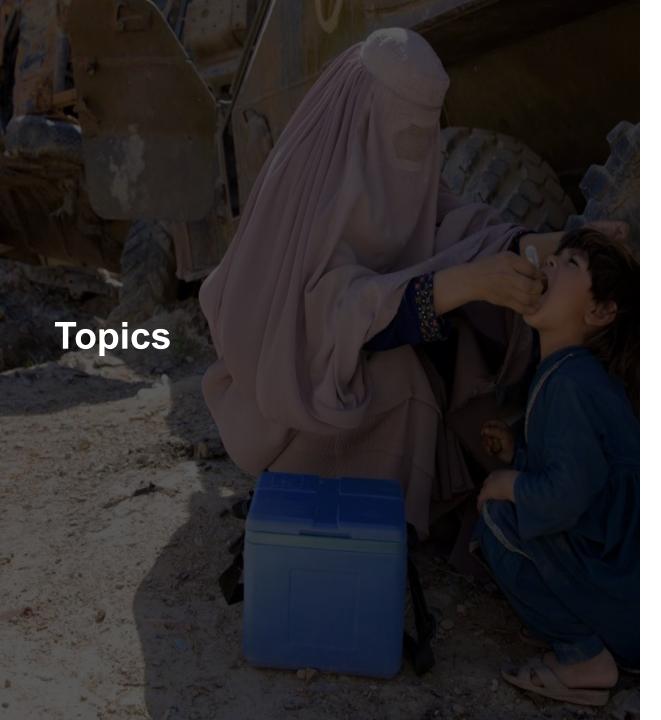
Gavi 6.0 Fragile & Humanitarian (F&H) approach - Annex A

BOARD MEETING 24-25 July 2025, Geneva, Switzerland





- Theory of Change
- F&H measurement related extract of Gavi
 6.0 execution framework
- Gavi Resilience Mechanism
- Breakdown of costs and health impact

High-level Theory of Change

Simplified illustration of the Fragile & Humanitarian approach Theory of Change

Levers

- Systematic advocacy for immunisation, equity imperative, and access to vaccines
- Harmonised policies and operationalised differentiated risk appetite
- Responsive and timely access to vaccines and funding
- Flexible grant programming for proven partners
- Established skillset at Secretariat for fragile and humanitarian settings
- Intentional engagement with humanitarian sector
- Timely and relevant data for decisions and accountability

Priority interventions



1. Focus on contextappropriate vaccines



2. Provide differentiated health system support



3. Strengthen humanitarian partnerships



4. Provide responsive support for fragility, emergencies and outbreaks

Outcomes

Immunisation coverage is maintained or increased

Missed communities and zero-dose children reached

Immunisation is **embedded in humanitarian programming**

Continuity of immunisation despite shocks

Goals

SG1: Introduce and scale up vaccines

SG2: Strengthen health systems to increase equity in immunisation

SG3: Improve programmatic & financial sustainability



Levers

- Systematic advocacy for immunisation, equity imperative, and access to vaccines
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Priority interventions

Focus on context-appropriate vaccines

- Focus on coverage of existing vaccines over introducing new ones through strengthened vaccine prioritisation & optimisation support
- Support for WHO-recommended vaccine package in humanitarian settings
- Provide targeted support for traditional vaccines
- Maintain and expand catch-up for children aged 1-5 years old

Provide differentiated health system support

Differentiation within HS Strategy, tailored to F&H settings:

- Pillar 1 Invest in agile service delivery models; tailor delivery to community needs in service of caregivers and children; strengthen integration of immunisation with other services (e.g., nutrition, WASH)
- Pillar 2 Strengthen workforce capacity and agility
- Pillar 3 Build resilient and flexible supply chains
- Pillar 4 Leverage humanitarian and grant data to plan and track population needs

Strengthen humanitarian partnerships

- Strengthen partnerships with grantees who can negotiate safe access and provide immunisation with humanitarian principles
- Improve collaboration with humanitarian mechanisms & funders
- Ensure vaccines can be rapidly accessed by humanitarian actors, including negotiating vaccine access
- Eliminate co-financing for vaccines to humanitarian partners

