

## Gavi Alliance Board Meeting

7-8 December 2022

Hilton Geneva Hotel and Conference Centre, Geneva, Switzerland

### 1. Chair's report

- 1.1 Noting that the meeting had been duly convened and finding a quorum of members present, the meeting commenced at 09.05 Geneva time on 7 December 2022. Prof José Manuel Barroso, Board Chair, chaired the meeting.
- 1.2 The Chair welcomed Deena Shiff, attending for the first time as a new Unaffiliated Board Member. He also welcomed Kenneth Lay, IFFIm Board Chair, and other directors of the IFFIm Board as well as David Sidwell, in his capacity as member of the CEO Recruitment Search Committee.
- 1.3 He recognised two recent achievements of the CEO, firstly Dr Berkley's appointment as a member of the US National Academy of Medicine and the honorary degree bestowed on him by Makerere University in Uganda. He also noted the award of the 2021 North-South prize of the Council of Europe to COVAX.
- 1.4 The Chair presented a short summary of the All Chairs Group (ACG) meeting held on 6 December 2022 during which the ACG had discussed the Board agenda as well as outcomes of recent Board Committee meetings. He highlighted the importance of the work by the Committees in bringing forward recommendations to the Board and reminded Board members that they are welcome to attend Committee meetings as observers.
- 1.5 He noted that the closed session of the Board held on the previous day had included an update on the CEO search process, the annual human resources update, and an update on COVAX. He also noted that during that session, he had stepped out to enable the Board to consider his reappointment, adding that he was humbled and honoured to be reappointed and to continue his service to the Board.
- 1.6 The Chair reported on the panel he had facilitated on 6 December 2022 which had discussed the global geopolitical, macroeconomic and financial context and the implications of these uncertainties for health, and for Gavi. Attendees heard how geopolitical frictions across multiple concurrent crises are affecting global consensus and cooperation and driving greater complexity in Gavi's operating environment. He noted the economic downturn would have budgetary implications for both donor and supported countries.
- 1.7 Noting that the unfolding path of the COVID-19 pandemic remains uncertain, the Chair commended the achievements of the AMC countries in delivering 4 billion vaccine doses as unprecedented, and evidence of the Alliance's pivotal role. He underscored the importance of reflecting on the number of lives saved

during this extraordinary period and reiterated Gavi's core mission as being essential to saving lives and building global resilience.

- 1.8 He stressed the importance of collective collaboration between Alliance partners in creating a lasting impact at this particularly fragile point in time. He acknowledged the Alliance as already central to the global health architecture, noting that vaccines are a powerful tool in addressing threats to global health.
- 1.9 Standing declarations of interest were tabled to the Board (Doc 01a in the Board pack).
- 1.10 The Board noted its minutes from 22-23 June 2022 (Doc 01b) which were approved by no objection on 1 December 2022.
- 1.11 The Chair expressed appreciation for comments from the Civil Society Organisations (CSO) constituency, on the agenda items received in advance of the meeting through the discussion board on *BoardEffect*. He urged Board members to continue to make use of the *BoardEffect* platform to aid effective preparation and support Gavi's inclusive, partnership-based Alliance.
- 1.12 He referred to the consent agenda (Doc 01d) where ten recommendations were presented for consideration. No requests had been received to place any of the consent agenda items on the main agenda. At the request of the Chair, Brenda Killen, Director, Governance and Secretary to the Board presented the consent agenda decisions.
- 1.13 The Chair noted the Board workplan (Doc 01e) that guides the Board on activities towards fulfilling its mandate.
- 1.14 The Chair expressed strong appreciation for the Secretariat's efforts in presenting clear and concise papers to the Board.
- 1.15 Finally, the Chair voiced concern and disappointment following the news that Board papers had been leaked to the press ahead of the meeting. He reminded Board members of their duty of loyalty to Gavi and requirement to act in the best interests of the organisation. He noted that he had asked the Chair of the Governance Committee and the Secretariat to seek ways to improve document security and potentially limit document access, although noting such a restriction might present difficulties for the diverse and widely spread Board.

## **Decision 1**

The Gavi Alliance Board:

- a) **Reappointed José Manuel Barroso** as an Unaffiliated Board member through to 31 December 2025; and

- b) **Reappointed José Manuel Barroso** as Board Chair, with individual signatory authority on behalf of the Gavi Alliance, for a second term through to 31 December 2025.

*José Manuel Barroso recused himself and did not participate in Decision 1 above.*

## **Decision 2**

The Gavi Alliance Board:

**Appointed Yibing Wu** as Chair of the Investment Committee effective 1 January 2023 and until 31 December 2023.

*Yibing Wu recused himself and did not participate in Decision 2 above.*

## **Decision 3**

The Gavi Alliance Board:

- a) **Appointed** the following Board Members:

- **Mphu Ramatlapeng** as an Unaffiliated Board Member in the seat currently held by Margaret (Peggy) Hamburg, effective 1 January 2023 and until 31 December 2025;
- **Gabriella Fésüs** as Board Member representing the European Commission on the donor constituency cluster anchored by Germany in the seat currently held by Bernhard Braune of Germany, effective 1 January 2023 and until 31 December 2023;
- **Saad Omer** as Board Member representing the research & technical health institutes constituency in the seat currently held by Marta Nunes, effective 1 January 2023 and until 31 December 2023.
- **Andrew (Drew) Otoo** as Board Member representing the vaccine industry industrialised countries in the seat currently held by Roger Connor, effective 1 January 2023 and until 31 December 2025.

- b) **Reappointed** the following Board Member:

- **John Arne Røttingen** as Board Member representing Norway on the donor constituency cluster anchored by Norway, effective 1 January 2023 and until 31 December 2023.

- c) **Appointed** the following Alternate Board Members:

- **Jérémie Forrat-Jaime** as Alternate Board Member to Gabriella Fésüs representing France on the donor constituency cluster anchored by Germany

in the seat currently held by Gabriella Fésüs of the European Commission, effective 1 January 2023 and until 31 December 2023.

- **Rhoda Wanyenze** as Alternate Board Member to Saad Omer representing the research & technical health institutes constituency in the seat currently held by Saad Omer, effective 1 January 2023 and until 31 December 2025.
- **Joan Benson** as Alternate Board Member to Drew Otoo representing the vaccine industry industrialised countries constituency in the seat currently held by An Vermeersch, effective 1 January 2023 and until 31 December 2025.

d) **Reappointed** the following Alternate Board Members:

- **Francesca Manno** as Alternate Board member to Takeshi Akahori representing Italy on the donor constituency cluster anchored by Japan, effective 1 January 2023 and until 31 December 2023.
- **Joris Jurriëns** as Alternate Board member to John Arne Røttingen representing the Netherlands on the donor constituency cluster anchored by Norway, effective 1 January 2023 and until 31 December 2023.

e) **Reappointed** the following to the Market-Sensitive Decisions Committee effective 1 January 2023:

- **José Manuel Barroso** (Board Chair) until 31 December 2023
- **Gabriella Fésüs** (Board Member) until 31 December 2023

f) **Appointed** the following to the Governance Committee effective 1 January 2023:

- **Deena Shiff** (Board Member) until 31 December 2023
- **Joan Benson** (Alternate Board Member) until 31 July 2023
- **Jérémie Forrat-Jaime** (Alternate Board Member) until 31 December 2023

g) **Reappointed** the following to the Governance Committee effective 1 January 2023:

- **John-Arne Røttingen** (Board Member) until 31 December 2023

h) **Reappointed** the following to the Audit and Finance Committee effective 1 January 2023:

- **Joshua Tabah** (Alternate Board Member) until 31 December 2023

i) **Appointed** the following to the Programme and Policy Committee effective 1 January 2023:

- **Beth Arthy** (Board Member) until 31 December 2023
  - **Adrien de Chaisemartin** (Committee Delegate) until 31 December 2023
  - **Hanna Nohynek** (Independent Expert) until 31 December 2023
- j) **Reappointed** the following to the Programme and Policy Committee effective 1 January 2023:
- **Bernhard Braune** (Committee Delegate) until 31 December 2022.

*Board members who were candidates for these positions, or whose organisations or constituencies provided candidates for these positions, did not participate in voting on these appointments.*

#### **Decision 4**

The Gavi Alliance Board:

**Appointed** as new IRC members the individuals listed in the Annex A to Doc 01d, effective immediately until 31 March 2026.

#### **Decision 5**

The Gavi Alliance Board:

**Amended** Section 25.1 of the Board and Board Committee Operating Procedures to read as follows:

Appointment and term: The CEO shall be selected by the Board based on merit, in a non-political, open and competitive manner. The CEO shall be appointed to renewable terms of **three** year.

#### **Decision 6**

The Gavi Alliance Board:

- a) **Dissolved** the COVAX Shareholders Council with effect on 31 December 2022;
- b) **Dissolved** the COVAX Consensus Group with effect on 31 December 2022;
- c) **Approved** the amendments to the Terms of Reference of the COVAX AMC Engagement Group as set out in Annex B to Doc 01d;
- d) **Approved** the amendments to the Market-Sensitive Decisions Committee Charter as set out in Annex C to Doc 01d; and

- e) **Extended** the term of the COVID-19 Vaccination Delivery Support Temporary Steering Committee to 30 April 2023.

### **Decision 7**

The Gavi Alliance Board:

**Approved** an Assessment Framework exemption to allow funding for CEPI's non-COVID-19 programmes. This exemption shall be applicable only to the transactions related to a single Australian grant (not exceeding AUD 50 million) and a single Spanish grant (not exceeding EUR 75 million) intended for CEPI's support.

*Takashi Akahori (Japan/Italy/Spain/New Zealand) and Atul Gawande (United States/Australia/Korea (Rep. of)) recused themselves and did not vote on Decision 7 above.*

### **Decision 8**

The Gavi Alliance Board:

- a) **Reappointed** Deloitte SA as the independent auditor of Gavi for the 5-year term from 2023 to 2027; and
- b) **Reappointed** Deloitte Tax LLP as external tax consultant for Gavi for the 5-year term from 2023 to 2027.

### **Decision 9**

The Gavi Alliance Board:

**Approved** the amended Audit and Investigations Terms of Reference attached as Annex D to Doc 01d.

### **Decision 10**

The Gavi Alliance Board:

**Approved** continuation of the IPV support approach approved in 2019, namely that countries are exempt from Gavi eligibility and co-financing policies, until polio eradication and the withdrawal of bOPV from routine immunisation schedules.

