

JOINT ALLIANCE UPDATE ON COUNTRY DELIVERY

BOARD MEETING

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gavi.org



List of acronyms

- | | | |
|---|--|--|
| 1. BCU – Big Catch-Up | 17. HPV – Human papillomavirus | 33. TCA – Targeted Country Assistance |
| 2. CCE/CCEOP – Cold Chain Equipment / Optimisation Platform | 18. IRC – Independent Review Committee | 34. UI – Under Immunised |
| 3. CSO – Civil Society Organisations | 19. LMC – Gavi Alliance Leadership, Management & Coordination workstream | 35. UCC – Ultra-cold chain |
| 4. CDS – COVID-19 Delivery Support | 20. MAC - Multi-Age Cohort | 36. VIGs – Vaccine Introduction Grants |
| 5. DHS – Demographic and Health Surveys | 21. MCV1 – First dose of measles-containing vaccine | 37. VCF – Vaccine Catalytic Financing |
| 6. DRC – Democratic Republic of Congo | 22. MICs – Middle-Income Countries | 38. WUENIC - WHO/UNICEF Estimates of Immunization Coverage |
| 7. DTP3 – Third dose of diphtheria, tetanus and pertussis-containing vaccine | 23. MOH – Ministry of Health | 39. ZD – Zero-dose |
| 8. EAF – Equity Accelerator Fund | 24. NITAG – National Immunization Technical Advisory Group | 40. ZDC – Zero-dose children |
| 9. ELTRACO – Gavi Alliance policies on Eligibility, Transition and Co-financing | 25. OOC – One-off costs | 41. ZIP – Zero-dose Implementation Programme |
| 10. EPI – WHO Expanded Programme on Immunization | 26. PEF – Partners’ Engagement Framework | |
| 11. F&C – Fragile & Conflict Countries | 27. PCV – Pneumococcal Conjugate Vaccine | |
| 12. FED – Fragility, Emergencies and Displaced Populations Policy | 28. PHC – Primary Health Care | |
| 13. FMOH – Federal Ministry of Health | 29. PIRI - Periodic Intensification of Routine Immunisation | |
| 14. GMRs – Grant Management Requirements | 30. RI – Routine Immunisation | |
| 15. HSS – Health System Strengthening support | 31. R+MAC – Routine + Multi-age cohort | |
| 16. HI – High Impact Countries | 32. Rota – Rotavirus | |
| | 33. SIAs – Supplemental Immunisation Activities | |
| | 34. TA – Technical Assistance | |

Executive Summary (1/2)

The Joint Alliance Update on Country Delivery seeks to provide the Programme and Policy Committee progress and challenges against the Alliance's priorities in Gavi-eligible countries, reflect on learnings and celebrate joint achievements towards driving Gavi's immunisation and zero-dose agenda.

Key messages:

- The Alliance is putting concerted efforts to advance progress across the segment-wise priorities:

High Impact Countries

- There is positive progress on the subnational agenda though in some countries results are not as expected.
- A series of in-country Alliance partner workshops were conducted to strengthen Alliance Health.

Fragile & Conflict Countries

- Data quality a continued concern in Fragile & Conflict settings; ongoing measures to ensure data collection and reporting expectations are clear. Continued call to action to support these efforts Alliance-wide.
- CSO engagement and ZIP implementation underway; learnings captured driving shifts in partnerships in Sahel

Core Countries

- There is mixed progress towards transition plan roadmaps as many countries are in debt distress or at high risk. These countries are likely to benefit from the enhanced ELTRACO model as their co-financing status will get adjusted basis their gross national income.
- Notable progress made to towards advancing must-wins goals for HPV and malaria.

Executive Summary (2/2)

Middle-Income Countries

- Under the special focus to support fragile MICs, ~US\$ 20 million has been approved to support Occupied Palestinian Territory (oPT).
 - Refinement of the model for evolution of MICs approach into new catalytic phase.
- Broadly speaking, the Alliance is on track to meet its Gavi 5.0/5.1 targets associated with new vaccines.
 - However, it is off track on reaching zero-dose and under-immunised (UI) children and the coverage targets DTP3 and MCV1 as many countries have yet to recover to pre-pandemic levels. Population growth and an increased number of children living in conflict and humanitarian settings impact the achievement of the zero-dose/UI targets.
 - Gavi programming has reached an inflection point post the disruption from the pandemic with significant acceleration of zero-dose programming, the Big Catch-Up and expansion of new partnerships.
 - There is an increase in cash absorption and decrease in age of cash balances.
 - There is a 30% increase (from 2023) in co-financing obligations but 77% countries having fully or partially met co-financing obligations as of the end of September.
 - Gavi 5.1 shifts prioritised by Alliance (demand, gender, civil society organisations, supply chain) are increasingly reflected in country applications. Progress in these areas is noted in the 02b - Strategy, Programmes & Partnerships paper, Section 4.
 - The Alliance continues to address challenges that impact execution at pace such as increased vaccine-preventable disease outbreaks, global vaccine supply constraints, vaccine stock management, stretched country capacities and suboptimal data.

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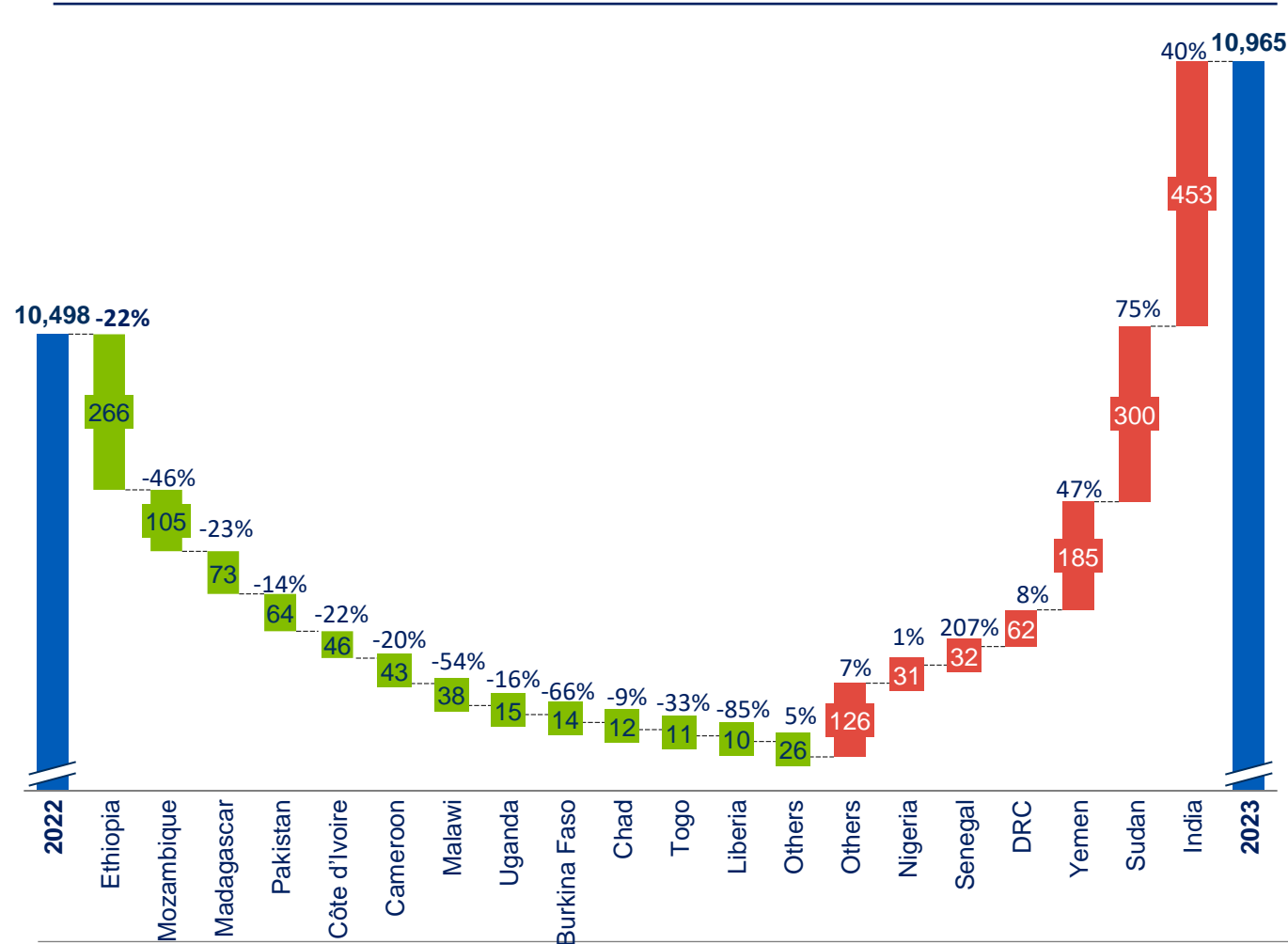
JOINT ALLIANCE UPDATE ON COUNTRY
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Programme performance

