JOINT ALLIANCE UPDATE ON COUNTRY DELIVERY

BOARD MEETING
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1-2 July 2026, Geneva, Switzerland

gavi.org

List of acronyms

1. AT – Accelerated Transition
2. BCU – Big Catch-up
3. BD HepB – Hepatitis B vaccine birth dose
4. CCE/ CCEOP – Cold chain equipment optimisation platform
5. CSO – Civil Society Organisations
6. CDS – Covid-19 Delivery Strengthening
7. CRS – Congenital rubella syndrome
8. DHS – Demographic and health surveys
9. DRC – Democratic Republic of Congo
10. DTP3 – Third dose of diphtheria, tetanus and pertussis-containing vaccine
11. EAF – Equity Accelerator Fund
12. ELTRACO – Eligibility, Transition and Co-financing
13. eLMIS – Electronic Logistics Management Information System
14. EPI – Expanded Programme on Immunisation
15. F&C – Fragile & Conflict Countries
16. F&H – Fragile & humanitarian approach
17. FED – Fragility, Emergencies and Displaced Populations policy
18. FMoH – Federal Ministry of Health
18. GMRs – Grant Management Requirements
19. GRM – Gavi Resilience Mechanism
20. Hexa – Hexavalent vaccine
21. HSS – Health Systems Strengthening
22. HI – High Impact Countries
23. HPV – Human Papilloma Virus
24. INGOs – International Non-governmental Organisations
25. IRC – Independent Review Committee
26. LMC – Leadership, management & Coordination
27. MAC – Multi-age cohort
28. MCV1 – First dose of measles containing vaccine
29. MICs – Middle-Income Countries
30. MMR – Mumps, Measles, Rubella
31. MOH – Ministry of Health
32. NITAG – National Immunisation Technical Advisory Groups
33. OOC – One-off costs
34. PEF – Partners engagement framework
35. PCV – Pneumococcal conjugate vaccine
36. PIRI - Periodic Intensification of Routine Immunisation
37. RI – Routine immunisation
38. R+MAC – Routine + Multi-age cohort
39. Rota – Rotavirus
40. SDG-PF– Sustainable Development Goals Programme for Results
41. SIAs – Supplemental immunisation activities
42. SIDs – Small Island Development States
43. TA – Technical Assistance
44. TCA – Targeted Country Assistance
45. VCF – Vaccine Catalytic Financing
46. VPOP – Vaccine portfolio optimisation
47. WUENIC - WHO/UNICEF Estimates of National Immunisation Coverage
48. ZD – Zero-dose
49. ZDC – Zero-dose children
50. ZIP – Zero-dose Implementation Programme

Executive Summary

2025 marked a pivotal year for the Alliance, shaped by significant budget reductions alongside the launch of Gavi 6.0. The December 2025 Joint Alliance Update centered on the WUENIC data published in July 2025, showing trends since the start of the strategy until 2024. A full assessment of Gavi-eligible countries' performance will follow in October 2026, after the release of the WUENIC data in July 2026.

This Joint Alliance Update reflects on the Alliance's achievements during the Gavi 5.0/5.1 strategic period, highlighting key results, lessons learned, and critical insights that have informed the strategic and operational shifts embedded in Gavi 6.0. It underscores the importance of sustaining momentum while adapting to a more constrained resource environment.

Looking ahead into Gavi's 6.0 strategic period, the update also outlines how the Alliance is evolving in response to these changes and strengthening ways of working to drive greater efficiency and impact. It places particular emphasis on reinforcing delivery at the country level, ensuring that despite reduced resources, the Alliance remains focused on delivering impact at country-level, maximising outcomes and accelerating progress in line with the Gavi Leap.

Further, as part of the Gavi 6.0 restructure and the evolution of the Middle-Income Countries' approach to the focused Catalytic Phase, the Country Delivery Department (CDD) has moved from 4 segments (High Impact Countries, Fragile & Conflict Countries, Core Countries and Middle-Income Countries) to 3 segments combining High Impact and Accelerated Transition Countries into one segment. Despite this consolidation, High Impact countries and Accelerated Transition countries continue to have distinct priorities and tailored approaches. There are no changes in the Fragile & Conflict countries and Core countries segments. The segmentation approach will continue to foster strong learnings and targeted interventions based on country contexts.

SECTION 01

Building on success and *leaping* into Gavi 6.0

Looking back: the Alliance delivering results together in Gavi 5.1 (2021-2025)

279[1] million

unique children reached with routine immunisation by end 2024 against a target of 300 million

~86[2] million

girls reached with HPV vaccine ahead of schedule in 2025, achieving the target

~18.3[3] million

children aged 1 to 5 years reached with BCU by end 2025, 84% of the target

~2 billion

Doses delivered via COVAX

US$ 1.4 billion

in approved health system strengthening (HSS) support

US$ 1.1 billion

in co-financing payments

US$ 290[4] million

in approved funds allocated to CSOs *(across HSS, EAF, TCA)*

US$ 1.6 billion

in approved COVID-19 vaccine delivery support

1. *Total number of unique children reached with routine immunisation between 2000 to 2020 is 951 million, between 2021 and 2024 is 279 million, totaling 1.2 billion cumulatively.*
2. *Total number of girls reached between 2014 and 2020 is 6.66 million, and between 2021 and 2024 is 53.16 million*
3. *Among children who likely missed vaccination previously*
4. *Additional US$ 100 million were allocated to CSOs through CDS and CSO catalytic funds*

Source: Gavi Secretariat Monitoring and Performance Management Framework (MPM).