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## **2. CEO's Report and Strategy, Programmes and Partnerships: Progress, Risks and Challenges**

- 2.1 Seth Berkley, CEO, outlined a number of key areas from his report (Doc 02), also highlighting the recent Council of Europe's 2021 North-South Prize to

COVAX in recognition of protecting public health during the COVID-19 pandemic.

- 2.2 He described the recent policy engagement in relation to pandemic preparedness and response (PPR), both at the Group of Seven (G7) and Group of Twenty (G20) and highlighted the significance of Gavi's role in PPR and restoring routine immunisation. He noted that following the launch at the G20 of The Pandemic Fund, Gavi had received special accreditation as implementing entity and explained that Gavi intends to work closely with the process, observe any overlaps and continue focus on pandemic preparedness.
- 2.3 Dr Berkley outlined the increased global challenges and complexities, including climate-related emergencies, as underscoring the need for readily accessed response instruments. He noted that for Gavi, the profound global challenges required flexibility and through Gavi 5.1, a refocus on preventing backsliding, catching up on missed children and accelerating efforts to reach zero-dose children.
- 2.4 He drew attention to the Alliance partners' significant contribution to PPR and expressed support for building on COVID-19 pandemic learnings, particularly in relation to Pandemic Vaccine Pool (PVP) and future contingent funding.
- 2.5 Dr Berkley referred to the discussions at the PPC meeting in October 2022 regarding the four vaccines under the Vaccine Investment Strategy (VIS) 2018, which had been paused by the Board during 2020. Noting the strong interest and advocacy from external communities on these vaccines, the PPC requested that next steps as to whether to un-pause, pause or reassess (as part of VIS 2024) be discussed at its meeting in May 2023.
- 2.6 He outlined the mixed performance of the 2021 strategy indicators against Gavi 5.0 targets, and whilst the WHO/UNICEF Estimates of National Immunization Coverage (WUENIC) data confirmed disruption to routine immunisation and increase number of zero-dose children, encouraging signs of recovery were beginning to emerge.
- 2.7 Despite disruptions, Dr Berkley emphasised the achievements of the Gavi57 countries with more than 65 million children immunised through routine immunisation programmes, resulting in the extraordinary achievement of immunising more than 1 billion children since 2000.
- 2.8 In relation to co-financing, he noted the number of countries having paid their obligations had increased from 72% (October 2021) to 93% (October 2022) resulting in a record-setting co-financing year of US\$ 161 million. Dr Berkley indicated that full waivers had been extended to two countries. Health System Strengthening (HSS) investment, effective vaccine management and institutional capacity scores continued to improve.



- 2.9 Notwithstanding country absorption challenges, Dr Berkley noted that county cash balances and spending had increased in areas such as HSS, and countries had utilised available COVID-19 Delivery Support (CDS) funding. He commented on the third application window for CDS (launched in July 2022) as having an additional allocation of US\$ 667 million, and noted the key objectives, namely reaching high-risk populations, achieving coverage targets and integrating COVID-19 immunisation into routine immunisation.
- 2.10 Dr Berkley highlighted the ongoing public health emergencies, particularly in relation to polio outbreaks and was encouraged by the US\$ 2.6 billion pledging towards the Global Polio Eradication Initiative (GPEI) at the recent World Health Summit in Berlin.
- 2.11 Dr Berkley outlined the key achievements of COVAX, particularly the substantial donor support with more than US\$ 890 million CDS funding committed or disbursed and 52% of AMC92 countries had received primary series coverage. He described the current demand scenario and projections and confirmed sufficient funding flexibility. He underscored COVID-19 pandemic vaccine support as continuing in response to demand.
- 2.12 He highlighted Gavi's monitoring and analysis on a number of disease outbreaks, including Mpox, cholera, Ebola and measles. Dr Berkley drew attention to the vaccine scarcity in relation to the different Ebola strains and noting the three candidate vaccines currently under trial, Gavi was working alongside partners with a view to potential stockpiles following evidence of trial vaccine efficacy. In relation to the measles outbreak, he reiterated that reaching zero-dose children as key to controlling such outbreaks.
- 2.13 Dr Berkley provided updates on the Gavi Secretariats and noted new Gavi appointments. In relation to Alliance Health, he noted that an Alliance Health Survey and Partners' Meeting was scheduled for 2023, and that trust between Alliance partners remains a priority.
- 2.14 Dr Berkley outlined his five main objectives for the forthcoming eight months namely supporting countries to end backsliding in immunisation coverage; stopping outbreaks; introducing new vaccines; applying learnings from COVID-19, COVAX & Ebola response to new outbreaks; and ensuring the strongest possible Board, Secretariat and Vaccine Alliance to welcome the new CEO.
- 2.15 Finally, Dr Berkley reflected on his recent visit to Uganda and the encouraging increase in DTP3 immunisation from 21% to approximately 91% over the past 30 years, alongside an enhanced public health workforce, as a noteworthy reminder of the significance and importance of the Alliance partners' work.



### *Discussion*

- Board members welcomed the CEO report and indicated support for the CEO's objectives as articulated.
- Appreciating the work done in reaching zero-dose children, several Board members encouraged continued focus, continued efforts in streamlining processes and employing flexibilities where needed, noting that HSS investment is crucial in preventing backsliding and facilitating additional capacity in the supply of life-saving vaccines.
- One Board member representing an implementing country echoed the need for HSS investments and flexibilities and drew attention to the continuing fragile situation within the Sahel region impacting large numbers of displaced populations, particularly women, where immunisation progress is encumbered and particularly fragile.
- Noting the current outbreaks of vaccine-preventable diseases, Board members echoed and underscored the importance of reaching zero-dose children in efforts to bringing outbreaks under control. In relation to the Ebola outbreak, Board members also encouraged Gavi's continued engagement in the current vaccine trials and the utilisation and repurposing of vaccine stockpiles for maximum impact. Dr Berkley mentioned that discussions with Alliance partners and the Coalition for Epidemic Preparedness Innovations (CEPI) would explore the most impactful engagement.
- Several Board members expressed concern on the reported cholera outbreaks. Dr Berkley explained the ongoing work with designated vaccine suppliers in understanding and preparing for supply, whilst aware of new vaccine suppliers coming to market. He confirmed the availability of doses, which were being managed with care.
- In relation to vaccine-related disinformation, Board members urged the Secretariat not to underestimate this and to consider strategies in addressing and building trust. Dr Berkley acknowledged the challenges, particularly in light of politicisation, and noted that new tools were being explored to mitigate disinformation.
- In relation to comments by several Board members to encourage countries to revitalise their cross-border engagement, Dr Berkley noted this as important and highlighted the current Zero-Dose Immunisation Programme (ZIP) as focused on cross-border engagement.
- Noting the VIS 2018 vaccine discussions at the upcoming PPC meeting in May 2023, one Board member highlighted the importance of supporting countries when making decisions on antigens which are of most priority. Noting country interest and priorities, several Board members encouraged the roll out of

hepatitis B (Hep B) birth dose. Dr Berkley acknowledged the complexities in launching a programme in an already stretched health system environment.

- Noting donor support for The Pandemic Fund, one Board member was interested to learn more of Gavi's strategy as an implementing entity. Dr Berkley explained that Gavi is seeking ways to ensure effective engagement and clarified that Gavi would primarily fund activities within its remit.
- Several Board members recognised that this is a moment of doubling down on reaching zero-dose children, testing adolescent reach through the HPV relaunch, and over time, potentially moving towards adult vaccines. They noted that strategic choices might be needed and encouraged discussions at the upcoming Board retreat in March 2023 on potential trade-offs. Board members underlined that during such discussions, country voices remain in the forefront. Dr Berkley acknowledged the challenges in trade-offs, especially moving towards Gavi 6.0.
- In relation to CSO engagement, several Board members noted this as complementary particularly given the ability of CSOs to access areas not necessarily served by government health systems
- Board members expressed concern on health worker fatigue and suggested Alliance partners remain attentive to issues faced by health workers.

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### 3. Country Programmes

- 3.1 Thabani Maphosa, Managing Director, Country Programmes provided an update on the areas of work within his remit. He outlined the Gavi country segment distinctives and the percentage of zero-dose children in these segments. He referred to the WUENIC 2021 results indicating a mix of resilience and backsliding, and highlighted drivers of success, and of declining immunisation coverage.
- 3.2 Mr Maphosa highlighted country examples including Pakistan, Mozambique, Chad, Myanmar, and noted that countries continue to deal with competing priorities.
- 3.3 He referred to the volume of work undertaken by countries through multiple funding levers and highlighted the Leadership Management Capacity (LMC) support. He briefly touched on funding support to the Advance Market Commitment (AMC) countries and underlined the augmented partner capacity support through the Targeted Country Assistance (TCA) and COVAX Technical Assistance (TA). He reported on country travel and the innovative ways to engage with countries that are hard to access.

- 3.4 He updated the Board on Routine Immunisation (RI), zero-dose children and COVID-19 in Gavi countries per country segment. He touched on challenges faced by countries in accelerated transition phase and outlined the tailored support for Middle-Income Countries (MICs) and the support extended to fragile MICs.
- 3.5 He provided a brief overview on the Health Systems and Immunisation Strengthening (HSIS) disbursements, highlighting absorption challenges driven by a few countries primarily in High-Impact and Core countries.
- 3.6 He reported on the Zero-Dose Immunisation Programme (ZIP) and referred to applications from all three Malaria Vaccine Implementation Programme (MVIP) countries, highlighting the focus on demand, communities and gender.
- 3.7 Mr Maphosa concluded by briefing the Board on a new Secretariat-wide initiative to transform Gavi's end-to-end grant management processes to countries and partners (EVOLVE) and noted that looking ahead the country segmenting will enable sharpened focus on processes, partnerships and priorities.

#### *Discussion*

- The Board thanked the Secretariat and underlined the importance of leveraging partners on the ground to help advance the Alliance's work, particularly in countries that are hard to reach.
- The Board welcomed the 2023 planned technical briefing on HSIS and invited the Secretariat to provide an update on related indicators, if possible during the March 2023 Board retreat.
- One Board member underlined the importance of leveraging hexavalent vaccines to advance polio immunisation and to simplify immunisation activities in general.
- Several Board members highlighted the importance of reassessing the funding and application processes to expedite work with countries. Similarly, the Board highlighted the country management capacity risks, and the difficult operating contexts in the backdrop of fiscal constraints and other challenges. Focusing on health work force and mapping needs to respond to country challenges were highlighted in this regard. The Secretariat was invited to consider conducting a deep dive on country planning in 2023.
- In response to a related comment, the Secretariat explained that the Full Portfolio Planning (FPP) processes had already been streamlined and that efforts to shorten timelines continue. It was highlighted that countries expressed the need for the Secretariat to align with countries' pace and capacities.

