

Subject	<b>COVAX update and Gavi's Role in a future COVID-19 Vaccine programme</b>
Agenda item	<b>07</b>
Category	<b>For Decision</b>

## **Section A: Executive Summary**

### **Context**

2023 is a critical year for the COVAX Facility. With the lifting of the Public Health Emergency of International Concern (PHEIC) designation for COVID-19 on 5 May 2023 and recognition that the pandemic is now at a different phase, we continue to operate in the World Health Organization-designated “base-case” scenario for COVID-19<sup>1</sup>, and we anticipate the approach to COVID-19 vaccination will continue to evolve. Guidance from the WHO Strategic Advisory Group of Experts on Immunization (SAGE) was updated in March 2023<sup>2</sup> recommending a more streamlined approach for continued COVID-19 vaccination in 2023 focusing on the high priority user group.

In June 2022, the Gavi Board approved Gavi's continued hosting of the COVAX Facility through the end of 2023. For the remainder of 2023, Gavi will continue to integrate relevant COVAX processes into Secretariat and Alliance partner core processes to enable a smooth transition to the proposed 2024-2025 COVID-19 vaccine programme, pending Board approval. This paper provides an outlook for COVAX in 2023 and seeks Board approval for a future Gavi-supported COVID-19 programme in 2024-2025.

### **Questions this paper addresses**

- What progress has COVAX made supporting Advance Market Commitment (AMC) participants reach their COVID-19 vaccination goals, and what are the objectives of a Gavi-supported COVID-19 programme in 2024-2025?
- What is the state of supply and demand, and what is the supply strategy for transitioning from COVAX to a future COVID-19 vaccine programme?
- How is COVAX adjusting in preparation for the shift from an emergency response to a potential future COVID-19 vaccine programme that utilises existing Alliance processes?
- What are the financial implications of a 2024-2025 COVID-19 vaccine programme for Gavi?

<sup>1</sup> Strategic preparedness, readiness and response plan to end the global COVID-19 emergency in 2022, WHO

<sup>2</sup> <https://www.who.int/publications/i/item/WHO-2019-nCoV-Vaccines-SAGE-Roadmap>

## Section B: Facts and Data

### Part I: COVAX Update 2023

#### 1. COVID-19 Vaccine Delivery

- 1.1 The consolidated efforts of the Gavi Alliance, colleagues at country level, and AMC participants have narrowed the vaccine equity gap between the AMC92 and global coverage for both high priority groups and the general population. **According to updated impact estimates from Imperial College, London, approximately 2.7 million vaccine-prevented deaths in AMC92 through the end of December 2022 can be attributable to COVAX-supported doses. The impact was most pronounced among African AMC participants, where up to 73% of total vaccine-prevented deaths can be attributable to COVAX supported doses.** As of May 2023, over half of people in all AMC countries have completed their primary series of COVID-19 vaccination. To date and with the support of the COVID-19 Vaccine Delivery Partnership, 22 of the 34 countries identified for concerted support in January 2022 have surpassed 20% coverage, and six additional countries have achieved at least 10% overall coverage. Despite this increase in AMC vaccination coverage, inequities persist.

#### Increase in coverage over time, % population with complete primary series

Global, 92 Advanced Market Commitment (AMC) entities and 34 Countries for Concerted Support (CCS)

