

Gavi Alliance Programme and Policy Committee Meeting

22-24 October 2024

Global Health Campus, Geneva, Switzerland

1. Chair's report

- 1.1 Noting that the meeting had been duly convened and finding a quorum of members present, the meeting commenced at 14.30 Geneva time on 22 October 2024. Anne Schuchat, Programme and Policy Committee (PPC) Chair, chaired the meeting.
- 1.2 The Chair welcomed all participants, in particular new members, including Katja Meijaard (Industrialised Governments – the Netherlands) and Kediende Chong (Implementing Countries – South Sudan).
- 1.3 The Chair also welcomed Brian Erazo Muñoz (Implementing Countries – Honduras), who was a PPC member-elect at the time of the meeting. The Chair noted that given that the appointment to the PPC was already formally underway, she had agreed exceptionally that Mr Muñoz could attend the meeting and contribute fully in the discussions.
- 1.4 As the PPC Charter allows for any Board or Alternate Board Members to observe Committee meetings, the Chair welcomed the participation of Francesca Manno (Alternate Board Member, Italy) and Greg Widmyer (Alternate Board Member, Bill & Melinda Gates Foundation).
- 1.5 The Chair also informed the PPC that James Hargreaves, Chair of the Evaluation Advisory Committee (EAC), would be joining the meeting to present an update on evaluation on Thursday 24 October, as well as Rose Leke, Chair of the Independent Review Committee (IRC), who together with her two Co-Chairs, Pierre-Corneille Namahoro and Bolande Oyeledun would present an update on activities of the IRC.
- 1.6 Standing declarations of interest were tabled to the Committee (Doc 01a in the Committee pack).
- 1.7 The minutes of the PPC meeting of 15-16 May 2024 were tabled to the Committee for information (Doc 01b). The minutes had been circulated and approved by no objection on 22 August 2024.
- 1.8 The Chair referred to the PPC workplan (Doc 01c). Committee members were reminded that they may contribute to the workplan by raising issues with either herself or the Secretariat.
- 1.9 The Chair noted the comments from the Japan/Italy/Spain/New Zealand constituency on the BoardEffect discussion board.

2. CEO Update, including Strategy, Programmes and Partnerships

- 2.1 Sania Nishtar, CEO, provided a holistic update to the PPC on key strategic topics including the CEO 180-day plan including key milestones; the Gavi Secretariat leadership structure; the Gavi 6.0 strategy; Gavi's replenishment; external environment updates; and progress on Gavi 5.0/5.1.
- 2.2 Dr Nishtar also provided an update on strategy and programmes, including on the Gavi 5.0/5.1 balanced scorecard programmatic module, and reported on progress on the Gavi strategic goals and programmatic must wins.
- 2.3 Finally, the CEO requested PPC guidance on strategic scenarios corresponding to the level of ambition to address the yellow fever immunity gap.

Discussion

- The PPC welcomed the CEO report and commended her achievements in her first six months in the role.
- Several PPC members underlined the importance of continuing to focus on the zero-dose agenda. Leveraging local Civil Society Organisations (CSOs) and implementing partners, particularly in advancing the zero-dose agenda and advocating for Gavi in the lead up to the replenishment was emphasised.
- One PPC member emphasised the need for better integration between detection using appropriate diagnostic tools and response by enhancing surveillance, preparedness and response systems. This includes developing Standard Operating Procedures and conducting exercises with potential support for country- and regional-level technical assistance through Partners' Engagement Framework Targeted Country Assistance (PEF TCA).
- One PPC member emphasised the need to evaluate the lack of progress in Routine Immunisation (RI) coverage in fragile and conflict countries and suggested assessing multi-country contracts and campaigns. The Secretariat noted in this regard that an independent evaluation of the Zero-Dose Immunisation Programme (ZIP) has been commissioned. Ethiopia was mentioned as a success story where ZIP has been effective in a conflict setting.
- One PPC member highlighted that as countries implement the Equity Accelerator Fund (EAF) it would be crucial to establish robust processes for countries to monitor the progress of their programmes.
- The CEO noted the PPC's request to provide greater granularity on the balanced scorecard and indicators.
- The CEO responded to a query on the Grant Management Reform (EVOLVE) project noting that the approach to the project has been substantially revised, with accountability and resources for specific workstreams allocated to Senior

Leadership Team (SLT) members and overseen by the new Reform and Prioritisation Sub-Group of the SLT. Implementation will occur in two phases, with the first wave due to complete at the end of Q1 2025, and the second at the end of Q4 2025.

- The PPC commended the progress in the human papillomavirus (HPV) vaccine coverage facilitated by the one-dose schedule and stressed the importance of the programme's sustainability and leveraging HPV platforms for adolescent girls' needs and other vaccines, including tuberculosis. The Secretariat noted that 13 countries have been approved to reprogramme or access additional HSS funds to support HPV vaccinations to date, against a target of 14 by the end of 2024.
- In responding to queries on the gender policy, and the activation of partnerships in the relaunch of the HPV programme, the CEO clarified that updates on these topics would continue to be provided in the future, as per standard process.
- One PPC member suggested that it would be useful to have an update on the malaria programme's country data reports to evaluate the achievements in coverage among target populations before considering expanding the age range.
- In relation to the Marburg virus which was raised by some PPC members, the Secretariat noted that Gavi continues to work with partners to assess and monitor the situation. A technical assessment conducted with partners concluded that Gavi did not have a specific role to contribute at this stage.
- The PPC provided guidance on the strategic scenarios corresponding to the level of ambition to address the yellow fever immunity gap, expressing alignment with the deploying a differentiated and country-tailored vaccine scenario approach (scenario 3), noting that this should be part of post-replenishment recalibration discussions.
- The PPC discussed the yellow fever targeted vaccination campaigns and provided guidance on several aspects, including: the need to present refined budgetary implications; comparing value of the investment and cost per death averted with other vaccines in Gavi 6.0; demonstrating potential savings from successful campaigns; including coverage data from previous campaigns; assessing the ability of countries to reach wider age groups; and integration opportunities through the campaign effectiveness workstream.
- The Secretariat reported that yellow fever mass preventive vaccination campaigns achieved over 80% coverage in most countries, ensuring herd protection against yellow fever transmission. The current Gavi 6.0 budget includes funds for yellow fever including RI activities, planned mass vaccination campaigns, a stockpile of 6 million doses for emergency outbreaks and diagnostics support for yellow fever. Any additional programmes and activities may be needed to align with the latest recommendations of the Strategic

Advisory Group of Experts on Immunization (SAGE) in line with the Eliminate Yellow Fever Epidemics (EYE) Strategy.

