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Subject **Gavi 5.1 Strategy, Programmes and Partnerships: Progress, Risks and Challenges**

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Agenda item **03a**

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Category **For Information**

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### Executive Summary

**This report provides a progress update on the implementation of the Gavi 5.0/5.1 strategy, programmes and partnerships and associated risks<sup>1</sup>. As WHO-UNICEF estimates of national immunisation coverage (WUENIC) for 2023 will be released in July 2024, the paper focuses on quantitative updates of strategy indicators for which new 2023 data is available, as well as a more qualitative perspective of progress<sup>2</sup>. **Early indications from administrative data suggest countries have sustained coverage gains in 2022 into 2023** with a ~1% increase in number vaccinated with third dose of diphtheria-tetanus-pertussis (DTP) containing vaccine in 2023. However, **the number of routine introductions of new vaccines and planned preventative campaigns in 2023 are below target**. Despite delays in 2023, the Alliance remains on track in supporting countries to reach introduction targets for the Gavi 5.0 / 5.1 period. The number of **vaccine preventable disease (VPD) outbreaks remains high, necessitating close monitoring and continued support**. The Alliance continues to work on delivering its three Gavi 5.1 programmatic ‘must-wins’. **The revitalisation of the human papillomavirus vaccine (HPV) programme remains on track** to reach 86 million girls by the end of 2025 if supply materialises as expected. **The rollout of the malaria programme is also on track with 22 applications approved to date, in line with targets**. To ensure a holistic approach to malaria prevention and control, close collaboration between Gavi and the Global Fund to Fight AIDS, Tuberculosis and Malaria (‘Global Fund’) is being stepped up (see Doc 08). **Good progress has also been made on the third must win: reaching zero-dose children** by accelerating implementation of the Equity Accelerator Fund (EAF) **and operationalising the Big Catch-Up (BCU)**. In 2023 countries contributed US\$ 215 million in co-financing, a 33% increase on 2022, and did so in a timelier manner than before the pandemic. Co-financing accounted for 23% of the costs of Gavi-supported vaccines, up from 10% a decade ago. To ensure successful delivery of Gavi 5.1 priorities and get ready for Gavi 6.0, **the Secretariat has continued to implement its ambitious Operational Excellence (OE) agenda**.**

### Action Requested of the Board

This report is for information only.

<sup>1</sup> Associated risks refer to the mid-year update on top risks flagged in the 2023 Risk & Assurance Report.

<sup>2</sup> See Annex A for the technical narrative on progress made against each strategic goal indicator as well as appendix 1 for progress overview in the Gavi Balanced Scorecard.

### **Next steps/timeline**

The next progress update on the implementation of Gavi 5.0/5.1 and associated risks will be provided to the Board in December 2024. This will include an update on mission indicators as well as the remaining strategic goal indicators following the release of the 2023 WHO/UNICEF Estimates of Immunization Coverage (WUENIC) data in July 2024.

### **Previous Board Committee or Board deliberations related to this topic**

This paper is one of a series of regular biannual updates to the Programme and Policy Committee (PPC) and Board.

**Report**

**1. Progress against strategic goals**

**1.1 Of the strategic goals for which updates are available, the Alliance is largely on track to reach targets by the end of Gavi 5.1.** The only area for which progress is behind target is for new vaccine introductions which is addressed further under the update on Strategic Goal 1. Updated data linked to immunisation coverage rates will be available following the July 2024 WUENIC report. Please see Annexes A and B for more detailed information on progress and risks, including a process update on the review process for Gavi's Risk Appetite Statement, on the Strategic and Operational Risks management process, and on Programmatic Risk management.

