I am embarrassed to say I only let people at bmgf know about this yesterday morning. Nevertheless, they forwarded me all this... it’s been a wild week at the foundation with strategy week, corona and not particularly helpful....scrambling to get back into gavi program headspace.

Hi I’ve tried my best to capture the most relevant feedback and put it in one document. There’s not really time to reconcile everything with a pretty little bow, so you’ll see where I’ve called out difference of opinion or just disaggregated the feedback from different people. gave all of her feedback as comments in the slide deck; I’ve pulled out some of these where most pertinent, but if I did all of them (on measles, especially) I’ll be here all night. I’ve reattached the deck with her comments in case you haven’t scrolled through.

Hope that helps, look forward to hearing how it goes!
Funding Policy Review Steering Committee Call
March 6, 2020
BMGF Notes

1. Vaccine Programs: Differentiated supplementary delivery strategies to close measles immunity gaps

Comments from

Broadly, the nuance contained within has evolved dramatically from the PPC this fall (at that time, they were very much focused on the funding policy, without much programmatic meat behind it). Maybe the biggest challenge remaining is that they speak to many ideal outcomes (identifying, engaging, and vaccinating zero-dose communities; using campaigns to strengthen routine, etc) that resonate and are easy to put in policies but will require significant learning, behavior change, and programmatic guidance/support at the country level.

- Slide 6: Broadly agree with broadening definition of ops to include tailored delivery strategies, as well as strengthening programmatic guidance.
- Slide 7: Similarly, very much align with the framing here, specifically the center column (e.g. countries will need to take into account epi, system performance/maturity, disease dynamics, contextual factors) to ID best approaches to disease control and coverage.
- Slide 9: This is all good and well, but the outcomes in the second column “strengthen linkage between routine and campaigns; improve reach of measles second dose by broadening ops funding” are easier said than done. These outcomes will most certainly not be achieved with just a policy shift. The programmatic guidance will be key. And in fact, there’s much work to be done to even define appropriate programmatic guidance (slide 12).
- Slide 10: I would argue that they also need to be taking into account disease dynamics in this equation.
  - Further, even countries with lower routine coverage could potentially benefit from also employing tailored strategies focused on the most vulnerable/unimmunized populations.
  - In any nationwide campaign, they really need to be focusing on improving quality (slide 11)
    - Though the broader problem statement is clear, I get a little nervous about a full change in policy that would never allow for a nonselective nationwide campaign. Would appreciate others’ views on this!
- Slide 12: It feels that the Gavi strategy is pushing for two potentially conflicting goals for “quality” campaigns: overall coverage (as indicated on this slide) vs. reaching more unimmunized (as stated on slide 13). If countries are focused on achieving overall coverage goals in order to not lose future funding, it’s possible that they’ll continue to conduct business as usual, rather than spending additional time/resources/planning to identify and reach un/underimmunized children/communities.
- Slide 16: Would also consider programmatic strength, and ability of program to effectively utilize tailored strategies (e.g. I would hypothesize that Senegal is likely to be able to successfully implement tailored strategies, though their coverage is below 90%)
Also might be worth bringing up the question around whether/how they’re moving away from the 70% filter in measles (as discussed in prior emails)

Comments from:

- **Learning**: Need to build in explicit learning. They need to specify how we’re going to know if these changes have worked or not. These are big and somewhat untested shifts for controlling a highly infectious disease in these environments. There will be some skeptics that will swoop in and tear these down if there’s a big outbreak – they need to get much more clear on what we expect to happen with these approaches in the types of countries where this is being proposed and ensure everyone understands what’s being tried here.

- **Modelling** – 2 things on modelling:
  1. further to above - they need to pull in modeling consortium and IDM to model this approach versus 4 year campaigns. I fully expect this approach will be shown to work well. Modelling will inform the parameters – including the 85%/90% and any MCV2 assumptions and how to take into account the magnitude of underimmunized clusters
  2. Modelling needs to become standard practice for guiding country strategies – they need to call this out

- **Integration**: In these countries that do tailored strategies for underimmunized pockets – they might as well make these multi antigen – they quickly become PIRI or Mission Indradhanush type activities. GFF comment also important (*why isn’t Gavi thinking about incorporating increased measles coverage in GFF investment cases? Many of the countries on slide 16 are GFF countries*). In adding additional antigens and health care interventions then need to think differently about financing of these.

- **Incentivizing planning, monitoring and data**: Gavi could use its processes much more to drive countries to better planning, monitoring, and data. They could request countries to register intent for a non outbreak response campaign at least 9 months in advance in order to apply. They should request Gavi countries to identify how campaign decisions will be made and how they will convene partners to do it and use modeling. They should commit to an initial release of funds when campaign planning is started 9 or more months in advance. They should not provide funds for campaigns that are in <6 months. They should fund the coverage surveys and try different approaches. They should require the campaign preparedness assessments be conducted and shared. They should require post campaign data be shared. They should request Gavi countries to give a campaign forecast 1x/year to start building out a 1-2 year campaign forecast – country, forecast dates, size.
2. HSS and CCEOP

a. Equity in HSS Grants

- Lean toward the recommended option (#4) by which Gavi would indicate a minimum amount of HSS to be allocated for equity and missed communities, and countries would need to provide a strong justification if propose to do less.
  - Need to require a gender lens as well; for example, require that an equity analysis be done with an explicit focus on gender. Have countries identify explicit gender-related barriers for 1) zero dose, 2) missed communities, 3) under-immunized. Based on the equity analysis and identification of gender-related barriers, embed key indicators to track progress. The Equity reference group is working on a compendium of indicators (led by UNICEF).

- Is more comfortable with option #2, whereby Gavi would provide strong guidance but the decision firmly sits with the country, which tilts toward greater country ownership.

b. CCE Ring-Fencing and Joint Investment

Summary: Agree with the recommendations. On ring-fencing of CCE (slides 32-34), the recommended option (indicative envelope) sets a reasonable balance. A hard ring-fencing seems problematic for a whole host of reasons, but giving some indication here does hopefully lead countries where relevant to finish off extension and/or expansion of their cold-chain. Keeping it indicative does not tie country hands and provides flexibility. But the devil is in the details on the implementation for the “indicative envelope” or soft ring-fencing. I imagine the same principle will apply to the equity guidance as well. Here are a few things to keep in mind for CCE:

1.) How that envelope is set will matter. I would encourage a differentiated approach specific to each country, which takes into account unmet CCE need. I would encourage the envelope be larger than just fridges and freezers. Virtually no freeze free passive boxes have been replaced through CCEOP and which is a large outstanding need. Countries have all prioritized fridges.

2.) Not sure what options we have for process for requesting a deviation from the indicative envelope. Would the IRC be informed enough to make this call? Perhaps there should be pre-review from the CCEOP or HSIS group is needed to offer them a recommendation? Or, we ask the CCEOP working group develop some guiding principles to help with the informed decision? In general, I lean toward a less bureaucratic approval processes as long as it receives a well-informed, critical review.

3.) There are also wrap around HSS activities that contribute to effective CCE that may feel like middle ground. Not sure how this will be handled. Inside or outside of the indicative envelope? Examples include: a maintenance of any kind as it’s currently absent, an actively maintained inventory of existing CCE, information systems (to track CCE functionality, systematically collect 30DTR data in addition to stock status.

For Joint Financing, because my preference is that fridges should be treated more like products than a system strengthening intervention, I would have preferred joint financing. But suppliers are already spooked about the possibility of less predictable demand from the HSIS-CCEOP integration. I’m worried joint financing would make demand even harder to predict, and would lead to lower volumes and may spook suppliers into exiting the market. (Which may need to happen eventually, but would not want this to be the reason.) And with the joint financing streamlining going on, now is not the time to push on this point. Asks, can we instead require small country allocation for maintenance?)
3. Eligibility and Transition: Mitigating Risk of Unsuccessful Transition

- Recommendation is that country is identified as at risk if equity or coverage is below a threshold
  - Recommend that coverage not be based on a threshold, but on a declining, stagnant, or very slowly increasing trend line. For instance, Vietnam had coverage due to vaccine hesitancy issues. If we used the threshold, they would be considered for a longer timeline. But their coverage has bounced back the following year.
  - Number of years to go should be one of the indicators. If there are only a few years to go, then it is unrealistic to expect a country’s performance would increase dramatically within that period and a longer time frame would be required.

