

# JOINT ALLIANCE UPDATE ON COUNTRY DELIVERY

BOARD MEETING

**Thabani Maphosa**

**Ephrem Lemango**

**Kate O'Brien**

3-4 December 2025, Geneva, Switzerland

[gavi.org](https://gavi.org)



# List of acronyms

1. AT – Accelerated Transition
2. BCU – Big Catch-up
3. BD HepB – Hepatitis B vaccine birth dose
4. CCE/ CCEOP – Cold chain equipment optimisation platform
5. CSO – Civil Society Organisations
6. CDS – Covid-19 Delivery Strengthening
7. CRS – Congenital rubella syndrome
8. DHS – Demographic and health surveys
9. DRC – Democratic Republic of Congo
10. DTP3 – Third dose of diphtheria, tetanus and pertussis-containing vaccine
11. EAF – Equity Accelerator Fund
12. ELTRACO – Eligibility, Transition and Co-financing
13. eLMIS – Electronic Logistics Management Information System
14. EPI – Expanded Programme on Immunisation
15. F&C – Fragile & Conflict Countries
16. FED – Fragility, Emergencies and Displaced Populations policy
17. FMoH – Federal Ministry of Health
18. GMRs – Grant Management Requirements
19. Hexa – Hexavalent vaccine
20. HSS – Health Systems Strengthening
21. HI – High Impact Countries
22. HPV – Human Papilloma Virus
23. INGOs – International Non-governmental Organisations
24. IRC – Independent Review Committee
25. LMC – Leadership, management & Coordination
26. MAC – Multi-age cohort
27. MCV1 – First dose of measles containing vaccine
28. MICs – Middle-Income Countries
29. MMR – Mumps, Measles, Rubella
30. MOH – Ministry of Health
31. NITAG – National Immunisation Technical Advisory Groups
32. OOC – One-off costs
33. PEF – Partners engagement framework
34. PCV – Pneumococcal conjugate vaccine
35. PIRI - Periodic Intensification of Routine Immunisation
36. RI – Routine immunisation
37. R+MAC – Routine + Multi-age cohort
38. Rota – Rotavirus
39. SDG-PF– Sustainable Development Goals Programme for Results
40. SIAs – Supplemental immunisation activities
41. SIDs – Small Island Development States
42. TA – Technical Assistance
43. TCA – Targeted Country Assistance
44. VCF – Vaccine Catalytic Financing
45. WUENIC - WHO/UNICEF Estimates of National Immunisation Coverage
46. ZD – Zero-dose
47. ZDC – Zero-dose children
48. ZIP – Zero-dose Implementation Programme

# Executive Summary (1/2)

To achieve the goals of Gavi 5.0, the Country Programmes Delivery (CPD) department was redesigned to adopt differentiated approaches tailored to country contexts, with a focus on reaching zero-dose children. CPD was restructured into four distinct segments:

- **High Impact Countries:** Large, often federated nations with very high birth cohorts.
- **Fragile & Conflict Countries:** Countries with low national coverage and frequent disruptions to immunisation services.
- **Core Countries:** Strong performers with smaller birth cohorts and a higher proportion in accelerated transition.
- **Middle-Income Countries (MICs):** A mix of former Gavi-eligible and never-Gavi-eligible countries, receiving tailored support based on needs.

This segmentation created a strong foundation for learning and enabled the Alliance to concentrate sharply on the priorities of each group. It accelerated insights that shaped the Gavi 6.0 strategy, including: a stronger subnational focus, development of approaches for fragile and humanitarian settings, enhanced transition roadmaps, a revised ELTRACO with support for Small Island Developing States (SIDS), continued catalytic investments leveraging domestic resource mobilisation, and more diverse partnerships.

Based on these learnings and key performance indicators, several countries shifted segments in July 2025 following the release of the World Bank's Gross National Income data.

- **6 countries** moved from Core to MICs — including 5 in Accelerated Transition (Bangladesh, Côte d'Ivoire, Congo, Ghana, Djibouti) and 1 SIDs (São Tomé).
- **4 countries** (Burkina Faso, Cameroon, Myanmar, Mozambique) from Core classified as chronic fragile as per the methodology and criteria in Gavi's FED policy, will transition to F&C.
- **1 country** moved from MICs to High Impact (Angola) – *to be fully operationalised from January 2026.*

# Executive Summary (2/2)

This Joint Alliance Update on Country Delivery marks the conclusion of Gavi's 5.0/5.1 strategy. It provides the Board with key insights, successes, and remaining challenges across major programmatic areas, including health systems strengthening, co-financing, partner and civil society engagement. It also highlights country segment achievements using key data indicators.

The report centers on WUENIC data published in July 2025, showing trends since the start of the strategy until 2024. A full assessment of Gavi-eligible countries' performance will follow in 2026. For this purpose, the segment data is analysed based on the Gavi 5.0/5.1 groupings, and not as per the shifts indicated in the previous slide.

## Coverage trends (DTP3):

- **High Impact countries:** Coverage rose by 2pp in 2024, reaching 84% - 2pp higher than 2019 levels.
- **F&C countries:** Coverage remained at 61% in 2024, down from a 2019 high of 69%. However, 8 of 12 countries improved between 2023 and 2024, with 9 now above pre-pandemic levels. Coverage declines are driven by large declines in Sudan and Yemen.
- **Core countries:** Coverage declined by 1pp to 85% in 2024, after recovering in 2022, and remains below the 2019 high of 88%.
- **Middle-Income Countries (MICs):** Former Gavi-eligible MICs improved by 1pp in 2024, while never-Gavi MICs while stable pre-pandemic have fluctuated since. Ten former-Gavi MICs maintained or improved DTP3 coverage compared to 2019, on track for the Gavi 5.0/5.1 target, but seven did not, reflecting wide variation.

**Key performance drivers** include targeted programming in low-coverage districts, pooled funding mechanisms, recovery from 2023 stockouts, integration with primary health care, ZIP and slum outreach, political leadership, and stronger data systems.

**Persistent challenges** remain around complex national spending processes, rising costs, reduced global aid funding, delayed payments affecting supply, disease outbreaks, humanitarian crises, limited human resource capacity, and under-reporting.


