

## Gavi Alliance Board Meeting

4-5 December 2019

Hyatt Regency Hotel, Delhi, India

### 1. Chair's Report

- 1.1 Finding a quorum of members present, the meeting commenced at 08.39 local time on 4 December 2019. Dr Ngozi Okonjo-Iweala, Board Chair, chaired the meeting.
- 1.2 The Chair welcomed the Secretary of the Ministry of Health and Family Welfare, India, Mrs Preeti Sudan, and her delegation, to the meeting. She expressed her appreciation to the Government of India for hosting the Gavi Board in Delhi and for the welcome event hosted the previous evening. She kindly requested that Mrs Sudan express, on behalf of the Board and the Gavi Secretariat, sincerest gratitude and appreciation to Honourable Minister Dr Harsh Vardhan.
- 1.3 The Chair welcomed new Board members and Alternate Board members, as well as Nina Schwalbe, Chair of the Evaluation Advisory Committee, Cyrus Ardalan, Chair of the International Finance Facility for Immunisation (IFFIm) and other directors of the IFFIm Board. She noted that departing members would be recognised for their service at the dinner that evening.
- 1.4 The Board met in closed session during the afternoon of 3 December to discuss a number of items including the annual HR Report and the CEO's 2019 annual performance review.
- 1.5 Standing declarations of interest were tabled to the Board (Doc 01a in the Board pack). The Chair noted that in the context of the items for decision on the agenda, there were some Board members who would have conflicts of interest and that these would be raised at the appropriate time and recorded in the applicable section of the minutes.
- 1.6 The Board noted its minutes from 26-27 June 2019 (Doc 01b) and 29 July 2019 (Doc 01c) which were approved by no objection on 16 October 2019 and 11 September 2019 respectively. The Board also noted decisions approved by them by no-objection consent since the last meeting (Doc 01d), namely, approval of the 2018 annual financial report and appointments to the Board and Board Committees.
- 1.7 The Chair referred to the consent agenda (Doc 01d) where seven recommendations were being presented to the Board for consideration. No requests had been received to place any of the consent agenda items on the main

agenda. The decisions would be presented at the end of the meeting during the Review of Decisions.

- 1.8 The Board also noted its action sheet (Doc 01f) and workplan (Doc 01g) and the Chair encouraged Board members to contribute to the forward plan by raising issues which they may wish to add either with her directly or with the Board Secretary.
- 1.9 She reported to the Board on a number of events she had attended since the last Board meeting. She highlighted in particular the great honour that it had been for Gavi to receive the Lasker~Bloomberg Public Service Award in September 2019 which the CEO and herself had accepted on behalf of Gavi. She referred to the work she has been doing in preparation for the upcoming replenishment, with a focus on non-traditional donors in particular in the Middle East, China and Japan. She also referred to a recent visit to Kenya where she was able to admire the spirit and resilience of the people living in Kibera, the largest slum in Africa. While there she was also able to take part in the launch of the HPV (human papillomavirus) vaccine in the country. Finally, she indicated that she had co-chaired, with former President Kikwete of Tanzania, a meeting of 25 African Ministers of Health and Education in Addis Ababa under the Harvard Ministerial Programme. She highlighted this event as a way to further explore opportunities to institutionalise cross-sectoral collaboration for human development.
- 1.10 To close this session, the Chair expressed her deep appreciation for the work of the outgoing Board Vice Chair, Bill Roedy. She described him as an exceptional human being, commending his support of her leadership and his own leadership of the Governance Committee, noting that he has given selfless service to the health sector for a number of years and thanking him not only on her own behalf, but on behalf of the Board and the Gavi Secretariat.

### **Decision 1**

The Gavi Alliance Board:

**Approved**, exceptionally, that the determination of Sudan's eligibility for 2020 will be based on the latest GNI data point instead of the average GNI per capita over the past three years.

### **Decision 2**

The Gavi Alliance Board:

- a) **Appointed** Sarah Goulding as Board member representing Australia on the donor constituency anchored by the United States in the seat currently held by Irene Koek of the United States, effective 1 January 2020 and until 31 December 2021
- b) **Appointed** Irene Koek as Alternate Board representing the United States on the donor constituency anchored by the United States, effective 1 January 2020 and until 31 December 2021

- c) **Appointed** Sarah Goulding as Vice Chair of the Board with individual signatory authority, effective 1 January 2020 and until 31 December 2021

*Sarah Goulding and Irene Koek recused themselves and did not vote on Decision Two above.*

### **Decision 3**

The Gavi Alliance Board:

**Amended** Article 2.A of the Gavi Alliance Governance Committee Charter to read as follows:

“... If for any reason the Board Vice Chair is not from among any of the constituencies designated above, or for any other reason determined by the Committee, the Committee shall be exceptionally expanded to 13.”

### **Decision 4**

The Gavi Alliance Board:

- a) **Reappointed** the following as Chair of the Investment Committee:
- Stephen Zinser until 30 June 2020
- b) **Reappointed** the following as Chair of the Audit and Finance Committee:
- David Sidwell until 31 December 2020
- c) **Reappointed** the following as Chair of the Programme and Policy Committee:
- Helen Rees until 31 December 2021

*Stephen Zinser recused himself and did not vote on Decision Four a) above.*

*Helen Rees recused herself and did not vote on Decision Four c) above.*

### **Decision 5**

The Gavi Alliance Board:

- a) **Appointed** the following Board Members:
- **Maty Dia** as Board Member representing the civil society organisations constituency in the seat formerly held by Craig Burgess, effective immediately and until 31 December 2021.
  - **Jan Paehler** as Board Member representing the European Commission on the donor constituency anchored by Germany in the seat currently held by Harriet Ludwig of Germany, effective 1 January 2020 and until 31 December 2020.

- **Roger Conner** as Board Member representing the vaccine industry industrialised countries in the seat currently held by Susan Silbermann, effective 1 August 2020 and until 31 July 2023

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

- **Daniel Graymore** as Board Member representing the United Kingdom on the donor constituency anchored by the United Kingdom, effective 1 January 2020 and until 31 December 2022.
- **Margaret (Peggy) Hamburg** as an Unaffiliated Board Member, effective 1 January 2020 and until 31 December 2022.

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

- **Frank Mahoney** as Alternate Board Member representing the civil society organisations constituency in the seat currently held by Maty Dia, effective immediately and until 31 December 2019.
- **An Vermeesch** as Alternate Board Member representing the vaccine industry industrialised countries in the seat currently held by Julie Hamra, effective immediately and until 31 July 2023.
- **Joan Valadou** as Alternate Board Member representing France on the donor constituency anchored by Germany in the seat currently held by Jan Paehler of the European Commission, effective 1 January 2020 and until 31 December 2020.

