Annex B: Gavi 6.0 mission and strategy performance indicators and proposed targets

	Strategic objectives	Strategy impact/outcome indicators		Targets	Accountability
Mission 2030	To save lives and protect people's health by increasing equitable and sustainable use of vaccines	M1 M2 M3 **M4** M5 M6	Under-five child mortality reduction Future deaths averted (disaggregated for climate-sensitive diseases) * Future DALYs averted **Additional zero-dose children reached** Children immunised Economic benefits unlocked	10% reduction 8-9m 380-420m **4-5m** 500m > US$ 100bn	Alliance
Strategic Goal 1	A Strengthen countries' prioritisation and optimisation of vaccine programmes, appropriate to their context	**1a**	**% countries conducting prioritisation and optimisation process ^**	90%	Alliance
	B Support countries to introduce and scale up vaccines for prevention of endemic, epidemic and pandemic diseases including beyond infancy	1b.1 **1b.2**	Breadth of protection * **% of countries with IPVc coverage ≥ 80%**	+6pp **50%**	
	C Ensure equitable and timely access to mechanisms to respond to outbreaks, epidemics, and pandemics	1c	% outbreaks with timely detection and response *	25%	
Strategic Goal 2	A Enable countries to extend immunisation to zero-dose children and missed communities, integrated with primary health care, including through addressing gender-related barriers and building resilient demand	**2a**	**Geographic equity of DTP3 coverage ^**	Increase from baseline	Alliance
	B Ensure all children are fully immunised by maintaining and strengthening routine immunisation with vaccines required through second year of life	2b.1 2b.2 2b.3	Diphtheria tetanus pertussis vaccine 3rd dose (DTP3) coverage *† Measles containing vaccine 1st dose (MCV1) coverage * Measles containing vaccine 2nd dose (MCV2) coverage *†	+2pp +2pp +2pp	
	C Support countries to adapt systems to routinely deliver vaccines to populations outside early childhood through targeted and catalytic interventions	2c	Human papillomavirus vaccine (complete) coverage *†	+10pp	
Strategic Goal 3	A Strengthen regional, national and subnational political and social commitment to immunisation, including through increased domestic public resources	3a	% countries fulfilling cofinancing commitment	100%	Alliance
	B Ensure sustainable transition through stronger capacity of eligible countries to maintain immunisation performance	3b	% countries in preparatory or accelerated transition with positive trends in DTP1, DTP3, and MCV2	60%	
	C Engage self-financing countries to maintain performance and catalyse critical vaccine introductions	3c	Number of new vaccine introductions in the catalytic phase *	15	
Strategic Goal 4	A Drive healthy vaccine markets for Gavi-supported and self-financing countries, including acceleration of access to new high-impact, affordable vaccines and delivery innovations	4a.1 4a.2	Number of markets with acceptable levels of supply security Weighted average price of Gavi-supported vaccines & related products	17 *Confidential*	Alliance
	B Enhance regional vaccine supply security, in support of regional manufacturing expansion ambitions	4b	Progress in African regional vaccine manufacturing	16 advancements	
	C Develop sustainable markets for vaccines against outbreak, epidemic, and pandemic-prone diseases	**4c**	**Available supply for vaccines against OEP diseases ^**	100%	

* Linked to IA2030
† SDG indicator for immunisation
^ Newly defined or finalised since July 2025 Board approval (in bold)

Further rationale for the proposed targets

Note: It is proposed to use 2025 as the baseline for Gavi 6.0 mission and strategy targets, as it provides a reference point for tracking progress across 2026-2030. Coverage data to establish baselines for 2025 will not be available until the July 2026 release of WHO/UNICEF estimates of national immunisation coverage (WUENIC), thus some baselines will be defined later this year. For many indicators, 2025 baseline estimates may be revised as new data become available in future years; the level of ambition will be preserved as targets are expressed as relative improvements. See Annex A for assumptions that must hold for the Alliance to meet its targets.

Indicator	Baseline (2025)	Target (2030)	Rationale
Mission indicators			
M1 Under-five child mortality reduction	TBD	10% reduction	Vaccine-preventable diseases now account for an estimated 14% of under-five child deaths, so Alliance efforts to further reduce all-cause child mortality may be modest. A target of a 10% reduction in U5MR is proposed, aligned with ambition from Gavi 5.0.
M2 Future deaths averted	N/A	8-9 million deaths averted	Target set as part of the commitments in the Gavi 2026-2030 Investment Opportunity. The recommendation is to maintain this ambition as fundraising continues, noting reaching the target could be challenging at current funding levels.
M3 Future DALYs averted	N/A	380-420 million DALYs averted	Target closely aligned with the target for future deaths averted, calculated using similar methodology from the VIMC
M4 Additional zero-dose children reached	N/A	4-5 million children	The target of reaching an additional 4-5 million children who would otherwise become zero-dose is commensurate with a 10% reduction in the number of zero-dose children between 2025 and 2030. To establish this target, structured conversations with Gavi country teams supporting 18 countries with the highest numbers of zero-dose children suggested a target of a 2-8% reduction in the number of zero-dose children would be realistic given operational realities. To ensure ambition remains high but operationally achievable, an overarching

