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**THIS ACTION IS FUNDED BY THE EUROPEAN UNION**

**ANNEX 4**

to the Commission Implementing Decision on the financing of the multiannual action plan for the thematic programme on Global Challenges (People) for 2022-2024

**Action Document for the Support to the rollout of COVID-19 vaccines in selected most under vaccinated countries**

**ANNUAL PLAN**

This document constitutes the annual work programme within the meaning of Article 110(2) of the Financial Regulation, within the meaning of Article 23 of the NDICI-Global Europe Regulation.

1 SYNOPSIS

1.1 Action Summary Table

<b>1. Title CRIS/OPSYS business reference Basic Act</b>	<b>Support to the rollout of COVID-19 vaccines in selected most under vaccinated countries</b> [OPSYS/CRIS] number: ACT-61048 Financed under the Neighbourhood, Development and International Cooperation Instrument ( <u>NDICI-Global Europe</u> )
<b>2. Team Europe Initiative</b>	No
<b>3. Zone benefiting from the action</b>	The action of the delivery funding shall be carried out in COVAX Advance Market Commitment countries with the lowest COVID-19 vaccination rates and, where possible, countries that have on-going EU bilateral cooperation programmes in the health sector managed by the EU delegations.
<b>4. Programming document</b>	NDICI Global Challenges Multiannual Indicative Programme (MIP) 2021-2027
<b>5. Link with relevant MIP(s) objectives / expected results</b>	The action will contribute to the Specific objective 1 (Health) of the People priority of the Global Challenges MIP and to the following results in particular: <ul style="list-style-type: none"> <li>• Result 1: reinforced global initiatives, including support for global funds that are key enablers of universal health coverage, to improve financial risk protection and access to quality essential healthcare services and safe, effective, quality and affordable essential medicines and vaccines for all.</li> <li>• Result 2: improved global health security through communicable disease surveillance, research, and control, translating knowledge into policies that tackle the changing disease burden.</li> </ul>
<b>PRIORITY AREAS AND SECTOR INFORMATION</b>	
<b>6. Priority Area(s), sectors</b>	120 - Human Development – Health

	12250 (Infectious Disease Control)			
<b>7. Sustainable Development Goals (SDGs)</b>	Main SDG: <ul style="list-style-type: none"> <li>• SDG 3: Good Health and Well-being</li> </ul> Other significant SDGs: <ul style="list-style-type: none"> <li>• SDG 1: No poverty</li> <li>• SDG 5: Achieve gender equality and empower all women and girls</li> <li>• SDG 10: Reduced inequalities</li> <li>• SDG 17: Partnerships for the Goal</li> </ul>			
<b>8 a) DAC code(s)</b>	DAC code 1 – 12250 Infectious diseases control- 100%			
<b>8 b) Main Delivery Channel</b>	<i>Gavi, the Vaccine Alliance – 47122</i>			
<b>9. Targets</b>	<input type="checkbox"/> Migration <input type="checkbox"/> Climate <input checked="" type="checkbox"/> Social inclusion and Human Development <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Biodiversity <input type="checkbox"/> Education <input type="checkbox"/> Human Rights, Democracy and Governance			
<b>10. Markers (from DAC form)</b>	<b>General policy objective</b>	<b>Not targeted</b>	<b>Significant objective</b>	<b>Principal objective</b>
	Participation development/good governance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Aid to environment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Gender equality and women’s and girl’s empowerment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Trade development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reproductive, maternal, new-born and child health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Disaster Risk Reduction	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Inclusion of persons with Disabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Nutrition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>RIO Convention markers</b>	<b>Not targeted</b>	<b>Significant objective</b>	<b>Principal objective</b>
	Biological diversity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Combat desertification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change mitigation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change adaptation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<b>Policy objectives</b>	<b>Not targeted</b>	<b>Significant objective</b>

<b>11. Internal markers and Tags:</b>	Digitalisation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	digital connectivity	<input type="checkbox"/>	<input type="checkbox"/>	/
	digital governance	<input type="checkbox"/>	<input type="checkbox"/>	
	digital entrepreneurship	<input type="checkbox"/>	<input type="checkbox"/>	
	digital skills/literacy	<input type="checkbox"/>	<input type="checkbox"/>	
	digital services	<input type="checkbox"/>	<input type="checkbox"/>	
	Connectivity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
digital connectivity	<input type="checkbox"/>	<input type="checkbox"/>	/	
energy	<input type="checkbox"/>	<input type="checkbox"/>		
transport	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
health	<input type="checkbox"/>	<input type="checkbox"/>		
education and research	<input type="checkbox"/>	<input type="checkbox"/>		
Migration (methodology for tagging under development)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reduction of Inequalities (methodology for marker and tagging under development)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Covid-19	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

