

Annex B: Narrative for Gavi 6.0, the Alliance's 2026 – 2030 strategy

This document provides the strategic narrative for the Gavi 6.0 'one-pager framework', providing more background for each of its key elements.

1. **Vision:** Gavi's vision of 'leaving no one behind with immunisation' recognises the link to the SDG ambition and the critical contribution of immunisation to it. The vision highlights the opportunity to reach all children with immunisation by the end of the SDG era. It remains relevant for the 2026 – 2030 period, and in line with the Immunisation Agenda 2030. It will therefore remain unchanged.
2. **Mission:** In line with the vision, Gavi's mission continues to be 'to save lives and protect people's health by increasing coverage and equitable use of vaccines'. This mission was revised for Gavi 5.0 and puts 'equity' at the heart of the Alliance's strategy. It recognises that the access and use of vaccines protects people at all stages of life; preventing both the primary causes of mortality in children (including diarrhoea and pneumonia) and cancers later in life triggered by vaccine-preventable infections (such as cervical cancer from HPV and liver cancer from hepatitis B), and protecting against epidemics and pandemics.
3. **Principles:** Most principles remain unchanged or see targeted updates compared to Gavi 5.1. A new principle on climate change has been added.
 - 3.1 ***"Country-led, sustainable: bolster country leadership to sustainably finance and deliver immunisation."*** This principle, alongside the second one, has been moved up to signal the importance of country led approaches and community engagement in Gavi 6.0, including in priority setting for immunisation.
 - 3.2 ***"Community-owned, inclusive: engage communities and civil society organisations in planning, implementation and oversight of immunisation."***
 - 3.3 ***"Zero dose and missed communities, first priority: prioritise children missing out on vaccination, including among migrants, displaced and other vulnerable populations."*** This principle signals Gavi's core focus on the equity agenda, further described under Strategic Goal 2 (Section 5). It will remain Gavi's core programmatic priority.
 - 3.4 ***"Gender-focused: identify and address gender-related barriers to promote immunisation equity."*** Building on the learnings from Gavi 5.1, the Alliance will continuously enhance its approach to gender-responsive programming and gender equity, benefits both vaccinees and vaccinators (see Section 5).
 - 3.5 ***"Differentiated, fragility-responsive: target and tailor support to regional, national and subnational needs, including fragile, conflict and humanitarian contexts."*** Gavi-eligible countries have a wide range of performance, with an increasing share facing significant systemic challenges. The Alliance will further support countries to differentiate their interventions, prioritising, targeting and

tailoring them to their specific national and sub-national context based on evidence as they move through the transition phases. This would ensure maximum impact and be underpinned by a clear vision for programmatic and financial sustainability. It will include optimising Gavi's engagement approach for **fragile, conflict and humanitarian settings**, ensuring optimal support for access to vaccines despite potential political, economic or social barriers in these regions, for example, through a higher risk appetite, greater agility and flexibility of support, and more deliberate engagement with non-governmental actors. A dedicated approach for these settings will be developed as part of Gavi 6.0 operationalisation.

- 3.6 ***"Integrated: Strengthen integration of immunisation and primary health care to reach missed communities in support of Universal Health Coverage."*** This principle speaks to the importance of integrated approaches for the Alliance's equity agenda, and Gavi's contribution to more resilient, equitable, people-centred and sustainable health systems in support of universal health coverage and in alignment with the Lusaka Agenda.
- 3.7 ***"Adaptive, resilient: Help countries leverage immunisation to address the challenges of global health security, antimicrobial resistance and other major global issues."*** As explored by the Board in the 6.0 design process, the Alliance will continue to implement the **PPPR approach** approved in December 2023 along the 'country ready', 'vaccines ready' and 'coalition ready' framework that cuts across Gavi's four strategic goals: Under **'country ready'** countries will be supported to introduce and scale vaccines that prevent and help respond to outbreaks, epidemics, and pandemics, building on more resilient health systems that have a stronger capacity to introduce and scale vaccines. Gavi will also support countries to detect and contain outbreaks, through Gavi's existing support for diagnostics procurement and support for outbreak response¹. Under **'vaccines ready'** Gavi will ensure that vaccines with appropriate characteristics for lower-income countries are readily available at the onset of outbreaks, including from Gavi-supported vaccine stockpiles. This will be further strengthened via support for more regionally diversified production through the African Vaccine Manufacturing Accelerator (AVMA)² (see Doc 11b). In support of **'coalition ready'**, the Alliance will support an agile, coalition of partners at the local, national, regional, and global levels that work together to prepare for and coordinate outbreak, epidemic, and pandemic activities along the vaccine value chain. This will include timely access to surge funding through the First Response Fund for the Day Zero Financing Facility

