Annex D: Early identified Gavi 6.0 learning areas (non-exhaustive)

Programme / Policy / Learning area	Timeline for evidence needs scoping and implementation				
	2026	2027	2028	2029	2030
A. Gavi 5.1 learning activities close out	x				
B. Statutory measurement activities (e.g. vaccines impact modelling)	x	x	x	x	x
C. Board-linked decisions and approved learning agendas					
a. Commencing 2026-2027					
1. Grant Management Reform (GMR), including progress on implementation of key strategies and policies and early lessons learned (e.g. VPOP, funding architecture, partnership)	x	x	x	x	x
2. Optimising vaccine delivery strategies and platforms (incl. campaigns, integration and life course)	x	x	x	x	x
3. AVMA evaluability	x	x			x
4. Vaccine-specific (including VIS 2018, 2024 programme decision-making and optimisation):	x	x	x	x	x
- Tuberculosis vaccine	x	x			
- Measles-rubella vaccine	x	x			
- Mpox vaccine	x	x			
- Malaria vaccine		x	x	x	x
- Diphtheria vaccine	x	x			
5. Incorporation and optimisation of AI for real-time assessment	x	x	x	x	x
b. Commencing 2028-2030 (TBC through annual prioritisation)					
Grant Management Reform implementation and effectiveness:			x	x	x
- Health Systems Strategy, MDB Multiplier			x	x	x
- Fragile & Humanitarian approach			x	x	x
- Eligibility, Transition and Co-financing policy			x	x	x
- Cash grant / HSIS policy			x	x	x
- Country Vaccine Budgets and policy			x	x	x
- Programmatic prioritisation (VPOP/cash)			x	x	x
Vaccine-specific (including VIS 2018, 2024 programme decision-making and optimisation): e.g. tuberculosis vaccine, dengue vaccine			x	x	x

2026-2027 Priority learning areas

1	Learning Area	**Learning from the implementation and implications of Gavi 6.0 Grant Management Reforms^**
	Strategic decision making	Grant Management Reform (GMR) progress and implementation of key strategies/policies and lessons learned (e.g. VPOP, CVBs and funding architecture); Monitoring and reporting against GMR targets; Course correction (e.g. revised guidance and ways of engagement with countries and partners)

Evidence needs at country level, including:

- Responsiveness of shifts across programmes, partnerships, grant management, funding levers and Secretariat ways of working to country priorities and planning cycles
- Country input to and experiences with implementing the new approaches
- Impact of new grant cycle alignment and approval processes on administrative burden for countries
- Challenges faced by countries in adapting to the new grant management
- How GMR shifts have impacted timely disbursement and implementation of grants at country level
- Flexibility and responsiveness to emerging country needs
- Ways in which GMR is supporting country capacity strengthening in key domains such as data systems and financial management
- The extent to which Gavi support is enabling countries to address key barriers to improved coverage, including consideration of subpopulations or regions that have the lowest coverage

Evidence at the global level, including:

- Extent to which shifts across programmes, partnerships (including polio), grant management, funding levers and Secretariat ways of working were rolled out as anticipated; key enablers and challenges
- The impact of shifts on planning of resources, assumptions and interdependencies
- Extent of 6.0/GMR alignment with other internal reforms and external partners' grant cycles
- Extent to which 6.0/GMR shifts have improved grant quality, risk mitigation and implementation readiness globally, as well as any unintended effects (positive or negative) that have emerged from the shifts
- Extent to which measurable improvements in equity and coverage may be attributed to 6.0/GMR
- Potential impact on disease and outbreak trends, and demand for outbreak response vaccination
- Impact of 6.0/GMR shifts on streamlining decision-making at global level (e.g. Gavi GO Group vs. IRC processes), including any cost savings or efficiencies achieved across the Alliance
- Coordination and collaboration with partners and other agencies in aligning our support to countries, and where we see successes or challenges with this

