

Gavi Alliance Board Meeting

4-5 December 2024

Bali, Indonesia

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 08:32 Bali time on 4 December 2024. 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: Kazuhiko Nakamura, Clarisse Paolini, Ruth Lawson, and Frode Forland.
- 1.3 The Chair noted several key meetings that had taken place on 3 December 2024, including: i) an All Chairs Group (ACG) meeting during which the members discussed the recommendations being brought forward to the Board at this meeting; ii) a side event on 'Leveraging Private Sector Expertise, Development Finance and Multisectoral Platforms for Immunisation Outcomes' supported by Unilever and the World Bank; and iii) a special meeting of the Gavi Implementing Country Caucus with Ministers of Health from South East Asia and the Western Pacific, convened by Minister Budi Gunadi Sadikin of Indonesia.
- 1.4 Standing declarations of interest were tabled to the Board (Doc 01a in the Board pack).
- 1.5 The Board noted its minutes from 6-7 June 2024 (Doc 01b) which were approved by no objection on 17 September 2024. They also noted a number of decisions that had been approved by no-objection consent since the June 2024 Board meeting (Doc 01c).
- 1.6 The Chair referred to the consent agenda (Doc 01d) where seven 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.
- 1.7 The Chair noted the Board workplan (Doc 01e).
- 1.8 The Chair reported that during the closed session on 3 December 2024, the Board had discussed a number of matters arising from recent Audit and Finance Committee (AFC) and Programme and Policy Committee (PPC) meetings and had agreed to launch the process to recruit the next Board Chair. He also reported that the Board had heard from the CEO about how the Secretariat will evolve over the next year in preparation for Gavi 6.0 and had

discussed proposed updates to Gavi's prioritisation process and the use of interest income to fund Gavi programmes.

- 1.9 The Chair also provided some reflections on the current global outlook and its implications for Gavi's mission, noting that the global health landscape continues to evolve within a complex and dynamic environment, marked by fiscal constraints and significant geopolitical shifts. He indicated that it will be important for Gavi, together with all Alliance partners, to remain agile, strategic and resilient to navigate this volatile landscape and to accelerate impact, expand access and deliver strong, measurable results.

Decision 1

The Gavi Alliance Board:

Endorsed the amendments to the process for the appointment of Board Chair and in line with this amended process (Annex A to 01d), as read with Section 4.B of the Governance Committee Charter:

- a) **Delegated** to the Governance Committee the authority to set up and oversee the process for the recruitment of a Board Chair to succeed Professor José Manuel Barroso at the end of his term on 31 December 2025; and
- b) **Delegated** to the Governance Committee the authority to establish a Search Committee for this purpose.

Decision 2

The Gavi Alliance Board:

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

- **Ana de Pro Gonzalo** as an Unaffiliated Board Member, effective 1 January 2025 and until 31 December 2027
- **Anna Sedgley** as an Unaffiliated Board Member, effective 1 January 2025 and until 31 December 2027
- **Alexandra Rudolph-Seemann** as Board Member representing Germany on the donor constituency cluster anchored by Germany in the seat currently held by Clarisse Paolini of France, effective 1 January 2025 and until 31 December 2025
- **Brian Erazo Muñoz** of Honduras as Board Member representing the implementing country constituency in the seat currently held by Anahit Avanesyan of Armenia, effective 1 January 2025 and until 31 December 2027

b) **Reappointed** the following Board Members:

- **Anne Schuchat** as an Unaffiliated Board Member, effective 1 January 2025 and until 31 December 2027
- **Robert Lucien Kargougou** of Burkina Faso as Board Member representing the implementing country constituency, effective 1 January 2025 and until 31 December 2027

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

- **Brian Erazo Muñoz** of Honduras as Alternate Board Member to Anahit Avanesyan representing the implementing country constituency, effective immediately and until 31 December 2024
- **Frode Forland** as Alternate Board Member to Karin Berlin representing Norway on the donor constituency cluster anchored by Norway in the seat currently vacant, effective immediately and until 31 December 2025
- **Cécile Billaux** as Alternate Board Member to Alexandra Rudolph-Seemann representing the European Commission on the donor constituency cluster anchored by Germany in the seat currently held by Alexandra Rudolph-Seeman of Germany, effective 1 January 2025 and until 31 December 2025
- **Lena Nanushyan** of Armenia as Alternate Board Member to Brian Erazo Muñoz representing the implementing country constituency, effective 1 January 2025 and until 31 December 2027

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

- **Silvia Lutucuta** of Angola as Alternate Board Member to Robert Lucien Kargougou representing the implementing country constituency, effective 1 January 2025 and until 31 December 2027

e) **Reappointed** the following as Chair of the Programme and Policy Committee effective 1 January 2025:

- **Anne Schuchat** (Board Member) until 31 December 2025

f) **Appointed** the following to the Market-Sensitive Decisions Committee effective 1 January 2025:

- **Anne Schuchat** (Board Member) until 31 December 2025
- **Robert Lucien Kargougou** (Board Member) until 31 December 2025
- **Cécile Billaux** (Alternate Board Member) until 31 December 2025

g) **Appointed** the following to the Audit and Finance Committee:

- **Sara Baiocco** (Committee Delegate), effective immediately and until 31 December 2025
- **Ana de Pro Gonzalo** (Board Member), effective 1 January 2025 and until 31 December 2025

h) **Appointed** the following to the Governance Committee:

- **Frode Forland** (Alternate Board Member), effective immediately and until 31 December 2025
- **Anna Sedgley** (Board Member), effective 1 January 2025 and until 31 December 2025
- **Alexandra Rudolph-Seemann** (Board Member), effective 1 January 2025 and until 31 December 2025

i) **Appointed** the following to the Programme and Policy Committee:

- **Onei Uetela** (Alternate Board Member), effective immediately and until 31 December 2025
- **Clarisse Paolini** (Committee Delegate), effective 1 January 2025 and until 31 December 2025

j) **Reappointed** the following to the Programme and Policy Committee effective 1 January 2025:

- **Brian Erazo Muñoz** (Board Member) until 31 December 2025

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

Decision 3

The Gavi Alliance Board:

- a) **Appointed** as new Independent Review Committee (IRC) members the individuals listed in Annex B to Doc 01d, for a three-year term from March 2025 until March 2028; and
- b) **Approved** the extension of the IRC members listed in Annex C to Doc 01d for a further three-year term until March 2028.

Decision 4

The Gavi Alliance Board:

Approved the revised Delegation of Authority Policy attached as Annex D to Doc 01d

Decision 5

The Gavi Alliance Board:

Approved the proposed amendments to the Independent Review Committee (IRC) Terms of Reference attached as Annex E to Doc 01d

Decision 6

The Gavi Alliance Board:

Agreed to extend the waiver of the requirement for an independent review, as outlined in the Independent Review Committee Terms of Reference, to enable Secretariat-led reviews in 2025 for i) specific low-risk requests (i.e. a subset of vaccine switches and Middle-Income Country (MIC) applications); and ii) up to ten requests for other support types (incl. new vaccine support)

Decision 7

The Gavi Alliance Board:

Approved the revised Programme Funding Policy as set out in Annex F to Doc 01d

2. Country Presentation – Indonesia

- 2.1 Minister Budi Gunadi Sadikin presented on Indonesia's immunisation programme that targets nearly 80 million people with 14 types of antigens. He described the performance of the programme, which has continued to strengthen as Indonesia graduated to full self-financing status in 2017.
- 2.2 He reported on efforts to digitalise the immunisation programme and noted that Indonesia has played a key role in global vaccination and stockpiling, with more than 150 countries having received vaccine supplies from an Indonesian vaccine manufacturer.
- 2.3 Minister Sadikin also reflected on his experience during the COVID-19 pandemic and the challenges he had faced in accessing vaccines and necessary supplies, and encouraged continued global cooperation around pandemic prevention, preparedness and response, including through discussions on the Pandemic Treaty.

Discussion

- The Board thanked the Government of Indonesia and Minister Sadikin for hosting the Gavi Board meeting and recognised Indonesia for its leadership role in the region.
- Several Board members emphasised Indonesia's comprehensive success story with respect to immunisation, including in manufacturing, participating in technology transfer, and sharing lessons related to reaching zero-dose children with other countries.
- With respect to a question about Indonesia's vision for tuberculosis programming, Minister Sadikin explained that in his role as Co-Chair of the Tuberculosis Vaccine Accelerator Council, he had pushed for action and to accelerate the timeline to launch the vaccine to 2029.

3. CEO's Report, including Strategy, Programmes and Partnerships

- 3.1 Sania Nishtar, Chief Executive Officer, provided overarching reflections and key strategic updates, including on the wider operating context, and related challenges and opportunities for Gavi; an overview of current performance against Gavi's strategic goals and programmatic must-wins; and a look forward at the key changes and initiatives underway to ensure Gavi is set-up to successfully deliver on Gavi 5.1 and is ready for Gavi 6.0 (Doc 03).