- On the benchmark options, they are presented as “either/or” – do we want to explore an “and” approach? (i.e. lower coverage trend AND zero-dose children?)

- AGREE with Option 2 (mid-ambition) for identifying countries at risk

- AGREE with the types and levels of support countries might receive

- This is incomplete – they need to expand this beyond C&E for transition. I think they need a major indicator on country financing for immunization operations (like outreach). I also wonder if it should expand to some of the immunization capacities – certain level of EVM 2.0 score? Certain level of HR?

4. Co-Financing Simplification

A preview is included here, but this topic is primarily for discussion at the April 2-3 meeting.
Table of Contents

- Recap of Funding Policy Review

  Vaccine Programmes
  - Delivery strategies

- Health Systems Strengthening
  - Equity in HSS grants
  - CCE ring-fencing and joint investment

- Eligibility & Transition
  - Mitigating risk of unsuccessful transition

- Co-Financing
  - Share of doses calculation primer

- Next steps
Recap: Stage of the FPR

For guidance and/or decision on policy options:
- PPC
- Board

For decision on final policy/ies with ToC and M&E framework:
- PPC Board

2019
- Jun
- Jul
- Aug
- Sep
- Oct
- Nov
- Dec

2020
- Jan
- Feb
- Mar
- Apr
- May
- Jun
- Jul
- Aug
- Sep
- Oct
- Nov
- Dec

SC Mtg 1
External evaluation of Co-Financing & Eligibility and Transition Policy overseen by EAC

SC Mtg 2
11-12 Sept

SC Call
8 Mar

SC Mtg 3
2-3 Apr

Consultations
- Partner Consultations
  24 Jul & 5 Aug
- Country consultation
  19-21 Aug

Analysis: evidence reviews, modelling, options development and policy drafting

Country/ partner retreat
25-27 Feb

Policy drafting and refinement

Communication of updated policies and preparation for implementation in 2021

Implementation in 2021
Key strategic shifts in 5.0 and lessons learned from 4.0

Changes across three core funding policies

Equity
- Use latest GNI p.c. to determine countries (re)gaining eligibility
- Include zero-dose in HSS allocation formula and remove cap
- Incentivise broader strategies to reach zero-dose children

Programmatic sustainability
- Tailor duration of accelerated transition to mitigate risk of unsuccessful transition

Differentiation and tailoring
- Remove generic programme filter
- Apply co-financing flexibilities for humanitarian emergencies
- Define principles of differentiation in HSS programming
- Support differentiated supplemental delivery strategies to close immunity gaps and align outbreak response to planned campaigns

Differentiation and tailoring and Simplification and country ownership also further reinforce focus on Equity and on Programmatic sustainability

Simplification and country ownership
- Calculate co-financing as a share of doses
- Integrate HSIS funding windows, including CCEOP
Vaccine programmes

- Differentiated supplemental delivery strategies to close measles immunity gaps
Summary of SC / PPC guidance so far

Confirmed problem statements around undifferentiated approaches to close measles immunity gaps (e.g., support only for campaigns)

- Recognised that the full range of supplemental delivery strategies to close measles immunity gaps have not been adequately supported and could be further incentivised

- Welcomed approaches to increase support for these strategies through broadening definition of Ops to include tailored delivery strategies, coupled with strengthened programmatic guidance
Gavi has not actively supported range of supplemental delivery strategies to close measles immunity gaps

Current policy

Factors to identify appropriate strategy

Epidemiologic context

System maturity

Immunisation performance

Disease dynamics

Others

Supplemental delivery strategies to close immunity gaps

- Large, non-selective campaigns
- Targeted & tailored campaigns
- Bolstered mobile & outreach
- PIRIs
- Catch-up at school entry
- Other
Spectrum of delivery approaches with **tailored supplemental strategies** relatively underused & under funded

- **Routine (national schedules)**
- **Tailored supplemental strategies to close immunity gaps**
- **Large, non-selective campaigns**
- **Outbreak response**

**Increased sustainability and strength of system**
Revised policy approach to differentiate support for supplemental delivery strategies to close measles immunity gaps

**Issue 1:** Frequent campaigns may pose system disruptions and sustainability challenges with lack of assurance of high quality and coverage

**Issue 2:** Current funding structure does not allow for other, innovative tailored approaches to close immunity gaps

**Issue 3:** Non-selective nationwide campaigns poor value for money if primarily revaccinating same people

**Strengthen linkage b/w campaigns & routine; institute accountability measures to ensure improved quality and reach of zero dose**

**Incentivise use of other delivery strategies to close immunity gaps and reach ‘measles zero dose’ by broadening ‘Ops’ funding**

**Limit use of non-selective nationwide campaigns in higher performing countries**

**Programmatic guidance**
Differentiated approach proposed for supporting supplemental delivery strategies in countries with lower coverage vs higher coverage

- Lower routine coverage
  - Nationwide non-selective campaigns can still be effective

- Higher routine coverage
  - Tailored supplemental delivery strategies focused on unimmunised
Policy approaches to close measles immunity gaps differ in higher performing and lower performing contexts

Learnings

ELTRACO evaluation indicated that country decision-making on delivery strategies de-linked from co-financing requirements

Co-financing unlikely to serve as a disincentive, given the strong push from global partners to conduct nationwide campaigns and may prioritise domestic financing to campaigns rather than routine

Experience to date: ops cost flexibility intended to incentivise tailored and targeted campaigns but countries still opted for nationwide non-selective approaches over tailored approaches

Approach

In lower-performing countries, nationwide non-selective campaigns still effective at reaching ‘measles zero dose’, with stronger programmatic guidance to improve quality and institution of measures to strengthen accountability

For higher-performing countries, new policy approach would not allow use of Gavi funding for nationwide non-selective campaigns as a more direct way to shift countries towards more appropriate strategies for their contexts
New approach to campaigns in lower-performing countries to improve quality and accountability (1/2)

- **Strengthened programmatic guidance** to improve quality and reach of campaigns with concrete links to improve RI

- **Increased accountability and country ownership:**
  - No co-financing and full ops for first campaign approved under 5.0 guidelines
  - Funding levels for subsequent campaign contingent on reaching targets, e.g.
    - X%* coverage of ‘measles zero dose’ as measured in post-campaign coverage survey
    - Continuation of routine immunisation activities during a campaign
    - Indication zero-dose children and their families are being brought back into the routine immunisation system
  - If criteria not met, country required to cost-share doses and operational costs equivalent to gap in coverage level not met

---

[a threshold would be determined through consultation with partners and experts, and included in programmatic guidance, e.g. if the minimum threshold is 50% measles zero dose reached and only 30% of measles zero dose reached, country would co-finance 20% of next campaign]
New approach to campaigns in lower-performing countries to improve quality and accountability (2/2)

**Strengths**
- Incentivises higher quality campaigns and improved RI
- Ensures country and partner commitment to closing measles immunity gaps
- Increases country accountability of reaching unimmunised
- More deliberate programmatic guidance that encourages improved data quality

**Risks**
- Highly dependent on robust and timely post-campaign coverage surveys (PCCS)
  - mitigated by requiring countries to reserve ops funding for PCCS
- Countries unable to fundraise outstanding ops amount, risking campaign quality, contributing to cycle of underperformance and penalties
  - mitigated by setting achievable and impactful target
Principles to incentivise the use of tailored supplemental delivery strategies in higher performing countries

- **Value for money**: tailoring of supplemental delivery strategies directs funding towards highest need (e.g., reaching ‘measles zero dose’)

- **Innovation & Learning**: encourage integration with other vaccines and the selection and testing of strategies tailored to differing intra-country contexts

- **Reduce barriers** and ensure **consistency** across ‘like’ strategies so strategies tailored based on contextual parameters and not funding distortion

- **Sustainability and linkage to routine**: encourage countries to incorporate strategies that can be budgeted and planned for on an ongoing basis that increase routine coverage
Two-step coverage indicator to filter countries better suited for tailored supplemental strategies

Criteria for restriction

**MCV1 coverage** (past 3 years)
- $\geq 85\%$
- $\geq 90\%$

**MCV2 coverage** (past 3 years)
- $\geq 50\%$

Principle: indicative of capacity to reach herd immunity

Principle: provides sufficient opportunity for 2nd dose to address primary vaccine failure

Which level of MCV1 supports best initial set of countries for new approach?

