

## Gavi Alliance Board Meeting

24-25 June 2020

Virtual Meeting

Wednesday 24 June: 14.00-18.15 Geneva Time

Thursday 25 June: 14.00-18.00 Geneva Time

Quorum: 14

### Document list

No.	Document
00a	Document list
00b	Agenda
01a	Declarations of interest
01b	Minutes from 4-5 December 2019
01c	Minutes from 19 March 2020
01d	Minutes from 11 May 2020
01e	No Objection Consent Decisions
01f	Consent Agenda
01g	Consent Agenda: Revision of Statutes and Introduction of Operating Procedures <i>(To follow)</i>
01h	Consent Agenda: Audit & Investigations Report
01i	Workplan <i>(To follow)</i>
02	CEO's Report <i>including Global Vaccine Summit and next steps (To follow)</i>
03	Strategy and implications of COVID-19: Gavi 4.0 Progress, Challenges and Risks and Update on Gavi 5.0 Operationalisation
04	Committee Chair and IFFIm Board reports <i>(To follow)</i>
05	COVID-19: Vaccine Development, Access and Delivery <i>(To follow)</i>
06	Gavi 5.0: Measurement Framework/Strategy Indicators
07	Review of the Gavi Gender Policy
08	<i>Review of decisions – No paper</i>
09	<i>Closing remarks – No paper</i>

No.	Additional Documents for Information (on BoardEffect)
A	Board and Committee minutes <i>(For information only)</i>
B	CEPI Progress Report 2019



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### Agenda

**Next Board Meetings:** 16-17 December 2020, Geneva  
17-18 March 2021, TBD (*Board Retreat*)  
23-24 June 2021, Geneva  
1-2 December 2021, Geneva

...  
**Philip Armstrong**, Director, Governance and Secretary to the Board, +41 22 909 6504, [parmstrong@gavi.org](mailto:parmstrong@gavi.org)  
**Joanne Goetz**, Head, Governance, +41 22 909 6544, [jgoetz@gavi.org](mailto:jgoetz@gavi.org)

*Please note that the Board meeting will be recorded. This recording will be used as an aid to minute the meeting. A transcription of the full proceedings will not normally be made. Should a transcription be made it will be used only as an aid to minute the meeting.*

## Board Meeting - DAY ONE - Wednesday, 24 June 2020

Item	Subject	Action	Schedule
1	<b>Chair's report</b> <ul style="list-style-type: none"><li>• Declarations of interest</li><li>• Minutes</li><li>• No Objection Consent Decisions</li><li>• Consent Agenda<sup>1</sup></li><li>• Action Sheet</li><li>• Workplan</li></ul> Ngozi Okonjo-Iweala, Board Chair	<b>DECISION</b>	14.00-14.15
2	<b>CEO's Report <i>including Global Vaccine Summit and next steps</i></b> Seth Berkley, Chief Executive Officer		14.15-16.00
	<b>Break</b>		<b>16.00-16.10</b>
3	<b>Strategy and implications of COVID-19: Gavi 4.0 Progress, Challenges and Risks and Update on Gavi 5.0 Operationalisation</b> Anuradha Gupta, Deputy CEO Thabani Maphosa, Managing Director, Country Programmes  <i>Includes covering the following:</i> <ul style="list-style-type: none"><li>• <i>Gavi's approach to engagement with former and never-eligible Middle-Income Countries</i></li><li>• <i>Funding Policy Review</i></li><li>• <i>Impact of COVID-19 on Gavi countries</i></li><li>• <i>Gavi support to countries to respond to COVID-19</i></li></ul>	<b>DECISION</b>	16.10-17.35
	<b>Break</b>		<b>17.35-17.45</b>
4	<b>Committee Chair and IFFIm Board reports</b> <ul style="list-style-type: none"><li>• Governance Committee: Sarah Goulding</li><li>• Audit and Finance Committee: David Sidwell</li><li>• Investment Committee: Stephen Zinser</li><li>• Programme and Policy Committee: Helen Rees</li><li>• Evaluation Advisory Committee: Nina Schwalbe</li><li>• IFFIm Company: Cyrus Ardalan</li></ul>		17.45-18.15

<sup>1</sup> Any Board member can ask that any item be removed from the consent agenda for further discussion. Should there be any such request, the relevant discussion will take place on Day Two of the Board meeting, immediately preceding the Review of Decisions.

## Board Meeting – DAY TWO – Thursday, 25 June 2020

Item	Subject	Action	Schedule
5	<b>COVID-19: Vaccine Development, Access and Delivery</b> Richard Hatchett, CEO, CEPI Aurélia Nguyen, Managing Director, Vaccines & Sustainability	<b>GUIDANCE</b>	14.00-16.30
	<b>Break</b>		<b>16.30-16.40</b>
6	<b>Gavi 5.0: Measurement Framework/Strategy indicators</b> Daniel Hogan, Head, Corporate Performance Monitoring & Measurement, Monitoring & Evaluation	<b>GUIDANCE</b>	16.40-17.25
7	<b>Review of the Gavi Gender Policy</b> Wilson Mok, Head, Policy	<b>DECISION</b>	17.25-17.55
8	<b>Review of decisions</b> Philip Armstrong, Director, Governance		17.55-18.00
9	<b>Closing remarks</b> Ngozi Okonjo-Iweala, Board Chair		18.00



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### Declarations of Interest

#### Declarations

Section 5.5 of the Conflicts of Interest Policy for Governance Bodies states “Members involved in decision-making processes on behalf of Gavi must take appropriate action to ensure disclosure of Interests and Conflicts of Interest, and take the necessary action in respect thereof.”

Section 6.2 of the Conflicts of Interest Policy for Governance Bodies further states, “The duty to disclose [in 6.1 above] is a continuing obligation. This means that Members are obliged to disclose any Interests and/or Conflict of Interest, whenever the Member comes to know the relevant matter.”

The following declarations were made by members of the Board on their most recent annual statements:

Board members:

Member	Organisational Interests	Financial/Personal/Advisor Int/ Others
Ngozi Okonjo-Iweala, Chair	None	Board Member, Twitter; Board Member, Standard Chartered Bank; Board Chair, African Risk Capacity; Co-Chair, The Global Commission on the Economy and Climate; Co-Chair, Lumos; Fellow, Harvard; Non-resident Fellow, Brookings; Board Member, Carnegie Endowment for International Peace; 1 of the 4 Envoys, AU Special Envoy for COVID-19; Board Member, The B-Team; Board Member, Asia Infrastructure Investment Bank; Board Member, International Advisory Board – Japan International Cooperation Agency (JICA); Board Chair, African University of Science and Technology; Member, IMF External Advisory Group; Member, Economic Advisory Council for South African President Cyril Ramaphosa; WHO Special Envoy, Access to COVID-19 Tools (ACT) Accelerator; Gavi-appointed special adviser

Member	Organisational Interests	Financial/Personal/Advisor Int/ Others
William Roedy	None	US State Department, Foreign Affairs Policy Board (Member) with no engagement with USAID
Margaret (Peggy) Hamburg	Joint Coordinating Group for Coalition for Epidemic Preparedness Initiative (CEPI), Chair	CEPI Board (Observer); Sabin-Aspen Vaccine Science and Policy Group; Vaccine advisory group of the Wellcome Trust; Scientific Advisory Board on Global Health of the Bill & Melinda Gates Foundation
Helen Rees	Chair, South African Health Products Regulatory Authority (SAHPRA); Board Chair, WHO AFRO Regional Immunization Technical Advisory Group; Chair, WHO International Health Regulations (IHR) Committee on Polio; Co-Chair, WHO SAGE Working Group on Ebola Vaccines; Member, WHO SAGE Working Group on the Decade of Vaccines and Global Vaccine Action Plan; Member, WHO SAGE Working Group on HPV vaccines; Member, WHO HSV Vaccine Advisory Group; Chair, WHO STI Vaccine Roadmap Expert Advisory Committee; Chair, Coalition for Epidemic Preparedness Innovation (CEPI) Scientific Advisory Board; Non-Voting Board member, Coalition for Epidemic Preparedness Innovations (CEPI); Member Scientific Advisory Group, USAID Community Health Clinical Model for Agency in Relationships and Safer Microbicide Adherence (Charisma); Project Member, Project Advisory Committee, USAID Project Advisory Committee for Microbicide Introduction Awards (MPii); Member, AIDS Vaccine Global Advocacy for HIV Prevention (AVAC); Board Member, Population Council's Microbicides; Advisory Board Member, London School of Hygiene and Tropical Medicine Expert Panel on Vaccine Confidence; Steering Committee Member, 'A Dose Reduction Immunobridging	None

Member	Organisational Interests	Financial/Personal/Advisor Int/ Others
<b>Helen Rees</b>	Study of two HPV vaccines in Tanzanian girls.' (DoRIS) Trial; Member of Microbicides Trial Network (MTN) Contraceptive Steering Committee; Member, Expert Working Group, PREVENT (Pregnancy Research Ethics for Vaccines Epidemics and New Technologies); Project Member, Initiative on Multipurpose Technology (IMPT); Scientific Advisory Working Group Member, UNICEF and Bill & Melinda Gates Foundation Equity Reference Group for Immunization; Chair, Bill and Melinda Gates Foundation HPV Vaccine One Dose; Advisory Group Member, Global Coordination Mechanism for Research and Development to Prevent and Respond to Epidemics; Chair, Child Health and Mortality Prevention Surveillance (CHAMPS); Board Member, The Sabin-Aspen Vaccine Science and Policy Group; Member, Biomedical Prevention Implementation Collaborative	
<b>Teresa Ressel</b>	ON Semiconductor (Board; Member of Audit and Nominations/Committee) Invesco Funds (Board Vice-Chair; Member of Audit Committee; Compliance Global Asset Manager)	None
<b>David Sidwell</b>	CHUBB LTD (Board; Member of Audit Committee)	None
<b>Stephen Zinser</b>	None	Roxbury Asset Management Limited Commercial London Regeneration Limited (CEO and Co-Chief Investment Officer)
<b>Yibing Wu</b>	Temasek (Joint Head, Enterprise Development Group; Head, China)	None
<b>Afsaneh Beschloss</b>	RockCreek (Founder and CEO)	None

Member	Organisational Interests	Financial/Personal/Advisor Int/ Others
<b>Orin Levine</b>	Bill & Melinda Gates Foundation (Director, Global Delivery Programs)	Stanford University (Spouse) and University of Maryland School of Medicine – International Immunisation field (Father)
<b>Muhammad Pate</b>	World Bank Group (Global Director, Health, Nutrition and Population HNP)	None
<b>Omar Abdi</b>	UNICEF (Deputy Executive Director for programmes)	None
<b>Zsuzsanna Jakab</b>	WHO (Deputy Director-General)	None
<b>Amir Aman Hagos</b>	Government of Ethiopia (AFRO Anglophone)	Susan Thompson Buffett Foundation (Global Senior Advisor for Government Engagement) Gavi-appointed special adviser
<b>Myint Htwe</b>	Government of Myanmar (SEARO/WPRO)	Gavi-appointed special adviser
<b>Ferozuddin Feroz</b>	Government of Afghanistan (EMRO)	Gavi-appointed special adviser
<b>Arsen Torosyan</b>	Government of Armenia (AMRO/ EURO)	Gavi-appointed special adviser
<b>Mahamoud Youssouf Khayal</b>	Government of Chad (AFRO Francophone)	Gavi-appointed special adviser
<b>Jan Paehler</b>	European Commission, (DE/FR/LU/EC/IE)	None
<b>Francesca Manno</b>	Government of Italy (CA/IT/ES)	None
<b>Harriet Pedersen</b>	Government of Sweden (NO/NL/SE)	None
<b>Daniel Graymore</b>	Government of the UK (UK/QA)	Spouse works for UNICEF, in their Private Fundraising Division. She has no direct or indirect engagement with Gavi.
<b>Sarah Goulding, Vice Chair</b>	Government of Australia (US/AU/JP/KR)	None
<b>Susan Silbermann</b>	Int'l Federation of Pharmaceutical Manufacturers & Associations (Pfizer Inc. Emerging Markets, Global President)	None
<b>Sai Prasad</b>	Developing Country Vaccine Manufacturers Network (DCVMN) Bharat Biotech International LTD (President of Quality Operations)	Bharat Biotech International LTD (vaccine manufacturer based in India and WHO Prequalified manufacturer/supplier of vaccines that may be funded by Gavi to UN agencies)
<b>Maty Dia</b>	CSOs (Global Financing Facility, Partnership Manager)	Gavi-appointed special adviser
<b>Marta Nunes</b>	Research & Technical Health Institutes (RTHI) Vaccine Preventable Diseases Unit/Respiratory and Meningeal Pathogens Research Unit (RMPRU), Senior Researcher	None



Member	Organisational Interests	Financial/Personal/Advisor Int/ Others
<b>Seth Berkley (non-voting)</b>	None	Professor, University of Geneva; Policy Advisory Board, Gilead Sciences; Board Member, ID2020; Member, Polio Oversight Board; Agency Head, Global Action Plan for Healthy Lives and Wellbeing for All (GAP)

Alternate Board members:

Member	Organisational Interests	Financial/Personal/Advisor Int/ Others
<b>Violaine Mitchell</b>	Bill and Melinda Gates Foundation (Deputy Director for Vaccine Delivery)	None
<b>Michael Kent Ranson</b>	The World Bank (Senior Economist, Health)	None
<b>Etleva Kadilli</b>	UNICEF (Director, Supply)	None
<b>Kate O'Brien</b>	WHO (Professor-Department of International Health & Department of Epidemiology, Johns Hopkins Bloomberg School of Public Health, United States of America)	None
<b>Kwaku Agyeman-Manu</b>	Government of Ghana (AFRO Anglophone)	Gavi-appointed special adviser
<b>Boukong Syhavong</b>	Government of Lao PDR (SEARO/WPRO)	Gavi-appointed special adviser
<b>Assad Hafeez</b>	Government of Pakistan (EMRO)	Gavi-appointed special adviser
<b>Edna Yolani Bآتres</b>	Government of Honduras (AMRO)	Gavi-appointed special adviser
<b>Jacqueline Lydia Mikolo</b>	Government of Congo (AFRO Francophone)	TBD Gavi-appointed special adviser
<b>Joan Valadou</b>	Government of France (DE/FR/LU/EC/IE)	None
<b>Megan Cain</b>	Government of Canada (CA/IT/ES)	None
<b>Noor Khan</b>	Government of Norway (NO/NL/SE)	None
<b>Susan Elden</b>	Government of the UK (UK/QA)	GVAP Technical Working Group for WHO/SAGE (Expert)
<b>Irene Koek</b>	Government of the USA (US/AU/JP/KR)	None
<b>Tamaki Tsukada</b>	Government of Japan (US/AU/JP/KR)	None

Member	Organisational Interests	Financial/Personal/Advisor Int/ Others
<b>An Vermeersch</b>	IFPMA (GSK, Vice President, Head of Vaccines Global Health)	None
<b>Mahima Datla</b>	Developing Countries Vaccine Manufacturers Network (Biological E Ltd, Managing Director)	Biological E; ME; Vaccine Sales
<b>Rafael Vilasanjuan</b>	CSO constituency (ISGLOBAL, Director of Policy and Global Development)	Gavi-appointed special adviser
<b>William Schluter</b>	Research & Technical Health Institutes (RTHI) Centers for Disease Control and Prevention (CDC), Director of the Global Immunization Division in the Center for Global Health	None

## Gavi Alliance Board Meeting

4-5 December 2019

Hyatt Regency Hotel, Delhi, India

### 1. Chair's Report

- 1.1 Finding a quorum of members present, the meeting commenced at 08.39 local time on 4 December 2019. Dr Ngozi Okonjo-Iweala, Board Chair, chaired the meeting.
- 1.2 The Chair welcomed the Secretary of the Ministry of Health and Family Welfare, India, Mrs Preeti Sudan, and her delegation, to the meeting. She expressed her appreciation to the Government of India for hosting the Gavi Board in Delhi and for the welcome event hosted the previous evening. She kindly requested that Mrs Sudan express, on behalf of the Board and the Gavi Secretariat, sincerest gratitude and appreciation to Honourable Minister Dr Harsh Vardhan.
- 1.3 The Chair welcomed new Board members and Alternate Board members, as well as Nina Schwalbe, Chair of the Evaluation Advisory Committee, Cyrus Ardalan, Chair of the International Finance Facility for Immunisation (IFFIm) and other directors of the IFFIm Board. She noted that departing members would be recognised for their service at the dinner that evening.
- 1.4 The Board met in closed session during the afternoon of 3 December to discuss a number of items including the annual HR Report and the CEO's 2019 annual performance review.
- 1.5 Standing declarations of interest were tabled to the Board (Doc 01a in the Board pack). The Chair noted that in the context of the items for decision on the agenda, there were some Board members who would have conflicts of interest and that these would be raised at the appropriate time and recorded in the applicable section of the minutes.
- 1.6 The Board noted its minutes from 26-27 June 2019 (Doc 01b) and 29 July 2019 (Doc 01c) which were approved by no objection on 16 October 2019 and 11 September 2019 respectively. The Board also noted decisions approved by them by no-objection consent since the last meeting (Doc 01d), namely, approval of the 2018 annual financial report and appointments to the Board and Board Committees.
- 1.7 The Chair referred to the consent agenda (Doc 01d) where seven recommendations were being presented to the Board for consideration. No requests had been received to place any of the consent agenda items on the main

agenda. The decisions would be presented at the end of the meeting during the Review of Decisions.

- 1.8 The Board also noted its action sheet (Doc 01f) and workplan (Doc 01g) and the Chair encouraged Board members to contribute to the forward plan by raising issues which they may wish to add either with her directly or with the Board Secretary.
- 1.9 She reported to the Board on a number of events she had attended since the last Board meeting. She highlighted in particular the great honour that it had been for Gavi to receive the Lasker~Bloomberg Public Service Award in September 2019 which the CEO and herself had accepted on behalf of Gavi. She referred to the work she has been doing in preparation for the upcoming replenishment, with a focus on non-traditional donors in particular in the Middle East, China and Japan. She also referred to a recent visit to Kenya where she was able to admire the spirit and resilience of the people living in Kibera, the largest slum in Africa. While there she was also able to take part in the launch of the HPV (human papillomavirus) vaccine in the country. Finally, she indicated that she had co-chaired, with former President Kikwete of Tanzania, a meeting of 25 African Ministers of Health and Education in Addis Ababa under the Harvard Ministerial Programme. She highlighted this event as a way to further explore opportunities to institutionalise cross-sectoral collaboration for human development.
- 1.10 To close this session, the Chair expressed her deep appreciation for the work of the outgoing Board Vice Chair, Bill Roedy. She described him as an exceptional human being, commending his support of her leadership and his own leadership of the Governance Committee, noting that he has given selfless service to the health sector for a number of years and thanking him not only on her own behalf, but on behalf of the Board and the Gavi Secretariat.

### **Decision 1**

The Gavi Alliance Board:

**Approved**, exceptionally, that the determination of Sudan's eligibility for 2020 will be based on the latest GNI data point instead of the average GNI per capita over the past three years.

### **Decision 2**

The Gavi Alliance Board:

- a) **Appointed** Sarah Goulding as Board member representing Australia on the donor constituency anchored by the United States in the seat currently held by Irene Koek of the United States, effective 1 January 2020 and until 31 December 2021
- b) **Appointed** Irene Koek as Alternate Board representing the United States on the donor constituency anchored by the United States, effective 1 January 2020 and until 31 December 2021

- c) **Appointed** Sarah Goulding as Vice Chair of the Board with individual signatory authority, effective 1 January 2020 and until 31 December 2021

*Sarah Goulding and Irene Koek recused themselves and did not vote on Decision Two above.*

### **Decision 3**

The Gavi Alliance Board:

**Amended** Article 2.A of the Gavi Alliance Governance Committee Charter to read as follows:

“... If for any reason the Board Vice Chair is not from among any of the constituencies designated above, or for any other reason determined by the Committee, the Committee shall be exceptionally expanded to 13.”

### **Decision 4**

The Gavi Alliance Board:

- a) **Reappointed** the following as Chair of the Investment Committee:
- Stephen Zinser until 30 June 2020
- b) **Reappointed** the following as Chair of the Audit and Finance Committee:
- David Sidwell until 31 December 2020
- c) **Reappointed** the following as Chair of the Programme and Policy Committee:
- Helen Rees until 31 December 2021

*Stephen Zinser recused himself and did not vote on Decision Four a) above.*

*Helen Rees recused herself and did not vote on Decision Four c) above.*

### **Decision 5**

The Gavi Alliance Board:

- a) **Appointed** the following Board Members:
- **Maty Dia** as Board Member representing the civil society organisations constituency in the seat formerly held by Craig Burgess, effective immediately and until 31 December 2021.
  - **Jan Paehler** as Board Member representing the European Commission on the donor constituency anchored by Germany in the seat currently held by Harriet Ludwig of Germany, effective 1 January 2020 and until 31 December 2020.

- **Roger Conner** as Board Member representing the vaccine industry industrialised countries in the seat currently held by Susan Silbermann, effective 1 August 2020 and until 31 July 2023
- b) **Reappointed** the following Board Members:
- **Daniel Graymore** as Board Member representing the United Kingdom on the donor constituency anchored by the United Kingdom, effective 1 January 2020 and until 31 December 2022.
  - **Margaret (Peggy) Hamburg** as an Unaffiliated Board Member, effective 1 January 2020 and until 31 December 2022.
- c) **Appointed** the following Alternate Board Members:
- **Frank Mahoney** as Alternate Board Member representing the civil society organisations constituency in the seat currently held by Maty Dia, effective immediately and until 31 December 2019.
  - **An Vermeesch** as Alternate Board Member representing the vaccine industry industrialised countries in the seat currently held by Julie Hamra, effective immediately and until 31 July 2023.
  - **Joan Valadou** as Alternate Board Member representing France on the donor constituency anchored by Germany in the seat currently held by Jan Paehler of the European Commission, effective 1 January 2020 and until 31 December 2020.
- d) **Reappointed** the following Alternate Board Member:
- **Susan Elden** as Alternate Board member to Daniel Graymore representing the United Kingdom, effective 1 January 2020 and until 31 December 2022.
- e) **Appointed** the following to the Audit and Finance Committee effective 1 January 2020:
- **David Sidwell** (Board Member) until 31 December 2020
  - **Teresa Ressel** (Board Member) until 31 December 2021
  - **Beniamin Carcani** (Committee Delegate) until 31 December 2021
  - **Etleva Kadilli** (Alternate Board Member) until 31 December 2021
  - **Kwaku Agyeman-Manu** (Board Member) until 31 December 2020
  - **Emmanuel Maina Djoulde** (Committee Delegate) until 31 December 2021
  - **Andreas Karlsberg Pettersen** (Committee Delegate) until 31 December 2021
  - **Irene Koek** (Alternate Board Member) until 31 December 2021
  - **Gisella Berardi** (Committee Delegate) until 31 December 2021
  - **Tom Morrow** (Committee Delegate) until 31 December 2021
- f) **Appointed** the following to the Investment Committee effective 1 January 2020:
- **Stephen Zinser** (Board Member) until 30 June 2020
  - **David Sidwell** (Board Member) until 31 December 2020
  - **Afsaneh Beschloss** (Board Member) until 31 December 2021

- **Margaret (Peggy) Hamburg** (Board Member) until 31 December 2021
- **Matthias Reinicke** (Committee Delegate) until 31 December 2021
- **William Roedy** (Board Member) until 31 July 2021

g) **Appointed** the following to the Evaluation Advisory Committee effective 1 January 2020:

- **Marta Nunes** (Board Member) until 31 December 2020
- **Maty Dia** (Board Member) until 31 December 2021
- **Zulfiqar A. Bhutta** (Independent Expert) until 31 December 2021
- **Jeanine Condo** (Independent Expert) until 31 December 2021
- **Juan Pablo Gutiérrez** (Independent Expert) until 31 December 2021
- **Mira Johri** (Independent Expert) until 31 December 2021
- **Ezzedine Mohsni** (Independent Expert) until 31 December 2021
- **Viroj Tangscharoensathien** (Independent Expert) until 31 December 2021

h) **Appointed** the following to the Market-Sensitive Decisions Committee effective 1 January 2020:

- **Ngozi Okonjo Iweala** (Board Chair) until 31 December 2020
- **Sarah Goulding** (Board Member) until 31 December 2021
- **Etleva Kadilli** (Alternate Board Member) until 31 December 2021
- **Muhammad Pate** (Board Member) until 31 December 2021
- **Violaine Mitchell** (Alternate Board Member) until 31 December 2021
- **Amir Aman Hagos** (Board Member) until 31 December 2020
- **Arsen Torosyan** (Board Member) until 31 December 2021
- **Daniel Graymore** (Board Member) until 31 December 2021
- **Jan Paehler** (Board Member) until 31 December 2020
- **Irene Koek** (Board Member) until 31 December 2021
- **Maty Dia** (Board Member) until 31 December 2021
- **David Sidwell** (Board Member) until 31 December 2020
- **Helen Rees** (Board Member) until 31 December 2021
- **Seth Berkley** (Board Member) until 31 December 2021

i) **Appointed** the following to the Governance Committee effective 1 January 2020:

- **Sarah Goulding** (Board Vice Chair) until 31 December 2021
- **Bill Roedy** (Board Member) until 31 July 2021
- **Stephen Zinser** (Board Member) until 30 June 2020
- **Omar Abdi** (Board Member) until 31 December 2021
- **Orin Levine** (Board Member) until 31 December 2021
- **Ferozuddin Feroz** (Board Member) until 31 December 2020
- **Tamar Garbunia** (Committee Delegate) until 31 December 2021
- **Daniel Graymore** (Board Member) until 31 December 2021
- **Jan Paehler** (Board Member) until 31 December 2020
- **Megan Cain** (Board Member) until 31 December 2020
- **Maty Dia** (Board Member) until 31 December 2021
- **Susan Silbermann** (Board Member) until 31 July 2020
- **Seth Berkley** (Board Member) until 31 December 2021

j) **Appointed** the following to the Governance Committee effective 1 August 2020:

- **Roger Connor** (Board Member) until 31 July 2021

k) **Appointed** the following to the Programme and Policy Committee effective 1 January 2020:

- **Helen Rees** (Board Member) until 31 December 2021
- **Michael Kent Ranson** (Alternate Board Member) until 31 December 2021
- **Robin Nandy** (Committee Delegate) until 31 December 2021
- **Kate O'Brien** (Committee Delegate) until 31 December 2021
- **Violaine Mitchell** (Alternate Board Member) until 31 December 2021
- **Ahmed Abdallah** (Committee Delegate) until 31 December 2021
- **Vandana Gurnani** (Committee Delegate) until 31 December 2021
- **Edna Yolani Batres** (Alternate Board Member) until 31 December 2021
- **Joan Valadou** (Alternate Board Member) until 31 December 2020
- **Lene Lothe** (Alternate Board Member) until 31 December 2020
- **Susan Elden** (Alternate Board Member) until 31 December 2021
- **Naomi Dumbrell** (Committee Delegate) until 31 December 2021
- **Lubna Hashmat** (Committee Delegate) until 31 December 2021
- **William Schluter** (Alternate Board Member) until 31 December 2020
- **Joan Benson** (Committee Delegate) until 31 December 2021
- **Mahima Datla** (Alternate Board Member) until 31 December 2020
- **Seth Berkley** (Board Member) until 31 December 2021
- **Alejandro Cravioto** (Independent Expert) until 31 December 2021

*Board members who were candidates for these positions, or whose organisations or constituencies provided candidates for these positions, did not participate in voting on these appointments.*

## **Decision 6**

The Gavi Alliance Board:

**Ratified** the emergency appointment of 11 IRC members by the Chief Executive Officer in concurrence with the Chair of the Programme and Policy Committee (PPC) under Article 5.1.1 of the By-Laws, whose names are listed in Annex A to Doc 05c to the 25 November 2019 Governance Committee meeting, for a term effective 12 August 2019 until 31 March 2022.

## **Decision 7**

The Gavi Alliance Board:

**Amended** Article 4 of the French-language version of the Gavi Statutes to read as follows:

Le siège statutaire de la Gavi Alliance sera dans le Canton de Genève, en Suisse. Le Conseil reçoit pleins pouvoirs pour déplacer le siège de la Gavi Alliance, avec l'accord préalable de l'Autorité de Surveillance.



## **2. Video on India and remarks from Secretary, Ministry of Health and Family Welfare**

- 2.1 The Chair introduced this agenda item and highlighted India's impressive record and valuable partnership with the Gavi Alliance. India has the largest birth cohort in the world and it makes the most of Gavi's catalytic support. She also referred to India's strength as a vaccine manufacturer.
- 2.2 Preeti Sudan, Secretary, Minister of Health and Family Welfare, provided an overview of her country's health system and recent developments at the policy and programmatic level in the health care sector.
- 2.3 Specifically, she explained the new policy of Health for All, announced in 2017, which focuses on a preventive approach, and which has led to a paradigm shift as it has been translated into action. The new approach includes two key pillars: making health care more comprehensive and providing services through new health and wellness centres.
- 2.4 The Secretary indicated that one of India's strengths is that it has been willing to acknowledge and address shortcomings in its system, such as in the areas of sanitation, clean water, adverse sex ratio, and inaccessible areas. India has recently launched programmes to tackle all of these challenges.
- 2.5 She explained how the health sector collaborates with other ministries to deliver immunisation services on such a large scale, highlighting the electronic Vaccine Intelligence Network (eVIN) programme that was initially funded by Gavi. Six new vaccines have been introduced in India in the past four years.
- 2.6 The Secretary concluded her remarks by noting that India is due to transition from Gavi support, but she invited Gavi to consider continuing its engagement in India at the sub-national level where pockets of low Gross National Income (GNI) per capita persist. She also suggested that there are opportunities to use India as a training centre and hub for good practices for other countries facing similar challenges.
- 2.7 The Chair concluded this item by inviting the Board to view a short film relating to the successes and challenges of the immunisation programme in India.

### *Discussion*

- Board members expressed their gratitude for the clear and candid presentation and for India's clear commitment to immunisation.
- Board members noted that gender is one of the focus areas for Gavi's next strategic period and asked for further information about what kinds of programmes were in place to address gender inequity and gender-based violence. The Secretary provided further information about India's programme that focuses on placing value on the girl child and on empowering girls with education. She referred to the importance of addressing cultural and mindset issues; engaging boys and men; and changing the legal framework.

- Board members also asked about challenges with data and how India is addressing the issue of data quality and timeliness. The Secretary acknowledged that these remain challenges and outlined some of the approaches India has taken, including giving telephones to health workers so that they can capture data immediately.
- India's exceptional success in polio eradication was also noted.
- In terms of vaccine manufacturing, it was also highlighted that Indian companies are not just considering traditional vaccines but also novel ones, and are looking to address delivery issues such as thermostability.

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### **3. CEO's Report**

- 3.1 Seth Berkley, CEO, started his presentation with a focus on the Gavi-India partnership which had catalysed the transformation of the world's largest immunisation programme. He commended the engagement of the Prime Minister in driving the programme forward and looked forward to further engagement with India as it transitions out of Gavi support and as Gavi looks towards its next replenishment.
- 3.2 The CEO then presented an overview of key developments in the global landscape, referencing the Lasker~Bloomberg Public Service Award in September 2019 and the launch of the replenishment ask at TICAD (Tokyo International Conference on African Development) in August 2019. He highlighted some important events which would take place in the lead up to the replenishment, namely Gavi's 20<sup>th</sup> anniversary celebration at Davos in January 2020, a high-level meeting hosted by the Liverpool School of Tropical Medicine in March 2020, culminating with the pledging conference on 3-4 June 2020 in London.
- 3.3 He referred to the launch of the *Global Action Plan (GAP) for Healthy Lives and Well-being for All* at the United Nations General Assembly (UNGA) in September 2019. Gavi is leading on the "Sustainable Financing" accelerator with the Global Fund and the World Bank and is engaging on other accelerators and in particular on "Primary Health Care". He noted that it is foreseen that there will be a more in-depth session on the GAP at the Board meeting in June 2020.
- 3.4 The CEO provided examples of intensified collaboration between Gavi and the Global Fund which aims to ensure better coordination in terms of investments and to share a common view of health systems performance.
- 3.5 Dr Berkley gave some examples of how the Alliance might need to work differently going forward to reach zero-dose communities and strengthen primary health care. He highlighted that reaching zero-dose children will forge equity in health care and transform communities. He used examples from the Democratic Republic of the Congo (DRC) and Mali to demonstrate how this is being done in practice in some countries.

- 3.6 In relation to Gavi HSS investments, he reported in particular on how these are driving improvement in supply chains, using an example from Uganda where a United Parcel Service (UPS)-Freight in Time Ltd (FIT) partnership is addressing critical remaining supply chain gaps. He also referred to India's electronic Vaccine Intelligence Network (eVIN) which provides real-time data in relation to vaccine stock management and is an example of the type of system we would like to see every country have. He also referred to the Government of India and Unilever partnership which is unlocking gender-related barriers to demand and coverage.
- 3.7 Dr Berkley reported back on previous Board decisions, including Ebola and Polio. In relation to the latter he referred to some of the challenges related to the resurgence of WPV1 (wild poliovirus type 1), increase in cVDPV (vaccine derived poliovirus) cases and the effect on routine immunisation as countries focus on multiple campaigns to address outbreaks. He highlighted that a lot of work has been done to strengthen Gavi-GPEI (Global Polio Eradication Initiative) collaboration.
- 3.8 He highlighted that Pakistan has been the first country to introduce TCV (typhoid conjugate vaccine) into its routine immunisation programme and provided an update on the implementation of support to Nigeria where a high-level visit is planned with Board members, partners and donors in mid-December.
- 3.9 The CEO informed the Board that the situation in Syria remains quite complex and requires tailored engagement with the country. He indicated that there may be a need for exceptional flexibility to avoid vaccine stock-outs pending submission and approval of applications through the normal channels.
- 3.10 Dr Berkley provided a brief update on Gavi's yellow fever diagnostic procurement support, on work being done to tackle ongoing measles outbreaks, on the global supply shortages of HPV vaccine, and on the Vaccine Innovation Prioritisation Strategy (VIPS).
- 3.11 He then provided an Alliance and Secretariat update, referencing in particular the third Alliance Health Survey. He informed the Board of the launch of Gavi's new web site, on the successful implementation of SAP (enterprise resource planning platform) in the Secretariat and of new senior staff appointments.
- 3.12 Finally, he reminded Board members that Gavi will celebrate 20 years of saving lives in January 2020 in Davos. He highlighted the track record of the Alliance during that period in terms of children vaccinated, deaths averted etc. and stated that the Board should indeed be proud of all that the Alliance has accomplished during that time.

