

## **Gavi Alliance Programme and Policy Committee Meeting 31 October – 1 November 2022 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 09.02 Geneva time on 31 October 2022. Anne Schuchat, Programme and Policy Committee (PPC) Chair, chaired the meeting.
- 1.2 The Chair welcomed all participants, in particular Roli Singh (Implementing Countries – India), attending her first PPC meeting and Karin Westerberg (Donor Countries - Norway/Finland/Netherlands/Sweden) who was re-joining the PPC after having stepped away for a short period.
- 1.3 As the PPC Charter allows for any Board or Alternate Board Members to observe Committee meetings, the PPC Chair welcomed the participation of Takeshi Akahori and Francesca Manno (Japan/Italy/New Zealand/Spain) and Mohammed Jama (Implementing Countries - Somalia) who would be joining for parts of the meeting.
- 1.4 The Chair noted that regrets had been received from Awa Marie Coll Seck (Unaffiliated Board Member), Edna Yolani Batres (Implementing Countries – Honduras) and Kelechi Ohiri (Implementing Countries – Nigeria).
- 1.5 She also noted that the Chair of the Evaluation Advisory Committee was also unable to attend the PPC meeting, and referred to the recent dissemination meeting of the COVID-19 evaluation that PPC and Board Members had been invited to attend and which provided an opportunity to enhance the links between the different workstreams of interest to the PPC and EAC.
- 1.6 The Chair noted that in the context of the important collaboration between Gavi and the Coalition for Epidemic Preparedness Innovations (CEPI), she had agreed to invite Nicole Lurie, US Director, CEPI, to observe part of the meeting.
- 1.7 The Chair welcomed Gavi's new Chief Operating Officer, David Marlow, also attending his first PPC meeting.
- 1.8 Standing declarations of interest were tabled to the Committee (Doc 01a in the Committee pack).
- 1.9 The minutes of the PPC meetings of 18-19 May 2022 and 8 June 2022 were tabled to the Committee for information (Doc 01b and 01c respectively). The minutes had been circulated and approved by no objection on 18 October 2022 and 5 October 2022 respectively.

- 1.10 The Chair referred to the PPC workplan (Doc 01d). Committee members were reminded that they may contribute to the workplan by raising issues with either herself or the Secretariat.
- 1.11 The Chair was pleased to report that several PPC members had made use of BoardEffect to post comments and questions prior to the PPC meeting. The Secretariat has been requested to ensure the issues raised are addressed during presentations.
- 1.12 In the context of a number of recommendations with financial implications coming before the PPC, the Chair reported that she had been able to observe the discussions in relation to Gavi's financial forecast at the recent Audit and Finance Committee (AFC) meeting. Noting that the AFC would reconvene on 8 November 2022 (which she would also attend), to further consider the financial forecast before making its recommendation to the Board, she had invited Naguib Kheraj, Chair of the AFC to make a few comments.
- 1.13 Mr Kheraj thanked the Chair for the invitation to address the PPC. He explained that at its recent meeting, the AFC had not been in a position to formally approve the financial forecast, as had been submitted, and had requested clarity on several elements. He wished, however, to assure the PPC of the considerable financial flexibility within the current financial outlook, and that the PPC could be confident that matters presented for recommendation at this meeting could be funded from existing resources. Mr Kheraj noted his view that following its upcoming review, the AFC would be in a position to recommend the financial forecast to the Board for approval at its meeting in December 2022.

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## **2. CEO Update**

- 2.1 Seth Berkley, CEO, welcomed the PPC to their second in-person meeting of the year. He extended a warm welcome to the new PPC Chair, Anne Schuchat, as well as to the new PPC members. He underlined that the meeting is taking place at a critical time, where the Alliance is observing a return to some level of normality, which remains significantly different from the pre-COVID-19 pandemic operating context. He highlighted ongoing uncertainties in terms of the trajectory of the COVID-19 pandemic and the ongoing impact on global health and immunisation, increasing geopolitical tensions, an uncertain macroeconomic environment, and an increase in disease outbreaks.
- 2.2 He provided an update on recent missions he had undertaken to implementing countries and his participation in several important events, including the United Nations General Assembly (UNGA).
- 2.3 Dr Berkley referred to the latest WHO/UNICEF Estimates of National Immunization Coverage (WEUNIC) and to Gavi's first Annual Progress Report

- for the strategic period covering 2021. He noted that the WUENIC data indicates that 2021 continued to see ongoing disruption of routine immunisation in many Gavi-supported countries and highlighted outstanding country achievements with the support of the Alliance during this period on both routine immunisation and COVID-19 pandemic response.
- 2.4 He reported on the mixed performance on Gavi 5.0 targets, notably on the contracted equity-related outcomes, and emphasised the need to double-down the efforts to support countries in restoring routine immunisation. He also referred to encouraging signs of resilience and recovery since 2020.
- 2.5 Dr Berkley provided a brief update on COVAX, and highlighted that as of the end of September 2022, more than 1.6 billion doses had been shipped to the Advance Market Commitment (AMC) 92 countries. He referred to negotiations with manufacturers and donors to rephase incoming supply, given the complex demand situation and market shifts.
- 2.6 In relation to Gavi 5.1, he reiterated the renewed focus on the core Gavi 5.0 priorities and referred to the series of Board and PPC consultations held over the summer to discuss trade-offs on potential Gavi 5.1 priorities. A final session will be held in November 2022, informed by the different consultations and deep dives to align on Gavi 5.1 narrative ahead of the Board meeting in December 2022.
- 2.7 Dr Berkley outlined the financial implications of the programmatic decisions to be considered at the meeting noting, as had been confirmed by Mr Kheraj, that adequate funding was available to cover the proposed activities. He invited David Marlow, COO, to provide some additional information.
- 2.8 Mr Marlow provided a brief update on the financial forecast and highlighted some key messages. He noted the effect of the COVID-19 pandemic on the pace and implementation of activities across the Alliance and the importance of monitoring commitments and disbursements. He outlined that the financial forecast, in addition to the funds available for the recommendations being considered at this meeting, foresees that US\$ 183 million would be available for future investments, that there would not be an increase in the Secretariat budget and that US\$ 1.9 billion is forecast to be released through COVAX negotiations. He also provided a detailed overview of the financial implications of the programmatic decisions that the PPC would be discussing during the meeting.
- 2.9 Dr Berkley referred to the Risk & Assurance report, that highlights the uncertain context in which Gavi 5.1 is being discussed. He reported on his participation in the Group of 20 (G20) health discussions in Bali, which had focused on Pandemic Preparedness and Response (PPR) and the post-pandemic global health architecture for health emergency preparedness and response, as well as on his participation in the Global Polio Eradication Initiative (GPEI) replenishment conference in Berlin.

