June 2025 IRC Debrief

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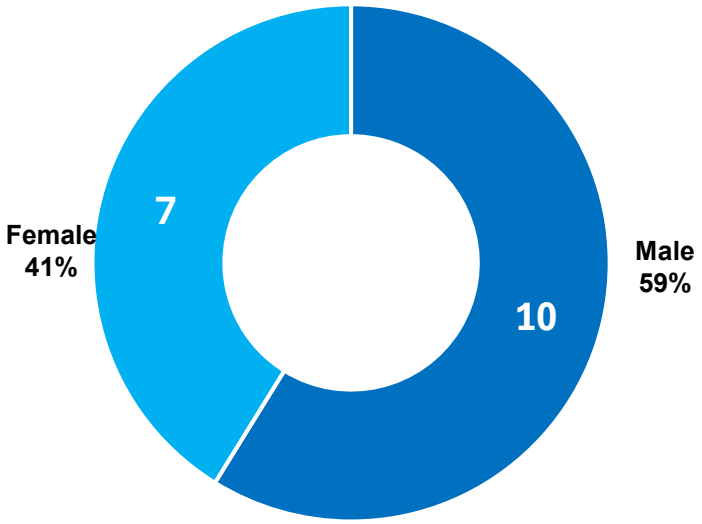
Structure of debriefing

1. IRC composition
2. Review window outcomes
3. Celebrating success
4. Key challenges
5. Country best practices

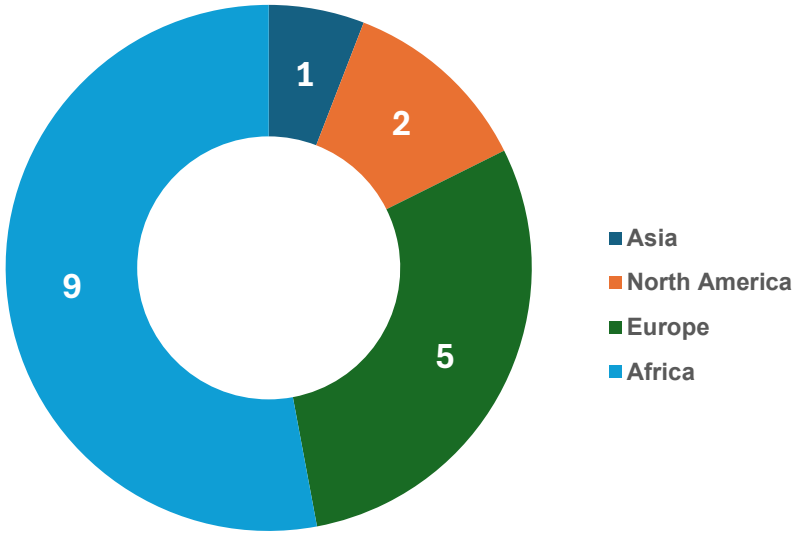
2025 June IRC reviewer composition

17 reviewers participated in this round

Gender split IRC June 2025 reviewers

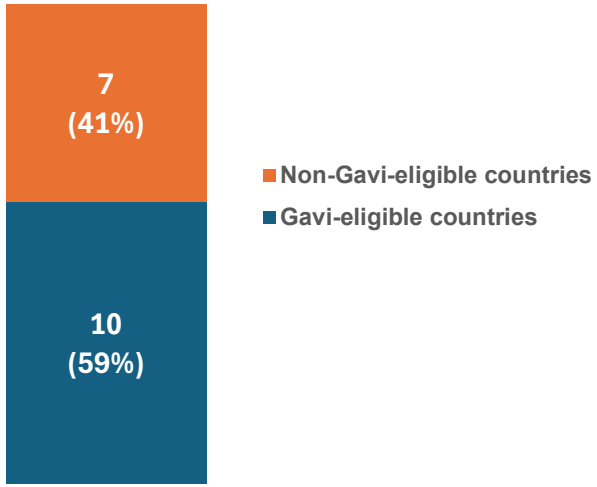


Geographic representation



53% from Africa

Distribution of reviewers from Gavi eligible countries



59% from Gavi eligible countries

Review window outcomes

- **10 countries with 14 applications (representing in total 17 supports)**
- **4 countries submitted applications for multiple supports (Burundi, Liberia, Mali and Syria)**
- **All 14 applications were recommended for approval by the IRC**

