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Subject	<b>Programme and Policy Committee Chair Report</b>
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Category	<b>For Information</b>
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### **Section A: Introduction**

- This report provides the Board with an overview of the activities of the Programme and Policy Committee (PPC) since the Committee Chair last reported to the Board in June 2024.
- The PPC held an in person meeting on 22-24 October 2024. During the meeting, the Committee discussed a number of important topics for the Alliance and agreed on recommendations which are being put forward to the Board at its 4-5 December 2024 meeting for consideration.
- To follow up on discussions at the October 2024 meeting, the PPC reconvened for a virtual meeting on 20 November 2024 to further discuss topics falling under the Funding Policy Review and to consider an additional topic for recommendation to the Board at this meeting on the update of the Prioritisation Mechanism for Gavi's Support to Countries. The PPC was also asked to provide guidance on the Nigeria Accountability Framework.
- The PPC Chair report is attached in the form of a presentation as Annex A and the PPC recommendations to the Board are attached as Annexes B and C.

### **Annexes**

**Annex A:** PPC Chair report

**Annex B:** PPC recommendations to Gavi Alliance Board (October 2024)

**Annex C:** PPC recommendations to Gavi Alliance Board (November 2024)

# PROGRAMME AND POLICY COMMITTEE CHAIR REPORT

BOARD MEETING

**Anne Schuchat**

4-5 December 2024, Bali, Indonesia

# PPC Meeting, 22-24 October 2024

## Discussion, Guidance and Information Items

- CEO Update, including Strategy, Programmes and Partnerships
- Read out from the Audit and Finance Committee (*Short information item*)
- Joint Alliance Update on Country Delivery
- Gavi's Response to Mpox
- Gavi 6.0: i) Getting Ready to Deliver on the Next Strategic Period; ii) Health Systems Strategy; and iii) Measurement Framework
- Report of the Independent Review Committee
- Annual Risk and Assurance Report 2024 and Risk Appetite Operationalisation
- Update on Measurement, Evaluation and Learning
- Update on Collaboration with Other Organisations

# PPC Meeting, 22-24 October 2024

## Recommendations to the Board

- Funding Policy Review: Health Systems and Immunisation Strengthening Policy (*Board Agenda Item 6bi*)
- Funding Policy Review: Eligibility, Transition and Co-financing, including Catalytic Phase (*Board Agenda Item 6bii*)

# PPC Meeting, 22-24 October 2024

## CEO Update, including Strategy, Programmes and Partnerships

- The PPC welcomed the CEO report and commended her achievements in her first six months in the role including through the 180-day plan
- Underlined the importance of continuing to focus on the zero-dose agenda; leveraging local Civil Society Organisations (CSOs) and implementing partners, particularly in advancing the zero-dose agenda and advocating for Gavi in the lead up to the replenishment
- Commended the progress in human papillomavirus (HPV) vaccine coverage facilitated by the one-dose schedule and stressed the importance of the programme's sustainability and the potential to leverage HPV platforms for other vaccines, including tuberculosis, and
- Provided guidance on the strategic scenarios corresponding to the level of ambition to address the yellow fever immunity gap, expressing comfort with deploying a differentiated and country-tailored vaccine scenario approach

# PPC Meeting, 22-24 October 2024

## Joint Alliance Update on Country Delivery

- The PPC expressed appreciation for the transparency and granularity of data provided by Alliance partners, including by country segment, and the progress that has been made in fragile and humanitarian contexts
- Reflected on the key drivers of the increase in zero-dose children, including conflict and socio-economic drivers, emphasising the critical role and ambition in Gavi's approach in fragile and humanitarian settings
- Discussed progress and challenges related to malaria, HPV, cholera, the Big Catch-up, as well as to vaccine stockouts, supply chain, and status of ultra cold chain equipment
- Reflected on Gavi engagement at the subnational level, particularly with respect to technical assistance and the need for improved visibility on vaccine stockouts

