

Gavi Alliance Programme and Policy Committee Meeting

26-27 May 2020

Virtual meeting

1. Chair's report

- 1.1 Finding a quorum of members present, the meeting commenced at 14.05 Geneva time on 26 May 2020. Helen Rees, Programme and Policy Committee (PPC) Chair, chaired the meeting.
- 1.2 The Chair gave a particular welcome to PPC members who were attending their first PPC meeting: Kelechi Ohiri (Governments – Developing countries (Anglophone Africa)), Lubna Hashmat (Civil Society Organisations (CSOs)), Joan Benson (Vaccine industry – Industrialised countries), and Mahima Datla (Vaccine industry – Developing countries).
- 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 the Board Vice Chair, Sarah Goulding, the Audit and Finance Committee Chair, David Sidwell, and the new Alternate Board Member from the CSO constituency, Rafael Vilasanjuan.
- 1.4 In the context of ongoing efforts to strengthen the relationship between the PPC and the Evaluation Advisory Committee (EAC), the PPC Chair also welcomed Nina Schwalbe, EAC Chair.
- 1.5 Standing declarations of interest were tabled to the Committee (Doc 01a in the Committee pack).
- 1.6 The minutes of the PPC meeting of 23-24 October 2019 were tabled to the Committee for information (Doc 01b in the Committee pack). The minutes had been circulated and approved by no-objection on 6 January 2020.
- 1.7 The Chair referred to the PPC workplan (Doc 01c). Committee members were reminded that they may contribute to the workplan by raising issues with either herself or the Secretariat. Given the special circumstances of COVID-19, it was noted that the workplan should be considered indicative and likely to change.

2. CEO Update

- 2.1 Seth Berkley, CEO, provided an update with a focus on the impact of COVID-19 on Gavi supported countries, Gavi's response, and its role in ensuring equitable access to a COVID-19 vaccine. Dr Berkley informed the PPC of the outcomes of the Board meeting on 11 May 2020 as well as the deliberations of the All Chairs Group which had met most recently on 22 May 2020.
- 2.2 In relation to the impact of COVID-19 on Gavi countries, Dr Berkley highlighted that all but three of Gavi-supported countries are reporting cases (70 countries). He noted the economic impact of the outbreak further exacerbating existing inequities. Decreased access to reproductive health services and human papillomavirus (HPV) immunisation rates due to school closures, increased gender-based violence and security risk to female healthcare workers were also highlighted. He noted that Gavi is closely monitoring COVID-19 effects on programmes, and is supporting countries in recovery, new vaccines introductions and co-financing risks.
- 2.3 Dr Berkley emphasised that Gavi's key focus is on maintaining and restoring routine immunisation in light of COVID-19, grounded in the Gavi 4.0 and 5.0 strategies, along with work on the COVID-19 vaccine and quick action to support country responses to the pandemic.
- 2.4 On immediate support for country response, Dr Berkley noted that with the Board's support, Gavi has made available up to US\$ 200 million to support preparedness and response plans. The Secretariat has subsequently moved forward 47 applications for reprogramming of existing Health System Strengthening (HSS) grants and Partners' Engagement Framework (PEF) Targeted Country Assistance (TCA) with a value of US\$ 71.2 million. In addition, in a time when Gavi countries were having trouble accessing Personal Protective Equipment (PPE), Gavi was able to work with UNICEF Supply Division and prefunded procurement for US\$ 40 million.
- 2.5 Several donors and partners have also approached Gavi to explore whether the Cold Chain Equipment Optimisation Platform (CCEOP) could be used to help support the broader response to COVID-19.
- 2.6 Dr Berkley informed the PPC that the Partnership Framework Agreement (PFA) with Syria has been signed after a long, complex process, and commended the Secretariat in seeing this through, noting that the programme will move forward with the two governing entities in Syria.
- 2.7 He noted that the COVID-19 outbreak is happening at a critical time for the organisation it endeavors to close out the Gavi 4.0 strategy and pivot its efforts to meet the challenges of Gavi 5.0, while being flexible and cognisant of the new realities. In terms of meeting the 2020 targets for Gavi 4.0, he noted that the longer-term trajectory of the pandemic for the next 18 months is not yet clear; however, WHO estimates that at least 80 million children under one are now at risk of diseases due to disruptions to routine immunisation.