- 2.10 He highlighted the increasing risk of disease outbreaks, noting that to date, Gavi has received 23 requests to access stockpiles in 2022. He referred to a number of outbreaks including cholera, Ebola, measles and polio.
- 2.11 He highlighted that the increasing risks in the global health landscape are being compounded by macroeconomic factors. Fiscal constraints affecting transitioning countries, such as Lao People's Democratic Republic (PDR) and Solomon Islands, are leading to requests for co-financing exemptions and extending transition timelines. There is a high probability that Papua New Guinea (PNG) would follow. He referred to the situation in Pakistan where the Fragility, Emergencies and Displaced Populations (FED) Policy had been applied in response to the recent devastating floods.
- 2.12 In relation to learnings and evaluations, Dr Berkley updated the PPC on several external evaluations, and also the centralised evaluations conducted by the evaluation team under the oversight of the EAC.
- 2.13 Dr Berkley referred to the operational excellence, overseen by the new COO, to lead Gavi through future operations. He reported on key changes in the Secretariat and the gradual return to the office, two days a week, noting that there are still concerns around Secretariat capacity. He also noted the need to streamline and shorten Board and Committee papers, and reduce the number of governance meetings, observing the delicate balance given the different appetite levels for details and engagement around the Board.
- 2.14 Finally, Dr Berkley concluded by underlining the importance of the health of the Alliance as a whole and noted that as the Alliance comes out of the emergency response phase of the COVID-19 pandemic, it will be important to leverage its comparative advantages to deliver on its shared goals.

### *Discussion*

- The PPC thanked the CEO for the comprehensive update and acknowledged the Secretariat's work and continuous consultations with numerous stakeholders.
- Several PPC members noted the length and volume of papers as challenging for constituency consultations and feedback at the appropriate level. The CEO acknowledged the challenge in balancing the length of papers with the different constituencies' appetite for data and details. He noted that papers have been shortened considerably in comparison to previously, and invited the PPC to share any suggestions for improvement.
- The CEO acknowledged the concern expressed by several PPC members on the Secretariat health and wellbeing and reiterated this as being high on senior management's agenda.

- One PPC member noted that while it is important for Gavi to evolve and adapt to changing contexts, protecting what works is equally important. The pressing need to focus on the zero-dose agenda, while moving forward with future priorities, such as PPR, was highlighted.
- In view of the current global fiscal constraints, one PPC member underlined that country needs must be placed at the heart of financial considerations. The CEO noted that Gavi is well resourced, having reached its objective at the last replenishment, and referred to financial constraints at country level. Despite making commitments to increasing public health spending, countries face growing pressure from different ministries to increase spending on other fronts.
- With reference to the timing of Gavi's Mid-Term Review (MTR), the CEO clarified those dates as still under discussion. The MTR traditionally takes place after the WEUNIC results are published, which, in 2023, would be after the CEO's departure. Several Board members have expressed interest in holding the MTR prior to the CEO's departure.
- In response to a query on the Access to COVID-19 Tools Accelerator (ACT-A) transition plan and fundraising ask he noted that the COVAX pillar had not put in for additional requirements and that should the fundraising ask not be fully met, it is unlikely to affect Gavi's ongoing work.
- Several PPC members underlined the importance of having a clear overview of available funds. The Secretariat was encouraged to provide a table demonstrating the different funding envelopes, including ring-fenced funding for prioritisation purposes against different funding requests. The CEO noted that all Board Members has access to AFC papers and can attend AFC meetings as observers.
- One PPC member reflected on country experiences and noted the need to preserve the pre-COVID-19 pandemic achievements, and to safeguard countries from future epidemic risks. The ability of countries to take ownership of results in this area, and have a co-financing plan in place, is critical. Low absorption of health system strengthening (HSS) resources was highlighted as a challenge, which would need to be addressed if countries are to reach zero-dose children, missed communities and achieve equity.
- In reference to mitigating risks that were identified outside Gavi's risk appetite (such as country management capacity, Secretariat capacity, and the associated lengthy timeframes of grant writing and disbursements), the CEO noted the balance between being optimistic, given the increased interest in zero-dose at country level, while remaining realistic on how much can be done.
- One PPC member expressed concerns on the absence of specific and explicit connection to the Civil Society and Community Engagement Strategic Initiative across the different papers and reiterated that meaningful engagement with

Civil Society Organisations (CSOs) as crucial for reaching zero-dose children, missed communities, and introducing new vaccines. The Secretariat noted that the Partnerships Team (PT) continues to reflect on, and that there are dedicated resources working on addressing CSO challenges.

- The CEO acknowledged concerns expressed on requests for extensions and delays for some policies and strategies. While underlining the importance of adhering to timelines, he explained the challenges at country level that Gavi must remain conscious of, particularly on absorption, and highlighted the extraordinary results that countries have been able to achieve, despite COVID-19 pandemic disruptions.
- The CEO noted the suggestion by one PPC member to discuss how Board Committees can best support the Board, and to consider ways of working as part of a future Board retreat agenda.
- The CEO acknowledged comments on the need to have more frequent PPC touch points. He cautioned however the balance required to maintain the number of governance meetings, given the number of meetings during 2020-2021 as not sustainable.
- The link between the strategic discussions that take place at the PT and the PPC was highlighted. The Secretariat explained that PT discussions are traditionally covered under, and informed, the Strategy, Programmes and Partnerships update, and that PPC discussions feed back into PT discussions.
- The COO responded to a query on the operational excellence workstream and noted the importance of managing expectations, given the shifts unfolding over time. He underlined the need to ensure finding the right balance between current business processes and affecting change. With regards EVOLVE (the portfolio management optimisation programme), the Secretariat is reconsidering processes in an effort to accelerate, however, noted this is a multiyear journey requiring a redesign of end-to-end processes.

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### **3. Strategy, Programmes and Partnerships: Progress, Risk & Challenges**

- 3.1 Thabani Maphosa, Managing Director, Country Programmes, Johannes Ahrendts, Director, Strategy, Funding and Performance and Hannah Kettler, Lead (Acting) Design and Operationalisation, Office of the COVAX Facility, provided an overview of progress against Gavi 5.0 targets, as well as an update on the Gavi 5.1 process (Doc 03).
- 3.2 Mr Maphosa provided details on the 2021 performance against Gavi 5.0 targets. In relation to routine immunisation, he outlined the challenges, particularly in the coverage of three doses of diphtheria-tetanus pertussis vaccine (DTP3),

and highlighted encouraging trends, particularly in Chad and Pakistan. He noted the challenges in Mozambique as evidence of the importance of timely co-financing. He also highlighted the encouraging trends in the Full Portfolio Planning (FPP) and Equity Accelerator Fund (EAF) applications.

- 3.3 In relation to Gavi 5.1, Dr Ahrendts highlighted the importance of the Gavi 5.0 priorities and outlined a number of potential targeted additions. He noted that during consultations over the summer, PPC and Board members had considered trade-offs for Gavi 5.1. A consultation with PPC and Board members in November 2022, would bring all elements together before final submission to the Board in December 2022.
- 3.4 Dr Ahrendts also explained the background in proposing that the vaccines under the Vaccine Investment Strategy (VIS) 2018, which had been paused by the Board during the COVID-19 pandemic, be re-assessed as part of the VIS 2024 process.
- 3.5 Finally, Ms Kettler outlined four additional areas of focus for Gavi to strengthen future PPR, including capabilities and processes to enable early access to vaccines, significant and timely delivery funding investment, and to establish and strengthen clear, flexible decision-making.

