

## Gavi Alliance Board Meeting

22 March 2021

Virtual meeting

### 1. Chair's Report

- 1.1 Finding a quorum of members present, the meeting commenced at 14.00 Geneva time on 22 March 2021. Prof José Manuel Barroso, Board Chair, chaired the meeting.
- 1.2 He welcomed new Board Members and Alternate Board Members.
- 1.3 On the occasion of his inaugural Board meeting, Prof Barroso provided some insights from the eyes of a newcomer on the work that the Board, Committees and the Secretariat have been doing under exceptional circumstances. He encouraged Board members to go beyond the traditional oversight role and embrace a challenge and support role as well.
- 1.4 The Board Chair applauded the work and progress achieved to date on the zero-dose/equity mission and building the COVAX Facility. He underlined the importance of the Board and Secretariat adhering to principles of good governance, including by remaining transparent in its actions, by being diligent in planning and subsequent processes, and by candidly expressing its questions and concerns.
- 1.5 Prof Barroso shared that the Board, at its meeting in June 2021, will need to set the strategic direction on the Alliance's core mission and COVAX and noted in this context that he has requested the Secretariat to schedule a session for the Board in April 2021 to discussion potential scenarios for 2022 and beyond. Some of the issues to consider might include: i) the progress on achieving the Gavi 5.0 goals and specifically, the goal of equity; ii) the impact of the COVAX Facility on Gavi's mission; iii) future prospects for the continued engagement with Self-Financing Participants (SFPs) and appropriateness of the level of ambition for Advance Market Commitment (AMC) countries; and iv) ongoing geopolitical challenges and emerging risks in vaccine diplomacy globally.
- 1.6 Standing declarations of interest were tabled to the Board (Doc 01a in the Board pack).
- 1.7 The Chair referred to the consent agenda (Doc 01c) where one recommendation was presented to the Board for consideration. No requests had been received to place the consent agenda item on the main agenda. The decision would be presented at the end of the meeting during the Review of Decisions.

- 1.8 The Board Vice Chair, Sarah Goulding, informed the Board about the recent resignation of the Chair of the Evaluation and Advisory Committee (EAC), Nina Schwalbe. The Vice Chair expressed her appreciation and thanks to Ms Schwalbe for her leadership and integrity at all times. She added that the recruitment process for the appointment of a new EAC Chair shall begin shortly.

### **Decision 1**

The Gavi Alliance Board:

**Approved** the Terms of Reference of the COVAX AMC Engagement Group attached as Annex A to Doc 01c.

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## **2. CEO's Report**

- 2.1 Seth Berkley, CEO, provided an update on the impact of COVID-19 on routine immunisation (RI) and outbreaks, on Gavi 5.0 implementation, and on COVAX.
- 2.2 He noted that Gavi has actively leveraged the platform of COVAX to press countries to maintain a focus on RI and will build on innovations in COVAX for the wider benefit of Gavi 5.0., thereby helping countries build back better.
- 2.3 He also noted that immunisation has shown remarkable resilience a year into the pandemic despite initial disruptions to vaccine introductions and that overall stock levels of vaccines in countries have mostly recovered and remain stable.
- 2.4 Dr Berkley noted that there are two outbreaks of Ebola underway in Democratic Republic of Congo (DRC) and Guinea, and that both are using remaining doses of investigational vesicular stomatitis virus (VSV) vaccines.
- 2.5 He informed Board members that the Malaria Vaccine Implementation Programme (MVIP) continues with good coverage and noted that the Market-Sensitive Decisions Committee (MSDC) has approved a risk sharing plan so doses can be produced until the World Health Organization (WHO) provides recommendations and the Gavi Board decides whether to support a malaria vaccine programme.
- 2.6 In relation to Gavi 5.0, he noted that operationalisation of the US\$ 500 million Board-approved equity envelope is underway.
- 2.7 Dr Berkley provided an update on COVAX, noting that 31.8 million doses of vaccines have been rolled out to 57 countries, all in less than one month following prequalification. He also noted that work has progressed in relation to the No Fault Compensation Scheme, standardised Indemnification & Liability provisions, regulatory harmonisation and EUL licenses, and the Humanitarian Buffer.
- 2.8 He noted there are currently some serious supply issues as the Serum Institute of India (SII) will be unable to deliver on 90 million Gavi-contracted doses for the coming months due to export restrictions. AstraZeneca is also experiencing delays

but is still expected to meet the target volumes communicated in the allocations to countries.

