

November 2025 IRC Debrief

Structure of debriefing

- 1 **Review window outcomes & other reviews**
- 2 **Country best practices**
- 3 **Key challenges**
- 4 **Celebrating success in Gavi 5.0/5.1**



Last IRC review window in Gavi 5.0 Strategic Period

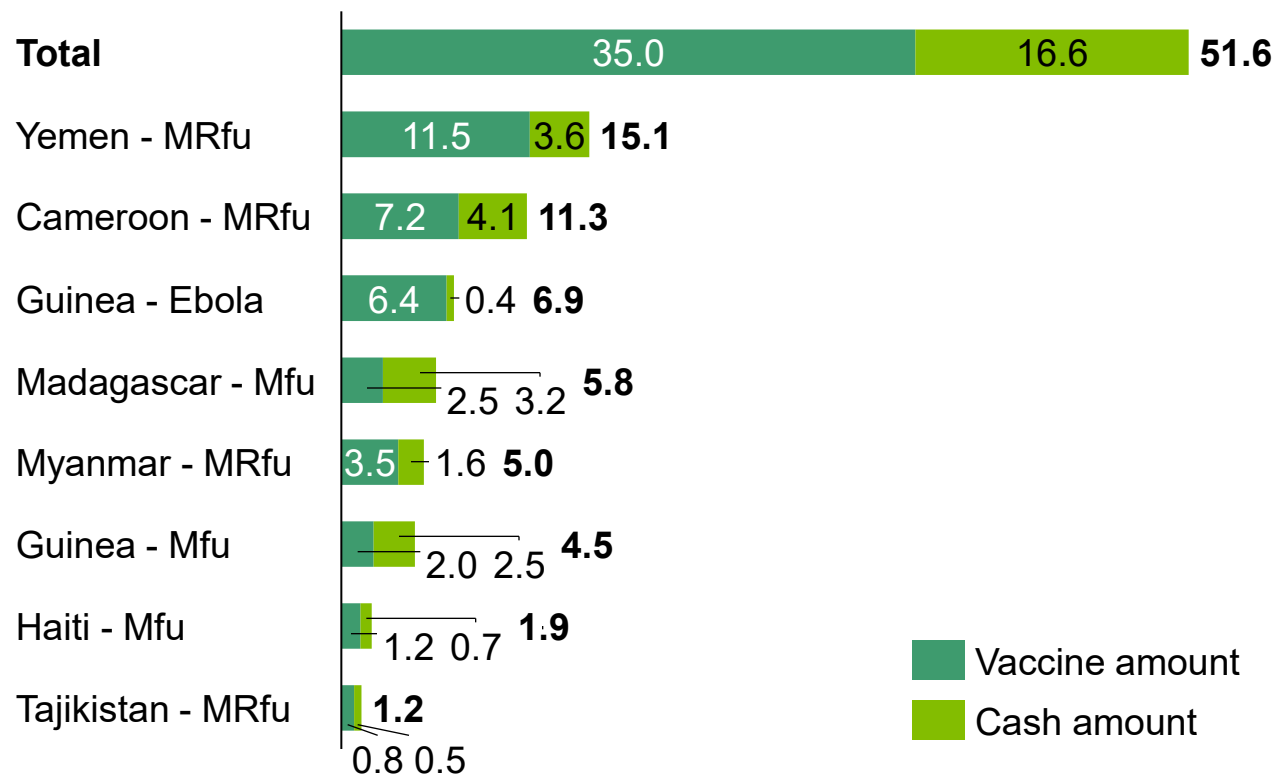
Summary of requests for support

- 7 countries with 8 applications reviewed
- Applications were for M/MR follow-up requests (7 applications) and Ebola request (1 application)
- All 8 applications were recommended for approval by the IRC

