Gavi Alliance Programme and Policy Committee Meeting
12-13 May 2026
Geneva, Switzerland

1. Chair's report

1.1 Noting that the meeting had been duly convened and finding a quorum of members present, the meeting commenced at 09.00 Geneva time on 12 May 2026. Anne Schuchat, Programme and Policy Committee (PPC) Chair, chaired the meeting.

1.2 The Chair welcomed all participants and in particular new PPC members Issa Ouedrago (Implementing Governments- Burkina Faso), Bruno Rivalan (World Bank), Ariane McCabe (IFPMA), Birgit Strube (Industrialised Governments-Germany), Yoram Siame (Civil Society Organisations) and PPC member elect Anthony Scott, Chair of The Strategic Advisory Group of Experts on Immunization (SAGE).

1.3 The Chair noted a number of PPC members joining online including Awa Marie Coll-Seck (Unaffiliated), and Sania Nishtar, CEO, who was attending virtually from the Africa Forward Summit in Kenya.

1.4 The Chair informed the PPC that David Sidwell, Chair of the Gavi Audit and Finance Committee (AFC), would also be joining the PPC virtually to present agenda item 10, and James Hargreaves, Chair of the Evaluation Advisory Committee (EAC) would be joining online for agenda item 09.

1.5 Standing declarations of interest were tabled to the Committee (Doc 01a in the Committee pack).

1.6 The minutes of the PPC meeting of 25-26 October 2025 were tabled to the Committee for information (Doc 01b). The minutes had been circulated and approved by no objection on 24 February 2026.

1.7 The Chair referred to the PPC workplan (Doc 01c). Committee members were reminded that they may contribute to the workplan by raising issues with either herself or the Secretariat.

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2. CEO Update including Gavi Leap, Gavi Strategy, Programmes and Partnerships Update

2.1 Sania Nishtar, Chief Executive Officer, provided an update via recorded presentation. In her presentation, Dr Nishtar provided an update on the Gavi Strategy, Programmes and Partnerships and Gavi 5.1 delivery. She also updated the PPC on the Gavi Leap, highlighting key areas for focus in Gavi 6.0.

No discussion followed this presentation due to time constraints.

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3. Read-Out from Audit & Finance Committee Meeting

3.1 François Note, Chief Financial Officer, provided a summary of key outcomes from the 7-8 May 2026 Audit and Finance Committee (AFC) meeting.

Discussion

- PPC members discussed the Gavi 6.0 financial forecast resources estimate of US$ 10 billion and cautioned against programme cuts given uncertainty and potential upside; the Secretariat confirmed the estimate remains appropriate, with ~US$ 900 million still unconfirmed and no reliable upside assumed for early 2026.

- Some members expressed concern about making programmatic decisions based on uncertain forecasts, particularly given a relatively small projected shortfall.

- Regarding vaccine forecasting, some members highlighted persistent weaknesses in demand forecasting driving volatility and inefficient allocations, calling for more transparent and reliable processes. The Secretariat noted that estimates are being refined with country input, and the AFC will review updated figures before Board decisions.

- The Secretariat reiterated that vaccine budgets were introduced to close a remaining ~US$ 300 million gap in reaching the US$ 10 billion target that could not be addressed through top-down programming decisions. Countries were expected to manage this gap through their own prioritisation and optimisation processes, which explains why allocation letters may not fully cover planned needs. To support this process, Gavi is developing detailed budget tools and system integrations that would give countries full visibility of assumptions, allow scenario modelling, highlight unmet demand, and show co-financing implications.

- With regards to queries on the First Response Fund (FRF) ~US$ 90 million accrued interest; the Secretariat clarified this was a maximum amount if unused and that it would likely decline with utilisation and could grow further only if the fund remains largely unused through 2030.

- Regarding questions on pandemic prevention, preparedness and response (PPPR) activities, the Secretariat clarified that these activities are being programmed across multiple funding streams (Foundations, Solutions Fund, partners), with clearer details to follow at the next PPC meeting through a deeper discussion on global health security.

- One member requested greater transparency on costs related to the European Investment Bank (EIB) facility; the Secretariat clarified it is a contingency liquidity tool, drawn only as needed, with highly competitive terms and limited expected use during tighter liquidity periods.

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4. Joint Alliance Update on Country Delivery

4.1 Thabani Maphosa, Chief Country Delivery Officer, Gavi, presented on achievements in Gavi's 5.0/ 5.1 period and the key learnings that informed the strategic shifts of Gavi 6.0. An update on the Inactivated Poliovirus Vaccine (IPV) related risks in former Gavi-eligible countries following the Gavi Board's decision to ramp down IPV support, was also presented (Doc 04).

4.2 Ephrem Lemango, Associate Director of Immunization, UNICEF, and Kate O'Brien, Director, Department of Immunization, Vaccines and Biologicals, World Health Organization presented the shifts in their respective organisations following their organisational restructures; and how these shifts would continue to support country delivery.