CCEOP	MRfu	MMCV**	Malaria	Hexa	HepB	Rota	TCV**
Bangladesh	Burundi*	Mali[1]	Burundi	Liberia	Liberia	Syria	Sierra Leone*
Kenya	Uganda	Togo	Gambia	Syria[2]			
Mali							

Approved (14 applications/ 17 requests)

Re-review (0 applications)

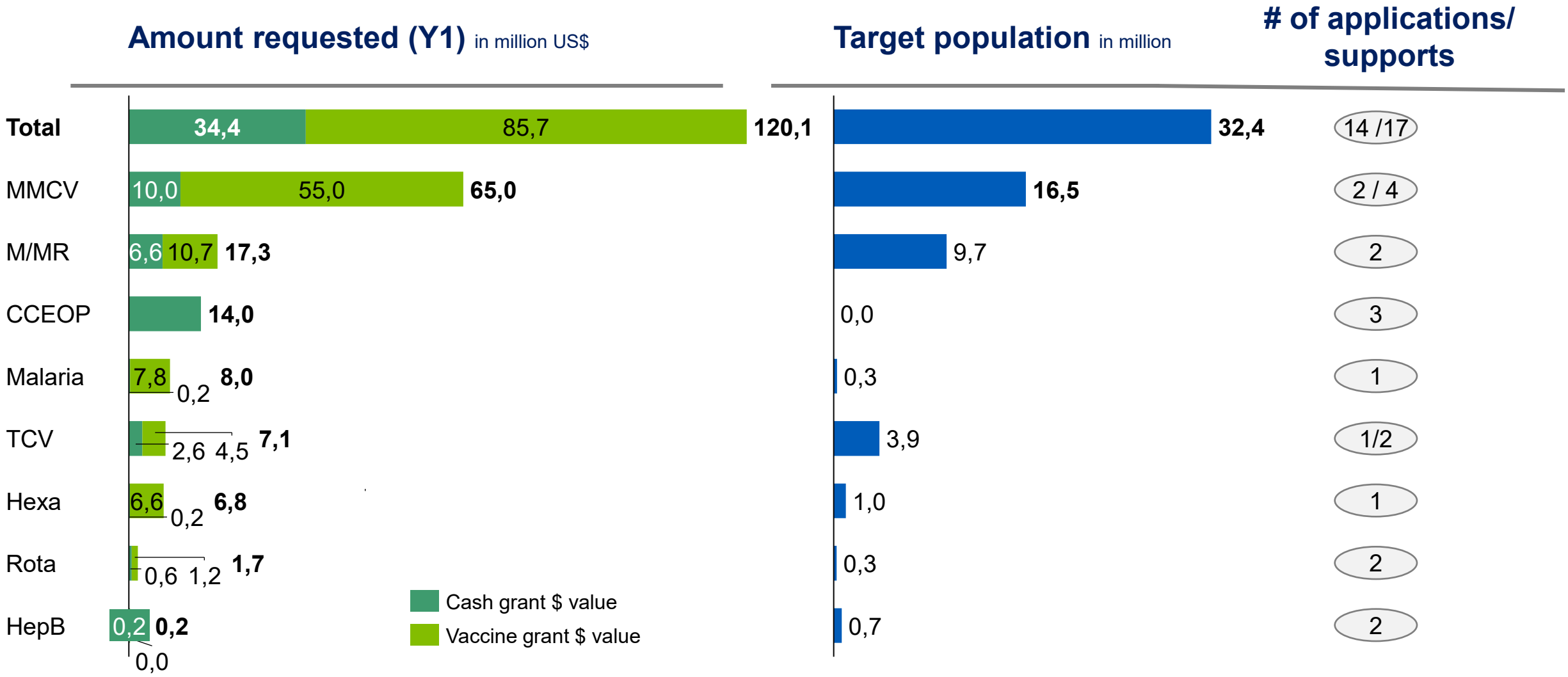
* 2nd submission following previous re-review recommendation