<table>
<tr><td>2</td><td>Learning Area</td><td>Optimising vaccine delivery strategies and platforms (incl. campaigns, integration and life course)</td></tr>
<tr><td></td><td>Strategic decision making</td><td>Inform campaign optimisation approach, and vaccine delivery platforms (e.g. second year of life, adolescent)</td></tr>
<tr><td colspan="3">Evidence needs include:
Learning from the implementation of the Gavi 6.0 approach to campaign optimisation, including implications for campaign planning and execution, as well as targeting and integration with and link back to routine immunisation
Evaluate how countries concretely leverage real time monitoring of campaigns to inform and improve coverage, including to strengthen RI (focus on zero dose/under-immunised and integration with PHC services)
Evaluation of measles rapid test deployment and implications for increasing efficiency and effectiveness of targeted vaccination campaigns.
Delivery models and opportunities for integration and leverage of existing systems to support second year of life (e.g. MCV, malaria), adolescent (e.g. HPV) and adult (e.g. RSV, TB) vaccines, and to reach missed communities and ZDC, and increase MCV2 uptake
Opportunities and effective approaches to strengthen integration of immunisation with other parts of the health sector/partners to achieve greater efficiency, sustainability and reach (for campaigns and routine)
Effective strategies to implement, optimise and leverage EPI touchpoints across the life course, including second year of life, adolescent and maternal immunisation</td></tr>
<tr><td>3</td><td>Learning Area</td><td>African Vaccine Manufacturing Accelerator (AVMA)^</td></tr>
<tr><td></td><td>Strategic decision making</td><td>Inform design of, and support readiness for, endline evaluation</td></tr>
<tr><td colspan="3">An evaluability assessment has been prioritised for 2026-27 (per Board-approved Evaluation Workplan). This will inform the approach for structuring data and analysis during implementation to enable endline evaluation impact analysis, including to ensure optimal linkages between the triennial reviews and the endline evaluation, and how these reviews can best support a robust endline evaluation assessing impact. Further, it will identify and define any additional data collection and analysis needs during implementation to facilitate endline evaluation.</td></tr>
<tr><td>4</td><td>Learning Area</td><td>Vaccine-specific evidence needs</td></tr>
<tr><td></td><td>Strategic decision making</td><td>Inform policy design and programme optimisation</td></tr>
<tr><td colspan="3"><u>Tuberculosis (TB)</u>
Strategies to achieve effective and sustainable implementation and integration of TB vaccination into existing TB healthcare services and PHC
The feasibility of leveraging existing vaccination infrastructure and delivery platforms to streamline TB vaccine delivery for adults and adolescents
What is the cost-effectiveness of incorporating TB vaccination into existing TB prevention activities (as assessed through analysis of incremental costs and health benefits)
<u>Measles-Rubella</u></td></tr>
</table>

- Strengthening and learning lessons from cross border outbreak response vaccination (linkage to the F&H Approach)
- Effectiveness and cost-effectiveness of inter-campaign PIRI on immunity gaps and potential campaign spacing (will provide lessons for other campaigns as well)

Mpox

During Gavi 5.1, a learning activity was undertaken to estimate the optimal quantity of vaccines required for Gavi's Mpox vaccine stockpile. The findings have provided an evidence base that supported the recent Board decision to set up a global Mpox vaccine stockpile, and are supporting WHO, ICG, and donor partners (including Gavi) in defining more specific criteria for successful stockpile set up, maintenance, dose deployment, and replenishment.

For Gavi 6.0, the following additional high priority evidence needs have been identified:

- The effectiveness of different vaccination strategies in the context of limited vaccine supply during outbreaks
- The effectiveness, feasibility, and cost-effectiveness of incorporating LC16 and/or fractional MVA-BN dosing into the Mpox stockpile under different stockpile and outbreak scenarios.

Malaria^

Key evidence needs for malaria include:

- The health impact and return on investment of scale-up/replication of interventions assessed during the Gavi 5.1 Malaria Vaccine Learning Agenda, to increase uptake of malaria vaccines (especially doses 3 and 4), other antigens, and complementary interventions for malaria prevention, and primary health care.
- Malaria vaccine programme performance, including design, operationalisation, delivery, introduction and scale-up.
- The effectiveness, benefits, risks and learning from enhanced partnership models including between Gavi, Global Fund, national immunisation and malaria programmes.

Diphtheria

Noting emerging evidence need on effectiveness and impact of outbreak-response mass vaccination campaigns using diphtheria-containing vaccines across different epidemiological settings, in the context of increased outbreak occurrence; to be further elaborated.

5	Learning Area	**Incorporation and optimisation of AI for real-time assessment**
	Strategic decision making	Implementation of Gavi Leap and support Grant Management Reform Action item from Data Processes Audit and Audit Advisory

A key pillar of the Gavi Leap is the responsible incorporation and optimisation of AI as a tool to support efficiency and amplify impact. Investments in generating evidence to enable and guide this shift are prioritised for 2026-27. This will include learning about how countries are designing and embedding AI to strengthen insights and enable real-time assessment, and the use of this to drive decisions and actions to improve immunisation delivery (e.g. digital microplanning; health workforce capacity

strengthening; and demand generation and community engagement). The learning agenda will directly action recommendations from the recent immunisation data processes audit and the Digital Health Information audit advisory, focusing on readiness and alignment with national strategies, sustainability, cost of ownership, integration with existing information systems and decision cycles, and demonstrated efficiency and effectiveness for decision-making.

^Evaluation planned in this area, per the Board-approved Gavi 6.0 Evaluation Workplan