CEO Board Update

Seth Berkley, MD
6 June 2018, Geneva, Switzerland
KEY DEVELOPMENTS IN OUR GLOBAL LANDSCAPE
Re-emergence of Ebola in DRC

- Ninth DRC outbreak since discovery in 1976
- 56 reported cases, 25 reported deaths
- Vaccine doses available via Gavi Advance Purchase Commitment (APC)
- First use of vaccine since the 2014 West African outbreak
- First dose given 13 days after outbreak declared, 1,199 vaccinated to date
- Gavi provided US$1m for operational costs to deploy vaccine
Ebola in DRC – historical & current

4 districts 29/05:
- Bikoro
- Wangata
- Iboko
- Ntondo

Source: UN dispatch, May 2018
Milestones to Ebola vaccine availability

- **2014-2016** West African outbreak

- **2014** Board approved funding envelope for Ebola

- **2015** Gavi offered an APC to all manufacturers that had a vaccine in Phase I+

- **Late 2015** Gavi Board approved one agreement, prepayment to Merck contingent on their commitment to:
  - Apply for WHO Emergency Use Assessment Listing by end 2015
  - Ensure 300,000 doses of investigational vaccine available
  - Submit for licensure by end of 2017

- **More than 17,500 doses deployed in DRC**
Continued threat of epidemic diseases without vaccines

**Key developments**

Nature article January 2017 quoting CEPI data, D. Butler

*Billion-dollar project aims to prep vaccines before epidemics hit*

Recurrence of Nipah
Kerala, India, 20
deaths confirmed
CEPI news

Recent disbursements

US$37.5m to Themis Bioscience to develop Vaccines against Lassa Fever and MERS (March)

US$56m to Inovio to develop DNA Vaccines against Lassa fever and MERS (April)

US$10.4m IAVI partnership to develop a VSV vaccine candidate against Lassa fever (May)

This meeting

• Board will discuss epidemic VIS

Norway exploring use of IFFIm to frontload their support for CEPI
A Grand Challenge for Universal Flu vaccination

- Funding announced from BMGF & Google

- US$ 12m seed funding with individual grants for proof of concept work
Safeguarding - significant issue for the development sector

What does Gavi already have in place? Comprehensive policies, code of conduct, training for managers, Staff Council, Ombudsman, Whistleblower hotline

What more are we doing? Revising wording in contracts & policies, rolling out training to all employees, looking for synergies with partners
**Improved SDG indicators adopted**

**Key developments**

'Over half a billion of the world’s children live in 64 countries that lack sufficient data for us even to assess if they are on or off track for at least two-thirds of all child-related SDG indicators’

‘Even for early days, the outlook the report reveals is foreboding’

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**Immunisation Indicators: 2**

**Other health Indicators: 25**

**Other Indicators: 205**

**Improved SDG indicators adopted:**

3.b.1 Proportion of the target population covered by all vaccines included in their national programme

Includes DTP3, PCV3, MCV2, HPV2 coverage

**UHC indicator:**

3.8.1 Coverage of essential health services

Immunisation included as a tracer intervention

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**Board meeting**

6-7 June 2018

**Meeting agenda**

Alliance update, Strategy update, Previous Board decisions
Our ever complex operating environment
Several initiatives to simplify health architecture

‘We believe that all global efforts should be developed further into one joint ‘Global Action Plan for Health Lives for All’.’

‘propose that WHO … guides – together with the heads of the other relevant organisations – the elaboration of such a plan to be presented by October 2018 at the WHS’

globally and in-country – would enable improved delivery of results, particularly on: health financing; health systems strengthening; results frameworks; monitoring and evaluation; risk management; partner engagement; and global public goods’
World Health Assembly 2018
Changes in Alliance leadership

Henrietta H. Fore  
Executive Director  
UNICEF

Cyrus Ardalan  
IFFIm Chair
Ministers of Finance meeting

An opportunity for Ministers to share their experiences & approaches to health budgeting and transitions
Gavi recognised by AidData: ‘Listening to Leaders’ - perceived helpfulness of development partners

Change 2014 to 2017

Helpful defined as being of assistance in implementing policy changes
The road to Mid-Term Review

Our mid-term review will take place in the United Arab Emirates in December this year.

