

Gavi Alliance Board Meeting

23-24 June 2021

Virtual meeting

1. Chair's Report

- 1.1 Finding a quorum of members present, the meeting commenced at 14.00 Geneva time on 23 June 2021. Prof José Manuel Barroso, Board Chair, chaired the meeting.
- 1.2 The Chair welcomed one new Board member, Jeremy Konyndyk (United States/Australia/Japan/ Korea (Rep. of)). He also welcomed Zulfiqar Bhutta, interim Chair of the Evaluation Advisory Committee; Kenneth Lay, Chair of the International Finance Facility for Immunisation (IFFIm); and other directors of the IFFIm Board, as well as Minister Harsh Vardhan (India) who was joining a Board meeting for the first time.
- 1.3 Prof Barroso reported that in closed session earlier in the day, Board members had approved a recommendation by the Governance Committee to reappoint Dr Seth Berkley as Chief Executive Officer (CEO) for a further exceptional one-year term effective 3 August 2022.
- 1.4 He noted the exceptionally busy agenda of the Board and its Committees and referred to the Organisational Review update that had been shared with the Board in advance of the Board meeting. He noted that a dedicated informal session for Board members would be organised in the near future to further discuss the details of the review.
- 1.5 The Chair presented a short summary of the recent All Chairs Group (ACG) meeting on 18 June 2021, during which the Group had discussed the importance of retaining Gavi's focus on Gavi 5.0 commitments in addition to the Covax work. He also reported that the Market Sensitive Decisions Committee (MSDC) had met three times since the Board last convened.
- 1.6 Prof Barroso provided some personal reflections to the Board with regard to the imperative of delivering on Gavi 5.0 and COVAX with the same level of ambition. He noted that equity has not yet been achieved in COVID-19 vaccine coverage, particularly in Africa. He made an urgent appeal in favour of Africa, particularly to vaccine suppliers.
- 1.7 Standing declarations of interest were tabled to the Board (Doc 01a in the Board pack).
- 1.8 The Board noted its minutes from 29-30 September 2020 (Doc 01b) and 15-17 December 2020 (Doc 01c) which were approved by no objection on 21 May 2021,

as well as the minutes from 22 March 2021 (Doc 01d) which were approved on 4 June 2021, respectively. The Board also noted decisions approved by them by no-objection consent (Doc 01e), namely appointments to the Board and Board Committees.

- 1.9 The Chair expressed appreciation for the Board comments on the agenda items received in advance of the meeting through the discussion board on *BoardEffect*.
- 1.10 He referred to the consent agenda (Doc 01f) where seven recommendations were presented to the Board for consideration. No requests had been received to place the consent agenda items on the main agenda. The decisions would be presented at the end of the meeting during the Review of Decisions.
- 1.11 The Chair further noted the Board workplan (Doc 01g) that guides the Board on activities towards fulfilling its mandate.

Decision 1

The Gavi Alliance Board:

Approved that Dr Seth Berkley be reappointed as Chief Executive Officer (CEO), an Officer with individual signatory authority on behalf of the Gavi Alliance, for a further exceptional one-year term effective 3 August 2022.

Decision 2

The Gavi Alliance Board:

- a) **Appointed** **Awa Marie Coll Seck** as an Unaffiliated Board member in the seat currently held by Stephen Zinser effective 1 July 2021 and until 30 June 2024
- b) **Appointed** **Naguib Kheraj** as an Unaffiliated Board member in the seat currently held by William Roedy effective 1 August 2021 and until 31 July 2024
- c) **Appointed** **Bounfeng Phoummalaysith** of Lao PDR as Alternate Board Member representing the implementing country constituency in the seat formerly held by Bounkong Syhavong of Lao PDR, effective immediately and until 31 December 2023
- d) **Appointed** the following to the Governance Committee effective 1 August 2021:
 - **An Vermeersch** (Alternate Board Member) until 31 December 2021
- e) **Appointed** the following to the Audit and Finance Committee effective 1 August 2021:
 - **Naguib Kheraj** (Board Member) until 31 December 2021
- f) **Appointed** the following to the Investment Committee effective 1 August 2021:
 - **Naguib Kheraj** (Board Member) until 31 December 2021

g) **Appointed** the following to the Programme and Policy Committee:

- **Ephrem Lemango** (Committee Delegate) effective immediately and until 31 Dec 2021
- **Awa Marie Coll Seck** (Board Member) effective 1 July 2021 and until 31 Dec 2021

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

Decision 3

The Gavi Alliance Board:

- a) **Appointed Afsaneh Beschloss** as Chair of the Investment Committee effective 1 July 2021 and until 31 December 2021; and
- b) **Appointed James Hargreaves** as Chair of the Evaluation Advisory Committee effective 1 July 2021 and until 31 December 2021.

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

Decision 4

The Gavi Alliance Board:

- a) **Approved**, within the overall Partners' Engagement Framework,
 - i. the proposed UNICEF procurement fee of US\$ 28.7 million for 2022;
 - ii. A budget of US\$ 24.4 million for UNICEF Supply Division fees for the procurement of vaccines, related devices and yellow fever surveillance and diagnostics equipment in 2022; and
 - iii. A budget of US\$ 4.3 million for UNICEF Supply Division fees for the procurement of cold chain equipment for 2022.
- b) **Noted** that the procurement fee excludes any procurement activity related to COVAX.

Omar Abdi (UNICEF) recused himself and did not vote on Decision Four above.

Decision 5

The Gavi Alliance Board:

Approved an extension through the end of 2022 of the currently forecasted amount which remains within the initially approved envelope of US\$ 8.2 million authorised for the 2019-2021 period for costs related to the procurement and distribution of laboratory reagents, supplies, and equipment for yellow fever diagnostic capacity strengthening

through a diagnostic procurement mechanism based on Gavi's existing application, review, and approval processes as set forth in Annex A to Doc 01f.

Marta Nunes (R&THI) recused herself and did not vote on Decision Five above.

Decision 6

The Gavi Alliance Board **approved** the proposed targets for selected Gavi 5.0 mission and strategy performance indicators in Annex B to Doc 01f, noting that:

- a) The targets will be measured against a 2019 baseline;
- b) The targets are aligned with Immunization Agenda (IA) 2030;
- c) The targets are established under the assumption that COVID-19-related disruptions to immunisation programmes will be limited in 2021 and beyond; however if they are greater or extend longer than assumed the Secretariat may request the Board to adjust the targets; and
- d) Targets for remaining mission and strategy performance indicators in Annex C to Doc 01f will be brought for approval later this year.

Decision 7

The Gavi Alliance Board:

Approved the Market Shaping Strategy 5.0 as set out in Annex D to Doc 01f.

Decision 8

The Gavi Alliance Board:

Approved an initial investment of up to US\$ 5 million for the Vaccine Innovation Prioritisation Strategy (VIPS) for costs related to short-term (2021-2023) activities to provide guidance for and incentivise development of the three VIPS innovation priorities, namely clarifying the potential demand and willingness-to-pay, defining investment cases and understanding the need for and design of push and pull funding mechanisms, and generating evidence of programmatic impact.

Omar Abdi (UNICEF), Zsuzsanna Jakab (WHO), Marta Nunes (R&THI) and Orin Levine (Bill & Melinda Gates Foundation) recused themselves and did not vote on Decision Eight above.

