

## Gavi Alliance Board Meeting

26-27 June 2023

Global Health Campus, Geneva, Switzerland

### 1. Chair's report

- 1.1 Noting that the meeting had been duly convened and finding a quorum of members present, the meeting commenced at 14.05 Geneva time on 26 June 2023. Prof José Manuel Barroso, Board Chair, chaired the meeting.
- 1.2 The Chair welcomed new Board members and Alternate members attending for the first time, namely: Eduardo Retes of Honduras, Greg Widmyer of the Bill & Melinda Gates Foundation and Mellissa Hisko of Canada.
- 1.3 The Chair welcomed a number of high-level observers from Brazil, Saudi Arabia, South Africa and Spain. He also welcomed Kenneth Lay, International Finance Facility for Immunisation (IFFIm) Board Chair, and other directors of the IFFIm Board, as well as representatives from Nestor Advisors, the external firm which is undertaking the ongoing Board and Board Committee evaluation.
- 1.4 He provided a brief summary on a number of preparatory meetings that took place on the eve of the Board meeting, including the meeting of the Implementing Country Caucus and the All Chairs Group (ACG).
- 1.5 The Chair highlighted the Gavi Mid-Term Review (MTR) event that had taken place on 13-15 June 2023 in Madrid at the invitation of the Government of Spain, whom he thanked for their commitment to global health. He underlined the importance of the MTR in reviewing the progress of Gavi's objectives and commended the Alliance for reaching the milestone of 1 billion children vaccinated since Gavi's inception in 2000.
- 1.6 The Chair noted that during the closed session earlier that day he had informed the Board of a critical development related to the CEO position. Dr Muhammad Pate, who was expected to assume his role as the new Gavi CEO on 3 August 2023 had informed Prof Barroso on the eve of the Board meeting that he will not be able to join Gavi as he has accepted a request to return and contribute to his home country, Nigeria. The Chair explained that in view of this the Board had agreed to appoint the Chief Operating Officer (COO) David Marlow, as interim CEO (and therefore a non-voting Board member) until a new CEO has been recruited. He noted that the Board had also received an update from Mr Marlow on the Operational Excellence initiative during the closed session.
- 1.7 Standing declarations of interest were tabled to the Board (Doc 01a in the Board pack).

- 1.8 The Board noted its minutes from 7-8 December 2022 (Doc 01b) which were approved by no objection on 13 March 2023.
- 1.9 The Chair expressed appreciation for comments from the Civil Society Organisations (CSO) constituency, on the agenda items received in advance of the meeting through the discussion board on *BoardEffect*, and thanked the alliance of vaccine manufacturers from industrialised countries for their comments which were received after the discussion board had been closed. He urged Board members to continue to make use of the *BoardEffect* platform to aid effective preparation and support Gavi's inclusive, partnership-based Alliance.
- 1.10 He referred to the consent agenda (Doc 01c) where six recommendations were presented for consideration. No requests had been received to place any of the consent agenda items on the main agenda. At the request of the Chair, Brenda Killen, Director, Governance and Secretary to the Board presented the consent agenda decisions, as well as the decisions related to the appointment of the interim CEO and CEO recruitment process.
- 1.11 The Chair noted the Board workplan (Doc 01e) that guides the Board on activities towards fulfilling its mandate.

### **Decision 1**

The Gavi Alliance Board:

- a) **Appointed Sai Prasad** as Board Member representing the vaccine industry developing countries in the seat currently held by Mahima Datla effective 1 July 2023 and until 30 June 2026
- b) **Reappointed Beth Arthy** as Board Member representing the United Kingdom on the donor constituency cluster anchored by the United Kingdom, effective 1 September 2023 and until 31 August 2024
- c) **Reappointed** the following to the Market-Sensitive Decisions Committee and to the Programme and Policy Committee effective immediately:
- **Beth Arthy** (Board Member) until 31 December 2023
- d) **Appointed** the following to the Governance Committee effective 1 July 2023:
- **Sai Prasad** (Board Member) until 31 December 2023
- e) **Appointed** the following to the Audit and Finance Committee effective 1 July 2023:
- **Deena Shiff** (Board Member) until 31 December 2023
- f) **Appointed** the following to the Investment Committee effective 1 July 2023:
- **Sai Prasad** (Board Member) until 31 December 2023

- **Teresa Ressel** (Board Member) until 31 December 2023

### **Decision 2**

The Gavi Alliance Board:

**Approved** the Board Travel Policy attached as Annex A to Doc 01d.

### **Decision 3**

Recognising the importance of implementing the recommendations of the independent evaluation of Gavi's Independent Review Committee, which include the recommendation for a differentiated IRC review process the Gavi Alliance Board:

**Approved** waiving the requirement for an independent review, as outlined in the Independent Review Committee Terms of Reference, for up to five country applications of low risk and low value in 2023.

### **Decision 4**

The Gavi Alliance Board:

**Approved** the revised Independent Auditor Selection and Evaluation Policy as set out in Annex B to Doc 01d.

### **Decision 5**

The Gavi Alliance Board:

- a) **Approved** the Treasury Governance Policy as set out in Annex C to Doc 01d; and
- b) **Approved** the Treasury Risk Management Policy as set out in Annex D to Doc 06b.

### **Decision 6**

The Gavi Alliance Board:

- a) **Approved** up to US\$ 8 million in capitalised expenditure in relation to the new lease arrangement for the Gavi Washington DC office, noting the majority of this expense relates to the capitalisation of future lease payments which is consistent with the prior accounting treatment of current lease commitments; and
- b) **Delegated** to the CEO the authority to negotiate and execute the contractual arrangements necessary to relocate the Gavi Washington DC office.

### **Decision 7**

Noting that Dr Muhammad Pate has indicated to the Board Chair and Vice Chair that he can no longer assume the position of CEO on 3 August 2023 the Gavi Alliance Board:

- a) **Approved** that Mr David Marlow be appointed as Interim Chief Executive Officer (CEO), an Officer with individual signatory authority on behalf of the Gavi Alliance, effective 3 August 2023;
- b) **Noted** that in this interim role Mr David Marlow has indicated he will work in close association with the senior leadership at Gavi;
- c) **Delegated** to the Board Chair the authority to conclude and execute an Employment Agreement with Mr David Marlow for his appointment; and
- d) **Delegated** to the Governance Committee the authority to establish measures for the Board to support Mr Marlow during this interim role, to be communicated to the Board as soon as possible.

### **Decision 8**

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;
- 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 9<sup>1</sup>**

In accordance with Decision 8 of the Gavi Board at its meeting on 26-27 June 2023 the Gavi Alliance Board:

**Confirmed** that the composition of the CEO Recruitment Search Committee be constituted as follows:

José Manuel Barroso, Board Chair and Search Committee Chair  
Sarah Goulding, (Governance Committee Chair – ex officio)

<sup>1</sup> Decision 9 was presented as part of the Governance Committee Chair Report in item 10, however for clarity has been grouped together with other Board decisions related to the CEO recruitment.