# PPC Meeting, 22-24 October 2024

## Gavi's Response to Mpox

- PPC members welcomed the update and commended Gavi's quick response to the mpox outbreak
- Underscored the need for continued coordination across Alliance partners to respond to the ongoing outbreak, and to leverage COVID-19 learnings to mitigate and respond to future outbreaks, including on barriers to access and delivery
- Underlined the importance of strengthening routine immunisation, focusing on the Big Catch-Up and supporting healthcare workers in preventing and responding to outbreaks
- Stressed the importance of considering the potential designation of the mpox vaccine as a "Priority Vaccine" under the African Vaccine Manufacturing Accelerator (AVMA)

# PPC Meeting, 22-24 October 2024

## Gavi 6.0: Getting Ready to Deliver on the Next Strategic Period

- PPC members expressed their appreciation for the highly consultative process on the fragile and humanitarian settings approach and were supportive of the problem statements presented
- Suggested that the Secretariat engage with the broader response in fragile and humanitarian settings, including at subnational level and beyond the vaccine landscape
- Were generally supportive of the more differentiated approach proposed through the IRC Transformation; and commented on: i) the desire to avoid undue burden on the Secretariat; and ii) the need to situate this work within the broader evolution of the partner approach as part of Gavi 6.0, and
- Rose Leke, Independent Review Committee Chair, was invited by the PPC Chair to provide her perspective on the proposal. She emphasised that the IRC was very supportive of the Secretariat reviews for low risk and low value applications. She also provided assurance to the PPC of the outcome of the Secretariat reviews



# PPC Meeting, 22-24 October 2024

## Gavi 6.0: Health Systems Strategy

- PPC members were generally supportive of the shifts outlined in the paper and expressed appreciation for the extensive consultation undertaken to date
- Were supportive of a more systematic approach to differentiating Gavi support but also emphasised that countries must shape the priorities for their grants
- In relation to the consolidation of health systems grants and simplified grantmaking, reinforced the importance of strengthening domestic resource mobilisation for health systems, including through the proposed changes to the HSIS Policy, but some members underscored the complexity and cautioned the level of ambition
- Underscored the need for robust country-level planning and technical support to ensure high-quality plans
- Emphasised the complexity of operationalising the Health Systems Strategy and that successful implementation will require new ways of working at country, regional and global level across the Alliance including addressing the structural silos that exist across partner and Secretariat teams

# PPC Meeting, 22-24 October 2024

## Gavi 6.0 Measurement Framework

- The PPC were supportive of the potential key shifts in Gavi's Measurement Evaluation and Learning (MEL) approach for Gavi 6.0
- Were supportive as well of the design features of the Gavi 6.0 measurement framework, including a more focused measurement framework that leverages existing country data sources without imposing new reporting requirements, with an emphasis on supporting countries to meet their measurement needs for effectively managing their immunisation programmes in line with the Lusaka agenda, and
- Provided guidance on potential evaluation topics for the next strategy period

# PPC Meeting, 22-24 October 2024

## Report of the Independent Review Committee

- The PPC welcomed the IRC report and commended their ongoing work and recommendations
- Commented on the workload of the IRC and the number of country applications
- Highlighted the macroeconomic challenges faced by some implementing countries, particularly in fragile and conflict contexts where local currencies are depreciating sharply, and the IRC's recommendation to increase flexibility for these countries, and
- Discussed the IRC's request for improved guidance to countries on vaccination campaigns and new vaccine introductions

# PPC Meeting, 22-24 October 2024

## Annual Risk and Assurance Report 2024 and Risk Appetite Operationalisation

- The PPC emphasised the risks of Vaccine-Preventable Diseases (VPD) outbreaks, stressing the need for surveillance and outbreak response, with special focus on polio
- Queried risks related to sustainable transition and backsliding; country management capacity; and AVMA, and
- Discussed the process to identify and include new risks in the report

