**Annex D:** Theory of Change & Learning Questions

**1. Theory of Change (ToC)**

# Theory of Change (TOC) - Vaccine Budget Policy

### Inputs & Enablers

- Resources available from replenishment
- Operationalised VPOP (vaccine portfolio optimisation and priorisation)
- Clear and effective Programme funding guidelines
- Single application
- Quality technical assistance
- Eligibility & Transition, Cofinancing Policies (ELTRACO) and HSIS Policies in place
- Gavi Financial and Vaccine Forecasts

### Levers

**Guaranteed Vaccine Budget Allocation for Countries**

**Discretionary Vaccine Budget Allocation for Countries**
ISF countries receive a floor to maintain ongoing programmes that are not covered under the guaranteed budget and malaria vaccine scale-up and new malaria vaccine introductions in up to 70% of moderate- to high-transmission areas

**Review of Vaccine Budget allocations to redistribute funding throughout the strategic period**

**Prioritisation process in case of further resource constraints**

### Key outputs

- Vaccine funding allocated to countries in line with VB objectives and principles
- Sustained Gavi funding for vaccines with specific characteristics (e.g. health impact, market shaping needs) and existing programmes
- Equitable funding opportunity across countries
- Financial efficiency – ensure best use of Gavi's resources

### Key outcomes

- Countries decision making agency over vaccine portfolios strengthened
- Vaccine portfolio planning and budgeting is predictable in Gavi-supported countries
- Vaccine portfolios prioritised and optimised to maximise outcomes
- Critical new vaccines introduced and preventative campaigns conducted
- Strengthened healthy markets

### Goals

- SG1: Introduce and scale up vaccines
- SG2: Strengthen HS and increase equity
- SG3: Improve programmatic & financial sustainability
- SG4: Ensure healthy markets for vaccines and related products

### Impact

SAVE LIVES AND PROTECT PEOPLE'S HEALTH BY INCREASING EQUITABLE AND SUSTAINABLE USE OF VACCINES

**ASSUMPTIONS** Long-term predictable funding for Gavi programmes, No substantial degradation in macroeconomic context; Conflicts do not expand in number or severity, Gavi 6.0 operationalisation activities including VPOP are delivered, Healthy Alliance Partnership

The Vaccine Budget Policy Theory of Change (ToC) outlines how the Vaccine Budget Policy will utilise different levers to drive desired outputs and outcomes. Vaccine Budgets (VBs) require several key inputs and enablers to be delivered before or in parallel to Vaccine Budget levers to achieve the desired outputs and outcomes. To implement the VB levers the following key inputs are required: (i) Adequate resources available from donors through the Gavi Replenishment to be able to allocate to countries; (ii) Clear policies on Eligibility and Transition, and Co-financing to define which countries are eligible for VBs and their other commitments to co-finance vaccine procurement; (iii) and Gavi financial forecasts to ensure that each country has an established vaccine demand forecast to enable calculation of the guaranteed vaccine budgets.

The key levers of the VB policy are Guaranteed Vaccine Budget Allocations for Countries, Discretionary Vaccine Budget Allocations for Countries, the review of VB allocations to redistribute funding throughout the strategic period and the Prioritisation Process in case of further resource constraints. These levers are described in detail within the VB policy. Guaranteed budgets aim to provide sustained funding for critical vaccine programmes within scope. Guaranteed budgets are not programme-specific and may be used across the programmes within the guaranteed scope, similarly Discretionary budgets are not programme-specific and can be used towards any vaccines in the discretionary scope, this allows countries flexibility and decision-making agency over their vaccine portfolios.

Throughout the Gavi strategic period an approach to review VB allocations will be deployed as needed, this mechanism is described in the VB Policy. The approach to review VB allocations together with the redistribution above funding cap limits of discretionary budget ensures that Gavi's financial resources are used in an efficient way by adjusting allocations when needed based on availability of Gavi resources, price changes and change in volume of doses required.

Initial VBs are determined at the beginning of the strategic period and serve as a key enabler of countries prioritisation processes, including Vaccine Portfolio Optimisation and Prioritisation (VPOP). Vaccine budgets together with prioritisation processes ensure that vaccine portfolios are prioritised and optimised to maximise outcomes. Based on vaccine budgets and prioritisation processes, countries will submit a single application for Gavi support in the 6.0 strategy period which includes all supported programmes. This single application enables vaccines portfolio planning and budgeting to be predictable. Predictable demand for vaccines provides vaccine markets with greater stability and supports market health.

## 2. Learning Questions

A set of learning questions will guide the evaluation of the policy over the 6.0 strategic period:

- **Country planning:** How have vaccine budgets influenced countries' planning and prioritisation decisions? Where have countries sought to achieve savings (e.g. reduced dose volumes, delayed or fewer introductions)?
- **Self-financing:** Which countries are self-financing vaccine programmes, to what extent, and through which funding sources? Are countries meeting the self-financing commitments they initially projected? What factors enable or constrain self-financing?
- **Programme Continuation:** Have any countries discontinued existing vaccine programmes? If so, what were the drivers of these decisions? What have been the public health consequences, including implications for outbreak risk? What mitigation measures or interventions could be recommended to minimise further public health impact?
- **Use of discretionary budgets:** How are discretionary funds being allocated (e.g. topping up guaranteed programme funding, supporting catch-up activities, enabling new discretionary introductions, or other uses)?
- **Vaccine classification:** What lessons have emerged from the current classification of programmes under guaranteed budgets? How might this classification framework be revised or improved for Gavi 7.0?
- **Market health:** How have vaccine budget structures affected progress against Gavi's market-shaping objectives?
- **Review of VB allocations:** What lessons have been learned from the allocation review approach? How could the mechanism be refined or strengthened from an operational perspective?
- **Prioritisation:** What insights have emerged from the prioritisation process? How could it be redesigned or improved operationally?
- **Operationalisation:** What challenges and enabling factors do countries report in the implementation of Vaccine Budgets?

Across the learning questions, assessment will rely primarily on ongoing monitoring, internal analysis, and structured learning processes. Information will be generated through routine and annual reporting, use of existing administrative, financial, and market data, and targeted Secretariat-led analyses to identify trends, risks, and behavioural responses. Routinely monitored VB indicators will be developed and embedded within the Gavi 6.0 Execution framework. Key results from VB indicators will be visible in Gavi Leap Master Dashboard. Qualitative insight will be strengthened through facilitated learning sessions and post-decision reviews, which will be used to surface enablers, constraints, and unintended effects. Where possible, timely course correction and adaptive learning will be adopted as a result of evaluation processes, in particular for operational questions. The learning approach will also include an assessment of the VB policy as part of the mid-term review of Gavi 6.0. Learnings from results-based questions will be considered during the mid-point evaluation to ensure that lessons can be drawn in time for 7.0 strategy development. Overall, the approach is adaptive and operationally focused, emphasising continuous learning and iterative improvement to inform policy refinement and implementation decisions.