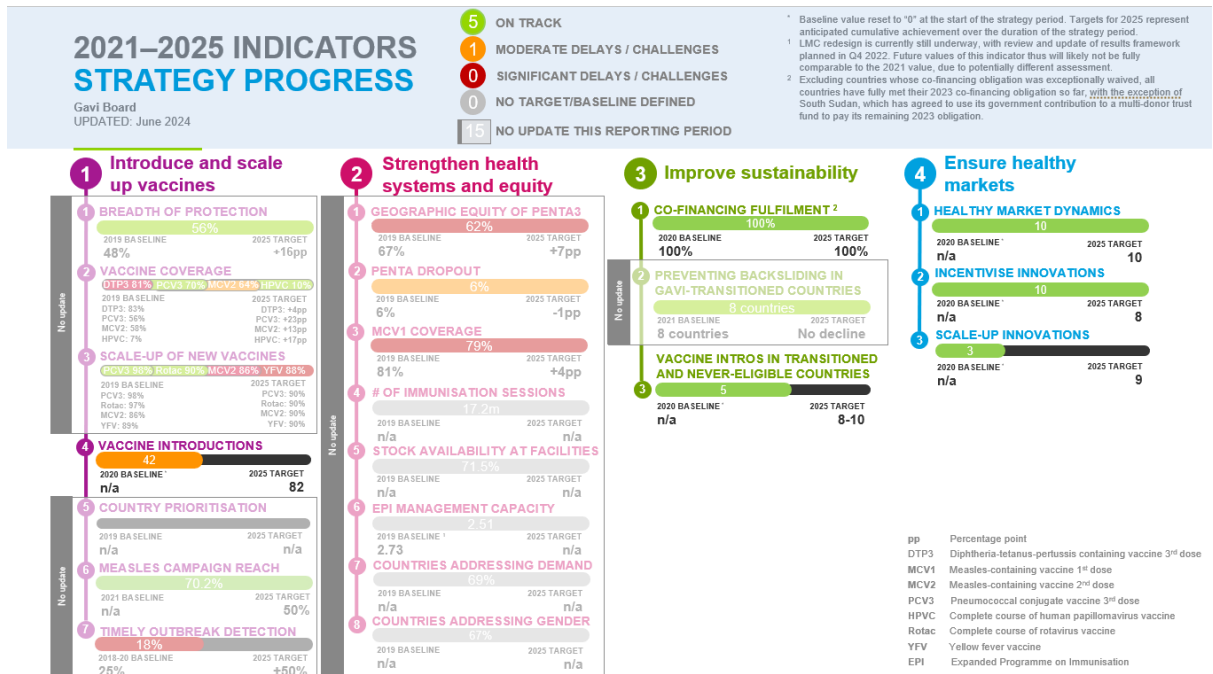


Fig. 1: Progress against strategy indicators

**2. Strategic Goal 1: Introduce and scale up vaccines**

**2.1 As anticipated and discussed during the Board meeting in December 2023, progress against strategic goal 1.4, new vaccine introductions, was delayed in 2023** due to competing country priorities, as well as changes in country context e.g. political shifts<sup>3</sup>. Only 13 new routine introductions were launched against a target of 21, and 18 preventative campaigns, against a forecast of 29. Looking ahead, overall number of introductions and preventative campaigns are expected to be on track for the Gavi 5.0/5.1 period with many delayed introductions from 2023 having already launched in 2024. Indeed,

<sup>3</sup> Countries initially planning new vaccine introductions in 2023 that are now planned in 2024/2025: Angola, Cape Verde, Kenya, Maldives, Mongolia, Timor-Leste, Venezuela, Kosovo and Sudan (last two countries already launched in 2024). Five routine introductions took place in middle income countries (MICs) in 2023, which remains on track towards the goal for Gavi 5.1 – see Strategic Goal (SG) 3 for details

26 routine introductions are planned against a target of 20<sup>4</sup> in 2024, of which 10 have launched by April 2024.