- Several PPC members emphasised the need to leverage the African Vaccine Manufacturing Accelerator (AVMA) to incentivise vaccine manufacturing capacity in the African region and support the production of yellow fever vaccine (YFV) in particular. The Secretariat confirmed that YFV is already designated as a Priority Vaccine for AVMA, noting that at least one manufacturer on the continent is expected to have an AVMA-eligible YFV asset.
- In relation to the increase in country demand for Gavi 5.1 programmes, the Secretariat explained that the PPC would be convened on 20 November 2024 to discuss a review of the Prioritisation Mechanism for Gavi's Support to Countries to ensure the mechanism is fit for purpose. It was further noted that for Gavi 6.0, the Secretariat would engage with the Board post replenishment to recalibrate Gavi 6.0 priorities and discuss trade-offs if necessary.

3. Read-Out from Audit & Finance Committee Meeting

- 3.1 François Note, interim Chief Financial Officer, introduced this item and provided a summary of the key messages from the Audit and Finance Committee (AFC) meeting which had taken place on 8 October 2024.

Discussion

- PPC members welcomed the link between the AFC and PPC, noting that in some cases the Committees both consider the same topics for recommendation to the Board, but with different lenses. In this respect, the PPC Chair reported that she had been invited to observe the October 2024 AFC meeting.
- PPC members discussed the programmatic drivers behind the increase in demand for vaccines for 2025, including i) strong post-pandemic momentum in applications, ii) renewed momentum on established programmes such as human papillomavirus (HPV), iii) higher outbreaks and related adjustments to routine approvals, and iv) new vaccine programmes launch such as malaria, including some that have been made available earlier than initially anticipated.
- With respect to questions on cash balances in country, the Secretariat explained that there is a process underway to avoid additional funds being disbursed if there are fungible cash balances in country and that work is underway at the Senior Leadership Team-level to review whether any 'aging' funds in country could be reallocated, with a focus in the short-term on 10 countries.

- On the question of the First Response Fund and whether it was foreseen that it would be replenished now there has been a drawn down for mpox, it was explained that the initial design was not for a revolving fund that would be regularly replenished.

4. Joint Alliance Update on Country Delivery

- 4.1 Thabani Maphosa, Chief Country Delivery Officer, Gavi, presented on priorities and programme performance including focus areas for the Alliance; progress towards 2025 targets; 2023 WUENIC results that highlighted countries where there had been increases as well as reductions in zero-dose children; an update on the Zero-Dose Immunization Programme (ZIP); progress in High Impact countries at national and subnational levels; and progress on Accelerated Transition countries (Doc 04).
- 4.2 Ephrem Lemango, Associate Director of Immunization, UNICEF, provided an update on several key thematic areas related to the Big Catch-Up including early results on implementation and system strengthening in several countries; investments in improved cold chain equipment expansion across countries; and investments in and monitoring of vaccine stocks.
- 4.3 Kate O'Brien, Director, Department of Immunization, Vaccines and Biologicals, World Health Organization, reported on progress with respect to vaccine introductions, including on malaria, human papillomavirus (HPV), measles, and cholera vaccines.

Discussion

- The PPC welcomed the presentation, recognising the transparency and granularity of data provided, including by country segment, and the progress that has been made in challenging contexts.
- With respect to malaria, one PPC member questioned the seeming lack of progress and information about the malaria vaccine that had been prequalified, and another asked if successes from other multisectoral learning agendas such as the one for HPV could be replicated for malaria. It was clarified that progress is in line with the roadmap for malaria vaccines that has been put in place.
- On HPV supply, PPC members highlighted recent progress, stock availability and visibility, while also commending the corresponding learning agenda work. It was flagged that the outcome of market shaping efforts and the trajectory towards additional doses appeared to be on track.
- PPC members acknowledged the multisectoral push needed for cholera outbreak response especially considering recent outbreaks. PPC members queried market shaping dynamics, timeliness of outbreak response, preventive

campaigns, and the potential impact of different approaches. The importance of preventive vaccinations targeting hotspots was clarified.

- The PPC requested additional information on vaccine stockouts and the process to report stockouts was summarised. It was noted that this process pushes countries to act immediately which leads to a decrease in actual stockouts.
- PPC members discussed the status of ultra-cold chain equipment that were available in-country following the COVID-19 pandemic. It was clarified that guidelines for repurposing this equipment had been issued.
- The PPC expressed concerns over the lack of timeliness of outbreak detection in some cases and asked what else could be done to enhance response time. It was explained that there are many factors at play including country capacity to undertake surveillance, test suspected cases, and report information as well as the ability of Ministries to acknowledge outbreaks and develop a response plan.
- With respect to the Big Catch-Up, PPC members flagged the need to also capitalise on the work of the Global Polio Eradication Initiative (GPEI) and create systematic engagement to leverage and coordinate technical assistance, noting that Gavi accounts for only around 10% of all technical assistance in some countries.
- PPC members expressed concerns over the increase of zero-dose children, and reflected on the key drivers, such as conflict and socio-economic drivers, emphasising the critical role and ambition in Gavi's approach in fragile and humanitarian settings. PPC members also asked about means to address this issue, including the possibility of engaging in experience-sharing between regions, and strengthening accountability, particularly in High Impact countries. Clarification was provided regarding the need to engage at a higher political level to address challenges. On drivers in India, it was noted that a Joint Appraisal will take place in November 2024.
- In responding to questions on engagement at the subnational level, particularly with respect to technical assistance and stockouts, it was clarified that there are mechanisms that have been introduced, such as subnational Joint Appraisals which allows for stronger engagement as well as Alliance retreats to identify the types of gaps at the subnational level.
- One PPC member noted that it would be important to retain some kind of forum at the Alliance leadership level that could address bottlenecks to delivery, and it was clarified that the Alliance Partnership and Performance Team (APPT) is the appropriate forum and the Must Win working groups also offer a space for problem solving and actions.

5. Gavi's Response to Mpox

5.1 Derrick Sim, interim Chief Vaccine Programmes and Markets Officer, introduced this item (Doc 05). He provided an overview of the current mpox outbreak context with latest epidemiology. He outlined important elements including: the agreed three-phased vaccination strategy, coordination of the mpox vaccination response, and Gavi's engagement in preparedness and response. Finally, he outlined the risks and challenges as well as proposed mitigations.

