

11 - ANNEX A – SUPPLEMENTARY INFORMATION

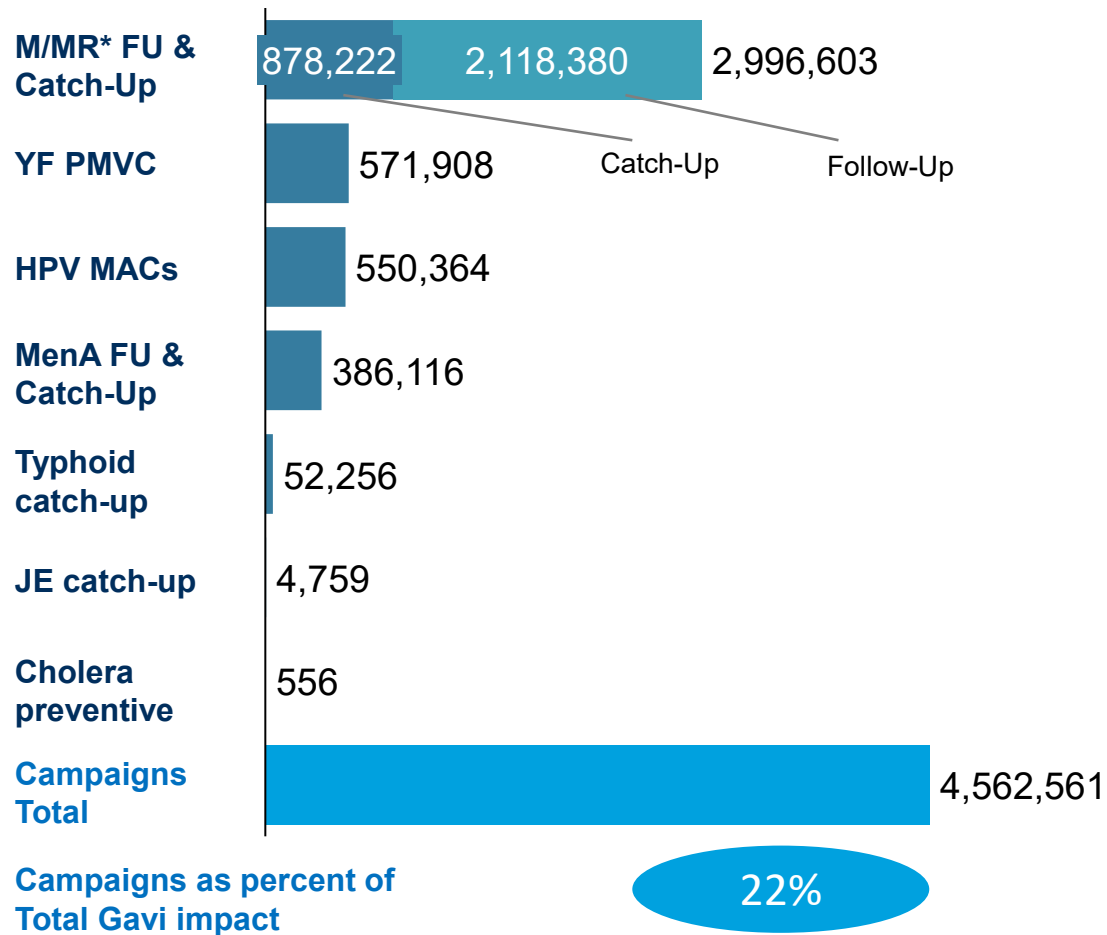
BOARD MEETING
1-2 July 2026, Geneva, Switzerland

Overview

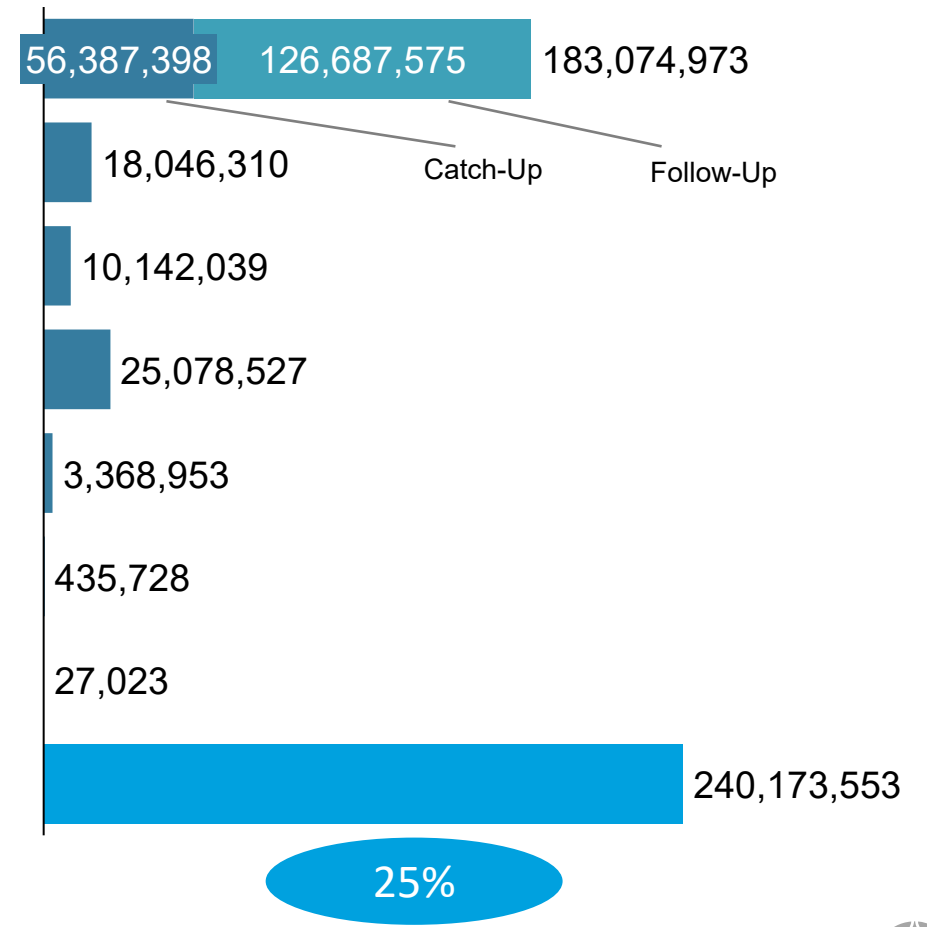
- 1. Situational analysis**
- 2. Theory of Change & Monitoring Framework**
- 3. Focus Area 2. Options for co-financing on preventive campaigns**
- 4. Focus Area 4. Potential options for campaign monitoring methodology**

Impact | ~ 5M deaths and 240M DALYs have been averted through Gavi's support for preventive campaigns since 2000

