


Annex B: Update on Gavi 6.0 Fragile & Humanitarian (F&H) approach – emerging direction and problem statements

BOARD MEETING
4-5 December 2024, Bali, Indonesia




A photograph of a woman wearing a purple headscarf and a purple long-sleeved shirt, crouching down to feed a young child with a spoon. The child is wearing a blue long-sleeved shirt and is looking up at the woman. In the foreground, there is a blue cooler. The background shows a dark, possibly damaged structure, suggesting a conflict zone or a refugee camp.

Agenda

1. Context and objectives of the Fragile & Humanitarian (F&H) approach
2. Situational analysis
3. Questions and problem statements to be addressed

Context and objectives of the Fragile & Humanitarian (F&H) approach



Improving the Alliance's approach to F&H settings is an **opportunity** to deliver on Gavi 6.0 ambition, reach millions of additional children and **advance delivery of equity**

363
million

People in humanitarian need in 2023 worldwide

OCHA Humanitarian Action Overview 2023

110
million

Under-18 children targeted worldwide via humanitarian response plans

UNICEF Humanitarian Appeal 2023

56
million

Under-five children in Gavi-classified fragile countries

Gavi classification, WHO data

Reimagining support in Fragile & Humanitarian settings

Context

Objectives



Fragile and humanitarian settings are a substantial proportion of Gavi portfolio, and immunisation outcomes are lagging versus others

- 27% of zero-dose children in Gavi-eligible reside in fragile & conflict (F&C) countries
- DTP3 coverage in F&C countries 59% versus 80% in Gavi-eligible countries



Challenges in fragile & humanitarian settings are growing

- 11pp increase in the proportion of zero-dose children living in F&C countries within Gavi-eligible countries from 2013 to 2023
- 5pp drop in MCV1 coverage in F&C countries from 2019 to 2023



The Alliance has the opportunity to rise to this increasing challenge, with Gavi 6.0 foreseeing a radically different approach to F&H settings

- Opportunity to reach millions of additional children (e.g., >3 million children in F&C countries) with life-saving vaccines and truly deliver equity
- Gavi 6.0 requires differentiated, fragile-responsive support tailored to regional, national & subnational needs (*Gavi 6.0 one-pager*)

1

Outline Gavi's level of ambition across strategic goals in F&H settings

2



Determine what Gavi needs to do differently to deliver on Gavi's ambition

3

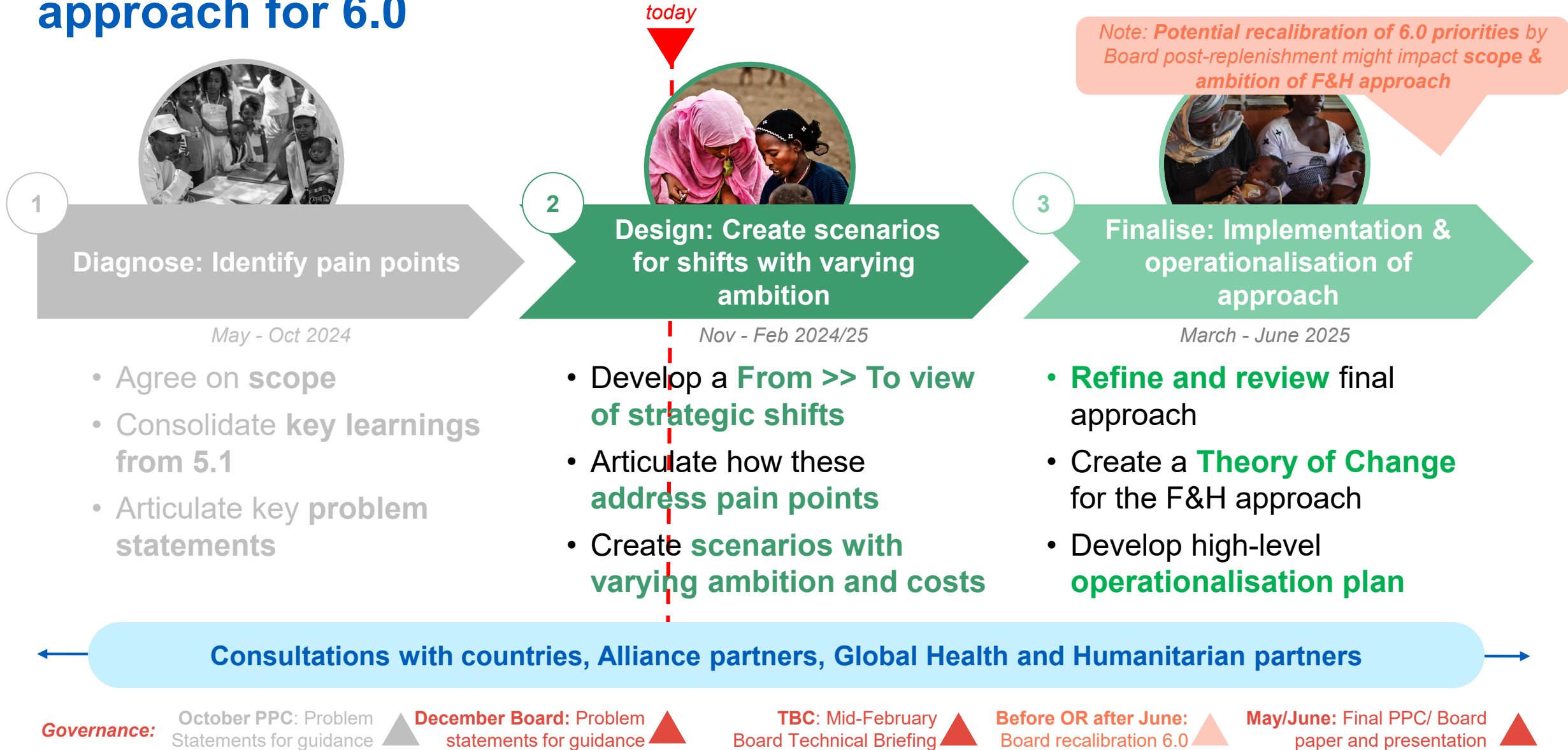
Develop an implementation plan to deliver on the new approach

Note: Due to limited availability of immunisation data in fragile and humanitarian settings, statistics from Fragile & Conflict countries serve as proxies. The scope of the Fragile & Humanitarian approach encompasses all Gavi-classified fragile countries and humanitarian settings in Gavi-eligible countries and middle-income countries (MICs).