Provide responsive support for fragility, emergencies and outbreaks

Responsive funding and differentiated support for F&H settings across Gavi-eligible countries, catalytic phase countries and subnational fragile pockets

Key outputs

Increased coverage of countryspecific packages of vaccines (incl. non-Gavi vaccines)

Prioritised vaccine packages for humanitarian response (incl. non-Gavi vaccines)

Children aged 1-5 have access to country-specific package of vaccines

Improved availability of immunisation services in missed communities

Increased uptake of immunisation services by overcoming barriers to supply and demand

Increased availability of HCW in missed communities

Overcome stock-outs with agile vaccine supply chain Timely data is used to plan and track for accountability

Increased access to vaccine supply for humanitarian partners

Cadre of proven and deployable humanitarian immunisation partnerships

Appropriate coordination between **EPI** and Humanitarian Health Clusters

Timely and appropriate response to fragility, emergencies and outbreaks

Immunisation coverage is

maintained or increased

Key outcomes

Context-appropriate vaccines are scaled up effectively including for children aged 1-5 and a humanitarian package in humanitarian settings

Missed communities and zero-dose children reached

Missed communities reached to reach zero dose children to ensure full immunisation through routine, catch-up and responsive, integrated campaigns

Immunisation is embedded in humanitarian programming

Humanitarian partnerships are integral to immunisation ecosystems with defined niche, dependencies, and complementarity

Continuity of immunisation despite shocks

Immunisation is sustained with resilient systems and partnerships

SG1:

Goals

Impact

Introduce and scale up vaccines

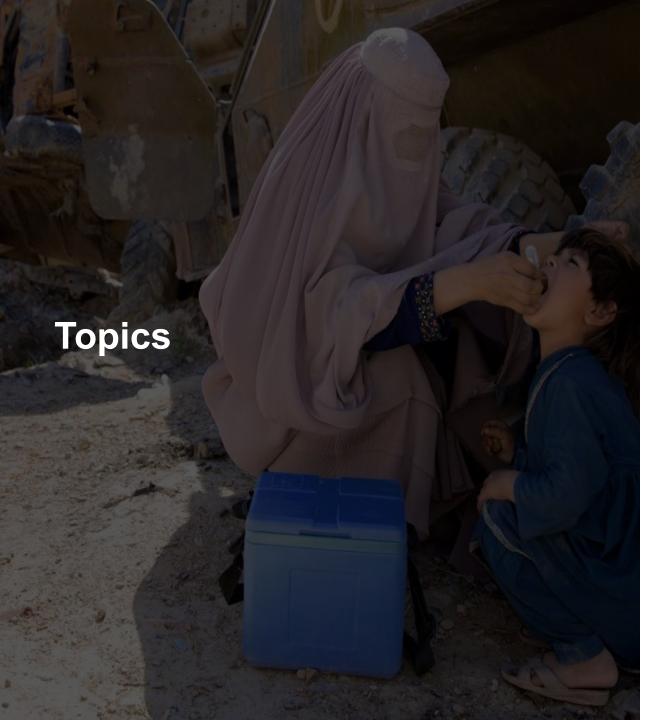
SG2: Strengthen health systems to increase equity in immunisation

SG3: **Improve** programmatic & financial sustainability

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



Intersection with HS Strategy TOC



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Gavi 6.0 Execution Framework structures priorities and accountability across the Alliance

Gavi Leap



Gavi 6.0 Execution Framework

Strategic goals

'Persistent problems'

Priority interventions

Indicators

Targets

Accountability

Strategic Goal 1

Strategic Goal 2

Strategic Goal 3

Strategic Goal 4

Cross-cutting



Key specific persistent challenges (where applicable)



Programmatic flagships & Secretariat policy and operational reforms



Measurement and reporting frame at outcome and execution level against priorities

