

March 2025 IRC Debrief

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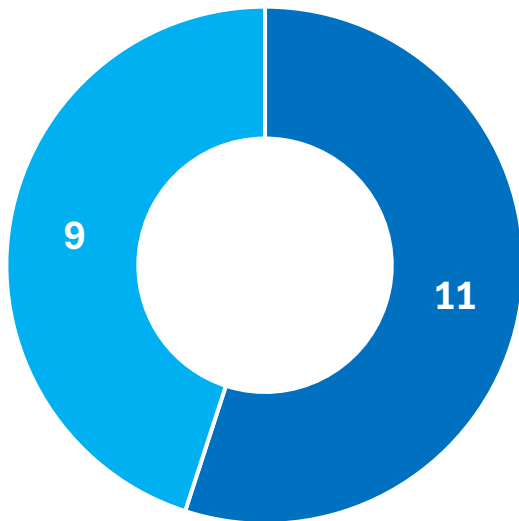
Country best practices



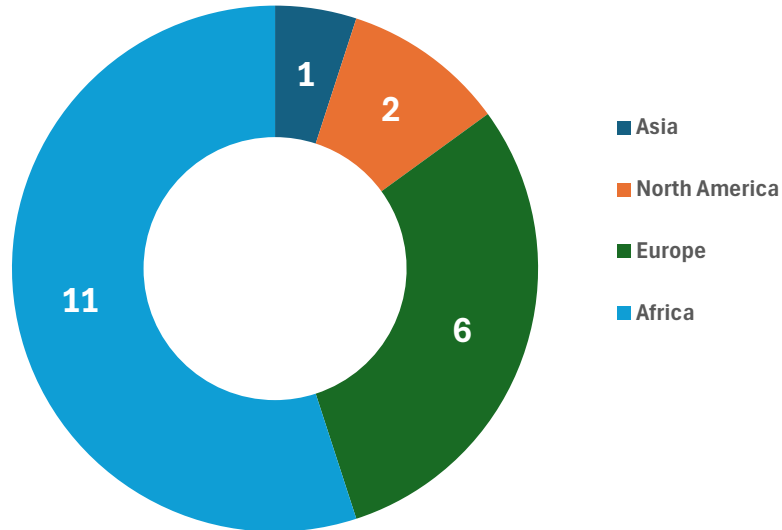
2025 March IRC composition

We have 20 reviewers this round, including 6 “newcomers”

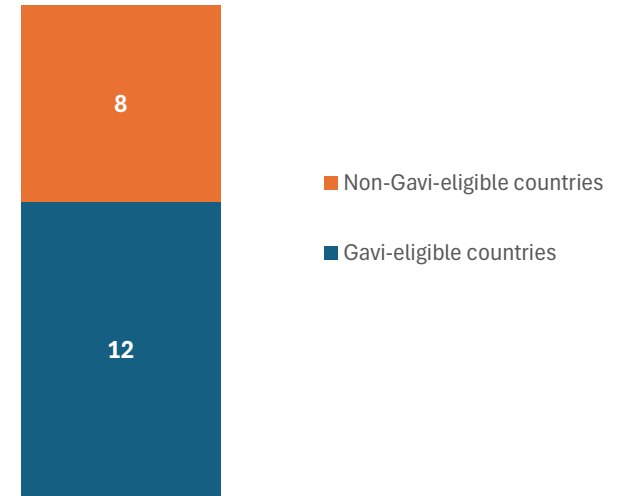
Gender split IRC March 2025 reviewers



Geographic representation



Distribution of reviewers from Gavi eligible countries



Review window outcomes

- 11 countries applied for 13 support types; 10 countries were reviewed this week
- 1 country submitted applications for multiple supports
- 12 support types were recommended for approval by the IRC, 1 for re-review

