

CEO BOARD UPDATE

Seth Berkley, CEO



2021–2025
5.0 Leaving no one
behind with immunisation



COVAX



Symbiotic equity
initiatives

Expanded Alliance
operational platform

Strategic actors in
global health security

Immense changes, adaptation required to achieve Gavi 5.0 and COVAX ambitions

Impacts

Implementing countries

Alliance partners

Secretariat staff

Supporting Gavi Secretariat staff well-being

- April 2021 staff survey on health & well-being: communication, personal accomplishment, empowerment, can bring “whole self”; manager recognition going well; great mission
- Workload, pace & hours unsustainable: stress & anxiety high; support for well-being insufficient; fear of speaking up
- Increased staffing vital but not “silver bullet” to solve burnout/overwork challenges; need for change/culture shift & further prioritisation
- Survey presented to staff; SMT & GLT taking concerns seriously, will agree to next steps with teams
- Diversity & Inclusion Committee seeking independent expert to help shape Gavi’s D&I strategy



Source: Gavi Secretariat HR-generated word cloud

Reimagining our work environment

Staffing update

Gavi Secretariat staff restructure:

10 recruited

37 in recruitment

COVAX staff & consultants:

81 recruited

~28 in recruitment

11 secondees

Reimagining our work environment

Forbes

**Remote Working Is A Possibility,
But Taking Care Of Our Employees
Is A Duty**

**The
Economist**

The rise of working from home
Remote workers work longer, not
more efficiently

**The
Guardian**

The problem isn't remote working - it's
clinging to office-based practices



Sundar Pichai

CEO of Google and Alphabet

A hybrid approach to work

**Harvard
Business
Review**

WFH Is Corroding Our Trust in Each Other

THE WALL STREET JOURNAL.

**Done Working From Home? Prepare for
More Hot Desks**

Reimagining our work environment

Evolution of working modalities

- **All adults** now eligible for COVID-19 vaccination in DC and Geneva
- Mission-critical duty **travel** projected in Q3
- Geneva office continues **home working**; **20% staff** permitted to work from office
- “Ways of working” survey recommended **hybrid approach** (office/remote); adapting now to team-based hot desking “neighbourhoods” (Geneva)
- Target for hybrid configuration: 1 October



Time of enormous engagement against backdrop of evolving pandemic



VAX LIVE concert:
civil society, champions,
general public mobilised



Global Health Summit:
financial, COVID-19 vaccine
dose donation announcements



**COVID-19 vaccine dose
donations to COVAX
in 2021 & 2022**

Futurecasting: reset to break global cycle of panic, neglect

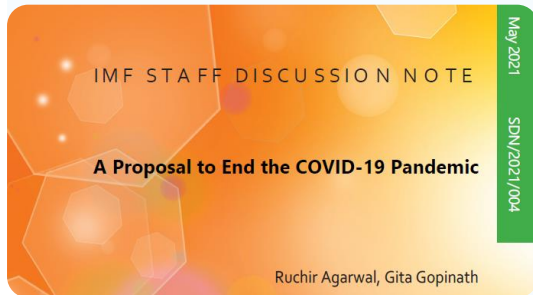


Vaccines will be “most important” economic policy this year

Kristalina Georgieva
IMF chief



“highest return on public investment in modern history”



Required national, multilateral actions: vaccinating >40% in all countries by end 2021, >60% by first half 2022



HICs should provide LMICs with 2bn doses by mid-2022



Call to action for equitable access



By 2030, +50 m in extreme poverty



Life course approach to pneumonia-fighting vaccines

Core programmes: Gavi 5.0

Toll of COVID-19 on countries

Economic constraints

- most countries: projected negative GDP growth in 2020*
- Gavi73: 2.4% to -2.1%
- risks to country immunisation spending & co-financing

Competing priorities, limited resources

- ! restore & maintain routine immunisation
- ! COVID-19 vaccine planning & roll-out
- ! Gavi 5.0: Leaving no one behind – “zero-dose” agenda

*Source: GDP growth projections of IMF WEO October 2019 (before COVID-19) versus IMF WEO April 2021 (under COVID-19)

Loss of life from COVID-19

7.1 m estimated deaths
(as of 13 May 2021)



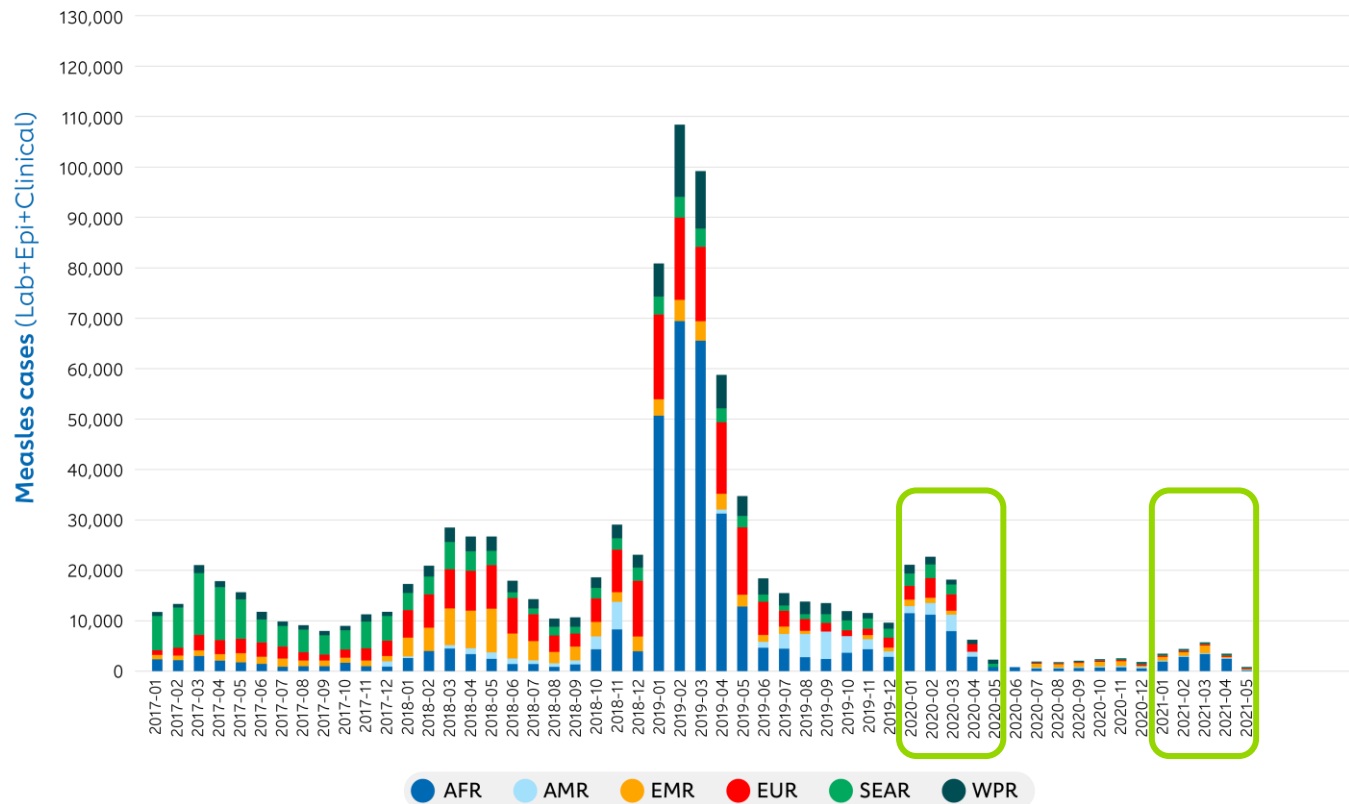
3.33 m reported deaths
(as of 13 May 2021)



