

Gavi Alliance Programme and Policy Committee Meeting 14-16 May 2025 Global Health Campus, 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 13.00 Geneva time on 14 May 2025. Anne Schuchat, Programme and Policy Committee (PPC) Chair, chaired the meeting.
- 1.2 The Chair welcomed all participants, in particular new members, including Zainab Naimy (Industrialised Governments – Norway), Clarisse Paolini (Industrialised Governments – France), and Onei Uetela (Civil Society Organisations).
- 1.3 The Chair also welcomed Fleur Davies (Industrialised Countries – Australia), who was a PPC member-elect at the time of the meeting. The Chair noted that given that the appointment to the PPC was already formally underway, she had agreed exceptionally that Ms Davies could attend the meeting and contribute fully in the discussions.
- 1.4 As the PPC Charter allows for any Board or Alternate Board Members to observe Committee meetings, the Chair welcomed the participation of Francesca Manno (Alternate Board Member, Italy) and Bvudzai Magadzire (Board Member, Civil Society Organisations).
- 1.5 The Chair also informed the PPC that James Hargreaves, Chair of the Evaluation Advisory Committee (EAC), would be joining some sessions of the meeting virtually, and that Bolanle Oyeledun, Vice Chair of the Independent Review Committee (IRC), would present an update on activities of the IRC, together with her fellow Co-Chair, Pierre-Corneille Namahoro.
- 1.6 She also informed the PPC that she had invited Peter Sands, Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria, to join the discussion on collaboration with other organisations on the second day of the meeting.
- 1.7 Standing declarations of interest were tabled to the Committee (Doc 01a in the Committee pack).
- 1.8 The minutes of the PPC meeting of 22-24 October 2024 and 20 November 2024 were tabled to the Committee for information (Doc 01b and 01c, respectively). The minutes had been circulated and approved by no objection on 9 January 2025 and 10 February 2025, respectively.

- 1.9 The Chair referred to the PPC workplan (Doc 01e). Committee members were reminded that they may contribute to the workplan by raising issues with either herself or the Secretariat.
- 1.10 She also reflected on the unprecedented and evolving global context, noting that the Board at its retreat in April 2025 had been steadfast that the Gavi 6.0 strategy was still fit-for-purpose and that Gavi should continue to work to operationalise it as designed. In this regard, she requested that the PPC approach its deliberations with this lens.

2. Joint Alliance Update on Country Delivery

- 2.1 Thabani Maphosa, Chief Country Delivery Officer, Gavi, presented on progress against the 2024 focus areas for the Alliance, including challenges; targeted and concerted efforts at the Secretariat level to address cash balances and accelerate implementation, as well as detailed updates on Ethiopia and Côte d'Ivoire (Doc 02).
- 2.2 Ephrem Lemango, Associate Director of Immunization, UNICEF, provided an update on the Big Catch-Up and detailed how the Alliance leveraged UNICEF and expanded partners to institutionalise 5.1 shifts in countries, including a deep dive on Madagascar.
- 2.3 Kate O'Brien, Director, Department of Immunization, Vaccines and Biologicals, World Health Organization, reported on progress with respect to malaria, human papillomavirus (HPV), and the overall increase in deployment of outbreak response doses since 2024.

Discussion

- The PPC congratulated Kate O'Brien (WHO) for having been awarded the 2025 Albert B. Sabin Gold Medal from the Sabin Vaccine Institute for her contribution to the global immunisation landscape.
- Several PPC members commented on the important role of Civil Society Organisations (CSOs) in the Alliance, and queried compliance with the Board decision to allocate 10% of Health Systems Strengthening (HSS) and Equity Accelerator Fund (EAF) funds to Civil Society Organisation (CSOs). The Secretariat confirmed there was compliance and committed to provide more information in the presentation at the PPC meeting in October 2025. The Secretariat also clarified some of the technical matters involved in calculating the percentage and in monitoring this at the sub-national level.
- With regard to several reflections on challenges to co-financing, the Secretariat clarified that there had not been more co-financing waivers than in past years;

however, it noted that there have been some challenges related to the timeliness of co-financing payments.

- On the topic of reaching the unreached and inaccessible areas, the Secretariat acknowledged that while historically there may have been some misalignment of policies and funding, it explained that there has been some work underway to consider the institutionalisation of catch-ups and avoiding one-offs to make progress in this area.
- With respect to the opportunity to invest in community health workers, the Secretariat noted the important need for investment and indicated that it has provided catalytic funding in this space, and that moving forward there will be further opportunities with more tailored approaches at the subnational level.
- Several PPC members commented on vaccine management and it was clarified that over the past two years there has been improved reporting by countries on stock levels.
- In relation to several remarks on cholera, it was clarified that the recent outbreak response requests are for single dose regimens and are new outbreak responses. In addition, the expectation is for preventive cholera vaccine programme to start again as supply of oral cholera vaccine (OCV) increases over the next couple of years.
- On outbreaks, it was clarified that each of the outbreak responses includes multi-partner support, tailored for each country setting and specific situation.
- With respect to malaria, in response to concerns raised about South Sudan and its strong introduction but lagging implementation, it was clarified that it will be important, particularly in countries with weak health systems capacity, that countries are monitoring and adjusting the programme support as implementation advances, utilising cross-country lessons on approaches.
- One PPC member noted the long lead time involved in vaccine manufacturing, quality control and release by national authorities, and requested that Gavi and UNICEF teams engage with manufacturers early with a clear demand forecast to avoid supply shortfalls.

