

Gavi Alliance Board Meeting

22-23 June 2022

Global Health Campus, Geneva, Switzerland

1. Chair's Report

- 1.1 Noting that the meeting had been duly convened and finding a quorum of members present, the meeting commenced at 09.07 Geneva time on 22 June 2022. Prof José Manuel Barroso, Board Chair, chaired the meeting.
- 1.2 The Chair welcomed new Board members either attending for the first time or in a new role - Takeshi Akahori, Board Member (Japan/Italy/Spain/New Zealand), Minister Robert Lucien Kargougou, Board Member (Burkina Faso, AFRO Francophone/Lusophone constituency), Aamer Ikram, Board Member (Pakistan, EMRO constituency) and Won Do-yeon, Alternate Board Member (United States of America/Australia/Korea (Rep. of)).
- 1.3 The Chair welcomed Kenneth Lay, IFFIm Board Chair, and other directors of the IFFIm Board. He also welcomed David Sidwell, in his capacity as a member of the CEO Recruitment Search Committee, as well as other observers attending from the Gulf region.
- 1.4 The Chair presented a short summary of the All Chairs Group (ACG) meeting held on 17 June 2022, during which the ACG had discussed the Board agenda, and recent discussions of agenda items in the Gavi Board Committees. The ACG emphasised the importance of fluid communication between the Chairs and Gavi leadership in preparing the Board. He noted that the ACG had agreed the importance of Board members taking time to understand their role and Committee roles within Gavi governance.
- 1.5 He reflected on some of the important global developments affecting Gavi's mission. He noted the Russia-Ukraine crisis and its impact on the risk environment, including potentially on immunisation programmes in (former) Gavi-eligible countries due to refugee flows and possible resulting disease outbreaks.
- 1.6 The Chair also noted that despite the continuing risks around the COVID-19 pandemic, COVAX continues to deliver on the objectives set by the Board, recently surpassing 1.5 billion doses delivered. He outlined the evolving Gavi 5.1 concept as an evolution of Gavi 5.0 and as a bridge to Gavi 6.0. Gavi 5.1 is building on the lessons from the COVID-19 pandemic and COVAX for a stronger Alliance that is better able to serve countries, advance the core equity agenda and promote health security.
- 1.7 In relation to Gavi's leadership transition and succession planning, Prof Barroso noted that an executive search firm had been engaged to support the recruitment of a new CEO from mid-2023. The search team had facilitated a well-attended

informal Board session on leadership models and at the previous day's closed Board session, the Board had discussed the role description. The role is expected to be advertised shortly and the search firm will begin active outreach to potential candidates. He noted that the CEO Recruitment Search Committee, which he leads, will continue to ensure that the Board is fully informed of progress and next steps.

- 1.8 The Chair further noted that during its closed session on the previous day the Board had also held an informative ad-hoc discussion on staff and wellbeing issues with the Director of Human Resources, a member of the Staff Council and the Ombudsman. The Board had also noted that following its discussions in Evian in April 2022, formalities for the extension of the CEO contract to August 2023 had been finalised.
- 1.9 Standing declarations of interest were tabled to the Board (Doc 01a in the Board pack).
- 1.10 The Board noted its minutes from 30 November 2021-2 December 2021 (Doc 01b) and 6 April 2022 (Doc 01c), which were approved by no objection on 25 March 2022 and 2 June 2022 respectively.
- 1.11 The Chair expressed appreciation for the Board comments on the agenda items received in advance of the meeting through the discussion board on *BoardEffect*. He urged Board members to continue to use the *BoardEffect* platform to aid meeting preparations and support Gavi's inclusive, partnership-based Alliance.
- 1.12 He referred to the consent agenda (Doc 01d) where nine recommendations were being presented for consideration. No requests had been received to place any of the consent agenda items on the main agenda. At the request of the Chair, Brenda Killen, Director, Governance and Secretary to the Board presented the consent agenda decisions.
- 1.13 The Chair further noted the Board workplan (Doc 01e) that guides the Board on activities towards fulfilling its mandate.
- 1.14 Finally, the Chair noted the decision to hold an additional closed session during the afternoon of 22 June 2022 to discuss a number of items relating to COVAX.

Decision 1

The Gavi Alliance Board:

Appointed Anne Schuchat as Chair of the Programme and Policy Committee effective 1 July 2022 and until 31 December 2023.

Anne Schuchat recused herself and did not participate in Decision 1 above.

Decision 2

The Gavi Alliance Board:

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

- **Deena Shiff** as an Unaffiliated Board Member in the seat currently held by Helen Rees, effective 1 July 2022 and until 30 June 2025;
- **Aamer Ikram** of Pakistan as Board Member representing the implementing country constituency in the seat currently held by Faisal Sultan of Pakistan, effective immediately and until 31 December 2023;
- **Won Do-yeon** as Alternate Board Member representing the Republic of Korea on the donor constituency anchored by the United States in the seat currently held by Takeshi Akahori of Japan, effective immediately and until 31 December 2023.

b) **Appointed** the following to the Governance Committee effectively immediately:

- **Takeshi Akahori** (Board Member) until 31 December 2023;
- **Aamer Ikram** (Board Member) until 31 December 2023.

c) **Appointed** the following to the Audit and Finance Committee effective immediately:

- **Megan Cain** (Alternate Board Member) until 31 December 2022.

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

Decision 3

The Gavi Alliance Board:

Appointed **Joan Powers** as a member of the Gavi Appeals Tribunal effective immediately for a term of five years.

Decision 4

The Gavi Alliance Board:

Approved the amendments to the Gavi Alliance Investment Committee Charter as set out in Annex A to Doc 01e.

Decision 5

The Gavi Alliance Board:

Extended the term of the COVID-19 Vaccination Delivery Support Temporary Steering Committee to end December 2022.

Decision 6

The Gavi Alliance Board:

- a) **Approved**, within the overall Partners' Engagement Framework,
- i. A budget of US\$ 22 million for UNICEF Supply Division fees for the procurement of vaccines and related devices in 2023;
 - ii. A budget of US\$ 4.3 million for UNICEF Supply Division fees for the procurement of cold chain equipment for 2023;
 - iii. A budget of US\$ 1.35 million for UNICEF Supply Division fees for the procurement of diagnostics equipment in 2022; and
 - iv. A budget of US\$ 1.35 million for UNICEF Supply Division fees for the procurement of diagnostics equipment for 2023.
- b) **Noted** that
- i. The proposed fees for 2023 exclude the potential impact of COVID-19 complexities, subject to completion of a review between UNICEF and Gavi; and
 - ii. An update will be presented to the Audit and Finance Committee in October 2022.

Omar Abdi (UNICEF) recused himself and did not participate in Decision 6 above.

Decision 7

The Gavi Alliance Board:

- a) **Granted** the Secretariat the authority to implement an approach to apply co-financing flexibilities, as described in Annex B to Doc 01e in countries facing severe fiscal distress and/or countries facing a humanitarian crisis, noting that this shift was approved by the Board in December 2019 for incorporation into Gavi's new funding policies; and
- b) **Noted** the Framework for Gavi Funding to Countries.

Decision 8

The Gavi Alliance Board:

- a) **Approved** the overall innovation approach for Gavi 5.0 as laid out in Annex C to Doc 01e; and
- b) **Approved** US\$ 50 million in additional funding for Health System Strengthening (HSS) in Gavi 5.0 for countries interested in scaling proven innovations to be allocated, in accordance with the Programme Funding Policy, above HSS country ceilings on an exceptional basis.

Decision 9

The Gavi Alliance Board:

- a) **Approved** an increase in the amount of funds for Phase 2 MVIP activities from US\$ 11.6 million to US\$ 12.25 million by allocating the Phase 1 underspend (US\$ 650,000) to be applied towards the previously approved Phase 2 activities; and
- b) **Noted** that any underspend from the Phase 2 activities are to be returned to Gavi in accordance with the terms of the grant agreement.

Zsuzsanna Jakab (WHO) recused herself and did not participate in part a) of Decision 9 above.

2. CEO's Report

- 2.1 Seth Berkley, CEO, welcomed the Board to their first in-person meeting since the beginning of the COVID-19 pandemic. He outlined a number of key areas from his CEO's Report (Doc 02).
- 2.2 He provided an update on key global developments, and highlighted Gavi's advocacy and recent resource mobilisation efforts for the COVAX Advance Market Commitment (AMC) amounting to US\$ 1.7 billion in new sovereign donor pledges, US\$ 2.1 billion worth of new commitments from new innovative financial mechanisms, plus at least US\$ 1 billion remains available for countries on a voluntary basis via the cost-sharing mechanism. He reported on recognition that Gavi had received for gender equality, including receiving the top-most rating from the Global Health 50/50, and an equal salary certification, and briefly touched on both internal and external evaluations, including those completed, ongoing, as well as planned.
- 2.3 He referred to the appointment of the new Executive Director of UNICEF, Dr Catherine Russell, and welcomed the incoming Chair of the Programme and Policy Committee (PPC) Dr Anne Schuchat, while recognising the outgoing PPC Chair, Prof Helen Rees.
- 2.4 Dr Berkley highlighted the elevated risk of disease outbreaks as a result of climate change, noting that health and global health security will feature prominently on the global agenda.
- 2.5 In relation to disruptions to both Routine Immunisation (RI) and Gavi 5.0, considering the COVID-19 pandemic, Dr Berkley provided a brief update based on country administrative data, comparing the impact on the AFRO and SEARO regions. He highlighted the situation in Myanmar, noting the country's severely constrained vaccination position. Gavi continues to coordinate with the UN Regional Coordinator, WHO and UNICEF to seek solutions with the government and the Ministry of Health. Dr Berkley reported on RI progress in India through the intensified mission in Indrahanush, he raised the war in Ukraine noting they had been receiving COVID-19 vaccines and are eligible for other support under the