Zero-Dose children in Gavi 57: Reduction in many countries offset by large increases in a few others

Gavi57: Zero-dose children In thousands

% above bar represent percentage point change in ZD children across 2022-2023



Select countries with decrease in ZD over 2022-2023

Ethiopia: Concerted efforts by FMOH, coordinating with partners to identify and reach ZDC through campaigns conducted in 2023 (COVID-19, HPV, SIAs), as well as well as intensified outreaches and PIRI activities in Q3 2023

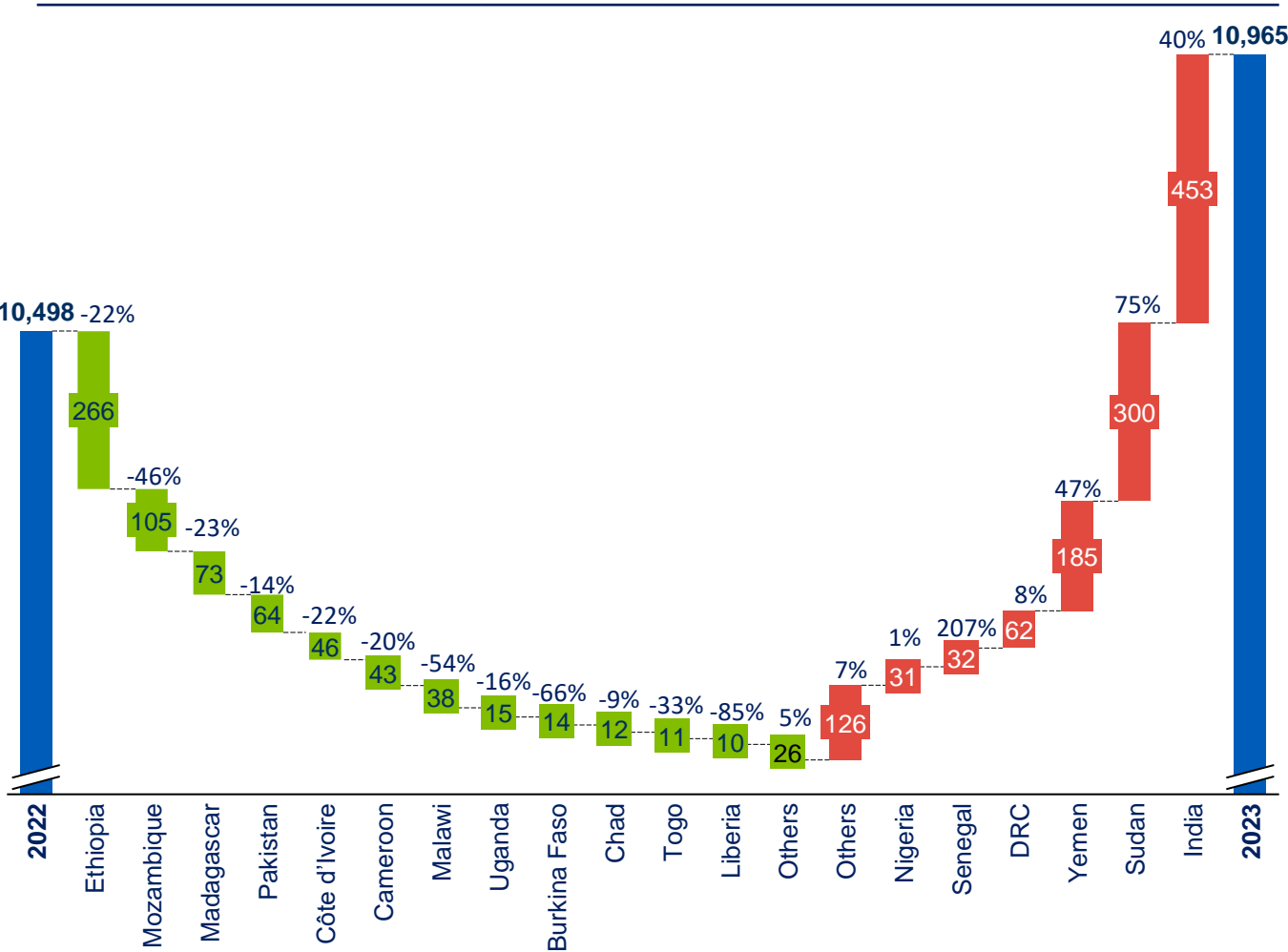
Mozambique: MOH and partners launched a Recovery Plan in August 2022, improving vaccine stock management and coverage after pandemic disruptions; improvements expected to continue into 2024-2025 through completion of BCU additional rounds, synthesised learnings, digitisation and more touchpoints

Madagascar: PIRIs conducted in Q3 2023, increasing availability of vaccines and micro-planning among drivers; improvements expected to be sustained weekly meetings of technical task force to monitor implementation and integration of routine immunisation with targeted campaigns

Pakistan: Strong provincial and federal leadership, vaccine management, good mix of fixed site and outreach service delivery among contributing factors; however, substantial variation between provinces is not reflected in WUENIC data

Zero-Dose children in Gavi 57: Reduction in many countries offset by large increases in a few others

Gavi57: Zero-dose children In thousands
% above bar represent percentage point change in ZD children across 2022-2023



Select countries with increase in ZD over 2022-2023

- India:** likely recalibration of coverage post intense catchup activities in 2022; latest coverage probably not a trend
- Sudan:** Civil war and conflict has led to collapse in coverage and >45x increase in number of ZD due to inaccessibility of large parts of country; significant disruption to service delivery and vaccine distribution
- Yemen:** In Northern Governorates where 70% of population lives, backsliding due to a shift in political commitment
- DRC:** outbreaks and healthcare worker strikes, humanitarian and security crisis in Eastern DRC among drivers
- Senegal:** healthcare workers have withheld reporting data as part of strikes which started in Oct 2022; RI activities are happening and negotiations expected to end strikes
- Nigeria:** coverage has been held flat since 2021 due to data quality concerns; based on the recent DHS survey downward adjustments anticipated to WUENIC

Gavi programming has reached an inflection point post the disruption from the pandemic

Foundations (2020)

- Strong foundation for ZD programming with key **strategic shifts, guidance and tools established** – including launch of EAF – in early years of 5.0 **strategy** building on Gavi 4.0 progress and lessons

C-19 Disruption (2020-2022)

- ZD activities**, including EAF applications, were **significantly delayed by the pandemic**
- An estimated **67 million** children were **missed between 2019-2021**, of whom **48 million** are **ZD** and **19 million under-immunised** children and **catch-up activities delayed**

Acceleration in ZD programming (2023-2024)



Significant acceleration of ZD programming with 64 HSS and EAF approved applications in 2023-2024; Alliance focus on **ensuring quality of grant applications**, with 90% approval rate (100% to date in 2024), **and uptake of prioritised programming shifts**

The Big Catch-Up launched in 2023 with goal of reaching children missed during pandemic, institutionalizing catch-up and accelerating ZD agenda

Significant expansion in new partnerships, notably through ZIP programme as well as implementation of civil society & community engagement approach

THE BIG CATCH-UP!



