

Subject	Follow up on Gavi 6.0 Recalibration Retreat including recalibration programme reductions
Agenda item	05a
Category	For Decision

Executive Summary

At its July 2025 retreat, the Board provided a steer on recalibration of Gavi 6.0 priorities in response to a US\$ 3.0 billion funding gap following the Global Summit, informed by an assessment of impact on health, equity, sustainability and vaccine market outcomes, and other considerations. This paper provides an overview of the outcomes and implications of the Gavi 6.0 recalibration and subsequent follow-ups. The recalibration preserves the integrity of the Gavi 6.0 strategy while reducing scope of the four strategic goals and funding for Partner and Gavi Secretariat support. The overall health impact loss versus the original Gavi 6.0 strategy could approach one million future deaths averted. Following the Board retreat, the Secretariat further assessed the implications of the recalibration choices and is actioning the outcomes of the recalibration and the related July 2025 Board meeting decisions:

Strategic Goal 1

- The scoping/pacing of vaccine programmes (malaria, measles/measles-rubella hexavalent, inactivated polio vaccine) was refined through consultations.
- The design of 'Country Vaccine Budgets' (CVB; previously referred to as 'vaccine envelopes') is planned for December 2025 Board approval based on a recommendation from a dedicated CVB Task Team chaired by Programme and Policy Committee (PPC) chair.
- To free up additional funding for CVB, the PPC recommended to reduce the financial forecast for vaccine stockpiles for outbreak response and to fund co-financing waivers through the Fragile & Humanitarian (F&H) approach.
- The Secretariat will apply a prudent approach to approvals for new vaccine support that have been paused since May 2025 and new country applications expected until the new Gavi funding model has been clarified.

Strategic Goal 2

- The 22%¹ reduction of the support through the consolidated cash grant points to the need for countries to prioritise across the objectives of the Board-approved Gavi 6.0 Health System Strategy. Country cash funding caps and

¹Considers the full 'consolidated cash envelopes including Health System Strengthening-like support, immunisation cash support for new vaccine introductions or campaigns and technical assistance moving into consolidated cash envelope' ² At the retreat, agreement was reached on deprioritisation choices resulting in ~US\$ 3.12 billion cost reduction which was updated following the retreat to factor interdependencies not automatically captured at the retreat

floors for funding allocated through the Health System and Immunisation Strengthening Support (HSIS) allocation formula have been designed.

- The proposed updates to the Fragility, Emergencies and Displaced Populations (FED) Policy integrate minor changes to translate the new F&H approach into policy.

Strategic Goal 3

- The Board-approved evolution of co-financing requirements will result in a projected US\$ 115 million increase in co-financing trajectories beyond the previous plan. The PPC recommended to temporarily pause the new co-financing requirements for preventive campaigns during 2026 for Initial Self Financing (ISF) countries and requested the Secretariat to propose in the first half of 2026 an adjustment to the co-financing policy to reduce the burden for these countries as part of a broader new approach to improve campaign effectiveness.

Strategic Goal 4

- The expected ~US\$ 500 million market-shaping savings show a number of feasibility risks, brought to the Audit and Finance Committee (AFC) in the financial forecast update and considered in the CVB design and the Gavi 6.0 Market Shaping Strategy (see Doc 05c). The PPC requested the Board Chair to define a governance pathway to provide guidance on the SG4 market-shaping saving targets, and to do this in advance of the Board meeting in December

Partner and Secretariat support:

- Programming of the new Foundational Fund and the second wave of the Secretariat review are ongoing.