### *Discussion*

- PPC members thanked the Secretariat and commended the progress to date in recovery of Gavi 5.0 targets, whilst noting not all countries having progressed in equal measure.
- Following extensive discussions in relation to a proposal that the PPC was being asked to consider at this meeting on VIS 2018 vaccines, the PPC did not wish to recommend that the VIS 2018 vaccines that were paused during the COVID-19 pandemic, be reassessed as part of the VIS 2024 process at this time. PPC members requested that next steps in relation to the VIS 2018 vaccines, be discussed at its meeting in May 2023. The following comments were noted:
  - Several PPC members encouraged Gavi to open a window of support for these vaccines given public health impact and interests expressed by countries, emphasising the need for decisions on vaccine prioritisation to be country-led.
  - PPC members recognised the VIS process as highly-respected and expressed concerns that reversal of VIS 2018 decisions could lead to a loss of legitimacy in the process, reputational risk and loss of trust by countries, vaccine manufacturers and donors.
  - The PPC member representing the WHO requested whether a stepwise, or tailored approach, towards implementation of VIS 2018 vaccines could be considered rather than rolling these into VIS 2024.

- Several PPC members noted the need to carefully consider trade-offs and the risk of introducing new vaccines into an already overloaded system, particularly in relation to health systems and health workers, especially as many countries were experiencing personnel and training constraints.
  - The Secretariat acknowledged the important public health impact of these vaccines and comments on the need to ensure that there is sufficient capacity and bandwidth, not only within the Secretariat, but across countries and Alliance partners, given that these are vaccines requiring establishment of new delivery platforms.
- Several PPC members enthusiastically commended the draft Risk & Assurance Report. In relation to the Country Management Capacity risk, indicated as very high and noting that building capacity in this area as urgent, the Secretariat explained that it continues to assess and monitor the risk relative to country capacity and competing priorities.
  - Noting one PPC member comments on leadership and management capacity, the Secretariat highlighted its support in this area, particularly during the COVID-19 pandemic. The Secretariat acknowledged the importance of supporting community health workers and provided information on the current review of leadership and management coordination (LMC), as well as a strategy around human resources for health (HRH), the outcomes of which would be provided at an upcoming HSS deep dive for the PPC and Board.
  - Several PPC members emphasised the importance of continuing the commitment to catch up on missed children, particularly as some countries are already displaying strong signs of pre-COVID-19 pandemic recovery levels. The Secretariat echoed the importance of ongoing focus in this area and highlighted its alignment with the Immunization Agenda 2030 (IA 2030). The Secretariat also drew attention to the Zero-Dose Immunisation Programme (ZIP) as the last mile in reaching zero-dose children in conflict and cross-border areas and linking back to strengthen the broader programme through lessons learned.
  - In responding to a question on allocated funding in this area, the Secretariat clarified that funding in country remains sufficient, and until this is absorbed, it was felt it would be premature to consider funding as a limiting factor, particularly the flexibility to draw funding forward (if required).
  - In relation to country portfolio planning and FPP, PPC members were encouraged by the number of applications received and acknowledged the hard work in processing. Noting comments on the National Immunization Strategy (NIS) process, the Secretariat explained that it had attended recent workshops and taken steps to understand Gavi's role in supporting the process. Responding to a comment on FPPs following the NIS processes, the

Secretariat recalled the agreed pragmatic approach in moving ahead with FPPs in the event of NIS processes becoming delayed.

- In relation to the four additional areas for PPR, PPC members made the following observations and comments: 1) encouraged the Secretariat to maintain momentum in this area; 2) noting reassessments across global health organisations following the COVID-19 pandemic, strategic discussions would be required at Board level regarding Gavi's role; 3) one PPC member suggested considering additional immunisation investments, such as a community health worker strengthening programme as enhancing PPR capacity; and 4) were supportive of the focus on information systems in support of immunisation programmes.
- Noting the recent establishment of the Financial Intermediary Fund (FIF) for PPR, several PPC members wanted to know how Gavi was intending to position itself and what its objectives could be regarding the FIF. The Secretariat acknowledged the work done in relation to the FIF in considering risks and contingent financing for future PPR needs, and highlighted the importance of including holistic vaccine discussions, in which Gavi could make meaningful contributions. The Secretariat would update the PPC as further information becomes available. One PPC member encouraged Secretariat representation at the FIF working groups.
- On the polio outbreak in Mozambique, PPC members reflected this as indicative of children not being fully covered through routine immunisation programmes. The Secretariat explained the country example as reinforcing the importance of strengthening routine immunisation systems as critical for containing outbreaks, such as polio. The Secretariat confirmed its commitment to polio eradication and underscored that integration with other involved parties, is crucial in reaching zero-dose children.
- In relation to the Strategic Implementation Indicators, annexed to Doc 03, noting the current work by Alliance partners, the PPC was invited to provide any additional feedback.
- In response to comments from PPC members, the Secretariat clarified that it was not currently reconsidering the strategy indicators and targets. Progress would continue to be monitored and, if required, proposed adjustments would be brought to the PPC.

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#### **4. Gavi's role in a future COVID-19 Vaccine Programme**

- 4.1 Sachin Bhardwaj, Head (Acting), Policy Design, Office of the COVAX Facility provided introductory remarks on this item (Doc 04). He provided some context on the progression from COVAX in 2022-2023 in preparation for the first phase of the proposed COVID-19 programme in 2024. He outlined the rationale for

Gavi's role in a future COVID-19 Vaccine Programme, noting that the Secretariat is proposing to move forward with a phased approach in light of the need to commence planning amidst uncertainties.

- 4.2 He provided key take aways on preliminary impact modelling and outlined key recommendations and funding envelope for phase 1 of the COVID-19 vaccine programme in 2024-2025.
- 4.3 Richard Mihigo, Director, COVID-19 Vaccine Delivery, presented the approach, costing and operationalisation of delivery for the proposed programme.

### *Discussion*

- The PPC recognised the need to decide, in principle, on a new COVID-19 vaccination programme, and highlighted the challenges related to significant levels of associated uncertainties, particularly on country demand.
- PPC representatives from implementing countries underlined how the COVID-19 vaccination response had demonstrated the challenge of sustaining a vaccine programme, as an isolated intervention, over a long time period. The delegates warned against persistent vaccine hesitancy, reputational risks due to dose-donation with short expiry dates, and overstretching the health workforce.
- The PPC recognised the importance of providing their steer at a stage where many uncertainties related to the COVID-19 pandemic persist, and underlined important considerations as critical for programme implementation including: 1) the level of country demand; 2) country choice and vaccine preferences; 3) vaccine price; 4) political will; 5) programmatic and financial implications for both Gavi and countries; 6) potential risks and impact on routine immunisation programmes; and 7) the need for more information on the delivery approach to be presented to the Board.
- Several PPC members encouraged the Secretariat to consider other vaccines that could be delivered through adult vaccination platforms and leverage learnings from the seasonal influenza vaccine agenda. In this regard, the Secretariat referred to engagement with partners in the Americas and assured the PPC that it would continue to leverage synergies with other programmes to inform delivery.
- The PPC encouraged the Secretariat to provide more clarity on the programmatic integration aspects of the programme to facilitate understanding on operational matters.
- Several PPC members highlighted that the low coverage in low-income countries (LICs) implies that large parts of the population had not received primary doses and it would therefore be challenging if the programme is

restricted to boosters. The Secretariat explained that countries will have an opportunity to plan in 2023, for implementation in 2024-2025. The programme would also have flexibility to vaccinate new entrants into the population cohorts.

