

Subject **Strategy, Programmes and Partnerships: Progress, Risks and Challenges**

Agenda item **02b**

Category **For Information**

Executive Summary

This paper provides an update on the implementation of the Gavi 5.0/5.1 strategy, programmes and partnerships and associated risks. It is informed by the WHO-UNICEF estimates of national immunisation coverage (WUENIC) for 2024 released in July 2025, and other quantitative and qualitative updates of strategy indicators for which new data is available. The Alliance remains largely on track with its Gavi 5.0/5.1 targets. The cumulative target for routine introductions and breadth of protection targets for Gavi 5.1 has been surpassed. While median time from outbreak detection to response improved for all disease areas in 2024, the Alliance remains off track to detect and respond to outbreaks within indicator timelines. The Alliance continues progress on its three Gavi 5.1 'must-wins' - the revitalisation of the human papillomavirus (HPV) vaccine programme remains on track to reach 86 million girls by end of 2025; rollout of the malaria programme is also on track with 24 countries having introduced the vaccine with one more scheduled in 2025. Good progress has also been made on the zero-dose must-win with 5% reduction in the number of zero-dose children. There has been further acceleration of programming for the Big Catch-Up, with 60% more children reached in Quarter 2 (Q2) than Q1 2025 although still unlikely to fully reach the ambitions of the programme. The Alliance is off track to reach targets on number of zero-dose children, coverage targets for the third dose of diphtheria, tetanus and pertussis-containing vaccine (DTP3) and first dose of measles containing vaccine (MCV1), and geographic equity of immunisation. Except for six countries receiving waivers, all countries met their co-financing obligations despite record contributions in 2024. The Alliance is advancing the Gavi Leap and Lusaka Agenda largely via the Joint Committee Working Group through deeper collaboration with key partners driving joint initiatives, internal reforms, and country-level action to drive Gavi 6.0.

Action Requested of the Board

This report is for information only.

Next steps/timeline

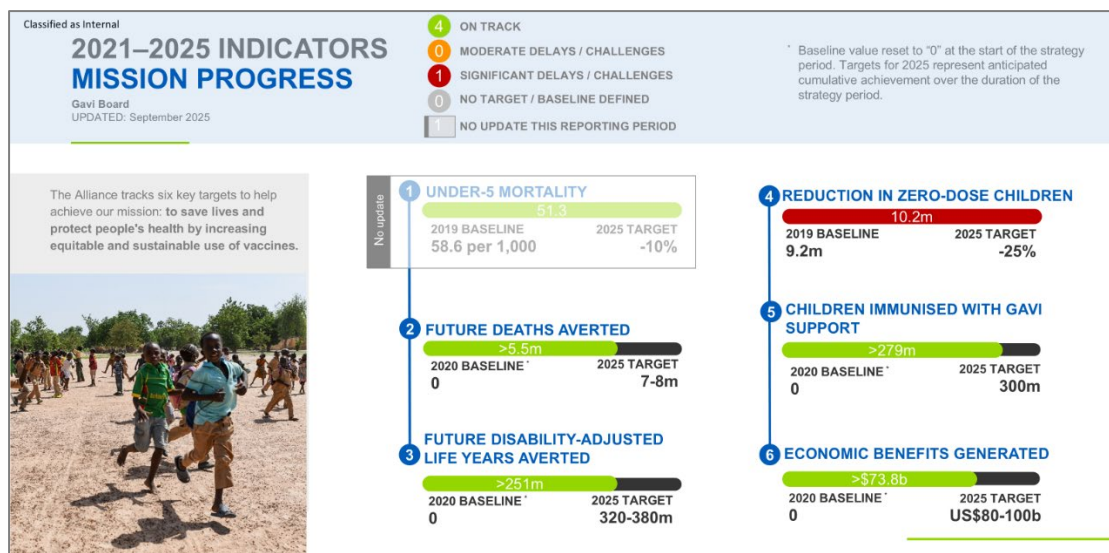
The next progress update to the Board in July 2026 will cover an update on mission indicators and any new data available on remaining strategic goal indicators for Gavi 5.1.

