
Subject	Strategy, Programmes and Partnerships: Progress, Risks and Challenges
Agenda item	04
Category	For Decision

Section A: Executive Summary

Context

This report provides a progress update on the implementation of Gavi 5.0/5.1 and associated risks¹ WHO-UNICEF estimates of national immunisation coverage (WUENIC) for 2022 confirmed that Gavi-supported countries are, in aggregate, on the road to recovery from the **COVID-19 pandemic, with a three-percentage point (pp) increase in the coverage of the third dose of diphtheria, pertussis and tetanus-containing vaccine (DTP3)**. In 2022, Gavi-supported countries have reached roughly the same number of children as they did pre-pandemic. In addition, **the total number of zero-dose children in Gavi-supported countries reduced by 2.2 million to 10.2 million in 2022, however**, the number of zero dose remains above the 2019 baseline due to growing birth cohorts.

Questions this paper addresses:

- How is the **Alliance performing against its strategic goals and indicators for Gavi 5.0/5.1?** What progress has been made against priorities?
- What are the **key risks and challenges** across the Alliance's strategic performance, programmes and partnerships, and what **actions** are being taken to address these?
- How should **vaccine doses be funded under the big catch-up?**
- Should there be a no cost extension of Gavi support for **Papua New Guinea (PNG) and Timor-Leste to avoid the risk of backsliding?**

Conclusions

The Alliance remains on-track to reach most mission indicator targets by the end of the Gavi 5.0/5.1 period. However, whilst WUENIC data also confirms signs of recovery in routine immunisation across Gavi-supported countries, the impact of pandemic-related disruptions continues to be felt. This is particularly evident in the continued high number of vaccine-preventable disease (VPD) outbreaks, for example of measles. The Alliance continues to work towards delivering its Gavi 5.0/5.1 'must-wins' as part of delivering on its 5.0/5.1 goals and objectives. The 2023 must-wins are reaching zero dose-children; revitalising HPV; launching the malaria vaccine; and the COVID-19 programme for 2024-2025. The Alliance has also launched the 'Big Catch-Up' to help restore immunisation coverage, catch-up children missed during the

¹ Associated risks refer to the top risks in the Draft Risk & Assurance Report 2023 captured in Annex B.

pandemic and accelerate efforts to sustainably reach zero-dose children with a full course of vaccines.

The Programme and Policy Committee (PPC) recommends that the Board approve the provision of fully funded vaccine doses to catch-up children missed during the pandemic for an initial amount of US\$ 290 million given the urgent and exceptional needs for catch-up. Given the continued fallout from the pandemic and protracted challenges in the immunisation programme, the PPC also recommends that the Board approve a no cost extension for Gavi support to PNG and Timor-Leste.