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High Impact Countries (5): delivering impact in Gavi 5.1 and offering key learnings

Key Achievements to date

- Significant immunisation gains in 5.1, **12% decline in the number of zero dose children**
- Pivoted from national-level strategies to **subnational level planning and execution**. 943 high-burden districts (~28% of total)
- **Surpassed US$1 billion in total co-financing** contributions since 2008
- **Strong local leadership & accountability**– Provincial MoUs (2) driving programmatic and financial progress in DRC
- **HPV introductions i**n Nigeria and Pakistan and MAC in Ethiopia reaching over 26 million girls

Key Learnings

- **Greater focus on sub-national governance systems** is needed to strengthen sub-national implementation
- **Early vaccine prioritisation efforts** in DRC and planning in Nigeria and DRC to inform future VPOP
- **Various priorities, including campaigns, affected RI** in some HI countries. Need greater focus on RI, whilst ensuring campaign effectiveness and integration.
- Opportunities exist for **greater cooperation with health financing institutions**

YF vaccination fixed site, Kipushi

Fragile & Conflict Countries (12): delivering impact in Gavi 5.1 and offering key learnings

Key Achievements to date

- 10 countries improved coverage since 2019, 5 declined, and one stayed constant.
- Strengthened **CSO and Humanitarian Partnerships** in reaching missed communities in non-accessible settings and informed the **F&H approach for 6.0.**
- **70 million outbreak response** vaccines delivered from ICG stockpiles to protect at-risk populations
- **21 Vaccine introductions and 35 campaigns conducted** representing 28% of total vaccine introductions in Gavi 5.0/5.1
- **9 countries introduced the malaria vaccine**
- **Niger:** first country to conduct nationwide mass preventive campaign for Men5CV, 99% admin coverage and integration with mass TCV campaign

Key Learnings

- **Context specific, risk adaptive delivery strategies** has been effective in reaching ZD (e.g. Chad, Somalia, Niger, Burkina Faso, Syria)
- **Innovative approaches** included use of GIS for monitoring and tracking (Afghanistan, Somalia);digital immunisation systems (Haiti).
- **Poor data quality** and use affects course correction at sub-national level – need for regular surveys.
- **High dependency on human resources for health costs** and **operational costs** funding

Yemen

Core Countries (39): delivering impact in Gavi 5.1 and offering key learnings

Key Achievements to date

- 37 Vaccine introductions and 75 campaigns conducted representing 50% of total vaccine introductions in Gavi 5.0/5.1
- **Cameroon:** first country to introduce malaria vaccine
- **Mozambique:** first country to: i) complete 6.0 holistic application and ii) resume preventive cholera vaccination campaigns
- Time to disbursement maintained lower than the overall CDD (8.1 months)
- More than 50% of Gavi funds channelled primarily through country systems (28% in Gavi 4.0)
- High political commitment with 6 Heads of State supporting Gavi Replenishment efforts

Key Learnings

- Sustained investment in high-level engagement is critical to drive impact
- Strong advocacy efforts can be effective in increasing domestic financing for immunisation
- Targeted investments in vaccine management resulted in +6pp in EVM score in some countries, exceeding gains for Gavi57
- Engaging Community Health Actors is an effective strategy in improving equity in immunisation
- Agile and innovative country engagement models enhance programme effectiveness and some of these have been mainstreamed in Gavi57

Middle Income Countries (45): driving impact in Gavi 5.1 and shifting to a focused scope in Catalytic Phase 6.0

Key Achievements to date

MICs

- 21 introductions (7 HPV, 7 PCV, 7 rotavirus); 3.6M children+ 2.7M adolescents reached
- Fragility Support: 5 RI programs protected, >1.4M children.
- Recovery in 10 MICs countries compared to 2019 (pre-pandemic levels).
- Sustainable introductions using the most cost-effective vaccine products.

Accelerated Transition Countries

- Domestic Financing: US $887 million co-financing mobilised in AT countries through 2025
- 98% (US$ 160 million) co-financing achieved
- Largest TCV campaign, targeting 43.7million children and adolescents and achieving 97% coverage in Bangladesh.