- Regarding the extent of support, the PPC members discussed at length the need to ensure delivery support to Gavi54 countries and ensuring the provision of 70% of estimated total delivery costs for vaccines. Several PPC members noted that supporting 70% of delivery is substantial and exceeds the support provided for other vaccines. The Secretariat clarified that other vaccines are introduced into infant immunisation schedules building on existing delivery platforms and approaches other antigens and existing routine immunisation capacities for children, which is different for COVID-19 vaccines that target different age groups.
- Some PPC members noted that funding was intended for the entire AMC92 group of countries to ensure equity and expressed concern that a differentiated approach between Gavi54 and AMC37 might deviate from the principles on which the AMC was established.
- The PPC underlined the importance of careful transition planning for the AMC37 countries, including the possibility to offer additional delivery support, and extending support through 2025, if needed. Careful consideration of how COVID-19 Vaccine Delivery Support (CDS) funding would be used over the next two years, and assessing if support needs to be extended through 2025, was also highlighted.
- On programme implementation, PPC members requested that monitoring and regular reporting be presented, as well as clarity on how the quality and impact of HSS investments will be monitored and assessed.
- In relation to country demand, PPC members expressed concerns on the risk of vaccine wastage and lack of demand underpinned by hesitancy. Several PPC members underlined the importance of careful monitoring of coverage and country plans over the course of 2023 to inform the direction of future vaccine demand in 2024-2025.
- The Secretariat highlighted that regular demand forecasting will guide procurement with the goal to be able to meet country needs. In principle approval allows the Secretariat to plan, approach countries with concrete planning assumptions, and elicit country appetite for this programme. Country engagement on demand must take place over the next six to nine months, and to clearly indicate to AMC countries the extent of support they can expect from Gavi.
- The Secretariat explained that the proposal to procure approximately 190 to 240 million doses to cover 35% of high-priority populations is a conservative estimate which represents 7% of the overall populations. The Secretariat will

revert to the Alliance process on procurement using the long-term access agreements construct whereby there is flexibility to order doses according to demand.

- In responding to the CDS funding queries, the Secretariat explained that the CDS3 window is well subscribed by countries. The implementation phase will demonstrate to what extent the use of CDS resources will go beyond 2023. Almost 49% of countries have requested funding to support their integrated objectives, and countries are working to integrate delivery processes to ensure cross benefits.
- The Secretariat underlined that it will be monitoring, and documenting lessons learned in relation to any impact of this programme on routine immunisation.
- Responding to a question on the role of the AMC Investors Group on this particular decision, the Secretariat clarified that the decision concerns the principle of having COVID-19 vaccines included in Gavi programmes, and the decision on funding would follow in June 2023.
- The Secretariat noted the PPC comments on the possible confusion that labelling COVID-19 vaccines as routine vaccines, which is the term of childhood vaccines, may cause. Some PPC members warned against the perception that Gavi is starting to pursue adult vaccination beyond the COVID-19 pandemic.
- In relation to the support to India, the Secretariat provided background context to clarify the Strategic Partnership with India as separate from the current proposal.

### **Decision One**

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

1. **Approve** in principle, a new programme for COVID-19 vaccination, phase one of which will be implemented in 2024-2045, contingent on:
  - a. Continuation of the WHO base-case scenario for the pandemic evolution requiring continued focus on the higher priority user groups as per SAGE recommendation;
  - b. Sufficient funding as confirmed by the Board by June 2023;
  - c. Updated country demand estimates informing volume requirements; and
  - d. Further information from country experience and use of COVID-19 Delivery Support (CDS) to date.
2. **Approve**, in principle, the following country scope and extent of support for phase one of the new COVID-19 programme:

- a. Country scope: AMC91 (Gavi54 and AMC37)
- b. Extent of support
  - i. Gavi54: Eligible for full vaccine procurement support without co-financing obligations and delivery support (consisting of provision of 70% of estimated total delivery costs for vaccines).
  - ii. AMC37: Eligible for vaccine catalytic financing in line with the MICs Approach for vaccine procurement and not eligible for delivery support.
3. **Acknowledge** that planning for phase one, including engagement with countries, for a COVID-19 programme would commence prior to funding commitments coming for approval by June 2023 to ensure feasibility of a timely launch by 2024.

*Lamia Badarous (IFPMA) recused herself and did not vote on Decision One above. Kate O'Brien (WHO) Ephrem Lemango (UNICEF) and Anne-Marie Mbengue Seye (CSOs) recused themselves and did not vote on Decision One, point b) b) i) above.*

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

- a) **Note** that the Secretariat will update programme assumptions and the approach for phase one of the COVID-19 programme, incorporating latest demand estimates and the latest information on delivery, as informed by the implementation of CDS3;
- b) **Note** that the Secretariat will return to the Board by June 2023 for approval of the final programme design and the financial envelope for 2024-2025;
- c) **Note** that the Secretariat will update the Board at each meeting and will return to the Board formally, through the PPC, if future SAGE guidance evolves such that this programme is no longer aligned with technical guidance and/or assumptions outlined in Annex A to Doc 04 vary significantly as to affect the implementation feasibility of the programme; and
- d) **Note** that the Secretariat will return to the Board as part of the Gavi 6.0 strategy development with proposed updates to COVID-19 vaccination programme to account for changes in disease epidemiology as well as consideration of Gavi 6.0 priorities.

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## 5. Gavi's role in support to Regional and African Vaccine Manufacturing

- 5.1 David Kinder, Director, Development Finance and Dominic Hein, Head, Market Shaping provided introductory remarks and outlined a four-pillar approach to provide support to regional manufacturing, with a particular focus on Africa (Doc 05).

- 5.2 Dr Hein noted that the heightened awareness of delays in equitable vaccine access suffered by African nations during the COVID-19 pandemic had driven calls for rapid vaccine production in the region, not only for pandemic response, but also for routine immunisation. Extensive consultations had affirmed that Gavi is uniquely positioned to respond to the call for action.
- 5.3 He briefly outlined the first three pillars, with pillar one as defining Gavi's engagement with regional partners in shaping product portfolios to secure initiative sustainability and effective outcomes. Under pillar two, Gavi's Healthy Market Framework and Product Menu Criteria is adapted to emphasise and facilitate geographical diversity, whilst pillar three is aimed at providing more predictability and assurance around eventual demand for investors in new vaccine manufacturing capacity.
- 5.4 In relation to pillar four, Mr Kinder explained the preliminary outlines of the financial instrument as dedicated to assisting African manufacturers overcome initial higher costs faced in being competitive in a highly advanced global market.

#### *Discussion*

- PPC members strongly supported the proposed recommendation. One PPC member noted this as a vital contribution towards advancing global health, vaccine equity, as well as income and job creation in Gavi markets, whilst another PPC member highlighted the support as essential in reaching under-vaccinated and zero-dose children and communities.
- One PPC member noted vaccine manufacturing as complex, challenging and requiring substantial investment, and highlighted the need to ensure a healthy vaccine environment where vaccine manufacturers could be confident of a long-term return. Responding to a question on mitigating supply security following the entry of a new manufacturer and the exit of another, the Secretariat underlined Gavi's role as advisory, and whilst exits could not be prevented, acknowledged the potential to build in mitigations where possible.
- The Secretariat noted the suggestion to examine the Pan American Health Organization's (PAHO) recently shared lessons learned in the regional manufacturing space.
- The Secretariat described the execution of pillar one as critical to coordinate efficient outcomes with regards to future over- or under-capacities from the region.
- The Secretariat noted several PPC member comments regarding: 1) to not underestimate technology transfer challenges; 2) the importance of demand generation, as well as supply; 3) the awareness that any individual pillar adjustments be carefully considered given the interlinkages; 4) the

development and coordination of a strategic roadmap and implementation action plan across stakeholders; and 5) the awareness of the complexity of stakeholder interest, from private investor to government regulatory authority.

