

Annex A: Additional information on the JCWG work, the Global Fund, GPEI and other partnerships

This annex provides additional information on the Joint Committee Working Group (JCWG), the recent developments specific to the collaboration with The Global Fund, and updates on the collaborations with the Global Polio Eradication Initiative (GPEI), Africa Centers for Disease Control (ACDC) and the Coalition for Epidemic Preparedness Innovation (CEPI).

1. Additional information on JCWG and collaboration with Global Fund

1.1 As an outcome of the JCWG's work, a significant number of existing joint initiatives in technical areas have been mapped, potential new areas of collaboration have been assessed and prioritised for impact and scalability; support is being provided to five Wave 1 countries to address priority constraints they have identified in working with the GHIs and there have been in-depth discussions on how to coordinate malaria interventions at country level. An overview of short-term collaboration opportunities was brought forward at the Programme and Policy Committee (PPC) meeting in May (Annex B). While malaria was the primary focus, the PPC expressed broad support for moving ahead with all the proposed short-term opportunities.

1.2 Figure 1 provides an overview of these ongoing efforts, which reflect meaningful early progress toward deeper collaboration. These include, for example, initiatives to improve country-level coordination and governance.

Figure 1: Examples of initiatives implemented/ in progress across workstreams

Malaria	<ul style="list-style-type: none"> Joint guidance on scope of co-financing and programmatic support published (Dec 2024) Joint MEL plan underway – Aligning malaria indicators and data sources, with joint MEL investments proposed Indicators to gauge NMCP–EPI collaboration in countries drafted and under discussion (WHO-led) Enhanced coordination – mapping of joint/coordinated service delivery (e.g., ITNs, SMC, PMC) at vaccination touchpoints; joint malaria messaging from EPI & NMCP, closer country team collaboration; including joint missions
HSS / RSSH	<ul style="list-style-type: none"> Increasingly coordinated programming in key areas e.g., shared / coordinated investments in DHIS2 and eLMIS; scaling up joint investment in waste management and warehousing; mapping Community Health Worker investments and identifying opportunities for alignment. Other high-potential areas mapped and prioritised Aligning guidance/information notes for Gavi 6.0 and Global Fund GC8 on HSS/RSSH
Country engagement	<ul style="list-style-type: none"> Country-led coordination – Wave 1 countries are actively leading GHI collaboration, aligning to preferred platforms, with progress on joint PMUs and simplified assurance mechanisms Aligned support – GHIs are mapping funding levers and deploying in-country TA to align behind national plans and reduce duplication (e.g., Gavi financed TA geared towards supporting planning, coordination, joint service delivery and monitoring by the NMCP and EPI and supporting a joint learning agenda in Ethiopia) Institutionalized collaboration – At least 4 joint missions conducted in 2025 to wave 1 countries. More planned; GHI Country Teams now engage in regular joint planning, visits, and aligned support, especially in HSS and malaria
Enabling functions	<ul style="list-style-type: none"> Gavi-Global Fund already have shared facility (GHC campus), facility services/procurement, IT procurement, travel center (incl. booking, medical, emergency response, etc.), translation services Both orgs have IT services offshored/ outsourced in India and are part of CPAG (UN Procurement Consortium)

1.3 In response to the calls for deeper and faster collaboration, both organisations have committed to accelerating efforts through a suite of joint initiatives (see

Figure 2) that expand on those reviewed by the JCWG, combining actions to be implemented immediately, with more structural, transformative possibilities.

- 1.4 As mentioned in the main paper, the initiatives identified are focused in four key areas, with some examples of immediate initiatives including the synchronisation of the start of the Global Fund Grant Cycle 8 and Gavi 6.0 planning cycle for key countries or the opportunities for shared services and back-office integrations. The more transformative possibilities, such as the alignment of duration and start of grant cycles, harmonised co-financing requirements or the potential coordination or merger of teams, will be analysed further with external provider support.