Action requested by the Board

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

- a) **Approve** Strategy Goal 1 recalibration approach to scoping and pacing for malaria, hexavalent, measles/measles-rubella, cholera and inactivated polio vaccine programmes that was revised post-retreat based on technical consultations attached as Annex D to Doc 05a, and the additional work to be undertaken through the CVB Task Team;
- b) **Approve** updates to Gavi's Fragility, Emergencies and Displaced Populations (FED) Policy following Fragile & Humanitarian (F&H) Approach approval attached as Annex C to Doc 05a, as amended by the PPC;
- c) **Approve** a minimum floor of US\$ 5 million and maximum cap of US\$ 120 million allocated to countries through the Health System and Immunisation Strengthening Support (HSIS) allocation formula as recommended in Annex A to Doc 05a;

- d) **Approve** the ~US\$ 200 million reduction to the forecast of outbreak response stockpile;
- e) **Approve** the funding of ~US\$ 100 million co-financing waivers through the Fragile & Humanitarian (F&H) Approach, and **request** the F&H Alliance Advisory Group to prepare a proposal on prioritising the use cases of the F&H Approach for consideration by the Programme and Policy Committee at its meeting in May 2026; and
- f) **Temporarily pause** during 2026 campaign co-financing requirements for campaigns for Initial Self-Financing countries, contingent on updated resource implications (current estimate is approximately US\$ 7-8 million).

Next steps/timeline

Transition to Gavi 6.0: Key milestones include issuing the new funding guidelines/tools and communicating country cash allocations and CVB by March 2026, as well as programming of the Foundational Fund (by Q2 2026) and implementing the Secretariat organisational review (by Q1 2026).

Previous Board Committee or Board deliberations related to this topic

In October 2025 Programme and Policy Committee book: *Doc 05 Follow up on Gavi 6.0 Recalibration Retreat (and Annexes)*

In July 2025 Board retreat book: *Doc 02 Board retreat Pre-read (and Annex)*

In July 2025 Board retreat book: *Board retreat Summary (and Annex)*

Report

1. Context

- 1.1 The July 2025 Board Retreat was convened to recalibrate Gavi 6.0 priorities considering a US\$ 2.5–3.0 billion funding gap**, following the Global Summit: Health & Prosperity through Immunisation. The retreat built on the April 2025 Board steer affirming the robustness of the Gavi 6.0 Strategy. The retreat aimed to (a) make costed deprioritisation choices across 12 levers and (b) provide steer on introducing Country Vaccine Budgets (CVB; previously referred to as ‘country vaccine envelopes’).
- 1.2 The Board reaffirmed its commitment to the Gavi 6.0 Strategy and reached agreement on deprioritisation choices resulting in a US\$ 3.04 billion² cost reduction** (i.e. 23% reduction versus the recalibration baseline of US\$ 13 billion³). These choices were informed by an assessment of health impact, equity, sustainability, vaccine market and other considerations. The Board also provided an in-principle steer on introducing CVB in Gavi 6.0 to maximise impact on Gavi 6.0 Strategic Goals (SGs) while enhancing budget management, predictable planning, and country ownership in a resource constrained environment. The recalibrated strategy remains ambitious and preserves the integrity of Gavi 6.0 while reducing the scope of the four Strategic Goals. The loss of health impact could approach one million future deaths averted versus the original ambition of eight to nine million, noting the uncertainty on the impact expected due to the introduction of CVB. Additional information on the health impact assumptions is provided in Annex D.

2. Recalibration outcomes and follow up

- 2.1 Following the Board retreat, the Secretariat has further assessed the implications of the recalibration choices** on the basis of technical consultations and further analyses requested by the Board (see Annex D).
- 2.2 Strategic Goal 1 –** The Board provided a steer to preserve vaccine programmes already introduced and maintained plans to support diagnostics and outbreak response through global stockpiles. It endorsed a more targeted approach to new vaccine introductions and preventive campaigns through scoping and pacing totalling a US\$ 1.2 billion⁴ reduction. The Board provided an in-principle steer on introducing CVB in Gavi 6.0 and allocated US\$ 600 million⁵ for additional ‘country-led reductions’⁶ of vaccine demand, resulting in an overall SG1 reduction of US\$ 1.8 billion. Following a PPC request, a dedicated Task Team chaired by the PPC chair will provide

² At the retreat, agreement was reached on deprioritisation choices resulting in ~US\$ 3.12 billion cost reduction which was updated following the retreat to factor interdependencies not automatically captured at the retreat

³ Of the US\$ 13 billion recalibration baseline, vaccines represent 59% share of cost components (US\$ 7.6 billion)

⁴ Inclusive of vaccine procurement and immunisation cash support

⁵ Inclusive of vaccine procurement and immunisation cash support

⁶ ‘Country led reductions’ will be achieved by countries through prioritisation of their vaccine portfolio within CVB.

recommendations on the design of the CVB for Board approval planned for the December 2025 meeting (see Doc 05b).