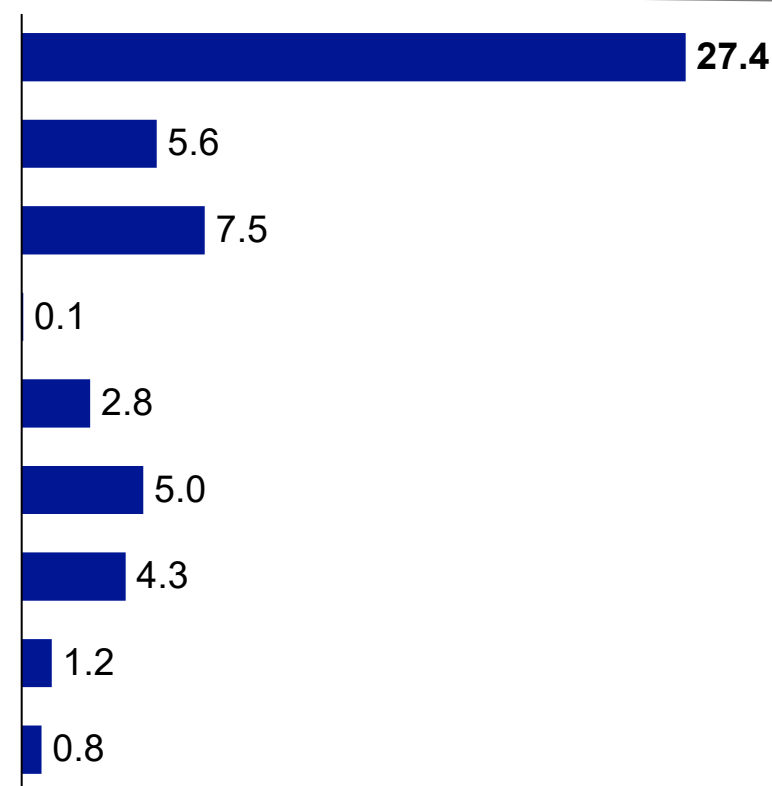
Support Types	IRC Review Outcome	
Measles follow-up campaign	✓	Guinea (9-59 months)
	✓	Haiti (9-59 months with consideration to start at 6 months)
	✓	Madagascar (9-59 months)
Measles Rubella follow-up campaigns	✓	Cameroon (9-59 months)
	✓	Tajikistan (6-59 months)
	✓	Myanmar (9-59 months)
	✓	Yemen (6-59 months)
Ebola	✓	Guinea (healthcare workers, frontline workers)