Recap: Supporting immunisation in fragile & humanitarian settings critical component of Gavi 6.0 Strategy

<div>  Leaving no one behind with immunisation  </div>					
Mission 2030	To save lives and protect people's health by increasing equitable and sustainable use of vaccines	Mission indicators	<ul style="list-style-type: none"> Under-five child mortality reduction Future deaths averted (including disaggregated for climate-sensitive diseases) Future DALYs averted 	tbc tbc tbc tbc	<ul style="list-style-type: none"> Reduction in zero-dose children Children immunised Economic benefits unlocked tbc tbc tbc
Principles	<ul style="list-style-type: none"> Country-led, sustainable: Bolster country leadership to sustainably finance and deliver immunisation Community-owned, inclusive: Engage communities and civil society organisations in planning, implementation and oversight of immunisation Zero-dose and missed communities, first priority: Prioritise children missing out on vaccination, including among migrants, displaced and other vulnerable populations Gender-focused: Identify and address gender-related barriers to promote immunisation equity Differentiated, fragility-responsive: Target and tailor support to regional, national and subnational needs, including fragile, conflict and humanitarian contexts 				
Goals	<div> <div>1 INTRODUCE AND SCALE UP VACCINES</div> <div>2 STRENGTHEN HEALTH SYSTEMS TO INCREASE EQUITY IN IMMUNISATION</div> <div>3 IMPROVE PROGRAMMATIC AND FINANCIAL SUSTAINABILITY OF IMMUNISATION PROGRAMMES</div> <div>4 ENSURE HEALTHY MARKETS FOR VACCINES AND RELATED PRODUCTS</div> </div>				
Objectives	<div> <div> <p>A Strengthen countries' prioritisation and optimisation of vaccine programmes, appropriate to their context</p> <p>B Support countries to introduce and scale up vaccines for prevention of endemic, epidemic and pandemic diseases including beyond infancy</p> <p>C Ensure equitable and timely access to mechanisms to respond to outbreaks, epidemics, and pandemics</p> </div> <div> <p>A Enable countries to extend immunisation to zero-dose children and missed communities, integrated with primary health care, including through addressing gender-related barriers and building resilient demand</p> <p>B Ensure all children are fully immunised by maintaining and strengthening routine immunisation with vaccines required through second year of life</p> <p>C Support countries to adapt systems to routinely deliver vaccines to populations outside early childhood through targeted and catalytic interventions</p> </div> <div> <p>A Strengthen regional, national and subnational political and social commitment to immunisation, including through increased domestic public resources</p> <p>B Ensure sustainable transition through stronger capacity of eligible countries to maintain immunisation performance</p> <p>C Engage self-financing countries to maintain performance and catalyse critical vaccine introductions</p> </div> <div> <p>A Drive healthy vaccine markets for Gavi-supported and self-financing countries, including acceleration of access to new high-impact, affordable vaccines and delivery innovations</p> <p>B Enhance regional vaccine supply security, in support of regional manufacturing expansion ambitions</p> <p>C Develop sustainable markets for vaccines against outbreak, epidemic, and pandemic-prone diseases</p> </div> </div>				
Enablers	<ul style="list-style-type: none"> Secure long-term predictable funding for Gavi programmes Deliver as one Alliance with strengthened accountability mechanisms Ensure global political commitment for immunisation and global health security Ensure simple, efficient and agile Gavi operating model Drive digitalisation (including artificial intelligence), improved data and evidence Leverage the private sector and development finance institutions, including through innovative finance mechanisms 				

Three phases to define the Alliance's Fragile and Humanitarian approach for 6.0



Over the past months, numerous consultations were conducted to guide the initial thinking on the F&H approach



Partner consultations

- ✓ Médecins Sans Frontières (MSF)
- ✓ International Federation of Red Cross and Red Crescent Societies (IFRC)
- ✓ Save the Children (STC)
- ✓ International Rescue Committee (IRC)
- ✓ US Centers for Disease Control and Prevention (CDC)
- ✓ Global Fund
- ✓ WHO – Immunisation, Vaccines, and Biologicals (IVB) and Health Emergencies Programme (WHE)
- ✓ UNICEF – Emergency and Immunisation
- ✓ World Bank



Country consultations

Representatives from:

- ✓ Afghanistan
- ✓ Syria
- ✓ Yemen
- ✓ Palestine
- ✓ Sudan
- ✓ Somalia
- ✓ Central African Republic (CAR)
- ✓ Chad
- ✓ Democratic Republic of Congo (DRC)
- ✓ Cameroon



