

Intro: are countries poised to successfully transition from donor support?

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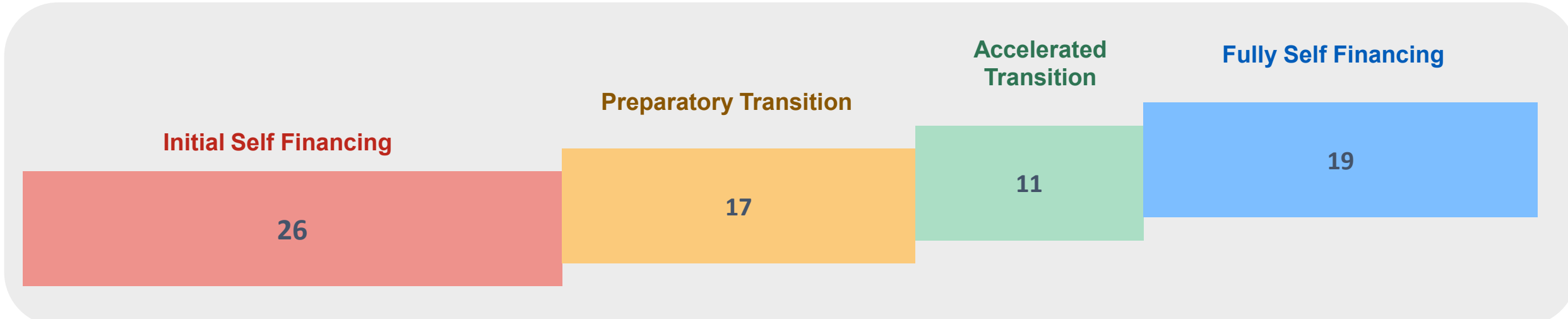
iHEA Pre-Congress session on Immunization Economics

July 19, 2025

Background

- Gavi, the Vaccine Alliance, provides new and under-used vaccines to countries at a highly subsidized rate.
- Gavi's Co-Financing Policy is a co-procurement arrangement between Gavi and countries.
- The amount of vaccines and the co-financing rates are based on the GNIpc of the country.
- The program has been highly successful with most countries fulfilling their co-financing requirements on an annual basis.
 - 19 countries have successfully transitioned
 - Up to \$2billion in vaccines have been procured by countries
 - 86% of co-financing in 2024 from domestic sources
- However, since the COVID-19 pandemic, the economic situation of countries has become volatile and more constrained.
- *Can countries continue to successfully transition from Gavi in this current climate?*