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 Gavi 5.0/5.1 mission indicators¹

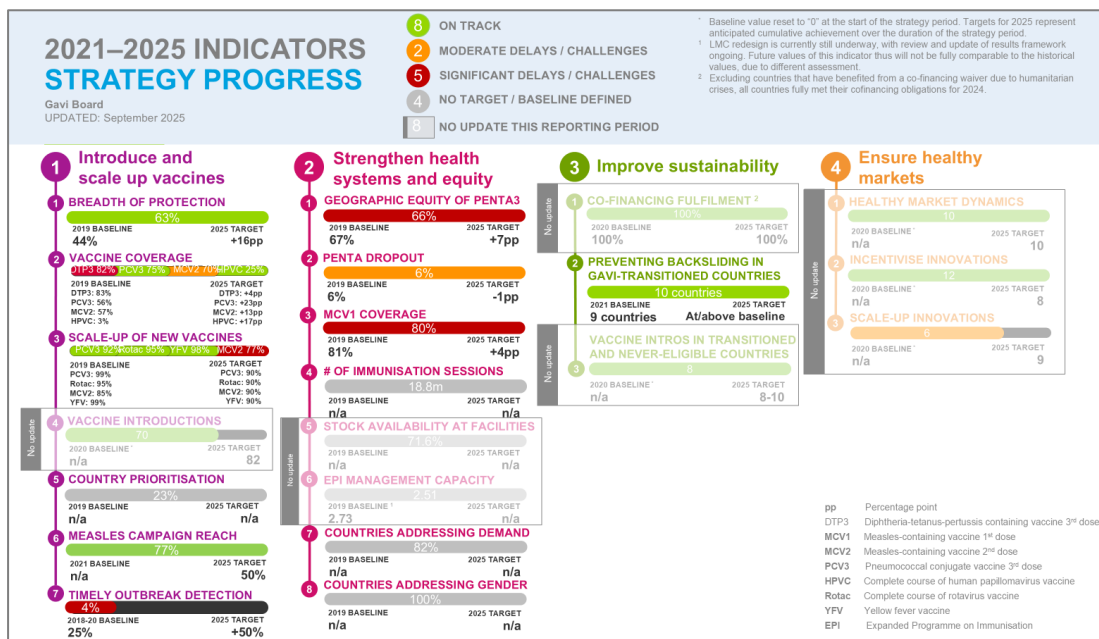


- 1.1 As of end of 2024, the Alliance remains on track to reach all mission indicator targets by the end of the 2021-2025 strategic period, except for the target on zero-dose children. The Alliance is ahead of schedule to meet its target of unique children immunised, at 279 million against a cumulative target of 300 million for Gavi 5.1². In 2024 alone, Gavi-supported countries reached 72 million unique children (more than any previous year), averted more than 2.8 million future deaths and 71 million future disability-adjusted life years (DALYs), and helped countries generate US\$ 21.8 billion in economic benefits.
- 1.2 There is a positive shift in trajectory on number of zero-dose children in Gavi-supported countries, with a reduction of 500,000 to 10.2 million in 2024. This improvement is driven by coverage improvements in large countries including India, Ethiopia, and Democratic Republic of Congo (DRC), despite growing birth cohorts. However, achieving the 2025 goal of 6.9 million will still require a 32% reduction compared to 2024 figures and is highly at risk.

¹ Technical narrative on performance included in Annex A

² The updated estimates on under-5 mortality will be available in early 2026.

2. Progress against strategic goals



3. Strategic Goal 1: Introduce and scale up vaccines

3.1 Breadth of protection³ increased to 63% in 2024, an eight percentage point (pp) improvement from 2023, already exceeding the Gavi 5.0/5.1 target of 60% and a 19pp improvement from 2019. The increase was driven primarily by new routine vaccine introductions. As of end-October 2025, Gavi supported 34 new routine introductions and 26 preventive campaigns across 11 antigens. This surpasses the annual milestone of 20 routine introductions and the cumulative 5.0/5.1 target of 82, with 104 routine introductions completed.

