

Gavi Alliance Programme and Policy Committee Meeting

28-29 October 2020

Virtual meeting

1. Chair's report

- 1.1 Finding a quorum of members present, the meeting commenced at 14.05 Geneva time on 28 October 2020. Helen Rees, Programme and Policy Committee (PPC) Chair, chaired the meeting.
- 1.2 The Chair gave a particular welcome to a PPC member who was attending his first PPC meeting: Sai Prasad, 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 Carmen Tull. The Chair noted that in the absence of Naomi Dumbrell, the PPC member representing her constituency, Ms Tull was exceptionally welcome to intervene in the discussions to share her constituency views but she would not be in a position to vote on behalf of her constituency.
- 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). The Chair informed the PPC that she had recently updated her declarations of interest in light of new work undertaken and reminded Committee members to do the same, particularly in light any work related to COVID-19.
- 1.6 The minutes of the PPC meeting of 26-27 May 2020 were tabled to the Committee for information (Doc 01b in the Committee pack). The minutes had been circulated and approved by no-objection on 7 August 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, welcomed the PPC noting that seven months into the pandemic, the Alliance has rallied to ensure a swift and agile response to the pandemic, and thanked the members of the Gavi Governance bodies for helping the Secretariat navigate its way forward. He noted that this PPC meeting is an opportunity to dive deeper into topics that will be critical to shaping Gavi's work over the next five years.
- 2.2 He referred to the appointment of José Manuel Barroso as the new Gavi Board Chair taking over from Dr Ngozi Okonjo-Iweala effective 1 January 2021 and until 31 December 2022. He noted that Mr Barosso has been an important Gavi supporter for several years.
- 2.3 In relation to the replenishment for Gavi 5.0, he noted that Gavi had secured US\$ 8.8 billion, and thanked all the partners and donors for their support which gives Gavi a strong platform to pursue its equity agenda.
- 2.4 In relation to the launch of the Advance Market Commitment (AMC) for COVID-19 vaccines (COVAX AMC), Dr Berkley noted that almost US\$ 1.8 billion was raised for the AMC against a US\$ 2 billion goal, which is about 25% of the total goal to reach by the end 2021 of at least US\$ 7 billion. This should secure at least one billion doses for COVAX AMC-eligible countries. He further noted that a dedicated session on COVAX AMC fundraising will be included on the December Board meeting agenda.
- 2.5 In relation to political advocacy and outreach, Dr Berkley underlined the importance of multilateralism to combat the COVID-19 pandemic. He referred to the *Decade of Vaccines Economics Return on Investment* results published in August 2020, which suggest that between 2021 and 2030, vaccine programmes in 73 Gavi-supported countries will prevent over US\$ 780 billion in costs associated with diseases, with an estimated return on investment in vaccine programmes at \$54 per \$1 spent.
- 2.6 Dr Berkley underlined that Gavi's profile in the Group of 20 (G20) has clearly grown in the last months, which allowed engagement at the strategic level with Health and Finance Ministers. He also referred to Gavi's participation at the United Nations General Assembly (UNGA) to convey Gavi's messages and political priorities. He underlined Gavi's efforts to engage more with humanitarian organisations and noted the importance of the UNGA as a platform where a number of donors announced their pledges to the COVAX AMC.
- 2.7 In relation to the impact of COVID-19, Dr Berkley gave an overview of confirmed cases and related deaths globally. He underlined the economic impact of the pandemic particularly on Gavi-supported countries that account for approximately 25% of total global cases and 15% of deaths. As of 27 October 2020, nearly all Gavi countries (71 out of 73) have been impacted by the virus, with more than ten million confirmed cases and more than 175,000 deaths. The number is driven primarily by India, which has almost eight million confirmed cases to date.

- 2.8 In relation to Gavi support to countries and the programmatic impact of the pandemic, Dr Berkley highlighted that out of 68 Gavi-supported vaccine introductions and campaigns projected to take place in 2020, 42 have been impacted, noting however that vaccine campaigns and introductions are resuming slowly. He noted Gavi's flexible approach to support countries, with 69 re-programming requests totalling US\$ 81 million. The second phase would focus on maintaining, restoring and strengthening immunisation.
- 2.9 In relation to the COVAX Facility, Dr Berkley gave an overview of the Facility's objectives and latest developments, noting that so far 184 economies have signed up. He referred to the World Bank's recent announcement to make available US\$ 12 billion to countries with a focus on vaccines and the health systems to deliver them. He noted that Gavi is in discussion with the Bank on how to collaborate on this.
- 2.10 Dr Berkley noted that the PPC will be critical to provide guidance related to the rollout of COVID-19 vaccines and programmatic engagement with implementing countries. He further noted that the PPC Chair, Helen Rees, will engage with some of the governance bodies going forward to act as a bridge with the PPC.
- 2.11 In relation to the Gavi 5.0 strategy, Dr Berkley noted the need to recalibrate on Gavi 5.0 priorities, which was confirmed by the Board during its September 2020 meeting. He noted that the operationalisation of these priorities in the context of COVID-19 presents challenges and trade-offs that have been highlighted in the PPC papers and will be discussed in further details during the session dedicated to the topic.
- 2.12 With respect to reaching zero-dose children, Dr Berkley noted that the Secretariat, along with partners, is undertaking analysis at sub-national levels to determine who the zero-dose children are, where they are located, and the reach of services to these populations to improve programme planning and efficiency.
- 2.13 Dr Berkley gave a brief update on Gavi 4.0 performance, highlighting that 2019 has seen record number of vaccine introductions, the largest disbursements made to strengthen country health systems, and unprecedented success in country vaccine co-financing.
- 2.14 He provided an update on key vaccines such as measles, rubella, polio, malaria, and Ebola, as well as a status update on stockpiles such as oral cholera vaccines (OCV), yellow fever and meningitis. He also reported on market shaping noting global supply challenges.
- 2.15 Dr Berkley referred to the allegations of sexual exploitation in the Democratic Republic of Congo (DRC) by aid workers tackling the Ebola outbreak, noting that the World Health Organization (WHO) is investigating the allegations, and that Gavi has officially requested a response in this regard.