COVID-19 (C-19) Programme: a globally positive story



Deliver C-19 Vaccines & Programme Support

- **US\$ 1.21 billion** disbursed to date = **~79%** of the total CDS envelope
- 74% of forecast met in 2024
- **US\$ 80 million** disbursed in first 8 months of 2024
- Residual US\$ 85.73 million repurposed
- 24 million doses delivered to date



Leverage learnings

- Learnings to integrate routine immunisation (RI) & primary health care (PHC)
- Guidance materials and tools on C-19 integration developed



Prepare for future outbreaks and health emergencies

- Strengthen Alliance capabilities
- Building new partnerships: Gavi-Africa Centers for Disease Control (CDC)
- Leveraging C-19 experiences and resources for mpox response and preparation for disease X

Implementation ongoing while planning for closeout by December 2025

Significant progress on CSO engagement

% Countries with fully approved FPP complying with the board decision (HSS, EAF and TCA only)

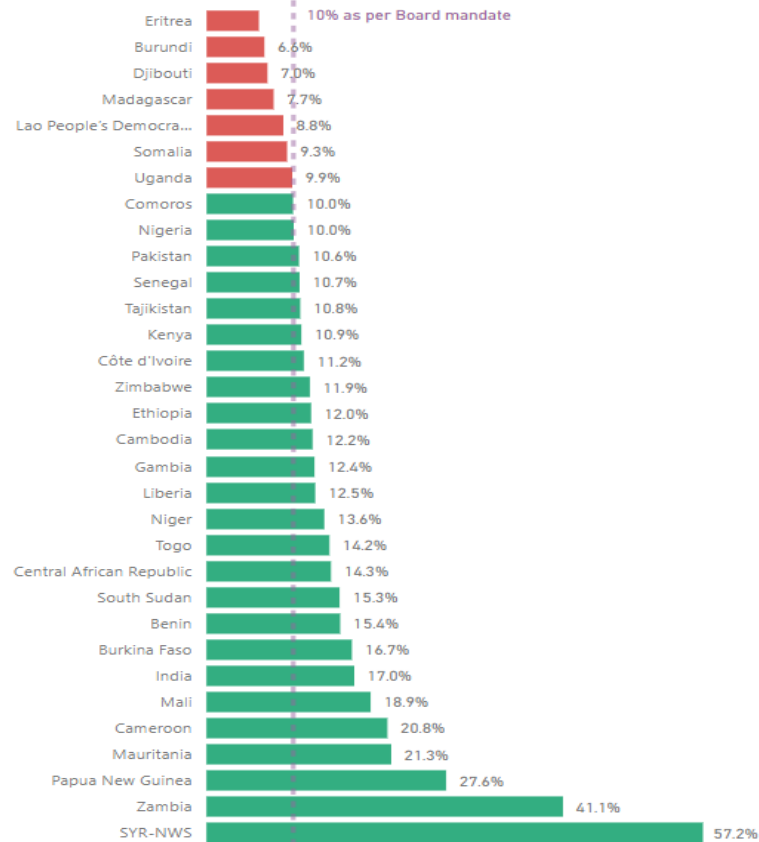


78.1%

Approved
FPPs applicatio



% of CSO allocation by Country (fully approved FPP complying with Board decision (HSS, EAF and TCA only) as at August 2024



Funds allocated to CSO against approved amount as at August 2024



16.4%

\$250.3M

\$0.0bn

\$1.5bn

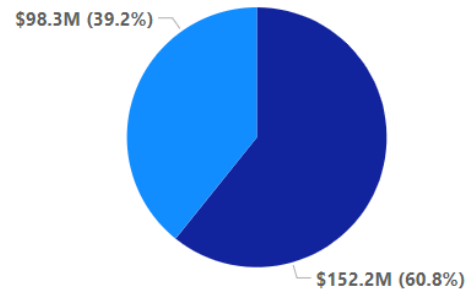
All approved
funding, FPP & S-A
applications



Allocation to CSOs by funding lever as at August 2024

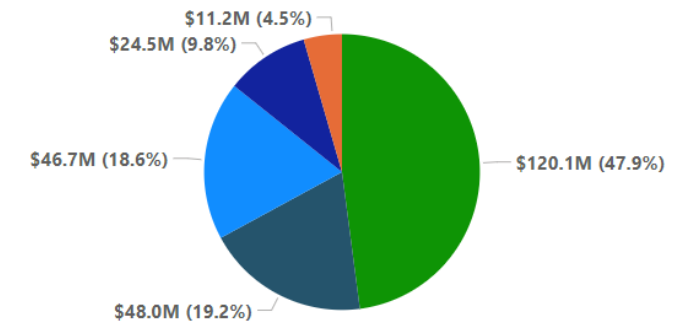


Global vs Local



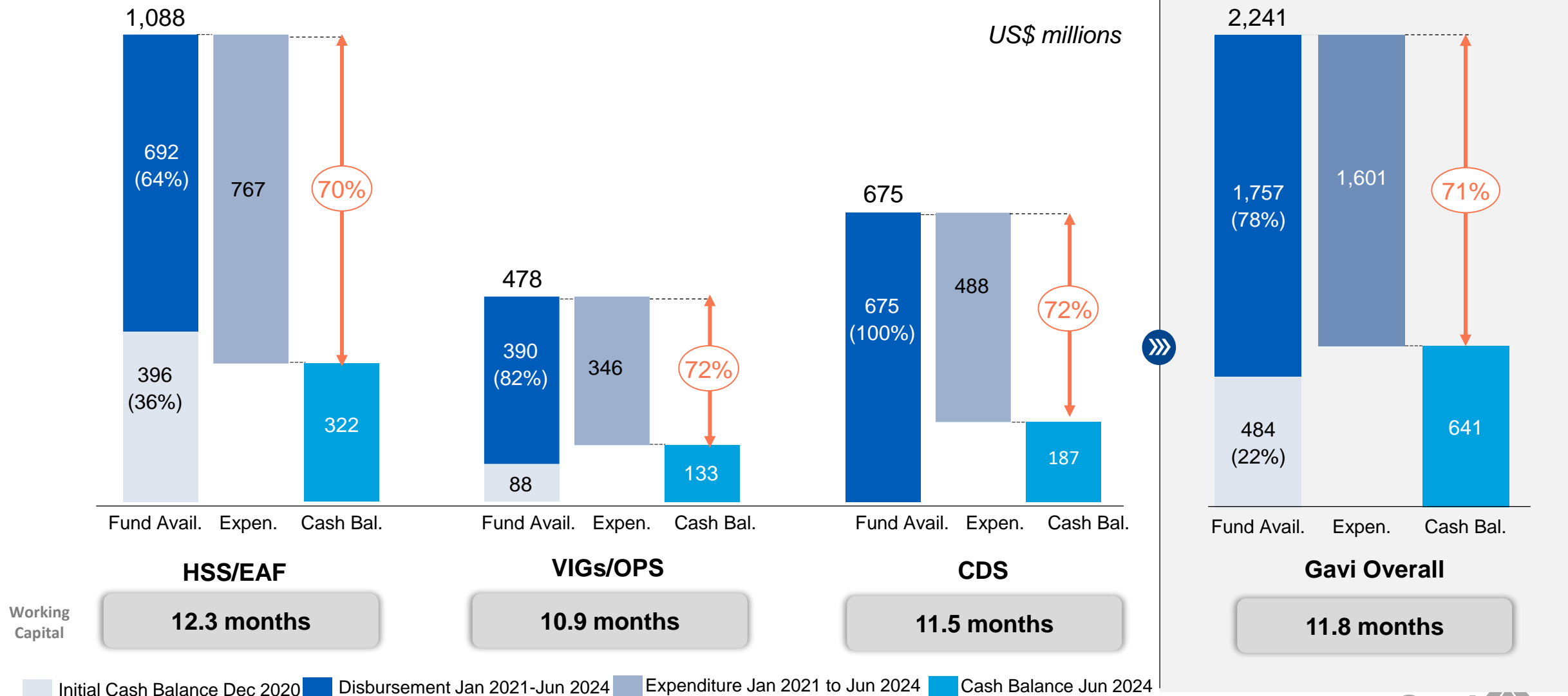
Type of CSO ● Local ● Global

Funding Mechanism



Funding Mechanism ● Direct with Gavi ● Core Partners ● Fund Manager ● Gov ● Others

While Gavi overall absorption to date (Gavi 5.1) is at 71% of funds available in country...

