

SUBJECT:	EBOLA VACCINE AND MITIGATION PLAN
Report of:	Seth Berkley, MD, Chief Executive Officer
Authored by:	G. Vanden Bossche, Stefano Malvoti, Aurelia Nguyen, Alan Brooks, Patience Masanhu, Magdi Ibrahim, Maryse Dugue
Agenda item:	14
Category:	For Information
Strategic goal:	Alliance operations

Section A: Overview

1. Purpose of the report

- 1.1 The purpose of this report is to update the Board on the latest developments relevant to Gavi's involvement in the development of an Ebola vaccine, on the activities in the three Ebola affected countries as well as on the discussions held in the past month at the Programme and Policy Committee and at the Research & Development Ebola summit organised by the World Health Organisation.

2. Recommendations

- 2.1 This report is for information only.

3. Executive summary

This paper provides an update on Gavi's continued efforts to implement previous Board decisions and on the adaptation of those efforts to the evolution of the epidemic. New external developments are described below whereas the approach taken to adapt to these developments is outlined in points 3.3-3.6 below.

- 3.1 **Evolution of the epidemic:** To date (May 17th), there have been a total of 26,933 reported confirmed, probable, and suspected cases of Ebola Virus Disease (EVD) in Guinea, Liberia and Sierra Leone with 11,120 reported deaths (including over 500 deaths in health workers). Overall, the geographic area of transmission is now primarily restricted to the coastal areas of these countries. The outbreak in Liberia was declared over on May 9th. A recent substantial resurgence in cases has been observed in Guinea with total of 27 confirmed cases in the last week compared to 7 in the previous one. Following a steep decline from December to late January, the weekly case incidence now seems to have flattened out in

Sierra Leone, hovering between 2 and 12 cases per week. Capacity for improved community engagement, case investigation, and targeted, active surveillance continues to be strengthened in areas of continuing transmission to ensure that remaining chains of transmission are detected, contained, and brought to an end.

- 3.2 **Clinical trials:** Only one out of the 5 vaccine candidates for which an Expression of Interest (EOI) towards Gavi procurement was submitted to UNICEF is currently being tested in phase III clinical trials in Guinea and Sierra Leone (Merck vaccine). Because of the substantial decline in the number of Ebola cases, however, the likelihood that the ongoing clinical trials will generate conclusive efficacy data to support a normal regulatory approval process is very limited. Other candidate vaccines have still not completed phase II (Johnson and Johnson) or phase I (Tianjin CanSino Biotechnology and Novovax) or have not been able to move on into phase III for lack of Ebola cases (e.g. GSK vaccine tested in the phase II/ III trial in Liberia that was terminated ahead of schedule).
- 3.3 **Supply and procurement of vaccines:** several challenges exist because of the current state of development of the vaccine candidates, including: the ambition to support multiple manufacturers in a market characterised by a lack of predictability on the desired volume of regimens; and a lack of knowledge of the preferred vaccine for procurement. The Secretariat, UNICEF SD and WHO are working closely together to develop a funding mechanism and procurement options that comply with the vaccination scenarios, which are currently most likely to occur while ensuring continued engagement of vaccine manufacturers in ensuring preparedness for a potential future outbreak. The Secretariat is leading with UNICEF SD the engagement with manufacturers of the Ebola vaccines that have progressed further in the development process. This effort aims at agreeing on the most appropriate mechanisms and contract structure for the immediate procurement of vaccines to be used in the at risk population or for stockpiling. Additionally the negotiation aims at enabling adequate responsiveness to an evolving epidemic and sufficient flexibility to respond to evolving progress on vaccine development efforts to maximise the effective use of funds and public health benefits.
- 3.4 The Secretariat is working with the partners to ensure full readiness to deploy a vaccine as soon as available and recommended for use, and to ensure timely support country to recovery efforts.
- 3.5 **Deployment of the Ebola vaccine:** the Ebola Vaccine Deployment Work Group, which consists of global health agencies and Ebola affected countries, has developed operational plans, guidance documents and tools for different Ebola vaccination roll-out scenarios. These plans target the at-risk population of health care and community workers as well as contacts of cases. These documents are designed to help immunisation programme managers and their partners to plan, organise, implement and evaluate Ebola Vaccine deployment activities. The group is also focusing on other activities critical to vaccine roll-out, including social mobilisation

