

## Annex D: Catalytic Phase – Technical Annex and costing breakdown

### Overview of the Catalytic Phase

#### Catalytic Phase | Eight support levers are proposed for the Catalytic Phase

##### Proposed support levers and country eligibility

	Support Type	Country Eligibility	Objectives
Global / Multi-Country support	1 Multi-country Technical Assistance	Former and Never-Gavi eligible countries in the catalytic phase	<ul style="list-style-type: none"> <li>Drive sustainable introduction of key missing vaccines</li> <li>Prevent and mitigate backsliding</li> </ul>
	2 Vaccine access & sustainable pricing		
Country-level Catalysers	3 Technical Assistance	Former and Never Gavi-eligible countries in the catalytic phase	Drive sustainable introduction of key missing vaccines
	4 One Off Costs*		
	5 Vaccine Catalytic Financing	Former Gavi-eligible countries	Prevent and mitigate backsliding
	6 Optimization implementation		
	7 Targeted Interventions	Fragile Former- and Never-Gavi eligible countries (TBD)	Ensure support to fragile countries
	8 Harmonised Fragility support (TBD)		

\*providing flexible funding to help countries cover one-off costs related to activities that are critical to achieving sustainable and equitable new vaccine introductions or switches.



### Objective 1: New Vaccine Introduction

The levers for NVI support are consistent with those deployed in 5.0/5.1, including technical assistance (TA) and peer-to-peer learning initiatives at the global and regional level; at country-level, TA, vaccine catalytic financing – equivalent to 50% of a first target cohort - and one-off costs.

#### Vaccines eligible for introduction support in the Catalytic Phase

**HPV, PCV and rotavirus vaccine** introduction has been supported through the Gavi MICs Approach in Gavi 5.0/5.1, and these will remain the priority focus of NVI support in the Catalytic Phase, with over 80% of Catalytic Phase NVI funding envelope being directed to the introduction of these vaccines.

It is proposed to also include support for **dengue vaccine** introduction and for TA to prepare for future **tuberculosis vaccines**.

The rationale for the inclusion of these two additional vaccines includes the high burden of disease and anticipated health impact in MICs, with 96% and 62% of potential deaths that could be averted through dengue vaccine and TB vaccine, respectively (see Figures below). While global morbidity and mortality attributable to dengue is not as great as other diseases (though noting the paucity of data from some regions, thus a potential underestimate of overall burden), it is a disease with high outbreak potential, which weakens and stresses health systems, and as such is an important disease, as evidenced by its inclusion in VIS 2024.

Further rationale for the selection of these vaccines relates to the anticipated barriers to their introduction, including vaccine access and sustainability and need for evidence to guide introduction decisions in order to accelerate introduction in MICs once the vaccines are available. Given the catalytic nature of the support, we are seeking to prioritise resources to overcome the most significant barriers, and to support and incentivise introduction. During our consultations with countries, both TB and dengue emerged strongly from countries directly as vaccines of high interest for which countries would be eager for support.

## Catalytic Phase | Vaccines in Scope in Gavi 6.0 for Catalytic Phase

5 vaccines are prioritized based on health impact and country consultations, aligning with Vaccine Investment Strategy 2024 and past PPC and Board meetings

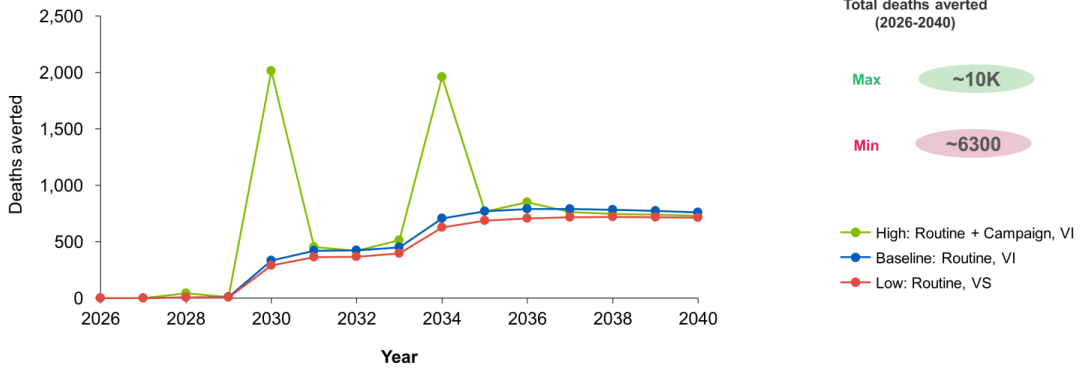
Vaccine	New in Gavi 6.0?	Notes
PCV	-	Support for nationwide introduction of PCV, RV, and HPV will continue from Gavi 5.0/5.1
RV	-	
HPV	-	
Dengue	New	Introduction support will be subject to WHO recommendations and future Gavi guidelines
TB	New	

