

Gavi Alliance Board Meeting

15-17 December 2020

Virtual meeting

1. Chair's Report

- 1.1 Finding a quorum of members present, the meeting commenced at 17.15 Geneva time on 15 December 2020. Dr Ngozi Okonjo-Iweala, Board Chair, chaired the meeting.
- 1.2 The Chair conveyed a special welcome to the Board Chair elect, José Manuel Barroso, Cyrus Ardalan, Chair of the International Finance Facility for Immunisation (IFFIm) Board and other directors of the IFFIm Board, and Nina Schwalbe, Chair of the Evaluation Advisory Committee.
- 1.3 The Chair presented a short summary of the recent All Chairs Group (ACG) meeting, during which the Group had discussed budget alignment, risks associated with the COVAX Facility, overstretched staff and the organisation's ability to deliver on equity and access to vaccines.
- 1.4 Standing declarations of interest were tabled to the Board (Doc 01a in the Board pack).
- 1.5 The Board noted its minutes from 24-25 June 2020 (Doc 01b), 30 July 2020 (Doc 01c) which were approved by no objection on 3 November 2020. The Board noted decisions approved by no-objection consent on 12 August, 21 September and 26 November 2020 to appoint Board and Board Committees members, and on 20 August 2020 to approve the 2019 Gavi Alliance Annual Financial Report and the 2019 Gavi Alliance Statutory Financial Statements (Doc 01e).
- 1.6 The Chair expressed appreciation for the Board comments on the agenda items received in advance of the meeting through the discussion board on *BoardEffect*.
- 1.7 The Chair referred to the consent agenda (Doc 01f) where seven recommendations were presented to the Board for consideration. No requests had been received to place any of the consent agenda items on the main agenda. The decisions would be presented at the end of the meeting during the Review of Decisions.
- 1.8 The Chair further noted the Board workplan (Doc 01h) that guides the Board on activities towards fulfilling its mandate and noted in particular that in view of the current global context, the workplan is a living document and subject to change.

Decision 1

The Gavi Alliance Board:

a) **Appointed** the following Board Members:

- **Joan Valadou** as Board Member representing France on the donor constituency cluster anchored by Germany in the seat currently held by Jan Paehler of the European Commission, effective 1 January 2021 and until 31 December 2021.
- **John Arne Røttingen** as Board Member representing Norway on the donor constituency cluster anchored by Norway in the seat currently held by Harriet Pedersen of Sweden, effective 1 January 2021 and until 31 December 2022.
- **Megan Cain** as Board Member representing Canada on the donor constituency cluster anchored by Canada in the seat currently held by Francesca Manno of Italy, effective 1 January 2021 and until 31 December 2022.
- **Kwaku Agyeman-Manu** of Ghana as Board Member representing the implementing country constituency in the seat currently held by Lia Tadesse of Ethiopia, effective 1 January 2021 and until 31 December 2023.
- **Harsh Vardhan** of India as Board Member representing the implementing country constituency in the seat currently held by Myint Htwe of Myanmar, effective 1 January 2021 and until 31 December 2023.
- **Assad Hafeez** of Pakistan as Board Member representing the implementing country constituency in the seat currently held by Ahmad Jawad Osmani of Afghanistan, effective 1 January 2021 and until 31 December 2023.

b) **Reappointed** the following Board Members:

- **Marta Nunes** as Board Member representing the research & technical health institutes constituency, effective 1 January 2021 and until 31 December 2023.

c) **Appointed** the following Alternate Board Members:

- **Bernhard Braune** as Alternate Board Member representing Germany on the donor constituency cluster anchored by Germany in the seat currently held by Joan Valadou of France, effective 1 January 2021 and until 31 December 2021.
- **Hannah Haaij** as Alternate Board Member representing the Netherlands on the donor constituency cluster anchored by Norway in the seat currently held by Noor Khan of Norway, effective 1 January 2021 and until 31 December 2022.
- **Francesca Manno** as Alternate Board Member representing Italy on the donor constituency cluster anchored by Canada in the seat currently held by Megan Cain of Canada, effective 1 January 2021 and until 31 December 2022.
- **Lia Tadesse** of Ethiopia as Alternate Board Member representing the implementing country constituency in the seat currently held by Kwaku Agyeman-Manu of Ghana, effective 1 January 2021 and until 31 December 2023.

- **Ahmad Jawad Osmani** of Afghanistan as Alternate Board Member representing the implementing country constituency in the seat currently held by Assad Hafeez of Pakistan, effective 1 January 2021 and until 31 December 2023.
 - **Saad Omer** as Alternate Board Member to Marta Nunes representing the research and technical health institutes constituency in the seat currently held by William Schluter, effective 1 January 2021 and until 31 December 2023.
- d) **Reappointed** the following Alternate Board Member:
- **Boukong Syhavong** of Lao PDR as Alternate Board member to Harsh Vardhan representing the implementing country constituency, effective 1 January 2021 and until 31 December 2023.
- e) **Appointed** the following to the Market-Sensitive Decisions Committee effective 1 January 2021:
- **José Manuel Barroso** (Board Chair) until 31 December 2021
 - **Joan Valadou** (Board Member) until 31 December 2021
- f) **Reappointed** the following to the Market-Sensitive Decisions Committee effective 1 January 2021:
- **Lia Tadesse** (Alternate Board Member) until 31 December 2021
- g) **Appointed** the following to the Governance Committee effective 1 January 2021:
- **Assad Hafeez** (Board Member) until 31 December 2021
 - **Joan Valadou** (Board Member) until 31 December 2021
- h) **Reappointed** the following to the Governance Committee effective 1 January 2021:
- **Megan Cain** (Board Member) until 31 December 2021
- i) **Reappointed** the following to the Audit and Finance Committee effective 1 January 2021:
- **Kwaku Agyeman-Manu** (Alternate Board Member) until 31 December 2021
- j) **Appointed** the following to the Investment Committee effective 1 January 2021:
- **Kwaku Agyeman-Manu** (Alternate Board Member) until 31 December 2021
- k) **Appointed** the following to the Programme and Policy Committee effective 1 January 2021:
- **Bernhard Braune** (Alternate Board Member) until 31 December 2021
 - **Karin Westerberg** (Committee Delegate) until 31 December 2021

l) **Reappointed** the following to the Programme and Policy Committee effective 1 January 2021:

- **William Schluter** (Committee Delegate) until 31 December 2021

m) **Reappointed** the following to the Evaluation Advisory Committee effective 1 January 2021:

- **Marta Nunes** (Board Member) until 31 December 2021

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

Decision 2

The Gavi Alliance Board:

- a) **Appointed** as new IRC members the individuals listed in Annex A to Doc 01f with terms effective 17 December 2020 and until 31 March 2024; and
- b) **Approved** the extension of the terms of the IRC members listed in Annex B to Doc 01f for a further three-year term until 31 March 2024.

Decision 3

The Gavi Alliance Board:

- a) **Approved** the amendments to the Annexes to the Board and Board Committee Operating Procedures attached as Annexes C, D, E, F, G, H, I, J, K L, M and N to Doc 01f;
- b) **Authorised** the Secretary to arrange for all other Board-approved policies, charters, terms of reference and similar documents to be updated as required to update references to the Statutes and Board and Board Committee Operating Procedures and to approve the updated documents; and
- c) **Noted** that pending b) above the documents being updated should be read and construed as though the changes have been made.

Decision 4

The Gavi Alliance Board:

- a) **Approved** the Terms of Reference of the COVAX Shareholders Council attached as Annex O to Doc 01f;
- b) **Approved** the Terms of Reference of the COVAX Consensus Group attached as Annex P to Doc 01f;
- c) **Approved** the Terms of Reference of the COVAX AMC Engagement Group attached as Annex Q to Doc 01f; and

- d) **Approved** the Terms of Reference of the COVAX AMC Investors Group attached as Annex R to Doc 01f.

Decision 5

The Gavi Alliance Board:

Approved the amendments to the Programme Funding Policy, attached as Annex S to Doc 01f, related to the consideration of Partners' Engagement Framework Targeted Country Assistance, Strategic Focus Areas and Foundational Support as multi-year programmatic support and multi-year approval for programmes as detailed in Annex T to Doc 01f.

Decision 6

The Gavi Alliance Board:

- a) **Approved** the extension of Gavi support for use of the global cholera stockpile in endemic settings through 2022;
- b) **Authorised** the Secretariat, under the Programme Funding Policy, to (i) allot US\$ 13.3 million in funding to the global cholera stockpile based on a financial forecast endorsed by the Board, (ii) allot funding to extend budgets to future years and/or (iii) adjust annual budget amounts as authorised by the CEO/ DCEO taking into account updated timing of implementation and budget utilisation; and
- c) **Approved** the pre-emptive use of vaccine doses from the International Coordinating Group (ICG) meningitis emergency stockpile as a last resort, which are nearing their expiry dates (determined on the basis of the mechanism set out in this paper), noting that there are no additional financial implications to Gavi beyond the costs of the doses, devices and corresponding freight and insurance already reflected in the financial forecast.

Decision 7

The Gavi Alliance Board **approved** the proposed mission and strategy performance indicators attached as Annex C to Doc 01g, noting that:

- a) Operational definitions for a small number of indicators are pending finalisation within the Immunisation Agenda 2030 M&E Framework, to which the Gavi 5.0 Measurement Framework wishes to align wherever possible; and
- b) Indicators on geographic equity, as well as the five drivers of SG2 will require time to obtain meaningful data to report to the Board at portfolio level.

