Who Pays to Deliver Vaccines?

An Analysis of World Bank Funding for COVID-19 Vaccination and Recovery

The World Bank is one key source of funding in the global push to vaccinate 70% of the world's population against COVID-19. Many actors point to this as the funding that will cover any additional delivery needs for COVID-19 vaccines that national governments cannot meet. With $5.8 billion in funding already approved out of a $20 billion commitment, the World Bank funding is an important part of the picture, but ***the World Bank alone cannot cover the full gap in vaccine delivery needs.***

$1.2 billion
Current World Bank investment in vaccine delivery.

Reviewing 60[1] funding agreements from the World Bank on COVID-19 vaccination and recovery shows the following insights.

- **There is still a gap in delivery funding.** The World Bank is currently funding **$1.2 billion in vaccine *delivery***—14% of the total funding allocated for COVID-19 recovery. If that trend applies to the rest of the $20 billion commitment, World Bank funding will cover between $2 and $4 billion—well below the $9 billion that ACT-A estimates as the lowest possible investment to vaccinate 70% of the world's population. In contrast, ***$3.1 billion is going to purchase vaccines***.
- **Health workers remain underfunded.** Only 15 of 60 agreements, just **25% detail provisions to pay health workers**. Of those, 7 explicitly fund surge capacity, 3 provide for ongoing salaries, and 4 allow for hazard pay to health workers.
- **Countries are taking on debt to rollout COVID-19 vaccinations.** 86% of the funding in this analysis is in the form of loans. That gives countries debt that may weaken future pandemic preparedness rather than reinforcing health systems.
- **All funders should adopt the World Bank's commitments to investments in gender equality.** 90% of the agreements in this analysis refer to gender inequality and many make corresponding investments—like requiring that 60% of vaccine leadership positions are women—to overcome these barriers. Earmarking exact funds going to advance gender equality would provide further transparency. Nevertheless, this consistent and concrete commitment is commendable, and all actors should strive to replicate it.

1 The analysis excluded Sri Lanka and North Macedonia because of information gaps.

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Background

The conversation around global COVID-19 vaccine has shifted to include the cost of delivering vaccines to the last mile for everyone in addition to procuring enough doses of vaccine for low- and middle-income countries. This is a funding gap we must fill to cover 70% global coverage by the end of 2022. Who pays for that delivery is still very much in question. One of the milestones in ACT-A's most recent strategic plan (October 2021) reads: "Countries have at least 80% of their financing gaps for delivery met, primarily through domestic funding and, where required, are supported through concessional and/or grant financing." The plan also calls for a significant percentage of funding for delivery to come from "other" sources, with the World Bank listed as a primary source of additional funding available to support in-country delivery costs, strengthening health systems, and supporting the frontline health workers—70% of whom are women—without whom vaccination will not be possible.

The World Bank is a critical contributor to the costs of COVID-19 vaccination. They have committed $20 billion in financing to COVID-19 vaccines by the end of 2022. As of November 15, 2021, had approved $5.8 billion to support vaccine rollout in 62 countries. This generous contribution is a critical part of the COVID-19 vaccination effort; nevertheless, **relying on World Bank funding alone is insufficient to meet the global commitment to vaccinate 70% of the world's population stop the pandemic**.

In keeping with its commitment to transparency, the World Bank has published project documents for all 62 countries it has currently approved for funding. **This level of transparency and accountability is something other funders, governments, and actors in the COVID-19 space must emulate if we hope to end this pandemic.** This is a global problem that requires global solutions, and understanding what money is available for delivery will help highlight the gaps that remain to fill. These project documents allow for an understanding of what money is supporting, and what proportion of delivery costs from "tarmac to arm"—that is, delivery in country to the last mile—World Bank funding covers. With that understanding, it is possible to identify potential gaps in the COVID-19 vaccination funding and delivery space that other actors must fill.

Needed Action: Pay for vaccine delivery.

What World Bank Financing Covers: $1.2 billion (14%) of the total funding is going to vaccine *delivery*.

