Report of the Chief Executive Officer

30 November 2022

Dear Board Members,

As ever, I am very much looking forward to seeing you in Geneva in a week's time. This Board meeting is taking place at a critical moment, when as an Alliance we are embracing what must certainly be described as a "new normal" for some – quite different from our pre-pandemic operating context.

We need look no further for evidence of the complexity and uncertainty in which we continue to work than the agenda of our upcoming meeting. The pandemic continues to loom large, presenting a number of possible trajectories and disruptions to global health and immunisation. At the same time, we are witnessing increased geopolitical tensions, macroeconomic troubles and disease outbreaks, all of which are impacting our work.

As a result, at our upcoming meeting, for the first time in the history of Gavi we will be evolving our programme strategy mid-cycle into what we call Gavi 5.1. Also as a result of the very fast-moving environment, we will be requesting you to approve an "in principle" programme, that of COVID-19 vaccination. This is in acknowledgement of the fact that, while we know much will evolve over the year ahead, including country demand for COVID-19 vaccines, we also know we must start planning now if we wish to support countries in any capacity beyond 2023.

As we look to move forward across a number of fronts, we must take into account the capacity limitations among countries, Alliance partners and the Gavi Secretariat alike. The current period of global instability is likely to continue, and therefore as an Alliance we need to continue to prioritise avoiding further backsliding of routine immunisation, catching up missed children, and reaching more zero-dose children and missed communities. At the same time, we must continue to retain our agility in adapting to new uncertainties, and leverage evaluations and learnings from COVAX and COVID-19 response, so we can better respond to country needs – especially with regards to ongoing and emerging outbreaks.

This is quite the balancing act, however I strongly believe the Vaccine Alliance remains well positioned to deliver. In many ways, the pandemic and COVAX have brought the Alliance closer than ever before. Indeed, this experience has shined a light on how impactful our Alliance can be when we work in lockstep. But not every member of the Alliance was working on COVAX, and therefore we need to make sure that all Alliance partners feel connected.

Continuing the good progress we have made in the way we work together will be as important as the work itself in the coming months. As the Secretariat and the Alliance looks ahead toward a CEO leadership transition in 2023, we will not only reaffirm a laser focus on our core mission goals, but also embrace smarter, more streamlined ways of getting things done.

1. Where we stand

The latest WHO/UNICEF Estimates of National Immunization Coverage (WUENIC) show that by end 2021, countries had immunised more than 981 million unique children through routine systems with Gavi support. Although we obviously don't have the official data for 2022 yet, at some point in the past year we have surpassed the milestone of 1 billion unique children reached – an important achievement by the Alliance. Unfortunately, however, the data also confirmed our expectations that 2021 continued to see ongoing disruption of routine immunisation in many Gavi-supported countries. We saw a decline in routine coverage, with DTP3 falling 1 percentage point in 2021, for a total of 5 percentage points since 2019, and an increase in zero-dose children – albeit at a slower pace than in 2020.

While this is certainly troubling, and we must first and foremost secure the base by preventing further backsliding and catching up missed children, it is important to view this in the wider context: it is incredible what countries, with the support of the Alliance, have achieved since the pandemic began. Health systems administered more vaccines than in any year in history – with nearly 3.5 times more doses administered by Gavi-supported countries in 2021 than 2020, and almost 4.5 times as many as in 2015. Gavi-supported countries managed to increase the breadth of protection (average vaccination coverage) across ten key vaccines – from 47% in 2019 to 51% in 2021 – while also reaching nearly 860 million individuals with the complete primary series of COVID-19 vaccines. Gavi support in 2021 led to more than 1.2 million future deaths averted across Gavi-supported countries; in addition, a further 1.7 million deaths are estimated to have been averted through COVAX-supported COVID-19 vaccines across Gavi COVAX AMC participants up to June 2022, with approximately 75% of low-income countries' supply of COVID-19 vaccines coming through COVAX. Supported by the COVID-19 Vaccine Delivery Partnership (CoVDP) – also a collaboration across Alliance partners – the number of countries with less than 10% coverage reduced from 34 in January 2022 to 8 as of October 2022; and vaccination rates increased from 3% to 22%. Sixteen of these countries now have coverage rates above 20% and eight above 30%.

