

To: Board members, Gavi, the Vaccine Alliance
Global Health Campus
Chemin du Pommier 40
1218 Grand-Saconnex
Geneva, Switzerland

29 July 2020

Dear Members of the Gavi Board,

As civil society, we again write in advance of your meeting to express concern about the conditions for ensuring equitable access of future COVID-19 vaccines under the Gavi-led COVAX Facility and COVAX AMC. While we would prefer to be writing about the content of the proposed COVAX Facility/COVAX AMC, which we are following closely, and the voice that civil society would like to bring in support of the activities of the ACT Accelerator's (ACT-A) Vaccines Pillar (COVAX), for the purposes of this correspondence we are focusing on your upcoming Board agenda, and the decisions that are being asked of Board members regarding the proposed governance structures of the COVAX Facility and COVAX AMC.

Regretfully, the requests¹ of civil society to Gavi, CEPI and WHO to be meaningfully engaged in the ACT-A Vaccines Pillar (COVAX) have largely gone unanswered. In contrast to the work undertaken in the ACT-A Diagnostics Pillar, Therapeutics Pillar, and HSS Connector to engage civil society and communities - which have progressed significantly and represent a truly inclusive group of stakeholders - civil society is still not included in the COVAX Pillar. The latest manifestation of that is in Gavi's proposal to you as Board members for the governance of the COVAX Facility and COVAX AMC, whereby there is no inclusion of CSOs in the newly proposed 'Shareholders Council' of the COVAX Facility nor the 'Stakeholders Group' of the COVAX AMC.

During a call with civil society organised by Gavi, CEPI and WHO this week (28th July) on the COVAX Pillar, Gavi presented how it foresees civil society's engagement with the 'Procurement and Delivery at Scale' workstream that it leads within the COVAX Pillar (please see image below from presentation). Gavi presented the existing CSO representation in Gavi's usual governance structure (eg the CSO seat on the Gavi Board, the CSO seat in the PPC, etc.) as adequate; somewhat misleadingly, Gavi included the CSO representatives that will be included in the HSS Connector (which is being organized by the GFATM and the World Bank) as somehow part of the COVAX Pillar. The crux of it is that Gavi (and CEPI) have disappointingly not welcomed civil society into the COVAX Pillar as a standing partner to advance its objectives; a detriment to realising the full objectives of COVAX. For further background on the inclusion of civil society in other ACT Pillars, and our requests for CSO and community inclusion in the COVAX Pillar, kindly please see Annex 1.

As the Board considers the Gavi Secretariat-proposed governance structure for the COVAX Facility and COVAX AMC at this meeting, we wish to highlight the absence of civil society

¹ -Civil society wrote to the Principals of the ACT Accelerator on 5th June 2020.

-Forty-five (45) organizations sent a letter to the Gavi Board on 23rd June 2020.

-On behalf of civil society, the Gavi CSO Steering Committee sent a letter to Gavi, CEPI and WHO on 13th July 2020.

inclusion in the COVAX Facility Shareholders Council; and the COVAX AMC Stakeholders Group. We respectfully request that the Board revise the governance proposal, and include:

- **3 civil society and community representatives within the COVAX Facility Shareholders Council; and**
- **3 civil society and community representatives within the COVAX AMC Stakeholders Group**

For our requests for inclusion within the overall architecture of the ACT-A Vaccines Pillar (COVAX), kindly please see Annex 1.

We thank you, Board members, for your attention to our concerns and we hope that you will kindly work to support the meaningful inclusion of civil society in the COVAX Facility and COVAX AMC governance structures.

We welcome the opportunity to discuss with you how we can work together to ensure that future COVID-19 vaccines are accessible to all and truly global public goods.

Sincerely,

SIGNATORIES

Organisations

1. Global Fund Advocates Network
2. Grassroots Development and Empowerment Foundation
3. Wote Youth Development Projects
4. Centre for Environment, Human Rights & Development Forum - CEHRDF
5. Pathways Policy Institute (PPI)
6. Afrihealth Optonet Association - CSOs Network
7. Dr Uzo Adirieje Foundation (DUZAFOUND)
8. Partners In Health (Global)
9. Management Sciences for Health (MSH).
10. Alternative Santé Cameroun
11. Health GAP
12. Community Health and Development Initiative -Gwaram,Jigawa Syate, Nigeria.
13. Youth And Women For Opportunities Uganda
14. Africa Japan Forum, Japan
15. Brazilian Interdisciplinary Aids Association (Abia)
16. Working Group on Intellectual Property of the Brazilian Network for the Integration of Peoples (GTPI/ Rebrip)
17. Mecanismo social de apoyo y control en VIH de Colombia - MSACV
18. Community Youth Development Foundation, Ghana
19. MSF Access Campaign
20. WACI Health
21. DMI- Daughters of Mary Immaculate.
22. CARENIDHI