- 2.16 Dr Berkley informed the PPC that the Princess of Asturias Foundation had awarded Gavi with the 2020 Award for International Cooperation in October, which is a testimony to the critical work that Gavi is doing.
- 2.17 Finally, the PPC was updated on developments in the Gavi Secretariat, including the establishment of remote working arrangements, developments on the organisational review, creation of the Office of the COVAX Facility, and the new appointments of Brenda Killen as Director of Governance and Ian MacTavish as Director of Finance and Chief Accounting Officer. Dr Berkley also informed the PPC that Gavi Secretariat had received, for the third consecutive time, the gender Equal Salary certification from the Equal Salary Foundation.
- 2.18 Dr Berkley concluded by recognising Gavi staff who have worked tirelessly during a very intense period. He underlined the need to balance the importance of meetings which are made possible virtually with the workload that comes along with them, noting that the number of governance meetings have more than doubled for 2020.

Discussion

- The PPC underlined the importance of addressing vaccine hesitancy and discussed the increasing level of rumours underpinned by political affairs, lack of trust and vaccine safety concerns. Gavi has been discussing with partners to develop an end-to-end strategy to address this and continues to engage with social media companies to raise awareness. Concerns over linking COVID-19 vaccine hesitancy to general vaccine hesitancy, such as for oral polio vaccine (OPV), were underlined. The Secretariat noted concerns over some countries rushing to introduce COVID-19 vaccines that may not have completed phase three trials. A strong communication strategy will be required to address vaccine hesitancy, which will be reinforced by having additional resources and secondments within the Secretariat.
- The Secretariat noted the PPC observations on the measurable accomplishments of Gavi 4.0, particularly on the reduction of zero-dose children, noting that efforts will need to be doubled to continue achieving results and reaching the unreached communities.
- In relation to the malaria vaccine, one PPC member underlined that the vaccine roll-out would be implemented through Routine Immunisation (RI) programmes and next steps will focus on measuring their impact.
- In relation to the impact of COVID-19 on immunisation, it was noted that it will be important to draw on lessons learned from immunisation programmes' resilience and focus on getting programmes back on track. Latest data suggest that immunisation services bounced back quickly but mainly at fixed sites, making the zero-dose focus even more important going forward. One PPC member noted that modelling data related to polio and other vaccine preventable diseases (VPDs) indicate that even marginal increases in expanding outreach to left-out populations

would contribute to catching up on losses due to COVID-19. Better planning and building back better could help surpass the pandemic impact on immunisation.

- In relation to the sexual exploitation allegations in DRC, PPC members underlined the importance of prevention and early reaction to avoid recurrence of such incidences which lead to revictimisation of fragile populations. This would be a top priority for the Alliance as it prepares for COVID-19 vaccine roll out.
- In relation to the recruitment of additional resources at the Secretariat, it was noted that a call for secondments had been launched and recruitment for additional resources is underway.
- In response to an inquiry related to Civil Society Organisation's (CSO's) role in the COVAX Facility, it was underlined that CSOs are integral part of Gavi decision-making bodies. To this end ten more positions had been made available in key COVAX working groups, and individuals with the relevant technical skills had now been identified for these positions.
- Responding to an inquiry on the application process for COVID-19 vaccines, it was clarified that the planning process is already underway, noting that both the application and review processes will be light touch. Some countries will move sequentially with Cold Chain Equipment (CCE) first before technical assistance (TA) because of the associated lead time.

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

- 3.1 Anuradha Gupta, Deputy CEO, provided introductory comments building on the report to the PPC on Strategy, Programmes and Partnerships and recalibration of Gavi 5.0 (Doc 03a) that sought to provide an overview of progress in Gavi 4.0, challenges and risks brought about by COVID-19, and high-level context for proposals that are aimed at leaving no one behind in Gavi 5.0.
- 3.2 She highlighted the fantastic progress that the Alliance has made on all the mission indicators, highlighting that COVID-19 does pose new risks and threatens to reverse decades of these hard-won gains as was noted in the previous discussion. Given that 50% of child deaths happen among zero-dose children whose number is set to further increase because of the pandemic, equity and focus on zero-dose children and missed communities has become a much more pressing priority. Bringing laser focus on sustainably reaching zero-dose children and missed communities, not just with diphtheria, tetanus, pertussis (DTP)-containing vaccines, but the full suite of vaccines has become of utmost importance.
- 3.3 Ms Gupta also noted that the pace of new vaccine introductions will depend on the duration and magnitude of COVID-19 in individual countries. The roll-out of Vaccine Investment Strategy (VIS) vaccines will also be slower than anticipated and the PPC is being requested for extension of Gavi support for use of the global

cholera stockpile in endemic settings through to 2022 because we are hopeful that after that, it would be possible to roll out oral cholera vaccine. The PPC was also requested to approve the pre-emptive use of vaccine doses from the International Coordinating Group (ICG) meningitis emergency stockpile which are nearing their expiry date.