Key Learnings

- More fragile MICs sought support than expected due to conflicts.
- Effective advocacy for domestic financing: 98% AT co-financing paid; 89% of MICs maintain vaccine procurement budget lines.
- Mobilised additional donor (WB) and private-sector investments to reach zero-dose children in MICs.
- Peer-learning exchanges fostered practical cross-country learning for MICs e.g. in the MENA region.
- Innovative financing mechanisms, such as MFF, critical in addressing country liquidity barriers.
- Evidence based demand strategies helped reach 36,000 additional users in Angola and Viet Nam

HPV vaccination in school, Mongolia

The Alliance is also preparing to close-out key programmes by June 2026, including MICs support

	BCU	Covid-19	ZIP
Key Achievements to date	~18.3 million children aged 1 to 5 reached with at least one catch-up dose representing ~84% of BCU target and equivalent to nearly 2 cohorts of zero-dose children	• 92 countries (**AMC92**) received CDS funding • 95% of the budgeted **US$1.6 billion** CDS funds was committed • 52 AMC countries had **38 million** approved vaccine doses	• More than 31.2 million vaccine doses delivered to children ages 0-5 years across 11 countries in West Africa and the HoA. • More than 1.7 million infants reached and more than 1.4 million children 1-5 years reached with their first vaccine dose.
Key Learnings	• Catch-up vaccination requires system-wide changes (policy, data, workforce) to be routinised • Strong political leadership enables reaching missed children and communities • Catch-up vaccination strategies are critical to close immunity gaps with strong country demand to sustain it. • Effective (emergency response) delivery depends on rapid, structured Alliance coordination with dedicated staffing.	• Integrated microplanning, operational action plans & guidelines with RI processes critical to reach all target populations • Data digitalisation and use of new tools improved decision-making process • Bundle vaccines, HF solarization, improved storage capacity & waste management strengthened logistics systems • Social and behavioral change communication strategy integrated in RI planning, improved demand & vaccine uptake	• Humanitarian and CSO partnerships enable effective routine and catch-up immunisation in crisis settings, informing Gavi's F&H approach. • Negotiated access, trust, and flexibility (mobile/outreach delivery) are critical to reaching missed communities. • Strong performance management and adaptive planning drive efficiency and results.

How do we intend to sustain these gains in Gavi 6.0?

Emerging insights from Gavi 5.1

- Country capacity and management of competing priorities (outbreaks, emergencies, displacement) remains a challenge
- Limited collaboration with other health verticals
- Ad-hoc subnational engagement
- Light-touch monitoring focused on cash release and actual expenditure
- Increased co-financing and vaccine procurement costs with growing portfolios

Shifts in Gavi 6.0

- Empower countries and simplify processes through Consolidated grants, VPOP and CVBs
- Improved collaboration /leveraging of partnerships to amplify impact (WB, GPEI, TGF, nutrition, RMNCH etc)
- Structured, tactical engagement aligned subnational governance systems
- Greater focus on KPI based implementation monitoring, drawing on learnings from ZD IM
- Refined ELTRACO policy, strengthened engagement with MoF on timeliness of co-financing payments, focus on transition preparedness
- Health Systems Strategy to increase the equity and sustainability of immunisation programmes

Key shifts in the Health Systems strategy mainstreamed into guidance and application tools to deliver impact in country

Ongoing early engagement with countries to support them through these shifts

Sudan: the operational expression of Gavi 6.0 F&H approach

Cross-border & multi-corridor supply (UNICEF & CSO's)

- Darfur stock-outs reduced from months to 2–4 weeks
- Establishes alternative supply routes where national systems cannot operate
- Enables direct provision of vaccines to partners

accessible areas

Routine EPI via UNICEF & WHO

- Penta1 admin coverage rebound: ~47% (2024) → ~80%+ (2026) in accessible areas
- Restores and maintains RI through campaigns and system support
- Rebuilds service delivery platforms in accessible areas

conflict-affected areas

CSO consortium

- Routine EPI delivered across 10 conflict-affected states
- Adapts delivery approaches to operate in insecure reachable areas
- Identifies and reaches ZDC through community-based strategies

Hard to reach areas

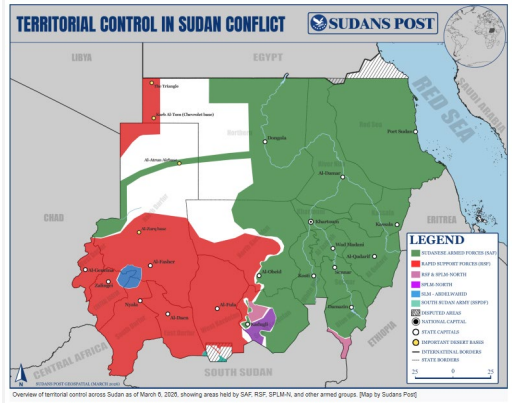
ZIP Humanitarian partnerships

- Delivers through humanitarian partners
- Agile and conflict-sensitive approaches to reach missed communities

conflict-affected areas

Outbreak & surge response (ICG / GRM)