Deaths averted with Gavi supported campaigns, 2000-2024



DALYs averted with Gavi supported campaigns, 2000-2024

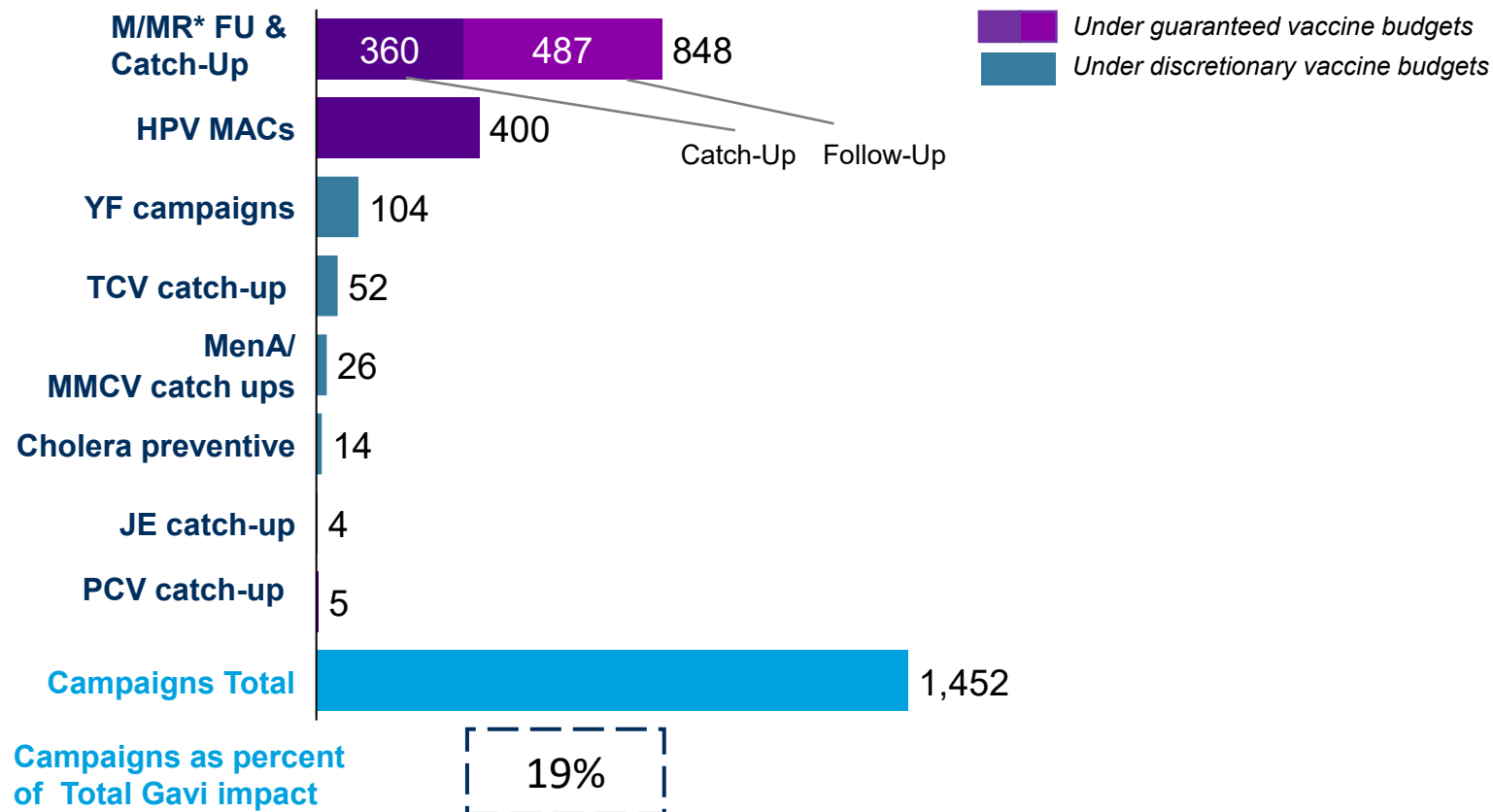


*Rubella figures cannot be separated by campaign versus routine delivery, so results include the impact of routine Rubella vaccination. However, Rubella accounts for only a small share of the overall impact of M/MR preventive campaigns—about 11% of deaths averted and 14% of DALYs averted.

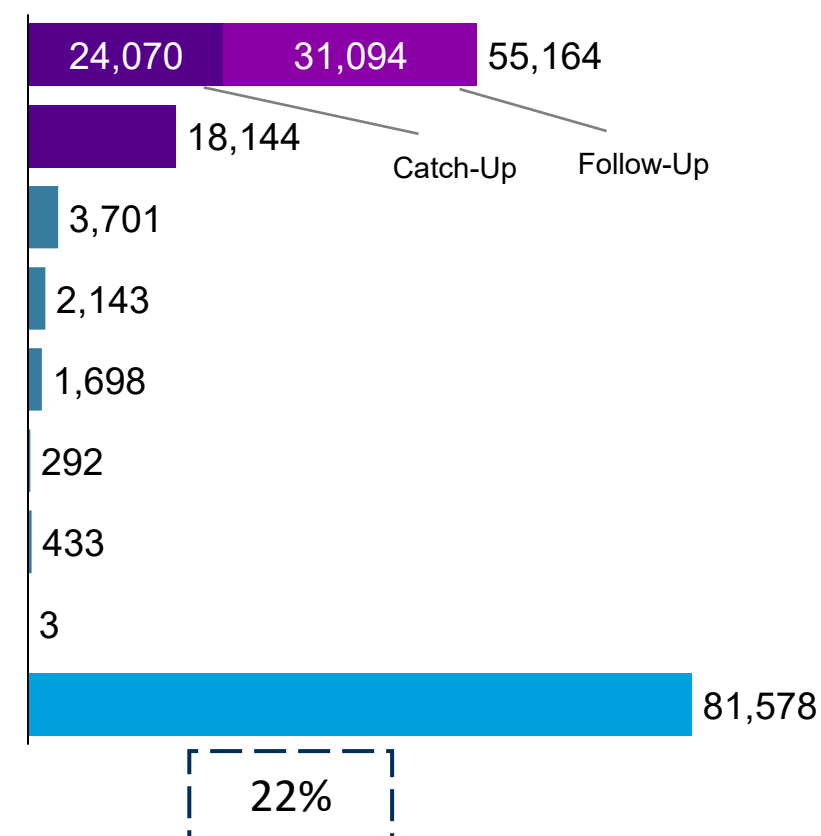
Source: VIMC modelling of Gavi program data.

Impact | In 6.0, ~1.5 million Deaths and ~82 million DALYs could be averted through preventive campaigns, i.e., ~20% of Gavi's impact

Deaths averted with Gavi preventive campaigns, 2026-2030, v23.1 forecast, thousands



DALYs averted with Gavi preventive campaigns, 2026-2030, v23.1 forecast, thousands



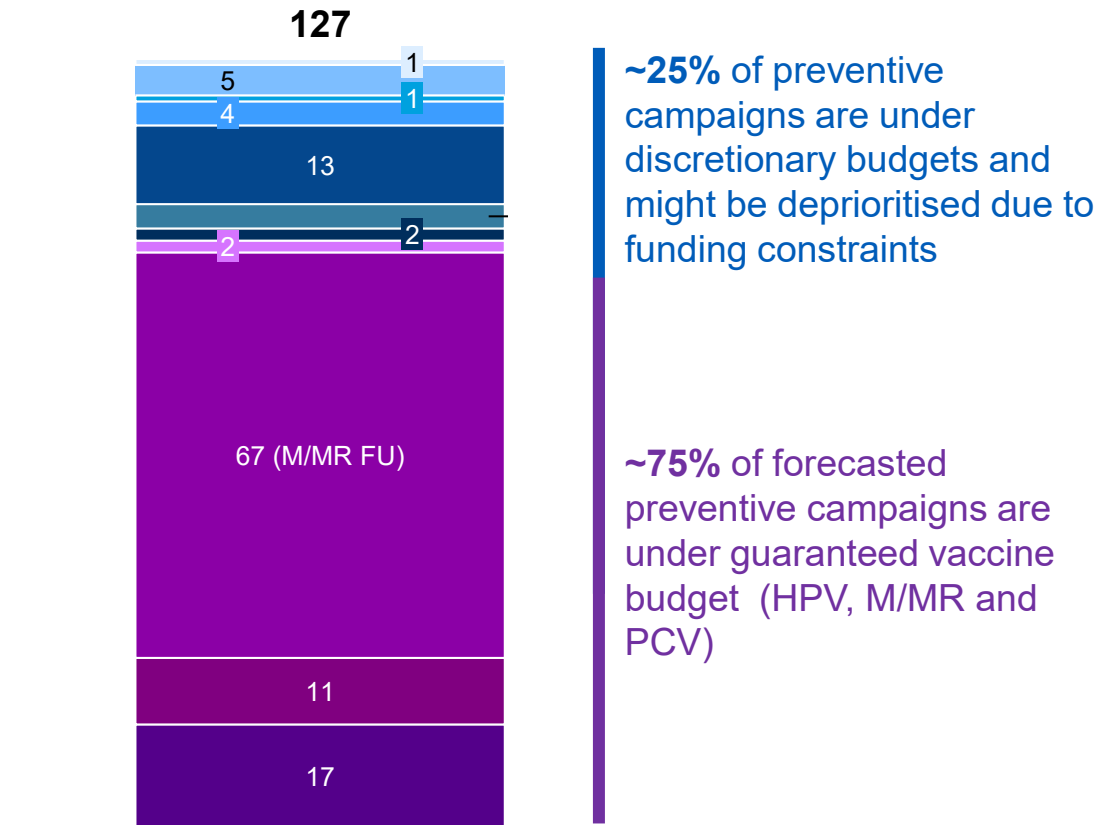
Health impact estimates assume that all the introductions & launches happen per the v23.1 forecast despite funding constraints

*Rubella figures cannot be separated by campaign versus routine delivery, so results include the impact of routine Rubella vaccination. However, Rubella accounts for only a small share of the overall impact of M/MMR preventive campaigns—about 11% of deaths averted and 14% of DALYs averted.