2025 Gavi eligibility and transition phase

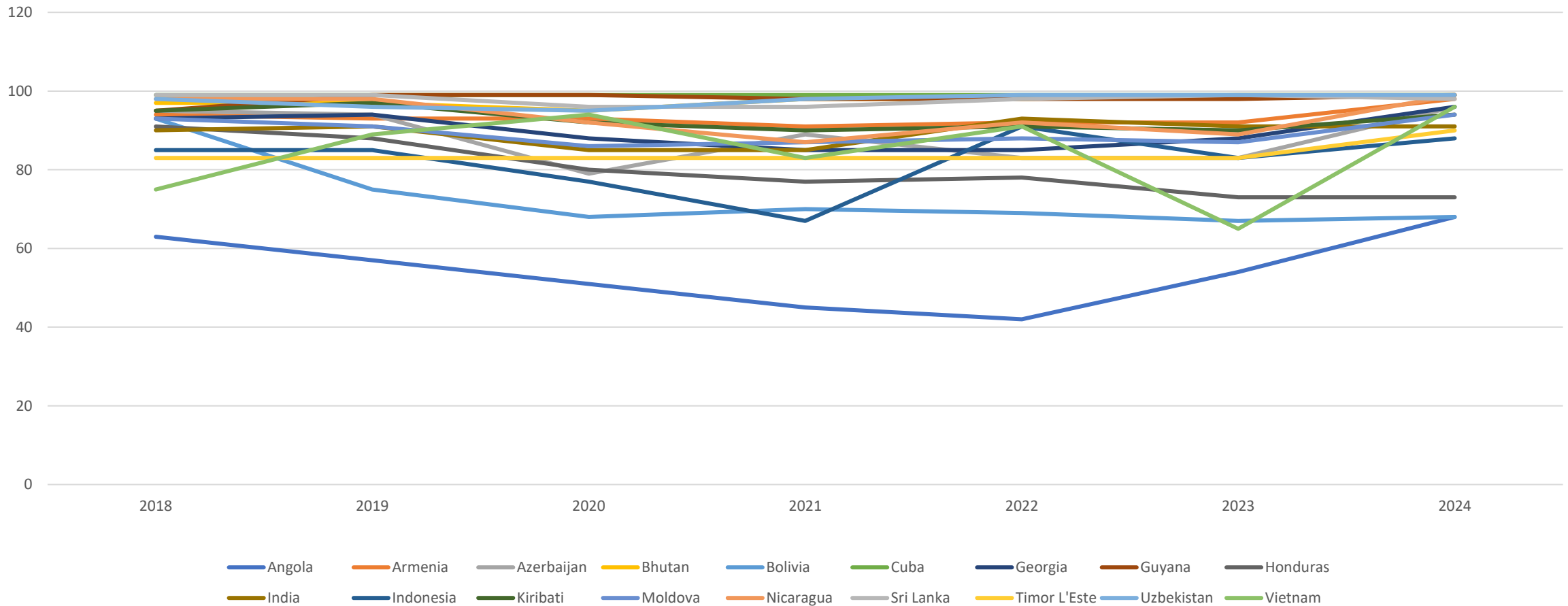


Afghanistan	Malawi	Benin	Senegal	Bangladesh	Angola	Moldova
Burkina Faso	Mali	Cambodia	Tajikistan	Congo, Rep.	Armenia	Mongolia
Burundi	Mozambique	Cameroon	Tanzania	Cote d'Ivoire	Azerbaijan	Nicaragua
CAR	Niger	Comoros	Zambia	Djibouti	Bhutan	Sri Lanka
Chad	Rwanda	Guinea	Zimbabwe	Ghana	Bolivia	Timor-Leste
Congo, DRC	Sierra Leone	Haiti		Kenya	Cuba	Viet Nam
Eritrea	Somalia	Kyrgyz Rep.		Lao PDR	Georgia	Ukraine [^]
Ethiopia	South Sudan	Lesotho		Nigeria	Guyana	Uzbekistan
Gambia	Sudan	Mauritania		Papua NG	Honduras	
Guinea-Bissau	Syria	Myanmar		Sao Tome	India*	
Korea, DPR	Togo	Nepal		Solomon Islands	Indonesia	
Liberia	Uganda	Pakistan			Kiribati	
Madagascar	Yemen					

Countries in **bold** are considered fragile; * Countries with a Board-approved tailored approach; ^ Ukraine did not receive vaccine support
 Eligibility phase calculated based on the latest GNI p.c. estimates, according to the data from WB GNI pc July 2024 and IMF GDP pc projections from April 2024

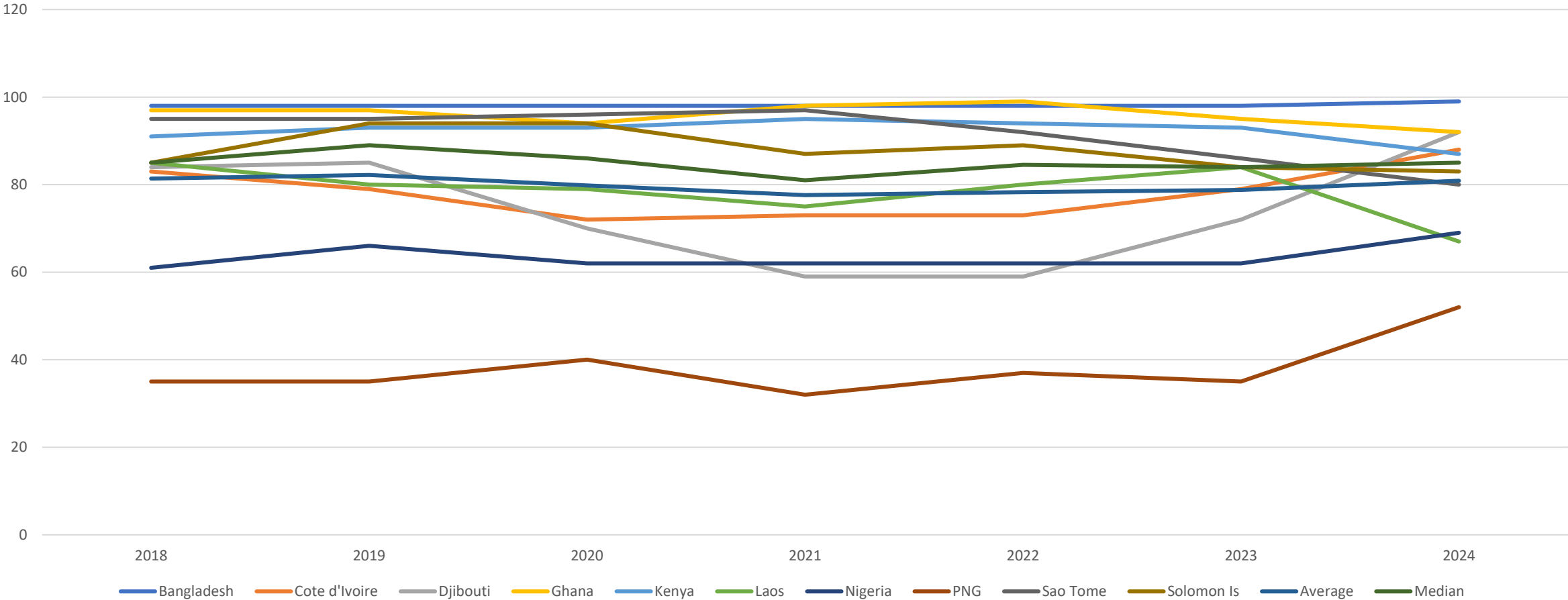
2 percentage point gain in DTP3 coverage for transitioned countries

WHO, July 2025.



Coverage stagnant in AT countries (median)

WHO, July 2025.