2. CEO's Report

- 2.1 Seth Berkley, CEO, informed the Board that some Board papers had been leaked to a news outlet prior to the Board meeting, and called on Board members to safeguard the confidentiality of Board reports.
- 2.2 He noted that this Board meeting would focus on Gavi 5.0 and on the COVAX Facility, keeping in mind the linkages between the two, with equity as their

- founding principle. He acknowledged the immense changes and adaptation required to achieve Gavi 5.0 and COVAX ambitions, which impact implementing countries, partners and Secretariat staff.
- 2.3 He briefed the Board members on the well-being of Secretariat staff and referred to the results of a pulse survey which had yielded positive responses on many aspects, but also indicated that staff continue to face unsustainable working hours, stress and anxiety. He emphasized that while increased staffing is vital, its not the “silver bullet” to resolve issues. There is a need for a cultural shift and further prioritisation. A survey on Ways of Working to consult staff on future working modalities had resulted in a recommendation for a hybrid approach of office and remote working. He noted the formation of a committee to enhance diversity and inclusion within the Secretariat and highlighted the staffing update resulting from the Organisational Review.
 - 2.4 Dr Berkley highlighted the growing support to Gavi and COVAX through events such as the Global Citizen event, the Group of 20 (G20) Health Summit and the Group of 7 (G7) Summit that mobilised important support for the COVAX Facility.
 - 2.5 In relation to the impact of COVID-19 on Gavi core programmes, he highlighted the economic and fiscal constraints at global and country levels and resulting challenges in prioritisation. He underlined Gavi’s priorities to maintain, restore and strengthen routine immunisation (RI), roll out COVID-19 vaccines and implement the Gavi 5.0 zero-dose agenda noting that there may be capacity constraints in countries now to progress on all three.
 - 2.6 He noted the need to proactively reduce immunity gaps through RI, thereby reducing the risk of further measles and other outbreaks. Dr Berkley referred to co-incident Ebola outbreaks in the DRC and Guinea that have now been declared over and latest SAGE recommendations on Ebola vaccine use. He also provided an update on polio. He highlighted that the new strategy of the Global Polio Elimination Initiative (GPEI), which aligns with Gavi and the Immunization Agenda 2030 (IA2030) and calls for integration, is timely given the pandemic and current fiscal constraints.
 - 2.7 Dr Berkley briefly touched on key items on the consent agenda. He provided an update on the yellow fever diagnostics initiative and highlighted a significant reduction in testing time.
 - 2.8 In relation to the Gavi 5.0 Measurement Framework, he highlighted its close alignment with IA2030 and noted that 2019 is the pragmatic choice for the baseline.
 - 2.9 With respect to the new Gavi Market Shaping Strategy, he briefly outlined the evolution of market shaping at Gavi and highlighted that the new strategy builds on Gavi 4.0 learnings. It strategically focuses on fostering a sustainably competitive supplier base, supporting healthy demand and establishing an enabling environment for accelerated delivery of prioritised and transformational innovation.
 - 2.10 In relation to the COVAX Facility and COVID-19 vaccines, Dr Berkley acknowledged the outstanding donor support for the COVAX Advance Market

Commitment (AMC). The AMC Summit hosted by the Government of Japan on 2 June 2021 raised US\$ 2.4 billion from public and private sector donors and resulted in new vaccine donations. A total US\$ 9.7 billion has been pledged for Gavi COVAX AMC securing approximately 1.8 billion COVID-19 vaccine doses for delivery in 2021 and early 2022, in addition to US\$ 775 million for vaccine delivery and support. Despite these achievements, more resources are required to deliver on COVAX ambitions, including financial support to countries.

- 2.11 Despite the significant progress achieved so far, COVAX is facing challenges and receiving public criticism for several reasons, some of which are beyond the Facility's control. He provided a general outline of the Facility's candidate-specific supply and highlighted the global supply forecast for 2021-2022, noting a provision of supplies with an estimated 1.9 billion doses by the end of 2021. He noted that the timing of committed donor cash inflow is critical to cover expected payments for impending deals.
- 2.12 In relation to vaccine donations to COVAX he noted delays given the shortage in products and appealed to donors to frontload available doses as soon as possible.
- 2.13 He referred to the COVAX Manufacturing Task Force that is working to tackle COVID-19 supply challenges in the short- and medium-term and is looking into establishing new capacities in low- and middle-income countries in the long-term.
- 2.14 In terms of partnerships, he highlighted a number of new partnerships that are underway, namely with the African Union (AU), the Africa Centres for Disease Control and Prevention (African CDC) and a new engagement with the European Investment Bank (EIB) to provide cost-sharing for AU member states.

Discussion

- Board members thanked Dr Berkley for his personal commitment to Gavi and welcomed the extension of his tenure. They commended the enormous efforts and achievements by the Gavi Secretariat over the past year in setting up the COVAX Facility and operationalising it while simultaneously initiating implementation of the Gavi 5.0 strategy.
- Board members emphasised the importance of maintaining focus on Gavi 5.0 and one Board member suggested convening a deep dive discussion on progress on Gavi 5.0 and the implementation of recent Board decisions on Gavi 5.0 priorities, for example the zero-dose agenda. This idea was supported by other members in the discussion on succeeding agenda items.
- Board members expressed concerns on the impact of COVID-19 on RI, ranging from campaign disruptions to diversion of resources and workforce to roll-out COVID-19 vaccines. The expected COVID-19 supply ramp up over the next few months could have serious implications on maintaining RI. The Secretariat indicated that RI updates would be provided at the December 2021 Board meeting, together with a potential decision on the malaria vaccine.
- A number of Board members underlined the importance of Health Systems Strengthening (HSS) and encouraged the Secretariat to explore ways to integrate

support for COVID-19 vaccine delivery within broader HSS programmes. One Board member highlighted rapid diagnostics and therapeutics as vital for recovery in addition to COVID-19 vaccines.

- Board members indicated that it will be important to support Gavi and partner efforts to ensure that vaccine preventable diseases such as measles and polio are properly addressed.
- In relation to COVAX and COVID-19 vaccines, Board members emphasised equity is and should remain one of the founding pillars of COVAX. They indicated that this messaging globally and to countries should be sharpened to address misperceptions and rationalise strategies.. The Secretariat noted the importance of strengthening communications with countries as COVAX faces criticism for not delivering on its ambitions.
- Board members from implementing countries highlighted the challenges in responding to the pandemic, especially in Africa. Accessing COVID-19 vaccines remains a major concern, with some countries not being able to provide second doses to the small portions of the population that have already received their first dose, while the variants are quickly spreading and infection rates are increasing.
- In relation to supply challenges, Board members highlighted the importance of export facilitation, technology transfer and local production. Vaccine manufacturers were called on to prioritise implementing countries who have received less doses than rich countries.
- The Secretariat noted the Board's emphasis on supporting countries to deliver COVID-19 vaccines and focus on absorption and increasing demand. The Secretariat underlined the Alliance's longstanding history in vaccine roll-out and noted that data is being collected and will be assessed on a country-by-country basis, with delivery being a top priority for the Facility.
- Board members indicated that it will be important to closely monitor COVID-19 variants which may require booster doses and heterologous combinations of vaccines. And these should be taken into account for future COVAX supply plans.
- In relation to the COVAX Humanitarian Buffer, the Secretariat noted concerns expressed by the Board on the operationalisation of the mechanism and reported that the challenges related to liability issues need the support of manufacturers to be resolved.
- Regarding the Global COVID-19 Vaccine Strategy, it was noted that consultations will be open for stakeholders, and that the decisions and actions on the strategy will be significant for both the Gavi 5.0 strategy and the IA2030.
- Several Board members expressed concerns over the well-being of Secretariat staff and encouraged Secretariat leadership to inform the Board of ways in which it can alleviate the ongoing pressure on staff.
- The Secretariat noted the request to consider future discussions on pandemic preparedness.