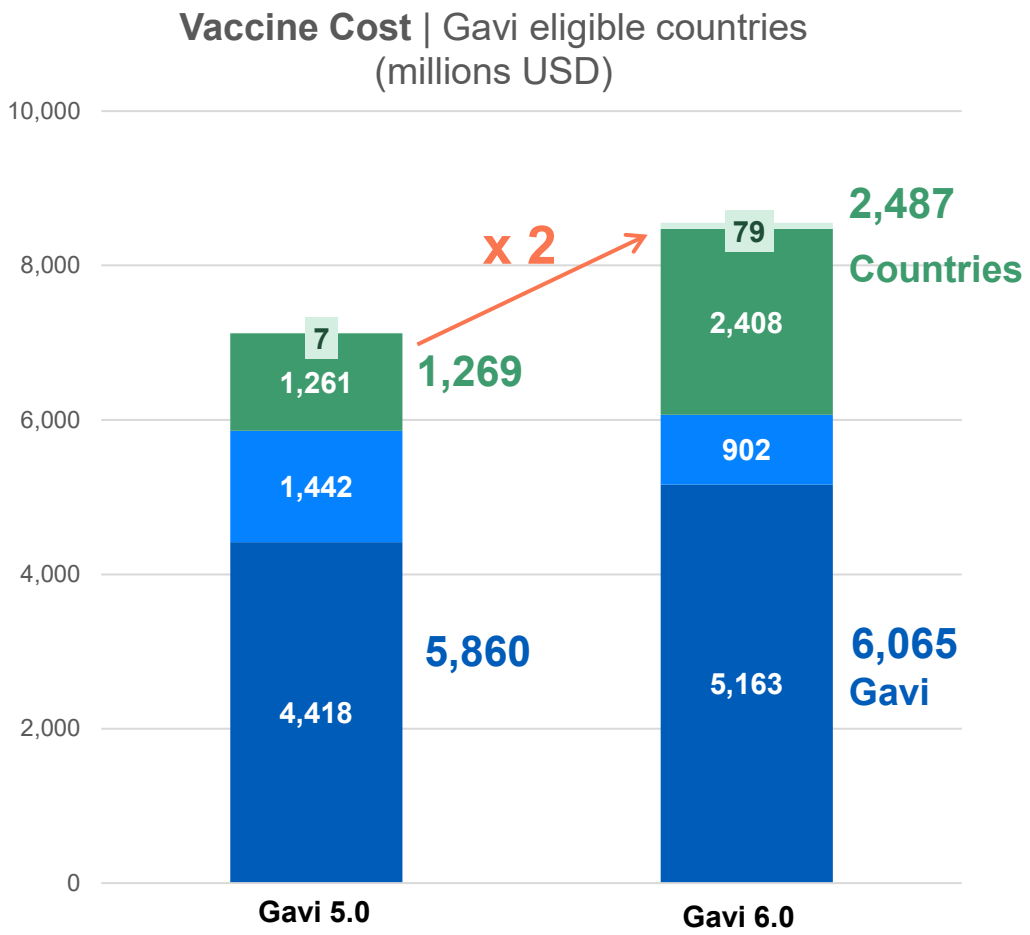
- 18 OCV outbreak response campaigns targeted 27.3M people
- Diphtheria outbreak response targeted 21.2 million people
- Enables rapid response to outbreaks and provides flexible surge support beyond planned delivery pathways



In Sudan, the Gavi F&H approach enables the immunisation programme and partners to move beyond system-bound delivery, combining multiple channels to sustain services and reach populations excluded by access constraints.

Supporting countries on an ambitious sustainability agenda

Domestic resource mobilisation must intensify as countries' contributions expected to duplicate



Note: Estimate Gavi support and countries co-financing and fully self-financing contributions for Routine Immunisation programmes and Campaigns for the entire Gavi 6.0 period (based on Gavi's Financial Forecast V23.1); includes countries transitioning in 2030

Domestic financing boost 400

1 Strengthen **MoF engagement** on country financing needs with Africa CDC, WB, and IMF

- Budgeting of Vaccines and CCE co-financing and self-financing
- Advocacy on country financing
- Alliance engagement in F&C countries to reduce risks of co-financing waiver traps
- Stockout risk reports