Source: Institute for Health Metrics and Evaluation (IHME)

Growing immunity gaps with risk of further measles outbreaks

Measles case distribution by month and WHO region
(2017–2020)



Seasonal surge in reported measles cases not yet observed in 2021

- reduced surveillance capacity; public health measures reducing transmission

Ongoing but smaller outbreaks in 2021 versus 2020

Need to proactively reduce immunity gaps through routine immunisation

Source: WHO, IVB Database. Based on data received 2021-06. This is surveillance data, hence for the last month(s), the data may be incomplete.

Ebola: co-incidental outbreaks

- Swift action taken to control Ebola outbreaks in DRC & Guinea
- SAGE recommendations (April 2021):
 - Merck product remains vaccine of choice for ring vaccination
 - Expanded, off-label use of Merck;
 - infants, children (birth–aged 17); pregnant & lactating women
- J&J vaccine: use in outbreak settings; at-risk people not eligible for Merck
- Merck, J&J products not to be used for widespread preventive vaccination; might consider pre-emptive use for key at-risk populations*



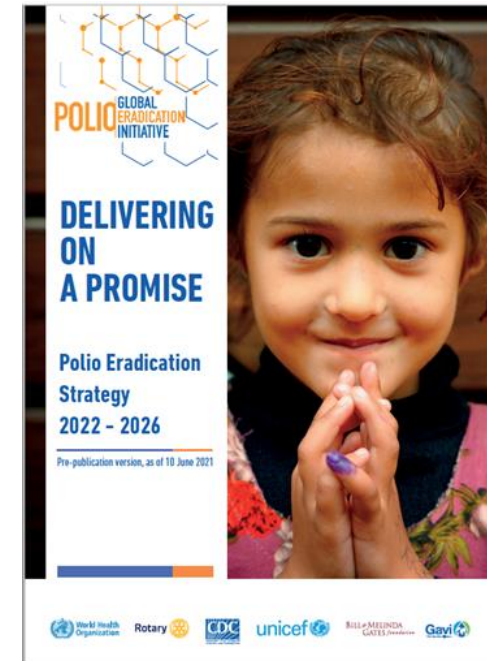
**national response teams, laboratory workers with possible exposure to EVD, international responders participating in EVD outbreak responses and individuals working in specialised Ebola Treatment Units
Source: 23 April 2021 SAGE meeting. Weekly epidemiological record, 4 June 2021, WHO*

Integration: key polio priority

- New GPEI strategy supports collective ambitions of Gavi 5.0, IA2030
 - focus on political will, community engagement, expanded integration, surveillance
- Timely, given pandemic & current fiscal constraints


POLIO GLOBAL
ERADICATION
INITIATIVE

New strategy launched
10 June 2021



Gavi 5.0 Measurement Framework; alignment with IA2030

- Setting targets now for shared understanding of ambition
- 2019: pragmatic choice for baseline
- Coverage-based targets aligned with IA2030 ambition
- October 2021 PPC: targets for other indicators



Category:
For Decision

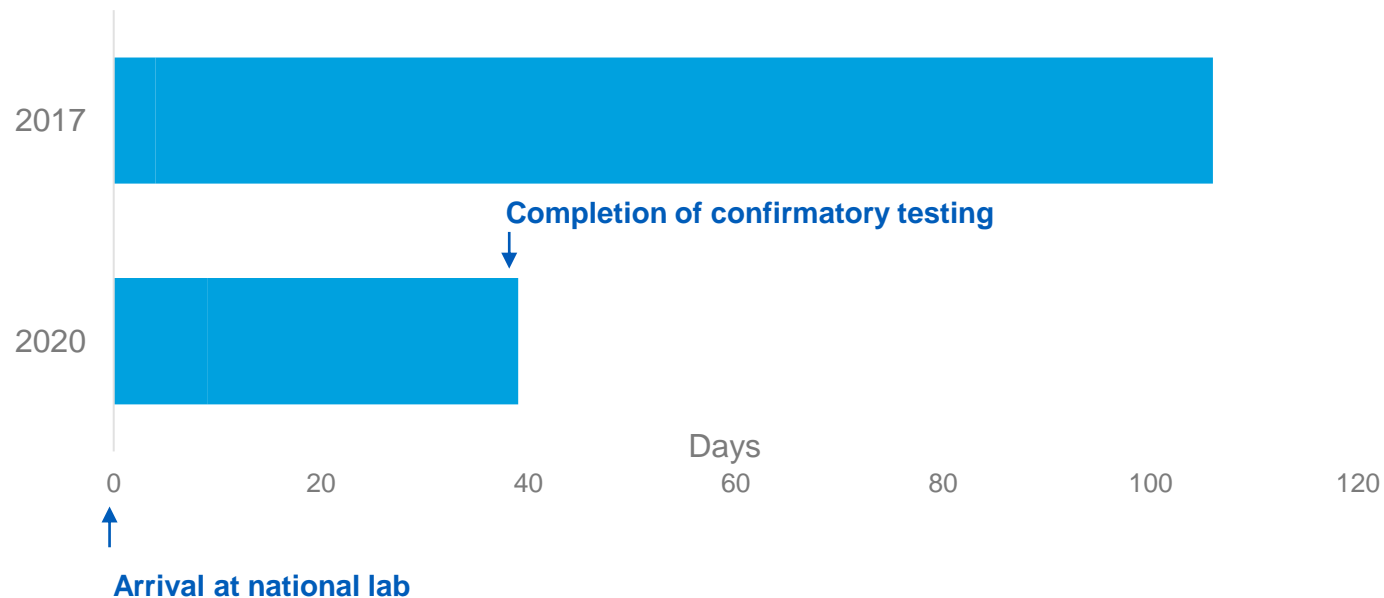
Report to the Board

Annex B: Summary of Baselines and Targets for Gavi 5.0 Mission and Strategy Indicators¹

Indicator	Baseline (2019)	2025 Target	Rationale
Mission Indicators			
M.1 Under-five mortality rate (SDG 3.2.1)	55/1,000	TBD	TBD - Target not yet defined due to uncertainty around how UN-IGME estimates of child mortality will reflect COVID-related health impacts. It is anticipated that baseline and targets for this indicator will be submitted to the PPC and Board in the Fall/Winter of 2021.
M.2 Future deaths averted	n/a	7-8m	Target made as part of the commitments in the Gavi 2021-2025 Investment Opportunity
M.3 Future DALYs averted	n/a	320-380m	Target closely aligned with future deaths averted targets, calculated using the same methodology from the Vaccine Impact Modelling Consortium (VIMC).
M.4 Reduction in number of zero-dose children	9.7m	-25%	Target based on the Alliance's ambition to reduce zero dose by 25% by 2025—half the level of ambition established by IA2030 of reducing number of zero-dose children globally and for each country by 50% by 2030 as compared to 2019.
M.5 Unique children immunised	n/a	300m	Target made as part of the commitments in the Gavi 2021-2025 Investment Opportunity.
M.6 Economic benefits unlocked	n/a	US\$80-100b	Target made as part of the commitments in the Gavi 2021-2025 Investment Opportunity.