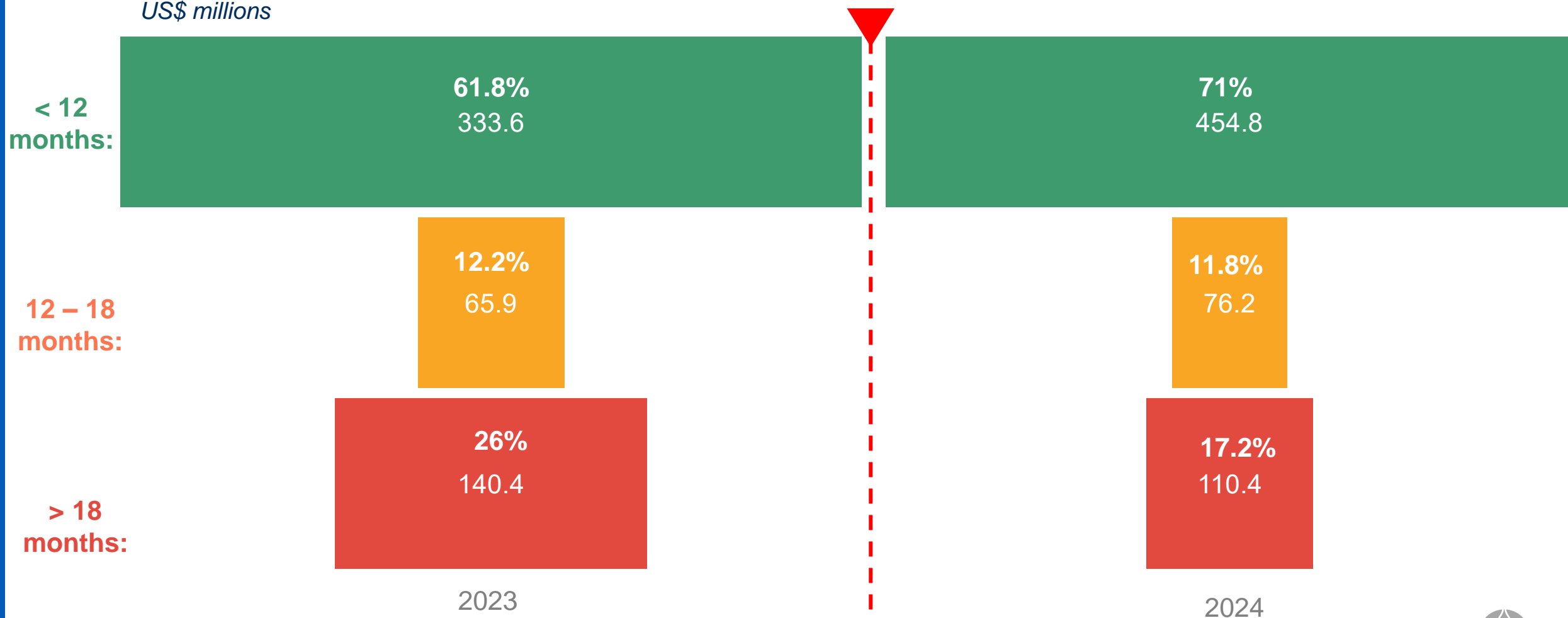


...continued efforts have helped maintain a low old cash balance (as of June 2024)

71% of the **current cash balance** now associated with disbursements made within the last 12 months.

US\$ millions

June 2024

































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Segment- specific views

Progress in subnational agenda in HI is positive though variable

	IRC-approved targeted ZD reduction plan	Functional governance and implementation arrangements	Operational fund flow mechanism in place at subnational level	Availability of subnational TA aligned to ZD reduction plans	Availability of functional accountability framework	Alliance bandwidth
DRC						
Ethiopia						
India						
Nigeria						
Pakistan						

Qualitative assessment



Significant challenges in implementation



Suboptimal implementation



Optimal implementation



Not applicable

Strengthening Alliance health at country level



We, as an Alliance, pledge to be accountable to governments and **hold each other accountable** for the delivery of expected results in keeping with agreed roles and responsibilities.

We will build on the **strengths of our Alliance** to serve the needs of countries, remove fragmentation from our support to government and align around our **shared mission**



We will adhere to agreed principles of being **transparent** and open with each other and commit to **focusing on the delivery of results**

H2 2024 Priorities and action plan – HI countries

Priority	Actions
① Execute at pace	<ul style="list-style-type: none"> ▪ Strengthen quarterly in-country review meetings and accelerate pivot to subnational level ▪ Launch operationalisation of implementation monitoring checklist
② Sustainable pro-equity financing	<ul style="list-style-type: none"> ▪ Strengthen TCA investments in budget planning, allocative efficiency and health expenditure tracking ▪ Expand coalition of partners towards prioritisation of domestic health spending ▪ Test innovative approaches to strengthen domestic resource mobilisation for service delivery
③ HPV Must Win	<ul style="list-style-type: none"> ▪ Ensure quality implementation of delayed MAC campaign in Ethiopia ▪ Ensure timely issue resolution process following IRC approval of DRC (expected in December) and Pakistan HPV applications ▪ Follow up with Merck on status of HPV doses for India and Govt decision on timing of intro
④ Accountability frameworks	<ul style="list-style-type: none"> ▪ Complete revision of accountability framework in Nigeria and strengthen use in DRC ▪ Continue to monitor contextualized accountability framework implementation in India ▪ Accelerate adoption of contextualised accountability framework in Ethiopia and Pakistan
⑤ Use of Country Systems (UCS)	<ul style="list-style-type: none"> ▪ Accelerate disbursement of funds to complete partial return to use of country systems in Nigeria ▪ Continue assessing options for return to use of country systems for Pakistan and assist Government to implement necessary changes
⑥ Comprehensive Vaccine Management	<ul style="list-style-type: none"> ▪ Launch cross-Secretariat effort to review forecasting and supply planning processes for High Impact Countries (minus India) ▪ Improve active stock management, data visibility and reporting at national and subnational levels

Implementation of the Country Delivery Initiative which bring together the priority interventions that the Alliance will implement in each country

ZiP Results December 2022 – June 2024



845,020

Children 0-5 years

on path to
full immunisation
with first vaccines



351,910

ZDC over age 1

received first
vaccines after age 1



479,284

Children 1-5 years

fully immunised*



1.3 million doses

to Infants 0 – 1 year



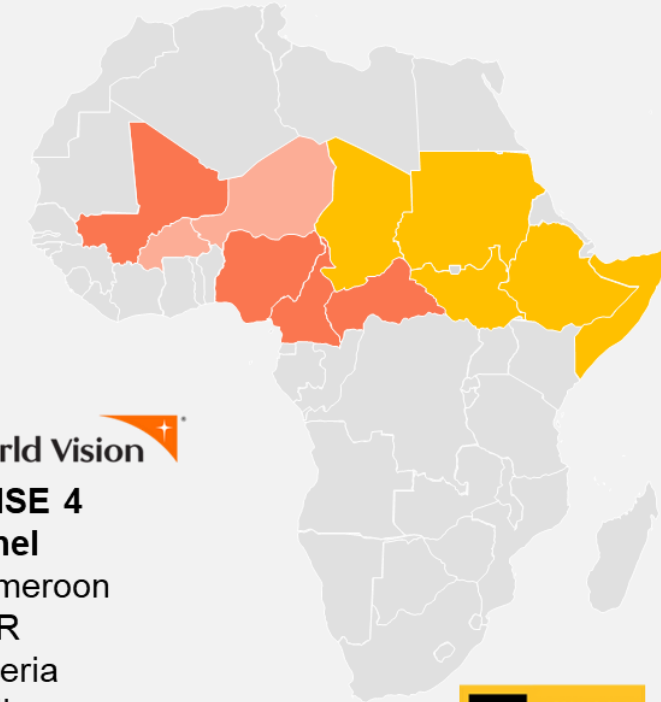
1.4 million doses

to Children over age 1

key doses** delivered through ZIP

* Full immunisation as last KPI dose within national schedule, age appropriate

**Gavi ZIP PMU tracks Penta 1 & 3 and MCV 1 & 2 as key doses that show progress along the national vaccine schedule. All doses are reported through national systems as applicable.



World Vision

**RAISE 4
Sahel**

Cameroon
CAR
Nigeria
Mali

2022-2024

Burkina Faso
Chad
Niger



REACH
















































































Chad (2024)
Ethiopia
Somalia
South Sudan
Sudan

H2 2024 Priorities and action plan – Fragile & Conflict countries

Priority	Actions
① Execution at pace	<ul style="list-style-type: none">▪ Strong execution of HSS, EAF, PEF and CCEOP grants.▪ Strengthen for grant oversight and monitoring.▪ Review WUENIC and triangulate with other data sources (for course correction)
② Data challenges	<ul style="list-style-type: none">▪ Enhance operational data to improve program decisions and address global monitoring needs.▪ Ensure systems and processes are in place to collect, integrate, and use key programme data.▪ Proactively manage vaccine stocks, anticipate risks, and closely monitor supply, while addressing existing gaps.▪ Strengthen data investments by incorporating new sources and complex analyses for decision-making and learning.▪ Serious gaps still exist needing Alliance leadership and innovation
③ Zero-dose Must Wins	<ul style="list-style-type: none">▪ EAF and BCU focus to drive ZDC reduction and ensure full immunisation in under-immunised children▪ ZIP Programming and CSO strategy reaching children beyond the limits of Gavi's traditional model
④ Fragile and conflict sub-strategy	<ul style="list-style-type: none">▪ Design Fragile and Humanitarian Approach as a subset to Gavi 6.0