As one of @Gavi's first donors from the region, the #UAE is a committed and long-standing partner.

Find out more ➔ ow.ly/sKqk30jyps9 – with @UAEAid #UAEAid

With innovation being integral to the UAE Foreign Assistance policy, we look forward to continuing to work together with Gavi to support innovative health approaches that make a real difference to developing countries, ensuring that every child is protected with life-saving vaccines.

HE Reem Al Hashimy
UAE Minister of State for International Cooperation

Gavi  #VaccinesWork

136 am - 29 Apr 2018
Mid-Term Review: objectives

- Accountability exercise midway through our five-year strategy period
- Culminates in a high-profile event in Q3/Q4 in 2018
- Report back to donors on progress towards commitments made in the 2016-2020 Investment Opportunity
- Secure continued support from donors and partners
- Discuss Gavi progress, achievements and challenges
- Lay the foundations for next replenishment
Work to support gender equity

Gavi given top ranking

Global Health 50/50: review of gender-related policies at 140 global health organisations

Looking at programmatic work & workplace balance

Gavi’s Gender Policy is an important consideration in programmatic work – to support our Coverage & Equity agenda and reaching the 5th child
UPDATE ON OUR STRATEGY
Gavi making progress on its journey to build a culture of data-driven continuous performance improvement

Opportunistic reporting on vaccine introductions and coverage mostly for advocacy; no M&E function in Secretariat

Gavi making progress on its journey to build a culture of data-driven continuous performance improvement including:

- Strategy Progress Update
- Joint Appraisals
- Grant Performance Frameworks
- PEF framework
- Secretariat Corporate Performance Management

Opporutnistic monitoring on vaccine introductions and coverage mostly for advocacy; no M&E function in Secretariat
Experience tracking 2016-20 strategy progress revealed four types of issues with some indicators

- **Thresholds** can mask important developments and create misincentives
- **Limited accuracy** of some indicators in capturing developments
- **Data quality** and **availability** of some indicators limited
- **Partial alignment** of some indicators with the Alliance’s strategies and investments

Guiding principles for revision included **strong rationale for change** and maintaining **same level of ambition in targets**
2016–2020 INDICATORS
STRATEGY PROGRESS

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Target based on new definition to be proposed to PPC in October

Data updated annually in July
10 countries with new surveys, 4 of 8 with improved equity, 9 countries with new surveys, 3 of 8 with improved equity, 1 not in baseline

2017 assessments will be considered as baseline
22 introductions achieved so far in 2018 - on track for 52 target by year end

11 delays in 2018:

- 4 due to weak financial management systems (2 in Gambia, 2 in Togo)
- 6 due to country readiness issues (2 in Chad, Côte d’Ivoire, Kenya, Niger)
- 1 due to unresolved audit issue (Cameroon)
Time to disburse above target, driven by higher risk countries

**Time to disburse (months)**

- Target: 9 months
- 2017:
  - Time with outliers: 12.9 months
  - Time without outliers: 10.5 months

**Time to disburse by country profile** (in months)

- **Low risk** (9 countries): Target: 9 months, Average: 8.5 months
- **Medium risk** (15 countries): Target: 9 months, Average: 12.2 months
- **High risk** (8 countries): Target: 9 months, Average: 19.5 months

**Strategy update**

- Strengthen systems

Board meeting
6-7 June 2018
Targeting and tailoring Gavi’s HSS
Afghanistan - fragile country, 65% penta 3 coverage

Lack of access to reliable services
449 of 536 health sub-centres not offering immunisation

