

Gavi Alliance Board Meeting

28-29 November 2018

Global Health Campus, Geneva, Switzerland

1. Chair's report

- 1.1 Finding a quorum of members present, the meeting commenced at 08.32 local time on 28 November 2018. Dr Ngozi Okonjo-Iweala, Board Chair, chaired the meeting.
- 1.2 The Chair welcomed new Board members and Alternate Board members, as well as Rob Moodie, Chair of the Evaluation Advisory Committee, Cyrus Ardalan, Chair of the International Finance Facility for Immunisation (IFFIm) and other directors of the IFFIm Board. She noted that departing members would be recognised for their service at the dinner that evening.
- 1.3 The Board met in closed session during the afternoon of 27 November to discuss a number of items including the CEO's 2018 annual performance review, feedback on the Board Chair that had been instituted this year, and the annual HR report.
- 1.4 Standing declarations of interest were tabled to the Board (Doc 01a in the Board pack). The Chair noted that in the context of the items for decision on the agenda, there were a number of Board members who would have conflicts of interest and that these would be raised at the appropriate time and recorded in the applicable section of the minutes.
- 1.5 The Board noted its minutes from 6-7 June 2018 (Doc 01b) which were approved by no objection on 6 November 2018. The Board also noted decisions approved by them by no-objection consent since the last meeting (Doc 01c), namely the 2017 Annual Financial Report and appointments to the Board and Board Committees. The Chair noted that she had asked the Secretariat to produce more streamlined minutes of the Board meetings, which in her view should be a high level recording of the key discussions and decisions, rather than a record of individual constituency views and detailed dissertations of the discussions.
- 1.6 The Board also noted its action sheet (Doc 01d) and workplan (Doc 01e) and the Chair encouraged Board members to contribute to the forward plan by raising issues which they may wish to add either with her directly or with the Board Secretary.
- 1.7 The Chair noted that she encouraged the Secretariat to continue to work on looking at how Board papers can be refined further to be more succinct and strategic with more clarity on the decision points.

- 1.8 The Chair informed Board members that the All Chairs Group had met only once since the last Board meeting, and that she continued to find this to be a helpful mechanism to provide her with informal advice and support and she would continue to invite Board members not on the Group to share other perspectives.
- 1.9 The Chair also informed Board members that the Market-Sensitive Decisions Committee (MSDC) had met once by teleconference on 11 September 2018 to consider an item of a market-sensitive nature.
- 1.10 Finally she reported to the Board on a number of events she had attended during the past year, namely in Australia, India, Japan and Korea, where she had had the opportunity to advocate for Gavi, not only at the highest political levels but also with broader Alliance stakeholders including communities. She also referred to her personal involvement in Massachusetts Institute of Technology (MIT) sponsored activities at the United Nations General Assembly (UNGA) where there had been an opportunity to showcase Gavi and identify work which could be beneficial for Gavi's Innovation for Uptake, Scale and Equity in Immunisation (INFUSE) programme.

2. CEO's Report and 2016-2020 Strategy

- 2.1 Seth Berkley, CEO, started his presentation by presenting an overview of key developments in the global landscape.
- 2.2 He referred to the recent move of the Secretariat in Geneva to the Global Health Campus (GHC) and highlighting that collaboration is the essence of how Gavi works, as it engaged with an ever-increasing number of expanded partnerships.
- 2.3 Dr Berkley referred to the large number of ongoing initiatives to promote the continued alignment of global health and, in particular, to the *Global Action Plan for Healthy Lives and Well-being for All* which had recently been launched by 11 organisations, including Gavi.
- 2.4 He addressed the important role of primary health care (PHC) in achieving the health-related SDGs (Sustainable Development Goals) and highlighted that Universal Health Coverage (UHC) tracer indicators for health interventions show that immunisation has the highest coverage of the key health interventions. In this context he presented information relating to the wider benefit of immunisation within PHC.
- 2.5 Dr Berkley informed the Board that the role of vaccines in preventing anti-microbial resistance (AMR) is gaining traction, and in terms of vaccine news he highlighted that the development of vaccines for TB, HIV and malaria continues to be a priority.
- 2.6 He addressed recent concerns relating to disruptions to rotavirus vaccine supply, but that it looked like no child would go unimmunised. He also addressed the acceleration in Gavi countries approved for HPV support, and discussed supply pressures for the HPV vaccine.

- 2.7 He provided information in relation to the upcoming Mid-Term Review (MTR), updating progress on Gavi's MTR targets, which were not without challenges. He highlighted that countries are financing a growing share of Gavi-supported vaccine programmes and that the first wave of transitioning countries are maintaining coverage.
- 2.8 Dr Berkley reported to the Board on previous Board decisions, namely, in relation to the flexibilities agreed for fragility, emergencies and refugees. He also reported briefly on work in Syria and Yemen, and informed the Board that indications from Papua New Guinea (PNG) are such that it is unlikely to transition successfully from Gavi support based on the Board approved strategy to 2020.
- 2.9 Dr Berkley reported on Gavi's support to India and how the country had been able to use this support to accelerate its ambitious new vaccines agenda.
- 2.10 He expressed concerns relating to increased vaccine hesitancy and anti-vaccination efforts that are getting more sophisticated.
- 2.10 He referred to the increasing numbers of measles cases globally, the Ebola outbreak in the Democratic Republic of the Congo (DRC), and to the fact that progress towards interrupting polio transmission globally has stalled.
- 2.11 Finally, he provided a brief Alliance Update, reporting that Gavi recently became the first global health organisation certified by the Equal Salary Foundation, referred to the ongoing work within the Secretariat to implement a new finance system, and to the items that were being presented to the Board at this meeting for consideration.

Discussion

- Board members noted that the increasing number of activities relating to the SDG3 action plan is indeed a challenge and it was suggested that it could be useful to have a review of all activities focusing on country and operational alignment. Board members emphasised that they wanted collaboration across the different actors, including CSOs and local communities, reiterating that this should be done in a way that focuses on the comparative advantage of each organisation and is seen as collaboration with purpose.
- It was also noted that the SDG3 action plan should not just been seen as a global action plan but as something which can help accelerate impact at the country level through capacity building at many levels.
- A number of concerns were expressed in relation to the likelihood, based on the current Board-approved strategy that PNG would not successfully transition from Gavi support in 2020. It was therefore agreed, particularly in light of the recent request from the Minister of Health to extend Gavi support beyond 2020, that the Alliance bring to the June 2019 Board meeting for review, an updated version of the PNG Strategy, revised in scope, scale and duration. Flexibilities and innovative approaches should be proposed and considered to ensure PNG has the greatest chance to transition successfully and sustainably from Gavi support.

- Board members commended the ongoing efforts in relation to Coverage and Equity (C&E), noting that there is still a lot of work to be done and that this is being closely considered by the Equity Reference Group (ERG). It was noted in this context that a number of Board members expect that the MTR will be an opportunity to have a strategic discussion around this in light of the progress to date and that this will be critical to lay the groundwork for Gavi 5.0. Further, it was recognised that findings from the review of Gavi's Gender Policy in 2019 will be important to inform the Gavi 5.0 strategy.
- Board members noted recent progress in relation to health systems strengthening (HSS) activities, noting that it would be useful to see more information on the quality and impact of what is being done, and in particular, in relation to what changes have been taking place and an analysis of which interventions are proving to be more effective.
- Board members referred to the important role that Gavi has played in market shaping to date and in view of recent supply challenges, it was suggested that this is an area that might merit a more in-depth discussion by the Board going forward given the effect supply shortages have on countries and demand generation. The Board members representing the vaccine manufacturers reiterated their constituency's strong commitment to the Alliance and that any information which could be shared with them to enable them to better address supply requirements is most useful, in particular in view of the unprecedented global demand for some vaccines e.g. HPV.
- Board members noted that the UN Secretary General has shared his health priorities, one of which is AMR (Antimicrobial Resistance), and that this will be an opportunity to share further information in relation to the impact of immunisation on AMR.
- Board members discussed what role, if any, Gavi might play in relation to anti-vaccination movements and agreed that before any action is taken it would be necessary to fully understand what the implications of such action might be. It was suggested that it could be useful for the Board to have a better understanding of what the research is saying about pro-vaccination campaigns being counterproductive
- In relation to questions around the use of the investigative Ebola vaccine in DRC, the CEO noted it is being done under a clinical protocol under expanded use and there will therefore not be the same data produced as would have been the case in an effectiveness study. There is, however, safety data, which is showing positive results. In relation to the licensure process, he noted that Merck has received approval from the US Food and Drugs Administration (FDA) to do a rolling submission and the process is ongoing. Board members noted the importance of receiving regular updates on progress to license the vaccine and the development of a healthy vaccine pipeline, as well as any decisions with significant financial implications.
- Finally, Board members commended Gavi's recent equal pay certification and its commitment with the global funds to strengthen safeguarding measures.

3. 2016-2020 Strategy: Progress, Challenges and Risks

- 3.1 Anuradha Gupta, Deputy CEO, presented an update to the board on the progress, challenges and risks related to implementation of the 2016-2020 Strategy (Doc 03).
- 3.2 She started by providing an overview of the Alliance's progress in achieve its 2020 mission indicators. In relation to the strategic goal indicators, she indicated that for SG1: Accelerate Vaccines there is mixed performance and that there are some challenges and risks to be considered. She provided an example of recent outbreaks of diphtheria in Haiti, Yemen and Bangladesh that demonstrates that there continue to be gaps in routine immunisation.
- 3.3 In relation to SG2: Health systems strengthening, Ms Gupta reported on some of the recent strategic shifts, highlighting that there is much work that still needs to be done. She outlined the key levers which are being used, namely HSS support; the Partners' Engagement Framework; innovation and private sector partnerships; collaboration with other financing institutions; and advocacy for political will, using DRC as an example of how these levers are being used to improve C&E (coverage and equity).
- 3.4 Ms Gupta then addressed SG3: Sustainability, and showed how Gavi is leading the way here in terms of countries increasing investment in vaccines. She highlighted challenges in relation to the % of countries considered on track for succession transition during this strategic period.
- 3.5 In relation to the market shaping goal, SG4, Ms Gupta indicated that while Gavi has been successful in relation to vaccine prices, healthy market dynamics and vaccine innovation, challenges remain around supply security.
- 3.6 Finally, she presented a brief overview of the evolution and monitoring of the key risks for the Alliance, which would be addressed in more detail under agenda item 6a.

