Annex C: Campaign Optimisation Strategic Approach

This Annex provides detailed information on the proposed Campaign Optimisation strategic approach in line with Doc 11 on Campaign Optimisation strategic approach.

1. Theory of change

Figure 1: *Theory of change*

1.1. The Theory of Change (ToC) articulates how the Alliance will deliver improved immunisation outcomes in settings where preventive campaigns remain part of the delivery spectrum. The ToC aligns with the Gavi 6.0 Health Systems Strategy. The approach aims to achieve four key outcomes during Gavi 6.0: (i) Optimised use of immunisation strategies across the delivery continuum, (ii) Improved quality, effectiveness and efficiency of preventive campaigns, (iii) Strengthened use of campaign monitoring to inform immunisation planning and (iv) Improved long-term sustainability of preventive campaigns. Annex A provides more detail, including the proposed monitoring framework.

1.2. To deliver the outcomes outlined in the ToC amid constrained funding, the approach prioritises five focus areas across Gavi's grant-cycle.

2. Focus areas for Campaign Optimisation

2.1. Focus area 1 – Efficient campaign design: The Gavi 6.0 funding model reduces reliance on nationwide standalone campaigns by promoting the design and planning of more efficient alternative delivery strategies where

appropriate through revised grant architecture, funding guidelines and application processes.

New Gavi 6.0 funding architecture: The introduction of the Cash Budget, the Vaccine Budget, and the single application supports more holistic planning and incentivises countries to consider more efficient delivery strategies, such as campaign integration and targeting, and routine strengthening activities where appropriate (see documents 09 and 10). Countries with higher Measles/Measles-Rubella (M/MR) coverage[1] will also have greater flexibility to use the funding range required for M/MR follow-up campaigns for suitable alternative delivery strategies, e.g., sub-nationally targeted campaigns or routine enhancing activities (see document 10).

Guidelines and application process: The Gavi 6.0 application process will steer countries towards more optimised campaign design and planning. Gavi 6.0 Funding guidelines, which already integrate key campaign optimisation principles, will further include a periodically updated Annex on Campaign Optimisation. In parallel, the Independent Review Committee criteria will be updated accordingly. Countries will be able to use technical assistance for holistic planning and application development to plan for more optimised campaigns.

2.2. **Focus area 2 – Campaign co-financing:** It is proposed to adjust the campaign co-financing approach approved by the Board in July 2025, to incentivise more sustainable and integrated planning and delivery. A base co-financing rate will apply to all preventive campaigns exposing countries to campaign vaccine costs. While the PPC was divided between two options for the co-financing rates, it agreed to recommend option 2. Rates would be set at 2% for Initial Self-Financing (ISF), 15% for Preparatory Transition (PT) and 25% for **Accelerated Transition (AT) countries instead of 5% for ISF, 10% for PT and** 20% for AT under the current policy for 2027 preventive campaigns. This will reduce campaign co-financing obligations for ISF countries by US$ 14 million compared to the current policy, while resulting in US$ 3 million savings for Gavi and therefore protecting funding available for Vaccine Budgets.[2] While higher campaign co-financing rates for PT and AT countries raised concerns about potential delays or cancellations of campaigns, the PPC considered it an acceptable risk to offset the reduction of co-financing obligations for ISF countries. Pre-financing of time-sensitive campaign doses by UNICEF will be explored on a case-by-case basis, with a view to mitigating potential risks of co-financing to campaign timeliness. Gavi Secretariat will also collaborate with partners to explore options for new

[1] Defined as countries with MCV1 coverage of 85-90% and MCV2 coverage of 80-90%, in line with 2018 SAGE recommendation on subnational targeting and Gavi Board decision in November 2018. Burundi, Kyrgyzstan, Nepal, Pakistan, Rwanda are Gavi-supported countries meeting these criteria.
[2] Assumes all campaigns are executed as planned in v23.2 forecast. Maintaining current co-financing rates for PT & AT (10% and 20%), while reducing co-financing rate for ISF would lead to a reduction of Gavi funding available for Vaccine Budgets. With the introduction of Vaccine Budgets, and all else being equal, if country co-financing is reduced for a campaign under the guaranteed vaccine budget (M/MR, PCV, HPV), this will increase the cost for Gavi-funded guaranteed vaccine budgets, leaving less Gavi funding for other immunisation priorities.

financing mechanisms to mitigate funding risks associated with large fluctuations in annual co-financing requirements.