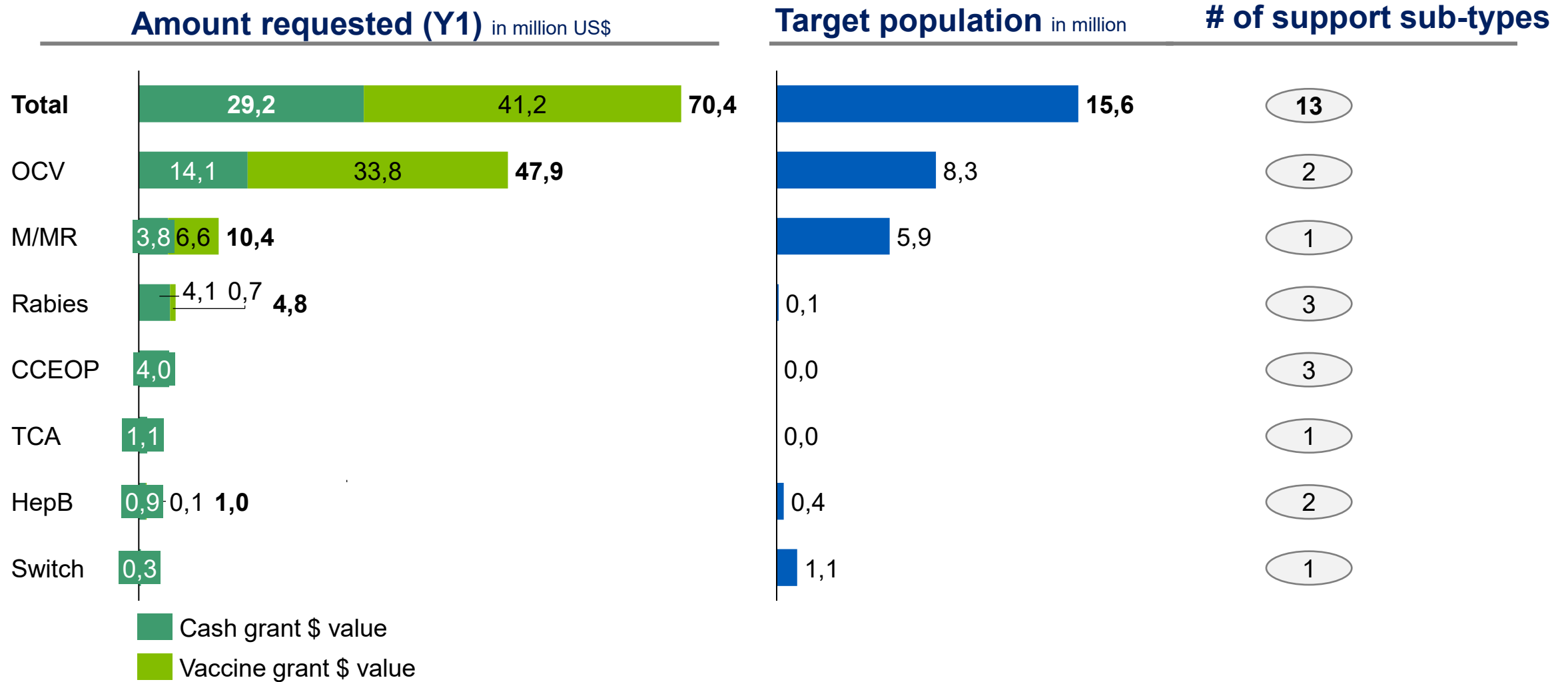
CCEOP	Hep B	MR Switch	MR Fu	OCV	Rabies	TCA re-review
✓ Congo	✓ Ghana	✓ Malawi	✓ Malawi	↻ Cameroon	✓ Syria DA	✓ Sierra Leone*
✓ Haiti	✓ Lesotho			✓ Malawi	✓ Tanzania	
✓ Sudan					✓ Yemen	

✓ Approved (12 supports)

↻ Re-review (1 application)

* 2nd submission following previous re-review recommendation

Summary of applications reviewed in Round 1 2025



- **Excludes** applications reviewed end of **Nov 2024 to Feb 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.
- **OCV** numbers are for the first year of a multiyear campaign and include one approval (Malawi - \$18.4M) and one re-review (Cameroon - \$30.5M).

