

Gavi Alliance Programme and Policy Committee Meeting

20-22 October 2021

Virtual meeting

1. Chair's report

- 1.1 Finding a quorum of members present, the meeting commenced at 13.31 Geneva time on 20 October 2021. Helen Rees, Programme and Policy Committee (PPC) Chair, chaired the meeting.
- 1.2 The Chair gave a particular welcome to the two PPC members who were attending their first formal PPC meeting: Ephrem Lemango representing UNICEF, and Vikas Sheel representing Implementing Countries (India & Lao Peoples' Democratic Republic).
- 1.3 As the PPC Charter allows for any Board or Alternate Board members to observe Committee meetings, the PPC Chair had approved the participation of John Arne Røttingen (Norway/Finland/Netherlands/Sweden) who would attend for some of the meeting.
- 1.4 In the context of ongoing efforts to strengthen the relationship between the PPC and the Evaluation Advisory Committee (EAC), the Chair welcomed James Hargreaves, EAC Chair.
- 1.5 The Chair noted that she had extended an exceptional invitation to Brian Greenwood, a recognised malaria expert, to attend the meeting as an observer for Agenda Item 8 so that he might be available to answer any questions.
- 1.6 Standing declarations of interest were tabled to the Committee (Doc 01a in the Committee pack).
- 1.7 The minutes of the PPC meetings of 1 March 2021 and 19-20 May 2021 were tabled to the Committee for information (Doc 01b and 01c in the Committee pack, respectively). The minutes had been circulated and approved by no-objection on 3 June 2021 and 24 September 2021 respectively.
- 1.8 The Chair referred to the PPC workplan (Doc 01d). Committee members were reminded that they may contribute to the workplan by raising issues with either herself or the Secretariat.
- 1.9 She mentioned that a discussion board had been made available on BoardEffect so that PPC members could post their comments and questions prior to the meeting and thanked PPC members who had done so.

- 1.10 Finally, the Chair informed the PPC that following requests at the last Board meeting, a technical briefing session had been scheduled for 8 November 2021 to provide PPC and Board members with more information about the impact of COVID-19 and COVID-19 vaccine roll-out on routine immunisation (RI), and about the efforts that countries are making to prevent backsliding and to advance the zero-dose agenda.

2. CEO Update

- 2.1 Seth Berkley, CEO, reported that the Secretariat remains focused on three key priorities: i) to maintain, restore and strengthen routine immunisation; ii) to reach zero-dose children and missed communities, which is a central feature of the equity-driven Gavi 5.0 agenda; and iii) to deliver COVID-19 vaccines to countries in support of their efforts to control the pandemic. He also noted that Gavi remains in a learning mode, which is essential to improve and prepare for the future.
- 2.2 He provided an update on global developments since the last PPC meeting, including the United Nations General Assembly, key G20 meetings and the Global COVID-19 Summit hosted by the United States.
- 2.3 Dr Berkley discussed: i) the impact of COVID-19 on Gavi 5.0, including recent 2020 WHO and UNICEF estimates of national immunisation coverage (WUENIC) results and 2020 World Bank estimates of Gross National Income (GNI) per capita; ii) the status of Gavi 5.0 operationalisation; and iii) key vaccine-related developments, including on polio, measles/measles rubella, malaria, human papillomavirus, Ebola and the yellow fever diagnostics initiative.
- 2.4 He emphasised four key points: i) the pandemic has hit the most vulnerable populations the hardest, making Gavi's equity-driven goal of reaching zero-dose children and missed communities even more pressing; ii) immunisation has demonstrated resiliency more than other health interventions and the reduction in coverage, while disturbing, is less severe than expected; however, it remains to be seen what the next months will bring, so continued vigilance is critical; iii) there are significant country and regional variations in immunisation performance, which underscores the importance of Gavi's differentiated approach; and iv) the Alliance will need to remain nimble and adaptive so it can support countries to maintain health services, fight the pandemic and build back better.
- 2.5 He also provided an update related to COVAX, supply of COVID-19 vaccines, and the roll-out of COVID-19 Delivery Support (CDS) Early Access grants. He noted that despite a decrease in COVAX's projected supply for 2021, the latest supply forecast indicates that COVAX is on track to meet the original goal of 20% coverage in Advance Market Countries (AMC) countries by the end of 2021 and to hit the milestone of two billion doses supplied by the end of Q1 2022.
- 2.6 In addition, he flagged an emerging risk to global supply of auto-disable syringes through to the end of 2022 that will need to be managed to avoid impact on both routine immunisation and COVID-19 vaccine efforts.

- 2.7 Finally, he noted that given the rapidly evolving operating environment since early 2020, Gavi has endeavoured to ensure transparency and maintain healthy communication with Committee members. However, he highlighted that this has resulted in a steep increase in the number of Governance meetings, with 98 meetings planned at this stage for 2021, and that this is not a sustainable pace. He indicated that the Secretariat will be exploring alternative mechanisms for information sharing, such as through technical briefings or more Board updates.

3. Strategy, Programmes and Partnerships: Progress, Risk & Challenges

- 3.1 Anuradha Gupta, Deputy CEO, provided an overview of how Gavi 5.0 is progressing nine months into implementation of the strategy, while the COVID-19 pandemic still looms large and COVID-19 vaccination rolls out in Gavi countries (Doc 03). She reported that all mission indicators had been met in Gavi 4.0 (2016-2020) despite the pandemic due to strong performance early in the strategic period.
- 3.2 She noted that although the Alliance has shown impressive achievements in Gavi 4.0, it has also faced some challenges and has made limited progress in some areas, including: i) on the quality of measles/measles rubella (MR) campaigns, ii) with respect to supply constraints in human papillomavirus (HPV) vaccine introductions and inclusion of multi-age cohorts, and iii) in fragile settings, iv) limited participation of local partners, v) persistent data and measurement challenges, and vi) backsliding in seven of the 17 transitioned countries. Gavi 5.0 is building on these learnings and lessons from Gavi 4.0 with key policy, programmatic and operational shifts.
- 3.3 She recalled the Board-approved Gavi 5.0 recalibrated priorities which focus on supporting countries to prevent backsliding, catch up on missed children, and roll out COVID-19 vaccines. She indicated that targeting zero-dose children would account for more than half of the incremental impact in Gavi 5.0.
- 3.4 Ms Gupta reported that the repercussions of the COVID-19 pandemic are still unfolding with variable impacts. She noted that with the inclusion of COVID-19 vaccination, health systems in Gavi-eligible countries are preparing for a three-fold increase in vaccination touchpoints beyond routine vaccines in the second half of 2021.
- 3.5 Finally, she highlighted that given country heterogeneity, country-by-country qualitative analyses are being undertaken to assess risks to RI as well as to COVID-19 vaccination absorption. She shared several country examples to show the heterogeneity across countries and the tailored engagement taking place to support countries to maintain, restore and strengthen routine immunisation, as well as identify opportunities to advance the zero-dose agenda along with COVID-19 vaccination.

