

Gavi Alliance Board Meeting

29-30 September 2020

Virtual meeting

1. Chair's Report

- 1.1 Finding a quorum of members present, the meeting commenced in closed session at 14.00 Geneva time on 29 September 2020. Dr Ngozi Okonjo-Iweala, Board Chair, chaired the meeting.

Closed Session

- 1.2 Sarah Goulding, Board Vice Chair and Chair of the Governance Committee, and Bill Roedy, Chair of the Board Chair Recruitment Search Committee, provided an update to the Board on the process to recruit a successor to Dr Ngozi Okonjo-Iweala who would come to the end of her second term as Board Chair on 31 December 2020.
- 1.3 Board members noted that both the Search Committee and the Governance Committee had unanimously confirmed the recommendation being shared with the Board at this meeting for consideration, namely to appoint José Manuel Barroso as Board Chair from 1 January 2021.
- 1.4 The recommendation was approved unanimously by the Board.
- 1.5 The closed session concluded at 14.38 Geneva time and the meeting commenced immediately thereafter in open session.

Decision One

The Gavi Alliance Board that it:

- a) **Appointed** José Manuel Barroso as an Unaffiliated Board Member in the seat currently held by Ngozi Okonjo-Iweala effective 1 January 2021 and until 31 December 2022; and
- b) **Appointed** José Manuel Barroso as Chair of the Board with individual signatory authority effective 1 January 2021 and until 31 December 2022.

- 1.6 The Chair welcomed the Board to this exceptional Board meeting, noting the importance of the Board discussing the two topics on the agenda at this time, namely recalibrating Gavi 5.0 in light of COVID-19 and the successful replenishment, and the COVAX Facility operationalisation.

- 1.7 She welcomed new Board members and Alternate Board members, and acknowledged the attendance of some of the new Gavi donors who had contributed to the replenishment in June 2020, as well as to the COVAX Advanced Market Commitment (AMC).
- 1.8 Standing declarations of interest were tabled to the Board (Doc 01a in the Board pack).
- 1.9 The Chair called on Seth Berkley, CEO, to provide some introductory remarks prior to the start of the discussion on Gavi 5.0. He outlined the impact of COVID-19 in Gavi-eligible countries, where the pandemic has not only impacted the economies, but also exacerbated inequalities, including gender inequalities. He noted that while the extent and severity of the effects, particularly on child mortality, are still unknown, recent estimates suggest that almost one million additional children under five may lose their lives in just six months due to the indirect impact of the pandemic. He cautioned that while Gavi has exceeded its child mortality target for Gavi 4.0, those gains could easily be reversed unless Gavi sharpens its focus on helping countries with recovery, and follows through on its equity agenda of leaving no one behind with immunisation and zero-dose children.
- 1.10 He signalled that it is therefore critical to re-examine Gavi's priorities for the next strategic period, while remaining agile and innovative. To this end, and based on the current situation, the Board was asked to provide guidance on the recalibration of programmatic priorities, including whether the priorities mentioned in the paper are the correct ones, whether anything has been left out, and whether these represent the appropriate trade-offs in light of COVID-19, the current epidemiologic and delivery scenarios, and the successful replenishment.
- 1.11 He also referred to the organisational review currently underway to ensure that the Secretariat is adequately and appropriately resourced, which will come to the Board for discussion in December 2020.
- 1.12 Dr Berkley informed the Board of recent allegations of sexual exploitation and abuse by aid workers in the context of the fight against Ebola in the Democratic Republic of Congo (DRC). Dr Berkley noted that the United Nations (UN) Secretary General and the World Health Organization (WHO) have publicly said they will fully investigate the allegations against these aid workers who identified themselves as working for WHO. While Gavi has been providing support to WHO for the Ebola vaccination programmes, it is not clear at this time whether the work overlaps with Gavi financial support. He reiterated that Gavi has zero tolerance for these behaviours. He indicated that he expected that a full and detailed evaluation would be conducted followed by an appropriate response, if required, and that he would keep the Board informed.