- 2.2 **Vaccine preventable disease (VPD) outbreaks continue to be a top risk for the Alliance necessitating close monitoring and continued support.** In 2023, 35 outbreaks required a vaccination response. This represents a ~12% decrease over 2022, though still above the pre-pandemic average of 31 approved requests per year<sup>5</sup>. The main causes of outbreaks were measles and cholera with countries facing challenges in early detection and timely response<sup>6</sup>. In the first quarter of 2024, 13 outbreak requests have been approved for measles, meningitis, yellow fever and cholera. The sharp rise in cholera outbreaks is putting pressure on supplies. Efforts to address this risk are ongoing, including accelerating entry of a new manufacturer and scaling up production capacity as well as improved diagnostics<sup>7</sup>. No Ebola Zaire outbreaks were reported in 2023<sup>8</sup>. The Secretariat and Alliance partners are working towards opening a window of support for preventive Ebola Zaire vaccination based on the 2019 Board approval, conditional on the upcoming World Health Organization Strategic Advisory Group of Experts on Immunization (SAGE) recommendations expected in May 2024 (not available at time of paper finalisation). Please see Appendix 5 for further details on outbreaks and mitigations. **Post-pandemic efforts to close measles immunity gaps continue with all measles/measles rubella (M/MR) applications in 2023 and 2024 to date approved by the Gavi Independent Review Committee (IRC).** This reflects improvements to the review process following the 2023 IRC evaluation, and the updated Gavi risk appetite statement on VPD outbreaks.
- 2.3 **The revitalisation of the HPV programme continues to be a must-win for the Alliance in 2024 and is on track to reach 86 million girls by the end of 2025 if supply materialises as planned.** As discussed by the Alliance Partnerships and Performance team (APPT), as of 23 April 2024, 39 countries have introduced HPV vaccine into routine immunisation programmes with Gavi support since the inception of the Gavi HPV programme in 2012<sup>9</sup>, with 17 implementing multi-age cohort (MAC) approaches. Further support through HSS and Partners' Engagement Framework (PEF) Targeted Country

<sup>4</sup> In addition to new introductions, 22 preventative campaigns are planned in 2024

<sup>5</sup> Pre-pandemic period reflects the annual average of total outbreaks requiring vaccine responses for the period 2016-2019

<sup>6</sup> There were 35 approved requests to access the emergency stockpile in 2023 (OCV, Ebola, Measles Rubella (MR), Meningococcus and Yellow Fever (YF)), compared to an average of 31 pre-pandemic (2016-2019). 29 Gavi-eligible countries experienced large and disruptive measles outbreaks over the last 12-month period (November 2022 to October 2023). Cholera was reported in over 30 countries in 2023 with 25 countries having ongoing transmission so far in 2024. As of 14 March 2024, seven countries are classified as suffering an acute crisis.

<sup>7</sup> Gavi is also supporting procurement of rapid diagnostics tests (RDT) for cholera, with 15 countries have been approved to date and Target Product Profiles for cholera and molecular tests are in final stages of development.

<sup>8</sup> Doses nearing expiration were instead used for preventive vaccination of frontline workers. Three countries received this support in 2023: in Uganda, Guinea Bissau and the Democratic Republic of Congo. Sierra Leone has submitted a request that is under review.

<sup>9</sup> 15 routine launches and 11 MAC launches in Gavi 5.1.

Assistance has also been operationalised<sup>10</sup> (see Appendix 3 for further details). Countries' adoption of single dose schedules<sup>11</sup>, together with Alliance and manufacturer efforts to increase supply resulted in improved market conditions for HPV vaccine in 2023, although market health is still unacceptable as demand continues to outweigh supply of preferred products. Looking ahead, **there is a material risk that an unexpected reduction in the volumes available from the main manufacturer will impact Gavi's ability to meet the 2024 and perhaps the 2025 targets.** Manufacturer efforts to remediate delays and careful planning will be needed to minimise impact on country programmes.

