



**REQUEST FOR PROPOSALS (RFP)**

**Gavi 6.0 Programmatic Implementing Partners Selection (079-2025-GAVI-RFP)**

|  |  |  |
| --- | --- | --- |
| **Request for Proposals for Gavi 6.0 Programmatic Implementing Partners Selection** | | |
| **RFP Opening Date: 16 June 2025** |  | **RFP Closing Date: 30 September 2025** |
| **Address Technical, Financial Proposals and required documents via email to** [**procurement@gavi.org**](file:///C:/Users/mwattinger/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/ILKZ9D01/procurement@gavi.org) | | |

Section 1: RFP SCOPE AND REQUIREMENTS

**Background:**

The Gavi Alliance’s (“Gavi”) mission is to save lives and protect people’s health by increasing equitable and sustainable use of vaccines.

Gavi, the Vaccine Alliance is a public-private partnership that helps vaccinate half the world’s children against some of the world’s deadliest diseases. The Vaccine Alliance brings together developing country and donor governments, the World Health Organization, UNICEF, the World Bank, the vaccine industry, technical agencies, civil society, the Gates Foundation and other private sector partners. Since its inception in 2000, Gavi has helped immunise a whole generation – over 822 million children – and prevented more than 14 million deaths, helping to halve child mortality in 73 developing countries. Gavi also plays a key role in improving global health security by supporting health systems as well as funding global stockpiles for Ebola, cholera, meningitis and yellow fever vaccines. After two decades of progress, Gavi is now focused on protecting the next generation and reaching the unvaccinated children still being left behind, employing innovative finance and the latest technology.

For more information please visit the Gavi website: http://www.gavi.org/about/mission

To pursue this mission, Gavi has collaborated with various implementing agencies worldwide through its partnership model, significantly impacting immunisation efforts. As Gavi approaches the new strategic period for 2026–2030 (Gavi 6.0), it intends to establish longer-term engagements with implementing agencies through negotiated framework agreements for future support needs from supported countries, thereby streamlining subsequent contracting processes via this RFP for greater impact.

**RFP Timelines:**

|  |  |  |
| --- | --- | --- |
| Procurement Activity | Responsible Party | Due Date |
| RFP Issue Date | Gavi | 16 Jun. 2025 |
| Intent to Participate/Preliminary Information due | Bidder | 30 Jun. 25 |
| Final date for submitting Questions | Bidder | 30 Jun. 25 |
| Gavi Response to Questions | Gavi | 30 Jul. 25 |
| Gavi shares Consortium/Subcontractors roster | Gavi | 30 Jul. 25 |
| Bid submission deadline (CET) | Bidder | 30 September 2025 23:59 (CET) |
| Technical Clarification requests (Optional) | Gavi/Bidder | 30 Oct. 25 |
| Estimated Framework Agreement Award date | Gavi/Bidder | December 2025 |
| Estimated Framework Agreement implementation date | Gavi/Bidder | January 2026 |

The proposed timeline set out above indicates the process Gavi intends to follow. If there are any changes to this time plan, Gavi will notify all Bidders of this i/n writing.

## 1. Gavi Project

The objective of this RFP is to select qualified partners per Gavi’s technical investment areas for supporting Gavi’s eligible countries and Middle-Income Countries[[1]](#footnote-2)across their Country Delivery Department (CDD), Vaccine Programme (VP), Immunization Financing & Sustainability (IF&S), and Health Systems & Immunisation Strengthening (HSIS) grant implementation, and Middle-Income Countries Approach (which will be referred as ‘Catalytic Phase’ in Gavi 6.0) support.

Gavi seeks to develop longer-term engagement with expert partners through negotiated framework agreements making subsequent contracting for specific work efficient.

These Framework Agreements are not a commitment from Gavi to award any business thereafter but enables Gavi and the selected partners to streamline the contracting processes once specific programmatic needs arise.

Gavi operates on different investment areas, the nature of the related technical activities to be implemented by the future selected qualified partners will be determined by their expertise and capacity to mobilize adequate resources to fulfill the CDD, MICs, VP, IF&S and HSIS technical requirements and objectives.

Link to Gavi Operating Model: <https://www.gavi.org/programmes-impact/our-support>

Gavi has already begun a radical transformation to help sustain the extraordinary progress in global health we have achieved over the past 25 years. Extending Gavi’s proven model and ability to innovate and drive change, the Gavi Leap redefines Gavi’s ways of working at the cusp of the Gavi 6.0 strategy (2026–2030), setting out a new course of action within a more demanding international development environment. It has been designed to accelerate Gavi’s impact to deliver on the 6.0 goals and beyond.

At the heart of this new approach is a new country operating model, which places countries first by (a) increasing country decision-making over financial resources; (b) making it easier for countries to work with Gavi; (c) focusing on real solutions for “intractable problems”; and (d) promoting immunisation sustainability with e) the Gavi Alliance held accountable for action.

**Gavi’s Investment Areas**:

|  |  |
| --- | --- |
| **Investment Areas** | **Objectives** |
| **1. Service Delivery** | 1.1 Extend availability of immunisation services to reach zero-dose, underimmunised children and missed communities. Monitor and measure progress |
| 1.2 Integrate delivery of services to improve efficiency, regularity and/or reliability of planned immunisation activities with a focus on zero-dose and underimmunised children and missed communities |
| 1.3 Improve service quality and user experience of immunisation services, including bringing a strong equity lens |
| 1.4 Establish and/or continue partnerships with civil society organizations to provide immunisation services |
| 1.5 Establish and/or continue partnerships with (for profit) private sector actors, including professional associations, to reach zero-dose, underimmunised children and missed communities |
| 1.6 Address equitable access barriers in the planning, implementation and monitoring of immunisation services |
| 1.7 Design and implement life-course immunisation approaches relevant to Gavi-supported vaccine programmes (HPV, MCV2) |
| 1.8 Other service delivery objective |
| **2. Human resources Management** | 2.1 Assess and Improve technical and managerial capacity of healthcare workers to plan, implement and monitor immunisation services |
| 2.2 Develop/support an immunization supply chain workforce through adaptive training and mentorship. |
| 2.3 Support the training of frontline healthcare workforce to deliver integrated quality services across the life course ( midwives, nurses, Community Health Workforce...) |
| 2.4 Ensure the immunisation health workforce is regularly supported by performance management systems, including supportive supervision and continuous professional development |
| 2.5 Improve distribution and retention of health workers to increase equitable access to immunisation services |
| 2.6 Address equity and protection considerations in policies and practices relevant to healthcare providers |
| 2.7 Other human resources for health objective |
| **3. Supply Chain** | 3.1 Improve design of immunization supply chains to improve efficiency and vaccine availability, especially for last-mile delivery |
| 3.2 Improve stock management for vaccines and devices to avoid facility-level stock-outs |
| 3.3 Increase capacity and quality of vaccine storage, (CCE) infrastructure, performance monitoring and maintenance, and distribution to improve vaccine availability, especially in missed communities |
| 3.4 Scale-up supply chain data visibility and use (e.g. integrated eLMIS and traceability mechanisms), including digitizing stock and CCE data using eLMIS. |
| 3.5 Improve planning, coordination and monitoring of supply chain management at all levels including operational oversight at the national and subnational level. |
| 3.6 Strengthen waste management to reduce infection risk and/or environmental impact |
| 3.7 Other supply chain objective |
| **4. Data Monitoring and Learning, AEFI** | 4.1 Ensure timely, fit-for-purpose information is available at all levels of the system, and is used regularly and systematically to improve programmatic reach and performance |
| 4.2 Improve data use-related capacity, tools, evidence generation and/or systems for programme monitoring and learning, especially at the subnational level |
| 4.3 Strengthen information systems relevant for the identification and reach of zero-dose and under-immunised children |
| 4.4 Strengthen country capacity to detect, evaluate and respond to serious adverse events following immunisation |
| 4.5 Scale up digital health information interventions based on country needs, priorities, plans, strategies, and readiness |
| 4.6 Other objective related to HIS and M&E |
| **5. Disease Surveillance** | 5.1 Support country decision making for prioritization across antigens, vaccine introduction, campaigns/enhanced routine immunization, and/or switches |
| 5.2 Support for timely application and budget development for new vaccine introductions, campaigns and switches |
| 5.3 Support countries with planning and preparatory activities leading to the launch of a new vaccine, campaign, enhance immunization activity or switch, including technical oversight throughout implementation |
| 5.4 Support countries to monitor and track implementation progress, address implementation challenges and bottle necks, and review and evaluate vaccination programmes |
| 5.5 Support countries with optimization of their vaccine portfolio |
| 5.6 Provide specific support to countries for the planning, implementation, monitoring and evaluation of the malaria vaccine program |
| 5.7 Provide antigen-specific support to countries for the planning, implementation, monitoring and evaluation of various Gavi supported vaccines |
| **6. Demand Generation and Community Engagement** | 6.1 Strengthen the evidence base on key barriers and enablers to design tailored solutions for increasing vaccination uptake |
| 6.2 Expand and enhance digital engagement interventions to improve outreach and community engagement |
| 6.3 Promote evidence-based community engagement by leveraging CSOs, FBOs and local leaders to drive participation in integrated services |
| 6.4 Enhance the experience of service among beneficiaries and their caregivers for current schedule and for reinforcing return visits |
| 6.5 Strengthen national, sub-national and community capacity for driving uptake including response measures during campaigns and emergencies |
| **7. Governance, Policy, Strategic Planning, and Programme Management** | 7.1 Strengthen capacity of governance/technical bodies for planning, coordination and tracking progress at all levels, particularly for reaching zero-dose children |
| 7.2 Strengthen programme performance monitoring and management systems at all levels |
| 7.3 Assure equitable access, inclusion and protection considerations are addressed in management structures, immunisation policies, guidelines, practices and accountability measures |
| 7.4 Other objective related to governance, policy, strategic planning and programme management |
| **8. Health Financing** | 8.1 Strengthen ministerial capacity on advocacy, planning, budgeting and execution to ensure domestic resources for PHC and immunization are secured, sufficient, released on time, and sustained. |
| 8.2 Advocate to governments for increased primary health-care funding to improve immunisation coverage and zero-dose outcomes |
| 8.3 Reinforce domestic resource mobilisation efforts at the sub-national level |
| 8.4 Strengthen the effective flow and utilisation of funds at the health facility level |
| 8.5 Support technology solutions for domestic resources transfers |
| 8.6 Improve efficient use of domestic funds through tracking and monitoring of fund flows. |
| 8.7 Improve coverage and zero-dose outcomes through demand-side financial incentives to vaccine beneficiaries. |
| 8.8. Strengthen national and sub-national financing modalities to incentivize improved coverage and zero-dose outcomes |
| 8.9 Support countries to ensure sustainable transition from Gavi support. |

Country Delivery Department (CDD)Segments:

* **High Impact Countries presentation:**

The High Impact Segment is defined by large and federated countries, large birth cohorts and high number or proportions of zero dose children. Countries in the High Impact Segment include, Angola, the Democratic Republic of Congo, Ethiopia Nigeria, India, and Pakistan. Approaches in these contexts are expected to align with federated or highly decentralized systems. There are higher levels of programmatic ambition, risk and intensive engagement. Service providers will be expected to demonstrate understanding, experience and capacity to implementing these environments. Programmatic approaches must demonstrate catalytic change with strong pathway towards sustainability.