- new Middle-Income Countries (MICs) approach and reported on the high-level mission to Nigeria, noting the RI progress in the country.
- 2.6 With reference to the Zero-Dose Immunisation Programme (ZIP), Dr Berkley noted a number of contracts concluded with Non-Governmental Organisations (NGOs) and Civil Society Organisations (CSOs) as part of a transformative shift in working with humanitarian partners in settings facing humanitarian crisis.
 - 2.7 In relation to country co-financing trends in 2021 and 2022, he reported that the majority of countries have met their co-financing obligations. He underlined, however, that in some countries, Ministries of Health are facing budget constraints, making the work of Gavi, together with the Global Fund and World Bank to strengthen fiscal space in countries, more important than ever.
 - 2.8 Dr Berkley provided updates on key vaccine programmes, including Polio, Human Papillomavirus (HPV), measles outbreak and response, Yellow Fever (YF), Cholera and Ebola outbreaks. He highlighted the important announcement by the WHO Strategic Advisory Group of Experts on Immunization (SAGE) on the single dose of HPV vaccine as highly effective in preventing infections. He briefly touched on the monkeypox outbreak, noting ongoing work with partners to assess whether Gavi has a role to play in this specific outbreak response.
 - 2.9 He referred to digital health interventions, providing a summary of six priority intervention, provided key highlights on the Comprehensive Vaccine Management (CVM) and provided an update on the Cold Chain Equipment Optimisation Platform (CCEOP).
 - 2.10 In relation to COVAX, Dr Berkley gave a brief update on COVID-19 vaccine coverage, supply and demand, and highlighted COVAX's aspirational target in assisting countries to reach 100% coverage for their highest risk populations. He reported that COVAX is following the development of several new vaccine candidates, particularly variant-adapted vaccines.
 - 2.11 Dr Berkley referred to the evolution of Gavi 5.0 spurred by the COVID-19 pandemic, and explained that it is proposed that Gavi 5.1 will be a bridge strategy between Gavi 5.0 and Gavi 6.0 resulting from the impact of COVID-19 on RI, integration of COVAX into core Gavi programming, also building on COVAX lessons learned.
 - 2.12 He highlighted discussions and questions on Gavi's role in Pandemic Preparedness and Response (PPR) in the context of the future global health architecture, a prominent topic on WHO, the Group of Twenty (G20) and the Group of Seven (G7) agendas. He referred to the World Bank Financial Intermediary Fund (FIF) and the potential inclusion of Gavi, together with the Global Fund and the Coalition for Epidemic Preparedness Innovations (CEPI), as implementing entities. Gavi is also working on supporting vaccine manufacturing capacity in Africa.
 - 2.13 He highlighted efforts to boost and accelerate Alliance communications, underpinned by the digital and media strategy.

2.14 Finally, Dr Berkley provided updates on the Gavi Secretariat and noted several new Gavi appointments. He reported on new ways of working, the gradual plan to return to the office and the resumption of duty travel. He concluded by referring to several ongoing efforts to monitor and support staff health and well-being.

Discussion

- The Board welcomed the CEO report, commended the results achieved to date, and was encouraged by the emphasis on people.
- The Board emphasised the scale of the global challenges, particularly on the fiscal level, and underlined the importance of: i) partnerships in delivering vaccines; ii) the opportunity to advance manufacturing capacities in Africa; iii) the momentum behind the world's first malaria vaccines; iv) the appetite to accelerate efforts on the zero-dose agenda; v) the ambition to reshape the global health architecture; and vi) the importance of flexibility and employing country-driven approaches.
- Given the multiple challenges facing countries on the global level, the Board also underscored the importance of financial innovation, pandemic preparedness, Health Systems Strengthening (HSS) and vaccine supply and demand data management.
- The Board welcomed the relaunch of the HPV vaccine programme, particularly the single-dose recommendation. The importance of country engagement strategies, ramping up multi-age cohort campaigns, Technical Assistance (TA) and country communications, were also highlighted.
- Board members emphasised Gavi's role in addressing Vaccine Preventable Diseases (VPDs) through RI, and in ensuring adequate vaccines and effective stock management to prevent stock-outs. The Secretariat was called on to closely monitor polio, YF and other pandemics affecting the African region, and to analyse the correlation between RI coverage and outbreaks. The importance of improving measles campaigns in preventing further outbreaks, was also underscored. Dr Berkley clarified that measles subnational campaigns targeting differing age groups would yield maximum results, noting the need for new tools and mind-set to address related challenges, and reiterated the importance of understanding the root causes of outbreaks, particularly for YF.
- Several Board members highlighted the acute humanitarian challenges in the growing number of fragile states in the EMRO and the Sahel region. In this regard, flexibility and adoption of country-driven approaches were highlighted. Dr Berkley referred to the new segmentation used by the Secretariat (high impact, fragile and core countries) to have more targeted approaches, using different instruments and tools in fragile settings.
- Several Board members underscored the need to plan vaccine programmes through a transition lens, particularly for countries such as Nigeria. Dr Berkley clarified that the Secretariat would continue to consult with the Board on a number of countries moving towards transition to highlight progress, trade-offs and utilisation of resources.

- Board members underscored the changing global health environment and the need to work with new partners and engage in new markets. Dr Berkley raised the scope for Gavi engagement in the African regional manufacturing initiative, as well as the importance of working closely with both the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA) and the Developing Country Vaccine Manufacturing Network (DCVMN) to help address key challenges.
- The critical role of the Primary Health Care (PHC) workforce in addressing challenges such as the COVID-19 pandemic, advancing RI and responding to outbreaks, was highlighted. Dr Berkley acknowledged the importance of PHC resourcing noting the need for a collective effort both at the country level through ministries of finance, and at the international level through institutions such as the International Monetary Fund (IMF), in supporting PHC workers.
- The Board welcomed the discussion on Gavi's role in PPR, including vaccine stockpiling and pandemic prevention, noting Gavi's experience to date and its relevance to the future global health security architecture.
- One Board member welcomed Gavi partnerships with the African Union (AU) and the Africa Centres for Disease Control and Prevention (Africa CDC). Dr Berkley agreed with the importance of this and noted the AU and Africa CDC as also being included in the COVID-19 Vaccine Delivery Partnership, and that Gavi continues to coordinate with them.
- The representative from Lao PDR highlighted the challenging financial situation in most implementing countries and explained that Lao is due to transition from Gavi support at the end of 2022, however its financial capacity to procure and deliver vaccines is severely impacted by the COVID-19 pandemic. The representative requested to extend Lao's transition timeline to 2025. Dr Berkley acknowledged the request and referred to the systematic overview on the eligibility and co-financing policy, which would be presented to the Board in December 2022.

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

- 3.1 Anuradha Gupta, Deputy CEO, commented on the Strategy, Programmes and Partnerships: Progress, Risks and Challenges report (Doc 03), and provided an overview on the recalibration of Gavi 5.0 priorities, with some rephased priorities and activities already gathering momentum. In keeping with Gavi's core mission in leaving no one behind with immunisation and equity as the organising principle, she outlined the priorities of preventing backsliding, catching up on missed children and stretching the system to reach zero-dose and missed communities, as well as delivery of COVID-19 vaccines to priority populations.
- 3.2 Ms Gupta underlined that monthly administrative data for 2021 received for the majority of Gavi implementing countries is showing evidence of prolonged disruption to RI. The release in July 2022 of the WHO/UNICEF Estimates of National Immunization Coverage (WUENIC) would provide further information on how widespread the disruption is.

- 3.3 Five high-impact countries (India, Nigeria, Democratic Republic of Congo, Pakistan and Ethiopia) are considered critical to Gavi 5.0 progress. Ms Gupta noted that given highly heterogeneous subnational contexts, the Alliance focus is on high levels of political engagement and advocacy as well as tailoring funding to focus on lagging areas and underserved populations at the subnational level. She outlined the successes and challenges within each country.
- 3.4 Ms Gupta highlighted certain strategic shifts as being fundamental achieving Gavi 5.0 objectives, including moving towards tailored and innovative strategies in reaching zero-dose children and missed communities. She outlined some encouraging trends in countries utilising integrated and innovative approaches. Ms Gupta also provided an update on the new partnerships with World Vision and the International Rescue Committee which are focused on reaching missed children in cross border and non-government-controlled areas spread across 11 countries in the Horn of Africa and The Sahel region.
- 3.5 Ms Gupta reported that in 2021 the number of vaccine markets exhibiting acceptable levels of health improved from 10 to 11, exceeding the target (driven primarily by an increased typhoid vaccine demand). She cautioned that despite gains, supply challenges around shortages and country demand volatility remain through 2022. The recent exit of a major manufacturer for the rotavirus vaccine was being closely monitored given the heightened risks in this vaccine administration.
- 3.6 She concluded by assuring the Board of the Secretariat's continued monitoring of progress and risks for Gavi 5.0, amid on-going uncertainty. She observed Gavi 5.1 as an opportunity to reaffirm Gavi 5.0 recalibrated priorities while also considering COVID-19 pandemic learnings, as well as integrating COVAX within Gavi's core model. The Secretariat proposes to take several steps before bringing Gavi 5.1 to the Board in December 2022, starting with consultations during July 2022, followed by technical deep dive consultations during September 2022, as well as a final consultation in November 2022 ahead of the December Board meeting. In parallel, the Secretariat will engage with the Audit & Finance Committee (AFC) on financial estimates and implications and ensure Programme and Policy Committee (PPC) engagement along the way.