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

- **Susan Elden** as Alternate Board member to Daniel Graymore representing the United Kingdom, effective 1 January 2020 and until 31 December 2022.

e) **Appointed** the following to the Audit and Finance Committee effective 1 January 2020:

- **David Sidwell** (Board Member) until 31 December 2020
- **Teresa Ressel** (Board Member) until 31 December 2021
- **Beniamin Carcani** (Committee Delegate) until 31 December 2021
- **Etleva Kadilli** (Alternate Board Member) until 31 December 2021
- **Kwaku Agyeman-Manu** (Board Member) until 31 December 2020
- **Emmanuel Maina Djoulde** (Committee Delegate) until 31 December 2021
- **Andreas Karlsberg Pettersen** (Committee Delegate) until 31 December 2021
- **Irene Koek** (Alternate Board Member) until 31 December 2021
- **Gisella Berardi** (Committee Delegate) until 31 December 2021
- **Tom Morrow** (Committee Delegate) until 31 December 2021

f) **Appointed** the following to the Investment Committee effective 1 January 2020:

- **Stephen Zinser** (Board Member) until 30 June 2020
- **David Sidwell** (Board Member) until 31 December 2020
- **Afsaneh Beschloss** (Board Member) until 31 December 2021

- **Margaret (Peggy) Hamburg** (Board Member) until 31 December 2021
- **Matthias Reinicke** (Committee Delegate) until 31 December 2021
- **William Roedy** (Board Member) until 31 July 2021

g) **Appointed** the following to the Evaluation Advisory Committee effective 1 January 2020:

- **Marta Nunes** (Board Member) until 31 December 2020
- **Maty Dia** (Board Member) until 31 December 2021
- **Zulfiqar A. Bhutta** (Independent Expert) until 31 December 2021
- **Jeanine Condo** (Independent Expert) until 31 December 2021
- **Juan Pablo Gutiérrez** (Independent Expert) until 31 December 2021
- **Mira Johri** (Independent Expert) until 31 December 2021
- **Ezzedine Mohsni** (Independent Expert) until 31 December 2021
- **Viroj Tangscharoensathien** (Independent Expert) until 31 December 2021

h) **Appointed** the following to the Market-Sensitive Decisions Committee effective 1 January 2020:

- **Ngozi Okonjo Iweala** (Board Chair) until 31 December 2020
- **Sarah Goulding** (Board Member) until 31 December 2021
- **Etleva Kadilli** (Alternate Board Member) until 31 December 2021
- **Muhammad Pate** (Board Member) until 31 December 2021
- **Violaine Mitchell** (Alternate Board Member) until 31 December 2021
- **Amir Aman Hagos** (Board Member) until 31 December 2020
- **Arsen Torosyan** (Board Member) until 31 December 2021
- **Daniel Graymore** (Board Member) until 31 December 2021
- **Jan Paehler** (Board Member) until 31 December 2020
- **Irene Koek** (Board Member) until 31 December 2021
- **Maty Dia** (Board Member) until 31 December 2021
- **David Sidwell** (Board Member) until 31 December 2020
- **Helen Rees** (Board Member) until 31 December 2021
- **Seth Berkley** (Board Member) until 31 December 2021

i) **Appointed** the following to the Governance Committee effective 1 January 2020:

- **Sarah Goulding** (Board Vice Chair) until 31 December 2021
- **Bill Roedy** (Board Member) until 31 July 2021
- **Stephen Zinser** (Board Member) until 30 June 2020
- **Omar Abdi** (Board Member) until 31 December 2021
- **Orin Levine** (Board Member) until 31 December 2021
- **Ferozuddin Feroz** (Board Member) until 31 December 2020
- **Tamar Garbunia** (Committee Delegate) until 31 December 2021
- **Daniel Graymore** (Board Member) until 31 December 2021
- **Jan Paehler** (Board Member) until 31 December 2020
- **Megan Cain** (Board Member) until 31 December 2020
- **Maty Dia** (Board Member) until 31 December 2021
- **Susan Silbermann** (Board Member) until 31 July 2020
- **Seth Berkley** (Board Member) until 31 December 2021

j) **Appointed** the following to the Governance Committee effective 1 August 2020:

- **Roger Connor** (Board Member) until 31 July 2021

k) **Appointed** the following to the Programme and Policy Committee effective 1 January 2020:

- **Helen Rees** (Board Member) until 31 December 2021
- **Michael Kent Ranson** (Alternate Board Member) until 31 December 2021
- **Robin Nandy** (Committee Delegate) until 31 December 2021
- **Kate O'Brien** (Committee Delegate) until 31 December 2021
- **Violaine Mitchell** (Alternate Board Member) until 31 December 2021
- **Ahmed Abdallah** (Committee Delegate) until 31 December 2021
- **Vandana Gurnani** (Committee Delegate) until 31 December 2021
- **Edna Yolani Batres** (Alternate Board Member) until 31 December 2021
- **Joan Valadou** (Alternate Board Member) until 31 December 2020
- **Lene Lothe** (Alternate Board Member) until 31 December 2020
- **Susan Elden** (Alternate Board Member) until 31 December 2021
- **Naomi Dumbrell** (Committee Delegate) until 31 December 2021
- **Lubna Hashmat** (Committee Delegate) until 31 December 2021
- **William Schluter** (Alternate Board Member) until 31 December 2020
- **Joan Benson** (Committee Delegate) until 31 December 2021
- **Mahima Datla** (Alternate Board Member) until 31 December 2020
- **Seth Berkley** (Board Member) until 31 December 2021
- **Alejandro Cravioto** (Independent Expert) until 31 December 2021

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

## **Decision 6**

The Gavi Alliance Board:

**Ratified** the emergency appointment of 11 IRC members by the Chief Executive Officer in concurrence with the Chair of the Programme and Policy Committee (PPC) under Article 5.1.1 of the By-Laws, whose names are listed in Annex A to Doc 05c to the 25 November 2019 Governance Committee meeting, for a term effective 12 August 2019 until 31 March 2022.

## **Decision 7**

The Gavi Alliance Board:

**Amended** Article 4 of the French-language version of the Gavi Statutes to read as follows:

Le siège statutaire de la Gavi Alliance sera dans le Canton de Genève, en Suisse. Le Conseil reçoit pleins pouvoirs pour déplacer le siège de la Gavi Alliance, avec l'accord préalable de l'Autorité de Surveillance.

## 2. Video on India and remarks from Secretary, Ministry of Health and Family Welfare

- 2.1 The Chair introduced this agenda item and highlighted India's impressive record and valuable partnership with the Gavi Alliance. India has the largest birth cohort in the world and it makes the most of Gavi's catalytic support. She also referred to India's strength as a vaccine manufacturer.
- 2.2 Preeti Sudan, Secretary, Minister of Health and Family Welfare, provided an overview of her country's health system and recent developments at the policy and programmatic level in the health care sector.
- 2.3 Specifically, she explained the new policy of Health for All, announced in 2017, which focuses on a preventive approach, and which has led to a paradigm shift as it has been translated into action. The new approach includes two key pillars: making health care more comprehensive and providing services through new health and wellness centres.
- 2.4 The Secretary indicated that one of India's strengths is that it has been willing to acknowledge and address shortcomings in its system, such as in the areas of sanitation, clean water, adverse sex ratio, and inaccessible areas. India has recently launched programmes to tackle all of these challenges.
- 2.5 She explained how the health sector collaborates with other ministries to deliver immunisation services on such a large scale, highlighting the electronic Vaccine Intelligence Network (eVIN) programme that was initially funded by Gavi. Six new vaccines have been introduced in India in the past four years.
- 2.6 The Secretary concluded her remarks by noting that India is due to transition from Gavi support, but she invited Gavi to consider continuing its engagement in India at the sub-national level where pockets of low Gross National Income (GNI) per capita persist. She also suggested that there are opportunities to use India as a training centre and hub for good practices for other countries facing similar challenges.
- 2.7 The Chair concluded this item by inviting the Board to view a short film relating to the successes and challenges of the immunisation programme in India.

### *Discussion*

- Board members expressed their gratitude for the clear and candid presentation and for India's clear commitment to immunisation.
- Board members noted that gender is one of the focus areas for Gavi's next strategic period and asked for further information about what kinds of programmes were in place to address gender inequity and gender-based violence. The Secretary provided further information about India's programme that focuses on placing value on the girl child and on empowering girls with education. She referred to the importance of addressing cultural and mindset issues; engaging boys and men; and changing the legal framework.

- Board members also asked about challenges with data and how India is addressing the issue of data quality and timeliness. The Secretary acknowledged that these remain challenges and outlined some of the approaches India has taken, including giving telephones to health workers so that they can capture data immediately.
- India's exceptional success in polio eradication was also noted.
- In terms of vaccine manufacturing, it was also highlighted that Indian companies are not just considering traditional vaccines but also novel ones, and are looking to address delivery issues such as thermostability.

