Annex B: Implementation Approach, Risks and mitigation measures

This Annex provides a high-level overview of the implementation approach and additional information on key risks and proposed mitigation actions for the Strategic Approach on Campaign Optimisation described in Doc 11.

1. High level Implementation Approach (key steps)

1.1. **Pending Board approval of the Strategic Approach, the implementation of the approach will begin immediately.** The Secretariat will brief countries and partners on the new requirements outlined in the approach including the updated co-financing levels as part of Gavi 6.0 change management approach. The approach will be implemented iteratively, with monitoring and emerging evidence informing course-correction and adjustments.

1.2. **Focus area 1** (Efficient Campaign design): **The Alliance will build on the Gavi 6.0 rollout and Grant Management Reform already underway.** Early applications from countries using the new Gavi 6.0 grant architecture already demonstrate interest in alternative delivery strategies to nationwide standalone campaigns. Following the communications to countries of the new requirements alongside their final Cash and Vaccine Budgets ceilings, the Alliance will support countries to optimise campaign design throughout the development of their single application. Countries will be able to use technical assistance for application development and holistic prioritisation for this purpose. Shortly after the Board meeting, Campaign optimisation requirements and flexibilities will be reflected in Gavi 6.0 funding guidelines and application processes. In particular, the Independent Review Committee (IRC) and the Gavi Secretariat Grant Operationalisation Group (GO Group) criteria will be updated to reflect the increased emphasis on optimised campaigns and intra-campaign monitoring. Countries will be encouraged to identify opportunities for integration throughout the campaign stages and ensure that broader health (non-immunisation) actors support all stages of these processes (e.g. nutrition, PHC), alongside immunisation-specific programmes such as polio.

1.3. **Focus areas 1** (Efficient Campaign design) **& 4** (Country-centred and integrated monitoring)**: Gavi will develop and publish a "Campaign Optimisation" Annex to the Gavi 6.0 funding guidelines in the second half of 2026 reflecting the emphasis on optimised campaigns and country-centred, action-oriented monitoring.** The Annex will (i) set clear targeting and integration requirements for preventive campaigns, including by antigen (ii) provide guidance on the use of delivery strategies, including PIRIs, and (iii) set out a menu of campaign evaluation options for countries to select from informed by the findings from the Mesurado Group. The Secretariat will leverage a dedicated Alliance Working Group to input the development of the Annex, which aims to support countries in designing and implementing their Gavi-funded campaigns. This Annex will be reviewed periodically in Gavi 6.0 to incorporate emerging evidence on campaign optimisation.

1.4. **Focus area 2** (Campaign co-financing): **The co-financing policy will be updated following the Board decision and will apply to campaigns from 2027 onwards[1].** Countries and partners will be promptly informed of the revised policy after Board approval. The Secretariat will work to operationalise the co-financing reduction for integrated campaigns. The decision to apply a co-financing reduction on a given Gavi-funded preventive campaign will be taken by the Secretariat Grant Operationalisation group based on IRC recommendation. In parallel, the Gavi Secretariat will engage with UNICEF Supply Division to support the early identification of pre-financing needs for time-sensitive campaign doses, on a case-by-case basis. The Secretariat will also collaborate with partners, including the Gates Foundation and UNICEF Supply Division, to explore options for new mechanisms to mitigate risks associated with fluctuations in annual co-financing requirements. These fluctuations may arise from higher co-financing needs in campaign years, as well as from cold chain equipment (CCE) joint investments (see document 10).

1.5. **Focus area 3** (Digital solutions and electronic payments): The Gavi Secretariat will start supporting the implementation of the requirement for digital payments by conducting a mapping of the digital ecosystem maturity in Gavi countries. As of today, at least 24 Gavi-eligible countries already use electronic payments for Gavi campaigns. Digital maturity criteria will be further defined in the Campaign Optimisation Annex with input from the above-mentioned Alliance Working Group. In parallel, the Secretariat will draw on Alliance partnerships and engage with WHO, GPEI and The Global Fund among others to support countries leveraging existing digital payment platforms in countries and to work on aligning payment systems and operational standards to minimise fragmentation.[2] The Alliance will also encourage digital payment systems to comply with applicable national data protection law and principles and to meet relevant interoperability and identity-management standards. Gavi will also update its funding guidelines and grant management requirements. Of note under the recently published Gavi 6.0 funding guidelines, health financing investments should already "enhance flow of funds at the frontlines and reduce opportunities for misuse through use of digital payments and mobile money". To ensure compliance, Gavi will further update Grant Management Requirements which set out agreed fund flows within Partnership Framework Agreements to specify digital payments (including mobile money) as the preferred modality**.** Where available, Gavi will use in country Assurance Providers (funded by the Financial Management & Risk Assurance envelope) to verify compliance. In parallel, an estimated US$ 9 million use case has been submitted to the Global/Regional Solutions funding within the Foundational Fund to catalyse investments in a targeted subset of countries to accelerate the set-up and roll-out of digital payments and support with the development of readiness assessment and transition plans. All use cases are further subject to

[1] For applications approved as of June 2026.
[2]E.g., polio campaign digital payment covers 32 countries in Africa with +3.3 million health workers enrolled and has partnered with Global Fund on digital payment for malaria - initial conversation with WHO AFRO, Finance Team.

prioritisation and funding availability [3]. Additional operational costs are expected to be minimal and absorbed within existing Gavi 6.0 resources, while countries will also be supported to mobilise complementary financing from partners. Joining the UN partnership Better Than Cash Alliance will provide the Secretariat with the resources needed to accelerate the responsible digitisation of payments and develop inclusive digital payments ecosystems in-country.