2. Finance

- 2.1 David Sidwell, Audit and Finance Committee Chair, provided introductory comments that outlined the engagement of the Audit and Finance Committee

(AFC) in reviewing the financial forecast. He confirmed that sufficient funds were available to approve current Board decisions for Gavi 5.0. He also noted that the financial forecast is likely to change more frequently than in the past and the financial forecast will therefore now be updated twice per year.

- 2.2 Assietou Diouf, Managing Director, Finance and Operations, presented a high-level overview to the Board on the Financial update, including the financial forecast (Doc 02a) and the Partners' Engagement Framework (PEF) & Secretariat Budget 2021-2022 (Doc 02b). She noted that expenditures for 2016-2020 were in line with latest forecast, with variance over the past 12 months being primarily due to the COVID-19 pandemic. Following replenishment in June 2020, US\$ 1.2 billion in resources remain available to fund strategic investments for Gavi 5.0.
- 2.3 Anuradha Gupta, Deputy CEO, presented details related to the PEF budget and the additional investments proposed to reach zero-dose children and missed communities, to complement and catalyse health systems strengthening (HSS) investments, and to help accelerate progress on the equity agenda.

Discussion

- In relation to the financial forecast, Board members asked for clarification about the incorporation of COVAX into the financial forecast. It was explained that while this has not yet been integrated, plans have been put in place to do so moving forward. While there was support for this, some Board members indicated their preference to retain a separate financial report for COVAX to keep visibility over the Gavi 5.0 forecast.
- In relation to the PEF budget, Board members indicated they wished to receive more information about individual funding components and specifically asked for further information about the underspend on Targeted Country Assistance (TCA) funding to partners. It was clarified that this analysis has been done and that the underspend is occurring in specific fragile and challenging contexts and is not across the board.
- One Board member flagged that it was not clear how the Civil Society Organisations (CSO) engagement framework, which is expected to be finalised during the first half of 2021, fits within the Partner funding set out in the budget. It was specified that funding for CSOs is provided to the CSO Constituency through Foundational Support; and to individual CSOs through Strategic Focus Areas (SFAs) and that some CSOs may be brought on board for health systems strengthening (HSS).
- Board members also queried the amount that was proposed for fiduciary risk management. The Secretariat explained that the amount included is an initial request and that the plan is to come back with a comprehensive approach. The amount requested includes the Programme Support Costs (PSC) that is provided to partners along with other risk assurance costs.
- Several Board members raised the importance of seeing the number of local partner organisations and CSOs expanding, whether funded through PEF or HSS.

- It was also proposed to modify the decision language related to the approval of funds for impact evaluations and assessments to reinforce that these are independent.
- Board members acknowledged the immense pressure that had been faced by the Secretariat and Partners to handle the routine portfolio as well as new demands associated with the COVID-19 pandemic, and the associated need for additional resources. The Board requested additional details on the Secretariat and Partner budgets, and, building on the discussion on the organisational review in closed session, on the link between the staffing plan and country delivery, with a particular focus on HSS expenditure.
- The Board Chair indicated that she wished to make a sharp differentiation between the role of the Board in guiding strategy, including when there are links to human resources management in terms of delivery; and the role of management in assessing needs and executing on matters relating to staffing and structure. She reminded the Board that the AFC and PPC had already considered relevant pieces of this proposal. It was agreed that a package of additional information would be provided to Board members prior to an additional closed session the following day due to the sensitive nature of the information.

Decision 8

The Gavi Alliance Board:

- a) **Noted** that the Audit and Finance Committee has reviewed the financial implications of the recommendations to be made to the Programme and Policy Committee as set out in Figure 1 of Doc 02a and concluded that these recommendations could be approved by the Board in accordance with the Programme Funding Policy;
- b) **Approved** the updated Financial Forecast for the period 2016-2020 as set out in Section B of Doc 02a;
- c) **Approved** the Financial Forecast for the period 2021-2025 as set out in Section B of Doc 02a, which is dependent on resources becoming available for that period; and
- d) **Authorised** the Gavi Secretariat to allot funding in 2021 for new programmes and for the continuation and adjustment of funding to existing programmes, in accordance with the Programme Funding Policy.

Decision 9

The Gavi Alliance Board:

- a) **Noted** that the budget for Vaccine, CCEOP and Surveillance equipment Procurement fees for 2022 is provisional and will be presented for Board approval once the MoU9 discussions are concluded;
- b) **Approved**, within the overall amount of US\$ 252.5 million for 2021 and US\$ 249.8 million for 2022 for the Partners' Engagement Framework, the following allocations:

- i. US\$ 175.2 million each year for PEF Targeted Country Assistance, Special Investments in Strategic Focus Areas and Foundational Support;
 - ii. US\$ 24.0 million each year for investing in Partnerships in Innovation to be administered by the Secretariat;
 - iii. US\$ 21.4 million each year for Impact Assessments and Evaluations.
- c) **Approved** US\$ 128.5 million in 2021 and US\$ 132.7 million in 2022 for Secretariat Resources;
- d) **Approved** US\$ 1 million in 2021 and US\$ 0.5 million in 2022 for capital expenditure budgets; and
- e) **Noted** that further discussion of these amounts and budgets and further information will be provided through the Partners' Engagement Framework Management Team (PEF MT), Programme and Policy Committee (PPC) and HR (Human Resources) Subcommittee of the Governance Committee and further discussions between Secretariat and Alliance partners will take place to underpin these decisions.

Omar Abdi (UNICEF), Zsuzsanna Jakab (WHO), Muhammad Pate (World Bank), Marta Nunes (R&THI), and Maty Dia (CSO) recused themselves and did not vote on Decision Nine b) i) above.

3. Committee Chair and IFFIm Board reports

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

Programme and Policy Committee

- 3.2 Helen Rees, Programme and Policy Committee Chair, provided an overview of the activities of the Programme and Policy Committee (PPC) since the Board met in June 2020.
- 3.3 She informed the Board that the PPC had convened virtually on 4 September 2020 for an informal discussion on the programmatic impact of COVID-19 and how to restore and strengthen immunisation programmes in Gavi implementing countries.
- 3.4 At its virtual meeting in October, the Committee had discussed a number of important topics and agreed on recommendations which are being put forward to the Board at its December meeting for consideration, including: Strategy, Programmes and Partnerships: Progress, Risks and Challenges, Gavi's approach to engagement with former and never eligible Middle-Income Countries (MICs) and Gavi 5.0: Measurement Framework (consent agenda Doc 01g).
- 3.5 Professor Rees highlighted that the PPC also discussed items for guidance, including the CEO Update, COVAX AMC Support to India and Gavi 5.0: Supply and Procurement Strategy. On the COVAX AMC Support to India, the PPC had

emphasised the importance of having a win-win partnership with India, recognising the country's disease burden, demographics and its manufacturing role. In relation to the Gavi 5.0: Supply and Procurement Strategy, the PPC agreed with the proposed Terms of Reference and name change, and encouraged the Secretariat to 1) focus on the right balance between promoting certain vaccines and managing highly dense supplier base, 2) focus on understanding the external effects on market dynamics, and 3) continue focusing on demand and product election in the strategic period.

Governance Committee

- 3.6 Sarah Goulding, Governance Committee Chair, presented to the Board the routine work conducted by the Committee since the Board meeting in June 2020, including Board and Committee nominations, recruitment of Unaffiliated Board members, and the monitoring of the Gender Policy for Board and Committee nominations.
- 3.7 She noted that a number of nominations for Board and Committee members and further recommendations from the 10 December meeting are included on the Board consent agenda for consideration at this meeting.
- 3.8 She referred to the Guiding Principles on Gender Balance for Board and Committee Nominations and encouraged Board members and Committee delegates to consider gender diversity when constituency changes occur as some committees still need gender balance.
- 3.9 Ms Goulding highlighted that the Committee discussions focused on work related to 1) COVAX Facility Governance, 2) a review of the annexes to the Board and Board Committee Operating Procedures and 3) the annual Human Resources (HR) Report.
- 3.10 She referred to the COVAX Facility governance and assured the Board members that their views and concerns were fully taken aboard by the Governance Committee (GC) including the meaningful participation of the Civil Society. On COVAX Facility governance, Ms Goulding further referred to the Committee's work to identify a series of strategic governance risks, which are included in the Risk and Assurance report. She also made reference to the inaugural meetings of the COVAX Advance Market Commitment (AMC) Engagement Group as well as the COVAX AMC Investors Group.
- 3.11 She noted that in 2021 the Committee will implement a more structured work plan with clear actions and follow-up, given the need to reflect progress on decisions and actions. She referred to the Committee's 2021 workplan, which includes a Board evaluation to review and address strategies for effective virtual Board governance, and encouraged the Board members to come forward with suggestions and feedback ahead of the review.
- 3.12 Finally, Ms Goulding underlined the challenges of meeting virtually, noting an increased tempo of meeting schedule and thanked Board members and Committee delegates for their time and commitment throughout.

