
| | |
|-------------|--|
| Subject | Strategy, Programmes and Partnerships: Progress, Risks and Challenges |
| Agenda item | 02b |
| Category | For Decision |

Section A: Executive Summary

Context

In December 2022 the Gavi Board approved the update of the Gavi 5.0 strategy into Gavi 5.1. Gavi 5.1 reaffirms the Gavi 5.0 core priorities such as catching-up on missed children, reaching zero-dose children, and ensuring introductions of priority vaccines at pace, including relaunching the human papillomavirus (HPV) vaccine and accelerating the malaria programme launch. It also includes targeted additions from the pandemic and its learnings with a potential COVID-19 vaccine programme from 2024 and an evolution of Gavi's role in Pandemic Prevention Preparedness and Response (PPPR). **This report provides a progress update on the implementation of Gavi 5.0/5.1 and associated risks¹.** As WHO-UNICEF estimates of national immunisation coverage (WUENIC) for 2022 will be released in July, the paper provides quantitative updates on a limited number of strategy indicators for which new 2022 data is available, as well as a more qualitative perspective of progress. **A holistic overview of performance is also captured in the Balanced Scorecard** (See Annex A). In addition to this bi-annual paper, the Secretariat is looking into opportunities to share other existing information on country progress with the Board on an on-going basis².

Questions this paper addresses:

- How is the **Alliance performing against its strategic goals and indicators for Gavi 5.0/5.1**? What progress has been made against priorities?
- What are the **key risks and challenges** across the Alliance's strategic performance, programmes and partnerships, and what **actions** are being taken to address these?
- Should the **timeline for disbursements of the Equity Accelerator Fund (EAF) be extended to end 2027 as per the recommendation from the Programme and Policy Committee (PPC)**, recognising that the COVID-19 pandemic has had adverse impact on design and implementation of EAF grants?
- What are the **programmatic items with financial implications** for Gavi 5.1 and 6.0 at this Board meeting?

¹ Associated risks refer to the top risks in the Risk & Assurance Report 2023 which will be submitted for approval to the Board in December 2023.

² This includes the addition of a dedicated presentation by the Secretariat and core Partners on country programmes delivery at the last PPC meeting as well as a technical briefing on country programmes to the Board at the upcoming meeting.

Conclusions

The Alliance is doubling down on efforts to execute on the Gavi 5.1 priorities. Whilst more remains to be done, reported country administrative data from 2022 suggests encouraging signs of recovery in routine immunisation across Gavi-supported countries; at portfolio level, and from preliminary administrative data, Diphtheria-Tetanus-Pertussis (DTP) coverage is estimated to bounce back of approximately three percentage points in 2022 compared to 2021. The release, in July, of latest WUENIC data is awaited to confirm this initial estimate. However, **many immunisation activities were delayed over recent years, leading to growing immunity gaps, and increasing numbers of vaccine preventable disease (VPD) outbreaks. Closing these gaps, through intensified catch-up efforts, is a key priority for the Alliance.** Regarding measles specifically, the accumulation of susceptible children in several geographies and increase in outbreaks led **the PPC in May 2023 to support the rapid deployment of measles preventative campaign activities as well as enhanced routine immunisation catch-up and recovery activities between rounds.** The PPC acknowledged that given the evidence on the effectiveness of timely campaigns, this would entail temporarily operating outside the current level of risk acceptance. The PPC also provided guidance on the need to revisit the June 2021 Board-approved risk appetite statement to reflect the overall importance of timely preventative campaigns. Based on PPC guidance, the Secretariat and Alliance partners will move ahead with operationalising timely measles campaign efforts and revisit the risk appetite statement for formal decision during next Board cycle in December 2023. With regards to HPV and malaria programmes, the Alliance is shifting focus from planning to accelerating implementation of these priorities. The pandemic delayed countries' applications for EAF, an envelope intended to accelerate the zero-dose agenda. Most countries are expected to have submitted their EAF applications by the end of 2023, and **the PPC recommends to the Board to extend the timeline for disbursements from 2025 to 2027 to enable countries sufficient time to implement these proposals.**

Section B: Facts and Data

Although challenges persist with regards to DTP3 coverage and the zero-dose agenda (see Strategic Goal 2), progress against other strategic goals is largely on track³.

