12 - ANNEX A – SUPPORTING INFORMATION

BOARD MEETING
1-2 July 2026, Geneva, Switzerland

gavi.org

Seven strategic shifts tailor Gavi's delivery model to improve effectiveness in Fragile & Humanitarian (F&H) settings

1. Strengthen and increase coverage with **context-appropriate vaccines**
2. **Differentiate health systems support** to missed communities and zero-dose children aged 1-5 years old
3. Institute **new ways to direct vaccines and cash** to missed communities
4. Support **subnational settings** and **F&H settings in catalytic phase countries**
5. Establish immunisation as a **humanitarian health practice**
6. Create a dedicated **'Gavi Resilience Mechanism'**
7. Ensure a **better equipped Gavi Secretariat**

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High-level Theory of Change

Simplified illustration of the Fragile & Humanitarian approach Theory of Change

Levers

- Systematic advocacy for immunisation, equity imperative, and access to vaccines
- Harmonised policies and operationalised differentiated risk appetite
- Responsive and timely access to vaccines and funding
- Flexible grant programming for proven partners
- Established skillset at Secretariat for fragile and humanitarian settings
- Intentional engagement with humanitarian sector
- Timely and relevant data for decisions and accountability

Priority interventions

1. Focus on context-appropriate vaccines

2. Provide differentiated health system support

3. Strengthen humanitarian partnerships

4. Provide responsive support for fragility, emergencies and outbreaks

Outcomes

Immunisation coverage is maintained or increased

Missed communities and zero-dose children reached

Immunisation is **embedded in humanitarian programming**

Continuity of immunisation despite shocks

Goals

SG1: Introduce and scale up vaccines

SG2: Strengthen health systems to increase equity in immunisation

SG3: Improve programmatic & financial sustainability

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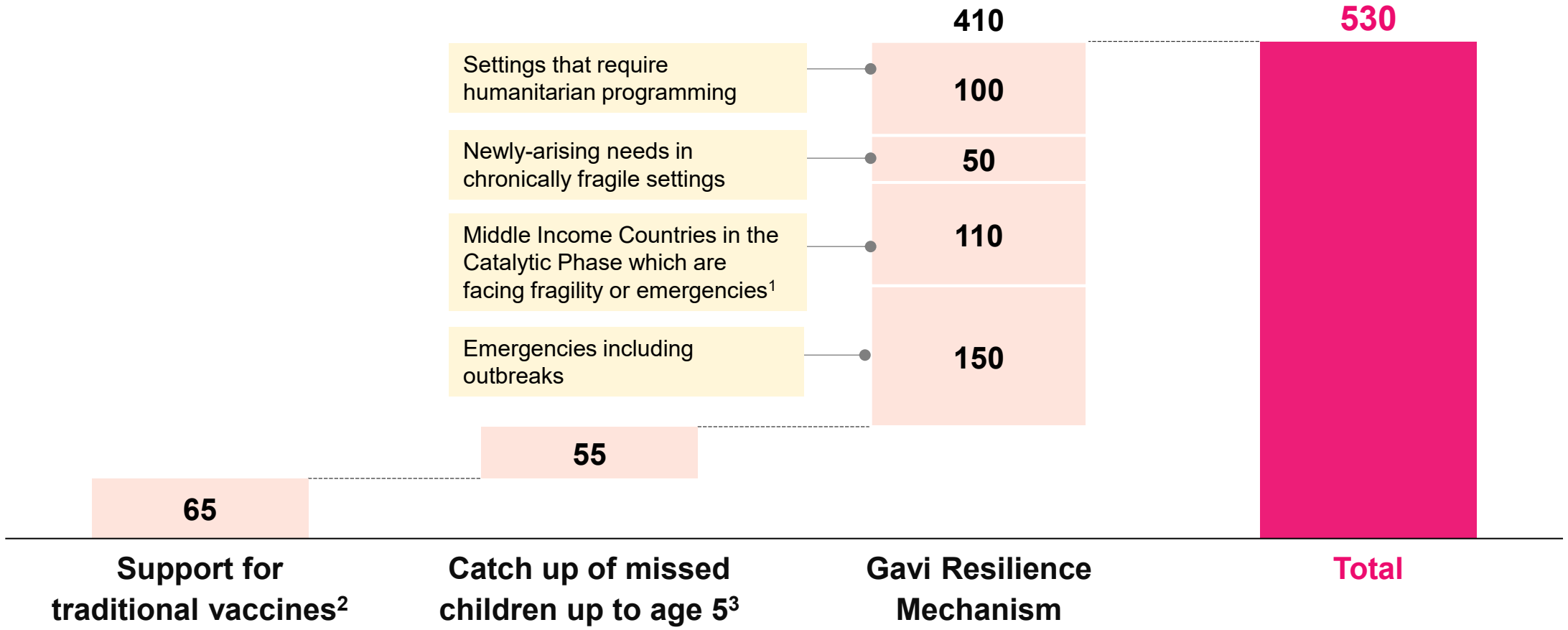
Pre-recalibration: Gavi 6.0 additional cost to fully deliver on the ambition of the Fragile & Humanitarian approach