			ambition of a 10% reduction was proposed. Achieving this would mean that countries would reach an additional 4.5 million zero-dose children during Gavi 6.0 by increasing DTP1 coverage by 2pp, translating into a target range of 4-5 million additional zero-dose children reached. Between reaching more zero-dose children and keeping up with population growth, countries would vaccinate significantly more children with DTP1 in Gavi 6.0 (244 million) than during Gavi 4.0 (214 million) when considerable progress was made before pandemic disruptions and despite cash envelopes being ~20% lower per child in Gavi 6.0 compared to Gavi 4.0. Target will only be achievable if countries continue to prioritize reaching zero-dose children, particularly in large countries, without major shocks to immunisation systems from conflict or other disruptions, and governments are able to maintain health expenditure despite reductions in official development assistance. Note: The “N/A” baseline reflects the cumulative nature of the indicator. The baseline is not zero, as additional zero-dose children are reached each year, but instead represents how this indicator counts additional children reached relative to the baseline coverage (2025). This indicator should be interpreted as the additional number of zero-dose children reached since 2025 as compared to the counterfactual of no change in coverage from 2025.
M5 Children immunised	N/A	500 million	Target set as part of the commitments in the Gavi 2026-2030 Investment Opportunity. This indicator is primarily driven by guaranteed vaccine programmes and current forecasts suggest the Alliance will reach the 500m target, as this indicator is less affected by recalibration and funding shifts. This indicator represents an update to the previously used ‘unique children immunised’ indicator which looked at only the highest coverage vaccine in each year, which typically only picked up infant vaccines. As the Gavi portfolio is increasingly expanding to reach older children and adolescents, it is important to evaluate these age groups separately.

M6 Economic benefits unlocked	N/A	> US$ 100 billion	Target set as part of the commitments in the Gavi 2026-2030 Investment Opportunity and closely aligned with the target for future deaths averted.

Indicator	Baseline (2025)	Target (2030)	Rationale
Strategic Goal 1: Introduce and scale up vaccines			
1a Percentage of countries conducting prioritisation and optimisation process	NA	90%	Countries are expected to conduct a rigorous prioritisation and optimisation exercise as they develop their single country applications, considering both vaccine and cash programmes. As this is not a requirement, a target of 90% of countries completing such as exercise is proposed.
1b.1 Breadth of protection	TBD	+6pp	Based on the latest v23.1 forecast and assuming a target of a 10% reduction in the number of zero-dose children, breadth of protection could increase by +7pp in Gavi 6.0. Given not all forecasted activity may happen as planned and uncertainty around how countries will use their vaccine budgets, a target of +6pp is proposed. The breadth of protection target for Gavi 6.0 is lower than that for Gavi 5.0, as there are fewer new introductions forecast for Gavi 6.0 and the scale-up of new introductions tends to drive progress. To note, if no progress is made on reducing zero-dose children in Gavi 6.0, the expectation is that the increase in breadth of protection would be 2pp lower. Breadth of protection would also be lower if any countries discontinued existing vaccine programmes.
1b.2 Percentage of countries with IPVc coverage ≥ 80%	TBD	50%	The proposed target for IPVc was established based on a combination of the v23.1 forecast, opportunities for switches to second dose of IPV or hexavalent vaccine, and ambition on zero-dose children and routine immunisation coverage. Remaining switches, continued scale-up of IPV2 in existing countries, improvement of facility-based and outreach vaccination rates, and extending the population reach for facilities are all expected to contribute to country-level coverage improvement for IPVc. Currently around 20% of Gavi56 countries have IPVc coverage over 80%, so a target of 50% of countries by 2030 would be consistent with zero-dose ambition and other coverage targets. The 80%

			threshold is based on SAGE guidance on programmatic threshold for bOPV cessation. This indicator will be disaggregated for the 13 high-risk priority GPEI countries to enable further monitoring of these critical programmes.
1c Percentage of outbreaks with timely detection and response	TBD	25%	Measures timely outbreak detection and response for measles, meningococcus, yellow fever, cholera and Ebola outbreaks. The criteria for timely outbreak detection and response remain consistent with WHO vaccine preventable diseases surveillance standards, International Coordinating Group on Vaccine Provision (ICG) performance standards, and the Measles and Rubella Partnership (M&RP) outbreak response standards separately for each disease in conjunction with the IA2030 Framework for Action. The number of large or disruptive outbreaks continues to be much higher than baseline levels, and current performance on this indicator is very low, with only 4% of outbreaks meeting the disease-specific timeliness threshold in 2024. A target of 25% in the proportion of outbreaks with timely detection and response is proposed, representing a return to the 2018-2020 baseline. Meeting this target would require moderate improvement across all the relevant disease programmes or substantial improvement in a subset of programmes. The target proposal has been endorsed by the relevant WHO disease control programmes.