- 2.4 **Gavi's malaria vaccine programme, another must-win for 2024, continues to progress with supply improving with a second malaria vaccine entering the market.** To date, 22 countries have been approved by the IRC for new vaccine support. Eight countries have introduced the vaccine with several others planning to introduce in the remainder of the year. In April 2024, a joint Gavi-Global Fund Board Technical Briefing on malaria was held, signifying a major collaborative step forward to support comprehensive malaria prevention and control. Furthermore, the Secretariat and Alliance partners are assessing the implications of the guidance provided at the Gavi Board retreat (para 2.7) on the scope of Gavi support for the Malaria programme in Gavi 6.0 (see Appendix 4)
- 2.5 **The vaccines approved under the vaccine investment strategy (VIS2018)<sup>12</sup> are beginning to be launched.** The DTP-containing vaccines boosters programme was launched on 1 Dec 2023, whilst Hep B birth dose and rabies post-exposure prophylaxis vaccine programmes are expected to launch following publication of vaccine funding guidelines in June 2024<sup>13</sup>.
3. **Strategic Goal 2: Strengthen health systems to increase equity in immunisation**
- 3.1 **While WUENIC data will only be released in July 2024, early indications from administrative data suggest Gavi-supported countries have sustained coverage gains in 2022,** however it is unclear if further increases in coverage have been made given population growth and data limitations. Preliminary data indicates a ~1% increase in number of children vaccinated with DTP3 in 2023 compared to 2022. However, it should be noted this data reflects 23 Gavi countries only accounting for 64% of the surviving infant population.

<sup>10</sup> Nine countries have accessed additional HSS funding through top up or reallocation to help ensure the sustainability of coverage gains by strengthening health systems. 30 countries have either disbursed or accessed PEF Targeted Country Assistance (TCA) funding for HPV, with a total amount of US\$ 17.1 million committed

<sup>11</sup> Eleven Gavi-supported countries have implemented a single dose schedule to date, and at least nine plan to switch before the end of 2025 with Gavi support.

<sup>12</sup> The un-paused VIS2018 vaccines are DTPcv booster, hepatitis B birth dose and rabies postexposure prophylaxis (PEP).

<sup>13</sup> The launch of these programmes will be done in close collaboration with the cross-partner coordination teams. These teams recommended that countries that implemented the HepB birth dose pilots after 2018 be permitted to access all available support, and that for rabies, countries' transition from intramuscular to intradermal vaccinations, reducing the vaccine volume required, costs and patient visits.

- 3.2 **After a record year of new applications and IRC approvals for Health System Strengthening (HSS) and Equity Accelerator Funds (EAF) grants in 2023, an estimated 15 additional countries are expected to apply for new HSS support in 2024**, including Nigeria and the Democratic Republic of Congo. The APPT held a dedicated session on HSS and EAF implementation during its March 2024 meeting. There was general comfort that disbursements and utilisation of funds are getting back on track. To support countries manage and monitor an increasing number of priorities and activities at national and sub-national level, Gavi has launched new leadership, management, and coordination (LMC) technical assistance in seven countries to enhance the capacity of immunisation programmes. In Chad for example, establishment of a new programme management unit with the Global Fund contributed to an acceleration of HSS implementation including deployment of >1,100 new CCE units, district health information software 2 (DHIS2), and periodic intensification of routine immunisation conducted in over 60 districts which contributed to estimated improvements in coverage in 2023.
- 3.3 **Implementation of the Civil Society and Community Engagement (CSCE) approach is well underway. A total of 18% (US\$ 224 million) of approved funding over 2022-2023**, across HSS, EAF and TCA, is allocated to Civil Society Organisations (CSOs). This is well above the minimum 10% Board target. To date, these allocations have been translated into engagement with ~80 CSOs, of which half are local CSOs<sup>14</sup>. In addition, there is now enhanced representation of CSOs at key events at national and global levels including various Gavi 6.0 consultations.
- 3.4 **Addressing gender-related barriers to immunisation also continues to be a key priority for the Alliance.** The IRC has highlighted that the quality of gender analysis and programming in countries' applications remains highly variable. To address this, enhanced technical assistance will launch in 14 countries in 2024 with support from the Bill & Melinda Gates Foundation. A full update on the implementation of the Gender Policy will be provided to the Board in December<sup>15</sup>.
- 3.5 **Since the Board approval of a US\$ 290 million envelope for Gavi's must-win on the Big Catch-Up in December 2023, the Alliance has shifted to implementation**<sup>16</sup>. Countries have submitted 31 plans (out of ~25 expected) by the 15 May 2024 deadline, of which 17 have been approved in part or in full. The bespoke Big Catch-Up application review process is designed to balance speed, equity, and risk management, providing a rapid path to provide some support for all applicants while ensuring sufficient scrutiny and equitable

<sup>14</sup> Specific countries that have made commendable progress on CSO engagement include Ethiopia, Pakistan, Sudan, Mali, CAR, Ivory Coast, Cameroon, Burundi, Eritrea, Lesotho and Cambodia, Democratic Republic of the Congo (DRC) and Zambia. These countries are at various stages of the planning and implementation cycle but have all showed commitment to implement the CSCE approach in ways that respect their local context and based on the unique roles CSOs play in immunisation at national and sub-national level.

