

## DOCUMENT ADMINISTRATION

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### 1. Rationale

- 1.1. Gavi Alliance's mission is to save lives and protect people's health by increasing equitable and sustainable use of vaccines.
- 1.2. Fragile environments, insecurity, conflict, and emergencies create disruption to vaccination uptake and inequitable service provision. Access to large parts of the population, often including displaced communities is a big challenge, leaving many least protected against vaccine preventable diseases. These circumstances can destabilise countries or subregions and disrupt infrastructure and resources needed to provide routine and preventative care such as vaccination. While immunisation is one part of a broader issue, realising the goals of Gavi Alliance and Immunisation Agenda 2030 is challenging in these environments and can pose significant risks to Alliance investments.
- 1.3. To deliver Gavi Alliance's goal of achieving equity in immunisation and closing immunity gaps in these settings, a more flexible, tailored approach of support is required. This is facilitated through differentiated interventions, particularly subnational and community-based, to respond to the challenges in each setting. A coordinated approach, through the humanitarian development peace nexus, that brings together different actors, leveraging their comparative advantage, is a key enabler to any progress. Innovations suited for the specific challenges faced in settings affected by fragility and emergencies, including in grant management also play a strong role.

### 2. Purpose

- 2.1. The purpose of this policy is to:
  - a. **Chronic Fragility:** Set out prioritisation criteria to determine which countries can benefit from a flexible, tailored approach to maintain and strengthen immunisation coverage. Through differentiated support, countries experiencing chronic fragility challenges can systematically identify and reach zero dose children and missed communities with the full course of vaccines, as a critical step towards integrated Primary Health Care (PHC) and other essential services.
  - b. **Acute Emergencies:** Provide timebound, flexible and timely support to protect lives in acute time-limited emergencies by sustaining routine immunisation services and preventing increase in vaccine preventable diseases and outbreaks.
  - c. **Displaced Populations:** Ensures the provision and suitability of Gavi's support to reaching displaced populations.

### 3. Scope

- 3.1. This policy applies to countries<sup>1</sup> able to receive Gavi support that are faced with the following challenges. These situations are not mutually exclusive and can occur at the same time:
- a. **Chronic fragility:** The policy contains criteria for identifying a sub-set of Gavi-supported countries that are facing protracted breakdown of health systems, either at a national or sub-national level, due to conflict, weak governance, economic and other sociocultural factors. (See section 6(i)).
  - b. **Acute Emergencies:** The policy highlights Gavi's role in responding to sudden, acute, and time-limited events that directly impact immunisation programmes, cause disease outbreaks, and disrupt health systems. Given their dynamic nature, each emergency context and response are treated as unique and requiring enhanced organisational attention. (See section 6(ii)).
  - c. **Displaced populations:** The policy describes the scope of additional support for ensuring displaced populations can access immunisation services (see section 6(iii)).
- 3.2. This policy acknowledges there may be other contexts where flexibilities are needed. For example, where fragile conditions and humanitarian crises are concentrated in particular regions or communities within countries able to receive Gavi support, programming may be tailored to reach these missed communities and ensure continuity of immunisation programmes.
- 3.3. Unless explicitly stated, this Policy does not cover flexibilities related to the Eligibility & Transition Policy, which remain subject to Board approval.

### 4. Principles

- 4.1. Gavi's approach in settings and communities affected by chronic fragility, acute emergencies and displaced populations is guided by the following principles:
- **Simplicity:** Gavi's standard approaches and requirements may need to be simplified to respond effectively to the lower capacity and special needs in these settings.
  - **Timeliness:** Gavi will aim for its response to be fast and agile, to achieve its objectives in acute emergencies.
  - **Differentiation:** Bespoke approaches, tailored to the local context including streamlining and adapting Gavi's standard procedures to include procedures relevant to settings of chronic fragility, and acute emergencies, will be required. Gavi accepts that programming in these contexts may not have the same path to sustainability as in other countries.

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<sup>1</sup> As per Gavi's Eligibility and Transition policy, countries able to receive Gavi support are in one of Gavi's four transition phases: initial self-financing, preparatory transition, accelerated transition, and catalytic. The term 'countries' is used to denote both countries and economies. Gavi's engagement does not imply the expression of any opinion whatsoever on the part of Gavi concerning the legal status of any country, territory or area or of its authorities, or concerning the delimitation of frontiers or boundaries.