Above these thresholds, divert to other supplemental delivery strategies to close immunity gaps
Countries with MCV1 ≥90% OR ≥85% on average in the last 3 years AND MCV2 ≥50% on average in the last 3 years

Option 1 (13 countries)

<table>
<thead>
<tr>
<th>Countries with MCV1≥90% AND MCV2≥50% on average for 3 years (Source: July 2019 WUENIC and Gavi VLD)</th>
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<tbody>
<tr>
<td>Bangladesh</td>
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Option 2 (18 countries)

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<thead>
<tr>
<th>Countries with MCV1≥85% AND MCV2≥50% on average for 3 years (Source: July 2019 WUENIC and Gavi VLD)</th>
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<tbody>
<tr>
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*Countries planning to apply in May/Sep 2020 for MR-F support for implementation in 2021/2022
**Page 21 of 56 in option 2 as planned rubella introduction (with catch up) in Gavi 5.0
Note: estimated incremental additional costs for Ops up to $25M (pulled forward from projected campaigns in Gavi 6.0)
# Trade-offs between coverage filter levels

<table>
<thead>
<tr>
<th>Option</th>
<th>Allows for rapid scale-up of new approach</th>
<th>Allows for ‘phasing’ over time, starting with higher performing to facilitate learning</th>
<th>Proximity to herd immunity threshold</th>
<th>Reduced risk of large outbreaks</th>
<th>Lower investment requirements for capacity building and technical assistance</th>
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<tbody>
<tr>
<td>Option 1: MCV1 ≥ 90% and MCV2 ≥ 50% (3yr rolling)</td>
<td>✓</td>
<td>✓✓✓✓</td>
<td>✓✓</td>
<td>✓✓✓✓</td>
<td>✓</td>
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<tr>
<td>Option 2: MCV1 ≥ 85% and MCV2 ≥ 50% (3yr rolling)²</td>
<td>✓✓✓✓</td>
<td>✓✓</td>
<td>✓</td>
<td>✓</td>
<td>x</td>
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Financing for higher-performing countries designed to reduce barriers to uptake and enhance learning

- In 5.0 period, **equivalent campaign ops and no co-financing** for tailored supplemental delivery strategies to facilitate uptake and strategic selection of the most suitable mix
- Approach to be monitored and reviewed during 5.0 to inform **financing strategy for 6.0**
Funding allocation standardised across all tailored supplemental strategies in higher-performing countries

Nationwide target cohort
(proxy for strategy target)

Initial self-financing
= $0.65

Preparatory transition
= $0.55

Accelerated transition
= $0.45
Tailored supplemental strategies would not be co-financed initially to reduce barriers to uptake; full amount of campaign ops available

**Strengths**

- Ensures low barrier to adoption of new strategies
- Acknowledges need for a learning period when implementing innovative approaches (including countries’ ability to discard strategies that are not working)
- Avoids funding distortions in choice of best mix of strategies for country context

**Risks**

- Potential misalignment with co-financing approach to routine
  - mitigated through mid-period review and development of appropriate approach for 6.0
- Funding proxy for ops might not reflect actual costs needed
  - mitigated through strong accountability on the use of funds to ensure ‘measles zero’ reached and ongoing data collection to assess costs
Policy in effect Jan 2021; identified countries transition to new approach in 3 ‘waves’

<table>
<thead>
<tr>
<th>SIA applications submitted in 2020</th>
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<tbody>
<tr>
<td>• Old rules apply for current application, though country encouraged to use tailored strategies under op cost flexibility</td>
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<tr>
<td>• Country informed of future requirement to use tailored supplemental delivery strategies</td>
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<tr>
<td>• Country requested to submit application in 2021 for tailored approaches to complement existing application</td>
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<th>Applications submitted from Jan 2021</th>
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<tr>
<td><strong>Nationwide SIA conducted in 2019-2020</strong></td>
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<tr>
<td>• Country informed of future requirement to use tailored supplemental delivery strategies</td>
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<tr>
<td>• Country requested to submit application in 2021 for tailored strategies to maintain gains and close ongoing immunity gaps</td>
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<table>
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<tr>
<th>Applications submitted from Jan 2021</th>
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<tr>
<td><strong>Nationwide SIA conducted prior to Dec 2018</strong></td>
</tr>
<tr>
<td>• Country highly encouraged to apply for tailored strategies but can submit one more SIA application per planned schedule</td>
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<tr>
<td>• Country requested to submit accompanying strategy for tailored approaches alongside next SIA application</td>
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<tr>
<td>• Thereafter expected to use tailored strategies to close ongoing immunity gaps</td>
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<tr>
<th>90% coverage</th>
<th>85% coverage</th>
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<tr>
<th>Tailored strategies application should include:</th>
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<tr>
<td>• Strategy to prevent build-up of susceptibles and fill immunity gaps on an ongoing basis</td>
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<tr>
<td>• Link to routine strengthening</td>
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<td>• Accountability framework</td>
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*Kenya will use tailored approaches in 2020 due to financial constraints*
## Summary of risks & mitigation - high appetite for innovation required

<table>
<thead>
<tr>
<th>Risk</th>
<th>Risk mitigation</th>
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| Inadequate country & partner capacity to implement new approach | • Use of coverage filter allows for ‘phasing’, starting w/ highest performing countries  
• Ensure bolstered technical assistance and capacity building  
• Strengthen programmatic guidance on closing measles immunity gaps |
| Obtaining buy-in from affected countries, partners, and other relevant stakeholders | • Ensure strong elements of learning incorporated into implementation, particularly for first set of countries  
• Develop clear approach for transition to new policy developed and communicate to countries in a timely manner  
• Conduct regular review of approach w/ annual updates to programmatic guidance |
| Risk of outbreaks (real or perceived) | • Include marker of programme stability; coverage filter based on a 3-year rolling average, with 3 years of MCV2 implementation  
• Transition approach factors in identified countries that may have accumulated a critical threshold of susceptibles  
• Pursue possible investments for rapid diagnostics to allow for earlier outbreak detection |
| Increased complexity of programming, monitoring and dose forecasting, esp initially | • Develop accountability and performance framework that requires country to monitor data on immunity gaps and costs incurred to fill gaps |
Questions to the Steering Committee

- In lower-performing countries, **do you agree** with the approach to institute accountability measures consisting of cost-sharing future campaigns if set of targets for the initial campaign aren’t met?

- Which **coverage threshold** for MCV1 (≥ 85% or ≥ 90%) should we apply to differentiate lower-performing and higher-performing countries?

- In higher-performing countries, **do you agree** with waiving co-financing and providing the full amount of ops for supplemental delivery strategies with a commitment to revisit financing after a learning period?
2

Health Systems Strengthening & CCEOP

- Equity in HSS grants
- CCE ring-fencing and joint investment
# Stronger focus on equity: recap and decision pathway

<table>
<thead>
<tr>
<th>Recap</th>
<th>March SC focus</th>
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| - The SC in Sept 2019 supported bringing multiple allocation formula options to PPC. **Strong support for formula including stronger focus on equity**. This allocation formula ensures countries with the most zero-dose and under-immunised children get more HSS in order to support the equity agenda.  
  
- The revised allocation formula and the removal of the HSS ceiling caps were endorsed by the PPC and approved by the Board in Dec 2019.  
  
- The SC asked how this will translate into ensuring HSS is programmed with a focus on equity at country level.  
  
