

Gavi 6.0 Changes: Implications for New Vaccine Introductions & Learnings Agendas

Omblin Richard
Head of Policy
Gavi, the Vaccine Alliance

July 2026

gavi.org



Objectives



Gavi 6.0: Key changes and implications



Follow-up to Vaccine Investment Strategy decisions:

- New Vaccine Introductions
- Learning Agendas in Gavi 6.0



Conclusions

Gavi 6.0: Key changes and implications



2025 was a landmark year for Gavi, with strategic reforms to address global health challenges

- **Replenishment** in a fiscally constrained environment
- **Rollout of Gavi 6.0:** Complete revamp of the Country Operating Model
 - Single country application
 - Alignment of grant cycles
 - Vaccine budgets
 - Policies allowing greater decision-making autonomy
- **Grant Management Reform:** including full end-to-end digitization
- **Secretariat Review:** 33% reduction in workforce and a 40% reduction in non-workforce operating expenditure
- **Two external reviews:** Alliance R&Rs Review & Gavi-Global Fund Task Force

**GAVI
LEAP**

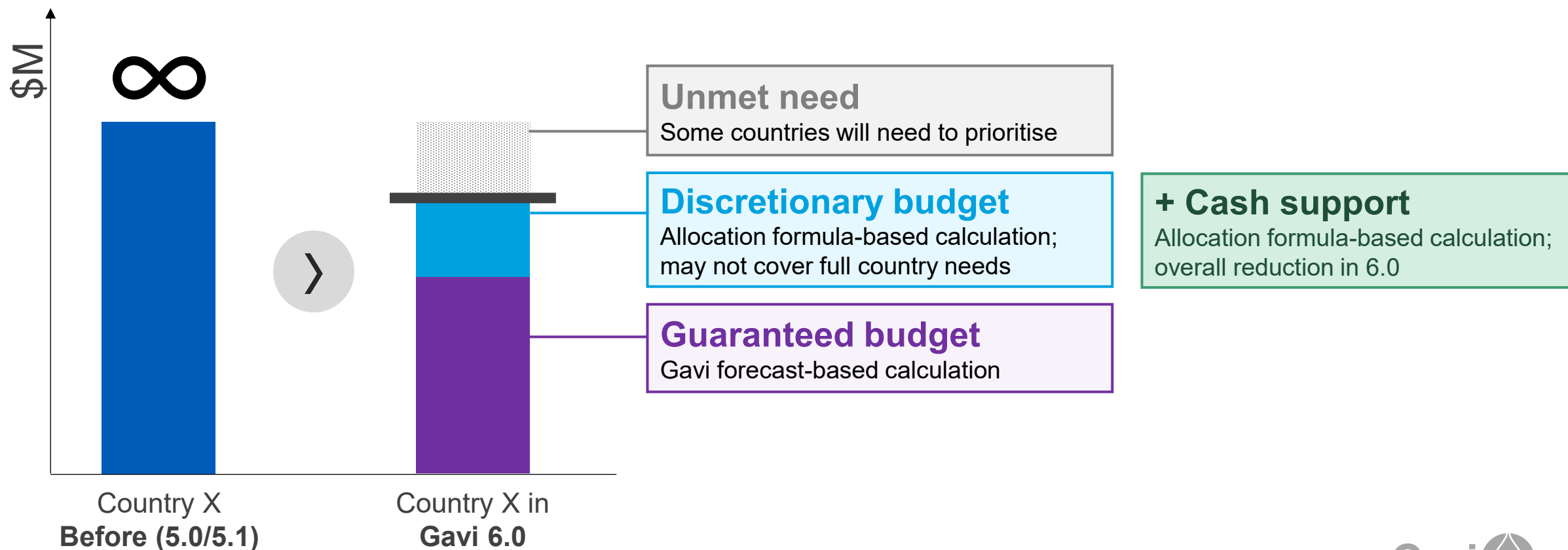
**COUNTRY FIRST
TUNING ENGINE
POWERING PARTNERSHIPS
HARNESSING FUTURE
INTELLIGENT AGE**

Vaccine Budgets for the 6.0 strategic period: make planning and budgeting more predictable and help countries to prioritise

FROM: Country applied for as many vaccine programmes as needed, at any time and received applicable cash allocations



TO: Country obtains **vaccines and cash** within a set budget amount at the start of the strategic period



Vaccine budgets, include guaranteed and discretionary

Guaranteed budgets

Sustained funding for core set of vaccines

- Pentavalent
- Pneumococcal Conjugate (PCV) + Catch up
- Rotavirus
- Measles/ Measles Rubella (M/MR) + Catch up, follow up
- Human papillomavirus (HPV) + MACs
- Inactivated Polio (IPV)
- Hexavalent
- Yellow Fever routine only
- Hepatitis B Birth dose