- **Gender focussed:** Gender inequities can be exacerbated in fragile and emergency settings. Overcoming gender related barriers faced by care givers, including mothers, health workers and adolescents are critical to increase the effectiveness of programmes implemented. Gavi underscores the importance of having a gender lens in any response.
- **Complementarity and Coordination:** Gavi funding and activities are intended to complement, and not replace or duplicate, the funding and activities of other institutions and agencies, individual Alliance partners and Expanded partners<sup>2</sup> operating in these settings. The Alliance, where possible, will coordinate, consult, and share information with national governments, in-country and Expanded partners including humanitarian actors.
- **Integration of services:** Gavi funding, where possible, is encouraged to foster delivery of immunisation within a broader package of primary care and humanitarian services to better serve the needs of vulnerable populations.
- **Risk mitigation:** Operating in countries experiencing chronic fragility, acute emergencies and displaced people comes with a higher cost for risk mitigation and, in general, a greater likelihood of risks materialising. Gavi Alliance may decide on a differentiated programmatic risk appetite in its engagements in these settings<sup>3</sup>.
- **Adherence to humanitarian principles:** Gavi recognises the importance of neutrality, independence, impartiality and the “do no harm” principle in helping people in need. Gavi’s actions and its implementing partner activities should not cause adverse impacts or create new risks.

## **5. Decision making**

- 5.1. Any request for support or flexible approaches provided to countries through this policy is not automatically applied or guaranteed but based on specific needs guided by the Fragile and Humanitarian Approach<sup>4</sup> and available resources, and should be adequately justified.
- 5.2. Countries are expected to consider needs related to fragility, emergencies, humanitarian settings and displaced populations to the extent possible in planning their requests for support in Gavi 6.0. The first point of call for any subsequent financial requests is to utilise existing funding resources, either by identifying savings or assessing feasibility of re-allocating existing resources.
- 5.3. Only in situations where funding is not sufficient through existing allocated resources, or re-allocation is not possible or appropriate, will additional resources and support be considered via the Gavi Resilience Mechanism (GRM) or, in specific pandemic or public health emergency scenarios, the First Response Fund (FRF).

<sup>2</sup> Expanded Partners in this policy include non-Alliance UN partners, global health partner, non-government organisations, humanitarian actors, civil society, community based and faith-based organisations

<sup>3</sup> For further information regarding the Gavi Alliance programmatic and financial risk appetite, please refer to Gavi’s risk management approach and risk appetite statement which define the level of risk the Alliance is willing to take, accept, or tolerate to achieve its goals.

<sup>4</sup> Approved by the Gavi Board in July 2025.

5.4. Support with any new financial implications:

- a. Any additional support provided to countries or Alliance, Expanded Partners or Civil Society Organisations that has a financial implication, or any reallocation of support that has a change in scope is subject to CEO approval. A Secretariat oversight committee will be tasked with reviewing and approving grants, provided sufficient funds and savings are identified in the envelope that the Board has approved in accordance with the Programme Funding Policy and the impact and trade-offs of providing additional funding on other countries and Gavi priorities are sufficiently considered. The committee will consult with and consider the advice of relevant Global Alliance Partners and the humanitarian community, to leverage their expertise and assure coordination with non-Gavi investments and processes
- b. If a request involves programme expenditures more than amounts authorised under the Board approved financial forecast, the Gavi Alliance Board shall approve.

5.5. Support without financial implications: The Secretariat can review and approve support that does not have financial implications in line with the objectives of the Board approved policies (such as flexibilities in application and monitoring requirements).

## **6. Classification and Approaches**

- 6.1. Gavi Alliance has a clear equity goal <sup>5</sup> that supports Governments to systematically identify, reach, monitor, measure, and advocate for zero dose and under-immunised children including in displaced populations, particularly in rural, urban and conflict settings.
- 6.2. Support provided to advance Gavi's equity goal is the main avenue to address sub-national pockets of fragility, and to ensure that displaced populations are being reached with immunisation. Gavi can extend support through this policy in instances where greater flexibility, tailored support and stronger partnerships are needed to meet challenges in countries and in sub-national areas experiencing chronic fragility, acute emergencies, or hosting large numbers of displaced persons while ensuring that such support does not create inequities for other countries.
- 6.3. Countries in the Catalytic Phase facing fragility, emergencies, humanitarian needs, and displaced populations will be able to request time-limited support for routine immunisation vaccine procurement, critical technical assistance, and vaccine and operational costs for non-emergency outbreak response or outbreak prevention via the Gavi Resilience Mechanism (GRM).