Discussion

- The Board stressed the need for strategic forward thinking. Building on lessons learned, using innovation to reach zero-dose children, introducing new campaign methods, and political will should all be leveraged in accelerating RI coverage. The Board also reiterated the importance of working closely with local partners, CSOs and local communities to advance RI recovery.
- Board members underlined that having a holistic view of all ongoing Gavi initiatives (e.g. HPV relaunch, regional manufacturing, COVAX integration, approach to pandemic preparedness and response) as well as understanding prioritisation, potential trade-offs, resource positioning, will be important, particularly in light of potential challenges in funding.

- With regards to Gavi 5.1, the Board underscored the importance of: i) actively engaging the Board; ii) building on lessons learned from COVAX; iii) drawing on WUENIC data; iv) offering flexibility to countries; v) having a systematic and holistic overview on several processes and policies; and vi) paying close attention to funding asks in a constrained financial space. In this regard, the Board welcomed the planned touch points to discuss Gavi 5.1.
- One Board member suggested a review of vaccine demand generation in relation to tackling vaccine hesitancy and misinformation.
- Responding to Board member comments around vaccine stockpiles, Ms Gupta provided some historical context as to the establishment in 2015 of the disease control framework as focusing on three main areas: i) a reliable and routine delivery of RI; ii) initial campaigns for supplementary immunisations (evolving to RI); and iii) outbreak response, with vaccine stockpiles forming an integral part of this framework, and having evolved to a standard approach to disease control.
- Board members encouraged strategic thinking in the development of Gavi 5.1, whilst remaining attentive to the evolution of COVID-19 and leveraging lessons and innovations of COVAX.
- Noting Board members' comments as to whether, as a consequence of COVID-19 activities, there may have been a loss of focus on RI, the Secretariat outlined the proactive steps in raising the alarm of the risk of losing focus at the onset of the COVID-19 pandemic, simultaneously engaging in proactive advocacy, and rapidly investing in systematic analysis in determining effective RI indicators. Additional programmatic adaptations enabled countries to maintain and sustain RI, whilst short survey data analysis supported understanding and monitoring of RI at country level.

4. Financial Update, including forecast

- 4.1 Naguib Kheraj, Chair of the Audit and Finance Committee (AFC), provided introductory remarks and highlighted the AFC had discussed the forecast according to the figures that were available at the time, noting that large sections of the forecast relate to COVAX supply and demand. Considering ongoing COVAX negotiations, the AFC sought to avoid presenting a wide range of estimates in the published financials, as this could potentially be misleading and prejudicial to finalising sensitive negotiations. He underscored the high volatility in the financial markets and advised to take a precautionary view on the forecasts of investment income as numbers could change.
- 4.2 Assietou Diouf, Managing Director, Finance & Operations, presented the updated Financial Forecasts for Gavi 5.0 and COVAX AMC (2020-2023) including the impact of the additional Gavi 5.0 investment priority and the outcome of the April 2022 Break COVID Now Summit (Doc 04). She reported that while many risks remain elevated, there are no material changes to the approved expenditures in the Gavi 5.0 financial forecast, although certain activities have been rephased to reflect 2021 performance.

- 4.3 She also presented an initial financial forecast for the 2026-2030 Strategic Period (Gavi 6.0) based on existing programmes, in compliance with the Programme Funding Policy.
- 4.4 Finally, she outlined key risks and opportunities to the financial forecast for Gavi 5.0 as well as the COVAX AMC.

Discussion

- The Board highlighted the steadily worsening global economic outlook, noting that the financial forecasts to be presented to the Board in December 2022 are expected to incorporate anticipated increased energy prices. Such increase could be offset by the International Finance Facility for Immunisation (IFFIm) proceeds and by a clearer overview of pledges yet to be confirmed.
- One Board member highlighted the importance for the Board to reflect on the role of the AFC in risk oversight, which was intensified during the COVID-19 pandemic, versus its traditional role supported by other Board Committees. The Secretariat acknowledged the need for further discussion at the AFC to determine its level of engagement in risk management oversight moving forward.
- In relation to the approval of the initial financial forecast for the Gavi 6.0 (2026-2030) several Board members expressed concerns on current inflation rates' potential impact on the forecast. The Secretariat clarified that while no indication was received from UNICEF regarding increase in costs, this is being closely monitored and any changes will be reflected in future forecast rounds.
- In relation to comments from Board members, the Secretariat clarified that the Gavi 6.0 forecast should be read as a placeholder in terms of figures based on existing programmes. This forecast is presented to the Board in compliance with the Programme Funding Policy as an accounting process and will be followed by a detailed process of every aspect of the budget. Furthermore, operational costs such as travel, were based on those of Gavi 5.0 with the understanding that reaching zero-dose children would entail more travel to remote and challenging regions.
- The Secretariat confirmed that the US\$ 50 million for innovation under the HSS envelope responds to Gavi priorities and addresses country needs such as flexibilities, data collection and investing in innovative solutions necessary to reach these children.
- In relation to the Partners' Engagement Framework (PEF) 2021 budget, the Secretariat clarified that the underspend reflects the absorption challenges faced by certain countries as a result of the COVID-19 pandemic. The Secretariat is working with partners to ensure PEF funding is in line with country needs.
- One Board member reiterated the importance of providing frequent updates on the COVAX financial forecast to the Board. The financial forecast for Gavi 6.0 provides helpful visibility in guiding strategic discussions on future policies and investments, keeping Gavi's core work on RI as a top priority.

- In relation to the updated financial forecast for COVAX AMC (2020-2023), the Board agreed to approve the updated forecast, noting that the forecast may change subject to the outcome of ongoing renegotiations.

Decision 10

The Gavi Alliance Board:

- a) **Noted** that the Audit and Finance Committee reviewed the financial implications of the recommendations to be made to the Programme and Policy Committee and concluded that the recommendations could be approved by the Gavi Alliance Board in accordance with the Programme Funding Policy;
- b) **Approved** the updated Financial Forecast for the Gavi 5.0 (2021-2025) Strategic Period as set out in Section 2 and Annex B to Doc 04;
- c) **Approved** the updated Financial Forecast for COVAX AMC (2020-2023) as set out in Section 3 and Annex D to Doc 04;
- d) **Approved** the Financial Forecast for the Gavi 6.0 (2026-2030) Strategic Period as set out in Section 2 and Annex C to Doc 04 noting that only existing programmes have been forecast and the forecast has been prepared to enable the Secretariat to allot funding to these programmes in accordance with the Programme Funding Policy and does not prejudice future donor contributions or future investment decisions.

Before proceeding to Agenda item 5, the Board convened in closed session to discuss matters relating to COVAX. Due to the confidential nature of these discussions, a separate note of the discussions has been drafted.

5. COVAX: Key Strategic Issues

- 5.1 Aurélia Nguyen, Managing Director, Office of the COVAX Facility and Thabani Maphosa, Managing Director, Country Programmes presented this item (Doc 05). Mr Maphosa outlined that since the Board meeting in December 2021, the COVID-19 Vaccine Delivery Partnership (CoVDP) has focused on 34 concerted support countries resulting in overall gradual positive progress with countries on track to reach 21% coverage by close 2022.
- 5.2 He observed vaccine delivery will continue well into 2023, with a focus on increased integration into RI and other essential health services as bolstering vaccine access in the forthcoming months. An additional US\$ 600 million delivery funding support had been raised and noting a previous lag between fundraising and effective resourcing, acknowledged the European constituency work in closing this gap. He outlined the guidance sought on the continuation of the no-regrets funding approach, on a discretionary and most-relevant basis, recognising the spectrum of country needs given the varying stages of COVID-19 delivery programmes.

- 5.3 Ms Nguyen highlighted the disparity in countries' ability to secure doses and noted that given a higher than anticipated success in global vaccine development, there is currently a global oversupply, with COVAX still receiving significant vaccine donations from high income countries (HICs) (over and above COVAX-secured doses). She noted that careful attention is needed to address supply and demand, implementation bottlenecks and vaccine expiry.
- 5.4 She gave an overview in supply-demand matching for AMC92, noting the most certain demand as those doses already allocated (although still susceptible to revisions and slippage), alongside a need for extensive global efforts in supporting countries to deliver at pace. In terms of remaining APA (Advance Purchase Agreement) supply, negotiations are ongoing with manufacturers to reduce and rephase, whilst the 400 to 500 million potential donations on offer will only be accepted in response to demand.
- 5.5 Ms Nguyen noted the continued level of uncertainty in the evolving climate. Of the three WHO COVID-19 pandemic scenarios (base, best and worst case), the Secretariat was working together with partners on a base case assumption, with future planning for a COVID-19 vaccine programme as part of Gavi 5.1 recognising the continued volatility of the pandemic. COVAX expects demand to persist into 2023, implying a portfolio of supply, delivery support, with donations having a continuing role.

Discussion

- The Board thanked and commended the Secretariat's commitment and response to an unprecedented situation, and in particular, thanked Aurélia Nguyen for her leadership.
- The Board agreed to a proposed amendment to the decision language to reflect its discussions on the limited provisions of paediatric doses as country-driven with safeguards in restoring and maintaining RI, continued COVID-19 vaccine prioritisation of high priority groups, and ongoing sustainability. In light of WHO's expected strategy announcement, the Board urged ongoing coordination between COVAX, Gavi and its partners in responding to the updated guidance.
- With respect to potential variant vaccines, the Secretariat outlined its work with existing manufacturers in accessing provisions following approvals in line with SAGE recommendation, whilst ensuring country engagement in establishing demand. The Secretariat explained the current available access routes, including a margin of supply in accessing existing vaccines, the pandemic vaccine pool in procuring new variant vaccines, as well as early donor engagement for variant vaccine donations.
- Board members encouraged continuing efforts in vaccine planning in mitigating excess vaccine surplus, including sustained prioritisation in improving coverage in high-risk and health worker populations, and ensuring equitable vaccine distribution. In relation to accessing high-risk populations, the Secretariat acknowledged this as a complex area requiring tailored strategies.