3.2 The revitalisation of the HPV programme, a ‘must-win’ for the Alliance, remains on track to reach 86 million girls by end-2025, with almost 60 million girls fully immunised. More girls were protected with the HPV vaccine in 2024 alone (32.6 million) across Gavi-supported countries than in the previous decade combined. Complete HPV coverage in the 57 Gavi-supported countries reached 25% in 2024, up from 3% in 2019. There have been a total of 25 routine programme introductions⁴ and 24 multi-age cohort (MAC) launches as of end-October in Gavi 5.1. All HPV must-win targets are on track to be achieved (further details can be found in Annex B).

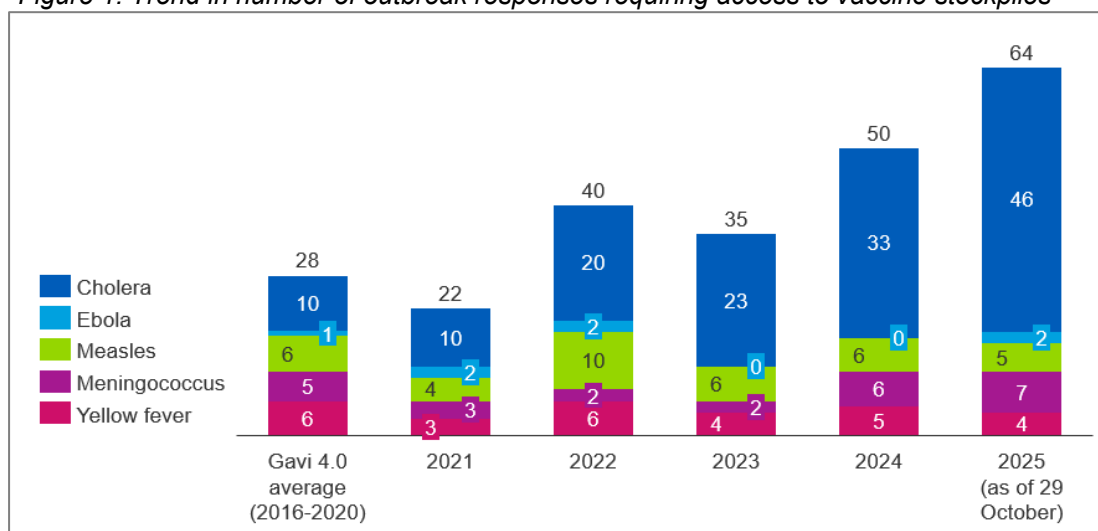
3.3 The malaria vaccine programme, another ‘must win’ for Gavi 5.1, is making strong progress, meeting 2024 targets and remaining on track for 2025. As of end October 2025, 24 countries have introduced the vaccine

³ Summary measure of prioritised vaccine introductions, rate of scale up of newly introduced vaccines, and vaccine coverage; this measures the extent to which countries have introduced and scaled up Gavi-supported vaccines

⁴ Since the last update to the Board in July 2025, Pakistan, Ghana, Tajikistan, Cuba, and Angola launched their national programmes, while Côte d'Ivoire, Malawi and Mozambique conducted MAC campaigns

and one more plans to introduce in 2025. Of those that have introduced, seven have scaled up. Doc 05a outlines the programmatic recalibration for countries introducing and/or scaling up in Gavi 6.0. Gavi is also strengthening its collaboration with The Global Fund with regards to the malaria programme. Additional details are included in Annex C.