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### **3. CEO's Report**

- 3.1 Seth Berkley, CEO, started his presentation with a focus on the Gavi-India partnership which had catalysed the transformation of the world's largest immunisation programme. He commended the engagement of the Prime Minister in driving the programme forward and looked forward to further engagement with India as it transitions out of Gavi support and as Gavi looks towards its next replenishment.
- 3.2 The CEO then presented an overview of key developments in the global landscape, referencing the Lasker~Bloomberg Public Service Award in September 2019 and the launch of the replenishment ask at TICAD (Tokyo International Conference on African Development) in August 2019. He highlighted some important events which would take place in the lead up to the replenishment, namely Gavi's 20<sup>th</sup> anniversary celebration at Davos in January 2020, a high-level meeting hosted by the Liverpool School of Tropical Medicine in March 2020, culminating with the pledging conference on 3-4 June 2020 in London.
- 3.3 He referred to the launch of the *Global Action Plan (GAP) for Healthy Lives and Well-being for All* at the United Nations General Assembly (UNGA) in September 2019. Gavi is leading on the "Sustainable Financing" accelerator with the Global Fund and the World Bank and is engaging on other accelerators and in particular on "Primary Health Care". He noted that it is foreseen that there will be a more in-depth session on the GAP at the Board meeting in June 2020.
- 3.4 The CEO provided examples of intensified collaboration between Gavi and the Global Fund which aims to ensure better coordination in terms of investments and to share a common view of health systems performance.
- 3.5 Dr Berkley gave some examples of how the Alliance might need to work differently going forward to reach zero-dose communities and strengthen primary health care. He highlighted that reaching zero-dose children will forge equity in health care and transform communities. He used examples from the Democratic Republic of the Congo (DRC) and Mali to demonstrate how this is being done in practice in some countries.

- 3.6 In relation to Gavi HSS investments, he reported in particular on how these are driving improvement in supply chains, using an example from Uganda where a United Parcel Service (UPS)-Freight in Time Ltd (FIT) partnership is addressing critical remaining supply chain gaps. He also referred to India's electronic Vaccine Intelligence Network (eVIN) which provides real-time data in relation to vaccine stock management and is an example of the type of system we would like to see every country have. He also referred to the Government of India and Unilever partnership which is unlocking gender-related barriers to demand and coverage.
- 3.7 Dr Berkley reported back on previous Board decisions, including Ebola and Polio. In relation to the latter he referred to some of the challenges related to the resurgence of WPV1 (wild poliovirus type 1), increase in cVDPV (vaccine derived poliovirus) cases and the effect on routine immunisation as countries focus on multiple campaigns to address outbreaks. He highlighted that a lot of work has been done to strengthen Gavi-GPEI (Global Polio Eradication Initiative) collaboration.
- 3.8 He highlighted that Pakistan has been the first country to introduce TCV (typhoid conjugate vaccine) into its routine immunisation programme and provided an update on the implementation of support to Nigeria where a high-level visit is planned with Board members, partners and donors in mid-December.
- 3.9 The CEO informed the Board that the situation in Syria remains quite complex and requires tailored engagement with the country. He indicated that there may be a need for exceptional flexibility to avoid vaccine stock-outs pending submission and approval of applications through the normal channels.
- 3.10 Dr Berkley provided a brief update on Gavi's yellow fever diagnostic procurement support, on work being done to tackle ongoing measles outbreaks, on the global supply shortages of HPV vaccine, and on the Vaccine Innovation Prioritisation Strategy (VIPS).
- 3.11 He then provided an Alliance and Secretariat update, referencing in particular the third Alliance Health Survey. He informed the Board of the launch of Gavi's new web site, on the successful implementation of SAP (enterprise resource planning platform) in the Secretariat and of new senior staff appointments.
- 3.12 Finally, he reminded Board members that Gavi will celebrate 20 years of saving lives in January 2020 in Davos. He highlighted the track record of the Alliance during that period in terms of children vaccinated, deaths averted etc. and stated that the Board should indeed be proud of all that the Alliance has accomplished during that time.

### *Discussion*

- Board members welcomed the ongoing work to ensure enhanced collaboration between Gavi and the Global Fund and representatives from the developing countries indicated in particular that it would be helpful for them if there could be more alignment around health systems strengthening (HSS) support which is very often fragmented at the country level.

- A number of Board members highlighted the importance of the GAP to frame and further strengthen collaboration across partners, noting that it is likely that each of the partners will have to do things differently, which in itself might present challenges. It was also noted that one of the challenges will be implementation at the country level which will be critical to the success of the plan. The CEO noted that it will be difficult to collaborate with everyone and it will therefore be necessary to be very strategic in what Gavi does. The objective should be to have collaboration for purpose, leading to better outcomes and results for countries.
- Board members reiterated a number of the challenges in relation to the increasing use of campaigns to address disease outbreaks and that more work needs to be done to use outbreaks to strengthen vaccine coverage and routine immunisation in countries. One Board member suggested that it could be useful to consider whether, with the data now available, it might be possible to start looking at ways to predict outbreaks and taking appropriate action.
- Board members appreciated the work being done by vaccine manufacturers to alleviate HPV supply constraints but re-emphasised the importance of supplying vaccines preferentially to Gavi countries where the majority of the disease burden is found and investments are lacking. Information was shared by the Board members representing the vaccine manufacturers in relation to efforts being made to increase supply through the elaboration of a balanced distribution plan based on SAGE (Strategic Advisory Group of Experts on Immunization) recommendations, as well as ongoing work to ensure that there is manufacturing capacity specific for Gavi countries noting that certain manufacturers have agreed to prioritise the adolescent vaccines and catch-up programmes, as well as vaccines for the developing world. It was noted that while such efforts will help to bring online a greater amount of vaccine doses it will take time. It was also noted that more could be done by partners to help expedite the regulatory process for new vaccines which are in the pipeline.
- Board members noted a number of concerns in relation to the polio eradication efforts which continue to face significant challenges.
- Board members also noted the work being done to implement Gavi 5.0 and acknowledged that there are many pieces which need to fit together, not just within the Secretariat but also for partners and countries. They noted that this will require an iterative process with on-going engagement to ensure the Alliance is ready to implement the new strategy.

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#### **4. 2016-2020 Strategy: Progress, Challenges and Risks**

- 4.1 Anuradha Gupta, Deputy CEO, presented a report to the Board on progress in implementing the 2016-2020 Strategy (Doc 04). The report included a summary of the progress, challenges and associated risks in achieving the 2016-2020 Strategy, including a holistic view across the Alliance's portfolio of support to countries including vaccine programmes, Health System and Immunisation Strengthening (HSIS) support and technical support provided by partners under

the Partners' Engagement Framework (PEF), as well as a short update on the ongoing operationalisation of Gavi's 2021-2025 strategy ('Gavi 5.0').

- 4.2 In summary, the Alliance is fully on track on all of its five Mission indicators. There has also been good progress on a number of key indicators across the four strategic goals, including breadth of protection, MCV1 (first dose of measles vaccine) coverage, strengthening supply chains, country fulfilment of co-financing commitments and reductions in vaccine prices. However, challenges also persist, such as less than targeted improvement in Penta3 coverage and difficulties with measuring progress on our equity indicators.
- 4.3 The six Gavi 5.0 operationalisation workstreams are in various stages of development and are generally on track.