### *Discussion*

- Board members welcomed the ongoing work to ensure enhanced collaboration between Gavi and the Global Fund and representatives from the developing countries indicated in particular that it would be helpful for them if there could be more alignment around health systems strengthening (HSS) support which is very often fragmented at the country level.

- A number of Board members highlighted the importance of the GAP to frame and further strengthen collaboration across partners, noting that it is likely that each of the partners will have to do things differently, which in itself might present challenges. It was also noted that one of the challenges will be implementation at the country level which will be critical to the success of the plan. The CEO noted that it will be difficult to collaborate with everyone and it will therefore be necessary to be very strategic in what Gavi does. The objective should be to have collaboration for purpose, leading to better outcomes and results for countries.
- Board members reiterated a number of the challenges in relation to the increasing use of campaigns to address disease outbreaks and that more work needs to be done to use outbreaks to strengthen vaccine coverage and routine immunisation in countries. One Board member suggested that it could be useful to consider whether, with the data now available, it might be possible to start looking at ways to predict outbreaks and taking appropriate action.
- Board members appreciated the work being done by vaccine manufacturers to alleviate HPV supply constraints but re-emphasised the importance of supplying vaccines preferentially to Gavi countries where the majority of the disease burden is found and investments are lacking. Information was shared by the Board members representing the vaccine manufacturers in relation to efforts being made to increase supply through the elaboration of a balanced distribution plan based on SAGE (Strategic Advisory Group of Experts on Immunization) recommendations, as well as ongoing work to ensure that there is manufacturing capacity specific for Gavi countries noting that certain manufacturers have agreed to prioritise the adolescent vaccines and catch-up programmes, as well as vaccines for the developing world. It was noted that while such efforts will help to bring online a greater amount of vaccine doses it will take time. It was also noted that more could be done by partners to help expedite the regulatory process for new vaccines which are in the pipeline.
- Board members noted a number of concerns in relation to the polio eradication efforts which continue to face significant challenges.
- Board members also noted the work being done to implement Gavi 5.0 and acknowledged that there are many pieces which need to fit together, not just within the Secretariat but also for partners and countries. They noted that this will require an iterative process with on-going engagement to ensure the Alliance is ready to implement the new strategy.

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#### **4. 2016-2020 Strategy: Progress, Challenges and Risks**

- 4.1 Anuradha Gupta, Deputy CEO, presented a report to the Board on progress in implementing the 2016-2020 Strategy (Doc 04). The report included a summary of the progress, challenges and associated risks in achieving the 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), as well as a short update on the ongoing operationalisation of Gavi's 2021-2025 strategy ('Gavi 5.0').

- 4.2 In summary, the Alliance is fully on track on all of its five Mission indicators. There has also been good progress on a number of key indicators across the four strategic goals, including breadth of protection, MCV1 (first dose of measles vaccine) coverage, strengthening supply chains, country fulfilment of co-financing commitments and reductions in vaccine prices. However, challenges also persist, such as less than targeted improvement in Penta3 coverage and difficulties with measuring progress on our equity indicators.
- 4.3 The six Gavi 5.0 operationalisation workstreams are in various stages of development and are generally on track.

### *Discussion*

- Board members appreciated the transparent update.
- A new focus in Gavi 5.0 will be on reaching zero-dose children, and several Board members asked questions related to the challenges that will come with the targeting of resources that this will require, including political challenges, potential vaccine hesitancy issues, and needing to work in more humanitarian settings. Board members also indicated that it will be important to retain the focus on under-immunised children in addition to zero-dose children.
- Board members queried whether there would be any impact on staffing and resources of the new equity focus in Gavi 5.0. The Secretariat clarified that an externally facilitated organisational review will commence in January 2020 to assess these matters, and the results should be ready by the Board meeting in June 2020.
- On data quality and measurement for Gavi 5.0, Board members asked about several aspects. First, whether there are new indicators that should be introduced for Gavi 5.0, such as on number of partners, or around vaccine hesitancy or preventing epidemics. Second, whether Gavi can strengthen data quality, which remains a real challenge for countries. It was clarified that Gavi is already looking for new approaches to support countries to improve data quality, including collaborating with the Global Fund to continue roll out of DHIS2 and jointly support surveys. Initial concepts for the measurement and accountability framework for Gavi 5.0 were discussed by the Programme and Policy Committee (PPC) at its October meeting, with a paper summarizing this discussion available on BoardEffect. The Board will be asked to consider the approach to measurement at the next Board meeting in June 2020.
- Board members were enthusiastic about the strengthened gender focus and work already undertaken in this area.
- One Board member raised the importance of capturing mutual accountability across Alliance partners in the new approach for Gavi 5.0. Another Board member

noted that new partnerships, while a positive development, will require accountability frameworks and engagement with civil society.

- Regarding the amount of time it currently takes for Gavi to disburse funds, Board members welcomed the improvement in timelines but suggested Gavi needs to further analyse blockages and streamline its processes. It was clarified that this work is already underway as part of the Gavi 5.0 operationalisation, with the aim of moving towards a more differentiated approach, noting that strong programmatic guidance will be important for success.
- One Board member asked about what lessons have been learned on transition so far. The Secretariat clarified that experience to date shows that Gavi's policy and approach has been successful on the whole, but that Gavi needs to stay engaged post-transition to ensure gains are sustained.
- Board members suggested it will be important to examine the cases of supply shortages to date to better understand why sometimes industry has been able to accommodate changes in demand and other times it has not.

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## **5. Replenishment 2020**

- 5.1 Marie-Ange Saraka-Yao, Managing Director, Resource Mobilisation, Private Sector Partnerships and Innovative Finance, presented a for-information update on Gavi's campaign in the lead up to its third pledging conference (Doc 05), to be hosted by the United Kingdom on 3-4 June 2020 in London.
- 5.2 She also presented an overview of the Replenishment launch that was held on 30 August 2019 in Japan as part of the 7th edition of the Tokyo International Conference on African Development (TICAD 7); a summary of the key points of Gavi's Investment Opportunity and financial ask; and insights on the replenishment campaign approach.
- 5.3 While the ask is global in nature, Gavi's campaign will be focused on tailored approaches, aligned with donor countries' aid priorities. The approach will combine high-level strategic donor engagement by Gavi's Leadership and Secretariat, UK-led government-wide efforts, peer donor outreach, and coordinated civil society actions in key markets. Global moments will also be leveraged, including Gavi's upcoming 20th anniversary, to be celebrated at the World Economic Forum (WEF) in Davos in January.

### *Discussion*

- Board members asked how they, and their networks, could help contribute to the process, and made suggestions for potential innovative approaches and new partners.
- Two Board members offered to lend their expertise in the Middle East and China.

- Implementing country representatives reiterated the commitment of their countries to a successful replenishment.
- It was noted that the Addis Declaration meeting in February 2020 might potentially be used as a strategic platform.
- One Board member suggested that Gavi links its campaign to the primary health care (PHC) agenda and to the savings it has made as an Alliance through its market shaping work.
- Another Board member highlighted that it will be important to clarify how new donors could be included in the Governance structure of the Alliance.
- Board members also suggested that Gavi's campaign should include domestic resourcing and country-level advocacy as key pillars.

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## **6. Finance**

### **6a Financial Update, including Forecast**

### **6b Partners' Engagement Framework & Secretariat Budget 2020**

- 6.1 Anuradha Gupta, Deputy CEO, introduced this item, informing the Board that David Sidwell, Audit and Finance Committee (AFC) Chair had unfortunately not been able to attend this meeting. She shared with the Board, on his behalf, that the AFC had looked at the financial forecast and reviewed the assumptions underpinning the forecast and had observed that they were in line with discussions by the Board at its meeting on 19 July 2019 and with the figures presented in the investment opportunity at TICAD in August. The AFC was therefore happy to recommend approval to the Board.
- 6.2 She also referred to the Partners' Engagement Framework (PEF) and Secretariat Budget for 2020 which had also been reviewed by the AFC and recommended to the Board for approval.
- 6.3 Assietou Diouf, Managing Director, Finance and Operations, presented a high-level overview to the Board on these two items. In relation to the financial forecast (Doc 06a) she indicated that there are no significant variances from the figure presented to the Board in July 2019 and that the 2020 PEF and Secretariat budget (Doc 06b) is consistent with 2019, aside from one-off costs for replenishment, with a focus on key priorities and budgetary discipline.

### *Discussion*

- A number of Board members acknowledged the heavy workload of the Secretariat and indicated support for ensuring that there is the right level of staffing going forward into Gavi 5.0.

- In response to a question from a Board member, the Secretariat clarified that the use of the funding allocated for strategic investments in the replenishment ask for 2021-2025 is not at the discretion of the CEO and that all related decisions will go through Gavi's normal governance processes.
- A Board member from the developing country constituency expressed concerns around TA (technical assistance) and partner engagement at the country level, in particular in fragile settings. He suggested that there can often be other more non-traditional partners in-country who can provide assistance in a more agile and less bureaucratic manner and that working with such partners can also improve local capacity to support the programmes.
- One Board member noted that the cash balance reserves appear quite high and asked whether those might be reduced in the context of expected increased efficiencies of management systems following the implementation of SAP. The Secretariat clarified that this was unrelated and that the reserves often relate to cash balances in countries which can be quite high, often as a conditionality of arrangements in place at a country level with partners such as the World Bank which might require certain amounts to be available for reimbursement. This can also stem from the fact that Gavi awards separate grants to countries and it is hoped that the proposal to pool grants under Gavi 5.0 will enable better planning and programming of each country portfolio so as to also enable the reduction of cash balances in country.
- In relation to a question from a Board member on the oversight for Partnerships in Innovation within the Alliance structure, the Secretariat noted that there is a workstream currently looking at Gavi's approach to innovation, as there are innovations and innovative partnerships being pursued across a number of different areas of Gavi's work. The aim is to have a more strategic approach to innovation across Gavi and then consider what the appropriate oversight mechanisms are. This will be further discussed with partners and stakeholders and will come back to the Board in due course.

### **Decision 8**

The Gavi Alliance Board:

- a) **Noted** that the Audit and Finance Committee has reviewed the financial implications of the recommendations to be made to the Programme and Policy Committee as set out in Figures 1 to 5 of Doc 02a to the Audit and Finance Committee of 10 October 2019 (Financial Update) and concluded that these recommendations could be approved by the Board in accordance with the Programme Funding Policy;
- b) **Approved** the Financial Forecast for the period 2016-2020 as set out in Section B of Doc 06a;
- c) **Approved** the Financial Forecast for the period 2021-2025 as set out in Section B of Doc 06a, which is dependent on resources becoming available for that period; and
- d) **Authorised** the Gavi Secretariat to allot funding in 2020 for new programmes and for the continuation and adjustment of funding to existing programmes, in accordance



with the Programme Funding Policy. In making such allotment decisions, the Secretariat will take into consideration the outcome of Gavi's replenishment in June 2020.

### **Decision 9**

The Gavi Alliance Board:

- a) **Approved** within the overall amount of US\$ 253.4 million for 2020 for the Partners' Engagement Framework, the following allocations:
- (i) US\$ 165.4 million for PEF Partners to support Targeted Country Assistance, Special Investments in Strategic Focus Areas and Foundational Support;
  - (ii) US\$ 0.4 million in fees for UNICEF Supply Division to procure yellow fever diagnostic surveillance equipment;
  - (iii) US\$ 24.0 million for investing in Partnerships in Innovation to be administered by the Secretariat;
  - (iv) US\$ 18.5 million for Impact Assessments and Evaluations to be administered by the Secretariat;
- b) **Approved** US\$ 110.3 million for Secretariat Engagement;
- c) **Approved** US\$ 0.5 million for capital expenditure budgets to implement the Secretariat's part of the Gavi Engagement Framework.

*Nono Simelela (WHO), Marta Nunes (R&THI), and Maty Dia (CSO) recused themselves and did not vote on Decision Nine i) above.*

*Omar Abdi (UNICEF) recused himself and did not vote on Decision Nine i) and ii) above.*

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## **7. Malaria Vaccine Pilots and Long-term Supply**

- 7.1 Helen Rees, Programme and Policy Committee (PPC) Chair, provided an overview of the discussions on this topic at the PPC meeting in October and the resulting recommendations to the Board.
- 7.2 Mary Hamel, Technical Officer, Immunization, Vaccines & Biologicals, WHO, provided a presentation on the scientific evidence supporting the decisions to be considered. She described the tools currently available for malaria and explained that within the malaria community, experts speak of progress through the imperfect application of imperfect tools, as none of the existing malaria control interventions are highly efficacious. Insecticide treated nets (ITNs), the backbone of malaria control, have an efficacy of 45%. And, after about two decades of trying to increase ITN coverage through campaigns and the routine provision of bed nets at maternal child health clinics, we have reached coverage of about 50%. Nonetheless, the 45% efficacy and 50% coverage have had a tremendous impact, but additional

tools are needed. Unfortunately, in the last three years progress has stalled in many areas, and there are still more than 200 million cases of malaria annually and 400,000 deaths with 260,000 deaths in African children under 5 years of age.

- 7.3 Dr Hamel explained that there is a consensus among malaria control experts that new tools are needed to get back on track in driving down malaria. The RTS,S malaria vaccine is the only new tool with proven efficacy and high impact that will be available in the next five to seven years. At approximately 40% efficacy against clinical malaria on top of the protection that ITNs provide the RTS,S malaria vaccine has potential for high impact.
- 7.4 Aurélia Nguyen, Managing Director, Vaccines & Sustainability Department, informed the Board that the paper (Doc 07) had two objectives: first, it provided an update on progress of the Gavi-supported Malaria Vaccine Implementation Programme (MVIP), a pilot programme designed to generate evidence to inform WHO policy recommendations on the broader use of the RTS,S/AS01 vaccine. The paper presented a PPC funding recommendation for the MVIP for 2021-2023, which would enable completion of the pilots and provide key evidence to inform a future Gavi investment decision on broader roll-out.
- 7.5 Second, the paper described a manufacturer decision that needs to be taken with regard to whether to continue production of a vaccine, in 2020, beyond the doses required for the pilots. Not continuing to produce in the near-term would delay availability of doses for broader roll-out in the future, if there is a policy recommendation and investment decision. However, continuing production has financial implications and would be done at risk if there was no future recommendation/further use of the vaccine. Three options for Gavi engagement were presented: (1) no funding for continued production; (2) risk-share with the manufacturer via a funding commitment to enable continued production; (3) identify a third party willing to collaborate on designing a risk-share mechanism to enable continued production, minimising Gavi's exposure.

### *Discussion*

- On the first recommendation relating to MVIP, there was general agreement by the Board to support the recommendation.
- One Board member suggested that Gavi use the pilot programme to look at adverse events following immunisation (AEFIs) and to empower countries to have AEFI surveillance in place. The pilots also offer an opportunity to plan ahead for other vaccines that will be used in the second year of life.
- On the second recommendation related to future supply of malaria vaccines, the Board deliberated over the proposed options before agreeing to proceed with option three, which involves identifying third parties willing to collaborate on designing a risk-share mechanism to enable continued production, minimising Gavi's exposure.
- Implementing country representatives spoke passionately about the need in their countries for new tools to fight malaria and encouraged the Board to agree to proceed, with some favouring option 2 and others option 3. One country

representative illustrated this point by stating that in his country, statistics from the national health insurance outlet indicated that 50% of the total reimbursement expenditure of the country to health care providers goes to pay for malaria treatment alone.

- Despite the desire to see additional malaria tools become available for Gavi-eligible countries, several Board members expressed concern about taking a funding decision at this point in time given key data is currently being generated and the lack of WHO prequalification of the vaccine, and that selecting option two or three could set a precedent for the Board to make similar decisions in the future. One Board member specifically queried whether it should be the role of Gavi to bear the cost of de-risking the private sector investment and guarantee a market, and if the Board decided to proceed, to build in an accountability and transparency mechanism. Another questioned whether there might be more impactful uses for Gavi of the US\$ 75 million instead of de-risking continued RTS,S production and asked to consider the opportunity costs associated with option two. Questions were also raised around the cost-effectiveness of RTS,S relative to other malaria interventions.
- Board members expressed an interest in better understanding what the conditions of a risk-sharing arrangement would be and whether a third-party would be taking on that risk free of charge or at a fee subsidised premium. Several Board members asked whether there would be scope for specifying a threshold for Gavi's funding commitment as part of a risk-share arrangement with a third-party within the decision point, but it was generally agreed that this would not be beneficial for negotiating an eventual agreement. It was noted that the Market Sensitive Decisions Committee (MSDC) would be responsible for reviewing and agreeing to the final terms of any proposed risk-sharing arrangement.
- One Board member requested a more detailed analysis about long-term vaccine supply, taking into consideration not only the bulk antigen but also the adjuvant, and any related risks.
- It was noted by all that this decision would not pre-empt nor influence a future Board decision on support for broader roll-out of RTS,S – which will require an investment case that includes an analysis of cost effectiveness - and shall not set a precedent for any future vaccine investments.

### **Decision 10**

The Gavi Alliance Board:

**Approved** an amount up to US\$ 11.6 million to continue the malaria vaccine implementation programme from 2021-2023.

*Nono Simelela (WHO) recused herself and did not vote on Decision 10 above.*

## Decision 11

The Gavi Alliance Board:

- a) **Noted** that to enable long-term sustainable supply, GSK has contractually committed to WHO and PATH under the Collaboration Agreement for the Malaria Vaccine Implementation Program to pursue the transfer of the RTS,S vaccine to another vaccine manufacturer, excluding GSK's proprietary adjuvant, which GSK has agreed to supply within certain volume projections;
- b) **Requested** the Secretariat to work with stakeholders to identify third-parties to cost share whereby Gavi's financial risk should be minimised or reduced to zero to provide for an investment for continued production of RTS,S bulk antigen pending a WHO policy decision and Gavi investment case for broader roll-out; and
- c) **Approved** an investment for continued production of RTS,S bulk antigen between Gavi and third-parties whereby Gavi's financial risk exposure should be minimised as much as possible, with reassessment of support on an annual basis, subject to the final terms being reviewed and endorsed by the Market Sensitive Decisions Committee; noting that it shall not pre-empt or influence a Board decision on support for broader roll out of RTS,S and shall not set a precedent for any future vaccine investments.

*Susan Silbermann (IFPMA) and Sai Prasad (DCVMN) recused themselves and did not vote on Decision 11 above.*

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## **8. Gavi's engagement in Ebola vaccine**

- 8.1 Helen Rees, Programme and Policy Committee (PPC) Chair, introduced this item (Doc 08) and provided a brief explanation of the considerations behind the PPC's recommendation to the Board in relation to this item and as outlined in Doc 08. She noted in particular that since the PPC met to discuss this issue, an Ebola vaccine has been licenced by the EMA (European Medicines Agency) and prequalified by WHO.
- 8.2 Aurélia Nguyen, Managing Director, Vaccines & Sustainability, then provided a brief overview to the Board on this item (Doc 08), recalling Gavi's engagement in Ebola to date and providing information on the vaccine pipeline. She gave an overview of what is being proposed in terms of the emergency stockpile for outbreak response, as well as what is being proposed in terms of the preventive programme to protect high-risk individuals before outbreaks. Finally, she gave an overview of the financial projections for the Ebola programme.

### *Discussion*

- Board members indicated their overall support for the proposal, agreeing that this is an example of the work of the Alliance at its best and should be used widely as a success story in the lead up to the replenishment.

- Board members wished to acknowledge the heroic work of the front-line workers and were pleased to note that going forward they will be included in outbreak vaccination along with the healthcare workers.
- There were a number of questions in relation to the governance mechanism proposed to manage the stockpile. It was noted that this will be an International Coordinating Group (ICG)-like mechanism whereby dose allocation recommendations could be made by the current ICG agencies supplemented with relevant expertise. There will be further discussions with partners to put together the most appropriate mechanism which should be transparent, inclusive and include accountability.
- One Board member questioned whether the size of the stockpile should be reconsidered if it is likely that vaccines may need to be rationed. In response, it was noted that it might take some time to reach the target stockpile size and that coordination amongst procurers will be required. It is hoped that over time there will not be a need to have any mechanisms in place to ration the vaccines in case of supply shortage.
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- Board members agreed that it is important to be clear that the vaccine is part of a broader package of interventions. It was also noted that the operational costs for this vaccine are higher than those for some of the more traditional vaccines and that it will also be important to ensure that there is clear guidance for countries on the scope of Gavi's operational cost support.
- A number of Board members expressed an interest in knowing more about the use of the vaccine in pregnant women and the Board member representing WHO noted this as an issue for WHO to follow up on.
- In the context of this discussion, one Board member highlighted the importance of collaboration in vaccine R&D as well as ensuring that there is clear responsibility and accountability between the different stakeholders involved in outbreak response operations.

## **Decision 12**

The Gavi Alliance Board:

- a) **Approved** the opening of a funding window for the establishment of an Ebola programme for licensed vaccines used for i) reactive and preventive vaccination in an outbreak setting through an emergency stockpile and ii) preventive vaccination in a non-outbreak setting, contingent on WHO prequalification of vaccine and SAGE recommendation, in line with Board approved policies and decisions with adjustments laid out under b), c) and d);
- b) **Approved** Gavi support for vaccines for preventive use without a co-financing obligation for Gavi eligible countries with the co-financing policy for Ebola vaccine subject to review after two years from start of programme;

- c) **Approved** Gavi operational cost support for both reactive and preventive vaccination that is tailored to each country based on context;
- d) **Approved** the principle of providing non Gavi eligible countries access to vaccines for preventive vaccination, where possible. These countries would bear the cost of the vaccine;
- e) **Noted** the financial implications associated with the above approvals for vaccine procurement, operational cost support and Secretariat and partner resources for 2020 is expected to be approximately US\$ 9 million and for 2021-2025 is expected to be approximately US\$ 169 million. Gavi will seek to absorb the Secretariat and PEF-related components in the 2020 estimated costs within the 2020 budget submission;
- f) **Noted** that the Secretariat will work with partners to further develop processes to enable allocation of vaccines and operational cost support for both reactive and preventive use;
- g) **Approved** retaining the operational cost and health system support component of the 2014 Ebola envelope for the interim period before a licensed vaccine is available in order to provide operational support for use of investigational vaccines and closing the remainder of the 2014 Ebola envelope; and
- h) **Noted** the remaining balance of the operational cost and health systems support component of the 2014 Ebola envelope of US\$ 52.4 million.

*Nono Simelela (WHO), Omar Abdi (UNICEF), Susan Silbermann (IFPMA) and Sai Prasad (DCVMN) recused themselves and did not vote on Decision 12 above.*

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## **9. Gavi 5.0: Funding Policy Review**

- 9.1 Helen Rees, PPC Chair, introduced this item and provided a brief summary of the PPC discussion on this topic. She explained that due to the complexity of the topic a Steering Committee (SC) had been established, and Julian Schweitzer, Chair of the SC, had joined the PPC to introduce the topic. The PPC was supportive of the recommendations.
- 9.2 Wilson Mok, Head, Policy, presented the initial set of proposed policy changes in this first phase of the policy review as set out in the paper (Doc 09) and was joined by Alex de Jonquières, Director, Health Systems & Immunisation Strengthening, and Santiago Cornejo, Director, Immunisation Financing & Sustainability to respond to questions.

### *Discussion*

- Board members were generally supportive of the direction of all the proposed changes and were appreciative that the Secretariat had responded to the call to think big and simplify for Gavi 5.0.
- On transition, Board members indicated they understood the rationale for the shift in decision-making responsibility to the CEO for any exceptions, but encouraged the Secretariat to carefully consider how to engage the Board in these cases, given that this has proven useful in the past. In response, the Secretariat advised that proposed flexibilities would be report to the PPC and Board in advance of a decision to identify any concerns. Board members also noted that it will continue to be important to prepare countries very early on for transition so they are ready and resourced.
- The Board approved the proposed incorporation of the Cold Chain Equipment Optimisation Platform (CCEOP) support into broader HSS support, but asked for further analysis on the impact of this change on market shaping and to explore whether mitigation measures, such as ring fencing, would be required. The Secretariat clarified this is in scope for the next phase of the policy review.
- Board members welcomed the shift towards equity and suggested more thought go into how this change will impact on how we measure results, e.g. whether we continue to use national averages or shift towards sub-national data.
- There were a number of questions regarding what would be in place of the 70% DTP3 'programme filter' to ensure that new introductions do not detract from efforts to improve coverage and equity. It was clarified that at an antigen-specific level, existing country readiness measures will be retained (e.g. for measles and rubella) and the Secretariat will work with Alliance partners to identify other programmatic readiness criteria.
- Board members noted that to implement these changes will require a stronger Secretariat equipped to manage the process and requested that appropriate resources are in place.
- One Board member suggested building in a triple track design to the equity approach that systematically includes government, Alliance partners, and communities to ensure country and community ownership.
- Board members reinforced that alignment and collaboration should be a key feature of the new approach to ensure this is the right fit for Gavi countries.

### **Decision 13**

The Gavi Alliance Board **approved** the following, which will be incorporated into Gavi's policies in June 2020:

- a) using the **latest point estimate of GNI per capita** alongside the average GNI per capita over the past three years to determine countries' eligibility for support; and for countries (re)gaining eligibility, adoption of a tailored approach based on the country context;

- b) adoption of an approach to **tailor the accelerated transition** phase as described in Annex B to Doc 09;
- c) **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);
- d) calculating **vaccine co-financing** for all countries based on the share of doses needed by a country;
- e) adopting an approach to apply co-financing flexibilities as described in Annex B to Doc 09, in countries facing **severe fiscal distress** and countries facing a **humanitarian crisis**;
- f) 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;
- g) 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;
- h) **integrating** support for CCEOP into HSS support; and
- i) discontinuing the mechanism of awarding **Performance Payments** (as set out in the HSIS Support Framework).

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## 10. Update on development of strategy for Middle-Income Countries (MICs)

- 10.1 The Chair introduced this item, informing the Board that this is an area which is still work in progress and will come back to the Board for decision in 2020. The aim of this session is to update the Board on progress so far and to seek any comments or perspectives that would helpfully inform the process prior to finalising this proposal for the Board's approval after review by the PPC in due course. She recalled the decisions that the Board had already taken on this topic in June 2019.
- 10.2 Santiago Cornejo, Director, Immunisation Financing & Sustainability, presented this item (Doc 10). He outlined the objectives and driving principles informing the development of the strategy for Middle-Income Countries (MICs). He provided information in relation to what have been identified as interdependent drivers to backsliding and sustainable introduction of key missing vaccines and shared information in relation to how these might be tackled through mutually reinforcing levers. He also outlined the consultative process to develop the proposal to bring back for Board decision in 2020.

### *Discussion*



- A number of Board members reiterated their support for Gavi potentially supporting never Gavi-eligible MICs, noting that many of the zero-dose and underimmunised children are in these countries and that it would be consistent with Gavi's equity agenda. It was also noted that the issues are very often not related to the price of vaccines but other issues such as political will and national capacity.
- A number of Board members indicated their support for the proposal to provide an innovative financing facility for pooled procurement for MICs, small and island nations. Board members also recommended looking at lessons learned and best practices from existing mechanisms such as the Pan American Health Organization (PAHO) Revolving Fund and UNICEF Supply Division.
- Some concerns were raised around Gavi's comparative advantage in relation to never Gavi-eligible MICs and the impact that engagement here might have on Gavi's wider programme and on Alliance and Secretariat capacity to work in additional countries where there may not always be pre-existing relationships.
- Concerns were raised around the ambitious nature of the proposed approach and it was suggested that some thought could be given to addressing select bottlenecks or taking a stepwise or phased approach before scaling up.
- It was noted that should Gavi move into the area of supporting never Gavi-eligible MICs it will be important to be clear about the differing potential impact and trade-offs across the various options to be presented, and to ensure that there are targeted country by country dialogues as the needs will be different across different countries.
- Some of the Board members representing the donor constituency indicated that it would be important for them to be comfortable prior to replenishment with what will be proposed going forward in relation to the proposed strategy for engagement with MICs.
- The Board Member representing the developing country vaccine manufacturers highlighted some of the challenges his constituency face due to a lack of consistency across countries in terms of procurement processes and regulatory requirements. In this context he noted that there are many MICs who do not accept WHO prequalification as a product quality standard and that if Gavi was able to guarantee procurement and payment mechanisms and contribute to encouraging the harmonisation of regulatory systems across countries, this could be an area for potential added value of the Alliance.

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## **11. Risk Management Update**

- 11.1 Seth Berkley, CEO, introduced this item and noted that from his perspective Gavi has really matured in risk management. Within the Secretariat, risk management is now enshrined in the culture, and is a core part of the conversations beyond the regular Risk Committee meetings.

- 11.2 Jacob van der Blij, Head, Risk, presented an update on Risk Management (Doc 11). The Gavi Alliance Board was requested to approve the Risk & Assurance Report 2019 attached as Annex A to Doc 11 and to provide guidance on a series of questions outlined in Doc 11.
- 11.3 The report found that Gavi's overall risk profile remained relatively stable with 16 top risks from last year still included and one having decreased to become a medium risk.
- 11.4 This year's Risk & Assurance Report included an additional section that shared some preliminary thoughts on how Gavi's risk profile may shift under Gavi 5.0. Board members were invited to discuss these and share preliminary views.

### *Discussion*

- Board members were supportive of the Risk & Assurance Report 2019 and generally were in agreement with the top risks identified and their ranking. One Board member questioned whether the current risk appetite is right for those risks that are currently outside of risk appetite.
- Board members also mentioned additional areas that might benefit from additional consideration including on: the health of the Alliance; safeguarding; misuse at headquarters level; polio – both the resurgence of polio and the impact of polio on routine immunisation; supply shortages; vaccine hesitancy; the role of partners in vaccine management; and rewarding good quality data.
- Board members noted that Gavi's risk profile will inherently increase under the Gavi 5.0 strategy. Some acknowledged the high performance risk of not succeeding in reaching unreached children, especially as Gavi works more in conflict and fragile settings, and expressed that it is important to take on this risk in order to pursue the Gavi 5.0 goals.
- Board members furthermore called for seeing these risks as opportunities to develop different approaches and engagement strategies, including ensuring that Secretariat capacity is fit for delivering on the Gavi 5.0 strategy. It was also noted that there is a need to ensure greater collaboration between stakeholders at the country level to address the issue of fragmentation of funding which puts a great burden on countries themselves.

### **Decision 14**

The Gavi Alliance Board:

**Approved** the Risk & Assurance Report 2019 attached as Annex A to Doc 11.

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## **12. Committee Chair and IFFIm Board reports**

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

#### *Governance Committee*

- 12.2 Bill Roedy, Governance Committee Chair, presented to the Board the routine work conducted by the Committee including Board and Committee nominations, recruitment of Unaffiliated Board members, and the monitoring of the Gender Policy for Board and Committee nominations.
- 12.3 He referred to the work of the Committee on the recruitment processes for the Board Chair, which is ongoing, and the Board Vice-Chair, which concluded with the appointment of Sarah Goulding at this meeting.
- 12.4 He also highlighted an item that had been considered by the Board in its Closed Session on 3 December 2019, namely the Annual HR Report.
- 12.5 Finally, Mr Roedy detailed the recommendations that had been made to the Board by the Governance Committee since its June Board meeting.

#### *Investment Committee*

- 12.6 Stephen Zinser, Investment Committee Chair, delivered the report of the Investment Committee.
- 12.7 In terms of market sentiment and outlook, he made several observations. First, risk assets and safe-haven assets look fully valued, and market opportunities going forward will likely be limited and returns lower. Second, elections, trade tensions and populist protests centred on economic inequality may lead to a re-shaping of national priorities. Third, November provided some signs that the worst of the “soft patch” is behind the global economy. However, commodity markets do not agree.
- 12.8 Mr Zinser outlined fixed income index returns, equity index returns, as well as tactical index returns, and noted the short-term portfolio held US\$ 684 million and the long-term portfolio constitutes US\$ 902 million. He outlined that the portfolio had generated estimated year-to-date investment income of US\$ 105.4 million, and since inception, US\$ 654.9 million.
- 12.9 Mr Zinser presented the key highlights of the second half of 2019 which included rebalancing and manager rotation, asset allocation, risk management, and gender equity work, as well as for the first half of 2020, including maintaining focus on capital preservation, diversifying income, implementing sustainable investment policy (SIP), and transitioning to a new Committee Chair.

#### *Discussion*

- One Board member asked about the climate change screen and it was clarified that a positive screen will be available in 2020.
- Board members commended Mr Zinser on the Committee's impressive performance.

### *Evaluation Advisory Committee*

- 12.10 Nina Schwalbe, Evaluation Advisory Committee (EAC) Chair, delivered the report of the EAC. She explained the mandate of the EAC, which is to act on behalf of the Board to ensure the quality, usefulness and independence of evaluations for the Gavi Alliance. She also explained the key concepts of centralised and decentralised evaluations, and reviewed the EAC workplan for 2019-2020.
- 12.11 She outlined the initial thinking on the approach to evaluation for Gavi 5.0, noting that this had also been presented to the PPC in October. The proposed approach includes several key features, including: 1) a focus on utility, 2) a comprehensive perspective, 3) a priority on areas of high strategic value, and 4) a focus on those areas that inform and evaluate anticipated programmatic shifts. It is intended that evaluations will be conducted jointly with other organisations where possible, will be limited in number, and the workplan will be defined from the outset of the strategic period.
- 12.12 Ms Schwalbe also invited the Board members who are EAC members to comment on their role as a link back to the broader Board, and they indicated their availability to act as an interface with Board members.

### *Discussion*

- One Board member noted that there is the potential for the EAC to present to the Board about the full body of evidence on topics that are coming for deliberation. Specific areas mentioned for evaluation include coverage and equity, performance of HSS, and transition.
- Other Board members noted that collaboration and community perspectives were key principles that should be integrated into the evaluation approach.

### *IFFIm Company*

- 12.13 Cyrus Ardalan, IFFIm Board Chair, started his presentation by outlining the benefits of IFFIm for the Gavi Alliance. IFFIm has made a significant contribution to Gavi and IFFIm's donors. For Gavi, it has provided funding to scale up vaccine programmes, flexibility, and market shaping. For donors, it has offered them the opportunity: to manage budgetary impact using an alternative to direct funding; the flexibility to utilise funds as needed through front loading; an innovative and adaptable financial mechanism with multiple applicability (e.g. Coalition for Epidemic Preparedness Innovations (CEPI)); and hedging of long-term currency risk.
- 12.14 He highlighted that IFFIm continues to play a significant role in Gavi's 2021-2025 Investment Opportunity.