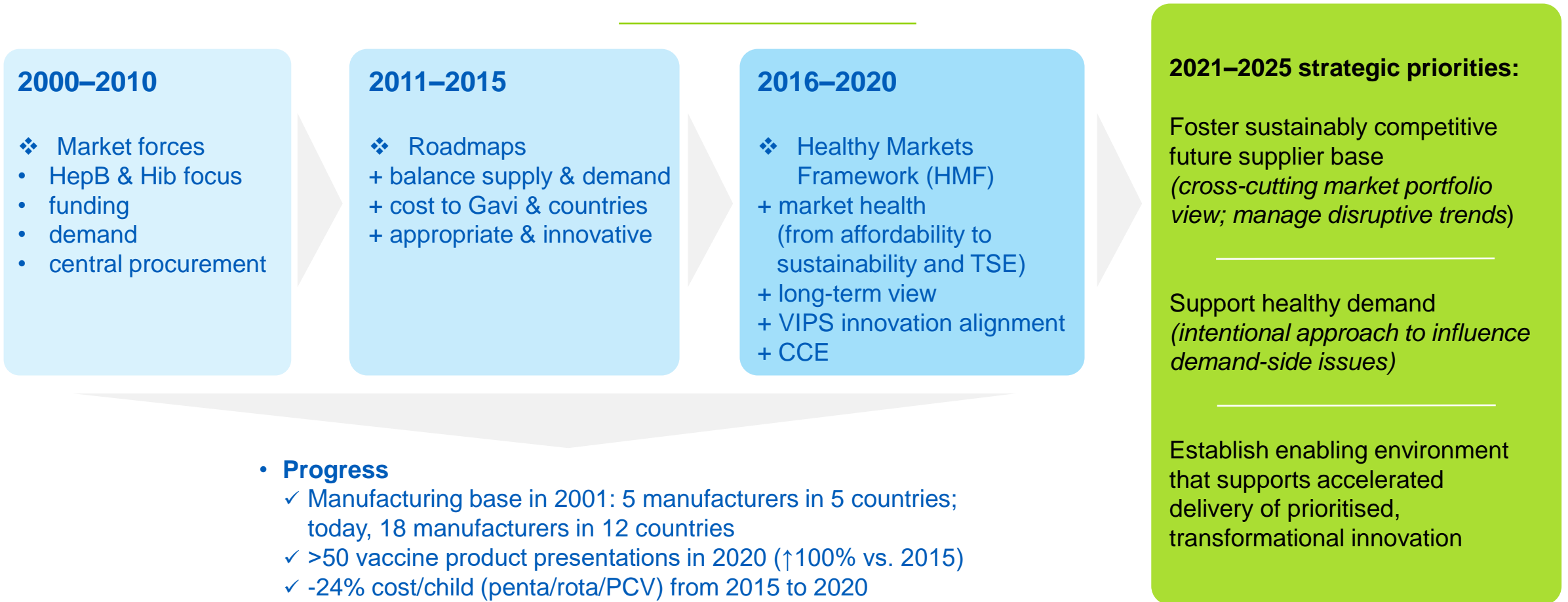
Yellow fever diagnostics initiative

Average time from start of testing to completion for samples positive for yellow fever at national labs: reduced by 70%



- Diagnostic reagents for 16 countries
- Significant reduction in testing time due to improved international sample transport & country testing capacity
- WHO YF lab network validated **first commercial molecular test kit** (Altona Diagnostics GmbH) for use in network labs
- YF lab network currently evaluating **two test kits for YF IgM antibodies** (1 ELISA & 1 RDT)

Gavi's Market Shaping Strategy: adaptive & responsive approach



COVAX & COVID-19 vaccines

Thanks to Gavi COVAX AMC donors: world leaders united, delivered for vaccine equity

- Gavi COVAX Advance Market Commitment (AMC)
Investment Opportunity launched on 15 April
by US Secretary of State Blinken
- Virtual event on 2 June 2021 hosted by Japanese PM
Suga raised US\$ 2.4bn from ~40 public & private donors
- Total US\$ 9.7bn pledged for Gavi COVAX AMC securing
approximately 1.8bn COVID-19 vaccine doses for delivery in
2021 and early 2022 (~30% population in AMC91) plus
\$775M for vaccine delivery & support
- New vaccine donations: >500m



Addressing COVAX challenges: moving forward together

THE LANCET

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"COVAX 'was a beautiful idea, born out of solidarity. Unfortunately, it didn't happen...Rich countries behaved worse than anyone's worst nightmares."

See World Report page 2322

Editorial	Articles	Articles	Articles	The Lancet Commissions
Protecting refugees during the COVID-19 pandemic See page 2309	Global prevalence of smoking tobacco use and attributable disease burden See page 2327	Isatinib, carfilzomib, and dexamethasone in relapsed multiple myeloma See page 2363	Filgotinib as induction and maintenance therapy for ulcerative colitis See page 2371	The Lancet women and cardiovascular disease Commission: reducing the global burden by 2030 See page 2385

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World Report

A beautiful idea: how COVAX has fallen short

COVAX was meant to supply COVID-19 vaccines for all based on solidarity and equity. Instead, it relies on rich countries' willingness to share their doses. Ann Danaïya Usher reports.

Launched 1 year ago, the COVAX facility was conceived as an "unparalleled and ambitious" attempt to create a global procurement mechanism to supply COVID-19 vaccines to all countries in the world. It was hailed as a "global, heroic effort" that would "transcend the limits of human ingenuity" to ensure that vaccine development progressed as fast as possible, at "a speed, scale, and access never before seen in human history". Underlying everything, according to early descriptions by Gavi, the Vaccine Alliance, it was "single-minded in its goal to ensure equitable access to COVID-19 vaccines".