- The Secretariat reiterated that advancing the work of the Equity Accelerator Fund (EAF) is high on its priorities. The country teams have planned to separate the EAF from the FPP process, where applicable, so as not to delay EAF plans. Regarding the importance of aligning the FPP, EAF and joint appraisals, the Secretariat confirmed that the FPP is anchored in the National Immunisation Plans (NIS) and country priorities.
- With reference to improving measles campaigns, the Secretariat underscored the complexity of this issue and highlighted ongoing discussions with partners on strengthening response and improving the quality and timelines of these campaigns. Improving quality of plans did not necessary yield improvement in execution and coverage in some countries, which calls for more efforts to reach zero-dose children.
- The Secretariat noted the Board's call to adopt a zero-tolerance approach to vaccine stockouts and confirmed that the High-Level Review Panel (HLRP) have prioritised the allocation of more vaccines in 2023 to prevent stock outs, recognising the number of missed children.
- The Board commended leveraging the Fragilities, Emergencies and Displaced Population Policy in countries such as Pakistan and highlighted the need to reach zero-dose children particularly in non-government-controlled, cross-border, as well as urban areas in fragile countries.
- The Secretariat noted the importance of advancing the work on the Civil Society Organisations (CSO) engagement framework.
- The Secretariat acknowledged the importance of building on lessons learned from COVAX. A dedicated session with the Alliance partners will be organised in 2023 to ensure leveraging COVAX legacy.
- The Secretariat noted the Board's reflections on country management capacity and underlined the importance of addressing this risk through collective efforts at the community and partners' level. Related discussions are ongoing with the World Bank and with the Global Fund in this regard. In in reference to the leadership management and coordination, the Secretariat referred to broader inter-agency collaboration including with the Global Fund and USAID on issues related to supply chain.

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#### 4. Finance

##### a) Financial Update, including forecast

##### b) Partners' Engagement Framework and Secretariat Budget

- 4.1 David Marlow, Chief Operating Officer, provided introductory remarks and highlighted that US\$ 183 million is available for future investments in the Gavi 5.0 (2021-2025) financial forecast. He noted that both funding for the HPV relaunch and updates to the Co-financing, Eligibility and Transition policies are reflected in the forecast, and these matters will be presented to the Board for decision under Agenda Items 7 and 11, respectively. He further noted that there are uncertainties incorporated in the forecasting exercise and the financial forecast will be adjusted as more information becomes available.
- 4.2 In relation to COVAX, he reported that renegotiations of Advance Purchase Agreements have led to US\$ 1.9 billion in available resources. He further reported that the Secretariat 2023-2024 budget remains within the Board-approved forecast. He explained that the Secretariat budget for 2023-2024 takes into consideration rephased underspend from 2021-2022 and a surge in catch-up activities.
- 4.3 Mr Marlow outlined an Operational Excellence framework for 2023 which will consider Secretariat capacity and result in the development of a holistic workforce plan to ensure Secretariat resource needs are met and there is an end-to-end process effectiveness review conducted across all functions. He noted that the costs of specific operational effectiveness initiatives are included in the budget but the benefits are not yet quantified or reflected in the forecast and budget. He further noted the Operational Excellence framework includes an Enterprise Project Management Office and five components which call for the Secretariat to Innovate, Integrate, Improve, Invigorate and Inform.
- 4.4 Assietou Diouf, Managing Director, Finance & Operations presented the updated Gavi Financial Forecast for 2021-2025 (Doc 04a) summarising key changes since the forecast was last presented to the Board at its 22-23 June 2022 meeting. She reported lowered forecast expenditures by US\$ 317 million primarily due to challenges with country absorption rates of cash disbursed by Gavi and additional investments toward the HPV relaunch. She further reported lowered qualifying resources by US\$ 301 million primarily due to negative foreign exchange rate impacts.
- 4.5 She presented the COVAX AMC (2021-2023) financial forecast noting that subject to the COVAX AMC Investors Group's approval, US\$ 2.7 billion is available in the Pandemic Vaccine Pool (PVP).
- 4.6 Ms Diouf presented the Secretariat Budget (Doc 04b) noting programme activities delayed in 202-2022 are proposed for delivery in 2023-2024. She highlighted key drivers of 2023-2024 budget variances include workforce costs, special projects and built-in financial flexibilities.

- 4.7 She presented the COVAX Budget for 2023-2024 noting the budget reflects a progressive phasing down of activity in line with the Board's recommendation to reduce COVAX resources and activities in response to a new phase of the pandemic. She highlighted uncertainties which may impact the budget including uncertainty of future vaccine demand, finalisation of Advance Purchase Agreement negotiations, and Self-Financing Participant close-outs.
- 4.8 Finally, Ms Diouf commented on financial market volatility and related risks and opportunities in the operating environment, noting the forecast and budget were prepared based on the best information available to the Secretariat.
- 4.9 Naguib Kheraj, Chair of the Audit and Finance Committee (AFC), concluded the presentation by commenting that while there are many uncertainties in the budget and forecast, the AFC noted the budget variance from the 2022 budget is not material, the ratio of spending is in line with historical levels and resources are available for the forecasted expenditures in the current strategic period. He further noted that the AFC expects the Secretariat to present its updated forecast and budget next year with greater clarity on underlying assumptions.

#### *Discussion*

- One Board member enquired about foreign exchange risk management to which the AFC Chair responded that a currency hedging policy is in place. He explained that given the current financial market volatility, work is underway to update the policy and the AFC is working with the Secretariat to leverage different currency hedging strategies to reduce and actively manage foreign exchange risks within Gavi's risk appetite.
- In response to a question about using natural hedging as a risk mitigation strategy, the Secretariat confirmed it applies natural hedging as much as possible but there is limited capacity to do so in the current financial environment.
- The Board expressed strong support for the Operational Excellence framework and conducting a review of Secretariat capabilities. The Board suggested looking at the capabilities of Alliance partners as well and asked that the Secretariat share its workforce planning with the AFC and Governance Committee in Q2 2023 to allow these committees to provide strategic oversight of workforce planning together.
- Several Board members expressed uneasiness about approving a budget that is conditioned on programmatic assumptions not yet approved by the Board. The Board encouraged sharing information with the AFC and Board early to facilitate timely decision-making in 2023.
- In response to several questions about lowered forecast expenditure due to lower country absorption rates, the Secretariat responded that periods of



lockdown created an unprecedented situation of disruption in Gavi-supported countries. It was noted that country absorption rates are increasing and the Secretariat will continue to engage with countries on supporting routine vaccination backsliding recovery.

- The Secretariat underlined that it will continue to work with the AFC and PPC Chairs on aligning financial and programmatic guidance.
- In response to a question about investment income in the Gavi 5.0 financial forecast, the Secretariat responded that given the expected investment return of the long-term portfolio in 2022, the annual assumption of US\$ 25 million in investment income has been removed from the updated forecast. It was further noted that the Secretariat will work with the AFC in 2023 to determine how best to consider investment income in the forecasting process.

### **Decision 11**

The Gavi Alliance Board:

- a) **Noted** that the Audit and Finance Committee reviewed the financial implications of the recommendations made by the Programme and Policy Committee and concluded that these recommendations could be approved by the Gavi Alliance Board in accordance with the Programme Funding Policy;
- b) **Approved** the updated Financial Forecast for the Gavi 5.0 (2021-2025) Strategic Period of Qualifying Resources of US\$ 10.4 billion and Forecast Expenditure of US\$ 10.2 billion;
- c) **Approved** the updated Financial Forecast for COVAX AMC (2020-2023) of Qualifying Resources of US\$ 12.5 billion and Forecast Expenditure of US\$ 12.5 billion (made up of US\$ 10.7 billion base expenditure and US\$ 1.8 billion pandemic vaccine pool); and
- d) **Approved** the illustrative Financial Forecast for the Gavi 6.0 (2026-2030) Strategic Period of Qualifying Resources of US\$ 8.8 billion and Forecast Expenditure of US\$ 8.5 billion, noting that only existing programmes have been forecast and the forecast has been prepared to enable the Secretariat to allot funding to these programmes in accordance with the Programme Funding Policy and does not prejudice future donor contributions or future investment decisions.

### **Decision 12**

The Gavi Alliance Board:

- a) **Approved** US\$ 149.8 million in 2023 and US\$ 152.8 million in 2024 for Secretariat Resources excluding COVAX.



- b) **Approved** US\$ 1.0 million in 2023 and US\$ 1.0 million in 2024 for capital expenditure budgets.
- c) **Approved** the COVAX Operating budget of US\$ 43 million in 2023;
- d) **Approved** the Gavi 5.1 Operating budget for the additional targeted priorities related to the pandemic of US\$ 27.7 million in 2024 noting these additional priorities are subject to Board approval of the Gavi 5.1 strategy and contingent on funding being made available.
- e) **Approved** US\$ 73.9 million in 2023 and US\$ 73.1 million in 2024 for the Partners' Engagement Framework budget including;
  - i. US\$ 5.2 million in 2023 for COVAX procurement fees;
  - ii. Continuation of US\$ 2 million complexity fee relating to UNICEF procurement of Gavi 5.0 vaccines during the pandemic for both 2023 and 2024;
  - iii. US\$ 2.4 million in 2024 for procurement fees for the additional targeted priorities related to the pandemic.
- f) **Requested** that the Secretariat prepare a report on Secretariat workforce planning, including COVAX integration, for Governance Committee and Audit and Finance Committee review during Q2 2023.

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## 5. Risk and Assurance Report

- 5.1 Naguib Kheraj, Chair of the AFC, provided some introductory remarks. He noted that the AFC had discussed the Risk and Assurance report and recommended it to the Board for approval.
- 5.2 Jacob Van der Blij, Head, Risk, presented the Risk and Assurance report (Doc 05). He highlighted the uncertain contexts at the global level noting that Gavi continues to operate with a high-risk appetite, underpinned by a robust risk management. He reported that Gavi's risk profile has changed and outlined the 18 top risks. Finally, he underlined that most risks fall within Gavi's risk appetite except for the country management capacity, which requires intensive mitigation efforts.