3. Report of the Independent Review Committee (IRC)

- 3.1 Bolanle Oyeledun, Vice Chair of the Independent Review Committee (IRC), presented this item (Doc 03) and was joined by her fellow IRC Vice Chair, Pierre-Corneille Namaharo.

Discussion

- PPC members welcomed the IRC update and expressed support for the IRC recommendations.
- PPC members emphasised the importance of supporting countries in prioritising new vaccine introductions, ensuring that the process is country-driven, and considering the implications for each country's health system for the successful delivery of Gavi 6.0. An Alliance-wide approach to supporting countries in making these evidence-informed decisions is currently under development and will be brought for decision in the next Governance cycle.
- Several PPC members highlighted the benefits of in-country reviews over centralised ones. The IRC Co-Chair acknowledged the importance of these reviews but noted that they are costly and context-dependent.
- PPC members stressed the need to support countries in strengthening health systems and workforce, including recruitment and retention of health workers.
- Regarding the implementation of recommendations, the Vice-Chair explained that the IRC has visibility on the process, supported by Senior Country Managers and partners on the ground. The Secretariat tracks implementation progress and informs the IRC.
- The IRC Vice-Chair emphasised the close collaboration between the IRC and the Global Fund Technical Review Panel (TRP), particularly on the malaria programme, and noted the suggestion to explore potential areas for collaboration with the Africa Centres for Disease Control and Prevention (Africa CDC).
- The IRC Vice-Chairs reiterated their commitment to ensuring CSOs, the private sector, and local partners are well represented in country applications.
- In response to inquiries about the IRC's preparation for the operational shifts for Gavi 6.0, the IRC Vice-Chairs highlighted the numerous changes made under the IRC transformation project and the IRC's willingness to adopt further new approaches to support the rollout of the next strategy, including the review process for holistic applications. Pilots in Mozambique and Guinea-Bissau are currently underway, and the learnings from these pilots are being incorporated into the process.

4a. Market Shaping Retrospective

- 4a.1 Dominic Hein, Director, Market Shaping, presented this item (Doc 04a). He provided a retrospective update on Gavi 5.1 progress towards Gavi Strategic Goal 4 (SG 4) to ensure healthy markets and explained the rationale behind the

request to retire the 2012 Board-approved policy for Self-Procurement of Vaccines and Injection Safety Devices.

4b. Governance Pathways for Next Generation Vaccines

4b.1 Dominic Hein, Director, Market Shaping, also presented the proposed governance pathways for next generation vaccines (Doc 04b).

Discussion

- The PPC welcomed the market shaping update and invited the Secretariat to reinstate the annual updates that previously had taken place for this workstream.
- PPC noted with concern the vaccines with unacceptable market health, namely: human papillomavirus (HPV), malaria and oral cholera vaccine (OCV), and encouraged the Alliance to accelerate a shift to a more resilient and diversified supply.
- Several PPC members underlined the important role that the African Vaccine Manufacturer Accelerator (AVMA) could play in making African vaccine manufacturing a reality and addressing vaccine supply shortages.
- Regarding the decision to retire the 2012 Board-approved policy for Self-Procurement of Vaccines and Injection Safety Devices, the PPC recognised the necessity of having a fit-for-purpose policy. However, after considering the implications of a potential gap until a new policy is developed, the PPC recommended keeping the current policy in place until such time as a new policy is approved.
- In reference to the proposed governance pathways for next generation vaccines, the PPC expressed general support and provided the following comments, including to: i) include value for money as a mandatory step in the pathway; ii) assess the trade-offs of introducing next-generation vaccines compared to other pipeline vaccines and the existing portfolio; iii) evaluate the Alliance's readiness to support countries financially and programmatically; and iv) assign a specific role to WHO for technical considerations, particularly in steps 2 and 3 of the pathway.
- Regarding the broader market shaping, PPC members underlined the need to i) promote sustainable transition in Gavi 6.0 and ensuring access to affordable and predictable prices for the Middle-Income Countries (MICs); ii) address challenges facing cold chain equipment markets; and iii) expressed support for including the mpox vaccine as part of the discussion on adding to the priority vaccines for the AVMA at the Board meeting as early as possible in 2025.

- PPC members agreed that the recommendation related to governance pathways could be placed on the consent agenda for the July 2025 Board meeting.

Decision One

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

- a) **Approve** the revised governance pathways to evaluate next generation vaccines targeting already-supported pathogens for potential inclusion on the Gavi “product menu” attached as Annex C to Doc 04b; and
- b) **Note** that the revised governance pathways include an assessment of the relevance of the next generation vaccines to Gavi countries, the anticipated budget impact and programmatic, regulatory, demand and market health benefits and risks, an investment case presented to the Programme and Policy Committee and Board if these risks and budget impact are considered material, and an assessment of whether the vaccines meet Gavi’s Product Portfolio Management principles for inclusion on the Gavi “product menu”.