Other reviews conducted since last IRC debrief in November

FPPs

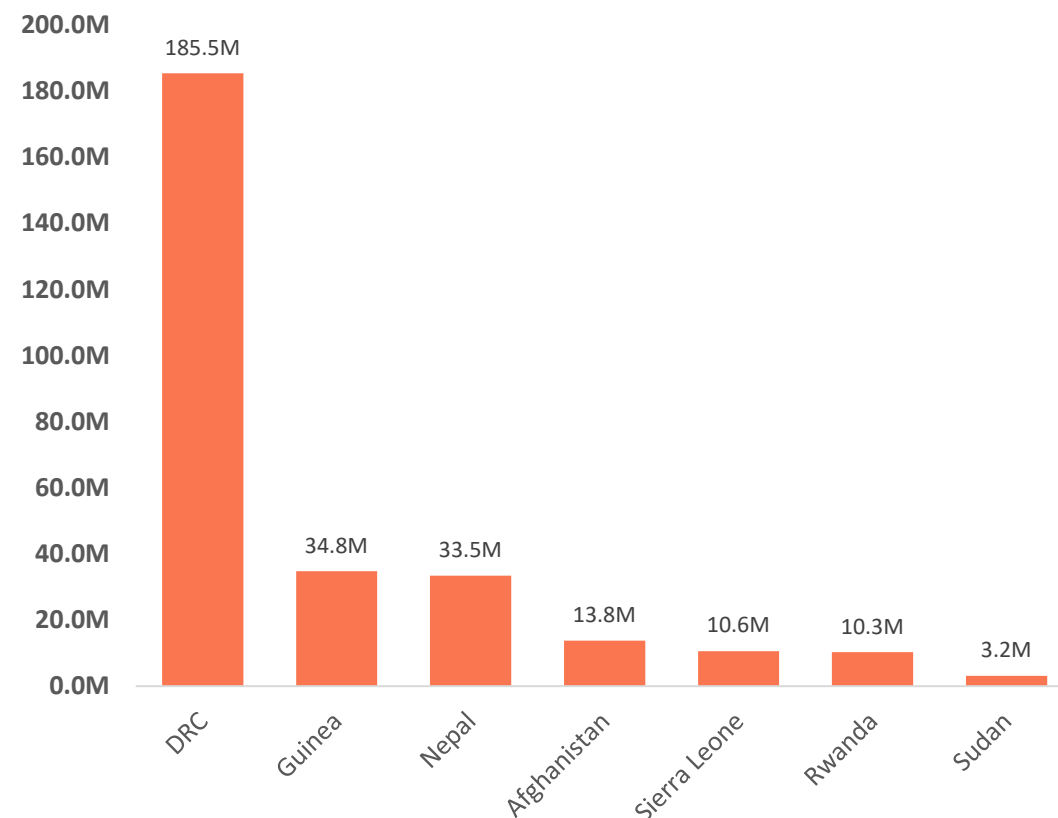
- ✓ **Afghanistan FPP** (HSS, ITU)
- ✓ **DRC FPP** in-country (HSS, CCEOP, TCA, HPV RI & MAC)
- ✓ **Guinea FPP** (HSS, CCEOP, TCA)
- ✓ **Rwanda FPP** (HSS, EAF, ITU, HepB)
- Sierra Leone FPP** (✓ HSS, HepB, ↻ TCA, TCV)
- ✓ **Nepal FPP** (HSS, EAF)

Time-sensitive reviews

- ✓ **FED: Sudan cross-border support**

Other

- ↻ **Pakistan MR fu campaign budget review as a follow-up to November IRC**



The total value approved by the IRC for these applications is **US\$ 292 million** for vaccinating approximately **10,8 million children**

Other reviews conducted since last IRC debrief in November: Mpox delivery funding

Mpox delivery funding

Review approach

- Highly tailored review approach, reflecting high risk tolerance approach to requests
- Time-sensitive review process: 48hour turn-around time
- Review led by three criteria: 1 programmatic and 2 budget

Applications

- Four applications reviewed to date, for a total of US\$ 747,600
- Implementation period varies between 2-11 months

IRC observations to date

- Applications were of varying quality
- Unreliable estimates of target population for vaccination

Country	Amount (US\$)	Review outcome
Liberia	75,600	Approval
Rwanda	177,800	Approval
Sierra Leone	408,100	Approval
Central African Republic	86,100	Approval

Celebrating successes

- ❖ Interest in **rabies vaccines** from **fragile and conflict** countries
- ❖ Increased **NITAG engagement** on applications compared to previous rounds
- ❖ Four **time-sensitive Mpox applications** reviewed by IRC to date



Key risks to highlight

In an **increasingly constrained funding environment**, it becomes even more important to have the right mix of investments: prioritise, integrate within and across programmes, and protect investments.

IRC identified **3 main risks** this window

- Over-reliance on vaccines **without sufficient focus on systemic improvements**
- **Lack of sustainability** in planning and integration
- **Limited evidence-based selection and lifecycle management of equipment**