Section B: Facts and Data

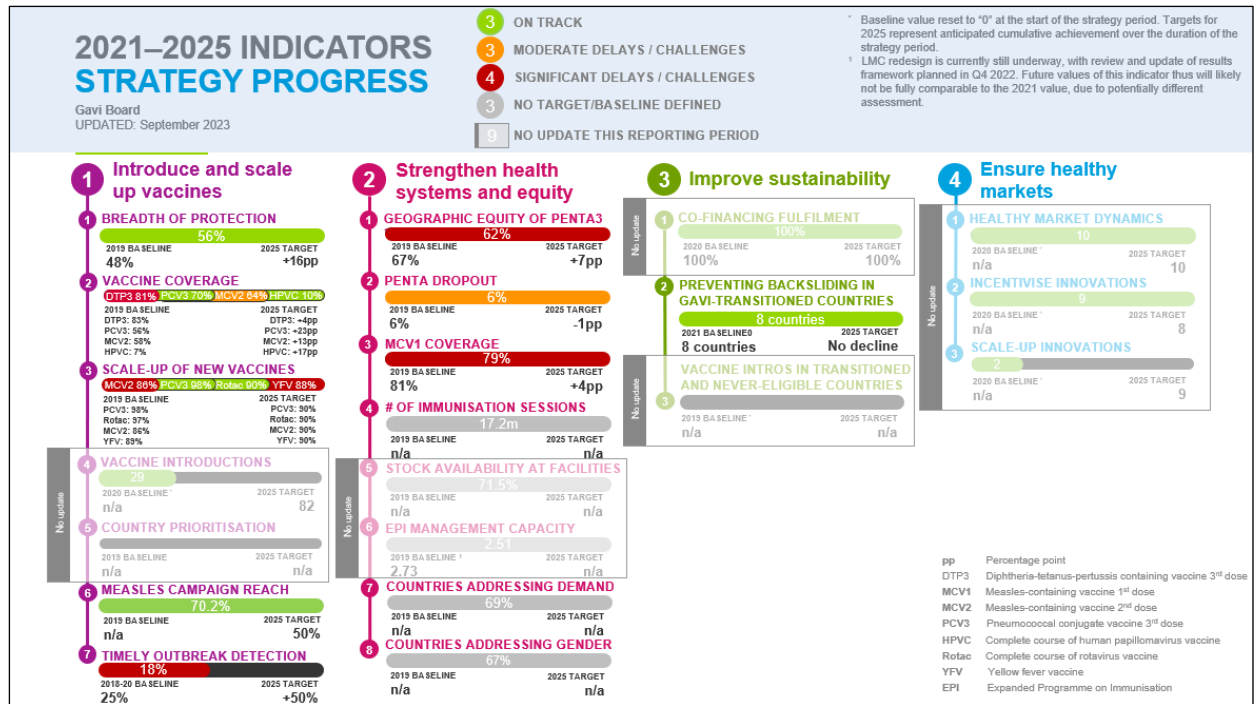
The Alliance measures its progress against its Gavi 5.0/5.1 vision of “leaving no one behind with immunisation” against a set of six mission indicators, four strategic goals and associated indicators, as well as reporting via the Gavi Balanced Scorecard (See Appendix 1). Associated risks are captured in the Draft Risk & Assurance Report 2023 (See Doc 08) and the key programmatic risks are captured throughout this paper.

1. Progress against Gavi 5.0/5.1 mission indicators

Despite the COVID-19 pandemic, the Alliance remains on track to reach all mission indicator targets by the end of the 2021-2025 period with the exception of the target on zero-dose children². In 2022 alone, the Alliance supported countries to immunise 68 million unique children and avert more than 1.2 million future deaths and 60.7 million future disability-adjusted life years (DALYs). Whilst the same number of children were reached with a first dose of DTP-containing vaccine in 2022 as in 2019, and the total number of zero-dose children in Gavi-supported countries reduced by 2.2 million to 10.2 million in 2022, the number of zero dose remains above the 2019 baseline due to growing birth cohorts. Reaching Gavi 5.0/5.1 target by 2025 will therefore require a 34% reduction from 2022 levels.

² The updated estimates on under-5 mortality will be available in December 2023.

2. Progress against strategic goals



Strategic Goal 1: Introduce and scale up vaccines

- 2.1 **Breadth of protection³ increased by five percentage points in 2022 and is now higher in Gavi-supported countries (56%) than in the rest of the world (53%), meaning children in Gavi-supported countries are now protected with more vaccines in the Gavi portfolio than children in other countries on average. Breadth of protection remains on track for the Gavi 5.0/5.1 target⁴.**
- 2.2 **While the Alliance was on track with its 5.1 target for routine vaccine introductions in 2022, there is a risk of falling behind in 2023 due to competing priorities at country level. In 2022, Gavi supported 16 routine introductions across seven vaccines, exceeding the number of planned introductions for 2022 (15). In 2023, of 21 targeted routine introductions, only 11⁵ had occurred by October 2023. The Alliance will enhance its support to countries' vaccine introduction agendas and help them prioritise across competing agendas.**

³ Summary measure of prioritised vaccine introductions, rate of scale up of newly introduced vaccines, and vaccine coverage; this measures the extent to which countries have introduced and scaled up Gavi-supported vaccines.

⁴ Increase in coverage of the second dose of inactivated polio vaccine (IPV2), third dose of pneumococcal conjugate vaccine (PCV3), second dose of measles-containing vaccine (MCV2), first dose of rubella-containing vaccine (RCV1), last dose in the schedule for rotavirus vaccine (RotaC) and last dose in the schedule for human papillomavirus vaccine (HPV) are driving this increase in breadth of protection.