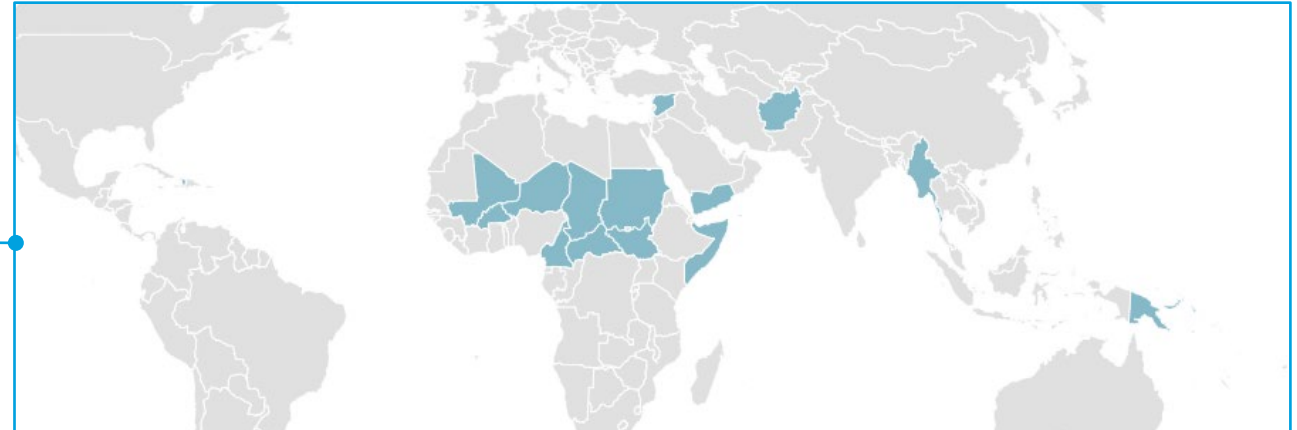
Alliance Advisory Group

- ✓ Implementing countries (Chad, Somalia, Ethiopia, Sudan)
- ✓ Alliance organisations (Gates Foundation, WHO / WHE, UNICEF Immunisation / Emergencies, international Non-Government Organisations and country-based civil society organisations (CSOs))
- ✓ Donor countries (US, France, Nordics, UK)

Scope of approach includes Gavi FED-classified fragile countries, as well as humanitarian settings – noting that these settings are not mutually exclusive

Chronically fragile countries (FED)

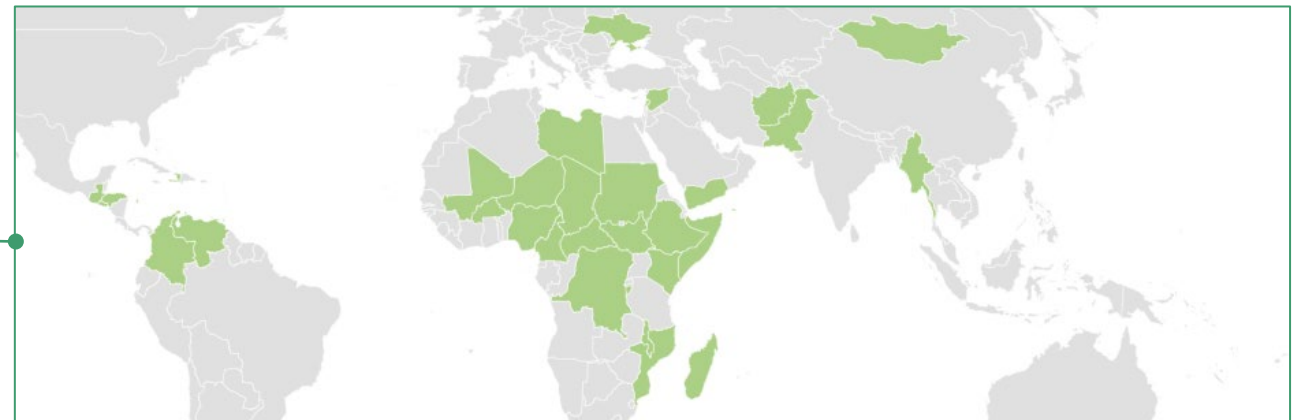
“Countries with sustained breakdown of health systems due to factors including prolonged conflict, volatile political situations, macroeconomic instability, persistently low institutional capacity, and significantly higher risks and costs of engagement¹”



15 countries classified as chronically fragile per the FED¹ policy; largely fragile & conflict country segment

Humanitarian settings

“Humanitarian action is intended to save lives, alleviate suffering and maintain human dignity during and after man-made crises and disasters caused by natural hazards, as well as to prevent and strengthen preparedness for when such situations occur^{2 3}”



Global Humanitarian Overview⁴: 360m+ people in need of humanitarian aid across 30+ countries in 2023

Note: F&H settings also include fragile Middle-Income Countries (Lebanon, oPt, Venezuela, Ukraine, Sri Lanka) and subnational fragility in e.g., High Impact countries (Nigeria, Ethiopia, DRC)

Illustration: Humanitarian settings change rapidly, and the people affected are highly mobile, in both fragile & non-fragile countries

Illustrative – not exhaustive

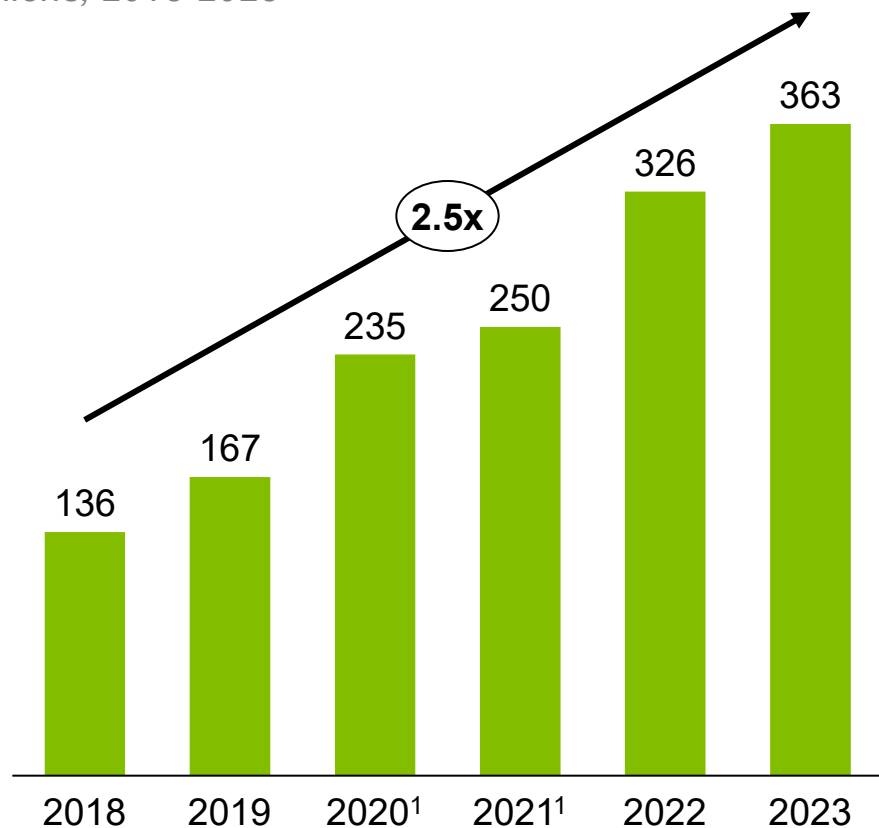


Situational analysis

Worldwide, more than 360m people in need of humanitarian aid due to climate change, conflicts and other compounding factors

