Subject	**African Vaccine Manufacturing Accelerator (AVMA)**
Agenda item	**06b**
Category	**Decision**

Executive Summary

The African Vaccine Manufacturing Accelerator (AVMA) was approved by the Gavi Board in December 2023 and launched in June 2024 as a ten-year, US$ 1 billion pull-financing instrument to support commercially sustainable vaccine manufacturing in Africa. Eighteen months in, AVMA is delivering against its design: the first milestone disbursement is envisaged in late 2026; eight African-manufactured vaccine products are on a credible pathway to WHO prequalification; thirteen technology transfers are underway across six African countries; and approximately US$ 3 billion in complementary ecosystem financing has been mobilised since launch. AVMA attracted pledges of approximately US$ 189 million above the Board-approved US$ 1 billion ceiling, which require a Board decision before they can be deployed. Following guidance from the October 2025 Programme and Policy Committee (PPC) and the December 2025 Board, the Secretariat developed proposals for programming the additional pledges in consultation with AVMA investors, manufacturers, partners, and African Union constituencies. The proposals were considered by the PPC at its meeting in May 2026. The PPC recommended to the Board the establishment of two new windows within AVMA — a Vaccine Buy-Down Window covering Gavi's costs for AVMA-eligible vaccines (not including country co-financing), and a one-off Ecosystem Support Window. The PPC also recommended an accelerated, narrow Course Correction to AVMA's key terms in advance of the planned, regular 2027 Course Correction, to take account of the changed operating context since AVMA's launch in 2024. Separately, following the World Health Organization's declaration on 17 May 2026 of a Public Health Emergency of International Concern (PHEIC) in respect of the outbreak of Ebola, the CEO proposes immediately amending AVMA's key terms to allow African-manufactured vaccines approved under WHO Emergency Use Listing (EUL) to be designated a Priority Vaccine under AVMA.

Action Requested of the Board

The Gavi Alliance Programme and Policy Committee (PPC) **recommends** to the Gavi Alliance Board that it:

a) **Approve** the programming of the additional US$ 189 million in African Vaccine Manufacturing Accelerator (AVMA) pledges above the Board-approved US$ 1 billion ceiling in support of a time-limited addendum to the AVMA key terms as set out in Annex A to Doc 06b, known as "AVMA+";

b) **Approve** the creation of two new funding windows within AVMA (i) a Vaccine Buy-Down Window and (ii) an Ecosystem Support Window;

c) **Approve** the size of US$ 50 million, targeted at the most critical risks to AVMA's delivery for the Ecosystem Support Window, with remaining funds allocated to the Vaccine Buy-down Window; and

d) **Request** the Secretariat provide to the PPC in October 2026 and to the Board in December 2026 proposals on an accelerated course-correction to AVMA's key terms limited at this stage to: (i) Accelerator payment levels (including the per-vial fill-finish cap) and (ii) scope of vaccines eligible for Milestone payments to take account of the changed operating context since AVMA's launch in 2024.

The Gavi Alliance CEO recommends to the Gavi Alliance Board that it:

- **Approve** an additional amendment to AVMA's key terms to ensure that any eligible African manufactured vaccines which receive WHO Emergency Use Listing for Bundibugyo virus disease (BVD), qualify for AVMA incentives.

Next steps/timeline

Following Board approval, the Vaccine Buy-Down Window will be operationalised in coordination with UNICEF for the 2026 tender cycle. Grant agreements under the Ecosystem Support Window will be concluded under existing Gavi partnership frameworks. The Secretariat will submit proposals related to limited course correction to the PPC in October 2026 and the Board in December 2026.

Previous Board Committee or Board deliberations related to this topic

- **In May 2026 PPC meeting book:** Doc 07, African Vaccine Manufacturing Accelerator (AVMA+).
- **In December 2025 Board meeting book**: Doc 10, African Vaccine Manufacturing Accelerator.
- **In June 2024 Board meeting book**: Doc 09, African Vaccine Manufacturing Accelerator (AVMA).
- I**n December 2023 Board meeting book:** Doc 10b, Gavi's role in Pandemic Prevention, Preparedness and Response: African Vaccine Manufacturing Accelerator.

1. AVMA: progress and operating context

1.1 The African Vaccine Manufacturing Accelerator (AVMA) was approved by the Gavi Board in December 2023 as a ten-year, US$ 1 billion pull-financing instrument and launched in June 2024. The instrument provides downstream incentives — Milestone payments at WHO prequalification and per-dose Accelerator payments — to support commercially sustainable vaccine manufacturing in Africa, consistent with Gavi's Regional Manufacturing Strategy and the African Union's target to manufacture 60% of continental vaccine demand by 2040.