Discussion

- The Board expressed appreciation for the comprehensive update, which built on the closed session of the Board on the previous day and noted that for many topics there would be an opportunity to discuss specific questions later in the agenda.
- In response to query about the trends for Operating Expenditure (OPEX) over time and it was clarified that the Secretariat had presented a flat OPEX budget for 2025.
- In relation to a question about the number of zero-dose children and the contribution of data emanating from India, it was clarified that globally there has been an increase in the quantum of zero-dose children, and that there is complexity in the drivers for that change (including new survey data and increasing size of birth cohorts), including in Nigeria and India and that this is being further examined. It was also noted that reaching the Gavi 5.1 target for zero-dose children may prove very difficult and that in preparing the Gavi 6.0 monitoring framework and targets, Gavi would be ensuring close alignment with the Immunization Agenda 2030 framework, particularly with respect to the

potential reconsideration of Gavi's 2030 target. It was also clarified that a bespoke strategy for Nigeria would be coming to the Board in June 2025.

- With respect to the well-being of staff and psychological safety, it was emphasised that this is a priority as reflected in the CEO 180-day plan, and that a number of initiatives are underway including the recently launched Speak Up campaign and plans to implement a burnout commission and staff engagement group in early 2025.
- On gender, which had been included in the CEO's 180-day plan, it was clarified that this remains a priority, with both inward-facing and outward-facing objectives. In this regard, the CEO highlighted the matter of remuneration of community health workers, of which there are at least six million in Africa alone who play a critical role in delivering immunisation and many of them are not paid, and asked for the Board's support in advocating to change this.

4. Joint Alliance Update on Country Delivery

- 4.1 Thabani Maphosa, Chief Country Delivery Officer, Gavi, presented on priorities and programme performance including focus areas for the Alliance; progress towards 2025 targets; 2023 WHO/UNICEF Estimates of Immunization Coverage (WUENIC) results that highlighted countries where there had been increases as well as reductions in zero-dose children; an update on the Zero-Dose Immunization Programme (ZIP); progress in High Impact countries at national and subnational levels; and progress on Accelerated Transition countries (Doc 04).
- 4.2 Ephrem Lemango, Associate Director of Immunization, UNICEF, provided an update on several key thematic areas related to the Big Catch-Up including early results on implementation and system strengthening in several countries; investments in improved cold chain equipment expansion across countries; and investments in and monitoring of vaccine stocks.
- 4.3 Kate O'Brien, Director, Department of Immunization, Vaccines and Biologicals, World Health Organization, reported on progress with respect to vaccine introductions, including on malaria, human papillomavirus (HPV), measles, and cholera vaccines.

Discussion

- The Board welcomed the presentation and commended the progress made towards the Alliance's 5.1 goals, taking into account the impact of COVID-19 while emphasising the importance of building on Routine Immunisation (RI).
- The Board expressed concern over the rise in zero-dose children and emphasised the need for collective efforts across the Alliance to address this.

The Board highlighted the importance of setting realistic targets, identifying underlying challenges, and maintaining community trust. The Secretariat reflected on institutional lessons learned regarding zero-dose children, the value of peer-to-peer learning, and the need for agility to work with the right partners, especially in conflict zones.

- In response to a query about a possible correlation between stockouts and zero-dose children in hard-to-reach areas, emphasising the need for innovative solutions, the Board member representing UNICEF acknowledged stockout challenges and provided an example of using drones to deliver vaccines to these areas.
- On human papillomavirus (HPV) vaccine, the Board commended the significant progress, while also stressing the importance of sustaining this progress.
- With respect to malaria, it was noted that there is a risk of one supplier facing lower demand due to perceived product preference, which could impact market health. In this regard, the vaccine industry's commitment to supply continuity for malaria and HPV vaccines was reaffirmed.
- Regarding co-financing, the Board reiterated the importance of an early review of the ELTRACO approach for Gavi 7.0, providing co-financing transparency on rising vaccine costs, and ensuring that co-financing requirements do not limit impact in conflict zones.
- The Board was encouraged by the progress reported on gender in Gavi programming. Several members emphasised the importance of providing Technical Assistance for execution at the country level as well as a systematic approach to gender data collection.
- In relation to concerns about long disbursement timelines for some allocations to Civil Society Organisations (CSOs), the Secretariat clarified that these timelines are closely tracked and have recently improved from over 9 months to an average of 7.3 months. The Secretariat committed to following up with the concerned CSOs.

5. Committee Chair and IFFIm Board Reports

- 5.1 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

- 5.2 Omar Abdi, Governance Committee (GC) Chair, presented a report on the activities of the Governance Committee.
- 5.3 He indicated that in 2024 the Governance Committee had endorsed Board appointments, including for the recruitment of unaffiliated members, and in this respect, he thanked Teresa Ressel for having chaired the sub-group overseeing that workstream.
- 5.4 He reported that the Governance Committee had: i) discussed how to further strengthen the voice of the implementing country constituencies of the Board; ii) followed up on the implementation of the action plan for the Evaluation of the Board and Board Committees; iii) discussed two reviews of the Evaluation Function and the Independent Review Committee; and iv) reviewed terms of reference for proposed advisory bodies for the African Vaccine Manufacturing Accelerator Investors Forum and the First Response Fund Investors Forum.

Audit and Finance Committee

- 5.5 David Sidwell, Audit and Finance Committee (AFC) Chair, presented the report of the AFC and noted that many of the topics considered by the AFC would be discussed at this meeting.
- 5.6 He reflected on the process to recommend the Financial Forecast, which had been approved in October 2024 and was subsequently amended, and which had been adapted to accommodate strong demand and identify resourcing for that demand.
- 5.7 Mr Sidwell also emphasised that the AFC had carefully considered the Secretariat budget for 2025 and had underlined the importance of having a plan to ensure the Secretariat is fit for purpose for Gavi 6.0. He noted the Committee would be considering specific elements of the plan in February 2025.
- 5.8 He also reported that the AFC had discussed the Holistic Treasury Review and the treatment of interest income, and he reviewed other matters undertaken by the AFC including oversight of the audit function and receiving an update on legal and insurance matters.

Investment Committee

- 5.9 Yibing Wu, Investment Committee (IC) Chair, presented the report of the IC, and provided a summary of the preliminary investment report through 30 September 2024 including background on the current levels of increased volatility in the markets, detail on Gavi's investment performance to date, and the 2025 workplan.

- 5.10 Mr Wu reported that Gavi's year-to-date long-term portfolio performance was +9.7%, with an increase of US\$ 70 million compared to the value last reported at the June 2024 Board meeting.
- 5.11 He also noted that the AFC and IC have been discussing the ideal liquidity profile for Gavi and how to generate better short-term portfolio investment returns.

Discussion

- Within the context of preparing for Gavi 6.0, one Board member indicated support for further consideration of the question of moving to a less conservative investment policy.

Programme and Policy Committee

- 5.12 Anne Schuchat, Chair of the PPC, noted that at the last two PPC meetings in October and November 2024 the deliberations had closely followed the Board agenda, with the exception of the standing report from the Independent Review Committee.
- 5.13 She highlighted that a few themes came through all the PPC discussions, namely the importance of: i) country focus and supporting the idea that countries should be prioritising and owning their programmes; ii) simplification and efficiency; and iii) accountability.
- 5.14 She highlighted that all other key matters within the PPC Chair report would be raised in the context of other meeting topics.

Evaluation Advisory Committee

- 5.15 James Hargreaves, Evaluation Advisory Committee (EAC) Chair, presented a report on activities of the EAC since the last Board meeting.
- 5.16 He reported on the current evaluation portfolio and provided detail on the multi-phased Zero-Dose evaluation as well as the COVAX evaluation, which is being conducted as a joint evaluation between Gavi, WHO and UNICEF.
- 5.17 Dr Hargreaves also presented on the development of the Gavi 6.0 Centralised Evaluation Workplan and discussions to date including on evaluation of the Big Catch-up; Eligibility, Transition and Co-financing Policies; and African Vaccine Manufacturing Accelerator, along with suggestions for evaluations made at the PPC meeting in October 2024.
- 5.18 With respect to the Evaluation Function Review, he welcomed the final report and noted the EAC's view that the operational recommendations are worthy of consideration going forward. He further noted: i) Gavi as an alliance could get

more from evaluations, and this reflects the finding in the report that there remains a lack of a shared vision for, or ownership of, evaluations; ii) the EAC considers that the recommendations are overly focused on some of the complexities around independence and accountability, and do not take up key issues that could be valuable to the Board such as transparency, how to make evaluations less burdensome, and joining up evaluation and learning; iii) the recommendations do not place as high a value as the EAC does on thinking through how countries and community groups are engaged in evaluative processes, and in particular how countries can lead on setting the evaluation questions and benefit more from the learning from evaluations; and iv) the EAC does not feel that structural changes are immediately needed and that it continues to be important to strengthen the linkage between the EAC and the PPC.

Discussion

- It was acknowledged that strengthening the linkage between the EAC and PPC could allow the Board to understand better what is arising from the evaluations.

