

Report of the Chief Executive Officer

15 June 2022

Dear Board members,

In drafting this Report and anticipating the important discussions and decisions ahead, I was reflecting on how good it was to see you all in Evian and how vital it is that we have these moments to come together in person as a Board. The Retreat was our first in-person meeting in over two years – the first with our Board Chair, José Manuel, and several other newer Board Members – and proved an important moment for open and constructive dialogue on the shifting landscape and Gavi's role and ambition. Late last month, we also had our first in-person Programme and Policy Committee (PPC) meeting since the start of the pandemic, where we built upon many of the discussions from the Retreat as they underpin the agenda items coming before us at the Board. There were a few key threads that came through in both the Retreat and recurrent PPC and Audit and Finance Committee (AFC) discussions: equity as our unifying principle; planning in times of uncertainty, including embracing the learnings from COVID-19 and COVAX, and Gavi's engagement in pandemic preparedness and response (PPR); and the health of the Alliance and our staff. Building on these themes and the strong foundation of our Retreat and Committee discussions, I am looking forward to our upcoming meeting and seeing you in person later this month.

Equity as our unifying motivation

It will still be some time before we are able to fully quantify the impact of the COVID-19 pandemic. WHO estimates released on 5 May 2022 suggest that a “staggering 14.9 million excess deaths were directly or indirectly attributable to COVID-19 between 1 January 2020 and 31 December 2021”. The global reported number of COVID-19 cases and deaths in Gavi eligible-countries is much lower, but testing has always been limited and recently plummeted, which also puts at risk identification of new variants. Fortunately, South Africa is continuing to test and sequence; however, unfortunately the country is seeing a new outbreak of BA.4 and BA.5 Omicron variants – while the USA is seeing BA.2.12.1 spreading and now BA.4 and BA.5 as well. We may be done with the virus, but it is not done with us.

Although the disruption to routine immunisation in 2020 was less severe than first feared, with an average 4 percentage-point drop in routine immunisation coverage in Gavi supported, we still saw an increase of 2.7 million zero-dose children in Gavi-supported countries (Gavi57) per WHO/UNICEF Estimates of National Immunisation Coverage (WUENIC) data. Despite the strong recovery seen in many countries towards the end of 2020, country administrative data suggests that there is continued disruption in 2021 as countries respond to the pandemic and ramp up COVID-19 vaccination. In addition, we are seeing backsliding in many former Gavi-eligible countries. Therefore, it is critical that we maintain focus on supporting countries to restore coverage, catch up missed children and consistently reach zero-dose children with the full course of routine vaccines. WUENIC data for 2021, due to be released next month, will provide important further insights into how country systems are faring and the level of ongoing disruption.

Despite the ongoing pandemic, we do see an encouraging trend in countries' ability to return to the introduction of new routine vaccines and conduct preventive campaigns. As per the recalibration of Gavi 5.0 priorities, the new launches of 2018 Vaccine Investment Strategy (VIS) vaccines have been paused since 2020, and the earliest launch of VIS vaccines is now expected in 2024.

Against this backdrop, we are continuing to roll out new mechanisms to better target our funding to flexibly address inequity. The first year of Gavi 5.0 focused on establishing strategic and operational alignment to achieve Gavi 5.0 goals, including country segmentation to facilitate a differentiated approach to programming; the development of new materials to help strengthen country programming; realignment of existing funding streams; and the launch of the Equity Accelerator Fund (EAF) to reach zero-dose children and missed communities, with up to 40 countries expected to apply this year. As part of the EAF, Gavi is selecting two consortia to receive up to US\$ 100 million to implement new multi-country partnerships. I'm pleased to share that we have just closed the contracting phase with World Vision, our lead partner for the Sahel region, and are close to closing with another organisation for the Horn of Africa.

Unfortunately, we are not seeing positive trends in terms of **vaccine-preventable disease (VPD) outbreaks**. While some of the increase in reported VPD outbreaks in recent months may be attributed to seasonality, disruptions to RI and resulting immunity gaps; increasing trends in malnutrition; and lifting of pandemic health measures have likely exacerbated risks.

