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| Subject | **Strategy, Programmes and Partnerships** |
| Agenda item | **02b** |
| Category | **For Information** |

## Executive Summary

**This paper provides an update on the close of Gavi 5.0/5.1, as the Alliance transitions into the Gavi 6.0 strategy period (2026 – 2030).** Future editions of the Strategy, Programmes, and Partnerships paper will focus on the rollout and implementation of Gavi 6.0 with a few additional updates on Gavi 5.0/5.1 where new data and additional information become available (such as WHO and UNICEF Estimates of National Immunisation Coverage for 2025), combined with updates on the Gavi Leap reforms.

**Across the strategic goals (SGs), the Alliance remains largely on track against Gavi 5.0/5.1 targets.** In **SG1**, the cumulative target of 82 routine introductions for 5.1 is significantly surpassed, with 110 introductions over the period. The revitalisation of the human papillomavirus (HPV) vaccine programme and the rollout of malaria vaccines, both programmatic 'must wins' for Gavi 5.0/5.1, have also surpassed targets. **Vaccine preventable outbreaks remain a risk for the Alliance** with 2025 witnessing 66 outbreaks, a record number. In comparison, 2024 saw 48 outbreaks. Following the Board decision to ramp down IPV support to former Gavi eligible countries, a few countries have signalled a need for time-bound extensions.

While many **SG2 indicators** will only become available with the release of WUENIC in June 2026, the **reduction in zero-dose children target is unlikely to be met**, as previously reported to the PPC and Board. Another Gavi 'must win', the Big Catch-Up, delivered its strongest quarter to date to close out 2025. As of 31 March, 20.98 million children aged 1-5 years have been reached with at least one catch-up dose, representing 99.9% of overall programme target.

In **SG3**, except for six countries receiving waivers, **all countries met their co-financing obligations despite increased obligations in 2025**. In Gavi 6.0, countries will continue to contribute increasingly larger shares of the financing needed to sustain immunisation programmes and will require support in increasing their domestic financing for immunisation.

**In SG4, the number of vaccine markets with acceptable levels of healthy market dynamics increased to 11** in 2025, surpassing the target of ten. However, demand uncertainties created by Vaccine Budgets and revised co-financing policies may pose new market risks. **Through an accelerated hexavalent switch scenario, the Alliance has an opportunity to signal a more ambitious demand outlook**, incentivising manufacturers to offer hexavalent vaccine at more accessible prices while maintaining market health and supply security.

A **refreshed set of 'Must Wins' has been developed to reflect key Gavi 6.0 priorities.** These five 'Must Wins' sharpen focus on areas that will be critical for delivery and impact in the first years of the Gavi 6.0 strategic period, including continuing focus on accelerating equity, rolling-out Gavi 6.0 and the Grant Management Reform, boosting domestic financing for immunisation, and optimising immunisation campaigns.

The Alliance has been working to **operationalise the Gavi 6.0 partnerships approach** to ensure that critical programming is in place as early as possible within the 6.0 strategic period, and that the tools, and ways of working of the Alliance are and fit-for-purpose for the Gavi 6.0 strategic period.

## Action Requested of the Board

The Gavi Alliance Board is requested to:

- **Note** the proposed approach to explore an accelerated hexavalent country adoption during Gavi 6.0, conditional on hexavalent being offered at, or close to, price parity with a course of pentavalent and Inactivated polio vaccine (IPV), and without increasing overall Gavi expenditure across the three programmes.