³ A technical narrative with details on reported indicators is provided in Annex C. Gavi's mission indicators will be reported in the second half of the year when data becomes available.



1. Strategic Goal 1: Introduce and scale up vaccines

1.1 Gavi-supported countries have demonstrated continued commitment to introduce new routine vaccines, exceeding the target for 2022⁴.

1.2 Overall, VPD outbreaks have continued to rise due to pandemic-related disruptions and pressure from climate change. This risk is considered outside appetite and is a top risk for the Alliance. In 2022, 40 outbreaks required a vaccination response. This represents a ~75% increase vs. 2021, primarily driven by measles and cholera⁵. Regarding the Ebola Zaire virus, two outbreaks were reported in 2022 and Uganda had its first Sudan Ebola virus outbreak in ten years. Unfortunately, there is currently no licensed vaccine available to help respond to this strain of the virus. This is also the case for the recent Marburg outbreaks in Equatorial Guinea and Tanzania. Gavi and other partners are seeking to establish a global virtual pooled inventory to fast-track availability of candidate vaccines and better enable outbreak response in the future (see Doc 08). The Alliance will continue to play a critical role in supporting PPR as reflected by its inclusion as a key Gavi 5.1 priority (see Doc 08).

1.3 Significant immunity gaps for measles persist, largely due to pandemic related disruptions to immunisation services. This has contributed to an increase in the number of measles susceptible children and outbreaks⁶. To decrease the risk of large disruptive measles outbreaks in the short-term, the Alliance needs to accelerate timely preventative campaigns. The PPC at its May 2023 meeting

⁴ In 2022, 16 new introductions were launched against a target of 15, together with 23 planned-preventative campaigns against a target of 23

⁵ 40 outbreak response campaigns were launched in 2022 compared with 23 in 2021. Of the 2022 outbreak response campaigns, 10 were for Measles and 20 for Cholera

⁶ Ten countries have received support from the Alliance to respond to Measles outbreaks in 2022, compared with four in 2021.

provided guidance supporting the rapid deployment of measles preventative campaign activities as well as enhanced routine immunisation catch-up and recovery activities between rounds. The PPC acknowledged that given the evidence on the effectiveness of timely campaigns, this **would entail temporarily operating outside the current level of risk acceptance with regards to measles outbreaks** as well as exploring interventions to improve timeliness of campaign approvals and roll-out at Gavi Secretariat, WHO and UNICEF. The approach would include, for example:

- Strengthening of technical assistance for countries to improve timely planning and implementation of campaigns, including flexible funds to deploy pools of technical advisors in country for rapid planning and implementation;
- Implementation of recommendations from the recent independent evaluation of the Independent Review Committee (IRC) on earlier, streamlined, iterative IRC engagement for measles preventative campaigns, also encouraging countries to take a multi-year view on campaign planning; and
- Working with the Health Campaign Effectiveness Coalition to support effective and efficient integrated campaigns

1.4 **The PPC noted that the Secretariat should proceed to operationalise the above approach. It also provided guidance on the need to revisit the June 2021 Board risk appetite statement** to reflect the overall importance of timely preventative campaigns to decrease the risk of large disruptive measles outbreaks in the short term. This will be taken to the Audit and Finance Committee (AFC) and Board for decision in December 2023. In parallel, improving quality and reach of measles/measles rubella campaigns remains a top priority for the Alliance. This, together with improved integrated outreach and periodic intensification of routine immunisation-like strategies will help address the near-term high risk of measles outbreaks. The Alliance will continue to monitor the frequency and scale of measles outbreaks and **consider reverting to the current risk appetite as population immunity improves and the threat of outbreaks decreases.**