### *Discussion*

- The Board commended the work of the Risk team and welcomed the Risk and Assurance report.
- The Board underscored the importance of addressing country management capacity risk, and highlighted the following considerations:

- Addressing this risk and enhancing country capacities is critical for reaching zero-dose children, achieving RI targets and ensuring sustainability and transition;
  - The deep dive on HSIS envisaged in 2023 could include a discussion on current mitigation measures and building capacities through new initiatives;
  - The need for careful consideration of mitigation measures to avoid unintended negative outcomes.
- The Secretariat noted the Board's concerns on the country management capacity risk and clarified that being outside of Gavi's risk appetite requires strengthening efforts to bring down the level of risk. The COVID-19 pandemic has exacerbated this risk and elevated it outside of Gavi's risk appetite. As the recovery from the pandemic continues, it would be important for the Board to reflect and rethink this risk moving forward.
  - Regarding sustainable transition, the Board highlighted fiscal challenges at country level as a key risk, particularly if political will is not leveraged to prioritise health. The Secretariat was encouraged to reflect on country contexts and to collaborate with health stakeholders to generate impact for health.
  - Several Board members underlined the importance of continued close collaboration with national stakeholders, particularly the CSOs to understand and address demand bottlenecks.
  - One Board member highlighted that partner capacity should be flagged as an increasing risk.
  - In relation to vaccine demand, one Board member noted that access to vaccines remains a key challenge underlining the importance of distinguishing between demand for COVID-19 vaccine and the demand for other antigens.
  - Several Board members highlighted vaccine supply risks. While global supply shortages are not fungible across all vaccine products, it would be important to pay attention to this risk and keep country decision making on vaccine choice as a priority.
  - In relation to COVAX, the Board encouraged the Secretariat to consider risks associated with financing and to focus on reputational risks and dose wastage which require reporting to the AFC.
  - Several Board members highlighted that the risk management function is critical in the current uncertain environment, which calls for enhancing the Secretariat capacity and health, including the Risk team.

### **Decision 13**

The Gavi Alliance Board:

**Approved** the Risk & Assurance Report 2022 attached as Annex A to Doc 05.

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### **6. Gavi 5.1 (*including Pandemic Preparedness and Response*)**

- 6.1 Aurélia Nguyen, Chief Programme Strategy Officer and Johannes Ahrendts, Director, Strategy, Funding & Performance provided an overview on the Gavi 5.1 process and outlined Gavi's proposed targeted additional role in pandemic preparedness and response (PPR) (Doc 06).
- 6.2 Dr Ahrendts described Gavi 5.1 as an evolution of Gavi 5.0 serving as a bridge to Gavi 6.0. He noted the highly consultative approach used to inform the updates to Gavi 5.0, and outlined the proposed amendments to the strategic goals and objectives. He recognised the competing priorities within countries and outlined the importance of Gavi supporting countries in addressing their priorities.
- 6.3 Ms Nguyen explained PPR as cutting across all the strategic goals and noted the Alliance as being a significant contributor. She provided an overview of the four priority areas for Gavi's expanded role in PPR, culminating in the need to build a cohesive Alliance-wide plan to improving critical path capabilities.
- 6.4 Finally, Dr Ahrendts highlighted the financial implications of Gavi 5.1 as aligned to the financial forecast.

### *Discussion*

- Board members expressed appreciation and commended the Secretariat on the engagement ahead of reaching the proposal before it, particularly the workshops and acknowledged the strategic clarity and focus.
- The Secretariat acknowledged Board members' calls for urgency in progressing with Gavi 5.1 implementation.
- Several Board members expressed concerns on the feasibility of the number of programmatic priorities articulated in the Gavi 5.1 strategy, particularly in light of the three-year time frame. The need for careful prioritisation was highlighted, especially in relation to staffing implications and trade-off considerations.
- The Secretariat explained Gavi 5.1 as the confirmation and reaffirmation as to Gavi 5.0 commitments on how Gavi supports countries in their decision-making process. On this point, another Board member highlighted the importance of

country engagement to address the diverse priorities and encouraged careful sequencing of priorities and actions.

- The Chair of the PPC commented on the discussions at its' meeting in October 2022 in relation to the vaccine investment strategy (VIS) 2018 vaccines which had been paused during the COVID-19 pandemic. Although there was overall enthusiasm for the vaccines, the PPC was concerned of the impact on backsliding, and the ability of countries to take on the VIS vaccines in the context of the HPV relaunch, introduction of a malaria vaccine and COVID-19 vaccine delivery. The PPC had requested next steps be presented at its' meeting in May 2023 where it could consider whether the vaccines should be un-paused, paused or deferred (as part of VIS 2024 process)
- In relation to vaccine hesitancy, several Board members highlighted this as an area of concern and encouraged the Secretariat to engage with organisations that could provide value in addressing hesitancy. The Secretariat also highlighted the objectives of Strategic Goal 2 as addressing this serious issue.
- Several Board members suggested that sharing of cross-country knowledge as key to addressing COVID-19 pandemic setbacks. Board members also encouraged the Secretariat to leverage COVID-19 pandemic knowledge to strengthen global health security.
- Board members encouraged CSO engagement to help strengthen and overcome barriers to reaching zero-dose and catching up on missed children.
- Noting the many complexities faced by countries, Board members encouraged flexibilities in approach and interventions linked to country initiatives and capacity building.
- In relation to the guidance sought on Gavi's targeted additional roles in PPR, Board members made the following comments:
  - Strongly encouraged coordination and collaboration, not only at country-level, but also to employ efforts to minimise divergent PPR planning across partners;
  - Suggested that PPR engagement be guided by the current ongoing evaluations;
  - Noting Board members' request for clear decision pathways in 2023, the Secretariat outlined that following Board endorsement, the Secretariat would bring forward the proposed PPR outline towards an Alliance-wide plan through the established consultation mechanisms;
  - In response to comments from Board members the Secretariat acknowledged at-risk funding alone as not sufficient in PPR and recognised the need to engage push mechanisms and stronger interventions, and also consider formalising relationships with research and development organisations;

- In relation to The Pandemic Fund (formerly FIF), several Board members were supportive of Gavi's role as a certifying entity, especially in relation to leveraging this position as it relates to PPR;
  - Encouraged the Secretariat to consider exploring additional areas such as leadership, service delivery, building vaccine trust and demand, advocacy, emergency deployment and rapid allocation of technical assistance;
  - In terms of risk mitigation, suggested the Secretariat consider how to manage risks in relation to, for e.g. loss of vaccines or non-payments;
  - Encouraged the Secretariat to take into consideration lessons learned from the ACT-Accelerator when building out a PPR platform;
  - The Secretariat noted Board member comments in relation to vaccine deployment and that the Secretariat consider overall vaccine strategies, such as birth dose vaccines or adolescent vaccines.
- Looking towards Gavi 6.0 and a potential full life course vaccine platform, several Board members suggested further discussions on potential Gavi 6.0 topics and trade offs at the upcoming Board retreat in March 2023.

#### **Decision 14**

The Gavi Alliance Board:

**Approved** the updated framework for Gavi 5.1 (updated 'strategy one-pager') attached as Annex A to Doc 06.

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### **7. Human papillomavirus (HPV) Vaccine Programme relaunch**

- 7.1 Seth Berkley, CEO, provided introductory remarks emphasising that this programme is a high priority for him personally, as well as to the Alliance as a whole. He referred to past challenges around supply constraints and vaccine hesitancy despite having gained high impetus in many countries. In terms of resourcing the programme, Dr Berkley noted that the Secretariat has provided the best initial estimates and should additional funds be needed, the Secretariat will be reverting to the Board to address immediate needs. He underlined the importance of having all partners onboard, including vaccine manufacturers, to deliver supplies and make this programme a success.
- 7.2 Anne Schuchat, Chair of the PPC, provided framing remarks. She noted that the PPC had discussed this item at length and expressed enthusiasm for the HPV programme relaunch while requesting updates on progress and implementation.
- 7.3 Jalaa' Abdelwahab, Director, Vaccine Programmes, presented this item (Doc 07). He emphasised that the HPV vaccine is critical to Gavi's mission, and one of the most impactful new vaccine introductions in terms of deaths averted.

- 7.4 He noted that the HPV vaccination has gone through several setbacks requiring a relaunch for Gavi 5.1 and referred to country examples and lessons learned. He concluded by noting that the proposed HPV relaunch, underpinned by positive enablers for rebuilding momentum, will help reach approximately 86 million girls by 2025. The relaunch will entail four key shifts and is estimated at an approximate cost of US\$ 167 million.

### *Discussion*

- The Board welcomed the relaunch and the level of ambition of the HPV programme, noting the HPV vaccine as the most impactful of all Gavi-supported vaccines.
- The Board underlined the importance of ensuring that the relaunch is set up for success notably through i) ensuring necessary funding for programme implementation and remaining agile, ii) accompanying country planning and decision-making on the switch from two-dose to a one-dose schedule, and iii) addressing vaccine hesitancy to generate demand.
- Regarding Board concerns on a potential negative impact on RI programmes, the Secretariat reiterated that only underspent funds from within HSS envelopes would be utilised for HPV programme implementation, in consultation with countries. The Secretariat will ensure that additional resources are provided when needed, including through the CEO authority to reallocate funds.
- The Secretariat underlined the importance of a cross-Alliance collaboration and advocacy to ensure a successful implementation of the programme.
- In response to queries the Secretariat explained that it is basing its work on an allocation roadmap to prioritise support to countries and to better gauge demand. This would be assessed on a quarterly basis, while focusing on sequencing technical assistance and rolling HSS funding. The Secretariat will be guided by the Strategic Advisory Group of Experts on Immunization (SAGE) recommendations and country decisions, however regulatory challenges would be important to address.
- Several Board members underlined that community engagement, particularly with the CSOs is critical for mapping and driving demand. The Secretariat emphasised that the implementation strategy would focus on these groups, by adopting a tailored approach to serve the different communities and supporting countries with technical assistance to undertake cross-sectorial coordination.
- The Secretariat acknowledged the Board's concerns regarding reaching vulnerable communities, out of school as well as HIV-positive girls. It was underlined that this programme is an opportunity to catching up with missed girls, and to contribute to adolescent health.

- The Secretariat acknowledged that the relaunch programme is ambitious and recognised associated risks. The Secretariat will be building on lessons learned from COVAX and will be working together with the HPV sub-team that includes many partners to reach reasonable benchmarks for tracking and reporting.
- The Board welcomed the announcement of the Board member representing the SEARO WPRO constituency that India has approved the introduction of HPV vaccine as part of its national immunisation programme.
- Some Board members underlined that while the focus of the programme is to prioritise girls with the current vaccine supply, the programme could eventually become gender neutral and be extended to boys in Gavi 6.0.