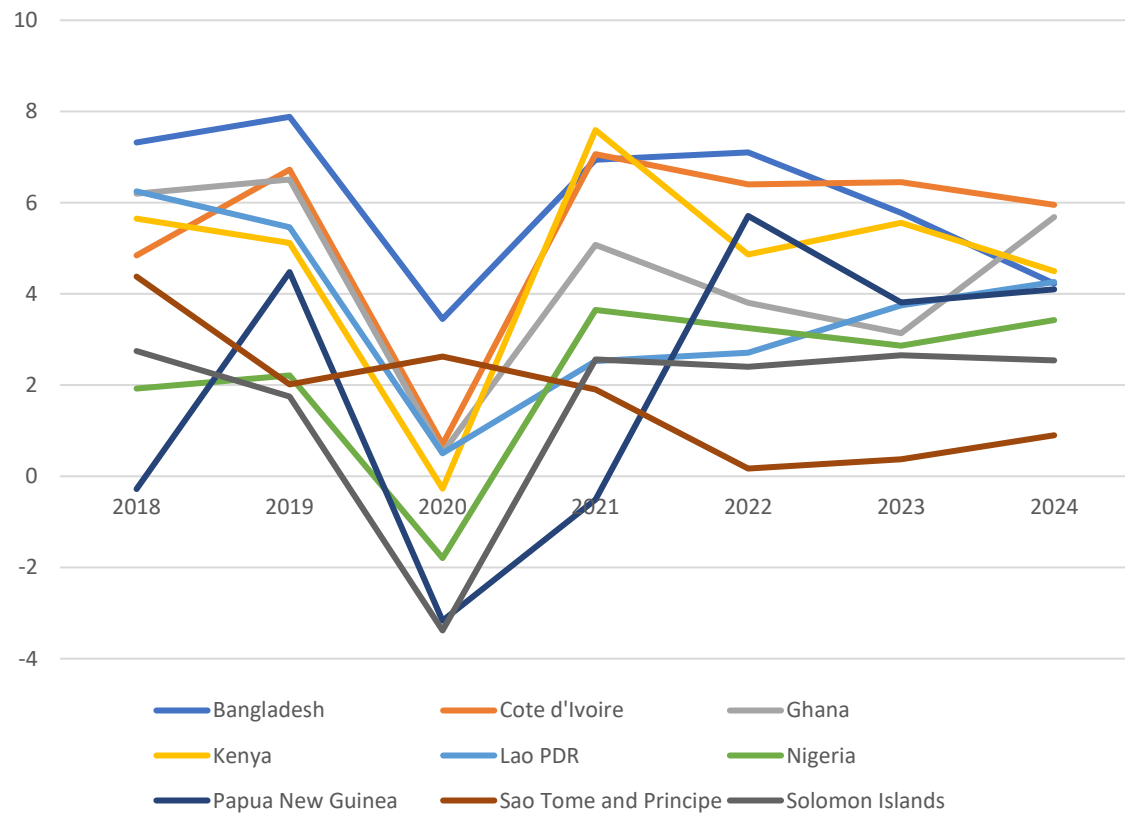


Comparison of AT and transitioned countries

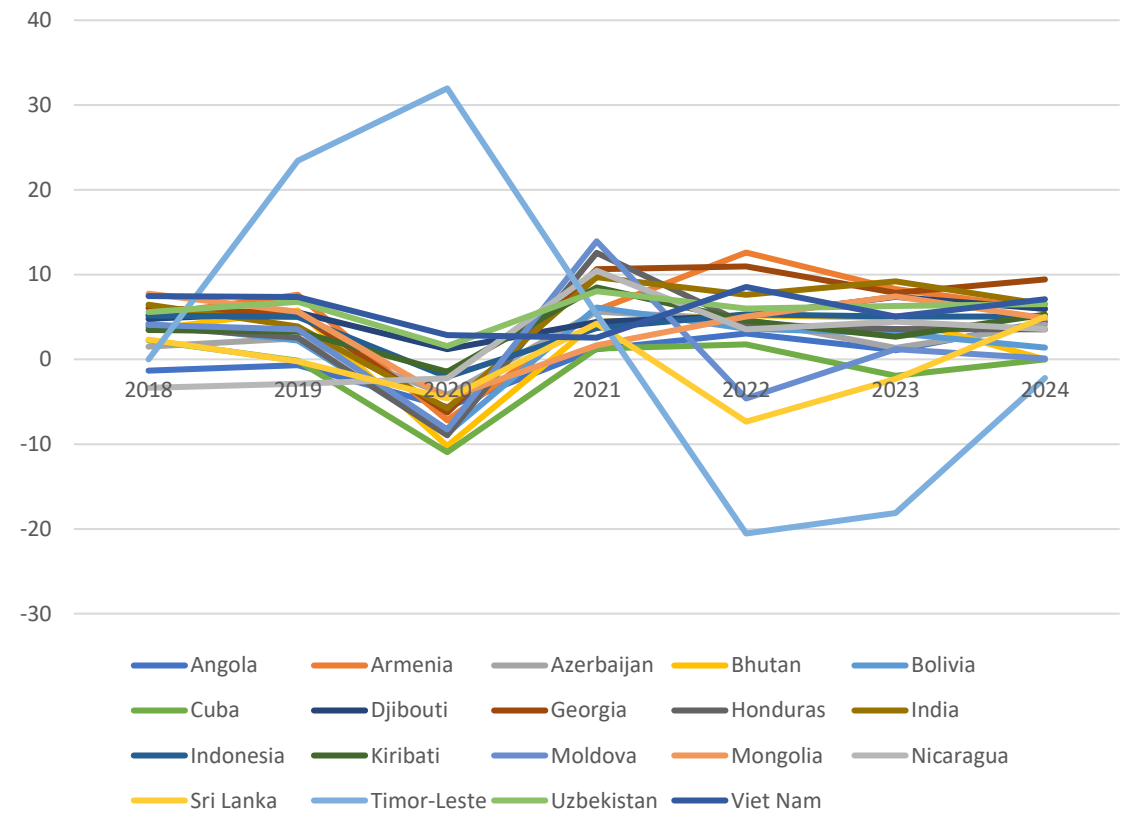
Indicators	AT Countries	Transitioned Countries
GNlpc	2415	3860
GDP growth	4.2%	5.0%
Human Development Index rank	151	106
Ext % CHE	28.5%	3.4%
GGHE-D/GDP	1.5%	2.8%
GGHE-D/GGE	6.5%	9.6%
GGHE-Dpc	\$ 38	\$ 118
Human Development Index rank	151	106
UHC Service Delivery Index	48	66