## Next steps/timeline

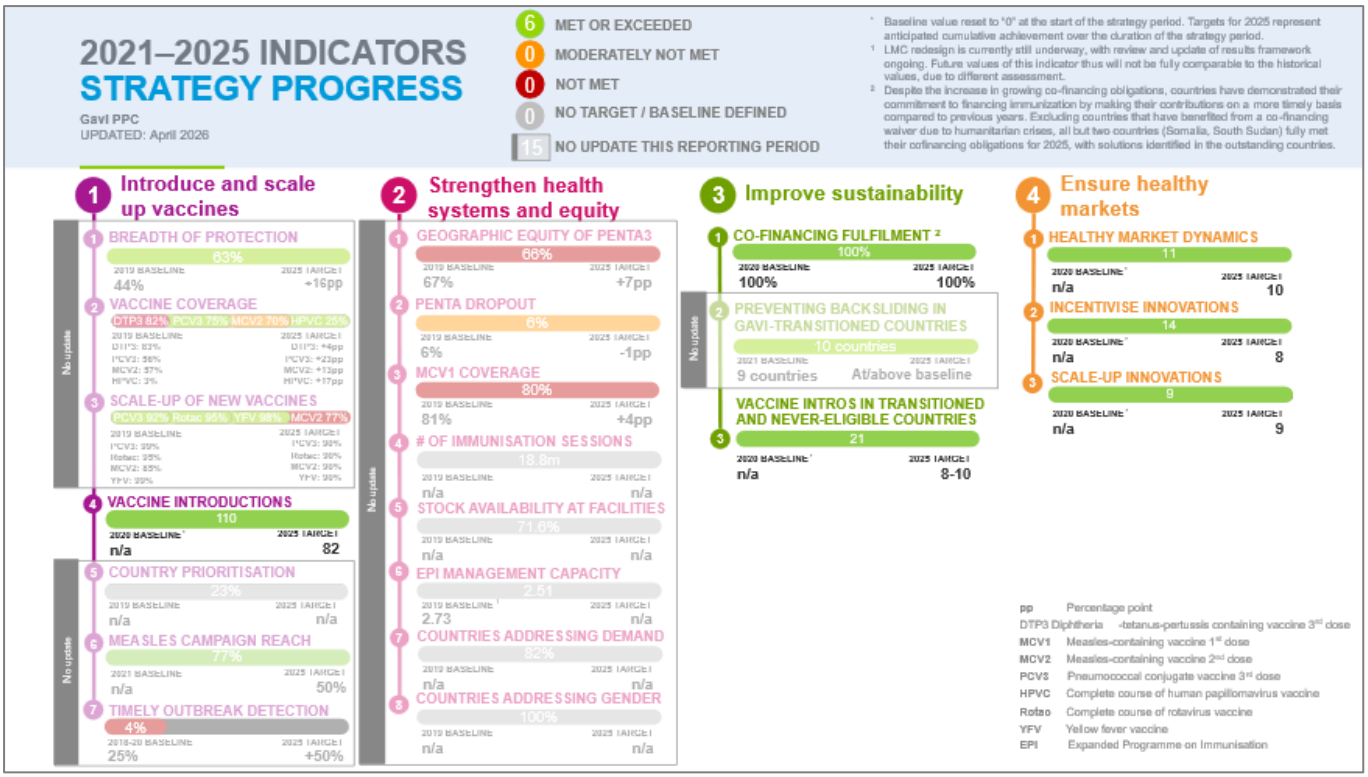
*The final progress update on the implementation of Gavi 5.0/5.1 and associated risks will be provided to the Board in December 2026. This will include an update on mission indicators as well as the remaining strategic goal indicators for which new information is available.*

