

Subject	Gavi 5.1 Strategy, Programmes and Partnerships: Progress, Risks and Challenges
Agenda item	02b
Category	For Information

Executive Summary

This report provides a progress update on the implementation of the Gavi 5.0/5.1 strategy, programmes and partnerships and associated risks¹. As WHO-UNICEF estimates of national immunisation coverage (WUENIC) for 2024 are released on 15 July 2025, the paper focuses on quantitative updates of strategy indicators for which new data is available, as well as a more qualitative perspective of progress². A high-level update of the key results from WUENIC for 2024 will be provided by the CEO in her presentation to the Board.

Of the strategic goals for which updates are available, the Alliance is largely on track to reach its targets by the end of Gavi 5.1. Recent cuts in foreign aid are expected to strain health systems and stretch Partners' and Ministries' of Health capacity in Gavi-supported counties; the Secretariat is closely monitoring the fluid situation.

Under Strategic Goal (SG) 1, Gavi-supported countries have accelerated the introduction of new routine vaccines exceeding annual milestones and offsetting 2023 delays. The number of vaccine-preventable disease outbreaks remains high, necessitating close monitoring and continued support including for improved timeliness of detection. The rollout of the malaria programme, one of Gavi's programmatic 'must wins', is on track with 20 introductions completed to date. Another 'must win', the revitalisation of the human papillomavirus vaccine (HPV) programme is also on track to reach 86 million girls by the end of 2025.

Under SG2, progress continues on the Alliance's zero-dose agenda (the third 'must win') with nearly all countries having completed full portfolio planning. However, as discussed at the Board meeting in December 2024, the target to reduce zero-dose children by 25% by the end of Gavi 5.1 vs. the 2019 baseline continues to be off-track. Progress has also been made on Gavi's fourth 'must win', the Big Catch-Up, with over 7.1 million children estimated to have been reached by the end of March 2025. While progress on the Big Catch-Up is encouraging in some countries, there are emerging risks of delayed implementation and lagging performance that pose a high risk of not reaching the approximately 25 million missed children that countries had planned to reach by the end of 2025.

¹Associated risks refer to the mid-year update on top risks flagged in the 2024 Risk & Assurance Report.

² See Appendix 2 for the technical narrative on progress made against each strategic goal indicator.

Action Requested of the Board

This report is for information only.

Next steps/timeline

The next progress update on the implementation of Gavi 5.0/5.1 and associated risks will be provided to the Board in December 2025. This will include an update on mission indicators as well as the remaining strategic goal indicators following the release of the 2024 WUENIC data on 15 July 2025.

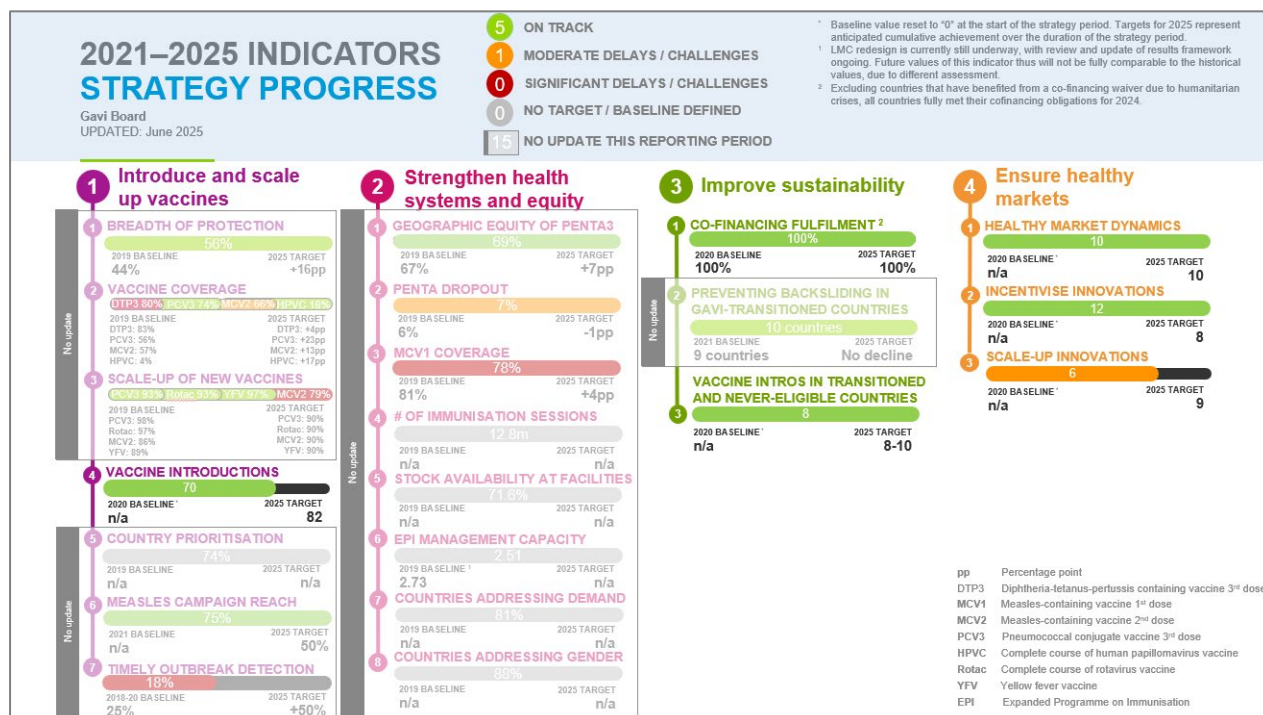
Previous Board Committee or Board deliberations related to this topic