#### BUDGET INFORMATION

<b>12. Amounts concerned</b>	<p>Budget line: 14.020240- Global Challenges People</p> <p>Total estimated cost: <b>EUR 75 million</b></p> <p>Total amount of EU budget contribution: <b>EUR 75 million.</b></p> <p>The contribution is for an amount of EUR 75 million from the general budget of the European Union for financial year <b>2022.</b></p>
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#### MANAGEMENT AND IMPLEMENTATION

<b>13. Type of financing</b>	<b>Direct management through grants</b>
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### 1.2 Summary of the Action

Although global COVID-19 vaccine supply has risen significantly, the African continent is facing particular challenges to expand vaccine rollout. Increasing deliveries have eased shortages of vaccines and highlighted the need for countries to rapidly ramp up vaccination. The slow uptake in COVID-19 vaccines in Africa requires collective efforts of partner countries and partners to effectively implement vaccination programmes on the ground.

This action will contribute to enhanced rollout of COVID-19 vaccines in selected most under vaccinated countries, including through supporting national governments in the organisation and coordination of vaccination campaigns, reinforcing cold-chain and supply infrastructure management, human resources, and/or addressing challenges with vaccine demand, hesitancy and misinformation.

The World Health Organization (WHO), UNICEF, Gavi, the Vaccine Alliance have launched in January 2022 a new **Vaccine Delivery Partnership**. The European Commission takes an active part in the Partnership together

with other donors. It aims to coordinate and streamline available assistance through a ‘One plan, one country team and one budget’ approach, and support countries quickly with access to funding, assistance, and advocacy in order to plan, implement and scale COVID-19 vaccination delivery and monitor their progress towards national and global goals, focusing on the countries with least coverage. This inter-agency partnership has identified a set of key functions to support countries in unlocking bottlenecks including political engagement; coordinated country support; data, metrics, and monitoring; delivery funding; demand planning; specialized technical assistance and surge support; toolbox/guidance; partnership engagement and communication.

At the COVAX AMC Summit in April 2022, the EU has pledged to provide EUR 75 million for rollout support in countries in most need, as a response to the COVAX’s call to provide at least USD 600 million to Gavi to strengthen in-country delivery systems in low-income countries through their COVID-19 Delivery Support (CDS) envelope, which allows providing such support directly through partner countries’ Ministries of Health (MoH) and their Expanded Programme of Immunisation (EPI) teams.

At the COVID-19 Summit hosted by the US, Germany, Indonesia and Senegal, the EU pledged 300m EUR to vaccine rollout which increases the delivery support funding and also provides funding for ancillaries for Team Europe donations. A separate financing decision on the use of the Emergency Support Instrument will provide that additional financing.

The action is part of the Team Europe Initiative for the vaccination support package. As outlined above, in this context, INTPA has been reaching out to Member States seeking to generate new financial commitments to support vaccine rollout. The action is being carefully coordinated with other donors supporting vaccine rollout (EU Member States, US, Canada), other members of the Vaccine Delivery Partnership, the World Bank, and the Africa Centre for Disease Prevention and Control (ACDC), which jointly work to help most under vaccinated countries address key bottlenecks.

## 2 RATIONALE

### 2.1 Context

As the global shortage of COVID-vaccines has eased and more vaccines became available, also due to sharing from EU Member States, the focus now needs to shift from vaccines delivery to vaccination, particularly in those countries and populations currently most underserved. This action will provide funding to support vaccine rollout in the selected most under-vaccinated countries that have a bilateral EU health programme

The action will support national governments ministries of health through the support strand of Gavi, the Vaccine Alliance’s, COVID-19 Vaccines Global Access (COVAX) Facility that aims to help countries rollout vaccines called the COVID-19 Delivery Support (CDS). The action will be implemented as part of the COVID-19 Vaccine Delivery Partnership outlined in detail in the section above.

Through the CDS, Gavi is working with AMC Countries in close coordination with partners to support the strengthening of country supply chains to achieve readiness for COVID-19 vaccines. This includes, but is not limited to, ensuring (i) sufficient and functional cold chain capacity is in place, (ii) countries have systems to manage vaccine and ancillary supplies, and (iii) that vaccines reach recipients quickly and safely. It aims also at strengthening organisation and coordination of vaccination campaigns, developing/expanding regulatory frameworks, supporting cold-chain and supply infrastructure management, human resources, and/or addressing challenges with vaccine demand, hesitancy and misinformation. In addition to supporting countries with highest overall need (given lowest coverage and absorption), CDS funding remains a critical source for countries to sustain equitable access, reach marginalized populations, and protect routine immunisation.