## Previous Board Committee or Board deliberations related to this topic

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

## Report

### 1. Progress against strategic goals[1]



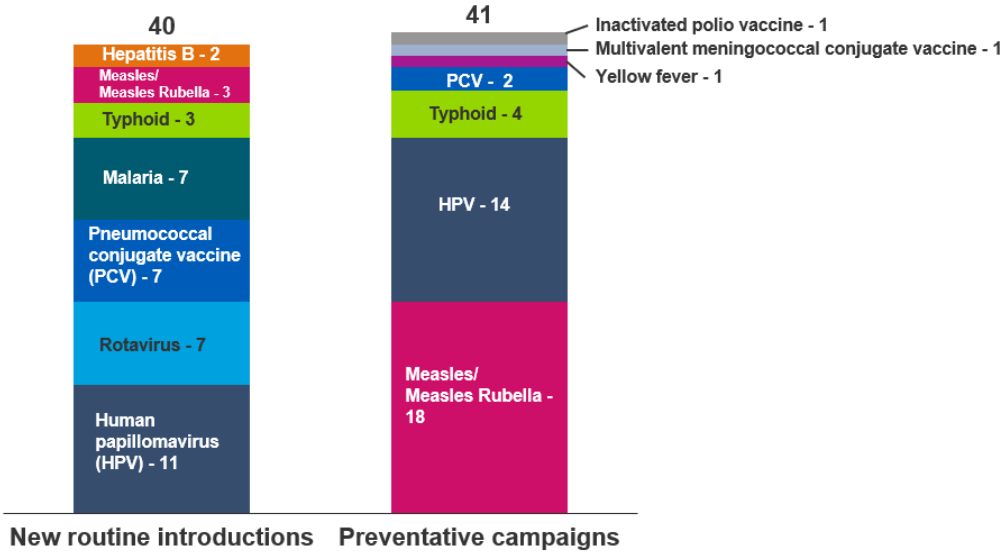

See Annex A for details on Gavi 5.0/5.1 indicators.

### 2. Strategic Goal 1: Introduce and scale up vaccines

2.1 **Gavi 5.0/5.1 saw 110 routine introductions completed across the five years, significantly surpassing the target of 82.** In 2025, Gavi supported 40 new routine introductions and 41 campaigns across eleven antigens (see figure below) primarily driven by Measles / Measles Rubella preventative campaigns and new introductions of the human papillomavirus vaccine (HPV). Applications for routine vaccine introductions and preventative campaigns beyond 2025 were paused in the context of uncertain replenishment outcomes in May 2025. Discussions with countries are ongoing regarding paused decision letters (DLs), and 42 applications[2] are currently eligible for release. The pace of introductions is expected to slow in Gavi 6.0, compared to Gavi 5.0/5.1, as countries plan their funding-constrained Vaccine Budgets (see Doc 09).

[1] Aside from Vaccine Introductions, there are no updates to mission indicators under SG1 and SG2 in this paper.
[2] Applications related to HPV, hepatitis B birth dose, hexavalent, IPV2, and yellow fever routine programme

**Number of new introductions and preventative campaigns completed in 2025**




2.2 **Vaccine preventable disease outbreaks remain a top risk for countries and the Alliance, with 66[3] outbreaks requiring a response in 2025 – a record high**. Among outbreaks Cholera remains the key driver with 48 countries reporting outbreaks in 2025. Gavi has proactively fulfilled requests for outbreak response and ensured rapid stockpile replenishment. As of 27 May, 32 requests have been approved in 2026[4]. Deployment of 66,000 yellow fever diagnostic tests in 2025, alongside independent evaluations of yellow fever and measles RDTs, has strengthened confidence in diagnostics and enabled expansion to measles. Current efforts focus on accelerating the end-to-end response pathway - from earlier detection to faster vaccination response.

2.3 **During the mpox Public Health Emergency of International Concern, over one million Gavi-funded or facilitated doses were allocated to 12 countries, supported by US$ 12.5 million in delivery funding.** This marked the first drawdown of the First Response Fund (FRF). A cross-Alliance effort is underway to establish a global mpox stockpile by mid-2026.

2.4 **On 29 May 2026, the Gavi Secretariat announced a second drawdown from the FRF – to make up to US$ 50 million available to support the response to the ongoing Bundibugyo ebolavirus epidemic[5].** Up to

[3] Additionally, four countries in Africa experienced diphtheria outbreaks and received vaccines and operational funds through the Fragility, Emergencies and Displacement (FED) policy, in support of a broader WHO Grade 2 emergency response effort.
[4] Includes 8 yellow fever, 12 cholera, 2 diphtheria, 8 meningitis, and 2 measles outbreaks; includes 3 requests fulfilled with doses in-country (all OCV) repurposed for the new outbreak response need. Tracking of outbreak responses fulfilled with in-country doses has started in 2026. Such requests are not counted in totals in 2025 and earlier; diphtheria response is funded under interim phase of the Gavi Resilience Mechanism (see doc 10b)
[5] The Bundibugyo epidemic was declared a Public Health Emergency of International Concern (PHEIC) by the WHO on 16 May 2026, and a Public Health Emergency of Continental Security (PHECS) by the Africa CDC on 18 May 2026. As of 11 June, there have been over 700 confirmed cases and 165 confirmed deaths (across DRC and Uganda).