Discussion

- PPC members welcomed the update and commended Gavi's quick response to the mpox outbreak.
- The PPC underscored the need for continued coordination across the Alliance partners to respond to the ongoing outbreak, and to leverage COVID-19 learnings to mitigate and respond to future outbreaks, including on barriers to access and delivery and the No-Fault Compensation scheme.
- The PPC stressed the need to consider potentially designating the mpox vaccine as a Priority Vaccine within the African Vaccine Manufacturing Accelerator (AVMA). The Secretariat confirmed that Gavi is evaluating the local manufacturing incentives and whether to designate mpox as a priority vaccine in AVMA.
- In responding to queries on the number of vaccine doses acquired through Gavi and UNICEF including the pricing, the representative from UNICEF clarified that they had been able to secure doses at US\$ 65 per dose through a tender for 1 million doses, noting that UNICEF benefits from the most competitive prices as the single largest buyer of vaccines. This volume includes the 500,000 doses at \$65 per dose that Gavi secured through an Advanced Purchase Agreement (APA) funded by the First Response Fund (FRF).
- Regarding questions on the level of vaccine demand, the Secretariat underlined that the demand forecast is being finalised across partners, with no immediate need for additional doses. It was emphasised that the FRF is intended for first response and is not currently replenishable. Any further funding by Gavi via the FRF beyond the US\$ 50 million would require compelling needs and concrete demands from countries, along with Board approval.
- Several PPC members underlined the importance of strengthening RI, focusing on the Big Catch-Up and supporting healthcare workers in preventing and responding to outbreaks. The Secretariat explained that RI monitoring is ongoing, with the possibility to repurpose COVID-19 Delivery Support (CDS) resources if needs arise in the context of responding to mpox, as has been done in the Democratic Republic of the Congo (DRC) and Rwanda.

- PPC members from implementing country constituencies highlighted the need to consider country contexts when responding to outbreaks, and focusing on countries bordering the epicenter of outbreaks, noting that surveillance, case reporting, and detection represent key challenges.
- Regarding the outbreak in the DRC, the quality of vaccination campaigns was highlighted, as well as the challenges related to the LC 16 vaccine including the complex technical skills needed to administer the vaccine.
- Regarding funding transparency, it was noted that the World Bank is working with WHO on financial tracking of the mpox response.
- With regard to paediatric vaccine use, the Secretariat clarified that the Bavarian Nordic vaccine is licensed for ages 12 and up, while discussions are ongoing about the use of other vaccines such as LC-16 for younger children and potential for use based on SAGE recommendations.
- In response to queries on how quickly Gavi had been able to respond, the Secretariat reflected on lessons learned from COVID-19, noting that it had been able to act quickly and reported on significant improvements in terms of funding availability, decision-making, entering negotiations with manufacturers, and vaccine donations, based on those learnings and the mechanisms that have been since established to address them, such as First Response Fund.
- In reference to questions on supporting countries the Secretariat explained that discussions had taken place with Ministries of Health to reprogramme under-utilised CDS funds for mpox response.
- The Secretariat noted the importance of diagnostics, therapeutics and partnership coordination, and highlighted that the Interim Coordination Mechanism on Medical Countermeasures through a Network of Networks (i-MCM-Net) is working to ensure coordination, with leadership from WHO and Africa CDC.

6. Gavi 6.0 Operationalisation: Getting Ready to Deliver on the Next Strategic Period

- 6.1 Johannes Ahrendts, Director, Strategy, Funding & Performance, provided an update on the work underway to prepare to deliver on Gavi 6.0, and focused on two matters for PPC guidance: i) the Gavi 6.0 approach to fragile and humanitarian settings, including associated problem statements; and ii) the proposal to continue to pilot Secretariat-led reviews in 2025 as part of the Independent Review Committee Transformation (Doc 06).

Discussion

- PPC members expressed their appreciation for the highly consultative process on the fragile and humanitarian settings approach and were supportive of the problem statements presented.
- PPC members provided broad comments related to Gavi's approach in fragile and humanitarian settings, including the need to i) clarify the scope of this work and whether it is a revision of the Fragility, Emergencies and Displaced Populations (FED) Policy or a wholesale change in the operating model and bring this back within the framework of the other relevant Gavi 6.0 pieces; and ii) elaborate on the risks associated with not engaging in this kind of work.
- PPC members suggested that the Secretariat seek to engage with the broader response in fragile and humanitarian settings, including at subnational level and beyond the vaccine landscape, e.g. nutrition, migration, climate change; bringing in innovations and flexibility; and linking with work to reach adolescent girls and HPV.
- It was also proposed that the Secretariat consider financing vaccines outside regular Gavi support, such as measles, Bacillus Calmette-Guérin (BCG), tetanus and polio vaccines, in fragile and conflict settings in order to avoid outbreaks; and consider how to extend financial support to fragile Middle-Income Countries (MICs).
- Rose Leke, Independent Review Committee Chair, was invited by the PPC Chair to provide her perspective on the proposal before the PPC related to the IRC Transformation. She emphasised that the IRC was very supportive of the Secretariat reviews for low risk and low value applications. She also provided assurance to the PPC of the outcome of the Secretariat reviews, following a shadow review, in which the Secretariat and shadow IRC reviews had resulted in virtually the same outcome, except that the Secretariat had been able to access additional information to clarify gaps in applications that made it possible to proceed with them.
- Sania Nishtar, CEO, thanked Professor Leke for her remarks and commented that she planned to come back to the PPC in 2025 with her perspective on the pilots, noting that any adjustments to processes related to checks and balances would require careful consideration.
- PPC members were generally supportive of the more differentiated approach proposed through the IRC Transformation.
- PPC members also commented on: i) the desire to avoid undue burden on the Secretariat; and ii) the need to situate this work within the broader evolution of the partner approach as part of Gavi 6.0.

6a. Health Systems Strategy

6a.1 Alex de Jonquières, Director, Health Systems & Immunisation Strengthening, introduced this item (Doc 06a).

Discussion

- Sania Nishtar, CEO, provided introductory comments related to the development of the Health Systems Strategy, and the plan to bring this back to the PPC in May 2025 for recommendation. Given the holistic nature of the proposed changes and the linkages and interdependencies with other pieces of Gavi 6.0, she noted that it would be important to have a clear concept and a view of replenishment outcomes when this comes back for recommendation.
- PPC members were generally supportive of the shifts outlined in the paper and expressed appreciation for the extensive consultation undertaken to date.
- PPC members were supportive of a more systematic approach to differentiating Gavi support but also emphasised that countries must shape the priorities for their grants, with robust country-level planning and technical support to ensure high-quality plans.
- In relation to the consolidation of health systems grants and simplified grantmaking, PPC reinforced the importance of strengthening domestic resource mobilisation for health systems, including through the proposed changes to the HSIS Policy, but some members underscored the complexity and cautioned the level of ambition.
- PPC members commented on the importance of sustainability of immunisation coverage and use of country systems, noting that only four of nine Accelerated Transition countries are currently channelling funds through country systems.
- One PPC member requested more detail on the Innovation Scale-Up Fund, in light of the consolidation of funding levers, and cautioning against the introduction of further fragmentation. The Secretariat provided context on the early thinking around some potential investments in innovation that could be impactful and committed to bring this topic back to the PPC for further discussion.
- Noting that this is one area where Gavi should have high ambition to work with other Global Health Institutions (GHIs), including the World Bank with its significant investments in this area, and the need for real changes in ways of working across the Alliance to deliver on the strategy, one PPC member suggested putting in place an accountability mechanism that clearly sets out roles and responsibilities. Several PPC members also highlighted the importance of the strategy addressing Gavi's partnership with GPEI.