2. Recalibrating Gavi 5.0 in light of COVID-19 and successful replenishment

- 2.1 Anuradha Gupta, Deputy CEO, provided introductory remarks on recalibrating Gavi 5.0 in light of COVID-19 and successful replenishment (Doc 02). She reminded Board members of their retreat in March 2019 in Ottawa where the

Board had set a new ambition for Gavi 5.0, committing the Alliance to reaching zero-dose children, prioritising gender communities and innovation, and pivoting towards a life course approach to immunisation.

- 2.2 The specific priorities proposed for guidance included maintaining, restoring and strengthening immunisation services; reaching zero-dose children and missed communities; pacing the expansion of new vaccines; delivering COVID-19 vaccines; and safeguarding domestic financing for immunisation.
- 2.3 Ms Gupta highlighted that HSS and PEF allocation currently forecasted is likely to be used to mitigate the disruptive impact of Covid-19, leaving little for perennially missed zero dose children. These communities suffer from multiple deprivations including high child and maternal mortality, as well as lack of access to basic life services. She informed the Board of the urgency of prioritizing and allocating dedicated financing to zero dose children, particularly at a time when the pandemic is likely to exacerbate their situation. She reminded the Board that the current HSS provision is lower in Gavi 5.0 than Gavi 4.0 hence requested to increase HSS by 500m as dedicated financing to reach zero dose and missed communities.
- 2.4 She referred to the additional areas for strategic investments outlined in the paper that would be critical to deliver on the objectives set out in Gavi 5.0, including innovation, vaccine-preventable disease (VPD) disease surveillance, support to former and never Gavi-eligible countries, the strategic partnership with India, as well as fiduciary risk assurance and financial management; and considered the need for expanding partnerships and additional capacity for Alliance partners and the Secretariat. On the question of strategic partnership with India, Ms Gupta indicated that she would recuse herself and defer to the CEO on any questions.
- 2.5 David Sidwell, Chair of the Audit and Finance Committee (AFC), informed the Board that the AFC had reviewed Gavi's capacity to make these decisions, given the additional funding that has been raised, and confirmed that the required resources are available. However, he noted that if the Board were to proceed with all the proposed decisions, it would leave only a small cushion of finances for any other future investments.
- 2.6 Helen Rees, Chair of the Programme and Policy Committee (PPC), reported that the Committee had held an informal meeting earlier in September to discuss developments since May and the recommendations coming to this Board.

Discussion

- The Board commended the Secretariat for the work undertaken to propose options for recalibrating the Gavi 5.0 strategy to adapt to the health landscape and country challenges brought by the pandemic. There was broad support and endorsement of the recalibrated priorities laid out.
- One Board member suggested that the Board consider the order of priority among the five recalibrated priorities, and proposed the following order: 1) maintaining, restoring and strengthening immunisation services; 2) delivering COVID-19 vaccines; 3) reaching zero-dose and missed communities; 4) safeguarding

domestic financing for immunisation; and 5) pacing the expansion of new vaccines. This will come to the PPC for further discussion at its meeting in October