This vision has not come to pass. At the pledging summit for COVAX on June 2, 2021, hosted by Japan, Gavi finally reached its US\$1.3 billion ask for the procurement and delivery of vaccines for the 92 eligible low-income and middle-income countries (LMICs) this year. However, even with full financing, the COVAX roll-out has moved much more slowly than that in high-income countries (HICs). Speaker after speaker at the summit lamented the gross inequity in access to vaccines. "Today, ten countries have administered 75% of all COVID-19 vaccines, but, in poor countries, health workers and people with underlying conditions cannot access them. This is not only manifestly unjust, it is also self-defeating," UN secretary general António Guterres told the gathering. "COVAX has delivered over 72 million doses to 125 countries. But that is far less than 172 million it should have delivered by now." Of the 2.1 billion COVID-19 vaccine doses administered worldwide so far, COVAX has been responsible for less than 4%.

"Born out of solidarity"
Gavin Yamey at Duke University (Durham, NC, USA) was part of a

working group, convened by Gavi in early 2020, to discuss the design of COVAX. "It was a beautiful idea, born out of solidarity", he said. "Unfortunately, it didn't happen...Rich countries behaved worse than anyone's worst nightmares."

COVAX, managed by Gavi, along with the Coalition for Epidemic Preparedness Innovations and WHO, was designed to stand on two legs: one for HICs, which would pay for their own vaccines, and the other for 92 lower-income countries, whose doses would be financed by donor aid.

In the so-called self-financing leg of COVAX, HICs were asked to pay upfront by mid-September, 2020, for the option to buy vaccines for their own populations. The UK, for example, paid £71 million for 27 million doses from COVAX, and Canada paid CA\$220 million for 15 million doses. Australia, New Zealand, Norway, and South Korea also bought vaccine options from COVAX as self-financing countries.

In the other leg of COVAX, vaccines for lower-income countries would be financed with donor grants through an Advance Market Commitment (AMC). The poorest of the 92 countries would receive them at no cost. Team Europe (led by Germany) and the USA have together provided US\$5 billion to the COVAX AMC, Japan has given US\$1 billion, and the UK, US\$735 million. Most of these funds have been pledged only in the past few months.

The grand idea of COVAX was that the combination of these two funding streams—the self-financed part and the aid-financed AMC—would give the facility the means to invest in research and development of several promising vaccine candidates. Additionally, as a pooled procurement mechanism,

COVAX would have the financial muscle as a buyer to drive down prices for all participants. Once any of the COVAX portfolio vaccines had successfully undergone clinical trials and proved themselves to be both safe and effective, both self-financing and AMC countries would be allocated vaccines at the same rate, proportional to their total population size.

COVAX would be "quite literally a lifeline" for self-financing countries that had not made any bilateral deals with vaccine manufacturers. Gavi's chief executive officer Seth Berkley explained last autumn. However, by August, 2020, the USA had already entered into seven bilateral deals with six companies for more than 800 million doses, enough to vaccinate 140% of its population, according to the Duke University Launch and Scale Speedometer. The EU was close behind with access to half a billion doses secured through two deals. The UK had bought into five bilateral deals giving it access to 270 million doses, equivalent to 225% of its population. These early investments by rich countries in multiple vaccines secured them a place at the front of the queue. Because COVAX did not have the means to compete, it was pushed to the back.

Writing in a blog post earlier this year, Andrea Taylor, who manages the Launch and Scale Speedometer vaccine tracker, has said that "COVAX was premised on an all-for-one and one-for-all approach to defeating the pandemic", adding that "this would have led to the best outcomes for everyone and was our best hope for ending the pandemic quickly. But we also know from experience that the world doesn't really work this way."

Everyone knew that rich countries would enter into bilateral vaccine deals, Yamey said. But it was hoped that they would also buy into COVAX as insurance

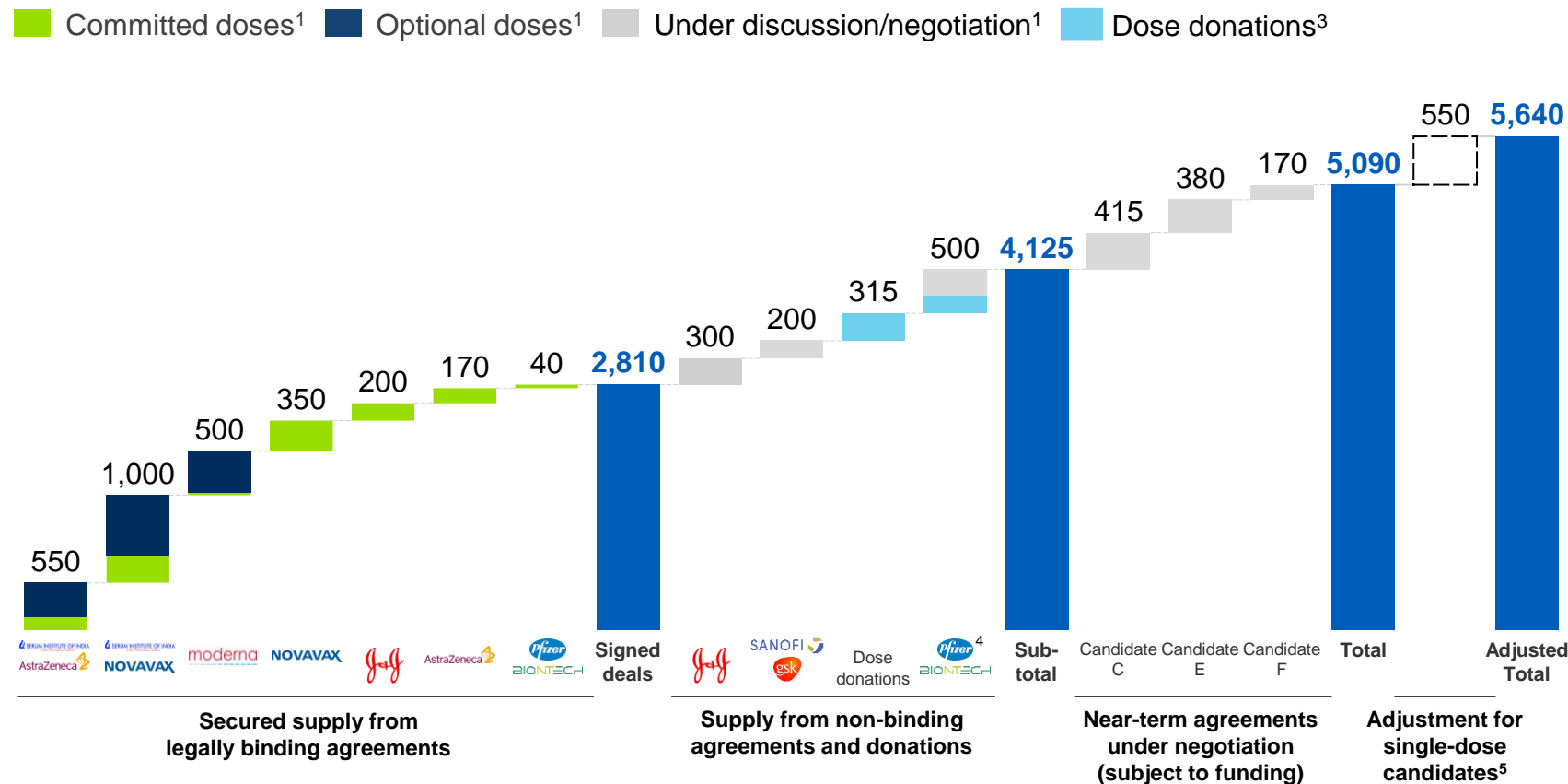
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COVAX Facility candidate-specific supply