- The Secretariat has explored options to maintain the focus of HSS on equity including reaching zero-dose children & missed communities  |
| How to ensure sufficient focus on equity (zero-dose and underimmunised) in the way countries programme HSS |

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1: Indicators & weighting for revised allocation formula: births(25%), GNI per capita (25%), #DTP3 Underimmunised (25%), # DTP1 zero-dose (25%)
5.0 HSS Allocation formula will increase equity focus, as defined by # of DTP 1 & DTP 3

Example Country HSS Allocation

ILLUSTRATIVE

- Ability to pay (GNI p.c.)
- Need (Birth cohort)
- Under-immunised (# DTP3)
- Zero Dose (# DTP1)

Scenarios are proposed in subsequent slides to potentially use the amount of HSS allocated based on DTP1 and DTP3 as an indication of how much of each HSS grant should be spent on equity.
Potential to use the DTP1 and DTP3 portions of HSS* as proxy for equity investments in country

Breakdown of HSS Allocation by criteria

*Not including CCE or FER flexibility
# Options to maintain the focus of HSS on equity including reaching zero-dose children & missed communities

<table>
<thead>
<tr>
<th>Option</th>
<th>Operationalisation approach</th>
<th>Benefits</th>
<th>Trade-offs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status Quo</td>
<td>• Countries decide on prioritisation of HSS funds based on their needs</td>
<td>✓ Ensures country ownership and flexibility in country prioritisation of needs</td>
<td>x No guarantee that countries will prioritise investments to reach zero dose and under immunised</td>
</tr>
<tr>
<td>Stronger guidance</td>
<td>• Countries decide on prioritisation of HSS funds based on their needs</td>
<td>✓ Ensure country ownership and flexibility to adapt to country context and needs</td>
<td>x Relies on countries to have read the guidelines for implementation</td>
</tr>
</tbody>
</table>
Options to maintain the focus of HSS on equity including reaching zero-dose children & missed communities

<table>
<thead>
<tr>
<th>Option</th>
<th>Operationalisation approach</th>
<th>Benefits</th>
<th>Trade-offs</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Hard ring-fencing</td>
<td>✓ Will ensure each country has a minimum portion of their grant focused on equity &lt;br&gt; ✓ Promotes increased attention of countries, Alliance and other donors on equity</td>
<td>× Reduces country flexibility and ability to tailor HSS to their specific needs and context &lt;br&gt; × May require more exceptions during implementation due to reduced flexibilities for countries &lt;br&gt; × Risk that countries implement non-sustainable approaches to reach zero dose at the expense of building the routine immunisation systems, simply to access funds</td>
</tr>
</tbody>
</table>
## Options to maintain the focus of HSS on equity including reaching zero-dose children & missed communities

<table>
<thead>
<tr>
<th>Option</th>
<th>Operationalisation approach</th>
<th>Benefits</th>
<th>Trade-offs</th>
</tr>
</thead>
</table>
| 4      | • Communicate to countries Gavi’s expectation of the minimum % of their HSS to be invested in equity and reaching missed communities based on the allocation formula  
       • Countries would have to provide strong justification for investing less than this amount in equity  
       • Minimum % for accelerated transition countries would be a flat 50% given need to also invest in broader systems* | ✓ Gives countries a strong steer towards ensuring a minimum portion of their grant is focused on equity  
✓ Promotes country-level dialogue to focus on zero dose  
✓ Still allows countries flexibility to deviate where this is justified based on their context | x Will require continued monitoring and robust implementation to maintain a high bar in approving any deviations  
x Countries may interpret indicative amount as a hard ringfence |

* We propose a flat 50% for transitioning countries as they don't get any funds from the GNI pot and because they have a greater need to focus on more systems strengthening.
Question to the Steering Committee: Equity in HSS grants

• Given the benefits and trade-offs of each option, do you agree with the recommended approach to maintain the focus of HSS on equity including reaching zero-dose children & missed communities?

Yes / No

✓ / ✗
Dec 2019 Gavi Board has approved for CCEOP to be integrated into HSS in Gavi 5.0

Recap: Arguments for CCEOP being integrated into HSS

- Allows countries more flexibility
- Greater links between CCE investments and other HSS
- Integrated planning & review (as part of PSR) reduces transaction cost for all
- Simplifies administration of funds for Secretariat, as there is only one fund for CCE capital purchases

- Risk that some countries may inadequately invest in CCE
- Will make it challenging to continue to seek joint investment
- Will make market shaping more challenging

Two policy decisions to be made to ensure the advantages are capitalized and risks managed

- Ring-fencing: The decision whether a portion of HSS money is reserved for CCE investment and cannot be spent on any other program.

- Joint investment: The decision whether countries should be required to jointly invest in CCE (and through which source)
CCE ring-fencing options and reasoning

1. HSS with “ring fencing”
2. Indicative envelope of CCE investment in HSS*
3. HSS without “ring fencing”

Ring-fencing is a potential way to ensure countries spend a specific portion of their HSS budget on CCE and is seen as a strong tool to shape a healthy market.

*Under this option the Secretariat and countries would agree together on projected HSS spend over the five years (which collectively comprise the ‘indicative envelope’), but funds are not reserved for CCE only.
### Ring-fencing considerations: advantages and risks of preferred option

<table>
<thead>
<tr>
<th>CCE Investment Options</th>
<th>Unmet CCE Need</th>
<th>Support systems strengthening beyond CCE</th>
<th>Sustainability</th>
<th>Healthy CCE Market</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ring-fenced CCE investments via HSS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicative envelope for CCE investments via HSS with IRC based needs assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CCE investment via HSS, without ring-fencing</td>
<td></td>
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</tr>
</tbody>
</table>

- **Preferred Option**
  - Allows countries **more flexibility** compared to ring-fence, while ensuring a needs-based conversation
  - Gives **strong market signal** by providing market size and improves ability to **shape healthy market**
  - Countries that have met the CCE needs can **allocate resources for other SC or HSS related priorities**

- **Risk**
  - Risk that some countries may inadequately invest in CCE \( \rightarrow \) addressed through needs-based approach
  - Risk that indicative envelope is off (i.e. demand forecast being wrong undermining market shaping) \( \rightarrow \) addressed via upfront conversations to shape forecast and continuous monitoring

Evaluation of CCE ring-fencing options across four goals (as explained in Annex)
CCE joint investment options and reasoning

Options for joint investment and source of funding

1. Joint investment from purely gov’t fund
2. Joint investment from Gov’t + donor fund
3. Joint investment from Gov’t + donor + HSS funds
4. No joint investment

Joint financing (referring to whether countries should be required to jointly invest in CCE and through which source) is a potential way to ensure country ownership and achieve price sensitivity.

Countries have used Gavi resources (~73%) for joint financing but it has not really crowded in funding from domestic investment or led to price sensitivity.
## Joint investment considerations: advantages and risks of preferred option

<table>
<thead>
<tr>
<th>Joint investment options</th>
<th>Unmet CCE Need</th>
<th>Sustainability</th>
<th>Healthy CCE Market</th>
<th>Funds available in predictable manner</th>
<th>Transaction cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joint investment (purely gov’t funds)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Joint investment (gov’t + donor funds)</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Joint investment (gov’t + donor + HSS funds)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No joint investment</td>
<td></td>
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</tbody>
</table>

- **Consistent with rest of HSS** (no other capital investment requires joint funding)
- **Considerably lowers transaction costs** for country and Gavi & UNICEF
- **Allows for quicker CCE procurement and deployment**, advancing healthy market goals

- Might not advance sustainability goal → Could be addressed through other financing mechanisms like requirements on country maintenance funding

---

Evaluation of joint investment options across four goals (as explained in Annex) and two additional factors
Questions to the Steering Committee: CCE ring-fencing and joint investment

- **Do you agree** that funds for cold-chain equipment should be put in an indicative envelope within Gavi HSS ceiling allocations (option 2)? ✓ / ✗

- **Do you agree** that Gavi should remove the joint investment requirement for countries (option 4)? ✓ / ✗
Eligibility & Transition

- Mitigating risk of unsuccessful transition
Executive summary

Reminder: “Mitigating risk of unsuccessful transition” articulates an approach to tailoring duration of accelerated transition phase for countries at risk of unsuccessful transition. Dec 2019 Board approved the high-level approach, including that countries at risk would be identified based on their health-system-level outcomes (Equity and Coverage).