1.5 **The revitalisation of the HPV programme is a top priority for the Alliance in Gavi 5.1.** Momentum continues to build with four new routine introductions⁷ and seven multi-age cohorts (MACs) campaigns⁸ planned for 2023. As illustrative examples, Nigeria has ~19 million girls targeted for vaccination through 2025. Planning for October 2023 introductions⁹ is advancing with the initial Partners' Engagement Framework (PEF) Targeted Country Assistance (TCA) reserve applications having recently been approved and proceeding to contracting to supplement existing TCA already in place. Likewise, Ethiopia with ~7.1 million girls targeted and Bangladesh with ~8.3 million are also planning introductions or MAC campaigns in 2023¹⁰. Contracting of additional TCA is also underway for other 2023

⁷ In Gavi57 countries; Bangladesh, Cambodia, Nigeria, Togo

⁸ The seventh planned MAC, in Cambodia, has been expanded to a nation-wide MAC per country preference, therefore delaying the 2023 introduction.

⁹ Current application meant to cover 16 states as part of Phase 1

¹⁰ Note, discussions with Ethiopia on target introduction dates are ongoing and may be postponed to 2024

priority countries, such as Togo and Ghana. The capacity of WHO and UNICEF for HPV revitalisation has been bolstered by providing additional US\$ ~6 million PEF Foundational Support at global and regional levels¹¹. Additionally, US\$ 15 million to support the HPV learning agenda has been made available through Special Investments in Strategic Focus Areas; implementation is expected to begin in Q4 2023. **A dedicated measurement framework has also been developed in consultation with partners** (see Annex B) to enable comprehensive monitoring of progress across the Secretariat and partners against intended goals (see Appendix 1 for more information).

- 1.6 **The launch of the malaria vaccine programme is another top priority in Gavi 5.1 with unprecedented country demand seen in 2022 continuing into 2023.** Gavi's Independent Review Committee (IRC) so far has recommended approval of 14 country applications¹² with up to three additional applications expected in June. Given continued supply constraints for the Malaria RTS,S vaccine (see Section 4), the Secretariat is working closely with partners to implement WHO's allocation framework to safeguard equitable access for approved countries. In parallel, efforts are underway to accelerate access to additional supply and improved pricing through a second vaccine (R21/MatrixM) and a product transfer of RTS,S to a lower-cost manufacturer. To ensure complementarity of malaria vaccines with other prevention interventions, WHO and the Secretariat co-lead coordination efforts across immunisation and malaria partners¹³.
- 1.7 **With regards to future vaccine programmes, the PPC in May 2023 supported the proposal to resume introductions of the paused and delayed VIS 2018 vaccines¹⁴ and associated learning agendas,** at an initial lower level of ambition but with the aim to scale-up in Gavi 6.0, noting that some of these vaccines are delivered at time points outside the infant schedule and thus likely require additional strengthening of the delivery platforms for maximum impact. A higher level of ambition would therefore require additional technical and financial resources and may risk diverting focus from Gavi 5.1 core goals and objectives if implemented in this strategic period. A lower level of ambition in Gavi 5.1 means a risk of lower coverage and programmatic performance. Pending Board discussions on Gavi 6.0 priorities (see Doc 06) this could instead be followed with more deliberate effort in Gavi 6.0 to strengthen the capacity of the delivery platforms to ensure equitable reach of all target populations. **Following PPC guidance, the Secretariat together with Alliance partners will explore the possibility of unpausing the DTP-containing boosters and Hepatitis B birth dose¹⁵ simultaneously and**

¹¹ This includes an additional US\$ 3.9 million top-up to the previously Board approved US\$ 2 million FS envelope for HPV in recognition of the critical role WHO and UNICEF will need to play to deliver the ambitious HPV programme

¹² This includes continued support to the Malaria Vaccine Implementation Programme countries (Ghana, Kenya and Malawi) approved by IRC in November 2022 as well as 11 new vaccine country applications approved in March this year.

¹³ This includes working with the Global Fund and USAID-PMI (United States Agency for International Development - President's Malaria Initiative), for example, to ensure coordinated technical assistance is provided to countries to develop quality vaccine funding applications and the development of a robust learning agenda.