In August 2020, we all celebrated Africa being declared free from **wild poliovirus**. Unfortunately, following one case in Malawi in 2021, we've seen another linked case in Mozambique detected this year. In addition, noting that the situation has evolved since sending the Board papers, there is increased wild poliovirus transmission in the two endemic countries, with one case in Afghanistan and six cases in Khyber Pakhtunkhwa, Pakistan, confirmed in 2022. In response to the Africa cases, there is an intensive multi-country response underway including all neighboring countries and, as we understand, this response has caused major

disruptions to ongoing routine immunisation and COVID-19 vaccination efforts. Thus far, however, no additional cases have been detected or samples tested positive – including among direct contacts of the primary cases.

As of April 2022, WHO has received 22 reports of **measles outbreaks**. Efforts continue to improve the quality of measles/measles-rubella campaign applications, budgets and implementation of strategies to effectively reach un- and under-vaccinated children. Moreover, and coming back to our theme of equity, there is a need to better leverage VPD outbreak response activities, including for measles and polio, to better address underlying systems and equity gaps, going beyond the campaigns with existing health system strengthening (HSS) and EAF resources.

The situation is particularly concerning for **yellow fever**, especially in West Africa, where eight emergency requests have been received in the last six months in response to confirmed outbreaks in the region. We are also closely monitoring vaccine supply stability, given that a substantial percentage of the yellow fever vaccine is sourced from Chumakov, a Russian manufacturer, and are working to increase supply from other suppliers. We are, however, seeing some returns on investment on our yellow fever diagnostic work. In the fourth quarter of last year, Ghana detected and confirmed a yellow fever outbreak through entirely in-country molecular testing and acted quickly on this information to mount an outbreak response. As a result, they were able to detect and respond to an outbreak in a little over half the time that WHO considers acceptable, which in turn has facilitated containment of the outbreak. Gavi-funded shipments of validated, standardised yellow fever molecular test kits to 21 African countries at high risk for yellow fever outbreaks are expected to begin this summer.

In addition to yellow fever, we have also received stockpile requests in response to **cholera outbreaks** in Malawi, Cameroon, Bangladesh, Somalia and recently in South Sudan and Pakistan, with more than 14 million doses of oral cholera vaccine (OCV) approved for reactive use from January to mid-June 2022. The OCV supply situation is also being monitored closely to maintain adequate stockpile levels and avoid supply disruptions. A new **Ebola outbreak** has been declared in the Équateur province of the Democratic Republic of Congo, with five cases notified (four confirmed and one probable) and all five now deceased. Initial vaccine supply came from leftover doses from the thirteenth outbreak, but a recent request has placed 1,570 stockpile doses in country; and ring vaccination is underway.

As you have read in the news, there is a new multi-country outbreak of **monkeypox** in non-endemic countries, with 1,285 laboratory-confirmed cases in 28 countries. Every year, a few thousand cases of monkeypox are reported in Gavi implementing countries, which have been controlled with standard public health measures including contact tracing and isolation. Initially, this latest outbreak was very concerning, as there was no connection between cases, nor travel to endemic countries; but recent epidemiological investigations suggest a linkage to close personal contact, especially in men who have sex with men. All have been infected with the West African clade, and so far, there have been no fatalities. There is effective antiviral treatment; but post-exposure vaccination with a smallpox vaccine

is also effective – as is pre-exposure vaccination. A third-generation Modified Vaccinia Ankara-Bavarian Nordic strain vaccine is approved for use in monkeypox in the USA and Canada. We are closely following the situation with our WHO colleagues and expect public health measures will be sufficient to control this outbreak. If not, and if ring or other vaccination is required, we will assess whether Gavi has a role to play and, if so, will discuss with the appropriate governance bodies on an urgent basis.

We will have a dedicated Board discussion on developments in the **malaria vaccine programme** in malaria-endemic countries. A malaria vaccine has been a long time coming, and we are all eager to move into the implementation phase. The Secretariat has initiated a comprehensive approach to coordinate with countries, the Global Fund and other malaria stakeholders on programme design and implementation – including key considerations related to eligibility, optimal mix of malaria interventions, allocation of limited vaccine supplies, technical support and country financing. Important for our planning, this roll-out will be taking place in a supply-constrained context, but without clarity yet on the full extent and details of just how constrained supply will be and for how long. More clarity on the initial volume of doses and the vaccine price will be known when the results of UNICEF's tender are made public later this summer. We are continuing to explore with WHO and the manufacturer all opportunities to hasten access to increased vaccine supplies, including accelerating the planned technical transfer to another manufacturer. The reality is that we are likely to be in this supply-constrained environment for the next two to five years, until additional products and manufacturers come to market.