of people in need of humanitarian aid increased 2.5x over last five years

Millions; 2018-2023



Key trends driving vulnerability and humanitarian needs globally

Many threats converge in the same places leading to populations facing a combination of acute malnutrition, outbreaks, trauma, displacement and gender-based violence



Climate change leads to a surge in disasters

Current trends indicate **1.4x more disasters** by 2030 vs. 2015



Increasing conflict, fragility and complexity

Unprecedented number of **59 state-based conflicts** in 2023



Poverty reduction progress reversed by C-19

Projected **7% of world's population** in extreme poverty by 2030



Outbreaks are on the rise and a growing threat

Gavi responded to **35 outbreaks** in 2023 vs avg. 31 in 2016-19



Rising global migration of vulnerable populations

3x increase from 2011-2022 in # of forcibly displaced people



Geopolitical competition fuels tensions

Threatening funding for and effectiveness of humanitarian aid



In fragile and humanitarian settings specific challenges impede immunisation outcomes



Constrained government capacity; non-state armed actors

Many competing priorities, governments under sanctions, areas under de facto control by non-state armed actors



Inadequate health system financing

Limited domestic funds which can be compounded by donor cuts, e.g., due to sanctions



Vulnerable supply chain and overall context

Few supply chains with limited cold chain equipment, vulnerable and limited reach; widespread disruption to electricity, mobile network, internet and water



Low capacity technical assistance (TA) & health workers

Limited health workers, health leadership brain drain, variable capacity of TA providers



Challenging service delivery, insecurity & high mistrust of authorities

Hard-to-reach populations, insecurity, limited health infrastructure and high mistrust of authorities, attacks on health care challenging availability, access and coverage of health services



Limited information systems and data availability

Unsystematic & uncoordinated data collection leading to limited data availability & quality

Fragile: 55.7 million under-five children live in the 15 Gavi-classified Fragile countries in Gavi 5.1

55.7 million under-five children in fragile countries

2023; Fragile countries based on Gavi 5.1 Fragile, Emergencies & Displaced populations policy classification



Fragile

Fragile & conflict segment: Afghanistan, Central African Republic, Chad, Haiti, Mali, Niger, Papua New Guinea, Somalia, South Sudan, Sudan, Syrian Arab Republic and Yemen
Core segment: Myanmar, Cameroon, Burkina Faso

Non-fragile

Other countries

~9%

Increase in number of births compared to 2019 (vs. 2.8% Gavi57)

27%

Of zero-dose children in Gavi57 living in fragile settings

Note: Quality of WUENIC data in these settings is low, true number likely larger

Note: F&H settings also include fragile MICs (Lebanon, oPt, Venezuela, Ukraine, Sri Lanka) and subnational fragility in e.g., High Impact countries (Nigeria, Ethiopia, DRC)

Fragile: Fragile settings lag versus Gavi-eligible countries across all Gavi Strategic Goals



SG1

Introduce and scale up vaccines

41% breadth of protection versus **56%** in Gavi-eligible countries

1.5x more vaccines introduced on average per Gavi-eligible country versus per fragile & conflict country in Gavi 5.0/5.1



SG2

Strengthen health systems

59% DTP3¹ coverage versus **80%** in Gavi-eligible countries

72% EVM² score for cold chain versus **74%** in Gavi-eligible countries



SG3

Improve sustainability

14% of cash going through government systems versus **45%** in Gavi-eligible countries

34% of paid co-financing paid by donors versus **2%** in Gavi-eligible countries³

Note: Based on the 12 countries in Gavi's Fragile & Conflict segment only due to data availability

15 1: Diphtheria tetanus toxoid and pertussis third dose (DTP3); 2. Effective Vaccine Management (EVM); 3. 2023 fragile & conflict countries paid co-financing: 66.4% through domestic resources, 2.1% through World Bank grant, 31.5% ODA grant. 2023 Gavi-eligible countries: 78.7% through domestic resources, 0.2% through World Bank grant, 2.0% through ODA grant, 19.2% through World Bank loan. Note: Humanitarian settings within chronically fragile countries are included in these data

Humanitarian: Humanitarian settings present across all Gavi segments, majority of these settings in fragile & conflict and high impact segments

360m+ people in need of humanitarian aid living across 30+ countries in 2023

2023; Humanitarian Action 2023 (United Nations Office for the Coordination of Humanitarian Affairs (OCHA))



