

14 - GAVI 6.0 MEASUREMENT FRAMEWORK

BOARD MEETING

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1-2 July 2026, Geneva, Switzerland

Targets for Gavi 6.0 measurement framework define topline ‘vision of success’ for Gavi 6.0 strategic objectives with shared Alliance accountability

Proposed Gavi 6.0 measurement framework targets informed by Gavi financial forecast (v23.1) and developed with Alliance Technical Working Group



- Programmatic ambition linked to anticipated expenditure
- Key assumptions will be regularly tracked to support interpretation

Ambitious targets proposed for health impact and reaching zero-dose children



- **8-9 million future deaths averted consistent with Gavi 6.0 IO** but may be challenging without full funding to replenishment ask; Recalibration and current funding context suggest likely to exceed 7.5 million
- **4-5 million additional zero-dose children** reached reflecting country realities and funding levels; An achievable target with distinct framing to avoid confusion with IA2030 target (PPC recommendation)
- A target of **50% of Gavi56 countries reaching IPVc coverage of at least 80%** is proposed, with reporting of disaggregated data on **13 high-risk polio countries** (PPC recommendation)

Supplemented by operationally focused indicators in the Gavi Leap Master Dashboard (GLMD)



- **Gavi Leap Master Dashboard provides more timely information about progress on strategy implementation**, with accountabilities for secretariat, partners and countries and reported regularly to the PPC and Board alongside the Gavi 6.0 measurement framework

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 Under-five child mortality reduction M2 Future deaths averted (disaggregated for climate-sensitive diseases) * M3 Future DALYs averted M4 Additional zero-dose children reached M5 Children immunised M6 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 Breadth of protection * 1b.2 % 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 Diphtheria tetanus pertussis vaccine 3 rd dose (DTP3) coverage *† 2b.2 Measles containing vaccine 1 st dose (MCV1) coverage * 2b.3 Measles containing vaccine 2 nd 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 Number of markets with acceptable levels of supply security 4a.2 Weighted average price of Gavi-supported vaccines & related products	17 <i>Confidential</i>	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)

Update on evidence prioritisation process

A centralised evidence prioritisation process for Gavi 6.0 is underway to prioritise use cases and learning areas, using the US\$ 55 million Studies and Evaluations budget to fill critical evidence gaps.

Five priority learning areas for 2026–2027 based on strategic importance and urgency: early Gavi 6.0 grant management reform implementation, vaccine delivery strategies, AVMA evaluability, evidence for selected vaccines and design and use of AI for real-time assessment.

Evidence needs for the five learning areas will be detailed out and investment choices to be prioritised based on strategic importance, urgency and feasibility, with updates to PPC in October 2026.

Programme / Policy / Learning area	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 ¹ (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 ¹	x	x			x
4. Vaccine-specific programme decision-making and optimisation):	x	x	x	x	x
- Tuberculosis, Measles-rubella, Mpox, Diphtheria	x	x			
- Malaria ¹		x	x	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 ¹ (e.g. Health Systems Strategy, MDB Multiplier, Fragile & Humanitarian approach, Eligibility, Transition and Co-financing policy)			x	x	x
- Vaccine-specific (including VIS 2018, 2024 programme decision-making and optimisation): e.g. tuberculosis vaccine, dengue vaccine			x	x	x

¹ On Gavi 6.0 Evaluation workplan

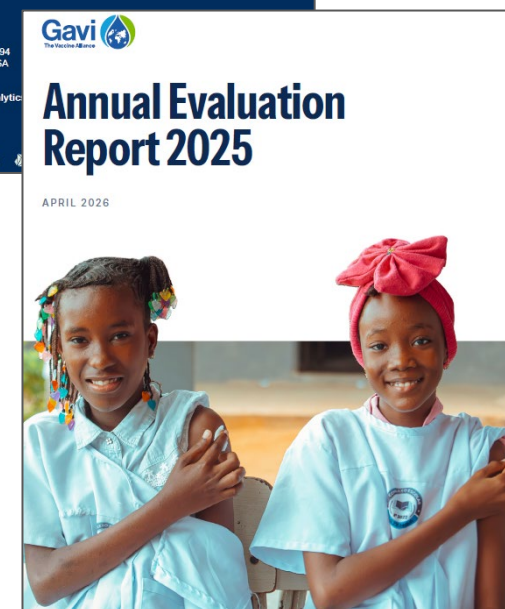
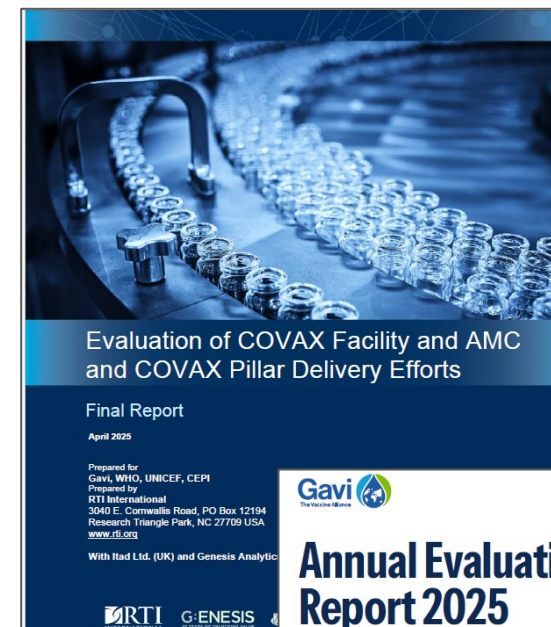
Evaluation Function: Workplan and Reform Progress

Gavi 6.0 Evaluation Workplan

- Completed: COVAX evaluation, Publication of the Annual Evaluation Report 2025
- In progress:
 - Evaluations on Big Catch Up and Private Sector Engagement Strategy
 - Scoping of learning questions and evaluative methods for Gavi 6.0 workplan

Evaluation Function Reform

- Completion of the Gavi-Global Fund Task force assessment of evaluation activities and continue ongoing collaboration and shared learning through joint workplan
- Process for revision of the Evaluation Policy is underway with the Evaluation Advisory Committee and engagement with the Governance Committee and PPC to ensure alignment with broader reforms and to meet the strategic needs of Gavi 6.0
 - Mandate and role of evaluations: *Drafted*
 - Oversight framework: *In progress*
 - Operationalisation: *Not yet started*



Action Requested of the Board

The Gavi Alliance Programme and Policy Committee (PPC) **recommends** to the Gavi Alliance Board that it:

- a) **Approve** the Gavi 6.0 mission and strategy measurement framework targets, as amended by the PPC and subject to alignment on targets for the indicators on zero-dose (M4) and completed series of IPV (SG1b.2) with the Alliance Technical Working Group;
- b) **Note** the update on the evidence prioritisation approach and Evaluation Policy revision process.

Thank you