- PPC members also commented that it would be worth further considering complementary investments; and several PPC members emphasised the importance of addressing investments in community health workers as part of the strategy.
- One PPC member reinforced the importance of realistic expectations given increased ambition in Gavi 6.0 but likely reduced resources to invest in health systems.
- One PPC member reflected on the strong capacity of local actors and the importance of understanding community needs.
- Several PPC members recognised that implementing the strategy will be complex and emphasised the importance of a well-defined operationalisation plan.

6b. Funding Policy Review

- 6b.1 The Chair provided introductory remarks on this item, noting that she had convened a Task Team on the Funding Policy Review with seven other PPC members participating, with the objective of supporting the Secretariat and Alliance with some of the detailed analytics and the complexity of options within the Funding Policy Review. She also provided an update to the PPC meeting materials related to the proposal to conduct pilots related to the consolidation of Partners' Engagement Framework (PEF) Targeted Country Assistance (TCA) within the cash envelope, upon which comments would be welcome but no recommendation would be requested at this meeting.
- 6b.2 Marta Tufet Bayona, Head, Policy, presented on the review of Gavi's funding policies, which outline the key objectives and principles under which Gavi provides funding to eligible countries (Doc 06b).

6bi. Health Systems and Immunisation Strengthening Policy

- 6bi.1 Marta Tufet Bayona, Head, Policy, introduced the key shifts proposed for the Health Systems and Immunisation Strengthening Policy (Doc 06bi).

Discussion

- With respect to the proposal to consolidate multiple cash funding levers into one funding envelope for countries, the PPC was generally supportive of the move towards simplification, while recognising that this is a highly complex endeavour.

- The PPC deliberated on the proposed guardrail for Civil Society Organisations (CSOs) and requested that this topic be brought back for consideration in parallel with the proposal on PEF TCA at the PPC meeting on 20 November 2024. Some PPC members queried whether the level of funding would increase significantly in a consolidated grant, while others highlighted the importance of this support, particularly in fragile and conflict settings.
- The PPC was supportive of the proposed minimum floor for cold chain equipment based on country needs.
- One PPC member queried the reason for putting a guardrail in place for measles/rubella and not other antigens. It was explained that measles is a highly infectious disease with increased outbreaks due to the backsliding in RI, and that this is the only programme for which Gavi supports periodic campaigns that are systemically conducted in countries. Overall, members were supportive of the guardrail but highlighted the importance of ensuring that partners are involved in its development and understand the details of how it would work and be implemented.
- In relation to the shifts proposed to the revised allocation formula to determine Gavi's cash support in a consolidated cash grant, PPC members queried the reason for the proposal to remove the birth cohort. It was clarified that the aim was to remove a redundancy, as the current allocation formula already accounts for population size through two performance indicators: 'Strength of routine immunisation programme' and 'Equity of immunisation,' measured as the total number of children missing the first and third doses of diphtheria-tetanus-pertussis containing vaccine (DTP1 and DTP3), respectively.
- One PPC member queried whether DTP1 is the best indicator of equity. It was clarified that this question has been extensively reviewed, including by the Task Team, and that the number of children not receiving DTP1 is the standard proxy used by Gavi and Immunization Agenda 2030 to assess the status of zero-dose children, which is Gavi's primary equity metric.
- In response to a query on the impact of a cap on High Impact countries, it was clarified that without a cap, the four high impact countries (Nigeria, Ethiopia, Democratic Republic of Congo and Pakistan) would receive around 40% of the total cash envelope. To balance this, a cap will be proposed for further discussion in Q2 2025, but an illustrative example with a US\$ 150 million cap showed a redistribution of approximately 7% of the HI country envelopes.
- The PPC was supportive of the proposed programmatic sustainability approach, highlighting the importance of supporting countries in preparing for transition, while also recognising the significant challenges of effectively promoting domestic investment in health systems.
- On Cold Chain Equipment (CCE), the PPC was supportive of maintaining the country joint investment with process improvements but highlighted potential

implications for market shaping to be managed through the forecasting process led by Gavi and UNICEF and maintaining a reliable and visible view of CCE needs in country.

- In relation to the learning agenda on programmatic sustainability, PPC members specifically requested that it be signalled that they wished this to be broad. However one PPC member cautioned that implementing co-financing mechanisms for health systems investments is complex and challenging.

Decision One

The Gavi Alliance Programme and Policy Committee **recommended** to the Gavi Alliance Board:

1. With respect to the consolidation of funding levers, that it **approve**:
 - a) the consolidation of seven funding levers into one consolidated cash grant, namely: i) Health Systems Strengthening (HSS); ii) Equity Accelerator Funding (EAF); iii) operational support for predictable campaigns; iv) Vaccine Introduction Grants (VIGs); v) predictable switch grants; vi) Innovation Top-Up; and vii) Cold Chain Equipment Optimisation Platform (CCEOP);
 - b) limited guardrails to safeguard investments in Cold Chain Equipment (CCE) by introducing a minimum spending requirement for CCE based on an Alliance-validated CCE needs forecast; and
 - c) the development of a third guardrail for Measles/Measles-Rubella Follow-Up Campaigns with details to be defined in consultation with Alliance partners and outlined in the final policy document.
2. With respect to the revised allocation formula to determine Gavi's cash support in a consolidated cash grant, that it **approve**:
 - a) a new allocation formula, that takes into account ability to pay, equity, health system performance and population size using the following indicators: GNI per capita and three-year averages of the number of children missing the first dose of diphtheria, tetanus, and pertussis vaccine (DTP1), the number of children missing the third dose (DTP3) and the number of children missing MCV2;
 - b) adjustments to the weightings of the indicators in the allocation formula to 50% for Gross National Income (GNI) per capita and 50% for performance indicators (DTP1, DTP3, MCV2), while reinstating a cap on the total amount a country can receive of health systems support and maintaining a minimum floor. Details of the caps and minimum floors will be determined following replenishment and brought back to the Board, through the PPC, for approval;
 - c) a 10% multiplier to prioritise funding for countries facing chronic fragility as defined by Gavi's Fragility, Emergencies and Displaced Population (FED) policy; and

- d) the proposed approach to allocate funds for Measles/Measles-Rubella Follow-Up Campaigns, vaccine introductions and planned switch grants at the start of Gavi's strategic period, based on forecasts, while holding back funds for other preventive campaigns (and their associated introduction grants if relevant) until countries' applications are approved.
3. In relation to programmatic sustainability, that it **approve** an approach to programmatic sustainability:
 - a) maintaining the country joint investment requirement for cold chain equipment (CCE) and aligning with other co-financing requirements, and introducing in-kind alternatives to joint investment; and
 - b) a wide-ranging learning agenda in Gavi 6.0 to explore country specific and country-owned modalities to increase domestic investment in immunisation.