In fragile health systems, it may cost 6 times more (or higher) to deliver COVID-19 vaccines than current projections estimate.

Vaccines are useless when they sit on airport tarmacs or expire on shelves. The goal of COVID-19 vaccination campaigns is fully vaccinated people. To accomplish this, we must invest in all components of vaccine delivery—from paying healthcare workers to funding social mobilization efforts and more. Collectively, the project documents represent nearly $8.6 billion in new and pre-existing funding for COVID-19 response. **The most optimistic analysis puts $1.2 billion (14%) of the funding from these agreements to delivering vaccines**. Using the $5.8 billion that the World Bank counts towards vaccine access as the denominator, 21% of vaccine funding is going to delivery, according to our estimates. **$3.1 billion of the existing financial commitments go to purchasing vaccines**—either through COVAX or other sources.

If that ratio holds true across all $20 billion the World Bank has committed, the money covering delivery costs would be $2.8 billion—less than the $9 billion ACT-A estimates is the minimum amount required to deliver vaccines, and substantially lower than CARE's projected estimates for delivery, which could range from $40 billion to as high as $60 billion.

The World Bank is providing vital funding in the push to vaccinate 70% of the world's population, and that funding covers a wide range of critical vaccination-related costs. Where funds are limited, funding vaccine

delivery to the last mile competes with other critical funding priorities. Procurement costs to purchase the vaccines themselves are the largest percentage of the loans. To take one example, the World Bank is providing $55.2 million to Chad to support COVID-19 strategic preparedness and response. $38.2 million is going to health system strengthening—the broad category that includes vaccine delivery for that project. $26.2 million of that money is earmarked for procuring additional doses of vaccine, leaving only $12 million for all other aspects of vaccine delivery.

There is high variation in these estimates. The Democratic Republic of Congo is investing $115 million of the total $247 million financing directly into vaccine delivery—the highest total amount, and one of the highest percentages (47%) of the total grant. Somalia's grant dedicates $27 million to delivery, 60% of their total funding amount under World Bank financing. On the other end of the spectrum, 11 of the financing agreements provide 10% or less of their total funding towards vaccine delivery.

Paying Frontline Health workers

Out of 60 agreements:

- **3 cover health worker salaries.**
- **4 provide hazard pay to health workers.**
- **7 allow hiring surge capacity for vaccinators or health workers.**

Needed Action: Pay, train, and protect health workers, including frontline and informal workers.

What World Bank Financing Covers: 25% of projects provide funding to pay existing and additional health workers.

Frontline health workers are the lynchpin of COVID-19 vaccination campaigns. Paid, trained, and protected health workers will be the only way to end the pandemic.
The World Bank funding takes significant steps in this direction. The documents universally recognize the importance of frontline health workers as a critical component to successfully deliver vaccines, and most refer to the importance of informal health workers and volunteers in addition to formal employees in the health system. All funding agreements **include training costs for health workers**, and many include specialized training on subjects like reporting GBV. They all also **include PPE and other safety equipment to keep health workers safe**.

It is much less common for this funding to include paying health workers themselves. Of the 60 documents in the analysis, 15 include funding health workers' time in some way. **Only 3 (5%) cover some percent of salaries for formal health workers**. Four additional financing arrangements include hazard pay or overtime pay for health workers facing the COVID-19 crisis.

Few of the financing arrangements provide for additional personnel—which will leave health systems overstretched, people losing access to essential services, health workers facing burnout, and a shrinking health workforce—even if it were possible to vaccinate 70% of people using existing resources. **Only 7 of the 60 (11%) documents explicitly bring on surge capacity** in the form of additional health workers, vaccinators, or community volunteers.

In many documents, it is explicitly prohibited to use the funding to pay for "recurring costs"—that is, personnel, salaries, per diems, and other ways to support frontline health workers. In other documents, those costs are outlined as the sole responsibility of the national government. Others allow for per diems in special circumstances, or for some cadres of health workers.