The COVID-19 Delivery Partnership builds on key principles and functions to help accelerate COVID-19 vaccination around the world, including 1. National ownership and centrality of countries to define and manage bottlenecks 2. One plan, one country team, one budget; 3. One country support team – drawing in global resources to support countries rapidly address bottlenecks; 4. Build on existing partner capacities and roles; Strengthens routine immunization and primary healthcare; 5. Key metrics to monitor progress, tracked by the Partnership and

widely disseminated and 6. Agreed list of for concerted support with 10 countries for immediate support (regularly updated).

## 2.2 Problem Analysis

Although COVID-19 vaccine supplies to Africa have risen significantly, the continent is struggling to expand rollout, with only 31.3% of the population which received one dose, 15.15% fully vaccinated and 1.2% who received a booster dose<sup>1</sup>.

By June 2022, according to WHO AFRO region data, Africa had received more than 824 million vaccine doses, 62% through the COVAX Facility, 30 % from bilateral deals and 7% through Africa Vaccines Acquisition Trust (AVAT) of the African Union. Out of these doses received, 535 million doses have been administered, leading to less than 65% of doses shipped. Increasing deliveries have eased shortages and turned the spotlight on the need for countries to rapidly ramp up vaccine rollout.

Late in 2021, WHO, in partnership with UNICEF, international and national partners, including ministries of health conducted surge missions to countries in Africa with the aim of understanding challenges and unlocking bottlenecks. Based on the mission findings, the partners have launched an initiative to support countries to reach the 70% global target in some African countries. Currently 9 million people are vaccinated on average every week in Africa, and this number needs to increase to 36 million to reach the 70% target agreed globally. Vaccination rates in Africa remain low. Four countries have fully vaccinated over 40%, fifteen countries have vaccinated over 20: of their population. Remaining countries have less than 20% vaccination rates.

With supplies now available in Africa, absorption capacity needs to be ramped-up. The Africa CDC has signalled a difficulty to ensure absorption capacity.

### **Identification of main stakeholders and corresponding institutional and/or organisational issues (mandates, potential roles, and capacities) to be covered by the action:**

The key stakeholders of the action are the governments of the priority countries, the COVID-19 Vaccine Delivery Partnership, which builds on key principles and functions to help accelerate COVID-19 vaccination around the world (UNICEF, WHO, Gavi) and other large funders of vaccine rollout such as the Member States and the United States.

This action will also – in line with the outcome of the 6th EU-AU Summit and the Global Gateway Investment Package for Health – will help accelerate roll-out and uptake of vaccines and other COVID-19 tools in Africa by supporting: supply of auxiliary material (e.g. syringes); supply chain management, logistics and service delivery; administration of vaccines; vaccine confidence and information; sequencing capacity, diagnostics and therapeutics, including oxygen.

Several EU Member States have mobilised support to vaccine rollout including Germany, France, Italy and Belgium. Efforts to increase vaccine roll-out are a high priority shared between all global donors as well and is a key building block of the EU-US agenda. Close coordination have been established with USAID, who is implementing its support package and identified target countries in Africa as well with two countries, Nigeria and Uganda targeted by both the US and the EU for support where work division and complementarity was agreed to be established. Coordination with other donors take place in the context of the Vaccine Delivery Partnership. Other key partners will include Civil Society representation, World Bank country offices, the UN Resident Coordinators (UNRC), NGOs (Non-Governmental Organisations), and the African CDC.

<sup>1</sup> <https://covid19.who.int/table>

## 3 DESCRIPTION OF THE ACTION

### 3.1 Objectives and Expected Outputs

The **Overall Objective (Impact)** of this action is to save lives and protect people's health by increasing equitable use of COVID-19 vaccines in selected most under vaccinated countries, especially among the most underserved populations. This shall contribute to ending the COVID-19 pandemic and supporting countries to reach their own national targets, against the backdrop of the 70% global vaccination target recommended by the WHO.

The **Specific Objectives (Outcomes)** of this action are:

1. Identifying and addressing the key challenges for COVID-19 vaccination rollout.
2. Increasing national ownership and alignment of support provided with other donors and initiatives

The **Outputs** to be delivered by this action contributing to:

Outcome 1 (or Specific Objective 1):

- 1.1. Support to address specific bottlenecks in each priority country is provided.
- 1.2. National vaccination targets defined in respective national plans are helped being reached, especially in high risk population groups.
- 1.3. Vaccine wastage is limited in line with routine immunisation level of 10%

Outcome 2 (or Specific Objective 2):

- 2.1 Overlaps in funding specific measures at individual country level are avoided.