US$ million

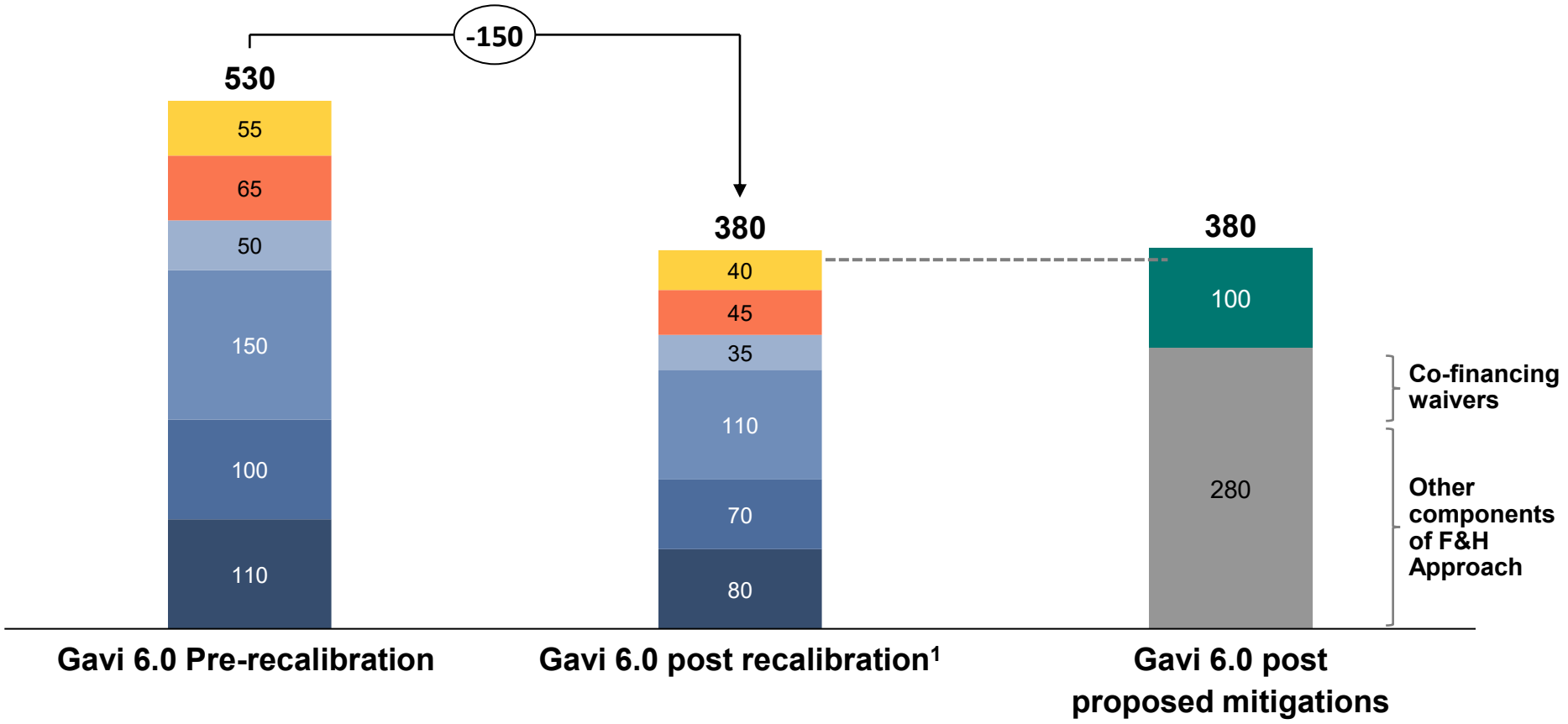


1. Reflects the mid-point estimate in the range of 105-115 million ; 2. Reflects the mid-point estimate in the range of 40-90 million ; 3. Reflects the mid-point estimate in the range of 40-70 million

