

Report of the Chief Executive Officer

17 June 2020

Dear Board members,

Earlier this month, the UK – our gracious hosts – convened Gavi’s third donor pledging conference, the virtual Global Vaccine Summit 2020. The event was an outstanding success, not only because we were able to exceed our target of at least US\$ 7.4 billion, but also because of the global solidarity and recognition of the importance of immunisation and the work of Gavi. Never has our mission been more relevant than it is now.

COVID-19 has turned the world upside down with health, economic and societal implications we will be grappling with for some time to come. SARS-CoV-2, the virus responsible for COVID-19, was able to traverse 180 countries in a few short months. As we have discussed at the Board, such outbreaks are an evolutionary inevitability. This outbreak underscores the importance of vaccines in fighting infectious disease and controlling pandemics, of resilient health systems and of Gavi’s central role in achieving global health security. But we can only do that if we reach everyone, and this reinforces our approach in Gavi 5.0 of focusing on the most marginalised and building out systems to reach the unreached.

COVID-19 has forced new ways of thinking and working, and that also holds true for governance meetings. We have had to streamline our agenda. To maximise time for discussion, we will not have our usual introductory presentations and have set up a Discussion Board on BoardEffect for Board members to post comments and questions on the papers ahead of the meeting. We will also have Richard Hatchett, CEO of the Coalition for Epidemic Preparedness Innovations (CEPI) addressing the Board. CEPI has become an even closer partner to Gavi through our joint work on COVID-19 vaccines and their use of the International Finance Facility for Immunisation (IFFIm) to channel support from Norway.

In the face of COVID-19, I would like to start with an acknowledgement of the health care workers globally who are on the frontlines of this pandemic, many working without personal protective equipment (PPE) or other basic supplies. Alliance partners including both WHO and UNICEF have lost invaluable staff to

COVID-19 as they supported the health and well-being of others. Approximately 70% of health care workers are women, which is just one example of the gender-specific impacts of this epidemic. The Gender Policy we are bringing forward at this meeting specifically aims to address the gender-related barriers faced by health workers, among others.

Successful Replenishment

The Global Vaccine Summit 2020 – our replenishment conference – was a huge vote of confidence in Gavi, our Alliance partners and our collective mission. We exceeded our funding target, but we should also see 4 June 2020 as inaugurating a “new era of global health cooperation,” in the words of Prime Minister Boris Johnson, our host.

Our Investment Opportunity was organised around Prevent, Protect, Prosper and was launched in August 2019 at the Seventh Tokyo International Conference on African Development in Yokohama, hosted by the Government of Japan. In this pre-pandemic phase, Dr Ngozi, myself and other Gavi leaders were intensively travelling to make the case for the replenishment. We celebrated Gavi’s 20th anniversary in January 2020 at Davos, where we received our first pledges, including a major one from Germany. In February, when COVID-19 had started to become a global concern, the Munich Security Conference gave us the opportunity to underscore the relevance of Gavi and of immunisation for global health security. Momentum began to build further with the US pledge.

At this point the world began to change. Travel became impossible, leaders of donor countries were heavily focused on COVID-19, and there were new demands for funding. Our champions in implementing countries and in civil society helped us maintain momentum. Outreach from partners like Global Citizen, ONE, UN Foundation, Shot at Life, and RESULTS – from creative social media engagement, to grassroots campaigns, to discussions with decision-makers behind the scenes – motivated world leaders to help make bold commitments to equitable immunisation coverage and global health security in the face of the COVID-19 pandemic. The UK’s pledge in April refocused attention on the importance of our work, heralding new commitments to Gavi, including from Norway, at the international pledging event hosted by the European Commission (EC) on 4 May 2020.

As it became clear that our donor pledging conference would be virtual, the Gavi and UK teams rapidly shifted gears. To represent the power and scope of the Alliance, its challenges and achievements, we brought together an unprecedented group of leaders – including the UN Secretary-General, 42 heads of state and government, and representatives of 62 countries. We were grateful to have our Alliance members with us, although virtually, throughout the event, with remarks by Dr Tedros Adhanom, Henrietta Fore and World Bank Managing Director Dr Mari Pangestu. CSO voices featured prominently highlighting their invaluable contribution to Gavi’s mission and calling for a successful replenishment.