IFFIm Board

- 5.19 Kenneth Lay, IFFIm Board Chair, presented the report of the IFFIm Board, noting that through November 2024, IFFIm had provided US\$ 2.8 billion for Gavi's core programmes and the COVAX Advance Market Commitment (AMC).
- 5.20 With a view to fundraising for Gavi 6.0, he highlighted that IFFIm had provided approximately 17% of Gavi resources to countries since 2006 and that it continues to demonstrate its flexibility and value for money.
- 5.21 He also noted that the US\$ 1 billion bond on 23 October 2024 was the largest issuance size since IFFIm's inaugural bond in 2006 and that it had been oversubscribed.

Discussion

- Board members commented on the achievement of the bond issuance and noted that if there are plans to broaden the donor base it will be necessary to allow sufficient time as experience in recent years has shown this process to be slow.
- With respect to new donors to IFFIm, it was suggested to organise a technical session for those who might be thinking about becoming IFFIm donors for Gavi 6.0.

6. **Gavi 6.0 Operationalisation: Getting ready to deliver on the next strategic period**

- 6.1 Johannes Ahrendts, Director, Strategy, Funding & Performance, provided an update on the Gavi 6.0 strategy design and operationalisation and its five workstreams (Doc 06).
- 6.2 Amy LaTrielle, Director, Fragile & Conflict Countries, provided a deep dive on the emerging thinking on Gavi's approach to fragile and humanitarian settings, which she indicated would allow Gavi to potentially reach millions more children and with a laser focus on equity.

Discussion

- With respect to the operationalisation of Gavi 6.0, it was noted that the Board would have an opportunity in the first half of 2025, following the replenishment exercise, to discuss priorities for Gavi 6.0 and that a technical briefing on fragility has been planned for Q1 2025.
- On the Gavi 6.0 workstream to strengthen vaccine optimisation and prioritisation, it was noted that it will be critical to support countries moving forward as they will need to make increasingly complex strategic decisions about their vaccine portfolios.
- On the approach to fragile and humanitarian settings, the Board was supportive of the emerging direction, noting that many zero-dose children are found in fragile contexts, and indicated that the problem statements that were articulated were logical and captured the breadth of complexity of the topic. Likewise, the Board indicated that the initial thinking on potential shifts to address these problem statements, as captured in the presentation, also seemed to be in the right direction.
- With respect to funding in fragile and humanitarian settings, several Board members indicated that Gavi should find a way to provide a dedicated and agile funding mechanism that does not rely on savings from other cash envelopes and that is able to respond to needs in a timely manner through simplified grant management processes that allow for a reduced lead time for disbursement of funds.
- Several Board members encouraged the Secretariat to build in a gender lens, given that the majority of displaced people globally are women and children. It was clarified that this would be more clearly articulated in the problem statements.
- Board members encouraged the Secretariat to draw from lessons from the previous Fragility, Emergencies and Displacement (FED) Policy, the Zero-Dose

Immunisation Programme (ZIP), and the COVAX Humanitarian Buffer. The Secretariat provided assurance that this work is already underway.

- In relation to the partnership model, in fragile settings, Board members noted that it would be important to have a clear division of labour and roles when collaborating with humanitarian partners, many of whom have deep expertise and capacity in this area. It was clarified that Gavi is building on current partnerships and frameworks to draw from that expertise.
- Beyond fragile and humanitarian settings, Board members also noted that for the Partnerships approach in Gavi 6.0, it would be important to improve transparency and accountability of performance under the Partners' Engagement Framework (PEF) and to clarify the pathways between specific activities and expected results.

6a. Health Systems Strategy

- 6a.1 Sania Nishtar, CEO, introduced this item and emphasised that the Health Systems (HS) Strategy is crucial for Gavi 6.0 operationalisation. She clarified the adjustment to bring the strategy for approval in June 2025 and highlighted the need for it to encompass all aspects of Gavi's country-level engagement for simplicity.
- 6a.2 Alex de Jonquières, Director, Health Systems & Immunisation Strengthening, presented the foundational elements of the HS Strategy, including the theory of change and key shifts such as greater differentiation, streamlined funding architecture, and improved monitoring and learning (Doc 06a).

Discussion

- The Board commended the Health Systems Strategy approach and expressed appreciation to the CEO for her vision, noting the excellent framework and commitment to primary health care. The Board emphasised the importance of the strategy to support reaching zero-dose children, and addressing fragile and conflict contexts.
- Several Board members suggested that the foundational elements of the strategy are ready and emphasised that the next phase of the strategy development should focus on operationalisation, and suggested the need for alignment at global, regional, and local levels. The Secretariat acknowledged comments from Board members related to the complexity of operationalisation, and that it would require clearly defined roles and responsibilities across partners, and accountability across the Alliance, including the development of an accountability framework.

- While the goal to transition from supporting recurrent operational costs is commendable, it was noted that caution is needed in seeking to develop a co-financing approach, learning lessons from other organisations. Another Board member emphasised the importance of leaving behind a stronger, capable workforce to sustain investments post-transition.
- Several Board members emphasised the importance of aligning with the Lusaka agenda, particularly to reduce the burden on countries. The Secretariat clarified that a mapping of investments across the three Global Health Institutions (GHIs) had been completed, and this will be used to prioritise areas for closer collaboration and would be presented to the Joint Committee Working Group (JCWG).
- Several Board members requested more insights on the Innovation Scale Up Fund before it is fully developed. The CEO committed to providing clarity on Innovation Scale Up Fund through a Board Technical Briefing to provide an update on the proposal in development.
- The Board emphasised the importance of measurement and appreciated the alignment with the WHO-led work under the Lusaka Agenda. One Board member suggested that campaign coverage and effectiveness be included as a basis for accountability.
- It was suggested to model out how the changes would come together to impact countries, and to develop a clear roadmap for how to better support country planning processes at the sub-national level.
- Recognising Gavi's significant investment in campaigns, it was noted that only 30% had post-campaign coverage surveys and requested that an overview of what it will take to drive better monitored, high value for money campaigns be included in the June 2025 Board materials. The Secretariat acknowledged the request and highlighted the continued focus on campaigns by the Technical Advisory Group.
- The Community Health Delivery Partnership (CHDP) was highlighted as an example of donor coordination, suggesting that Gavi should focus on a few catalytic areas. The Secretariat acknowledged Gavi's role in the CHDP and welcomed the alignment of investments in country plans.
- The CEO clarified that in June 2025, the Secretariat will present an overview of specific interventions to address challenges and how these fit into the Theory of Change as part of the HS Strategy, along with additional details on campaigns.

6b. Funding Policy Review

- 6b.1 Marta Tufet Bayona, Head, Policy, presented the key objectives and principles under which Gavi provides funding to countries. She provided an overview of the review of the Eligibility, Transition and Co-financing (ELTRACO) and Health Systems and Immunisation Strengthening (HSIS) policies to be updated to ensure the policies are fit for purpose in Gavi 6.0 (Doc 06b).

6bi. Funding Policy Review: Health Systems and Immunisation Strengthening Policy

- 6bi.1 Marta Tufet Bayona, Head, Policy, presented an overview of the proposed updates to the Health Systems and Immunisation Strengthening Policy, including the consolidation of multiple cash funding levers into one funding envelope, guardrails to protect key investments, and the proposed shifts to the allocation formula to reflect Gavi 6.0 priorities (Doc 06bi).

Discussion

- The Board supported the proposal to consolidate seven cash funding levers into one funding envelope for countries, emphasising the importance of simplification and country ownership. The Board deliberated on the consolidation of an eighth cash lever, Partners' Engagement Framework (PEF) Targeted Country Assistance (TCA), resulting in support for consolidation with a portion of TCA remaining with key partners based on country needs, and noting the need for full accountability towards results. The Board also expressed support for the guardrails and the revised allocation formula.
- The Gavi CEO reiterated the proposal to consolidate funding levers, including a portion of PEF TCA, was intended to further empower countries.
- Several Board members emphasised the importance of monitoring that reaching zero-dose children and missed communities remains a key objective within a consolidated cash grant, as well as disbursing cash in tranches for better visibility on cash forecasts. One Board member proposed that cash disbursements could be tied to results or milestones achieved.
- Several Board members stressed the importance of including local CSOs within the 10% guardrail, and the PPC Chair clarified that within the CSO guardrail countries would decide which CSOs to allocate to, be it local, regional, or global.
- The WHO and UNICEF Board members, though recused, emphasised that UN partners have constitutional roles that cannot be ceded to other partners in certain circumstances and highlighted several examples of their foundational

roles, including risk monitoring, policy development, and policy translation at the country level for the Gavi Alliance.

- One Board member outlined some proposed amended decision language circulated to the Board ahead of the discussion, emphasising the need for Gavi to be country-centred, with accountability for results and diverse engagement with context-appropriate partners. It was noted that the amendments aimed to clarify the original intentions of the policies. Two Board members requested to consult their constituencies on the amendments, after which a consensus was reached. The Board Chair praised the spirit of compromise that led to this point.