- 12.15 However, with a diminished asset base from around 2024, IFFIm may not have efficient access to the capital markets.
- 12.16 Similarly, IFFIm's financial strength may be significantly compromised and its sustainability could be called into question.
- 12.17 Long-term pledges of US\$ 500 million to US\$ 1 billion would match IFFIm's financial flexibility with Gavi programmes that require flexible resources and would enable IFFIm to remain relevant for Gavi post 5.0.

### *Discussion*

- The Chair underlined that IFFIm is one of the most innovative instruments that is available for Gavi, and invited the Board to reflect on what should be done to enable the continuation of this instrument.
- It was noted that the United Kingdom recently conducted a review of IFFIm and gave it an A+ rating.
- IFFIm is widely viewed as the best option in socially responsible financing available. In addition, in the markets where bonds have been floated, IFFIm has brought awareness of Gavi to the public.
- Board members noted that since inception, IFFIm has offered frontloading and flexibility. Moving forward, it will offer less frontloading, but could still offer flexibility and benefits in the area of market shaping.
- Board members indicated that at the time IFFIm was started, Gavi had high-level political officials making telephone calls to counterparts to encourage them to sign on to IFFIm and it was very effective. It may be that Gavi needs to try to get political leadership engaged again as part of the replenishment campaign.

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### **13. Review of decisions**

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

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### **14. Closing remarks and review of Board workplan**

- 14.1 The Chair expressed her thanks and appreciation to the Board for a productive meeting.
- 14.2 After determining there was no further business, the meeting was brought to a close.

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Dr Ngozi Okonjo-Iweala  
Chair of the Board

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Mr Philip Armstrong  
Secretary to the Board

## Attachment A

### Participants

#### Board members

- Ngozi Okonjo-Iweala, Chair
- William (Bill) Roedy, Vice Chair
- Omar Abdi
- Maty Dia
- Ferozuddin Feroz
- Daniel Graymore
- Amir Aman Hagos
- Myint Htwe
- Mahamoud Youssouf Khayal
- Irene Koek
- Orin Levine
- Francesca Manno
- Marta Nunes
- Jan Paehler (Alternate)
- Harriet Pedersen
- Sai Prasad
- Michael Kent Ranson (Alternate)
- Helen Rees
- Susan Silbermann
- Princess Nothema (Nono) Simelela (Alternate)
- Arsen Torosyan
- Yibing Wu
- Stephen Zinser
- Seth Berkley (non-voting)

#### Alternates Observing

- Kwaku Agyeman-Manu
- Edna Yolani Batres
- Megan Cain
- Susan Elden
- Sarah Goulding
- Etleva Kadilli
- Lene Lothe
- Frank Mahoney
- Jacqueline Lydia Mikolo
- Violaine Mitchell
- William Schluter
- Bounkong Syhavong
- An Vermeersch

#### Regrets

- Asaad Hafeez (Alternate)
- Mahima Datla (Alternate)
- Margaret (Peggy) Hamburg
- Harriet Ludwig
- Muhammad Pate
- Teresa Ressel
- Peter Salama
- David Sidwell

### ADDITIONAL ATTENDEES

#### EVALUATION ADVISORY COMMITTEE

Ms Nina Schwalbe, Principal, Spark Street Consulting and EAC Chair

#### IFFIm

Mr Cyrus Ardalan, Chair, IFFIm Board of Directors  
 Ms Doris Herrera-Pol, IFFIm Board Member  
 Ms Fatimatou Diop, IFFIm Board Member  
 Mr Marcus Fedder, IFFIm Board Member

#### BILL AND MELINDA GATES FOUNDATION

Ms Julie Bernstein, Deputy Director, Program, Advocacy and Communications  
 Mr Memana Hari Menon, India Country Director  
 Ms Amber Zeddies, Program Officer, Program, Advocacy and Communications  
 Mr Nima Abbaszadeh, Program Officer, Health Funds and Partnerships  
 Mr Chris Wolff, Deputy Director, Country Programs, Global Delivery Programs, Health Funds and Partnerships Team

**WORLD BANK**

Ms Diane Wu, Health Financing Specialist  
Mr Benjamin Carcani, Trust Fund and Relationship Officer  
Mr Rahul Gupta, Financial Analyst, Development Finance

**UNICEF**

Ms Heather Deehan, Chief, Vaccine Centre, Copenhagen  
Dr Robin Nandy, Principal Advisor and Chief of Immunizations, New York

**WORLD HEALTH ORGANIZATION**

Ms Lidija Kamara, Programme Manager, Department of Immunization, Vaccines & Biologicals (IVB)  
Ms Mary Hamel, Technical Officer, Department of Immunization, Vaccines & Biologicals (IVB)

**DEVELOPING COUNTRY GOVERNMENTS**

**Cameroon**

Mr Emmanuel Maina Djoulde, Inspector General, Administrative Services, Ministry of Public Health

**Chad**

Dr Abdelkadre Mahamat Hassane, Deputy Director General, Resources and Planning Department, Ministry of Health

**Congo**

Mr Erick Makele, Adviser to the Minister of Health  
Mr Charles Adeodas Obambo Mazaba, Public Relations Attaché, Ministry of Health and Population

**Ghana**

Ms Linda Nanbigne, Personal Assistant to the Minister of Health

**Lao PDR**

Dr Bounpheng Philavong, Director General, DHHP, Ministry of Health  
Dr Phonphaseth Ounaphom, Acting Director, Mother and Child Center, Ministry of Health  
Dr Daovieng Douangvichit, Deputy Director, Secretariat Division, Cabinet of the Minister of Health

**Myanmar**

Dr Htar Htar Lin, Deputy Director and Programme Manager, EPI

**DONOR GOVERNMENTS**

**Australia**

Mr Michael Newman, Assistant Director, Health and Education Funds, DFAT  
Ms Naomi Dumbrell, Counsellor Health and Environment, DFAT, Permanent Mission of Australia to the UN, Geneva  
Ms Niamh Dobson, Senior Policy Officer, Health and Education Funds, DFAT

**Canada**

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

**European Commission**

Mr Gregoire Lacoïn, Policy Officer  
Mr Matthias Reinicke, Policy Advisor

**France**

Mr Joan Valadou, Director for Human Development, Ministry of Europe and Foreign Affairs (*Alternate Board Member Elect*)

**Germany**

Mr Daniel Kohls, Global Health Policy Advisor, Gesellschaft für Internationale Zusammenarbeit (GIZ)

**Japan**

Dr Manabu Sumi, Director of Global Health Policy Division, Ministry of Foreign Affairs

**Ireland**

Ms Emma Warwick, Development Specialist, Global Health, Department of Foreign Affairs and Trade



**Italy**

Ms Gisella Berardi, Senior Advisor, International Financial Relations Directorate, Department of Treasury, Ministry of Economy and Finance  
Mr Pasqualino Procacci, Health Expert, Italian Agency for Development Cooperation

**Netherlands**

Ms Hanke Nubé, Senior Health Advisor and Thematic Expert Gender and Health, Ministry of Foreign Affairs

**Norway**

Mr Are Berg, Senior Advisor, NORAD  
Dr Noor Khan, Senior Advisor, Section for Development Policy, Ministry of Foreign Affairs

**Republic of Korea**

Ms Sueyeun Song, Health Specialist, Korea International Cooperation Agency

**Spain**

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

**Sweden**

Ms Karin Westerberg, Senior Advisor, Ministry of Foreign Affairs

**United Kingdom**

Mr Daniel Kibble, Programme Manager for Gavi, Global Funds Department, DfID

**United States of America**

Ms Carmen Tull, Chief, Child Health and Immunization Division, USAID  
Ms Elizabeth Noonan, Immunization Advisor, USAID

**VACCINE INDUSTRY – INDUSTRIALISED**

Dr Joan Benson, Executive Director, Public Health Partnerships, Merck  
Dr Lamia Badarous Zerroug, Vaccines Public Affairs Head, Sanofi Pasteur  
Dr Laetitia Bigger, Director, Vaccines Policy, IFPMA  
Ms Ariane McCabe, Director, Global Health and Public Affairs, GSK

**VACCINE INDUSTRY – DEVELOPING**

Dr Parag Deshmukh, Additional Director, International Business Global, Serum Institute of India  
Dr Vijay Patil, Director, International Business, Serum Institute of India  
Dr Raches Ella, Head, Business Development and Advocacy, Bharat Biotech  
Dr Venkatraman Sivaramakrishnan, Ass. Vice President, Bharat Biotech  
Dr Krishna Mohan, Executive Director, Bharat Biotech  
Ms Dilvya Bijlwan, Vice President, Biological E.

**CIVIL SOCIETY ORGANISATIONS**

Mr Élie Gaston Bertrand Kampoer Pfouminzhouer, Board Chair, OAFRESS, Cameroon  
Mr Freddy Nkosi, Senior Manager Advocacy and Communications, VillageReach, Democratic Republic of Congo  
Ms Sheetal Sharma, Grant and Research Strategist, Safari Doctors and Harvard Medical School, Kenya  
Ms Diane Le Corvec, Communications Focal Point, International Federation of the Red Cross, Switzerland

**RESEARCH & TECHNICAL HEALTH INSTITUTES**

Ms Shakia Bright, Public Health Advisor, Global Immunization Division, CDC

**SPECIAL ADVISERS**

Mr Muluken Desta, Special Adviser to the Anglophone Africa constituency  
Dr Rolando Pinel, Special Adviser to the PAHO constituency  
Ms Ruzan Grurjyan, Special Adviser to the EURO constituency  
Dr Khant Soe, Special Adviser to the SEARO & WPRO constituency  
Dr Pratap Kumar Sahoo, Special Adviser to the EMRO constituency  
Mr Rivalan, Bruno Special Adviser to the CSO constituency  
Ms Carol Piot, Special Adviser to the IFFIm Board

**OTHER OBSERVERS**

Dr Satyabrata Routray, PATH, New Delhi, India

## Gavi Alliance Board Meeting

19 March 2020

Teleconference

### 1. Chair's Report

- 1.1 Finding a quorum of members present, the meeting commenced at 13.30 Geneva time on 19 March 2020. Dr Ngozi Okonjo-Iweala, Board Chair, chaired the meeting.
- 1.2 The Chair commenced the meeting by taking a moment to reflect on the life and work of Dr Peter Salama, WHO, who had recently passed away. She confirmed to Board members that she had communicated, also on the Board's behalf, sincere condolences to his wife and family and WHO. She indicated that a number of senior Gavi Secretariat staff had represented Gavi at the memorial service held in Geneva for Dr Salama. She informed participants that when the Board has the opportunity to meet next in person, time will be taken to properly remember Dr Salama and his life's work dedicated to global health and humanitarian endeavours and his many extraordinary achievements.
- 1.3 The Chair welcomed new Board members and Alternate Board members.
- 1.4 Standing declarations of interest were tabled to the Board (Doc 01a in the Board pack). The Chair asked that Board members who had not yet completed their annual declaration and submitted it to the Governance team do so as soon as possible.
- 1.5 The Chair referred to the consent agenda (Doc 01b) where a recommendation from the Governance Committee was being presented to the Board for consideration. The decisions would be presented at the end of the meeting during the Review of Decisions.
- 1.6 It was agreed to dispense with a review of the Board workplan for this meeting.

### **Decision 1**

The Gavi Alliance Board:

- a) **Appointed** the following Board Members:
  - **Zsuzsanna Jakab** as Board Member representing WHO in the seat formerly held by Peter Salama, effective immediately and until her successor is appointed.

- b) **Appointed** the following Alternate Board Members:
- **Kate O'Brien** as Alternate Board Member representing WHO in the seat formerly held by Princess Nothemba Simelela, effective immediately and until her successor is appointed.
  - **Noor Kahn** as Alternate Board member representing Norway on the donor constituency anchored by Norway in the seat currently held by Lene Lothe of Norway, effective immediately and until 31 December 2020.
  - **Rafael Vilasanjuan** as Alternate Board Member representing the civil society organisations constituency in the seat formerly held by Frank Mahoney, effective immediately and until 31 March 2022.
- c) **Appointed** the following to the Audit and Finance Committee:
- **Rafael Vilasanjuan** (Alternate Board Member), effective from 1 April 2020 and until 31 December 2021.
- d) **Appointed** the following to the Governance Committee:
- **Yibing Wu** (Board Member), effective from 1 July 2020 and until 31 December 2021.
- e) **Appointed** the following to the Investment Committee:
- **Yibing Wu** (Board Member), effective immediately and until 31 December 2021.
- f) **Appointed** the following to the Programme and Policy Committee:
- **Kelechi Ohiri** (Committee Delegate), effective immediately and until 31 December 2021.
- g) **Appointed** the following to the Evaluation Advisory Committee:
- **Rafael Vilasanjuan** (Alternate Board Member), effective 1 April 2020 and until 31 December 2021.

*Board members who were candidates for these positions, or whose organisations or constituencies provided candidates for these positions, did not participate in voting on these appointments.*

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## **2. Update on Replenishment**

- 2.1 Seth Berkley, CEO, before addressing the item, took the opportunity to update the Board on what is happening in the Secretariat in response to COVID-19, noting that staff are working remotely and systems are working. The Secretariat had its first confirmed case of the virus but the person is doing well. Staff are operating under enormous pressure with school closures and isolation and work is being prioritised to ensure we do not lose momentum on what is most important/

- 2.2 He introduced this item (Doc 02) indicating that Gavi is now clearly looking towards replenishment in the time of COVID-19 which is getting more serious every day and therefore clearly needs to be taken into consideration.
- 2.3 He indicated that while it is at times difficult to get attention, there is a now a clear focus on the power of vaccines, outbreaks, preparedness and the issue of evolving viruses and he welcomed the support which the G7 has indicated in relation to any future vaccines for the virus.
- 2.4 He also indicated that Gavi is already quite far along in terms of the replenishment, with some critical announcements already having been made and other donors having already made decisions and waiting for opportunities to announce their pledges.
- 2.5 It is necessary to adapt the way of working in the lead up to the replenishment with a focus on peer to peer outreach by donors, work by in-country champions, advocacy at a distance and focusing on increasing discussions in the media. He reported to the Board that work is being done to try to ensure early pledges as a key mitigation.
- 2.6 He indicated that a number of donors have already asked that replenishment be clearly linked to the COVID-19 response, focusing on (i) health systems strengthening as the first line of defence against the tidal wave of COVID-19, and (ii) helping fast-track an affordable vaccine that can be rolled out equitably as soon as it is available.
- 2.7 Marie-Ange Saraka-Yao, Managing Director, Resource Mobilisation, Private Sector Partnerships and Innovative Finance, added that during discussions with donors there is a clear willingness to ensure that the focus remains on Gavi's unique selling points – vaccines and global health security. It is also clear, however, that in outreach to the highest political levels it will be important to tie into the current global context that is COVID-19.
- 2.8 She emphasised that IFFIm (International Financing Facility for Immunisation) has become even more efficient thanks to a new agreement with the World Bank and could be deployed rapidly to incentivise the development of the vaccine. She also called on Board members to actively advocate for Gavi, encouraging early pledges to Gavi and IFFIm highlighting that Gavi can play its full role in global health security if it is fully funded.

### *Discussion*

- Danny Graymore, UK Board Member, reiterated the importance of driving forward on early commitments in so far as is possible. He reiterated the absolute commitment of the UK to hosting the replenishment on 4 June 2020 in London and planning for a physical event continues. There is, however, of course contingency planning around a smaller or virtual event, with the strong wish that the replenishment cycle conclude with a “moment” on 4 June.

- Board members noted and agreed on the importance of linking Gavi's work to the ongoing COVID-19 outbreak, while highlighting the importance of ensuring that focus on Gavi's core business is maintained.
- The importance of getting early pledges was also reiterated so as to have certainty that Gavi can continue to be a strong partner to countries.
- Board members noted that IFFIm could be a vehicle for fundraising for the COVID-19 response but that such an engagement would have to be managed carefully with clear commitments by governments so as not to negatively impact IFFIm's contribution to Gavi.
- In terms of the timing of the replenishment event, one Board member noted that an important consideration should be the ability to ensure the involvement of representatives from the implementing countries.
- In response to a question from a Board member, the Secretariat noted that indeed in terms of the resources currently being committed worldwide to the COVID-19 pandemic response, Gavi is being approached to ascertain how it could be involved and work is being done to see how this might be possible both in the short and longer term.
- The CEO concluded by noting that if Gavi is to play a major role in relation to COVID-19 going forward, it will require financing beyond what has been included in the replenishment ask.

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### 3. Proposed Amendments to Gavi By-laws and Governance Committee Charter

- 3.1 Philip Armstrong, Director of Governance and Secretary to the Board, provided a brief explanation of the proposed changes to Gavi's By-laws and Governance Committee Charter which were being presented to the Board for approval (Doc 03).

#### **Decision 2**

The Gavi Alliance Board:

- a) **Amended** Article 2.5 of the Gavi Alliance By-laws to read as follows:

#### **2.5 Alternate Board Members**

1. Each Eligible Organisation and Eligible Constituency shall be entitled to designate one person per Board Member as an "Alternate Board Member", subject to the exceptional provision set out in Article 2.5.2 below. Each such Alternate Board Member shall be entitled to act as a Board Member in lieu of the Representative Board Member in accordance with the provisions hereof. All references herein to Representative Board Member shall include Alternate Board Member unless

otherwise specified or the context otherwise requires. Alternate Board Members shall be selected through the same procedures outlined in Article 2.4.2 and shall have the same rights, privileges and responsibilities and be subject to the same duties and obligations, and be provided the same information, as Board Members when acting in that capacity. Each Alternate Board Member shall also be subject to the provisions of Article

2. *If a Representative Board Member is appointed Vice Chair of the Board pursuant to Article 2.6, his or her applicable Eligible Organisation or Eligible Constituency shall be entitled exceptionally to designate two persons as “Alternate Board Member” for the duration that such Representative Board Member occupies the seat of Vice Chair.*

b) **Amended** Article 4.2 of the Gavi Alliance By-laws to read as follows:

#### 4. Board Committees

2. Each Board Committee shall be composed of three or more Board Members/Alternates. Each of the Board Committees shall have a presiding Chair who shall be one of the Board Members and shall be appointed once every two years by the Board unless otherwise provided in the Statutes, By-laws or Charter of the relevant Committee. If a Representative Board Member is appointed Chair pursuant to this Section 4.2, that individual will not express his/her applicable Eligible Organisation or Eligible Constituency viewpoint in deliberations nor participate in voting at any Committee meeting. The Alternate Board Member for that individual shall be entitled to participate in the Committee meetings to express the applicable organisation’s or constituency’s viewpoint in deliberations and to vote. *This provision does not apply to the Governance Committee, which, pursuant to Article 2.6.4, is chaired by the Vice Chair of the Board.* Each Board Member (taken together with his or her Alternate or any Committee Delegate, as defined below, if applicable) shall normally be a member of at least one but no more than three Board Committees. This limit of three Committee memberships shall not include membership of the Market-Sensitive Decisions Committee. The criteria for Committee membership shall be consistent with the Gavi Alliance gender policy, specifically, that gender balance in all areas of Gavi Alliance work should be ensured, including throughout the governance structures, to the extent possible.

The Gavi Alliance Board:

**Approved** the amendment to the Gavi Alliance Governance Committee Charter as set out in Annex B to Doc 03.

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#### 4. Gavi’s Engagement on COVID-19

- 4.1 Seth Berkley, CEO, introduced this item highlighting that even since the paper (Doc 04) was shared with the Board, things have moved on very rapidly. He indicated that the world is currently focused on flattening the curve of the pandemic and not yet on the interventions that will stop transmission and prevent resurgence.

- 4.2 He indicated to the Board that it would be useful for him as CEO to understand how far they wish Gavi to go in relation to the COVID-19 pandemic response.
- 4.3 There is a clear role for Gavi to play once vaccines become available taking into account the organisation's comparative advantage. It could be possible to leverage IFFIm to address potential funding gaps for vaccine development, if Gavi donors agree. It would be important to already start discussions around vaccine supply and delivery, also to ensure that there is an equitable approach for all countries going forward and particularly the poorer countries. Gavi has a central role to play based on our experience ensuring access to vaccines for developing countries.
- 4.4 In the meantime, it will be important to work with countries to mitigate risks in relation to routine immunisation and health systems and the Secretariat has begun implementing an approach of targeted reprogramming of health system strengthening grants based on country needs.
- 4.5 It will also be critical to ensure that Gavi coordinates with other stakeholders to ensure that there are clear lines of responsibility and to avoid duplication of funds for the same interventions.

### *Discussion*

- Board members agreed on the need to empower Gavi to act rapidly and with flexibility in relation to this unprecedented pandemic, which is clearly going to have a significant impact on countries and health systems. It is not “business as usual” and Gavi should be taking some bold and rapid country-responsive actions and be willing to work in new ways, while remaining mindful of the need to ensure that Gavi's longer term ambition and core business is not compromised.
- It was noted that it will be important to ensure that any measures to repurpose Gavi funds in countries should be aligned with the national preparedness and response plans which are being coordinated by WHO and World Bank, and that Gavi should also be cognisant of coordination with other stakeholders.
- In response to a proposal from a Board member, the Board agreed on four key areas on which Gavi should focus, namely: (i) partnering with others in the field towards making an affordable vaccine accessible and available to those most in need; (ii) until such time as a vaccine becomes available, using every flexibility that Gavi has to work with countries to manage the impact on their health systems, including potentially foregoing co-financing payments for countries that cannot pay this year; (iii) planning already for deployment of the SARS-CoV-2 vaccine so that vaccines can be delivered as soon as they become available; and (iv) working closely with UNICEF Supply Division (SD) on vaccine procurement and delivery. All of these efforts are to be done in the context of Gavi maintaining its focus and support for routine immunisation, including acknowledging the difficulties of maintaining coverage in this time and the need to support recovery of routine immunisation systems longer term.
- In relation to future vaccines, it was suggested that Gavi should already be working to ensure that the formulation, presentation and quantity of the vaccines meet the



needs of Gavi countries, that appropriate access mechanisms are in place and that the appropriate elements of Gavi's market shaping be used already in relation to such future vaccines.

- Board members agreed that in the light of all of this focus on managing the pandemic, it will be important to mitigate the impact on routine immunisation.
- Board members expressed support for the potential use of IFFIm and the AMC (Advance Market Commitment) in relation to this pandemic response, while ensuring that any such use does not undermine Gavi's core business.
- One Board member suggested that it would be useful to receive information on the guidance which is to be given to countries through the country programmes teams so that in-country colleagues from Board constituencies can assist with the coordination.
- Board members noted that while it would be very useful to be able to learn lessons from the experience in China, it will also be important to keep in mind that measures which work in some countries may not work in many of Gavi's countries.
- Board members agreed that it cannot be business as usual for the Secretariat and that it is important to be mindful of the fact that there will be a need to prioritise the work that needs to be done, taking into account some of the challenges staff members will face working remotely and caring for their families.
- Board members noted that the Secretariat is already looking at the Gavi 5.0 workstreams to ascertain where there might be potential to deprioritise the work which was to come to the PPC and Board in May and June respectively. It was also noted that there might be a need for appropriately resourcing surge capacity within some teams in the Secretariat to manage the COVID-19 response and that this will be done in a timely and expeditious manner.
- Noting that under Gavi's Programme Funding Policy (PFP), the CEO is permitted to adjust budget amounts up to 5% for the specific purposes enumerated in the PFP, the Board agreed that during this exceptional period, the CEO be allowed to make these same adjustments for up to 20%.
- The Board also gave the CEO the mandate to redeploy teams within the Secretariat as appropriate, while remaining cognisant of the need to safeguard Gavi's routine work.
- The CEO noted that he will report back to the Board at its May 2020 meeting on the work done in the meantime to respond to country needs in light of this pandemic. It was noted that if in the meantime he ascertains that budget adjustments of more than 20% might be required he would discuss with the Chair, and if necessary, the Board could be convened to approve further flexibilities.

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**5. Review of decisions**

- 5.1 Philip Armstrong, Director of Governance and Secretary to the Board, confirmed that the agreed decisions would be shared electronically immediately after the meeting with Board members.

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**6. Closing remarks**

- 6.1 After determining there was no further business, the meeting was brought to a close.

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Dr Ngozi Okonjo-Iweala  
Chair of the Board

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Mr Philip Armstrong  
Secretary to the Board

## Attachment A

### Participants

#### Board members

- Ngozi Okonjo-Iweala, Chair
- Sarah Goulding, Vice Chair
- Omar Abdi
- Edna Yolani Batres (Alternate)
- Afsaneh Beschloss
- Maty Dia
- Daniel Graymore
- Amir Aman Hagos
- Margaret (Peggy) Hamburg
- Zsuzsanna Jakab
- Irene Koek (Alternate)
- Orin Levine
- Francesca Manno
- Marta Nunes
- Jan Paehler
- Harriet Pedersen
- Sai Prasad
- Michael Kent Ranson (Alternate)
- Helen Rees
- Teresa Ressel
- William (Bill) Roedy
- David Sidwell
- Susan Silbermann
- Bounkong Syhavong (Alternate)
- Yibing Wu
- Stephen Zinser
- Seth Berkley (non-voting)

#### Regrets

- Kwaku Agyeman-Manu (Alternate)
- Ferozuddin Feroz
- Asaad Hafeez (Alternate)
- Myint Htwe
- Mahamoud Youssouf Khayal
- Jacqueline Lydia Mikolo
- Muhammad Pate
- Arsen Torosyan

#### Alternates Observing

- Megan Cain
- Mahima Datla
- Susan Elden
- Etleva Kadilli
- Noor Khan
- Violaine Mitchell
- Kate O'Brien
- William Schluter
- Joan Valadou
- An Vermeersch
- Rafael Vilasanjuan

**With Board for approval by no-objection consent by 22 June**

## **Gavi Alliance Board Meeting**

11 May 2020

Teleconference

### **1. Chair's Report**

- 1.1 Finding a quorum of members present, the meeting commenced at 14.35 Geneva time on 11 May 2020. Dr Ngozi Okonjo-Iweala, Board Chair, chaired the meeting.
- 1.2 The Chair welcomed participants to the meeting and invited Ambassador Tamaki Tsukada, Alternate Board member elect, Japan, to introduce himself and who expressed his appreciation at being appointed to the Board.
- 1.3 She noted that Cyrus Ardalan, IFFIm (International Finance Facility for Immunisation) Board Chair had joined the meeting for the discussion on Item 03.
- 1.4 Standing declarations of interest were tabled to the Board (Doc 01a in the Board pack).
- 1.5 It was noted that the minutes of the 19 March 2020 Board meeting had been circulated to the Board for approval by no-objection and would be approved by the end of the day if no comments were received in the meantime.
- 1.6 It was agreed to dispense with a review of the Board workplan for this meeting.
- 1.7 The Chair noted that she had convened two meetings of the All Chairs Group (ACG) on 21 April and 5 May 2020. During the first meeting, the Board Committee Chairs had provided valuable feedback from their Committees on issues of concern relating to the current pandemic and Gavi's role. During the meeting of 5 May, which had been extended to include a number of additional Board members, discussions focussed on a range of issues which are also being presented to the Board for discussion at this meeting.
- 1.8 The Chair noted that she will continue to convene meetings of the ACG, extending invitations from time to time to different Board members with the relevant expertise, to ensure that Gavi can remain on top of the COVID-19 issue.

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### **2. Update on Replenishment**

- 2.1 Seth Berkley, CEO, introduced this item (Doc 02) highlighting that as the world grapples with COVID-19 it is natural to focus on what is unprecedented and what is happening with COVID-19 and this will be discussed later in the meeting. In the

meantime, he noted that (i) vaccines are essential to protect health and wealth; (ii) everyone needs to be protected, or no-one is protected; and (iii) we move faster and further when we move together – and that is why we need an Alliance.

- 2.2 Referring to the upcoming replenishment, he noted that many of the G20 leaders are calling, among other things, for immediate resources for Gavi and that many of Gavi's donors have been stepping up since our last Board Call including an increased pledge from Saudi Arabia. He noted pledges that have been made to date, and the strong leadership of the UK which made a very significant and increased pledge on the day of the Liverpool vaccine conference in April. He also referred to a number of new pledges (a major increase from Norway, and increased pledges from Italy, Japan, Spain and Ireland, as well as Finland, who pledged for the first time) which had been made at the conference hosted by the European Commission on 4 May 2020, as well as private sector pledges from Reed Hastings and Patty Quillin and TikTok.
- 2.3 The CEO expressed his gratitude to everyone who is helping Gavi to mobilise funds, referencing the list of champions in the documentation shared with the Board in advance of the meeting. There have been numerous articles in the media, as well as social media endorsements.
- 2.4 He noted that there is still a way to go to ensure a successful replenishment on 4 June and work continues with the UK to prepare a virtual programme for the three-hour Global Vaccine Summit which will be built around three pillars, namely: (i) reaching those who need it the most; (ii) no-one is protected until all are protected; and (iii) building the foundations for the future.
- 2.5 Finally, he noted that it is hoped that it will be possible to launch an Advance Market Commitment (AMC) for COVID-19 at the summit.

### *Discussion*

- Danny Graymore, UK Board Member, confirmed the commitment of the UK government to hosting the Global Vaccine Summit on 4 June and noted the extensive work being done within the government, including within the Foreign and Commonwealth Office, to advocate for Gavi with their peers in other countries as well as with a wider network of stakeholders.
- He noted that the UK pledge of GBP 1.65 billion to Gavi indicates the country's intent to significantly support Gavi into the next period. While there will of course be a need to tackle COVID-19, where Gavi will have a critical role to play, it will be important to maintain essential health services, including routine immunisation.
- Board members noted that there had been a number of opportunities used to advocate for Gavi during the recent World Immunization Week.
- Board members noted that there is lack of clarity around some of the pledges made for Gavi at the 4 May EU conference in relation to whether or not they count against Gavi's core programmes and that work is being done to clarify this and to understand how much remains to be raised to meet the US\$ 7.4 billion replenishment ask.

- Finally, Board members commended the Secretariat for the excellent work that they are doing to support the replenishment efforts, in particular during this time of uncertainty and challenge.

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### **3. IFFIm COVID Arrangement Proposal**

- 3.1 The Chair introduced this item (Doc 03) informing Board members that Gavi has again been approached by Norway to enable the frontloading of funding for the Coalition for Epidemic Preparedness Innovations (CEPI) through IFFIm (International Finance Facility for Immunisation). The transaction, which would be larger than that facilitated during 2019, would be specifically for COVID-19 vaccines.
- 3.2 She invited David Sidwell, Unaffiliated Board Member and Chair of the Audit and Finance Committee (AFC), to comment as the proposed arrangement had been considered in detail by the AFC at its 6 May 2020 meeting.
- 3.3 Mr Sidwell confirmed that following the preparatory work done by the Secretariat, the World Bank and IFFIm, AFC members had taken a close look at the proposed assessment framework to ensure that this, and any similar future transactions, would not put Gavi and IFFIm resources at risk.
- 3.4 He confirmed that the AFC was comfortable with the proposed assessment framework and the proposed transaction, noting that any potential future transactions against the criteria set out in the framework would still have to be considered on a case by case basis to ensure that it would not adversely impact Gavi's operations. He also noted that the AFC is comfortable that the proposed transaction would not in any way affect the capacity of Gavi to use IFFIm for the purpose it was intended.
- 3.5 Marie-Ange Saraka-Yao, Managing Director, Resource Mobilisation, Private Sector Partnerships and Innovative Finance, noted that in light of encouragement from the Board to help accelerate the development of COVID-19 vaccines as well as the potential use of IFFIm to support the pandemic response, attention had been given to developing a solid set of criteria in the proposed assessment framework under which IFFIm could be leveraged to frontload related funds, while not adversely impacting Gavi.
- 3.6 Cyrus Ardalan, IFFIm Board Chair, confirmed the IFFIm Board's support for both the proposed assessment framework and the proposed transaction which could be leveraged without impacting IFFIm's ability to support disbursements to Gavi in the future.

#### *Discussion*

- Board members were generally supportive of the assessment framework and the proposed transaction.

- A number of Board members reiterated the importance of ensuring that there are safeguards in place to ensure that this and any potential future transactions do not negatively impact IFFIm's ability to support Gavi programmes.
- The IFFIm Board Chair noted that it is important for IFFIm to continue to access the capital markets and that doing more frequent transactions is indeed positive in that it ensures that IFFIm is being followed by potential investors and also enables rating agencies to see the commitment of investors and donors to IFFIm's activities. He noted that Norway's AAA rating would be seen as a positive. He confirmed that the criteria in the assessment framework have been set up to ensure that funds for the transactions similar to the one being proposed at this meeting are incremental and that they can be leveraged to a very high degree without in any way taking away from funding that IFFIm would have otherwise provided from existing donors to Gavi.
- In response to questions from a number of Board members, it was clarified that the Norway transaction would contribute to the EUR 2 billion for CEPI's COVID-19 programme within the Access to COVID-19 Tools (ACT) Accelerator.
- In relation to future potential transactions, Board members indicated that it would be useful to ensure that there is a robust oversight and decision-making process for this going forward. It was also suggested that it could be useful for the Board to do some more strategic thinking around the implications of such transactions, looking at whether the role of IFFIm might be fundamentally shifting, at the implications for the Secretariat in managing the transactions and the corresponding relationships and considering whether there might be a need for different controls and oversight.

### **Decision 1**

The Gavi Alliance Board considered offering the power of Gavi's innovative finance instruments, notably the International Finance Facility for Immunisation (IFFIm), to support the development of vaccines and:

- a) **Approved** the Assessment Framework set out in Section B.2 to Doc 03 as the basis for determining the Secretariat's response to donors' requests to execute any future transaction that would not have any material adverse impact on Gavi's finances or operations, noting that any transaction that meets all the criteria of the Assessment Framework is deemed an Eligible Transaction;
- b) **Approved** Gavi supporting the Coalition for Epidemic Preparedness Innovations (CEPI) by way of the transaction outlined in Section B.3 to Doc 03 and any other Eligible Transaction for the benefit of CEPI; and
- c) **Noted** that CEPI will be considered as a Gavi Non-Country Specific Programme consistent with IFFIm's requirements.