Discussion

- PPC members thanked the Secretariat and commended the achievements and successes that have been achieved during the Gavi 4.0 strategic period as well as on COVAX-related work despite the setbacks and the multiple challenges brought by the COVID-19 pandemic.
- The PPC expressed strong concerns over the increase of zero-dose children over the past year and supported the strong focus on zero-dose children in Gavi 5.0. The Secretariat noted that the increase is mainly driven by a few countries including India, Pakistan and Indonesia. The alignment between Gavi 5.0, and the Immunization Agenda 2030 (IA2030), as well as focus on zero-dose children in the Measles and Rubella Strategic Framework, and the Global Polio Eradication Initiative (GPEI), were highlighted as important drivers that will bring greater emphasis to Gavi's equity agenda and identifying zero-dose children. In relation to improving RI data quality, the Secretariat noted the importance of harnessing the digital technologies used for COVID-19 track and tracing in order to obtain better data on RI.
- With respect to the recalibration of Gavi 5.0 priorities and trade-offs already made, the Secretariat underlined the importance of continuing to receive PPC guidance and steer to keep track of critical commitments, and to re-evaluate where and when necessary.
- In relation to the risk RI backsliding in transitioned countries, particularly in the Pan American Health Organisation (PAHO) region, the Secretariat clarified that the Middle-Income Countries (MICs) strategy covers former Gavi-eligible countries, and never Gavi-eligible countries, which is a new cohort that Gavi is engaging with for COVID-19 vaccinations. Under the rephased MICs approach, Gavi will continue to focus on former Gavi-eligible countries that are facing challenges, while the engagement with the never Gavi-eligible countries would take more time. Gavi is in discussion with the PAHO to support their new immunisation plan and to understand the drivers behind the decreasing coverage in the region other than COVID-19, with the aim to link this work to Gavi's equity agenda, and replicate it in other regions.
- In relation to the COVID-19 impact on RI, one PPC member encouraged the Secretariat to present to the Board a joint presentation together with WHO and UNICEF in order for Gavi to reflect on what needs to be done, and in which direction to pivot in order to address the threats to RI. Several challenges were highlighted including the diversion of resources from RI to roll out COVID-19 vaccines including syringes and health workforce. The inclusion of funding to human resources surge capacity in the 2022 strategy may mitigate such risks. The Secretariat noted that action would be necessary to send a strong message to countries to safeguard RI at the global level, while technical assistance by WHO, UNICEF and other partners is going to be extremely important to help countries plan the use of their resources.
- The Secretariat noted the importance of supplementary activities to address backsliding such as campaigns, and highlighted Gavi's continued financial support

for campaigns and its efforts in supporting countries to undertake a variety of supplemental approaches, including well-planned, tailored, targeted, and well-implemented campaigns.

- In relation to the HPV vaccine supply shortages and slow progress in coverage, the Secretariat underlined its efforts with the Alliance partners to address this issue. It was noted that the shutdown of schools during the pandemic had a major effect on school-based campaigns. The inclusion of the HPV vaccine as part of RI and addressing misinformation and hesitancy were highlighted in this regard. WHO is currently considering a one-dose policy which could help address some of the challenges. Regarding supply, the representative from the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) constituency noted that based on the demand data derived from the Market Information for Access to Vaccines (MI4A), the latest manufacturers supply figures would be able to meet demand through 2030.
- In relation to the oral cholera vaccine (OCV), one PPC member underlined the supply risks and stockpile size. The Secretariat noted the need to address OCV availability and clarified that it is the size of request from certain countries that is growing, rather than an increase in general demand or number of requests.
- Several PPC members commended the Risk and Assurance Report that was annexed to Doc 03 and highlighted the importance of focusing on risks related to COVAX and Gavi 5.0, and keeping Gavi's core mission in the centre. The Secretariat referred to recent discussions with the Audit and Finance Committee (AFC) including on some adjustments in the risk report.
- The PPC welcomed the planned deep dive on Gavi 5.0 and encouraged the Secretariat to provide a composite picture on the following aspects: i) the major policy and programmatic shifts, ii) the status of their operationalisation, iii) next steps and risks, iv) the funding buckets, their budgets and total allocations, and v) the significant increase in the number of zero-dose children and the link to the top risks identified in the risk report.
- In relation to COVAX, the PPC expressed concerns on the supply forecasts and queried whether the COVAX Facility is on track to meet its targets for 2021. The Secretariat acknowledged the uncertainties associated with the vaccine supplies and clarified the key factors leading to the latest forecast being reduced from the original estimate. The demand from Self-Financing Participants (SFPs) was smaller than anticipated, and together with dose donations this has increased the amount of doses available for AMC participants.
- One PPC member enquired if the messaging to countries to expect a significant ramp-up in the current quarter is realistic. The Secretariat clarified that the current forecasts are based on expected supply from manufacturers, therefore the challenge remains around the time lag between vaccines' release, allocation, transfer, and administration which will vary by vaccine and by country.
- In relation to the reliability of vaccine volumes and timeframes from manufacturers and through dose donations, the Secretariat clarified that the COVAX Facility

relied on dose donations to fill the gap when supply was highly constrained. Going forward, it is expected that the vast majority of the doses would be coming from advance purchase agreements, but which would still come with a certain level of uncertainty from the manufacturers side.