¹⁴ Hepatitis B birth dose; diphtheria, tetanus and pertussis (DTP)-containing boosters; human rabies post-exposure prophylaxis; and respiratory syncytial virus (RSV) products

¹⁵ Initial focus for Hepatitis B birth dose will be on births in healthcare facilities (rather than births occurring outside of facilities) given that the vaccine needs to be administered within 24 hours of birth.

with speed. Should an element of sequencing be necessary, due to competing priorities and limited country capacity, the unpausing would start with the Hepatitis B birth dose due to its high public health impact and contribution to the elimination agenda. The Secretariat will work closely with Alliance partners to review more detailed evidence, including on partner and Secretariat resourcing needs, in order to submit an updated financial forecast to the October AFC and December Board.

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

2.1 While 2022 WUENIC data will only be released in July, preliminary analyses based on reported country administrative data for 2022 suggest that **many Gavi-supported countries are seeing encouraging signs of routine immunisation (RI) recovery**, with an estimated bounce back of approximately three percentage points in 2022 compared to 2021.

2.2 **In response to the backsliding of RI during the pandemic, the Alliance is helping countries catch-up children missed during the pandemic and reach new zero-dose children in 2023 – a key Gavi 5.1 priority.** Given 82% of the children missed since 2020 would have been zero-dose, even without the pandemic, and are the older siblings of today's zero-dose children, **the Alliance is encouraging countries to integrate and align zero-dose and catch-up activities to ensure complementary and efficient planning and implementation.**

2.3 **2023 is on track to be a record year for new HSS and EAF applications**, with 19 countries expected to complete Full Portfolio Planning (FPP) processes and 11 additional countries expected to submit stand-alone EAF applications. Due to a two-to-three-year pandemic related delay in countries applying for EAF, the **PPC recommends the Board to extend the timeline to disburse the remaining ~US\$ 200 million of the US\$ 500 million EAF envelope from end 2025 to end 2027 to give countries a sufficient runway to implement the programme.** Given the complexity of identifying and reaching zero-dose children, this will ensure that countries have the originally intended time to implement their EAF programmes and achieve sustainable progress in reaching missed communities. It is expected that countries will be able to absorb the EAF funding by 2027 without an impact on the absorption capacity of other Gavi cash grants (e.g. HSS).

2.4 Among approved FPP and EAF applications to date, **the IRC has noted improved targeting and use of data to identify zero-dose children** and missed communities but continues to highlight a need for more innovative and sustainable strategies to reach these populations. **Gender is now mainstreamed throughout Gavi's programme funding guidelines.** However, the quality of gender programming has been variable. The Secretariat is exploring, with WHO and UNICEF, how to best scale-up technical assistance for gender. **Implementation of the Civil Society and Community Engagement (CSCE) approach has gained traction**, with the majority of countries adhering to the Board decision to allocate at least 10% of combined HSS, EAF and TCA ceilings for Civil Society Organisation (CSO)¹⁶ implementation. **With**

¹⁶ CSO definition – Full range of formal, non-governmental and not-for-profit organisations that represents the interests, expertise and values of communities.

regards to vaccine hesitancy and demand generation, the Alliance is testing new approaches and scaling-up proven interventions including the Behavioural and Social Drivers survey in at least 18 new countries to better understand drivers of vaccination. Through PEF Strategic Focus Area (SFA) funding, the Alliance is also expanding Social Listening, Human Centred Design, and Service Experience interventions to improve understanding of community needs and to develop tailored interventions to improve trust, satisfaction, and confidence in vaccination. However, more needs to be done to ensure greater adoption of these new tools and approaches.