and community engagement, and monitoring and evaluation. The draft supply chain management strategy is available and will be further refined. To ensure preparedness the group is also developing tools to strengthen management of financial resources, for example macro planning and light application processes. Learning from clinical trials and from the emergency response activities (e.g. resistance to health care interventions in the communities) potential obstacles to implementation are carefully analysed and incorporated into the deployment plans. Vaccine roll-out in the identified target population is not expected to start before the first quarter of 2016 given the evolving timelines of the ongoing phase III trials.

- 3.6 Recovery of immunisation and health systems:** Gavi is working to support national restoration efforts which include catch-up campaigns - to reach those children who missed their routine vaccines - and broader interventions supporting national efforts to strengthen immunisation programmes as a key element of the primary health care system. Restoration of routine immunisation and health system recovery are critical to enable the three countries to face potential epidemic outbreaks over the next 12 to 18 months, and to regain confidence of communities.

Countries have now started to shift attention from the Ebola response to longer-term recovery. All three countries have submitted their routine immunisation and health system recovery plans with support from partners. Joint missions undertaken in the first quarter of 2015 by Gavi and partners have enabled the National Interagency Coordinating Mechanisms to finalise and validate immunisation recovery plans. These plans were harmonised with the long-term national health system recovery strategies in preparation, ensuring complementarity with other funding partners' support. The immunisation recovery plans take into account the absorptive capacity of each country level and envisage the appropriate arrangements for financial management through technical partners. All three have been recommended for approval by the High Level Review Panel in May 2015. Prompt resumption of immunisation activities, supported by these resources from Gavi, are critical to avoid outbreaks of vaccine-preventable diseases. Small size measles outbreaks have occurred in the three countries and immediate response measures been implemented, however the re-establishment of appropriate coverage levels will be key to avoid new outbreaks of larger size. As cases of meningitis are reported in Guinea, the country has planned to conduct a Meningitis A immunisation campaign next October. Civil Society Organisations from the three countries are also working to develop proposals related to the decision by the Board to allocate US\$ 500k to their role in rebuilding confidence in the health system. Gavi, Global Fund, WHO and others will be meeting with countries the week of 8 June 2015 to coordinate support for the long-term recovery efforts, prior to health system strengthening applications expected later in 2015.

- 3.7 Fund raising:** The evolving dynamic of the epidemic and status of clinical trial results triggers a fund raising trade-off between ensuring sufficient funds to guarantee both preventive vaccine deployment in at risk

populations and preparedness for reactive vaccine roll-out against the total funding needs and uncertainty for the use of donor funds. Manufacturers are seeking input from Gavi, and Gavi is working to ensure that capacity is not funded that will not be required. In this context successful fundraising requires sufficient precision in understanding the most likely demand. The Secretariat has been working to maintain alignment between the resource requirements and the evolving requirements of this epidemic so to be able to finalise an investment case that accurately reflects an appropriate level of financing needed for the initiative.

