

Immunization financing and donor transitions: Gavi transition prep & increasing domestic resources for immunization

Bali, July 20, 2025



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Sustainable finance for immunization and Gavi transition

Immunization Economics Pre-Congress meeting at IHEA 2025 – 20 July 2025



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Outline

- The Gavi model and vision for transition
- Sustainability and transition from Gavi in numbers
- Côte d'Ivoire: a country in transition
- Transition in Gavi 6.0 and beyond

Gavi model and vision for transition

Sustainability and transition are core to the Gavi model



Gavi's vision for successful transition

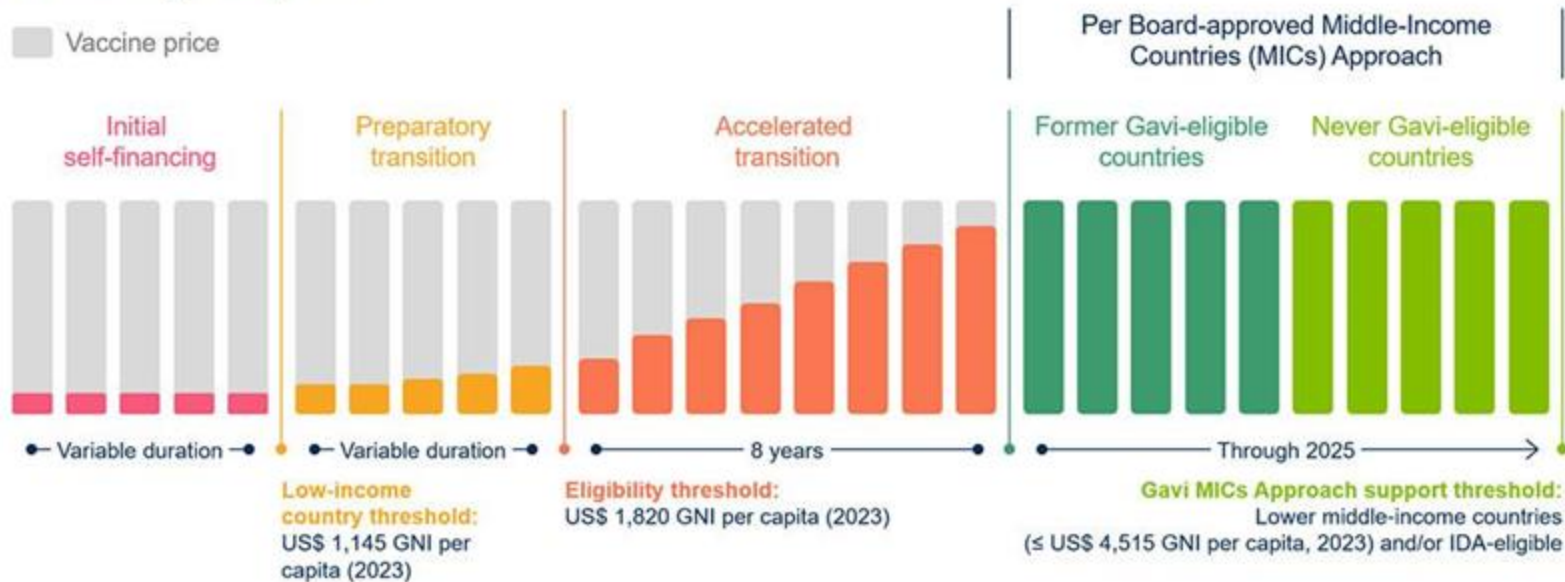
1. Countries have successfully expanded their national immunization programmes with vaccines of public health importance
2. Countries are sustaining these vaccines with high and equitable coverage of target populations
3. Countries have robust systems and decision-making processes in place to support the introduction of future vaccines.

Critical enablers for successful transition from Gavi support:

- **Predictable financing for immunisation**
- **Strong programmatic and institutional capacity**
- **Political will**

Gavi's ELTRACO model is designed to facilitate sustainable transition

Co-financing model, 2025



Gavi's Eligibility, Transition and Co-financing (ELTRACO) model has evolved over time to meet evolving country needs:

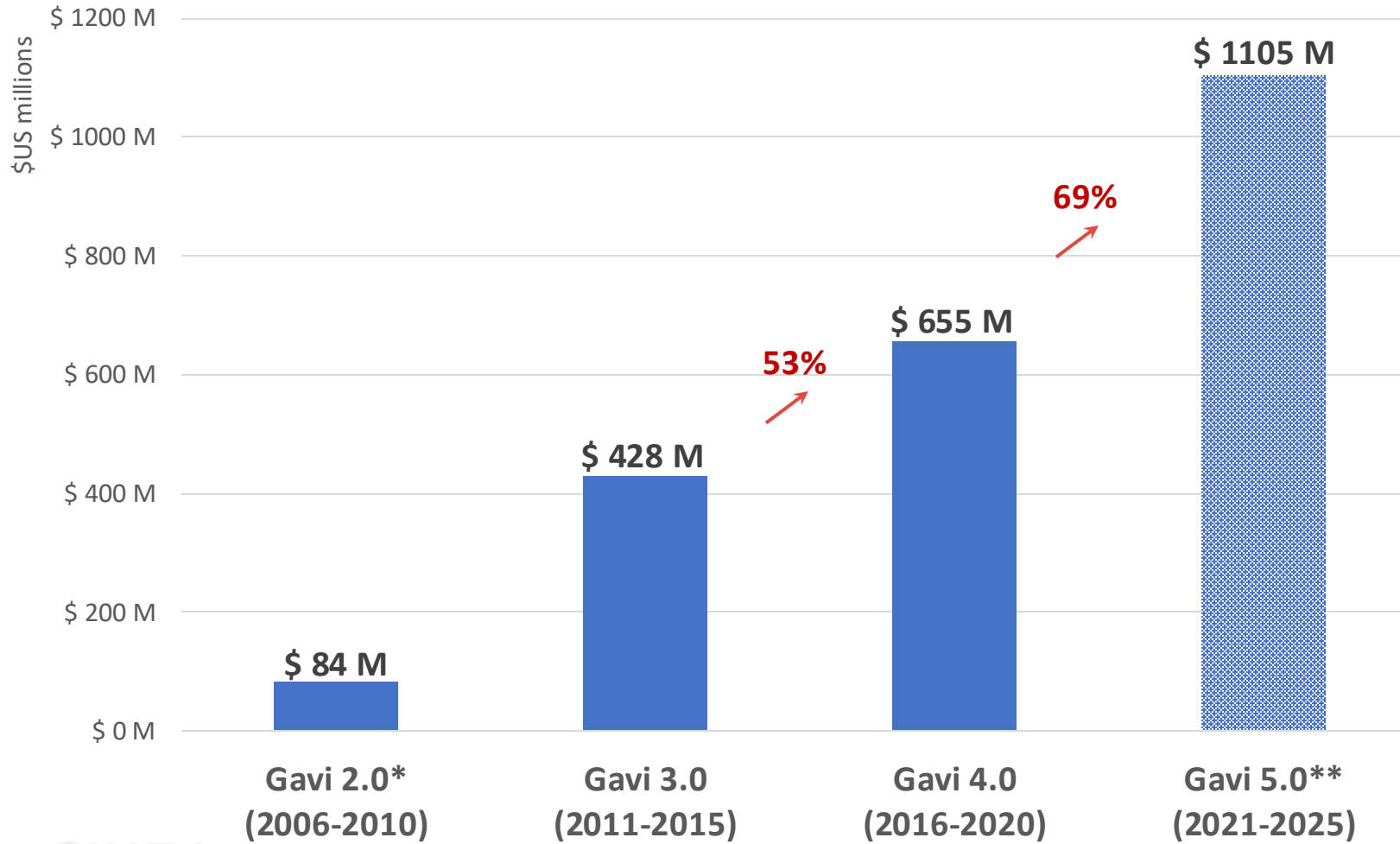
- Differentiated levels of support based on a country income level (ISF, PT, AT)
- Safeguards to allow for more predictable transitions between phases
- Extension of support in PT or AT to ensure countries are ready to transition to the next phase

*Please refer to the Gavi website for the latest details on the [Gavi eligibility policy](#) and [Gavi co-financing policy](#)

Sustainability and transition from Gavi in numbers

Co-financing paid will surpass \$US 2Bn by the end of Gavi 5.0 (2021-2025)

Co-financing by Gavi strategic period (\$US millions)



\$2.3 Bn of total co-financing since 2008 expected by end of Gavi 5.0

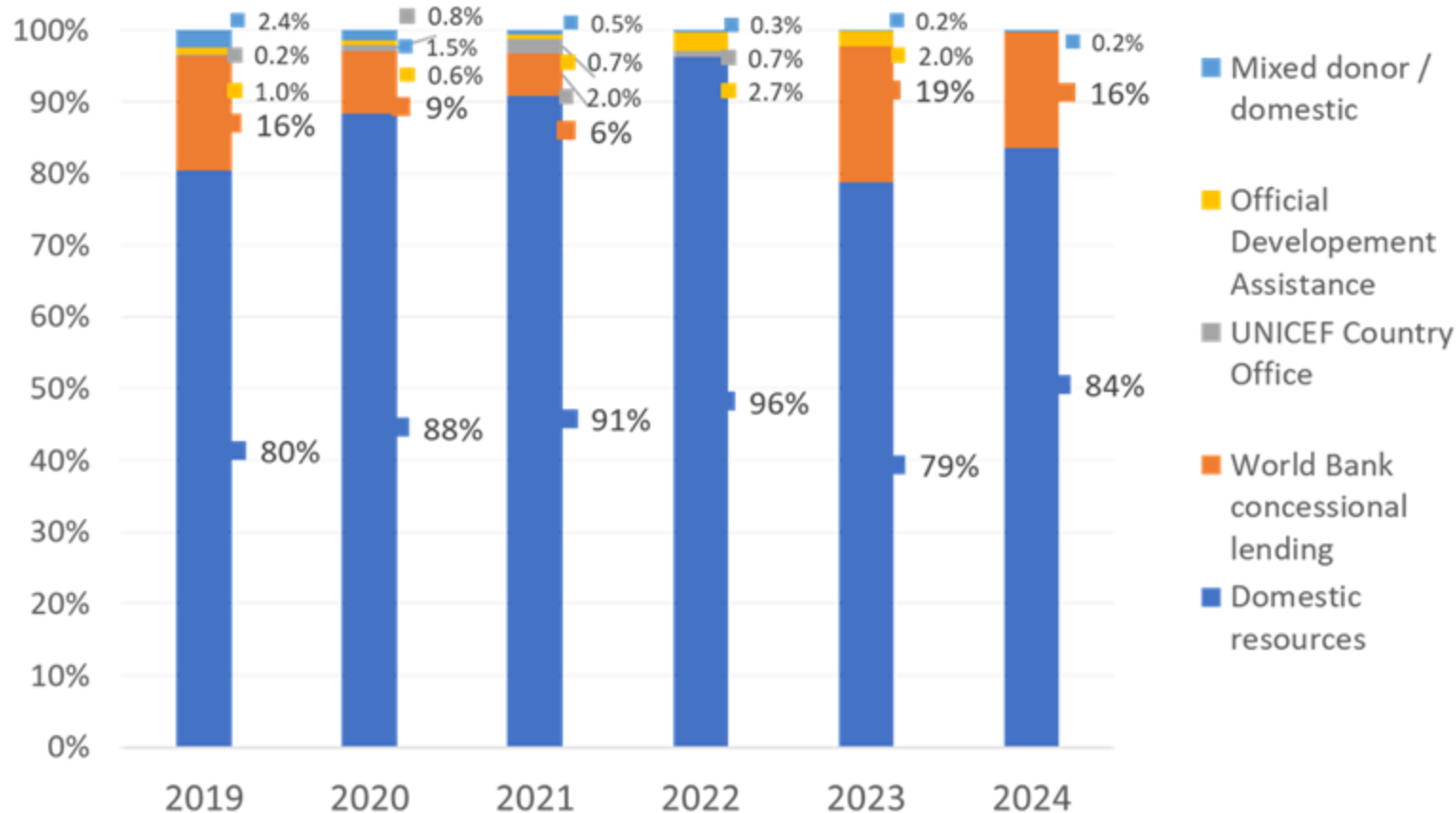
Co-financing in Gavi 5.0 currently estimated to almost double during Gavi 6.0