- 3.4 She also described changes to the Partners' Engagement Framework, which was introduced at the start of Gavi 4.0 to leverage the comparative advantage of partners in providing normative guidance tools and technical assistance with four key principles: country-ownership, differentiation, transparency and accountability. Four additional principles are proposed to be added in light of PEF assessments, learnings, and Gavi 5.0 goals. These recognise the need to bring onboard context-appropriate partnerships, such as humanitarian actors in conflict settings, and the importance of embracing non-immunisation partners such as those working on nutrition, education, gender, protection, water and sanitation so that Gavi can increasingly move towards integrated service delivery for marginalised communities that are home to zero-dose and under-immunised children.
- 3.5 Thabani Maphosa, Managing Director, Country Programmes, provided a framing related to the report to the PPC on Accelerating efforts to reach zero-dose children and missed communities in Gavi 5.0 (Doc 03b). He described the work on maintaining and restoring immunisation programmes that has begun.
- 3.6 He noted that the Alliance has prepared guidance for what would be funded in the context of the COVID-19 response, which includes a catalogue of a number of innovations that already existed in the Alliance that present an opportunity to be taken to scale at this particular point.
- 3.7 He shared examples of countries who have adjusted and developed some best practices that are worth capturing and sharing with others, not least we have seen countries resuming campaigns.
- 3.8 He also described the work with the CSO steering committee to create a framework on CSO engagement that is not only focused on equity but that captures Gavi's work broadly.
- 3.9 He concluded his remarks by summarising the recommendations that had come to the PPC for consideration, including the bridge funding for fiduciary risk assurance, and the indicating the Secretariat's preference for option C.
- 3.10 At the invitation of the Chair, David Sidwell, Chair of the Audit and Finance Committee (AFC) provided some remarks about the AFC review of the recommendations before the PPC with a view to assuring that there is the financial capacity in Gavi 5.0 to undertake these investments. He confirmed that this is the case. He also provided an update on the AFC's engagement on the COVAX Facility and the advisory group that has been established to consider risk management. The advisory group has come to three key conclusions at this stage: (i) given the complexity of arrangements, it would be important to put in place an end-to-end risk management framework, for which the work is now underway, (ii)

to do that work, it would also be important to onboard a financial advisor who could help with this and this is also in progress, and (iii) that getting the Facility staffing fully in place was critical, and this has also started.

Discussion

- PPC members agreed with the recommendations related to use of global stockpiles and that these recommendations can be put on the consent agenda for the December 2020 Board meeting. One PPC member queried whether there were any safety concerns related to the use of vaccines close to expiry and it was confirmed that this has been considered and is not a concern.
- PPC members acknowledged the discussion and viewpoints already expressed by the Board at its last meeting related to the recalibration of Gavi 5.0 and support for the focus on zero-dose children, and confirmed their support for this approach and additional resources to implement it.
- However, PPC members also indicated that there were several areas that they felt should be clarified prior to the Board's consideration of the topic in December 2020 and/or during operationalisation of the approach. These areas were captured as an Annex¹ to Decision Three and included:
 - The need for a cross-Alliance approach to operationalise the equity agenda and approach to reach zero-dose children and missed communities. This would be addressed with the formation of a working level, cross-Alliance working team (which does not duplicate the work of existing bodies) to further operationalise the approach;
 - Given the limited data available on the additional costs of reaching zero-dose children, that the Alliance should retain flexibility in the case that any adjustments are needed moving forward;
 - The need for clarity on how core health systems strengthening (HSS) support, additional HSS being allocated for equity, and Targeted Country Assistance (TCA) to implement the equity agenda will all come together at the country level to support progress on equity, including how redesigned portfolio management processes would help countries plan all Gavi support in an integrated way as part of full portfolio planning;
 - More detail on partner funding allocation and levels, and that the Partners' Engagement Framework (PEF) Management Team (MT) can recommend to the Board an adjustment to the overall PEF envelope in future years if this is deemed necessary to ensure partners are capacitated on Gavi 5.0;
 - Countries should be provided with more transparency on the support they receive through PEF. As part of changes to portfolio management processes, multi-year approvals of TCA will be implemented so both countries and partners have more predictability of funding levels;
 - The Alliance should work with other partners within and beyond the health space to jointly invest in reaching zero-dose children and missed communities as an entry point to strengthen primary health care (PHC) and this will be a key

¹ Captured in full in Attachment B to this document

- element of the new portfolio management processes in Gavi 5.0;
- Communities, community based organisations and CSOs should be supported to help deliver the equity agenda, leveraging established community structure. The new comprehensive civil society and community engagement approach will be brought to the May 2021 PPC and June 2021 Board;
- The Secretariat will provide more clarity on support to Nigeria and India for the zero-dose agenda for consideration by the Board;
- The Secretariat should ensure that under-immunised children remain a focus in addition to zero-dose children; and
- The Alliance should ensure it has a robust approach to monitor, evaluate and learn as part of the equity approach, and the Board will have the opportunity to review in December 2020.

Decision One

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

- a) **Approve** the extension of Gavi support for use of the global cholera stockpile in endemic settings through 2022;
- b) **Authorise** the Secretariat, under the Programme Funding Policy, to (i) allot US\$ 13.3 million in funding to the global cholera stockpile based on a financial forecast endorsed by the Board, (ii) allot funding to extend budgets to future years and/or (iii) adjust annual budget amounts as authorised by the CEO/ DCEO taking into account updated timing of implementation and budget utilisation; and
- c) **Approve** the pre-emptive use of vaccine doses from the International Coordinating Group (ICG) meningitis emergency stockpile as a last resort, which are nearing their expiry dates (determined on the basis of the mechanism set out in this paper), noting that there are no additional financial implications to Gavi beyond the costs of the doses, devices and corresponding freight and insurance already reflected in the financial forecast.