# PPC Meeting, 22-24 October 2024

## Update on Measurement, Evaluation and Learning

- PPC members welcomed this report that was jointly presented by the Secretariat and the Chair of the Evaluation Advisory Committee
- Raised the issue of how to more effectively reach the right populations in country at various stages of evaluation, which has also been a theme in recent centralised evaluations and the Evaluation Function Review
- Following the recent use of evaluation findings at an Alliance Partnership and Performance Team meeting as an introduction to substantive discussions, alongside IRC findings, some PPC members suggested this practice be continued where practicable, and
- Discussed several topics including 1) the recommendation to spend 10% of Equity Accelerator Funds and Health Systems Strengthening funds on learning and data generation; 2) the use of data to reach zero-dose children; 3) which body has the responsibility for tracking progress in country with respect to zero-dose; and 4) the use of joint evaluations as a positive step

# PPC Meeting, 22-24 October 2024

## Update on Collaboration with Other Organisations

- PPC members commended the progress on the four workstreams to date and encouraged ambition, despite the complexity of bringing multiple agencies and approaches together; with a request from some PPC members for more information on how Gavi is more comprehensively supporting the Lusaka Agenda
- Reinforced the need to work within the workstream construct, to focus on concrete steps, and not try to address everything at once; encouraged the Secretariat to keep countries at the centre with the initial focus on wave 1 collaboration countries
- Noted tuberculosis as an important additional area of potential collaboration
- Expressed appreciation for the work to date through the Joint Committee Working Group (JCWG), which includes two PPC members
- Highlighted the importance of continued collaboration with the Global Polio Eradication Initiative (GPEI) and indicated they were looking forward to a Gavi-GPEI joint session in the new year, and
- With respect to collaboration with Africa Centres for Disease Control and Prevention, appreciated the update on progress and asked for regular and transparent updates

# PPC Meeting, 22-24 October 2024

## Recommendations to the Board

- Listed in Annex B
- Further details from the PPC discussions contained in the relevant papers to the Board (indicated on slide 3)

# PPC Meeting, 20 November 2024

## Discussion, Guidance and Information Items

- Nigeria Accountability Framework

## Recommendations to the Board

- Update of the Prioritisation Mechanism for Gavi's Support to Countries (*Board Agenda Item 10*)
- Funding Policy Review: Health Systems and Immunisation Strengthening Policy (*Board Agenda Item 6bi*)
- Funding Policy Review: Eligibility, Transition and Co-financing, including Catalytic Phase (Board Agenda 6bii)



# PPC Meeting, 20 November 2024

## Nigeria Accountability Framework

- PPC members commended the progress in Gavi's engagement with the Federal Government of Nigeria, including through recent in-country planning meetings
- Recognised the example that had been set for other Global Health Institutions with respect to the Lusaka agenda
- Noted the importance of success for Nigeria and for Gavi's mission
- Reflected on upcoming challenges to co-financing and affordability for Nigeria
- Supported the direction proposed by the Secretariat

# PPC Meeting, 20 November 2024

## Recommendations to the Board

- Listed in Annex C
- Further details from the PPC discussions contained in the relevant papers to the Board (indicated on slide 15)

# PPC meeting – 22-24 October 2024

Annex A



# Thank you

# REVIEW OF DECISIONS

PROGRAMME AND POLICY COMMITTEE  
22-24 October 2024, Geneva, Switzerland

# Decision 1: Funding Policy Review - Health Systems and Immunisation Strengthening Policy (1/3)

The Gavi Alliance Programme and Policy Committee recommended to the Gavi Alliance Board:

1. With respect to the consolidation of funding levers, that it approve:

- a) the consolidation of seven funding levers into one consolidated cash grant, namely: i) Health Systems Strengthening (HSS); ii) Equity Accelerator Funding (EAF); iii) operational support for predictable campaigns; iv) Vaccine Introduction Grants (VIGs); v) predictable switch grants; vi) Innovation Top-Up; and vii) Cold Chain Equipment Optimisation Platform (CCEOP);
- b) limited guardrails to safeguard investments in Cold Chain Equipment (CCE) by introducing a minimum spending requirement for CCE based on an Alliance-validated CCE needs forecast; and
- c) the development of a third guardrail for Measles/Measles-Rubella Follow-Up Campaigns with details to be defined in consultation with Alliance partners and outlined in the final policy document.