180,000 people around the world watched the Summit, and we achieved an unprecedented level of engagement on social media, including, for example, three million views of videos on our Facebook page. The day after the Summit, our new blog platform, #VaccinesWork, which was only launched in mid-March, crossed its first 1 million page views. You can watch the Summit on our new [website](#), launched at our last Board meeting, and additional supporting videos on our [YouTube](#) channel. This increased profile is both a benefit and a risk, as we have also attracted renewed attention from anti-vaccine groups, including on social media platforms during the Summit. We need to be prepared to be a bigger target going forward.

We achieved more than US\$ 8.8 billion worth of new commitments for a total of over US\$ 10.5 billion for Gavi 5.0 over the next 5 years. Donors contributed US\$ 926 million through IFFIm (exceeding the target of at least US\$ 500 million) and US\$ 158 million for the Gavi Matching Fund. Most of our donors increased their pledges; eight new donors and several new private sector partners joined the Gavi family; and the pharmaceutical industry made significant new commitments – notably in the area of human papillomavirus (HPV) vaccine supply. Gavi is now well positioned to deliver on our commitments in our Investment Opportunity, including reaching 300 million more children by 2025 and saving an additional 7-8 million lives.

Already we have had questions around where additional resources will be targeted. As you can imagine, as it is less than two weeks since Replenishment, we are still working through this; but it is already clear that a significant portion of these funds will be required for our equity agenda and helping countries recover from COVID-19. The reason we had signalled “at least” US\$ 7.4 billion for our replenishment was a recognition that the work required on Gavi 5.0 to reach zero-dose children and missed communities, and to work sub-nationally, was likely to be more expensive – and therefore we would likely need an increase in our health systems, campaigns and stockpiles support relative to Gavi 4.0 (whereas we actually had to reduce our projected investment in these areas in order to absorb other costs). The equity challenge has been further exacerbated by COVID-19; with widespread disruption of immunisation services, there is heightened risk of backsliding and an increase in the number of zero-dose and under-immunised children, child deaths and outbreaks. Given the pandemic is still unfolding in Gavi-supported countries, it is too early to provide precise estimates of what recovery will cost. However, we plan to convene a special Board meeting in September to discuss potential scenarios and related financial projections.

The Global Vaccine Summit 2020 was also the launch pad for the new COVID-19 Global Vaccine Access Facility (COVAX Facility) to secure equitable access to COVID-19 vaccines globally, and the [Gavi Advance Market Commitment for COVID-19 Vaccine](#) (Gavi COVAX AMC), both of which are discussed further below. We secured over US\$ 500 million in seed funding to procure doses of COVID-19 vaccines for lower-income countries and also signed an MOU with

AstraZeneca for 300 million doses of their CHAdOx1-s vaccine should it prove to be successful, the first step toward a formal agreement.

Closing out 2019 and a strong start to 2020

While we must wait until July for the WHO/UNICEF Estimates of National Immunization Coverage (WUENIC) for 2019 and a full assessment of our performance against our strategy targets, it is already clear that 2019 was a record year in many respects. As discussed further in the strategy progress update, we achieved unprecedented 98% on time co-financing performance, a record number of vaccine introductions and campaigns (including our first-ever national introduction of typhoid conjugate vaccine (TCV) in Pakistan's Sindh province, which is the centre of an extensively drug-resistant (XDR) typhoid outbreak, and a record level of health system strengthening (HSS) grant disbursements. Thirty-one countries were approved for additional HSS flexibilities to improve coverage and equity, with most using the funds for targeted interventions to overcome sub-national coverage and equity challenges. We also procured and installed a record amount of cold chain equipment, while the number of cold chain equipment suppliers increased from six to eight, with average prices falling – an example of how Gavi is shaping markets beyond vaccines.

Market shaping

During our last meeting, the Board asked the Secretariat to identify partners with whom to develop a risk-sharing mechanism for manufacturing of the RTS,S malaria vaccine. MedAccess was identified as a potential partner, working with WHO, GSK and PATH, and substantial progress has been made in outlining a possible deal structure. I had the opportunity last month to discuss this with Emma Walmsley, CEO of GSK, and Michael Anderson, CEO of MedAccess, and we are committed to finding an agreement. This has been somewhat delayed by COVID-19, and it is now envisaged that the Market Sensitive Decisions Committee will review a potential deal in synchrony with MedAccess' own governance process in the latter half of this year.

