

Subject **Strategy, Programmes and Partnerships** **UPDATED**

Agenda item **03b**

Category **For ~~information~~Guidance**

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. It is informed by the July release of WHO-UNICEF estimates of national immunisation coverage (WUENIC) for 2023. The Alliance remains on track with most of its Gavi 5.0/5.1 targets, with the exception of the target on zero-dose children and the coverage targets for the third dose of diphtheria, tetanus and pertussis-containing vaccine (DTP3) and first dose of measles containing vaccine (MCV1). The Alliance remains on track in supporting countries to reach introduction targets for the Gavi 5.0/5.1 period. The number of vaccine preventable disease (VPD) outbreaks remains very high, and timely detection continues to prove a challenge. The Alliance continues to work on delivering its three Gavi 5.1 ‘must-wins’. The revitalisation of the human papillomavirus vaccine (HPV) programme remains on track to reach 86 million girls by the end of 2025 despite supply challenges. The rollout of the malaria programme is also on track with 23 applications approved to date, in line with targets. Good progress has also been made on reaching zero-dose children by accelerating implementation of the Equity Accelerator Fund (EAF) and operationalising the Big Catch-Up (BCU); however, this is yet to translate into accelerating progress on reducing zero-dose children. Finally, Gavi is revising its Accountability Framework (AF) and annual high-level review process with Nigeria, in line with the Lusaka Agenda. This follows recommendations from the 2023 Gavi High-Level Mission to update the AF and align it with Nigeria’s new Sector Wide Approach.

Action Requested of the Board

The Gavi Board is requested to **provide guidance** on-the alignment of Gavi’s Accountability Framework for Nigeria with Nigeria’s Sector Wide Approach Monitoring & Evaluation framework.

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 June 2025.

Previous PPC or Board deliberations related to this topic

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

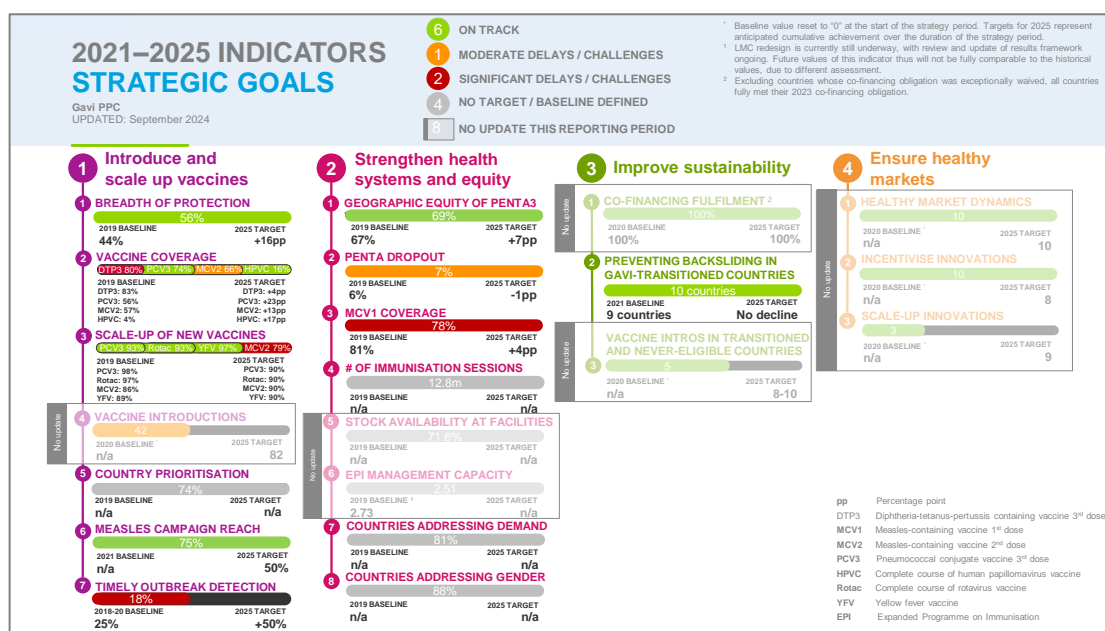
¹ Programmatic risks summarised in the Annual Risk and Assurance Report 2024 (see Doc 11)