Decision Two

The Gavi Programme and Policy Committee, recognising:

1. The importance of equity and urgency of making available additional support to countries to maintain, restore and strengthen immunisation and reach zero-dose and under-immunised children;
2. The dynamic nature of the current COVID-19 pandemic and the increased risk of outbreaks and spike in child deaths;
3. The need for further work across the Alliance to operationalise the approach to reach zero-dose children, bringing together all the levers of Gavi support including HSS and PEF;

4. Uncertainty around the cost of reaching zero-dose children and missed communities, and hence the need for flexibility in the Alliance's approach and investments; and
5. The need for further discussion at the PEF Management Team on how PEF funding will be allocated in Gavi 5.0, noting the increased needs of WHO and UNICEF at global and regional levels in the context of Covid-19 and the importance of deepening subnational engagement with context appropriate partnerships, especially in fragile countries and to support the equity agenda.

Identified a number of areas (outlined in Annex A to the meeting decisions) upon which the Secretariat should provide further clarification in the December 2020 Board paper.

The PPC also underscored the need for flexibility and asked the Secretariat to monitor implementation of the following decision and report back to the PPC on operationalisation of this decisions and any adjustments in resources or approach that might be required over the course of Gavi 5.0.

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

- a) **Approve** an additional US\$ 500 million in health system strengthening (HSS) for the strategic period 2021-2025 as dedicated funding for zero-dose children and missed communities. This amount is in addition to the US\$ 1.2 billion in HSS included in the forecast presented and previously approved by the Board at its July 2020 meeting;
- b) **Approve** an increase in Partners' Engagement Framework (PEF) spending of US\$ 128 million to support efforts to reach zero-dose children and missed communities. This amount is in addition to the funding amounts included in the forecast presented and previously approved by the Board at its July 2020 meeting; and
- c) **Approve** US\$ 25 million in bridge funding for 2021 for fiduciary risk assurance and financial management capacity-building, **noting** that a full strategy and associated funding request will be brought to the May 2021 PPC meeting.

Kate O'Brien (WHO), Robin Nandy (UNICEF), Kent Ranson (World Bank) and Lubna Hashmat (CSO) recused themselves and did not vote on Decision Three above.

4. Gavi's approach to engagement with former and never-eligible Middle Income Countries

- 4.1 Santiago Cornejo, Director, Immunisation Financing & Sustainability, provided introductory comments related to the proposed approach to engagement with former and select never Gavi-eligible Middle Income Countries (MICs) (Doc 04), reminding the PPC that this process had started in early 2019 when the Board had asked the Secretariat to look at the engagement in MICs, in recognition of our sustainability and equity agendas. The process had been put on hold in the light

of COVID-19 but the Board, at its meeting in June 2020, had requested that this be accelerated again.

- 4.2 The proposed approach speaks directly to Gavi's Strategic Goal 3, which is to improve sustainability of immunisation programmes, recognising that some transitioned countries have gaps in programmatic capacities or have not yet introduced critical, high impact vaccines. The approach also recognises that despite higher immunisation investments on average, some never-Gavi-eligible MICs with comparable income levels to former-Gavi-eligible countries lag behind on introductions of lifesaving vaccines and/or face coverage and equity challenges.
- 4.3 He explained that what is being proposed in the paper is a very pragmatic approach, taking into consideration the current global context, to really focus on the pressing needs in the next 18 months and to bring the broader agenda to the PPC and Board in May and June 2022, respectively.

Discussion

- PPC members generally agreed that the design of the proposed MICs approach was correct, with priority placed first on preventing backsliding in former Gavi-eligible countries and on strengthening relationships with select never Gavi-eligible MICs in the next 18 months, but retaining flexibility to consider other interventions related to the introduction of new vaccines and technical assistance on a case by case basis.
- One PPC member cautioned that engaging with MICs will be challenging and not to take a 'one-size-fits-all' approach, and to try to leverage partnerships, both existing and new.
- Several PPC members suggested further exploring how to work with fragile MICs, particularly given the intra-country equity implications and challenges of reaching zero-dose children in those contexts.
- The Secretariat was also encouraged to engage with Alliance partners on work already underway in some MICs on innovative financing opportunities (e.g. pre-financing for vaccines).
- One PPC member suggested that Gavi be aware that some of the barriers in MICs may not require a substantial amount of money to address, e.g. the value of including countries in dialogue.
- It was also highlighted that this work links nicely with the IA 2030 agenda, and that there will also need to be alignment on implementation. It was noted that Gavi partners are already engaged in many of these countries so there is not a need to start from scratch.

- One PPC member emphasised that any decisions related to new vaccine support would need to be part of the full national health planning and the national immunisation strategy process, and lined up with primary health priorities.
- One PPC member queried whether the 70% backsliding that was referenced in the papers was due to COVID-19. It was clarified that this was not linked to COVID-19 and that data on backsliding as a result of COVID-19 is still emerging. It was also flagged that there are over two million zero-dose children living in the former and never-eligible MICs countries that would be included in the approach.
- PPC members requested regular updates on progress related to the MICs approach in the lead-up to the next discussion in May 2022.
- Several PPC members suggested that it would be useful to incorporate a Theory of Change and an explicit learning agenda prior to consideration by the Board in December 2020. The Secretariat will prepare a theory of change as referenced in the presentation but also a very clear learning agenda that will help learn from engagement in these countries.