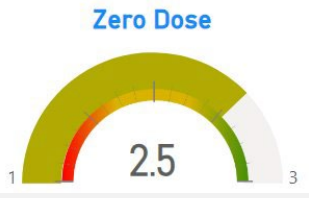

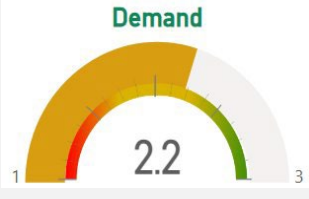

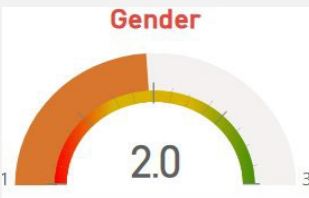

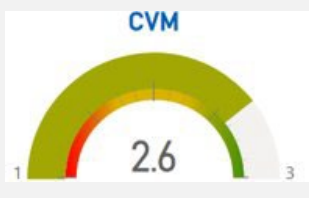
# 1

JOINT ALLIANCE UPDATE ON COUNTRY  
DELIVERY

# Programme performance

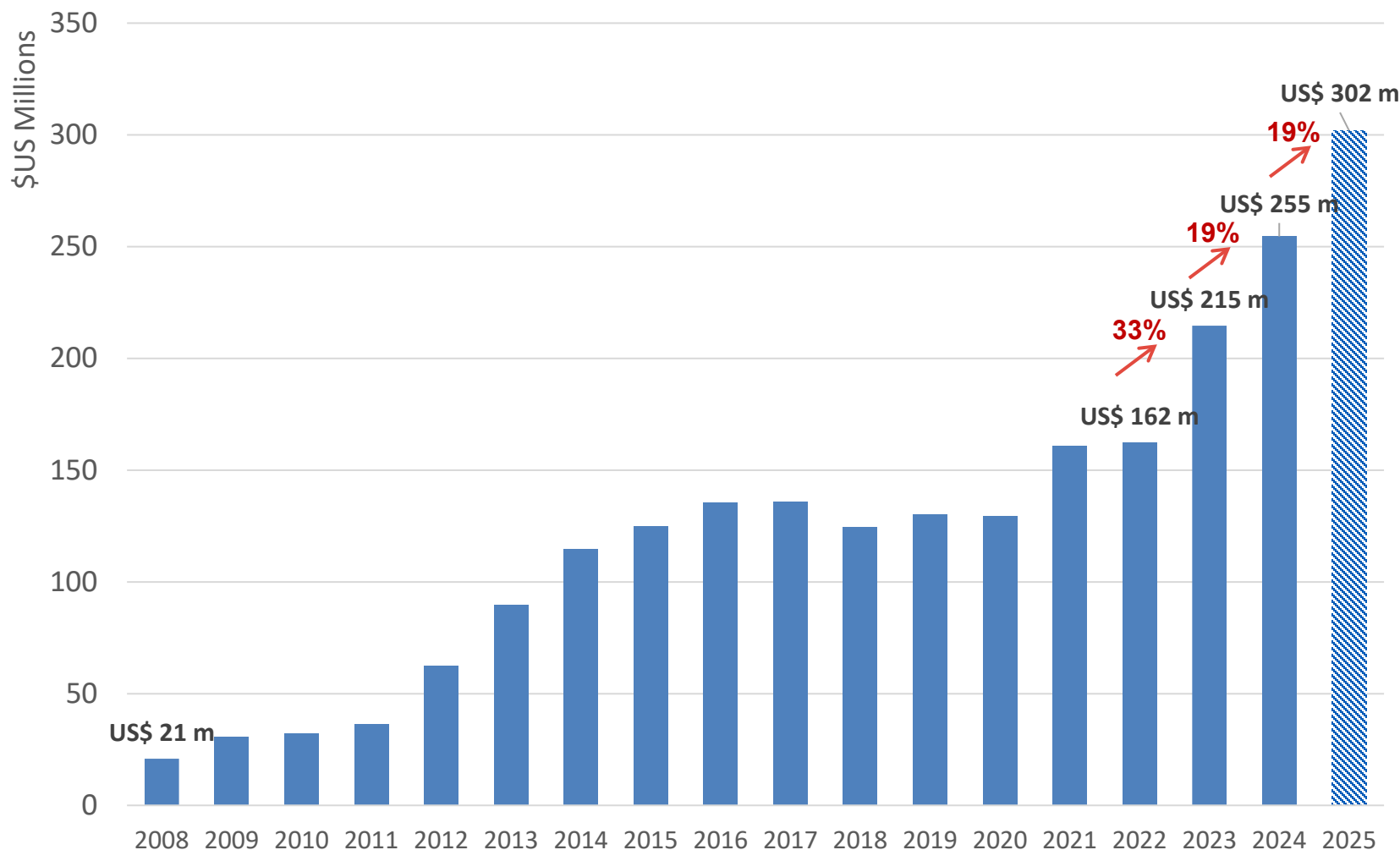


# Gavi 5.0/5.1 health systems programming significantly strengthened with uptake of targeted key shifts

Zero dose (ZD)		<b>Targeted shifts in 5.0</b> <ul style="list-style-type: none"> <li>• Improve identification and targeting of ZD communities</li> <li>• Target strategies to address root causes of ZD and address supply and demand-side barriers</li> </ul>	<b>Uptake score</b> 	<b>Key outcomes</b> <ul style="list-style-type: none"> <li>• <b>Improved programming:</b> IRC has confirmed significant improvement in ZD analysis and targeting strategies</li> <li>• <b>Record reach:</b> more children reached than ever and many countries reduced ZD despite pandemic disruption</li> <li>• <b>Humanitarian programming:</b> &gt;2 million children reached through ZIP programme</li> </ul>
Demand		<ul style="list-style-type: none"> <li>• Identify behavioral and social drivers</li> <li>• Strengthen social demand data</li> <li>• Co-create targeted solutions with communities</li> </ul>		<ul style="list-style-type: none"> <li>• <b>Better data:</b> &gt;30 countries using BeSD tools; 38 countries implemented digital/social listening</li> <li>• <b>Improving services:</b> 34 countries strengthening service experience; &gt;50 countries using co-creation and human-centered design to tailor interventions</li> </ul>
Gender		<ul style="list-style-type: none"> <li>• Improve identification of gender barriers</li> <li>• Design tailored programming to address gender barriers</li> </ul>		<ul style="list-style-type: none"> <li>• <b>Stronger programming:</b> IRC has confirmed significant improvement in identifying and addressing gender barriers over course of Gavi 5.0</li> <li>• <b>Tailored TA:</b> Specialised gender technical assistance deployed to 13 countries</li> </ul>
Supply chain		<ul style="list-style-type: none"> <li>• From CCE focus to whole-chain performance</li> <li>• Scale digital visibility and stock management</li> <li>• Innovate last-mile delivery</li> </ul>		<ul style="list-style-type: none"> <li>• <b>Better data:</b> &gt;80% of sites reporting stock data in monthly (versus none in Gavi 5.0)</li> <li>• <b>Stronger cold chain:</b> &gt;37,000 units installed</li> <li>• <b>Digital innovation:</b> 25 countries digitising supply chain</li> <li>• <b>Strengthening PHC:</b> 1,277 facilities being solarised</li> </ul>

# More than US\$ 1.96 billion in domestic resources mobilised for RI since the introduction of the co-financing policy in 2008

Gavi co-financing 2008 - 2025



## 2008-2024

US\$ 1.96 billion in total co-financing paid by countries

## 2025

80% (US\$ 242 million) of total co-financing has been paid by all countries by end of October 2025

Share of total co-financing paid in 2025 is below the 5-year average (84%) at this time of year

# The COVID-19 programme: an Alliance success story

80%

% of HCW vaccinated  
in AMC92 countries

70%

% of Elderly (60+)  
vaccinated in AMC92  
countries

687

ULT freezers installed,  
across 75 AMC  
countries

40+

Countries enhanced the  
adoption of digital health  
systems (DHIS2 and ODK)

2+ billion

Doses delivered via COVAX

38+ million

Additional doses  
delivered to 52 countries  
(in 2024-2025)

43

Countries addressed  
vaccine hesitancy  
through demand-  
related assessments

50%

% of AMC-61 countries  
reported combining COVID-19  
and RI delivery platforms

The COVID-19 programme successfully reduced disease, integrated services into routine immunisation (RI) and primary health care (PHC), expanded cold chains, and digitalised health services. The programme is preparing to **close in December 2025**, with a focus on ownership, with doses delivered by end of 2025 and funding utilised by June 2026.



# PEF: Alliance health and partner engagement at global and country levels has been strengthened



## Consistently strong portfolio management

- Timely commitment and fund disbursement to sustain global, regional, and country support
  - TCA US\$ 450 million
  - FS US\$ 250 million
  - SFA US\$ 144 million



## Strengthened ways of working with Alliance and expanded partners

- Partner retreats in 6<sup>1</sup> countries, including a first-of-its-kind session with 35 expanded partners, generated action plans to improve ways of working and strengthen in-country technical assistance



## Enhanced performance monitoring and accountability

- Rolled out partner performance monitoring with streamlined reporting and reviews, enhancing joint engagement on performance challenges.
- Institutionalisation of the Alliance Partnership and Performance Team (APPT) to ensure shared Alliance review/monitoring of Gavi's portfolio and accountability for progress



## Evidence Generation and Use

- Targeted Country Assistance (TCA) country assessments in Nigeria, DRC, and Ethiopia informed Gavi 6.0 planning through key recommendations in a synthesis report

# From Gavi 5.1 to 6.0: Amplifying Civil Society Organisation (CSO) Impact, streamlining engagement and sharpening focus

## Board approved mandate for Gavi 5.1



**10% guardrail for CSO engagement across HSS, TCA and EAF**



**Objective to strategically engage CSOs to reach missed communities and zero-dose children**

## Key progress



**79%**

% of Gavi57 countries with IRC approved FPPs adhering to Board mandate



**US\$ 296 million**

Total amount allocated to CSOs in Gavi 5.0/5.1 across mandated funding levers



**15**

# of countries use the CSO Fund Manager mechanism to engage local CSOs in sub-national areas with historically low coverage

## Key highlights from Gavi 5.1

**1**

Audits, evaluations, data confirm stronger CSO engagement: ~US\$ 300 million allocated to 200+ CSOs, 63% to local CSOs

**2**

CSO Fund Manager model strengthened risk assurance, sub-national focus, EPI engagement, and results monitoring across 15 countries, with 289,000 ZD/UI children vaccinated as of June 2025

**3**

Visibility and accountability improved through Gavi website and CSO webinars for showcasing, learning, and feedback.

## Shifts and outlook for Gavi 6.0

**1**

**Sharper use of 10% guardrail:** further steering CSO funds to ZD and UI children, with stronger guidance and sub-national targeting

**2**

**Stronger accountability:** shift to standardised performance monitoring to track results consistently across funding mechanisms

**3**

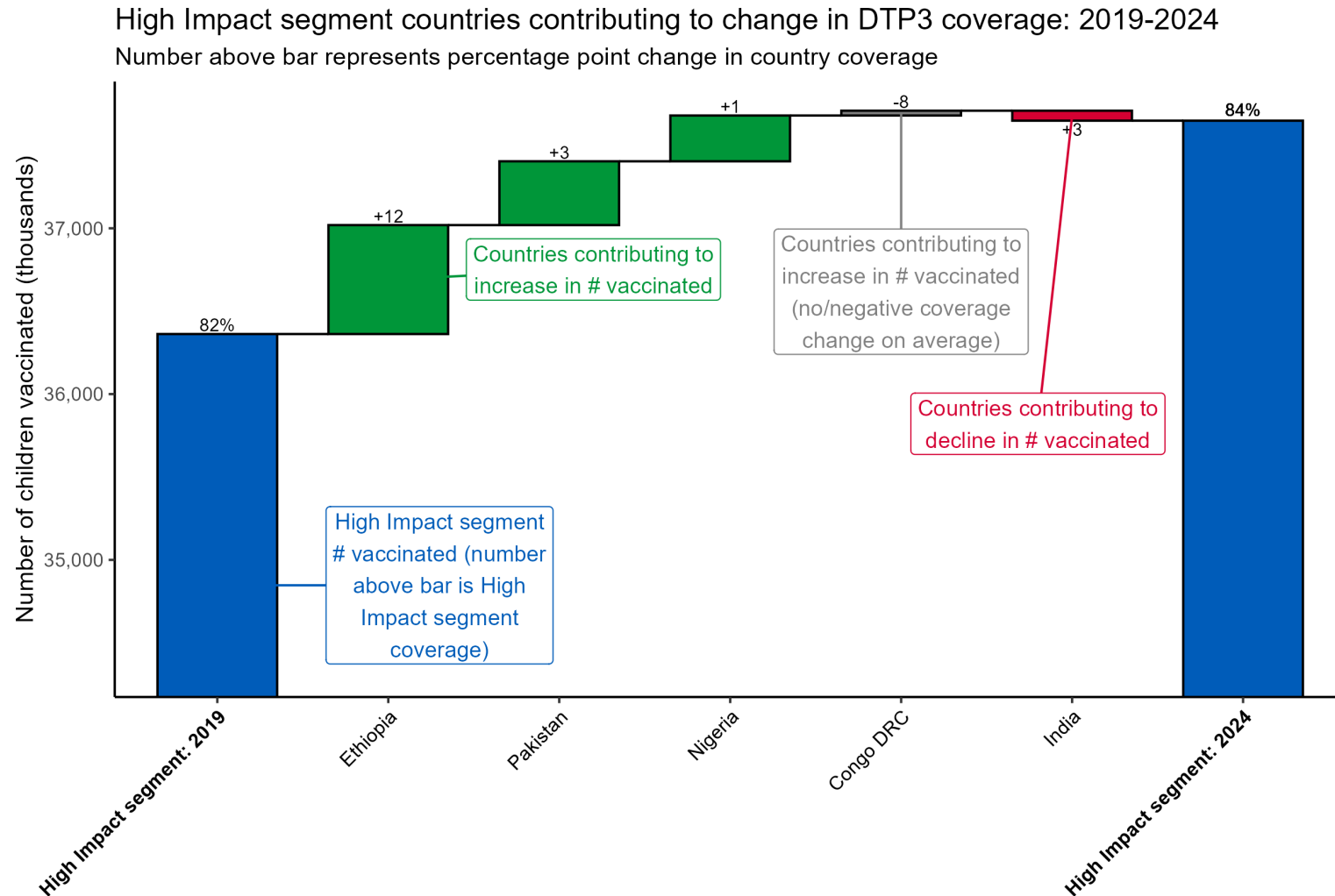
**Streamlined funding model:** reduce direct contracting, apply min. standards across the grant cycle for all funding mechanisms

