

## Gavi Alliance Board Meeting

24-25 July 2025

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 10:20 Geneva time on 24 July 2025. Prof José Manuel Barroso, Board Chair, chaired the meeting.
- 1.2 The Chair welcomed new Board and Alternate members attending their first Board meeting, namely: Ana de Pro Gonzalo, Anna Sedgley, Sue Graves, Jeremy Farrar, Mark Lloyd, and David Peacock. He also welcomed Mr Syed Waqar-UI-Hassan, Secretary of Health of Pakistan, as Alternate Board member-elect for the EMRO constituency.
- 1.3 Standing declarations of interest were tabled to the Board (Doc 01a in the Board pack).
- 1.4 The Board noted its minutes from 4-5 December 2024 (Doc 01b) which were approved by no objection on 16 April 2025.
- 1.5 The Chair referred to the consent agenda (Doc 01d) where nine recommendations were presented for consideration. At the request of the Chair, Brenda Killen, Director, Governance and Secretary to the Board, presented the consent agenda decisions.
- 1.6 The Chair noted the Board workplan (Doc 01e).
- 1.7 The Chair reported that during the closed session on the morning of 24 July 2025, the Board had reaffirmed, based on the discussions at the Board retreat that took place immediately before the Board meeting on 22-23 July 2025, that the Board had achieved its objectives of recalibrating Gavi 6.0 in line with resources currently available, and had reviewed amended recommendations that would be presented to the Board for decision.
- 1.8 The Chair also reported that the Board had received an update on progress on the Secretariat review and reduction in operating expenses, as well as an update on the Board Chair search process.
- 1.9 The Chair referred to the *Global Summit: Health and Prosperity Through Immunisation* event and the outlook for Gavi's mission, highlighting the success of the summit which witnessed a widespread recognition of the value of Gavi. He noted that while Gavi did not achieve its target of US\$ 11.9 billion, it secured more than 80% of its initial ask, with more pledges expected to come.

### **Decision 1**

The Gavi Alliance Board:

**Reappointed Yibing Wu**, as an Unaffiliated Board Member, effective 1 November 2025 and until 30 October 2026.

*Yibing Wu (Unaffiliated) recused himself and did not vote on Decision 1 above.*

### **Decision 2**

The Gavi Alliance Board:

**Reappointed Yibing Wu**, as Chair of the Investment Committee, effective 1 November 2025, and until 31 December 2025.

*Yibing Wu (Unaffiliated) recused himself and did not vote on Decision 2 above.*

### **Decision 3**

The Gavi Alliance Board:

- a) **Reappointed Omar Abdi** as Vice Chair of the Board with individual signatory authority, effective 1 January 2026 and until 31 December 2027
- b) **Reappointed Omar Abdi** as Chair of the Governance Committee, effective 1 January 2026 and until 31 December 2027.

*Omar Abdi (UNICEF) recused himself and did not vote on Decision 3 above.*

### **Decision 4**

The Gavi Alliance Board:

**Approved**, exceptionally, the proposed time-bound waiver to the Independent Review Committee (IRC) Terms of Reference, authorising the Secretariat to recommend for approval country grant extension requests during the transition from Gavi 5.1 to 6.0.

### **Decision 5**

The Gavi Alliance Board:

**Approved** the Speak Up Policy as set out in Annex A to Doc 01d.

### **Decision 6**

The Gavi Alliance Board:

**Retired** with immediate effect the Gavi Alliance Stock Gift Policy attached as Annex B to Doc 01d.

### **Decision 7**

The Gavi Alliance Board:

- a) **Approved** the revised governance pathways to evaluate next generation vaccines targeting already-supported pathogens for potential inclusion on the Gavi “product menu” attached as Annex C to Doc 01d; and
- b) **Noted** that the revised governance pathways include an assessment of the relevance of the next generation vaccines to Gavi countries, the anticipated budget impact and programmatic, regulatory, demand and market health benefits and risks, an investment case presented to the Programme and Policy Committee and Board if these risks and budget impact are considered material, and an assessment of whether the vaccines meet Gavi’s Product Portfolio Management principles for inclusion on the Gavi “product menu”.

### **Decision 8**

The Gavi Alliance Board:

**Approved** the Health Systems Strategy attached as Annex D to Doc 01d.

### **Decision 9**

The Gavi Alliance Board:

**Approved** the mission and strategy performance monitoring indicators for the 2026-2030 strategy attached as Annex E to Doc 01d.

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## **2. CEO’s Report, including Gavi 5.1 Strategy, Programmes and Partnerships: Progress, Risks and Challenges**

- 2.1 Sania Nishtar, Chief Executive Officer, provided an update on Gavi 5.1 Strategy, Programmes, and Partnerships (Doc 02). The CEO summarised the programmatic Balanced Scorecard for Q2 2025, noting that the Alliance is largely on track to meet its targets by the end of Gavi 5.1.
- 2.2 She provided an update on Gavi Strategic Goals 1-4, and highlighted that new routine introductions exceeded the Gavi 5.1 targets, but outbreaks remain a top risk for the Alliance. She noted that the Big Catch-Up (BCU) efforts have shifted to implementation with early signs of lagging performance; country co-financing obligations hit a new record in 2024 despite macro-economic challenges and competing priorities; and Gavi is on track with its market health targets, except for rotavirus, human papillomavirus (HPV), cholera, and malaria.
- 2.3 She highlighted a recent study from the Burnet Institute in Melbourne which shows that emergency vaccination remains a proven cost effective tool, and as

a result of outbreak response, vaccines cut deaths by an average of nearly 60%.

- 2.4 Dr Nishtar highlighted some recent key achievements and recognition, including the equal salary certificate.
- 2.5 With regards to the Gavi Leap, the CEO highlighted changes across five priority areas to accompany the roll out of the Gavi 6.0 strategy, as well as key strategic shifts. She emphasised that in addition to ushering in a bold transformation of the Secretariat and the operating model, the Gavi Leap aims to also contribute to the transformation of global health by providing a blueprint for a wider global health leap.