Gavi has continued to make progress in strengthening the market for yellow fever diagnostics and testing capacity in Africa. The WHO Eliminate Yellow Fever Epidemics (EYE) Laboratory Technical Working Group has finalised a protocol for validating molecular test kits. Invitations to manufacturers to submit expressions of interest to participate in this validation review should be sent this month. Due to Gavi's involvement in yellow fever diagnostics, several leading yellow fever research institutions are engaging with diagnostic manufacturers to determine how to best commercialise their diagnostic tests. Of the 24 African countries that are eligible for Gavi support and are considered to be at high risk for yellow fever outbreaks, 20 have been approved for Gavi yellow fever diagnostic procurement support.

Also, we continue to see success in reducing the price of the pneumococcal conjugate vaccine (PCV). We now have a third supplier tendering at US \$2.00 per dose under the AMC, a 43% price reduction since the start of the AMC. With the Gavi Pneumococcal AMC due to finish at the end of 2020, we can declare it a successful innovative financing mechanism. This is also a credit to the donors who came together in support of this work, and together we have made it possible for Gavi countries to immunise an estimated 225 million children against pneumococcal disease in 60 countries.

Outbreaks

In the last six months, there have been several vaccine-preventable disease (VPD) outbreaks across Gavi supported countries. Fragile countries, already grappling with weak health systems, are particularly hard hit. The Democratic Republic of the Congo (DRC), for example, is facing multiple outbreaks of cholera, measles and, most recently, a new outbreak of Ebola in Equateur province. Yemen is dealing with ongoing measles and diphtheria outbreaks and the risk of a cholera outbreak. Ethiopia too is battling simultaneous cholera, measles and yellow fever outbreaks. And these are just a few examples of affected countries. As a result, we are seeing very high demand for Gavi-supported outbreak response vaccine stockpiles.

While provisional WHO data (June 2020) suggests a drop in the number of measles cases in the first half of this year relative to 2019, it is unclear if this is a real decline, given the COVID-19 pandemic has negatively impacted disease surveillance activities. With immunisation services similarly impacted by COVID-19, the risk of large-scale measles outbreaks occurring in the future is increasing rapidly. Bangladesh, for example, saw a drop of nearly 50% in the number of measles-rubella vaccine doses given between January and April and has had to suspend a preventive campaign. The country has already initiated measures to modify the trajectory, but it is clearly troubling.

As with other supplemental immunisation activities, the Global Polio Eradication Initiative (GPEI) paused polio campaigns globally to avoid COVID-19 transmission risk, and polio networks were shifted to support countries to respond to the COVID-19 pandemic. In 2020, there have already been more cases of both circulating vaccine-derived poliovirus in 16 countries and wild poliovirus in Pakistan and Afghanistan, both endemic countries, than for the same time period in 2019. Also concerning is that COVID-19 has negatively impacted surveillance and case detection. Impact modelling illustrates the potential for types 1 and 3 vaccine-derived poliovirus to arise as routine immunisation immunity gaps widen. In this context, the programme is moving to resume immunisation activities as quickly as possible. COVID-19 is also prompting an urgent revision of GPEI's Endgame Strategy, timelines and budget to adapt to a post-pandemic world and severe budgetary cash gaps. There are also opportunities to further improve Gavi-GPEI collaboration, harness the complementary strengths of both partnerships and shape the eradication programme to be less vertical and more responsive to the significant needs of

countries. This is a key example of an area where we must work not only to maintain and restore immunisation services but to build them back to be stronger and more resilient.

High-level missions

We ended 2019 with an Alliance high-level mission (HLM) to Nigeria, one of our most important but also challenging countries. Thabani and I were pleased to be accompanied by Board members Jan Paehler and Muhammad Pate, as well as many additional Alliance and donor colleagues. The purpose of our visit was to engage with the recently re-elected government and review the progress of immunisation and performance in the context of our recently agreed accountability framework. His Excellency, President Buhari, personally assured us that Nigeria would fully meet its obligations for vaccines and gradually improve fiscal sustainability by the end of 2028, and a survey conducted since the visit suggests that coverage is improving. To date, Nigeria has transferred approximately US\$ 47.5 million to UNICEF Supply Division for the procurement of vaccines – the highest amount ever released by the government from its budgetary resources for this purpose. We also re-iterated the need for a successful polio transition to sustain gains from the emergency approach adopted by the country through more routine mechanisms. Work at subnational levels were well underway but now likely to be delayed by COVID-19.

Our leadership team has led numerous additional high-level missions since the last Board meeting, including a mission to Bangladesh (including the Cox's Bazar refugee camp), led by Anuradha, and a very successful mission to Yemen, among the most complex countries in Gavi's portfolio. I am also pleased to report that the Syria Partnership Framework Agreement has been signed, following complex and lengthy discussions. This will enable us to provide critical support to unreached populations across the country.