5. CEO Update, including Gavi 5.1 Strategy, Programme and Partnerships and Gavi 6.0 Leap

- 5.1 Sania Nishtar, CEO, provided an update on Gavi 5.1 Strategy, Programmes, and Partnerships (Doc 05). She highlighted the challenging operating context and gave a general update on the upcoming Global Summit on 25 June 2025 in Brussels, recent country visits, and the Secretariat.
- 5.2 She briefly discussed the recalibration of the Gavi 6.0 strategy and funding commitments, noting the timing of Gavi replenishment and Board recalibration discussions. She introduced the Gavi Leap to operationalise Gavi 6.0, emphasising country focus, simplicity, and transparency, and outlined its five key pillars.
- 5.3 Regarding the update on Strategy, Programmes, and Partnerships, the CEO summarised the programmatic Balanced Scorecard for Q1 2025, noting that the Alliance is largely on track to meet its targets by the end of Gavi 5.1. She mentioned that new routine introductions exceeded targets for 2024 and are expected to surpass the overall target for the Gavi 5.1 period.
- 5.4 She provided an update on Gavi Strategic Goals 1-4, noting that outbreaks remain above Gavi 4.0 levels and are a top risk for the Alliance; the Big Catch-Up efforts have shifted to implementation with early signs of lagging performance; countries continue to meet co-financing obligations despite a significant increase from 2023; and Gavi is on track with its market health

targets, except for rotavirus, human papillomavirus (HPV), cholera, and malaria.

Discussion

- PPC members thanked the CEO for her update and welcomed the country-centric approach driving the Gavi Leap.
- PPC members emphasised the importance of ensuring the sustainability of new vaccine introductions, supporting countries in prioritisation, and investing in service delivery interventions and innovations.
- With respect to the Big Catch-Up, PPC members expressed concern about countries falling behind and a lack of progress in this challenging context.
- PPC members reflected on the current budget-constrained environment and emphasised the need for the Alliance to ensure efficiencies, avoid duplication, and take a holistic view of how partnership resources would come together. The CEO emphasised that transparency in investments at the country level is crucial for partnerships and reiterated that all processes in Gavi 6.0 would adhere to established frameworks.
- The CEO noted the need to mitigate circulating outbreaks particularly in fragile and conflict countries, including the request to consider secondary doses of cholera vaccine.
- The CEO acknowledged comments from the PPC on diagnostics, particularly on the importance of the measles rapid diagnostic tests, and noted a request to look into allowing ongoing pilots to be completed in Gavi 6.0 period.
- Regarding malaria, the PPC underlined the importance of scaling up coverage, tracking the completion of the full vaccine schedule, and considering the impact of a potential programme pause on countries aiming to introduce the vaccine prior to high transmission season.
- The CEO responded to queries on the role of Gavi in emergencies, highlighting Gavi's role as a lead of the vaccine pillar, under the stewardship of WHO.
- The PPC acknowledged the growing commitment from countries towards co-financing and emphasised the need to engage with those not meeting their obligations.
- The CEO responded to a query on the source of country co-financing noting that international development support comprises grants and multilateral components, with concessional loans being part of a country's indigenous resources. She explained that the Multilateral Development Bank (MDB) Multiplier aims to facilitate access to concessional lending for co-financing,

especially to support graduating countries to cover vaccine costs, highlighting the distinct dynamics between grants and multilateral support.

- In relation to the inclusion of gender in Gavi Leap, the CEO underlined that the gender lens was prominent in the CEO's 180-day plan, which institutionalised certain ways of working at the Secretariat, including putting in place a three-monthly cadence on analysing metrics disaggregated by gender.
- The CEO responded to questions about new programme launches in 2026, noting that a list of decision letters have been paused until after replenishment, including 3 malaria scale-up decision letters.
- With regards to ensuring swift decision making at the Board level for Gavi 6.0 recalibration post replenishment, the CEO assured the PPC that necessary consultations have started based on input from the April 2025 Board retreat, supported by a newly established management reporting and delivery cascade to ensure implementation.
- In responding to an inquiry, the CEO highlighted that the Gavi Leap is a more comprehensive reform compared to EVOLVE, encompassing multiple dimensions. Currently, a holistic grant management reform is underway, with a new department and Chief in place to ensure accountability.
- In the context of efficiency savings, the CEO referred to the ongoing Secretariat reorganisation exercise with oversight from the Audit and Finance Committee (AFC) on operational expenses cuts.

6. Read-Out from Audit & Finance Committee Meeting

- 6.1 François Note, Chief Financial Officer, introduced this item and provided a summary of the key messages from the Audit and Finance Committee (AFC) meeting which had taken place on 12-13 May 2025.

7. Gavi 6.0 Operationalisation

- 7.1 Johannes Ahrendts, Director, Strategy, Funding & Performance, provided an update on the work underway to prepare to deliver on Gavi 6.0, and focused on two matters for PPC guidance: i) the Gavi 6.0 Execution Framework; and ii) the alignment of country grant cycles with the Gavi strategy cycle (Docs 07a and 07b).
- 7.2 Sania Nishtar, CEO, provided framing remarks. She underlined two main elements: i) the broader operationalisation of Gavi 6.0 focusing on aligning

strategic goals with objectives, flagship interventions, Measurement, Evaluation, and Learning (MEL), accountabilities, and key performance indicators; and ii) the misalignment of grant cycles which creates fiduciary accountability issues and burdens staff, as well as the goal to bring coherence and alignment with the grant cycles of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund).