Gender-related barriers
75% of vaccinators male

Inadequate demand, understanding of, and confidence in, vaccines

- Add immunisation in 310 sub-centres, including equipping with cold chain
- Support 15 mobile health teams for nomadic (Kuchi) population
- Recruit 300 more female vaccinators – target of 40% of vaccinators female vaccinators in 2878 villages
  - Work with 14,400 religious leaders to raise awareness / demand
  - Build communication capacity of health workers / school teachers
  - Toll free information line in two languages – half staff are female

DRC challenge: routinely reaching most children with immunisation but, less than half fully immunised

Penta 1 coverage, National average **81%**

94% of children have received at least one vaccine

Source: DHS 2013-14
Massive disparities in availability of immunisation sessions

Frequency of immunisation sessions

**NATIONAL level overview**

- More than 6
- Between 4 and 6
- Between 2 and 4
- Less than 2

X11 more immunisation sessions from one province to another

**PROVINCIAL level overview (Kinshasa)**

- More than 6
- Between 4 and 6
- Between 2 and 4
- Less than 2

X7 more immunisation sessions from one health zone to another

**HEALTH ZONE level overview (Limeté)**

- More than 10
- 5 to 10
- Less than 5

X15 more immunisation sessions from one health center area to another

SOURCE: DVD-MT Décembre 2017, Zone de santé limeté
Health zones averaging a stock out every 6 weeks but large variation across the country

Number of stockout occurrences in 2017 by Zone de Santé

- Sud-Kivu: 18.5
- Kongo-Central: 15.9
- Kasaï-Oriental: 15.8
- Haut-Uele: 15.1
- Kinshasa: 9.8
- Kwango: 10.8
- Ituri: 9.4
- Équateur: 9.3
- Haut-Lomami: 7.2
- Tshoopo: 7.1
- Haut-Katanga: 7.0
- Équateur: 7.0
- Tshoopo: 6.9
- Kwango: 6.8
- Ituri: 6.4
- Kinshasa: 6.2
- Haut-Uele: 6.1
- Haut-Lomami: 4.9
- Tshoopo: 4.2
- Haut-Katanga: 3.8
- Tshoopa: 3.1
- Tanganyika: 2.5
- Tshoopa: 2.4
- Tshoopa: 1.7

Average: 7.8

Source: DVDMT 2017

Analysis performed for 6 antigens: BCG, Penta, VPO, VAR, VAA and PCV

Minister of Health launching Emergency Plan for Routine Immunisation

Board meeting
6-7 June 2018
Installations of Cold Chain Equipment in first 2 countries
11 deployments to be complete in 2018

2018 CCEOP deployment plan

2 deployments complete or ongoing
- Haiti (complete)
- DRC (ongoing)

9 deployments to be complete by end of 2018
- Pakistan
- Kenya
- Djibouti
- S. Sudan
- Niger
- Sierra Leone
- Liberia
- Uganda
- Malawi

23 deployments to start in 2018 and continue until 2022
- Guinea
- Togo
- Tanzania
- Cameroon
- Eritrea
- Vietnam
- Myanmar
- Uzbekistan
- Senegal
- Madagascar
- Kyrgyzstan
- Ethiopia
- Somalia
- Rwanda
- Solomon Islands
- PNG
- Burkina Faso
- CAR
- Côte d’Ivoire
- Gambia
- Nepal
- Benin
- Mauritania

> 24,800 refrigerators installed by end of 2018

> 72,200 by 2022
Majority of transitions on track, 3 higher risk countries proposed to receive post-transition support

US$30 million approved by Dec. Board to support post transition countries with Technical Assistance and Advocacy

16 countries transitioned to date
- 8 countries transitioned end of 2017
- 3 of which are high-risk countries with specific approach for post-transition as requested by PPC
- 9 countries in accelerated transition

Board meeting
6-7 June 2018
Gavi’s theory of change

Gavi catalyses a country to:

- Enhance primary healthcare through collaboration
- Introduce new vaccines
- Strengthen immunisation programmes
- Focus on immunisation
- Increase funding for immunisation & primary health

Supporting the country’s population to be healthier and more productive generates greater prosperity for the country, enabling it to finance its primary health programmes.