### 3.2 Indicative Activities

Activities relating to **Output 1.1.**

- Review the national deployment and vaccinations plans and related regulatory frameworks in selected priority countries
- Identify gaps of efficient cold-chain and supply infrastructure procurement, deployment and management, and provide support as necessary
- Support human resources training and deployment related to vaccination campaigns

Activities relating to **Output 1.2.**

- Support vaccination campaigns
- Address demand generation and vaccines hesitancy
- Support communication and reaching out to marginalised communities
- Counteract misinformation

Activities relating to **Output 1.3**

- Provide technical assistance to manage supply stocks
- Support development of data, metrics and monitoring
- Provide technical assistance to the use of digital tools for monitoring and planning of immunisation campaigns

Activities relating to **Output 2.1.:**

- Strengthen the capacity of Ministries of Health and the Expanded Programme of Immunisation (EPI) teams to coordinate, communicate and engage stakeholders
- Ensure regular coordination between funders and implementing organisations to ensure complimentary funding

### 3.3 Mainstreaming

#### **Environmental Protection & Climate Change**

Outcomes of the SEA screening: Not applicable

Outcomes of the EIA (Environmental Impact Assessment) screening: Not applicable

Outcome of the CRA (Climate Risk Assessment) screening: Not applicable

Vaccine programmes help communities, particularly the most marginalised, build resilience and mitigate the risk of disease outbreaks tied to climate change by preventing infection in the first place. The action supports countries to upgrade to efficient, climate-friendly cold chain equipment since up to 90% of medical facilities lacked modern equipment in 2019 to reduce their healthcare related footprint. This action contributes to greater energy efficiency through the cold chain equipment optimisation.

#### **Gender equality and empowerment of women and girls**

As per the OECD Gender DAC codes identified in section 1.1, this action is labelled as G1. This implies that the action should continue to contribute to SDG5 through its gender-transformative approach to health.

Immunisation is a gender-equal intervention.

Investing with countries through a gender lens that empowers those who are marginalised to voice their concerns and influence decisions will help to bring preventive health services to those who can least afford the consequences of illness, thereby fostering equitable prosperity. A gender-focused approach to vaccination programmes will further ensure that men and women become active agents in immunisation.

#### **Human Rights**

Access to life-saving immunisation is a fundamental human right.

#### **Disability**

As per OECD Disability DAC codes identified in section 1.1, this action is labelled as D0.

#### **Democracy**

Beyond being a major contributor to the SDG3 aspiration of healthy lives and promotion of well-being for all, immunisation is an essential ingredient for most other SDGs<sup>2</sup>. Immunised communities will be healthier and better educated, household economics will be bolstered.

#### **Conflict sensitivity, peace and resilience**

Effective, safe, and people-centred health systems are the backbone of social institutions in every country, and immunisation is often the first point of contact between these systems and the population. Countries' efforts to improve equitable access to vaccines contributes to building public trust, stronger social cohesion, peaceful and inclusive societies.

#### **Disaster Risk Reduction**

The impact of climate change cuts across health and well-being, livelihood, and security of people, particularly for the poorest and most vulnerable communities, such as people on the move. Immunisation is critical to building people's and systems' resilience to and reducing the risk of outbreaks due to climate-sensitive diseases, such as yellow fever, cholera and Ebola, particularly in urban, fragile and post disaster settings.

#### **Other considerations if relevant**

N.A.

### 3.4 Risks and Lessons Learnt

Category	Risks	Likelihood (High/ Medium/ Low)	Impact (High/ Medium/ Low)	Mitigating measures
	<b>Risk 1</b> High transaction costs for countries and partners by having multiple, insufficiently streamlined engagement lines	<b>Medium</b>	<b>Medium</b>	Close coordination among donor and implementing organisations to ensure aligned engagement lines
	<b>Risk 2</b> Duplication of funding and technical assistance	<b>Medium</b>	<b>Medium</b>	Regular coordination between funders and implementing organisations to ensure complimentary funding
	<b>Risk 3</b> Lack of clarity on countries' specific needs, bottlenecks, priorities and funding gaps	<b>Low</b>	<b>Medium</b>	Continuous policy dialogue between government authorities, donors and implementing organisations to ensure clarity and focus on countries' specific policy priorities
	<b>Risk 4</b> Slow administrative processes and high overhead costs to support countries	<b>Low</b>	<b>Medium</b>	Regular and close administration alignment between donors, implementing organisations and government authorities ensuring harmonized administrative processes

#### Lessons Learned

Despite the global shortage of COVID-vaccines no longer posing the biggest challenge to vaccination of people in Africa, vaccination rates in many sub-Saharan African countries remain appallingly low. Several African countries paused or stopped their vaccine rollouts due to safety concerns. Much of this was driven by fears of adverse side effects that were reported in Europe and the United States of America.<sup>2</sup>

The suspension of the use of the AstraZeneca vaccine among younger adults in Europe has also affected the uptake of the vaccine in younger health workers in some African countries. Concerns regarding the safety and efficacy of COVID-19 vaccines, as well as myths and misinformation, are spreading fast on social media. This has added to vaccine hesitancy. Many African countries have only a limited ability to track and report adverse effects following vaccination, as well as investigate serious adverse events and share fact-based information on the benefits and risks among their populations.

