  <b>Global Platform for Access to Childhood Cancer Medicines</b>	<b>COUNTRY FINANCIAL SUSTAINABILITY POLICY</b>	
	<b>Prepared by:</b> Policies Working Group	<b>Version:</b> 1.0
	<b>Approved by:</b> Steering Committee	<b>Effective Date:</b> 20 March 2026

## Country Financial Sustainability Policy

### 1. Objectives of Policy

- 1.1 The Global Platform for Access to Childhood Cancer Medicines (Global Platform) country financial sustainability policy is grounded in the principle of promoting country-led, sustainable, and domestically financed health systems. It embeds mutual accountability to support achievement of the Global Platform’s mission of facilitating an uninterrupted supply of quality-assured childhood cancer medicines to low- and middle-income countries. The purpose of this policy is to:
  - 1.1.1 Define the amount and duration of subsidy support for medicines procurement countries receive during their Global Platform participation.
  - 1.1.2 Specify the required co-financing contributions from Platform countries during their participation and the procedures for meeting these requirements.
- 1.2 The strategic objective of country co-financing is to gradually mobilize domestic financing for pediatric cancer care in a sustained manner, so that program impacts endure beyond direct Global Platform financial support.
- 1.3 This policy should be read alongside the “Country Eligibility and Selection Policy” which outlines which countries are eligible for Global Platform support and how countries are selected for participation; as well as with its Market Shaping Strategy which outlines the Global Platform’s interventions to stabilize supply, consolidate demand and innovate to achieve long-term market sustainability.
- 1.4 This policy does not affect other forms of complementary support provided by the Global Platform to participating countries, including the dedicated financial support provided to accelerate systems readiness and technical support provided by Global Platform partners.

### 2. Co-financing Principles

- 2.1 This country financial sustainability policy is guided by the following principles:

**Sustainability:** Global Platform subsidy support is designed to be catalytic and time limited. Its goal is to incentivize domestically mobilized investments in pediatric cancer care so that program impacts endure beyond direct Global Platform financial support.

The Global Platform acknowledges that sustainability is influenced by many financial, programmatic, epidemiological, and political factors. In addition to the direct medicine subsidy support detailed here, the Global Platform will work with countries to address gaps across these dimensions to ensure medicine procurement investments are sustainable over time. This may include the provision of tailored technical support.

**Equity:** Global Platform support is designed to promote equity in access to medicines that are essential for treating childhood cancer by channeling resources to countries with the

largest gaps in pediatric cancer care and lowest ability to pay, considering burden and survival rates of childhood cancer in countries.

**Predictability:** The financial sustainability policy aims to make anticipated country investments predictable, enabling country stakeholders to plan and allocate resources for longer-term childhood cancer care support.

**Collaboration:** The Global Platform collaborates closely with partners on the implementation of its financial sustainability approaches and places high value on maintaining mutual trust, transparency, and technical cooperation as essential elements for long-term sustainability.

### 3. Medicine Eligibility

- 3.1 Medicines included on the Global Platform List of Medicines are eligible for subsidy. This list includes quality-assured medicines used in standard childhood cancer treatment protocols and is subject to change based on an annual review process.
- 3.2 Subsidies will apply only to medicines procured through the Global Platform's appointed procurement agents (UNICEF or PAHO Strategic Fund) at listed prices. Medicines procured through any other channel will not be eligible for Global Platform subsidy support, except as provided for in paragraph 6.1 below.

### 4. Global Platform Subsidy Support

- 4.1 A country's subsidy support and co-financing requirements are determined by its income level:

A **low-income country**<sup>1</sup> may place orders for up to four calendar years of supply that will be 100% subsidized by the Global Platform, starting when the country approves the first cost estimate<sup>2</sup> issued by the Global Platform's procurement agents. The country may then place orders for the fifth and sixth calendar years of supply subsidized at 75% by the Global Platform, with a 25% country co-financing requirement; for the seventh and eighth calendar years of supply subsidized at 50%, with 50% co-financing; and for the ninth and tenth calendar years of supply subsidized at 25%, with 75% co-financing. From the eleventh calendar year of supply onward, orders are fully self-financed.