# 2

JOINT ALLIANCE UPDATE ON COUNTRY  
DELIVERY

## **Segment- specific views**

# High Impact: 1.3 million more children were vaccinated in 2024 than 2019 (+3.5%) - driven by Ethiopia, Pakistan and Nigeria








- In India, due to a declining birth cohort, the absolute number of children vaccinated is 60,000 less in 2024 than in 2019. However, the increase in DTP3 coverage by +3pp has resulted in an even larger decline in the number of unvaccinated children (755,000 less) in 2024 than in 2019. As a result, India has also surpassed its target of 30% reduction of ZD by 2026.
- By contrast, DR Congo's DTP3 coverage is -8pp lower but its increasing birth cohort means that about 29,000 more children were vaccinated with DTP3 in 2024 than 2019. It however had the biggest improvement in coverage from 2023 to 2024.

# High Impact Countries: Concerted Alliance efforts to support countries to improve coverage

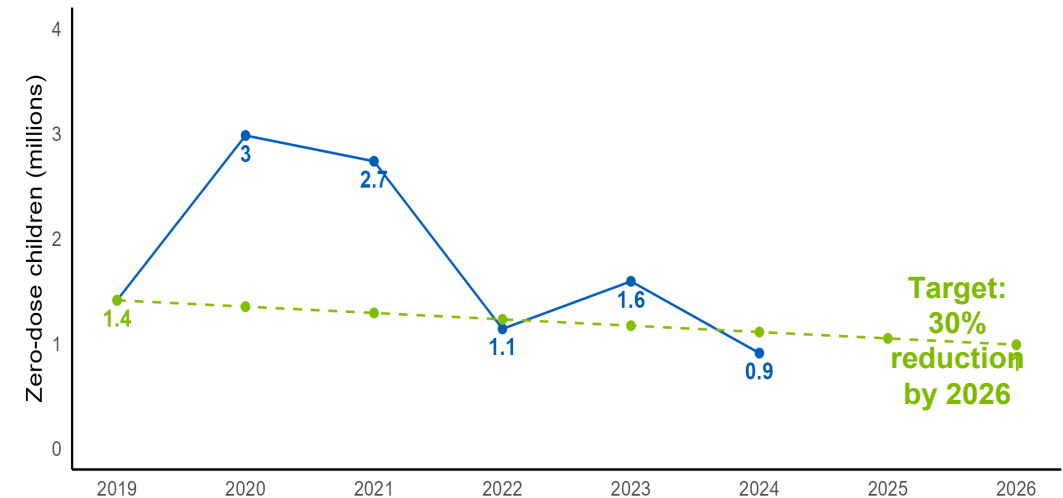
*DTP3 Change  
since 2023*

**Drivers behind improvements and reductions in coverage**

	<b>Ethiopia:</b>	<b>+3pp</b>	Enhanced microplanning, expanded outreach, PIRIs, and tailored models for slums, remote, and conflict areas. Integrated services (e.g., immunisation + nutrition) and community engagement using trusted leaders and Human-Centered Design. Cold chain and last-mile delivery reached 60% of HFs in 2024.
	<b>Pakistan:</b>	<b>+1pp</b>	Gains driven by political focus on subnational ZD gaps using fixed and outreach modalities. New approaches: integrated services (nutrition/PH) and private sector engagement. Challenges in H2 2025: intermittent supply issues and an intensive immunisation agenda with competing campaigns and introductions.
	<b>Nigeria:</b>	<b>+0pp</b>	Subnational focus through zero dose reduction operational plans (ZDROPs) and Gavi HSS support in 8 states, combined with state PHC and workforce investments, drove strong coverage gains. Political will and leadership were key.
	<b>DR Congo:</b>	<b>+5pp</b>	Gains driven by fewer HRH strikes vs 2023, EAF implementation in 11 provinces, improved service delivery, better monitoring tools, and strengthened supply chain. Challenges: Coverage disparities, missed communities causing outbreaks, and ongoing data quality issues despite improved triangulation.
	<b>India:</b>	<b>+3pp</b>	Equity-focused microplanning and prioritisation of high-burden districts. U-WIN digital platform enabled real-time beneficiary tracking, improving visibility and continuity of care. India's Zero-Dose Implementation Plan of Action (ZIP) adapted in priority states for low performing districts and communities.

# Update on India strategic partnership (2022–2026)

- India has significantly progressed in **reaching and surpassing the target of 30% reduction of ZD by 2026**, compared to 2019 baseline.
- U-WIN, launched in Oct 2024, registered 123.8 million beneficiaries, with 111.7 million vaccinated (90%) by Sep 2025.
- HPV introduction expected in Q4 2025, preparations ongoing with ~5 million doses received so far, and cascade trainings conducted in 13 states
- India has been able to **fully recover and increase vaccination coverage** above pre-pandemic levels.



WUENIC 2024 coverage	DTP-1	DTP-3	MCV-1
	96%	94%	97%



Gavi's relationship with India will evolve at the end of the current partnership (2022-2026). Gavi will no longer finance HSS or donate doses as per the previous strategy. However, Gavi will look for opportunities to collaborate with India as part of its learning agenda through peer-to-peer, and potentially for catalytic technical assistance for future vaccine introductions.



# The Alliance delivering results together: High Impact segment by numbers in Gavi 5.0/ 5.1 (2021-2025)

145.5 million

unique children reached with routine immunisation

19.4 million

girls reached with HPV vaccine

542 million

allocated COVID-19 vaccine doses

US\$ 480.7 million

in approved health system strengthening (HSS) support

US\$ 601.5 million

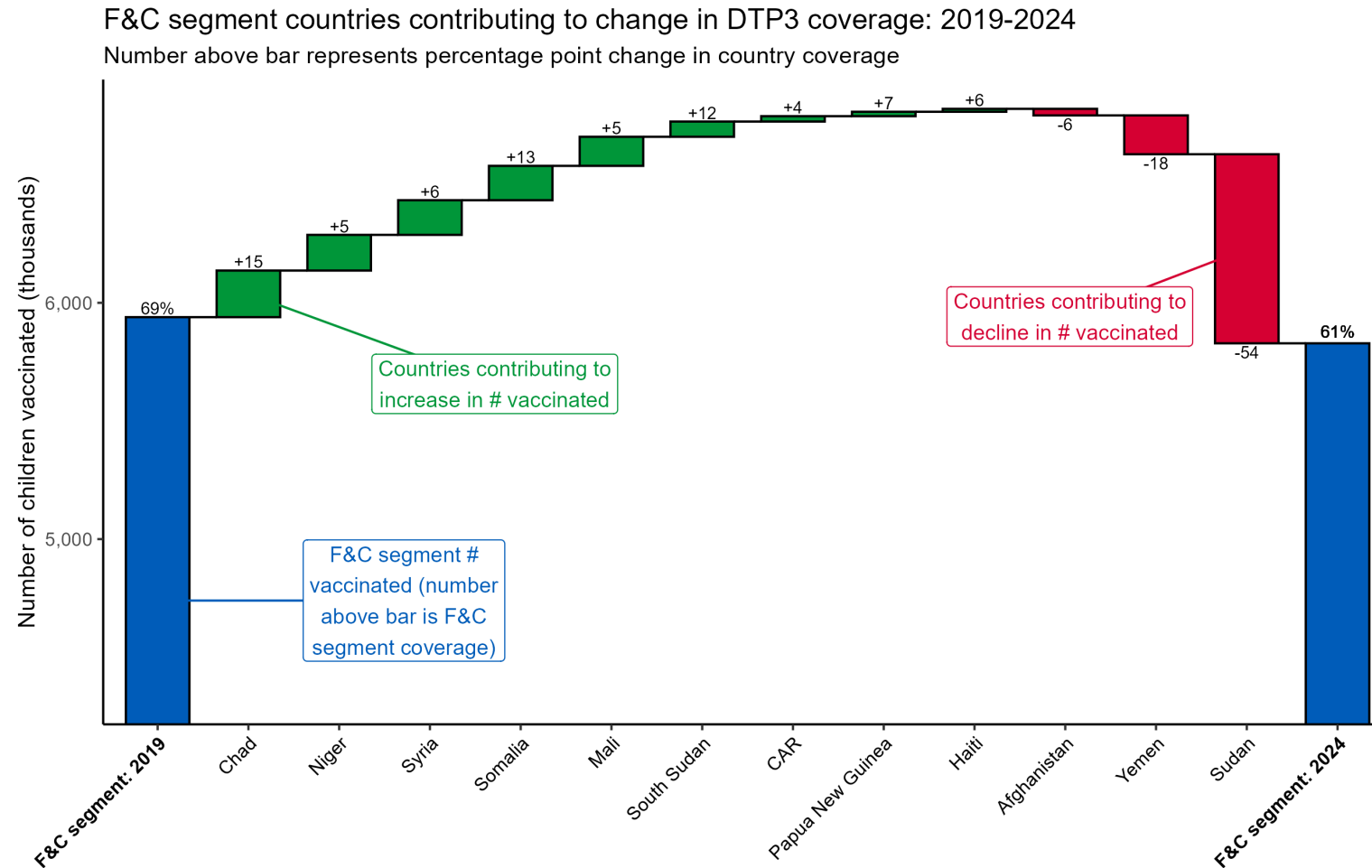
in co-financing payments

US\$ 277.1 million

in approved COVID-19 vaccine delivery support

*Source: Gavi Secretariat Monitoring and Performance Management Framework (MPM), for Gavi57 countries.*