Recalibration outcomes for F&H Approach

	Description of Board decision	Cost reduction for F&H Approach
July 2025 Board Outcome	• Board acknowledged **importance to enhance the Alliance's capacity to operate in Fragile & Humanitarian (F&H) environments** • Cost reduction should be applied on a **proportional basis with fungibility across all components of the F&H approach**, namely the four use cases of the Gavi Resilience Mechanism, catch-up immunisation to reach missed communities and zero dose children, and support for traditional vaccines	**US$ 150 million**
December 2025 Board Outcome	• In response to ongoing financial constraints, the Board decided to mobilise additional funding for Vaccine Budgets – including **covering co-financing waivers for countries in humanitarian crises or conflict (estimated at US$ 100 million) through the Fragility & Humanitarian (F&H) approach**. • Board also **requested the F&H AAG to prepare a proposal on prioritising the use cases of the F&H Approach** for consideration at May 2026 PPC	**Additional $100 million in cost to be absorbed** *Total F&H Approach cost remains at US$ 380 million.* *Prioritisation work to cover both initial use cases and new use case of cofinancing waivers (estimated at US$ 100 million)*

Implications of recalibration outcomes on incremental F&H Approach Funding



- **Initial cost components post recalibration proportionally apply reduction** of US$ 150 million
- ~US$ 100 million **co-financing waivers to be funded through F&H approach** for countries facing humanitarian crises or fiscal distress
- **Board guidance to prioritise** components of the F&H approach, including co-fi waivers

1. As per July Board Retreat, fungibility across F&H components was to be maintained. 2. Gavi Resilience Mechanism

Use case prioritisation: Approach aligned with the AAG

0

Clarify use case definitions

1

Agree on assessment criteria to prioritise use case buckets

2

Assess use case buckets against criteria and potential implications

3

Determine indicative allocations for remaining use case buckets

4

Align on principles to manage fund utilisation

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Step 0: Review use case definitions (1/2)

Part of the GRM

Use case	Description	Examples	For more information:
Support for traditional vaccines	**Time-bound vaccine procurement for context-appropriate traditional vaccine costs in exceptional circumstances**, only for countries granted co-financing waivers, and where other financing or supply options have been exhausted.	• Time-limited Td vaccine procurement support to prevent short term disruption to provision in sub-national settings emerging from acute conflict disruption	• December 2025 Board meeting book: Doc 10 – Approach to Fragile and Humanitarian settings (and Annexes) • July 2025 Board meeting book: Doc 10 – Approach to Fragile and Humanitarian settings (and Annexes) • Gavi Fragility, Emergencies and Displaced Populations Policy
Support for catch up	Dedicated vaccine financing to support systematic **catch-up immunisation of children aged 1–5 in missed communities** across fragile and humanitarian settings	• Top-up doses for catch-up vaccination of children aged 1–5 in conflict-affected and hard-to-reach areas where large cohorts remain missed	
Settings that require humanitarian programming	For settings where **government immunisation services face severe access constraints** due to conflict, insecurity, or political factors, resulting in **persistent exclusion**, limiting their ability to reach certain populations and resulting in persistent exclusion and accumulated immunity gaps, requiring **targeted catch-up interventions** (vaccine procurement or cash support)	• Delivery of immunisation services through humanitarian partners in border areas where government systems do not operate • Operational support for catch-up in areas where communities have been persistently left out of services	
New needs in chronically fragile settings	For chronically fragile national or sub-national settings, **emerging or worsening situations such as displacement or insecurity** (may not yet be classified as emergency) place strain on RI systems, resulting in service disruptions that cannot be absorbed through country cash/vaccine budgets or reprogramming and require time-limited vaccine procurement or cash support.	• Vaccine procurement to cater for needs following unforeseen influx of cross-border refugees • Operational support for routine immunisation services following political transition leading to service disruptions.	

