

Annex F: Information on the Joint Committee Working Group (JCWG), Gavi-Global Fund Taskforce, Africa Centres for Diseases Control and Prevention (Africa CDC), Global Polio Eradication Initiative (GPEI) and other partnerships

While the Alliance has a well-established collaborative model through its core and expanded partners, this annex focuses specifically on Gavi's strategic partnerships outside the Alliance that advance global health and immunisation objectives at large. In particular, it highlights collaborations with global health initiatives (GHIs) such as GPEI, the Global Fund to Fight AIDS Tuberculosis and Malaria (The Global Fund), and the Global Financing Facility (GFF); with upstream research and development actors such as the Coalition for Epidemic Preparedness Innovation (CEPI); and with regional institutions such as Africa CDC. The following sections provide an overview of these engagements, beginning with the JCWG and subsequent collaboration mechanisms such as the joint Gavi-Global Fund Taskforce.

1. JCWG and collaboration with Global Fund and the GFF

- 1.1. The sixth and final meeting of the JCWG was held 30 September 2025. The agenda covered a review of the JCWG process over the last year, an update from each of the three workstreams on their work, a forward look, and reflections and lessons from the JCWG process. The pre-read slide deck for JCWG6, together with the notes of the meeting, will serve as the final report for the effort (further details can be found in Appendix 3 in BoardEffect).
- 1.2. The three workstreams – malaria, Health Systems Strengthening (HSS)/ Resilient and Sustainable Systems for Health (RSSH), and country engagement – are continuing to make progress, both at a global level, for example through aligning programme guidance to countries; in specific technical areas such as waste management and human resources for health; and at country level; for example the joint malaria vaccination and bed net campaign in Ethiopia; collaboration on supply chain, especially a warehouse in Guinea; and Health Management Information System (HMIS) in Chad.
- 1.3. The governance bodies of the three GHIs have agreed that the JCWG will sunset after twelve months. Its work will be continued in various ways, including through the joint Gavi-Global Fund Taskforce and through separate tri and bilateral collaborations between Gavi, the Global Fund and GFF. The GHIs will also continue to engage with other initiatives under the Lusaka Agenda. While not all JCWG initiatives are captured within the Taskforce scope, most are embedded into Taskforce workplans wherever possible. Remaining JCWG items that fall outside the current scope will continue to be progressed in parallel, including work in Wave 1 countries.

2. Gavi-Global Fund Taskforce

- 2.1. Building on the foundations laid with the JCWG, 19 joint initiatives have been identified, spanning four key areas: Strategy, Policy & Programmes, Enabling Functions, Resource Mobilisation, and Governance. These have been mapped

on a 2x2 grid, based on decision-making pathway and maturity, acknowledging some initiatives are in Board vs. management purview and some can be implemented immediately while others, more structural and transformative, require further analysis (see Figure 1 below).

Figure 1: Initiatives identified between Gavi-Global Fund (classified in the 2x2 Grid)

			Action now	For further analysis	Timeline ¹
Mgmt. purview	Strategy, programs & policy	Malaria	N1. Engage Gavi in Global Fund GC7 reprioritisation		Immediate
			N2. Sync start of GC8 and 6.0 for key malaria countries (incl. synced appls./reviews - where applicable, and integrated in-country planning, decision-making, targeting, delivery)		By Oct
		RSSH / HSS	N3. Engage Gavi in Global Fund reprioritisation		Immediate
			N4. Ensure new investments in priority areas consider collaboration opportunities (e.g., data, supply chain, HRH)		By end of Nov
			N5. Expand systematic collaboration on PFM (e.g., supreme audit authorities, PAOs, joint digital payments to HCW)		Immediate
			N6. Coordinated applications through sync start of GC8/6.0		By Nov
	Enabling functions	Country eng.	N7. Strengthened coordination and communication to countries on management and governance / coordination (e.g., ICC/CCM, PMU)		By Oct
			N8. Assess opportunities for joint offshore/shared services and back-office integrations (e.g., IT, Ops, ...)*		Immediate - by Oct
			N9. Explore joint Sec "indirect procurement"		By end Sep
Board purview	Strategy, programs & policy	Country engag.		A1. Harmonized co-fin requirements, eligibility, and transition*	By October
				A2. Merged/ coordinated (technical) teams (malaria, HSS/RSSH, country teams, grant management)*	By 2026
				A3. Aligned duration + start of grant cycles*	By 2026
				A4. Joint/single application and reviews for areas of joint investment (e.g., malaria, HSS)*	By 2026
	Enabling functions		N10. Explore shared/joint OIG/A&I capabilities or function*		Immediate – By 2026
			N11. Explore shared Ethics services/function		By end Oct
			N12. Shared monitoring and evaluation models*		By end Oct
	RM			A5. Replenishment options*	By 2026
	Governance			A6. Governance options*	By 2026
				A7. Other structural options*	By 2026

1. For completion of the action / analysis
*Initiatives to be supported by an External Provider

Initiatives/ analysis to be kicked off immediately and continued to explore more transformative changes

2.2. Detailed examples of the “Action now” initiatives and selected status updates

2.3. Since the Board meeting in July 2025, teams from both organisations have jointly developed and aligned concrete workplans for all ‘Action now’ initiatives related to Strategy, programmes & policy, with implementation already underway, building on earlier JCWG efforts. For enabling functions initiatives, workplans are being finalised and initial joint analysis is already underway.