* **Fragile and Conflict Countries presentation:**

Characterized by extreme fragility, Fragile & Conflict settings contain ~17% of zero-dose children.

These settings require tailored approaches and a focused plan to reach subnational levels with mobile outreach service.

Internally, they also require increased flexibility in Gavi processes, and an increased organisational risk appetite to reach zero-dose children and missed communities in both government and non-government-controlled areas. It takes more effort to coordinate and plan within the country as EPI is generally overstretched.

Countries included in this segment are Syria, Haiti, CAR, Chad, Mali, Niger, Somalia, South Sudan, Yemen, Afghanistan, Sudan, PNG

* **Core Countries presentation:**



Figure 1: Core Segment Countries

Core countries are the most numerous and diverse set of countries eligible for Gavi support. Engagement with Core countries is less intense than with High Impact or Fragile & Conflict countries and focused on national level. Core countries with high DTP3 coverage face shrinking HSS and PEF Targeted Country Assistance (TCA) funding over the 2021-2025 period. Internal resources and support from technical teams are also less geared towards countries in the Core segment. The Core countries represent:

* A significant proportion of global of zero-dose children.
* DTP3 coverage ranging from 47% (Guinea) coverage to 98% (Bangladesh) coverage between countries.
* A range of relatively weak to stronger health systems and EPI capacities.
* A number of countries with big birth cohorts (e.g. Mozambique, Tanzania).
* A number of countries with relatively high programmatic or fiduciary risks.
* A number of countries in the accelerated transition phase (e.g. Laos, Solomon Islands, Bangladesh).

Overall, this set of countries continues to receive significant Gavi investment and represents important programmatic risk, with an expectation of strong and timely programmatic and financial monitoring, and risk management.

In total, there are 39 Core countries in Gavi, divided into two groups (Core Priority and Core Standard).

By understanding the unique challenges faced by Gavi core countries, the service providers will tailor their support to address specific needs and contribute to the following goals: strengthened immunizations systems; building health works capacity; improving data management; addressing supply chain challenges and engaging communities for demand generation.

* **Middle Incomes Countries (MICs) presentation:**

Gavi extended its support to Middle Income Countries (MICs) through the [MICs Approach](https://www.gavi.org/types-support/sustainability/gavi-mics-approach), which was approved by the Board in December 2020 as part of the Gavi 5.0 strategy to promote equitable and sustainable immunisation programs.

Despite increased immunisation funding, many middle-income countries still lack access to vaccines, which remain in private markets and out of reach for vulnerable groups. The COVID-19 pandemic has worsened these disparities. In this context, the MICs Approach has two overarching objectives:

* To prevent backsliding in vaccine coverage in former-Gavi eligible countries; and,
* To drive the sustainable introduction of key missing vaccines in both former- and select never-Gavi eligible countries, specifically PCV, rotavirus, and HPV.

Eligibility includes former-Gavi eligible countries, never-Gavi eligible lower-middle-income countries (LMICs), and additional IDA-eligible economies, with updates reflecting World Bank classifications and countries transitioning from Gavi support during the Gavi 5.0 period[[2]](#footnote-3). As of November 2024, 46 countries are eligible for support through MICs Approach.

To date, under the MICs Approach, Gavi has collaborated with service providers to offer tailored and systemic support to eligible countries at the country, regional, and global levels. This endeavor encompasses various activities, including providing technical assistance to achieve specific objectives and fostering peer-to-peer learning.

Starting in 2026, under Gavi 6.0, the MICs Approach will be referred as the Catalytic Phase and integrated into Gavi’s Eligibility and Transition model. Gavi aims to maintain the same level of support to eligible Middle-Income Countries under this revised framework.

* **Vaccine Programme presentation:**

The Vaccine Programmes (VP) team is responsible for developing program design, guidance, and support, including implementation, monitoring, evaluation, and learning, for new vaccine introductions (routine immunization and campaigns), vaccine switches, outbreak response, diagnostics and portfolio optimization. VP also provides technical guidance and input for the review and approval of vaccine applications; coordinates support across global alliance partners and represents Gavi in VPD control and elimination (or eradication) global partnerships.

Overall, the VP team serves as the focal point for vaccine expertise within the Secretariat for equitable and efficient implementation of vaccine-preventable disease control activities, including outbreak detection and response, contributing to reaching zero-dose and under immunized communities.

* **Immunisation Financing and Sustainability presentation:**

The Immunisation Financing and Sustainability (IFS) team provides strategic leadership on immunisation financing and sustainability issues. It oversees the implementation of eligibility, transition, and co-financing policies (ELTRACO), and supports country teams in mobilising domestic resources and strengthening their sustainability at the national level.

* **Health Systems & Immunisation Strengthening presentation:**

The HSIS Team is a diverse team who provide direct support to countries to design and implement effective and transformative Gavi-supported health systems programmes, ensuring "no one is left behind with immunisation".

In addition, the HSIS Team leads Gavi's strategic work on health systems and:

* Manages six of Gavi 5.0's nine Strategic Focus Areas
* Leads Alliance technical teams focused on Comprehensive Vaccine Management, Demand Generation and Community Engagement, Human resources for health, etc.
* Bring a systems approach to Gavi support to help countries build equitable, high-quality and sustainable immunisation services that consistently reach all children .

Work Context

The RFP aims to select qualified potential partners to submit proposals for Gavi’s eligible countries (illustrative list subject to change, please visit: <https://www.gavi.org/programmes-impact/types-support>) programmatic support listed in the Scope of Work section. Proposals should comprehensively address technical assistance in line with Gavi’s eligible countries’, CDD, VP, IF&S and HSIS requirements and objectives and partners’ capabilities.

With this competitive process, Gavi is seeking to secure Framework Agreements with selected partners who can provide support specialized in the programmatic areas of Gavi’s eligible countries during the period of implementation of the Gavi 6.0 Strategy (2025-2030). These Framework Agreements are intended to cover multiple technical support and partners will be assessed based on their expertise in specific Investment areas, implementation capabilities, and financial competitiveness.

Based on the Framework Agreement, Call-Off Contracts will be issued according to the identified requirements of the Gavi’s eligible countries. For activities with known immediate needs, the signing of a Framework Agreement will be followed by the rapid issuance of Call-Off Contracts for specific scopes of work as defined. This ensures a swift and targeted response to urgent requirements and immediate action in addressing critical issues. In cases where CDD, VP, IFS and HSIS objectives are in earlier stages or the needs are not clearly defined in Gavi’s eligible countries, Framework Agreements will still be established, with the expectation to develop detailed scopes of work in response to programme needs at a future date.

This long-term commitment facilitates the contracting of future selected partners for the Gavi’s eligible countries over the next six years for the identified activities and Investment Areas. However, a framework award does not constitute a commitment to issue Call-Off Contracts and therefore disbursements.

Scope of Work

While this RFP serves as an initial engagement to identify and select potential partners, more detailed scopes of work and technical proposals will be collaboratively developed with selected partners as immediate technical assistance needs arise in each specific Gavi’s eligible countries CDD, VP, IFS and HSIS Investment Areas. This collaborative approach ensures that the technical support provided is tailored to the unique requirements and circumstances of each objectives.

Selected partners will provide support in agreed Investment Areas among those listed in the Scope of Work Section under the supervision of the Gavi’s eligible countries’ governments and in close collaboration with Gavi, and other relevant Gavi partners including Civil Society Organisations (CSOs) and Local Partners. Bidding organisations should indicate the specific Investment Areas and specific objectives as well as the geographical scope of their support (national/sub-national) where they are interested and able to provide their services and submit a single Financial Proposal reflecting their Maximum Daily Rates (Indirect Costs included if eligible) for each position levels and for their International and National (In-Country) personnel. Bidders will have the opportunity to specify in which Investment areas they are prepared to provide support.

The scope of work for this RFP will vary significantly from one specific activity to another, dependent upon the status of the Gavi’s eligible countries CDD program, VP, IFS and HSIS projects, in each Investment Areas. Therefore, portions of the responses to this RFP are expected to be non-activity-specific and should mainly elaborate on the expertise and capabilities of each bidder in the applicable Gavi’s eligible countries CDD, VP, IFS and HSIS Investment areas and selected objectives. The expected support includes the Investment areas and related objectives outlined in the next table. It is not required for a bidding organisation to be prepared to provide support in all Investment areas