2.3 The Board requested the Secretariat to validate the steer for scoping and pacing provided at the retreat across vaccine programmes through technical consultations with Alliance partners, considering trade-offs. The proposed refinements include:

- **Hexavalent:** At the retreat, the Board asked the Secretariat to cost the option of a dose schedule change from four to three doses. The result is a US\$ 60 million⁷ reduction, i.e. US\$ 30 million lower than expected at the retreat. This preserves the ambition of the hexavalent programme beyond the dose switch in line with the Board's 2024 steer to pace the programme given Gavi's overall funding constraints. It has the risk of a single supplier market as volumes may fall below the minimum viable threshold to sustain two suppliers. An alternative approach is being explored to enable acceleration of Hexavalent implementation through market shaping interventions (within the updated cost).
- **Measles/Measles-Rubella (M/MR):** At the retreat, a US\$ 195 million⁸ cost reduction option was selected - US\$ 85 million from catch-up campaigns and US\$ 110 million from follow-up campaigns. Some Board members had expressed concerns about the estimated 339,000 loss of future deaths averted versus the original 6.0 strategy, especially from scoping M/MR follow up campaigns. Following technical consultations, it is recommended to reduce the age range of MR catch-up campaigns in some countries based on epidemiological criteria, and revert to the original scope of support for the M/MR follow up campaigns, resulting in up to US\$ 91 million cost reduction with an estimated 72,000 loss of future deaths averted. The PPC requested the CVB Task Team to finalise the recommendation for the recalibration of the M/MR programme, including which portion will be guaranteed in CVB (see Doc 05b). The outcome of these ongoing discussions will be shared with the Board on 3-4 December.
- **Cholera:** At the retreat, a US\$ 265 million⁹ cost reduction option was selected through pacing all new preventive campaigns. Some Board members suggested to explore further savings if possible. Technical consultations did not identify programmatic approaches to further reduce cholera vaccine volumes. However, achieving the targeted US\$ 265 million reduction will require additional targeting of preventive campaigns among countries with approved applications and entails a risk of increased demand for outbreak response, which requires retaining some fungibility between preventive and reactive use.

⁷ Inclusive of vaccine procurement and immunisation cash support

⁸ Inclusive of vaccine procurement and immunisation cash support

⁹ Inclusive of vaccine procurement and immunisation cash support

- **Malaria:** At the retreat, a US\$ 210 million¹⁰ cost reduction option was selected through further reductions in the scope of moderate and high transmission areas supported by Gavi (lowering the cap of Gavi support to 70% of these areas versus 85% pre-recalibration). Following technical consultations and a review of upcoming country introductions and scale up, the recommendation is to apply the 70% cap only to countries introducing and/or scaling up the vaccines in Gavi 6.0. The updated recommendation will reduce the expected cost reduction to approximately US\$ 175 million. Some PPC members expressed concerns about inter-country inequities arising from this approach. The PPC therefore recommended that the CVB Task Team advise on the allocation approach for the Malaria programme within CVB (see Doc 05b). The outcome of these ongoing discussions will be included in the Board presentation of agenda item 05a. It has also become apparent that the pace of scale-up may be slower than anticipated in the latest Gavi 6.0 financial forecast presented to the AFC in November. An opportunity in the range of US\$ 40-70 million has been identified.
- **Inactivated Polio Vaccine (IPV):** At the retreat, a US\$ 10 million¹¹ cost reduction option was selected by implementing fractional dosing. Following technical consultations it is recommended that each country would consider the potential transition to fractional dosing based on the feasibility in its own context. Under this approach, IPV cost savings for Gavi 6.0 could be reduced by up to US\$ 10 million.