2.4. To illustrate, under the initiative **N1 / N3 to engage Gavi Secretariat in the Global Fund’s Grant Cycle 7 (GC7) reprioritisation**, Gavi Secretariat has been informed of the process and timelines, with both organisations sharing key information – such as reduced country allocations, anticipated impact on malaria programmes, and Gavi’s latest malaria vaccine plans. Country-level discussions between Global Fund and Gavi malaria and HSS teams have led

to jointly agreed follow-ups to coordinate more closely in specific countries. This reprioritisation process has not only advanced immediate collaboration and followed the agreed timelines, but has also been used to establish a standard model for regular information-sharing and coordination on malaria going forward.

2.5. Other examples of Action Now initiatives that are underway include:

- **N2 / N6 – The synchronisation of Global Fund Grant Cycle 8 and Gavi 6.0 for malaria and HSS support in key countries** – aligning vaccine applications, reviews, and consolidated cash grant processes to take advantage of the partial timing alignment between Gavi and Global Fund grant cycles.
- **N4 – New HSS investments in priority areas** are being reviewed for collaboration opportunities. The teams are already working on aligned guidance on HSS/RSSH for Gavi 6.0 and Grant Cycle 8 (GC8) and strengthened ways of working between country teams.
- **N9 – Joint Secretariat ‘indirect procurement’** is another opportunity under review. The two organisations are exploring joint procurement models for their biggest spend categories for non-biomedical Secretariat procurement, including Information Technology (IT) and Opex-related goods and services

2.6. **The ‘For further analysis’ initiatives represent the most ambitious potential reforms**, requiring in-depth exploration with support from an external provider. While the areas of opportunity have been jointly agreed with the Global Fund, further exploration of the potential options will be needed. Early thinking for these initiatives is already underway but will require further refinement. Final implementation decisions for these initiatives would generally be under Board purview. Some examples include:

- **A1 – Harmonisation of programmatic policies** such as co-financing, eligibility, and transition frameworks
- **N8 – Joint offshore/shared services and back-office integrations** such as IT and Operations
- **N12 – Opportunities to align or combine evaluation models**, recognising the function’s independence requirements (see recent September 2025 Report to Evaluation Advisory Committee, Doc 06 *Ways of Working*)

2.7. **Following the JCWG sunset, Governance engagement for the Gavi-Global Fund collaboration will continue** through regular engagement with the Board and/or its committees, depending on the nature of the initiatives in question. For example, the initiative on shared evaluation models (N12) has been discussed with the Evaluation Advisory Committee, while relevant financial or

governance-related initiatives will be taken to the Audit & Finance Committee and Governance Committee, respectively.

3. Gavi – Global Polio Eradication Initiative (GPEI)

3.1. **As a core member of GPEI, Gavi plays a vital role in supporting inactivated polio vaccine (IPV) and hexavalent in routine immunisation programmes,** as well as targeted programmatic alignment to reach un- and under-immunised children in polio priority countries. This includes optimising our routine immunisation strengthening efforts and supporting the integration of GPEI-funded oral polio vaccine (OPV) in planned campaigns and other activities, such as the Big Catch-Up.

3.2. **To further strengthen Gavi's collaboration and maximise efficiencies, a joint Gavi Board-Polio Oversight Board (POB) meeting was held on 19 June** to: (1) understand each partnership's priorities and approaches, (2) clarify mutual value and collaboration opportunities, and (3) agree to develop a workplan with clear goals, deliverables, and monitoring framework to advance joint priorities. Key takeaways and commitments of the joint Board meeting include:

- Broad **support for areas of enhanced collaboration** and the **level of ambition** needed to reach shared goals.
- Broad agreement on **urgent need to initiate enhanced collaboration** in priority countries, including **Nigeria and Pakistan**, focused on strengthening on-the-ground collaboration between GPEI, Gavi Alliance, and Essential Programme on Immunization (EPI) teams in support of Routine Immunisation (RI) and polio eradication activities.
- Importance of (1) continuing to **support IPV and hexavalent** vaccine and improving targeting and coverage of routine vaccines including IPV/hexa and bOPV and (2) implementing a more systematic and comprehensive approach to integration during and outside campaigns
- Commitment from both Boards to develop a **joint action plan** with **clear accountability** and a **monitoring framework**.

3.3. In follow up to the Joint Board meeting, there was a kick-off meeting on 17 July with stakeholders from Gavi, GPEI, WHO, UNICEF, and the Gates Foundation to discuss the outcomes of the joint meeting. **This concluded with an agreement to develop a country-level joint action plan and measurement framework. Next step is for GPEI and EPI teams in country to develop a roadmap with timelines and milestones for joint planning,** with support from RO and HQ teams.