363
million

**People in humanitarian need
in 2023 worldwide**

*OCHA Humanitarian Action Overview
2023*

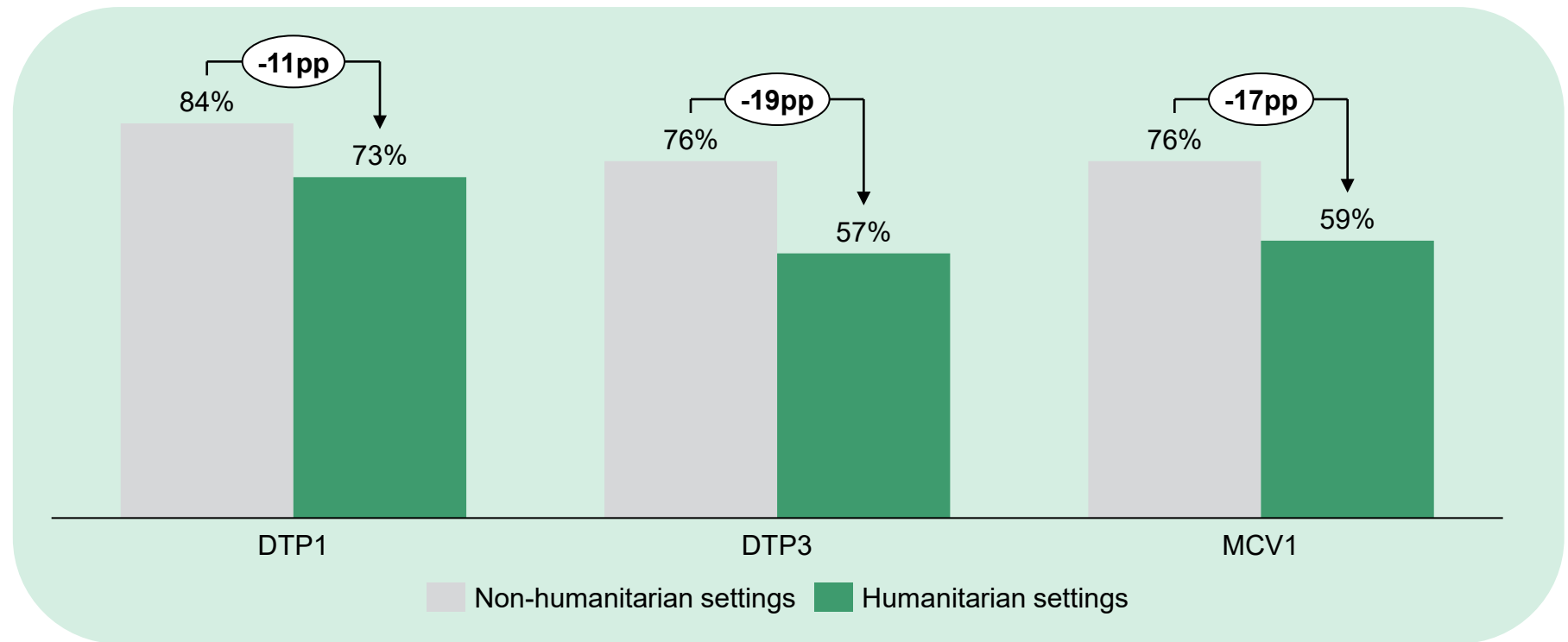
110
million

**Under-18 children targeted
worldwide via humanitarian
response plans**

UNICEF Humanitarian Appeal 2023

Humanitarian: Coverage in conflict-affected settings lagging up to 19 percentage points (pp) below other settings

Across DTP1¹, DTP3² and MCV1³, coverage in conflict-affected settings across Gavi57 + MICs lagging up to 19pp below other settings across Gavi57 + MICs 2021; conflict-affected based on ACLED⁴; across Gavi57 + MICs



Note: Based on 2021 conflict-affected settings (defined as >30 deaths per million population) due to data availability – analysis to be refreshed following ACLED⁴ data release. Analysis leverages district-level estimates of coverage with relatively high uncertainty.

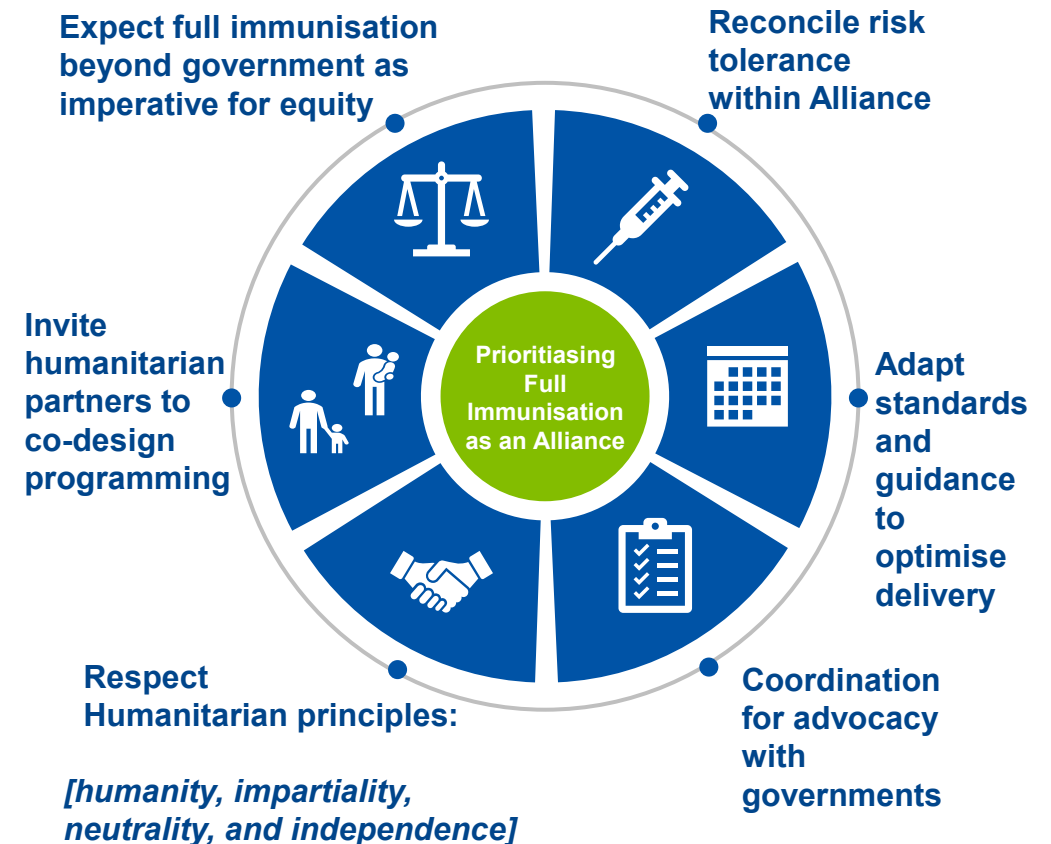
¹⁷ Source: IHME Model-Based Geostatistics for vaccine coverage estimate (2021); Armed Conflict Location & Event Data (ACLED 2021). 1: Diphtheria tetanus toxoid and pertussis first dose (DTP1); 2: Diphtheria tetanus toxoid and pertussis third dose (DTP3); 3: MCV1 = Measles-containing vaccine first dose (MCV1) 4. Armed Conflict Location Event Data and Event Data