** Gavi co-financing policy took effect beginning in 2008*

*** Gavi 5.0 co-financing includes estimations for 2025 which may vary by year end*

The Gavi model has successfully mobilized increased domestic resources for immunization

Sources of Co-financing: By \$USD value of co-financing paid



- **86%** of co-financing paid over past six years comes from domestic resources
- Concessional lending accounts for an average of 11% of co-financing from 2019 to 2024

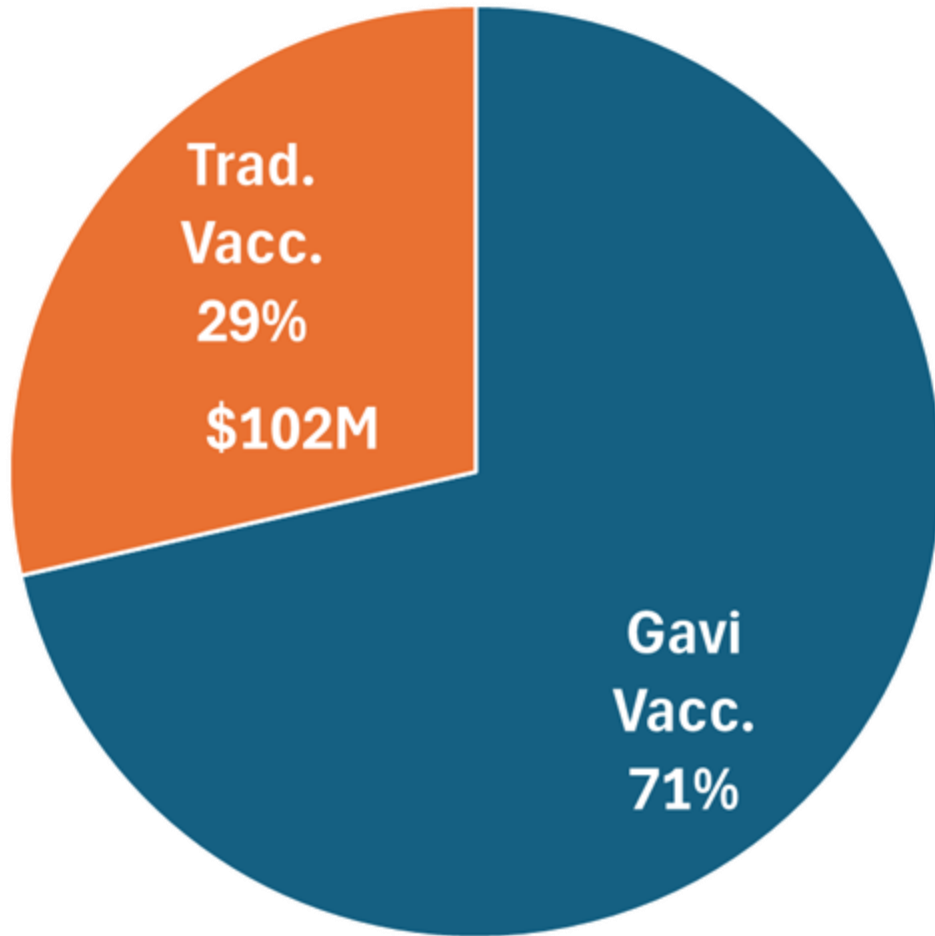
98% of World Bank loans used for co-financing went to AT countries in 2024

2024 Co-financing paid through World Bank concessional lending

Country	CoFi paid through World Bank loan (\$US millions)	CoFi paid from all financing sources (\$US millions)	Share of Country CoFi paid through WB loans (%)
Burkina Faso	0.8	2.6	32%
Côte d'Ivoire	7.9	9.9	81%
Ghana	4.9	12.3	40%
Niger	1.6	3.3	47%
Nigeria	27.3	79.8	34%
Sao Tome	0.1	0.1	100%

- 16% of co-financing paid in 2024 leveraged World Bank (WB) concessional lending
- Nigeria WB credit funds of \$27.3M accounts for 64% of all WB loans used to pay for CoFi in 2024
- 94% of total WB loans went to countries in Accelerated Transition Phase in 2024

29% of Total Domestic Vaccine Financing in 2024 directed at traditional vaccines but highly variable at country level

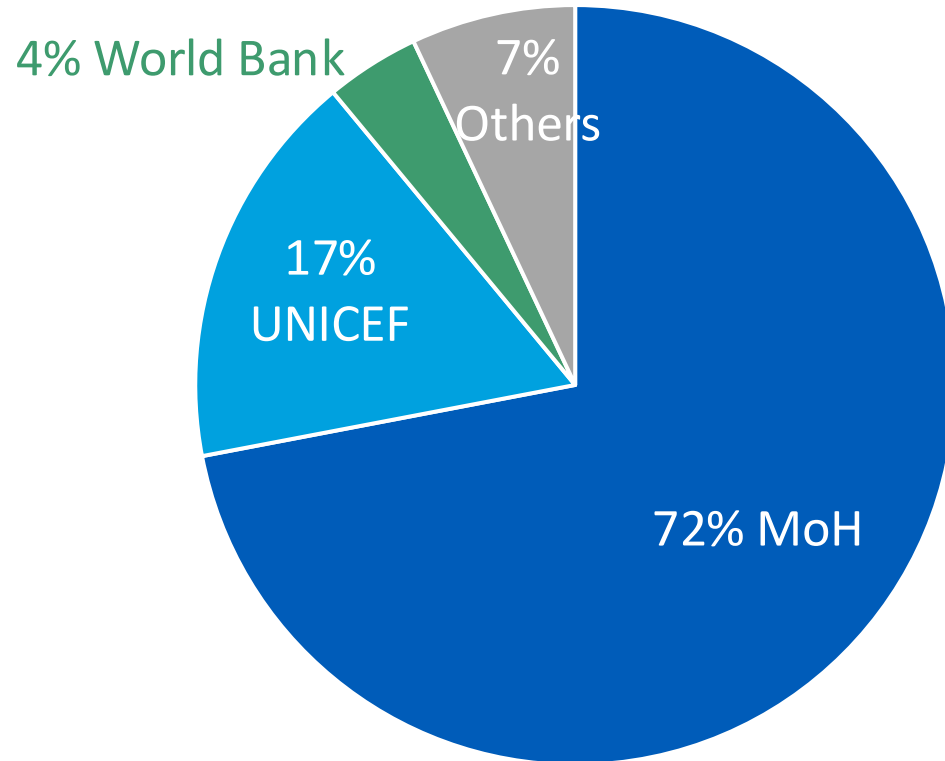


*

- Globally, traditional vaccines account for 29% of the domestic total vaccine financing paid by countries (trad actuals + CoFi paid)*
 - At the individual country level, this share is 38% in average
 - **CAR = 82%**
 - **Malawi = 48%**
 - **Bangladesh = 31%**
 - **Pakistan = 22%**

72% of traditional vaccines spending in 2024 attributed to government sources

\$US 102 million of traditional vaccine spending in 2024 by source of funding



- Sources of funding data* indicates that most of the traditional vaccines (72%) are purchased through domestic resources
- UNICEF supports 17% of the funding for some programmes across 33 countries (at risk)
- World Bank is labelled as a funding source for some programmes in Burkina Faso, Ethiopia, Liberia, Nigeria, and Tanzania

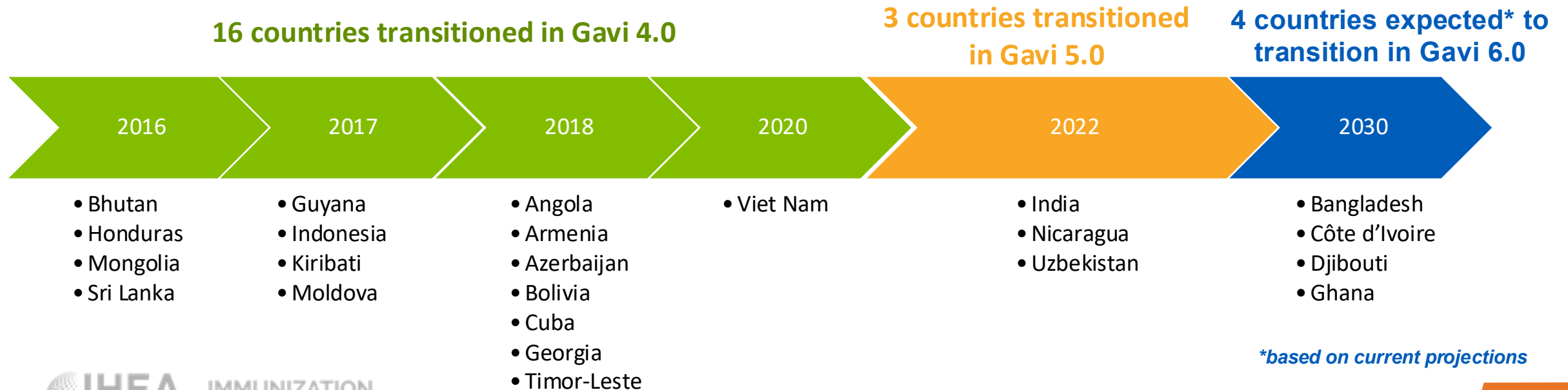
**Note: Sources of funding data provided in the UNICEF traditional vaccines dataset merely reflects the label supplied on the transfer notices to Supply Division and have not been independently verified by Gavi*