- 2.9 The CEO noted that an extraordinary US\$ 6.3 billion has been raised to date for the COVAX AMC and that the ask has been sharpened to US\$ 8.3 billion based on a clearer view of needs. In this context he thanked the United States who has offered to co-host the launch of the COVAX AMC investment opportunity in April 2021. This will be followed by an AMC summit in June 2021.
- 2.10 Dr Berkley provided his personal perspective on some of the questions on COVAX that will come to the Board, notably whether to continue supplying vaccines for high-income countries (HICs) and upper-middle income countries (UMICs). He shared his view that once the initial commitments are met to HICs there is no reason to continue to supply them and probably many large or wealthier UMICs. He thought we should take a hard look at whether there are some SFPs that really need COVAX's help and if so we should restructure the relationship so that there is no risk to Gavi. Eventually the vast majority of Gavi's efforts should be on the low-income countries.
- 2.11 He concluded with an update on the Secretariat highlighting that the wellbeing of staff remains a top priority. A focus has been placed on staffing up per the organisational review, standing up the COVAX Facility, and prioritising recruitment of roles that serve the most pressing business needs. Within this, Gavi is taking steps to increase the recruitment of candidates from Gavi implementing countries. The staff-led Diversity and Inclusion (D&I) Working Group is driving efforts to better understand needs and articulate recommendations.
- 2.12 Anuradha Gupta, Deputy CEO, provided some remarks on Gavi's efforts to maintain focus on Gavi's core mission. She reported that in 2020 19 vaccine introductions including campaigns were successfully conducted, with 43 postponed. Countries are planning for 39 vaccine introductions this year.
- 2.13 She noted that 98% of 2020 co-financing obligations have been paid and that of the total Board-approved envelope of US\$ 150 million granted for co-financing waivers, approximately US\$ 20 million has been utilised to date. 2021 is likely to be another fiscally challenging year, warranting continued mitigation.
- 2.14 Ms Gupta flagged that a new Partnerships Team has replaced the Partners' Engagement Framework (PEF) Management Team and includes new members representing implementing countries and Civil Society Organisations (CSOs). An update will be brought to the Programme and Policy Committee (PPC) and Board.
- 2.15 Finally, she highlighted Gavi's recognition by the Global Health 50/50 Report which assessed 200 health institutions for their commitment to gender equality and social justice, and rated Gavi among 12 institutions in the top category.

### *Discussion*

- Board members recognised the very impressive results of COVAX in such a short time. They also expressed their support for undertaking a strategic review of Gavi's

engagement with COVAX, taking a scenario approach, and the proposed timeline for a session on this subject. One Board member noted that as the paradigm shifts from one of a lack of vaccines to one of multiple variants and many vaccines, the Alliance will likely face additional complexities in rolling out vaccines.