Summary of applications reviewed in November 2025

Amount requested (Y1) in million US\$



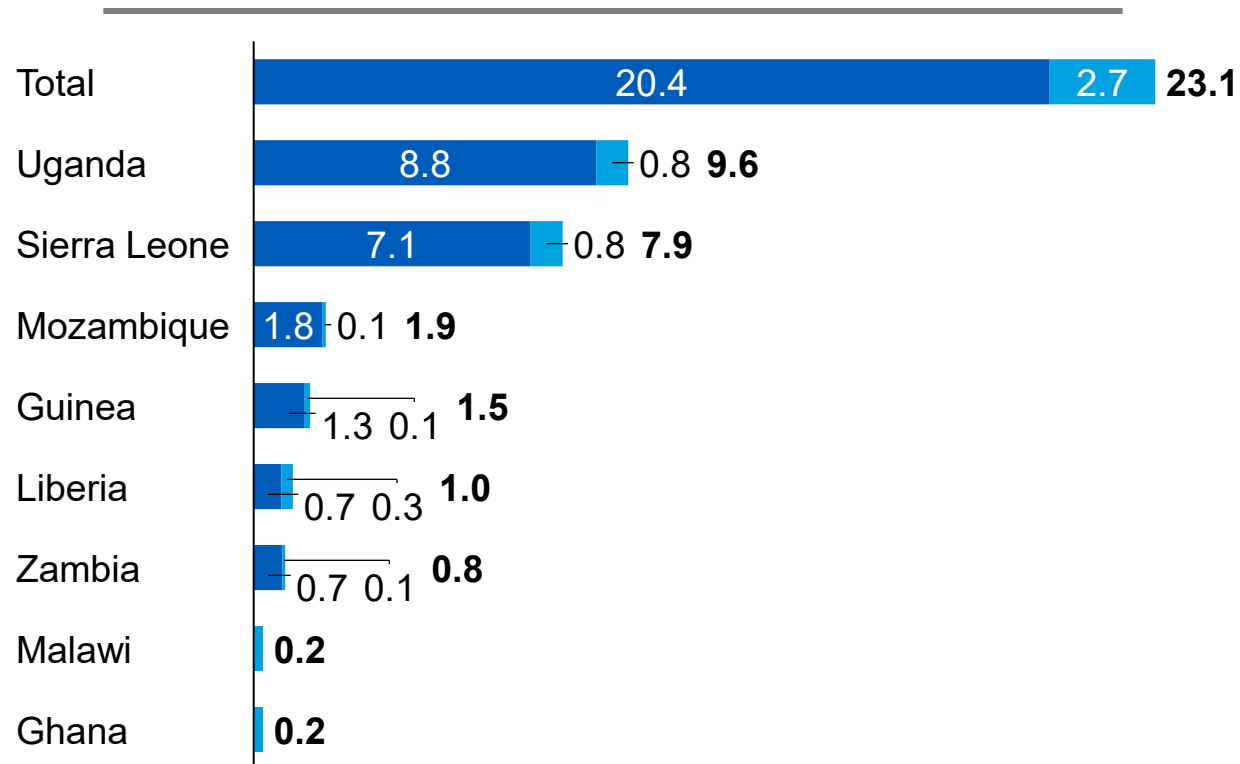
Target population in million



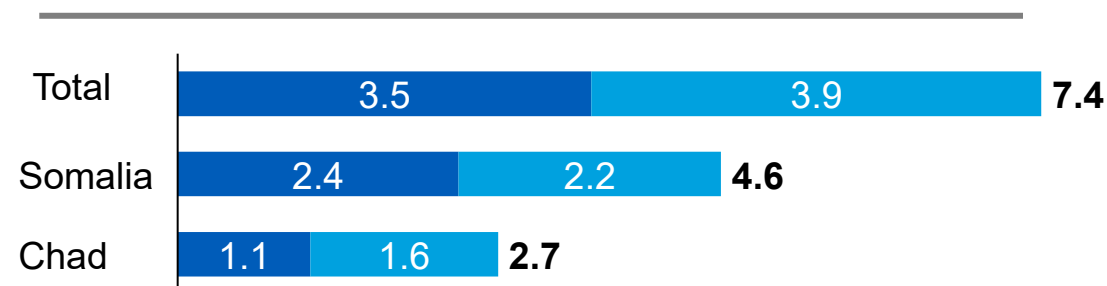
- Vaccine costs are based on **estimates** and may be subject to adjustments.
- Vaccine costs and target population are **estimates for the first year only**.

Other reviews conducted since last IRC debrief in July 2025

Mpox - Amount requested in million US\$



Diphtheria* - Amount requested in million US\$



■ Vaccine amount
■ Cash amount

- The total value of cash support recommended for approval by the IRC since July is **US\$ 6.6 million**, plus **US\$ 23.9 million** in vaccine related costs.
- **Does not include applications taken via Secretariat-led review process.**



Country best practices – November 2025

Best practice	Explanation	Countries
Evidence driven local solutions to address vaccine refusal-groups in communities	• At the operational level, committees consisting of local chiefs, women’s groups, youth representatives, and religious leaders are established to directly engage with refusers as part of the broader national plan • An implementation science study aimed at understanding drivers of vaccine hesitancy prior to designing the communication strategy for a campaign is likely to result in improved vaccine uptake	• Guinea (Measles follow up)
Differentiated communication strategy	• Findings from the study on sociocultural barriers to vaccination in rural and remote areas informed communication approaches, leading to differentiated strategies relevant to intra-country contexts	• Cameroon

Key challenges – November 2025

- A. Requests for extended age range for measles campaigns with limited justification**
- B. Non-optimization of Gavi resources in a constrained funding environment**
- C. Need for increased communication to countries on 6.0 programmatic and financial shifts**



A Requests for extended age range for measles campaigns with limited justification

Observation

Description

IRC Recommendations

The IRC appreciates the interim guidance on selective strategies and is applying it

In previous rounds: IRC approved extended age-range requests justified by evidence (Afghanistan, Bangladesh, Kyrgyzstan, Malawi, Nepal)