- In terms of pillar three, one PPC member suggested that the Alliance Partners should prompt the African Union (AU) to engage in systems for pan-African and regional demand assurance, especially as adequate demand volumes would ensure sustainability and stability. The Secretariat underscored pillar three as not focused on Gavi demand, but rather demand as relevant to the African region, which, by implication, places responsibility on the AU and the Partnership for African Vaccine Manufacturers (PAVM) to systemise continent-wide demand. The Secretariat noted the observation that the AU be front and centre of the initiative, with Gavi as an enabling partner.
- Responding to questions and comments from the PPC member representing CSOs, the Secretariat clarified the choice of antigen production as not resting with Gavi, and also noted, and expressed its encouragement in relation to the vaccine production at the MADIBA Vaccine Project in Senegal.
- In considering several PPC member comments regarding the rationale in the downstream versus upstream focus, the Secretariat noted having spent time considering how far upstream Gavi should focus, and it was felt that Gavi is most effective in downstream procurement and demand assurance. In developing the four pillars, the Secretariat explained that it had been careful to clearly articulate the interlocking goals that Gavi and its Alliance Partners could deliver. Further, the Secretariat noted the importance of being well-coordinated, whilst maintaining focus, when executing these pillars.
- The Secretariat acknowledged the complexities in the regulatory environment and highlighted the importance of building in standardisation capacity and noted that in the future, other regulatory qualifications could be considered beyond current WHO prequalification.
- The Secretariat confirmed birth cohorts as having been accounted for in forecasting, as well as the assessment of financial, operational and governance risks, as integrated into the four-pillar planning.
- In relation to pillar four, the Secretariat was encouraged to consider: 1) in a scenario where one manufacturer quickly supplies a vaccine through fill and finish (i.e. drug product alone), whilst another manufacturer comes to market and provides the same vaccine (i.e. both drug substance and drug product manufacturing), how would support be assured for the latter; 2) an increase in duration from five years; 3) whether pillar four creates a price reduction for Gavi-eligible countries only, or if this would extend to non-Gavi eligible countries; and 4) given that pillar three will not complete until end 2023, manufacturers would benefit from early detail and visibility (already in phase two) to engage partners sooner given the significant investments in this area.

- Responding to a request to understand the rationale behind the preliminary outline, and clarification on timing given the already mobilised political attention and financial resources, the Secretariat noted that it would provide further information on the proposed AMC, subsidy levels, long-term funding implications, timing and time limitations. The Secretariat clarified the five-year time limit as not suggesting a shorter AMC period, but rather to facilitate as long a downstream instrument as necessary to bring investment forward, whilst not providing perpetual subsidies.

### **Decision Two**

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

**Approve** the first three pillars of the new approach, namely 1) support for antigen and product portfolio planning; 2) adaptation of the Healthy Markets Framework and Product Menu Criteria to facilitate listing and adoption of new regional products; and 3) providing investors in new manufacturing capacity with more predictability around eventual demand.

*Lamia Badarous (IFPMA) recused herself and did not vote on Decision Two above.*

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## **6. Human papillomavirus (HPV) Vaccine Programme Relaunch**

- 6.1 Jalaa' Abdelwahab, Director, Vaccine Programmes, presented this item (Doc 06). In his opening remarks he thanked the PPC members and partners for the consultations and input provided, noting that this programme has been co-developed with the Alliance expanded partners. He emphasised that the HPV vaccine is critical to Gavi's mission, and one of the most impactful new vaccine introductions in terms of deaths averted.
- 6.2 He provided an overview of the introduction status and coverage trends in Gavi73 countries and underlined that a relaunch of Gavi's HPV programme is needed to accelerate coverage, particularly in Low and Low Middle-Income Countries (LMICs).
- 6.3 He noted that the proposed HPV relaunch, underpinned by positive enablers for rebuilding momentum, will help reach approximately 86 million girls by 2025, and highlighted that the situation remains challenging and requires monitoring. The relaunch will entail four key shifts and is estimated at an approximate cost of US\$ 167 million.
- 6.4 Dr Berkley, CEO, provided framing remarks and drew similarities between the HPV and COVID-19 programmes in terms of challenges at the supply level and having stakeholder buy-in. He underlined this as an opportune moment to

relaunch the programme, building on learnings, and not to underestimate the challenges that require support from all partners.

### *Discussion*

- The PPC welcomed the relaunch and the level of ambition of the HPV programme, noting the HPV vaccine as the most impactful of all Gavi-supported vaccines.
- The PPC strongly welcomed the announcement of the PPC member from India, that India has approved the introduction of HPV vaccine as part of its immunisation programme.
- The PPC member representing the WHO provided technical clarifications on the SAGE recommendation relating to the use of one or two HPV vaccine doses, depending on the authorisation of each product and noting that it is specifically aimed at girls as a priority group for mortality reduction. It was noted that current data on the use of one dose is only available for girls at this time.
- Several PPC members expressed concerns on the capacity of countries' HSS funding to cover the necessary resources to implement the programme and highlighted the need to have the right platforms for girls and young adolescents to receive this vaccination. In addition to assured financial resourcing, the PPC underlined the need for clarity on elements of the HSS mechanisms, such as contracting, speeding up processes and rolling-out new partnerships.
- One PPC member expressed concerns on the lack of clarity in the paper regarding whether countries can expect top-ups, additional funds or whether the programme's budget is integrated into the current HSS funding ceiling.
- In responding to questions in relation to budget, the Secretariat explained the following:
  - At an aggregate level, funds are available for the HPV programme considering the underspend in many areas.
  - Annex F (Doc 05) provides initial estimated costs and does not represent the final budget.
  - Approximately US\$ 500 million was earmarked for the HPV programme at the beginning of the Gavi 5.0 period, an additional US\$ 167 million is being proposed for activities including HSIS, PEF Targeted Country Assistance (TCA) and PEF Foundational Support (FS).
  - Utilising HSS funds enables some countries to access funds already available in-country rather than going through new allocations for TCA and HSS, and lengthy approval processes.
  - Countries waiting for disbursements, and countries that have reached their HSS ceiling, will be provided with additional funds.