- 2.5 **There is an encouraging uptake of digital innovations at the country level to strengthen immunisation performance.** A key funding lever is the new innovation top-up to HSS funds that the Board approved in June 2022. This was rapidly operationalised, and two countries have already been approved for this support¹⁷ with more applications anticipated in 2023. For example, Ethiopia will leverage the experience and tools from the COVID-19 vaccination and testing tracker system to customise an electronic routine immunisation registry in 605 health facilities. **The roll out of digital health interventions through other funding levers is also accelerating.** These investments are critical to advancing Gavi’s core agenda and have been identified as an important part of Gavi’s 5.1 PPPR efforts, detailed in Doc 08.
- 2.6 **Disbursement and utilisation of Gavi cash grants are at record highs in absolute terms, following a significant scale-up in HSS disbursements during Gavi 4.0 and the launch of COVID-19 vaccine Delivery Support funding (CDS) in Gavi 5.0.** In 2022, as countries prioritised COVID-19 response and rapidly accelerated implementation of CDS, HSS utilisation slowed. Cash balances reached US\$ 547 million as of December 2022. With significant CDS and HSIS resources remaining available to countries for the rest of Gavi 5.1, **the Secretariat has identified key measures to help countries accelerate absorption of cash grants to deliver against Gavi 5.1 priorities.** Furthermore, the AMC Investors’ Group recently indicated its support for an extension of CDS implementation from 2023 through 2025 to enable countries to phase CDS absorption over time, facilitating more deliberate alignment between CDS and HSS resources in 2024 and 2025¹⁸ (see Doc 07).
- 2.7 **Looking ahead, the pipeline of potential future vaccines laid out in the 2018 and 2024 Vaccine Investment Strategies (VIS) (see Doc 09) will largely be aimed at new target populations beyond infants.** As a result, there will be a need to strengthen delivery platforms for scaling up immunisations for new target populations outside the infant immunisation schedule. In parallel, demands on

¹⁷ Ethiopia will leverage the experience and tools from the COVID-19 vaccination and testing tracker system to customise an electronic routine immunisation registry in 605 health facilities. In Madagascar, these funds will support electronic logistics management information systems (eLMIS) scale-up, co-funded with the Global Fund, and scale-up a USAID-initiated pilot to support drones to deliver vaccines to difficult-to-reach zero-dose communities.

¹⁸ To this end, one of the two key objectives of the extension of the CDS funds is to “continue to support health system strengthening and integration of COVID-19 vaccination into routine immunisation, primary healthcare, and other healthcare services, depending on country context and where, supported by national commitments and existing delivery platforms, to achieve mutual benefits for COVID-19 and routine immunisation”.

health systems to vaccinate growing birth cohorts, and to reach zero-dose children and missed communities continue. In light of these contextual developments, the Secretariat is considering development of a HSS strategic approach to address these challenges as part of the overall Gavi 6.0 strategy design (see Doc 05).

- 2.8 **An updated performance monitoring framework for PEF TCA has been discussed by the Partnerships Team (PT) earlier this year** to strengthen performance monitoring at country level. The new framework consists of four pillars¹⁹ intended to champion a performance culture and reinforce the utilisation of evidence for design and implementation of PEF TCA. The PT also reviewed the performance of PEF support at the global and regional level through Foundational Support (FS) and Strategic Focus Areas (SFA). This was the first cycle of reporting using the new performance management approach agreed last year. It focused on celebrating successes and identifying opportunities to boost efforts where progress has been challenging, helping ensure the Alliance remains on-track against agreed targets for FS and SFA in Gavi 5.1.

3. Strategic Goal 3: Improve Sustainability of Immunisation Programmes

- 3.1 **Despite rising debt levels and the worsening impact of the war in Ukraine, most Gavi-supported countries maintained or increased domestic resources** for co-financing of Gavi-supported vaccines in 2022. Countries contributed a record US\$ 162 million in co-financing bringing total contributions to US\$ 1.5 billion since introduction of the co-financing policy. **Two countries (Somalia and Syria) down from six in 2021, were granted a co-financing waiver for humanitarian distress in 2022²⁰ meaning Gavi absorbed a cost of US\$ 1.9 million in 2022.** This reduction in waivers reflects countries continued commitment to immunisation financing despite a challenging context, as well as the Alliance's efforts to actively support countries.
- 3.2 **Increasing debt levels are hampering the capacity of countries in accelerated transition (AT) to invest in health and immunisation.** This is coupled with further strain on the programmatic performance due to impact of the COVID-19 pandemic. 44% of AT countries have DTP3 coverage below 85%, putting at risk successful transition. A dedicated update on transition preparedness in countries in AT will be shared with the Board in December 2023.
- 3.3 **Following the Board-approved special strategy in 2018, Nigeria is scheduled to transition from Gavi support in 2028, extending the original transition date from 2021.** An independent provider assessed Nigeria's mid-point progress toward attaining Nigeria Strategy for Immunisation and PHC System Strengthening (NSIPSS) goals. It found that Gavi's investments, advocacy and collaboration with government and partners have been instrumental in bringing about positive