Figure 2: Initiatives identified between Gavi-Global Fund (classified in the 2x2 Grid)

			Action now	For further analysis	Timeline ¹
Mgmt. purview	Strategy, programs & policy	Malaria	N1. Engage Gavi in Global Fund GC7 reprioritisation		Immediate
			N2. Sync start of GC8 and 6.0 for key malaria countries (incl. synced apps./reviews - where applicable, and integrated in-country planning, decision-making, targeting, delivery)		By Oct
		RSSH / HSS	N3. Engage Gavi in Global Fund reprioritisation		Immediate
			N4. Ensure new investments in priority areas consider collaboration opportunities (e.g., data, supply chain, HRH)		By end of Nov
			N5. Expand systematic collaboration on PFM (e.g., supreme audit authorities, PAOs, joint digital payments to HCW)		Immediate
			N6. Coordinated applications through sync start of GC8/6.0		By Nov
		Country eng.	N7. Strengthened coordination and communication to countries on management and governance / coordination (e.g., ICC/CCM, PMU)		By Oct
	Enabling functions	N8. Assess opportunities for joint offshore/shared services and back-office integrations (e.g., IT, Ops, ...)*		Immediate - by Oct	
		N9. Explore joint Sec "indirect procurement"		By end Sep	
Board purview	Strategy, programs & policy	Country engag.		A1. Harmonized co-fin requirements, eligibility, and transition*	By October
				A2. Merged/ coordinated (technical) teams (malaria, HSS/RSSH, country teams, grant management)*	By 2026
				A3. Aligned duration + start of grant cycles*	By 2026
				A4. Joint/single application and reviews for areas of joint investment (e.g., malaria, HSS)*	By 2026
	Enabling functions	N10. Explore shared/joint OIG/A&I capabilities or function*		Immediate - By 2026	
		N11. Explore shared Ethics services/function		By end Oct	
		N12. Shared monitoring and evaluation models*		By end Oct	
	RM		A5. Replenishment options*	By 2026	
	Governance		A6. Governance options*	By 2026	
		A7. Other structural options*	By 2026		

1. For completion of the action / analysis
*Initiatives to be supported by an External Provider

Initiatives/ analysis to be kicked off immediately and continued to explore more transformative changes

2. Collaboration with Africa CDC & African Union Commission

- 2.1 Gavi's partnership with Africa CDC and the African Union (AU) continues to deepen, anchored in a shared commitment to strengthening immunisation systems, supporting regional vaccine manufacturing, and enhancing epidemic and pandemic preparedness and response (PPPR) for vaccine-preventable

diseases. Guided by the Gavi–Africa CDC Joint Action Plan and the tripartite MoU, the collaboration advances Africa-led frameworks, political commitment, and accountability toward IA2030, the Addis Declaration, and AU Agenda 2063. The partnership leverages Africa CDC’s role as the AU’s health agency to promote vaccine equity and primary health care.

- 2.2 The Joint Action Plan focuses on institutional strengthening of Africa CDC and support to AU Member States. Gavi is helping build internal capacity in areas such as Social and Behaviour Change (SBC), monitoring and evaluation, gender mainstreaming, and PPPR (using the PPPR Vaccine Coalition funding), while supporting the development of strategic frameworks like the continental immunisation and SBC strategies. Country support targets zero-dose children, demand generation, and outbreak response to foster resilient and self-reliant systems.
- 2.3 Africa CDC’s proposed monitoring and accountability framework will track progress in immunisation coverage, domestic financing, zero-dose reduction, and epidemic preparedness and response, ensuring alignment with Gavi 5.1’s equity and sustainability priorities.
- 2.4 The past year marked a major implementation phase. Key milestones included Gavi and Africa CDC co-hosting the 2nd Vaccines and Health Products Manufacturing Forum in Cairo, which concluded with a communiqué affirming Africa’s commitment to local manufacturing, health security, and support for Gavi’s replenishment. At the 38th AU Summit, Gavi joined partners to reaffirm the Addis Declaration and participated in a high-level event on domestic health financing. With declining ODA and rising debt, domestic financing is increasingly critical, and Gavi’s co-financing and transition model offers a promising approach.
- 2.5 Following the PHEIC and PHECS declarations, Gavi reprogrammed PPPR coalition funding to support urgent national and regional responses to mpox. This flexibility enabled Africa CDC to strengthen the continental mpox IMST’s data management and coordination at a critical time. In parallel, Gavi actively contributed to the global and regional mpox responses through the IMST and VOG, and supported cross-cutting preparedness activities as part of the Marburg response.
- 2.6 Gavi also supported Africa CDC in convening a consultative meeting with ten AU Member States and partners to co-create a Continental Immunisation Strategy (CIS). The CIS complements national strategies, integrates Africa-specific approaches to IA2030, and leverages the AU and Africa CDC to advance equity and health security.
- 2.7 Institutional capacity at Africa CDC has strengthened, particularly in immunisation, SBC, and PPPR. Key headquarters positions have been filled, and recruitment is underway for Regional Coordinating Centres (RCCs). This expanded capacity will enable stronger support to AU Member States in

identifying and reaching zero-dose children using innovative, data-driven strategies, and will enhance cross-border collaboration on vaccine-preventable diseases (VPDs) through CIS implementation.

