

Gavi Alliance Board Meeting

30 November 2021 – 2 December 2021

Virtual meeting

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 15.15 Geneva time on 30 November 2021. Prof José Manuel Barroso, Board Chair, chaired the meeting.
- 1.2 The Chair welcomed Kenneth Lay, Chair of the International Finance Facility for Immunisation (IFFIm) Board and other directors of the IFFIm Board; as well as James Hargreaves, Chair of the Evaluation Advisory Committee.
- 1.3 Prof Barroso provided a summary of the Board and Board Committee's activity since the last Board meeting in September 2021, which had included 16 formal meetings of Gavi Board Committees and other related bodies. He noted that this high level of engagement meant that the decisions before the Board had been well prepared and should not require further detailed discussion.
- 1.4 The Chair presented a short summary of the All Chairs Group (ACG) meeting on 30 November 2021, during which the Group had discussed the Board agenda and recent discussions of the agenda items in the Gavi Board Committees. The ACG also emphasised the importance of good governance practices, especially throughout this period of uncertainty and heavy Board workload.
- 1.5 He reflected on the progress that has been seen on both Gavi core business and COVAX. He noted that despite pandemic-related disruptions to immunisations services, the Alliance had achieved or exceeded all of its Gavi 4.0 mission targets.
- 1.6 The Chair also noted that the ambitious targets set for COVAX for 2021 had not all been reached. This reflects a whole range of issues – from export restrictions to stockpiling to production shortfalls – most of which were outside Gavi's control. But it does not reflect any lack of commitment by those working on COVAX, who have gone beyond expectations to find ways to bring vaccines to the developing world. The latest figures show the impact of the 'year-end sprint' that has resulted in 555 million doses having been shipped and 1.4 billion doses having been allocated.
- 1.7 He also remarked that the current period has brought new challenges, including a recent surge in cases, the emergence of new variants, along with a clamour for boosters and continued vaccine hesitancy, demonstrating that the pandemic has not reached its end.
- 1.8 Prof Barroso reported that he had participated in several high-level engagements recently where global leaders had expressed their conviction about the importance of the work of COVAX. He also informed the Board of the honour that the

North-South Centre of the Council of Europe had decided to give its annual prize to COVAX.

- 1.9 The Chair noted that the Board had met in closed session to discuss Gavi's leadership transition and succession planning. While the process of appointing a new CEO will be led by the Board Chair, he indicated that he would continue to regularly consult the Board. He noted that a decision had been taken by the Board during the closed session in relation to the process and that this would be presented at the end of the meeting during the Review of Decisions.
- 1.10 Standing declarations of interest were tabled to the Board (Doc 01a in the Board pack).
- 1.11 The Board noted its minutes from 23-24 June 2021 (Doc 01b) which were approved by no objection on 2 September 2021.
- 1.12 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 use the *BoardEffect* platform to help the preparation for meetings and support Gavi's inclusive, partnership-based Alliance.
- 1.13 He referred to the consent agenda (Doc 01d) where ten 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.
- 1.14 The Chair further noted the Board workplan (Doc 01e) that guides the Board on activities towards fulfilling its mandate.

Decision 1

The Gavi Alliance Board, pursuant to Article 14 of the Gavi Alliance Statutes and in line with the *Process for the Appointment of Chief Executive Officer* (as updated in May 2021):

- a) **Delegated** to the Governance Committee the authority to set up the process for the recruitment of a CEO to succeed Dr Seth Berkley from August 2023;
- b) **Delegated** to the Governance Committee the authority to recommend to the Board for approval the composition of the Search Committee, which shall be chaired by the Gavi Board Chair; and
- c) **Noted** that regular updates on the search process will be provided by the Search Committee to the Governance Committee and the Board.

Decision 2

The Gavi Alliance Board:

- a) **Reappointed** Sarah Goulding as Board member representing Australia on the donor constituency anchored by the United States, effective 1 January 2022 and until 31 December 2023; and

- b) **Reappointed** Sarah Goulding as Vice Chair of the Board with individual signatory authority, effective 1 January 2022 and until 31 December 2023.

Sarah Goulding recused herself and did not vote on Decision Two above.

Decision 3

The Gavi Alliance Board:

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

- **Bernhard Braune** as Board Member representing Germany on the donor constituency anchored by Germany in the seat currently held by Joan Valadou of France, effective 1 January 2022 and until 31 December 2022.
- **Rafael Vilasanjuan** as Board Member representing the civil society organisations constituency in the seat currently held by Maty Dia, effective 1 January 2022 and until 31 December 2023.
- **Charlemagne Marie Ragnag-Néwendé Ouedraogo** of Burkina Faso as Board Member representing the implementing country constituency in the seat currently held by Abdoulaye Sabre Fadoul of Chad, effective 1 January 2022 and until 31 December 2024.
- **Anne Schuchat** as an Unaffiliated Board Member in the seat currently held by David Sidwell, effective 1 January 2022 and until 31 December 2024.

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

- **Anahit Avanesyan** of Armenia as Board Member representing the implementing country constituency, effective 1 January 2022 and until 31 December 2024.
- **Teresa Ressel** as an Unaffiliated Board Member, effective 1 January 2022 and until 31 December 2024.

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

- **Jan Paehler** as Alternate Board Member representing the European Commission on the donor constituency anchored by Germany in the seat currently held by Bernhard Braune of Germany, effective 1 January 2022 and until 31 December 2022.
- **Bvudzai Magadzire** as Alternate Board Member representing the civil society organisations constituency in the seat currently held by Rafael Vilasanjuan, effective 1 January 2022 and until 31 December 2023.
- **Silvia Lutucuta** of Angola as Alternate Board member representing the implementing country constituency in the seat currently held by Gilbert Mokoki of Republic of Congo, effective 1 January 2022 and until 31 December 2024.

d) **Reappointed** the following Alternate Board Members:

- **Jeremy Konyndyk** as Alternate Board member to Sarah Goulding representing the United States, effective 1 January 2022 and until 31 December 2023.
- **Keiichi Ono** as Alternate Board member to Sarah Goulding representing Japan, effective 1 January 2022 and until 31 December 2023.
- **Edna Yolani Batres** as Alternate Board member to Anahit Avanesyan representing the implementing country constituency, effective 1 January 2022 and until 31 December 2024

e) **Appointed** the following to the Market-Sensitive Decisions Committee effective 1 January 2022:

- **José Manuel Barroso** (Board Chair) until 31 December 2022
- **Sarah Goulding** (Board Member) until 31 December 2023
- **Etleva Kadilli** (Alternate Board Member) until 31 December 2023
- **Violaine Mitchell** (Board Member) until 31 December 2023
- **Lia Tadesse** (Alternate Board Member) until 31 December 2023
- **Anahit Avanesyan** (Board Member) until 31 December 2023
- **Beth Arthy** (Board Member) until 31 August 2023
- **Jan Paehler** (Alternate Board Member) until 31 December 2022
- **Jeremy Konyndyk** (Alternate Board Member) until 31 December 2023
- **Rafael Vilasanjuan** (Board Member) until 31 December 2023
- **Naguib Kheraj** (Board Member) until 31 December 2023
- **Helen Rees** (Board Member) until 30 June 2022
- **Seth Berkley** (Board Member) until 31 December 2023

f) **Appointed** the following to the Governance Committee effective 1 January 2022:

- **Sarah Goulding** (Board Vice Chair) until 31 December 2023
- **Teresa Ressel** (Board Member) until 31 December 2023
- **Yibing Wu** (Board Member) until 31 October 2022
- **Zsuzsanna Jakab** (Board Member) until 31 December 2023
- **Violaine Mitchell** (Board Member) until 31 December 2023
- **Faisal Sultan** (Board Member) until 31 December 2023
- **Tamar Gabunia** (Committee Delegate) until 31 December 2023
- **Megan Cain** (Board Member) until 31 December 2023
- **John-Arne Røttingen** (Board Member) until 31 December 2022
- **Jan Paehler** (Alternate Board Member) until 31 December 2023
- **An Vermeersch** (Alternate Board Member) until 31 July 2023
- **Rafael Vilasanjuan** (Board Member) until 31 December 2023
- **Seth Berkley** (Board Member) until 31 December 2023

g) **Appointed** the following to the Audit and Finance Committee effective 1 January 2022:

- **Naguib Kheraj** (Board Member) until 31 December 2023
- **Teresa Ressel** (Board Member) until 31 December 2023
- **Karen Pillay** (Committee Delegate) until 31 December 2023

- **Etleva Kadilli** (Alternate Board Member) until 31 December 2023
- **Kwaku Agyeman-Manu** (Board Member) until 31 December 2023
- **Emmanuel Maina Djoulde** (Committee Delegate) until 31 December 2023
- **Andreas Karlberg Pettersen** (Committee Delegate) until 31 December 2023
- **Carmen Coles Tull** (Committee Delegate) until 31 December 2023
- **Gianmarco Coccozza** (Committee Delegate) until 31 December 2023
- **Chris Mace** (Committee Delegate) until 31 December 2023
- **Bvudzai Magadzire** (Alternate Board Member) until 31 December 2023

h) **Appointed** the following to the Investment Committee effective 1 January 2022:

- **Afsaneh Beschloss** (Board Member) until 31 December 2022
- **Margaret (Peggy) Hamburg** (Board Member) until 31 December 2022
- **Yibing Wu** (Board Member) until 31 October 2022
- **Naguib Kheraj** (Board Member) until 31 December 2023
- **Kwaku Agyeman-Manu** (Board Member) until 31 December 2023

i) **Appointed** the following to the Programme and Policy Committee effective 1 January 2022:

- **Helen Rees** (Board Member) until 30 June 2022
- **Awa-Marie Coll Seck** (Board Member) until 31 December 2023
- **Michael Kent Ranson** (Alternate Board Member) until 31 December 2023
- **Ephrem Lemango** (Committee Delegate) until 31 December 2023
- **Kate O'Brien** (Alternate Board Member) until 31 December 2023
- **Sue Graves** (Committee Delegate) until 31 December 2023
- **Abdelkadre Mahamat Hassane** (Committee Delegate) until 31 December 2023
- **Vikas Sheel** (Committee Delegate) until 31 December 2023
- **Kelechi Ohiri** (Committee Delegate) until 31 December 2023
- **Edna Yolani Batres** (Alternate Board Member) until 31 December 2023
- **Bernhard Braune** (Board Member) until 31 December 2022
- **Naomi Dumbrell** (Committee Delegate) until 31 December 2023
- **Karin Westerberg** (Committee Delegate) until 31 December 2023
- **Susan Elden** (Alternate Board Member) until 31 December 2022
- **Saad Omer** (Alternate Board Member) until 31 December 2023
- **Lamia Badarous** (Committee Delegate) until 31 December 2023
- **Sai Prasad** (Committee Delegate) until 31 December 2023
- **Seth Berkley** (Board Member) until 31 December 2023
- **Alejandro Cravioto** (Independent Expert) until 31 December 2023

j) **Appointed** the following to the Evaluation Advisory Committee effective 1 January 2022:

