External Funding for COVID-19 Vaccine Delivery Across Low-and-Middle Income Countries

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Introduction

Study Objectives:

- **Objective 1:** Analyze the scale of external funding for COVID-19 vaccine delivery across 138 low- and middle-income countries.

- **Objective 2:** Understand the distribution of funding based on country economic context, indicative need and other factors.
Methods

Data collection – Top-down approach – 2021 to June 2023

Financing Source → Intermediary Financing Agent → Country Recipient → In-Country Implementing Agent

**Financing Source/Intermediary Financing Agent**

**Multilateral Development Banks**
- World Bank
- Asian Development Bank
- Inter-American Development Bank

**Donor Governments and Agencies**
- Australia
- Africa CDC
- Germany (BMZ & AA)
- Global Affairs Canada
- Czech Republic
- Ireland
- Japan – Ministry of Foreign Affairs
- JICA
- New Zealand

**Norway**
- Republic of Korea
- Switzerland
- U.S. Government
- European Commission

**UN Agencies**
- UNICEF
- UNOPS
- WHO

**Foundations**
- Private Foundations
- ELMA
- Private Donors
- Gavi
Who wants to monitor funding for COVID-19 vaccine delivery?

Who wants to report funding allocations for COVID-19 vaccine delivery?
Methods

Data Collection

Direct engagement with allocating organizations

Online platforms with publicly available data

Resources channeled through UNICEF

Data Elements

- Country recipient
- Financing Source/Financing Agent
- Administration Channel
- Allocation/Disbursement

- High-level funding data collected as part of continuous monitoring during global vaccine roll-out
- Simplified vs. detailed data → data collected to reduce reporting burden and maintain high reporting frequency.

Funding Allocation + Disbursement data

Composite Indicator

Total “Available” Funding
External funding for COVID-19 vaccine delivery

138 Low-and-middle-income countries

<table>
<thead>
<tr>
<th>No. of countries</th>
<th>Total</th>
<th>Total Available Funding (US$ Billions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>138</td>
<td></td>
<td>$4.77 billion</td>
</tr>
</tbody>
</table>

- Funding is comparable to ODA for immunization in LMICs (2015-17).

- Relatively small in comparison to ODA for C19 health response in LMICs (2020-21)


### Country Selection

<table>
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<tr>
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<tr>
<td>- Gavi AMC Eligible&lt;sup&gt;1&lt;/sup&gt; Countries</td>
<td>$4.32 billion</td>
</tr>
<tr>
<td>- COVDP&lt;sup&gt;2&lt;/sup&gt; Priority Countries</td>
<td>$2.55 billion</td>
</tr>
<tr>
<td>- No. of SIDS&lt;sup&gt;3&lt;/sup&gt;</td>
<td>$0.30 billion</td>
</tr>
<tr>
<td>109</td>
<td>$4.47 billion</td>
</tr>
<tr>
<td>- Gavi AMC Eligible&lt;sup&gt;1&lt;/sup&gt; Countries</td>
<td>$4.05 billion</td>
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<tr>
<td>- COVDP&lt;sup&gt;2&lt;/sup&gt; Priority Countries</td>
<td>$2.38 billion</td>
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</table>

- Funding Available for SIDS is **6%** of total available funding.
- Funding per capita is far greater greater in SIDS.

**Average Available Funding Per Capita (US$)**

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
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<tbody>
<tr>
<td>Non-SIDS</td>
<td>$2.32</td>
</tr>
<tr>
<td>SIDS</td>
<td>$18.73</td>
</tr>
</tbody>
</table>

- Low population sizes and factors such as topography, and remoteness and increase the marginal cost of delivering health interventions in SIDS.
- Higher average per capita allocations to SIDS act as outliers and are removed from subsequent per capita analysis across country groups.

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1 – Gavi Advanced Market Commitment (AMC), 2 – Covid Vaccine Delivery Partnership (COVDP), 3 – Small Island Developing State (SIDS)
External funding for COVID-19 vaccine delivery by Income Classification

- LMICs received the largest share of funding (52%), followed by LICs (38%).
- LMICs had the greatest per capita funding allocated ($3.06), followed by LICs ($2.97).
- Funding per capita broadly declines as income classification group increases.

- Countries in lower income classifications have higher per capita funding allocations in comparison to the upper middle income countries group.
- Suggests broadly equitable distribution of funding for COVID-19 vaccine delivery.
External funding for COVID-19 vaccine delivery vs. Domestic Government Health Spending

Available Funding per capita by Domestic Government Health Expenditure per capita 2019 (D-GGHE 2019)

- **Lowest (<=20)**: $2.64
- **Extremely Low (20-50)**: $2.38
- **Very Low (50-100)**: $2.54
- **Low (100-200)**: $3.36
- **Moderate (200-500)**: $1.28
- **High (500-1000)**: $0.40

Relatively high due to Mongolia ($16.65 per capita)

- Skewed but decreasing trend as D-GGHE per capita increases.

Country groupings according to D-GGHE per capita 2019 (US$)

- 42 Countries
- 20 Countries
- 15 Countries
- 21 Countries
- 32 Countries
- 8 Countries

- Countries with the lowest D-GGHE, which likely have the least capacity to fund their own healthcare interventions, received the higher funding per capita than countries with relatively high D-GGHE per capita. Suggesting broadly equitable allocations of external funding.
**External funding for COVID-19 vaccine delivery by indicative need | Gavi AMC and COVDP Support**

- Gavi AMC eligible countries funding represented 91% of the total available funding across LMICs.
- COVDP prioritized countries had an average funding per capita higher ($3.13) in comparison to non-priority countries ($2.02).
- Countries with greater need, as indicated by their Gavi AMC eligibility and COVDP priority support status received a greater share of funding overall and greater funding per capita.
External funding for COVID-19 vaccine delivery by indicative need – Over time

Between February 2022 and June 2023:

- Funding for AMC countries (Excluding COVDP countries) increased by 42%
- Funding for COVDP countries increased by 89%

The growth in funding for COVDP priority countries suggests effective resource mobilization support to countries with the most need.

This highlights the importance of targeted, responsive funding in addressing global health challenges.
Conclusions

- Allocation of funds for C19 Vx delivery was broadly equitable and in-line with indicative needs.
- Inter-Organizational prioritization of countries with the lowest COVID-19 vaccination coverage supported resource mobilization for COVDP priority countries.

Limitations

- Organizational overheads/Administrative costs vs. resources directly supporting Vx delivery activities.
- Top-down approach less comprehensive than resource/time intensive bottom-up exercise.
- Lack of utilization data – little transparency in relation to “remaining” funds.
  - Effectiveness of resources is unclear.

Future Research

Country Case studies:
Assessment and documentation of factors that influence country prioritization and utilization of external financing for COVID-19 vaccine delivery.

Pandemic Preparedness and Response (PPR) considerations

- Pre-emptive data sharing agreements.
- Standardized reporting.
- Integration with donor coordination structures.

Assessment of

- Government perceptions towards administrative processes to access of external funding
- Donor and development partner mechanisms and processes for the disbursement of funds.
- Country-level governance and coordination structures to support harmonization of funds.
- Quality of funding – Flexibility of funding and grant duration.
Thank you.