⁵ HPV introduced in Eswatini, Indonesia, Cambodia and Bangladesh, MR2 introduced in Mauritania, Meningitis A introduced in Guinea-Bissau, Typhoid Conjugate Vaccine (TCV) introduced in Malawi, PCV introduced in Timor Leste and Kosovo and RotaC introduced in Indonesia and Kosovo.

- 2.3 Outbreaks requiring internationally supported vaccination responses continue to be a top risk needing close monitoring. **The number of outbreaks has increased year-on-year since 2020, rising beyond pre-pandemic baseline levels in 2022.** Measles and cholera continue to be the key drivers of increased outbreaks. 32 Gavi-eligible countries have experienced large and disruptive measles outbreaks in the past 12 months, largely in the Africa region⁶. This represents a ~30% increase compared to the previous 12-month period⁷. **There has also been a surge in outbreaks caused by VPDs without established mechanisms for outbreak response⁸.** For example, Nigeria is experiencing a large, disruptive diphtheria outbreak for which Gavi’s High Level Review Panel (HLRP) has exceptionally approved support for 11.7 million doses of pentavalent vaccine to conduct three vaccination rounds in the affected districts.
- 2.4 **The Alliance has been operationalising the PPC guidance from June 2023 to support timely preventative measles campaign efforts in an attempt to reduce the immunity gap and mitigate the risk of measles outbreaks, alongside continued efforts to strengthen routine immunisation services.** As part of the implementation of the recommendations from the Independent Review Committee (IRC) evaluation, the Secretariat is adapting the IRC processes for measles campaign applications to help facilitate timely approvals⁹, accelerate disbursement processes as well as engaging with UNICEF to obtain “best effort” from manufacturers on shipment timelines. However, **given the increase in measles outbreaks has continued, the PPC supported proposed changes to the June 2021 Board risk appetite statement** to allow more timely preventative measles campaigns in its October 2023 meeting (see Doc. 08 for proposed changes).
- 2.5 **Timely outbreak response performance declined from 28% in 2021 to 18% in 2022¹⁰.** In 2022, outbreak detection and response for yellow fever and cholera was complicated by the fact that outbreaks occurred in countries where the diseases had not been detected for years, if ever. Detection and response to unfamiliar diseases can be additionally challenging¹¹. Nonetheless, Gavi’s expanded diagnostics programme plays a key role in informing vaccine deployment in response to outbreaks and enhancing vaccine programme effectiveness. Examples include yellow fever diagnostics support which now

⁶ Defined as an incidence equal or greater than 20 reported measles cases per million population over a rolling period of 12 months. With 25 of 32 countries reporting these being in Africa.

⁷ 25 Gavi-eligible countries experienced large and disruptive outbreaks in the preceding 12-month period.

⁸ Such as exists for other vaccines via the international coordination group (ICG) or Measles and Rubella Partnership Outbreak Response Fund which Gavi supports with US\$ 50 million for the Gavi 5.0/5.1 period.

⁹ All 13 measles and measles-rubella (M/MR) applications⁹ reviewed by the IRC in 2023 have been approved.

¹⁰ This indicator monitors timeliness of responses to vaccine-preventable disease outbreaks for diseases for which there are established outbreak global response mechanisms (measles, yellow fever, meningococcus, cholera and Ebola).

¹¹ For example, cholera in Syria, Haiti, and Malawi and yellow fever in Kenya.

extends to 22 countries¹² as well as procurement support for cholera rapid diagnostic tests with 13 countries¹³ approved so far in 2023¹⁴.