# Fragile & Conflict: 111,000 fewer children vaccinated in 2024 than 2019 – conflicts in Sudan and Yemen overshadow improvements elsewhere









The general trend in countries contributing to coverage change between 2019-2024 is similar to the trend between 2023-2024:

- Coverage declines are driven by large declines in Sudan and Yemen
- All other countries in the segment except Afghanistan contributed to an increase in children vaccinated

# F&C Countries: Concerted Alliance efforts to support countries to improve coverage and address challenges

*DTP3 Change  
since 2023*

**Drivers behind improvements and reductions in coverage**

	<b>Syria:</b>	<b>+7pp</b>	Alignment of numerator/denominator using Northwest Syria data, proactive campaigns (BCU, defaulter tracing), flexible mobile service delivery, ongoing investment in health systems and data quality, and enhanced Gavi/FED financing.
	<b>Chad:</b>	<b>+1pp</b>	Implementation of intensification activities, Big Catch-Up, human resources support with healthcare workers at health facility level, strengthening of vaccines distribution through allocation of refrigerated trucks, delivery of 250 motorbikes to support outreach activities.
	<b>Niger:</b>	<b>+1pp</b>	Targeted post-COVID-19 catch-up, expanded solar cold chain, stronger central EPI governance, and sustained funding for vaccine delivery and outreach. Focused subnational technical support strengthened district capacity and HR in hard-to-reach areas.
	<b>Sudan:</b>	<b>-12pp</b>	Civil war and conflict has led to collapse in coverage and >45x increase in number of ZD due to inaccessibility of large parts of country; significant disruption to service delivery and vaccine distribution
	<b>Yemen:</b>	<b>-4pp</b>	Northern Yemen remains politically and programmatically constrained. Regional instability continues to affect UN partner security, while immunisation services are still limited to health facilities. Children in Tier 3 areas remain without access to vaccines.
	<b>Afghanistan:</b>	<b>-1pp</b>	The health system faces brain drain due to exile and purges, restrictive gender policies that limit both female health worker supply and maternal access, short NGO contract cycles, high illiteracy levels, chronic underfunding and DFA-imposed monitoring/data sharing restrictions.

# The Alliance delivering results together: F&C segment by numbers in Gavi 5.0/ 5.1 (2021-2025)

25.1 million

unique children reached with routine immunisation

51 thousand

girls reached with HPV vaccine

170 million

allocated COVID-19 vaccine doses

US\$ 306.8 million

in approved health system strengthening (HSS) support

US\$ 47.9 million

in co-financing payments

US\$ 289.3 million

in approved COVID-19 vaccine delivery support

*Source: Gavi Secretariat Monitoring and Performance Management Framework (MPM), for Gavi57 countries.*





Board Meeting, 3-4 December 2025

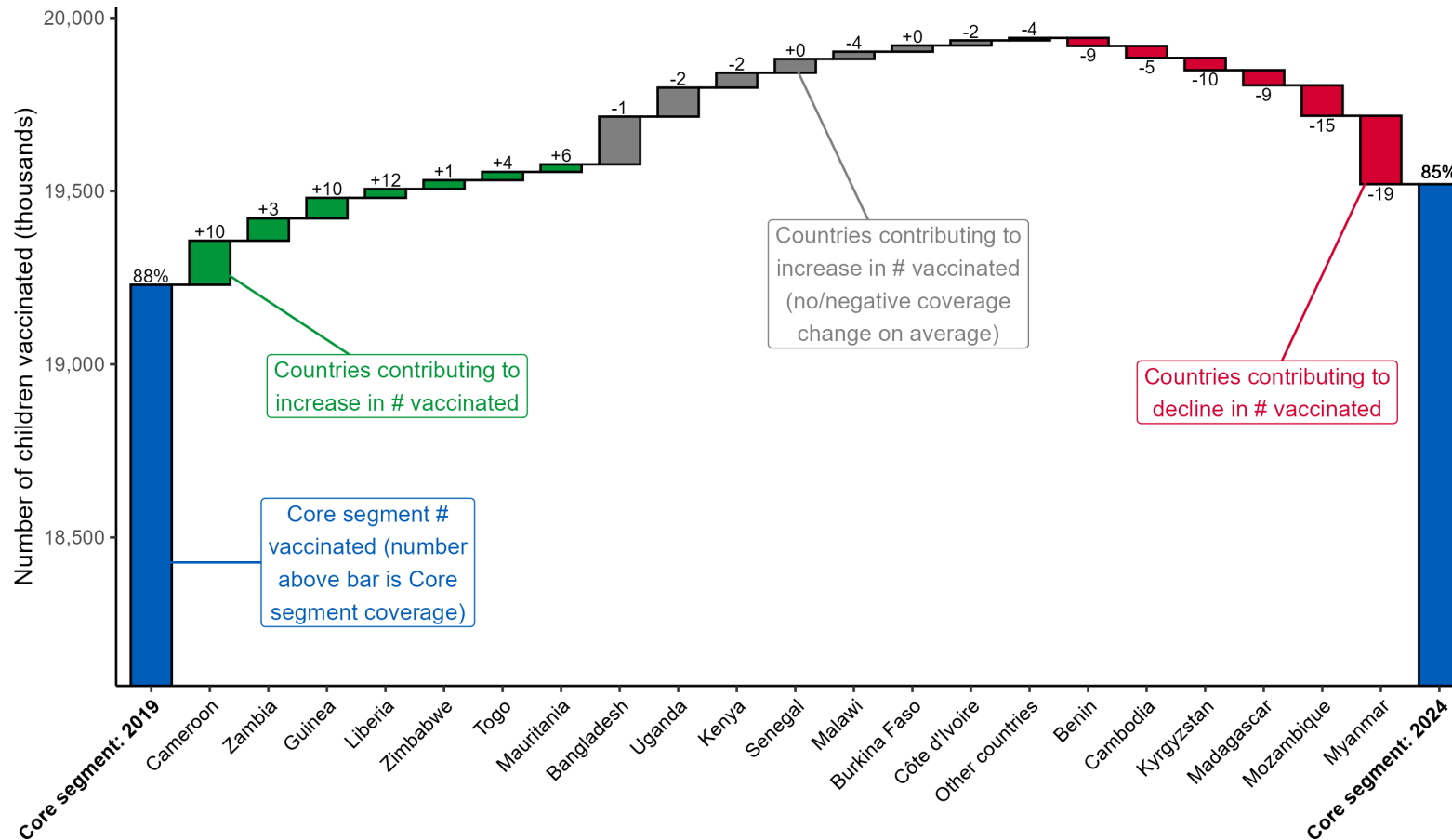
# 1.000.000 children fully vaccinated

Through **ZIP**, Gavi's Humanitarian Partnerships, 1 million children under age 5 living in conflict and crisis affected settings are now fully protected from vaccine-preventable diseases.

**No community left behind. Every child counts.**

# Core: 290,000 more children vaccinated in 2024 than 2019 (+1.5%), driven by population growth and mixed performance across countries

Core segment countries contributing to change in DTP3 coverage: 2019-2024  
Number above bar represents percentage point change in country coverage



Note: shows countries with 5% of total share of positive/negative change. All others grouped into 'Other countries'







- Segment-level coverage declined from 88% to 85% even though the number of children vaccinated has increased, as immunisation systems are not keeping up with population growth in some countries
- Several countries saw coverage improvements, including Cameroon, Zambia and Guinea
- Countries with the largest decline in children vaccinated – e.g. Myanmar, Mozambique – tended to be more fragile



# Core Countries: Concerted Alliance efforts to support countries to improve coverage and address challenges

*DTP3 Change  
since 2023*

**Drivers behind improvements and reductions in coverage**

	<b>Rwanda:</b>	<b>+4pp</b>	High level and cross-Government commitment to health broadly and immunisation specifically. Accountability amongst Government officials and across development partners. Culture of seeking innovation and being willing to take risks.
	<b>Guinea:</b>	<b>+3pp</b>	Immunisation coverage rose by 16 points, driven by high-level political leadership, focus on zero-dose and under-immunised children, and uninterrupted vaccine supply. Key enablers included stronger community outreach, improved data, timely procurement, co-financing compliance, and enhanced supervision (including PIRI).
	<b>Nepal:</b>	<b>+3pp</b>	HSS (both parallel and pool funding focusing on under-immunised and ZD areas), focusing recent campaigns (TCV, HPV, etc.) as opportunity for under-immunised and ZD. Government commitment to stay on track for IA2030. COVAX provided opportunity to expand the regional cold chain which also helped vaccine distribution and equity concerns.
	<b>Benin:</b>	<b>-6pp</b>	Persistent vaccine hesitancy in some communities, coupled with security challenges in specific regions and data quality issues (notably denominator inaccuracies). These factors continue to affect performance, despite ongoing efforts to strengthen supervision, data management, and community engagement.
	<b>Guinea Bissau:</b>	<b>-6pp</b>	Recent independent surveys show much higher coverage (DTP1 ~95%, DTP3 >80%) than admin data, yet these findings do not appear in WUENIC. Additionally, in 2024, the transition from UNICEF to the PMU created a temporary gap in implementation, which may explain perceived underperformance.
	<b>Kenya:</b>	<b>-2pp</b>	Delayed payment of 2023-2024 co-financing (US\$ 5,294,149) delayed shipment of all Gavi supported antigens. In addition, there were country specific factors contributing to disruption of immunisation services: concurrent outbreaks since 2022 (cholera, yellow fever, measles, polio, mpox) ongoing political instability, increasing numbers of refugees, and significant health care worker strike (60 days).