Decision Three

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

- a) **Approve** the objectives of the Middle-Income Countries (MICs) Approach, namely (i) to prevent backsliding in vaccine coverage in former Gavi-eligible countries, and (ii) to drive the sustainable introduction of key missing vaccines in both former and select never Gavi-eligible countries;
- b) **Noting** that the Board has already approved (in June 2019) the inclusion of former Gavi-eligible countries in the scope of eligibility for the MICs Approach, **approve** the inclusion of never Gavi-eligible LMICs (<US\$ 4,000 GNI p.c.) and all other never Gavi-eligible World Bank IDA-eligible economies in the scope of eligibility for the MICs Approach;
- c) **Approve** the funding envelope of US\$ 281 million for the MICs Approach during the period of Gavi 5.0, i.e. from January 2021 to December 2025;
- d) **Approve** the proposal for 'initial engagement', as described in Annex C to Doc 04, from January 2021 to June 2022, accounting for up to 25% of the total MICs funding envelope, noting that additional proposals to deliver on the full MICs Approach will be brought for Board approval in June 2022, along with a review of the inclusion of non-IDA eligible, never Gavi-eligible UMICs <US\$ 6,000 GNI p.c. into the MICs Approach.
- e) **Approve** extending the time period from until December 2020 to until June 2022 for use of the US\$ 20 million for targeted support previously approved by the Board (June 2020) for former Gavi-eligible countries to strengthen political will and address an identified risk of reduction in coverage rates of vaccines introduced with Gavi support in that country.

5. Gavi 5.0: Measurement Framework

- 5.1 Dan Hogan, Head, Corporate Performance Monitoring & Measurement, provided some introductory remarks about this report (Doc 05). He gave an overview on the approach used to develop the indicators, as well as brief remarks on the mission and strategy indicators within the Gavi 5.0 Measurement Framework and their role within the broader Gavi 5.0 Learning System.
- 5.2 He recalled the discussions at the October 2019 and May 2020 PPC meetings and July 2020 Board meeting. The PPC was requested to approve the proposed mission and strategy performance monitoring indicators for the 2021-2025 strategy. The PPC was also requested to provide guidance on considerations for baselines and target setting, as well as on learning priorities for the 5.0 strategy period.

Discussion

- Responding to questions submitted in writing prior to the meeting, the Secretariat noted: (i) In relation to the indicator on the Number of Immunisation Sessions led by CSOs, capturing these sessions will be done through government administrative data systems. The Secretariat will follow up with Partners for those that are not recorded by government systems; and (ii) Monitoring sustainable demand for vaccination is important and will be part of the learning agenda for Gavi 5.0.
- Nina Schwalbe, Evaluation Advisory Committee (EAC) Chair, provided comments on the interface between the PPC and the EAC, and the role of the EAC in evaluating Gavi programmes underpinned by a theory of change. She noted that moving forward, there is a need for clarity from a process perspective on who leads the way on reviewing the theories of change.
- The PPC commended the work done on the Gavi 5.0 Measurement Framework and the alignment with the Immunisation Agenda (IA) 2030, as well as the inclusiveness and consultative process across Alliance partners.
- Several PPC members suggested including an indicator on governments' Primary Health Care (PHC) spending, noting that WHO is collecting related data that should be monitored by the Alliance. The Secretariat highlighted challenges around the measurability of this indicator, given that most recent data from WHO National Health Accounts cover 2016 and 2017. This time lag makes it challenging to measure, therefore this would be best monitored at the strategy implementation level. The Secretariat is working with WHO to push forward the measurement and will continue to focus on this work.
- The Secretariat noted the request to add a fully immunised child indicator to the framework and referred to the breadth of protection indicator as addressing the same concept. It also, however, that such an indicator can only be monitored through survey data and therefore would rely heavily on modeling to obtain annual values.

- Several PPC members underlined the importance of integrating gender in country plans and having a gender indicator to measure impact. Gender barriers should be seen at the community, policy and service delivery levels in countries. The Secretariat acknowledged the importance of gender and at the same time highlighted related measurement challenges which were previously signaled to the PPC. It was noted that at this stage the Alliance is in a learning period which is the furthest it can get in the results chain from a measurement perspective. The Secretariat will consult with the Measuring Behavioural and Social Drivers of Vaccination (BeSD) WHO expert group that focuses on developing indicators on demand to see if they have advanced the thinking on this.
- In relation to learning priorities, the Secretariat was encouraged to develop learning agendas in collaboration with partners, define areas of common interests, incorporate more indicators on Health System Strengthening (HSS), and share processes put in place to summarise and collect learning across institutions. Furthermore, the PPC suggested a number of key areas for learning including: (i) Cost of expanding services to reach zero-dose populations; (ii) Partnerships model supporting countries to improve immunisation outcomes and equity; (iii) Helping countries rebuild routine immunisation (RI) programmes; (iv) Equity; (v) Gender; (vi) Demand and trust; (vii) HSS; (viii) Identification of the service delivery features that result in higher coverage in COVID-19 contexts; (ix) Market shaping, and costings and choices.
- One PPC member noted the importance of having Gavi contributions better reflected in the indicators and inquired on related reporting and measurement. It was noted that some indicators are not easily measured as Gavi-specific outputs at country level, such as vaccination sessions.
- Disaggregation of data was underlined as important to measure progress on equity. The Secretariat was encouraged to monitor specific groups such as children with disabilities, girls, and migrant children.
- In relation to baseline setting, the PPC acknowledged the challenges in light of COVID-19 and encouraged the Secretariat to present informed comparisons of using 2019 versus 2020 as baselines, focusing on accuracy and flexibility in this regard.
- The Secretariat noted the request to include an indicator on collaboration with multilateral and bilateral investments in order to track collaboration.
- In relation to the indicators on geographic equity, one PPC member inquired on the approach to capture fragility and conflict.
- The PPC underlined the importance of measurability on an annual basis to monitor and track progress. The Secretariat was encouraged to build a strong independent evaluation as the Alliance embarks on maintaining, restoring, and strengthening immunisation. The Secretariat noted the request for having a robust midterm review of Gavi success and challenges, and the need for early planning.