Report

1. Progress against Gavi 5.0/5.1 mission indicators

- 1.1 As of end of 2023, the Alliance remains on track to reach all mission indicator targets by the end of the 2021-2025 period, except for the target on zero-dose children². In 2023 alone, the Alliance supported countries to immunise 69 million unique children, averted more than 1.3 million future deaths and 59 million future disability-adjusted life years (DALYs), and helped countries generate US\$ 16.6 billion in economic benefits.
- 1.2 Whilst a record number of children were reached with a first dose of diphtheria, tetanus and pertussis-containing vaccine (DTP1) in the Gavi 5.0/5.1 strategy cycle, the number of zero-dose children³ continued to increase in 2023. In 2023, there were 11 million zero-dose children in the 57 lower-income countries supported by Gavi, up from 10.5 million in 2022⁴. This represents an 18% increase since 2019, and a five percent increase since 2022. Reaching the Gavi 5.0/5.1 target by 2025 will require a 37% reduction from 2023. This calls the Alliance to redouble efforts on the zero-dose agenda and catching up missed children.

2. Progress against strategic goals



² The updated estimates on under-5 mortality will be available in December 2024.

³ Zero-dose children are those that have not received any routine vaccine. For operational purposes, Gavi defines zero-dose children as those who lack the first dose of DTP (DTP1).

⁴ The 2023 increase was largely driven by India, with 450,000 additional zero-dose children in the country in 2023.

3. Strategic Goal 1: Introduce and scale up vaccines

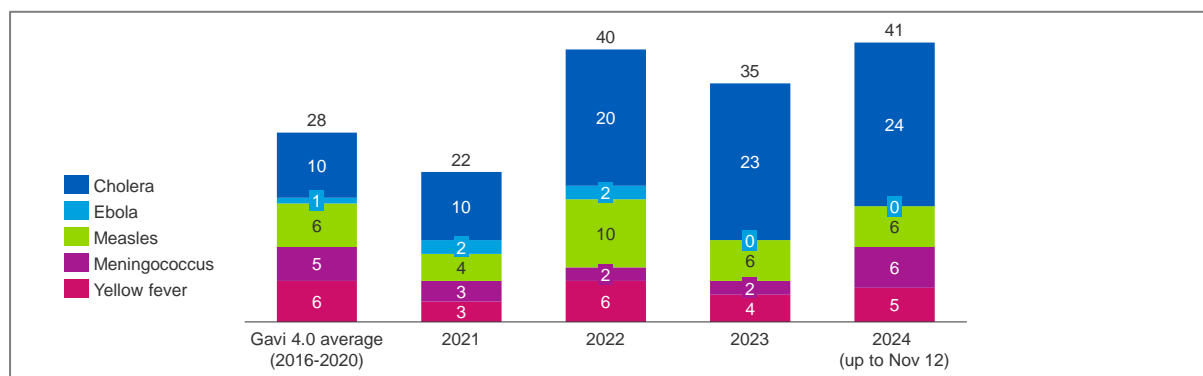
- 3.1 **Breadth of protection⁵ increased by three percentage points (pp) in 2023 and now stands at 56%**, remaining on track for the Gavi 5.0/5.1 target thanks to the relentless efforts of countries to introduce and scale up vaccines with Alliance support.
- 3.2 **The Alliance is currently on track with its Gavi 5.1 target for routine vaccine introductions in 2024.** As of end of September 2024, Gavi supported 18 introductions (against an annual target of 20) and 14 planned preventive campaigns across multiple antigens. Despite moderate delays observed in 2023, current forecasts predict that the Alliance will meet its target of 82 introductions by the end of the 2021-2025 period, mainly driven by malaria introductions. The Secretariat will continue to monitor progress against its target.
- 3.3 **Country demand for Gavi support has significantly increased since the COVID-19 pandemic and as the Alliance nears the final year of Gavi 5.1.** There is an exceptionally high number of country applications for Gavi support expected for the remainder of 5.1. As a result, projected programmatic demand is likely to exceed available funding for the remaining Gavi 5.1 period. To prioritise the projected excess country demand and manage resources sustainably, the Secretariat seeks Board approval to apply an updated Prioritisation Mechanism for Gavi's Support to Countries that will ensure that the most impactful country applications are funded in the remainder of Gavi 5.1 (see Doc 10).
- 3.4 **Vaccine preventable disease outbreaks continue to be a top risk for the Alliance, necessitating close monitoring and continued support.** As of end of mid-November, 41 outbreaks required a vaccination response with international support in 2024, with cholera outbreaks continuing to be a key driver (see Figure 1)⁶. This represents an increase versus 2023, highlighting the continued importance of Gavi's funding of vaccines for outbreak response, pressure on global stockpiles, as well as the strain on national health systems.⁷ The mpox emergency continues to be a critical challenge and concern for the Alliance and is covered in Doc 07.