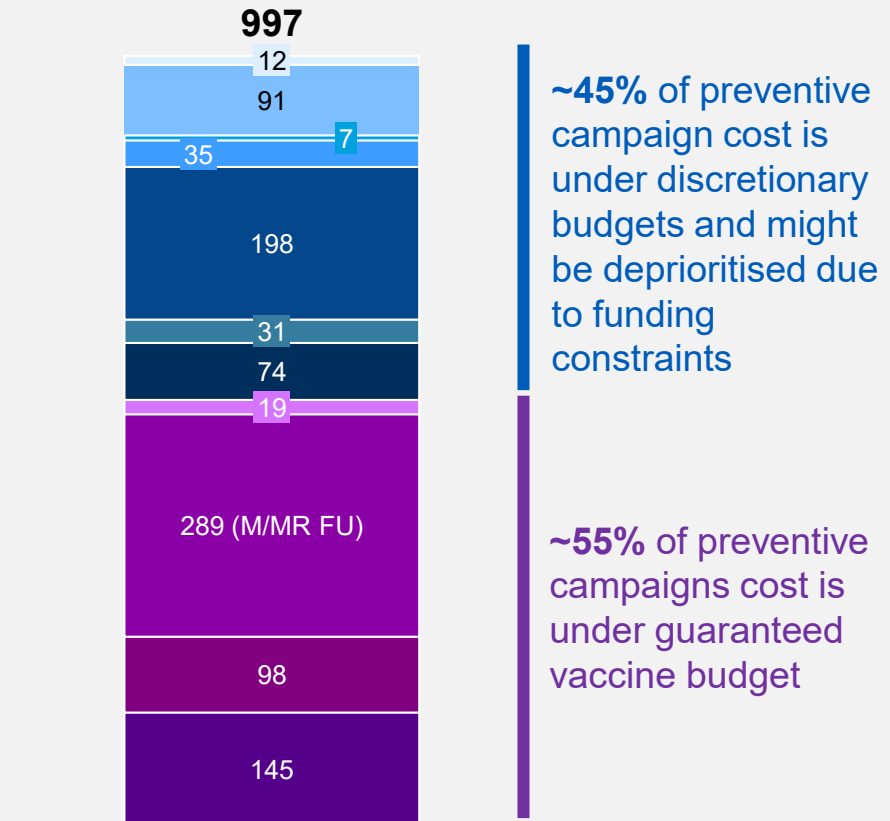
Source: VIMC modelling of Gavi program data.

Scope | ~ 127 preventive campaigns were expected to be supported by Gavi in 6.0; this number will be lower due to funding constraints

Estimated number of Gavi 6.0 preventive campaigns by vaccine programme, # of campaigns, v23.2 forecast



Preventive campaigns vaccine procurement cost to Gavi in 6.0 under v23.2 forecast, US\$ million



JEV MenA-Mini Catch-up OCV-Mass YF-Mass Campaign MR Follow up HPV-MAC
 MMCV-Campaign TCV-Catch-up YF-Mini Catch-Up PCV-Catch-up MR-Catch-up

Challenges | Campaigns are essential to close immunity gaps, but persistent challenges continue to limit their optimal use

Deep-dives to follow

NON-EXHAUSTIVE, FOCUS ON CHALLENGES GAVI CAN ACT ON AMID FUNDING CONSTRAINTS



Nationwide standalone campaigns still predominant even where more efficient alternative designs would be appropriate



Campaigns are often not integrated with other campaigns and with routine immunisation



Countries have faced limited exposure to campaign vaccine costs



Reliance on analogue systems for payments and campaign planning and implementation contributes to implementation delays, loss and misuse of funds and security risks



Campaign monitoring tends to be weak, fragmented from routine immunisation and not systematically used to inform corrective actions



Coordination among Alliance global, regional and country level partners needs improvements to drive integrated campaign delivery strategies up to the last mile

Challenges | Several delivery strategies on the continuum from routine to campaigns remain under-used – Example of M/MR

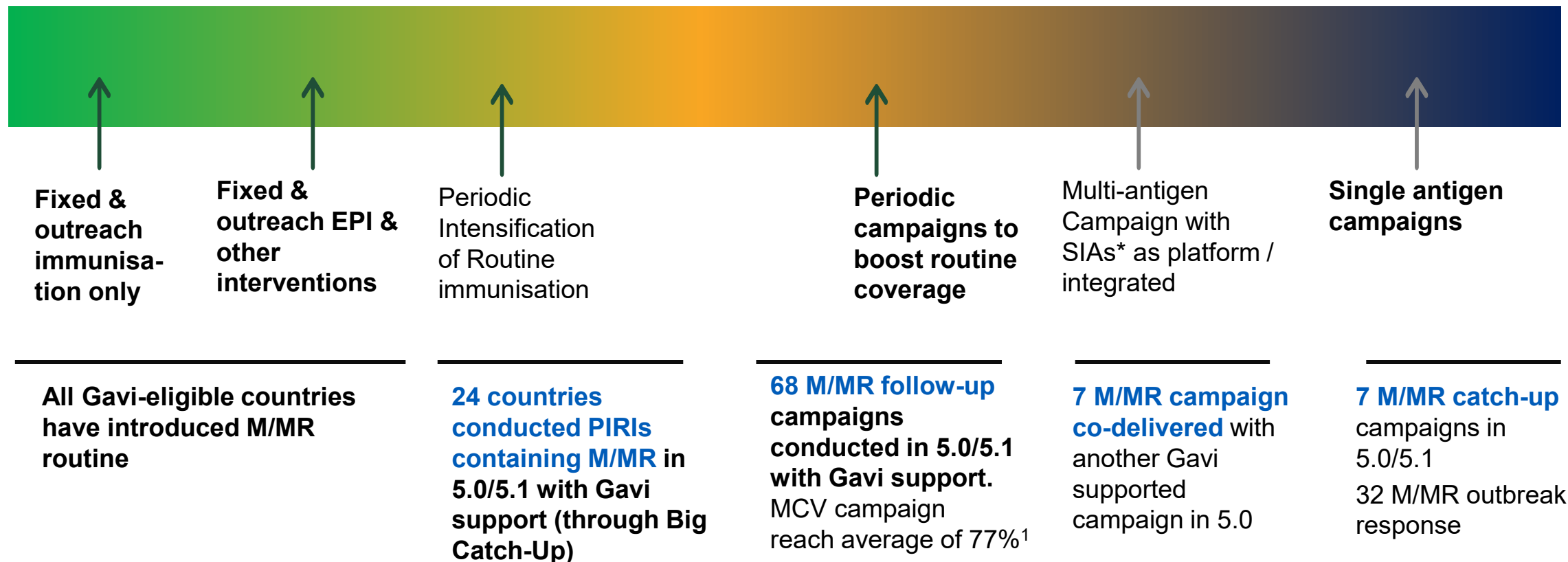
Immunisation delivery strategy Continuum in Gavi-eligible countries in 5.0/ 5.1

Routine Single
Intervention

Routine
Integrated

Campaign
Integrated

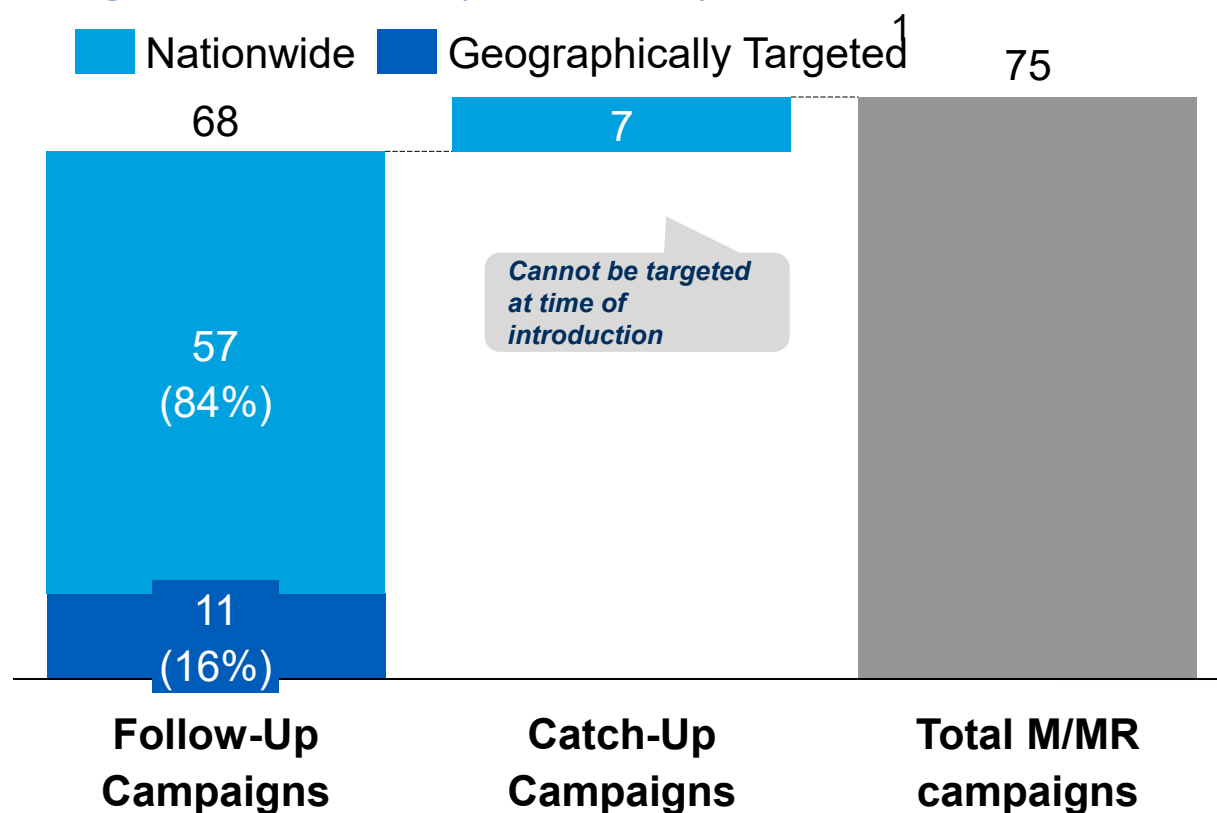
Campaign Single
Intervention



1. 2024 metric reported in Gavi 5.0 Balance Scorecard

Challenges | 16% of Gavi M/MR FU campaigns were targeted in 5.0

Number of Gavi supported M/MR campaigns, Gavi-eligible countries (2021-2025)