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#### **4. COVID-19: Gavi's immediate and interim Response**

- 4.1 Seth Berkley, CEO, provided an update to the Board on the work being done in response to the COVID-19 pandemic (Doc 04), highlighting that immunisation system support is the central focus.
- 4.2 He noted that there are currently 69 Gavi-supported countries reporting cases of COVID-19, with considerable variability between countries and also within countries.
- 4.3 He outlined the impact of the pandemic on Gavi programmes, noting that there are currently 14 countries either confirmed or at risk of delaying new vaccine introductions and 26 countries confirmed or at risk of delaying campaigns. While routine immunisation services mostly continue, there is low demand due to social distancing, fear of attendance at health centres as well as challenges faced by healthcare workers and global supply shortages. There has been a surge in disease outbreaks (polio, measles, meningitis, yellow fever) since the onset of COVID-19 in Gavi-supported countries, and a number of countries are at risk of not being able to meet their co-financing commitments.
- 4.4 He noted that WHO has put out practical guidance on delivering immunisation services during the pandemic and that countries will need to rapidly identify those who have been missed, conduct localised risk assessments and develop a range of tailored delivery strategies.
- 4.5 In relation to Gavi's immediate support for countries, the CEO noted that the Secretariat has approved 35 applications for reprogramming the use of existing health systems support (HSS) for about US\$ 50 million, with approval of a further four for about US\$ 15 million expected shortly. Technical Country Assistance (TCA) has been reprogrammed in eight countries and there have been 20 low cost or no cost extensions, primarily for personal protective equipment (PPE), case management and risk communication. He noted that Gavi has put in place a pre-financing arrangement with UNICEF Supply Division (SD) of US\$ 40 million to market shape and deploy PPE, diagnostics and other medical equipment rapidly to countries that need it.
- 4.6 The CEO referred to work being done with WHO and UNICEF to conduct pulse surveys (with minimal data collection burden on countries) to monitor the global situation and understand the extent of disruption to routine immunisation due to the pandemic.
- 4.7 In relation to the Cold Chain Equipment Optimisation Platform (CCEOP), the CEO noted that Gavi has been approached to explore whether the platform might be used to help support the broader response to COVID-19, as well as to look at potentially leveraging CCEOP investments for the solarisation of health facilities. Any additional work in such areas would require mobilisation of supplementary funding.
- 4.8 The CEO noted that Gavi's principles moving forward will be to (i) protect and prioritise vaccine-preventable disease (VPD) control; (ii) focus on equity and the



most marginalised; (iii) stay flexible and focus on differentiated responses; (iv) take an integrated approach to recovery; and (v) rebuild systems that are stronger, smarter, and more resilient.

- 4.9 The CEO provided an update on Gavi's engagement in relation to COVID-19 vaccines, referencing the launch of the Access to COVID-19 Tools (ACT) Accelerator on 24 April, which aims to expedite the development and equitable distribution delivery of diagnostics, therapeutics, and vaccines, and where Gavi is co-leading the vaccine pillar with CEPI. The vaccine pillar comprises three workstreams, namely: (i) Vaccine Development and Manufacturing (led by CEPI); (ii) Vaccine Allocation and Policy (led by WHO); and (iii) Vaccine Procurement and Delivery-at-Scale (led by Gavi).
- 4.10 He noted that one key deliverable for the workstream is to create a COVID-19 Advance Market Commitment to allow scaled up manufacturing and speed up availability of vaccines by efficiently managing the supply and demand of vaccines, with supporting incentives and financing capabilities. The vision for the AMC is global access. Financing for vaccines can be focused on the donor-supported countries, with other countries paying for their own procurement and delivery.
- 4.11 Discussions in relation to how the AMC might be structured are ongoing. There may be a need for "non-specific" investments in manufacturing, manufacturing that does not support any one vaccine candidate but would support the manufacturing infrastructure for scale-up of the most promising candidates so that there would be enough for global use.
- 4.12 The CEO noted that the delivery at scale component of the workstream will be broken up into two sequential components: programme design and delivery planning.
- 4.13 In relation to governance of the vaccine pillar, he noted that there is a wish to keep the structure lean and efficient. It is foreseen that the Gavi and CEPI CEOs will lead the effort with the leads of each of the workstreams plus representation from IFPMA (International Federation of Pharmaceutical Manufacturers & Associations) and DCVMN (Developing Country Vaccine Manufacturers Network). The chairs of CEPI and Gavi will be engaged in the coordination activities and will provide a linkage back to their respective Boards.
- 4.14 The development of a COVAX Independent Product Group is planned to ensure independent external input on the down selection of candidates, surveying the field of 100+, not just CEPI's shortlist of candidates. This group will also be leveraged to provide guidance on potential investments in non-specific manufacturing opportunities.
- 4.15 Noting that all of this work is moving forward rapidly, the CEO requested the Board to consider designating any related decision making to himself and the Board Chair, noting that they would of course report back to the Board at its June meeting on progress.
- 4.16 Finally, the CEO wished to recognise the incredible perseverance of the Gavi Secretariat and referred to a pulse survey which had been conducted, the results

of which had overall been quite reassuring. There are, of course, a number of challenges and work continues within the Secretariat to ensure that as much support as possible is provided.

### *Discussion*

- The Chair noted that as she has herself been nominated as a Special Envoy for the ACT Accelerator there will be an opportunity for her to help bridge between Gavi, CEPI and WHO to ensure equity and access for developing countries for vaccines once they become available.
- She also reiterated the importance of ensuring, as discussed by the Board at its meeting in March, that the CEO has the flexibility to manage country priorities in a rapidly evolving environment during these extraordinary times. One Board Member suggested that the flexibilities should consider needs, coverage and epidemiology to ensure that there is the time-bound flexibility that is required.
- In relation to questions raised about the proposed decision to grant the CEO flexibilities of 20% in relation to budget amounts for 2020 and 2021 to respond to the pandemic, it was clarified that the request followed up on the Board's decision at its March meeting to grant flexibilities of up to 20% to enable a nimble response to a rapidly evolving situation with high uncertainty. Some Board members indicated that it would be useful to understand a bit more about the flexibilities, and also how these might also be passed on to partners receiving funding from Gavi.
- The Secretariat clarified that flexibilities were required to respond to changes that might occur in the financial forecast for 2020 and 2021. For example, projected budget for stockpiles, campaigns, and technical support to countries under the Partners' Engagement Framework may increase or reduce as assumptions underpinning the forecast change. Operationalisation of Board decisions approved in this meeting relating to freezing of co-financing levels and transitioning status in 2021 would impact the projected financing for vaccines. It was also noted that flexibilities are being extended to partners through reprogramming and no cost extensions.
- There was overall support for the proposal relating to countries' eligibility status, co-financing and the possibility for the CEO to waive 2020 co-financing obligations on a case by case basis upon request by a country. It was noted that this should be done according to a broad and transparent set of criteria. One Board member suggested that it could be useful to look more broadly at the possibility of a significant drop in the economic strength of some countries and whether or not it might be useful to address this through a stabilisation fund. Concerns were also raised in relation to small island developing states and the economic impact that the pandemic is having on them.
- Board members generally supported the work being done in relation to an AMC for COVID-19, noting that it could be useful to consider a global AMC to ensure that there is a pool of resources which are allocated in an equitable manner. It was noted that if there is a need to start fundraising for the AMC immediately after the

conclusion of Gavi's replenishment, it will be important to ensure that the Board has an opportunity to be clear on exactly how the AMC will function, who will benefit from it and how it would interact with Gavi's core work on routine immunisation.

- Board members noted that some DCVMN manufacturers are grappling with the dual roles of the development and potential large-scale manufacturing of COVID-19 vaccines and maintaining supply for routine immunisation. It will, therefore, be important for the constituency to understand more about the target profiles for the COVID-19 vaccines and the types of vaccines that are potentially going to be shortlisted to enable them to prioritise their work accordingly.
- Board members endorsed the proposal to look at whether Gavi should play a broader role in helping countries to address their full cold chain needs to respond to COVID-19 and potentially other PHC commodities.
- A number of Board members raised concerns about the health and welfare of the Secretariat and agreed that it will be important to ensure that the Secretariat has the surge support it needs during this time, as well as the appropriate resources to manage the work over the coming years.
- Finally, it was noted that a number of the issues addressed at this meeting would be further discussed by both the Programme and Policy Committee (PPC) and the Board at their May and June meetings, respectively.

## **Decision 2**

The Gavi Alliance Board:

- a) **Noted** the authority granted by the Board in March 2020 to the CEO to adjust budget amounts by up to 20% for the purposes set out in the Programme Funding Policy and **granted** the Gavi CEO the authority to adjust and/or exceed the aggregate overall Gavi forecasted amounts for 2020 and 2021 by up to 20% to respond to the COVID-19 pandemic;
- b) **Preserved** countries' eligibility status and co-financing at 2020 levels for 2021 and **granted** the CEO the authority to waive 2020 co-financing obligations on a case-by-case basis upon request by a country;
- c) **Provided guidance** on whether Gavi should play a broader role in helping countries to address their full cold chain needs to respond to COVID-19 and potentially other PHC commodities, recognising that this will require mobilisation of supplementary funding;
- d) **Provided guidance** on whether the three areas of focus for Gavi's engagement in COVID-19 vaccines are appropriate; and
- e) **Granted authority** to the CEO and the Chair of the Board to make decisions on Gavi's co-leadership of the Access to COVID-19 Tools (ACT) Accelerator vaccine pillar. The CEO with the Chair of Board will report on the progress at the June 2020 Board meeting.

## **5. Review of decisions**

- 5.1 Philip Armstrong, Director of Governance and Secretary to the Board, confirmed that the agreed decisions would be shared electronically immediately after the meeting with Board members.

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## **6. Closing remarks**

- 6.1 In Executive Session, the Board strongly endorsed a proposal from the Board Chair and the Board Vice Chair and Chair of the Governance Committee to consider exceptional extensions to the terms of Stephen Zinser, Unaffiliated Board Member and Chair of the Investment Committee, and David Sidwell, Unaffiliated Board Member and Chair of the Audit and Finance Committee, to ensure stability in Gavi's governance structures and to continue drawing on their expertise and experience in light of the current global context. It was noted that the extensions would be formalised at the June 2020 meetings of the Governance Committee and Board.
- 6.2 After determining there was no further business, the meeting was brought to a close.

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Dr Ngozi Okonjo-Iweala  
Chair of the Board

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Mr Philip Armstrong  
Secretary to the Board

## Attachment A

### Participants

#### **Board members**

- Ngozi Okonjo-Iweala, Chair
- Sarah Goulding, Vice Chair
- Omar Abdi
- Afsaneh Beschloss
- Maty Dia
- Daniel Graymore
- Asaad Hafeez (Alternate)
- Margaret (Peggy) Hamburg
- Myint Htwe
- Zsuzsanna Jakab
- Irene Koek (Alternate)
- Orin Levine
- Francesca Manno
- Marta Nunes
- Jan Paehler
- Muhammad Pate
- Harriet Pedersen
- Sai Prasad
- Helen Rees
- Teresa Ressel
- William (Bill) Roedy
- David Sidwell (Items 1-5)
- Susan Silbermann
- Arsen Torosyan
- Yibing Wu
- Stephen Zinser (Items 1-5)
- Seth Berkley (non-voting)

#### **Regrets**

- Amir Aman Hagos
- Kwaku Agyeman-Manu (Alternate)
- Ferozuddin Feroz
- Mahamoud Youssouf Khayal
- Jacqueline Lydia Mikolo (Alternate)

#### **Guest**

- Cyrus Ardalan, IFFIm Board Chair

#### **Alternates Observing**

- Edna Yolani Batres
- Megan Cain
- Mahima Datla
- Susan Elden
- Etleva Kadilli
- Noor Khan
- Violaine Mitchell
- Kate O'Brien
- Michael Kent Ranson
- William Schluter
- Bounkong Syhavong
- Joan Valadou
- An Vermeersch
- Joan Valadou
- Rafael Vilasanjuan

#### **Alternate Board Member Elect**

- Tamaki Tsukada

**SUBJECT: NO-OBJECTION CONSENT DECISIONS**

**Agenda item: 01e**

**Category: For information**

Since the December 2019 Board meeting, one decision has been circulated to the Board electronically for approval by no-objection consent in line with Article 2.7.3.4 of the By-Laws.

On 30 April 2020, Board members were invited to consider **approval of the appointment of an Alternate Board member.**

No objections were received prior to the end of 12 May 2020 and the following decision was therefore entered into the record:

*In accordance with article 2.7.3.4 of the By-Laws, on a no-objection basis, the Gavi Alliance Board:*

***Appointed Ambassador Tamaki Tsukada as Alternate Board Member representing Japan on the donor constituency anchored by the United States under Article 2.5.2 of the Gavi By-laws, effective immediately and until 31 December 2021.***

**SUBJECT: CONSENT AGENDA**

**Agenda item: 01f**

**Category: For Decision**

### **Section A: Introduction**

Eight recommendations are being presented to the Board under the Consent Agenda for consideration. Detailed information on each of the items can be found in the relevant Committee paper in a dedicated folder on BoardEffect at:

<https://gavi.boardeffect.co.uk/workrooms/6459/resources/33754>

### **Section B: Actions requested of the Board**

The Gavi Alliance Board is requested to consider the following recommendations from the Gavi Alliance Governance Committee and Finance and Audit Committee.

#### **Decision One – Board and Board Committee member appointments**

*Governance Committee recommendation to be shared with the Board after Governance Committee meeting of 18 June 2020.*

#### **Decision Two – Independent Review Committee appointments**

*Governance Committee recommendation to be shared with the Board after Governance Committee meeting of 18 June 2020.*

#### **Decision Three – Appointment of Secretary**

*Governance Committee recommendation to be shared with the Board after Governance Committee meeting of 18 June 2020.*

#### **Decision Four – Revision of Statutes and Introduction of Operating Procedures**

*Paper (Doc 01g) and Governance Committee recommendation to be shared with the Board after Governance Committee meeting of 18 June 2020.*

### **Decision Five – Guiding Principles on Gender for Board and Committee nominations**

The Gavi Alliance Governance Committee **recommends** to the Gavi Alliance Board that it:

**Approve** the Guiding Principles on Gender for Board and Committee Nominations as set out in Annex A to Doc 01f, effective 1 July 2020.

### **Decision Six – Audit & Investigations Report and Audit & Investigations Terms of Reference**

A short Audit & Investigations report is attached as Doc 01h.

The Gavi Alliance Audit and Finance Committee **recommends** to the Gavi Alliance Board that it:

**Approve** a revised version of the Audit & Investigation Terms of Reference to incorporate certain changes resulting from observations made in the recently conducted External Quality Assessment attached as Annex B to Doc 01h.

### **Decision Seven – UNICEF Fees**

The Gavi Alliance Audit and Finance Committee, noting the recommendations do not include COVID-19 considerations and recognising the recommendations may require adjustments as needed, **recommends** to the Gavi Alliance Board that it:

- a) **Approve**, within the overall Partners Engagement Framework:
  - i. An increase of US\$ 2 million to the already Board-approved 2020 UNICEF Supply Division fees for the procurement of vaccine and related devices in 2020;
  - ii. A budget of US\$ 21.4 million for UNICEF Supply Division fees for the procurement of vaccines, related devices and yellow fever surveillance and diagnostics equipment in 2021; and
  - iii. A budget of US\$ 4.3 million for UNICEF Supply Division fees for the procurement of cold chain equipment for 2021.
- b) **Note** that the Audit and Finance Committee reviewed the financial implications of the recommendations as set out in Figure 1 in Doc 03a to the 6 May 2020 meeting of the Audit and Finance Committee and concluded that these could be approved by the Board in accordance with the Programme Funding Policy.

### **Decision Eight – Whistleblowing Policy**

*Audit and Finance Committee recommendation to be shared with the Board after Audit and Finance Committee meeting of 22 June 2020.*





## Gavi Alliance Guiding Principles on Gender Balance for Board and Committee Nominations Version 2.0

### DOCUMENT ADMINISTRATION

VERSION NUMBER	APPROVAL PROCESS	DATE
1.0	Approved by: Gavi Alliance Board	17 June 2010 Effective from: 17 June 2010
	Next review:	At the request of the Board
2.0	Reviewed and recommended by: Gavi Governance Committee	30 April 2020
	Approved by: Gavi Alliance Board	24 June 2020 Effective from: 1 July 2020
	Next review:	As and when requested

## **1. Purpose**

- 1.1. The purpose of these Guiding Principles is to establish a framework through which the Gavi Alliance Board can endeavour to ensure gender balance across Gavi's governance structures, to the extent possible.
- 1.2. The Governance Committee has the responsibility to monitor adherence to the principles on behalf of the Board.

## **2. Mandate of the Governance Committee**

- 2.1. The Gavi Alliance Board and Board Committee Operating Procedures state, at Section 2, paragraph 2.3 that:

“The Governance Committee may establish, subject to the approval of the Board, minimum criteria as to the qualifications and competencies of all Board Members, provided such criteria shall not unreasonably restrict or interfere with the right of any Eligible Organisation or Eligible Constituency to select its Board member(s) according to its Selection Process. The criteria for Board membership shall be consistent with the guiding principles on gender for Board and Board Committee nominations, specifically, that gender balance in all areas of Gavi Alliance work should be ensured, including throughout the governance structures, to the extent possible.”

- 2.2. Under Section 3, paragraph 3.2 of the Gavi Alliance Board and Board Committee Operating Procedures, the Governance Committee may decide not to nominate a person designated by an applicable Eligible Organisation or Eligible Constituency as its Representative Board Member if “the person so designated does not meet the minimal criteria established pursuant to paragraph 2.3”.

## **3. Acceptable gender balance**

- 3.1. The Governance Committee shall ensure that a ratio of 60/40 male/female among Board Members, Alternate Members, Board Committee Members and Board Advisory Body Members<sup>1</sup> is established and maintained. For the purposes of this calculation, the Board Members, Alternate Members, Committee Members and Advisory Bodies shall be assessed both as separate groups and as an aggregate. The gender balance shall be deemed to be within the acceptable range if there is no more than 60% of any one gender.
- 3.2. At the time of reviewing nominations, the Governance Committee will be made aware of the current gender balance and the impact of putting any nominations forward to the Board.
- 3.3. The Governance Committee will strive to give preference to nominating a designated representative or proposed candidate of the under-represented gender for appointment as Board Member, Alternate Board Member, Board Committee Member and/or Board Advisory Body Member until such time as the gender balance of the Board Members or Alternate Board Members has been brought within the acceptable range.

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<sup>1</sup> Includes the All Chairs Group, the Evaluation Advisory Committee (EAC) and the Independent Review Committee (IRC)

**4. Exceptions approval procedure for nominations otherwise not in conformity with gender guidelines**

- 4.1. The Governance Committee may decide to nominate a designated representative or proposed candidate for appointment as a Board Member, Alternate Board Member, Board Committee Member or Board Advisory Body Member even if the decision to make such a nomination would otherwise not be in conformity with paragraphs 3.1-3.2 of these guiding principles.

**5. Miscellaneous Provisions**

**5.1 Secretariat support**

- 5.1.1 The Secretariat will tabulate and report on the gender balance of the Board Members, Alternate Board Members, Board Committee Members and Board Advisory Body Members both as separate groups and as an aggregate.

**5.2. Inadvertent gender imbalance**

- 5.2.1. Any gender imbalance in the Gavi Board, Board Committees or Board Advisory Bodies shall only be deemed to be an imbalance not in conformity with these guiding principles, if such imbalance arises as a result of a Board decision to make an appointment that does not comply with the gender balance requirements as set out above.

**SUBJECT:** CONSENT AGENDA: REVISION OF STATUTES AND  
INTRODUCTION OF OPERATING PROCEDURES

**Agenda item:** 01g

*To follow*

**SUBJECT: CONSENT AGENDA: AUDIT AND INVESTIGATIONS REPORT**

**Agenda item: 01h**

**Category: For Decision**

## **Section A: Executive Summary**

### **Context**

The Managing Director of the Audit and Investigations (A&I) function is required to report to the Board at least annually. Given the constraints on time for this meeting, it has been agreed with the Board Chair to postpone that report until the December meeting. Consequently, certain items for immediate update are presented in this paper.

### **Questions this paper addresses**

- The Board has been briefed previously on the need to undertake an External Quality Assessment (EQA) of the A&I function by an independent third party, a requirement of the professional standards by which the function operates. This assessment was undertaken in late 2019. What are the results of the EQA?
- In the light of the COVID-19 pandemic, the planned activities of the A&I function for 2020 have been significantly recast. What considerations have been taken in to account in revising the plan, and what coverage of risk is achieved consequently?
- Certain updates are required in A&I's Terms of Reference (ToR), the charter which sets the foundations for the conduct of the A&I activity and the scope of its operation. Why are changes to the ToR required, and what are they? What is the basis of the Board's approval?

### **Conclusions**

The EQA resulted in an overall rating of 'generally complies' (which is the highest achievable). A&I was assessed against 62 criteria and satisfied them all without qualification or recommendation. Certain 'value-added' observations, not critical, were made by the assessors for the further development of the A&I function.

The A&I 2020 plan has been revised with a consideration of: the changing risk profile which Gavi faces; the practical effects of not being able to travel to countries to conduct programme audits; and the compromised availability currently of management and staff members to engage with A&I. The revised plan, approved by the AFC, is shown at Annex A.

The A&I ToR have been updated to reflect certain of the observations made by the EQA assessors. These will be reviewed by the Audit and Finance Committee (AFC) on 22 June 2020 and subsequently shared with the Board as Annex B to this paper.

## **Section B: Report of Audit and Investigations**

### **1. A&I External Quality Assessment**

- 1.1 The A&I function undertakes its work in compliance with the professional standards of the Institute of Internal Auditors (IIA) (as set out in the ToR and approved by the Board). This requires that at least every five years the A&I function must be subject to independent assessment. This was last undertaken in early 2015 when the department operated as a single-person internal audit function and this is the first time that the reconstituted A&I function has been subject to independent assessment.
- 1.2 This assessment was undertaken in November/December 2019 by IFACI (Institut français des auditeurs et contrôleurs internes), part of the French IIA specialising in such assessments. The scope of the assessment covered the work of Internal Audit and Programme Audit (which comprise 90% of A&I's activity). Other activities undertaken within A&I (investigations, counter-fraud work, and whistleblower reporting) will be subject to independent assessment subsequently.
- 1.3 Altogether 62 criteria were evaluated and all of them were satisfied without qualification. The assessors briefed the AFC that they considered A&I to be in the top 25% of audit functions they assessed. In addition, 14 further observations were made for consideration; the follow-through on these has been incorporated into the revised 2020 A&I plan.

### **2. Revised annual A&I Plan**

- 2.1 The need to revise the A&I annual plan, at the request of the AFC, has arisen because:
  - a) Two-thirds of A&I's work relates to programme audits undertaken in Gavi-supported countries and since early March no travel to these countries has been possible.
  - b) The emergence of COVID-19 and Gavi's response has meant that the risks faced by Gavi, both programmatic and operational risks, have changed significantly. The activities of A&I have been reconfigured so as to provide capacity to consider those changed risks and to undertake additional work to provide assurance on the management of them, as required.
- 2.2 A significant consideration in reworking the plan has been the need to recognise the impact of remote working across the Secretariat, and the significantly increased Secretariat activity around Gavi's COVID-19 response. This has clearly put significant strain upon Gavi staff members

and challenged their capacity to engage with audit staff. Therefore, the plan has been revised in a way that will minimise input from management and staff members. In particular, the follow-through of the observations made by the EQA assessor team, which requires almost no input from the Secretariat, has been prioritised in the plan schedule. This, together with the need to complete existing audits on which fieldwork is complete, means that there will be little need to engage with the Secretariat until the second half of 2020. At that point, A&I will liaise extensively with management and team members on a case by case basis to ensure that audits are as un-intrusive as possible (recognising that all audits require some time and attention).

- 2.3 The recut plan was presented to AFC at its 6 May 2020 meeting and approved, with the strong expectation that the plan will be flexible according to on-going experience and changing insights on risks related to Covid-19.

### **3. Revised A&I Terms of Reference for Board approval**

- 3.1 One item for the Board's approval relates to certain observations arising in the EQA to enhance A&I's ToR. The proposed changes relate to specific observations. None of these are considered to be substantive to affect the operation of the A&I activity but nonetheless have been incorporated to ensure alignment with current best practice of the IIA. The changes to the ToR will be reviewed by the AFC on 22 June 2020.

## **Section C: Actions requested of the Board**

The Gavi Alliance Audit and Finance Committee **recommends** to the Gavi Alliance Board that it:

**Approve** a revised version of the Audit and Investigations Terms of Reference to incorporate certain changes resulting from observations made in the recently conducted External Quality Assessment attached as Annex B<sup>1</sup> to Doc 01h.

### **Annexes**

**Annex A:** Revised A&I 2020 plan, as approved by the AFC

**Annex B:** Revised version of the A&I Terms of Reference, for Board approval (*To follow after AFC meeting of 22 June 2020*)

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<sup>1</sup> To be shared with the Board on 22 June 2020 if recommended for approval by the AFC

Annex A: Recut of A&I 2020 plan

1 Current audit run-offs	2 Audits internal to the Secretariat	3 Counter-fraud strategy action plan	4 EQA follow up	2020 plan activities to be deferred
<p><b>Finalisation of the following engagements carried over:</b></p> <ul style="list-style-type: none"> <li>• Programme Audits from six countries;</li> <li>• Programme Management Unit advisory;</li> <li>• HSIS Audit;</li> <li>• Data Quality Audit;</li> <li>• PCA;</li> <li>• ERM;</li> <li>• Supplier selection and contract management;</li> <li>• PEF Secretariat processes;</li> <li>• Co-financing and transition;</li> <li>• Incident Management;</li> <li>• Market Shaping;</li> <li>• <u>Pentana MKI</u>.</li> </ul>	<p><b>Audits and reviews that can be conducted internally:</b></p> <ul style="list-style-type: none"> <li>• Gavi top risks mitigation;</li> <li>• Risk and control culture;</li> <li>• Grant oversight by CS;</li> <li>• SAP post-implementation and segregation of duties;</li> <li>• CP external audits process;</li> <li>• Vaccine supply chain management;</li> <li>• PEF/TCA activities (excluding country missions)</li> <li>• IT projects management; BCP/DRP; Data security;</li> <li>• Expenses claims and reimbursements;</li> <li>• Review of recommendations implementation.</li> </ul>	<p><b>Counter-fraud activities:</b></p> <ul style="list-style-type: none"> <li>• Assessing fraud risks with Management and staff;</li> <li>• Fraud risk prioritisation;</li> <li>• Develop a counter-fraud policy;</li> <li>• Review of partnership contracts – lacunae, legal changes, etc.</li> <li>• Counter-fraud course development and training;</li> <li>• Gavi hotline assessment.</li> </ul>	<p><b>EQA observation follow-through:</b></p> <ul style="list-style-type: none"> <li>• Updating A&amp;I ToRs;</li> <li>• Website disclaimers;</li> <li>• Counter-fraud independent assessment;</li> <li>• Streamlined Audit Planning;</li> <li>• Contribute to 3LOD review;</li> <li>• Analysis of root causes, and link broad themes to top risks.</li> <li>• Preparation for review of: Whistleblowing; Counter Fraud and Investigations;</li> <li>• Post audit surveys;</li> <li>• Reengineer audit reports;</li> <li>• A&amp;I <u>quadriennial</u> report.</li> </ul>	<p><b>The following A&amp;I 2020 plan activities will be deferred:</b></p> <ul style="list-style-type: none"> <li>• Nigeria accountability framework;</li> <li>• Development of a country-level Counter-Fraud Risk Assessment toolkit;</li> <li>• Execution of country-level programme audits in: <ul style="list-style-type: none"> <li>• India;</li> <li>• Kenya;</li> <li>• Malawi;</li> <li>• Afghanistan;</li> <li>• Mali;</li> <li>• Ivory Coast;</li> <li>• Chad.</li> </ul> </li> </ul>



**SUBJECT:**      **WORKPLAN**

**Agenda item:**    01i

*To follow*

**SUBJECT:** CEO'S REPORT INCLUDING GLOBAL VACCINE SUMMIT  
AND NEXT STEPS

**Agenda item:** 02

*To follow*

**SUBJECT: STRATEGY AND IMPLICATIONS OF COVID-19: GAVI 4.0 PROGRESS, CHALLENGES AND RISKS AND UPDATE ON GAVI 5.0 OPERATIONALISATION**

**Agenda item: 03**

**Category: For Decision**

## **Section A: Executive Summary**

This report presents an **overview of how the Alliance is delivering against its Strategic Goals** 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 under the Partners' Engagement Framework (PEF), and on the associated risks<sup>1</sup>.

As the COVID-19 pandemic continues to unfold, this report also provides an **overview on the immediate impact on immunisation programmes and achieving the targets of Gavi 4.0 (Section B), a brief update on the Alliance's proactive response to the crisis (Section C) and the potential implications on Gavi 5.0 operationalisation (Section D)** over the next 18 months. A detailed view on the impact on immunisation programmes, Gavi's response and the implications on Gavi 5.0 was discussed at the 11 May 2020 Board meeting and is made available to the Board through regular Situation Reports on BoardEffect.

At its 26-27 May 2020 meeting the PPC **discussed Gavi's adaptive response to the COVID-19 pandemic and was supportive of the three pillars of the approach**, i.e. the immediate support for country response, maintaining and restoring immunisation services over the next 18 months, and responding to the fiscal impact of the pandemic on immunisation programmes.

As part of that **the PPC agreed with the importance of supporting former Gavi-eligible countries to address the emerging risks of backsliding in immunisation programme performance due to COVID-19**. In response to these developments, and in light of the pausing of the Gavi 5.0 Middle Income Country (MICs) approach for the duration of the pandemic, the PPC recommends that the Board **allocate targeted Gavi funding (excluding vaccine financing) to mitigate backsliding risks, where well justified and needed, in these countries**. This time-limited and targeted support aims to specifically address the unique circumstances brought about by COVID-19 and is therefore not expected to create a precedent that might detract from Gavi's sustainability approach.

<sup>1</sup> Associated risks refer to the top risks described in the 2019 Risk & Assurance Report (see <https://www.gavi.org/news/document-library/gavi-risk-and-assurance-report-2019>). The COVID-19 pandemic has led to an extraordinarily uncertain environment with a significant impact on Gavi's risk profile, as described on a high-level in the AFC update on risk management (Annex C)

The PPC also discussed the Funding Policy Review (FPR) which is one specific Gavi 5.0 operationalisation workstream impacted by COVID-19. Revised policies would have been brought to the Board at this meeting; however, the FPR Steering Committee recommended pausing the review and instead moving forward with select shifts previously been approved by the Board in December 2019. These shifts would have been included in revisions to the Eligibility and Transition Policy and HSIS Support Framework (see Annex D). The select shifts enable uninterrupted and streamlined funding to countries alongside the broader COVID-19 response. They include removing the programme filter<sup>2</sup> and the performance-based funding mechanism, allocating Health Systems Strengthening (HSS) funding per the approved revised formula, removing the cap on HSS allocation ceilings and proceeding with integration of support for cold chain equipment (CCE) into the HSS grant. The timeline and modality for this last decision may need to be adjusted given the immediate focus on rapidly scaling up cold chain equipment for the COVID-19 response (see Doc 05). The PPC noted that in implementing these shifts, the Secretariat should monitor for any unintended consequences, ensuring that CCE investments do not divert from other necessary HSS investments and the programme filter is replaced with suitable criteria specific to each vaccine programme to ensure country readiness. The PPC recommends that the Board approves the immediate roll-out of these select shifts.

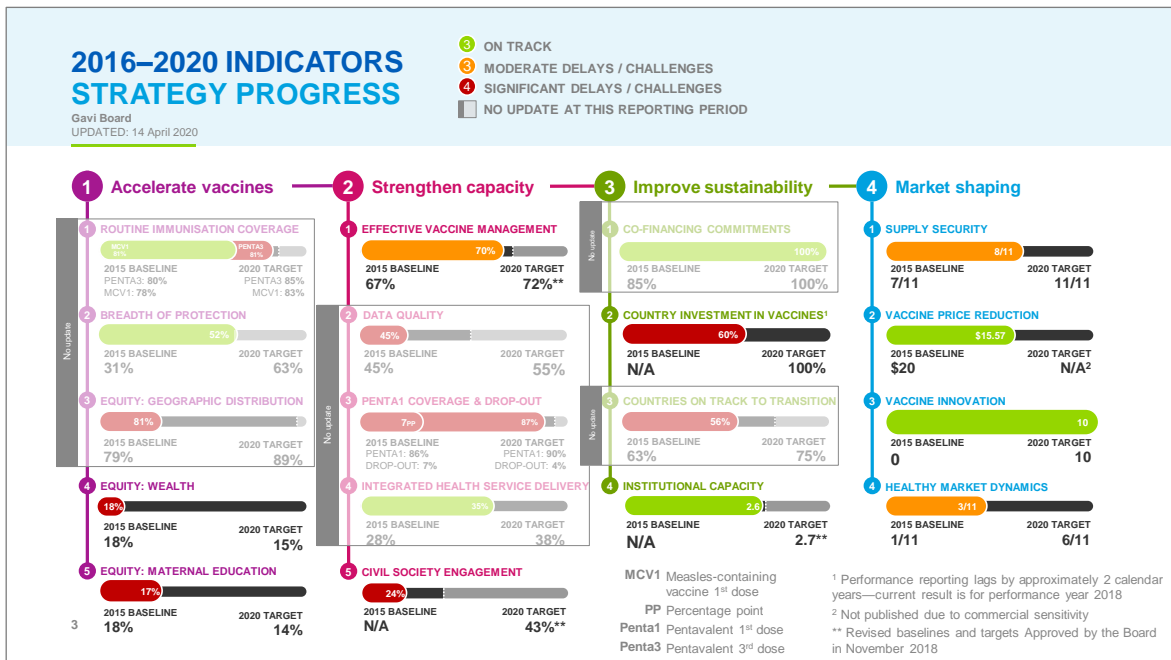
### **Section B: Gavi 4.0 strategy: Progress, challenges, risks and immediate impact of COVID-19**

- 1.1 **Despite the COVID-19 pandemic, the Alliance is very close to reaching its mission target of averting five to six million deaths, and should reach its goal of immunising 300 million additional children** in the current five-year strategic period unless routine immunisation coverage falls by more than ~50% in 2020<sup>3</sup>.
- 1.2 However, **COVID-19 is expected to impact progress and poses risks to the health, economic, social and political landscape in Gavi-eligible countries.** While the full implications will become clearer over time, the pandemic has already had a significant and visible impact on vaccine introductions, routine immunisation, planned campaigns and fiscal space in Gavi-supported countries, placing a disproportionate burden on the most marginalised populations.