Discussion

- The PPC welcomed strong progress in Gavi 5.1 despite challenging conditions (COVID-19 and global resource constraints), recognising efforts by countries and partners.
- Members raised concerns about reduced resourcing and called for clearer roles, joint accountability, and greater transparency in Alliance-level decision-making including partner engagement, conflicts of interest, and funding pressures such as IPV support, fragile settings, and country requests including Palestine. The Secretariat noted the absence of a clear governance pathway for issues such as IPV support and highlighted the need for policy-level discussion (e.g. on Upper Middle-Income Countries UMICs). The Secretariat confirmed that a request for support from Palestine had been received and was under active consideration by the Secretariat.
- Members stressed that new vaccine introductions should be carefully prioritised in contexts of weak routine coverage, with flexible, country-specific approaches.
- Calls were made for greater transparency (e.g. supply data), improved integration of Multilateral Development Banks (MDB) financing, greater clarity on MDB financing mechanisms, their integration into prioritisation processes, and tracking of domestic co-financing. Predictable partner resourcing, addressing inefficiencies from parallel systems and reliance on external technical assistance were also highlighted.

- The PPC encouraged more tailored support for transitioning countries, stronger monitoring, and enhanced implementation support.
- Members underscored the need for more operational collaboration at country level, with countries leading decision-making and implementation grounded in national systems. Several emphasised strengthening national capacity and ownership, aligning with regional actors, avoiding parallel systems, and ensuring reforms support sustainability under tighter resources.
- The Secretariat highlighted domestic financing as a key priority ("must win"), with an important role for partners such as Africa Centres for Disease Control and Prevention (Africa CDC) and the World Bank. Members emphasised the growing strategic role of Africa CDC and other regional institutions, calling for stronger integration into Alliance discussions and governance, and including Africa CDC as part of the Alliance Update in future meetings.
- The PPC noted that, given the concentration of Gavi resources in Africa, regional leadership and political accountability should be more prominent, including through strengthened monitoring frameworks and scorecards.
- Members welcomed progress on the zero-dose agenda and underserved populations, while calling for sustained scale-up through integrated, community-focused approaches, stronger civil society engagement, improved transition planning, predictable co-financing, enhanced risk monitoring (especially in fragile settings), and better coordination through national health compacts.
- Concerns were raised about the sustainability of current implementation models, particularly reliance on externally driven or parallel systems. Members expressed a clear preference for locally embedded technical assistance, stronger national capacity, and reduced dependence on cross-border models.
- Questions were raised on whether current approaches sufficiently ensure long-term sustainability and national ownership, particularly in relation to the Vaccine Portfolio Optimisation and Prioritisation (VPOP) and transition planning, with a need for stronger alignment with national health benefit package processes based on affordability, impact, and sustainability.

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5. Market Shaping Update

5a Market Shaping Retrospective

5a1. Dominic Hein, Director, Market Shaping, presented this item. He provided an overview of the Strategic Goal 4 Indicators (Ensure Healthy Markets) and highlighted areas of progress across the Gavi 5.1 strategic period.

5b Gavi 6.0 Market Shaping Strategy

5b1. Dominic Hein also presented this item. He outlined the proposed Market Shaping Strategy for the Gavi 6.0 period (MSS 6.0) and highlighted the proposed strategic priorities and target outcomes for Gavi 6.0, as well as the new and existing strategic enablers that will help execute the MSS 6.0, noting that MSS 6.0 has been designed to adhere to, and be implemented within Gavi 6.0 framework and policies and at the same time, and that market shaping considerations provided inputs into the design of Gavi's 6.0 initiatives and policies.

Discussion

- The PPC welcomed and supported the Gavi 6.0 Market Shaping Strategy, recognising the strong achievements under Gavi 5.0/5.1 and the extensive consultation underpinning its development. Members acknowledged the challenging context of reduced funding, geopolitical pressures, and the need to balance affordability (SP1) with supply security and market health (SP2).

- PPC members expressed concern over demand predictability and volatility, particularly during the transition to vaccine budgets and holistic applications. Members noted that uncertainty in demand forecasts risks supply disruptions, higher costs, and market instability, and called for more robust, timely forecasting and closer engagement with manufacturers. Relatedly, several raised concerns about potential supplier exits and the need for a clearer strategy to mitigate associated risks.

- Members also highlighted tensions between affordability and sustainability, cautioning that strong pressure on prices could undermine supplier diversity, market health, and long-term supply security, including risks of over-reliance on single suppliers or geographies. The PPC asked for further clarity on the definitions of supply security thresholds, and called for strong scenario planning, and continued focus on maintaining healthy markets.

- Some PPC members expressed concern about the reduced emphasis on innovation in Gavi 6.0, noting that predictable demand signals are critical to incentivising long-term research and development investment. Some suggested introducing Key Performance Indicators (KPIs) to monitor innovation uptake and risks to new product introductions.

- Several PPC members underlined the importance of engaging the Market-Sensitive Decisions Committee (MSDC) on Market Shaping discussions. Some members expressed concern that an expanded MSDC role could dilute PPC oversight, while others supported strengthening MSDC as a forum for discussing complex and market sensitive trade-offs. Overall, members called for continued transparency and reporting to the PPC and Board.

- Members highlighted access challenges to Middle-income countries (MICs), particularly in constrained supply environments, and suggested exploring mechanisms to better engage self-financing MICs in market shaping, especially for future vaccines such as Tuberculosis vaccine (TB).

- Members also emphasised the importance of country-level implementation, including ensuring that affordability considerations do not lead to suboptimal product choices. Questions were raised on how holistic prioritisation and vaccine budgets will support country decision-making, particularly during the transition period.