In alignment with work on Gavi strategic indicators, further work was done on the definitions of Equity and Coverage for identifying countries at risk of unsuccessful transition, and on the relevant thresholds. More clarity is also provided on the type of support countries at risk would receive. As a reminder: within this frame of support, the specific support would be decided on a case-by-case basis based on a health-system-component analysis, and supported by an accountability framework.

To provide more context on the proposed detailed approach, analyses were done on which countries might be at risk, and on the potential financial implications for Gavi.

2 key questions are brought for your guidance today:
1. Do you agree with the proposed option for Equity and Coverage thresholds for identifying countries at risk of unsuccessful transition?
2. Do you agree with the types and levels of support that countries at risk of unsuccessful transition might receive?
What does successful transition look like in terms of Equity and Coverage?

**Definitions: Aligned with Gavi strategic indicators**

- **Coverage** levels to be measured in DTP3 coverage
- **Equity** (% of zero-dose children) to be measured in DTP1 coverage

**Approach: What is Gavi’s level of ambition on Equity, Coverage?**

- A country is to be identified as at risk of unsuccessful transition and thereby considered for extension of accelerated transition phase if Equity, or Coverage is below threshold

- Range of options of Equity and Coverage thresholds was defined based on analysis of country performance, internal consultations and benchmarks, deriving 3 options of thresholds for further analysis\(^1\)

- (please see next slide for the 3 options)

---

1. Details of calculation and benchmarks included in annex.
3 Options of how Gavi could define success for countries exiting Gavi support, measured in Equity, Coverage

3 Options of Gavi ambition on Equity and Coverage: which countries considered at risk?

<table>
<thead>
<tr>
<th>Equity threshold: (measured in DTP1 coverage)</th>
<th>Coverage threshold: (measured in DTP3 coverage)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Option 1: High ambition</strong></td>
<td><strong>Option 2: Mid-ambition</strong></td>
</tr>
<tr>
<td>$\leq 95%$ (corresponds to $\geq 5%$ zero-dose children)</td>
<td>$\leq 90%$ (corresponds to $\geq 10%$ zero-dose children)</td>
</tr>
<tr>
<td><strong>Option 3: Lower ambition</strong></td>
<td></td>
</tr>
<tr>
<td>$\leq 85%$ (corresponds to $\geq 15%$ zero-dose children)</td>
<td>$\leq 80%$</td>
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</tbody>
</table>
Analysis of coverage data helps forecast which countries might be considered for extension in Gavi 5.0 under each of the 3 options

**Countries potentially considered for extension**
(not an entitlement)

<table>
<thead>
<tr>
<th>High ambition</th>
<th>Mid-ambition</th>
<th>Lower ambition</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTP1: ≤95%, or DTP3: ≤90%</td>
<td>DTP1: ≤90%, or DTP3: ≤85%</td>
<td>DTP1: ≤85%, or DTP3: ≤80%</td>
</tr>
<tr>
<td>Lao</td>
<td>Lao</td>
<td>Lao</td>
</tr>
<tr>
<td>Solomon Isl.</td>
<td>Solomon Isl.</td>
<td></td>
</tr>
<tr>
<td>Côte d'Ivoire</td>
<td>?Côte d'Ivoire</td>
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<tr>
<td>Djibouti</td>
<td>?Djibouti</td>
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<tr>
<td>?Cambodia</td>
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</table>

**Red: Country at high risk:** forecast projects that country will enter accelerated phase significantly below DTP1/DTP3 threshold, or already is in accelerated phase and is below threshold.

**Blue: Country potentially at risk:** forecast projects that country will enter accelerated phase close to threshold on DTP1/DTP3.

Based on analysis of countries in Accelerated transition in 2021 and/or expected to enter Accelerated transition by 2025.
Backup: Countries entering accelerated transition by 2025 and their Equity (DTP1) and Coverage (DTP3) levels

DTP1/DTP3 coverage of countries in Accelerated phase in 5.0

<table>
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</thead>
<tbody>
<tr>
<td>Lao</td>
<td>86/81</td>
<td>76/69</td>
<td>73/68</td>
<td>74/69</td>
<td>74/69</td>
<td>76/71</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nigeria</td>
<td>55/45</td>
<td>70/57</td>
<td>70/57</td>
<td></td>
<td>Already addressed by Board</td>
<td></td>
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<tr>
<td>PNG</td>
<td>87/73</td>
<td>87/72</td>
<td>67/61</td>
<td></td>
<td>Already addressed by Board</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Sao Tome</td>
<td>97/96</td>
<td>97/95</td>
<td>97/95</td>
<td>97/95</td>
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</tr>
<tr>
<td>Solomon Isl.</td>
<td>93/87</td>
<td>87/83</td>
<td>86/85</td>
<td>86/85</td>
<td></td>
<td>86/85</td>
<td></td>
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<tr>
<td>Bangladesh</td>
<td>99/98</td>
<td>99/98</td>
<td>99/98</td>
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<tr>
<td>Cambodia</td>
<td>94/92</td>
<td>93/92</td>
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<tr>
<td>Côte d'Ivoire</td>
<td>95/82</td>
<td>95/82</td>
<td>95/82</td>
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<tr>
<td>Djibouti</td>
<td>91/84</td>
<td>91/84</td>
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<td>91/84</td>
<td>91/84</td>
<td>91/84</td>
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<tr>
<td>Kenya</td>
<td>97/92</td>
<td>98/93</td>
<td>99/95</td>
<td>99/95</td>
<td>99/95</td>
<td>99/95</td>
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<tr>
<td>Zimbabwe</td>
<td>94/89</td>
<td>98/92</td>
<td>99/94</td>
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</tbody>
</table>

Legend: numbers correspond to DTP1 coverage (%) / DTP3 coverage (%)
Green cells show accelerated transition phase

Source: actuals as per WUENIC 2018; forecasts as per Gavi analysis.
Assuming that decision on extending accelerated phase (or not) made based on latest coverage data available before accelerated phase.
Type and level of support provided to countries in extension of accelerated transition phase

**Proposed Type of Support**

- Based on country-specific needs, countries in extension of transition might receive **HSS** and/or **TCA** support
  - HSS and TCA are expected to be focused on zero-dose children

- **Vaccine introduction support** would be provided in alignment with Accelerated transition phase guidelines

- An extension of vaccine-financing support would require Board approval; these cases are expected to be very rare

**Proposed Level of Support**

- The annual level of HSS and/or TCA support would follow **standard Gavi guidelines** for HSS and TCA

- The duration of support would be **1-5 years**

- Vaccine introduction support would follow **standard Gavi levels** for Accelerated transition phase

- Decision on support provided to a particular country would be leveraging a health system component-level analysis to reflect specific country context (example in appendix)
### Questions to the Steering Committee

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you agree with the “Mid-ambition” option for Equity and Coverage thresholds for identifying countries at risk of unsuccessful transition?</td>
<td>✓ / ✗</td>
</tr>
<tr>
<td>2. Do you agree with the types and levels of support that countries at risk of unsuccessful transition might receive?</td>
<td>✓ / ✗</td>
</tr>
</tbody>
</table>
Co-financing

• Co-financing simplification
Detailed proposal on co-financing simplification will be discussed in SteerCo meeting on 2-3 April. Questions for discussion will include:

1. **Moving Initial Self-financing (ISF) countries to new co-financing calculation:**
   - All ISF countries are expected to transition to co-financing a uniform share of doses (example: 10% of doses).
   - In moving ISF countries to new co-financing calculation, should we prioritize a) simplicity, or b) avoiding decreases in co-financing in individual countries?

2. **Rate of increase of co-financing in preparatory transition phase:**
   - Is the current co-financing increase of co-financing in preparatory transition phase (15% per year) fit-for-purpose, or should the annual increase be different to help countries better prepare for accelerated transition phase?
Next steps

• **April 2-3**: Steering Committee in-person meeting in Geneva
  - Provide guidance on updated draft policies
  - Finalise remaining problem statements
  - Reminder to register by March 5 at [this link](#)
• **May 26-27**: PPC meeting
• **June 24-25**: Board meeting
THANK YOU
Hi All

We think you may have already received this from our government relations colleagues but just in case am attaching a draft white paper plus annex that we’ve developed in the foundation in thinking about a way forward for rapid diagnostic tests, therapeutics, and vaccines in the time of covid.