- The Secretariat noted several Board members comments on supply and demand matching in meeting AMC92 country targets, particularly in relation to the estimated reduction of between 400 to 600 million doses, and the remaining margin of supply volume as having been discussed at both AMC and PPC level. The remaining margin of supply figure corresponds to providing single dose vaccines in high-risk groups within 91 AMC countries (92 less India), totalling approximately 20% of 2.5 billion population of aged adults, health care workers and those with comorbidities. The Secretariat stressed the complexities and dynamic nature in managing this area.
- In relation to the COVID-19 Vaccine Delivery Support (CDS) funding, the Secretariat clarified the no-regrets funding approach as implemented on a case-by-case basis in response to urgencies and requirements. The approach is applied in a considered manner in line with stated objectives in targeting high-risk and very high-risk populations. The Secretariat noted Board comments in expanding the CDS scope in support of broader integration.
- Board members were supportive of the timing of integrating COVAX into the emerging Gavi 5.1, noting the potential trade-offs and challenges in moving forward, as well as the importance of mainstreaming as much as possible into business-as-usual, particularly given the unique roles and responsibilities within COVAX (as compared to other vaccine delivery areas). The Board encouraged the Secretariat to fully engage all governance committees, as well as utilising the many evaluations in learning and informing integration.
- The Secretariat noted comments on the role of Alliance partners in the integration process and explained the evolving market conditions are expected to enable shifting away from the high-level financial backing required for COVAX, towards a standard UNICEF-led tender process and ultimately moving towards regular programming.
- One Board member stressed the importance of ensuring Gavi and COVAX are not synonymous and encouraged other Board members to help sensitise the message, whilst noting any risks be shared equally with Alliance and COVAX partners.
- The Secretariat noted Board members' suggestion to consider how other policies, such as co-financing, eligibility and COVID-19 financing programmes, might align with a future COVID-19 vaccine programme and to articulate the policy and programmatic implications in future presentation to the Board.
- With respect to the COVAX Humanitarian Buffer the Secretariat acknowledged this as having fallen short of aspirations. A white paper detailing the reflections and learnings had been released just prior to the Board meeting. To ensure future effectiveness, the priority populations the Humanitarian Buffer was designed to reach must be factored into the allocation process much earlier, rather than as a last resort. The Secretariat highlighted product manufacturer liability and indemnification requirements as a key obstacle in humanitarian access. As a result of this observation, the white paper included a recommendation to seek non-conditional waivers and exceptions from suppliers from the outset.

- Regarding the dynamic demand delivery equation, the Secretariat noted the commitment from the IFPMA constituency in working alongside the Secretariat in adapting delivery timelines, where possible.
- One Board member observed a slowing in disbursing Gavi's COVID-19 vaccine delivery time support as compared to the beginning of the COVID-19 pandemic. The Secretariat explained this as a consequence of CDS funding oversubscription requiring a funding reallocation spread over as many countries as possible to continue to operate, albeit in a restricted environment, resulting in the experienced slowing in delivery.
- In terms of reshaping vaccine supplies, the Secretariat flagged the importance of working alongside manufacturers, as well as sharing the financial risks, throughout the supply timeline.
- Board members encouraged the Secretariat to continue advancing in the market shaping space, as well as addressing vaccine inequities, noting the highest levels of inequity and challenges in lower income countries.
- The Secretariat noted Board members' concerns on under-absorption of early access CDS funds that were released between September and November 2021. Although the Secretariat had not received spending reports for all countries, based on previous spending report estimates, a suggested 60% spending rate implies in-country absorption areas as requiring work. Adjustments and reflections were continuing in shaping a responsive and considered approach in supporting countries in utilising resources.

Decision 11

The Gavi Alliance Board:

- a) **Approved** the continued administration of the COVAX Facility by Gavi in 2023;
- b) **Delegated** to the CEO, with reporting to the Board, the authority to approve flexibility to adapt programmes based upon updated SAGE recommendations for COVID-19 (such as on vaccine use, additional boosters, the need for variant-adapted vaccines), contingent on available supply and funding; and
- c) Informed by the interim approach outlined in Annex A to Doc 05, **approved** future paediatric support (July 2022 onwards) that supports continued limited provision of paediatric doses, based on country plans, targets and demographics, with safeguards related to restoring and maintaining routine immunisation and continued COVID-19 vaccine prioritisation, according to WHO recommendations, in particular of high priority group coverage, and considering sustainability as well as any adverse impact on immunisation programmes.

Roger Connor (IFPMA) recused himself from part c) of Decision 11 above.

Following the conclusion of discussions on Day One of the Board meeting, Board members paid tribute to former Board member, Danny Graymore, following his passing in May 2022. Mr Graymore had represented the United Kingdom on the Gavi Board from 2016 to 2019. Dr Berkley, CEO, Anuradha Gupta, Deputy CEO and several Board members paid tributes and shared personal reflections highlighting Mr Graymore's passion and commitment to Gavi. The Board recalled his legacy in championing global health and observed a moment of silence.

6. Gavi's potential role in pandemic preparedness and response

- 6.1 Helen Rees, Chair of the PPC provided some framing remarks. She noted that the PPC had underscored that vaccine response should be adequately represented in global health architecture. She also highlighted the importance of Gavi being proactive in the dialogue on the pandemic preparedness and response (PPR) agenda and discussions.
- 6.2 David Kinder, Director, Development Finance and Sanne Wendes, Lead, Design Operationalisation, Office of the COVAX Facility presented this item (Doc 06). Mr Kinder presented the Secretariat's end-to-end approach in delivering PPR based on building capacity for preparedness, financial innovation for response and market shaping for resilience. He outlined the ongoing global processes and discussions on PPR.
- 6.3 Ms Wendes highlighted Gavi's model as an important driver of manufacturing diversification. She underlined that Gavi's experience in market shaping for vaccines should be deployed to improve supply resilience, particularly in Africa. She touched on several areas where Gavi would be drawing on lessons learned and outlined the development timelines to advance the work on African Vaccine Manufacturing through to December 2022.
- 6.4 Finally, she referred to the white paper on "A New Era of Vaccine Manufacturing in Africa" which Gavi published in response to the AU request for Gavi support, noting that a detailed analytical report is expected to be published in late 2022 providing an in-depth assessment of the emerging African vaccine markets, and opportunities for Gavi to play a role in shaping this market for increased resilience. This will help feed into the request received from the G7 for Gavi to provide a Market Shaping Strategy to support African vaccine manufacturing.

Discussion

- The Board supported Gavi in building on its existing role in PPR, and welcomed Gavi's work to ensure its inclusion in the Financial Intermediary Fund (FIF) as an implementing entity. It encouraged the Secretariat to build on lessons learned from COVAX, and underlined the need for a clear articulation of: i) the roles and responsibilities of the Global Health Institutions (GHI); ii) how PPR investments will strengthen health systems, particularly PHC; and iii) performance indicators to measure investments success.

- Several Board members underscored that Gavi’s role in responding to pandemics goes beyond vaccine supply, and highlighted the importance of partnerships in creating strong linkages between PPR and HSS, improving RI coverage, supporting stockpiles, addressing delivery challenges, whilst focusing on data management and surveillance.
- The early phase vaccine development work across WHO, and other agencies, was also considered critical. Having different viral families that could be built on for future pathogen threats is important for rapid response and developing vaccine confidence.
- Several Board members called on the Secretariat to carefully consider financial costs and reputational risks, and understand the differing needs of various regions in pandemic response.
- In relation to surge financing, one Board member referred to a joint publication by the World Bank and the IMF in exploring the potential use of existing international financial institution balance sheets, without pre-empting the role of governments to guarantee advance funding.
- Pooled financing for vaccines was underlined by several Board members as an important area for strategic engagement. In this regard, it will be important to clarify roles and responsibilities of Gavi, compared to other organisations working in this space. Furthermore, exploring IFFIm as a tool for contingency financing was noted as important.
- In relation to Gavi’s potential role in supporting the diversification of a sustainable manufacturing capacity in Africa, Board members invited the Secretariat to present to the Board an assessment on a potential role for Gavi in supporting these initiatives, and to provide additional clarity on how the PPR agenda will advance the goals of Gavi 5.0 and Gavi 5.1.
- Several Board members underscored that supporting regional vaccine manufacturing in Africa should go beyond PPR to include malaria vaccines, amongst others.
- The Board underlined the importance of alignment within the Alliance and with CEPI, and highlighted the importance of alignment on regulatory initiatives.
- The Board requested clarity on the premium costs, trade-off assessments, scenario planning, modelling and assumptions for discussion ahead of the December 2022 Board meeting. Several Board members requested additional clarity on the associated financial implications to Gavi and assessing the effects over the next 10-15 years.
- The Secretariat was encouraged to build on previous vaccine-specific AMCs, to explore pooled financing and procurement mechanisms, and to aid capacity development in countries on both demand and regulatory sides.