- Concerns were raised about market impacts of the recalibration, including the classification of vaccines as "protected" or "discretionary," which could affect demand and create risks for certain markets (e.g. cholera). Members highlighted the need to anticipate and mitigate unintended consequences, including supplier exit and reduced access in fragile settings.

- Finally, the PPC underscored the importance of partnerships and coordination across the global health architecture, stronger engagement with key suppliers and regions, and attention to quality and safety as a foundational element.

- The PPC agreed that this agenda item would be included in the Board consent agenda for the 1-2 July 2026 Board meeting.

Decision One

The Gavi Alliance Programme and Policy Committee **recommended** to the Gavi Alliance Board that it:

- **Approve** the Market Shaping Strategy 6.0 attached as Annex A to Doc 05b.

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6. Gavi 6.0 Programmatic Policies

6a. Vaccine Budgets Policy

6a1. Johannes Ahrendts, Director, Strategy, Policy & Foresight, introduced this item (Doc 06a). He recalled the Board's prior approval of the overall design of Vaccine Budgets (VBs) for Gavi 6.0, based on agreed principles and the distinction between guaranteed and discretionary budgets. He provided an overview of the proposed Vaccine Budget Policy, including the introduction of an annual review mechanism, as well as a prioritisation process to guide decision-making on funding allocation.

Discussion

- The PPC welcomed the development of a formal Vaccine Budget Policy and broadly recognised the importance of having clear rules and criteria to manage funding allocations over the Gavi 6.0 period, particularly in a constrained and uncertain funding environment.
- Some PPC members highlighted concerns regarding the complexity of the policy, noting that the proposed approach may be difficult for countries and partners to fully understand and implement. The PPC emphasised that simplification, along with clear and consistent communication, would be essential to ensure country ownership and to prevent misunderstandings during implementation.
- The PPC welcomed the development of the budget simulation tool, noting that it appears to be a promising instrument to support country planning, transparency, and decision-making under the Vaccine Budgets framework.
- Members raised questions on the definition and role of discretionary budgets, including how they align with country decision-making and domestic resource mobilisation. Some cautioned against an overly prescriptive approach that could constrain country autonomy, particularly in fragile and conflict-affected settings where flexibility is essential.
- The annual review mechanism was broadly welcomed. Members raised clarifying questions regarding timing, inclusion criteria and linkages to broader portfolio planning processes.
- The PPC discussed the prioritisation logic for allocating funding to new country needs arising during the strategic period, with differing views on the relative ordering of priorities. Several PPC members emphasised that prioritising existing vaccine programmes should be the core principle. Concerns were raised that the proposed logic prioritises funding allocation to new needs for new vaccine introductions or campaigns in the guaranteed budget over ongoing programmes under the discretionary budget, noting that this could pose operational and political challenges for countries. Other PPC members stressed that guaranteed vaccine programmes should be fully funded over the entire strategic period, and that any shortfall would represent a risk to Gavi's strategic goals. The PPC recommended an amended prioritisation logic, whereby existing programmes under the guaranteed budget and ISF floor are prioritised.
- Several PPC members highlighted the need for greater clarity on which countries and programmes are affected by the emerging funding gap.
- The importance of market shaping and supply considerations was highlighted, with calls for greater visibility on demand signals, including sharing information on unmet needs and standby lists, to support manufacturers' planning.
- Regarding the emerging funding gap for Vaccine Budgets, some PPC members noted that the Gavi vaccine forecast has historically been uncertain and volatile.

Therefore, the PPC recommended allocating newly available resources to fill immediate gaps for 2026-2027 priority needs using the updated prioritisation logic whilst allowing time for the forecast to evolve. The PPC also recommended that, if a funding gap in guaranteed budgets and the Initial Self Financing (ISF) floor persists in the updated forecasts, the Secretariat should conduct a holistic review of all Gavi funding envelopes to fill that gap and bring it to the Board for decision. The PPC reiterated the importance of continued resource mobilisation efforts, to address emerging funding pressures.

- The Secretariat acknowledged the concerns raised and reiterated the urgency of obtaining Board approval, noting that without an approved policy framework, it would be difficult to prioritise the additional resources to respond to the current funding pressure and emerging stock-out risks. The Secretariat also confirmed that a comprehensive change management and communication plan was being implemented to support countries. Finally, the Secretariat confirmed it will conduct a review of the Vaccine Budget policy in 2028 and update it as needed.

Decision Two

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

- **Approve** the Vaccine Budget Policy attached as Annex B to Doc 06a, as amended by the PPC.
- **Note**:
  a) Additional resources in the financial forecast v23.2 (approximately US$ 222 million) will be allocated following the revised prioritisation logic. This would likely cover most of the additional 2026 and 2027 needs from the draft v23.2 financial forecast.
  b) If a funding gap in guaranteed budgets and the Initial Self Financing (ISF) floor persists, the Secretariat will conduct a holistic review of all Gavi funding envelopes to fill that gap and bring it to the Board for decision.
  c) The Secretariat will conduct a review of the Vaccine Budget policy in 2028 and update it as needed.