Decision 8

The Gavi Alliance Board:

1. With respect to the consolidation of funding levers:
 - a) **approved** the consolidation of seven funding levers into one consolidated cash grant, namely: i) Health Systems Strengthening (HSS); ii) Equity Accelerator Funding (EAF); iii) operational support for predictable campaigns; iv) Vaccine Introduction Grants (VIGs); v) predictable switch grants; vi) Innovation Top-Up; and vii) Cold Chain Equipment Optimisation Platform (CCEOP);
 - b) **approved** limited guardrails to safeguard investments in Cold Chain Equipment (CCE) by introducing a minimum spending requirement for CCE based on an Alliance-validated CCE needs forecast;
 - c) **approved** guardrails to safeguard investments in Civil Society Organisations (CSOs) by maintaining a 10% minimum allocation for CSOs within the consolidated grant ceilings provided to countries at the start of the strategic period;
 - d) **approved** the development of a third guardrail for Measles/Measles-Rubella Follow-Up Campaigns with details to be defined in consultation with Alliance partners and outlined in the final policy document;
 - e) **approved** the inclusion of country-level technical assistance support into the consolidated cash envelope to countries, determined by the Health Systems and Immunisation Strengthening (HSIS) Policy allocation formula;
 - f) **approved** the allocation of a portion of funding for foundational long-term country support functions, to WHO and UNICEF and, in select countries where contextually applicable, other country-selected partners. The multi-year funding shall be tied to specific results expected in country. This funding will be based on country needs, country and partner context, and defined results, to be monitored through a Board-approved accountability framework to track contributions toward results, and ensure funding reallocation as needed; and

- g) **requested** the Secretariat to present to the PPC and Board in 2025 a comprehensive plan for the evolution of the partnership model under the Partners' Engagement Framework in Gavi 6.0. The allocation proportion and methodology will be developed by the Secretariat in consultation with Countries and Alliance partners and will outline the process for identifying and funding partners for their technical assistance in country, accompanied by the above-referenced accountability framework.
2. With respect to the revised allocation formula to determine Gavi's cash support in a consolidated cash grant, **approved**:
 - a) a new allocation formula, that takes into account ability to pay, equity, health system performance and population size using the following indicators: GNI per capita and three-year averages of the number of children missing the first dose of diphtheria, tetanus, and pertussis vaccine (DTP1), the number of children missing the third dose (DTP3) and the number of children missing MCV2;
 - b) adjustments to the weightings of the indicators in the allocation formula to 50% for Gross National Income (GNI) per capita and 50% for performance indicators (DTP1, DTP3, MCV2), while reinstating a cap on the total amount a country can receive of health systems support and maintaining a minimum floor. Details of the caps and minimum floors will be determined following replenishment and brought back to the Board, through the PPC, for approval;
 - c) a 10% multiplier to prioritise funding for countries facing chronic fragility as defined by Gavi's Fragility, Emergencies and Displaced Population (FED) policy; and
 - d) the proposed approach to allocate funds for Measles/Measles-Rubella Follow-Up Campaigns, vaccine introductions and planned switch grants at the start of Gavi's strategic period, based on forecasts, while holding back funds for other preventive campaigns (and their associated introduction grants if relevant) until countries' applications are approved.
3. In relation to programmatic sustainability, **approved** an approach to programmatic sustainability:
 - a) maintaining the country joint investment requirement for cold chain equipment (CCE) and aligning with other co-financing requirements, and introducing in-kind alternatives to joint investment; and
 - b) a wide-ranging learning agenda in Gavi 6.0 to explore country specific and country-owned modalities to increase domestic investment in immunisation.

Drew Otoo (IFPMA) and Sai Prasad (DCVMN) recused themselves and did not vote on part 1 d) of Decision Eight above.

Bvudzai Magadzire (CSO), George Laryea-Adjei (UNICEF), Juan Pablo Uribe (World Bank), Bruce Aylward (WHO), and Saad Omer (R&THI) recused themselves and did not vote on parts 1 c), 1 e) and 1 f) of Decision Eight above.

6bii. Funding Policy Review: Eligibility, Transition and Co-financing, including Catalytic Phase

6bii.1 Benjamin Loevinsohn, Director, Immunisation Financing & Sustainability, presented an overview of the proposed shifts for the Eligibility, Transition and Co-financing (ELTRACO) policies (Doc 06bii).

6bii.2 Adriana Jimenez Cuen, Director, Middle Income Countries, presented the Catalytic Phase proposal, outlining the evolution from the Middle Income Country approach and building on the successes and lessons learned to become more targeted, impactful, and sustainable.

Discussion

- The Board supported the ELTRACO shifts, commended the incorporation of the Catalytic Phase in Gavi's Eligibility and Transition model, as an evolution of the Middle Income Countries approach and highlighted that the policies are equitable, inclusive, and comprehensive following extensive analytic work looking at trade-offs. The Board commended the PPC Chair and Gavi CEO for their leadership throughout the preparatory discussions, expressed appreciation of the extensive consultative process, and expressed support for preventing an increase in co-financing levels in 2025 for countries that are expected to benefit from a co-financing downward adjustment in 2026.
- Several Board members highlighted the importance of the learning agenda, including testing approaches to prepare for Gavi 7.0.
- The need to clearly communicate the changes to countries was noted by the Board with one Board member reflecting on the need to coordinate ELTRACO policies across GHIs. The CEO acknowledged the importance and committed to providing a sample communication for countries at the Board retreat in April 2025.
- On Shift A, the Secretariat responded to concerns raised about complexity and market impact, emphasising that countries can choose a lower-priced product if prices increase and noted stable long-term pricing for pneumococcal vaccine (PCV) and HPV. The CEO confirmed that Board approval would be required for extending shift A to additional vaccine programmes.
- Board members supported the Catalytic Phase and emphasised the importance for MICs of including tuberculosis (TB) and dengue vaccines in

Gavi's portfolio. The CEO clarified that the TB programme should be available by the end of Gavi 6.0 or early 7.0 and assured the Board that updates on introduction timings will be provided to the Board through the Vaccine Investment Strategy (VIS) process.

- Some members queried the possibility of including a segment of Upper Middle Income Countries for catalytic support, which had not been included in the current approach, and it was acknowledged this could be reconsidered and discussed within the context of the Gavi 6.0 strategy.
- One Board member proposed creating a 'Gavi Alumni' group for countries that have graduated from Gavi support and are no longer eligible for the catalytic phase. The proposal included four key aspects: formalising the group, ensuring no cost to Gavi with the Alumni providing a fee, enabling Alumni access to pooled procurement mechanisms, and including catalytic support at no cost to Gavi. The Board Chair praised the insightful proposal and suggested revisiting it once further developed, noting potential operational challenges. Several Board members supported the Gavi Alumni proposal, and the CEO proposed to revisit options at the Board retreat in April 2025.
- An analysis and updates on UNICEF's MICs Financing Facility (MFF) was requested. The UNICEF Board member proposed an information session on MFF support to MICs and committed to developing a webpage with key MICs information, accessible to countries and partners, in coordination with the Gavi Secretariat.

Decision 9

The Gavi Alliance Board, subject to the availability of funding for the 2026-2030 period following Gavi's replenishment for that period:

- a) Under Shift A, **approved**:
 - i. Directly linking country co-financing contribution to the price of the vaccines for specific vaccine markets for Initial Self-Financing Countries, where certain conditions are met (as outlined in Annex B to Doc 06bii);
 - ii. Determining the percentage of the vaccine price that the country will pay in co-financing according to the principles of minimal disruption to current co-financing obligations, uniform payment for the same product across Initial Self Financing (ISF) countries, and affordability of new vaccines;
 - iii. Human Papillomavirus (HPV) and pneumococcal vaccine (PCV) as the first vaccine markets to meet the specific conditions under decision point a)(i), and hence the first markets for application of Shift A, with co-financing set

at 4% for HPV and 7% for PCV of the vaccine price¹, in accordance with the principles of decision point a)(ii); and

- iv. Following the application of Shift A to HPV and PCV as per decision point a) (iii), that future applications of Shift A to other vaccine markets, as well as the appropriate co-financing, will be reviewed and applied by the Secretariat and approved by the Board, in accordance with the considerations and principles specified in Annex B to Doc 06bii and in decision point a)(ii), leveraging market shaping roadmap review cycles and in consultation with Alliance market shaping partners.
- b) Under Shift B, **approved**:
- i. Increasing the Gavi eligibility threshold to US\$ 2,300 Gross National Income (GNI) per capita (p.c.) in 2026; and
 - ii. Providing countries that regain eligibility with a downward adjustment in co-financing for individual Gavi-supported vaccine programmes, including fully self-financed ones, to 80% at the point at which they re-enter Preparatory Transition (PT) phase.
- c) Under the Small Island Developing States (SIDS) Package,
- i. **Approved** increasing Accelerated Transition (AT) phase for SIDS to 12 years and providing a one-time downward adjustment in co-financing for individual Gavi-supported vaccine programmes, including fully self-financed ones, to 80% in 2026; and
 - ii. **Noted** that SIDS will continue to receive programmatic support, including for campaigns, for the entirety of the AT phase.
- d) Under Shift C, **approved**:
- i. Introducing a co-financing cap for individual Gavi-supported vaccine programmes for countries in Preparatory Transition (PT) of 80%;
 - ii. Providing a downward adjustment in co-financing to individual Gavi-supported vaccine programmes, including fully self-financed ones, to 80% for countries in PT above the co-financing cap; and
 - iii. For countries in PT, establishing an introductory co-financing cap of 35% for all new vaccines, with the exception of measles and measles-rubella (MR), which will remain as per the current Board decisions.