While clearly stretched, health systems in many countries have been resilient during the pandemic. After significant recovery in vaccination rates in the second half of 2020 following lockdowns, countries faced an array of challenges in 2021, including continued population growth – meaning DTP1 coverage declined in 2021 despite countries vaccinating the same number of children as the prior year. Countries also delivered a record number of COVID-19 vaccines. The rate of wastage of COVID-19

vaccine at ~3% was well below WHO indicative wastage rates despite the complexity of roll-out, highlighting the strength of supply chains and cold chains. We do not often have time to go deep into our health systems work in our formal meetings, including our upcoming Board, so we are planning a technical briefing for Board and PPC members in the first quarter of 2023.

Also in 2021, the highest amount in co-financing was contributed by Gavi implementing countries since the policy was introduced in 2008, and 93% of the 2022 co-financing obligations have been paid as of end October, compared to 72% at the same time last year – an impressive achievement given the fiscal pressure on countries (and noting this is even better than the August figures reported in the SPP).

The pandemic has significantly impacted former Gavi-eligible countries. Of the 17 countries that had transitioned as of 2021, 7 were able to sustain routine coverage (DTP3) above 90% from 2019-2021 (although 4 experienced declines), with the remaining 10 countries experiencing declines in DTP3 between 2-18 percentage points. Through the Board-approved Middle-Income Countries (MICs) Approach, we have already prioritised support in a subset of these countries, with support for Angola, and Bolivia approved by the IRC and Indonesia actively working on strengthening their application so that it can receive a new review from the IRC in Q1 2023.

In 2022, more people have been infected with COVID-19 than in 2020 and 2021 combined – albeit with less mortality. COVAX continues to focus on supporting countries to reach their national vaccination coverage targets, particularly for higher priority groups. Given the ongoing complexity of the demand situation, COVAX continues to work with manufacturers and donors to align the volume and timing of supply, including for the new bivalent mRNA vaccine. COVAX has completed the delivery of vaccines from four of its contracts and successfully reached agreement to reduce supply from four other contracts. This substantial progress in our negotiations with manufacturers and donors means we have achieved our target reduction in the range of 400–600 million doses. Additionally, the restructuring of the contract between Pfizer and the U.S. Government led to the conversion of 400 million doses from committed donations into options available in 2023, allowing important flexibility.

Also since our last Board meeting, Gavi launched the third application window of US$ 667 million for its COVID-19 vaccine Delivery Support (CDS3) funding. The funding is focused on reaching high-risk populations and supporting countries in achieving their coverage targets, but also it seeks to support countries in integrating COVID-19 with routine immunisation and primary health care. So far, 46 applications have been received, with another six anticipated before the application window closes. Analyses show that countries plan on leveraging about half of this funding for COVID-19 integration into routine immunisation, which will also help to support the transition to a potential longer term COVID-19 vaccination programme, also on the agenda for our meeting.

2. Moving forward amid increasing complexity

Obviously, so much has changed since the COVID-19 pandemic began. This has led to an evolution in our Gavi 5.0 strategy, recognising our shifting context and, most importantly, that of the countries we support. We have held a series of exceptional Board and PPC member consultations over the past several months – the final one of which, designed to bring all of the elements together, just a couple weeks ago. The key takeaway is that Gavi 5.1 should continue the 5.0 focus on preventing further backsliding of routine immunisation, catching up missed children and accelerating efforts to reach zero-dose children. New vaccine introductions will continue at pace. We will also continue to emphasise sustainability of immunisation programmes and healthy markets. In addition, given the significant public health impact of the HPV vaccine and the dramatic effects of school closures, Board members agreed on the need to relaunch the HPV vaccine programme, setting a new and ambitious target for the Alliance. Further, Gavi's role in COVID-19 vaccination going forward and the evolution of Gavi's role in pandemic preparedness, including support to regional manufacturing diversification, were agreed as further priorities. It is important to note that with 5.0 at the heart of 5.1, we continue to drive forward our key shifts for this strategic period, including: differentiated support to meet country needs; focus on demand and gender-related barriers; greater engagement with CSOs, local partners and communities; improved planning and quality of supplementary immunisation activities (SIAs) to address persistent immunity gaps; and supporting countries to prioritise and introduce key vaccines, including HPV and malaria.