- One PPC member suggested to include mobile vaccination sessions under S 2.4, noting their importance in reaching missed communities.
- One PPC member called for a careful consideration of the must-have indicators versus the good to have ones to drive change.
- In relation to measuring CSOs' engagement across the Measurement Framework, the Secretariat noted that this would be done at strategy implementation level.
- One PPC member underlined that it would be useful to have more perspective on reasons for zero-dose children in relation to service delivery, noting that this can originate from policy level in some countries.
- The Secretariat was encouraged to provide more information on lessons learned around bottlenecks, HSS disbursement-related issues and backsliding.
- One PPC member requested including more information on sustainability, particularly when countries are reducing dependence on core partners for technical assistance.
- In relation to processes and reviewing the learning system and the draft theory of change for Gavi 5.0, the Secretariat clarified that Appendix 2 to Doc 05 contains a draft executive summary of the learning strategy, comprising the holistic strategy which has several pieces. It was clarified that the EAC, PPC and the Board review and approve different elements according to their mandates.
- Finally, the Secretariat noted that many of the suggestions made by the PPC will be monitored at the strategy implementation level. Further refinement would be made before consulting with the PPC and the Board at the next governance cycle in spring 2021. The Secretariat welcomed continued reflections on how to better measure equity and gender beyond the PPC meeting.

Decision Four

The Gavi Alliance Programme and Policy Committee **recommended** to the Gavi Alliance Board that it **approve** the proposed mission and strategy performance indicators attached as Annex C to Doc 05, noting that:

- a) Operational definitions for a small number of indicators are pending finalisation within the Immunisation Agenda 2030 M&E Framework, to which the Gavi 5.0 Measurement Framework wishes to align wherever possible; and
- b) Indicators on geographic equity, as well as the five drivers of SG2 will require time to obtain meaningful data to report to the Board at portfolio level.

6. COVAX AMC Support to India

- 6.1 Thabani Maphosa, Managing Director, Country Programmes, provided some context on this item before introducing Homero Hernandez, Senior Country Manager for India, who provided a framing on this report (Doc 06).
- 6.2 Mr Hernandez explained that in September 2020, the Gavi Alliance Board had requested that the Secretariat present a proposed approach for Gavi COVAX Advance Market Commitment (AMC) support to India for COVID-19 vaccines and delivery at its next meeting in December 2020. The Board had recognised that India, given its large population size, second largest number of COVID-19 cases in the world, contracting economy and role as a global vaccine supplier, merits a tailored approach, recognising that the 92 economies included in the AMC (AMC92) include countries with Gross National Income (GNI) per capita (p.c.) higher than India. Furthermore, given that India accounts for 17% of the world population, continuing COVID-19 cases in India would pose a risk to global efforts to stop the pandemic.
- 6.3 Based on the principles of equity, feasibility, collaboration, and transparency, and recognising the constraints of AMC resources, this paper proposed a range of potential AMC COVID-19 vaccine support of between 10% and 20% of total AMC funds and doses, and delivery support between US\$ 15 million (10%) and US\$ 30 million (20%) of the initially allocated US\$ 150 million.
- 6.4 The PPC was requested to provide guidance on the level of appropriate support within these parameters, so that further conversations with the Government of India could be conducted to align on a proposed package of support to bring to the Board in December 2020.
- 6.5 As a representative of the Government of India, which could be directly impacted by the outcome of this discussion, the Chair invited Vandana Gurnani to share her views immediately after the framing of the item but then requested that she not engage in the discussion unless called on for clarification.
- 6.6 Ms Gurnani highlighted the progress that India has made in the fight against COVID-19, despite the high number of cases.
- 6.7 She indicated the success of the COVAX partnership will be judged by its ability to support countries in equitable access to COVID-19 vaccines. However, from India's perspective, the proposal which had been presented just now to cap the support to India as a percentage of total AMC funds and cap delivery support appears to be highly discriminatory and iniquitous vis-à-vis other AMC-supported countries that will receive support on a pro rata basis.
- 6.8 She underlined the fact that in the past, unlike other Gavi-eligible countries, India was provided a lump sum support for vaccine support, and HSS I and II support was capped at US\$ 100 million for each phase. The result has been that India received the lowest per child Gavi support among Gavi-eligible countries. However, she flagged that mutual respect has been a cornerstone of the strategic

partnership with Gavi, and therefore India never belaboured the rationale of the scale of support from Gavi. Rather India leveraged the catalytic support to expand both the coverage and number of vaccines to protect its children against vaccine preventable diseases. India's partnership with Gavi has also been symbiotic through its contribution through market shaping.

- 6.9 However, from her perspective, the exceptional COVID-19 situation warrants a more equal treatment for India. Under AMC92 there are many countries that have GNI per capita much higher than India and will get doses on pro rata basis. The capping as proposed would amount to covering only 3.6% to 7.3% of India's population. It is requested that Gavi should consider providing India its due share of vaccines on pro rata basis, keeping it at par with other Gavi AMC countries to avoid pressure on India's already stressed financial resources.
- 6.10 She also noted that India is also contributing to COVAX Facility in a significant manner through its strong manufacturing base. As the largest vaccine producing country of the world, she gave one more assurance to the global community: India's vaccine production and delivery capacity will be used to help all humanity in fighting this crisis.

Discussion

- PPC members expressed appreciation for the clear and informative remarks by Ms Gurnani that set the context well for the discussion.
- Several PPC members emphasised how important it is for Gavi and India to have a successful win-win partnership at this moment in time and made reference to the very successful partnership between India and Gavi during Gavi 4.0. PPC members also recognised the special position of India both because of their burden of disease and their demographics, as well as the importance of India's role in manufacturing.
- However, before being able to say opine on the upper ceiling being proposed as an option, there was general consensus among PPC members that more information was needed to understand the impact on the other 91 AMC countries.
- Some PPC members struggled to apply the equity principle as described in the paper in isolation and without further information about the epidemiology across all the AMC countries, and other considerations such as poverty and gender.
- PPC members indicated that it would be useful to have additional transparency from all AMC92 countries on the degree to which they have other sources of vaccines from domestic manufacturing, or through any bilateral agreements.
- PPC members also requested more clarity on the cost sharing burden, the resource implications, the supply and demand projections, and the link to other sources of funds, such as TA through PEF.