A **lower-middle-income country** may place orders for up to three calendar years of supply that will be 100% subsidized by the Global Platform, starting when the country approves the first cost estimate issued by the Global Platform's procurement agents. The country may then place orders for a fourth calendar year of supply subsidized at 75% by the Global Platform, with a 25% country co-financing requirement; for a fifth calendar year of supply subsidized at 50%, with 50% co-financing; and for a sixth calendar year of supply subsidized at 25%, with 75% co-financing. From the seventh calendar year of supply onward, orders are fully self-financed.

An **upper-middle-income country** may place orders for up to two calendar years of supply that will be 100% subsidized by the Global Platform, starting when the country approves the first cost estimate issued by the Global Platform's procurement agents. The country may then

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<sup>1</sup> Income classifications (e.g., 'high', 'upper-middle', 'lower-middle, and 'low') will be determined using the World Bank income group thresholds for the year that selections are made; Thresholds and country classifications are updated annually.

place orders for a third calendar year of supply subsidized at 75% by the Global Platform, with a 25% country co-financing requirement; for a fourth calendar year of supply subsidized at 50%, with 50% co-financing, and for a fifth calendar year of supply subsidized at 25%, with 75% country co-financing. From the sixth calendar year of supply onward, orders are fully self-financed.

**High-income countries** are not eligible for medicine subsidization. For more information, refer to the “Country Eligibility and Selection Policy.”

- 4.2 Countries with pre-existing agreements with the Global Platform at the time of the first issuance of this policy will receive one additional calendar year of fully subsidized medicines beyond what is outlined above as a grace-period to prepare for transition to the financial sustainability policy.
- 4.3 For each calendar year of supply, the Global Platform and the participating country will set Maximum Procurement Amount (MPA), which is the cost ceiling (in USD) to which the Global Platform subsidy and co-financing policy applies. The MPA will be based on a joint forecasting and quantification exercise to align to country needs and agreed coverage targets for childhood cancer treatment and will factor in UNICEF and PAHO Strategic Fund reference supply prices, and estimated freight, insurance, inspection, handling fees and contingency buffer costs
- 4.4 The Total Estimated Procurement Amount (TEPA) is the country-approved cost estimate issued by the Global Platform’s procurement agents for the quantities the country requests in a given calendar year, calculated using UNICEF and PAHO Strategic Fund reference supply prices, and estimated freight, insurance, inspection, handling fees and contingency buffer costs. The Global Platform subsidy and co-financing policy applies to the TEPA. The TEPA may be lower than, but not higher than the MPA as further explained in paragraph 6.2. Any differences between estimated and actual costs (e.g., shipping variances) will be reconciled at the end of the reporting year.

**Table 1. Global Platform subsidized price fraction by calendar year of supply orders (% of TEPA):**

Country income level	1	2	3	4	5	6	7	8	9	10
Low-income	100%	100%	100%	100%	75%	75%	50%	50%	25%	25%
Lower-middle income	100%	100%	100%	75%	50%	25%	0%	0%	0%	0%
Upper-middle income	100%	100%	75%	50%	25%	0%	0%	0%	0%	0%

## 5. Country Co-financing Requirements

- 5.1 Countries are responsible for funding the remaining cost (after subsidization) of eligible medicines and in-country delivery costs (e.g., customs clearance, in-country storage, distribution and logistics costs) throughout the duration of the program.
- 5.2 Countries must meet all eligibility criteria at selection to be considered for medicine subsidy support. If a country’s income status changes across these criteria during their time in the program, they will continue to receive support as initially agreed based on its income

classification at the time of selection (for more details, refer to the Country Eligibility and Selection Policy).

- 5.3 A country's co-financing requirements for the relevant calendar year of supply are the co-financing share multiplied by the TEPA for that year.