GDP growth rates stagnant for transitioning countries

GDP Growth for AT countries



GDP Growth in Transitioned Countries

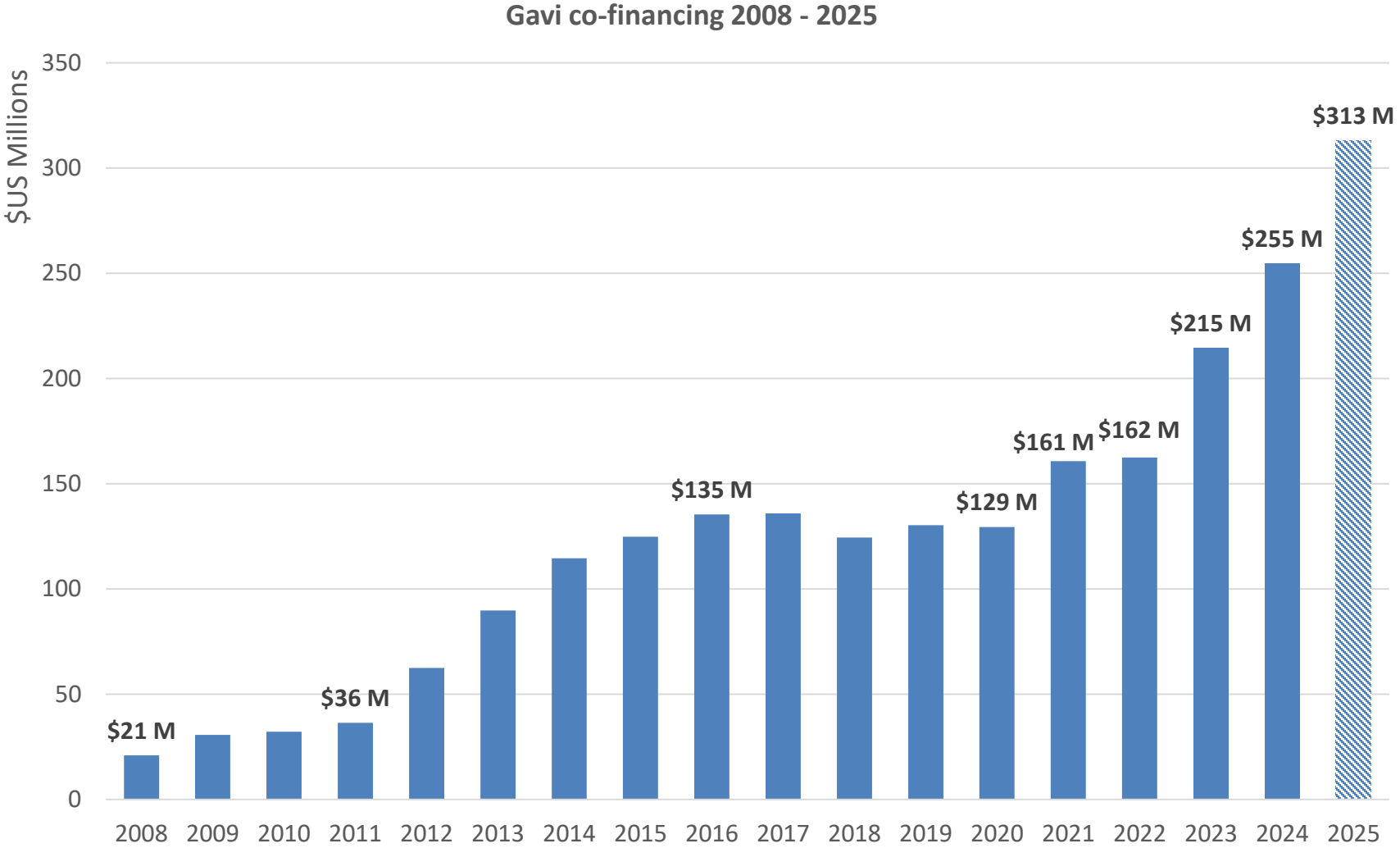


Debt sustainability worrisome for both AT and transitioned countries

Debt classification	AT countries	Transitioned countries
Low risk	Bangladesh, Solomon Islands	Honduras, Uzbekistan
Moderate risk	Cote d'Ivoire, Nigeria	Bhutan, Nicaragua
High risk	Ghana, Kenya, PNG	Angola, Bolivia, Kiribati, Mongolia
In debt distress	Djibouti, Laos, Sao Tome	