- One PPC member asked for an assessment of the risks and in particular export restriction risks from India.
- It was also proposed to consider that greater resource allocation go towards strengthening the delivery system in India versus vaccine procurement.
- In addition, it was considered important for all countries to begin planning as soon as possible, particularly around TA. It was clarified that TA and vaccine doses are being differentiated and that under the September 2020 Board approval, initial TA for planning and preparing for COVID-19 vaccine rollout should proceed, including for India.
- PPC members asked for specific clarifications, including: (i) how much of the total required resources for two billion doses had already been secured. It was clarified that \$1.8 billion had been raised for the AMC out of the \$2 billion sought for this year. More money will be needed for delivery and that is something that has to be worked on; and (ii) several questions that were not directly addressed but have been captured for the record, including on what measures have been taken to ensure that other AMC countries do not suffer from not having enough doses or funds to meet their delivery cost; whether Gavi is treating self-financing upper/MICs and AMC countries in a similar manner or not; and the percentage of case load to the total population and its comparison in terms of burden level with other AMC 91 countries.
- One PPC emphasised the importance of robust post-marketing or post-deployment surveillance for COVID-19 vaccines and suggested that the systems strengthening support should clearly mandate specific requirements for phase four safety surveillance by countries participating in the AMC.

7. Gavi 5.0: Supply and Procurement Strategy

- 7.1 Dominic Hein, Head, Market Shaping, provided introductory remarks about the development of the Gavi 5.0 Supply and Procurement Strategy (Doc 07). He informed the PPC that the proposed new strategy will be replacing the current one which has guided the vast majority of activities and direction of the Market Shaping team for the 2016-2020 period. He noted that consultations have been undertaken internally within the Secretariat, and the next phase will include discussions with manufacturers, CSOs and independent experts, with Gavi leadership being consulted along the way.
- 7.2. He invited the PPC to provide guidance on the terms of reference and the name change for the new strategy, and presented the overall process summary and timelines. The final strategy will be presented to the PPC and the Board in the next governance cycle with the aim to publish it in July 2021.

Discussion

- There was general agreement with the terms of reference and the proposed focus areas for further development, as well as the name change to *Market Shaping Strategy*.
- The PPC encouraged the Secretariat to focus on finding the right balance between promoting certain vaccines in countries and managing a highly dense supplier base noting that actions of individual countries can have significant ripple effects which require careful balance and coordination. The Secretariat confirmed the close collaboration between the Vaccine Implementation and Market Shaping teams in this regard.
- The Secretariat was also encouraged to focus on understanding the external effects on market dynamics and the global picture in the long term. It was noted that WHO is keen to continue to partner with the Secretariat on related market analysis.
- In relation to the long-term remit of the strategy going beyond Gavi 5.0, the PPC underlined the importance of balancing this with the resources available at the Secretariat. The Secretariat acknowledged the concerns noting that it would ultimately be guided by PPC appetite and guidance in this regard.
- The PPC encouraged the Secretariat to continue focusing on demand and product selection in the next strategic period. One PPC member noted the need to differentiate between programmatic and community demand.
- In response to an enquiry on the evaluation of the 2016-2020 Supply and Procurement Strategy, the Secretariat clarified that Annex B to Doc 07 includes a draft summary of findings. The evaluation indicates successes and challenges and provides some recommendations but does not however aim to define the new strategy.
- On country product choice and market health, the Secretariat noted the need to find the right balance of healthy markets while respecting country decisions on products.
- In relation to the innovation agenda, the PPC welcomed the vaccine product innovations over the next strategic period. The Secretariat was commended on the inclusivity and the positive partner-wide engagement throughout the consultations process.
- The Secretariat noted the need for the new Supply and Procurement strategy to have fundamental principles shift, particularly from market shaping interventions that are primarily focused on price reduction which risk adversely impacting sustainability of investment in research and development of new vaccines. This could cause unintended consequences including market exit. In this regard, the consideration and the monitoring of supplier health and sustainability to deepen

the analysis on the challenges and opportunities across future supply base was commended.

- In relation to partnerships, the PPC underlined the importance of having more visibility on Gavi partnership roles and responsibilities and relative risks associated with supply. Several PPC members also underlined the importance to improve collaboration between the different vertical procurement programmes that exist within different agencies to create synergies and avoid duplication.
- The Secretariat noted the importance of strengthening national capacity for procurement to prepare for sustainable transition and ensure the longer-term vision of Gavi 5.0. It was noted that this will be an important focus for the Immunisation Financing & Sustainability team but will not feature in the final strategy.
- In relation to supply, the PPC encouraged that Secretariat to put in place clear steps to mitigate supply shortages in the future.
- In relation to country consultations and inclusion of CSOs to further develop the strategy, the Secretariat clarified that countries and CSOs will be involved in the final phase of strategy formulation.

8. Review of decisions

- 8.1 Joanne Goetz, Head, Governance, reviewed the decision language with the Committee which was approved by them.
- 8.2 Committee members noted that the recommendations related to stockpiles in Decision Two would be presented to the Board on its consent agenda.