To reduce funding spikes for countries in years where more than one campaign is planned and to promote campaign integration, **a 50% reduction in the co-financing rate for at least two integrated Gavi-supported campaigns will be applied**, resulting in additional cost for Gavi of up to US$ 7.5 million over Gavi 6.0[3]. While noting funding constraints, the PPC members provided feedback to broaden the scope of this 50% reduction to other health interventions. Subsequent consultations indicated support for extending the reduction to Gavi-supported campaigns integrated with a non-Gavi supported polio campaign, with an estimated additional financial impact of up to US$ 10.5 million. Should the Board wish to introduce decision language accordingly, the co-financing policy set out in Annex D will be updated accordingly.[4]

2.3. **Focus area 3 – Digital solutions and electronic payments:** Reliance on analogue systems for campaign planning and implementation in Gavi 5.0/5.1 contributed to recurring issues, with cash payments posing significant accounting losses, delays, misuse and security risks. Therefore, it is proposed to accelerate the transition to digital solutions in countries where these are not yet in place. From September 2026, countries and partners applying for support to conduct preventive campaigns, whether through standalone or holistic country applications, will be required to use digital payments as the default mechanism for campaign worker payments in settings where digital ecosystem maturity is sufficient.[5] Consistent with PPC feedback, where this is not yet feasible, countries will be required to provide campaign specific electronic payment readiness assessments and transition plans.[6] The ambition is to achieve the full adoption of electronic payments across all Gavi-supported campaigns as soon as feasible, and no later than 2028, recognising that exceptions at the subnational level and in a subset of countries with currently very nascent systems may persist. To enable this ambition, the Alliance will support countries leveraging existing digital payment platforms such as polio campaign infrastructure (see Focus area 5) and to align payment systems and operational standards with partners and

[3] Given financial constraints, the co-financing reduction is limited to selected interventions, easing countries' co-financing burden while supporting new integration opportunities. Countries will continue to be encouraged to integrate campaigns with other health interventions (e.g. deworming or vitamin A).
[4] Amended language in the co-financing policy would read: For (a) two or more Gavi-supported immunisation campaigns or (b) a single Gavi-supported immunisation campaign with a non-Gavi supported polio immunisation campaign that are implemented under an integrated budget and with services delivered in a coordinated manner through the integration of one or more core campaign activities (e.g., integrated design, planning, social mobilisation, vaccine administration, supervision, monitoring or evaluation) within a 12-month-period, country co-financing requirements shall be reduced by 50% from the applicable shares. This definition does not replace the normative definition of integration established by WHO.
[5] Digital maturity criteria will be further defined in the Gavi Funding Guidelines with input from a dedicated Alliance Working Group to align with best practice
[6] Third-party to conduct country readiness assessment, working with partners and other funders among others. Assessments to be funded through the Global & Regional Solutions funding in the Foundational Fund contingent on availability and prioritisation of funding for this use case.

donors such as The Global Fund, minimising fragmentation. The Alliance will also encourage digital payment systems to comply with applicable national data protection laws and principles and to meet interoperability and identity-management standards. Joining the UN partnership Better Than Cash Alliance will support the Gavi Secretariat in accelerating the responsible digitisation of payments and develop inclusive digital payments ecosystems at country level[7]. In parallel, the Alliance will promote the adoption of digitised planning and monitoring tools including for integrated microplanning, readiness and preparedness assessment, health records and real-time monitoring (see Focus area 4)[8].

2.4. **Focus area 4 – Country-centred and integrated monitoring:** Campaign monitoring remains weak in many Gavi-eligible countries with limited integration with routine immunisation (RI), and limited use for real-time corrective actions, learnings across campaign cycles, or strengthening of RI. This will be addressed through more integrated, action-oriented and country-centred monitoring.