¹ The Board does not, at this time (due to trade-offs), prioritise funding for an expanded role for Gavi in vaccine-preventable disease (VPD) surveillance, while recognising the value of these investments. Gavi's existing diagnostic agenda continues as per the existing Board-approved programme.

² While recognising the gap and the value of action, the Board does not, at this time, prioritise funding for Gavi to offer market incentives to accelerate the introduction of new vaccines against high-risk outbreak diseases. It also did not prioritise funding for novel oral poliomyelitis vaccine stockpiles.

for Pandemics. This principle also acknowledges the important contribution that Gavi-supported vaccines play in the fight against antimicrobial resistance³.

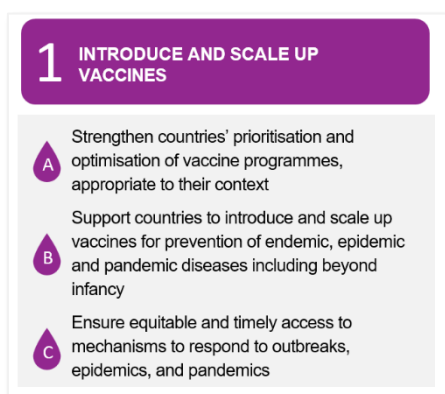
- 3.8 **“Climate-sensitive:** *Support countries to adapt to the consequences of climate change and mitigate the footprint of the Alliance.*” This principle was newly added. The Alliance already supports implementing countries to adapt their immunisation programmes to **climate change** and has taken steps in mitigating the carbon footprint of its programmes. For Gavi 6.0, the Alliance will mainstream climate change considerations into its investments and engagement across the four strategic goals. This would include (i) more deliberately supporting countries to adapt their immunisation programmes to the impact of climate change; (ii) contributing to climate change mitigation by working to decarbonise countries’ immunisation programmes and reducing the Alliance’s own carbon footprint, with catalytic effects on broader primary health care (PHC) programmes; and (iii) enabling this approach by galvanising attention to and improving the understanding of the intersection of immunisation and climate change (see Annex C). This approach will be further detailed in the Gavi 6.0 operationalisation phase.
- 3.9 **“Innovative:** *Identify and scale up innovative products, practices and services to support Gavi’s goals.*” Gavi will continue to support new products, practices, and services to enhance immunisation efficiency and effectiveness in alignment with Gavi’s mission and country needs. Some important innovations, including innovative cold chain equipment, digital health information systems and electronic logistics information management systems (eLMIS), are being scaled. However, despite the innovation approach, some innovations have remained confined to pilots. In Gavi 6.0, the innovation approach⁴ needs to be fully implemented with an emphasis on innovations that support its core goals⁵. This could also include innovative, system-focused financing instruments and enhanced partnerships to better leverage the private sector.
- 3.10 **“Collaborative, accountable:** *Accelerate purposeful partnerships with regional and global health institutions to collectively and efficiently respond to countries’ needs.*” Gavi 6.0 will see an increased role of regional institutions like Africa CDC and the African Union Commission. This offers an opportunity to refresh the Alliance partnership model, increasing the emphasis on fostering local, regional collaborations and with the private sector. Lastly, Gavi will continue to accelerate greater, purposeful collaboration with Global Health Initiatives both within and beyond the immunisation sector, ensuring complementarity in supporting countries and grounded in countries’ leadership in identifying their needs and priorities, in line with the Lusaka Agenda.