⁵ 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. Except for pentavalent vaccine, in aggregate all Gavi-supported vaccines had higher coverage in 2023 than before the pandemic in 2019.

⁶ The grade 3 cholera emergency (declared in January 2023) continues and during 2024 alone, 33 countries have reported cholera with six classified to be in "acute crisis", and an additional 19 with active outbreaks as of 31 October.

⁷ 24 Oral Cholera Vaccine (OCV) requests were approved by the International Coordinating Group thus far in 2024, and since the programme opened over 150 million OCV doses were approved by the Independent Review Committee (IRC) for multi-year preventive cholera campaigns. Measles outbreaks persist in several countries, with six requests approved in 2024 by the Measles & Rubella Partnership. Meningococcal outbreaks are also on the rise, with six large requests approved in the first half of the year.

Figure 1: Trend in number of outbreak responses requiring access to vaccines from international outbreak response mechanisms⁸ over time



3.5 As noted by the PPC, the longstanding challenges to detect and respond to outbreaks in a timely manner persist due to sub-optimal surveillance, lack of robust preparedness plans and locally available resources on hand to respond. In both 2022 and 2023, only 18% of outbreaks were detected and responded to in a timely manner. The Secretariat continues work with partners on the Immunization Agenda 2030 (IA2030) Partnership Council to identify existing issues and recommend mitigating actions to improve the timeliness of outbreak detection and response. Several recommendations to improve timely access to adequate vaccine supplies and clarify and expedite processes for accessing outbreak response support are being actioned by Alliance partners. **Gavi's diagnostics programme, which increases the efficiency and effectiveness of targeted vaccinations in response to outbreaks and routine programmes, is critical to these efforts.** In 2024, roll out of cholera Rapid Diagnostic Tests (RTDs) is proceeding in 15 countries (1.5 million RDTs) with approved requests, along with a robust post-implementation learning agenda.⁹

3.6 **The revitalisation of the HPV programme led to record levels of coverage in 2023 and remains a 'must-win'¹⁰ for the Alliance in 2024.** Gavi-supported countries fully immunised more than 14 million girls with HPV vaccine with Gavi support in 2023 – more than the previous ten years combined. The total figure of 27.3 million girls reached since 2014 translates to >605,000 future cervical cancer deaths averted with Gavi support. Coverage in Gavi-supported countries also substantially improved, by eight pp to 20% for the first dose and by eight pp to 16% for the last dose in the schedule. **The Alliance is on track to meet its target of reaching 86 million of girls by the end of 2025.**

⁸ Approved by the International Coordinating Group (ICG) and Measles & Rubella Partnership (M&RP)

⁹ Additionally, investments in yellow fever (YF) diagnostics support across technologies to 22 African countries has reduced median YF testing timelines from 127 days in 2017 to 74 days in 2023, with more than a tenfold increase in the number of positive specimens referred to Regional Reference Laboratories for confirmatory testing. Gavi may expand support to include cholera molecular tests in 2025. Availability of such additional technologies in countries will enhance timely detection and response to outbreaks. Gavi's catalytic support to measles, meningococcus and typhoid diagnostics is addressing key gaps to facilitate country access to validated products and yield similar surveillance gains.

¹⁰ Annual strategic priorities critical to the Alliance's core mission, with clear, measurable targets, and chosen in alignment with partners based on the urgency and importance levels conveyed by the Board.