- 2.4 **With these updates, the cost reductions achieved through the scoping of these programmes decrease by approximately US\$ 179 million¹²** (including US\$ 147 million of vaccine procurement). As a result, the reductions from scoping and pacing new vaccine introductions and preventive campaigns now total US\$ 1.02 billion. The balance of US\$ 147 million of vaccine procurement cost is offset by increasing the 'country-led reductions'¹³. Any updates resulting from the deliberations of the CVB task team on the M/MR programme and Malaria will be included in the Board presentation of agenda item 05a.
- 2.5 **The PPC recommended to increase funding available for CVB from ~US\$ 4.9 billion to ~US\$ 5.3 billion by reducing cross-country vaccine procurement contingencies¹⁴**, enabling CVB to cover approximately two thirds rather than one third of the projected country demand for new vaccine introductions and campaigns in Gavi 6.0¹⁵:

¹⁰ Inclusive of vaccine procurement and immunisation cash support

¹¹ Inclusive of vaccine procurement and immunisation cash support

¹² Inclusive of vaccine procurement and immunisation cash support

¹³ In practice, 'country-led reductions' will be achieved by countries prioritising vaccine programmes within their country vaccine budgets as part of their holistic applications for Gavi support in 6.0

¹⁴ Funding set aside for contingency include external shocks such as forex movement, price changes, approval implementation timing changes, unexpected shocks leading to countries being forced to switch products etc

¹⁵ Pending the CVB allocation approach (see Doc 05b)

- Reduce the forecast for stockpiles by US\$ 200 million from ~US\$ 735 million, with annual monitoring and adjustments if needed to ensure country demand for outbreak response is still met.
- Fund the projected ~US\$ 100 million for co-financing waivers through the Fragile & Humanitarian (F&H) Approach.

In addition, the Secretariat will **reduce the amount set aside for vaccine procurement contingencies by US\$ 100 million** (versus US\$ 200 million previously estimated).

- 2.6 **The Board is requested to approve the updated recalibration approach to scoping and pacing for the above five programmes and the increase of CVB funding.** Further details including risks and implications are provided in Annex D.
- 2.7 **In view of the uncertain Global Summit outcomes, the Secretariat temporarily paused the approval of new vaccine introductions and preventive campaigns for Gavi 6.0 in May 2025¹⁶.** The transition to the new Gavi 6.0 funding model (including single applications and CVB) and limited resources available for new vaccine programmes in Gavi 6.0 necessitate a prudent approach to extend this pause. The PPC recommended to extend the pause until the planned Board approval of vaccine programmes to be guaranteed/protected in CVB and the allocation approach to CVB in December 2025, and the availability of the updated, bottom-up Gavi 6.0 financial forecast (v23.1). At that stage, countries are expected to have visibility on their funding available for vaccine procurement in Gavi 6.0 and to be able to make informed choices whether to indeed pursue the new programmes requested. Before that, some applications will proceed urgently because of high outbreak risk or because they constitute “special” cases. An in-depth assessment determined these urgent applications with a procurement value of ~US\$ 24 million (mainly MR follow-up campaigns) using the Board-approved prioritisation mechanism and additional considerations for programmes with high outbreak potential¹⁷.
- 2.8 **Strategic Goal 2** – While reaffirming the importance of health systems investments and the need to expand reach in fragile and humanitarian settings, the Board agreed to reduce investments in health systems and the new Fragile & Humanitarian approach.
- 2.9 **Health systems investments:** A reduction of US\$ 275 million to US\$ 1,205 million was agreed on top of reductions already made during the design of the Gavi 6.0 strategy. The Board emphasised that the Gavi 6.0 Health Systems (HS) Strategy goals of equity and sustainability remain equally

¹⁶ In practice, the Secretariat paused the issuance of ‘Decision Letters’ that usually confirm the approval of a new routine introduction or preventive campaigns. Reactive campaigns in response to outbreaks were not paused.