F&H measurement related extract of Gavi 6.0 execution framework

F&H complements to Gavi 6.0 indicators, including those of HS Strategy

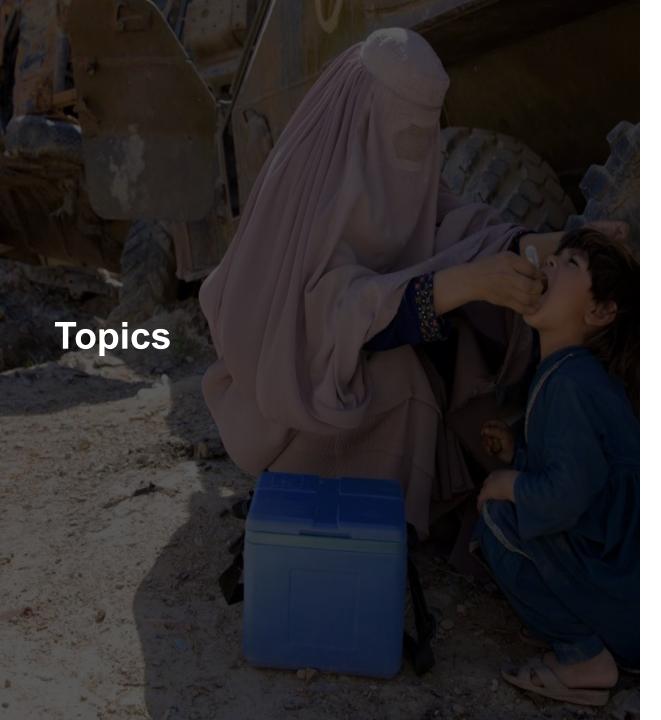
Strategic goals	'Persistent problems'	Priority interventions	Indicators (deep dive on next page)		Targets	Accountability
Strategic	Immunisation coverage is not		DTP3 coverage (standard Gavi indicator)	6.0 MF	tbd	Alliance
Goal 1	maintained or is		MCV1 coverage (traditional vaccine indicator)	6.0 MF	tbd	Alliance
		See 'interventions' in F&H approach ToC	Indicator under development to align with 6.0 vaccine prioritization		tbd	Alliance
			Mission Indicator: "Reduction in the number of zero dose children"	ICOMEII		Alliance
			DTP3 coverage in bottom districts (equity indicator, not relative to top districts) 6.0 MF		tbd	Alliance
			% Gavi Fragile Countries with policies allowing catch-up vaccination up	to age 5	tbd	tbd
Strategic			Stock-out rates for DTP and MCV in Gavi grant-supported district (aligned to standard HS strategy indicator)	ts	tbd	tbd
Goal 2			% Gavi grant-supported districts conducting mobile delivery		tbd	tbd
			% Gavi grant-supported districts with DTP3 coverage 70% among infar DTP3 provided to 70% of zero dose children 1-2 years old**	tbd	tbd	
	Immunisation is not embedded in		% Gavi Eligible Countries with humanitarian need that direct vaccines national supply to these communities	from	tbd	tbd
	humanitarian programming		% Gavi Eligible Countries with humanitarian need with Gavi established humanitarian grants for delivery	CSO or	tbd	tbd
	Immunisation is		% requests for reprogramming or reallocation in existing grants or new r as FED that are processed to disbursement in < 45 days	requests	tbd	tbd
Strategic Goal 3	disrupted in the face of shocks		Indicator(s) under development to capture timeliness and appropriate use Resilience Mechanism	e of Gavi	tbd	tbd

Indicator from overall Gavi 6.0 measurement framework measured only for fragile countries

