IRC Debrief

2026 September Review Window

15 October 2026



An encouraging first Gavi 6.0 review window, with a clear signal

Senegal
Holistic application

Chad
Reprogramming

Mauritania
Reprogramming

Gavi 6.0 is producing more coherent, equity-focused portfolios

The next challenge is demonstrating that they can be delivered sustainably and at scale

The strategic intent of Gavi 6.0 is visible in the applications

STRONGER PRIORITIZATION

Evidence, epidemiology, VPOP/NITAG and subnational needs

EQUITY & DIFFERENTIATION EMBEDDED

Zero-dose, remote, displaced, nomadic and underserved populations

MORE HOLISTIC PORTFOLIOS

Vaccines, HSS, supply chain, data, community systems and PHC

LONGER TIME HORIZON

Planning spanned across 5 years, holistic, and aligned with national health planning

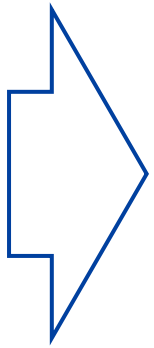
Strategic coherence has strengthened

The IRC lens is shifting from “Why?” to “How?”

Why?

STRATEGIC JUSTIFICATION

- Is the intervention justified?
- What should be funded?
- Is the technical design sound?



How?

DELIVERY CONFIDENCE

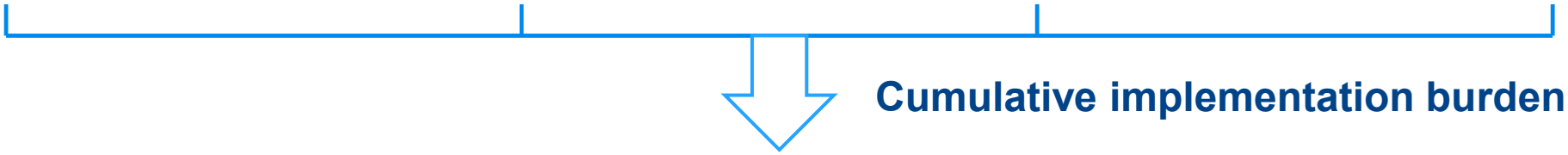
- Can it be delivered?
- Is the system ready?
- Is the sequencing realistic?
- Is it sustainable?
- Who is accountable?
- How will results be measured?

Strong technical rationale is necessary, but increasingly not sufficient

Feasibility of each intervention ≠ holistic feasibility

PORTFOLIO AMBITION

Vaccine introductions	Vaccine optimizations	HSS investments	Digital and data
Vaccine switches	Campaigns	CCE/ supply chain	Integrated delivery



Cumulative implementation burden

SHARED DELIVERY PLATFORM	Workforce	District management	Supply chain
	Supervision	Data systems	Financing

Ambition must match absorptive capacity

Integration is advancing in design, but delivery is less defined

✓ **INTEGRATED THINKING**

Strategic coherence

⇨

✓ **INTEGRATED PLANNING**

Portfolio design

⇨

! **INTEGRATED DELIVERY**

Operational arrangements

⇨

! **INTEGRATED RESULTS**

Measurement and accountability

Integration needs to become more operational

Three recurring gaps weakened delivery confidence

1 READINESS & SEQUENCING

- Workforce capacity
- Implementation congestion
- Realistic sequencing
- District and supply-chain readiness

2 SUSTAINABILITY & FINANCIAL REALISM

- HRH absorption
- Maintenance and recurrent costs
- Domestic financing
- Clear and secured partner contributions

3 ACCOUNTABILITY & MEASUREMENT

- Annual milestones
- Clear ownership and accountability
- Results frameworks
- Data quality and interoperability

These are implementation-quality issues, not arguments against direction

Senegal – holistic application

APPLICATION DETAILS

Funding request

- HSS, CCE, campaign support, diagnostics

Vaccine requests

- Malaria vaccine (R21) introduction
- RSV maternal immunization
- Men5CV introduction
- Rabies vaccine introduction
- MR follow-up campaign
- HPV optimization (HPV4 to HPV9)
- PCV schedule change (3+0 to 1+1)

KEY ISSUES RAISED BY THE IRC

PCV: Limited surveillance data on IPD and carriage to assess the impact of the switch

RSV: Surveillance plans for mothers and children before and after introduction not yet defined

Rabies introduction: Animal rabies control and post-intro evaluation not sufficiently addressed

MR campaign: How will disease epidemiology data be used to adjust follow-up campaigns (national vs subnational)

HSS: HCW retention measures? How will integration be measured?