### **Decision 15**

The Gavi Alliance Board:

- a) **Approved** the four strategic shifts for the HPV programme relaunch, which are:
1. To facilitate and accelerate adoption of a permissive 1-dose schedule and support recovery of original and missed cohorts up to 18 years of age for countries with delayed multi-age cohort (MAC) vaccinations;
  2. Optimise and increase the relevant HSS investments/mechanisms that support accelerating and strengthening of the HPV programme;
  3. Enhanced technical assistance through Technical Country Assistance (TCA) and Foundational Support (FS); and
  4. Learning agenda support through Strategic Focus Area (SFA) for integration of the HPV vaccination programme in routine immunisation delivery mechanisms and Primary Health Care (PHC).
- b) **Noted** that the HPV vaccine has amongst the highest impact of all Gavi-supported vaccines and **requested** that the Secretariat update the Programme and Policy Committee twice annually on implementation progress and return to the Board should further funding or flexibilities be needed to deliver on the ambitious relaunch agenda.

*An Vermeersch (IFPMA) and Mahima Datla (DCVMN) recused themselves and did not vote on Decision 15 above. Kate O'Brien (WHO), Omar Abdi (UNICEF) and Rafael Vilasanjuan (CSOs) recused themselves and did not vote on Decision 15 a), points 2), 3) and 4) above.*

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## **8. Gavi's role in support to Regional and African Vaccine Manufacturing**

- 8.1 Anne Schuchat, Chair of the PPC, provided some introductory comments. She noted that the PPC had welcomed the discussions and were strongly supportive of the initiative. In relation to pillars one to three, the PPC discussed the challenges of technology transfer, the importance of regulatory strengthening, and demand generation. In terms of pillar four, the PPC encouraged a strategic roadmap and action plan across all stakeholders.
- 8.2 David Kinder, Director, Development Finance and Dominic Hein, Head, Market Shaping outlined the proposed four-pillar approach to provide support to regional manufacturing, with particular focus in Africa (Doc 08).
- 8.3 Dr Hein acknowledged partner and stakeholder contributions in bringing this initiative forward, for which there was much excitement. He noted the African region, although having significant vaccine demand, currently had limited regional manufacturing capabilities. The four pillar 'downstream' approach was designed to address these disparities.
- 8.4 Mr Kinder outlined the proposals on the Advance Market Commitment (AMC) in pillar four as supporting sustainable expansion of end-to-end African region vaccine manufacturing. Noting the varying vaccine manufacturing stages within the region, he explained Gavi as having a unique opportunity to support development in a cohesive and orderly manner.

### *Discussion*

- Board members strongly supported the proposed approach outlined in pillars one to three, with one Board member noting the decision as an historic point in the global health journey. Board members also commended the Secretariat on the coordination and consultative process in bringing the initiative forward.
- Reflecting on the experiences in his constituency, the Board member from Ghana pointed out that reliance on COVAX during the COVID-19 pandemic and substantial complications in acquiring vaccine doses had only reinforced the need for African regions to be able to self-supply vaccines.
- Several Board members called on Gavi's support in influencing and market-shaping, as well as skills transfer through strengthening, collaboration, strategy and implementation planning. One Board member noted that technology transfer also extends to supply, raw materials and cross-border engagement.
- Responding to a question on whether the scope of the four pillars would stretch beyond the African region, the Secretariat outlined pillars one and two as applicable to overall regional manufacturing, whilst pillar three predominantly focused on the African region, and pillar four as African region specific.

- One Board member encouraged the Secretariat to evaluate the pros and cons before moving beyond the African region, whilst another Board member suggested to consider extending to those developing countries that had expressed interest and were already engaged in small-scale vaccine manufacturing.
- Several Board members suggested that Gavi's role be clearly defined given the already crowded environment and balanced against the need for collaboration and coordination. The Secretariat acknowledged and emphasised the importance of a clearly defined role, whilst also engaging in an overall approach together with Alliance partners.
- Board members had the following comments in relation to pillar four:
  - Encouraged extensive elaboration, together with partner consultations, to build a concrete and practical AMC instrument;
  - Encouraged corresponding responsibility of countries within the region;
  - Another Board member encouraged momentum on political commitment and suggested a bottom-up analysis, in consultation with countries, to determine how AMC can be most beneficial; and
  - Emphasised undertaking a careful risk assessment.
- Board members highlighted the importance of ascertaining vaccine demand as part of the overall strategic roadmap. The Secretariat explained the demand assurance as embedded in pillars one to three (and particularly pillar three). Noting comments regarding the use of offtake and demand guarantees, the Secretariat clarified these as not under the current strategy, although could be considered in the future.
- In relation to the regulatory framework, Board members had the following comments:
  - Acknowledged the regulatory framework as a key to success;
  - In terms of vaccine prequalification, one Board member suggested a mutual recognition strategy, particularly given the lengthy prequalification process;
  - Noted the importance of developing a strategic roadmap and ensuring coordination across stakeholders; and
- Responding to comments on the rationale around antigen selection, the Secretariat underscored its role as advisory whilst keeping an eye to opportunities beyond established vaccine manufacturers.
- Several Board members underscored the importance of CSO engagement from the outset, particularly in light of the long-term nature of the initiative, which was acknowledged by the Secretariat.
- Board members encouraged further discussions on this item at the Board retreat in March 2023.

## **Decision 16**

The Gavi Alliance Board:

- a) **Approved** the first three pillars of the new approach, namely 1) support for antigen and product portfolio planning; 2) adaptation of the Healthy Market Framework and Product Menu Criteria to facilitate listing and adoption of new regional products; and 3) providing investors in new manufacturing capacity with more predictability; and
- b) **Requested** that the Secretariat work up detailed proposals for the design and operationalisation of Pillar 4: an Advance Market Commitment to accelerate the expansion of end-to-end African vaccine manufacturing, with three underlying objectives: 1) support healthy global markets, 2) drive efficient market outcomes, 3) reduce barriers to investment, noting that detailed parameters will return to the Gavi Alliance Board for consideration and approval in 2023.

*An Vermeersch (IFPMA) and Mahima Datla (DCVMN) recused themselves and did not vote on Decision 16 above.*

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## **9. COVAX: Key Strategic Issues**

- 9.1 The Chair introduced this item and invited Co-Chairs representing the COVAX Shareholders Council and COVAX AMC Engagement Group to share their reflections and experiences.
- 9.2 Dr Chrysoula Zacharopoulou<sup>1</sup>, Co-Chair of the COVAX Shareholders Council and Minister of State for Development, Francophonie and International Partnerships, France, reflected on key achievements and lessons learned from the Shareholders Council as it moves toward dissolution on 31 December 2022.
- 9.3 Dr Lia Tadesse, Co-Chair of the COVAX AMC Engagement Group and Minister of Health, Ethiopia, highlighted the progress that has been seen in AMC countries, noted the persisting gaps and inequalities, and highlighted her strong conviction that the transition of COVAX/COVID-19 Vaccine Delivery Partnership (CoVDP) should be carried out without losing sight of low performing countries.
- 9.4 Thabani Maphosa, Managing Director, Country Programmes and Derrick Sim, Managing Director (Acting), Office of the COVAX Facility, provided introductory remarks on the progress of COVAX, as well as on the COVAX 2023 strategic vision (Doc 09).

<sup>1</sup> Recorded video intervention  
Board-2022-Mtg-03

- 9.5 Ted Chaiban, Global Lead Coordinator for the COVID Vaccine Delivery Partnership (CoVDP), was invited to comment about progress made in COVID-19 vaccination delivery as well as the work remaining to be done.

### *Discussion*

- Board members welcomed the progress and support that has been provided to countries and high priority groups by the COVAX Facility and CoVDP, and acknowledged there is still work to do.
- There was broad support from Board members in terms of the direction of travel and transitioning back to established Alliance processes while retaining the capacity to respond to the trajectory of the pandemic.
- Board members noted that now, in a calmer time, is the moment to plan for the future and find operationally effective ways to work together.
- Several Board members asked that the Secretariat maintain the capacity to manage donations in an efficient manner and signalled any future COVID-19 programme moving forward should consider the role of dose donations. The Secretariat noted this request and indicated that there is work underway with support from Canada to document lessons in this area to improve the process.
- Board members asked for further information regarding the Pandemic Vaccine Pool and management of the funding mechanism as well as any underspend and indicated this should involve the AMC Investors Group and other governance bodies, such as the AFC and PPC. The Secretariat informed the Board that this work is underway and that a paper is being drafted on this topic.
- With respect to the humanitarian buffer, several Board members indicated Gavi should draw lessons and apply them back to Gavi programming. It was highlighted that there will be a meeting on 14-15 February 2023 in Nairobi to gather lessons and identify potential solutions for building a better system moving forward.
- With respect to Gavi COVID-19 Delivery Support (CDS) funding, Board members queried the uptake of CDS, noting that it offers opportunities for integration and strengthening health systems, and whether it might be necessary to extend the end date beyond 2023. The Secretariat indicated that it is monitoring and sharing information with the Global Fund to Fight AIDS, Tuberculosis and Malaria, and that it was currently considering whether to propose an extension.
- In relation to the close-out of Self-Financing Participant agreements, one Board member noted the need for the Secretariat to work with countries to finalise these negotiations. The Secretariat acknowledged this request and indicated that it welcomed the opportunity to work closely moving forward.

- In response to a question on the Secretariat costs related to the COVAX programme and ramping down, it was clarified that Gavi is operating within an operational excellence framework. However, there are high levels of fixed costs that need to be carried, particularly in a transition year, where there still may be a surge.

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## **10. Gavi's role in a future COVID-19 Vaccine Programme**

- 10.1 Anne Schuchat, Chair of the PPC, provided a summary of the PPC deliberations on this topic. She explained the rationale for presenting an 'in principle' recommendation for Board approval, noting the ongoing uncertainty around the pandemic, coupled with the need to start planning over the next six months for 2024-2025 and the need to clarify country scope and extent of support to do so.
- 10.2 Derrick Sim, Managing Director (Acting), Office of the COVAX Facility, and Richard Mihigo, Director, COVID-19 Vaccine Delivery, presented a proposed approach for Gavi's role in a future COVID-19 vaccine programme (Doc 10).