Deep-dive: F&H approach measurement framework indicators

Indicator		Data source	Denominator	
DTP3 coverage (standard Gavi indicator)			Gavi Fragile Countries	
MCV1 coverage (traditional vaccine indicator)	6.0 MF	WUENIC*	Gavi Fragile Countries* with co-financing waiver	
Indicator under development to align with 6.0 vaccine prioritization	6.0 MF	tbd	tbd	
lission Indicator: "Reduction in the number of zero dose children" 6.0 MF		WUENIC*	Gavi Fragile Countries	
DTP3 coverage in bottom districts (equity indicator, not relative to top districts)	6.0 MF	eJRF	Gavi Fragile Countries	
% Gavi Fragile Countries with policies allowing catch-up vaccination	up to age 5	Gavi F&C Team	Gavi Fragile Countries	
Stock-out rates for DTP and MCV in Gavi grant-supported districts (aligned to standard HS strategy indicator)				
% Gavi grant-supported districts conducting mobile delivery		CSO or humanitarian partners	Districts supported by Gavi grants to humanitarian or CSC partners	
% Gavi grant-supported districts with DTP3 coverage 70% among interprovided to 70% of zero dose children 1-2 years old**	fants and DTP3		partiers	
% Gavi Eligible Countries with humanitarian need that direct vaccine to these communities	s from national supply		Gavi Eligible Countries with	
% Gavi Eligible Countries with humanitarian need with Gavi established CSO or humanitarian grants for delivery		·· _ Gavi F&C	humanitarian need according to OCHA or Alliance Partner	
% requests for reprogramming or reallocation in existing grants or ne that are processed to disbursement in < 45 days	w requests as FED	Gavi FED Team	Initiated requests by Gavi Secretariat Country Team	
Indicator(s) under development to capture timeliness and appropriate	e use	tbd	fbd	

Indicator from overall Gavi 6.0 measurement framework measured only for fragile countries



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Dedicated Gavi Resilience Mechanism to respond to unforeseen needs, with four use cases



Newly-arising needs in chronically fragile settings

US\$ 50m



Emergencies including outbreaks

Only outbreak support not covered through existing mechanisms

US\$ 150m



Settings that require humanitarian programming 'ZIP-like', routine immunisation and catch-up for zero-dose children

US\$ 100m



Catalytic phase countries¹ facing fragility or emergencies

Routine immunisation and outbreak response support

US\$ 105-115m

This entails a reallocation of US\$ 135 million from the Gavi 6.0 HSS ceiling to the GRM

Total²:

US\$ 405-415m



Guiding principles: Principles guiding the design of the Gavi Resilience Mechanism

Complementarity

Gavi's support is targeted, filling gaps in existing Gavi mechanisms, ensuring that critical immunisation needs are met when other resources fall short

Timeliness & simplicity

Gavi aims for its response to be fast and agile to effectively respond to urgent needs

Flexible & adaptive

Due to localised and dynamic nature of fragile, emergency, outbreak and humanitarian settings the ability to provide context-appropriate and adaptive support, such as working with context-appropriate partners and greater budget flexibility for implementing partners, is critical.

High (financial) risk tolerance

Gavi acknowledges the increased risks in responding to urgent, unforeseen needs and is prepared to tolerate higher programmatic and financial risk to enable rapid responses



Complementarity: Gavi Resilience Mechanism complements existing Gavi mechanisms

Related to Gavi's programmes

Novel diseases

Foreseen needs

Consolidated cash grant

Consolidates 7+ cash funding levers into one envelope including:

- Health System support
- **Equity Accelerator funding**
- Operational support for predictable campaigns
- Funding to support vaccine introductions and switches
- Funding for cold chain equipment
- Funding for innovation top-up
- Country-level TA

Unforeseen needs

Gavi Resilience Mechanism

Dedicated funding mechanism to swiftly address unforeseen needs due to:

- Chronically fragile settings and **Emergencies**
- Outbreaks not covered through FRF or other mechanisms
- Settings requiring humanitarian programming
- Emergencies incl. outbreaks and fragile settings in catalytic phase countries

PHEIC / WHO G2/G3 Outbreaks

First response fund

Pre-positioned, at-risk financing for rapid vaccine response for Gavi-eligible countries for diseases against which Gavi does not have an eligible vaccine programme:

- WHO-declared Public Health Emergency of International Concern (PHEIC)
- WHO grade 2 or 3 outbreak for which no other mechanism exists