Discussion

- Board members again referred to the importance of C&E for the Alliance and shared that they looked forward to looking in more detail at the data during the upcoming MTR to have a better understanding of the challenges, noting in particular that there would appear to be some stagnation around the equity targets. It was suggested that it could be useful to look closely at the positive outliers and lessons that could be learned from those. It was also noted that the target populations are increasing and that despite this in the past two years, Gavi was still able to reach 1.2 million more children.
- In relation to HSS, it was noted that it would be important to ensure that targeted country assistance (TCA) and HSS are more aligned, including with other global funds going forward.
- Board members noted the challenges that vaccine manufacturers continue to face in relation to the lack of harmonisation of regulatory systems whereby it is no longer sufficient for a vaccine to have WHO prequalification. It was agreed that it

could be useful for the Alliance to speak with the community of regulators to address some of the challenges and to see if there could be ways to better coordinate the different processes going forward, noting that WHO is already doing work in this area.

- Board members reiterated the importance of data, and ensuring the quality of data, noting that the trend is now to consider multiple data sources and triangulate data to ensure increasing accuracy.
- Board members expressed appreciation for the shift over the past couple of years, which has placed value on the different roles of stakeholders within the Alliance and which creates a platform for more mutual accountability.
- Board members noted that timelines for the development of the post-2020 Global Vaccine Action Plan (GVAP) have been set and that doing this side by side with Gavi 5.0 will be beneficial and keep them on parallel tracks.
- Noting that the recommended annual per capita expenditure on health is US\$ 90, and that 25 of the world's lowest income countries, all of which are Gavi-eligible, spend less than US\$ 10 per capita per annum on health, it was suggested that it could be useful to look at this but, noting that within this it is difficult to track per capita expenditure on immunisation in national health accounts.
- Board members reiterated the importance of continuing to look at the integration of health services going forward.

4. Gavi Mid-Term Review (MTR)

- 4.1 Marie-Ange Saraka-Yao, Managing Director, Resource Mobilisation and Private Sector Partnerships, provided a brief overview on the upcoming Mid-Term Review (MTR), commending the high level engagement not only from across the Alliance but also from sister organisations.

Discussion

- In response to comments from Board members, the Secretariat noted that it will be useful to do an after action review to see how the MTR fits into Gavi 5.0 and also to ascertain whether the MTR model is appropriate for Gavi going forward.

5. Financial Update, including forecast

- 5.1 David Sidwell, Chair, Audit and Finance Committee (AFC), presented the AFC Chair's report, noting that many of the areas raised in the report would be covered in this Board meeting such as the financial forecast, Risk and Assurance Report 2018, and CEPI arrangement. Mr Sidwell did however highlight the change in external auditors this year from KPMG to Deloitte and stated that the transition is

running smoothly.

- 5.2 Regarding the financial forecast, Mr Sidwell noted the reduced changes in the estimates for the current and future strategic periods due to supply delays for several vaccines as well as reduced vaccine costs, changes to campaign strategies and more countries transitioning out of support in the next period.
- 5.3 In relation to the 2021-2025 estimate, he described discussions at the AFC which confirmed that these figures do not represent a replenishment amount but rather provide a baseline and context in which the Board can make decisions on programmes such as IPV and the Vaccine Investment Strategy in this meeting.
- 5.4 Finally, Mr Sidwell noted a recommendation from the AFC to the Board to provide additional funds of US\$ 0.7 million to UNICEF for cold chain procurement fees for 2019.
- 5.5 Barry Greene, Managing Director, Finance and Operations, provided the financial update for resources and expenditures for the current period 2016-2020 (Doc 05). He outlined the reduced expenditures for 2018 due mainly to supply constraints in Rotavirus and HPV vaccines. He also noted that the Partners Engagement Framework (PEF) and Secretariat budgets are forecast to be nearly fully utilised by year-end, which results in slightly increased operating and overhead ratios that are still within the relevant corporate performance metric limits.
- 5.6 Mr Greene then outlined the latest indicative projections for the period 2021-2025. He explained that, a critical review of assumptions, including for country readiness, had reduced expenditure estimates by US\$ 1,367 million compared to the estimates presented a year ago. This indicated lower costs for meeting country demand for typhoid and measles-rubella vaccines, cash-based support and PEF programmes.
- 5.7 Finally, Mr Greene noted that the effect of the decisions at this Board meeting such as IPV and VIS, if approved, would add US\$ 174 million to the 2016-2020 period, bringing the new forecast to US\$ 9.2 billion. These decisions would add US\$ 1.2 billion to projected expenditure in 2021-2025 bringing the total to US\$ 8.6 billion for that period. This is prior to any new needs that may arise from the strategy on Gavi 5.0 or a US\$ 500 million provision for strategic initiatives and malaria, if included.

Discussion

- In response to a question from a Board member around why the resources for the CEPI arrangement and IPV are included in the forecast, the Secretariat explained that the aim was to ensure full transparency regarding the implications of these potential decisions for both resources and expenditure.
- Several Board members raised concerns about the reduced programme expenditure forecast for 2016-2020 in terms of what was responsible for the change and what this might mean for Gavi's strategy. The Secretariat explained that the reduction resulted mainly from supply constraints for Rotavirus and HPV vaccines and revised vaccine price assumptions.

- Board members were also keen to understand the reduced estimates for the 2021-2025 period, why this had been adjusted and whether this comes from a previously over-ambitious strategy. The Secretariat noted that updated projections, including for country readiness around reduced measles and rubella and typhoid estimates had been a large driver of the reduced estimates.
- In response to questions about why the UNICEF funding request was not included in the original budget, the Secretariat explained that this was due to an increase in the volume estimate for demand for CCEOP equipment and. This addition is allowed under a memorandum of understanding with UNICEF, which states that if certain parameters change then they are able to request additional funding.

Decision 1

The Gavi Alliance Board:

- a) **Approved** the Financial Forecast for the period 2016-2020 as set out in Section B of Doc 05.
- b) **Took note** of the indicative Financial Projections for the 2021-2025 period, as set out in Section B of Doc 05, which is based on existing and anticipated programmatic commitments but is dependent on Board approval of the next Gavi Strategy, and any potential programmatic and policy shifts for the given period.
- c) **Authorised** the Gavi Secretariat to allot funding in 2019 for new programmes and for the continuation and adjustment of funding to existing programmes, in accordance with the Programme Funding Policy. In making such allotment decisions, the Secretariat will take into consideration the development of the strategy for the 2021-2025 period.
- d) **Approved** within the overall Partners Engagement Framework: an amount of US\$ 0.7 million in 2019 for UNICEF Supply Division for fees to implement cold chain equipment, in addition to the US\$ 3.6 million already approved for 2019 by the Board in November 2017.

6a Risk and Assurance Report

- 6a.1 David Sidwell, Chair, Audit and Finance Committee (AFC) introduced this item noting that this is the third Gavi risk and assurance report. He outlined the importance of the report as a tool to challenge how Gavi is performing in delivering its strategy and where risks remain. Mr Sidwell highlighted that Gavi's approach to risk management is leading edge and becoming embedded in Gavi's daily business.
- 6a.2 Jacob van der Blij, Head, Risk, presented an overview of the Risk and Assurance Report 2018 (Doc 06a). He noted that risk continues to be integrated into Board discussions and Secretariat processes and they are seeking to instil a risk-aware culture in which the Secretariat is encouraged to find the balance between highlighting risks but not become too risk-averse.

- 6a.3 It was also noted that the Secretariat continues to engage partners on the area of risk and Mr van der Blij highlighted that colleagues from WHO and UNICEF had recently attended the risk committee meeting. It was also noted that several other global health and development organisations had used Gavi's risk management approach in their own benchmarking exercises.
- 6a.4 Mr van der Blij outlined the overall changes to the top risks for Gavi, several of which have reduced, and noted two additional top risks (polio transition and IT disruption). He also highlighted the four risks which are currently outside of risk appetite and eight risks which are somewhat outside of appetite, as well as relaying the in-depth discussion at the AFC on how to manage risks outside of risk appetite in the future.
- 6a.5 Finally Mr van der Blij asked the Board to provide guidance on whether they agree with the ranking of the top risks, their views on the risks outside of risk appetite and any views on risks that the Board would like to discuss in more detail at future Board meetings.

Discussion

- The Gavi Board commended the Secretariat on the high quality of the report.
- The Board generally agreed with how the top risks had been categorised. Some Board members, however, proposed that the risk level of items such as global supply shortages and corresponding stock-outs should be raised given the impact in country. Mr van der Blij explained that this will be considered but that the fact that a risk has materialised does not necessarily mean that the risk rating has increased.
- Board members proposed several topics for which they would like to see in-depth discussion in future meetings, including forecasting variability with respect to price increases in IPV, supply shortages, fragile states and the ability to reach the under-immunised, the polio transition and how the change in policy for measles-rubella impacts risk profiles.
- In response to a question from the Chair, the Secretariat explained that the risk on partner capacity has decreased slightly because of the increased number of expanded partners and particularly PEF spending on local capacity of core partners. He noted that whilst there is some link to the health systems and immunisation strengthening (HSIS) value for money risk, this remained stable and is more aimed at how effective funding to countries is rather than funding to partners.

Decision 2

The Gavi Alliance Board:

Approved the Risk & Assurance Report 2018 attached as Annex A to Doc 06a.

6b Approaches to Fiduciary Risk Management in Gavi's Cash Grants

- 6b.1 David Sidwell, Chair, Audit and Finance Committee (AFC), introduced this item noting that both the AFC and Programme and Policy Committee had discussed the issue of how to best manage fiduciary risk in cash grants several times. He stated that whilst there is always the option of asking countries to re-pay any misused funds, Gavi would prefer to take a more strategic approach.
- 6b.2 Jacob Van Der Blij, Head, Risk, further explained the background of this issue citing the concerns raised by Board members in the June 2018 Board meeting on the potentially negative impact on country ownership and capacity building of channelling funds through partners whilst recognising the Board's low risk appetite in this area (Doc 06b).
- 6b.3 Hind Khatib-Othman, Managing Director, Country Programmes outlined Gavi's current approach to managing fiduciary risk in countries, noting that two-thirds of Gavi funding is currently channelled through partners. She noted that this includes funds that are channelled through partners as a result of conflict, fragility, banking restrictions or country choice and that only around 40% is for fiduciary reasons. She also noted that this includes hybrid arrangements, where funds are channelled through governments and partners.
- 6b.4 Acknowledging the limitations of the current approach, Ms Khatib-Othman then presented several measures that Gavi would continue to pursue with the aim of ensuring that more funds can be channelled through governments while minimising related fiduciary risks. These included stronger engagement with the Ministry of Finance to ensure all Gavi funds are on budget, ensuring strong government oversight mechanisms and extending the programmes to build management capacity in countries.
- 6b.5 Ms Khatib-Othman further outlined to scale up promising approaches to accelerate the moving of funds back to governments and noted that part of the US\$ 16 million currently paid to partners on an annual basis for the managing of Gavi funds on behalf of countries could be used for that purpose. She further noted that Gavi would conduct a formal evaluation of a representative sample of these promising approaches in 2019-2020 and that a scaling up of these approaches might result in that 2025 50% of Gavi funding being channelled through governments.