- Several Board members encouraged the Secretariat to retain its focus on the core Gavi mission and commended the Secretariat on the Gavi 5.0 update. Along the same lines, Board members noted that the same systems in countries are being solicited for both Gavi 5.0 and pandemic response, at the expense of RI.
- One Board member advised that as Gavi focuses on delivering vaccines, it needs to put ways of working into place to make sure the Alliance is doing what it sets out to and without overburdening teams in country; and to make sure there is accountability. The Secretariat responded that it would need to use all available tools to make sure the vaccines are being used properly.
- Board members noted the importance of retaining focus on equity, not only across countries, but in-country. It was noted that equity issues will become more apparent soon if supply issues persist and COVAX countries only manage to achieve 20% coverage with COVID-19 vaccines in 2021 when other countries have reached 80%. Gavi will need to act fast to influence country behaviour to the extent possible.
- One Board member encouraged the Secretariat to continue work to develop a mechanism for the sharing and donation of doses of COVID-19 vaccines.
- With respect to ongoing manufacturing challenges, several Board members noted that it will be important to continue addressing bottlenecks in the manufacturing process to ensure the flow of materials is not interrupted. One Board member also suggested that Gavi should continue to engage on regulatory matters.
- One Board member expressed support for the surveillance work underway and that there will be thinking on this for the new variants; and recommended that vaccine effectiveness surveys should be conducted in country.
- Several Board members encouraged the Secretariat to consider issues of vaccine confidence, vaccine hesitancy and stigma, as well as how to strategically communicate about any adverse events to the public without causing undue alarm.
- Implementing country representatives indicated their relief to have received a first allocation but noted that the short expiry period and uncertainty around the delivery schedule for next allocations are presenting challenges. One country representative noted that countries in conflict will face extra difficulties. The Secretariat indicated that it was doing all within its power to address these needs.
- One Board member noted that as new vaccines become available, the Alliance will have a new challenge of country readiness. UNICEF together with the Secretariat will be proposing a modality for delivery support in these contexts.

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### **3. COVAX Buffer for high-risk groups in humanitarian situations**

- 3.1 The Chair introduced this item noting that the paper reflects the comments and clarifications requested on this topic by the Programme and Policy Committee (PPC) at its meeting on 1 March 2021.
- 3.2 Brenda Killen, Director of Governance and Secretary to the Board, noted that Omar Abdi (UNICEF), Maty Dia (Civil Society Organisations (CSOs)) and Zsuzsanna Jakab (World Health Organization (WHO)) will recuse themselves from the decision, but remain free to participate in the discussion. They represent entities that could potentially avail themselves of the COVAX buffer and that sit on the Inter-Agency Standing Committee (IASC).
- 3.3 Aurélia Nguyen, Managing Director, Office of the COVAX Facility, gave a brief presentation to clarify the recommendations before the Board related to the COVAX Buffer (Doc 03) and on developments since the last Board discussion.
- 3.4 Helen Rees, Chair of the PPC, provided some context on the PPC discussions and noted that: i) the Humanitarian Buffer, which is part of the COVAX Buffer, is intended as an option of last resort, ii) the Humanitarian Buffer is critical from a humanitarian and fragility viewpoint, but it is also epidemiologically important given the number of doses it could represent; and iii) the PPC added a provision to the proposed decision that of the US\$ 150 million for delivery costs, up to 5% could be used to support the deployment of the Humanitarian Buffer.

#### *Discussion*

- Board members commended all those who have worked on this proposal for the high quality of the work despite the time pressure.
- Board members emphasised that responsibility for the populations potentially covered by the Humanitarian Buffer lies primarily with the national authorities who should be including them in their national vaccination plans (such as the National Deployment and Vaccination Plans (NVDPs)) and that it should be communicated strongly that the Humanitarian Buffer should only be used as a mechanism of last resort. One Board member suggested that 'last resort' needed to be better defined. It was clarified that the criteria for approving an application for doses from the Humanitarian Buffer used by the Inter-Agency Standing Committee (IASC) decision making body will be a critical point and that these will be shared with the Board once finalised.
- Several Board members queried whether it would be possible to put an accountability mechanism in place to make sure that any doses procured through the Humanitarian Buffer reach the intended populations and requested that there be regular reporting based on a monitoring framework. The Secretariat noted that first doses through the Buffer are expected in May, and that it would report back at the end of 2021 in terms of the status of deployment.
- With respect to the delivery costs, it was noted that it should also be made clear that these are exceptional and should not be applied pro-rata across those availing themselves of the Humanitarian Buffer. Board members advised that it will be



important to consider the cost of delivery in some of the more difficult and potentially dangerous areas requiring access and the possibility of higher wastage in these settings. Several Board members expressed concern that the funds set aside for delivery costs would not be sufficient, that it might therefore be necessary to fundraise, and that in the meantime, it might be necessary to prioritise requests. The Secretariat recognised these concerns, would continue to monitor the situation and indicated that standardising costs will be difficult given the differing environments in question.