### *Discussion*

- The Board expressed appreciation for the comprehensive update, and congratulated Gavi on the replenishment outcome and the progress made to date on delivering Gavi 5.1, including the record co-financing commitments achieved by countries which is a strong indicator of success.
- The Board commended the Gavi Leap and underlined that simplified processes must be aligned with countries' national plans.
- In relation to the Zero-Dose agenda, the Board emphasised the need to accelerate efforts and rethink the approach and strategy to reach Zero-Dose children who are mostly concentrated in fragile and conflict settings where immunisation coverage remains of concern. Challenges on updating birth census and birth registries in some regions such as the Americas were highlighted, which requires strengthening health information systems.
- Several Board members emphasised the need to accelerate the implementation and completion of the Big Catch-Up (BCU) campaign by the end of the Gavi 5.1 strategic period. Board members highlighted the importance of allowing countries flexibility to extend implementation into 2026 and close their immunity gaps. The CEO acknowledged that the challenges related to the implementation of BCU were beyond Gavi's control, and highlighted ongoing in-depth country reviews to address these challenges.
- The Board encouraged the Secretariat to continue its efforts to collaborate with other Global Health initiatives (GHIs), with clearly defined objectives, and encouraged closer collaboration with the Africa Centres for Disease Control and Prevention (Africa CDC) and the African Union.
- Several Board members expressed concerns on the rising number of outbreaks including measles. They highlighted the need to strengthen health systems resilience, enhance countries' capacity for outbreak response, integrate immunisation with other services and ensure sufficient vaccines stockpiles.

- The CEO acknowledged the need to focus on Gavi's core mission, and for broader reforms in the GHIs, and reiterated that Gavi is aligned with the necessity for reforms, which is at the centre of the Gavi Leap.
- One Board member expressed concerns on the impact of the Gavi 6.0 recalibration on market shaping which may affect progress on the African Vaccine Manufacturing Accelerator work.
- One Implementing Country representative underlined the importance of reviewing the representation of implementing countries within Gavi governance moving forward, noting the need to enhance the voice of this constituency on the Gavi Board.
- One Board member underlined the importance of the inclusion of the 9-valent human papillomavirus vaccine (HPV) in the Gavi portfolio. The CEO noted that Gavi now has a new generation vaccine assessment process which will provide a pathway for this vaccine to be assessed.
- One Board member requested a deep dive be conducted into campaigns to identify key issues, assess potential savings and understand recent or upcoming changes.

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

- 3.1 The Chair introduced this item by recognising the significant amount of work driven by the Board Committees and the International Finance Facility for Immunisation (IFFIm) to support the Board and Gavi leadership.

#### *Governance Committee*

- 3.2 Omar Abdi, Governance Committee (GC) Chair, presented a report on the activities of the Governance Committee.
- 3.3 In terms of routine work of the Governance Committee, he indicated that in 2025 it had monitored the governance risk matrix and the implementation of the 2023 Board and Committee Evaluation, including the ongoing action to strengthen the implementing country constituency; and managed the recruitment of unaffiliated Board members via a sub-committee.
- 3.4 He also reported that the Governance Committee had: i) reviewed the governance structures of the COVAX Advance Market Commitment Investors Group, African Vaccine Manufacturing Accelerator, and Day Zero Financing Facility, and had recommended that the governance structures for these bodies needed to be clear on the primacy of Gavi Alliance Board structures without

parallel decision-making structures; ii) reviewed the recommendations emanating from the Evaluation Function Review, and had supported a stronger role for the Programme and Policy Committee in evaluation in Gavi 6.0; iii) identified a need for a strengthened Ethics component of the Board, including a code of conduct for Governance Officials, due diligence process, and proposal for a means to remove officials in case of a breach, which will come back to the Governance Committee for consideration; and iv) monitored progress on collaboration with other organisations and had proposed that the Gavi Board Chair discuss with the Board Chair of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) ways to strengthen the collaboration moving forward.

- 3.5 Mr Abdi also reported that the Governance Committee had approved exceptionally a time-bound waiver to the Independent Review Committee Terms of Reference and authorised the Secretariat to approve grant extensions during the transition from Gavi 5.1 to 6.0.

#### *Audit and Finance Committee*

- 3.6 David Sidwell, Audit and Finance Committee (AFC) Chair, presented the report of the AFC.
- 3.7 He reflected on the work undertaken to improve the presentation of financial information, strengthen the Treasury function, oversee the Audit & Investigation workplan, and to review the breadth of Gavi's technology projects to strengthen cyber security.
- 3.8 He noted that the AFC had reviewed and recommended for Board approval the 2024 audited financial statements and the new Speak Up Policy, which would supersede the Gavi Whistleblowing Policy.
- 3.9 Mr Sidwell also emphasised that in light of the refocusing of the Gavi 6.0 strategy the AFC would begin work on key strategic risks in order to ensure appropriate mitigation measures including a refresh of the Gavi risk appetite statement.

#### *Investment Committee*

- 3.10 Yibing Wu, Investment Committee (IC) Chair, presented the report of the IC, and provided a summary of the investment portfolio results, noting the current volatile and unpredictable market, with ongoing concerns related to tariff shocks, geopolitical flashpoints and government deficits.
- 3.11 Mr Wu reported that over the past five years the Investment Team had delivered a consistent return above the benchmark, despite an underperformance against the benchmark over the past 5 months due to currency exposure.

- 3.12 He summarised the Investment Committee's strategy to enhance the return moving forward in what is expected to be a continued period of high volatility and rapid change.

#### *Programme and Policy Committee*

- 3.13 Anne Schuchat, Chair of the Programme and Policy Committee (PPC), noted that she would have the opportunity to intervene throughout the Board agenda on items where the PPC had already deliberated, so opted to keep her Chair's report brief.

#### *Evaluation Advisory Committee*

- 3.14 James Hargreaves, Evaluation Advisory Committee (EAC) Chair, presented a report on activities of the EAC since the last Board meeting.
- 3.15 He reported on the current portfolio of independent evaluations, the dissemination and use of evaluation evidence, and preparation of the evaluation workplan for Gavi 6.0.
- 3.16 Dr Hargreaves also discussed the Evaluation Function Review and the process to right-size the Evaluation function and get it ready for Gavi 6.0. He noted the evolution of evaluation within the broader Measurement, Evaluation, and Learning system for Gavi 6.0, and the importance of getting the balance right between the more agile short-term learning type activities and the occasional need for bigger, more independent evaluations. He reported that the EAC is very supportive of a strengthened link with the PPC moving forward. He also indicated that the EAC had discussed the suggestion of potentially shifting the Quality Assurance function from the EAC to an external provider, recognising there were both positive and negative possibilities associated with that shift, including a concern about the likely value for money of such a change given the limited number of independent evaluations per year. He also reflected on the culture of evaluation within Gavi and the Alliance and in Gavi 6.0 how to generate support for evaluations across the Alliance.