Implementation of the Country Delivery Initiative which bring together the priority interventions that the Alliance will implement in each country

Mixed progress towards accelerated transition roadmaps

Country and transition status	GDP growth rate ('24) ¹ ,vs '22)	Debt level status ²	Use of country systems	Co-financing timeliness '23 , vs '21)	DTP-3 coverage (% WUENIC) '22 vs '20	Transition plan status
Laos (end of 2025)	 			 	80  	
Solomon Islands (end of 2025)	 			 	89  	
Sao Tome (end of 2026)	 			 	97  	
Bangladesh (end of 2029)	 			 	98  	
Cote d'Ivoire (end of 2029)	 			 	76  	
Djibouti (end of 2029)	 			 	59  	
Ghana (end of 2029)	 			 	99  	
Kenya (end of 2029)	 			 	90  	
Republic of Congo* (end of 2032)	 			NA	78  	

>=6%

3-6%

0-<3%

<0%



In debt distress

High risk of distress

Moderate risk

Low



Backslidden

Fully

partially



Quarter when payment was made

Quarter 4

Quarter 3

Quarter 1/2



<70%

70-90%

>90%



Delayed

On track

Completed



1. World Economic Outlook, IMF: https://www.imf.org/external/datamapper/NGDP_RPCH@WEO/OEMDC/ADVEC/WEOWORLD

2. Debt sustainability analysis, WB: <https://www.worldbank.org/en/programs/debt-toolkit/dsa>

3. Laos deposits USD with UNICEF CO the year before / early in the year so that money is available to cover cost estimates

H2 2024 Priorities and action plan for Core countries

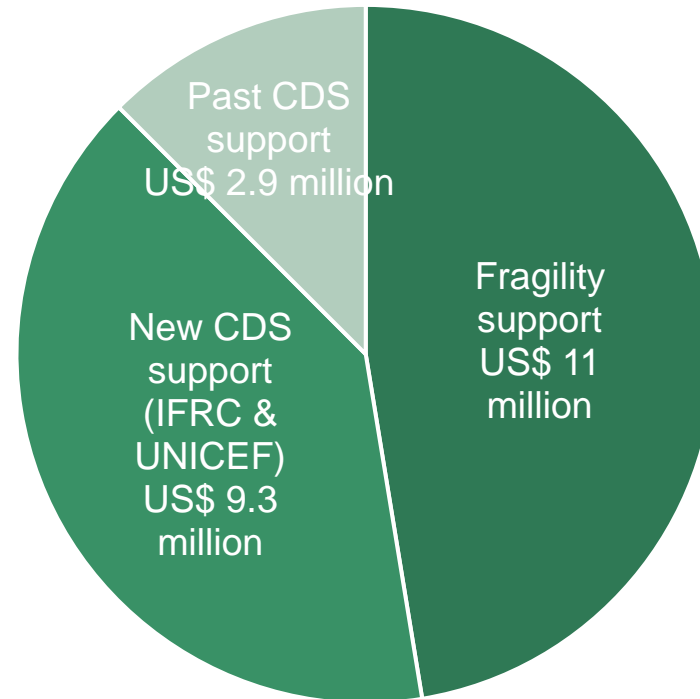
Priority	Actions
① EPI capacities	<ul style="list-style-type: none">▪ Expand LMC support▪ Regular monitoring of implementation, including joint Alliance and High-Level missions▪ EPI managers training, community health support▪ Assurance providers to support FM capacities
② Execution at pace	<ul style="list-style-type: none">▪ Further analysis of remaining 5.1 expenditure▪ Reprogramme smartly – RI recovery/strengthening focused▪ Address fund execution issues with assurance provider▪ Unblock pending GMRs/audits▪ Accelerate pending PEF TCA contracts▪ Monitor must-wins on HPV and malaria to ensure efforts are sustained
③ Countries in AT	<ul style="list-style-type: none">▪ Monitor implementation of roadmaps and meeting of milestones▪ Support product optimisation in all AT countries.▪ Advocacy missions to secure political commitments for transition
④ Differentiation and simplification	<ul style="list-style-type: none">▪ Drive for differentiation and simplification for Core countries e.g. EVOLVE▪ Review Core Priority and Core Standard criteria, assumptions, categorisation, etc.

Update on Fragile MICs

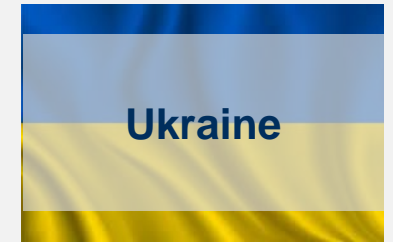


Areas of support include:

- RI vaccines and devices procurement
- Technical assistance including vaccine delivery
- Improve access to integrated essential health services.
- COVID-19 delivery services
- Engagement with International Federation of the Red Cross (IFRC) to ensure distribution to last mile in close collaboration with Alliance Partners



Note: Palestine can access vaccines at no-cost through the global **Gavi**-funded vaccine stockpiles managed by WHO's International Coordinating Group (ICG) mechanism, in the event of cholera and meningitis outbreaks.



- **Partnership Framework Agreement signed**
- **US\$ 8 million fragility support** to finance vaccine procurement and technical assistance

H2 2024 Priorities and action plan for MICs segment

Priority	Key Actions
<p>① Accelerate implementation of backsliding support (5 priority countries)</p>	<ul style="list-style-type: none"> ▪ Roll out Targeted Interventions support in Viet Nam (highest drop in DTP3 in MICs segment) ▪ High-level advocacy to accelerate implementation in priority countries (e.g. Bolivia) ▪ Address implementation delays in Honduras ▪ Continue pace of implementation of Targeted Interventions in Indonesia and Angola
<p>② Address access barriers & bottlenecks for HPV, PCV and Rota intros</p>	<ul style="list-style-type: none"> ▪ Continue close engagement with Alliance partners for introduction of critical vaccines and address vaccine supply issues (HIV) ▪ Continue NITAG strengthening activities as well as community engagement ▪ Continue engaging with small island development states missing key vaccines (e.g. St Vincent, Grenada, etc.) ▪ Support countries to prepare for new HPV vaccine introductions, particularly in Angola, Viet Nam and Philippines through TA
<p>③ Special focus protecting RI in Fragile countries</p>	<ul style="list-style-type: none"> ▪ Roll out of Fragility support to occupied Palestinian territory (oPt) – RI vaccines and critical TA ▪ Support Sri Lanka to gradually take over financing of RI vaccines in 2025 ▪ Monitor Venezuela's immunisation programme as MICs Fragility support ends
<p>④ Evolution of MICs Approach into new Catalytic Phase</p>	<ul style="list-style-type: none"> ▪ Refinement of the model and scope for PPC and Board decision, emphasis on increasing vaccine access for all countries in the Catalytic Phase.

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Programmatic deep dives

Big Catch-Up: implementation is well under way with a strong systems strengthening component

Implementation



Ethiopia



Integrated outreaches ongoing – so far reached 16% target (623,134 children >1 year old)



Burkina Faso



Integrated services, multi-antigen catch-up - reached 39% target (41,000 children)



Tanzania

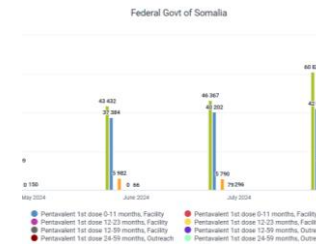


98% target (967,000 children >1 year old) reached through PIRs

Systems Strengthening



Somalia



Disaggregating age data in national HMIS/DHIS2 systems



Cameroon



Adapting real time monitoring tools to track age groups (12-23 months and 24-59 months)