1.2 The first eighteen months of implementation, set out in the AVMA Annual Report (available to view in BoardEffect - https://gavi.boardeffect-uk.diligentoneplatform.com/downloads/vfile/5190928), show measurable progress. Eight African-manufactured vaccine products are on a credible pathway to WHO prequalification before 2030, with the first AVMA milestone disbursement envisaged in late 2026. Thirteen technology transfers are underway across six African countries. AVMA has crowded in approximately US$ 3 billion in complementary ecosystem financing since launch, including the EU's Human Development Accelerator and a forthcoming World Bank package under 'AIM 2030'. AVMA has also attracted pledges of approximately US$ 189 million above the Board-approved US$ 1 billion ceiling; these require a Board decision before they can be deployed.

1.3 As noted by the Board in December 2025, the Gavi 6.0 recalibration has narrowed procurement volumes for certain antigens of relevance to the AVMA pipeline and placed downward pressure on prices. Regulatory and compliance bottlenecks remain the principal cause of delays in manufacturer pathways to prequalification. These developments are reflected in AVMA's risk framework. They mirror the volatility observed in the early years of the Pneumococcal Conjugate Vaccine Advance Market Commitment, which was subsequently adapted through periodic course corrections; AVMA's design provides equivalent flexibility.

2. Programming additional pledges: PPC recommendations

2.1 Following October 2025 PPC and December 2025 Board guidance, the Secretariat developed proposals for programming the additional US$ 189 million in pledges within AVMA, in consultation with AVMA investors, manufacturers, the African Union, Africa CDC, WHO, AMA, and African manufacturer constituencies. The Secretariat's proposals were considered by the PPC at its meeting in May 2026. The PPC recommended to the Board the establishment of two new windows within AVMA — a Vaccine Buy-Down Window and a one-off Ecosystem Support Window — together with an accelerated course correction to AVMA's key terms. The proposals are described in sections 3 to 4 below. The two windows are established as a time-limited addendum to the AVMA key terms, known as "AVMA+", set out in Annex A. AVMA+ is governed under the existing AVMA framework and reported through the AVMA Annual Report.

3. Vaccine Buy-Down Window

3.1 The Vaccine Buy-Down Window deploys the majority of the additional pledges (approximately US$ 139 million) to fund the full Gavi-financed portion of the purchase price of AVMA-eligible vaccines manufactured in Africa. For vaccines used in guaranteed programmes that are interchangeable across suppliers (e.g. Inactivated Polio Vaccine, hexavalent, and measles-rubella), this releases regular vaccine budget funding for reallocation. For discretionary, campaign-driven programmes (oral cholera, yellow fever), AVMA+ funds African-manufactured doses additively to constrained budgets, against unmet demand.

3.2 Eligibility tracks the existing AVMA scope: WHO-prequalified vaccines wholly manufactured or fill-and-finished on the African continent. The Window operates globally for Gavi-supported countries, consistent with AVMA's design as an instrument supporting African manufacturers in global markets. Current modelling indicates that the Window would be fully committed by 2029 at projected uptake. The mechanism is consistent with AVMA investor grant agreement terms; AVMA resources continue to support vaccines produced by African manufacturers.

3.3 Where programmatic considerations justify advance payments to secure production capacity or maintain supply continuity for AVMA-eligible vaccines, such payments would be managed under Gavi's standard risk and governance structures, with any advances subject to approval by the Market-Sensitive Decisions Committee and Audit and Finance Committee notification.

4. Ecosystem Support Window

4.1 The Ecosystem Support Window is intended to address upstream regulatory and ecosystem bottlenecks that present risks both to AVMA's successful implementation, and realisation of the AU 60% target. The Secretariat presented to the PPC three options for the size of the Window — US$ 30 million, US$ 50 million, and US$ 70 million — reflecting the range of views expressed during consultations with AVMA investors, African Union constituencies, manufacturers, and prospective implementing partners. The PPC, having considered these options, recommended a one-off US$ 50 million envelope, time-limited to the Gavi 6.0 period only, and targeted at those risks most critical to AVMA's delivery. The Window will not be considered for renewal as part of the 2027 AVMA Course Correction; any uncommitted or undisbursed resources transfer to the Vaccine Buy-Down Window.

4.2 At PPC direction, Africa CDC, the World Health Organization (WHO) and the African Medicines Agency (AMA) have developed a single joint proposal, anchored in the AVMA risk framework, that allocates activities across the three partners on the basis of institutional mandate, comparative advantage, and non-duplication with existing funding. The Allocation methodology and partner ceilings are provided in Annex B, with the full costed joint proposal available on BoardEffect.