- On the pacing of the introduction of new vaccines, the Board recognised that it will be necessary to delay some new vaccine introductions, as countries' immediate focus is on containing the pandemic and new vaccines included in the Vaccine Investment Strategy (VIS) will have to be deferred until the acute phase of the pandemic is over. Some Board members underlined the importance of maintaining Hepatitis B birth dose and DTP booster programmes given that these are a means to strengthen the impact of existing programmatic antigens. One Board member also supported the continuation of Inactivated Polio Vaccine (IPV) and oral cholera vaccine. The Secretariat noted these considerations, and clarified that new introductions will be vary country by country- guided by country prioritisation, but new introductions will not be an immediate priority.
- In relation to maintaining, restoring, and strengthening immunisation services, the Board fully supported the recalibrated objective and underlined that immunisation services and essential health services have been disrupted due to COVID-19, leading to an increase in the number of children missing immunisation services. Board members highlighted the crucial role of HSS in responding to the COVID-19 pandemic and ensuring that Routine Immunisation (RI) is maintained, noting that cold chain equipment, vaccine-preventable disease (VPD) surveillance and community mobilisation will be crucial to maintain RI and introduce the COVID-19 vaccine. Moving forward immunisation programmes will need to operate differently with extra safety measures and necessary material, therefore flexibility in the HSS allocation will be important for countries
- There was very strong support from Board members on advancing Gavi's equity agenda, including reaching zero dose and missed communities. Board members underlined that a thoughtful approach is needed on operationalising the zero-dose agenda, including integrating HSS investments, national health and immunisation plans and processes. Board members highlighted the importance of Gavi 5.0 applying an integrated gender policy and Civil Society Organisation (CSO) engagement framework, and ensuring alignment with other primary health interventions in order to successfully implement and reach the goals on equity and zero-dose children
- Board members agreed additional resources were required to achieve this ambitious agenda but felt they lacked sufficient information to determine whether US\$ 500 million would be an appropriate allocation and recommended further details on proposed funding and operationalisation be discussed at the PPC. It was noted that the CSO engagement framework will also be presented to the PPC for information and guidance.
- The Board generally agreed that the additional strategic investment options presented were the right ones and underlined the need for new approaches for innovation, partnerships, and scope of investments at the country level so that the strategy is well placed to deliver maximum impact. Some additional areas of focus proposed by Board members included civil society engagement, vaccine hesitancy, strengthening of immunisation programme resiliency, and investments in demonstrated innovations for delivery that are ready to scale.

- The Board noted that VPD surveillance is an essential part of the equity agenda which would be critical for the data triangulation efforts to identify zero-dose children and missed communities, particularly in constituencies such as the Eastern Mediterranean, where communities are prone to recurrent VPD outbreaks. It will be important to consider polio in addition to other VPDs. Ensuring reactive and sustained investment in immunisation campaigns and outbreak responses through Gavi 5.0 will be essential.
- However, Board members were not comfortable approving ranges of financial figures attached to the options until these figures had been reviewed and discussed by the regular cycle of Board Committees. In particular, Board members requested that the Committees consider both the amounts requested and the trade-offs stemming from these options, and it was suggested that some form of joint AFC/Evaluation Advisory Committee (EAC)/PPC meeting might be the best way to obtain this analysis. The Secretariat welcomed the proposal and indicated that the Chairs of AFC and the EAC would be invited to attend the PPC meeting, for better alignment of views and perspectives.
- In relation to additional Secretariat staffing needs, the Board enquired if the increased needs are related to the COVAX Facility. The Secretariat clarified that proposed needs are separate from the COVAX Facility, noting however that the delivery of COVID-19 vaccines in Gavi countries will require additional support at the Secretariat, which is a part of the increase that has been projected. The Secretariat will present definitive staffing budgets to the Board in December; however, given the Board's clear support for additional capacity at this meeting, the Secretariat will initiate preparatory steps to bring on the additional resources for the COVAX Facility. One Board member encouraged the Alliance to strengthen regional-level engagement.
- In relation to rethinking evaluation approaches for Gavi 5.0, the Secretariat noted that changes have already been implemented, including by incorporating theories of change into evaluation work, as was previously discussed at the Board.

Decision Two

The Gavi Alliance Board:

- a) **Provided guidance** on the recalibration of programmatic priorities and how they reflect appropriate trade-offs in light of COVID-19 and the successful replenishment with further discussion at the upcoming meeting of the Programme and Policy Committee;
- b) **Endorsed** the need for additional resources to the HSS allocation to support the goals of the zero-dose agenda and asked the Secretariat to bring to the Programme and Policy Committee a detailed proposal on approach and resourcing for recommendation to the Board;
- c) **Approved** the carry-forward of an amount of US\$ 85 million in co-financing waivers and extend to 2021 the authority granted by the Board in May 2020 to waive 2020 co-financing obligations on a case-by-case basis upon request from a country;

- d) **Noted** that additional resources may be required in 2021-2025 for innovation, vaccine-preventable disease (VPD) surveillance, the strategic partnership with India, and fiduciary risk assurance and financial management capacity, and after further discussion by the Programme and Policy Committee will be brought back to the Board for decision in due course per guidance provided at the September 2020 Board meeting;
- e) **Noted** that to deliver on the recalibrated priorities an increase in Partners' Engagement Framework (PEF) spending may be required, and that the details of this request will be brought to the upcoming meetings; and
- f) **Noted** that additional Secretariat resources may be required in 2021-2025, to be confirmed by the ongoing Organisational Review, and would be brought back to the October 2020 Audit and Finance Committee and December 2020 Board meetings respectively.