# The Alliance delivering results together: Core segment by numbers in Gavi 5.0/ 5.1 (2021-2025)

81.6 million

unique children reached with routine immunisation

30.3 million

girls reached with HPV vaccine

301 million

allocated COVID-19 vaccine doses

US\$ 185.3 million

in approved health system strengthening (HSS) support

US\$ 362.1 million

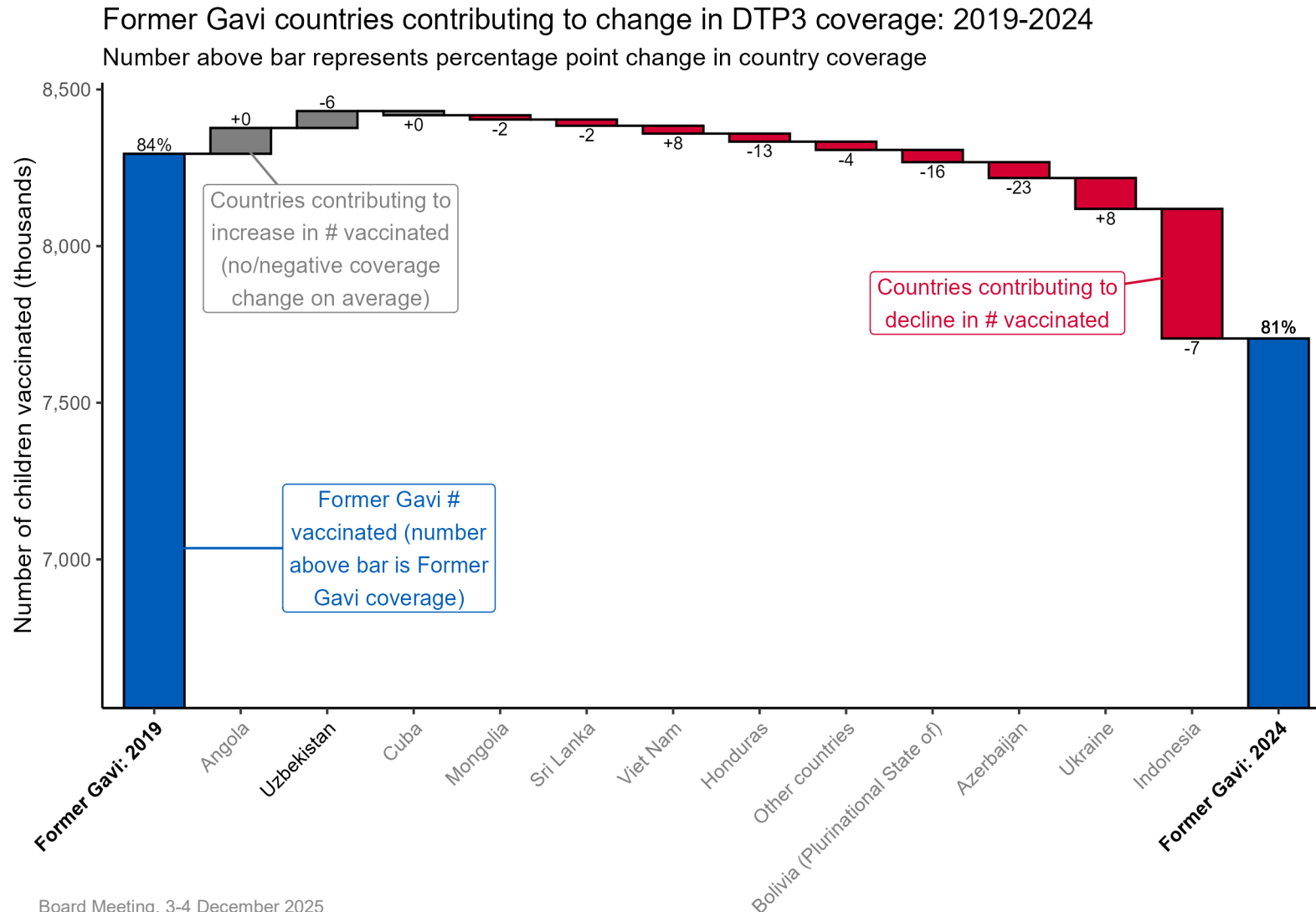
in co-financing payments

US\$ 467.9 million

in approved COVID-19 vaccine delivery support

*Source: Gavi Secretariat Monitoring and Performance Management Framework (MPM), for Gavi57 countries.*

# Former-Gavi MICs: 590,000 fewer children vaccinated in 2024 than 2019 – driven by declines in most countries, especially Indonesia



Looking at country contributions to longer-term change in coverage shows that Indonesia is still the most significant driver in Former-Gavi MICs.

Stockout-related year-to-year coverage declines and increases in Viet Nam cancel each other out in the longer run.

Although Uzbekistan had a coverage decline in 2023-2024, with population growth it has vaccinated more children in 2024 than in 2019.

# MICs: Concerted Alliance efforts to support countries to improve coverage and address challenges

*DTP3 Change  
since 2023*

**Drivers behind improvements and reductions in coverage**



**Viet Nam:**

**+32pp**

DTP3 coverage rose by 32% in 2024 driven by the central government reinstating centralised procurement, stabilising supply and enabling subnational catch-up efforts.



**Honduras:**

**+2pp**

DTP3 coverage rose by 2% in 2024, reversing a decline despite competing health challenges e.g. dengue outbreak. Gavi US\$ 8 million co-investment in the World Bank's RESHAPE project supports recovery efforts, focusing on zero-dose children



**Sri Lanka:**

**-2pp**

Has partially recovered to 2019 coverage levels of 99%. Gavi's fragility support allowed Sri Lanka to sustain >90% coverage across most antigens, despite an economic crisis.



**Philippines:**

**-18pp**

Pentavalent stockouts for seven month. Catch-up campaigns planned for 2025 aim to address gaps across all antigens for children under 2, and MR for those under 5. Philippines was not eligible for MICs targeted intervention funding.



**Bolivia:**

**-8pp**

Vaccine coverage may be underestimated due to outdated population projections (2012 census, likely overestimating current denominator); 2024 census data will update the denominator. US\$ 3.9 million MIC targeted intervention is showing impact, with Gavi supported areas averaging 62% DTP3 coverage versus 54% in others.



**Indonesia:**

**-5pp**

Nationwide Penta vaccine stockout driven by production and delivery delays from the state-owned manufacturer, which faced sourcing issues from its distributor, SII.

# The Alliance delivering results together: MICs segment by numbers in Gavi 5.0/ 5.1 (2021-2025)



**Mitigating Backsliding in Former Gavi countries**

**% DTP3: 10<sup>1</sup>**

countries maintained or increased

**2 out of 5**

Former-Gavi countries prioritised for support started an upwards trajectory



**Exceeded targets for new vaccine introductions – HPV, Rota and PCV**

**> 3.5 million<sup>2</sup>**

Children/adolescents reached

**16 NVI**

PCV, HPV, Rota introductions in 10 MICs countries

**> US\$ 100 million**

Domestic funding leveraged



**Impactful and timely Fragility Support to MICs**

**> 1.3 million**

Unique children reached with routine immunisation in fragile and conflict settings in MICs

**5 fragility grants**

including Palestine, Ukraine, Lebanon, Sri Lanka and Venezuela

1. SG3.2 indicator measures countries that maintain or increase DTP3 coverage in at least one year relative to 2019, within the most recent two-year period.. The countries that maintained or increased are: Angola, Armenia, Bhutan, Cuba, Guyana, Sri Lanka, Mongolia, Timor Leste, Ukraine, Viet Nam

2. Total number of girls reached for HPV vaccine for MICs countries is at 3.3M doses cumulatively, in Gavi 5.1 (2021-2025).

JOINT ALLIANCE UPDATE ON COUNTRY  
DELIVERY

# **Programmatic deep dives**

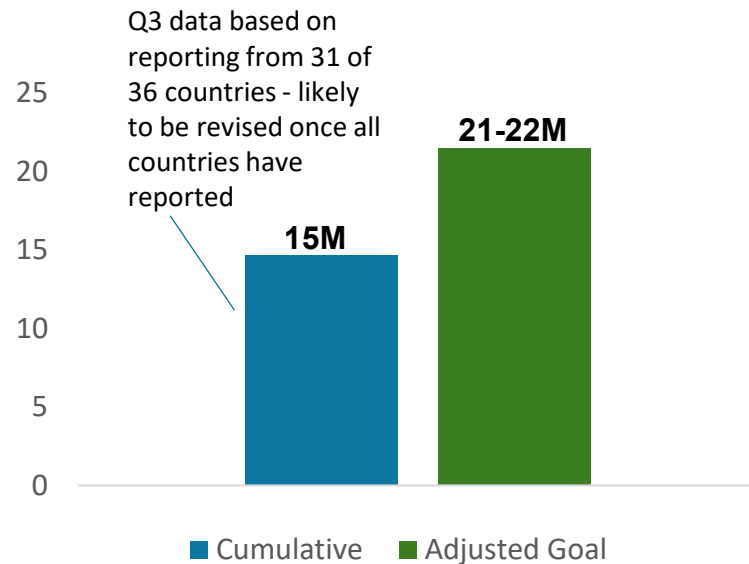
3



# Big Catch-Up has reached ~15 million missed children and strengthened systems. Further acceleration is needed as we approach closure

## Number of children 1-5 y reached by at least one BCU dose

as of end of Q3 2025 (millions) compared to goal 21-22 million<sup>1</sup>



Doses caught up

78 million

Doses shipped

92% Penta

99% IPV

96% MCV

## Acceleration (Q4 2025 – Q1 2026)

- Acceleration plans implemented
- Technical assistance experts deployed at all levels and progress reviewed frequently
- Advocacy and high-level engagement
- Monthly monitoring through dashboards + regional follow-ups
- Knowledge generation and sharing

## Factors Limiting Progress

- Health-system strain due to competing priorities
- Weak data systems
- Access challenges in fragile/insecure areas.
- Operational funding shortfalls in few countries

## Consolidation, Closure and Dose Reconciliation (Q1 2026 – Q2 2026)

Transition from acceleration to consolidation will, will focus on:

1. **Embedding Catch-up into RI & PHC and country systems and,**
2. **Aligning planning and sustainability actions with IA2030 and Gavi 6.0**

Through:

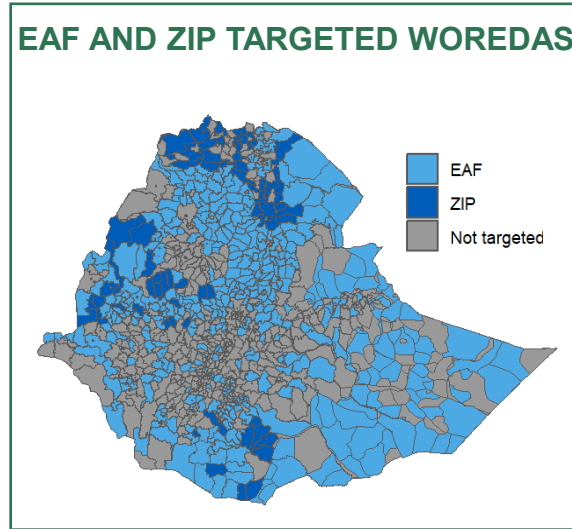
- Supporting operationalisation of National catch-up policies
- Support integration of catch up into annual workplans and budgets
- Data system strengthening through integration of DHIS2 catch-up modules
- Dose reconciliation across all countries for accountability and transparency.
- Final synthesis of knowledge products
- Advocacy efforts for resource mobilisation

<sup>1</sup>There is undercounting due to incomplete reporting. Children reached by at least one BCU dose target has been revised to account for downward revisions in number of BCU doses approved for 8 countries where doses were decommitted. Note there are significant limitations to this indicator methodology which is used for BCU scorecard and the target is not a scientific target but rather based on countries' ambitions at the time of BCU planning.