Omar Abdi  
Beth Arthy  
Robert Lucien Kargougou  
Violaine Mitchell  
Eduardo Humberto Retes  
David Sidwell

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**2. CEO's Report and Strategy, Programmes and Partnerships: Progress, Risks and Challenges**

- 2.1 Seth Berkley, CEO, noting that this would be his last Board meeting, outlined a number of key areas from his report (Doc 02a).
- 2.2 He began by briefly reporting on the Gavi Mid-Term Review (MTR) event which had been hosted by the Government of Spain on 13-15 June 2023.
- 2.3 He highlighted four overarching achievements during his tenure as CEO, namely: 1 billion unique children immunised and 6 billion completed vaccinations through 2022, improved vaccine market health, vaccine stockpiles, and sustainability, with 19 countries now fully self-financing their vaccine programmes.
- 2.4 He emphasised the critical focus on Zero-dose children through different interventions such as Health Systems Strengthening, partnerships and scaling up digital health, and noted Gavi 5.0/5.1 vaccine introductions & campaigns from the period since 2021.
- 2.5 Dr Berkley briefly reported on COVAX's role in global pandemic response over the past three years and highlighted some of its key achievements, including on delivery and disbursements.
- 2.6 He touched on the continuing global spread of cholera, measles and Marburg outbreaks, and the polio eradication strategy 2022-2026, and highlighted the end of the Sudan ebolavirus outbreak.
- 2.7 In reference to PPPR (pandemic prevention, preparedness and response), he underlined the critical role of Gavi in leveraging learnings and experience across the Alliance and referred to the ambitious strategy for regional manufacturing downstream support.
- 2.8 Dr Berkley provided a detailed update on the four must wins for Gavi in 2023, namely: restoring Routine Immunisation (RI), relaunching the human papillomavirus (HPV) vaccine programme, launching the malaria vaccine programme and driving the COVID-19 vaccine programme.
- 2.9 He referred to the balanced scoreboard which the Secretariat has developed as a key tool for transparent systematic overview of Gavi's performance, and

underlined the importance of continuing to receive feedback from Board on this tool.

- 2.10 With regards the Alliance partners, Dr Berkley emphasised that alignment is more critical than ever in the face of external dynamics and challenges particularly that poly-epidemics are to be expected in the future.
- 2.11 He highlighted Gavi Secretariat developments and recruitment of new key senior staff.
- 2.12 Finally, Dr Berkley concluded his presentation by highlighting memories of his tenure as Gavi CEO during the past 12 years.
- 2.13 Aurélia Nguyen, Chief Programme Strategy Officer, provided a progress update on the implementation of Gavi 5.0/Gavi 5.1 (Doc 02b) and associated risks as outlined the Gavi balanced scoreboard for the strategic goals 1-4, noting the standardised approach which aims to provide a snapshot of key indicators of the Gavi 5.0 Measurement Framework.
- 2.14 She reported that countries continue to prioritise routine introductions exceeding targets for 2022, noting nevertheless that disease outbreaks are on the rise.
- 2.15 She referred to the Vaccine Investment Strategy (VIS) 2018 paused and delayed vaccines and outlined considerations for a sequenced unpausing, which took into account feedback from the Programme and Policy Committee (PPC), and next steps.
- 2.16 She reported on the equity and zero-dose agenda noting that given pandemic-related delays, a proposal is being presented to the Board to extend the timeline of the Equity Accelerator Fund (EAF) disbursements to end 2027.
- 2.17 In relation to sustainability, she informed the Board of strong country performance on co-financing, noting however existing risks to countries in accelerated transition.
- 2.18 Regarding the healthy vaccine markets goal, Ms Nguyen reported that this target has been met in 2022, however supply challenges in several vaccine markets show the need for continuous market shaping.
- 2.19 Finally, Ms Nguyen concluded by recognising Dr Berkley's leadership and legacy.

### *Discussion*

- The Board thanked Dr Berkley for his report and expressed their deep appreciation to him highlighting his accomplishments, impact and unwavering

commitments to support implementing countries and saving millions of children's lives.

- Board members from implementing countries recognised Gavi's rapid response to country needs, citing the support extended to Pakistan during the devastating floods in 2022. Flexibility on use of resources given the humanitarian and security challenges, particularly in the Sahel region was highlighted as important in this regard.
- With regards to the resumption of the paused 2018 VIS, several Board members emphasised the importance of providing countries with clear timelines and budgetary allocations, particularly on the Hepatitis birth dose vaccine. The Secretariat explained that the PPC advice to the Board was to start up the programmes as soon as possible, and if possible, without sequencing, guided by country demands and priorities.
- In relation to tackling measles outbreaks, several Board members underlined the importance of adopting a higher risk tolerance, as had been advised by the PPC, and undertaking robust timely preventive campaigns while linking this work to the Zero-Dose Agenda and Gavi 6.0. Recognising that campaigns may not be a sustainable solution to outbreaks, timing remains important to save lives. The Secretariat acknowledged these concerns and called for a sustainable solution through innovation with partners, improving quality of campaigns and increasing routine immunisation coverage.
- On the availability of the malaria vaccine, the Secretariat explained that contingent on WHO recommendation and pre-qualification, the R21 vaccine can be produced in large volumes and noted that discussions on technology transfer to enable regional manufacturing of RTS,S are ongoing but would require high expertise.
- Board members underlined the importance of ensuring sufficient HPV vaccine supply and keeping the Board apprised to leverage its collective expertise if challenges arise.
- The Secretariat noted the Board's comments on the importance of approaching the EAF with urgency for sustainable solutions and linking it with the COVID-19 Vaccine Delivery Support (CDS) funding.
- Several Board members underlined the importance of continuing the discussions on the Gavi 6.0 strategy, focusing on policy priorities and the value add of Gavi to makes the best use of limited resources. It was suggested that the strategy should focus on the poorest and most fragile countries and must carefully consider co-financing, domestic financing and transition to respond to their needs. The Secretariat noted that the newly restructured country programmes delivery team is focusing on engaging with humanitarian actors



and civil society organisations (CSOs) and changing Gavi's modus operandi to adapt to changing contexts.

- The Secretariat noted the Board's comments on the importance of including a gender lens in Gavi programmes and policies and highlighted that 79% of country applications submitted in the first quarter of 2023 have included gender in their situation analyses to assess gender related barriers to immunisation, while 64% of countries included interventions to address gender barriers in their programming, signalling progress in this regard, but also noted there is more work to be done, and the Secretariat is looking at options for TA to improve the design, implementation and monitoring of gender responsive and transformative programming.
- In reference to comments by Board members on strengthening support to CSOs the Secretariat clarified that US\$ 400 million is available to CSOs through different interventions. The Secretariat is focusing on how to operationalise this support in order to reach the organisations that could make the biggest contributions, including through changing processes and systems in terms of engagement with local CSOs, and having a dedicated fund manager to help identify support and channel funding to the organisations where needed.
- In response to a Board member's reflection on the Fragility, Emergencies and Displaced populations (FED) policy, the Secretariat noted that it will draw on learnings while the policy is being operationalised.

### **Decision 10**

The Gavi Alliance Board:

**Approved** a two-year extension to the US\$ 500 million in Equity Accelerator Funding (EAF) approved by the Board enabling countries to receive EAF disbursements until 2027, recognising that the COVID-19 pandemic has delayed design and implementation of EAF grants.

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### **3. Country Programmes Delivery Presentation**

- 3.1 The Chair noted that this strategic overview of Country Programmes Delivery would be presented jointly by the Gavi Secretariat, UNICEF and WHO.
- 3.2 Thabani Maphosa, Managing Director, Country Programmes Delivery presented on the theme of planning and execution, including the status of the Equity Accelerator Funding applications, cash disbursement levels and timeliness, Accountability Frameworks and support to the Gavi Alliance Fragility, Emergencies and Displacement policy, the Zero-Dose approach and the Middle-Income Countries (MICs) approach.