US$ 40 million is dedicated to accelerating access to vaccines, while up to US$ 10 million directed towards supporting outbreak response needs, with a particular focus on protection of routine immunisation services and health care workers in impacted health zones / communities.[6] The Secretariat is working very closely with key partners (including Africa CDC, CEPI, WHO and UNICEF), Ministries of impacted countries and is actively participating in response coordination fora, such as the Continental Incident Management Support Team (IMST). Gavi Secretariat will continue to work closely with countries and partners to monitor the evolution of the epidemic, response efforts, needs and impact and will engage the Board if warranted outside of standard governance cycles.

2.5 **The revitalisation of the HPV programme, a 'must win' for the Alliance in Gavi 5.1, achieved the 86 million girls target ahead of schedule** based on current estimates and administrative data. Final WHO and UNICEF coverage estimates are expected in July 2026. In Gavi 5.0/5.1, altogether there were 29 routine programme introductions and 30 multi-age cohort campaign launches. In Gavi 6.0, the focus will be on progressing delayed and paused introductions, and supporting routine HPV delivery (see more in Annex B).

2.6 **The malaria vaccine programme, another 'must win' in Gavi 5.1, has surpassed its 2025 and cumulative 5.1 strategic period targets.** As of 31 May 2026, 25 countries[7] have introduced the malaria vaccine of which 13 have scaled programmes to reach between 85-100% of eligible children in moderate and high transmission areas. In Gavi 6.0, five countries are forecasted to introduce the vaccine and up to nine countries could scale-up beyond their initial introductions. The Alliance continues to support strengthening community demand and improving coordination with national malaria control programmes to ensure integrated planning (see more in Annex C).

2.7 **Following the Board decision to ramp down IPV support to former Gavi eligible countries as part of Gavi 6.0 recalibration, a few countries have signalled a need for time-bound extensions, reflecting varying degrees of financial and programmatic risk.** Bhutan and Vietnam have requested short extensions to bridge near-term financing gaps, while Ukraine has sought continuation through fragility support (support approved to 30 June 2026; see Doc 13). **Cuba has requested reconsideration of the planned end of funding from 2026, citing severe economic constraints, and limited access to external financing.** These pressures, coupled with an ongoing energy crisis, are disrupting essential services and elevate the risk of immunisation programme backsliding. The requests underscore a mixed risk landscape ranging from low short-term fiscal gaps to more acute vulnerabilities

[6] https://www.gavi.org/news/media-room/gavi-commits-us-50-million-bundibugyo-ebolavirus-vaccines-and-outbreak-response
[7] Of total 25 introductions, 24 took place in Gavi 5.1. Guinea-Bissau introduced the vaccine in Jan 2026

linked to fragility, declining coverage, and systemic constraints. Other MICs[8] have not requested extensions**. Consistent with previous Board guidance to avoid further exceptions to Gavi eligibility policies, no request for decision is brought to this Board meeting.**

2.8 **Implementation of Vaccine Investment Strategy (VIS) 2018 vaccines is advancing.** RSV maternal vaccine programme design is progressing. The first multivalent meningitis campaign was delivered in Niger with five additional applications received. However, funding-constrained Vaccine Budgets risk limiting future campaigns and increasing outbreak risk.