The documents **do not specify the exact amounts of money for surge personnel or health worker salaries**, even when those costs are allowed. They usually fall under the larger umbrella of "vaccine deployment" or "health systems strengthening."

Needed Action: Grants, not loans.

What World Bank Financing Covers: 86% of funding is from loans

Taking on a loan puts a country in debt to cover the costs of COVID-19 vaccination—an action that will protect the whole world and goes beyond national interests. Even when the loans are interest free—and many of the COVID-19 loans are no or low interest—that still puts a strain on health systems and national budgets for the future as they try to recover from COVID-19. Of the $8 billion in additional financing these agreements cover in 60 countries, $7.4 billion of it (86%) is in the form of loans. Many of the loans are no interest or low interest. The project papers do not always specify interest rates, so it is difficult to estimate the financial cost to governments to pay back these loans.

Needed Action: Invest in Gender Equality, Especially for the 70% of Frontline Health Workers Who Are Women

What World Bank Financing Covers: Strong Commitment to Gender Equality

Without investing in gender equality, any recovery from COVID-19 will be unnecessarily slow and ineffective. Women are 70% of the frontline health workers around the world, and they are facing incredible risks with little power or choice2. 75% of people in health care leadership are men. This means women health workers, on average, are in roles with high patient contact and they are running more risks than men are. In Sierra Leone, 62 percent health workers are women, and the women spend more time in direct contact with patients. Women health workers in Sierra Leone were 60% more likely to get infected with COVID-19 than men are. At the same time, women have less access to vaccines. In South Sudan, women are 70% of the people testing positive for COVID—19, and only 26% of people getting COVID-19 vaccines. If we do not specifically invest to overcome these barriers, we will set back the world's recovery from COVID-19.

The World Bank financing documents show solid commitment to investing in gender equality. While there is not enough detail in the documents to understand exactly how much money is going to support women, **90% of them explicitly refer to gender equality, investing in women, and the barriers women face**—both as health workers and as patients, mothers, leaders, and community members. Most documents acknowledge that 70% of the world's frontline health workers are women, and many provide the sex-specific statistics for frontline health workers in the country the financing covers. Most background sections refer to the challenges women are facing in COVID-19, including rising Gender-Based Violence, skyrocketing unpaid care work, staggering and unequal economic impacts, and the challenges for women patients if there are not enough female health workers.

Beyond recognizing the inequalities women face, **most of the projects include at least some investments to overcome gender inequality**. These investments range from specifying the need to provide PPE in sizes that will fit female health workers, mandating sex-disaggregated data for all vaccination, training, and outreach efforts, and creating specific social mobilization campaigns and outreach efforts to reach women and make it possible for them to get vaccinated. Other donors would do well to emulate this investment and commitment. Some examples that provide especially useful clarity on how to overcome gender inequality are:

90%

Of World Bank agreements on COVID-19 vaccine funding consider gender equality.

- **Honduras:** The agreement for Honduras explicitly states that **60% of all leadership positions in vaccination that the project makes possible must be filled by women**. It includes a provision for

2 World Health Organization. (2019). Delivered by women, led by men: a gender and equity analysis of the global health and social workforce. World Health Organization. https://apps.who.int/iris/handle/10665/311322.

"strengthening the leadership experience and credentials of female health workers, advancing the leadership status of women in the health sector in general. This support would contribute to a higher proportion of female vaccination workers being able to secure healthcare-related employment with more responsibilities and higher income once the vaccination efforts are completed." The indicators for this project also require gender disaggregation of the percent of the population vaccinated.

