Annex B: Ecosystem Support — Allocation methodology and partner ceilings

This annex presents the allocation outcomes, following the Independent Review Committee's (IRC) review (see Appendix 1) of the joint partner proposal for the AVMA+ Ecosystem Support Window (see Appendix 2). It presents IRC endorsed methodology the Secretariat has applied to translate IRC ratings into indicative per-partner ceilings, and the resulting funded and not-funded workstreams.

1. The IRC's assessment

The joint proposal was reviewed by the IRC against eight assessment criteria: Risk Framework mapping, Theory of Change, Results Framework and Measurability, Additionality and Non-Duplication, Mode of Delivery and Readiness, Institutional Capacity, Budget Quality and Realism, and Value for Money. The IRC produced an overall alignment rating (High, Medium, or Low) for each partner on each AVMA risk that partner addressed.

The matrices below set out the IRC's per-cell ratings. Figure 1a covers the three high-priority risks where the substantive funding decisions are concentrated. Figure 1b covers the medium- and lower-priority risks. The table in Section 4 provides a key to the Risk codes, which are elaborated further in Appendix 3: AVMA Risk Management Framework.

Matrix — HIGH-priority risks (A.3, D.7, B.2)

Risk	Prio	Partner	RFM	ToC	Res	Add	Mod	Cap	Bud	VfM	OVR
A.3	HIGH	Africa CDC	H	L	M	H	M	H	M	H	M
		WHO	H	H	L	H	L	H	L	L	L
		AMA	H	L	L	H	M	H	L	M	M
D.7	HIGH	Africa CDC	L	L	L	L	L	L	L	L	L
		WHO	H	H	H	H	H	H	H	H	H
		AMA	L	L	L	L	L	L	L	L	L
B.2	HIGH	Africa CDC	H	M	M	H	M	H	L	L	M
		WHO	H	H	M	H	M	H	L	L	M
		AMA	H	M	M	M	M	M	M	M	M

Rating H High M Mediu L Low — Not applicable (partner inactive)

RFM = Risk Framework mapping · ToC = Theory of Change · Res = Results Framework & Measurability · Add = Additionality & Non-Duplication · Mod = Mode of Delivery & Readiness · Cap = Institutional Capacity · Bud = Budget Quality & Realism · VfM = Value for Money · OVR = Overall alignment rating

Figure 1a. IRC alignment ratings — HIGH-priority risks (A.3, D.7, B.2).

Matrix — MEDIUM and LOWER-priority risks

Risk	Prio	Partner	RFM	ToC	Res	Add	Mod	Cap	Bud	VfM	OVR
A.6	MED	Africa CDC	H	L	L	H	M	H	L	L	M
		WHO	—	—	—	—	—	—	—	—	—
		AMA	H	L	L	H	L	M	L	M	M
A.8	MED	Africa CDC	H	L	L	H	M	H	L	L	M
		WHO	—	—	—	—	—	—	—	—	—
		AMA	—	—	—	—	—	—	—	—	—
A.5	MED	Africa CDC	M	L	L	H	L	H	L	L	L
		WHO	—	—	—	—	—	—	—	—	—
		AMA	M	L	L	H	H	M	H	M	M
B.3	LOW	Africa CDC	—	—	—	—	—	—	—	—	—
		WHO	M	L	L	M	M	H	L	L	M
		AMA	—	—	—	—	—	—	—	—	—
B.5	LOW	Africa CDC	M	L	M	H	M	H	H	H	M
		WHO	—	—	—	—	—	—	—	—	—
		AMA	M	L	M	H	M	H	H	H	M

Rating H High M Mediu L Low — Not applicable (partner inactive)

RFM = Risk Framework mapping · ToC = Theory of Change · Res = Results Framework & Measurability · Add = Additionality & Non-Duplication · Mod = Mode of Delivery & Readiness Cap = Institutional Capacity · Bud = Budget Quality & Realism · VfM = Value for Money · OVR = Overall alignment rating

Figure 1b. IRC alignment ratings — MEDIUM and LOWER-priority risks (A.6, A.8, A.5, B.3, B.5).

2. From ratings to ceilings — the methodology

The Secretariat has applied a two-step methodology to translate the IRC's per-cell ratings into per-partner indicative funding ceilings. The first step is the IRC's technical assessment, set out in the matrices above. The second is a transparent translation rule that converts each (partner × risk) cell into a funding outcome based on the AVMA Risk Framework priority of the risk and the IRC's overall rating.

Translation rule — priority × rating → funding tier

Each (partner × risk) cell falls into one of five tiers. Tier 2 share calibrated to 80% so the rule meets the US$ 50M envelope.