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

- 3.1 Anuradha Gupta, Deputy CEO, provided an update on Gavi's 5.0 priorities, the impact of the COVID-19 pandemic on routine immunisation (RI), progress on alignment behind the zero dose agenda as well as opportunities and risks associated with COVID-19 vaccination (Doc 03).
- 3.2 She outlined how the recalibrated priorities that had been agreed by the Board in December 2020 continue to evolve in light of the impact of the COVID-19 pandemic and the related risks, and described the key levers that are being employed to support countries achieve Alliance priorities.
- 3.3 She reported that after initial, and quite severe, disruptions in the second quarter of 2020, there had been encouraging immunisation recovery, in many cases to pre-pandemic levels; however, significant regional variations are apparent and a high level of uncertainty remains.
- 3.4 She cautioned that 2020 coverage will likely drop compared to 2019, with an increase in missed children and zero-dose children, leading to a heightened risk of child deaths and reinforcing the need to build momentum on Gavi's zero-dose agenda.
- 3.5 She also shared some new evidence in support of the zero-dose approach in which over two thirds of children reached with at least one dose of a vaccine went on to become fully vaccinated, with three fourths receiving at least one shot of each of the four basic vaccines. The study also reconfirms that zero-dose children are more likely to come from poor households, thus lending support to our approach to foster multi agency, multi sectoral coalitions so that these communities are reached with not just immunisation but also other essential services. Ms Gupta also highlighted new evidence endorsing Gavi's strategic direction to strengthen community based, outreach immunisation services as a supplemental, sustained strategy to reduce disparities in immunisation.
- 3.6 Ms. Gupta spoke to some of the opportunities and risks being presented by the unprecedented scale of COVID-19 vaccination including the imperative of having a highly synergistic, mutually reinforcing approach for Gavi 5.0 and COVAX AMC, with equity as the fundamental principle. She also emphasised the need for greater financial, programmatic and operational integration of COVAX AMC 92 into Gavi's core business and operating model to manage risks.
- 3.7 Jacob van der Blij, Head of Risk, presented the revised Risk Appetite Statement, following up on the Board discussion in December 2020 during which the Board indicated that the risk appetite needed recalibration in light of Gavi 5.0, the COVID-19 pandemic, and COVAX. He highlighted that the Risk Appetite Statement acknowledges that risks are inherent in the Gavi mission, and adopts an overall higher risk appetite to achieve the new strategy together with a lower appetite for organisational risks.

- 3.8 David Sidwell, Chair of the Audit and Finance Committee (AFC), summarised the AFC's recent quite positive review of the Risk Appetite Statement, which resulted in a recommendation that the Board approve this approach. He noted that from his perspective given the current environment it will be critical to adjust the risk appetite to achieve Gavi 5.0, while recognising that this does not minimise the effort that will be required to measure and mitigate those risks.

Discussion

- Board members expressed their support for the continued focus on Gavi 5.0 and on reaching zero-dose children and missed communities despite the uncertainty of the current period.
- Several Board members raised the issue of campaign quality and better ways to structure campaigns to reach zero-dose children; and indicated that this should be further studied. It was confirmed that campaigns remain a key part of Gavi 5.0 but as per the Risk Appetite Statement, there remains a low risk appetite for low quality or sub-optimally planned campaigns, therefore it will be important to further refine the approach to campaigns moving forward.
- One Board member flagged that there is a need to align the zero-dose work stream across partner organisations as not all stakeholders are engaged in the Partnerships' Team or the Alliance Working Group on Zero-Dose. Board members also flagged the importance of engaging with civil society and listening to country voices as part of the new Partnerships' Team structure. It was confirmed that the new Partnerships' Team now includes country representation as well as civil society.
- One Board member noted that reaching unimmunised children is going to require a greater investment and reliance on primary health care approaches.
- Several Board members queried whether there was a clear connection between health systems strengthening funding and equity approaches. It was clarified that there is an established link in that health systems funding is focused on equitable service delivery. It was confirmed that the full portfolio planning process has already built-in a key focus on equity and zero-dose approaches.
- On grant management processes, the Secretariat was commended on its progress in speeding up the time to disbursement and encouraged continued attention to this.
- Some Board members remarked on the advocacy engagement to date with the Organisation of African First Ladies (OAFLA) group and queried how its gendered approach fits with the Gavi Alliance Gender Policy. The Secretariat clarified that this group is self-organised (and self-named) and provided some background into the influential advocacy this group has already provided on human papillomavirus vaccine (HPV) and their new interest in providing support on the zero-dose approach.

- On healthy vaccine markets, one Board member encouraged the Secretariat to consider market shaping comprehensively to avoid any potential unintended negative consequences. The Secretariat confirmed that Gavi can deliver efficiently only through healthy markets, and this implies not only price but many factors including flow of supply and innovation.
- On the Risk Appetite Statement, Board members fully supported the higher appetite for risk and acknowledged the complex challenges faced by Gavi in achieving Gavi 5.0 goals. Some Board members remarked that it will be important to communicate clearly about the steps taken to mitigate risks by the Secretariat.
- On specific risk appetite classifications, Board members provided several comments including that: i) the low risk classification of campaign quality in the Risk Appetite Statement could be interpreted as the Alliance accepting a higher risk of outbreaks; ii) the risk appetite classification related to resuming vaccine introductions could be higher; iii) the Risk Appetite Statement would benefit from more detail on the Middle Income Country approach; iv) strong language on safeguarding risk would be welcome; and v) the risk appetite level related to reputational risk had been raised.
- One Board member suggested that the next time Gavi Board revisits the Risk Appetite Statement that it consider its comfort level with risk related to its investment portfolio.

Decision 9

The Gavi Alliance Board:

Approved the updated Risk Appetite Statement attached as Annex A to Doc 03.

4. Finance

- 4.1 David Sidwell, Chair of the Audit and Finance Committee (AFC), provided introductory remarks to frame the discussions. He underlined that the financial forecast for Gavi's core resources and expenditures (Doc 04a) is likely to change, and provided key highlights on Gavi 4.0 actuals as well as Gavi 5.0 forecasts. He assured the Board that further pledges are expected beyond the US\$ 224 million that are available for future investments, which would allow for flexibility for future investment decisions.
- 4.2 In relation to the COVAX Advance Market Commitment (AMC) financial forecast (Doc 04b), he noted that the US\$ 10.6 billion includes the US\$ 2.5 billion raised at the recent AMC summit and does not include any financial value attributed to donated doses.
- 4.3 He concluded that the AFC could assure the Board of sufficient resources being available for decisions that the Board would be making at this meeting.

- 4.4 Assietou Diouf, Managing Director, Finance & Operations, presented an update on Gavi's core resources and expenditures for the past and current strategic periods (Doc 04a), as well as on the COVAX AMC forecasts for the 2020-2022 period (Doc 04b).
- 4.5 In relation to the Gavi 5.0 financial forecast (December 2020-June 2021), she noted that there are no material changes to the Financial Forecast approved by the Board in December 2020.
- 4.6 On the COVAX AMC forecast, she noted that the US\$ 10.6 billion consists of US\$ 9.7 billion for vaccines and US\$ 0.9 billion for delivery. She underlined that the COVAX forecast is subject to uncertainty and key risks, and highlighted the need for agility and flexibility to reflect the strategic shifts in the portfolio.

Discussion

- The Secretariat noted the importance of regularly updating the financial forecast for Gavi 5.0 taking into account the implications of the pandemic and of the implementation of COVAX on Gavi core programmes. This has resulted in an increased frequency of AFC meetings to review the financial reporting.
- One Board member highlighted the important role of the International Finance Facility for Immunisation (IFFIm) in ensuring the cash flow for Gavi 5.0 programmes and COVAX AMC but queried how pledges to IFFIm within the current legal framework would be considered for the COVAX AMC. The Secretariat noted that IFFIm pledges have been considered at 100% despite the gearing ratios in place but this may not be sustainable. The Secretariat is working with the World Bank to revisit and adapt this ambition.
- One Board member encouraged the Secretariat to consider conducting further analysis of RI disruptions as a result of the pandemic over the next 12-18 months. The Secretariat noted that a detailed assessment will be carried out in coordination with the Country Programmes department, and as more data becomes available this would be reflected in the future forecasts. So far, the Secretariat has taken stock of data vetted through all partners including WHO and UNICEF.
- In relation to Human Resources and hiring of new staff to support COVAX work over the 2021-2022 period the Secretariat clarified that 109 full time equivalents had been approved by the Board as per the information provided in the Board documents.
- In responding to an enquiry about whether the operating expenses reflect the recommendations of the Organisational Review and the concerns about Secretariat staff workload, the Secretariat clarified that it appeared there are sufficient resources to meet the projected staffing needs but given the rapidly changing nature of the work, these may need to be revisited at a later time.
- In relation to an enquiry on the increase in the Gavi 5.0 financial forecast provisions for fiduciary risk assurance and risk management, the Secretariat clarified that the last forecast had included only a seed investment of US\$ 25 million for 2021. At

its meeting in May 2021, the PPC reviewed the new strategy for 2022-2025 and recommended an envelope of US\$ 139 million for the period of 2022-2025. The forecast was then adjusted to include the entire strategy period, which totals US\$ 164 million.