Limited targeting of M/MR campaigns either selective or sub-nationally explained by:

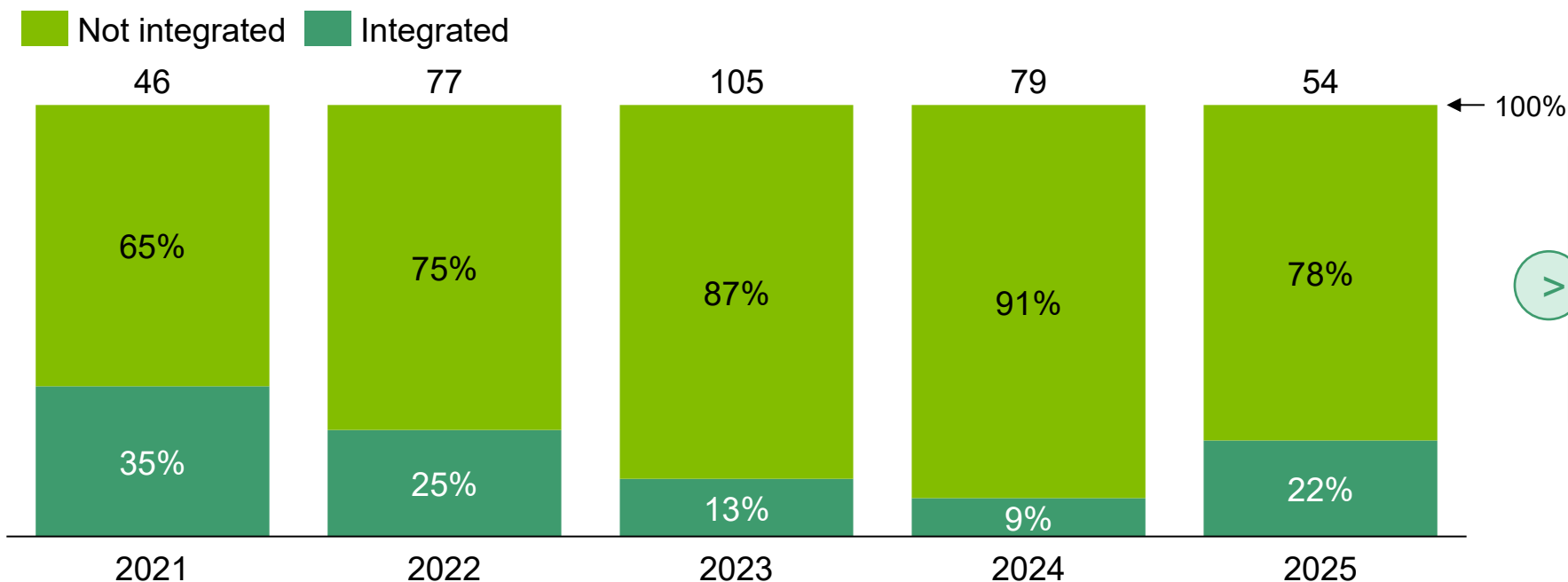
- **Poor quality of health records** including non-retention of vaccine cards and inconsistent recording of supplement doses – limiting selective targeting
- **Lack of quality, well-triangulated surveillance data** to enable prioritisation of high-risk districts without risking outbreaks or coverage backsliding, nationwide campaigns used to mitigate risk

1. Only Eritrea conducted a selectively targeted campaign, the rest of the targeted campaigns were targeted geographically

Source: Gavi Internal MMR program data, IVAC Measles Learning Agenda

Challenges | M/MR campaigns are often standalone and not integrated with other antigens

Global M/MR campaigns by integration status
(co-delivery with another antigen)¹ (2021-2025)



Only 18% of Measles campaigns between 2021-2025 were integrated with another vaccine delivery suggesting persistent missed opportunities for integration

Analysis from IA2030 identified that 30-60% of campaigns had potential integration opportunities in countries with frequent missed opportunities
M/MR + OPV; IPV + OPV, OPV + Td

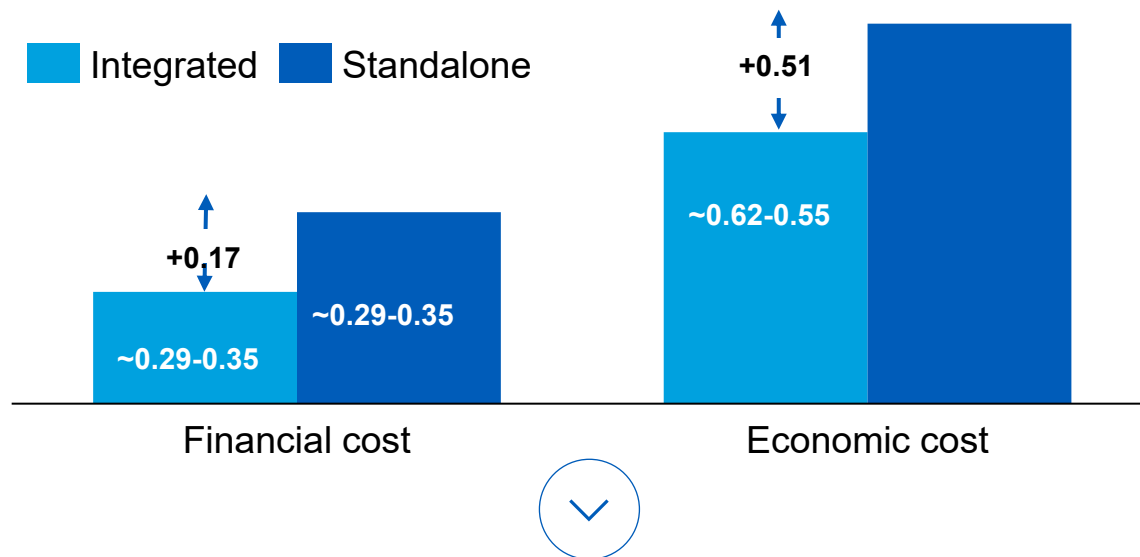
1. Includes campaigns not supported by Gavi and in non-Gavi countries

Source: Health Campaign Effectiveness Coalition, IA2030 2019-2023

Challenges | Standalone campaigns are missed opportunities to unlock efficiencies and greater health equity

Nigeria Case Study

Financial and economic cost per vaccine dose delivered in Nigeria integrated vs standalone campaign, USD¹



Integrated yellow fever and MenA campaign had lower financial and economic cost than the modelled cost of standalone campaigns¹

Additional evidence from the HCE CAS shows that integrated campaigns are

- Cost effective
- Better at reaching zero-dose individuals
- Have no negative impact on campaign coverage
- Have no negative impact on safety of beneficiaries
- **Integration is not cost-saving by default**

1. Boonstoppel, L., et al. [Cost of integrated immunization campaigns in Nigeria and Sierra Leone: bottom-up costing studies](#). *BMC Health Serv Res* **24**, 1334 (2024).

Source: Health Campaign Effectiveness Coalition

Challenges | Countries have faced limited exposure to campaign vaccine cost

Overview of co-financing policy on routine and campaigns in Gavi 5.0 & 6.0



	Co-financing on routine doses in 5.0 and 6.0	Co-financing on preventive campaigns in 5.0	Co-financing on preventive campaigns in 6.0 [status quo]
Initial Self-Financing Countries (ISF)	US\$ 0.20 cts per dose; exception for PCV & HPV	M/MR follow-up: 2% Other campaigns: 0%	All preventive campaigns: 5%
Preparatory Transition (PT)	x1.15 annual increase compared to previous year	M/MR follow-up: 5% Other campaigns: 0%	All preventive campaigns: 10%
Accelerated Transition (AT)	Linear increase to full price over 8 years	M/MR follow-up: 2% Other campaigns: 0%	All preventive campaigns: 20%

In 6.0, countries will have more exposure to campaign vaccine cost with the introduction of co-financing on all preventive campaigns ensuring that countries progressively take on a growing share of their immunisation programmes as their fiscal capacity increases

Source: UNICEF, Gavi Vaccine Budget, ELTRACO policy

Challenges | Under the current policy, Initial Self-Financing countries face a disproportionately higher increase in co-financing

Additional % and absolute increase in campaign Co-financing obligations compared to Routine Co-Financing obligations, v23.1 forecast, US\$ million

Assumes all forecasted campaigns in v23.1 forecast are conducted in Gavi 6.0

	Campaign co-financing additional % to routine co-financing obligations	Absolute increase linked to campaign co-financing
Initial Self-Financing countries	10%	27.09 million
Preparatory Transition (PT) countries	2.5%	36.9 million
Accelerated transition (AT) countries	5%	17.7 million