Côte d'Ivoire: a country in transition

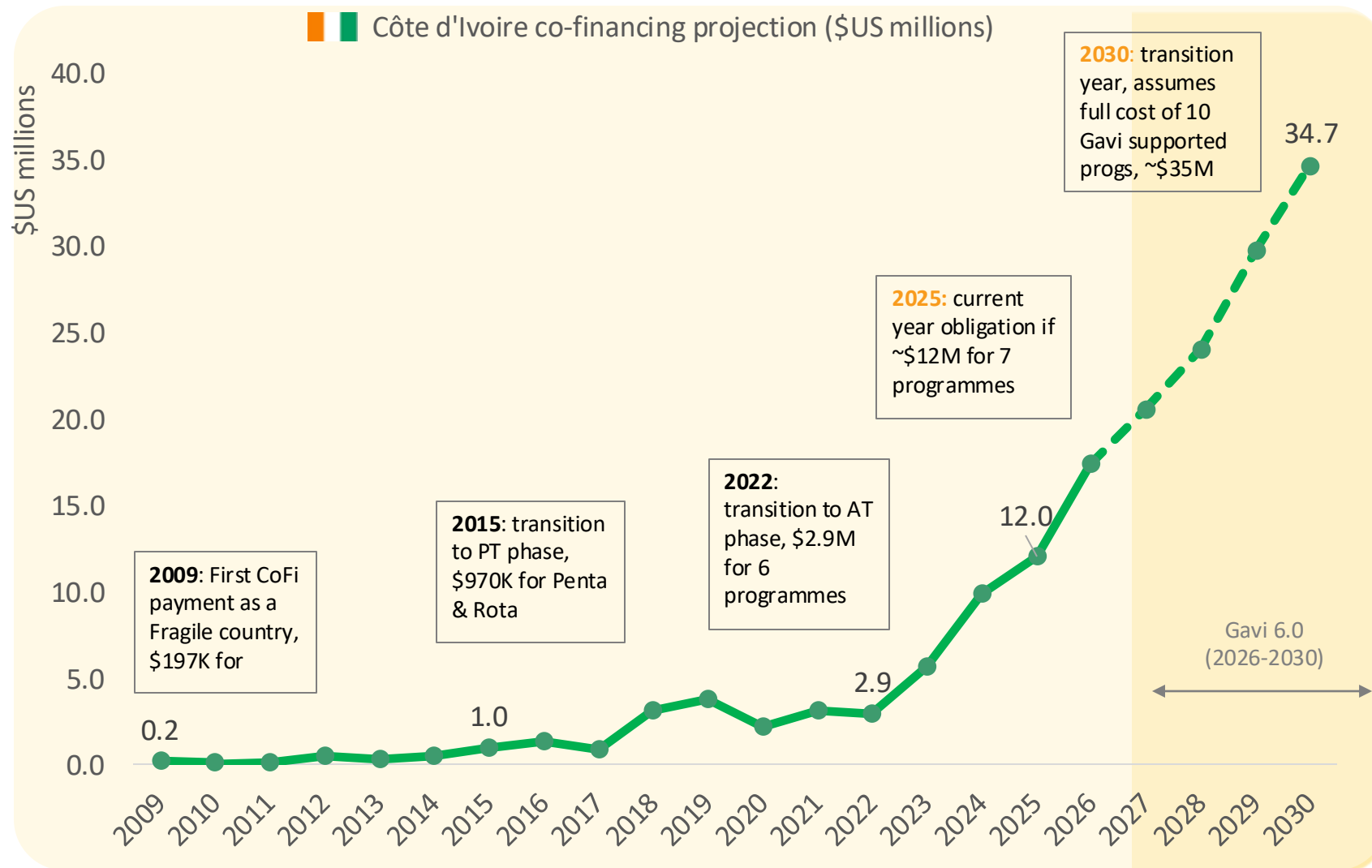
Transition Planning Technical Assistance

Support countries in transitioning to fully self-financing vaccines

- Co-creation of transition roadmaps with countries and their implementation to strengthen programmatic and financial sustainability of the immunisation programmes
- Support to country-driven peer-to-peer exchange, learning and self-monitoring.



CIV Co-financing needs expected to triple by 2030



- Côte d'Ivoire expected to transition out of Gavi support in 2030
- Annual cost of co-financed programmes will triple from 2025 level by 2030
- Country is currently co-financing 7 routine programmes in 2025 (IPV not included), and this number could increase to up to 9 programmes by 2030

Transition engagement accelerated rapidly in 2024 with cross-governmental commitment and TCA support from Gavi



Major activities and how they have helped move the needle on transition

- Q4 2023: Gavi transition included in Sustainability Plan for the Health Sector (government-led strategy)
- Q4 2023: New EPI Director leads transition preparations.
- Q1 2024: Gavi provides TCA assistance for roadmap preparation.
- May 2024: First government-led workshop drafts roadmap with 70 participants, including strong contributions from the Ministry of Economy and Budget and visible support from partners like WHO, UNICEF, USAID. CSO contributions.
- June 2024: Second workshop to finalize the roadmap, incorporating insights from key informant interviews and analytical synthesis.
- July 2024: Presidential endorsement the roadmap with Gavi CEO's participation.



Major challenges/risks and how they have impacted the transition

- **Leadership Engagement:** The roadmap requires strong backing from the highest levels of country leadership to ensure increased vaccine financing.
- **Accountability:** Ensuring accountability for pledges and results is crucial.
- **Budget Prioritization:** Vaccine financing suffers from a lack of prioritization. The Ministry of Health advocacy efforts need to be strengthened for vaccine budgets against priorities of other ministries.

Transition in Gavi 6.0 and beyond

Countries are increasingly leading work on transition

The Abidjan Declaration, adopted in July 2024, commits nine African countries* to transitioning from Gavi support to sustainable domestic financing for immunization.



Concrete commitments by countries to:

- Further mobilize and increase of domestic resources to support immunisation
- Better integrate immunisation into health policy frameworks and strengthen monitoring mechanisms
- Increase political commitment to immunization financing at the highest levels

*The 9 signatory countries: Bénin, Congo, Côte d'Ivoire, Djibouti, Ghana, Mauritania, Nigeria, Sao Tome and Principe, and Senegal

Country-led transition is a pillar of Gavi's new approach to ways of working



**GAVI
LEAP**
COUNTRY FIRST

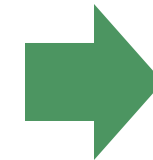
The Gavi Leap - Transforming the Vaccine Alliance through simplicity, transparency and synergy (April 2025)



The Gavi Leap is a radical transformation programme which embraces new ways of working to prepare Gavi to deliver the ambitious goals of its next five-year strategy. Acting fast to respond to the challenges identified through the Lusaka agenda, it places countries at the centre, simplifies operational procedures and funding.

Guiding principles

1. Country-centricity
2. Country self-reliance
3. Focused mandates
4. Finite lifespans

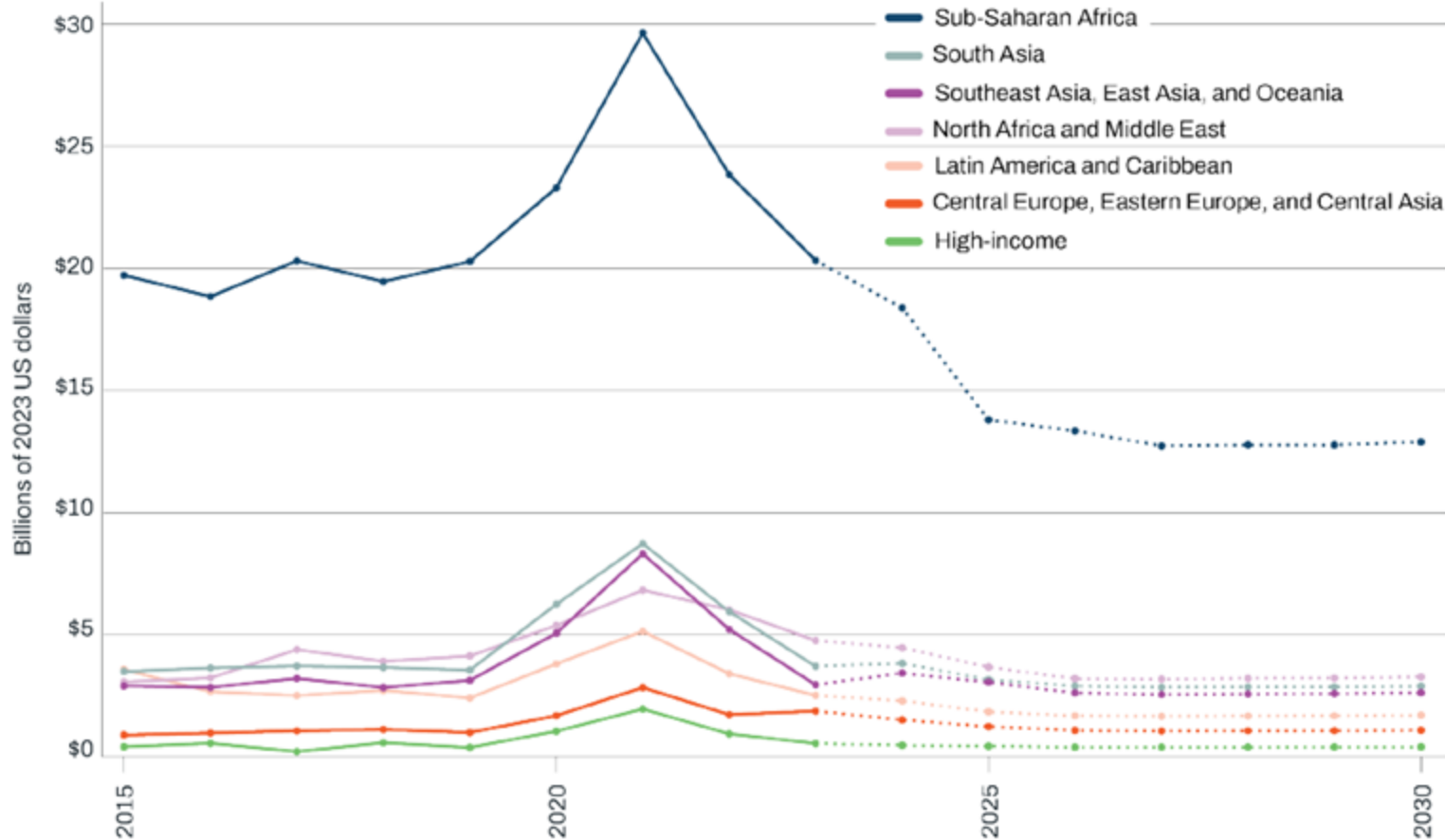


Areas of impact

- Gavi internal reforms
- Collaboration with partners
- Reform of the global health architecture

Transition from donor support will take on heightened importance and become more difficult in the immediate future

Figure 4: Development assistance for health by GBD super-region, 2015–2030



- 25% decline in DAH to SSA this year, followed by 6.6% decline through 2030

IHME. Financing Global Health 2025 (15 July 2025)

Takeaways

- Sustainability of national immunisation programmes and transition out of support are key components of the Gavi model.
- Support for transition to countries must be tailored to country situations and adapt to evolving needs.
- Transition from Gavi and country ownership of the country programmes will take on heightened importance during Gavi 6.0
- Countries face more difficult challenges for successful transition against a backdrop of drastic cuts in donor support and economic uncertainty
- What has worked so far, and what do we need to work on going forward?