- Board members noted that the economic impact of the pandemic on country eligibility and the potential increase in programming costs will have a significant impact on potential additional investment priorities and may require further discussions.
- In relation to the AMC forecasted resources and expenditures, the Secretariat confirmed that the forecasts have been adjusted to reflect supply constraints, particularly in view of the supply suspension from the Serum Institute of India (SII).
- The Secretariat noted questions in relation to the impact of World Bank ranking of countries on AMC eligibility and cost-sharing, as well as on vaccine doses forecast for 2022, and clarified that these would be addressed during the COVAX update session.
- The Board welcomed the ongoing work to put in place a methodology to translate dose donations to monetary value.
- The Secretariat noted a suggestion to keep the COVAX Facility financial statements separate from the Gavi core programmes. It was clarified that COVAX specific financial data is available separately and could be provided to the Board, even if an integrated view is presented. COVAX transactions are embedded in the internal financial processing system (SAP) to ensure that disbursements follow due control environment and processes.

Decision 10

The Gavi Alliance Board:

- a) **Noted** that the Audit and Finance Committee has reviewed the financial implications of the recommendations made by the Programme and Policy Committee at its meeting on 19-20 May 2021 as set out in Figure 2 of Doc 04a and concluded that these recommendations could be approved by the Board in accordance with the Programme Funding Policy;
- b) **Noted** that except for reflecting the financial implications for Gavi 5.0 of the recommendations made by the Programme and Policy Committee, no changes have been made to the Finance Forecast approved by the Audit and Finance Committee on 4 May 2021; and
- c) **Approved** the Financial Forecast for the Gavi 5.0 (2021-2025) Strategic Period as set out in Section B of Doc 04a.

Decision 11

The Gavi Alliance Board:

- a) **Noted** that the Audit and Finance Committee reviewed the financial implications of the recommendations from the Programme and Policy Committee as set out in Figure 3 of Doc 04b (COVAX AMC Financial Forecast) and concluded that these recommendations could be approved by the Gavi Alliance Board in accordance with the Programme Funding Policy; and
- b) **Approved** the 2021-2022 COVAX AMC Financial Forecast as presented in Section B of Doc 04b.

5. Committee Chair and IFFIm Board reports

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

Governance Committee

- 5.2 Sarah Goulding, Governance Committee Chair, reported that the Governance Committee had met virtually five times since the last report to the Board in December 2020. She commended the Secretariat and Governance Committee colleagues for their hard work to safeguard the integrity and effectiveness of Governance processes for the Alliance during this time of heightened complexity of operations and expanding number of stakeholders.
- 5.3 In addition to the routine work conducted by the Committee, including Board and Committee nominations, recruitment of Unaffiliated Board members, and the monitoring of the Gender Policy for Board and Committee nominations, she highlighted two additional items of substance: i) the establishment of a Governance Risk Matrix, dovetailing with the broader risk work undertaken this year, to keep a focus on Governance-related risks; and ii) the development of a set of Best Practice Guidelines for Board and Committee meetings.
- 5.4 She also flagged two key items coming up: i) a survey to assess how the Gavi Alliance Governance bodies are working in this virtual era; and ii) a review of the architecture of the COVAX Facility governance bodies moving forward, to be carried out through an inclusive, transparent, and clear process.

Audit and Finance Committee

- 5.5 David Sidwell, Audit and Finance Committee Chair, presented the report of the Audit and Finance Committee (AFC), which has met regularly on both standard AFC business as well as on matters related to the COVAX Facility.

- 5.6 He informed the Board that the 2020 financial statements had been approved two months ahead of schedule and confirmed no issues were identified by the auditors.
- 5.7 Mr Sidwell appealed to donors to rapidly get all pledges signed so that the funds can be properly hedged for currency risk according to the Gavi Hedging Policy.
- 5.8 He noted that on audit and investigation, the COVID-19 pandemic has disrupted work flow, but country work has now resumed, with no issues to flag.
- 5.9 With the rise in profile that has come with the COVAX Facility, there has been an uptick in whistleblowing reports, which have all been investigated. He reported that the partnership with UNICEF and WHO in reviewing and sharing findings of these reports has been strong.
- 5.10 He also indicated that the AFC has been spending time on cybersecurity risks as the risk landscape is growing; however, no particular issues have been identified.
- 5.11 Finally, he provided a summary of the excellent work on risk undertaken by Citi and updated the Board on the progress made on credit risk mitigation.

Investment Committee

- 5.12 Stephen Zinser, Investment Committee Chair, delivered the report of the Investment Committee.
- 5.13 In terms of market sentiment and outlook, he made several observations, including that market volatility remains subdued. However, with respect to inflation, he noted that there have been big increases across asset classes, and he indicated that the COVID-19 pandemic has led to massive borrowing.
- 5.14 He provided a detailed update on the Gavi portfolio, which is currently US\$ 1.5 billion, and provided a comparison of various indices returns, which shows Gavi was currently up 3.3% for 2021. He also provided a snapshot of long-term portfolio performance. In terms of contribution to Gavi's mission, he reported that US\$37 million had been made available so far in 2021.
- 5.15 Mr Zinser explained the evolution of Gavi's Sustainable Investment approach over the past six years as well as some perspective on next steps.
- 5.16 Finally, he summarised the key priorities moving forward in 2021, which include: i) maintaining focus on risk and capital preservation; ii) deepening sustainability; iii) moving ahead with impact investing; and iv) transitioning to the new Investment Committee Chair.

Programme and Policy Committee

- 5.17 Helen Rees, Programme and Policy Committee Chair, reported on the activities of the Programme and Policy Committee (PPC), which has met twice virtually since the last report to the Board.

- 5.18 At its meeting on 22 March 2021, the PPC made a recommendation to the Board on key elements of the COVAX Humanitarian Buffer, which was subsequently approved by the Board.
- 5.19 At its virtual meeting in May, the Committee discussed a number of important topics and agreed on recommendations which are being put forward to the Board at its June 2021 meeting including four that were placed on the consent agenda
- 5.20 Professor Rees highlighted that the PPC also discussed items for guidance, including the CEO Update and Strategic Partnership with India. On the partnership with India, the PPC generally agreed there is a need for continued investment in India and highlighted that this engagement must be catalytic, support the government in building capacity of its domestic institutions, and be flexible.
- 5.21 She also noted that there had been requests from PPC members to consider having deeper discussions on specific topics moving forward, and suggested keeping a record of topics that would merit in depth sessions.

Evaluation Advisory Committee

- 5.22 Zulfiqar Bhutta, interim Evaluation Advisory Committee Chair, delivered the report of the Evaluation Advisory Committee.
- 5.23 He reported that the Evaluation Advisory Committee met virtually on 14-15 April 2021 to approve the multi-year evaluation workplan for Gavi 5.0; provide guidance on the Evaluation Operational Guidelines (EOGs); and discuss approaches adopted in the evaluation sector to adapt evaluation methods in response to COVID-19.
- 5.24 He also summarised progress to date on centralised evaluations of strategic importance to the Board contained in the Gavi 5.0 workplan.
- 5.25 Dr Bhutta expressed his appreciation for the reaffirmation by the Gavi leadership of the importance of the EAC in supporting the independence of Gavi's evaluations, and in guiding mitigation actions in the event of perceived potential risks to evaluation independence.
- 5.26 The EAC recorded some concerns regarding key shifts in the Evaluation Operational Guidelines (EOGs) and provided written comments by consensus following the EAC meeting as a constructive roadmap for the way forward, which will be provided to the incoming Chair for consideration.

