04 - JOINT ALLIANCE UPDATE ON COUNTRY DELIVERY

BOARD MEETING
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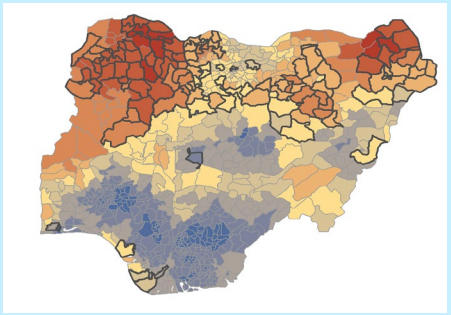
1-2 July 2026, Geneva, Switzerland

gavi.org

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

High Impact Countries (5)



- 2% decline in Zero-Dose children (ZDC)
- Subnational execution: 43 high-burden districts (~28% of total)
- US$ 1 billion in co-financing
- HPV introductions in **Nigeria, Pakistan and Ethiopia** reaching >26 million girls

Fragile & Conflict Countries (12)

- 10 countries improved coverage since 2019
- 70 million outbreak response vaccines
- 9 countries introduced malaria vaccine
- **Niger:** 1st country conducting nationwide preventive campaign for Men5CV

Core Countries (39)

- **Cameroon:** first to introduce malaria vaccine
- **Mozambique:** first 6.0 holistic application; resume preventive cholera vaccination campaigns
- >50% of Gavi funds channeled through country systems

Middle-Income Countries (45)

- 21 introductions: 3.6 million children + 2.7 million adolescents
- Fragility support: >1.4 million children
- US$ 887 million co-financing in Accelerated Transition (AT countries)
- **Bangladesh:** largest TCV campaign, 97% coverage

Under Gavi 6.0, the country segments have been streamlined from 4 to 3 by merging High Impact and Accelerated Transition Countries.

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).

Gavi The Vaccine Alliance

The Alliance is also preparing to close-out key programmes by June 2026, including Middle-Income Countries (MICs) support

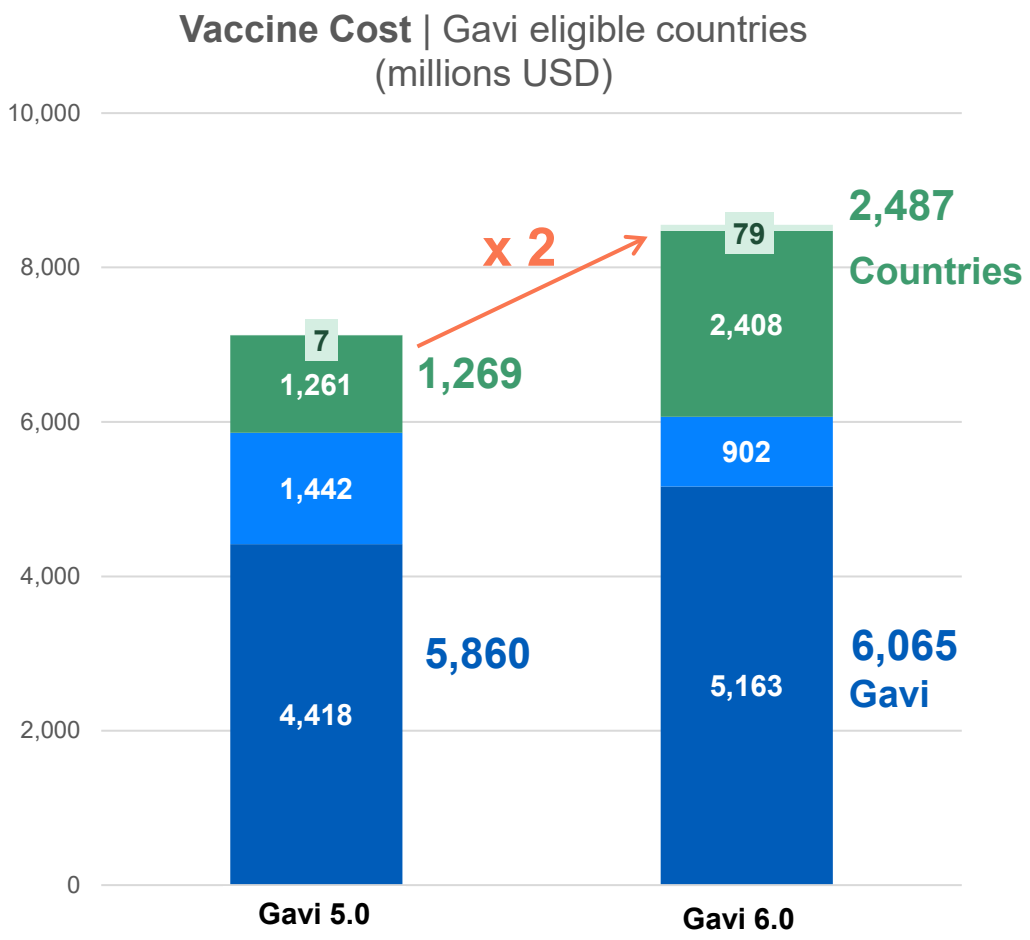
	BCU	Covid-19	ZIP
Key Achievements to date	• 18.3 million children reached • 84% of target achieved • Nearly 2 zero-dose cohorts covered	• AMC 92 countries received CDS funding • 95% of CDS funds committed • **38 million** approved vaccine doses for 52 AMC countries	• > 31.2M doses delivered • Children 0–5 years reached • Across 11 countries (West Africa & HoA)
Key Learnings	• System-wide change needed • Leadership drives reach • Strategies close immunity gaps • Coordination enables delivery	• Integrated planning drives reach • Digital tools improve decisions • Stronger logistics systems • Social and behavioural change boosts demand & uptake	• Deliver in crisis through partnerships • Informed Gavi's Fragile & Humanitarian (F&H) approach • ZIP winds down by 2026, transition underway

How do we intend to sustain these gains in 6.0?