Continuing engagement with Gavi

Board meeting, 6-7 June 2018
Country transition from Gavi support data (DTP3 coverage comparing 2016 to 1999)

Immunisation coverage (%):
- Before Gavi support (1999)
- Latest coverage data available (2016)

(Source: WEUNIC, 2016)
Country transition from Gavi support – new vaccine introductions (Pentavalent, PCV, Rotavirus, HPV, up to 2017)
Country transition from Gavi support data
(US$ per child on immunisation comparing pre & post transition)

Annual financing by country per child (US$):
Amount on pre-transition year, different for each country
Latest amount data available
(2017, includes self-financed programme amounts)
**Market shaping indicators – 2017**

1 Number of vaccine markets with sufficient & uninterrupted supply of appropriate vaccines

2 Weighted average price per course: Pentavalent, Rotavirus and Pneumococcal

3 Number of products with improved characteristics procured

4 Number of Gavi vaccine markets with moderate or high healthy market dynamics

**Key developments**

**Strategy update**

**Previous Board decisions**

**Meeting agenda**

**Alliance update**
2016–2020 INDICATORS
ALLIANCE PROGRESS

**Target achieved in 8 of PEF 20 priority countries in 2017 vs. 3 in 2016**

Proportion of measles SIAs achieving 95% stands at 0% in 2017 so far
No substantial changes to Gavi’s overall risk profile since last Risk & Assurance Report

Potential impact on the ability of the Alliance to achieve the Gavi mission, given reactive mitigation in place to address the potential consequences once the risk materialises

Highly likely

Highly unlikely

Likelihood of occurrence, given preventive mitigation in place to address the potential causes

Low impact

High impact

Programmatic risk

Corporate risk

Very high risks
a) Country management capacity
b) Data quality
c) Ability to reach the under-immunised
d) Sustainable transition

High risks

e) Vaccine confidence
f) Outbreaks disrupt immunisation
g) Misuse by countries
h) Donor support
i) Partner capacity
j) Secretariat disruption
k) Strategic relevance
l) Global supply shortages
m) HSIS value for money
n) Frequent or unplanned campaigns
o) Forecasting variability

NEW
Polio transition
REPORTING BACK ON PREVIOUS BOARD DECISIONS
AEFI Reports

Cumulative AEFI reports from WHO/UNICEF joint reporting 2000-2016
AEFI Reports  (Gavi 68 countries highlighted)

Gavi has invested in Vaccine safety since 2001

Number of AEFI per 100,000 surviving infants:

- 10 or more
- Less than 10
- No information available

Board meeting
6-7 June 2018
Fragility Emergency Refugee Policy has allowed proactivity & to reach groups we didn’t before in 7 countries to date

**Examples - flexibilities from FER Policy**

**Emergencies:** support for additional operational costs for RI through alternative modalities & additional HSS up to 50% of ceiling

**Refugees:** host countries may request additional doses of already approved vaccines + broader age / antigen range

**Bangladesh** RI among Rohingya refugees via FER. Cholera through stockpile/ICG.

**Yemen** broader antigen introduction & HSS via FER. Cholera through stockpile/ICG.

**Uganda** routine vaccine doses for South Sudanese refugees via FER.
Syria crisis enters its 8th year

Achieved a great deal
- uninterrupted supply of vaccines contributed to reported improvement in 2017 coverage
- routine services revitalised in the NW part of Syria
- no new Polio cases since 2017
- cold chain equipment procurement underway

...but it remains a country in crisis
- significant concerns on the spread of measles
- 13.1 million people need assistance
- only 50% of intended aid delivered in 2017
- <50% of health facilities are functional
- Humanitarian Response Plan largely underfunded in 2017

Gavi support ends in December 2018
Board decision to be taken on continued funding, guidance welcome
Burden of Cholera – Gavi campaigns in 2017

**WHAG18 Cholera resolution**

- Cholera recognised as priority
- Called for enhanced, integrated prevention and response
Widespread outbreak of YF in Nigeria