Thank you

Anthony Nguyen

Senior Analyst, Immunisation Financing & Sustainability (IF&S)

Gavi the Vaccine Alliance

anthonynguyen@gavi.org



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

Logan Brenzel

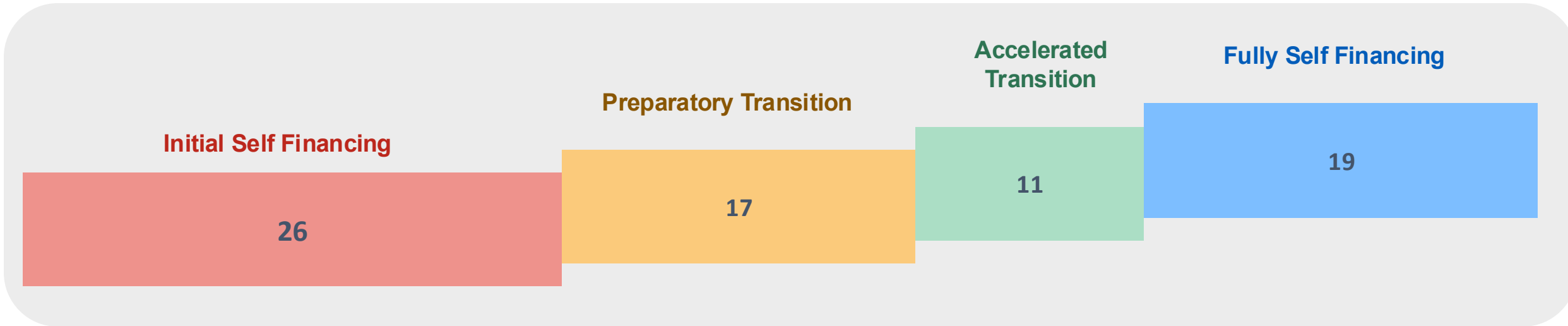
iHEA Pre-Congress session on Immunization Economics

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



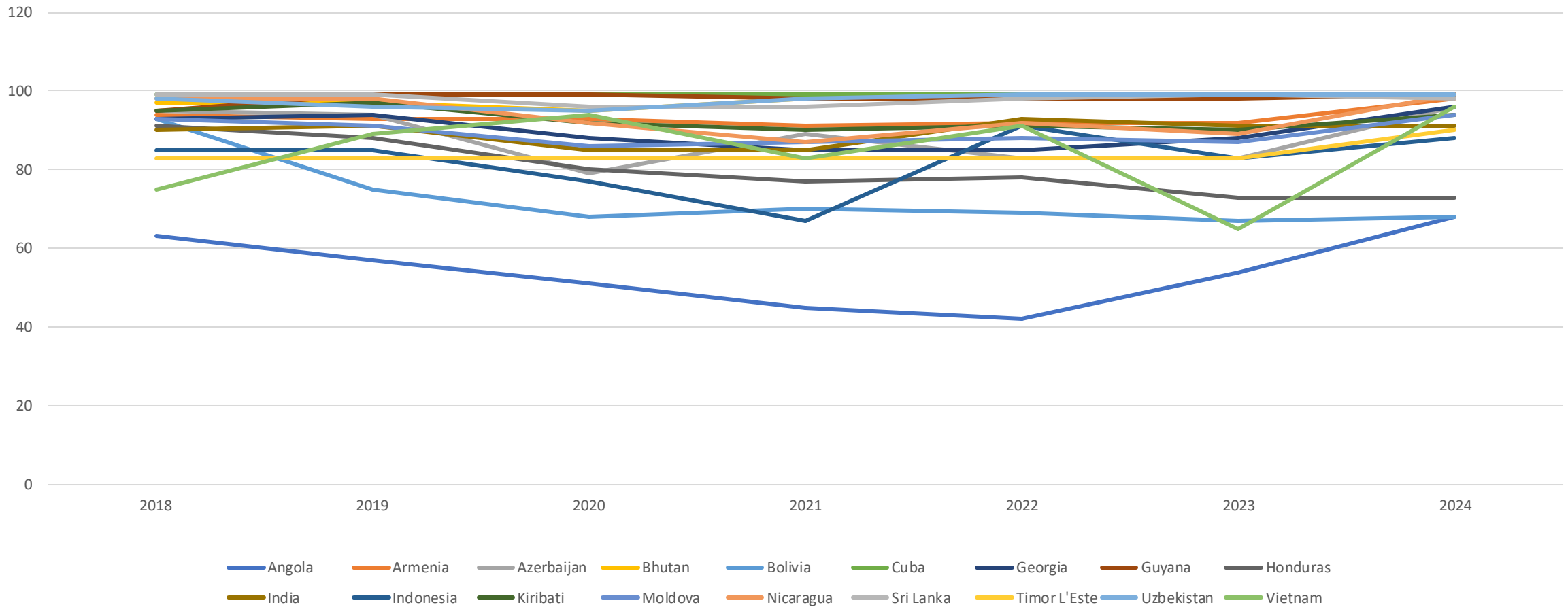
Afghanistan	Malawi	Benin	Senegal	Bangladesh	Angola	Moldova
Burkina Faso	Mali	Cambodia	Tajikistan	Congo, Rep.	Armenia	Mongolia
Burundi	Mozambique	Cameroon	Tanzania	Cote d'Ivoire	Azerbaijan	Nicaragua
CAR	Niger	Comoros	Zambia	Djibouti	Bhutan	Sri Lanka
Chad	Rwanda	Guinea	Zimbabwe	Ghana	Bolivia	Timor-Leste
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

Source: Gavi 2025.

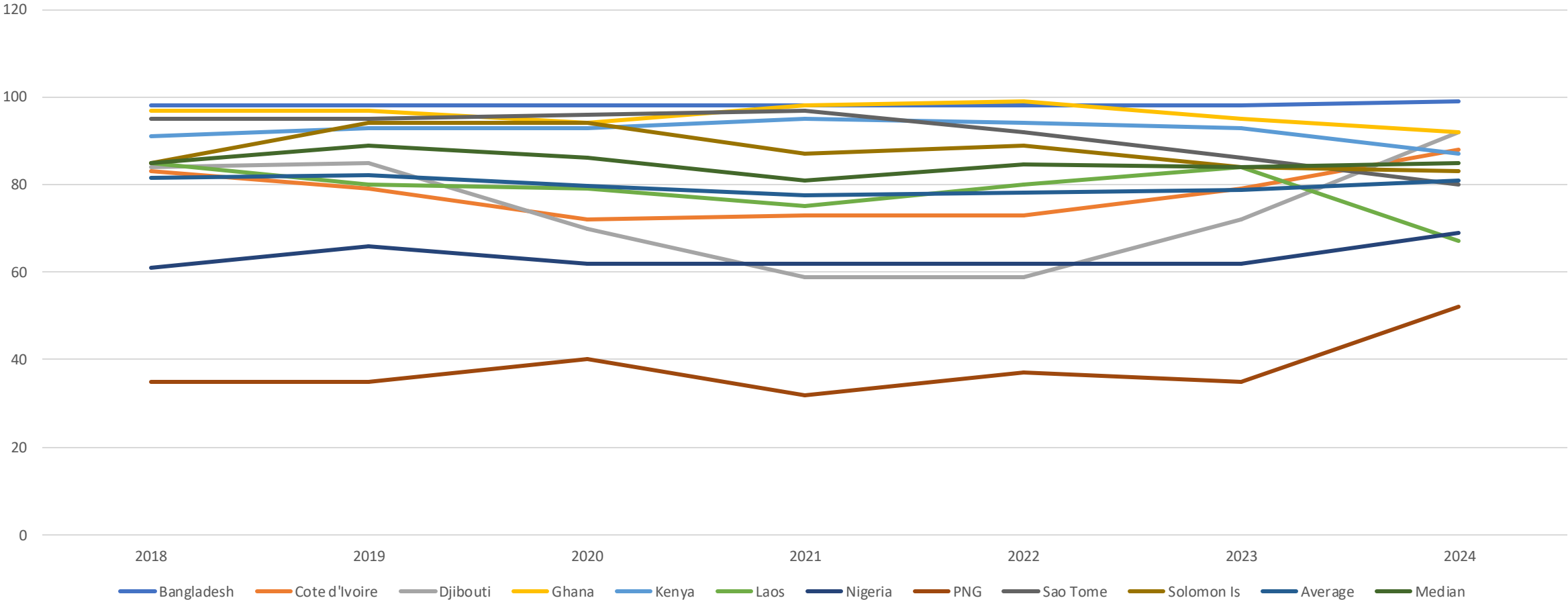
2 percentage point gain in DTP3 coverage for transitioned countries

WHO, July 2025.



Coverage stagnant in AT countries (median)

WHO, July 2025.