- **James Hargreaves** (Independent Expert) until 31 December 2023
- **Marta Nunes** (Board Member) until 31 December 2023
- **Bvudzai Magadzire** (Alternate Board Member) until 31 December 2023
- **Viroj Tangscharoensathien** (Independent Expert) until 31 December 2022
- **Juan Pablo Gutierrez** (Independent Expert) until 31 December 2023
- **Mira Johri** (Independent Expert) until 31 December 2023
- **Ezzeddine Mohsni** (Independent Expert) until 31 December 2023
- **Penny Hawkins** (Independent Expert) until 31 December 2023

- **Malabika Sarker** (Independent Expert) until 31 December 2023
- **David Hotchkiss** (Independent Expert) until 31 December 2023
- **Adolfo Martínez Valle** (Independent Expert) until 31 December 2023
- **Justice Novignon** (Independent Expert) until 31 December 2023

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 4

The Gavi Alliance Board:

- a) **Appointed** the following as Chair of the Audit and Finance Committee:
 - **Naguib Kheraj** until 31 December 2023
- b) **Reappointed** the following as Chair of the Investment Committee:
 - **Afsaneh Beschloss** until 31 December 2022
- c) **Reappointed** the following as Chair of the Programme and Policy Committee:
 - **Helen Rees** until 31 June 2022
- d) **Reappointed** the following as Chair of the Evaluation Advisory Committee:
 - **James Hargreaves** until 31 December 2023

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 5

The Gavi Alliance Board:

- a) **Approved** the reappointment of the IRC members listed in Annex A to Doc 01d for a further three-year term until March 2025;
- b) **Approved** the exceptional extension of the terms of the IRC members listed in Annex B to Doc 01d for two years until March 2024.

Decision 6

The Gavi Alliance Board:

Approved the amendments to the Gavi Alliance Audit and Finance Committee Charter as set out in Annex C to Doc 01d.

Decision 7

The Gavi Alliance Board:

Approved the Terms of Reference of the COVAX Shareholders Council attached as Annex D to Doc 01d.

Decision 8

The Gavi Alliance Board:

Approved the revised Evaluation Policy as set out in Annex E to Doc 01d.

Decision 9

The Gavi Alliance Board:

- a) **Approved** the Treasury Governance Policy as set out in Annex F to Doc 01d; and
- b) **Approved** the Treasury Risk Management Policy as set out in Annex G to Doc 01d.

Decision 10

The Gavi Alliance Board:

Approved the proposed definitions and targets for remaining Gavi 5.0 mission and strategy performance indicators in Annex H to Doc 01d noting that the targets are established under the assumption that COVID-19-related disruptions to immunisation programmes will be limited in 2021 and beyond; however, if they are greater or extend longer than assumed the Secretariat may request the Board to adjust the targets.

Decision 11

The Gavi Alliance Board:

Approved a requirement for all countries to allocate at least ten percent of their combined Health System Strengthening, Equity Accelerator Funding and Targeted Country Assistance ceilings for Civil Society Organisation (CSO) implementation in line with the new Civil Society and Community Engagement Approach, as approved by the Board at its meeting in June 2021, unless they can provide a robust rationale as to why this is not appropriate in their context.

Maty Dia (CSO) recused herself and did not vote on Decision 11 above.

2. Committee Chair and IFFIm Board reports

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

Governance Committee

- 2.2 Sarah Goulding, Governance Committee Chair, reported that the Governance Committee had met twice virtually since the last report to the Board in June 2021.
- 2.3 In addition to some routine business such as Board and Committee nominations and the recruitment of Unaffiliated Board members, Committee discussions focused on work in relation to: i) implementation of the Conflicts of Interest Policy for Governance Bodies; ii) annual HR report; and iii) refinements to the Evaluation Advisory Committee Policy, Audit and Finance Committee Charter, and COVAX Facility Shareholders Council Terms of Reference.
- 2.4 She noted that at each meeting the Governance Committee has a specific discussion around governance risks as they relate to Board operations.
- 2.5 Ms Goulding reported on the Governance Committee's consideration of the recent Board self-evaluation, which received a 48% response rate. She highlighted that one of the main findings was that there was very strong support for the agility of the Board and noted that this has been evident with 100 meetings in 2021. However, she also asked the Board to consider whether in addition to being agile, it was also being strategic. A number of actions were identified from the survey to strengthen Gavi's governance, including the importance of inclusion, clear forward planning, and accountability.
- 2.6 She noted that the Governance Committee takes very seriously its role working with the Board Chair on leadership succession at its most senior levels in 2022.
- 2.7 Finally, given the uncertainty of 2022, she indicated that the Governance Committee would work with the Board Chair and the Secretariat to consider the forward schedule, and if this virtual era continues further, she suggested the need to revisit the forward schedule and cadence of meetings in the future.

Audit and Finance Committee

- 2.8 David Sidwell, Audit and Finance Committee Chair, presented the report of the Audit and Finance Committee (AFC), which had met regularly on both standard AFC business as well as on matters related to the COVAX Facility.
- 2.9 Mr Sidwell appealed to donors to rapidly get all pledges signed so that the funds could be properly hedged for currency risk according to the Gavi Hedging Policy.
- 2.10 On COVAX matters, he flagged that the AFC had operated according to two principles: i) that the risk to Gavi from COVAX should be minimum and should be even less than minimum with respect to Self-Financing Participants (SFPs); and ii) that the risks should be understood and to the extent possible, mitigated. He provided several examples of the risk management work that had been undertaken, including: i) with Citibank on a risk management framework; ii) on insurance for SFPs; and iii) on cost-sharing.

- 2.11 He noted that the AFC had worked closely with Deloitte on their biannual financial reporting and they had identified no issues in that work.
- 2.12 With the rise in profile that has come with the COVAX Facility, there continued to be an increased number of whistleblowing reports, which have all been investigated.

Investment Committee

- 2.13 Afsaneh Beschloss, Investment Committee Chair, delivered the report of the Investment Committee, and provided a summary of the preliminary investment portfolio performance through October 2021 and recent Investment Committee activities and accomplishments.
- 2.14 She reported that the total portfolio value currently is at US\$ 1.7 billion, of which about US\$ 1.2 billion is invested in the long-term portfolio and another US\$ 112 million is cash, pending investment in the long-term portfolio.
- 2.15 Ms Beschloss reported that the estimated year to date long-term portfolio performance as of end of October was 7.2% versus a policy index return of 3.7%. The estimated year to date net investment income was US\$ 80 million.
- 2.16 She indicated that continued global growth return rests on the major economies of the United States, China and Europe and the rest of the world. She highlighted that the pandemic would continue to be a challenge for markets.
- 2.17 Finally, she noted that the Investment Committee had dedicated time to the question of inflation and its potential impact on the Gavi portfolio.

Programme and Policy Committee

- 2.18 Helen Rees, Programme and Policy Committee Chair, reported on the activities of the Programme and Policy Committee (PPC), which had met twice virtually since the last report to the Board.
- 2.19 She reported that at its October meeting, the PPC had received an update from the CEO and a report from the Deputy CEO on strategy, programmes, and partnerships. The PPC commended the Gavi team on the outputs from Gavi 4.0 and on COVAX, but also noted the challenges with COVAX including whether it is on track to achieve targets. PPC members expressed real concern about the increase in zero-dose children because of the COVID-19 pandemic and about backsliding on RI, notably on human papillomavirus vaccine (HPV) which had taken a hit in terms of both slowing down of new introductions and coverage. She also referenced the interlinkages between COVAX and Gavi 5.0, and the supply constraints on syringes that could threaten both.
- 2.20 The PPC considered six items for recommendation to the Board at this meeting. Four of these would be discussed later in the agenda: Disease Surveillance and Diagnostics in Gavi 5.0, Private Sector Engagement Approach, Malaria Vaccine Programme Investment Case, and Strategic Partnership with India. She noted that

she would provide remarks on each of those at the beginning of each agenda item and would not summarise them in this report.

- 2.21 Two items had been put forward as recommendations to the Board on the consent agenda: Gavi 5.0 Measurement Framework and Civil Society and Community Engagement Framework. For the Measurement Framework, the PPC recommended the proposed targets for the remaining mission and strategy performance monitoring indicators. The PPC noted that it might be necessary to revisit these targets if the COVID-19 disruption continues. For the Civil Society and Community Engagement Framework, the PPC recommended a proposal to put in place a requirement for all countries to allocate at least 10% of their combined health system strengthening grants, equity accelerator funding, and targeted country assistance for CSO activities in line with the approach that the Board approved at its meeting in June 2021. She noted that countries will be able to make a case if it is not appropriate, but that this is a strong recommendation. The PPC considered this to be potentially transformative and aligned with Gavi 5.0. It also links strongly to grassroot approaches. The PPC noted that there will be increased complexity from this approach, as it brings in new players into country plans. For this reason, the PPC encouraged the Secretariat to be clear in its guidelines and operationalisation.
- 2.22 The PPC also considered three items for guidance: i) the operationalisation of funding policies for Gavi 5.0; ii) the revision to the Fragility, Emergencies, Refugees Policy; iii) COVAX Key Strategic Issues, for which an additional PPC meeting was convened on 12 November to consider a recommendation to the Board on key components of the 2022 COVAX strategy. For the first two of these items, these were first discussions, and these will come back to the Board for approval in June 2022 after another round of PPC deliberation.