23. TANKER Foundation.
24. Kenya Aids NGOs Consortium (KANCO)
25. APCASO
26. International Pediatric Association
27. We Rise And Prosper (WRAP)
28. Burundian Alliance for against Tuberculosis and Leprosy "ABTL"
29. Empower India
30. International Planned Parenthood Federation
31. Advocacy, Research, Training and Services (ARTS) Foundation Pakistan
32. Global Coalition of TB Activists
33. CITAMplus
34. Alliance for Public Health (APH), Ukraine
35. International Treatment Preparedness Coalition (ITPC) Global
36. New HIV Vaccine and Microbicide Advocacy Society
37. UHC2030 Civil Society Engagement Mechanism Advisory Group
38. Kwanhliziyonye resouce care centre
39. WeCanWomen's Coalition Trust/India
40. Abubuwa Societal Development Initiative (ASDI), Bauchi State, Nigeria, West Africa
41. India Alliance for Child Rights(IACR): India
42. CCTanzania TB Community Network
43. Eastern Africa National Networks of AIDS and Health Service Organisations (EANNASO)
44. ORES Tanzania
45. Care of The Needy (Tanzania)
46. Tanzania Parliamentary Against Malaria (TAPAMA&NTD)
47. Consortium of Christian Relife and Development Association (CCRDA)
48. Save the Children
49. Plateforme des Organisations de la Société Civile pour la Vaccination et l'Immunisation au Togo (POSCVI-TOGO)
50. TB Proof
51. Initiative for Health & Equity in Society (India)
52. Advocacy O
53. Advocates for Public Justice Foundation (India)
54. John Snow, Inc
55. Health Reform Foundation of Nigeria (HERFON)
56. Association Burkinabe D Action Communautaire ABAC/ONG BURKINA FASO
57. Human Upliftment Trust (HUT) South India - Education and Women Empowerment.
58. Women Advocates for Vaccine Access (WAVA)
59. Expanded Civil Society Initiative for Immunization in Nigeria (ECSII)
60. Princess of Africa Foundation
61. Salud por Derecho

62. Ghana TB Voice Network
63. Tanzania Network of Women Living with HIV and AIDS (TNW+)
64. Tanzania AIDS Forum (TAF)
65. Coalition des OSC du Bénin pour la Couverture Universelle en Santé (COBCUS)
66. STOPAIDS
67. CORE Group

68. Students for Global Health
69. The Aurum Institute: South Africa
70. Alliance Nationale des Communautés pour la Santé (ANCS)
71. Society for Women and Aids in Africa - (SWAA/SENEGAL)
72. Coalition PLUS
73. AVAC
74. World Vision Deutschland e.V.
75. Health Education Literacy Programme. Pakistan.
76. Aidsfonds
77. Global Justice Now
78. Global Health Advocates/Action Santé Mondiale
79. Nigerian Women Agro Allied Farmers Association.
80. Youth and Small Holder Farmers Association
81. Nigerian UHC Action Network (NUHCAN)
82. Imaap Projects.
83. INDIAN INSTITUTE OF EDUCATION, PUNE
84. Korean Advocates for Global Health
85. Africa Insight
86. Dukingire Isi Yacu (DIY) - Burundi
87. Women's Coalition Against Cancer (WOCACA) -Malawi
88. International Civil Society Support
89. Harm Reduction International
90. Haiti Cholera Research Funding Foundation Inc USA
91. Christian Fellowship and Care Foundation
92. Reproductive Advocate Health Education-Ghana
93. Ukana West 2 Community Based Health Initiative (CBHI), Primary Health Centre, Ikot Ideh, Akwa Ibom State, Nigeria
94. Actions against AIDS, Germany
95. Citizen consumer and civic Action Group, India
96. Alliance for Sustainable Development Organization (ASDO), Rwanda
97. National Organization of Peer Educators (NOPE)
98. Blossom Trust, Virudhunagar, INDIA
99. Health Action International (HAI)
100. Rainbow TB Forum, India.
101. Treatment Action Group
102. Paneer HIV Positive Womens network trust, India
103. NCD Alliance
104. KhethImpilo AIDS Free Living
105. IFARMA Foundation. Colombia
106. TEST Foundation, India
107. Youth and Environment Vision,Tanzania
108. Salud y Fármacos
109. Third world Network
110. Health Sector Reform Coalition (HSRC)
111. Enhance Children and
112. Women of Tanzania(ECWOT)
113. Centre for Advocacy, Accountability and Inclusive Development