IFFIm Board

- 5.27 Kenneth Lay, IFFIm Board Chair, delivered the report of the IFFIm Board.
- 5.28 He provided an update on IFFIm contributions to Gavi's funding requirements in 2016-2020, in which IFFIm contributed US\$ 872 million to Gavi programmes. He also elaborated on IFFIm's expanded swap capacity that addressed constraints on non-US dollar bond transactions and pledges.

- 5.29 For Gavi 5.0, he indicated that IFFIm had proven well suited to the current environment in that IFFIm had demonstrated flexibility to provide surge funding when needed. IFFIm transferred US\$ 1.2 billion to Gavi in 2021 for Gavi 5.0 and COVAX AMC.
- 5.30 He reported that donors have pledged US\$ 2.4 billion for 2021 through 2035, and that IFFIm has the capacity to frontload these new resources as outlined in the financial forecast and remain within its leverage ratio limit. He noted that IFFIm remains in an excellent position to support Gavi, based on its innovative and sustainable funding model.
- 5.31 Finally, he provided a governance update, flagging that the IFFIm Board will expand membership and at least three new IFFIm Board members will join in 2021.

6. COVAX Update

- 6.1 Aurélia Nguyen, Managing Director, Office of the COVAX Facility, provided an update on the status of the COVAX Facility in mid-2021 (Doc 06). The Facility had received US\$ 9.7 billion in pledges for the COVAX AMC and US\$ 1.5 billion in cash from Self-Financing Participants (SFPs) and Team Europe. This amount would allow the Facility to secure COVID-19 vaccine doses for almost 30% of the AMC92 population. She reported that to date, the Facility had delivered approximately 88 million doses to 131 countries worldwide. She outlined immediate priorities for COVAX to make rapid progress on getting timely access to doses, ensuring equitable allocation of available doses and focusing on supporting in-country delivery.
- 6.2 Ms Nguyen presented the global supply forecast, including donated doses, with a view to having approximately 1.9 billion doses available for delivery by end of 2021. She provided an overview on the active portfolio management, particularly in response to changing circumstances, highlighting consultations with stakeholders and countries on preferences and needs.
- 6.3 Ms Marie-Ange Saraka-Yao, Managing Director, Resource Mobilisation, Private Sector Partnerships & Innovative Finance, presented the outcomes of the successful COVAX AMC Summit which was hosted by the government of Japan on 2 June 2021. She thanked Japan for hosting the event and the donors for their generous and committed support over the past year which culminated in US\$ 21 billion for the Gavi 5.0 strategic period and for the COVAX AMC. She noted that the immediate priority would be to convert pledges to cash to allow the Facility to accelerate its work. She noted that dose-sharing principles are being updated and will be shared with the stakeholders for comments after the Board meeting with the aim to enhance the process and make it practical and fast.
- 6.4 Ms Nguyen presented the vision for COVAX in 2022 and three possible models of country participation, with the recommendation to approve option two (AMC+), which the PPC agreed to consider. This option would include all AMC economies and offer Self-Financing Participants (SFPs) the opportunity to join according to

updated terms and conditions to remove financial risks for Gavi and to simplify procedures.

- 6.5 Finally, she briefed the Board on the delivery funding landscape and the need to respond to countries' short and mid-term needs, with a proposed COVID-19 Delivery & Systems Strengthening (CDSS) funding envelope of US\$ 775 million across AMC92 countries for 2021-2023.
- 6.6 The Board Chair conveyed a message from Chrysoula Zacharopoulou, one of the Co-Chairs of the COVAX Shareholders Council ("Council"), informing the Board of the outcomes of recent consultations with the High-Income Country members of the Council which highlighted: i) the need for further reflections on reselling of vaccines through COVAX; ii) the importance of an inclusive participation model posing no barriers to SFPs participation; and iii) the importance of transparency and stronger coordination on vaccine delivery.
- 6.7 The Board thanked the government of Japan for hosting the COVAX AMC Summit on 2 June 2021, and invited their representative, Ambassador Keiichi Ono to take the floor. Ambassador Ono highlighted the success of the COVAX AMC summit that was hosted by Japan. He acknowledged the outstanding international solidarity and underlined his high hopes for further collaboration to help COVAX achieve its goals.

Discussion

- Muhammad Pate provided remarks on the World Bank's support for COVID-19 vaccine delivery. He underlined the importance of the Bank's partnership with COVAX and reiterated the Bank's commitment to fast-track applications in order to disburse funds as quickly as possible.
- Helen Rees, Chair of the PPC, informed the Board that the PPC had discussed the recommendations that are being presented to the Board, and had asked for further analysis to be provided to the Board for consideration.
- Mr David Sidwell, Chair of the AFC, reiterated the AFC support to option two (AMC+). He noted that COVAX must step up its aspiration in terms of targeted coverage. In this regard, vaccine donations and having funding support from MDBs for cost-sharing would help support the Facility in achieving its goals.
- Board members underlined the importance of clarity, accountability and maintaining an open and transparent communication channel with AMC countries. The Secretariat clarified that the Facility has a very active dialogue with countries and organises monthly updates on the supply situation; however, it acknowledged that it has been challenging to provide the desired level of predictability in such a fast-moving environment.
- In relation to ambition, Board members highlighted that COVAX is at a pivotal moment to consider its target of vaccine coverage at the global level and should be ambitious with its target setting to achieve equitable access and coverage.

AMC countries should be at the center of this ambition and should play a big role in decision making on the strategy beyond 2022.

- Board members expressed concern over recent criticism that COVAX is not delivering on its ambition, despite the various constraints that are beyond the Facility's control, including vaccines global supply shortages, vaccine nationalism and vaccine hesitancy.
- With respect to country participation models, the Board approved option two which limits risk and aims to simplify processes. Should risks not be mitigated through the revised model, the Board shall discuss this matter in its future meetings. It was emphasised that equity should remain the founding principle of COVAX, and that the new terms should be inclusive and not impose barriers to SFPs. Board members encouraged the Secretariat to explore ways of maintaining engagement with SFPs beyond their membership in the Facility and engage closely with the COVAX AMC Engagement Group and the Shareholders Council on the design process. The Secretariat clarified that consultations with the SFPs on the new participation model will take place over July and August, with the aim to have commitment agreements and new deals by September.
- Recognising the imminent surge of COVID-19 vaccine deliveries to countries as of Q3 2021 and the overstretched immunisation teams and health workers, Board members underlined the importance of: i) country readiness; ii) addressing health systems absorptive capacities; iii) increasing demand; iv) the need for real time updates; v) placing country needs at the centre; and vi) coordinating closely with key stakeholders such as the AU.
- In this respect, the Board modified the proposed recommendation language to clarify the conditions of its delegation to the Secretariat to allot delivery funding using an emergency approach and to disburse funding rapidly on a "no regrets" basis. It also recommended that the funding be renamed 'COVID-19 vaccine delivery support (CDS)' in recognition of the need to move urgently and that system strengthening is not the primary purpose of this funding. The Board also recognised that this would require a higher risk appetite aligned with the emergency context of the pandemic.
- Board members encouraged the Secretariat to consider simplifying procedures to quickly convert pledges to cash and explore ways to unlock funds before signing the pledges on a contract-by-contract basis to speed up the process. The Secretariat noted that determining delivery speed will depend on how fast resources come through, and on how fast countries express needs. To date, a bridge funding had been released to twelve countries. The allocation model must be adaptive to product-specific needs, and therefore the Secretariat has been working on absorption modelling to understand the trends and what needs to be done.
- In relation to a question about delivery leadership and support, the Secretariat noted that since November 2020, a dedicated team meets on a weekly basis to discuss delivery and coordination with the Alliance partners. An AFC-approved

shared risk register is monitored closely by the Secretariat to respond to risks in a very dynamic environment.