Audit and Finance Committee

- 3.13 David Sidwell, Audit and Finance Committee Chair, presented the report of the Audit and Finance Committee (AFC).
- 3.14 He noted that Board will discuss in different parts of the agenda the financial forecast, risk, and COVAX Facility. He thanked Cyrus Ardalán, Chair of the IFFIm Board, Stephen Zinser, Chair of the Investment Committee, and Afsaneh Beschloss, member of the Investment Committee, for providing the AFC with valuable advice on complex financial issues, particularly on onboarding Citigroup for financial advice.
- 3.15 In relation to the audit of COVAX Facility, Mr Sidwell noted that Deloitte had been selected to undertake the Facility's external audit as a requirement for the Facility governance and will be performing external audit twice a year. On internal audit, the AFC is preparing to engage as appropriate with the Facility.
- 3.16 He touched on financial reporting that is included on the Board's consent agenda. In November 2020 the AFC finalised the IRS form 990 report, which in the past had attracted attention given that it includes the compensation of senior Gavi staff and in some years foreign exchange led to an apparent increase in compensation, but this is not the case for 2020.
- 3.17 He referred to currency hedging, noting that the AFC discussed extending the hedging programme into the next period.
- 3.18 On Audit and Investigation, the AFC approved an amendment to the plan of 2020 in light of COVID-19, in which some items have been delayed to 2021, and programme audit has been put on hold to clear backlog from audits from Geneva. The AFC will continue monitoring the execution of the programme. No significant whistleblowing has been reported and no significant investigations have been undertaken.
- 3.19 He noted that the AFC is overall satisfied with the appropriate level of insurance coverage for the institution. The AFC is engaging with an insurance broker to ensure that the COVAX Facility has the proper insurances in place.
- 3.20 Mr Sidwell referred to a recent review of the internal finance undertaken by Kroll. Kroll had been consulted in relation to a fraud case a few years back, and in light of the steps to remediate the issues identified at the time, in addition to the implementation of the SAP system, Kroll was requested to carry out another review, which identified medium-level risks but no high-level ones. The AFC discussed the review findings and requested an action plan to be put in place in this regard.
- 3.21 Finally, he concluded by underlining the excellent cooperation between the AFC and the Secretariat during an exceptionally busy and challenging year. In early 2021 the AFC will focus on ensuring that risk management is in place around the COVAX Facility.

Investment Committee

- 3.22 Stephen Zinser, Investment Committee Chair, delivered the report of the Investment Committee.
- 3.23 He provided an overview on the recovery of the investment portfolio from the March lows, reviews of performance, and highlighted the Investment team's efforts in reinforcing and expanding its sustainability effort. He referred to COVID-19 risks becoming more quantifiable with markets becoming more adaptable.
- 3.24 On COVID-19 fiscal response, Mr Zinser underlined the big risks of after-effects and noted large amounts of stimulus packages being spent by some countries. The Investment Committee will continue monitoring this closely.
- 3.25 In relation to Gavi Portfolio Allocation, he noted that the total portfolio value was US\$ 2.0 billion of which US\$ 1,104 million was invested in the long-term portfolio with an additional US\$ 82 million in cash pending investment. The remaining US\$ 811 million in the short-term portfolio is primarily donor contributions. The cash balance of US\$ 82 million is slightly higher than normal due to a manager termination. Much of this cash is expected to be deployed to existing and prospective managers over the next several months.
- 3.26 Mr Zinser provided a comparison of index returns outlining the Gavi long-term portfolio (LTP) performance. He noted that in 2019, Gavi LTP earned 12.4%, but this year, projection is set at around 7.5%. In general terms, the long-term portfolio performance is positive and is moving in the right direction.
- 3.27 Finally, Mr Zinser provided an outline of areas of focus for the second half of 2020 as well as priorities for first half of 2021.

Evaluation Advisory Committee

- 3.28 Nina Schwalbe, Evaluation Advisory Committee Chair, delivered the report of the Evaluation Advisory Committee (EAC).
- 3.29 Ms Schwalbe presented an overview of the objectives of the EAC and evaluation at Gavi, as well as the EAC workplan 2020-2021. She referred to the centralised evaluations in progress and provided a summary update on the EAC activities since the Committee met in October for an informal meeting, and more recently in November for a formal meeting.
- 3.30 She commended the Secretariat for their work on evaluation in 2020. She informed the Board that the EAC had invited the Chair of the Technical Evaluation Reference Group (TERG) of the Global Fund to fight AIDS, Tuberculosis and Malaria to discuss areas for collaboration and maximising synergies during the EAC meeting in November.
- 3.31 She requested guidance from the Board on a number of important topics as follows: 1) ensuring the robustness and meaningful review of the Theory of Change (ToC), 2) balancing objectives of learning, accountability and independence, and behavioural vs. structural independence, and, 3) key learning

questions around the COVAX Facility, Gavi 5.0 and reaching zero-dose children that are included in various annexes presented to the Board.

- 3.32 The EAC underlined the importance of independence and the need for a strong evaluation unit particularly as the COVAX facility work begins.
- 3.33 The Chair assured Ms Schwalbe that the Board does look at the ToC even if they are included in annexes to the Board papers. She also referred to the review of the evaluation function which was undertaken two years ago that recommended the present approach which is in place.

IFFIm company

- 3.34 Cyrus Ardalan, IFFIm Board Chair, presented an overview of IFFIm's contribution to Gavi and the results of the 2021-2025 replenishment.
- 3.35 He highlighted that IFFIm is uniquely suited for the current environment which calls for flexibility and the means to provide surge financing for critical activities such as the COVAX Facility. He recalled that a year ago the resources of IFFIm were being depleted while the situation today is extremely different with the funds that have been provided as a result of the replenishment for Gavi 5.0 and the COVAX Advanced Market Commitment (AMC) which represent the largest single infusion of resources to IFFIm since its inception in 2006.
- 3.36 IFFIm's capacity to frontload has been fully restored in 2020 through an agreement with The World Bank on the use of its operations for managing its risk, its foreign exchange risk and interest rate risk. This provides IFFIm with the capacity to frontload close to US\$ 3 billion in the future and remain within the limits of its financial ratios. This will represent a very large and flexible pool of financing for Gavi.
- 3.37 He highlighted that IFFIm executed a US\$ 500 million bond which was well received by the capital markets.
- 3.38 In relation to risk management he noted that IFFIm has a very robust risk management strategy. Throughout the year IFFIm was able to operate within its risk appetite, no material risks were identified during this year.
- 3.39 Mr Ardalan updated the Board on IFFIm governance and informed them that one of the IFFIm Board Directors, Kenneth Lay, will succeed him as IFFIm Chair effective 1 January 2021.
- 3.40 Mr Ardalan thanked the Board Chair and the Secretariat for an outstanding collaboration during his tenure.
- 3.41 The Board expressed sincere gratitude to Mr Ardalan's contributions to Gavi.

4. CEO's report

- 4.1 Seth Berkley, CEO, provided a progress update on Gavi 4.0, the effects of COVID-19 on Gavi programmes, getting back on track with immunisation, and the implementation of Gavi 5.0.
- 4.2 He referred to a very recent leak of a Gavi Board document to the press and reminded the Board members to remain vigilant in safeguarding Board papers, particularly given the high level of interest in Gavi and the COVAX Facility.
- 4.3 Dr Berkley underlined the international recognition that Gavi has been receiving through various awards. Gavi received the Princess of Asturias award for International Cooperation 2020, and scored in the top categories of the Government of the Netherlands' 2020 scorecard and the 2020 Aid Transparency Index Score. The Secretariat also received the Gender Equal Salary certification for the third consecutive year.
- 4.4 He then presented an overview of the core programmes over the 2016-2020 strategic period, noting that more children are protected against more vaccine-preventable diseases than ever before, and outlined the number of vaccines introduction and vaccine campaigns over the period.
- 4.5 He noted that the impact of COVID-19 on Routine Immunisation (RI) had led to a reduction of around 15% in children vaccinated in 2020 compared to 2019. Promising evidence of restoring previous coverage levels on average across countries are observed; however, catch-up of missed cohorts remains a priority. He referred to the remarkable efforts by Alliance partners and overall stabilising trends being reported by UNICEF Supply Division.
- 4.6 Dr Berkley briefly touched on recalibrating Gavi 5.0 priorities in view of COVID-19, which would be discussed in detail during a later dedicated session. The key focus will be on 1) maintain, restore and strengthen immunisation 2) reaching zero-dose children and missed communities 3) supporting timely access to COVID-19 vaccine, and 4) safeguarding domestic financing for immunisation. Additional priorities in 2021 were also outlined.
- 4.7 He then provided updates on key developments related to measles, polio, and the continuing fight against the Ebola virus disease (EVD).
- 4.8 In relation to the COVAX Facility and COVID-19 vaccine, Dr Berkley provided some highlights and referred to unprecedented partnerships that brought together many organisations and Civil Society Organisations (CSOs) with the power of science and remarkable political will that had expedited timelines for the COVID-19 vaccine roll-out. He highlighted the unprecedented accelerated timeline to transform the genome sequence to regulatory-approved vaccines. He noted the understandable safety concerns of the COVID-19 vaccine and that the reduction in time was not taken in terms of safety review and that there were ongoing large trials to ascertain vaccine safety and efficacy.
- 4.9 He then provided an overview of the COVID-19 vaccine landscape noting that there are 49 candidates in clinical evaluation. The COVAX Facility vaccine portfolio

comprises around 10-15 candidates. Approved vaccines will be delivered as soon as they become available, guided by the WHO Fair Allocation Framework. He highlighted the importance of having a vaccine development pipeline that extends beyond the first generation of vaccines to maximise public health impact.