114. Public Citizen
115. Consumer Action
116. Salamander Trust
117. Medical IMPACT
118. Women's Health in Women's Hands Community Health Centre, Toronto, Ontario, Canada
119. Centro de Investigacion para la Epidemia del Tabaquismo (Ciet +Salud, Uruguay)
120. Center for Supporting Community Development Initiatives (SCDI), Vietnam
121. Vietnam Civil Society Platform to Support Vulnerable Popoulations (VCSPA), Vietnam
122. Institute for Social Development Studies, Vietnam
123. Cancer Alliance, South Africa
124. Formidable Initiatives for Women and Girls, Liberia (FIWG)
125. Ashwasti EICT DRF
126. Health Economists Association (Armenia)
127. MEERA FOUNDATION, India
128. Our Lady of Perpetual Help Initiative Nigeria
129. RESULTS UK
130. Oxfam
131. Public Advocacy or Kids (PAK) US
132. Rural Infrastructure and Human Resource Development Organization (RIHRDO) , Pakistan
133. Balanced Stewardship Development Association (BALSDA)
134. UDK Consultancy
135. National Network of Positive Women Ethiopian
136. Hepatitis Foundation of Ghana
137. Connected Advocacy ,Nigeria

Individuals

1. Peter Ngo'la Owiti
2. Md.Ilias Miah
3. Dr. Uzodinma Adiriejeha
4. Dr Loe Loumou Clarisse
5. K.C.Gopikumar
6. K.Murthy
7. Pravalika M
8. Alice Kayongo Mutebi
9. Gautam Chaudhury
10. Arumugam Sankar,India
11. Prakash Louis
12. Zahedul Islam
13. Morenike Oluwatoyin Folayan
14. Phindile Khumalo
15. Mesfin Nigussie, SCI Ethiopia

16. Razia Sultan Ismail, IACR India
17. Dr. Anima Sharma, INDIA
18. Betslot Firdawok, CCRDA-Health firum
19. KOLA Manzama-Esso, Coordonnateur ST/POSCVI-TOGO, Champion OAFRESS Chargé des Politiques de Santé et de la Vaccination.
20. Dr Mira Shiva, Advocacy for the Prevention of HIV in Africa (APHA)
21. Appanasamy. M
22. Jerry Amoah-Iarbi
23. Kennedy Godwin TNW+, Tanzania
24. Mitchell Warren
25. Shiv Vishvanathan : Centre For The Study of Knowledge Systems, O.P. Jindal Global University.
26. Lizzy Igbine Mrs
27. Lilian Okpala Mrs
28. Duchi Fejokwu.
29. Akaninyene Obot
30. Mr Prime Nkezumukama
31. HAN Heejeong
32. Undule Mwakasungula
33. Prof. Manoj Kar
34. Carolyn Gomes - Alternate Board Member, Developing Country NGO Delegation to the Global Fund Board
35. Clinton Ezeigwe
36. Mercy Annapoorani, India.
37. P. Santhanalakshmi, India.
38. Ford John Bosco, Rwanda
39. Aanu' Rotimi, Nigeria
40. Kaitlin Mara, Switzerland
41. Giorgio Franyuti, Mexico

Slide presented to CSOs (28 July 2020) regarding existing* and planned (in green) engagement of civil society by Gavi, CEPI, WHO in the COVAX Pillar CCM.