2 Operationalise the **MDB Multiplier** initiative

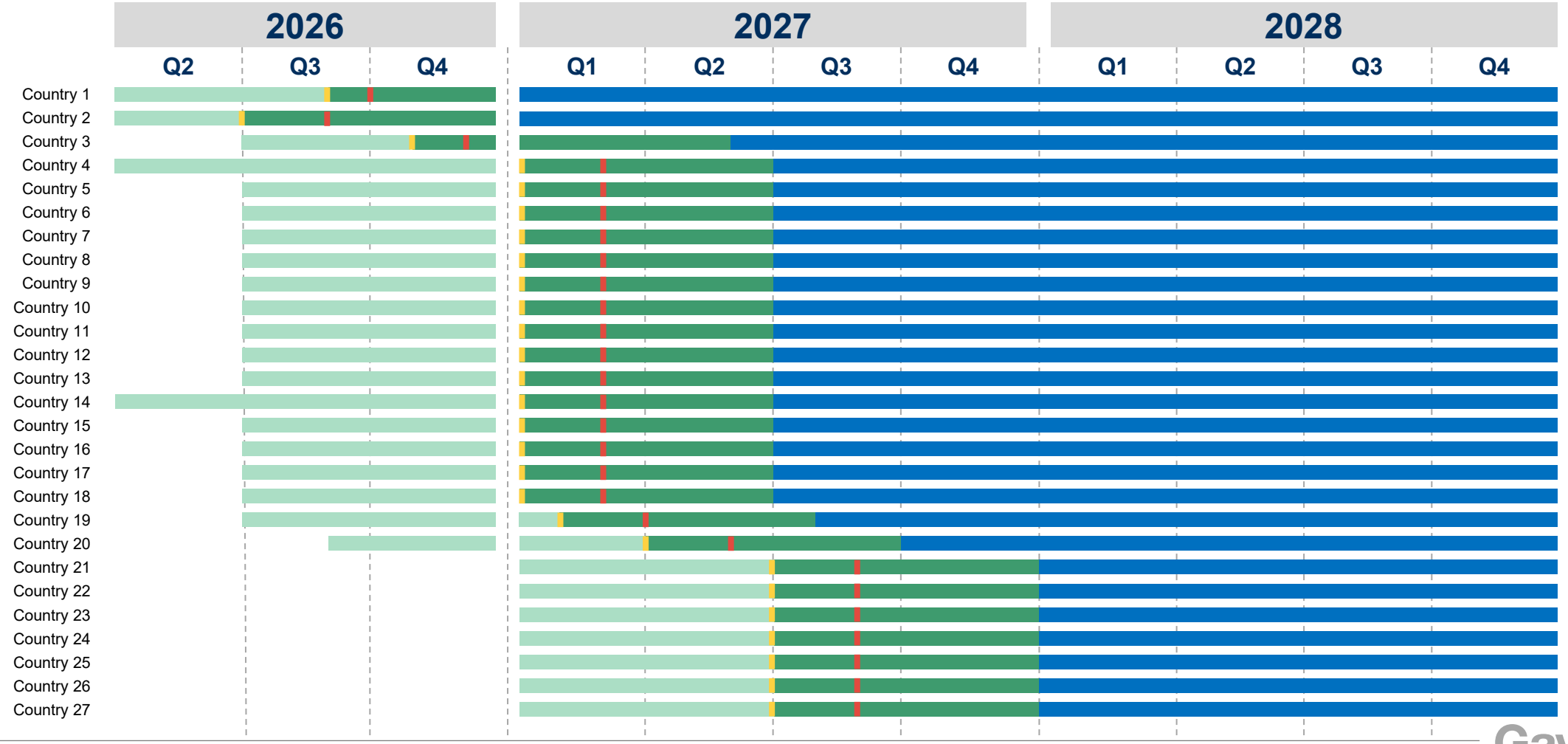
- MDB Working Group
- Develop enabler guidelines
- Systematic regional and country engagement
- Identification of priority countries

3 Intensify engagement in AT countries towards **transition preparedness**

- Updated financing needs assessment
- Transition roadmaps update in AT countries
- National Health Financing dialogues
- Support of regional initiatives

The Alliance is accelerating its efforts towards the 6.0 country roll-out

Illustrative examples of the 6.0 holistic application pipeline, with countries entering at different stages.



Update on Gavi support to UNICEF's MICs Financing Facility

- Gavi has been providing support to UNICEF's MICs Financing Facility (MFF) since 2023, as a tool to support vaccine access and pricing for MICs in Gavi 5.1.
- Through the MFF, Gavi-eligible countries benefit from timely pre-financing to manage cash flow related to vaccine needs (e.g. Angola).
- This support lever is included in the approved scope of the Catalytic Phase in 6.0, however, at a lower funding level following the 6.0 Board recalibration (US$ 17 million for the MFF).
- UNICEF plans to integrate the MFF into the High Impact Window (HIW) of the Vaccine Independence Initiative, approved by its Executive Board in February 2025.
- Should Gavi contribute to the HIW, it would enable Gavi to utilise a larger pooled financing mechanism and support a wider range of countries and products.
- However, Gavi Secretariat wishes to **inform the Board of its decision to defer on joining the HIW** until the HIW pilot concludes at end 2026.
- This approach would enable Gavi to base its decision on pilot results and follow the full governance process.

SECTION 02

Enhancing Alliance support towards countries for Gavi 6.0

Key changes: World Health Organization

Protect the core - Safeguard WHO's core functions and mandate in the global health system

1 Overall Prioritisation & Reorganisation

WHO's Core Functions

- Health research agenda-setting
- Convening, coordination & strategy
- Norms & standard-setting
- Policy & technical guidance
- Technical assistance & emergency operations support
- Data, monitoring & reporting

2 Prioritisation of Immunisation Capacity

Core Vaccine & Immunization Content Areas

Country Support

- Innovation & Research
- Product Quality & Safety
- Policy & Strategies
- Programme Operations & Performance
- Monitoring, surveillance, & data
- Global Health Security

Immunization system strengthening

3 Key changes for immunisation (non-exhaustive)

Workforce capacity

- **HQ:** Significant reductions (e.g., IVB from 111 to 66 FTE, >40%; similar cuts across 10+ departments)
- **ROs:** Variable between 20-60% staff reductions
- **COs:** Variable reductions; full impact pending Consolidated Cash Grant programming