Reaching this target will require sustaining and improving coverage in existing programmes and launching large introductions in 2025, such as India and Pakistan. The HPV supply outlook continues to improve with recent confirmation of single-dose evidence for a third product and prequalification of a fourth HPV vaccine. However, HPV supply remains constrained to the extent that India's full communicated demand cannot be satisfied in 2025. Alliance partners continue to closely track and monitor the situation and support countries to mitigate any issues that might arise. Further details can be found in Annex B.

- 3.7 The malaria programme, another 'must-win' for 2024, continues to progress.** As of end-September 2024, 13 countries have introduced the malaria vaccine. The IRC has recommended a total of 23 countries for approval for sub-national vaccine introduction, and seven of these countries were also recommended for approval for their scale-up applications. With the successful rollout of RTS,S in nine countries and the second malaria vaccine R21 in four countries, the malaria vaccine market of two prequalified vaccines (RTS,S and R21) remains competitive and is expected to be able to meet demand with sufficient supply planning and allocation, effectively ending the supply-demand imbalance in the market. These achievements are significant and reflect continuous efforts to integrate malaria vaccination into immunisation and malaria control programme approaches. The malaria programme has also confronted some challenges, which are common with new vaccine introductions and are being addressed through targeted technical assistance and stronger partnerships and forums. Gavi, along with the Global Fund to Fight AIDS, Tuberculosis and Malaria, has identified five short-term¹¹ areas of work to increase alignment across malaria and vaccine programmes while keeping implementing countries at the centre. These areas of work will be discussed regularly at the Joint Committee Working Group, and build a foundation for the longer-term collaboration on Tuberculosis. Further details on Malaria are provided in Annex C and details on the collaboration with the Global Fund are provided in Doc 13.
- 3.8 A growing immunity gap in yellow fever is putting Alliance investments from over the last two decades at risk.** Since its inception, Gavi has provided support for the yellow fever vaccination programme with a total investment to ~US\$ 1 billion¹². However, due to low RI coverage and missed immunisations of some high-risk populations, the immunity gap is growing – particularly in adolescents and adults, posing a risk to disease spread, outbreaks, and placing at-risk Gavi investments in YF from over the last two decades. To address this, alongside enhanced efforts to strengthen RI, targeted vaccine campaigns have

¹¹ The short-term areas of work include joint guidelines on scope of support and co-financing, engaging with countries to support integrated planning and implementation, a joint monitoring and evaluation plan, exploring synergies in application and review, and streamlining global and regional coordination.

¹² YF, launched in 2000, has allowed RI introductions in 19 countries, vaccinating 167 million people to-date; Preventative Mass Vaccination Campaigns (PMVCs) in 19 countries, vaccinating 275 million individuals, 49 outbreak responses to immunise 32 million people and YF diagnostic support in 22 countries.

recently been recommended¹³. The Secretariat has developed an approach aligned to these recommendations and several scenarios to reflect these in Gavi funding guidelines, as per previous Board decisions (see Annex D to Doc 02b to the October 2024 PPC meeting). In its October 2024 deliberations, the PPC expressed a preference for the ‘differentiated & country tailored’ scenario¹⁴, given it balances public health impact, feasibility, and cost-effectiveness. The PPC also noted that in case of insufficient funding available for Gavi 6.0 after the replenishment, these investments would be subject to further prioritisation in 2025 alongside other Gavi 6.0 priorities through a Board exercise after the replenishment, in line with usual practice.

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

4.1 **Portfolio-level RI coverage has yet to return to pre-COVID-19 pandemic levels despite having improved since its lowest point in the Gavi 5.0/5.1 period (2021).** In absolute terms, Gavi-supported countries reached more children with routine vaccines in 2023. However, due to growing birth cohorts, DTP3 coverage in the 57 Gavi-supported countries remained at 80% in 2023¹⁵. While Gavi57 coverage of the second dose of measles containing vaccine (MCV2) is improving, coverage of the first dose (MCV1) is not back to pre-2020 levels. The trajectory for DTP3 and MCV1 coverage remaining off track speaks to the need for continued investment to expand the delivery capacity of health systems simply to maintain coverage, in addition to introducing new vaccines and reaching chronically missed communities. **Mitigation efforts will include implementation of the Country Delivery Initiative**, as described in the CEO’s 180-day plan, which will bring together and tighten design and monitoring of initiatives implemented in countries to address challenges such as stagnation and backsliding of RI coverage.