- 2.6 **The Ebola vaccine stockpile, launched in February 2021, contributed to rapidly containing the two outbreaks reported in 2022.** The stockpile was fully replenished at the start of 2023 and included 117k doses with expiry dates in 2023¹⁵. Where there may be opportunity to maximise public health impact of these doses and avoid wastage, the International Co-ordinating Group is repurposing doses to vaccinate high risk front-line workers¹⁶. Furthermore, **WHO has committed to hosting the Ebola Zaire SAGE Working Group on 13-14 December 2023 and an ad hoc session latest early 2024 to develop clear policy guidance in order to inform the design of a preventive Ebola programme.** In addition, the Alliance has established an Ebola vaccination programme coordination team (EVCT) to develop technical and funding guidelines for licensed vaccines, facilitate access for preventive use and outbreak preparedness and response and support the generation of evidence to improve programmatic vaccine use. The EVCT will be also instrumental to clarify market needs and inform suppliers decisions that will carry a long-term impact on availability of Ebola vaccines, and more broadly on vaccine development for other high-risk pathogens.
- 2.7 **As one of Gavi's 'must wins', HPV revitalisation continues to be a priority with 16.3 million girls fully immunised by the end of 2022; recent forecasts suggest that the programme is on pace to reach the 86 million target by the end of 2025.** As of 6th November 2023, 37 countries have introduced HPV to their routine immunisation programmes with Gavi support, of which 15 countries have launched a multi-age cohort (MAC) to target girls in a wider age range. Looking ahead, one further routine introduction and MAC launch are anticipated between now and the end of 2023. The HPV supply outlook continues to improve and is expected to meet anticipated demand¹⁷, though careful supply planning is still needed through 2024. See Appendix 2 for more details on the HPV revitalisation efforts.
- 2.8 **The launch of the malaria vaccine programme is another must-win for Gavi 5.0/5.1 with high country demand continuing in 2023.** Applications from 18 countries have been recommended for approval to date by the IRC¹⁸.

¹² Sierra Leone is the 22nd country to receive yellow fever diagnostics support from Gavi. All high-risk countries for yellow fever outbreaks in Africa, except for the Gambia and Guinea Bissau, now receive support for yellow fever diagnostics procurement. The two countries are not expected to apply due to the small number of their annual samples and their proximity to the Institut Pasteur Dakar, where they can readily send samples for testing.

¹³ Cameroon, DRC, Ethiopia, Malawi, Mozambique, Nepal, Pakistan, Sierra Leone, Somalia, Syria DAM, Syria NW, Zambia, Zimbabwe.

¹⁴ Gavi initiated procurement support in June 2023 and within one month, 13 countries had applied for support, all of which were recommended for approval by the IRC in September.

¹⁵ Doses nearing expiration carried a value of US\$ 11.6 million.

¹⁶ Approximately ~125,000 doses shipped to the Democratic Republic of Congo (DRC), Uganda and Guinea Bissau in 2023, thus improving outbreak preparedness.

¹⁷ Supply availability is in part driven by implemented and anticipated schedule switches from two dose to one dose

¹⁸ Including an application from Ghana for additional support to scale-up implementation beyond the already approved malaria vaccine implementation programme (MVIP) areas.

Against this demand, available supply of the RTS,S/AS01 vaccine were allocated to 12 countries per the agreed allocation framework for prioritised sub-national introductions. The recommendation for the use of a second malaria vaccine, R21/MatrixM by the Strategic Advisory Group of Experts on Immunization (SAGE) and Malaria Policy Advisory Group in September 2023 is expected to resolve current supply constraints pending WHO pre-qualification. The SAGE recommendations also broaden the potential scope of the malaria vaccine programme to now include areas of low transmission, while continuing to prioritise moderate and high transmission areas. **The Secretariat is working closely with countries, WHO, UNICEF and other Alliance partners as well as The Global Fund to manage the strategic and programmatic opportunities and challenges presented by the future availability of R21/MatrixM alongside RTS,S/AS01.** Engagement with countries is ongoing to guide optimal allocation of vaccines to balance country product preferences, plans for scale up and broader market shaping goals. First introductions with RTS,S vaccines in non-Malaria Vaccine Implementation Programme (MVIP) countries are anticipated to start in Q1 2024, and first introductions with R21 vaccines are expected to start as early as Q3 2024, depending on WHO prequalification timelines. See Appendix 3 for further details on the malaria programme.

- 2.9 **Following the un-pausing of the Board approved 2018 vaccine investment strategy (VIS2018) vaccines¹⁹ in June 2023, the design of these vaccine programmes is now underway.** In line with the feedback from the PPC and Board, the launch of the programmes has been accelerated. The DTP booster vaccine programme was launched together with the hexavalent vaccine programme in October 2023 while the hepatitis B birth dose and the rabies vaccine programmes will be launched in the second quarter of 2024. First country introductions for the hexavalent and DTP boosters are forecast for Q1 2025 while those for Hepatitis B birth dose and rabies postexposure prophylaxis are anticipated by the Q3 2025.