# Decision 1: Funding Policy Review - Health Systems and Immunisation Strengthening Policy (2/3)

2. With respect to the revised allocation formula to determine Gavi's cash support in a consolidated cash grant, that it **approve**:

- a) a new allocation formula, that takes into account ability to pay, equity, health system performance and population size using the following indicators: GNI per capita and three-year averages of the number of children missing the first dose of diphtheria, tetanus, and pertussis vaccine (DTP1), the number of children missing the third dose (DTP3) and the number of children missing MCV2;
- b) adjustments to the weightings of the indicators in the allocation formula to 50% for Gross National Income (GNI) per capita and 50% for performance indicators (DTP1, DTP3, MCV2), while reinstating a cap on the total amount a country can receive of health systems support and maintaining a minimum floor. Details of the caps and minimum floors will be determined following replenishment and brought back to the Board, through the PPC, for approval;
- c) a 10% multiplier to prioritise funding for countries facing chronic fragility as defined by Gavi's Fragility, Emergencies and Displaced Population (FED) policy; and
- d) the proposed approach to allocate funds for Measles/Measles-Rubella Follow-Up Campaigns, vaccine introductions and planned switch grants at the start of Gavi's strategic period, based on forecasts, while holding back funds for other preventive campaigns (and their associated introduction grants if relevant) until countries' applications are approved.



# Decision 1: Funding Policy Review - Health Systems and Immunisation Strengthening Policy (3/3)

3. In relation to programmatic sustainability, that it **approve** an approach to programmatic sustainability:
- a) maintaining the country joint investment requirement for cold chain equipment (CCE) and aligning with other co-financing requirements, and introducing in-kind alternatives to joint investment; and
  - b) a wide-ranging learning agenda in Gavi 6.0 to explore country specific and country-owned modalities to increase domestic investment in immunisation.



# Decision 2: Funding Policy Review - Eligibility, Transition and Co-financing, including Catalytic Phase (1/6)

The Gavi Alliance Programme and Policy Committee **recommended** to the Gavi Alliance Board, subject to the availability of funding for the 2026-2030 period following Gavi's replenishment for that period, that it:

a) Under Shift A, **approve**:

- i. Directly linking country co-financing contribution to the price of the vaccines for specific vaccine markets, where certain conditions are met (as outlined in Annex B to Doc 06bii);
- ii. Determining the percentage of the vaccine price that the country will pay in co-financing according to the principles of: minimal disruption to current co-financing obligations, uniform payment for the same product across Initial Self Financing (ISF) countries, and affordability of new vaccines;
- iii. Human Papillomavirus (HPV) and pneumococcal vaccine (PCV) as the first vaccine markets to meet the specific conditions under decision point a)(i), and hence the first markets for application of Shift A, with co-financing set at 4% for HPV and 7% for PCV of the vaccine price<sup>1</sup>, in accordance with the principles of decision point a)(ii); and
- iv. Following the application of Shift A to HPV and PCV as per decision point a) (iii), that future applications of Shift A to other vaccine markets, as well as the appropriate co-financing, will be reviewed and applied by the Secretariat, in accordance with the considerations and principles specified in Annex B to Doc 06bii and in decision point a)(ii), leveraging market shaping roadmap review cycles and in consultation with Alliance market shaping partners.