### *Discussion*

- Board members expressed appreciation for the engagement across Board constituencies that had led to a consensus position to proceed with an 'in principle' approval for the COVID-19 programme for 2024-2025, following questions from some constituencies over whether it was necessary at this time.
- Board members supported the reference in the decision language to a return to normal processes, including the Vaccine Investment Strategy and cost effectiveness analyses, and welcomed a further comprehensive and coherent discussion by the Board and its Committees (AFC and PPC) about this proposed programme in the next meeting cycle.
- Implementing country representatives expressed divergent views with respect to the current demand for COVID-19 vaccines in their constituencies, with Board members reporting a range from very low to very high demand. One implementing country representative related the challenges faced in managing country demand, whereby in some contexts demand was appearing low but as soon as a vaccine was available, there was strong uptake. He also urged that special attention be paid when integrating COVID-19 programmes within weak health systems.
- Board members noted the ongoing need to reach vulnerable groups and that low coverage presented a health security concern.

- Board members flagged that communication on an ‘in principle’ decision would need to be carefully considered, along with the clarity of guidelines. The Secretariat indicated it would work with WHO and UNICEF to make sure countries are efficiently supported.
- One Board member requested there be careful monitoring of the impact of the programme on routine immunisation and any potential backsliding.
- One Board member raised the need to study influenza and the associated unmet public health need as well as any potential next generation vaccines. It was clarified that Gavi had previously undertaken a learning agenda related to influenza vaccines.

### **Decision 17**

The Gavi Alliance Board:

- a) **Approved**, in principle, a new programme for COVID-19 vaccination to be implemented in 2024-2025, contingent on:
  - a. Continuation of the WHO base-case scenario for the pandemic evolution requiring continued focus on the higher priority user groups as per SAGE recommendation;
  - b. Consistent with the Vaccine Investment Strategy (VIS) approach, an evaluation of the COVID-19 programme based on the following criteria for assessing vaccines for epidemic disease preparedness and response:
    - i. Disease risk and burden
    - ii. Vaccine impact and feasibility
    - iii. Fit for the Gavi Alliance
    - iv. Financial implications
  - c. PPC recommendation in May 2023 to prioritise and structure this programme with regards to country scope and extent of support;
  - d. Sufficient funding as confirmed by the AFC and the Board by June 2023;
  - e. Updated country demand estimates informing volume requirements; and
  - f. Further information from country experience and use of COVID-19 Delivery Support (CDS) to date.
- b) **Approved**, in principle, the following country scope and extent of support for the COVID-19 programme:
  - a. Country scope: AMC91 (Gavi54 and AMC37)
  - b. Extent of support:



- i. Gavi54: Eligible for full vaccine procurement support without co-financing obligations and delivery support (consisting of the provision of 70% of estimated total delivery costs for the vaccines).
- ii. AMC37: Eligible for vaccine catalytic financing in line with the MICs Approach for vaccine procurement and not eligible for delivery support.
- c) **Acknowledged** that planning for a COVID-19 programme including engagement with countries would commence prior to funding commitments coming for approval by June 2023 to ensure the feasibility of a timely launch by 2024.
- d) **Noted** that any consideration of a potential COVID-19 programme beyond 2025 be integrated into the 2024 Vaccine Investment Strategy process.
- e) **Noted** that the Secretariat in early 2023 will present to the COVAX Investors Group options for the use of the COVAX AMC financing envelope for purposes relevant to preparedness and response as well as potential repurposing of funds.

The Gavi Alliance Board:

- a) **Noted** that the Secretariat will update programme assumptions and the approach for the COVID-19 programme, incorporating the latest demand estimates and the latest information on delivery, as informed by the implementation of CDS3;
- b) **Noted** that the Secretariat will return to the Board by June 2023 for approval of the final programme design and the financial envelope for 2024-2025;
- c) **Noted** that the Secretariat will update the Board at each meeting and will return to the Board formally, through the PPC, if future SAGE guidance evolves such that this programme is no longer aligned with technical guidance and/or assumptions outlined in Annex C to Doc 10 vary significantly as to affect the implementation feasibility of the programme; and
- d) **Noted** that the Secretariat will return to the Board as part of the Gavi 6.0 strategy development with proposed updates to the COVID-19 vaccination programme to account for changes in disease epidemiology as well as consideration of Gavi 6.0 priorities.

*An Vermeersch (IFPMA) and Mahima Datla (DCVMN) recused themselves and did not vote on Decision 17 above. Kate O'Brien (WHO) Omar Abdi (UNICEF) and Rafael Vilasanjuan (CSOs) recused themselves and did not vote on Decision 17, point b) b) i) above.*

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## 11. Funding Policy Review

- 11.1 Anne Schuchat, Chair of the PPC, provided framing remarks. She noted that the PPC had discussed the co-financing waivers for Gavi-countries hosting refugee populations to ensure that there are no barriers for refugees to access



vaccine. For countries hosting refugees who have not yet included them in their healthcare planning, the PPC underlined that that waivers should be part of a larger advocacy effort. In relation to the time-limited co-financing policy for malaria, the PPC agreed that the approach should be reviewed no later than 2027.

- 11.2 Marta Tufet, Head, Policy and Emmanuel Bor, Head, Immunisation Financing & Sustainability, presented this item (Doc 11). They emphasised that the scope of the review had shifted to focus on urgent matters for Gavi 5.0 with a view to address longer-term issues as part of the operationalisation of Gavi 6.0. Ms Tufet outlined the three components of the FPR, namely: the Health Systems and Immunisation Strengthening (HSIS) Policy, the Eligibility & Transition Policy and the Co-financing Policy.
- 11.3 Mr Bor underlined the increased fiscal challenges facing countries in accelerated transition and noted that a revised policy, introducing a 35% minimum co-financing threshold to enter the accelerated transition phase, and extending the accelerated transition from five to eight years, would strengthen financial sustainability, reduce unsuccessful transition risks and limit ad hoc policy exceptions. In relation to the malaria vaccine, Mr Bor outlined a proposed exceptional and time-limited approach to malaria vaccine co-financing, which aim to facilitate affordability and support uptake.

### *Discussion*

- The Board commended the Secretariat for their work and the consultative approach in updating these policies.
- The Board strongly supported the extension of duration of accelerated transition phase from five to eight years. Adapting transition approaches to local economies and contexts where countries struggle to meet their co-financing commitments is necessary and calls for flexibility.
- Several Board members underlined the need to protect investments in health, specifically in vaccines, as the World Bank and other multilateral institutions are formulating tools to restructure country debts.
- The Secretariat acknowledged the Board's request for a comprehensive review of the Gavi funding and eligibility policies, including the Gross National Income (GNI) eligibility indicator. The review process should start early and be part of the overall Gavi 6.0 strategy development. The Secretariat highlighted that the current policy shifts would be important in informing future thinking.
- One Board member highlighted that beyond meeting co-financing commitments, the revised policy should consider countries' ability to meet delivery and health workforce costs, which would require a deeper set of analysis and consideration of innovative financing.

- The Board member from Lao PDR highlighted the current challenging fiscal environment in his country and requested a transition extension to 2025. The Secretariat confirmed that through the multiyear allocation process, it would be possible to reach an adjusted co-financing trajectory during the three-year extension in a cost-neutral manner given the constraints facing the country.
- The Board encouraged the Secretariat to further monitor and identify early signals of countries not being able to transition and to intervene in a timely manner. Simplifying application processes, leveraging political will and maintaining country responsibilities on health were also highlighted.
- The Secretariat confirmed that it would be emphasising, in discussion with countries, that the three-year extension is a necessary condition, but not a sufficient condition for success. The Secretariat is committed to engage at the highest levels with countries and with the Alliance partners on health financing and on progress towards transition, including through touch points with political leaders.
- With respect to the exceptional and time-limited approach to the malaria vaccine co-financing the Board welcomed this decision noting the urgency to address malaria as a top priority.
- The Board underlined the importance of looking beyond the existing malaria vaccines, noting that other vaccines are in the pipeline, and highlighted the importance of balancing the vaccine with other interventions such as bed nets. It was highlighted that countries are having to meet co-financing commitments with multiple organisations including the Global Fund.
- The Board requested that the Secretariat presents future analyses, monitoring and reporting to the Board on the malaria vaccine programme, particularly in comparison to other interventions. The Secretariat confirmed that a malaria-specific road map is being developed, and regular reporting would be presented to the Board.
- The Secretariat further clarified that the assumptions included in current calculations take into account potential reduction in vaccine price expected between 2025 to 2028, as well as assumptions of new entrants into the market. The Secretariat will continue to monitor and review the approach as and when necessary.

### **Decision 18**

The Gavi Alliance Board:

- a) **Approved** the Health Systems and Immunisation Strengthening Policy attached as Annex B to Doc 11a.

## **Decision 19**

The Gavi Alliance Board:

- a) **Approved** the revised Eligibility & Transition Policy attached as Annex A to Doc 11b.
- b) **Approved** the revised Co-financing Policy attached as Annex B to Doc 11b.
- c) **Approved** the exceptional time-limited approach to malaria vaccine co-financing as follows, to be reviewed by the Programme and Policy Committee no later than 2027:
  - i. For initial self-financing countries: Country contributes US \$0.20 per dose (no annual increase).
  - ii. For preparatory transition countries: Country co-financing starts at US \$0.20 per dose in the first year of introduction and the price fraction increases by 15% annually; and
  - iii. For accelerated transition countries: Country contributes 20% of the price fraction in the first year of introduction and increases co-financing by 10 percentage points annually. Country should reach 100% co-financing after 8 years.
- d) **Noted** that the Secretariat will return to the Programme and Policy Committee on malaria co-financing should market conditions change significantly.
- e) **Requested** that the Secretariat reports regularly to the Board on the Alliance support for transition preparation, on progress of individual countries in Accelerated Transition, and potential risks of unsuccessful transition.

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## **12. Report from Audit and Investigations**

- 12.1 Lucy Elliott, Managing Director, Audit & Investigations (A&I) presented the A&I Report (Doc 12). She reported how the A&I function fulfilled its Terms of Reference (ToR) in 2022 as overseen, reviewed, and monitored by the Audit and Finance Committee (AFC). Ms Elliott outlined the A&I strategy 2023-2025 and the 2023 A&I activity plan which was approved by the AFC, and finally, she confirmed the organisational independence of the function as required by the A&I ToR.

### *Discussion*

- In responding to an inquiry on the total audited amount out of which USD 44.5 million misused funds were identified in country-focused audits, the Secretariat

clarified that the period covers 2009-2022. A detailed analysis could be prepared and presented to the AFC to this effect.