This paper is one of a series of regular biannual updates to the Board.

Report

1. Progress against strategic goals

- 1.1 Of the strategic goals for which updates are available, the Alliance is largely on track to reach its targets by the end of Gavi 5.1. Updated data on immunisation coverage rates will be available following the release of the WUENIC 2024 estimates on 15 July 2025.



- 1.2 This report comes amid unprecedented challenges in global health and development, marked by the United States Government (USG) foreign aid freeze and broader expected reductions in official development assistance. These reductions have already impacted Alliance partners and are increasing pressure on countries to fill critical gaps, including essential health programmes. The Secretariat is monitoring the immediate impact of the USG funding freeze, though the situation remains fluid and varies across countries. Key implications include reduced capacity in Ministries of Health and core partners to coordinate and implement essential programmes including immunisation or perform USG-funded functions like disease surveillance. The freeze also affects Gavi co-investments in data systems, human resources, service delivery, and supply chains. Additionally, the reductions are affecting global and local Civil Society Organisations (CSOs) that Gavi and supported countries have increasingly relied on to deliver programmes at the last mile. The Secretariat will continue to monitor the risks and mitigate them where feasible.

2. Strategic Goal 1: Introduce and scale up vaccines

- 2.1 **In 2024, significant progress was made towards strategic indicator 1.4, with 28 routine introductions, as well as 29 campaigns.** This was largely driven by new introductions of the malaria vaccine and postponed launches from 2023³. By end-2024, 70 routine introductions have been completed since 2021, against the cumulative target of 82 by end 2025. In 2025, 37 additional routine introductions and 40 campaigns are planned, reflecting the exceptionally high number of country applications for Gavi support⁴ approved over the last year. As of early June 2025, 17 routine introductions have already taken place this year, bringing the total to 87 since 2021 and already exceeding the Gavi 5.0/5.1 target. As discussed with the Programme and Policy Committee (PPC) in May 2025, the CEO decided to pause all decision letters for new Gavi 6.0 vaccine programmes until after the Board retreat on 22-23 July 2025, to avoid making new commitments ahead of Board discussions on the recalibration of Gavi 6.0.
- 2.2 **Vaccine preventable disease (VPD) outbreaks have risen in 2024 and continue to be a top risk for the Alliance. In 2024, 50 outbreaks required a vaccination response compared to 35 in 2023.** Large disruptive measles outbreaks affected 29 Gavi-supported countries in 2024⁵ with six countries applying and receiving support⁶. Cholera outbreaks were reported in 34 countries in 2024, with Gavi-supported responses targeting 37.6 million at-risk individuals. For 2025, as of early June, 26 countries are reporting cholera outbreaks, and 23 oral cholera vaccine (OCV) requests have already been approved. OCV supply has improved following the WHO pre-qualification of a simplified product in October 2024 and despite record demand, the stockpile has been rapidly replenished and maintained since mid-November 2024. Three countries continue to face meningitis outbreaks with emergency requests approved for multivalent meningococcal conjugate vaccines (MMCV) this year. Five yellow fever outbreak response requests were approved. While no Ebola (Zaire) outbreaks have been declared since 2022, stockpiled vaccines were repurposed for preventive vaccination of front-line workers in three countries. Diphtheria cases have also been increasing and reactive vaccination complementing Big Catch-Up activities are approved for two countries. **Timely outbreak response remains a priority for the Alliance. As part of the Board approved programme, Gavi has enhanced support for diagnostic testing to improve surveillance and optimise use of the vaccine stockpiles, with significant progress in yellow fever diagnostics across 22 countries and cholera testing in 19 countries. Gavi's yellow fever diagnostic investments alone have helped avert nine possible vaccine campaigns**