Discussion

- PPC members provided guidance on the Gavi 6.0 Execution Framework, emphasising the importance of accountability among all partners, particularly at the country level, and the need for incentives to encourage performance. The Secretariat confirmed that the framework's primary objective is accountability, which will be maintained through management reporting and performance monitoring by Alliance partnerships and teams, who will also implement necessary adjustments.
- Some PPC members underlined the importance of the work on Vaccine Portfolio Optimisation and Prioritisation (VPOP), the Secretariat noted that an update on this would be provided to the PPC and the Board in the second half in the year.
- Several PPC members emphasised the need to rethink and improve vaccination campaigns. The Secretariat noted that countries must enhance their routine immunisation systems to prevent costly and recurrent outbreaks and mentioned that a technical advisory group would be established to assess campaign efficiency and effectiveness.
- The PPC welcomed the grant cycle alignment proposal, emphasising the importance of prioritising country choices, allowing mid-cycle modifications, fully engaging with partners and countries to ensure a country-driven process, and ensuring country and partners' capacities to implement these changes.
- The Secretariat noted it would closely manage the transition into the new grant cycle, ensuring alignment with country capacity, as part of the design. Countries will have a two-year transition period with two transition options allowing countries to align with the fiscal year cycle and their national immunisation plans.
- Several PPC members stressed the importance of accountability and the need for a robust measurement and evaluation framework, joint appraisal plans and a communication strategy to facilitate the transition. The Secretariat underlined that the grant management reform offers an opportunity to enhance accountability within the Alliance, ensuring time for monitoring, measurement, and course correction.

- One PPC member noted that in addition to global results, it would be beneficial to understand country results achieved on Strategic Goals 1, 2, and 3 and focusing on countries with the highest levels of investment.
- Regarding the *use it or lose it* principle, some PPC members cautioned that this may lead to an unintentional, inefficient use of resources. Acknowledging these concerns, the Secretariat explained that *use it or lose it* would allow for more efficient use of resources as it prevents over commitment of resources in countries that have slower absorption. Unused funds would be rolled over to the next strategic period, reducing the overall liability for the Alliance for the next strategy cycle.
- The PPC reiterated the importance of ensuring that the consolidated single country application is a simplified one which includes all funding components to alleviate administrative and transactional costs.
- Several representatives from the Implementing Country constituency underlined the importance of strengthening country capacities, particularly in fragile and conflict countries, and providing flexibilities to high burden countries facing absorption problems.
- The Secretariat noted the importance of including the CSOs in the process, and underlined that safeguards would be put in place to ensure their inclusion in planning for the single holistic application, notably through guidelines and IRC processes.

8. Health Systems Strategy

- 8.1 Alex de Jonquières, Director, Health Systems & Immunisation Strengthening, introduced this item (Doc 08) with Stephen Sosler, Head, Vaccine Programmes, responding on vaccine campaign-specific topics.

Discussion

- PPC members were supportive of the proposed Health Systems Strategy, which had previously been discussed by the PPC in May 2025.
- Several PPC members commented on the alignment of the strategy with the Lusaka agenda. It was clarified that the Secretariat had tried to be very clear in the strategy about Gavi's commitment to the Lusaka agenda through a primary healthcare approach, and that this included supporting systems that meet the need of multiple Primary Health Care (PHC) programmes rather than ones that are immunisation-specific.
- With respect to a question about the development of joint indicators, it was explained that Gavi has committed to the work being led by WHO on developing

common HSS indicators, even if these will not be comprehensive given the needs of individual programmes, and the potential tension between what is useful for individual countries' health systems, and what is interesting to know at the global level. In line with the Lusaka agenda, there will be an effort not to add burden to countries, but part of the strategy is also to help countries manage their programmes better, including through monitoring and using data.

- On community health workers, the Secretariat noted that it is fully committed to alignment with other actors and that work is ongoing now on a country-by-country basis, specifically to align with efforts underway by the Global Fund and Africa CDC.
- On the Country Delivery Initiative, the Secretariat clarified that this was intended to provide a deeper and far more accelerated engagement with a subset of countries, particularly at the political level, to address persistent problems.
- With respect to questions about the linkage between the Innovation Scale Up Fund and the Health Systems Strategy, the Secretariat explained the concept of the nascent Innovation Scale Up Fund, which would provide catalytic funding to identify and scale up the innovations that have the potential to address systemic distortions that plague every country.
- In relation to a comment about the need to keep routine immunisation as the default with campaigns as complementary, the Secretariat confirmed this is a key component of the Health Systems strategy to strengthen Gavi's approach and improve efficiencies, effectiveness and balance that needs to happen between RI and campaigns across the continuum of delivery strategies, including the development of VPOP to facilitate programmatic decisions.
- PPC members agreed that this item could be placed on the consent agenda for the July 2025 Board meeting.

Decision Two

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

Approve the Health Systems Strategy attached as Annex A to Doc 08.

9. Funding Policy Review

9.1 Marta Tufet Bayona, Head, Policy, and Alex de Jonquières, Director, Health Systems & Immunisation Strengthening, presented on the review of Gavi's funding policies, which outline the key objectives and principles under which Gavi provides funding to eligible countries (Doc 09).

9.2 Adriana Jimenez Cuen, Director, Middle Income Countries, and Emmanuel Bor, Director ad interim, Immunisation Financing and Sustainability, were available to answer questions on specific topics.