- Several Board members noted that the Facility should provide a marketplace to exchange and resell COVID-19 vaccines, in addition to dose-sharing, in order to benefit from the totality of the vaccines available in a transparent manner. The Secretariat noted the need for a discussion on secondary markets, and exchanging and reselling vaccines, taking into account risks, lessons learned, and the level of effort and resources required.
- The Secretariat responded to queries on the reliability of supply forecasts and related risks, noting that discussions are ongoing with manufacturers and UNICEF on a daily basis, and are relying on partner intelligence from the Coalition for Epidemic Preparedness Innovations (CEPI) and the Bill & Melinda Gates Foundation. It was noted that the supply forecasts are risk adjusted, however swing factors such as the timing of resumption of SII supply to COVAX, regulatory approvals, and timing of receiving donated doses remain. On supply constraints, the Secretariat clarified that the Facility has so far been supplied by AstraZeneca which experienced manufacturing delays, SII which is facing export bans, and Pfizer that has so far supplied small volumes with the majority being supplied to high-income countries, which makes portfolio diversification critical.
- Several Board members underlined the importance of keeping COVID-19 variants at the centre of future vaccine supplies and making contingency plans for these vaccines.
- In relation to the Humanitarian Buffer, the Secretariat noted that the outstanding Indemnity and Liability (I&L) issues are being worked out with manufacturers with the aim of reaching an agreement on the principle that humanitarian agencies are not to be held to the current manufacturer requirements that countries have. One Board member highlighted that the funding available for the Buffer may need to be increased.
- In responding to a number of queries on disaggregated data, the Secretariat clarified that regional information is available on the Gavi website and presented further data that demonstrated the level of inequity between high- and low-income countries. Several Board members also highlighted the importance of having sex-disaggregated data to better understand any gender-related barriers to COVID-19 vaccines.
- For future Board considerations, the Secretariat was encouraged to start reflecting on the future of COVID-19 vaccines, financing, the volumes required and the modality to process their procurement, whether through COVAX or through integration in Gavi programmes, in addition to preparedness for future pandemics.
- In relation to the COVAX strategy beyond 2022, manufacturing capacities and coordination with regional initiatives such as the AU and others that are being set up in Asia would be crucial elements for consideration.

- The Secretariat responded to a query on the 2021 supply forecast, noting that out of the 1.9 billion doses, one billion have been confirmed through purchase agreements, 300 million doses have been confirmed through donations, and 600 million doses are comprised of the US donation of Pfizer and three deals that would be reviewed by the Market Sensitive Decision Committee (MSDC) shortly after the Board meeting.
- Regarding manufacturing capacities and local suppliers in the medium-term, the Secretariat highlighted the COVAX Manufacturing Task Force work which focuses, amongst other items on the longer term expansion and regional diversification and noted the ongoing work with WHO and other partners in this regard. It was also highlighted that new supplier relations may emerge through supply to COVAX, which could represent an opportunity for sourcing future vaccines other than COVID-19 vaccines.
- The Secretariat noted that the WHO Global Vaccination Strategy is part of developing the next phase of COVAX in terms of informing portfolio development and recognising other sources of vaccine targets and supply such as the AU.

Decision 12

The Gavi Alliance Board:

Approved the continued administration of the COVAX Facility by Gavi in 2022.

Decision 13

The Gavi Alliance Board:

- a) **Approved** Option 2 for the future participation model for Self-Financing Participants (SFPs) and the proposal to unify terms and conditions as set out in Annex E to Doc 06;
- b) **Approved** Gavi taking an active role in the provision of fast, responsive and flexible funding through the creation of a COVID-19 Delivery Support (CDS) envelope and cross-cutting delivery elements, with associated funding of at least US\$ 775 million, with the objective of ensuring successful rapid roll-out and scale-up of COVID-19 vaccines in the next six to twelve months;
- c) **Noted** that this funding will be complementary to other donor, multilateral development bank support and domestic resources and guided by principles of flexibility and rapid-responsiveness, equity in access across and within AMC economies, a needs-based approach and focus on mitigating delivery risks and idle doses;
- d) **Delegated** to the Secretariat with support from partners WHO and UNICEF, the authority to allot US\$ 250 million-US\$ 350 million of COVID-19 Delivery Support (CDS) funds with flexible application of the Programme Funding policy including waiving the requirement for independent review, with the objective to disburse these funds from July onwards in 2021 utilising existing programmatic and fiduciary risk mitigation mechanisms such as those used in emergency and humanitarian contexts on a no regrets basis; and

- e) **Requested** the Secretariat to work with technical partners and donors providing funding for CDS and cross-cutting delivery elements to determine, by end July 2021, the appropriate operational approach and mechanism(s) for allocating and disbursing the remaining delivery support funds, and any additional funds contributed specifically for delivery, in support of the CDS objective with the speed, flexibility and responsiveness required to support AMC92 countries. Further requested that the Secretariat update the AFC and PPC on the operational approach, implementation progress and understanding of delivery funding gaps and resources required at their next meetings with a written update to the Board before the end of Q3 2021.

An Vermeersch (IFPMA) and Mahima Datla (DCVMN) recused themselves and did not vote on Decision 13 a) above.

Maty Dia (CSO), Omar Abdi (UNICEF) and Zsuzanna Jakab (WHO) recused themselves and did not vote on Decision 13 b) and d) above.

7. Fiduciary Risk Assurance and Financial Management Capacity Building

- 7.1 Helen Rees, Chair of the Programme and Policy Committee, provided a summary of PPC discussions on this topic and the link to country ownership and the zero-dose agenda. The PPC was very supportive of the proposed approach and considered putting this onto the consent agenda for the Board; however, given the strategic importance the PPC felt it would warrant a discussion by the Board.
- 7.2 Awinja Wameyo, Director of Portfolio Financial Management, presented the new approach for Fiduciary Risk Assurance and Financial Management Capacity Building in Gavi 5.0 (Doc 07). She noted that this topic was considered by both the PPC and the AFC.
- 7.3 She reviewed the key objectives of the new approach, namely building country ownership and capacity, ensuring fiduciary risk assurance and mitigation, and promoting timely and efficient funding of immunisation activities. She flagged that one size does not fit all and that tailoring will be required.
- 7.4 She also highlighted the three strategic shifts that underpin the approach that include: i) expanding on existing and new partnerships; ii) organisational changes that have led to merged Programme Finance and Programme Capacity Assessment teams; and iii) a dedicated funding envelope for this approach.

Discussion

- One Board member expressed some concern about country ownership and the aspiration to shift 55% of funds to country systems and whether the timeframe is realistic. The Secretariat clarified that in developing this approach the team took into consideration the challenges countries are currently facing with respect to the COVID-19 pandemic and considers this target to be achievable.

Decision 14

The Gavi Alliance Board:

- a) **Approved** the approach set forth in Annex B to Doc 07 to strengthen fiduciary risk assurance and financial management of Gavi grants in Gavi 5.0; and
- b) **Approved** the associated investment of US\$ 139 million for 2022-2025, in addition to the US\$ 25 million of bridge funding previously approved by the Board for 2021, for an overall amount of US\$ 164 million for the approach in Gavi 5.0 to be used for the duration of the strategic period (2021-2025).

Maty Dia (CSO), Omar Abdi (UNICEF), Zsuzsanna Jakab (WHO), and Muhammad Pate (World Bank) recused themselves and did not vote on Decision 14 above.