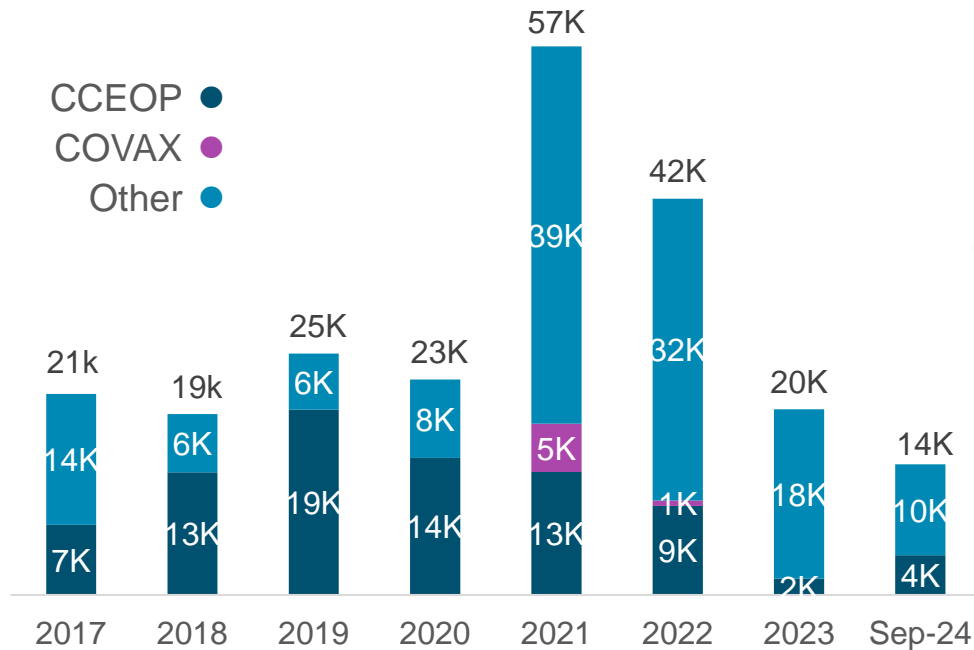
Syria



Change in age eligibility policy

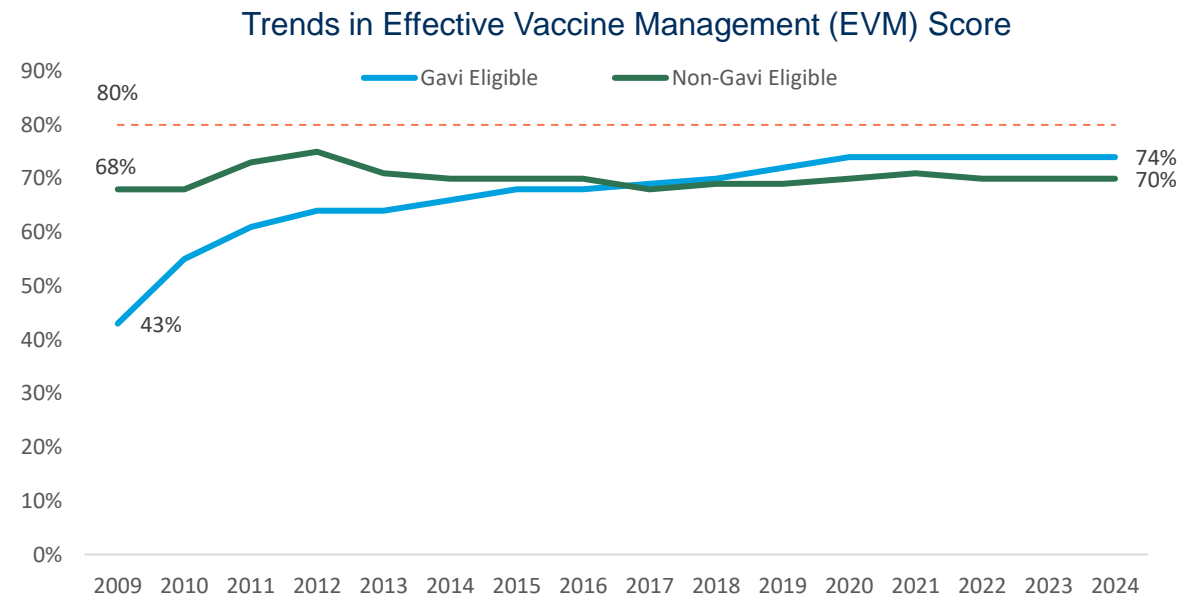
Gavi investments led to improved CCE expansion and functionality

Number of Units: Gavi-supported procurements of Solar-Powered / Mains Powered Cold Chain Equipment: 2017 – September 2024



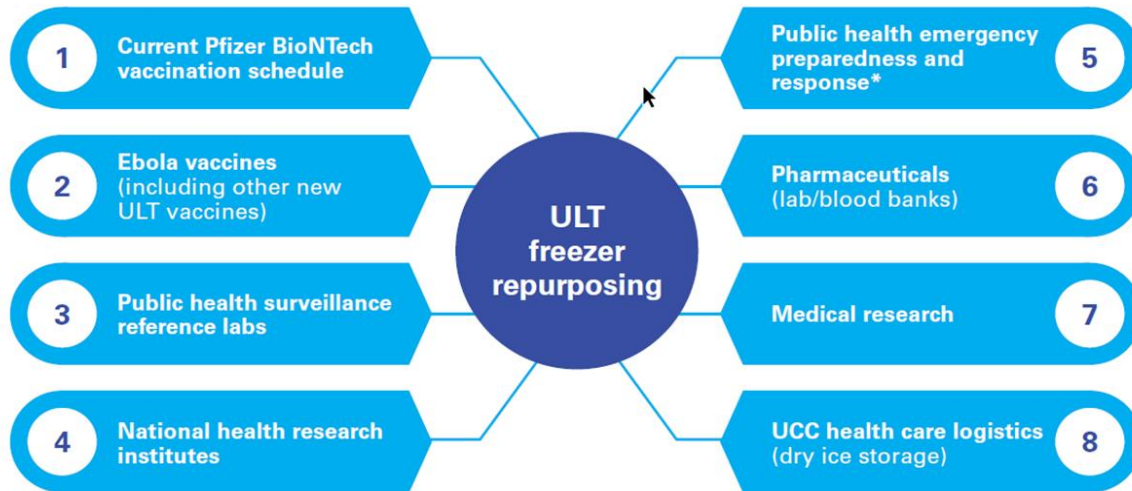
- Gavi invested ~ US\$ 400 million into CCE procurement since 2017
- Gavi 4.0 **CCEOP has been essential** for **replacement** (48% cold chain units) and **extending reach** (38.8%) across 51 countries*
- Overall **CCE equipment functionality is 93% in 2023**
- CCE performance monitoring has been strengthened through engagement of countries on temperature data use ahead of EMS rollout (Progress: 14 countries June to date)
- C-19 pandemic and joint investment have delayed scale-up of Gavi 5.0 procurements

- In Gavi-eligible countries, **EVM scores improved from 43% in 2009 to 74% in 2024**, compared to limited/no improvement in non-Gavi countries.



UCC repurposing guidance disseminated and used by countries to maximize COVAX investments

Guidance on Repurposing of ULT freezers (prioritized order)



Further engagement with countries to maximize COVAX investments based on the guideline is ongoing with focus on countries that have not yet planned for UCC repurposing.

Based on the 53 Gavi-eligible countries:

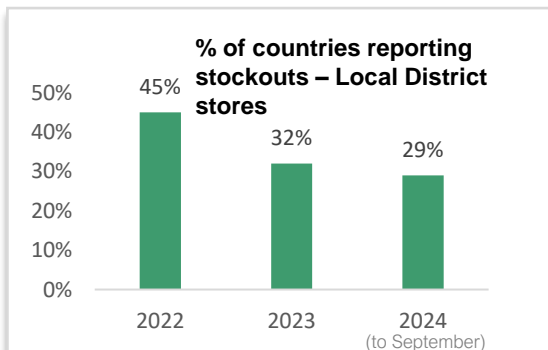
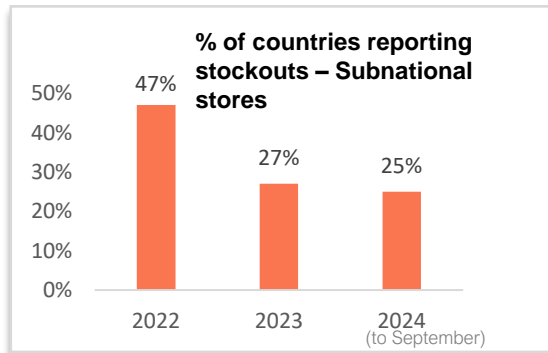
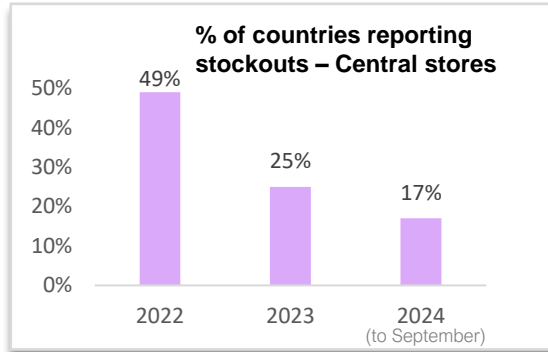
15 countries have repurposed UCC for pandemic preparedness and response, vaccine/icepack freezers, lab/blood banks, Ebola vaccine

5 countries have completed plans for UCC repurposing

13 countries are considering the development of UCC repurposing plan

20 countries do not plan to repurpose their UCC

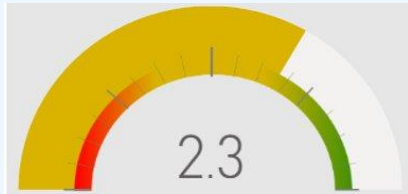
Sustained investments in monitoring & management of vaccine stocks paying off



- **Thrive 360** and **RACI** operationalisation help support active stock management.
- **50 Gavi eligible countries report monthly in Thrive 360** with insights generated for management action
- While there is a general decline in stockouts, the **last mile** needs attention.
- **Risk index** being piloted to predict stock-outs engage countries, and trigger action.