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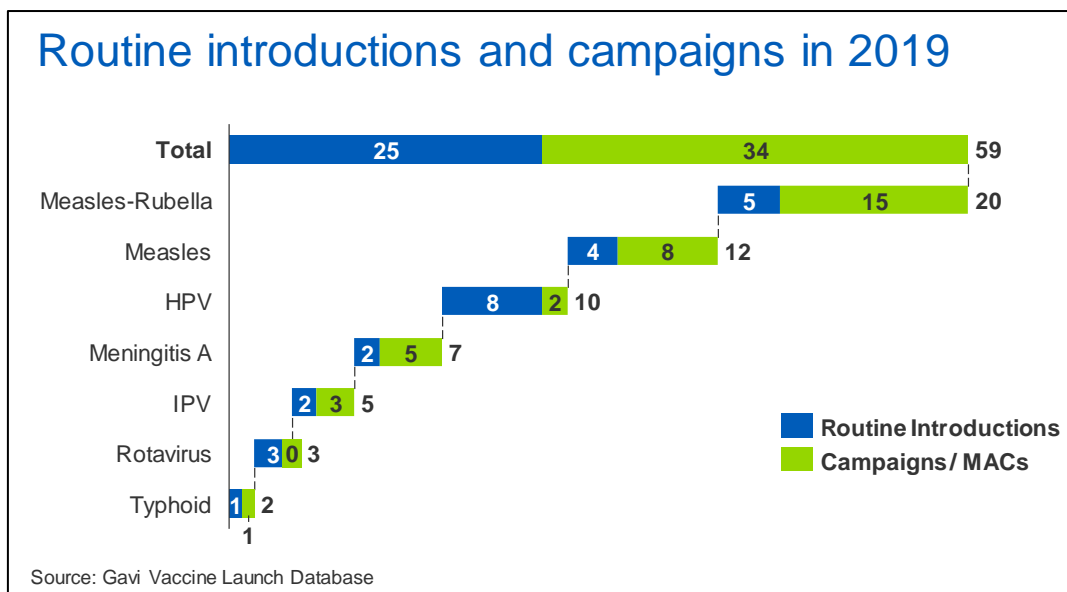
<sup>2</sup> The programme filter requires 70% or higher coverage of the 3rd dose of DTP-containing vaccine for a country to access new support for select vaccines (as set out in the Eligibility & Transition Policy)

<sup>3</sup> Mission indicators will be updated after the release of WHO-UNICEF vaccination coverage estimates (WUENIC) in July 2020. The latest mission indicators dashboard can be found in Doc 03 of the October 2019 PPC meeting.



## Strategic Goal 1: Accelerate Vaccines

- 1.3 **2019 saw a record number of vaccine introductions, 20% more than 2018.** With 25 routine introductions and 34 campaigns, the target of 56 launches was exceeded. This includes the first routine introduction of **typhoid conjugate vaccine (TCV)**. Pakistan introduced TCV initially in Sindh province, which is the centre of an ongoing extensively drug-resistant (XDR) typhoid outbreak.
- 1.4 **For human papillomavirus (HPV) vaccine, eight routine and two multi-age cohort introductions have been completed in 2019,** bringing the total to 19 single and four multi-age cohort introductions. However, due to the ongoing supply constraints, 15 multi-age cohort introductions have been delayed to the next strategic period or later. As a result, 14 million girls will be vaccinated (versus a target of 40 million) with a corresponding ~300'000 deaths averted (versus a target of ~900,000) in Gavi 4.0. One of the important announcements made at the Global Vaccine Summit was the commitment by five manufactures to meet the full demand of Gavi-eligible countries in the next strategic period. The availability of additional HPV vaccine as early as 2021-2022 could alleviate some of the supply-side constraints faced by Gavi-supported countries. The Alliance is engaging countries on available product options.



- 1.5 **The share of campaigns among overall vaccine launches has continued to increase, largely driven by the strategy to control measles and introduce rubella-containing vaccine (RCV).** In 2019, Gavi funded 18 preventive measles and measles-rubella (MR) campaigns, and another five MR catch-up campaigns for the routine introduction of RCV. Thanks to Gavi support for RCV introduction and scale-up in 32 countries, RCV1 coverage increased from 3% in 2012 to 54% in 2018. Gavi's investments have also led to a steady increase in people protected with two doses of measles-containing vaccine (MCV2), with coverage increasing from 7% in 2007 to 54% in 2018 across Gavi 68 countries. To further encourage countries to strengthen routine immunisation for MCV, and target missed children, the Board approved additional flexibilities in 2018 for the use of operational costs to implement more tailored and targeted campaigns<sup>4</sup>. These efforts have not fully materialised yet. Nevertheless, engagement with countries has led to the design and testing of new approaches, such as selective vaccination and electronic immunisation registries (in Zambia) and the follow-up of measles zero-dose children in the post-campaign period (in Zambia and Burundi).
- 1.6 Although four countries<sup>5</sup> have published new surveys in 2019, **there is no significant change in the wealth and gender equity indicators.**
- 1.7 **COVID-19 has already had a measurable impact on introductions and campaigns. Of the up to 68 introductions initially forecasted for 2020, 48 have already been or are at risk of being postponed.** As discussed at the 11 May 2020 Board meeting, it is inevitable that **millions of people in Gavi-supported countries will miss out on immunisation** due to COVID-19. This increases the **risk of vaccine-preventable disease outbreaks** (e.g.

<sup>4</sup> Countries are able to apply for operational costs support for M/MR follow-up supplementary immunisation activities (SIAs) up to the national 9-59-month population, to be used for national SIAs, subnational SIAs and enhanced routine immunisation activities targeted at reaching missed children

<sup>5</sup> Zambia, Cameroon, Gambia, Lesotho.

measles, polio, diphtheria) exacerbating existing inequities and putting the most marginalised and poorest communities at greatest risk.

## Strategic Goal 2: Health System Strengthening

- 1.8 **To increase immunisation coverage and equity, a further ten countries have received approval for Health System Strengthening (HSS) flexibilities<sup>6</sup> since October 2019.** A total of US\$ 244 million for 31 countries<sup>7</sup> has now been approved under these flexibilities, of which US\$ 86.8 million is for nine fragile countries<sup>8</sup>. Most countries have used the flexibilities to address sub-national coverage and equity challenges, and Gavi expects to see the outcomes materialise in the Gavi 5.0 period. Due to COVID-19, some countries may require additional time to implement activities under these flexibilities in 2021.
- 1.9 **The time to disburse cash grants<sup>9</sup> has significantly decreased from 17.5 months in 2018 to 10.9 months in 2019<sup>10</sup>.** The new portfolio management approach designed as part of Gavi 5.0 operationalisation and planned to be rolled out starting in Q4 2020 is expected to further reduce timelines and better align processes with country needs. The Secretariat has also increased the absolute level of HSS disbursements from US\$ 284 million in 2018 to US\$ 331 million in 2019, a record level.
- 1.10 **Effective vaccine management (EVM) continues to improve.** All six countries with EVM assessments in 2019<sup>11</sup> have improved their score, by an average increase of 6.5 percentage points. Due to COVID-19, not all the 15 planned assessments in 2020 may be completed on time.
- 1.11 **As of Q1 2020, 49 out of the 57 countries eligible to the cold chain equipment optimisation platform (CCEOP) have applied.** The Alliance has procured over 42,000 units of Ice-lined (ILR) and Solar Direct Drive (SDD) Refrigerators and was, before the COVID-19 pandemic, on track to reach its targets of procuring 65,000 units by 2020. **The CCEOP has led to**

<sup>6</sup> In order to advance Gavi's strategic goal of increasing immunisation coverage and equity, for the remainder of the strategic period through 2020, the Board granted Gavi the flexibility to increase an individual country's allocation ceiling for HSS support by up to 25% beyond the total amount of the ceiling

<sup>7</sup> 31 countries recommended for approval by the Independent Review Committee (IRC) for these flexibilities: Afghanistan, Bangladesh, Burkina Faso, Cambodia, Central African Republic, Chad, Comoros, Côte d'Ivoire, Eritrea, Ethiopia, Kenya, Democratic People's Republic of Korea (DPRK), Kyrgyzstan, Lao PDR, Mali, Mozambique (COVID reallocation), Myanmar, Nepal, Pakistan, Rwanda, Senegal, Solomon Islands, Somalia, South Sudan, Tajikistan, Uganda, Uzbekistan, Yemen, Zambia, Zimbabwe

<sup>8</sup> 15 countries classified as fragile for July 2019- July 2020: Afghanistan, Burundi, Central African Republic, Chad, Democratic Republic of Congo (DRC), Eritrea, Haiti, Mali, Papua New Guinea, Solomon Islands, Somalia, South Sudan, Sudan, Syria, Yemen.

<sup>9</sup> Time from IRC recommendation for approval to disbursement; includes new HSS, vaccine introduction (VIG) and operational support (Ops) grants; excludes aforementioned HSS flexibilities.

<sup>10</sup> When excluding grants impacted by supply constraints, the average time is 10.1 months; the target duration is 9 months.

<sup>11</sup> Burkina Faso, Comoros, Democratic People's Republic of Korea (DPRK), Democratic Republic of Congo (DRC), Ethiopia and Guinea-Bissau; all six assessments were conducted based on the EVM 1.0 assessment tool.

**better quality equipment supplied by a larger set of suppliers at lower prices in 2019.** Two new CCE suppliers have entered the market (bringing the total up to eight) supplying equipment fulfilling specified quality requirements. The market share by volume of the two largest manufacturers decreased from ~80% in 2018 to ~65% as of end 2019. Significant price reductions (>10%) were achieved for both ILRs and SDDs by shifting country preferences to more cost-effective options and through pooling procurement to unlock volume discounts and achieve service bundling. However, the risk of unhealthy market shares, potential for higher prices and reduced incentives for innovation remains.

- 1.12 **The CCEOP will also play a critical role in enabling the delivery at scale of COVID-19 vaccines if a cold chain is required,** and several donors and partners have approached Gavi to explore whether CCE provided through the CCEOP could be used for other COVID-19 commodities and PHC interventions (see Doc 05).
- 1.13 **Gavi has continued to step up its work on demand generation, communities and gender through the Alliance demand hub<sup>12</sup>.** Support from the Alliance has made it possible for UNICEF to conduct human centred design workshops in Zimbabwe, Indonesia, South Sudan, Myanmar and Pakistan. At the Secretariat, an integrated hub for demand generation, communities and gender as well as an updated Gender Policy (pending final Board approval) will ensure a holistic vision and approach (see Doc 07). In the context of COVID-19, the Alliance's work on demand, communities and gender is pivoting towards sustaining demand, addressing rumours about COVID-19 vaccines and rebuilding trust during and after the pandemic.
- 1.14 **Under the Partners' Engagement Framework, improving performance of Targeted Country Assistance (TCA) and its alignment with HSS support remains a strong focus.** A review of six independent TCA assessments recommended to a) select partners based on merit, comparative advantage and relevance to meet needs for technical assistance, b) move from single year to multiyear TCA planning and funding, and c) focus the monitoring process on a limited set of intermediate outcomes. The PEF Management Team has discussed these findings extensively and have recommended them to be integrated into the new partnership model for Gavi 5.0.
- 1.15 **COVID-19 continues to have a significant impact on immunisation programmes in Gavi-supported countries.** Although most health facilities are reportedly open and continuing to offer fixed site immunisation, nearly half of countries in Africa have partially or entirely suspended outreach, which is likely to disproportionately impact the most marginalised communities. COVID-19 is also having a significant impact on an already stretched health workforce. Uptake for immunisation is also impacted due

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<sup>12</sup> Alliance Demand Hub is led by UNICEF and the Secretariat with WHO, US Centers for Disease Control (CDC), Bill & Melinda Gates Foundation (BMGF), John Snow, Inc (JSI), International Federation of Red Cross and Red Crescent Societies (IFRC) and the Civil Society Organisations (CSO) constituency



to challenges in accessing health facilities (e.g. due to restrictions on movement or concerns about COVID-19 exposure) as well as rumours and community mistrust towards immunisation. On a more positive note, global supply chains have started to improve with shipments-per-week almost back to pre-crisis levels and fewer countries reporting critically low vaccine stocks (Gavi has disbursed US\$ 6.4 million to UNICEF to charter flights where commercial capacity was not available). The Board discussed Gavi's proactive response to the pandemic at its 11 May 2020 meeting. Section C provides a brief update on developments since.

### Strategic Goal 3: Improve Sustainability

- 1.16 **Implementation of Gavi's co-financing policy continued to show unprecedented success in 2019, with co-financing performance reaching an all-time high:** 49 out of 50 countries with obligations due in December met their 2019 co-financing commitments on time<sup>13</sup>, with Liberia being the only defaulting country. This represents the highest share of countries fulfilling their obligations on time and the lowest number of defaulters since the co-financing policy was implemented in 2008. The total amount invested by countries in co-financing vaccines has now exceeded US\$ 1 billion, with an additional US\$ 0.7 billion estimated to have been invested by India and self-financing countries to fund vaccines introduced with Gavi support.
- 1.17 **Transitioned countries have also consistently sustained programme performance.** Of the 15 countries that transitioned more than a year ago<sup>14</sup>, nine transitioned from Gavi support with diphtheria-tetanus-pertussis (DTP3) coverage above 90% and have maintained this level. Of the remaining six countries, all but one have either maintained or improved their coverage levels since transitioning (the exception being Bolivia, where Penta3 coverage fell by 1 percentage point from 84% before transition to 83% in 2018).
- 1.18 **However, the severe economic downturn caused by the COVID-19 pandemic is likely to negatively affect these positive trends.** Many countries will struggle with revenue underperformance, emergency budget reallocations, and tighter liquidity management. These constraints are likely to limit the available fiscal space to fund immunisation and other essential health services, resulting in a higher **risk of co-financing defaults**. Similarly, **sustainable transition is at risk** with expected transition trajectories being affected as gross national income (GNI) per capita growth rates decelerate or turn negative. Many current Gavi-eligible countries will see their progression through the phases of support delayed, with several moving backwards. COVID-19 may also increase the **risk of backsliding**

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<sup>13</sup> Ethiopia, Kenya and Pakistan co-financing obligations are due by 30 June 2020 due to alignment with their fiscal years. South Sudan was approved for a waiver until 2020 for co-financing requirements and therefore was not included in the total number of countries with co-financing requirements due.

<sup>14</sup> Excludes Vietnam, which has transitioned at the end of 2019 and for which it is too early to assess progress.

in transitioned countries (see Section C for additional information). As per the Board's decision at its 11 May 2020 meeting Gavi will implement a number of measures to address these challenges, balancing this acute need with the objective to **continue to incentivise countries on their path to a successful transition.**

- 1.19 While the Board already made decisions to respond to the fiscal impact of COVID-19 on countries' immunisation programmes, **one additional implication magnified by the economic turmoil caused by the pandemic (and discussed at the 11 May 2020 Board meeting) is the repayment of improperly used HSIS funds.** Under the current practice, a country must follow a repayment schedule of HSIS funds that were improperly used by the country, otherwise HSIS support is stopped. This could result in HSIS funding stopping amid the pandemic, further exacerbating immunisation financing and delivery challenges. The Secretariat will therefore accordingly extend repayment schedules on a case-by-case basis.

#### Strategic Goal 4: Shape Markets

- 1.20 **Three out of eleven markets were identified as exhibiting moderate or high levels of healthy market dynamics (from a 2019 target of four and a 2020 target of six).** Of the eight markets assessed to be low health, measles, meningitis A and Japanese encephalitis were exposed to low supplier diversity, but all considered within acceptable risk levels due to sufficient capacity and strong track record of the dominant supplier.
- 1.21 **The cost of fully vaccinating a child with pentavalent, rotavirus and pneumococcal conjugate vaccine (PCV) has continued to decrease.** From 2018 to 2019, the weighted average price for a full course of the three vaccines decreased by 2%, from US\$ 15.90 to US\$ 15.57. The overall price reduction since the 2015 baseline now stands at 22%.
- 1.22 **Eight vaccine markets out of eleven had sufficient and uninterrupted supply in 2019** (Pentavalent, Rotavirus, PCV, Measles-Rubella, Measles, Japanese Encephalitis, Yellow Fever, Meningitis A), while there were constraints for HPV, Inactivated polio vaccine (IPV) and Oral Cholera Vaccine (OCV). It is expected that HPV and IPV supply to Gavi-eligible countries will improve significantly in the next few years.
- 1.23 **Three additional vaccine innovations were added to the Gavi portfolio of procured products in 2019:** A PCV product with extended 4-year shelf-life, enabling more flexible stock management in country and in the supply chain; a rotavirus product with improved primary container (blow-fill-seal) that reduces the cold chain footprint and ease of use; and a new measles-rubella (MR) product available in a 5-dose vial presentation, improving wastage rate while retaining low volume in the cold chain. **The Vaccine Innovation Prioritisation Strategy (VIPS) shortlisted nine vaccine delivery innovations and further assessed these innovations with licensed and pipeline antigens to facilitate final prioritisation.**

## **Section C: Update on Gavi's response to COVID-19 over the next 18 months**

- 2.1 As discussed by the Board at its meeting on 11 May 2020, **Gavi's approach to helping countries protect, maintain and restore immunisation is based on three pillars:** (a) immediate response for country response; (b) maintaining and restoring immunisation services; and (c) responding to the fiscal impact on immunisation services.
- 2.2 **This section provides a brief update on pillar (b) and (c),** including the potential time-limited, targeted support to mitigate risks of backsliding in immunisation performance in former Gavi-eligible countries, building on PPC guidance. The Secretariat updates the Board on (a) on a regular basis through Situation Reports available on BoardEffect.
- 2.3 Gavi's approach to support countries to **maintain and restore immunisation services (pillar (b))** is based on five principles: (1) Vaccine preventable disease control remains Gavi's priority; (2) Equity as the organising principle; (3) COVID-19 is an exceptional situation requiring exceptional and differentiated responses; (4) Integrated approach to recovery; and (5) Seize opportunities to rebuild better. Based on these principles, the Secretariat plans to make available to countries a set of flexibilities based on their individual needs, grounded in the Fragility, Emergencies, Refugees (FER) Policy. This will include four types of flexibility:
- a) **Additional financing:** Countries will need to increase investment to adapt services in response to COVID-19 (e.g. smaller session sizes) and to provide missed doses and restore population level immunity. The Secretariat will offer flexibilities to support recovery efforts including allowing countries to access additional HSS by frontloading their Gavi 5.0 allocation, apply for higher operational costs for modified delivery strategies, and for additional vaccines to replace those that may have been wasted or expired during the pandemic.
  - b) **Increased flexibility of Gavi support:** The Secretariat will provide flexibilities in how countries programme Gavi support, accelerating the roll-out of changes planned for Gavi 5.0 such as providing a single HSIS envelope. It will also provide more flexibility in the use of Gavi funds to support adaptations to service delivery (e.g. funding for personal protective equipment (PPE) and IPC).
  - c) **Streamlined Gavi processes:** Building on work under way to simplify portfolio management processes for Gavi 5.0, the Secretariat will develop a streamlined application, approval and disbursement process, an expedited process for reprogramming support and will consider flexibility around the duration, extension and rollover of grants. The Secretariat has also introduced a simpler vaccine renewal process.
  - d) **Accelerated engagement of new partners and innovative approaches:** The COVID-19 response will require new ways of working and the support of a diverse range of actors. Civil Society

Organisations (CSOs) will have a particularly vital role. The Alliance will advocate for their inclusion in recovery planning and require countries to explain how CSOs were consulted and will be engaged in implementation. The Secretariat is also exploring new global and regional partnerships to support recovery, especially in fragile settings. Gavi will seek to accelerate scale-up of innovative approaches in line with the initial thinking on the Gavi 5.0 innovation approach to be brought to the Board in December.

- 2.4 With respect to **pillar (c), “Responding to the fiscal impact on immunisation services”**, **the Board approved at its meeting on 11 May 2020 three key flexibilities** to mitigate the impact of COVID-19 on countries’ fiscal space and ensure continued availability of vaccines. These are to preserve countries’ eligibility status and co-financing at 2020 levels for 2021 and to grant the CEO the authority to waive 2020 co-financing obligations on a case-by-case basis upon request by a country. **The Secretariat has already taken steps to implement these decisions.** Internal operational guidance is being put in place on the potential deployment of co-financing waivers and on the need for continued country prioritisation of health and immunisation, including co-financed vaccines. The approach would seek to leverage opportunities that countries may have available, such as the World Bank’s fast-track COVID-19 response facility, to secure interim financing to meet their co-financing obligations and ensure timely vaccine availability.
- 2.5 **Implications for former Gavi-eligible countries<sup>15</sup> and Gavi’s potential response**
- a) **The pandemic is also affecting former Gavi-eligible countries, increasing both the likelihood and potential extent of programmatic backsliding.** Recent reports from countries suggest that, for the time being, most countries are managing to procure their vaccines but are seeing potential disruption in services. National reports indicate that, out of 42 vaccine programmes introduced with Gavi support but now self-financed by countries, countries have already fully or partially procured vaccines for two-thirds of them. This is a testament to the strong commitment from countries to immunisation and the sustainability of the Gavi model. However, individual reports indicate that financial and programmatic constraints may already be more acute in some regions. In Latin America, routine immunisation has been interrupted in most countries, with only limited access to services - in one country, immunisation activities have been suspended entirely. In one country in the Asia-Pacific region, preliminary data suggests that coverage rates decreased by 13 percentage points when comparing Q1/2020 and Q1/2019.

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<sup>15</sup> Former Gavi-eligible countries are self-financing countries within the original Gavi 73.

- b) **Prior to COVID-19, Gavi and partners had developed a comprehensive middle-income countries (MICs) approach** (see Annex E) which would provide the parameters for Gavi's engagement with former Gavi-eligible countries (and with select never Gavi-eligible countries with a GNI per capita of up to US\$ 6,000). This approach would be based on three mutually reinforcing levers: advocacy and political will building, enhancing the immunisation ecosystem and an innovative financing facility for procurement to help countries secure vaccine supplies at sustainable prices. However, **given the significant change in the likely nature and scale of the programmatic and financial challenges in countries brought about by COVID-19, it has been decided to temporarily pause the launch of the comprehensive MICs approach for the duration of the pandemic**, as the package of interventions it envisaged would not be an appropriate fit for the new challenges currently faced by countries. **With the pausing of the MICs approach, the PPC was asked to provide guidance** on Gavi's role and approach to support former Gavi-eligible countries in the interim to mitigate backsliding risks, including on the extent and modalities of possible Gavi funding.
- c) **The PPC agreed with the importance of supporting former Gavi-eligible countries to address the emerging risks of backsliding in immunisation programme performance due to COVID-19.** The PPC stressed that any support approaches should be well targeted and focused on specific risk drivers identified. It noted the significant progress achieved over the last few years in enhancing the sustainability of vaccines introduced with Gavi support, and, in this context, emphasised that any support should be carefully designed so as to avoid creating perverse incentives that could jeopardise the sustainability of progress achieved so far.
- d) **In response to these identified needs, the PPC suggested to allocate a limited amount of Gavi funding to mitigate backsliding risks, where well justified and needed, in former Gavi-eligible countries.** Possible areas of support could include, for example, time-limited support for activities to restore immunisation coverage such as intensified outreach, periodic intensification of routine immunisation (PIRIs) and technical support to adapt the delivery of routine immunisation services or the development of immunisation recovery plans. Any engagement will be assessed on a case-by-case basis based on a clearly determined need. The PPC noted that **Gavi funds should generally only be deployed exceptionally** when countries are unable to secure alternative sources and other options, such as multilateral development banks and other donors, are exhausted. Financing for vaccines would not be included as part of this package of support. If special cases are identified, such as countries whose observed needs are significantly larger than can be accommodated within the current proposed scope, or countries facing vaccine financing challenges, the Secretariat will raise them for the Board's attention separately.

- e) **The experience accumulated over the last years has shown that the Gavi model has worked well**, and the fact that most transitioned countries have already procured their self-financed vaccines is an important demonstration of continued country engagement and ownership. However, the pandemic's impact is unparalleled in scale, and has the potential to significantly jeopardise the gains countries have made with Gavi support, and, as a consequence, the credibility of Gavi's model. **This time-limited and targeted support aims to specifically address the unique circumstances brought about by COVID-19, and is therefore not expected to create a precedent that might detract from Gavi's sustainability approach.**
- f) Currently, Gavi support for former Gavi-eligible countries is limited to technical support through the post-transition engagement approved by the Board in 2018, and resources allocated for this purpose are mostly utilised. The PPC broadly endorsed the idea of supporting former Gavi-eligible countries to prevent backsliding in performance due to COVID-19, and in view of the urgency of the issue and the uniqueness of the current pandemic context, **it is proposed to approve targeted support (excluding vaccine financing) in 2020 and 2021 for former Gavi-eligible countries to address an identified risk of reduction in coverage rates of vaccines introduced with Gavi support.** Based on a preliminary assessment of needs and previous experiences, and to ensure that this targeted support is not perceived as being open-ended, the allocation will be of up to US\$ 20 million, and will be funded through the flexibilities granted to the Gavi CEO by the Board in May 2020 to respond to the COVID-19 pandemic.<sup>16</sup> The Secretariat will report back to the PPC and the Board on the use of these resources, alongside lessons learnt for future consideration.

## **Section D: Impact of COVID-19 on Gavi 5.0 operationalisation**

- 3.1 **At its 11 May 2020 meeting the Board discussed the implications of COVID- 19 on the Gavi 5.0 goals and objectives. This section focuses on the impact on operationalising the new strategy.** Given the uncertain impact of COVID-19 in countries and bandwidth constraints in the Secretariat, the Alliance and countries, **some of the operationalisation work is being slowed down and adjusted to respond to the new realities in countries.**

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<sup>16</sup> At its 11 May meeting, the Board "Noted the authority granted by the Board in March 2020 to the CEO to adjust budget amounts by up to 20% for the purposes set out in the Programme Funding Policy and granted the Gavi CEO the authority to adjust and/or exceed the aggregate overall Gavi forecasted amounts for 2020 and 2021 by up to 20% to respond to the COVID-19 pandemic". The financial forecast provided to the Board in 2019 included an allocation of resources (US\$ 281 million) for the period of 2021-2025 for work with Middle-Income Countries (MICs) which included former Gavi-eligible countries.

- a) Gavi anticipates that the work on **measurement & accountability** to continue, integrating implications linked to COVID-19 (see Doc 06). The work on aligning Gavi's **programmatic approaches** to Gavi 5.0 priorities, redesigning Gavi's **portfolio management processes, partnership model** and **approach to innovation** will continue at a slower pace acknowledging the reduced bandwidth within the Secretariat and key partners.
- b) The Steering Committee guiding the **FPR recommended that the review be paused in light of the COVID-19 pandemic** given limited country capacity to enact new policies. The PPC recommended that select FPR shifts (approved by the Board in December 2019 for inclusion in new funding policies) are adopted alongside Gavi's existing policies following the June 2020 Board meeting. These specific provisions prevent interruptions in funding, facilitate countries' full and timely access to funding, align with new funding cycles and remove unnecessary requirements. These include: a revised HSS allocation formula so amounts can be communicated to countries entering planning processes; removing the cap of US\$ 100 million on HSS allocation ceilings; removing the poorly performing performance-based funding (PBF) approach; integrating CCE into the HSS envelope (with adjustment dependent on potential expansion of the CCEOP as described in Doc 05) and removing the generic programme filter. Given the comprehensive approach taken for the COVID-19 response, other previously approved policy changes (such as to the Co-financing Policy) would not be relevant at this time and could be revisited with the re-start of the FPR.

The PPC requested the Secretariat monitor any unintended impact of moving forward with these provisions and ensure that **integrating CCE and HSS does not result in CCE investments displacing other, critical activities to strengthen health systems**. The requirement to programme a minimum amount of the HSS grant for equity would mitigate this risk in part, and the Secretariat will explore putting in place other safeguards as needed. Finally, while the PPC recognised **removing the generic programme filter would reduce unnecessary barriers to vaccine introductions**, they also emphasised the importance of continuing to assess 'country readiness' and that this could be better achieved by developing vaccine-specific introduction criteria in operational guidance. **The Board is requested to authorise the immediate roll-out of these shifts.**

## **Section E: Actions Requested of the Board**

The Gavi Alliance Board is **requested** to:

**Approve** targeted support (excluding vaccine financing) to former Gavi-eligible countries to address an identified risk of reduction in coverage rates of vaccines introduced with Gavi support in that country, **noting** that the financial implications are expected to be up to US\$ 20 million, to be funded through the flexibilities granted to the Gavi CEO by the Board in May 2020 to respond to the COVID-19 pandemic.

The Gavi Alliance Programme and Policy Committee **recommends** 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:

- a) 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);
- b) Allocating HSS resources according to four criteria: equity (number of zero-dose children), coverage (number of under-immunised children), ability to pay (GNI pc), and population in need (birth cohort), with all four criteria equally weighted;
- c) 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;
- d) Integrating support for CCEOP into HSS support; and
- e) Discontinuing the mechanism of awarding Performance Payments (as set out in the HSIS Support Framework).

### **Annexes**

**Annex A:** Updated Alliance KPIs dashboard

**Annex B:** Strategy Indicators reported as originally defined

**Annex C:** AFC update on risk management

**Annex D:** Update on Funding Policy Review

**Annex E:** Gavi 5.0 MICs Approach and COVID-19

**Annex F:** Risk implication and mitigation for COVID-19

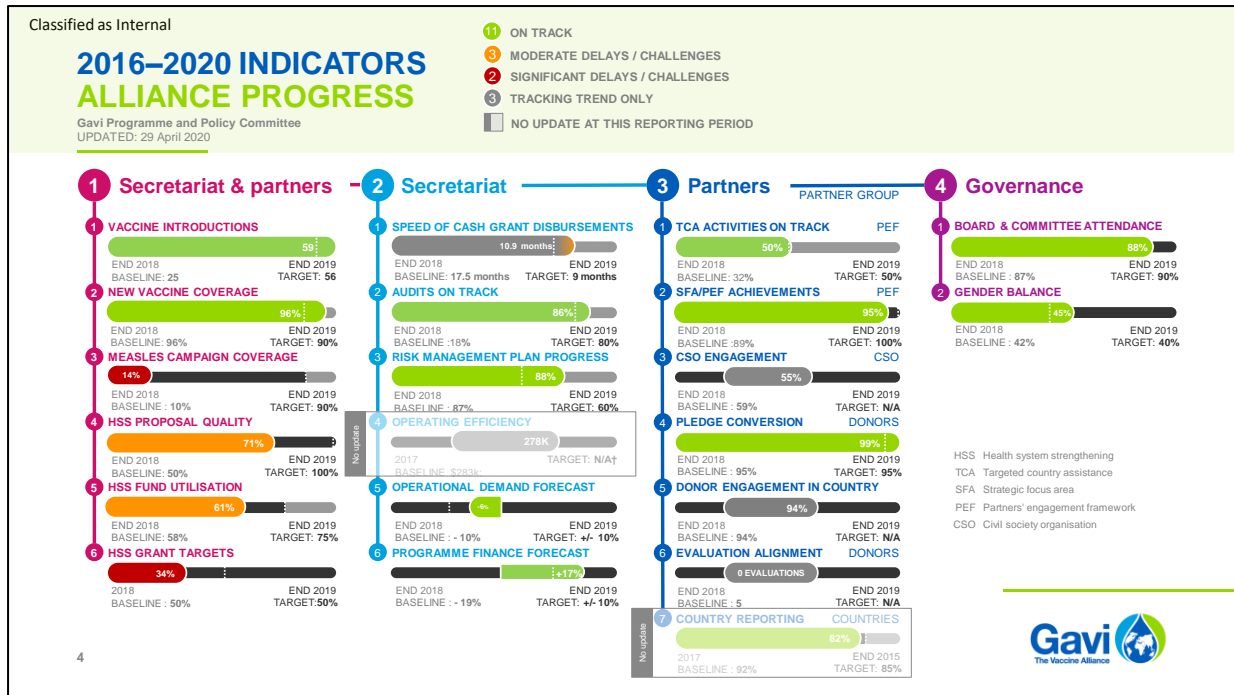


**Additional information available on BoardEffect**

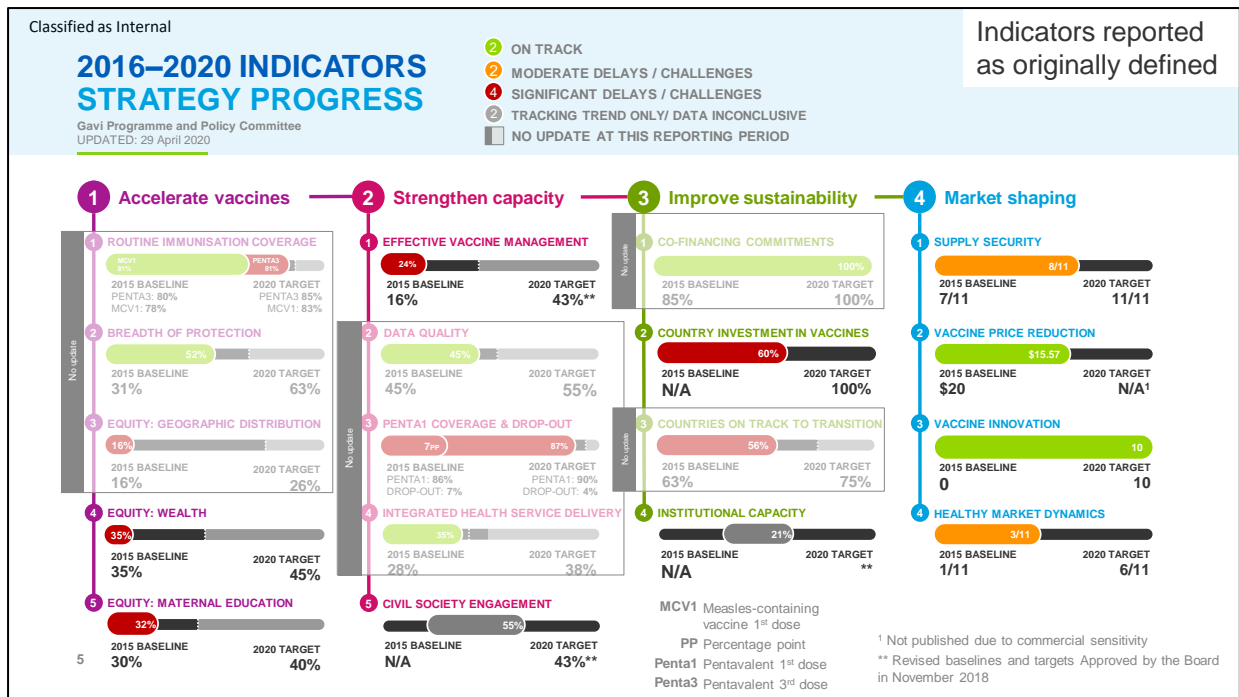
**Appendix 1 (in May 2020 PPC meeting book):** Annex D to Doc 03 *Strategy: Progress, Challenges and Risks and implications of COVID-19 on Gavi 5.0 Operationalisation*

**Appendix 2 (in Resource Library under “CEO Updates, Reports & Presentations to Board”):** COVID-19 Situational Reports

**Annex A: Updated Alliance KPI dashboard**



**Annex B: 2016-2020 Strategy progress dashboard with original indicator definitions**



**SUBJECT: RISK MANAGEMENT UPDATE**

**Agenda item: 06**

**Category: For Information**

### **Section A: Summary**

- This paper provides a high-level update on major changes in Gavi's risk profile since the Risk & Assurance Report was discussed by the Board at its December 2019 meeting, as well as an update on progress in strengthening risk management across the Alliance.