Country-centred monitoring: While Post-Campaign Coverage Survey (PCCS) remains the gold-standard for campaign evaluation, PCCS are not conducted systematically and are often viewed as a donor requirement. In Gavi 6.0, countries will be able to select context-appropriate monitoring methods from a menu of options (see Annex A). Accountability on campaign reporting is included in the Grant Accountability Framework (GAF) and the Partner Accountability Framework (PAF), with indicators monitoring preventive campaigns performance (e.g., timeliness of implementation, vaccination coverage, with estimated coverage through administrative data where PCCS are not available).

Integrated and action-oriented monitoring: Countries will be encouraged to implement real-time and rapid convenience monitoring to track readiness and enable timely corrective actions during campaigns funded through their Cash Budgets. Catalytic support for integrated data systems may be provided on a case-by-case basis, subject to country priorities and funding availability. The Alliance will also advocate for policy changes that strengthen linkages between campaigns and routine, e.g. integrated health records, and improved capture of campaign data within routine systems.

2.5. **Focus area 5 – Strengthened partnerships**: Gavi Secretariat will strengthen its partnerships within and beyond the Alliance to support more integrated delivery of health interventions including:

Partnership with the Global Polio Eradication Initiative (GPEI): The Alliance will deepen its collaboration with GPEI, including through continued support for country-level Joint Action Plans, and transition planning where

[7] UN alliance promoting digital payments and supporting with standards and technical assistance for roll-out.
[8] The approach will encourage the tools adopted by countries will be interoperable with and capture campaign data into routine health information systems to strengthen routine immunisation and avoid parallel data systems.

relevant, to further integrate polio and Gavi-funded campaign activities (see Focus area 2). Gavi Secretariat will also seek to establish a partnership agreement that articulates roles for co-sponsored integrated campaigns, including for M/MR and polio; and for the systematic identification and reference of zero-dose and under-immunised children. The Alliance will work with GPEI to align operations at the last mile (see Focus area 3).

Alliance change management: Campaign optimisation drawing on emerging evidence from the HCE Coalition[9] and other learning platforms, will be embedded in Gavi 6.0's broader change management approach and Grant Management Reform roll-out, with Alliance partners helping to identify and generalise key lessons. At country-level, the Alliance will provide better recognition of effective country leadership on campaign optimisation

3. Cost considerations & next steps

3.1. **Additional costs will be absorbed within existing Gavi funding envelopes.** The updated co-financing approach is estimated to cost Gavi US$ 4.5 million without applying the 50% co-financing reduction to polio, and up to US$ 15 million[10] with polio included. These costs will be absorbed within the Vaccine Budget (see doc 09 and 10). In addition, a US$ 9 million use case to catalyse investments in a targeted subset of countries to set-up and roll-out digital platforms will be prepared for Global/Regional Solutions funding within the Foundational Fund. All use cases are subject to prioritisation and funding availability within the Global/Regional Solutions.

3.2. **Pending Board approval, implementation of the approach will begin immediately building on the Gavi 6.0 rollout and Grant Management Reform already underway**. This will include updates to grant management tools (e.g. Annex to Gavi 6.0 Funding Guidelines), processes (e.g. IRC review criteria) and monitoring frameworks as well as strengthened partner engagement throughout Gavi 6.0. Operationalisation of the approach will also require sustained high-level Alliance leadership throughout the strategic period. Details on implementation, risk and mitigation measures are set out in Annex B.

3.3. **The approach will be monitored through the Gavi 6.0 Execution Framework through indicators outlined in Annex A** to provide transparency, strengthen accountability and enable course correction.

[9] The HCEC supports countries, funders and implementers to improve the effectiveness of health campaigns. Gavi is part of the coalition and this approach builds on HCEC recommendations for campaign effectiveness.
[10] -US$ 3 million savings for Gavi from recalibrated co-financing rates (option 2), +US$ 7.5 million additional cost for Gavi from 50% co-financing reduction for campaign integration, and another +US$ 10.5 million additional cost for polio integration. Final amount contingent on country decisions to integrate preventive campaigns.