4.2 **The zero-dose agenda, alongside the ‘Big Catch-Up’ is also a 2024 Alliance ‘must-win’.** Following a record year of Health System Strengthening (HSS) and EAF grant applications approvals, the focus in 2024 has been on grant implementation. Alliance stakeholders discussed the development of a standardised monitoring framework to enable in-depth tracking of zero-dose implementation efforts at the October 2024 Alliance Partnership and Performance Team (APPT) meeting.¹⁶ The ‘Big Catch-Up’ continues to make significant strides towards immunising children missed during the COVID-19 pandemic. The Alliance has concluded the application and review phase, fully

¹³ By the Eliminate Yellow Fever Epidemics (EYE) Strategy, Strategic Advisory Group of Experts on Immunization (SAGE) and the AFRO Regional Immunization Technical Advisory Group (RITAG).

¹⁴ Scenario with geography, selectivity and age group targeted varying per country, and associated with an estimated cost of ~110 million and impact of ~9000 deaths averted.

¹⁵ It is worth noting that Gavi-supported countries in Africa improved coverage of DTP3 from 72% to 73%, a welcome improvement after seeing limited recovery in 2022.

¹⁶ Additionally, Full Portfolio Planning (FPP) has continued into 2024, with eight HSS and four EAF applications recommended for approval by the IRC for new Gavi support, totalling US\$ 287 million.

committing the US\$ 290 million envelope¹⁷ to support 35 countries and is now shifting focus to implementation. 80 million vaccine doses have been shipped to countries to date and countries have begun submitting their first quarterly monitoring reports. Early insights suggest nearly 20 countries have started implementation and the 12 countries which have submitted full reports to date had reached 15% of the target population with a first dose of pentavalent vaccine by the end of September. Some countries – like Mozambique and Tanzania – are more advanced and have reached a significant portion of their zero-dose children. Key success factors reported by countries include high-level political engagement, robust community mobilisation, strong microplanning and integrated service delivery strategies. Key challenges include mobilising communities, operational funding, identifying missed children and access issues. Risks to effective BCU implementation remain significant, as noted in the last update to the PPC and Board¹⁸, and the Alliance Task Team is actively monitoring these.

- 4.3 **The implementation of the Gender Policy continued to progress in 2024** with six countries (100%) having included interventions to address gender-related barriers to immunisation in their HSS/EAF applications, compared to 29 (88%) in 2023 and six (67%) in 2022. However, there remains significant variability in the quality of the proposed gender interventions, and the Alliance is scaling up specific gender technical assistance to support countries in the design and implementation of their programming (see Annex D for more details). **Implementation of the Civil Society and Community Engagement (CSCE) approach is also well underway.** A total of 16% (US\$ 250 million) of approved funding, across HSS, EAF and Targeted Country Assistance, was allocated to Civil Society Organisations (CSOs) over 2022-2024. This is well above the Board-approved minimum target of 10%. To date, these allocations have been translated into engagement with ~212 CSOs, of which 178 are local CSOs.
- 4.5 **The Gavi Private Sector Engagement Strategy, approved by the Gavi Board in December 2021, has significantly contributed to greater impact through private sector partnerships.** Since then, Gavi has increased cash contributions from the private sector by US\$ 366 million total¹⁹ (driven by both core RI efforts and COVAX) with more than 40 expertise-based partnerships enhancing effectiveness and efficiency of vaccine delivery in Gavi-supported countries. Challenges remain with surfacing and matching country needs for private sector expertise and innovation, creating market and impact-driven incentives to scale innovative solutions, and leveraging private sector champions to effectively advocate for Gavi. To meet these needs, a Scale Up Fund mechanism is currently in development for Gavi 6.0, and the Private

¹⁷ Gavi allocated ~198 million vaccine doses to 35 countries valued at nearly US\$ 270 million and additionally approving nearly ~US\$ 20 million in technical assistance support to 20 countries and regional offices.