### *Discussion*

- Board members appreciated the transparent update.
- A new focus in Gavi 5.0 will be on reaching zero-dose children, and several Board members asked questions related to the challenges that will come with the targeting of resources that this will require, including political challenges, potential vaccine hesitancy issues, and needing to work in more humanitarian settings. Board members also indicated that it will be important to retain the focus on under-immunised children in addition to zero-dose children.
- Board members queried whether there would be any impact on staffing and resources of the new equity focus in Gavi 5.0. The Secretariat clarified that an externally facilitated organisational review will commence in January 2020 to assess these matters, and the results should be ready by the Board meeting in June 2020.
- On data quality and measurement for Gavi 5.0, Board members asked about several aspects. First, whether there are new indicators that should be introduced for Gavi 5.0, such as on number of partners, or around vaccine hesitancy or preventing epidemics. Second, whether Gavi can strengthen data quality, which remains a real challenge for countries. It was clarified that Gavi is already looking for new approaches to support countries to improve data quality, including collaborating with the Global Fund to continue roll out of DHIS2 and jointly support surveys. Initial concepts for the measurement and accountability framework for Gavi 5.0 were discussed by the Programme and Policy Committee (PPC) at its October meeting, with a paper summarizing this discussion available on BoardEffect. The Board will be asked to consider the approach to measurement at the next Board meeting in June 2020.
- Board members were enthusiastic about the strengthened gender focus and work already undertaken in this area.
- One Board member raised the importance of capturing mutual accountability across Alliance partners in the new approach for Gavi 5.0. Another Board member

noted that new partnerships, while a positive development, will require accountability frameworks and engagement with civil society.

- Regarding the amount of time it currently takes for Gavi to disburse funds, Board members welcomed the improvement in timelines but suggested Gavi needs to further analyse blockages and streamline its processes. It was clarified that this work is already underway as part of the Gavi 5.0 operationalisation, with the aim of moving towards a more differentiated approach, noting that strong programmatic guidance will be important for success.
- One Board member asked about what lessons have been learned on transition so far. The Secretariat clarified that experience to date shows that Gavi's policy and approach has been successful on the whole, but that Gavi needs to stay engaged post-transition to ensure gains are sustained.
- Board members suggested it will be important to examine the cases of supply shortages to date to better understand why sometimes industry has been able to accommodate changes in demand and other times it has not.

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## **5. Replenishment 2020**

- 5.1 Marie-Ange Saraka-Yao, Managing Director, Resource Mobilisation, Private Sector Partnerships and Innovative Finance, presented a for-information update on Gavi's campaign in the lead up to its third pledging conference (Doc 05), to be hosted by the United Kingdom on 3-4 June 2020 in London.
- 5.2 She also presented an overview of the Replenishment launch that was held on 30 August 2019 in Japan as part of the 7th edition of the Tokyo International Conference on African Development (TICAD 7); a summary of the key points of Gavi's Investment Opportunity and financial ask; and insights on the replenishment campaign approach.
- 5.3 While the ask is global in nature, Gavi's campaign will be focused on tailored approaches, aligned with donor countries' aid priorities. The approach will combine high-level strategic donor engagement by Gavi's Leadership and Secretariat, UK-led government-wide efforts, peer donor outreach, and coordinated civil society actions in key markets. Global moments will also be leveraged, including Gavi's upcoming 20th anniversary, to be celebrated at the World Economic Forum (WEF) in Davos in January.

### *Discussion*

- Board members asked how they, and their networks, could help contribute to the process, and made suggestions for potential innovative approaches and new partners.
- Two Board members offered to lend their expertise in the Middle East and China.

- Implementing country representatives reiterated the commitment of their countries to a successful replenishment.
- It was noted that the Addis Declaration meeting in February 2020 might potentially be used as a strategic platform.
- One Board member suggested that Gavi links its campaign to the primary health care (PHC) agenda and to the savings it has made as an Alliance through its market shaping work.
- Another Board member highlighted that it will be important to clarify how new donors could be included in the Governance structure of the Alliance.
- Board members also suggested that Gavi's campaign should include domestic resourcing and country-level advocacy as key pillars.

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## **6. Finance**

### **6a Financial Update, including Forecast**

### **6b Partners' Engagement Framework & Secretariat Budget 2020**

- 6.1 Anuradha Gupta, Deputy CEO, introduced this item, informing the Board that David Sidwell, Audit and Finance Committee (AFC) Chair had unfortunately not been able to attend this meeting. She shared with the Board, on his behalf, that the AFC had looked at the financial forecast and reviewed the assumptions underpinning the forecast and had observed that they were in line with discussions by the Board at its meeting on 19 July 2019 and with the figures presented in the investment opportunity at TICAD in August. The AFC was therefore happy to recommend approval to the Board.
- 6.2 She also referred to the Partners' Engagement Framework (PEF) and Secretariat Budget for 2020 which had also been reviewed by the AFC and recommended to the Board for approval.
- 6.3 Assietou Diouf, Managing Director, Finance and Operations, presented a high-level overview to the Board on these two items. In relation to the financial forecast (Doc 06a) she indicated that there are no significant variances from the figure presented to the Board in July 2019 and that the 2020 PEF and Secretariat budget (Doc 06b) is consistent with 2019, aside from one-off costs for replenishment, with a focus on key priorities and budgetary discipline.

### *Discussion*

- A number of Board members acknowledged the heavy workload of the Secretariat and indicated support for ensuring that there is the right level of staffing going forward into Gavi 5.0.

- In response to a question from a Board member, the Secretariat clarified that the use of the funding allocated for strategic investments in the replenishment ask for 2021-2025 is not at the discretion of the CEO and that all related decisions will go through Gavi's normal governance processes.
- A Board member from the developing country constituency expressed concerns around TA (technical assistance) and partner engagement at the country level, in particular in fragile settings. He suggested that there can often be other more non-traditional partners in-country who can provide assistance in a more agile and less bureaucratic manner and that working with such partners can also improve local capacity to support the programmes.
- One Board member noted that the cash balance reserves appear quite high and asked whether those might be reduced in the context of expected increased efficiencies of management systems following the implementation of SAP. The Secretariat clarified that this was unrelated and that the reserves often relate to cash balances in countries which can be quite high, often as a conditionality of arrangements in place at a country level with partners such as the World Bank which might require certain amounts to be available for reimbursement. This can also stem from the fact that Gavi awards separate grants to countries and it is hoped that the proposal to pool grants under Gavi 5.0 will enable better planning and programming of each country portfolio so as to also enable the reduction of cash balances in country.
- In relation to a question from a Board member on the oversight for Partnerships in Innovation within the Alliance structure, the Secretariat noted that there is a workstream currently looking at Gavi's approach to innovation, as there are innovations and innovative partnerships being pursued across a number of different areas of Gavi's work. The aim is to have a more strategic approach to innovation across Gavi and then consider what the appropriate oversight mechanisms are. This will be further discussed with partners and stakeholders and will come back to the Board in due course.

### **Decision 8**

The Gavi Alliance Board:

- a) **Noted** that the Audit and Finance Committee has reviewed the financial implications of the recommendations to be made to the Programme and Policy Committee as set out in Figures 1 to 5 of Doc 02a to the Audit and Finance Committee of 10 October 2019 (Financial Update) and concluded that these recommendations could be approved by the Board in accordance with the Programme Funding Policy;
- b) **Approved** the Financial Forecast for the period 2016-2020 as set out in Section B of Doc 06a;
- c) **Approved** the Financial Forecast for the period 2021-2025 as set out in Section B of Doc 06a, which is dependent on resources becoming available for that period; and
- d) **Authorised** the Gavi Secretariat to allot funding in 2020 for new programmes and for the continuation and adjustment of funding to existing programmes, in accordance

with the Programme Funding Policy. In making such allotment decisions, the Secretariat will take into consideration the outcome of Gavi's replenishment in June 2020.