- One Board member emphasised the importance of audit work on COVID-19 vaccine delivery and Sexual Harassment Abuse and Exploitation (SHEA). The Secretariat explained that results of country-focused audits related to COVID-19 vaccine delivery and two audit reports on SHEA would be presented to the AFC in 2023, noting that dedicated training on prevention of sexual harassment and abuse was rolled out to Gavi staff by the Human Resources (HR) department as part of the respectful behaviour in the workplace training.
- The Secretariat noted the reflections made by a Board member on the importance of whistleblowing and underlined that there are several mechanisms and reporting channels available for whistle blowers, who are protected against retaliation.
- In response to a question on sufficiency of resources, the Secretariat confirmed that, following the AFC approval of the A&I 2023 work plan, the A&I function will be sufficiently resourced to undertake its activities and commented that two new investigators would be joining the team in 2023 to support the investigations work.

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### **13. Committee Chair and IFFIm Board Reports**

- 13.1 The Chair introduced this item. He recognised the exceptional levels of essential work by the Committees and IFFIm Board, alongside the Gavi leadership, and commended members in their commitment and agility in realising Gavi's mission.

#### *Governance Committee*

- 13.2 Sarah Goulding, Governance Committee (GC) Chair, reported on ongoing routine and recurring governance business on Board and Committee nominations (including Board Leadership), recruitment of the Unaffiliated Board Members and monitoring of the application of the Guiding Principles on Gender for Board and Committee nominations. She underscored the ongoing monitoring of governance risks matrix, both for Gavi and COVAX.
- 13.3 She was pleased to report the proposal on the Consent Agenda, to extend the term of the Board Chair and noted this as important in ensuring stability and continuity in a time of leadership transition.
- 13.4 Ms Goulding noted the substantive and active work on the CEO recruitment process. The GC had met three times in the margins of the Board meeting and was progressing well towards a good outcome and credible process. She noted

that comments made at the Closed Session in relation to the recruitment would be reflected on and confirmed that the Board would be receiving information on the key criteria employed in assessing candidates which was in line with the Board endorsed role description.

- 13.5 She drew attention to the proposed amendments to the COVAX Facility Governance following structural changes which had been proposed on the on the Consent Agenda and recognised the leadership of Board members engaged with the various COVAX sub-committees.
- 13.6 Finally, she commented on the ongoing governance discussions emerging from the March 2022 Board Retreat, specifically on strengthening Board governance and engagement. Looking towards its meeting in February 2023, she noted this as an opportunity for the GC to revisit the approach to Board and Committee self-evaluations, as well as examining relationships, both at inter-committee and Alliance partner level. The GC would also consider Board confidentiality with a view to ensuring Board members are able to exercise their duties with confidence and appropriate confidentiality. She invited Board members to indicate if there were any other items the GC should discuss in February 2023.

#### *Audit and Finance Committee*

- 13.7 Naguib Kheraj, Audit and Finance Committee Chair, presented the report of the Audit and Finance Committee (AFC) noting the Committee had met three times since the last report to the Board in June 2022 to discuss matters related to Gavi and the Office of the COVAX Facility.
- 13.8 He reported that the AFC had convened in-person for the first time since the pandemic in October 2022 and met exceptionally with the IFFIm Board and World Bank treasury team on IFFIm financial risk management. He noted that IFFIm is an integral part of Gavi's financial architecture with its funding costs and risk management being of direct consequence to Gavi and the World Bank as IFFIm's treasury manager provided a helpful overview of its oversight role of IFFIm's financial risk management.
- 13.9 Mr Kheraj highlighted work underway with the Secretariat to strengthen treasury management practises and processes with an emphasis on cash resource management and currency hedging efficiencies.
- 13.10 Finally, he noted in relation to the EVOLVE project, that the AFC asked the Secretariat to ensure clear project deliverables are identified soon.

#### *Discussion*

- In response to a question on how the Board monitors financial risk, the Chair noted Gavi's committees provide oversight and the Gavi Board should reinforce

the mandate of its committees. The AFC Chair additionally noted there is work underway to bolster financial reporting to the Board that includes financial risk management.

- The Board noted the interconnectedness of Gavi's finance and investment functions with IFFIm. The Board encouraged the Secretariat to reinforce the finance function during this time of high financial market volatility.

#### *Investment Committee*

- 13.11 Afsaneh Beschloss, Investment Committee Chair, presented the report of the Investment Committee (IC) and provided a summary of the preliminary investment report through 31 October 2022.
- 13.12 She highlighted that inflation and volatility disrupted the financial markets with equity and bond markets declining.
- 13.13 Ms Beschloss reported that Gavi's year to date long-term portfolio performance was -10.5% versus a policy index return of -15.4%. She explained that diversification strategies helped the long-term portfolio outperform its policy index and the IC continues to regularly monitor Gavi's investment managers.
- 13.14 She reminded the Board that a new asset allocation was shared at the 22-23 June 2022 Board meeting which includes a 12% allocation to private assets. She noted the inclusion of private assets will provide more opportunities to enhance investment returns and the IC agreed to extend its investment time horizon beyond five years to allow for additional asset class investments that could further diversify the portfolio. She explained the implication is increased illiquidity, but the portfolio will retain sufficient liquidity to support programmatic expenses as needed.

#### *Programme and Policy Committee*

- 13.15 Anne Schuchat, Chair of the PPC, reported on the activities of the PPC, which had met once since the last report to the Board. In the context of strengthening communication and reassurance on financial forecast, at its meeting in October 2022, the Chair of the AFC had been invited to provide comments. Similarly, Dr Schuchat had observed the subsequent AFC meeting.
- 13.16 She noted in particular one item that had been put forward as a recommendation to the Board on the consent agenda, namely Gavi Support for Inactivated Poliovirus Vaccine (IPV). The PPC strongly supported continuation of the current IPV approach and noted the continued support to high-risk countries (especially for countries not having applied for support to introduce a 2<sup>nd</sup> dose IPV into their schedules. The PPC encouraged the Secretariat to conduct broad consultations in planning towards country ownership, whilst noting the importance of integration and leveraging the polio programme. The



PPC also welcomed the announcement of the pre-qualification of the first hexavalent vaccine and noted that standalone IPV doses should remain available during the vaccine shifts. The Secretariat had confirmed the sufficient supply of IPV doses.

#### *Evaluation Advisory Committee*

- 13.17 James Hargreaves, Evaluation Advisory Committee (EAC) Chair, presented a report on activities of the Evaluation Advisory Committee (EAC) since the last Board meeting, including on the current multi-year evaluation workplan and the EAC's engagement with respect to key centralised evaluations.
- 13.18 He reported that at its last meeting in September 2022, the EAC had discussed conducting a review of Gavi's evaluation function. The EAC had suggested waiting until the conclusion of the Multilateral Organisation Performance Assessment Network (MOPAN) review, which was underway.
- 13.19 He indicated that the EAC had also been informed of a proposal to move the Measurement, Evaluation & Learning (MEL) team within the Secretariat structure. While the EAC recognised there were some benefits to the proposal, on balance it was felt that the structural changes appeared to bring more negatives than positives, particularly with respect to independence, and advised that the structural changes not be implemented until after the MOPAN review concludes.
- 13.20 Finally, Professor Hargreaves indicated that the EAC had discussed an ongoing challenge for Gavi related to the current small pool of evaluation providers. He reported that the EAC would be undertaking an exercise to look at barriers in an effort to diversify the pool, including its geographic scope.

#### *Discussion*

- In response to a question about the sequencing of evaluations, Professor Hargreaves clarified that there is an intention in the Gavi 5.0 centralised evaluation workplan to sequence the evaluations ahead of the mid-term evaluation in order to inform course correction ahead of Gavi 6.0.
- With respect to a question about independence of evaluation, Professor Hargreaves explained that independence was a central principle embedded within Gavi evaluation at all levels – including the EAC; the evaluation firms; and the Secretariat team managing the evaluation workplan.

#### *IFFIm Board*

- 13.21 Kenneth Lay, IFFIm Board Chair, delivered his report of the IFFIm Board, noting US\$ 3.4 billion unused financing capacity as sufficient to support Gavi 5.0 and which amount includes existing pledges from 11 donor countries. He noted that

since IFFIm's creation 16 years previously, the platform has evolved into an appreciated financing tool, particularly evident during the COVID-19 pandemic.

- 13.22 He reported on the recently raised GBP 250 million three-year bond as a welcome return to this market, and the US\$ 500 million three-year note issuance, having been oversubscribed, as a positive sign of investor confidence in a pureplay Environmental, Social and Governance (ESG) financing tool, particularly in light of current market volatility.
- 13.23 Mr Lay highlighted the consistent AA credit rating as indicative of the quality of pledgors and conservative financing approach. IFFIm was also discussing the annual review process with Standard & Poor (S&P) as well as finding ways to encourage transparent conversations with rating agencies. He also outlined the progress in engaging new private market swap counterparties, beyond World Bank, a traditional counterparty.
- 13.24 In terms of PPR, he outlined the discussions around contingent pledges which could be deployed following a trigger event to facilitate rapid response scale-up. Mr Lay also noted the broader discussions with interested parties in exploring financial mechanisms to address health challenges.
- 13.25 Finally, Mr Lay clarified IFFIm as integrated into the Gavi financials and acknowledged the responsive and inclusive input from partners and colleagues at IFFIm board meetings.

#### *Discussion*

- Responding to a question on monitoring and managing exposure risks, particularly in light of volatile markets, Mr Lay explained the IFFIm financial platform as enabling donors to make forward pledges which are taken to market to raise funding for immediate purposes. The quality of donors, coupled with a conservative approach, mitigates exposure risk.
- At the invitation of the Chair, Mr Kheraj (AFC Chair) further explained that financial borrowing is less than the pledged funds, which in turn ensures bonds are able to be repaid. He pointed out that additional fine-tuned reporting work by the Secretariat is required to bring clear oversight. The Chair acknowledged the importance of the discussion and encouraged increased financial reporting to aid oversight.

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## **14. Review of Decisions**

- 14.1 Brenda Killen, Director, Governance and Secretary to the Board, reviewed and agreed the decisions with the Board.

## 15. Closing remarks

- 15.1 After determining there was no further business, the meeting was brought to a close.