Discussion

- PPC members supported the approval of the three policies presented, highlighting that the documents were well-written and balanced, but also acknowledging the potential impact of any recalibration for Gavi 6.0 on their implementation.
- PPC members commented on the need to make the roll-out of the policies as simple as possible for countries. It was clarified that the new Chief Grants Management Officer was looking at how to facilitate this for countries in this new phase.
- In relation to the proposed recommendation to approve a minimum co-financing threshold for the introduction of DTP booster and Hepatitis B vaccines, two PPC members suggested making this minimum applicable to all vaccine introductions. The Secretariat clarified that this would be possible but could result in limited increases in co-financing for some countries.
- One PPC member highlighted the uniqueness of the Gavi model with its clear transition phases and co-financing requirements. Another member proposed some minor edits to the Co-financing Policy to: i) clarify the application of the grace year for countries entering into accelerated transition; ii) clarify the approach if a country were to move from accelerated transition to initial self-financing; and iii) simplify the text to make clear that in the initial self-financing phase countries are generally required to pay US\$ 0.20 per dose, with no annual increase. Those minor edits, as well as the proposal from PPC members to introduce a minimum co-financing threshold for vaccine introductions in countries in preparatory and accelerated transition phases were included in the revised policy mentioned in Decision 3b below.
- With respect to the Catalytic phase, it was clarified that prioritisation of support levers for both new vaccine introduction and backsliding mitigation would be based on demonstrated need by countries, rather than a direct entitlement. Additionally, support would be time limited, and for new vaccine introduction would require evidence of sustainability beyond the Gavi support period.
- In relation to the recommendation on the US\$ 0.20 and how this was established, the Secretariat explained that this was a question about affordability, and that vaccines falling above that threshold would likely require support from Gavi.
- The PPC noted the Board's decision to explore in-kind contributions of cold chain equipment. The Secretariat clarified that after an in-depth review and consultation on in-kind options, it became clear that their implementation was

not viable as they are hard to monitor or enforce and have high transaction costs for countries, partners and the Secretariat, thus did not propose to include this in the policy moving forward. The PPC noted that the assessment would be specifically flagged in the report to the Board and the Secretariat committed to monitor any risks posed by maintaining the joint investment requirement without in-kind contributions as an option.

Decision Three

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

- a) **Approve** the revised Eligibility and Transition Policy attached as Annex A to Doc 09;
- b) **Approve** the revised Co-financing Policy attached as Annex B to Doc 09, as amended by discussions at the PPC;
- c) **Approve** the revised Health Systems and Immunisation Strengthening (HSIS) Policy attached as Annex C to Doc 09;
- d) **Approve** a minimum co-financing threshold of US\$ 0.20 for the introduction of Hepatitis B birth dose and DTP booster in countries in preparatory and accelerated transition.

Julie Hamra (IFPMA) and Rajinder Suri (DCVMN) recused themselves and did not vote on Decision Three above. Onei Uetela (CSO), Ephrem Lemango (UNICEF), Kent Ranson (World Bank), Kate O'Brien (WHO) and Ngashi Ngongo (R&THI) recused themselves and did not vote on part c) of Decision Three above.

10. Update on Collaboration with Other Organisations – Collaboration with the Global Fund on Malaria

- 10.1 Hannah Burris, Chief of Staff, and W. Scott Gordon, Head, Malaria, Vaccine Programmes, introduced this item (Doc 10).
- 10.2 Peter Sands, Executive Director, The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), provided reflections after the discussion.

Discussion

- PPC members welcomed the participation of leadership from the Global Fund for this joint session and encouraged the two organisations to continue their collaboration at an accelerated pace and to look for maximum opportunities for collaboration, in line with the Lusaka Agenda, according to country priorities and under country leadership.

- With respect to the alignment of funding cycles for malaria, PPC members were generally supportive and tended towards a 5-year cycle, while requesting additional analysis as well as perspective on how this would link to the consolidation of levers through Gavi's Funding Policy Review.
- PPC members also suggested that Gavi look to collaborate more in the areas of Health Systems Strengthening and community health workers, where there are other key players, as well as for additional opportunities to integrate back-office functions. The Secretariat confirmed this is one of the prioritised workstreams being taken forward as part of the Gavi and Global Fund's implementation of the Lusaka Agenda.
- On the question of pooling resources, PPC members indicated less interest, expressing concern about the potential impact on market shaping and also noting that some donors would have restrictions that prevented this from being a feasible option.
- PPC members generally supported the development of the Taskforce and were interested to receive additional information when it is available.
- Peter Sands, Executive Director, the Global Fund to Fight AIDS, Tuberculosis and Malaria, reflected on modalities of collaboration on malaria as well as other opportunities for collaboration. On malaria, he highlighted the dire financial context and the impacts at country level that had already become apparent and indicated that the Global Fund would be launching a reprioritisation exercise as a result of the shortfall in funding. With respect to other opportunities for collaboration, he indicated that it would be possible to make further gains through the four workstreams that have been identified and encouraged consideration of more radical options.
- Sania Nishtar, CEO, Gavi, commented on the joint intent to collaborate and noted that she and Peter would be meeting every two weeks moving forward. On malaria, she indicated that Gavi's annual spending on malaria is significantly lower than the Global Fund and provided some examples of the scale of collaboration. On broader collaboration activities, she noted that countries should remain at the heart and provided examples of work underway such as demographic health surveys, joint project management units in 12 countries, jointly supported warehouses, community health worker investments, and shared audits. She emphasised her appetite to look for further opportunities to systematise collaboration.

11. Approach to Fragile and Humanitarian Settings

- 11.1 Amy LaTrielle, Chief Grant Management Officer, and Johannes Ahrendts, Director, Strategy, Funding & Performance, introduced this item (Doc 11).

