METHODOLOGY ANNEX

SIMULTANEOUS TRANSITION PROJECTION ANALYSIS

To understand the potential scale of simultaneous transition, ACTION conducted an analysis of which countries are at risk of transitioning from various funding mechanisms in the next five years (2017-2021). We followed a rigorous methodology to get the most accurate picture of the scale of simultaneous transition on the horizon according to publicly available information. However, none of these projections are definitive and the transition timeline in any of these countries may change within the next 5 years, potentially impacting simultaneity. This could occur because of economic or policy shifts, flexibility measures taken by the funds to mitigate transition risks, or new eligibility information becoming publicly available. Specific points of caution are described in the Scope of Simultaneous Transition section below.

First, ACTION identified countries currently (as of April 2017) receiving funding from the three largest multilateral global health institutions: Gavi, the Global Fund, and IDA. To determine if a country was receiving financial support from the Global Fund, ACTION visited the Global Fund website section titled "Where We Invest," and looked at the page for each country listed there to confirm there was at least one active grant. For Gavi, ACTION determined whether financial support was provided based on the country list from Gavi's website. For IDA, ACTION visited the list of IDA borrowing countries. Any country receiving IDA support was included for the purposes of this research, even if some of the financial support was through blended funding with IBRD. Only individual countries were included, not regional grants.

The search resulted in 112 countries receiving financial support from at least one of the following multilateral institutions: Gavi, the Global Fund, and IDA. Next, we narrowed the list to countries receiving funding from at least two out of the three multilaterals, in order to focus on issues of simultaneity. By applying the "two out of three" criteria, 33 countries were eliminated: Algeria, Belarus, Belize, Botswana, Bulgaria, China, Columbia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Gabon, Guatemala, Iran, Iraq, Jamaica, Kazakhstan, Macedonia, Malaysia, Mauritius, Morocco, Namibia, Panama, Paraguay, Peru, Philippines, Romania, Russian Federation, South Africa, Suriname, Swaziland, Thailand, and Tunisia.

This resulted in 79 countries for full review (see table 1 below).

Afghanistan
Albania
Angola
Armenia
Azerbaijan
Bangladesh
Benin
Bhutan
Bolivia
Bosnia and Herzegovina
Burkina Faso
Burundi
Cambodia
Cameroon
Cape Verde
Central African Republic
Chad
Comoros
Congo
Cote d'Ivoire
Cuba
Djibouti
Democratic Republic of the Congo
Eritrea
Ethiopia
Gambia
Georgia
Ghana
Guinea
Guinea Bissau
Guyana
Haiti
Honduras
India
Indonesia
Kenya
Kiribati
Korea, Democratic People's Republic
Kosovo
Kyrgyzstan
Laos
Lesotho
Liberia
Madagascar
Malawi
Mali
Mauritania
Moldova
Mongolia
Mozambique
Myanmar
Nepal
Nicaragua
Niger
Nigeria
Pakistan
Papua New Guinea
Rwanda
Sao Tome
Senegal
Sierra Leone
Solomon Islands
Somalia
South Sudan
Sri Lanka
Sudan
Tajikistan
Tanzania
Timor Leste
Togo
Turkmenistan
Tuvalu
Uganda
Ukraine
Uzbekistan
Vietnam
Yemen
Zambia
Zimbabwe

SCOPE OF SIMULTANEOUS TRANSITION

To assess the transition status and projected risks of simultaneous transition in the next five years, we mapped the current status of funding from four key mechanisms to each of these 79 countries, as follows:

- **Gavi:** Five categories summarizing the 2017 "co-financing group" identified on each country page in Gavi's country hub website.