- PPC members acknowledged the improvement of COVAX communications to countries in terms of supply expectations.
- The PPC expressed concerns on the emerging shortage in syringes, noting the serious implications this could have on COVID-19 vaccine delivery as well as on RI. Recognising the ongoing efforts with manufacturers to address this shortage, the Secretariat was encouraged to procure any available syringes and to look into syringe donations. It was noted that WHO would be providing guidance to countries on prioritisation of syringes in a supply-constrained environment.
- In relation to the 70% vaccination coverage targets for COVID-19 vaccines, the Secretariat reiterated that every country will be able set its own goals depending on their needs, timelines and absorptive capacity.
- In relation to Board oversight over COVAX, one PPC member highlighted that in addition to Gavi's role in pandemic response, which is expected to be discussed in June 2022, the Board should also discuss key topics that have major financial implications such as: i) supply ambitions for 2022, and ii) Gavi's role in delivery.
- The Secretariat underlined its vigilance to the acute risks associated with Vaccine Preventable Diseases (VPD) outbreaks noting the constant support extended to countries to continue to identify missed communities and undertake an integrated supplemental approach to reach them with all the vaccines. The work of the equity agenda was highlighted in this regard.
- The Secretariat noted the importance of partnership and drawing on lessons learned from COVID-19 response to be carried over to the implementation of Gavi 5.0 and referred to recent discussions with the World Bank on pandemic preparedness, RI as well as COVID-19.
- The Secretariat welcomed the PPC feedback to try to simplify the pre-read materials and presentations and for each agenda item to develop a set of questions and key messages requiring PPC guidance or recommendation, noting that the Secretariat does strive to provide the right level of information for PPC members who have varied views in this respect.

4. Gavi 5.0: Measurement Framework

- 4.1 Dan Hogan, Head, Measurement & Strategic Information, provided some introductory remarks about this report, which presented proposed targets for the remaining mission and strategy performance monitoring indicators of the Gavi 5.0 measurement framework (Doc 04).

- 4.2 He flagged that as previously agreed by the Board, targets may be revisited in the future if COVID-19-related disruptions are greater or extend longer than assumed.

Discussion

- PPC members emphasised that it will be important to avoid any additional reporting burden for countries. It was clarified by the Secretariat that the design of the measurement framework means that there is limited additional data collection required of countries.
- One PPC member requested that some flexibility be granted to countries to revisit progress as countries stabilise following the COVID-19 pandemic and that health teams should be supported in setting targets to be sure they are realistic and by using microplanning. It was also proposed that integrated packages of services should be offered with campaigns, where possible.
- PPC members asked for clarification, and potential adjustment, related to the following indicators/targets:
 - On the backsliding indicator and whether transitioning countries should be included, it was suggested that there should be a further consultation with the Middle-Income Countries (MICs) Working Group before this is finalised. It was explained that it would be harder to interpret trends if transitioning countries are included, but the Secretariat will consult further;
 - On indicators related to Vaccine Investment Strategy (VIS) vaccines, whether the pause on the VIS had been consistently treated across the indicators in the framework. The Secretariat explained that with the VIS process on hold, it seemed preferable to wait to set targets later in the strategic period;
 - On the indicator on timeliness of response to outbreaks, the Secretariat clarified that this indicator will allow the Secretariat to break down the results chain and better understand the bottlenecks; and
 - On whether it would be possible to add an indicator on catch up vaccination for children missed in 2020. While there was appetite to think more about this, PPC members tended to agree that this would be difficult to measure given the current capacities of country data and reporting systems.
- Industry representatives requested to engage in discussions around the ten healthy markets and on the role of private sector in avoiding backsliding.
- PPC members also asked about how the recommendations coming out of recent centralised evaluations relate to the measurement framework. It was clarified that early in the process, in consultation with relevant Board Committees, the Secretariat identified priority learning questions to inform the basis for establishing the evaluation workplan, and this also links to measurement. As these evaluations proceed, they leverage the measurement work, and if necessary, the learning questions are refined.
- The PPC Chair invited the EAC Chair to comment on this point. The EAC Chair remarked that he considers it important to strengthen the PPC/EAC link and communication channels, and to ensure that there is maximum influence of evaluation recommendations on Gavi's ongoing approach.

- PPC members queried what the process will be to determine whether to reset targets as a result of the COVID-19 pandemic. The Secretariat proposed to report back to the PPC in May 2022 as part of the Strategy Progress update. Then following the release of 2022 WUENIC data in July 2022, the Secretariat would come back to PPC with any proposed adjustments in October 2022.
- PPC members agreed that this item could be included on the consent agenda for the December 2021 Board meeting.

Decision One

The Gavi Alliance Programme and Policy Committee **recommended** to the Gavi Alliance Board that it:

Approve the proposed definitions and targets for remaining Gavi 5.0 mission and strategy performance indicators in Annex D to Doc 04, as amended by discussions at the PPC, 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.

5. Disease Surveillance and Diagnostics in Gavi 5.0

- 5.1 Lee Hampton, Senior Specialist, Monitoring, Evaluation & Learning, provided introductory remarks and summarised Gavi's engagement with yellow fever diagnostics since November 2018.
- 5.2 He outlined the proposal to extend the yellow fever diagnostics procurement support window through the rest of Gavi 5.0; to expand it to address challenges and opportunities affecting Gavi cholera, typhoid, meningococcus, measles, and rubella vaccine support programmes; and to continue funding for complementary global and regional efforts on electronic disease surveillance modules and disease surveillance guidance and coordination (Doc 05).

Discussion

- PPC members held divergent views on the question of whether to extend support to the additional five diseases.
- Several PPC members raised key questions on the proposed extension of support to other diseases, including: i) whether this aligned with Gavi's core mandate; ii) whether a landscape analysis had been conducted, what other partners' engagement is in this space and what interplay there is with the proposed Gavi engagement; iii) whether Gavi moving into this space complicates or simplifies the health architecture; iv) whether expanding into further diseases underpins national surveillance efforts; v) what effort would be required from the Secretariat and whether resources are in place; vi) whether countries will be able to co-finance

from 2025 onwards; vii) whether there is a link between the proposed investment and the mandate of the Foundation for Innovative New Diagnostics (FIND); and viii) whether this could be dovetailed with ongoing discussions around epidemic preparedness.

- Other PPC members voiced support for the recommendation, indicating that from their perspective, Gavi's engagement in the other five diseases is critical and that in fact this is overdue. Specific comments included: i) that the current delay for diagnostics in many Gavi countries is unacceptably long and there is no solution in sight without Gavi's engagement; ii) that there is an acute need to address weak laboratory capacity and this is linked to epidemic preparedness; iii) that this is important in terms of improving outcomes and keeping costs down; and iv) that it would be beneficial to include cost-sharing and enhanced electronic surveillance.
- The Secretariat clarified that Gavi's initial engagement in yellow fever diagnostics was considered an experiment for Gavi and has been very successful, and this has changed the global dynamic. The yellow fever diagnostics support has resulted in a shorter diagnostics period, resulting in smaller and less costly outbreaks.
- In response to a question on partner engagement, the Secretariat highlighted that partners had been very involved in the development of this proposal and that the design intended to draw upon each partners' strengths.
- PPC members agreed to recommend only one component of the proposed recommendation related to the extension of support for the yellow fever diagnostics initiative and not the other diseases, and modified the language on the decision point to reflect the narrowing of the recommendation.
- PPC members requested further analysis and to convene a separate PPC meeting to consider the question of whether to extend support to the additional diseases. PPC members were invited to share specific questions that should be answered in the paper for that additional PPC meeting.
- The PPC representative from the Bill & Melinda Gates Foundation provided clarification on the ownership structure of the diagnostics manufacturer Mologic, which had been mentioned in the paper, to make clear that Mologic had been acquired by a newly established social enterprise called Global Access Health rather than by the Bill & Melinda Gates Foundation directly.