Discussion

- PPC members supported the recommendation of the approach and commended the Secretariat for a thorough and consultative process. It was noted that the Fragility, Emergencies and Displaced Populations Policy will remain in force and may need to be adjusted following consideration of the Approach to Fragile and Humanitarian Settings.
- Several PPC members commented that the inclusion of traditional vaccines should only be on an exceptional basis. The Secretariat clarified that support for traditional vaccines would only be considered in cases where there had been a co-financing waiver, given the correlation between countries unable to pay co-financing contributions for Gavi-supported vaccines and those unable to domestically finance traditional vaccines.
- With respect to the Gavi Resilience Mechanism, PPC members voiced their support for this mechanism noting that it would need to be discussed further as part of the upcoming recalibration by the Board, especially given it would be funded partly through a reduction in core HSS ceilings for countries. Some PPC members queried the relationship between this and other mechanisms such as the WHO Emergencies Division. The Secretariat clarified that there is alignment between the two and that the Fragility, Emergencies and Displaced Populations Policy recognises the emergencies declared by WHO.
- Several PPC members indicated that it would be important to maintain engagement with national governments wherever possible. It was clarified that national governments would continue to be the main point of entry for Gavi engagement; but that where the Expanded Programme on Immunization (EPI) is unable to reach communities, other partners would be sought.
- In relation to a question on Fragile Middle-Income Countries (MICs), it was clarified that Gavi is considered a donor of last resort.

Decision Four

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

Approve the Fragile and Humanitarian approach for Gavi 6.0 as outlined in Annex B to Doc 11.

12. Evolution of Gavi’s Partnership Approach

12.1 Marta Tufet Bayona, Head, Policy, and Quentin Guillon, Head, Strategy, introduced this item (Doc 12).

Discussion

- The PPC was supportive of the shifts outlined in this item, including the four principles (country ownership, differentiation, context appropriate partnerships, focus on results) and two key levers (funding model and accountability framework).
- PPC members supported the new funding model – the Foundational Fund – and the three guardrails within this as a welcome simplification of the existing Partners’ Engagement Framework (PEF).
- PPC members queried whether the timelines for programming the Foundational Fund were overly ambitious. The Secretariat acknowledged that while timelines were short and it remained hopeful that it would be possible to avoid the need for any bridge funding, that it was starting to discuss with partners in case the need might eventuate.
- On competition for resources, it was clarified that the proposed approach was designed to improve on the existing level of competition between partners. Moving forward, at the country level there would be transparent planning with all partners through rigorous Full Portfolio Planning processes.
- With respect to the use of the IRC for review, PPC members were comfortable with the independent process proposed, but noted that it would be important to make sure the right composition is in place. In this respect, Gavi Management noted that it would withdraw footnote 7 on page 5 of Doc 12.
- PPC members also welcomed the development of the new Partnerships Accountability Framework (PAF) and enhanced accountability. It was clarified that work is underway to design a framework that includes defined accountabilities that are proportionate to partners’ contributions and with meaningful indicators.
- The PPC Chair accepted the PPC’s request to delegate the recommendation of the country foundations component of the Partnerships Accountability Framework to her and the CEO and indicated she would share a draft with the PPC for their offline review.

Decision Five

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

Approve the evolution of the Partnership Approach described in Annex C to Doc 12.

Onei Uetela (CSO), Ephrem Lemango (UNICEF), Kent Ranson (World Bank), Kate O'Brien (WHO) and Ngashi Ngongo (R&THI) recused themselves and did not vote on Decision Five above.

Decision Six

In accordance with Section 3 of the Gavi Alliance Programme and Policy Committee Charter, the Programme and Policy Committee:

Delegated to the PPC Chair and the CEO together the authority to make a recommendation to the Gavi Alliance Board in July 2025 on the country foundational functions component of the Partnerships Accountability Framework (PAF) taking into consideration inputs from the PPC at this meeting and all other consultations as appropriate.

13. Measurement, Evaluation and Learning for Gavi 6.0

13.1 Hope Johnson, Director, Measurement, Evaluation and Learning, introduced this item (Doc 13).

Discussion

- PPC members commended the Secretariat on the process to develop the indicators for Gavi 6.0 and provided additional guidance, including to ensure that gender and climate are captured in the framework. It was clarified that these elements will be captured in the execution monitoring framework.
- Several PPC members commented and supported the work underway to prepare the Evaluation function for Gavi 6.0, including its integration into the broader MEL framework and the potential to sunset the Evaluation Advisory Committee at the end of Gavi 5.1 and strengthen the PPC's role in approving the multi-year evaluation workplan and recommending the revised Evaluation Policy, which would be considered by the Governance Committee.
- One PPC member suggested that the Mid-Term Evaluation for Gavi 6.0 be planned carefully so that it is delivered at the right time to allow course correction, and that it should include Health Systems Strengthening and Gavi's funding policies.
- PPC members also noted that it will be important to carefully consider the impact of the cuts of funding for the demographic health surveys (DHS) and any impact on Gavi's access to data and measurement, evaluation and learning for 6.0. It was clarified that the Secretariat is already working on this and considering alternatives as it prepares for Gavi 6.0.

- PPC members agreed that this item could be placed on the consent agenda for the July 2025 Board meeting.

Decision Seven

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

Approve the mission and strategy performance monitoring indicators for the 2026-2030 strategy attached as Annex C to Doc 13.

14. Country Delivery – Nigeria and Papua New Guinea

14.1 Thabani Maphosa, Chief Country Delivery Officer, introduced this item (Doc 14) on the proposed approach for supporting Nigeria and Papua New Guinea (PNG) in Gavi 6.0.

Discussion

- PPC members thanked the Secretariat and expressed overall support to the proposals on both Nigeria and Papua New Guinea.
- The Secretariat was encouraged to present an update on the Health System Strengthening support for Nigeria for Gavi 6.0 during the PPC meeting in October 2025.
- PPC members highlighted the multiple challenges in PNG calling for the need to address health facility closures and gender barriers. They underlined the risk of the circulating polio outbreak which calls for the need for a robust, well-funded response, and a funding mechanism to build a strong RI system and outbreak response.
- Some PPC members noted that the Board had previously expressed its desire to move beyond exceptions and bespoke strategies. The Secretariat acknowledged the importance of complying with the Board guidance to the fullest extent, but underlined that the Board would not wish to do harm to any country, noting that the two propositions remain in the direction of complying with the Board but with a time lag.
- The Secretariat noted that the PPC steer at this stage would help inform the recommendation to be presented to the PPC in Q4.