Rationale: Highest value for money (health impact and cost per life saved), global relevance, continuity of support, and inter-country equity

Discretionary budgets

Additional funding that countries can allocate flexibly, based on national priorities

- Malaria
- Yellow fever campaigns
- Japanese Encephalitis (JE) + catch up campaigns
- Typhoid (TCV) + catch up campaigns
- Cholera (OCV) campaigns
- Meningococcal (Men A/MMCV) + catch up campaigns
- Rabies
- DTP-containing boosters
- Respiratory Syncytial Virus (RSV)

Co-financing applies for both vaccine categories; outbreaks support and diagnostics are out of scope of the CVB.

Follow-up to VIS decisions: New vaccine introductions & learning agendas



VIS 2024 Decisions: Support for in-principle investments & learning agendas

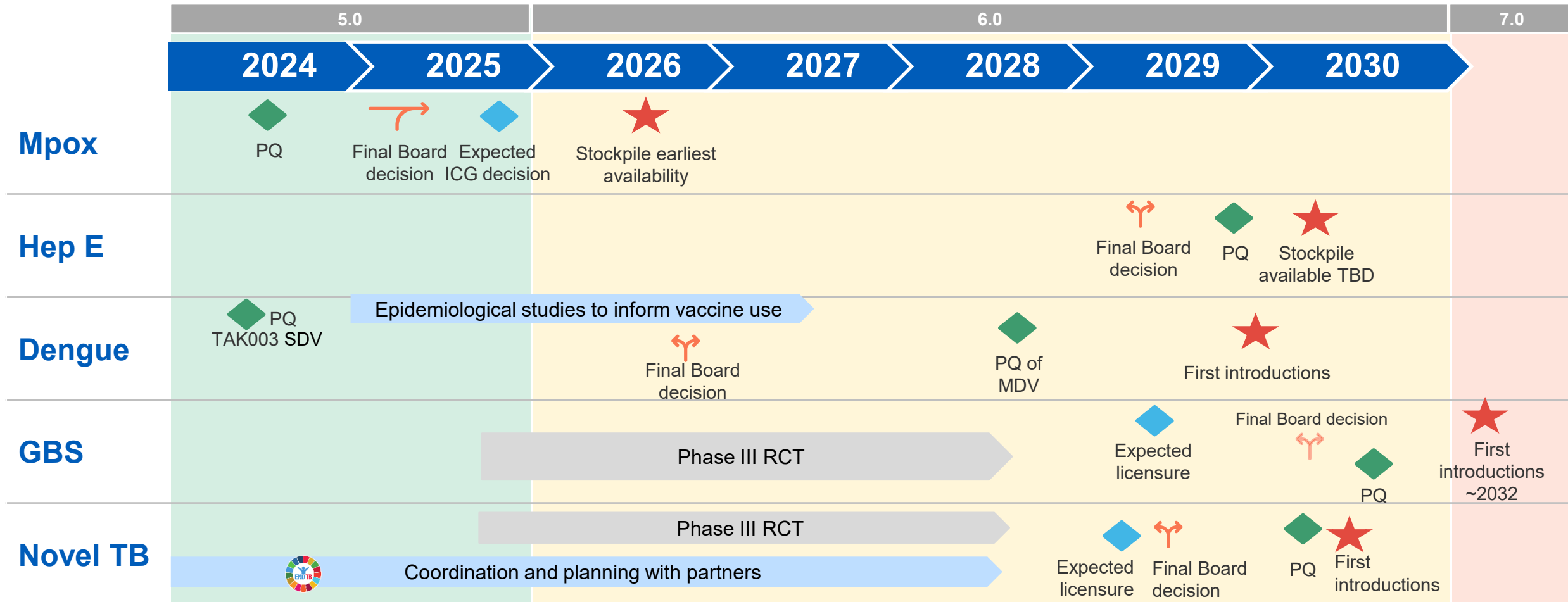
Vaccine	Population	In-principle investment	Learning Agenda
Tuberculosis	Adolescents/ Adults	✓	✓
Group B Streptococcus	Pregnant women	✓	✓
Dengue	2-16 years	Conditional on burden data in Africa	✓
Hepatitis E	High-risk in outbreak response	✓	✓ from 5.1
Mpox		✓	✓ from 5.1
Shigella	Infants	✗	✓
COVID-19	High-risk populations	No continued investment post-2025	