### **Section B: Risk Management update**

#### **1. Changes in Gavi's risk profile since December**

- 1.1 The COVID-19 pandemic has led to an extraordinarily uncertain environment with a significant impact on Gavi's risk profile. Depending on how the pandemic evolves, it has the potential to significantly affect Gavi's mission and strategic goals, as well as the operations of the Secretariat and Alliance Partners, both during the acute crisis and the eventual recovery phase.
- 1.2 Many of Gavi's existing corporate and programmatic top risk<sup>1</sup> are impacted, but risks may look different across different scenarios depending on how the pandemic unfolds. Significant uncertainties exist regarding the severity and spread of the pandemic, the breadth and duration of control efforts such as social distancing measures, the economic and financial impact of those measures, and the effectiveness of the policy response to mitigate the economic impact.
- 1.3 **It is possible that the current lock-down measures in many developed countries (staying at home, travel restrictions) will last or return regularly based on a surge in cases until a vaccine is available**, e.g. due to an inability to find suitable exit strategies, the possibility of second waves and resurgence of the disease, potential reinfection or reactivation in recovered patients, or a virus mutation. This situation would significantly affect corporate risks related to **Secretariat disruption**, **Secretariat capacity** and **Partner capacity**. Although the current work-from-home situation is manageable for now, an extended period will increase already mounting risks related to staff wellbeing, mental health and productivity (due to childcare and home-schooling duties). It could also impair efficient

<sup>1</sup> See <https://www.gavi.org/news/document-library/gavi-risk-and-assurance-report-2019>. Bolded risks in this paper refer to top risks described in more detail in the Risk & Assurance Report.

collaboration (including among Alliance partners) and decision-making (including in virtual Board meetings) and could affect staff capacity and institutional knowledge due to sick leave or even deaths, combined with hiring and onboarding difficulties given travel restrictions. This could also include disruption to Board or Secretariat leadership. The risk of **IT disruption** is also heightened with the increased demand on IT systems for working virtually. With a global increase in cyber-attacks aiming to take advantage of the current situation, Gavi may be targeted specifically due to increased visibility during replenishment and as part of the global COVID-19 response. The Secretariat's crisis management team continues to monitor the evolution of the pandemic on a daily basis and ensures that appropriate actions are taken to minimise risks to Secretariat operations and business continuity. Staff is kept informed and staff morale is supported through frequent newsletters, a dedicated intranet site, all-staff meetings, a staff survey to better understand challenges and virtual wellness classes.

- 1.4 Prolonged travel restrictions would furthermore continue to impair adequate grant oversight, technical assistance and progress monitoring in Gavi-supported countries. It also increases the risk of **misuse by countries** with audits on hold and in-country fiduciary agents being impaired in their assurance activities. Emergency reprogramming of HSS funding (to help countries respond to the COVID-19 pandemic and keep immunisation programmes going) used a fast-tracked application and review process, but a risk lens was applied with lower risk personal protective equipment being the largest area of funding, procured by UNICEF Supply Division. Lock-downs also pose a heightened risk of **global supply shortages** with closed borders potentially delaying shipments and manufacturers potentially needing to close businesses for social distancing purposes. This is being monitored closely and UNICEF is in constant contact with existing suppliers. A diverse supply base is an existing mitigation across all markets.
- 1.5 **It is also possible that a relatively quick de-escalation of the pandemic will take place**, e.g. due to the virus dying out, roll-out of large-scale testing and targeted isolation of cases, effective treatment or a vaccine becoming available, or a change in acceptance of the health impact in favour of the economy. When restrictions will be (gradually) lifted, there is a risk that the facilities and staff are not yet ready or do not yet feel safe for a return to the office. The Secretariat is preparing for appropriate measures including desk and meeting room spacing (if social distancing will still be required) and a continued work-from-home policy to drive new ways of working. Flexibility will be required as cases could increase again, and restrictions may be re-escalated.
- 1.6 If a COVID-19 vaccine would become available, there is a risk that access will not be equitable, and the Alliance is not able to effectively roll this out in Gavi-supported countries as soon as possible. The Secretariat's COVID-19 project team is working through different workstreams on influencing the global community and R&D processes to prioritise vaccine candidates which reflect the needs and preferences of Gavi-supported countries, incentivising the manufacturing, allocation and procurement of suitable

vaccines for Gavi-supported countries, and ensuring that vaccination programmes and guidance are available for countries to rapidly deliver COVID-19 vaccines where they are most needed. Being part of a COVID-19 vaccine roll-out will likely attract global attention and therefore capitalising on this poses a clear opportunity to advance Gavi's mission. It can however equally come with reputational and security risks in case of failures, adverse events following immunisation (AEFIs), or due to geopolitical tensions, social unrest and anti-vaccine sentiment and conspiracy theories surrounding COVID-19. The Secretariat is looking into monitoring and mitigating these risks as well.

- 1.7 **It is possible that the health impact in (some) Gavi-supported countries will become significant** when the pandemic fully spreads to and within these countries (if this is not already the case given likely under-reporting of cases due to poor **data quality** and disease surveillance). COVID-19 may equally overwhelm very weak health systems in Gavi-supported countries, while control measures currently used in developed countries to avoid this (e.g., staying at home and closing businesses) will not be implementable in many developing country settings. This situation would risk significant disruption of Gavi-supported routine immunisation programmes, as **country management capacity** in EPI (Expanded Program on Immunization) units and frontline health workers may be diverted to respond to COVID-19 or may suffer from absenteeism and fatalities, and **Partner capacity** to deliver technical assistance may also be impaired. Furthermore, there may be **insufficient demand** for routine immunisation due to social distancing measures or fear of visiting a health clinic, or due to disinformation about vaccines (there is already an alarming surge in rumours and conspiracy theories surrounding COVID-19 circulating on social media). Unused vaccine stock may expire and result in **closed-vial vaccine wastage**. With routine services interrupted it will be a struggle to reach existing communities, let alone to **reach the under-immunised** in missed communities. Vaccine introductions and planned preventive campaigns have already been suspended and this will affect coverage and equity targets. It will also lead to a significant growth in the number of susceptible persons, increasing the risk of **vaccine-preventable disease outbreaks** (e.g. measles, polio, diphtheria), although social distancing measures may help limit transmission in some contexts for a while.
- 1.8 A significant surge in the need to help countries respond to the COVID-19 pandemic and the need for reprogramming may overwhelm **Secretariat capacity** and may have opportunity costs. It could also lead to budget overruns, but as there may equally be underspend on core activities and routine immunisation, the overall impact on **forecasting variability** may be limited financially (although demand forecasts will likely be affected).
- 1.9 After the immediate crisis ends (or impact in some Gavi-supported countries turns out to be lower than expected, e.g. due to age distribution or climate-related factors), there is a risk that the Alliance is not ready to restore affected health systems and routine immunisation, launch mass vaccination campaigns to catch up on missed cohorts, and reach a potentially enlarged

number of zero-dose communities. **Country management capacity** and resources may fall short to plan and coordinate a large amount of catch-up campaigns, and short timelines may result in **sub-optimally planned campaigns** that do not achieve intended results. There is also a risk that Gavi may spend more time battling **vaccine-preventable disease outbreaks** at the expense of routine immunisation activities.

- 1.10 The Secretariat's COVID-19 project team is working through different workstreams on maintaining high and equitable immunisation coverage in Gavi-supported countries during and after the pandemic by providing flexible support to countries to protect, sustain and restore immunisation and frontline health services.
- 1.11 **It is also possible that the pandemic will trigger significant economic impact** globally (e.g. a deep global recession) and/or in Gavi-supported countries, e.g. due to the economic impact of prolonged lock-downs with closed businesses, travel restrictions and reduced demand given social distancing, an insufficient or ineffective monetary and fiscal policy response, increased protectionism and trade barriers, a redirection of global supply chains, or severe debt crises (e.g. with a rising USD and a slump in commodity prices). This situation would significantly affect risks related to prioritisation of domestic immunisation financing by Gavi countries and may result in more co-financing defaults (if co-financing waivers won't be applied) and health workers not receiving salaries. It will also pose risks to a **Sustainable transition** out of Gavi support as countries reprioritise work on transition, or already transitioned countries may see backsliding or regain eligibility. Severe economic crises in Gavi countries can furthermore lead to political instability, social unrest and conflicts.
- 1.12 Economic distress may also result in critical suppliers defaulting, which could lead to disruption in the supply and production of vaccines, syringes and cold chain equipment, or an inability to recover already committed expenses (e.g. on flight tickets with airlines and travel agencies at particular risk). There is also a risk of considerable foreign exchange fluctuations, lower investment asset prices and liquidity, and a reduction in IFFIm's frontloading capacity (due to a lower gearing ratio), or a potential downgrade of IFFIm, lower pledges or even defaulting by IFFIm donors. While globally attention for infectious diseases and global health security has increased and this may pose an opportunity for replenishment and **donor support**, a deep recession may shift donor country priorities towards domestic challenges and constrain their budgets. Major foreign exchange fluctuations may also pose difficulties for the valuing of donor pledges.

## 2. Risk Management update

- 2.1 The Risk function has been engaging actively with the business, and continues to do so, to ensure that COVID-19 related risks are timely identified, managed and monitored. As part of the initial Secretariat's preparedness group (established before the outbreak developed into a pandemic and a crisis management team was set up) risks to business

continuity and staff health and safety were identified and measures put in place based on a defined set of escalation triggers. The Secretariat Risk Committee has discussed the high-level changes in Gavi's risk profile as described above and is aligned on potential programmatic effects on health systems, health financing and Gavi processes to inform planning assumptions for Gavi's broader programmatic response.

- 2.2 The Risk function is also in the process of undertaking its review of the application of the Three Lines of Defence<sup>2</sup> model in Gavi, rethinking its scope, structure and roles, and capacity and capabilities. An initial Risk Committee discussion examined the potential need to differentiate between defining three lines based on risks related to the Secretariat's role in grant management versus defining three lines based on risks related to in-country immunisation programmes. There was also recognition that the model may need to be expanded to include all types of risks (including corporate risks), with risk themes as the basis for structuring rather than assigning existing teams to different lines of defence.

### **Section C: Actions requested of the AFC**

This report is for information only.

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<sup>2</sup> The best practice Three Lines of Defence model separates roles and responsibilities across first line functions to understand, monitor and actively manage risks, second line functions to provide objective specialist advice and appropriate checks and balances, and a third line audit function to provide independent assurance on the effectiveness of risk management by the first and second lines.



## **Annex D: Update on Funding Policy Review**

As part of operationalising Gavi 5.0, the Secretariat conducted a two-phase review of Gavi's existing funding policies: **Eligibility & Transition Policy, Co-Financing Policy and the Health System & Immunisation Strengthening (HSIS) Support Framework**<sup>1</sup>. The purpose of this annex is to inform the Board of the status of this Funding Policy Review (FPR) in light of the COVID-19 pandemic, and to provide greater detail on the decision points in Doc 03.

### **1. Scope, Context and Approach**

- 1.1 The FPR is an integrated review to update the core policies which define Gavi funding to countries<sup>2</sup>. Until now, these policies have been developed and updated individually and separately. This concurrent review enabled an aligned update to the funding policies, simplifying burdensome processes and realigning objectives and incentives.
- 1.2 **These three policies describe Gavi's principles and approach to the funding it provides.** Implementation experience indicates that **these policies have functioned largely well under the stable 'standard' conditions for which they were developed**, alongside the Fragility, Emergencies, Refugees Policy<sup>3</sup> and Gender Policy<sup>4</sup>.
- 1.3 The **Eligibility & Transition Policy** articulates which countries can access Gavi support and how this support phases out over time. It enshrines the key principles of time-limited and catalytic support focused on the poorest countries in the world, linked to a country's ability to pay as proxied by its gross national income per capita (GNI p.c.). It also provides a clear, institutionalised pathway for a country's eventual exit from Gavi support. In conjunction, the **Co-financing Policy** helps build long-term financial sustainability of vaccines introduced with Gavi support by requiring countries to invest resources to procure a certain share of these vaccines.
- 1.4 The **Health System and Immunisation Strengthening (HSIS) Support Framework** sets out the objectives, funding levels and essential requirements for HSIS support (including how health system strengthening (HSS) support is allocated across countries), to contribute to sustainable improvements in

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<sup>1</sup> The HSIS support framework operates in a similar manner as a Gavi policy, but with a greater level of detail. The FPR seeks to resolve this inconsistency with other Board-approved policies. This includes health system strengthening (HSS) grants, vaccine introduction grants (VIGs) and operational support for campaigns (Ops). The review also covered the Cold Chain Equipment Optimisation Platform (CCEOP), which is not currently part of the HSIS framework.

<sup>2</sup> While the FPR recommends alignment of funding to countries with funding for technical assistance through the Partners' Engagement Framework (PEF), PEF itself is included in a separate 5.0 operationalisation workstream on 'Partnerships'.

<sup>3</sup> The Fragility, Emergencies and Refugees Policy provides flexibilities to a country facing significant challenges due to exceptional circumstances as identified by humanitarian and emergency response partners. This policy went into effect in July 2017 and is not in scope for the FPR.

<sup>4</sup> A revised Gender Policy (see Doc 04) is also being brought to the Board for approval at this meeting. It is a programmatic policy designed to ensure that a gender lens is taken in Gavi's approach to supporting countries and country programming of Gavi's support to ensure access to immunisation for all.

equitable coverage of immunisation. Through the framework, countries have access to HSS support and other allocations which include support for vaccine introductions, operational support for campaigns and performance payments (performance-based funding).

- 1.5 Overall, these three policies have facilitated Gavi's mission of saving lives by sustainably extending the breadth and reach of immunisation while focusing Gavi's support on the poorest countries in the world. However, **select refinement of Gavi's policies would further drive success towards its mission** in response to the new Gavi 5.0 strategy and lessons learned from Gavi 4.0.
- 1.6 The **timeline** for this two-phase review was from June 2019 to June 2020, with two touchpoints with the PPC and Board in October / December 2019 and May / June 2020. Examination of **strategic shifts for Gavi 5.0** and **lessons learned from Gavi 4.0** resulted in a set of **problem statements** where Gavi's policies would benefit from a shift in approach. The problem statements and proposed solutions were identified and validated through **consultations with partners and countries, external evaluations** and **extensive analyses** and drew from **Board deliberations on Gavi 5.0** (e.g. March 2019 Retreat). A Steering Committee (SC) was established to provide strategic guidance and includes representatives from the **PPC/Board, Alliance constituencies, peer organisations and technical experts** with relevant subject matter expertise. The SC met four times, in June and September 2019 and in March and April 2020.

## 2. COVID-19 Impact

- 2.1 While originally the revised policies would have been brought to the PPC and Board this cycle, the COVID-19 crisis has become a more critical concern with increasingly dire public health and economic consequences. The SC and PPC agreed that **this would not be the right time to enact policy changes** and considered four main circumstances that have changed since the start of the FPR:
  - a) **Gavi's policy model was designed for stable contexts, but in the rapidly changing environment of a pandemic it does not allow for timely and responsive decision-making.** For example, GNI p.c. informs country eligibility and phases of support, which determine levels of co-financing and funding for operational support for vaccine implementation (e.g., operational support for campaigns). However as GNI p.c. data are updated once a year from the previous year's data, the economic impact of COVID-19 in 2020 would only start to emerge in the data at its next release in June 2021, and would only influence eligibility and phase of support from 2022 onwards.<sup>5</sup>

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<sup>5</sup> For example, 2021 eligibility status is decided in mid 2020, based on 2019 actuals of GNI pc. This effectively creates a 2-year time lag. This approach is appropriate for a "steady state" of country development, but is less suitable for a context in which major and rapid shifts of GNI pc could take place in many countries.

- b) Countries are confronting a number of challenges in the face of COVID-19 as they attempt to implement control measures and divert health resources towards the pandemic while attempting to maintain essential health services, including immunisation. **Changes in policy at this stage would not be a priority for countries whose capacity is fully utilised to respond to COVID-19 and would instead add an undue burden.**
  - c) In addition, it is **difficult to predict the conditions of the post-COVID-19 world and which elements of the revised funding policies would still be relevant.** The policies would need re-review to identify any additional adjustments for changed circumstances prior to implementation.
  - d) Gavi has already initiated a response to COVID-19, including **an extension of flexibilities to countries** earlier in the year. A **broader response** to support countries with COVID-19 is also underway. Finally, at its call in May 2020, the Board also decided for **2021 to freeze countries in their 2020 transition phases and at 2020 co-financing levels.**
- 2.2 In light of these circumstances, the SC and PPC agreed to **pause the FPR at this time** and monitor the progression of the pandemic to determine the right moment to revisit the timeline. The intention would be to **re-start the FPR using the current status as the starting point** and taking into account lessons learnt that might emerge from COVID-19.

### 3. Summary of Outcomes from the First Phase

- 3.1 The Board in December 2019 approved an initial set of policy shifts, which would have been incorporated into revised policies. Developed in response to a selection of problem statements, these shifts will contribute to: an increased focus on **equity**, a stronger emphasis on **programmatic sustainability**, greater **differentiation** to target and tailor support to countries, particularly fragile contexts, and **simplification** and stronger **country ownership**. The specific shifts are detailed in Appendix 1.

### 4. Summary of Outcomes from the Second Phase

- 4.1 In the second phase of the FPR, further analyses were conducted to refine and finalise the approved policy shifts and to develop options against the problem statements which were not brought for approval in the first phase. A large multi-stakeholder consultation was also convened in February 2020, and the SC held its final meeting in April 2020.
- 4.2 The final step of the second phase was to bring together the policy elements into a set of updated policies. Given the pause on the FPR, the revised funding policies were not reviewed by the SC, and they will need to be revisited in light of changed circumstances post-COVID-19. Additional detail on the proposed structure of the updated policies can be found in Appendix 1.

### 5. Next Steps

- 5.1 While the SC recommended that the FPR be paused, members also recognised that some FPR provisions that the Board had approved in December 2019

should move forward alongside the broader COVID-19 response. Implementation of these provisions in advance of finalised approved policies would prevent interruptions in programmes and funding, align with funding cycles and facilitate countries' access to the full amount of funding. These provisions include:

- a) **Formula to allocate HSS and removal of the US\$ 100 million cap for HSS allocation ceilings:** This will allow Gavi to communicate the amount of HSS for which countries can apply for those entering the full portfolio planning phase this year. The Secretariat would also indicate to each country the portion of this allocation that is provided based on the number of zero-dose and underimmunised children and would therefore be expected to be programmed for equity, given the continued paramount importance of reaching these children and their communities. The PPC also noted the importance of engaging CSOs to achieve equity goals. The Secretariat will review its approach to CSO engagement and ensure that it is fit for purpose for Gavi 5.0.
- b) **Removing the performance-based funding (PBF) approach,** so that countries can utilise their full HSS ceiling, particularly those most negatively affected by the pandemic.
- c) **Integration of cold chain equipment (CCE) into the HSS envelope:** The PPC **endorsed** the principle of integrating CCE funding into the HSS envelope in the future. However, the timeline and modality of integration may need to be adjusted given immediate focus on rapidly scaling up cold chain equipment to support Gavi's efforts in accelerating and eventually deploying a COVID-19 vaccine and other commodities (see Doc 05). The PPC noted that it would be critical that such integration does not result in diversion of HSS resources away from other critical interventions. While this risk would be mitigated in part through the requirement to invest a minimum amount for equity and through robust in-country programming and independent review processes for new grants, the PPC requested the Secretariat ensure appropriate safeguards – including potentially a ceiling on the proportion of each grant that can be used for CCE – are in place to provide the right allocation balance.
- d) **Removing the generic programme filter:** While introducing new vaccines might not be a priority for most countries in the immediate term, removing the filter lowers barriers in equitable access for those countries that might prioritise introductions in the recovery period. The PPC recognised the important step of reducing unnecessary barriers to critical vaccine introductions and emphasised the need to utilise more relevant measures to ensure 'country readiness' for these introductions. This would be achieved through the inclusion of criteria more specific to individual vaccine programmes in operational guidance.

5.2 The PPC also considered whether to remove the requirement for joint investment in CCE. While they recognised that removing the requirement would reduce transaction costs for countries and speed deployment of CCE, they did not recommend a decision at this time. The Secretariat was requested to further

elaborate how sustainability and country ownership could be supported in the future, such as through requiring countries to fund maintenance for the equipment.

- 5.3 Finally, the Secretariat will continue to monitor the impact and progress of the COVID-19 pandemic to identify the best timing to revisit the FPR. Once the FPR is restarted, all policy shifts would be reviewed to determine if they are still fit-for-purpose for the post-COVID-19 world.

## Annex E: Gavi 5.0 MICs Approach and COVID-19

### 1. Introduction

- 1.1 In June 2019, the Board agreed that the Alliance's approach to former Gavi-eligible countries be institutionalised in Gavi 5.0. They requested that the Secretariat develop an approach with the objectives of **introducing key missing vaccines** and **preventing backsliding in immunisation coverage levels** post-transition. At that time, the envisaged package of support for former Gavi-eligible countries included political advocacy, technical assistance, innovation, market shaping, and catalytic financial support to jumpstart vaccine introductions.
- 1.2 Building on this foundation, the Board also requested the Secretariat to **explore how some elements of this approach could be extended to some<sup>1</sup> never Gavi-eligible middle-income countries (MICs)**. The engagement with never Gavi-eligible MICs would have a particular focus on **new vaccine introductions**, thereby addressing the inter-country equity challenge that is impossible to disregard in light of Gavi's ambitious goal of 'leaving no-one behind with immunisation'. The Board approved a funding envelope of **up to 3% of Gavi 5.0 planned expenditure** (approximately US\$ 300million) for the delivery of the MICs Approach.
- 1.3 Following this decision last year, the Secretariat has been developing the detailed MICs Approach in close collaboration with countries, donors, partners, expanded partners, and other key stakeholders. The Secretariat had prepared to bring this approach to the PPC and Board for decision in May and June 2020. Section 2 of this paper outlines the Approach that had been developed prior to COVID-19 and Section 3 indicates the implications of COVID-19 on this Approach and how the Secretariat will act in response.

### 2. The MICs Approach that had been developed prior to COVID-19

- 2.1 The MICs Approach, as had been prepared for presentation to the PPC and Board, had two primary objectives: to **prevent backsliding in vaccine coverage in former Gavi-eligible countries**, and to **drive the sustainable introduction of key missing vaccines in both former and select never Gavi-eligible countries**. Alongside these primary objectives, the Approach had a number of important secondary objectives: to improve inter- and intra-country **equity**; to maintain and improve access to **sustainable vaccine pricing**; to open up access to **new technologies and innovations**; and to **mobilise and maximise domestic resourcing**.
- 2.2 The Approach was designed to **leverage the existing expertise and activities of Alliance partners and expanded partners**, as well as to build

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<sup>1</sup> Never Gavi-eligible countries in scope of the MICs Approach included countries with a GNI p.c. up to \$6,000 and that were missing at least one of three key vaccines (PCV, Rotavirus and HPV). The Secretariat was also proposed the inclusion of some select small island states, in line with the World Bank definition of IDA.

on the **considerable wealth of knowledge and capacities of MICs**. Significant emphasis was placed on working through **new partners**, on **deepening Gavi's collaboration with the Global Fund**, engaging with **CSOs**, and supporting **regional and country-led platforms**.

- 2.3 The Approach was also based on a **learning agenda**: recognising the scale of the challenge of engaging with never-Gavi eligible MICs, whilst having confidence in the Alliance partners' deep expertise. Successful implementation of the MICs Approach required **new ways of working**, and the Secretariat was ready to operate in an iterative manner, reflecting and improving at each step, as well as remaining flexible to adapt both the way we worked and the tools that we had at our disposal.
- 2.4 A significant amount of learning was taken from the experience of **post-transition engagement** in the design of the Approach, for example: ensuring that investments would be mid-to-long term, results-orientated, and with clear accountability frameworks; and that country support be targeted and catalytic, with a clear exit strategy.
- 2.5 Taking as a foundation the package of support that had already been approved by the Board for former Gavi-eligible countries, the Secretariat designed the MICs Approach around **three mutually-reinforcing levers**, designed to both tackle the causes of backsliding and to address the bottlenecks that prevent sustainable new vaccine introductions. The three levers were:
- a) **Advocacy and political will building**: Strengthening countries' political commitment to immunisation and new vaccine introductions by using the convening power of the Alliance to bring together leaders and decision makers, demonstrating the value of immunisation by sharing and promoting evidence on the value of immunisation, and working globally, regionally and at country level in a multi-dimensional approach to advocacy.
  - b) **Enhancing the immunisation ecosystem**: Engaging with countries in a deeply targeted way, along a clear theory of change, to address specific identified bottlenecks that lead to a risk of backsliding or that prevent new vaccine introductions. Leveraging the extensive expertise of partners to surgically deploy relevant interventions to strengthen institutions, build the vaccine investment case, mobilise domestic resources, improve efficiencies, build capacity, support evidence-based decision making, and to find and share innovative approaches (for example to reach zero-dose children) and information about new technologies.

- c) **An innovative financing facility for procurement:** An innovative financing facility to augment UNICEF SD's existing procurement model, leveraging Gavi's financing capacities to provide long-term demand guarantees and short-term liquidity to assure timely payments. Together, these features would have reduced the risk of unpredictable demand and addressed a key bottleneck for countries unable to pre-pay, providing manufacturers with the opportunity to offer more sustainable vaccine prices, in line with tiered pricing principles. Procurement support to countries would have also included some limited vaccine catalytic financing to jump-start new vaccine introductions, building on the successful experience of this tool in other Gavi-supported countries.
- 2.6 Across the three levers there would have been a **differentiated approach** to working with the different 'tiers' of countries<sup>2</sup>. These tiers reflected the Board's previous approval to support former Gavi-eligible countries with an agreed package and a desire to see the energy of the Secretariat mainly focused on former Gavi-eligible countries. The differentiation also reflected the Board's guidance to differentiate between never Gavi-eligible MICs with a GNI p.c. up to \$4,000 and those with a GNI p.c. between \$4,000 - \$6,000<sup>3</sup>. For example: whilst all countries would have benefitted from regional and global efforts to strengthen political commitment to immunisation, former and never Gavi-eligible LMICs would additionally have received country-focused advocacy support; and vaccine catalytic financing would not have been available for never Gavi-eligible MICs with a GNI between \$4,000 - \$6,000. This differentiated approach was also reflected in the planned Secretariat resourcing.
- 2.7 The Approach was designed to fully align with the Alliance's comparative advantages and to leverage available resources in a way that delivered the greatest impact. As such, it was not envisaged that health systems strengthening support or financing multi-year procurement of vaccines would be part of the engagement with countries.
- 2.8 The MICs Approach was designed in close collaboration with a wide range of stakeholders including Alliance partners, expanded partners, countries, donors, CSOs, manufacturers, as well as new potential partners such as the Global Fund and global and regional initiatives. Throughout the development process stakeholders were highly engaged and there was open and constructive debate towards the co-creation of the MICs Approach.
- 2.9 Extensive rounds of consultations were undertaken to design and refine the Approach. This included numerous country consultations, including dedicated country visits, to explore country barriers and to co-design

<sup>2</sup> Former Gavi-eligible countries, never Gavi-eligible MICs with a GNI up to \$4,000 p.c., small island states, never Gavi-eligible MICs with a GNI between \$4,000 and \$6,000 p.c

<sup>3</sup> In June 2019 the Board provided guidance that engagement with never Gavi-eligible lower middle-income countries (LMICs) - those with a GNI per capita up to \$4,000 - would be along the same set of modalities as for former Gavi-eligible countries, but that the modalities of engaging with never Gavi eligible countries with a GNI between \$4,000-\$6,000 may be different.



solutions. Wide-ranging conversations with representatives from WHO, PAHO, UNICEF SD and PD, World Bank, Global Fund, CSOs, and other initiatives were held (often at global, regional and country level) to identify clear synergies and opportunities for collaboration, and detailed discussions were had with manufacturers to benefit from their perspectives.

- 2.10 **The draft MICs Approach was built to clearly articulate the role and expertise of different partners towards a common objective, showcasing the potential for the Alliance to bring together and amplify the impact of partner's efforts, highlighting the Alliance's unique and comparative advantage to deliver on the Approach's objectives.**

### 3. The implications of COVID-19 on the MICs Approach

- 3.1. Whilst the impact and implications of the COVID-19 pandemic on countries' health systems and economies are still emerging, it is clear that many countries will meet at least some disruption, with the potential for almost all countries to experience significant negative consequences as a result of both the measures taken to respond to the crisis and protect their populations, as well as the wider global economic impact.

- 3.2. In the face of this new reality, the objectives and spirit of the MICs Approach are more relevant than ever:

- a) **Preventing backsliding in routine immunisation coverage:** COVID-19 increases both the likelihood and potential extent of backsliding. There is even greater impetus to ensure that immunisation programmes are not decimated by the pandemic.
- b) **Supporting the sustainable introduction of new vaccines:** As and when a COVID-19 vaccine becomes available, it will be critical to ensure that access to this vaccine is governed by equitable allocation and sustainable pricing principles.

- 3.3. The Secretariat recognises, however, that during the pandemic response phase (and possibly also for some time afterwards, depending on the extent of recovery required), new vaccine introductions of PCV, Rota and HPV<sup>4</sup> are unlikely to be the priority in many countries. Furthermore, given the exceptional circumstances in which countries may find themselves over the coming 12-24 months, the original package of support envisaged under the MICs Approach may not be sufficient to help countries to meet these challenges.

- 3.4 **The PPC recognised the emerging risks of backsliding in immunisation programme performance due to COVID-19 in former Gavi-eligible countries and suggested to allocate a limited amount of Gavi funding to mitigate backsliding risks in these countries, where well justified and needed.** This is described in more detail in Doc 03. Any interim engagement with never Gavi-eligible countries will be focussed on

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<sup>4</sup> These three vaccines were to be the initial focus of the MICs Approach in providing support to countries for new vaccine introductions

measures to enable equitable access to a future COVID-19 vaccine for middle income countries (see Doc 05).

- 3.5 Once countries have mitigated the worst of the crisis, the Secretariat believes that the original focus of the draft MICs approach will once again be in demand. This includes not only addressing the systematic weaknesses in routine immunisation programmes to prevent backsliding of immunisation coverage, but also tackling the bottlenecks that prevent the sustainable introduction of high impact vaccines such as PCV, Rotavirus and HPV.
- 3.6 The Secretariat therefore plans, when appropriate, to bring back to the PPC and Board the draft MICs approach. And although the objectives of the approach brought forward at that time may be in line with the original objectives, it may well be necessary to adapt the approach to reflect the realities of countries that are rebuilding after the pandemic.
- 3.7 Gavi's response to the COVID-19 pandemic in MICs in the coming months and years also presents a real opportunity for significant learning that could and should be incorporated into a refined MICs approach, further justifying the rationale to take time to reflect on the original MICs approach, developed prior to the pandemic, before bringing an approach to the PPC and Board for decision.

## Annex F: Risk implication and mitigation

- COVID-19 creates unprecedented risks to the economies, health systems and immunisation programmes of Gavi-supported countries. A failure to respond adequately risks undermining the progress that has been made in strengthening immunisation coverage, equity, financing and programmes in current and former Gavi-eligible countries. If these countries see a sustained backsliding in immunisation coverage, or even drop a vaccine, this will pose serious questions about the sustainability of the Gavi model. The financial cost for countries to address gaps in coverage or to reintroduce vaccines will be significant. The approach described in this paper should help mitigate those risks.
- There is a risk that if many countries are granted flexibilities, this could make the exceptions in the FER policy common across the portfolio and thereby limit implementation of Gavi's standard policies. There is also a risk that the Alliance will have to make decisions on adjusting support to countries rapidly and with inadequate information, which could result in suboptimal allocation of resources or fiduciary risk. To mitigate this, the Secretariat will develop a clear approach to determine when and how flexibilities are granted and new HSIS funding applications will be subject to external review to ensure that the requested flexibilities are justified and proportionate. The Secretariat will systematically track all flexibilities and develop a clear approach to transition countries to updated 'standard' policies post-COVID.
- There is a risk that the additional flexibilities will result in accelerated expenditure from Gavi's HSIS and PEF envelopes over the next 1-2 years. While this will help countries to respond to the pandemic, it would also mean that additional funding would be required to ensure countries continue to have access to adequate support in the latter years of Gavi 5.0. To mitigate this risk, the Secretariat will continue to monitor the financial impact of the flexibilities granted and report to the AFC, PPC and Board.
- There is a risk that Gavi's support is inadequate to mitigate the impact of COVID-19 on countries' immunisation programmes and this could result in a resurgence of VPD outbreaks and mortality. To mitigate this risk, the Alliance will engage closely with other development partners to ensure a coordinated approach to help countries maintain and restore immunisation programmes as part of a PHC response. The Alliance will continue to monitor the performance of immunisation programmes and report to the Board if further interventions are needed.
- There is a risk that the Secretariat and Alliance partners may have inadequate capacity to manage the COVID-19 response, while also maintaining existing programmes and preparing for implementation of Gavi 5.0. To mitigate this risk, the Alliance will seek to coordinate support for COVID-19 recovery with implementation of Gavi 5.0, and will closely monitor if existing resources are adequate or surge capacity is required.