- 4.10 Dr Berkley gave a brief overview of initial efficacy results from phase III trials. He underlined the need for greater transparency of clinical data, and ensuring that data is peer reviewed, stands up to scrutiny and is transparent to support decision making.
- 4.11 The COVAX Facility has a global participation of 190 confirmed and eligible participants which is a show of strong multilateralism. The Facility is actively negotiating with eight suppliers to contract around three billion doses, around 1.5 billion doses have already been signed. The Facility is expected to deliver in excess of one billion doses to AMC countries in 2021.
- 4.12 Dr Berkley noted that some countries are expected to have excess COVID-19 vaccine doses available through bilateral deals. The Facility can position itself as the route for countries to donate excess vaccine doses. Canada has announced that excess doses will be channelled through the Facility.
- 4.13 In relation to building vaccine confidence and demand, Dr Berkley referred to an Alliance-wide initiative, in partnership with Premise, WHO and the Demand Hub to collect remote data on vaccine hesitancy in Gavi-supported countries.
- 4.14 He provided an update on the Gavi Secretariat, particularly on the remote working arrangements and several initiatives that had been put in place to support staff morale. He informed the Board of new senior staff appointments, namely of Brenda Killen, Director of Governance, Ian MacTavish, Director of Finance and Chief Accounting Officer, and Aurélia Nguyen, Managing Director of the Office of the COVAX Facility.
- 4.15 Finally, he informed the Board that a Gavi Board Alumni Network had been launched in November and there was enthusiasm from many previous Board members to support Gavi. He expressed deep gratitude for the outgoing Board Chair, Dr Ngozi Okonjo-Iweala and welcomed the incoming Board Chair, Professor José Manuel Barroso, who will start his tenure as of 1 January 2021.

Discussion

- The Board commended the outstanding work that the Secretariat, under the leadership of Dr Berkley and Ms Anuradha Gupta Deputy CEO, has done in collaboration with partners to deliver the implementation of Gavi 4.0, and to rapidly respond to COVID-19 pandemic, including setting up the COVAX Facility. The instrumental support of donors was highlighted in achieving these results.
- In relation to Gavi 5.0, the Board noted that a smooth transition to the new strategic period while delivering on COVAX work will require maintaining a careful balance, and not losing sight of the wellbeing of the Secretariat staff. The organisational review work is critical in this regard, to ensure that Gavi is fit for purpose to embark on its next strategy and deliver on its mission.

- With respect to the impact of COVID-19, the Board highlighted the risks of backsliding and losing important gains and underlined the importance of economic development to ensure a rapid recovery. The Board expressed concern over the rise of extreme poverty at the global level which will mostly fall within Middle Income Countries (MICs) and noted that this calls for strengthening support to these countries.
- In relation to the COVAX Facility and COVID-19 vaccine, the Board highlighted the need to focus on communication with countries, particularly with respect to: (i) supporting countries with preparing for COVID-19 vaccine roll-out and managing misinformation, (ii) developing clear guidance of in-kind vaccine donations, (iii) building and fostering trust via information transparency, in addition to putting in place a strategy to address vaccine hesitancy and misinformation.
- The Board recognised the Alliance's role in market-shaping and commended its efforts in supporting the Ebola vaccine, and including other vaccines in its programmes such as the Human Papillomavirus Vaccine (HPV) and Pneumococcal Conjugate Vaccine (PCV).
- One Board member emphasised that moving forward, Gavi will be an important partner for the Immunization Agenda 2030 (IA 2030). Reference was made to WHO Global Access dialogue to enhance supply, including for MICs.
- It was highlighted that the Strategic Advisory Group of Experts on immunization (SAGE) plays a critical role in many areas including polio, Ebola vaccines, measles strategy, and HPV global vaccine access. It was also noted that the malaria vaccine implementation programme is on the path for policy decision.
- One Board member encouraged the Secretariat to find proactive approaches with Partners in having an integrated package of delivery and having immunisation as part of primary health care (PHC) package across public health initiatives to achieve the Gavi 5.0 objectives.
- On equity and reaching zero-dose children, Gavi was encouraged to ensure the right balance between reducing the number of children who are missing vaccines and the number of defaulters.
- Modelling data shows that the some of the mitigation efforts undertaken because of COVID-19 muted the transmission of other infectious diseases such as measles, and polio. Gavi 5.0 represents a window of opportunity to focus on reaching missed communities and missed children.
- In relation to partnerships, the Secretariat noted the importance of working with CSOs particularly as Gavi prepares to implement its new strategy.
- The Secretariat acknowledged the World Bank's active engagement with countries to support them in meeting co-financing requirements and safeguarding domestic financing to respond to COVID-19.

- Finally, the Board expressed sincere gratitude to the outgoing Board Chair and thanked her for her outstanding leadership. The Board also welcomed the incoming Board Chair and looked forward to working with him.

5. Strategy, Programmes and Partnerships: Progress, Risks and Challenges

- 5.1 Anuradha Gupta, Deputy CEO, presented a summary of progress on Gavi 4.0, challenges and risks due to COVID-19 and the high-level context for the Gavi 5.0 proposals before the Board that aim to leave no one behind (Doc 05a).
- 5.2 Ms Gupta reported that the Alliance has made strong progress on all initial indicators, and the 2020 targets have already been achieved, in fact exceeded. The Alliance is also ahead of the target on the total number of children immunised with Gavi support. In addition, all transitioned countries continue to fully maintain vaccines previously funded by Gavi and this demonstrates strong country ownership. However, COVID-19 poses new risks and threatens to reverse decades of hard-won gains. Given that 50% of child deaths happen among zero-dose children, whose number is set to further increase because of the pandemic, equity has become a much more pressing priority for the Alliance.
- 5.3 Thabani Maphosa, Managing Director, Country Programmes, presented a proposal to dedicate funding to delivery on the goal of reaching zero-dose children and missed communities in Gavi 5.0 (Doc 05b).
- 5.4 He explained that a strong systematic approach is needed to achieve this agenda, and that the principles were firmed up after the discussion with the PPC in October 2020. This task will require strong ownership across the Alliance, coordinating strongly with the IA2030 aspiration to leave no one behind, across Alliance working and leadership groups.
- 5.5 He noted that following the PPC, a working group was set up to move some of these pieces forward. While a high-level theory of change was described in the paper, each country will need to tailor strategies to address specific challenges and opportunities that are present in their context. A full portfolio planning process will pool together all funding levers in each country, including HSS and PEF technical assistance, to make sure that they are aligned, and mutually reinforcing.
- 5.6 While immunisation is Gavi's core mandate, these missed communities face multiple deprivations – this is an important opportunity to leverage immunisation to strengthen integration of PHC services, and Gavi will work with other financiers to achieve this. Finally, while this is an opportunity to test approaches, including innovative ones, Gavi will need to carefully monitor, evaluate, draw from lessons as we implement and adapt our approaches.

Discussion

- Board members provided strong support for the focus on zero-dose children and missed communities, noting that there is a real risk of growing global inequities, and agreed on the need for an increase investment in the identification of zero-

dose children, strengthened primary health care systems, comprehensive integrated approaches (including water, nutrition, family planning), bringing in new partners, and health systems strengthening programmes.

- Gavi should seek to align with other organisations that are also targeting the same groups and to harness the collective power of these efforts.
- Board members suggested a collective approach on data quality in Gavi 5.0, to work on improving the qualitative data to monitor. It was confirmed the zero-dose approach requires identification of zero-dose children via data triangulation, and monitoring and measurement of that data, and Gavi is working with others to the extent possible, and in many ways is leading in this effort.
- It was proposed that Gavi consider embedding its support on zero-dose children at the ministry level, or if possible, also at the subnational level, and it was confirmed that the new PEF direction for Gavi 5.0 envisions moving in the direction of more embedded support and more sustainable capacity.
- One Board member cautioned that we needed to be careful that the new HSS allocation formula would not result in reductions to a subset of countries. It was clarified that as Gavi moves in the direction of multi-year approvals and implementing new formulas, the Secretariat will be mindful of this and aim to avoid any severe reductions in country allocations.
- Board members called for close cooperation between Gavi and CSOs/communities in advocating for national resources. It was suggested that Gavi consider how to make its funding modalities more accessible to CSOs to enhance their participation with an objective to having more impact on reaching zero-dose children and missed communities. This will be addressed in the CSO and community engagement approach which will be brought to the Board in June 2021.
- The PPC had proposed to put in place an operational-level cross-alliance working group to look at zero-dose implementation, and WHO, UNICEF and other partners have already engaged. However, Board members also suggested that it would be timely to take a more holistic look the various funding streams and how it all fits together at a strategic level. It would be appropriate at this stage to review the scope and composition of the PEF Management Team and reconfigure it for this purpose. The PPC and Board should receive regular progress reports as the zero-dose approach is rolled out.
- Board members advised that planning should begin early for what type of report will be provided to the Mid-Term Review (MTR) exercise. It was confirmed that this planning will kick off earlier to understand the kind of report card that would make sense, and the process and methodology to best present it.
- Board members cautioned that Gavi should remain mobilised on its central mission and not be overly distracted by COVID-19.

- Board members asked for more information about any new partnerships related to the zero-dose approach. Currently Gavi's partners are largely community-based partnerships, local partnerships, and only 2% of funding is going to local partners. As Gavi implements the zero-dose approach, this share will need to increase, and mechanisms to identify these partners and bring them on board will need to be set up. At the global level Gavi is already partnering with the International Federation of the Red Cross (IFRC) and the International Rescue Committee (IRC), and new partners like Speak Up Africa, a CSO organisation, and several others.
- In relation to the suggestion that the PPC regularly review Gavi's zero-dose approach, it will be further discussed which are the specific metrics that it should assess.

Decision 10

The Gavi Alliance Programme and Policy Committee, recognised:

1. The importance of equity and urgency of making available additional support to countries to maintain, restore and strengthen immunisation and reach zero-dose and under-immunised children;
2. The dynamic nature of the current COVID-19 pandemic and the increased risk of outbreaks and spike in child deaths;
3. The need for further work across the Alliance to operationalise the approach to reach zero-dose children, bringing together all the levers of Gavi support including HSS and PEF;
4. Uncertainty around the cost of reaching zero-dose children and missed communities, and hence the need for flexibility in the Alliance's approach and investments; and
5. The need for further discussion at the PEF Management Team on how PEF funding will be allocated in Gavi 5.0, noting the increased needs of WHO and UNICEF at global and regional levels in the context of Covid-19 and the importance of deepening subnational engagement with context appropriate partnerships, especially in fragile countries and to support the equity agenda.