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

3.1 Updated zero-dose coverage data will be available in the next governance cycle (post WUENIC[9]). While Gavi 5.0/5.1 targets are unlikely to be met, 2025 saw meaningful progress in reaching missed children, informing a strengthened Gavi 6.0 approach. Equity remains central to Gavi 6.0, reinforced through the Health Systems and Fragile & Humanitarian approaches. To ensure continuity of activities in country during the transition from Gavi 5.0/5.1 to 6.0, Partners' Engagement Framework (PEF) Targeted Country Assistance (TCA) was extended in all countries and Health Systems Strengthening (HSS) grants were extended where applicable. The Zero-Dose Immunisation Programme (ZIP) for fragile and humanitarian settings reached 1.4 million zero dose children and prevented a further 3 million from becoming zero dose. F&H approach is designed to scale and build on the lessons from ZIP (see more in Doc 12).

3.2 There has been significant progress since the COVID-19 pandemic in reducing zero-dose children (17% reduction) in the Gavi 57 countries between 2021 and 2024. Despite this, the Immunisation Agenda 2030 target to reduce the number of **zero-dose children by 50% by 2030[10] is likely out of reach** given the backsliding experienced during the COVID-19 pandemic. **For Gavi 6.0, a reduced target is being brought to the Board for decision** (see Doc 14)**.** This is due to significant reductions to Gavi's cash budget in nearly all countries and funding-constrained Vaccine Budgets (see Doc 09), broader financing and political shifts, and pressures on domestic resources, which are all likely to impact the extent to which countries can invest in reaching zero-dose children and missed communities in 6.0.

3.3 **Implementation of the Big Catch-Up (BCU), another Gavi 5.1 'must win', concluded in March and delivered a strong performance. Countries report**

[8] Low risk: Guyana, Honduras, Kiribati, Moldova, Mongolia, Nicaragua, Sri Lanka, Uzbekistan, Medium risk: Indonesia (risk driven by frequent outbreaks including one in 2025; switching to hexavalent), Bolivia (risk driven by sustained downward trend in coverage from 75% in 2022 to 68% in 2024)
[9] WHO and UNICEF Estimates of National Immunisation Coverage
[10] IA2030 target is reducing by 50% compared to 2019 number of zero-dose children

**reaching 20.98[11] million children with at least one catch-up dose against the programme's ambitious target of 21-22 million**. Fourteen million of these children were zero-dose (ZD) representing nearly two full cohorts of ZD children in countries that were implementing BCU. BCU has also driven institutionalisation of catch-up, with 32 of 36 countries planning to integrate it into routine immunisation. A managed close out process is ongoing, including a reconciliation of BCU dose balances (see more in Annex D).

## 4. Strategic Goal 3: Improve sustainability of immunisation programmes

4.1 **Gavi-supported countries contributed US$ 301 million in co-financing for 2025, which marks an 18% increase from 2024.** In Gavi 5.0/5.1, countries contributed a total of US$ 1.1 billion in total co-financing[12]**.** All Gavi supported countries[13] met their co-financing obligation for 2025 despite sharp increase in obligations and amidst economic, political uncertainties. In 2025, approximately 80% of co-financing was paid from domestic resources, while 20% of payments leveraged World Bank concessional loans, and 0.3% were paid for by grants or bilateral donations[14].

4.2 **While no countries changed eligibility status in 2025, the updates to Gavi's Eligibility, Transition and Co-financing (ELTRACO) policies for Gavi 6.0 have led to some notable changes in coming years**. Six countries regained eligibility as Preparatory Transition (PT) phase countries for 2026 from the increased Gavi eligibility threshold[15] (US$ 2300 GNI per capita) or due to sharp declines in the GNI per capita[16][17]. As a result of these shifts, the number of Accelerated Transition (AT) phase countries has gone down from 11 to seven in 2026. Four AT countries[18] are set to transition out of Gavi support during Gavi 6.0 with 2029 being the last year support (see Annex E for detailed breakdown of co-financing policy evolution and its implications on countries).

4.3 **The Alliance has made significant progress in expanding vaccine access in former and never Gavi eligible countries through the MICs Approach.**

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[11] All figures based on country-reported administrative data and not independently verified. Despite Alliance-led validation and quality assurance processes, limitations including variability in recording/reporting practices and potential revaccination of individual children previously vaccinated mean reported figures may represent either an over- or under-estimate of actual children reached.

