

AFRICAN VACCINE MANUFACTURING ACCELERATOR (AVMA)

BOARD MEETING

Marie-Ange Saraka Yao

3-4 December 2025, Geneva, Switzerland

AVMA is a pre-funded 10-year financial instrument with two objectives – backed by ~US\$ 1,176 million of donor pledges

Two main objectives:

Objective A

A sustainable, African vaccine manufacturing base that is contributory to healthy global vaccine markets



Objective B

Improved African pandemic and outbreak vaccine supply resilience



Two distinct payment systems to support vaccine manufacturers on the African continent:



Milestone Payment

- Payment for an AVMA priority vaccine or on a priority platform with WHO PQ
- Payments from US\$ 10 million up to US\$ 25 million

US\$ 250 M

in total for Milestone Payments



Accelerator Payment

- Top-up payment per dose following award in UNICEF tender
- Between US\$ 0.30 and US\$ 0.50 per dose

US\$ 750 M

in total for Accelerator Payments

With a set of cautious, evidence-based, and reasonable key targets:

At least 4

Vaccine manufacturers

>0.8 bn

Doses supported

3 or more

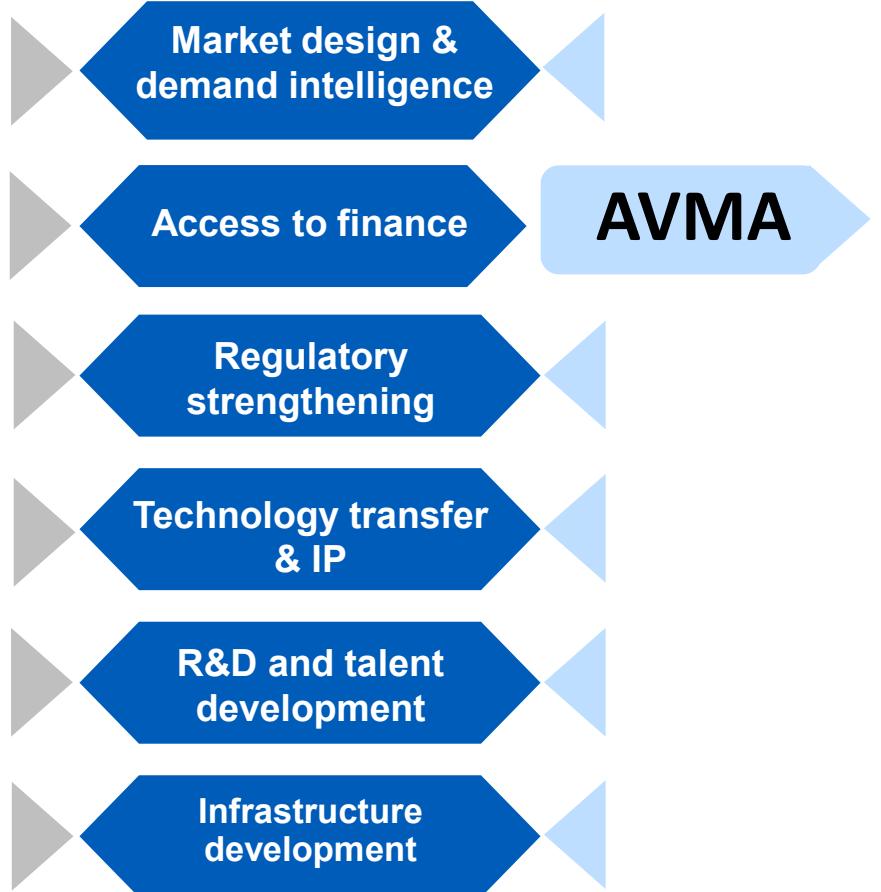
technologies

>0.7 bn

of capacity in a pandemic



Since AMVA's launch there has been key progress across the ecosystem – but challenges remain



- **Impressive engagement** – 18 Expressions of Interest received from African manufacturers
- **A 10-year instrument** - the majority of AVMA disbursements are expected during the Gavi 7.0 period
- **First milestone payment is on track for 2026**,
- While **technical issues indicate delays** to drug-substance manufacturing – new Priority Vaccines would provide additional opportunities during Gavi 7.0.
- **The forward pipeline may be partially affected by the recalibration of Gavi 6.0 priorities** and reduction of budgets for vaccines being targeted by African manufacturers (Cholera, Yellow Fever) – would be mitigated **through the successful achievement of Gavi's US\$ 11.9 billion fundraising target**.

The successful fundraising for AVMA means an additional US\$ 176 million of donor pledges are available for reprogramming

- AVMA has received overwhelming political support and received pledges of circa. US\$ 1,176 million from 13 donors.
- In December 2023, the Gavi Board approved an envelope of US\$ 1 billion for AVMA. Additional programming over that amount requires Board approval – this requires action.
- The Board are invited to provide guidance on the Secretariat's proposal, which would be developed further and final options put to the PPC and Board in Q2 2026.
- Note: The Board has also made a determination in relation to the use of interest from AVMA, to be used in support of Gavi 6.0



Retain additional resources within AVMA and raise the Board approved ceiling (providing increased scope for changes to subsidy levels, categories, or other amendments) – which can be progressed **through the planned 2026-2027 course correction as originally intended**.

The Board may also want to consider if the Secretariat should also explore, in the shorter term, if any portion of the additional resources could be directed to support Gavi 6.0 objectives, while also remaining consistent with donor AVMA grant agreement terms.

To be brought back to the May 2026 PPC

Adopting three 2024 “VIS vaccines” as additional AVMA Priority Vaccines would send a strong investment signal

- Vaccines on AVMA's priority list receive extra subsidy – to support the supply of vaccines that would be complementary to market health on a global level, or else have strategic importance for the African continent.
- The Secretariat confirmed it would review the 2024 VIS vaccines and return to the PPC in 2025 with a recommendation.
- As a result of that review – three additional vaccines will be recommended for addition.
- Existing priority vaccines are: Oral Cholera, Malaria, Measles-Rubella, Hexavalent, Yellow Fever and particular characteristics for Ebola, Rotavirus and Pneumococcal.

Tuberculosis



- High burden: 1.3m deaths annually and 10.6m active disease
- Half of the WHO-listed high-burden TB countries are in Africa.
- Most candidates are early in development. Opportunity to establish original manufacturing in Africa.

Respiratory syncytial virus



- Leading cause of infant mortality, 53% of RSV-associated infant deaths occurring in Africa.
- The supplier base limited. Could incentivize increased supplier diversity

Mpox



- Burden of disease is highly Africa-centric.
- Could incentivise the production in Africa with improved characteristics:
- +2 years old, smaller vial / single-dose / simpler administration

Recommendation

The Gavi Alliance Board is requested to provide guidance on:

- a) the proposed approach to reprogramming the additional pledges to AVMA:
 - i) retain additional resources within AVMA and raise the Board-approved ceiling; and
 - ii) use the planned 2026/7 course correction process to consider any further changes to the key terms of AVMA; and
- b) whether the Secretariat should develop additional options to deploy AVMA's funding in support of Gavi 6.0 objectives for consideration.

The Gavi Alliance Programme and Policy Committee recommended to the Gavi Alliance Board that it approve the amendments to the key terms of AVMA as set out in Annex A to Doc 10 to add tuberculosis, mpox and respiratory syncytial virus (RSV) to the list of Priority Vaccines.

Thank you