### **Decision 9**

The Gavi Alliance Board:

- a) **Approved** within the overall amount of US\$ 253.4 million for 2020 for the Partners' Engagement Framework, the following allocations:
- (i) US\$ 165.4 million for PEF Partners to support Targeted Country Assistance, Special Investments in Strategic Focus Areas and Foundational Support;
  - (ii) US\$ 0.4 million in fees for UNICEF Supply Division to procure yellow fever diagnostic surveillance equipment;
  - (iii) US\$ 24.0 million for investing in Partnerships in Innovation to be administered by the Secretariat;
  - (iv) US\$ 18.5 million for Impact Assessments and Evaluations to be administered by the Secretariat;
- b) **Approved** US\$ 110.3 million for Secretariat Engagement;
- c) **Approved** US\$ 0.5 million for capital expenditure budgets to implement the Secretariat's part of the Gavi Engagement Framework.

*Nono Simelela (WHO), Marta Nunes (R&THI), and Maty Dia (CSO) recused themselves and did not vote on Decision Nine i) above.*

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

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## **7. Malaria Vaccine Pilots and Long-term Supply**

- 7.1 Helen Rees, Programme and Policy Committee (PPC) Chair, provided an overview of the discussions on this topic at the PPC meeting in October and the resulting recommendations to the Board.
- 7.2 Mary Hamel, Technical Officer, Immunization, Vaccines & Biologicals, WHO, provided a presentation on the scientific evidence supporting the decisions to be considered. She described the tools currently available for malaria and explained that within the malaria community, experts speak of progress through the imperfect application of imperfect tools, as none of the existing malaria control interventions are highly efficacious. Insecticide treated nets (ITNs), the backbone of malaria control, have an efficacy of 45%. And, after about two decades of trying to increase ITN coverage through campaigns and the routine provision of bed nets at maternal child health clinics, we have reached coverage of about 50%. Nonetheless, the 45% efficacy and 50% coverage have had a tremendous impact, but additional

tools are needed. Unfortunately, in the last three years progress has stalled in many areas, and there are still more than 200 million cases of malaria annually and 400,000 deaths with 260,000 deaths in African children under 5 years of age.

- 7.3 Dr Hamel explained that there is a consensus among malaria control experts that new tools are needed to get back on track in driving down malaria. The RTS,S malaria vaccine is the only new tool with proven efficacy and high impact that will be available in the next five to seven years. At approximately 40% efficacy against clinical malaria on top of the protection that ITNs provide the RTS,S malaria vaccine has potential for high impact.
- 7.4 Aurélia Nguyen, Managing Director, Vaccines & Sustainability Department, informed the Board that the paper (Doc 07) had two objectives: first, it provided an update on progress of the Gavi-supported Malaria Vaccine Implementation Programme (MVIP), a pilot programme designed to generate evidence to inform WHO policy recommendations on the broader use of the RTS,S/AS01 vaccine. The paper presented a PPC funding recommendation for the MVIP for 2021-2023, which would enable completion of the pilots and provide key evidence to inform a future Gavi investment decision on broader roll-out.
- 7.5 Second, the paper described a manufacturer decision that needs to be taken with regard to whether to continue production of a vaccine, in 2020, beyond the doses required for the pilots. Not continuing to produce in the near-term would delay availability of doses for broader roll-out in the future, if there is a policy recommendation and investment decision. However, continuing production has financial implications and would be done at risk if there was no future recommendation/further use of the vaccine. Three options for Gavi engagement were presented: (1) no funding for continued production; (2) risk-share with the manufacturer via a funding commitment to enable continued production; (3) identify a third party willing to collaborate on designing a risk-share mechanism to enable continued production, minimising Gavi's exposure.

### *Discussion*

- On the first recommendation relating to MVIP, there was general agreement by the Board to support the recommendation.
- One Board member suggested that Gavi use the pilot programme to look at adverse events following immunisation (AEFIs) and to empower countries to have AEFI surveillance in place. The pilots also offer an opportunity to plan ahead for other vaccines that will be used in the second year of life.
- On the second recommendation related to future supply of malaria vaccines, the Board deliberated over the proposed options before agreeing to proceed with option three, which involves identifying third parties willing to collaborate on designing a risk-share mechanism to enable continued production, minimising Gavi's exposure.
- Implementing country representatives spoke passionately about the need in their countries for new tools to fight malaria and encouraged the Board to agree to proceed, with some favouring option 2 and others option 3. One country

representative illustrated this point by stating that in his country, statistics from the national health insurance outlet indicated that 50% of the total reimbursement expenditure of the country to health care providers goes to pay for malaria treatment alone.

- Despite the desire to see additional malaria tools become available for Gavi-eligible countries, several Board members expressed concern about taking a funding decision at this point in time given key data is currently being generated and the lack of WHO prequalification of the vaccine, and that selecting option two or three could set a precedent for the Board to make similar decisions in the future. One Board member specifically queried whether it should be the role of Gavi to bear the cost of de-risking the private sector investment and guarantee a market, and if the Board decided to proceed, to build in an accountability and transparency mechanism. Another questioned whether there might be more impactful uses for Gavi of the US\$ 75 million instead of de-risking continued RTS,S production and asked to consider the opportunity costs associated with option two. Questions were also raised around the cost-effectiveness of RTS,S relative to other malaria interventions.
- Board members expressed an interest in better understanding what the conditions of a risk-sharing arrangement would be and whether a third-party would be taking on that risk free of charge or at a fee subsidised premium. Several Board members asked whether there would be scope for specifying a threshold for Gavi's funding commitment as part of a risk-share arrangement with a third-party within the decision point, but it was generally agreed that this would not be beneficial for negotiating an eventual agreement. It was noted that the Market Sensitive Decisions Committee (MSDC) would be responsible for reviewing and agreeing to the final terms of any proposed risk-sharing arrangement.
- One Board member requested a more detailed analysis about long-term vaccine supply, taking into consideration not only the bulk antigen but also the adjuvant, and any related risks.
- It was noted by all that this decision would not pre-empt nor influence a future Board decision on support for broader roll-out of RTS,S – which will require an investment case that includes an analysis of cost effectiveness - and shall not set a precedent for any future vaccine investments.

### **Decision 10**

The Gavi Alliance Board:

**Approved** an amount up to US\$ 11.6 million to continue the malaria vaccine implementation programme from 2021-2023.

*Nono Simelela (WHO) recused herself and did not vote on Decision 10 above.*

## Decision 11

The Gavi Alliance Board:

- a) **Noted** that to enable long-term sustainable supply, GSK has contractually committed to WHO and PATH under the Collaboration Agreement for the Malaria Vaccine Implementation Program to pursue the transfer of the RTS,S vaccine to another vaccine manufacturer, excluding GSK's proprietary adjuvant, which GSK has agreed to supply within certain volume projections;
- b) **Requested** the Secretariat to work with stakeholders to identify third-parties to cost share whereby Gavi's financial risk should be minimised or reduced to zero to provide for an investment for continued production of RTS,S bulk antigen pending a WHO policy decision and Gavi investment case for broader roll-out; and
- c) **Approved** an investment for continued production of RTS,S bulk antigen between Gavi and third-parties whereby Gavi's financial risk exposure should be minimised as much as possible, with reassessment of support on an annual basis, subject to the final terms being reviewed and endorsed by the Market Sensitive Decisions Committee; noting that it shall not pre-empt or influence a Board decision on support for broader roll out of RTS,S and shall not set a precedent for any future vaccine investments.