- 2.8 With regards Gavi's engagement on COVID-19 vaccine, Dr Berkley noted that on April 24, Gavi along with the Coalition for Epidemic Preparedness Innovations (CEPI) launched the Access to COVID-19 Tools (ACT) Accelerator to expedite the development and equitable delivery of diagnostics, therapeutics, and vaccines. Gavi is co-leading on the vaccine with CEPI and other partners including industry representation from the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA) and the Developing Countries Vaccine Manufacturers Network (DCVMN). Under the ACT Accelerator, one of Gavi's key deliverables is a COVID-19 Vaccine Global Access Facility (COVAX) to facilitate manufacturing and availability of vaccines by efficiently managing the supply and demand. It was planned that an official launch of the COVAX facility would be announced at the Gavi replenishment event on 4 June 2020. He noted that WHO will lead the policy and allocation workstream of the vaccine pillar.
- 2.9 Dr Berkley warned of rising anti-vaccine sentiment and rumours noting the urgency to address this.
- 2.10 Dr Berkley referred to initial WHO guidance to temporarily pause preventive campaigns noting that the polio programme would soon be resumed.
- 2.11 In relation to the Board meeting on 11 May 2020, Dr Berkley updated the PPC with outcomes noting that the Board took a number of decisions in order to allow the Secretariat to help countries respond to COVID-19 by using the International Finance Facility for Immunisation (IFFIm), granting authority to the CEO and Chair of the Board to make decisions on Gavi's co-leadership of the Access to COVID-19 Tools (ACT) Accelerator vaccine pillar, and several other modalities and delegations.
- 2.12 In relation to malaria, Dr Berkley recalled that the Board requested the Secretariat to work with stakeholders to identify third-parties to cost share to provide for an investment for continued production of RTS,S bulk antigen. A potential deal structure was defined; however, the overall timelines have shifted considerably owing in part to the COVID-19 outbreak. It is envisaged that a Market-Sensitive Decisions Committee (MSDC) meeting will be held at the end of the summer to review progress and a further update on outcomes will follow in October.
- 2.13 On Gavi replenishment, Dr Berkley noted that it has been an intense and challenging campaign, with little time left until the Global Vaccine Summit on 4 June 2020, which will be held virtually. While 70% percent of the fundraising goal has been obtained, outreach continues to secure the remaining pledges. The event, which will be hosted by the United Kingdom Prime Minister Boris Johnson, will be attended by heads of state, Ministers of Health, vaccine manufacturers and United Nations agencies.
- 2.14 Dr Berkley concluded by recognising Gavi staff who have worked tirelessly under confinement and persevered during a very intense period.

Discussion

- Several PPC members noted the importance of maintaining the right balance between Gavi's mission and the response to COVID-19. Dr Berkley underlined that Gavi's comparative advantage lies in primary health care (PHC), supporting routine immunisation and new vaccine introduction, as well as surveillance and preparations for outbreaks, noting that in the context of the pandemic, Gavi adapted its activities to support countries but keeping the right balance remains in sight.
- On COVID-19 impact on HSS, Dr Berkley underlined that countries were given the opportunity to utilise 10% of their HSS funds to respond to the outbreak, noting that a number of countries had declined to utilise the full amount to avoid compromising their existing HSS programme. He assured the PPC that the Gavi Board would be kept involved in related processes and decisions.
- One PPC member underlined the importance of a strong multilateral response and close coordination with partners in the face of a global pandemic. In this context, balancing flexibilities while involving the Board in decision making was noted.
- One PPC member clarified that the initial WHO guidance to pause preventive immunisation campaigns was modified recently with more specific guidance to be expected soon. The strong cooperation between Gavi, WHO and other partners on monitoring and evaluation (M&E) of immunisation programmes was noted as a testament of the strength of the Alliance.
- It was noted that the WHO/UNICEF Estimates of National Immunization Coverage (WUENIC) estimates that would be published in July 2020 would provide a picture of 2019 coverage rates. These estimates would be accompanied by a separate WHO-produced estimate designed to give an idea of the COVID-19 backsliding in immunisation coverage this year. Dr Berkley noted that the PPC will have the opportunity to hear more about the topic during the Gavi 5.0 Measurement Framework session.
- In response to an enquiry on whether additional funding would be required to support routine immunisation for Gavi 5.0 in the COVID-19 context, Dr Berkley noted that should the outbreak continue for a long time, it will have financial implications; however, if the replenishment ask is fully obtained, Gavi foresees that it will be possible to manage within that envelope to support routine immunisation. He underlined the need to ensure that adequate vaccine supplies are guaranteed.
- PPC members congratulated staff on the high quality of their work in such an intense and uncertain period.

3. Strategy: Progress, Challenges and Risks and Implications of COVID-19 on Gavi 5.0 Operationalisation

- 3.1 Anuradha Gupta, Deputy CEO, provided introductory comments building on the report to the PPC on progress in implementing the 2016-2020 Strategy and implications of COVID-19 on Gavi 5.0 operationalisation (Doc 03). The report included a summary of the progress, challenges and associated risks of achieving the Alliance's 2016-2020 Strategy, including a holistic view across the Alliance's portfolio of support to countries including vaccine programmes, Health System and Immunisation Strengthening (HSIS) support, and technical support provided by partners under the Partners' Engagement Framework (PEF).
- 3.2 As the COVID-19 pandemic was unfolding, this report also provided an overview on the immediate impact on achieving the targets of the Alliance's 2016-2020 Strategy, the Alliance's proactive response to the crisis and the potential implications on Gavi 5.0 priorities and its operationalisation over the next 18 months.
- 3.3 She noted that 2019 had been the year with the highest ever number of vaccine introductions, the largest ever level of disbursements made to strengthen country health systems, and unprecedented success in co-financing. Unfortunately, COVID-19 has brought large scale disruption of essential health services, global Gross Domestic Product (GDP) has contracted by 3%, 195 million people are suffering from unemployment, 265 million people are likely to face acute food insecurity, and there is likely to be an increase in gender-based violence.
- 3.4 In coordination and collaboration with Alliance Partners, Gavi is trying to support countries in pandemic preparedness and response including restoration of immunisation services and identification of opportunities to rebuild better immunisation systems.
- 3.5 Flexibility is the key underpinning of Gavi's immediate and interim response and would extend to policies, processes, programmatic approaches and partnerships. This would also entail resetting some elements of Gavi 5.0 in line with the rapidly evolving situation in Gavi countries and recalibrating the timelines that we had originally envisioned for its operationalisation.
- 3.6 The recommendations for consideration at this PPC meeting are different than originally envisioned for this meeting as a result of the impact of COVID-19. The PPC was requested to:
 - Recommend to the Board to bring forward select decisions related to the Funding Policy Review (FPR) that were already approved in December 2019 for immediate implementation beginning this year;
 - Consider a modification to the tiered funding model of the Cold Chain Equipment Optimisation Platform (CCEOP) for new applications as of 01 July 2020, whereby country joint investment would no longer be a condition of Gavi support for CCE, as part of the integration of CCE support into HSS; and
 - Review a fully-developed Middle-Income Countries (MICs) approach at a later date.