As we are all aware, the **HPV vaccine programme** also faced severe supply constraints during Gavi 4.0. The commitments made by manufacturers in our June 2020 Global Vaccine Summit were positive, with a dramatic volume increase by Merck; we also have a new manufacturer (Innovax) coming online, and two more (Walvax and the Serum Institute of India) soon to follow. Now because of COVID-19, the HPV programme has seen declines in coverage largely due to school closures and difficulty delivering to adolescents. Within the Secretariat, and with partners, the relaunch of the HPV vaccine programme is a key priority – this was a clear message from our discussions at the Board Retreat. In view of the April 2022 WHO SAGE guidance permitting an off-label single-dose schedule, we have been working with partners to secure additional resources to target countries with very low coverage and to rethink programme design to accelerate coverage, and to support countries with decision-making.

There will be a dedicated session on **COVAX** during our meeting, and we have a couple of key decisions before us at the Board, including the continuation of the COVAX Facility into 2023 and the future of COVAX engagement on paediatric doses. COVID-19 vaccine roll-out is continuing in earnest. COVAX has now shipped more than 1.5 billion COVID-19 vaccines to 146 economies, of which over 1.3 billion have gone to Gavi COVAX AMC economies. COVAX's efforts have helped raise the proportion of people in AMC-eligible economies protected by a full primary course of vaccines to 48%. Importantly, this is moving towards – but still

below – the global average of 60%. In January, there were still 34 countries with less than 10% coverage; today, that is down to 18, many of which are facing acute humanitarian situations. We are continuing to prioritise high-risk populations and are encouraging countries to do the same in their roll-out strategies. Globally, there are more than enough vaccines available to protect every adult and adolescent (aged 12 years and older) with a three-dose regimen (two doses plus a booster), and COVAX now has sufficient supply to meet countries' needs. At the same time, we are seeing a decrease in demand across many COVAX-supported countries. Some surplus is good in the midst of a pandemic, to be able to manage unexpected shocks and meet country vaccine preference; although we are troubled by the decrease in demand that is due to the false perception that the pandemic is behind us. We are working closely with our partners under the **COVID-19 Vaccine Delivery Partnership (CoVDP)** to support countries in achieving their coverage targets to protect populations. At the same time, we are also negotiating with manufacturers and donors to better align supply with demand in the near term.

At the last Board Meeting, we had lengthy discussions on the need for some concerted attention on COVID-19 vaccine delivery, and the Board agreed to set up a **Temporary Delivery Steering Committee**. This committee has met four times to review the progress of the CoVDP and the work of the partners. During our meeting, we will consider the continuation of this temporary group, which has served a useful forcing function to bring a broader coalition together to discuss bottlenecks, track progress and foster collaboration. It is also an opportunity to track our collective investments and spending on COVID-19 delivery, including a focus on our COVID-19 Vaccine Delivery Support (CDS) funding. We will reflect on the CDS support provided to date to countries, how we have managed extremely high demand from countries for CDS, and how the Secretariat has worked with the CoVDP to support countries to scale up absorption. During our Board Retreat in April, we also discussed the need to emphasise prioritisation of high-risk groups in our CDS support. While continuing efforts to support country plans to achieve national coverage targets, we must also begin integrating with routine immunisation and other essential health services. Guidance is requested from the Board on these proposed areas of focus for Gavi's next tranche of CDS, with additional details provided in the COVAX paper.

As you will have seen reflected in the Financial Update, Gavi launched the **third phase of emergency funding for the Gavi COVAX AMC**: on 8 April, the 2022 Break COVID Now Summit was co-hosted by the Governments of Germany (G7 Presidency), Indonesia (G20 Presidency), Senegal (African Union Chair) and Ghana, and José Manuel. During the event, we secured US\$ 1.7 billion in new sovereign donor pledges, as well as US\$ 2.1 billion worth of new commitments from new innovative financial mechanisms from the European Investment Bank (EIB) and the U.S. International Development Finance Corporation (DFC), plus at least US\$ 1 billion remains available for countries on a voluntary basis via the cost-sharing mechanism by World Bank, Asian Development Bank (ADB) and EIB. This will enable COVAX to provide urgent delivery support for AMC countries; fund the ancillary costs of dose donations; and launch the Pandemic Vaccine Pool to address risks and shocks. Should the pandemic take a turn for the worse, if there

are supply shocks and/or demand spikes, and if additional or new vaccines are needed in the face of a new variant, the Pool is designed to secure the necessary supply on behalf of Gavi COVAX AMC participants. Like all our activities in this pandemic, the Pandemic Vaccine Pool is fundamentally an equity instrument.