¹⁸ While efforts continue to manage these risks, exhaustion of the BCU envelope limits the available solutions to do so. Nevertheless, there is not a clear case to request more funding from the Board at this stage given the potential to find savings in already committed funds and the time lag in identifying new funding

¹⁹ Excluding the Bill & Melinda Gates Foundation

Sector Investors Group is progressing toward its planned launch in the first quarter of 2025. For more details, see Annex E.

5. Strategic Goal 3: Improve Sustainability of Immunisation Programmes

5.1 **Despite macro-fiscal challenges and a 33% increase in co-financing obligations, 100% of countries fully paid their 2023 obligations**, excluding four countries which received a waiver due to severe humanitarian crises²⁰. The amount of co-financing paid by Gavi-supported countries was US\$ 215 million, crossing the US\$ 200 million annual mark for the first time and bringing total co-financing contributions since 2008 to US\$ 1.7 billion. In 2023, Gavi estimates that 79% of co-financing obligations were met from domestic budgetary resources²¹. The success of co-financing in 2023 reflects countries' continued strong commitment to robust immunisation financing.

5.2 **For 2024, co-financing obligations currently amount to ~US\$ 270 million, an increase of 26% from 2023**, increasing pressure on Gavi-supported countries. Despite this increase in co-financing obligations, the percent of countries that have partially or fully met their obligations as of 31 of October 2024 was 89%, amounting to US\$ 240 million²². Five waivers have been approved in 2024 due to humanitarian crises for a cost to Gavi of US\$ 8.3 million.²³ Risks remain with regards to co-financing obligations and transition preparedness for some countries in the medium term, and these are being considered in the review of Gavi's eligibility, transition and co-financing policy as part of the **Funding Policy Review (FPR)** (see Doc 06bii). Gavi's proposed new Health Systems strategy for 6.0 also includes an increased focus on programmatic sustainability, differentiated support and starting preparations earlier in the transition process (see Doc 06bi).

5.3 **Nigeria released a preliminary version of the Sector Wide Approach (SWAp) Monitoring & Evaluation framework** in September, outlining a set of core indicators and a joint annual review process for the health sector. A Gavi high-level mission reviewed performance against Accountability Framework during the first SWAp Joint Annual Review (JAR) from 6-8 November in Abuja. A proposal to adopt select SWAp indicators along with key Gavi and Government of Nigeria indicators to cover programmatic performance, health financing and mutual accountability was discussed at the 20 November PPC meeting. PPC members noted the importance of success in Nigeria and for Gavi's mission, commended the progress in Gavi's engagement with the Government of Nigeria and acknowledged the example that has been set for

²⁰ Somalia, Sudan, Syria and Yemen

²¹ Nigeria used funds borrowed from the World Bank and this accounted for another 19% of co-financing, leaving just 2% met from non-domestic grant financing in the form of Official Development Assistance (ODA) and 0.19% as World Bank grants

²² There are however significant delays in Small Island Developing States (SIDS), including Sao Tome and Principe, Solomon Islands, and Papua New Guinea. SIDS will be given a special consideration in the Funding Policy Review (see agenda item 6bii).

²³ Waivers have been approved for Afghanistan, Somalia, Sudan, Syria and Yemen. Total co-financing waived for 2024 amounts to US\$ 15.3 million, from which US\$ 8.3 million will be replenished at a cost to Gavi. In addition, two waivers for 2025 have already been approved for Somalia and South Sudan for a total of US\$ 1 million.