Tier	Combination	% of ask	Treatment
1	HIGH priority × High overall rating	100%	Fund in full
2	HIGH priority × Medium overall rating	80%	Calibrated to envelope; partner identifies reducible core inside the ceiling
3	MEDIUM priority × Medium overall	50%	Fund at 50% of ask
4	HIGH or MEDIUM priority × Low overall	0%	Do not fund
5	LOWER priority × any rating	0%	Do not fund

Figure 2. Translation rule — priority × rating → funding tier.

The Tier 2 share is calibrated to 80% so that the rule, applied across all three partner proposals, produces indicative ceilings that meet the US$ 50 million envelope.

3. The indicative outcome

Applying the methodology to the three partner proposals produces the indicative per-partner ceilings shown below. Final figures are rounded to avoid false precision.

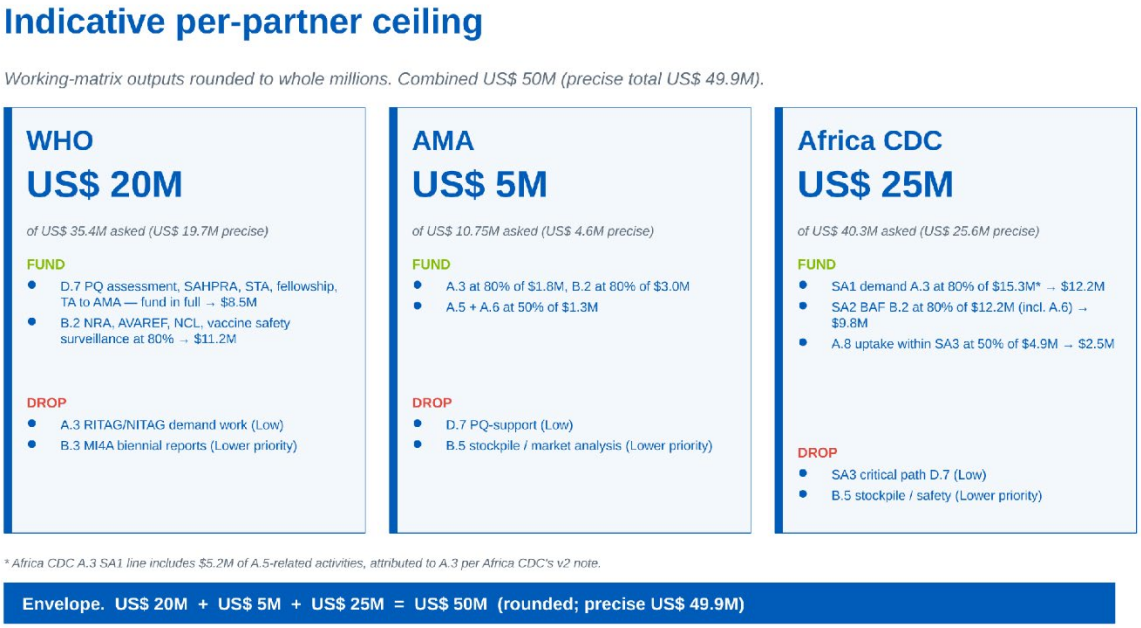

Figure 3. Indicative per-partner ceilings produced by the methodology.

Rounded to whole millions for the Board paper, the ceilings are Africa CDC US$ 25 million, WHO US$ 20 million, and AMA US$ 5 million, totalling US$ 50 million.

These ceilings form the basis for grant finalisation via the Gavi Grant Operationalisation Group. Final per-partner allocations require that the GO Group is satisfied that the IRC's specific recommendations on each partner's proposal have been substantively addressed in revised submissions. The IRC's recommendations span theories of change, outcome-oriented monitoring, budget transparency and value for money, and partner collaboration.

4. Funded and not-funded workstreams — reference table

The tables below set out, for each partner, every risk addressed in the joint proposal, the resulting treatment under the methodology, and the activities that will be funded (or, where the activities are not funded, the IRC's rationale). This is also the key for decoding the risk codes used throughout the Board paper.

