

COUNTRY PROGRAMMES DELIVERY

BOARD MEETING

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6-7 December 2023, Accra, Ghana



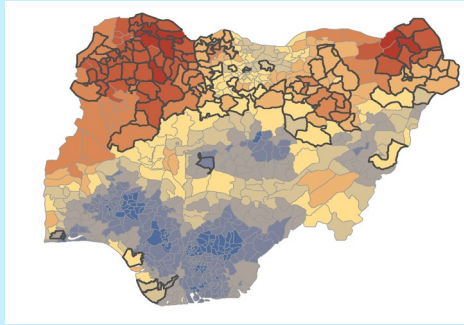
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COUNTRY PROGRAMMES DELIVERY

Priorities and programme performance

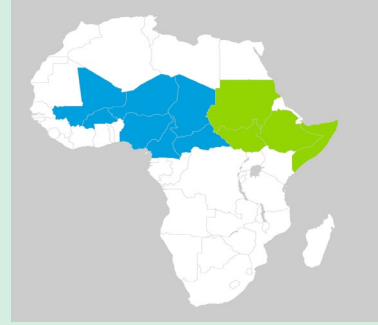
Focus areas for the Alliance as of June 2023

High Impact Countries



- Accelerate execution of **new grants**
- **HPV** in Ethiopia, India, and Nigeria
- Accelerate use of **country systems**
- Strengthen national and **subnational** political commitment

Fragile & Conflict Countries



- Prioritise **FPP/EAF, CDS and ZIP** applications
- Reinvigorate **Alliance coordination and technical leadership** role
- Strengthen attention on **data shortcomings** for strategic alignment

Core Countries



- Focus on **HPV, measles, malaria, cholera**
- Support **FPP/EAF applications**
- Support countries in **accelerated transition**
- Advocacy on **domestic financing**

Middle-Income Countries

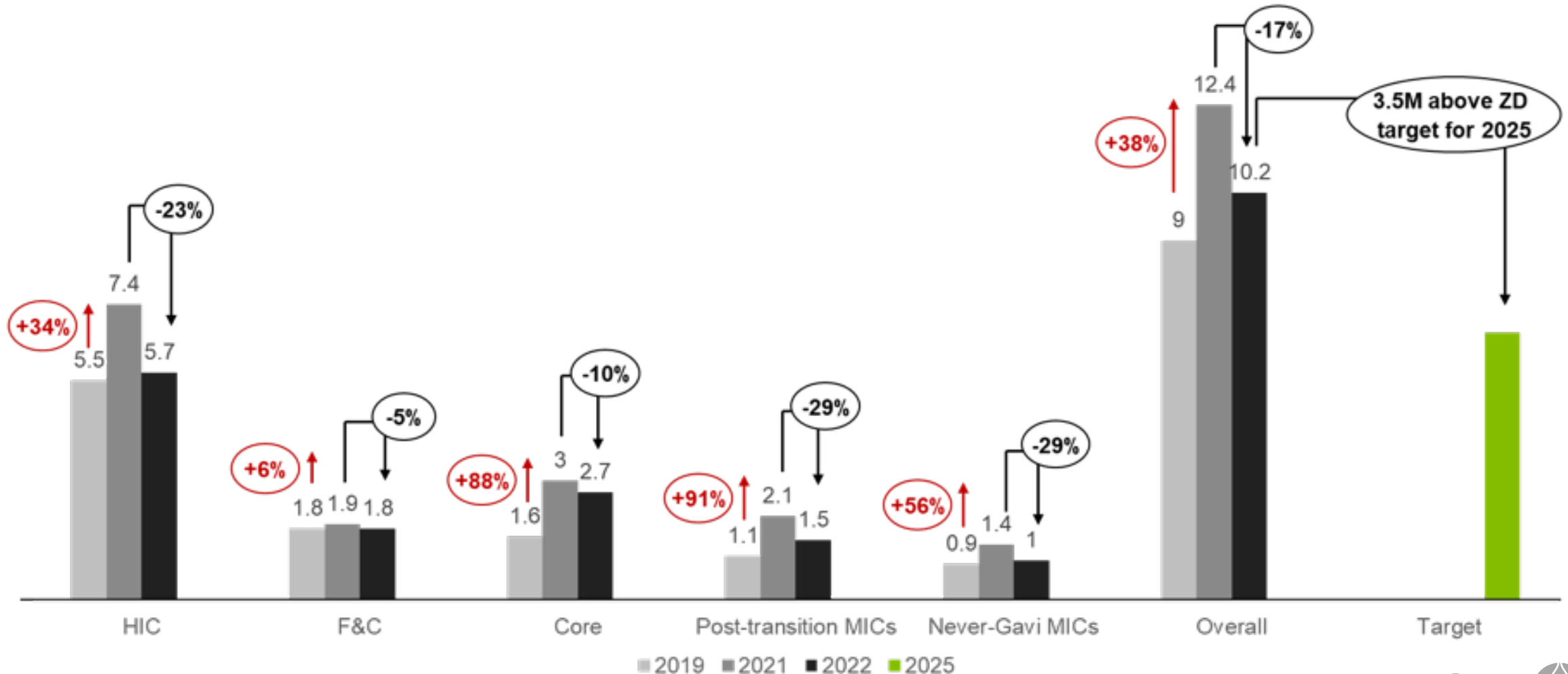


- Prioritise **backsliding support and HPV vaccine introductions**
- Build **political will** for and accelerate **PCV and Rotavirus** vaccine introductions
- Continue supporting **fragile MICs**

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

Demonstrable reduction in ZD numbers, numbers still above 2019 baseline and 3.5M above 2025 target

Contributions of country segments to ZD population (in millions)



As post-pandemic recovery continues, Gavi is driving a targeted initiative focused on country capacity

Context:

- **Cash balances growing** across the Gavi portfolio, exacerbated by one-off factors related to the pandemic
- **Underlying absorption challenges** related to competing priorities and capacity at country level
- **Ongoing efforts to support capacity building and programme management**

Focus areas



i) Plan & prioritise

- One **plan** per country
- **Country heat maps** for prioritisation



Select achievements

Increased clarity and alignment on priorities provided to countries



ii) Coordinate

- Enhanced **EPI capacity**
- Functional **NITAGs and ICCs**
- **TCA** aligned to country priorities



Integration of **Leadership management capacity** support with COVID-19 management funded by CDS



iii) Execute at pace

- **Solution-oriented action plans** to address roadblocks and accelerate



Development of policies/processes to accelerate implementation and **rephased funding** to promote sequencing



iv) Review & report

- Periodic **in-country review meetings**
- Periodic **portfolio review meetings**



Improved financial reporting with higher frequency, though opportunity for improved systems and processes

We have identified cross-cutting interventions to help countries execute at pace

Improved financial reporting

- Agreement with WHO and UNICEF to provide quarterly cash balance reports
- Ongoing work to incorporate cash absorption reporting into routine AFC reporting
- Assurance Providers for end-to-end financial management support in countries.

Teams can **make informed programmatic decisions based on more current data**

Institutionalizing focus on execution at pace with new policies

- Stronger focus on consumption by grant end
- Guidance for assessing a country's cash position

New guidance enables teams to **identify challenges to execution at pace systematically and develop solutions**

Rephasing Gavi cash funding to countries

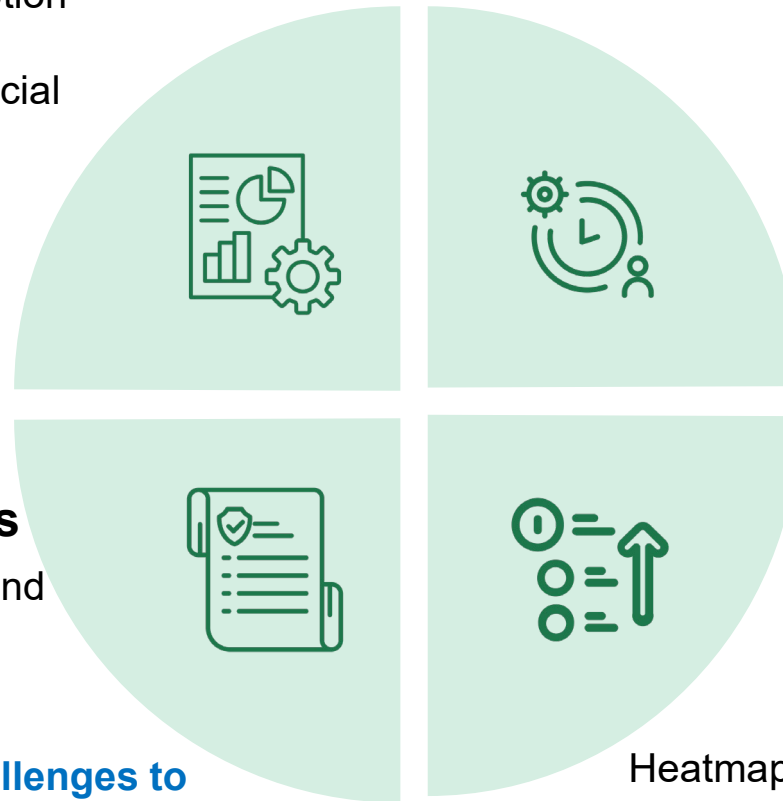
- CDS extension until 2025 approved
- EAF extension until 2027 approved
- HSS & EAF ceilings reallocated in mid-2023 based on country absorption

Flexibilities for the rephased funds help teams **ensure fiduciary risk is maintained while meeting disbursement targets**