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Prof José Manuel Barroso  
Chair of the Board

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Ms Brenda Killen  
Secretary to the Board

## Attachment A

### Participants

#### Board members

- José Manuel Barroso, Chair
- Sarah Goulding, Vice Chair
- Omar Abdi
- Kwaku Agyeman-Manu
- Takeshi Akahori
- Beth Arthy
- Anahit Avanesyan
- Afsaneh Beschloss\* (Day Two)
- Bernhard Braune
- Mahima Datla
- Margaret (Peggy) Hamburg
- Aamer Ikram\*
- Robert Kargougou
- Naguib Kheraj
- Mansukh Mandaviya\*
- Violaine Mitchell\*
- Marta Nunes
- Teresa Ressel
- John-Arne Røttingen
- Deena Schiff
- Anne Schuchat
- Rafael Vilasanjuan
- Yibing Wu
- Seth Berkley (non-voting)

#### Regrets

- Awa Marie Coll Seck
- Zsuzsanna Jakab
- Juan Pablo Uribe
- Edna Yolani Bâtres (Alternate)
- Won Do-yeon (Alternate)
- Saad Omer (Alternate)
- Xiang Shu (Alternate)

#### Alternates Observing

- Gabriella Fésus
- Atul Gawande
- Mohamed Jama
- Joris Jurriëns
- Etleva Kadilli
- Silvia Lutucuta
- Bvudzai Magadzire
- Francesca Manno
- Alaa Murabit\*
- Kate O'Brien\*
- Bounfeng Phoummalaysith
- Michael Kent Ranson
- Joshua Tabah
- Lia Tadesse
- An Vermeersch

### Additional Attendees

#### EVALUATION ADVISORY COMMITTEE

Prof James Hargreaves, Professor of Epidemiology and Evaluation, London School of Hygiene and Tropical Medicine and EAC Chair

#### IFFIm

Mr Kenneth Lay, IFFIm Board Chair  
 Ms Doris Herrera-Pol, IFFIm Director  
 Ms Ingrid Van Wees, IFFIm Director  
 Ms Jessica Pulay, IFFIm Director\*  
 Ms Monique Barbut, IFFIm Director\*

#### BILL & MELINDA GATES FOUNDATION

Ms Sue Graves, Deputy Director, Health Funds and Partnerships, Global Delivery Programs  
 Mr Nima Abbaszadeh, Senior Programme Officer, Advocacy and Communications  
 Mr Adrien de Chaisemartin, Deputy Director of Strategy Planning & Management  
 Mr Greg Widmyer, Director, Global Development  
 Ms Diane Scott, Senior Program Officer\*

### **WORLD BANK**

Ms Alice Renaud, Consultant, Health, Nutrition & Population  
Ms Katharina Ferl, Economist  
Dr Sarah Alkenbrack, Senior Health Economist\*  
Mr Anurag Kumar, Economist\*  
Ms Helen Saxenian, Economist\*

### **UNICEF**

Dr Ephrem Tekle Lemango, Associate Director, PG/Health – Immunization  
Dr Viorica Berdaga, Senior Health Advisor, Deputy Chief Immunization, Health Section, Programme Group\*  
Mr Andrew Owain Jones, Principal Advisor and Chief, Vaccine Center

### **WORLD HEALTH ORGANIZATION**

Ms Lauren Franzel-Sassanpour, Unit Head, Vaccine Alliances & Partnerships  
Dr Tania Cernuschi, Team Lead, Global Access  
Mr Santiago Cornejo, PAHO (Day Two)

### **DEVELOPING COUNTRY GOVERNMENTS**

#### **Angola**

Dra. Helga Freitas, Directrice nationale de la santé publique de l'Angola

#### **Burkina Faso**

Dr Issa Ouedraogo, Director of EPI, Directeur du PEV, Ministry of health

#### **Cameroon**

Mr Emmanuel Maina Djoulde, Deputy Director General of the National Blood Transfusion Service, Ministry of Public Health

#### **Chad**

Mr Abdelkadre Mahamat Hassane, Sahel countries and DRC Consultant for Government Engagement, Susan Thompson Buffet Foundation

#### **Ghana**

Ms Linda Nanbigne, Personal Assistant to the Minister of Health

#### **Lao PDR**

Dr Phongsavang Bounsavath, Deputy Director of Secretariat Division, Cabinet of the Ministry of Health  
Dr Chanthanom Manithip, Permanent Secretary of the Cabinet of the Ministry of Health  
Dr Phonephaseuth Ounaphom, Director General, Department of Hygiene and Health Promotion, Ministry of Health  
Dr Viengkhan Phixay, Deputy Director of Mother and Child Health Center, Ministry of Health

#### **Nigeria**

Dr Kelechi Ohiri, CEO Health Strategy and Delivery Foundation (HSDF)

### **DONOR GOVERNMENTS**

#### **Australia**

Ms Naomi Dumbrell, Director, Department of Foreign Affairs and Trade\*  
Mr Pascal Rigaldies, Health Adviser (Gavi/COVAX), Health Funds Section, Global Health Policy Branch, Human Development and Governance Division, Department of Foreign Affairs and Trade\*  
Ms Christine Sturrock, Counsellor Development, Permanent Mission to the UN and Other International Organisations, Geneva  
Ms Clarissa Naprawski, Policy and Development Officer, Department of Foreign Affairs and Trade

#### **Canada**

Ms Melissa Sutherland, Director General, Global Affairs  
Mr Michael Tarr, Senior Policy Analyst, Global Affairs

#### **China**

Mr Yang Ding, First Secretary, Chinese Mission to the UN Office, Geneva

**European Commission**

Dr Virginija Dambrauskaite, Policy Officer

**France**

Ms Anne-Sophie Travert, Policy Advisor, French Ministry for Europe and Foreign Affairs

Mr Jérémie Forrat-Jaime, Deputy Assistant Secretary for Human Development, French Ministry for Europe and Foreign

**Germany**

Ms Alexandra Rudolph-Seemann, Senior Policy Officer, Federal Ministry for Economic Cooperation and Development

Ms Ina von Frantzius, Counsellor Sustainable Development/Global Health, Federal Foreign Office

**Italy**

Mr Gianmarco Coccozza, Associate Administrative Officer, Ministry of Economy and Finance

Ms Eugenia Palagi, Deputy Head for Strategy, Multilateral Global Processes for Development Cooperation, Ministry of Foreign Affairs MOFA\*

**Japan**

Mr Hiroshi Matsumura, First Secretary, Permanent Mission to the UN and Other International Organisations, Geneva\*

Seiko Mamamoto, Ministry of Foreign Affairs of Japan\*

**Netherlands**

Ms Hannah Haaij, Policy Officer, Ministry of Foreign Affairs

**New Zealand**

Mr Nathan Glassey, Deputy Permanent Representative, Permanent Mission of New Zealand\*

**Norway**

Dr Kristine Onarheim, Senior Advisor, Ministry of Foreign Affairs

Ms Anja Sletten, Senior Adviser, Norad

Mr Andreas Karlberg Pettersen, Senior Adviser, Department for Human Development, Section for Global Health, Norad \*

**Republic of Korea**

Mr. Han Byul AHN, Second Secretary, Ministry of Foreign Affairs

Mr Jeongmin Kwon, Second Secretary, Development Cooperation Bureau

**Saudi Arabia**

Mr Rakan Bin Dohaish, Assistant Deputy Minister for International Collaborations, Ministry of Health Saudi Arabia

**Spain**

Mr Miguel Casado Gomez, Senior Desk Officer, Ministry of Foreign Affairs

**Sweden**

Ms Karin Westerberg, Senior Advisor, Ministry of Foreign Affairs

**Switzerland**

Ms Sophie Delessert, Senior Policy Advisor, Swiss Agency for Development and Cooperation

**United Kingdom**

Ms Emily Green, Gavi Programme Manager, Foreign, Commonwealth and Development Office

Mr Robert James Zachariah Whitby, Deputy Head Covid-19 Vaccines, Therapeutics & Diagnostics Department & Head of Vaccines Team, Foreign, Commonwealth and Development Office

Mr Harry Fisher, Economic Advisor, Foreign, Commonwealth and Development Office

**United States of America**

Dr Pavani Ram, Chief, Child Health and Immunization, USAID\*

Mr Hitesh Hurkchand, Senior Child Health and Immunization Program Manager, USAID\*



**VACCINE INDUSTRY – INDUSTRIALISED**

Ms Lamia Badarous, Vaccines Public Affairs Head, Sanofi Pasteur  
Ms Diana Acosta, Director, Global Vaccines Policy Strategy & Partnerships, Merck  
Dr Laetitia Bigger, Director, Vaccines Policy, IFPMA  
Dr Migena Bregu, Director, Global Vaccine Policy, Johnson and Johnson  
Ms Ariane McCabe, Director, Global Health and Public Affairs, GS

**CIVIL SOCIETY ORGANISATIONS**

Ms Anne Marie Seye, General Administrator of Afrivac, Senegal  
Dr A.T. Nizam Uddin Ahmed, Executive Director, Shastho Shurokkha Foundation, Bangladesh  
Dr Ndadi Inasiya Waziri, National Coordinator, African Field Epidemiology Network, Nigeria  
Mr Livanclyff Mforjock, Senior Immunization Officer, Value Health Africa, Cameroon

**RESEARCH & TECHNICAL HEALTH INSTITUTES**

Shakia Bright, CDC Global Immunization Division, Public Health Advisor  
John Vertefeuille, CDC Global Immunization Division, Director  
Pratima Raghunathan, CDC Global Immunization Division, Branch Chief Accelerated Disease Control

**Special Advisers**

Ms Stella Villares, Special Adviser to the Board Chair  
Dr Muluken Desta, Special Adviser to the Anglophone Africa constituency  
Ms Ruzan Gyurjyan, Special Adviser to the EURO constituency  
Dr Zaeem Haq, Special Adviser to the EMRO constituency  
Dr Pratap Kumar Sahoo, Special Adviser to the SEARO constituency  
Dr Rolando Pinel, Special Adviser to the PAHO constituency  
Ms Mary Gallagher, Special Adviser to the CSO constituency  
Ms Annick Sidibé, Special Adviser to the Francophone/Lusophone Africa constituency  
Ms Phonethipsavanh Nouanthong, Special Adviser to the WPRO constituency  
Ms Carol Piot, Special Adviser to the IFFIm Board

**Other Observers**

Mr David Sidwell, Former Gavi Board member, US  
Ms Elizabeth Thrush, Polio Advocacy Officer, Global Health, UN Foundation  
Ted Chaiban, Global Lead Coordinator for COVID-19 Vaccine Delivery, COVID-19 Vaccine Delivery Partnership

*\*Attending virtually*