Julie Hamra (IFPMA) and Rajinder Suri (DCVMN) recused themselves and did not vote on part 1) c) of Decision One above.

6bii. Eligibility, Transition and Co-financing, including Catalytic Phase

- 6bii.1 Benjamin Loevinsohn, Director, Immunisation Financing and Sustainability, introduced this item (Doc 06bii).
- 6bii.2 He provided an overview of the Eligibility, Transition, and Co-Financing (ELTRACO) shifts and Catalytic Phase. He outlined the costs of the proposed shifts in Gavi 6.0 in line with the Investment Opportunity mid-point of US\$ 350 million and noted the impacts of shifts on co-financing obligations in some countries such as Nigeria and Pakistan. Regarding the Catalytic Phase, he presented a brief outline of the evolution of the Middle-Income Countries (MICs) approach building on successes and lessons learned and aligned with the strategic costing estimate of US\$ 250 million presented to the Board in June 2024.

Discussion

- PPC members expressed appreciation for the consultative approach that led to the preparation of the proposed ELTRACO shifts.
- The PPC discussed the current indicative budget projections for Gavi 6.0. Noting the uncertainty of the funding that would be available, some PPC members expressed concerns on the projected increase in country co-financing commitments in Preparatory Transition (PT) countries. The PPC emphasised the need for post-replenishment discussions on trade-offs, including to better contain annual co-financing increases in PT countries.

- In light of the PPC deliberations on co-financing obligations, the PPC requested further analysis and options for addressing the pace of change in co-financing for PT countries, as part of further prioritisation of programmes when future resources and other Gavi cost become clearer post replenishment.
- Similarly, the PPC emphasised that some aspects of ELTRACO should be implemented in 2025, notably to reduce co-financing fluctuations and prevent situations where co-financing levels would continue to increase in 2025 before reducing in 2026. The PPC requested that the Secretariat explore the cost of such a measure and to bring it back for discussion.
- Several PPC members discussed the need for clarity on the co-financing contribution of HPV and pneumococcal Vaccine (PCV) vaccines at 4% and 7%, respectively, under Shift A. The Secretariat explained that this contribution would be equivalent to US\$ 0.20 per dose for the most expensive HPV and PCV products selected by Initial Self Financing (ISF) countries. The Secretariat noted that the risk of vaccine prices going up exists, however to date prices have not increased much. Countries also have the choice of vaccines and can opt for the lower cost vaccines to maintain their co-financing price.
- Regarding the proposed co-financing waivers for fragile countries, the PPC representative from EMRO expressed strong reservations to waiving co-financing obligations when governments cannot or are unwilling to provide support to populations or certain areas. The Secretariat acknowledged this concern and the sensitive nature of the context, noting that this concerns very few cases where support is usually channeled through Alliance partners to reach populations in humanitarian settings that would otherwise not benefit from vaccine support. The Secretariat noted these concerns and proposed to further discuss this provision during the extra-ordinary PPC meeting on 20 November 2024.
- Regarding Shift C, the PPC Chair requested the Secretariat to provide more details for the PPC as background material to explain the exception of measles and measles-rubella from introducing a co-financing cap of 35%.
- In reference to new vaccine introductions under the Catalytic Phase, several PPC members underlined the importance of introducing dengue vaccine for public good, particularly in MICs countries. The heavy disease burden in AMRO region was highlighted in this regard. PPC members also supported the inclusion of future tuberculosis (TB) vaccine. In relation to the vaccines in scope for the Catalytic Phase, the Secretariat noted that the process of identifying vaccines for this phase has been heavily prioritised. Most of the funding was allocated to HPV, PCV and rotavirus, a small amount of funding would be allocated to dengue and a future TB vaccine.
- Several PPC members requested the Secretariat to provide a clear definition of countries that would be eligible for the Catalytic Phase support. The

Secretariat clarified that eligible countries are former- and never-Gavi eligible countries classified by the World Bank as lower middle-income countries (LMICs) or as eligible to borrow from the International Development Association (IDA).

- Regarding the MICs Financing Facility, the Secretariat clarified that information on this investment was included in one of the annexes to the paper in terms of the market shaping initiatives for vaccine access, this represents around US\$ 30 million and is essentially the same level as the investment currently under Gavi 5.1. The necessary approvals will go through the standard governance process.
- In relation to questions on funding for fragile MICs, the Secretariat confirmed that the costing is not part of the Catalytic funding envelope, and would be explored as part of the development of the fragile and humanitarian approach for Gavi 6.0 with the aim to take a more harmonised approach to support countries in the catalytic phase, including the scope of support, subnational approaches, and multi-country fragility support that may be required.
- Regarding the learning agenda, one PPC member highlighted the need for innovation and increased outreach to the Global Health Institutions (GHIs) to help countries in budget planning and aligning transition policies at the country level.
- With respect to the proposed shift A, the Francophone and Lusophone Africa Constituency noted its concern about the shift in implementation without prior piloting and enough in country consultation on its potential impact on financial forecasting at the country level.

Decision Two

The Gavi Alliance Programme and Policy Committee **recommended** to the Gavi Alliance Board, subject to the availability of funding for the 2026-2030 period following Gavi's replenishment for that period, that it:

a) Under Shift A, **approve**:

- i. Directly linking country co-financing contribution to the price of the vaccines for specific vaccine markets, where certain conditions are met (as outlined in Annex B to Doc 06bii);
- ii. Determining the percentage of the vaccine price that the country will pay in co-financing according to the principles of: minimal disruption to current co-financing obligations, uniform payment for the same product across Initial Self Financing (ISF) countries, and affordability of new vaccines;
- iii. Human Papillomavirus (HPV) and pneumococcal vaccine (PCV) as the first vaccine markets to meet the specific conditions under decision point a)(i),

and hence the first markets for application of Shift A, with co-financing set at 4% for HPV and 7% for PCV of the vaccine price¹, in accordance with the principles of decision point a)(ii); and

- iv. Following the application of Shift A to HPV and PCV as per decision point a) (iii), that future applications of Shift A to other vaccine markets, as well as the appropriate co-financing, will be reviewed and applied by the Secretariat, in accordance with the considerations and principles specified in Annex B to Doc 06bii and in decision point a)(ii), leveraging market shaping roadmap review cycles and in consultation with Alliance market shaping partners.

b) Under Shift B, **approve**:

- i. Increasing the Gavi eligibility threshold to US\$ 2,300 Gross National Income (GNI) per capita (p.c.) in 2026; and
- ii. Providing countries that regain eligibility with a downward adjustment in co-financing for individual Gavi-supported vaccine programmes, including fully self-financed ones, to 80% at the point at which they re-enter Preparatory Transition (PT) phase.

c) Under the Small Island Developing States (SIDS) Package,

- i. **Approve** increasing Accelerated Transition (AT) phase for SIDS to 12 years and providing a one-time downward adjustment in co-financing for individual Gavi-supported vaccine programmes, including fully self-financed ones, to 80% in 2026; and
- ii. **Note** that SIDS will continue to receive programmatic support, including for campaigns, for the entirety of the AT phase.

d) Under Shift C, **approve**:

- i. Introducing a co-financing cap for individual Gavi-supported vaccine programmes for countries in Preparatory Transition (PT) of 80%;
- ii. Providing a downward adjustment in co-financing to individual Gavi-supported vaccine programmes, including fully self-financed ones, to 80% for countries in PT above the co-financing cap; and
- iii. For countries in PT, establishing an introductory co-financing cap of 35% for all new vaccines, with the exception of measles and measles-rubella (MR), which will remain as per the current Board decisions.

¹ Calculated based on current equivalence to US\$ 0.20 per dose for the highest cost product selected by countries for each vaccine

e) Under Shift D, **approve**:

- i. For countries in AT, establishing an introductory co-financing cap of 35% for all vaccines, with the exception of Measles and MR which will remain as per the current Board decisions; and
- ii. Providing AT countries with eight years of vaccine support for all new vaccines introduced during AT, regardless of when during the AT phase they are introduced.

f) Under Shift E, **approve**:

- i. Using multiple indicators measuring immunisation coverage to assess programmatic performance of AT countries, aligning directly with the indicators and levels used in the Health Systems allocation model in Gavi 6.0;
- ii. Providing five years of additional programmatic support to reinforce programmatic capacities for countries post-AT who meet the specified criteria; and
- iii. Removing the 90% coverage threshold limit for three doses of pentavalent vaccine (Penta3) for approval of new Health System Strengthening grants for countries in AT.

g) Under Shift F, **approve**:

- i. Allowing Gavi to provide, for countries that experience widespread, large-scale conflict or disaster of such magnitude that profoundly hampers the proper functioning of government, either (i) co-financing waivers of up to three years at any one time, or (ii) partial co-financing obligations, as per the country context.

h) Under the Catalytic Phase², **approve**:

- i. The overall scope and eligibility for the Catalytic Phase, including vaccines in scope, as outlined in Annex C to Doc 06bii;
- ii. Support may be channeled towards vaccine optimisation activities, including switches, to support lower middle-income countries achieve financial sustainability of their vaccine programmes. This would include support for technical assistance and one-off costs, not vaccine doses;

² Eligible countries are former- and never-Gavi eligible countries classified by the World Bank as lower middle-income countries (LMICs) or eligible to borrow from the International Development Association (IDA)

- iii. Applying the proposed performance indicators and prioritisation criteria (outlined in this paper) in determining eligibility for Targeted Intervention support to Former-Gavi-eligible countries experiencing backsliding; and
 - iv. Maintaining the in-principle eligibility of both Former- and Never-Gavi eligible countries for potential Fragility Support (per June 2022 Board Decision 13).
- i) **Approve** that the new co-financing rules outlined in the above decision points can be used to inform the approval processes starting in early 2025 for implementation from 2026.
 - j) **Approve** the application of decision points (d)(iii), (e)(i) and (e)(ii) in 2025 in situations where countries are ready to introduce vaccines, to avoid delaying such introductions, with an additional estimated financial implication of US\$ 9.5 million (US\$ 0.5 million in 2025 and US\$ 9 million in Gavi 6.0);
 - k) **Request** that the Secretariat estimate the cost of applying decision point (b)ii and (c)i in 2025 in situations where countries already have co-financing of 80% or greater, for consideration at the December 2024 Board meeting; and
 - l) **Request** that the Secretariat put forward options for addressing the pace of change in co-financing for PT countries. This will be part of a series of other potential investments to be explored by the Board in 2025 as part of further prioritisation of programmes when future resources and other Gavi cost areas are more clear.

Julie Hamra (IFPMA) and Rajinder Suri (DCVMN) recused themselves and did not vote on Decision Two above.

6c. Gavi 6.0 Measurement Framework

- 6c.1 Hope Johnson, Director, Measurement, Evaluation & Learning, introduced this item (Doc 06c). She provided a brief summary of the potential key shifts to Gavi MEL for Gavi 6.0, outlined the proposed design features and development process for the measurement framework, and presented potential evaluation topics for Gavi's 2026-2030 strategy.

Discussion

- The PPC welcomed the overall approach that aligns with ongoing processes, the Lusaka agenda principles and country level consultations.
- The PPC members provided guidance on the MEL framework, with one PPC member requesting Board approval of annual milestones as opposed to only five-year targets to allow for donor logframe alignment. Adopting a unified plan, monitoring framework, and budget would reduce the burden on countries. The

PPC also highlighted: enhancing country capacity to analyse data; anchoring Gavi 6.0 MEL framework in the Gavi 6.0 theory of change; ensuring continuity and consistency in monitoring key dimensions of strategic importance.

- One PPC member highlighted a broader request from countries to streamline measurement and focus top line indicators on primary health care and service availability versus health coverage. Cross-learning between countries as well as between the donors was emphasised.
- The Secretariat was invited to routinely update its country portal which provides important information on country grants, applications and joint appraisals externally.
- PPC members stressed the need for a coordinated MEL approach and strengthening country-level MEL to focus on the full results chain. They suggested using in-country frameworks and national plans instead of collecting more Gavi-specific indicators. Aligning on common health system metrics would enable coordinated measurement and data collection of health system performance. The MEL strategy should consider the effectiveness of indicators in prompting action at the country level.
- The Secretariat was advised to use the Framework for Action from the Immunisation Agenda 2030 (IA2030) and SAGE recommendations on data from 2011 to 2019, and to include the inactivated polio vaccine (IPV) as a headline indicator for vaccine coverage.
- The PPC supported the proposed evaluation topics and suggested additional evaluations including a mid-point deep dive on HSS and cash grants, collaboration with Global Health Initiatives (GHIs) like the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), and Global Financing Facility (GFF), economic evaluation of interventions and immunisation contributions, Gavi's role in the Lusaka agenda and progress on the five key shifts, and gender evaluation in addition to the learning agenda.
- The Secretariat noted the PPC comments and confirmed that the PPC guidance would be considered by the Secretariat between now and the Board meeting in December 2024 and would also be discussed with the Alliance Technical Working Group.
- Sania Nishtar, CEO, discussed ongoing efforts to establish future evaluation oversight structures. She highlighted the delivery cascade used by the Secretariat to track progress against goals, which will be refined for Gavi 6.0. This mechanism will provide visibility on the organisation's progress. Additionally, she mentioned a new approach to management reporting internally with a dedicated subset of indicators in the balanced scorecards shared with the Board and Committees.