**GAVI INVESTMENT AREAS, OBJECTIVES AND ILLUSTRATIVE ACTIVITES:**

|  |  |  |
| --- | --- | --- |
| **Investment Areas** | Objectives | Illustrative Activities |
| **1. Service Delivery** | 1.1 Extend immunisation services to reach zero-dose, under immunised children and missed communities.  Monitor and measure progress. | • Identify, track and Reach zero dose, under-immunised children, missed and vulnerable communities with quality immunisation services  • Support the monitoring of the implementation of ZD activities including services.  • Support the identification of barriers to access and utilization of immunization services by missed communities, using an equity analysis.  • Identify and design service delivery models that overcome identified barriers and are tailored to the specific needs of caregivers and health care providers in vulnerable communities (urban poor, remote rural, nomads).  • Develop, implement and/or monitor integrated district-level micro-plans that address equity barriers • Implement community-based approaches particularly for populations who are not reached through existing strategies (e.g. inability to access fixed health facilities) • Increase the number of service delivery points for missed communities through specific, time-bound investments in fixed site infrastructure and Expand range of service delivery sites (e.g., markets, transit centres) as well as expanded service delivery hours.  • Increase frequency and regularity of integrated outreach immunisation sessions • Implement periodic intensification of routine immunisation activities in prioritity and high burdened ZD communities  • Monitor disease outbreaks and implement actions to bring un- and under-vaccinated communities into the fold of routine services.  •Deploy Innovative approaches to reach zero dose children  • Optimize combination and sequence of service delivery approaches to catch-up missed individuals (e.g. fixed, outreach, mobile, PIRI, integration with other health services, MOVs, school vaccination checks)  • In case of special catch-up vaccination following an interruption of services, technical assistance to support a risk assessment, particularly with respect to local epidemiology, current immunity levels and extent of immunity gaps to determine highest priority strategies and target areas for specialized catch-up activities.  • Ensure appropriate advocacy at national and sub-national level to continue to sustain momemtum of ZD. |
| 1.2 Integrate delivery of services to improve efficiency, regularity and/or reliability of planned immunisation activities with a focus on zero-dose and under immunized children and missed communities | • Support integrated microplanning, including coordination and collaboration with other sectors, ICC, CCMs and linkages to appropriate resources  • Ensure second year of life (2YL) and adolescent platforms are appropriately integrated into routine immunization  • Support the development, endorsement and implementation of the roadmap for enhanced integration of immunisation into PHC in collaboration with in-country stakeholders.  • Facilitate partnerships with women organizations, civil society, and community leaders.  • Encourage collaboration across sectors, such as education and social protection, to address intersecting barriers.  • Collect and document best practice and lessons learned  • Evidence mapping, grading and best buy evaluations e.g. economic evaluation  • Developing of DHIS2 data visualization dashboards and triangulation of service data  • Train healthcare workers and community health workers on integrated service delivery, ensuring they are equipped to offer a range of services during child health and immunization visits  • Provide regular and reliable immunisation sessions, including outreach and mobile, for targeted individuals, as part of an integrated package of health services. This can include the following examples:  - Integration of service delivery (routine immunisation and otherwise) with other services that can be co-delivered. Examples include de-worming, nutrition supplementation, water sanitation and hygiene (WASH) interventions, growth monitoring, sexual and reproductive health services  - Catching up missed children with all antigens and other services that can be co-delivered  - Use disease-focused campaigns to focus on missed children and integrate multi-antigens and other services   - Integration of routine immunisation with COVID-19 vaccination • Support operational activities as part of catch-up vaccination efforts required to mitigate the disruption of the COVID-19 pandemic on routine immunisation with specific focus on missed children in line with the Gavi Maintain, Restore and Strengthen guidelines |
| 1.3 Improve service quality and user experience of immunisation services, including bringing a strong equity lens | • Introduce and apply suitable and innovative methods to support the design of people centered services (e.g. Human Centered Design, establishment of accountability frameworks at community and district level) building capacity of local partners, particularly women led CSOs to support accountability of service delivery).  • Conduct health facility assessments. Ensure that information on availability of female and male vaccinators in priority areas is available for EPI national and sub-national managers and planners.  • Improve the quality of immunisation services and align with national quality assurance/improvement plans  • Build capacities of EPI management and additional relevant teams (national and sub-national) to establish and implement national quality standards for immunization services  • Identify tools and approaches, tailored to country/district contexts, to assess the quality of immunization services and their acceptance by the different members of the communities (women, men, religious leaders, decision makers, influencers etc.)  • Integrate indicators for service delivery quality into HMIS and other data systems  • Increase the parent’s understanding of benefits of immunisation, and place and timing of vaccination services  • Implement identified actions to improve quality of immunisation services. Examples include reduced waiting time and appropriate counselling.  • Involve communities, particularly users, in planning, designing, and monitoring of immunisation services. This includes setting up social accountability processes (e.g., scorecards) • Adapt immunisation services (e.g. location, schedule, service packages) based on user needs. When it comes to mothers, services should be adapted based on the distance that mothers have to travel, the appropriateness of timing and the package of services offered  • Conduct refresher trainings for health workers on administering multiple vaccines, co-administration practices and interpersonal communications skills to ensure they are comfortable and confident to communicate on the safety and acceptability of multiple injections, managing common side effects , monitoring for AEFI and tips for reducing pain at the time of vaccination |
| 1.4 Establish and/or continue partnerships with civil society organisations to provide immunisation services | • Map, build the capacity and partner with CSOs, CBOs, FBOs, and community actors to identify missed communities, including understanding and addressing the underlying barriers • Fund provision of integrated and/or standalone immunisation services by CSOs, CBOs and FBOs • Catalytic investments to test and scale innovative CSO-led approaches in immunisation service delivery |
| 1.5 Establish and/or continue partnerships with (for profit) private sector actors, including professional associations, to reach zero-dose, under immunised children and missed communities | • Support partnerships with professional associations (e.g. medical, nursing and midwifery) to deliver immunisation services, especially in settings where they have a strong presence • Advocate and support the provision of immunisation services by private sector facilities, especially in urban settings where they have a strong presence. This should include reporting into the national HIS |
| 1.6 Address equitable access barriers in the planning, implementation and monitoring of immunisation services | • Conduct comprehensive equity analyses, tailored to the country's needs and existing data availability, to identify and recommend strategies for addressing barriers faced by caregivers and adolescents in accessing immunization services and to inform service delivery design  • Support the integration, implementation and monitoring of gender-equity activities across all components of the EPI workplan (service delivery, data…)  • Engage women-led CSOs and community health worker associations to ensure service delivery design, implementation and monitoring have a strong equity lens |
| 1.7 Design and implement life-course immunisation approaches relevant to Gavi-supported vaccine programmes (HPV, MCV2) | • Support piloting, scaling and integration of health microplanning at sub-national level  • Capacity assessment across health and human development sectors in-country  • Design and implement integrated campaigns to ensure children receive any missed vaccines from their first year and throughout the life course.  • Develop integrated health package that include vaccinations, growth monitoring, and nutritional assessments.  • Train community health workers to educate caregivers about the importance of 2YL vaccinations and to track immunization status  • Assist with economic evaluation of adolescent vaccination programs, identifying efficiencies and reducing operational costs.  • Support rapid evaluations e.g. LQAS to inform programmatic needs and complement traditional data sources such as MICS, DHS  • Design and pilot digital reminder systems to notify adolescents and their parents about upcoming vaccinations.  • Support the domestication and adaptation of WHO protocols and guidance e.g. SAGE for new platforms/antigens such as RSV  • Implement corrective actions to reduce missed opportunities for vaccination e.g. providing yellow fever, polio and measles vaccines at 9 months, co-administering required vaccines at 18 months assessment  • Update immunisation policies and schedules to increase catch-up vaccination, including for children beyond 24 months of age • Strengthen delivery of second year of life vaccines (e.g. MCV2 at 18 months), Establish a second-year-of-life platform for timely delivery of vaccines, catch-up vaccination of missed antigens, and delivery of other health interventions • Establish, implement and/or evaluate a school entry immunisation check and/or referral system • Establish and / or implement adolescent immunisation programmes  • Inter/intra sectoral coordination of the HPV programme at all levels with other health programmes and ministries • Integrate the HPV vaccination programme with routine immunisation and other health programmes • Use existing primary healthcare mechanisms for delivery of the HPV vaccine to reach missed girls |
| 1.8 Other service delivery objective | • Develop and scale community level integrated health innovations such as My Village My Home |
| **2. Human resources Management** | 2.1 Assess and Improve technical and managerial capacity of healthcare workers to plan, implement and monitor immunisation services | • Conduct HRH assessments and diagnostics, and track implementation of recommendations.  • Identify staffing needs for vaccinators at facility level in areas with low coverage and high numbers of zero dose and under-immunized children.  • Support the development and up-dating of national norms and standards for frontline health workers at facility level, aligned to country context. |
| 2.2 Develop/support an immunization supply chain workforce through adaptive training and mentorship. | • Support the development of a Supply Chain Human Resources Assessment (where an EVM2 assessment has not yet been performed)  • Provide support in designing and implementing supply chain management structures, and documentation of roles and responsibilities (Terms of Reference, ToRs) throughout the supply chain system  • Support capacity building for staff involved in EPI supply chain management through innovative supportive training models, including e-learning platforms, mentorship models, and pre-service training packages. |
| 2.3 Support the training of frontline healthcare workforce to deliver integrated quality services across the life course ( midwives,nurses, Community Health Workforce...) | • Support local capacity development institutions to deliver context relevant and tailored trainings and encourage long term competency transfer.  • Develop up-dated curricula for pre-service training on vaccination services, vaccinology, new vaccines, supply chain, vaccination in the context of integration EPI into national PHC programmes  • Identify learning needs of frontline health workers and support the development of costed plan for in-service training and continuous professional education on the delivery of vaccination services.  • Design/test/scale innovative learning approaches for vaccinators with support of digital tools  • Document, disseminate and use data to identify best practices of innovative approaches for health worker learning and performance management (support the establishment of community of practice at national and sub-national level).  • Incorporate curricula for health workers on inter-personal communication, equitable access and on understanding barriers faced by caregivers and mothers.  • Train health workers (both immunization and non-immunization health workers) on how to evaluate eligibility of individuals for missed vaccination.  • Training, supervision and post-training support to reinforce principle that timely vaccination is ideal but late vaccination is preferable to no vaccination at all, as well as the practice of checking for vaccination history at every health contact.  • Updated operational guidance and resource materials to help health workers understand, implement and record catch-up vaccination.  • Deployment of user-friendly job-aids (digital of manual) to assist health workers in delivering catch-up vaccination (e.g. Vaccinometer, Catchup Ghana, etc.)  • Refresher trainings for health workers on administering multiple vaccines, co-administration practices and interpersonal communications skills to ensure they are comfortable and confident to communicate on the safety and acceptability of multiple injections, managing common side effects , monitoring for AEFI and tips for reducing pain at the time of vaccination. |