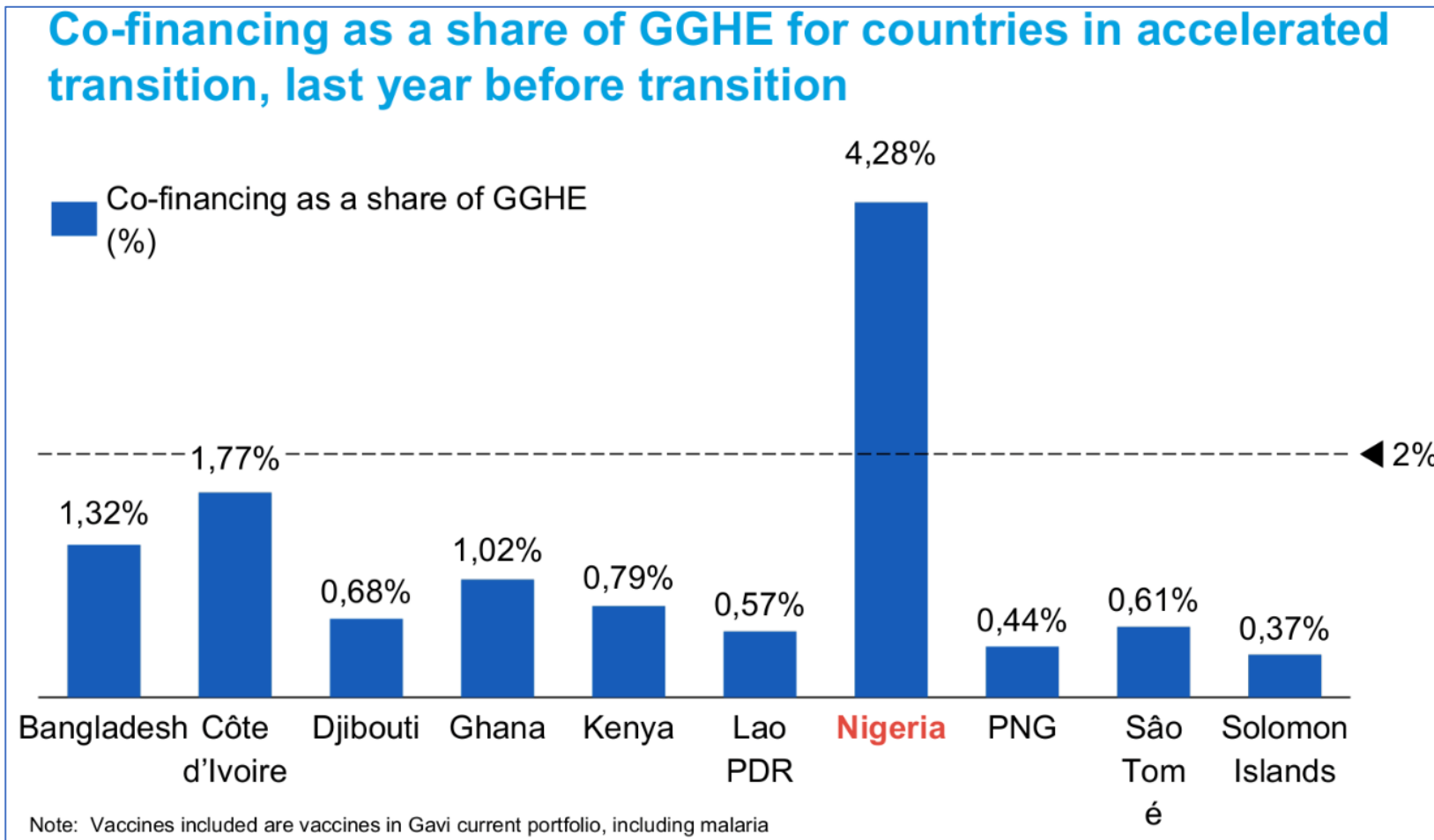
Source: IMF. List of LIC DSAs for PRGT-Eligible Countries as of March 31, 2025.

Vaccine co-financing for Gavi increasing significantly for AT countries corresponding with an increasing vaccine portfolio



Source: Gavi, 2025.