Discussion

- PPC members expressed their appreciation that the core organising principle of equity and reaching zero-dose children remain apparent for Gavi 5.0. It was highlighted that it will be important to explore local partners under the COVID-19 scenario and to produce tailored and targeted country approaches. The Secretariat noted that it is in the process of formulating a CSO engagement strategy and that the role of CSOs should be central to our efforts towards equity.
- PPC members also requested that after replenishment in June 2020 that Gavi step back for a more comprehensive reflection on what these recommendations and flexibilities mean for Gavi 5.0.
- The Secretariat was encouraged to continue to closely monitor the impact of COVID-19 on immunisation programmes and take the necessary steps to help mitigate those challenges and share any lessons across the Alliance. It will be important to get the balance right of adjusting Gavi's aspirations but not compromising on its ambition for equity and coverage.
- PPC members commended the Secretariat for its streamlined process for managing requests for COVID-19 flexibilities and for reducing the time to disburse HSIS grants (from 17.5 months down to 10.9 months). The Secretariat was encouraged to continue reducing this time.
- The PPC also requested an update on the status of disbursement for HSS flexibilities approved by the Board in June 2018 and whether there was the possibility to extend these if required. It was clarified that Gavi has already taken that view and Senior Country Managers (SCMs) can approve delays in implementation into 2021 if disbursements occurred in 2020.
- PPC members flagged the potential risk associated with the procurement of Personal Protective Equipment (PPE). About 50% of the reprogrammed funding has been directed to infection prevention and control including PPEs, which has been needed, but Gavi will need to be extremely alert. Gavi is coordinating with The Global Fund to Fight AIDS, Tuberculosis and Malaria to make sure that there is no double-dipping and that oversight is as strong as possible in the current circumstances.
- It was noted that over the medium to long-term there may be increased attention to social sectors, including health, and governments are being asked to commit to increased spending on health. It is important for Gavi to advocate during this period that some of those funds are appropriately allocated to immunisation.
- PPC members asked for information about the capacity within the Secretariat to manage the work areas proposed, particularly around cold chain equipment. Gavi leadership has briefed the Audit and Finance Committee (AFC) on this subject and this was also discussed at the All Chairs Group meeting and the recent Board call. Currently Gavi will use its existing budgets to create surge capacity wherever it is needed. In parallel, the organisational review that is being undertaken with support

from McKinsey but which has been paused would most likely resume in August or September, and would inform the demand for headcount and staff capacities that will be presented to the AFC and the Board in Q4 2020. Similarly, PPC members asked about capacity within Alliance partner organisations and whether any provision would be made through the Partners' Engagement Framework (PEF). It was clarified that the PEF Management Team has been meeting in order to agree on some of the shifts that would need to happen.

- PPC members tended to agree with the approach on the recommendations stemming from the Funding Policy Review. However, several PPC members questioned whether there could be a potential unintended negative consequence of removing the DTP3 programme filter at this point in time, whereby countries may actually begin to put more emphasis on introducing more new programmes rather than thinking about the robustness and the resilience of existing programmes to achieve strong coverage. PPC members requested that the goal of increasing coverage rates remain at the centre of the Gavi approach even if this filter is removed. The Secretariat explained that one of the reasons that the Board approved this change in December was the inequity in terms of application of the filter. It was in light of a very holistic assessment of the filter that the Board suggested to remove it during the Gavi 5.0 development process, recognising that vaccine-specific measures of 'country readiness' will be instituted at an operational guidance level to facilitate a country-by-country examination at the time of proposal development.
- PPC members expressed some concern on the proposal to remove joint investment for CCEOP and also a risk that significant HSS could be used to procure cold chain equipment if CCEOP support is integrated into HSS. On the integration of CCE into HSS, the Secretariat further clarified that it is not intended that a large part of Gavi HSS would start to be used for cold chain equipment at the expense of other essential interventions and that the Secretariat will develop appropriate safeguards on this point. Some PPC members felt that removing the joint investment requirement could disincentivise country ownership, sustainability, and domestic resource mobilisation and the Secretariat agreed to defer the decision to allow this to be reviewed further.
- On the question of pausing the Middle-Income Countries (MICs) workstream, several PPC members queried why Gavi would not proceed with this workstream now, particularly to avoid backsliding for former eligible countries, e.g. by progressing with the technical assistance and political will building components. Several PPC members also suggested that Gavi should consider what accommodations could be made in light of COVID-19 for MICs, including some small island states. It was also noted that engagement around vaccine access through any Gavi mechanisms would need to align with a global access perspective as well (e.g. the Pan American Health Organization (PAHO) revolving fund). It was explained there did not seem to be country capacity to engage on this workstream at this time, but that the intention is to progress this work as soon as feasible.