- Given that some of the populations covered by the Humanitarian Buffer will be in zero-dose communities, the Board noted that it will be important to approach delivery strategically and try to bring other services in tandem. It was noted that good planning will be key for successfully reaching both children and adults as they will require different strategies. Similarly, it will be important to draw learnings from this experience for the zero-dose agenda. The Secretariat clarified that part of the rationale of basing decision-making with the IASC is their expertise and knowledge of specific contexts, which could allow for the provision of additional services.
- To avoid potential delays, it was advised that the Secretariat move quickly to try to address any liability and indemnification issues that might arise from engaging with new humanitarian agency partners. The Secretariat noted that it has been engaging with CSO partners and manufacturers and where possible, that it will seek to rely on the existing liability and indemnification arrangements but that there are still some discussions to have on this topic.
- Similarly, one Board member encouraged the Secretariat to consider any safety monitoring and regulatory issues that might stem from entering into these new partnerships with humanitarian actors. It was clarified that as part of due diligence, any new partners would need to show competence in delivering campaigns, including on surveillance matters.
- Given that some of the populations that may benefit from the Humanitarian Buffer are located in conflict settings, it was suggested to reconsider the use of the term 'target' populations. The Secretariat indicated it would consider alternative terminology.
- Board members representing countries in conflict noted that this mechanism will be very helpful and provides some hope that pockets of their populations that have been inaccessible for political reasons might gain access.
- Board members queried whether undocumented refugees and other vulnerable migrants would also be covered. In line with best practice, all programmes should safeguard against sexual abuse or misconduct.
- One Board member asked for more detail on how the Humanitarian Buffer and Contingency Provision portions of the COVAX Buffer are linked, as they are being approved separately. It was clarified that for the contingency provision additional AMC funding will not be needed and could be considered more a temporal

advance of doses that could be applied once all countries have reached a base level of coverage.

## **Decision 2**

The Gavi Alliance Board:

- a) **Noted** the scope of the Humanitarian Buffer as outlined in Annex B to Doc 03 and **approved** reserving 5% of COVAX AMC funding for doses to be deployed via the COVAX Buffer, **noting** that this will be progressively financed as AMC funding increases. The funds reserved for the Buffer will be reviewed at such a time that the Facility is terminated with a presumption that unused funds will be released to the Gavi COVAX AMC;
- b) **Approved** amending the decision approved by the Board in December 2020 to read as follows: “Approved US\$ 150 million to provide exceptional support, if required and on a case-by-case basis, to AMC92 participants, and in cases of support for the delivery of humanitarian buffer doses to also include Self Financing Participants and humanitarian agencies, to address critical vaccine delivery gaps for which no other funding is available, subject to this funding being mobilised by Gavi”;
- c) **Approved** that of the US\$ 150 million for delivery costs up to 5% be used to support the deployment of the Humanitarian Buffer;
- d) **Approved** delegating decision making on Humanitarian Buffer dose allocation to the Inter Agency Standing Committee (IASC) Emergency Directors Group, which will report back to the Gavi Board on allocation of the Humanitarian Buffer doses and associated AMC funding; and
- e) **Approved** the Secretariat reporting back to the Programme and Policy Committee and Board by end 2021 on the operation of the Humanitarian Buffer, including against available key performance metrics, the number of requests received and approved and the timeliness of that approval, the number of Humanitarian Buffer doses allocated and delivery support funding. The Secretariat will also report back on activities undertaken to ensure the Humanitarian Buffer is a measure of last resort.