Though health workers are readily available in hospitals and primary care facilities, accessibility to health services is limited for vulnerable populations (elderly people and those with conditions that put them at higher risk of COVID-19, particularly in remote areas.

<sup>2</sup> <https://www.afro.who.int/news/risks-and-challenges-africas-covid-19-vaccine-rollout>

Authorities in many African countries did not have full and correct documentation of people's locations, ages and up to date information on which people had existing conditions, or the resources to list them all in advance. For these reasons and to avoid wasting vaccines, a proportion of the doses have been used to vaccinate people not in the highest priority groups in several African countries.

Over one third of African countries have reported disruptions to essential health and immunization services throughout the pandemic and the onset of COVID-19 vaccinations. Two-thirds of these countries reported the reallocation of staff to provide COVID-19 relief as the main driver for the disruptions, but fear of contracting COVID-19 has also led to lower numbers of patients seeking care for other conditions. And, while disruptions to other immunization programmes appear to be decreasing, they still pose a threat. The rollout of COVID-19 vaccines will at least double the burden on essential immunization providers in Africa and requires more cold chain capacity, financing, better organized vaccination road maps and an increased number of trained human resources. Stronger awareness campaigns and increased measures against false information are needed.

### 3.5 The Intervention Logic

The underlying intervention logic for this action is that to ensure quick deployment of funding and to keep certain flexibility, this action will be implemented through a grant to Gavi, the Vaccine Alliance who will provide delivery funding directly to national governments, core partners (WHO, UNICEF) and expanded partners, through its COVID-19 Delivery Support (CDS) strand to respond to specific needs in close coordination with Alliance partners and EU delegations on the ground.

The action will help end the pandemic in selected countries most in need, all of which are in Africa. The action will support one of the key achievements of EU policy, namely, to make available COVID vaccines to these countries by generous contributions to the COVAX Facility in cash (EUR 3.5 billion) and kind (700 million doses shared by Team Europe). It will be crucial that the countries with the most fragile health systems will get additional support to increase vaccination rates and make effective use of the vaccines procured.

This EU contribution of EUR 75 million to COVAX AMC is a new grant to the CDS work strand of Gavi, which will be used for this specific purpose to support rollout from the Neighbourhood, Development, and International Cooperation Instrument – Global Europe. Appropriations will come from the Global Challenges programme for the grant part and the relevant provisioning line of NDICI Global Europe for the budgetary guarantees.

This action will further enforce the collaboration and joint funding of vaccine rollout at country level, including from domestic resources, with a view to establish sustainable delivery mechanisms that can be built on once the pandemic ends in close coordination with all donors in the context of the COVID-19 Vaccine Delivery Partnership.

Gavi will be tasked to provide funding to the selected countries national authorities for this action following an earmarking agreed with the European Commission and implementing the action in close cooperation and coordination with the EU Delegations in the respective countries including involving them in the design and monitoring of the action with respect to its outcomes and outputs.

### 3.6 Logical Framework Matrix

This indicative logframe constitutes the basis for the monitoring, reporting and evaluation of the intervention.

On the basis of this logframe matrix, a more detailed logframe (or several) may be developed at contracting stage. In case baselines and targets are not available for the action, they should be informed for each indicator at signature of the contract(s) linked to this AD, or in the first progress report at the latest. New columns may be added to set intermediary targets (milestones) for the Output and Outcome indicators whenever it is relevant.

- At inception, the first progress report should include the complete logframe (e.g. including baselines/targets).
- Progress reports should provide an updated logframe with current values for each indicator.
- The final report should enclose the logframe with baseline and final values for each indicator.

The indicative logical framework matrix may evolve during the lifetime of the action depending on the different implementation modalities of this action.

The activities, the expected Outputs and related indicators, targets and baselines included in the logframe matrix may be updated during the implementation of the action, no amendment being required to the Financing Decision.