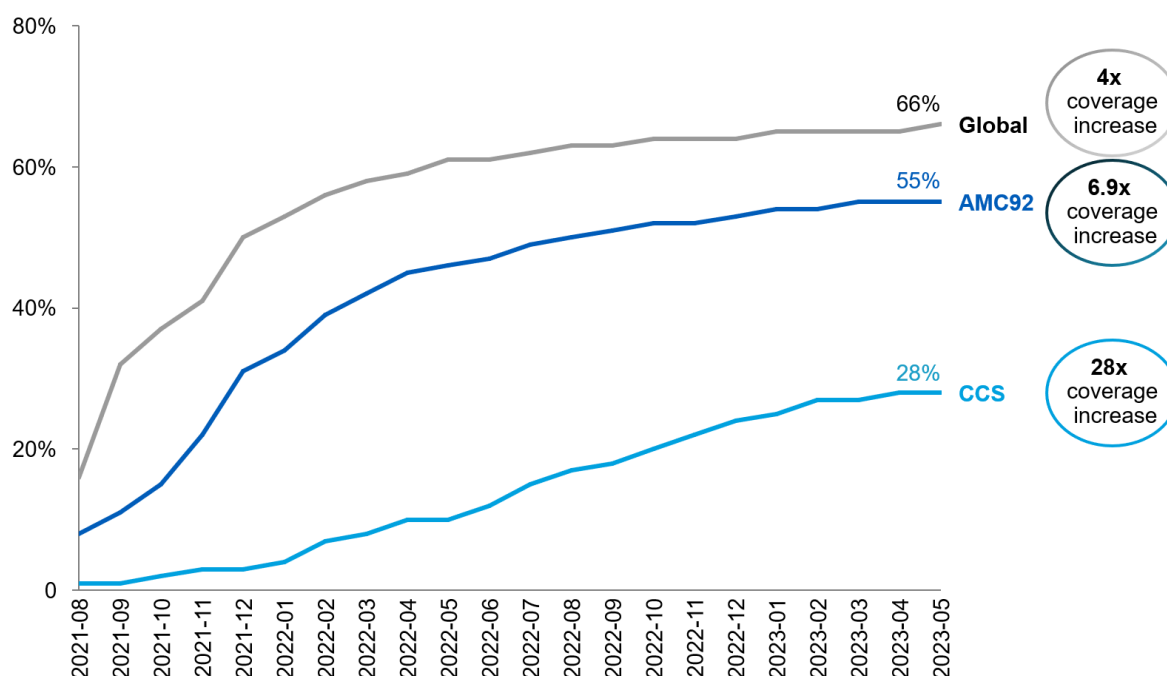


Figure 1: COVID-19 Coverage: Global vs. AMC92 vs. CCS34

- 1.2 In July 2021, the Gavi Alliance launched the COVID-19 vaccine delivery support (CDS) window to address urgent funding gaps for COVID-19 vaccine delivery amongst the AMC92 countries and to support rapid roll-out and scale-up of COVID-19 vaccinations complementary to domestic and other funding sources. In total, Gavi mobilised US\$ 1.6 billion to support the delivery of COVID-19 vaccines, including US\$ 150 million made available from core resources for early investments in technical assistance and cold chain equipment. As of today, US\$ 1.470 billion has been fully committed or disbursed. Figure 2 depicts CDS investments by funding window and other COVAX delivery support activities as of 7 June 2023.