#### *IFFIm Board*

- 3.17 Kenneth Lay, IFFIm Board Chair, presented the report of the IFFIm Board.
- 3.18 Mr Lay noted that IFFIm is now 20 years old and reflected on the collaboration between IFFIm and Gavi during that period, in which IFFIm has provided approximately 15% of Gavi's funds.
- 3.19 He also reflected that during the COVID-19 pandemic, IFFIm had provided a flexible resource for Gavi, and that in recent years IFFIm funding for Gavi had dramatically increased with recent transactions in both dollar and sterling markets.

- 3.20 Following the recent Global Summit event, he emphasised that it will be beneficial to have IFFIm as an efficient backstop within Gavi's fiscal toolkit. He also touched on several potential opportunities for IFFIm moving forward, including currency composition, using guarantees and other instruments to further diversify the toolkit.

#### *Discussion*

- With respect to the strategic risks linked to Gavi's current funding levels, it was queried whether any innovative financial mechanisms might be replicated to reduce those risks. The Investment Committee Chair noted that there is close engagement between the IC and the AFC on managing short-term Treasury risk and providing guidance. It was also highlighted that the Investments Team is very lean and low cost when compared with other organisations.
- Board members indicated support for IFFIm seeking an expanded donor base and potentially an expanded toolkit and queried whether i) IFFIm would be able to function at the current financing level; and ii) existing donors could be included in discussions of potential new tools. It was clarified that IFFIm is actively seeking to diversify and broaden its donor base, including with sub-sovereign entities, philanthropic institutions and other mechanisms.

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#### **4. Update from the Global Summit: Health & Prosperity Through Immunisation**

- 4.1 Marie-Ange Saraka-Yao, Chief Resource Mobilisation and Growth Officer, presented an update on the key highlights of the *Global Summit: Health & Prosperity Through Immunisation* event as well as next steps.

#### *Discussion*

- Board members congratulated the hosts of the Global Summit event for the impressive results achieved in the current global context and acknowledged the role of all Alliance partners in the success of the event.
- Board members emphasised the importance of strong communication moving forward as Gavi engages in other global events such as the Tokyo International Conference on African Development (TICAD) and African Union events. The Secretariat confirmed that it is working on a communication plan and that it would be reporting back to the Board on progress in securing pledges.
- Board members also recognised the important commitments from multilateral development banks (MDBs) and other financial institutions and the possibility of scaling up such opportunities. The Secretariat summarised the commitments from MDBs that had been made at the Global Summit, including liquidity

facilities and co-financing commitments, and noted that it was working on securing additional strategic commitments.

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## 5. Financial Update including forecast

- 5.1 François Note, Chief Financial Officer, presented the financial update including the financial forecast (Doc 05).

*There were no comments or questions on this item.*

### **Decision 10**

The Gavi Alliance Board:

- a) **Noted** that the Audit and Finance Committee reviewed the recommendations to be made to the Programme and Policy Committee and concluded that there are no financial implications for the Gavi 5.1 strategic period;
- b) **Approved** the Gavi 5.1 Financial Forecast (2021-2025) of Qualifying Resources of US\$ 13.6 billion and Forecast Expenditure of US\$ 13.4 billion;
- c) **Noted** that the financial forecast reflects the risk that reduced partner and country delivery capacity will impact Gavi programmes, at an estimated value of US\$ 214 million in 2025. In the event that the risk of lower vaccine demand does not materialise, the Secretariat is **authorised** to fund these programmes in line with country plans and up to a total Gavi 5.1 Expenditure of US\$ 13.6 billion;
- d) **Noted** that a number of risks and opportunities in relation to the Gavi 5.1 financial forecast have been identified which may lead to additional changes in the forecast;
- e) **Noted** that in light of the uncertainty of the environment, no additional commitments beyond existing programmatic commitments will be made against the forecasted net available funds of US\$ 185 million;
- f) **Noted** the remaining balance on the COVAX Advance Market Commitment Pandemic Vaccine Pool is US\$ 1.9 billion.

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## 6. Funding Policy Review

- 6.1 Marta Tufet Bayona, Head, Policy, and Emmanuel Bor, Director, Immunisation Financing & Sustainability, presented on the review of Gavi's funding policies, which outline the key objectives and principles under which Gavi provides funding to eligible countries, taking into account the adjustments to the proposed decision language following the Board Retreat recalibration (Doc 06).

## *Discussion*

- The Board commended the Secretariat on the highly inclusive and consultative process leading to this Board meeting.
- The Board supported the amended decision on the updated funding policies reflecting the Board Retreat recalibration, acknowledging the challenges faced by countries and stressing the importance of continued resource mobilisation and progress on the Gavi Leap.
- Several Board members commended the Eligibility, Transition and Co-financing (ELTRACO) policies, which raised the eligibility threshold to Gross National Income (GNI) to US\$ 2,300 per capita in 2026 as a timely and strategic adjustment to support countries.
- Some Board members emphasised the importance of early communication on the Co-financing policy to countries, including providing clarity on the impact for each country, and advocated for flexibility for countries facing conflict or other disruptions as well as for targeted country support to strengthen planning, data and absorptive capacity. The Secretariat reassured the Board that there will be a comprehensive communication and country engagement plan.
- Responding to a request for clarification, the Secretariat confirmed and agreed to correct language in Annex B to Doc 06 to reflect that Initial Self-Financing countries will pay 5% co-financing on campaign doses.
- Several Board members stressed the importance of conducting a risk assessment of the policy changes and continuously monitoring implementation. In particular, a concern was raised that the cumulative changes may lead to disproportionate impact on the malaria programme which is of high importance to many countries. The Secretariat confirmed the implementation of the policies would be monitored.
- In response to a query regarding the development of 'caps and floors' for the allocation formula in the Health Systems and Immunisation Strengthening (HSIS) policy, the Secretariat confirmed that simulations would be developed based on the recalibration outcomes for review by the PPC and would be brought to the Board in December 2025. The Secretariat also clarified that following the outcomes of the Board recalibration, most countries would face significant reductions in the HSS envelope.
- When asked whether the Board's previous decision on malaria co-financing in 2022 would remain in effect, the Secretariat clarified that the revised recommendation language regarding malaria co-financing would supersede the 2022 decision language.
- While one Board member requested to consider postponing the effective date of the new policies until 2027, the Board reached a consensus to approve the

decisions in this Board meeting and continue with implementing the changes from 2026, noting high risks of a delay.

