



**The Political Dynamics of Decision-Making  
in Gavi, the Vaccine Alliance (GAVI)  
: Decision-making in the GAVI board on COVAX**

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## Abstract

Although existing studies have made significant contributions to the field of global health governance by demonstrating the importance of ideas for understanding global health governance, they have not much explored about how global health policies are made within international health organisations.

Aiming to address this research gap, this study examines decision-making within GAVI, an international health organisation based on a public-private partnership model. Since the COVID-19 pandemic, GAVI has been co-convening COVAX, the global initiative to ensure equitable access to vaccines globally. GAVI's Board, the highest decision-making body, has made a series of important decisions for the development of COVAX. Despite the influence of these policies on global health, we know little about how they are made in practice.

Through documentary research, non-participant observations of Board meetings in 2020 and 2021, and semi-structured interviews with GAVI stakeholders, I found that: decision-making in the Board was not simply determined by the interests of the most powerful Board members; Board members did not stick to their formal identities and did not pursue a narrow set of constituency interests; and that the secretariat affected decision making too, making a variety of claims authority to influence decision-making in pursuit of its own agendas and perceived interests.

I argue that during the COVID-19 pandemic, a broad set of material and ideational factors influenced the Board's decision-making processes. Ideas (norms, principles, culture, identity, and perceived interests) played an important role in shaping decisions on the development of COVAX: material power was not always decisive. In particular, I show that socialisation took place in the Board during the period through the formal and informal

interactions of GAVI's key policy actors (Board members and staff of the Secretariat) as well as through familiarisation of a set of institutional/cultural rules and norms. In this way, social interactions and socialisation led to the (re)constitution of Board members' identities and interests, making consensus possible even when it would be assumed that Board members represented diametrically opposed sets of interests.

This thesis contributes to the field of global health governance, by: providing an empirical case of decision-making in one of the most important global health organisations during the COVID-19 pandemic; showing that the constructivist tradition provides a useful framework for understanding global health policy-making; and suggesting another source of the authority of an international organisation ('consultative authority').

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## Declaration

*I, the author, confirm that the Thesis is my own work. I am aware of the University's Guidance on the Use of Unfair Means ([www.sheffield.ac.uk/ssid/unfair-means](http://www.sheffield.ac.uk/ssid/unfair-means)). This work has not been previously been presented for an award at this, or any other, university.*

## 1. Introduction

- In this chapter, I introduce what motivated me to explore this research topic (power dynamics in decision-making on the development of COVAX by GAVI's Board during the COVID-19 pandemic), why it is important to study it, what contributions this thesis makes to the field of global health governance, and how this thesis is organised.
- Gavi, the Vaccine Alliance (GAVI) is one of the most important global health organisations and has played a significant role in the global effort to respond to the COVID-19 pandemic. Due to its important influence on global COVID-19 vaccination, it is especially important to understand how GAVI's policies were made during the pandemic in practice.
- This thesis contributes to the field of global health governance empirically, by providing a detailed case study of how decision-making worked in GAVI, a leading international health organisation, in an exceptional time of urgency and uncertainty. Theoretically, it examines the utility of the constructivist tradition for understanding global health policy-making. It also contributes to Barnett and Finnemore's constructivist work on the role of bureaucracies in International Organisations by exploring the role of the GAVI secretariat in decision-making and suggesting an additional form of authority ('consultative authority') that was found to be important in the GAVI case.

### 1.1. Research Background

In December 2019 in Wuhan, China, Li Wenliang, an ophthalmologist working at Wuhan Central Hospital, found that some of his patients had developed respiratory symptoms accompanied by fever, cough and shortness of breath (Green 2020). These symptoms reminded him of the Severe Acute Respiratory Syndrome (SARS) of 2003. Although he did not know what the virus that his patients seemed to have contracted was, on December 30<sup>th</sup> he sent out a warning to fellow medics through social media in an attempt to help them avoid infection and alert the world to the nature and risks of the virus.

This was the first time that this new coronavirus became known to the world. The virus was revealed to be Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), a novel coronavirus, and the disease that the virus causes was named Coronavirus Disease 2019 (COVID-19) by the World Health Organisation (WHO) on 11 February 2020 (WHO 2020d). On 11 March, following a rise in cases and international pressure, the WHO declared the outbreak of COVID-19 a pandemic (WHO 2020e).

Since the declaration of the pandemic, people across the world have gone through unprecedented changes in their lives and have had to become familiar with many new terms such as 'lock-down rules', 'flatten the curve', and 'social distancing'. Amongst other impacts of the pandemic, it has been particularly painful for the world to have witnessed the massive casualties and economic recession caused by this novel coronavirus. As of 7 September 2022, more than 603 million people have contracted the virus in at least 222 countries and territories; over 6.4 million people have died from the virus (WHO 2022b). The World Bank reported that global Gross Domestic Product (GDP) contracted by 4.3% in 2020 due to the pandemic (World Bank 2021), and that the world economy has been experiencing stagflation (high inflation and slow growth at the same time) in 2022 for the first time since the 1970s. It also predicted that this economic recession could continue for several years, causing destabilisation in low- and middle-income economies (World Bank 2022b). The Bank reported that the global economic recession caused by the COVID-19 pandemic was the worst since the Second World War (World Bank 2022a).