6b. Health Systems and Immunisation Strengthening Policy

6b1. Michelle Jimenez, Acting Head, Policy, introduced this item highlighting targeted updates to the Health Systems and Immunisation Strengthening (HSIS) Policy to operationalise Gavi 6.0. She noted that the proposed revisions to the policy focused primarily on i) updating the approach for allocating vaccine implementation support within the HSIS grant in light of developments since the July 2025 Board approval, including Gavi Leap, Gavi 6.0 recalibration and the introduction of Vaccine Budgets; and ii) finalising policy elements not fully developed at the time of the July 2025 Board approval.

Discussion

- The PPC supported the Secretariat's proposed differentiated allocation approach for vaccine implementation support (Option 2), aligned with the Vaccine Budget Policy. Under this approach, vaccine implementation support for programmes in the guaranteed budget would be allocated upfront based on the forecast, while support for programmes in the discretionary budget would be allocated through a proportional proxy approach.
- The PPC extensively debated whether implementation support linked to forecasted introductions, campaigns and switches for programmes in the guaranteed budget should remain with countries even where activities do not proceed, under Option 2a, or whether access to those funds should be conditional on the activity being included within the country's application and budget, under Option 2b.
- Most PPC members supported Option 2b, noting that it better aligns vaccine implementation support with Vaccine Budgets, links funding more directly to programme implementation, and enables reallocation of resources where planned activities do not proceed in order to support implementation needs elsewhere in the portfolio.
- While there was broad support for Option 2b, there was not full unanimity, with several PPC members expressing a preference for Option 2a, noting that it would align more with Gavi Leap principles. They also highlighted that additional conditionality could undermine the fungibility and flexibility intended under the consolidated cash budget approach.
- PPC members underscored that Option 2b could introduce additional operational complexity and requested clarification on how it would be operationalised in practice, including the operational triggers for conditionality, treatment of delays, interaction with existing cash budget review, reallocation processes and whether any timing thresholds would apply before reallocation is triggered. They emphasised that funding should remain available in advance of implementation to support preparatory activities such as planning, training and social mobilisation, and that the approach should not be implemented as a reimbursement mechanism.
- The Secretariat clarified that countries would receive upfront visibility of their five-year allocations and that, once activities are included in the country application and confirmed through planning processes, related funds would be made available within the fungible HSIS grant. Where activities ultimately do not proceed, future disbursements could be withheld or adjusted rather than recovered ex post, with resources reallocated through existing cash budget review and reallocation processes.
- On Cold Chain Equipment (CCE) country joint investment, several PPC members questioned the rationale for applying a 2x consequence in cases of non-repayment under annualised payment arrangements, noting that this could

be perceived as punitive and may risk constraining access to CCE in fiscally constrained settings. They requested that application of the CCE consequence be monitored carefully. The Secretariat clarified that annualised payments were introduced to improve affordability and avoid procurement delays caused by lump-sum country contributions. As Gavi would frontload procurement financing including the country joint investment, the 2x consequence is intended to create a sufficient incentive for countries to meet their annual contributions from domestic or non-Gavi resources, noting a consequence limited to the outstanding amount alone would provide limited deterrence.

- PPC members also discussed whether remaining vaccine implementation support could be used in the future to address any potential Vaccine Budget funding gaps. While some members were open to considering this, this was decided against- with members cautioning that any such approach has interdependencies and thus should not undermine delivery. It was noted that this could be revisited closer to 2028 should funding gaps persist.
- Representatives from WHO and UNICEF, who were recused from the recommendation due to conflicts of interest but were invited to provide comments during the discussion, requested that their concerns regarding the recusal approach be formally noted in the meeting minutes.

Decision Three

The Gavi Alliance Programme and Policy Committee **recommended** to the Gavi Alliance Board that it:

- **Approve** the Health Systems and Immunisation Strengthening Policy attached as Annex B to Doc 06b.

Ephrem Lemango (UNICEF), Bruno Rivalan (World Bank), Kate O'Brien (WHO), Ngashi Ngongo (R&THI) and Yoram Siame (CSO) recused themselves and did not vote on Decision Three above.

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7. African Vaccine Manufacturing Accelerator (AVMA)

7.1 David Kinder, Director, Innovative Finance & Development Finance presented this item, supported by Dominic Hein, Director, Market Shaping. Mr Kinder provided an update on momentum since AVMA's launch in June 2024 and outlined the AVMA Plus proposal to programme the additional US$ 189 million in pledges received above the US$ 1 billion Board approved ceiling for AVMA via two new funding windows along with two proposed allocation principles.

7.2 He also outlined a proposal for an exceptional AVMA "course correction" exercise to be undertaken in 2026 in response to the specific challenges presented by the Gavi 6.0 funding environment to AVMA implementation.