8. Civil Society and Community Engagement Approach

- 8.1 Helen Rees, Programme and Policy Committee Chair, provided an introduction to this item, noting that the PPC had felt this new approach was very important to the zero-dose agenda and implementation of programmes. The PPC was pleased to hear from the CSO constituency that they felt ownership of the approach and it was contributing with IA2030 goals. The PPC also provided guidance on resourcing for this approach and cautiously favoured ringfencing funds for civil society, but asked for more work to be done prior to making a recommendation.
- 8.2 Susan Mackay, Head of Demand, Communities and Gender, presented the new Civil Society and Community Engagement Approach (Doc 08), noting that it builds on all four strategic goals for Gavi 5.0 and incorporates a theory of change. She flagged that the process to develop the approach had been highly consultative and that civil society had been actively engaged.
- 8.3 She described the four strategic priorities included in the approach: i) political will and accountability; ii) community demand; iii) complementing public service delivery; and iv) other strategic enablers; as well as the key operational shifts required for operationalisation.

Discussion

- Board members enthusiastically expressed their support for the new approach and its importance for Gavi 5.0 equity goals and zero-dose agenda, and commended the Secretariat on the highly consultative process and co-creation.
- Board members indicated that by approving this approach, Gavi would be sending a positive signal that it intends to engage with these partners in a new, predictable, and sustainable manner.

- However, Board members acknowledged the interlinkages and potential tension between this approach and the fiduciary risk assurance and financial management approach; and encouraged the Secretariat to keep an eye on this moving forward.
- Several Board members noted that they supported ring-fencing funds as part of this approach and welcomed a further discussion on this at the PPC in October and Board in December 2021.
- One Board member cautioned that the best means of engagement will vary from country to country, and that there needs to be consultation with each country in this respect to avoid any risk of competition between governments and civil society. Board members also noted it will be important to set realistic expectations for this approach.
- Board members noted that this approach will need to be carefully integrated with internal Gavi processes and aligned and coordinated with partners in order for this to be meaningful. While CSOs have a huge amount of capacity, particularly in areas such as demand creation and holding governments to account, all Alliance partners will need to buy in to the new approach for this to work.
- Board members encouraged ongoing exchange with partners such as The Global Fund to Fight AIDS, Tuberculosis and Malaria and the Global Financing Facility; and indicated that Gavi should aim for harmonised accountability mechanisms so that this is not a siloed experience for countries.
- One Board member suggested that when the Secretariat operationalises the framework that it include a mapping of CSO partners to be sure that local actors who have the best access are also included.
- One Board member suggested that subnational engagement will be critical and it will be important to have country buy-in to move forward.
- In terms of measurement, one Board member noted that in addition to the output-focused indicators it would be beneficial to include some qualitative indicators.

Decision 15

The Gavi Alliance Board:

Approved the Civil Society and Community Engagement Approach as set out in Annex A to Doc 08, recognising the need to closely monitor, learn and refine and bring back to the PPC and Board for guidance as needed.

Maty Dia (CSO) recused herself and did not vote on Decision 15 above.

9. Strategic Partnerships with India

- 9.1 Homero Hernandez, Senior Country Manager, provided introductory remarks noting that the Secretariat is seeking the Board's guidance on the high-level case for continued equity-focused investments in India for the 2022-2026 period (Doc 09).
- 9.2 He referred to the ongoing second wave of COVID-19 in India and highlighted its knock-on effects on COVID-19 vaccine supplies through COVAX. He highlighted the successful partnership with India which has yielded positive results over the past years and had positive effects on other countries. He also underlined the remaining challenges which were further exacerbated by the COVID-19 pandemic.
- 9.3 He outlined the seven overarching principles that will guide the design and implementation of the next phase of the partnership, noting that the proposal is to invest US\$ 250 million for the period 2022 to 2026, out of which about US\$ 200 million will be implemented during the Gavi 5.0 period.
- 9.4 Helen Rees, Chair of the PPC, provided introductory remarks reflecting the PPC deliberation on this agenda item, acknowledging India's achievements in addressing vaccine-preventable diseases over the past years, and highlighting important aspects of the ongoing Gavi commitment to India, including interventions at the subnational level and its transition out of Gavi eligibility.

Discussion

- Minister Harsh Vardhan provided contextual information and outlined the unprecedented successes in RI and new vaccine introductions under the current partnership with Gavi, including the impact on under-five mortality, strengthened health systems, and multiple innovations. He reiterated the Government of India's commitment to introduce the Human papillomavirus vaccine (HPV) once legal hurdles are overcome, and how in this regard, a stable and ramped up manufacturing of HPV will be critical to respond to the large adolescent girls' cohort in India. In relation to the typhoid conjugate vaccine (TCV) he noted that evidence is not yet available on the effectiveness of this vaccine against India's typhoidal salmonella. He indicated that India will strive to build on the COVID-19 vaccination experience to strengthen RI. He underlined the need for flexibility in utilising funds, particularly for surveillance and HSS.
- Board members recognised India's achievements in advancing RI and its role in innovation and manufacturing. There was general support for the level of ambition and the duration of the partnership. Gavi's catalytic role on advancing equity and the zero-dose agenda through this partnership was underlined. In view of the ongoing second wave of COVID-19 in India, some Board members noted the potential need to review some aspects of the partnership in light of the impact of COVID-19 before presenting the strategic partnership approach to the Board in December 2021, should further needs transpire.
- Several Board members highlighted the critical role of CSOs in reaching zero-dose children and marginalised communities and noted that gender equality should also be at the heart of this partnership.

- Board members highlighted several important considerations for the future partnership including: i) drawing on lessons learned from the past partnerships; ii) having real time results from monitoring and learning; iii) ensuring a subnational focus; iv) building in concrete measures of progress that can collectively be assessed; v) allowing a certain level of flexibility for investments to be channelled where most needed particularly for surveillance; and vi) supporting capacity building of domestic institutions.
- Several Board members noted that MDBs would play an important role in supporting India to accelerate its efforts and requested further information on how the financial support would be sourced and structured, including trade-offs, and how the investment case would compare to other Middle-Income Countries' (MICs) needs.
- The Secretariat was encouraged to maintain discussions with the Government of India on market shaping and on the eventual timelines of lifting export bans on COVID-19 vaccines.

10. Review of decisions

- 10.1 Brenda Killen, Director of Governance and Secretary to the Board, reviewed and agreed the decisions with the Board.

11. Closing remarks

- 11.1 The Board Chair expressed his thanks and appreciation to the Board for a productive meeting.
- 11.2 The Chair, as well as Dr Seth Berkley, paid a warm tribute as they bid farewell to some longstanding outgoing Board members, namely: Bill Roedy, who held numerous roles on the Gavi Board, including as Vice-Chair of the Board; Stephen Zinser, Chair of the Investment Committee; Muhammad Pate (World Bank); Asaad Hafeez (Afghanistan & Pakistan); Bounkong Syhavong (Myanmar & Lao PDR); and Jacqueline Lydia Mikolo (Chad & Congo).
- 11.3 After determining there was no further business, the meeting was brought to a close.

