

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

BOARD MEETING  
24-25 July 2025, Geneva, Switzerland

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



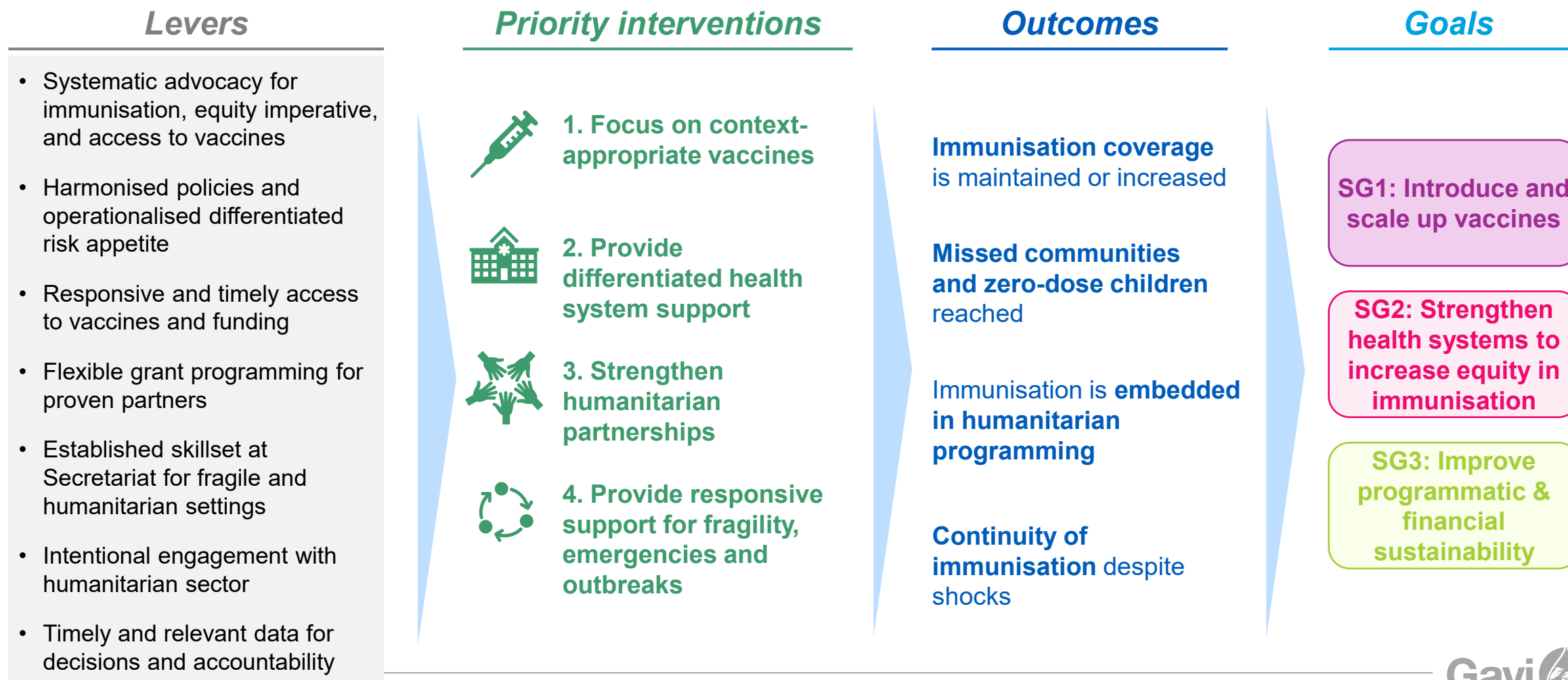
A photograph showing a woman wearing a pink headscarf and a blue uniform administering a vaccine to a young child. The child is also wearing a blue uniform. A blue cooler is visible on the ground next to them. The background is dark and appears to be an outdoor setting with some debris.