7. Report of the Independent Review Committee (IRC)

- 7.1 Rose Leke, Chair of the Independent Review Committee (IRC), presented this item (Doc 07) and was joined by the two IRC Vice Chairs, Bolanle Oyeledun and Pierre-Corneille Namaharo.
- 7.2 She reported on strong demand for new Gavi support in 2024, highlighting positive changes in the last six months including on demand for new vaccines, six Full Portfolio Planning (FPP) processes and strong progress in addressing recommendations from IRC evaluations. She highlighted areas for Gavi to note, including: i) strengthening flexibility for countries facing fragility and conflict; ii) enhancing guidance to countries conducting vaccination campaigns and introducing new vaccines; and iii) enhancing collaboration and transparency with respect to the malaria vaccine, starting with the Global Fund-Gavi efforts.
- 7.3 Finally, she outlined the IRC Transformation progress, noting that the IRC evaluation project has successfully implemented most of the recommendations from the IRC evaluation report and achieved the desired planned outcomes

Discussion

- The PPC welcomed the IRC report and commended their ongoing work and recommendations.
- In relation to the comment from a PPC member on workload of the IRC and the number of country applications, the IRC Vice-Chair underlined that the IRC encourages countries to undertake FPP process based on Gavi's guidance, allowing them to include new vaccine introductions in a single application. This approach reduces the workload and helps country planning. Additionally, the Secretariat emphasised that one of the goals of the grant management reform is to consolidate multiple applications into one through the FPP, which will become mandatory.
- In responding to a query on how to ensure IRC recommendations are followed through, the Secretariat explained that the IRC transformation involves revisiting the IRC global report process to consolidate cross-cutting recommendations and setting up a tracker to monitor their implementation over time.
- One PPC member stressed the need to reassess how to incentivise countries to undertake RI activities, particularly in the context of measles vaccination campaigns. The role of the task team in examining necessary policies and strategies, potentially through deep dives was highlighted. The IRC Vice-Chair noted that the IRC aims to strongly recommend countries to achieve high coverage through campaigns and ensure that available resources bolster their RI programmes.

- Several PPC members highlighted the macroeconomic challenges faced by some implementing countries, particularly in fragile and conflict contexts where local currencies are depreciating sharply. The Secretariat noted the IRC's recommendation to increase flexibility for these countries and mentioned ongoing work to operationalise the FED policy by the end of the year.
- The Secretariat acknowledged the IRC's request for improved guidance to countries on vaccination campaigns and new vaccine introductions. Some of these responsibilities fall under Gavi, while others require direction from the Strategic Advisory Group of Experts on Immunization (SAGE). The WHO representative mentioned that comprehensive guidance on targeted strategies for measles and rubella vaccine campaigns is in the final stages of approval and will be released by SAGE soon.
- The Secretariat noted the IRC recommendation to enhance collaboration and transparency particularly with the Global Fund.

8. Annual Risk and Assurance Report 2024 and Risk Appetite Operationalisation

- 8.1 Maria Thestrup, Chief Ethics, Risk and Compliance Officer, presented the Annual Risk and Assurance Report 2024 (Doc 08).
- 8.2 She outlined the annual risk and assurance report 2024 including programmatic, financial, organisational and partner engagement risks, and highlighted key top risks. She provided a brief overview on the Risk Appetite Operationalisation Guide, including a three-phase approach involving key stakeholders, and provided a brief overview on the objectives and content of the Risk Appetite Operationalisation guidance document, which had been provided for information.

Discussion

- The PPC emphasised the risks of Vaccine-Preventable Diseases (VPD) outbreaks, stressing the need for surveillance and outbreak response, with special focus on polio. The Secretariat acknowledged the high risk of significant VPD outbreaks in some Gavi-supported countries, influenced by factors like inadequate immunisation coverage, ineffective preventive campaigns, and gaps in global strategies. Natural disasters and challenges in coordinating multi-crisis responses in the post-pandemic context further aggravate these risks.
- In responding to questions on the process of identifying and including new risks, the Secretariat explained that the Board-approved Risk Policy outlines the roles and responsibilities of the Secretariat, governance bodies, and the Alliance.

The risk management process begins with reviewing departmental risk registers and other relevant data, which is then presented to the Gavi Senior Leadership Team for consultation on which risks should be escalated.

- The Secretariat clarified that only top risks (in red on the risk map) are presented to the PPC. Strategic risks are long-term and tied to the five-year cycle, while operational risks have a 1-2 year horizon. It was also clarified that these risks are compiled in different Secretariat department risk registers.
- The Secretariat acknowledged the need to include data privacy as a standalone risk which would be included in the updated risk register, considering that data privacy falls under cyber-attack risks.
- In responding to a query on the country management capacity the Secretariat noted that this links to risks of countries having insufficient World Health Organization Expanded Programme on Immunization (EPI) to maintain, restore and strengthen immunisation which affects their ability to deliver on the zero-dose agenda. Ongoing mitigating actions include streamlining the grant management process, strengthening coordination capacity, and increasing the Partners' Engagement Framework envelope to support country management and capacity. Former Gavi countries also benefit from targeted intervention support to prevent backsliding through the Middle-Income Countries (MICs) approach.
- In relation to risks of sustainable transition and backsliding which was highlighted by some PPC members, the Secretariat explained that the co-financing obligations had increased by 29% in 2024 to US\$ 277 million, this is mainly due to countries in Accelerated Transition, vaccine introductions, and allocation adjustments.
- Several PPC members discussed the risks related to AVMA, emphasising the need to have further discussions on this topic to have clarity on what constitute this risk and how it can be mitigated. The Secretariat underlined that AVMA risks are of a reputational nature. While Gavi is clear on its role, expectations from countries may be different.
- On programme and operational risks more broadly, the Secretariat underlined that the reset of the Grant Management Reform (EVOLVE) project and actions taken during the CEO 180-day aim to mitigate risks and implement remedial measures and highlighted the importance of PPC engagement in such discussions.

9. Update on Measurement, Evaluation and Learning

- 9.1 Hope Johnson, Director, Measurement, Evaluation & Learning, provided an update on Gavi Measurement, Evaluation and Learning, including the continuous learning system and examples of MEL investments and activities to strengthen country data systems and data use in Gavi 5.1 (Doc 09).
- 9.2 James Hargreaves, Chair, Evaluation Advisory Committee, provided an overview of evaluations at Gavi as well as an update on the Evaluation Function Review that is currently ongoing as well as summarising its emerging findings.