[12] This brings total co-financing to US$ 2.2 billion since implementation of co-financing policy began in 2008

[13] In 2025, six countries facing humanitarian crises were granted a co-financing waiver at a cost to Gavi of US$ 11.7 million (representing 3.7% of total obligations) - Afghanistan, Somalia (partial), South Sudan, Sudan, Syria and Yemen. In previous years, co-financing waivers due to humanitarian crises represented 1.2% (in 2022), 3.8% (in 2023) and 3.3% (in 2024) annual co-financing obligations paid. At the time of writing, South Sudan Ministry of Health, while acknowledging previous commitment to pay partial co-financing obligation by end of April, has now requested a full waiver which is currently in-process. Remaining partial co-financing obligation for Somalia for 2025 as well as 2026 is in process, to be paid by the World Bank via UNICEF CO.

[14] In 2025, ~20% of co-financing was paid for through World Bank concessional lending (~US$ 61 million). Of this amount, 93% of the total World Bank loans used to pay 2025 co-financing went to Nigeria. The remaining countries that took out World Bank loans to pay their 2025 co-financing include Burundi, Côte d'Ivoire, and São Tomé.

[15] Angola, Kenya, Lao People's Democratic Republic, and Solomon Islands

[16] Nigeria and Timor-Leste

[17] Both Angola and Timor-Leste previously transitioned out of Gavi support and became fully self-financing countries in 2018 but have regained Gavi eligibility in 2026.

[18] Bangladesh, Côte d'Ivoire, Djibouti, Ghana

By end 2025, 21 new vaccine introductions – split across HPV, Pneumococcal conjugate vaccine (PCV), and rotavirus – in 13 countries were supported, exceeding the Gavi 5.0/5.1 target of eight to ten introductions. Under Gavi 6.0, the new Catalytic Phase will replace the former MICs Approach, focusing support for introduction of high-impact vaccines: HPV, rotavirus, PCV, dengue and tuberculosis.

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

5.1 **In 2025, the number of vaccine markets with acceptable levels of healthy market dynamics increased to 11, exceeding the 2025 target of ten**. Three markets exhibited unacceptable levels of health: rotavirus, malaria, and oral cholera vaccine (OCV). Mitigation measures are underway, including a 2026 roadmap update and improved malaria vaccine affordability through a new market-shaping agreement. However, funding constraints in Gavi 6.0 are driving demand uncertainty, creating volatility and risks to supply security and affordability despite supply gains. HPV demand-supply imbalances improved in 2025 for all three suppliers, enabling to catch up on delayed launches and improving market outlook to "acceptable with risks."

5.2 **The innovative products metric exceeded the 2025 target, with 14 products in commercial-scale pipelines**, including two new micro-array patch (MAP) candidates entering Phase 1 trials[19] and Phase 3 planning underway for Measles Rubella-MAPs. In Gavi 5.0/5.1, nine products with improved characteristics were procured, achieving the target for the period[20]. Financial constraints in Gavi 6.0 may potentially weaken incentives for innovation, however, the Market Shaping Strategy for Gavi 6.0 remains committed to enabling innovation while emphasising programme affordability and promoting cost-effectiveness (see Doc 01d).

5.3 **Gavi's regional manufacturing agenda made significant progress in 2025, with African Vaccine Manufacturing Accelerator (AVMA) driving strong momentum across Africa's vaccine ecosystem**, securing 18 Expressions of Interest (EOIs) to develop AVMA-eligible vaccines. Thirteen technology transfers were advanced to expand future supply and strengthen African-owned vaccine production. High-impact convenings with Africa Centres for Disease Control and Prevention strengthened donor alignment and showcased early progress (see more in Doc 06b).