Strategic Goal 2: Strengthen health systems to increase equity in immunisation

- 2.10 **The latest WUENIC estimates show promising signs of recovery in routine immunisation after the pandemic.** DTP3 coverage rebounded after two years of decline, increasing by three percentage points between 2021 and 2022 to 81%. Similar improvement was also seen for the first dose of measles containing vaccine (MCV1) with a two-point increase in coverage to 79% in 2022, although this remains far below levels needed to achieve herd immunity and prevent measles outbreaks. In 2022, Gavi-supported countries reached roughly the same number of children with routine vaccines as in 2019, but DTP3 coverage remains two points below 2019 levels due to growing birth cohorts, particularly in Africa, and the trajectory for DTP3 and MCV1 coverage is off track compared to Gavi 5.0/5.1 targets due to pandemic related disruptions. This speaks to the need for continued investment to expand the delivery

¹⁹ The un-paused VIS2018 vaccines are hexavalent, DTPcv booster, hepatitis B birth dose and rabies postexposure prophylaxis (PEP).

capacity of health systems simply to maintain coverage, in addition to introducing new vaccines and reaching chronically missed communities. The recovery has also been uneven with many low-income countries not yet seeing coverage recover²⁰

- 2.11 **It is estimated that over 60 million children missed out on routine immunisation in Gavi-supported countries during the pandemic²¹.** Catch-up activities that would typically have reached many of these children were also significantly disrupted or delayed. **Given this, the PPC, at its May 2023 meeting, underscored the importance of Gavi support for the ‘Big Catch-up’** and its three objectives: (1) restoring routine immunisation coverage; (2) catching-up missed children; and (3) strengthening health systems to reach zero-dose children. Given the urgency to catch-up missed children and control growing outbreaks, the Alliance is moving at pace with countries to develop and operationalise catch-up. The Secretariat has communicated that it can make available additional doses²² and that existing delivery funding²³ from Gavi can be reprogrammed for catch-up efforts if required. Although the Secretariat has provided flexibilities to governments to phase any additional co-financing for catch-up doses, some countries and Alliance partners have highlighted the significant risk that countries’ fiscal constraints could impede implementation of the Big Catch-Up. The PPC considered three potential options²⁴ on how to finance additional doses required for the Big Catch-Up, with the Secretariat recommending that the Alliance should provide fully funded doses for a share of the children missed during the pandemic (this was designed to balance alleviating the potential barrier to catch-up posed by co-financing with limiting the risk of providing fully funded doses to the Gavi co-financing model). Given the one-off nature of this effort that is a direct result of the pandemic, and the urgency to close critical immunity gaps, the PPC emphasised the need to be as permissive as possible within bounds of financial feasibility. The PPC therefore **recommends to the Board to approve flexibility to provide fully funded catch-up doses for children missed during the pandemic for an initial amount of US\$ 290 million subject to countries developing robust plans.** It should be noted that this amount is an initial estimate and is likely to evolve as countries finalise their plans. The PPC acknowledged the risks associated with the approach but encouraged the Secretariat to treat the Big Catch-up as an emergency and do its best to manage risks through operational processes. Risk mitigation measures that would need to be put in place would include

²⁰ Recovery in India, Myanmar, UR Tanzania and Pakistan in particular drove the overall rebound in routine coverage, although many (23) Gavi-supported countries increased routine coverage in 2022.

²¹ Estimated that ~20% of children that missed routine immunisation in 2020-2022 were missed due to pandemic related disruptions; the remainder likely would have been missed even without a pandemic.

²² Gavi has currently indicated support for 5 vaccines which were deemed to be of highest priority for catch-up by WHO (measles-rubella, pentavalent, inactivated polio vaccine, Meningitis A and Yellow Fever), but could expand to broader set of Gavi-supported antigens subject to sufficient resources being made available from the Pandemic Vaccine Pool.