Increased clarity on Secretariat priorities provided to countries

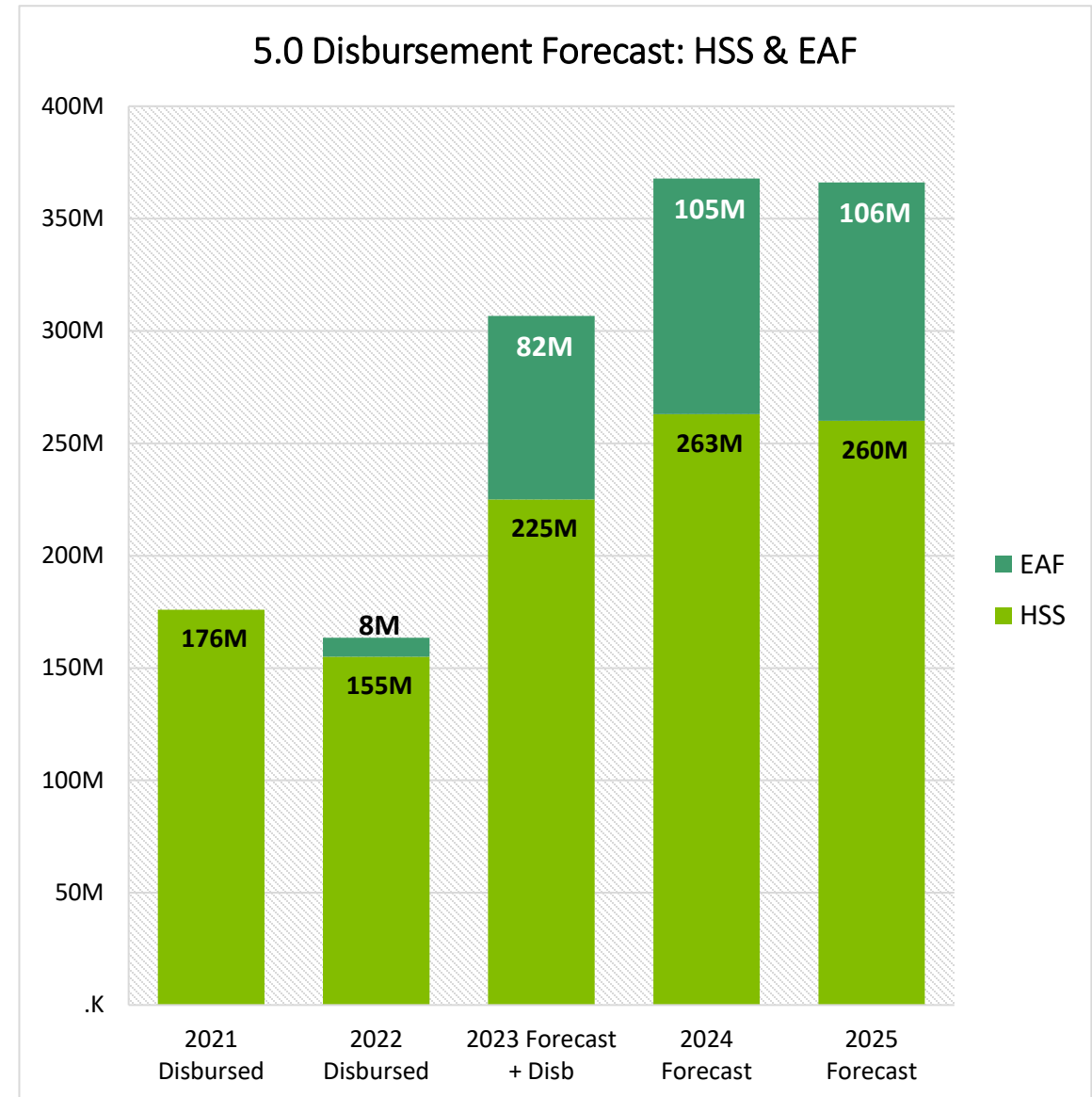
- Secretariat heatmaps developed for all countries, including links to Gavi's Must Wins

Heatmaps formalise priorities in each country, **enabling teams to balance Gavi resources and country capacity to execute at pace**

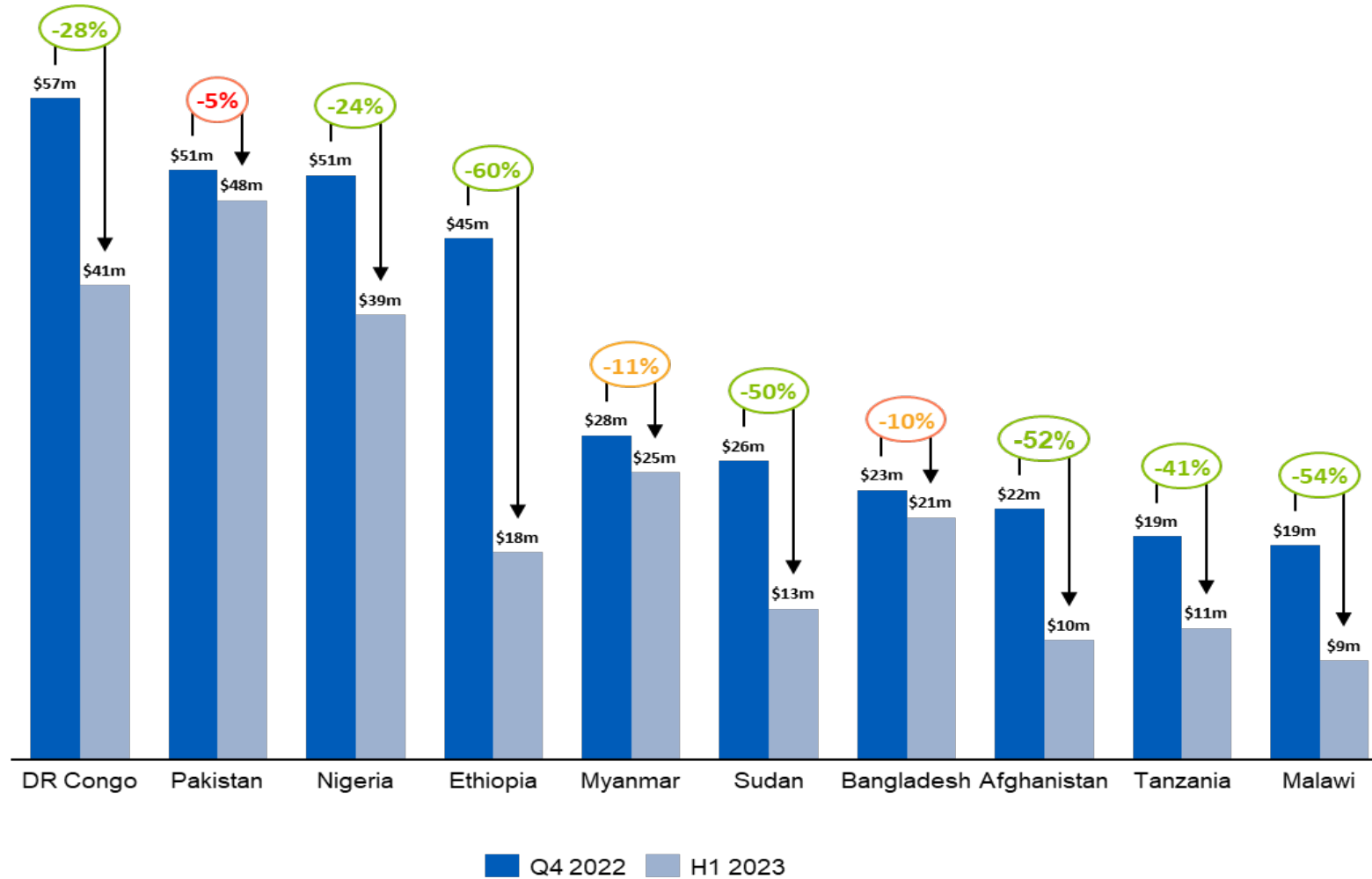


HSS and EAF disbursements accelerating post-pandemic

- Significant drop in HSS disbursements and delays in operationalising EAF during the pandemic as countries prioritised COVID-19 response
- HSS and disbursements now scaling up – 2023 progress in line with forecast with further growth projected in 2024 / 2025
 - 2023 HSS expected to be 50% higher than 2022
 - EAF disbursements forecast to start at scale in 2023 (10x higher than 2022)
- Despite progress, pandemic-related delays mean some disbursements will be pushed to Gavi 6.0



Country cash balance shifts from Dec '22 to June '23



Movement over 20%: 7 countries i.e. DRC, NIG, ETH, SDN, AFG, TNZ, and MWI showing good progress. Note: CDS grants execution has slowed since end of pandemic.

Movement between 10% to 20%: 2 countries i.e. MYA, BNG

- Myanmar, the HSS2 program has not been active for three years with multiple extensions due to political instability. Myanmar solution will impact absorption in 2024.
- Bangladesh MDTF (World Bank) low movement & slow absorption of WHO.

Movement below 10%: 1 country i.e. PAK

- Pakistan**, US\$ 18 m of the total cash balance (World Bank) was refunded to Gavi on 31 Aug and will be reflected in the next reporting. The remaining cash balance is due to PCV multi-year campaign savings now reprogrammed for Sindh Emergency

PEF funding levers making steady progress with 5.0/5.1 commitments and disbursements

Foundational Support

- 98% (US\$ 217 m) of the 5.0 budget contracted.
- US\$ 125 m disbursed in Gavi 5.0.
- WB 2024-2025 programming (US\$ 3.4 m) to be finalised and disbursed by Q4 2024.
- COVID-19 2024-2025 programming (US\$ 12.6 m) to be finalised and partially disbursed by Q4 2024.
- Upcoming requests for consideration for VP programmes (HPV/Malaria/VIS/Hexa).

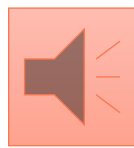
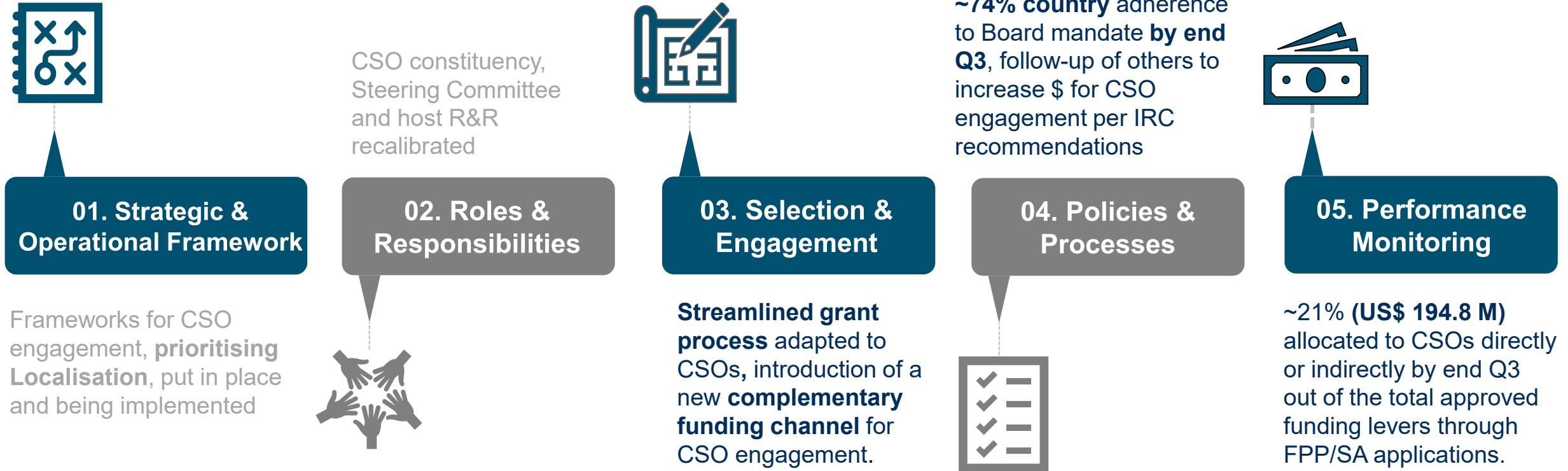
Targeted Country Assistance

- 22 countries have FPPs approved with TCA included.
- US\$ 202.2 m disbursed to core, expanded, and local partners in Gavi 5.0.
- Bridge funding used as a mitigation measure to minimise funding gaps.
- US\$ 15.5 M approved for urgent and ongoing HPV activities.
- TCA Reserve requests of US\$ 10.5 m have been approved to date.
- TCA country assessments planned for Q4.