## Topics

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

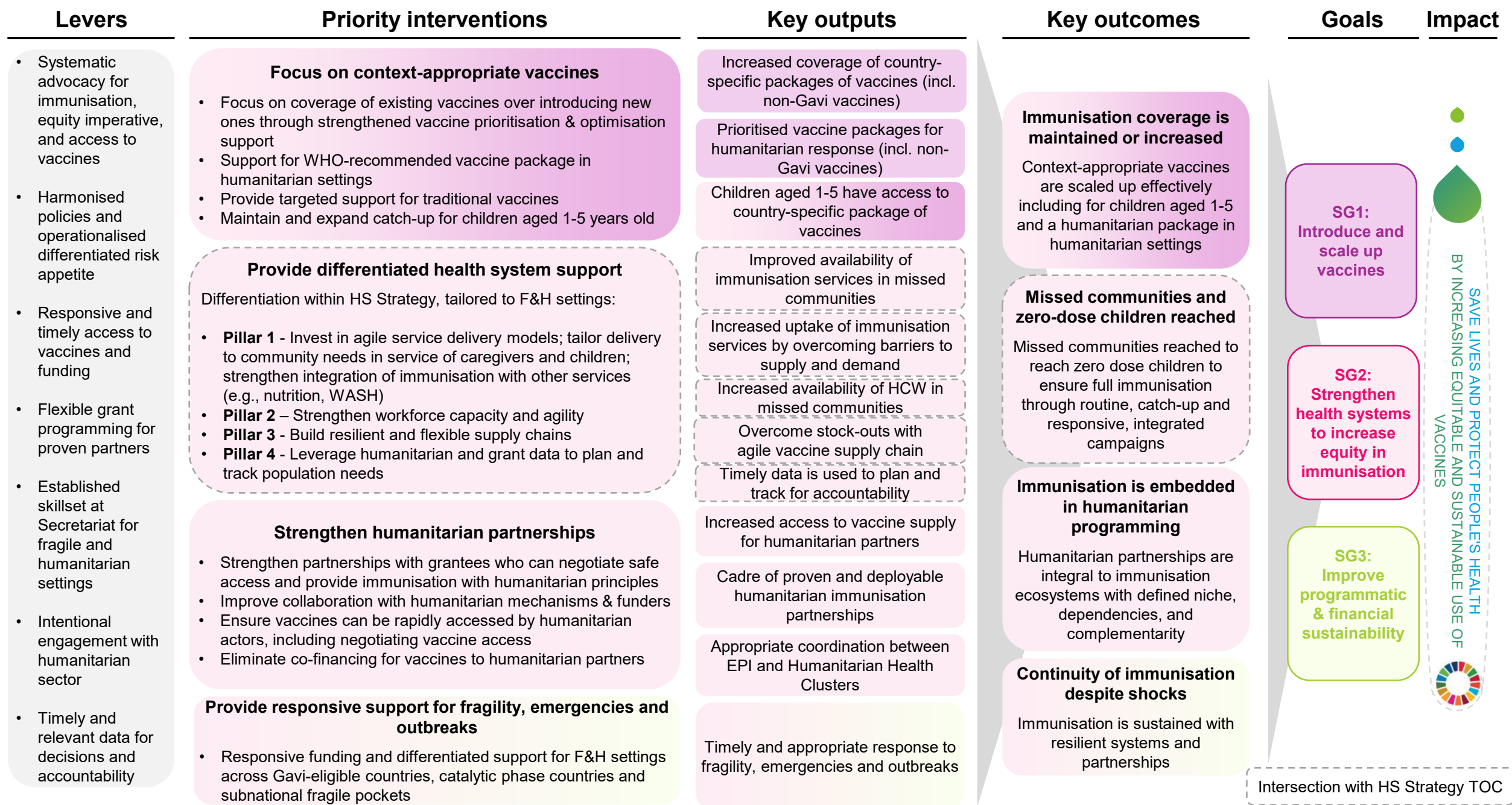
# High-level Theory of Change

## *Simplified illustration of the Fragile & Humanitarian approach Theory of Change*





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

\*Countries flatlined by WUENIC will be tracked separately

\*\*70% threshold to be established in grant agreements

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)	6.0 MF	WUENIC*	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
Mission 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 CSO partners
% Gavi grant-supported districts with DTP3 coverage 70% among infants and DTP3 provided to 70% of zero dose children 1-2 years old**			
% Gavi Eligible Countries with humanitarian need that direct vaccines from national supply to these communities		Gavi F&C	Gavi Eligible Countries with humanitarian need according to OCHA or Alliance Partner
% Gavi Eligible Countries with humanitarian need with Gavi established CSO or humanitarian grants for delivery			
% requests for reprogramming or reallocation in existing grants or new requests as FED that are processed to disbursement in < 45 days		Gavi FED Team	Initiated requests by Gavi Secretariat Country Team
Indicator(s) under development to capture timeliness and appropriate use		tbd	tbd