The second Global COVID-19 Summit (convened by the U.S. Government) then took place on 12 May 2022 and helped to strengthen this momentum. The Summit mobilised an additional US\$ 3 billion in funding for COVID-19 response and pandemic preparedness, with US\$ 431 million in new pledges for Gavi specifically. Importantly, the Summit's co-hosts and participants reaffirmed that the pandemic is not over and recommitted to the importance of ending it, while also preparing for the next one.

On a related note, this week, the first interim Phase 2/3 analysis was released of a bivalent, variant-adapted booster candidate by Moderna. Data showed a superior neutralising antibody response against the ancestral Omicron strains and non-inferiority against the ancestral Wuhan strain. The clinical significance of this, at a time of circulation of further subvariants, is still unclear. We will be watching this space closely.

Planning in times of uncertainty, Gavi 5.1, PPR and our learning agenda

As a global community, we are shifting from emergency response mode to longer-term planning and programming – both in our continued response to COVID-19 and the future global health architecture for pandemic preparedness and response. However, we are doing so against a backdrop of continued uncertainty and global strife. This week, the main news headlines included alerts of a rise in COVID-19 cases and hospitalisations, extreme weather events, the economic slowdown, the Taliban's increasing crackdowns on women's freedoms in Afghanistan, monkeypox and the ongoing war in Ukraine. All of these stories have implications for our work and the countries we support. And it is against this backdrop that we must plan for the work ahead. To highlight this, let me share updates from select countries struggling with uncertain contexts and specific challenges, noting that some of these countries are also experiencing outbreaks, as mentioned previously.

As the war in **Ukraine** continues, the country is experiencing a humanitarian crisis and, along with its neighbours, is at risk of disease outbreaks, especially given Ukraine's historically low measles and polio vaccination coverage rates. As a former Gavi country, Ukraine is eligible for AMC pricing for pneumococcal conjugate vaccine (PCV), as well being eligible for support under Gavi's middle-income countries (MICs) approach, both to prevent and mitigate backsliding and to support new vaccine introductions of rotavirus and HPV vaccines. Ukraine has also received 8.4 million COVID-19 doses through COVAX; but subsequent shipments were then halted at the request of the Government of Ukraine due to the war. We just recently, however, received a request from the government for more doses – although only a fraction of their original 2022 forecasted demand – and of course will be providing the requested doses. The war is also having many knock-on effects. Some countries across Africa are already experiencing inflation,

and there are risks of food shortages.

We are similarly concerned about the deteriorating situation in **Afghanistan**. Since the Taliban takeover in August 2021, and subsequent suspension of support by donor countries and bilateral organisations, immunisation programmes have been adversely impacted: brain drain has weakened the Expanded Programme on Immunisation (EPI); new restrictions on women have affected RI and COVID-19 vaccination efforts; and the deteriorating economy and food insecurity have led to malnutrition and consequently an increase in more severe measles infections. There is currently an ongoing measles outbreak in most provinces, and concerns about losing more ground on polio eradication, with a need to further integrate the polio response with RI.

The vaccination situation in **Myanmar** is also dire, given the collapse of performance of Myanmar's EPI following the military coup in February 2021 resulting in more than 450,000 zero-dose children in 2021 alone. It is a priority for Alliance partners to get EPI back on track and vaccine supplies and technical assistance are being secured for 2022 and 2023. In a negotiation process that started in Q4 2021, which we co-led with the United Nations, we came close to a potential agreement with the new regime to move forward with COVID-19 vaccination targeting hard-to-reach and conflict-affected areas. This included working with the International Committee of the Red Cross (ICRC) to bridge the work with Ethnic Health Organisations (EHOs). As part of this collaboration, we shipped 2.24 million doses of Sinovac to Myanmar, arriving in March. Unfortunately, the roll-out has now suffered a setback and we are continuing to work to resolve these difficult issues with the military government and Ministry of Health, which are hardening their stands.