Gavi has been working in these settings with important learnings from FED and ZIP relevant for F&H approach in Gavi 6.0



Early learnings from Gavi's Fragility, Emergency & Displaced Populations (FED) policy:

- **Funding** - FED is Gavi's only mechanism to enable rapid, tailored support outside of government, multi-year requests; an essential tool for Gavi to tailor support and engage quickly
- **Funding** – Lack of dedicated funding / reliance on underspent leads to limited transparency and predictability
- **Funding** - FED funding lacks transparency and predictability
- **Risk** – FED higher risk appetite insufficiently operationalised
- **Emergency** – Process to activate policy is cumbersome and does not align with existing UNICEF/WHO gradings
- **Speed of response** – Process from initial activation of policy to disbursement is cumbersome and slow
- **Displacement** - Limited added value of displacement as a separate category
- **Operationalisation** - Requesting flexibilities one by one
- **Limitations** - FED does not address some needed co-financing policy flexibilities
- **Opportunity** - Opportunity to mainstream FED flexibilities through a broader end-to-end approach



Across the Alliance, many partners are already playing a critical role in humanitarian settings

Case study: unicef



- One of the **largest providers of humanitarian assistance** (US\$ 5.5 billion across 412 crises in 2023)
- **Core Commitments to Children in Humanitarian Action** includes immunisation & HSS
- **Negotiation for humanitarian access & working in areas beyond gov't control** (e.g., Yemen, Haiti, Sudan)
- **Coordination & collaboration with CSOs**
- **Procurement, supply & delivery of vaccine & biological supplies** (>US\$240 million in 2023)



Case study: INTERNATIONAL RESCUE COMMITTEE



- IRC provides humanitarian aid, responding to **58 emergencies** in FY2023 (>10M health consultations)
- **Rapid response to emergencies** (e.g., Turkey earthquake, flooding in Libya)
- **Diverse programming based on needs**, including health, immunisation, WASH, protection
- **Partnerships with local CSOs for implementation**
- **Gavi / IRC programme for immunisation in Horn of Africa** (ZIP programme)



Description



Example activities



EMPHNET

Humanitarian settings



IOM • OIM

Case study: World Health Organization



- WHO is the **Health Cluster Lead Agency**
- WHO responded to 65 graded emergencies, **targeting >102M people across 29 countries** in 2023
- **Providing global leadership and advocacy** (e.g., framework for immunisation in humanitarian settings, package of health services for protracted crises)
- **Coordinating a rapid response** across >100 partners
- **Procurement, supply & delivery of health supplies** (6500 metric tons delivered in 2023)



Case study: Save the Children



- STC provides humanitarian aid to children (**reached >105M children in 2023**)
- **Child-focused humanitarian responses**
- **Diverse programming based on children's needs**, including health, vaccination and nutrition
- **Collaborates with local and national partners** (~10% of global portfolio funds in 2023)
- **Gavi / STC collaboration across countries** (e.g., Sudan)