Discussion

- The PPC welcomed the update on AVMA progress and challenges. The PPC broadly supported the proposal to programme the additional US$ 189 million and the creation of the two new funding windows, affirming support for the Ecosystem Support Window being clearly framed as a one-off, time-limited instrument covering a single (Gavi 6.0) period.
- Gavi's CEO, Dr Sania Nishtar, underlined that African vaccine sovereignty has moved from rhetoric to execution and emphasised that the optics of sitting on US$ 1.2 billion are challenging. She called for funds to be deployed in an evidence-based manner and as quickly as possible, including by disbursing to African agencies and holding them accountable for delivery, cautioning that in the context of conversations on global health architecture reform a further breach of trust would be challenging for Gavi.
- Prior to recusal, Africa CDC and WHO representatives welcomed the two funding windows as critical complements to AVMA. They noted that risk reduction and continental institutional strengthening are not mutually exclusive and cautioned against binary framing, recommending that the allocation discussion be anchored in the specific risks to AVMA milestones and the activities needed to address them, rather than in fixed envelopes per partner. The Africa CDC representative noted that at least four products are expected to reach the market in the next two years, and that the highest envelope option represented only around 5% of the overall AVMA envelope.
- PPC members expressed strong support for the Vaccine Buy-Down Window at the middle of the range (around US$ 139 million) on the basis that funds would directly address the funding gap in the vaccines budget and would generate demand for African vaccines in a constrained tendering environment. One PPC member emphasised that the Buy-Down Window should be net additive for African Manufacturers, rather than merely unlocking other demand for incumbents.
- On the size of the Ecosystem Support Window, the PPC expressed diverging positions. A few members leaned towards US$ 70 million, citing proportionality to the overall AVMA envelope and consistency with the African sovereignty agenda, while others supported US$ 30 million to maximise the Buy-Down allocation. Several other PPC members supported US$ 50 million, conditional on better evidence of gaps and a joined-up partner proposal.
- Several PPC members considered the binary framing of allocation principles (Option A risk reduction vs Option B continental institutional strengthening) unhelpful and called for an activity-based joint proposal from Africa CDC, WHO and AMA, addressing specific bottlenecks and anchored in the risk framework, rather than fixed envelopes per partner. PPC members noted the importance of complementarity with other partner investments in this ecosystem, including the World Bank Group's AIM 2030, the European Commission-funded regulatory landscape mapping, and EU and German programmes, and encouraged that the Secretariat ensure alignment and minimise any overlap, before a proposal would be presented to the Board.

- PPC members requested clarification of the proposed breakdown of the Ecosystem Window between Africa CDC, WHO and AMA, including underlying assumptions and whether each agency's share would be sufficient for its role.
- The PPC supported the proposed out of cycle course-correction to AVMA's key terms limited at this stage to: (i) Accelerator payment levels (including the per-vial fill-finish cap) and (ii) scope of vaccines eligible for Milestone payments to take account of both the changed operating context since AVMA's launch in 2024, and, the 2026 UNICEF tender cycle; allowing manufacturers to factor in any decisions, into their bids.

Decision Four

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

a) **Approve** the programming of the additional US$ 189 million in African Vaccine Manufacturing Accelerator (AVMA) pledges above the Board-approved US$ 1 billion ceiling in support of a time-limited addendum to the AVMA key terms as set out in Annex A to Doc 07, known as "AVMA+".

b) **Approve** the creation of two new funding windows within AVMA (i) a Vaccine Buy-Down Window and (ii) an Ecosystem Support Window.

c) **Approve** the size of US$ 50 million, targeted at the most critical risks to AVMA's delivery for the Ecosystem Support Window, with remaining funds allocated to the Vaccine Buy-down Window.

d) **Request** the Secretariat provide to the PPC in October 2026 and to the Board in December 2026 proposals on an accelerated course-correction to AVMA's key terms limited at this stage to: (i) Accelerator payment levels (including the per-vial fill-finish cap) and (ii) scope of vaccines eligible for Milestone payments to take account of the changed operating context since AVMA's launch in 2024.

Kate O'Brien (WHO), Ngashi Ngongo (Africa CDC) recused themselves and did not vote on Decision Four above.

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8. Gavi 6.0 Programmatic Approaches

8a. Strategic Approach on Campaign Optimisation

8a1. Johannes Ahrendts, Director, Strategy, Policy & Foresight, and Emanuele Capobianco, Director, Global Health Security co-presented this item and provided an overview of the Campaign Optimisation Strategic Approach for Gavi 6.0. They outlined the main objective of this approach and the key challenges it seeks to address; and they presented the five focus areas through which Gavi will drive change across its grant lifecycle management.

Discussion

- PPC members broadly supported the intent and direction of the approach, recognising the need to improve campaign effectiveness and sustainability in a constrained funding environment. Members welcomed the shift towards a more effective and efficient delivery models, while emphasising that campaigns remain critical for reaching under-immunised populations.

- The PPC highlighted the need to better reflect varying levels of health system capacity and digital infrastructure maturity across countries. The members emphasised that, in some settings—particularly fragile contexts—nationwide standalone campaigns and cash payments may remain the only feasible delivery mechanisms and cautioned against an approach that could unintentionally penalise the most challenging contexts.

- Under efficient campaign design, members welcomed the shift to reduce reliance on nationwide and standalone campaigns. Several members highlighted the importance of high-quality planning and microplanning as a prerequisite for improved efficiency and effectiveness.

- On campaign co-financing, PPC members expressed divided views on the proposed options and requested further analysis of country level impacts and potential mitigation measures. Following extensive deliberations, it was agreed to proceed with Option 2 (sets campaign co-financing rates at 2% for Initial Self-Financing (ISF), 15% for Preparatory Transition (PT) and 25% for Accelerated Transition (AT) countries). Members noted that higher co-financing rates for PT and AT countries could pose risks of delays or cancellations of campaigns, but considered this necessary to offset the reduction in co-financing obligations for ISF countries in a constrained funding context.