¹⁷ The four applications considered as ‘special cases’ (worth US\$ 37 million) are also proposed to be unpaused, including the application for HPV support to India, which is part of the Board-approved India strategy, the continuation of the introduction of HPV in Pakistan, that was already initiated in 2025, Guinea’s application for Ebola, which can be covered by existing stockpiles, and Kiribati’s application for Hexavalent, which is fully self-financed.

important and countries should decide on prioritising the use of available support across these.

- 2.10 **Overall, countries are expected to see a ~22%¹⁸ decline in cash funding from Gavi 5.0 to Gavi 6.0, including a ~40% reduction in HSS-like support.** The impact varies by country and segment, with some countries facing reductions of over 70% in HSS-like support between strategic periods and fragile and conflict countries, on average, seeing smaller reductions than other segments (see Annex D). This reduction will be partially offset by the consolidation of Gavi's funding levers which will give countries more flexibility in the allocation of cash support for their programmes. While final cash allocations will be communicated to countries in Q1 2026 following the anticipated Board approval of the CVB and potential updates to the consolidated cash grant related to these, the Secretariat has begun working with countries to plan upcoming applications through the single application and reprogramme recent grants in line with the reduced funding available. The reductions in funding may create risks in some countries to maintaining routine immunisation coverage and impede progress on the zero-dose agenda, particularly in countries facing large decreases in Gavi funding and other development aid. As in Gavi 5.0/5.1, the Secretariat will closely monitor grant absorption levels, with the option of mid-cycle reallocations.
- 2.11 **Alongside the Gavi 6.0 HS strategy, the HSIS policy was also approved at the July Board meeting noting the need to specify the caps and floors for the funding that countries will receive through the HSIS allocation formula.** Guided by principles aimed at maintaining equitable allocations, sustainability, and impact and following technical consultations with Alliance partners: a) floors should provide small countries with enough funds to cover essential health system strengthening activities, including technical assistance, and b) caps should aim to ensure an equitable distribution across countries, try to maintain a level of support that can show impact, avoid steep drops in support from one strategic period to the next, and from historical disbursement rates. Informed by analyses (see Annex A), and following PPC recommendation, **the Board is requested to approve a floor of US\$ 5 million and a cap of US\$ 120 million.**
- 2.12 **Fragile and Humanitarian (F&H) Approach:** A reduction of US\$ 150 million to US\$ 380 million was agreed on a proportional basis with fungibility across all components of the approach. The updated F&H Approach was approved at the Board meeting in July 2025. The Secretariat has begun operationalising the F&H approach, which entails updating Gavi's Fragility, Emergencies, and Displaced Populations (FED) policy, including language on the new Gavi Resilience Mechanism (GRM), work in subnational fragile settings, and support for Catalytic Phase countries (see Annex B). Following amendments based on PPC discussions, **the Board is requested to approve the updated FED policy.** As noted in section 2.5, the PPC recommended to include projected co-

¹⁸ Includes immunisation cash support for new vaccine introductions or campaigns – the amount might evolve depending on the design of CVB

financing waivers totalling US\$ 100 million under the F&H approach. Acknowledging the resulting reduced funding availability for the other use cases of the approach, the PPC requested the F&H Alliance Advisory Group to prepare a proposal on prioritising these use cases for consideration by the PPC at its meeting in May 2026.