\*Countries flatlined by WUENIC will be tracked separately

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- Breakdown of costs and health impact

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

	<b>Newly-arising needs in chronically fragile settings</b>	US\$ 50m
	<b>Emergencies including outbreaks</b> <i>Only outbreak support not covered through existing mechanisms</i>	US\$ 150m
	<b>Settings that require humanitarian programming</b> <i>'ZIP-like', routine immunisation and catch-up for zero-dose children</i>	US\$ 100m
	<b>Catalytic phase countries<sup>1</sup> facing fragility or emergencies</b> <i>Routine immunisation and outbreak response support</i>	US\$ 105-115m
<p>This entails a reallocation of US\$ 135 million from the Gavi 6.0 HSS ceiling to the GRM</p>		<b>Total<sup>2</sup>:</b> 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

## 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

Novel diseases

## 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
Gavi established or forthcoming programme	Measles	MRP OBR (Gavi-eligible)
	Meningitis	
	Yellow Fever	
	Cholera	
	Ebola	
	Mpox (tbc - pending Board approval)	
	HepE (tbc – pending Board approval)	<ul style="list-style-type: none"> <li>Outbreaks in countries in the catalytic phase facing fragility and / or emergencies</li> </ul>
	Diphtheria	
	Typhoid	
	Pertussis	
No Gavi programme	JE	<ul style="list-style-type: none"> <li>US\$ 60 million to become part of GRM</li> <li>Outbreaks in countries in the catalytic phase facing fragility and / or emergencies</li> </ul>
	...	
	Vaccines in Ph2 trials or later <i>e.g., Ebola Sudan, Marburg, Lassa Fever</i>	US\$ 60 million in Gavi 6.0 strategic cost estimate
	Vaccines earlier than Ph2 trials <i>e.g., Nipha, Rift Valley Fever</i>	
	Novel pathogen <i>Disease X (similar to C19)</i>	
	Pandemic Influenza <i>H5N1</i>	If WHO Grade 2 or higher, eligible for FRF support
		Potential funding via First Response Fund (subject to eligibility & process)
		Complement FRF: <ul style="list-style-type: none"> <li>Outbreaks requiring significant non-procurement support</li> <li>Outbreaks graded G1</li> </ul>

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 minimise 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