Strategic Focus Areas

- 66% (US\$ 116 m) of the 5.0 budget contracted:
 - 59% core partners
 - 41% via expanded partners
- US\$ 56 m disbursed to all partners in Gavi 5.0.
- Expanded partner contracting is expected to pick up in Q4 2023 and HY1 2024.
- COVID-19 2024-2025 programming expected to kick off in Q1 2024.
- VIS/Hexa programming under discussion.

Steady progress with CSO engagement despite extant challenges



- true inclusion of new and *local* CSO partners in country dialogues
- ensuring that CSO allocations are *meaningfully* programmed per priority areas in CSCE approach
- strengthen the way we collect data to assess CSOs' real contribution to EPI priorities and Gavi 5.1 goals

Data on CSO engagement as of end of September 2023

Funds allocated to CSO against approved amount



All approved funding, FPP & S-A applications



% of countries complying with Board decision

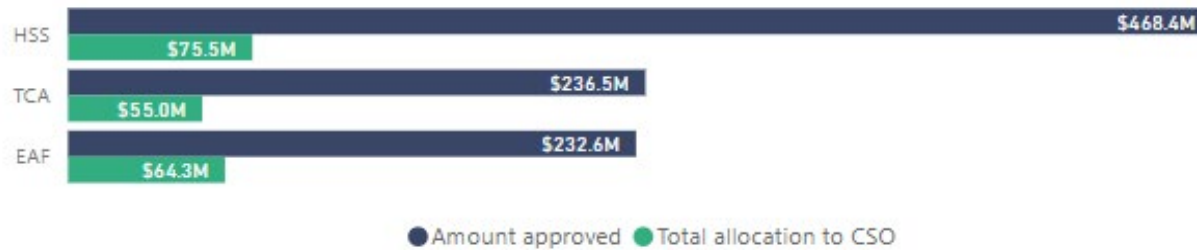


73.7%

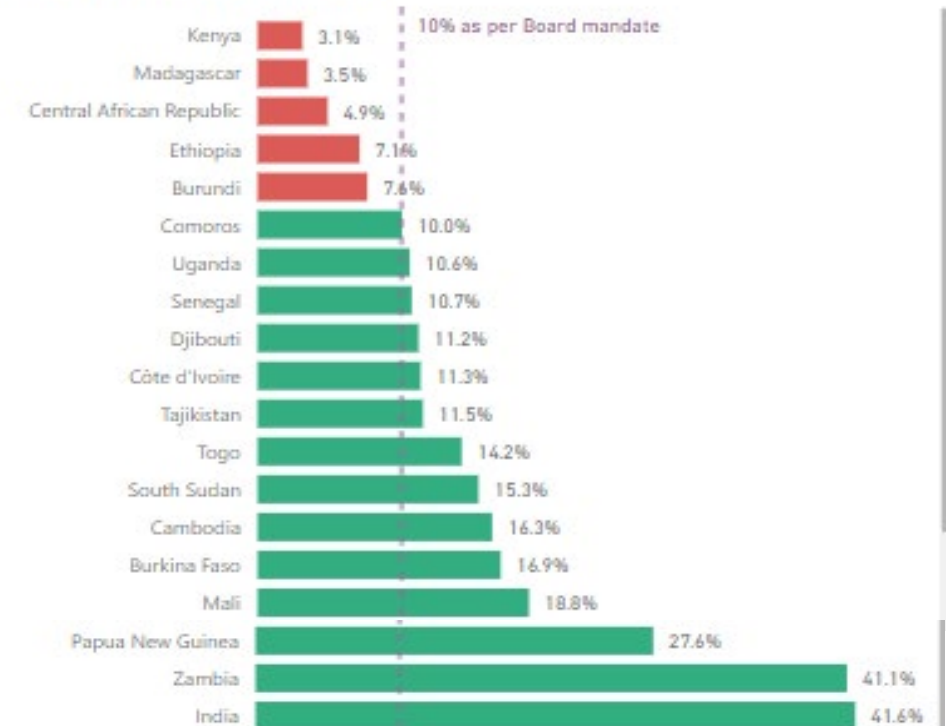
Countries with approved FPPs



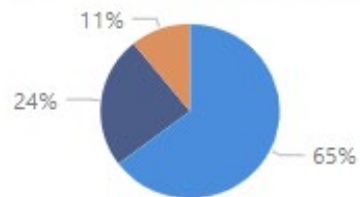
Allocation to CSOs by funding lever



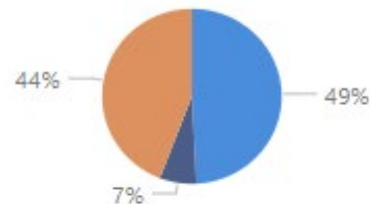
% of CSO allocation by Country



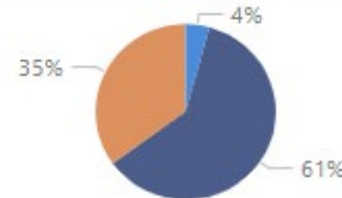
TCA Allocation - by Category



HSS Allocation - by Category



EAF Allocation - by Category



● Direct Global ● Direct Local ● Indirect

Localisation

What is localisation, why is it important for Gavi?

Localisation means **shifting** meaningful amounts of **resources, decision making** and **implementation authority** to organisations in and from the places where development is being directed.



Localisation is closely linked to Gavi's mission:

Equity vision of Gavi 5.0 cannot be achieved without localisation.

To reach under-immunised and zero dose children, Gavi needs new partnerships, particularly with local CSOs.

How is Gavi pursuing localisation?

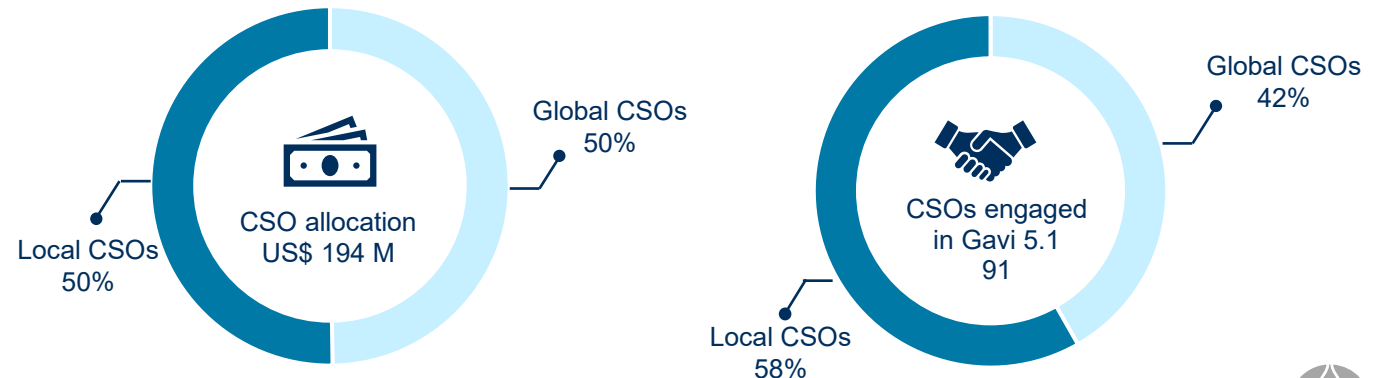
Defining Gavi's **localisation vision** through multi-stakeholder consultations with different Secretariat teams, CSO SteerCo and constituency

Introducing a new fund management mechanism to enable Gavi to increasingly **shift resources** and **implementation authority** to local organisations

Creating space for local CSOs in country dialogues to help **influence decision making**, in collaboration with CSO SteerCo

Monitoring **progress on CSO engagement**, including tracking funding allocation to local CSOs

Snapshot of progress on CSO engagement



Gavi's Approach to Defining Local

A key way to differentiate local organisations from global ones is by where they are headquartered.

Civil Society Organisations*

Gavi considers civil society to encompass the full range of formal and informal, **non-governmental and not-for-profit organisations** that represent the interests, expertise and values of communities.

[including CBOs, FBOs, INGOs, civil society networks, local professional associations, not for profit advocacy organisations]



Global

Organisations who operate globally and are headquartered outside of Gavi eligible countries



Local

Organisations who operate and are headquartered in Gavi eligible countries

Multi-country

Operates in >1 Gavi eligible country

National

Operates at national and sub-national levels

Sub-national

Operates at sub-national levels only

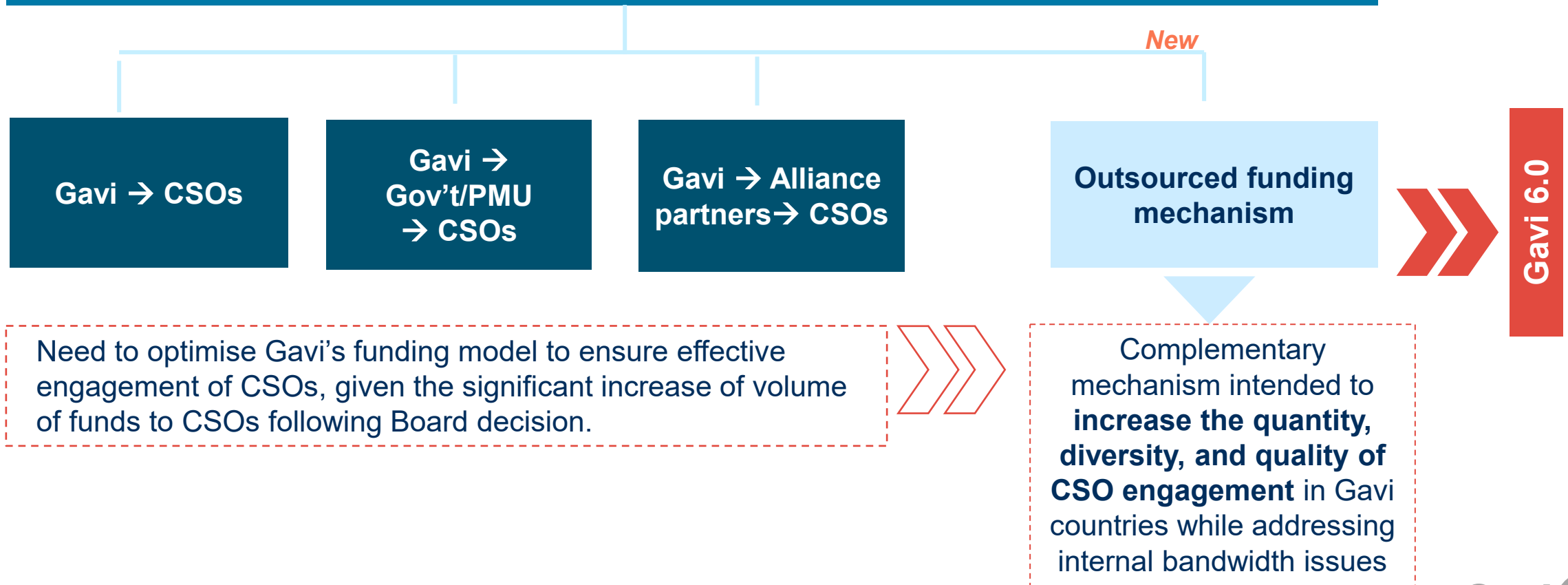


wider community actors

* Gavi foresees differentiated roles, strength and complementary value in immunisation efforts across the range of global and local CSOs.