Proposed CSO representation in COVAX activities

		<i>Examples of activities</i>		
COVAX Coordination Meeting (CCM)	Development & manufacturing Led by CEPI, with industry	Active portfolio management and supporting activities including: enabling science, manufacturing, clinical development and operations		<ul style="list-style-type: none"> CSO representative to participate in the Technical Review Group.* CSO representative already in Manufacturing SWAT team: MSF delivery team Mechanisms to be developed to update, engage, and receive input from the CSO community on the status of the portfolio and efforts in the RDM workstream. The RDMIC Chair and CEO will host periodic meetings for input with CSOs.
	Policy & allocation Led by WHO	Vaccine strategy and policy, access and allocation, ethical guidelines		<ul style="list-style-type: none"> CSOs are part of SAGE: <ul style="list-style-type: none"> Dr Folake Olayinka (JSI) – SAGE member Dr Chizoba Wonodi (Gavi CSO Board) Allocation: CSO representative to participate.* Strategy: CSO representative to participate.*
	Procurement & delivery at scale Led by Gavi	Procurement (incl. COVAX Facility, AMC), country readiness and delivery, monitoring and learning		<ul style="list-style-type: none"> 8 CSO reps in total + Gavi CSO Steering Committee: <ul style="list-style-type: none"> 1 CSO rep already on Gavi Board 1 CSO rep already in the Market Sensitive Decisions Committee 1 CSO rep already in the Programme and Policy Committee 1 CSO rep already in the COVAX Country Readiness & Delivery demand workstream 3 CSO interim reps already in COVAX HSS-Connector data working group 1 CSO rep already in Gavi's Evaluation Advisory Committee
Health Systems Strengthening Connector				CSOs currently engaged in the overall HS connector and the community-led group

* Terms of reference to be developed. Technical expertise required.

25

*Correction: In Development & Manufacturing workstream, MSF was invited to participate in 1 meeting (27 July) as a technical expert. This was an ad-hoc invitation to MSF, and was not presented as in a capacity to represent civil society.

Focus: Gavi presentation of CSO inclusion in COVAX Procurement and Delivery at Scale workstream. Please note no new inclusion of civil society. Additionally, point regarding CSO (3) positions on HSS Connector is misleading.

- 8 CSO reps in total + Gavi CSO Steering Committee:
- 1 CSO rep already on Gavi Board
 - 1 CSO rep already in the Market Sensitive Decisions Committee
 - 1 CSO rep already in the Programme and Policy Committee
 - 1 CSO rep already in the COVAX Country Readiness & Delivery demand workstream
 - 3 CSO interim reps already in COVAX HSS-Connector data working group
 - 1 CSO rep already in Gavi's Evaluation Advisory Committee

Annex 1:

Civil Society & Communities Integration within the ACT-A Vaccines Pillar (COVAX)

The launch of the Access to COVID-19 Tools Accelerator (ACT-A) on the 24th April 2020 saw a landmark collaboration between WHO and a range of technical partners to accelerate the development, production and equitable distribution of vaccines, diagnostics, and therapeutics for COVID-19. The ACT Accelerator was cited as bringing 'together the combined power of several organizations to work with speed and scale'. However, in the name of speed, there have been shortcomings in establishing an inclusive and multi-stakeholder consensus process especially as it relates to communities and civil society. Our experiences with pandemics - whether HIV or Ebola - has taught us that the inclusion of communities is central to the success of any global health initiative.

Civil society and community representation in the Therapeutic and Diagnostic Pillars was established early on. The civil society and community delegations of the Global Fund and UNITAID worked with ICSS (home of the Global Fund Advocates Network) and the UNITAID and Global Fund Secretariats to identify interim civil society and community representatives to sit in all of the working groups across both ACT-A Pillars.

In the meantime, ICSS and WACI Health took on facilitating the group of civil society and community delegations of the ACT-A lead agencies (Global Fund, GAVI, UNITAID, UHC2030) to communicate with the head of the ACT-A agencies on civil society and community representation through two letters (sent 5th and 18th June) and through connection with the ACT-A Hub at WHO. This group also set up information sharing and consultation calls with broader civil society with one held on 18th June with 290 participants where the civil society and community interim reps fed back on the work of all the Pillars.

In parallel, UNITAID Board CSO Delegation leadership is in the process of recruiting the next phase (one year) 6 NGO and community representatives for the Therapeutic Pillar through the development of a role ToR and an open and transparent recruitment process. ICSS has recruited a consultant to develop a similar process for the next phase reps for the Diagnostic Pillar with recruitment of 15 civil society and community reps starting on 27th July. Starting a little later than the Therapeutic and Diagnostic pillar, the HSS Connector Pillar has also incorporated 3 interim civil society representatives and will be moving shortly to begin a process of recruitment for next phase representatives.