¹⁹ i) analysis of milestone and utilisation reporting; ii) in country reviews and joint appraisals; iii) learning events; and iv) independent country assessments

²⁰ In June 2022 the Gavi Board granted the Secretariat the authority to implement an approach to apply co-financing flexibilities for countries facing humanitarian crises or severe fiscal distress. Somalia and Syria were granted this waiver in 2022. For the first time, South Sudan made in 2022 a partial (42%) co-financing contribution with a formal partial waiver request for the 2022 outstanding obligation (US\$ 0.1 million) currently under review

developments in programmatic goals such as increased political commitment for vaccine financing, improved DTP3 coverage, reduction of zero dose children and under-five mortality. It noted that additional work remains and reaffirmed the importance of continuing to use the revised accountability framework in government and partner engagement. (See Appendix 2 for the full report).

- 3.4 **The risk of backsliding in former Gavi-eligible countries remains, partly due to the ongoing legacy of the COVID-19 pandemic revealing long-standing systemic issues in some cases.** In 2021, eight of the 17 former Gavi-eligible countries experienced a drop in DTP3 coverage (compared with 13 in 2020)²¹. **To address this, Gavi's Middle-Income Country's (MICs) approach has now been operationalised**²². US\$ 27 million funding for regional and global-level technical assistance for WHO²³ and UNICEF²⁴ has been approved with funding for expanded partners currently under design. Regarding country-specific support, funding to mitigate backsliding and reach zero-dose children has been approved for three countries²⁵ with two more in progress²⁶. Finally, support under the fragility component of the MICs approach has been approved and is beginning implementation for Venezuela and Lebanon.
- 3.5 Given the risks described above, as discussed in previous Board meetings, **the design of the Gavi 6.0 strategy provides an opportunity to reflect on Gavi's eligibility and transition model to identify alternate scenarios** for the future of Gavi's eligibility and MICs approach.

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

- 4.1 **In 2022, the number of markets exhibiting acceptable levels of healthy market dynamics for vaccines and immunisation products decreased from 11 to 10, still meeting the target for the year.** The market to regress was Rotavirus²⁷. **Rotavirus market health was downgraded due to production issues impacting all suppliers which resulted in seven countries experiencing supply disruption and vaccination interruptions in 2022**²⁸. The Secretariat and Alliance Partners conducted root-cause analysis to identify learnings. These highlighted the need for strengthened Alliance approaches to manage acute vaccine shortages, for example, improved coordination and communication across various Alliance functions to develop vaccine switch guidance for urgent supply-driven vaccine switches, as well

²¹ When 13 of the 17 former-Gavi countries experienced decreases in DTP3 coverage.

²² This approach has two objectives: (i) to prevent backsliding of vaccine coverage in former Gavi-eligible countries and (ii) to drive sustainable introductions of key missing vaccines in former and never-Gavi-eligible lower-middle income countries and International Development Association-eligible economies. As of early May 2023, US\$ 92 million has already been committed including for support to three former Gavi eligible countries for targeted interventions to prevent backsliding, two countries for fragility support and US\$ 29 million for global / regional partner support. In addition, two countries are expected to be supported for targeted interventions in 2023 and eight countries for new vaccine introductions.

²³ US\$ 12.8 million across WHO EURO and AMRO/PAHO with discussions for additional funding underway with WHO HQ and EMRO.

²⁴ US\$ 13.9 million across UNICEF HQ, ECARO, EAPRO, LACRO and MENA

²⁵ Angola, Bolivia and Honduras. Support for Honduras is via a World Bank co-investment

²⁶ Applications for support to Vietnam and Indonesia are in development

²⁷ A total of four markets are now assessed as unacceptable, of which three require further intervention: Rotavirus vaccine, Oral Cholera Vaccine (OCV) and Malaria and one, HPV, with conditions for improvement.