- 2.13 **Strategic Goal 3** – The Board emphasised the relevance of Gavi’s sustainability model and the need to preserve its integrity.
- 2.14 **Eligibility, Transition and Co-financing (ELTRACO) policies:** Board members agreed to move forward with most of the changes to Gavi’s ELTRACO model approved in December 2024 while making several updates, approved at the July 2025 Board meeting. As discussed at the Board retreat, the updates have implications for co-financing levels under Gavi 6.0, entailing a projected US\$ 115 million increase in co-financing trajectories beyond the previous ELTRACO plan. The Secretariat has begun to closely monitor how country plans evolve in response to the new requirements and mitigation actions to address these risks (see Annex D). Given the relatively higher increase in new co-financing requirements for campaigns for **Initial Self-Financing** countries, the PPC recommended **the Board to approve a temporary pause of campaign co-financing requirements for these countries during 2026**¹⁹. Further, the PPC requested to develop a broader strategic approach to improve campaign effectiveness for consideration at the PPC meeting in May 2026, including an update of campaign co-financing.
- 2.15 **Catalytic Phase:** The Catalytic phase with its support to former and never Gavi eligible countries continues to be a key part of the Gavi model, with a narrower focus on catalysing new vaccine introductions at a reduced pace. The Board removed the backsliding objective and reduced support for new vaccine introductions, resulting in a maximum budget envelope of US\$ 150 million. Risks associated with these changes will be closely monitored.
- 2.16 **Strategic Goal 4** – The Board emphasised that healthy vaccine markets remain critical for the continued success of the Gavi model. Gavi’s core market shaping capabilities are retained, to ensure markets remain at the service of countries’ ongoing needs in Gavi 6.0 and beyond. The Market Shaping Strategy for 6.0 (MSS6.0) is being designed to deliver this (see Doc 5b). Following the recalibration, ~US\$ 800 – 950 million (US\$ 300 - 450 million applied in the Gavi 6.0 recalibration baseline, US\$ 350 million identified leading up to the Gavi 6.0 recalibration, and additional US\$ 150 million ambition requested by the Board at the retreat) is expected to be saved in vaccine procurement costs through reduced weighted average prices in Gavi 6.0. This has been incorporated into the updated financial forecast (v23), with a range of risks and implications identified that the AFC has been appraised of. Board members have flagged feasibility concerns around achieving the full target. The PPC noted the urgent

¹⁹ With this proposed pause, the savings coming from new co-financing requirements for campaigns in Gavi 6.0 would be reduced by an estimated US\$ 7.4 million

need to review and provide guidance on these targets and requested that the Board Chair consider the best governance pathway to provide this guidance.

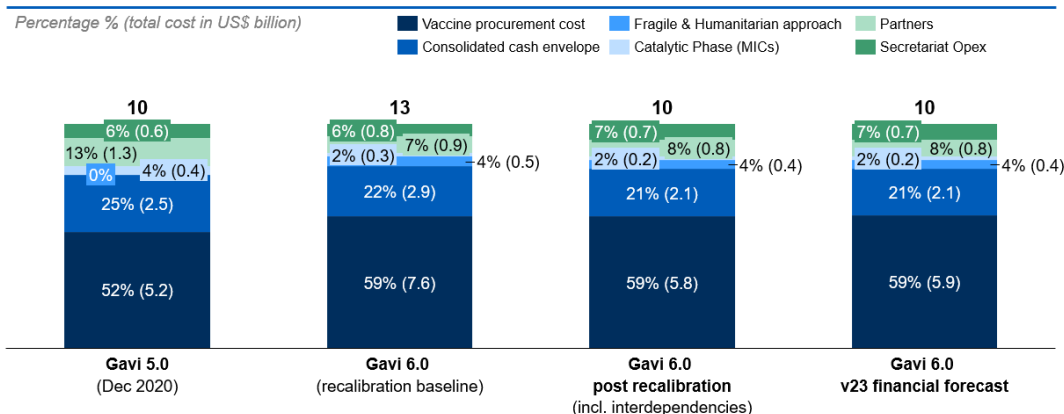
- 2.17 **Partners and Secretariat** - While recognising the work of Alliance partners and the Secretariat as critical enablers to deliver on the Gavi 6.0 strategy, the Board emphasised the need for more efficient support and reduced funding considering programmatic adjustments and a more resource constrained environment. Support across Alliance partners and the Secretariat were reduced by US\$ 260 million²⁰, applied across the new Foundational Fund, procurement fees, technical assistance in the consolidated cash envelope, fiduciary management, studies and evaluations, and Secretariat operating expenses. Alliance partners and the Secretariat are conducting work supported by an independent provider and overseen by the AFC Chair to map critical functions and roles across agencies and address potential gaps or duplications in view of the funding reductions.
- 2.18 **The new Gavi 6.0 Partnership Approach including the funding amounts for the Foundational Fund were approved at the Board meeting in July 2025.** Following the approval, the Alliance has initiated programming of the global, regional and country foundational functions, informed by the mapping of the critical functions and roles across the Alliance. The Partnerships Accountability Framework (PAF) for the foundational functions at global and regional levels has been finalised and complements the country level PAF. It was developed through extensive consultations and is provided in Annex E.
- 2.19 **In view of the further reduced operating expenditure target indicated at the Board retreat (by US\$ 50 million to US\$ 700 million) the Secretariat has commenced a second wave of its organisational review.** The reduction target was discussed by the AFC in October 2025.
3. **Financial implications**
 - 3.1 **The Board is requested to approve the updated Gavi 6.0 financial forecast (v23) reviewed by the AFC in November 2025, which incorporates the outcomes of the recalibration.** Vaccine procurement cost will represent ~59% of Gavi's forecasted expenditure in Gavi 6.0 with US\$ 5.9 billion. A v23.1 forecast to be brought to the Board in the first half of 2026 will provide an update on the basis of country consultations and will inform the CVB country allocations.