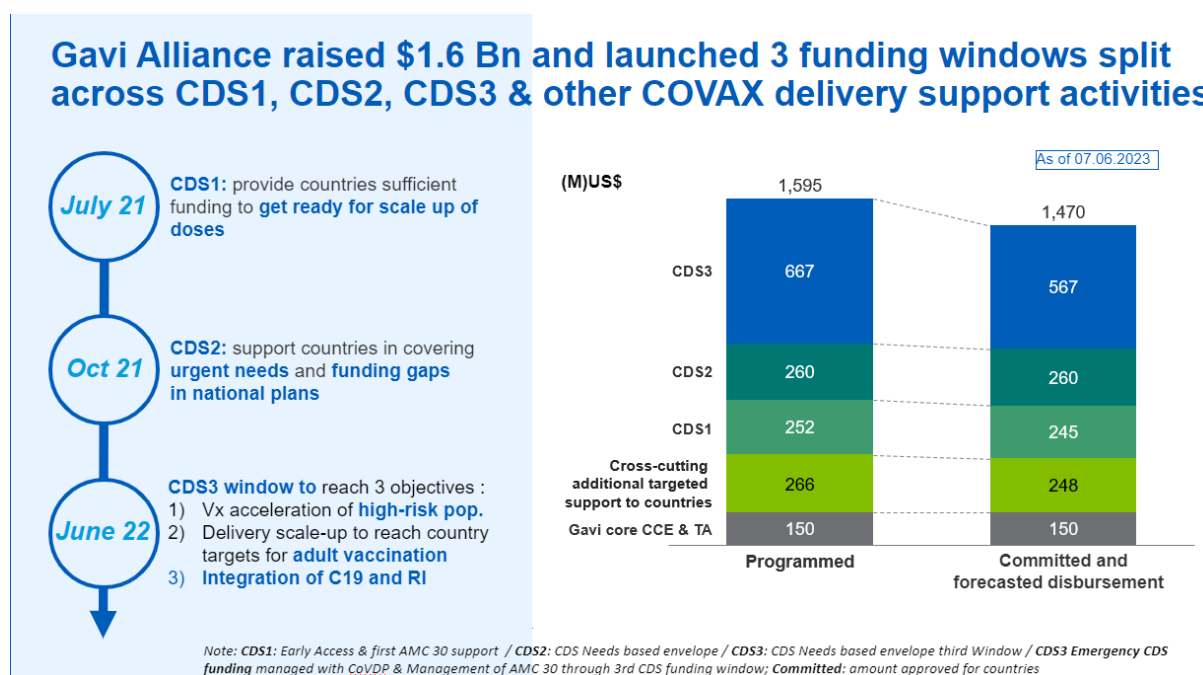


Figure 2: CDS and other COVAX Delivery Support

- 1.3 COVID-19 vaccine delivery investments have had both immediate benefits for COVID-19 vaccine delivery, and in line with the third CDS objective of integration, are expected to have long-term benefits to routine immunisation programmes and health systems. Approximately US\$ 222 million has been invested to support integration of COVID-19 vaccination with routine immunisation. COVID-19 delivery funding is supporting cross-cutting delivery investments for vaccination scale-up and building cold chain capacity<sup>3</sup>, generating demand at national and subnational levels<sup>4</sup>; spearheading innovations to track and monitor vaccine safety and stock management; implementing vaccine-related innovative real-time data

<sup>3</sup> Approx. 6000 Cold Chain equipment to expand storage capacity at national and subnational levels, and 83 vaccine stock management specialists embedded in 38 countries and United Nations Children's Fund (UNICEF) regional offices

<sup>4</sup> Interventions span from addressing the needs of women, social listening to address rumours and dis/misinformation, addressing health worker hesitancy to community-centred approaches, ensuring youth engagement, and prioritising vulnerable groups.

monitoring mechanisms and geospatial data support<sup>5</sup>; and expanding partnerships with civil society organisations. Several countries report benefits from CDS in areas such as upscaled cold chain infrastructure, digitisation of health data, integrated COVID-19 and routine immunisation delivery platforms, and expanded vaccine supply chain capacity. Capacity built in these areas not only help to strengthen health systems but can improve preparedness for future pandemics.

## 2. Demand, supply, and planning for the remainder of 2023

- 2.1 Demand: **Demand for COVID-19 vaccines through COVAX for 2023 is now forecasted to be 120-150 million doses after PHEIC lifting<sup>6</sup>**, reduced from the previous estimate of 200-300 million doses. As the acute phase of the pandemic has continued to recede over the first quarter, the deliveries in Q1 2023 were accordingly lower than last year's forecast. The current high demand for adolescent and pediatric vaccines is expected to decline in the second half of 2023 as countries are expected to start implementing the revised SAGE guidance issued in March 2023, which recommends shifting focus to high priority groups and categorises healthy children and adolescents (6 months-17 years) as low priority groups. In line with recommendations after PHEIC lifting in early May, many countries have started to integrate COVID-19 vaccination into primary health care services, shifting away from big vaccination campaigns. Countries have been requested to share their updated demand outlook for H2 2023 by the end of June.
- 2.2 Supply: **Gavi has pursued a dual-source supply strategy and will continue to do so through the end of 2023. In accordance with the guidance from the Market-Sensitive Decisions Committee (MSDC), in 2023, Gavi will rely on donations as much as possible and, if necessary, procure to fill supply gaps.** The COVAX portfolio currently comprises (i) J&J vaccine from Gavi's advance purchase agreement (APA), and (ii) donations of mRNA variant-containing vaccines (VCVs). The volume of mRNA donations for 2023 will be substantially smaller than was expected at the start of the year, and the limited visibility on donation availability has created challenges for advance supply planning, communication and supply to countries – challenges that are felt acutely at the country-level and negatively affect uptake. In accordance with the dual source supply strategy, the MSDC recently approved procurement of a limited volume of new vaccines to mitigate this supply risk and ensure sufficient volumes of suitable vaccines to meet country needs for the rest of 2023.
- 2.3 2023 Worst-Case Scenario Planning: **While integrating the COVAX Facility, the Secretariat is maintaining a level of capacity to respond to a potential resurgence of COVID-19 in 2023.** COVAX has developed a “no regrets” decision-making and risk management approach that will proactively take steps

<sup>5</sup> 49% of reporting countries indicate that digital data tools had supported COVID-19 vaccine uptake and benefit routine immunisation and health systems.