**SUBJECT:** COMMITTEE CHAIR AND IFFIM BOARD REPORTS

**Agenda item:** 04

*To follow*

**SUBJECT:** COVID-19: VACCINE DEVELOPMENT, ACCESS AND DELIVERY

**Agenda item:** 05

*To follow*

**SUBJECT: GAVI 5.0: MEASUREMENT FRAMEWORK/STRATEGY INDICATORS**

**Agenda item: 06**

**Category: For Guidance**

## **Section A: Executive Summary**

### **Purpose of the report**

Following discussions at the October 2019 and May 2020 Programme and Policy Committee (PPC) meetings, the Board is requested to provide guidance on the Gavi 5.0 measurement framework. An Alliance Technical Working Group (TWG) is advising on development of the framework and ensuring alignment with Immunization Agenda 2030 (IA2030). An iterative process with broad consultations to vet indicators has included consultations with countries, partners, Civil Society Organisations and other Alliance stakeholders at the Gavi 5.0 Countries and Partners Retreat.

### **Questions this paper addresses**

- How is the 5.0 measurement framework being developed?
- Which indicators are currently suggested for 5.0 strategy performance monitoring, at which levels, and which require further development?
- How does the COVID-19 pandemic affect finalisation of the 5.0 measurement framework?

The COVID-19 pandemic will delay finalisation of the 5.0 measurement framework, largely due to the challenge of setting targets given uncertain 2020 baselines.

## **Section B: Gavi 5.0: Measurement Framework/Strategy Indicators**

### **1. Facts and Data**

- 1.1 Proposed Gavi 5.0 mission and strategy indicators are intended to measure progress towards the goals and objectives as described in the Gavi 5.0 strategy framework “one-pager” (Annex A), approved by the Board in June 2019. They focus on key portfolio-level impacts, outcomes or outputs, with shared accountability across the Alliance. They represent a subset of the metrics to be used for monitoring progress along Gavi’s result chain.
- 1.2 The following principles guide the development of Strategy Performance Monitoring (details provided in Doc 06 to the October 2019 PPC meeting):

- a) Measurement focus on the causal pathway to achieving Gavi 5.0 strategic goals.
  - b) Measurement for shared accountability that facilitates performance management, with an emphasis on informative, timely data.
  - c) Alliance ownership of strategy goals, objectives, indicators and targets.
- 1.3 Indicator development emphasises connecting indicators to the design of the Gavi 2021-2025 strategy. The Monitoring & Evaluation (M&E) team has worked with Secretariat programme teams, in consultation with Alliance stakeholders, to think through theories of change to identify the outputs or outcomes that must be measured to understand progress towards the Strategy Goals. Consultations during the Gavi 5.0 Countries and Partners Retreat on 25-27 February 2020 provided useful guidance on potential indicators. A TWG of M&E specialists, including representatives from core Alliance partners, reviews indicators and continues to advise the Secretariat. Considerable membership overlap between the TWG and the IA 2030 M&E Taskforce helps ensure alignment with IA 2030 indicators.
- 1.4 The PPC welcomed and emphasised the importance of aligning the measurement frameworks of Gavi 5.0 and IA 2030.
- 1.5 This paper describes current proposals for a subset of Gavi 5.0 mission and strategy indicators for Board guidance. These are summarised in a dashboard in Annex B and tables in Annex C, with technical details provided in Appendix 1. Strategy Goal 3 (Improve sustainability of immunisation programmes) indicators are pending decisions on the Funding Policy Review and Gavi's approach to engagement with former and never-eligible Middle-Income Countries (see Doc 03).

## **2. COVID-19 and the Gavi 5.0 measurement framework**

- 2.1 The onset of the COVID-19 pandemic resulted in less consultation on Gavi 5.0 indicator development than originally planned. As progress-to-date focused on defining indicators core to Gavi's mission, most of the indicators proposed here likely remain relevant for measuring Gavi 5.0 performance. Additional indicators may be required to monitor Gavi's response to COVID-19 at the request of the Gavi Board.
- 2.2 Potential delays in setting targets for Gavi 5.0 strategy indicators are anticipated due to COVID-19 disruptions. If disruptions to immunisation services are significant, selection of baseline values (e.g. for 2020) will be challenging this year, particularly as WUENIC estimates for quantifying the full effects on immunisation coverage will not be available until July 2021.
- 2.3 It is possible that finalising a small number of strategy indicators could be delayed into 2021 where policy development is affected by COVID-19, such as Strategy Goal 3 related to the Funding Policy Review (see Doc 03).
- 2.4 The PPC indicated that extending timelines was appropriate, but that new timelines must be established and adhered to. The PPC also suggested that

Gavi work with the Global Fund and the Global Financing Facility on developing an indicator to measure COVID-19 response efforts.

### 3. Mission Indicators

- 3.1 As outlined in the Gavi 5.0 strategy framework, Gavi's vision is to "leave no one behind with immunisation" and to "save lives and protect people's health by increasing coverage and equitable use of vaccines". The mission indicators are intended to measure progress on these overall goals, demonstrate Gavi's global impact and enable advocacy. Some are tied to commitments in the Gavi 2021-2025 Investment Opportunity. We propose 6 mission indicators (see Annexes B and C).
- 3.2 Four proposed mission indicators: *under-five mortality rate (M1)*, *future deaths (M2) and DALYs (M3) averted*, and *economic benefits unlocked (M6)*, are well-established impact indicators named in the Gavi 5.0 strategy framework and consistent with previous definitions (i.e. in Gavi 4.0).
- 3.3 For the "*Equity indicator (M4)*", we propose an indicator of the *number of zero-dose children*. There is agreement within the TWG and for IA2030 that "zero-dose" will be defined as children lacking the first dose of diphtheria, tetanus, and pertussis- (DTP-) containing vaccine, as a simple measure of the reach of routine immunisation services. This will likely be formulated as the *reduction in the number of zero-dose children*.
- 3.4 One additional mission indicator is recommended, "*unique children immunised with Gavi support (M5)*", defined as the number of children immunised with the last recommended dose of at least one Gavi-supported vaccine delivered through routine systems. This long-standing Gavi mission indicator features prominently in the 2021-2025 Investment Opportunity, with a commitment to reach another 300 million children.
- 3.5 Based on feedback from the TWG, PPC and participants of the Gavi 5.0 Countries and Partners Retreat, we recommend removing the two mission indicators in the Gavi 5.0 strategy framework: "*People (male & female) vaccinated with Gavi support across the life course*" and "*People (male & female) vaccinated with Gavi support against outbreak-prone diseases.*" These indicators proved difficult to operationalise and interpret in relation to other mission indicators. It is noted that people are not vaccinated over the life course in one year, and setting targets for the total number immunised against out-break prone diseases is challenging in the context of preventive campaigns and outbreak response. One option for measuring these concepts is to sum the total number of completed immunisations (as opposed to unique individuals). This approach, along with suggestions from the PPC, may be refined for use beyond mission and strategy indicators.
- 3.6 Some members of the PPC suggested elevating the four Sustainable Development Goal (SDG) 3.b.1 indicators (DTP3, PCV3, MCV2, and HPV coverage) to Mission level to signal SDG alignment and measure immunisation over the lifecourse. Currently, these SDG indicators are included within Strategic Goal 1 as they are drivers of breath of protection



(see Section 4.3). This substitution would expand the number mission indicators to 10, more than double the number from Gavi 4.0. While signalling SDG alignment is important, the Secretariat is concerned these indicators do lend themselves to simple statements about Gavi's impact, hence the suggestion to retain these at strategy level. The Secretariat will continue to discuss with partners, including through the IA2030 M&E Taskforce, about how best to communicate progress on SDG 3.b.1.

- 3.7 Previous consultations, including a PPC member, recommended potential inclusion of a mission-level indicator on sustainability. For example, *Vaccines sustained after Gavi support ends* has been used in Gavi 4.0.

#### 4. SG1 1 – Introduce and scale up vaccines

- 4.1 Under Strategy Goal 1 (SG1), the Alliance aims to continue supporting introductions and scale-up of coverage of high-impact vaccines in eligible countries. We propose structuring measurement towards this goal with indicators of breadth of protection through routine immunisation, reach of preventive campaigns and timeliness of outbreak response.

- 4.2 The first outcome indicator, *breadth of protection (S1.1)*, is defined as average coverage of all recommended Gavi-supported vaccines provided through routine immunisation, which was also used in Gavi 4.0.

- 4.3 Additional indicators have been identified to complement monitoring of *breadth of protection*. These key “drivers” of breadth of protection are: 1) coverage of Gavi-supported vaccines (SDG 3.b.1 indicators); 2) number of new introductions; 3) rate of coverage scale up of newly introduced vaccines; and 4) use of robust evidence to inform in-country decisions on vaccine priorities (i.e. **Strategic Objective 1A**).

- 4.4 The second outcome indicator, *measles campaign reach (S1.2)*, measures the ability of Gavi-supported preventive campaigns to reach children previously unvaccinated for measles. Preventive campaigns are most effective and efficient if they reach unprotected individuals to close immunity gaps. Measles has been selected due to ongoing measurement efforts to assess campaign reach, and the high coverage threshold required for herd immunity. The indicator is defined as the proportion of MCV zero-dose children targeted by a campaign that are reached by the campaign, and would be measured through post campaign coverage surveys.

- 4.5 The third outcome indicator, *timely response to outbreak response requests (S1.3)* measures the efficiency of the International Coordination Group (ICG) on vaccine provision and Measles & Rubella Initiative (M&RI) mechanisms in responding to vaccine preventable disease outbreaks in Gavi supported countries. The indicator can be disaggregated into separate steps, including the timely review, approval and shipment of vaccine doses. Monitoring the efficiency of the stockpile and outbreak response mechanisms will enable the Alliance to systematically identify specific bottlenecks and identify solutions. Concerns with this proposal are that it

does not reflect progress of country programmes in terms of learning from outbreak response, e.g. through root cause analysis with follow up action, or the effectiveness of the outbreak response.

## 5. SG2 – Strengthen health systems to increase equity in immunisation

- 5.1 Strategic Goal 2 (SG2) aims to strengthen health systems to increase equity in immunisation. Measurement of progress on SG2 is linked to the mission indicator on reaching *zero-dose children (M4)* and bringing them into the routine immunisation system (Strategic Objective 2A) through strengthening subnational efforts to improve equity by supporting countries to improve the supply (Strategic Objective 2B) and demand side of immunisation services including addressing gender-related barriers (Strategic Objective 2C).
- 5.2 The first outcome indicator, *additional children reached beyond the first dose of DTP (S2.1)*, measures progress towards ensuring that zero-dose children are brought into the immunisation system so they are on the pathway to being fully immunised. The TWG is discussing different options:
- a) Focus on DTP3 (the current definition of “under-immunised”), potentially alongside MCV1.
  - b) Or, a composite indicator measuring the co-coverage of DTP3 and MCV, reflecting the proportion of children receiving immunisation touchpoints at 6, 10, 14 weeks and 9 months.
- 5.3 A second outcome indicator, *geographic equity of zero-dose (S2.2)*, is being discussed by the TWG and the IA2030 M&E Taskforce. Data quality challenges in monitoring subnational coverage for the GVAP 90-80 target must be taken into account. An indicator to measure progress on subnational equity would be valuable given the key role of subnational targeting to reach zero-dose children and communities. The PPC noted that geographic equity beyond zero-dose would also be of interest.
- 5.4 The PPC inquired about including other outcome indicators for equity, e.g., DTP3 coverage by wealth quintile. These indicators should be monitored, but are not proposed as strategy indicators given their reliance on infrequent household surveys; a lesson learned from 4.0 monitoring. Evidence also suggests that being zero-dose is correlated with other inequalities.
- 5.5 Indicators for Strategic Objectives 2B and 2C are pending final development of programmatic approaches, and will be aligned with the Gender Policy (see Doc 07). As countries implement activities tailored to address their local supply and demand-side barriers to immunisation, it may be difficult to define portfolio-level outcome indicators for all elements within Strategic Objectives 2B and 2C. **Process or output measures are anticipated** for some of these indicators, which would be sensitive to near-term progress. The PPC highlighted the importance of including indicators on supply chain, data, gender-related barriers, and integration into primary health care.

## 6. SG4 – Ensure healthy markets for vaccines and related products

- 6.1 Under Strategy Goal 4 (SG4), Gavi aims to continue to ensure healthy markets for vaccines and immunisation-related products. Measurement of SG4 will rely on three outcomes indicators, one for each strategic objective.
- 6.2 *Number of markets exhibiting sufficient supply dynamics (S4.1).* Monitoring healthy market dynamics will reflect the aggregate status of Gavi-supported vaccine and cold chain equipment markets. Each market will be measured along two dimensions: 1) whether market health is sufficient or requires improvement and 2) whether conditions exist to enable necessary improvements in market health, if required.
- 6.3 *Number of innovative products within the pipeline of commercial-scale manufacturers (S4.2).* Uptake of innovative products, including those in VIPS (Vaccine Innovation Prioritisation Strategy), by commercial manufacturers measures the effectiveness of Gavi's interventions to increase market attractiveness for manufacturers to invest in the commercialisation and production of new innovations.
- 6.4 *Number of vaccine and immunisation-related products with improved characteristics procured (S4.3).* "Scale up" of improved vaccine products will be measured via a proxy indicator - the number of improved products newly procured by Gavi. Procurement is a key tool to incentivise innovation, leading to increased use of improved products across countries.

## 7. Next steps

- 7.1 The Secretariat will continue consultations with stakeholders to develop most outstanding strategy indicators for Decision at the October 2020 PPC and December 2020 Board, working with the IA2030 M&E Taskforce.
- 7.2 This work will include developing approaches to target setting, so that as data become available targets can be presented to the Board in June 2021.
- 7.3 We will develop potential indicators for monitoring Gavi's response to COVID-19, and how to incorporate them into Gavi 5.0 monitoring.

### **Section C: Actions requested of the Board**

The Gavi Alliance Board is requested to **provide guidance** on the Gavi 5.0 measurement framework, including:

- 1) Are extended timelines for finalising the 5.0 measurement framework appropriate?
- 2) Are the proposed mission indicators sufficient to meet the needs for monitoring and communicating progress towards Gavi's impact?

- 3) For strategic objectives where indicators have been developed, are there any areas of measurement that are missing, unnecessary, or should be approached differently?

**Annexes**

**Annex A:** Gavi 5.0 strategy framework (i.e. 'one-pager')

**Annex B:** Summary view of Gavi 5.0 strategy performance indicators

**Annex C:** Summary description of indicator definitions and proposed use cases

**Additional information available on BoardEffect**

**Appendix 1:** Draft performance indicator reference sheets

## Annex A: Gavi 2021–2025 Strategy Framework

### Gavi, the Vaccine Alliance strategy 2021 - 2025

<b>Leaving no-one behind with immunisation</b>	
<b>Vision</b> To <b>save lives</b> and <b>protect people's health</b> by increasing <b>equitable and sustainable use of vaccines</b>	<b>Mission 2025</b> • <b>Child mortality reduction</b> tbd • <b>Lives saved</b> tbd • <b>Future DALYs averted</b> tbd • <b>Equity indicator</b> tbd • <b>People (male &amp; female) vaccinated with Gavi support across the life course</b> tbd • <b>People (male &amp; female) vaccinated with Gavi support against outbreak-prone diseases</b> tbd • <b>Economic benefits unlocked</b> tbd
<b>Principles</b> <ul style="list-style-type: none"> <li>• <b>Missed communities, first priority:</b> Prioritise children missing out on vaccination including among migrants, displaced and other vulnerable populations</li> <li>• <b>Gender focused:</b> Identify and address gender-related barriers to promote immunisation equity</li> <li>• <b>Country-led, sustainable:</b> Bolster country leadership to sustainably deliver and finance immunisation</li> <li>• <b>Community owned:</b> Ensure community trust and confidence in vaccines by engaging communities in planning, implementation and oversight of immunisation</li> <li>• <b>Differentiated:</b> Target and tailor support to national and subnational needs including fragile contexts</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Integrated:</b> Strengthen immunisation as a foundation for integrated primary health care to reach unserved communities in support of universal health coverage</li> <li>• <b>Adaptive, resilient:</b> Help countries leverage immunisation to address the challenges of climate change, Global Health Security, antimicrobial resistance and other major global issues</li> <li>• <b>Innovative:</b> Identify and leverage innovative products, practices and services to reach everyone with immunisation</li> <li>• <b>Collaborative, accountable:</b> Collaborate across stakeholders to achieve the SDGs in a transparent, coordinated and accountable manner.</li> </ul>
<b>Goals</b> <ol style="list-style-type: none"> <li><b>1 INTRODUCE AND SCALE UP VACCINES</b></li> <li><b>2 STRENGTHEN HEALTH SYSTEMS TO INCREASE EQUITY IN IMMUNISATION</b></li> <li><b>3 IMPROVE SUSTAINABILITY OF IMMUNISATION PROGRAMMES</b></li> <li><b>4 ENSURE HEALTHY MARKETS FOR VACCINES AND RELATED PRODUCTS</b></li> </ol>	
<b>Objectives</b> <ul style="list-style-type: none"> <li><b>A</b> Strengthen countries' <b>prioritisation of vaccines</b> appropriate to their context</li> <li><b>B</b> Support countries to <b>introduce and scale up coverage of vaccines</b> for prevention of endemic and epidemic diseases</li> <li><b>C</b> Enhance <b>outbreak response</b> through availability and strategic allocation of vaccine stockpiles</li> <li><b>A</b> Help countries extend immunisation services to regularly <b>reach under-immunised and zero-dose children</b> to build a stronger primary health care platform</li> <li><b>B</b> Support countries to ensure <b>immunisation services</b> are <b>well-managed, sustainable</b>, harness <b>innovation</b> and meet the needs of all care givers</li> <li><b>C</b> Work with countries and communities to build resilient <b>demand</b>, and to identify and address <b>gender-related barriers</b> to immunisation</li> <li><b>A</b> Strengthen national and subnational <b>political and social commitment</b> to immunisation</li> <li><b>B</b> Promote <b>domestic public resources for immunisation and primary health care</b> to improve allocative efficiency</li> <li><b>C</b> Prepare and engage <b>self-financing countries</b> to <b>maintain or increase performance</b></li> <li><b>A</b> Ensure sustainable, <b>healthy market dynamics</b> for vaccines and immunisation-related products at affordable prices</li> <li><b>B</b> Incentivise <b>innovation</b> for the development of <b>suitable vaccines</b></li> <li><b>C</b> Scale up <b>innovative immunisation-related products</b></li> </ul>	
<b>Enablers</b> <ul style="list-style-type: none"> <li>• Secure <b>long-term predictable funding</b> for Gavi programmes</li> <li>• Ensure <b>global political commitment</b> for immunisation, prevention and primary health care</li> <li>• Use evidence, evaluations and <b>improved data</b> for policies, programmes and accountability</li> <li>• Leverage the <b>private sector</b>, including through innovative finance mechanisms and partnerships</li> </ul>	

## Annex B: Draft Gavi 5.0 Indicator Dashboard

# Gavi 5.0 Mission and Strategy Performance Indicators (WORKING DRAFT)

Mission indicators	<b>M.1 Under-five mortality rate (SDG 3.2.1)</b> <b>M.2 Future deaths averted</b> <b>M.3 Future DALYs averted</b>		<b>M.4 Reduction in zero-dose children (Equity indicator)</b> <b>M.5 Unique children immunized</b> <b>M.6 Economic benefits unlocked</b>	
Goals	<b>INTRODUCE AND SCALE UP VACCINES</b>	<b>STRENGTHEN HEALTH SYSTEMS TO INCREASE EQUITY IN IMMUNISATION</b>	<b>IMPROVE SUSTAINABILITY OF IMMUNISATION PROGRAMMES</b>	<b>ENSURE HEALTHY MARKETS FOR VACCINES AND RELATED PRODUCTS</b>
Strategy performance indicators	<b>S1.1 Breadth of protection</b> S1.1.1SDG 3.b.1 (DTP3, MCV2, PCV3, HPV coverage) S1.1.2Rate of scale up of new vaccines S1.1.3Number of vaccine introductions S1.1.4Country <u>prioritisation</u>  <b>S1.2 Preventive campaign reach (measles)</b>  <b>S1.3 Timely response to outbreak response requests</b>	<b>S2.1 Additional under-immunized children reached (across key immunization touchpoints in first year of life)</b>  <b>S2.2 Geographic equity of zero dose</b>  Indicators for objectives on programmatic areas (e.g., supply, demand, gender barriers) pending further finalization of HSIS programmatic approaches.	Measurement of SG3 pending Alliance discussions on financing and Board decision on the updated eligibility, transition and co-financing policy.	<b>S4.1 Number of markets exhibiting acceptable supply dynamics</b>  <b>S4.2 Number of innovative products within the pipeline with commercial-scale manufacturers</b>  <b>S4.3 Number of vaccine and immunisation-related products with improved characteristics procured</b>

<sup>1</sup> Zero dose defined as lack of first dose of DTP-containing vaccine

## Annex C: Summary of Indicator Definitions<sup>1</sup>

**Table 1: Summary Descriptions and Use Cases for Mission Indicators**

ID	Indicator	What would be measured	How it would be used
M.1	Under-5 mortality rate	Average probability of a child born in any of the Gavi-supported countries dying before they reach the age of five.	Communicate Gavi's contribution to child mortality reduction
M.2	<u>Future deaths averted<sup>2</sup></u>	Number of anticipated future deaths prevented as a result of vaccination with Gavi-funded vaccines in the countries we support	Demonstrate Gavi impact on vaccine preventable disease (VPD) mortality.
M.3	<u>Future DALYs averted</u>	Number of disability-adjusted life years (DALYs) averted as a result of vaccination with Gavi-supported vaccines.	Demonstrate Gavi impact on VPD mortality and morbidity.
M.4	Zero-dose children (Equity indicator)	Reduction in number of zero-dose children	Measure of extending routine immunisation services to missed communities. An equity measure.
M.5	<u>Unique children immunised with Gavi support</u>	Number of children immunised with the last recommended dose of a Gavi-supported vaccine delivered through routine systems	Demonstrate reach of Gavi support.
M.6	<u>Economic benefits unlocked</u>	Calculated as cost-of-illness (COI) averted. COI includes treatment and transport costs, caretaker wages and productivity loss due to disability and premature death.	Demonstrate Gavi impact on economic productivity.

<sup>1</sup> Indicators for strategy goal 3 have yet to be defined. Measurement of SG3 pending Alliance discussions on financing and Board decision on the updated eligibility, transition and co-financing policy.

<sup>2</sup> Indicators underlined are included in the 2020-2025 Investment Opportunity and will be used, in part, to report on progress towards meeting commitments made in 2021-2025 Investment opportunity.

**Table 2: Summary Descriptions and Use Cases for Strategy Goal 1 Indicators<sup>3</sup>**

<b>Strategy goal 1: Introduce and Scale up Vaccines</b>			
<b>ID</b>	<b>Indicator name</b>	<b>What would be measured</b>	<b>How it would be used</b>
S1.1	<b>Breadth of protection</b>	Average coverage across all recommended Gavi-supported vaccines in Gavi countries.	Summary measure of prioritized vaccine introductions, rate of scale up of newly introduced vaccines, and vaccine coverage.
S1.1.1	Vaccine coverage [SDG 3.b.1 (DTP3, MCV2, PCV3, HPV2)]	Individual coverage of vaccines included in the SDG indicator (DTP3, MCV2, PCV3 and HPV2).	Monitor trends in national coverage of select vaccines. Signal alignment with the SDG agenda.
S1.1.2	Number of vaccine introductions	Number of introductions of Gavi-supported vaccines into routine immunisation.	Monitor incremental changes in number of countries introducing new and under-used vaccines into the routine immunization schedule.
S1.1.3	Rate of scale up of newly introduced vaccines	Coverage of routine vaccines (PCV3, Rotavirus, MCV2 and YFV) relative to benchmark vaccine within reference time frame for new introductions.	Evaluate whether new introductions are achieving high coverage within a reasonable timeframe <sup>4</sup>
S1.1.4	Country prioritisation	Percentage of vaccine applications that demonstrate use of evidence to support prioritization of vaccines appropriate to their context.	Process indicator to monitor the ability of the Alliance to provide support and ensure countries make informed decisions for prioritization of vaccines as per their programmatic, epidemiological and fiscal context.
S1.2	<b>Measles campaign reach</b>	Percentage of under 5 children previously unvaccinated against measles who are reached by planned preventative campaigns.	Monitor quality of Gavi-supported preventative campaigns to ensure that these are addressing measles immunity gaps in the population.
S1.3	<b>Timely response to vaccine stockpile requests</b>	Percentage of approved outbreak vaccine requests met in a timely manner for each outbreak prone disease.	Monitor efficiency of Gavi stockpile and outbreak response mechanisms in responding to country requests for support to vaccine outbreaks

<sup>3</sup> Bolded indicators represent primary outcomes of the Strategic Goal. Un-bolded indicators are measures of key outputs or drivers leading to the primary outcomes and warrant reporting to the Board.

<sup>4</sup> Gavi analyses (internal) suggest that it takes, on average, two years post-introduction (for PCV3 and Rotavirus) and three years (for MCV2 and Yellow fever) for a new routine vaccine to achieve at least 90% coverage of the existing routine vaccine following a similar immunization schedule.



**Table 3: Summary Descriptions and Use Cases for Strategy Goal 2 Indicators<sup>5</sup>**

Strategy goal 2: Strengthen health systems to increase equity in immunisation			
ID	Indicator name	What would be measured	How it would be used
S2.1	<b>Additional children reached beyond the first dose of DTP</b>	Three options under discussion, based on number of children receiving: <ol style="list-style-type: none"> <li>1. DTP3</li> <li>2. DTP3, MCV1 (separately)</li> <li>3. Both DTP3 and MCV1</li> </ol>	Capture reach of routine immunization beyond the first dose of DTP, e.g., reflecting key immunization touchpoints at 6, 10, 14 weeks and 9 months.
S2.2	<b>Zero-dose geographic equity indicator</b>	TBD	Measures effectiveness of subnational targeting to improve access to routine immunization services.

**Table 4: Summary Descriptions and Use Cases for Strategy Goal 4 Indicators**

Strategy goal 4: Ensure healthy markets for vaccines and related products			
ID	Indicator name	What would be measured	How it would be used
S4.1	<b>Healthy market dynamics</b>	Number of Gavi vaccine and cold chain equipment markets exhibiting sufficient levels of healthy market dynamics	Monitor trends in market dynamics across individual markets of Gavi-supported vaccines and CCE.
S4.2	<b>Incentivise innovation for development of suitable vaccines</b>	Number of innovative products within the pipeline of commercial-scale manufacturers	Monitor effectiveness of Gavi's ability to incentivise uptake of innovative products, including those included in the Vaccine Innovations Prioritisation Strategy (VIPS), by commercial manufacturing partners
S4.3	<b>Scale up of vaccines and immunization related products</b>	Number of vaccine and immunization-related products with improved characteristics procured.	Demonstrate Gavi's ability to scale up usage of innovative vaccine and immunization-related products. Procurement is a proxy for scale up.

<sup>5</sup> Indicators for outputs or outcomes of investments in the supply and demand side of immunization services including addressing gender-related barriers will be included in the final measurement framework.

**SUBJECT:** REVIEW OF THE GAVI GENDER POLICY

**Agenda item:** 07

**Category:** For Decision

## **Section A: Executive Summary**

### **Context**

Gavi has had a Gender Policy to guide its programmatic work since 2008. The original policy was updated in 2013 to the current version. The current policy has been revised by the Secretariat following a review process which included an independent external evaluation, analysis, and extensive consultations with country representatives, partners, civil society organisations, gender and immunisation experts and donors. In May 2020, the Programme and Policy Committee (PPC) recommended that the Board approve the revised Gender Policy, congratulating the Secretariat on the highly consultative and inclusive review process.

### **Questions this paper addresses**

- How has the Gender Policy been revised as a result of the review?
- What is the relevance of this policy to the COVID-19 pandemic?

### **Conclusions**

Gavi's Gender Policy aims to support Gavi's bold aspiration of "Leaving no one behind with immunisation" and to strengthen vaccine programmes and health systems to increase equity in immunisation. The revisions seek to better align the policy with Gavi's strategy for 2021-2025 (Gavi 5.0). With equity as the organising principle, it focuses on ensuring zero-dose and underimmunised children, individuals and communities are sustainably reached with routine immunisation services. The revised policy is more ambitious and identifies areas for gender-responsive and transformative interventions, underpinned by an updated theory of change which places a new focus on understanding, learning and partnering as approaches to achieve the policy goals. It uses inclusive, non-binary language and considers how other socio-cultural factors can compound gender-related barriers. In addition to caregivers, the policy focuses on two new groups: health workers and adolescents, both of whom face specific gender-related barriers to providing or accessing healthcare.

The Secretariat is working closely with partners to better understand the gendered impacts of the COVID-19 pandemic and proactively suggesting potential approaches to addressing these challenges.

The Secretariat is presenting a revised Gender Policy to the Board for approval (see Annex B).

## **Section B: Review of the Gavi Gender Policy**

### **1 Gavi, Gender and Immunisation**

- 1.1 Gender-related barriers are obstacles to access and use of health services that are related to deep rooted social and cultural norms about the roles of women, men, and those with diverse gender identities. Caregivers, health workers and adolescents each face gender-related barriers to providing or accessing health services for themselves or their children. Thus, understanding and addressing gender-related barriers is a key component of equity in immunisation and specifically of reaching zero-dose and underimmunised children, individuals and communities.
- 1.2 Gavi has long been committed to addressing gender-related barriers to immunisation as a vital component of the Alliance's mission to improving immunisation coverage and equity. In Gavi's 2021-2025 strategy (Gavi 5.0), 'gender-focus' has been elevated to a principle, key to achieving the vision of 'leaving no-one behind with immunisation'.

### **2. Policy review process**

- 2.1 The review process commenced with an external, independent evaluation to assess the policy design, implementation and outcomes. It included an extensive desk review, key informant interviews, a Secretariat staff survey and an analysis of comparator organisations<sup>1</sup>(See Appendix 3).
- 2.2 The Secretariat supplemented the evaluation with an analysis of existing gender-related barriers identified in country applications and multiple rounds of consultations with country representatives, partners, civil society organisations, gender and immunisation experts and donors. These are further detailed in Appendix 5. All opportunities were taken to use the consultation process to sensitise stakeholders to gender-related barriers, and to create joint accountability for policy implementation.

### **3. Revisions to the Gender Policy**

- 3.1 Policy revisions were guided by outcomes from the evaluation and consultations, Gavi 5.0 goals on increasing equity in immunisation through reaching zero-dose children, as well as ensuring that the policy is in line with international standards and discourse on the topic of gender. Key updates are listed below.
- 3.2 The **rationale** section of the policy has been strengthened by more closely aligning with Gavi's 5.0 vision of 'leaving no one behind with immunisation'. In addition, the revised policy now features the concept of intersectionality<sup>2</sup>, acknowledging that gender is one of many socio-cultural and economic factors to compound barriers to accessing health services. The revised policy also shifts away from a women-centric and binary definition of gender

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<sup>1</sup> Comparator organisations are UNICEF, WHO and The Global Fund to Fight AIDS, Tuberculosis and Malaria

<sup>2</sup> Intersectionality refers to understanding how multiple forms of inequality or discrimination (e.g. age, ethnicity, education, disability) overlap to create obstacles for individuals, for example, access and use of health services.

(where gender is viewed as a woman-only issue) and uses language that is more inclusive of all gender identities. This shift recognises that each gender faces different societal expectations, and aims to not reinforce the role of mothers as sole caregivers by incorporating, for example, the importance of engaging fathers in childcare.

- 3.3 The revised **goal** of the policy is to “*identify and overcome gender-related barriers to reach zero-dose and underimmunised children, individuals and communities with the full range of vaccines*”. One of the sub-goals maintains a focus on overcoming differences in coverage between boys and girls in pockets where they exist, and a new sub-goal speaks to Gavi’s commitment to encourage and advocate for women’s and girls’ full and equal participation in decision-making related to health programmes and wellbeing.
- 3.4 The **scope** of the Gender Policy is now solely focused on programmatic gender aspects. Corporate policies sit separately; the Revised Guiding Principles on Gender Balance for Board and Committee Nominations will be submitted to the Board for approval in June (See Doc 01f), and Secretariat Human Resources Gender Guidelines will be made available on request to the Board once finalised.
- 3.5 The policy includes two new areas of focus: adolescents and health workers.
- Gavi’s support of the human papillomavirus (HPV) vaccine and future focus on vaccines such as diphtheria, tetanus & pertussis - containing boosters<sup>3</sup> necessitate a specific focus on adolescents as a population group. Adolescents have specific needs that have important implications on demand generation and service provision. In addition, the development of integrated primary healthcare interventions targeting adolescents provides a unique opportunity to be gender-transformative, as it is during this period that cultural and societal norms are developed.
  - Secondly, over 70% of health workers are women who can face specific gender-related barriers to carrying out their job. This acknowledges the gender pay gaps, gender-based safety and security concerns and the prevalence of sexual harassment in the workplace that can negatively impact health workers and the quality of health services.
- 3.6 The revised policy includes six approaches to achieve the goals of the Gender Policy: **Understand** the issues, **Advocate** for change, **Identify** the specific bottlenecks, **Reach** more individuals with immunisation, **Learn** from experience and **Partner** to leverage expertise. These approaches address the gaps identified in policy implementation:
- Better sensitisation is needed at country-level, where there is highly variable **understanding** of how gender is relevant to immunisation.
  - Annual monitoring of Gender Policy implementation at country level shows that the quality and availability of evidence and data related to

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<sup>3</sup> The Board approved the addition of the boosters into Gavi’s portfolio as part of the 2018 Vaccine Investment Strategy (VIS). Implementation of has been deferred due to COVID-19 and will be reassessed after the acute phase of the pandemic.

gender-related barriers in countries is still lacking<sup>4</sup>. The revised policy therefore places additional emphasis on the importance of **identifying** gender-related barriers.