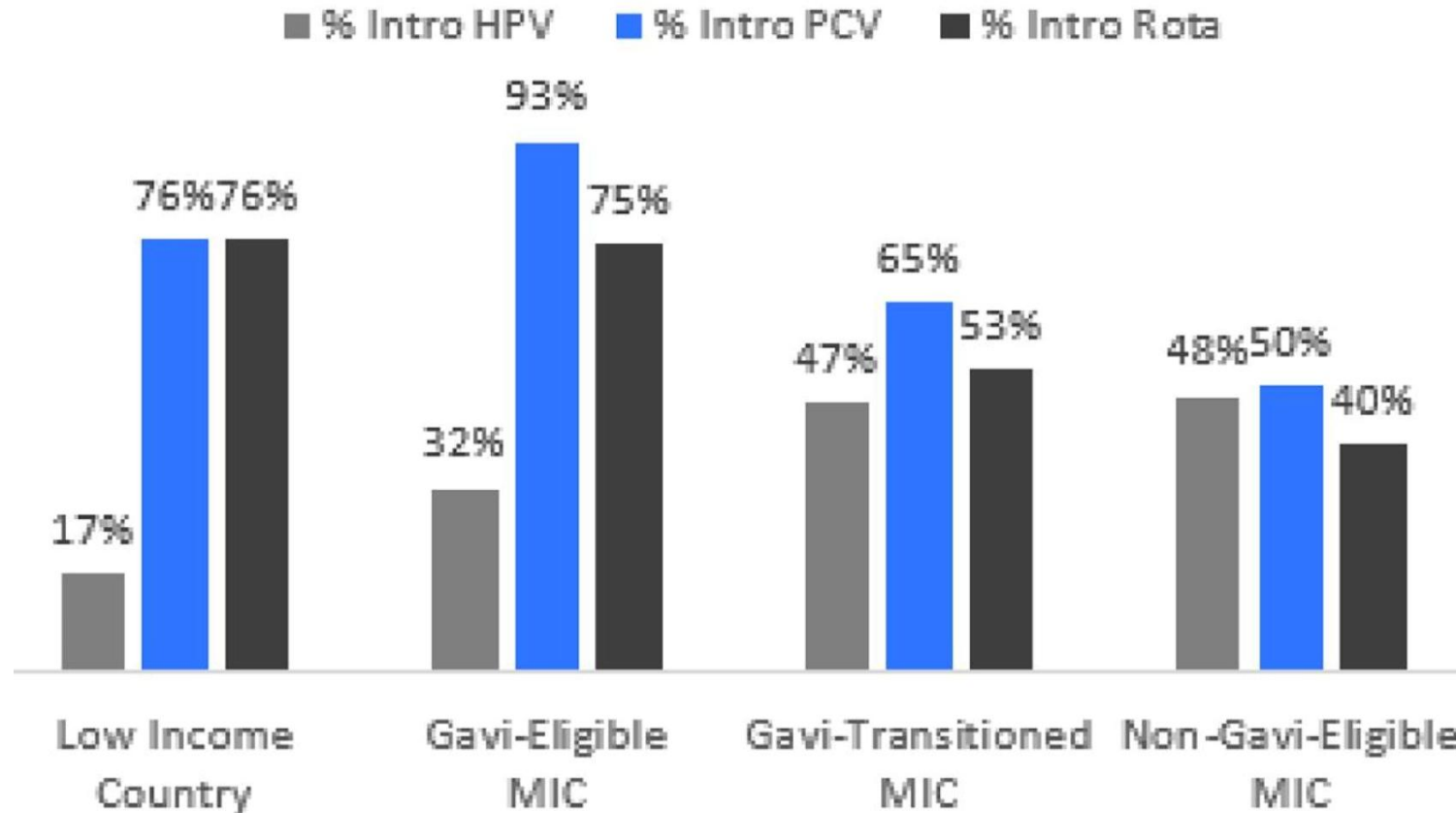
Co-financing in AT countries <2% of government spending, but can be significantly higher than what is budgeted



Source: Gavi, 2024.