- Several Board members cautioned against risks of market inefficiency and fragmentation, noting that global and regional markets must remain attractive to innovators to avoid negative impact on supply security.
- The Secretariat was called on to carefully manage expectations, particularly from the AU, and remain clear on what it can and cannot do, particularly as it relates to pricing. The Secretariat underlined information flow as challenging and explained that certain assumptions and statements had been made by the AU without prior consultation with Gavi, including an AU communique requesting COVAX to offtake at least 30% of all vaccines produced in Africa for global consumption. In response, Gavi had published a clarifying white paper. The Secretariat called on the Board to assist Gavi in remaining informed of priority areas for partner engagement.
- The Board noted that it would welcome a discussion on Gavi's role in PPR and in supporting regional manufacturing ahead of the December 2022 Board meeting.
- The Secretariat noted the Board's reflections and concerns and underlined the incorporation of Board input into the thinking and analysis over the coming months ahead of the December 2022 Board meeting, notably on vaccines that would benefit from supplier diversification, vaccines with new investment potential, vaccines with potential for increased demand, and likely premium costs for manufacture on the African continent, alongside the need for continued dialogue with core partners.

7. Review of Fragility, Emergencies, Refugees Policy

- 7.1 Helen Rees, Chair of the PPC, provided framing remarks. She noted that the PPC appreciated that the revised policy has drawn on the external evaluation and commended the extensive consultations with stakeholders. The PPC recommended the policy for approval by the Board and had requested additional information on i) how Gavi engages with countries not classified as fragile but with subnational fragility challenges, ii) engagement in areas where governments are either not willing, or able, to provide services to vulnerable populations. The PPC also requested that learnings from the COVAX Humanitarian Buffer be incorporated and emphasised the importance of strong alignment with other agencies, and integration with other essential services.
- 7.2 Marta Tufet, Head, Policy, presented this item (Doc 07), noting a Fragility, Emergencies, Refugee (FER) policy is now being reviewed to align with Gavi 5.0 and beyond, and to reflect operational realities. She outlined the key changes to the policy, including a revised classification for chronic fragility, a clear role in emergencies, and expanded scope to include all displaced populations, rather than just refugees, entailing a policy name change to Fragility, Emergencies and Displaced Populations (FED).
- 7.3 She noted that with 40% of zero-dose children concentrated in fragile settings, the policy is part of Gavi's broader effort in having a more tailored approach to engaging in countries facing fragility or conflict. This includes the development of

a fragile and conflict segment, differentiated processes depending on context and greater priority towards fostering partnerships with key actors. She concluded by noting that the Secretariat will develop detailed operational guidelines, working with country stakeholders, Alliance and expanded partners, following the approval of the policy.

Discussion

- The Board welcomed the revised policy and commended the extensive consultations with partners, building on the external evaluation, the inclusion of internally displaced populations (IDPs), and the focus on rapid response to emergencies.
- Board members highlighted that as more countries transition out of Gavi's support, Gavi's portfolio will increasingly comprise of countries with fragile and conflict contexts which calls for Gavi 6.0 to rethink Gavi's model, policies and strategies to be more effective in responding to these countries in the future.
- Several Board members underlined that the policy implementation will require strong engagement with the local communities, CSOs and partners. The Secretariat noted that the policy allows direct support to partners, CSOs and others, and that close coordination with these entities is a top priority for the implementation plans.
- Board members underscored the importance of systematically providing flexibilities to countries, particularly on waiving co-financing requirements. The Secretariat confirmed that provisions for exceptional waiving of co-financing were a separate decision point in the Consent Agenda (Decision 7).
- The Secretariat clarified that the policy is broad, multi-dimensional and considers the lessons learned and Gavi's experience in responding to emergencies, such as in Afghanistan and Myanmar. Gavi has placed concerted efforts and attention on fragile countries through the segmentation of country programmes work, underpinned by the principle of a differentiated approach. Programmatic, financial and process flexibilities are extended to countries that would be reported on to the Board through a quantitative, as well as a qualitative, analysis.
- The Secretariat noted that a Monitoring and Evaluation (M&E) framework, along with a theory of change and results framework have been developed and were part of the Board review package. However, these will continue to be refined considering the learnings from the COVAX Humanitarian Buffer and other activities.
- For emergencies, Board members insisted to align grading emergencies with existing emergency declaration and grading mechanisms used by the WHO and the Global Health cluster, as well as alignment with the Immunization Agenda 2030. In addition, the need for fast-tracking disbursements to countries in acute emergencies was strongly emphasised, and the Secretariat confirmed that this would be closely monitored through the M&E framework and will continue to be refined. The Secretariat would also share implementation updates with the Board.

- One Board member underlined the importance of synergies with Gavi core operations and encouraged integrated service delivery. The Secretariat acknowledged the importance of integration and referred to the inclusion of refugees under the immunisation programme in Burundi for the first time in three years, demonstrating the power of the Alliance.
- The Board underlined the need to have a clear approach and principles in dealing with complex situations where governments are not willing to provide services to displaced populations.
- The Secretariat was encouraged to provide further clarity on how to manage cross-border indemnification and liability requirements.

Decision 12

The Gavi Alliance Board:

- a) **Approved** the revised Fragility, Emergencies and Displaced Populations Policy attached in Annex A to Doc 07; and
- b) **Granted** the Gavi Secretariat Emergency Declaration Team¹ the authority to waive the requirement for independent review for new funding as per the Programme Funding Policy. This will be only in time-sensitive situations, with the objective to swiftly disburse funding in acute emergencies on a no regrets basis, noting that the framework including guardrails under which the Emergency Declaration Team can waive the requirements for independent review will be defined by the Secretariat in the operational guidelines, along with requirements for retrospective reporting to governance bodies including the Programme and Policy Committee and the Audit and Finance Committee.

8. Update on Malaria Vaccine Programme

- 8.1 Helen Rees, Chair of the PPC, provided a summary of PPC deliberations on this topic, beginning with vaccine demand response, encouraging a simplified and streamlined application process to provide a clear sense of demand, continued and uninterrupted supply to the Malaria Vaccine Implementation Programme (MVIP) pilot countries, and emphasising the need to continue the use of existing and recommended interventions (beyond solely vaccines) in malaria prevention. The PPC had raised concerns around the limited vaccine supply, and Prof Rees outlined the consultative process between WHO, UNICEF and Gavi in establishing a malaria allocation framework to guide equitable allocations within this constrained environment.
- 8.2 Jalaa' Abdelwahab, Director, Vaccine Programmes and Stephen Sosler, Head, Vaccine Programmes provided an update on the progress in the design of the

¹ The Emergency Declaration Team is composed of MD Finance & Operations and MD Country Programmes, however, in decisions requiring waiving independent review, the Director of Strategy, Funding & Performance will also be part of the decision making, given their role as second line of defence for Gavi's review process.

malaria vaccine programme (Doc 08). Mr Abdelwahab highlighted the substantial journey and considerable work across Alliance partners in reaching this milestone, whilst deserving of celebration, still requires long-term vision and continued commitment.

- 8.3 He highlighted the anticipated publication of the vaccine allocation framework was expected to inform the allocation of available vaccine doses guided by the principles of equity, inclusiveness and transparency.
- 8.4 Mr Sosler outlined the evolution timeline of the malaria vaccine programme, noting that the Secretariat and Alliance partners had, together with expanded partners, launched a malaria vaccine co-ordination team (MVCT), and that bilateral discussions between Gavi and the Global Fund in exploring synergies, were ongoing.
- 8.5 He noted the updated vaccine funding guidelines as including a malaria-specific chapter enabling MVIP country applications in September 2022 to ensure programming continuity, as well as non-MVIP country expression of intent submission and supported by applications from January 2023. Finally, he highlighted the updated timelines had been communicated to countries.

Discussion

- Board members commended the advancements and progress in the design of the malaria vaccine programme, and stressed the urgency in moving forward in this area.
- With respect to manufacturing capacity, the Secretariat noted the encouraging expansion plans as announced by the Board Member representing the IFPMA constituency, in matching adjuvant and antigen capacities in efforts to increase vaccine production.
- Board members stressed the need for urgency in addressing supply constraints and underscored the importance of the allocation framework in ensuring equitable vaccine allocations. One Board member cautioned an unintended consequence of supply constraints as a lack of trust resulting in low uptake and encouraged clear communication from the outset.
- Board members were supportive of recommendations put forth by the Board member representing WHO, namely: i) in light of implementation as soon as possible, encouraging the Secretariat and its partners to, as much as possible, explore ways to facilitate vaccine introductions by end 2023; ii) operationalise, as soon as possible, the technical assistance funds, as approved by the Board in December 2021, in supporting application development; iii) in ensuring vaccine affordability, and noting the yet to be finalised review of the Co-financing Policy, as not delaying vaccine access; and iv) implement and finalise market shaping policy in ensuring increased supply.
- Board members highlighted continued coordination and alignment between partners as paramount in supporting country readiness and understanding of financial constraints further down the line, given the final review of the Co-financing

Policy would be submitted for Board consideration at its December 2022 meeting and will include the proposed co-financing arrangements for the malaria vaccine. One Board member highlighted the importance of a long-term overview of the financial implications of the malaria vaccine programme, in particular ongoing discussions would be needed following vaccine pricing visibility. The Secretariat expressed confidence in the robust safeguards within the Co-financing Policy and noted the importance of a consistent message, following Board guidance and decision, in ensuring one voice in vaccine implementation and service delivery.