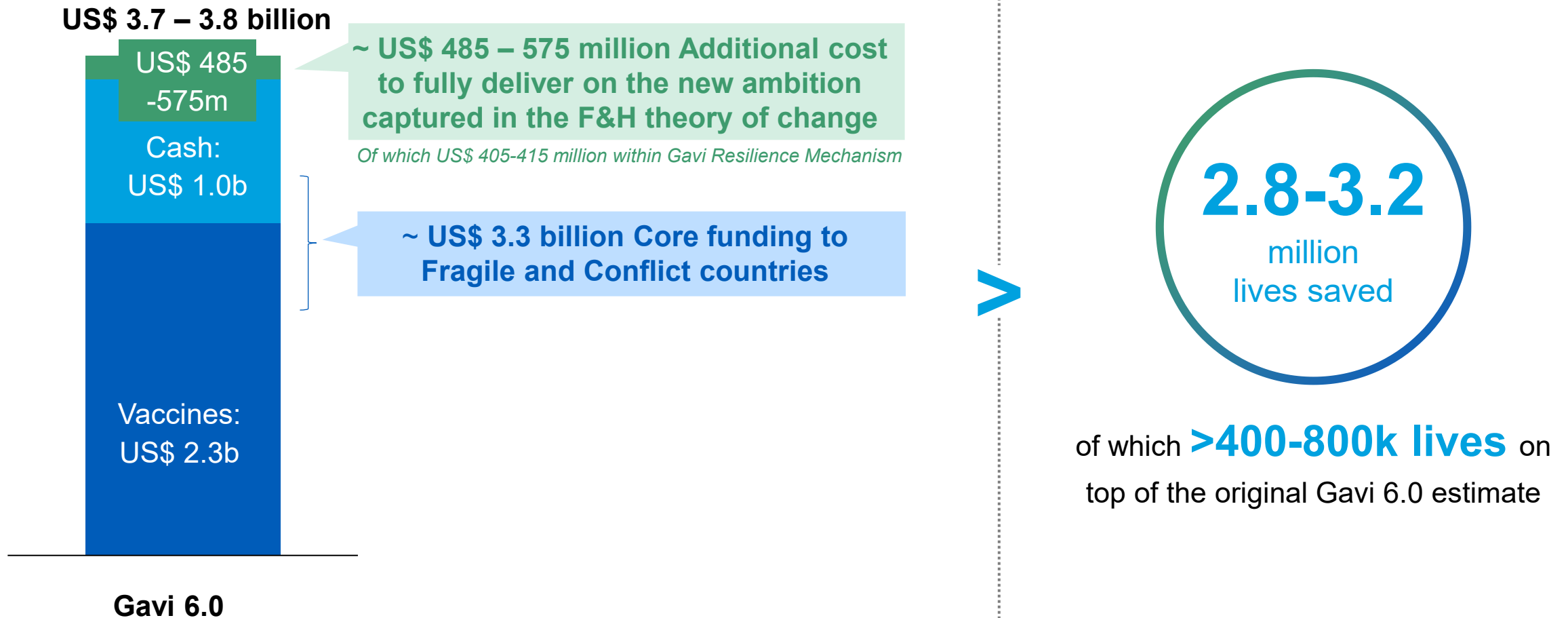
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# Gavi's Fragile and Humanitarian Approach accelerates 6.0 impact

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





# Breakdown of costs & health impact (I/IV)

## Core funding to Fragile and Conflict countries

	Cost estimate (US\$ million)	Health impact (lives saved)	Assumptions
<i>Gavi 6.0 Core funding to FED classified chronically fragile countries</i>			
<b>Gavi 6.0 Vaccine procurement for Fragile and Conflict Countries</b>	<b>US\$ 2,260m</b>		<ul style="list-style-type: none"> <li>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</li> <li>Country list: <ul style="list-style-type: none"> <li>Fragile &amp; Conflict Segment: Afghanistan, Central African Republic, Chad, Haiti, Mali, Niger, Papua New Guinea, Somalia, South Sudan, Sudan, Syrian Arab Republic, and Yemen</li> <li>Core Segment: Myanmar, Cameroon, Burkina Faso, Mozambique</li> </ul> </li> </ul>
<b>Gavi 6.0 Cash support, including Technical assistance, for Fragile and Conflict Countries</b>	<b>US\$ 1,000m</b>	<b>2.4m</b>	
<b>SUBTOTAL Core funding to Fragile and Conflict countries</b>	<b>~US\$ 3,240m</b>	<b>2.4m</b>	

# 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
<b>6.0 Fragile &amp; Humanitarian approach key shifts</b>			
<b>1. Focus on context-appropriate vaccines</b>	<b>US\$ 40-90m</b>	<b>&gt;250-600k</b>	<p>Costs &amp; health impact of focusing on coverage and supporting humanitarian package of vaccines already included in 6.0 forecast not quantifiable.</p> <p>Additional costs &amp; health impact of supporting traditional vaccines:</p> <ul style="list-style-type: none"> <li>• <b>Lower bound:</b> 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)</li> <li>• <b>Higher bound:</b> 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)</li> </ul>
<b>2. Drive new programmatic approaches to reach missed communities and zero dose children</b>	<b>US\$ 40-70m</b>	<b>50-80k</b>	<p>Costs of support to health systems already included in 6.0 estimate and impact not quantifiable.</p> <p>Costs &amp; health impact of catch-up vaccination:</p> <ul style="list-style-type: none"> <li>• <b>Geographical scope:</b> 16 countries classified as fragile, excl. Haiti and PNG who opted out of BCU</li> <li>• <b>Antigen scope:</b> Same antigens as selected by countries for BCU</li> <li>• <b>Reach:</b> Conceptualised as being able to reach 20% (lower bound) to 30% (upper bound) of missed children aged 1-5 at a national level</li> <li>• Note: Estimate of missed children based on coverage per latest WUENIC update, with assumed increases in coverage per VFGO forecasting methodology</li> </ul>
<b>3. Institute new ways to direct immunisation resources to missed communities and zero-dose children</b>			<i>See shift 6: Additional costs &amp; health impact part of the Gavi Resilience Mechanism: Settings requiring humanitarian programming</i>
<b>4. Support sub-national fragile settings in non-fragile countries and fragile &amp; humanitarian settings in countries in the catalytic phase</b>			<i>See shift 6: Additional costs &amp; health impact part of the Gavi Resilience Mechanism: Catalytic phase countries facing fragility and / or emergencies</i>
<b>5. Establish immunisation as humanitarian health practice</b>			<i>N/A – Secretariat Opex already included in 6.0 estimate; no quantifiable additional health impact</i>