Evaluation Advisory Committee

- 2.23 James Hargreaves, Evaluation Advisory Committee Chair, presented his first report on activities of the Evaluation Advisory Committee (EAC) since becoming Chair in July.
- 2.24 He reflected on the fact that Gavi's work on evaluation is driven by three principles: i) independence, ii) utility, and iii) credibility. Striving to achieve these is a profound challenge, made more so by the scale and the speed with which Gavi operates. He noted that as EAC Chair, he is committed to ensuring that the EAC supports evaluations of unimpeachable independence, demonstrable utility and high credibility.
- 2.25 He reviewed the status of the seven evaluations approved during Gavi 4.0 and progress to date on centralised evaluations of strategic importance to the Board contained in the Gavi 5.0 workplan.
- 2.26 Given the importance of this portfolio, he explained that the EAC plans to exercise its option to have an enhanced level of engagement with these evaluations.
- 2.27 Dr Hargreaves highlighted that the EAC considers its safeguarding and assurance to the Board of evaluation independence of one of its most important duties. In

2019, a clause was adopted in the amended Evaluation Policy that prevented EAC members from sitting on evaluation steering committees. After two years of this clause being in place, the EAC is now clear it must have the option to be represented on these committees. This requires the removal of one sentence in the Evaluation Policy and this was discussed with the Governance Committee who provided useful guidance and were appreciative of being consulted. The EAC has therefore recommended to the Board via the consent agenda that this change to the Evaluation Policy be approved.

IFFIm Board

- 2.28 Kenneth Lay, IFFIm Board Chair, delivered the report of the IFFIm Board, noting that it was on the occasion of IFFIm's fifteenth anniversary.
- 2.29 He noted the collaboration between Gavi and the World Bank since he was appointed Chair. He indicated that this has been particularly important as the intensity of market activity had increased with the need for funding for Gavi.
- 2.30 He reflected on the support that IFFIm has been able to provide over the past several years and reminded the Board about IFFIm contributions to Gavi's funding requirements during Gavi 4.0, which represented US\$ 872 million.
- 2.31 Mr Lay also noted that the risk parameters for IFFIm remain robust. He flagged that there are two basic risks: i) that pledges do not get paid when they come due, which has not materialised due to its donor profile; and ii) that the capital market excess becomes constrained, which has not recently been the case because the increasing emphasis on ESG investment in the institutional investor community has benefitted IFFIm. He also flagged that IFFIm has consistently maintained a very conservative cash reserve policy which also mitigates against those two risks.
- 2.32 He reported that over the next four years IFFIm has the capacity to provide Gavi with approximately US\$ 3.3 billion. He remarked that there is flexibility built into the model, both on when to go to market and when Gavi opts to draw from IFFIm.
- 2.33 Mr Lay indicated that IFFIm has transferred US\$ 1.2 billion to Gavi since January 2021 for both the Gavi 5.0 core programmes as well as COVAX AMC. This is likely to be the same rough scale of transfers that IFFIm will be able to provide in 2022. He flagged that the business model remains robust and donors continue to pledge.
- 2.34 Finally, he provided a governance update, flagging that the IFFIm Board had expanded membership and welcomed three new IFFIm directors: Monique Barbut, Hassatou N'Sele, and Ingrid van Wees.

3. Financial update, including forecast

- 3.1 David Sidwell, AFC Chair, provided opening remarks highlighting that this would be the first time that the Gavi 5.0 and COVAX forecasts have been combined, given the interplay in the operationalisation of Gavi 5.0 and COVAX. He underlined the need for financial forecasts to be updated if circumstances change. The AFC had agreed with the Finance team to formally update Gavi 5.0 financial forecasts

at least twice a year, while the COVAX financial forecast would be updated as necessary. He explained that the Gavi 5.0 forecast reflects additional capacity in relation to future donations and includes the investments that the PPC is recommending to the Board.

- 3.2 In relation to the COVAX forecast, he underlined that it reflects the forecast of the pledges and funding received to date of approximately US\$ 10.8 billion, which by now is mostly committed to manufacturers, supporting the countries and the ancillary costs related to dose donations. He concluded by referring to a number of other recommendations related to Secretariat expenses and approving the budget for the COVAX Facility.
- 3.3 Assietou Diouf, Managing Director, Finance & Operations, presented this item (Doc 03). She explained that given the volatile environment, the financial forecast for Gavi 5.0 is presented to the AFC and to the Board every six months. She outlined the full financial portfolio of Gavi 5.0 (2021-2025), as well as for the COVAX Advance Market Commitment (AMC) (2020-2022) and highlighted the changes in the resources and expenditures since the last Board approval in June 2021.
- 3.4 She noted that resources entrusted to Gavi have reached US\$ 21.5 billion, which is attributed almost equally to Gavi 5.0 and to COVAX AMC. With expenditure estimated at US\$ 21.1 billion, the total available for future investments stands at US\$ 400 million out of which US\$ 312 million is forecasted for Gavi 5.0 and US\$ 94 million for COVAX.

Discussion

- In relation to the key assumptions in the financial forecast and the disruptions to routine immunisation (RI), the Secretariat noted that early indications coming from the WHO-UNICEF Estimates of National Immunization Coverage (WUENIC) show that countries started to recover at the end of 2020, albeit not equally, which will require a differentiated approach across countries and portfolios. The Secretariat is triangulating various data sources and closely monitoring vaccine shipments, consumption trends and stock levels. Shipments are moving as per the forecast which gives confidence that RI is by and large being maintained, despite disruptions in some countries.
- In relation to catch-up campaigns, the Secretariat noted that the financial forecast remains stable. The target to reach more than 700 million people in Gavi 5.0 through different campaigns, is currently being maintained. Key focus would be to have targeted campaigns that focus on catching up missed children as well as encouragement of differentiated approaches, using operational costs in a manner that takes into account heightened efforts needed to reach unserved populations.
- One Board member highlighted the need to discuss the impact of the withdrawal of polio funds which may lead to losing staff that are key to RI. The Secretariat referred to the support it has provided on case-by-case basis through bridge-funding and noted the need to have a broader view particularly on surveillance systems across many low-income countries.

- In relation to the COVAX forecast, Board members highlighted the need for a sharp focus on the fundraising efforts to secure more funds.
- In reference to the financial implications of reflecting dose donations in the forecast, the Secretariat clarified that Gavi is using the fair market value of the dose donations which is then assessed by means of market price for which doses for the AMC are purchased. Dose donations are reported as non-cash income in the financial statements.
- On a related matter, the Secretariat noted that there are discussions ongoing with the Organisation for Economic Co-operation and Development (OECD) and donors on whether in terms of acknowledging the value of dose donation pledges it is most appropriate to consider the volume or whether there is a better way to value donations.
- With respect to the risk identified for the ancillary costs and the shortage in syringes, the Secretariat referred to ongoing discussions with UNICEF to assess the extent to which this shortage could impact the COVAX financial forecast. The need for 0.3 ml syringes has been taken on board in the current forecast.
- In relation to exploring guarantees or other financial instruments that are not based on donor pledges, the Secretariat underlined its efforts to mobilise innovative financing including through IFFIm and other frontloading facilities.
- In relation to the rollover of the Secretariat underspend to 2022 and remaining years of the current strategic period. The Secretariat clarified that the underspend is in the range of US\$ 25 million. Part of this amount would be absorbed in 2022 to accommodate the new investment requested for the Portfolio Management Optimisation project. As the situation is evolving very rapidly at the Secretariat, in countries and at the partner level, the remaining items will be allocated based on needs, for which the Secretariat aims to maintain a certain level of flexibility.

Decision 12

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 these 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) period, as set out in Section B paragraphs 2.1–2.10, noting that this has been amended for the December 2021 Gavi Alliance Board meeting to reflect the outcome of the Programme and Policy Committee recommendation on the new investments proposals;
- c) **Approved** the updated Financial Forecast for COVAX AMC, as set out in Section B paragraphs 3.1-3.6, noting that this has been amended for the December 2021 Gavi Alliance Board meeting to reflect the outcome of the 22 November 2021 meeting of the Market-Sensitive Decision Committee;

- d) **Agreed** that the budgetary amounts approved by the Gavi Alliance Board in Decision 9 of the Board Meeting of 16-17 December 2020 for Secretariat Resources for 2021 and separately for 2022, be treated as an overall Budget amount for each component which may be utilised over both years subject to total Secretariat expenditure of US\$ 246.2 million across 2021 and 2022;
- e) **Approved** the Office of the COVAX Facility operating budget for 2022 of US\$ 68 million;
- f) **Authorised** the Gavi Secretariat to allot funding in 2022 for new programmes and for the continuation and adjustment of funding to existing programmes, in accordance with the Programme Funding Policy; and
- g) **Approved** the nomenclature change in the Gavi Alliance Programme Funding Policy from 'PEF Management Team' to 'Partnerships Team'.

Omar Abdi (UNICEF) and Zsuzsanna Jakab (WHO) recused themselves and did not vote on part e) of Decision 12.

4. Report from Audit & Investigations

- 4.1 Simon Lamb, Managing Director, Audit & Investigations, reminded the Board that Audit and Investigations (A&I) team is required to report directly to the Board, at least annually, and this direct reporting line underpins the independence of the function.
- 4.2 He noted the A&I work to assess the risks related to the operation of COVAX and COVID-19 delivery, as well as on assessing the on-going risks of the core Gavi and management's risk mitigation.
- 4.3 He concluded by presenting key take-aways, namely on: i) restarting programme audit activity and engaging Supreme Audit institutions; ii) cyber risks; iii) vaccine diversion risk assessment and mitigation; iv) vaccine insurance evaluation; v) counter-fraud framework development; and vi) whistleblower reporting.

Discussion

- David Sidwell, AFC Chair, underlined that the A&I function is good, focused and high performing.
- Board members noted they were looking forward to the receiving further information in due course on the counter-fraud framework which can help the organisation reaffirm its high standard of work.
- The Secretariat was encouraged to adopt a more statistical approach for future reporting on whistleblowing and consider providing more caseload numbers on what has been covered by the A&I team.

- Board members expressed support for the expansion of the A&I activity, particularly to help manage the risks related to the distribution of COVID-19 vaccines and the utilisation of COVID-19 Delivery Support (CDS) cash grants.
- One Board member encouraged the Secretariat to consider the possibility of extending the scope of the A&I function to include further COVAX challenges, such as compliance to purchase agreements.
- The Secretariat noted the importance of looking into diversion risks related to the COVID-19 vaccine roll-out, and risk mitigation for CDS grants in 2022.
- In relation to cyber-security threats, the Secretariat clarified that there have been some breach attempts by anti-vaccine actors as well as by nation states targeting COVAX. The A&I role in this regard includes looking into the processes, defences and the mechanisms that are put in place and how effective they are against such threats. The AFC reviews cyber security risks as part of the Knowledge Management and Technology Solutions report which is presented to the AFC at least on annual basis together with the multiyear plan of actions.
- Board members recognised Simon Lamb for his work and commitment over the past nine years as he is due to retire in 2022.