As expected, the last two years of operating in a pandemic have impacted the pace and implementation of some of the Alliance's key activities, with continuing capacity challenges across countries, partners and within the Secretariat. The updated financial forecast shows a decrease in forecast programmatic expenditure based on the latest view of country resource needs and absorption capacity. This reflects in-country implementation delays and the accumulation of resources at country level, including CDS funds plus funds from other COVID-19 donors. However, forecast disbursements are anticipated to increase in the next three years as we see the pace of routine immunisation services accelerate after two years of pandemic, including catch-up activities.

Pandemic preparedness and response (PPR) is fundamental to Gavi, and Gavi to PPR. Gavi invested over US$ 4.5 billion in PPR-related activities in Gavi 4.0 and another US$ 2 billion under 5.0 through first half of 2022, as well as the additional US$ 12.5 billion in response to the pandemic through COVAX. Gavi's investments contribute to global health security through supporting routine immunisation programmes and campaigns, global vaccine stockpiles for epidemic-prone diseases, as well as strengthening reference laboratories and diagnoses of vaccine-preventable diseases. Gavi's health system strengthening (HSS) and Partners' Engagement Framework (PEF) support help create resilient immunisation programmes and systems, for example, investments in expanding cold chain and data systems proved

a critical platform for distribution of COVID-19 vaccines. Given the complexity of the global health architecture, it is critical that all organisations play to their strengths, and that we leverage and improve existing networks and systems such that our preparedness (and that of Gavi implementing countries) is sustainable. To this end, the Alliance must work in lockstep as part of a unified plan that addresses gaps in critical capacities – with explicit roles and responsibilities to focus our collective engagement and improve our ways of working, before we are tested again on the scale of COVID-19.

Gavi's historical contributions, coupled with the recent COVAX experience, mean we have been central to global discussions, including those taking place in earnest at the G20 and G7 under the German and Indonesian Presidencies, about what is needed to ensure the world is better prepared for the next pandemic. On the G7 side, the outcome documents contain a strong recognition of Gavi's role in PPR and of our complementarity with other agencies. G7 Development and Foreign Ministers expressed their support for Gavi's engagement on regional manufacturing in Africa, developed in consultation with partners such as Africa CDC, and last month I was pleased to publish a joint op-ed with Dr Ahmed Ogwell Ouma on this topic. The Secretariat is looking forward to engaging with the Japanese Presidency in 2023 as it develops its priorities; and I have been asked to serve on their working group on global health. Furthermore, under Indonesian leadership, the G20 developed an ambitious agenda toward building a stronger health architecture against future pandemic threats; we received support for Gavi's contributions, including our capacity to unlock rapid surge funding. Our active collaboration with G20 members helped enable Gavi, the Global Fund and CEPI to be nominated as implementing partners of the Pandemic Fund hosted by the World Bank and launched at the G20. This outcome builds on the very productive Saudi Presidency in 2020, which paved the way for COVAX contributions; and the Italian Presidency in 2021, which set critical milestones for the COVID-19 response while establishing the Joint Finance and Health Task Force. The Secretariat is already working with the 2023 Indian G20 Presidency in the same positive spirit.

3. Outbreaks on the rise

We have always said that it is not if the next pandemic will hit, but when. Global trends like climate change, population growth, urbanisation, pressure on wilderness and human migration are all making it easier for outbreaks to spread across the globe and escalate. Latest research suggests that the probability of seeing a pandemic with a similar impact to COVID-19 has increased to about 2% in any given year. This is a new era in terms of the risk of disease outbreaks, highlighting the importance of strengthening immunisation and health systems, including strengthening diagnostic and surveillance systems, and having mechanisms to rapidly detect and respond to outbreaks.