# 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
<b>6.0 Fragile &amp; Humanitarian approach key shifts</b>				
<b>6. Create a dedicated Gavi Resilience Mechanism (GRM)</b>	<b>Chronic fragility unforeseen needs</b>	<b>US\$ 50m</b>	<i>N/A – health impact not quantifiable</i>	<ul style="list-style-type: none"> <li>Based on 50% of Gavi 5.0/5.1 FED budget</li> <li>Contributes to shift 4</li> </ul>
	<b>Emergencies including outbreaks for which no other mechanism exists</b>	<b>US\$ 150m</b>	<i>N/A – health impact not quantifiable</i>	<ul style="list-style-type: none"> <li>US\$ 50m for non-outbreak emergencies, based on 50% of Gavi 5.0/5.1 FED budget (\$16M not included in 6.0 estimate)</li> <li>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</li> <li>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)</li> <li>Other uses: Protect RI and HCW during outbreaks; non-procurement support for FRF-supported outbreaks</li> </ul>
	<b>Settings requiring humanitarian programming</b>	<b>US\$ 100m</b>	<b>&gt;60k</b> <i>Excluding impact of immunising children aged 1-5</i>	<ul style="list-style-type: none"> <li>In Gavi 5.0/5.1, Gavi supported these settings through ZIP <ul style="list-style-type: none"> <li>Assumption of same budget for Gavi 6.0 as in Gavi 5.1.</li> <li>Data from ZIP used to determine average delivery costs per district.</li> </ul> </li> <li>Target districts selected based on conflict-affected districts in top two quartiles of highest fatality rates and lowest coverage (conflict-affected districts, defined as &gt;30 deaths per million people (ACLED), ranked based on % lag between national WUENIC and district-level IHME coverage for DTP3 in 2023 and fatality rate in 2023/24)</li> <li>Estimated surviving infants per district and assumed all surviving infants who are reached receive full package of essential routine immunisation vaccines</li> <li>40% of districts considered extra-governmental, requiring separate vaccine procurement; 60% of vaccines assumed from government stock.</li> <li>Contributes to shift 3</li> </ul>
	<b>Catalytic phase countries facing fragility and / or emergencies</b>	<b>US\$ 105-115m</b>	<b>&gt;60k</b> <i>Outbreak response N/A - health impact not quantifiable</i>	<ul style="list-style-type: none"> <li><b>Emergencies:</b> 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</li> <li><b>Chronic fragility:</b> 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</li> <li><b>Outbreaks:</b> Support for 25-50% of medium to large outbreaks in 6.0 eligible catalytic phase countries facing emergency or fragility.</li> <li>Contributes to shift 4</li> </ul>
<b>Total GRM</b>		<b>US\$ 405-415m</b>	<b>&gt;120k</b>	

# Breakdown of costs & health impact (IV/IV)

	Cost estimate (US\$ million)	Health impact (lives saved)	Assumptions
6.0 Fragile & Humanitarian approach key shifts			
7. Ensure a better equipped Secretariat	N/A – Secretariat Opex already included in 6.0 estimate; no quantifiable additional health impact		
<b>SUBTOTAL</b> 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	
<b>TOTAL</b>	<b>US\$ 3.7 – 3.8m</b>	<b>&gt;2.8 – 3.2 m</b>	