<sup>1</sup> Calculated based on current equivalence to US\$ 0.20 per dose for the highest cost product selected by countries for each vaccine

# Decision 2: Funding Policy Review - Eligibility, Transition and Co-financing, including Catalytic Phase (2/6)

b) Under Shift B, **approve**:

- i. Increasing the Gavi eligibility threshold to US\$ 2,300 Gross National Income (GNI) per capita (p.c.) in 2026; and
- ii. Providing countries that regain eligibility with a downward adjustment in co-financing for individual Gavi-supported vaccine programmes, including fully self-financed ones, to 80% at the point at which they re-enter Preparatory Transition (PT) phase.

c) Under the Small Island Developing States (SIDS) Package,

- i. **Approve** increasing Accelerated Transition (AT) phase for SIDS to 12 years and providing a one-time downward adjustment in co-financing for individual Gavi-supported vaccine programmes, including fully self-financed ones, to 80% in 2026; and
- ii. **Note** that SIDS will continue to receive programmatic support, including for campaigns, for the entirety of the AT phase.

# Decision 2: Funding Policy Review - Eligibility, Transition and Co-financing, including Catalytic Phase (3/6)

## d) Under Shift C, **approve**:

- i. Introducing a co-financing cap for individual Gavi-supported vaccine programmes for countries in Preparatory Transition (PT) of 80%;
- ii. Providing a downward adjustment in co-financing to individual Gavi-supported vaccine programmes, including fully self-financed ones, to 80% for countries in PT above the co-financing cap; and
- iii. For countries in PT, establishing an introductory co-financing cap of 35% for all new vaccines, with the exception of measles and measles-rubella (MR), which will remain as per the current Board decisions.

## e) Under Shift D, **approve**:

- i. For countries in AT, establishing an introductory co-financing cap of 35% for all vaccines, with the exception of Measles and MR which will remain as per the current Board decisions; and
- ii. Providing AT countries with eight years of vaccine support for all new vaccines introduced during AT, regardless of when during the AT phase they are introduced.

# Decision 2: Funding Policy Review - Eligibility, Transition and Co-financing, including Catalytic Phase (4/6)

## f) Under Shift E, **approve**:

- i. Using multiple indicators measuring immunisation coverage to assess programmatic performance of AT countries, aligning directly with the indicators and levels used in the Health Systems allocation model in Gavi 6.0;
- ii. Providing five years of additional programmatic support to reinforce programmatic capacities for countries post-AT who meet the specified criteria; and
- iii. Removing the 90% coverage threshold limit for three doses of pentavalent vaccine (Penta3) for approval of new Health System Strengthening grants for countries in AT.

## g) Under Shift F, **approve**:

- i. Allowing Gavi to provide, for countries that experience widespread, large-scale conflict or disaster of such magnitude that profoundly hampers the proper functioning of government, either (i) co-financing waivers of up to three years at any one time, or (ii) partial co-financing obligations, as per the country context.

# Decision 2: Funding Policy Review - Eligibility, Transition and Co-financing, including Catalytic Phase (5/6)

h) Under the Catalytic Phase<sup>2</sup>, **approve**:

- i. The overall scope and eligibility for the Catalytic Phase, including vaccines in scope, as outlined in Annex C to Doc 06bii;
- ii. Support may be channeled towards vaccine optimisation activities, including switches, to support lower middle-income countries achieve financial sustainability of their vaccine programmes. This would include support for technical assistance and one-off costs, not vaccine doses;
- iii. Applying the proposed performance indicators and prioritisation criteria (outlined in this paper) in determining eligibility for Targeted Intervention support to Former-Gavi-eligible countries experiencing backsliding; and
- iv. Maintaining the in-principle eligibility of both Former- and Never-Gavi eligible countries for potential Fragility Support (per June 2022 Board Decision 13).

i) **Approve** that the new co-financing rules outlined in the above decision points can be used to inform the approval processes starting in early 2025 for implementation from 2026.