³ For example, fully scaling up Haemophilus influenzae type B, pneumococcal, rotavirus and typhoid vaccination in Gavi-eligible countries could reduce the use of antibiotics by over 60m doses a year – a reduction of more than 13%

⁴ Approved by the Board in June 2022.

⁵ The Board does not, at this time, prioritise dedicated Alliance investments to accelerate access to Measles Rubella Micro-Array Patches (MR-MAPs) in Gavi 6.0.

4. **Strategic Goal 1 (SG 1): Introduce and scale up vaccines**



4.1 SG1 objective b: Vaccine introduction and scale-up for prevention of endemic, epidemic and pandemic diseases will remain at the core of Gavi's strategy. Major progress has been made in introducing and expanding coverage for infant vaccines over the past two decades. With Gavi support, all Gavi-eligible countries have now introduced the pentavalent and inactivated polio vaccines, 86% of Gavi-eligible countries have introduced pneumococcal (PCV) vaccine and 79% have

introduced rotavirus vaccine⁶. Introduction of critical vaccines outside infancy has also significantly progressed in Gavi 5.0/5.1, including expanding access to the second dose of Measles-containing-vaccine (MCV2), the Malaria vaccine and the Human Papillomavirus vaccine (HPV). Moving into Gavi 6.0, the Alliance has the opportunity to achieve significant additional health impact by finishing the infant vaccine introduction agenda and further supporting the introduction and scale up of critical vaccines targeting older age groups, such as second year of life (e.g. MCV2, Malaria), adolescents (e.g. HPV and potentially tuberculosis in the future) and addressing neonatal mortality (e.g., respiratory syncytial virus vaccine). **If VIS 2024 vaccines are approved, the portfolio made available to countries will include vaccines to protect against 20+ diseases**, the widest menu of vaccines ever supported by Gavi and increasing the number of vaccines against climate sensitive diseases such as Dengue. A new Tuberculosis vaccine is expected to be available towards the end of Gavi 6.0 and critical preparatory work will be needed in 6.0 to ensure countries and the Alliance are ready to support its rollout (see Doc 10) given it is likely to be targeted to an age group largely unserved by routine health services in most Gavi-eligible countries. Efficient, timely and targeted preventative campaigns will continue to be an essential part of the toolkit to prevent outbreaks and epidemics.

4.2 SG1 objective a: As the Alliance will offer a wider range of vaccines in a fiscally constraint environment, it **will be critical to better support countries in optimising their existing vaccine portfolio, and prioritising and targeting⁷ the introduction and scale up⁸ of those vaccines** that are most appropriate for their local context, capacity and based on evidence while also taking into account long-term programmatic and financial sustainability. Recognising this, the switch to the Hexavalent and Multivalent Meningococcal Conjugate (MMCV) vaccines will be grounded in targeting and prioritisation, leading to

⁶ As of end 2023 in Gavi-57 eligible countries.

⁷ Including sub-national targeting of vaccines where relevant (does not apply to all vaccines)

⁸ For the purposes of the Gavi 6.0 strategy, scale up is defined as countries' ability to scale coverage following introductions up to existing capacity of the health system and through immunisation campaigns (when SG2 focuses on ambition to go further to achieve intra-country equity objectives using health systems interventions)

pricing of the switch. The Alliance will also explore a more tailored programmatic scope and/or product choices for the Malaria programme informed by subnational analysis. As per the recommendation for decision in Doc 10, the COVID-19 programme would not be supported in Gavi 6.0.