1. OPV, BCG, maternal Td, MCV where not already Gavi-supported. 2. Afghanistan, Somalia, South Sudan, Syria, Yemen, Sudan. 3. CAR, Haiti, PNG. 4. excl. Haiti and PNG. Assuming same antigens as in BCU 2. Outbreaks as defined by Emergencies use case. 3. exceptional outbreak support for CP countries not facing fragility/emergency or pre-emptive outbreak support only with strong rationale

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Step 0: Review use case definitions (2/2)

Part of the GRM

Use case	Description	Examples	For more information:
Middle Income Countries in the Catalytic Phase facing fragility or emergencies[1]	Time-limited vaccine procurement and cash support to **sustain routine immunisation and respond to outbreaks in Catalytic Phase countries facing fragility and/or emergencies**. If strong rationale provided, exceptional outbreak response support in other settings, and pre-emptive vaccination to prevent outbreaks in emergency settings	• Vaccine procurement and cash support in conflict affected sub-national area to maintain the RI schedule. • Operational support for mobile services in areas under active conflict to prevent RI collapse. • Vaccine procurement to respond to an outbreak of diphtheria (non-stockpile response) or cholera (via ICG repayment) during conflict.	• December 2025 Board meeting book: Doc 10 – Approach to Fragile and Humanitarian settings (and Annexes) • July 2025 Board meeting book: Doc 10 – Approach to Fragile and Humanitarian settings (and Annexes) • Gavi Fragility, Emergencies and Displaced Populations Policy
Emergencies including outbreaks	An **acute emergency or confirmed disease outbreak**, graded, declared, or validated by World Health Organization or UNICEF, not supported via another Gavi mechanism. The response must be focused on immunization services and requires time-limited support to launch, sustain or restore delivery.	• Immunization service and restoring critical cold chain following cyclone • Operational support to enable intensified outreach following prolonged flooding • Vaccine procurement and operational support for diphtheria outbreak response	
Cofinancing waivers[2]	Countries facing large-scale conflict or disaster that disrupts government functioning (humanitarian crisis), or severe fiscal shocks beyond normal economic fluctuations, may receive **temporary adjustments to co-financing obligations.**	• Widespread, large-scale conflict or disaster resulting in humanitarian crisis that profoundly hampers government functioning	• Gavi Cofinancing policy

1. The “Catalytic Phase” use case pertains to all GRM-eligible needs in catalytic phase countries. The remaining GRM use cases pertain to support in Gavi eligible countries only.
2. For information. The cofinancing waivers use case were not subject to the prioritisation exercise, given Board steer to incorporate within the F&H Approach.

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Step 1: Assessment criteria to prioritise use cases

Proposed set of assessment criteria

TOC Outcomes

Maintains or increases immunisation coverage	Does the use case meaningfully contribute to sustaining or increasing immunisation coverage in fragile and humanitarian settings?
Reaches missed communities and zero-dose children	Does the use case substantively improve the ability to identify, reach, and serve missed communities and zero-dose children in hard-to-reach areas?
Embeds immunisation in humanitarian programming	Does the use case strengthen the humanitarian health responses, ensuring areas not served by national governments are reached?
Ensures continuity of immunisation despite shocks	Does the use case help reduce long-term disruption of immunisation services sustain during and after shocks (e.g., conflict, disasters, outbreaks, displacement)
Aligns with Gavi 6.0 mandate	Is the use case clearly within Gavi's mandate for 6.0 post recalibration?
No duplication with other funding mechanisms	Does the use case help fill gaps not already covered by existing mechanisms (i.e., through existing allocated resources or available sources externally)?