  1. Eligible for funding (those listed as "initial self-financing"); this is captured by a green "eligible" stamp.
  2. Eligible for funding, in the preparatory stage of transition, and not currently projected to enter the accelerated phase of transition in the next five years (those listed as "preparatory transition" and no projected date or a date after 2021); this is captured by a green "phase 1" stamp.
  3. Eligible for funding, in the preparatory stage of transition, and currently projected to enter the accelerated phase of transition in the next five years (those listed as "preparatory transition" and a projected date by 2021); this is captured by a yellow "phase 1" stamp.
  4. Currently in accelerated phase of transition; this is captured by a red "phase 2" stamp.
  5. Currently in the fully self-financing stage of transition with access to preferential pricing; this is captured by a red "phase 3" stamp.

  Only countries in the latter three categories were considered to be "currently projected to transition in the next 5 years." Those countries in preparatory transition but not projected to reach accelerated transition in the next five years were considered at risk in the next ten years.

  Congo, Papua New Guinea, Sudan and Yemen meet the classifications to be considered fragile states according to Gavi's Fragility, Emergencies, Refugees Policy. Although not certain, flexibilities may apply to Board-approved policies and processes, such as the Eligibility and Transition Policy to adapt to the local context in order to increase effectiveness of support towards equitable access to immunization. This flexibility may influence the timing of transition and therefore change simultaneity projections within the next 5 years, particularly for Sudan and Yemen which are not yet in accelerated transition

- **Global Fund:** Three categories summarizing the status that the Global Fund reports in "Projected Transitions from Global Fund support by 2025 – projections by component" published in October 2016 and the Global Fund eligibility list 2017, which states which countries are eligible for grant funding, ineligible for grant funding, or undergoing transition. If a country was expected to transition during a specific time, the year itself was noted.

  1. Remain eligible for Global Fund support; captured by a green 'eligible' stamp.
  2. Remain eligible for Global Fund support and designated as "priorities for sustainability and transition planning" because they are at heightened risk for transition; captured by green eligible stamp and an asterisk explaining this categorization. These countries are upper middle income or low disease burden, but are not currently projected to transition in either the 5 or 10 year ranges we considered; however, we considered these countries to be at higher risk for a change in transition status designation.
  3. Countries projected to begin transitioning out of Global Fund support (for at least one disease area where support is currently provided) by 2020. These countries are captured a red 'currently transitioning' stamp for those countries projected to completely transition out of Global Fund support before 2020, and a yellow 'eligible' stamp for those countries that will begin the transition process in the next five years.

  While we evaluated eligibility across all three disease areas, we considered the beginning of transition in at least one disease area – even if support continues for other diseases – to be a significant shift in funding and therefore the marker of transition. Only those countries in the final category were considered to be "currently projected to transition in the next 5 years." The second category, though not sufficient to be included in our projections for the next ten years, was delineated to highlight the risk of a change in status faced by these countries.

- **GPEI:** Two categories based on GPEI's Financial Resource Requirements document and the identification of priorities on their website about country transition planning.

  1. Countries receiving relatively modest financing from GPEI, with funding currently expected to wind down by 2020; captured by a red 'by 2020' stamp.

2. Countries designated by GPEI as priorities for transition planning (the 16 countries together accounting for 90 percent of GPEI funding), with funding currently expected to wind down by 2020; these countries are captured by a red 'priority' stamp.

All countries were considered to be "currently projected to transition in the next 5 years."

- **World Bank:** Four categories based on the list of borrowing countries available on IDA's website, where countries were listed as either eligible, able to access IDA on blend credit terms, or have blended financing with IBRD. If a country was not listed, it was considered to be ineligible. Information about graduating countries was cross-referenced with the March 2016 World Bank paper, "Review of IDA's Graduation Policy." Page 15 included a list of countries expected to graduate in 2017: Bolivia, Sri Lanka, and Vietnam.

  1. Countries eligible for borrowing from IDA ("IDA-only");
  2. Countries eligible for IDA under less concessional blend terms ("IDA gap");
  3. Countries eligible for IDA and qualifying for IBRD lending ("Blend");
  4. Countries no longer eligible for IDA, receiving transitional support to IBRD lending (to "IBRD-only").