- **Jordan:** The project analysis notes that women are 10 percentage points less likely than men to register for vaccinations, and that only 32% of female health workers compared to 65% of male health workers are vaccinated. To respond to this issue, the project is allocating money to specifically communicate with women to boost their confidence in and access to COVID-19 vaccines. Consultations with local women's organizations and surveys with women will drive the design of these communication campaigns.
- **Malawi:** The Malawi project is investing in women's community groups and health workers to do home visits to work with women to overcome vaccine hesitancy, and they are checking to see if it works by using sex-disaggregated data on both their communications strategies and their vaccination rates.
- **Madagascar**: The project in Madagascar is not only providing communications campaigns to improve vaccine confidence for women, but also setting up community vaccination points that are designed to be more accessible for women, and mobile outreach campaigns to help women in hard-to-reach areas or with disabilities get vaccinated. Madagascar will also be ensuring that women in the informal sector and women community health workers are high on the priority list for getting vaccines.

Earmarking specific financing for gender equality and reporting against it to the same level of transparency the World Bank is displaying in these loan documents would improve the commitment to gender equality. Nevertheless, all other actors—from funders to multi-lateral actors to governments to implementers—should follow the World Bank's lead to understand gender inequalities and propose concrete actions to address them.

Needed Action: Boost Vaccine Confidence and Mobilize People to Get Vaccines

What World Bank Financing Covers: Consistent, But Unclear, Investments

All of the financing documents contain activities to encourage people to get vaccines, from specific earmarks for Risk Communication and Community Engagement, to social and behaviour change communication, to campaigns over billboards, radio, TV, and social media. Because this is component is often included in part of a broader earmark—like vaccine deployment—it is not possible to get an exact estimate of how much money is dedicated to these activities. The investments are highly varied. In Chad, it amounts to $2.5 million out of the $12 million allocated for deployment. In the Philippines, it falls into a vaccine deployment category that the Government of the Philippines is financing and does not fall into World Bank funding. The Democratic Republic of Congo is investing $10.2 million of the World Bank financing—nearly 5% of it's total budget under the agreement—towards social mobilization.

Experience with vaccine rollout in most countries indicates that current investments in vaccine mobilization are still insufficient. CARE estimates that it may be as much as 30% of total delivery budgets to go toward social mobilization if we hope to meet global goals of 70% vaccine coverage. Even though this analysis cannot precisely identify all costs going social mobilization, it is clear that this is still an underfunded area of vaccine delivery. Moving from 20% coverage to 70% coverage requires significantly more investment in building vaccine confidence thank simply taking the investment from 20% and multiplying it by 3.5, as harder-to-reach populations often have higher vaccine hesitancy and greater difficulty accessing reliable information.

Methodology

This analysis reviews World Bank vaccine commitments for 60 of 62 countries with approved funding under the COVID-19 Strategic Preparedness and Response Program (SPRP). These 60 countries where the project

documents had enough detail in the documentation to provide insight into delivery costs.[3]

The review examines project documents for four categories of information:

- Any **specific dollar value** earmarked for vaccine delivery, health systems strengthening, or frontline health workers' salaries.
- Specific **mentions of support to frontline health workers**, the risks the face, or the pay and protection they need to keep health systems functional in the pandemic and resilient in the long term.
- Highlighting the **need to invest in women**—either as 70% of the frontline health workforce or as the primary caretakers for many people with COVID and bearing additional burdens in the pandemic.
- The **costs and strategies for social mobilization or increasing vaccine confidence**.

Everywhere possible, this analysis draws from the Project Paper on file on the World Bank's COVID-19 vaccine support website. If a Project Paper was not available, either the project information document, the implementation status report, or in rare cases, the procurement plan substituted for the project paper.

For consistency, the review includes any costs the World Bank categorized as "vaccine deployment"—distinct from vaccine purchase or procurement—in the estimates towards vaccine delivery. Other categories that count toward the vaccine delivery number include: demand generation, risk communication and community engagement, social mobilization, demand generation, health workforce strengthening (when it pertained to vaccines rather than COVID-19 treatment), vaccine transportation, and cold-chain improvements. In any cases where the exact costs were unclear in the available document, the analysis rounds up to the higher estimate.

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3 Two countries are excluded from this list. Sri Lanka's documentation is partially redacted pending written consent to share, and therefore did not present enough detail to complete the analysis. Macedonia is highlighted as a self-financing country and fell into a different category than the others.