PRELIMINARY AND SUBJECT TO ASSUMPTION

COVAX available supply, million doses, 2021–2022



There are currently eight vaccines in the COVAX portfolio:

1. SII: Covishield ("AZD1222")
2. SII: Covovax ("NVX-CoV2373")
3. Moderna: mRNA 1273
4. Novavax : NVX-CoV2373
5. Janssen J&J²: Ad26COV2.S
6. AstraZeneca: ChAdOx1-S [recombinant] ("AZD1222")
7. Pfizer-BioNTech: BNT162b2
8. Sanofi-GSK: Recombinant Protein

¹ "Committed doses" are doses that the COVAX Facility is required to procure. "Optional doses" are doses that the COVAX Facility has the option to procure in the future but is not required to purchase. Once optional doses are exercised, they become committed doses. For non-binding agreements and deals under active negotiation, the split of committed vs. optional doses will be finalised upon deal signature.

² COVAX has signed an Advance Purchase Agreement (APA) with Janssen for 200m doses; negotiations for an additional 300m doses are ongoing as per the Memorandum of Understanding announced on 18 December 2020.

³ "Dose donations" are estimated based upon commitments from donors to share new doses with the COVAX Facility. The transfer of COVAX allocations between COVAX Facility Participants from SFPs to AMC Participants are already included in the volumes secured by COVAX from legally binding agreements.

⁴ US support has allowed the COVAX Facility to secure an additional 500m doses from Pfizer-BioNTech. Reflecting US funding above its original pledge, 200m of these are recorded here as a donation.

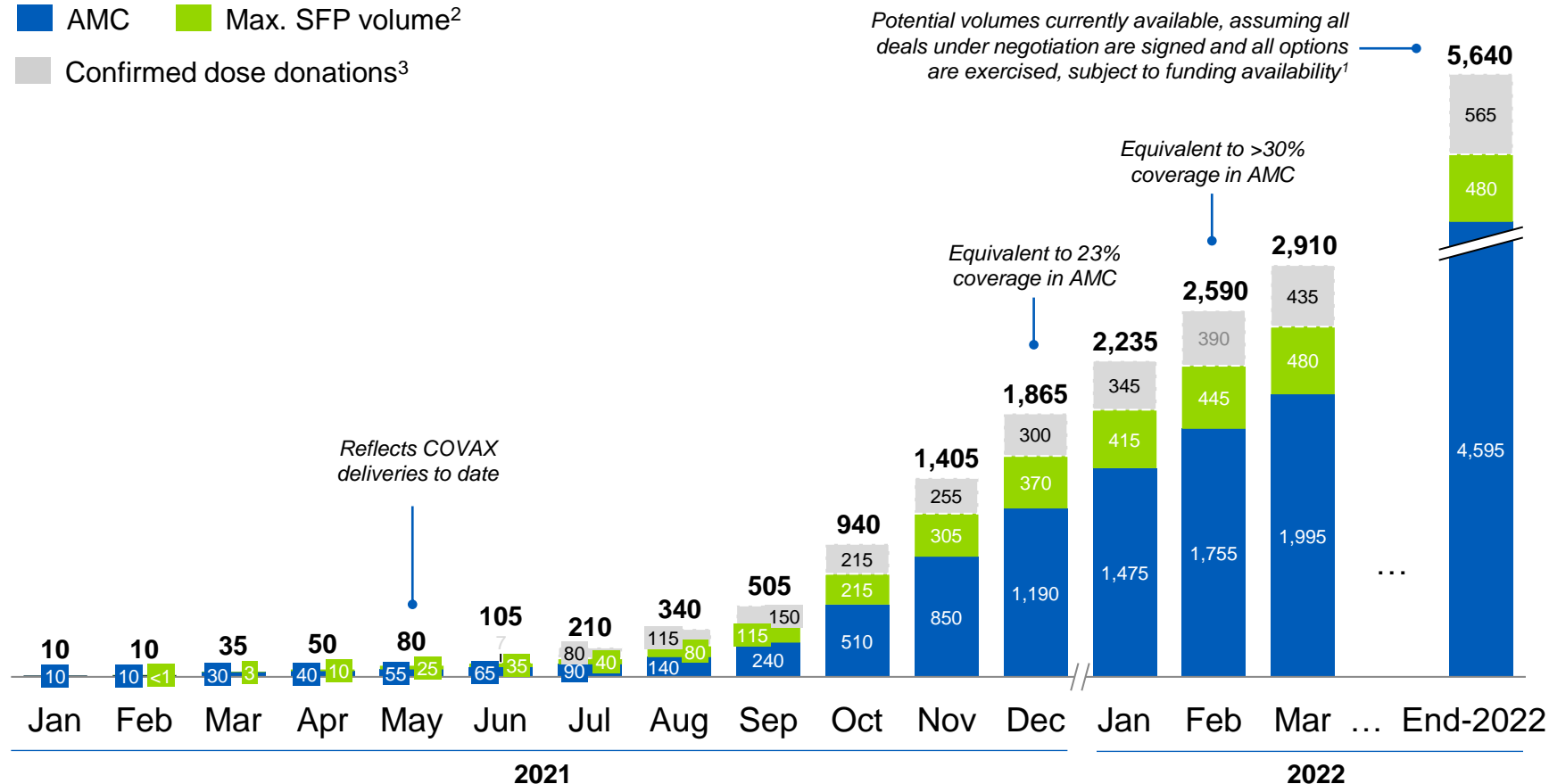
⁵ In the following supply forecasts slides, volumes for expected single-dose regimen candidates have been doubled to ensure comparability with two-dose candidates.

COVAX Facility global supply forecast

By AMC-eligible and Self-Financing Participants
PRELIMINARY AND SUBJECT TO ASSUMPTION

COVAX available supply, cumulative, million doses, 2021–2022¹

■ AMC ■ Max. SFP volume²
■ Confirmed dose donations³



CAVEATS

Contracts: Some of the supply included in the projections are linked to deals that are already concluded, and some are currently being negotiated. Terms are subject to change.

Candidate attrition: Some candidates are still in clinical development. If they do not achieve positive clinical trial outcomes (safety and efficacy) and regulatory approval, these volumes will not be procured by COVAX.

Regulatory approval: Supply timing will depend on regulatory success and timelines, including reviews of individual batches ("batch release").

Manufacturing: In many cases, manufacturing is yet to reach full scale. Manufacturing productivity will be influenced by multiple factors, which will in turn influence volume and timing of supply.