- A minority view was expressed by the representative from Germany regarding the co-financing options, noting a lack of agreement with Option 2.

  Members also sought clarity on eligibility criteria for the co-financing reduction for “integrated” campaigns, emphasising the importance of maintaining country ownership. They also requested a clearer definition of “integration” noting the that limiting the scope of the co-financing reduction to Gavi-supported integrated campaigns would be too narrow given broader integration objectives. In response, the Secretariat clarified that the definition of integration extends beyond coordinated delivery of Gavi-supported antigens. However, the 50% co-financing reduction under Focus area 2 would apply to integrated delivery of Gavi antigens, reflecting both budget constraints and the objective of incentivising targeted changes in delivery models. The Secretariat also committed to exploring options to broaden the scope of the reduction ahead of the Board meeting.

- In relation to digital solutions and electronic payments, some PPC members expressed support for the overall direction towards digitalisation and electronic payments, while others voiced concerns regarding the feasibility of introducing a mandatory requirement within the proposed timelines. They called for a broader and more flexible approach to exceptions beyond fragile and humanitarian settings, based on digital payment readiness and system maturity, as well as an extended implementation timeline. The Secretariat confirmed that the scope of exceptions and implementation timelines would be further refined to address PPC concerns regarding feasibility and readiness.

- Regarding country-centred and integrated monitoring, PPC members welcomed the proposed flexibility in monitoring approaches but requested greater clarity on accountability and how real-time monitoring would translate into action. Some members cautioned against expectations to fully integrate campaign monitoring with routine systems without commensurate investments. Several members emphasised the importance of retaining Post-Campaign Coverage Surveys (PCCS) as a standard where appropriate, while allowing for context-specific approaches.

- With reference to partnerships, members encouraged stronger operational collaboration with partners, including humanitarian actors in fragile settings, and closer alignment with broader integration agendas, including PHC and collaboration with The Global Fund.

- The Secretariat committed to continue working with HSS Technical Advisory Group (TAG) members to strengthen the monitoring framework, including addressing feedback on PCCS, and to finalise outstanding analysis related to co-financing.

Decision Five

The Gavi Alliance Programme and Policy Committee **recommended** to the Gavi Alliance Board that it:

a) **Approve** the Campaign Optimisation Strategic Approach as outlined in Annex C to Doc 08a, as amended by the PPC.

b) **Approve** the updated Co-financing Policy attached as Annex D to Doc 08a

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8b. Fragile and Humanitarian Approach

8b1. Alex de Jonquières, Director, Health Systems & Immunisation Strengthening, and Alex Beecher, Head, Strategy Design & Delivery presented the proposed reprioritisation of the Fragile and Humanitarian (F&H) Approach use cases following the Gavi 6.0 recalibration process and provided an update on operationalisation of the F&H Approach.

8b2. Alex Beecher highlighted the engagement with the F&H Alliance Advisory Group (AAG) to develop the reprioritisation proposal, noting diverse viewpoints on some topics.

Discussion

- The PPC broadly endorsed the proposed reprioritisation of the F&H Approach.
- PPC members expressed broad agreement to provide exceptional flexibility for funding traditional vaccines from within the remaining GRM use cases, following its removal as a standalone use case, and noted the need for clearer definition of exceptional criteria, and of governance for fungibility across use cases for the Board's consideration, as well as a more explicit and meaningful inclusion of humanitarian partners and expertise in the F&H approach operationalisation, while acknowledging potential conflicts (applicants vs decision-makers). The Secretariat was encouraged to strengthen the messaging in the Board paper to clarify that the GRM is not the primary mechanism for reaching children in fragile and humanitarian settings, but rather a last resort mechanism within a broader framework.
- With respect to "traditional vaccines", PPC members acknowledged the difficult trade-offs resulting from the constrained funding environment. Some PPC members raised concerns regarding the implications for zero-dose children and cautioned against overreliance on MDB or bilateral financing to fill in the gaps. It was clarified that exceptional flexibility would remain for humanitarian actors to access traditional vaccines through other GRM use cases where governments are unable to reach populations.
- The Secretariat responded to reflections from the PPC on the need for clearer guardrails on fungibility and noted that specific limits (e.g., a 20% threshold) have been considered but not formalised keeping in mind the need to retain flexibility while use cases evolve. Adjustments ("rebasing") can be made over time, through the annual PPC reporting.
- With respect to the Middle-Income Countries in the "catalytic phase" facing fragility or emergencies, PPC members acknowledged the balance between constrained resources overall and the strong mandate alignment as well as existing commitments and pipeline for this use case, thus recommending retaining relative share.
- PPC members stressed the importance of continued transparency regarding unmet requests and funding decisions, and the need to have a clear view of all funding requests from countries to be able to make informed decisions on trade-offs as opposed to individual requests.
- Some PPC members asked whether countries such as Lebanon and Palestine had come forward for funding support. The Secretariat clarified that a request from Palestine had been received and was under consideration, while demand

from Lebanon was expected but had not yet been submitted at the time of the meeting. It was further explained that these were not included as standalone requests as they fall under the GRM cases, whereas the PPC was being asked, under a separate agenda item, to approve support for Ukraine, as the country was not in the catalytic phase anymore and therefore would require standalone approval.