- 4.3 **SG1 objective c: The risk of outbreaks, epidemics and pandemics is expected to continue to rise including due to the effects of climate change.** Building on its current role and experience, Gavi will deepen its engagement in responding to outbreaks, epidemics, and pandemics of vaccine-preventable diseases (VPDs). This includes funding and expanding global vaccine stockpiles, and supporting outbreak response (e.g. for measles, typhoid, diphtheria etc.), including those considered for approval through the VIS 2024 process (e.g., mpox and hepatitis E). The diagnostics procurement mechanism will continue into Gavi 6.0. Through this programme the Alliance provides market shaping and procurement support to VPD diagnostics (including Yellow Fever and Cholera) that improve and speed up detection and decision-making on preventative vaccination and outbreak response. Gavi's role in supporting access to vaccines during outbreaks, epidemics and pandemics will be enabled by its support for an agile coalition of partners and by timely access to surge funding through the First Response Fund for the Day Zero Financing Facility (see Doc 11a).

5. **Strategic Goal 2 (SG 2): Strengthen health systems to increase equity in immunisation**

2 STRENGTHEN HEALTH SYSTEMS TO INCREASE EQUITY IN IMMUNISATION

A Enable countries to extend immunisation to zero-dose children and missed communities, integrated with primary health care, including through addressing gender-related barriers and building resilient demand

B Ensure all children are fully immunised by maintaining and strengthening routine immunisation with vaccines required through second year of life

C Support countries to adapt systems to routinely deliver vaccines to populations outside early childhood through targeted and catalytic interventions

5.1 In Gavi 5.0/5.1, the Board determined equity as the guiding principle of the Alliance's strategy. Aligned with the IA 2030 countries have been stepping up efforts to identify and reach zero-dose children and missed communities following the COVID-19 pandemic. After a significant reduction in zero-dose children in Gavi 4.0, progress was temporarily reversed by the COVID-19 pandemic. In 2022, the number of zero-dose children reduced by 17% compared to 2021 with 10.2 million zero-dose children, still

higher than pre-pandemic level and a slower recovery seen in lowest income countries. **Equity will remain at the core of Gavi's next strategy**, as a key contribution to the Immunisation Agenda 2030 (IA 2030) and the Sustainable Development Goals.

- 5.2 **SG2 objective a: The work on the zero-dose agenda will accelerate in Gavi 6.0**, contributing to the IA 2030's ambition to reduce zero-dose children by 50%. As part of this work, Gavi will intensify efforts to work with other funders and health programmes to integrate zero-dose investments with broader PHC programmes and ensure investments in immunisation can serve as a

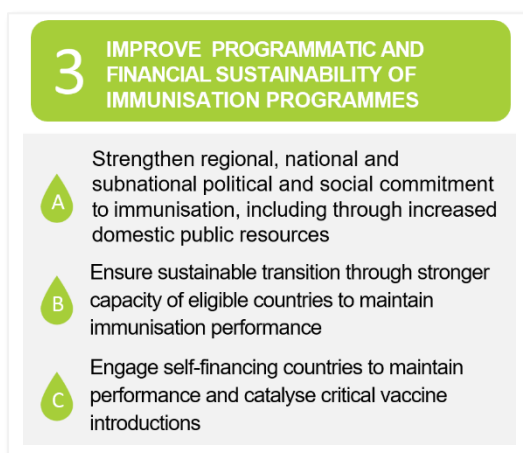
foundation to deliver other critical PHC services to these communities, and contribute to Universal Health Coverage.