5. CEO's Report

- 5.1 Seth Berkley, CEO, provided introductory remarks noting that one year into the implementation of Gavi 5.0 and two years into the pandemic, risks and uncertainties persist, and the emergence of the omicron variant brings even more uncertainties, which underlines the need to be prepared to move rapidly and pivot as necessary.
- 5.2 He referred to a recent World Bank report which highlights that the pandemic has resulted in a double shock on health and economic levels, triggering an economic recession surpassing any economic downturn since World War II. This has affected Gavi 57 countries with a US\$ 400 billion debt increase over 2019. The priorities for 2021-2025 will be focused on the equity agenda across routine immunisation, zero-dose children and COVID-19. He provided country examples to illustrate some challenges as well as progress, namely in the Democratic Republic of Congo (DRC), Ethiopia and Pakistan.
- 5.3 In relation to COVID-19, Dr Berkley reported that inequity continues, with only 30% of vaccine doses being administered in lower-income countries that account for 51% of the world population. COVAX continues to accelerate its vaccine shipment efforts, with 11 million doses shipped between 29-30 November 2021 alone, marking the highest daily shipment to date. In relation to dose donation, he noted that donors have stepped up their efforts, and highlighted participants' call for longer shelf-lives, predictability and un-earmarked doses. He referred to the joint statement by Gavi and the African Union (AU) in this regard.
- 5.4 On COVAX, Dr Berkley highlighted that the Facility remains the major supplier of vaccines for low-income countries and remains important for lower and upper

middle-income countries that have challenges in receiving doses. The Secretariat is working with the countries that are facing the highest absorption changes to help them with technical assistance and bespoke country plans. The Secretariat is pivoting towards accelerating delivery and absorption and is engaging with the AU (African Union) and the African Vaccine Acquisition Task Team (AVATT) in order to increase vaccine supply to Africa and ensure country absorption.

- 5.5 He concluded by referring to Gavi's role in future pandemic preparedness, with the goal of having a robust early warning system with equitable access and having lower and low-middle income countries as critical stakeholders. He highlighted Gavi's role in strengthening long-term investments in sustainable, universally available RI as part of a resilient primary health care system and the need to leverage and build on the momentum from COVID-19 vaccine roll-out.

Discussion

- One Board member thanked Dr Berkley for the comprehensive update and referred to the successful vaccination campaigns that had recently rolled out in his country, including typhoid, measles, rubella, as well as COVID-19.
- Board members emphasised the importance of having dedicated resources and capacity to support countries for COVID-19 vaccines delivery to prevent straining RI systems and outbreaks. Health systems strengthening and working with partners and Civil Society Organisation (CSOs) were highlighted in this regard. The Secretariat is paying close attention to campaigns, particularly measles, and underlined that Pakistan's latest successful campaign is an example of the continued efforts to address this.
- In relation to COVID-19 vaccine absorption capacity and country readiness, the work of the Access to COVID-19 Tools (ACT) Accelerator and the refresh of the Health Systems & Response Connector were highlighted. Supporting countries with absorption challenges, particularly in Africa, encouraging South-South partnerships and exchange, as well as the partnership with the AU were highlighted as crucial steps in this regard.
- The Secretariat noted the importance of balancing the immediate urgent needs with the critical, medium- and longer-term challenges that countries will be facing, as well as the importance of downstream actions. Country-specific plans would be critical and are key for increasing performance.
- One Board member noted that the feasibility of integrating COVID-19 vaccines within RI programmes in 2022 should be informed by individual country contexts.
- Several Board members expressed concern on the ramping down of the polio programmes and the ripple effect this may have on other programmes. The Secretariat underlined that maintaining essential interventions will be critical, noting that Gavi has stepped in through Health Systems support on some interventions, and will continue to monitor surveillance closely.

- One Board member raised the issue of priority being accorded to the Middle-Income-Countries (MICs) and former Gavi-eligible countries.. The Secretariat referred to its work with MICs to sustain gains achieved and clarified that it will resume engagement with the MICs once the countries, as well as the Secretariat, gain more bandwidth.
- One Board member flagged the retracting fiscal space in the countries that are part of the Regional Office for the Americas (AMRO) which will have implications on public health spending. The Secretariat noted this concern and underlined that while Self-Financing Participants (SFPs) from the region seem to be in a good economic space so far, this may change over time.
- In relation to demand capacity pertaining to Gavi 5.0 as well as in the context of the pandemic, one Board member highlighted the importance of proactive efforts and utilising existing resources such as the demand hub and other resources developed by the partners, to ensure coordination and to address critical challenges such as vaccine hesitancy.
- The Secretariat noted the Board members' request to the Secretariat to integrate gender equality in Gavi 5.0 programmes and COVAX efforts and mitigate the impact of the pandemic on implementation of the gender policy.
- Board members highlighted the importance of Gavi's central role in pandemic preparedness. The Secretariat noted that a potential discussion on this topic could be included in the next Board retreat agenda.
- One Board member requested more regular Human Resources updates specifically on the wellbeing of the Secretariat staff, and the Secretariat indicated it would continue to provide these updates.
- On a request to provide greater transparency on Gavi's work including on deal-making, the Secretariat highlighted that it strives to be as transparent as possible; however, it was noted that there are certain limitations related to market-shaping activities to reduce prices that require confidentiality, which are eventually disclosed and made available.
- The Secretariat noted one Board member's concerns on the final report and the independent commission on sexual exploitation in the Democratic Republic of Congo (DRC) related to the Ebola outbreak. Gavi was called upon to determine what more can be done to safeguard against such abuses, and to continue to look beyond the existing mitigation measures and ensure that the zero-tolerance policy is being reinforced both in policy and in practice.

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

- 6.1 Anuradha Gupta, Deputy CEO, provided an update on Gavi 5.0 focusing on the context, key challenges, and the acute need to take a symbiotic approach to RI and COVID-19 vaccination in Gavi-57 countries (Doc 06). Ms Gupta underlined

that the level of ambition for Gavi 5.0 remains intact, as the pandemic has made the goal of reaching more children with more vaccines even more urgent.

- 6.2 She noted that the Alliance, in consultation with the Board, has recalibrated Gavi 5.0 priorities to effectively support countries in responding to the challenges posed by the pandemic.
- 6.3 With respect to the zero-dose agenda, Ms Gupta explained that targeting zero-dose children would account for more than half of the incremental impact in Gavi 5.0. She emphasised the importance of building multi-sectoral approaches to reach zero-dose children and referred to Gavi's recently announced collaboration with Scale Up Nutrition. Ms Gupta also highlighted the Human Papillomavirus (HPV) vaccine as a critical flagship programme with high health impacts and gender implications.
- 6.4 She reported that while there appears to be less severe disruptions to RI in the first half of 2021, children are still being missed. She noted that regions and countries are heterogeneous in terms of disruptions and warned of the risk of outbreaks given growing immunity gaps in certain populations. She flagged that the current yellow fever and measles outbreaks being reported in several countries underscores the importance of not losing focus on RI.
- 6.5 In relation to RI disruptions, she highlighted the heightened risks associated with the surge of COVID-19 vaccinations, including the diversion of health workforce, and RI syringes. Ms Gupta also emphasised the current COVID-19 vaccination rates in Gavi-supported countries and the huge task these countries have ramp-up vaccinations while maintaining RI and other essential services. The Secretariat is undertaking a comprehensive risk assessment for each country and will be putting in place bespoke actions in order to plan supplemental approaches to catch-up on missed children and inform allocation of COVID-19 vaccines based on country needs.
- 6.6 Ms Gupta reported that despite fiscal challenges, countries are still managing to meet their co-financing obligations with very few waivers approved to date. However, she noted that countries are likely to face contracting fiscal space going forward and therefore this is an area that would need close monitoring.
- 6.7 She concluded by underscoring the importance of taking an integrated approach to RI as well as COVID-19 vaccination, in order to support countries to simultaneously deliver on these intertwined priorities. The Secretariat is developing a roadmap to progressively integrate COVAX-related functions and structures into Gavi core business over the course of 2022.

Discussion

- Board members highlighted the uncertainty that countries are experiencing which will require the Alliance to remain data driven and nimble in adjusting priorities and support. One Board member highlighted the need to retain focus of Board discussions on the Gavi 5.0 agenda to assess whether progress is going in the right direction and define areas where adjustments are needed.

- Board members underscored the importance of safeguarding RI in Gavi-supported countries and aligning with the Immunization Agenda 2030 (IA 2030) to advance the zero-dose agenda.
- Regarding the recalibrated priorities for Gavi 5.0, the Secretariat was advised to assess results of the measures taken to prevent backsliding, and ensure that the recalibrated priorities reflect country priorities.
- The Secretariat noted the Board members' concern in relation to the risk of disease outbreaks, and highlighted that outbreaks are symptomatic of gaps in RI and shine a light on consistently missed zero dose children and communities . The Secretariat confirmed that it would be important to use outbreak responses to conduct root cause analyses and put in place robust plans to address the underlying causes of outbreaks.
- The Secretariat noted the importance of continuing to leverage multi-stakeholder dialogues and joint appraisals to support countries to prioritise RI activities and address challenges, recognising that countries' capacity to invest in such activities will be constrained going forward, which will require adaptation of Gavi processes to meet country needs.
- With respect to gender, the Secretariat noted the Board members' comments and confirmed that reaching zero-dose children will only be possible if gender-related barriers to immunisation are addressed. It was confirmed that it will be critical to maintain a gender lens across the Alliance's policies and interventions, particularly considering the disproportionate impact of COVID-19 on women, girls and the health workforce which is predominantly made up of women. The Secretariat will organise a dedicated brown bag session for the Board on country-specific gender sensitive programming in the near future.
- In relation to the implementation of Gavi 5.0 as well as delivering COVID-19 vaccinations, the Secretariat noted the Board member's emphasis on taking a country-centric view and putting in place bespoke actions that meet country contexts, while taking an integrated approach in collaboration with key partners.
- Board members underscored the importance of supporting country capacities to address overstretched health workforce and EPI programmes, and expressed concerns regarding diversion of country resources to roll out COVID-19 vaccines. The Secretariat noted that funding for significant surge capacity in partner organisations, namely WHO and UNICEF country offices, has been provided through COVAX TA (>400 staff), in addition to approximately 250 staff that are already funded for Gavi's core mission.
- Several Board members highlighted the need to explore the integration of COVAX and core business, with several proposing to take a cautious or progressive approach to avoid a diversion of focus in 2022. One Board member suggested that it might be useful to have a deep dive on the topic at the appropriate time.
- The Secretariat acknowledged concerns of Board members on transitioning countries and the need to reassess transition plans and timelines. The Secretariat

indicated that it would explore various indicators beyond the Gross National Income (GNI) taking into consideration important factors such as programmatic progress and data on inequity, with the aim to revert to the Board with a proposal as part of the Funding Policy Review.