3. COVAX Facility operationalisation and vaccine programme¹

- 3.1 The Chair opened this session by providing some context around the speed with which the COVAX Facility has been developed and the level of effort by Secretariat staff and Alliance partners to arrive at this point. She asked the Board to bear in mind during the discussion that this pace has naturally resulted in some remaining uncertainties and risks that normally would make the Board uncomfortable or uneasy; but she encouraged the Board to consider the big picture of the importance of the overall endeavour and to proceed with making the decisions at this point in time.
- 3.2 Seth Berkley, CEO, provided additional introductory remarks, noting that the Board has convened at an important moment as the COVAX Facility moves from the design phase to operationalisation. At this stage, 168 economies representing nearly two-thirds of the global population have signed up, and there are a further 25 economies that are still indicating they will sign up as soon as they can. The self-financing procurement volume is about 450 million doses now and if the rest of the subscription occurs, that should reach around 600 million doses.
- 3.3 He noted that such a complex endeavour also comes with risk, and Gavi is doing everything possible to identify, map out and mitigate these risks. He outlined the top risks and the work underway to mitigate them, including those linked to a failure to be able to establish a successful facility, and a series of financial, operational and programmatic risks. He emphasised that the work is unprecedented, that this is uncharted territory, but that Gavi is working through these challenges methodically and adopting and changing as needed, coming forth with new solutions and ways of working, both to mitigate risk and maximise the probability of success for the Facility.

¹ The Board Chair excused herself from the meeting towards the end of this session on Day Two and the Board Vice Chair chaired for the remainder of the meeting.

- 3.4 Dr Berkley provided additional background on the three elements coming to the Board for consideration: governance of the Facility, cost-sharing and country readiness for delivery. He noted that there have been questions about CSO engagement and indicated that in addition to other areas of engagement across the COVAX pillar, there would also be CSO representation on the Advanced Market Commitment (AMC) engagement group.
- 3.5 Aurélia Nguyen, Managing Director, Vaccines & Sustainability, provided a detailed update on progress on design and funding arrangements for the Facility and structure, including on the new bodies that have been proposed for the Board's consideration.
- 3.6 She also provided information about the thorough risk assessment that is underway. She explained that the Secretariat had presented an intermediate risk assessment and mitigation analysis summarised in her presentation to the AFC for input and will continue to engage the AFC on this topic in particular.
- 3.7 The Board was requested to approve the proposed COVAX Facility governance structure, the proposal for cost-sharing with AMC-eligible economies and a request to allocate US\$ 150 million of core Gavi resources towards the preparation required to deliver COVID-19 vaccines, focusing on urgent technical assistance and cold chain needs. The Secretariat was also seeking guidance on the scope of countries that should be eligible for the US\$ 150 million of support. Finally, the Board was asked to consider the parameters of potential tailored support to India.
- 3.8 David Sidwell, Chair of the AFC, commented that the AFC has been very engaged in discussions around COVAX over the past month commending the strong engagement with the Secretariat. He emphasised that this is a huge, unique transaction and there are a lot of risks. From his perspective the work on risk mitigation is midway but with more work he is hopeful that we can get those risks to a manageable level.
- 3.9 Sarah Goulding, Chair of the Governance Committee, noted the pace of development of this work and the need for Gavi's governance bodies to respond with agility. She reported that the Governance Committee had not had the opportunity to review the terms of reference for the COVAX bodies in a formal meeting; however, she clarified that it is timely for the Board to review and approve the terms of reference in order to enable these groups to be convened and to make decisions including on their operating procedures. The Governance Committee is scheduled to meet again on 8 October 2020 and can address any comments raised by the Board at that time.