- 3.3 Ephrem Lemango, Associate Director of Immunization, UNICEF outlined several key thematic areas, including investments related to scaling the gender transformation programme, vaccine demand, supply chain solutions such as health facility solar electrification and CSO engagement.
- 3.4 Kate O'Brien, Director, Department of Immunization, Vaccines and Biologicals, WHO, provided an overview on new vaccine introductions, focusing on human papillomavirus (HPV), malaria and measles. She also noted the trajectory to catching up and strengthening the Zero-Dose agenda.
- 3.5 Dr Robert Lucien Kargougou, Minister of Health, Burkina Faso gave a short presentation on the successful rollout of the HPV vaccine in this region. He highlighted the acceleration phase, which had leveraged the National Immunization Technical Advisory Group's (NITAG) single-dose recommendation, integration with the COVID-19 immunisation programme, and increased urban area coverage. Strong political will, media and CSO engagement, and accessible vaccination centres had all contributed to the programme's success. In closing, Dr Kargougou emphasised the need to allocate resources to countries facing challenges and prioritise routine immunisation and catch-up programmes.

#### *Discussion*

- Board members expressed appreciation for the joint presentation that fully demonstrated the Alliance at work, and particularly appreciated the presentation on the successful HPV programme in Burkina Faso.
- Several Board members emphasised the need to consider each countries' varying challenges and limitations, particularly for those countries conducting multiple vaccine campaigns. They noted that successful vaccine campaigns require significant resources and that countries need both operational costs and systems support to ensure success.
- Board members were encouraged to see the advancements made in exploring new solutions to address supply challenges, such as seeking ways to offset carbon emissions. Several Board members encouraged opportunities to utilise efficient and alternative sources of electricity, such as solar energy.
- Noting the appreciation around the success factors of countries graduating from Gavi support, the importance of lessons learned and identifying contributing factors, the Secretariat outlined some key success factors including: i) early in-country planning, ii) effective stakeholder engagement (including government ministers), and iii) anchoring into broader World Bank conversations. The Secretariat also recognised that both programmatic and financial aspects must be considered simultaneously.

- On gender transformative programming, several Board members stressed its importance, recognised the need for continuous efforts, and proposed exploring opportunities for extra support, possibly from CSOs, to enhance programming. The Alliance partners reported that analysis and design were already in progress and that the agenda would directly impact country planning and programming.
- Board members were supportive of and endorsed the efforts to strengthen quality and timeliness of measles campaigns. In relation to the HPV programme, one Board member asked whether it was feasible to expand efforts given the NITAG single-dose recommendation and was assured of the Alliance’s commitment to this area.
- In reference to the Balanced Score Card, several Board members suggested to consider including details on vaccine stockouts, provide more granularity on CSO roles and responsibilities in advancing the Zero-Dose Agenda, and incorporate data on both traditional and Gavi-supported vaccines.
- When asked if the Zero-Dose Immunisation Programme (ZIP) could be implemented in other regions, the Secretariat acknowledged the suggestion and clarified that ZIP is presently a learning initiative. As the programme progresses and lessons are learned, the Secretariat would consider expanding the programme.

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#### **4. COO and Financial Update, including forecast**

- 4.1 Naguib Kheraj, Chair of the Audit and Finance Committee (AFC), provided introductory remarks noting there are sufficient resources available for the investment priorities proposed at this meeting for Board approval.
- 4.2 David Marlow, Chief Operating Officer, highlighted progress made with advancing Operational Excellence and strengthening the financial forecasting process.
- 4.3 Assietou Diouf, Chief Financial Officer, presented the updated Gavi Financial Forecast for 2021-2025 (Doc 04) summarising key changes since the forecast was last presented to the Board at its 7-8 December 2022 meeting.
- 4.4 She reported that US\$ 109 million is available for future investments in the Gavi 5.1 (2021-2025) financial forecast. She noted that the forecast is US\$ 75 million lower compared to what was presented in December 2022, reflecting a decrease in resources primarily due to proposed rephasing of cash programmes into the next strategic period.

- 4.5 She presented the COVAX AMC (2021-2023) financial forecast reporting that subject to COVAX AMC Investors Group approval, US\$ 2.6 billion is projected to be available for COVAX. She noted the forecast reflects lower expenditure compared to what was presented in December 2022 due to lower vaccine demand and the proposed rephasing of COVID-19 Vaccine Delivery Support (CDS) funds.
- 4.6 Finally, Ms Diouf outlined risks and opportunities to the financial forecasts and provided an illustrative forecast for Gavi 6.0.

#### *Discussion*

- The Board expressed appreciation for the Operational Excellence work that is underway and the Balanced Scorecard. It was noted that strengthened reporting increases transparency and clarity, and the Board encouraged the Secretariat to include more data on funding, staff resourcing and headcount by programme area.
- Several Board members queried the appropriateness of the Board approving the forecasts and suggested noting them instead. The Secretariat explained that the Gavi 6.0 illustrative forecast is a long-term view of existing programmes and does not include programmes not yet approved by the Board.
- A Board member enquired about VIS 2018 spend in the financial forecast to which the Secretariat explained there is no vaccine procurement expenditure in the forecast yet.
- In response to several questions about the management and accounting treatment of investment income, the Secretariat clarified that US\$ 150 million in interest has been accrued from COVAX balances from 2021 up to May 2023, and that nearly US\$ 470 million is forecasted for the full Gavi 5.0 strategic period. The Investment Committee has agreed to explore fund management options for these funds. Naguib Kheraj, Chair of the Audit and Finance Committee (AFC), further noted that the financial forecasts do not include investment income from the long-term investment portfolio and that a policy on the accounting treatment of investment income is expected to be agreed upon later this year. The Board urged for clarity on investment income treatment prior to the next Gavi replenishment.
- In response to a question about the Secretariat 2023-2024 budget and Operational Excellence expenditure, the Secretariat responded that the budget remains within the Board-approved forecast and that Secretariat expenditure as of April 2023 are US\$ 10 million lower than initially budgeted. Operational Excellence costs and benefits have not yet been fully reflected in the financial forecast.

- The Board requested information at its December 2023 meeting on the Secretariat's ideas for increasing country absorption and spending rates. The Board asked the Secretariat to provide ideas on how to alleviate bottlenecks in getting CDS and EAF funds spent, particularly as these funds are being rephased to a later date.

### **Decision 11**

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 (PPC) and concluded that, should the PPC support the recommendations relating to the current strategic period, they could be approved by the Gavi Alliance Board in accordance with the Programme Funding Policy, however the recommendations relating to the next strategic period (Gavi 6.0) are contingent on additional funding being made available;
- b) **Noted** that the Financial Forecast appropriately reflects Gavi's expenditure needs (as set out in the Gavi Alliance Board's spending plan) and available resources;
- c) **Approved** the updated Financial Forecast for the Gavi 5.1 (2021-2025) Strategic Period of Qualifying Resources of US\$ 10.2 billion and Forecast Expenditure of US\$ 10.1 billion noting that future investment return on the Long-Term Investment Portfolio is not included in the Financial Forecast, pending review of the Programme Funding Policy scheduled to be tabled for Gavi Alliance Board approval in December 2023;
- d) **Approved** the updated Financial Forecast for the COVAX AMC (2020-2023) and the COVID-19 programme (2024-2025) of Qualifying resources of US\$ 12.5 billion and Forecast Expenditure of US\$ 12.5 billion (made up of US\$ 9.9 billion base expenditure and US\$ 2.6 billion pandemic vaccine pool and dose sharing ancillary, after funding the COVID-19 programme), noting that projected interest income is not included in the Financial Forecast pending alignment of use with donors; and
- e) **Approved** the illustrative Financial Forecast for the Gavi 6.0 (2026-2030) Strategic Period of Qualifying Resources of US\$ 8.8 billion and Forecast Expenditure of US\$ 6.3 billion noting that only existing Approved and Endorsed programmes have been forecast and the forecast has been prepared to enable the Secretariat to allot funding to these programmes in accordance with the Programme Funding Policy and does not prejudice future donor contributions or future investment decisions.