Current co-financing rate set at 5%, 10% and 20% for ISF, PT and AT countries results in increased co-financing burden especially for ISF countries leading the PPC to pause the implementation of the policy in these countries for 2026

Challenges | Reliance on analogue systems undermines campaign effectiveness

NON-EXHAUSTIVE

Challenges associated with analogue systems

Campaign cash payments

- Increased risk of financial leakage
- Increased risks of embezzlement and fraud
- Inadequate accountability and transparency
- Lower trust in the health system
- High administrative costs
- Delays in campaign implementation

Campaign Planning and implementation

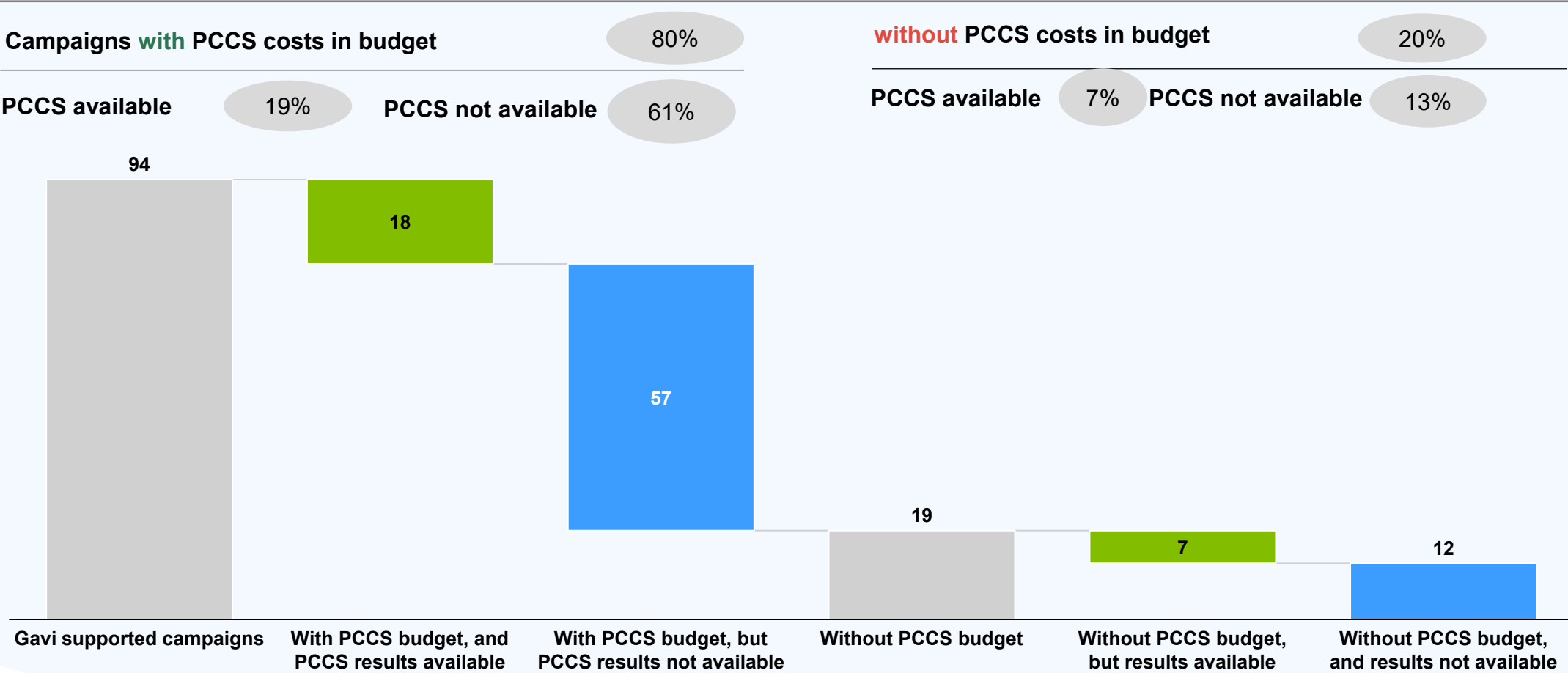
- Loss in data
- Transparency issues
- Delays in campaign implementation
- Inadequate integration and course corrective actions



Source: Waiswa P., et al. Digitising payments for campaign health workers in Africa: the promise and the path to sustainable scale. *BMJ Global Health*. 2026;10:e022678. <https://doi.org/10.1136/bmjgh-2025-022678>

Challenges | Only 20% of Gavi supported campaigns with PCCS costs in budget has PCCS results available

Number of campaigns budgeting for Post Campaign Coverage Survey (PCCS) costs, #
n = 94¹ Gavi 5.0 supported campaigns



Methodology: We conducted a key words search across all campaign activity descriptions for campaigns supported in Gavi 5.0 covering following key words: Coverage, Couverture, PCCS, EPCR, PIE, Post Introduction Evaluation, Enquête, Enquete, Survey, Evaluation, évaluation to account for both French and English applications (accounting for potential omission of accents)

Challenges | Real-time data monitoring and active supervision are key to enable course-corrective actions during campaigns

Madagascar case study

Context

- MCV, OPV and Big Catch-up integrated in single campaign in October 2024
- **Real time monitoring used with daily national supervision and follow-up**



Approach

- **Data identified that campaign not reaching enough children within first few days of campaign**
- **Supervisors at national level adapted the delivery strategy midway in the campaign by pivoting to block-to-block strategy**

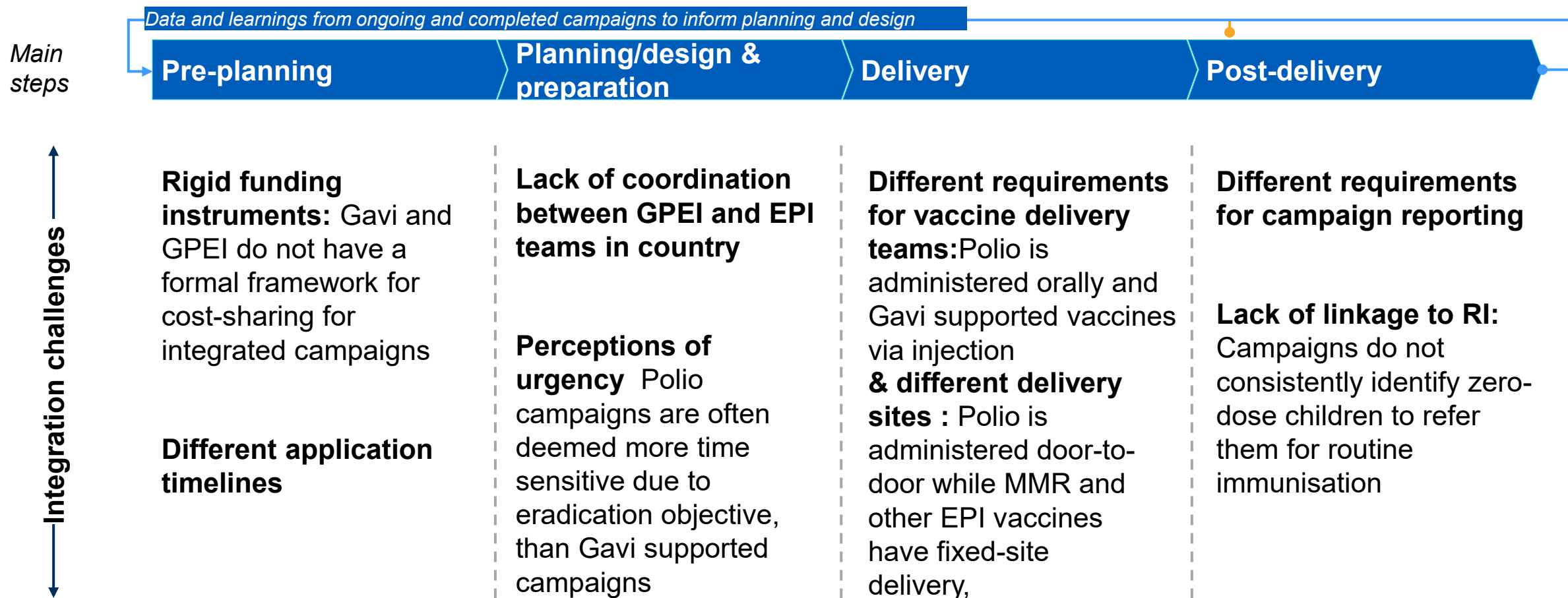


Lessons learnt

Real-time monitoring:

- **Facilitated responsiveness to adapt delivery approaches as needed during the campaign.**
- **Helped to reach zero-dose and under-vaccinated children** and avoided implementing campaign strategy that would have missed these children
- **Revealed community dynamics:** communities expect door to door vaccination and fixed sites strategy do not do well

Challenges | Coordination among partners could be improved to facilitate integration: GPEI and Gavi



Source: Gavi consultations

Overview

1. **Situational analysis**
2. **Theory of Change & Monitoring Framework**
3. **Focus Area 2. Options for co-financing on preventive campaigns**
4. **Focus Area 4. Potential options for campaign monitoring methodology**