- 2.8 A recent Program Capacity Assessment (PCA) confirmed low residual risk in Africa CDC's financial and programmatic systems. Mitigation measures were introduced, and Gavi continues to support the Program Implementation Unit (PIU) alongside the World Bank and CEPI.
- 2.9 Finally, Gavi is coordinating with UNICEF and WHO AU liaison offices on a joint mapping of partner support to Africa CDC to reduce duplication and align priorities. These efforts signal a renewed, results-oriented phase of Gavi's collaboration with Africa CDC to advance health security across the continent.

3. Gavi – Global Polio Eradication Initiative (GPEI) Update

- 3.1 The PPC and Board remain interested in **Gavi's role in polio eradication**, particularly coordination with Alliance partners at country level and accountability for polio-related investments. As a core member of GPEI, Gavi plays a vital role in supporting inactivated polio vaccine (IPV) and hexavalent in routine immunisation programmes, as well as targeted programmatic alignment to reach un- and under-immunised children in polio priority countries. This includes optimising our routine immunisation strengthening efforts and supporting the integration of GPEI-funded oral polio vaccine (OPV) in planned campaigns and other activities, such as the Big Catch-up.
- 3.2 To further strengthen our collaboration and maximise efficiencies, a joint Gavi Board-Polio Oversight Board (POB) meeting was held on 19 June to: (1) understand each partnership's priorities and approaches, (2) clarify mutual value and collaboration opportunities, and (3) agree to develop a workplan with clear goals, deliverables, and monitoring framework to advance joint priorities. Key takeaways and commitments of the joint meeting include:
 - Broad **support for areas of enhanced collaboration** and the **level of ambition** needed to reach shared goals.
 - Broad agreement to initially focus on four countries and to scale collaboration to all common countries.
 - Importance of continuing to **support IPV and hexavalent** vaccine.
 - Commitment from both Boards to develop a **joint action plan** with **clear accountability** and a **monitoring framework**.

There were also requests from members of both Boards for a follow-up joint meeting, either as part of the POB in September or around the WHA in October.

4. Collaboration with Coalition for Epidemic Preparedness Innovation (CEPI)

- 4.1 Gavi's partnership with CEPI continues to deepen, focused on leveraging complementary tools to incentivise vaccine development, licensure, and commercialisation for epidemic-prone diseases. Given the unpredictable nature of demand for these vaccines, a tailored market shaping approach is essential. Through regular technical collaboration, the organisations have identified critical gaps along the vaccine value chain and are addressing them based on each organisation's mandate. This includes sending earlier market signals to encourage WHO prequalification, designing innovative investment and procurement models, and planning effective handovers of vaccine candidates, including investigational stockpiles where relevant.
- 4.2 For Mpox and Ebola specifically, CEPI and Gavi have jointly articulated our desired long-term goals for these vaccine markets. These will be documented in Gavi's Market Shaping Roadmaps to be published in H2 2025 (for mpox, pending Board approval of Gavi's mpox programme in July 2025). Gavi also participates in CEPI's Annual Portfolio Review (APR) and Joint Coordinating Group (JCG), where these goals are translated into specific activities and investments. For example, in Mpox, Gavi and CEPI have aligned on priority improvements for vaccine characteristics and are working towards implementation, with CEPI funding several key trials, e.g., safety and immunogenicity of MVA-BN vaccine in children aged 4 months to 12 years and in pregnant and breastfeeding people plus efficacy of post-exposure prophylaxis with a single dose of MVA-BN.
- 4.3 Both organisations regularly meet to share intelligence on outbreaks of concern and strengthen our rapid response capabilities and mechanisms. This includes simulation exercises for specific pathogens, including recently for pandemic H5N1 influenza, so they can better understand each other's triggers for action, including funding, decision-making pathways, and areas for handovers.