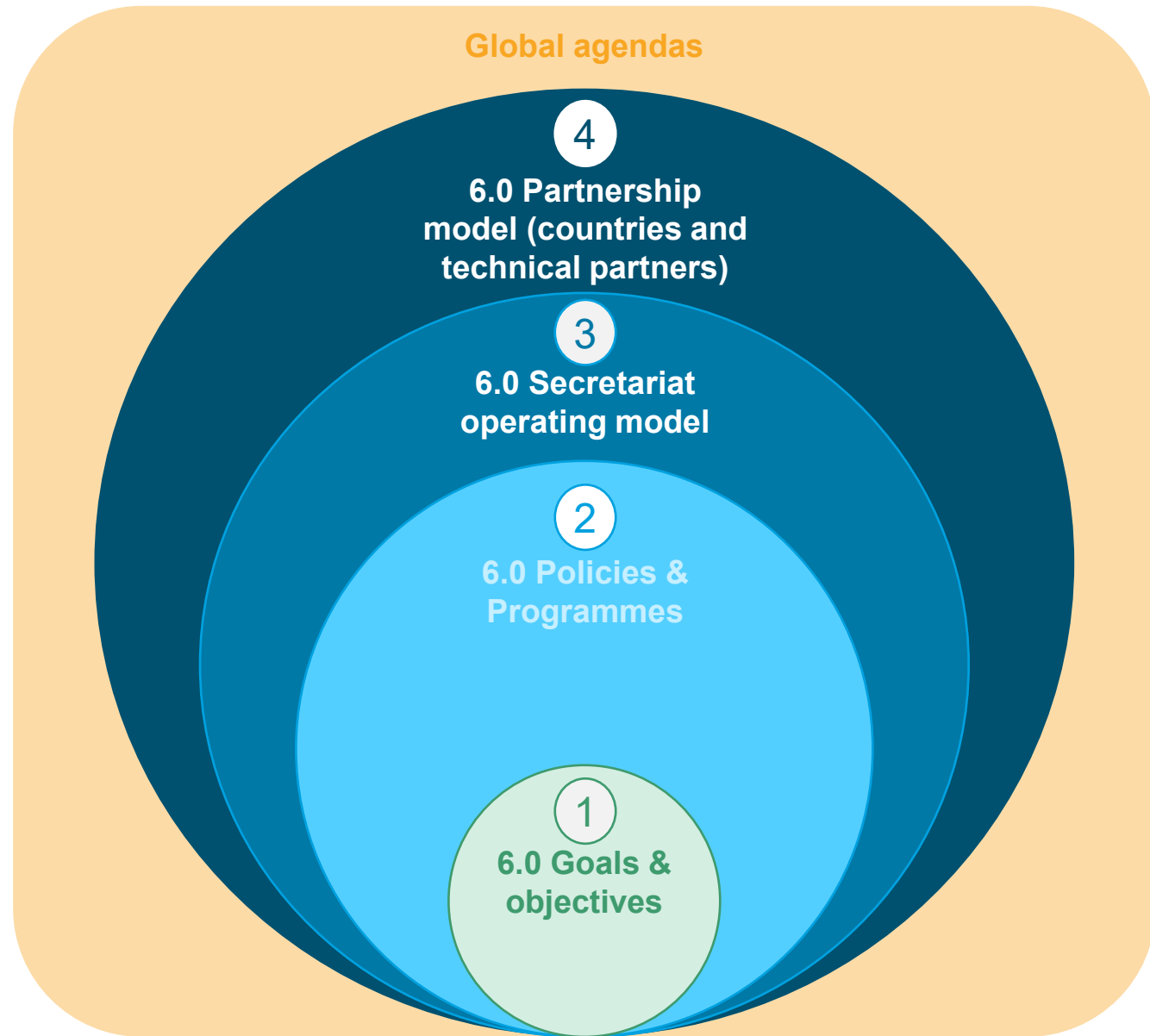


Note: Illustrative organisations & examples – non-exhaustive

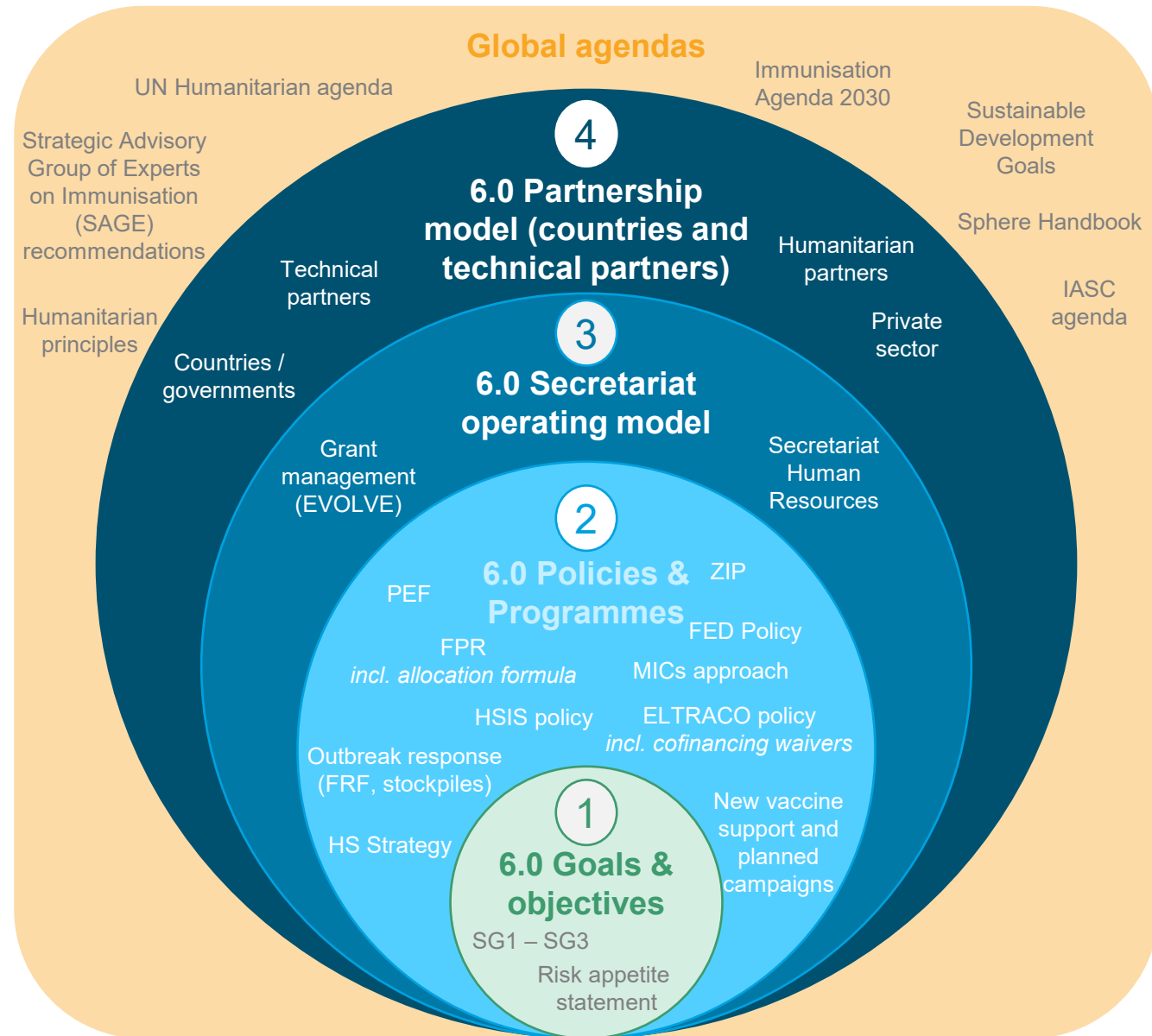
Questions and problem statements to be addressed

The F&H approach intersects with a variety of aspects of the Alliance partnership model, secretariat operating model and programmes & policies

Board Meeting, 4-5 December 2024



Detailed view: The F&H approach intersects with a variety of aspects of the Alliance partnerships model, secretariat operating model and programmes & policies



A number of problem statements have been identified across these intersections, to be addressed as part of the F&H approach

Implementation of Gavi's higher risk appetite has been identified as a key barrier across all key areas



**Goals &
objectives**



**Policies &
programmes**



**Secretariat
operating model**



**Partnerships
model (countries
and technical
partners)**

Lack of articulation and alignment on Gavi's goals & objectives and level of ambition in F&H settings, given unique challenges

SG1

Introduce &
scale up
vaccines

- ◆ In F&H settings, how to approach vaccine prioritisation including balancing between new introductions versus improving coverage of existing vaccines?
- ◆ What is the level of ambition with regards supporting or not, targeted non-Gavi supported 'traditional' vaccines where financing is challenged?