²³ Covid-19 Delivery Support (CDS), Health System Strengthening (HSS) and Equity Accelerator Funding (EAF)

²⁴ Option 0: Permissive approach to allow countries to request additional doses as part of their routine programmes which would need to be co-financed; Option 1: Fully fund additional doses required to catch-up up to ~30% of children missed during the pandemic; or Option 2: Fully fund all additional doses that countries request for catch-up.

assessment of in-country stock, phasing of supply, and assessment of outstanding co-financing liabilities, among others. WHO and UNICEF are working to develop a robust monitoring and learning agenda to track implementation and impact of the Big Catch-Up and identify learnings as we look to strengthen routinised catch-up immunisation going forward. It should be noted that even after putting in place risk mitigation measures, residual risks related to core co-financing, wastage and monitoring would persist. A number of donors in the COVAX Advance Market Commitment Investors Group have indicated a willingness to repurpose remaining Pandemic Vaccine Pool (PVP) funds to support the Big Catch-Up as part of Gavi's PPPR approach (See Doc 10a). Based on discussions with donors to date, the Secretariat is confident these resources will be made available from the PVP. If insufficient funding is available, the Secretariat may need to constrain its support to a limited set of antigens given limited flexibility in the current financial forecast.

- 2.12 **In 2023, following the pandemic, many countries have begun to refocus on core Gavi 5.0/5.1 activities, including new Health System Strengthening and Equity Accelerator Fund (EAF) support.** 2023 is now on track to be a record year for approved HSS and EAF applications²⁵. A total of 30 EAF applications and 18 HSS applications have been submitted since the start of 2023 with a combined approval rate of 83% across these applications²⁶. **45% of approved HSS and EAF funds are dedicated to identifying and reaching zero-dose children.** This proportion is in line with Gavi recommendations and importantly, the quality of applications is also improving, though still variable. While plans of actions can further improve, there is also an increased focus on many of the key shifts prioritised by the Alliance including identifying and addressing demand and gender related barriers to immunisation, and increased funding for civil society organisations (CSOs). See Doc 12 to the October 2023 PPC meeting for an update on implementation of the Gavi Gender Policy.
- 2.13 **Country management capacity remains a top risk for the Alliance - Gavi is doubling down on efforts to address this.** Gavi is launching a revitalised leadership, management, and coordination (LMC) programme to sustainably build the capacity of national immunisation programmes. In an initial phase, the Secretariat is rolling out new support to nine countries to strengthen evidence-based decision making at national and sub-national levels, strengthen programmes and improve coverage.

Strategic Goal 3: Improve sustainability of immunisation programmes

- 2.14 **Despite the current challenging macro-economic and macro-fiscal challenges, 100% of countries paid their 2022 co-financing obligations, excluding three countries which received a waiver due to severe**

²⁵ A total of 30 EAF applications were submitted since the beginning of 2023, of which 26 were recommended for approval by the IRC despite stringent approval requirements for these grants. Eight countries have already received EAF disbursements. Of the 18 HSS applications submitted, 14 were approved.

²⁶ The Secretariat is supporting the IRC to manage the increased number applications.

humanitarian crises²⁷. The amount paid by countries towards co-financing in 2022 reached US\$ 162.9 million, bringing total co-financing contributions since 2008 to US\$ 1.5 billion. In 2022, Gavi estimates that only 3.7% of co-financing obligations were from non-domestic resources²⁸. This reflects countries' continued strong commitment to immunisation financing. Looking at 2023, co-financing obligations currently amount to ~US\$ 223 million, an increase of 37% from 2022²⁹.

- 2.15 Transition preparedness remains a risk for some countries in accelerated transition despite on-going support from the Alliance.** The nine countries in accelerated transition (AT)³⁰ are preparing country-owned transition roadmaps including specific activities needed to prepare for transition³¹. The Secretariat has been supporting countries to finalise their roadmaps by Q4 2023/Q1 2024. Djibouti was the first country to formally endorse its transition roadmap in June 2023 at the Prime Minister's level. In addition to the transition roadmaps, the Secretariat has: 1) commissioned "deep dives" to explore the macro-economic conditions, vaccine financing issues, and public financial management issues of the AT countries; 2) contracted with an experienced organisation to work with local CSOs on advocacy around Primary Healthcare and immunisation budgets; and 3) explored with governments and Alliance partners the need for technical assistance around budgeting issues. However, risks remain with regards to the financial and programmatic sustainability of transitions, including timely mobilisation of the rapidly rising co-financing contributions. The Secretariat will continue to monitor this carefully while considering those risks in the review of Gavi's sustainability model as part of Gavi 6.0 design. By the end of October 2023, seven of the nine (78%) AT countries have fulfilled their co-financing contributions which compares well to the Gavi 57 average of 59%. This performance is encouraging given that the nine AT countries saw an 82% increase from 2022 in their co-financing contributions compared to 37% increase seen across Gavi57. See Appendix 4 for details on country engagement on transition preparedness.
- 2.16 One country in accelerated transition (PNG) and one former-Gavi country (Timor-Leste), are requesting no-cost extensions of Gavi support to reduce the risk of backsliding.** PNG currently operates under a