  Although the timeline for starting the transition from "blend" to "IBRD-only" is unknown and influenced by many factors, for the sake of highlighting potential risks we have considered both "blend" and "receiving transitional support" countries to be "currently projected to transition in the next 5 years."

  IDA has not yet projected priorities for transition for the coming IDA19 cycle, so there is no public information on which blend countries are most likely to cross over to IBRD-only status in 2019. Because this designation depends on IDA management discussions, we have chosen to consider blend status from IDA as a risk factor for simultaneous transition in the coming 5 years, despite these uncertainties. However, we recognize that not all blend countries will effectively lose IDA eligibility in this timeframe, and wait for IDA18 Mid-Term review discussions, as well as IDA management discussions ahead of IDA19 to know more about the Bank's case-by-case analysis of the vulnerabilities and challenges faced by these countries to be able to nuance and update our projections

COUNTRY CASE STUDY METHODOLOGY

To select countries in which to conduct case studies, we began with the list of 79 countries receiving funding from at least two of the three largest multilateral global health institutions. The countries where then scored based on the number of funding sources (among Gavi, Global Fund, and IDA), and number of bilateral donors listing as the country as a "priority country" or listing active projects (from among six bilateral donors where ACTION partners work: the Australian Department of Foreign Affairs and Trade (DFAT), Global Affairs Canada (GAC), Agence Française de Développement (AFD), Japan International Cooperation Agency (JICA), the United Kingdom Department for International Development (DFID), and the United States Agency for International Development (USAID)).

Funding from Gavi, the Global Fund, and IDA was determined as described above. Priority countries were determined based on publicly available information from each bilateral donor's website, including DFAT's "where we give aid", GAC's country list "where we work in international development" (both "partner countries" and "countries of focus," but not countries under "humanitarian assistance" which was specific to emergency response), AFD's "countries" list on its home page, JICA's list of "countries", DFID's "where we give aid", and USAID's "where we work." If a country was not explicitly mentioned (for example, Papua New Guinea listed only under a regional initiative called "Pacific Islands") it was not counted. Countries were scored, receiving 1 point per multilateral or bilateral funder. The highest score a country could receive was nine. Countries were then given total scores and ranked in order, from highest to lowest, so that we would select for case studies those countries with the most at stake from donor withdrawal.

Once countries were ranked from highest to lowest, additional criteria were established:

- If the country received financial support from the Global Polio Eradication Initiative (GPEI): this was determined based on the Financial Resources Requirements document from April 2016.
- Gavi transition status: this was determined based on 2017 co-financing group listed on the 'country hub' available on Gavi's website. Only countries in preparatory transition, accelerated transition, or fully self-financing were considered.
- Whether there is already an ACTION partner in the country or the country is a priority for ACTION partnership

development: this was determined based off the list of priority countries from the ACTION Secretariat's Program Development Team.

- Coverage of the diphtheria, tetanus, and pertussis vaccines (DTP3): this was based on the latest DTP3 coverage rates from the World Health Organization in 2015.

ACTION prioritized identifying three countries that represented different stages of the transition process, geographic diversity, and language diversity. Specifically, ACTION considered the additional criteria to ensure that at least one of the countries was a recipient of GPEI funding; at least one country was in Asia, one in Francophone Africa, and one non-Francophone African country; countries that were at varying places along the Gavi transition spectrum; one country affected by conflict/instability, as this is a challenging factor for delivering health services; and at least one country with poor health system strength, measured by DTP3 coverage below 70%. After this analysis, countries where ACTION had civil society contacts were prioritized.

After applying the criteria to the list of 79 countries, the following were chosen for case studies: Côte d'Ivoire, Nigeria, and Vietnam.

INTERVIEWS AND CASE STUDY RESEARCH

Desk research was carried out by interviewers in order to inform the interviews. Some of the factors that were considered include projections of co-financing obligations for the 2018-2022 period, number of vaccines being co-financed including those financed by Gavi, stage of the country in the transition process, expected year of accelerated transition phase, population, health status and trends, national revenue per inhabitant per year, total health workforce, total government expenditure on vaccines and health budget line, and progress on the health MDGs.