- **Kyrgyzstan (Nov. 2023)** was implementing a 2-phase non-selective MR campaign targeting 9-59m but outbreak epidemiological analysis showed the need to include children up to 84 months in the second phase
- **Malawi (March 2025)** extended its MR follow-up campaign to include children 9m to <10y nationwide, based on epidemiological analysis of confirmed measles cases showing increases across all annual cohorts, with similar trend for rubella cases

In this round: IRC has not approved extended age-range requests providing insufficient evidence (Cameroon, Yemen) due to absence of:

- Detailed subnational epidemiological analyses, despite functional case-based measles and rubella surveillance
- Outbreak epidemiology analysis
- Data analysis on morbidity and mortality in >5y
- Efforts to strengthen performance of RI and campaigns
- Policy alignment with global recommendations (e.g. removing upper age limit for measles vaccination in RI)

Partners to support countries to apply WHO guidelines by including relevant epidemiological and contextual analysis justifying extended age-range requests.

B Non-optimisation of Gavi resources in a constrained funding environment (1/2)

Observation

Description

(i) Activities with low value for money included in budgets

(ii) Important activities not included in budgets

IRC observed significant portions of the budgets with low value for money e.g.

- **Vaccination cards:** Madagascar \$557k / 17% of total budget. Haiti (\$129k / 19% of ceiling); Cameroun (\$201k / 5%).
- **Meetings:** Cameroon budget includes 74% of HR related costs. Includes \$164k of briefing and coordination meetings. Yemen (HR 64% of the budget) includes DSA for several staff not directly linked to the campaign.
- **National rates** are not provided for DSA (Yemen, Haiti, Guinea)

Some critical activities not budgeted neither funded by other sources:

- **Waste management** campaign budgets rarely meet the suggested 1% of budget (Madagascar, Myanmar, Cameroon, Guinea MR)
- **Mop-ups** not budgeted (Yemen)
- **PCCS** not budgeted (Yemen)

IRC Recommendations

Gavi and Partners to ensure that campaign budgets maximize resource efficiency by prioritizing cost-effective approaches

Gavi and Partners should encourage countries to incorporate all critical activities into their campaign budgets.

Countries to develop and adopt their own per diem policies which reflect standardized government practices (recurring from Nov '24, June '25)

B Non-optimisation of Gavi resources in a constrained funding environment (2/2)

Observation	Description	IRC Recommendations
(iii) Missed integration opportunities with other Gavi and non-Gavi funding sources	• Campaign applications reviewed did not demonstrate integration with existing FPP grants (all countries) and EAF grant (Guinea). • Countries present insufficient integration with existing activities in their campaign budgets despite a dedicated section in the application (all countries).	Gavi and Partners to support countries in streamlining all campaign activities according to their potential for integration Gavi to ensure application templates and guidance demonstrate programmatic and financial integration in line with the new strategic period.

c Need for increased communication to countries on 6.0 programmatic and financial shifts

Observation

Description

Countries are not fully aware of the implications of 6.0 strategic shifts

- Countries have submitted applications for review during the November 2025 IRC round based on Gavi 5.1 guidance
- However, Gavi will fund these requests as part of the 6.0 strategy which requires consolidation of funding requests and provision of a defined envelope for the entire strategic period
- Though the IRC has always looked at optimisation of funding requests, communication with countries on efficient allocation of resources/ value for money is more pertinent than ever in a constrained funding environment

IRC Recommendations

Gavi to urgently share clear and complete information with country teams and technical partners on the principles guiding these programmatic and budget shifts anticipated for the 6.0 strategic period

Gavi country teams and **technical partners** to provide harmonized information to countries as soon as possible