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Step 2: Use case assessment

Meets criteria well
Meets criteria moderately
Does not meet criteria

Lives saved estimates are from pre-recalibration based on original F&H Approach design

		TOC Outcomes						
		Maintains or increases immunisation coverage	Reaches missed communities and zero-dose children	Embeds immunisation in humanitarian programming	Ensures continuity of immunisation despite shocks	Alignment with Gavi 6.0 mandate	No duplication with other funding mechanisms	Recommen-dation
	Support for traditional vaccines	250-600k lives saved	Missed communities not specifically target population	Delivery channel agnostic		Mandate is to introduce new and scale up vaccines	Historically, other sources exist	***Remove from F&H Approach***
	Catch up of missed children up to age 5	50-80k lives saved		Delivery channel agnostic			Partial duplication with vaccine budgets	***Maintain relative share***
Gavi Resilience Mechanism	Settings that require humanitarian programming	>60k lives saved					Partially covered via CVB and cash allocations	***Increase relative share***
	Newly-arising needs in chronically fragile settings	**N/A** Health impact not quantifiable, needs can vary by context	Missed communities not specifically target population	Delivery channel agnostic			Partial duplication with 10% fragility multiplier for F&C cash allocations	***Reduce relative share***
	Middle Income Countries in the Catalytic Phase facing fragility or emergencies	>60k lives saved	Missed communities not specifically target population	Delivery channel agnostic				***Maintain relative share***
	Emergencies including outbreaks	Acute emergency response	Missed communities not specifically target population					***Increase relative share***

Step 3: Proposed indicative allocations for remaining use cases

Allocations work as "soft caps" and have a tolerance band to allow for flexibility (covered in Step 4)

All numbers are rounded

	Use case	Indicative allocations pre-recalibration	Indicative allocations post July 2025 Board	Recommendation based on assessment	Proposed Indicative allocations	
	Support for traditional vaccines	65 (15%)	45 (10%)	Deprioritise from F&H Approach	- (0%)	*Recommendation to not fund by Gavi as standalone use case, while retaining exceptional time-bound support (see deep dive)*
	Catch up of missed children up to age 5	55 (10%)	40 (10%)	Maintain relative share	*30* (10%)	*This use case can eventually be embedded within Vaccine Budgets*
Gavi Resilience Mechanism	Settings that require humanitarian programming	100 (20%)	70 (20%)	Increase relative share	*70* (20%)	
Gavi Resilience Mechanism	Newly-arising needs in chronically fragile settings	50 (10%)	35 (10%)	Reduce relative share	*15* (5%)	
Gavi Resilience Mechanism	Middle Income Countries in the Catalytic Phase facing fragility or emergencies	110 (20%)	80 (20%)	Maintain relative share	*55* (20%)	
Gavi Resilience Mechanism	Emergencies including outbreaks	150 (30%)	110 (30%)	Increase relative share	*110* (40%)	
	Cofinancing waivers[1]	n/a	100		*100*	
		530	**380+100**		**280+100**	