3.4. Progress will be reviewed in Q4 2025 at a joint in-person Gavi-Polio Oversight Board session scheduled for 2 December 2025

4. Africa CDC & African Union Commission

- 4.1. **Since the last Board update, Gavi and Africa CDC have advanced key milestones**, with the development of the Continental Immunisation Strategy (CIS) remaining a central priority. Regional consultations have been successfully completed in West and Southern Africa, with upcoming engagements planned for East and Central Africa. These consultations are instrumental in refining strategic priorities and fostering regional ownership of the CIS. The strategy aims to provide a comprehensive, actionable framework to address immunisation challenges across Africa, while laying the groundwork for a more equitable and self-reliant future. The CIS is slated for validation and endorsement during a dedicated side event at the African Union Summit in February 2026.
- 4.2. **Preparations are also underway for two high-level Immunisation Forums in West and Central Africa**, scheduled for October and November 2025, respectively. These forums will convene Ministers of Health and Finance and key development and immunisation partners. The objective is to catalyse renewed political commitment, and accelerate progress toward regional immunisation goals.
- 4.3. **Efforts to strengthen vaccine demand and confidence are advancing through the Gavi-Africa CDC collaboration.** BeSD (Behavioural and social drivers of vaccination uptake) assessments are complete in eight Member States, with capacity-building workshops launched and insights on uptake drivers informing new guidelines. A Vaccine Demand Framework is under validation, while continental CoPs, including the revitalised [Public Health Risk Communication and Community Engagement- Community of Practice for Africa](#) (RCCE CoPA) and Vaccine Action Network, enhance knowledge exchange. In collaboration with WHO, UNICEF, the International Federation of the Red Cross and Red Crescent Societies (IFRC), the London School of Hygiene & Tropical Medicine (LSHTM), and Health Ministries, a continental Social and Behavioral Change (SBC) strategy is in development, integrating digital tools and social media. Member States are being supported to adapt BeSD tools and embed them into HMIS dashboards for sustained, data-driven demand generation leading to a unified Behavioural Intelligence and Infodemic management system for demand generation.
- 4.4. **The Pandemic Prevention, Preparedness, and Response (PPPR) Component of the Africa CDC Joint Action Plan is part of the Vaccine Coalition portfolio of investments and focuses on preparedness to support regional response.** This includes strengthening institutional capacity for outbreak response; increasing cross-linkages between immunisation/ EPI programmes and emergency workforce and response structures; and supporting deployment of regional experts. Two regional trainings on Vaccine-Preventable Disease (VPD) preparedness were conducted at the North and East African Regional Coordination Centres, which serve as hubs for surveillance, preparedness and emergency response activities. Capacity

building for Public Health Emergency Operation Centres (PHEOCs) and National Public Health Institutes (NPHIs) was delivered in Zimbabwe, Mauritania, Tanzania, and São Tomé and Príncipe to strengthen national outbreak preparedness. Africa CDC, with Gavi's support, has provided targeted outbreak response assistance to Uganda, Angola, and Ethiopia (Ebola, Mpox, Cholera, Marburg). Additionally, African Volunteers Health Corps (AVoHC) responders were deployed across five Member States – Rwanda, Mozambique, Angola, Burundi, and the Central African Republic – for outbreak and vaccine-preventable disease response.

5. Coalition for Epidemic Preparedness Innovation (CEPI)

- 5.1. **Gavi's partnership with CEPI continues to deepen, focused on leveraging complementary tools to incentivise vaccine development, licensure, and commercialisation for epidemic-prone diseases.** Given the unpredictable nature of demand for these vaccines, a tailored market shaping approach is essential. Through regular technical collaboration, the organisations have identified critical gaps along the vaccine value chain and are addressing them based on each organisation's mandate. This includes sending earlier market signals to encourage WHO prequalification, designing innovative investment and procurement models, and planning effective handovers of vaccine candidates, including investigational stockpiles where relevant.
- 5.2. **For Mpox and Ebola specifically, CEPI and Gavi have jointly articulated shared long-term goals for these vaccine markets.** These will be documented in Gavi's Market Shaping Roadmaps to be published in H2 2025. Gavi also participates in CEPI's Annual Portfolio Review (APR) and Joint Coordinating Group (JCG), where these goals are translated into specific activities and investments. For example, in Mpox, Gavi and CEPI have aligned on priority improvements for vaccine characteristics and are working towards implementation, with CEPI funding several key trials, e.g. safety and immunogenicity of MVA-BN vaccine in children aged 4 months to 12 years and in pregnant and breastfeeding people plus efficacy of post-exposure prophylaxis with a single dose of MVA-BN.
- 5.3. **Both organisations regularly meet to share intelligence on outbreaks of concern and strengthen our rapid response capabilities and mechanisms.** This includes simulation exercises for specific pathogens, including recently for pandemic H5N1 influenza, so they can better understand each other's triggers for action, including funding, decision-making pathways, and areas for handovers.