- 5.3 **SG2 objective b:** While Gavi 6.0 will place a strong focus on extending the reach of health systems to reach zero-dose children, **it will be equally important to ensure that children, once reached, go on to be fully immunised.** While the vast majority of children who receive a first dose of pentavalent vaccine go on to receive a full course, drop-out can be significant in some countries and many fewer children receive a second dose of measles-containing vaccine in the second year of life. **To strengthen the equity agenda, in Gavi 6.0, the Alliance will focus on reaching and fully vaccinating children with all vaccines needed through the second year of life,** with a focus on missed communities. This will be critical to maximise the benefits of immunisation, help control measles and ensure successful delivery of newer vaccines such as malaria.
- 5.4 **SG2 objective c:** **As part of the equity agenda, the Alliance will also support countries to adapt systems to routinely deliver vaccines to populations outside early childhood** (i.e. beyond second year of life) through targeted and catalytic interventions, especially guidance, advocacy, technical assistance and partnerships with others. At its April 2024 retreat, the Board provided guidance to deprioritise additional health system investments to strengthen immunisation touchpoints for these populations for the time being, recognising that this poses a risk for intra-country equity for vaccines such as HPV. At its May 2024 meeting the Programme and Policy Committee (PPC) noted this risk and was concerned about the projected reduction in the HSS envelope compared to the original Gavi 5.0 budget given the increasing complexity of immunisation. It encouraged the Alliance to explore through the Gavi 6.0 Health Systems Strategy how it could help strengthen other immunisation touchpoints including through technical assistance, advocacy and partnerships and encouraged the Secretariat to be explicit about what can be achieved and what will not be prioritised (see below and Doc 06b).
- 5.5 **Gavi's health system investments will be critical to support the equity agenda.** For the first time in Gavi 6.0, the Alliance is developing a comprehensive **Health Systems strategy** (see Doc 06b for details), which will be considered for approval by the Board in December 2024. This will clarify that the **specific objective of Gavi's health system investments is to improve immunisation outcomes within a primary health care approach,** with a focus on achieving the Strategic Goals of increasing **equity in immunisation** (as per SG2) and **programmatic sustainability** (as per SG3). To achieve these two Gavi strategic goals, it is foreseen the Alliance will sharpen its focus on catalytic investments focusing on those investments where it has a unique role and comparative advantage: (i) cold chain and vaccine management⁹, where Gavi is the largest funder and plays a distinctive market shaping and capacity building role; (ii) strengthening governance, leadership, management, and coordination for immunisation; (iii) enhancing digitally-enabled data

⁹ Including strengthening supply chain delivery at the last mile.

systems for immunisation; and (iv) tailored service delivery, innovative community engagement and demand generation to reach missed communities and zero-dose children. In addition, the Alliance will continue to strengthen programming in areas prioritised as part of the zero-dose agenda in Gavi 5.1 including more robust gender-responsive programming. Strengthening a systems-focused innovation ecosystem could be part of the health systems strategy.

6. **Strategic Goal 3 (SG3): Improve programmatic and financial sustainability of immunisation programmes**



6.1 At the heart of the Gavi model is a unique approach to programmatic and financial sustainability. Grounded in Gavi's eligibility, transition and co-financing (ELTRACO) policy, the model has been highly successful so far in bolstering country ownership of vaccine programmes and in driving domestic public resource allocation towards immunisation. From 2011 to 2023, countries increased their resources for Gavi-supported vaccines from US\$ 36

million to US\$ 630 million, representing 41% of the combined investment by Gavi and countries into routine, Gavi-supported vaccines. At the end of 2023, 19 countries had fully transitioned out of Gavi support.

6.2 SG3 objective a: In Gavi 6.0, the Alliance will enhance its approach to financial sustainability. This will include strengthening political and social commitment for immunisation at both national and subnational levels, including a focus on promoting prioritisation of mobilisation of domestic public resources for co-financing of Gavi supported vaccine programmes¹⁰ and other investments to successfully transition out of Gavi's support, and to seek stronger allocative efficiency. The Alliance will also strive to promote prioritisation of domestic public funding for PHC more deliberately, recognising that immunisation services reach children most sustainably when embedded into strong PHC. Already in Gavi 5.0/5.1, the Alliance has progressively sharpened its approach to building national and subnational political will for immunisation. Increased subnational level engagement for promoting immunisation will be central to the approach in 6.0, especially in high impact countries that have large, federated states with devolved programmes managed at subnational levels.