- The PPC supported continued engagement of humanitarian expertise and humanitarian partners in operationalisation of the F&H Approach.

Decision Six

The Gavi Alliance Programme and Policy Committee **recommended** to the Gavi Alliance Board that it:

- **Approve** the proposed reprioritisation of use cases under the Fragile and Humanitarian Approach attached as Annex A to Doc 8b.

Kate O'Brien (WHO, Ephrem Lemango (UNICEF) and Yoram Siame (CSOs) recused themselves and did not vote on Decision Six above.

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9. Gavi 6.0 Measurement Framework targets & Update from the Evaluation Advisory Committee (EAC)

9.1 Hope Johnson, Director, Measurement Evaluation & Learning, presented this item. She outlined the proposed Gavi 6.0 mission and strategy performance indicators and proposed targets and provided an overview of the evaluation function workplan and reform progress. James Hargreaves, Chair, Evaluation Advisory Committee (EAC), presented an update on the EAC's latest meeting.

Discussion

- With regards to the measurement framework targets, the Committee emphasised the need to maintain the ambition on the zero-dose indicator and target and did not agree with the proposed reduction. While acknowledging the need for realism given constrained resources, there was a clear preference for maintaining higher ambition, due to the signal it sends to countries and the need to remain aligned with the WHO Immunization Agenda 2030 (IA2030) targets.
- Clarification was requested on how Gavi-level targets will relate to country-specific targets (top-down vs bottom-up alignment). The Secretariat explained that the metrics discussed are accountability indicators tied to donor funding and performance (e.g., linked to donor log frames and disbursements). Targets are based on the best available evidence, including current country performance, projected pathways, and modelled estimates. However, the

context remains highly uncertain (e.g., incomplete data, evolving country decisions, ODA reductions).

- PPC members inquired on the link between portfolio-level and country-level targets, the baseline used for measuring progress, and whether the proposed approach confuses contribution vs attribution. The Secretariat clarified that these are portfolio-level (aggregate) targets, not country-level commitments. Individual countries will set their own targets later through grant applications, and overall ambition will likely vary across countries, resulting in a mixed level of ambition across the portfolio.
- Regarding the inactivated poliovirus vaccine (IPV) target, the PPC expressed strong support for maintaining the 80% coverage target, as it represents a critical epidemiological threshold and should remain aligned with the Global Polio Eradication Initiative (GPEI) guidance. An alternative was proposed to track the number of countries reaching 80%.
- Some PPC members expressed concern about revising targets mid-strategy, which could create moving goalposts. Preference was expressed for setting clear, fixed targets upfront, aligned with available resources (e.g., deaths averted estimates), and avoiding subsequent downward revisions.
- On evaluations, PPC members welcomed more regular engagement of the PPC on evaluations, including updates or presentations on evaluation findings. Members underlined that the malaria evaluation should be adequately resourced given its scale and cost in Gavi 6.0.
- PPC members highlighted significant uncertainty in the Vaccine Portfolio Optimisation and Prioritisation (VPOP) financing outlook, noting that this directly affects the credibility and feasibility of targets. Furthermore, several members stressed that the measurement framework is heavily dependent on financial assumptions and requested to revisit targets once updated financial forecasts are available.
- There were broader concerns about Official Development Assistance (ODA) reductions and weakening data systems, and the implications for monitoring progress.

- The PPC discussed limitations in data quality and reliability and reliance on modelled estimates. Members highlighted the need to improve vital registration systems, noting the importance of national and subnational data quality and highlighted concerns about declining funding for DHIS2 and data systems. The Secretariat explained that their analysis relies on commonly used modeled estimates. There are known gaps (e.g., population data, CRVS systems), and efforts are ongoing to improve data quality, coordinate with partners, and prioritise learning in key uncertainty areas.

- On the evaluation framework and learning agenda, the PPC emphasised the importance of adaptive learning and feedback loops, expanding evaluation scope to cover new programmatic elements, ensuring adequate resourcing,

and extending the learning agenda for malaria beyond 2028. The PPC also called for stronger alignment and collaboration across partners in evaluations and implementation.

- The PPC agreed to support the Gavi 6.0 mission and strategy measurement framework targets, while maintaining the ambition on zero-dose children as well as keeping IPV support at 80%, subject to alignment on targets for the indicators on zero-dose and completed series of IPV with the Alliance Technical Working Group.

Decision Seven

The Gavi Alliance Programme and Policy Committee (PPC) **recommended** 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.

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10. Alliance Roles & Responsibilities - CONFIDENTIAL
See separate notes.

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11. Fragility support to Ukraine

11.1 Thabani Maphosa, Chief Country Delivery Officer, presented this item. He outlined a request to exceptionally extend support for Ukraine, which was Board approved in December 2025 through June 2026, across 2026-2027 under the Gavi Resilience Mechanism (GRM).

Discussion

- Noting that Ukraine's support was an exception to the Gavi eligibility criteria, some PPC members proposed funding should be sourced outside of the Gavi Resilience Mechanism (GRM). The Secretariat clarified that at a minimum, the costed extension of US$ 6 million could be funded through a special programme.