- PPC members asked for updates on specific antigens:
 - On human papillomavirus (HPV) vaccine, one PPC member asked for an update on the supply constraints that had been discussed in May 2019. It was clarified that WHO is planning to host a global access forum discussion on HPV vaccine but this has been derailed to some extent by COVID-19. It was also clarified that there has been a new tender and the supply outlook for future is looking more positive;
 - With respect to second dose inactivated polio vaccine (IPV), one PPC member cautioned that while the constituency was aware of the expansion in IPV capacity, that will be important that the single dose countries still have availability of IPV before we move on to the second dose. The Secretariat confirmed the continued focus on single dose; and
 - Finally, one PPC member asked about whether Gavi was losing sight of affordable pricing of vaccines and appropriate technologies for pneumococcal vaccine (PCV) as we focus more on COVID-19. The Secretariat confirmed that Gavi is continuing to focus on PCV as well.
- One PPC member asked for more information about the vaccine innovation prioritisation strategy (VIPS), for which the Steering Committee is overdue in making its final recommendations. The Secretariat clarified that the results of the final phase should be available in the early summer.
- One PPC member asked for further information about potential increased investment in stockpiles and surveillance. It was clarified that the use of stockpiles would actually depend on the number and intensity of outbreaks in countries. Gavi is now having countries coming forward with requests to access stockpiles. On surveillance, it was not proposed in the paper to increase investments beyond what was already included in Gavi 5.0.
- Some PPC members highlighted their agreement with new innovative approaches, in particular when they include more involvement of local partners and communities. Countries are innovating in a variety of ways and depending on the lessons that are coming out of those innovations, there would be an opportunity for Gavi to support countries in scaling up some of those innovations.
- With respect to whether Gavi foresees any potential impact on the production capacity and supply of vaccines given that different companies are now reconsidering production capacity for COVID-19 vaccines, manufacturers wished to convey that they are taking steps to ensure that supply of routine vaccines are not interrupted and that no trade-offs are expected in the future.
- One PPC member asked whether the Global Action Plan (GAP) that the Alliance deeply engaged in before COVID-19 had impacted Gavi's way of thinking or provided opportunities for alignment in the pandemic situation. The Secretariat explained that it is same subset of partners from the GAP that are working closely together and have built a stronger relationship.

- One PPC member queried whether Gavi had factored in health systems resilience as an indicator to proactively avert any disruptions to routine immunisation and other services. It was confirmed that this is a key consideration.

Decision One

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

Grant the Secretariat the authority to implement the following policy shifts from 1 July 2020 within the existing policy framework, noting that these shifts were approved by the Board in December 2019 for incorporation into Gavi's new funding policies:

- Removing the programme filter requiring 70% or higher coverage of the 3rd dose of DTP-containing vaccine for a country to access new support for select vaccines (as set out in the Eligibility & Transition Policy);
- Allocating HSS resources according to four criteria: equity (number of zero-dose children), coverage (number of underimmunised children), ability to pay (GNI pc), and population in need (birth cohort), with all four criteria equally weighted;
- Removing the cap of US\$ 100 million over five years currently applied to total country HSS ceilings, but retaining the floor of US\$ 3 million;
- Integrating support for CCEOP into HSS support; and
- Discontinuing the mechanism of awarding Performance Payments (as set out in the HSIS Support Framework).

4. Review of the Gavi Gender Policy

- 4.1 Wilson Mok, Head, Policy, provided an update on the review of Gavi's Gender Policy (Doc 04), summarising the key revisions which seek to better align the policy with Gavi's strategy for 2021- 2025 and with international standards and discourse on the topic of gender.
- 4.2 He noted that the Secretariat has already been implementing improvements in the past year based on findings from the independent external evaluation of the Gender Policy that was completed in 2019. In relation to COVID-19 and gender, he underlined the socio-economic impact on women and girls, noting that the Secretariat is learning in real time how to best ensure a gender lens in Gavi's response to the pandemic.
- 4.3 In responding to questions received in writing prior to the meeting, the Secretariat provided the following clarifications:
 - In relation to ensuring that gender is not being framed as the only obstacle to reaching zero-dose children, it was noted that a number of socio-

economic factors that might inhibit reaching children were listed in the policy, and show the intersections between gender and additional socio-economic factors have been explained;

- On the request to advocate for women and girls beyond health to include all aspects of life, it was clarified that the policy scope is restricted to health which is where Gavi can have an impact, while acknowledging that this is a new ambition and will require identifying new ways of working with countries and partners;
- In response to an enquiry on whether countries would utilise HSS support for gender if not mandated by the policy, it was noted that throughout consultations with stakeholders, country ownership was identified as key to success. Clear messaging that addressing gender barriers fits within country goals to increase coverage will help countries prioritise HSS to reach zero-dose and marginalised communities;
- In relation to the theory of change (ToC) and ensuring that the goals are at the right level and suggestions to add additional elements to it, it was clarified that the main goal is identifying and addressing gender-related barriers, and three sub goals are reflected in the ToC. Not all elements in the policy are reflected in the ToC as the Secretariat has tried to keep it streamlined for ease of understanding;
- On the Monitoring and Evaluation (M&E) framework, it was noted that the framework is high-level at this stage and it is anticipated that some of the detailed indicators would be defined over time. On the rationale to request just one intervention to tackle gender-based barriers at country level, it was clarified that this is based on previous analysis of country performance indicators, with the view of this being a good first step, acknowledging that countries have a number of different indicators covering performance, and the aim is to keep it manageable and implementable; and
- On timing of the next evaluation and if it should be included it in the policy, it was noted that this would be at the request of the Board, which is the standard for programmatic policies reviews, offering flexibilities in timing and review.