# Alliance contributed to strengthening the national health system and reduction in ZD in Ethiopia

Gavi investments **targeting areas with >50% of total ZD** and having **supported >16,000 outreach sessions** to rural and conflict affected communities contributed to:

- ▶ **30% reduction in ZD** since 2021
- ▶ Ethiopia's **highest ever DTP1 coverage (80%)**



## Gavi targeted areas experienced greatest increases in DPT1 coverage

	# Woredas	2019-2021	2021-2024
EAF	438	-2%	+18%
ZIP	84	-18%	+39%
Others	544	+9%	+14%

## Alliance advocacy, TA and capacity building contributed to systems' improvements:

- Integrated mobile health teams and routine catch-up are institutionalised in **national policies**
- **Data:** improved availability and quality of data on vaccine stocks, cold chain, and service delivery for decision and action
- **Cold chain: 2,800 CC units** enhanced capacities in high burden geographies
- **Last mile vaccine delivery to 68% woredas**, from 30% baseline

**In 2025, Alliance-supported analytics informed** identification + **vaccination of 1.4 million ZD** and **informs** accelerated Big Catch-Up to end of year.

# Gavi leveraged UNICEF, WHO and Expanded Partners to strengthen normative base and to institutionalise key demand shifts in countries

## Diagnose

From irregular, expensive surveys to regular collection of behavioral and social data

- BeSD<sup>1</sup> scale-up: 8 countries
- New rollouts: Pakistan, PNG & Nigeria
- HPV adaptation: 12 ESAR<sup>2</sup> countries
- Zero-dose focus: 7-country studies found barriers and applied tailored solutions
- Global uptake: 26 of 57 Gavi countries

## Design

From top-down communication to bottom-up program design

- Human-Centered Design: 6 countries
- Demand Strategy builder: 2 countries
- Embedded in Ethiopia govt curriculum
- Tailored HPV strategy in Pakistan

## Implement

From event-based mobilisation to evidence-based, community engagement

- 42 countries used demand assessments (eJRF)<sup>3</sup> to guide under-vax strategies
- 38 used digital/social listening; 34 improved service experience (eJRF)

- Demand normative base strengthened
- Regular demand sessions at RITAG<sup>4</sup> + RWG<sup>5</sup>, focus on data-driven, evidence-based planning

**FunDoo: 2 million young users, in 20 countries are leveraging UNICEF-supported digital platforms**



1. BeSD – behavioural and social drivers of vaccine demand; 2. ESAR – East and Southern African region; 3. eJRF – electronic Joint Reporting Form; 4. RITAG – Regional Immunization Technical Advisory Group; 5. RWG – Regional Working Groups

# Gender transformative approaches to inform programming and policy

## Analysis Impacts - from evidence to implementation

**Identify Barriers:** Understand context and access challenges

**Tailor Programs:** Address barriers (e.g. women's leadership, positive masculinities)

**Enhance Effectiveness:** Expand coverage, strengthen health systems, support women health workers

**Promote Equity:** Ensure equal access and gender-responsive immunisation systems

32 countries applying equity barrier analysis recommendations

54 countries conducted equity analysis since 2022

New evidence synthesis



## At the institutional level:



**70% of NIS** since 2023 include gender strategies



**Global Gender and Immunisation Measurement Framework** drafted based on pilot gender indicators from Liberia & Mozambique



**DRC: Govt. leadership scales community programming**

Male engagement & women leadership, the 'WASHINDI' approach - expanded to 6 provinces by the MoH



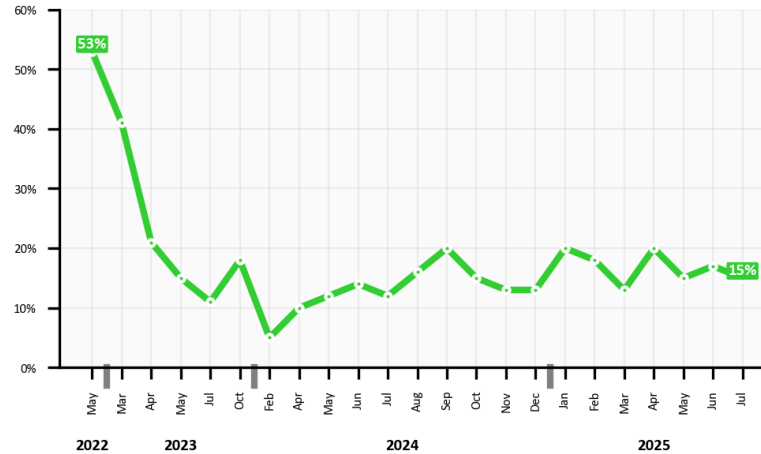
# Improved triangulation of stock data, early identification of triggers and vaccine delivery innovations drive decreases in stockouts

**Stockouts stable even though more countries report** ►

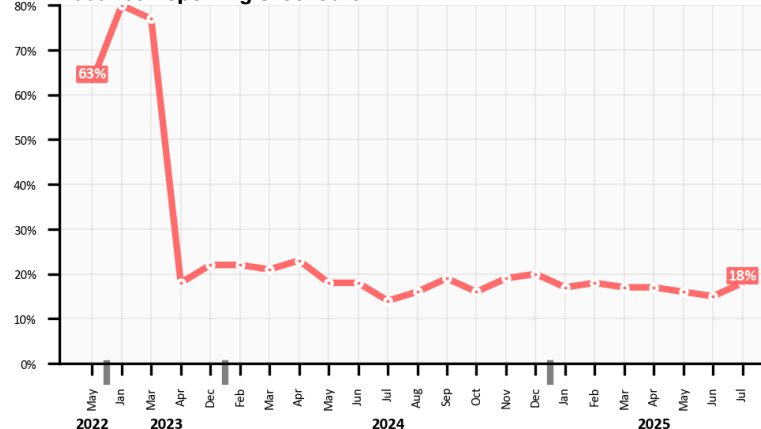
Onboarding of conflict affected countries and introductions of new vaccines can increase number of stockouts reported.

52 Gavi supported countries reporting **82.5%** of stores in August 2025. Compared to between 64% - 79% stores reporting each month in 2024

**Proportion of Countries with Gavi-funded vaccines reporting stockouts at Central Stores**



**Proportion of Lowest District Stores across Countries with Gavi-funded vaccines Reporting Stockouts**



## RACI Escalation & Resolution team review of systemic stockouts identified 4 triggers

- Stock projections
- Early preponements
- Cofinancing delays
- Slow/stalled MYA revisions

With a view on early **risk identification** and **preventative actions** to manage root causes of stocks across the alliance at various levels



## Improved Coordination on Health Care Waste Management Investments across Gavi, Global Fund and UNICEF

Significant investments made on **core Waste Management infrastructure** covering 102 incinerators and 110 autoclaves across **26 countries**



## Social enterprise delivery models address last mile stockouts in zero dose communities

- 9 countries engaged to implement
- Conducting deliveries: Malawi (846); Sierra Leone (1150); Ethiopia (1176); Gambia (279)
- Active Planning: Nigeria and Zambia
- Scoping & budgeting: Cameroon, Mozambique & Tanzania

# 4

JOINT ALLIANCE UPDATE ON COUNTRY  
DELIVERY

## **Vaccine Introductions**



# Malaria: Programme on track to achieve must-win targets

## Programme highlights



Countries approved by IRC

26



Countries with first shipments

25



Number of Vx introductions

24



Number of scale-ups

8

- **One additional introduction expected early 2026** along with 1 additional scale up to broader areas in 2025.
- **Strong global and regional Alliance collaboration** on programme scope, implementation, coverage and uptake through AMVIRA<sup>1</sup> and MVCT<sup>2</sup> forums.
- **Countries awaiting approval to grow scale of programmes** through expansion to broader high and moderate transmission areas and target populations.