| 2.4 Ensure the immunisation health workforce is regularly supported by performance management systems, including supportive supervision and continuous professional development | • Design and test systems for performance management including supportive supervision of vaccinators.  • Develop tools and approaches to assess, monitor and improve health worker performance including monitoring and supportive supervision tools, effective data reporting systems, mentoring, performance review processes, adaptive checklists and content based on previous responses Integrate indicators for health worker performance into HMIS and other data systems |
| 2.5 Improve distribution and retention of health workers to increase equitable access to immunisation services | Develop national strategies for motivation and retention of frontline health workers in challenging / underserved areas (remote, insecure)  • Review and adapt HRH roles to increase capacity of existing workforce (e.g., by shifting non-technical tasks to other staff or upskilling some workers) • s  Identify gaps in the health workforce by mapping against target populations, including zero-dose and underimmunised children (e.g. as part of an accessibility analysis) |
| 2.6 Address equitable access and protection considerations in policies and practices relevant to healthcare providers | • Design and deliver leadership training programs for women to enhance their representation in decision-making roles within National Immunization Technical Advisory Groups (NITAGs), Interagency Coordinating Committees (ICC), and Expanded Programme on Immunization (EPI) structures at both national and sub-national levels.  • Improve equity in leadership in the healthcare workforce by supporting women’s leadership in immunisation programmes |
| 2.7 Other human resources for health objective | • Activities to enhance GHIs coordination on HRH at country level under one plan one budget one M&E. |
| **3. Supply Chain** | 3.1 Review and redesign country supply chain and distribution systems, especially for last-mile delivery. | * Analyse and design the supply chain networks for current and future throughput volume of vaccines, where possible also leveraging tools such as Scan-IT * Based on needs and context recommend the most appropriate transportation modes and capacity, where possible leveraging context appropriate innovations such as drone deliveries,WHO prequalified refrigerated vehicles etc * Identify and promote opportunities for smart integration of vaccine distribution/storage with other health commodities * Ensure collaborative approaches in countries in warehouse management * Identify and promote opportunities for reverse logistics of waste/other commodities if aligned to waste management policy and design * Identify and promote opportunities for outsourcing and private sector engagement where clear advantages of services and cost exist and such arrangements are sustainable |
| 3.2 Improve stock management for vaccines and devices to avoid facility-level stock-outs | • Adoption of stock management, vaccine accountability best practices and supply chain digitalisation.  • Design the optimum replenishment policy in terms of replenishment mechanisms (push, pull, informed push etc) as well as stock norms and replenishment frequency for all stocking points including last mile locations where vaccines are administered  • Leverage facility-level/last mile information systems for basic stock management and visibility, while linking them to upstream TSS compliant eLMIS solutions for end-to-end supply chain management  • Enable data driven decision making to improve stock availability and logistics efficiency at the last mile for example in forecasting, requisitioning, stock management and supply planning, monitoring performance of SC using KPI, triangulation of program and supply data, leveraging global goods and best practices  • Ensure staff at the last mile are capacitated on stock management best practices and SOPs which ensure optimum stock levels and vaccine potency  • Establish in-country systems for routine monitoring, reporting and reviews of SC data (including cold chain inventory updates, temperature monitoring records, CCE performance data etc.) by NLWGs and subnational LWGs to inform evidence-based decision making.  • Conduct physical vaccine and devices stock counts to avoid wastages • Support active monitoring of vaccine and device wastage and implement strategies to mitigate avoidable wastage (e.g. wastage assessments)  • Support for forecasting catch-up doses |
| 3.3 Increase capacity and quality of vaccine storage and cold chain equipment (CCE) infrastructure, with robust performance monitoring (including RTM) and improving maintenance and management practices (incl. considering performance based contracts)​ improve vaccine availability, especially in missed communities | Provide quality technical support to EPI to facilitate the following:  - Scale up of digital inventory systems to understand the status of equipment deployed.  - Assessment of gaps and routinely update cold chain equipment and dry storage inventories.  - Development of multi-year cold chain replacement/rehabilitation/extension plans to meet programmatic needs including vaccine storage for emergency response.  - Implementation of facility infrastructure improvements and implementation of strategies to address supply side barriers to reaching zero dose populations and missed communities including adoption of innovative technologies.  - Adoption and uptake of equipment monitoring standards (EMS) across countries.  - Development and implementation of improved maintenance policies and strategies including planning of preventive/curative maintenance activities, outsourcing to service providers, provision of spare parts, capacity building, etc  - Maintenance of iSC infrastructure, including through improved planning, active temperature monitoring, performance management monitoring (including across offline and remote temperature monitoring/equipment monitoring systems), contingency planning systems and monitoring of maintenance activities  - Develop, adapt and/or implement safe strategies, policies, procedures and practices for equipment disposal and decommissioning.  - Development and implementation of Health Facility Solar Electrification initiatives where applicable, including assessments, installations, multi-sectoral collaboration and coordination etc |
| 3.4 Strengthen Logistics Management Information Systems to assure real-time monitoring at all immunisation supply chain levels | Provide quality technical support to EPI to facilitate the following.  - To assess digital maturity to introduce or scale eLMIS systems or where such systems already exist, assess if these are being used properly and can be upgraded to track & trace systems.  - Establish in-country mechanisms for routine monitoring, tracking and quarterly reporting of other SCs and conduct at least annual performance assessments.  - Establish/improve systems for routine monitoring and tracking closed/open vial wastage of vaccines and investigation of root causes.  - Develop supply chain digitalisation strategy and roadmap, and integrate supply chain digital solutions into the broader digital health architecture/ecosystem  - Where possible, assist in the integration of vaccine specific solutions with parallel systems of other programs and vice versa ensuring no compromise on EPI needs and efficiencies  - Support implementation, adoption and usage of supply chain digital solutions for managing logistics operations and continuous improvement of supply chain  - Support the integration of CCE data into existing in-country systems (e.g. eLMIS, DHIS2) and use of data at different levels of the system  • Build capacity of iSC staff and managers at all levels to interpret, triangulate and use data for action to improve iSC performance  • Where possible and applied to local context and digital maturity, leverage emerging/advanced technologies such as traceability, AI, Blockchain, IoT solutions etc |
| 3.5 Improve planning, coordination and monitoring of supply chain management including operational oversight at the national and subnational level. | Provide quality technical support to EPI to facilitate the following:  - Support development and implementation of integrated costed supply chain improvement plans and their alignment with National Immunisation Strategies (NIS).  - Advocate for government prioritisation and domestic resource allocation.  - Establish and extend reach of functional NLWGs and subnational LWGs, and improve their capacities in planning, coordination and monitoring of supply chain performance. For example, this would include mitigating stock-out risks.  - In focal countries/states, support periodic targeted assessment and monitoring of iSC performance.  - Building capacity in Government staff and learning on EVM and cIP.  - Keeping up to date on new and emerging trends in vaccine management and supply chain including use of Artificial intelligence and other emerging technologies like Blockchain |
| 3.6 Strengthen waste management to reduce infection risk and/or environmental impact | • Review waste handling, treatment and disposal practices and develop robust waste management plans.  Support the development of Health Care Waste Management Plans and costed budgets.  Support in country/global partner collaboration  Support the use of green technologies to manage health waste.  • Support Health Care Waste Management activities including assessments, procurements, conduct case/studies and draw lessons.  • Training and/or capacity building of national and subnational staff on waste management practices. |
| 3.7 Other supply chain objective | • Any other activities not included in the above |
| **4. Data, Monitoring and Learning, AEFI** | 4.1 Ensure timely, fit-for-purpose information is available at all levels of the system, and is used regularly and systematically to improve programmatic reach and performance | • Strengthen systems for use of data to improve programmatic performance and reach zero dose children; routine facility reporting; community monitoring; monitoring service availability, quality, and effectiveness incorporating operational data; and ensuring the health management information system (HMIS) addresses gender considerations.  • Strengthen reporting feedback loops to share and triangulate information across all levels of the system to improve data quality  • Support efforts to ensure interoperability, standardization and integration of parallel information systems. e.g. HMIS/routine health information system (RHIS), logistics management information system (LMIS], surveillance, civil registration and vital statistics (CRVS], geographic information system (GIS), human resource information system (HRIS) in dashboards.  • Support development and monitoring of data quality improvement plans  • Support in designing and executing surveys with robust methodologies to complement routine data.  • Develop and customize dashboards with real-time analytics capabilities.  • Support scaling up AI and machine learning integration in information systems.  • Develop and implement strategies to mitigate avoidable vaccine and device wastage.  • Integrate the latest technology (e.g. remote temperature monitoring devices and equipment monitoring systems) to monitor temperature data and equipment performance.  • Support development of robust, regularly updated national and sub-national vaccine stock reports, and other SC data for national programming.  • Strengthen health worker capacity and use of interventions generating timely and more in-depth information such as implementation research, surveys, assessments, evaluations and qualitative studies for understanding barriers • Support periodic in-depth assessments like surveys, health facility assessments and qualitative studies  • Automate defaulter tracking and recall systems using SMS, mobile apps, and AI-driven notifications  • Use digital tools and electronic immunization registers to identify and flag children needing catch-up doses.  • Support triangulation of logistics, cold chain and programmatic data through analytics tools, control towers, dashboards etc for gathering deeper insights and for making operational, tactical and stargeic decisions in the overall program |