¹ Calculated based on current equivalence to US\$ 0.20 per dose for the highest cost product selected by countries for each vaccine

- e) Under Shift D, **approved**:
 - i. For countries in AT, establishing an introductory co-financing cap of 35% for all vaccines, with the exception of Measles and MR which will remain as per the current Board decisions; and
 - ii. Providing AT countries with eight years of vaccine support for all new vaccines introduced during AT, regardless of when during the AT phase they are introduced.
- f) Under Shift E, **approved**:
 - i. Using multiple indicators measuring immunisation coverage to assess programmatic performance of AT countries, aligning directly with the indicators and levels used in the Health Systems allocation model in Gavi 6.0;
 - ii. Providing five years of additional programmatic support to reinforce programmatic capacities for countries post-AT who meet the specified criteria; and
 - iii. Removing the 90% coverage threshold limit for three doses of pentavalent vaccine (Penta3) for approval of new Health System Strengthening grants for countries in AT.
- g) Under Shift F, **approved**:
 - i. Allowing Gavi to provide, for countries that experience widespread, large-scale conflict or disaster of such magnitude that profoundly hampers the proper functioning of government, either (i) co-financing waivers of up to three years at any one time, or (ii) partial co-financing obligations, as per the country context.
 - ii. That co-financing obligations do not apply where Gavi channels vaccines and support directly through Alliance and other partners in exceptional emergency situations and humanitarian settings.
- h) Under the Catalytic Phase², **approved**:
 - i. The overall scope and eligibility for the Catalytic Phase, including vaccines in scope, as outlined in Annex C to Doc 06bii;
 - ii. Support may be channelled towards vaccine optimisation activities, including switches, to support lower middle-income countries achieve

² Eligible countries are former- and never-Gavi eligible countries classified by the World Bank as lower middle-income countries (LMICs) or eligible to borrow from the International Development Association (IDA)

financial sustainability of their vaccine programmes. This would include support for technical assistance and one-off costs, not vaccine doses;

- iii. Applying the proposed performance indicators and prioritisation criteria (outlined in this paper) in determining eligibility for Targeted Intervention support to Former-Gavi-eligible countries experiencing backsliding; and
 - iv. Maintaining the in-principle eligibility of both Former- and Never-Gavi eligible countries for potential Fragility Support (per June 2022 Board Decision 13).
- i) **Approved** that the new co-financing rules outlined in the above decision points can be used to inform the approval processes starting in early 2025 for implementation from 2026.
 - j) **Approved** the application of decision points (d)(iii), (e)(i) and (e)(ii) in 2025 in situations where countries are ready to introduce vaccines, to avoid delaying such introductions, with an additional estimated financial implication of US\$ 9.5 million (US\$ 0.5 million in 2025 and US\$ 9 million in Gavi 6.0);
 - k) **Approved** that for currently eligible Gavi countries expected to benefit from decision points (b)(ii) and (c)(i) in 2026, the co-financing shares are held constant at 2024 levels in 2025 for any individual Gavi-supported vaccine programme with a co-financing share at or above 80%, at an additional estimated cost of US\$ 3.9 million in 2025; and
 - l) **Requested** that the Secretariat put forward options for addressing the pace of change in co- financing for PT countries. This will be part of a series of other potential investments to be explored by the Board in 2025 as part of further prioritisation of programmes when future resources and other Gavi cost areas are clearer.

Drew Otoo (IFPMA) and Sai Prasad (DCVMN) recused themselves and did not vote on Decision Nine above.

6c. Gavi 6.0 Measurement Framework

- 6c.1 Hope Johnson, Director, Measurement, Evaluation and Learning, presented on i) potential key shifts to Gavi's approach to measurement, evaluation and learning (MEL) in Gavi 6.0, to be developed through the Gavi 6.0 Learning System Strategy; ii) the proposed design features of the 6.0 Measurement Framework, and iii) priority topics for evaluations in Gavi 6.0 (Doc 06c).

Discussion

- The Board was supportive of the shifts and design presented and provided detailed comments and guidance.
- In line with the Lusaka agenda, Board members advised that the Secretariat should to the extent possible avoid placing additional burden on countries in terms of reporting requirements and aim to partner with other Global Health Initiatives.
- Board members also noted that Gavi: i) should build on the outcomes of the Multilateral Organisation Performance Assessment Network (MOPAN) review, including by building in gender and climate indicators; ii) should consider how to best use artificial intelligence and other technologies, which it was confirmed has been used for synthesis; iii) should make a deliberate effort to review any national frameworks used for immunisation programmes, iv) assess the trade off between efficiency and inclusiveness, and v) monitor graduated countries.
- Board members also noted the importance of learning and experience sharing between countries.
- In response to a question about balancing between monitoring, evaluation and learning for Gavi 6.0, as the need to monitor progress is clear, the Secretariat indicated that it would continue to discuss this and to scope centralised evaluations. The Secretariat also clarified that Joint Appraisals, although impacted during the COVID-19 pandemic, are now taking place again, and that the Alliance Partnership and Performance Team (APPT) has replaced the High-Level Review Panel.
- On the role of global and local CSOs in monitoring, the Secretariat recognised this important potential contribution and noted that it had conducted a mapping to help inform the approach for Gavi 6.0.
- In response to a suggestion that the EAC might contribute to the Alliance Technical Working Group for the Gavi 6.0 Measurement Framework, it was clarified that the EAC had been consulted on potential evaluation topics for 6.0 at its meeting in September 2024, and that having the EAC as a member of the working group would blur the line of independence.
- Board members also provided topics to be considered for evaluation/review in Gavi 6.0, including: i) economic impact, which it was noted could be built into the planned ELTRACO evaluation, ii) immunisation services in fragile and conflict settings; iii) a review of indicators for sustainability; iv) trade offs between vaccine introductions and HSS; v) effectiveness of regional working groups; and vi) joint evaluation on malaria with the Global Fund to Fight AIDS, Tuberculosis and Malaria.

- The Secretariat noted that Gavi will develop a broader monitoring system for 6.0 which will include a larger set of indicators than the topline strategy indicators to be approved by the Board for the 6.0 Measurement Framework.

7. Gavi's Response to Mpox

- 7.1 Sania Nishtar, CEO, introduced this item and highlighted Gavi's role in the response to the mpox pandemic, including through the Board-approved First Response Fund (FRF). Noting that Gavi is not the steward of the global outbreak response, the CEO highlighted Gavi's ability to quickly mobilise support and resources in coordination with partners, including WHO and Africa Centres for Disease Control and Prevention (CDC) and expressed gratitude to colleagues for their efforts.
- 7.2 Derrick Sim, Chief Vaccine Programmes and Markets Officer (Interim), presented an overview of the mpox response, including the latest epidemiology, supply landscape, and coordination of partners (Doc 07).

Discussion

- The Board commended the rapid response to the mpox pandemic, taking into account learnings from COVID-19 and expressed appreciation to the Gavi Alliance, WHO, Africa CDC and partners. The First Response Fund (FRF) was highlighted as a successful instrument.
- Board members emphasised the importance of vaccines, contact tracing, diagnostics, and regional collaboration for outbreak response and highlighted challenges such as indemnification, reaching vulnerable populations (i.e. children), slow absorption capacity, and equitable access to vaccines.
- Several Board members noted the initial confusion in coordinating the response at the onset of the mpox pandemic and appreciated the clarity later provided by the Gavi Alliance, WHO, and Africa CDC. The Secretariat reflected on the multi-partner effort with continental institutions and acknowledged calls from the Board for a learning agenda to reflect on lessons learned for future outbreaks.
- Board members commended the foresight in establishing the mpox stockpile in 2026, noting it exemplifies Gavi's leadership in ensuring timely and equitable response. Some Board members suggested considering the stockpile in 2025.
- It was noted that CSO members sent a joint letter advocating for fair mpox vaccine prices and appreciated the response from CEO Sania Nishtar and UNICEF Executive Director Catherine Russell. In response to the concerns, the Secretariat clarified that Gavi was provided binding assurances within Gavi's Advanced Purchase Agreement (APA) that it achieved the lowest price possible, and UNICEF confirmed the 1 million dose Long-Term Agreement

(LTA) aligned with these prices and that they received the best publicly available pricing.