- With respect to funding application window timelines, the Secretariat clarified several aspects, including its commitment, together with Alliance and other partners, to explore ways to accelerate internal processes. The Secretariat expressed appreciation for partner support and commitment at country level in supporting quality applications. Expressions of interest, as well as vaccine pricing visibility, are expected by end September 2022, whereafter the Secretariat can consider country level prioritisation in efforts to guide and assist country decisions ahead of the application process for non-MVIP pilot countries.
- Board members requested clarification on the overall coordination between Gavi and the Global Fund, noting the importance of collaboration given the heightened profile of vaccine rollout and potential reputational risk. The Secretariat outlined two areas of alignment. Firstly, for application support, the Secretariat acknowledged both organisations as having comprehensive processes and noted the commitment to explore possibilities for countries to submit only once documentation which is required by both organisations. The Secretariat would also seek to leverage the Global Fund's knowledge from its technical review committee. Secondly, acknowledging vaccines as an additional tool in combating malaria, on the ground targeted technical assistance as imperative in ensuring effective vaccine applications, for which the Global Fund is the main funding partner for organisations such as Roll Back Malaria. The Secretariat is able to leverage valuable information in providing targeted vaccine assistance.
- In supporting country readiness during vaccine rollout, the Board member representing WHO noted the upcoming workshop, where organisations alongside the Secretariat, including MVCT partners, the Global Fund, US Center for Disease Control and Prevention (CDC), World Bank, US Agency for International Development (USAID) and UNICEF, had been invited to participate and shape the agenda.
- Board members underscored the importance of incorporating learnings from the pilot vaccine programme, as also engaging a holistic range of operations, not limited to vaccines, in combating malaria, particularly in high transmission areas. In this regard, the Secretariat expressed an aspiration that for each vaccination, each child also receives a bed net.

9. Gavi's Approach to Engagement with Former and Never-Eligible Middle-Income Countries (MICs)

- 9.1 Helen Rees, Chair of the PPC provided framing remarks. She highlighted the lengthy discussions of the PPC during its May and June 2022 meetings, noting that the PPC underscored the importance of sustainability and responding to country needs. The PPC agreed that now was not the time to expand eligibility to include all Upper Middle-Income Countries (UMICs) under US\$ 6,000 Gross National Income (GNI) p.c. into the MICs Approach, but rather countries reclassified as Lower-Middle Income Countries (LMICs) following falls in GNI as per forthcoming World Bank data releases would become eligible under the MICs Approach. She noted the PPC's recommendation for a rules-based approach to guide support to fragile eligible-MICs, and reported that following validation of the Secretariat's approach, and additional data, the PPC has recommended to treat Venezuela as eligible under the MICs Approach.
- 9.2 Prof Rees underlined the potential for other MICs-eligible countries becoming fragile MICs, which requires a careful balance between following a rules-based approach, whilst retaining some flexibilities in responding to country needs. Finally, she noted the PPC's concern in avoiding unintended consequences to the PAHO Revolving Fund because of the MICs Approach.
- 9.3 Santiago Cornejo, Director, Immunisation Financing & Sustainability provided an overview of the MICs Approach (Doc 09). He explained that the proposal presents how best to continue to deliver the MICs Approach for the remainder of Gavi 5.0. He noted the core MICs Approach follows what had been approved by the Board in 2020 and referred to the impact that the COVID-19 pandemic has had on the implementation of support to mitigate backsliding in former-Gavi countries, noting however that significant momentum had been observed over the previous months. With reference to fragility, he outlined the three criteria to be met by MICs-eligible countries in qualifying for support.
- 9.4 Regarding Venezuela's eligibility for MICs support, he underlined the extreme economic crisis currently facing the country, and the lack of World Bank income classification data in guiding the Secretariat in reaching an eligibility decision. He explained that the IMF country team had validated the Secretariat's related analysis, which was followed by UN data classifying Venezuela as an LMIC.
- 9.5 He concluded by underlining the MICs Approach as a learning agenda with a clear focus on results. He noted the continued close collaboration with countries, alongside Alliance and expanded partners, and recognised the unique roles and mandates of stakeholders, such as PAHO, in delivering the shared agenda.

Discussion

- Several Board members emphasised the importance of supporting MICs in maintaining and restoring their RI programmes and preventing backsliding. The number of countries currently facing hardships in the EMRO region was underscored emphasising the need for flexibility in supporting such countries and adapting the MICs learning agenda.

- Regarding backsliding in former Gavi-eligible countries, several Board members emphasised the importance of accelerating the US\$ 20 million funding support, as approved by the Board in 2019. It was underscored that funding for the MICs Approach should be catalytic, accompanied by clear exit plans, whilst working alongside countries in ensuring ownership and sustainability. The Secretariat referred to ongoing efforts in accelerating this support, noting the significant setbacks as caused by the COVID-19 pandemic, and highlighted related progress in several countries, including Honduras, Indonesia and Angola.
- In situations where a lack of country income classification and/or GNI data makes determining eligibility difficult, several Board members highlighted the need to move beyond a bureaucratic function at the Board level, and delegate to the Secretariat, led by the CEO, the authority to assess the totality of macroeconomic indicators in arriving at a judgement on eligibility for support in line with the direction of the available criteria. In doing so, this removes individual country decisions at Board level, also enabling a rapid response in humanitarian contexts.
- The Board discussed the use of GNI per capita as the metric for eligibility for Gavi support, recognising the challenges in determining additional appropriate measures, but noting that GNI may not be the only relevant metric to decide eligibility for support when considering fragile MICs. Several Board members highlighted the application of a GNI criteria as having been raised previously and acknowledged the difficulty in finding a perfect set of criteria. The Board requested the Secretariat to present to the Board proposals for a broader approach to eligibility for Gavi 6.0 beyond GNI p.c criteria, building on the work to date.
- In reference to market-shaping, several Board members expressed concern on the potential impact of the pooled demand approach and requested the Secretariat to work with PAHO to reduce the likelihood of any unintended negative impacts on the MICs vaccine market in that region. The Secretariat clarified the establishment of a working group, together with UNICEF Supply Division and the PAHO Revolving Fund in addressing this issue, and underlined the need for complementarity, recognising each organisation's principles and mandates, and finding areas of common collaboration.
- One Board member welcomed the vaccine price freeze commitment for former Gavi-eligible countries from some manufacturers, through 2025, and requested to continue identifying strategies to best ensure sustainable vaccine prices.
- In relation to a question as to whether the malaria vaccine should be included as part of the MICs Approach, the Secretariat explained the MICs approach covers the period up to 2025, during which time the supply availability of the malaria vaccine is expected to be very limited. The Secretariat acknowledged a potential future review in line with the evaluation of the impact of the MICs Approach.
- The Board welcomed the decision to treat Venezuela as eligible under the MICs Approach, noting the substantial needs and magnitude of backsliding in the country, as also the risks to neighbouring countries. The Secretariat explained that under the rules-based approach to supporting fragile MICs, work is ongoing to define an exit strategy for the country from any future potential Gavi support,

alongside UNICEF, WHO, PAHO, donor countries and the Venezuelan government, consisting of potentially earmarking frozen assets for the procurement of vaccines.

- In reference to the needs of the small island developing states particularly vulnerable to increasing risks of climate change, the Secretariat confirmed that several small island states eligible for International Development Association (IDA) support, are included under the MICs Approach.
- One Board member commended the Secretariat's commitment not to disrupt existing relationships between countries and vaccine manufacturers and highlighted the ongoing work in finding sustainable solutions for vaccine introductions.
- In responding to comments on Gavi support to Ukraine, the Secretariat confirmed that it is working closely with the country and Alliance partners on the ground to monitor the country's immunisation needs.
- Whilst noting Board members' encouragement in accelerating the implementation of the MICs Approach, the Secretariat clarified the rationale in providing support in backsliding in a manner so as not to create dependencies and ensuring an exit strategy is in place. In this regard, ongoing country dialogue is key, and was acknowledged as challenging during the COVID-19 pandemic.

Decision 13

The Gavi Alliance Board:

- a) **Approved** updating the list of lower middle-income countries eligible for support under the MIC's Approach in line with 2021, 2022 and 2023 World Bank GNI data released in 2022, 2023 and 2024 respectively;
- b) **Approved** the proposed intervention, Secretariat resourcing, and funding approval pathways as per Annex B to Doc 09;
- c) **Approved** extending the implementation time from until June 2022 to until the end of December 2025 for use of the US\$ 20 million for targeted support previously approved by the Board in June 2020 for former Gavi-eligible countries;
- d) **Approved** the rules-based approach to supporting MIC's that meet the conditions to receive dedicated fragility support as outlined in Annex C to Doc 09; and

Noting that a GNI classification is not available for Venezuela, and that there is a national and regional threat to immunisation coverage, and further to additional consultations with relevant partners on a best estimate of GNI

- e) **Agreed** that Venezuela be treated as eligible under the MIC's Approach.

Juan Pablo Uribe (World Bank), Omar Abdi (UNICEF), Zsuzsanna Jakab (WHO) and Roger Connor (IFPMA) recused themselves and did not participate in Decision 13 above.

10. Committee Chair and IFFIm Board reports

- 10.1 The Chair introduced this item, recognising the exceptional levels of important work undertaken by the Committees and the IFFIm Board, alongside the Gavi leadership, and commended members in their commitment and agility in realising Gavi's mission.

Governance Committee

- 10.2 Sarah Goulding, Governance Committee Chair, reported on the ongoing routine and recurring governance business around Board and Committee nominations (including Committee Leadership), recruitment of Unaffiliated Board Members (including the Governance Committee Subcommittee), monitoring of the application of Guiding Principles on Gender for Board and Committee nominations, as well as monitoring of the governance risk matrix.
- 10.3 She highlighted the work around COVAX, including consideration of issues such as transaction costs associated with increased Board and Committee meetings, issues around accountability, as well as challenges the Board may experience in adequately exercising oversight or strategic direction.
- 10.4 Ms Goulding reported on the status of the CEO recruitment process and highlighted the CEO Recruitment Search Committee as being very well engaged and the process as being on track. She noted the Board would be provided with regular updates. Governance Committee members were keen to ensure that the recruitment process is one of openness, inclusion, as well as ensuring candidate diversity, particularly candidates from the Global South.
- 10.5 She noted the regular focus on COVAX Facility Governance, particularly in light of the limited responses to surveys carried out by the COVAX Facility Shareholders Council and the AMC Engagement Group as indicating a need to be fit for purpose in responding to the evolving COVID-19 landscape. She highlighted the COVID-19 Vaccine Delivery Support Temporary Steering Committee as having met regularly.
- 10.6 Ms Goulding highlighted the recommendations by the Governance Committee in strategic amendments to the Market-Sensitive Decisions Committee (MSDC) Charter.
- 10.7 Finally, following governance discussions at the Board Retreat in April 2022, the Governance Committee had integrated a number of areas into its formal work plan, including: i) the potential need for additional PPC and Board meetings in light of rapidly changing contexts requiring steering and decisions; ii) management of risks within the COVAX vaccine portfolio; iii) evolution in PPR discussions including market-shaping within African regions, price premium and the need for Board engagement as to options; and iv) the integration of Gavi 5.1.