²⁷ Somalia, South Sudan and Syria. The three waivers in 2022 is down from six in 2021 and nine in 2020.

²⁸ This is close to the average of the last four years at 3.3%. No multilateral development bank loans were identified in 2022 but from 2019 to 2021 loans reached an average additional 10.2%, which could be considered domestic though non-budgetary.

²⁹ This increase is mostly due to countries in accelerated transition, in particular Nigeria, Bangladesh, Cameroon and Côte d'Ivoire, as well as one country in preparatory transition, Tanzania, which received an exceptional 18-month vaccine allocation to align to its fiscal cycle. Despite this increase in co-financing obligations, the percent of countries that have fulfilled their obligations as of 31 August 2023 was 39%, the highest in the past 5 years, and three waivers approved for humanitarian crisis.

³⁰ There are nine countries in accelerated transition with co-financing obligations in 2023: Bangladesh, Côte d'Ivoire, Djibouti, Ghana, Kenya, Lao PDR, Nigeria, Solomon Islands and São Tomé y Príncipe. The tenth country in accelerated transition—Papua New Guinea—does not have 2023 co-financing obligations and is fully self-financing vaccines.

³¹ With the objective to include senior political levels in transition preparedness issues, roadmaps are expected to include priority objectives for transition, a shortlist of appropriate programmatic and financial milestones, and key activities to undertake towards successful transition.

US\$ 60 million transition strategy³², approved by the Board in 2019, that granted an extension of the original transition date from 2020 to 2025. As discussed by the Board in December 2022, given the profound and protracted challenges in PNG's immunisation programme and the impact of the pandemic, the country will not be ready to transition from support in 2025. Indeed, PNG's Minister of Health, in May 2023, requested an extension of the PNG Strategy. **The PPC therefore recommended to the Gavi Alliance Board that it approve a no-cost extension of the US\$ 60 million 2019 Strategy funding envelope until 31 December 2027.** Additionally, the PPC also requests an external review of the PNG strategy be conducted by December 2026. (See Annex B for further details).

- 2.17 **Timor-Leste transitioned from Gavi support on 1 January 2018.** In 2019, an exceptional, Board-approved strategy provided US\$ 8.3 million of post-transition support covering 2018 to 2023. As of mid-2023, half of activities initially planned either remain in progress or have not been implemented³³ In April 2023, Timor-Leste submitted to the Gavi Board Chair a request for a 2-year no-cost extension of the Gavi post-transition grant in view of delays associated with the impact of the pandemic and limited EPI capacity. **To ensure implementation of planned activities, the PPC recommends the Board approve a no-cost extension of Gavi's post-transition support for Timor-Leste until 31 December 2025.** See Annex C for further details.
- 2.18 **Former-Gavi middle income countries (MICs) saw improvement in routine immunisation programmes and coverage levels in 2022; however, recovery has been uneven.** After substantial declines in 2020 and 2021, overall DTP3 coverage increased by nine percentage points to reach 81%³⁴. Through the MICs approach support mechanisms approved in June 2022, Gavi is supporting WHO and UNICEF at the global and regional levels to provide technical assistance to support countries prevent and/or address backsliding, and direct support to countries through targeted interventions, with an initial focus on countries with large zero-dose populations. See Doc. 11 presented to the PPC in October 2023.
- 2.19 Given the risks to transitions of some countries described above, as requested in previous Board meetings, **the design of the Gavi 6.0 strategy provides an opportunity** to explore evolutions to Gavi's eligibility, co-financing and transition model and support for MICs to ensure the model remains fit for purpose.