We have extended Gavi's funding model to reach new, local partners

Menu of options to channel funds to CSOs



Advanced ZIP and FED to reach all ZD communities and facilitate nimble execution in fragile contexts

2023

- Resources secured across both pillars including appropriate technical support
- Opportunities for cross-learning between both work streams identified
- ZIP and FED are key drivers to inform Gavi's vision for F&C/FED contexts

01

Zero dose Implementation Programme (ZIP)

- US\$ 36 M disbursed to 2 consortia covering 11 countries, incl. CSOs
- Potential to reach up to 3M children outside government systems/EPI
- Key learnings around identification of needs, negotiating access for Immunisation-Nutrition and other integrated services
- Challenges with "magnetic pull towards EPI", identification of suitable partners, speed/suitability of Gavi systems/processes to enable ZIP

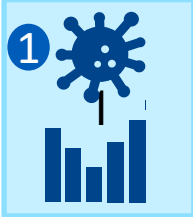
02

Fragility, Emergency & Displaced (FED) population policy

- Transition model leaves Gavi with growing focus on fragile and humanitarian contexts
- Reaching populations in these contexts requires different ways of working
- Going beyond traditional Gavi engagement i.e. funding outside 5-year windows, flexible resourcing to respond to needs, support for traditional doses/ other commodities for comprehensive approaches
- Significant opportunity for FED to inform Gavi's humanitarian role in 6.0

Update on implementation of the MICs Approach

Progress is well on track with some elements requiring longer period to see impact

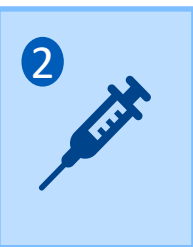


Backsliding

Positive trend of recovery amongst former-Gavi countries. Yet progress remains fragile and uneven.

8 former-Gavi countries: maintained or increased coverage

4 countries are receiving TI support: Angola, Bolivia, Honduras, Indonesia) + Vietnam (TI submitted for IRC approval)



New Vaccine Introduction (NVI)

Recent vaccine introductions in selected countries and shifts in political commitment and readiness.

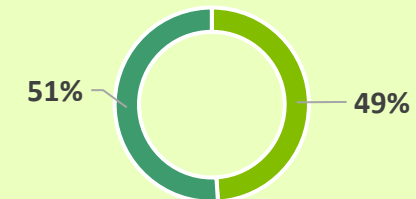
5 recent launches: Eswatini (HPV); Indonesia (HPV, Rota); Kosovo (PCV, Rota)

8 NVI applications in development: Angola (HPV); Cuba (PCV); Maldives (PCV, Rota); Timor-Leste (HPV); Mongolia (HPV); Philippines (Rota, HPV); Iran (PCV, Rota); Tunisia (HPV)

Rules-based MICs fragility support (3 countries receiving support: Venezuela; Lebanon and Sri Lanka)

- Budget implementation at pace. 43% committed and 25% disbursed (vs US\$ 301 M budget).
- Strong progress on Foundational Building Blocks, with regional technical assistance platforms underway, and new platforms with expanded partners in process.
- Robust evidence of demand and impact of collaborative learning

BUDGET

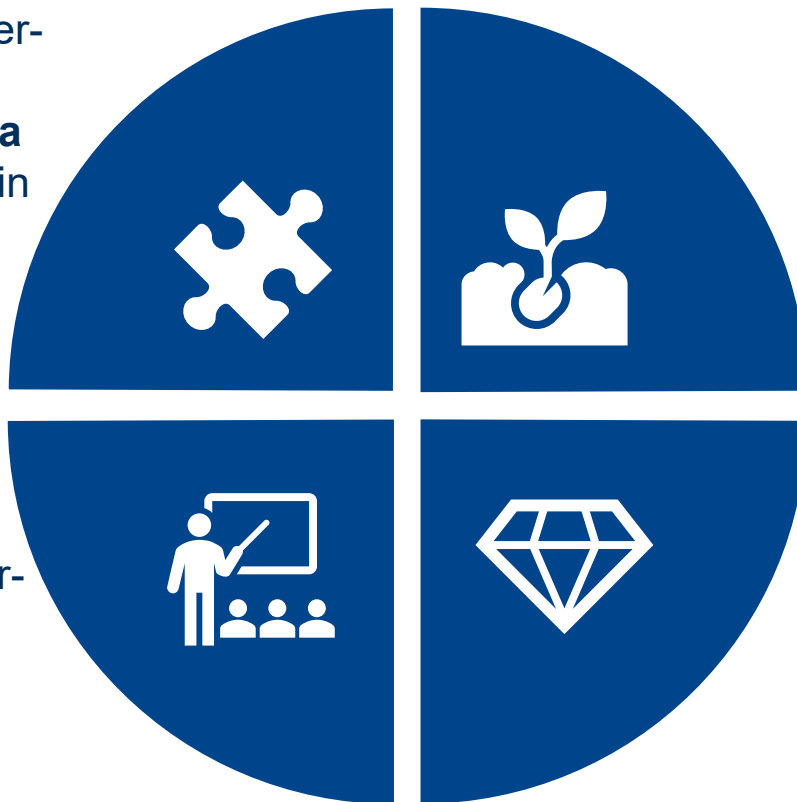


■ Approved ■ Not yet approved

Challenges, lessons learnt and considerations for the future engaging Middle-Income Countries

Challenges

- **Health systems gaps** in some former-Gavi countries
- Backsliding & large zero dose, pose a **risk to new vaccine introductions** in some never-Gavi
- Backsliding support requires flexibility, tailored approaches and a **longer timeframe**



Opportunities

- Potential to **replicate catalytic support to enable other vaccine introductions**, interest expressed by MICs (malaria, future Tuberculosis, dengue)
- **Leveraging partnerships**, World Bank and other Multilateral Development Banks

Lessons learnt

- **NVI** has been **well-received** in never-Gavi countries
- In some MICs, rather than financial support, the most critical need is **technical guidance** and **know-how**
- **MICs Fragility** support is valuable (Venezuela, Sri Lanka & Lebanon)

Yet to assess full impact

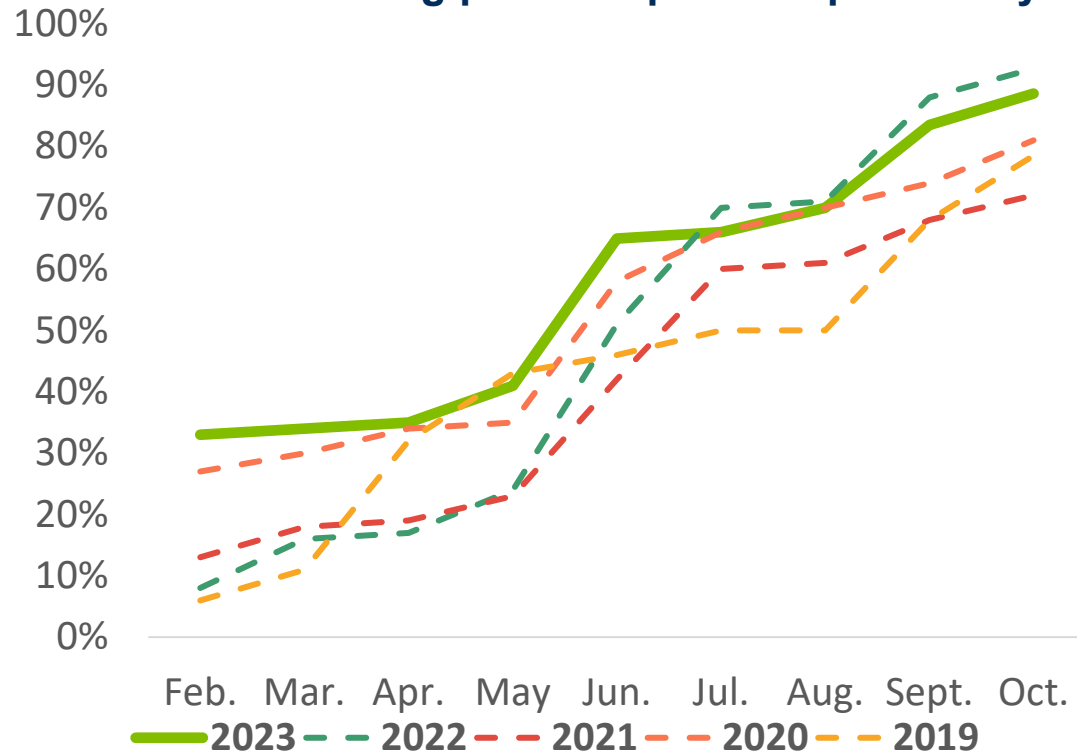
- Longer-term impact of the MICs **Financing Facility** towards the MICs objectives and procurement-related support
- On-going implementation of the **Learning Agenda**

89% of 2023 co-financing requirements met but rising risks ahead; funding for traditional vaccines in our blind-spot

At the end of October, 2023 co-financing payments reached **89%**, at par with best performance over the last 5 years

Rising co-financing challenges ahead associated with macro-fiscal context, expanding vaccines portfolio and transition

Percent co-financing paid compared to previous years



























+30% debt levels in lower-income countries in last 6 years

+38% co-financing in Gavi-eligible countries in next 2 years

Multiple humanitarian crises: 2023 **co-financing waivers** approved for Somalia, Syria and Yemen, waivers explored in Sudan and South Sudan