- Some countries have received technical assistance through the US\$ 5 million reserved TCA approved by the Partnerships Team (PT), and additional US\$ 28 million is included in the AFC forecast.
- In relation to UNICEF and WHO TCA funding, the Secretariat recalled the Board's decision to expand partnerships and clarified an increase to the Partners Engagement Framework (PEF) budget. The Secretariat reiterated the consultations with the partners from the HPV working group, including UNICEF and WHO, and added that the budget forecast includes funds for FS to partners.
- In responding to a PPC member's request to ring-fence funding for the programme, the Secretariat emphasised that funding flexibility remains more favourable than ring-fenced funding, considering the multiple needs at country level, including improving outreach, critical for HPV and other vaccines (e.g. measles), and the need to not further fragment Gavi's funding streams. The CEO also has the authority to reallocate funds if needed.
- The PPC reiterated the importance of messaging to countries on funding and creating the right incentives. It should be made clear to countries that they will not be held back with their ambition to prevent backsliding and catch up on zero-dose to relaunch the HPV programme, and should they reach their HSS ceiling, additional funding would be topped up.
- Several PPC members underlined that while the focus of the programme is to prioritise girls with the current vaccine supply, the programme should eventually become gender neutral and be extended to boys.
- Several PPC members also underlined the importance of establishing a registry for girls who have received their first dose in case follow-up is needed. The Secretariat noted that strengthening data systems and record keeping will be key components of the programme, to be addressed through HSS investments.
- In relation to driving demand, several PPC members underlined the importance of community engagement, including male advocates. The Secretariat explained that it would not be adopting a "one size fits all" approach, given that the programme concerns sub-groups and vulnerable populations. The CSOs partnership framework was noted as a critical component for this programme. The Secretariat will look to socialise as much information as possible, particularly through the Request for Proposals (RFPs), and through the updated programme design, to address misinformation and raise awareness.
- The Secretariat explained that, together with WHO and UNICEF, evidence and knowledge will be provided for the countries to be equipped to make decisions, hence the need for TCA, which includes mapping out of partners that can influence social behaviours at the country level.
- In responding to a query on off-label use and supporting countries in navigating one or two dose schedules, the Secretariat referred to the role of the National

Immunisation Technical Advisory Groups (NITAGs), as well as the regulatory authorities, and highlighted ongoing work with the technical partners to prepare and share evidence with countries.

- On the integration of the HPV programme, the Secretariat explained that funding the cash components of the programme through HSS, and designing the programme at the local level, allows for considering country contexts and catching-up missed children based on the zero-dose agenda, as well as designing strategies for marginalised communities, and ensuring equity within countries.
- Several PPC members highlighted the importance of focusing on demand generation, noting the challenges that countries may face in having conservative communities accept HPV vaccine. The Secretariat explained that the idea to introduce HPV at the pre-sexual onset age of nine, as a vaccine that protects women and girls from cancer, would address this difficulty.
- The Secretariat acknowledged the importance of sequencing and pre-empting challenges ahead of time. Starting with the TA, to have a coordinated approach and ensuring that the design of the programme is done at sub-national level, will be key first steps in implementation.

### **Decision Three**

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

- a) **Approve** the four strategic shifts for the human papillomavirus (HPV) programme relaunch, which are:
1. To facilitate and accelerate adoption of a permissive 1-dose schedule and support recovery of original and missed cohorts up to 18 years of age for countries with delayed multi-age cohort (MAC) vaccinations;
  2. Optimise and increase the relevant Health Strengthening Systems (HSS) investments/mechanisms that support strengthening of the HPV programme;
  3. Enhanced technical assistance through Technical Country Assistance (TCA) and Foundational Support (FS); and
  4. Learning agenda support through Strategic Focus Area (SFA) for integration of the HPV vaccination programme in routine immunisation delivery mechanisms and Primary Health Care (PHC).
- b) **Note** that the HPV vaccine has amongst the highest impact of all Gavi-supported vaccines and **request** that the Secretariat update the Programme and Policy Committee twice annually on implementation progress and return to the Board should further funding or flexibilities be needed to deliver on the ambitious relaunch agenda.

*Lamia Badarous (IFPMA) and Sai Prasad (DCVM), recused themselves and did not vote on Decision Three above. Kate O'Brien (WHO), Ephrem Lemango (UNICEF) and Anne-Marie Mbengue Seye (CSOs) recused themselves and did not vote on Decision Three, points 2), 3) and 4) above.*

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## **7. Gavi Support for Inactivated Poliovirus Vaccine**

- 7.1 Jalaa' Abdelwahab, Director, Vaccine Programmes, presented this item (Doc 07). He provided contextual background information highlighting the importance of addressing polio. He recognised the contribution of the Alliance to strengthening immunisation systems to support polio eradication, including to polio priority countries and the six consequential geographies.
- 7.2 He provided a historical view of Gavi's support to polio vaccine dating back to 2005, which provided important contexts on the Alliance's current approaches to support Inactivated Poliovirus Vaccine (IPV).
- 7.3 He outlined Gavi's current approach to IPV support and highlighted contextual changes since the Board took a risk-based cost-sharing approach in 2019, waiving co-financing and eligibility and transition policies.
- 7.4 Finally, he provided a brief update on the IPV programme status, including programme progress, and the risks of modifying the approach now.

### *Discussion*

- The PPC commended the collective work of the team and fully supported the continuation of the current IPV support approach.
- The CEO provided some contextual remarks and explained that when Gavi originally established the programme, polio was eliminated in a number of regions, making it challenging to get government buy-in for this programme. Particularly now at time of fiscal constraint, if co-financing had to be requested from countries, it may be hard to introduce this vaccine which is the only vaccine that protects against the three strains of polio.
- Several PPC members referred to the GPEI replenishment conference which had brought public health issues to the spotlight. The importance of polio integration and engaging GPEI partners in countries for full portfolio planning were underlined.
- One PPC member encouraged the Secretariat to provide the PPC with a midterm update on the status of polio eradication, which would enable the PPC to take an informed decision on this programme for the next strategic period.

- The Secretariat was encouraged to conduct broad consultations in the planning towards country ownership of IPV with countries against cost-sharing and to focus on ensuring equity with IPV, hexavalent and the other antigens.
- The Secretariat noted the importance of effective partnerships and leveraging CSO structures at the community level in eradicating polio.
- One PPC member highlighted that some countries in the Francophone-Lusophone Africa constituency were facing major challenges at the access, security and humanitarian levels. Periodic polio campaigns for specific communities would provide a more certain path to eradication and would also provide opportunities to reach unvaccinated children and thereby limit outbreaks. The PPC member reiterated a growing concern about multiple injections, and strongly encouraged the prospect of Gavi supporting combined vaccines, such as the hexavalent vaccine.
- One PPC member expressed concerns that a number of high-risk countries have not yet applied for IPV2 support, including Malawi, and referred to ongoing efforts amongst partners to inform not only high-risk, but also a number of MICs that have not yet applied. Assurance would need to be provided so that these countries would not face shortages in doses, or extended delays between their application approval and the time they receive supplies.
- The PPC member representing the WHO informed the PPC that the pre-qualification of the first hexavalent vaccine would be announced in the days following the PPC meeting. This would link with the discussion on DTP booster doses, given that hexavalent vaccines will replace the pentavalent ones in some countries. Noting the shift to hexavalent vaccines as taking time, standalone IPV doses must remain available. The Secretariat welcomed the news on the pre-qualification of the hexavalent vaccine, noting that discussions will need to take place on the funding envelope and prices. The Secretariat would provide a further update in 2023.
- Several PPC members underlined the importance of integration and leveraging the polio programme to reach zero-dose children. The Secretariat reiterated that the IPV programme would look into HSS investments at the subnational level and assess how they relate to the consequential geographies which are the priority for polio. The need for better alignment between GPEI and measles partnerships in the campaigns and delivery approach was underlined.
- In terms of the introduction of the second IPV dose, the Secretariat noted that with this approach being extended, the Secretariat will engage with countries and push to accelerate the second dose introductions collectively with partners. This would be partly included in the FPP processes, which will also be used for other vaccines.