Delivery: Timing of delivery will depend on various factors, including local regulatory approval, country readiness, export licenses, logistics, indemnification and liability in place, in-country distribution, etc.

Funding availability: Total potential supply is shown; procurement of these doses will depend on COVAX AMC fundraising, AMC92 cost-sharing beyond donor-funded doses, and the final prices and volumes of doses allocated to AMC92.

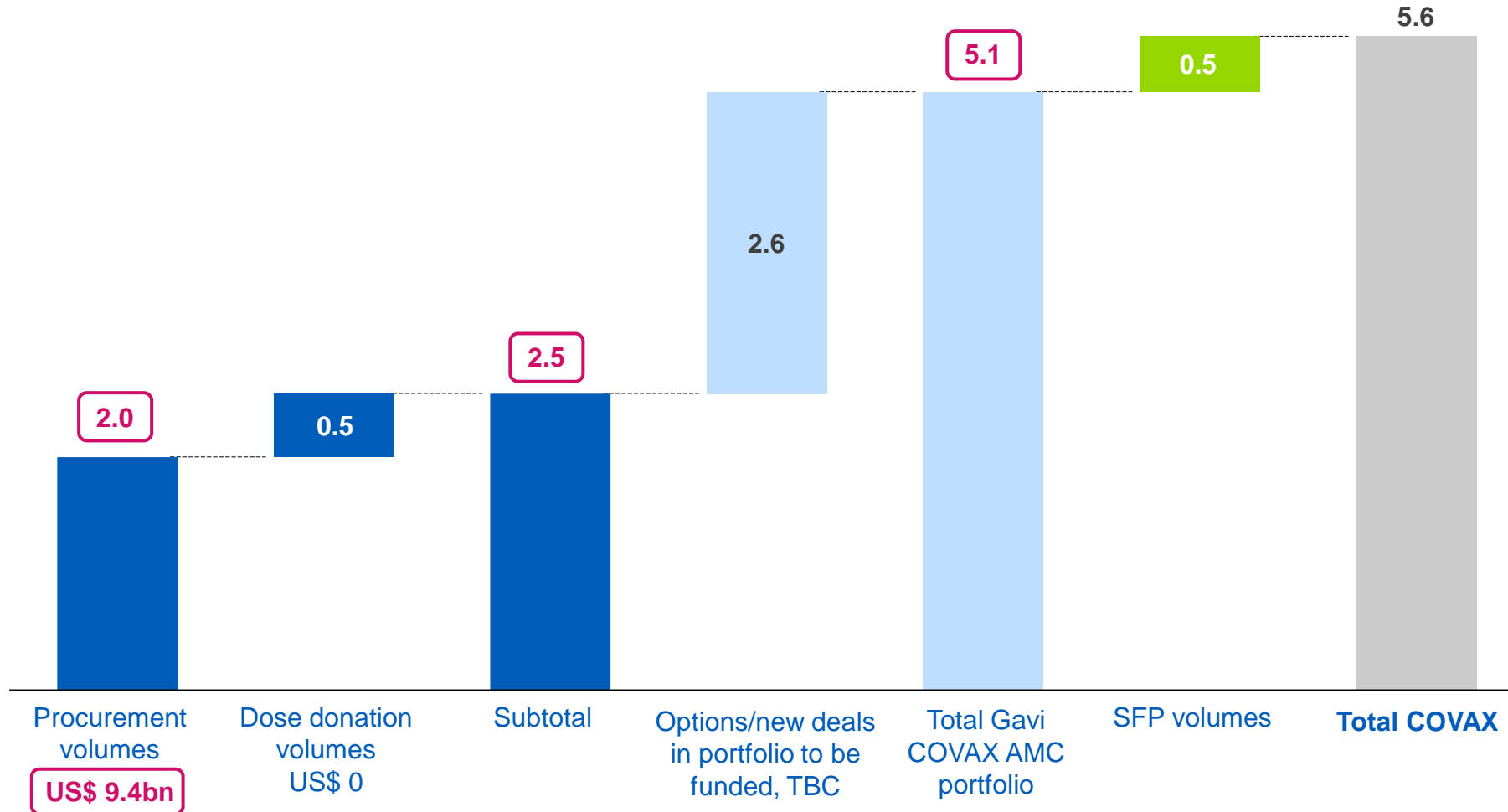
Allocation: These supply forecasts reflect a preliminary distribution of doses based on each participant's share of available supply pro rata by demand and are to be treated as indicative. Final timing and volumes will be determined by the WHO Allocation Mechanism.

¹ Timing of available supply is based on anticipated date of release of doses from manufacturers. Volumes for expected single-dose regimen candidates doubled to ensure comparability across vaccines. Volumes have been rounded to nearest 5 m, except those less than 10 m, and so totals may not equal sum of segments.

² Final SFP volumes may be lower than forecasted based on opt-out and dose-sharing behavior. Volumes only account for current SFP demand based on Commitment Agreements.

³ "Dose donations" are estimated based upon commitments from donors to share new doses with the COVAX Facility. The transfer of COVAX allocations between COVAX Facility Participants from SFPs to AMC Participants are already included in the AMC Participant volumes.

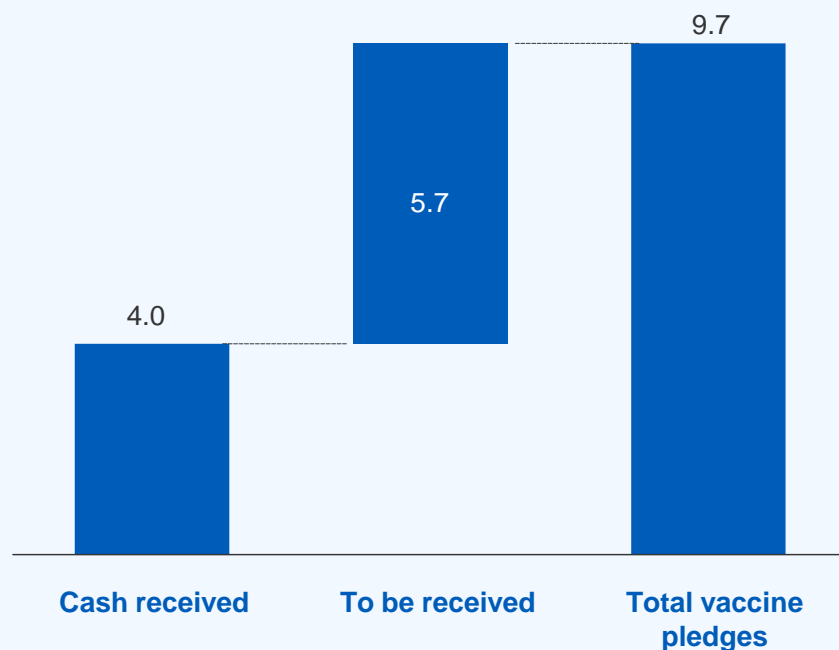
US\$ 9.4bn procures 2bn vaccine doses, plus 0.5bn dose donations, secures 2.5bn doses for Gavi COVAX AMC