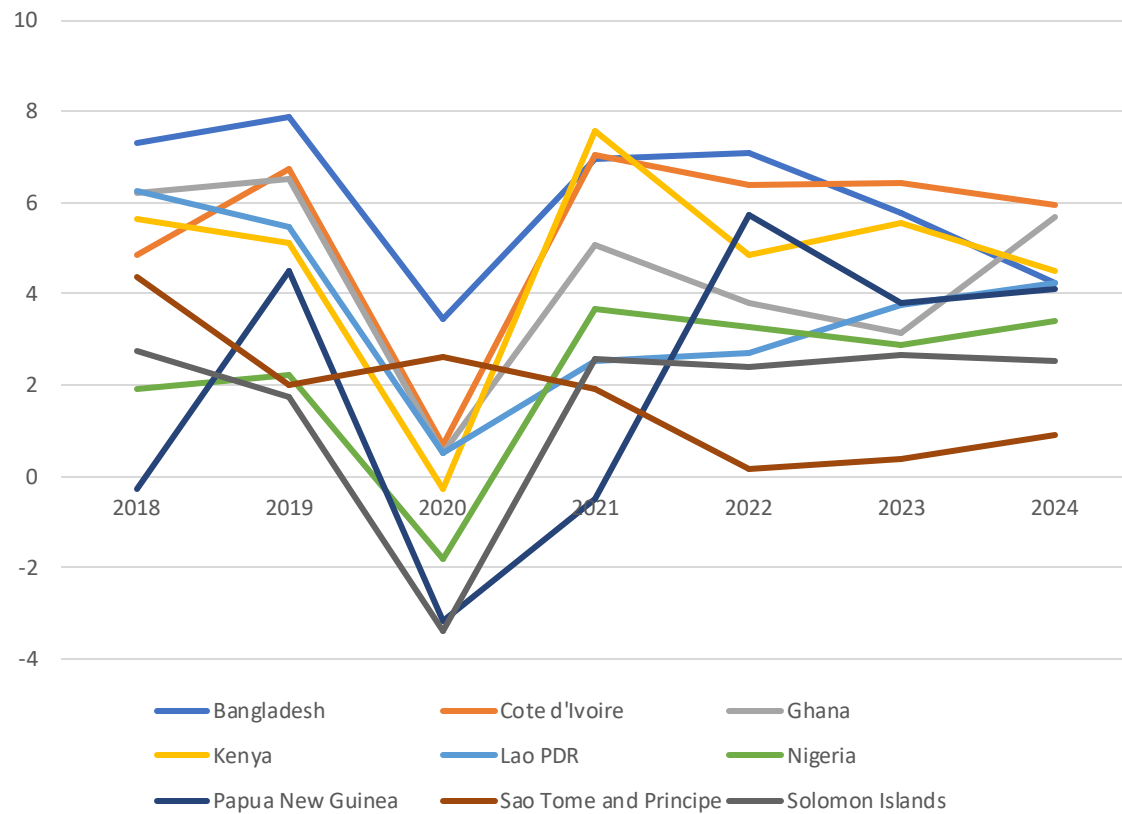


Comparison of AT and transitioned countries

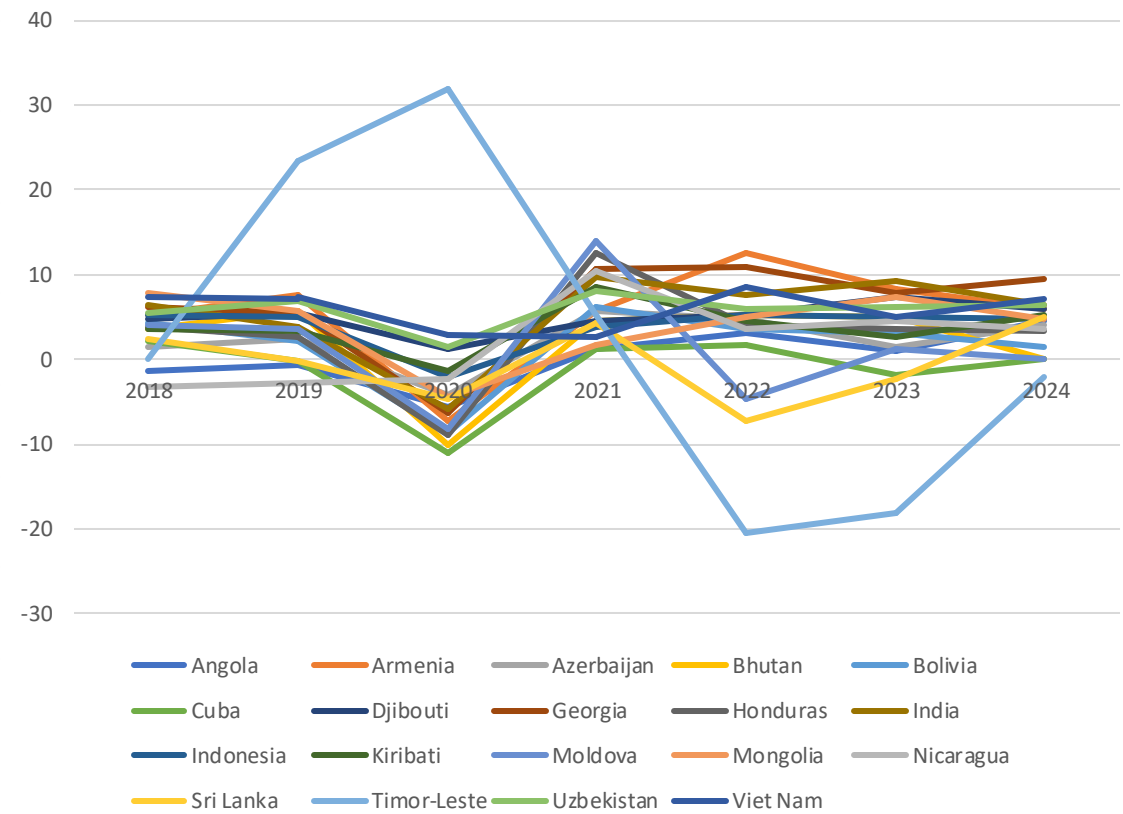
Indicators	AT Countries	Transitioned Countries
GNIpc	2415	3860
GDP growth	4.2%	5.0%
Human Development Index rank	151	106
Ext % CHE	28.5%	3.4%
GGHE-D/GDP	1.5%	2.8%
GGHE-D/GGE	6.5%	9.6%
GGHE-Dpc	\$ 38	\$ 118
Human Development Index rank	151	106
UHC Service Delivery Index	48	66

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	

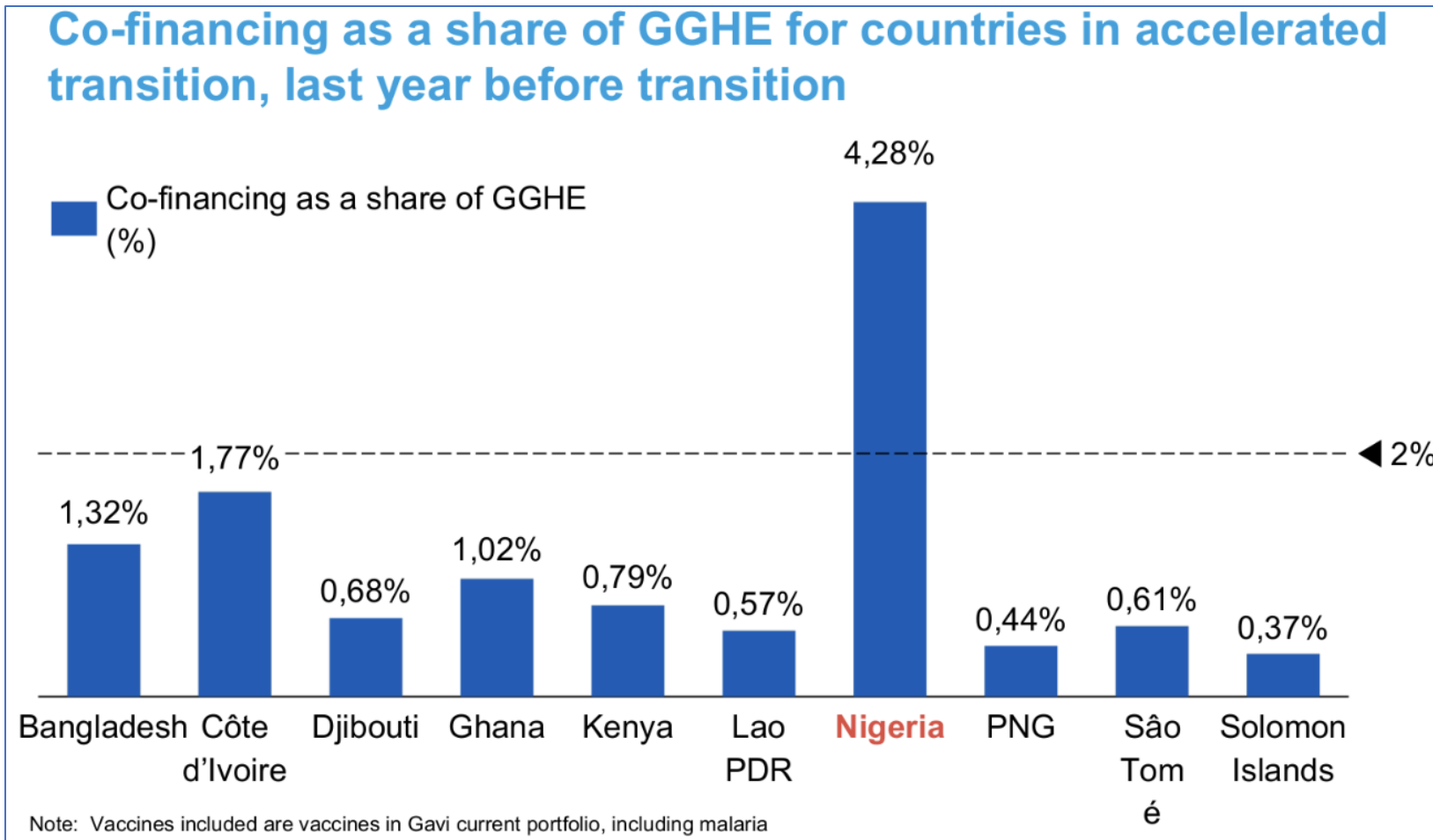
Source: IMF. List of LIC DSAs for PRGT-Eligible Countries as of March 31, 2025.

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



Source: Gavi, 2025.