Discussion

- The Board thanked the Secretariat for an informative presentation as was supportive of the Secretariat scaling up promising approaches in countries with the aim of moving a higher amount of funding back to governments.
- Some members suggested that (as discussed at the Programme and Policy Committee) it would be useful to have a table of the proportion of funds that go through government and partner systems over time so the Board can clearly see change.
- Several members noted that it would be useful to work closely with relevant partners to learn from their experiences in managing fiduciary risks and to explore

synergies. Several members noted that the World Bank could be a critical partner in this issue. The Secretariat explained that it is already communicating with partners and the World Bank to better understand their approaches to fiduciary risk management, explore synergies and to better understand a recent World Bank report on the costs and benefits of unharmonised and unaligned Financial Management Arrangements.

- The UNICEF representative raised concerns about the phrasing of ‘moving funds away’ from Governments. They clarified that when UNICEF steps in to manage funds on behalf of countries, some of the funding is routed back into the government. The UNICEF representative further explained that it continues to invest in its ‘harmonised approach to cash transfers’ (HACT). This was picked up by another Board member, who noted that much of the support that goes to partners does ultimately go through government systems and that it was important to be clear on this when discussing/analysing this issue.
- The Secretariat acknowledged UNICEF’s work in this area and reiterated their appreciation for a supportive partnership, highlighting the need to find the right balance in each country.
- A Board member from the developing country constituency stated their preference to not move away from country systems at all, but to continue to work with them and look more closely at how funds are disseminated within countries. The Board also underlined the importance of working with finance professionals within the government and to understand the funding flows at a sub-national level. Other Board members agreed on the importance of country ownership and of building sustainable country systems but noted this could include local actors other than the government. One Board member emphasised the need to ensure an appropriate balance between using and building country systems and ensuring fiduciary risks are managed appropriately, noting that we needed an evidence-based approach with clarity on our objectives e.g. it was not always necessary to put money through country systems to build capacity and ensure ownership.
- When asked about the decision to channel funds, the Secretariat explained that it is based on risks identified through Programme Capacity Assessments and that the same tool is used to understand the possibility for funding to come back under the government control.

7. IFFIm and CEPI

- 7.1. David Sidwell, Chair, Audit and Finance Committee (AFC), introduced this item, recognising that IFFIm is a powerful funding mechanism. He noted that the proposal had been discussed by both the AFC and Programme and Policy Committee and that the AFC were satisfied that the arrangement is risk neutral, cost neutral and within the mission of Gavi.
- 7.2 Marie-Ange Saraka-Yao, Managing Director, Resource Mobilisation set out the background of the proposed Coalition for Epidemic Preparedness Initiative (CEPI) arrangement (Doc 07). She recognised the complementarity between CEPI and

Gavi and noted that the arrangement would be an efficient solution to Norway's request. She underlined that this does not set a precedent for Gavi and that Gavi would seek funding so that the arrangement was cost neutral for Gavi.

- 7.3 Cyrus Ardalan, IFFIm Chair, noted the extensive discussions at the IFFIm Board and with the World Bank in relation to this item. He stated that the IFFIm Board is very supportive of the proposal, concluding that this would be positive for IFFIm and would not undermine in any way the support that IFFIm provides to Gavi but would indeed strengthen its capital base as Norway has an AAA rating.

Discussion

- Board members expressed their support for the CEPI arrangement, citing that CEPI and Gavi have complementary roles in the immunisation area. However, the importance that it has minimal burden on the Secretariat in terms of both workload and cost was also highlighted.
- In relation to governance arrangements, the Secretariat explained that IFFIm's documentation require that any new Gavi programme that is being supported through IFFIm is reviewed by either the Independent Review Committee (IRC), PPC or an ad hoc review committee and the composition of such a committee would need to be further discussed. The Secretariat further reassured Board members that whilst Gavi would receive reports from the CEPI Board, likely on an annual basis, they would not be in a position to influence any CEPI programmatic decisions.
- In response to concerns from some Board members that this could be seen as a particular endorsement or preference of CEPI over other partners, the Secretariat reminded the Board that Norway had approached Gavi with the request rather than Gavi seeking it out, noting item c) in Decision 3 below.
- Finally, the Board emphasised that this decision should not set a precedent for Gavi in the future. It was further emphasised that this is viewed as a financial transaction rather than as a programmatic shift.

Decision 3

The Gavi Alliance Board considered Gavi supporting the Coalition for Epidemic Preparedness Innovation (CEPI), subject to funds being made available by the Kingdom of Norway and disbursed via IFFIm (the CEPI Arrangement), and:

- a) **Approved** the CEPI Arrangement;
- b) **Noted** that the CEPI Arrangement will be considered as a Gavi Non Country-Specific Programme consistent with IFFIm's requirements;
- c) **Noted** further that the CEPI Arrangement does not constitute a precedent for Gavi to fund research and development; and

- d) **Requested** that the Secretariat put in place the necessary measures to implement the CEPI Arrangement with IFFIm, CEPI and the Government of Norway, taking into account the guidance provided by Gavi's Audit and Finance Committee.

8. Vaccine Investment Strategy

- 8.1 Helen Rees, on behalf of the Programme and Policy Committee (PPC) Chair, introduced this item, recalling that this is the third Board discussion regarding the Vaccine Investment Strategy (VIS), focused on the investment cases for the six vaccines short-listed at the previous meeting. She noted that the PPC had reviewed the investment cases and agreed that these are important and high value vaccines for countries, and would contribute to strengthening a life-course approach.
- 8.2 She highlighted that the PPC had noted a role for Gavi in sending a clear signal to manufacturers and catalysing equitable access to these vaccines. Acknowledging that some of the VIS vaccines are delivered through new time points, the PPC had suggested that the Secretariat and Alliance partners would need to engage closely with countries to identify the most effective ways to address challenges in operationalising these programmes.
- 8.3 Professor Rees stated that the PPC had noted the value of the proposed learning agenda, which could help inform programme design and optimise impact, and that the PPC felt that it was important that the strategic implications of the VIS vaccines be considered as part of setting the broad parameters for the 2021-2025 strategy.
- 8.4 Wilson Mok, Head, Policy, presented this item to the Board (Doc 08) recalling the VIS 2018 timeline and process.
- 8.5 He highlighted that the VIS candidate vaccines would add value to countries' current portfolio in terms of global health security impact, including AMR, enhanced country ownership, and a life-course perspective that would strengthen immunisation systems and Primary Health Care (PHC)/Universal Health Coverage (UHC).
- 8.6 He concluded by presenting the projected financial implications of the recommendation through to 2030.

Discussion

- Board members commended the VIS process, which had been inclusive and carried out with a great deal of rigour and transparency and indicated their broad support for the recommendation.
- Some Board members recalled concerns raised in earlier meetings, including the PPC, around the timing of the VIS decision in the context of the development of Gavi 5.0. While noting that the proposed recommendation is a solid compromise, Board members recognised that VIS represents a significant shift in approach which will require close synergy with consideration for Gavi 5.0. The final decision

will be subject to the availability of funding for the 2021-2025 period following Gavi's replenishment for that period and subject to alignment with the final parameter setting for Gavi 5.0 at the June 2019 Board meeting.

- Board members noted that some of the vaccines proposed for support would require different immunisation delivery platforms to those which are currently in the Gavi portfolio and moving Gavi to the life course approach. This will be a key consideration for Gavi 5.0, and it will therefore be important to carefully consider the cost and implications around this going forward and how Gavi would need to broaden its engagement with organisations critical to making these interventions successful, particularly where successful programmes on cholera and rabies would be dependent on the work of other actors. The learning agenda will help inform programme design and delivery strategies that will determine the operational and financial implications of this approach.
- Board members also noted that implementation of this VIS will be a shift in terms of the skills and capabilities of some of the Alliance partners and of the Secretariat and that it will be important to consider this carefully.
- In response to some questions and comments from Board members, the Secretariat clarified that it will be important to engage closely with SAGE in relation to a number of these vaccines. In two cases – multivalent meningococcal conjugate vaccine and respiratory syncytial virus vaccine – it will be necessary to come back to the Board once there is a licensed and prequalified product and SAGE recommendations before opening a funding window. As work on the learning agendas for the different vaccines also progresses, it is likely that questions will arise requiring SAGE input and advice.
- In response to a question on cholera, the Secretariat clarified that there are two components of support currently – a global stockpile for emergencies and for time-limited use in endemic settings. The Secretariat will work with stakeholders including the Global Task Force for Cholera Control to determine how to transition from the current approach for endemic settings to a longer-term Gavi preventive immunisation programme.

Decision 4

The Gavi Alliance Board, subject to the availability of funding for the 2021-2025 period following Gavi's replenishment for that period and subject to alignment with the final parameter setting for Gavi 5.0 at the June 2019 Board meeting:

- a) **Approved** support for diphtheria, tetanus & pertussis-containing (D, T & P) vaccines (tetanus-diphtheria, diphtheria-tetanus-whole-cell pertussis, pentavalent) to be used as booster doses beginning in 2021 by:
 - i. Providing funding to establish platforms as catalytic support for the introduction of each D, T, & P-containing vaccine as a booster dose;
 - ii. Supporting the procurement of above-mentioned D, T, & P-containing booster vaccines in line with the co-financing policy.