Indicator	Baseline (2025)	Target (2030)	Rationale
Strategic Goal 2: Strengthen health systems to increase equity in immunisation			
2a Geographic equity	TBD	Increase from baseline	If a 10% reduction in zero-dose children at national level was achieved through coverage improvements in the districts with the greatest number of zero-dose children, DTP3 coverage would be expected to increase by +5pp in the bottom 20% of districts. There is significant uncertainty around coverage levels and trends in low-coverage districts, because subnational data is frequently observed to have data quality issues (e.g., inaccurate estimates of population size and movement, incomplete reporting). As there are data quality challenges with subnational administrative coverage data in many countries, for accountability purposes a qualitative target of increasing coverage in the bottom 20% of districts is proposed.
2b.1 DTP3 coverage	TBD	+2pp	Target is consistent with a zero-dose ambition of a 10% reduction combined with a 1pp reduction in DTP drop-out. The current baseline is approximately 76%, which can be updated when WUENIC is published in July 2026.
2b.2 MCV1 coverage	TBD	+2pp	Target is consistent with DTP3 ambition, noting the current baseline is approximately 72%, which can be updated when WUENIC is published in July 2026.
2b.3 MCV2 coverage	TBD	+2pp	Target established based on a combination of v23.1 forecast and ambition for health system strengthening in second year of life. Target is based on assumption of continued improvement in system reach, noting all but one country had introduced MCV2 and therefore future coverage improvements will not be driven by new introductions. There is uncertainty in the fiscal space and the extent to which countries will focus HSS investments on strengthening the second year of life. The current baseline is approximately 59%, which can be updated when WUENIC is published in July 2026.
2c HPV coverage	TBD	+10pp	Target established based on a combination of v23.1 forecast and ambition for health system strengthening in adolescence, noting country demand remains high, HPV is a guaranteed programme, and supply issues for HPV vaccines have been resolved. 40 of the Gavi56 countries have introduced HPV, with 8 expected to introduce in Gavi

			6.0. The current baseline is approximately 53%, which can be updated when WHO coverage estimates are published in July 2026.

Indicator	Baseline (2025)	Target (2030)	Rationale
Strategic Goal 3: Improve programmatic and financial sustainability of immunisation programmes			
3a Cofinancing fulfilment	100%	100%	All countries applying for and/or receiving Gavi vaccine support are required to co-finance a portion of the cost.
3b Countries in preparatory or accelerated transition with positive trends in DTP1, DTP3, and MCV2	TBD	60%	In 2024, 60% (18/30) of preparatory and accelerated transition countries maintained or increased DTP1, DTP3, and MCV2 coverage in at least one of the last two years. More countries are moving into preparatory or accelerated transition, and these countries are more likely to have weaker systems than those that transitioned previously, and cuts to official development assistance (ODA) funding create more uncertainty in system strength. Rationale for level of ambition is based on maintaining current level of programmatic sustainability despite these challenges.
3c New vaccine introductions in the catalytic phase	N/A	15	Target set based on a feasibility assessment of the unfinished introduction agenda. There are 23 remaining HPV, PCV, and rotavirus introductions among eligible countries in the catalytic phase. In line with funding availability, the economic context of eligible countries, and Board guidance on pacing introductions, we assume ~60-70% of these introductions will take place in the 2026-2030 strategic period, for a target of 15 new vaccine introductions.

Indicator	Baseline (2025)	Target (2030)	Rationale
Strategic Goal 4: Ensure healthy markets for vaccines and related products			
4a.1 Markets with acceptable levels of supply security	13 markets	17 markets	To ensure supply security is balanced against affordability during 6.0, the SG4 savings assumptions were designed to ensure basic levels of supply security are maintained. More broadly, the target reflects the Market Shaping Strategy 6.0's strategic priority to maintain supply access, and security, and market health.
4a.2 Weighted average price of Gavi-supported vaccines and related products	Pending Gavi Finance CTN tracking report	V23.1 May AFC forecasted WAP [Confidential]	The v23.1 May AFC forecast has SG4 savings assumptions incorporated, thus associated WAP reflects achievement of the SG4 savings target.
4b Progress in African regional vaccine manufacturing	0	16 advancements	Progress in strengthening regional manufacturing capacity in Africa is captured through a composite indicator of AVMA MEL framework indicators, including expressions of interests to AVMA, letters of intent to begin the WHO prequalification process, applications for AVMA in-principle eligibility, and AVMA payments approved. The target of 16 advancements is aligned with AVMA MEL framework targets.
4c Available supply for vaccines against OEP diseases	100%	100%	Target reflects objective to ensure the availability of sufficient supply in the stockpile at the time of approved outbreak response request.