Many pieces still outstanding from critical numbers to options – but it has sparked some good discussion internally – and hopefully contributes to a lively dialogue externally too.

Hope you are all staying safe and healthy,

Best,
Dear [REDACTED] I hope this email finds you well. As you may be aware I will be leaving USAID this summer - probably around August - and look to be more actively engaged in the Global Virome Project, as we turn it into a legal entity. [REDACTED]

dennis

Dr. Dennis Carroll
Director, Emerging Threats Program
Bureau for Global Health
U.S. Agency for International Development

Office: [REDACTED]
Mobile [REDACTED]
Dear Dennis,
That sounds fabulous for a public launch of the national GVP. Hope I would have the opportunity to witness the historic moment!
Please let me know what I can do for you.
Best.

Bill & Melinda Gates Foundation China Office
www.gatesfoundation.org

From: Dennis Carroll <dcarroll@usaid.gov>
Sent: Monday, February 18, 2019 1:03 PM
To: daszak@ecohealthalliance.org, daszak@gmail.com
Cc: daszak@ecohealthalliance.org, daszak@gmail.com
Subject: Re: of Gates China Office

It was great to meet and chat. The meeting went extremely well. Plans for a public launch of the national China Virome Project late April. Hope to cross paths then. Great opportunity for Gates engagement.

All the best

dennis

Dr Dennis Carroll
Director
Emerging Threats
Global Health
USAID
On Feb 18, 2019, at 10:04 AM, @gatesfoundation.org wrote:

Dear Dennis,

So nice spending the great evening together at apartment, and discussing the amazing GVP with you.
I wish your talk with on the weekend went very well with more substantial progress.
I hope the field research in China will also go smoothly.
Let us stay in touch.
Best.

Bill & Melinda Gates Foundation China Office

www.gatesfoundation.org
Thanks for the quick reply. Our circles haven’t crossed in a while - though I have noted the great work you are supporting at the Foundation. And hope we cross paths soon.

all my best

Dr. Dennis Carroll
Director
Emerging Threats
Global Health
USAID

On Apr 8, 2019, at 5:04 PM, wrote:

Very exciting Dennis! Congrats on what sounds like a fun transition. I had been thinking I haven’t seen you in a while. Perhaps in your new role(s) our paths will cross more often. The foundation is a good place. Cheers!

From: Dennis Carroll <dcarroll@usaid.gov>
Sent: Monday, April 8, 2019 11:51 AM
To: @gatesfoundation.org>
Subject: Fwd: Looking beyond USAID

Dear I hope this email finds you well. As you may be aware I will be leaving USAID this summer - probably around August - and look to be more actively engaged in the Global Virome Project, as we turn it into a legal entity. But this will not consume all my time.

dennis

Dr. Dennis Carroll
Director, Emerging Threats Program
Bureau for Global Health
U.S. Agency for International Development

Office: [redacted]
Mobile: [redacted]
Hey Dennis,
I look forward to crossing paths on the next stage of your journey. You may be surprised to find there is life outside the government...

Dear friends and colleagues,

At the time I had every intention of returning to the bench, my then, one true passion – once I finished my one year sojourn through the mysterious interface between science, development and diplomacy. Well, like Ulysses and his encounter with the Sirens and their song I was bewitched – and thus began a 30 year odyssey, always on the fringes of the “big engines” of global health, but always at the center of what needed to be done. From leprosy to guinea worm, chagas to oncho, schisto to dengue, and even a foray into the extraordinary world of water and sanitation; 15 years of gathering the evidence for a malaria “tool box” and the design of the President’s Malaria Initiative; and for the past 15 years the most exciting of all, being part of a global effort to decode the mysterious world of emerging infectious diseases and build a generation of One Health leaders to battle everything from avian influenza to ebola. Like Ulysses of old, the stories of this adventure are rich and wondrous; and the friendships formed and partnerships forged extraordinary. I want to acknowledge that nowhere could I have had the honor of such a journey but at USAID. Senior leadership from the very beginning gave me the space (and Congress the money) to work on important but (at the time) neglected public health challenges. Thank you! I would also like to acknowledge the very special partnerships forged over the decades with multiple generations of extraordinary colleagues and friends at FAO, WHO, WFP, UNICEF and the UN at-large; as well as dedicated leaders from an extraordinarily diverse collection of governmental ministries from around the globe, including multiple agencies and departments across my own government. Similarly, a special thanks to the deep friendships I have made with an amazing group of leaders from universities, NGOs, private sector entrepreneurs, and communities spanning too many countries to count. To all of you, I remain in awe of the inspiration each of you have engendered by your passion and commitment for making this world a better place. Lastly, the biggest of THANK YOUs to that “band of fellow travelers” with whom I have had the honor and privilege of “building our ship as we sail it” across the uncharted seas of emerging diseases. What a marvelous journey – 15 years and going strong – though in recent years troubling headwinds
have emerged within USAID that threaten the very existence of this portfolio. Now would be a good time for senior leadership to reaffirm their support for the Emerging Threats Program and its new leadership team of

While my journey at USAID is now coming to an end, my journey across the world of global health continues. After a brief respite, I will continue the adventure – pushing forward, with an even greater passion, the Global Virome Project and it’s audacious vision of ushering in the “beginning of the end of the pandemic era”, and, taking up teaching opportunities with an eye on the next generation of leaders in Africa and Asia.

As Bob Dylan famously sang – “he not busy being born is busy dying”. Words to live by! Life’s journey is always forward, always towards the future.

Again, thank you all for your support, partnership, and most of all, friendship.

I look forward to continuing our journey together as I continue the adventure.

“Live long and prosper”

My new contact info:

Office: [b](6)
Mobile: [b](6)

Dr. Dennis Carroll
Director, Emerging Threats Program
Bureau for Global Health
U.S. Agency for International Development
Office: [b](6)
Mobile:

NOTE: I will leave USAID on August 30, 2019. Afterwards I can be contacted at:

personal email: [b](6)
personal mobile: [b](6)
From: Andrew Clements
Sent: Tue, 7 Sep 2021 10:23:08 +0000
To: 
Cc: 
Subject: Re: Participation in moderating IMED session (pre-recorded)?

Thanks,

On Sat, Sep 4, 2021 at 1:58 AM @ucdavis.edu> wrote:

Yes, perfect; we can put the question to you to launch the 'how this relates to EIDs aspect' of the discussion.

Thank you!

On 9/3/21, 1:11 AM, "Andrew Clements" <aclements@usaid.gov> wrote:

Thanks. So I should prepare to deliver a few minutes of key points related to emerging zoonotic threats?

On Fri, Sep 3, 2021 at 3:01 AM @ucdavis.edu> wrote:

Andrew, Thanks so much for willingness to participate.

Excellent suggestion for discussion regarding similarities and differences (and many unknowns) with respect to the impact of environmental change relative to mode of transmission, that could make this a lively discussion. Especially as complicated by innovative methods to detect directly transmitted viruses in environmental samples.

I think having Andrew as a discussant so we could pitch these major questions to him would be great.

Of course wishing this discussion could be in person but we'll do our best under the circumstances.

On 9/2/21, 3:52 PM, @nas.edu> wrote:
Dear Andrew,

For my two cents, this would be a good addition to the discussion. One naïve question that comes to my mind is along the lines of, what similarities or differences are there for direct animal-human transmission vs those mediated by a vector or the environment matrix (e.g., is there a minimum common requirement to understanding vector/environment/direct transmission, what is the status of our knowledge base on this, what challenges do these share or differ in)?

I will defer to [b][6] and welcome their input on this.

Best,

[b][6]

---

From: Andrew Clements <aclements@usaid.gov>
Sent: Thursday, September 2, 2021 9:29 AM
To: [b][6]@nas.edu; [b][6]@nas.edu; [b][6]@nas.edu; [b][6]@ucdavis.edu; [b][6]
Cc: [b][6]@gatesfoundation.org
Subject: Re: Participation in moderating IMED session (pre-recorded)?