PROJECT MODALITY (3 levels of results / indicators / Source of Data / Assumptions - no activities)

Results	Results chain: Main expected results (maximum 10)	Indicators: (at least one indicator per expected result)	Baselines (values and years)	Targets (values and years)	Sources of data	Assumptions
<b>Impact</b>	Save lives and protect people's health by increasing equitable use of COVID-19 vaccines in selected most under vaccinated countries, especially among the most underserved populations.	COVID-19 related mortality	For each priority country by 1 June 2022 (TBD)	For each priority country by end 2023 (TBD)	WHO/country reports	<i>Not applicable</i>
<b>Outcome 1</b>	1. The key challenges for COVID-19 vaccination rollout have been identified and addressed	1.1. Percentage of total population fully vaccinated with any COVID-19 vaccine product from any source 1.2. Sex disaggregated vaccination rate for total population. 1.3. Percentage of uptake in (a) healthcare workers and (b) Older adult populations <sup>3</sup> ,	1.1 Vaccination rates in each priority country by 1 June 2022 (TBD): 1.2. Vaccination rates by sex, by country by 1 June 2022 (TBD): 1.3 Vaccination rates in each priority group, by country, by 1 June 2022	1.1 Vaccination rates in each priority country by the end 2023 (TBD): - 1.2. Vaccination rates by sex, by country by the end 2023 South Sudan - Sudan - Uganda - 1.3 Vaccination rates in each priority group, by country, by end 2023 (TBD)	UNICEF COVID-19 Vaccine Market Dashboard Data  WHO/UNICEF electronic Joint Reporting Form (eJRF)  WHO Weekly COVID-19 Vaccine Administration Data GAVI /COVAX reports	Stable supply of vaccines
<b>Output 1 relating to Outcome 1</b>	1.1 Support to address specific bottlenecks in each priority country is provided	1.1.1 Total volume of COVID-19 delivery funding disbursed to the priority countries.	1.1.1 0	1.1.1 TBD	1.1.1. GAVI /COVAX reports	
<b>Output 2 relating to Outcome 1</b>	1.2. National vaccination targets defined in respective national plans are helped being reached, especially in high risk population groups	1.2.1 Percentage of achievement of national targets for total vaccinations (by supported country)	1.2.1 Beneficiary countries	1.2.1 80% achievement of national targets	1.2.1 GAVI /COVAX reports	Countries provide national vaccination targets and continue to pursue them.

<b>Output 3</b> relating to Outcome 1	1.3. Vaccine wastage is limited	1.3.1 Estimated percentage of COVAX vaccines used from those available in the WHO AFRO region  1.3.2 Percentage of COVAX vaccines destroyed due to expiration in WHO AFRO region <sup>4</sup>	1.3.1 WHO AFRO  1.3.2 WHO AFRO	1.3.1 WHO AFRO  1.3.2 WHO AFRO	1.3.1. UNICEF COVID-19 Vaccine Market Dashboard Data  Africa CDC dashboard data  1.3.2 GAVI /COVAX reports/National reports	Wastage data continues to be reported.
<b>Outcome 2</b>	2. Increasing national ownership and alignment of support provided with other donors and initiatives	2.1 Number of MoH coordination meetings with participation of action implementers and EUDs (by supported country) <sup>5</sup>	2.1 0	2.1 TBD		
<b>Output 1</b> relating to Outcome 2	2.1 Duplication in funding specific measures at individual country level is avoided and funding is coordinated towards a common plan.	2.1.1 Number of countries supported by this action  2.1.2 Number of external donors supporting coordinated MoH vaccine delivery plan implementation (by supported country)	2.1.1 0  2.1.2 TBD	2.1.1 10  2.1.2 TBD+1 (EU)	UNICEF COVID-19 Vaccine Financial Monitoring Database	UNICEF maintains Vaccine Financial Monitoring Database with country level data

<sup>3</sup> Where data is available for a country, regularity of reporting can be varied across countries.

<sup>4</sup> Dependent on continued WHO AFRO reporting of this data.

<sup>5</sup> Data to be provided to Gavi by EU delegations.

## 4 IMPLEMENTATION ARRANGEMENTS

### 4.1 Financing Agreement

In order to implement this action, it is not envisaged to conclude a financing agreement with the partner countries.

### 4.2 Indicative Implementation Period

The indicative operational implementation period of this action, during which the activities described in section 3 will be carried out and the corresponding contracts and agreements implemented, is 36 months from the date of adoption by the Commission of this Financing Decision. Extensions of the implementation period may be agreed by the Commission's responsible authorising officer by amending this Financing Decision and the relevant contracts and agreements.

### 4.3 Implementation modalities

The Commission will ensure that the EU appropriate rules and procedures for providing financing to third parties are respected, including review procedures, where appropriate, and compliance of the action with EU restrictive measures<sup>6</sup>.

#### 4.3.1 Direct Management (Grants)

**Grant: (direct management) to GAVI the Vaccine Alliance.**

**(a) Purpose of the grant**

The **Specific Objectives (Outcomes)** of this action is to identify and address the key challenges for COVID-19 vaccination rollout, including organisation and coordination of vaccination campaigns, developing/expanding regulatory framework, supporting cold-chain and supply infrastructure management, human resources, and/or addressing challenges with vaccine demand and misinformation, as well as increasing national ownership and alignment of support provided with other donors and initiatives.