Complementarity – outbreaks deep dive: GRM to provide outbreak support not covered through existing mechanisms

Type of outbreak vaccine		Existing mechanisms	Gaps Gavi Resilience Mechanism will fill		
	Measles	MRP OBR (Gavi-eligible)			
	Meningitis				
	Yellow Fever				
	Cholera		Outbreaks in countries in the catalytic		
	Ebola	ICG stockpiles (Gavi-	phase facing fragility and / or		
Gavi established	Mpox (tbc - pending Board approval)	eligible countries)	emergencies		
or forthcoming programme	HepE (tbc – pending Board approval)				
orogramme	Diphtheria	US\$ 60 million in Gavi 6.0			
	Typhoid	strategic cost estimate	 US\$ 60 million to become part of GRM Outbreaks in countries in the catalytic 		
	Pertussis				
	JE	If WHO Grade 2 or higher,	phase facing fragility and / or emergencies		
		eligible for FRF support	emergenere		
	Vaccines in Ph2 trials or later e.g., Ebola Sudan, Marburg, Lassa Fever		Complement FRF:		
No Gavi	Vaccines earlier than Ph2 trials e.g., Nipha, Rift Valley Fever	Potential funding via First Response Fund (subject to	Outbreaks requiring significant non- procurement supportOutbreaks graded G1		
programme	Novel pathogen Disease X (similar to C19)	eligibility & process)			
	Pandemic Influenza H5N1				

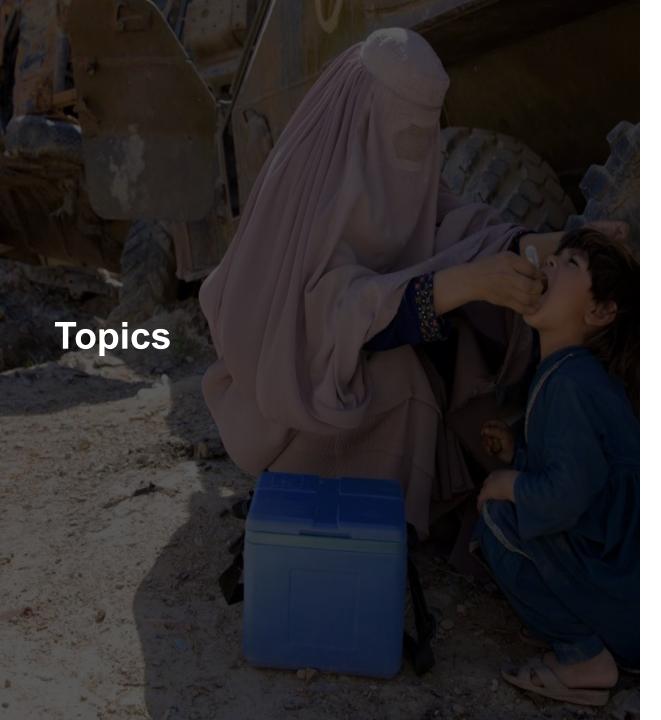
Across all:
support for
outbreaks for
which our
current ops
costs ceiling
(65c/dose) is
assessed as
insufficient
(challenging
environments,
often F&H
settings)

Proposed funding allocation mechanism across use cases

- For the use case 'Settings requiring humanitarian programming' funding will be ringfenced (as requests will be Secretariat-driven)
- For all other use cases, indicative ceilings with utilisation tracked against it
- Approval body considers requests against remaining funds. If indicative ceiling exceeded, careful review of trade-offs before approving the request
- In addition, 6-monthly review of indicative ceilings with relevant Secretariat focal points to minimse trade-off discussions at time of request. Changes approved by approval body

Note: Operationalisation of the Gavi Resilience Mechanism, including updating various policies and drafting detailed Secretariat Operational Guidelines, is ongoing