4.3 The joint proposal has been reviewed by an Independent Review Committee (IRC) of external experts against the published assessment criteria — alignment

with the AVMA risk framework, technical feasibility, additionality, measurable results, absorptive capacity, and value for money. The IRC found the division of responsibilities across the three partners to be broadly clear and aligned with their respective mandates.

4.4 The IRC has provided specific recommendations on each partner's proposal for the Gavi Grant Operationalisation Group (GO Group) to track to grant finalisation. Applying a transparent allocation rule to the IRC's per-risk ratings, the Secretariat recommends Board approval of the workstreams the IRC found well-evidenced and relevant to AVMA delivery, within a total envelope of US$ 50 million. The per-partner ceilings produced by the IRC-endorsed methodology, rounded to whole millions, are: Africa CDC — US$ 25 million, WHO — US$ 20 million, AMA — US$ 5 million. Per-workstream activity summaries are in Annex B.

5. Limited course correction to AVMA key terms

5.1 AVMA's design provides for a triennial Course Correction, the first of which was scheduled for 2027. The PPC recommended, in advance of that exercise, and in recognition of the challenging external environment set out in paragraph 1.3, the Secretariat undertake a limited and accelerated course correction limited to two elements of AVMA's key terms: (i) Accelerator payment levels, including the per-vial fill-finish cap; and (ii) the scope of vaccines eligible for Milestone payments.

5.2 The motivation is timing. The 2026 UNICEF tender cycle is the first opportunity for African manufacturers to bid against AVMA-supported volumes at material scale. Gavi 6.0 prices are now sufficiently lower than at AVMA's 2023 design point that the originally calibrated Accelerator payment levels and per-vial fill-finish cap may not deliver the intended de-risking effect, with consequent impact on AVMA-eligible doses entering the market. The proposed out-of-cycle course correction is limited in scope: it will not reopen AVMA's overall envelope, caps, or eligibility criteria, which remain as approved. The Secretariat will submit options for PPC and Board decision in December 2026. Without this course correction, AVMA's projected disbursements for the Gavi 6.0 Strategic Period would likely be significantly reduced against initial forecast projections.

6. Priority vaccine designation: Ebola Bundibugyo virus disease

6.1 On 17 May 2026 the World Health Organization (WHO) declared the outbreak of Bundibugyo virus disease (BVD) in the Democratic Republic of the Congo and Uganda a Public Health Emergency of International Concern (PHEIC). There is currently no approved vaccine effective against the Bundibugyo virus. A Bundibugyo vaccine developed on a pandemic technology platform would qualify as an AVMA priority vaccine – but it would only qualify for AVMA payments if it received full WHO prequalification rather than Emergency Use Listing (EUL).

6.2 The CEO proposes to make an immediate and surgical change to AVMA's key terms such that any AMVA-eligible Bundibugyo virus vaccine which receives EUL

would be eligible for AVMA's milestone and accelerator payments[1]. This would send a strong signal of support to the African manufacturers and tech-transfer partners considering production on the continent. Whilst this targeted amendment for Bundibugyo has been prompted by the current PHEIC, the Secretariat believes there is also a broader case for considering a generic priority designation for vaccine candidates which receive EUL during any PHEIC or pandemic emergency. This broader question will be considered in more depth as part of the limited course correction (paragraph 5.1) and added to the options for the PPC and Board to consider set out above.

7. Risk

7.1 The Audit and Finance Committee reviewed the AVMA risk profile most recently in October 2025 where it was rated MEDIUM. The principal residual risks relevant to this paper, and their mitigations under existing AVMA arrangements, are as follows. The Vaccine Buy-Down Window mitigates the risk that reduced procurement volumes leave new African entrants with demand below the scale required for commercial viability; pipeline tracking through the AVMA Annual Report monitors uptake. The Ecosystem Support Window's delivery risk — that partner activities may not achieve the intended acceleration if absorptive capacity is limited or activities are not additional — is mitigated through the IRC's independent appraisal of scope, the results-based disbursement framework, per-deliverable institutional accountability, and annual review, including via the Manufacturing Forum and Investors Forum.

Annexes

Annex A: AVMA+ Addendum to Key Terms

Annex B: Ecosystem Support Window - Allocation methodology and partner ceilings

Additional information available on BoardEffect

Appendix 1: Independent Review Committee — Ecosystem Window Assessment

Appendix 2: Africa CDC, WHO and AMA Joint Costed Proposal

Appendix 3: AVMA Risk Management Framework

[1] This approach to amend the terms of priority vaccines outside of a Board-mandated course correction has a governance precedent from the December 2025 Board decision which added tuberculosis, respiratory syncytial virus (RSV) and mpox to the AVMA priority list.