During the Board, we will also be discussing some important questions related to our approach to MICs facing fragility, specifically considering the ongoing crises in **Lebanon** and **Venezuela**. These are complicated cases, and we will be seeking your guidance on whether Gavi has a role to play in assisting these countries, and the extent of that role.

Against this challenging political and fiscal backdrop, countries' commitment to safeguarding domestic financing for immunisation has been impressive. Only six countries requested and were exceptionally granted co-financing waivers in 2021: three full and three partial. For those without waivers, Gavi's co-financing status in 2021 was robust, with no countries in default. But the operating environment remains challenging, with Gavi-eligible countries experiencing debt challenges, as well as forecasted reductions in government health spending in 25% of countries. All Gavi MICs were also affected by the pandemic-linked economic crisis, with 21% projected to see a drop in per capita government health spending and to remain below pre-pandemic levels into 2026.

This uncertainty and the shifting context also came out strongly in our discussions at the Retreat. **Rising debt levels and reduced fiscal space** are challenging all countries, and the Board agreed that focusing on "sustainable transition" remains

a priority, with a need to reflect on appropriate criteria and flexibilities for those that need it – including countries experiencing fragility, harkening again to our upcoming MICs decision. We agreed there is a clear need for continued engagement with transitioned countries to prevent potential backsliding and de-prioritisation of immunisation, and for stronger collaboration and alignment among global agencies to unlock efficiencies in health spending in the context of increasing pressure on domestic and donor funding.

During the Retreat, we also had a robust discussion on **vaccine markets**, specifically the **African regional manufacturing initiative** as a key action and lesson learned from the pandemic for securing regional health security. The current efforts focus mostly on COVID-19 vaccines, for which the supply is already saturated; to ensure sustainability, these efforts must pivot to producing vaccines in limited supply and regionally specific vaccines. Gavi welcomes the effort to diversify vaccine manufacturing, and we discussed the need for a strategic approach, fostering sustainability and healthy markets for COVID-19 vaccines and other routine vaccines, and recognising that regional manufacturing and procurement will have implications for Gavi's financing and operating models. And even as we deliberate on these issues, we will need to account for growing political momentum in support of this strategic shift. On 10 May, the Chairperson of the African Union (AU), President of Senegal Macky Sall, convened a meeting with the AU Heads of State and the African vaccine manufacturing countries, which was also attended by President Emmanuel Macron of France. While highlighting achievements of the AU COVID-19 Commission and progress made towards vaccine production on the continent, they called for Gavi, COVAX and other bulk vaccine procurers to support efforts and "offtake at least 30% of all vaccines produced by the continent for global consumption". The current Gavi model is designed to follow demand from countries for pre-qualified products offered at an appropriate price, making this an area requiring further work, including consideration of any important trade-offs. We will be addressing this topic more fully in upcoming Board discussions.

Gavi's role in supporting the African regional manufacturing initiative was also a central point of discussion under our fifth Retreat topic, **the evolution of the global health architecture and future pandemic preparedness**, and is one of three elements we are proposing for concerted engagement for Gavi's role in PPR. At the Board Retreat, I was heartened to see recognition of Gavi's inherent role in PPR based on our core mandate, country-driven approach and drive for vaccine equity prioritising missed communities.

PPR and the post-pandemic global health architecture for health emergency preparedness and response are featuring prominently in ongoing WHO, G20 and G7 discussions, all with a strong focus on the equity agenda. Gavi has actively engaged by offering actionable insights, solutions and innovations from our COVAX experience, as well as two decades of immunisation investments, programming and impact. However, not everyone is supporting the work of those on the frontlines; the recent draft paper proposing the new Financial Intermediary Fund (FIF) mechanism excluded Gavi, the Global Fund and CEPI from being pre-

approved recipients of the funding. We are working together to ensure this is not the case. During our PPR discussion at the Board, we will discuss how we can help to ensure that the future architecture learns from 20 years of Gavi's experience in building strong RI systems, innovative instruments and active market shaping, and builds upon the experience of COVAX, the lengths to which the Alliance has gone in its operationalisation, and the lessons of the Access to COVID-19 Tools (ACT) Accelerator more broadly as the coordination and communication hub across the vaccines, therapeutics and diagnostics pillars.