- There is a need for a **learning** agenda for gender, developed jointly with Alliance partners and building from the work of the Equity Reference Group for Immunisation, to prioritise questions for further research, find what work interventions work in different contexts and disseminate them.
- There is a need to work closely alongside Alliance and expanded **partners** to support, engage and equip country and community stakeholders in implementing the policy.

3.7 **Monitoring and evaluation (M&E)** is critical to understanding what interventions countries' are implementing and what works.

- An updated theory of change (ToC) within the M&E Framework (see Annex B) was developed as the foundation for the updated policy. It provides a logical flow from the 'issue' – that gender-related barriers contribute to zero-dose and underimmunised children, individuals and communities – through to the 'impact' which is aligned with the Gavi 5.0 goal of reaching these individuals. The deliverables outlined in the ToC are mirror the approaches to achieve the policy goals, described above.
- The updated M&E Framework includes an approach to track strategy-, process- and country-level indicators.
- In order to increase accountability, progress on implementing the policy will be brought to the Board on an annual basis, and the Board will advise on the timing for a review of the policy.

3.8 Overall, the PPC was supportive of these shifts in the revised policy. The PPC highlighted the importance of providing country stakeholders with guidance on specific interventions to address gender-related barriers and to document and share country experiences. The PPC also emphasised the importance of leveraging gender expertise in partner organisations.

3.9 Regarding the M&E Framework, there was a request to ensure that the sub-goals within the ToC sit at a consistent level of detail and the PPC also emphasised the importance of identifying indicators which track the impact of the Alliance's work on gender. The PPC agreed that the M&E framework including the ToC and indicators would be considered a tool to support the policy, which could be regularly updated. Following the PPC discussion, the M&E Framework has been separated from the policy document and is included as Annex C.

## 4. Resourcing for the implementation of the Gender Policy

4.1 Implementation of the Gender Policy will involve further mainstreaming of gender into Gavi's processes and funding modalities. The PPC noted that it

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<sup>4</sup>An internal review of 29 HSS proposals which were recommended for approval in 2018-2019 found that 20 countries have identified barriers that are defined as gendered when describing reasons for low immunisation coverage, listed interventions to target the barriers, and allocated budget towards addressing the barriers. However, the quality of gender assessments overall was low.

will be important for countries and partners to prioritise resources towards gender in the next strategic period.

- 4.2 Countries are encouraged to use their health system strengthening (HSS) envelope towards programming for equity and reaching zero-dose and underimmunised children, individuals and communities, which will include prioritising gender. As part of the review of Gavi's funding policies, the Steering Committee agreed that a minimum amount of countries' HSS allocations should be used towards equity investments.<sup>5</sup> (see Annex D to Doc 03).
- 4.3 Technical support through the Partner's Engagement Framework (PEF) Foundational Support, targeted country assistance (TCA) and investments in strategic focus areas (SFAs) will continue to be critical to policy implementation. The mechanisms for providing support on gender through these channels will be further strengthened to encourage prioritisation of funding for gender activities.
- 4.4 Secretariat and broader Alliance gender and immunisation expertise, including those in country, will need to be strengthened, coordinated and fully leveraged to facilitate and coordinate successful policy implementation. The Secretariat is in the final stage of hiring two externally funded individuals with gender expertise to join the Health System and Immunisation Strengthening (HSIS) team.
- 4.5 Finally, a learning agenda for gender will be developed with Alliance partners and aligned with Gavi 5.0 and will be subject to budget availability.

## 5. Path forward

- 5.1 As part of policy implementation, Gavi will continue to take a gender lens to broader immunisation initiatives. The Secretariat is currently co-developing<sup>6</sup> with WHO a supplementary paper to the Immunisation Agenda 2030 on gender (see Appendix 6). The objective is to highlight the need for gender-responsive immunisation programming as well as to serve as a compendium of gender-responsive interventions for countries.
- 5.2 Following approval of the revised policy, the Secretariat will develop a detailed implementation plan to guide the execution of the Gender Policy that aligns with 5.0 operationalisation.

## 6. Gender & COVID-19

- 6.1 The PPC emphasised the importance of gender as a consideration in programming Gavi's support to countries during the pandemic. As with all

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<sup>5</sup> The Funding Policy Review (FPR) has been paused given the uncertainty around the duration and impact of the COVID-19 pandemic and the challenges countries are currently facing in addressing COVID-19. The Secretariat will revisit the FPR at a later date depending on how the pandemic progresses, including reviewing further adjustments to the funding policies to meet the needs of countries post-COVID-19.

<sup>6</sup> Other partners involved include UNICEF, US Centers for Disease Control (CDC), GPEI, The World Bank, Bill & Melinda Gates Foundation (BMGF), UN Women, International Federation of Red Cross and Red Crescent Societies (IFRC), The Core Group and Civil Society Human and Institutional Development Programme-Pakistan

major outbreaks the impact of the COVID-19 pandemic has gender-specific impacts. For example, there is decreased access to reproductive health services, decreased HPV immunisation rates due to school closures, increased gender-based violence and increased security risk to female healthcare workers. The lasting impact of the pandemic will be visible long after the last cases are detected in the number of girls who do not return to school, who have missed critical immunisations and who are less able to find fair and decent employment.

- 6.2 Gavi is working in tandem with the global health community<sup>7</sup> to ensure response efforts are gender-responsive. The Secretariat is issuing Gender & COVID-19 programmatic guidance that will be shared with partners, and is proposing interventions such as empowering women's organisations to engage caregivers on the importance of immunisation during the pandemic as well engaging UNICEF Supply Division regarding increasing the global availability of female-sized personal protective equipment.

### **Section C: Actions requested of the Board**

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

**Approve** the revised Gavi Alliance Gender Policy attached as Annex B to Doc 07.

#### **Annexes**

**Annex A:** Implications

**Annex B:** Revised Gender Policy

**Annex C:** Gender Policy Monitoring and Evaluation Framework

#### **Additional information available on BoardEffect**

**Appendix 1 (in May 2020 PPC meeting book):** Doc 04 *Review of the Gavi Gender Policy*

**Appendix 2 (in May 2019 PPC meeting book):** Doc 06 *Review of the Gavi Gender Policy*

**Appendix 3 (in PPC Library – Additional materials for May 2019 PPC meeting):** Appendix 1 to Doc 06 *Final Report of the external evaluation of Gavi's Gender Policy*

**Appendix 4 (in PPC Library – Additional materials for May 2020 PPC meeting):** Appendix 3 to Doc 04 *Summary of Consultations*

**Appendix 5 (in PPC Library – Additional materials for May 2020 PPC meeting):** Appendix 4 to Doc 04 *IA2030 Gender Supplementary Paper version 1*

**Appendix 6 (in PPC Library – Additional materials for May 2020 PPC meeting):** Appendix 5 to Doc 04 *Case Studies on Gender Policy Implementation*

#### **Additional reference materials online:**

Gavi's Gender Policy: <https://www.gavi.org/about/programme-policies/gender/>

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<sup>7</sup> The Secretariat is participating in several Gender and COVID-19 working groups along with academics and fellow international agencies (e.g. UN Women, WHO, UNAIDS).

## Annex A: Implications

- **Risk implication and mitigation, including information on the risks of inaction.** Gender has been identified as an important determinant of health and immunisation outcomes. Inaction would result in Gavi not being able to reach as many zero-dose and underimmunised children. 'Gender-focus' has been elevated to a principle in Gavi 5.0, key to achieving the vision, so this policy update is necessary to ensure Gavi programming is fit for purpose.
- **Impact on countries.** Gavi-supported countries will require support to identify and address gender-related barriers. The 5.0 vision and this policy raise the priority level of gender within the context of equity and countries will be encouraged to programme their health system strengthening funding to find and reach zero-dose and underimmunised children, an important part of which is addressing gender considerations.
- **Impact on Alliance.** As a cross-cutting policy, the success of implementation will be driven in large part by Alliance partners who will play an integral role in supporting achievement of the policy objectives. A deliverable of the policy is to 'Partner' effectively, which includes mainstreaming gender throughout the Alliance to ensure alignment on goals regarding gender. Implementation of more gender-focused activities will be supported through Gavi's different funding channels and through its engagement with partners.
- **Legal and governance implications.** There are no legal implications with respect to the content of this report. The gender balance of governance structures has been reviewed alongside the policy review and can be found in Doc 01f.



**Annex B: Revised Gender Policy**



**Gavi, the Vaccine Alliance  
Gender Policy**  
Version 3.

**DOCUMENT ADMINISTRATION**

VERSION NUMBER	APPROVAL PROCESS	DATE
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## Definitions

- **Zero-dose** children are those who have not received any routine vaccine. For operational purposes, Gavi measures zero-dose children as those who have not received their first dose of diphtheria-tetanus-pertussis containing vaccine (DTP1).
- **Underimmunised** individuals include children, adolescents and adults that are missing their full course of vaccination.
- **Caregiver** is a person who regularly or intermittently cares for an infant or child. Examples include mothers, fathers, grandparents and siblings.
- **Sex** refers to the biological characteristics that define humans as female, male or intersex and is typically assigned at birth.
- **Gender** is about the roles, norms and behaviours that society considers appropriate for women, men, girls, boys, and those with diverse gender identities, such as transgender. These are socially constructed, fluid, and vary widely within and across time, cultures, religions, class and ethnicity.
- **Gender-related barriers** are related to deep rooted social and cultural norms about the roles of women, men, and those with diverse gender identities, that create obstacles to equitable access and use of health services. For example, when caregivers, primarily women, have not completed secondary education, lack decision-making power, or are unable to move freely outside their homes, there is a greater likelihood that they will not take their children to get vaccinated. In addition, lack of male engagement can contribute to poor child health outcomes.
- **Intersectionality** refers to the overlap between multiple forms of inequality or discrimination which create obstacles for individuals, for example, access and use of health services. Gender identity can intersect with additional factors, including but not limited to age, geographical location, education, ethnicity, religion, class, socioeconomic status, disability, migration/refugee status, sexual orientation.
- **Gender equity** is the process of being fair to women, men and those with diverse gender identities. It recognizes that individuals of different gender identities have different needs, power and access to resources, which should be identified and addressed to rectify the imbalance. Addressing gender equity leads to equality.
- **Gender equality** is the absence of discrimination based on a person's sex or gender identity. It means ensuring that the same opportunity is accessible to each person such as access to and control of social, economic and political resources, including protection under the law (e.g., health services, education and voting rights).
- **Gender-responsive** approaches adopt a gender lens to consider individual needs of different gender identities without necessarily changing the larger contextual issues that lie at the root of the gender inequities and inequalities. For example, employing female health workers will facilitate enhanced immunisation service acceptance and uptake, but would not address the underlying cultural barrier that prevents female caregivers from seeking immunisation services from male health workers.
- **Gender-transformative** approaches are those that attempt to re-define and change existing gender roles, norms, attitudes and practices. These interventions tackle the root causes of gender inequity and inequality and reshape unequal power relations.

## 1. Rationale

- 1.1. Leaving no one behind with immunisation is the vision of Gavi, the Vaccine Alliance (“Gavi”). With equity as the organising principle, the focus is to ensure zero-dose and underimmunised children are sustainably reached with routine immunisation services. Zero-dose children are often concentrated in missed communities and key populations<sup>1</sup>, with many living in abject poverty. Their families face many compounded vulnerabilities including poverty, socio-economic inequities and stigmatisation that drive and exacerbate barriers to accessing immunisation.
- 1.2. Gender is an important factor in these barriers to accessing immunisation. Gendered norms in any society typically determine roles for women, men, adolescent girls and boys and people with diverse gender identities. When interacting with additional socio-cultural and economic factors (e.g., age, wealth, education, ethnicity, religion, migrant/refugee status, sexual orientation and disability), gendered norms can impact the ability of caregivers to get their children immunised, or health workers to bring services to communities, creating gender-related barriers to immunisation.
- 1.3. Gender-related barriers limit immunisation service demand, utilisation, coverage and impact. Therefore, understanding and addressing gender-related barriers through tailored services that are responsive to the needs of different gender identities is key to ensuring zero-dose children, individuals and communities receive the full range of vaccines.
- 1.4. Gender-related barriers operate at multiple levels. For example, at an **individual level**, gender inequalities mean caregivers, often women, may lack education and health literacy to be aware of immunisation services and their value; at **household level**, unequal decision-making power and uneven distribution of household resources may limit a caregiver’s ability to negotiate for access to services at health facilities; at **community level**, gender norms may make women solely responsible for children’s health status, limiting men’s participation; at **health service level**, the attitudes or the gender of health workers may discourage caregivers to return for subsequent doses; and at **institutional level**, gender-blind government policies and gender imbalance in decision-making may draw less attention to the distinctive needs of women and girls.
- 1.5. Gender inequity in immunisation can also include differences in immunisation coverage between boys and girls. At aggregate level, there are no significant differences in immunisation coverage between girls and boys. However, differences do exist in some socioeconomically and geographically marginalised populations at sub-national level.
- 1.6. By promoting gender-responsive and transformative programming, Gavi will not only improve access to immunisation, but also contribute to the broader goal of gender equality and the empowerment of women and girls.

## 2. Goals of Gavi’s Gender Policy

- 2.1. Gavi’s Gender Policy aims to support Gavi’s bold aspiration of “Leaving no one behind with immunisation” and to strengthen vaccine programmes and health systems to increase equity in immunisation.

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<sup>1</sup> Key populations include the urban poor, remote rural, migrant, refugees, internally displaced populations and those in conflict-affected areas.

- 2.2. As such, the goal of Gavi's Gender Policy is to identify and overcome gender-related barriers to reach zero-dose and underimmunised children, individuals and communities with the full range of vaccines. This encompasses:
- 2.2.1. Focusing primarily on identifying and addressing underlying gender-related barriers faced specifically by caregivers, adolescents and health workers.
  - 2.2.2. In the specific pockets where they exist, overcoming differences in immunisation coverage between girls and boys.
  - 2.2.3. Encouraging and advocating for women's and girls' full and equal participation in decision-making related to health programmes and wellbeing.
- 2.3. In order to reach Gavi's high level of ambition in addressing inequity in immunisation and reaching zero-dose and underimmunised children, individuals and communities, it is vital to consider a spectrum of approaches ranging from gender-responsive to gender-transformative. Gender-responsive programming may be more achievable in the short- to medium-term. However, it will be important to redefine gender norms and tackle the root causes of gender inequity in the long-term through gender-transformative approaches, which Gavi can contribute to through collaborating with relevant institutions and stakeholders.
- 2.4. Gavi's Gender Policy is embedded in Gavi's wider commitment to ensure equity in all areas of engagement. It is grounded in the existing international human rights and political commitments, including the Sustainable Development Goals, particularly SDG3 on healthy lives and well-being and SDG5 on gender equality and empowering women and girls. These are prerequisites for sustainable and inclusive development. This policy is aligned with the principles of aid effectiveness and international gender commitments as agreed in Busan (2011) and Beijing (1995) and its Platform of Action, respectively. It is in full alignment with the Immunisation Agenda 2030, as well as with Gavi's strategy and policies.

### 3. Scope and areas of focus

- 3.1. This policy provides the framework and principles for Gavi's programmatic engagement on gender, including support for vaccines, health systems and technical assistance. It is applicable across the Secretariat, Alliance partners and Gavi's investments to countries' governments and communities.
- 3.2. This policy is focused on overcoming gender-related barriers faced primarily by caregivers, health workers and adolescents who are central to reaching zero dose and underimmunised children, individuals and communities.
- 3.2.1. The gendered needs of **caregivers** should be at the heart of immunisation service delivery. Primary caregivers of children, usually women, may not attend immunisation services as they lack the knowledge to do so due to unequal access to information and education, lack time due to unequal responsibilities for household labour, lack agency due to imbalance in household decision making power, or have restricted mobility due to rigid and harmful gender norms. Men's participation in childcare and as influencers in broader societal networks is important in increasing demand for immunisation services. Additionally, service delivery approaches, particularly related to distance to health facility, clinic hours and quality of services, can lower numerous barriers faced by female caregivers.

- 3.2.2. A special focus on gender-related barriers faced by the **health workforce** is required. Despite almost 70% of frontline health workers being female<sup>2</sup>, women only occupy 25% of leadership roles. Gender pay gaps, gender-based occupational segregation and the prevalence of sexual harassment in the workplace negatively impact the quality of health services. In addition, security threats and gender-based violence limit the extent to which female health workers can safely undertake outreach missions and staff clinics.
- 3.2.3. Including **adolescents** and their needs in the development of tailored interventions provides a unique opportunity to be gender-transformative, as it is during this period that cultural and societal norms are developed. Reaching adolescents with Human Papillomavirus (HPV) vaccine, amongst others, creates positive experiences with the health sector and builds an enabling environment for a lifetime of health-enhancing behaviours for adolescents and their future children.
- 3.3. Gavi's approach to gender is not limited to immunisation programmes and health care delivery in countries but extends to all aspects, including governance bodies and the Gavi Secretariat's corporate policies and practices. These are **not** in scope for this policy but are reflected in other documents. Examples include:
- 3.3.1. **Governance:** Gavi seeks to achieve gender balance throughout the Board governance structures and membership as described in the *Guiding Principles on Gender Balance for Board and Committee Nominations*.
- 3.3.2. **Human Resources:** The Gavi Secretariat is committed to maintaining a workplace that promotes diversity. It aims for gender balance in recruitment, remuneration, recognition and rewards. Key indicators are reported and monitored regularly as outlined in the *Gavi Secretariat HR Gender Guidelines*.
- 3.3.3. **Procurement:** The Gavi Secretariat requires contractors to consider their impact on gender equality, amongst other economic, social and ethical considerations as described in the Gavi Procurement Policy.

#### 4. Guiding principles

- 4.1. The following are the guiding principles for Gavi's programmatic engagement on gender:
- 4.1.1. **Focus on reaching zero-dose and underimmunised** children, individuals and communities by mainstreaming gender into all Gavi's investments.
- 4.1.2. **Do no harm:** Gavi and its implementing partner activities should not cause adverse impacts, create new risks or reinforce harmful/damaging gender stereotypes that contribute to marginalisation, social and economic disadvantage, exclusion and gender-based violence.
- 4.1.3. **Evidence-based, differentiated approaches:** Target and tailor approaches based on country and community context and capacity, recognising that gender issues differ significantly from one country to another and sub-nationally.

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<sup>2</sup> Boniol M, McIsaac M, Xu L, Wuliji T, Diallo K, Campbell J. Gender equity in the health workforce: analysis of 104 countries. Working paper 1. Geneva: World Health Organization; 2019

- 4.1.4. **Country ownership:** Promote country ownership and alignment, ensuring that countries are equipped with the resources to identify and address gender-related and additional intersecting socio-cultural barriers to health and health services.
- 4.1.5. **Community engagement:** Leverage local community knowledge of gender norms and involve communities in the planning, implementation and oversight of interventions to identify and address gender-related barriers to strengthen accountability and sustain impact.
- 4.1.6. **Integration:** Align and coordinate actions at country level given that interventions to address gender-related barriers require a multi-sectoral approach. Foster delivery of immunisation within a broader package of primary health care services and integrate service delivery with other sectors such as education and economic empowerment.
- 4.1.7. **Innovation:** Explore new products, services, practices and strategic approaches to address gender-related barriers and promote gender-transformative interventions.
- 4.1.8. **Accountability:** Ensure effective and representative monitoring and measurement and clear lines of accountability for delivering on Gavi's Gender Policy in line with the theory of change, amongst the entire Alliance at global, national and community level.

## 5. Approaches to achieve Gavi's Gender Policy

- 5.1. The following approaches relate to the **Gavi Secretariat, Alliance partners and Gavi's investments in countries' governments and communities**. Gavi will pursue the goals of this policy by integrating a gender lens into its analyses, funding and monitoring through, for example, guidance documents, funding applications, country level dialogue, portfolio management processes, and monitoring and evaluation. Gavi will focus on the following areas:

### **UNDERSTAND: Building capacity in country on gender and immunisation to understand, recognise and address gender-related barriers.**

- 5.2. Sensitising and building the capacity of stakeholders in the Secretariat, Alliance partners and in-country on the importance of addressing gender-related and additional socio-cultural barriers will enable planning and implementation of immunisation programmes to better target the needs of key populations.

As such, Gavi will:

- 5.2.1. Integrate learning opportunities into broader Gavi-funded capacity-building activities where possible and ensure effective training on gender and immunisation is available to Secretariat, Alliance Partners and in-country stakeholders.
- 5.2.2. Develop and optimise use of Alliance tools, guidance and innovations to support understanding of gender-responsive and transformative programming in country within the broader understanding of equity.
- 5.2.3. Provide advice, resources and expertise to strengthen gender-responsive and transformative approaches and interventions in country programming.

**ADVOCATE: Strengthen political commitment for gender equality and women's and girl's empowerment.**

5.3. Equitable access to universal health care and gender equality are fundamental human rights. To sustain progress and institutionalise efforts to address gender-related barriers, strong leadership is needed to amplify a unified Alliance voice and advocate for gender equity and equality in global, regional and national policy processes and platforms.

As such, Gavi will:

- 5.3.1. Shape advocacy and global dialogue to articulate and position gender-responsive and transformative interventions as a critical tool to reach zero-dose and underimmunised children, individuals and communities. Promote coordinated efforts towards the realisation of existing international norms, standards and commitments on gender equality.
- 5.3.2. Build and strengthen in-country political commitment and community engagement to: (a) integrate a gender lens in implementation of primary health care services and National Immunisation Strategies; (b) allocate resources towards data collection and interventions to overcome identified gender-related barriers; (c) dedicate financing for community health systems to equally remunerate and empower health workers regardless of gender and intersecting socio-cultural factors; and (d) enable active and equal participation of women at all levels in decision-making for health and in leadership positions, including a gender balance in training.
- 5.3.3. Build commitments to gender equality at an Alliance and country level, including with visible leadership, a unified voice on gender issues and strategic leverage of gender champions at the global, regional, national and sub-national levels.
- 5.3.4. Advocate for vaccine development and supply to consider gendered considerations and impacts, including the potential disproportionate impact of a disease on any gender (e.g., higher prevalence and/or suffering).

**IDENTIFY: Generate and/or consolidate gender-based analyses and data to identify gender-related barriers to reaching zero-dose and underimmunised children, individuals and communities.**

5.4. Programmes that are informed by an analysis of gender-related and intersecting barriers take into account the needs of different population groups. It is important to collect, use and monitor such data at sub-national level.

As such, Gavi will:

- 5.4.1. Ensure that the design and implementation of immunisation programmes is informed by an analysis of gender-related barriers as part of a broader analysis of barriers. A robust analysis of gender-related barriers should include: engagement with community-level stakeholders; a focus on priority populations (including caregivers, adolescents and health workers); collection and use of quantitative and qualitative data from different sectors; and analysis of data disaggregated by sex and additional intersecting socio-cultural factors when available and relevant.
- 5.4.2. Explore innovative solutions and partnerships to collect and analyse sub-national data on caregivers, children, adolescents, health workers and health services, within and outside the health sector, and consider the contribution of women and girls to the effort.

**REACH: Utilise Gavi’s funding, processes, structures and other levers to promote an integrated approach on gender to reach zero-dose and underimmunised children, individuals and communities.**

5.5. Ensuring interventions to address gender-related and additional intersecting socio-cultural barriers are integrated when planning and designing programmes is critical to reaching zero-dose and underimmunised children, individuals and communities.

As such, Gavi will:

5.5.1. Promote the use of Gavi’s different funding mechanisms within the countries’ grant cycle planning processes to support gender responsive, and where possible, transformative approaches and activities.

5.5.2. Empower voices and perspectives of all genders, key populations and partners in the design of interventions to tackle gender-related barriers. This can be through applying behavioural science and human centred design approaches.

5.5.3. Build capacity and support countries to adequately budget for interventions to overcome gendered barriers, exploring gender-responsive budgeting and have specific and measurable indicators to track progress.

5.5.4. Encourage country plans to integrate immunisation services with adolescent and maternal, newborn and child health services, and other sectors including education, throughout the life-course.

**LEARN: Undertake learning activities to assess and identify the most relevant and effective approaches to address gender-related barriers to immunisation.**

5.6. Setting and executing a learning agenda can provide contextually relevant information on which gender-related interventions can help reach zero-dose and underimmunised children, individuals and communities and improve coverage, as well as highlight potential unintended consequences.

As such, Gavi will:

5.6.1. Develop and implement a learning agenda that seeks to increase the evidence base on gender and immunisation, as well as additional intersecting socio-cultural factors by supporting in-country learning activities.

5.6.2. Enhance communication and dissemination of evidence generated on gender and immunisation, as well as additional intersecting socio-cultural factors, to increase immunisation service utilisation, coverage and impact.

**PARTNER: Establish, strengthen and leverage partnerships within and outside the health sector.**

5.7. Overcoming gender-related barriers will require a cross-sectoral approach at global, national and sub-national levels. Partnering with actors within and outside the health sector brings a range of distinctive strengths, experiences and resources to the design and implementation of interventions.

As such, Gavi will:

5.7.1. Develop and leverage existing and new global partnerships<sup>3</sup> across sectors to overcome gender-related barriers through strengthening coordination of

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<sup>3</sup> Including the Global Action Plan for Healthy Lives and Wellbeing for All



response, data collection and fostering learning and knowledge-sharing. Partnerships include the United Nations system, humanitarian organisations, civil society platforms, multilateral and bilateral agencies, academic institutions, private sector organisations and foundations.

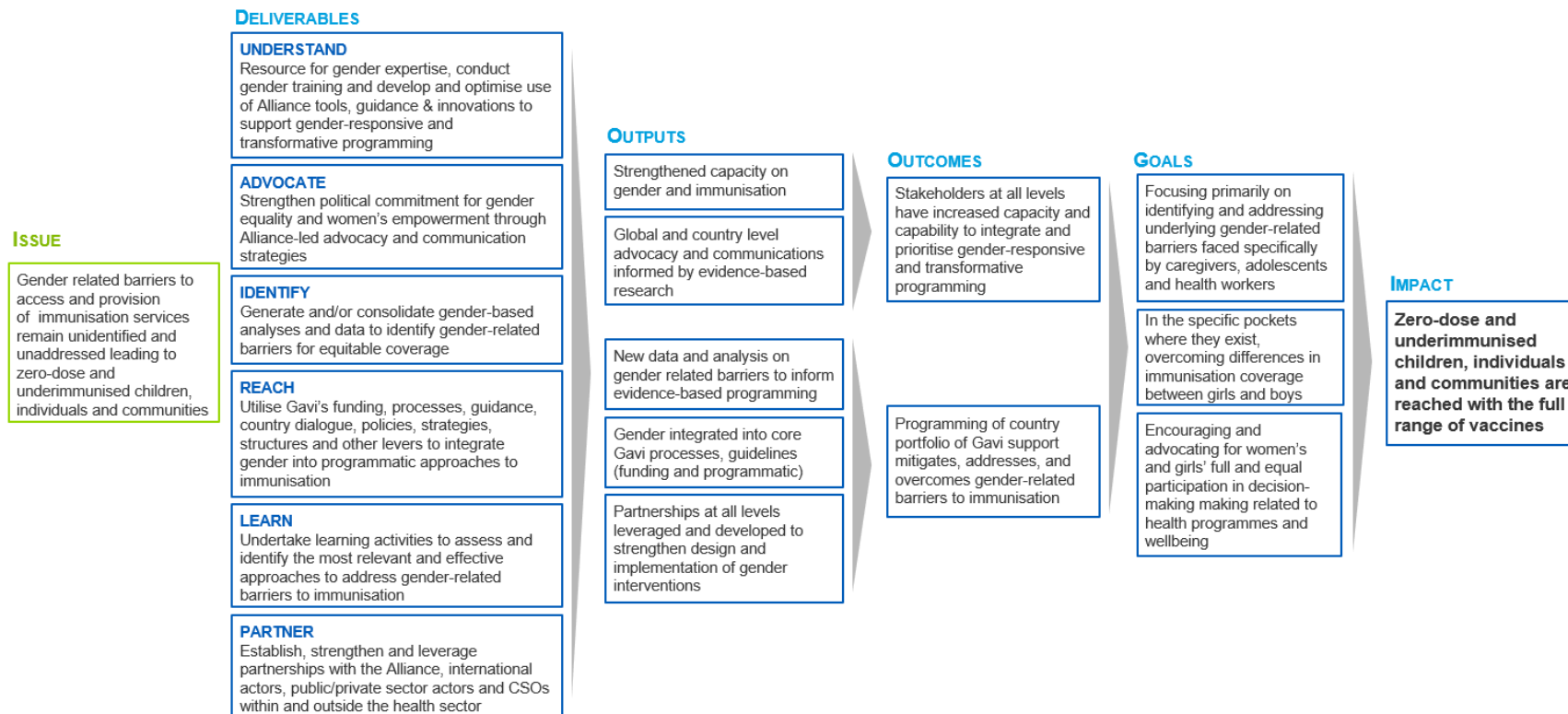
- 5.7.2. Encourage in-country policy coherence and cross-sectoral coordination to advance national priorities on primary health care and/or universal health care. This includes more effective partnerships between the Ministry of Health, Finance and the Ministry responsible for gender, women or child welfare or social development.
- 5.7.3. Build relationships and regularly engage with national and community-level civil society organisations, women's and youth groups that advocate for gender transformation and social justice. This enables Gavi to leverage their passion, experience and programmes, while building their capacity as advocates, leaders and voices for change.

## **6. Timelines for implementation and review**

- 6.1. Gavi's Gender Policy will take effect on 1 July 2020.
- 6.2. Progress in and impact of implementing Gavi's Gender Policy will be measured through the monitoring and evaluation framework which outlines the theory of change of this policy and ways in which Gavi will monitor policy implementation and outcomes. The Deputy Chief Executive Officer will be responsible for reporting to the Gavi Board on progress towards delivery of these outcomes on an annual basis.
- 6.3. This Policy will be reviewed at the request of the Board.

## Annex C: Gender Policy Monitoring and Evaluation Framework

### Theory of Change



#### Assumptions

- Alliance partners are equally committed to achieving gender equality
- Changes brought about through implementing the policy will be catalytic
- Gender-responsive programming will lead to a measurable reduction in gender related barriers
- Addressing gender-related barriers will be approached in an intersectional manner to ensure all relevant inequalities are taken into consideration and addressed
- Countries are at different levels of sensitisation and need with regard to prioritising gender; not all activities will apply to all contexts

#### Enablers

- Alignment to Gavi's 5.0 strategy, Immunisation Agenda 2030, Global Action Plan for Healthy Lives and Well-being for All, SDG5, SDG3, Equity Reference Group, and other relevant agendas on progress towards gender equality
- Strong and visible leadership on gender
- Adequate human and financial resourcing against the required deliverables

## **Monitoring Framework**

The implementation and adherence to the Gender Policy will be monitored by the Gavi Secretariat on an ongoing basis. This policy also points to the need for better data to be able to assess the need for, and progress of, interventions to tackle gender-related barriers. The implementation of the policy will be monitored at the strategic, process and country-levels. With the implementation of Gavi's new strategy beginning in 2021 these indicators and monitoring processes are subject to evolution and addition.

### **Strategy-level**

Gavi's strategy for 2021-2025 (Gavi 5.0) includes a principle around 'gender-focus'. Monitoring of gender-related performance will sit under Strategic Goal 2: Strengthen health systems to increase equity in immunisation. The specifics will be detailed in strategic implementation monitoring documents.

### **Process-level**

Gavi's progress in implementing the policy will be monitored through process-level indicators on an annual basis, where possible. These process-level indicators map to the six deliverables articulated in the Policy and theory of change and will be monitored at an aggregate level across countries or Alliance partners, and not at individual country or partner level. As gender-related barriers are highly context specific, outcomes will not be monitored at aggregate level but rather country by country, as described in the following section. The process-level indicators will be refined and finalised alongside the new strategy, and include, but not be limited to, tracking the following activities:

#### **Understand**

- Number of people trained in gender with Gavi funds (disaggregated by place of work: Gavi Secretariat, Alliance partner, country EPI programme)
- % of teams mainstreaming gender into their processes and deliverables

#### **Advocate**

- Number of priority public policy outcomes for which Gavi has driven inclusion of gender language and positioning (at global, regional and country levels)
- % of countries that include gender-related activities in their National Immunisation Strategies

#### **Identify**

- % of countries demonstrating that they have assessed gender-related barriers to accessing immunisation services as part of their broader analysis of barriers to reaching zero dose (using for example, equity assessment, gender situational reports)

#### **Reach**

- % of countries prioritising at least one intervention to tackle gender-related barriers
- % of countries budgeting for at least one intervention to tackle gender-related barriers
- % of countries tracking their progress in tackling gender-related barriers with at least one context-relevant indicator
- % of HPV support applications that plan for integrated services for adolescents

- % of Gavi grants/ investments through partners supporting implementation of interventions for gender-related barriers

#### **Learn**

- % of countries with learning activities implemented to generate evidence on gender and immunisation aimed to increase service utilisation and coverage

#### **Partner**

- Number of new partnerships which include a focus on identifying/ solving for gender-related barriers

Data sources might include: annual progress reports from countries, country budgets and implementation plans, trip reports, national immunisation strategies, internal HR documentation.

#### **Country-level**

Countries will be strongly encouraged to integrate their own outcome indicators to measure their gender-specific activities and outcomes supported by Gavi. These indicators will vary across countries depending on local priorities and gender-related barriers faced. They will be tracked on an annual basis and used to inform further country programming.

Data sources might include: independent surveys (DHS, MICS, KAP), health sector reviews, EPI reviews, equity assessments.

In line with SAGE recommendations, this policy does not require all countries to report coverage disaggregated by sex (male/female). Whilst some differences have been reported at the subnational level, local surveys provide valid data that is more appropriate than routine collection of coverage data disaggregated by sex. Where sex discrepancies exist, sex disaggregated data should be used to better investigate the problem.

#### **Key assumptions**

This policy seeks to mainstream gender throughout the work of the Alliance, with all parties equally committed to the goals stated in the policy. The Secretariat must ensure that the principles of the Gender Policy are integrated into various guidance and funding documents, with the aim that changes brought about through implementing the policy will be catalytic.

As all Gavi-supported countries will have different gender considerations that need to be addressed, context-specific policy implementation and monitoring is key to success.

#### **Evaluation**

The Gender Policy will be re-evaluated, to assess its relevance, implementation, effectiveness and contribution to Gavi's overall mission, at the request of the Board.

**SUBJECT:** REVIEW OF DECISIONS

**Agenda item:** 08

*No paper*

**SUBJECT:** CLOSING REMARKS

**Agenda item:** 09

*No paper*