- 3.8 During the latest **Programme and Policy Committee (PPC)** held in Geneva on May 4-6, Gavi support to countries in their efforts to quickly re-activate their immunisation systems was discussed. Special attention was dedicated to the need to minimise risk of emerging epidemics of other vaccine preventable diseases, in particular measles. The PPC also discussed Gavi engagement in the re-establishment of health systems with particular focus on the tailoring of this support to countries' absorption capacity and on the need for tight alignment of Gavi's effort with the one of the other development partners active in the field. Finally the PPC discussed whether and how Gavi should engage in future efforts aimed at improving preparedness and enabling a more effective response to Ebola-like emergencies. PPC members agreed that many of the issues raised during this discussion would merit further discussion and agreed that while it would not be possible at the October 2015 meeting due to other priorities it should be incorporated into the PPC workplan.
- 3.9 In the context of EVD and other global public health threats, the World Health Organization has recently convened a **Summit on Ebola Research and Development (R&D)** on 11-12 May in Geneva. The main objective of the Summit was to look at some of the lessons learned during the Ebola outbreak and to use this experience to brainstorm on how to better manage R&D efforts to improve preparedness and timely response to future infectious diseases emergencies. There was a general consensus amongst all participants that current R&D efforts should be continued and integrated into a broader set of Public Health response measures. With regard to the role of vaccines, Gavi's CEO highlighted a number of scenarios where vaccines fall short of impact because not optimised (e.g. current Ebola vaccine candidates), not available in sufficient quantities (e.g. in case of pandemic influenza) or not sufficiently advanced into clinical development (e.g. pilot vaccines for MERS, SARS, etc.). Based on the discussion and recommendations from key stakeholders, the WHO will initiate the development of a draft Blueprint for research and development preparedness in the context of global public health threats. Ultimately, the goal of the Blueprint will be to foster effective mechanisms for efficient collaboration and information sharing across all the organisations involved and to expedite the discovery, development, assessment and access to effective and safe health technologies to prevent and control infectious diseases of epidemic and pandemic potential.

Section B: Progress Update as of May 20th

4. Update on the outbreak as per the May 20th situation report.

- 4.1 In the week to 17 May, a total of 27 new confirmed cases were reported in Guinea and 8 in Sierra Leone. This is the highest weekly total of confirmed cases of Ebola virus disease (EVD) for over a month and represents a substantial increase compared with the 9 cases (in Guinea and Sierra Leone combined) reported the previous week. Also the geographical area of transmission has expanded compared with recent weeks.
- 4.2 Whereas in Sierra Leone almost all of the cases could be traced to previous registered contacts of a previous Ebola case, a total of 9 of the 27 cases reported from Guinea originated from an unknown source. Most of the other confirmed cases were linked to the attendance of a funeral.
- 4.3 Community engagement and effective contact tracing in battling the disease have proven particularly challenging in Sierra Leone and even more so in Guinea, thus making disease transmission particularly hard to combat effectively and rendering contact tracing in the area very difficult; this may explain why chains of transmission continue to evade detection in several areas and underscores the need to improve community engagement strategies to make contact tracing more effective.

5. Update on clinical Ebola vaccine development and potential regulatory pathways as per May 20th

- 5.1 Because of the lack of Ebola cases, randomised controlled trials in Liberia with the two lead candidate vaccines – rVSV-ZEBOV (Merck/New Link/Public Health Canada) and ChAd3-ZEBOV (GSK/ NIAID) – will no longer be conducted as phase III studies, as initially planned, but as phase II studies, enabling collection of more extensive safety data.
- 5.2 In Guinea, a Phase III trial (rVSV-ZEBOV) started in March 2015; the study comprises a ring vaccination study and a cohort study in front-line workers (FLWs). So far, 53 rings have been enrolled (the final target to enrol 200 rings has now shifted to 100 rings comprising 50 persons each) and 486 FLWs have been vaccinated (the final target is to immunise about 1,500 FLWs). Given the current evolution of the epidemic, preliminary data from this study are not expected to be available before the end of August.
- 5.3 Another phase III trial using rVSV-ZEBOV (stepped wedge), called the Sierra Leone Trial to Introduce a Vaccine against Ebola (STRIVE), started on April 8 and plans to assess the safety and efficacy of the vaccine among 8000 health workers (about 1670 individuals immunised as on May 16). The study completion is anticipated before the end of 2015.
- 5.4 Other manufacturers are about to finalise their phase I study reports (Novavax; Ebola GP vaccine comprising a recombinant nanoparticle with “Matrix-M” adjuvant) or are preparing for the start of their phase II trials (Tianjin Cansino Biotechnology Inc.; recombinant adenovirus Ebola

vaccine comprising a lyophilised type-5 adenovector). Johnson & Johnson is in the process of finalizing their phase II trials (Janssen/ Bavarian Nordic; Ad26/MVA vaccine).