*Omar Abdi (UNICEF), Zsuzsanna Jakab (WHO), and Maty Dia (CSO) recused themselves and did not vote on Decision Two a), b), c), or d) above.*

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## **4. Gavi COVAX AMC**

- 4.1 Marie-Ange Saraka-Yao, Managing Director, Resource Mobilisation, Private Sector Partnerships & Innovative Finance, presented an update on the Gavi COVAX AMC (Doc 04), including on results achieved to date and on outlook prospects for 2022.
- 4.2 Ms Saraka-Yao recognised a significant increase in donor pledges over the last few months, allowing for facilitated negotiations with manufacturers and to reserve more doses for future vaccine procurement and delivery.

- 4.3 Looking towards 2022, Ms Saraka-Yao reassured the Board that regardless of the projected trajectory of the pandemic and emerging scenarios, the Gavi COVAX AMC is designed to be a flexible and adaptive mechanism. She further reinforced the importance of gaining momentum in the margins of the upcoming Gavi Investment Opportunity Launch, co-hosted by the United States Government, and the COVAX AMC Summit 2021.

### *Discussion*

- The Board expressed appreciation for the remarkable results achieved in operationalisation of the COVAX AMC and delivery of doses to date. Board members expressed their support and willingness to work with the Secretariat towards delivering on the proposed increased ambition and encouraged countries to engage in AMC by dose-sharing and cost-sharing.
- The Board supported an early dialogue on strategic direction and recognised the need for balance between the COVAX Facility and Gavi 5.0 objectives. In that regard, some Board members sought clarifications on the future of the COVAX AMC, lessons learned from the AMC economies concerning the delivery schedule and volume, and projected coverage that can be achieved in AMC countries going forward. They called for a clear pathway for communication to the AMC countries, particularly on the benefits of the COVAX AMC in financing vaccine procurement and vaccine delivery, the cost-sharing model and its requirements.
- The Board strongly agreed on the pivotal role of the goal of equity, necessitating enhanced advocacy for dose-sharing at the highest political level to boost immunisation coverage, optimally through the equitable framework of the COVAX AMC.
- Some Board members cautioned about the possibility of “donor fatigue” and called for alternative mechanisms and creative approaches for resource mobilisation, including strengthened collaboration with multilateral development banks (MDBs) and broader partnering with the private sector within countries. One Board member underlined the importance of a clear narrative on the funding gaps across the pillars of the Access to COVID-19 Tools (ACT) Accelerator, the need for a comprehensive approach to funding requests and a clear timeline.
- One Board member proposed the development of an objective performance indicator framework to assess COVAX AMC impact and measure progress to date. Noting the potential impact of increased volumes of COVID-19 vaccines on RI in countries, it was noted that regular updates from the implementing partners in countries (e.g. UNICEF, CSOs) on vaccine implementation would be welcomed and appreciated.
- In preparation for 2022, the Board appreciated the proposed scenarios that could impact the COVAX AMC support to low-income countries (LICs) and requested that further projections and preliminary costing for each scenario be prepared and consulted on with countries to adequately meet their needs and avert exhaustion of channels other than the COVAX AMC. In that context, clarity on decision-making processes and involvement of the Board was sought.



- The Secretariat acknowledged the significance of dose-sharing and confirmed the already ongoing work with several countries in that regard. The advocacy and collaboration efforts with private sector, high net worth individuals (HNWIs) and public donations have been initiated. While the International Finance Facility for Immunisation (IFFIm) has proven to be an effective mechanism in supporting the COVAX AMC, the Secretariat will further explore an increased appetite from investment and financial markets.