*Susan Silbermann (IFPMA) and Sai Prasad (DCVMN) recused themselves and did not vote on Decision 11 above.*

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## **8. Gavi's engagement in Ebola vaccine**

- 8.1 Helen Rees, Programme and Policy Committee (PPC) Chair, introduced this item (Doc 08) and provided a brief explanation of the considerations behind the PPC's recommendation to the Board in relation to this item and as outlined in Doc 08. She noted in particular that since the PPC met to discuss this issue, an Ebola vaccine has been licenced by the EMA (European Medicines Agency) and prequalified by WHO.
- 8.2 Aurélia Nguyen, Managing Director, Vaccines & Sustainability, then provided a brief overview to the Board on this item (Doc 08), recalling Gavi's engagement in Ebola to date and providing information on the vaccine pipeline. She gave an overview of what is being proposed in terms of the emergency stockpile for outbreak response, as well as what is being proposed in terms of the preventive programme to protect high-risk individuals before outbreaks. Finally, she gave an overview of the financial projections for the Ebola programme.

### *Discussion*

- Board members indicated their overall support for the proposal, agreeing that this is an example of the work of the Alliance at its best and should be used widely as a success story in the lead up to the replenishment.

- Board members wished to acknowledge the heroic work of the front-line workers and were pleased to note that going forward they will be included in outbreak vaccination along with the healthcare workers.
- There were a number of questions in relation to the governance mechanism proposed to manage the stockpile. It was noted that this will be an International Coordinating Group (ICG)-like mechanism whereby dose allocation recommendations could be made by the current ICG agencies supplemented with relevant expertise. There will be further discussions with partners to put together the most appropriate mechanism which should be transparent, inclusive and include accountability.
- One Board member questioned whether the size of the stockpile should be reconsidered if it is likely that vaccines may need to be rationed. In response, it was noted that it might take some time to reach the target stockpile size and that coordination amongst procurers will be required. It is hoped that over time there will not be a need to have any mechanisms in place to ration the vaccines in case of supply shortage.
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- Board members agreed that it is important to be clear that the vaccine is part of a broader package of interventions. It was also noted that the operational costs for this vaccine are higher than those for some of the more traditional vaccines and that it will also be important to ensure that there is clear guidance for countries on the scope of Gavi's operational cost support.
- A number of Board members expressed an interest in knowing more about the use of the vaccine in pregnant women and the Board member representing WHO noted this as an issue for WHO to follow up on.
- In the context of this discussion, one Board member highlighted the importance of collaboration in vaccine R&D as well as ensuring that there is clear responsibility and accountability between the different stakeholders involved in outbreak response operations.

## **Decision 12**

The Gavi Alliance Board:

- a) **Approved** the opening of a funding window for the establishment of an Ebola programme for licensed vaccines used for i) reactive and preventive vaccination in an outbreak setting through an emergency stockpile and ii) preventive vaccination in a non-outbreak setting, contingent on WHO prequalification of vaccine and SAGE recommendation, in line with Board approved policies and decisions with adjustments laid out under b), c) and d);
- b) **Approved** Gavi support for vaccines for preventive use without a co-financing obligation for Gavi eligible countries with the co-financing policy for Ebola vaccine subject to review after two years from start of programme;

- c) **Approved** Gavi operational cost support for both reactive and preventive vaccination that is tailored to each country based on context;
- d) **Approved** the principle of providing non Gavi eligible countries access to vaccines for preventive vaccination, where possible. These countries would bear the cost of the vaccine;
- e) **Noted** the financial implications associated with the above approvals for vaccine procurement, operational cost support and Secretariat and partner resources for 2020 is expected to be approximately US\$ 9 million and for 2021-2025 is expected to be approximately US\$ 169 million. Gavi will seek to absorb the Secretariat and PEF-related components in the 2020 estimated costs within the 2020 budget submission;
- f) **Noted** that the Secretariat will work with partners to further develop processes to enable allocation of vaccines and operational cost support for both reactive and preventive use;
- g) **Approved** retaining the operational cost and health system support component of the 2014 Ebola envelope for the interim period before a licensed vaccine is available in order to provide operational support for use of investigational vaccines and closing the remainder of the 2014 Ebola envelope; and
- h) **Noted** the remaining balance of the operational cost and health systems support component of the 2014 Ebola envelope of US\$ 52.4 million.

*Nono Simelela (WHO), Omar Abdi (UNICEF), Susan Silbermann (IFPMA) and Sai Prasad (DCVMN) recused themselves and did not vote on Decision 12 above.*

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## **9. Gavi 5.0: Funding Policy Review**

- 9.1 Helen Rees, PPC Chair, introduced this item and provided a brief summary of the PPC discussion on this topic. She explained that due to the complexity of the topic a Steering Committee (SC) had been established, and Julian Schweitzer, Chair of the SC, had joined the PPC to introduce the topic. The PPC was supportive of the recommendations.
- 9.2 Wilson Mok, Head, Policy, presented the initial set of proposed policy changes in this first phase of the policy review as set out in the paper (Doc 09) and was joined by Alex de Jonquières, Director, Health Systems & Immunisation Strengthening, and Santiago Cornejo, Director, Immunisation Financing & Sustainability to respond to questions.

### *Discussion*

- Board members were generally supportive of the direction of all the proposed changes and were appreciative that the Secretariat had responded to the call to think big and simplify for Gavi 5.0.
- On transition, Board members indicated they understood the rationale for the shift in decision-making responsibility to the CEO for any exceptions, but encouraged the Secretariat to carefully consider how to engage the Board in these cases, given that this has proven useful in the past. In response, the Secretariat advised that proposed flexibilities would be report to the PPC and Board in advance of a decision to identify any concerns. Board members also noted that it will continue to be important to prepare countries very early on for transition so they are ready and resourced.
- The Board approved the proposed incorporation of the Cold Chain Equipment Optimisation Platform (CCEOP) support into broader HSS support, but asked for further analysis on the impact of this change on market shaping and to explore whether mitigation measures, such as ring fencing, would be required. The Secretariat clarified this is in scope for the next phase of the policy review.
- Board members welcomed the shift towards equity and suggested more thought go into how this change will impact on how we measure results, e.g. whether we continue to use national averages or shift towards sub-national data.
- There were a number of questions regarding what would be in place of the 70% DTP3 'programme filter' to ensure that new introductions do not detract from efforts to improve coverage and equity. It was clarified that at an antigen-specific level, existing country readiness measures will be retained (e.g. for measles and rubella) and the Secretariat will work with Alliance partners to identify other programmatic readiness criteria.
- Board members noted that to implement these changes will require a stronger Secretariat equipped to manage the process and requested that appropriate resources are in place.
- One Board member suggested building in a triple track design to the equity approach that systematically includes government, Alliance partners, and communities to ensure country and community ownership.
- Board members reinforced that alignment and collaboration should be a key feature of the new approach to ensure this is the right fit for Gavi countries.

### **Decision 13**

The Gavi Alliance Board **approved** the following, which will be incorporated into Gavi's policies in June 2020:

- a) using the **latest point estimate of GNI per capita** alongside the average GNI per capita over the past three years to determine countries' eligibility for support; and for countries (re)gaining eligibility, adoption of a tailored approach based on the country context;

- b) adoption of an approach to **tailor the accelerated transition** phase as described in Annex B to Doc 09;
- c) **removing the programme filter** requiring 70% or higher coverage of the 3rd dose of DTP-containing vaccine for a country to access new support for select vaccines (as set out in the Eligibility & Transition Policy);
- d) calculating **vaccine co-financing** for all countries based on the share of doses needed by a country;
- e) adopting an approach to apply co-financing flexibilities as described in Annex B to Doc 09, in countries facing **severe fiscal distress** and countries facing a **humanitarian crisis**;
- f) allocating HSS resources according to four criteria: **equity** (number of zero-dose children), **coverage** (number of underimmunised children), **ability to pay** (GNI pc), and **population in need** (birth cohort), with all four criteria equally weighted;
- g) removing the **cap** of US\$ 100 million over five years currently applied to total country HSS ceilings, but retaining the floor of US\$ 3 million;
- h) **integrating** support for CCEOP into HSS support; and
- i) discontinuing the mechanism of awarding **Performance Payments** (as set out in the HSIS Support Framework).