Prof José Manuel Barroso
Chair of the Board

Ms Brenda Killen
Secretary to the Board

Attachment A

Participants

Board members

- José Manuel Barroso, Chair
- Sarah Goulding, Vice Chair
- Omar Abdi
- Kwaku Agyeman-Manu (Day One)
- Beth Arthy
- Anahit Avanesyan
- Afsaneh Beschloss
- Megan Cain
- Mahima Datla
- Maty Dia
- Abdoulaye Sabre Fadoul (Day One)
- Margaret (Peggy) Hamburg
- Zsuzsanna Jakab
- Jeremy Konyndyk
- Orin Levine
- Marta Nunes
- Muhammad Pate
- Helen Rees
- Teresa Ressel
- William (Bill) Roedy
- John-Arne Røttingen
- David Sidwell
- Joan Valadou
- Harsh Vardhan
- Yibing Wu
- Stephen Zinser
- Seth Berkley (non-voting)

Regrets

- Roger Connor
- Assad Hafeez
- Wahid Majrooh
- Jacqueline Lydia Mikolo
- Bounkong Syhavong

Alternates Observing

- Violaine Mitchell
- Michael Kent Ranson
- Etleva Kadilli
- Kate O'Brien
- Lia Tadesse
- Edna Yolani Batres
- Bernhard Braune
- Francesca Manno
- Joris Jurriëns (Day One)
- Susan Elden
- Keiichi Ono
- An Vermeersch
- Xiang Shu
- Rafael Vilasanjuan
- Saad Omer

ADDITIONAL ATTENDEES

EVALUATION ADVISORY COMMITTEE

Dr Zulfiqar Bhutta, interim EAC Chair

IFFIm

Mr Kenneth Lay, IFFIm Board Member
Ms Doris Herrera-Pol, IFFIm Board Member
Ms Jessica Pulay, IFFIm Board Member

BILL AND MELINDA GATES FOUNDATION

Mr Nima Abbaszadeh, Program Officer, Global Delivery Programs
Ms Magdalena Robert, Senior Program Officer, Program Advocacy and Communication

WORLD BANK

Ms Clémentine Murer, Health Financing Consultant
Ms Sarah Alkenbrack, Senior Health Economist
Ms Gloria Kebirungi, Consultant, Health, Nutrition and Population Group

UNICEF

Dr Robin Nandy, Principal Advisor and Chief of Immunizations, New York
Mr Andrew Owain Jones, Principal Advisor & Chief, Vaccine Centre, UNICEF Supply Division
Mr Anthony Bellon, Partnerships Manager, Vaccine Centre, UNICEF Supply Division
Mr Benjamin Schreiber, Senior Immunization Specialist, UNICEF
Ms Viorica Berdaga, Chief Child Survival and Development, UNICEF

WORLD HEALTH ORGANIZATION

Ms Lidija Kamara, Programme Manager, Department of Immunization, Vaccines & Biologicals (IVB)
Dr Ann Lindstrand, Coordinator of the WHO Expanded Programme on Immunization (EPI) Team, Dept of IVB
Dr Bruce Aylward, Senior Advisor to the Director-General
Joseph Waogodo Cabore, Director for Programme Management, WHO Regional Office for Africa

IMPLEMENTING COUNTRIES GOVERNMENTS

Cameroon

Mr Emmanuel Maina Djoulde, Director of International Cooperation, Ministry of Health, Cameroon

Democratic Republic of Congo

Gilbert Mokoki, Minister of Health
Erick Makele, Assistant to Minister of Health

DONOR GOVERNMENTS

Australia

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

Canada

Ms Danielle Hoegy, Senior International Development Officer, Global Affairs Canada

European Commission

Mr Grégoire Lacoïn, Senior Consultant Public Health
Ms Virginija Dambrauskaite, Medical Research Unit, Research & Innovation, Directorate Health, European Commission

Finland

Dr Outi Kuivasniemi, Deputy to Director of international Affairs, International Affairs Unit, Ministry of Social Affairs and Health

Germany

Ms Anja Kopyra, Senior Policy Officer, Global Health Policy and Financing, BMZ

Ireland

Ms Emma Warwick, Development Specialist at Irish Aid, Department of Foreign Affairs and Trade

Italy

Mr Gianmarco Coccozza, Adviser, Office of Development Cooperation, International Financial Relations Directorate
Department of Treasury, Ministry of the Economy and Finance
Ms Eugenia Palagi, Deputy Head of Unit, Strategy, Global Processes and International Organizations

Japan

Ms Makiko Yoneda, Policy Focal Point, Ministry of Foreign Affairs
Mr Kazuho Taguchi, Director, Office of Global Health Cooperation, Ministry of Health, Labour and Welfare

Republic of Korea

Ms Dasom Shin, Second Secretary, Multilateral Development Cooperation and Humanitarian Assistance Division,
Ministry of Foreign Affairs

Netherlands

Ms Annemieke Burmeister, Health and AIDS division, Ministry of Foreign Affairs / Social Development Department

New Zealand

Mr Stuart Dymond, Principal Adviser (Health) · New Zealand Mission to the UN, Geneva

Norway

Ms Anja Sletten, Senior Adviser, Dept for Health, Education and Human Rights, Section for Global Health, NORAD
Ms Kristine Onarheim, Ministry of Foreign Affairs, Norway
Mr Andreas Karlberg Pettersen, Senior Adviser, Dept for Quality Assurance Aid Management Section, NORAD

Spain

Miguel Casado Gómez, Head of Health Sector, General Secretariat for International Development and Cooperation

Sweden

Ms Karin Westerberg, Senior Advisor, Ministry of Foreign Affairs

Switzerland

Ms Carla Koch, Programme Manager, Global Programme Health, Federal Department of Foreign Affairs, Swiss Agency for Development and Cooperation

United Kingdom

Ms Sophie Bracken, Innovative Finance Policy Adviser, Global Funds Department, Foreign, Commonwealth & Development Office (FCDO)
Ms Elizabeth Williams, Gavi Programme Manager, FCDO
Ms Amy Kesterton, Senior Health Adviser at Foreign, Commonwealth and Development Office
Mr Saul Walker, Deputy Director, Covid19 Vaccines, Therapeutics and Diagnostics Strategy, FCDO

United States of America

Ms Elizabeth Noonan, Immunization Advisor, USAID
Ms Carmen Coles Tull, Deputy Director, Office of Maternal and Child Health and Nutrition, USAID

VACCINE INDUSTRY – INDUSTRIALISED

Dr Joan Benson, Executive Director, Public Health Partnerships, Merck
Dr Lamia Badarous Zerroug, Vaccines Public Affairs Head, Sanofi Pasteur
Dr Laetitia Bigger, Director, Vaccines Policy, IFPMA
Dr Julie Hamra, Director, Global Policy & International Public Affairs, Pfizer
Ms Ariane McCabe, Director, Global Health and Public Affairs, GSK
Ms Sian Clayden, Director, Vaccine Policy, Johnson & Johnson

VACCINE INDUSTRY – DEVELOPING

Mr Lingjiang Yang, Manager, International Business and Cooperation, Chengdu Institute of Biological Products Co. Ltd. (Interpreter for Alternate Board Member Xiang Shu)

CIVIL SOCIETY ORGANISATIONS

Ms Lubna Hashmat, CEO, Civil Society Human and Institutional Development Programme, CHIP
Diane Le Corvec, Communications Focal Point, Gavi CSO Constituency
Liviancliff Mbianke, Focal person for IPC/Immunization, Value Health Africa

R&THI

Dr William Schluter, Director, Global Immunization Division, U.S. Centers for Disease Control and Prevention
Dr Shakia Bright Pitts, Public Health Advisor at the U.S. Centers for Disease Control and Prevention - Global Health
Ms Rachel Hore, Global Policy and Advocacy Officer, Wellcome Trust
Ms Poppy Facer, Policy & Advocacy Officer - Vaccines Priority Area, Wellcome Trust
Mr Yasir Shafiq, Senior Manager, Vital Pakistan Trust

SPECIAL ADVISERS

Mr Muluken Desta, Special Adviser to the Anglophone Africa constituency
Dr Rolando Pinel, Special Adviser to the PAHO constituency
Ms Ruzan Gyurjyan, Special Adviser to the EURO constituency
Dr Zaeem Haq, Special Adviser to the EMRO constituency
Mr Oulech Taha, Special Adviser to the Francophone & Lusophone Africa constituency
Ms Amy Whalley, Special Adviser to the CSO constituency
Ms Carol Piot, Special Adviser to the IFFIm Board
Ms Stella Villares Guimaraes, Special Adviser to Board Chair

OTHER OBSERVERS

Ms Minju Jung, Doctoral Researcher, Department of Politics and International Relations, University of Sheffield
Ms Carlota Moya, Representative of the International Area, la Caixa Foundation