Audit and Finance Committee

- 10.8 Naguib Kheraj, Audit and Finance Committee Chair, reported on the normalisation of the Audit and Finance Committee (AFC) meeting schedule following the

substantial number of meetings, particularly in support of COVAX, over the previous two years, and noted the continued efforts in streamlining and efficiency.

- 10.9 He reported the year-end financial accounts as having been signed off and commended the excellent work by the Secretariat and auditors. He noted the list of unadjusted items as negligible, and given the size of the organisation and complexity of the work undertaken, can be considered a good result.
- 10.10 Mr Kheraj reported on the AFC's regular review of the COVAX supply and demand landscape. In reaching a technical accounting solution, as well as arriving at a rationale without disclosures (other than the risk of a supply and demand imbalance), required a concerted effort between the Secretariat and auditors in obtaining the necessary comfort to issue the year-end accounts.
- 10.11 Finally, the AFC had received regular risk updates from the Head of Risk, and at its last meeting, had a presentation and discussion on cybersecurity risks facing the organisation, and follow up presentations planned.

Investment Committee

- 10.12 In the absence of Afsaneh Beschloss, Chair of the Investment Committee (IC), the Chair noted the IC report as having been submitted ahead of the Board meeting, highlighting the report as including a revised updated Investment Policy, effective as of this Board meeting.

Programme and Policy Committee

- 10.13 Helen Rees, Chair of the PPC, reported on the activities of the PPC, which, since the last report to the Board, had met twice, once in person in Geneva and once virtually.
- 10.14 She reported that at its meeting in May 2022, the PPC had received an update from the CEO and a report from the Deputy CEO on strategy, programmes, and partnerships. Items submitted for PPC guidance and recommendation, had already been discussed by the Board earlier in the day, namely COVAX: Key Strategic Issues, Gavi's potential role in pandemic preparedness and response, the review of the Fragilities, Emergencies and Refugees Policy, the update on the Malaria Vaccine Programme, and Gavi's Approach to Engagement with Former and Never-Eligible Middle-Income Countries (MICs). The PPC had met again in June 2022 to further discuss the MICs approach.
- 10.15 Two items had been put forward as recommendations to the Board on the consent agenda, namely: the Funding Policy Review and the Innovation Approach for Gavi 5.0. In relation to the Funding Policy Review, the PPC welcomed the simplification of the policies and noted a broader approach to eligibility, beyond GNI, be considered in Gavi 6.0. The PPC supported the recommendation that for countries facing severe fiscal distress and/or countries facing a humanitarian crisis, the Secretariat has the authority to implement an approach in applying co-financing flexibilities. The PPC strongly supported the overall Innovation Approach for Gavi 5.0 and recommended the approval of US\$ 50 million in additional funding for HSS for those countries interested in scaling proven innovations. The PPC expressed

their excitement in the calibre of innovations, whilst noting the need for a transparent innovation monitoring framework.

- 10.16 This being her last report to the Board before stepping down as PPC Chair, Prof Rees reflected on the PPC as a highly engaged Committee. She highlighted Gavi as a uniquely successful organisation and as benefitting from the advantage of extensive engagement through each PPC member's distinct constituency representation and insight. She encouraged the Secretariat, alongside its Alliance partners, to continue working to its strengths.

Evaluation Advisory Committee

- 10.17 James Hargreaves, Evaluation Advisory Committee Chair, presented his report on the activities of the Evaluation Advisory Committee (EAC), which had met once since the last report to the Board. He highlighted the EAC as a majority independent committee providing oversight to the evaluation activities of Gavi on behalf of the Board. Six new members had attended their first EAC meeting in March 2022.
- 10.18 He outlined the EACs oversight as guided by the three evaluation principles of: i) independence; ii) utility and; iii) credibility. In safeguarding independence, the EAC has provided guidance in ensuring an independent evaluation process for steering committees working alongside independent evaluators, and in this regard, recommended widening the pool of independent expert suppliers. On ensuring utility, the EAC noted and was encouraged by the Secretariat's attention in this area. To be useful, evaluations require stakeholder consultations throughout, visibility, timely, as well as engaging in discussions, particularly difficult discussions. In enhancing the rigour of evaluation work, at its meeting in March 2022, the EAC began discussions on the methods applied in the evaluations during Gavi 4.0, and which discussions would continue at the next EAC meeting in September 2022. The EAC applauded Gavi's use of the Theory of Change and had discussed the benefits in having greater consideration of both impact and economic evaluation methods in complementing evaluations.
- 10.19 With respect to the periodic review of the evaluation structures within Gavi, the EAC has begun discussing a review of the evaluation function in light of possible future organisation of the function leading into Gavi 5.1 and 6.0. He highlighted upcoming milestones in the evaluation calendar, including: i) the recent publication of the request for proposals (RFPs) for the multi-year evaluation of Gavi's contribution in reaching zero-dose children and missed communities; ii) the upcoming launch of the evaluation of Gavi's strategy operationalisation and funding levers; iii) the evaluation of Gavi's initial response to the COVID-19 pandemic. Draft reports were expected between August and September 2022, with all three evaluations feeding into Gavi's 5.0 midterm evaluation.
- 10.20 Prof Hargreaves outlined the COVAX evaluation as having undergone an initial evaluability assessment, and a baseline and formative review process was currently in progress. Interim findings were also expected in August and September 2022 and the EAC was seeking ways in bringing evaluation findings to light as soon as possible. He noted that, whilst sympathetic to the challenges

facing Gavi and COVAX, the EAC felt it important to pin down the evaluation methodology sooner rather than later.

- 10.21 And finally, he noted that the EAC had originally considered three evaluation stages: i) evaluation assessment, ii) baseline stage; and iii) long-term evaluation. The EAC strongly expressed the need for a robust new commissioning process for multi-stage evaluations, given the changing context of the evaluation process going forward, as well as safeguarding independence.

IFFIm Board

- 10.22 Kenneth Lay, IFFIm Board Chair, delivered the report of the IFFIm Board, noting the rapidly evolving role of IFFIm in contributing US\$ 872 million to Gavi 4.0 programmes, to disbursing approximately US\$ 1 billion to Gavi 5.0 from the current funding capacity of US\$ 3.3 billion.
- 10.23 He outlined a number of IFFIm's approaches, building on experiences, in supporting advanced market commitments and other backstop guarantees for vaccine procurement, as well as exploring new approaches for donor pledges, whilst potentially broadening donor bases to include the private sector. IFFIm had discussed approaches to blended financing in which IFFIm and donors could provide enhanced enabling instruments to market, as broadening the nature of the financial instruments provided by IFFIm.
- 10.24 He reported on IFFIm's strong financial position as highly rated by global credit rating agencies (overall AA (stable)), as well as its strong value amongst donors. He highlighted the recent additional UK contribution of approximately US\$ 500 million following an A+ rating by the UK Foreign, Commonwealth & Development Office.
- 10.25 Mr Lay indicated that to date, and following approximately 40 bond issuances, IFFIm benefits from a strong investment franchise grounded in factors such as creditworthiness, liquidity within securities, as well as being a 'pure play' socially responsible ESG investing platform, all of which complimented with conservative financial policies. He briefly noted the contingent pledge discussions, considering recent PPR discussions, as well as existing IFFIm pledges, as bringing certainty in response without the requirement of advanced donor disbursements.
- 10.26 Finally, he highlighted recent market activity following the issuance of US\$ 1 billion in two tranches in 2021, as well as current investor relations underway for 2022 financing. He noted the increasingly complicated market environment and discussions were underway in considering expanding credit lines in managing foreign exchange and interest rate risks. He noted IFFIm as being in overall good shape, whilst ongoing monitoring of funding requirements in the evolving landscape, is required in meeting funding requests, and sustaining funding and financial policies.

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 his thanks and appreciation to the Board for a productive meeting.
- 12.2 After determining there was no further business, the meeting was brought to a close.