³ Five Routine introductions and six Campaigns were postponed from 2023 to 2024.

⁴ Applications include support to recent or revitalised routine programmes such as Malaria, Hepatitis B birth dose, HPV and catalytic support to new introductions in Middle Income Countries (MICs)

⁵ Based on preliminary data reported to WHO

⁶ Countries that did not apply to the outbreak response fund did so because they leveraged existing preventive campaigns, were unaware of the fund, or conducted their own outbreak response independently.

since 2019, saving between US\$ 54-123 million in vaccine costs. (see Appendix 5).

- 2.3 **The malaria vaccine programme, a ‘must win’ for Gavi 5.1, is advancing in response to strong country demand, meeting 2024 targets and remaining on track for 2025.** To date, 20 countries have introduced the malaria vaccine, including the three pilot countries and up to five additional countries are planned for introduction in 2025. Early introduction countries are beginning to see impact, including preliminary findings from Cameroon indicating reduced paediatric healthcare needs and lower under-five mortality in vaccinated areas. The Alliance is addressing challenges related to subnational rollout, compliance with the vaccine schedule, and community demand, while strengthening integration across immunisation and malaria control programmes. Efforts are underway to refine the programme scope for Gavi 6.0 and align with WHO guidance on age-eligibility. Collaboration with The Global Fund is advancing in line with the agreed workplan to ensure a holistic approach to malaria prevention (see Appendix 4 and Doc 12).
- 2.4 **The revitalisation of the HPV programme, another ‘must win’ for Gavi 5.1, remains on track to achieve its objectives, including reaching 86 million girls vaccinated by the end of 2025.** In 2024, four countries introduced the HPV vaccine into their routine immunisation programmes, including Mali, and three Middle-Income Countries (MICs): Mongolia, Kosovo and Timor-Leste. Nigeria and Bangladesh completed later phases of their introductions, and Tanzania and Ethiopia conducted previously delayed multi-age cohort (MAC) campaigns. As of early June 2025, Nepal and Tunisia introduced HPV vaccine together with a MAC and Côte d'Ivoire conducted a previously delayed MAC campaign up to age 18. The transition to a single-dose schedule is nearing completion, with all but two of the 40 countries with HPV vaccine programmes or those approved to introduce the vaccine, having already decided to switch to or introduce a one-dose schedule. With upcoming launches, including in India and Pakistan, the target to reach 86 million girls by the end of Gavi 5.1 is achievable. The supply outlook has also improved with WHO recommendation of a third pre-qualified product for single-dose use, which is now in use in two Gavi-supported countries. Supply is expected to meet demand for all routine programmes and planned launches in 2025, including previously delayed ones and a partial quantity available for India (see more in Appendix 3).
- 2.5 **The vaccine programmes approved under the Vaccine Investment Strategy (VIS) 2018⁷ have been launched.** Niger is the first country to receive approval for MMCV preventive support, with campaign and routine rollout planned for end of 2025⁸. A further three applications have been received – from Mali, Togo, and Guinea Bissau. Five cholera endemic countries have been approved for preventive campaigns. While five more applications are expected in 2025, all preventive campaigns remain on hold due to prioritisation of the