Hi [b][6]

Thanks for the invitation to participate. I am interested and available, but I'll leave it up to [b][6] and [b][6] to determine if there is added value in my participation as a discussant or co-moderator.

My interest would be in providing perspective on emerging threats that transmit directly from animal to human or human to human (i.e. don't use water or insect vectors) and how environmental change affects these processes. However, [b][6] knows this field well so that may be redundant if she is already planning on addressing this.
Andrew

can provide the perspective as well so

On Wed, Sep 1, 2021 at 11:44 PM  wrote:

Dear Andrew,

I am reaching out to gauge your interest in participating as a discussant or co-moderator at one of the scientific sessions at IMED 2021.

To give a quick background: As you may know, the National Academies held a workshop in June 2021 on the interface of environmental health and infectious diseases research to inform outbreak responses at the Academies (information and recording [here](#)). Stemming from the momentum of the meeting, the planning committee members have been working to identify opportunities to further the conversation on some key questions that began to emerge from the workshop. To this end, we will be organizing a scientific session at IMED 2021, entitled “Broadening the evidence-base for mitigating risk of emerging disease: Knowledge gaps and research challenges in the face of rapid global environmental change.” This session will focus on existing challenges (and opportunities) in improving the current understandings of environmental change and the implication for public health.

The session will have three 10-min talks followed by a 30-min discussion moderated by both planning committee members from the June workshop. A one-paragraph abstract on this session, speakers, and presentation titles are attached at the end of this email. This entire session will be pre-recorded, and Academies staff will facilitate the recording.

Please let me know if this is of interest, and if you would like to join the discussion or recommend a colleague in your place, by this Friday (9/3). The IMED organizers have requested that we submit the session recording by 9/15.

Best,
IMED 2021 session detail

Session title
Broadening the evidence-base for mitigating risk of emerging disease: Knowledge gaps and research challenges in the face of rapid global environmental change

Speakers

- [b](5)
- 
- 

Session abstract
Building on recent transdisciplinary innovation at the intersection of environmental change and infectious diseases, this session will focus on advances in disease surveillance as well as existing knowledge gaps and remaining challenges. A panel of experts will reflect on technological advances and discuss existing hurdles to achieving a more complete understanding of the interplay between environmental change, disease emergence, and implications for public health. Topics covered in the discussion include tools and techniques for quantifying relevant environmental conditions, characterizing disease risk in the environment, collecting and integrating data sets, and identifying key opportunities for monitoring the impact of environmental change on infectious disease using exemplars of diarrheal and vector-borne diseases.
From: [b](6)  
Sent: Sat, 14 Nov 2020 00:43:37 +0000  
To: [b](6)  
Cc: Andrew Clements[6]  
Subject: RE: Gates work on zoonotic diseases

- Glad you are connected. Best of luck! [b](6)

From: [b](6)  
Sent: Friday, November 13, 2020 2:01 PM  
To: [b](6)  
Cc: [b](6)  
Subject: RE: Gates work on zoonotic diseases

Thank you is indeed the best person to speak to on this! Happy to help with any follow-ups.

Have a great weekend,

From: [b](6)  
Sent: Friday, November 13, 2020 1:47 PM  
To: [b](6)  
Cc: [b](6)  
Subject: Re: Gates work on zoonotic diseases

It's great to hear from you too! Thanks so much for your quick response.

It’s nice to meet you. We’d appreciate it if you have some time to talk and also if you can join the industry day for the DEEP VZN project. We can share more information shortly.

Please do let us know if there are others at BMGF to include.

I hope everyone has a nice weekend!

On Fri, Nov 13, 2020 at 4:25 PM [b](6)  wrote:

Hi, [b](6)

Nice to hear from you – it has been a while! The best contact may be [b](6) copied here. If not he or [b](6) will know who is.

Best,
From: [redacted]@usaid.gov
Sent: Friday, November 13, 2020 9:32 AM
To: Jordan Tappero [redacted]@gatesfoundation.org, [redacted]@gatesfoundation.org
Cc: Andrew Clements [redacted]@usaid.gov, [redacted]@usaid.gov
Subject: Gates work on zoonotic diseases

Hi!

I am working with the USAID Global Health Security team on a project focused on new viral discovery and characterization project design, Discovery & Exploration of Emerging Pathogens - Viral Zoonoses (DEEP VZN).

We saw this announcement from the UK Government about their partnership with Bill and Melinda Gates Foundation and The Wellcome Trust, to develop a worldwide network of ‘zoonotic hubs’ to identify dangerous pathogens before they leap from animals to humans.

We’d like to coordinate on DEEP VZN and other GHS activities. In early December we will have an industry day to discuss the DEEP VZN RFI which should be released next week.

We’d appreciate it if you could provide us with the best points of contact at BMGF to reach out to discuss the related zoonotic project activities and to invite them to the upcoming industry day.

Thanks so much for your help! Hope that you are both doing well. We look forward to working together.

--

USAID Contractor
Bureau for Asia, Office of Technical Support
Ronald Reagan Building, Federal Triangle
Cell: [redacted]
Email: [redacted]@USAID.gov

GHSI-III - Social Solutions International, Inc. prime contractor

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USAID Contractor
Bureau for Asia, Office of Technical Support
Ronald Reagan Building, Federal Triangle
Cell: @USAID.gov
Email: @USAID.gov

GHSII-III - Social Solutions International, Inc. prime contractor
From: Andrew Clements
Sent: Wed, 18 Nov 2020 14:56:14 +0000
To: [b][6]@gatesfoundation.org
Subject: Fwd: [USAID Global Health Security Program] DEEP VZN RFI Posted -- viral discovery and characterization

See below

-------- Forwarded Message --------
From: Andrew Clements <aclements@usaid.gov>
Date: Wed, Nov 18, 2020 at 3:01 PM
Subject: [USAID Global Health Security Program] DEEP VZN RFI Posted -- viral discovery and characterization
To: [b][6]

Dear Colleagues,
The "Request For Information" (RFI) for our new proposed project, DEEP VZN (Discovery & Exploration of Emerging Pathogens – Viral Zoonoses) has been posted online.  https://www.grants.gov/web/grants/search-grants.html?keywords=7200AA21RFA00005

The goal of the DEEP VZN project is to: Deepen and share knowledge on unknown viruses from wildlife including their zoonotic and pandemic potential. This is to be accomplished through three major objectives, 1) Conduct Sampling for Unknown Viruses in Select Countries, 2) Strengthen Detection of Novel Viruses, and 3) Strengthen Characterization of Novel Viruses. Additional information about what is currently being proposed can be found in the RFI.

As this is now public, please feel free to share with any potential partners who you think may find this RFI of interest and please encourage them to submit comments and to RSVP to attend the virtual pre-application conference (aka the Industry Day) scheduled for December 10, 2020. Please note that the RFI notice includes a list of questions to help USAID shape the future award.

Andrew

Andrew Clements, Ph.D.
Senior Scientific Advisor
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
U.S. Agency for International Development
Mobile phone: (671) 439-2537
E-mail: (671) 439-2537
E-mail: ach)16@usaid.gov

For more information on USAID’s Emerging Pandemic Threats program, see: http://www.usaid.gov/ep2
Congratulations on the NAM election – so well deserved!

From: John Doe<br>Subject: RE: Save the date - Panel Discussion Recording

Wholeheartedly agree - thank you especially for the enlightening scientific discussion (both before and after the recording) that is spreading science-related joy still. None of this would have been possible without you.

On 9/14/21, 11:27 PM, "Andrew Clements" <aclements@usaid.gov> wrote:

Very well done! Thanks for inviting me to participate.

On Tue, 14 Sep 2021 at 23:51, umich.edu wrote:

I appreciate all of the support in making this happen on the NAS side and happy to see we were able to showcase this topic twice for different audiences.

On Tue, Sep 14, 2021 at 5:39 PM nas.edu wrote:

This was a true team effort and I hope you enjoyed meeting and brainstorming together as an expert group. Please do keep us in mind if you want to plan another symposium!