Decision Two

The Gavi Alliance Programme and Policy Committee **recommended** to the Gavi Alliance Board that it:

- a) **Approve** 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) **Approve**, 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;
- c) **Note** 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;
- d) **Request** the Gavi Secretariat to report back to the PPC and Board on progress in 2024; and
- e) **Request** the Gavi Secretariat to come back to the PPC at a dedicated meeting on 12 November 2021 with an expanded paper for their consideration on a proposal 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, as well as support for global and regional efforts on diagnostic capacity strengthening, digital disease surveillance module development and disease surveillance coordination.

Will Schluter (R&THI) recused himself and did not vote on Decision Two a) and b) above.

Lubna Hashmat (CSO), Ephrem Lemango (UNICEF), and Kate O'Brien (WHO) recused themselves and did not vote on Decision Two b) above.

6. Gavi 5.0: Civil Society and Community Engagement Approach

- 6.1 Alex de Jonquières, Director, Health Systems and Immunisation Strengthening, provided introductory remarks related to the new Civil Society and Community Engagement (CSCE) approach, which was approved by the Board in June 2021.
- 6.2 He explained that in its last consideration of this topic in May 2021, the PPC had requested further analysis of the options to increase the flow of Gavi financing to Civil Society Organisation (CSOs), and whether ringfencing of funds was required to successfully implement the new approach, which was presented in this paper (Doc 06).

Discussion

- PPC members strongly supported this recommendation and considered this to be potentially transformative and aligned with Gavi 5.0 with its link to communities and grassroots approaches.
- At the same time, PPC members noted that there will be challenges in the operationalisation of the approach as well as the potential for increased complexity as a result of the expanded pool of partners, and encouraged the Secretariat to be clear in its guidelines and operational plans, with close facilitation at the country level.

- Several questions were raised, such as: i) whether contracting will always be undertaken by the governments; ii) how sustainability and fiduciary risk will be addressed; and iii) how conflicts of interest will be managed. It was clarified that there is still a great deal of work to do to define parameters and turn this into programming, and much of the approach will need to be tailored and context specific, e.g. in fragile contexts. The learning agenda will also be important and that the approach can be adjusted as needed.
- PPC members asked to have a report back on how often the opt-out clause is being invoked by governments and the rationales provided.
- Several PPC members noted that it will be important to have the buy-in of all partners, as in some contexts there are large power imbalances among the key players and it will be important that partners accept CSOs as a stakeholder.
- PPC members also noted that CSOs are seen as homogenous, but they are not, and that this will require clear eligibility criteria to identify the right partners for the right interventions. One PPC member suggested introducing a partnering arrangement for smaller local CSOs who might not be ready to apply on their own.
- It was also highlighted that the independence of CSOs as an entity will need to be considered as well as potential issues in establishing contracts with government entities, given that in some contexts CSOs serve an accountability function and will need to retain autonomy and agency.
- PPC members agreed that this recommendation could be put on the consent agenda for the December 2021 Board meeting.

Decision Three

The Gavi Alliance Programme and Policy Committee **recommended** to the Gavi Alliance Board that it:

Approve 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.

Lubna Hashmat (CSO) recused herself and did not vote on Decision Three above.

7. Private Sector Engagement Strategy

7.1 Moz Siddiqui, Head, Private Sector Partnerships and Innovations, provided an overview of the proposed Private Sector Engagement Strategy, its guiding principles, draft framework and proposed governance and oversight mechanisms (Doc 07). He noted that the strategy provides a strategic framework on the

engagement with the private sector under the Gavi 5.0 period, with more details on the implementation to follow.

- 7.2 He noted that an independent evaluation of the Secretariat's work with the private sector across the 2016-2020 period had been conducted in 2020 and had found that the Secretariat had built diversified partnerships and exceeded financial targets.
- 7.3 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.
- 7.4 Seth Berkely, CEO, highlighted the positive experience that the Secretariat has had with the private sector, which had yielded significant funding, technical expertise, tech transfer and training through multiple partnerships that had grown dramatically over the years.

Discussion

- The PPC was supportive of the proposed strategy and its principles and underlined the importance of ensuring this strategy has strong linkages to Gavi 5.0, the zero-dose agenda and equity; and requested that this be put forward for recommendation to the Board rather than simply for guidance. Furthermore, the Secretariat was encouraged to link this strategy to the Civil Society and Community Engagement Approach and the Innovation Strategy, which was discussed by the PPC at its meeting in May 2021.
- In relation to the engagement of the private sector in fragile and conflict countries, the Secretariat was encouraged to consider a detailed mapping of needs and to understand expectations from partners as it moves to the design phase.
- PPC members commended the independent evaluation and learnings on the private sector strategy, and encouraged the Secretariat to: i) continue building its work on the findings of the independent evaluation with the focus on demand, ii) have a strong monitoring and evaluation framework with clear measurable targets and indicators, iii) ensure that the long term costs of the scale up of major initiatives are considered in the design phase and that they are communicated transparently, and iv) establish a concrete proposition on what is intended to be achieved at the outset.
- PPC members also underlined the importance of the coordination and complementarity of the proposed governance and advisory groups with existing structures and efforts. The Secretariat noted that the proposed new business committee is an internal mechanism which aims to review the comparative advantage of partners once they have been screened for due diligence.
- In relation to partnering with the pharmaceutical industry, the Secretariat clarified that there is a specific mechanism governing the Secretariat's engagement with vaccine suppliers, which is separate from the proposed private sector strategy.

The Secretariat acknowledged the benefits of working with suppliers on a platform basis, such as the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA), the Developing Countries Vaccine Manufacturers Network (DCVMN) and the International Federation of Pharmaceutical Wholesalers (IFPW).