³² This represents support through HSS and new vaccine support.

³³ With US\$ 3.7 million out of the US\$ 8.3 million budget remaining to be disbursed within this strategy

³⁴ Strong recovery in Indonesia (+18pp) and Viet Nam (+8pp) contributed to this, but other countries, such as Angola, Azerbaijan, Bolivia, Georgia and Ukraine saw continued declines, signalling broader challenges beyond the impact of the pandemic itself.

Strategic Goal 4: Ensure healthy markets for vaccines and related products

- 2.20 **Updates on Strategic Goal 4 indicators performance for 2022, for which the Alliance was largely on track, were shared at the June 2023 Board meeting and an update on the top risk of supply shortages, disruptions and stockouts is available in the Risk & Assurance report (See Doc 08).** This section includes an update on market shaping activities in progress in 2023 to help address the risks of oral cholera vaccine (OCV) and rotavirus markets previously assessed as exhibiting unacceptable levels of health³⁵.
- 2.21 **Market shaping actions are underway to manage demand uncertainty and accelerate supply scale-up in the OCV market.** For example, UNICEF Supply Division is collaborating on a new OCV tender, providing manufacturers the opportunity to request special contracting terms to mitigate risks relating to residual demand uncertainty and to help accelerate scale-up and market entry.
- 2.22 **Following rotavirus vaccine supply disruptions in 2022, supply availability in this market remained sub-optimal in 2023** with two countries (Ethiopia and Uganda) having to switch to alternative vaccine presentations to avoid supply disruptions. Alliance partners are closely engaging to ensure better visibility of vaccine stocks in countries, provide support to impacted countries and pursue actions to reduce risk of stockouts. Based on discussions with rotavirus vaccine suppliers, supply availability is expected to gradually improve by late 2024³⁶. Until then, the Alliance will continue to support countries manage the supply constrained situation.

Section C: Actions requested of the Board

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

- a) **Approve** flexibility for the Secretariat to provide fully funded catch-up doses for children missed during the pandemic for an initial amount of US\$ 290 million subject to countries developing robust plans and taking into account the risk mitigation measures as laid out in Annex D to Doc 04 as amended by discussions at the PPC;
- b) **Note** that the above approval reflects the urgent need for ambitious catch-up efforts for the period 2024-2025 and is contingent on available funding from the COVAX Advance Market Commitment (AMC) Pandemic Vaccine Pool (PVP) as confirmed by the Gavi Audit and Finance Committee;

³⁵ Note, updates on Malaria and HPV markets have been included under SG1. These were the other two markets deemed to have unsatisfactory market health.

³⁶ Given the heavy collaboration required to meet healthy markets objectives and to proactively anticipate for shifting market environments (e.g., regional manufacturing), Gavi is ensuring information sharing with manufacturers is frequent and appropriately transparent through active participation in relevant forums such as the UNICEF Vaccine Industry Consultation, Developing Country Vaccine Manufacturers Network (DCVMN), the TechNet Conference, Partnership for African Vaccine Manufacturing (and AU-ACDC), IFPMA Consultations, Manufacturer Roadshows, WHO Local Production Forum, Alliance market shaping Square Group.

- c) **Approve** that Papua New Guinea be exceptionally granted a no-cost extension of the US\$ 60 million 2019 Strategy funding envelope from December 2025 to December 2027, thereby extending the country's accelerated transition period to December 2027;
- d) **Request** an external review of the Papua New Guinea strategy be conducted by December 2026; and
- e) **Approve** that Timor-Leste be exceptionally granted a no-cost extension of its post-transition support December 2023 to December 2025.

Annexes

Annex A: Technical report on Gavi 5.0/5.1 indicators

Annex B: Papua New Guinea No Cost Extension

Annex C: Timor Leste No Cost Extension

Annex D: Summary of proposed support for vaccine doses for the 'Big Catch-Up'

Additional information available on BoardEffect

Appendix 1: Gavi Balanced Scorecard

Appendix 2: HPV revitalisation detailed update

Appendix 3: Malaria programme detailed update

Appendix 4: Update on transition preparedness in Accelerated Transition countries