15. Update on Mpox

15.1 Hannah Kettler, Head, Global Health Security, presented an update (Doc 15) on Gavi's response to the ongoing mpox outbreak in Africa, noting that Gavi is currently one of the largest global providers of mpox vaccines. She underlined that the conditions for final Board approval to establish a global mpox stockpile for outbreak response have been met.

Discussion

- PPC members recognised Gavi's crucial role in the mpox outbreak response and expressed concerns about current supply shortages. The PPC noted that the proposed stockpile is intended for future outbreaks likely to occur during the Gavi 6.0 period, emphasising the need to address future dose volume requirements.
- The PPC strongly supported opening a funding window to establish an mpox programme through an emergency stockpile, leveraging lessons learned from other Gavi-supported stockpiles, and called for reassessing the stockpile size as funding for Gavi 6.0 becomes clearer, noting concerns that the proposed size may be insufficient.
- The Secretariat explained that the proposed stockpile size (500,000 doses to be procured during Gavi 6.0) was based on the 2024 Vaccine Investment Strategy process and its associated June 2024 Board in-principle approval. Estimates will be revised again following an interim analysis from a Gavi-commissioned on-going learning agenda research project with Johns Hopkins University. Interim results of this project are expected to inform and support the Board decision in July 2025.
- Regarding the cost estimate, the Secretariat clarified that the initial cost assumptions (from the June 2024 Board approval) had been updated, including a revised vaccine price and product composition for the global stockpile, based on learnings from the current response. This update is reflected in the US\$ 35.3 million cost estimate for the 2026 to 2030 period that was included in the PPC report.
- The PPC discussed the proposed costing of the stockpile and agreed to recommend establishing the global stockpile for outbreak response and opening the funding window, while deferring the part of the recommendation related to the projected cost and size to a later stage.
- Responding to a query from the PPC, the Secretariat explained that the eligibility of vaccines for the mpox stockpile would depend on their regulatory status, WHO prequalification and SAGE guidance, and that any Board decision would be product agnostic.

- Several PPC members emphasised the need for incentive mechanisms, including AVMA, to support local African vaccine manufacturing (to enter the mpox market), to enable sustainable local supply, and the need to send a strong signal to manufacturers.
- PPC members emphasised Gavi's core mission and the importance of clearly defining its important role in outbreak response. They noted that outbreak response involves more than just vaccines, requiring careful consideration of trade-offs, long-term planning, and market shaping. The Secretariat highlighted the importance of clear roles and responsibilities and mentioned close collaboration with the Coalition for Epidemic Preparedness Innovations (CEPI) and other partners.

Decision Eight

The Gavi Alliance Programme and Policy Committee **recommended** to the Gavi Alliance Board that, contingent on financial resources being made available for the Gavi 6.0 strategic period, it:

- a) **Approve** the opening of a funding window for the establishment of an mpox programme through an emergency stockpile for i) reactive vaccination in an outbreak setting and ii) potential repurposing of stockpile doses at risk of expiring for preventive vaccination in at-risk groups contingent on SAGE recommendations;
- b) **Note** ongoing efforts to address data gaps, including the stockpile sizing learning agenda and the collaborative design of the global stockpile, shaping the final programme and financial estimates.

Julie Hamra (IFPMA), Rajinder Suri (DCVMN), Onei Uetela (CSO), Ephrem Lemango (UNICEF), and Kate O'Brien (WHO) recused themselves and did not vote on Decision Eight above.

16. Respiratory Syncytial Virus (RSV) Investment Case

16.1 Marta Tufet Bayona, Head, Policy, presented this item (Doc 16). She provided an updated investment case for the Respiratory Syncytial Virus (RSV) maternal vaccine to protect infants, given it now meets the investment conditions highlighted in the Vaccine Investment Strategy 2018, as well as a proposal to prioritise the maternal vaccine over monoclonal antibodies in the Gavi 6.0 programme.

Discussion

- PPC members strongly supported the introduction of RSV maternal vaccine noting the high burden in low and middle-income countries, and recognised the

urgent need to address RSV, in line with Gavi's core mission, given that it is a leading cause of infant mortality.