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## 5. Approach for Gavi 6.0 Strategy Design and the Road to Replenishment

- 5.1 Marie-Ange Saraka-Yao, Managing Director, Resource Mobilisation, Private Sector Partnerships and Innovative Finance and Johannes Ahrendts, Director, Strategy, Funding and Performance introduced this item (Doc 05).
- 5.2 Dr Ahrendts outlined the key trends and contextual factors involved in developing Gavi 6.0. He emphasised the collaborative approach, timelines and phases, touchpoints, and the submission of the new Gavi 6.0 Strategy one-page framework for Board approval in June 2024. Once approved, a period of 18 months would be allocated to operationalise the key shifts before the launch of Gavi 6.0 in 2026.
- 5.3 Ms Saraka-Yao invited Ambassador Borja Cabezon, the Spanish Ambassador for Global Health, representing the host government of the recent Mid-Term Review event, to speak. The Ambassador expressed gratitude for the opportunity to address the Board and recognised the Gavi model as a crucial solution to global immunisation challenges, emphasising the lives saved and the Alliance partnership as an example of multilateralism and collaboration. Ambassador Cabezon stressed the continued need for the Gavi model, particularly in the face of climate change, and praised Gavi's response to this challenge. He also encouraged exploring and leveraging Gavi's ties with Latin America, a critical region requiring self-sufficiency to manufacture and distribute vaccines, and that Spain supports such efforts.
- 5.4 Ms Saraka-Yao outlined the future replenishment process and the various factors to consider. In light of multiple simultaneous replenishments, she emphasised the need for collaboration while navigating a challenging global health landscape. Ms Saraka-Yao also mentioned the need to diversify and broaden the donor base and leverage financial innovation. In this regard, she noted the need for replenishing IFFIm.

### *Discussion*

- Board members expressed enthusiasm for the future discussions and engagement on the Gavi 6.0 strategy design and:
  - Encouraged early consultations with implementing countries to understand and prioritise needs, while also considering operational flexibilities, simplifications and long-term support;
  - Emphasised the importance of prioritising planning even in the face of setbacks and uncertainties;
  - Acknowledged that adapting to current global complexities and fiscal environment requires a new strategy with more pronounced trade-offs;
  - In the context of the scope of Gavi's initiatives, acknowledged the importance that the Board provide early clear guidance on the range of options to be considered and its appetite for change;
  - Supported creative thinking and exploring alternative approaches;

- Emphasised the importance of country demand and vaccine confidence, while maintaining focus on equity and zero-dose agenda and leaving no child behind;
  - Recognised that HSS is crucial in achieving universal health coverage, but that it is not the only area of focus for Gavi 6.0; and
  - Underscored that the Vaccine Investment Strategy (VIS) 2024 not pre-empt Gavi 6.0 decisions.
- In relation to eligibility and transition models, several Board members encouraged the Secretariat to explore beyond the current framework and consider incorporating innovations, particularly in light of promising vaccines. They emphasised the need to strengthen programmatic aspects for a sustainable country transition, beyond just financial indicators. The current challenging fiscal outlook would require a realistic assessment of transitioning countries and timelines.
  - Regarding the road to replenishment, Board members suggested exploring alternative funding opportunities; expanding donors and exploring non-sovereign fund donors; coordinating replenishment with other similarly-placed organisations; considering a contingency funding plan should replenishment fall short; boldness and ambition (especially in light of competing demands); leveraging Gavi’s investment case and working closely with other global health initiatives particularly as donor countries consider financing global health systems holistically.
  - On the Pandemic Vaccine Pool (PVP), several Board members noted that not all donors have the same investment flexibility. They suggested further discussions, including with the AMC Investors Group. It would also be beneficial to understand the specific guardrails and flexibilities of each donor country regarding net resources.
  - Finally, Dr Berkley reiterated the Board’s message to not undersell Gavi’s ambition. He noted Gavi’s past successes while emphasising the potential for even greater performance in the future.

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## 6. Hexavalent Investment Case

- 6.1 Anne Schuchat, Chair of the PPC, introduced this item which had received universal support from the PPC. She noted the hexavalent vaccine as an opportunity to simplify immunisation programmes by reducing the number of injections required. Administering more antigens simultaneously would increase efficiency and have potential benefit to zero-dose children and communities. She noted the programmatic challenges and implications for NITAGs to determine when and how countries can switch. In addition, supply issues would need to be addressed in the short and mid-term. Despite these



challenges, Dr Schuchat noted the potential downstream opportunities for regional manufacturing priorities.

- 6.2 Due to time constraints, and at the Chair's request, Aurélia Nguyen, Chief Programme Strategy Officer and Kate O'Brien, Director, Department of Immunization, Vaccines and Biologicals, WHO, agreed that the presentation (Doc 06) be shared after the Board meeting and moved to the brief discussion.

#### *Discussion*

- Responding to a question on the unintended consequences of a switch in supply, the Secretariat clarified that it had mapped out a number of manufacturers who would join and compete in the market. Initially there are three manufacturers, expanding to five, to diversify the supply base and offer different antigens across regions. As supply evolves, the Secretariat explained it would work closely with UNICEF's Supply Division to manage and optimise the number of suppliers in the market by strategically awarding tenders.

#### **Decision 12**

The Gavi Alliance Board:

- a) **Approved** the opening of a funding window for combination Hexavalent vaccine for the administration of diphtheria, tetanus, whole-cell pertussis, hepatitis B, Haemophilus influenza b, and IPV antigens;
- b) **Noted** that the initial estimates of the financial implications associated with the above approval for 2023-2025 are expected to be up to US\$ 62 million, and the US\$ 29 million estimated costs associated with base demand has been taken into account in the financial forecast being presented during this Board meeting; and
- c) **Noted** that the initial estimates of the financial implications associated with the above approval for 2023-2025 for additional operational cost support and Secretariat and partner resources will be accounted for in the financial forecast to be presented to the Board in December 2023, following consultations with partners and countries; and
- d) **Noted** that the initial estimates of the financial implications associated with the above approval for the strategic period 2026-2030 are expected to be up to US\$ 430 million and contingent on financial resources being made available for the next strategic period; and
- e) **Noted** that the initial estimates of the financial implications for both time periods are based on a fully loaded vaccine price and include saved ancillary costs and a one-time switch grant.



*Omar Abdi (UNICEF), Bruce Aylward (WHO), Andrew Otoo (IFPMA) and Mahima Datla (DCVMN) recused themselves and did not vote on Decision 12 above.*

## **7. COVAX Update and Gavi's Role in a future COVID-19 Vaccine programme**

- 7.1 Anne Schuchat, Chair of the PPC, introduced this item (Doc 07), which had been discussed by the PPC at its meeting on 16-17 May 2023. She emphasised that despite the ongoing uncertainty related to the trajectory of the COVID-19 pandemic and vaccine demand that there had been support for the proposal. She flagged that in making the recommendation, PPC members had discussed sustainability, co-financing, and consistency with other vaccines. She noted that PPC members had also discussed the need to clarify the relationship of the COVAX AMC Investors Group with Gavi governance bodies.
- 7.2 Richard Mihigo, Director, COVID-19 Vaccine Delivery, Coordination and Integration, presented the proposed progression from COVAX in 2022-2023 to a COVID-19 programme for 2024-2025.
- 7.3 Derrick Sim, Managing Director, Vaccine Markets and Health Security, reviewed the key features of the programme which had been proposed to the Board in December 2022 and received an in-principle approval. He also provided an overview of the key assumptions that had been updated since the Board approval, including confirmation of the Strategic Advisory Group of Experts (SAGE) priority populations, revised demand projections, delivery strategy, updated impact modelling, and the resulting updated financial envelope.
- 7.4 Before opening for discussion, the Chair noted the importance of Gavi continuing to play a role in COVID-19 vaccination, even if demand appears to have fallen in many countries, as part of Gavi's commitment to equity and ensuring access to COVID-19 vaccines for countries beyond the industrialised countries.