| 4.2 Improve data use-related capacity, tools, evidence generation and/or systems for programme monitoring and learning, especially at the subnational level | • Support building capacity on data analysis and interpretation for EPI teams.  • Support in designing MEL frameworks, SOPs, development of digital transformation assessments, research protocol and implementation guidelines.  • Support in development of measurement and monitoring approaches for key performance indicators included in the MEL frameworks along with the support in the development and implementation of learning activities.  • Support digital needs assessments and prioritization of plans to address digital divide.  • Support development of digital tools to support health workforce capacity building, decision support and performance management.  • Introduce gender-sensitive indicators in monitoring and evaluation frameworks.  • Support the collection and analysis of sex-disaggregated data  • Integrate data: e.g. HMIS/routine health information system (RHIS), logistics management information system (LMIS], surveillance, civil registration and vital statistics (CRVS], geographic information system (GIS), human resource information system (HRIS) in dashboards and by using decision support tools • Set up processes to identify populations not receiving immunisation services and monitor progress including the use of the bottleneck analysis application (BNA) • Establish digital immunisation microplans, track immunisation sessions planned and regularly monitor progress. This includes, for example, tracking the number of immunisation sessions conducted and the number of children reached, including the reduction in the number of zero-dose children |
| 4.3 Strengthen information systems relevant for the identification and reach of zero-dose and under-immunised children | • Support implementation of AI/GIS-enabled digital tools for planning and implementation of zero-dose identification and reach interventions.  • Support designing and implementing birth notification, community registry and CRVS systems.  • Support efforts around standard digital and geo-localised master health facilities list / registries.  • Support alternative approaches to estimating target population and sub-national coverage, including the combined use of modeling and micro census.  • Build capacity to triangulate data, including the use of outbreak and surveillance data, to identify and reach zero-dose underimmunised children and missed communities • Implement community registries, establish birth notification system and strengthen linkage between the HMIS and the CRVS systems • Implement immunisation coverage surveys to identify children and assess reasons for non-immunisation when other data sources are insufficient  • Strengthen the use of digital maps and satellite imagery to identify missed settlements, update boundaries of catchment areas and location of health facilities, map population and assess accessibility of services  • Set up digital and geo-localised master health facilities list • Improve estimates of target population including the combined use of modeling and micro census data • Collaborate with other health programmes, ministries and/or institutions to obtain more information on the target population across the life course • Ensure immunisation-specific indicators are included in planned large surveys (e.g. Multiple Indicator Cluster Survey, Demographic and Health Survey, standards of living surveys)  • Use real-time planning and monitoring approaches during an immunisation campaign and implement a system to connect previously missed children and communities to routine immunisation |
| 4.4 Strengthen country capacity to detect, evaluate and respond to serious adverse events following immunisation | • Support designing and implementation of AEFI surveillance systems.  • Support development of training modules for health workers and managers on AEFI detection, reporting, and response.  • Support AEFI analysis and use of data for communication and to address vaccine safety concerns.  • Train immunisation staff and establish an information system to detect and respond to vaccine safety concerns • Strengthen capacity to evaluate and respond to signals of new, rare potential safety problems, especially with new vaccines • Establish and train committee to assess relationship between receipt of vaccine and subsequent medical problem  • Develop plans for responding to vaccine safety concerns or signals, including crisis communications plans |
| 4.5 Scale up digital health information interventions based on country needs, priorities, plans, strategies, and readiness | • Support development of digital health information for immunization strategies, costed roadmaps and associated implementation monitoring frameworks.  • Support scale up of proven digital health innovations to address immunization pain points.  • Support maturity assessments and information systems optimization planning  • Facilitate the integration of data sources, including operational (immunisation session, stock and human resources data) and disease surveillance data • Build an enabling environment for digital information systems, including procurement of hardware and software as well as Internet and connectivity • Support platform maintenance, overall ecosystem and digital roadmap development • Deploy real-time planning and monitoring interventions to accelerate the sharing, analysis and use of data to improve the immunisation campaign |
| 4.6 Other objective related to HIS and M&E | • Other digital health enablers including digital payment mechanism, leveraging cross sectoral digital public infrastructure and use of emerging technology to address immunisation-related bottlenecks |
| **5. Disease Surveillance** | 5.1 Support country decision making for prioritization across antigens, vaccine introduction, campaigns/enhanced routine immunization, and/or switches | • Provide data and evidence to support country decision making, e.g. prioritization of vaccine introductions or campaigns, product choice and vaccination schedule, defining the target population for campaign or enhanced routine immunization e.g., by age and geography, and considerations for combined vaccine launches  • Engage with NITAG, HSCC/ICC and other high-level stakeholders and in-country decision making bodies to provide technical briefs and discuss issues related to vaccine introduction, campaigns, enhanced routine immunization and switches.  • Support countries, in conducting and reviewing disease risk assessments to support evidence base for vaccine introductions, campaigns, enhanced routine immunization, and switches (and, in some cases, meet application requirements), including strengthening capacity of NITAGs to develop and review the evidence-base  • Support costing or cost effectiveness analysis to support decision-making  • Support countries, including NITAGs with program data analytics e.g., coverage, and surveillance activities e.g., cases/deaths and drawing insights for strategy design and impact assessment. |
| 5.2 Support for timely application and budget development for new vaccine introductions, campaigns, and switches | • Support development of robust applications and budgets for new vaccine introductions, campaigns, or switches. This involves preparing national vaccine introduction plans and applications for vaccine requests and vaccine introduction grants (VIG) or operational costs support (OPs) or switch grants.  • Support the development of detailed program workplans and budgets according to Gavi funding and budget guidelines.  • Identification of synergies between vaccine introductions/enhanced immunization, and/or campaigns and/or other interventions; and planning for leveraging these synergies for integrated campaigns or co-administration approaches for routine immunization  • Support countries to convene stakeholder meetings to review and validate applications.  • Adopt lessons learned from relevant processes or reviews such as the Independent Review Committee (IRC), or International Coordinating Group (ICG), Alliance partnership and performance team (APPT) reviews, EPI reviews, or Post-Introduction Evaluations (PIEs) or root cause analyses to inform the development of country programs applications. Additionally, leveraging the Global Fund Technical Review Panel (TRP), as relevant for Malaria (e.g. complementarity of malaria control interventions; participation in IRC reviews for Malaria Vaccine applications).  • Refinement of epidemiological assessments, risk assessments, and introduction plans. |
| 5.3 Support countries with planning and preparatory activities leading to the launch of a new vaccine, campaign, enhance immunization activity or switch, including technical oversight throughout implementation | • Support countries in the development of detailed introduction, implementation, and/or switch plans within wider operational planning processes, including developing strategies to reach zero dose children and defining targets.  • Coordinate, review, and validate planning tools, including introduction readiness and supplementary immunization activity (SIA readiness assessment tools.  • Adapt reporting tools to capture specific indicators for new vaccines  • Mobilize key partners and donors, including if relevant cross-sectoral teams  • Support high-quality microplanning (digital microplanning) and assist with planning routine immunization strengthening activities  • Support countries in development of training plans or program and materials, as well as assisting with training (including cascaded training from the national to service delivery points; trainings on adverse events following immunization)  • Support vaccine supply planning, distribution and stock management, and general logistics.  • Cold chain and vaccine management support, including supporting planning of strategies to manage cold chain for large campaigns – such as CTC or phased shipments  • Map and engage local partners (CSOs, FBOs, Youth, etc.)  • Conduct behavioral and risk perception assessments, community assessments  • Support develop and implement social mobilization and communication plans, including relevant training materials  • Develop messages and materials, including formative research and crisis communication  • Support development, planning, and implementation of demand promotion, advocacy and social mobilization activities  • Support development of monitoring and surveillance procedures and protocols  • Coordinate and supervise pre- and post-introduction activities  • Support vaccination launch, rollout and the use of alternative strategies for vaccination  • Support planning for risk assessments and tailored outbreak prevention and response |
| 5.4 Support countries to monitor and track implementation progress, address implementation challenges and bottle necks, and review and evaluate vaccination programmes | • Monitor implementation progress and identify challenges, propose remedial action and collect lessons learned  • Support planning and implementation of rapid-convenience monitoring and mop-up activities during routine/campaigns.  • Conduct relevant monitoring and evaluation activities, including but not limited to AEFI, independent post-introduction/campaign coverage survey, impact/effectiveness/cost analysis studies to inform national decision-making and global policy  • Conduct evaluation of vaccination programmes, such as EPI review and post-introduction evaluation.  • Conduct independent monitoring of catch-up campaigns  • Development of high-quality technical reports and support M&E materials production and timely distribution  • Document lessons learnt during the program implementation phases  • Conduct Post Campaign Coverage Surveys (PCCS) within three-months of the campaign for preventative campaigns and use the lessons learned from PCCS to inform next steps to reach missed children and overall program strengthening; Ensure timely availability and dissemination of evaluation results |
| 5.5 Support countries with optimization of their vaccine portfolio | • Support assessment of schedule and product optimization opportunities across antigens in a set of countries  • Support analysis and drafting of switch budgets and implementation plans |
| 5.6 Provide antigen-specific support to countries for the planning, implementation, monitoring and evaluation of the malaria vaccine program | • Support the country to update phased introduction strategies based on vaccine supply allocated to the country following the Gavi vaccine funding application  • Under the guidance of the malaria vaccine technical working group (TWG) and the respective MoH, conduct and disseminate research (knowledge, attitudes and practices studies, demand assessments etc.) to inform vaccine introduction planning.  • Support definition of programme adjustments (covering service delivery, demand generation & community engagement, monitoring & evaluation, and learning) as needed to tailor malaria vaccine introduction/scale-up with (a) expanded age eligibility, (b) seasonal or hybrid delivery strategy.  • Support MoH to develop and/or maintain mechanisms for National Malaria Control Programmes (NMCP) and EPI coordination at national and sub-national levels, including routinely reviewing roles and responsibilities of these mechanisms (and their membership) to align with the evolving needs of the malaria vaccine program.  • Develop and strengthen vaccine platforms to reach children at new contact points in the routine immunization schedule  • Provide support for development and implementation of risk communication and community engagement (RCCE) plans to promote vaccine confidence, including development of relevant Information, Education and Communication (IEC) materials  • Maintain or adapt monitoring procedures and tools to suit the malaria vaccine program needs. Existing country procedures and tools/systems should be used for monitoring and, if necessary, be adapted to fit the malaria vaccine program needs. If new tools or systems need to be developed, then this should be discussed with Gavi, WHO & UNICEF prior to development.  • Support the MoH to plan and conduct supportive supervision with the aim of continuous improvement of the program.  • Document and disseminate lessons learnt from the program to inform scale-up to other sub-national areas of the country |