Catalytic Phase

## Health impact of dengue vaccine in MICs

6K - 10K deaths averted in total through 2040 in Gavi-eligible & MICs  
**96% of these from MICs**

Vaccination scenarios for Gavi-eligible & MICs, SP>50%  
Routine 1 dose, 2 yo OR Routine + Campaign, 1 dose, 3-5 yo  
With (VI) or without (VS) protection against onward infection



<sup>29</sup> MICs countries include those eligible for Gavi 5.0/5.1 MICs Approach

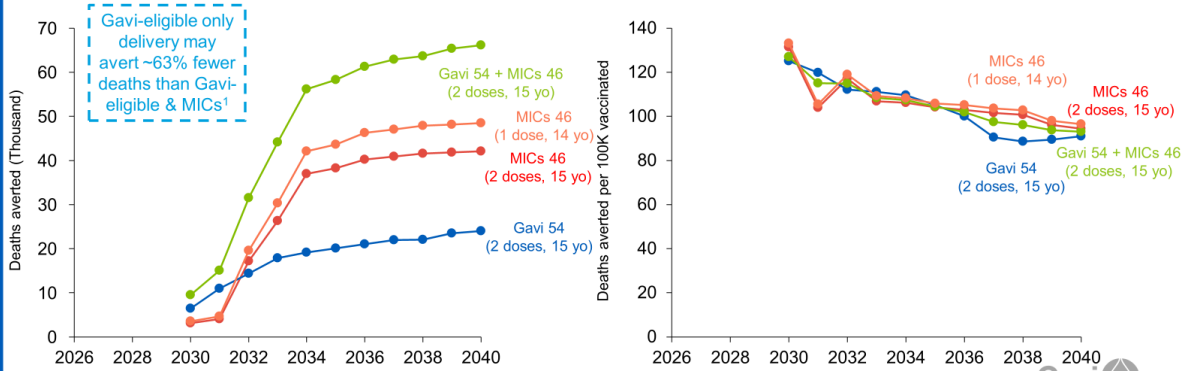


Catalytic Phase

## Health impact of TB vaccine in MICs

534K to 612K deaths averted in Gavi-eligible + MICs from 2026 to 2040  
**62% of these from MICs**

**Vaccination scenario:** Routine immunization, 2-dose vaccine at 15yo, vs 1-dose vaccine at 14yo



<sup>28</sup> 1. Routine (2 doses, 15 yo).  
MICs countries include those eligible for Gavi 5.0/5.1 MICs Approach






## Vaccine optimisation and switches in the Catalytic Phase

Support to vaccine optimization and switches is new in the Catalytic Phase compared to the MICs Approach in Gavi 5.0/5.1. This support is included as an additional lever for supporting informed decision making and financial sustainability for countries. The support model builds Gavi's overall framework for supporting optimisation and switches, while relying on the funding levers available under the Catalytic Phase.

### Catalytic Phase | Proposal for implementation of vaccine optimization & switches in the catalytic phase

#### Three levers of support (Illustrative)

Optimization Phase	Awareness	Assessment	Implementation
<b>Description</b>	<b>Enabling awareness of available options, sharing lessons learned</b> 	<b>Facilitating an evidence-based impact assessment of the vaccine switch</b> 	<b>Offering support to cover some implementation costs</b> 
<b>Eligibility</b>	Former and Never-Gavi countries	Former and Never-Gavi countries	Former-Gavi countries
<b>Support Level</b>	Global/regional	Country-driven	Country-driven
<b>Example Levers</b>	<ul style="list-style-type: none"> <li>Global/regional TA (e.g., to facilitate awareness of product and price options, market assessment / landscape, etc.)</li> <li>Peer-to-peer learning platform</li> </ul>	<ul style="list-style-type: none"> <li>Country-level TA</li> <li>To support evidence-based decision making, including financial sustainability, sustainable access, country &amp; market impact</li> </ul>	<ul style="list-style-type: none"> <li>TA &amp; one-off costs (similar to a "switch grant")</li> <li>Gavi funding prioritised based on financial sustainability considerations</li> <li>No vaccine funding</li> </ul>