- 5.5 While the overall fall off in Ebola cases in the 3 affected countries is obviously welcome from an individual and public health viewpoint, it poses a threat to the successful conclusion of ongoing pivotal vaccine trials. Despite adaptation of clinical trial protocols to the current epidemic situation, clinical efficacy data may not be conclusive or even meaningful. The likely inability of the trials to reach conclusions on clinical efficacy has raised the question as to whether vaccine candidates could be regulated through alternative regulatory pathways (e.g., accelerated/ conditional approval or approval based on animal rule). This is currently subject of considerable debate among regulatory authorities as immune correlates of protection have not been unambiguously identified, animal models have not been validated and the perceived risk-benefit balance of the vaccine keeps shifting with the further waning of the epidemic.
- 5.6 Given the dramatic consequences of the Ebola epidemic, especially in populations who are at high risk of exposure (e.g., front line workers and contacts), there is still a possibility, that a current lead candidate vaccine would gain a recommendation from WHO for emergency use. Such recommendation could be backed by an alternative regulatory approval process based upon a combination of animal and human data. This scenario will require collection of additional safety data through extensive post-authorisation surveillance. The approval granted under these exceptional circumstances may only be temporary unless additional clinical efficacy and safety data would ultimately enable full licensure according to a routine regulatory approval process.
- 5.7 Depending on the evolution of the epidemic, it is likely that WHO will investigate whether the epidemic still qualifies as a Public Health Emergency of International Concern before the clinical trial data become available. This may also prompt the question as to whether the option of a regulatory pathway of approval for use outside the normal process of a full registration from a National Regulatory Authority should be maintained. Gavi is monitoring closely the evolving regulatory scenario; regulatory agencies continue to be actively engaged and attempting to be flexible and helpful.
- 5.8 Based on the current pace of enrolment in clinical trials and the subsequent regulatory assessments, it is highly unlikely that a WHO recommendation will be granted before the end of 2015. As a result it is also increasingly unlikely that any investigational Ebola vaccine will be available for procurement and deployment before the first quarter of 2016.

6. Update on Procurement of Ebola Vaccine

- 6.1 In December 2014, the Gavi Board authorized up to US\$ 300 million during 2015/16 to support production and procurement of up to 12 million courses of first generation Ebola vaccine and a global stockpile of

vaccines from 2016 – 2020. The Gavi Executive Committee (EC) has the authority to approve both the funding structure and the final number of courses to be procured contingent on WHO recommendations.

- 6.2 The declining Ebola disease incidence is having some implications for the anticipated immediate needs for vaccine production and procurement, which was first addressed at the EC in March 2015. In that meeting a recommendation was made to shift the planning to a medium demand scenario while retaining some flexibility to achieve greater volumes if required. This reflected a shift away from the assumption of large scale vaccination of the adult population of the three affected countries used in December 2014.
- 6.3 Since March a further decrease in the number of Ebola cases has occurred and as a direct consequence the likelihood of a WHO recommendation for use and the anticipated need for large volume of vaccine courses in 2015 have both become less likely. Gavi is now addressing the challenge of keep on adapting to the evolving situation while retaining the principles that drove the initial decision to fund vaccine production and procurement. Managing this trade-off means establishing a financing structure that allows to ensure, on one hand that sufficient production capacity can be made available for immediate deployment and stockpiling, on the other hand that manufacturers receive sufficient incentives to continue their development efforts. These goals are pursued while balancing stewardship of the funds committed to Ebola.
- 6.4 To accommodate the evolved and still uncertain situation without compromising our principles or flexibility to respond to a resurgence of the current epidemic or a potential future outbreak, the Secretariat is currently working on a funding strategy proposal, which would allow to take into consideration different scenarios for addressing current and potential future needs for Ebola vaccines.