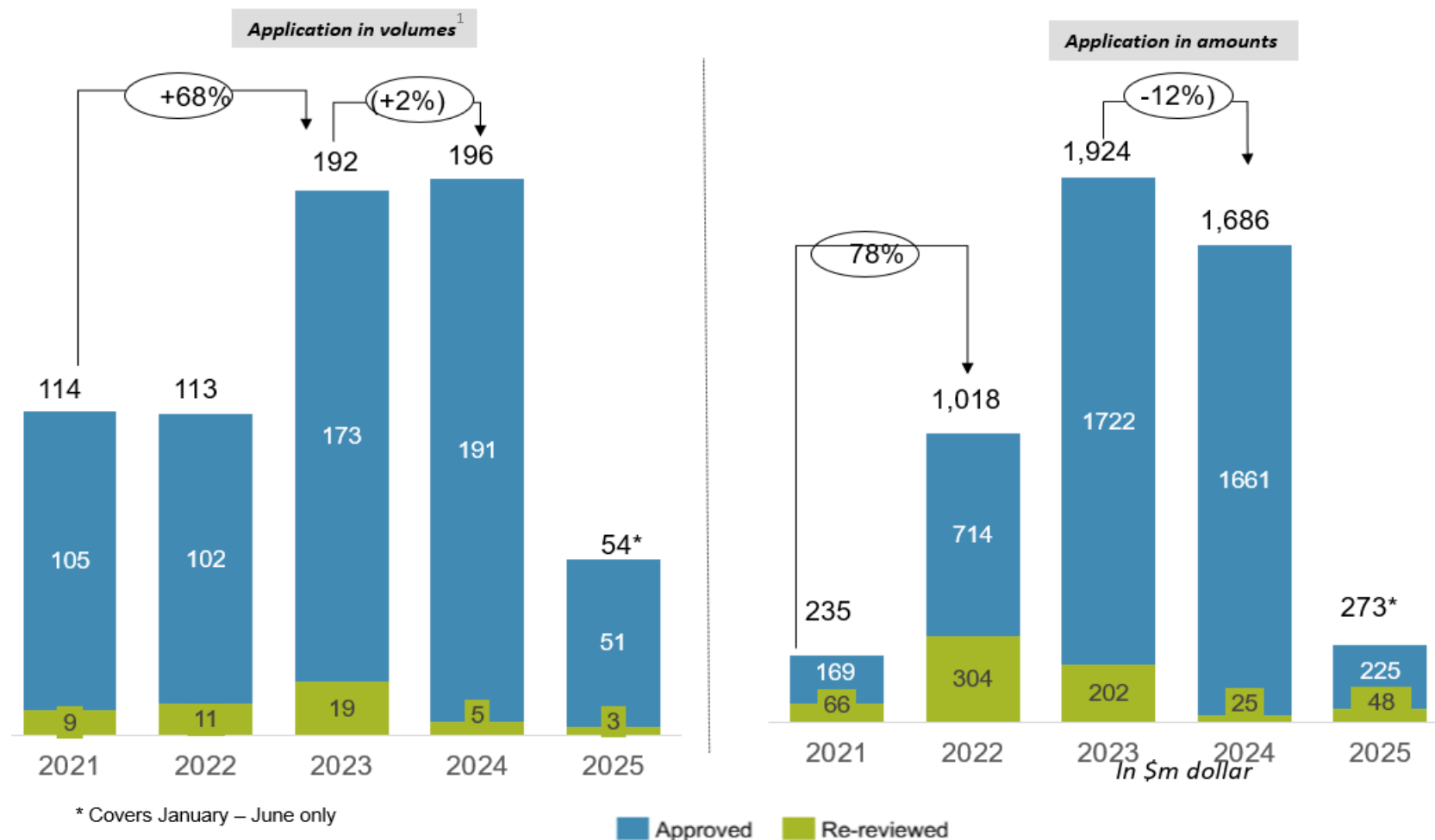
Technical partners to support countries factor these changes into their planning, especially from a prioritization and optimization perspective (e.g. new cofinancing requirements)

Celebrating success in Gavi 5.0/5.1

- A.** IRC contributing to high-quality country applications through its recommendations to Gavi, countries and partners
- B.** Agility of the IRC in reviewing a growing and diversified portfolio of new grants/vaccines



A IRC contributing to high-quality country applications through its recommendations to Gavi, countries and partners



¹This figure does not yet include applications expected during the November IRC and other time-sensitive reviews.