Progress in transition roadmaps in 8 core countries in accelerated transition

Country	DTP3	Debt	Progress in roadmap design	Expected timeline to finalisation
Laos				Draft roadmap discussed with country. Finalisation Q1 2024 in alignment with NIS
Solomon Islands				Consultations on transition facilitated with Alliance support but limited ownership from Government
Sao Tome				To be endorsed by Prime Minister in Jan. 2024
Bangladesh				Technical discussions initiated, finalisation by end Q2 2024 after elections
Cote d'Ivoire				Integration within draft health sector sustainability plan
Djibouti				Transition roadmap endorsed by Prime Minister in Jun. 2023
Ghana				Roadmap formulation launched at high level immunisation financing roundtable in Oct. 2023, finalisation Dec. 2023
Kenya				Discussion initiated in Sept. 2023, finalisation expected in Q2 2024

2

COUNTRY PROGRAMME DELIVERY

Country deep-dives across segments

High Impact Countries Segment



Ethiopia

Restoring routine immunisation

- **DTP3 (stagnant at 65%);** zero dose and under-immunised children prioritised in Big Catch-Up, plan under review
- **Subnational stock visibility gaps** to be addressed under approved and disbursed HSS4 grant
- **Sufficient TCA;** partner diversity and collaboration

Reaching zero-dose children

- **US\$ 44 m EAF approved,** targeting ZD children in 447 priority districts, **funds disbursed**
- **200,000 zero dose children reached** during December 2022 / January 2023 integrated measles follow up campaign
- Potential delays with CSO component (RFP requirement)

Relaunch of HPV & launching Malaria

- **HPV MAC** planned for **Q1 2024;** NITAG recommended to switch to one-dose schedule. TA contracting finalised.
- Malaria EOI submitted to Gavi. Ethiopia is a category 4 country; application awaiting supply ramp up.

COVID-19 – RI integration

- **42%** total population, **53%** HCW and **73%** older adults
- **US\$ 19 m CDS3** disbursed towards integration



India

- **DTP3 coverage ↑8pp to 93%**
- Zero dose and under-immunised children prioritised under the new strategic partnership (HSS-3)
- Data quality, visibility and use improvements planned through data investments under HSS3/TA

- **US\$ 133 m HSS-3 approved;** disbursement in progress
- ZD children **integrated** into GoI funded campaigns and **supported** by Gavi via U-WIN investments
- Significant investments in **evidence-based demand generation** and **CSO engagement**

- **HPV MAC** and **routine intro** scheduled in Q4 2024 - Q1 2025 depending on domestic manufacturing ramp up timing
- **Technical assistance** getting disbursed to core partners; additional TA support to be funded through Girl Effect

- Not applicable for India

Fragile and Conflict Countries Segment



Chad



South Sudan

Restoring routine immunisation

- DTP3 coverage **60% or +10%**; **ZDC -20%**
- Big Catch Up initiated; Stockout risks exist
- **TCA amount insufficient; FED funding possible**

- 2022 DTP3 coverage **75% or +12%**; **ZDC -22%**
- **Catch Up initiated**; integrated strategies
- Focus on data quality improvements through TCA fully-funded data focal point, national EPI coverage survey and EPI dashboards

Reaching zero-dose children

- EAF targets **42% ZDC**; CSOs engaged
- ZIP focused on border areas and refugees
- **Gov't vaccinating Sudan refugees; Declared Gavi emergency under FED**

- EAF; Integrated mobile outreach services and Boma Community Health Initiative to reach ZD and UIC
- ZIP focused in 15 counties along border and high ZDC
- **Gov't vaccinating Sudan refugees; Declared Gavi emergency under FED**

Relaunch of HPV & launching Malaria

- Malaria introduction planned in 2024
- Potential HPV introduction in 2025
- PCV/Rota introduction in 2024

- Malaria introduction planned in 2024
- No plans for HPV introduction in place
- Planned measles SIA application in early 2024; PCV/Rota introduction in 2025

COVID-19 – RI integration

- 26% coverage; 100% HCWs, 91% elderly
- **Integration pilot ongoing**; Q1 2024 take to scale. CDS3 disbursed in June.

- 68% coverage; 85% HCWs, 80% elderly
- **COVID-19 – RI integration underway**, funds disbursed

Core Countries Segment



Tanzania

Restoring routine immunisation

- DTP3 coverage **88% or +7%**; **ZDC - 46%**
- Ongoing implementation of Big Catch-Up
- Multiple outbreaks disrupting RI (Polio, MR, Marburg, Cholera)

Reaching zero-dose children

- Reallocation of HSS and CDS funds to support Big Catch up and reach ZD

Relaunch of HPV & launching Malaria

- HSS funds reallocated to support HPV activities and MAC planned for Q1 2024
- Request for HPV Switch grant and additional TA for HPV under development
- No application for malaria vaccine; pending clarity on vaccine availability

COVID-19 – RI integration

- **54%** coverage from total population, 100% of adult target population reached
- Low demand for COVID-19 vaccine but ongoing efforts to increase uptake



Guinea

- DTP3 stagnant at low levels (47%) since 2015
- Coordinated plan to relaunch EPI promoted by PM; Big Catch-Up plan under review
- Multiple outbreaks disrupting RI (incl. polio, Diphtheria)

- ~170'000 ZD children (38%)
- **US\$ 8 M in EAF funding** to support zero-dose strategy in 11 priority districts covering 50% of ZD children, first funds disbursed, and implementation launched

- Low capacity to introduce new vaccines (various key introductions, e.g. PCV pending)
- Application for Malaria vaccine introduction submitted for review (Nov IRC)

- **45%** of population fully vaccinated
- Decision to fully routine COVID-19 launched in 2022; low uptake of COVID-19 vaccines in RI.
- CDS3 partial disbursements made

Middle Income Countries Segment



Indonesia



Angola

Restoring routine immunisation

- Strong RI recovery; government catch-up campaigns with partner support
- Immunisation – Nutrition integrated programming i.e. WB (INEY2) project; Gavi co-financing
- Private sector initiative to drive demand for RI, hand hygiene and nutrition; Gavi also supporting

- Continued RI backsliding.
- Challenges faced with stock outs, and human resources for health constraints (C-19 and polio campaigns).
- Targeted Interventions (TI) grant approved for 2 years.

Reaching zero-dose children

- IRC approval (Sep) of additional request for Targeted Interventions (TI) to focus on 10 priority provinces that cover 78-80% of the country's ZD population.

- TI support targeting 22 municipalities and 5 Provinces with 62% of all ZD population.

Relaunch of HPV & launching Malaria

- Nation-wide roll out of HPV launched in Aug. to reach 1.2M girls
- The country's TA for NVI (HPV, PCV, Rota) has been approved by Gavi
- Local production of vaccines; technology transfer of HPV vaccines from MSD to Biofarma, i.e. Gardasil-4 into NusaGuard

- HPV introduction planned in Q2/Q3 2024
- Draft application for technical support for HPV vaccine introduction has been submitted (under review) and its resubmission is anticipated for Jan 2024 for March IRC

COVID-19 – RI integration

- Minister signed decree integrating C-19 vaccines in R.I. and PHC by Jan 1, 2024, offering vaccines to high-risk groups
- Low demand for COVID-19 vaccine
- Sufficient stock from local production capacity

- COVID-19 immunisation is integrated into RI in most parts of Angola, having a second-dose coverage of 61% among the elderly (65+) and a 57% among the country's adult population.
- Immunisation services need to be intensified.

COUNTRY PROGRAMMES DELIVERY

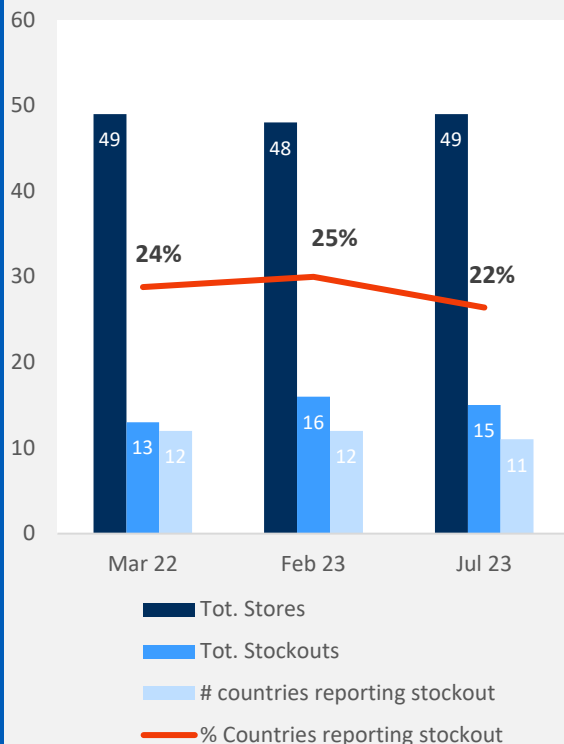
Programme deep dives

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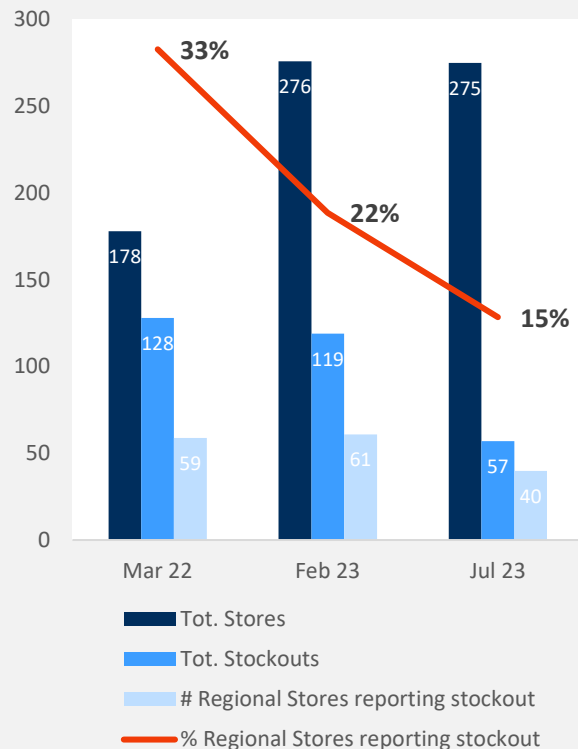
Gavi investments in active vaccine stock monitoring and capacity for data analysis and use are driving action at all levels to reduce stockouts

Trends in Reported Stockouts in Gavi Eligible Countries for Gavi Supported Vaccines*