In response to the evolving context, including a deteriorating macro-economic outlook, increasing risks of unsuccessful transition for a subset of countries,

¹⁰ In this paper, the term 'co-financing' refers to co-financed and fully self-financed vaccines in Gavi-eligible countries for Gavi-approved programmes.

and growing inequities in access to immunisation in middle-income countries, **the Board and PPC provided guidance that successful transitions should remain a cornerstone of the Gavi model and therefore to significantly enhance the current ELTRACO policy to ensure financial and programmatic sustainability going forward** (see Doc 06a for details). The enhanced model introduces six main shifts to mitigate the risks of countries defaulting on their co-financing obligations; to slow down the acceleration of co-financing obligations¹¹ in Gavi-eligible countries; and to ensure successful transitions. The shifts would include i) introducing price sensitivity for Initial-Self Financing countries; ii) updating Gavi's eligibility threshold; iii) Pacing co-financing increase for countries in preparatory transition; iv) providing a minimum number of years of vaccine support for countries in accelerated transition; v) decoupling the transition from vaccine and cash support for countries in accelerated transition with new indicators to assess programmatic readiness; and vi) and further differentiating co-financing rules for countries facing humanitarian crisis.

- 6.3 **Under shift ii), the exact new eligibility threshold remains to be determined**, with some Board members expressing comfort with a US\$ 2,300 GNI per capita (p.c.) threshold, and other members questioning whether this increase was sufficient to address the concerns around financial sustainability of countries identified, advocating for US\$ 2,500 GNI pc. The PPC identified the latter threshold as an indicative 'direction of travel' while not reaching consensus. Building on the June 2024 Board guidance, the key policy changes of the revised ELTRACO model will be further detailed as part of the Funding Policy Review (FPR). The PPC recommended that the FPR should pressure test the model's ability to address the affordability challenges of countries in Gavi 6.0 and put a particular focus on the future eligibility threshold and indicators for programmatic sustainability while also being cognisant of Gavi's ability to finance the model.
- 6.4 **SG3 objective b: The Alliance will take a more deliberate approach to programmatic sustainability in the next strategic period**, helping countries to maintain the performance of immunisation, improve efficiency and bolster resilience. While the Alliance has been successful in building financial sustainability into its programmes, it has become clear as countries transition that programmatic sustainability is a significant risk in some cases. Programmatic challenges will be partially addressed through proposed shifts to the ELTRACO model. Specifically, as per shift v) above, the programmatic transition (i.e. transition of cash support) would be decoupled from the transition of vaccine support. For countries facing programmatic challenges, this could provide additional limited, targeted cash support post vaccine transition. Moreover, in countries approaching transition, the Alliance would focus on activities that strengthen institutional capacity to sustain coverage over activities that would result in short term coverage gains but require significant Gavi funding for recurrent costs. The model for programmatic sustainability will

¹¹ Co-financing in this document refers to co-financed and fully self-financed Gavi vaccines programmes by Gavi-eligible countries, providing an overview of overall country financing.

be further developed through the Health Systems strategy in Gavi 6.0 (see Doc 06b), and consider greater differentiation of health systems investments across country contexts (including for countries approaching transition and countries experiencing fragility) to ensure they are as targeted, catalytic and cost-effective as possible.