Discussion

- The Board welcomed the World Bank's recent announcement that it would allocate US\$ 12 billion (pending the World Bank Board approval) to support countries in purchasing and delivering COVID-19 vaccines. It was clarified that resources will be made available through countries' existing International Development Association (IDA)/International Bank for Reconstruction and Development (IBRD) envelopes. The World Bank will ensure coordination in providing financing and

technical assistance to complement the partners' efforts in supporting countries in vaccine delivery.

- In relation to the COVAX Facility governance, the Board highlighted the principles of inclusion, equity and transparency, and recommended streamlining the Facility's governance structures to facilitate decision making and operate with speed and agility. The Secretariat noted the Board's request for more clarity on the proposed Terms of Reference (ToRs), particularly on decision making, the role of Civil Society Organisations (CSOs), the structure of the Shareholders Council Executive Committee and the role of the allocation and exchange mechanisms.
- The Board agreed to approve the proposed ToRs as interim, noting that they would be reviewed by the Governance Committee to take into account comments from the Board, Shareholders Council, AMC Engagement Group and other stakeholders and to ensure appropriate representation of CSOs, and be brought back to the Board for approval in December 2020.
- The Board encouraged putting in place an end-to-end operational review of the Facility, its governance and functional structures, to make necessary adjustments and reflect the realities on the ground. One Board member suggested that it could be useful for the Board to have a discussion on independent evaluation at its next meeting and the Secretariat noted ongoing work with the Monitoring and Evaluation (M&E) team in this regard.
- In relation to the sequencing of decisions, the Board underlined the importance of leveraging the Board Committees to review important decisions before presenting them to the Board. The Secretariat clarified that the decisions being presented were originally due to be brought in December; however, at the request of the Board at its July 2020 meeting, these were brought forward to September at a specially convened Board Meeting.
- In response to an enquiry about Programme and Policy Committee (PPC) representation in the Independent Allocation Validation Group (IAVG), it was noted that more discussion on membership and observership will be necessary, highlighting that the Chair of the Strategic Advisory Group of Experts (SAGE) on Immunization is an observer to this group, as well as a member of the PPC.
- Concerning inclusiveness and engagement of the Pan American Health Organisation (PAHO) in contractual decisions, the Secretariat clarified that PAHO was proposed to be included in the procurement reference group which will support the procurement strategy. One Board member suggested including UNICEF Supply Division as an observer in the AMC Stakeholder Group.
- In relation to cost-sharing by AMC countries, while acknowledging the importance of country ownership, the Board underlined equity and emphasised that cost-sharing must not compromise countries' ability to access COVID-19 vaccine, or trigger shifting of funds from other health interventions including Routine Immunisation (RI). The pandemic's detrimental impact on implementing countries' economies and the lack of fiscal space were highlighted, and some Board members called for waiving cost-sharing requirements entirely for 2021. The

Board requested clarity on the specific criteria that would be applied to waive cost-sharing requirements on case-by-case basis, and on timelines, urging the Secretariat to communicate such information to countries without delay.

- The Secretariat clarified that cost-sharing is different from the traditional co-financing in Gavi terms, as defined in the Co-financing Policy, whereby countries would default if they failed to pay their share. The Secretariat noted that maintaining some type of cost-sharing requirement was critical to secure funding from the World Bank country allocations and waiving it would have implications on the AMC fundraising strategy.
- The language of the proposed decision point was modified to highlight the flexibilities that were being extended to countries to ensure that no AMC-eligible country would be left behind because they could not meet the cost-sharing requirement.
- Several Board members expressed concerns over the US\$ 1.60-US \$2 cost-sharing price per dose for AMC countries being too high. The Secretariat noted that the US\$ 1.60-US \$2 per dose is in line with the upfront cost for the committed model participants. The Secretariat responded to a request for a longer-term progressive cost-sharing approach for the AMC92, explaining that the short-term cost-sharing approach could progressively evolve to co-financing when the Board defines Gavi's medium to long-term support to COVID-19 vaccines.
- In relation to a query on the objective of mobilising US\$ 1.5-2 billion in AMC92 country contributions for the acute phase, the Secretariat clarified that the range was predicated on establishing an amount that is ambitious yet realistic.
- With respect to the allocation of US\$ 150 million from core resources to prepare to deliver COVID-19 vaccines, the Board underlined the critical importance to support country readiness to deploy vaccines, highlighting the urgency for funding Technical Assistance (TA) and Cold Chain Equipment (CCE). The Board supported the decision, highlighting the exceptional circumstances and making clear that it is initial seed money to help economies prepare to deliver COVID-19 vaccine. The Secretariat clarified that there was precedent for using core resources in this way as the Board had decided to allocate funds from its core resources to support countries during the Ebola outbreak. Several Board members noted that this funding should include all 92 AMC eligible countries and others emphasised that priority should be given to Gavi countries. The Secretariat noted the need for early planning, clarity on timelines and addressing vaccine hesitancy. In relation to operational costs, the Secretariat noted that Gavi funds are predicated to support cold chain equipment and training, while other expenses such as salaries, Personal Protection Equipment (PPE) and transport would be borne by countries.
- With regards to a question about Ultra Cold Chain (UCC) storage, the Secretariat noted that installing UCC capacity across AMC-eligible economies for broad roll out would cost hundreds of millions of dollars. If it is required in some economies, it will be important to leverage existing structures that have experience with other