Gavi transitioned countries have introduced fewer vaccines

% Countries Introduced HPV, PCV, Rota

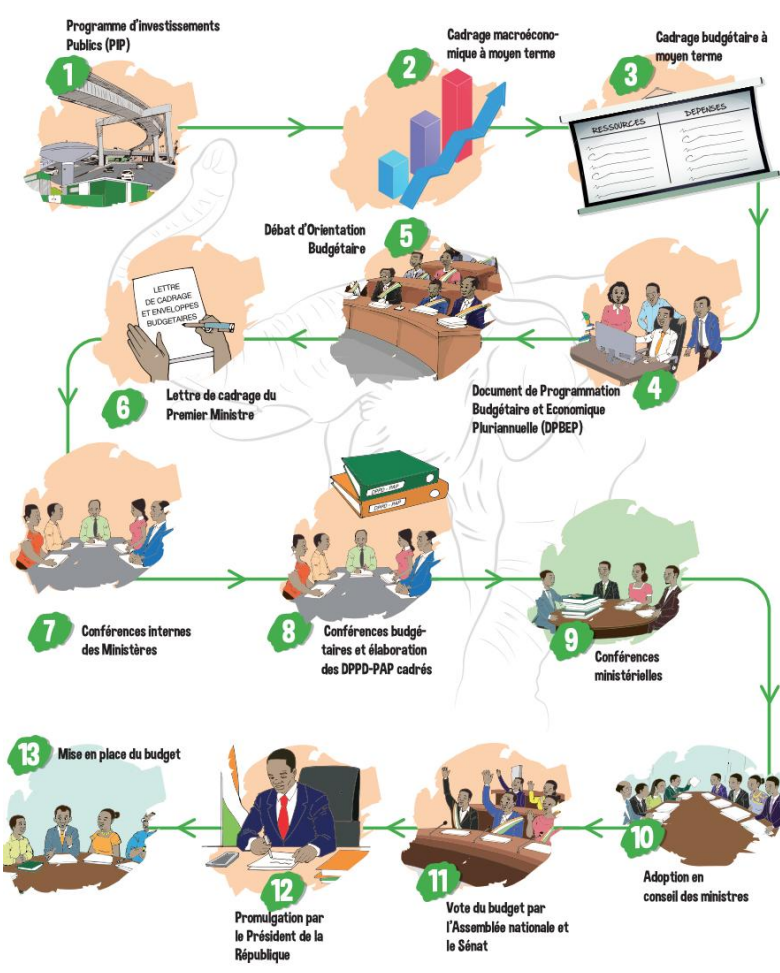


Budget Structure Very Important for Sustainability

- Djibouti: The EPI is funded and managed out of the MOH Budget for the Direction of Priority Health Programs (DPSP) of which there are 10 programs, including HIV/AIDS, malaria, and TB.
- Bangladesh: The EPI is financed out of the Ministry of Health and Family Welfare, Health Services, MNCH_AH Budget (2022-23):
 - Vaccines account for 84% of the EPI budget
 - Vaccines account for 74% of the entire MNCH_AH budget
 - EPI accounts for 88% of the MNCH_AH budget

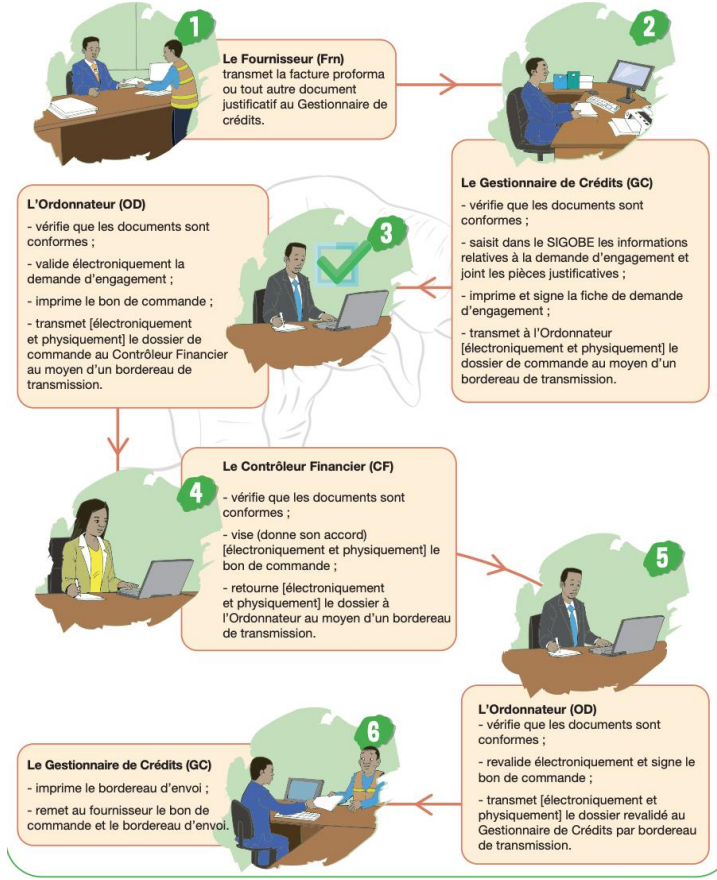
Lengthy Planning & Budgeting Process in Côte d'Ivoire