Figure 1: Trend in number of outbreak responses requiring access to vaccine stockpiles



- 3.4 As noted by the PPC, vaccine preventable disease outbreaks remain a top risk for countries and the Alliance, with 64 outbreaks requiring international support for a vaccine response in 2025 as of end October.** This figure already surpasses the total outbreak support requests in previous years, and cholera outbreaks remain the key driver. Gavi's support is ensuring all requests are fulfilled and stockpiles are replenished rapidly⁵. Stockpiled Ebola vaccines rapidly deployed and were critical to stop the recent outbreak in DRC. The need remains high for measles, meningitis and yellow fever outbreak response⁶ even in regions previously declared measles-free. Reactive campaigns to diphtheria outbreaks are complementing Big Catch-Up activities (see section 4.3) in certain countries⁷. During the 13 months of the mpox Public Health Emergency of International Concern (recently downgraded by WHO in Sept 2025), over one million Gavi funded or facilitated mpox doses were allocated to 12 countries supported by US\$ 12.5 million in delivery funding. Doc 05a outlines the programmatic recalibration of stockpiles for outbreak response in Gavi 6.0.
- 3.5 Median time from outbreak detection to response has substantially reduced in all disease areas in 2024, though challenges to detect and respond to outbreaks within the indicator timelines persist** with only 4% of responses meeting the disease specific stringent timeliness criteria. Gavi's

⁵ Driven by improved Oral Cholera Vaccine (OCV) supply following the WHO pre-qualification of a simplified product in October 2024 and manufacturing scale-up

⁶ Large disruptive measles outbreaks affected 30 Gavi-supported countries between April 2024 and March 2025. Nigeria, Niger, Chad continue facing meningitis outbreaks.

diagnostics programme strategically responds to this need with significant progress across yellow fever and cholera diagnostics⁸ and support for measles testing for early and timely detection of outbreaks is anticipated in 2026. Current efforts from Alliance partners and countries are to expedite detection, decisions and time to submit vaccination applications, and implementation.

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

4.1 **Coverage of DTP3 in Gavi-supported countries rose by one pp to 82% in 2024 after remaining flat in 2023. This returns routine coverage nearly back to pre-pandemic levels (83% in 2019)** after a five pp drop between 2019 and 2021. Africa (WHO AFRO region) has now recovered immunisation coverage to pre-pandemic levels, even with an increasing birth cohort. Many countries saw large improvements in DTP3 coverage with 28 countries with coverage above 2019 levels, and coverage for MCV1 saw a greater increase, with a two pp improvement in 2024. However, both indicators remain off track to reaching the target. Coverage in fragile and conflict (F&C) countries continues to lag behind high-impact and core countries. Although most F&C countries have improved coverage during Gavi 5.1, this has been offset by very large declines in select countries deeply afflicted by ongoing conflicts (e.g. Yemen, Sudan). Even when targets for drop-out between first and third dose of DTP were met, it is significantly higher in F&C countries, signalling further need for concerted efforts in these contexts through the implementation of the new Fragile & Humanitarian (F&H) approach for Gavi 6.0 (see Doc 05a).

4.2 **The zero-dose⁹ agenda, another Alliance ‘must-win’ for Gavi 5.1, saw significant progress in 2024 with a 5% reduction in the number of zero-dose children in Gavi-supported countries** compared to 2023 (10.2 million from 10.7 million). However, this means that meeting the 2025 target requires a further 32% reduction, which is highly unlikely to be achieved. The reduction in the number of zero-dose children was driven primarily by significant reductions in high-impact countries¹⁰, and nearly a third of zero-dose children in Gavi-supported countries now live in F&C segment countries, up from 18% in 2020. The PPC emphasised the need to sustain momentum on zero-dose progress despite funding constraints expected in Gavi 6.0 (see Doc 05a), urging the Alliance to explore cost-effective, integrated approaches to maximise impact and strengthening multilateral development bank collaborations. The PPC also noted that reduced funding for Alliance partners introduces risks to implementation of the Gavi 6.0 Health Systems Strategy (see Doc 11).