- On balancing the risks of discontinuation and country ownership, the Secretariat underlined the competing priorities at the country level and referred to ongoing work with Alliance Partners to ensure the availability of dedicated resources that considers optimisation, vaccine prioritisation and what would make sense in terms of epidemiological context as this is a country led decision.
- In responding to an enquiry, the Secretariat clarified that there was currently no need for fractional IPV doses given that there is sufficient supply.
- PPC members agreed that this item could be placed on the consent agenda for the December 2022 Board meeting.

#### **Decision Four**

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

**Approve** continuation of the Inactivated Poliovirus Vaccine (IPV) support approach approved in 2019, namely that countries are exempt from Gavi eligibility and co-financing policies until polio eradication and the withdrawal of bOPV from routine immunisation schedules.

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#### **8. Funding Policy Review**

- 8.1 Marta Tufet, Head, Policy and Emmanuel, Boar, Head, Immunisation, Financing & Sustainability, provided some introductory remarks on the Funding Policy Review (FPR) and its three component policies (Doc 08) emphasising the scope of the review had shifted to focus on urgent matters for Gavi 5.0 with a view to address longer-term issues as part of the operationalisation of Gavi 6.0.
- 8.2 Ms Tufet outlined the Health Systems and Immunisation Strengthening (HSIS) Policy as supporting countries to build strong, equitable and sustainable systems, particularly in reaching zero-dose children. She highlighted the Eligibility & Transition Policy and Co-financing Policy as being at the core of Gavi's model, and the Co-financing Policy as extremely successful in empowering countries to financially sustain their immunisation programmes.
- 8.3 Mr Bor explained the countries in accelerated transition face increased fiscal challenges to successfully transition from Gavi support and noted that these countries have a lower baseline than those which have previously graduated from Gavi support. A revised policy, introducing a 35% minimum co-financing threshold to enter the accelerated transition phase, and extending the accelerated transition from five to eight years, would strengthen financial

sustainability, reduce unsuccessful transition risks and limit ad hoc policy exceptions.

- 8.4 In relation to the malaria vaccine, Mr Bor outlined some of the challenges, particularly around vaccine pricing and noted that the proposed exceptional, time-limited approach to malaria co-financing would facilitate affordability and therefore support vaccine uptake, particularly given the 40% global malaria burden is concentrated in accelerated transition countries.

#### *Discussion*

- PPC members commended the Secretariat on the quality of work undertaken as well as the consultative processes and found the policies presented as well designed, practical and understandable.
- In the context of health financing, the PPC member representing the World Bank outlined the recent analytics on the implications of health financing during the COVID-19 pandemic that had identified three country groups affected by government spending, namely: 1) contraction countries (lower than pre-COVID-19 pandemic); 2) stagnation countries (subdued increase) and 3) expansion countries (substantial increase). He noted that several Gavi-supported countries were either in contraction (Papua New Guinea and the Solomon Islands) or stagnation (Djibouti, Kenya, Lao, Nigeria and São Tomé and Príncipe). Given this spending contraction, strong country engagement would be needed to ensure countries meet their co-financing obligations.
- In relation to co-financing waivers for Gavi-countries hosting refugee populations, several PPC members underlined the need to ensure these are part of larger advocacy instruments and are used as an encouragement for governments that have taken steps to cater for these populations. The Secretariat highlighted the directive on country advocacy in the recently approved Fragilities, Emergencies and Displaced Population Policy, and the Secretariat continues to advocate that countries include refugee populations in their health care and services planning.
- Responding to a question on application of the co-financing waiver, the Secretariat recalled that at its meeting in June 2022, the Board granted the Secretariat the authority to approve exceptional co-financing flexibilities in two instances, namely in countries facing fiscal distress and/or facing a humanitarian crisis. Operational guidelines are now in place to assess crisis situations using indicators developed by humanitarian-focused organisations.
- PPC members discussed the time-limited malaria co-financing and agreed that it review the time-limited approach by no later than 2027. PPC members also discussed the market conditions in terms of pricing and future sustainability. The Secretariat outlined the current and projected landscape and confirmed its projections as including new players and weighted average pricing.

- PPC members discussed the accelerated transition adjustments, in particular:
  - In relation to the 35% entry into accelerated co-financing threshold, several PPC members highlighted the need to ensure equity remains across countries, particularly following the updated threshold benefitting some countries, and potentially not others. The Secretariat confirmed this as having been accounted for and that following the extension, countries which have recently entered accelerated transition at a low co-financing level would benefit from a reduction in the annual co-financing ramp-up currently around 17 percentage points (pp) p.a. to 11 pp p.a.
  - Whether the three-year extension in accelerated transition is sufficient given fiscal challenges faced by many countries. The Secretariat explained the extensive consideration in reaching this timeframe which it believed would reduce current challenges faced by countries.
  - When working through FPP, that the Secretariat and Alliance Partners ensure the accelerated transition perspectives, concerns and issues are addressed in a comprehensive manner at planning stage.
  
- One PPC member requested clarification on the US \$0.20 per dose initial co-financing phase contribution particularly as it was felt countries may not have a view on potential future price gradients. The Secretariat commented it was working on ways to introduce a price-sensitivity overview and acknowledged the complexities of a shift in the midst of a strategic period.
  
- In relation to traditional vaccine financing, e.g. measles. the Secretariat noted the comments from the PPC member representing UNICEF in relation to funding gaps in this area. The Secretariat acknowledged the challenges and highlighted the share of government spending to co-financing of Gavi-supported vaccines as stable, even in the COVID-19 pandemic, reinforcing a robust co-financing policy as not hindering government investment in additional health programmes. The Secretariat described the successful work in the DRC and Niger alongside UNICEF, World Bank and government ministries and the International Monetary Fund (IMF) in securing domestic vaccine financing.
  
- The Secretariat noted one PPC member's suggestion to include PPR into future policy iterations, given the HSIS and Eligibility & Transition Policy as underpinning the PPR offer.

### **Decision Five**

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

**Approve** the Health Systems and Immunisation Strengthening Policy attached as Annex B to Doc 08a.

## **Decision Six**

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

- a) **Approve** the revised Eligibility & Transition Policy attached as Annex A to Doc 08b.
- b) **Approve** the revised Co-financing Policy attached as Annex B to Doc 08b.
- c) **Approve** the exceptional time-limited approach to malaria vaccine co-financing as follows, to be reviewed by the Programme and Policy Committee no later than 2027:
  - i. For initial self-financing countries: Country contributes US\$ 0.20 per dose (no annual increase);
  - ii. For preparatory transition countries: Country co-financing starts at US\$ 0.20 per dose in the first year of introduction and the price fraction increases by 15% annually; and
  - iii. For accelerated transition countries: Country contributes 20% of the price fraction in the first year of introduction and increases co-financing by 10 percentage points annually. Country should reach 100% co-financing after 8 years.
- d) **Note** that the Secretariat will return to the Programme and Policy Committee on malaria co-financing should market conditions change significantly.