UCC storage, for example, Ebola vaccine deployment or to limit the storage to facilities who can handle the equipment with minimal amounts of training.

- In relation to whether technology transfer is part of the manufacturing strategy of producers, the Secretariat noted that a number of partnerships with manufacturers are underway as part of a longer-term strategy, including discussions with the Developing Country Vaccine Manufacturers Network (DCVMN).
- In relation to financial arrangements the Board reiterated that Gavi's core mandate and financial integrity must be safeguarded, advising the Secretariat to take very limited risks on its own balance sheets with a differentiated risk appetite between self-financing countries and AMC countries. The Secretariat confirmed that Gavi will not enter into any firm-order financial agreements until there are legally binding financial commitments to secure funding against doses. The Board looked forward to receiving a risk management plan including financial and operational risks, underlining the role of the AFC in advising the Board accordingly. A stronger monitoring framework to deal with the risk of fraud and corruption was also noted. As risk mitigation measures, the Secretariat noted the need to diversify the portfolio of vaccines, follow closely the latest data and science, and secure options to increase future vaccine procurement.
- In response to concerns over reputational risks associated with potential financial loss, particularly for SFPs, it was noted that such risks are under review for different mitigation mechanisms such as insurance.
- The Board inquired if the risk sharing guarantee of US\$ 0.40 per dose, under the optional purchase arrangement for SFPs, would be sufficient to protect Gavi against opt-outs, the Secretariat clarified that this is one element of ensuring no liability. Other measures include optionality, deal structure and financing instruments. Established modelling work will need to be updated with real data.
- The Secretariat noted the Board's request to make links to procurement initiatives and buying groups to have maximal impact on market shaping, underlining that several manufacturers committed not to look for profit but to cover costs during the acute phase.
- In relation to the proposed special approach to India, the Board tended to agree about the necessity of a tailored approach given the size of India's population, the disease burden and its capacity to produce vaccines. Negotiations with the pharmaceutical companies and the government must ensure adequate access to COVID-19 vaccines for the population and unrestricted vaccine export to other AMC countries.
- On the question of vaccine safety, the Secretariat noted the need for pharmacovigilance, underlining that funds to support that should be reviewed for inclusion within the wider envelope of the US\$ 1.5 billion projected for delivery.
- In relation to regulation, WHO was called upon as an Alliance member to push for stronger engagement of countries participating in the facility to standardise regulatory decisions. The Secretariat underlined that regulatory processes are a

very important feature in terms of having the requisite safety and efficacy. Manufacturers and regulators will be called upon for speed and flexibility.

- The Board welcomed the appointment of Aurelia Nguyen as the Managing Director for the COVAX Facility and looked forward to receiving a staffing plan to assess skill gaps and potential secondment needs. The Secretariat noted that an interim plan would be presented as work to assess the exact needs is still ongoing.