There is a gradual uptake of 5.1 Demand Generation shifts by countries

Overall performance on key shifts in country applications



Segment-wise % funding break-down:

- HI – 43%
- F&C – 25%
- Core – 24%
- Global – 8%

Key shifts at implementation level

- 75% countries collect behavioural and social data
- 36 countries leveraged human centered design to co-create solutions with caregivers
- 63% countries with integrated demand strategy building a strong foundation for future pandemics
- 30 countries institutionalising social listening to respond to mis/dis-information
- 81% countries implemented demand strategies to address under-vaccination

Key Challenges

- Institutionalising and scaling-up new demand approaches that reach missed communities takes time and is resource intensive
- Sub-optimal triangulation, synthesis and use of information
- Weak integration of demand indicators in national data systems
- Dependence of demand on availability and quality of RI / PHC services.

Since May 2024, 12 additional countries have completed Gender Analysis to inform NIS and FPPs



© UNICEF/UNI619308/Voisard

Example: **Nigeria's** gender analysis informed FPP application

IRC Review commended Nigeria on its:

- **Thorough** gender barrier analysis
- **Inclusion of gender experts** in the FPP committee

Resulting in an enhanced focus on gender responsive and transformative interventions in the application

Completed

1. Ghana ('22)
2. PNG ('22)
3. Liberia ('22)
4. Afghanistan ('23)
5. Yemen ('23)
6. Sudan ('23)
7. Iraq ('23)
8. Syria ('23)
9. Egypt ('23)
10. **Nigeria ('23)**
11. Zimbabwe ('23)
12. Gambia ('23)
13. Mauritania (Desk review)
14. Solomon Islands
15. Rwanda
16. Philippines
17. Indonesia
18. Mongolia
19. Lao PDR
20. Malawi
21. Sri Lanka
22. Kyrgyzstan
23. Benin (desk review)
24. Burundi
25. Sierra Leone (Desk review)

+12

4

JOINT ALLIANCE UPDATE ON COUNTRY
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Vaccine Introductions

Malaria: Significant progress in programme approvals and vaccine introductions; good collaboration across Partners in many areas

Key highlights and progress



High country demand: 23 approved by IRC to date, of which 7 approved for scale up



13 countries have introduced the malaria vaccine sub-nationally thus far



Advancing learning agenda and peer support



Collaboration within Alliance and with expanded partners, global health initiative (GHI)

Recent malaria vaccine introductions



Côte d'Ivoire
(15 Jul)



South Sudan
(16 Jul)



Mozambique
(5 Aug)



Central African Republic
(22 Aug)

Progress on learning agenda

- Case control study in pilot countries
- **5 capacity building trainings and peer learning workshops conducted**

Advancing collaboration across Partners

- Alliance Partners engaging actively through forums such as MVCT¹ and AMVIRA²
- Global Fund and Gavi Alliance progressing on deliverables across areas of collaboration

¹ Malaria vaccine coordination team

² Accelerated malaria vaccine introduction and roll out in Africa

HPV: Ambitious scale of pipeline launches in 2024-2025 - on track to achieve 86 million goal

Recent developments in HPV landscape

 **Nigeria**
ph. 2 launch
May 2024 (R+MAC)

Remaining **21 states** in Nigeria launched with a MAC reaching **over 7.3 million girls** aged 9-14

 **Learning projects launch**

Gavi launched **7 learning projects in 11 countries** testing models of HPV vaccine service integration for adolescent girls

 **3rd 1-dose product**
Sep 2024

WHO endorsed single-dose usage of a **third HPV vaccine product** (Innovax HPV2) – new product option

Applications approved since May 2023: Ghana (R+MAC), Comoros (R+MAC), Cuba (VCF+OOC), Tunisia (VCF), Pakistan (R+MAC)

Targeted 2024-2025 launches & applications

13 Routine intros

Examples

 **Mali** (Q4 2024)
 **Angola** (Q1 2025)
 **Nepal** (Q1 2025)
 **Pakistan** (Q3 2025)

17 MACs

Examples

 **Ethiopia** (Q4 2024)
 **Cote d'Ivoire** (Q2 2025)
 **Sierra Leone** (2025)
 **Cambodia** (2025)

 **India**
2025 (R+MAC)

Large contributor to the Gavi 5.1 target; decision letter issued April 2024

Several MACs delayed to 2025 due to supply constraints

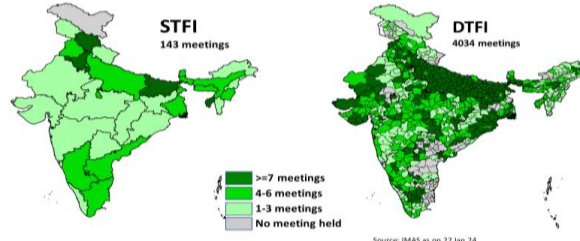
Upcoming applications (2024): Myanmar (MAC), Chad (R+MAC), Madagascar (R+MAC), Djibouti (R+MAC), Venezuela (MICs TA), DRC (R+MAC)



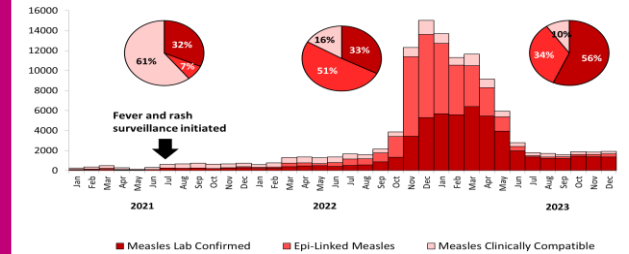
India: Using measles outbreak response to strengthen routine immunisation



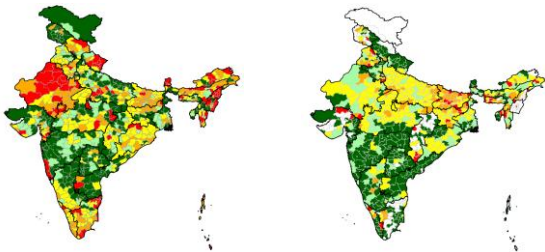
Strong political commitment



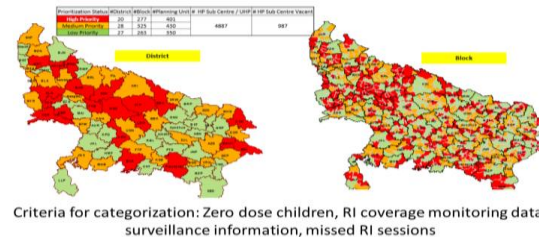
Strong accountability framework



Increased sensitivity surveillance



Good data



Criteria for categorization: Zero dose children, RI coverage monitoring data, surveillance information, missed RI sessions

Routine immunization catch up



Rapid outbreak response

Progress in deployment of pentavalent meningococcal ACWYX conjugate vaccine (Men5CV)



July 2023

WHO prequalification of the first Men5CV



October 2023

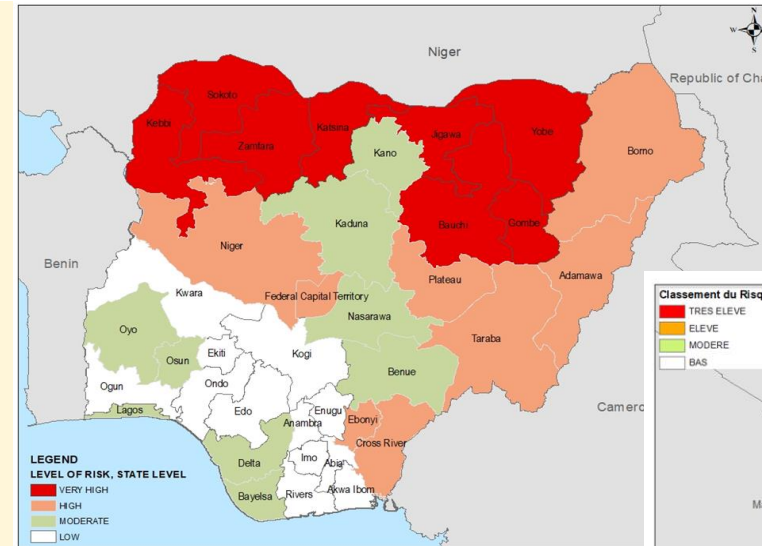
WHO recommendations on use of multivalent meningococcal conjugate vaccines in the meningitis belt (MMCV)