Identified a number of areas (outlined in Annex B to the October 2020 meeting decisions) upon which the Secretariat should provide further clarification in the December 2020 Board paper.

The PPC also underscored the need for flexibility and asked the Secretariat to monitor implementation of the following decision and report back to the PPC on operationalisation of this decisions and any adjustments in resources or approach that might be required over the course of Gavi 5.0.

Subsequently, the Gavi Alliance Board:

- a) **Approved** an additional US\$ 500 million in health system strengthening (HSS) for the strategic period 2021-2025 as dedicated funding for zero-dose children and missed communities. This amount is in addition to the US\$ 1.2 billion in HSS

included in the forecast presented and previously approved by the Board at its July 2020 meeting;

- b) **Approved** an increase in Partners' Engagement Framework (PEF) spending of US\$128 million to support efforts to reach zero-dose children and missed communities. This amount is in addition to the funding amounts included in the forecast presented and previously approved by the Board at its July 2020 meeting; and
- c) **Approved** US\$ 25 million in bridge funding for 2021 for fiduciary risk assurance and financial management capacity building, noting that a full strategy and associated funding request will be brought to the May 2021 PPC meeting.

6. Risk Management Update

- 6.1 David Sidwell, AFC Chair, introduced the session by outlining the significant AFC work on risks associated with the Gavi Strategy 5.0. He noted that the Risk & Assurance Report 2020, tabled for Board approval, differs from the previous reports because of the unprecedented pandemic and the AFC level of engagement. He concluded that to succeed in executing the 5.0 strategy and reach the aspirational goals, the Alliance needs to accept a higher risk appetite and the Board should remain vigilant about identifying the risks that require higher risk appetite. The AFC Chair further extended his appreciation to Citigroup for partnering with Gavi as an advisor and their stellar collaboration in developing the Risk Management Framework for the COVAX Facility.
- 6.2 Jacob van der Blij, Head of Risk, presented an update on Risk Management (Doc 06). He noted the COVID-19 pandemic's immense and disruptive impact on Gavi's risk profile, noting that operating successfully within an uncertain environment requires recalibrating an organisation's risk appetite and re-assessing risks as they change.
- 6.3 The Risk & Assurance Report 2020 highlights that Gavi's overall risk profile has increased across the board, with nine top risks from last year having increased, one risk having decreased, and one new risk associated with the creation of the COVAX Facility. The Report also captures 16 top risks linked to the context of Gavi 5.0, the COVID-19 pandemic and the creation of the COVAX Facility. In that regard, Mr van der Blij reassured the Board on the Secretariat's efforts to identify the risks associated with the creation of the COVAX Facility and implementing effective mitigation measures. The aim is to bring risk within risk appetite by developing a robust risk management in collaboration with Citigroup.

Discussion

- Board members endorsed the Risk & Assurance Report 2020 and expressed appreciation for Citigroup's work in developing the Risk Management Framework for the COVAX Facility.

- The Board agreed with the general need to accept more risk in light of the increased ambitions and higher risks associated with Gavi 5.0, the COVID-19 pandemic and the COVAX Facility. In that regard, the Board reiterated its strong commitment to delivering on the mission and jointly with partners and the CSOs to reach zero-dose children and missed communities in the most remote and challenging environments.
- The Board agreed, with additional comments, to recalibrate the risk appetite for the following risks: a) Country management capacity, b) Data on zero-dose, c) Vaccine preventable disease (VPD) outbreaks, d) Misuse by countries, and e) Sub-optimally planned campaigns.
- It was noted that country capacity requires further strengthening (e.g. through management training and programme support) yet efforts should not compromise country systems. It was added that Gavi support in HSS and PEF support imposes a risk itself to country government capacities and should be further recognised and monitored.
- Some Board members highlighted the importance of shared responsibility in monitoring programmatic, reputational and governance risks, seeking additional clarifications on the role of Board Committees in managing the risks, beyond AFC.
- The Board also acknowledged a different scale and scope of upcoming immunisation campaigns in 2021. As such, the Board tolerance for the quality of campaign planning as well as the outreach efforts to immunise children amid a pandemic setting may require a differentiated and tailored approach.
- One Board member called for a need for real-time subnational data in order to find zero-dose children, implement effective interventions and demonstrate impact.
- In view of its operational complexity and aspirational goals, there was a strong consensus among the Board members to accept a higher risk appetite for the COVAX Facility, while noting a critical role of mitigation actions, such as building the capability of staff of the COVAX Facility and stepping up in outreach and communication efforts to ensure that partner countries understand the mechanism and goals of the Facility. In that context, the AFC Chair underlined the severity of the sovereign credit risk.
- Some Board members sought clarifications on the two top risks currently *broadly within risk appetite*, i.e. donor support and health systems strengthening (HSS). Recognising the HSS fund utilisation and the increase of proposed investments in the HSS under the Gavi 4.0, some Board members flagged that the HSS risk is increasing. Similarly, there was a disagreement on donor support risk that, considering the ambitious funding agenda and additional resources needed, may increase.
- Additional Board comments included acknowledging the risk of vaccine roll-out and efforts needed to mitigate the adverse impact of WHO unauthorised vaccines in countries, while maintaining the focus on Gavi countries and ensuring that the routine immunisation is not left behind.

Decision 11

The Gavi Alliance Board:

Approved the Risk & Assurance Report 2020 attached as Annex A to Doc 06.

7. Gavi's approach to engagement with former and never-eligible Middle-Income Countries (MICs)

- 7.1 The Board Chair reminded the Board that in 2019 the Board had agreed to formalise Gavi's support to former-eligible countries and requested the Secretariat to explore options for working with select never-eligible Middle-Income Countries (MICs).
- 7.2 Professor Helen Rees, PPC Chair, provided a short summary of the discussion the PPC had on this topic at its meeting in October 2020. She reported that PPC members had generally agreed that the design of the proposed MICs approach was correct, with priority placed first on preventing backsliding in the former Gavi-eligible countries and on strengthening relationships with some selected Gavi-never-eligible MICs in the next 18 months but retaining flexibility to consider other interventions related to the introduction of new vaccines and technical assistance on a case-by-case basis. She flagged that the issue of theory of change had come up very strongly and the Board was being asked to comment on the draft provided. Several PPC members had also suggested further exploring how to work with fragile MICs. The PPC had agreed that Gavi should proceed slowly within the next 18 months and come back to the Board in 2022 with a more developed framework.
- 7.3 Santiago Cornejo, Director, Immunisation Financing & Sustainability, presented the proposed MICs approach (Doc 07), highlighting that the impetus behind the approach was that many MICs were missing critical vaccine interventions, and this presented a challenge of inter and intra country equity.

Discussion

- Board members expressed appreciation for the targeted approach presented and that it is more tailored to countries with greater need. It was noted that barriers to immunisation programmes in MICs are very complex and country specific – what is needed for some is decision-making, for others it is stronger political will, but others still need stronger immunisation policies or infrastructure, and not one solution will fit all.
- Several Board members indicated they were eager to engage on the elaboration of the theory of change and learning agenda related to this approach.
- It was noted that this approach is closely aligned to the Immunization Agenda 2030. However, with a broader lens on immunisation, it was also highlighted that the proposed MICs approach is very targeted and does not address all existing gaps in MICs (e.g., polio and measles) that are currently unaddressed in the existing global health architecture.

- There was a request for a holistic and aligned view of what is needed to capacitate not just the Secretariat, but also to clarify what the Partners are going to need to do to drive this MICs approach, including roles and responsibilities, based on comparative advantages. This also needs to be linked up with zero-dose activities across partners.
- It was also raised that the MICs approach should aim for sustainable country-owned capacity to deliver high levels of coverage for all antigens in the long-term. While the focus is on addressing backsliding in this period, the Alliance should do this with longer-term sustainability in mind to ensure that this is also reflected in the theory of change.
- In response to a comment from a Board member it was clarified that the MICs approach does not include any vaccine financing for never Gavi-eligible countries.
- It was reinforced that Gavi should take advantage of the work already underway in MICs by some Alliance Partners, including UNICEF and the World Bank.
- One Board member asked for more information related to the reference to a new innovative financing mechanism. It was clarified that this related to early efforts to try to leverage Gavi's financial capacity to possibly avoid countries having to prepay for UNICEF procurement, which can be a bottleneck. Another example is the efforts underway to look for innovative ways to do demand guarantees for manufacturers for MICs.

Decision 12

The Gavi Alliance Board:

- a) **Approved** the objectives of the Middle-Income Countries (MICs) Approach, namely (i) to prevent backsliding in vaccine coverage in former Gavi-eligible countries, and (ii) to drive the sustainable introduction of key missing vaccines in both former and select never Gavi-eligible countries;
- b) **Noting** that the Board has already approved (in June 2019) the inclusion of former Gavi-eligible countries in the scope of eligibility for the MICs Approach, **approved** the inclusion of never Gavi-eligible LMICs (<US\$ 4,000 GNI p.c.) and all other never Gavi-eligible World Bank IDA-eligible economies in the scope of eligibility for the MICs Approach;
- c) **Approved** the funding envelope of US\$ 281 million for the MICs Approach during the period of Gavi 5.0, i.e. from January 2021 to December 2025;
- d) **Approved** the proposal for 'initial engagement', as described in Annex B to Doc 07, from January 2021 to June 2022, accounting for up to 25% of the total MICs funding envelope, noting that additional proposals to deliver on the full MICs Approach will be brought for Board approval in June 2022, along with a review of the inclusion of non-IDA eligible, never Gavi-eligible UMICs <US\$ 6,000 GNI p.c. into the MICs Approach.