<sup>6</sup> Demand projections have been risk adjusted to account for latest SAGE recommendations, including reduction of paediatric and adolescent volumes, and historical absorptive capacity. The Secretariat will continue to monitor demand on an ongoing basis as we expect fluctuations to reflect changes in the course of the pandemic.

to minimise negative outcomes in a “worst-case” COVID-19 scenario, as well as an early warning monitoring system and action plan led by WHO to enable a rapid and targeted response to support new and additional vaccine deployment in AMC91 countries. A multidisciplinary mechanism of experts will continue to monitor and assess COVID-19 evolution and evaluate the impact of countermeasures to inform COVAX’s scale of support, considering supply and other resource constraints. COVAX will initially utilise existing resources to procure new vaccines and will also seek donations to support early vaccine deployment.

- 2.4 Closing the COVAX Facility and transitioning initiatives: **In accordance with the June 2022 Board decision, the COVAX Facility is preparing to transition to established Alliance processes for ongoing COVID-19 vaccine supply by the end of the year in line with the proposed 2024-2025 COVID-19 programme, pending Board approval.** With considerable progress made on COVID-19 vaccination uptake in many countries, updated WHO SAGE guidance for prioritising COVID-19 vaccines to shape vaccination strategies, and the lifting of the PHEIC, the Gavi Alliance is working with countries to prepare for a transition from the emergency-response oriented COVAX support model to a COVID-19 programme modeled on established Alliance approaches covering the 2024-2025 period (Part II).
- 2.5 **The implications of this shift for the Alliance are significant and involve simultaneously closing out COVAX processes, which could extend into 2024 (e.g. closing the books, evaluations, and concluding legal agreements including closing contracts for self-financing participants) while designing and ramping up processes in support of the proposed successor COVID-19 programme for 2024-2025.** To chart a path forward, as part of the broader Operational Excellence work in the Secretariat, the COVAX Organisational Integration project has developed a plan to transition and integrate a number of COVAX people, processes, and systems into core Gavi Secretariat and Alliance partners. This work is well into the implementation phase and should be concluded before the end of the year.
- 2.6 **CoVDP Close-Out:** The COVID-19 Vaccine Delivery Partnership (CoVDP) was established as a timebound, new Alliance mechanism to accelerate vaccine uptake in the 34 countries with the lowest vaccine coverage. Since its inception, COVID-19 vaccination coverage in the 34 countries increased from 3% to 28% thanks to key activities such as high-level political advocacy through Alliance leaders as well as a dedicated leader provided by UNICEF; funding coordination, grant management and performance oversight through Gavi Senior Country Managers; and demand planning, technical assistance and data monitoring through UNICEF and WHO regional and country offices. **CoVDP is planning to phase out by end-June 2023 and is now focusing on documenting key lessons and transitioning activities to established Alliance mechanisms to continue supporting countries to deliver COVID-19 vaccines to high priority groups and integrating COVID-19 vaccination into primary health care services.** Some of the lessons from the

CoVDP include the effectiveness of building political will to drive progress in-country as well as transparent and concerted efforts to prioritised countries. It also highlighted the importance of leveraging existing Alliance mechanisms at global and regional levels to avoid confusion and duplication as was seen in the early stages of CoVDP. However, while this vertical campaign was an effective approach for COVID-19 vaccination scale-up support, we will need to learn how to ensure routine immunisation is preserved and a more integrated approach is applied for future pandemics.