### *Discussion*

- A Board member from a Gavi-eligible country provided an overview of his country's experience in responding to the COVID-19 pandemic, noting the critical role that COVAX had facilitating access to vaccines. He emphasised that the response is not yet over, and there is an ongoing need for support for his country at this point in time.
- Board members noted the ongoing uncertainty in relation to the evolution of the COVID-19 pandemic and expressed the need for: i) adaptability and agility in programming; ii) additional clarity in COVID-19 Delivery Support (CDS) guidelines about use of funds, with intentionality related to the targeting of the funds; and iii) country voices to be heard as part of demand forecasting.

- In relation to the new dynamic demand forecasting approach, several Board members expressed some concern about delays in understanding demand for COVID-19 vaccines moving forward, including product preferences. In this regard, several Board members reflected on the importance of transparency of dose donations in support of the supply strategy and indicated they would endeavour to maximise this.
- With regard to the health impact analysis undertaken in preparation for the COVID-19 programme discussions, one Board member constituency requested to receive a more comprehensive comparative analysis of the years of life (YLL) and YLD/DALYS (years of healthy life lost due to disability/disability-adjusted life year) lost due to COVID-19 compared to other Gavi vaccines. It was clarified that the full analysis would be provided.
- Board members endorsed revised decision language that had been circulated to the Board prior to the meeting, which adjusted the extent of support from the “in-principle” decision the Board approved in December 2022 to provide 50% procurement support to AMC37 countries in line with the Gavi MICs approach for 2025, in addition to 2024. Although the Board had previously recommended a return to established Gavi policies and processes as quickly as possible, which would have limited procurement support to these countries, and some Board members raised continued concerns about the opportunity costs of the COVID-19 programme, the Board agreed to the proposal for continued procurement support for AMC37 countries given the ongoing unfinished business in COVID-19 vaccination delivery both for unreached primary populations and for high-risk groups. Board members noted the exceptional nature of the support for the 2024-2025 period and that the COVID-19 programme for the years beyond 2025 would be considered again as part of the next Vaccine Investment Strategy process.
- Following the PPC discussion and the COVAX AMC Investors Group and remaining PVP funds, Board members also supported an amendment to the proposed PPC recommendation language to request that options for the use of COVAX AMC Pandemic Vaccine Pool (PVP) funding be presented for consideration in the next Board cycle in Q4 2023.

### **Decision 13**

The Gavi Alliance Board:

- a) **Approved** up to US\$ 813 million from the COVAX AMC for a new programme for COVID-19 vaccination in 2024-2025 contingent on:
  - a) Continuation of the WHO base-case scenario for the pandemic evolution requiring continued focus on high priority groups as per SAGE recommendation; and
  - b) Sufficient funding as confirmed by the Board in June 2023

- b) **Approved** the following country scope and extent of support for a 2024-2025 COVID-19 vaccine programme:
- a) Country scope: AMC91 (Gavi54 and AMC37)
  - b) Extent of support:
    - i. Gavi54: Eligible for full vaccine procurement support without co-financing obligations and eligible for delivery support through existing CDS resources
    - ii. AMC37: Eligible for 50% vaccine procurement support in 2024 and 2025 and eligible for delivery support through existing CDS resources
- c) **Requested** that the Gavi Secretariat present to the Programme and Policy (PPC) Committee for programmatic consideration, and to the AMC Investors Group for funding consideration, options for the use of COVAX AMC (PVP) funding, by early Q4 2023, and further decision by the Board by December 2023. Taking account of current grant agreements and possibilities for related reprogramming, these options should include but not be limited to preparing for and responding to coronavirus and future health emergencies (among other things by supporting the catch-up and recovery of, preserving, and enhancing immunisation capabilities), and accelerating diversified vaccine manufacturing capacity. These options should be developed with full consideration of enhanced collaboration with other pandemic recovery and PPPR initiatives.

The Gavi Alliance Board:

- a) **Noted** that Gavi will cease to administer the COVAX Facility beyond 31 December 2023, with the COVAX Facility ending in accordance with its terms on or prior to such date.
- b) **Noted** that despite Gavi no longer administering the COVAX Facility beyond 31 December 2023, provision of COVID-19 vaccines would continue through Gavi per the proposed 2024-2025 COVID-19 vaccine programme.
- c) **Noted** that the Alliance would provide guidance on COVID-19 programmatic integration and considerations for transition to the 2024-2025 COVID-19 vaccine programme, as outlined in Part I, paragraph 2; and
- d) **Noted** that delivery funding for the 2024-2025 COVID-19 vaccine programme will be through a no-cost extension of COVID-19 Delivery Support.

*Andrew Otoo (IFPMA) and Mahima Datla (DCVMN) recused themselves and did not vote on Decision 13 above. Bruce Aylward (WHO), Omar Abdi (UNICEF) and Rafael Vilasanjuan (CSOs) recused themselves and did not vote on part b) b of Decision 13 above.*

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## **8. Gavi's Role in Pandemic Prevention, Preparedness and Response**

- 8.1 Anne Schuchat, Chair of the PPC, introduced this agenda item (Doc 08), which had been discussed by the PPC at its meeting on 16-17 May 2023. She noted that the PPC had been supportive of the progress made by the Secretariat and partners on the role of Gavi in pandemic prevention, preparedness and response, particularly with respect to the potential Advanced Market Commitment for regional manufacturing. She indicated that the proposed Global Virtual Pooled Inventories (GVPI) had generated a robust discussion. While the PPC had not been asked to opine on Gavi's role in GVPI at this stage, the PPC welcomed the proposal to further develop this issue in collaboration with other key players. The PPC recommendation had been carefully crafted to allow the Secretariat to respond at this time under a set of explicit exceptional circumstances to requests for Marburg and Ebola Sudan candidate vaccines.
- 8.2 Derrick Sim, Managing Director, Vaccine Markets and Health Security, provided additional context on the discussions to date on Gavi's proposed role in PPPR and reviewed the key features of the GVPI concept.
- 8.3 David Kinder, Director, Development Finance, reviewed and provided an update on the four targeted PPPR areas that the Gavi Board had approved in December 2022 as part of its discussions on Gavi 5.1, namely: i) retaining and enhancing required capabilities for the next pandemic; ii) financial innovation; iii) resilient routine immunisation (RI) programmes; and iv) diversification of regional manufacturing.
- 8.4 The Chair invited Richard Hatchett, CEO, Coalition for Epidemic Preparedness Innovations (CEPI), to provide his perspective on the genesis of the GVPI concept. Dr Hatchett noted that of the seven public health emergencies of international concern (PHEICs) that have been declared since that designation was established in 2005, vaccines have been the most important medical countermeasure for six of those. He underscored that for four of the PHEICs, licensed countermeasures had not been available at the scale needed and because of their scale, the PHEICs would have required expanded access for newly developed products. He assured the Board that CEPI is supportive of the approach and is committed to working with Gavi on this.
- 8.5 As the World Health Organization had also actively participated in early thinking on the GVPI proposal, the Chair also invited the Board member representing WHO to comment. Mr Aylward emphasised that this had been a collaborative effort across agencies. He indicated that WHO recognises that a gap that exists in terms of access to early doses and that the ability to procure doses at risk, as proposed, would bring significant value.