ACTION carried out 38 in-depth interviews. Stakeholders interviewed represented a broad cross-section of stakeholders critical to the transition process, including representatives of civil society, global health financers and multilateral institutions, and government representatives in Côte d'Ivoire, Nigeria, and Vietnam.

The interviews were structured and followed a common interview format. The following ACTION partner staff conducted the interviews: Margot Jaymond (GHA France), Laura Kerr (RESULTS UK), Callum Northcote (RESULTS UK), Pauline Pruvost (GHA France), Mark Rice (RESULTS Australia), Bruno Rivalan (GHA France), and Leila Stennett (RESULTS Australia). Informed consent was received for each individual interviewed (including whether the interviewee preferred to be quoted by name, role, solely their organization or remain fully anonymous). All interviewees agreed to be recorded or to the interviewer taking extensive notes of the meeting. Interviewees were aware that they could stop the interview at any time and were permitted to review the sections of the report where the information exchanged during their interview would be included. The following interview guide was used to facilitate the interview process.

1. Can you tell us who you are and what your role is in your organization?
2. What is the current role of donor funding to support health programs in this country? What do you think the role of donors should be in rapidly growing economies like [this country]?
3. Are you aware of any potential changes in the way donor funding will be provided by global donors for health?
4. How would you define eligibility, transition, and sustainability in the context of donor funding for health?
5. Describe whether, how and when transition is happening in your country. **Probe:** How familiar are policymakers and community members in your country on the issue of transition?

6. How involved are policymakers and CSOs in the transition process?
7. What do you think are the best sources of information that you have access to about donor transitions? **Probe:** How is information about donor transitions being shared between different stakeholders? **Probe:** Do all stakeholders have the same level of information? How is information shared between different stakeholders?
8. How is transition happening in your country and what are the processes around this? **Probe:** How do you think your country is handling the issue of transition? **Probe:** What are some challenges related to the ongoing process of transition? **Probe:** What are some best practices or opportunities that you've identified in this process?
9. What is the role of your organization in in any of the aspects of transition or preparing for donor transitions? How involved have you been so far?
10. Has your government taken any action since finding out about the transition process? What role, if any, has your government played with regards to sustaining donor-funded programs? **Probe:** Could you give concrete examples of actions taken by your government? **Probe:** Are there discussions about finding alternative sources of funding? **Probe:** How are barriers to access care and treatment (such as legal barriers) being addressed? **Probe:** Are there discussions about ensuring programmatic sustainability as well as financial (example of social contracting mechanisms)?
11. What effect is transition having on people in your country?
12. What actions do you think are important to ensure a sustainable transition? Probe: how long do you think this process would need to take?
13. If there is anything additional you would like to comment on, please share.

LITERATURE REVIEW

This section outlines the search strategy and selection criteria adopted for this review.

Search Strategy:

Research concerning simultaneous transition and sustainable health financing was identified by searching through Google and Google Scholar for primary research materials. A total of four databases and four scientific journals were searched for publications from 2000 through the present (2017), only considering peer-reviewed literature, grey literature from organizations such as annual or technical reports, author collections, case studies of past donor withdrawals and country transitions. Key articles were obtained primarily from Google, Google Scholar, Science Direct, Health Affairs, Health Policy and Planning, and Global Health: Science and Practice, WHO, and PATH. The literature review was conducted between February and April 2017.

In order to ensure that relevant studies were not missed, the search terms remained broad, relating to donor withdrawal, including "transition" and "graduation," along with names of the multilateral institutions included in this analysis, and vertical intervention areas, such as "vaccines" or "HIV." Searches were solely conducted in the English language.

Publications were eligible for consideration in this review if they: (a) described the transition criteria or experience; (b) provided recommendations; and (c) included key principles for transition including external existing successful frameworks and tools based on research.