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## **5. Review of decisions**

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

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## **6. Closing remarks**

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

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Prof José Manuel Barroso  
Chair of the Board

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Ms Brenda Killen  
Secretary to the Board

## Attachment A

### Participants

#### **Board members**

- José Manuel Barroso, Chair
- Sarah Goulding, Vice Chair
- Omar Abdi
- Kwaku Agyeman-Manu
- Beth Arthy
- Anahit Avanesyan
- Afsaneh Beschloss
- Megan Cain
- Roger Connor
- Maty Dia
- Abdoulaye Sabre Fadoul
- Margaret (Peggy) Hamburg
- Zsuzsanna Jakab
- Orin Levine
- Marta Nunes
- Muhammad Pate
- Helen Rees
- Teresa Ressel
- William (Bill) Roedy
- John-Arne Røttingen
- David Sidwell
- Joan Valadou
- Yibing Wu
- Stephen Zinser
- Seth Berkley (non-voting)

#### **Alternates Observing**

- Violaine Mitchell
- Michael Kent Ranson
- Etleva Kadilli
- Kate O'Brien
- Lia Tadesse
- Wahid Majrooh
- Edna Yolani Batres
- Bernhard Braune
- Francesca Manno
- Joris Jurriëns
- Susan Elden
- Carmen Coles Tull
- Keiichi Ono
- An Vermeersch
- Xiang Shu
- Rafael Vilasanjuan
- Saad Omer

#### **Regrets**

- Mahima Datla
- Assad Hafeez
- Jacqueline Lydia Mikolo
- Bounkong Syhavong
- Harsh Vardhan

### ADDITIONAL ATTENDEES

#### **IFFIm**

Mr Kenneth Lay, IFFIm Board Member  
 Ms Fatimatou Zahra Diop, IFFIm Board Member  
 Ms Doris Herrera-Pol, IFFIm Board Member  
 Ms Jessica Pulay, IFFIm Board Member  
 Mr Helge Weiner-Trappness, IFFIm Board Member  
 Mr Bertrand de Mazières, IFFIm Board Member and IFFIm Audit Committee Chair

#### **BILL AND MELINDA GATES FOUNDATION**

Mr Chris Wolff, Deputy Director, Develop and Scale Team, Vaccine Delivery, Global Development  
 Ms Kelly Jarrett, Deputy Director of Finance & Planning, Global Development  
 Mr Nima Abbaszadeh, Program Officer, Global Delivery Programs  
 Ms Magdalena Robert, Senior Program Officer, Program Advocacy and Communication

#### **WORLD BANK**

Ms Diane Wu, Health Financing Specialist  
 Ms Clémentine Murer, Health Financing Consultant  
 Ms Sarah Alkenbrack, Senior Health Economist  
 Ms Karen Pillay, Senior Financial Officer  
 Ms Gloria Kebirungi, Consultant, Health, Nutrition and Population Group

**UNICEF**

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)

**IMPLEMENTING COUNTRIES GOVERNMENTS**

**Cameroon**

Mr Emmanuel Maina Djoulde, Director of International Cooperation, Ministry of Health, Cameroon

**DONOR GOVERNMENTS**

**Australia**

Mr Michael Newman, Assistant Director, Health and Education Funds, DFAT

Ms Naomi Dumbrell, Counsellor Health and Environment, DFAT, Permanent Mission 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

Ms Niloofar Zand, Senior Advisor, Health and Nutrition, Global Affairs Canada

**European Commission**

Mr Jan Paehler, Head of Sector Health, Directorate General for Development and Cooperation

Mr Grégoire Lacoïn, Senior Consultant Public Health

**Finland**

Dr Outi Kuivasniemi, Deputy to Director of international Affairs, International Affairs Unit, Ministry of Social Affairs and Health

**Germany**

Ms Anja Kopyra, Senior Policy Officer, Global Health Policy and Financing, BMZ

Mr Daniel Kohls, Global Health Policy Advisor, GIZ

Ms Judith Soentgen, Counsellor, Development Policy, Permanent Mission to the UN and other International Organisations, Geneva

**Italy**

Mr Gianmarco Coccozza, Adviser, Office of Development Cooperation, International Financial Relations Directorate Department of Treasury, Ministry of the Economy and Finance

Mr Marco Simonelli, Health Advisor, Ministry of the Economy and Finance

Ms Eugenia Palagi, Deputy Head of Unit, Strategy, Global Processes and International Organizations