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<sup>5</sup> Gavi's equity goal aims to 1. 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, 2. Ensure all children are fully immunised by maintaining and strengthening routine immunisation with vaccines required through second year of life, 3. Support countries to adapt systems to routinely deliver vaccines to populations outside early childhood through targeted and catalytic interventions.

## **i) Chronic Fragility**

### **A) Classification**

- 6.4. Gavi defines countries experiencing chronic fragility as those with sustained breakdown of national or subnational health systems due to factors including prolonged conflict, volatile political situations, macroeconomic instability, persistently low institutional capacity, and significantly higher risks and costs of engagement.
- 6.5. Gavi uses three inclusion criteria to identify a subset of countries it supports that are experiencing chronic fragility challenges for the purpose of this policy. To be classified as fragile, a country must meet a minimum of five of the six indicators across Criteria 1 and Criteria 2. The Gavi Secretariat may adjust the list of countries classified as fragile into or out of the list, depending on the contextual factors under Criteria 3, including subnational considerations. The three criteria and indicators are:

**Criteria 1. Is the country globally recognised as experiencing fragility?** The following four indicators are used to identify countries that fulfil this criterion:

1. Fund for Peace Fragile States Index<sup>6</sup>: scores above 90
2. OECD States of Fragility<sup>7</sup>: top category ('extremely fragile')
3. World Bank list of fragile and conflict-affected situations (FCS) <sup>8</sup>
4. Presence of country wide humanitarian response plan (HRP) as per the Global humanitarian overview<sup>9</sup>

**Criteria 2. Is the country facing immunisation programme performance challenges?** The following two indicators are used to identify countries that fulfil this criterion:

5. Country DTP3 coverage is less than the average coverage of DTP3 across Gavi supported countries<sup>10</sup>,
6. Three-year trend in large disruptive <sup>11</sup> vaccine preventable disease outbreaks<sup>12</sup>

**Criteria 3: Does the country face other contextual factors that limit progress?** This includes a qualitative review of factors such as, but not limited to, negative economic projections, rising political tension, weakened health system, mounting

<sup>6</sup> <https://fragilestatesindex.org/>

<sup>7</sup> [http://www.oecd-ilibrary.org/development/states-of-fragility\\_fa5a6770-en](http://www.oecd-ilibrary.org/development/states-of-fragility_fa5a6770-en)

<sup>8</sup> <http://www.worldbank.org/en/topic/fragilityconflictviolence/brief/harmonized-list-of-fragile-situations>

<sup>9</sup> <https://gho.unocha.org/>

<sup>10</sup> As determined by WHO/UNICEF estimates of National Immunization Coverage (WUENIC)

<sup>11</sup> Thresholds of disruptive outbreaks are defined by IA2030 Monitoring and evaluation framework

<sup>12</sup> Including for vaccine preventable diseases (VPDs) such as cholera, Ebola, Measles, Meningococcus, circulating vaccine derived poliovirus, Wild polio virus, yellow fever, as defined by IA2030 monitoring and evaluation framework

sub-national challenges, or limited resilience to global challenges such as climate change.

- 6.6. The list of countries classified as experiencing chronic fragility will be revised at the start and mid-point of every Gavi strategic period. Ad-hoc updates can be conducted as and when justified to identify any additional country that requires differentiated, flexible support to cater for its unique challenges. Once identified, the countries will remain classified as fragile for the duration of Gavi's strategic period.