- One Board member proposed amended decision language regarding the Co-financing of inactivated polio virus (IPV) vaccine with the aim of balancing the financial components of co-financing with the epidemiological risks, as well as the desire not to undercut GPEI's goals.

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### **Decision 11**

The Gavi Alliance Board:

- a) **Approved** the revised Eligibility and Transition Policy attached as Annex A to Doc 06;
- b) **Approved** the revised Co-financing Policy attached as Annex B to Doc 06;
- c) **Approved** the revised Health Systems and Immunisation Strengthening (HSIS) Policy attached as Annex C to Doc 06;

As discussed by the Gavi Alliance Board in its Gavi 6.0 recalibration, the Board agreed to:

- d) **Rescind** the following items, approved in December 2024 (Decision 9: ELTRACO, including Catalytic Phase):
  - For countries in preparatory and accelerated transition, establishing an introductory co-financing cap of 35% for all new vaccines, with the exception of measles and measles-rubella;
  - Providing countries in accelerated transition (AT) with eight years of vaccine support for all new vaccines introduced during AT, regardless of when during the AT phase they are introduced;
  - Providing five years of additional programmatic support to reinforce programmatic capacities for countries post-AT who meet the specified criteria;
  - The backsliding objective and support under the Catalytic Phase; and
  - Under the Catalytic Phase, applying the proposed performance indicators and prioritisation criteria in determining eligibility for Targeted Intervention support to Former-Gavi-eligible countries experiencing backsliding.
- e) **Approve** co-financing requirements as from 2026 for Gavi-supported vaccines for use in Gavi supported Campaigns, including One-Time Immunisation Campaigns and Periodic Follow-up Campaigns, excluding Outbreak Response Campaigns, as follows:

- Co-financing requirement for initial self-financing countries at 5% of the total price of vaccine doses;
  - Co-financing requirement for preparatory transition countries at 10% of the total price of vaccine doses; and
  - Co-financing requirement for accelerated transition countries at 20% of the total price of vaccine doses;
- f) **Approve** a transition approach for Fully Self-Financing (FSF) countries to assume full funding of their IPV and Hexavalent vaccine programmes, to be reviewed by the Programme and Policy Committee no later than 2028.

This **rescinds** the exceptional co-financing arrangements for polio as they apply to FSF countries, as endorsed by the Board in June 2019 (Decision 15: Co-financing Arrangements for Inactivated Poliovirus Vaccine (IPV) Post 2020), and in December 2022 (Decision 10) on support for IPV and the IPV subsidy for Hexavalent vaccines. Under this approach:

- High-Income and Upper Middle-Income Countries (UMICs)\* currently receiving support for IPV and Hexavalent vaccines will fully self-finance these programmes starting in 2026
  - Lower Middle-Income Countries (LMICs)\* currently receiving support for IPV and Hexavalent vaccines will receive a one-year grace period in 2026, followed by 50% co-financing in 2027, and be required to fully self-finance (100%) their IPV and Hexavalent programmes from 2028 onwards. Subsequently, newly designated FSF countries will receive a one-year grace period, followed by 50% co-financing in year two, and be required to fully self-finance (100%) from year three onwards.
  - In the event of an outbreak, a country's funding transition requirements may be reviewed.
- g) **Rescind** the exceptional co-financing arrangements for malaria vaccines, as endorsed by the Board in December 2022 (Decision 19, item c) and **approve** the following co-financing requirements for malaria vaccine support as from 2026:
- For initial self-financing countries: Country co-financing follows the co-financing policy (\$0.20 per dose);
  - For preparatory transition countries: Country co-financing starts at US \$0.20 per dose in the first year of introduction and the co-financing per dose increases by 30% annually; and
  - For accelerated transition countries: Country co-financing follows the co-financing policy, with linear increase to reach 100% of vaccines costs in the first year of the fully self-financing phase.

\*As per World Bank definition

*Bvudzai Magadzire (CSO), George Laryea-Adjei (UNICEF), Kent Ranson (World Bank), Kate O'Brien (WHO), and Saad Omer (R&THI) recused themselves and did not vote on part c of Decision 11 above. Soleh Ayubi (DCVMN) and David Peacock (IFPMA) recused themselves and did not vote on the full Decision 11 above.*

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## **7. Update on Mpox**

- 7.1 Emanuele Capobianco, Director, Global Health Security, presented an update on Gavi's response to the ongoing mpox outbreak in Africa (Doc 07).
- 7.2 He also outlined the proposed mpox vaccine stockpile to allow for long term, rapid response to mpox outbreaks in Gavi 6.0.

### *Discussion*

- With the conditions of the Vaccine Investment Strategy 2024 investment case having now been met and the cost included in the proposed Gavi 6.0 budget following the Board recalibration exercise, the Board strongly supported the proposal to establish an mpox stockpile.
- The Board commended Gavi's overall coordinated mpox response as a testament to Gavi's resilience and quick response through the First Response Fund, stressing that emergency response is an increasingly important part of Gavi's role.
- Board members discussed a concern related to the indicated limitations on coverage of the proposed stockpile size (noting that the current stockpile size of 500,000 doses) is estimated to be sufficient to respond to 44-52% of outbreaks in Gavi 6.0) per the Johns Hopkins Gavi commissioned learning agenda) and emphasised the value of re-assessing the stockpile size dependent on available resources in the future.
- With respect to a potential gap between the current Gavi support in 2025 and the start of stockpile in H2 2026, the Secretariat noted that Gavi had used part of the First Response Fund to support additional procurement by UNICEF and highlighted that the 3 million LC-16m8 vaccine doses donated by Japan would contribute to the overall response. It was noted that Gavi delivery funding can also be used for the implementation of the LC-16m8 doses, and that this would be important, in particular around the use of bifurcated needles which would require training.
- One Board member queried the impact of mpox on children, to which it was clarified that the disease has moved into the community, with 45% of the

reported cases in children and under 1-year olds at highest risk of mortality. It was noted that SAGE has a recommendation on how to manage mpox vaccination in outbreak situations, and once more data on community transmission in households is available, new recommendations will be made.