** includes 2 requests / support types: switch from MenA to MMCV and a catch-up campaign; TCV RI & catch-up campaign

[1] IRC is recommending Mali's MMCV application for approval, with an action point to revisit the scope of the preventive catch-up vaccination campaign

[2] IRC is recommending Syria's (DAM) Hexa application for approval, with a note that considering updated SAGE guidance only 3 doses of Hexa are required, with the presentation of the 4th dose a Gavi funding decision

Summary of applications reviewed in Round 2 2025



- **Excludes** applications reviewed end March 2025 to May 2025
- Cost estimates are **based on amounts requested** and may be subject to adjustments
- Vaccine costs and target population are **estimates for the first year only**

Other reviews conducted since last IRC debrief in March

FPPs & NIS pilots

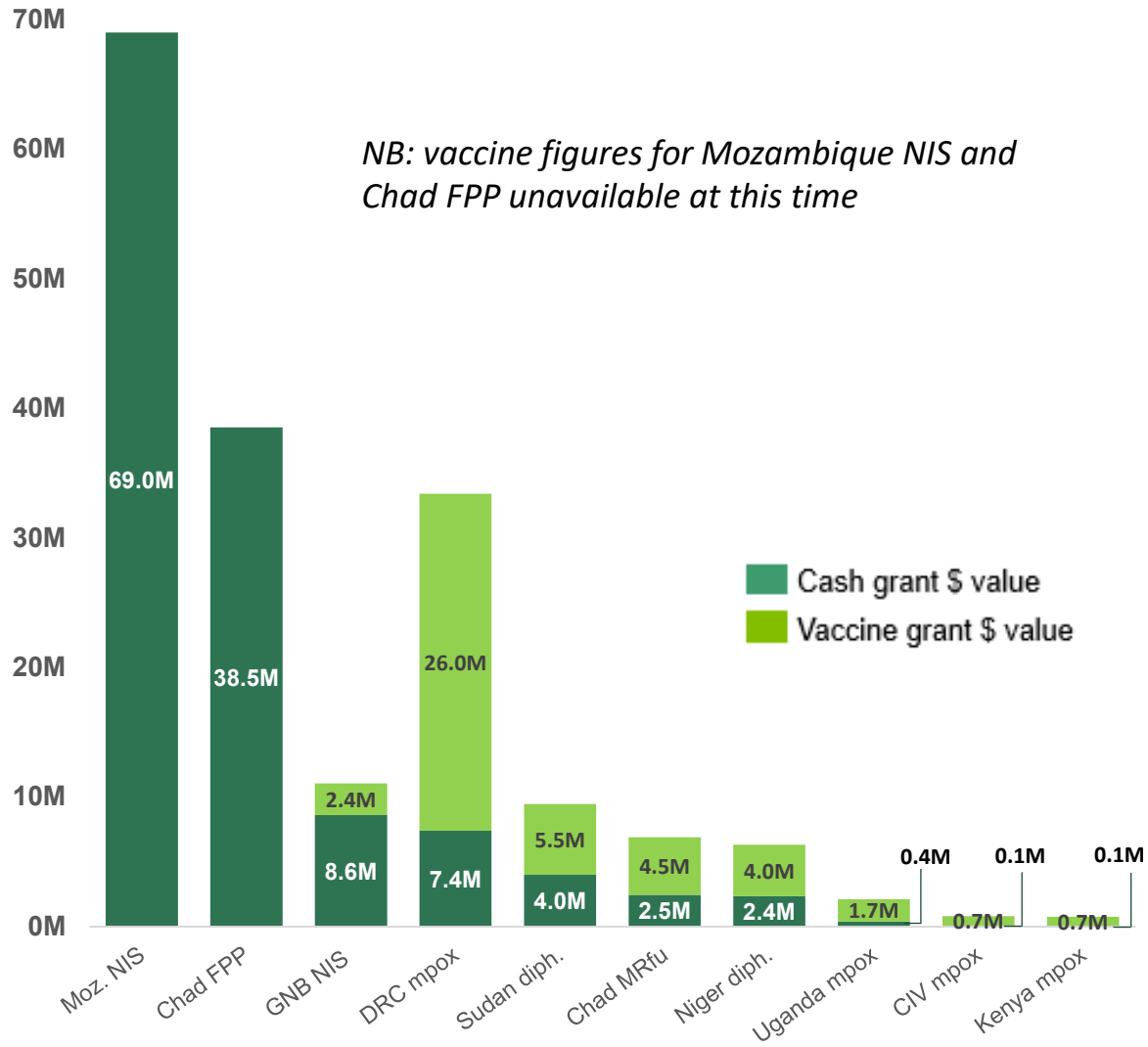
- **Chad FPP** (HSS, CCEOP, HPV, Malaria, Hexa, MR switch)
- **Mozambique NIS pilot** (incl HSS, CCEOP, TA, MRfu, Hexa)
- **Guinea-Bissau NIS pilot** (incl HSS, CCEOP, TA, HPV, MRfu, HepB, Hexa & MMCV switch)