Warmly,

From: John Doe<br>Subject: RE: Save the date - Panel Discussion Recording
Thank you for the opportunity! Well done everyone!

On Sep 14, 2021, at 4:39 PM, @nas.edu wrote:

Dear all,

I want to echo and add on to message – thank you for stepping in to coordinate and set up the recordings and submission. I’m sorry to have missed the discussion today and wish I could get a sneak peek!

From: @gatesfoundation.org
Sent: Tuesday, September 14, 2021 4:30 PM
To: @nas.edu; @ucdavis.edu; Andrew Clements <aclements@usaid.gov>
Cc: @nas.edu; @stanford.edu; @umich.edu; @syr.edu
Subject: RE: Save the date - Panel Discussion Recording

Just wanted to thank you for all your leadership pulling this together – would not have been possible without you and Julie organizing us. And thx to Andrew for such excellent content. Should be a great session to advance the message.

Best,

From: @nas.edu
Sent: Monday, September 13, 2021 1:58 PM
To: @gatesfoundation.org; @ucdavis.edu; Andrew Clements <aclements@usaid.gov>
Cc: @nas.edu; @stanford.edu; @umich.edu; @syr.edu
Subject: RE: Save the date - Panel Discussion Recording

Hello,

We will all log in on Zoom and chat about questions’ sequence so we have time for each speaker and discussant to answer at least one question. We will have 25 mins total. One of you should keep an eye on the time.

We will ask for a 2-3 mins response at most to have enough time for follow-up thoughts and comments.

We should have about 20-25 mins to get ready before recording. We will wait for you to start the recording.
Best,

From: [b]@nas.edu[/b]
Sent: Monday, September 13, 2021 3:43 PM
To: [b]@nas.edu[/b], [b]@ucdavis.edu[/b], Andrew Clements <aclements@usaid.gov>
Cc: [b]@nas.edu[/b]
Subject: RE: Save the date - Panel Discussion Recording

Hi – quick question, how should we plan to organize for tomorrow’s recording?

From: [b]@nas.edu[/b]
Sent: Monday, September 13, 2021 12:19 PM
To: [b]@gatesfoundation.org[/b], [b]@ucdavis.edu[/b], Andrew Clements <aclements@usaid.gov>
Cc: [b]@nas.edu[/b]
Subject: RE: Save the date - Panel Discussion Recording

Dear Andrew,

We very much look forward to the discussion tomorrow.

The organizers asked that you share your (1) biography, (2) headshots, and (3) fill out a COI form for this session (see attached blank form). In this dropbox folder, I have saved the presentations, and the bios and headshots I could find for you.

➢ ACTION ITEMS:
   1. All, Could you please check these and let me know if you have any edits.
   2. All, please send me back the completed COI form
   3. Andrew, I will need a headshot for you.

Thank you!
Best,

-----Original Appointment-----
From: [b]
Sent: Wednesday, September 8, 2021 11:06 PM
To: [b]@umich.edu[/b], Andrew Clements;
Subject: Save the date - Panel Discussion Recording
When: Tuesday, September 14, 2021 1:00 PM-2:00 PM (UTC-05:00) Eastern Time (US & Canada).
Where: [b]

Hello,
Thank you very much for your patience in scheduling this panel discussion recording session.

This is a save-the-date since it is not marked available but is currently on a well-deserved break! I will update this invitation as soon as possible.

During this hour, we will first review potential questions and decide on a prompt, so please come ready with 2-3 questions who want to ask or be asked. We will then record the 25min prepared discussion.

To prepare for this session, we encourage the moderators and discussant to review the presentations in advance here: [link]

Also, if you have not seen it yet, the Proceeding in Brief is now available here: [link]

Let us know if you have any questions or concerns.

Thank you again very much.

Sincerely,

To join the call with:

**Computer:**

**Or iPhone one-tap when on the go:**

**Or by regular telephone:**

International numbers available:

Would you like to test your Zoom connection? Please click on the link below.

**NOTICE:** The Zoom service allows audio and any materials exchanged or viewed during the session to be recorded and shared. Please be aware that by participating in this activity, you consent to your voice, likeness, and any materials you provide, being recorded for use and dissemination, without payment of any compensation for such use, in any language, format, or media now known or later devised, and you release the National Academies of Sciences, Engineering, and Medicine from any and all claims, liability, or damages arising from any such use. The Academies will proceed in reliance upon such consent and release. If you do not consent to the foregoing, please do not join the session.
Andrew Clements, Ph.D.
U.S. Agency for International Development (USAID) Contractor
Bureau for Global Health/Office of Infectious Diseases/Emerging Threats Division
Mobile phone (6) (6)
E-mail: (6) usaid.gov

GHSI-III - Social Solutions International, Inc. prime contractor

For more information on USAID’s Emerging Threats Division see: https://www.usaid.gov/global-health/health-areas/global-health-security
Ok. Thanks!

On Tue, Oct 4, 2022 at 7:04 PM @gatesfoundation.org wrote:

Hi Andrew, thank you for your RSVP and looking forward to having you join us! We will be in touch shortly with meeting materials.

Best,

Hello,

I would like to participate in the Oct 15 surveillance discussion mentioned in the exchange below between and a colleague at USAID.

Please let me know if you need any additional information.

Thank you!

Andrew
Andrew Clements, Ph.D. (he/him/his)

U.S. Agency for International Development (USAID) Contractor

Bureau for Global Health/Office of Infectious Diseases/Emerging Threats Division

Mobile phone: (919) 224-5678
E-mail: AClements@usaid.gov

GHSI-III - Social Solutions International, Inc. prime contractor

For more information on USAID’s Global Health Security Program see: https://www.usaid.gov/global-health/health-areas/global-health-security

-------- Forwarded message --------
From: AClements@usaid.gov
Date: Tue, Sep 27, 2022 at 3:31 PM
Subject: Fwd: 10/15 discussion in Berlin on integrated disease surveillance
To: Andrew Clements <AClements@usaid.gov>
Cc: AClements@usaid.gov, AClements@usaid.gov

Hi Andrew (thanks for the intro),

The email below is an invite from AClements@usaid.gov for a side meeting in Berlin on Saturday, October 15. We are working on arranging for my colleague (copied) to attend as I am unable.

Given your background and relative ease of traveling to Berlin, I approached AClements@usaid.gov about the possibility of you attending also and he was happy to include you. I told him I would reach out to you and gauge interest and availability.

We think it is in our interest to keep the relationship strong... our team has a special interest in sample registration systems that is being incorporated into Gates’s surveillance work and believe that is the main purpose in the original invite to me.
So please let me know your thoughts.

---------- Forwarded message ----------
From: [b](6)@gatesfoundation.org>
Date: Thu, Sep 22, 2022 at 8:19 PM
Subject: 10/15 discussion in Berlin on integrated disease surveillance
To: [b](6)
Cc: [b](6)@gatesfoundation.org>

Dear [b](6)

The pandemic has brought to light the need for improved disease surveillance and for the global community to come together and unify our approach to integrated disease surveillance. Following up on ongoing global discussions (and side-conversations) about how to improve disease surveillance coming out of the pandemic, we are taking advantage of having a critical mass of partners in Berlin around the World Health Summit to sit down and share some of what we’ve been learning about the current surveillance landscape and explore opportunities for improvement and collaboration.
We kindly invite you to join us on the 15th of October from 9am to 12pm to share lessons learned and discuss how partners can align around integrated disease surveillance activities in LMICs. The majority of the time will be reserved for open discussion about post-pandemic opportunities to improve current disease surveillance infrastructure at local, national and global levels. The meeting will take place in the Piano/Moneo room at the Grand Hyatt in Berlin, with lunch available after and further details forthcoming.

We know there are several other meetings on disease surveillance and pandemic prevention taking place as part of WHS, so we’re hoping to keep this meeting at a “working level” to build connections between our groups and hopefully align around shared next steps.

If you’re able to join us, please email @gatesfoundation.org by October 3rd and we’ll be in touch shortly with a draft agenda.

Thanks,

Vaccine Development

Global Health Program

Bill & Melinda Gates Foundation

www.gatesfoundation.org