- 2.7 COVAX Humanitarian Buffer and outcomes from the Joint Convening on COVID-19 vaccinations in humanitarian settings: **The COVAX Humanitarian Buffer closed its application window on 31 December 2022.** Through the programme, 2.4 million doses were delivered to Iran and Uganda to serve refugee and displaced populations. The programme received nine applications in total; each application saw a unique set of challenges and lessons across upstream and downstream issues, learnings from which have been well-documented.<sup>7</sup> Issues at the centre of the Humanitarian Buffer's challenges require multilateral solutions, which are being investigated ahead of the next serious public health event, including discussions on indemnity and liability, legal frameworks, and international instruments.
- 2.8 **Gavi jointly convened a global event in February 2023 to present proposed action plans for strengthening vaccine delivery to humanitarian contexts in future public health events.** Participation included Gavi, WHO, UNICEF, other UN agencies, international and national NGOs (non-governmental organisations), host governments, donor governments, and multilateral development banks. The event was an opportunity to collaboratively identify solutions to the many challenges faced by the Alliance in delivering COVID-19 vaccine to humanitarian contexts. Moving towards solutions would require the Alliance to engage with industry and the private sector to respond to liability, risk and diverse partners in humanitarian settings; embolden engagement with humanitarian actors for decision making and across the delivery value chain; diversify the partner-base with international and national humanitarian health partners; develop roles, responsibilities and contractual frameworks to enable delivery in hard to reach settings; and apply adaptive and flexible financing to non-state actors. Importantly, this work has been situated within Gavi's broader pandemic prevention, preparedness and response activities (see Doc 08).
- 2.9 Learning from COVAX: **Gavi continues to evaluate and internalise learnings based on our experience with the COVAX Facility, the COVAX AMC and COVAX Pillar into our ongoing Alliance ways of working.** These learnings are being utilised both to inform our Gavi core work and for future pandemic prevention, preparedness and response (see Doc 08). The report from Phase One of the multi-stage independent evaluation of the COVAX Facility and COVAX AMC has recently been published on the Gavi website, along with our accompanying formal response to this evaluation. Broader

<sup>7</sup> [10 Learnings for the Alliance from the COVAX Humanitarian Buffer](#); [COVAX: Key Learnings for Future Preparedness and Response](#); [Taking Stock of Humanitarian Access to Pandemic Vaccines](#)

monitoring, evaluation and learning updates linked to COVAX can be found in Annex A.

## Part II: Approval for a 2024-2025 COVID-19 Vaccine Programme

### 3. Context

- 3.1 **In December 2022, the Board approved “in principle” a future Gavi-supported COVID-19 vaccine programme for 2024-2025** and requested that the Secretariat return to the PPC and Board for approval of the final programme design aligned with Gavi’s investment strategy approach including updated impact modelling, disease risk and burden, fit for Gavi Alliance, and financial implications (Annex B to May 2023 PPC Doc 07), and in consideration of updated country demand projections to inform dose volumes (see paragraph 5.1), and information on CDS implementation informed by country experience (see Part I above). Per the Board’s request, in March 2023, the Secretariat presented to the COVAX AMC Investors Group options for the use of AMC funding for purposes relevant to this proposal, preparedness and response, and potential repurposing of funds. The Secretariat has developed the policies and processes that would allow programme implementation as soon as the Board approves the final programme design to mitigate any potential gap in support in the transition from COVAX to the future COVID-19 programme.
- 3.2 **At its meeting in May 2023, the Programme and Policy Committee (PPC) affirmed its support of the programme design and recommended the following eligibility and extent of support for Board approval.** The programme reflects a shift from an emergency response to one focused on continued vaccination of the high priority user groups per the latest SAGE guidance<sup>8,9</sup> for the 91 COVAX AMC participants<sup>10</sup>, with differentiated procurement support. The Gavi54<sup>11</sup> - those countries eligible for Gavi support - would be eligible for full procurement support without co-financing obligations. The AMC37 - the never- and former-Gavi eligible countries which received COVAX support - would be eligible for vaccine catalytic financing in line with the Board- approved Gavi Middle-Income Country (MICs) Approach<sup>12</sup>; this offers countries one-off vaccine financing to cover the dose cost for half of the first target cohort to “catalyse” a new vaccine programme. This differentiated support reflects the Board’s guidance to return to established Alliance policies and processes as quickly as possible, although at the PPC meeting, one constituency expressed support for aligning the procurement support between the AMC37 and the Gavi54 to allow full vaccine support for all AMC91

<sup>8</sup> <https://www.who.int/publications/i/item/WHO-2019-nCoV-Vaccines-SAGE-Roadmap>

<sup>9</sup> While the updated Roadmap is applicable to 2023, we anticipate that this guidance will continue beyond 2023 as long as the base-case scenario continues to apply.

<sup>10</sup> If needed, a separate proposal for India may be considered as done with previous Gavi Board tailored strategy for COVAX in 2020.