| 5.7 Provide antigen-specific support to countries for the planning, implementation, monitoring and evaluation of various Gavi supported vaccines | • Provide application development and implementation support for Measles and Rubella routine introductions and Measles campaigns  • Provide application development and implementation support for other vaccines with outbreak potential, including Typhoid, Cholera, Preventive Ebola, MMCV/MenA, Japanese encephalitis, yellow fever.  • Provide technical support for planning and implementation of diagnostics programs for various disease outbreaks (cholera and typhoid)  • Provide support to countries for planning and introduction of new vaccines (with new timepoints) recently added to Gavi’s portfolio, including rabies vaccines, hepatitis B Birth dose, preventive Ebolo, and DTP boosters. |
| **6. Demand Generation and Community Engagement** | 6.1 Strengthen the evidence base on key barriers and enablers to design tailored solutions for increasing vaccination uptake | • Multiple country surveys using standardized behavioural measures  • Supporting EPI’s to analyses and triangulation data from multiple sources, quant and qual both  • Build capacity for collecting, analyzing and using social and behavioral data, including at the subnational level  • Increase the availability, analysis and use of social and behavioural data, including use of targeted rapid surveys, mobile-assisted data collection, and routine data and monitoring systems at the country level • Establish and use effective social listening and online/offline rumour monitoring systems at scale  • Support the development and translation of evidence-based vaccination demand strategies geared towards reach and vaccination uptake, at the sub-national level through HCD , behavioural insights studies etc.  • Apply participatory approaches and social data to develop simple/innovative solutions with a human-centered design for increasing uptake as part of the subnational, district and/or facility-level planning  • Impact assessment studies and learning agenda to feed into programme effectiveness |
| 6.2 Expand and enhance digital engagement interventions to improve outreach and community engagement | • Develop and deploy at scale innovative digital tools to augment on-ground efforts of reaching missed communities  • Develop systems to manage mis/dis information  • Develop tools for building trust including gamification and the use of social media and AI  • Develop and implement digital reminders for follow-up visits for caregivers and stakeholders for broader community support |
| 6.3 Promote evidence-based community engagement by leveraging CSOs, FBOs and local leaders to drive participation in integrated services | • Collaborate with CSOs, CBOs, FBOs and local community actors to track and address rumours, misinformation, and mistrust relating to immunisation  • Partner with CSOs, CBOs, FBOs and community actors to design and implement tailored demand interventions responding to contextual underlying barriers for vaccine uptake in missed communities  • Map CSOs, CBOs and FBOs and key local actors, especially in areas with high numbers of zero dose children, for demand generation  • Work with CSOs, CBOs and FBOs and private health providers to generate demand and address hesitancy in hard-to-reach areas and missed communities  • Engage trusted influencers, including traditional and faith-based leaders, community health workers and mobilisers, to address vaccine hesitancy and low trust in areas where this has been identified as a barrier to vaccine uptake  • Pilot and scale up innovative practices to adapt immunisation services based on user needs especially mothers and caregivers and enhance the inclusivity and effectiveness of immunization programs.  • Support the design and implementation of Positive Parenting programs aimed at raising awareness and addressing intra-household inequities in decision-making, thereby encouraging families to prioritize vaccination for children  • Engage with CSOs and community level stakeholders to drive participation in integrated services , including social protection, nutrition, WASH etc. |
| 6.4 Enhance the experience of service among beneficiaries and their caregivers for current schedule and for reinforcing return visits | • Use community and health worker insights and feedback to improve service quality and client experience Develop mechanisms for community inputs at service delivery sites  • Apply innovative methods to support the design of people centered services (e.g. Human Centered Design, establishment of accountability frameworks at community and district level) building capacity of local partners, particularly women led CSOs to support accountability of service delivery).  • Identify tools and approaches, tailored to country/district contexts, to assess the quality of immunization services and their acceptance by the different members of the communities (women, men, religious leaders, decision makers, influencers etc.)  • Increase the parent’s understanding of benefits of immunisation, and place and timing of vaccination services  • Involve communities, particularly users, in planning, designing, and monitoring of immunisation services.  Design and implement community engagement and recognition to enhance service experience .  Develop systems fo improving AEFI management communition, due dates and related reminders/touch points  • Develop innovative ways to encourage caregivers to safeguard an individual's home-based record and bring it to every health contact for review.  • Refresher trainings for health workers on administering multiple vaccines, co-administration practices and interpersonal communications skills to ensure they are comfortable and confident to communicate on the safety and acceptability of multiple injections, managing common side effects , monitoring for AEFI and tips for reducing pain at the time of vaccination. |
| 6.5 Strengthen national, sub-national and community capacity for driving uptake including response measures during campaigns and emergencies | • Develop and deploy innovative blended training approaches and cascade down to the country level, including IPCI  • Integrate soft skills in pre-service and other training curriculum  • Develop on job mentoring and request on support problem solving through digital mediums  • Blended learning methods at every level to enable person centered care at every level  • Capacity assessment/building of frontline workers’ ability to adapt demand generation activities to local contexts and implement them  • Increase national and subnational capacity for crisis communications, effective and timely responses to adverse events following immunisation, vaccine intro, campaign etc.  • Capacity building for evidence-based design and implementation of social and behaviour change interventions  • Build capacity for collecting, analysing and using social and behavioural data including at the subnational level |
| **7. Governance, Policy, Strategic Planning, and Programme Management** | 7.1 Strengthen capacity of governance/technical bodies for planning, coordination and tracking progress at all levels, particularly for reaching zero-dose children | • Strengthen capacity of governance/technical bodies for planning, implementing and tracking progress at all levels, particularly for reaching zero-dose children.  • Build capacity of provincial and district level and support development and implementation of mechanisms for monitoring the progress of programme implementation in line with existing Theory of Change and M&E Frameworks ensuring accountability at all levels and timely adjustments to achieve the goals  • Strengthen capacity of EPI and other MOH actors at national and particularly sub-national levels to operationalize effective coordination & partnerships with other health/disease programmes, other ministries, NGOs/CSOs, humanitarian agencies...as part of a strengthened PHC/integrated service package  • Enhance ICC performance and support coordination with HSCC and other committees to strengthen PHC integration  • Conduct EPI capacity assessments and support EPI redesign to improve their organisational effectiveness, leadership, management and coordination and track implementation of recommendations.  • Build capacity of national governance mechanisms for evidence-based decision- making on vaccine introductions, prioritization and forecast, comprehensive disease control measures, including preventive campaign decisions, as well as for prioritizing zero-dose, underimmunised children and missed communities, Strategic Leadership, evidence based decision for improving EPI targeting and performance, financial management, human resources management in resource constrained settings, cross sector approaches....  • Develop dashboards to monitor and performance-manage programmes |
| 7.2 Strengthen programme performance monitoring and management systems at all levels | • Strengthen programme performance and management support systems, and support the development of competencies in data literacy  • Strengthen the management of the EPI programme, including through digitally-assisted data use to identify and address programme bottlenecks • Institute programme performance monitoring and reviews at all levels to address programme bottlenecks and help course correct  • Strengthen EPI management capacity at all levels to address fund flow, programme, and partnership managements issues to reach zero-dose children |
| 7.3 Assure equitable access, inclusion and protection considerations are addressed in management structures, immunisation policies, guidelines, practices and accountability measures | • Support the alignment of the immunization strategy, policies and guidelines with the national gender equality strategy.  • Conduct gender audits of immunisation and human resources for health policies and practices to identify gaps between policy and implementation and areas to strengthen a positive work environment |
| 7.4 Other objective related to governance, policy, strategic planning and programme management | • Strengthen response capability of countries to potential health systems threats (e.g., climate, outbreak) |
| **8. Health Financing** | 8.1 Strengthen ministerial capacity on advocacy, planning, budgeting and execution to ensure domestic resources for PHC and immunization are secured, sufficient, released on time, and sustained. | • Developing immunisation financing strategies to prioritise MoH budget for immunisation and PHC  • Strengthen government’s capacity to plan, budget and release funding for vaccines and immunization within the wider PHC budget exercise though capacity strengthening, mentorship and collaborative learning  • Support prioritisation of domestic immunisation financing, through fiscal space analyses, costing, allocative efficiency and value for money analyses  • Support quality vaccine forecasts, integration of immunisation requirements into the Medium-Term Expenditure Frameworks (MTEF) or other frameworks, improved budget release processes and policy dialogue to prioritise PHC and immunisation.  • Supporting budget formulation processes such as Programme Based Budgeting (PBB) to improve immunisation financing  • Strengthening public financial management (PFM) by identifying and addressing PFM bottlenecks |
| 8.2 Advocate to governments for increased primary health-care funding to improve immunisation coverage and zero-dose outcomes | • Developing and implementing CSO-Led advocacy strategies to build political commitment for immunisation and PHC financing at national and subnational levels |
| 8.3 Reinforce domestic resource mobilisation efforts at the sub-national level | • Implementing MOU to increase domestic investments through progressive co-financing at sub-national levels  • Implementing matching grants to mobilize funding at sub-national levels |
| 8.4 Strengthen the effective flow and utilisation of funds at the health facility level | • Implementing and strengthening Direct Facility Financing (DFF)  • Developing and implementing Performance Based Financing (PBF) schemes and any other strategic purchasing approaches to incentivise immunisation outcomes. |
| 8.5 Support technology solutions for domestic resources transfers | • Introduction, implementation and strengthening of mobile banking solutions, |
| 8.6 Improve efficient use of domestic funds through tracking and monitoring of fund flows. | • Developing and implementing methods and processes for resource mapping and expenditure tracking (RMET) at national and subnational level  • Set up monitoring mechanisms and accountability frameworks to review information on PHC expenditure at national and subnational levels  • Developing tools and processes, including digital solutions for tracking of budgets and expenditures, to improve the transparency of funding flows to all stakeholders  • Strengthening data collection and analysis of budget allocation and execution at sub-national and national levels |
| 8.7 Improve coverage and zero-dose outcomes through demand-side financial incentives to vaccine beneficiaries. | • Developing and implementing conditional demand-side incentives (DSI) to drive improved zero-dose outcomes  • Developing and implementing unconditional cash transfer solutions to improve coverage and zero-dose reach |
| 8.8 Strengthen national and sub-national financing modalities to incentivise improved coverage and zero-dose outcomes | • Supporting mechanisms such as intergovernmental fiscal transfer approaches or disbursement-linked indicators (DLI), to drive improved zero-dose outcomes. |
| 8.9 Support countries to ensure sustainable transition from Gavi support. | • Development and Implementation of country specific transition and sustainability roadmaps  • Strengthened regional cooperation and knowledge exchange through a Peer-Learning and Transition Monitoring Secretariat |