Key Investment Conditions

- ✓ Licensure
- ✓ WHO/SAGE recommendation
- ✓ WHO PQ
- ✓ Meeting financial assumptions
- ✓ Final Board approval

VIS 2024 vaccines may only be available later in 6.0:

Market signaling, programme design & preparedness activities required earlier



Vaccine Investment Strategy Decisions - Follow-up

VIS 2018

- **All decisions are now reflected in the Gavi menu:** DTP-containing boosters, preventive OCV, rabies PEP, HepB birth dose, and multivalent meningococcal conjugate vaccines.
- **RSV:** Maternal vaccine approved by the Board (July 2025); countries can now apply for introduction from 2028, pending MDV availability. Analysis and manufacturer engagement on **RSV mAbs** continue, with a follow-up recommendation to the PPC and Board once investment conditions and the use case are clearer.

VIS 2024

- **Mpox:** Final Board approval (July 2025); global stockpile design underway through the WHO ICG, with availability expected in 2026.
- **Dengue:** WHO/SAGE recommendation and WHO PQ (MDV pending); Board decision expected in December 2026 to enable market signaling and programme design.
- **HepE:** Licensed vaccine; next steps depend on the pathway to WHO PQ (expected ~2029).
- **GBS:** Phase 3 trial underway; introduction most likely in Gavi 7.0, subject to licensure and policy/regulatory approvals.

Gavi committed to preparing for novel tuberculosis vaccines for adults and adolescents

VIS 2024 Board in-principle approval, including the request for **early market shaping**, sent an important signal to the global TB vaccine ecosystem. The **Alliance's first early market shaping roadmap will be published soon**.

As part of acceleration efforts, the Alliance is working to ensure Gavi-supported countries are ready to introduce a novel TB vaccine as soon as it is WHO-prequalified and WHO/ SAGE recommended.

Gavi is a member of the **WHO TB Vaccine Accelerator**:

- **Finance & Access Working Group: Co-leads**, developed **demand & supply forecasts** to inform analyses, identify barriers, bottlenecks, and solutions.
- **Country Readiness Working Group**: Supports alignment of Gavi assistance for country readiness, planning, and delivery models across EPI and TB programmes.
- **Technical Advisory Group on Evidence for Clinical and Policy Considerations**: Monitors emerging evidence to inform clinical and policy decisions and align future Gavi support.

A joint Gavi–Global Fund Task Force is now underway, developing a country-centred collaboration model to support coordinated readiness, planning, and implementation



Learning remains a Gavi 6.0 priority, with reprioritisation to maximise impact within available resources.

- Following funding reductions, all learning questions identified for Gavi 6.0—including VIS 2024 priorities—were reprioritised to identify the highest-priority evidence needs for 2026–2027 and presented to the PPC in May 2026.
- Prioritisation considered **strategic importance, urgency, and feasibility** of generating timely evidence.
- 5 different learning areas were identified.
- Next steps are to refine the priority questions, align with partner-funded activities, and develop methodological approaches through a consultative process.
- Priorities for 2028–2030 will be reviewed in late 2027, with emerging evidence needs.

Five Learning Areas were prioritized for 2026-2027

Learning Area	Purpose
Gavi 6.0 Grant Management Reforms	Assess implementation of Gavi 6.0 grant management reforms to identify lessons, monitor progress, and inform course correction and strategic decision-making.
Optimising vaccine delivery strategies	Generate evidence to optimise vaccination campaigns, delivery platforms, and integration across the life course and with routine immunisation and primary healthcare.
African Vaccine Manufacturing Accelerator (AVMA)	Conduct an evaluability assessment to define the data and analytical approach needed for a robust endline evaluation of AVMA.
Vaccine-specific evidence needs	Generate evidence to inform policy design and optimise vaccine-specific programmes and delivery strategies.
AI for real-time assessment	Generate evidence on the responsible use of AI to support real-time programme assessment, decision-making, and implementation of Gavi Leap and Grant Management Reform.

Vaccine-specific evidence needs

Expected in 2026/2027:

- **VIS 2024:** TB & mpox
- **Other:** measles/rubella, diphtheria, and malaria

Expected later during Gavi 6.0

- **VIS 2024:** dengue, GBS, hepatitis E and shigella

Conclusions

- ✓ **Reaffirm the critical importance of PDVAC & evidence generation** for the Alliance and countries decision-making.
- ✓ Despite a more constrained financial environment, **Gavi 6.0 maintains a strong commitment to new vaccine introductions**, with greater prioritization of investments in both introductions and the evidence needed to support them.
- ✓ **Learning agendas remain essential** to inform Gavi and country decision-making and maximize the impact of limited resources.





Thank you!