Efforts to enhance collaboration in the global health architecture should build on what is already working for country-level impact. The [third joint progress report](#) of the **SDG3 Global Action Plan (GAP)** was recently published by the signatory agencies, detailing our collective support to countries for an equitable and resilient recovery from the pandemic and furthering progress towards the health-related SDGs. It is worth highlighting that we have systematically engaged GAP partners to foster a common vision of equity and to jointly prioritise and align efforts to reach zero-dose children and missed communities. Through the sustainable financing for health accelerator, which Gavi co-leads with the Global Fund and the World Bank, as well as the primary health care accelerator, we have begun to demonstrate in a concrete and practical way how agencies can be joined up to focus on the most vulnerable and marginalised communities by reaching zero-dose children and expanding access to families who are missing out on crucial primary health care services. We will continue to strategically leverage this collaboration where it makes sense for our work, particularly to advance the zero-dose agenda at country level.

Following the clear direction provided at the Board Retreat, we are exploring how COVAX and future COVID-19 vaccine programming can be integrated within Gavi core operations. COVID-19 has fundamentally changed the global health and immunisation ecosystem. Hence, in 2023 we need to consider how Gavi 5.0 will evolve by integrating COVAX and its learnings into Gavi's core model. Internally, we are starting to refer to this integrated approach between Gavi 5.0 and COVAX as **Gavi 5.1**, signaling that the world is different after COVID-19, but the fundamentals of Gavi 5.0 remain important. This will serve as a bridge before moving into the Gavi 6.0 strategy development cycle, which will kick off in earnest in the first half of 2023.

Gavi 5.1 will also serve as an opportunity to adjust any necessary targets in light of the impact of the pandemic on countries' immunisation programmes if the strong rebound we saw in the second half of 2020 doesn't carry fully through to 2021. Once WUENIC data is released in July, we will have a better sense of where we stand. We will come to the next PPC and Board cycle with the concept on the 5.1 interim period, as well as a multiyear budget, per the usual process (accepting that there are still major unknowns now, and there will be in the future).

Gavi 5.1 also takes into consideration the need for continued COVID-19 vaccine roll-out to protect those at highest risk in the AMC92, despite the evolution of the virus, ensuing programmatic uncertainty and the evolving nature of COVID-19

vaccinations. A future Gavi COVID-19 vaccine programme will depend on the evolution of the pandemic in the coming months, and we will bring assessments of potential scenarios to the next PPC and Board based upon WHO's guidance. Countries' focus on reaching the elderly, health care workers and those with co-morbidities brings to the fore a question around the future of Gavi's engagement in **life-course vaccination**; which is likely to be a bigger topic for discussion in our Gavi 6.0 strategy development.

As a learning organisation, and as emphasised by the PPC, Gavi 5.1 reflects the need to distil learnings from the past two years – operating at a new scale, with support at the most senior levels, using new vaccine technologies and delivery approaches, and global and in-country innovations, including a potential evolution of our inter-pandemic engagement across the PPR landscape. These learnings have implications not only for how we shape a potential COVID-19 vaccine programme ahead, but also for the future of PPR.

As part of the learning landscape, several reviews and **evaluations** have already been completed; others are underway or planned, including: a COVAX Facility and Gavi COVAX AMC multi-stage independent evaluation commissioned by the Secretariat and overseen by the Evaluation Advisory Committee; and an internal cross-partner review of the innovations and lessons learned from COVAX, which was recently completed. There's also an independent evaluation of Gavi's initial response to COVID-19 underway, with the final report due in October and three centralised evaluations kicking off in the fall, including the Mid-Term Evaluation (MTE) of Gavi's 2021–2025 Strategy; an evaluation of Gavi's contribution to reaching zero-dose children; and an evaluation to assess the effectiveness of Gavi's strategy operationalisation model. There will be a pre-board briefing asking how Gavi evaluations can be most useful to Gavi's governance structures.