⁷ The un-paused VIS 2018 vaccines are Diphtheria, Pertussis, Tetanus (DTP) booster, hepatitis B birth dose and rabies postexposure prophylaxis

⁸ Risk assessments to inform campaign scope been completed (seven) or are underway in 2025 (one) in all eight high-risk countries

supply available for outbreak response, with expectation that preventive campaigns will resume in the second half of 2025 if supply allows. As of early June 2025, ten countries have been approved for hepatitis B birth dose introductions and five countries for rabies vaccine introductions, with first rollouts scheduled for the last quarter of 2025. Two countries plan to introduce hexavalent vaccine, including the first DTP booster dose in the second part of 2025.

3. **Strategic Goal 2: Strengthen health systems to increase equity in immunisation**

- 3.1 **As of June 2025, all Full Portfolio Planning (FPP) planned for Gavi 5.0 has now been completed, including for high impact countries the Democratic Republic of Congo (DRC) and Nigeria which were approved for new grants in late 2024.** This represents more than US\$ 1.1 billion in approved Health System Strengthening (HSS) funding in Gavi 5.0 and more than US\$ 350 million⁹ in approved Equity Accelerator Funds (EAF) funding across 49 countries. HSS and EAF applications from countries continue to demonstrate strong uptake of Gavi 5.0/5.1 shifts and financial performance has also improved due to concerted efforts to accelerate programming and reduce older cash balances. From 2022 to 2024 the percentage of cash older than 18 months has been reduced by one-third, and 74% of cash balances are now less than 12 months old. Gavi has also made significant progress to increase the level of funding through government systems, with 57% of HSS and EAF disbursements now through country systems, up from 29% at the start of Gavi 5.0, and exceeding the Board target of 55% by the end of the 5.0/5.1 period.
- 3.2 **Updated coverage data reflecting status of the zero-dose agenda, another “must win,” will be released on 15 July 2025 and a high-level update provided by the CEO in her presentation to the Board. It is likely that progress against the Gavi 5.1 reduction target will remain off-track¹⁰,** and monitoring and learning to course-correct progress will continue to be essential. The ‘zero-dose learning agenda’ and the Learning Hub initiative, launched with Gavi 5.0, are enhancing the evidence base of what works to reach zero-dose children and missed communities. The Learning Hubs are using peer learning and feedback loops to design, adapt, test, and scale effective interventions. For example, in Uganda, data are being used in microplanning to target high-risk communities. In Bangladesh, results are informing the scale-up of interventions for zero-dose children to new districts. In Nigeria, community leaders are using demand-side data to promote the importance of vaccination through their messaging. In Mali, implementation evidence is being used to refine and improve two supply-side interventions.
- 3.3 **Since the introduction of the Civil Society and Community Engagement (CSCE) approach and Board mandated funding requirement at the end of 2021, US\$ 281 million out of US\$ 1.8 billion HSS, EAF, and Partners’**

⁹ Excludes funding for the Zero-Dose Immunisation Programme (ZIP)

¹⁰ The Secretariat plans to review the Alliance’s target on zero-dose as part of the ongoing work on Gavi 6.0 Measurement Framework and in alignment with the Immunisation Agenda 2030’s Partnership Council.

Engagement Framework (PEF) Targeted Country Assistance (TCA) funds have been allocated to Civil Society Organisations (CSOs), representing 15% across participating countries. More than 80% of countries with fully approved FPPs¹¹ have allocated more than 10% of their funds to CSOs. To date, these allocations have supported engagement with approximately 267 CSOs, 80% of which are local organisations. A new consolidated results framework has been put in place, enabling the Secretariat to better track programmatic outcomes of this engagement.