Emerging insights from 5.1	Shifts in 6.0
• Strained country capacities	• Empower countries through Gavi Leap • Health Systems Strategy
• Limited collaboration with other health programmes	• Improved collaboration /leveraging of partnerships to amplify impact
• Ad-hoc subnational engagement	• Structured, tactical engagement aligned subnational governance systems
• Light-touch monitoring focused on cash release and actual expenditure	• Greater focus on KPI based implementation monitoring
• Increased co-financing and vaccine procurement costs	• Refined ELTRACO policy, strengthened engagement with MoF

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 self-financing contributions for Routine Immunisation programmes and Campaigns for the entire Gavi 6.0 period (based on Gavi's Financial Forecast V23.1)

Domestic financing boost 400

- Strengthen MoF engagement on country financing needs with Africa CDC, WB, and IMF
- Operationalise the MDB Multiplier initiative
- Intensify engagement in AT countries towards transition preparedness

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
- TA & emergency operations support
- Data, monitoring & reporting

2 Prioritisation of Immunisation Capacity

Core Vaccine & Immunisation Content Areas

Country Support

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

Immunisation system strengthening

3 Key changes for immunisation (non-exhaustive)

Workforce capacity

- **HQ:** >40% reductions (IVB and 10+ departments)
- **ROs:** 20–60% reductions
- **COs:** Variable reductions; full impact pending Consolidated Cash Grant programming

Ways of working

- **Stronger integration** with other programmes
- **Close alignment** across all levels
- Greater use of **digital tools & AI**
- Expanded use of **external capacity**

Thematic focus

- **Core** vaccine & immunisation content areas
- **Complementarity with UNICEF, Secretariat & other partners** in delivering **FF**
- Sharper focus in regions on ZDC & missed communities

WHO foundational country functions

- Immunisation programme support (*shared*)
- Data
- Outbreak preparedness & response

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, 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**

2 Immunisation capacity is under pressure

- **Global-Regional FTEs: 51% reduction**
- **Country Offices ~40 - 50% reduction** (full impact pending)*

3 New Center of Excellence (CoE) integrates Global & Regional programme functions

- **Immunisation is in the Child Survival CoE - Global Health Practice**
- Country-facing TA under one leadership = **less duplication, more agile**
- Immunisation team organized in 5 units
- **Gavi engagement draws on capacities across UNICEF**

Nairobi satellites in Panama, Amman and Bangkok.

4 Bespoke Technical Assistance (TA) to countries

A.I. Enabled **TAHub**

Networks of local experts

Enhanced TA performance monitoring

UNICEF foundational country functions

- Immunisation programme support (*shared*)
- Vaccine and Cold Chain Management
- Demand

*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, demand, budget advocacy, equity-focused programming incl. gender.

What will be more constrained

- Core partners FTEs may decrease by ~50% during 6.0
- Surge capacity
- Capacity in some areas:
  - **WHO**: planning, financing, gender, waste management, communication + advocacy, HW capacity-building
  - **UNICEF:** Outbreak response, new vaccine intro's, RWG programme management support.
- Travel and in-person support
- Support to parallel coordination structures

*Despite constraints, our teams are delivering by adopting the "**one team**" model at global/regional and country level.*

Alliance is actively supporting countries with holistic portfolio prioritisation using joint coordination platforms, guidance, tools

Ongoing support:

Working Groups & Joint Engagement Platforms

Prioritisation Working Group, joint briefings and webinars

Resources for Countries

Tools

Budget simulation tool, VPOP Toolkit, Evidence Compendium

Country technical assistance

Funds from TA extension - envelope may not fully cover needs

Global / Regional Support

Submissions pending approval

UNICEF-WHO Joint Country Workshops

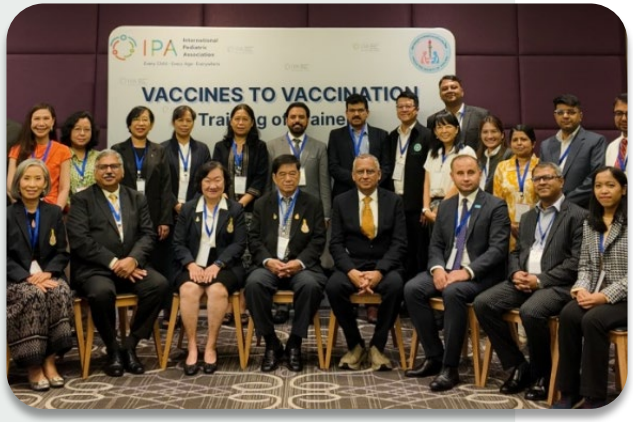
Aligned to Deliver Workshop | May 2026

- **55 of 56 Gavi COs present** (149 UNICEF & WHO staff engaged)
- Enhanced understanding of Gavi 6.0 Shifts, Strategies & Core Partner Roles.
- Commitment to support country application "roadmaps"
- Focused workshops with govt and partners on **Vaccine & Cold Chain Management, Demand, VPOP**

Regional Example

WHO + UNICEF convened **NITAGs** and **EPI** from Bangladesh, Myanmar, Nepal, Pakistan.

Guidance on Gavi 6.0 processes + country analysis of gaps / readiness



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Thank you

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