<sup>2</sup> *Eligible countries are former- and never-Gavi eligible countries classified by the World Bank as lower middle-income countries (LMICs) or eligible to borrow from the International Development Association (IDA)*

# Decision 2: Funding Policy Review - Eligibility, Transition and Co-financing, including Catalytic Phase (6/6)

- j) **Approve** the application of decision points (d)(iii), (e)(i) and (e)(ii) in 2025 in situations where countries are ready to introduce vaccines, to avoid delaying such introductions, with an additional estimated financial implication of US\$ 9.5 million (US\$ 0.5 million in 2025 and US\$ 9 million in Gavi 6.0);
- k) **Request** that the Secretariat estimate the cost of applying decision point (b)ii and (c)i in 2025 in situations where countries already have co-financing of 80% or greater, for consideration at the December 2024 Board meeting; and
- l) **Request** that the Secretariat put forward options for addressing the pace of change in co-financing for PT countries. This will be part of a series of other potential investments to be explored by the Board in 2025 as part of further prioritisation of programmes when future resources and other Gavi cost areas are more clear.





# REVIEW OF DECISIONS

PROGRAMME AND POLICY COMMITTEE  
20 November 2024, Virtual meeting



# Decision 1: Update of the Prioritisation Mechanism for Gavi's Support to Countries

The Gavi Alliance Programme and Policy Committee recommended to the Gavi Alliance Board, that it:

- a) Approve the revised update of the 'Prioritisation Mechanism for Gavi's Support to Countries' attached as Annex A to Doc 02, as amended by discussions at the PPC; and
- b) Note that the Secretariat will propose further revisions to the Mechanism during 2025 to ensure that it is fit for purpose for the Gavi 6.0 strategic period.

The Gavi Alliance Programme and Policy Committee requested that:

The Board meet in closed session at its meeting in December 2024 to review Gavi's resources that may be available to fund programmes to inform the potential prioritisation need for 2025.

# Decision 2: Funding Policy Review: Health Systems and Immunisation Strengthening Policy - CSO Guardrail

The Gavi Alliance Programme and Policy Committee recommended to the Gavi Alliance Board:

With respect to the consolidation of funding levers, that it approve:

Guardrails to safeguard investments in Civil Society Organisations (CSOs) by maintaining a 10% minimum allocation for CSOs within the consolidated grant ceilings provided to countries at the start of the strategic period.

## Decision 3: Funding Policy Review: Health Systems and Immunisation Strengthening Policy - Partners' Engagement Framework (PEF) Targeted Country Assistance (TCA)

The Gavi Alliance Programme and Policy Committee recommended to the Gavi Alliance Board:

With respect to the consolidation of funding levers, that it:

- a) **allocate** a portion of funds from the Partners' Engagement Framework (PEF) Targeted Country Assistance (TCA) and potentially from Strategic Focus Area (SFA) funding pots to the Foundational Support pot of core partners in advance of the definition of country ceilings, for predictable funding of key long-term country functions. The allocation proportion and methodology will be developed by the Secretariat in consultation with Countries and Alliance partners. An accountability framework to ensure partners meet the Alliance's objectives in countries effectively and transparently with these funds will be developed to be approved by the Board;
- b) **approve** inclusion of PEF TCA funds apportioned to countries into the consolidated cash grant per the cash allocation formula in the policy; and
- c) **note** that this option will be time-limited to 6.0, with a review by the PPC to consider its extension into 7.0.

# Decision 4: Funding Policy Review: Eligibility, Transition and Co-financing, including Catalytic Phase

The Gavi Alliance Programme and Policy Committee recommended to the Gavi Alliance Board, subject to the availability of funding for the 2026-2030 period following Gavi's replenishment for that period, that it:

Approve that co-financing obligations do not apply where Gavi channels vaccines and support directly through Alliance and other partners in exceptional emergency situations and humanitarian settings.

# Thank you