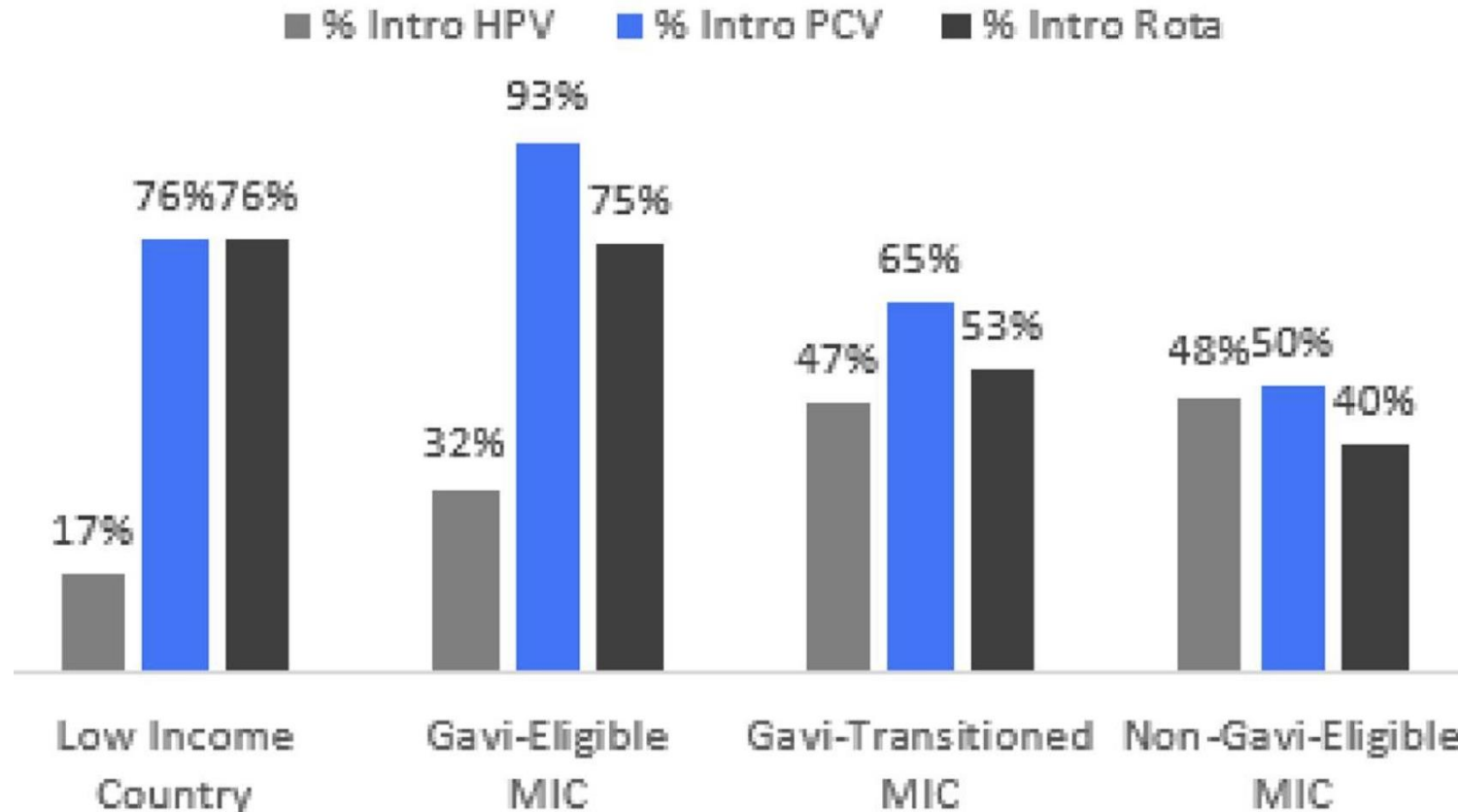
Co-financing in AT countries <2% of government spending, but can be significantly higher than what is budgeted



Source: Gavi, 2024.

Gavi transitioned countries have introduced fewer vaccines

% Countries Introduced HPV, PCV, Rota

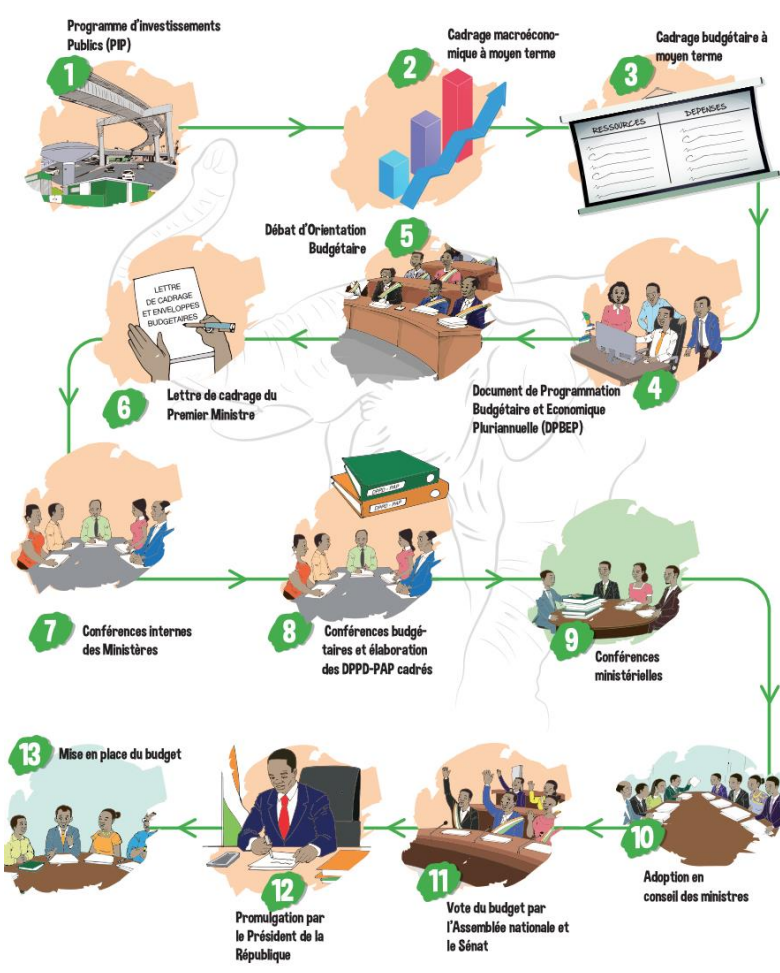


Budget Structure Very Important for Sustainability

- 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

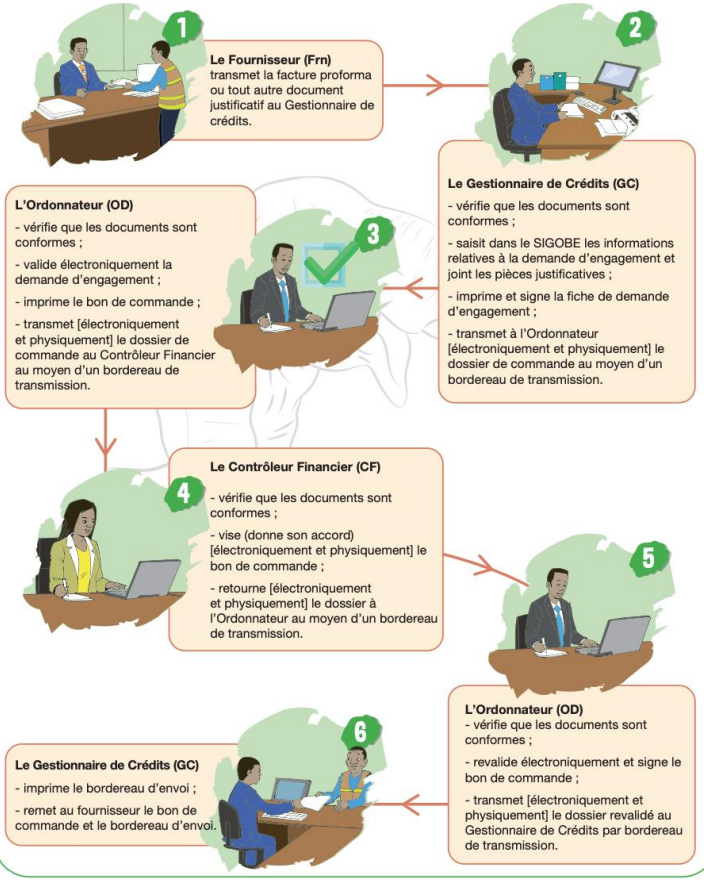
Lengthy Planning & Budgeting Process in Côte d'Ivoire

13 Steps to Budget Execution

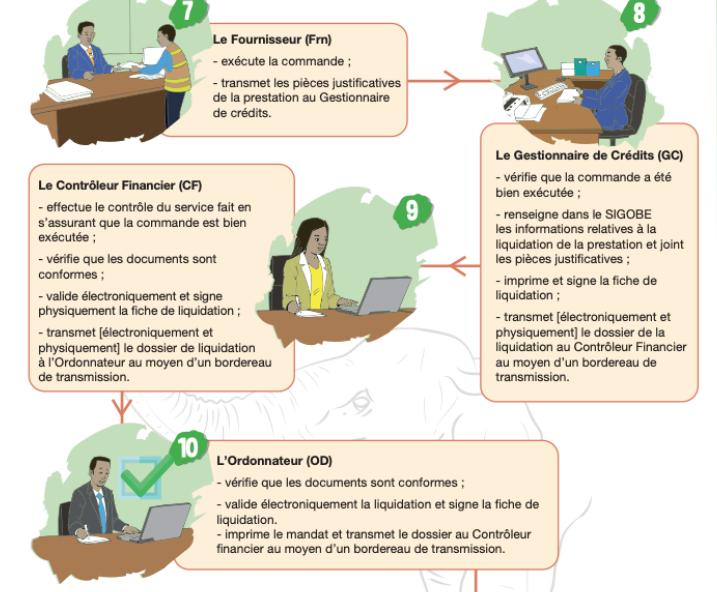


13 Steps to Budget Approval

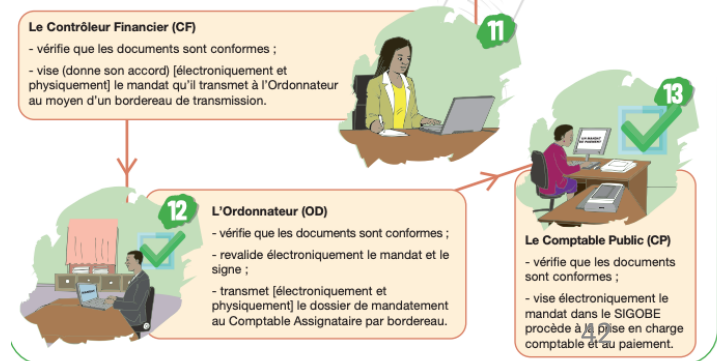
a. Phase d'engagement



b. Phase de liquidation



c. Phase d'ordonnement



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.

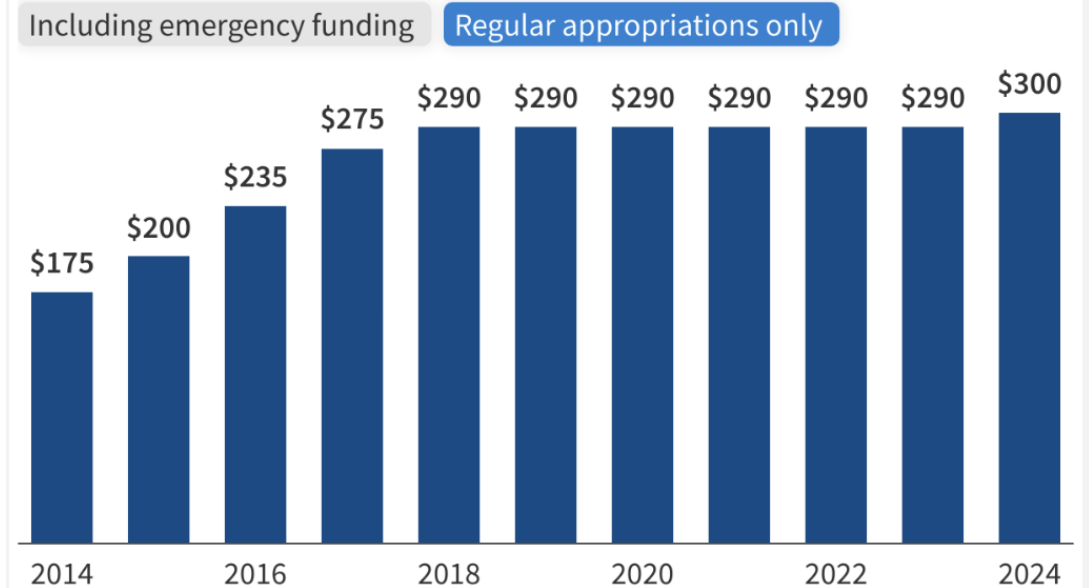
Donor support for vaccines & immunization declining

- 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!