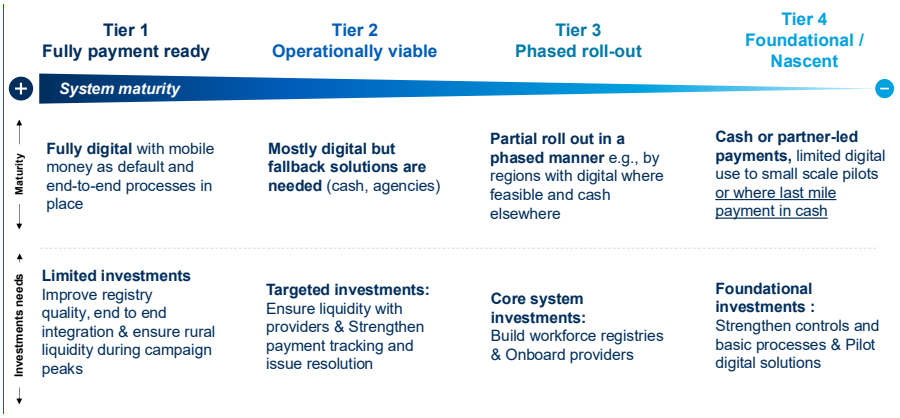

Figure 1. Four-tier model to assess countries system maturity – Preliminary

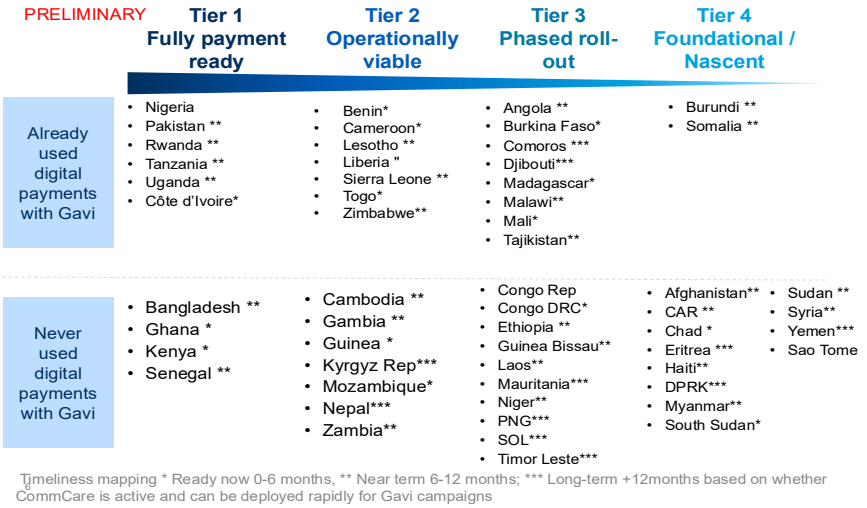

Figure 2. Preliminary mapping of Gavi-eligible countries (indicative and preliminary)

1.6. **Focus area 4** (Country-centred and integrated monitoring)**: The Secretariat will work with partners to develop a menu of options for country-centred campaign-monitoring to be included in the Campaign Optimisation Annex (1.2).** Gavi will also work with countries to ensure monitoring approaches—

including real-time monitoring —are systematically integrated into campaign planning, implementation and tailored to country context. Indicators for the Grant Accountability Framework will be finalised by end-2026, with annual reviews throughout Gavi 6.0. The Gavi Secretariat will also work with WHO on joint learning agendas and on promoting integrated campaign data and health records over the course of Gavi 6.0.

1.7. **Focus area 5** (Strengthened partnerships)**: Gavi will leverage Alliance partnerships to advance campaign optimisation over the course of the strategic period.** First, the Campaign optimisation approach and broader operationalisation of the HCEC work will be integrated into the Alliance-wide change management plan, with regular review of campaign optimisation efforts in the highest-spend countries by Alliance leadership, across all focus areas. In particular, Gavi will work with other donors in HCEC to align on integrated delivery and support evidence generation and lessons learned on campaign optimisation and effectiveness. Gavi will work closely with GPEI to support the integration of M/MR and polio campaigns, using in-country coordination mechanisms and global forums such as the Joint Gavi Alliance-GPEI Leadership Team and the GPEI Strategy Committee. This will include reviewing and expanding country-specific Joint Action Plans, developing a partnership agreement for Gavi-GPEI co-sponsored campaigns, and identifying opportunities to build-on existing best practices in digital payments, campaign microplanning, monitoring, and assessment.