- 3.4 **Under the Big Catch-Up (BCU)**, a Gavi 5.1 ‘must win’ originally announced by WHO and UNICEF in April 2023, **34 of 35 approved countries have started implementing catch-up immunisation activities**¹². As per latest reports from end March 2025, at least 27.5 million catch-up doses of pentavalent, measles-containing vaccines (MCV), and inactivated poliovirus vaccine (IPV) have been administered, with over 7.1 million children estimated to have been reached. While progress is encouraging in some countries, performance is lagging in most countries and there is very high risk of not reaching the approximately 25 million missed children that countries had planned to reach by the end of 2025. It is estimated that countries had used about 20% of the approved doses by the end of March 2025, which necessitates significant acceleration. To mitigate risks, the Alliance is deploying technical assistance across countries, phasing and cancelling shipments where possible, advocating for acceleration across governments, and jointly helping to resolve specific challenges through a dedicated cross-Alliance task team. At country request, the task team will also consider time-limited extensions to implementation where countries have a credible plan for substantial additional catch-up in early 2026 or other truly exceptional circumstances.¹³ Given that some countries are behind, the Alliance is also optimising the use of available resources by reviewing a request for 2 million BCU doses to the Democratic People's Republic of Korea. Countries have flagged a number of challenges including disruptions due to funding cuts and competing priorities such as outbreak response. Best practices reported by countries include community awareness campaigns, effective involvement of healthcare workers, community volunteers and civil society organisations to identify and reach zero-dose and under-immunised children, and innovative approaches such as use of geographic information system (GIS) mapping.

4. **Strategic Goal 3: Improve Sustainability of Immunisation Programmes**

- 4.1 **Most Gavi-supported countries continued to meet their co-financing obligations, despite competing priorities, macro-economic challenges, and expanded vaccine portfolios. In 2024, countries contributed a record US\$ 255 million in co-financing**¹⁴, bringing total co-financing

¹¹ 32 countries out of 40 countries with fully approved FPPs

¹² Out of the 35 countries approved for support

¹³ All shipment of doses would conclude in 2025.

¹⁴ Grants accounted for 0.2% of co-financing paid by countries in 2024, with domestic funding representing 84% of co-financing (86% on average over the last 6 years) and World Bank concessional lending close to 16%, with 64% of World Bank's lending for co-financing payments allocated to Nigeria.

contributions to US\$ 1.96 billion since 2008. Co-financing mobilised by countries in 2024 represents a 19% increase from 2023 and a 57% increase from 2022. With growing vaccine portfolios, and the rising share of vaccines costs in preparatory and accelerated transition countries, co-financing is on a marked upward trajectory. Despite the growing co-financing obligations, countries have demonstrated their commitment to financing immunisation by making their contributions on a timelier basis compared to previous years. Excluding countries that have benefited from a co-financing waiver due to humanitarian crises, all countries have fully met their co-financing obligations for 2024.

- 4.2 **In 2024, six countries¹⁵ facing humanitarian crises were granted a co-financing waiver at a cost to Gavi of US\$ 8.6 million, representing 3.2% of total co-financing obligations.** While other fragile and conflict countries like the Central African Republic, Chad, Haiti and Mali managed to meet their co-financing requirements this year despite challenging political contexts, the difficulties faced by this segment of countries have not diminished. In 2025, there is already US\$ 5.8 million in waivers currently approved. Pending requests from Afghanistan, Somalia, Syria and Sudan, 2025 waivers could reach up to US\$ 15 million, or 4.7% of 2025 co-financing obligations, not including additional risks associated with the crisis in the DRC¹⁶.
- 4.3 **Recent shifts in Gavi's eligibility, transition and co-financing model for Gavi 6.0 approved by the Board (see Doc 06) will impact transition timelines for some countries in accelerated transition.** Out of the 11 countries in accelerated transition in 2025¹⁷, four countries could move to preparatory transition and two small island developing states (SIDS) would benefit from longer support in 6.0¹⁸. Eligibility status will be confirmed after Gavi 6.0 recalibration by the Board. Extension of transition timelines could provide an opportunity for countries to update and strengthen their transition plans, including planning for the progressive self-financing of routine operational costs, in line with the proposed new Health Systems Strategy for Gavi 6.0. The countries expected to remain in accelerated transition have successfully met their rapidly increasing co-financing obligations, have introduced new vaccines on schedule and have maintained or improved vaccination coverage rates.
- 4.4 **Significant progress has been made towards the two key objectives of the Middle-Income Countries (MICs) approach:** i) driving the sustainable

¹⁵ 2024 co-financing waivers were approved for Afghanistan, Somalia, South Sudan, Sudan, Syria and Yemen. In previous two years, co-financing waivers for due to humanitarian crises represented 1% (in 2022) and 4% (in 2023) of total co-financing obligations.