- In response to a question as to how mpox stockpile doses will be allocated, the Secretariat clarified the stockpile, is proposed to be managed by the International Coordinating Group (ICG) on Vaccine Provision, pending approval by the Governance Oversight Committee of the ICG. The ICG would establish and manage the stockpile according to the ICG Accountability Framework, as is done for other stockpiles (i.e. cholera, meningitis, etc.).
- Several Board members emphasised the importance of market shaping and suggested mpox to be a designated priority vaccine in the African Vaccine Manufacturing Accelerator (AVMA). The CEO recognised the huge appetite for vaccine sovereignty and clarified the AVMA progress report plus a proposal regarding the list of AVMA priority antigens would come to the Board in December 2025.
- The CEO stressed that many stakeholders have a responsibility to provide the right environment to bring AVMA investments to life, emphasising the importance of investing in regulatory capacity and that demand is the most important factor, noting governments must commit to buying from manufacturers from the continent.
- The UNICEF Board Member, while recused from the decision, reiterated that UNICEF had access to additional mpox vaccines should they be required to bridge the gap, but noted that funding is lacking.

## **Decision 12**

The Gavi Alliance Board:

- a) **Approved** the opening of a funding window for the establishment of an mpox programme through an emergency stockpile for i) reactive vaccination in an outbreak setting and ii) potential repurposing of stockpile doses at risk of expiring for preventive vaccination in at-risk groups contingent on SAGE recommendations;
- b) **Noted** ongoing efforts to address data gaps, including the stockpile sizing learning agenda and the collaborative design of the global stockpile, shaping the final programme and financial estimates.

*Soleh Ayubi (DCVMN), David Peacock (IFPMA), Bvudzai Magadzire (CSO), Leila Pakkala (UNICEF), Kate O'Brien (WHO) recused themselves and did not vote on Decision 12 above.*

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## 8. Respiratory Syncytial Virus (RSV) Investment Case

- 8.1 Marta Tufet Bayona, Head, Policy, presented this item (Doc 08) for decision. She provided an updated investment case for the Respiratory Syncytial Virus (RSV) maternal vaccine to protect infants, given it now meets the investment conditions highlighted in the Vaccine Investment Strategy (VIS) 2018.

### *Discussion*

- The Board strongly endorsed the opening of a funding window for the establishment of a Respiratory Syncytial Virus (RSV) maternal vaccine programme in the Gavi portfolio, commending the decision as core to Gavi's mission to reduce infant mortality in Lower Income Countries.
- The Board emphasised the importance of Antenatal care (ANC) follow up and integration opportunities with Primary Health Care (PHC) services for successful introduction in Lower Income Countries.
- Several Board members raised concerns that health systems support, while critical for the introduction of RSV, is under stress in light of reductions in Official Development Assistance (ODA) funding and resource shortages across the Alliance.
- One Board member noted the need to continue to look at further research on monoclonal antibodies (mAbs). The Secretariat clarified that long term mAbs to protect infants are still under consideration per the Board's VIS 2018 in-principle decision and will be brought back to the Board for consideration once key investment conditions are met, such as WHO prequalification and a price more closely aligned with the initial in-principle decision. It was noted that the earliest WHO prequalification might be expected in 2029.
- Several Board members stressed the importance of a clear communication and community engagement strategy to address trust challenges or misinformation, and to reach mothers not being consulted today.
- The representative of the World Bank reiterated on behalf of the World Bank and Global Financing Facility (GFF) their support of the RSV introduction and scale up given their prior support of ANC platforms, emphasising that this could be a focused area for collaboration under the Lusaka agenda.
- In response to the discussion, the Secretariat reiterated that integration is key, clarified that countries have tools now available to assess maternal immunisation readiness and stressed the importance of a communication strategy to address concerns.

### **Decision 13**

The Gavi Alliance Board:

- a) **Approved** the opening of a funding window for the establishment of an RSV maternal vaccine programme to protect infants;
- b) **Noted** that the initial cost estimates associated with the above approval for the period 2026-2030 are US\$ 14.8 million. Future financial forecasts will reflect potential changes in the underlying assumptions of these estimates.

*Soleh Ayubi (DCVMN), David Peacock (IFPMA), George Laryea-Adjei (UNICEF), Kate O'Brien (WHO) recused themselves and did not vote on Decision 13 above.*

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## **9. Alignment of Country Grant Cycles with the Gavi Strategy Cycle**

- 9.1 Johannes Ahrendts, Director, Strategy, Design & Delivery, presented this item (Doc 09). He outlined the approach to move to fixed country grant cycles aligned with the Gavi five-year strategy cycle as part of the grant management reform.

### *Discussion*

- The Board welcomed the grant cycle alignment proposal and emphasised the importance of prioritising country choices and flexibilities, monitoring and evaluation, fully engaging with partners and countries to ensure a country-driven process and ensuring that both countries and partners have the capacity to implement these changes in a budget-constrained environment.
- The Secretariat emphasised that country centricity is central to the Gavi Leap. The goal is to empower countries, significantly reduce their workload, and provide them with real-time information through a comprehensive set of policies. This approach will also enhance financial accounting, strengthen reporting, and improve forecasting processes.
- The Secretariat noted that the transition into the new grant cycle has been carefully planned and will be executed in phases, considering both country and Secretariat capacities. Countries will be given a two-year transition period, with two options available to help them align with the fiscal year cycle and their national immunisation plans.
- Board members cautioned that the *use it or lose it* principle may lead to unintentional inefficient use of resources, and would require careful mitigation plans, particularly in countries with low absorptive capacities. Acknowledging these concerns, the Secretariat explained that this concept has been used by

many donors and proved to be successful. It requires strong budgeting and monitoring of programmatic and financial indicators. Additionally, plans are underway with partners to address absorption challenges in some countries.