4.3 Implementation of the Big Catch-Up – a ‘must-win’ alongside the zero-dose agenda – has accelerated, following concerted Alliance efforts to support

⁸ 188,000+ yellow fever tests deployed in 22 countries since programme inception and measurable gains in yellow fever vaccination targeting and 2.6 million cholera rapid tests deployed in 21 countries to date

⁹ For operational purposes, Gavi defines zero-dose children as those who lack the first dose of diphtheria, tetanus, and pertussis vaccine (DTP1)

¹⁰ India by 43%, Ethiopia by 16% versus 2023, DRC by 8%

countries with advocacy, integration into campaigns and routine service delivery. All 36 eligible countries have now started implementation and by the end of September, had administered approximately 78 million catch-up doses¹¹ and reached more than 14.7 million children. **This means the Big Catch-Up has helped reach the equivalent of one and a half cohorts of zero dose children.** The Big Catch-Up has also helped countries to strengthen their systems with many introducing new catch-up policies, training health workers in catch-up adjusting their data systems to record catch-up doses and signaling an intent to institutionalise catch-up immunisation. **However, despite acceleration in implementation, it is unlikely that countries will fully reach their catch-up targets by end-2025.** Following mitigation measures carried out per guidance from the Board, country plans now in aggregate aim to reach 21-22 million missed children. A close out period of six months has been set to allow countries to complete planned activities, report their progress, reallocate unused doses to RI which might generate vaccine procurement savings in 6.0, and transition to routinised catch-up¹².

5. Strategic Goal 3: Improve sustainability of immunisation programmes

- 5.1 **All Gavi-supported countries met their co-financing obligations in 2024 excluding countries that benefited from a co-financing waiver, mobilising a record US\$ 255 million for their immunisation programmes.** For 2025, obligations rose by 19% to US\$ 302 million, and by end-October, countries had already reached 80% of the 2025 target. To date in 2025, co-financing waivers due to humanitarian crises have been approved in six countries, at a cost of US\$ 11.7 million to Gavi¹³. Doc 05 recaps the decisions related to the Eligibility, Transition and Co-financing policy.
- 5.2 **The Middle Income Countries (MICs) Approach exceeded its target for new introductions for 5.1, with support to 16 introductions across ten countries just between March 2023 and September 2025.** DTP3 coverage increased by one pp among Former Gavi MICs in 2024¹⁴. Former Gavi MIC-eligible countries remain on track to reach the target against the strategy indicator to prevent backsliding in Gavi-transitioned countries. Despite these coverage improvements, the number of zero-dose children increased by over 0.5 million in former-Gavi countries, leaving the target off track. **The MICs Approach also enables time limited support¹⁵ to eligible countries experiencing fragility, instability or economic crises** – including Lebanon, Venezuela, Sri Lanka, Gaza and West Bank, and Ukraine. The key challenge remains managing a responsible exit from this support, ensuring countries can

¹¹ Doses are across pentavalent, MCV, Inactivated Poliovirus Vaccine (IPV) and bivalent Oral Polio Vaccine (bOPV). Reporting for Q3 2025 is based on 30 of 36 countries which have reported as of November 17, 2025.

¹² Countries may conclude Big Catch-Up activities in the first quarter of 2026 after which a final accounting will be conducted to determine how much doses supply has been used and how much is leftover with the goal of repurposing residual Big Catch-Up doses for routine immunisation and further mitigating the risk to co-financing.

¹³ As per end of October, 2025 co-financing waivers have been approved for Afghanistan, Somalia, South Sudan, Sudan, Syria, and Yemen.

¹⁴ Largely driven by Viet Nam's 32pp coverage gain, which offset declines in Indonesia, Uzbekistan, and Bolivia

¹⁵ This support is expected to protect over 1 million infants and 300,000 adolescents with routine immunisation

maintain coverage and resilience independently. This support will be institutionalised in Gavi 6.0 as part of the F&H approach (see Doc 05a).

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

6.1 **The Alliance remains on track to reach all targets for 5.0/5.1**, despite four markets exhibiting unacceptable health in 2024 (rotavirus, HPV, cholera, malaria). A rotavirus supply disruption reported in Q1 driven by slow scale-up was mitigated by additional doses confirmed in May; stockouts are not expected, with only one country switching products in Q4.

6.2 **Gavi has published a tuberculosis (TB) demand forecast report which will inform the final report on TB vaccine financing and access** from the joint work of Gavi Secretariat, WHO and the government of South Africa, as part of the WHO Finance & Access working group, to be published this year ahead of the November G20. An early market shaping roadmap will follow by the end of the year. **Progress continues on Gavi's regional manufacturing strategy**, with candidate Vaccine Investment Strategy (VIS) vaccines being recommended for inclusion as Priority Vaccines under Gavi's African Vaccine Manufacturing Accelerator (AVMA) (see Doc 10).