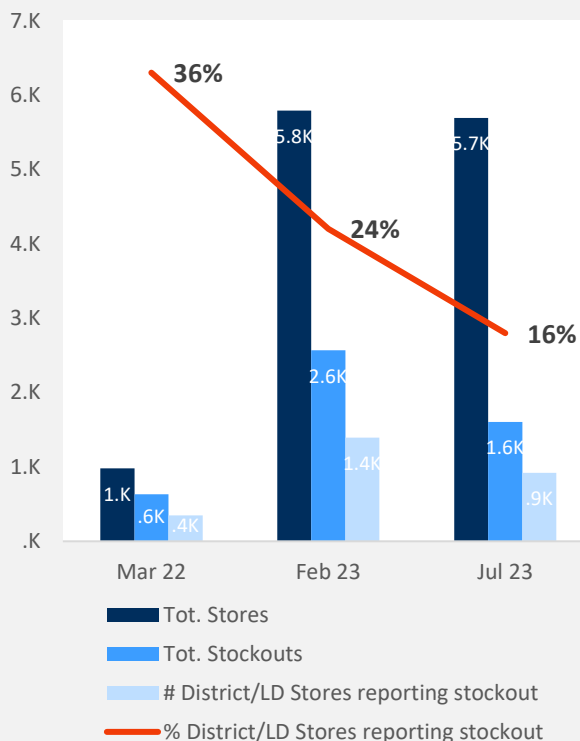
Central / National Level*



Regional Level*



District Level*



- ✓ Stockouts are **stable at national level** and **declined** substantially at **regional and district level**
- ✓ **Increase in monthly** number of stores reporting since 2022 **at regional and district level**

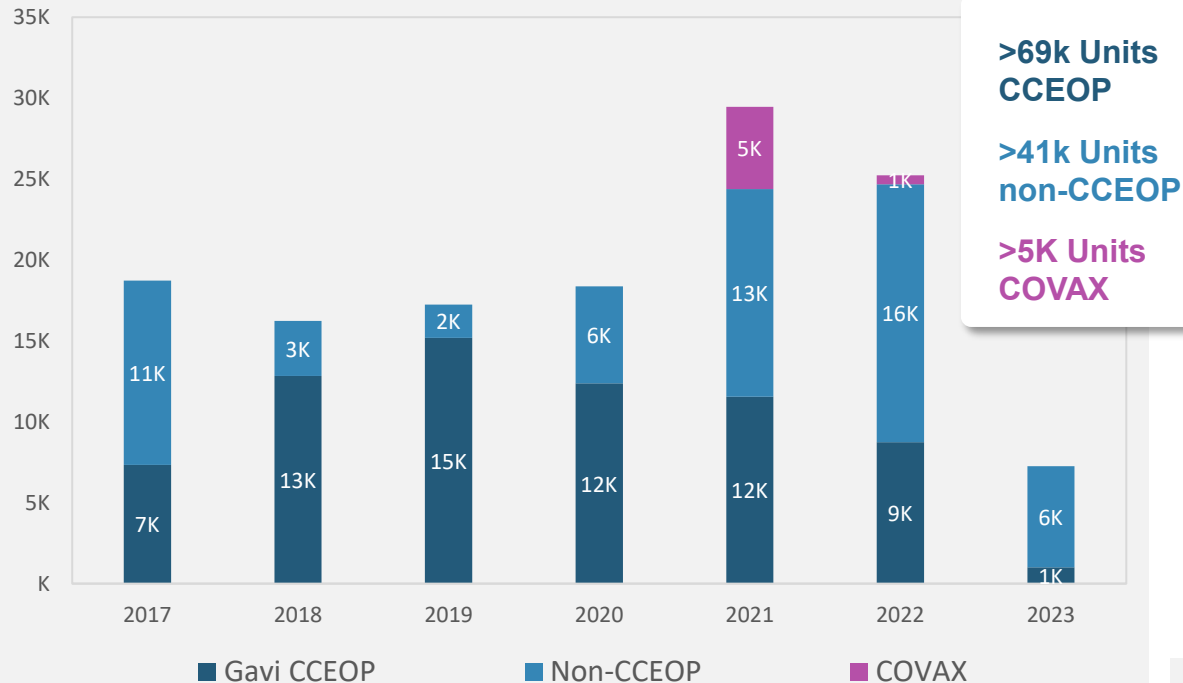
Challenges

- **Visibility of stocks:** 8 countries do not report, some sub-national stores still not registered, reporting timeliness.
- **Stockouts:** Government co-financing (39%); in-country distribution issues (31%); and delayed orders (14%).

*Source: UNICEF Thrive360 Monthly Report August 2023

Half of the estimated health facility refrigerator needs in Gavi-supported countries now met, 60% of which solar powered

Number of Units: Gavi-supported procurements of Solar-Powered / Mains Powered Cold Chain Equipment (2017-2023)*

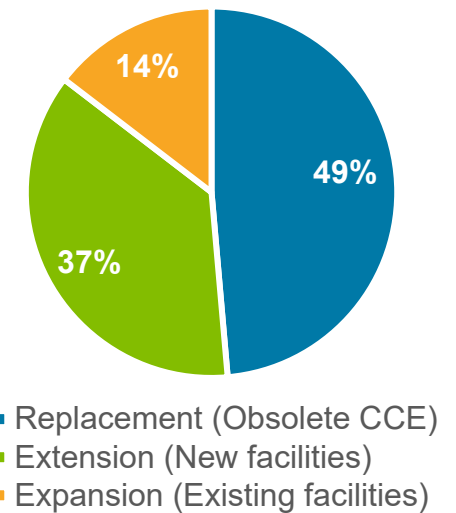


► Many new CCEOP applications delayed following the pandemic, posing risk to future installations.

There is a continuous need to rehabilitate and replace cold chain

- ✓ 49% of new cold chain units procured under CCEOP across 34 countries have replaced obsolete equipment.
- ✓ Only 37% are being deployed to new facilities to extend the reach of services

Purpose of CCE installed across 34 countries under CCEOP*



Alliance partners are leading the introduction of **new technologies and frameworks** to improve **cold chain maintenance**. Partners are **finalising guidance on Ultra Cold Chain repurposing** and have **developed a global database** on Ultra Cold Chain in country.

*Source: UNICEF Supply Division

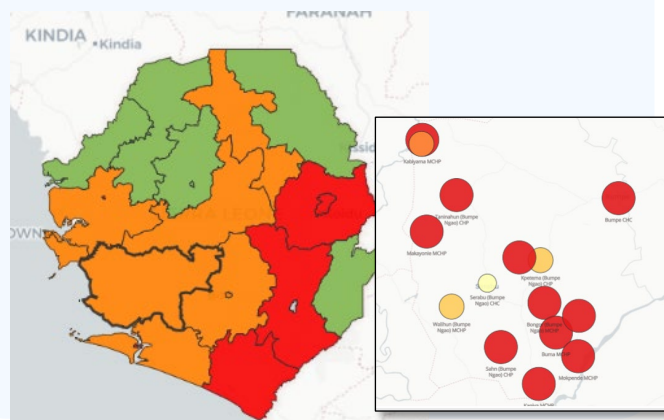
Advances in Thrive360 are supporting country level improvements in vaccine stock visibility and traceability

Alliance partners are supporting “data control towers” – centralised and connected data portals

Sierra Leone

Stock summary across the country.

Ability to drill down to lower supply chain levels from central store to health facilities.



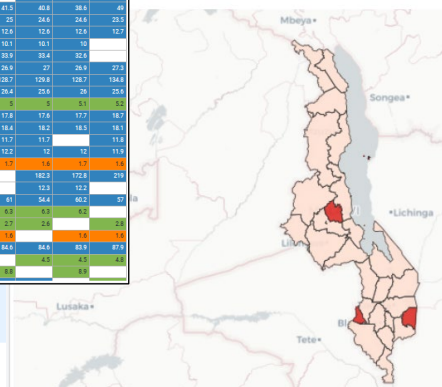
Malawi

Customised dashboards based on individuals' roles and geographic area.

Tracking mitigation plans and their status.

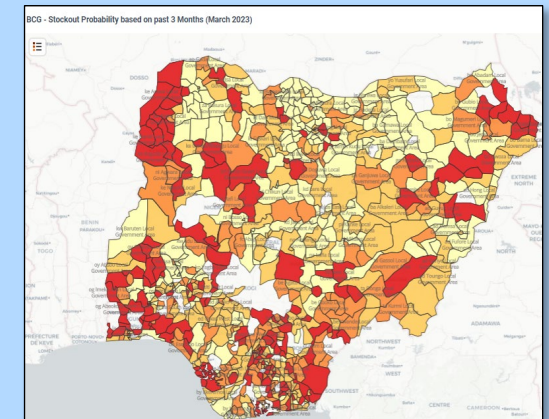
Organisation unit / Data	April 2023										
	EP-BCG stock coverage %	EP-DTP stock coverage %	EP-MCV stock coverage %	EP-OPV stock coverage %	EP-IPV stock coverage %	EP-MR stock coverage %	EP-MR stock coverage %	EP-PCV stock coverage %	EP-TT stock coverage %	EP-YF stock coverage %	EP-YF stock coverage %
MOH MALAWI Govt	8.1	4.1	1.7	5.1	8	4.7	4.2	7.4	7.6	7.7	7.2
Dowa-DHO	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	11.1	10.8
Kasungu-DHO	132.7	132.7	132.7	132.7	132.7	132.7	132.7	132.7	132.7	132.7	132.7
Nkhosala-DHO	8.2	8.2	8.2	8.2	8.2	8.2	8.2	8.2	8.2	8.2	8.2
Ntcheu-DHO	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1	17.1
Selima-DHO	40.9	40.9	40.9	40.9	41	41.9	39.6	41.5	40.8	38.6	40
Thyolo-DHO	25.2	25.2	25.2	25.2	25.2	25.2	25.2	25.2	25.2	25.2	25.2
Lilongwe-DHO	12.9	12.9	12.9	12.9	12.9	12.9	12.9	12.9	12.9	12.9	12.9
Mchinji-DHO	10.4	10.2	10.2	10.2	10.1	10.2	10.2	10.1	10.1	10	10
Ntcheu-DHO	39.7	39.9	39.9	39.9	39.4	39.9	39.1	39.9	39.4	32.6	32.6
Chipata-DHO	28.8	28.8	28.8	28.8	28.8	28.8	28.8	28.8	27	28.9	27.3
Karonga-DHO	125	125	125	125	125	125	125	125	125	125	124.5
Lilongwe-DHO	27.1	28.3	28.3	28.3	28.3	28.3	28.3	28.3	28.4	28.6	28.5
Mzimba	5	5	5	5	5	5	5	5	5	5.1	5.2
Mzimba North-DHO	17.8	17.8	17.8	17.8	17.8	17.8	17.8	17.8	17.8	17.7	18.7
Mzimba South-DHO	18.9	18.9	18.9	18.9	18.9	18.9	18.9	18.9	18.9	18.5	18.1
Nkhata Bay-DHO	11.7	11.7	11.7	11.7	11.7	11.7	11.7	11.7	11.7	11.7	11.3
Rumphi-DHO	12.2	12.2	12.2	12.2	12.1	12.2	12.1	12.2	12	12	11.9
Balaka-DHO	17.7	17.7	17.7	17.7	17.7	17.7	17.7	17.7	17.7	17.7	17.7
Blantyre-DHO	190.1	190.1	190.1	190.1	190.1	190.1	190.1	190.1	190.1	190.1	190.1
Mangoch-DHO	12.1	12.1	12.1	12.1	12.1	12.1	12.1	12.1	12.1	12.1	12.1
Mtshato-DHO	60	61.8	61	63	65.9	61.6	67.1	61	64.4	60.2	57
Phalombe-DHO	6.6	6.6	6.6	6.6	6.6	6.6	6.6	6.6	6.6	6.6	6.6
Zomba-DHO	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1	2.1
Stungwe-DHO	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6	1.6
Chiredani-DHO	84.9	84.9	84.9	84.9	84.9	84.9	84.9	84.9	84.9	84.9	87.9
Mwanza-DHO	4.5	4.5	4.5	4.5	4.5	4.5	4.5	4.5	4.5	4.5	4.4
HC	8.5	8.5	8.5	8.5	8.5	8.5	8.5	8.5	8.5	8.5	8.6

counts by district



Nigeria

Launching probability mapping in Q4 2023 to identify and prevent stockouts



■ Out of stock
 ■ Under stock
 ■ Adequate stock
 ■ Overstock

Gavi Alliance investments continue to strengthen national capacity to improve demand for immunisation and PHC services



Coordination

Continuously supported by Alliance in all Gavi countries.