Discussion

- PPC members commended the Secretariat on the inclusive consultative process for the policy review, which includes linkages to Immunization Agenda (IA) 2030 through development of a supplementary paper on gender.
- One PPC member noted the importance of obtaining clear indicators on gender-related barriers, calling for linkages to the work of peer organisations, and requested a future PPC touch point to review the policy implementation.
- The Secretariat noted the request to strengthen the engagement with partners on development of indicators to track gender. The Secretariat noted the importance of collecting qualitative and quantitative data on equity indicators and knowing where the limitations lie. The need to provide country stakeholders with country case studies was acknowledged by the Secretariat.

- PPC members encouraged the Secretariat to leverage partnerships and existing gender expertise within the Alliance.
- One PPC member suggested the inclusion of gender experts at the country level, as part of HSS support requirements. On implementation, it was suggested to assess gender-related barriers as part of vaccine hesitancy studies and include chapters on gender-related barriers in all training modules. On prioritisation of activities, it was suggested to look at proxy indicators at the district level and map them out against immunisation coverage so focus can remain on interventions.
- The Secretariat welcomed a suggestion from a PPC member to include an update on the gender policy in the Gavi report to SAGE.
- It was suggested that more language be included in the policy on men and boys' engagement and a focus on human rights-based approach to break down barriers. The Secretariat noted that this would feature heavily particularly in the operationalisation of the policy. The Secretariat referenced the Gavi-Unilever partnership, whereby male outreach workers, alongside females, visit households and are therefore able to work with men
- On indicators, the Secretariat clarified that the M&E framework indicators were considered at the strategy, process and at country level. Indicators listed were mostly at the process level as these can be assessed at an aggregate level across the Alliance. The Secretariat is working closely with UNICEF and strongly leveraging the work of the Equity Reference Group (ERG) to identify potential country level indicators; however, having single sets of indicators that highlight impact at a cross-cutting level would be difficult, as challenges are country-specific.
- In relation to the learning agenda, the Secretariat underlined the necessity to first identify key questions and gaps, building on ERG work, and continuing to work with partners to craft a specific set of priorities to integrate into a broader learning agenda as part of the policy operationalisation.
- On evaluation timelines, the Secretariat emphasised the importance of regularly monitoring progress, noting that the policy requires indicators to be reported annually to the Board. The Board can determine when to carry out a broad evaluation of the policy, informed by these annual updates.
- On supporting countries in budgeting and interventions, the Secretariat clarified that based on analyses of current policy implementation, some countries experienced a breakdown in the ideal process flow of conducting an analysis to identify gender-related barriers, followed by prioritising interventions to address these barriers, followed by budgeting within HSS proposals to carry out these interventions. Thus it is essential to support countries in ensuring that gender is featured from issue identification all the way to prioritisation of resources.
- In relation to requesting a menu of gender interventions, it was confirmed that such a menu was identified as essential through policy review consultations, will be

available through programmatic guidance and will be part of joint appraisals. However, lack of understanding of gender and gender-related barriers remains a bottleneck. Often gender-related sections in joint appraisals are left blank or contain very little information.

- On operationalisation, the Secretariat noted that the policy highlights several avenues to find success in achieving its goals and meeting its ambition, which must be employed in parallel.
- In relation to resources and the capacity to roll-out implementation, the Secretariat confirmed that dedicated resources to drive some of these activities will be available at the Secretariat, noting that ultimately, traction will be derived from country by country dialogue to ensure that a gender lens is prioritised and taken into account in programming of all Gavi support.

Decision Two

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

Approve the revised Gavi Alliance Gender Policy attached as Annex B to Doc 04, as amended by discussions at the PPC.

5. COVID-19 Pandemic Response: An Alliance update

- 5.1 Thabani Maphosa, Managing Director, Country Programmes provided some introductory comments related to the report on COVID-19 Pandemic Response (Doc 05), which sought the PPC's guidance on Gavi's proposed approach, including whether Gavi should play a broader role in helping countries to strengthen their cold chain.
- 5.2 As touched upon at the start of the PPC meeting, at this stage COVID-19 has impacted 70 out of 73 GAVI countries with approximately 258,000 cases and with about 7,500 confirmed deaths. Most Gavi-eligible countries have reported disruption to immunisation, largely due to measures enforced to limit COVID-19 transmission and not necessarily because of a high prevalence. But in the last week we have seen a 39% increase in some of the six most pivotal countries for Gavi (DRC, Ethiopia, India, Indonesia, Nigeria and Pakistan). At least one case has also been reported in Cox's Bazaar in Bangladesh.
- 5.3 When it comes to fiscal space, the International Monetary Fund (IMF) has assessed that as a result of the plummeting global economic situation, tighter global financial conditions, especially in Sub-Saharan Africa, are going to be seen with the likely contraction of 1.6% this year. The worst reading on record contains a downward revision of 5.2% of the October 2019 forecast.