- e) **Approved** extending the time period from until December 2020 to until June 2022 for use of the US\$ 20 million for targeted support previously approved by the Board (June 2020) for former Gavi-eligible countries to strengthen political will and address an identified risk of reduction in coverage rates of vaccines introduced with Gavi support in that country.

Mahima Datla (DCVMN) and An Vermeersch (IPFMA) recused themselves and did not vote on Decision Twelve above.

8. COVAX Facility operationalisation and vaccine programme

- 8.1 The Chair opened this session by informing the Board that this agenda item would provide a progress update on the COVAX Facility, together with decisions that had been requested by the Board to be reviewed by the Programme and Policy Committee (PPC), which are being brought back to the Board at its current meeting following the PPC recommendation.
- 8.2 Aurélia Nguyen, Managing Director, Office of the COVAX Facility, provided a detailed update on the progress of the design of the Facility since the Board met in September 2020. She also provided a detailed overview on 1) the COVID-19 vaccine programme, 2) progress in engaging participants, multilateral organisations and manufacturers in deal-making, 3) meetings of the Facility governance and advisory committees, and 4) planning for the delivery of COVID-19 vaccine in the Advanced Market Commitment (AMC) countries.
- 8.3 Ms Nguyen provided an overview of key risks and risk mitigation measures that are being put in place, and referred to the work undertaken by Citigroup, the financial adviser to the facility. She noted that a comprehensive risk assessment is included in the Risk Management Update (Item 06). An outline of the reporting framework and Theory of Change (ToC) for reporting on activities was also provided.
- 8.4 Ms Nguyen presented a proposed COVAX Buffer to cover humanitarian settings and contingency provision in case of a public health need. She outlined next steps to develop its design, operationalisation and oversight processes. Under the proposal, up to 5% of COVAX Facility doses would be used as a revolving buffer of last resort, to be funded by 5% of COVAX AMC funding.
- 8.5 Mr Jay Collins, Vice Chairman, Banking Capital Markets Advisory at Citigroup, provided a brief overview of the financial risk framework for the Facility.
- 8.6 David Sidwell, AFC Chair, underlined that there is full agreement between the Secretariat, the AFC and Citigroup in terms of work that needs to be done going forward. In terms of priorities, he noted that getting the Facility team appropriately resourced is critical. From a risk management perspective, focus should be on the most critical priorities so as not to delay deal making with manufacturers. The AFC is comfortable with the assurance provided by Citigroup. He further noted that the AFC did not review strategic communications and the programmatic components of the Facility.

Discussion

- The Board commended the outstanding progress and accomplishments of the Facility, and the transparency which provides the Board with comfort.
- The Board reiterated the importance of equitable and timely access to COVID-19 vaccine through the Facility to all eligible countries, noting that unequal access to vaccines will have a huge economic ramification. The operationalisation of the allocation, identifying countries that are ready to deploy and rules for in-kind vaccine donations were underlined as crucial.
- The Board acknowledged the good communication with the AMC Engagement Group, indicated that it would be useful to have the schedule for future meetings and emphasised the importance of targeted and timely communication on 1) end-to-end vaccine delivery timelines 2) vaccine selection, and 3) the deployment plan to meet the needs of 20% of AMC countries.
- Continued and transparent engagement with AMC countries was noted as a risk mitigation measure against reputational risks and will help foster confidence at the country level. In this regard, Board members from implementing countries noted the growing pressures from national governments to get clarity on timelines and deployment plans.
- The Secretariat noted addressing communication is a top priority. Activities will be significantly ramped up through dedicated funds for country communication, and dedicated workshops with countries will be organised. Related recruitment to support this work will also be prioritised. It was also noted that Gavi is a fact-based institution and must remain careful as to not make premature conclusions or promises until supporting information is in hand.
- In terms of vaccine selection, the Secretariat noted that the Facility is looking at a combination of smaller early supply, and large-scale vaccines supply at a later stage. To date it has been challenging to give a forward view on supply as the focus has been on securing early smaller scale supplies. The Facility will work on sharing delivery schedules with specific information on the vaccine selection per country as soon as possible.
- Furthermore, the Secretariat emphasised that from an equity perspective, the Facility has been focused on providing vaccines to cover the highest priority groups in all countries. The Facility is working to have the widest pool of candidates possible and volumes that bilateral deals will not be able to secure.
- In relation to financial risks, one Board member acknowledged the work undertaken by Citigroup and the Facility and commented that the oversight of the AFC over risk provides a high level of assurance. It was noted that the Board will have to make trade-off decisions, although not immediately, but the pressure to obtain and deliver vaccines very quickly will come up against the risk framework. The Board requested information on the financial exposure to Gavi at present based on current contractual commitments with manufacturers. The Secretariat noted that the Gavi balance sheet is not being used for the Facility which is

operating with the AMC and Self-financing Participants (SFPs) funding. The Facility will be tracking costs and will engage with AMC countries and the SFPs for cost visibility.

- The Board approved in principle the creation of the buffer as well as its six organising principles. There was general agreement to approve the allocation of up to 5% of doses as they become available. The approval of the percentage of AMC funding to cover the 5% of doses was referred to the PPC for review in early 2021.
- The Board also raised the following points: (i) the buffer must remain a provision of last resort and must not be used as means for countries who fail on their responsibilities to their populations; (ii) the Secretariat was encouraged to provide clarity on the oversight, allocation modality, decision processes, the trigger for the buffer. The details should be discussed by the PPC; (iii) more information on financing, resourcing and deployment of technical assistance was requested. On allocation, the Secretariat clarified that the proposal aims to have up to 5% of doses as they become available funded by the AMC funding; and (iv) The Secretariat was encouraged to use existing mechanisms that have the right tools in place for fastest and most efficient delivery. The Secretariat confirmed that the Facility referred to the International Coordinating Group (ICG) and other mechanisms as a basis given the strong link with their allocation model.
- On the request to approve US\$ 150 million to provide exceptional support, if required and on a case-by-case basis, to AMC92 participants to address critical vaccine delivery gaps for which no other funding is available, the Secretariat was encouraged to be country centric, taking a more tailored approach and having less earmarking, so that countries have what they need to be prepared.
- In responding to enquiries, the Secretariat clarified: (i) the US\$ 150 million will be new fundraising dedicated for this contingency plan with the scope to cover all AMC countries, with priority for Gavi eligible countries; (ii) on the decision-making process, countries will be requested to demonstrate that they do not have alternative funding, in addition to having a strong national deployment and vaccination plan in place. Given that it is a risk mitigation measure, there will likely be a preference to fund Technical Assistance (TA) and Cold Chain Equipment (CCE) over operational costs. The Facility is not looking to be too restrictive at this stage; (iii) applications will be reviewed by the Independent Review Committee (IRC) and will be reported back to the Board.
- The Secretariat noted the importance of CSOs engagement in outreach and delivery of vaccines which will address vaccine hesitancy. Implementing a communication strategy to address vaccine hesitancy and misinformation was noted by the Secretariat.
- The Board appreciated the enhanced collaboration and alignment between the Gavi Alliance and the World Bank in supporting countries.
- In relation to cost sharing, Board members from implementing countries highlighted concerns about not being able to meet these requirements. The urgent

need for clearer and more consistent communication in this regard was underlined. At country level, cost sharing must not divert resources from essential health services. The Secretariat noted ongoing related discussions and underlined that the Facility aims to attain the short-term aspiration of covering 20%. Cost-sharing will also be discussed further during the AMC fundraising session.

- The implementing countries constituency raised concerns on indemnification and liability. The Secretariat noted that a no-fault compensation is envisaged and will help ensure that any individual can bring a claim forward in the event of adverse effects. This will be covered through the AMC funding and will be discussed in detail during the AMC fundraising session.
- Responding to an enquiry if the Facility is being prioritised by manufacturers, the Secretariat highlighted that the Facility is engaged in active negotiations and is making good progress with manufacturers.
- In relation to country readiness, the Board encouraged the Secretariat to report regularly to the Board to ensure that country barriers to receive the vaccines are managed. The Secretariat referred to the substantial work by the country readiness and delivery group (CRD) which is led by WHO and UNICEF and noted that progress is tracked in an online dashboard which will be reported to the Board.
- In relation to the overall strategy of vaccine delivery, the Secretariat noted that an estimated US\$ 1.9 billion will be required to deliver the more than one billion doses by the end of 2021, recognising that Gavi support is focused on aspects with long lead times such as TA and CCE, and countries expected to use other sources of funding (such as domestic resources and multilateral development bank funding) for other costs.
- On the facility's Theory of Change (ToC), it was suggested to separate the AMC countries from the SFPs.
- In relation to monitoring and evaluation in the reporting framework, it was noted that an independent, Board-commissioned evaluation can be helpful for accountability and oversight.
- Ms Sarah Goulding, Board Vice Chair, noted that while the Board is not scheduled to meet formally till June 2021, Board members and Committee delegates should remain agile to support the work of the Facility to avoid any delays on decision making.
- In relation to the recently leaked Board document on the COVAX Facility risk analysis, referenced by the CEO on the previous day, in addition to a paper by the People's Vaccine Alliance referring to intellectual property and the technology access pool further exacerbating inequity, the Secretariat noted the need for strong messaging on the work being done to secure equitable doses to all countries. A media briefing with the Coalition for Epidemic Preparedness Innovations (CEPI), WHO and manufacturers scheduled shortly after the Board meeting would allow an opportunity to reframe the emerging media narrative.