English search terms	English search terms that led to results
Simultaneous sustainable transition; financial sustainability of immunization; vaccine funding; vaccine financing; immunization financing; WHO guidance and tools; sustainable immunization financing; WHO-UNICEF guidelines for developing a comprehensive multi-year plan; WHO's Framework for Immunization Financing Assessments (2012-16); Global Routine Immunization Strategies and Practices (GRISP); country ownership; graduation; lessons learned; case studies Gavi transition; transition multilateral donors; Gavi; transition; country health system sustainability; health financing; accelerated transition; Gavi graduating countries; WHO's Vaccine Product Price and Procurement (V3P) project; National Advisory Committees on Immunization; PAHO's ProVac initiative; immunization financing indicators; global fund graduation; global fund transition; AIDS transition funding; HIV transition; HIV transition funding; AIDS transition; AIDS transition funding; key populations; simultaneous transition; health financing hiv, international GPEI transition; legacy transition planning; GPEI transition and GPEI graduation; simultaneous transition multilateral donors; international development association world bank transition; world bank graduation; IDA transition; countries transitioning from IDA world bank; graduation from international development association; global polio eradication initiative after eradication; Global polio eradication initiative certification; IDA graduation policy; development donor transition	Gavi; financing/Gavi; transition/Gavi; accelerated transition; Gavi/graduating countries; financial sustainability of immunization; multilateral donors; immunization programs; immunization financing; domestic financing; immunization policy; graduation; co-financing policy; immunization economies; vaccines/supply and distribution; sustainability; successful transition; developing countries; donor assistance policies; national self-sufficiency; WHO guidance and tools; middle-income countries; lower-middle income countries; health financing; graduating from global health programs; strengthening health systems; Global Fund graduation; Global Fund transition; GPEI transition; legacy transition planning; simultaneous transition multilateral donors; AIDS transition funding; HIV transition funding; key populations transition; health financing HIV

Selection Criteria:

The next step was a detailed examination of the publications, and at this point the full list of sixty-one articles and publications found using the terms was divided into the following subthemes (a) Gavi transition – 10 articles; (b) transition more broadly – 12 articles; (c) GPEI transition – three articles; (d) Global Fund transition – 26 articles; and (e) guides or tools for successful transition and existing transition – seven articles; and (f) co-financing policies for the Global Fund and the World Bank Group's IDA – three articles. Fourteen publications that did not belong in one of the subthemes were discarded.

Then, each group of publications and articles was assigned a reviewer to identify commonalities, get an overall idea of concepts and themes, and to condense and summarize the content of each publication. Each reviewer was given the same set of reading questions to analyze the publications in their subtheme. The reading questions included, (a) was the focus of the publication transition from multilateral and bilateral donor funding? (b) what did the author(s) identify as best practices? (b) are there ways in which the publication exemplified any negative health impacts resulting from donor withdrawal or lack of country preparedness ? (c) what are the recommendations? (d) what are key principles and/or standards for transition, including existing tools and resources available to countries based on research? (e) what conclusions can be drawn from case studies and other countries that have successfully transitioned? To further illustrate the consequences of transition and to identify country specific lessons learnt. Publications and articles were reviewed by the following ACTION Secretariat staff and interns: Yanira Garcia, Waiswa Nkwanga, Mandy Slutsker, Ahalya Somaskandan, and Heather Teixeira.

Publications were excluded that did not analyze the implications of transition in countries through a review of budgetary, programmatic and health impacts, did not draw on countries' experiences to highlight critical standards and key principles throughout transition, did not propose reforms to eligibility criteria and current transition polices affecting countries, or did not provide recommendations to prepare health systems specifically for transition away from multilateral and bilateral donor funding. At this final stage, thirteen publications were excluded and forty-eight met the criteria previously mentioned and were analyzed further for inclusion in the report. Of these publications, twenty-nine were summarized and used to inform this report.

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