April 2018

- 1 dot = 1 suspected case
- 1 dot = 1 confirmed case
- No suspected case
- 1-10 suspected cases
- 11-50 suspected cases
- 50-100 suspected cases
- >100 suspected cases

April 2018 – confirmed cases

- 1 dot = 1 suspected case
- 1 dot = 1 confirmed case
- No confirmed case
- 1-2 confirmed cases
- 3-5 confirmed cases
- >5 confirmed cases

April 2018 – campaigns conducted

- States without any YF immunization activity
- States completed YF preventative mass vaccine coverage
- States with YF immunization activity in some LGAs
- States with confirmed YF and planned RVC in some LGAs
- States with confirmed YF to have ICG request completed

Data source: Nigeria CDC

1 dot = 1 confirmed case (MICS 2016)
Gavi considering new investment in strengthening Yellow Fever surveillance and laboratory capacity *(Luanda, Angola)*

Time required for identification and laboratory confirmation of outbreak index case

Progress on implementing Yellow Fever EYE Strategy but significant ways to go

Some movement on applications for introductions / campaigns:

- Campaigns – Ghana, DR Congo
- RI – Kenya expanding geographic scope
- EYE plan endorsed by AFRO
Africa's Meningitis belt: 2005 -17 dominant serogroup change

Comparative proportions of serogroup prevalence:


Note: Refers only to Neisseria meningitidis (Nm) cases and not those cause by Streptococcus pneumoniae or Haemophilus influenzae type b. Disease burden is strongly underestimated. Only 3-19% of suspected cases are confirmed and serotype identified.
Measles outbreaks continue to be a problem despite record low mortality 6 months 09/2017 - 02/2018

Notes: Based on data received 2018-April
*Countries with highest number of cases for the period
Three countries still Polio-endemic, ten Wild Poliovirus cases to date in 2018

Nigeria:
- Last case 21 Aug '16
- Last WPV: 27 Sep '16
- Last cVDPV2 15 April '18

Syria:
- 74 cVDPV2
- 21 Sep 2017

DRC:
- 2017: 22 cVDPV2
- 2018: 4 cases
- 19 Feb 2018

Pakistan:
- 8 WPV1s in 2017
- 2 WPV1 in 2018
- Most Recent: 15 April 2018

Afghanistan:
- 14 WPV1s in 2017
- 8 WPV1 in 2018
- Most Recent: 27 April 2018
Extensive levels of drug resistance seen in Typhoid

- At least 850 cases in 14 Pakistan districts since 2016
- 1 imported case UK
- 250,000 BMGF & Bharat funded doses allocated
  - 150,000 shipped, 50,000 used
- Pakistan has applied for Gavi support as risk-based campaign & national routine
Reflections from our Board Retreat

OBJECTIVES

• Understand the coverage and equity challenge
• Introduce and discuss possible themes for Gavi 5.0 - 2021-25 Strategy Process
Key Coverage & Equity take-aways from Board retreat

- We are making progress in most countries, progress in fragile countries has plateaued
- Appreciation of data & desire to see more subnational information & systematic analysis
- Encouraged Gavi to continue to differentiate support based on each country need, be more flexible and tailor interventions at sub-national level

- Most Board members indicated willingness to accept higher risk appetite in fragile settings
- Immediate follow-up: Changes to HSIS framework and FER policy recommended by PPC
Importance of subnational data

Proportion vaccinated: DPT 3rd dose (%)
Focus on urban immunisation – *Pakistan*

- Estimated 400,000 under-immunised children living in urban areas in Pakistan, many of whom reside in urban slums
- UNICEF / CSO profile of Karachi & Hyderabad urban slums showed poor immunisation availability for urban poor
- Development of 9 city concept notes for investment & technical assistance
- Pakistan using US$16M of Gavi HSS to support urban strategy
- Expanded partners to develop an urban roadmap for Karachi & guidance for the engagement of urban CSOs
Urban immunisation