Prof José Manuel Barroso
Chair of the Board

Ms Brenda Killen
Secretary to the Board

Attachment A

Participants

Board members

- José Manuel Barroso, Chair
- Sarah Goulding, Vice Chair
- Omar Abdi
- Kwaku Agyeman-Manu
- Takeshi Akahori
- Beth Arthy
- Anahit Avanesyan
- Bernhard Braune
- Awa Marie Coll Seck*
- Roger Connor
- Margaret (Peggy) Hamburg
- Aamer Ikram*
- Zsuzsanna Jakab
- Robert Kargougou
- Naguib Kheraj
- Violaine Mitchell
- Marta Nunes
- Helen Rees
- Teresa Ressel
- John-Arne Røttingen
- Anne Schuchat
- Juan Pablo Uribe
- Rafael Vilasanjuan
- Yibing Wu*
- Seth Berkley (non-voting)

Alternates Observing

- Edna Yolani Bátres
- Megan Cain
- Gabriella Fésus
- Atul Gawande
- Mohamed Jama
- Joris Jurriëns
- Etleva Kadilli
- Silvia Lutucuta
- Bvudzai Magadzire
- Francesca Manno
- Alaa Murabit
- Kate O'Brien
- Saad Omer
- Bounfeng Phoummalaysith
- Michael Kent Ranson
- An Vermeersch

Regrets

- Afsaneh Beschloss
- Mahima Datla
- Won Do-yeon (Alternate)
- Mansukh Mandaviya
- Xiang Shu (Alternate)
- Lia Tadesse (Alternate)

ADDITIONAL ATTENDEES

EVALUATION ADVISORY COMMITTEE

Prof James Hargreaves, Professor of Epidemiology and Evaluation, London School of Hygiene and Tropical Medicine and EAC Chair

IFFIm

Mr Kenneth Lay, IFFIm Board Chair
Ms Doris Herrera-Pol, IFFIm Director
Ms Ingrid Van Wees, IFFIm Director

BILL AND MELINDA GATES FOUNDATION

Ms Sue Graves, Deputy Director, Health Funds and Partnerships, Global Delivery Programs
Mr Nima Abbaszadeh, Senior Programme Officer, Advocacy and Communications
Mr Adrien de Chaisemartin, Deputy Director of Strategy Planning & Management*
Ms Magdalena Robert Juarez, Deputy Director, Program Advocacy and Communications

WORLD BANK

Ms Sarah Alkenbrach, Senior Health Economist with the Health Nutrition and Population Global Practice*
Ms Katharina Ferl, Economist
Ms Clementine Laurence Murer, Health Financing Analyst

UNICEF

Dr Ephrem Tekle Lemango, Associate Director, PG/Health - Immunization
Mr Andrew Owain Jones, Principal Adviser, Vaccine Center, Supply Division
Mr Benjamin Schreiber, Senior Health Adviser, COVAX

WORLD HEALTH ORGANIZATION

Dr Tania Cernuschi, Team Lead, Global Access
Ms Lauren Franzel-Sassanpour, Unit Head, Vaccine Alliances & Partnerships
Dr Mary Hamel, Senior Technical Officer, Lead for the Malaria Vaccine Pilot Programme and Malaria Vaccines
Dr Ann Lindstrand, Deputy – Covid Vaccine Delivery Partnership and Unit Head EPI-Essential Programme on Immunization
Ms Natalie Van de Maele, Economist

IMPLEMENTING COUNTRIES GOVERNMENTS

Cameroon

Mr Emmanuel Maina Djoulde, Deputy Director General of the National Blood Transfusion Service, Ministry of Public Health

Ghana

Ms Linda Nanbigne, Personal Assistant to the Minister of Health

Lao PDR

Dr Phongsavang Bounsavath, Deputy Director of Secretariat Division, Cabinet of the Ministry of Health
Dr Chanthanom Manithip, Permanent Secretary of the Cabinet of the Ministry of Health
Dr Phonephaseuth Ounaphom, Director General, Department of Hygiene and Health Promotion, Ministry of Health
Dr Kongxay Phounphenghack, Head of Vaccine Preventable Disease Division
Mr Alomlangsy Rajvong, Second Secretary, Permanent Mission to the UN and Other International Organisations, Geneva

Nigeria

Dr Kelechi Ohiri, CEO Health Strategy and Delivery Foundation (HSDF)

DONOR GOVERNMENTS

Australia

Ms Naomi Dumbrell, Director, Department of Foreign Affairs and Trade
Ms Margot Morris, Assistant Director, Health Funds Section, Department of Foreign Affairs and Trade
Ms Christina Sturrock, Counsellor Development, Permanent Mission to the UN and Other International Organisations, Geneva

Canada

Ms Melissa Sutherland, Director General, Global Affairs
Ms Danielle Hoegy, Senior International Development Officer, Global Affairs

European Commission

Mr Grégoire Lacoïn, Senior Health Expert, Health Advisory Service to the EC

France

Ms Anne-Sophie Travert, Policy Advisor, French Ministry for Europe and Foreign Affairs

Germany

Ms Johanna Stratmann, Advisor, Global Health Initiatives, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)

Ireland

Mr Paul Troy, Global Health Advisor, Department of Foreign Affairs

Italy

Mr Gianmarco Coccozza, Associate Administrative Officer, Ministry of the Economy and Finance

Japan

Mr Yoshitaka Kitamura, Director, Office of Global Health Cooperation, International Affairs Division, Minister Secretariat, Ministry of Health, Labor and Welfare*
Mr Hiroshi Matsumura, First Secretary, Permanent Mission to the UN and Other International Organisations, Geneva
Ms Makiko Yoneda, Deputy Director, Global Health Policy Division, International Cooperation Bureau, Ministry of Foreign Affairs*

Kuwait

Dr Khaled Alaied, Minister of Health, Kuwait
Ms Suha Alsalah, Legal Adviser of Minister of Health, Kuwait
Mr Rihab Abdullah Alwotayan, Director of International Health Relations, Ministry of Health, Kuwait
Mr Fahad HF Aleisa, Personal Manager of the Minister of Health, Kuwait

Luxembourg

Ms Clarisse Geier, Secretary of Legation, Ministry of Foreign and European Affairs

Netherlands

Ms Hannah Haaij, Policy Officer, Ministry of Foreign Affairs

Norway

Mr Andreas Karlberg Pettersen, Senior Adviser, Norad
Ms Kristine Onarheim, Senior Advisory, Ministry of Foreign Affairs
Ms Anja Sletten, Senior Advisor, Norad

Qatar

Mr Mashaël Yousef Muftah, International Aid Officer, Qatar Fund for Development*

Republic of Korea

Mr Euijoong Choi, Political Attaché, Permanent Mission to the UN and Other International Organisations, Geneva
Mr Jeongmin Kwon, Second Secretary, Development Cooperation Bureau, Republic of Korea*

Saudi Arabia

Ms Shaima Tariq Raqaban, Head of International Financial Institutions, Ministry of Finance, Kingdom of Saudi Arabia

Spain

Mr Miguel Casado Gomez, Senior Desk Officer, Ministry of Foreign Affairs

Sweden

Mr Jakob Ström, COVAX Coordinator, Ministry of Foreign Affairs

Switzerland

Ms Sophie Delessert, Senior Policy Advisor, Swiss Agency for Development and Cooperation

United Arab Emirates

Ms Lubna Qassim Mohamed Yousouf Albastaki, Minister Plenipotentiary, Deputy Permanent Representative, Permanent Mission to the UN and Other International Organisations, Geneva

United Kingdom

Ms Sophie Bracken, Vaccines Policy Adviser at Foreign, Commonwealth and Development Office
Ms Susan Elden, Senior Health Advisor, Foreign, Commonwealth and Development Office
Ms Elizabeth Williams, Gavi Programme Manager Foreign, Commonwealth and Development Office

United States of America

Ms Beth Tritter, Director, COVID-19 Vaccine Access and Delivery Initiative
Ms Carmen Tull, Chief, Child Health and Immunization Division, USAID

VACCINE INDUSTRY – INDUSTRIALISED

Dr Lamia Badarous Zerroug, Vaccines Public Affairs Head, Sanofi Pasteur
Dr Joan Benson, Executive Director, Public Health Partnerships, Global Vaccines Public Policy, Merck
Dr Laetitia Bigger, Director, Vaccines Policy, IFPMA
Dr Migena Bregu, Director, Global Vaccine Policy, Johnson and Johnson
Ms Julie Hamra, Senior Director, Emerging Markets Public Affairs, Pfizer
Ms Ariane McCabe, Director, Global Health and Public Affairs, GS

VACCINE INDUSTRY – DEVELOPING

Dr Rajinder Kumar Suri, CEO, Developing Countries Vaccine Manufacturers' Network, India

CIVIL SOCIETY ORGANISATIONS

Ms Anne Marie Mbengue Seye, General Administrator of Afrivac, Senegal
Ms Lisa Hilmi, Executive Director, CORE Group, US
Ms Brenda Kamanga, Programme Manager-GAVI CSO Hosting Arrangement, Amref Health Africa, Malawi
Mr Anthony Ombara, Advocacy Manager (Gavi CSO Hosting), Amref Health Africa, Kenya
Ms Sheetal Sharma, Gavi CSO Steering Committee and Senior Adviser Immunization, Kenya

RESEARCH & TECHNICAL HEALTH INSTITUTES

Dr Jon Abramson, Chair and Professor of the Department of Pediatrics at Wake Forest University Baptist Medical Center, US*

Ms Rachel Hore, Senior Policy Officer, Wellcome, UK*

Dr Sushant Sahastrabudde, Associate Director General, International Vaccine Institute, Republic of Korea

SPECIAL ADVISERS

Ms Stella Villares, Special Adviser to the Board Chair

Dr Muluken Desta, Special Adviser to the Anglophone Africa constituency

Ms Ruzan Gyurjyan, Special Adviser to the EURO constituency

Dr Zaeem Haq, Special Adviser to the EMRO constituency

Dr Pratap Kumar Sahoo, Special Adviser to the SEARO & WPRO constituency*

Dr Rolando Pinel, Special Adviser to the PAHO constituency

Mr Oulech Taha, Special Adviser to the Francophone/Lusophone Africa constituency

Ms Carol Piot, Special Adviser to the IFFIm Board

OTHER OBSERVERS

Mr David Sidwell, Former Gavi Board member, US

Mr Sulaiman Aldakheel, General Manager, Gulf Health Council

Ms Lori Sloate, Senior Director for Global Health, UN Foundation*

**Attending Virtually*