Location of the Work

The work shall be performed in the Gavi’s eligible countries (and/or globally) as agreed in signed Call-Off Contracts. Bidders should propose countries for TA support during the proposal phase, a shortlist of possible objectives and Investment areas is agreed at Framework Agreement signing, and work is ultimately performed as agreed in Call-Off Contracts.

Duration of the work

The Framework Agreement would run through 31 December 2030, though individual scopes of work will define specific timeframes.

Section 2: BID SUBMISSION

2. Preliminary Information

This section sets out the necessary preliminary information for Bidders to submit in consideration for delivering the Requirement against any resultant Contract.

Intent to Participate, Acceptance of Confidentiality requirements and Conflict of Interest Declaration

Bidders are required to acknowledge their acceptance of the instructions and rules pertaining to this tender. Bidders are also required to provide the contact information for a representative who will be the point of contact for all matters relating to the RFP, no later than the Due Date for submission of Preliminary Information set out at Part 1 – RFP Timeline and Key Dates. Bidders are required to maintain confidentiality in all matters relating to this RFP and shall not disclose confidential information in connection with the RFP to any third party without prior written consent of Gavi.

Each Bidder must complete the Conflict of Interest online declaration and must immediately inform Gavi should a Conflict of Interest arise during the RFP process. A Conflict of Interest may result in the Bidder being disqualified from participating further in the RFP. This declaration must be provided to Gavi no later than the Due Date for Preliminary Information set out at Section 1 – RFP Timeline and Key Dates.

The Intent to Participate and Conflict of Interest Declaration form can be accessed via the following link: [Supplier Declaration Form](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fapp.azavista.com%2Fw%2Fevent%2F66f94f88722759dc131a802f%3Fclear%3Dtrue&data=05%7C02%7Chbaudrier%40gavi.org%7C68e21eb35f3447ade17808dce1728675%7C1de6d9f30daf4df6b9d65959f16f6118%7C0%7C0%7C638633129235283543%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=lShHo%2BjKu7IVxGmkvA4r%2BTl%2BUH79N6%2BGR0dWVlU9AVg%3D&reserved=0)

## 3. Qualifying Criteria & Technical Proposal

 Technical Proposal Format

Bidders must submit their Technical proposals filling the below document and sending it to procurement@gavi.org before the Bid submission deadline:



Technical Proposal Evaluation

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Criteria / Sub-Criteria (general) | Maximum Scores | Minimum Requirement |
|  | Due Diligence (Sanction List) Screening | Pass or Fail | Pass |
| 1. | Section 1. Country Section:  . Presence and expertise in the country  . Relationships with government and other health and development partners  . Partnerships with Local CSOs | Pass or Fail | Pass |
| **2.** | **Section 2: Investment Areas Sections** |  |  |
| 2.1 | Section 2.1 Investment Area Capacity | 0.5 | 0.25 |
| 2.2 | Section 2.2 Investment Area Experience | 0.5 | 0.25 |
| **2.3.** | **Section 2.3. Investment Area Technical Approach** |  |  |
| 2.3.1 | Section 2.3.1 Project overview | **0.5** | **NA** |
| 2.3.2 | Section 2.3.2 Technical Approach & data/tools | **1** | **NA** |
| 2.3.3 | Section 2.3.3 Monitoring & Learning | **1** | **NA** |
| Total | | **3.5** | **2.45** |

Total Weight: 70/100 per Investment Areas and objectives

**Minimum Technical Score: 2.45 points**

**Please note that only the bids passing the Due Diligence Sanction List Screening, Section 1 Country Section, Section 2.1 (minimum score of 0.25 points) and Section 2.2 (minimum score of 0.25 points) will be conducted to Section 2.3.**

**Passing the Due Diligence and Section 1 Pass or Fail as well as obtaining a minimum score of 2.45 points = 70% of the total technical score is needed (aggregation of the scores from Section 2.1, Section 2.2 and Section 2.3) for the bid to be conducted to the Financial Evaluation**

**We welcome bids from "local" partners submitting bids as a consortium and global partners that demonstrate their capacity to work with local in-country organizations. Bidders will be enabled to express their willingness to be considered for forming consortium by ticking the Yes box and completing the Learning form the past section onto the Q&A document**

## 4. Financial Proposal

Bidders must submit their Financial proposals filling the below documents and sending them by email to procurement@gavi.org before the Bid submission deadline.

Please fill in the document below with the maximum daily rates (Indirect Costs included if eligible) per Position Levels and for International and National (In-Country) Team/Consultant/Subcontractor:



Financial Proposal Evaluation

|  |  |  |
| --- | --- | --- |
| No. | Criteria / Sub-Criteria | Sub-Weight (%) |
| 1. | Financial evaluation points | |
| a) | Points for the Financial Proposal being evaluated = [Maximum number of points for the proposed maximum daily rates] x [Lowest daily rates] / [Maximum daily rates of proposal being evaluated] | 20% |
| b) | Points for the Financial Proposal being evaluated = [Maximum number of points for the proposed maximum International ratio (20%)] x [Lowest International ratio] / [Maximum International ratio of proposal being evaluated] | 10% |

Total Weight: 30/100

Bidders must submit a copy of their Proposal to Gavi by email to: procurement@gavi.org

The subject heading of the email shall be “079-2025-GAVI-RFP – Technical Proposal - [Bidder Name]” and “079-2025-GAVI-RFP – Financial Proposal - [Bidder Name]”. Bidders may submit multiple emails (suitably annotated – e.g. Email 1 of 3) if the attached files are too large to suit a single email transmission.

Please ensure that the different Proposal elements are returned in either MS Office Format or PDF.

## 5. Requests for Clarification

Bidders may submit requests for clarification of the solicitation documents and direct any questions regarding the RFP content or process to procurement@gavi.org using the subject line“079-2025-GAVI-RFP– Clarification - [Bidder Name]” using the below Q&A template

**IMPORTANT NOTE**

**The Q&A document embedded below contains a Consortium/Subcontracting Roster section. This section is meant for the bidders to confirm their willingness to share their contact details as well as their organizations overview and areas of expertise descriptions with other bidders.in order to form consortiums/being subcontracted. Please indicate if you are willing or not to be part of this roster by ticking the box and providing the requested information.**



All questions and requests for clarification must be submitted in writing to procurement@gavi.org. Direct communications with Gavi personnel are not permitted and Gavi reserves the right to disqualify Proposals that do not comply with this requirement. Questions should be submitted by the deadline set out in SECTION 1 – RFP Timeline and Key Dates. Gavi will respond to submitted questions and share responses (anonymously) with all Bidders who have submitted their Intent to Participate, to ensure transparency and fairness. Gavi retains the right to answer questions received after the deadline, when deemed necessary and beneficial for the outcome of the RFP.

## 6. Submission Checklist

|  |  |  |  |
| --- | --- | --- | --- |
|  | Document Checklist | | |
|  | Cover Letter which includes:   * Name and address of the Service Provider * Name, title, telephone number, and e-mail address of the person authorized to commit the Service Provider to a contract * Name, title, telephone number, and e-mail address of the person to be contacted regarding the content of the proposal, if different from above * A signature of this letter done by a duly authorized representative of your company | | |
| ☐ | [Supplier Declaration Form](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fapp.azavista.com%2Fw%2Fevent%2F66f94f88722759dc131a802f%3Fclear%3Dtrue&data=05%7C02%7Chbaudrier%40gavi.org%7C68e21eb35f3447ade17808dce1728675%7C1de6d9f30daf4df6b9d65959f16f6118%7C0%7C0%7C638633129235283543%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=lShHo%2BjKu7IVxGmkvA4r%2BTl%2BUH79N6%2BGR0dWVlU9AVg%3D&reserved=0) | ☐ | Financial Proposal |
| ☐ | Technical Proposal   * Corporate Social Responsibility reports (inclusive of Gender equity policies) * National certificate of incorporation for each country applied for | ☐ | Corporate Social Responsibility documents / Outline of your Organization Core values |
|  | ☐ Financial Stability kindly submit to us the past 3 years’ financial statements documentation, including:   1. Auditor’s page, 2. Income/P&L, 3. Balance sheet and cash flow 4. Additionally, please name the top 3 officials of your company | | |

|  |  |  |
| --- | --- | --- |
|  | Format Checklist | |
| ☐ | Technical proposal separate from financial proposal (Two-Envelope System) and submitted as **separate emails** prepared with subject names “079-2025-GAVI-RFP– Technical Proposal - [Bidder Name]- and “079-2025-GAVI-RFP– Financial Proposal - [Bidder Name]”. | All files are of the accepted type (PDF or MS Office applications).  ☐ |

## 7. Proposed Contract and Gavi’s Terms and Conditions

The terms and conditions for the proposed Contract under 079-2025-GAVI-RFP can be found in the body of Gavi Framework Agreement can be found below:



## 8. Revision Mechanism

**Background**

The awarded Framework Agreements and associated negotiated Rate Cards are implemented until 31st December 2030.

In order to reflect the Cost of Living adjustments, the revision mechanism described in this Clause enables negotiated rate card(s) to be updated based on a formula based on a globally available, third party index.

**Index & Data Source**

The average consumer price index (CPI) is a measure of a country's average level of prices based on the cost of a typical basket of consumer goods and services in a given period. The rate of inflation is the percent change in the average CPI. This is yearly updated by the International Monetary Fund.

https://www.imf.org/external/datamapper/PCPIPCH@WEO/WEOWORLD

**Methodology & Notice**

Negotiated rate card(s) are eligible for update if the CPI rate for the given year and given country is greater than three (**3**) %.

If comprise between **3.01 and 10%** the revision formula is as follows:

**New Country Daily Rate = Old Country Daily Rates X 1.03​**

If **superior to 10%** the revision formula is as follows:

**New Country Daily Rate = Old Country Daily Rates X 1.05​**

If the company believes it qualifies for an adjustment of the negotiated Rate Cards, the Company has the obligation to inform the Gavi Procurement Team in writing at least three (**3**) months before the anniversary date of signature of the present Framework Agreement detailing the countries for which the adjustment is requested.

Gavi will then extract the CPI rates for the countries for which the revision is requested and share with the Company the proposed updated rate card(s) for review.

Gavi and the company will then enter into an amendment to the present Framework Agreement reflecting the updated rate card(s).

These updated rate card(s) will be used for any Call Off contracts issued after the signature of the Amendment to Framework Agreement.

Any ongoing or executed call off contracts and agreements issued prior the implementation of the amendment to Framework Agreement will not be subject to the application of the updated rate card(s).

# Section 3: Rules of RFP

## 8. Rules of Gavi RFP

Scoring Approach

Gavi will base its initial evaluation on the Proposals submitted in response to the RFP.

In deciding which Bidders/s to shortlist Gavi will consider the results of the evaluation of each Proposal and the following additional information:

1. Each Bidder’s understanding of the Requirements, capability to fully deliver the Requirements and willingness to meet the terms and conditions of the Proposed Contract; and
2. The best value-for-money over the whole-of-life of the goods or services.