- The Board strongly emphasised the need for GHIs to align with the one country plan and budget, in accordance with the Lusaka agenda. They reiterated the importance of significantly simplifying the grant application processes. It was noted that aligning grant cycles across different GHIs may be challenging; therefore, the existing national and strategic health plans should serve as the common denominator for alignment to be effective on the ground.
- The Secretariat acknowledged the Board members' observations on the differing durations of the Global Fund and Gavi grant cycles. It was noted that most countries apply for Global Fund grants within the first year of the three-year cycle, aligning with Gavi's plans for 2026-2027. Gavi is working on aligning country applications for malaria and HSS on a country-by-country basis. A joint task force is addressing the differing end dates of the grant cycles and has proposals ready to present.
- Regarding concerns expressed about the newly proposed joint MDB financing not being included in the grant cycle alignment planning, the Secretariat noted that these funding opportunities are still new and require further reflection on how to synchronise them on a country-by-country basis. Countries will need to optimise their timelines in 2026 and 2027 to utilise the MDB funding opportunities, but this will need more consideration.

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## 10. Approach to Fragile and Humanitarian Settings

- 10.1 Amy LaTrielle, Chief Grant Management Officer, presented this item (Doc 10). She provided overarching remarks to present the approach to fragile and humanitarian settings and introduced the strategic shifts in Gavi's delivery model to improve effectiveness in these settings. She noted the adjustments to the proposed decision language following the Board Retreat recalibration.
- 10.2 Johannes Ahrendts, Director, Strategy, Design & Delivery, outlined the Gavi Resilience Mechanism (GRM) to respond to unforeseen needs, and noted the updated funding allocated for this mechanism following the Gavi 6.0 recalibration exercise.

### *Discussion*

- The Board strongly supported the approach to fragile and humanitarian settings, and emphasised the need for fungibility, flexibility, and prioritisation of full funding for this approach, as and when, more funding becomes available.

- The Secretariat noted the Board's request to prioritise any additional funds that become available for this approach and underlined that the Board will be engaged in the prioritisation process.
- The Board also highlighted the importance of focusing on implementation which requires more agile ways of working, improving processes in practice, leveraging existing capacities, focusing on learning and evaluation while strengthening partnerships with organisations like the GPEI.
- Several Board members underlined the responsibility of governments to provide services to all populations living in their communities.
- Some Board members expressed concerns that the focus on context-appropriate vaccines, including traditional vaccines, under shift 1 might reduce domestic allocation and the involvement of other humanitarian actors. They also cautioned against Gavi expanding its role. The Secretariat acknowledged these concerns and reiterated that traditional vaccine support will be used judiciously, while fully respecting Gavi's mandate.
- Regarding the GRM, the Secretariat was encouraged to include modalities for refugees and displaced populations, within and outside of camps. The Secretariat noted that the GRM will provide the flexibility and needed support across these settings.
- Several Board members underlined the importance of having the right tools and partnerships to reach children living in difficult settings, and the need to innovate and collaborate closely with Civil Society Organisations (CSOs), Humanitarian partners, and faith-based groups.
- In responding to a comment from the Board the Secretariat clarified that governments are central to the proposed approach. While Gavi may need to engage beyond governments in certain areas, they remain the primary entry point and key to Gavi efforts. Regarding inaccessible areas, the Secretariat emphasised that its premise is equity, and efforts will be made to operate within existing frameworks and with existing partners, including Humanitarian partners, CSOs and faith-based organisations that understand these settings and can operate safely within them.
- The Secretariat acknowledged comments from Board members on the need for sustainability and highlighted multiple funding opportunities for fragile and humanitarian settings, including through the cash grants which favour these countries in Gavi 6.0 with increased funding ceilings.

## **Decision 14**

The Gavi Alliance Board:

**Approved** the Fragile and Humanitarian (F&H) approach for Gavi 6.0 as outlined in Annex B to Doc 10, as amended by the Board in its Gavi 6.0 recalibration, including a US\$ 150 million reduction of the additional cost to fully deliver on the ambition of the F&H approach, to be applied with proportionality and fungibility across: a) Gavi Resilience Mechanism, b) support for traditional vaccines, and c) catch-up of missed children up to age 5.

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## **11. Evolution of Gavi's Partnership Approach**

11.1 Marta Tufet Bayona, Head, Policy, and Quentin Guillon, Head, Strategy, presented this item, including the adjustments to the proposed decision language following the Board Retreat recalibration.

### *Discussion*

- Board members welcomed the proposed evolution of the Partnership Approach, appreciating that it includes greater country ownership on the identification of technical assistance needs and partner selection, as well as increased transparency and accountability.
- Board members emphasised the importance of keeping countries at the centre of the model and cautioned against overburdening countries with additional reporting requirements. The Secretariat confirmed that countries will remain at the centre of a simplified partnership approach.
- Board members noted that the clear identification of functions across partners places Gavi at an advantage compared to other GHIs. However, the Board encouraged the Secretariat to map the partners' functions alongside the Secretariat's to avoid any critical gaps or duplication and allow the inclusion of additional organisations as needed. The Secretariat confirmed that a mapping of global functions across the partners and Secretariat would be undertaken feeding into the next phase of the Secretariat review.
- With respect to the indicators that would be used, the Secretariat clarified that the indicators had been developed in consultation with countries and partners, most recently at a WHO Expanded Programme on Immunization (EPI) meeting in July 2025, and feedback was positive from countries.
- Board members were supportive of the country components of the Partnerships Accountability Framework and indicated that this was an important first step

towards improved accountability. One Board member noted there is room for refinement of the indicators over the course of implementation.

- Board members encouraged the Secretariat to consider the shortfalls faced by Alliance partners, by simplifying processes, and granting additional flexibility or no cost extensions, and accelerating the contracting process if necessary.
- David Sidwell, AFC Chair, noted that he supported the AFC providing oversight of the implementation of the partnerships approach and would explore how to do this in the short-term, potentially with an external resource.
- Several Board members from Alliance partners who were recused from taking part in the decision requested the floor after the Board had discussed the decision language to express their support and appreciation for the country-centric approach.