Outbreaks requiring internationally supported vaccination responses are increasing:

29 requests to access Gavi-supported stockpiles have been received thus far in 2022, -- well above the 18 requests received in 2021. The number of doses approved from the stockpiles is also increasing, with over 38 million doses approved this year.

Oral cholera vaccine (OCV) requests represent 69% of all requests received in 2022. We expect that the risk of cholera outbreaks will persist going forward, based on previous cholera pandemic waves combined with climate-related events like the floods in Pakistan and the droughts in the Horn of Africa. We are seeing ongoing outbreaks in Haiti, Syria, Lebanon, Somalia, Malawi, Cameroon, Kenya, Ethiopia and Nigeria. Cholera is often a signal of inequity, as it affects populations with lesser access to safe water and improved sanitation, emphasising the importance of supporting health systems to reach missed communities with essential services.

Gavi has supported the Global OCV Stockpile since 2014, with over 100 million OCV doses delivered; however, the increased global need for OCV and unpredictability of when it will be needed is putting pressure on available supply. So far, supply constraints have not limited first-round outbreak response campaigns, but the constraints have delayed some planned preventive campaigns. Together with Alliance partners, we are developing a roadmap to improve the supply outlook, including an emphasis on preventive campaigns, which also provide greater demand predictability, and working with potential new entrants to the OCV market over the medium term. Countries such as the Democratic Republic of the Congo (DRC), Ethiopia and Nigeria are also developing five-year preventive vaccination plans in high-risk areas.

Since the launch of the Ebola vaccine global stockpile in 2021, Ebola Zaire vaccines have been used to respond to four outbreaks in DRC and one in Guinea. The latest outbreak in DRC was notified on 22 August, with one death – with a quick response launched by the Ministry of Health, including vaccination with doses from a previous shipment. The target size of the stockpile of 500,000 doses will be reached by the end of the year, and as a result of the limited use of Ebola vaccines for outbreak response, the first batches will expire in May 2023. We are working with Alliance partners to repurpose doses with close expiry date for preventive vaccination among high-risk frontline workers in countries at risk of Ebola Zaire outbreak, as it has been recently the case in Uganda (in the months prior to the start of the Ebola Sudan outbreak), which was an opportunity for the country to gain further knowledge on the use of Ebola vaccines.

The Ebola Sudan outbreak in Uganda was confirmed on 20 September, with 141 confirmed cases as of 22 November, and 55 deaths among these cases (39% case fatality). In addition, a further 22 probable cases died before confirmation. Worryingly, there has been spread in the capital city, Kampala, as well as to eight districts (including some unlinked cases in the last few weeks suggesting that there is ongoing transmission). As the outbreak is caused by the Ebola Sudan strain, the Ebola Zaire vaccines stockpile cannot be utilised, as the current licensed vaccines do not provide cross-protection. We are working closely with Alliance partners and CEPI to support

the national response plan, as well as explore the possibility of using three of the most advanced vaccine candidates as part of a clinical trial. I recently shared a joint news release we issued with WHO and CEPI highlighting these efforts and our collaboration.

That there was not vaccine released and in vials ready to test at the onset of the outbreak is a failure of the global PPR system: Ebola Sudan is a known agent, and it was only a matter of time before there would be another outbreak. As a global community, we must break this vicious cycle so we are not caught unnecessarily unprepared again. In the meantime, Gavi is considering a pull mechanism for Ebola Sudan vaccines, which over the longer term can incentivise a manufacturer(s) to take any successful vaccine(s) through licensure and then assure a stockpile supply – but potentially also supporting short-term investigational doses if the clinical trials are unable to be completed or doses are needed for control before a licensed product is available. It is also important to note that our stockpile is not Ebola Zaire-specific, so we already have ability to purchase Ebola Sudan, but only if there is a produced and licensed product.

Having just returned from Uganda, I can say first-hand that the impact of Ebola response on other health services is being closely monitored and the government is doing what it can to safeguard all routine immunisation programs. Currently, however, the planned measles-rubella follow-up campaign and yellow fever preventive mass vaccination campaign are paused in the eight districts; consideration is underway whether to delay the overall campaign efforts for a period of time. This highlights the reality that the more we prevent outbreaks with vaccines, the more we enable other immunisation services.