<sup>11</sup> Countries eligible for Gavi support at end-2023 would be eligible for this programme in 2024-2025

<sup>12</sup> <https://www.gavi.org/types-support/sustainability/gavi-mics-approach>

countries. Both the Gavi54 and AMC37 would be eligible for no-cost extensions to their CDS envelopes to support delivery efforts through 2025.

### 3.3 **The 2024-2025 COVID-19 vaccine programme has two overarching objectives, informed by five principles:**

- **Objective 1** – Maximise health impact by continuing to support COVID-19 vaccine delivery for high priority user groups per the SAGE Roadmap
- **Objective 2** – Continue to support health system strengthening and integration of COVID-19 vaccination into routine immunisation, primary healthcare, and other healthcare services, depending on country context and WHO recommendations and where supported by national commitments and existing delivery platforms to achieve mutual benefits for COVID-19 and routine immunisation

The five **principles** guiding the approach to the programme include:

- Ensure no detrimental impact on routine immunisation programmes
- Support global public health objectives and equity, given uncertainties as we shift out of the acute phase of the pandemic
- Promote country ownership and sustainability
- Generate learnings for potentially reaching new target groups with immunisation in Gavi 6.0
- Leverage Gavi's comparative advantage and learnings from COVAX, including the importance of agility to deal with uncertainties

### 3.4 **There are many uncertainties around the future of COVID-19**, including the course of the virus and its epidemiology with potential for surges and seasonality; emergence of new variants that could be more severe and/or transmissible; its impact on sustained and predictable demand for continued vaccination including its influence on vaccine confidence; and how vaccine products may evolve and implications on efficacy, durability, programmatic feasibility and market dynamics. **Recognising the need to start planning, the Alliance is moving forward with scenario-based planning with humility, using the best information available, and understanding assumptions may change with new information, and countries could access doses through other sources.**

### 3.5 **Gavi will remain committed to reporting on progress made and key learnings linked to the proposed COVID-19 programme for 2024-2025**, noting that frequency of reporting from countries on key COVID-19 vaccination metrics will also reduce as we move towards established processes and away from the acute phase of the pandemic.

#### 4. COVID-19 Vaccination Strategy and Updated Impact Modelling

- 4.1 In March 2023, the WHO Strategic Advisory Group of Experts on Immunization (SAGE) updated its Roadmap for prioritising COVID-19 vaccines<sup>13</sup>. It streamlines the priority user groups into high, medium, and low categories. **The newly-defined high priority user group comprises the same populations as the higher priority user group in the previous SAGE good practice statement on second boosters, on which the December 2022 Board proposal was based<sup>14</sup>.**
- 4.2 **The Secretariat worked with both Imperial College, London and the Institute for Disease Modelling (IDM) at the Bill & Melinda Gates Foundation to model core health and economic impact estimates for the proposed 2024-2025 programme.** The assumptions underpinning these models have been updated since the Gavi Board meeting in December 2022, particularly with regards to coverage assumptions (aligning with most recent demand forecasts) and reparameterisation based on evidence on bivalent vaccines. Both models suggest that deaths averted per fully vaccinated person (FVP) for COVID-19 vaccination amongst high priority population groups are comparable to current core Gavi routine immunisation programmes (with a range of 0.49-3.1 deaths averted per 1,000 FVP for COVID-19 vaccination of >60-year-olds). However, the proposed programme appears to compare relatively less favourably from a value for money (cost per death averted) perspective than Gavi core supported vaccine programmes, although ranges do still overlap. Extending the programme beyond high priority population groups would compare even less favourably. Further information on modelled outputs can be found in Annex B to May 2023 PPC Doc 07 as well as in technical appendices generated by both modelling groups available on BoardEffect (Appendices 1 and 2 to May 2023 PPC Doc 07).

#### 5. Demand and Supply

- 5.1 Updated country demand estimates: Fifty-five countries (of 58 respondents) representing more than 60% of the AMC91 population have thus far shared their interest in continuing a COVID-19 vaccination programme in 2024 via an Expression of Interest (EOI) survey that COVAX sent in March 2023. Based on the EOI responses, the projected demand for Gavi supported COVID-19 doses for the high priority group in AMC91 in 2024-2025 ranges between 120-240 million doses. Based on emerging trends, **the proposed funding envelope (see paragraph 7.1) has been calculated using the lower end of this range, i.e. 120 million doses over 2024-2025 to cover ~3.5% of the AMC91 population.**

<sup>13</sup> <https://www.who.int/publications/i/item/WHO-2019-nCoV-Vaccines-SAGE-Roadmap>

<sup>14</sup> Older adults; adults with comorbidities; adults, adolescents and children six months and older with moderate or severe immunocompromising conditions; pregnant adults and adolescents; and frontline healthcare workers.