7. Update on the preparatory activities for deployment and surveillance/ monitoring of Ebola vaccine immunisation

- 7.1 Based on the most recent information on the clinical trials and on the potential alternative regulatory pathway is highly unlikely that an Ebola vaccine will be deployed before early 2016.
- 7.2 The Ebola vaccine deployment partner team was set up with WHO, UNICEF, USAID, CDC, BMGF and Gavi Secretariat with two face-to-face meetings in January and February. Four subgroups have been created to focus on supply and procurement, vaccine implementation and surveillance/ monitoring/ evaluation, and social mobilisation and community engagement. Deployment scenarios are being developed for vaccination of health care workers and at-risk populations; other scenarios are to be developed depending on the evolution of the epidemic.
- 7.3 Preparatory activities are being conducted to account for appropriate cold chain equipment and handling of deep-frozen vaccines (as currently

implemented for the clinical trials). The use of candidate vaccines in clinical studies is supported by stability data at current storage and distribution temperature (-60°C). Gavi and other funders are working to ensure manufacturers proceed with requested stability plans assessing storage temperatures that would allow the authorised vaccines to be aligned with other EPI vaccines.

- 7.4 A roadmap defining the required step for the recommendation for deployment of an Ebola vaccine (once data and results from regulatory review are available) has been produced recently and will be discussed at the next SAGE meeting. The document states that recommendations for vaccine use and country implementation cannot be made at this stage. The need for complete and detailed data to be made available from the pivotal vaccine trials to inform any recommendation is highlighted as well as the importance of public health decision-making being based on clinical safety and efficacy endpoints.
- 7.5 In the meantime, guidance documents and standard operating procedures have been drafted to deal with critically important aspects of vaccine deployment: accommodation of potential vaccine scenarios, training of health care workers, work-plans and supply (cold chain and logistics) for vaccine roll-out, risk and crisis communication, community awareness/education and social mobilisation, and a template for requesting funding. An approval process for release of funds is being discussed and will be developed in consultation with partners.
- 7.6 Likewise, a partner team has been set up with WHO, UNICEF and CDC to organise surveillance and monitoring of adverse events following immunisation. The budget for consultants and economic evaluation has been prepared and submitted to the steering group.

8. Update on the recovery of routine immunisation activities and Health Systems in the countries

- 8.1 Liberia, Guinea and Sierra Leone's routine immunisation (RI) programmes and coverage levels have been severely affected by the recent Ebola outbreak. In all three countries, vaccine coverage has dropped by at least 20-40%, and outbreaks of measles have been reported in the last three to six months, with the majority of measles cases and related deaths occurring in Sierra Leone, and most recently in Guinea (three since mid-February). Since there is an immediate need to deal with the drop in coverage and the large number of under-immunised/unimmunised children, Gavi currently regards the recovery of routine immunisation activities as the highest Ebola priority. Hence, the Alliance has worked at different levels (Headquarters, Regional and in-country) to readily implement the Gavi Board approved elements contributing to EPI recovery efforts. A transparent, tailored approval process for release of approximately US\$ 12.5 million of Alliance's funds for EPI recovery efforts against the country plans has been established.