WHO — US$ 20 million

Risk	Risk name	Treatment	Activities funded / rationale for not funding
D.7	Process bottlenecks on WHO Prequalification	**Tier 1 — full**	Rolling PQ assessment of up to 8 AVMA-supported vaccine dossiers; SAHPRA parallel review pilot; pre-submission meetings and Specialised Technical Assistance (STA); rotational fellowship programme; Technical Assistance to AMA toward WHO Listed Authority (WLA) status; National Regulatory Authority (NRA) Maturity Level 3 (ML3) strengthening as PQ prerequisite; National Control Laboratory (NCL) strengthening.
B.2	Excessive barriers to market entry	**Tier 2 — 80%**	NRA ML3 strengthening across 5–7 manufacturing countries; ML3 maintenance in two countries already at ML3; ecosystem assessments; African Vaccine Regulatory Forum (AVAREF) scientific advice platform; vaccine safety surveillance support; NCL strengthening for in-country quality control.
A.3	Insufficient demand for African-made vaccines	**Drop (Low)**	Not funded. The RITAG/NITAG demand-generation activities (Regional / National Immunisation Technical Advisory Groups) were rated Low by the IRC.
B.3	Undesired market distortions	**Drop (LOWER)**	Not funded. MI4A (Market Information for Access) biennial reports — Lower priority in the AVMA Risk Framework.

AMA — US$ 5 million			
Risk	**Risk name**	**Treatment**	**Activities funded / rationale for not funding**
A.3	Insufficient demand for African-made vaccines	**Tier 2 — 80%**	African Pooled Procurement Mechanism (APPM) procurement liaison via Component E; continental quality surveillance via Component D (downstream confidence pathway to procurement).
B.2	Excessive barriers to market entry	**Tier 2 — 80%**	Joint Good Manufacturing Practice (GMP) inspections (25 on-site, 15 remote); pre-approval inspections (10); Continental GMP Inspector Academy training 50 inspectors; continental dossier evaluation accepted by ≥31 NRAs; Small and Medium Enterprise (SME) regulatory guidance (150 engagements). Target: time-to-market reduced from 210 to 120 days post-inspection.
A.5 + A.6	Geographic instability + manufacturer sustainability	**Tier 3 — 50%**	NRA reliance facilitation across 5 African Union (AU) regions; 12 NRAs adopting reliance frameworks; regional NRA teams decentralising regulatory capacity; subsidised AfriVigilance access via Component C; post-market harmonisation via Component D.
D.7	Process bottlenecks on WHO Prequalification	**Drop (Low)**	Not funded. The IRC concluded that AMA's proposed D.7 activities (joint AMA-WHO-EMA scientific advice, SME Innovation Office, pre-approval inspections under D.7) would not add value.
B.5	Uncertainty surrounding cost and prices	**Drop (LOWER)**	Not funded. Lower-priority risk; no incremental ask above the GMP inspection work captured under B.2.

Africa CDC — US$ 25 million			
Risk	**Risk name**	**Treatment**	**Activities funded / rationale for not funding**
A.3 (SA1)	Insufficient demand for African-made vaccines (includes Risk A.5 reattribution)	**Tier 2 — 80%**	Country adoption packages for 30+ countries; demand intelligence platform; Gavi application and switching support for 20 countries; importer-country registration facilitation; Risk Communication and Community Engagement (RCCE) for product introductions; AU Champion engagement and political escalation (including escalation to the Director-General of Africa CDC); Marketplace Forum; quarterly market briefs across six product families; country-level engagement and unblock packages addressing geographic instability (Risk A.5), accounted under A.3 per Africa CDC's second-round attribution.
B.2 (SA2)	Excessive barriers to market entry (includes Risk A.6 manufacturer sustainability)	**Tier 2 — 80%**	Vaccine Business Acumen Facility (BAF) — at least 18 product-specific assignments; tender-readiness and pricing packages for 5 products; importer-country registration sprints; shipment, cold-chain, and launch-readiness support; product-development support; BAF financing-linkage (working-capital, DFI engagement, insurance and guarantee conversations, investment-case support). Target: 4 manufacturer-product cases linked to concrete financing.
A.8 (SA3)	Limited adoption / uptake of the AVMA Facility	**Tier 3 — 50%**	Continental scorecard and performance analytics tracking AVMA progress; product roundtables; product critical-path sequencing to payment milestones.
D.7 (SA3)	Process bottlenecks on WHO Prequalification (beyond the A.8 component)	**Drop (Low)**	Not funded. The IRC concluded that Africa CDC's broader D.7 critical-path coordination activities would not add value.
B.5	Uncertainty surrounding cost and prices	**Drop (LOWER)**	Not funded. Lower-priority risk; subsumed under SA2 in the original ask with no incremental funding.

Each partner's submitted cross-cutting line (information technology, monitoring and evaluation, programme management) is funded pro-rata at the medium-priority tier rate of 50%; this is reflected in the precise totals and may require some dialogue as part of the finalisation process.