Adapted from on VP slides, illustrative. May be adapted for catalytic phase support



## Objective 2: Targeted Interventions to mitigate backsliding

In continuation of the MICs Approach, under the Catalytic Phase former-Gavi eligible countries experiencing backsliding will be eligible to request support for Targeted Interventions, including limited cash support and/or TA.

Eligibility for this support will be triggered by a sustained decline in coverage rates resulting in concerningly low levels. A clear set of investment principles will guide resource prioritization, allocation, and support duration<sup>1</sup>. Backsliding will be assessed using DPT3, DPT1, and MCV2 performance indicators<sup>2</sup>. MCV2 is a new indicator for the Catalytic Phase following MICs Approach learnings and consultation feedback, also aligning with Gavi 6.0's proposed HSS allocation model.

In addition, Gavi will support multi-country TA and peer learning initiatives to further contribute to backsliding mitigation; and, following guidance from the Board, both former and never-Gavi eligible countries will be eligible to this support.

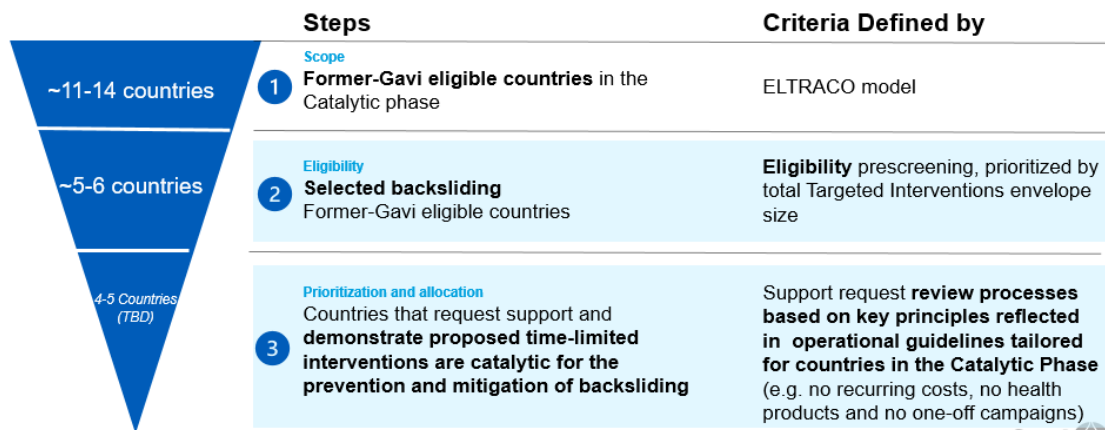
<sup>1</sup> Maximum duration for Targeted Interventions will not exceed the five-year strategic period

<sup>2</sup> Screening questions (1) is country underperforming in one or more indicators, (2) is country experiencing a declining coverage trend in the last 3 years (e.g., >5pp) or a severe coverage drop in the last year (e.g., >20 pp)

## Catalytic Phase | Targeted Interventions eligibility & prioritization model overview (1/3)

Eligibility and prioritization process of countries eligible for Targeted Intervention support (Illustrative)

Details follow in next slides



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## Catalytic Phase | Targeted Interventions eligibility and prioritization & allocation model (2/3)

### 2 Eligibility: Selection process and proposed performance indicators for backsliding



#### Screening Question 1

Is a country **underperforming** on one or more of the indicators?

- %DTP3 <90%
- %DTP1 <90%
- %MCV2 <90%

*As per Shift E: 90% threshold assumption based on IA2030 Impact Goal for vaccine coverage (goal is 90% coverage for DTP3, MCV2)*

**If yes,**  
➔

#### Screening Question 2

Is a country experiencing a declining trend **or** a **severe coverage drop**?