- 5.2 UNICEF launched a tender in May 2023 for the 2024-2025 COVID-19 programme as part of the transition to the established Alliance model, in which UNICEF secures supply predominantly through “good faith” agreements based on a high-quality forecast, meaning the agreements are not backed by upfront financial commitments (advanced purchase agreements). **The UNICEF tender aims to ensure timely and uninterrupted access to vaccines of assured quality; sustainable prices for countries, donors and manufacturers; and manufacturers’ capacity to scale up in case of a surge in demand.**

## 6. Delivery Strategies and Funding Mechanism

- 6.1 Delivery strategies: **In accordance with WHO-UNICEF guidance<sup>15</sup> Gavi will focus on purposeful integration of COVID-19 vaccination with routine immunisation, primary health care (PHC) and other healthcare services** supplemented by campaigns where they may be deemed more feasible or effective at achieving access and coverage. Differentiated delivery strategies for COVID-19 will be needed for each of the high priority sub-groups, and depending on country capacity and context, countries may need to complement these integration efforts with immunisation campaigns to reach certain high priority sub-groups.

- 6.2 **Some examples of differentiated delivery strategies to reach the different high priority sub-groups, with a focus on integration, are outlined below.**

- All high priority groups: leverage routine healthcare services to provide COVID-19 vaccination.
- Elderly persons: COVID-19 vaccination to be integrated into outreach activities with support from community networks, where feasible, and social services that target the elderly, to be supplemented by campaigns as needed.
- Pregnant persons: integrate COVID-19 vaccination as part of antenatal care services.
- Persons with comorbidities: leveraging specialised clinics (e.g. human immunodeficiency virus (HIV), tuberculosis (TB), noncommunicable diseases (NCDs)) to offer routine COVID-19 vaccination, as well as integrating into outreach activities.
- Health workforce: health workforce is encouraged to receive COVID-19 vaccines at fixed sites as well as during training opportunities. Countries will also be encouraged to integrate and offer other vaccinations for healthcare workers during key opportunities.

- 6.3 **The experience of reaching high priority groups through a range of**

<sup>15</sup> Considerations for integrating COVID-19 vaccination into immunisation programmes and primary health care for 2022 and beyond, WHO, 2023: <https://www.who.int/publications/i/item/9789240064454>

**strategies is still new, and will be an important opportunity to learn about integration with routine immunisation, PHC and other healthcare services**, as well as to learn and to strengthen the antenatal care delivery platform to reach pregnant persons and the platforms to reach health care workers, both of which may be critical in the delivery of future vaccines under consideration in Gavi's 2018 and 2024 Vaccine Investment Strategies. These topics are proposed as part of the COVID-19 learning agenda which is currently being drafted.

- 6.4 Funding mechanism for delivery: To optimise the existing sources of funding for COVID-19 delivery, the Secretariat (supported by the AMC Investors Group) will extend the implementation period of the current COVID-19 delivery funds until end-2025. **This will facilitate absorption of existing CDS funding and allow countries to plan and reprogramme activities for an additional 24-month implementation period, contributing to purposeful integration of COVID-19 into routine immunisation.** The Secretariat is confident that the existing COVID-19 delivery resources will be able to support country delivery needs for the 2024-2025 period provided we remain in the base-case scenario and will therefore not request an additional envelope to fund COVID-19 delivery support for this period. The estimated value of undisbursed funding by end 2023, which will cover the 2024-2025 implementation period is approximately US\$ 320 million. These funds will enable countries to invest in both delivery and integration. In the exceptional instance that additional COVID-19 delivery funding is needed (e.g. due to surging cases and demand), we will revert to the Board for consideration.
- 6.5 For TA funds: **Of the existing COVID-19 delivery funding, approximately US\$ 18.6 million will be reallocated to top-up the existing regional/global technical assistance under PEF (Partners' Engagement Framework) Foundational Support (by US\$ 12.6 million) and Strategic Focus Areas (by US\$ 6 million) with a 2024-2025 absorption timeline.** Targeted Country Assistance (TCA) will be extended for absorption to 2025, but no additional funding will be required.