The lack of intentional and early integration of civil society and communities within the ACT-A Vaccines Pillar (COVAX) is in stark contrast to the robust formal involvement of civil society and community representatives in the Diagnostics, Therapeutics and Health Systems Strengthening Pillars. The extent of the Vaccines Pillar/COVAX's structure, work and membership is not even known, as no detailed organigram of COVAX has been shared. This detrimental decision has already compromised our global efforts to tackle this pandemic by forcing civil society and communities to swallow up large amounts of our time having to call for inclusion rather than focusing on getting on with dealing with the crisis at hand and furthering the objectives of COVAX. Faced with the biggest public health crisis of our generation, now is not the time to stray from the normative practice of civil society inclusion

that has a track-record of improving the responses to health challenges. **We call for the COVAX organigram (working groups, membership) to be publicly shared.**

We as a global movement of civil society and communities believe the lack of civil society integration in the ACT-A Vaccines Pillar and the COVAX Facility/COVAX AMC is a missed opportunity to harness the full value of CSOs for their objectives. Compared to the other ACT Pillars, where processes for formal civil society representation exist and where civil society representatives have already participated meaningfully in technical and strategic decisions, the need for parallel and complementary formal participation in the Vaccines Pillar is now long overdue. Formal representation ensures civil society and communities participate in important decision-making processes as the COVID-19 response develops, and also strengthens relationships with colleagues, facilitating greater coordination. Ahead of the upcoming 30th July Gavi Board meeting where the Gavi Secretariat will present a 'tailored governance mechanism for the COVAX Facility', **we are formally requesting that Gavi, CEPI and WHO acknowledge our request for meaningful civil society and communities representation and integration in the architecture of the Vaccines Pillar (COVAX), the COVAX Facility and COVAX AMC.** As highlighted in our previous 13th July correspondence addressed to Seth Berkley, Richard Hatchett, Mariângela Simao and Soumya Swaminathan, we again request action on the following:

ACT-A Vaccines Pillar (COVAX), COVAX Facility and COVAX AMC architecture:

- **2 civil society and community representatives in the ACT-A Vaccines Pillar/COVAX overall coordination group**
- **3 civil society and community representatives within *each* of the ACT-A Vaccines/COVAX Pillar workstreams of: a) Development and Manufacturing (led by CEPI); and b) Policy and Allocation (led by WHO)**
- **3 civil society and community representatives within *each* of the COVAX Facility Shareholders Council, and COVAX AMC Stakeholders Group governance structures (to be discussed at the Gavi Board meeting on 30th July 2020)**

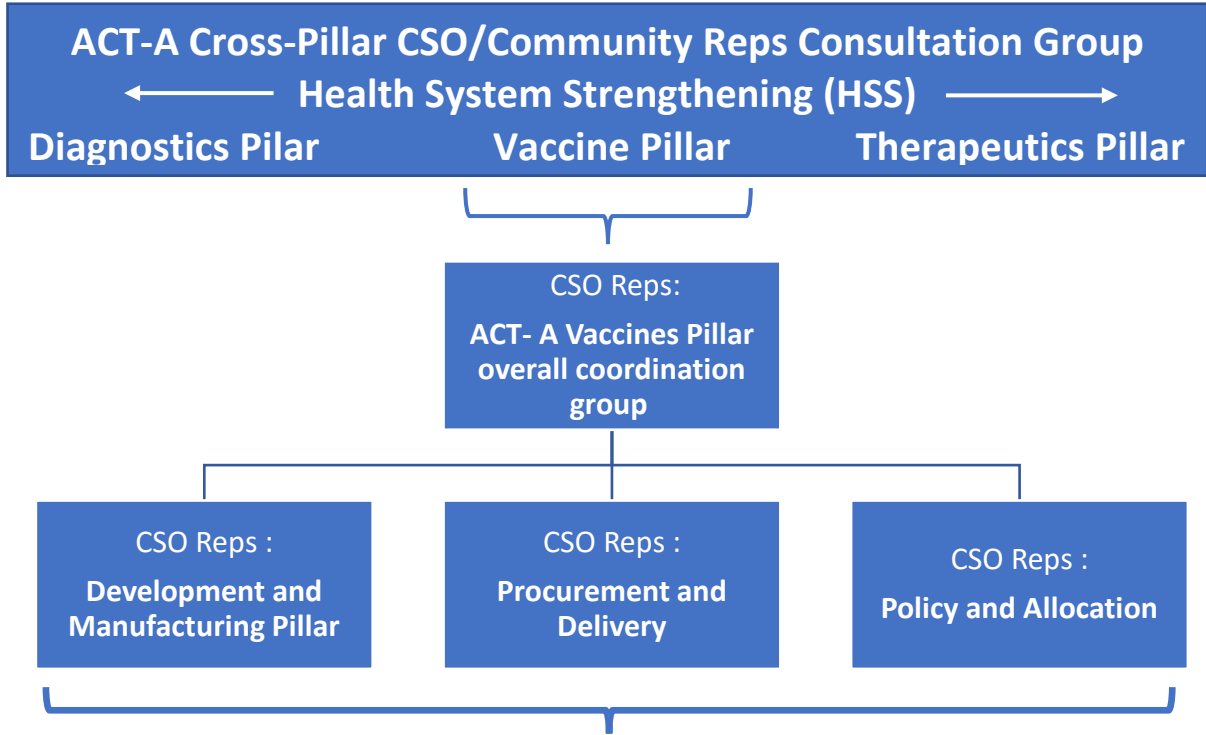
As part of our commitment to this proposal, civil society will manage a clear and democratic process for electing our representatives to the above, in coordination with the best practices of other sister organisations' civil society and community constituencies. We will continue to ensure transparency, clarity and accountability in our dealings with our partners and with broader civil society and communities interested in the work of the Vaccines Pillar/COVAX. This will be supported by the facilitation of cross-pillar information sharing and collaboration between civil society and community representatives of all the pillars and with broader civil society and communities interested in the work of the ACT-A.