- **Declining trend:**  
3-year coverage drop  $\geq X$  pp (e.g. 3 – 5 pp)
- **Severe drop:**  
1-year coverage drop  $\geq Y$  pp (e.g., 20 pp)

*Thresholds X and Y to be defined based on global health context prior 6.0 implementation. Suggested values based on 2023 WUENIC data.*



## Catalytic Phase | Targeted Interventions eligibility & prioritization model (3/3)



### 3 Prioritization and allocation: Review against key principles that demonstrate catalytic potential

Principles	Indicative evidence
High impact	High reach of ZD/under vaccinated children
Targeted	Focus on geographical areas with biggest coverage drops
Tailored	Tailoring to local backsliding drivers
Innovative	Trying new subnational engagement approaches
Aligned	Alignment across government and other donor resources
Sustainable	Additional resources are leveraged, incl domestic resources
Past Performance (NEW)	Attainment of programmatic targets/increased coverage and financial absorption

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### Objective 3: Support to fragile MICs

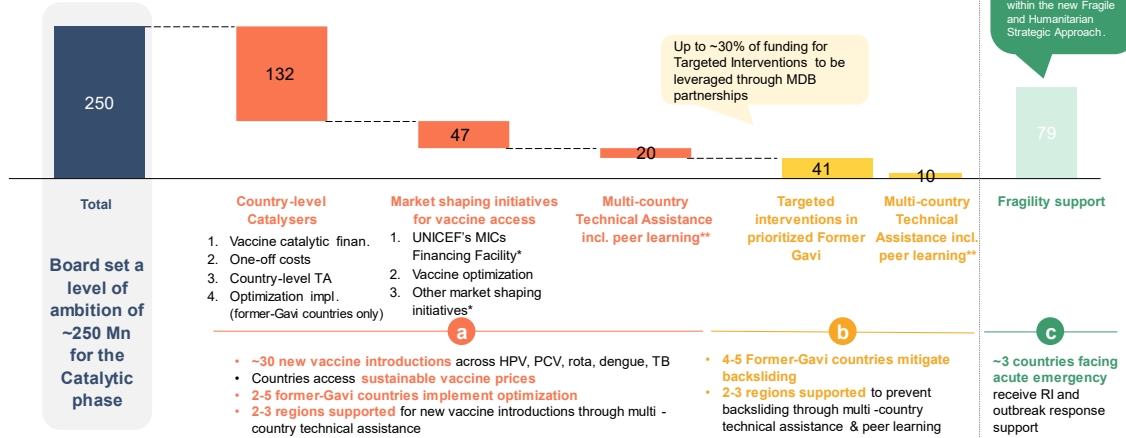
Support for Fragile countries in the Catalytic Phase will align with the broader Fragile and Humanitarian approach for Gavi 6.0, currently under development. Both former and never Gavi-eligible countries will be eligible for fragility support based on 5.0/5.1 implementation and consultation feedback.

Key considerations will include funding availability within the Gavi 6.0 envelope (per Board Task Team guidance, this fragility support will be considered as part of the Gavi 6.0 Fragile and Humanitarian approach); the scope of fragility support (vaccines, cash, TA support); and, based on learnings and consultation feedback, potential support for outbreak response.

## Catalytic Phase – Costing Breakdown

### Catalytic Phase | Costing

Projected cost for 6.0 objectives and levers for the new catalytic phase, *mUSD*



Based on internal forecast for HPV, PCV, rota, dengue & TB vaccine introductions in 6.0 in the revised list of Former- and Never-Gavi-eligible countries and in alignment with 2024 VIS; India is not included. All new vaccine introductions reach 95% coverage. \* Consultations still on-going regarding market shaping initiatives for vaccine access (see Annex); \*\* Approach to guide prioritisation of Multi-country TA is being developed

### Catalytic Phase | Fragility support

Options to finance Fragility support in the Catalytic Phase, *mUSD*

**Option 1.** Discuss funding of Fragility support in the catalytic phase as part of the new Fragile and Humanitarian 6.0 Strategic approach

**BTT recommended option**

**Option 2.** Consider implementing existing MICs Approach mechanism, maximum 25% threshold within same budget ceiling ( i.e. max. USD 62.5m) in case of efficiencies

Indicative, high level-costing for support to LMICs – costs currently not included in catalytic phase nor in Gavi 6.0

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Fragility support

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~3 countries facing acute emergency receive RI and outbreak response support