**(b) Justification of a direct grant**

Under the responsibility of the Commission's authorising officer responsible, the grant may be awarded without a call for proposals to GAVI, the Vaccine Alliance, which is the legal representative of the COVAX Facility.

Under the responsibility of the Commission's authorising officer responsible, the recourse to an award of a grant without a call for proposals is justified, in accordance with article 195(c) of Regulation (EU) 2018/1046, because the beneficiary is in a situation of a de facto monopoly.

- Gavi has the Office of the COVAX Facility to oversee administration and coordination of the Facility. The COVAX Facility is the central global facility for joint procurement of future vaccines. Gavi is a global health initiative in the immunisation field, which works as a public-private partnership. Gavi has a solid record of accomplishment in the immunisation field, acting at the same time as fundraiser of funding for procurement of new vaccines, shaping the vaccine market, and working with countries to strengthen their immunisation systems. Gavi spends USD 1.5 billion per year on purchasing and delivering regular vaccines to the 73 poorest countries, all of which AMC countries. It provides a unique pooled procurement mechanism to purchase vaccines at lowest prices coupled with providing funding to governments in partner countries to help rollout those vaccines.

<sup>6</sup> [www.sanctionsmap.eu](http://www.sanctionsmap.eu). Please note that the sanctions map is an IT tool for identifying the sanctions regimes. The source of the sanctions stems from legal acts published in the Official Journal (OJ). In case of discrepancy between the published legal acts and the updates on the website it is the OJ version that prevails.

- COVAX is the vaccines pillar of ACT Accelerator, which is co-led by CEPI, Gavi and WHO – working in partnership with developed and developing country vaccine manufacturers, UNICEF, the World Bank, civil society organisations and others. Gavi/COVAX strengthens in-country delivery systems in low-income countries through their COVID-19 Delivery Support (CDS) envelope, which allows providing support directly through partner countries’ Ministries of Health (MoH) and their Expanded Programme of Immunisation (EPI) teams. It is a part of the COVID-19 Vaccine Delivery Partnership (WHO-UNICEF-Gavi).

**(c) Exception to the non-retroactivity of costs**

The Commission authorises that the costs incurred may be recognised as eligible as of 1 May 2022 for the following reason: this grant addresses an extreme and urgent situation due to the COVID-19 pandemic. The costs incurred may be recognised as eligible as of 1 May 2022.

#### 4.4 Scope of geographical eligibility for procurement and grants

The geographical eligibility in terms of place of establishment for participating in grant award procedures and in terms of origin of supplies purchased as established in the basic act and set out in the relevant contractual documents shall apply.

The Commission’s authorising officer responsible may extend the geographical eligibility based on urgency or of unavailability of services in the markets of the countries or territories concerned, or in other duly substantiate cases where application of the eligibility rules would make the realisation of this action impossible or exceedingly difficult (Article 28(10) NDICI-Global Europe Regulation).

#### 4.5 Indicative Budget

<b>Indicative Budget components</b>	<b>EU contribution (Amount in EUR) EUR 75 million</b>
<b>Grants</b> – total envelope under section 4.3.1	EUR 75 million
<b>Evaluation</b> – cf. section 5.2 <b>Audit</b> – cf. section 5.3	will be covered by another Decision
<b>Totals</b>	EUR 75 million

The Emergency Support Instrument (ESI) is expected to provide a further contribution of EUR 300 million to vaccine rollout through the COVID-19 Delivery Support (CDS) of the COVAX Facility. Organisational Set-up and Responsibilities

The COVAX Facility has been established within the COVAX Pillar of the ACT-Accelerator. As Gavi is the legal entity administering the COVAX Facility, the governance arrangements for the Facility build on the Gavi Board and its Committees, with new bodies established to ensure appropriate oversight and agility to support the functioning of the Facility.

Gavi manages the COVAX Facility and organises pledging conferences to raise funds through donations from countries, foundations, wealthy individuals, etc. It administers the necessary contract and fiscal management, turning pledges into cash.

The Office of the COVAX Facility has been established within the Gavi Secretariat to ensure a dedicated team to support the Facility operations. The Office comprises of several dedicated teams: e.g., design and operations; deal making and vaccine portfolio management; country engagement; and finance. The Office will also leverage dedicated, incremental resources within existing Gavi Secretariat teams (e.g., Resource Mobilisation, Legal, Public Policy Engagement, Governance, and other teams).

The COVAX Facility Governance Bodies include: 1) COVAX Shareholders Council (self-financing economies); 2) COVAX AMC Engagement Group (AMC-eligible countries); 3) COVAX AMC Investors Group; 4) COVAX Consensus Group and also, technical groups, such as the Independent Product Group or the Procurement Reference Group.