²⁸ Seven countries: Cameroun, Kenya, Senegal, Sudan, Tanzania, Zambia, Zimbabwe

as planned switches for product and programme optimisation objectives. To that end, Alliance partners are working on tools to support countries in assessing different Rotavirus vaccine presentations and optimise their vaccine portfolio.

- 4.2 **The HPV market continues to exhibit unacceptable levels of market health but with conditions for improvement.** Since the start of the HPV programme, there has been a shortfall in volumes of HPV vaccines available and the amount needed to meet Gavi's ambitious HPV agenda. However, supply (and thus market health) is expected to increase imminently, in support of the HPV revitalisation. An updated Market Shaping Roadmap for HPV will be completed in 2023.
- 4.3 **Malaria supply at the start of the programme will be limited to 18 million doses of RTS,S available in 2023-2025.** A contract for supply of the world's first Malaria vaccine was awarded by UNICEF to the supplier (GSK), but for volumes insufficient to meet the Phase One needs of 14 countries that now have IRC-approved applications. The Alliance has been working to improve the outlook for the Malaria market (see Strategic Goal 1), including a focus on realising the potential of a second Malaria vaccine, R21 undergoing review.
- 4.4 **A rise in cholera outbreaks resulted in a surge in demand for oral Cholera vaccine (OCV); all the excess outbreak demand is being met** (with help from the temporary adoption of a 1-dose schedule). However, with 93% of the 2022 OCV supply (~32 million doses) used for outbreak response, there has been a shortfall of ~18 million doses for approved preventive campaigns in 2022, which have been delayed to 2023. Whilst increased supply is anticipated in 2024 and 2025, long term market health requires stable, predictable demand underpinned by high quality preventive campaigns. The recently published OCV Market Shaping Roadmap outlines the Alliance's approach to the interventions needed to secure more capacity for the future.
- 4.5 **Innovation-related market shaping indicators are above target for 2022. As part of efforts to scale up innovations, two products with improved characteristics were newly procured** for Gavi programmes in 2022: (1) a liquid Rotavirus vaccine and (2) a new ampoule presentation for Yellow Fever vaccine. The Vaccine Innovation Prioritisation Strategy (VIPS) saw the number of pipeline innovative products increase by seven in 2022²⁹.

Section C: Summary of programmatic items with financial impact at the Board meeting

- 4.6 **Table 1 gives an overview of the programmatic items shared with the Board at this meeting and their associated financial impact in Gavi 5.1 and 6.0.** The table maps each item to the Gavi 5.1 strategic goals and objectives they contribute to, thereby providing an overarching view of these different items presented across different documents. It should be noted that the priorities set out in the Gavi 6.0

²⁹ This was driven by vaccine-microarray patch (MAPs) clinical trials for Measles-Rubella, COVID-19 and Flu and Hepatitis B, as well as the Controlled Temperature Chain (CTC) qualifications of two vaccines.

strategy, to be approved by the Board in June 2024, could impact the Gavi 6.0 portion of the programmes, and that these are contingent on available financing from the Gavi 6.0 replenishment (see Doc 05).

- 4.7 **If all of the items are approved by the Board US\$ 109 million would remain available for additional investments in Gavi 5.1. US\$ 2.0 billion would remain in the COVAX AMC for Pandemic Vaccine Pool.** The Secretariat will retain its ability to reallocate funds guided by the Board. The experience from previous strategic periods shows that reallocations remain possible as not all funding will be firmly committed until later in the strategic period.