1.8. **Finally, the indicators for the campaign approach will be finalised as part of the Gavi 6.0 Execution Framework** including defining the data sources, and targets. The monitoring, evaluation and learning approach will be agile and adaptive, recognising that additional learnings will emerge over the coming 1-2 years. This will draw on ongoing work such as the Big Catch-Up evaluation and the campaign monitoring learning activities being implemented by Mesurado Group among others. In addition, campaign optimisation and integration has been identified as priority areas for evidence-generation in Gavi 6.0 and thus there is scope for additional work to be commissioned to respond to critical remaining knowledge gaps and further improve the approach.

2. Key risks and proposed mitigation measures

	Key risks	Mitigation measures
	01. Programmatic risks	
SG1	Disease outbreaks may increase if, due to funding constraints, countries deprioritise essential campaigns and alternatives to nationwide campaigns e.g.,	• Apply risk-based decision rules in the IRC review criteria to support use of targeted campaigns/PIRIs only where epidemiological assessments support them and retain nationwide campaigns

	subnational targeted campaigns, Periodic Intensification of Routine Immunisation (PIRIs) do not effectively close immunity gaps.	where immunity gaps remain high or uncertain (Focus area 1) • Use real-time monitoring during targeted campaigns to detect underperformance early and adjust the approach as needed (Focus area 4). • Capture lessons on the implementation of alternatives to nationwide campaigns and their impact on disease control to inform future programme implementation decisions
	Funding constraints at country or Gavi level may disrupt the continuity or introduction of programmes under discretionary budgets	• Strengthen country prioritisation for programmes under discretionary budgets through the single application process • Recommended co-financing option B reduces erosion of discretionary funding compared with the other scenarios considered (Focus area 2).
SG2	Expanding acceptable campaign monitoring and evaluation methods may reduce reliability of coverage data and limit the usefulness of findings for strengthening immunisation programmes.	• Anchor flexibility in a strengthened accountability and quality framework: • Gavi will define a menu of monitoring options that can be used when PCCS are not possible and set minimum quality standards, leveraging findings from the Mesurado Group and others (Focus area 4). ○ Gavi will embed reporting of campaign monitoring indicators in the Gavi 6.0 Execution Framework and the Gavi Accountability Framework (Focus area 4).
SG3	Essential M/MR follow-up campaigns may be deprioritised in PT and AT countries or reduced in scope if countries cannot mobilise campaign co-financing.	• Strengthen early engagement with Ministries of Finance to support budgeting for additional co-financing. • Collaborate with UNICEF to pre-finance time-sensitive campaign doses on a case-by-case basis where possible, and design a fit-for-purpose

		pre-financing mechanism for campaign doses.
SG4	Country demand for campaign vaccines in discretionary programmes may fall significantly or cease, depending on country choices	• Use the single application (covering campaigns for the full strategic period) to improve early visibility and predictability of vaccine demand (Focus area 1).
02.	**Operational Risks**	
	Some Gavi-supported countries may not be ready to adopt digital payments (e.g., low digital maturity, no digital wallet providers or low mobile phone penetration in parts of the country).	• Enable exceptions in fragile and humanitarian settings when digital payment infrastructure does not exist (Focus area 3). • Promote digital payment readiness and, where feasible and funding allows, make catalytic investments to strengthen underlying digital and payment systems (Focus area 3).
	Campaign integration may not be feasible due to health system constraints (e.g., outbreaks, cold-chain limits or insufficient human resources to run concurrent campaigns)	• Assess minimum integration readiness during single-application and campaign operational plan reviews; approve integration only where feasible to avoid unrealistic plans that lead to delays and/or reduced campaign quality (Focus area 1)
	Single-application timelines may be too tight to plan key campaign elements (e.g., targeting decisions and integration with other interventions), limiting holistic planning and favouring delayed campaign timelines.	• Provide technical assistance to support holistic, high-level campaign planning (Focus area 1).

	Stakeholders across the ecosystem (delivery teams, country officials, partners) may not adopt campaign optimisation approaches that Gavi incentivises but does not mandate	• Include campaign optimisation into Alliance-wide change management and review progress indicators regularly • Funding constraints are driving a stronger focus on campaign efficiency, as reflected in the first single applications from pilot countries that included targeted preventive campaigns (Focus area 1). • In-country partners will be briefed and provide relevant support
	Financial risks	
	Integrated campaigns may not deliver the expected efficiencies (e.g., they may require more coordination, longer durations, and higher costs).	• Share lessons learned and integration strategies that have been cost- and time-efficient (e.g., CAS integrated campaigns in Nigeria and Ethiopia). • During application support and review, use realistic, risk-adjusted budgets for integrated campaigns
	Funding constraints may lead countries to deprioritise campaign monitoring and evaluation, as delivery costs are likely to take precedence within the cash budget.	• Allowing for alternative measurement methods to the PCCS that may be lower cost (Focus area 4). • Countries will be encouraged to plan for and implement intra-campaign monitoring as part of their single application, with application review processes and criteria updated to reflect this focus (Focus area 4).