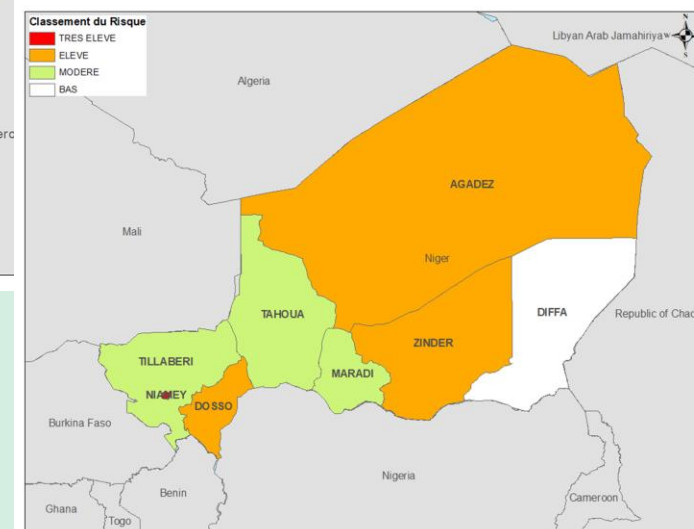
December 2023

Gavi board decision to expand the meningococcal programme to include support for MMCV

- Men5CV first used in Nigeria (2.3 million vaccinated) and Niger (2.8 million vaccinated)
- **Risk Assessment** conducted in **Nigeria and Niger**
- **Niger application** to Gavi received in this Q4 2024 IRC round: **switch from MenACV to Men5CV**
- Risk Assessment planned in Benin, Burkina Faso, Chad, Ghana, Mali and Togo Q4-2024 to Q4-2025



- **Strong commitment** of partners and Member States to **#DefeatMeningitis** and **eliminate bacterial meningitis epidemics**
- **Making the meningitis belt history is now within reach**



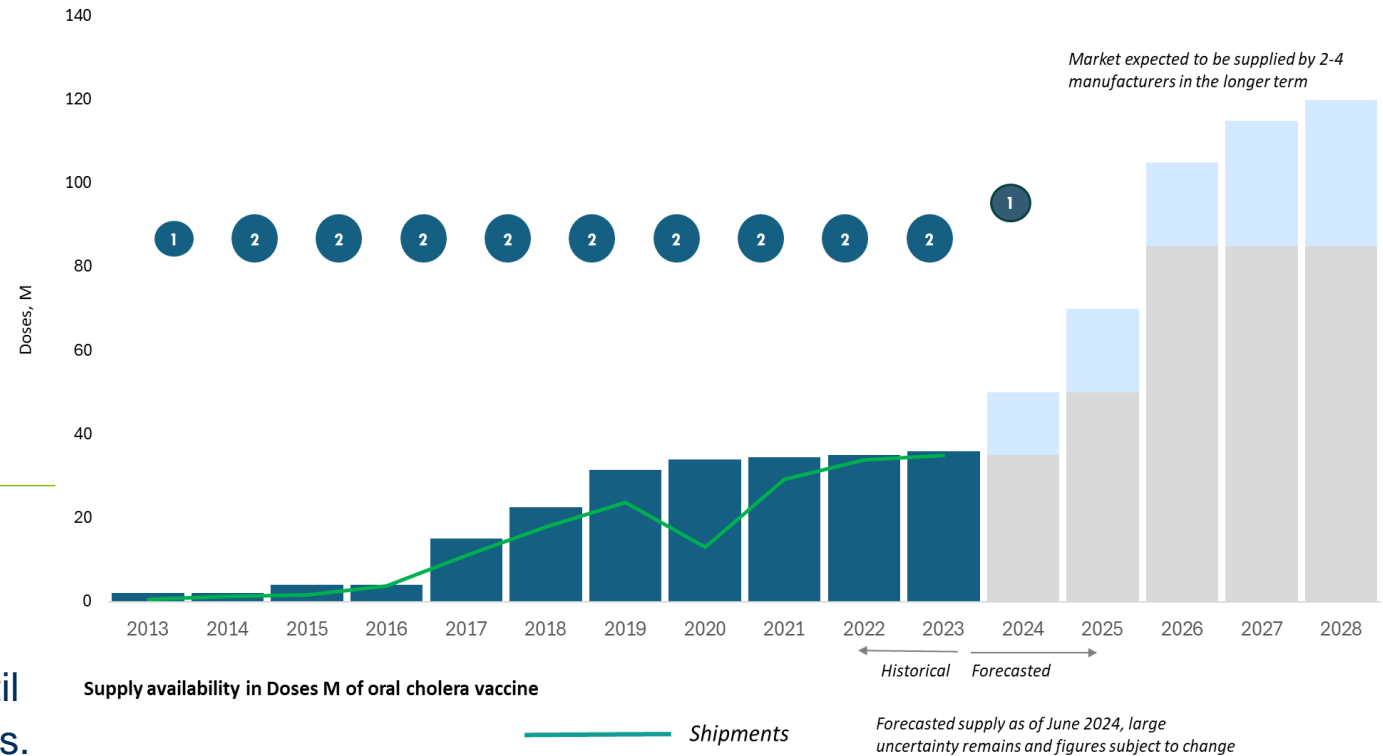
Cholera: supply looking positive, but outbreaks remain affecting many countries across the world

Vaccine Supply

- Eubionics is the sole supplier to Alliance in 2024, with 50 million doses expected in 2024.
- Production expected to expand to 70 million in 2025 & 80-110 million in 2026 onward.
- Predictable demand from preventive campaigns important, volatile outbreak-driven demand not sustainable.

Programmatic Implication

- OCV 1-dose strategy for outbreak response remains in place (since October 2022).
- Preventive campaign implementation on hold until increased supply meets outbreak response needs. DRC, Bangladesh, Mozambique have IRC-approved applications.
- With **stockpile replenishment speed doubling** starting in Q4 2024, strategic decisions required for effective use of available doses both for outbreak prevention and response.
- Countries encouraged to continue multi-sectoral cholera prevention & control planning, resource mobilisation, and implementation.



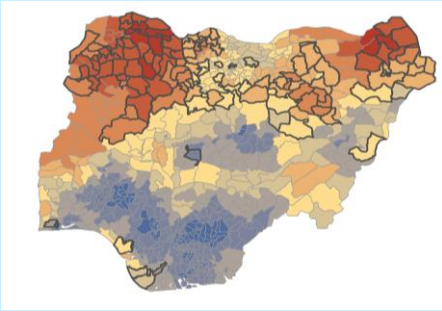
JOINT ALLIANCE UPDATE ON COUNTRY
PROGRAMMES

Looking ahead

5

Looking Ahead: Focus areas for the Alliance for 2024

High Impact Countries



- Maintain **execution focus** on approved Gavi 5.1 grants
- Accelerate **subnational programming** pivot
- Follow-up on initiatives to **strengthen Alliance health** & improve ways of working
- Focus on **'Improve'** to review resources + simplify business processes & tools

Fragile & Conflict Countries



- Develop Fragile & Humanitarian Approach
- Execute on Gavi 5.1 cash grants and ZIP learnings
- Vaccine launches: PCV/Rota, malaria and HPV
- **FED operationalisation underway**

Core Countries



- **HPV, measles, malaria, cholera**
- **Stagnating countries and drop-out DTP 1-3, MCV2.**
- Countries in **accelerated transition**
- Advocacy **political will, domestic financing**

Middle-Income Countries



- Accelerate **backsliding** support implementation
- Address access barriers & bottlenecks for **new intros** (HPV, PCV, Rota)
- Special focus protecting RI in **fragile MICs**
- Evolution of MICs Approach into **new Catalytic Phase**

Enhance TA, strengthen EPI capacity, support countries to channel funds back to country systems, the Big Catch-Up RI recovery plan

Thank you