We welcome recognition by Gavi in their 24-25th June Board paper that: *"well developed and tailored community engagement and social mobilisation interventions will be required to facilitate government ownership of the programme as well as vaccine trust and acceptance among community members, influencers and traditional leaders."* We also note that civil society and communities have a variety of additional expertise in several areas, including and not limited to advocacy, communications, research, intellectual property, licensing, clinical trials, regulatory issues, market shaping, procurement, supply systems, social marketing,

health literacy, demand creation, and community-based service delivery; our engagement will strengthen COVAX and the related Gavi-led initiatives. This expertise and leadership from civil society and communities is acknowledged within other ACT-A Pillars -- it would be a missed opportunity to continue down a path of undervaluing civil society and community inputs. Even more importantly, formal civil society participation will help intensify the focus on equitable global access at a time when vaccine nationalism threatens to undermine a fundamental goal of the ACT Accelerator. We will continue to prioritise the obligation to meet global needs equitably from the stage of funding agreements with vaccine developers, to expanded sources of supply, to allocations between countries, and to final vaccination of all populations. We understand that Gavi Board members vocalised the need for Gavi to better engage civil society in the COVAX Facility/AMC at their 24-25th June Board meeting; we trust that at the upcoming 30th July Board, the Gavi Secretariat will align with these Board member calls. We acknowledge that some calls with civil society have been organised (jointly by WHO/Gavi/CEPI), however for consultation and engagement to be successful, we need embedded representation to add real-time expertise and input to achieve optimal outcomes.