### *Discussion*

- Board members acknowledged the significant progress Gavi had made related to PPPR since the last discussion by the Board in December 2022 and signalled their support for the general direction of travel on the four targeted PPPR areas while requesting more details on each.
- Board members requested that when this topic is presented again in December 2023 that the Secretariat endeavour to provide a cohesive view of Gavi's approach to PPPR that is clearly tied in with the timeline and trade-offs that could be considered during Gavi 6.0 strategy development.
- With respect to the GVPI, Board members were cautiously supportive of moving ahead with the limited recommendation prior to a more in-depth discussion on this topic. Board members noted that any steps taken in this respect before the next Board meeting would be: i) based on the criteria established by the Board, ii) by partner request, and iii) responsive to country need.
- Board members asked about the mechanics of how vaccine candidates would be selected, especially in cases where there are multiple candidates in different phases of regulatory review. The Secretariat clarified that it was anticipated that any selection would be done in alignment with the current processes and guidelines, following the normative guidance of the WHO, the R&D blueprint, among other processes.
- Board members noted the complexity of some of the issues involved in PPPR and indicated that it would be important to continue to engage on these considerations, including those related to legal, regulatory, surveillance, and stockpiling matters.
- In relation to the proposed regional manufacturing Advanced Market Commitment, several Board members noted the speed with which the proposal seemed to be coming together and requested that the Secretariat consult and achieve the buy-in of all necessary stakeholders, including the African Union and African Centers for Disease Control, and bring in all the expertise required early in the design process, including via external review as was done previously for the Pneumococcal AMC. The Secretariat noted that it would be consulting broadly and engaging with political processes, and would provide greater clarity on how the different pieces line up when the Board discusses again towards the end of the year.

### **Decision 14**

Noting that the Secretariat plans to return to the PPC in October 2023 and the Gavi Board in December 2023 with a fully scoped proposal for Gavi in GVPI (Global Virtual Pooled Inventories), which would include, inter alia, confirmation of the role of Gavi

and other partners and a financial assessment with a suggested cost envelope, the Gavi Alliance Board:

**Approved** a time limited envelope until the December 2023 Board meeting of up to US\$ 10 million, for GVPIs for Ebola Sudan and Marburg vaccines if there is a need and an explicit ask from WHO and/or CEPI to Gavi. Any individual agreements with manufacturers would require Phase II data for Ebola Sudan or Marburg candidate vaccines to be available. The individual agreements would be subject to review and approval of Gavi’s Market-Sensitive Decisions Committee. This decision would not set a precedent for future Gavi investments.

*Andrew Otoo (IFPMA) and Mahima Datla (DCVMN) recused themselves and did not vote on Decision 14 above.*

*Bruce Aylward (WHO) indicated that WHO did not agree with the proposal that they be recused from this decision.*

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## 9. Vaccine Investment Strategy 2024: longlist and evaluation frameworks

9.1 Anne Schuchat, Chair of the PPC, provided a summary of the PPC discussions regarding the Vaccine Investment Strategy (VIS) 2024. She noted that the VIS Steering Committee advises the VIS 2024 to identify potential vaccines for future Gavi vaccine portfolios. The PPC was supportive of the recommendation, whilst noting that not all vaccine candidates would be ready for Gavi 6.0 implementation. The PPC had also discussed vaccine platforms and new touchpoints and had encouraged a broad approach and that related topics would be addressed more extensively under Gavi 6.0.

9.2 Marta Tufet Bayona, Head, Policy gave a short presentation on this item (Doc 09). She explained the analytical process and the three necessary Board decision points. She also provided an overview of the eight pathogens that were included in the longlist, as well as the scope, inclusion criteria and evaluation frameworks. Dr Tufet Bayona provided an overview of the potential new vaccine delivery platforms and touchpoints.

### *Discussion*

- Board members recognised the complexities and challenges of advancing the VIS 2024 process, commended the Secretariat on the quality of the paper and appreciated the proposed longlist of pathogens.
- In relation to expanding delivery platforms to support potential new vaccine touchpoints, Board members encouraged the Secretariat to engage in broad discussions. Several Board members underscored the importance of comparing impact, costs, trade-offs, etc. across the range of platforms. The



Secretariat explained that WHO guidance is considered in consultation with the VIS Steering Committee and countries, with outcomes presented in the next phase.

- Board members stressed the importance of considering countries' engagement and priorities when choosing vaccines, while also taking into account their capacity and potential constraints. The Secretariat explained a representative sample of countries would be included in the next phase and that it would be engaging with countries from diverse regions and demographics. Further, the Secretariat confirmed its participation in the Expanded Programme on Immunization (EPI) Network Manager and Global NITAG (National Immunization Technical Advisory Group) Network meetings.
- Board members recognised the challenge of balancing ambitious goals with country priorities. They also recognised the importance of a holistic approach to expanding vaccine options and coverage from childhood to adolescent vaccines. Discussions would be needed on manufacturing ecosystems, coverage expansion and costs associated with new vaccines.
- Several Board members underscored that decisions regarding VIS 2024 should not pre-empt overall Gavi 6.0 discussions. The Secretariat explained that the VIS 2024 timeline had been intentionally brought forward to align with Gavi 6.0 and to facilitate evidence-based discussions on trade-offs.
- One Board member advised not to view the Secretariat's request to evaluate the potential value of providing support to develop, strengthen and deliver vaccines at new touchpoints as an endorsement of expanding vaccine delivery, particularly as considerable resources would be needed for such expansion.

### **Decision 15**

The Gavi Alliance Board:

- a) **Approved** the longlist of pathogens (hepatitis E, m-pox, dengue, COVID-19, tuberculosis, group B streptococcus, chikungunya, and shigella) with licensed or pipeline products, to assess as new potential investments in vaccines and immunisation products through the VIS process;
- b) **Approved** the evaluation criteria for potential new investments in vaccines and other immunisation products primarily intended for endemic disease prevention; these include key ranking criteria (health impact, value for money, equity and social protection, Gavi's comparative advantage and economic impact) and modulating criteria that inform the ranking (global health security impact, other impact, broader health system benefits, implementation feasibility, alternative interventions, and contribution to global agenda);
- c) **Noted** the evaluation approach for potential new investments in vaccines and other immunisation products primarily intended for epidemic disease prevention; centred



around four key questions: i) disease burden and risk; ii) vaccine impact and feasibility; iii) fit for Gavi and partners, and iv) financial implications; and

- d) **Requested** as part of the VIS, the Secretariat undertake further analysis to evaluate the potential value of providing support to develop, strengthen and deliver vaccines at existing and new touchpoints for specific target populations building upon lessons learned from other Gavi programmes.

*Andrew Otoo (IFPMA) and Mahima Datla (DCVMN) recused themselves and did not vote on Decision 15 above.*

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## **10. Committee Chair and IFFIm Board Reports**

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

### *Governance Committee*

- 10.2 Sarah Goulding, Governance Committee (GC) Chair, reported on ongoing routine governance business on Board and Committee nominations, monitoring the application of the Guiding Principles on Gender for Board and Committee nominations and monitoring the governance risk matrix. In relation to the latter she assured the Board that areas such as the relationship between the COVAX Investors Group and Board governance, was being reviewed and monitored by the GC.
- 10.3 She noted the work around the Board and Committee Evaluation and thanked Board members for participating in the survey. Ms Goulding mentioned that the GC had already received an early view of findings, which had identified both areas of alignment and areas requiring improvement. The final report, along with recommendations, would be presented to the GC in July 2023 before being submitted to the Board, along with a plan to implement the recommendations.
- 10.4 She highlighted the GC's efforts to address the confidentiality concerns which had been raised at the December 2023 Board meeting. She highlighted the Secretariat's thorough analysis and GC discussions, resulting in clear guidance documents. A proposal for Board members to sign a confidentiality undertaking would be presented to the Board for consideration.
- 10.5 Ms Goulding referenced the GC meeting which had been convened earlier that day to consider some aspects of the recent interim CEO appointment and the new CEO recruitment search process. She presented a recommendation to the Board relating to the composition of the CEO Recruitment Search Committee (see Decision 9 above).