- When asked if Gavi funding could be used for contact tracing or diagnostics, the Secretariat clarified that countries could choose how to utilise repurposed funding for the mpox response, including for interventions to prepare for and in support of the immunisation programmes.
- Several Board members highlighted donor contributions through Gavi and an update on Japan's bilateral donation of LC16 vaccines was provided. Board members noted their appreciation of upcoming plans for an updated Vaccine Donation Policy.
- The CEO proposed two points that will require the Board's future consideration: i) how the remaining balances for the FRF would be managed in the long-term if it continues to be drawn down to ensure clear links with operating policy; and ii) the option to commence the mpox stockpile in 2025, which will come to the Board for consideration in 2025.
- The CEO further highlighted the difficulty of administering vaccinations in challenging contexts like the Democratic Republic of the Congo (DRC), which poses reputational risks for partners, and the need for clarity in coordination during global emergencies. The CEO also emphasised that all partners, led by WHO, are responsible for timely responses and stressed the importance of clear roles and engagement in the future.

8. **Holistic Treasury Review: Treasury Management of the African Vaccine Manufacturer Accelerator and the First Response Fund**

- 8.1 This item was discussed in closed session and details of the deliberations will be recorded separately.

Decision 10

The Gavi Alliance Board:

- a) **Approved** the World Bank Reserve Advisory & Management Partnership as the treasury manager for the African Vaccine Manufacturer Accelerator (AVMA);
- b) **Approved** the World Bank Reserve Advisory & Management Partnership as the treasury manager for the First Response Fund (FRF);
- c) **Approved** the extension of the Gavi Secretariat serving as the interim treasury manager for AVMA and FRF until, in each case, the long-term arrangement is operational; and

- d) **Noted** specific investment strategies for AVMA and FRF will be reviewed and approved by the Investment Committee.

Juan Pablo Uribe (World Bank) recused himself for this item and was not present for the discussion or decision making on Decision Ten above.

9. Financial Update, including forecast and Partners' Engagement Framework and Secretariat Budget 2025

- 9.1 François Note, Chief Financial Officer, presented the updated Financial Forecasts for Gavi 5.1 (2021-2025) and COVAX AMC (including ongoing approved funded programmes and subject to donor repurposing); and (ii) the 2025 annual budgets for the Secretariat and for those Partners' Engagement Framework (PEF) categories not covered by the Programme Funding Policy for Gavi Board approval based on the recommendation from the Audit and Finance Committee (Doc 09).

Discussion

- Board members noted the multiple updates to the forecast, reflecting the dynamic changes in resource availability and a desire to provide the Board with the most current information.
- Board members also noted that the use of interest income, while potentially a short-term solution for projected over demand from countries in 2025, is not sustainable in the long-term. Several Board members commended the Secretariat for its management of the COVAX interest and engagement with multiple donors, which has proven to be very complex. It was confirmed that the question of interest income use will come back to the Board.
- It was acknowledged that the drivers of the increased forecast expenditure for the remaining Gavi 5.1 period had been discussed in the Board Closed Session and that the Secretariat would consider lessons learned from this process for Gavi 6.0, including more frequent forecasting and tighter monitoring to be enabled by the current forecasting and budgeting project.
- With respect to a request for the Board to have the opportunity to review a turnover analysis and discuss Gavi's workforce strategy, it was confirmed that the Secretariat would work closely with the HR Subcommittee of the Governance Committee in providing this information.
- Board members also requested a pre-Board session on Gavi finances prior to the discussion on the Gavi 6.0 budget going forward. The Secretariat noted that moving forward it would aim to have special technical briefings on complex agenda items.

Decision 11

The Gavi Alliance Board:

- a) **Approved** the updated Financial Forecast for the Gavi 5.1 (2021-2025) Strategic Period of Qualifying Resources of US\$ 10.8 billion and Forecast Expenditure of US\$ 10.7 billion;
- b) **Approved** the updated Financial Forecast for the COVAX AMC and ongoing Board- approved programmes of Qualifying Resources of US\$ 13.2 billion and Forecast Expenditure of US\$ 11.5 billion, with a COVAX AMC retained balance of US\$ 1.6 billion;
- c) **Noted** US\$ 199 million of future COVAX AMC interest and US\$ 318 million of earned interest (subject to expected completion of COVAX AMC donor repurposing agreement) are included in the forecast and are made available for Gavi 5.1 Board approved programmes and (ii) the planned market shaping firm order commitment to be presented to the Market- Sensitive Decisions Committee in due course has been reflected in the financial forecast and can be funded from the forecast resources available;
- d) **Noted** that the Board has approved up to US\$ 1 billion for the African Vaccine Manufacturing Accelerator (AVMA) and a further US\$ 176 million has been reallocated by donors; the Board has approved up to US\$ 22 million for the Pandemic Prevention, Preparedness and Response (PPPR) Coalition and a further US\$ 3 million has been reallocated by donors. The Secretariat will not commit above the current Board-approved envelopes until the Board approves the additional programming;
- e) **Noted** that the Board has approved up to US\$ 500 million for Day Zero First Response Fund and a further US\$ 49 million has been reallocated by donors; the Board has approved up to US\$ 290 million for the Big Catch Up and a further US\$ 8 million has been reallocated by donors. The Secretariat will not commit above the current Board-approved envelopes until the Board approves the additional programming;
- f) **Noted** that the Financial Forecast reflects a detailed review of programme expenditures, cash balances in country and other sources of funding to ensure that resources that could be used in Gavi 6.0 and are being used in Gavi 5.1 are necessary to meet higher demand; and
- g) **Noted** that there are no financial implications to consider in this updated financial forecast for the Gavi 5.1 strategic period arising from the recommendations being asked of the Programme and Policy Committee.

Decision 12

The Gavi Alliance Board:

- a) **Approved** US\$ 199 million for the Secretariat Operating budget in 2025, noting that the Gavi Secretariat will present an approach to the Gavi Alliance Board in December 2024 setting out how it will ensure the Gavi Secretariat is fit for purpose for the Gavi 6.0 strategic period;
- b) **Approved** US\$ 1 million for Capital Expenditure budget in 2025;
- c) **Approved** US\$ 8.4 million carry forward of the Partners' Engagement Framework budget from 2023 to 2024; and
- d) **Approved** US\$ 114.3 million for the Partners' Engagement Framework budget in 2025.

10. Prioritisation Mechanism

- 10.1 Quentin Guillon, Head, Strategy, presented an overview of the proposed updates to the Board-approved prioritisation mechanism to ensure it remains fit for purpose in Gavi 5.1, noting that a more comprehensive update is planned for Gavi 6.0 (Doc 10).
- 10.2 Marta Tufet Bayona, Head, Policy, provided details of the proposed updated mechanism to minimise negative impact on Gavi's 5.1 mission and strategic goals, including new qualitative indicators for outbreak & global health security risks and market shaping risks.

Discussion

- The Board supported the updated prioritisation mechanism policy, appreciating the simulation performed by the Secretariat as an academic exercise in the absence of a need to trigger the mechanism. The Board emphasised the need for a more comprehensive update for Gavi 6.0.
- Some Board members emphasised the need for a forward-looking model and the importance of prioritising across all investment areas without pitting vaccine programmes against each other; however, the members recognised the importance of having an updated mechanism in place that would be fit for purpose in 2025 if required.
- Board members welcomed that the emphasis on financial sustainability was equally weighted with health impact and value for money. One Board member highlighted the importance of including countries in the process. The Secretariat

highlighted that Gavi will work with countries on operationalisation, ensuring they are supported to make informed decisions.

- Board members supported the role of the AFC in triggering the mechanism in case it is needed. In relation to a request that the PPC sign off the prioritisation ranking, the Board Chair indicated this would not be considered at this time, and instead suggested this point could be further explored in the update of the mechanism for Gavi 6.0.
- With respect to the new objective to minimise risk to market health, it was suggested to elevate the criteria to minimise risks of restructuring key vaccine markets and to consider deprioritised applications from initial rounds to be prioritised in following rounds.
- Board members requested additional clarity on how the qualitative criteria would be applied. In response, the Secretariat explained that the application of qualitative criteria is still in development and would involve principled trade-off discussions. The Secretariat clarified that outbreak response is not in scope for the mechanism.
- One Board member reflected that when this policy was last updated in 2013, there was a cross-partner technical working group supporting and urged that there again be strong partner engagement in the next update of the mechanism.

Decision 13

The Gavi Alliance Board:

- a) **Approved** the revised update of the 'Prioritisation Mechanism for Gavi's Support to Countries' attached as Annex A to Doc 10; and
- b) **Noted** that the Secretariat will propose further revisions to the Mechanism during 2025 to ensure that it is fit for purpose for the Gavi 6.0 strategic period.

Sai Prasad (DCVMN), Drew Otoo (IFPMA), Bvudzai Magadzire (CSO), Leila Gharagozloo Pakkala (UNICEF), Juan Pablo Uribe (World Bank), Bruce Aylward (WHO), and Saad Omer (R&THI) recused themselves and did not vote on Decision Thirteen above.