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## 10. Update on development of strategy for Middle-Income Countries (MICs)

- 10.1 The Chair introduced this item, informing the Board that this is an area which is still work in progress and will come back to the Board for decision in 2020. The aim of this session is to update the Board on progress so far and to seek any comments or perspectives that would helpfully inform the process prior to finalising this proposal for the Board's approval after review by the PPC in due course. She recalled the decisions that the Board had already taken on this topic in June 2019.
- 10.2 Santiago Cornejo, Director, Immunisation Financing & Sustainability, presented this item (Doc 10). He outlined the objectives and driving principles informing the development of the strategy for Middle-Income Countries (MICs). He provided information in relation to what have been identified as interdependent drivers to backsliding and sustainable introduction of key missing vaccines and shared information in relation to how these might be tackled through mutually reinforcing levers. He also outlined the consultative process to develop the proposal to bring back for Board decision in 2020.

### *Discussion*

- A number of Board members reiterated their support for Gavi potentially supporting never Gavi-eligible MICs, noting that many of the zero-dose and underimmunised children are in these countries and that it would be consistent with Gavi's equity agenda. It was also noted that the issues are very often not related to the price of vaccines but other issues such as political will and national capacity.
- A number of Board members indicated their support for the proposal to provide an innovative financing facility for pooled procurement for MICs, small and island nations. Board members also recommended looking at lessons learned and best practices from existing mechanisms such as the Pan American Health Organization (PAHO) Revolving Fund and UNICEF Supply Division.
- Some concerns were raised around Gavi's comparative advantage in relation to never Gavi-eligible MICs and the impact that engagement here might have on Gavi's wider programme and on Alliance and Secretariat capacity to work in additional countries where there may not always be pre-existing relationships.
- Concerns were raised around the ambitious nature of the proposed approach and it was suggested that some thought could be given to addressing select bottlenecks or taking a stepwise or phased approach before scaling up.
- It was noted that should Gavi move into the area of supporting never Gavi-eligible MICs it will be important to be clear about the differing potential impact and trade-offs across the various options to be presented, and to ensure that there are targeted country by country dialogues as the needs will be different across different countries.
- Some of the Board members representing the donor constituency indicated that it would be important for them to be comfortable prior to replenishment with what will be proposed going forward in relation to the proposed strategy for engagement with MICs.
- The Board Member representing the developing country vaccine manufacturers highlighted some of the challenges his constituency face due to a lack of consistency across countries in terms of procurement processes and regulatory requirements. In this context he noted that there are many MICs who do not accept WHO prequalification as a product quality standard and that if Gavi was able to guarantee procurement and payment mechanisms and contribute to encouraging the harmonisation of regulatory systems across countries, this could be an area for potential added value of the Alliance.

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## 11. Risk Management Update

- 11.1 Seth Berkley, CEO, introduced this item and noted that from his perspective Gavi has really matured in risk management. Within the Secretariat, risk management is now enshrined in the culture, and is a core part of the conversations beyond the regular Risk Committee meetings.

- 11.2 Jacob van der Blij, Head, Risk, presented an update on Risk Management (Doc 11). The Gavi Alliance Board was requested to approve the Risk & Assurance Report 2019 attached as Annex A to Doc 11 and to provide guidance on a series of questions outlined in Doc 11.
- 11.3 The report found that Gavi's overall risk profile remained relatively stable with 16 top risks from last year still included and one having decreased to become a medium risk.
- 11.4 This year's Risk & Assurance Report included an additional section that shared some preliminary thoughts on how Gavi's risk profile may shift under Gavi 5.0. Board members were invited to discuss these and share preliminary views.

### *Discussion*

- Board members were supportive of the Risk & Assurance Report 2019 and generally were in agreement with the top risks identified and their ranking. One Board member questioned whether the current risk appetite is right for those risks that are currently outside of risk appetite.
- Board members also mentioned additional areas that might benefit from additional consideration including on: the health of the Alliance; safeguarding; misuse at headquarters level; polio – both the resurgence of polio and the impact of polio on routine immunisation; supply shortages; vaccine hesitancy; the role of partners in vaccine management; and rewarding good quality data.
- Board members noted that Gavi's risk profile will inherently increase under the Gavi 5.0 strategy. Some acknowledged the high performance risk of not succeeding in reaching unreached children, especially as Gavi works more in conflict and fragile settings, and expressed that it is important to take on this risk in order to pursue the Gavi 5.0 goals.
- Board members furthermore called for seeing these risks as opportunities to develop different approaches and engagement strategies, including ensuring that Secretariat capacity is fit for delivering on the Gavi 5.0 strategy. It was also noted that there is a need to ensure greater collaboration between stakeholders at the country level to address the issue of fragmentation of funding which puts a great burden on countries themselves.

### **Decision 14**

The Gavi Alliance Board:

**Approved** the Risk & Assurance Report 2019 attached as Annex A to Doc 11.

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## **12. Committee Chair and IFFIm Board reports**

- 12.1 The Chair introduced this item, underlining the importance of the work of the Committees and appreciation for the service of Board members, Alternate Board members and their Committee Delegates on these Committees.

#### *Governance Committee*

- 12.2 Bill Roedy, Governance Committee Chair, presented to the Board the routine work conducted by the Committee including Board and Committee nominations, recruitment of Unaffiliated Board members, and the monitoring of the Gender Policy for Board and Committee nominations.
- 12.3 He referred to the work of the Committee on the recruitment processes for the Board Chair, which is ongoing, and the Board Vice-Chair, which concluded with the appointment of Sarah Goulding at this meeting.
- 12.4 He also highlighted an item that had been considered by the Board in its Closed Session on 3 December 2019, namely the Annual HR Report.
- 12.5 Finally, Mr Roedy detailed the recommendations that had been made to the Board by the Governance Committee since its June Board meeting.

#### *Investment Committee*

- 12.6 Stephen Zinser, Investment Committee Chair, delivered the report of the Investment Committee.
- 12.7 In terms of market sentiment and outlook, he made several observations. First, risk assets and safe-haven assets look fully valued, and market opportunities going forward will likely be limited and returns lower. Second, elections, trade tensions and populist protests centred on economic inequality may lead to a re-shaping of national priorities. Third, November provided some signs that the worst of the “soft patch” is behind the global economy. However, commodity markets do not agree.
- 12.8 Mr Zinser outlined fixed income index returns, equity index returns, as well as tactical index returns, and noted the short-term portfolio held US\$ 684 million and the long-term portfolio constitutes US\$ 902 million. He outlined that the portfolio had generated estimated year-to-date investment income of US\$ 105.4 million, and since inception, US\$ 654.9 million.
- 12.9 Mr Zinser presented the key highlights of the second half of 2019 which included rebalancing and manager rotation, asset allocation, risk management, and gender equity work, as well as for the first half of 2020, including maintaining focus on capital preservation, diversifying income, implementing sustainable investment policy (SIP), and transitioning to a new Committee Chair.

#### *Discussion*

- One Board member asked about the climate change screen and it was clarified that a positive screen will be available in 2020.
- Board members commended Mr Zinser on the Committee's impressive performance.

### *Evaluation Advisory Committee*

- 12.10 Nina Schwalbe, Evaluation Advisory Committee (EAC) Chair, delivered the report of the EAC. She explained the mandate of the EAC, which is to act on behalf of the Board to ensure the quality, usefulness and independence of evaluations for the Gavi Alliance. She also explained the key concepts of centralised and decentralised evaluations, and reviewed the EAC workplan for 2019-2020.
- 12.11 She outlined the initial thinking on the approach to evaluation for Gavi 5.0, noting that this had also been presented to the PPC in October. The proposed approach includes several key features, including: 1) a focus on utility, 2) a comprehensive perspective, 3) a priority on areas of high strategic value, and 4) a focus on those areas that inform and evaluate anticipated programmatic shifts. It is intended that evaluations will be conducted jointly with other organisations where possible, will be limited in number, and the workplan will be defined from the outset of the strategic period.
- 12.12 Ms Schwalbe also invited the Board members who are EAC members to comment on their role as a link back to the broader Board, and they indicated their availability to act as an interface with Board members.