## 7. Funding Envelope

- 7.1 **The recommendations sum to a total incremental funding envelope of up to US\$ 711 million for Gavi in the 2024-2025 period** as shown in Table 1 below.
- 7.2 Four key changes in assumptions are driving a smaller requested envelope compared to the December 2022 Board approval: lower demand; CDS extension sufficiently covering COVID-19 delivery needs; expected dose donations; and instituting a vaccine product mix aligned with countries' preferences leading to overall higher weighted average price. Further details about assumptions informing the above envelope can be found in **Annex B to May 2023 PPC Doc 07.**

Table 1: Approximate breakdown of 2024-2025 incremental funding envelope for the COVID-19 Programme

	Gavi 54	AMC 37
Procurement, incl. ancillaries	~ US\$ 576 million	~ US\$ 106 million
Delivery	Covered by CDS extension <sup>16</sup>	
Operational costs	~US\$ 29 million	
Total incremental envelope	~US\$ 711 million	

### Section C: Actions requested of the Board

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

- a) **Approve** up to US\$ 711 million from the COVAX AMC for a new programme for COVID-19 vaccination in 2024-2025 contingent on:
  - a. Continuation of the WHO base-case scenario for the pandemic evolution requiring continued focus on high priority groups as per SAGE recommendation; and
  - b. Sufficient funding as confirmed by the Board in June 2023
- b) **Approve** the following country scope and extent of support for a 2024-2025 COVID-19 vaccine programme:
  - a. Country scope: AMC91 (Gavi54 and AMC37)
  - b. Extent of support:
    - i. Gavi54: Eligible for full vaccine procurement support without co-financing obligations and eligible for delivery support **through existing CDS resources** (~~consisting of the provision of 70% of estimated total delivery costs for the vaccines~~)
    - ii. AMC37: Eligible for vaccine catalytic financing in line with the MICs Approach for vaccine procurement and **not** eligible for delivery support **through existing CDS resources**

*The PPC was unable to reach consensus on the recommendation above and in line with the PPC Charter a minority position expressed by Naomi Dumbrell, representing the United States/Australia/Korea (Rep. of) donor constituency cluster, is being reported to the Board.*

<sup>16</sup> Gavi delivery costing based on the latest demand assumptions (~3.5% of AMC 91 population) would total to ~US\$ 110 million (which would now be covered by the CDS extension over 2024-2025). The estimated value of approved, but undisbursed funding by end 2023, which will cover the 2024-2025 implementation period is approximately ~US\$ 320 million. The difference will be used for the integration objective.

The Gavi Alliance Board is further requested to:

- a) **Note** that Gavi will cease to administer the COVAX Facility beyond 31 December 2023, with the COVAX Facility ending in accordance with its terms on or prior to such date.
- b) **Note** that despite Gavi no longer administering the COVAX Facility beyond 31 December 2023, provision of COVID-19 vaccines would continue through Gavi per the proposed 2024-2025 COVID-19 vaccine programme, pending Board approval.
- c) **Note** that the Alliance would provide guidance on COVID-19 programmatic integration and considerations for transition to the 2024-2025 COVID-19 vaccine programme, pending Board approval, as outlined in Part I, paragraph 2; and
- d) **Note** that delivery funding for the 2024-2025 COVID-19 vaccine programme will be through a no-cost extension of COVID-19 Delivery Support.

## **Annexes**

### **Annex A: COVAX Monitoring Framework**

#### **Additional information available on BoardEffect**

**Appendix 1 (in May 2023 PPC meeting book):** Annex B to Doc 07 COVAX Update and Gavi's Role in a Future COVID-19 Vaccine Programme - COVID-19 Vaccine Investment Assessment

**Appendix 2 (in PPC Library – Additional materials for May 2023 PPC meeting):** Appendix 1 to Doc 07 – Imperial College COVID-19 Vaccination Impact modelling technical appendix

**Appendix 3 (in PPC Library – Additional materials for May 2023 PPC meeting):** Appendix 2 to Doc 07 - Summary of results from country survey