Ways of working

- **Stronger integration** with other programmes (e.g., polio)
- **Close alignment** across all levels (e.g., joint planning with AFRO and EMRO, Q1–Q2 2026, priority country approach)
- **Greater use of digital tools and AI** to increase efficiencies
- **Expanded use of external capacity** (e.g., WHO CCs)

Thematic focus

- Laser focus on **core vaccine & immunization content areas**
- **Fully leverage complementarity with UNICEF, Secretariat, & other partners** in delivering **foundational functions** at global, regional, & country levels
- Sharper focus in regions on ZDC and missed communities

Key Changes: UNICEF

Adapting and reorganising UNICEF's support around country demand, tighter prioritisation, and a more integrated delivery model

1 Across UNICEF, consolidation and streamlining of functions, reduced staff capacity

- **Regional Offices - from 7 to 5**
- **Consolidated HQ divisions**
- **70% of staff in NYC and GVA relocated closer to countries**
- **16 UMIC countries** consolidated into **5 Multi Country Offices**

1 Immunisation capacity is under pressure

- **Global-Regional** FTEs (Gavi+non-Gavi sources): **51% reduction**
- **Country Offices - estimated ~60% reduction** (full impact pending Consolidated Cash Grant programming)*

2 New Center of Excellence (CoE) integrates Global & Regional programme functions into a unified structure across 4 locations

- **Immunisation is in the Child Survival CoE - Global Health Practice**, facilitating cross-sectoral collaboration with Nutrition & WASH.
- Country-facing TA under one leadership = **less duplication, more agile** country support
- **Immunisation base moved from NYC to Nairobi to be closer to countries**, with satellites in Bangkok, Amman and Panama. With some co-located staffs at Gavi Sec in GVA.
- The Immunisation team is now organized in 5 focused units
- Our Gavi engagement draws on capacities across UNICEF's Global Health Practice, Nutrition, Education, and divisions such as Supply Division, Global advocacy, Evidence

3 Bespoke TA to countries

A.I. Enabled **TAHub** matching country requests to CoE expertise, automated analytics, KM, and Action

TA hub will support enhanced monitoring of TA performance with benefits for Gavi PAF monitoring

Curated rosters of local and int'l experts, **partnerships** with academia + **networks**

*Country FTE levels will further reduce year-on-year through Gavi 6.0. Reductions will vary across countries.

Implications for Alliance support to countries under Gavi 6.0

What will be protected

- Support for NIS, prioritisation, policy dialogue, Gavi application
- **WHO:** coordination, programme strengthening, country policy evidence review, quality & safety, data system strengthening, outbreak readiness & response.
- **UNICEF:** vaccine and cold chain management, vaccine demand, budget advocacy, Zero-dose and equity-focused programming incl. Gender., procurement + supply

What will be more constrained

- Surge capacity
- Capacity in some areas:
  - **WHO**: planning, financing, gender, waste mgmt, comm's + advocacy, HW capacity-building
  - **UNICEF:** Outbreak response, Vaccine introduction, programme mgmt support, Public finance management.

Travel and in-person support

- Support to parallel coordination structures
- Representation in Gavi technical meetings / structures

Support needed from Alliance partners to align ambition to reduced workforce and budgets, streamline coordination through existing platforms and advocate for the "one team" model

Country-level delivery: WHO & UNICEF deliver complementary foundational support to countries

	Foundational Function*	WHO	UNICEF
1	Immunisation programme support	Shared	Shared
2	Vaccine and cold chain management	Support	Lead
3	Outbreak preparedness and response	Lead	Support
4	Data	Lead	Support
5	Demand	Support	Lead

Aligned to Deliver: WHO and UNICEF One Team Approach

▶ *Towards a stronger partnership at all levels that is more disciplined, predictable and legible to gov't, donors + Gavi Alliance*

Implications for Core Partner Support to Governments:

1. More coordinated engagement w/ gov't across agencies
2. Consistent and aligned messaging to gov'ts
3. More efficient strategic and technical support
4. Enhanced clarity on leading and supporting roles

* **Lead agency:** accountable for coherence + follow-through. Convening partners, workplan dev., technical quality, tracking progress, escalating risks, external engagement.
Supporting agency: contributes its specific mandate, technical expertise, operational reach and resources for that area of work
Shared / Joint accountability: both accountable for country or programme outcome, even if one agency leads process. Both maintain situational awareness, align before external engagements, and escalate issues.