## Emerging lessons from country introductions



**Mali** deployed hybrid delivery strategy for its malaria response



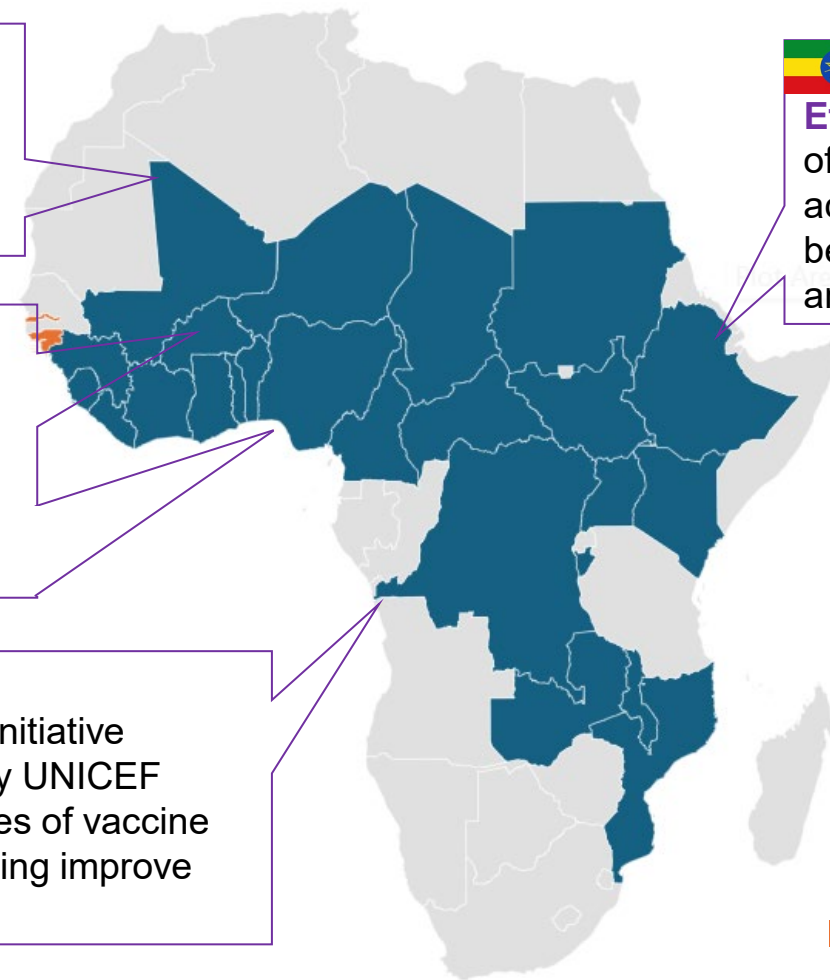
**Nigeria, Burkina Faso** leveraging SMC<sup>3</sup> campaigns to check on vaccination status of children



**DRC** youth initiative supported by UNICEF tackling cases of vaccine refusal, helping improve coverage



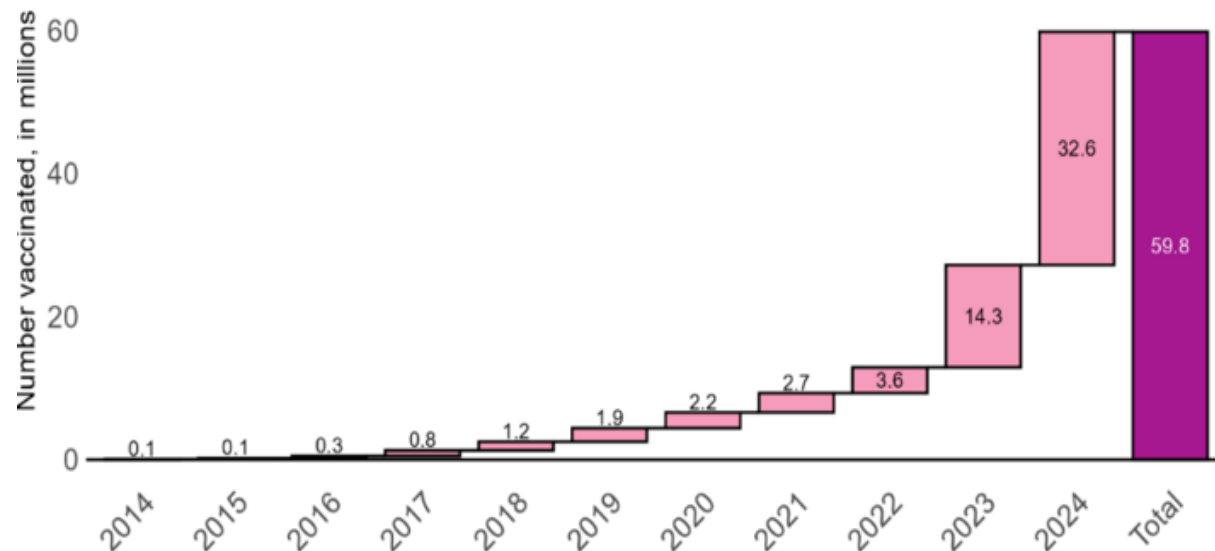
**Ethiopia** joint launch of vaccine and dual active-ingredient bednets campaign in areas of initial launch



**WHO and UNICEF continue to extensively support malaria vaccine implementation efforts through training plans, peer to peer learning and network, vaccine logistics and supply chain management, financial management, demand generation activities among others**

# HPV: ~60 million girls reached by end 2024<sup>1</sup> and we estimate the 86 million target was reached by end Oct 2025; strong 6.0 pipeline

## Girls fully immunized with HPV with Gavi support



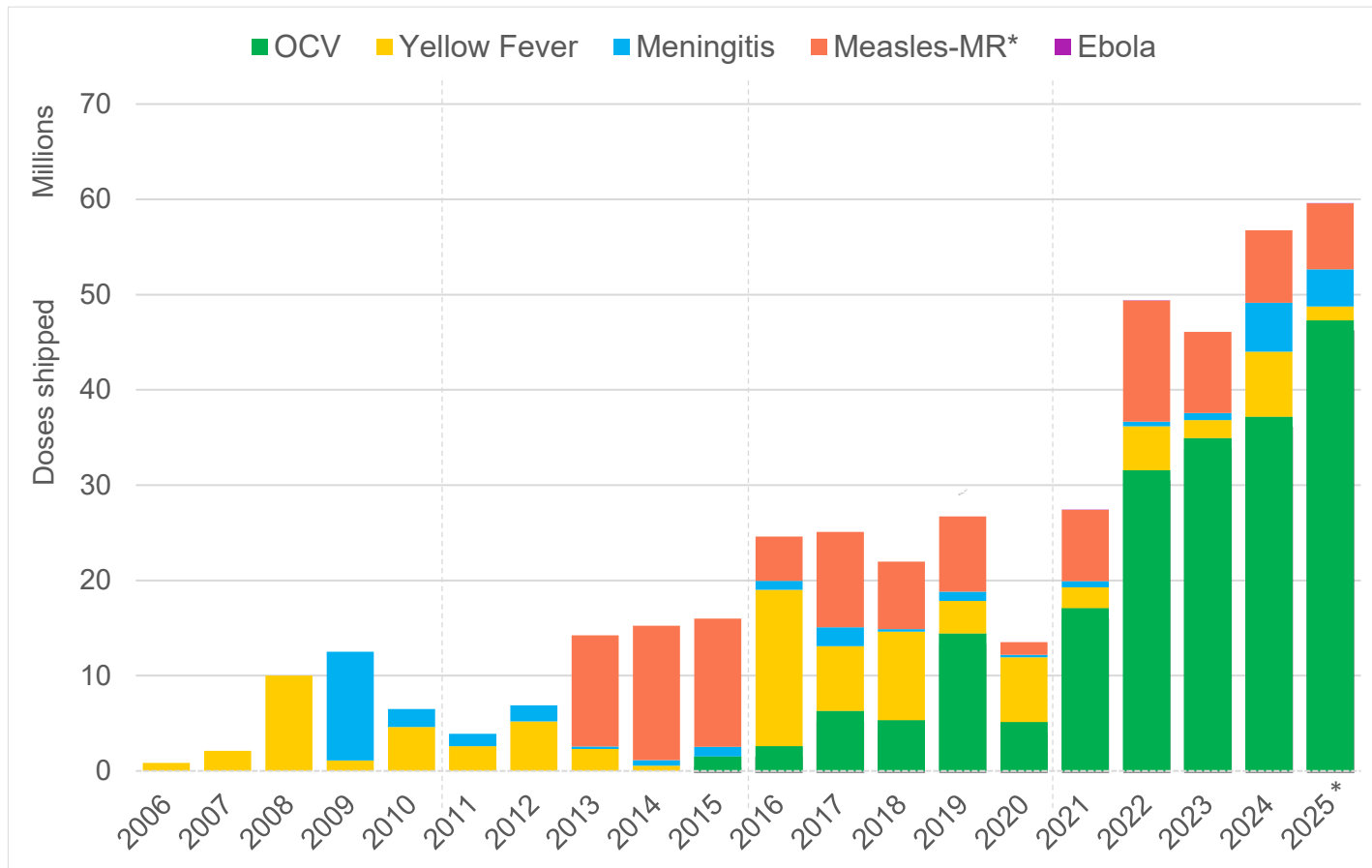
Note: Using WHO estimates of number of girls vaccinated with HPV vaccine based on program age cohort

**More than twice** as many girls were vaccinated with Gavi financial and Alliance support **in 2024** (32.6 million) **than in the previous year** (14.3 million)

## Key highlights

- **25 routine intros** and **24 MACs** achieved by end October 2025, positioning us close to reach our launch targets
- **Strong pipeline of 6.0 applications**, with **5 received in Sept 2025** (Guinea, Haiti, Central African Republic, Papua New Guinea, Congo)
- **We estimate that we have already reached the 86 million target**, with final data to be confirmed in 2026 WHO / Unicef HPV estimates
- **11 launches** underway or planned between Nov-Dec (incl. India)

# Surge in cholera along with meningitis and measles are driving increased deployment of outbreak response



Data as of October 29, 2025

\* Data for MRI approved doses as of 31 March 2021. For measles-MR 2013-2019 data: Quantities are estimates and are intended for internal use by MR&P on an operational level. Estimates assume that all approvals in the provided MR&P list: 1. Cover the entire listed target population for vaccines, and 2. Include a standard wastage rate of 10%.

**Cholera:** Record 50 million OCV doses shipped in 2025 to 17 countries, all for 1-dose outbreak response

**Yellow fever:** Demand rising in countries with weak RI coverage & no recent campaigns (e.g. Burkina Faso, Guinea, CAR, Cameroon). These outbreaks are driven by vulnerable and mobile populations and are associated with increased urban risk and risk of spread.

**Meningitis:** Major outbreaks in Niger, Nigeria and Chad (2024-2025) driving high vaccine demand; preventive campaigns aim to reduce future outbreaks.