Theory of change

LEVERS

Funding architecture

Funding Guidelines and Tools

Application review and approval

Co-financing policy

Grant Implementation monitoring

Cross-cutting partnerships

FOCUS AREAS

- Promote **efficient campaign design alternatives** to nationwide unintegrated campaigns
- Adjust **co-financing rates for more sustainable and integrated campaigns**
- Accelerate transition to **digital solutions and electronic payments**
- Support **country-centered, integrated and action-oriented monitoring**
- Strengthen **partnerships to drive more integrated delivery strategies**

OUTPUTS

- Increased adoption of efficient immunisation delivery strategies across the delivery continuum
- Improved planning, coordination and integration between campaigns and routine immunisation
- Improved integration in planning and delivery across campaigns & targeting of campaigns
- Improved timeliness of campaigns
- Improved quality of data collection and choice of monitoring methodology
- Enhanced financial transparency and accountability for campaign resources
- Increased domestic resource mobilisation for preventive campaigns

OUTCOMES

Optimal use of immunisation strategies

Improved quality, effectiveness, and efficiency of campaigns

Strengthened use of campaign monitoring to inform immunisation planning

Improved long-term sustainability of campaigns

GOALS

SG1:
Introduce and scale up vaccines

SG2:
Strengthen health systems to increase equity in immunisation

SG3:
Improve programmatic & financial sustainability

Monitoring framework

Key Outcomes

- Optimal use of immunisation strategies across the delivery continuum

Indicators^{1,2}

Number/percentage of campaigns providing RI antigens to catch up missed children

Campaign coverage achieved

Number and % of campaigns that are partially or fully integrated

% of campaigns implemented at time of recommended campaign for M-MR

% of campaign effectiveness and quality criteria met (criteria TBD e.g., subnational targeting, use of digital payments³)

- Strengthened use of campaign monitoring to inform immunisation planning

Number/ % of countries doing Rapid Convenience Monitoring during their campaign

Campaigns with post-campaign review submitted within 4-8 weeks of the end of the campaign in the last 6 months

- Improved long-term sustainability of campaigns

Number of Launches vs. Forecast (disaggregated by # of campaigns and # of Introductions)

1. Indicators will be updated and operationalised as part of the finalisation of Gavi 6.0 Execution Framework / Gavi Leap Dashboard (EF)

2. Target setting for the indicators is part of the broader Execution Framework process that is currently underway

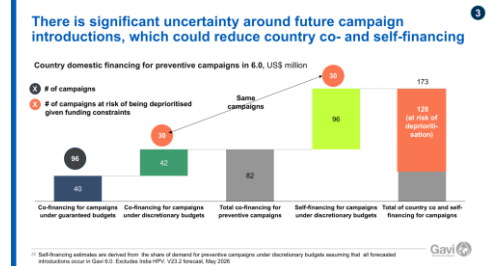
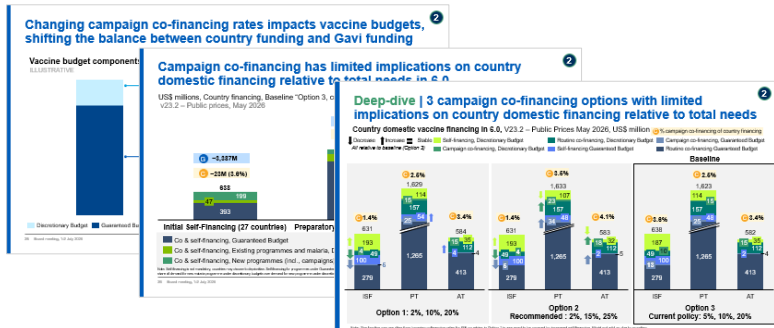
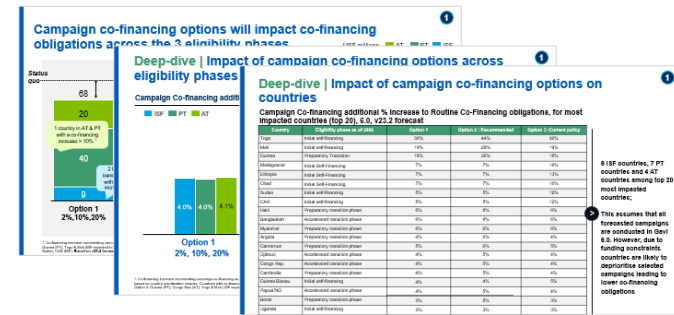
3. To be confirmed, for 2027 reporting once campaign optimisation approach developed and approved

Overview

1. **Situational analysis**
2. **Theory of Change & Monitoring Framework**
3. **Focus Area 2. Options for co-financing on preventive campaigns**
4. **Focus Area 4. Potential options for campaign monitoring methodology**

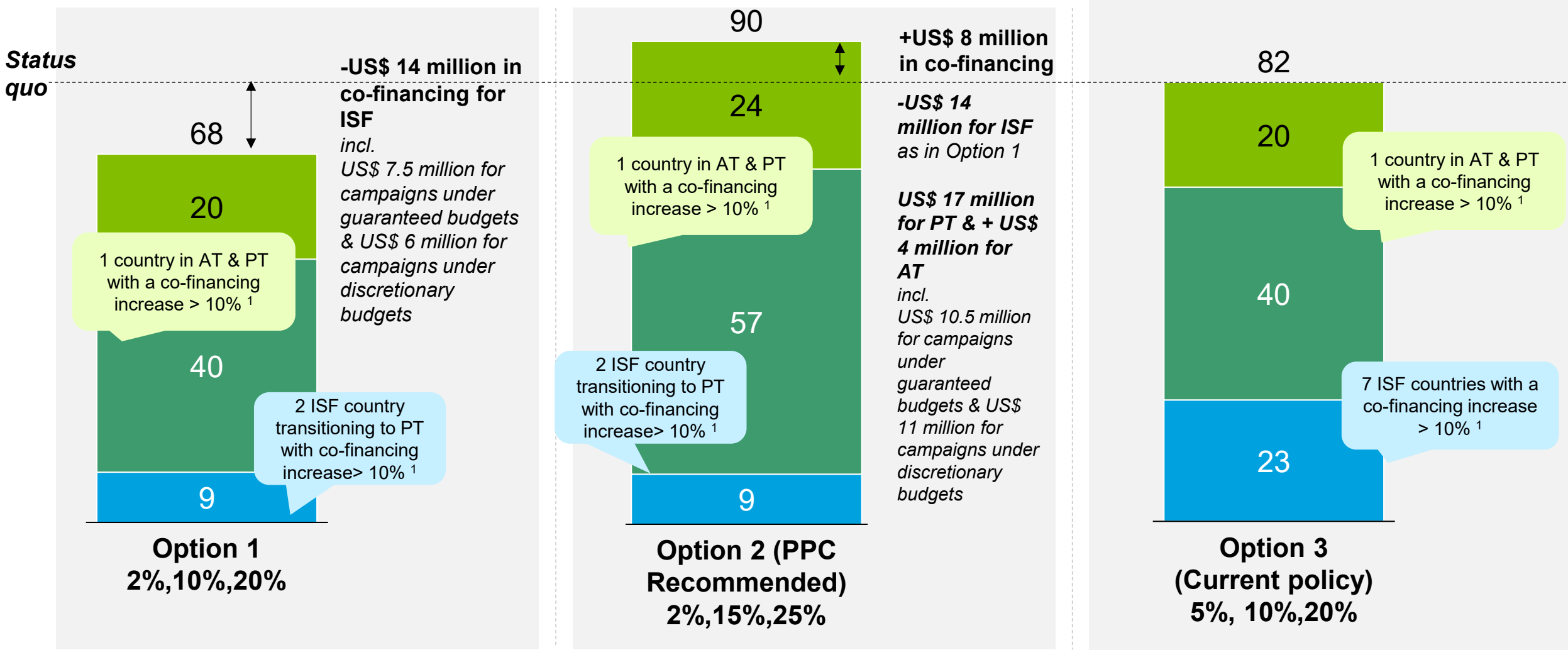
Impact of campaign co-financing options is complex & creates trade-offs in a constrained, uncertain environment

- 1 The implications on countries of the campaign co-financing options differ based on eligibility phase**, with option 1 reducing co-financing for all while option 2 offsets reduced co-financing for ISF with increased co-financing for AT/ PT.
- 2 Changing co-financing rates also impacts vaccine budgets**, shifting the balance between country funding and Gavi funding. **Relative to total domestic financing needs, there is limited difference between the three campaign co-financing options.**
- 3 Due to vaccine budget constraints, countries may deprioritise some campaigns, with far greater impact on domestic financing than campaign co-financing.**



Campaign co-financing options will impact co-financing obligations across the 3 eligibility phases