Not including the Ebola outbreak in Uganda, we are in the midst of an unprecedented three WHO-declared Public Health Emergencies of International Concern (PHEIC): COVID-19, polio and mpox (formerly monkeypox). In the case of mpox, smallpox vaccines provide cross protection; however the WHO survey on country demand is not getting much traction in Africa, and SAGE guidance on vaccine use for mpox is for limited use only. As such, using the criteria of the epidemic vaccine investment strategy, there is currently no investment recommendation for Gavi due to lack of understanding how to use such a vaccine in an endemic situation and without a demand signal. If the key criteria of estimated impact, recommended use and demand change, Gavi will re-assess the situation for our role in providing these potential interventions.

The 2022 increase in outbreaks was particularly striking for measles. Since January 2022, WHO has identified 25 large measles outbreaks in Gavi-supported countries (compared to 18 in 2021). This is built on a global surge in measles in 2018–2019 pre-pandemic. Then lockdowns, masking and improved hygiene and handwashing resulted in a decline in transmission, but also obviously had a negative impact on vaccine coverage rates. As lockdowns and, to a large degree, masking having ended, it's these immunity gaps that the virus is now exploiting and that need to be addressed

through improved coverage and high-quality and differentiated preventive SIAs.

Unfortunately, we are also seeing critical setbacks in the progress to eradicate polio. The achievements of wild poliovirus type 3 eradication in 2019 and the certification of a polio-free Africa in August 2020 have been tempered by the continued emergence and spread of vaccine-derived poliovirus (including in London, New York and Jerusalem) as well as the detection of wild poliovirus type 1 (WPV1) in Malawi and Mozambique (imported from strains originating in Pakistan). The ongoing WPV1 outbreak in Pakistan, compounded by the devastating flooding, underlines the urgency in achieving polio eradication.

I joined the Global Polio Eradication Initiative (GPEI) replenishment event at the World Health Summit in Berlin in October, where GPEI raised US$ 2.6 billion, out of the required US$ 4.8 billion, to support the 2022–2026 strategy. Gavi remains a major financial contributor to the GPEI effort, providing more than US$ 800 million this strategic period for the purchase and distribution of inactivated polio vaccine (IPV). Included on our consent agenda is the recommendation for the continuation of the IPV support approach approved in 2019. GPEI's replenishment gap, however, underscores the difficult context in which we are operating, with multiple demands on donor funds and fiscal constraints.

4. Sustainability and tailored approaches

Increasing risks in the global health landscape are being compounded by macroeconomic factors, as I noted earlier, including high inflation, a sharp rise in debt levels among low- and middle-income countries, and volatile markets. Although the latest 2021 gross national income (GNI) per capita figures show an overall increase from 2020 and 2019 levels, no country went up in Gavi eligibility grouping; and one country – Zambia – went down in eligibility grouping from the "preparatory transition" phase to the "initial self-financing" phase.

Specifically, we are seeing that the countries currently entering the "accelerated transition" phase are facing significant fiscal challenges, with inadequate time to scale up co-financing. For example, the Lao People's Democratic Republic is due to transition to fully self-financing; however, the combination of fiscal challenges and a depreciation of the local currency has led to a deficit in the health budget, impacting the immunisation programme. The Minister of Health approached the Board on this, and a freeze in co-financing was being considered by the Board. However, that would only kick the can down the road. Under the proposed changes to the Eligibility and Transition Policy being considered at this meeting, Lao PDR's accelerated transition phase could be extended from five to eight years, meaning transition to fully self-financing status would be postponed from 2023 to 2026 allowing more time to increase financing.

In addition, we have just received a letter from the Minister of Health and Medical Services of the Solomon Islands requesting an extension of the transition timeline,

currently set for the end of 2023. Solomon Islands is one of the most vulnerable countries to natural and climate-related disasters, and a recent World Bank economic update predicts that the country's economy is not expected to recover to pre-pandemic levels in the next five years. Given the challenges, the government is requesting an extension to ensure a robust transition plan is in place and sufficient time for the progressive increase in domestic funding for immunisation programmes.