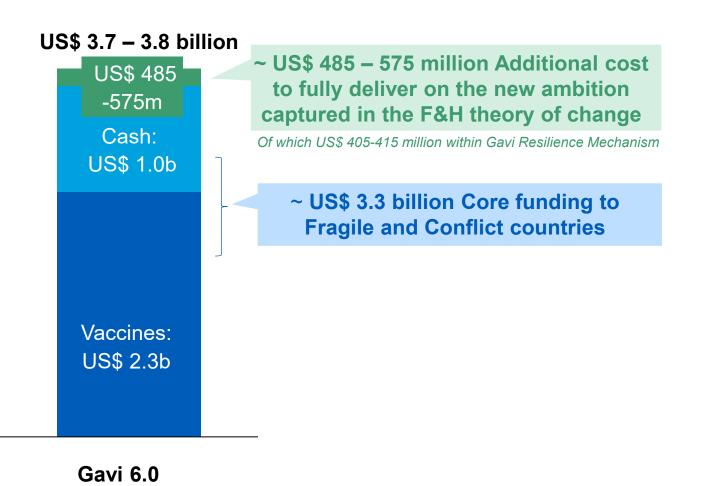




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Gavi's Fragile and Humanitarian Approach accelerates 6.0 impact

With US\$ 3.7 – 3.8 billion total investment, 2.8 – 3.2+ million lives would be saved





of which >400-800k lives on top of the original Gavi 6.0 estimate



Breakdown of costs & health impact (I/IV) Core funding to Fragile and Conflict countries

	Cost estimate (US\$ million)	Health impact (lives saved)	Assumptions
Gavi 6.0 Core funding to FED classified chronically fragile countries			
Gavi 6.0 Vaccine procurement for Fragile and Conflict Countries	US\$ 2,260m		 Based on the updated Gavi 6.0 financial forecast for discussion by the Audit and Finance Committee at its meeting on 17th July 2025, and associated health impact for the 16 FED classified fragile countries Country list:
Gavi 6.0 Cash support, including Technical assistance, for Fragile and Conflict Countries	US\$ 1,000m	2.4m	 Fragile & Conflict Segment: Afghanistan, Central African Republic, Chad, Haiti, Mali, Niger, Papua New Guinea, Somalia, South Sudan, Sudan, Syrian Arab Republic, and Yemen Core Segment: Myanmar, Cameroon, Burkina Faso, Mozambique
SUBTOTAL Core funding to Fragile and Conflict countries	~US\$ 3,240m	2.4m	



Breakdown of costs & health impact (II/IV)

Additional cost to fully deliver on the new ambition captured in the F&H theory of change

	Cost estimate (US\$ million)	Health impact (lives saved)	Assumptions
6.0 Fragile & Humanitarian approach key shifts			
1. Focus on context-appropriate vaccines	US\$ 40-90m	>250-600k	Costs & health impact of focusing on coverage and supporting humanitarian package of vaccines already included in 6.0 forecast not quantifiable. Additional costs & health impact of supporting traditional vaccines: • Lower bound: Support for 50% of traditional vaccine costs (OPV, BCG, maternal Td, MCV where not already Gavi-supported) of countries receiving co-fin waivers in 24/25 (Afghanistan, Somalia, South Sudan, Syria- NWS, Syria-DAM, Yemen, Sudan) • Higher bound: Support for 100% of traditional vaccine costs (OPV, BCG, maternal Td MCV where not already Gavi-supported) of countries receiving co-fin waivers in 24/25 those receiving or at risk of requiring external donor financing (CAR, Haiti, PNG)
2. Drive new programmatic approaches to reach missed communities and zero dose children	US\$ 40-70m	50-80k	Costs of support to health systems already included in 6.0 estimate and impact not quantifiable. Costs & health impact of catch-up vaccination: Geographical scope: 16 countries classified as fragile, excl. Haiti and PNG who opted out of BCU Antigen scope: Same antigens as selected by countries for BCU Reach: Conceptualised as being able to reach 20% (lower bound) to 30% (upper bound) of missed children aged 1-5 at a national level Note: Estimate of missed children based on coverage per latest WUENIC update, with assumed increases in coverage per VFGO forecasting methodology
3. Institute new ways to direct immunisation resources to missed communities and zero-dose children			ts & health impact part of the Gavi Resilience Mechanism: s requiring humanitarian programming
4. Support sub-national fragile settings in non-fragile countries and fragile & humanitarian settings in countries in the catalytic phase			ts & health impact part of the Gavi Resilience Mechanism: countries facing fragility and / or emergencies
5. Establish immunisation as humanitarian health practice	N/A -	– Secretariat Opex already ii	ncluded in 6.0 estimate; no quantifiable additional health impact