Onset of COVID-19 and the critical importance of global collaboration

While the bulk of reported COVID-19 cases to date have been in developed countries, cases in Gavi countries are on the rise. The largest number of cases in Gavi countries have been in Asia, primarily led by India and followed by Pakistan, Bangladesh, Indonesia and Afghanistan. With limited access to testing, and inadequate surveillance capacity, reporting systems and death registries in many Gavi countries, there is likely to be serious under-reporting. For example, it took some time for news of the suspected COVID-19 outbreak in Nigeria's northern Kano state to come to light, an outbreak that reportedly peaked in mid-April. Nigeria's Minister of Health, Dr Osagie Ehanire, said the investigation found a total of 979 deaths were recorded in 8 municipal local government areas in Kano state at a rate of 43 deaths per day, compared with the typical death rate of roughly 11 deaths per day. The percentage of these cases that were COVID-19 is still not clear, although estimates suggest likely more than 50%. Cases in other African countries are also on the rise.

While there is great disparity in the caseloads across and within countries, COVID-19 has had a uniformly catastrophic impact on economies, with 40–60 million people likely to be pushed into extreme poverty in 2020. Several Gavi countries are facing severe food crises, including Yemen, Afghanistan, Syria, South Sudan, DRC and Haiti. This is not a scenario from which the world will bounce back quickly. This will be a long haul.

Global coordination in the face of COVID-19 started with the Saudi Arabia-hosted G20 call for action, including financial support to Gavi. Then in late April, the Access to COVID-19 Tools (ACT) Accelerator was launched at an event hosted by WHO, with leadership from the European Commission (EC) and many others, as the global coordination mechanism to expedite the development and equitable access to COVID-19 diagnostics, therapeutics and vaccines. Gavi and CEPI were asked to co-lead the vaccine pillar, working closely with WHO. In May, the EC convened its pledging to secure global commitment and direct financial contributions to the ACT Accelerator, and subsequently all 194 World Health Assembly member states agreed to a resolution highlighting the role of immunisation against COVID-19 as a global public good; supporting the ACT Accelerator; and calling for equitable and timely access to quality, safe, affordable and efficacious vaccines.

Since the launch of the ACT Accelerator, we have been working intensively with CEPI, WHO, and the IFPMA (International Federation of Pharmaceutical Manufacturers & Associations) and DCVMN (Developing Country Vaccine Manufacturers Network) to put together an end to end plan to accelerate vaccine development and global access. The coordination mechanism of this effort is been chaired by Dr Ngozi and Jane Halton, the chair of CEPI. A Board paper accompanying this report has more details. As part of this effort, I was pleased to be able to share with you last week the technical design document on the COVAX Facility, a bold initiative to achieve global access to COVID-19 vaccines against the backdrop of a proliferation of bilateral deals with manufacturers that threaten to lockdown all doses for only a handful of countries. The Facility is built on the recognition that there is no scenario in which the aggregate supply of safe and effective COVID-19 vaccines over the next 18 months will exceed potential demand. There are scenarios, however, in which it may be possible to use vaccine in a targeted way to end the acute phase of the pandemic by next year. This will be essential to restoring anything remotely resembling normal economic activity and should be the highest priority of all countries. The probability of success of any one vaccine is low; therefore, a portfolio of vaccines is the best way to maximise the chances of success, and working together is the best way to get the largest portfolio. The mechanism is designed to assure that lower-income countries have access to vaccines for priority populations in lockstep with higher-income countries – and that, as a global community, we have the resources to use the vaccines to support public health globally. As part of the COVAX Facility, the Gavi COVAX AMC will support the procurement of vaccines for lower-income countries using Official Development Assistance (ODA) financing. There is huge interest from countries in the Facility; we are in discussions with many for how to move this forward, including the EC as a potential first of a regional block of

buyers. Given that the world economy is losing US\$ 375 billion per month due to COVID-19, vaccine development and use is likely to be very cost effective. The next galvanising moment for the COVAX Facility and the Gavi COVAX AMC will be at the Global Citizen Festival on 27 June in partnership with the EC. We will be discussing operational and governance mechanisms for the Facility at the Board Meeting, coming back with final plans later in the summer.