- b) **Approved** support for hepatitis B birth dose beginning in 2021 by:
 - i. Providing funding to establish platforms as catalytic support for the introduction of hepatitis B vaccine administered at birth
 - ii. Supporting the procurement of hepatitis B vaccines in standard vial presentations and in line with the co-financing policy.
- c) **Approved**, in principle, an expansion of the existing meningococcal programme to support a targeted approach that includes, in principle, support for ACW-containing multivalent meningococcal conjugate vaccines, contingent on the availability of a licensed product, outcomes of regulatory and technical review processes (including WHO prequalification and SAGE recommendation) and meeting the financial assumptions used as the basis for the multivalent meningococcal vaccine investment case set out in Doc 08 Appendix 2.
- d) **Approved** a transition of the oral cholera vaccine programme to include a preventive immunisation programme with vaccine co-financing, beginning in 2021.
- e) **Approved** support for human rabies vaccine for post-exposure prophylaxis, beginning in 2021.
- f) **Approved**:
 - i. In principle, support for Respiratory Syncytial Virus (RSV) immunisation products, contingent on the availability of a licensed product, outcomes of regulatory and technical review processes (including WHO prequalification and SAGE recommendation), and meeting the financial assumptions used as the basis for the RSV investment case set out in Doc 08 Appendix 2.
 - ii. Support beginning in 2019 for pre-introduction activities for RSV immunisation products including evidence and demand generation.
- g) **Approved** the VIS learning agenda for 2019-2025 for D, T & P-containing booster vaccines, hepatitis B birth dose, ACW-containing multivalent meningococcal conjugate vaccines and human rabies vaccine for post-exposure prophylaxis, as described in Doc 08 Annex B.
- h) **Noted** that the financial implications associated with the above conditional approvals for 2019-2020 are expected to be approximately US\$ 6.5 million, comprised of approximately US\$ 3 million in 2019 (which the Secretariat will strive to absorb from the Board-approved PEF budget for that year) and US\$ 3.5 million in 2020 for the VIS learning agenda for the vaccines described above and RSV introduction planning activities.
- i) **Noted** the financial implications associated with the above conditional approvals (taken as a whole) for 2021-2025 for vaccine and operational cost support are expected to be approximately US\$ 373 million, comprised of approximately US\$ 360 million for vaccine and operational cost support and approximately US\$ 13 million for the VIS learning agenda and RSV introduction planning activities.

Decision 5

The Gavi Alliance Board:

- a) **Approved** an extension of Gavi support for use of the global cholera stockpile in endemic settings for 2020, whereby components of the preventive immunisation programme are implemented beginning in 2019.
- b) **Authorised** the Secretariat, under the Programme Funding Policy, to (i) allot funding to the global cholera stockpile based on a financial forecast endorsed by the Board, (ii) allot funding to extend budgets to future years and/or (iii) adjust annual budget amounts as authorised by the CEO/DCEO taking into account updated timing of implementation and budget utilisation;
- c) **Approved** the VIS learning agenda activities for cholera for 2019-2025 as described in Doc 08 Annex B; and
- d) **Noted** that the financial implications associated with the above approvals for 2019-2020 are expected to be approximately US\$ 43.5 million, comprised of approximately US\$ 0.5 million in 2019 (which the Secretariat will strive to absorb from the Board-approved Partners' Engagement Framework (PEF) budget for that year) and US\$ 1 million in 2020 for the VIS learning agenda for cholera, and US\$ 42 million for extension of cholera support in 2020.

David Hering (IFPMA) and Sai Prasad (DCVMN) recused themselves and did not vote on Decisions 4 and 5 above.

9. Approval of selected targets for 2016-2020 Strategic Indicators

- 9.1 Helen Rees, on behalf of the Programme and Policy Committee (PPC) Chair, introduced this item, indicating that the proposed targets for three strategic indicators (S2.1 effective vaccine management, S2.5 civil society engagement and S3.4 institutional capacity) had been presented to the PPC at its October 2018 meeting for consideration.
- 9.2 Following discussion and agreement that the denominator for the S2.5 target be modified to include all countries and not just those with a Programme Capacity Assessment (PCA) as proposed, the PPC had agreed to recommend all three targets and that this item could be included on the consent agenda for this Board meeting.
- 9.3 Professor Rees informed the Board that the PPC had not had the opportunity to discuss in detail the implications of this change in denominator and the impact on the proposed target, and that it had since become clear that changing the denominator and maintaining the target as recommended by the PPC (at 63%) would leave the Alliance with an unrealistic target.
- 9.4 Following consultations with the PPC Chair and representatives of the CSO constituency, it was agreed that an alternative option for the 2020 target (43%)

based on the revised denominator would be presented to the Board as outlined in the paper (Doc 09). The PPC Chair had subsequently informed the PPC of this in writing and had not received any objections to the proposed alternative option.

- 9.5 Hope Johnson, Director, Monitoring & Evaluation, provided some additional information to the Board in relation to this item.

Discussion

- The Board member representing the CSO constituency confirmed that they had been consulted and were comfortable with the proposed alternative option. She stated that the constituency had questioned whether there could be indicators used to measure CSO engagement even if there is no PCA in a country and the Secretariat clarified that they will continue to explore this.
- In response to a question from another Board member relating to the S2.1 indicator and target, the Secretariat clarified that where countries have had an effective vaccine management (EVM) assessment more recently than 2011, it is the more recent one that will be used to calculate the numerator.

Decision 6

The Gavi Alliance Board:

Approved targets for 2020 for three 2016-2020 Strategy Indicators: S2.1 - Effective Vaccine Management, S2.5 - Civil Society Engagement, S3.4 - Institutional Capacity as set out in Section 2 of Annex B to Doc 09.

Clarisse Loe Loumou (CSOs) recused herself and did not vote on Decision 6 above.

10. Consent agenda

- 10.1 The consent agenda included the recommendations of the Governance Committee for changes to Committee Charters (Doc 10), Committee Chair appointments (Doc 10a), Board and Committee member appointments (Doc 10b), Independent Review Committee appointments (Doc 10c), Review of Board Travel Policy (Doc 10d) and CEO Authorisation to represent Gavi at IFFIm General Meeting (Doc 10e).
- 10.2 It also included recommendations relating to Ongoing and planned support for Syria (Doc 10f), Gavi supported measles and rubella immunisation activities: amendment to HSIS support framework (Doc 10g) and Post-transition plans for Angola and Timor Leste and Congo Republic's eligibility for Gavi support (Doc 10h).

Decision 7

The Gavi Alliance Board:

- a) **Approved** the revised and updated Governance Committee Charter as set out in Annex A to Doc 10, effective from 1 January 2019;
- b) **Approved** the revised and updated Audit and Finance Committee Charter as set out in Annex B to Doc 10, effective from 1 January 2019;
- c) **Approved** the revised and updated Investment Committee Charter as set out in Annex C to Doc 10, effective from 1 January 2019; and
- d) **Approved** the revised and updated Programme and Policy Committee Charter as set out in Annex D to Doc 10, effective from 1 January 2019.

Decision 8

The Gavi Alliance Board:

- a) **Reappointed** Helen Rees as an Unaffiliated Board member through to 30 June 2022; and
- b) **Appointed** Helen Rees as Chair of the Programme and Policy Committee effective 1 January 2019 through 31 December 2019.

Helen Rees recused herself and did not vote on Decision 8 above.

Decision 9

The Gavi Alliance Board:

- a) **Appointed** the following Board Members:
 - **Harriet Ludwig** as Board Member representing Germany on the donor constituency anchored by Germany in the seat currently held by Jean-François Pactet of France effective 1 January 2019 and until 31 December 2019.
 - **Harriet Pedersen** as Board Member representing Sweden on the donor constituency anchored by Norway in the seat currently held by Reina Buijs of the Netherlands effective 1 January 2019 and until 31 December 2020.
 - **Sergey Khachatryan** of Armenia as Board Member representing the developing country constituency in the seat currently held by Edna Yolani Batres of Honduras effective 1 January 2019 and until 31 December 2021.
 - **Aziz Mahamat Saleh** of Chad as Board Member representing the developing country constituency in the seat currently held by Raymonde Goudou Coffie of Côte d'Ivoire effective 1 January 2019 and until 31 December 2021.

- **Teresa Ressel** as an Unaffiliated Board Member in the seat formerly held by Gunilla Carlsson effective 1 January 2019 and until 31 December 2021.
- b) **Appointed** the following Alternate Board Members:
- **Susan Elden** as Alternate Board member to Daniel Graymore representing the United Kingdom on the donor constituency anchored by the United Kingdom in the seat currently held by Jason Lane of the United Kingdom effective immediately and until 31 December 2019.
 - **Jan Paehler** as Alternate Board member to Harriet Ludwig representing the European Commission on the donor constituency anchored by Germany in the seat currently held by Harriet Ludwig of Germany effective 1 January 2019 and until 31 December 2019.
 - **Lene Lothe** as Alternate Board member to Harriet Pedersen representing Norway on the donor constituency anchored by Norway in the seat currently held by Karin Westerberg of Sweden effective 1 January 2019 and until 31 December 2020.
 - **William Schluter** as Alternate Board member to Marta Nunes representing the research and technical health institutes constituency in the seat currently held by Kate O'Brien effective 1 January 2019 and until 31 December 2020.
 - **Edna Yolani Batres** of Honduras as Alternate Board member to Sergey Khachatryan of Armenia representing the developing country constituency in the seat currently held by Sergey Khachatryan of Armenia effective 1 January 2019 and until 31 December 2021.
 - **Jacqueline Lydia Mikolo** of the Republic of Congo as Alternate Board member to Aziz Mahamet Saleh of Chad representing the developing country constituency in the seat currently held by Félix Kabange of the Democratic Republic of the Congo effective 1 January 2019 and until 31 December 2021.
- c) **Appointed** the following to the Market-Sensitive Decisions Committee effective 1 January 2019:
- **Jan Paehler** (Alternate Board Member) until 31 December 2019
 - **Helen Rees** (Board Member) until 31 December 2019
- d) **Reappointed** the following to the Governance Committee effective 1 January 2019:
- **Harriet Ludwig** (Board Member) until 31 December 2019
- e) **Appointed** the following to the Audit and Finance Committee effective 1 January 2019:
- **Teresa Ressel** (Board Member) until 31 December 2019

f) **Appointed** the following to the Programme and Policy Committee effective immediately:

- **Susan Elden** (Alternate Board Member) until 31 December 2019

g) **Reappointed** the following to the Programme and Policy Committee effective 1 January 2019:

- **Edna Yolani Batres** (Alternate Board Member) until 31 December 2019

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

Decision 10

The Gavi Alliance Board:

- a) **Appointed** as new IRC members the individuals listed in Annex A to Doc 10c for terms effective 1 January 2019 until 31 March 2021;
- b) **Approved** the extension of the terms of the IRC members listed in Annex B to Doc 10c for a further three-year term until 31 March 2022;
- c) **Approved** the exceptional extension of the term of Sandra Mounier-Jack as a member of the IRC pool until December 2019 so that she may serve out her term as IRC Vice Chair.