Breakdown of costs & health impact (III/IV)

Additional cost to fully deliver on the new ambition captured in the F&H theory of change

		Cost estimate (US\$ million)	Health impact (lives saved)	Assumptions
Fragile & Hun	nanitarian approach key	shifts		
6. Create a dedicated Gavi Resilience Mechanism (GRM)	Chronic fragility unforeseen needs	US\$ 50m	N/A – health impact not quantifiable	 Based on 50% of Gavi 5.0/5.1 FED budget Contributes to shift 4
	Emergencies including outbreaks for which no other mechanism exists	US\$ 150m	N/A – health impact not quantifiable	 US\$ 50m for non-outbreak emergencies, based on 50% of Gavi 5.0/5.1 FED budget (\$16M not included in 6.0 estimate) US\$ 60m for outbreaks for which no mechanism exists (included in 6.0 strategic cost estimate). Sufficient to respond to 0-3 larger or 0-6 smaller outbreaks over the strategic period with an assumed cost of US\$ 10 million for small outbreaks and US\$ 20m for large outbreaks US\$ 40m for outbreaks where operational cost support is insufficient due to challenging context Assumes 10% of outbreaks will require additional funding of ~US\$ 2m. At 200 outbreaks over strategic period this amounts to US\$ 40m (not included in 6.0 estimate) Other uses: Protect RI and HCW during outbreaks; non-procurement support for FRF-supported outbreaks
	Settings requiring humanitarian programming	US\$ 100m	>60k Excluding impact of immunising children aged 1-5	 In Gavi 5.0/5.1, Gavi supported these settings through ZIP Assumption of same budget for Gavi 6.0 as in Gavi 5.1. Data from ZIP used to determine average delivery costs per district. Target districts selected based on conflict-affected districts in top two quartiles of highest fatality rates and lowest coverage (conflict-affected districts, defined as >30 deaths per million people (ACLED), ranked based on % lag between national WUENIC and district-level IHME coverage f DTP3 in 2023 and fatality rate in 2023/24) Estimated surviving infants per district and assumed all surviving infants who are reached receivefull package of essential routine immunisation vaccines 40% of districts considered extra-governmental, requiring separate vaccine procurement; 60% of vaccines assumed from government stock. Contributes to shift 3
	Catalytic phase countries facing fragility and / or emergencies	US\$ 105-115m	>60k Outbreak response N/A - health impact not quantifiable	 Emergencies: Support for 3 emergencies in catalytic phase countries, based on average costs and estimated health impact of similar support in Gavi 5.0/5.1 Chronic fragility: Support for 2 catalytic phase countries facing chronic fragility, based on average costs and estimated health impact of similar support Gavi 5.0/5.1 Outbreaks: Support for 25-50% of medium to large outbreaks in 6.0 eligible catalytic phase countries facing emergency or fragility. Contributes to shift 4
	Total GRM	US\$ 405-415m	>120k	

Breakdown of costs & health impact (IV/IV)

	Cost estimate (US\$ million)	Health impact (lives saved)	Assumptions
.0 Fragile & Humanitarian approach key	shifts		
7. Ensure a better equipped Secretariat	N/A – Secretariat Opex alre	ady included in 6.0 estimate; no quan	ntifiable additional health impact
SUBTOTAL Additional cost to fully deliver on the new ambition captured in the F&H theory of change (shift 1,2,6)	US\$ 485-575m	>400-800k	