- 5.4 In addition to the flexibilities that were approved at the Board meeting on 11 May 2020, the Secretariat is proposing to provide countries with a range of additional flexibilities to support efforts to maintain and restore immunisation services based on those in the Fragility, Emergencies, Refugees Policy. This policy was designed to be applied for individual countries, but now is being expanded to be used at a portfolio level. Some of the flexibilities are also an opportunity to test what we have been envisaging for GAVI 5.0.
- 5.5 Gavi has also been asked by several donors and partners to take a leading role in helping to ensure countries have the necessary cold chain capacity for the COVID-19 response building on the comparative advantage of the CCEOP. Gavi will be co-leading the cold chain initiative component of the Access to COVID-19 Tools (ACT) Accelerator HSS working group. The PPC was asked to provide guidance on Gavi's role on whether Gavi should play a leading role on cold chain for COVID commodities as well as potentially other PHC commodities, and using CCEOP as a platform for health facility solarisation.
- 5.6 There has been significant coordination between the Secretariat and Alliance partners, including WHO, UNICEF, World Bank and others, such as The Global Fund to Fight AIDS, Tuberculosis and Malaria.
- 5.7 The Alliance continues to closely monitor vaccine stock levels and vaccine supply, and to conduct a prioritisation exercise for vaccine shipments.

Discussion

- PPC members confirmed their support for the approach on maintain and restore as set out in the paper and commended the Secretariat on their quick and collaborative response.
- Many PPC members referred to the importance and acknowledgement of the use of partnerships to date, including Alliance partners, development partners, industry, as well as CSOs.
- PPC members suggested having generic guidelines that can be adapted according to each country's circumstances and local context.
- It was suggested that Gavi needs to be actively thinking about what the global health landscape may look like moving forward, as it is likely that there is not going to be a clear COVID phase and a post-COVID phase, and we will likely have to operate in parallel with COVID transmission for a number of years. This requires further discussion with the PPC.
- PPC members strongly supported grounding Gavi's support in national immunisation recovery plans and also a learning agenda.
- Sarah Goulding, Vice-Chair of the Gavi Alliance Board, exceptionally intervened to suggest that the PPC consider investment in real-time evaluation, so that Gavi can learn, adapt, and course correct as required. She also asked the PPC to

consider at which stage in the pandemic response that it would be worthwhile to push for increased efficiency in global architecture beyond a commitment to increase collaboration.

- For the MICs and the former Gavi-eligible countries, PPC members tended to agree that we must prevent backsliding and there should be a priority for the former Gavi-eligible countries; however, there was also interest in considering some small island states who might not have previously been Gavi-eligible. The MICs approach requires further discussion.
- On strengthening CCEOP and solarisation, PPC members supported the concept and the primary healthcare potential for this, but also cautioned that there is an opportunity cost if too much is invested too quickly. The PPC was supportive of looking for partners who can help co-invest in health facility solarisation.
- David Sidwell, Chair of the Audit and Finance Committee (AFC), intervening upon request by the PPC Chair, responded to the many comments from PPC members about the need for transparency and oversight, and frequent feedback to Gavi Governance mechanisms. He clarified from the AFC's perspective that there are at least three buckets of change that need to be carefully managed: 1) those related to planned routine immunisation, delays in programmes, delays in launches; and potentially the costs of those programmes; 2) those related to the flexibilities granted to the Secretariat to respond quickly and immediately; and 3) those related to the impact that this will have on Gavi strategically whether relating to direct involvement in COVID-19 or changes in the way immunisation is approached overall.

6. COVID-19 Pandemic: Vaccine Development, Access and Delivery

- 6.1 Seth Berkley, CEO, provided introductory comments on this report (Doc 06). He started by explaining the structure of the new ACT Accelerator and the various working groups that have been established. He also provided some context on the landscape and political will that has developed behind this work, and explained some of the key features of the COVAX Facility that is currently being designed and would hopefully be launched in some form at the Gavi replenishment event on 4 June 2020.
- 6.2 Wilson Mok, Head, Policy, provided an update on progress in the preliminary design of the COVAX Facility, which had come a long way since the report had been circulated to the PPC two weeks earlier. He described the wide consultations that have taken place and the many Alliance partners that have been involved to date.
- 6.3 He explained that the main objective of the COVAX Facility will be to accelerate equitable access of appropriate, safe and efficacious vaccines. To achieve that, the facility will need to secure supply rapidly, but also in a resilient manner in terms of the scale up of that manufacturing capacity. Another supporting objective that

was mentioned by Mr Mok is to reduce demand uncertainty and lack of predictability around demand as it can be a barrier to scaling up manufacturing capacity and to providing that supply of vaccine at the necessary volumes.