Decision 11

The Gavi Alliance Board:

Approved amendments to the Board Travel Policy as outlined in Annex A to Doc 10d.

Decision 12

The Gavi Alliance Board:

Appointed Dr Seth Berkley, Gavi Alliance Chief Executive Officer, as the Gavi Alliance's authorised representative to attend, act and vote on its behalf at the General Meeting of the International Finance Facility for Immunisation Company (registered in the United Kingdom) provisionally scheduled to held at 14.00 (London time) on 17 December 2018 or on such other date and at such other time as may be determined by the IFFIm Board in its sole discretion.

Decision 13

The Gavi Alliance Board:

Approved extending 2017/2018 support for Syria approved by the Gavi Alliance Board in December 2016 for use in 2019.

Decision 14

The Gavi Alliance Board:

Approved the following wording to be included as Annex B to Gavi's HSIS support framework

Annex B – Operational Cost Support for Measles Containing Vaccines

In order to encourage countries to strengthen routine immunisation for measles containing vaccines (MCV) and reach zero and one dose children, countries are able to apply for operational costs support for M/MR follow-up supplementary immunisation activities (SIAs) up to the national 9-59 month population, to be used for national SIAs, subnational SIAs and enhanced routine immunisation activities targeted at reaching missed children.

Decision 15

The Gavi Alliance Board:

- a) **Approved**, exceptionally, that the determination of Congo Republic's eligibility for 2019 will be based on the latest GNI data instead of the average GNI per capita over the past three years and to increase the HSS envelope to up to US\$ 10 million for a five year period;
- b) **Requested** the Secretariat to monitor the provision of domestic financing for vaccines in Congo Republic and report back to the Programme and Policy Committee and Board should challenges arise; and
- c) **Approved** within the overall Partners Engagement Framework an additional amount of up to US\$10 million for post-transition support for Angola and Timor-Leste for the period 2018-2023, bringing the total approved post-transition support to these countries up to US\$ 30 million.

11. Gavi 5.0: The Alliance's 2021-2025 Strategy

- 11.1 Seth Berkley, CEO, presented an overview of some of the current thinking around the development of Gavi's 2021-2025 Strategy: Gavi 5.0 (Doc 11).

- 11.2 A detailed discussion ensued and as agreed by the Board, the record of the discussions is covered in a separate note shared with the Board, and attached to these minutes as Attachment B.

12. Gavi's Support for Inactivated Polio Vaccine (IPV) post 2020

- 12.1 Helen Rees, on behalf of the Programme and Policy Committee (PPC) Chair, reminded the Board of its approval in June 2018 to use core Gavi resources to support IPV through the current strategic period. She explained that the PPC had recently reviewed the IPV support options for the next strategic period (2021-2025), as developed by the Secretariat.
- 12.2 Professor Rees highlighted to the Board that polio is the only disease, at the moment, to be labelled as a public health emergency of international concern by the emergency committee which recognises the risk of spreading to other countries.
- 12.3 Professor Rees further noted that PPC members agreed that it is essential to minimise the risk of IPV programme discontinuation, and there was a majority position expressed in support of Gavi providing full support for IPV (option one) with minority positions expressed in support of the risk-based approach (option two).
- 12.4 She explained that the PPC also assessed the relative merits of future Gavi investment in IPV containing, whole-cell pertussis hexavalent vaccine and agreed that in-principle, Gavi should work towards its gradual introduction based on availability and acknowledging the market shaping challenges that would arise.
- 12.5 Aurelia Nguyen, Managing Director, Vaccines and Sustainability, presented this item (Doc 12), outlining the historic interactions that Gavi has had with polio and how this linked to the global milestones.
- 12.6 Ms Nguyen noted recent issues regarding increased prices for IPV, reporting a signal from industry that prices should begin to decrease in the medium term.
- 12.7 She stated that Board member consultations have shown broad support for Gavi's involvement in the polio eradication agenda, as well as the desire to align with the Global Polio Eradication Initiative (GPEI).
- 12.8 She outlined the different options presented to the PPC and noted that the majority opinion of the PPC was for Gavi to fully fund IPV standalone for the period 2021-2025 to minimise the risk of discontinuation and in recognition of the potential opportunity costs to other vaccines being introduced in countries.
- 12.9 Finally, Ms Nguyen recognised the importance of focussing on ensuring a healthy market for standalone IPV but also the potential programmatic advantages of the hexavalent vaccine that is projected to be available to countries from 2023-2024 onwards.

Discussion

- Michel Zaffran, Director, Global Polio Eradication Initiative (GPEI), noted that the GPEI funding model is different from Gavi's and would be limited to their strategic period which ends in 2023. He emphasised the willingness for GPEI to work even more closely with the Gavi Secretariat and wider partners to support the IPV distribution and health system strengthening.
- The majority of Board members were strongly supportive of Gavi fully funding the IPV programme, citing that Gavi is well placed to take this on because the funding will need to last until at least 2033, as well as Gavi's market shaping role and the likely availability of hexavalent vaccine starting in the next strategic period. Members also recognised the global public good of polio eradication, Gavi's existing contribution to polio eradication, and that IPV is the safest way to immunise against polio and reduce vaccine hesitancy.
- The Board members representing the Norway/Netherlands/Sweden, Germany/France/Luxembourg/EC/Ireland and US/Australia/Japan/Korea (Rep. of) constituencies however highlighted their minority positions at the PPC. They raised concerns about the proposals to fully fund IPV, noting that co-financing would be more consistent with Gavi's current strategy and requested that this decision take into account thinking on Gavi 5.0. Following discussion, the members agreed to align with the consensus position of the Board.
- Members recognised that GPEI has a key part to play and requested more information on how Gavi and GPEI will work together on areas such as resourcing and procurement, noting the importance of this type of complementarity between disease control efforts in the context of broader calls for increased collaboration in global health. Greater visibility was also requested on the overall estimated polio-related costs in the next several years, including polio eradication efforts funded by GPEI, polio transition costs funded by WHO, and IPV costs funded by Gavi especially in light of the fact that Gavi donors are not all the same as GPEI donors. The Secretariat noted that the GPEI and Gavi strategies were both being looked at together and both organisations are committed to collaboration.
- Several Board members proposed that IPV should be clearly demonstrated as part of Gavi's routine immunisation portfolio, even though funding is looked at separately. Another member requested that the polio efforts in transitioning countries are tracked by the Alliance partners.
- Concerns were raised about the high pricing of IPV and the inaccuracy of previous cost forecasts and members requested a strong signal from manufacturers on their future pricing. The manufacturers explained that IPV scale-up was more costly and took longer than planned which resulted in price increases.
- The Secretariat noted that their engagement with market shaping for IPV began four years ago, which is a relatively short period for market shaping. They explained that their roadmap of the vaccine marketplace had foreseen a price increase for IPV, but that it was underestimated. It was highlighted that transparency from manufacturers will be critical for more accurate future costs.

- The Secretariat clarified that the specific country co-financing arrangements have not been agreed and will need to be discussed at the Board in June 2019. The Board confirmed the discussion will pertain to the choice between the options of full IPV support (Option 1) and risk-based country cost-sharing of IPV (Option 2) presented at this Board meeting. Some members proposed innovative financing mechanisms such as an IFFIm bond could eventually be considered an option for funding IPV.

Decision 16

The Gavi Alliance Board:

- a) **Approved**, subject to the availability of funding for the 2021-2025 period following Gavi's replenishment for that period, support for inactivated poliovirus vaccine (IPV), with country financing arrangements subject to alignment with the final parameter setting for Gavi 5.0 at the June 2019 Board meeting;
- b) **Approved**, in-principle support for IPV containing whole-cell pertussis Hexavalent vaccine (Hexavalent) for the administration of IPV, diphtheria, tetanus, whole-cell pertussis, hepatitis B and Haemophilus influenza b antigens, subject to a vaccine being licenced, recommended for use by WHO, WHO pre-qualified and that market attributes support the successful implementation of Hexavalent;
- c) **Noted** the importance of close collaboration between Gavi and the Global Polio Eradication Initiative (GPEI) and polio partners, including advocacy for future Gavi funding for IPV;
- d) **Requests** GPEI to include IPV post-2020 within its 2019-2023 programmatic strategy and reflect IPV associated costs as part of total estimated costs to achieve and sustain eradication; and
- e) **Noted** that the financial implications associated with these decisions are expected to be up to US\$ 850 million (of which an estimated US\$ 848 million is dedicated to standalone IPV) for the period 2021-2025 and that, given that financing for IPV was not included in the investment case for the replenishment in 2015, funds for IPV support beyond 2020 would have to be considered as additional to other Gavi investments for Gavi 5.0, recognising full programmatic integration of IPV into Gavi's overall immunisation strengthening approach.

David Hering (IFPMA) and Sai Prasad (DCVMN) recused themselves and did not vote on Decision 16 above.

13. Pandemic Influenza Preparedness

- 13.1 Helen Rees, on behalf of the Programme and Policy Committee (PPC) Chair, recalled the Board's approval in June 2018 of the approach for considering vaccines for epidemic preparedness and response, as part of the wider VIS discussion. She noted that the Board had requested the Secretariat to provide a

detailed briefing on pandemic influenza preparedness, as it is the only vaccine currently at an appropriate stage for Gavi to consider a potential investment.