## **B) Approach**

- 6.7. Gavi provides predictable long-term support to countries experiencing chronic fragility, including during conflict and crisis situations. Any Gavi support provided to countries must be based on the specific challenges and need, with the goal of reaching zero dose and under-immunised children. Approaches to provide immunisation services should be differentiated, targeted, and sub-national, blending development and humanitarian interventions.
- 6.8. Any flexible approach through this policy should enhance responsiveness and timeliness of Gavi's investments; reduce administrative burden of Gavi's processes for countries or Alliance and Expanded partners or Civil Society Organisations; foster stronger engagement of local communities with a focus on local partnerships and facilitate a more effective service delivery to reach zero dose and under-immunised children in both state and non-state-controlled areas and in sub-national areas.
- 6.9. To achieve the above, and provided there is a need, a flexible tailored approach, based on the local context and evolving situation can be developed. Differentiated, adapted, and simplified requirements in Gavi's funding, programmes, policies, advocacy, standard requirements, and administrative processes throughout the portfolio management process (in planning, design, review, approval, disbursement, and reporting) can be considered according to the specific context.
- 6.10. Operating in countries experiencing chronic fragility may require higher costs to achieve Gavi's goals. Given the volatile and fragile nature of these settings, Gavi encourages regular review of grants, and flexible reprogramming to ensure priorities remain relevant to the evolving challenges and needs. Countries may flexibly implement existing Health Systems and Immunisation Strengthening (HSIS) support, including increased permissible expenditure limits, bridge funding between two grants, and no cost extensions, or seek additional support via the Gavi Resilience Mechanism.
- 6.11. Populations residing in fragile settings, including displaced populations are likely to be missing multiple essential health interventions. Any support provided through this policy is strongly encouraged to explore opportunities for delivering the full package of vaccines. In exceptional circumstances for select countries with co-financing waivers, Gavi may provide support for additional context-appropriate vaccines that are not typically eligible for Gavi support. In select circumstances Gavi may also support vaccines for older children to enable routine immunisation catch-up. Opportunities should also be explored to integrate immunisation within a



broader package of essential services by working with cross sector coalitions. This will build resilient, regular, routine and outreach services.

- 6.12. Gavi will aim for a participatory process in the development of all Gavi support, including in-country dialogue, planning, and monitoring. This may involve the participation of a wide range of stakeholders, including national and local government, local and Civil Society Organisations, Alliance and Expanded partners, and other relevant in-country partners, such as the Humanitarian coordination mechanisms in country, as relevant.
- 6.13. For populations, or areas where national government cannot or is unwilling to recognise or provide support, Gavi may channel vaccines, health systems support (including operational cost and cold chain support) and redirect financial support where necessary, or provide support via the Gavi Resilience Mechanism through Alliance and Expanded partners and Civil Society Organisations, informed by and collaborating with Humanitarian coordination mechanisms in country. This will consider the risks and other implications for the relevant actor.

## **ii) Acute Emergencies**

### **A) Classification**

- 6.14. An acute emergency is a serious, unexpected, sudden, and often dangerous situation that causes great damage and/or economic loss and/or loss of life and increases the risk of morbidity and injury. Acute emergencies can be natural or human-made and are time limited<sup>13</sup>. Not all emergencies will have an impact on immunisation services, and thus not require Gavi support. However, some acute emergencies in Gavi supported countries may prevent a country from accessing or implementing existing Gavi support and/or threaten already attained immunisation achievements.
- 6.15. Due to the dynamic nature of emergencies that may affect Gavi-supported countries, Gavi does not use definitive inclusion criteria to determine an acute emergency that impact's a country's immunisation programme but will be guided by available data from emergency response actors and assessment by Alliance country teams to inform its decision.

### **B) Approach**

- 6.16. Immunisation is an essential health service that should be prioritised for the prevention of infectious diseases and maintained during an acute emergency. Gavi's role in response to acute emergencies is to provide time limited support to protect people's lives by preventing disruption of routine immunisation services and increase in vaccine preventable diseases and outbreaks. This will be through:
- a) Enabling the provision and continuity of immunisation services in an acute emergency, to safeguard immunisation gains

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<sup>13</sup> Examples of acute emergencies per WHO framework of decision making include sudden unplanned displacement, new or exacerbated episodes of armed conflict, natural or industrial disaster, sudden breakdown of critical administrative and management functions