### **Decision 15**

The Gavi Alliance Board:

- a) **Approved** the evolution of the Partnership Approach described in Annex D to Doc 11, as amended by the Board in its Gavi 6.0 recalibration, including a US\$ 100 million reduction of the Foundational Fund to be applied proportionately across the three guardrails: a) Country Foundations [to US\$ 154 million], b) Global and Regional Foundations [to US\$ 159 million] and c) Global and Regional Solutions [to US\$ 80 million].
- b) **Approved** the country foundational functions component of the Partnerships Accountability Framework (PAF) described in Annex C to Doc 11.

*Bvudzai Magadzire (CSO), George Laryea-Adjei (UNICEF), Kent Ranson (World Bank), Kate O'Brien (WHO), and Saad Omer (R&THI) recused themselves and did not vote on Decision 14 above.*

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## **12. Collaboration with the Global Fund to Fight AIDS, Tuberculosis and Malaria ('Global Fund') and other organisations**

12.1 Hannah Burris, Chief of Staff, and Johannes Ahrendts, Director, Strategy Design and Delivery, presented this item.

### *Discussion*

- Board members were strongly supportive of the proposed direction of travel and ambition. The Board emphasised the importance of keeping countries at the centre, addressing implementation challenges in countries, being flexible, and

increasing the effectiveness of both organisations. The Secretariat confirmed these are central principles to the workstream.

- Recognising the complexity and systemic difficulties, the Board encouraged the two CEOs to engage and present options. The Secretariat noted that it would engage an external firm to get outside perspective, which would be particularly useful for the areas where the two organisations might find it difficult to align.
- Board members also requested that the materials provided to the Boards of both Gavi and the Global Fund be aligned so they can engage on risks and opportunities.
- The Board also requested that the Secretariat report back by the end of 2025 about opportunities to strengthen the enabling function collaboration in addition to a broader update on the Global Fund collaboration.
- With respect to the new proposed Task Force, the Board requested that the Secretariat be clear about the objectives and how it will be different from the previous Joint Committee Working Group (JCWG) and the steps to get there.
- One Board member requested that the Secretariat organise another joint meeting of the Boards of Gavi and the GPEI Polio Oversight Board.

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### **13. Review of Decisions**

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

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### **14. Any other business and Closing remarks**

- 14.1 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

1. José Manuel Barroso, Chair
2. Omar Abdi, Vice Chair
3. Awa Marie Coll-Seck
4. Mekdes Daba (virtual on Day 2)
5. Brian Erazo Muñoz
6. Jeremy Farrar (observing in part)
7. Anna Halén
8. Mohamed Jama
9. Robert Kargougou
10. Ruth Lawson
11. Mark Lloyd
12. Bvudzai Magadzire
13. Ryo Nakamura
14. Saad Omer
15. David Peacock
16. Ana de Pro Gonzalo
17. Alexandra Rudolph-Seemann
18. Budi Gunadi Sadikin
19. Deena Schiff
20. Anne Schuchat
21. Anna Sedgley
22. David Sidwell
23. Karen Sørensen
24. Greg Widmyer
25. Yibing Wu (Day 1 only)
26. Sania Nishtar (non-voting)

#### Regrets

1. Sai Prasad
2. Melissa Hisko (Alternate)
3. Lyonpo Tandin Wangchuk (Alternate)

#### Board member-elect

1. Syed Waqar-ul Hassan

#### Alternates Observing

1. Soleh Ayubi
2. Joan Benson
3. Cécile Billaux
4. Frode Forland
5. Sue Graves
6. George Laryea-Adjei
7. Silvia Lutucuta
8. Francesca Manno
9. Kwabena Mintah Akando
10. Lena Nanushyan\*
11. Kate O'Brien
12. Leila Pakkala
13. Michael Kent Ranson
14. Lucas de Toca
15. Onei Uetela
16. Rhoda Wanyenze

### 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 Ingrid Van Wees, IFFIm Director  
 Ms Rachel Turner, IFFIm Director  
 Mr Helge Weiner-Trapness, IFFIm Director

#### BILL & MELINDA GATES FOUNDATION

Mr Adrien de Chaisemartin, Deputy Director, Gavi, Immunization Partners, and Special Initiatives  
 Mr Kelly Jarrett, Deputy Director, Strategy, Planning and Management  
 Ms Edwige Fortier, Deputy Director, Global Health Multilateral Advocacy and Resource Mobilization  
 Mr Nima Abbaszadeh, Senior Programme Officer, Immunization Global Development Division

### **WORLD BANK**

Ms Carolina Michelle Kern, Health Specialist  
 Mr David Wilson, Program Director, Health Nutrition and Population Practice\*  
 Mr Bruno Rivalan, Lead Partnerships

### **UNICEF**

Dr Ephrem Lemango, Associate Director Immunization  
 Mr Benjamin Schreiber, Associate Director Health Partnerships

### **WORLD HEALTH ORGANIZATION**

Ms Lauren Franzel-Sassanpour, Unit Head, Vaccine Alliances & Partnerships\*  
 Mr Maximilien Sandbaek, Technical Officer  
 Ms Susan Sparkes, Technical Officer, Health Financing\*  
 Ms Katja Schemionek, PHC expert\*  
 Mr Jorge Castilla, Team Lead, VPD Outbreak Reduction and Recovery\*  
 Mr Tim Nguyen, Head of Unit, High Impact Events in the Epidemic and Pandemic Preparedness and Prevention Department\*  
 Ms Ilham Nour, Senior Emergency Officer\*

### **IMPLEMENTING COUNTRY GOVERNMENTS**

#### **Chad**

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

#### **Democratic Republic of Congo**

Dr Sylvain Yuma Ramazani, General Secretary, Ministry of Health

#### **Ghana**

Hon Kwaku Agyeman-Manu, Former Minister of Health

#### **Indonesia**

Mr Harditya Suryawanto, Director, Center for Global Health Strategy and Governance Policy, Ministry of Health

#### **Pakistan**

Prof Aamer Ikram, Executive Director, National Institutes of Health

#### **Sri Lanka**

Dr Lakshmi Somatunga, Additional Secretary, Public Health Services, Ministry of Health