Behavioural and Social Data

47 countries (14+ since last update incl. PNG, CAR, Mali) have collected, analysed and used data on behavioural + social drivers, social listening and rumor tracking to inform interventions.



Human-Centred Design

30 countries (10+ since last update, incl. Yemen, Niger, Haiti) **built country capacity** for HCD application in 2023, 5 have incl. HCD in FPP/EAF applications. Case studies completed for 3 countries.



CSO Partnership for Community engagement

Partnerships with 2 multi-faith FBOs to co-design training on vaccine demand and leverage networks to reach faith-leaders in over 92 countries



Inter-Personal Communication

Increased knowledge and skills on IPCI by 50% in **6/9 countries assessed, 2 further countries** planned (Ethiopia, Tanzania)



Social listening and digital engagement

15 countries (4+ since last update) (Govs + partners, incl CSOs) acquired capacity on social listening and digital engagement planning and 6 included in FPP (incl. Comoros, CAR, Burundi)

Vaccine confidence data from April 2023 in East and Southern Africa found 98% respondents intend to vaccinate (no change from Nov.22) and 75% consider vaccines very safe for children (down from 78% in Nov.22).*

Challenges

- Limited in-country capacity to systematically collect, analyse and use socio-behavioral data
- Slow scaling-up of innovative demand interventions.

*Source: UNICEF, COVID-19 Behavioral Needs Assessment – Round 1 and Round 2

COUNTRY PROGRAMMES DELIVERY

New Vaccines Introduction

4

Malaria update

		Cumulative to date	Status	Target (2025)
Impact 	Malaria deaths averted (since XX)	xx		To establish targets given this is a new programme and R21 entry to have significant implications
	Outcomes	Number of Malaria vaccine launches	0	
Malaria vaccine coverage in Gavi57 (annual figures)		xx		
Number of children immunised		xx		
Output	Countries approved by IRC	18	●	
	Number of countries with doses allocated	12, 18 ^{mds}	●	
	Number of countries with VIGs disbursed	4	●	
	Number of countries with TA deployed	Ph1 ¹ : 19 Ph 2 ² : 1	●	



Progress

- **Strong demand and political will** –numerous approvals and applications
- **RTS,S roll out underway** –DLs issued to 12 countries
 - **VIGs disbursed to 4 out of 9 eligible**; 3 imminent; 2 to wait for product matching
 - **TA for vaccine implementation** deployed for 1 country; 4 imminent and contracts being finalised for 3 others
 - Doses likely to arrive in **7 countries by Dec '23** and in **2 additional countries by Jan '24**
- **Planning for R21 entry** underway – specific country conversations started, good partner coordination at HQ level and leadership engagement

Challenges

- **Delay in TA for expanded partners** for implementation support (contracts nearing finalisation for most countries)
- R21 entry **introduces uncertainty and complexity into processes including**
 - **Product decision and matching process** could result in delays in intros
 - **Risk of R21 dominating the market** due to supplier capacity, volumes impacting market health

Next Steps

- **Operationalise product matching exercise** and communicate outcomes to countries in December '23
- Continue steps to enable **timely vaccine rollout** in countries such as deploying TA and VIGs, country readiness monitoring etc.
- **Finalise TA modalities** to support potential scale-ups and additional intros

● On track
 ● Moderate delays / challenges
 ● Significant delays / challenges
 ● No update

HPV Revitalisation update

Cumulative to date in 5.0 Status Target (2025)

Category	Metric	Cumulative to date in 5.0	Status	Target (2025)
Impact	Cervical cancer deaths averted (from 2014)	>387k*	●	1.4m
	New HPV launches ¹	13R, 10M	●	27R, 28M
Outcomes	HPVC coverage in Gavi57 (annual figures)	10%*	●	24% (+17pp ²)
	Girls fully immunised (from 2014)	>16.3m*	●	86m
	Milestone 2023			
Outputs	HPV applications approved by IRC ³	6	●	9
	% HPV VIG/Ops disbursed ⁴	53%	●	51%
	Number of HPV countries with TCA disbursed ⁵	30	●	22 ⁶
	Number of countries supporting HPV with HSS ⁷	6	●	6-8

Spotlight on Bangladesh



Campaign kicked off on 2 Oct. in Dhaka and will be implemented in three phases throughout the entire country targeting over 10M girls both in and out of schools

Overall status



- Updated forecast indicates **program is on pace to reach the 86M** target
- Milestone introductions** in progress: IDN (Aug), BGD (Oct), NGA (Oct)
- Strong adoption of single dose**
- FS fully allocated**
- High traction on switches to 1-dose**

Challenges



- Timely TCA** deployment
- Tight supply situation**, but improving
- Competing priorities** in Alliance, countries
- Need to continue supporting quality of large, phased introductions

Next Steps



- Support HPV** introductions (NGA, BGD, ETH, TGO) and applications (PAK, ANG, DRC) planned over the coming months
- Complete **market shaping** roadmap & **allocation** framework
- Accelerate **funding disbursement**

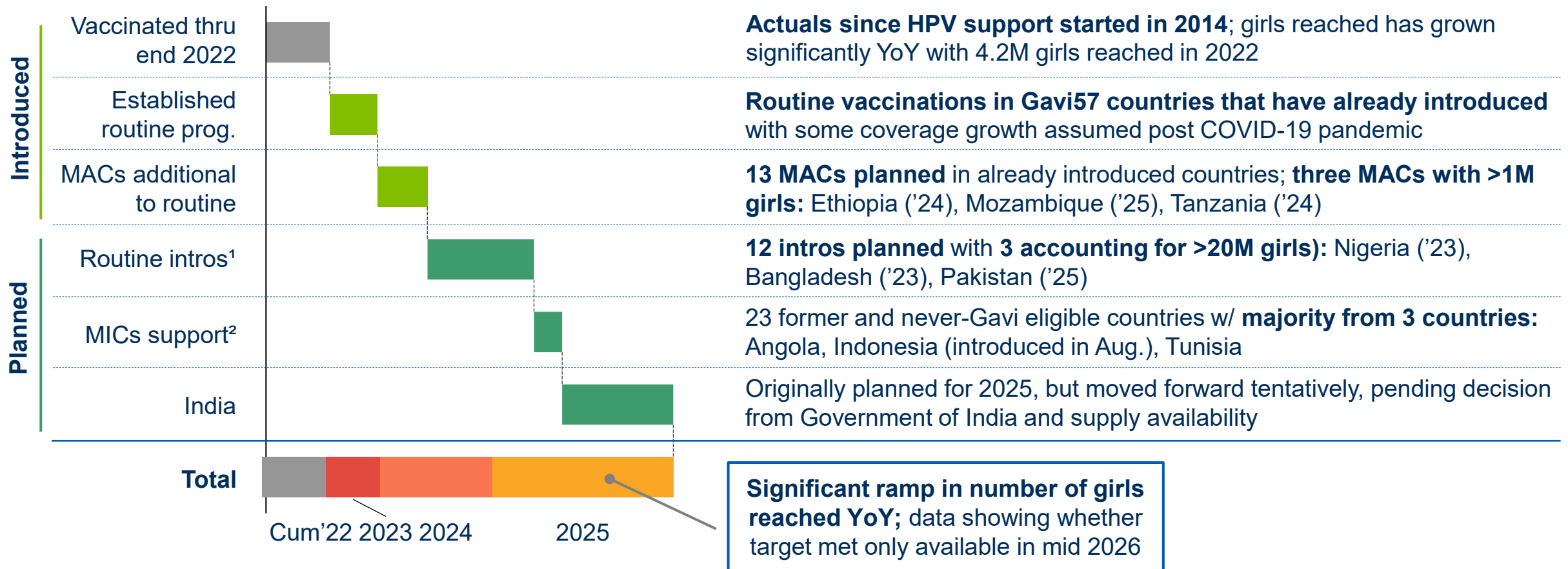
NA, not applicable. *Indicators updated annually in 2022 1. R routine, M multi-age cohort (MAC). 2. Relative to 2019 coverage baseline. 3. Excludes applications that may be approved through alternative review mechanisms. 4. Cumulative disbursed for VIG/Ops vs Gavi 5.0/5.1 forecast. Future disbursements may change due to updates to 5.0/5.1 forecast. In December 2022 the Board approved an additional US\$ 10 M for VIG+Ops+switch, hence the lower cumulative disbursements against 5.0/5.1 totals in 2021 and 2022. 5 Countries start to be included in the total when funds are contracted. 6. 3 applications, 4 for routine introduction & MAC, 3 for MAC, 12 for coverage improvement. Includes activities that are funded through either TCA ceilings or the TCA reserve. 7. New or reprogrammed HSS funding for HPV per the December 2022 Board decision. Note 3 countries drew on HSS explicitly for HPV in 2022 (Kenya, Sierra Leone, and Lao PDR).