- 13.2 Professor Rees outlined that the PPC was supportive of the proposal for a learning agenda to explore healthcare worker immunisation with seasonal influenza vaccine to prepare systems for a pandemic, noting that this was consistent with the recent SAGE recommendation. She explained that the PPC also noted the importance of the learning agenda being developed collaboratively with other organisations.
- 13.3 Wilson Mok, Head, Policy, then presented this item to the Board (Doc 13), noting that an influenza pandemic has the highest certainty of occurring of any epidemic disease, with the potential for a catastrophic death toll and the highest impact in low income countries (96% mortality in non-OECD countries in one modelling analysis).
- 13.4 Dr Mok outlined the actions and plans currently being developed around the world by Alliance partners but noted that there are still significant gaps in influenza response. The main issues most critical to Gavi countries are around the timely supply and delivery of the flu vaccines during a pandemic as well as knowledge and acceptance of flu vaccines.
- 13.5 In light of the limitations of country health systems to deliver vaccines to priority populations in a timely manner during a pandemic, Dr Mok presented evidence that countries which had public seasonal influenza programmes prior to the 2009 pandemic were more than twice as likely to have received vaccines during the pandemic. He, therefore, presented a proposal on improving pandemic preparedness via a learning agenda for routine influenza vaccination of healthcare workers who are at increased risk of infection as well as potential transmission to others.
- 13.6 He noted that a learning agenda could be important to ensure that the Alliance partners address knowledge and evidence gaps and inform consideration of further investment. He explained that a learning agenda could include assessment of policy requirements for immunisation of healthcare workers, understanding optimal approaches for reaching healthcare workers and an overarching evaluation programme to understand barriers, facilitators and links with other epidemic programmes.

Discussion

- Sylvie Briand, Director of Infectious Hazards Management Department, WHO, outlined to the Board that WHO has tried to raise the awareness of pandemic flu with limited traction. She noted that whilst it is a global problem, the mortality rate is higher in developing countries and as these governments prioritise funding related to other diseases.
- Board members were generally supportive of the proposal, recognising that pandemic flu was raised as a priority by WHO and that SAGE recommended using seasonal vaccines to establish the system with healthcare workers being prioritised.

- The Board member representing the Norway/Netherlands/Sweden constituency noted their concerns raised at the PPC meeting in October that this decision was being taken prematurely in terms of a lack of clarity on Gavi 5.0 strategy, however, following discussion, agreed to align with the consensus position of the Board.
- A question was raised whether healthcare worker immunisation with Ebola vaccine should be prioritised over influenza. It was clarified that there is currently no prequalified Ebola vaccine nor a WHO recommendation for preventive immunisation of healthcare workers.
- Several members of the Board responded positively to the suggestion that the learning agenda for healthcare workers also explore issues relevant for immunisation of other target populations.
- One member requested that a regional approach is considered and that the project does not ignore community health workers who do not receive a salary and are at high risk. Another member suggested the learning agenda include an assessment of the extent to which countries have a complete register of health care workers.

Decision 17

The Gavi Alliance Board:

- a) **Approved** the development of a learning agenda to assess the feasibility and impact of routine influenza immunisation of healthcare workers to support epidemic and pandemic influenza preparedness;
- b) **Noted** the financial implications associated with the above approval for 2019-2022 are expected to be approximately US\$ 4 million, comprised of approximately US\$ 1 million in 2019 (which the Secretariat will strive to absorb from the Board-approved Partners' Engagement Framework (PEF) budget for that year), US\$ 1 million in 2020 and US\$ 2 million in 2021-2022.

14. Gavi Support for Yellow Fever Diagnostic Capacity

- 14.1 Helen Rees, on behalf of the Programme and Policy Committee (PPC) Chair, noted that for the 2016-2020 period the Board has authorised up to US\$ 428 million for yellow fever vaccines, including in support for the global strategy to Eliminate Yellow Fever Epidemics (EYE). She, however, highlighted that the limitations in laboratory capacity in Africa have reduced the effectiveness and efficiency of the vaccine response.
- 14.2 Professor Rees explained that the proposal to the Board includes a new mechanism for pooled procurement of yellow fever diagnostic tests in light of the market failure to provide validated, commercial diagnostic tests. She noted that the PPC were generally supportive of this proposal and noted that it is limited to diagnostic tests for yellow fever.

- 14.3 Hope Johnson, Director, Monitoring & Evaluation, presented this item in more detail to the Board (Doc 14). She outlined that vaccines are the main form of prevention for this disease but that supply remains limited. She also outlined the long timelines for laboratories to confirm yellow fever (three months on average), noting that confirmations are the trigger for a response.
- 14.4 Dr Johnson highlighted several issues faced by laboratories in Africa including a lack of a validated, standardised test for yellow fever, frequent supply stock-outs, insufficient training, slow sample transportation, lack of a perceived market for tests and lack of funding for testing supplies and equipment.
- 14.5 Dr Johnson outlined the proposals for Gavi to support laboratory capacity strengthening and diagnostic procurement and outlined the estimated costs to Gavi for doing this of US\$ 13.5 million in total during 2019-2021. She noted that the priority countries would be the 26 African Gavi-supported countries at high risk of yellow fever outbreaks. Finally, Ms Johnson explained that countries could continue to use HSS and other funds for improving general laboratory infrastructure.

Discussion

- Sylvie Briand, Director of Infectious Hazards Management Department, WHO, highlighted that yellow fever is re-emerging and that while strengthening routine immunisation is a key part of the EYE strategy, closing immunity gaps will take time, so outbreak response remains important.
- Many members were supportive of the initiative, recognising the possibility of helping to better control yellow fever outbreaks with quicker diagnosis and provide more accurate views of demand which is also useful for manufacturers. However, several members raised questions about the scope and cost of the proposals and whether the projected outputs and improvements are realistic. The Board requested rigorous monitoring and evaluation of the project with clearly demonstrated progress, which one Board member suggested the Evaluation Advisory Committee (EAC) may be an asset in assessing.
- Whilst they recognised the importance of the issue, Board members representing the Germany/France/Luxembourg/EC/Ireland and CSO constituencies reminded the Board of their minority positions at the PPC on this item. The member representing Germany/France/Luxembourg/EC/Ireland raised concerns about whether Gavi is the appropriate organisation to fund this work as technical assistance, laboratory equipment, procurement and training have previously been outside of Gavi's remit, as well as concerns related to the likelihood for successful market shaping given the narrowness of the diagnostic market in question. Other Board members, including the Board Chair suggested that this proposal falls within the realm of HSS and is therefore within Gavi's remit. Following discussion, the members agreed to align with the consensus position of the Board.
- The Secretariat explained that although the budget may seem small, the volume of testing is also small and assured the members that a buffer had been included in the funding request. It was further noted that investment is focussed on relieving specific bottlenecks in the system rather than wider systems issues.

- In response to a request from a Board member, the Secretariat acknowledged this as a learning opportunity for Gavi and noted their interest in working with partners to understand the wider systems issues rather than just the stock and testing. Some Board members expressed the need to develop a rigorous monitoring and evaluation framework to determine if Gavi's investment in this area yields the intended improvements in rationalising the use of YF vaccine and shaping the diagnostic market.
- In response to questions from the Board on the efficacy of Gavi's previous market shaping activities, the Secretariat explained that the price is not the only way to impact a market; it is also about increasing the number of manufacturers willing to invest in that market and provide quality products, they had already seen interest in the yellow fever diagnostics market if Gavi were to provide funding.

Decision 18

The Gavi Alliance Board:

- a) **Approved** an amount of up to US\$ 8.2 million during 2019-2021 (of which US\$ 4.6 million would be for 2019-2020) for costs related to the procurement and distribution of laboratory reagents, supplies, and equipment for yellow fever diagnostic capacity strengthening through a diagnostic procurement mechanism based on Gavi's existing application, review, and approval processes;
- b) **Noted** the expected use of Partners' Engagement Framework (PEF) funds, estimated at approximately US\$ 5.3 million during 2019-2021, to support yellow fever diagnostic capacity strengthening; including technical assistance, quality assurance/quality control assessments, support for sample transportation, and coordination. The Gavi Secretariat will seek to absorb the 2019 estimated costs of US\$ 1.7 million within existing approved budgets;
- c) **Noted** the continued limited use of health systems strengthening (HSS) funds to support surveillance and laboratory capacity in the context of national plans that focus on achieving and maintaining high immunisation coverage and address underlying equity challenges; and
- d) **Requested** the Gavi Secretariat to report back to the PPC and Board on progress in 2019.

Marta Nunes (Research and Technical Health Institutes) recused herself and did not vote on Decision 18 above.

15. Nigeria Accountability Framework

- 15.1 The Chair welcomed Professor Isaac Adewole, Minister of Health for Nigeria, and Dr Faisal Shuaib, Executive Director of the NPHCDA (Nigerian Primary Health Care Development Agency) who joined the meeting by videoconference.
- 15.2 Pascal Bijleveld, Director, Country Support, presented this item, recalling that the accountability framework is the final step in the agreement of exceptional support for Nigeria. He reassured the Board of the robust engagement with the Government, Ministry of Health and Ministry of Budget and Planning who have shown commitment to this framework.
- 15.3 Mr Bijleveld referred the Board to the accountability framework in Annex A of Doc 15, outlining the five groups of indicators that will be reviewed annually. He emphasised the mandatory requirements which include fiduciary accountability (using Gavi funds for the intended purpose) and vaccine financing (i.e. fully financing or co-financing the vaccines as agreed) which would cause the funding to cease if these are not achieved. He also outlined the proposed annual review that will bring together senior leadership from both the Nigerian Government and the Alliance.
- 15.4 To conclude, Mr Bijleveld explained the next steps which included finalising the accountability framework and an IRC in-country review planned for early January 2019. He noted the Nigerian elections in February and the importance of completing the first two steps ahead of this time. Finally, he outlined activities for quarter two including the finalisation of HSS grant making at federal level and HSS planning at state level. A high-level in-country annual review would be planned for Q4.
- 15.5 Professor Adewole, also speaking on behalf of the Minister of Finance and the Minister of Budget and Planning, expressed his appreciation to the Gavi Alliance for its support. The Minister explained that Nigeria is not proud of having the highest number of unimmunised children in the world and recognised that Gavi's support is critical to improve immunisation rates, reduce mortality and achieve the SDGs.
- 15.6 The Minister of Health assured the Gavi board of the commitment and seriousness with which the Governance of Nigeria is approaching its future engagement with the Gavi Board. He also assured the Board that this commitment transcended governments and would hold, whichever party assumed leadership next year. As a key step towards ensuring availability of sufficient funds for vaccine procurement in the coming years, the Nigerian Government had included the cost of vaccines in the Service Wide Votes for the 2019 budget and in the Medium Term Expenditure Framework.
- 15.7 The Minister stated that over the last few years Nigeria has prioritised primary health care and is working hard to increase overall spending on health including coordinating with other partners to secure additional funding for vaccine procurement. A meeting was held with the Minister of Finance, the Minister of Budget and Planning and the Governor of the National Central Bank to discuss an increase of 10% allocation for vaccines from the BHCPF (Basic Health Care

Provision Fund). He also noted that they are beginning to see improvements in vaccine demand and measles and yellow fever campaigns. The Minister assured the Board of the Government's commitment to the framework.