~~other global health institutions with respect to the Lusaka Agenda. PPC members supported the direction proposed by the Secretariat to revise its Accountability Framework and annual high-level review process in line with the Lusaka Agenda and recommendations from the 2023 Gavi High-Level Mission. The Board is requested to provide guidance on the proposal to align Gavi's Accountability Framework for Nigeria with Nigeria's Sector Wide Approach Monitoring & Evaluation framework- (see Annex F for more details). Based on this, Gavi is revising its annual Accountability Framework and high-level review process with Nigeria, in line with the Lusaka Agenda. This was discussed with the Government of Nigeria during a high-level mission to the 6-8 November 2024 Health Sector Wide Joint Annual Review and will be discussed at the 20 November 2024 PPC meeting.~~ Additionally, there is a strong possibility that Nigeria will be eligible to move back to Preparatory Transition Phase (PT) in 2026, instead of transitioning out in 2028.²⁴ This change would partially address concerns around the sustainability of Nigeria's immunisation programmes, in a context of sharp increase of their co-financing obligations in Gavi 6.0. As noted by the PPC, The-the Coordinating Minister of Health and Social Welfare of Nigeria Prof. Pate has voiced appreciation for the potential relief but also concerns it will not be sufficient for Nigeria to sustainably meet its co-financing requirements in Gavi 6.0, and therefore requested additional flexibilities to be considered. The Secretariat is examining the implications of Nigeria's potential new eligibility status and updated accountability framework on its Board approved strategy and aims to revert with an update to the Board in June 2025.

- 5.4 **Former-Gavi Middle-Income Countries (MICs) saw improvement in routine immunisation programmes and coverage levels in 2023; however, progress has been uneven.** With that, the Alliance remains on track with its objective to prevent backsliding²⁵. Ten Former-Gavi eligible countries²⁶ maintained or increased DTP3 coverage in 2023 or 2022 compared to 2019. Under the MICs Approach, four fragile countries have been receiving fragility support²⁷, including the recent approval of a US\$ 11 million request from the occupied Palestinian territory (oPt) for RI vaccines and related critical Technical Assistance for 2024-2025.

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

- 6.1 Updates on Strategic Goal 4 indicators were included in the May 2024 PPC paper; an update on the top risk of supply shortages, disruptions and stockouts is available in the Risk & Assurance report (see Doc 11). Updates on market

²⁴ Due to revised eligibility thresholds from Gavi 6.0 and / or the drop in their GNI p.c. According to July 2024 World Bank data Nigeria's GNI p.c. has dropped from US\$ 2,160 in 2022 to US\$ 1,930 in 2023.

²⁵ Taking the most recent two-year period, the S3.2 indicator captures former-Gavi eligible countries in which DTP3 coverage has held constant or increased in at least one year compared to coverage in 2019

²⁶ Armenia, Bhutan, Cuba, Guyana, Sri Lanka, Mongolia, Viet Nam, Indonesia, Ukraine, Timor-Leste

²⁷ Venezuela (fragility support ended in July 2024), Lebanon (on-going) and Sri Lanka (on-going), occupied Palestinian territory (on-going)

health relevant for the Alliance's must-wins (HPV and malaria) are included in Section 3.

- 6.2 **The rotavirus vaccine market continued to exhibit an unacceptable level of market health in 2023²⁸. The health of the rotavirus vaccine market started to improve in 2024**, driven by increased availability of one of the vaccine presentations previously impacted by supply disruptions. The Secretariat expects additional improvements in supply availability starting in the first half of 2025.
- 6.3 **Supply of OCV increased by 30% in 2024 compared with 2023**, when this market was evaluated to exhibit an unacceptable level of health. A similar increase is expected in 2025. **While supply increases are materialising as planned, demand is still expected to outpace supply until 2026.** Demand predictability is improving, with over 160 million preventive doses approved, yet 2024 has been dominated so far by unforeseen outbreaks, impacting demand forecast reliability and supplier production planning.
- 6.4 **Progress continues to be made on implementing Gavi's regional manufacturing strategy.** Since the Board approval and launch of the African Vaccine Manufacturing Accelerator (AVMA) in June 2024, the Secretariat has continued to establish operational arrangements, in particular with UNICEF and Africa CDC. Further work was undertaken on options for AVMA Treasury and the use of accumulating interest, which was presented to the AFC in October 2024 for recommendation for Board decision. Systems for risk management, financial management, AVMA eligibility assessment, and partnership management are making good progress, and are on track for accommodation of potential first disbursements in 2025.

Annexes

Annex A: Technical report on Gavi 5.0/5.1 indicators

Annex B: HPV revitalisation update

Annex C: Malaria vaccine programme update

Annex D: Gender Policy implementation update

Annex E: Private Sector Engagement strategy update

Annex F: Nigeria Accountability Framework

Additional information available on BoardEffect

Appendix 1: Gavi Balanced scorecard