### *Discussion*

- One Board member noted that there is the potential for the EAC to present to the Board about the full body of evidence on topics that are coming for deliberation. Specific areas mentioned for evaluation include coverage and equity, performance of HSS, and transition.
- Other Board members noted that collaboration and community perspectives were key principles that should be integrated into the evaluation approach.

### *IFFIm Company*

- 12.13 Cyrus Ardalan, IFFIm Board Chair, started his presentation by outlining the benefits of IFFIm for the Gavi Alliance. IFFIm has made a significant contribution to Gavi and IFFIm's donors. For Gavi, it has provided funding to scale up vaccine programmes, flexibility, and market shaping. For donors, it has offered them the opportunity: to manage budgetary impact using an alternative to direct funding; the flexibility to utilise funds as needed through front loading; an innovative and adaptable financial mechanism with multiple applicability (e.g. Coalition for Epidemic Preparedness Innovations (CEPI)); and hedging of long-term currency risk.
- 12.14 He highlighted that IFFIm continues to play a significant role in Gavi's 2021-2025 Investment Opportunity.

- 12.15 However, with a diminished asset base from around 2024, IFFIm may not have efficient access to the capital markets.
- 12.16 Similarly, IFFIm's financial strength may be significantly compromised and its sustainability could be called into question.
- 12.17 Long-term pledges of US\$ 500 million to US\$ 1 billion would match IFFIm's financial flexibility with Gavi programmes that require flexible resources and would enable IFFIm to remain relevant for Gavi post 5.0.

### *Discussion*

- The Chair underlined that IFFIm is one of the most innovative instruments that is available for Gavi, and invited the Board to reflect on what should be done to enable the continuation of this instrument.
- It was noted that the United Kingdom recently conducted a review of IFFIm and gave it an A+ rating.
- IFFIm is widely viewed as the best option in socially responsible financing available. In addition, in the markets where bonds have been floated, IFFIm has brought awareness of Gavi to the public.
- Board members noted that since inception, IFFIm has offered frontloading and flexibility. Moving forward, it will offer less frontloading, but could still offer flexibility and benefits in the area of market shaping.
- Board members indicated that at the time IFFIm was started, Gavi had high-level political officials making telephone calls to counterparts to encourage them to sign on to IFFIm and it was very effective. It may be that Gavi needs to try to get political leadership engaged again as part of the replenishment campaign.

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### **13. Review of decisions**

- 13.1 Philip Armstrong, Director of Governance and Secretary to the Board, reviewed and agreed the decisions with the Board.

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### **14. Closing remarks and review of Board workplan**

- 14.1 The Chair expressed her thanks and appreciation to the Board for a productive meeting.
- 14.2 After determining there was no further business, the meeting was brought to a close.

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Dr Ngozi Okonjo-Iweala  
Chair of the Board

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Mr Philip Armstrong  
Secretary to the Board

## Attachment A

### Participants

#### Board members

- Ngozi Okonjo-Iweala, Chair
- William (Bill) Roedy, Vice Chair
- Omar Abdi
- Maty Dia
- Ferozuddin Feroz
- Daniel Graymore
- Amir Aman Hagos
- Myint Htwe
- Mahamoud Youssouf Khayal
- Irene Koek
- Orin Levine
- Francesca Manno
- Marta Nunes
- Jan Paehler (Alternate)
- Harriet Pedersen
- Sai Prasad
- Michael Kent Ranson (Alternate)
- Helen Rees
- Susan Silbermann
- Princess Nothema (Nono) Simelela (Alternate)
- Arsen Torosyan
- Yibing Wu
- Stephen Zinser
- Seth Berkley (non-voting)

#### Alternates Observing

- Kwaku Agyeman-Manu
- Edna Yolani Batres
- Megan Cain
- Susan Elden
- Sarah Goulding
- Etleva Kadilli
- Lene Lothe
- Frank Mahoney
- Jacqueline Lydia Mikolo
- Violaine Mitchell
- William Schluter
- Bounkong Syhavong
- An Vermeersch

#### Regrets

- Asaad Hafeez (Alternate)
- Mahima Datla (Alternate)
- Margaret (Peggy) Hamburg
- Harriet Ludwig
- Muhammad Pate
- Teresa Ressel
- Peter Salama
- David Sidwell

### ADDITIONAL ATTENDEES

#### EVALUATION ADVISORY COMMITTEE

Ms Nina Schwalbe, Principal, Spark Street Consulting and EAC Chair

#### IFFIm

Mr Cyrus Ardalan, Chair, IFFIm Board of Directors  
Ms Doris Herrera-Pol, IFFIm Board Member  
Ms Fatimatou Diop, IFFIm Board Member  
Mr Marcus Fedder, IFFIm Board Member

#### BILL AND MELINDA GATES FOUNDATION

Ms Julie Bernstein, Deputy Director, Program, Advocacy and Communications  
Mr Memana Hari Menon, India Country Director  
Ms Amber Zeddies, Program Officer, Program, Advocacy and Communications  
Mr Nima Abbaszadeh, Program Officer, Health Funds and Partnerships  
Mr Chris Wolff, Deputy Director, Country Programs, Global Delivery Programs, Health Funds and Partnerships Team

**WORLD BANK**

Ms Diane Wu, Health Financing Specialist  
Mr Benjamin Carcani, Trust Fund and Relationship Officer  
Mr Rahul Gupta, Financial Analyst, Development Finance

**UNICEF**

Ms Heather Deehan, Chief, Vaccine Centre, Copenhagen  
Dr Robin Nandy, Principal Advisor and Chief of Immunizations, New York

**WORLD HEALTH ORGANIZATION**

Ms Lidija Kamara, Programme Manager, Department of Immunization, Vaccines & Biologicals (IVB)  
Ms Mary Hamel, Technical Officer, Department of Immunization, Vaccines & Biologicals (IVB)

**DEVELOPING COUNTRY GOVERNMENTS**

**Cameroon**

Mr Emmanuel Maina Djoulde, Inspector General, Administrative Services, Ministry of Public Health

**Chad**

Dr Abdelkadre Mahamat Hassane, Deputy Director General, Resources and Planning Department, Ministry of Health

**Congo**

Mr Erick Makele, Adviser to the Minister of Health  
Mr Charles Adeodas Obambo Mazaba, Public Relations Attaché, Ministry of Health and Population

**Ghana**

Ms Linda Nanbigne, Personal Assistant to the Minister of Health

**Lao PDR**

Dr Bounpheng Philavong, Director General, DHHP, Ministry of Health  
Dr Phonphaseth Ounaphom, Acting Director, Mother and Child Center, Ministry of Health  
Dr Daovieng Douangvichit, Deputy Director, Secretariat Division, Cabinet of the Minister of Health

**Myanmar**

Dr Htar Htar Lin, Deputy Director and Programme Manager, EPI

**DONOR GOVERNMENTS**

**Australia**

Mr Michael Newman, Assistant Director, Health and Education Funds, DFAT  
Ms Naomi Dumbrell, Counsellor Health and Environment, DFAT, Permanent Mission of Australia to the UN, Geneva  
Ms Niamh Dobson, Senior Policy Officer, Health and Education Funds, DFAT

**Canada**

Ms Danielle Hoegy, Senior International Development Officer, Global Affairs Canada

**European Commission**

Mr Gregoire Lacoïn, Policy Officer  
Mr Matthias Reinicke, Policy Advisor

**France**

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