<sup>15</sup> Through a dedicated paper for PPC / annex to SPP for Board as part of the usual annual update on Gender.

<sup>16</sup> The Board stressed the urgency of the Big Catch-Up's three objectives: catching up missed children, restoring immunisation programmes to at least pre-pandemic levels, and strengthening them for the years to come in line with IA2030 goals and targets.

allocation of high-volume requests. The first shipment of Big Catch-Up doses arrived in Guinea on 16 March 2024, a little over three months after Board approval in December 2023. However, a supply constraint for pentavalent vaccine has emerged, which will delay some countries' activities into the second half of 2024. The constraint should not impact routine programmes, and UNICEF is working closely with countries to develop shipment plans that create minimal delays to Big Catch-Up. Based on current projections, UNICEF aims to deliver nearly all doses approved in the first step of review by the end of 2024 (~120 million doses) and the second step of review (~90 million doses) by mid-2025.<sup>17</sup> **While progress on operationalising the Big Catch-Up has been significant, key programmatic and financial risks remain<sup>18</sup>.** In line with the December 2023 Board guidance, the Alliance is taking active measures to mitigate risks whilst acting with urgency to implement the Big Catch-Up as discussed with the PPC.

- 3.6 **Looking ahead, total requests for vaccines as part of the Big-Catch-Up are forecast at US\$ 280-300 million with an additional US\$ 20-40 million allocated to technical assistance and delivery support<sup>19</sup>.** These figures may exceed the Board-approved envelope of US\$ 290 million. However, these estimates remain highly uncertain hence, at this stage, and in line with guidance from the APPT, there is not a clear case to seek additional funding. The Secretariat and partners will continue to monitor and come back if additional funding is needed.

#### 4. Strategic Goal 3: Improve Sustainability of Immunisation Programmes

- 4.1 **In 2023, co-financing for Gavi-supported vaccines crossed the US\$ 200 million mark for the first time, bringing total co-financing contributions since 2008 to US\$ 1.7 billion.** Overall, despite a 33% increase<sup>20</sup> in co-financing obligations compared to the previous year, country contributions were received and in a timelier manner than before the pandemic. **Four countries<sup>21</sup> were granted co-financing waivers for humanitarian crisis in 2023 for an amount of US\$ 8.5 million (4%),** compared to three waivers and US\$ 1.9 million in 2022. Looking at 2024, co-financing obligations currently amount to US\$ 277 million, an increase of 29% from 2023<sup>22</sup>. Total co-financing payments for 2024 as of April are US\$ 46.5 million compared with

<sup>17</sup> Depending on the vaccine and based on current supply availability projections

<sup>18</sup> Programmatically, there is a risk that the Big Catch-Up fails to reach large numbers of missed children due to weaknesses in the underlying plans, insufficient operational funding, and/ or the numerous challenges of execution, such as the identification of missed older children who have aged out of the reach of routine systems. In addition, an overly short-term, siloed approach to the Big Catch-Up may distract the Alliance and countries from the broader zero-dose agenda. Finally, measuring the outcomes of the Big Catch-Up will be challenging due to existing limitations in data collection and health information systems. From a financial risk perspective, the surge in vaccine volumes from the Big Catch-up creates expiry and wastage risks if supply cannot be absorbed in a timely manner

<sup>19</sup> Across the 25-30 catch-up plans expected to be submitted before the 15 May 2024 deadline.