- 6.5 **SG3 objective c:** Learning from the MICs approach in Gavi 5.1, **Gavi 6.0 will be an opportunity to mainstream the current MICs approach into a new 'Catalytic phase' post transition** to address inequities in access to vaccines in a subset of Former- and Never-Gavi-eligible countries (referred to as 'self-financing countries' in the one-pager framework) and protect Gavi's investments. The Catalytic phase articulates support for Former- and Never-Gavi-eligible countries¹² within the transition continuum, reinforcing the targeted and needs-based principles, and **the three objectives of the MICs approach: (1) driving the sustainable introduction of key missing vaccines; (2) preventing and mitigating backsliding of routine immunisation; and (3) ensuring support for fragile countries.**
- 6.6 **Each of these objectives would be supported by specific levers of support.** This would include for objective (1) vaccine catalytic funding for 50% of the first birth cohort, one-off operational costs, and technical assistance to support the national or subnational introductions of high impact vaccines; seeking new partnerships with other funders (incl. Multilateral Development Banks) to further unlock new vaccine introductions and amplify support; facilitating access to pooled procurement mechanisms including the MICs Financing Facility (MFF) managed by UNICEF and supporting sustainable pricing; and multi-country technical assistance to selected regions with new vaccine introductions in the pipeline. Objective (2) would be based on targeted interventions, which comprise limited cash support for targeted immunisation-related improvements and/or technical assistance, allowing tailoring to country context. Finally, objective (3) will be detailed and harmonised with the rules from the Gavi Fragility, Emergencies and Displaced Populations (FED) policy and the approach to fragile and conflict countries in Gavi 6.0 when further developed in the second half of 2024 and first half of 2025.
- 6.7 The catalytic phase is described in detail in Doc 06a. **The Board and PPC supported the objectives and levers of support of the Catalytic phase at the April retreat and May meeting, respectively.** Former and Never Gavi-eligible countries would be eligible to support under this objective (1). While select Former-Gavi countries would receive support under objective (2), the PPC provided further guidance that for Never-Gavi eligible countries support would be limited to access to global and regional public goods¹³. There was no consensus on the scope of countries supported under objective (3), in particular whether Never-Gavi eligible countries should be in scope. Following the

¹² Former and Never-Gavi-eligible countries that are either classified by the World Bank as lower middle-income countries (i.e., GNI p.c. is below US\$ 4,465) or eligible to the International Development Association (IDA) are eligible for the Catalytic phase (this includes Small Island Developing States)

¹³ For instance, access to pooled procurement mechanisms and multi-country technical assistance or peer learning.

guidance from the Board at its June meeting, the levers of support and scope of countries supported for each lever which will be further concretised through the FPR.

7. **Strategic Goal 4 (SG4): Ensure healthy markets for vaccines and related products**



7.1 SG4 objective a: The market shaping model will remain central to the Alliance in Gavi 6.0. In the past, the Alliance's market shaping efforts have helped attract new manufacturers, improve supply security, incentivise and scale new innovations, and decrease vaccine prices. However, supply security challenges persist in some vaccine markets. The Alliance will continue to evolve its market shaping efforts to mitigate risks of supply disruption and monitor healthy market dynamics, by fostering a sustainable and

competitive supplier base, healthy demand and an environment that encourages innovation, which ultimately benefits global markets beyond Gavi-eligible countries, e.g. former and never Gavi countries eligible for the Catalytic phase (see section 6).

7.2 Accelerating access to new and affordable high-impact vaccines and delivery innovations will continue to be a core part of the Alliance's market shaping agenda in Gavi 6.0. Through early market shaping, Gavi will accelerate access to future high-impact vaccines. For example, pending Board approval of a tuberculosis (TB) vaccine, the Alliance would consider to deploy market shaping interventions to ensure supply meets anticipated demand for TB programme when it becomes available on the market. The Secretariat will also continue to coordinate closely with partners to ensure access to delivery innovations that can help increase equity and efficiency. For example, without dedicated new investments, the Alliance can play a key role in measles and rubella micro-array patches, for example by ensuring countries are ready to deploy it as soon as possible¹⁴. Gavi will also continue to assess new innovative cold chain equipment and scale-up cost-effective products with programmatic benefits. Many of these investments for Gavi supported countries are expected to benefit former and never Gavi countries as well. The Alliance will also continue to assess innovative new vaccine presentations (e.g., future combination vaccines) and accelerate access to those bringing programmatic benefits.

¹⁴ At its April 2024 retreat, the Board did not prioritise dedicated Alliance investments to accelerate access to Measles Rubella Micro-Array Patches (MR-MAPs) in Gavi 6.0.