Sufficient Gavi COVAX AMC pledges to fund impending deals; donor cash inflow timing critical

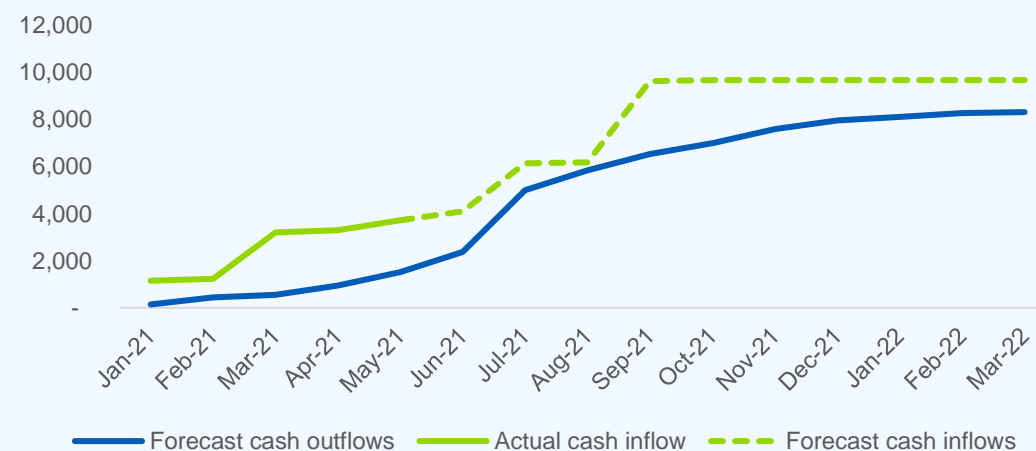
Cash status (June 2021)

US\$ 4bn cash received out of US\$ 9.7bn of pledges (for vaccines)



Cash forecast view

Cumulative cash vs. forecast requirements for signed & approved deals and upcoming deals



Reliance on receiving forecast Gavi COVAX AMC cash by September to cover expected payments for committed deals

Dose donations to COVAX

Donor	Total announced for 2021–2022 (in millions)
 Team Europe	100+*
 France	60
 Germany	30*
 Italy	15*
 Spain	22.5
 Portugal	5%+ of domestic**
 Norway	5
 Belgium	4
 Sweden	At least 3
 Denmark	3*
Others	TBC
 USA	260***
 Japan	30****
 New Zealand	1.6
 UK	80
 UAE	1
 Canada	13
Total	528+*

- Donations underway: France and New Zealand delivered; agreements progressed with several others
- Principles being updated
- Doses urgently needed in June & Q3

*primarily through COVAX; final amount TBC

**final amount through COVAX TBC

***US support has allowed COVAX to secure an additional 500m Pfizer doses. Reflecting US funding above its original pledge, 200m of these are recorded here as a donation.

****mainly through COVAX; final amount TBC

COVAX Manufacturing Task Force

- Task Force to tackle COVID-19 vaccine supply challenges (short-/mid-term); establish new capacity in low- and middle-income countries (long-term)
- Four workstreams:
 - improve input supply availability
 - maximise midterm manufacturing capacity
 - new and expanded sustainable capacity in LMICs
 - shared fact base/Task Force Coordination Office
- Task Force Leadership Team:



And our very own former Gavi Board Chair
Dr Ngozi Okonjo-Iweala representing WTO

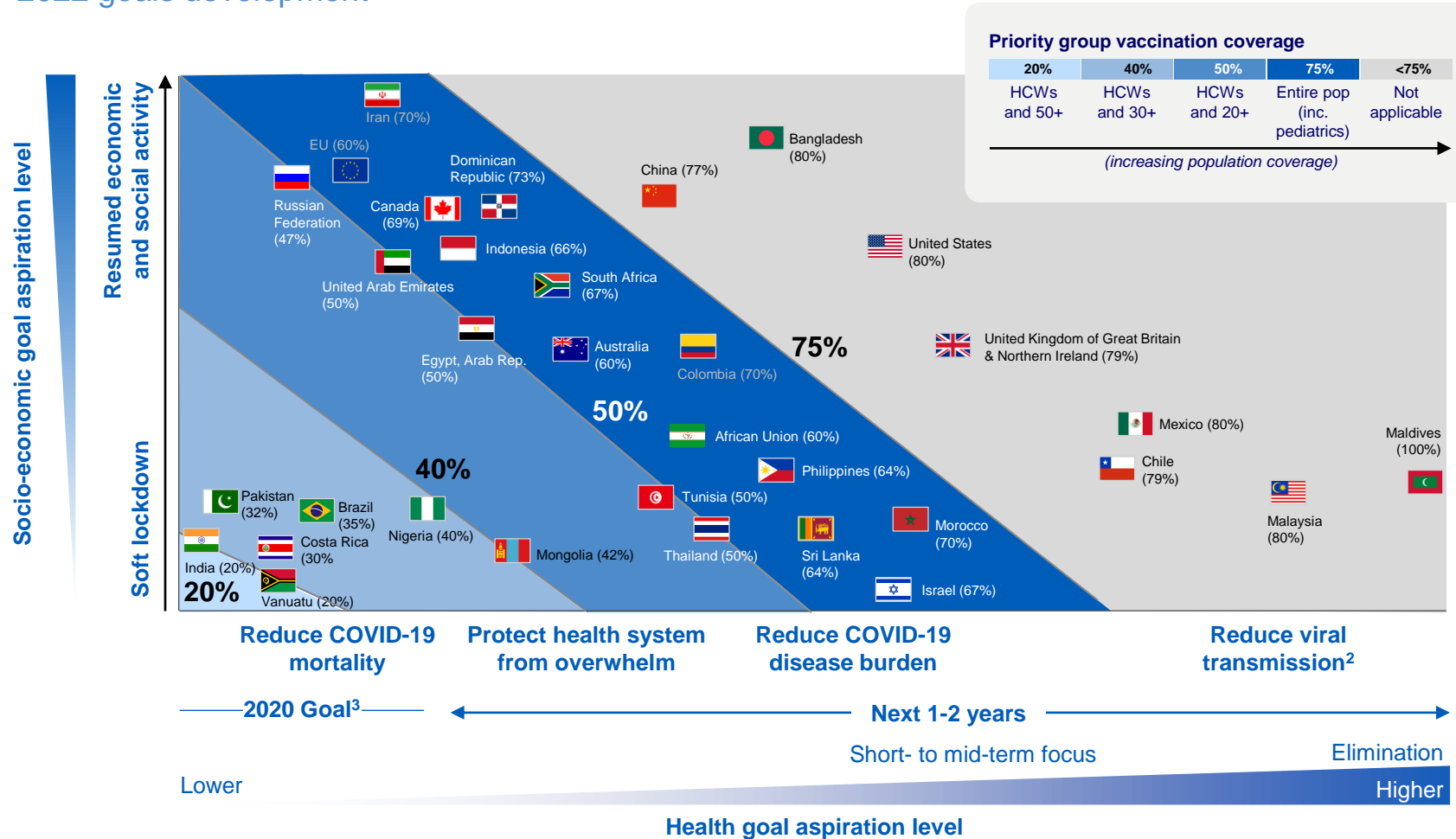
New partnerships

- Working towards Memorandum of Understanding between **Gavi** and **African Union/Africa CDC**
- Goals: facilitate **cooperation and collaboration**; support **equitable access and delivery** of COVID-19 and other vaccines to AU Member States
- European Investment Bank (EIB)
cost-sharing support for AU Member States with **EUR 300 million** to access vaccines beyond donor-funded doses covered by Gavi COVAX AMC