Decision 3

The Gavi Alliance Board:

- a) **Approved** the Interim Terms of Reference of the COVAX Shareholders Council attached as Annex B to Doc 03;
- b) **Approved** the Interim Terms of Reference of the COVAX AMC Engagement Group attached as Annex E to Doc 03;
- c) **Approved** the Interim Terms of Reference of the COVAX AMC Stakeholders Group attached as Annex F to Doc 03;
- d) **Approved** the Interim Terms of Reference of the COVAX Consensus Group attached as Annex G to Doc 03;
- e) **Approved** the proposal for AMC92 economies to cost-share vaccines up to US\$ 1.60-US\$ 2 per dose, assuming a 2-dose regimen, towards the full cost of purchasing a dose of vaccine [bearing in mind that Gavi will exercise flexibility and work with economies on a case-by-case basis to adjust vaccine cost-sharing contributions as needed in the first instance until end 2021, and with the expectation of additional cost-sharing on vaccine delivery, with targeted Gavi support (see decision point g) to supplement additional resources to be mobilised]. This flexibility will help to ensure that cost-sharing for vaccines does not prevent or delay the introduction of the vaccine in any economy, and that economies do not reallocate existing budgets for other routine vaccines towards COVAX cost-sharing, which would undermine both Gavi core programming and broader objectives;
- f) **Noted** that if domestic financing including grants and loans from the MDBs is not forthcoming, given the severe effects of the pandemic, including on fiscal space, and the late stage in country budgeting cycles, the AMC92 economies may not be required to cost-share;

With reference to the discussion on Doc 02 *Recalibrating programmatic priorities for Gavi 5.0 in light of COVID-19 and the successful replenishment: Financial implications*, at the Gavi Alliance Audit and Finance Committee:

- g) **Approved** the allocation of US\$ 150 million from core resources [for initial funding] to prepare AMC92 economies to deliver COVID-19 vaccines, focusing on urgent technical assistance and cold chain needs with priority for 56 Gavi-eligible economies and others on a case by case basis;

- h) **Requested** the Gavi Secretariat to present to the Board in December 2020 the proposed approach for Gavi COVAX AMC support for India for COVID-19 vaccines and delivery;
- i) **Noted** the proposed approach to not invest in Ultra-Cold Chain (UCC) at this time, and the associated risks regarding access to COVID-19 vaccines; and
- j) **Noted** the risks and mitigation measures outlined related to the COVAX Facility and welcomed the AFC's continued engagement on this in advance of a plan being presented to the Board in December 2020.

Zsuzsanna Jakab (WHO), Etleva Kadilli (UNICEF) and Muhammad Pate (World Bank) recused themselves and did not vote on Decision Three g) above.

4. Review of decisions

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

5. Closing remarks and review of Board workplan

- 5.1 The Board Vice Chair, Sarah Goulding, expressed her thanks and appreciation to the Board for a productive meeting.
- 5.2 After determining there was no further business, the meeting was brought to a close.

Dr Ngozi Okonjo-Iweala
Chair of the Board

Ms Brenda Killen
Secretary to the Board

Attachment A

Participants

Board members

- Ngozi Okonjo-Iweala, Chair
- Sarah Goulding, Vice Chair
- Omar Abdi
- Beth Arthy
- Afsaneh Beschloss (Day One)
- Roger Connor (Day One)
- Mahima Datla
- Maty Dia
- Abdoulaye Sabre Fadoul
- Margaret (Peggy) Hamburg
- Orin Levine
- Myint Htwe (Day Two)
- Zsuzsanna Jakab
- Francesca Manno
- Jan Paehler
- Marta Nunes
- Ahmad Jawad Osmani
- Muhammad Pate
- Harriet Pedersen (Day Two)
- Helen Rees
- Teresa Ressel
- William (Bill) Roedy
- David Sidwell
- Lia Tadesse
- Yibing Wu (Day Two)
- Stephen Zinser
- Seth Berkley (non-voting)

Alternates Observing

- Kwaku Agyeman-Manu
- Edna Yolani Batres
- Megan Cain
- Susan Elden
- Assad Hafeez
- Etleva Kadilli
- Noor Khan
- Jacqueline Lydia Mikolo
- Violaine Mitchell
- Kate O'Brien
- Keiichi Ono
- Michael Kent Ranson
- William Schluter
- Xiang Shu
- Bounkong Syhavong
- Carmen Coles Tull
- Joan Valadou
- An Vermeersch
- Rafael Vilasanjuan