CCE/ supply chain: Unfunded gaps (maintenance, and EVM/iSC improvement & digitalisation)

Limited information on monitoring and evaluation, integration and budget gaps

Mauritania – reprogramming application

APPLICATION DETAILS

Funding request

- CCE, campaign support

Vaccine requests

- HPV product switch (Gardasil to Cecolin)
- Rabies vaccine introduction
- MR presentation switch (10-dose to 5-dose)
- Two MR follow-up campaigns
- Cold-chain strengthening investments

KEY ISSUES RAISED BY THE IRC

MR: Limited evidence supporting the switch and insufficient info on integration modality

Rabies: Limited info re: human & animal disease surveillance to support implementation & evaluation

HSS: PHC integration & gender considerations well described, but limited info on implementation

CCE/ supply chain: Gaps remain in equipment and logistics costing; Limited funding for the broader iSC strategy

Budget: Stronger alignment is needed between the narrative and budget, including operating costs for new introductions, technical assistance and SIA costing against target populations

Limited epidemiologic data for introduction and evaluation, plus budget costing and linkage issues

Chad – reprogramming application

APPLICATION DETAILS

Funding request

- CCE, campaign support, diagnostics

Vaccine requests

New introductions

- Hepatitis B birth dose (HepB-BD)
- HPV, rubella (via MR), and Men5CV
- Diagnostics (cholera, measles, yellow fever)

Major changes / switches

- Hexavalent vaccine switch
- PCV13 to PCV10 switch
- Large integrated MR-HPV-Men5CV campaign

KEY ISSUES RAISED BY THE IRC

Routine immunization: Evidence gaps re: prioritization and delivery arrangements (in line with NITAG) and re: target population or schedule change.

Campaigns: “Too integrated?” Operational feasibility concerns around combining multiple campaigns (HPV, Men5CV and MR), with limited evaluation evidence

HSS: Implementation readiness and accountability (eg denominators and interoperability)

Cold chain: Readiness and service-cost planning are not fully aligned with vaccine intro timelines

Budget: Limited financial planning and credibility (no year-by-year domestic financing plan?), most spending in 2027–2028; incorrect linkages &costing errors for procurement

Reprogramming complexity is compounded by a fragile operating context and health-system capacity constraints

Recommendations for future Gavi 6.0 reviews (I)

Strengthening delivery confidence and implementation readiness

AREA	KEY ISSUE	RECOMMENDED ACTION
Implementation Capacity	Operational capacity and feasibility are not always sufficiently demonstrated	**Provide clearer evidence on workforce, delivery capacity and implementation arrangements (Country)**
Reaching Vulnerable Populations	Plans to reach underserved populations are sometimes insufficiently operationalized	**Demonstrate practical delivery approaches and implementation feasibility (Country)**
Monitoring & Evaluation	Monitoring and learning arrangements are not always fully described	**Strengthen surveillance, monitoring and implementation-learning plans (Country)**
Cold Chain Readiness	Evidence of readiness for vaccine introductions is not always comprehensive	**Request standard readiness documentation and supporting evidence (Gavi)**

Future reviews should place greater emphasis on readiness, absorptive capacity and implementation feasibility

Recommendations for future Gavi 6.0 reviews (II)

Strengthening portfolio transparency and review readiness

AREA	KEY ISSUE	RECOMMENDED ACTION
Budget Detail	Narrative and budget information are not always readily linked	**Introduce clearer budget-to-narrative referencing (Gavi, Country)**
Funding Landscape	Partner and external financing contributions are not consistently visible	**Present a consolidated financing picture across all funding sources (Gavi, Country)**
Reprogramming	Treatment of previously approved investments can be unclear	**Develop clearer guidance while maintaining a holistic portfolio perspective (Gavi)**

Greater transparency of financing, budgeting and prior approvals will strengthen holistic portfolio assessment

In summary

THE BOTTOM LINE

Gavi 6.0 is strengthening the strategic quality of country portfolios

The focus should be on ensuring strong feasibility and solid implementation, with support of all partners

UPCOMING REVIEW PIPELINE

>27 APPLICATIONS EXPECTED

October–November 2026

>9	Standalone applications
5	Holistic applications
7	Reprogramming applications
>5	Time-sensitive requests/ GRM
1	Africa CDC