<sup>20</sup> The sharp increase in co-financing for 2023 (totalling US\$ 215 million) is primarily driven by a handful of countries in accelerated and preparatory transition phases. Nigeria, Bangladesh, Cameroon and Côte d'Ivoire account for 68% of this total increase, where Nigeria, alone, makes up 47%

<sup>21</sup> Somalia, Sudan, Syria, and Yemen

<sup>22</sup> This increase is largely driven by countries in accelerated transition, vaccine introductions, and allocation adjustments

US\$ 79.5 million for the same period in 2023. This is largely due to pending payments in High Income Countries which represent the largest share of co-financing obligations for the year. Payments will continue to be monitored and an update will be provided in the next Strategy Programmes and Partnerships paper. To date, two countries<sup>23</sup> have been granted co-financing waivers for humanitarian crises in 2024, amounting to ~US\$ 5.1 million.

- 4.2 **Efforts to strengthen transition readiness have yielded improvements over the last six months, but transition preparedness remains a risk for some countries in accelerated transition.** The Secretariat has intensified engagement on transition preparedness with eight core countries in accelerated transition<sup>24</sup>. This includes development of country-owned transition roadmaps; three countries have completed these<sup>25</sup> a five are expected to do so by Q3 2024. Additionally, Gavi is supporting countries in accelerated transition<sup>26</sup> switch to cheaper vaccine products to improve the financial sustainability of these programmes. However, risks remain with regards the financial and programmatic sustainability of transitions, and these are being considered in the review of Gavi's eligibility, transition and co-financing model as part of Gavi 6.0 (see Doc 06a).
- 4.3 **Following the December 2023 Board approval of a no-cost extension of Gavi support to Papua New Guinea (PNG), a review of the country's accountability framework (AF) was conducted in Q1 2024.** Targets for 2026 and 2027 were agreed, as was monitoring frequency and processes. 50% of indicators are on track, however, coverage indicators are currently off track. **A review of Nigeria's AF was also conducted, in Q4 2023, in keeping with planned review timelines.** One-third of the indicators in their AF were not met, and another third of the indicators were either not applicable or could not be measured. The Alliance and Government of Nigeria committed to adjusting the AF to ensure it is fit-for-purpose. A follow-up mission led by Gavi's new CEO took place in April 2024 where renewed and strengthened assurances of the partnership between the Government and the Alliance were made. A number of concrete strategic priorities covering the Big Catch-Up, government financing for vaccine logistics and last mile delivery costs, visibility of vaccines at the facility level, human resources for health, and leveraging the Full Portfolio Planning process to prioritise high-impact interventions and ensure accountability were agreed. See Appendix 2 for the AF.
- 4.4 **Since the Board approved the Middle-Income Countries (MICs) approach in mid-June 2022, the Alliance has accelerated its implementation to help reduce the gap in breadth of protection between MICs and Gavi-eligible**

<sup>23</sup> Syria and Yemen

<sup>24</sup> Bangladesh, Côte d'Ivoire, Djibouti, Ghana, Kenya, Lao PDR, Solomon Islands and Sao Tome y Principe.

<sup>25</sup> Djibouti, Ghana, Solomon Islands and Sao Tome and Principe have now formulated their Transition Roadmaps, with formal endorsement pending in Solomon Islands. Congo started its accelerated transition on 1 January 2024 and the upcoming Gavi mission in Brazzaville in June 2024 will outline the next steps in transition engagement, considering the country's self-financing of vaccines since 2018 and regaining Gavi eligibility in 2019.

<sup>26</sup> Including Bangladesh, Ghana and Nigeria



**countries<sup>27</sup>**. Strong progress has been made with five applications<sup>28</sup> for Targeted Interventions support to reduce backsliding having been recommended for approval by the IRC in 2023 as well as five vaccine introductions having been launched<sup>29</sup>. At the global and regional level, two major milestones were reached in 2023: operationalisation of TA platforms and support to UNICEF's MICs Financing Facility (MFF) to improve access to longer-term sustainable pricing for PCV, rotavirus and HPV vaccines for MICs<sup>30</sup>. Despite this progress, 54% of countries eligible under MICs approach are still missing at least one of the three vaccines<sup>31</sup>.

## 5. Strategic Goal 4: Ensure healthy markets for vaccines & related products

### 5.1 In 2023, the number of vaccine markets exhibiting acceptable levels of healthy market dynamics was maintained at ten, hence meeting the target.