The proven ability of the Alliance to respond to the specific needs of countries is particularly important in addressing ongoing and emerging challenges. We are seeing encouraging trends in Nigeria as part of the Board-approved special strategy, with routine immunisation coverage being maintained during the pandemic and the number of zero-dose children slightly decreasing. In addition, the government is improving the timeliness of its co-financing payments, with 96% of 2022 obligations already paid. The Accountability Framework was updated following the high-level mission at the beginning of the year, with greater emphasis on subnational performance and reaching zero-dose children.

By contrast, Papua New Guinea is continuing to face profound financial and programmatic challenges and is unlikely to be in a position to successfully transition out of Gavi support as planned in 2025. The Alliance is currently working with the government, donors and technical partners on a Full Portfolio Planning (FPP) process, including an accountability framework. Given the current capacity challenges in the country, it is anticipated the government will request a no-cost extension of transition support during 2023.

We have also seen the first use of our Fragility, Emergencies and Displaced Populations (FED) Policy approved at our last Board meeting in response to the devastating floods in Pakistan. Pakistan made impressive progress in 2021, restoring coverage to pre-pandemic levels and nearly halving the number of zero-dose children, while conducting one of its largest-ever introduction campaigns – administering more than 90 million doses of measles-rubella vaccine and reaching 44% of its population with at least one dose of COVID-19 vaccine by December 2021. However, the floods have caused wide-scale damage, and immunisation services have halted in flood-affected areas due to accessibility issues, cold chain failure and displacement of health workers. In line with the FED Policy, we have declared this an emergency for Gavi operations: we are expediting processes; waiving requirements, where appropriate; and exercising a greater risk appetite. We have also agreed to review this declaration every three months so that we have real-time learning and are timely in our undeclaring the situation.

Myanmar is another country where we have seen routine immunisation plummet. The political conflict and instability have driven down routine immunisation drastically from 84% in 2020 to 37% in 2021, resulting in 500,000 zero-dose children. 2022 shows some increase in coverage rates to around 60% and catch-up for the 2021 cohort. The Alliance continues its efforts to engage constructively with the government for a

renewed focus on building back critical systems, with uptake of technical assistance support by WHO and UNICEF to support Expanded Programme on Immunization (EPI) planning. Gavi staff have undertaken two duty travels, first in August and then November, to build relationships and agree priority setting for reallocation of HSS funds; however, the situation remains volatile. We are continuing to encourage the government to open a passage for humanitarian support to the many displaced communities, including through work with new partners and ethnic health organisations; however, this is not moving as quickly as we would hope.

5. Culture of learning

The current environment highlights the importance of Gavi maintaining a learning mindset and remaining flexible to be able to course-correct based on available, yet imperfect, data. In this context, it is important to recognise the many key evaluations and assessments recently completed and ongoing.

We have started working with the Multilateral Organisation Performance Assessment Network (MOPAN) on their evaluation, led by the Republic of Korea, United States of America and Sweden. It is anticipated that we will have the result in the third quarter of 2023.

Our Evaluations team, with oversight from the Evaluation Advisory Committee (EAC), is conducting a series of centralised evaluations. Emerging insights from the soon to be completed evaluation of Gavi's initial response to COVID-19, and the ongoing, multistage evaluation of the COVAX Facility and Gavi COVAX AMC, have informed the development of Gavi 5.1, as well as thinking for COVAX integration. The latter report will be finalised in the first quarter of 2023.

I note that the Access to COVID-19 Tools Accelerator (ACT-A) Facilitation Council recently released a report on ACT-A. Although COVAX received the highest ratings of any of the pillars, we have raised some significant concerns on the methodology of this evaluation. Therefore, having an independent and data-driven evaluation of COVAX will be key to identifying learnings and actions.