- 10.6 Finally, Ms Goulding presented a recommendation to the Board relating to proposed amendments to the Delegation of Authority Policy and outlined the rationale behind the proposed amendments. Following discussion, the Board decided to defer approval so as to have additional time for review.

*Audit and Finance Committee*

- 10.7 Naguib Kheraj, Audit and Finance Committee (AFC) Chair, noted that all key matters within the AFC report had been raised in the context of other meeting topics.
- 10.8 He reminded the Board that the 2022 Annual Financial Report and the 2022 Statutory Financial Statements had been approved by no-objection consent.

*Investment Committee*

- 10.9 Yibing Wu, Investment Committee Chair, presented the report of the Investment Committee (IC).
- 10.10 Mr Wu highlighted significant events impacting the global financial markets and noted that Gavi's long-term investment portfolio experienced extremely limited impact from recent stresses in the banking sector.
- 10.11 He reported Gavi's year to date long-term portfolio performance was +3.9% versus a policy index return of +4.6%. He explained that over longer periods of time, the long-term portfolio continues to outperform its policy index and the Committee actively monitors portfolio risk and performance.
- 10.12 Mr Wu noted the Committee agreed to take a deliberate slow-paced approach to reaching a 12% private asset allocation and underlined that the buildout of this asset class will continue to be gradual.
- 10.13 He noted the Committee is reviewing Gavi's sustainable investing approach and asked for Alliance partner support by participating in a benchmarking exercise conducted by the Secretariat.
- 10.14 Finally, Mr Wu noted the Committee is lending guidance on short-term portfolio investment strategy and will discuss short-term portfolio management options at its 14 September 2023 meeting.

*Programme and Policy Committee*

- 10.15 Anne Schuchat, Chair of the PPC, noted that all key matters within the PPC report had been raised in the context of other meeting topics.

### *Evaluation Advisory Committee*

- 10.16 James Hargreaves, Evaluation Advisory Committee (EAC) Chair, presented a report on activities of the EAC since the last Board meeting, including on broad evaluation issues and specific evaluations.
- 10.17 He reminded the Board that the EAC continues to oversee the usefulness, credibility and independence of Gavi's centralised evaluation reports. He reported on his focus as Chair on the EAC's practice, ways of working, remit and voice, as well as ensuring the EAC has a good sense of Gavi more broadly.
- 10.18 Professor Hargreaves noted four general matters related to Gavi evaluations: i) the ongoing constrained pool of evaluation suppliers; ii) the recent discussion at EAC on the extent to which partnership should be considered in evaluation and the EAC's guidance that partnership should be included in evaluations where relevant to the Theory of Change; iii) the recent change to the Evaluation Policy to allow EAC members to sit on evaluation Steering Committees, which has been considered positive after one year of implementation; and iv) the ongoing effort to strengthen the linkage between the EAC and the PPC.
- 10.19 Finally, he updated the Board on the status of specific centralised evaluations of strategic importance to the Board, including: i) the Zero-Dose evaluation, ii) Mid-Term Evaluation, iii) COVID-19 evaluation; iv) Strategy Operationalisation evaluation; and v) the COVAX evaluation.

### *Discussion*

- In response to a question about how the EAC planned to resolve the narrow pool of suppliers, Professor Hargreaves clarified that this is an ongoing challenge, faced by other organisations as well, that does not have a clear solution. He reported that the EAC has been engaging with advisory bodies from other agencies to work on joint approaches and draw on best practice. Some of the steps identified are process-oriented, such as making materials easier to respond to and giving trainings about the bidding process.

### *IFFIm Board*

- 10.20 Kenneth Lay, IFFIm Board Chair, presented the report of the IFFIm Board and thanked Canada for becoming IFFIm's eleventh sovereign donor.
- 10.21 He reported that IFFIm has raised US\$ 8.6 billion in the capital markets since its inception and IFFIm continues to raise funds in challenging financial markets.
- 10.22 Mr Lay highlighted that IFFIm is positioned to provide around US\$ 600 million to support Gavi 5.1. In relation to Gavi 6.0, he noted that IFFIm is in active discussions with the World Bank, donors and the Gavi Secretariat on

establishing a Contingent Financing Mechanism to support Gavi's Pandemic Preparedness and Response (PPR) work.

*Discussion*

- In response to a question on the lack of success of other innovative financing instruments, the Chair noted IFFIm is a unique model that could not be replicated today due to an array of technical idiosyncrasies. He noted there is enthusiasm for exploring how some aspects of the IFFIm model can be implemented to enable frontloading of resources for global needs.
- The Board expressed appreciation for IFFIm exemplifying financial innovation and encouraged collaboration between IFFIm and Gavi to include innovative financing in the case for replenishment.

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**11. Review of Decisions**

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

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**12. Closing remarks**

- 12.1 The Chair noted that the next Board meeting will take place in person in Ghana on 6-7 December 2023 and reminded Board members that there would be a one-day retreat on Gavi 6.0 strategy preparations on 5 December. He also flagged that there would be field visits taking place on Monday 4 December, with some coordination meetings potentially taking place over the weekend, and asked that Board members bear this in mind when booking travel to be sure to arrive in Accra in good time.
- 12.2 After determining there was no further business, the meeting was brought to a close.

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Prof José Manuel Barroso  
Chair of the Board

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Ms Brenda Killen  
Secretary to the Board

## Attachment A

### Participants

#### Board members

- José Manuel Barroso, Chair
- Sarah Goulding, Vice Chair
- Omar Abdi
- Kwaku Agyeman-Manu\*
- Takeshi Akahori
- Beth Arthy
- Bruce Aylward
- Awa Marie Coll-Seck\*
- Mahima Datla
- Gabriella Fésus
- Aamer Ikram
- Robert Kargougou
- Naguib Kheraj
- Violaine Mitchell
- Saad Omer
- Andrew (Drew) Otoo
- Mphu Ramatlapeng\*
- Teresa Ressel
- John-Arne Røttingen
- Deena Schiff
- Anne Schuchat
- Juan Pablo Uribe
- Rafael Vilasanjuan
- Yibing Wu
- Seth Berkley (non-voting)

#### Regrets

- Anahit Avanesyan
- Mansukh Mandaviya
- Silvia Lutucuta (Alternate)
- Won Do-yeon (Alternate)
- Xiang Shu (Alternate)

#### Alternates Observing

- Joan Benson
- Jérémie Forrat-Jaime
- Atul Gawande
- Melissa Hisko
- Mohamed Jama
- Joris Jurriëns
- Etleva Kadilli
- Bvudzai Magadzire
- Francesca Manno
- Kate O'Brien
- Bounfeng Phoummalaysith\*
- Michael Kent Ranson
- Eduardo Retes
- Lia Tadesse\*
- Rhoda Wanyenze
- Greg Widmyer