Fiscal space options for sustainable immunization financing in Gavi's accelerated transition phase countries: Evidence from the Republic of Congo and Sao Tome & Principe

July 2025

By

Soazic Elise Wang Sonne

Economist/ Data scientist

Lead World Bank/ GAVI Targeted Country Assistance (TCA);

Republic of Congo/ Sao Tome & Principe

What are the fiscal space needs in the Republic of Congo (RoC) and Sao Tome and Principe (STP)?

Both RoC and STP are Sub Saharan African Lower Middle Income Countries (LMICs) currently in the GAVI Accelerated Transition Phase (ACT);

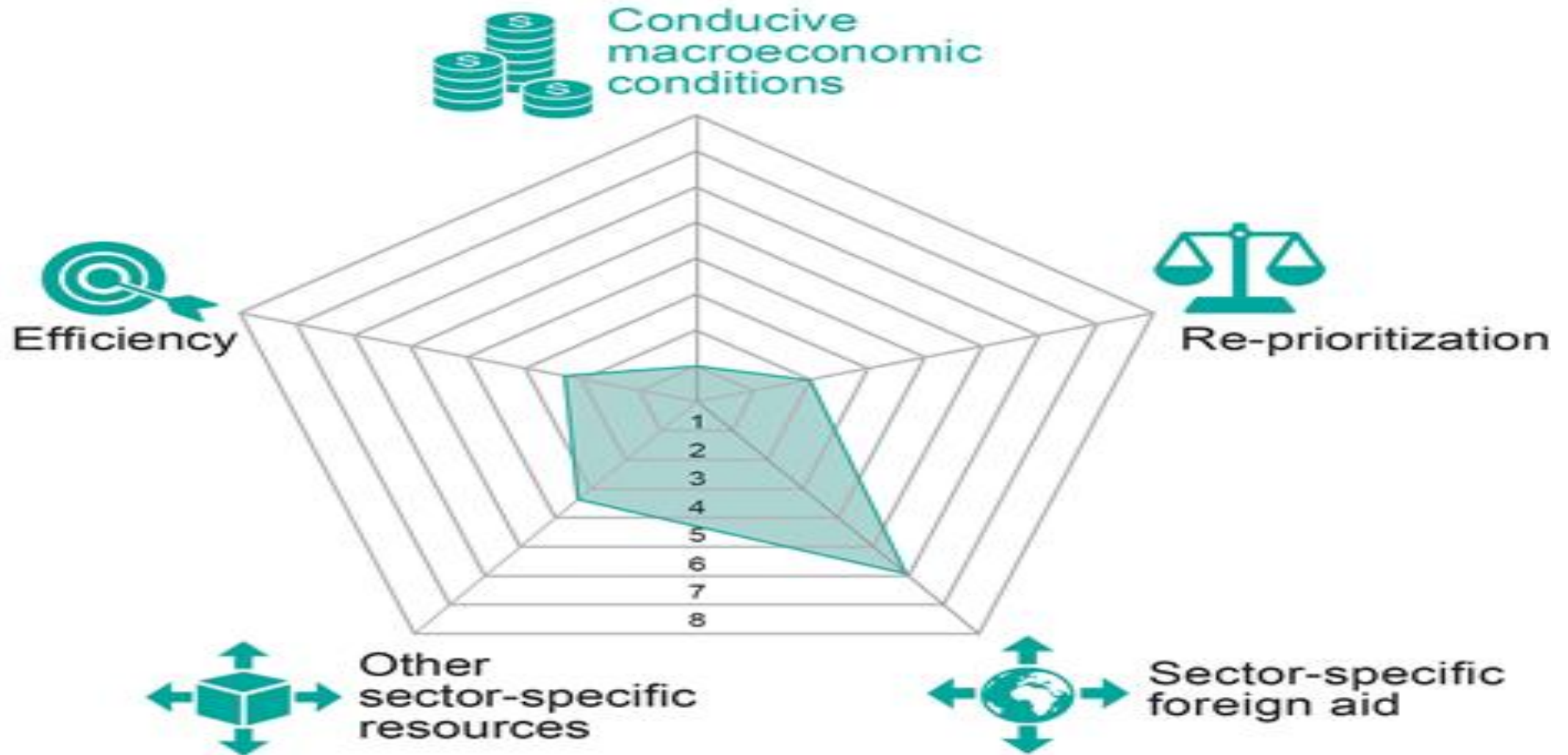
In the Republic of Congo (RoC), to sustainably finance immunization and vaccines through 2030, the government should devote **0.8%** of state budget and **25.6%** of total government health expenditures annually;

In Sao Tome and Principe (STP), to sustainably finance immunization and vaccines through 2030, the government should devote **1.5%** of state budget and **9.9%** of total government health expenditures annually.

What are the core fiscal space options to sustainably finance immunization and vaccines upon GAVI country's graduation?

Fiscal Space for PHC and Immunization financing: Assess the budgetary capacity and identify potential funding sources for PHC and immunization programs in the long term

Real and nominal domestic GGHE and as a percentage (%) of GDP

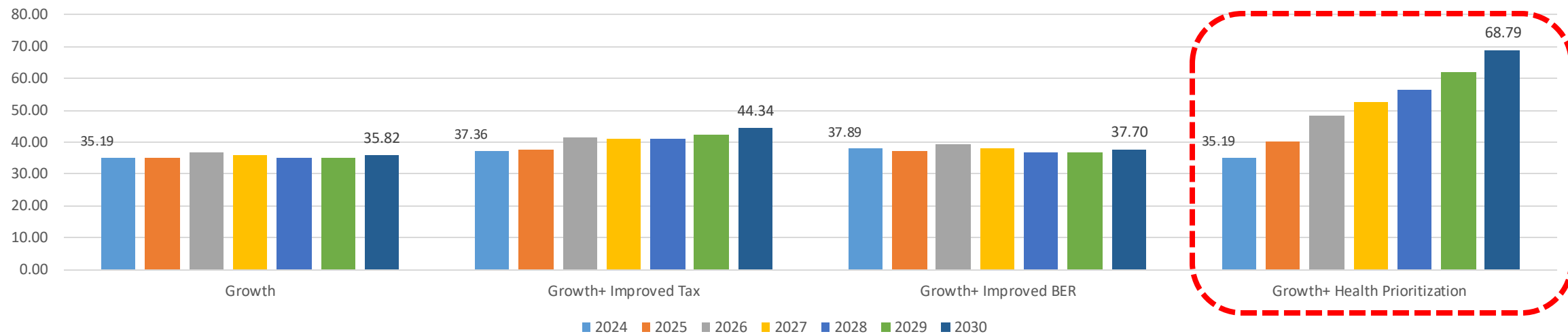


DIFFERENT SCENARIOS for real and nominal GGHE and GGHE %GDP in RoC and STP

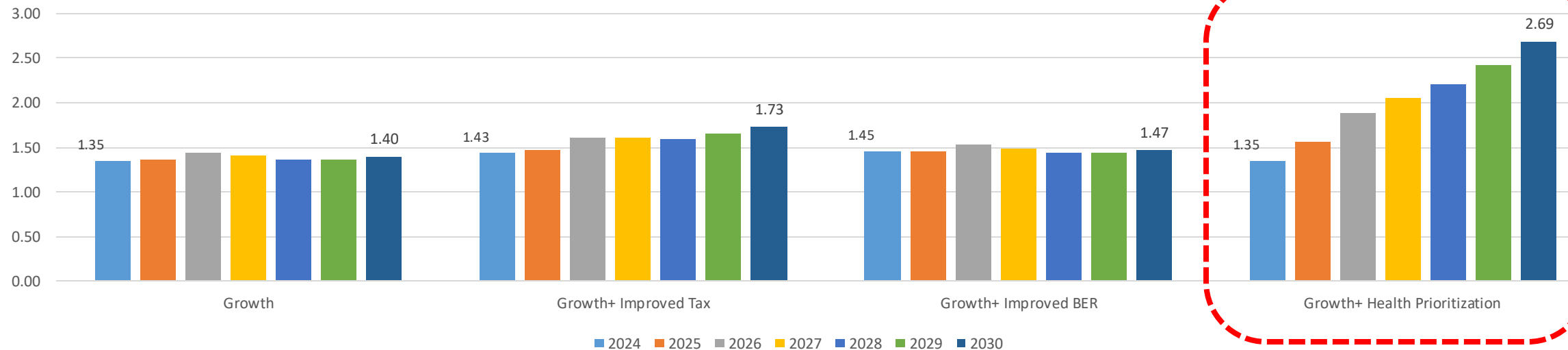
- **The baseline scenario** relies on the latest 2024 IMF macro fiscal-projections (World Economic Outlook, WEO) for GDP growth
- **Scenario 2** investigates the potential for additional fiscal space in health not only through economic growth but also by improving tax collection efforts
- **Scenario 3** considers how additional fiscal space can be generated by improving budget execution rates, in addition to increasing GDP growth.
- **Scenario 4** assumes an increased prioritization of health in the general government budget on top of GDP growth to create additional fiscal space in health.