Discussion

- Board members shared their appreciation of the commitment demonstrated by the Government of Nigeria and their ownership of the framework. The Board also voiced their overall support for the framework, noting its importance in providing assurance on progress in-country.
- Several Board members expressed their view that the two mandatory indicators (showstoppers) might not be enough. It was particularly felt that these indicators should contain more stringent requirements than for other countries and should leave no room for differing interpretations. It was further noted that it was unclear what the consequences would be if the other indicators were not met.
- Board members emphasised that strong collaboration between the state and federal levels will be vital to the success of the framework, as well as increasing the health budget.
- It was proposed that that delegation for the annual review should attempt to reflect a broad scope of constituencies not just the Secretariat and donors.
- It was noted that engaging at state level in quarter two 2019 may be too ambitious considering the elections but the Minister of Health was comfortable with challenging themselves to meet this deadline. The Minister, however, requested that the annual review be conducted in either December 2019 or January 2020 and not earlier, to reflect a full year of progress.
- The Board Chair thanked the Minister and the Executive Director for their time and noted that the accountability framework demonstrates the level of commitment from all partners.

16. IPV for India 2019-2021

- 16.1 Helen Rees, on behalf of the Programme and Policy Committee (PPC) Chair, outlined the Government of India's request for Gavi support for the incremental costs of IPV due to an unexpected significant price increase. Professor Rees noted that the PPC recognised that India had been fully funding their IPV vaccines since 2016, even though they were eligible for Gavi support and this was an exceptional situation. She explained that the majority of members recommended this proposal, with a few minority positions.
- 16.2 Hind Khatib-Othman, Managing Director, Country Programmes, presented this item, outlining the considerations that informed the PPC recommendation, including the high risk of polio re-emergence; the burden that this global price increase had placed on India; the equity issue of supporting other countries versus

India, which remains Gavi-eligible but had previously offered to self-finance IPV; and the fact that India switched to fractional doses at a time of global supply shortage which then enabled other countries to receive vaccines.

Discussion

- Board members were generally supportive of the proposal and commended the Indian government's strong commitment to immunisation and largely self-financing its programme, but were keen to understand why the price had increased so much with apparently no forewarning of this for India. The representatives of manufacturers commented that only one company, an IFPMA company, had recurrently bid on the national tender. The industry constituency also noted the initial introduction price was not sustainable due to the unprecedented complexity of scale up in such a short time to meet global needs.
- The Secretariat noted that they had anticipated a global price increase for IPV costs but under-estimated the magnitude of this increase.
- In response to a request from Board members for more detailed information on pricing in the future, the Secretariat explained that they do work on pricing estimates for the coming ten years but due to commercial sensitivities, they are not in a position to release this information. They also highlighted the procurement work to secure multi-year contracts, which help both manufacturers and Gavi with pricing stability and visibility.
- One member raised a concern that the Board appears to be taking another ad hoc decision that is not included in the original financial forecasts. However, other members expressed their view that in fact the decision would be in line with the original Gavi approach to IPV. Members also reflected on the importance of polio prevention in India given its location to polio endemic countries and of its strong contribution to global efforts to manage available doses of IPV.
- Following discussion, the Board members approved the proposal, recognising Gavi's incremental support to India was not precedent setting. It was however, noted that there should be clearer communication between Gavi, manufacturers and countries in the future on forecast pricing to avoid this situation recurring.

Decision 19

The Gavi Alliance Board:

Approved, further to its decision on exceptional Gavi support for IPV from 2013 for Gavi eligible and graduating countries and the risks to the polio eradication agenda, the use of core resources (in an amount estimated at US\$ 40 million based on current projections) to support inactivated poliovirus vaccine (IPV) in India for the period 2019-2021.

David Hering (IFPMA) and Sai Prasad (DCVMN) recused themselves and did not vote on Decision 19 above.

17. Committee Chair and IFFIm Board Reports

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

Investment Committee

- 17.2 Stephen Zinser, Investment Committee Chair, delivered the report of the Investment Committee, noting that no unscheduled meetings had taken place this year.
- 17.3 Mr Zinser updated the Board on the market and portfolio performance, noting the challenging environment in 2018, particularly in the equity and fixed income assets, when compared with 2017. He also noted that the emerging market currencies were especially weak.
- 17.4 He reported that the short-term portfolio comprised US\$ 935 million and the long-term portfolio comprised US\$ 913 million. He outlined that the portfolio generated an estimated year to date investment income of US\$ 13.7 million and US\$ 564.7 million since its inception.
- 17.5 Mr Zinser then highlighted to the Board that, even with the market volatility, it is an achievement that the portfolio should not be in too much of a deficit for 2018 due to the low value at risk of the long-term portfolio.
- 17.6 To conclude, Mr Zinser noted the other activities of the Investment Committee which included increased manager rotation in preparation for the more volatile market, an amendment to the Investment Policy to modestly extend the liquidity profile of the long-term portfolio, increased activity around environmental and socially responsible investments and the annual risk review.

Discussion

- In response to a question from the Chair on the outlook for markets, Mr Zinser noted that the developed markets are likely to take a dip but not by as much as the emerging markets.

Governance Committee

- 17.7 William Roedy, Governance Committee Chair, presented to the Board the routine work conducted by the Committee including Board and Committee nominations, recruitment of Unaffiliated Board members, HR issues and the monitoring of the Gender Policy for Board and Committee nominations.
- 17.8 Mr Roedy recalled that the Board had approved a new Conflicts of Interest Policy for Governance Bodies at its meeting in June 2018, and that the Governance Committee, at its meeting on 26 November 2018, had approved a new Conflicts of Interest Policy for the Secretariat. He further noted updates to the Board Travel Policy.

- 17.9 Mr Roedy recalled the work that had been done to improve support to the Developing Country constituency. He explained that at its meeting in October the Governance Committee had agreed to recommend amendments to the Board Committee Charters to provide flexibilities for Developing Country representation, as well as an adjustment to the Special Adviser model with increased support from the Secretariat.

Discussion

- The Board praised the Committee's efforts in relation to improving gender balance, noting that the Board should have a 50/50 balance after the current set of appointments.
- In response to questions on whether the recruitment agency has enough connections to provide a suitable range of candidates from developing countries, the Secretariat noted that the agency is only one route in which candidates are sought and considerable attention was given to ensuring that a diverse range of candidates was put forward for consideration.

Evaluation Advisory Committee

- 17.10 Rob Moodie, Evaluation Advisory Committee (EAC) Chair, delivered the report of the EAC. Dr Moodie started by noting two examples of areas which have worked well for the EAC in 2018 including applying a monitoring and evaluation lens to the CCEOP evaluation and applying lessons learnt and undertaking course corrections for the PEF Targeted Country Assistance.
- 17.11 Dr Moodie noted the joint meeting held between the EAC and PPC in October where proposals for new approaches to evaluation and monitoring were discussed. He then outlined the increasing collaboration with the Global Fund's TERG including a planned meeting in April 2019 to explore cross learning between Gavi's Full Country Evaluations (FCE) project and the Global Fund's Prospective Country Evaluations (PCE) projects.
- 17.12 He then outlined the recent peer review of Gavi's evaluation function, describing the recommendations to revise the evaluation policy and its charter and noted the approval of the evaluations multi-year workplan.
- 17.13 To conclude, Dr Moodie welcomed the Board's feedback on the evaluation function from the survey circulated at the closed session and welcomed any suggestions for the way forward, proposing that the Board retreat in March 2019 could be a good opportunity to look at the detail of evaluations.

Discussion

- In response to a question from the Board Chair, Dr Moodie confirmed that the work of other multilateral institutions was being taken into account when looking at the revision of Gavi's Evaluation Policy.
- The Board member representing UNICEF highlighted how important evaluations are for their organisation, particularly to inform how they work with partners and

suggested including language in the policy which references how the results of evaluations should be used and applied by Gavi.

- Several Board members noted the potential impact Gavi 5.0 strategy may have on evaluations and that this should be actively considered by the Board.
- One member proposed an evaluation conducted by countries on how Gavi is performing and any areas to improve.

IFFIm

17.14 Cyrus Ardalan, IFFIm Board Chair, provided an overview of the IFFIm Company mechanism, providing information on IFFIm's financial position, which is currently strong and with capacity to provide further support. He noted that IFFIm is a major contributor to Gavi funding, having provided US\$ 2.6 billion of funds to date which have been used for routine immunisation, Health System Strengthening and strategic investments.

17.15 Mr Ardalan opined that IFFIm continues to attract external interest and he outlined a recent trip to the Middle East in which he met with representatives in the United Arab Emirates, Kuwait and Saudi Arabia. He further noted the Brazil had recently become a donor to IFFIm, highlighting that emerging economy countries can also play an important role.

17.16 Mr Ardalan concluded by outlining the potential strategic initiatives in which IFFIm could be involved. These included financial commitments for market shaping, supporting CCEOP, vaccine scale-up, contingent pledges for outbreak response and, as mentioned earlier in the Board meeting, polio.

Discussion

- In response to a question from the Chair on IFFIm's role in Gavi 5.0, Mr Ardalan highlighted the potential opportunities in the Middle East, a market shaping initiative via guarantees, funding for cold chain equipment and potential funding for IPV post-2020.

18. Review of decisions

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

19. Closing remarks

19.1 The Chair expressed her thanks and appreciation to the Board for a productive meeting.

- 19.2 After determining there was no further business, the meeting was brought to a close.