Evaluations of the operationalisation of Gavi’s 5.0 strategy as well as Gavi’s contribution to reaching zero-dose children and the mid-term evaluation of Gavi 5.0 have also recently been kicked off. These interlinked evaluations will provide key additional insights and data on progress to date, allowing identification of areas for course correction. Alliance partners are also in the midst of many of their own evaluations to which we expect to contribute on the basis of our shared work.

6. Alliance and Secretariat updates

I am pleased to share that in October, the Chair of the Gavi Board, Prof José Manuel Barroso, accepted the Council of Europe’s North-South Prize with our COVAX partners in recognition of the efforts made to ensure that COVID-19 vaccines are available worldwide and the pursuit of vaccine equity. We will be joined at the Board

by a co-chair of the COVAX AMC Engagement Group, Minister Lia Tadesse, and a co-chair of the COVAX Shareholder's Council, Minister Chrysoula Zacharopoulou, to hear first-hand their perspectives, including on the unfinished work ahead.

I am also pleased to share that the UK Foreign, Commonwealth & Development Office (FCDO) recently completed their annual review of Gavi's core business, and we have achieved an "A" rating. The review included important recommendations in relation to prioritising the programming and disbursement of Equity Accelerator Funding (EAF), engaging local partners and CSOs, and supporting successful transition. In July, Gavi was ranked 8 out of 50 major international development organisations in the 2022 Aid Transparency Index, receiving the highest category rating. This is a significant accomplishment, especially given the challenges of the pandemic and our emergency work.

An important aspect of how we operate going forward will be our focus on operational excellence, which Gavi Chief Operating Officer David Marlow is spearheading. This is timely, given the significant growth and change Gavi has experienced, the added complexity in our operations and operating environment, as well as the pressure and workload from working in an emergency response mode for almost three years. In short, this is the right time to look at our processes to see where we can streamline, simplify and, where needed, redesign, and how we can evolve our organisational culture. A key part of ensuring operational excellence will be the successful delivery of the Evolve programme, focused on redesigning our end-to-end grant management processes; and the progressive integration of COVAX, mapping and leveraging all the key learnings we have generated. As flagged previously, Secretariat capacity risk is increasing. Ensuring we have an engaged and motivated workforce is critical to delivering on Gavi's mission.

It is not only our operations that have increased in complexity, but also our investments. I would like to take a moment to thank Afsaneh Beschloss for her sound stewardship of our Investment Committee, and to welcome Yibing Wu as incoming Chair. These are turbulent times in the financial markets, but we are in good hands. Currently, we are transitioning to investing in some longer-term private placements and increasing yield for some of our short-term funds, as will be discussed in the Investment Committee update. In October, Anne Schuchat chaired her first Programme and Policy Committee (PPC) meeting, ably leading us through a number of complex and important topics. We had some impassioned discussions on the HPV vaccine programme relaunch, particularly on the need to ensure we are resourcing it appropriately across the Alliance to meet our ambitious targets. This is a priority for us all, and I assure you we will follow closely the implementation of the relaunch and adjust at any point if funding appears to be a barrier to a successful roll-out.

At the start of the COVID-19 pandemic, we put some of the vaccines included in the Vaccine Investment Strategy (VIS) of 2018 on hold. The PPC also had a robust debate on when to roll out the additional vaccines (notably rabies and hepatitis B birth dose);

whether to do so as quickly as possible in the current environment, in which countries are already stretched; or to include in the 2024 VIS process, which would result in the vaccines being re-evaluated to be introduced as part of Gavi 6.0. The PPC decided to take up the issue at their next meeting, to consider the timing and need for reassessment of the vaccines that had been paused during the pandemic.

Similarly, the work of our Audit and Finance Committee (AFC) continues to be quite complex. I am pleased that we are offering a briefing to Board members the day before our Board meeting on Gavi's financial forecasting– in addition to the finance and budget updates during our regular session.

On this note, you will see on our consent agenda the AFC recommendation to approve an exception to our current IFFIm guidelines, allowing funding for CEPI's non-COVID-19 programmes through IFFIm. This exception is only applicable to a specific Australian and Spanish grant, but it signals the increased partnership and collaboration with CEPI as an integral partner.