### **DONOR GOVERNMENTS**

#### **Australia**

Mr Pascal Rigaldies, Health Adviser, Global Health Policy Branch, Human Development and Governance Division, Department of Foreign Affairs and Trade  
 Ms Margot Morris, Health Counsellor, Department of Foreign Affairs and Trade

#### **Canada**

Mr Michael Tarr, Senior Analyst, Global Affairs  
 Mr Joseph Jenkinson, Global Health and Governance Advisor, Global Affairs

#### **Denmark**

Ms Signe Refstrup Skov, First Secretary (Global Health), Permanent Mission of Denmark to the UN and Other International Organisations, Geneva

#### **European Commission**

Ms Daphne von Buxhoeveden, Head of Unit \*  
 Ms Diana Sotomayor, Global Health Advisor \*  
 Ms Anja Bauer, Directorate General for International Partnerships, Social Inclusion and Protection, Health and Demography

**France**

Ms Clarisse Paolini, Deputy Assistant Secretary, Human Development, French Ministry for Europe and Foreign Affairs

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

**Germany**

Mr Bastian Schwarz, Advisor, GIZ

**Ireland**

Mr Richard O'Neill, First Secretary, Irish Department of Foreign Affairs

Ms Emma Kinghan, Global Health Advisor, Irish Department of Foreign Affairs

**Italy**

Ms Sara Baiocco, Policy Officer, Ministry of Economy and Finance

**Japan**

Mr Hiroshi Matsumura, Head of Global Health Team, First Secretary, Permanent Mission to UN and Other International Organisations, Geneva

Ms Aya Ishizuka, Second Secretary, Permanent Mission to UN and Other International Organisations, Geneva

Ms Yumeka Ota, Deputy Director, Global Health Strategy Division, Ministry of Foreign Affairs

**Kingdom of Saudi Arabia**

Dr Faisal Aldahmashi, Assistant Deputy Minister for Therapeutics, Ministry of Health

Ms Manal Alkhaibary, First Secretary and Head of Specialized Agencies Section, Permanent Mission of the Kingdom of Saudi Arabia to the UN and Other International Organisations, Geneva

Ms Eman Karakotly, Expert, Specialized Agencies Section, Permanent Mission of the Kingdom of Saudi Arabia to the UN and Other International Organisations, Geneva

**Luxemburg**

Ms Clarisse Geier, Secrétaire de Légation, Ministry of Foreign and European Affairs

**Malaysia**

Ms Nurhafiza Md Hamzah, Minister-Counsellor, Permanent Mission of Malaysia to the UN and Other International Organisations, Geneva

**Netherlands**

Ms Sterre van Campen, Policy Officer, Ministry of Foreign Affairs

**Norway**

Ms Zainab Naimy, Senior Advisor, Norad

Ms Siren Borge, Advisor, Norad

**Qatar**

Ms Shamsa Al-Falasi, Strategic Partnerships Development Officer, Qatar Fund for Development \*

**Republic of Korea**

Mr Sangback Lee, Political Attache, Permanent Mission to the UN and Other International Organisations, Geneva

Mr Hakyeong Lee, Political Affairs Advisor, Permanent Mission to the UN and Other International Organisations, Geneva

**Senegal**

Mr Abou Kane, Communications Manager, Galien Africa

**Spain**

Mr Miguel Casado Gomez, Senior Desk Officer, Ministry of Foreign Affairs European Union and Cooperation

**United Kingdom**

Ms Alice Stilitz, Health Adviser, FCDO

Mr Siddharth Shankar, Economist, FCDO

Ms Ruth Revie, Head of Global Health Team, Permanent Mission to the UN and Other International Organisations, Geneva

Ms Nawal Irshad-Gill, Programme Manager, FCDO

Mr Matthew Bursnell, Economist, FCDO

**United States of America**

Ms Carmen Coles, Senior Advisor, USAID

Ms Ann Yang, Gavi Partnership Coordinator, USAID

Ms Bethany Kozma, Chief Advisor for Policy and Strategy, Secretary's Office of Global Affairs, US Department of Health and Human Services

Ms Sara Kennedy, Secretary's Office of Global Affairs, US Department of Health and Human Services

**VACCINE INDUSTRY – INDUSTRIALISED**

Ms Julie Hamra, Head of Global Health Partnerships, Pfizer

Ms Laetitia Bigger, Director, Vaccines Policy, IFPMA

Dr Sana Mostaghim, Senior Director, Vaccines Global Market Access, Takeda

Dr Ariane McCabe, Director, Global Health and Public Affairs, GSK

Ms Angela Coral, Senior Manager, Global Health Partnerships & Impact Reporting, Pfizer

Ms Mikaela Dock, Global Public Affairs Lead, Travel & Endemic Vaccines, Sanofi

**CIVIL SOCIETY ORGANISATIONS**

Mr Yoram Siame, Director Advocacy Planning and Development, CHAZ, Zambia

Ms Adelaide Davis, Senior Officer Immunization, International Federation of Red Cross and Red Crescent Societies, Geneva

Ms Lisa Oot, Senior Technical Officer, JSI

Dr Emmanuel Mugisha, Global Director, Vaccine Implementation, PATH's Center for Vaccine Innovation and Access

Ms Kitty Arrie, CEO, RESULTS UK

**RESEARCH & TECHNICAL HEALTH INSTITUTES**

Dr John Vertefeuille, Director, Global Immunization Division, CDC

Dr Ngashi Ngongo, Principal advisor to the DG, Continental Incident Manager for Mpox, Africa CDC

**Special Advisers**

Ms Inês Sérvulo Correia, Special Adviser to the Board Chair

Ms Vivian Lopez, Special Adviser to the Board Vice 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

Ms Monica Nirmala, Special Adviser to H.E. Budi Sadikin, Minister of Health of Indonesia and Board member representing SEARO WPRO constituency

Dr Manuel Antonio Sierra Santos, Special Adviser to the PAHO Constituency

Ms Annick Sidibé, Special Adviser to the Francophone/Lusophone Africa constituency

Ms Carol Piot, Special Adviser to the IFFIm Board

*\*Attending virtually*