There are also several external reviews and evaluations commissioned by others. The 2021 Annual Review of the Gavi COVAX AMC by the UK Foreign Commonwealth & Development Office (FCDO) has already been completed, with an "A" score (i.e. outputs met expectations). Others include the Multilateral Organisation Performance Assessment Network (MOPAN) independent evaluation set to kick off in 2022; COVAX evaluations commissioned by other public health partners such as UNICEF and CEPI are expected; and ACT-A is embarking on a second evaluation, the scope of which is still under review. Despite the complexity of managing and aligning with multiple learning activities, our goal is to maximise effectiveness and minimise duplication. To that end, we will aim to leverage findings from across the various learning activities to strategically inform our current and future programming efforts.

Health of the Alliance and our staff

On the topic of evaluations, I would also like to take this opportunity to share that in a report released on 30 March 2022 by Global Health 50/50, Gavi has been ranked as one of 19 "very high performers" (top-most category). The report reviewed equality- and gender-related policies and practices of 200 global health

organisations. It also assessed the demographics of 146 boards of the most influential organisations active in global health, with a focus on diversity and inclusive leadership. Gavi has been recognised as a consistently high performer for the 2020–2022 period.

We will be having a closed discussion at the Board to dig in on some of the key questions related to the health and wellbeing of the Secretariat staff, including our Health & Wellbeing and Diversity & Inclusion initiatives, the latest pulse survey results, and more. This is a critical element, and I am pleased to have the opportunity to discuss it in more detail. In addition, and as raised during the last AFC meeting, our integration process presents an opportunity to strengthen the Gavi Secretariat by retaining a select number of COVAX top talent for the longer term, and we will have another opportunity to discuss this during our next governance cycle.

As always, I want to take a moment to recognise the incredible contributions of the Secretariat staff and those from across the Alliance – the past two years have been intense, and through it all, I have been awed by the incredible determination and resilience of staff. This said, we have an important opportunity in the coming months for a reset on the pace and ways in which we are working. As we move away from emergency mode, so too should the ways in which we engage, and we have a great opportunity for a reset as we consider Gavi 5.1, embrace a new hybrid working model and start meeting in person again. Our leadership team will be meeting after the summer to strategise on how best to build upon this moment.

The past two years have seen new ways of working across the Alliance. Many relationships have never been stronger, particularly across teams immersed in the operations of COVAX. For example, CEPI is an integral partner in COVAX and will remain important for the Alliance as we consider the future of our engagement in PPR, particularly the value of an end-to-end approach, and as we consider the other vaccines CEPI are targeting for epidemic potential agents of interest in Gavi implementing countries. The PPC were favorable to the inclusion of CEPI as an ex-officio PPC member, and this will be discussed by the Governance Committee. And while some partnerships grew during this time, given our inability to meet in person, it will be important to take the time in the coming year to refresh personal connections – much like we were able to do at the Board Retreat – and we will be looking for an opportunity for the broader Alliance partners to come together soon.

Similarly, so far this year we have only made limited trips to Gavi implementing countries. I am pleased that travel is picking up again – although I am still cautious, with COVID-19 rates on the rise again in some countries – and Anuradha and I are planning a few high-level missions over the course of the second half of this year. Perhaps even more importantly, the country teams are resuming their country visits in earnest with the primary goal of elevating the zero-dose agenda and addressing disruptions in RI.

Change, and strong leadership through change, will be recurring themes in the year ahead. As I recently shared, Aurélia Nguyen will be stepping down as

Managing Director of the Office of the COVAX Facility soon after we meet. I am delighted that she will be returning in the fall in an advisory capacity to support the onboarding of two new Managing Directors, as we work over the summer to evolve her previous two roles and recruit new talent.

Speaking of new talent, we have recently been joined by Lucy Elliott as our new Managing Director for Audit & Investigations. Lucy has hit the ground running, and we are pleased to have her on board. Our new Chief Operating Officer, David Marlow, will join us on 4 July 2022. David will focus on operational excellence across the organisation, including initially our new grant management system and the integration of COVAX and core Gavi workstreams – an effort that is already underway but that will intensify in the coming months.

Once again, we are in an extraordinary moment for Gavi. I remain humbled by all we have and continue to accomplish together with our Alliance partners and am eager to discuss the path ahead.

After over two years, I am delighted to be able to say that I am looking forward to seeing you all here in Geneva later this month for our upcoming Board Meeting.