Goal framework: health goals & vaccination

2022 goals development¹



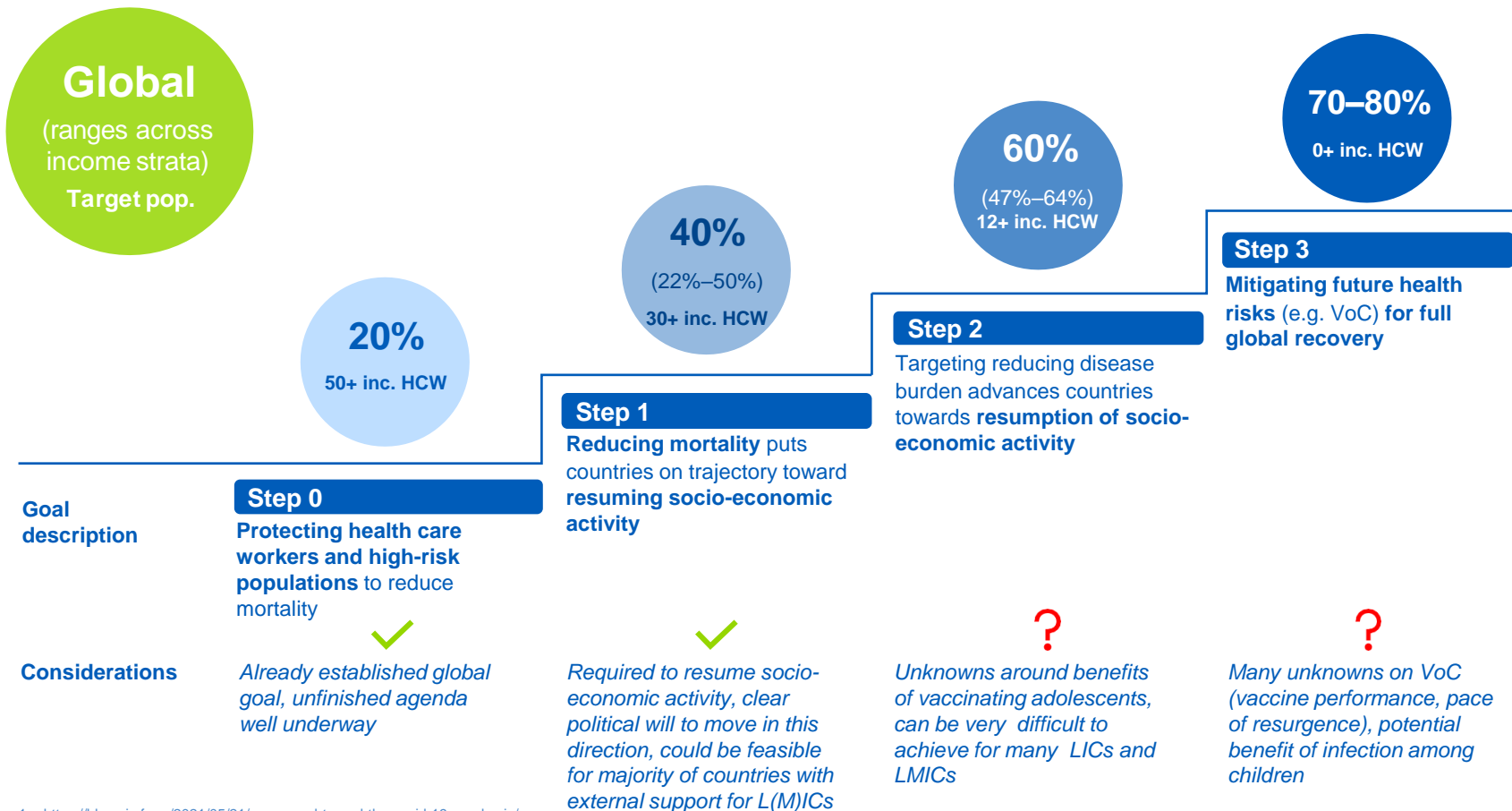
Countries set goals beyond 20%, implying they are targeting beyond “reducing mortality” in health dimension

Majority of goals between 50%–75%, aimed at “reducing COVID-19 disease burden” and “reducing transmission” and/or increasing levels of socio-economic activity

1. Indicative framework as other countries have achieved same goals with different combinations (e.g. China)
2. Maps to SPRP 2021 “Suppress transmission” strategic goal
3. Maps to SPRP 2021 strategic goals of “Protecting the vulnerable” and “Reducing mortality and Morbidity from all causes”

Source: COVAX , 28 May 2021

Step-wise approach to set the global goal



1. <https://blogs.imf.org/2021/05/21/a-proposal-to-end-the-covid-19-pandemic/>

2. Refers to actual population coverage

3. The IMF targets apply to each country, i.e., 40% vaccinated for each and every country regardless of age distribution, which differs from our age-based global coverage proposal.

Source: <https://www.washingtonpost.com/opinions/2021/05/31/why-we-are-calling-new-commitment-vaccine-equity-defeating-pandemic/>

- Moving to full global recovery requires advancement through several goal targets
- Global coverage targets should be driven by an analysis of what is required to achieve certain Vx goal (see conceptual framework)
- Country specific targets share of total population will depend on age/priority populations distribution
- Pros and cons of global movement from one target to the next should be carefully considered, as well as implications of countries moving at different pace
- Timing of targets depends on supply, program absorptive capacity and financing

Disclaimer: these values are not country-specific values but global totals (heterogenous across income strata as it will depend on age distribution).

Thank you

MINSANTE

**CAMPAGNE DE VACCINATION
CONTRE LE CHOLÉRA**

Vaccination Campaign Against Cholera

CIBLE: TOUTE PERSONNE AGÉE DE 1AN ET PLUS
TARGET: 1 YEAR OLD AND ABOVE

**SOUS DIRECTION DE
LA VACCINATION**

**DU 25 AU 30
MARS 2021**
25TH - 30TH MARCH 2021
GRATUIT/FREE

Gavi The Vaccine Alliance
Organisation mondiale de la Santé