The Gavi Secretariat and Vaccine Alliance partners have a long history of delivering impact for the countries we support – impact that no one agency alone could have achieved. Over the last nearly three years, we have worked in an emergency mode; and our ability to move swiftly and take on risks is a direct result of the trust and relationships built up over the last 22 years. As we come out of the emergency response phase of the pandemic, it is a prime moment to ensure we are tightening our engagement and leveraging our comparative advantages to deliver on our shared goals. We are planning to conduct an Alliance Health Survey next year and are beginning to plan for a broader Alliance Partners' Meeting, akin to those we used to hold prior to the pandemic, which members of the Alliance always found incredibly useful for unpacking our challenges and bringing us together as a cohesive team.

There have been some key leadership changes within the Secretariat since the Board last met. Soon after our last meeting, we said goodbye to Anuradha Gupta, our Deputy CEO, after eight years of dedicated service to our mission and the countries we support. I've already mentioned David Marlow's arrival; and as many of you know, he really hit the ground running. And to fully build out our Executive Office bench, several weeks ago I shared that Aurélia Nguyen has taken the mantle of Chief Programme Strategy Officer, leveraging her decade-plus experience at Gavi to help to guide our path forward through Gavi 5.1 delivery and into Gavi 6.0. With this strong complement of talent, I am confident that Gavi is prepared for the work ahead, and that when I depart this coming summer, I will be leaving the organisation in a strong position for the incoming CEO.

With the increased visibility of the Gavi Secretariat and the work of our exceptional staff over the past few years, we are attracting incredible talent – as we always have. There are four high-profile recruitments ongoing. The one for my role, of course; the two new Managing Directors, and a Chief People and Experience Officer, a newly elevated role to ensure we are putting the right emphasis on our staff and their

wellbeing. I want to take this moment to thank Catherine Pawlow, our Director of Human Resources, who has helped to shape this new role and will be leaving Gavi in the coming months for new personal and professional pursuits.

Gavi staff are increasingly seen as attractive for their skill and experience. Last month, Santiago Cornejo, whom many of you know well, took over as head of the Revolving Fund at the Pan American Health Organization after nearly 14 years at Gavi. And after seven years at Gavi, Jacob Van der Blij, Head of Risk, is moving over to UNICEF to build their new risk function. Finally, after ten years at Gavi followed by a sabbatical during which he worked for the Bill & Melinda Gates Foundation, Adrien de Chaisemartin made the formal transition to Gates in August of this year. We wish them all well and are happy that they are continuing to put their talents to work for the Alliance.

We are seeing duty travel pick up again, including high-level trips to Ethiopia and Uganda recently completed, and a third planned for India in the first quarter of 2023. On the home front, we are continuing to come into the office a minimum of two days per week. This arrangement is well received by all, allowing staff and the organisation to get the best of both worlds, despite the occasional challenge posed by hybrid meetings. Of course, we will continue to evaluate this working environment as we continue to adjust to our new normal.

Today, the world has different expectations for Gavi than it did 20 years ago, when we were working quietly with a budget in the US$ 100s of millions. I was involved in Gavi's creation and have led it for more than half of its existence; I now have less than one year left as Gavi's CEO, and as I near the end of my term, I am committed to ensuring that the Secretariat and this incredible Alliance are delivering and set up for success. Climate change, population growth and environmental pressures are making the world a more volatile and dangerous place; and prevention and vaccines are more critical than ever. I am very proud of how the Alliance is navigating this era of increasing complexity, and I have no doubt it will continue to meet every challenge it encounters.

I cut my teeth in global health working in Uganda 35 years ago. At that time, the coverage of vaccines as measured by DTP3 was 21% with six antigens in a population of 15 million. Today, thanks to work of the Alliance with the Government of Uganda, that coverage is 91%, with 13 antigens for a population of 45 million. As the president personally reminded me when I returned to the country in November, that is one of the contributing factors to the under-five mortality rate going from 146 to 66 per 1,000. There is a simplicity to the mission of Gavi – equity and vaccines – but the reality of getting the work done is never simple. Within that complexity, in partnership with countries, we are able to make meaningful change and save lives.