**Measles/ MR:** ORF supported 11 requests in 2024/25, in settling large/disruptive outbreaks in 29 Gavi countries, noting worldwide increase in measles cases.

**Ebola:** 45,000 doses deployed in Kinshasa for the outbreak, as of the 29th October 2025, 41076 people vaccinated, HCW vaccination continuing in neighboring areas

**Diphtheria:** Outbreaks in **Chad, Niger, Nigeria, Somalia, Sudan** need short-term outbreak response and longer-term gap-filling vaccination efforts, including vaccinating children up to age 15. >16 million doses Penta + Td (Tetanus/diphtheria) approved **for 3 outbreak response** requests in 2025.

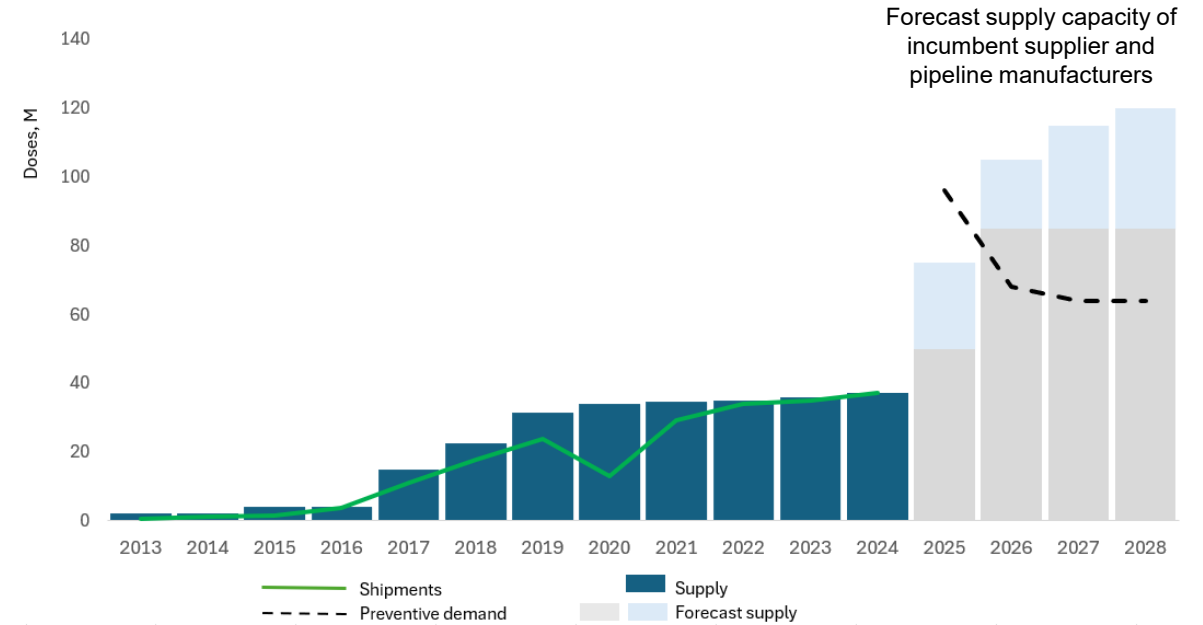
NB: Diphtheria is not included in the adjacent graph due to incomplete historical data

# Cholera: supply growing, while Grade 3 emergency continues to affect many countries, primarily in Africa

## Vaccine Supply

### Supply forecasted to meet outbreak-driven needs with single-dose reactive approach maintained in 2025

- High outbreak demand (50 million doses shipped to date in 2025, with one dose and no adjacent areas targeted) with improved timeliness of request submission and response implementation
- **Stockpile replenishment speed doubled** since Q4 2024. Further supply expansion expected to continue in 2026



## Programmatic Implication

- Preventive campaigns resuming as supply shortages ease: 20 million doses allocated using the Supply Allocation Framework
- Program scope reduced under 6.0 recalibration:
  - Decreasing volumes lead to increased market risk profile and declining ability to accommodate future supply; market shaping roadmap to be revised
  - Bridge of reactive and preventive use and additional targeting (e.g. using incidence thresholds) in high endemic countries required

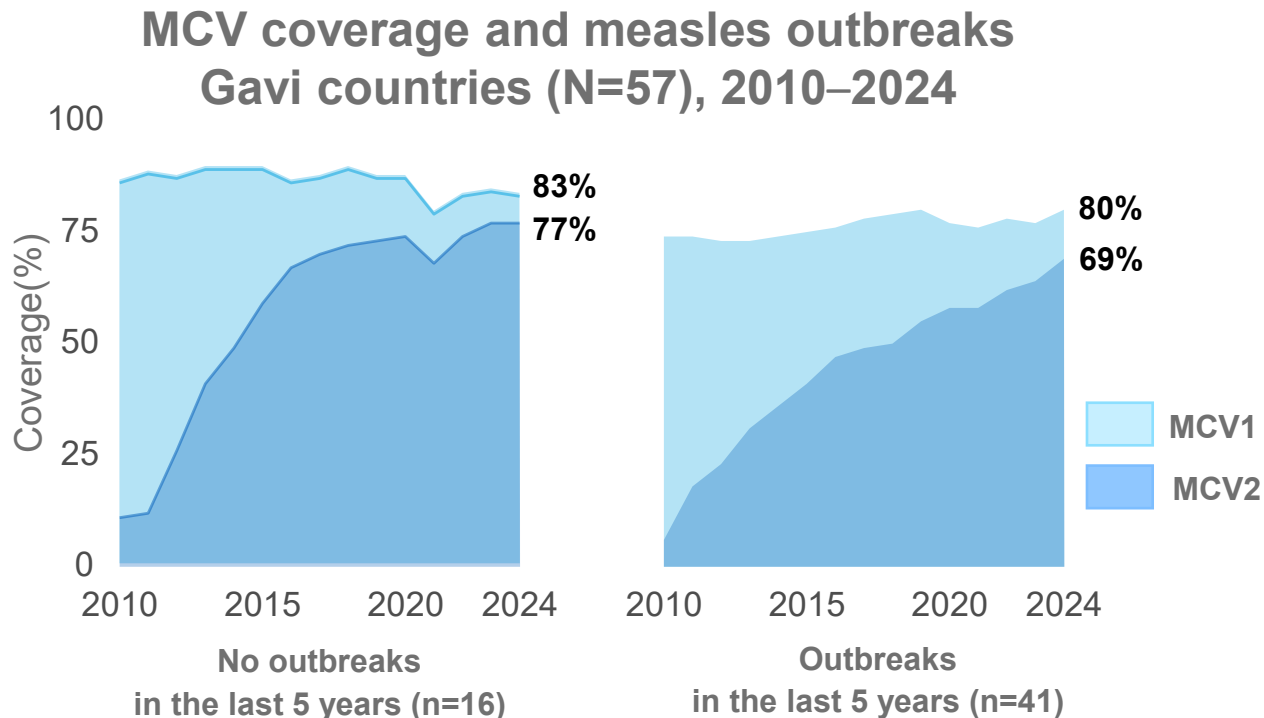
# Measles: coverage is improving, but immunity gaps persist

**Coverage is improving:** MCV1 coverage in Gavi countries rose to **80% in 2024** (up from 78% in 2023).

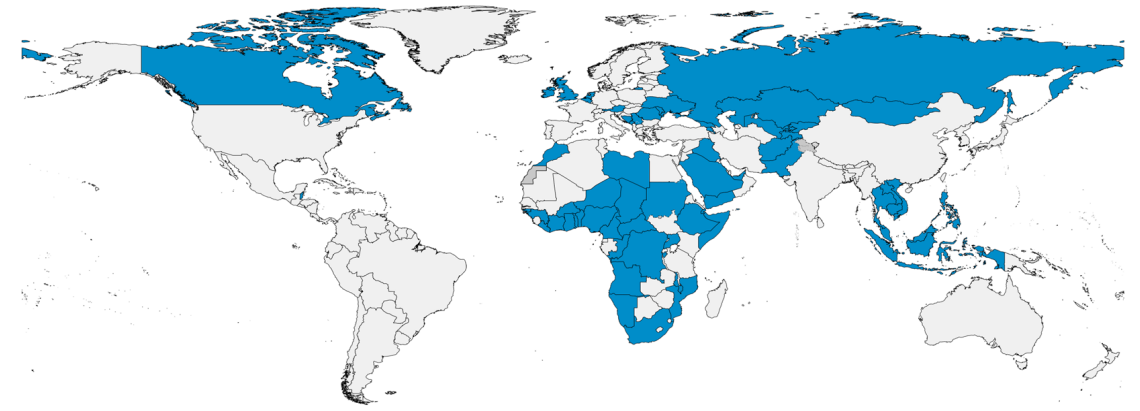
- **New introductions (2025):** Two high-impact countries launching MR with catch-up campaigns for **160 million+ children**; one country introducing MCV2. Remaining gaps: **11 countries left for MR, 1 for MCV2**.
- **Campaigns (Jan 2024–Oct 2025):** 34 countries targeting **244 million children**; in six with this data, campaigns reached **>75% of measles zero-dose children**.

**Challenges:** Variable campaign quality; persistent immunity gaps; rising cases and outbreaks.

**Outbreaks 2025:** Ethiopia, Pakistan, Nigeria, and Yemen each reported **12,000+ cases**



**Globally, 63 countries with large or disruptive outbreaks (June 2024 to May 2025)**



# Looking ahead: Moving towards a consolidated and aligned Gavi funding architecture

## Consolidated and aligned Gavi funding architecture

One holistic application and grant envelope to access Gavi cash support:

National Immunization Strategy (NIS) route or non-NIS route



Fixed country grant cycles:

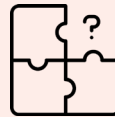
Countries can choose a grant cycle with first disbursement within a flexible two-year window



## Reshaping how countries engage with Gavi

Addressing current challenges:

- Countries juggle processing efforts of multiple simultaneous grants
- Disjointed programming and fragmentation



Benefits to countries:

- Reduced transaction time spent on grant processing
- More timely embedding of Gavi strategic shifts into grants



# Thank you