● On track ● Moderate delays / challenges ● Significant delays / challenges ● No update

Current HPV vaccination projections show path to 86M girls by 2025 with high dependence on Nigeria, Bangladesh, and India

Breakdown of girls forecasted to be reached by 2025

Description



1. Many planned intros include both routine programmes and concurrent MAC campaigns, but not all (e.g. Mali, Cambodia);

2. Some MICs countries have introduced, but many are yet to.

NOTE: Rounding causes minor discrepancies. R = Routine; MAC = Multi-Age Cohort, campaigns intended to reach girls missed by routine programmes

Pandemic-related backsliding yielding significant increase in VPD outbreaks

- Increasing number of countries with large or disruptive outbreaks more than doubled over the last 2 years

* Large or Disruptive Outbreaks 20 cases/million population over 12 months

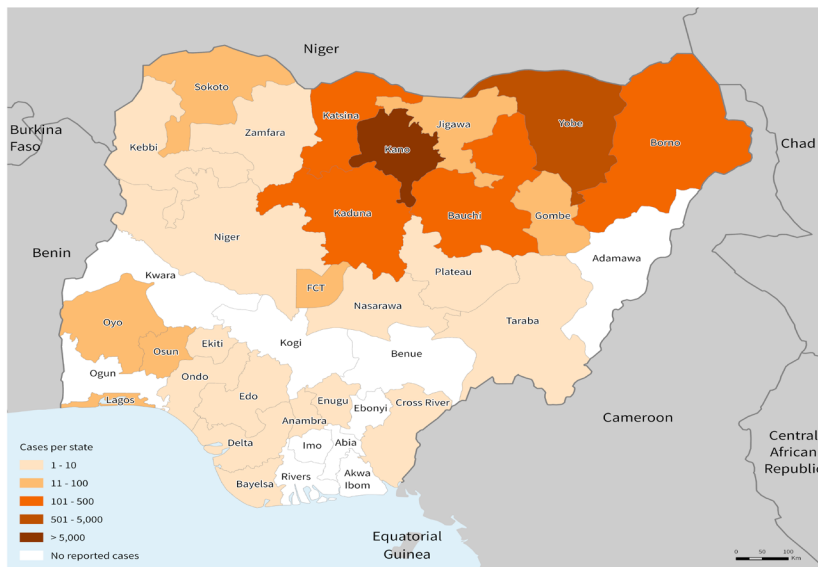


In the frame of tracking progress towards the goals of Immunization Agenda 2030 (IA2030), an indicator has been developed by a working group in order to represent large and disruptive measles outbreaks. This indicator is defined as an incidence equal or greater than 20 reported measles cases per million population over a period of 12 months. It is important to note that measles outbreak definitions vary between countries and regions according to local context and level of progress towards regional elimination goals. This definition of large and disruptive outbreaks aims to complement and not replace the national and regional definitions, while also providing a degree of global standardization and permitting tracking of progress against a common metric.

Notes: Based on data received 2023-08 and covering the period between 2022-05 and 2023-04 - Incidence: Number of cases / 1M population - Population Data: World population prospects, 2019 revision - A high proportion of clinical cases indicates a high level of uncertainty associated with the incidence rates and the inclusion of countries in this list.

- Partners are actively tracking increased Diphtheria cases in a growing number of countries. Specifically, WHO & UNICEF are providing a **3-level response** to outbreaks in both Nigeria and Guinea

Nigeria: Distribution of cases of diphtheria by state May 2022-August 2023




The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

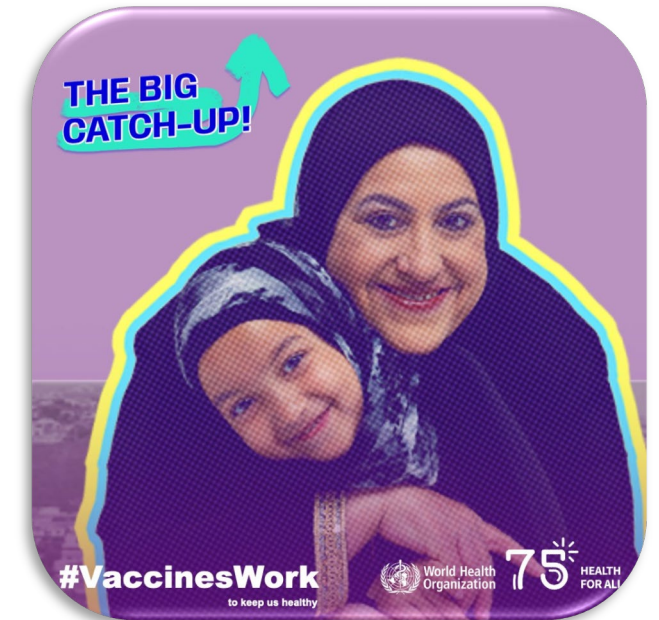
Data Source: World Health Organization, Ministry of Health
Map Production: WHO Health Emergencies Programme
Map Date: 30 August 2023

Nigeria
(May 2022 to Aug 2023)
8,353 suspected cases
301 deaths (CFR: 6.1%)

Guinea
(July to September 2023)
218 suspected cases
52 deaths (CFR 22%)

ZD and Big Catch-up Update

		Cumulative to date	Status	Target (2025)
Impact 	Number of ZD children	10.2M	●	6.7M
	Zero dose			
	% of EAF/ HSS applications approved:	79%	●	N/A
	% of HSS/ EAF funds for ZD agenda (direct)	46%	●	N/A
	# of countries which received their 1 st EAF disbursement	8	●	51
	% of ZIP programme funds disbursed	33%	●	100%



Progress

- **ZD children reduced** by 2.1M 2021-2022 but still 1.2M above pre-pandemic level
- **Rapid acceleration in HSS / EAF applications** in 2023 (47 until Jun 23) reflecting many 5.0 shifts though quality remains variable (see next slide)
- **+ 100,000 children received DTP1** through ZIP programming in 11 countries
- **Catch-up activities underway** in many countries. Big catch-up support / guidance communicated, 2 plans approved by RWG, 23 addressing RWG comments

Challenges

- **34% ZD reduction needed** to reach the 2025 target. **18–24 month delay** in operationalizing ZD agenda given pandemic delayed HSS / EAF applications
- **REACH interventions** could benefit from **greater innovation and tailoring** to address critical sub-population needs and barriers e.g. gender
- For ZIP, scope to refine ZD understanding, targeting, and approaches for some countries
- **Some initial catch-up plans siloed and/or poor-quality**; need to improve links with planned campaigns, and EAF / HSS; **co-financing** key barrier
- **Measuring progress** on ZD and Big Catch-Up

Next Steps

- Continue to support countries to develop **quality HSS / EAF applications** and catch-up plans
- Pivot from applications to supporting and monitoring implementation at pace
- Explore ways to **integrate** ZD CoP with other programmatic areas (e.g., demand and gender) to foster increased **peer-to-peer learning**
- Agree on Big Catch-Up financing / co-financing approach with AMC IG / PPC
- Finalise Big Catch-Up M&L approach

● On track
 ● Moderate delays / challenges
 ● Significant delays / challenges
 ● No update

Alliance partners are working to address key challenges

Challenges

Resources

- Country co-financing for Gavi supported vaccines and financing for traditional vaccines
- Delivery and TA costs

Policy, approach and planning

- Some catch-up plans siloed / poorly linked with planned campaigns
- Policy barriers to reaching older age children missed during the pandemic

Monitoring and learning

- Current systems do not capture older age children.

Mitigating actions

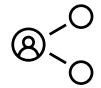
- ▶ Gavi PPC recommended funding catch-up doses
- ▶ Flexible reprogramming process for Gavi funds (CDS3, HSS, EAF, TCA) and World Bank support funds

- ▶ Joint and global/regional cooperation to ensure high quality plans - RWGs refining and revising plans and forecasts - Global Task Team meets weekly to address key strategic hurdles
- ▶ Countries encouraged to use opportunity of campaigns, incl. Gavi-supported Measles and GPEI-supported Polio campaigns, to add critical antigens

- ▶ Monitoring guidance and learning agenda is under development to help countries identify learnings
- ▶ Global and country Key Performance Indicators (KPIs) as a scorecard
- ▶ Regional surveys to assess progress and identify technical support needs

Progress on VIS 2018 and other new programmes

Since May 2023 PPC



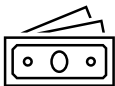
Alignment with Core Partners on **timelines & resources needs**



DTP Boosters programme integrated with Hexa programmes launched in Q3 – vaccine funding guidelines published



Coordination teams for Rabies and HepB BD established - 1st meetings conducted in September & October



Consultation with partners on **prioritization of FS requests included in financial forecast** – further refinement possible as programme design and roll-out takes place

Key next steps

- **Rabies and HepB BD** - Development of *vaccine funding guidelines* ongoing. Launch planned Q2 2024. Countries can start applying in Q3 2024
- **Hexavalent & DTP Boosters programmes:** Focus on demand materialisation and communications – with support from the partners
 - Communication materials
 - Decision support tools and technical support (assess financial and programmatic impact)
 - Expression of Interest to be circulated in the coming weeks
 - Webinars
 - Learning agenda

COUNTRY PROGRAMMES DELIVERY

Current realities and next steps

5

Prevailing context within which our programmes are operating

Upcoming elections and uncertain outcomes



Worsening emergency and humanitarian conditions, forced migration with increasing fragility



Continued and even further backsliding in some countries



Fiscal space constraints; declining economic health and responsiveness



The swinging reality from polycrises to permacrises across geographies



Armed conflict, political instability and disruptions to programme continuity



Outbreaks of vaccine preventable and potentially other new diseases



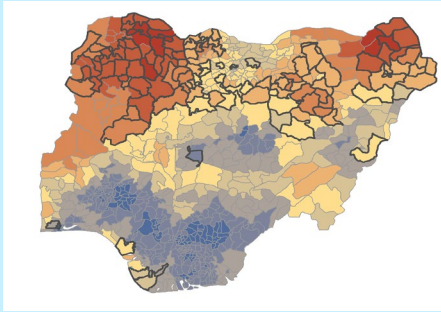
Climate threats and accompanying emergencies



Missed opportunities for fully realising the benefits of partnerships

Looking ahead: Focus areas for the Alliance in 2024

High Impact Countries



- **Quality execution** of approved 5.0/5.1 grants
- **HPV** and **Measles** in Ethiopia, India, Nigeria
- Accelerate use of **country systems**
- Strengthen national and **subnational** political and social commitment

Fragile & Conflict Countries



- Continued focus on **FPP** and **EAF** applications; pivot to quality implementation
- Stock take on Alliance efforts for country **data shortcomings**; radical shifts needed
- **FED operationalisation** underway with dedicated Gavi staffing

Core Countries



- **HPV, Measles, Malaria, Cholera**
- **Stagnating countries** and drop-out DTP 1-3.
- Countries in **accelerated transition**
- Advocacy **political will, domestic financing** and **timely co-financing**

Middle-Income Countries



- Prioritise **backsliding** support and protecting gains made
- Tackle access barriers for **HPV, PCV** and **Rota** introductions, having built political will
- Keep engagement with **fragile MICs**

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

Thank you