### Additional Attendees

#### EVALUATION ADVISORY COMMITTEE

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

#### IFFIm

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

#### BILL & MELINDA GATES FOUNDATION

Mr Nima Abbaszadeh, Senior Programme Officer, Immunization, Global Development Division  
 Mr Adrien de Chaisemartin, Deputy Director of Gavi, Partners and Special Initiatives  
 Mr Kelly Jarrett, Deputy Director, Strategy, Planning and Management  
 Ms Amy Whalley, Senior Program Officer, Program Advocacy and Communications  
 Ms Kelly Carr, Associate Program Officer, Immunization Global Development Division  
 Ms Amina Muhtar, Senior Program Officer, Immunization Global Development Division

**WORLD BANK**

Ms Alice Renaud, Consultant, Health, Nutrition & Population  
Ms Katharina Ferl, Economist  
Mr Anurag Kumar, Economist  
Ms Karen Pillay, Senior Financial Officer  
Ms Clémentine Murer, Program Analyst

**UNICEF**

Dr Ephrem Tekle Lemango, Associate Director, PG/Health – Immunization  
Ms Ann Ottosen, Senior Manager, Supply Division's Vaccine Centre  
Mr Benjamin Schreiber, Senior Immunization Specialist

**WORLD HEALTH ORGANIZATION**

Ms Lauren Franzel-Sassanpour, Unit Head, Vaccine Alliances & Partnerships  
Dr Tania Cernuschi, Team Lead, Global Access  
Dr Ann Lindstrand, Head of EPI Unit  
Mr Jan Hendrik Schmitz Guinote, Technical Officer, Polio Eradication

**IMPLEMENTING COUNTRY GOVERNMENTS**

**Cameroon**

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

**Chad**

Mr Abdelkadre Mahamat Hassane, Sahel countries and DRC Consultant for Government Engagement, Susan Thompson Buffet Foundation

**DONOR GOVERNMENTS**

**Australia**

Mr Pascal Rigaldies, Health Adviser, Global Health Policy Branch, Human Development and Governance Division, Department of Foreign Affairs and Trade \*  
Ms Christine Sturrock, Counsellor Development, Permanent Mission to the UN and Other International Organisations, Geneva  
Ms Clarissa Naprawski, Policy and Development Officer, Department of Foreign Affairs and Trade

**Brazil**

Dr Carlos A. Grabojs Gadelha, Secretary of Science, Technology, Innovation and Health Complex, Ministry of Health

**Canada**

Mr Michael Tarr, Senior Policy Analyst, Global Affairs  
Mr Joe Jenkinson, Advisor, Global Affairs

**European Commission**

Mr Grégoire Lacoïn, Senior Global Health Expert, Knowledge Hub on Health, Inequalities and Social Protection, Directorate-General for International Partnerships

**France**

Ms Anne-Sophie Travert, Policy Advisor, French Ministry for Europe and Foreign Affairs  
Ms Amélie Schmitt, Health Attaché, Permanent Mission to UN and Other International Organisations, Geneva

**Germany**

Ms Johanna Stratmann, Advisor, GIZ  
Dr Alexandra Rudolph-Seemann, Senior Policy Officer, BMZ  
Ms Ina Von Frantzius, Counselor Global Health, Permanent Mission to UN and Other International Organisations, Geneva

**Ireland**

Mr Paul Troy, Global Health Adviser, Permanent Mission to UN and Other International Organisations, Geneva

**Italy**

Ms Eugenia Palagi, Deputy Head for Strategy, Multilateral Global Processes for Development Cooperation, Ministry of Foreign Affairs

Ms Eleonora Mei, Economic and Financial Analyst, Global Public Goods Unit, International Financial Relations, Department of the Treasury, Ministry of Economy and Finance \*

**Japan**

Mr Hiroshi Matsumura, First Secretary, Permanent Mission to the UN and Other International Organisations, Geneva

Mr Yohei Ueno, Assistant Director, Global Health Strategy Division, Ministry of Foreign Affairs

Dr Takahiro Goto, Deputy Director, Office of Global Health Cooperation, International Affairs Division, Minister's Secretariat, Ministry of Health, Labour and Welfare \*

**Luxembourg**

Ms Clarisse Geiger, Secrétaire de Légation, Ministry of Foreign and European Affairs

**Netherlands**

Ms Hannah Haaij, Policy Officer, Ministry of Foreign Affairs

**New Zealand**

Ms Clare van Bohemen Hunter, Health Attaché, Ministry of Foreign Affairs and Trade \*

**Norway**

Dr Kristine Onarheim, Senior Advisor, Ministry of Foreign Affairs\*

Ms Anja Sletten, Senior Adviser, Norad

Mr Andreas Karlberg Pettersen, Senior Adviser, Department for Human Development, Section for Global Health, Norad \*

**Republic of Korea**

Mr Euijoong Choi, Political Attaché, Humanitarian & Development Unit, Permanent Mission to the UN and Other International Organisations, Geneva

**Qatar**

Mr Fahad Al-Dehaimi, Head of the International Organizations Department, Qatar Fund for Development

**Saudi Arabia**

Mr Rakan Bin Dohaish, Assistant Deputy Minister for International Collaborations, Ministry of Health Saudi Arabia

**South Africa**

Ms Khadija K. Jamaloodien, Chief Director, Sector Wide Procurement, National Department of Health

**Spain**

Ambassador Borja Cabezon, Ambassador for Global Health

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

**Sweden**

Ms Karin Westerberg, Senior Advisor, Ministry of Foreign Affairs

**Switzerland**

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

**United Kingdom**

Ms Sarah Dabbaj, Interim Immunisation Team Leader, Health Institutions and Health Security Department (HIHSD), Global Health Directorate, FCDO

Ms Nawaal Irshad-Gill, Policy and Program Manager, FCDO

**United States of America**

Dr Pavani Ram, Chief Health and Immunization, USAID

Ms Ann Yang, Gavi Partnership Coordinator, USAID

Mr Hitesh Hurkchand, Senior Child Health and Immunization Program Manager, USAID \*



**VACCINE INDUSTRY – INDUSTRIALISED**

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

**CIVIL SOCIETY ORGANISATIONS**

Ms Anne Marie Seye, General Administrator of Afrivac, Senegal  
Dr A.T. Nizam Uddin Ahmed, Executive Director, Shastho Shurokkha Foundation, Bangladesh  
Ms Esther Nasiky, Advocacy and Policy Manager, PATH, Uganda

**RESEARCH & TECHNICAL HEALTH INSTITUTES**

Dr Deborah Atherly, Global Head, Vaccine Policy, Access and Introduction, PATH  
John Vertefeuille, CDC Global Immunization Division, Director  
Dr Ngashi Ngongo, Chief of Staff and Head of Executive Office, CDC Africa\*

**Special Advisers**

Ms Stella Villares, Special Adviser to the Board Chair  
Dr Muluken Desta, Special Adviser to the Anglophone Africa constituency  
Ms Ruzan Gyurjyan, Special Adviser to the EURO constituency  
Dr Zaeem Haq, Special Adviser to the EMRO constituency  
Dr Pratap Kumar Sahoo, Special Adviser to the SEARO constituency  
Dr Rolando Pinel, Special Adviser to the PAHO constituency  
Ms Mary Gallagher, Special Adviser to the CSO constituency  
Ms Annick Sidibé, Special Adviser to the Francophone/Lusophone Africa constituency  
Ms Phonethipsavanh Nouanthong, Special Adviser to the WPRO constituency  
Ms Carol Piot, Special Adviser to the IFFIm Board

**Other Observers**

Ms Carlota Moya, Program Officer, “la Caixa” Foundation  
Dr Richard Hatchett, CEO, CEPI\*  
Mr Stilpon Nestor, Senior Advisor, Nestor Advisors  
Ms Daniela Chang, Governance Manager, Nestor Advisors

*\*Attending virtually*