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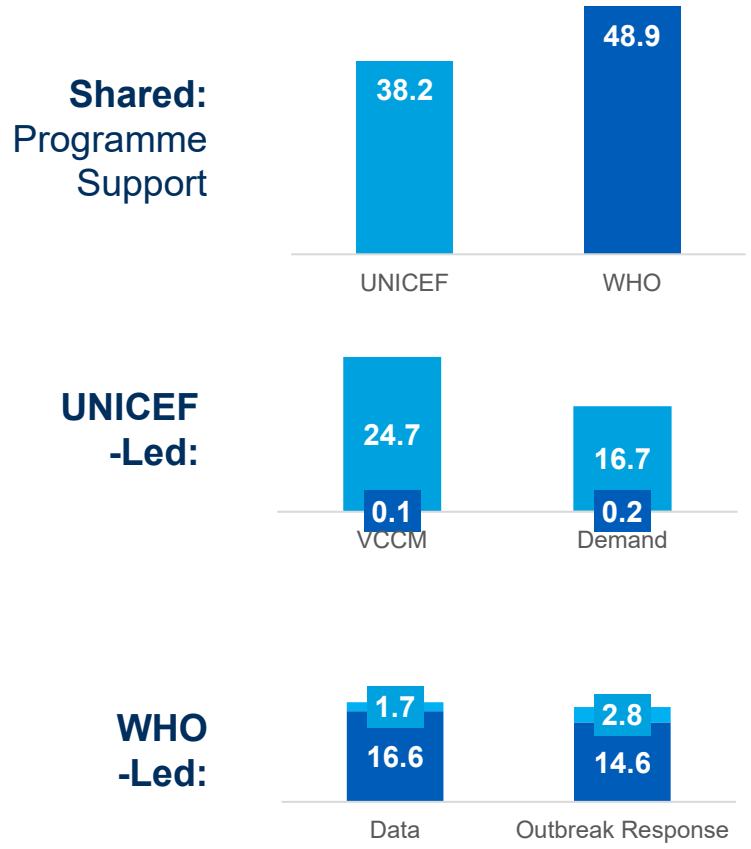
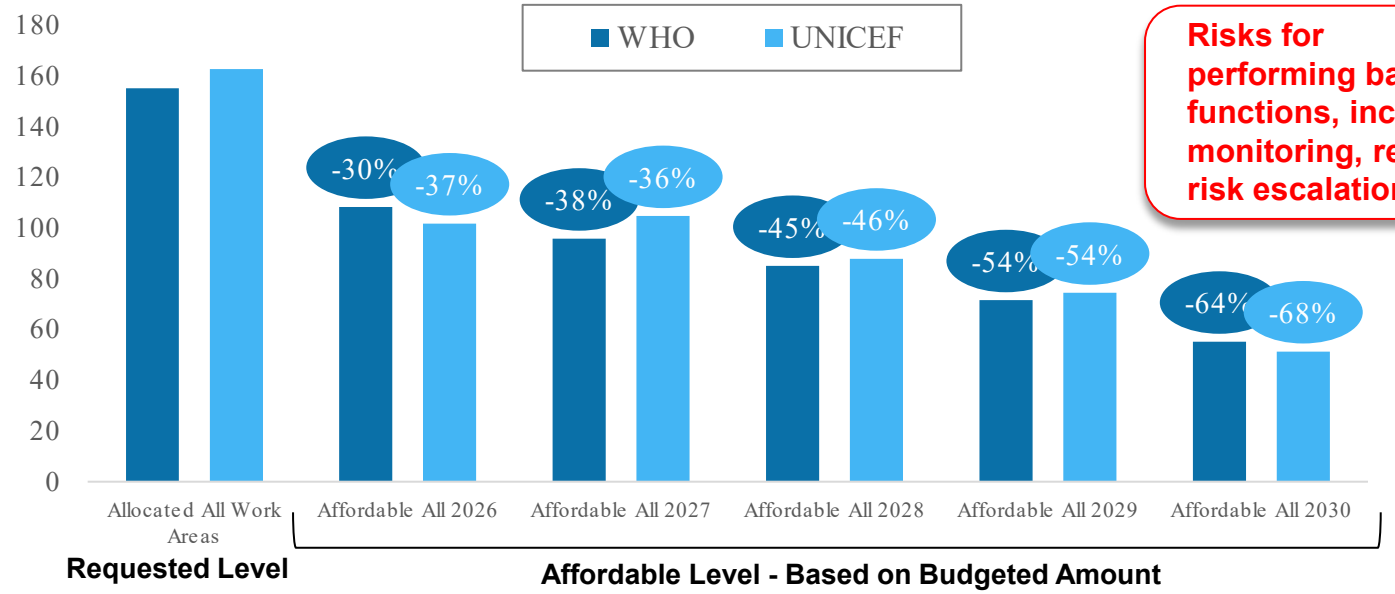
Country-level delivery: Preliminary analysis of CF applications show strong alignment of core partners roles to Alliance R&R and risk of upto 50% capacity reduction in 6.0.

Strong complementarity and limited duplication across FTE allocations



Core partners **FTEs may decrease by >50%** during 6.0 period*



Risks for performing basic functions, incl. monitoring, reporting, risk escalation

Examples: Number of Countries with <0.5 FTEs for lead function

	VCCM (UNICEF)	Data (WHO)
High Impact	2	0
Conflict / Fragile	7	9
Core	17	24

26 countries requesting Alliance support, UNICEF has **<0.5 FTEs** for VCCM functions in Gavi 6.0*

33 countries requesting Alliance support, WHO has **<0.5 FTEs** for data functions in Gavi 6.0*

*Source: Analysis of pre-IRC country applications for foundational support (UNICEF/Dalberg); based on annual average FTEs funded by Gavi for 2026-2030.