Over-reliance on vaccines without sufficient focus on systemic improvements

Key issues observed	Description	Country examples	Recommendations
Over-dependency on OCV for preventive campaigns	<ul style="list-style-type: none"> Preventive campaigns are planned beyond the recommended highly endemic areas and expand to areas with high risk but low endemicity where reactive strategy would be more efficient. OCV: Countries (1) develop multi-sectoral national cholera control plans that excessively rely on OCVs, and (2) fail to implement crucially needed long-term WASH interventions* 	<p>Malawi: strong multi-sectoral cholera control strategy, but 38/59 targeted areas not endemic</p> <p>Cameroon: 18/37 selected districts not endemic</p>	<p>Gavi to revise funding guidance on pOCV requests to focus on truly endemic areas and to include a small buffer and rotating doses for rapid deployment in case of outbreak.</p> <p>Gavi and partners to request urgent update of SAGE OCV recommendations last updated in 2017.</p> <p>Gavi to request that countries applying for repeated support to organise OCV campaigns provide evidence of implementation of long-term WASH interventions.</p>
No evidence of long-term integration	<ul style="list-style-type: none"> Rabies: Applications provide limited information on One Health approaches and dog bite prevention* Switch (MR) requested without integrated strategy to increase measles vaccine coverage 	<p>Yemen, Syria</p> <p>Malawi</p>	<p>Rabies: as per Gavi's Vaccine Funding Guidelines, support countries applying for PEP to provide more information on One Health approaches.</p> <p>Switch Measles: Support countries to focus on policy improvements to increase routine coverage, in particular MCV2</p>

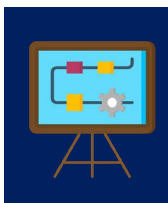
Financial sustainability (local and external financing) in an increasingly constrained funding environment

Illustrative examples

Lack of costed financial sustainability planning and integration



All budgets in this round, **except for Ghana**, are to be funded 100% by Gavi.



Ghana (accelerated transition) has not demonstrated measures for sustainability. **Tanzania** and **Lesotho** (preparatory transition) presented insufficient information



The funding landscape is not provided at the country level and integration with other funding sources not demonstrated

Implication

Uncertainty regarding the **countries' readiness to independently support vaccination systems** after the end of Gavi's support

IRC Recommendations



Partners to facilitate country dialogue on **financial sustainability** beyond the health sector



Gavi and Partners to commit to **joint planning for applications (expected in Gavi 6.0)** to enhance visibility, accountability and coordination



Partners to prioritize capacity building to support countries to **develop robust financial sustainability plans**

CCE selection and lifecycle management

Key issues observed	Description	Country examples	Recommendations
Evidence-based equipment selection	Applications are not providing evidence to deliver best value for money; i) when selecting from equipment options; ii) when making the decision to rent or buy	Haiti: selected most expensive model without quantifiable justification	<ul style="list-style-type: none">• Gavi to require countries to use context-specific evidence to inform equipment selection, including criteria such as opportunity costs, total cost of ownership and past performance.• Gavi to require meeting minutes that demonstrate the engagement and endorsement of the ICC in equipment selection.
Cold chain life cycle management	Maintenance and decommissioning are not prioritized in applications	Congo: recently (after 2020) procured 27 CCEs that are no longer functional	<ul style="list-style-type: none">• Gavi and Partners to encourage countries to earmark a percentage of equipment purchase price for life cycle management including maintenance and decommissioning.• Gavi and Partners to support countries to implement cold chain equipment maintenance tracking systems (e.g. DHIS2 application).



Country best practices (1/2)

Best practice	Explanation	Countries
Reaching health facilities	<ul style="list-style-type: none">Locally designed solutions: rapid transport of pregnant women to health facilities using m-mama system – a network of local taxi drivers acting as taxi ambulanceEstablishment of maternal waiting homes	<ul style="list-style-type: none">Lesotho
Active AEFI surveillance	<ul style="list-style-type: none">Evidence of active AEFI surveillance for all new vaccine introduction as standard practice in country	<ul style="list-style-type: none">Ghana
Surveillance	<ul style="list-style-type: none">Case-based surveillance for measles in place with readily-available data that can be used for programme planning and prioritization, as well as strategy development.Antenatal care includes insurance-subsidized screening for Hepatitis B.	<ul style="list-style-type: none">MalawiGhana
Protection of CCE in FED context	<ul style="list-style-type: none">Context-specific anti-theft measures for CCE and associated solar panels	<ul style="list-style-type: none">HaitiSudan
Gender-responsive strategies	<ul style="list-style-type: none">Awareness raising of men regarding vaccinations to improve uptake of HepB birthdose	<ul style="list-style-type: none">MalawiLesotho



Country best practices (2/2)

Best practice	Explanation	Countries
Integration within Gavi grants and beyond	<ul style="list-style-type: none">Integration of planned vaccine introduction with existing Gavi grants. The country explained how activities funded by EAF, HSS and TCA align with the planned introduction of the hepatitis B birth dose	<ul style="list-style-type: none">LesothoGhana
	<ul style="list-style-type: none">Countries presenting national well-integrated costed disease strategies including other external components:	<ul style="list-style-type: none">TanzaniaMalawi

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

Countries

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

Thank you