- b) Supporting recovery efforts in the aftermath of an emergency to restore and strengthen immunisation services and safely and rapidly catch up missed children with all vaccines.
  - c) financing emergency vaccines and vaccine stockpiles and operational cost support to be used in an integrated manner to prevent and respond to vaccine-preventable disease outbreaks.<sup>14</sup>
- 6.17. Depending on the severity of an acute emergency or humanitarian crisis and its impact on a country's immunisation programme, the Gavi Secretariat may trigger an internal alert to enable a timely and flexible response. This may follow a formal emergency declaration or grading by WHO, or another relevant Gavi Alliance Partner exceptionally. In certain circumstances, where such a declaration is not yet available but urgent action is warranted, the Gavi Secretariat may initiate an internal response mechanism informed by and in collaboration with relevant Alliance Partners and Humanitarian Coordination Mechanisms. This mechanism is designed to complement, not replace, existing global processes, ensure alignment and avoid duplication. Following activation of this mechanism, flexibilities may be applied across Gavi's support levers, including funding, policies, processes, requirements, and risk thresholds, to enable a fast, agile, and effective response tailored to the context.
- 6.18. To respond to an acute emergency, Gavi may provide additional vaccines, activate the funding support from the Gavi Resilience Mechanism (GRM), the First Response Fund (FRF) in pandemic or public health emergency scenarios, or reprogramme existing funding to country, ensuring emergency activities are implemented as part of national programs where possible, informed by, in collaboration with, and with implementation support from Alliance partners, Expanded partners and Civil Society Organisations, or directed via humanitarian actors.
- 6.19. In situations where there is a disputed or non-recognised Government, or the national Government is unwilling to or unable to reach populations at risk, or there is a large fiduciary risk to Gavi's investments, Gavi may redirect funding and vaccine support to ensure immunisation services continue to reach populations along with other critical humanitarian services. Funding can be redirected if needed, through Alliance and Expanded partners, and Civil Society Organisations, based on each partner's comparative advantage. Any Gavi funding shall complement funding from individual Alliance or Expanded partners and other humanitarian response actors and not replace it.
- 6.20. Gavi-funded activities in the context of humanitarian emergencies, should be coordinated with the humanitarian response coordination mechanism and align with any existing humanitarian response plans and flash appeals. It should be conducted under safe conditions, considering the gender implications of emergency response, including undue harm to health workers, caregivers, and the community. All vaccination interventions during an emergency must follow WHO Framework for Decision-Making on Vaccination in Acute Humanitarian Emergencies.

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<sup>14</sup> Any Gavi country experiencing an outbreak of disease for which Gavi already supports an emergency vaccine stockpile (i.e., cholera, yellow fever, meningitis, Ebola, measles) may access such vaccines in line with the International Coordination Group (ICG) and Measles Rubella Initiative (MRI) request and review processes.

- 6.21. Acute Emergency-related support will be reviewed after a period of one-year. If an acute emergency has caused significant and potentially long-term disruption to immunisation services, Gavi may provide support over an extended period to support recovery efforts to restore and rebuild immunisation systems, following regular non-emergency approval channels. This includes safely and rapidly catching missed children with all vaccines, while laying the foundation for overall strengthening of the routine immunisation programme. All efforts should place emphasis on comprehensive, integrated, and proactive interventions.

### **iii) Displaced populations**

#### **Classification**

- 6.22. Gavi considers displaced populations as those who have fled their homes or places of habitual residence (whether within their own country or across an international border), to avoid situations including the effects of armed conflict, generalised violence, violations of human rights or natural or man-made disasters. For example, this would include refugees, internally displaced populations, and migrants all irrespective of legal status.
- 6.23. Gavi will provide support for displaced populations within or hosted by a country able to receive Gavi support. Gavi will consult countries and relevant Alliance and Expanded partners and review appropriate evidence to determine which displaced populations in countries able to receive Gavi support require additional support.

#### **Approach**

- 6.24. Displaced populations have the right to health services under international human rights and more specifically refugee conventions. Accordingly, Gavi encourages Governments to ensure comprehensive and sustainable provision of immunisation services to displaced populations, independent of their residency and legal status.
- 6.25. Governments are encouraged to integrate displaced populations into their national vaccination planning. In cases where they are unable to include displaced populations, Gavi can extend support through this policy if there is a compelling justification. In such situations, Gavi may channel support, if needed, through Alliance or Expanded partners or Civil Society Organisations, collaborating with Humanitarian Coordination Mechanisms in country. This is based on each partner's comparative advantages.
- 6.26. Based on verified displaced population numbers, Governments from countries able to receive Gavi support, and Alliance and Expanded partners or Civil Society Organisations may request additional vaccine quantities, for different age ranges, presentation of antigens included in already approved Gavi vaccines to cater for an influx of displaced people, with due consideration of host communities.
- 6.27. In recognition of the fact that the provision of immunisation services to displaced persons can have additional delivery cost implications, and to encourage routine reach, Gavi, governments, Alliance and Expanded partners or Civil Society

Organisations can consider options for additional support as outlined in section 5, if such support is not already provided from humanitarian partners in the country.