¹⁶ Co-financing waivers currently approved for 2025 include Yemen and specific programmes from Somalia, South Sudan and Syria. Additional waiver requests are expected for Afghanistan, Somalia, and Sudan. The US\$ 14.8 million estimates for 2025 co-financing waivers is already reflected in the latest financial forecast for 2025.

¹⁷ Countries in accelerated transition phase in 2025 include Bangladesh, Congo Republic, Cote d'Ivoire, Djibouti, Nigeria, Ghana, Kenya, Lao, Papua New Guinea, Sao Tome y Principe and Solomon Islands.

¹⁸ Kenya, Lao, Nigeria and Solomon Islands will re-enter in Preparatory Transition under the shifts to Gavi's Eligibility, Transition and Co-financing policy approved by the Board in Dec.2024. Sao Tome and Papua New Guinea will benefit from extended support in Accelerated Transition as SIDS. Nigeria's move to Preparatory Transition phase in 2026 is due to the deterioration of its GNI per capita, not with shifts in Gavi's eligibility, transition and co-financing model.

introduction of key missing vaccines in former and select never-Gavi eligible countries and ii) preventing backsliding in vaccine coverage in former Gavi-eligible countries. Both former and never-Gavi countries expressed strong demand for new vaccine introductions. The Gavi 5.1 target has been reached one year ahead of schedule with eight new introductions completed by the end of 2024 against a target of eight to ten introductions by end of 2025¹⁹. While there has been a positive recovery of routine immunisation coverage in former-Gavi eligible countries, this progress remains fragile and uneven, underscoring a continuous need for support not only for mitigating but also for preventing backsliding. In the last quarter of 2024, MICs fragility support was provided to Ukraine to protect routine immunisation gains.

5. Strategic Goal 4: Ensure healthy markets for vaccines & related products

5.1 In 2024, the number of vaccine markets with acceptable levels of health was maintained at ten, hence on track for the Gavi 5.1 target. The same four markets exhibited unacceptable levels of health as in 2023: rotavirus, malaria, HPV and OCV. The underlying challenges are being addressed through specific strategies and a continuation of various market shaping efforts on both demand and supply sides, which have started yielding improvements in various areas.

5.2 Gavi 5.0/5.1 targets related to incentivising innovations were achieved in 2023 and further progress was made in 2024, notably with clinical development of microarray patches and controlled temperature chain (CTC) certifications of vaccines, improving storage & distribution flexibility.

5.3 The strategy indicator on procurement of products with improved characteristics was almost on track in 2024. Against the 2024 target of seven newly-procured products with improved characteristics, six have been adopted to date, with recent additions including a refrigerator with upgraded integrated remote temperature monitoring systems, a Rotavirus vaccine presentation in blow-fill seal, and a multivalent meningococcal conjugate vaccine certified for CTC use.

5.4 Further progress was made on several other market shaping priorities including i) supporting new vaccine introductions under the MICs Approach ensuring access to affordable and sustainable supply (see section 4.4); ii) paving the way for successful vaccine market entries for future Gavi programmes through early work on a tuberculosis vaccine market shaping roadmap and enhancing vaccine response readiness to emerging global health security threats such as mpox; iii) advancing on all four pillars of Gavi's regional manufacturing strategy; iv) launching the Cross-Antigen Markets and Programmes working group and increasing focus on demand dynamics to ensure markets can support country sustainability, and v) implementing targeted actions to mitigate demand risks in the cold chain equipment market.

¹⁹ As of the end of 2024, eight introductions have taken place across: HPV (Eswatini, Indonesia, Kosovo, Mongolia); Rota (Indonesia and Kosovo); and PCV in (Cuba and Kosovo).

Annexes and Appendices

Additional information available on BoardEffect

Appendix 1: Gavi Balanced Scorecard

Appendix 2: Technical report on Gavi 5.0/5.1 indicators

Appendix 3: Human Papillomavirus vaccine revitalisation update

Appendix 4: Malaria vaccine programme update

Appendix 5: Update on Diagnostics – Supporting Targeted Vaccination for Outbreaks and Preventive Interventions