- 8.2 One of the most critical considerations in implementing Gavi support in Ebola-affected countries is the pre-existing weakness of country health systems (in particular, limited health workforces), community concerns about re-engaging with health systems, and countries' limited capacity to absorb additional resources. The closure of many health facilities and the loss of large numbers of health care workers (371 cases and 179 deaths in Liberia, for example) have adversely affected primary health care services. The closure has also had an impact on financing of immunisation services: in Guinea, the Ebola epidemic control has a budget of about US\$ 150 million and the coordination reports directly to the president, adding complexity to the role of the Ministry of Health.
- 8.3 To help restore of EPI programmes in the immediate term, Gavi is therefore supporting interventions proposed by countries aimed at: restoring trust in the health system through social mobilisation and CSOs; planning and conducting catch-up campaigns with multiple antigens; supporting programme management; strengthening logistics and ensuring adequate supply of vaccines and infection protection control equipment; and accelerating recruitment and training of healthcare workers. These restoration plans in the three countries have been aligned with the National Recovery plans
- 8.4 **Liberia**, with support from WHO and UNICEF, prepared a draft EPI recovery plan in late 2014. The plan was discussed during a Gavi field visit, and immediate priorities for Gavi funding were identified with the Minister of Health and the Alliance partners, and submitted for ICC review and approval in March 2015. The estimated cost is US\$ 2.9 million over 12 months. The immediate response has already resulted in two rounds of periodic intensification of routine immunisation (PIRI) campaigns targeting MCV (December 2014 and February 2015) and currently two additional SIAs (polio and measles) being conducted. Further intensification of EPI strengthening efforts is planned for the second half of 2015.
- 8.5 **Guinea** has prepared its EPI recovery plan, with the support of an external consultant. The recovery plan was discussed with national stakeholders and technical partners and approved by the ICC in April 2015. The plan is estimated to cost US\$ 6 million over 12 to 15 months (including a measles SIA). A measles outbreak response immunisation (ORI) was performed in two districts in the first quarter of 2015, with the support of UNICEF. A second ORI, covering 10 districts, was conducted from 16-21 April 2015, targeting children 6 months to 10 years of age, and the World Bank funded the Measles Outbreak Response Plan. A meningitis outbreak may be under way but has not been officially declared yet. Up to the 20th of May of this year, 191 suspected cases were notified by the districts, with 16 deaths; out of 178 cases serology tested, 102 were found positive (95 Neisseria Meningitis A, 6 Streptococcus pneumoniae and 1 Haemophilus Influenza Type b). While the country is preparing to launch a national immunisation campaign, Gavi has released US\$ 334,518 to UNICEF for social mobilization/ communication equipment/ maintenance of the cold chain and US\$ 1,987,018 to WHO for other operational costs. Preparing

the micro-planning for the campaign even with the support of the technical partners will be a challenging undertaking.

- 8.6 **Sierra Leone's** recovery plan has been drafted and was reviewed by Gavi during a mission in March, with priority interventions identified for financial support approved by the HSCC/ICC. It is estimated at US\$ 4.1 million. A polio SIA is planned for April/May 2015. Additionally, a polio and measles ORI (for children aged 9-59 months) is planned in the framework of a multi-intervention campaign, Mother Child Health Week, with a financial contribution released in May from Gavi to support this effort.
- 8.7 Disbursement of financial support for the EPI recovery plan has been worked out with countries and partners to ensure best use of resource, timely availability of funding and to prevent any risk of misuse of funding. Depending on financial management agreements in place, funds will be disbursed either through partners or through government systems, with adequate reporting in place.
- 8.8 Plans for the use of the funds over the coming 12-18 months, as well as previously approved HSS grants, were reviewed by the High Level Review Panel in May and recommended for approval. The country plans are followed country-level coordination to ensure Gavi's support was harmonised with that of other funding partners. The country plans are including, where appropriate, reallocation of existing HSS commitments in countries (approximately US\$ 900,000 for Guinea, US\$ 3.6 million for Sierra Leone and US\$ 400,000 for Liberia). Proposals to help rebuild confidence in health services and immunisation are anticipated to be submitted by CSOs by the end of May. Finally, Guinea has requested, as part of its recovery plans, that Gavi waives its 2014 and 2015 co-financing requirements, while Liberia and Sierra Leone have requested a 2015 co-financing waiver, having already fulfilled their 2014 co-financing obligations.
- 8.9 Alliance partners – including WHO, UNICEF, the Gates Foundation, the US Centers for Disease Control, the World Bank, CSOs and the Global Fund – are coordinating support for longer-term health system recovery efforts. They are also collaborating to ensure Gavi's support complements World Bank and other resources that will be committed to national Health System Resilience Plans. The approximate doubling of HSS support approved by the Gavi Board will be most critical in 2016 and beyond when emergency funds begin to decrease. A tailored process for approving the HSS grants through the IRC, most likely in September, will be established.
- 8.10 Three main principles have been employed in preparing and finalising the recovery plans: providing a response that is tailored to the specific needs of the countries, financial mitigation (channelling funding through technical partners) and harmonisation and accountability in implementing the plan (putting in place a steering committee in charge of the follow-up and agree with other financial partners and stakeholders on an M&E framework to document the implementation process).