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## **9. COVAX – Key Strategic Issues**

- 9.1 Thabani Maphosa, Managing Director, Country Programmes and Derrick Sim, Managing Director (Acting), Office of the COVAX Facility, provided some introductory remarks on the progress of COVAX, as well as on the COVAX 2023 strategic vision (Doc 09).
- 9.2 Mr Maphosa outlined the COVAX 2023 strategy as continuing its support to AMC92 countries to meet their targets, both in terms of primary and booster vaccines, increasing the focus on higher priority groups and maintaining the capacity of the Pandemic Vaccine Pool (PVP) to react and respond to a worst-case scenario.
- 9.3 He outlined the primary series coverage of AMC92 countries as more than 50%, and noted the inequities across the 34 countries for concerted support (CCS). Through acceleration of the COVID-19 Delivery Partnership, efforts are focused on improving identification, reporting and monitoring of high-risk populations. There were now 45 applications for COVID-19 Delivery Support Funding

totalling US\$ 479 million, with a further seven country applications anticipated in the coming weeks.

- 9.4 In looking ahead to 2023, Dr Sim explained Gavi's alignment with the WHO's July 2022 update to the Global COVID-19 Vaccination Strategy in establishing two overarching goals in terms of continuing support to countries and transitioning towards established Alliance Partners processes. Objectives on supply, delivery support and integration, would ensure COVAX's ability to deliver on the current missions whilst also retaining response flexibility in a worst-case scenario.
- 9.5 Finally, he outlined the transition towards established Alliance processes, the phasing out of the COVID-19 Vaccine Delivery Partnership (CoVDP), continuation of COVID-19 Delivery Support (CDS), and continued efforts in delivering COVID-19 doses to humanitarian settings.

#### *Discussion*

- PPC members were supportive of extending the COVID-19 Vaccine Delivery Support Temporary Steering Committee until April 2023 to align with the phasing of the CoVDP. One PPC member clarified this phasing as relating to a single point of leadership and political advocacy, with no risk to continue country support. In terms of the April 2023 timeframe, the Secretariat clarified the CoVDP had identified the COVID-19 Vaccine Delivery Support Steering Committee focus as concentrated in Q1 2023, with a handover of items through June 2023.
- In relation to COVAX, the Secretariat was encouraged to document the excellent work by COVAX and the overall COVID-19 vaccine delivery operations, particularly in relation to top country achievements, which could then be translated across to routine immunisations.
- Responding to a question on the transition towards Alliance Partner processes, the Secretariat explained that in 2023, it would be reviewing the integration of personnel, processes, systems and learnings from COVAX into the Alliance.
- Noting several PPC members' comments on the evolving COVID-19 landscape in 2023, firstly, in terms of vaccine demand, and secondly, vaccine manufacturers shifting from ancestral prototype to bivalent vaccine production, the Secretariat explained that it continues to pursue a dual-sourcing strategy against baseline, whilst also planning for a surge demand scenario. As such, the supply from current APAs of between 400 to 600 million doses is expected to be sufficient for baseline requirements, and should there be a surge demand scenario, donations would be sought, as well as additional procurement, if required. Acknowledging the changing vaccine manufacturing landscape, the Secretariat emphasised the importance of understanding country needs regarding primary and booster vaccines. The Secretariat continues to work

alongside partners, particularly WHO and UNICEF, in terms of technical assistance support in interpreting SAGE recommendations.

- Responding to a question on vaccine demand projections, the Secretariat outlined the top-down modelling process as considering the projected needs of highest risk groups which will be informed and updated through the ongoing demand forecasting exercise with countries.
- In response to a comment by the PPC member representing the CSO constituency on meaningful demand generation engagement by CSOs at country level, the Secretariat, noting the continued efforts in this area, highlighted the recently released funding of US\$ 52 million to UNICEF, from which funding for demand generation would be allocated to address this critical area in supporting low coverage in countries. The Secretariat also highlighted the CEO-approved policy exceptions to ensure accelerated inclusion of CSOs, and other parties, particularly in the DRC and South Sudan.
- In relation to learnings from the COVAX Humanitarian Buffer, the Secretariat was encouraged to proactively bring these learnings beyond the COVID-19 pandemic into overall preparedness planning. The Secretariat explained its approach to ongoing humanitarian access as: 1) ensuring immediately identified needs are met, e.g. accepting applications up to end 2022 for delivery in 2023; 2) engaging with partners, as well as Secretariat colleagues working on ZIP, and other programmes, to find ways of appropriate horizontal integration; and 3) on executing the learning agenda, engaging with partners in identifying and aggregating learnings, e.g. managing application processes, considering risks and mitigation processes, and ensuring insurance mechanisms as being fit for purpose.

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## **10. Review of Decisions**

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

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## **11. Any other business**

- 11.1 The Chair thanked PPC members for the rich discussions and engaged participation. She acknowledged outgoing PPC members for whom this would be their last meeting namely, Sue Graves (Bill & Melinda Gates Foundation), Susan Elden (Donor Countries – United Kingdom) and Alejandro Cravioto (Independent Expert) and thanked them for their valuable contributions.

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

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Mrs Joanne Goetz  
Secretary to the Meeting

## Attachment A

### Participants

#### **Committee Members**

- Anne Schuchat, Chair
- Sue Graves
- Michael Kent Ranson
- Ephrem Lemango
- Kate O'Brien
- Abdelkadre Mahamat Hassane
- Roli Singh
- Bernard Braune
- Karin Westerberg
- Susan Elden
- Naomi Dumbrell
- Lamia Badarous
- Anne Marie Mbengue Seye
- Seth Berkley, Chief Executive Officer
- Alejandro Cravioto

#### **Committee Members (virtual)**

- Saad Omer (Day Two, Items 6 and 7)
- Sai Prasad (Day Two, Items 6 and 7)

#### **Regrets**

- Awa Marie Coll Seck
- Edna Yolani Batres
- Kelechi Ohiri

#### **Other Board members attending**

- Takeshi Akahori
- Mohamed Jama (Day One, Items 5)
- Francesca Manno

#### **Other guests (virtual)**

- Nicole Lurie, US Director, CEPI (Items 4, 5 and 8)

#### **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-Africa Constituency
- Rolando Pinel, Special Advisor to the PAHO Constituency
- Pratap Sahoo, Special Advisor to the SEARO Constituency
- Zaeem Ul Haaq, Special Advisor to the EMRO Constituency
- Stella Villares, Special Adviser to the Gavi Board Chair

#### **Gavi Secretariat**

- David Marlow
- Jalaa' Abdelwahab (Agenda Items 6 and 7)
- Nadine Abu-Sway
- Johannes Ahrendts
- Sachin Bhardwaj (Agenda Item 4)
- Emmanuel Bor (Agenda Item 8)
- Hannah Burriss
- David Kinder (Agenda Item 5)
- Benjamin Loevinsohn (Agenda Item 8)
- Joanne Goetz
- Dominic Hein (Agenda Item 5)
- Hannah Kettler (Agenda Item 3)
- Brenda Killen
- Thabani Maphosa
- Richard Mihigo (Agenda Item 4)
- Aurélia Nguyen
- Tanya Robinson
- Marie-Ange Saraka-Yao
- Derrick Sim
- Marta Tufet (Agenda Items 3 and 8)