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
- Joan Benson
- Susan Elden
- Vandana Gurnani
- Lubna Hashmat
- Lene Lothe
- Violaine Mitchell (Day One)
- Robin Nandy
- Kate O'Brien (Day One)
- Kelechi Ohiri
- Sai Prasad
- Michael Kent Ranson
- William Schluter
- Joan Valadou
- Seth Berkley, Chief Executive Officer
- Alejandro Cravioto

Regrets

- Naomi Dumbrell

Other Board members attending

- Sarah Goulding, Vice Chair, Gavi Alliance Board
- David Sidwell, Audit and Finance Committee Chair
- Carmen Tull, Alternate Board member
- Orin Levine, Board member (Day Two)

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
- Gloria Kebirungi, Special Adviser to the Board Chair

Gavi Secretariat

- Anuradha Gupta
- Nadine Abu-Sway (Agenda Items 1, 2, 5, 7-9)
- Johannes Ahrendts
- Pascal Barollier
- Pascal Bijleveld
- Aaban Butt
- Hannah Burriss
- Adrien de Chaisemartin
- Santiago Cornejo
- Assietou Diouf
- Joanne Goetz
- Dominic Hein (Agenda Item 7)
- Homero Hernandez (Agenda Item 6)
- Daniel Hogan (Agenda Item 5)
- Hope Johnson
- Alex de Jonquières
- Brenda Killen
- Simon Lamb
- Jelena Madir (Agenda Items 3 and 4)
- Thabani Maphosa
- Meegan Murray-Lopez
- Aurélia Nguyen
- Marie-Ange Saraka-Yao
- Antara Sinha

Attachment B: Content of Annex A to 28-29 October 2020 PPC meeting decisions

Areas highlighted by the PPC to be further addressed in the Board paper and/or during operationalisation:

- **Cross-Alliance approach needed to operationalise the equity agenda:** The Secretariat and partners will create a cross-Alliance working team (and which does not duplicate the work of existing bodies) to further operationalise the approach to reach zero-dose children and missed communities
- **The proposed amounts of additional investment may not be sufficient:** Currently, there is limited data on the additional costs of reaching zero-dose children which can be very high in certain contexts. Recognising this, the PPC underlined the importance of remaining flexible. The Secretariat would report back to the PPC and Board periodically on the progress and impact of this funding, and whether any adjustment is needed to the amount
- **The Alliance to ensure integration of the core HSS, additional HSS being allocated for equity and TCA to implement the equity agenda:** Equity is the organising principle for all Alliance support to countries and the Board paper will reflect how all these levers come together at country level to support progress on equity including how redesigned portfolio management processes would help countries plan all Gavi support in an integrated way as part of full portfolio planning. As described in PPC Doc 03a, each country will develop a theory of change to identify the outcomes it seeks to achieve, the activities that will be needed to achieve this and how the full set of Gavi support will be used for this. Countries will have a single budget and workplan which will include all Gavi support.
- **Partners should be capacitated to deliver on Gavi 5.0 while responding to COVID-19:** The PEF MT will engage on how best to allocate the proposed PEF resources in Gavi 5.0, noting the heightened current resource requirements in the context of COVID and the need to keep the PEF forecast flexible. The PEF MT can recommend to the Board an adjustment to the overall PEF envelope in future years if this is deemed necessary.
- **Countries to be provided with more transparency on the support they receive through PEF:** Allocation of TCA funding will be linked to the HSS allocation formula in Gavi 5.0, providing more transparency to countries on how countries' TCA funding levels are determined relative to their HSS allocation. The principle of countries setting the objectives and priorities for TA, and choosing appropriate partners, will remain intact in Gavi 5.0. As part of changes to portfolio management processes, multi-year approvals of TCA will be implemented so both countries and partners have more predictability of funding levels.
- **The Alliance to work with other partners within and beyond the health space to jointly invest in reaching zero-dose children and missed communities as an entry point to strengthen PHC:** The Alliance has expanded the number of partners it works with very significantly in Gavi 4.0 including partners within and outside the health space. With the focus on missed communities, the Alliance will

seek to work systematically with other development financing institutions to ensure they also prioritise these communities for delivery of other PHC services, and to expand partnerships with other actors outside the health space who have a comparative advantage in identifying and reaching missed communities (e.g., the Secretariat is currently working to develop framework agreements with multiple humanitarian organisations to facilitate partnerships in conflict settings). This is also a key element of the new portfolio management processes in Gavi 5.0.

- **Communities, community based organisations and CSOs should be supported to help deliver the equity agenda, leveraging established community structures:** This is a critical priority and is being addressed through a new comprehensive civil society and community engagement approach, which is being developed by the Secretariat in consultation with the CSO Steering Committee and Alliance stakeholders. The initial vision was presented to the October PPC and the approach to operationalising this vision will be brought to the May 2021 PPC and June 2021 Board.
- **More clarity required on support to Nigeria and India for the zero-dose agenda:** The Secretariat will develop options and associated trade-offs for how to support Nigeria on the zero-dose agenda as part of the December Board paper. The approach to supporting India will be determined as part of the India partnership strategy to be brought to the PPC and Board June 2021.
- **Ensure that under-immunised children remain a focus in addition to zero-dose children:** The Alliance's aim is to support countries to fully immunise every child. Over two thirds of children who are not fully immunised are zero-dose. Large numbers of zero-dose children are markers of communities being missed by immunisation services. These communities are also home to a disproportionate share of under-immunised children. The Alliance will work with countries to fully immunise all children in these communities.
- **The Alliance to ensure it has a robust approach to monitor, evaluate and learn as part of the equity approach:** The Secretariat is developing a more systematic approach to monitoring, evaluation and learning for Gavi 5.0 grounded in a clear theory of change (the draft Gavi 5.0 theory of change and learning approach are presented in PPC document 5, appendix 2). The Secretariat will provide more detail on this in the December Board paper.