11. Update from Ethics, Risk and Compliance Office

- 11.1 Maria Thestrup, Chief Ethics, Risk and Compliance Officer, presented an overview of the top ten risks in the 2024 annual risk and assurance report, including programmatic, financial, operational, and engagement with partner risks (Doc 11).

- 11.2 She provided an update on Gavi's risk management framework and the proposed changes to the risk policy, which was last updated in 2014 and which include updates to the principles, roles and responsibilities and scope of stakeholders. The update also included information on the differentiation between strategic and operational risks as well as the key steps of the risk management process (Doc 11).

Discussion

- The Board commended the presentation and expressed support to approve the report and the updated risk policy. One Board member highlighted the inclusion of three new principles and noted that the emphasis on learning is appreciated.
- In response to a query about the inclusion of Fragile and Humanitarian settings as a new risk, the Secretariat clarified that this is included because Fragile and Humanitarian settings pose a high risk to the Alliance's investments which requires mitigation. The example of Vaccine Preventable Disease (VPD) outbreaks in Fragile and Humanitarian settings was provided, noting the context creates a different set of expectations for Gavi to deliver, and higher risk appetite was required and already approved by the Board in the Fragility, Emergencies, and Displaced Populations (FED) policy.
- On whether the African Vaccine Manufacturing Accelerator (AVMA) risk is related to the Secretariat or the Alliance, the Secretariat clarified that the AVMA risk is a Secretariat, Alliance, and country risk, noting the shared responsibility to ensure mitigations are effective. The Secretariat also clarified that the Alliance Advisory Risk Working Group was established to discuss and manage the broader Alliance-wide risk to delivery on the joint mission.
- In relation to a question about when the Prevention of Sexual Exploitation, Abuse, and Harassment (PSEAH) policy would come into effect, the Secretariat clarified that the PSEAH policy became effective on 1 December 2024, and that Gavi had achieved over 97% completion in the online training provided to all staff and highlighted other implementation activities ongoing over last 8 months to be able to successfully put the policy into effect.

Decision 14

The Gavi Alliance Board:

- a) **Approved** the Annual Risk & Assurance Report 2024 attached as Annex A to Doc 11; and
- b) **Approved** the updated Risk Policy attached as Annex B to Doc 11.

12. Road to Replenishment

- 12.1 The Chair introduced this agenda item, reviewing developments since the last Board meeting in June 2024, including the successful launch of the Investment Opportunity and the African Vaccine Manufacturing Accelerator, which was co-hosted by France and the African Union. In the meantime, there has been continued momentum in 2024 with the G7 communiqué, the CEO and Chair's participation at the G7 in Italy (finance and development ministerial meetings, respectively), and an announcement by the President of the European Commission in September 2024 of a EUR 260 million commitment.
- 12.2 The Chair invited Koen Doens, Director-General for International Partnerships at the European Commission, to join the meeting and say a few words. Mr Doens announced that the European Union, European Council, and the Bill & Melinda Gates Foundation, with the close support of other Gavi donors and implementing countries, would co-host the Gavi 6.0 Pledging Summit in Brussels. The event will be organised by the Bill & Melinda Gates Foundation and Gavi and in partnership with the advocacy organisation Global Citizen.
- 12.3 The Chair invited Violaine Mitchell, Board member (Bill & Melinda Gates Foundation) to take the floor. She noted that next year will be the 25th anniversary of both Gavi and the Bill & Melinda Gates Foundation, and with these milestones, she was pleased that the Foundation would come together with the European Union to host the event and to celebrate its resolute commitment to Gavi.
- 12.4 Sania Nishtar, CEO, warmly thanked both the European Union and the Bill & Melinda Gates Foundation for hosting the Pledging Summit and asked for support from all Board members to ensure Gavi achieves success.
- 12.5 Marie-Ange Saraka-Yao, Chief Resource Mobilisation and Growth Officer, presented this item (Doc 12).

Discussion

- The Board expressed appreciation to the European Union and the Bill & Melinda Gates Foundation for their generosity in hosting the event.
- Several Board members offered to support the planning and delivery of the Pledging Summit.

13. Update on Collaboration with Other Organisations

- 13.1 Hannah Burris, Chief of Staff, presented an update on the ongoing collaboration between Gavi, the Global Fund, and the Global Financing Facility for Women,

Children and Adolescents (GFF) in the context of the Lusaka Agenda. She highlighted the progress to date on the four collaboration workstreams and presented information on the key takeaways from the first Joint Committee Working Group (JCWG) meetings (Doc 13).

- 13.2 Richard Mihigo, Director, Programmatic and Strategic Engagement (Africa CDC and African Union), provided an update on Gavi's strong collaboration with the Africa Centres for Disease Control and Prevention (CDC).
- 13.3 The Chair invited Minister Mekdes Daba (Board Member, Ethiopia) to comment on collaboration in her role as Co-Chair of the JCWG. She reflected on the commitment she has seen across the three Co-Chairs of the JCWG, as well as the other members, to deliver on the established workplan.

Discussion

- Board members appreciated the update, particularly on the progress to date, and acknowledged that this work is challenging, but also urgent and very important and that more work is needed.
- Board members highlighted that one area requiring collaboration across organisations at this point in time is polio, and suggested that Q1 2025 would be a good time to potentially organise a joint session with the Global Polio Eradication Initiative.
- As discussed earlier in the meeting, it was flagged that coordination will be required on the tuberculosis vaccine, and while it may be possible to build on lessons from coordination on malaria, that there will be different challenges.
- The Secretariat took note of a comment that it would be important to clarify the mandate of the JCWG and its goals, make clear that it is limited and not intended to tackle the entire Lusaka agenda, and that additional workstreams should not be added at this point. Board Members also encouraged that the JCWG be leveraged to surface difficult issues and barriers to progress, with particular urgency on malaria.
- With respect to a suggestion that there be fungibility of funding between organisations, e.g. for malaria, one Board member indicated that this would not be acceptable legislatively for his constituency and a second noted that this solution was likely oversimplified, exacerbating silos, and did not take into account the trade-offs required.
- In relation to a query about who had management accountability for back-office integration, it was clarified that this sits with Gavi's Director of Operations.
- Responding to a concern about coordination and technical coherence on technical issues, especially on HSS and malaria, in the absence of alliance

technical partners at the JCWG, it was clarified that in consultation with the Co-Chairs, it is already under consideration to bring in technical guidance for upcoming discussions on malaria and that observers would be included on an as-needed basis.

- Board members noted the focus areas for the work of the Africa CDC around routine immunisation, building public trust, supporting African vaccine manufacturing and pandemic prevention and response, and asked for further detail about the activities and ultimate goals of these areas. It was clarified that a results framework will be developed with clear indicators and outputs.

14. Report from Audit & Investigations

- 14.1 The Chair introduced this item by noting that Gavi's audit functions had just undergone an external quality assessment, which confirmed that Gavi's audit functions already conform to the new global internal audit standards that come into effect in 2025, thereby confirming that Gavi's audit function is fit for purpose for Gavi 6.0.
- 14.2 Lucy Elliott, Managing Director, Audit & Investigations (A&I), presented this item, highlighting activities completed in 2024 and providing a forward look to the A&I 2025 workplan and future years (Doc 14).
- 14.3 Ms Elliott confirmed the organisational independence of the A&I function, which is an annual requirement to the Board.

Discussion

- The Board expressed appreciation for the detailed report and took note of the assurance on organisational independence.
- Board members commended the work undertaken in 2024 and supported the workplan for 2025.

15. Review of Decisions

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

16. Any other business and Closing remarks

- 16.1 The Chair thanked the Government of Indonesia for having hosted the meeting, as well as for the gracious welcome, kindness and efficiency.
- 16.2 After determining there was no further business, the meeting was brought to a close.