- Several PPC members noted the importance of paying close attention to integrity, reputational risks and mitigating conflict of interests, and the Secretariat clarified that a third-party entity currently screens partners for due diligence, before, during and after engagements and this would continue in the next period. The Secretariat also noted that Gavi does not engage with certain industries, such as alcohol and tobacco industries, as per the private sector guidelines, and highlighted as an appendix to the PPC paper.
- The Secretariat noted requests to consider: i) resource generation, knowledge sharing and material support to boost the success of Gavi 5.0; ii) resource tracking and allocation; and iii) coordination at the internal and external levels.

Decision Four

The Gavi Alliance Programme and Policy Committee **recommended** to the Gavi Alliance Board that it:

- a) **Approve** 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;
- b) **Note** that the strategy will comprise fundraising, leveraging expertise, and exploring innovations from the private sector which will align with the innovation strategy.

The Gavi Alliance Programme and Policy Committee **requested** that the Secretariat, in advance of the December 2021 Board meeting:

- a) **Elaborate** the strategy's operational plan, particularly in fragile and conflict settings; and
- b) **Provide** further detail on how the proposed governance and advisory mechanisms complement existing structures.

8. Malaria Vaccine Programme Investment Case

- 8.1 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.
- 8.2 She explained that on 6 October 2021, 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 vaccine, 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.

- 8.3 The Chair invited Kwaku Agyeman Manu, Minister of Health of Ghana and Gavi Board Member, to provide some reflections on his country's experience as one of three countries participating in the pilot of the RTS,S vaccine. He expressed enthusiasm and excitement, on his own behalf and on behalf of other health ministers and governments in Africa, for the roll-out of the new malaria vaccine. He indicated that he hoped that arrangements could be made so that manufacturing could begin on the African continent. He also remarked that a reduction in the case burden of malaria in his country would result in moving closer to universal health coverage, as health insurance benefits could be expanded once the cost of malaria treatments was removed.
- 8.4 Brian Greenwood, Professor at the London School of Hygiene and Tropical Medicine, was also invited to provide some remarks about this proposal. He indicated that from his perspective, this is a valuable new tool and the global community should be using all the tools available in trying to prevent deaths from malaria. He noted that it will be important to be clear in messaging that this is not an alternative to the other existing malaria interventions, but an additional one.

Discussion

- PPC members were broadly supportive of the recommendation and enthusiastic about this historic opportunity.
- PPC members asked about the financial magnitude of this programme beyond 2025 and the breakdown of costs over each strategic period, as there will be significant resource mobilisation efforts needed. The Secretariat clarified that the estimate for Gavi 5.0 is approximately US \$200 million. For Gavi 6.0 the cost could likely be between US\$ 600 million and US\$ 800 million, with almost the equivalent in country costs because some countries would be heading towards transition or towards exit from Gavi support. In Gavi 7.0, it is anticipated that the cost could increase to approximately US\$ 1 billion.
- PPC members noted that this vaccine programme would require a clear roadmap to know how integration would take place with other malaria efforts, as well as how this vaccine would be used together with other malaria preventive measures to drive the uptake and impact. The Secretariat clarified that early discussions are already underway with the Global Fund to Fight AIDS, Tuberculosis and Malaria, the United States' President's Malaria Initiative (PMI), and the World Bank.
- One PPC member noted that the limited supply relative to demand will require clear and evidence-based allocation application processes focusing on maximising impact from the various interventions.
- The limited supply will also imply market shaping possibilities and PPC members asked for more information about the scope in the near term for increasing

production beyond the initial 15 million doses. It was clarified that even with commitment from the manufacturer to make efforts to scale supply, that there will likely still be more demand than supply in the short term. PPC members also noted this is an opportunity to invest in regional manufacturing capacity through licencing this vaccine to African manufacturers.

- PPC members noted that it will be critical to promote this new vaccine as part of a comprehensive malaria control strategy and not as a silver bullet.
- With respect to operationalisation, PPC members noted that this new vaccine will require additional touchpoints that are not necessarily currently part of many countries' immunisation schedules. PPC members queried whether the operational costs were adequate to capacitate programmes and technical partners to deliver the vaccine. It was clarified that there should be sufficient funding from the amount allocated under the Partners' Engagement Framework (PEF).
- PPC members requested to be updated on progress on the implementation of the programme, noting strong support for the learning agenda that had been suggested, and proposed that this include an assessment of cost effectiveness and opportunity cost to support countries to prioritise and make trade-offs in interventions.
- A PPC member from the vaccine manufacturers reinforced the constituency's commitment to working with partners to develop solutions to ensure sustainable and long-term access to the vaccine for the people who need it, and described some of the measures taken to ensure that access such a product transfer and innovative financing mechanisms.
- On the question of vaccine hesitancy, it was noted that this is something to keep an eye on, but the experience from the pilots has indicated that where there were signs of hesitancy early in the programme, these were alleviated quickly through a very forward-leaning response from the immunisation programme.

Decision Five

The Gavi Alliance Programme and Policy Committee **recommended** to the Gavi Alliance Board that it:

- a) **Approve** 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) **Request** the Secretariat and Alliance partners to closely coordinate with countries, the Global Fund and other malaria stakeholders on i) programme design, ii) implementation and iii) monitoring; including key considerations (such as eligibility, the optimal mix of malaria interventions, allocation of scarce supply, sustainability and country financing) and provide an update to the PPC in May 2022; and

- c) **Note** 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.

Joan Benson (IFPMA), Sai Prasad (DCVMN), Will Schluter (R&THI), Lubna Hashmat (CSO), Ephrem Lemango (UNICEF), Kate O'Brien (WHO), and Kent Ranson (World Bank) recused themselves and did not vote on Decision Five a) above.

9. Strategic Partnership with India

- 9.1 Homero Hernandez, Senior Country Manager, provided introductory remarks noting that the Secretariat was seeking PPC recommendation on the strategic approach for continued equity-focused investments in India and the associated investment of US\$ 250 million for the 2022-2026 period (Doc 09).
- 9.2 He highlighted the impact of COVID-19 on India, and its knock-on effect on the zero-dose children which more than doubled, from 1.4 million in 2019 to over 3 million in 2020.
- 9.3 He noted that the partnership will be investing across two portfolios: i) reaching out to zero-dose children and missed communities, and ii) introduction of human papillomavirus vaccine (HPV) and typhoid conjugate vaccine (TCV). The partnership will focus on specific subnational geographies to maximise the impact of its catalytic funding.