- In relation to countries facing increasing co-financing challenges, the Secretariat noted that it is co-leading together with the World Bank and the Global Fund on the Sustainable Health Financing Accelerator and looking at sustained public health spending more holistically to help countries.
- The Secretariat acknowledged the Board members' concerns on countries that are not eligible for Gavi support and that are experiencing extensive hardships particularly those with large refugee population such as Lebanon, and noted that a review of the Fragility, Emergencies, Refugees Policy is currently underway and will be brought back to the PPC and the Board.

7. COVAX: Key Strategic Issues

- 7.1 The Chair introduced this item and noted that there had been intensive discussions prior to the meeting on matters of governance and accountability for COVAX delivery that had resulted in proposed amendments to the recommendation, which had already been sent to the Board. He urged Board members to work in a spirit of pragmatism and to take into consideration the urgency of the situation.
- 7.2 Seth Berkely, CEO, noted that the Alliance has come together in this unprecedented space, bringing innovation and other partners in as necessary. He indicated that it will be of utmost importance that the Alliance understands what countries need, both for COVID-19 vaccine delivery but also as it connects to RI.
- 7.3 Aurélia Nguyen, Managing Director, Office of the COVAX Facility, provided a detailed introduction on the recommendations before the Board (Doc 07). She reported that by the end of 2021, it is expected that countries will have received between 0.8 to 1 billion doses of COVID-19 vaccine.
- 7.4 She outlined the two recommendations that had been presented to the Board. First, on COVAX's role and ambition in progress in 2022, it has been proposed to support AMC91 countries towards achieving their individual COVID-19 vaccination coverage ambitions, as set out in their national targets and ambitions, and in support of the WHO global vaccination strategy. Second, on the strategy for procurement in 2022, it has been recommended to implement a flexible approach to procurement that will be adapted as new evidence emerges and as the market evolves. A core element of this is a pandemic vaccine pool that will manage both supply and demand-side risks, and includes doses intended for the countries that are most reliant on COVAX.
- 7.5 Thabani Maphosa, Managing Director, Country Programmes, provided an overview of the role of the Alliance in delivery. He reviewed the support that has been provided to date and provided an analysis of vaccine absorption capacity at an individual country level. He indicated that the focus of the Alliance for 2022

would be to unblock main bottlenecks with a key focus on logistics, service delivery and demand to enhance understanding of key delivery needs and gaps in high-risk countries, through better data and analytics, to institutionalise targeted country action plans which have close follow-through.

- 7.6 Marie-Ange Saraka Yao, Managing Director, Resource Mobilisation, Private Sector Partnerships & Innovative Finance, presented the fundraising strategy that will be focused on guaranteeing the certainty of supply and security for AMC countries, with a focus on low-income countries. This will be done primarily by creating financially frontloaded instruments, the pandemic vaccine pool and supporting low-income countries on the path to growth. She indicated the plan to launch a fast-paced 100-day campaign to mobilise the necessary resources, calling on all stakeholders.
- 7.7 Helen Rees, Chair of the Programme and Policy Committee, provided a summary of PPC discussions on this topic and indicated that the PPC had asked for further discussion to better understand the nuts and bolts of the approach for 2022. The amendments that have been requested to the recommendations to the Board build on the PPC discussion. She also noted that it will be important to understand the relationship between the PPC and any new oversight bodies established on delivery; and flagged that the PPC had been particularly concerned about granting flexibility to the Secretariat and that she wished to retain this element.
- 7.8 David Sidwell, Chair of the Audit and Finance Committee, supported the focus on delivery moving forward. He noted that Secretariat leadership had attended AFC meetings a number of times and while it was evident that the team have recognised the need for cross-Alliance coordination, he emphasised that this close coordination will continue to be important moving forward and supported the idea of an oversight body to provide support and attention to make sure any issues are resolved. On the strategy for 2022, he noted that there is a great deal of uncertainty in the environment, and it will be important to maintain flexibility within the strategy. However, it will be important at a high-level to get comfortable with how the key pieces fit, such as donations, cost sharing, unilateral deals outside of COVAX mechanisms, and engagement of SFPs, because ultimately COVAX will need to enter into agreements with manufacturers despite that uncertainty and will need to secure commitments from donors.

Discussion

- Concerning COVAX's strategy for 2022, Board members welcomed efforts to support country coverage targets in view of WHO's 70% global coverage target, focusing on lower-income economies with support and risk management, according to the situation of individual countries. Board members appreciated that equity remained a central feature of the strategy.
- Board members supported the idea of a pandemic vaccine pool for flexible use to account for the uncertainties that lay ahead in 2022. One Board member asked about the difference between the existing procurement mechanism and the proposed flexible approach for the pandemic vaccine pool. It was clarified that in 2021 the mechanism was focused solely on increasing coverage, whereas in 2022

the focus will be on coverage, boosters, security for participants for those most relying on this, and early financing.

- Regarding the 2022 strategy, several Board members commented on areas needing particular focus, including on: i) vaccine hesitancy which is a global phenomenon but is proving critical in AMC economies; ii) vaccine refusal, which is occurring for various reasons, including short shelf-life, product preference, problems of visibility and pace of supply; iii) the timeline for booster doses and paediatric vaccines. It was clarified that the focus would be on primary series doses as a priority, before looking to boosters and paediatrics, but would be subject to change in alignment with WHO SAGE guidance.
- Board members flagged the importance of pivoting from the focus on supply in 2021 to enhanced attention on delivery. It was considered critical that Gavi, UNICEF and WHO work together to have a unified but elevated delivery coordination structure with joint accountability and to bring more senior staff to the effort. There was also a sense that it was critical to rationalise this with other existing structures to not overload the teams that are working on this.
- With respect to funding needs for delivery, Board members requested information about whether the estimates were considered to be sufficient. It was clarified that the assumption continues to be that multilateral development banks (MDBs) will provide a significant amount of this, and, if MDB funding for delivery does not scale-up as expected, Gavi's funding ask may need to be re-evaluated.
- Board members expressed concern about system overload in countries impacting not only COVID-19 vaccination but also RI. The Secretariat concurred that pathways of action must lead to easing the overstretch of country teams.
- In line with Section 18.16 of the Gavi Board and Board Committee Operating Procedures, it was proposed to add to the Board decision the creation of a temporary Steering Committee on delivery-related matters that would serve a similar function for delivery-related matters in 2022 as the Market-Sensitive Decisions Committee (MSDC) did on supply in 2021. The new Steering Committee would provide strategic guidance over the COVAX delivery effort for a more accurate picture of what is happening at the country level and for greater accountability.
- Given the urgency in having the Steering Committee begin work, it was proposed that in accordance with Article 14 of the Gavi Alliance Statutes, the Board would delegate the task of developing the Terms of Reference for the Steering Committee to the Board Chair, who would consult with UNICEF and WHO leadership prior to finalisation. In doing so, it was considered important to avoid any redundancy across structures and to provide clarity on how the Temporary Steering Committee would relate to other Board committees, particularly the AFC and PPC. Board members requested that the new Temporary Steering Committee would include: i) members from beyond the Board as appropriate, including the African Union/AVATT; and ii) strong voices from implementing countries.

- The Secretariat committed to ensure that regular, up-to-date information would flow to the Board using existing channels and that this arrangement would be reviewed at the next Board Retreat in April 2022 rather than waiting until the next Board meeting in June 2022.
- On resource mobilisation, Board members requested that the Secretariat provide a detailed estimate of needs for 2022 as soon as possible. It was clarified that the investment opportunity will be shared shortly, drawing on this strategy discussion.
- With respect to dose donations, Board members noted that dose sharing through COVAX has proven to be an important scheme; however, it will be important to clarify how donations fit into the 2022 strategy as they are not sustainable and present a challenge for countries in terms of predictability. Board members also indicated that it will be critical to look at resourcing in the Secretariat for this area.
- Regarding cost-sharing, Board members flagged that this should be specifically mentioned in the recommendation language as a voluntary mechanism continuing through 2023.

Decision 13

The Gavi Alliance Board:

- a) **Approved** the Gavi Alliance strategic direction for 2022 of supporting AMC91 countries toward achieving their individual COVID-19 vaccination coverage ambitions as set out in their national targets and ambitions, in view of the WHO Global Vaccination Target of 70% by mid-2022 and taking into account sources of supply beyond COVAX;
- b) **Approved**, subject to funding availability for the COVAX AMC, the COVAX Facility's approach to procurement of COVID-19 vaccine for 2022, focusing on supporting lower-income countries dependent upon the COVAX Facility for assurance of supply, and through the establishment of a Pandemic Vaccine Pool to manage risks given the significant uncertainties (e.g. variants, need for boosters, need for additional doses for primary series);
- c) **Noted** that the Secretariat plans to continue to leverage the cost sharing mechanism as an important voluntary mechanism for countries to access additional doses towards their national coverage targets, noting that if countries cannot participate in cost sharing this will not affect access to donor-supported doses through the AMC, and **approved** the extension of the cost sharing mechanism until December 2023;
- d) Pursuant to Section 18.16 of the Gavi Board and Board Committee Operating Procedures, **agreed** to establish a temporary Steering Committee of the Gavi Board with delegated authority over delivery related strategy and decisions of the COVAX Facility and to oversee COVID-19 vaccination delivery support provided by COVAX, including consulting on funding and allocation strategy, and **noted** that the Steering Committee will promote end to end coherence of the process from allocation (inclusive of donations as part of supply), to last mile delivery. Its membership should encompass where possible key partners not represented at the Board including the AU/AVATT to maximise collaboration and coordination;

- e) **Delegated** to the Board Chair the authority to finalise the Terms of Reference and Composition of the Steering Committee and to assess potential for rationalising other existing structures in which components of delivery oversight currently exist;
- f) **Noted** that the Board will review the mandate and ToRs of the Steering Committee at the June 2022 Board meeting;
- g) **Recognised** the important role that each member of the Alliance needs to play and **affirmed** the proposal by the Alliance partners to establish a unified and elevated COVID-19 vaccine delivery coordination structure with joint accountability for country support operations on vaccine readiness and delivery, and ensure close alignment between allocations (inclusive of donations as part of supply), country absorptive capacity, and targeting of financial support;
- h) **Delegated** to the Secretariat, at the guidance of the new COVID-19 vaccine delivery coordination structure, the authority to allot the current and future COVID-19 vaccine delivery funding with flexible application of the Programme Funding policy including waiving the requirement for independent review, utilising existing programmatic and fiduciary risk mitigation mechanisms such as those used in emergency and humanitarian contexts on a no regrets basis; and
- i) **Requested** that the new coordination structure work with existing and additional partners and countries on rapidly enhancing and accelerating vaccination throughput, including through campaigns, mass vaccination and reaching hard-to-reach populations while safeguarding routine immunisation. The enhanced coordination structure will report on delivery progress to the Gavi Board through the temporary Steering Committee on a regular basis.