- On technology transfer, the Secretariat recognised that the Facility is operating at speed, noting that manufacturers are encouraged to facilitate and accelerate technology transfer and other measures to increase access to vaccines to all countries. It was also noted that infrastructural capacity and know-how are the real obstacles for vaccine development. The long-term goal is to have manufacturing available for all countries, in high quality manufacturing facilities.
- Finally, it was agreed that the PPC will convene in February to discuss the buffer. The Secretariat noted that due to the short timelines the papers will only be shared one week in advance of the meeting.

Decision 13

The Gavi Alliance Board:

- a) **Approved** the creation of the COVAX Buffer with the dual purpose to (i) ensure access to COVID-19 vaccines for high-risk populations in humanitarian settings and (ii) provide a contingency provision to enable an emergency release of doses to meet public health needs where normal vaccine allocation timelines may not be sufficient, subject to review of the Programme and Policy Committee in early 2021 and return to the Board if necessary;
- b) **Approved** the six organising principles of the COVAX Buffer of equitable access, targeted deployment, measure of last resort, contextual parity, alignment with overarching principles of COVAX and, in addition for the humanitarian element, adherence to the humanitarian principles;
- c) **Noted** that the total size of the Buffer, to cover both purposes, could be a real-time allocation of up to 5% of doses procured through the COVAX Facility;
- d) **Noted** that critical aspects regarding any remaining high-level parameters of the Buffer will be brought back to the PPC and Board for approval in 2021 as necessary;
- e) **Approved** US \$150 million to provide exceptional support, if required and on a case-by-case basis, to AMC92 participants to address critical vaccine delivery gaps for which no other funding is available, subject to this funding being mobilised by Gavi; and
- f) **Noted** the Reporting Framework.

Decision 14

The Gavi Alliance Board:

Approved an Office of the COVAX Facility Budget of US \$55 million for 2021.

Omar Abdi (UNICEF) and Zsuzsanna Jakab (WHO) recused themselves and did not vote on Decision Thirteen e) and Decision Fourteen above.

Maty Dia (CSO) and Muhammad Pate (World Bank) recused themselves and did not vote on Decision Thirteen e) above.

9. AMC Resource Mobilisation

- 9.1 Ms Marie-Ange Saraka-Yao, Managing Director, Resource Mobilisation, Private Sector Partnerships & Innovative Finance, presented an update on AMC resource mobilisation (Doc 09), including an overview of current and needed financial resources for the COVAX AMC, the plans for replenishment, funding scenarios, and campaign roadmap to accelerate and secure equitable access to the COVID-19 vaccine in the AMC92 eligible economies.
- 9.2 The Board was reminded about the mission and goals of the COVAX AMC being a 10-year multilateral innovative instrument for financing, and an early and affordable procurement of the COVID-19 vaccines to immunise in short-term between 500 million – 1 billion people by the end of 2021 (20% population coverage). Long-term it is envisioned that to procure further doses, the AMC will integrate the principles of countries' cost-sharing, multilateral development bank (MDB) loans and financing, and extra donations of vaccine doses by countries.
- 9.3 Striving to achieve a fully-funded AMC, the Secretariat presented several illustrative resource mobilisation scenarios taking into account an overarching goal of reaching 20% population coverage. To fulfil that ambition, the Alliance would require an additional US\$ 4.6 billion of donor resources, beyond the already raised US\$ 2.4 billion to date, which is a testimony to unwavering global solidarity.
- 9.4 The Secretariat applauded the achievements of the International Finance Facility for Immunisation (IFFIm) as an attractive investment vehicle, and particularly its budgetary flexibilities to donors. In that regard, the Secretariat's proposal included US\$ 1.5 billion that can be drawn from IFFIm in 2021 by pledging: US\$ 210 million/year over 10 years, or US\$ 150million/year over 15 years.
- 9.5 Ms Saraka-Yao concluded with farewell remarks addressed to the outgoing Board Chair and expressed her admiration and appreciation for the Chair's tireless commitment and formidable dedication to the mission of the organisation.

Discussion

- The Board welcomed the strategy for the Gavi COVAX AMC replenishment. It expressed its support and willingness to work with the Secretariat towards delivering on the proposed, ambitious programme.
- Some Board members called for a clear narrative for communication messages, particularly on cost-sharing.
- The Board agreed on the importance of enhanced resource mobilisation and some Board members encouraged their Board colleagues to accelerate resources and increase contributions if the Secretariat is to deliver on the goal of 2 billion vaccine doses by 2021. A new pledge announced by one of the donor government was welcomed and much appreciated. Also, the Secretariat needs to consider the ways to mitigate the impact should the target be unattainable.

- One Board member sought clarifications on engaging philanthropists into the resource mobilisation campaign and an evolved dialogue with African countries.
- In response to the Board questions, the Secretariat agreed on the call for a precise narrative for enhanced resource mobilisation and informed that the dedicated investment document would be presented to the Board electronically for comments and feedback early 2021. The work with African countries is focused on private sector engagement and is ongoing through active engagement in continent's relevant high-level events and initiatives.

10. COVAX AMC support to India

- 10.1 The Board Chair introduced the session by acknowledging India's unique position among AMC92 economies. India's situation warrants a tailored and differentiated approach for Gavi support that takes into account its population size, disease burden, subnational inequities, economic situation and role as a global vaccine supplier.
- 10.2 Dr Seth Berkley, CEO, reminded the Board about the key milestones over the past months, including the request from the Programme and Policy Committee (PPC) at its meeting in October 2020 to intensify the dialogue with the Government of India and ensure attainment of the desirable impact through fair yet equitable distribution of vaccines among AMC92 economies, in line with the aspirational goal of the COVAX Facility. He informed the Board that the Government of India had recently reiterated its global solidarity and commitment to provide the COVAX Facility with COVID-19 vaccines.
- 10.3 Professor Helen Rees, PPC Chair, noted that one of the key considerations on this topic at the October 2020 PPC meeting had been the impact of the proposed package on the remaining AMC countries.
- 10.4 Mr Homero Hernandez, Senior Country Manager, presented several proposed packages of COVAX AMC support for India, along with the key principles underlying each approach, and highlighted the implications and impact on AMC91 economies.
- 10.5 The Secretariat reminded the Board that India had submitted its application for delivery support, in response to which the Secretariat recommends the allocation of US\$ 30 million (20% of AMC TA and CCE envelope¹) that would enable India to fill gaps in resources urgently needed to successfully roll out COVID-19 vaccines in early 2021, while protecting sufficient funding to allow AMC91 economies to cover their needs as well.

¹ The Gavi Board approved in September 2020 the allocation of US\$ 150 million in delivery support (TA and CCE) to AMC91 economies.

Discussion

- Board members extended their appreciation and commended the Government of India for its commitment to supply vaccines to COVAX Facility.
- In response to the CSO Constituency's question raised through the *BoardEffect* discussion board prior to the meeting, the Secretariat clarified that India continues to be the highest-burden country for COVID-19 among the AMC92 economies, with the five most affected states being Maharashtra, Karnataka, Andhra Pradesh, Tamil Nadu and Kerala. The recovery rates are high, reaching 95%.
- Board members endorsed and approved the Secretariat's recommendation to provide the high range package of support for India, providing 20% of total AMC doses and 20% of the overall amount provided for urgent TA and CCE. The consensus represents a due consideration and balanced support against the needs of other AMC91 economies.
- The Board requested to remove a reference in the proposed recommendation language referring to reaching 'approximately 7-9% of the population' as this will be subject to change based on several factors.
- There was also general agreement to include more precise language in the decision that the agreed allocation is subject to vaccine prices, available funds and periodic review. In that regard, some Board members reiterated the importance of mobilising additional resources and effective international collaboration as its driving force.
- Considering India's national supply of vaccines, one constituency suggested that vaccine allocation of COVAX AMC doses to India be provided in vaccination phase III of India's National Vaccination Plan. It further encouraged the Secretariat to continue to evaluate the appropriate levels of support of COVAX AMC doses and delivery support at country level, including India, in the next phases of the pandemic with concerns for hard-to-reach populations.

Decision 15

The Gavi Alliance Board:

Approved the proposed (high range) package of support for India as described in Annex A to Doc 10 providing 20% of total AMC doses and 20% of the overall amount provided for urgent TA and Cold Chain Equipment (CCE), subject to vaccine prices and available funds and to periodic review.

Muhammad Pate (World Bank) recused himself and did not vote on Decision Fifteen above.