US\$ millions ■ AT ■ PT ■ ISF

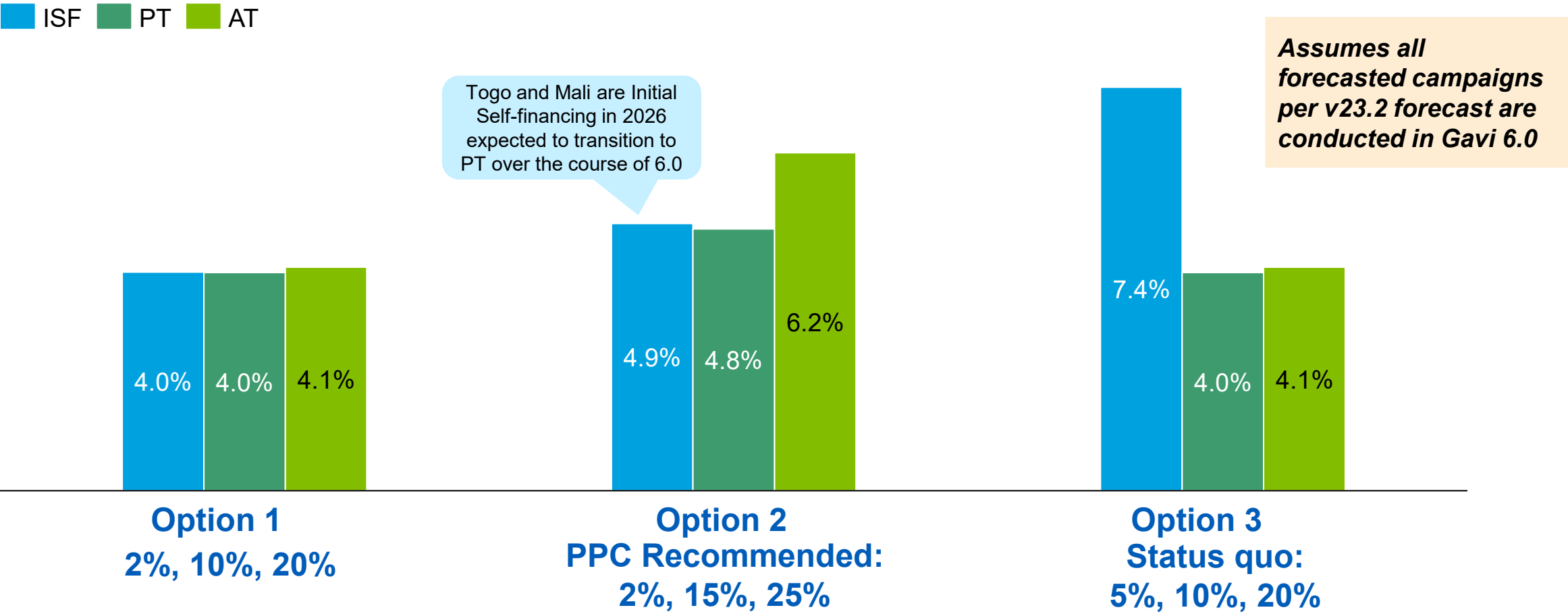


1. Co-financing increase representing campaign co-financing as a share of routine co-financing. Number of campaigns implemented and distribution across eligibility phases are expected to change based on country prioritisation choices Option 1: : Guinea (PT), Togo & Mali (ISF expected to transition to PT in 6.0); Option2: Guinea (PT), Togo & Mali (ISF expected to transition to PT in 6.0); Option 3: Guinea (PT),, Togo & Mali (ISF expected to transition to PT in 6.0), Madagascar, Ethiopia, Tchad, Sudan, CAR (ISF). **Based on v23.2 forecast.** Numbers might not add up due to rounding

1

Deep-dive | Impact of campaign co-financing options across eligibility phases

Campaign Co-financing additional % increase to Routine Co-Financing obligations, 6.0 v23.2 May 2026



1. Co-financing increase representing campaign co-financing as a share of routine co-financing. Countries classified based on 2026 eligibility phase Number of campaigns implemented and distribution across eligibility phases are expected to change based on country prioritisation choices. Countries with co-financing increase over 10% include Option 1: : Guinea (PT), Togo & Mali (ISF expected to transition to PT in 6.0); Option2: Guinea (PT), Togo & Mali (ISF expected to transition to PT in 6.0); Option 3: Guinea (PT), Congo Rep (AT), Togo & Mali (ISF expected to transition to PT in 6.0), Madagascar, Ethiopia, Tchad, Sudan, CAR, (ISF). **Based on v23.2 forecast.** Numbers might not add up due to rounding

Deep-dive | Impact of campaign co-financing options on countries

Campaign Co-financing additional % increase to Routine Co-Financing obligations, for most impacted countries (top 20), 6.0, v23.2 forecast

Country	Eligibility phase as of 2026	Option 1	Option 2 : Recommended	Option 3 : Current policy
Togo	Initial self-financing	30%	44%	30%
Mali	Initial self-financing	19%	28%	19%
Guinea	Preparatory Transition	18%	26%	18%
Madagascar	Initial Self-Financing	7%	7%	18%
Ethiopia	Initial Self-Financing	7%	7%	13%
Chad	Initial Self-Financing	7%	7%	16%
Sudan	Initial self-financing	5%	5%	12%
CAR	Initial self-financing	5%	5%	12%
Haiti	Preparatory transition phase	6%	8%	6%
Bangladesh	Accelerated transition phase	6%	8%	6%
Myanmar	Preparatory transition phase	6%	6%	6%
Angola	Preparatory transition phase	4%	6%	4%
Cameroun	Preparatory transition phase	5%	6%	5%
Djibouti	Accelerated transition phase	4%	5%	4%
Congo Rep.	Accelerated transition phase	4%	5%	4%
Cambodia	Preparatory transition phase	4%	5%	4%
Guinea Bissau	Initial self-financing	4%	4%	5%
Papua NG	Accelerated transition phase	4%	5%	4%
Benin	Preparatory transition phase	3%	5%	3%
Uganda	Initial self-financing	3%	3%	3%

9 ISF countries, 7 PT countries and 4 AT countries among top 20 most impacted countries;



This assumes that all forecasted campaigns are conducted in Gavi 6.0. However, due to funding constraints countries are likely to deprioritise selected campaigns leading to lower co-financing obligations

Changing campaign co-financing rates impacts vaccine budgets, shifting the balance between country funding and Gavi funding

Vaccine budget components

ILLUSTRATIVE



Discretionary budget

- When Gavi reduces co-financing for campaigns in the **discretionary budget**, **countries do not receive extra funding**¹. Instead, they can shift more of their own discretionary budget into campaigns
- This **may crowd out other discretionary programmes unless countries increase their self-financing**

Guaranteed budget

- When Gavi reduces co-financing for campaigns in the **guaranteed budget** (M/MR, HPV MAC, PCV Catch-up), a funding gap for Gavi will emerge.
- **To cover the gap**, either Gavi will need to identify **additional resources or countries will need to increase domestic financing** (co- or self-financing)

Discretionary Budget Guaranteed Budget

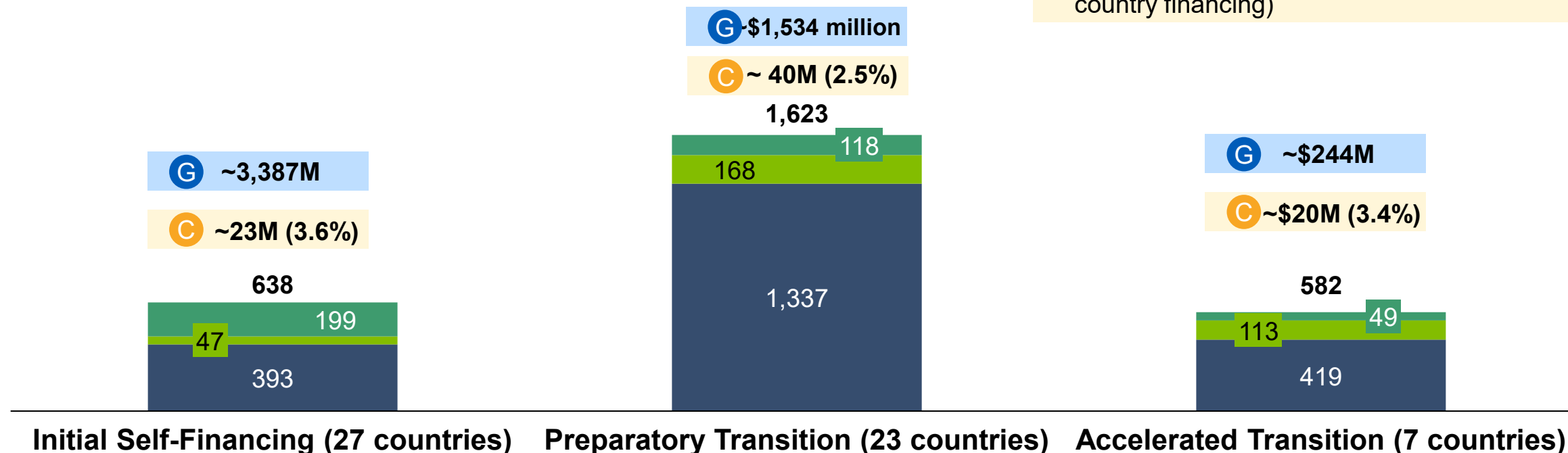
1. Except for ISF campaigns covered by ISF Floor in Discretionary Budget