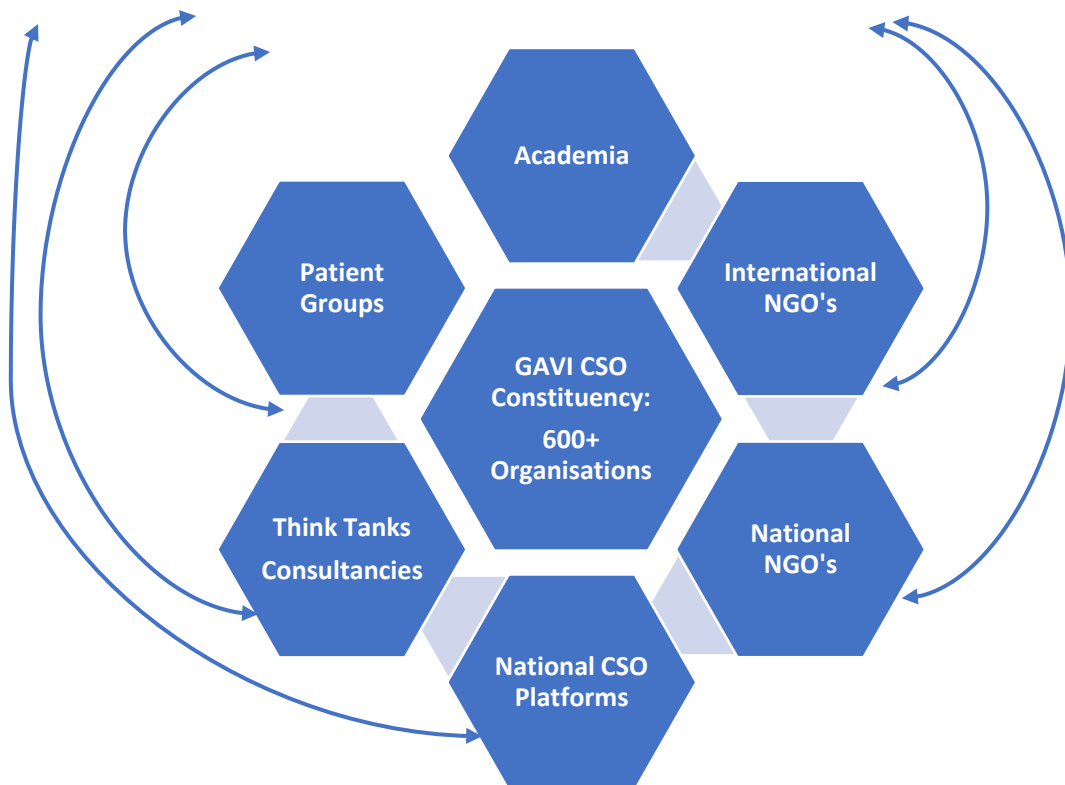
In summary, civil society and community representatives are strategically placed to contribute to discussions and decisions around the development, production, scale-up and **equitable** access to COVID-19 vaccines and must be adequately, and formally, represented and integrated in the structures and activities of the Vaccines Pillar/COVAX.

Communities and Civil Society engagement Framework



CSO Steering Committee & Other CSO Groups

Mandate: 1. Information Dissemination (Webinars) & 2. Consolidation of Feedback



Value of Civil Society and Community Integration: Vaccines Pillar and COVAX Facility

STRATEGIC OBJECTIVE

To ensure **Universal & Equitable access to commodities for COVID-19**

SUB-OBJECTIVE 1: Ensure Governments and the private sector deliver on commitments to global solidarity in their actions.

SUB-OBJECTIVE 2: Ensure that we build trust with the community to improve health literacy and counteract distrust, misinformation and vaccine hesitancy.

Objectives

Strategic Approach

Governments

- ❑ Encourage Governments to join COVAX facility to realise commitments to global solidarity and equitable access.
- ❑ Hold governments accountable on counterproductive nationalism and protectionist policies. (export control, bilateral deals etc.)

Donors (Govts. & Philanthropists)

- ❑ Ensure ACT-A is fully funded as per investment case with diversity in donors including governments, non-profit and the private sector.
- ❑ Back sequential resource mobilisation moments through strategic donor engagement and communication campaigns.

Multilaterals/PDP's

- ❑ Ensure ACT-A technical partners achieve their mission by working as an extension of their respective Secretariat's. (600+ CSO's with wide geographic reach)
- ❑ Provide a rich base of technical expertise, well versed in a wide range of disciplines. (e.g. IP, clinical trials supply chain management, social marketing, health promotion and operational research etc)

Private Sector

- ❑ Encourage life sciences sector to engage in open innovation (IP sharing)
- ❑ Encourage transparency around COVID-19 commodities (Clinical trial data, Cost of R&D, & Price)
- ❑ Encourage access through flexible licensing (IP waivers, non-exclusive licensing & tech /know how transfers)
- ❑ Encourage concrete plans/commitments to operationalise access principles of PDP's (CEPI, Gates, Wellcome Trust, BARDA) e.g. wide registration, affordable pricing etc.

Communities

- ❑ Engage in improving awareness and understanding of COVID-19 within communities, including the benefits of a future vaccines.
- ❑ Engage in improving health literacy of population on the ground on COVID-19 .
- ❑ Engage in effective campaigns to tackle misinformation and mistrust around COVID-19 as a disease.
- ❑ Undertake campaigns to counteract misinformation on vaccine R&D efforts and tackle vaccine hesitancy and conspiracies.
- ❑ Raise visibility of global efforts to ensure access to Covid-19 diagnostics, vaccine and therapeutics to build trust.
- ❑ Engage in cross pillar collaboration across ACT-A through CSO/Community Reps working group.