Juan Pablo Uribe (World Bank) recused himself and did not participate in parts a) or b) of Decision 13.

8. Malaria Vaccine Programme Investment Case

- 8.1 Helen Rees, Chair of the Programme and Policy Committee, provided a summary of PPC deliberations on this topic. She noted that the PPC had welcomed the participation of Minister Kwaku, Board member and Minister of Health in Ghana, and Brian Greenwood, Professor at the London School of Hygiene and Tropical Medicine and expert in this field, who provided valuable inputs to the discussion. She flagged three areas that the PPC had focused on: i) the financial magnitude of this recommendation, particularly for 2025 and beyond, and the need for resource mobilisation for this purpose; ii) the need for a clear plan on integration with other malaria control measures; and iii) the need to explore other malaria vaccines in the pipeline and support a healthy and sustainable marketplace.
- 8.2 Deepali Patel, Senior Manager, Policy, provided introductory remarks on the proposed malaria vaccine programme (Doc 08), noting that progress against malaria has stalled in recent years.

- 8.3 She explained that WHO's Strategic Advisory Group of Experts on Immunization (SAGE) and Malaria Policy Advisory Group (MPAG) had convened to review the current evidence for use of the first malaria vaccine, RTS,S/AS01E, and issued a recommendation to expand beyond the initial pilots for routine use in immunisation programmes, including seasonal delivery. In anticipation, Gavi had conducted analyses to assess a Gavi-supported malaria vaccine programme investment.
- 8.4 Ms Patel reviewed the proposed investment case that had been developed using the methodology of the vaccine investment strategy to assess demand, costs and impact. She also reviewed the breakdown of costs across upcoming strategic periods.

Discussion

- Board members enthusiastically supported this recommendation and noted that its approval marked an important milestone in the global fight against malaria. It was highlighted that a clear Board decision today would be critical to provide visibility of the procurement funding which would help the potential demand profile for the vaccine.
- Board members noted that this is relevant for Gavi's 5.0 equity agenda to make sure that all vulnerable populations, marginalised and zero-dose children are able to get this vaccine.
- With respect to supply, Board members expressed interest in having Gavi carry out market shaping for the malaria vaccine given the expected limitation of vaccine supply and to ensure the availability of syringes.
- Board members also considered the role that Gavi could play in facilitating manufacturing of the malaria vaccine on the African continent. It was clarified that UNICEF had been signalling interest to African manufacturers to have them engage in this market. UNICEF has also been advocating to manufacturing partners around supporting the potential production of this vaccine in Africa.
- Several Board members noted the critical need to deliver this vaccine as part of an integrated package of health and malaria control interventions. Given the age groups that will be targeted, Board members noted that the Alliance should use this opportunity to bring in other interventions and communities.
- With respect to communications, Board members indicated that Gavi will need to support countries with messaging to make clear that while this new vaccine is a promising tool, it is one part of a toolkit that must continue to be deployed fully to combat malaria.
- Several Board members noted that it will be important to have strong cooperation and communication between the different agencies in global public health, including the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNITAID, and the United States President's Malaria Initiative.

- Having reviewed the estimated cost of the vaccine, Board members flagged that the Alliance will need to begin advocacy and resource mobilisation early to harness the existing enthusiasm.
- Board members noted that there is still the need to continue research to learn more about efficient use of the existing vaccine, including schedule optimisation, synergies with other interventions, and further product innovation.
- Board members also requested that an additional commitment on explicit learning from that implementation phase be added to the decision language.
- Finally, Board members also noted that key considerations discussed by the PPC including eligibility, the optimal mix of malaria interventions, allocation of scarce supply and country financing should be applied across the whole of programme design, implementation, and monitoring.

Decision 14

The Gavi Alliance Board:

- a) **Approved** support for a malaria vaccine programme, beginning in January 2022, noting that the additional financial implications for 2022-2025 are expected to be approximately US\$ 155.7 million, which includes approximately US\$ 23.2 million for Secretariat and Partners' Engagement Framework costs to adequately support technical assistance and learning activities;
- b) **Requested** the Secretariat and Alliance partners to closely coordinate with countries, the Global Fund and other malaria stakeholders on (i) programme design, (ii) implementation (iii) monitoring, including key considerations (such as eligibility, the optimal mix of malaria interventions, allocation of scarce supply and country financing), and (iv) learning and implementation review, and provide an update to the PPC on progress made in May 2022 and to submit a report to the Board on the above in advance of the Gavi 6.0 strategy process to leverage learnings and further inform the scale up of malaria and other vaccine programmes; and
- c) **Noted** the need for additional work on market shaping in relation to malaria vaccines to support the development of a secure supply with innovative and cost-effective products.

Omar Abdi (UNICEF), Juan Pablo Uribe (World Bank), Zsuzsanna Jakab (WHO), Maty Dia (CSO) and Marta Nunes (R&THI) recused themselves and did not vote on part a) of Decision 14.

Roger Connor (IFPMA) and Mahima Datla (DCVMN) recused themselves and did not vote on Decision 14 above.

9. Risk Management Update

- 9.1 David Sidwell, AFC Chair, provided framing remarks. He underlined the work of the Secretariat to develop a risk culture at Gavi which identifies very clearly the underlying inherent risks in order to understand and mitigate these risks. He noted that the AFC has had extensive discussions on the annual Risk & Assurance Report and asked for some changes to be made which were incorporated. He recalled that the Board discussed the need to have a higher risk appetite at its meeting in June 2021 driven by the aspirations of Gavi 5.0 as well as COVAX.
- 9.2 He noted that the report assesses the critical risks of achieving the strategy, and underlined that the few risks that were identified outside of risk appetite align with the highest risks that the Board and Committees have been discussing.
- 9.3 Jacob Van der Blij, Head, Risk, presented the Risk & Assurance Report (Doc 09) noting that Gavi continues to pursue an ambitious strategy in a risky environment with a higher risk appetite. He underlined that Gavi's risk profile remains stable at elevated levels noting that: i) three risks are outside of Gavi's updated risk appetite while intensive mitigation is ongoing; ii) 14 risks are within the risk appetite; and iii) two risks remain broadly within Gavi's risk appetite, the lowest category of risk.

Discussion

- One Board member highlighted the potential impact of inflation expectations on overall Gavi programme costs. A reassessment of monetary policy might be possible in 2022, which should be considered in Gavi's operating costs in 2022.
- The Secretariat noted concerns related to the sustainable transition risk and was encouraged to: i) check the effectiveness of the proposed mitigation measures such as the transition continuum framework and the Middle-Income Countries (MICs) approach; and ii) mitigate potential implications on Gavi's operations and finances if additional countries see their transition delayed.
- In relation to disease outbreaks risk, one Board member called for further reflections on how Gavi policies are adapting to this temporary increased risk, and how to reduce that risk in this acute period recognising the potential need to return to a lower risk appetite as countries recover.

One Board member expressed concern that country management capacity has remained close to the top risks over the past five or six years and was encouraged to see other risks such as data quality has gradually fallen over the years. In this regard the Secretariat was encouraged to present some of the trends over the last six years and highlight some of the clear successes and ongoing challenges, such as country management capacity.

- In relation to Secretariat disruption having constantly been a high risk over the past five years, one Board member highlighted the need to continue to prioritise staff mental health and wellbeing.
- One Board member noted that it is very encouraging that the Risk & Assurance Report over the years has shown a direct correlation where the risks that are within the Secretariat's control have consistently gone down through a series of delivered

actions by management. The Secretariat noted that the purpose of the heat map is to manage expectations as some of the risks are inherent in Gavi's business and should be compared against the risk appetite. This is a process that the Secretariat has gone through over the past few years which resulted in the updated risk appetite discussion during the June 2021 Board meeting.

Decision 15

The Gavi Alliance Board:

Approved the Risk & Assurance Report 2021 attached as Annex A to Doc 09.

10. Strategic Partnership with India

- 10.1 Helen Rees, Programme and Policy Committee Chair, provided framing remarks. She noted that this item was discussed by the PPC and underlined the importance of this partnership which would be catalytic and key to the advancement of the zero-dose agenda and equity. She highlighted the PPC's support for this partnership and summarised the main areas of focus of the PPC deliberations on this topic.
- 10.2 Homero Hernandez, Senior Country Manager, provided introductory remarks (Doc 10) and recalled that the PPC and the Board had reviewed the strategic partnership with India in May and June 2021 respectively, and had provided feedback which was taken on board.
- 10.3 He highlighted the impact of COVID-19 on India, and its knock-on effect on the number of zero-dose children which had more than doubled from 1.4 million in 2019 to over three million children in 2020. He noted that the partnership will be investing across two portfolios: i) reaching out to zero-dose children and missed communities, and ii) the introduction of HPV and typhoid conjugate vaccine (TCV). The partnership will focus on specific subnational geographies to maximise the impact of its catalytic funding.