Campaign co-financing has limited implications on country domestic financing relative to total needs in 6.0

US\$ millions, Country financing, Baseline “Option 3, current policy”
v23.2 – Public prices, May 2026

G Gavi support, current policy

C Amount for campaign co-financing (% of total country financing)



- Co & self-financing, Guaranteed Budget
- Co & self-financing, Existing programmes and malaria, Discretionary Budget
- Co & self-financing, New programmes (incl., campaigns) Discretionary Budget

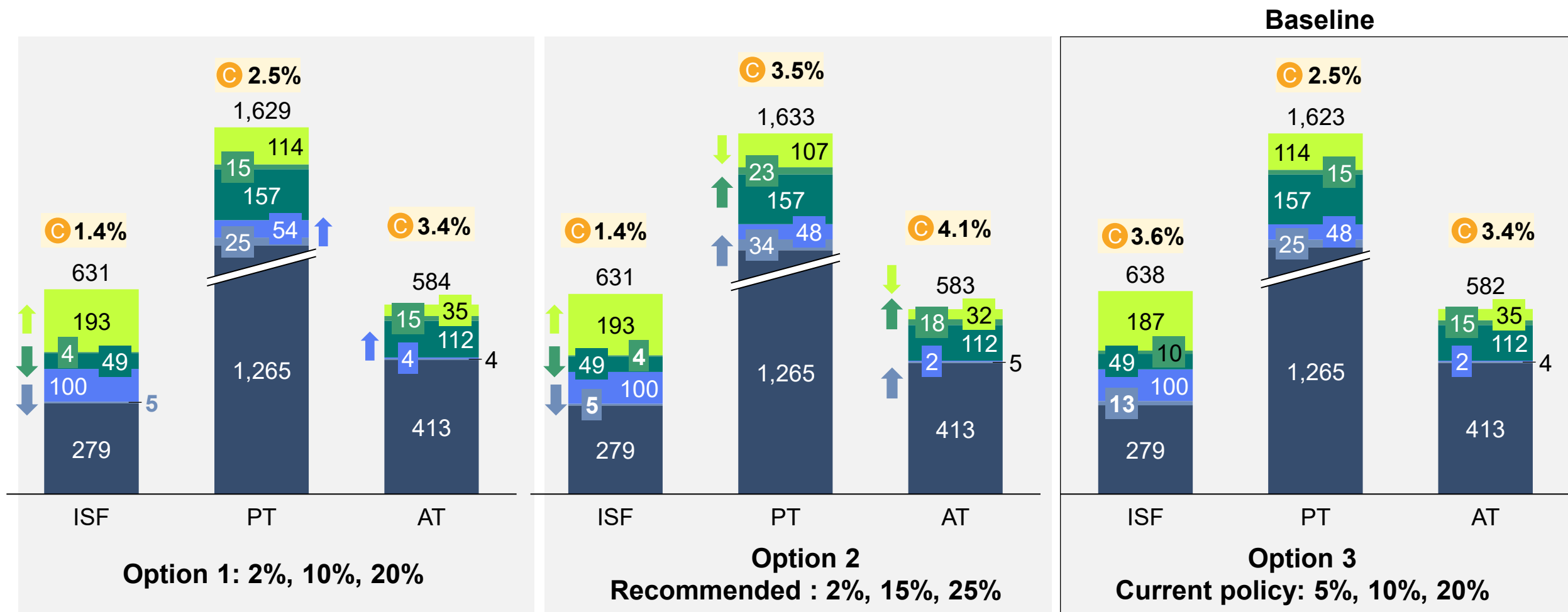
Note: Self-financing is not mandatory, countries may choose to deprioritise. Self-financing for programmes under Guaranteed Budget results from new country demand put on standby list. Self-financing for new malaria programme derived from the share of demand for new malaria programme under discretionary budgets over demand for new programme under discretionary budget. This is a country-facing view using public prices that will be communicated as part of Vaccine Budgets

Deep-dive | 3 campaign co-financing options with limited implications on country domestic financing relative to total needs

Country domestic vaccine financing in 6.0, V23.2 – Public Prices May 2026, US\$ million

↓ Decrease ↑ Increase = Stable
 All relative to baseline (Option 3)

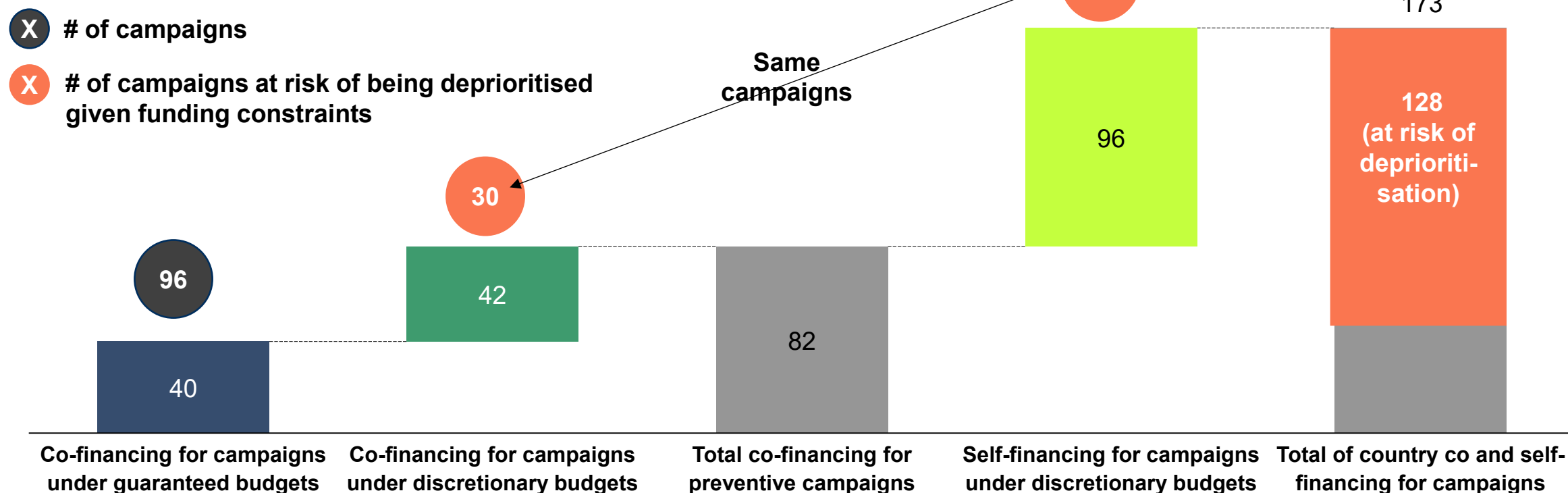
Self-financing, Discretionary Budget
 Routine co-financing, Discretionary Budget
 Campaign co-financing, Discretionary Budget
 Self-financing Guaranteed Budget
 Routine co-financing Guaranteed Budget
 Campaign co-financing, Guaranteed Budget



Note: The funding gap resulting from lowering cofinancing rates for ISF countries in Option 1 is assumed to be covered by increased self-financing. Might not add up due to rounding.

There is significant uncertainty around future campaign introductions, which could reduce country co- and self-financing

Country domestic financing for preventive campaigns in 6.0, US\$ million



Self-financing estimates are derived from the share of demand for preventive campaigns under discretionary budgets assuming that all forecasted introductions occur in Gavi 6.0. **Excludes India.** V23.2 forecast, May 2026, Public prices

Overview

1. **Situational analysis**
2. **Theory of Change & Monitoring Framework**
3. **Focus Area 2. Options for co-financing on preventive campaigns**
4. **Focus Area 4. Potential options for campaign monitoring methodology**

Potential campaign evaluation methods that could be included in Gavi-approved menu of options for campaign monitoring

Campaign evaluation method*	Rigor	Sustainability	Feasibility/ Logistics	Relevance for decision making	Key:
					Weak Strong
Post-Campaign Coverage Survey (PCCS)*					
Rapid Convenience Monitoring (RCM)					
Lot Quality Assurance Sampling (LQAS)					
Purposeful Oversampling					
Modelling & Data Triangulation					
Real-Time Monitoring / Digital Tools					
Community Enumerators / Settlement Mapping					
Campaign Process Monitoring					
Administrative Data / Tally Sheets					
Phone/SMS Surveys					

Analysis of evaluation methods is **highly preliminary** and further validation and refinement is on-going

Source: Adapted from Mesurado Cooperative Preliminary Analysis of Campaign Evaluation Methods.

* Implementation should follow normative guidance from WHO. PCCS remain the gold-standard to measure vaccination coverage as per WHO normative guidelines. The list contains a long-list of campaign monitoring tools including intracampaign monitoring (real time monitoring, admin data), intra or post campaign field assessments (RCMs, LQAs, etc)