- Due to the high disease burden and child mortality, the PPC requested that this item be recommended to the Board at this meeting despite the item initially being presented for guidance. The PPC noted that the introduction of RSV would be contingent on financial resources being made available for the Gavi 6.0 strategic period.
- PPC members highlighted that recommending this decision would send a strong signal to manufacturers and countries to meet the needs of the Gavi market, which would support achieving the necessary high coverage for impact.
- The Secretariat confirmed that the RSV programme cost is included in the Gavi 6.0 forecast, including the cost of vaccines, ancillary costs and introduction support.
- The PPC encouraged the Secretariat to expedite programme planning, including implementing a communication campaign, and to accelerate introduction timelines. The PPC also suggested enhancing country readiness to cover as many pregnant women as possible.
- Regarding the proposition to explicitly state the prioritisation of the maternal vaccine over the monoclonal antibodies (mAbs), the Secretariat acknowledged PPC concerns about sending a negative signal to manufacturers, resulting in the removal of the language. The Secretariat will continue to engage with manufacturers and bring forward a follow-up recommendation on mAbs once the necessary investment conditions are met.
- Regarding comments on safety and risks of introducing the existing RSV maternal vaccine in Low and Middle-Income countries, it was clarified that an ongoing phase 4 implementation study (IMPACT study) is looking into some potential safety concerns that may be unique to Low- or Lower Middle-Income country settings. The Secretariat added that the maternal vaccine phase 3 clinical trial observed a non-significant imbalance on preterm births, however the study and the 2024 Safety Review by WHO's Global Advisory Committee on Vaccine Safety, found no statistical significance of concern. In addition, the Strategic Advisory Group of Experts on Immunization (SAGE) also reviewed the post authorisation data from the United States and confirmed that there was no prematurity risk, and it recommended limiting use of the vaccine to the 3rd trimester as a precautionary measure.
- Regarding PPC comments on challenges integrating the RSV maternal vaccine into antenatal care services, the Secretariat noted that all Gavi-supported countries provide maternal immunisation services through antenatal care visits and have experience vaccinating pregnant women, particularly for tetanus. Therefore, introducing the RSV vaccine would build on existing

delivery systems, though antenatal care levels vary widely between countries and the impact of recent global aid funding cuts is still unknown.

- The Secretariat responded to an inquiry on collaboration with UNITAID and referred to a request for proposals to find innovative ways of shaping markets and bringing costs down for mAbs. Despite excellent coverage results including in Spain, Luxembourg and other high-income countries, their cost remains too high to be comparatively advantageous.

Decision Nine

The Gavi Alliance Programme and Policy Committee **recommended** to the Gavi Alliance Board that, contingent on financial resources being made available for the Gavi 6.0 strategic period, it:

- a) **Approve** the opening of a funding window for the establishment of an RSV maternal vaccine programme to protect infants;
- b) **Note** that the initial cost estimates associated with the above approval for the period 2026- 2030 are US\$ 14.8 million. Future financial forecasts will reflect potential changes in the underlying assumptions of these estimates.

Julie Hamra (IFPMA), Rajinder Suri (DCVMN), Ephrem Lemango (UNICEF), and Kate O'Brien (WHO) recused themselves and did not vote on Decision Nine above.

17. Review of decisions

- 17.1 Joanne Goetz, Head, Governance, reviewed the decision language with the Committee which was approved by them.

18. Any other business

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

Ms Meegan Murray-Lopez
Secretary to the Meeting

Attachment A

Participants

Committee Members

- Anne Schuchat, Chair
- Awa Marie Coll Seck
- Adrien de Chaisemartin
- Michael Kent Ranson
- Ephrem Lemango
- Kate O'Brien*
- Abdelkadre Mahamat Hassane
- Lakshmi Somatunga
- Mohamed Jama
- Kediende Chong
- Brian Erazo Muñoz*
- Clarisse Paolini
- Zainab Naimy
- Rob Whitby
- Hitoshi Murakami (virtual on Day Three)
- Julie Hamra
- Rajinder Suri
- Onei Uetela
- Ngashi Ngongo
- Sania Nishtar, Chief Executive Officer
- Hanna Nohynek (virtual on Day Three)

Committee Member Elect

- Fleur Davies

Other Board members attending

- Francesca Manno*
- Bvudzai Magadzire* (Day Two and Three in part)

Other guests

- James Hargreaves* (in part)
- Pierre C Namaharo (Agenda Item 3)
- Bolanle Oyeledun (Agenda Item 3)
- Peter Sands (Agenda Item 10)

*Attending virtually

Observers

- Ruzan Gyurjyan, Special Advisor to the EURO Constituency
- Muluken Desta, Special Advisor to the Anglo-Africa Constituency
- Annick Sidibé*, Special Advisor to the Francophone-Lusophone Africa Constituency
- Manuel Sierra, Special Advisor to the PAHO Constituency
- Pratap Sahoo, Special Advisor to the SEARO Constituency
- Zaeem UI Haaq, Special Advisor to the EMRO Constituency
- Monica Nirmala, Special Advisor to the SEARO Constituency
- Inês Sérvulo, Special Adviser, Gavi Board Chair
- Tessa Oraro*, Special Adviser to the CSO Constituency
- Lauren Franzel-Sassanpour* (WHO)

Gavi Secretariat

- Amy LaTrielle
- Niamh Lawless (Day Two)
- Thabani Maphosa
- Francois Note (Day Two and Three)
- Marie-Ange Saraka Yao (Day Three)
- Maria Thestrup
- An Vermeersch
- Brenda Killen
- Derrick Sim (Day One and Two)
- Emmanuel Bor (Items 2, 7-9, 11, 14)
- Hannah Burris
- Ian MacTavish (Item 5-6)
- Johannes Ahrendts
- Hope Johnson
- Sally Dalgaard
- Bjorn Gillsater (Day One and Two)
- W Scott Gordon (Item 10)
- Quentin Guillon
- Dominic Hein (Item 4)
- Richard Mihigo (Items 2, 10, 15)
- Adriana Jimenez Cuen (Items 2, 9, 11)
- Benjamin Loevinsohn (Items 2, 5, 7-9, 14)
- Alex de Jonquières (Items 2-3, 5, 7-12)
- Stephen Sosler (Items 8-10)
- Marta Tufet (Items 2, 4, 5, 7-10, 12-13, 15-16)
- Joanne Goetz
- Lindsey Cole (Items 3 and 7)
- Nadine Abu Sway
- Meegan Murray-Lopez