Discussion

- The Board Chair delivered a written statement on behalf of the representative of the Government of India, Mr Mansukh Mandaviya, Minister of Health, in which the Government of India welcomed the Strategic Partnership, highlighted the country's progress, and reiterated the commitment of the Government of India to deliver on the immunisation agenda to leave no one behind.
- Board members expressed strong support for the strategic approach in India which will have a considerable impact on Gavi 5.0 and reduce zero-dose children, with the strong engagement of CSOs and partners.
- Several Board members underscored the importance of a subnational focus, which is a critical approach to reach zero-dose children.

- Several Board members highlighted the importance of leveraging the tools that India has developed, such as the electronic vaccine intelligence network (eVIN) for managing cold chain performance and the COVID-19 vaccine electronic registry and tracking (CoWIN), for the benefit of other countries. The Secretariat underlined the ongoing work with the evaluation team as well as the Ministry of Health of India to obtain lessons learned. The Government of India will be providing some of the tools that were developed as open source to share globally.
- The Secretariat noted Board members reflections on the importance of Gavi 5.0 and readiness for transition out of Gavi support to ensure that countries can maintain sustainable immunisation programmes post transition. The Secretariat explained that India, being a high-impact country, has a tailored transition plan that differs from other smaller scale countries.
- With regards to the accountability framework, the Secretariat noted that it will be building on the quarterly reviews at the country level with the Government, implementing partners and Gavi taking part in an Immunisation Action Group as part of the monitoring and course corrective process during implementation.
- Several Board members welcomed the resumption of COVID-19 vaccine export from the Serum Institute of India (SII) and reiterated the importance of diversifying Gavi's supplier base.
- Several Board members highlighted the importance of introducing HPV vaccine to advance the gender focus and to advance towards equity.
- With respect to backsliding in RI, one Board member highlighted that the real impact of the pandemic is yet to be seen in India and other countries, which makes this investment even more timely. The healthcare workforce which continues to serve India's COVID-19 response emphasises the importance of requiring additional staff in order not to strain the workforce serving essential services.

Decision 16

The Gavi Alliance Board:

- a) **Approved** the strategic approach set forth in Annex A to Doc 10 to continue Gavi's strategic partnership with India for five years (2022-2026); and
- b) **Approved** the associated investment of US\$ 250 million for 2022-2026, of which US\$ 199 million will be implemented in Gavi 5.0 (2022-2025).

11. Private Sector Engagement Strategy

- 11.1 Moz Siddiqui, Head, Private Sector Partnerships and Innovations, provided an overview of the proposed Private Sector Engagement Strategy (Doc 11). He noted that the strategy provides a framework for engagement with the private sector in the Gavi 5.0 period.

- 11.2 He provided contextual information referring to an independent evaluation of the Secretariat's work with the private sector across the 2016-2020 period which had been conducted in 2020, and he summarised its recommendations.
- 11.3 He noted that the draft 2021-2025 framework is formulated based on successes and failures which were noted in the evaluation as well as on the Secretariat's experience. He highlighted that the framework is country-centric and places country needs and challenges at its heart and provided several examples of partnerships with the private sector.

Discussion

- The Board Chair underlined the huge and impactful potential that the financial markets could bring to the health sector which would be critical to mobilise to complement public donor support. He underscored the growing interest in Environmental, Social, and Governance (ESG) which could be expanded to health. The Secretariat highlighted its ongoing efforts to actively explore various possibilities with some banks to draw on the private sector as well as on ESG and highlighted its experience with IFFIm.
- Board members commended the strategy for being country-specific, needs based, and focused on fragile countries, and highlighted the important role the private sector can play in bringing in resources and expertise at the national and subnational level. Adopting a country-tailored approach would be vital for immunisation programmes, particularly in high-impact and fragile countries. The Secretariat noted that private sector partnerships can help Gavi stand on the cutting edge on innovation particularly through leveraging technology to help outreach and delivery activities.
- The Secretariat was called on to ensure that country needs and demand are articulated and based on country dialogues and full portfolio planning processes. Ensuring that all country-level stakeholders are involved and feed into this planning, including those who work with the communities is critical.
- In relation to governance, the Secretariat clarified that the proposed community of practice would be an Alliance-wide coordination mechanism to help guide on some of the programmatic elements of the implementation of the strategy, including alignment to stakeholders and having voices from the Alliance and from the countries, including CSOs. It was clarified that the proposed private sector investors group is an advisory function to the Secretariat to help navigate some of the complexities and the opportunities related to the private sector engagement.
- Board members underscored the importance of safeguarding the integrity of the Alliance when considering partnerships. The Secretariat explained that a third-party entity screens partners for due diligence, before, during and after engagements to safeguard the Alliance as well as the countries. The Secretariat also noted that Gavi does not engage with certain industries, as per the private sector guidelines that are included in an annex to the paper.

- Board members encouraged the Secretariat to incorporate the impact of private sector partnerships into regular reporting to the PPC and include: i) precise objectives; ii) assessment of success; iii) areas for improvement; iv) respective costs; and v) impact on Gavi’s core objectives. The need for a shared methodology to measure the key performance indicator across country operations and to keep track of investments were also highlighted. The Secretariat noted that the impact of private sector engagement on programmes will be captured in the relevant reporting to the PPC, rather than as a distinct private sector update.
- With respect to the Secretariat’s capacity to apply a country-centric strategy, the Secretariat noted its ongoing work to define the roles and responsibilities within the team so that needs can be surfaced and addressed as part of the full portfolio planning.
- The Secretariat noted the Board’s reflections on aligning the Private Sector Strategy with Gavi’s overall 5.0 strategy, core mission and linking it to the gender policy. The Secretariat referred to Gavi’s Innovation for Uptake, Scale and Equity in Immunisation (INFUSE), which developed gender-specific programme guidance for innovations and as a result made a measurable contribution to Gavi’s wider gender policy. The Secretariat noted that it will continue to look for ways to integrate this lens into expertise-based programmes and innovations.
- The Secretariat reiterated the importance of CSO engagement in the implementation of the strategy and to bring forward the perspective of the communities.
- The Secretariat highlighted examples of integrated efforts through partnerships such as leveraging Unilever’s *Handwashing for Life* initiative that was linked to immunisation and to promote responsible parenthood, which was then connected with the Self-Employed Women’s Association (SEWA) to maintain sustainability through local networks once partners exit.

Decision 17

The Gavi Alliance Board:

- a) **Approved** the principles of Gavi’s private sector engagement strategy, namely that it is country driven, aligned to Gavi’s zero-dose agenda, vaccine delivery, and immunisation system strengthening; and
- b) **Noted** that the strategy will comprise fundraising, leveraging expertise, and exploring innovations from the private sector which will align with the innovation strategy.

12. Disease Surveillance and Diagnostics to Support Targeted Vaccination in Gavi 5.0

- 12.1 Helen Rees, Chair of the Programme and Policy Committee, provided a summary of PPC deliberations on this topic at its meetings in October and November 2021. The proposal considered by the PPC extended an existing Gavi yellow fever

diagnostics initiative into Gavi 5.0, but suggested broadening it to include cholera, typhoid, meningococcus, measles and rubella vaccine, as well as funding for continuation of global and regional surveillance coordination, and development and dissemination of electronic disease surveillance modules. The PPC approved continuing the yellow fever component in October, but there was uncertainty about whether to extend to cover the new proposed pathogens and diagnostics. The PPC reconvened in November and agreed on a revised recommendation that made clearer how the proposal would strengthen the Gavi 5.0 strategy.

- 12.2 She flagged that there was a minority position expressed by the PPC member representing the Nordic-plus constituency who did not support the recommendation and who considered that it would be beneficial to have a further Board discussion on the institutional question of whether Gavi is the right organisation to be making this particular investment. It was suggested that this might be an appropriate topic for the next Board retreat.
- 12.3 Lee Hampton, Senior Specialist, Monitoring, Evaluation & Learning, presented the proposal, which is focused on diagnostics, supporting targeted vaccination in Gavi 5.0 (Doc 12). He explained the potential benefits contained in the proposal for Gavi's vaccine support programmes, both in terms of smarter spending and impact on cost savings. Dr Hampton also noted that multiple different organisations, including the Foundation for Innovative New Diagnostics (FIND), have been involved in the development of the proposal and that a wide range of partners will be engaged in the implementation phase.

Discussion

- Board members provided first-hand accounts of how the absence of such accurate diagnostic testing can lead to the unnecessary use of vaccine or alternatively the lack of use of the vaccine in an area where it would be beneficial to save lives.
- Several Board members noted that with this diagnostic and surveillance programme, Gavi will be able to optimise spending, potentially leading to cost savings, and will generate more accurate data to be able to make better decisions.
- It was also flagged that this will improve overall efficiency of vaccine investments, drawing from the experience to date of the successful yellow fever diagnostic experience, and that it will bring more integration overall to the approach.
- One Board member also highlighted that diagnostic testing adds to in-country capacity, and adds to the sustainability of programmes, because of the added efficiency. The Secretariat concurred that this support should be seen as catalytic and building country capacity.
- A Board member suggested that this work offers opportunities for collaboration across the global health architecture. The Secretariat clarified that there has been good collaboration to date for the yellow fever diagnostics initiative with UNICEF, WHO, FIND, Institut Pasteur de Dakar, Nigeria's Center for Disease Control, Centre Pasteur du Cameroun, Uganda Virus Research Institute, and other institutions, and that the Secretariat plans to build on that experience.

- One Board member pointed out that while a persuasive case had been made for Gavi to be involved in this narrowly as laid out in the decision language, his constituency's support does not signal broader support for a wider Gavi role in surveillance going forward.
- The Nordic-plus constituency were supportive of parts a) and c) of the decision relating to continued investments for yellow fever; but were not supportive to further investments under parts b) and d) based on the institutional question of whether Gavi is the right organisation to be making this particular investment. The constituency restated its interest in this as a topic for the next Board retreat.