- 6.28. Displaced populations are often lacking access to other essential lifesaving interventions. Any support provided through this policy is strongly encouraged to explore avenues to integrate immunisation along with other critical humanitarian interventions, with due consideration of safety and gender implications and involvement of local community.
- 6.29. Given countries experiencing chronic fragility, and acute emergencies are likely to result in many displaced populations, all relevant parts of the policy apply to these populations too.

## **7. Effective date and review of policy**

- 7.1. This policy comes into effect as of 1 January 2026.
- 7.2. Policy implementation will be continuously monitored, including where flexibilities are being extended to Gavi's processes. Regular updates of the policy will be proposed based on any new learnings, approaches, or policy bottlenecks surfaced in its operationalisation.

## **Definitions**

**Gavi-supported countries** include those that are eligible as per the Eligibility and Transition Policy.

**Alliance partners** include WHO, UNICEF, the Bill and Melinda Gates Foundation, the World Bank, civil society organisations, developing country governments, developing country pharmaceutical industry, industrialised country governments, industrialised countries pharmaceutical industry, research, and technical institutes.

**Expanded partners** in the context of this Policy include UN organisations, global health organisations, non-government organisations, civil society, community based and faith-based organisations, that are not part of the Vaccine Alliance.

**Zero dose children** are those who have not received any routine vaccine. For operational purposes, Gavi measures zero dose children as those who have not received their first dose of diphtheria-tetanus-pertussis containing vaccine (DTP1).

**Under-immunised individuals** include children, adolescents and adults that are missing their full course of vaccination.

**Acute emergencies** refer to situations that may cause unexpected loss of life, damage to public infrastructure, financial crisis, or heightened risk of morbidity and injury. Acute emergencies can be natural or human-made and are time limited.

**Chronic fragility** refers to a sustained breakdown of health systems due to factors including prolonged conflict, volatile political situations, macroeconomic instability, persistently low institutional capacity, and significantly higher risks and costs of engagement

**Displaced populations** refer to people who have been displaced from their homes or places of habitual residence. It includes cross-border and internal movements of people including refugees and internally displaced people fleeing persecution and conflict, and those caught in vulnerable situations. Displaced populations have different legal statuses, but they are all entitled to protection under international human rights law.

**Health Systems and Immunisation Strengthening (HSIS) support** refers to Gavi support provided to countries in initial self-financing, preparatory transition and accelerated transition phases, guided by Gavi's Health System Strategy and intended to strengthen equity and sustainability in immunisation in a manner that is integrated with national Primary Health Care (PHC) strategies. HSIS support is provided through a consolidated cash grant and does not include Gavi support for vaccines or diagnostics.

**Sub-National Fragility** refers to contexts where specific geographic areas within a country experience characteristics of fragility, even if the country as a whole may not be classified as fragile per the Gavi framework. These contexts can include conflict-affected provinces, border regions, or areas hosting displaced populations, where poor immunisation coverage and equity gaps are most acute.

**Gavi Resilience Mechanism (GRM)** refers to the agile funding mechanism developed to support countries, communities, and settings with immunisation-related needs outside of national plans. The Gavi Resilience Mechanism responds to needs of chronically fragile countries and sub-national pockets, emergencies including outbreak support not covered through existing mechanisms, settings requiring humanitarian programming, and catalytic phase-countries facing fragility or emergencies.

**First Response Fund (FRF)** refers to a specific funding instrument within the Gavi Day Zero Financing Facility that aims to bridge the gap in surge financing for a rapid vaccine response in future pandemics. The First Response Fund has a pool of at-risk surge financing available for use within the first 50 days of a health emergency (meeting specific criteria) for vaccine procurement and other urgent uses in Gavi-eligible countries.