Programmatic implications and response to COVID-19

As we grapple with COVID-19, there is one figure that keeps me up at night: modelling by the London School of Hygiene and Tropical Medicine (LSHTM) indicates that for every death from COVID-19 that could be averted by avoiding routine immunisation, between 100 and 140 under-five deaths would result from the spread of vaccine-preventable diseases (VPDs). This is what must drive us to minimise disruptions. Early results from 52 countries reporting through the WHO Essential Health Services survey shows that immunisation services rank as number 1 on a list of top 10 most frequently reported services disrupted, with 73% of countries reporting disruptions in outreach services and 63% reporting disruptions in facility-based services.

Following the March Board call, Gavi quickly sprang into action, making available US\$ 200 million of support available for immediate response and preparedness. We saw rapid uptake of these flexibilities although countries have chosen to utilise only ~60% of available funding, indicating the priority they place on retaining adequate support for immunisation services. Countries have chosen to use over half of the support for PPE to protect frontline health workers, who – as I discussed in my introduction – are suffering a heavy toll in this pandemic. The Country Programmes team is providing regular updates on the use of this support through situation reports, which are available on our website and BoardEffect, and more details are available in the strategy paper. In May, the Board also approved the freezing of country eligibility and co-financing status and delegated to me the authority to grant co-financing waivers on a case-by-case basis upon a country's request. Nine countries¹ have already requested a co-financing waiver, and a further five countries² have indicated that they are at risk of default. We are working with our partners, in particular the World Bank, to seek financial options to support them during the emergency. The Board also delegated authority to me to exceed our approved budget by up to 20%. To date, we have not had to invoke this flexibility and we are compiling a revised financial forecast for the Audit and Finance Committee (AFC) to review in July, which will give us a better sense of our likely expenditure needs over the coming 18 months.

From the start of the crisis, a major concern for the Alliance has been the potential for stock-outs due to disruptions in global supply chains. UNICEF is

¹ Afghanistan, CAR, Burkina Faso, Ethiopia, Liberia, Kyrgyzstan, PNG, Sierra Leone, Somalia

² Guinea, Haiti, Lao PDR, Niger, Sudan

spearheading the Alliance's work on this, and we provided UNICEF with US\$ 6.4 million in funding to overcome crisis-related logistical challenges, including by chartering flights when necessary. To date, an estimated US\$ 840,000 has been drawn from this facility, and I am pleased to share that the number of shipments per week and countries reached per week are almost back to their pre-crisis baseline.

Looking ahead

In 2018, Gavi-supported countries reached over 50% more children with a full course of routine vaccines than in 2000. However, over 10 million children still did not receive a single dose – that number has hardly changed over the past decade, and we are now expecting it to rise dramatically as a result of the COVID-19 pandemic. These zero-dose children live in communities which are being systematically missed by health services. Our focus in Gavi's next strategy is on reaching these children and bending the curve so that by 2030, there are no missed communities. As we have discussed, reaching these communities will likely cost more – but it will also have the highest return on investment because these are the populations which are the most vulnerable to infectious diseases, have least access to treatment, and have the lowest economic capacity (two-thirds of families live below the poverty line) to endure the impact of serious illness in their household. The full Alliance will need to come together to put in place the strategy and groundwork for reaching priority populations, including for COVID-19 vaccines (which may initially be targeted at populations not previously reached through immunisation programmes). This is a sizeable feat, and there is already work underway with WHO and UNICEF to devise a path forward. We will need to work with countries to balance the competing, and equally critical, imperatives to fight COVID-19, while also maintaining and restoring immunisation and other essential health services.

As mentioned in the replenishment section, the rumours around COVID-19 and anti-vaccine sentiments have been rising to unprecedented levels. We are having an Alliance-wide discussion on how to step up our engagement. Meanwhile, another critical partnership being fast-tracked is working with Facebook to better understand sentiment around vaccines, COVID-19 and routine immunisation. Sentiment analysis is already helping UNICEF Indonesia and the government respond to high levels of disruption and community fears with locally tailored messaging and factually accurate information. Pakistan is building on recent experiences with polio and typhoid campaigns with Alliance partners supporting digital as well as TV and radio engagement. Engaging local on-the-ground influencers is also key – for example, partners such as the Aspen Management Partnership for Health (AMP Health) are mobilising tribal chiefs and religious leaders in Malawi, and using mobile tech to reach health workers and the general public in Zambia.

As we prepare for Gavi 5.0 and COVID-19 vaccine roll-out, work is underway to strengthen our approach to monitoring, evaluation and learning. This includes some key shifts around increased evaluability, new approaches to allow for

continuous improvement, clearer linkages between information sources and a greater emphasis on Gavi's learning culture. Many Gavi 5.0 indicators will be discussed during this Board meeting, with remaining indicators coming to the Board later this year. COVID-19 disruptions make establishing baselines difficult, meaning that target-setting will likely be delayed until next year.