- 7.3 **SG4 objective b: Gavi 6.0 will see a deliberate and substantial contribution from the Alliance towards the enhancement of regional vaccine supply security with a focus on Africa.** Gavi's four-pillar strategy for regional vaccine manufacturing is designed as a multi-year effort to help make Gavi's procurement accessible to new manufacturers from previously under-represented geographies, without compromising or distorting global markets. Pillar four of the strategy is the African Vaccine Manufacturing Accelerator, launching on 20th June 2024. This considerable commitment by Gavi aligns directly with commitments at the highest levels of African country governments, to establish industrial capacities on the African continent for both pandemic response and routine immunisation (see Doc 11b). Operationalising the four-pillar strategy, and the AVMA in particular, during Gavi 6.0 will mean a new era of cooperation and collaboration between the Alliance, countries, manufacturers, and institutions in Africa and beyond.
- 7.4 **SG4 objective c: The Alliance will use its comparative advantage in market shaping to improve market conditions for vaccines against outbreak and epidemic prone diseases.** The unpredictable epidemiology of such diseases means that different market shaping efforts are required to ensure that vaccines achieve WHO pre-qualification and that subsequent access is equitable and timely. The Secretariat will continue to coordinate with Alliance partners to ensure the sustainability of markets for existing Gavi-supported outbreak vaccines (e.g. Ebola Zaire), while continuing to work closely with CEPI and other funders to monitor progress of the pipeline of new outbreak vaccines. Vaccines in late-stage development could be assessed for support, including market-shaping incentives, via the VIS epidemics framework in the event of an outbreak or substantial product developments (e.g. as seen recently with mpox, following an outbreak in central Africa)¹⁵.
8. **Enablers: Most enablers remain unchanged or see smaller updates compared to Gavi 5.1. New enablers on 'One Alliance' and the Secretariat operating model have been added.**
- 8.1 ***"Secure long-term predictable funding for Gavi programmes."*** This enabler remains unchanged.
- 8.2 ***"Deliver as one Alliance with strengthened accountability mechanisms"***
Gavi will further develop its approach to clearly delineate roles and responsibilities between Alliance partners based on their comparative advantages at global, regional and country level, improve the culture, capacity and ways of working of the Alliance, and strengthen mutual accountability mechanisms to drive efficiency and performance.
- 8.3 ***"Ensure global political commitment for immunisation and global health security"***, signalling the importance of the Alliance's engagement at global

¹⁵ At its April retreat, the Board did not prioritise Gavi's involvement in providing market incentives for new vaccines against high-risk outbreak diseases.

level to drive financial and non-financial support for the Alliance's agenda, while promoting prevention and integration with primary healthcare.

- 8.4 ***“Ensure simple, efficient and agile Gavi operating model”*** This new enabler reflects the anticipated streamlining of the Secretariat's operating model in Gavi 6.0 to better meet the needs of countries. It responds to the Board's strong request, in line with the Operational Excellence (OE) agenda. Pending further Board discussion, this could include that first, Gavi could ground its funding to countries in their national strategies, facilitating a country-driven approach to priority setting while maintaining transparent requirements for accessing Gavi support. Second, Gavi could consolidate its cash-based funding levers into a single envelope focusing on immunisation delivery outcomes. This would reduce fragmentation and duplication, make funding more country-centric and simpler, fostering catalytic, scalable solutions to country-specific challenges and driving efficiency for countries and the Alliance. Lastly, Gavi could undertake a comprehensive reform of its end-to-end grant management processes towards tailored, differentiated, risk-adjusted processes.
- 8.5 ***“Drive digitalisation (including artificial intelligence), improved data and evidence”***. This enabler reflects the relevance of new digital technologies and data to drive immunisation outcomes in Gavi 6.0, based on evidence-based decision making.
- 8.6 ***“Leverage the private sector and development finance institutions, including through innovative finance mechanisms”***. This enabler builds on Gavi's 20-year track record of extending the power of innovative finance in service of the Alliance's goals, notably to leverage the impact of its funding. That impact will continue to be driven by the International Finance Facility for Immunisation (IFFIm) in Gavi 6.0. Working alongside Multilateral Development Banks, Gavi would also look to increase lending to immunisation programmes and mobilise incremental financing for countries. Gavi's ambition will also be to significantly increase private sector resource mobilisation, including through a potential new innovation and scale-up fund.