Time-sensitive

- **Niger & Sudan diphtheria outbreak**
- **DRC mpox** resubmission (first submission 🔁)
- **Cote d'Ivoire, Kenya & Uganda mpox**

- **Chad MRfu**

✅ **Approved** 🔁 **Re-review**



NB: vaccine figures for Mozambique NIS and Chad FPP unavailable at this time

The total value of cash support recommended for approval by the IRC since March is **US$ 133 million,** plus **US$ 45.5 million** in vaccine costs for Y1 (excluding Mozambique NIS and Chad FPP vaccine figures).
Does not include 7 completed Secretariat-led reviews: 4x cholera diagnostics, 1x rota switch, 2x HPV revitalisation

Utilising NIS as a Funding vehicle for Gavi Support

- Under 5.0, there were **~600 applications** (averaging **2.5 applications per country per year)** across 27 funding levers
- Within the context and spirit of the **Lusaka Agenda**, there is a push to leverage existing national strategic documents ("one plan")
- Pilots explored using **NIS as a funding vehicle**, balancing assurance needs, streamlining processes, and strengthening country planning ownership
- NIS as a foundational package for a country proposal to **include all support from Gavi for a strategic period**, with goal of reducing overall transaction costs, and prioritise the strategic review at the time of application, with operational details becoming available closer to the implementation

Mozambique: Holistic application (**$69M**) for 5 years, including **HSS, CCEOP, TA, MRfu, Hexa**

Guinea-Bissau: Holistic application (**$8.6M**) for 5 years, including **HSS, CCEOP, TA, HPV, MRfu, HepB, Hexa & MMCV switch**

- Both were **approved at the strategic level** with action points to be addressed
- Flags to Secretariat for follow-up during life course of the grant

Key learnings & next steps:
A strategic-level review using NIS as a funding-vehicle is possible. Gavi will examine key learnings from the pilots to inform the rollout of this new approach.

Celebrating successes

- Enhanced integration across Gavi grants and other donor grants
- Roll-out of two pilot holistic applications based on NIS
- First integrated application for Syria under one EPI
- Reviewed first Multivalent Meningococcal Conjugate Vaccine (MMCV) requests thereby contributing towards global agendas including meningitis

Key challenges

- Optimizing use of Gavi resources in a constrained funding environment
- Vaccine specific challenges: switch MenACV to MMCV

A. Optimizing use of Gavi resources in a constrained funding environment (1/4)

Observation

1 **Reduction in donor and national funding directly impacts Gavi investments**

Description

Some countries presented examples of the impact of the decrease of donor funding

- **Burundi**: Surveillance systems no longer being funded
- **Syria:** Health facilities functionality affected, and technical assistance reduced
- **Liberia**: Limited PHC activities
- **Togo**: Financing gap for cold chain monitoring

Some reductions in national funding were observed:

- **Chad:** No increase in budget since 2017 after it was originally reduced
- **Liberia:** Portion of budget allocated to immunization has fallen below US$500K consistently over the last 3 years

IRC Recommendations

Gavi and Partners to advocate donors to provide **visibility on their mid-term funding** to countries in the spirit of the Lusaka agenda

Gavi and Partners to **support countries** in reprioritizing activities to fill the critical funding gaps

Gavi and Partners to encourage countries to **increase domestic resources** and **include line items** specifically for immunization in the National budget

Applications do not propose solutions to reduction in funding

Gavi The Vaccine Alliance

A. Optimizing use of Gavi resources in a constrained funding environment (2/4)

Observation

2 **Opportunities to build and use more local / regional capacities for technical assistance**

Description

Observed high-cost external TA activities

- **Bangladesh and Mali:** High cost of using international experts for installation and maintenance of CCE
- **Gambia:** eLMIS and eIR systems are complex and the country is requesting TA capacity that is not currently available in-country

Countries with lower cost local TA initiatives

- **Kenya's** country-led approach provides an opportunity for the country to use local technicians to deploy and maintain CCE
- **Guinea Bissau** is enhancing use of local CSOs and national experts in the implementation of the national immunization strategy at all stages

IRC Recommendations

Gavi and Partners to **deepen engagement with local partners** in line with the localization agenda to effectively **utilize and transfer** capacity to provide TA in areas such as:

- Installation and maintenance of CCEs
- Digitalization of information systems

Gavi and Partners to build **sustainability measures into the PEF framework** to align with country needs and work towards transferring capacity to local TA providers

Dependency on external TA for supply chain, digitalization of health systems and post introduction evaluations

A. Optimizing use of Gavi resources in a constrained funding environment (3/4)

Observation

3 **Missed opportunities to maximize value for money**

- **Alignment of Daily Subsistence Allowance with UN rates instead of local rates**
- **Expensive training and supervision practices**

Description

Many applications reviewed included high recurrent costs and lacked innovative approaches for **training and supervision**

- **Gambia:** 44% of Gavi budget
- **Sierra Leone:** 38% of Gavi budget
- **Mali:** 39% of Gavi budget
- **No country** presented online training arrangements

National rates are not provided for DSA

- **Gambia and Burundi –** Per diem and DSA rates are based on UN rates which are usually higher than local rates. This raises sustainability issues.

IRC Recommendations

Gavi and Partners to promote **integrated**, **innovative training** and supervision plans to:

- reduce costs and logistical challenges
- ensure more flexible learning opportunities for staff across different locations

Countries to develop and adopt their **own per diem policies** which reflect standardized government practices (recurring from Nov ’24)

Gavi to ensure that the most **updated per diem policies** are provided with the application documents (recurring from Nov ’24)

A. Optimizing use of Gavi resources in a constrained funding environment (4/4)

Observation

4 **Persistent difficulties to achieve and sustain homogeneous population immunity to measles and rubella, making SIAs necessary**

Description

Continuous challenges in current programme options (routine, campaigns)

- **Uganda:** Stagnating or low MR2 coverage – weak 2YL platform (recent MR2 introduction, 2023 WUENIC MR2 coverage 21%)
- **Burundi, Uganda:** Campaigns not closing the immunity gap despite the differentiation of strategies, leading to recurrent outbreaks
- **Burundi, Uganda:** High proportion of confirmed measles cases in children above 10 years of age

IRC Recommendations

Gavi and partners to:

- Support countries to critically evaluate **and refresh 5-year MR strategies**, including establishing catch-up policies and exploring options for vaccination of older age groups.
- Establish coordinated process of monitoring RI (particularly MR2 performance) **to decrease cyclical requests** from the same countries for SIAs.
- Add **performance monitoring**, e.g. PCCS and coverage surveys.