- The PPC expressed broad support for an extension to June 2027 to allow enough time to spend the US$ 10 million approved support. The members also expressed support for an additional US$ 6 million to be utilised until

December 2027 contingent on additional funds being available through a special programme to support Ukraine.

- Some PPC members raised concerns about setting a precedent by providing exceptional support outside the eligibility policy. They emphasised that considerations of equity should guide such decisions, particularly in ensuring fair treatment of other countries facing similar fragile or humanitarian contexts.

- The PPC requested the Secretariat to explore a funding mechanism to support Ukraine outside of the GRM, including resourcing the entire US$ 16 million.

- A PPC member noted that a more systemic approach is required for fragile Upper Middle-Income Countries (UMICs) given that exception was being granted to Ukraine outside of eligibility policy.

Decision Nine

The Gavi Alliance Programme and Policy Committee **recommended** to the Gavi Alliance Board that it:

a) **Approve**, exceptionally: (1) a no cost extension of Ukraine's US$ 10 million fragility support as approved by the Gavi Board in December 2025, from 1 July 2026 until 30 June 2027; and (2) a costed extension of US$ 6 million until 31 December 2027 contingent on additional funds being available through a special programme to support Ukraine.

b) **Request** that the Secretariat explores alternative funding mechanisms to finance the Gavi Board approved US$ 10 million fragility support to release pressure from the funds in the Gavi Resilience Mechanism.

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12. Review of decisions

12.1 Brenda Killen, Director, Governance, reviewed the decision language with the Committee which was approved by them.

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13. Any other business

13.1 After determining there was no further business, the meeting was brought to a close.

Nadine Abu Sway
Secretary to the Meeting

Attachment A

List of Participants

Committee Members

1. Anne **Schuchat**, Unaffiliated Board Member, PPC Chair
2. Adrien **de Chaisemartin**, Deputy Director, Gavi, Immunization Partners & Special Initiatives, Gates Foundation
3. Bruno **Rivalan**, Program Manager Strategy, World Bank
4. Ephrem **Lemango**, Associate Director Immunization, UNICEF
5. Kate **O'Brien**, Director Immunization, Vaccines and Biologicals Department, WHO
6. Lakshmi **Somatunga**, Additional Secretary, Public Health Services, Ministry of Health, Sri Lanka
7. Mohamed **Jama**, Senior Policy Adviser, Ministry of Health, Federal Government of Somalia
8. Kediende **Chong**, Director General, Ministry of Health, South Sudan
9. Issa **Ouedraogo**, Senior Technical Advisor, Ministry of Health, Burkina Faso
10. Clarisse **Paolini**, Deputy Assistant Secretary for Human Development, Ministry of Foreign Affairs, France
11. Zainab **Naimy**, Senior Advisor, NORAD, Norway
12. Rob **Whitby**, Head of Immunisation, Foreign, Commonwealth and Development Office (FCDO), UK
13. Birgit **Strube**, Counsellor (Development), Permanent Mission of the Federal Republic of Germany to the United Nations Office and other international organizations
14. Hitoshi **Murakami,** Assistant Director-General, Bureau of International Health Cooperation, National Center for Global Health and Medicine, Japan
15. Ariane **McCabe**, Senior Director for Global Health Policy & Advocacy and Geneva Hub, GSK
16. Rajinder **Suri**, Chief Executive Officer, Developing Countries Vaccine Manufacturers' Network (DCVMN) International
17. Yoram **Siame**, Director Advocacy Planning and Development, CHAI
18. Ngashi **Ngongo**, Chief of Staff and Head of Executive Office, Africa CDC
19. Anthony **Scott**, Independent expert, Chair of SAGE

Committee Members - Virtual

1. Awa Marie **Coll Seck**, Unaffiliated Board Member
2. Sania **Nishtar**, Chief Executive Officer, Gavi Alliance

Board and Committee Members presenting

1. David **Sidwell**, Unaffiliated Board Member and Chair of the Audit and Finance Committee *
2. James Hargreaves, EAC Chair *

Guests/Observers

1. Lauren **Franzel-Sassanpour**, Unit Head, Vaccine Alliances & Partnerships, WHO *
2. Maya **Vandenent**, Senior Advisor Health, Lead Vaccines Delivery Optimization, UNICEF *
3. Andrew **Jones**, Deputy Director, Supply Division, UNICEF *
4. Bianca **Baluta**, Policy Officer, Focal point for AVMA & Regulatory Specialist, Directorate General for International Partnerships, European Commission *
5. Folake **Olayinka**, Director of Immunization, Africa CDC *

Special Advisers to Implementing Country Board and Board Committee Members

1. Sudhvir **Singh**, Special Adviser to the Gavi Board Chair
2. Ruzan **Gyurjyan**, EURO Constituency *
3. Muluken **Desta**, Anglo-Africa Constituency *
4. Annick **Sidibé,** Francophone-Africa Constituency *
5. Manuel **Sierra Santos**, PAHO Constituency *
6. Pratap **Sahoo,** SEARO Constituency *
7. Monica **Nirmala**, SEARO Constituency *
8. Zaeem **Ul Haq**, EMRO Constituency *
9. Tessa **Oraro-Lawrence**, CSO Constituency *

** Attending virtually*