13 Steps to Budget Execution

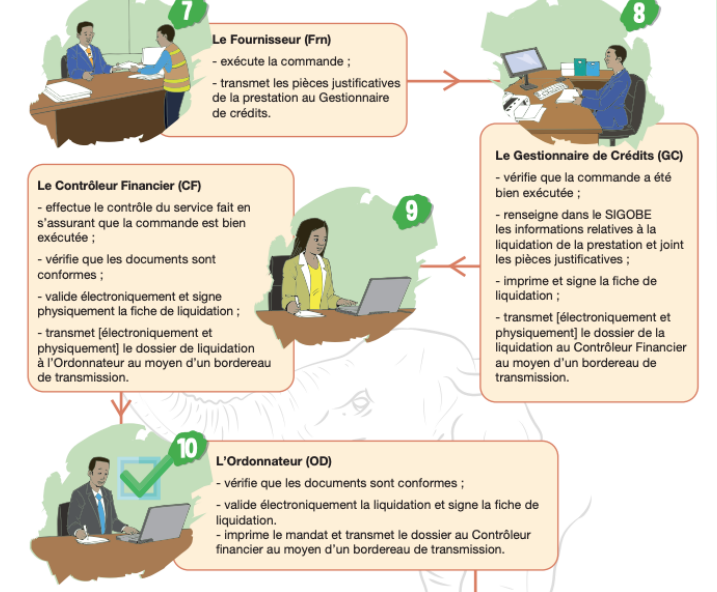


13 Steps to Budget Approval

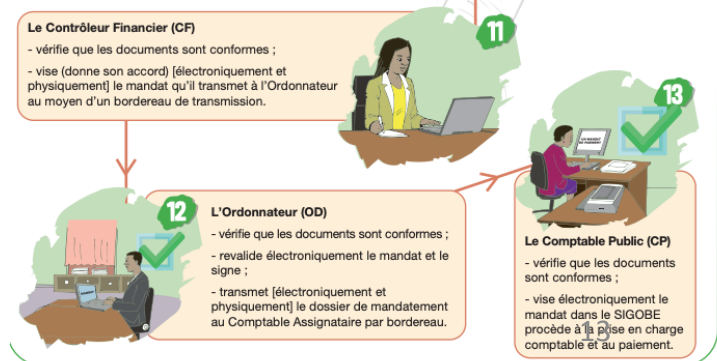
a. Phase d'engagement



b. Phase de liquidation



c. Phase d'ordonnancement



General PFM Observations

- Issues related to planning & budgeting for immunization:
 - Some countries (Djibouti, Sao Tome) lack budget ceilings for health budgeting.
 - Low capacity at national and subnational levels in planning, budgeting and financial management. Lack of trained staff.
 - Budgets currently do not fully cover co-financing requirements in any country.
- Low budget execution:
 - Multiple, disconnected processes; complicated funding flows. Complex disbursement processes.
 - Insufficient and untimely budget releases.
- Lack of operational funds at facility level. This may be related to top-down budgeting practices that do not include inputs provided by health facilities.

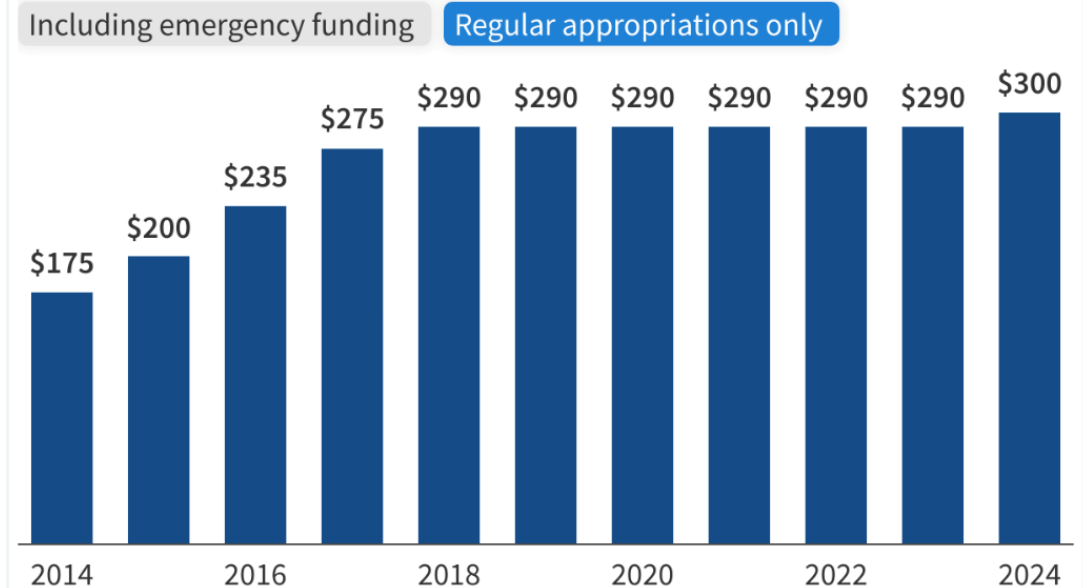
Donor support for vaccines & immunization declining

- In 2021, Development Assistance for Health (DAH) reached an all-time high of \$84 billion, owing to the COVID-19 pandemic.
- Global DAH is projected to fall to \$38.9 billion in 2025, a level comparable to 2009.
 - The US was the largest donor to global health in the world (\$12.4b/year).
 - European donors have also adjusted their support downwards.
- DAH Levels are expected to remain stagnant through 2030.
- Immunization and vaccines have been affected.
 - The US pledged \$1.16 billion to Gavi for the 2020-2023 period.
 - The US also contributed significantly to the Gavi COVAX AMC, a program focused on COVID-19 vaccine procurement and delivery, with \$4 billion in funding.
 - Withdrawal of US assistance from Gavi (June 2025).

U.S. Contributions to Gavi, FY 2014 - FY 2024

(In Millions)

Click on the buttons below to see funding that includes emergency funding or regular appropriations only:



Source: Gavi website, "Cash Received by Gavi, Proceeds as of 31 December 2023"; FY2021 Omnibus and COVID Relief and Response Act (P.L. 116-260); Further Consolidated Appropriations Act, 2024 (P.L. 118-47). • [Get the data](#) • [Download PNG](#)

Can countries continue to successfully transition from Gavi in this current climate?

- Countries (both AT and transitioned) are facing strong economic headwinds
- Health spending is stagnant; donor support is contracting = stronger competition among health priorities
- Budgetary structure, institutional base and human development for AT countries is weaker than the first wave of transitioned countries
- Yet, countries continue to fulfill their co-financing requirements
- Favoring new vaccines over traditional vaccines
- Vaccine portfolios may be affected
- Increasing use of lending for co-financing and pre-financing mechanisms
- Board decisions to alleviate fiscal pressures may not be maintained given reductions in Gavi financing.

Way Forward

- Optimize the vaccine portfolio to focus on lower cost products and explore other sources of programmatic efficiency.
- Strengthen forecasting and procurement processes and align commodity procurement with health financing policies.
- Create the necessary budget structure to support and sustain predictable vaccine and immunization program financing
 - *Budget line specific for vaccines and/or immunization*
 - Bring Gavi funding on-budget (commodities & cash)
- Build budgeting and financial management capacity within the EPI
- Strengthen timely disbursement and improve budget execution
- Strengthen integration of immunization delivery with other services, and pursue other efficiencies.
- Mobilize additional resources.



Thank You!