B. Vaccine specific challenges: switch MenACV to MMCV (1/2)

Observation

5a

MMCV: Unclear technical guidance to inform country policy and strategy, and eligibility for support

Description

Wide scope MMCV catch-up campaign in Mali:

>13M people, 17 of 19 regions, proposed mainly on humanitarian grounds as quantitative criteria not fully met:

- criterion for NmA resurgence risk **met**,
- criterion for NmCWYX burden **not met.**

Challenges with risk assessment (MenRAT) appraisal:

Mali:

- Absence of high-quality surveillance and vaccination program evaluations
- Risk assessment tool (RAT) confirmed humanitarian risk but did not provide precise targeting or prioritization

IRC Recommendations

Gavi and Alliance partners to develop **framework / guideline on subnational risk evaluation** to guide prioritization of intervention areas within the overall vaccination strategy.

Gavi to better define **criteria for humanitarian and fragility considerations** for MMCV applications and include them in the Funding Guidelines.

B. Vaccine specific challenges: switch MenACV to MMCV (2/2)

Observation

5b

MMCV: Lack of guidance on operational aspects of MenA-MMCV switch

Description

Due to lack of guidance and complexity of intervention, operational details on MenACV - MMCV switch not fully considered in country applications, e.g.

- Transition between last use of MenACV and first use of MMCV
- Timing and interval between campaign and introduction not specified
- Reliance on passive AEFI surveillance systems

Mali

- Campaign in 09-2026; Intro 12-2026

Togo

- High-risk : Campaign in 10-2026; Intro 01-2027
- Low-risk : Intro 10-2026

IRC Recommendations

WHO to develop **clear guidelines to facilitate operational aspects** related to the planning, implementation and evaluation of the switch.

Gavi and Partners to encourage countries to **plan sentinel surveillance of AE of special interests (AESI)**, or at least enhanced passive AEFI surveillance with active follow up and causality assessment of AEFI of special interest.

Countries should consider a **research and learning agenda** around MMCV vaccine rollout.

Country best practices

Best practice	Explanation	Countries
Community-Based Follow-Up and Outreach	• To include microplans for HepB birth dose focus on communities with high rates of home births to encourage facility-based deliveries and improve timely vaccination.	• Liberia
Integrated and Efficient Service Delivery	• Immunization is integrated with Vitamin A, nutrition, deworming and health promotion to children and families, improving efficiency and increasing access and uptake. • Additionally, Uganda introduced integration of immunization with child and family health days.	• Uganda • Syria • Burundi • Gambia
Use of Technology and Data for planning	• GIS-enabled microplans and a national dashboard support malaria vaccine rollout through real-time mapping of service points, stock levels, and coverage data.	• Gambia
	• Despite limited epidemiological data, a strong evidence base on typhoid burden – compiled by the EPI team from published and grey literature – was used to strengthen the resubmitted TCV application and to provide options for impact assessment.	• Sierra Leone

Country best practices

Best practice	Explanation	Countries
Leveraging Lessons from Past Vaccine Introductions	• Applied lessons from HPV vaccine introduction (both school-based and non-school) to inform the implementation of TCV	• Sierra Leone
Cold Chain Equipment Management	• Dedicated project management team (PMT), real-time WhatsApp coordination, trained local technicians, and standardized commissioning processes ensure smooth cold chain deployment, issue tracking, and warranty follow-up.	• Kenya
	• Use of a cold chain equipment total cost of ownership tool in justifying equipment selection	
	• Dedicated team of cold chain specialists at all levels of supply chain for maintenance of equipment and training	• Uganda
Local DSA rates used in Togo	• DSA rate provided in application utilized local rates which are lower than UN rates	• Togo

Acknowledgements

Gavi Secretariat

- Gavi Executive Team for their continued support
- FD&R team for their excellent support to the meeting and the innovations brought to strengthen the IRC processes
- Other secretariat colleagues, including SCMs and PMs, VP, HSIS, PFM, IF&S and VFGO team members

Partners

- Alliance partners who attended and provided insight and clarifications during the deliberations of the IRC, as well as our TRP colleague who joined malaria reviews

Countries

- Countries' EPI teams and partners who engaged with IRC to clarify application issues
- Everyone engaged in implementing these impactful programmes!

Thank you