9. Fundraising: key steps and timelines through mid-2015

- 9.1 Following the Board approval of the Ebola envelope, the Secretariat has been working to fully understand the resource requirements in the face of an ever-changing epidemic and to finalise an investment case that accurately reflects an appropriate level of financing needed for the initiative. The Resource Mobilisation team has engaged with the African Development Bank (AfDB) to seek their support in the fundraising effort. The AfDB has pledged US\$ 50 million towards Gavi's Ebola initiative.
- 9.2 The forthcoming investment case could allow for flexible fundraising to accommodate different levels of support depending on the various stages of vaccine development and outbreak trajectory. The case will also highlight the key uncertainties (e.g. around Ebola outbreak trajectory) that still remain and which could influence the amount of funds that could potentially be needed over the long-term.

Section C: Implications

10. Impact on potential funding envelopes

- 10.1 It is worth noting that there are a number of funding expectations for Gavi irrespective of how the outbreak develops. In all cases, Gavi will be funding the committed Recovery envelope (\$45M). In addition, Gavi's commitment to address the Ebola vaccine market failure may include incurring some production scale up and indirect manufacturing costs in addition to direct production costs. Therefore, if the number of doses procured is low, the funding envelope will not necessarily decrease linearly with the number of doses procured.

11. Use of the Country Tailored Approach

- 11.1 As consequence of the continuing emergency situation in the affected countries, the Secretariat is handling all activities related to the preparation and deployment of an Ebola vaccine as well as the recovery activities for health systems and existing immunisation programmes utilising the flexibility granted by the Country Tailored Approach for Emergency Situations. This approach is required to ensure that all necessary interventions can be implemented and that those activities unfold in a timely manner. Governance and operations have been variably affected in the health systems of these countries and normal authorisation and implementation practices may not always be viable. This situation creates a trade-off between speed – necessary for a prompt response to outbreaks of Ebola or VPDs – and control – necessary to ensure appropriate stewardship of the funds. The utilisation of the Country Tailored Approach allows Gavi through its Senior Country Managers and the in-county partners' representative to design specific route of support that minimise the risk on the grant management side. In this sense funds for the recovery plans, including the technical assistance in Guinea and Sierra Leone, are being transferred to the partners. Specific monitoring

systems will be established to make sure that control of funding flows is ensured even in this especially difficult setting.

12. Looking forward

12.1 While we have made good progress since our last update in March, to get a more precise picture it will be important to gain further clarity and/or traction in a few priority areas. Consequently, in the coming weeks/months, the Secretariat and the Alliance partners will focus on:

- (a) *Continuing to track outbreak evolution and clinical trial developments in order to assess their implications for Gavi's Ebola activities*
- (b) *Understanding manufacturers' development plans and explain the vaccination scenarios we anticipate to facilitate our negotiations on funding mechanisms and commitments*
- (c) *Refining manufacturer cost and subsidy estimates, providing estimates for funding and refining the procurement and stockpiling scenarios as needed*
- (d) *Aligning on a preferred funding/contracting mechanism with manufacturers*
- (e) *Finalising high level operational plans for vaccination of the target population for each affected country*
- (f) *Agree with country partners on a clear performance framework to ensure that the activities aimed at restoring immunisation coverage in the affected countries will be implemented timely during the next transitional period of 18 months.*
- (g) *Working with Ministries of Health and partners on finalizing national health recovery plans*
- (h) *Finalising the investment case and continuing dialogue with donors*