries that find themselves in either protracted fragility or emergency situations with both immunisation and non-immunisation challenges, threats to immunisation systems and/or GAVI support.

This requires flexibilities in GAVI policies and in how we work with countries and partners to better address these events. While GAVI has previously extended flexibilities in policies on an ad hoc basis, this approach aims to systematically apply a transparent framework with a specific set of inclusion criteria.

The objectives of the policy:

- Improve vaccination coverage in a subset of GAVI-eligible countries with particularly challenging circumstances
- Protect systems and existing GAVI support in eligible and graduating countries in countries that experience emergency events

2. Will this apply to all GAVI eligible countries?

To enable GAVI to better respond to countries in **longer term situations** with both immunisation and non-immunisation related challenges that prevent access to or optimal use of GAVI support, a **framework** has been developed to capture a specific set of circumstances and related inclusion criteria. On an annual basis, the framework will apply a standard and transparent filter to **all GAVI-eligible countries** to identify those that are eligible for a tailored approach, adjusted to the country-specific context. This allows GAVI to formulate a list of priority countries in order to focus limited resources and more active support. The list of countries identified through the framework in December 2012 include: Afghanistan, CAR, Chad, Cote d'Ivoire, DRC, Guinea, Haiti, Nigeria, Pakistan, Somalia and South Sudan.

For **GAVI-eligible or graduating countries** that find themselves in **emergency situations** that threaten the immunisation system and/or implementation of existing GAVI support, flexibilities will be extended at the request of the country Government or a GAVI in-country partner (WHO/UNICEF) when an event has occurred. The request should be endorsed by the country mechanism(s) for immunisation coordination and/or any entity that is coordinating the emergency response in the country.

3. How was the framework developed?

The overall policy development process firstly consisted of bilateral consultations with country stakeholders in 18 countries. This was followed by a number of separate consultation sessions held at a



variety of technical meetings involving experts in immunisation, those working in fragile states, as well as representatives of different stakeholder groups such as Governments, civil society organisations and Alliance partners. These consultations contributed to the development of a draft policy (in English and French) that was made available publicly in a web-based consultation for a six-week period, supported by an online questionnaire that prompted 14 extended responses. Additionally, three briefing calls were attended by over 50 individuals from multiple countries who participated in discussion and provided feedback on the draft policy and framework.

This open and inclusive consultation process informed the finalisation of the framework, designed to identify a limited group of countries that face immunisation and non-immunisation-related challenges. The criteria includes political and humanitarian emergencies and governance, gives priority to long-lasting conflict situations and/or recurring disasters, and takes into consideration the immunisation aspect through analysing various aspects of under-performance. To ensure transparency, the criteria are based on externally validated, publicly available lists created or used by multilateral institutions or other recognised international organisations.

4. What are the flexibilities to GAVI policy? On what basis will they be adapted to the country-specific context?

After a country is identified for a tailored approach, the GAVI Secretariat will initiate engagement with all appropriate stakeholders, in order to identify and adapt specific flexibilities to the country context. Flexibilities that could be extended relate to GAVI processes, funding ceilings and channels. The Secretariat will work closely with countries and partners to facilitate an additional level of coordination and harmonisation of the suggested interventions, as well as adherence to aid effectiveness principles. These interventions, implementation and monitoring arrangements will be described in a strategy and action plan developed by the Secretariat, with input from partners, for the approval of the GAVI CEO. It will align with country leadership and build on existing analyses, data, and partner and bilateral agencies' assessments.

5. How will the objectives of the country focused approach be measured?

Each country tailored approach will also include a monitoring plan, which will enable collective follow up by GAVI on the identified interventions. The indicators will align with the policy's overall results framework, but may also include specific indicators required to monitor the implementation at country level. The policy will come into effect on 1 January 2013 and will be reviewed in 2016.

6. How will GAVI ensure effective coordination and harmonisation with partners, CSOs and other implementing organisations?

The aim of this work is to better respond to countries and situations that prevent access to or optimal use of GAVI support. It involves an increased level of engagement, dialogue and coordination with country Alliance partners and other in-country stakeholders, in order to ensure harmonisation of the suggested interventions as well as adherence to aid effectiveness principles. It also contains an increased reliance on in-country mechanisms such as the Immunisation Coordination Committees (ICC) and National Immunisation Technical Advisory Groups (NITAG), for coordination of support.



The GAVI Secretariat will align this effort with other work streams to yield a coordinated response from GAVI – and where applicable its Alliance partners – for each country.

7. How will this approach relate to existing country planning frameworks, such as cMYPs?

Where relevant, the duration of the tailored approach will be synchronised with the comprehensive multi-year plan (cMYP) and/or country health or immunisation strategies. GAVI will contribute to the coordination of in-country partners and immunisation mechanisms such as ICCs to support the updating of all relevant plans and strategies.

When an emergency event has occurred and the country Government or an in-country partner (WHO/UNICEF) put forward a request to GAVI, this should be accompanied by an endorsement of the country mechanism for immunisation coordination – the Interagency Coordination Committee (ICC) – or any mechanism that is coordinating an emergency response in the country.

8. There are many complicated circumstances that contribute to a country being viewed as being in a ‘fragile situation’. How does this relate to immunisation?

Our public, country and expert consultations demonstrate that there is a set of GAVI-eligible countries that face exceptional challenges over long periods of time. Their specific predicaments differ, but analyses show that these countries are fragile in terms of their humanitarian and/or governance situation and at the same time, under-performing from an immunisation perspective. For this reason, GAVI is working to extend time-limited flexibilities to support countries to address these events and their related impact on immunisation systems.

9. What will be different for countries with this approach?

For the countries that are identified for a tailored approach, it is expected that the flexibilities and the technical and financial support will lead to increased access to GAVI new vaccines support (NVS), health systems strengthening support (HSS), aiming to stimulate improvements in vaccination coverage.

For countries that find themselves in a short term emergency situation, the aim is to protect existing GAVI support and/or immunisation systems. The expected outcome is that the coverage of DTP3 and where applicable the GAVI NVS be maintained or at least not decreased by more than 10 percentage points (WHO/UNICEF estimates) measured in the year following an emergency event.

10. What does this policy mean for countries that are not identified through the framework?

If a country is not identified for a tailored approach, it does not mean that there are no flexibilities or targeted support available for that country. Several other work streams are available within GAVI and across the Alliance to address specific challenges, e.g. enhanced engagement in large countries, focused support for countries with DTP3 coverage under 70% (WHO/UNICEF estimates) and efforts to improve data quality.