Regrets

- Arsen Torosyan

EVALUATION ADVISORY COMMITTEE

Ms Nina Schwalbe, Principal, Spark Street Consulting and EAC Chair

IFFIm

Ms Fatimatou Zahra Diop, IFFIm Board Member

BILL AND MELINDA GATES FOUNDATION

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

Mr Nima Abbaszadeh, Senior Program Officer, Global Delivery Programs

Ms Magdalena Robert, Senior Program Officer, Program Advocacy and Communications

Mr Dan Peters, Senior Program Officer, Development Policy and Finance, International Development Finance

WORLD BANK

Ms Diane Wu, Health Financing Specialist

Ms Sarah Alkenbrack, Senior Health Economist

UNICEF

Dr Robin Nandy, Principal Advisor and Chief of Immunizations, New York

Mr Benjamin Schreiber, Deputy Chief of Immunizations, New York

Mr Anthony Bellon, Partnerships Manager, Vaccine Centre, Supply Division, Copenhagen

Mr Reza Hosseini, Director of Polio Eradication, New York

WORLD HEALTH ORGANIZATION

Ms Lidija Kamara, Programme Manager, Department of Immunization, Vaccines & Biologicals (IVB)

IMPLEMENTING COUNTRIES GOVERNMENTS

Lao PDR

Dr Daovieng Douangvichit, Deputy Head of Secretary Division, Cabinet, Ministry 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 Niamh Dobson, Senior Policy Officer, Health and Education Funds, DFAT

Canada

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

People's Republic of China

Mr Feng Yong, Counsellor, Health, Permanent Mission to the UN, Geneva
Mr Cong Ze, Second Secretary, Permanent Mission to the UN, Geneva

European Commission

Ms Gabriella Fesus, Head of Unit, Culture, Education, Health, International Cooperation and Development
Mr Grégoire Lacoïn, Senior Consultant Public Health
Mr Miguel Ceballos Baron, Deputy Head of Cabinet at Cabinet of EU Trade Commissioner
Dr Virginija Dambrauskaite, Policy Officer, Health Sector

Finland

Ms Outi Kuivasniemi, Deputy Director for International Affairs, Ministry of Social Affairs and Health
Ms Elisa Norvanto, Attaché, Ministry for Foreign Affairs

France

Ms Aurélie Jousset, Expert, Global Health, Gavi & Vaccine Policy, Ministry for Europe and Foreign Affairs
Mr Lionel Vignacq, Head of Global Health Partnership Unit, Ministry for Europe and Foreign Affairs

Germany

Mr Daniel Kohls, Global Health Policy Advisor, GIZ
Ms Camilla Gendolla, Senior Policy Officer, Health, Population Policy and Social Protection, BMZ
Ms Judith Soentgen, Counsellor, Development Policy, Permanent Mission to the UN and other International Organisations, Geneva

Ireland

Ms Emma Warwick, Development Specialist, Global Health, Department of Foreign Affairs and Trade
Mr Fergal Horgan, Global Health and Nutrition Advisor, Permanent Mission to the UN, Geneva

Italy

Mr Diego Cimino, Head of Section for International Organizations, Multilateral Unit, Ministry of Foreign Affairs and International Cooperation
Mr Gianmarco Coccozza, Adviser, Office of Development Cooperation, International Financial Relations Directorate
Department of Treasury, Ministry of the Economy and Finance
Dr Pasqualino Procacci, Senior Expert, Ministry of Foreign Affairs and International Cooperation

Japan

Mr Takayuki Okubo, Deputy Director, International Affairs Division, Ministry of Health, Labour and Welfare
Mr Kazuho Taguchi, Director, Global Health Cooperation, Ministry of Health, Labor and Welfare
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Ms Ariane McCabe, Director, Global Health and Public Affairs, GSK
Ms Cynthia Ramirez, Director, Multilateral Engagement, Pfizer Inc
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