- 6.4 Mr Mok noted that the Facility will need to consider how it can adapt to an evolving situation and set of needs over time while at the same time still trying to balance having predictability to countries and manufacturers. There will be evolution in our understanding of the disease epidemiology, as well as the candidate pipeline as they progress through the Research and Development (R&D) process and successful candidates begin to emerge. The country needs will evolve and vaccine policy will be set by WHO as this information and these considerations become available.
- 6.5 Mr Mok emphasised that the design is still a work in progress; however, he presented some of the key features. Countries would be asked to make commitments to purchase a certain number of doses required to reach priority populations, which would enable the Facility to enter into advance purchase commitments. In return, countries that participate in the Facility would receive access to the vaccines that are secured through the Facility. Vaccine allocation would be informed by policy recommendations and a global allocation framework which WHO are leading the development of as part of their workstream within the ACT Accelerator.
- 6.6 To ensure broad participation in the Facility and accessibility to all countries, Gavi may need to provide some financial support to low and lower middle-income countries towards things like vaccine procurement, delivery, technical assistance, as it does with other vaccines in its portfolio. Gavi could also potentially consider supporting some selected upper middle-income countries, potentially some small island states in a focused manner and potentially on technical assistance. In terms of how supply of vaccine would be secured for participating countries in the Facility, the Facility would focus on pull mechanisms, such as volume guarantees.
- 6.7 Vaccine procurement would be managed through existing procurement mechanisms, for example UNICEF Supply Division, the PAHO Revolving Fund and self-financing countries in many cases would have their own procurement mechanisms. This would ensure the facility leverages as much as possible the systems already in place.

Discussion

- PPC members probed for more detail on how this facility will differ from the current Gavi model with respect to both fundraising from donors and for ensuring there is sufficient demand. The Secretariat explained that the first priority in the design has been to ensure there will be some volume of doses available for a fair and equitable allocation mechanism, understanding it will not be possible to vaccinate the whole world at the beginning and some countries would otherwise not have access.

- PPC members also signaled that they wished to better understand how the Gavi Alliance Board will be engaged in decision making process of the vaccine workstreams of the ACT Accelerator and recommended that Gavi keep the PPC and Board regularly updated on the evolution of this governance discussion.
- One PPC member queried how the Facility would improve global supply capacity and ensure optimisation of overall production capacity, specifically through the AMC mechanism. It was clarified that it was envisioned that support for lower income countries through the AMC mechanism would be handled through the normal Gavi mechanisms. If there is agreement from high income countries to participate in the Facility, then a tailored governance mechanism will need to be designed. It is intended that all countries would be able to participate in the Facility to have access to COVID-19 vaccines.
- Several PPC members flagged that it is essential that CSOs are fully engaged and consulted, especially to address any potential social bottlenecks, such as vaccine hesitancy or misinformation. It was confirmed that this is part of the design of the mechanism.
- One PPC member updated the PPC on the recent addition of a working group to look comprehensively at COVID-19 vaccines within the Strategic Group of Experts on Immunization (SAGE). It was noted that as Gavi relies on the advice of SAGE, this development and engagement was welcomed.
- One PPC member noted that there could be issues around vaccine nationalism and patents. It was clarified for vaccine production that the real challenge will be around know how rather than patents and the importance of getting companies to participate in technology transfer of vaccines and knowhow on production, because that is the cause of delays.
- PPC members suggested that Gavi try to take lessons from the design of this financing and procurement mechanism for future development of a strategy for middle-income countries, even if it was specific for the COVID-19 vaccine.
- One PPC member advocated for allowing the International Development Association (IDA)-eligible small economies to be included as well, which would add a few more countries from across the Caribbean, Africa and Pacific regions given their vulnerabilities.
- One PPC member specifically called out the importance of strengthening surveillance of adverse events following immunisation (AEFI) in preparation of a new vaccine.

7. Gavi 5.0: Measurement Framework/Strategy indicators

- 7.1 Dan Hogan, Head, Corporate Performance Monitoring, provided some introductory remarks about this report (Doc 07), the purpose of which was to

update the PPC on development of the Gavi 5.0 measurement framework, and to request guidance on proposed mission and strategy indicators, and potentially revised timelines for the framework finalisation in light of COVID-19 disruptions.

- 7.2. He recalled that the PPC had discussed at their October 2019 meeting the lessons learned from Gavi 4.0 strategy, and the process and principles to develop the Gavi 5.0 measurement framework.
- 7.3 The complete set of mission and strategy indicators will be brought to the PPC and Board in October 2020 for decision, while some target-setting may be extended to 2021.

Discussion

- PPC members commended the Secretariat team for excellent work on the Gavi 5.0 Measurement Framework.
- Generally PPC members agreed with the revised timeline for the framework, but indicated that it will be important to adhere to what has been agreed now.
- PPC members also discussed the benefit of alignment between the Gavi 5.0 framework and IA 2030. In addition, with the revised timeline, an interesting opportunity has presented itself to bring some of the common indicators together with COVID-19, but also related to outbreaks.
- With respect to mission indicators, PPC members made several specific points for consideration:
 - On people vaccinated over the life-course, it was suggested to substitute with the SDG 3.b.1 indicators listed in Annex B;
 - A related suggestion was made to elevate the SDG 3.b.1 coverage indicators to mission level to signal alignment and commitment to SDGs. The Secretariat noted the request, clarifying that the Secretariat sees SDG 3.b.1 as a driver of the strategy indicator breadth of protection that is more comprehensive, as it averages across coverage of all Gavi supported vaccines;
 - On people vaccinated against outbreak-prone diseases, a suggestion was made to include a timeliness component on availability of vaccines for the targeted populations. A second suggestion was to frame this as an indicator that shows the trend and ratio of Routine Immunisation (RI) versus planned campaigns, versus outbreak response by antigen with the focus on moving from reaction towards prevention. The Secretariat noted that it would look into related data to assess how this might evolve over time;
 - There was a suggestion to include an indicator of GDP percentage spent on health. The Secretariat also noted the request to include sustainability in the mission level indicators and confirmed that it would explore options for an indicator on sustainability, noting an indicator on vaccines sustained beyond Gavi support is used in Gavi 4.0; and