Fiscal Space options for health (top panel) and immunization (bottom panel) in the Republic of Congo

Projected Domestic General Government Spending of Health
(in Real billion XAF)

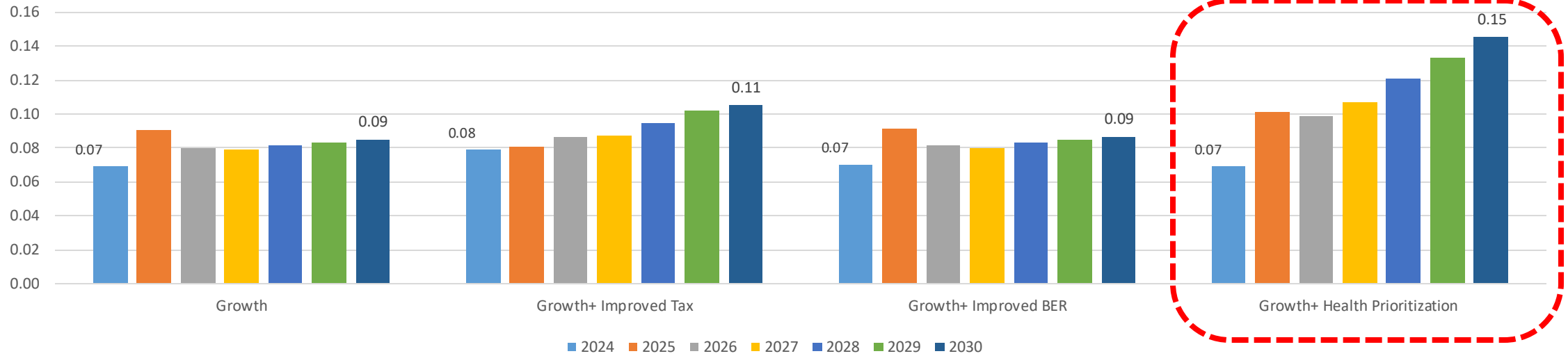


Projected Domestic General Government Spending of Immunization (in Real billion XAF)

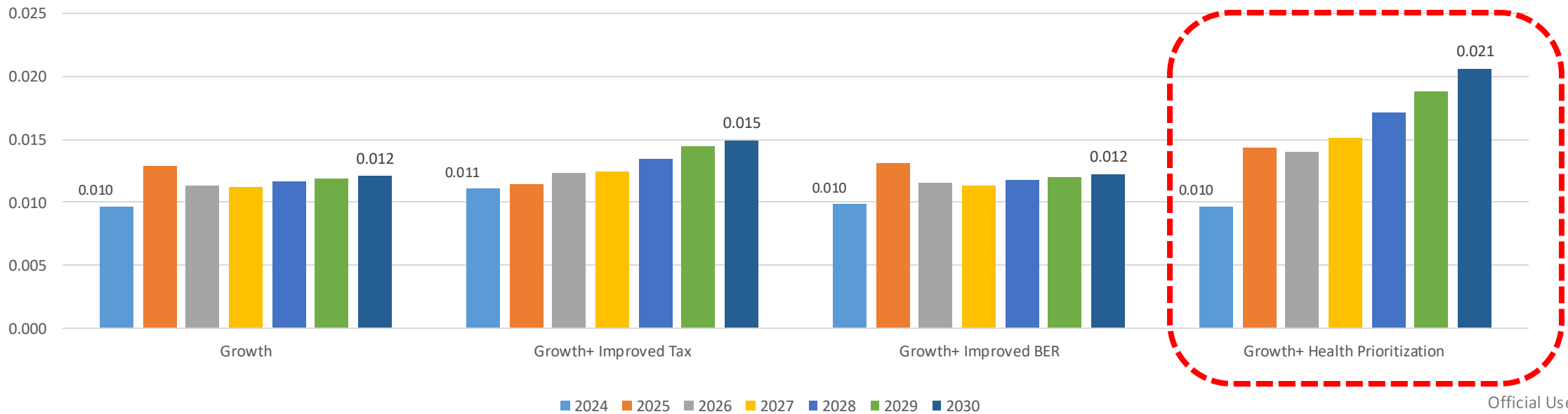


Fiscal Space options for health (top panel) and immunization (bottom panel) in Sao Tome and Principe

Projected Domestic General Government Spending of Health (in Real billion Dobra)



Projected Domestic General Government Spending of Immunization (in Real billion Dobra)



What room for fiscal space in health?



FS pillars	Contexts and options for budgetary expansion	Potential for broadening the strategic options studied
1. GDP Growth	<ul style="list-style-type: none"> ➤ Unfavourable macroeconomic framework despite signs of recovery ➤ Significant debt and risk of insolvency 	Very low leverage
2. Health re-prioritization	<ul style="list-style-type: none"> ➤ Health reprioritization (pre-2015 level and targets) ➤ Maintaining the priority level 	Relatively large leverage
3. Additional domestic resources through tax revenues	<ul style="list-style-type: none"> ➤ Favorable tax strategy (sustained growth forecast) ➤ Fungibility of revenue (lump sum reallocation possible) ➤ Other avenues : unexplored tax loopholes?, earmarked funds? Basket Funds? targeted revisions of existing exemptions?, parafiscality 	Important lever (short and long term)
4. Additional external resources	<ul style="list-style-type: none"> ➤ Context of external disengagement and weakened political dialogue ➤ Risk of non-sustainability 	Limited leverage
5. Efficiency of health expenditure	<ul style="list-style-type: none"> ➤ Room for improvement in health system performance ➤ Technical and allocative inefficiencies in health financing 	Substantial leverage (medium and long term)

Way forward and policy implications of the Fiscal Space Analysis in Sao Tome & Principe and the Republic of Congo

In Sao Tome and Principe, the core Domestic Resource Mobilization options (*Reprioritization, efficiency and increase in tax revenues*) were highlighted in the new health financing strategy unveiled by the government on July 4th.

In the Republic of Congo, the joint health and immunization financing strategy is currently being finalized by the WHO, UNICEF, and the World Bank with an expected completion date of August 31st. The strategy draws on this World Bank Fiscal Space analysis to identify sustainable financing solutions for health and immunization.

A high-level advocacy event convening key policy makers from the MoF, budget and planning is also planned for the end of August.



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*Thank you for your Kind
attention*

Ghana's Transition Journey: Lessons for Countries & Global Reflections

Daniel Osei

dnao.osei@gmail.com

Date: 20 July 2025



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Introduction & Objectives

01

Provide a country-led perspective on Ghana's Gavi transition journey

02

Highlight systemic challenges and innovations

03

Offer lessons for countries, Gavi, and Global Audience

Transition in Context

2003–2005

Ghana started the transition journey with the development of the Financial Sustainability Plan (2003-2008). Ghana proposed a graduated co-financing beginning from 25% in 2003 to reach 100% in 2010

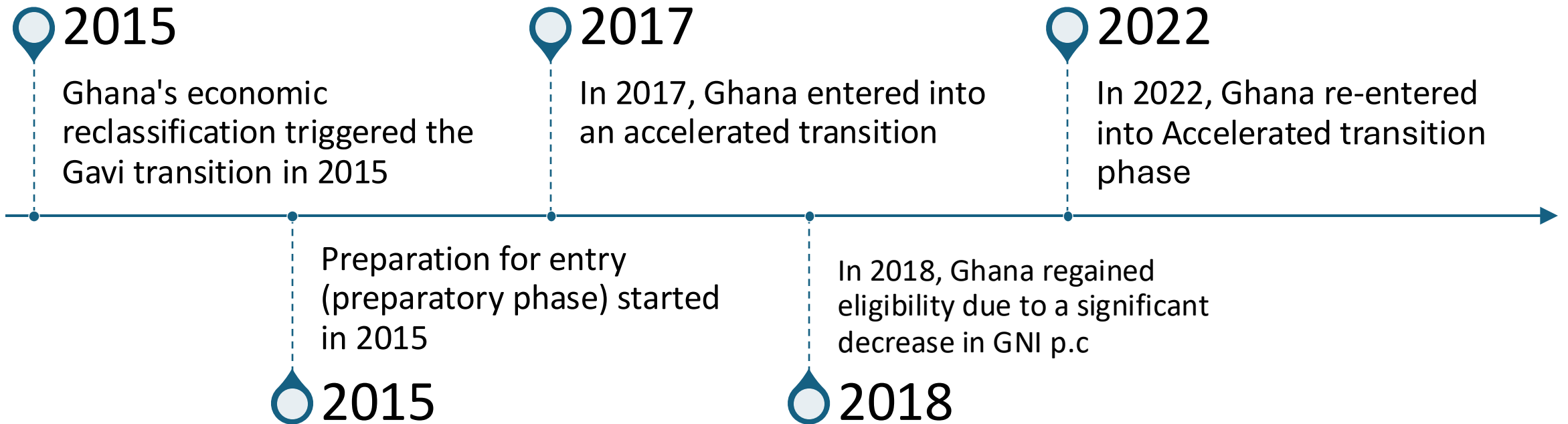
2006

Gavi's new transition policy, introduced in 2006, changed FSP to a flat amount of co-financing of \$0.2 per dose (the new policy started in 2006)

As of 2005, Ghana was on track to full FSP transition

2005

Transition in Context



Transition in Context

- Ghana has engaged the International Monetary Fund (IMF) multiple times since 2005, primarily through Extended Credit Facility (ECF) arrangements (2009) and other stabilization programs (2015-2018, 2023-2026)
- Along this journey, Ghana defaulted in 2013, 2014, 2016 and 2018 and had significant disbursement delays in 2023
- As of 2025, Ghana remains in accelerated transition to graduate in 2029.
- 2030 would be the first year without any Gavi support
- One major effect of the defaults and delays in funds transfer is the intermittent shortage of vaccines

Systemic Challenges Faced

Challenge	Impact
PFM System & Fiscal constraints	Insufficient Public Financial Management and Procurement Systems Alignment Limited fiscal space; pressure to fund competing health priorities
Procurement & supply chain	Delays in cash disbursements affecting operational readiness resulting in vaccine stockouts
Technical Capacity Constraints	Weak capacity in areas such as vaccine costing, procurement systems post transition, and financial risk forecasting. Overreliance on partners and technical assistance for technical functions (e.g., forecasting, budgeting tools).
Political will	Fluctuating prioritization of immunization in budget negotiations
Governance & Stakeholder Coordination	Limited coordination among health financing actors and global commitments

Opportunities



Integration of immunization budgeting into the Medium-Term Expenditure Framework



Multi-sectoral Transition Task Team (MOH–MOF–Partners)

Donor coordination and engagement on health financing-HF-WG



Country-led transition roadmap & Steering Committee

Role of Inter-agency Coordinating Committees (ICCs)



NHIF as a potential financing source and uncapping of the NHI Levy

Opportunities



The Immunization Technical Advisory Group (NITAG) served as an anchor for evidence-based decisions



CSO as watchdog groups monitoring transparency and delivery, with tailored advocacy with Parliament and subnational governments



Contracting an immunization Financing & Budget Consultant, as well as a Health Commodity Financing Consultant to provide support and monitor the transition roadmap

Implications for Countries



Start transition planning early, even before on onset of transition



Political economy analysis is essential: the transition \neq technical process only



Embed co-financing in PFM systems (e.g., MTEF, budget ceilings, integration immunization in budget)



Cultivate local champions to sustain visibility and accountability

Implications for Gavi & Partners

01

Consider tailored
pacing of
transition vs.
linear eligibility
model

02

Expand the scope
of transition
support beyond
vaccines (e.g., HR,
data systems)

03

Invest in country-
led financing

04

Adopt graduated
off-ramping with
flexible re-entry
options

Reflections for Global Partners

01

Donors must harmonize support and avoid parallel transition agendas

02

Encourage pooled funding mechanisms for sustainability post-donor transitions

03

Invest in transition diplomacy, support high-level political buy-in

04

Prioritize peer learning among transitioning countries (South-South)

Final Reflections

Ghana's story = resilience + experimentation under fiscal pressure

Transition is not an endpoint but a systems transformation catalyst

Countries and donors must redefine success beyond medium-term post transition financing



Thank you



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Immunization financing and donor transitions: Gavi transition prep & increasing domestic resources for immunization

Bali, July 20, 2025



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