669 applications reviewed

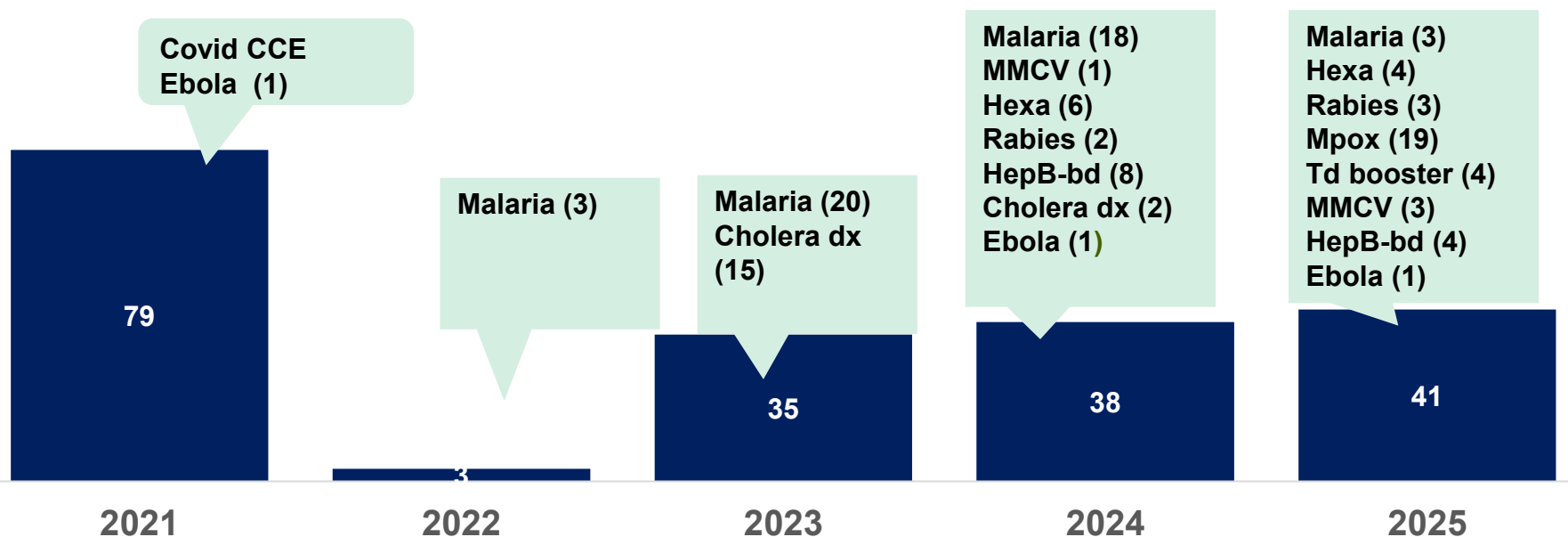
- 622 applications (93%) were approved from initial assessment
- 47 (7%) were recommended for re-review and later approved (some with lower budgets)

Cash and Vaccine value	
Approved (At initial review)	\$4.5B
Re-reviewed	\$0.65B
Approved (after re-review)	\$0.44B

Includes applications processed via Sec-led review process in 2024.

B Agility of the IRC in reviewing a growing and diversified portfolio of new support types

i) Approximately 55% of vaccine requests reviewed by the IRC were new vaccines offered by Gavi during the 5.0 strategic period



Rapidly scaled IRC review capacity, transformed review processes and timely decisions aligned with accelerated country adoption of new Gavi vaccine portfolio

Additional IRC members recruited throughout the strategic period to deepen technical diversity

ii) 30% of cash requests reviewed by the IRC were new support types including EAF, MICS and ITU; signaling deepening technical capacity aligned to the evolving strategy (representing 71 applications out of total of 241)

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 insights and clarifications during the deliberations of the IRC

Countries

- Countries' EPI teams and partners who engaged with IRC to clarify application issues

Appreciate and thank all the frontline healthcare providers, technical partners at the forefront and the communities despite the growing insecurities and conflicts across the world in this constrained funding landscape

IRC committed to continue its support to Gavi during this transition and into 6.0 strategic period

Thank you !

Thank you