²⁰ Includes ~US\$ 100 million to Partner support through Foundational Fund; ~US\$ 70 million to country technical assistance through consolidated cash envelope; ~US\$ 40 to fiduciary management, risk assurance and procurement fees; and US\$ 50 million to Secretariat operating expenditures.

Vaccines represent ~59% (US\$ 5.8 billion) of Gavi 6.0 recalibrated cost up from 52% (US\$ 5.2 billion) in Gavi 5.0

Total and share of Gavi cost component

Percentage % (total cost in US\$ billion)



Note: Catalytic Phase (MICs) also includes some small (<\$0.1b) COVID 19 delivery costs in Gavi 5.0 period
Totals may differ due to rounding

4. Next steps

- 4.1 **The Secretariat will continue to monitor the implications and risks of the recalibration outcomes** and provide regular updates to the Board, the PPC, and the AFC.
- 4.2 **Key milestones for transitioning into Gavi 6.0 include:** i) the launch of Gavi's new electronic grants management system, which will be fully operational to receive applications by end 2025, with further iterations planned in 2026; ii) accelerated communication on the Gavi 6.0 shifts and Grant Management Reform to countries and partners in early 2026 (incl. CVB, consolidated cash grant, grant cycle alignment); iii) an update to the Health Systems and Immunisation Strengthening (HSIS) policy to ensure alignment between the design parameters of the consolidated cash grant and CVB; iv) publishing Gavi's new Vaccine and Programme Funding Guidelines by March 2026 and countries' final CVB and cash allocations, after which countries can plan their single holistic applications for Gavi support/reprogramme support until end 2027; v) a v23.1 financial forecast grounded in country inputs in H1 2026; and vi) programming the Foundational Fund under the new Partnership Approach (by Q2 2026), and implementing the Secretariat organisational review (by Q1 2026). The Secretariat will continue implementing a comprehensive communication and change management plan to support the transition across countries and partners at global, regional, and country levels.

Annexes

Annex A: Caps and floors for the Health Systems and Immunisation Strengthening (HSIS) allocation formula

Annex B: Update to Gavi's Fragility, Emergencies and Displaced (FED) Populations Policy (tracked)

Annex C: Update to Gavi's Fragility, Emergencies and Displaced (FED) Populations Policy (cleaned)

Annex D: Additional analyses following asks from Board members on retreat summary (including proposed refined cost reductions to vaccine programmes)

Annex E: Partnerships Accountability Framework (PAF) – Global and regional foundations component