| Programmatic item | Contribution to Gavi 5.1 Strategy Goal & objective | Financial Impact 5.1 (2021-2025) | Financial Impact 6.0 (2026-2030) | Key observations |
|---|---|--|----------------------------------|---|
| Hexavalent programme <i>Agenda #6</i> | Strategy goals 1b: <ul style="list-style-type: none"> Support countries to introduce and scale up coverage of vaccines for prevention of endemic and epidemic diseases Strategy goal 2a: <ul style="list-style-type: none"> Help countries extend immunisation services to regularly reach under-immunised and zero-dose children to build a stronger primary healthcare platform | US\$ 29m (US\$0-62m) | US\$ 357m (US\$ 430m) | Base demand scenario in forecast; higher demand scenarios recognised as risk until crystallised; Gavi 6.0 approval contingent on funding availability |
| COVID-19 routine programme in 2024-2025 <i>Agenda #7</i> | Strategy goal 1b: <ul style="list-style-type: none"> Support countries to introduce and scale up coverage of vaccines for prevention of endemic and epidemic diseases | US\$ 711m | n/a | To be funded from the pandemic vaccine pool; contingent on sufficient funding confirmed by Board in June 2023 and confirmation by AMC COVAX donors that funds pledged to COVAX can be used for the C19 programme.. |
| COVID-19 Delivery Support (CDS) extension into 2024/2025 <i>Agenda #7</i> | Strategy goal 1b <ul style="list-style-type: none"> Support countries to introduce and scale up coverage of vaccines for prevention of endemic and epidemic diseases Strategy goal 2a-c: <ul style="list-style-type: none"> Help countries extend immunisation services to regularly reach under-immunised and zero-dose children to build a stronger primary healthcare platform Support Countries to ensure immunisation services are well-managed, sustainable, harness innovation and meet the needs of all care givers Work with countries and communities to build resilient demand and to identify and address gender related barriers to immunisation | US\$ 320m rephasing | n/a | This is an extension/ rephasing from 2022/23 into 2024/25 and is cost neutral. Board requested to note the no cost extension endorsed by the AMC Investors Group to extend implementation period of current delivery funds until end 2025 |
| VIS 2018 unpausing (Hep B, DTP, Rabies, RSV) <i>Agenda #8</i> | Strategy goal 1b: <ul style="list-style-type: none"> Support countries to introduce and scale up coverage of vaccines for prevention of endemic and epidemic diseases | US\$ 0m (Current forecast earliest launch 2026) | US\$ 108m | Based on PPC guidance, further review required of sequencing and potential launches in Gavi 5.1 and related Sec. and Partner resources; Recognised as risk in current forecast; Gavi 6.0 approval contingent on funding availability |

| | | | | |
|--|---|--|--------------------------|---|
| <p>EAF <i>Agenda #2</i></p> | <p>Strategy goal 2a:</p> <ul style="list-style-type: none"> Help countries extend immunisation services to regularly reach under-immunised and zero-dose children to build a stronger primary healthcare platform | <p>US \$200m reduction total (of which \$140m reflected in current forecast)</p> | <p>US\$200m increase</p> | <p>Two-year extension to the \$500m EAF to 2027, Gavi 6.0 approval contingent on funding availability</p> |
| <p>Global Virtual Pooled Inventories (Ebola and Marburg) <i>Agenda #9</i></p> | <p>Strategic goal 1c:</p> <ul style="list-style-type: none"> Enhance outbreak and pandemic response by ensuring equitable access to vaccines including through stockpiles | <p>Up to US\$ 10m</p> | <p>n/a</p> | <p>Full amount reflected in Gavi 5.1 financial forecast</p> |
| <p>Amount remaining for future investments (Gavi 5.1)</p> | | <p>\$109m</p> | <p>n/a</p> | |

Note – the Financial Impact relating to the Gavi 5.1 strategic period refers to the financial impact on the Gavi 5.1 “Core” Financial Forecast or the COVAX AMC Financial Forecast

Section D: Actions requested of the Board

The Gavi Alliance Programme and Policy Committee **recommends** to the Gavi Alliance Board that it:

Approve a two-year extension to the Board approved US\$ 500 million in Equity Accelerator Funding (EAF) enabling countries to receive EAF disbursements until 2027, recognising that the COVID-19 pandemic has delayed design and implementation of EAF grants.

Annexes

Annex A: Gavi Balanced Scorecard

Annex B: HPV measurement framework

Annex C: Gavi 5.0/5.1 dashboard and update on key metrics

Additional information available on BoardEffect

Appendix 1: HPV Operationalisation update containing additional country details

Appendix 2: NSIPSS Mid Term Review Report (Nigeria)