SG2

Strengthen
health
systems

- ◆ Should we differentiate our ambition for reducing zero-dose children in F&H settings?
- ◆ To what extent should the Alliance provide support for reaching (e.g., building immunisation touchpoints) children beyond infancy in F&H settings?

SG3

Improve
sustainability

- ◆ *How is financial and programmatic sustainability in F&H settings defined?¹*
- ◆ *What adjustments should Gavi adopt to co-financing requirements?²*

Cross-cutting

- ◆ What is the approach to integrating / bundling immunisation with other humanitarian interventions (e.g., child health/nutrition) and leveraging innovative approaches?
- ◆ How should Health Systems interventions, and levels of ambition across strategic priorities (above) be differentiated in *Fragile*¹ & Humanitarian settings (incl. MICs and sub-national contexts)?

**Gavi's level
of ambition
has
implications
for how
Gavi works
and the
costs**

1. Addressed in Gavi 6.0 Health System Strategy; 2. Addressed in Funding Policy Review's shifts to Gavi's Eligibility, Transition and Co-financing policies

To deliver on Gavi’s ambition in F&H settings, challenges across Gavi’s model need to be addressed: Policies & programmes

Policies & programmes	Vaccines	<ul style="list-style-type: none"> Insufficient mechanisms for humanitarian actors to access vaccines for outbreaks and areas where NIP cannot safely immunise (incl. advocacy for access to vaccines in F&H settings) A
	Cash	<ul style="list-style-type: none"> Cash funding mechanisms insufficiently tailored to complexity of <i>Fragile</i>¹ & Humanitarian settings
	PEF	<ul style="list-style-type: none"> <i>Capacity of partners to deliver technical assistance is variable in F&H settings</i>²
	FED	<ul style="list-style-type: none"> Risk of impeded response due to reliance of FED funding largely on savings from Gavi cash envelopes Inadequately operationalised (e.g. risk appetite, flexibilities, cumbersome policy activation)
	ELTRACO / FPR	<ul style="list-style-type: none"> <i>Co-financing waiver process not fit-for-purpose for humanitarian, and inconsistent for fragile, settings</i>³
	Cross-cutting	<ul style="list-style-type: none"> Unharmonised policies & programmes with unwarranted variation in e.g. funding scope and governance Immunisation of children beyond infancy and older children at times restricted by national guidelines

x Deep dive follows

To deliver on Gavi's ambition in F&H settings, challenges across Gavi's model need to be addressed: Secretariat operating model

Secretariat operating model

Grant management

- Secretariat approach is **complex and not geared towards specificities of fragile¹ & humanitarian settings** including lack of a tailored approach to reporting & monitoring

Secretariat HR

- *Possible lack of sufficient capacity (Fragile & Humanitarian) & expertise (Humanitarian) to best support programming²*

To deliver on Gavi’s ambition in F&H settings, challenges across Gavi’s model need to be addressed: Partnerships model¹

Partnership model (countries & technical partners)	Government	<ul style="list-style-type: none"> The Alliance’s reliance on government as entry point can limit the Alliance's effectiveness in F&H settings, engagement with armed non-state actors critical to ensure access to humanitarian settings
	Technical partners	<ul style="list-style-type: none"> Collaboration with context-appropriate partners with the trust of the local communities is not sufficiently institutionalised Variable coordination between immunisation programmes & humanitarian response: <ul style="list-style-type: none"> Variable coordination between the Immunisation and Emergency departments within Core Partners Limited coordination between the Alliance and humanitarian (UN, iNGOs, CSOs) partners
	Private sector	<ul style="list-style-type: none"> Insufficient use of private provider networks to enhance immunisation outcomes

Deep dive: Insufficient mechanisms for humanitarian actors to access vaccines for areas where NIP cannot safely immunise



Problem statement context

There are areas where the national immunisation programme (NIP) cannot safely and effectively immunise, leading to consistently missed areas / populations:

- E.g., areas with insecurity / banditry or controlled by a non-state armed actors
- E.g., populations not prioritised in government planning due to e.g. sudden influx of refugees

For these areas / populations, vaccine access is limited, and insufficient mechanisms for non-government actors to access vaccines:

- Ad hoc, cumbersome implementation of FED provision for additional vaccines for acute emergencies / displaced populations, each request requires lengthy approval process
- Limited advocacy with government to ensure vaccine access for all populations, potentially through provision of country doses and cold chain to/via humanitarian actors
- Lack of mechanism to provide funding for procurement of vaccines for humanitarian actors
- Limited opportunity for humanitarian actors to procure reduced-price doses – (WHO humanitarian mechanism limited to PCV and rotavirus vaccines)

Any mechanism not through gov't associated with unclear governance & issues around risk

- Usually government assumes all risk (e.g., indemnity & liability, insurance for logistics)
- Unclear who can/will take on risk (manufacturer, humanitarian actor, UNICEF, Gavi?) if delivery outside of gov't – direct delivery not in scope of existing MoUs with SD



Illustration



Case study: ZIP

- Hard-to-reach, insecure region in Horn of Africa
- Only three humanitarian partners operating, prolonged disruption of health services
- Limited antigens and doses on the ground
- Via ZIP Gavi funding for vaccines made available separate from country allocations
- Gavi + UNICEF SD took on high-risk allocation directly to NGO




Potential shifts

Institutionalise a role for Gavi expected to advocate for immunisation service delivery for all populations, potentially by providing access, doses & cold chain to humanitarian actors

Reconsider allocation mechanism for vaccines² to **non-government / non-UN partners**

Advocate for reduced-price doses for humanitarian actors:
e.g., advocate for Humanitarian Mechanism WHO, UNICEF, MSF, STC



Questions for guidance

The Board is requested to provide guidance on:

Gavi 6.0 approach to Fragile and Humanitarian settings: The emerging direction as described in this document, including the problem statements