15.7 million under-immunised children live in Gavi-countries

Of these, 6.4 million live in urban areas

An estimated 40% of under-immunised children are in urban areas

2016 data

Reasons:

• Urban poor areas often not in data collection & national surveys

• Due to rapid population growth, public services generally insufficient to meet needs of urban poor communities, increased use of private clinics

• Developing political will to improve service delivery is complex (e.g. marginalised populations often live in slums, engagement with leadership of municipalities)

• Urban populations are diverse and often mobile (Kampala’s daytime population is 3m during the day but 1m at night due to commuters)
Our journey to Gavi 5.0

‘the beauty of success here is that our job is getting a bit more complicated’

Bill Gates,
Gavi Partners breakfast, Davos, January 16th 2018
Global number of child deaths per year (by cause of death)

Potential for further reduction through our work to introduce new vaccines (Typhoid, HPV, Malaria, VIS …)

Data source: based on data from the Institute for Health Metrics and Evaluation (IHME)
Gavi has started process to define 2021-2025 strategy

How does Gavi finish the job?

18 of 1,000 children will be dying of vaccine-preventable diseases in 2020; at current pace, U5 mortality SDG target will be missed.

How can the Gavi/immunisation platform be used to accelerate the scale-up of other health interventions?

Immunisation: 8 touchpoints per child in first 9 years of life, 500m touchpoints each year worldwide.

To what extent should Gavi engage in reaching the unreached in MICs?

More than two-thirds of world’s poor live in MICs today; more than half of underimmunised in MICs in 2025.

How can Gavi’s tools contribute to global health security?

Number of outbreaks has grown steadily from 1980 to 2010, over 3-fold increase.
Non-Gavi MICs paid considerably higher prices per dose in non-mature markets.
Non-Gavi MICs lag behind Gavi countries in new vaccine introductions

### % of countries with PCV

- **Gavi LIC**: 84%
- **Gavi MICs**: 80%
- **LMIC**: 50%
- **UMIC**: 63%

### % of countries with rotavirus

- **Gavi LIC**: 71%
- **Gavi MICs**: 61%
- **LMIC**: 50%
- **UMIC**: 42%
Effective vaccine management

Composite score of countries: for National, sub-national, lowest distribution and service point for all 9 quality criteria: Storage capacity, maintenance, stock management, vaccine management, information systems, infrastructure, temperature control, vaccine arrival and distribution.
AGENDA FOR THIS MEETING
Our Meeting Agenda

Changes to agenda structure

New: Board decisions dashboard

Decision points

- Consent agenda
- Successful transition of Nigeria from Gavi support
- Engagement with countries post-transition
- Vaccine Investment Strategy
- Gavi’s engagement in Polio eradication
ALLIANCE UPDATE
The increase in Overall Satisfaction indicates a positive change in terms of the rational aspects of the partnership. However, perceptions regarding the emotional, experiential aspects such as respect for each other, mutual trust and fairness have remained relatively weak.

Please note: Given the population/sample changes we cannot have a 1:1 comparison of present and past data. This is only an indication of the trend/changes.

Example Interventions to date

- Alliance leadership engagement plan
- Joint Alliance leadership comms
- Regular Alliance-wide discussions
- Alliance onboarding guide
- Alliance directory & connectivity guide
Gender balance

60% are women
40% are men

50% of senior management team is female
41% of senior leaders at Gavi are female (CS 5, 6, 7&8)
The industry average is 25%*

* Grant Thornton: Women in business 2017

Governance / Board representation

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Global Health Campus

- Building handover: February 22nd
- Move completed: end March
- Move completed: April 19th
- Move completed: April 23rd
- Gavi move: end June
- Move planned: August 20th

Photo: The Global Fund/Vincent Becker
Compelling book launch pertinent to our work

FIGHTING CORRUPTION IS DANGEROUS
The Story Behind the Headlines

NGOZI OKONJO-IWEALA

Board meeting
6-7 June 2018
THANK YOU