11. Review of decisions

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

12. Closing remarks and review of Board workplan

- 12.1 The Board Chair expressed her thanks and appreciation to the Board for a productive meeting. She noted that this would be her final Board meeting as Gavi Board Chair, noting that it has been an honour and a privilege. She reflected on her time as a Board Chair and recalled numerous achievements and milestones throughout Gavi 4.0, which was marked with great successes that culminated in the replenishment for Gavi 5.0, and the creation of the COVAX Facility. She thanked the Secretariat, the Board and the Alliance for their commitment to Gavi's noble mission, and called on the Alliance to go forth with courage, take considered risk, and not forget the people that the Alliance aims to serve.
- 12.2 The Board paid a tribute to the outgoing Board Chair for her remarkable leadership and wished her well for her future endeavours.
- 12.3 Dr Berkley acknowledged a number of outgoing Board members and thanked them for their valuable contributions to the Gavi Board, namely Minister Myint Htwe (Myanmar, representing SEARO/WPRO), Jan Paehler (Germany/France/Lux/EC/Ireland), Harriet Pedersen and Noor Khan (Norway/Netherlands/Sweden), and William Schluter (Research & technical health institutes).
- 12.4 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
- Roger Connor (Day One)
- Mahima Datla (Day One & Two)
- Maty Dia
- Abdoulaye Sabre Fadoul (Day One & Three)
- Margaret (Peggy) Hamburg
- Orin Levine
- Myint Htwe (Day One & Two)
- Zsuzsanna Jakab
- Francesca Manno
- Jan Paehler
- Marta Nunes
- Ahmad Jawad Osmani (Day One)
- Muhammad Pate
- Harriet Pedersen
- Helen Rees
- Teresa Ressel
- William (Bill) Roedy
- David Sidwell
- Lia Tadesse
- Yibing Wu
- Stephen Zinser
- Seth Berkley (non-voting)

Regrets

- Arsen Torosyan
- Jacqueline Lydia Mikolo

Alternates Observing

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

ADDITIONAL ATTENDEES

BOARD CHAIR ELECT

Mr José Manuel Barroso

EVALUATION ADVISORY COMMITTEE

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

IFFIm

Mr Cyrus Ardalan, IFFIm Board Chair
Ms Fatimatou Zahra Diop, IFFIm Board Member
Ms Doris Herrera-Pol, IFFIm Board Member
Mr Kenneth Lay, IFFIm Board Member
Ms Jessica Pulay, IFFIm Board Member
Mr Helge Weiner-Trappness, IFFIm Board Member

BILL AND MELINDA GATES FOUNDATION

Mr Chris Wolff, Deputy Director, Develop and Scale Team, Vaccine Delivery, Global Development
Ms Kelly Jarrett, Deputy Director of Finance & Planning, Global Development
Ms Helen Matzger, Deputy Director, Global Delivery Programs
Mr Nima Abbaszadeh, Program Officer, Global Delivery Programs
Ms Magdalena Robert, Senior Program Officer, Program Advocacy and Communication

WORLD BANK

Ms Diane Wu, Health Financing Specialist
Mr Benjamin Carcani, Trust Fund and Relationship Officer
Ms Clémentine Murer, Health Financing Consultant
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 Aboubacar Kampo, Director, Health Section, Programme Division, New York
Ms Ann Ottosen, Contracts Manager, Supply Division, Copenhagen

WORLD HEALTH ORGANIZATION

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

IMPLEMENTING COUNTRIES GOVERNMENTS

Congo

Mr Erick Makele, Advisor, Ministry of Health

Lao PDR

Mr Kongxay Phounphenhak, National Immunisation Manager, Ministry of Health

Myanmar

Mr Htar Htar Lin, Immunisation Program Manager, Ministry of Health and Sports

Pakistan

Ms Rana Safdar, National EPI Manager, Ministry of Health
Ms Soofia Yunus, Director of Training, Federal EPI, 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
Ms Christine Sturrock, Counsellor, DFAT

Canada

Ms Danielle Hoegy, Senior International Development Officer, Global Affairs Canada
Ms Niloofar Zand, Senior Advisor, Health and Nutrition, Global Affairs Canada

People's Republic of China

Mr Feng Yong, Counsellor, Health, Permanent Mission to the UN, Geneva

Denmark

Mr Jens-Christian Overgaard Skov, Head of Section, Global Health and LGBTI, Ministry of Foreign Affairs, Denmark

Estonia

Ms Anneli Veisson, 2nd Secretary, Permanent Representation of Estonia 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

France

Mr Lionel Vignacq, Head of Global Health Partnership Unit, Ministry for Europe and Foreign Affairs

Germany

Ms Anja Kopyra, Senior Policy Officer, Global Health Policy and Financing, BMZ
Mr Daniel Kohls, Global Health Policy Advisor, GIZ
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 Gianmarco Coccozza, Adviser, Office of Development Cooperation, International Financial Relations Directorate
Department of Treasury, Ministry of the Economy and Finance
Mr Leonardo Bencini, Head of the Unit for Strategy, Global Processes and International Organizations, Directorate
General for Development Cooperation, Ministry of Foreign Affairs

Japan

Mr Takayuki Okubo, Deputy Director, International Affairs Division, Ministry of Health, Labour and Welfare
Ms Makiko Yoneda, Policy Focal Point, Ministry of Foreign Affairs

Republic of Korea

Ms Dasom Shin, Second Secretary, Multilateral Development Cooperation and Humanitarian Assistance Division,
Ministry of Foreign Affairs
Ms Sooyeon Song, Health Specialist, KOICA

Netherlands

Ms Hannah Haaij, Senior Policy Officer, Health and Aids division, Ministry of Foreign Affairs / Social Development
Department

Norway

Mr John-Arne Røttingen, Ambassador for Global Health, Ministry of Foreign Affairs, Norway
Mr Andreas Karlberg Pettersen, Senior Adviser, Dpt for Quality Assurance, Aid Management Section
Ms Anja Sletten, Senior Adviser, Dept for Health, Education and Human Rights, Section for Global Health, NORAD
Ms Lene Lothe, Senior Adviser, Dept for Global Health and Aids, NORAD
Ms Kristine Onarheim, Ministry of Foreign Affairs, Norway

Qatar

Ms Aisha Al-Kuwari, Development Projects Researcher Third, Qatar Fund for Development
Ms Yousra Bagadi, Senior Health Specialist, Qatar Fund for Development

Kingdom of Saudi Arabia

Ms Sara Al Sayed, Assistant Deputy Minister for International Collaborations, Ministry of Health
Ms Sara Al Shegri, Senior Specialist, Ministry of Health
Mr Abdullah Assiri, Assistant Deputy Minister for Preventive Health, Ministry of Health

Singapore

Mr Daniel Ng, First Secretary (UN), Singapore Permanent Mission to the UN, Geneva
Mr Junxiong Teo, First Secretary (Health), Singapore Permanent Mission to the UN, Geneva

Spain

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

Sweden

Ms Karin Westerberg, Senior Advisor, Ministry of Foreign Affairs

Switzerland

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

United Kingdom

Ms Sophie Bracken, Innovative Finance Policy Adviser, Global Funds Department, Foreign, Commonwealth &
Development Office (FCDO)
Ms Noémie Chomet, Economist, Global Funds Department, FCDO
Ms Lizzie Smith, Senior Health Adviser, Vaccines Team, FCDO
Mr Arvind Mungar, COVID-19 Senior Policy Adviser, FCDO
Ms Elizabeth Williams, ODA Programme Management Officer, Department of Health and Social Care

United States of America

Ms Elizabeth Noonan, Immunization Advisor, USAID

VACCINE INDUSTRY – INDUSTRIALISED

Dr Joan Benson, Executive Director, Public Health Partnerships, Merck
Dr Lamia Badarous Zerroug, Vaccines Public Affairs Head, Sanofi Pasteur
Dr Laetitia Bigger, Director, Vaccines Policy, IFPMA
Dr Julie Hamra, Director, Global Policy & International Public Affairs, Pfizer
Ms Ariane McCabe, Director, Global Health and Public Affairs, GSK
Ms Judith Kallenberg, Senior Director External Affairs, Global Public Health, Johnson & Johnson
Ms Prescille De La Tour, International Public Affairs Lead, Sanofi Pasteur

VACCINE INDUSTRY – DEVELOPING

Mr Samir Desai, Sr. Vice President & Head, Zydus Cadila Group
Mr Juliman Fuad, Production Director, Bio Farma
Mr Jongho Park, Team Leader, Vaccine Sales Team, LG Chem Ltd.
Ms Rachel Park, General Manager, EuBiologics Co. Ltd.
Mr Sai Prasad, President Quality Operations, Bharat Biotech International Ltd.
Mr Lingjiang Yang, Manager, International Business and Cooperation, Chengdu Institute of Biological Products Co. Ltd. (Interpreter for Alternate Board Member Xiang Shu)

CIVIL SOCIETY ORGANISATIONS

Ms Lubna Hasmat, CEO, Civil Society Human and Institutional Development Programme, CHIP
Ms Diane Le Corvec, Communications Focal Point, Gavi CSO Constituency
Ms Sheetal Sharma, Grant and Research Strategist, Safari Doctors and Harvard Medical School, Kenya

R&THI

Dr Kristine Macartney, Director, National Centre for Immunisation Research and Surveillance (NCIRS)
Dr Saad Omer, Director, Yale Institute for Global Health
Mr Michael Wong, Global Health Manager, NCIRS
Dr Rebecca Martin, Director of the Global Immunization Division in the Center for Global Health (CGH), U.S. Centers for Disease Control and Prevention

SPECIAL ADVISERS

Ms Gloria Kebirungi, Special Adviser to the Board Chair
Mr Muluken Desta, Special Adviser to the Anglophone Africa constituency
Dr Rolando Pinel, Special Adviser to the PAHO constituency
Ms Ruzan Gyurjyan, Special Adviser to the EURO constituency
Dr Khant Soe, Special Adviser to the SEARO & WPRO constituency
Dr Pratap Kumar Sahoo, Special Adviser to the EMRO constituency
Mr Oulech Taha, Special Adviser to the Francophone & Lusophone Africa constituency
Ms Amy Whalley, Special Adviser to the CSO constituency
Ms Carol Piot, Special Adviser to the IFFIm Board
Ms Stella Villares Guimaraes, Special Adviser to Board Chair elect

OTHER OBSERVERS

Ms Minju Jung, Doctoral Researcher, Department of Politics and International Relations, University of Sheffield
Ms Ndadilnasiya Endie Waziri, National Coordinator, National Stop Transmission of Polio Program (NSTOP), African Field Epidemiology Network (AFENET), Nigeria
Ms Ariadna Bardolet, Coordinator of the International Cooperation Programme, la Caixa Foundation
Ms Carlota Moya, Representative of the International Area, la Caixa Foundation
Mr Jay Collins, Vice Chairman, Banking Capital Markets Advisory, Citigroup