Dr Ngozi Okonjo-Iweala
Chair of the Board

Mr Philip Armstrong
Secretary to the Board

Attachment A

Participants

Board members

- Ngozi Okonjo-Iweala, Chair
- William (Bill) Roedy, Vice Chair
- Kwaku Agyeman-Manu (Alternate)
- Edna Yolani Batres
- Megan Cain
- Tim Evans
- Raymonde Goudou Coffie
- Sarah Goulding
- Daniel Graymore
- Shanelle Hall
- Margaret (Peggy) Hamburg
- David Hering (Alternate)
- Myint Htwe
- Orin Levine
- Clarisse Loe Loumou
- Marta Nunes
- Jean-Francois Pactet
- Sai Prasad
- Helen Rees
- David Sidwell
- Soumya Swaminathan
- Karin Westerberg (Alternate)
- Stephen Zinser
- Seth Berkley (non-voting)

Alternates Observing

- Craig Burgess
- Mahima Datla
- Sergey Khachatryan
- Irene Koek
- Harriet Ludwig
- Violaine Mitchell
- Kate O'Brien
- Michael Kent Ranson
- Angela Santoni
- Princess Nothema (Nono) Simelela

Regrets

- Reina Buijs
- Ted Chaiban (Alternate)
- Amir Aman Hagos
- Felix Kabange (Alternate)
- Aamer Mehmood Kiani (Alternate)
- Jason Lane (Alternate)
- Mohamed Abu Zaid Mustafa
- Richard Sezibera
- Susan Silbermann
- Bounkong Syhavong (Alternate)
- Saira Afzal Tarar (Alternate)

Additional Attendees

EVALUATION ADVISORY COMMITTEE

Dr Rob Moodie, Professor of Public Health, University of Malawi and Chair, Evaluation Advisory Committee

IFFIm

Mr Cyrus Ardalan, Chair, IFFIm Board of Directors

Mr Christophe (Edge) Egerton-Warburton, Co-founder, Lion's Head Global Partners

Ms Doris Herrera-Pol, former Global head of Capital Markets, The World Bank

BILL AND MELINDA GATES FOUNDATION

Ms Julie Bernstein, Deputy Director, Program, Advocacy and Communications

Mr. Nima Abbaszadeh, Program Officer, Vaccine Delivery

WORLD BANK

Mr Benjamin Carcani, Finance Officer, The World Bank
Dr Sarah Alkenbrack, Senior Economics (Health), The World Bank
Mr Trent White, Finance Officer, The World Bank
Mr Toomas Palu, Adviser, Global Coordination, The World Bank

WORLD HEALTH ORGANIZATION

Dr Sylvie Briand, Director, Pandemic and Epidemic Diseases, Health Security and Environment
Dr Michel Zaffran, Director, Polio Eradication
Ms Lidija Kamara, Programme Manager, Department of Immunization, Vaccines and Biologicals (IVB)

UNICEF

Dr Robin Nandy, Principal Advisor & Chief of Immunizations, New York
Ms Heather Deehan, Chief, Vaccine Centre, Copenhagen
Dr Benjamin Schreiber, Senior Health Specialist, Strategy and Management, New York
Ms Etleva Kadilli, UNICEF Supply Division, Copenhagen

DEVELOPING COUNTRY GOVERNMENTS**Cameroon**

Mr Emmanuel Maina Djoulde, Head, Cooperation Division, Ministry of Health

Ghana

Mr Ramses Joseph Cleland, Ambassador, Permanent Mission to the UN, Geneva
Mr Alexander Grant Ntrakwa, Deputy Permanent Representative, Permanent Mission to the UN, Geneva
Mr Iddrisu Yakubu, Health Officer, Permanent Mission to the UN, Geneva
Ms Linda Nanbigne, Executive Assistant to Minister Agyeman-Manu

Myanmar

Dr Kyaw Khaing, Assistant Permanent Secretary, Ministry of Health and Sports

Nigeria

Prof Issac Adewole, Minister of Health
Dr Faisal Shuaib, Executive Director, National Primary Health Care Development Agency

DONOR GOVERNMENTS**Australia**

Ms Naomi Dumbrell, Counsellor Health and Environment, Permanent Mission to the UN, Geneva
Ms Sue Graves, Director, Health and Education Funds, DFAT
Mr Michael Newman, Assistant Director, Health and Education Funds, DFAT

Canada

Ms Tamara Mawhinney, Deputy Ambassador, Permanent Mission to the UN, Geneva
Ms Niloofar Zand, Senior Advisor, Health and Nutrition, Global Affairs Canada
Ms Emily Alexander, Senior International Development Officer, Infectious Diseases, Global Affairs Canada
Ms Kristen Chenir, Counsellor, Development (Health), Permanent Mission to the UN, Geneva

European Commission

Mr Matthias Reinicke, Policy Officer, DG DEVCO, European Commission, Brussels

France

Mr Benjamin Bechaz, Policy Advisor, Ministry of Europe and Foreign Affairs, Paris
Mr Morgan Jouy, Permanent Mission to the UN, Geneva
Mr Lionel Vigbacq, Head of the Global Health Partnership Unit, Ministry of Europe and Foreign Affairs, Paris

Germany

Dr Daniel Kohls, Global Health Policy Advisor, GIZ, Bonn, Germany
Ms Judith Soentgen, Senior Policy Officer, BM, Bonn

Ireland

Ms Amy Shields, First Secretary, Permanent Mission to the UN, Geneva

Italy

Dr Francesca Manno, Director, Ministry of Economy and Finance, Rome
Ms Gisella Berardi, Senior Adviser, Ministry of Economy and Finance, Department of Treasury, International Financial Relations Directorate, Rome
Dr Pasqualino Procacci, Health Expert, Italian Agency for Cooperation to Development
Mr Diego Cimino, Secretary of Legation, Ministry of Foreign Affairs and International Cooperation, Rome
Mr Leone Gianturco, Director, Italian Cooperation Agency
Mr Giulio Marini, Permanent Mission to the UN, Geneva

Japan

Dr Naoki Akahane, First Secretary, Permanent Mission to the UN, Geneva
Ms Hana Shibayama, Official, Ministry of Foreign Affairs

Luxembourg

Mr Philippe Wealer, Attaché, Cooperation et Action Humanitaire, Permanent Mission to the UN, Geneva

Monaco

Mr Maxime Trapani, Counsellor, Permanent Mission to the UN, Geneva

Netherlands

Ms Marie-Christine Siemerink, Global Health Advisor, Ministry of Foreign Affairs
Ms Wieneke Vullings, Deputy Head of Unit, Ministry of Foreign Affairs
Ms Monique Kamphuis, First Secretary, Senior Policy Advisor Health, Permanent Mission to the UN, Geneva

Norway

Ms Lene Lothe, Head, Health Section, NORAD
Ms Marte Wensaas, Senior Advisor, NORAD
Mr Andreas Karlberg Pettersen, Adviser, NORAD
Ms Cathrine Dammen, Counsellor, Permanent Mission to the UN, Geneva
Mr Bjørg Skotnes, Counsellor, Permanent Mission to the UN, Geneva

Republic of Korea

Mr Jongkyun Choi, Minister Counsellor, Permanent Mission to the UN, Geneva
Mr Insik Kong, Director, Division of VPD control & National Immunization Programme (NIP), Center for Infectious Disease Control (K-CDC)
Ms Chaemin Chun, Staff Scientist, Division of VPD control & National Immunization Programme (NIP), Center for Infectious Disease Control (K-CDC)

Spain

Mr Miguel Casado Gomez, Head, Health Sector, Ministry of Foreign Affairs and Cooperation
Mr Martin Remon, Counsellor, Ministry of Foreign Affairs and Cooperation

Sweden

Mr Andreas Hilmersson, Counsellor, Permanent Mission to the UN, Geneva
Ms Nina Eklund, Counsellor, Permanent Mission to the UN, Geneva

Switzerland

Ms Anne Hassberger, Counsellor, Permanent Mission to the UN, Geneva
Ms Anh Thu Dong, Counsellor, Permanent Mission to the UN, Geneva

United Kingdom

Mr Daniel Kibble, Deputy Programme Manager, DFID
Mr Tom Morrow, Head of Assurance, DFID
Ms Sophie Bracken, Economist, Global Funds Department, DFID
Dr Louise Kemp, Deputy Programme Manager for Polio, DFID

United States of America

Ms Elizabeth Noonan, Immunization Advisor, USAID
Ms Carmen Tull, Chief, Child Health and Immunization Division, USAID

VACCINE INDUSTRY – INDUSTRIALISED

Dr Joan Benson, Executive Director, Merck
Dr Laetitia Bigger, Director, Vaccines Policy, IFPMA
Ms Ariane McCabe, Director, Global Health and Public Affairs, GSK
Dr Julie Hamra, Pfizer, New York
Dr Lyn Morgan-Marsden, Head of Global Public Affairs for Endemic Vaccines, Institutions & Associations, Sanofi Pasteur

VACCINE INDUSTRY – DEVELOPING

Dr Trishanya Pusapati Raju, Senior Executive, Biological E. Limited, Hyderabad, India

CIVIL SOCIETY ORGANISATIONS

Ms Laura Kerr, Senior Policy Advocacy Officer, RESULTS UK, London
Ms Diane Le Corvec, Communications Focal Point, Gavi CSO constituency, IFRC, Geneva
Ms Lubna Hashmat, Chief Executive Officer, Civil Society Human and Institutional Development Programme, Islamabad, Pakistan

RESEARCH AND TECHNICAL HEALTH INSTITUTES

Dr W. William Schluter, Director, Global Immunization Division, Centers for Disease Control and Prevention (CDC), Atlanta

Special Advisers

Ms Nicole Mensa, Special Adviser to Gavi Board Chair
Ms Fabienne Kombo N'Guessan, Special Adviser to AFRO Francophone/Lusophone constituency
Dr Sara Mohammed Osman Elias, Special Adviser to EMRO constituency
Dr Rolando Pinel, Special Adviser to EURO/PAHO constituency
Dr Khant Soe, Special Adviser to SEARO/WPRO constituency
Mr Bruno Rivalan, Special Adviser to the CSO constituency
Dr Stephen Karengera, Special Adviser to the PPC Chair
Ms Carol Piot, Special Adviser to the Chair of the IFFIm Board

Other Observers

Dr David Lorenzo, Managing Director, Policy Access and Introduction, PATH, Seattle
Dr William Hausdorff, Public Health Value Proposition Lead, PATH, Seattle
Dr Yann Le Tallec, Vaccine Delivery Director, Clinton Health Access Initiative, USA
Ms Carlota Moya, "La Caixa" Banking Foundation, International Department, Spain
Ms Charlie Weller, Head of Vaccines, Wellcome Trust, UK
Ms Lori Sloate, Senior Director, Global Health, UN Foundation
Ms Marijke Wijnroks, Chief of Staff, The Global Fund
Ms Carole Presern, Director of Board Relations, The Global Fund