Annex 1: Countries and Agreements in the Analysis

All numbers in **$USD Millions** (rounded to the nearest million)

Country	Total Funding	Vaccine Delivery Amount	Health Care Systems Strengthening Amount	Discussed Health care workers	Discussed Vaccine Hesitancy	Discussed Gender Equality
Afghanistan	213	42	62	Yes	Yes	Yes
Angola	150	30	5	Yes	Yes	Yes
Argentina	535	1	31	Yes	Yes	Yes
Bangladesh	700	90	unclear	Yes	Yes	Yes
Benin	10	5	5	Yes	Yes	Yes
Cabo Verde	11	3	3	Yes	Yes	Yes
Chad	55	12	unclear	Yes	Yes	Yes
Cambodia	25	4	4	Yes	Yes	Yes
Comoros	21	5	10	Yes	Yes	Yes
Congo	23	3	9	No	Yes	Yes
Cote D'Ivoire	135	32	unclear	Yes	Yes	Yes
DRC	247	115	83	Yes	Yes	Yes
Ecuador	170	30	unclear	Yes	Yes	Yes
El Salvador	70	26	unclear	Yes	Yes	Yes
Eswatini	14	4	3	Yes	Yes	Yes
Ethiopia	290	68	50	Yes	Yes	Yes
Gabon	21	4	unclear	Yes	Yes	Yes
Gambia	19	2	1	No	No	Yes
Georgia	215	2	49	Yes	Yes	No
Ghana	365	7	9	Yes	Yes	Yes
Guinea	39	11	unclear	Yes	Yes	Yes
Guinea Bisau	9	2	unclear	Yes	Yes	Yes
Guyana	14	2	unclear	No	Yes	Yes
Honduras	40	14	unclear	Yes	Yes	Yes
Indonesia	1,474	143	181	Yes	Yes	Yes
Iraq	100	25	unclear	No	Yes	Yes
Jordan	84	1	unclear	Yes	Yes	Yes
Kenya	236	22	unclear	Yes	Yes	Yes
Kosovo	68	11	26	Yes	Yes	Yes
Kyrgyz Republic	32	3	12	Yes	Yes	Yes
Lao PRD	33	6	30	Yes	Yes	Yes

Lebanon	196	9	58	Yes	No	Yes
Lesotho	33	6	10	Yes	Yes	Yes
Liberia	16	3	6	Yes	Yes	Yes
Madagascar	100	29	29	Yes	Yes	Yes
Malawi	37	5	3	Yes	Yes	Yes
Mali	78	8	unclear	Yes	Yes	Yes
Mauritania	19	4	5	Yes	Yes	Yes
Moldova	88	10	30	Yes	Yes	Yes
Mongolia	78	10	64	Yes	Yes	Yes
Mozambique	123	20	unclear	Yes	No	No
Nepal	104	11	15	Yes	Yes	Yes
Niger	43	9	unclear	Yes	Yes	Yes
Nigeria	514	76	unclear	Yes	Yes	Yes
Pakistan	200	45	unclear	No	No	No
PNG	50	11	10	Yes	Yes	Yes
Philippines	600	0	unclear	Yes	Yes	Yes
Rwanda	60	7	3	Yes	Yes	Yes
Sao Tome Principe	9	1	2	Yes	Yes	Yes
Senegal	154	55	13	Yes	Yes	Yes
Sierra Leone	16	5	3	Yes	Yes	Yes
Somalia	45	27	11	Yes	Yes	Yes
South Sudan	64	7	50	Yes	No	Yes
Sudan	123	50	22	Yes	Yes	Yes
Tajikistan	20	3	21	Yes	Yes	Yes
Togo	38	16	7	Yes	Yes	Yes
Tunisia	100	15	15	Yes	Yes	Yes
Ukraine	100	30	60	Yes	Yes	No
Yemen	47	8	Unclear	Yes	Yes	Yes
Zambia	49	12	7	Yes	Yes	Yes
Total	**$8,554**	**$1,208**	**$1,016**			