Decision 18

The Gavi Alliance Board:

- a) **Approved** an amount of up to US\$ 5 million during 2022-2025 for costs related to the procurement and distribution of diagnostic test kits, reagents, supplies, and equipment for yellow fever in countries eligible for Gavi new vaccine support through a diagnostic procurement mechanism based on Gavi's existing application, review, and approval processes;
- b) **Approved** an amount of up to US\$ 27 million during 2022-2025 for costs related to the procurement and distribution of diagnostic test kits, reagents, supplies, and equipment for cholera, typhoid, meningococcus, measles, and rubella in countries eligible for Gavi new vaccine support through a diagnostic procurement mechanism based on Gavi's existing application, review, and approval processes;
- c) **Approved** the additional provision of up to US\$ 4 million in funds through the Partners' Engagement Framework (PEF) during 2022-2025, to support global and regional efforts on yellow fever diagnostic capacity strengthening;
- d) **Approved** the additional provision of up to US\$ 17 million in funds through the Partners' Engagement Framework (PEF) during 2022-2025, to support diagnostic test validation, guidance development, multi-country technical assistance, and quality assurance to support effective, efficient, and equitable use of Gavi supported vaccines in countries eligible for Gavi new vaccine support as well as up to US\$ 2 million for Gavi secretariat coordination, monitoring, and operation of Gavi's application, review, and approval processes related to diagnostic tools procurement support during 2022-2025;
- e) **Noted** the continued use of Health Systems Strengthening (HSS) and Targeted Country Assistance (TCA) funds to support surveillance and laboratory capacity in the context of national plans that focus on achieving and maintaining high immunisation coverage and address underlying equity challenges;
- f) **Noted** the potential inclusion of assessments of disease-specific diagnostic needs in planning of future Gavi vaccine support proposals to the Board, and potential inclusion of recommendations on addressing disease-specific diagnostic needs in these funding proposals; and

- g) **Requested** the Gavi Secretariat to report back to the PPC and Board on progress in 2024.

Marta Nunes (R&THI) recused herself and did not vote on parts a), c) or d) of Decision 18.

Zsuzsanna Jakab (WHO) and Maty Dia (CSO) recused themselves and did not vote on parts c) or d) of Decision 18.

13. Review of decisions

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

14. Closing remarks

- 14.1 The Board Chair expressed his thanks and appreciation to the Board for a productive meeting.
- 14.2 The Chair, as well as Dr Seth Berkley, paid a warm tribute as they bid farewell to several longstanding outgoing Board members, namely: David Sidwell (AFC Chair), Maty Dia (CSO), Joan Valadou (Germany/France/Luxembourg/European Commission/Ireland), and Abdoulaye Sabre Fadoul and Gilbert Mokoki (Implementing Countries – Chad & Republic of Congo).
- 14.3 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
- Beth Arthy
- Anahit Avanesyan
- Afsaneh Beschloss
- Megan Cain
- Awa Marie Coll Seck
- Roger Connor
- Mahima Datla
- Maty Dia
- Abdoulaye Sabre Fadoul
- Margaret (Peggy) Hamburg
- Zsuzsanna Jakab (Day Two and Three)
- Naguib Kheraj
- Violaine Mitchell
- Marta Nunes (Day Two and Three)
- Helen Rees
- Teresa Ressel
- John-Arne Røttingen
- David Sidwell
- Faisal Sultan
- Juan Pablo Uribe
- Joan Valadou
- Yibing Wu
- Seth Berkley (non-voting)

Regrets

- Gilbert Mokoki
- Mansukh Mandaviya
- Xiang Shu

Alternates Observing

- Michael Kent Ranson
- Etleva Kadilli
- Kate O'Brien
- Alaa Murabit
- Lia Tadesse
- Bounfeng Phoummalaysith
- Edna Yolani Batres
- Bernhard Braune
- Francesca Manno
- Joris Jurriëns
- Susan Elden
- Jeremy Konyndyk
- Keiichi Ono
- An Vermeersch
- Rafael Vilasanjuan
- Saad Omer

ADDITIONAL ATTENDEES

EVALUATION ADVISORY COMMITTEE

Dr James Hargreaves, Chair of the Evaluation Advisory Committee

IFFIm

Mr Kenneth Lay, IFFIm Board Member
Ms Doris Herrera-Pol, IFFIm Board Member
Ms Jessica Pulay, IFFIm Board Member
Mr Helge Weiner-Trappness, IFFIm Board Member
Mr Bertrand de Mazières, IFFIm Board Member and IFFIm Audit Committee Chair
Ms Ingrid Van Wees, IFFIm Board Member
Ms Hassatou Diop N'Sele, IFFIm Board Member
Ms Monique Barbut, IFFIm Board Member

BILL AND MELINDA GATES FOUNDATION

Ms Helen Matzger, Deputy Director, Vaccines and Disease Control Programs
Mr Rodrigo Salvador, Deputy Director, Development Policy and Finance
Ms Sue Graves, Deputy Director, Health Funds and Partnerships, Bill and Melinda Gates Foundation
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
Ms Clémentine Murer, Health Financing Consultant
Ms Sarah Alkenbrack, Senior Health Economist
Ms Karen Pillay, Senior Financial Officer

UNICEF

Mr Benjamin Schreiber, Deputy Chief of Immunizations, New York
Mr Anthony Bellon, Manager, Partnerships, Supply Division
Mr Ephrem Lemango, Associate Director – Immunization
Ms Viorica Berdaga, Chief Child Survival and Development
Mr Andrew Jones, Principal Advisor and Chief, Vaccine Centre, UNICEF Supply Division
Dr Christopher Gregory, Senior Health Advisor and Head, Accelerated Immunization Initiatives
Dr Anisur Siddique, Team Lead, Coverage & Equity Implementation, Immunization Programs

WORLD HEALTH ORGANIZATION

Ms Lidija Kamara, Programme Manager, Department of Immunization, Vaccines & Biologicals (IVB)
Dr Pedro Alonso, Director, Global Malaria Programme
Mary Hamel, Team Lead, Malaria Vaccines, WHO Department of Immunization, Vaccines & Biologicals (IVB)

IMPLEMENTING COUNTRIES GOVERNMENTS

Cameroon

Mr Emmanuel Maina Djoulde, Director of International Cooperation, Ministry of Health, Cameroon

India

Vikas Sheel, Additional Secretary & Mission Director (National Health Mission), India

Lao PDR

Dr Chanthanom Manithip, Acting Director General, Ministry of Health Cabinet, Lao PDR

DONOR GOVERNMENTS

Australia

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
Mr Pascal Rigaldies, Global Health Adviser, DFAT

Canada

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

European Commission

Mr Jan Paehler, Head of Sector Health, Directorate General for Development and Cooperation
Ms Virginija Dambrauskaite, Policy Officer, Health Team, Directorate General for International Cooperation and Development

Finland

Ms Kaisa Lähdepuro, Senior Specialist, International Affairs, Ministry of Social Affairs and Health, Finland

Germany

Ms Carmen Esser, Senior Policy Officer, Global Health, Federal Ministry for Economic Cooperation and Development

Ireland

Fergal Horgan, Global Health and Nutrition Advisor at Permanent Mission of Ireland to the UN in Geneva

Italy

Mr Gianmarco Coccozza, Adviser, Office of Development Cooperation, International Financial Relations Directorate
Department of Treasury, Ministry of the Economy and Finance
Ms Eugenia Palagi, Deputy Head of Unit, Strategy, Global Processes and International Organizations
Ms Federica Polselli, International Cooperation Expert for Sustainable Development, Ministry for the Environment, Land and Sea

Japan

Ms Makiko Yoneda, Policy Focal Point, Ministry of Foreign Affairs
Mr Yoshitaka Kitamura, Director for Global Health, Government of Japan

Republic of Korea

Ms Jeongmin Kwon, Third Secretary, Multilateral Development Cooperation and Humanitarian Assistance Division, Ministry of Foreign Affairs

Luxembourg

Ms Clarisse Geier, Attaché, United Nations and Specialised Agencies Desk, Multilateral Cooperation Division

Netherlands

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

New Zealand

Ms Cyara Pinkos, Partnerships, Humanitarian and Multilateral Division, Ministry of Foreign Affairs & Trade

Norway

Ms Anja Sletten, Senior Adviser, Dept for Health, Education and Human Rights, Section for Global Health, NORAD

Ms Kristine Onarheim, Ministry of Foreign Affairs, Norway

Mr Andreas Karlberg Pettersen, Senior Adviser, Dept for Quality Assurance Aid Management Section, NORAD

Qatar

Ms Aisha Al-Kuwari, Development Projects Researcher Third, Qatar Fund for Development

Sweden

Ms Karin Westerberg, Senior Advisor, Ministry of Foreign Affairs

Switzerland

Ms Sophie Delessert, Senior Programme Manager, Federal Department of Foreign Affairs

Ms Barbara Mejia, Academic Intern, Global Programme Health, Federal Department of Foreign Affairs

United Kingdom

Ms Sophie Bracken, Innovative Finance Policy Adviser, Global Funds Department, Foreign, Commonwealth & Development Office (FCDO)

Mr Arvind Mungar, COVID-19 Senior Policy Adviser, FCDO

Mr Saul Walker, Deputy Director, COVID-19 Vaccines, Therapeutics and Diagnostics Strategy, FCDO

Ms Elizabeth Williams, ODA Programme Management Officer, Department of Health and Social Care

United States of America

Ms Elizabeth Noonan, Immunization Advisor, USAID

Ms Carmen Coles Tull, Deputy Director, Office of Maternal and Child Health and Nutrition, 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 Sian Clayden, Director, Vaccine Policy, Johnson & Johnson

VACCINE INDUSTRY – DEVELOPING

Ms Sonia Pagluisi, Executive Secretary, DCVMN Secretariat

Mr Dong Jun, Director of International Trade Department, Sinopharm, China National Biotec Group

CIVIL SOCIETY ORGANISATIONS

Dr Sheetal Sharma, Senior Adviser Immunization, CORE Group

Ms Bvudzai Magadzire, Senior Technical Advisor for Research & Advocacy, VillageReach

Mr Emmanuel Ojwang, Deputy Country Director, Programs, CARE

Ms Lori Sloate, Senior Director for Global Health at the United Nations Foundation

Diane Le Corvec, Communications Focal Point, Gavi CSO Constituency

R&THI

Ms Rachel Hore, Global Policy and Advocacy Officer, Wellcome Trust

SPECIAL ADVISERS

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 Zaeem Haq, 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

OTHER OBSERVERS

Ms Minju Jung, Doctoral Researcher, Department of Politics and International Relations, University of Sheffield
Ms Carlota Moya, Representative of the International Area, la Caixa Foundation
Ms Ariadne Bardolet, Coordinator of the International Cooperation Programme, la Caixa Foundation
HRH Princess Cristina of Spain, la Caixa Foundation