Discussion

- As a representative of the Government of India, Mr Vikas Sheel was invited to provide some contextual information on the proposed partnership. He highlighted the significant achievements in introductions of new vaccines and reducing under-five child mortality. He noted that due to the COVID-19 pandemic some resources were repurposed which led to backsliding in RI, and highlighted that the Government of India is committed to make up for the lost ground.
- Mr Sheel reiterated the Government of India's commitment to reducing the number of zero-dose children and to the introduction of HPV and TCV. He noted that the surveillance system for TCV will generate enough evidence for the government to decide on the introduction of this vaccine, as for HPV, and pending the resolution of legal hurdles, India would aim to introduce this vaccine in phases given the large cohort of girls.
- PPC members congratulated the Government of India for the reaching the milestone of having administered one billion doses of COVID-19 vaccine and acknowledged the accomplishments achieved in India with Gavi support.
- PPC members supported the investment case in India which would be catalytic in moving the needle on the zero-dose agenda and equity.

- In relation to the financial sustainability of the partnership, one PPC member noted that the partnership should focus on the state level to ensure more spending is dedicated to primary health care.
- In relation to the involvement of CSOs in the partnership, the Secretariat noted that the Government of India is taking a proactive role and issuing state directives to health departments to reach out to CSOs and community-based organisations to ensure that they apply for pre-qualification and engage strongly. The Secretariat noted the request to allocate at least 10% of funding to CSOs, as well as on providing transparency on CSOs selection.
- In relation to the proposed activities under the partnership, the PPC encouraged the Secretariat to: i) focus on integration with other interventions, particular within the targeted states to address multiple deprivations and other social issues; ii) focus on demand creation; iii) ensure that zero-dose targeting also captures the support needed to conduct catch-up activities; iv) ensure multisectoral engagement and private sector contribution; and v) safeguard against perverse incentives to reduce government/state spending.
- The Secretariat noted the importance of addressing under-immunised children and clarified that the zero-dose agenda is an entry point to reach the under-immunised.
- In responding to a query on India's eligibility and transition plans, the Secretariat noted that India has a tailored approach with caps and funding envelopes that differ from the standard formulae that apply to other Gavi-eligible countries.
- One PPC member inquired if interventions in India would be expanded beyond UN agencies to include medical institutes and colleges. The Secretariat clarified that it is intended to have a paradigm shift in terms of engagement with different actors, particularly on demand and data through engagement with the CSOs and the private sector through a concerted effort with the support of the Government.
- The Government of India was encouraged to share results, lessons learned and best practices from the partnership with Gavi under Gavi 4.0.

Decision Six

The Gavi Alliance Programme and Policy Committee **recommended** to the Gavi Alliance Board that it:

- a) **Approve** the strategic approach set forth in Annex A to Doc 09 to continue Gavi's strategic partnership with India for five years (2022-2026); and
- b) **Approve** the associated investment of US\$ 250 million for 2022-2026, of which US\$ 199 million will be implemented in Gavi 5.0 (2022-2025).

Vikas Sheel (Implementing Governments (India)) recused himself and did not vote on Decision Six above.

10. COVAX: Key Strategic Issues

- 10.1 Aurélia Nguyen, Managing Director, Office of the COVAX Facility, provided an update on where the COVAX Facility stands as of October 2021 (Doc 10). She highlighted the immediate priority of making rapid progress in increasing coverage to Advance Market Commitment (AMC) countries and in fulfilling current commitments to Self-Financing Participants (SFPs).
- 10.2 With a view to 2022, Ms Nguyen presented the principles of the COVAX Facility coverage objectives for 2022. She noted that despite numerous challenges over the past year, the COVAX Facility has been, and will continue to be, a major source of vaccine supply for many countries. She provided a view on the proportion of doses coming from COVAX to AMC participants, as well as a breakdown of non-COVAX deals mostly made by a few large Lower Middle-Income Countries.
- 10.3 Kate O'Brien, Director of the WHO's Department of Immunization, Vaccines and Biologicals, provided an overview on absorption levels and trends across AMC countries, noting that absorption challenges are highly variable and country specific. She presented five key objectives of the Alliance pivoting towards an enhanced operational support to countries.
- 10.4 Thabani Maphosa, Managing Director, Country Programmes, provided an overview of the Pfizer vaccine roll-out as an illustration of the shift that has occurred towards rapidly scaling-up AMC capacity to receive doses through a dedicated task team.
- 10.5 He provided a summary of the COVID-19 vaccine Delivery Support (CDS) which has been operationalised through an early access window launched in July 2021. Future CDS disbursements will be needs based in line with the overall pivot to a focus on high risk and high impact countries.
- 10.6 Ms Nguyen presented early consideration on topics to be discussed in 2022 namely: i) the inclusion of the COVID-19 vaccine in Gavi's core programmes, and ii) Gavi's role in pandemic preparedness.

Discussion

- In relation to a question about whether COVAX targets would be met by the end of 2021, the Secretariat noted that from a supply perspective, the Facility has been focused on having visibility on the supply of 1.4 billion doses. The Secretariat underlined that the forecasted supply refers to supply available from manufacturers which differs from supply delivered or supply administered. It was noted that meeting the targets would largely depend on the vaccine supply from India being released, on the acceleration of dose donations, and finally, on regulatory approvals.
- With respect to how the Facility is planning to help countries meet their ambitions and vaccination targets in 2022, the Secretariat clarified that the Facility has been focused earlier this year on securing all the vaccine supply possible, and at the end of 2021 and in 2022 will focus on large-scale delivery of vaccines and

supporting countries meet their goals as well as addressing the uncertainties that may arise.

- Regarding the distinction between the COVAX Facility and the COVAX Pillar, the Secretariat clarified that the Facility is informed by the WHO Global Vaccination Strategic vision and will support the coverage targets that countries would like to achieve. From a COVAX Pillar level, together with WHO, UNICEF, the Coalition for Epidemic Preparedness Innovations (CEPI) and Gavi, the Facility has taken an end-to-end view on how to support fair and equitable access through the Facility in terms of supply and delivery.
- On the link between the COVAX 2022 Strategy and the WHO Global Vaccination Strategy, the Secretariat noted that the COVAX 2022 Strategy builds on the WHO Global Vaccination Strategic Vision and aims to support countries to meet their individual set goals. However, it was noted that currently there is no policy guidance on the use of vaccines to certain population groups such as children, and this will impact the coverage targets set by countries.
- A representative from the implementing countries constituency highlighted that many African countries lag behind in COVID-19 vaccine coverage with some countries not even attaining 1% coverage of their population, as well as having other pressing and competing health priorities, making it very unlikely to meet the WHO vaccine targets set for 2022.
- Several PPC members underlined the issue of reputational risks if COVAX does not deliver on its targets, and highlighted the following points:
 - From countries' perspective, having transparency on communications vis-à-vis supply challenges that are beyond the Facility's control, and transparency on the prioritisation of allocations based on country needs, would be critical.
 - The Facility must clearly communicate on what it is sure to achieve between now and the end of 2021 and where the risks lie.
- In relation to the potential integration of COVID-19 vaccination into RI programmes, one PPC member highlighted the need for further analysis in terms of longer term and financial realities.
- One PPC member underlined the importance of considering the ACT Accelerator budget to provide a consolidated view on financial needs.
- The representative from India noted that supplies to the Facility are expected to commence near the end of October 2021 and should increase over time.
- In relation to Gavi's role in pandemic preparedness and response, the Secretariat was encouraged to share the results of the ongoing COVAX evaluation with the Board in December if timeframes allow.
- PPC members queried whether the PPC should be making a recommendation to the Board on the COVAX 2022 Strategy rather than only providing guidance. The Secretariat clarified the sequence of Board and Committee engagement across various components of the COVAX 2022 strategy to date in 2021, including:

- i. On the participation model for 2022, the Board had been asked to approve the model at its meeting in June 2021, which was also reviewed by the AFC from a risk lens to ensure that the architecture of the work is well laid out for 2022, while the Market Sensitive Decision Committee (MSDC) has been reviewing the vaccine portfolio discussions and transactions;
 - ii. On the COVAX 2022 Strategy, the Board was asked to provide guidance at its meeting on 28 September 2021, including on the principles and the approaches that are presented to the PPC at this meeting;
 - iii. On plans for resource mobilisation, the COVAX Investors Group would be meeting shortly after the PPC meeting, which would result in a financial envelope to be presented to the Board.
- The Secretariat highlighted that the planned Board review of the COVAX strategy for 2022 differs fundamentally from the typical Gavi Alliance strategy development process for a five-year strategic period.
 - PPC members requested that the Secretariat revert to the PPC with a recommendation to the Board during an extraordinary PPC meeting on 12 November 2021 covering key components of the COVAX strategy for 2022.
 - PPC members encouraged the Secretariat to provide the Board in December 2021 with a road map that clearly sets out: i) the critical issues that will require the Board to provide either guidance or decision; ii) a clear timeline of the requested decisions; and iii) clarity on the responsibility and the line of accountability of COVAX vis-a-vis the other entities and partners.
 - In relation to delivery, PPC members recognised the need to gather all the efforts needed to support delivery and encouraged the Secretariat to provide a granular view on the different financial sources for delivery at the Board meeting in December 2021.

11. Gavi 5.0: Operationalisation – Funding Policies

- 11.1 Thabani Maphosa, Managing Director, Country Programmes, gave introductory remarks and recalled the three funding policies that are under review, namely: i) the Eligibility and Transition Policy, ii) the Co-financing Policy, and iii) the Health Systems and Immunisation Strengthening (HSIS) Support Framework.
- 11.2 He noted that this review aims to ensure that core principles of Gavi 5.0, such as equity, sustainability and simplification, are embedded in the funding policies. He outlined the process and timelines, noting the need for equitable and adapted policies to move forward with Gavi 5.0 implementation. The Secretariat aims to finalise the review and present it for recommendation by the PPC and for approval by the Board in May and June 2022, respectively.
- 11.3 Santiago Cornejo, Director, Immunisation Financing & Sustainability, provided a summary of the analysis on the economic impact of COVID-19 on Gavi-eligible

countries, noting that it is forecasted that health expenditure will worsen and there will be greater fiscal constraints to health budgets during the Gavi 5.0 strategic period than before the COVID-19 pandemic.

- 11.4 The PPC was requested to provide guidance on three key questions to steer the direction of a revised policy that will be brought for Board approval in June 2022. The questions are: i) if the Secretariat should continue with only a standard pre-COVID-19 approach towards co-financing, or if it should take a flexible approach and consider different scenarios for co-financing and exceptions particularly in view of new vaccine introductions, ii) if the Secretariat should move towards a comprehensive approach to co-financing by taking a holistic view of all co-financing needs, including co-financing for periodic follow-up campaign and refugees, and iii) if any additional analysis other than what is planned for the extension of accelerated transition would be required to facilitate the Board's decision in June 2022.

Discussion

- The PPC expressed concerns on countries' fiscal bandwidth as a result of the COVID-19 pandemic and encouraged the Secretariat to monitor this issue to prevent further impact on future immunisation programmes.
- On the topic of exceptions, while acknowledging the importance of remaining flexible, PPC members raised the following points:
 - Gavi policies must not be undermined, and exceptions must not become the norm;
 - Reviewing the relevant policies may be necessary in the future to adapt to the changing contexts and to be fit for purpose;
 - Exceptions should be granted in extraordinary circumstances such as a global pandemic or conflict; and
 - The Secretariat was encouraged to explore scenario planning and assess whether the current policies are robust enough to deal with future pandemic outbreaks.
- PPC members encouraged the Secretariat to consider a holistic approach to potential extensions to accelerated transition, complementing Gross National Income (GNI), coverage and equity with a consideration of other factors such as: public revenue; political commitment to health; fiscal space; health systems effectiveness; reliability of data; sustainability of coverage; and the number of zero-dose children. The Secretariat was requested to provide feedback and lessons learned from the extended transition that was granted in the past to a number of countries including Nigeria, Angola, Timor Leste, and Papua New Guinea.
- One PPC member highlighted that countries face huge financial implications when transitioning out of Gavi support particularly in relation to introduction of new vaccines.
- The Secretariat noted the PPC reflection on keeping financial sustainability as an overarching priority. Reference was made to the Board's decision to waive up to US\$ 150 million in co-financing commitments in response to COVID-19. Complete

waivers had been averted in some countries by leveraging World Bank support and working with countries to find alternative solutions to fiscal constraints.

- In relation to co-financing fragmentation, the Secretariat noted the need to take a holistic view across Gavi programmes and integrate the work on the Cold Chain Equipment (CCE) and diagnostics while keeping the PPC and Board informed on the operationalisation.
- In relation to the simplification and alignment on co-financing for vaccine procurement and follow-up campaigns, the Secretariat was encouraged to provide an analysis of the potential financial implications to countries associated with the proposed changes, in order to have a clear understanding of potential financial burdens, barriers and loss of lives. The Secretariat clarified that it aims to leverage a multi-year portfolio planning to investigate country needs for the full period in terms of domestic vaccine financing for RI as well as campaigns.
- The Secretariat noted the request for the Immunisation Financing & Sustainability working group to leverage the sustainable financing for health accelerator and other partners to ensure an integrated assessment on country perspective.
- In responding to a query regarding the feasibility of transitioning of some countries such as India, the Secretariat clarified that India has been treated differently to other countries in relation to co-financing.

