

The Gavi Leap: radical transformation for a new global health architecture



It has long been acknowledged that the global health system needs reform. Although this system has improved public health, saved lives, and advanced health equity,^{1,2} it remains fragmented, uncoordinated, at times inefficient, and in some settings even a barrier to progress.³ Now, in the harsh light of geopolitical realities in 2025 and an unprecedented squeeze on funding from traditional donor countries,⁴ discussions about how to reform global health have taken on an existential quality.

As the Chief Executive Officer of Gavi, the Vaccine Alliance, I believe that transformative change is required to protect the gains of the past and to secure further progress in the future. The global health system needs to embrace a new reality in which international institutions have a clear understanding of their mandates and their lifespans and work seamlessly together to serve the interests of the countries that request their support. This will require difficult conversations and some tough choices about the form, function, and, in some cases, the continuity of some institutions going forward as we seek to deliver the maximum public health benefits for the funding available.

Gavi, a public-private partnership, can point to a quantifiable impact on health and development over the past 25 years. We have helped to vaccinate more than 1.1 billion children in low-income and middle-income countries and prevented more than 18 million deaths from vaccine-preventable diseases.¹ But this record does not make us an exception to the challenges or the criticisms facing the global health architecture.³

When I joined Gavi just over a year ago, I began a radical transformation of the organisation to embrace new ways of working that would prepare us to deliver the goals of our next 5-year strategic period (2026–30), known as Gavi 6.0.⁵ At the centre of the Gavi Leap, as we call this process of transformation, are four principles that I believe have broader relevance for our global health peers and partners as we seek to remake the global health landscape, and restore confidence and optimism in the ability of global health institutions to reshape the world for the better.

Country-centricity is the first organising principle of the Gavi Leap. Currently, already under-resourced countries cope with cumbersome parallel processes and reporting

indicators of different global health agencies with agendas that are not aligned. In alignment with the 2023 Lusaka Agreement on the Future of Global Health Initiatives process,⁶ Gavi has taken concrete steps to reform our processes to ensure they are responsive to country needs, not burdensome. From 2026 onwards, countries will have much more agency over how Gavi support for vaccine programmes and the health systems that deliver them is deployed. Gavi is in the process of simplifying and streamlining engagement with countries through a root and branch reform of our grant-making process.

From eight grant opportunities, or windows, for Gavi-eligible countries to apply for support that each followed a different timetable, Gavi is moving to one grant window for the Gavi 6.0 strategic cycle. This means that countries will only need to apply for funding once during the Gavi 6.0 period, and all of that funding will be aligned with the priorities set out in Gavi's 6.0 strategy,⁵ which was itself developed in close consultation with countries to ensure it reflected national priorities. A new monitoring strategy will link metrics with accountability for all partners in our vaccine alliance—starting with the Secretariat—for better delivery and coherence.

These changes, along with a further evolution of the way we operate at the country level during the Gavi 6.0 period, also offer an unprecedented partnership opportunity for global health initiatives, including the Global Fund to Fight AIDS, Tuberculosis and Malaria, to align grant

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cycles and metrics, programme jointly, and establish a mandated model of health systems collaboration. We are already working together to realise this potential. In addition, Gavi is supporting the aspiration of countries in Africa to expand their own vaccine manufacturing capacity.⁷ Putting countries at the centre of global health, rather than prioritising the agendas of institutions in the Global North, is an overdue rebalancing of agency that can improve efficiency and accelerate impact.

The second principle of the Gavi Leap is self-reliance. Global health institutions can only be truly country-centric if they are designed to empower and enable countries to assume full responsibility for health programmes. Gavi's model of financial support has always been predicated on the principle that countries pay more towards the cost of immunisation as their national income rises, until they reach a threshold at which they transition to full self-financing. This model works, as is evidenced by 19 countries graduating from Gavi support. Almost all countries that are eligible for Gavi support meet the full co-financing costs of their immunisation programmes.¹ Crucially, this model also has strong support from national governments, as evidenced by the Abidjan Declaration, in which nine African countries agreed to concrete steps towards vaccine self-reliance.⁸ That is why Gavi is supporting countries to unlock more resources for immunisation, including through support for budget planning and public finance management, and by facilitating partnerships with multilateral development banks to support transitions to vaccine self-reliance.⁹ Gavi believes cultivating support for self-reliance should be a guiding principle of all global health organisations.

Focused mandates for global health institutions is the third principle. Fragmentation and duplication of efforts are inevitable and often inadvertent consequences of mission creep as global health organisations evolve in response to crises, donor priorities, and competition.³ Over the next 5 years, Gavi will work with renewed focus on our core strengths of market shaping and innovative finance to save lives and strengthen global health security by improving access to vaccines. Gavi has succeeded as a vaccine alliance because we leverage the comparative advantage of each of our public and private partners, from the technical expertise and the procurement power of UN agencies to the agility of manufacturers and the community knowledge of civil society. A similar focus on defined and discrete mandates for organisations working

towards shared, country-driven goals within global health would enable the system to achieve more for less.

The fourth principle is finite lifespans for operational global health entities. A flaw in the current global health architecture is that few institutions have sunset clauses with an end date for the organisation written into their articles of incorporation. This includes Gavi, and although it is our goal to put ourselves out of business, there is no timetable for doing so. Having clear parameters for the termination of operational duties provides focus and urgency, and a clear incentive to help countries achieve self-reliance. This will be an important theme in Gavi's work on the future of immunisation.

The world around us forces us to confront the profound challenges facing global health with speed, concrete actions, and ambition. The four principles of the Gavi Leap could serve as a blueprint for a wider global health leap to improve the health and the lives of those most in need during this period of unprecedented change. We stand ready to work with all stakeholders to make that happen. And to that end, we will propose a process that, we hope, can bring us together to forge a new consensus on the future of our global health architecture.

I am the Chief Executive Officer of Gavi, the Vaccine Alliance and declare no other competing interests.

Sania Nishtar
snishtar@gavi.org

Gavi, the Vaccine Alliance, Global Health Campus, 1218 Le Grand-Saconnex, Switzerland

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