**Japan**

Mr Takayuki Okubo, Deputy Director, International Affairs Division, Ministry of Health, Labour and Welfare

Ms Makiko Yoneda, Policy Focal Point, Ministry of Foreign Affairs

**Republic of Korea**

Ms Dasom Shin, Second Secretary, Multilateral Development Cooperation and Humanitarian Assistance Division, Ministry of Foreign Affairs

**Netherlands**

Ms Hannah Haaij, Senior Policy Officer, Health and Aids division, Ministry of Foreign Affairs / Social Development Department

**Norway**

Ms Anja Sletten, Senior Adviser, Dept for Health, Education and Human Rights, Section for Global Health, NORAD

Ms Kristine Onarheim, Ministry of Foreign Affairs, Norway

**Qatar**

Ms Aisha Al-Kuwari, Development Projects Researcher Third, Qatar Fund for Development

Ms Jawahar Al-Naemi, Multilateral Partnerships Officer, Qatar Fund for Development

**Spain**

Miguel Casado Gómez, Head of Health Sector, General Secretariat for International Development and Cooperation

**Sweden**

Ms Karin Westerberg, Senior Advisor, Ministry of Foreign Affairs

**Switzerland**

Ms Carla Koch, Programme Manager, Global Programme Health, Federal Department of Foreign Affairs, Swiss Agency for Development and Cooperation

**United Kingdom**

Ms Sophie Bracken, Innovative Finance Policy Adviser, Global Funds Department, Foreign, Commonwealth & Development Office (FCDO)

Mr Arvind Mungar, COVID-19 Senior Policy Adviser, FCDO

Ms Elizabeth Williams, ODA Programme Management Officer, Department of Health and Social Care

**United States of America**

Ms Elizabeth Noonan, Immunization Advisor, USAID

**VACCINE INDUSTRY – INDUSTRIALISED**

Dr Joan Benson, Executive Director, Public Health Partnerships, Merck

Dr Lamia Badarous Zerroug, Vaccines Public Affairs Head, Sanofi Pasteur

Dr Laetitia Bigger, Director, Vaccines Policy, IFPMA

Dr Julie Hamra, Director, Global Policy & International Public Affairs, Pfizer

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

Ms Sian Clayden, Director, Vaccine Policy, Johnson & Johnson

**VACCINE INDUSTRY – DEVELOPING**

Mr Lingjiang Yang, Manager, International Business and Cooperation, Chengdu Institute of Biological Products Co. Ltd. (Interpreter for Alternate Board Member Xiang Shu)

**CIVIL SOCIETY ORGANISATIONS**

Ms Lubna Hasmat, CEO, Civil Society Human and Institutional Development Programme, CHIP

Mr Frank Mahoney, Senior Immunization Officer, International Federation of Red Cross and Red Crescent Societies

Ms Kirsten Mathieson, Head of Policy & Advocacy, Health & Nutrition at Save the Children International

Ms Lisa Hilmi, Executive Director, Core Group

**R&THI**

Dr William Schluter, Director, Global Immunization Division, U.S. Centers for Disease Control and Prevention

Ms Rachel Hore, Global Policy and Advocacy Officer, Wellcome Trust

**SPECIAL ADVISERS**

Mr Muluken Desta, Special Adviser to the Anglophone Africa constituency

Dr Rolando Pinel, Special Adviser to the PAHO constituency

Ms Ruzan Gyurjyan, Special Adviser to the EURO constituency

Dr Pratap Kumar Sahoo, Special Adviser to the EMRO constituency

Mr Oulech Taha, Special Adviser to the Francophone & Lusophone Africa constituency

Ms Amy Whalley, Special Adviser to the CSO constituency

Ms Carol Piot, Special Adviser to the IFFIm Board

Ms Stella Villares Guimaraes, Special Adviser to Board Chair

**OTHER OBSERVERS**

Ms Minju Jung, Doctoral Researcher, Department of Politics and International Relations, University of Sheffield

Ms Carlota Moya, Representative of the International Area, la Caixa Foundation