12. Fragility, Emergencies, Refugees Policy

- 12.1 Marta Tufet, Head, Policy, provided introductory remarks related to the revision to the Fragility, Emergencies, Refugees (FER) Policy, which is intended to reflect lessons from implementation, align with Gavi 5.0 goals, and cater for the changing global context (Doc 12).
- 12.2 Three key policy challenges were presented in the paper that have surfaced through an external evaluation and from lessons learnt from implementation, namely: i) Gavi's definition of fragility is misaligned with programmatic and operational realities; ii) there is a lack of agile responses and clear funding source in acute emergencies or humanitarian situations; and iii) challenges with fragility, emergencies, and displaced populations in never Gavi-eligible Middle-Income countries (MICs).
- 12.3 The PPC was requested to provide guidance on the scope and provisions for a future FER Policy, which will be brought back to the PPC for recommendation in May 2022 and to the Board for approval in June 2022.

Discussion

- PPC members expressed strong support for the approach presented and agreed that the key issues included are the correct ones to explore. PPC members

advised that there is a need for the revised FER policy to be aligned with Gavi 5.0, including placing zero-dose children at the heart of the policy, for there to be continuous review as this is rolled out, and for agility.

- PPC members suggested that with the redefinition there may be increased demand from countries and the Secretariat should prepare for this and be fully aligned with other agencies working in this area.
- With regard to the definition of fragility, PPC members indicated that it will be important to develop a simplified set of metrics that go beyond just the fragility lens and also touch on the programmatic and immunisation lens. While it is important to maintain a core set of fragile countries, PPC members advised retaining flexibility to be able to add in countries as and when it becomes apparent that there might be challenges. One PPC member requested that future Fragility lists are published so all stakeholders are aware.
- On support during emergencies, PPC members reflected on the need to identify early warning signals, not only looking at outbreaks but also preventative response. The speed of delivery, higher risk appetite, and simplification of processes were highlighted by PPC members, including improving direct contracting arrangements with humanitarian agencies. The Secretariat highlighted that Amy LaTrielle, Director, Fragile and Conflict Countries, had recently been recruited and will strengthen Gavi's engagement in these settings. She provided some reflections on Gavi's approach and on some solutions for some of the operational bottlenecks that have been identified.
- On the fragile middle-income country (MIC) question, PPC members flagged that eligibility was a barrier to meaningful engagement and advised for the Secretariat to consider geographical limited and time bound support specifically for refugees, stateless internally displaced populations (IDPs) and vulnerable migrants. PPC members recommended to target support to specific geographic settings, such as urban slums, and refugee slums as 80% of refugees are hosted in urban settings.
- One PPC member queried whether additional HSS support should be factored in systematically for countries falling under this policy. The Secretariat explained that to a certain extent this has already happened, as most of these countries have lower coverage, higher number of zero-dose and are poorer so meet criteria in the allocation formula for enhanced support. However, it was noted that there are specific needs that are different across fragile countries, and flexibility is needed.
- One PPC member queried how the policy on stockpiles interfaces with the FER Policy. It was clarified that there is a clear linkage and that stockpiles are used more often in fragile settings, and among refugees, and the examples of Bangladesh, Niger, and Nigeria were provided. Stockpiles have also been used pre-emptively in some refugee contexts to prevent outbreaks. In addition to the stockpiles for the three antigens, Gavi also gives US\$ 10 million every year to the Measles and Rubella Initiative to ramp up their ability to respond to any measles outbreaks in fragile settings or among refugee populations.

13. Review of decisions

- 13.1 Joanne Goetz, Head, Governance, reviewed the decision language with the Committee which was approved by them.

14. Any other business

- 14.1 The Chair thanked PPC members for the rich discussions and noted that an additional PPC meeting had been scheduled for 12 November 2021.
- 14.2 After determining there was no further business, the meeting was brought to a close.

Mrs Joanne Goetz
Secretary to the Meeting

Attachment A

Participants

Committee Members

- Helen Rees, Chair
- Ahmed Abdallah
- Edna Yolani Batres
- Joan Benson
- Bernhard Braune
- Naomi Dumbrell
- Susan Elden
- Vikas Sheel
- Lubna Hashmat
- Violaine Mitchell
- Ephrem Lemango
- Kate O'Brien
- Kelechi Ohiri
- Sai Prasad (Agenda Items 3-5, 8-10)
- Michael Kent Ranson
- William Schluter
- Karin Westerberg
- Seth Berkley, Chief Executive Officer
- Alejandro Cravioto

Regrets

- Awa Marie Coll Seck

Other Board members attending

- John-Arne Røttingen (Agenda Item 8)
- Kwaku Agyeman Manu (Agenda Item 8)

Other guests

- Brian Greenwood (Agenda Item 8)

Observers

- James Hargreaves, Chair, Gavi Evaluation Advisory Committee
- Muluken Desta, Special Adviser to the AFRO Anglophone constituency
- Ruzan Gyurjyan, Special Adviser to the EURO constituency
- Zaeem UI Haaq, Special Adviser to the EMRO constituency
- Rolando Pinel, Special Adviser to the PAHO constituency
- Oulech Taha, Special Adviser to the AFRO Francophone/Lusophone constituency
- Stella Villares, Special Adviser to the Board Chair

Gavi Secretariat

- Anuradha Gupta
- Nadine Abu-Sway
- Johannes Ahrendts
- Pascal Barollier
- Hannah Burris
- Sally Dalgaard
- Santiago Cornejo
- Assietou Diouf
- Joanne Goetz
- Lee Hampton (Agenda Item 5)
- Homero Hernandez (Agenda Item 9)
- Daniel Hogan (Agenda Item 4)
- Hope Johnson
- Alex de Jonquières
- Brenda Killen
- Amy LaTrielle
- Thabani Maphosa
- Meegan Murray-Lopez
- Aurélia Nguyen
- Tokunbo Oshin
- Deepali Patel (Agenda Item 8)
- Marie-Ange Saraka-Yao
- Colette Selman
- Moz Siddiqui (Agenda Item 7)
- Antara Sinha
- Stephen Sosler
- Marta Tufet
- Sanne Wendes (Agenda Items 1-3, 10)
- Jacob van der Blij
- Li Zhang