**Table 2. Country co-financing share by calendar year of supply (% of TEPA):**

Country income level	1	2	3	4	5	6	7	8	9	10
Low-income <sup>1</sup>	0%	0%	0%	0%	25%	25%	50%	50%	75%	75%
Lower-middle income <sup>1</sup>	0%	0%	0%	25%	50%	75%	100%	100%	100%	100%
Upper-middle income <sup>1</sup>	0%	0%	25%	50%	75%	100%	100%	100%	100%	100%

- 5.4 If a country provides less than the co-financing required to reach the annual MPA, the subsidy rate for that Program Year does not change. The Global Platform applies the same subsidy-to-co-financing ratio to the TEPA and reduces absolute subsidy quantities in the same proportion as the country co-financing amount (see paragraph 6.2).
- 5.5 For any new medicine adoptions during Global Platform participation, co-financing requirements start at the same price fraction as for other medicines in the country's portfolio that year.
- 5.6 Eligible co-financing sources by countries include any domestically mobilized resources.

## 6. Payment Procedures

- 6.1 Countries will fulfill co-financing requirements by co-purchasing medicines from the designated procurement agency (UNICEF or PAHO Strategic Fund). The country co-financing share (%) is applied to the TEPA to define the country payment in USD. In cases where a country may express their preference to self-procure their co-financing share of medicines rather than procuring through the designated procurement agency, certain requirements will need to be met by the country. The Global Platform will verify these conditions to ensure that medicines are aligned to its quality assurance framework and that they are procured at competitive prices.
- 6.2 Global Platform subsidies use the same basis, applying the agreed subsidy share (%) to the same TEPA to determine the subsidy amount in USD, subject to the annual MPA ceiling (see Annex for illustrative figure and explanatory text).
- 6.3 Co-financing payments should be paid in advance of order placement, in line with PAHO Strategic Fund and UNICEF Supply Division procedures. In the case of self-procurement, countries shall communicate with the Global Platform to avail this option. The Global Platform will then verify that conditions are met before any self-procurement processes and transactions take place.
- 6.4 Countries should align the timing of payments directly with UNICEF or PAHO Strategic Fund, according to the institutional processes for procurement and considering their fiscal cycle and when medicines are needed. Forecasting and quantification exercises carried out in partnership with the Global Platform will serve as the basis for procurement requests and shipment and budget planning.

- 6.5 If needed, countries can request bridge funding (or 'pre-financing') from the designated procurement agency to ensure timely pre-payment in the event that there are delays in the availability and release of country co-financing payments which would impact the procurement and shipment of medicines. Arrangements for bridge funding will be facilitated through the procurement agencies' existing pre-financing mechanisms and can be used in line with the terms and conditions of those mechanisms outlined by their respective organizations.
- 6.6 Government authorities must submit formal commitments to contribute co-financing as part of the access to funding processes. This commitment will be outlined in the Letter of Agreement (LoA) that is co-signed by the country and the Global Platform. LoAs will be developed and signed during the preparatory phase for selected countries, prior to first product order placement. For countries with LoAs signed prior to this policy's issuance, the Global Platform will engage governments to agree amendments that incorporate their commitment to co-financing and, where appropriate, adjust timelines in line with the transitional arrangements (see 4.2).

## 7. Compliance

- 7.1 Participating countries are required to contribute co-financing payments for each calendar year of supply ordered, as outlined in this policy, as a condition of continued program participation in the Global Platform.
- 7.2 Countries that do not make required co-financing payments within the program year will not be eligible to receive the Global Platform subsidy for that program year and may be suspended from further program support until co-financing payments are re-started.
- 7.3 In cases where countries have entered into bridge financing or advance payment agreements with procurement agents and subsequently default on those payments, the applicable financial and operational policies of those partner pre-financing mechanisms shall apply, and the Global Platform will defer to the enforcement and repayment terms established by those procurement agencies.
- 7.4 Countries shall not use other Global Platform funds for co-financing of Global Platform-supported medicines, without prior approval from the Global Platform.