Prof José Manuel Barroso
Chair of the Board

Ms Brenda Killen
Secretary to the Board

Attachment A

Participants

Board members

1. José Manuel Barroso, Chair
2. Omar Abdi, Vice Chair
3. Anahit Avanesyan
4. Bruce Aylward
5. Karin Berlin
6. Awa Marie Coll-Seck
7. Mekdes Daba
8. Atul Gawande
9. Mohamed Jama
10. Robert Kargougou* (Items 6bii-9)
11. Ruth Lawson
12. Bvudzai Magadzire
13. Violaine Mitchell
14. Kazuhiko Nakamura
15. Saad Omer
16. Andrew (Drew) Otoo
17. Clarisse Paolini
18. Sai Prasad
19. Teresa Ressel
20. Budi Gunadi Sadikin
21. Deena Schiff
22. Anne Schuchat
23. David Sidwell
24. Karen Sørensen
25. Juan Pablo Uribe
26. Yibing Wu (Day 1)
27. Sania Nishtar (non-voting)

Regrets

1. Silvia Lutucuta
2. Bernard Okoe Boye
3. Lyonpo Tandin Wangchuk

Alternates Observing

2. Soleh Ayubi
3. Joan Benson
4. Brian Erazo Muñoz* (Items 2-6a, 6c-7, 9-10)
5. Frode Forland
6. Melissa Hisko
7. George Laryea-Adjei
8. Nadeem Mahbub* (Items 4-6b, 9-16)
9. Francesca Manno
10. Kate O'Brien
11. Leila Pakkala
12. Michael Kent Ranson
13. Alexandra Rudolph-Seemann
14. Lucas de Toca
15. Onei Uetela
16. Rhoda Wanyenze* (Items 6-6bi, 8)
17. Greg Widmyer

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

BILL & MELINDA GATES FOUNDATION

Mr Nima Abbaszadeh, Senior Programme Officer, Immunization, Global Development Division
Mr Adrien de Chaisemartin, Deputy Director of Gavi, Partners and Special Initiatives
Mr Kelly Jarrett, Deputy Director, Strategy, Planning and Management
Ms Amy Whalley, Senior Program Officer, Program Advocacy and Communications, Global Policy and Advocacy

WORLD BANK

Dr Ronald Upenyu Mutasa, Practice Manager for East Asia and Pacific
Ms Yulia Nur Izati, Health Specialist
Ms Helen Saxenian, Consultant*
Ms Carolina Michelle Kern, Health Specialist*

UNICEF

Mr Andrew Owain Jones, Deputy Director, Immunization Supplies
 Dr Ephrem Lemango, Associate Director Immunization
 Mr Anthony Bellon, Partnerships Manager

WORLD HEALTH ORGANIZATION

Ms Lauren Franzel-Sassanpour, Unit Head, Vaccine Alliances & Partnerships
 Dr Ann Lindstrand, Unit Head EPI*
 Mr Ben Millinchip, Senior Lead, XVAX*
 Ms Susan Sparkes, Technical Officer, Health Financing*
 Ms Nathalie Vande Maele, Health Economist*
 Ms Katja Schemionek, PHC expert*
 Mr Daniel Thornton, Director, Coordinated Resource Mobilization*
 Mr David Graham McNeill, Head of Multilateral Partnerships and Resource Mobilization at WHO*

IMPLEMENTING COUNTRY GOVERNMENTS

Bangladesh

Prof Sayedur Rahman, Special Assistant (Minister of State)
 Dr Md Tarikul Islam, Ambassador of Bangladesh to Indonesia
 Ms Sardar Habibur Rahman, Personal Officer of the Embassy of Bangladesh

Benin

Mr Latifou Aboudou, Administrative and Financial Director, Centre Hospitalier Universitaire Départemental du Borgou

Cambodia

H.E. Lo Veansakiry, Secretary of State
 Mr Ork Vichit, Deputy Director of National Maternal and Child Health Center and Manager of National Immunization Program

Democratic Republic of Congo

Dr Sylvain Yuma Ramazani, General Secretary, Ministry of Health

Indonesia

Mr Bonanza Perwira Taihitu, Director for Centre of Global Health and Technology Policy, Ministry of Health
 Ms Helena Lisa Rosalin, Executive Assistant to the Minister of Health, Ministry of Health
 Mr Mochamad Nur Ramadhani, Center of Health System and Strategy
 Ms Hashta Meyta, Directorate of Immunization
 Ms Prima Yosephine, Director of immunisation
 Ms Amala R. Putri, Center of Health System and Strategy
 Ms Vanessa Jackson, Center of Health System and Strategy
 Ms Dwi A. Himiyah, Center of Global Health and Technology Policy
 Ms Dwirani Rachmatika, Center of Global Health and Technology Policy
 Ms Isnaniyah Rizky, Center of Global Health and Technology Policy
 Ms Septianita Hastuti, Directorate of Immunization

Lao PDR

Prof Dr Bounfeng Phoummalaysith, Minister of Health
 Dr Phonepaserth Xayamoungkhoun, Director General of Hygiene and Health Promotion Department
 Dr Chansavang Vongkhamxao, Deputy Director General of Mother and Child Health Center
 Dr Chansai Patthammavong, Deputy Chief of Vaccine Section, Mother and Child Health Center

Nepal

Dr Pradip Paudel, Minister for Health and Population
 Dr Bibek Kumar Lal, Director of Family Health Division
 Dr Tara Singh Bam

Papua New Guinea

Dr Elias Kapavore, Minister of Health
 Mr Christopher Raymond, Policy Officer

Philippines

Dr Glenn Matthew G. Baggao, Undersecretary of Health, Public Health Services Cluster
Dr Jose Gerard B. Belimac, Director III, Disease Prevention and Control Bureau

South Sudan

Dr Kediende Chong, Director General, Ministry of Health

Sri Lanka

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

Timor Leste

Dr Elia A. A. dos Reis Amaral, Minister of Health
Dr Juvita Rodrigues Bareto de A. Gonçalves, Head of Cabinet of Minister
Dr Rui Daniel, Advisor to the Minister
Mr João Bosco do rego Caetano, Protocol Officer
Mr Domingos da Costa, Media Officer
Dr Narciso Fernandes, Director General of Cabinet for Policy, Planning, Cooperation for Health Development

DONOR GOVERNMENTS**Australia**

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

Belgium

Mr Tim Roosen, International Health Policy Expert, Ministry of Foreign Affairs and International Development Cooperation*

Canada

Mr Michael Tarr, Senior Analyst, Global Affairs

Denmark

Mr Simon Feldbaek Peitersen, Senior Advisor, Global Health Specialist, Multilateral Cooperation and Policy
Ms Nanna Svejborg, Head of Section, Ministry of Foreign Affairs*

European Commission

Ms Cécile Billaux, Head of Unit, European Commission
Ms Diana Isabel Sotomayor Irizarry, Health Advisor, European Commission

France

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

Germany

Mr Bastian Schwarz, Advisor, GIZ

Ireland

Ms Leah Colgan, Development Specialist Officer, Irish Department of Foreign Affairs*

Italy

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

Japan

Dr Hitoshi Murakami, Assistant Director-General, Bureau of International Health Cooperation, National Center for Global Health and Medicine
Aya Ishizuka, Second Secretary, Permanent Mission to UN and Other International Organisations, Geneva
Mr Minoru Iijima, Deputy Director, Ministry of Health Labour and Welfare
Ms Yumeka Ota, Deputy Director, Global Health Strategy Division, Ministry of Foreign Affairs

Luxembourg

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

Netherlands

Ms Katja Meijaard, Senior Policy Officer, Ministry of Foreign Affairs*

Ms Johanneke de Hoogh, Head of Department, Global Health and Sexual and Reproductive Health and Rights (SRHR), Ministry of Foreign Affairs

Norway

Ms Anja Sletten, Senior Adviser, 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

Spain

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

Sweden

Ms Karin Tegmark Wisell, Ambassador for Global Health*

Switzerland

Mr Boris Maver, Programme Officer Health Determinants, Swiss Development Cooperation*

United Kingdom

Mr Rob Whitby, Head of Immunisation, FCDO
Ms Alice Stilitz, Health Adviser, FCDO

United States of America

Dr Pavani Ram, Chief, Child Health and Immunization, USAID
Ms Ann Yang, Gavi Partnership Coordinator, USAID

VACCINE INDUSTRY – INDUSTRIALISED

Dr Sana Mostaghim, Senior Director, Vaccines Global Market Access, Takeda
Ms Ariane McCabe, Director, Global Health and Public Affairs, GSK
Ms Angela Coral, Senior Manager, Global Health Partnerships & Impact Reporting, Pfizer
Ms Diane Acosta, Director, Global Vaccines Policy Strategy & Partnerships, Merck

VACCINE INDUSTRY – DEVELOPING

Mr Shadiq Akasya, President Director, PT Biofarma
Ms Fitriana Rahmawati, Head of Division for International Cooperation and Commercial, Biofarma

CIVIL SOCIETY ORGANISATIONS

Ms Anne Marie Seye, General Administrator of Afrivac, Senegal
Ms Adelaide Davis, Senior Officer Immunization, International Federation of Red Cross and Red Crescent Societies, Geneva
Mr Hosea Rakotoarimana, Gavi CSO Steering Committee member, Madagascar
Dr Nizam Uddin Ahmed, Chair, Gavi CSO Steering Committee, Bangladesh
Mr Zachary Katz, Vice President, Child Health, Clinton Health Access Initiative
Mr Alexio Mangwiro, Senior Director, Clinton Health Access Initiative Global Markets and Delivery
Mr Atiek Anartati, Clinton Health Access Initiative Country Director, Indonesia
Mr Zack Petersen, CEO 1000 Days Fund

RESEARCH & TECHNICAL HEALTH INSTITUTES

Dr Kathryn Banke, Associate Director for Partnerships, Global Immunization Division, CDC
Dr John Vertefeuille, Director, Global Immunization Division, CDC
Dr Rebecca Merrill, Country Director, Indonesia, CDC

Special Advisers

Ms Inês Sêrvulo 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
Ms Tessa Oraro-Lawrence, Special Adviser to the Civil Society Constituency

**Attending virtually*