Gavi will ensure that the respective EU Delegations in the selected countries will be involved from the beginning of the action in the design, and monitoring of the implementation.

The key decisions regarding COVAX operations and financing will remain with the Gavi Board where the EU and the Commission are well represented. The Commission will work through the Gavi Board to ensure the proper operation of COVAX Facility and equitable vaccine distribution in AMC countries. The Commission currently is part of a constituency shared with France, Germany, Ireland, and Luxemburg.

As part of its prerogative of budget implementation and to safeguard the financial interests of the Union, the Commission may participate in the above governance structures set up for governing the implementation of the action.

## 5 PERFORMANCE MEASUREMENT

### 5.1 Monitoring and Reporting

Performance measurement will be based on the intervention logic and the Log frame matrix, including its indicators.

The day-to-day technical and financial monitoring of the implementation of this action will be a continuous process, and part of the implementing partner's responsibilities. To this aim, the implementing partner will leverage existing internal, technical, and financial monitoring to establish a system for monitoring the action and elaborate regular progress reports (not less than annual) and final reports. Every report shall provide an accurate account of implementation of the action, difficulties encountered, changes introduced, as well as the degree of achievement of its results (outputs and direct outcomes) as measured by corresponding indicators, using as reference the Log frame matrix.

Reports shall be laid out in such a way as to allow monitoring of the means envisaged and employed and of the budget details for the action. The final report, narrative and financial, will cover the entire period of the action implementation.

The Commission may undertake additional project monitoring visits both through its own staff and through independent consultants recruited directly by the Commission for independent monitoring reviews (or recruited by the responsible agent contracted by the Commission for implementing such reviews).

### 5.2 Evaluation

Having regard to the nature of the action, a final evaluation will not be carried out for this action or its components.

The Commission may, during implementation, decide to undertake such an evaluation for duly justified reasons either on its own decision or on the initiative of the partner.

The evaluation reports may be shared with the partner country and other key stakeholders following the best practice of evaluation dissemination<sup>7</sup>. The implementing partner and the Commission shall analyse the conclusions and recommendations of the evaluations and, where appropriate, apply the necessary adjustments.

Without prejudice to the obligations applicable to contracts concluded for the implementation of this action, the Commission may, based on a risk assessment, contract independent audits or expenditure verification assignments for one or several contracts or agreements.

The financing of the evaluation shall be covered by another measure constituting a financing decision.

### 5.3 Audit and Verifications

Without prejudice to the obligations applicable to contracts concluded for the implementation of this action, the Commission may, based on a risk assessment, contract independent audits or expenditure verification assignments for one or several contracts or agreements.

The financing of the audit shall be covered by another measure constituting a financing decision.

## 6 STRATEGIC COMMUNICATION AND PUBLIC DIPLOMACY

The 2021-2027 programming cycle has adopted a new approach to pooling, programming and deploying strategic communication and public diplomacy resources.

Action documents for specific sector programmes are no longer required to include a provision for communication and visibility actions promoting the programmes concerned.

However, in line with Article 46 and subject to Article 47 of the NDICI Regulation, all entities implementing EU-funded external actions shall take all reasonable measures to publicise the European Union support. This obligation will continue to apply equally, regardless of whether the actions concerned are implemented by the Commission, partner countries, service providers, grant beneficiaries or entrusted or delegated entities such as UN agencies, international financial institutions and agencies of EU member states.

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<sup>7</sup> See best [practice of evaluation dissemination](#)

## Appendix - REPORTING IN OPSYS

An Intervention (also generally called project/programme) is the operational entity associated to a coherent set of activities and results structured in a logical framework aiming at delivering development change or progress. Interventions are the most effective (hence optimal) entities for the operational follow-up by the Commission of its external development operations. As such, Interventions constitute the base unit for managing operational implementations, assessing performance, monitoring, evaluation, internal and external communication, reporting and aggregation.

Primary Interventions are those contracts or groups of contracts bearing reportable results and respecting the following business rule: ‘a given contract can only contribute to one primary intervention and not more than one’. An individual contract that does not produce direct reportable results and cannot be logically grouped with other result reportable contracts is considered a ‘support entities. The addition of all primary interventions and support entities is equivalent to the full development portfolio of the Institution.

The present Action identifies as

<b>Action level</b>		
<input checked="" type="checkbox"/>	Single action	Present action: all contracts in the present action
<b>Group of actions level</b>		
<input type="checkbox"/>	Group of actions	Actions reference (CRIS#/OPSYS#):
<b>Contract level</b>		
<input checked="" type="checkbox"/>	Single Contract 1	Direct Grant to Gavi the Vaccine Alliance