In deciding which Bidder/s, to shortlist Gavi may consider any of the following additional information:

1. The results from past performance reference checks, site visits, product testing and any other due diligence;
2. The ease of negotiations with a Bidder based on that Bidder’s feedback on the Proposed

Contract (where these do not form part of the weighted criteria);

1. Any matter that materially impacts on Gavi’s trust and confidence in the Bidder; and
2. iv. Any other relevant information that Gavi may have in its possession;

Gavi will advise Bidders if they have been shortlisted. Being shortlisted does not constitute acceptance by Gavi of the Bidder’s Proposal, or imply or create any obligation on to Gavi to enter into negotiations with, or award a Contract for delivery of the Requirements to any shortlisted Bidder/s.

Evaluation Committee

Gavi will convene an evaluation committee comprising members chosen for their relevant expertise and experience. In addition, Gavi may invite independent advisors to evaluate any Proposal, or any aspect of any Proposal.

Evaluation Model

The evaluation model is based on the weighting under sections 3 and 4 (Evaluation Criteria).

Bidders will be evaluated against the Technical Evaluation criteria in section 3. Proposals must meet the minimum threshold defined in Section 3.

Bidders passing the minimum Technical score will then be evaluated against the Financial Evaluation criteria in Section 4. The maximum number of financial evaluation points will be allocated to the lowest priced financial proposal. Financial Proposals from other bidders will receive points in reverse proportion according to the following formula: [Maximum number of points for the Financial Proposal] x [Lowest price] / [Price of proposal being evaluated]

Two-Envelope System

Members of the technical evaluation committee will score each Proposal based on the weighted Technical Criteria listed in Section 3. Proposals will then be ranked according to their technical scores. Proposals that meet the required technical minimum shall then be progressed to the financial evaluation stage whereby different members of the tender evaluation committee shall conduct an assessment based on the weighted Financial Criteria shown below. Collectively the tender evaluation committee will then determine which Proposals to shortlist/select based on best value-for-money over the whole-of-life of the Contract.

Gavi Clarifications

Gavi may, at any time, request any Bidder to clarify their Proposal or provide additional information about any aspect of their Proposal. Gavi is not required to request the same clarification or information from each Bidder.

Bidders must provide the clarification or additional information in the format requested. Bidders will endeavour to respond to requests in a timely manner. Gavi may take such clarification or additional information into account in evaluating the Proposal.

Where a Bidder fails to respond adequately or within a reasonable time to a request for clarification or additional information, Gavi may cease evaluating the Bidders ’s Proposal and may exclude the Proposal from the RFP process.

Acceptance of Proposals

Proposals may be for all or part of the Requirement and may be accepted by Gavi either wholly or in part.

Gavi is under no obligation to accept the lowest priced Proposal or any Proposal and reserves the right to reject any Proposal including incomplete, conditional or proposals which do not comply with the RFP.

Late Proposals

Bidders are responsible for submitting their Proposals on or before the RFP closing date and time in accordance with SECTION 1 – RFP Timeline and Key Dates. Any Proposal received by Gavi later than the stipulated RFP closing date and time will not be evaluated by Gavi.

Withdrawal

Proposals may be withdrawn at any time prior to the RFP closing date and time by written notice to the Gavi.

Alternative Proposals

Bidders may submit alternative Proposals it they feel it may offer Gavi additional benefits whilst still complying with the RFP requirements. Gavi reserves the right to accept or reject any proposed alternative either wholly or in part.

Validity of Proposals

Proposals submitted in response to this RFP are to remain valid for a period of no less than ninety (90) days from the RFP closing date.

No representation or Warrantee

Gavi shall take all reasonable care to ensure that the RFP is accurate, however the Gavi gives no representation or warranty as to the accuracy or sufficiency of the contained information and that all Bidders will receive the same information. Bidders are required to read and fully understand all conditions, risks and other circumstances relating to the proposed contract prior to submitting a Proposal.

Costs of Preparing Proposals

The issuance of this RFP in no way commits Gavi to make an award nor commits Gavi to pay any costs or expenses incurred in the preparation or submission of Proposals or quotations. Bidders are solely responsible for their own expenses, if any, in preparing and submitting a Proposal to this tender

Confidentiality

Bidders must not, without Gavi prior written consent, disclose to any third party any of the contents of the RFP documents. Bidders must ensure that their employees, consultants and agents also are bound and comply with this condition of confidentiality.

This entire RFP and all related discussions, meetings, exchanges of information, and subsequent negotiations that may occur are confidential and are subject to the confidentiality terms and conditions of the Intent to Participate.

Gavi and Bidder will each take reasonable steps to protect Confidential Information and without limiting any confidentiality undertaking agreed between them, will not disclose Confidential Information to a third party without the other’s prior written consent. Gavi and Bidder may each disclose Confidential Information to any person who is directly involved in the RFP process on its behalf, such as officers, employees, consultants, contractors, professional advisors, evaluation panel members, partners, principals or directors, but only for the purpose of participating in the RFP.

Ownership of documents

Ownership of contents within the successful Proposal remain the property of Gavi or its licensors. However, the selected bidder grants to Gavi a non-exclusive, non-transferable, perpetual licence to retain, use, copy and disclose information contained in the Proposal for any purpose related to the RFP process.

Third party information

Each Bidder authorises Gavi to collect additional information, except commercially sensitive pricing information, from any relevant third party (such as a referee or a previous or existing client) and to use that information as part of its evaluation of the Bidder’s Proposal. Each Bidder is to ensure that all referees listed in support of its Proposal agree to provide a reference. To facilitate discussions between Gavi and third parties each Bidder waives any confidentiality obligations that would otherwise apply to information held by a third party, with the exception of commercially sensitive pricing information.

Ethics

Bidders must not attempt to influence or provide any form of personal inducement, reward or benefit to any representative of Gavi in relation to the RFP. Gavi reserves the right to require additional declarations, or other evidence from a Bidder, or any other person, throughout the RFP process to ensure probity of the RFP process.

Anti-collusion and bid rigging

Bidders must not engage in collusive, deceptive or improper conduct in the preparation of their Proposals or other submissions or in any discussions or negotiations with Gavi. Such behaviour will result in the Bidder being disqualified from participating further in the RFP process. In submitting a Proposal, the Bidder warrants that its Proposal has not been prepared in collusion with a competitor.

Gavi reserves the right, at its discretion, to report suspected collusive or anticompetitive conduct by Bidders to the appropriate authority and to give that authority all relevant information including a Bidders Proposal.

No binding legal relations

Neither the RFP, nor the RFP process, creates a process contract or any legal relationship between Gavi and any Bidder, except in respect of:

The Bidder’s declaration in its Proposal

The Proposal Validity Period

The Bidder’s statements, representations and/or warranties in its Proposal and in its correspondence and negotiations with Gavi

No legal relationship is formed between Gavi and any Bidder unless and until a Contract is entered into between those parties.

Exclusion

Gavi may exclude a Bidder from participating in the RFP if Gavi has evidence of any of the following, and is considered by Gavi to be material to the RFP:

1. The Bidder has failed to provide all information requested, or in the correct format, or materially breached a term or condition of the RFP.
2. The Proposal contains a material error, omission or inaccuracy.
3. The Bidder is in bankruptcy, receivership or liquidation.
4. The Bidder has made a false declaration.
5. There is a serious performance issue in a historic or current contract delivered by the Bidder.
6. The Bidder has been convicted of a serious crime or offence.
7. There is professional misconduct or an act or omission on the part of the Respondent which adversely reflects on the integrity of the Bidder.
8. The Bidder has failed to pay taxes, duties or other levies.
9. The Bidder represents a threat to national security or the confidentiality of sensitive government information; and/or
10. The Bidder is a person or organisation designated as a terrorist by any authority.

Gavi’s additional rights

Despite any other provision in the RFP Gavi may, on giving due notice to Bidders:

* Amend, suspend, change the closing date or time, cancel or re-issue the RFP, or any part of the RFP without prior notice, explanation or reasoning.
* Make any material change to the RFP (including any change to the RFP dates, Gavi’s Requirements or Evaluation and Scoring Approach). Bidders shall be given a reasonable time within which to respond to the change.
* Award a contract on the basis of initial offers received, without discussions or requests for best and final offers.
* In exceptional circumstances, accept a late Proposal where it considers that it will not affect the fairness of the RFP process to other Bidders.
* Accept or reject any non-compliant, non-conforming or alternative Proposal.
* At its discretion does not provide a response to any question arising submitted by a bidder.
* Waive irregularities or requirements in or during the RFP process where it considers it appropriate and reasonable to do so.
* Select any individual element/s of the requirements that is offered in a Proposal and capable of being delivered separately.
* Selecting two or more Bidders to deliver the requirements in the RFP.

Governing Law

The terms of this RFP shall be interpreted and applied in accordance with their true meaning and intended effect independently of any system of national law, whether federal or state law. If a dispute or complaint is submitted to any mode of resolution and there is a need to refer to any law, the relevant Swiss law shall apply. No legal relationship is formed between Gavi and any Bidder unless a contract is entered into with a successful bidder.

Settlement of Disputes

Any Disputes arising out of this RFP shall be settled through a neutral

mediator/conciliator in accordance with the conciliation rules adopted by the United Nations Commission of International Trade Law (UNCITRAL Conciliation Rules) presently in force, unless agreed otherwise determined by Gavi. The finding of the mediator/conciliator shall be final.

Protests and complaints

A Bidder may, in good faith, raise with Gavi any complaint about the RFP, or the RFP process at any time by email to procurement@gavi.org using the subject line “079-2025-GAVI-RFP – Complaint – [Bidder Name]”.

Gavi will consider and respond promptly to the complaint. Both the Bidder and Gavi shall agree to act in good faith and use their best endeavours to resolve any complaint that may arise in relation to the RFP. The fact that a Bidder has raised an issue or complaint shall not to be used by Gavi to unfairly prejudice the Bidder’s ongoing participation in the RFP process or future contract opportunities. For complaints of serious nature, please refer to the Gavi Alliance Whistle-blower Policy

Acceptance

By submitting a Proposal, the Bidder accepts that it is bound by the Instructions and rules set out in Section 2 of this RFP.

1. In this RFP, Gavi's eligible countries include 54 countries (here) and lower-middle income countries eligible for the Middle Income Countries Approach (here). This list is subject to change in Gavi 6.0 [↑](#footnote-ref-2)
2. List of countries and economies eligible for support under the MICs Approach as of 1 July 2023 is available at https://www.gavi.org/sites/default/files/programmes-impact/support/Countries-and-economies-eligible-for-support-under-Gavi-MICs-Approach.pdf [↑](#footnote-ref-3)