7. Update on collaboration with other organisations

7.1 **Gavi Secretariat is advancing the Gavi Leap**, building on the Lusaka Agenda, translating principles into concrete actions to accelerate Gavi 6.0 implementation through internal reforms, deeper alignment with partners, and catalysing broader system-wide change. In line with the 'Merger at the last mile' agenda¹⁶, the Secretariat continues to strengthen key partnerships, including with GPEI, Africa CDC, GFF, and the Global Fund.

7.2 Bringing together Board and Committee stakeholders from Gavi, the Global Fund, and the GFF, **the Joint Committee Working Group (JCWG) has been an important driver of this process**. Meeting six times since October 2024, the group reviewed progress across malaria, health systems investments, and country engagement workstreams, distilling key lessons, and setting priorities for continued joint action. The JCWG concluded its work with a call to sustain and deepen collaboration across the three organisations, including with the GFF and other initiatives under broader Lusaka Agenda (see Appendix 3).

7.3 As discussed at the July 2025 Board meeting, and **in response to calls for faster and deeper collaboration with the Global Fund, a joint Taskforce – co-led by the Gavi CEO and the Global Fund Executive Director** – was convened over the summer. Building on the groundwork laid by the JCWG, the Taskforce aims to drive greater efficiencies and impact at both country and headquarters levels, while exploring more transformative structural options. To support this ambition, an external provider was onboarded in October to lead the most transformative analysis.

¹⁶ <https://www.gavi.org/news/media-room/gavi-statement-global-health-architecture>

- 7.4 Since its launch, the Taskforce has held three meetings, with progress underway across a suite of 19 joint initiatives spanning strategy, programmes and policy (including malaria, HSS/RSSH, and country engagement), enabling functions, resource mobilisation, and governance. **There has been progress on “Action now” initiatives, including malaria alignment, and initial assessments for all “For Further Analysis” initiatives are underway** (see Annex E). The first phase has focused on developing a robust, shared fact base aligned across both organisations. Additionally, an initial option set is being developed and will be refined through engagement with key internal and external stakeholders, including countries. In parallel to assessing individual functions and thematic areas, the external provider will also start developing a perspective on institutional options (e.g., governance changes).
- 7.5 The Taskforce will deliver concrete recommendations to the Secretariats’ leaderships and/or Boards, culminating in a joint Board session in the first half of 2026. **Governance engagement on the Gavi-Global Fund collaboration will continue via regular updates to the relevant committees**, with initiatives directed to the bodies best suited to their remit.
- 7.6 **Similar to the Global Fund, collaboration with GPEI has recently accelerated.** At the joint Gavi Board–Polio Oversight Board (POB) meeting on 19 June 2025, members endorsed stronger alignment on shared priorities – including sustaining IPV and hexavalent vaccines and integrating RI and polio efforts – and agreed to develop a joint action plan with clear deliverables and accountability. Follow-up work with GPEI, WHO, UNICEF, US Centers for Disease Control and Prevention (US CDC), and the Gates Foundation is underway to support the development of country-level roadmaps and a monitoring framework. Progress will be reviewed in Q4 2025 at a joint in-person Board session scheduled for 2 December 2025 (details in Annex F).

Annexes

Annex A: Technical report on Gavi 5.0/5.1 indicators

Annex B: HPV revitalisation detailed update

Annex C: Malaria implementation update

Annex D: Gender policy update

Annex E: Detailed progress update on Taskforce “Action Now” initiatives – *To follow*

Annex F: Information on JCWG, Africa CDC, GPEI and other partnerships

Annex G: IRC implementation update

Additional information available on BoardEffect

Appendix 1: Gavi Balanced Scorecard

Appendix 2: Joint Gavi-Global Fund Taskforce Terms of Reference (June 2025)

Appendix 3: Final report on Joint Committee Working Group including Chair summary