Countries with <0.5 FTEs for VCCM:
High Impact: DRC, Nigeria | **Conflict / Fragile:** CAR, Haiti, Myanmar, Niger, Somalia. South Sudan, Syria
Core: Bangladesh, Cambodia, Congo, DPRK, Djibouti, Eritrea, Gambia, Guinea-Bissau, Kenya, Kyrgyzstan, Lao PDR, Rwanda, Sao Tome and Principe, Senegal, Solomon Islands, Tajikistan, Uganda

Countries with <0.5 FTEs for Data:
Conflict / Fragile: Afghanistan, Cameroon, CAR, Haiti, Mozambique, Niger, South Sudan, Syria, Yemen
Core: Bangladesh, Benin, Burundi, Cambodia, Comoros, Djibouti, DPRK, Eritrea, Kenya, Kyrgyzstan, Lao PDR, Liberia, Madagascar, Malawi, Nepal, Sao Tome and Principe, Senegal, Sierra Leone, Solomon Islands, Tajikistan, Tanzania, Togo, Uganda, Zimbabwe

Immediate priorities for country support: Global Alliance support to help countries navigate portfolio prioritisation and holistic approach

28 countries are expected to develop Gavi holistic applications or reprogramme support by January 2027

Aligned to Deliver: **UNICEF-WHO Joint Country Workshops**

Aligned to Deliver Workshop | May 2026

- **55 of 56 Gavi COs present** (149 UNICEF & WHO immunization staff engaged)
- Enhanced understanding of Gavi 6.0 Shifts, Strategies & Core Partner Roles.
- Commitment to support development of country "roadmaps" for Gavi applications, including TA mapping.
- Representation from 50+ COs and MoHs attended **Vaccine & Cold Chain Management** and **Demand** specific trainings
- 40+ participants from WHO, UNICEF, Gavi, Gates Foundation, and NITAG partners trained on country support for **VPOP**.

Alliance's ongoing support through:

Working Groups & Joint Engagement Platforms

- Prioritisation Working Group (UNICEF, WHO, Gavi, Gates) - time-bound, coordinates tools, tracking TA, risk escalation
- Gavi Briefing series
- Technet webinars

Resources for Countries

Tools

- Refreshed NIS guidance & NIS.cost
- Budget simulation tool
- Vaccine evidence compendium
- VPOP Toolkit
- Portfolio prioritization tracker (VPOP and Cash Prioritization)

Country technical assistance

- Funds from TCA TA extension
- Roster of experts

Global / Regional Support

- Submissions pending approval

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Examples of actions to date: UNICEF and WHO are directly engaging regions and countries to build foundations for successful applications

SEARO / UNICEF CoE-Bangkok

Regional Example

EPI

WHO and UNICEF convened **NITAGs** and managers from Bangladesh, Myanmar, Nepal, Pakistan - March 2026

Support Provided: Guidance on Gavi 6.0 shifts, application process, and VPOP, plus facilitated country analysis of gaps, readiness, and priority actions

Outcome: Agreement to update NIS, conduct VPOP in 2026, and improved MoH + partner alignment

Direct Country Engagement

Country Example

Country-by-Country Engagement: Ongoing calls to guide countries on Gavi 6.0, applications, NIS, VPOP, and SBC/gender integration

Gap Addressed: Limited understanding of Gavi 6.0; need for early planning under tighter funding / budget cuts.

Support Provided: Targeted guidance on planning, costing, prioritization, and coordination across partners

Example Country: Syria faces >55% reduction in HSS funding, threatening immunization gains.

▶ Joint Secretariat, UNICEF, WHO mission planned to provide granular orientation to MOH on 6.0 application and account for impact of reduction

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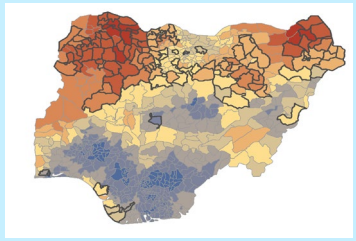
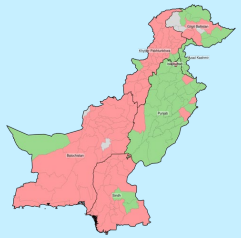
Strengthening Alliance engagement in Gavi 6.0 with shared priorities following Gavi's organisational restructuring

High Impact & Transition Countries





- Holistic programmes in high-impact countries with **customised sub-national strategies**
- Tailored **transition plans**
- **Strengthening partnerships** including polio and GPEI

Fragile & Conflict Countries

- **Operationalisation of the Fragile & Humanitarian approach,** including the Grant Resilience Mechanism.
- Use of innovative and **context-specific approaches and partnerships** to reach missed communities.
- Enhance efforts to **address poor data quality** challenges

Core Countries

- Innovative engagement models and support mechanisms adapted to countries' maturity levels
- Expansion of vaccine manufacturing capacity
- Governance reforms for transparent prioritisation and innovative financing mechanisms (e.g., trust account)

Empower countries and simplify processes through consolidated grants, VPOP and CVBs, strengthen country capacities, advocacy for domestic financing (e.g. MDB multiplier), support successful closure of programmes and leverage solutions fund to sustain scaled innovations, merger at the last mile

Thank you