Our Audit and Investigations team met an important milestone this year, having passed its External Quality Assessment without qualification. COVID-19, however, has meant a rethink of the way in which they work, as the team is temporarily unable to travel to undertake audits. In the meantime, we are keeping an eye on the risks that Gavi is encountering and will report on this at end of year with an interim report on the Consent Agenda.

Our work under the Global Action Plan (GAP) for Healthy Lives and Well-being for All is also moving forward. Our primary entry point is the financing accelerator, which we co-lead with the Global Fund and the World Bank. Like others, the financing accelerator has adapted its support to focus on coordinating and aligning financing for COVID-19 response, including a five-day workshop in April that drew 65 participants from across agencies resulting in a common workplan in several participating countries. The GAP agencies are about to publish a joint progress report, and we will send that around to Board members when it is available.

Staff throughout this time

COVID-19 has also demonstrated the agility and resilience of the Alliance and Secretariat as we pivoted quickly in our programmes and adapted our ways of working. We all left the office on a Friday, with the Monday being a trial run of our remote work setup. By then, Switzerland had mandated that all staff work remotely, and many of us have not been back to the office since. We have now been working from home for just over 100 days, and I have joked that during this time it has been more like sleeping in the office than working from home. This has been the most intense 100 days since I joined Gavi – together we pulled off a resoundingly successful replenishment, supported our countries in responding to COVID-19, designed a detailed new mechanism to support global access to COVID-19 vaccines, and worked to maintain, protect and strengthen immunisation services. And we did this against the backdrop of remote working, lack of childcare, isolation and a lot of uncertainty. The dedication to the work that I have seen from all teams over the past few months makes me incredibly proud.

We know, however, that this is a marathon and not a sprint, and Gavi leadership is continuing to encourage staff to put their health and well-being first. Throughout this time, we have made staff safety and welfare a priority. Our Human Resources (HR), operations, communications and Knowledge Management and Technology Solutions (KMTS) teams banded together to provide a seamless transition to remote working, offering weekly briefing updates, resources to facilitate remote working, training, IT support, a staff-hosted radio show, kids' conferences and more. We also increased the frequency

to weekly for our All Staff and Executive Team meetings. We did a pulse survey in April to assess the status of staff. Based on the results and other inputs we received, we adjusted our processes and reset expectations; some teams instituted lunch hours and hosted virtual happy hours for the missed social engagement. Staff are still, however, working under the intensity of surge conditions and with no lessening of the pressure in sight due to the implications of COVID-19. We will need to think through rightsizing the team to achieve 5.0, the COVID-19 response and ensure staff well-being. At the start of the pandemic, we were midway through an organisational review. We put the work on pause when we went into lockdown as part of our prioritisation exercise but will resume it in September, and I look forward to sharing the outcomes at our next Board meeting.

Just as we are hitting a rhythm in our remote working situation, the situation is changing. Although the default is still working at home, over the course of this week, we are for the first time allowing a limited number of staff to return to the office. At the outset, only 20% of Gavi staff will be allowed in at any one time, and we are taking precautions with seating arrangements, use of masks and thermal checks at the entrance in partnership with our partners in the Global Health Campus. Our return to the office will be gradual, and we will emphasise flexibility and safety.

I am also delighted to announce that after an extensive international search, Brenda Killen joined Gavi on 1 June 2020. You will be asked to formally appoint Brenda as Secretary at our June meeting, following which Brenda will take on the role of Director of Governance on 1 July. Brenda has more than 25 years of experience supporting the governance of international organisations, partnerships and alliances. With the announcement of Brenda's arrival, however, we are sad to bid farewell to our beloved Phil Armstrong, who will be leaving at the end of September. Phil has been with Gavi for five years, although it feels like more for all that he has contributed. I am sure you will join me in thanking Phil at the end of our upcoming meeting.

I would like to end this report with a special tribute to Clifford Kamara, the Chair of our Independent Review Committee. It is with a truly heavy heart that I share the news that Clifford passed away unexpectedly on 29 May. He is renowned throughout the Alliance for his passion for public health and his dedication to our work. I am sure Clifford will rest in peace knowing, amongst his other accomplishments, his role in ensuring hundreds of millions of children were reached with life-saving vaccines.

I look forward to seeing you virtually next week.