Discussion

- PPC members raised the issue of how to more effectively reach the right populations in country at various stages of evaluation. It was noted that this has been a critical element of evaluation planning – from the question setting, to commissioning of reviews, and sharing of findings – and both the Secretariat and EAC welcomed further suggestions on means to strengthen country engagement for Gavi 6.0 without burdening countries.
- One PPC member who had attended a recent Alliance Partnership and Performance Team meeting noted that each topic discussed had usefully been prefaced with an introduction that summarised recent IRC lessons and evaluation findings on each topic, and that a similar approach could be used at future PPC meetings. The Secretariat noted that this had been well received and that it would seek to opportunities to apply a similar practice.
- One PPC member asked about countries being encouraged to spend 10% of EAF/HSS funds on learning and data generation. The Secretariat clarified that while it is only a recommendation, most countries do achieve that proportion, particularly if they have implemented a technology-related solution.
- With respect to use of data for reaching zero-dose children, one PPC member commented that there remains an issue with country ownership, sharing of information, and data quality overall. It was clarified that the systematic use of data is of utmost importance.
- One PPC member queried which group has responsibility for tracking what is happening in country on zero-dose. It was clarified that during this period the focus has been on getting HSS/EAF up and running, and that there has been a Steering Committee in place to support monitoring progress with the grant making.
- On the question of the links to the broader IA2030 MEL Framework, it was clarified that there was co-development of Gavi 5.0 and IA2030 M&E frameworks and good examples of indicators coming together well.

- One PPC member expressed enthusiasm about the use of joint evaluations, which is the model currently being used for the COVAX evaluation. It was explained that one explicit aim is to see how the partnership and process works for this type of evaluation.
- In relation to the earlier agenda item on the Gavi 6.0 Measurement Framework, in which PPC members had provided useful input on evaluation needs for Gavi 6.0, the EAC Chair was requested to also seek input from Board members and this was noted.

10. Update on Collaboration with Other Organisations

- 10.1 Hannah Burris, Chief of Staff, presented on the ongoing collaboration between Gavi, the Global Fund, and GFF in the context of the Lusaka Agenda (Doc 10). She highlighted the progress to date on the four collaboration workstreams and presented on the key takeaways from the first Joint Committee Working Group (JCWG) meeting.
- 10.2 Richard Mihigo, Director, Programmatic and Strategic Engagement (Africa CDC and African Union), provided an update on collaboration with the Africa Centres for Disease Control and Prevention (CDC).

Discussion

- PPC members commended the progress on the four workstreams to date and encouraged ambition, despite the complexity of bringing multiple agencies and approaches together.
- Moving forward, PPC members reinforced the need to work within the workstream construct, to focus on concrete steps, and not try to address everything at once.
- PPC members also encouraged the Secretariat to keep countries at the centre with the initial focus on wave one collaboration countries.
- PPC members noted tuberculosis as an important additional area of potential collaboration.
- In relation to the JCWG, PPC members expressed appreciation for the work to date through the JCWG, which includes two PPC members.
- PPC members welcomed the link back to the PPC, requesting regular updates, and asked for further information about the JCWG membership, particularly whether UNICEF, WHO and World Bank should not be present. It was clarified that while the views among JCWG members were mixed, the membership was not expanding at this stage, collaboration with these other partners would

continue, and the topic of membership could be revisited in the future once JCWG co-chairs are selected.

- PPC members also highlighted the importance of continued collaboration with GPEI and noted that they were looking forward to the Gavi-GPEI joint session in the new year.
- In relation to the first wave countries, PPC members asked for further information about how these have been selected and how to make suggestions for additional countries and expressed their desire for transformative change.
- With respect to collaboration with Africa CDC, PPC members appreciated the update on progress and asked for regular and transparent updates.
- PPC members also requested additional information about the timing and location for the upcoming AVMA Manufacturing Forum. It was clarified that this will likely take place in Q1 2025.

11. Review of decisions

- 11.1 Joanne Goetz, Head, Governance, reviewed the decision language with the Committee which was approved by them.

12. Any other business

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

Mrs Joanne Goetz
Secretary to the Meeting

Attachment A

Participants

Committee Members

- Anne Schuchat, Chair
- Adrien de Chaisemartin
- Michael Kent Ranson
- Ephrem Lemango
- Kate O'Brien*
- Abdelkadre Mahamat Hassane
- Lakshmi Somatunga
- Mohamed Jama
- Kediende Chong
- Cécile Billaux
- Katja Meijaard*
- Rob Whitby
- Pavani Ram
- Hitoshi Murakami
- Julie Hamra
- Rajinder Suri
- Anne Marie Mbengue Seye
- Ngashi Ngongo (Day One and Two in part)*
- Sania Nishtar, Chief Executive Officer
- Hanna Nohynek

Committee Member Elect

- Brian Erazo Muñoz

Other Board members attending

- Greg Widmyer
- Francesca Manno*

Other guests

- James Hargreaves (Agenda Items 6-9)
- Rose Leke (Agenda Item 6 and 7)
- Pierre C Namaharo (Agenda Item 7)
- Bolanle Oyeledun (Agenda Item 7)

Regrets

- Awa Marie Coll Seck

Observers

- Ruzan Gyurjyan, Special Advisor to the EURO Constituency
- Muluken Desta, Special Advisor to the Anglo-Africa Constituency
- Annick Sidibé*, Special Advisor to the Francophone-Lusophone Africa Constituency
- Manuel Sierra, Special Advisor to the PAHO Constituency
- Pratap Sahoo, Special Advisor to the SEARO Constituency
- Zaeem UI Haaq, Special Advisor to the EMRO Constituency
- Inês Sérvulo, Special Adviser, Gavi Board Chair
- Vivian Lopez, Special Adviser to the Gavi Board Vice Chair*
- Lauren Franzel-Sassanpour* (WHO)

Gavi Secretariat

- Thabani Maphosa
- Derrick Sim
- Francois Note
- Maria Thestrup (Item 8)
- Brenda Killen
- Hannah Burris
- Ian MacTavish (Item 3)
- Johannes Ahrendts
- Hope Johnson
- Sally Dalgaard
- Bjorn Gillsater
- Richard Mihigo (Agenda Item 10)
- Adriana Jimenez Cuen (Agenda Item 6bii)*
- Benjamin Loevinsohn (Agenda Items 6-6bii)
- Alex de Jonquières (Agenda Items 6-6bii)
- Marta Tufet (Agenda Items 6-6bii)
- Joanne Goetz
- Lindsey Cole (Agenda Item 7)
- Nadine Abu Sway
- Meegan Murray-Lopez

*Attending virtually