Across each of the four markets exhibiting unacceptable levels of health (HPV, OCV, malaria and rotavirus), there were significant market shaping efforts and/or manufacturer investments to address the prevailing challenges on both the supply and demand sides. See SG1 for HPV, OCV and malaria market updates.

### 5.2 The health of the rotavirus vaccine market remained unacceptable in 2023, due to additional supply disruptions and continued delays in supply availability

impacting presentations from different suppliers. Two countries were required to switch to an alternate option to avoid stockout and five others were not able to switch to their preferred presentation. Based on discussions with rotavirus vaccine suppliers, supply is expected to improve by late 2024 and a new presentation with programmatic benefits will be rolled out in the mid-term. In the meantime, Alliance partners continue to engage with countries to provide information about supply availability and programmatic support where needed.

### 5.3 Innovation-related market shaping indicators are above target for 2023.

As part of efforts to scale-up innovations, MenACWYX conjugate vaccine was newly procured for Gavi programmes in 2023, so exceeding the cumulative 5.0/5.1 target. Likewise, the Vaccine Innovation Prioritisation Strategy (VIPS) saw the number of pipeline innovative products reaching ten in 2023<sup>32</sup>.

### 5.4 Considerable progress has been made implementing Gavi's regional manufacturing strategy. See Doc 11b for details.

<sup>27</sup> A difference of over 9 percentage points

<sup>28</sup> This represents support under the first objective of the MICs approach: to prevent backsliding of vaccine coverage in former Gavi-eligible countries with applications approved for Angola, Bolivia, Honduras, Indonesia, Viet Nam

<sup>29</sup> 2023: HPV vaccines were introduced in Eswatini and Indonesia; rotavirus vaccine in Indonesia and Kosovo; and PCV vaccine in Kosovo. So far in 2024, HPV was introduced in Kosovo with MICs approach support

<sup>30</sup> MFF improves access and longer-term sustainable pricing for PCV, RV and HPV vaccines for MICs by removing some barriers for countries to access UNICEF Procurement Services and to enable longer term forecasting and contracting with manufacturers, based on country demand.

<sup>31</sup> 35% missing HPV; 41% missing Rota and 32% missing PCV – data from the Gavi Vaccine Launch Database as of April 2024

<sup>32</sup> This was driven by vaccine-microarray patch (MAPs) clinical trials for Measles-Rubella, COVID-19 and Flu and Hepatitis B, as well as Global Standards 1-barcode now being available on secondary packaging for most Gavi-funded vaccines.

## 6. Enablers of success in Gavi 5.1

- 6.1 **To ensure successful delivery of Gavi 5.1 priorities and get ready for Gavi 6.0, the Secretariat continues to implement its Operational Excellence (OE) agenda.** Advancements include the implementation of the **recommendations from the IRC evaluation**, including pilots to test a Secretariat-internal review of lower-risk applications for Gavi support (see Doc 05 presented to the PPC in May 2024). The **EVOLVE project to transform Gavi's end-to-end grant management process and related enabling technology** has developed a proposed target operating model and a system prototype. The May 2024 PPC strongly supported the EVOLVE agenda and the target operating model's proposed strategic shifts. The PPC and recognised that the model's anticipated greater efficiency and effectiveness would outweigh the required trade-offs and potential change in risk-appetite. The AFC is overseeing the delivery of the EVOLVE project, although there have been project delays as well as vendor underperformance. **Alliance Health, another important OE initiative, has also reached** two major milestones, namely the recent Alliance Health survey and more clarity on Alliance partner roles and responsibilities.

### Annexes

**Annex A:** Technical report on Gavi 5.0/5.1 indicators

**Annex B:** Ethics, Risk and Compliance update

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

**Appendix 1:** Gavi Balanced Scorecard

**Appendix 2:** Nigeria 2023 Accountability Framework review

**Appendix 3:** HPV revitalisation update

**Appendix 4:** Malaria vaccine programme update

**Appendix 5:** An update on outbreaks and measures taken to support countries with timely and effective responses