## 8. Exceptions

- 8.1 If a country is at risk of non-compliance, they can apply for a co-financing exception.
- 8.2 Exceptions will normally only be granted in the case of force majeure events. All other requests for exceptions will be reviewed on a case-by-case basis. Exceptions will be fixed at 1-year and are non-renewable unless under exceptional circumstances-
- 8.3 If the Global Platform Steering Committee modifies the co-financing requirements for specific countries, that decision supersedes this policy.
- 8.4 To be considered for a co-financing exception, the country must submit a written request from a government representative who is at the same level as the government representative who signed the Letter of Agreement to both the [gpaccm@who.int](mailto:gpaccm@who.int) and [gpaccm@stjude.org](mailto:gpaccm@stjude.org).
- 8.5 The Global Platform Steering Committee will assess the circumstances for exception, and the impact on the ability to co-finance with relevant partners and approve exceptions. Waivers require strong justification and a plan for addressing funding shortfalls.

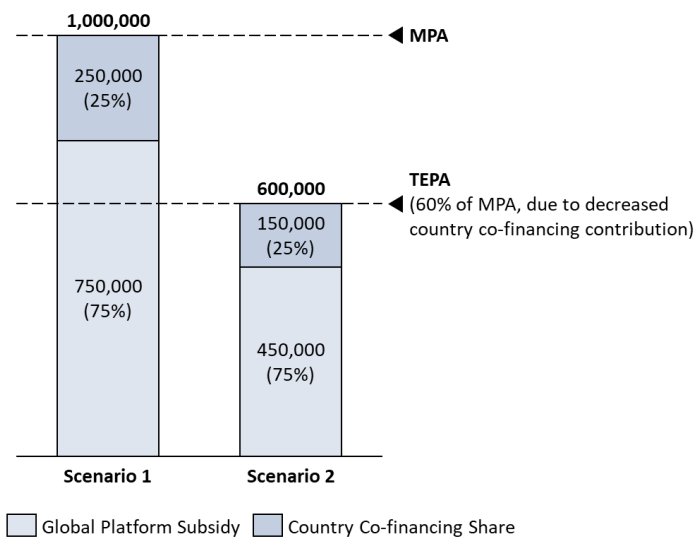
- 8.6 Countries are encouraged to engage with the Global Platform to discuss potential exceptions as soon as possible.

## 9. Implementation and Monitoring

- 9.1 This policy replaces all preceding guidance provided to countries on subsidy support and co-financing.
- 9.2 The Global Platform Policies Working Group will provide regular updates to the Global Platform Steering Committee on this policy's implementation, including on (i) countries' co-financing commitments and their status; (ii) adjustments to standard policy requirements, including overviews of waivers to support country implementation and; (iii) progress updates on revised policy operationalization.
- 9.3 The Global Platform reserves the right to pause the co-financing requirement or increase subsidization in exceptional circumstances.
- 9.4 This policy will be reviewed and updated as needed including based on feedback received from existing and interested countries. Any amendments are subject to Global Platform Steering Committee approval.

## Annex:

Illustrative figure for paragraph 6.2: How subsidy and co-financing requirements apply to the TEPA



### Illustrative Example

- Country A's MPA is USD 1,000,000, which is the amount required to meet the agreed childhood cancer coverage target.
- The co-financing requirement for the year is 25%, so the Global Platform subsidizes 75% of the TEPA, up to the MPA (so up to USD 750,000).
- In **Scenario 1**, the country provides USD 250,000 in co-financing; the TEPA therefore equals the MPA (USD 1,000,000), and the Global Platform provides a subsidy of USD 750,000.
- In **Scenario 2**, the country provides USD 150,000 in co-financing; the TEPA therefore is USD 600,000 (60% of the MPA) and the Global Platform subsidy is USD 450,000 (still 75% of the TEPA).