- It was noted that the mission indicators are a mix of impact and outcome indicators, ideally, they should remain separate and reflect theory of change.
- On the impact of COVID-19 delays, the Secretariat was encouraged to work with peer organisations (the Global Fund and the Global Financing Facility) to look into common indicators. The Secretariat was also encouraged to reflect on what the outbreak means in terms of restoring vaccine introductions and what to consider in terms of indicators. The Secretariat confirmed regular consultations and collaboration with peer organisations.
- Under strategic objective indicators, an inquiry on the possibility to expand geographic equity beyond zero-dose children was made. In this regard, barriers to gender as highlighted in the gender policy were referred to for possible inclusion as indicators. Equity in geographic vulnerabilities was highlighted. Equity at subnational level is a key focus area, a strategy on how to move forward to fill the gaps is being coordinated amongst peer organisations.
- In relation to the baseline year, given the expected derailments of immunisation programmes, it was noted that this year's uncertainties need to be factored in. The Secretariat acknowledged the challenges, noting that this would be considered in target setting and is a reason for not setting targets 5.0 strategy indicators by Dec 2020.
- The Secretariat was encouraged to avoid duplication, noting that DTP3 is measured under strategic goals 1 and 2.
- One PPC member noted that the M&E framework should be simple and less demanding for countries.
- Several PPC members underlined the importance of data quality. It was further noted that some important indicators which were included in earlier discussions are no longer included (supply chain Effective Vaccine Management (EVM) indicator, difference between admin coverage and survey coverage). The Secretariat clarified that the absence of such indicators from the dashboard does not mean their absence from the framework, specific indicators will be developed over time and as such will be made available.
- One PPC member noted that one important aspect of Gavi 5.0 is integrating immunisation programmes in primary health care systems and requested that this ambition reflected in the framework.
- On the framing of zero-dose children indicator, it was noted that the phrasing is of utmost importance, underlining the impact of demographics and birth cohorts' changes on the numbers of zero-dose children. It was strongly recommended that the indicator should focus on reducing the number of zero-dose children, rather than on increasing the number of children reached. The Secretariat acknowledged the importance of points raised on the framing, underlining the consensus on

reduction of zero dose children, and noting the trade off on the number of children reached at an aggregate global level, whereas the reduction of zero-dose framing may not align itself to this kind of statement, however it is arguably easier to communicate.

- In relation to the measles campaign reach indicator, one PPC member underlined that the purpose is to express the improvement in the quality of campaigns, noting however that for a country with a weak immunisation programme, this indicator would yield positive results because of high zero-dose numbers, but as RI programmes improve and fewer zero kids are there, the indicator may look negative. The Secretariat clarified the proposed indicator definition is the number of zero-dose reached over number of zero-dose targeted, rendering it is less susceptible to limitations raised.
- One PPC member enquired on the possibility to monitor disabilities in the context of the zero dose children included in the equity indicator. The Secretariat noted that moving forward it would consider this for more targeted assessments.

8. Review of decisions

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

9. Any other business

- 9.1 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 (Agenda Items 2 and 5)
- Joan Benson
- Mahima Datla
- Naomi Dumbrell
- Susan Elden
- Vandana Gurnani
- Lubna Hashmat
- Lene Lothe
- Violaine Mitchell
- Robin Nandy
- Kate O'Brien
- Kelechi Ohiri
- Michael Kent Ranson
- William Schluter
- Joan Valadou
- Seth Berkley, Chief Executive Officer
- Alejandro Cravioto

Other Board members attending

- Sarah Goulding, Vice Chair, Gavi Alliance Board
- David Sidwell, Audit and Finance Committee Chair
- Rafael Vilasanjuan, Alternate Board Member, CSO constituency

Observers

- Nina Schwalbe, Chair, Gavi Evaluation Advisory Committee
- Muluken Desta, Special Adviser to the AFRO Anglophone constituency
- Ruzan Gyurjyan, Special Adviser to the EURO constituency
- Pratap Kumar Special Adviser to the EMRO constituency
- Rolando Pinel, Special Adviser to the PAHO constituency
- Khant Soe, Special Adviser to the SEARO/WPRO constituency
- Oulech Taha, Special Adviser to the AFRO Francophone/Lusophone constituency

Gavi Secretariat

- Anuradha Gupta
- Nadine Abu-Sway (Agenda Items 1, 2, 4, 7)
- Johannes Ahrendts (Agenda Items 3, 7)
- Jhoney Barcarolo (Agenda Item 3)
- Pascal Bijleveld
- Susan Brown
- Hannah Burris
- Adrien de Chaisemartin
- Santiago Cornejo (Agenda Items 2, 3, 5, 6)
- Assietou Diouf
- Joanne Goetz
- Daniel Hogan (Agenda Item 7)
- Hope Johnson
- Alex de Jonquières
- Jelena Madir (Agenda Items 1-4)
- Maya Malarski (Agenda Item 4)
- Thabani Maphosa
- Wilson Mok (Agenda Items 2, 4, 6)
- Meegan Murray-Lopez
- Aurélia Nguyen
- Deepali Patel (Agenda Item 3)
- Zeenat Patel (Agenda Items 2, 4, 5)
- Marie-Ange Saraka-Yao