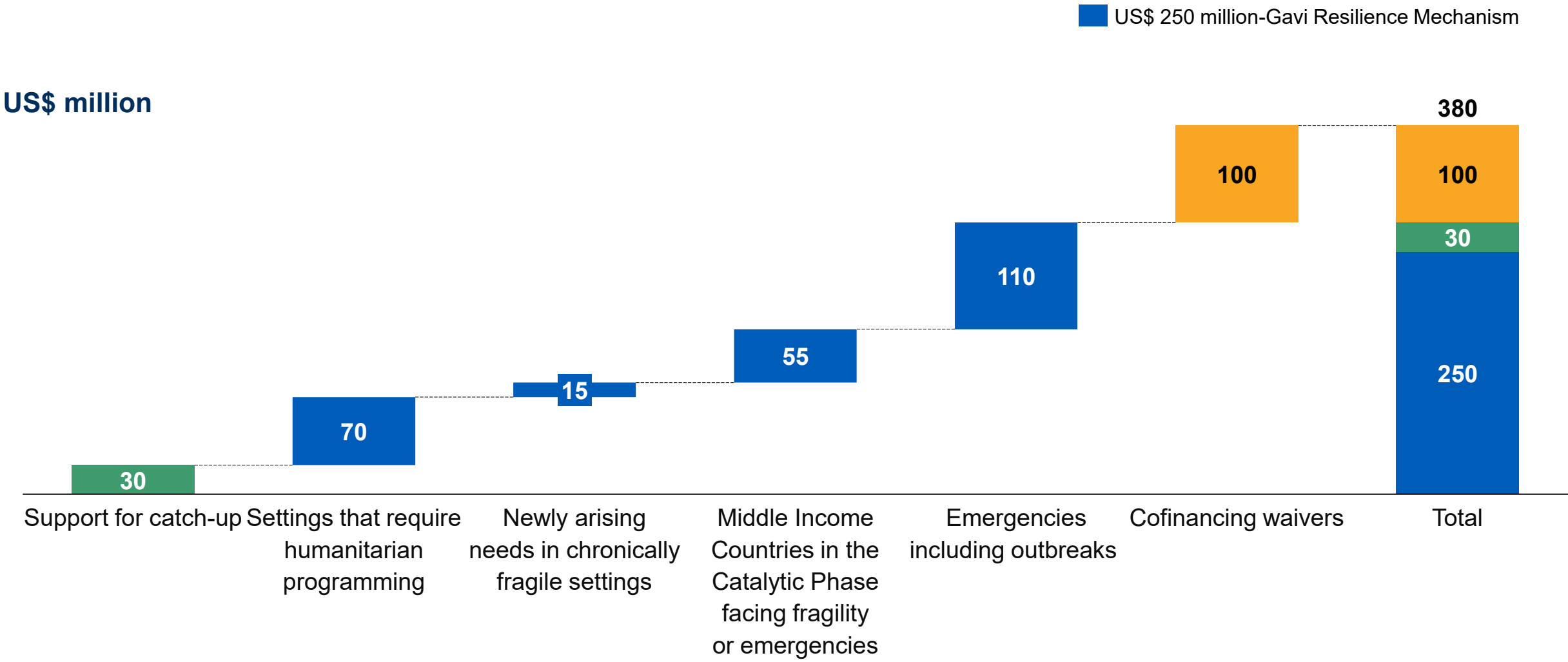
[1] Provision for co-financing waivers: Gavi 6.0 co-financing waivers for Gavi-supported vaccines are projected at ~US$ 100 million, assuming the same set of countries as in Gavi 5.0/5.1; in Gavi 5.1, humanitarian-crisis waivers were granted for Afghanistan, Somalia, South Sudan, Sudan, the Syrian Arab Republic, and Yemen; the US$ 100 million projection is an estimate and subject to change.

Step 3: Deep dive on exceptional flexibility for traditional vaccines

Definition: Gavi would retain exceptional, **time-bound** flexibility to support **traditional vaccines** through **existing GRM use cases**, **where humanitarian programming is required** and **alternative financing options** have been exhausted

Definitions	Criteria for exceptional flexibility for traditional vaccines
Time-bound support	• Support limited to up to 12 months, with a clear transition pathway to government or alternate financing
Eligible vaccines	• Global vaccines not supported by Gavi: OPV, BCG • Vaccines not supported in specific countries due to prior introduction (Measles-containing vaccines, HepB, Yellow Fever, D,T,P containing vaccines) • Only vaccines included in the government approved national immunisation schedule are eligible for support.
Funding source	• Remaining GRM use cases
Humanitarian programming	• Delivery pathway through humanitarian actors operating in conflict, displacement, disaster, and crisis settings, with the required operational presence, access, and acceptance
Alternative financing exhausted	• Gavi to be funder of last resort; to be demonstrated that government or other external funding sources cannot meet the specific need

Step 3: Updated view of the F&H Approach after prioritisation



Step 4: Key principles for ongoing management of funding under Gavi Resilience Mechanism

Complementarity	Fund needs where no parallel funding mechanisms exist already, noting limiting likelihood of additional resources
Timeliness & simplicity	Efficient Secretariat-led process to enable fast responses for urgent needs
Sustained responsiveness	Rolling applications, acknowledging the increased risks, while balancing funding sufficiency for needs through 6.0
Flexible and adaptive	Fungibility across use cases based on prior Board guidance

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Step 4: The principles imply the need for guardrails while maintaining flexibility to respond to urgent needs

Annual indicative spending limits	• To enable a balanced allocation of funds until 2030, with some frontloading for 2026/2027 to accommodate for existing commitments and the transition into Gavi 6.0
Tolerance bands of up to 20%	• To allow for responsiveness to urgent needs while reducing the risk of early depletion of funds
Fungibility across use cases	• If a use-case has higher demand and approved needs, allocating funding from another use-case may be considered, while remaining within annual limits and tolerance bands

GRM funds may still be depleted prior to end of Gavi 6.0, and/or Secretariat may be unable to meet all high priority needs

Operationalisation of F&H Approach underway as part of broader roll-out of the Gavi 6.0 strategy and grant management reform