5.4 **As a result of Gavi 6.0 recalibration and the relative price premium of hexavalent vaccine, the number of countries assumed to switch to hexavalent was capped**, despite significant interest in switching from nearly

[19] Rotavirus and Hepatitis B
[20] In 2025, three improved products were procured: 1) a transportable powered vaccine storage with longer holdover; 2) a lighter freeze-preventive vaccine carrier with increased cold life; 3) a hexavalent vaccine (DTP-HepB-Hib-IPV) reducing the number of injections (more on this in section 5.4 below).

all Gavi-supported countries[21], and preventing countries that stand to derive maximum programmatic benefit from switching. An accelerated hexavalent switch scenario could become feasible if hexavalent were offered at, or close to, price parity with a course of pentavalent and IPV. The Alliance can signal a more ambitious, yet conditional, demand outlook (based on assumption of price parity) through the upcoming UNICEF tenders[22], with the objective of incentivising manufacturers to offer hexavalent vaccine at such parity pricing without compromising market health across Penta and IPV.

## 6. Refreshed Gavi 'Must Wins'

Building on the Alliance focus on key strategic priorities that the Gavi 5.1 'Must Wins' catalysed and the progress made against their targets, **the Gavi Secretariat has developed a refreshed set of 'Must Wins' together with the Alliance Partnership and Performance Team (APPT).** Co-sponsored by Alliance partners, the five 'Must Wins' sharpen focus on areas that will be critical for delivery and impact in the Gavi 6.0 strategic period. The five new 'Must Wins' include:

- **Reaching the unreached**: reach zero-dose and missed children by strengthening equity-focused programming and response mechanisms
- **Simplified Gavi operating model**: continue to implement a simplified Gavi operating model by rolling-out Grant Management Reforms;
- **Prioritised vaccine portfolios**: enable country-led and evidence-based decisions on prioritised vaccine programmes through fit-for-purpose tools (incl. Vaccine Budget);
- **Efficient and effective campaigns**: improve the efficiency and effectiveness of preventive campaigns by promoting better planning, integration and delivery (see Doc 11); and
- **Boost domestic financing**: boost domestic financing for immunisation by supporting countries to meet rising financing requirements

## 7. Rolling-out the Gavi 6.0 partnerships approach

**The Alliance is advancing operationalisation of the Gavi 6.0 Foundational Fund**, to enable early roll-out of this critical programming.

**7.1 Country Foundations (US$ 155 million) and Global / Regional Foundations (US$ 190 million):** These funds provide long-term, predictable funding to core partners, primarily to deliver the foundational functions necessary for effective immunisation programming at the country, regional, and global levels. Countries and partners developed applications in Q1, which have been

[21] Senegal and Mauritania switched to hexavalent in 2025; 10 additional countries have submitted applications to switch to hexavalent
[22] For pentavalent, IPV and hexavalent

reviewed by the Independent Review Committee (IRC) and in its majority have been approved. As an outcome of the Alliance Roles & Responsibilities work, an additional US$ 30 million is proposed to be allocated to WHO and UNICEF activities within Global/ Regional Foundations to address critical risks (see Closed Session, Doc 04).

**7.2** **Global / Regional Solutions (US$ 80 million):** This funding is designed to address critical challenges to the 6.0 strategy, including testing and piloting of new approaches or scaling-up of proven, under-adopted interventions. A competitive bidding process will be launched, accessible to new and existing partners in July-August 2026, to solicit proposals for innovative and catalytic initiatives to address priority programmatic challenges. A portion of this envelope (US$ 15 million) will support Africa CDC to advance targeted scale-up of integrated PHC-immunisation-financing and sustainability across multiple countries; consistent with similar strategic allocations, this investment will be subject to IRC review and standard internal approval processes.

**7.3** Beyond funding, **the Secretariat and partners are jointly prioritising improvements to Alliance tools, platforms, and ways of working,** to ensure they are efficient, targeted, and fit-for-purpose for the 6.0 strategy. This reflects a strengthened focus on complementarity and maximising collective impact in a resource-constrained environment. A prioritised and aligned set of actions will be agreed by August 2026.

## Annexes

**Annex A**: Technical report on Gavi 5.0/5.1 indicators

**Annex B**: Human Papillomavirus (HPV) vaccine revitalisation update

**Annex C**: Malaria vaccine programme update

**Annex D:** Big Catch-Up update

**Annex E**: Sustainability of immunisation programmes