Inevitably, COVID-19 became an urgent issue for global health governance (GHG): that is, for the formal and informal institutions in which a variety of stakeholders cooperate with one another, without an explicit hierarchy, to respond to 'global health threats', which are health concerns that are 'beyond the capacity of states to address effectively through state institutions alone' (Lee, Buse, and Fustukian 2008, 5).

Global initiatives to respond to COVID-19 were developed soon after the outbreak began. The WHO and its partners - France, the European Commission, and the Bill & Melinda Gates Foundation (BMGF) - launched a global cooperation framework on 24 April 2020 called the 'Access to COVID-19 Tools Accelerator' (ACT-Accelerator) (WHO 2020b). This framework was designed to ensure that the benefits of the massive global research efforts then underway into diagnostics, treatments and vaccines for COVID-19 would be made available globally. This thesis focuses on one of the pillars that constitute the ACT-Accelerator: the Vaccine pillar, named COVID-19 Vaccines Global Access (COVAX), which aims for equitable distribution of COVID-19 vaccines across the globe.

Since it was founded, COVAX has received significant attention globally as there was a widespread understanding that global, equitable access to COVID-19 vaccinations is the key to bringing an end to the pandemic. GAVI has led COVAX, along with the WHO and the Coalition for Epidemic Preparedness Innovations (CEPI - a foundation that finances research into vaccines for pandemics). The WHO provides general policy guidance to GAVI and CEPI and oversees the progress of COVAX. CEPI invests money in COVID-19 vaccine candidates and helps develop the COVID-19 vaccine portfolio. GAVI, meanwhile, coordinates COVAX by developing the governance and implementation structures of COVAX and providing administration for the operation of the initiative. As a co-convenor of COVAX, GAVI (in particular, GAVI's Board, its highest decision-making body) has made a large number of important decisions on the development and the operation of COVAX, and GAVI's Secretariat (led by the Chief Executive Officer (CEO) Seth Berkley) has provided a vital administrative function for this global project.

### **1.1.1. Gavi, the Vaccine Alliance (GAVI)**

As is discussed in more detail in Chapter 4, GAVI was created in 2000 as an alliance of public and private organisations tasked with increasing global access to life-saving

vaccines. In order to provide a space for interactions between different stakeholders in global vaccination and immunisation<sup>1</sup>, the GAVI Board was deliberately designed to include representatives of a wide range of actors from the public and private sectors who were assumed to have different ideas about, and even conflicting interests in, GAVI's support for vaccination programmes. As a result, the Board's members include donor and recipient country governments, a philanthropic foundation (the BMGF), multilateral organisations (the WHO, UNICEF, and the World Bank), civil society organisations, vaccine manufacturers in both developing and developed countries, research institutes, and even individuals with relevant expertise and experience (see Chapter 4.3).

As the leading organisation funding global vaccine efforts, it seemed natural that GAVI would play a leading role in the efforts to gather and distribute the financial and physical resources required to ensure universal access to COVID-19 vaccines. Yet its leading role in COVAX required GAVI to address a large number of politically sensitive issues, quickly, and under a global media spotlight – often in a situation of considerable uncertainty. Indeed, when COVAX was launched, the first vaccines had not yet been developed – and it was not even certain that an effective COVID-19 vaccine could be produced. As a result, GAVI's Board throughout the pandemic was forced to engage in highly politicised decision-making over issues, literally, of life and death.

In such circumstances, it would naturally be assumed that power differentials between members of GAVI's Board would come to the fore. For example, given that enormous amounts of funding would be required for the success of COVAX, it might be assumed that those Board members who provide the most material resources to GAVI and COVAX might

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<sup>1</sup> Whereas 'vaccination' refers to the administration of a vaccine with an injection or an oral dose, 'immunisation' refers to the state of human's body after it is vaccinated. The WHO defines 'immunisation' as "the process whereby a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine" (WHO 2021c)

be the most vocal at Board meetings, and the Board's decisions may well reflect those powerful members' interests. Similarly, the world's reliance on private companies who have the expertise and capacity to develop and manufacture vaccines (albeit in some cases in collaboration with publicly-funded research institutes) would seem to put the pharmaceutical industry representatives on the Board in a powerful position to influence decision-making.

Through empirical investigation of the GAVI Board's decision-making over COVAX during the COVID-19 pandemic, this thesis seeks to examine whether these assumptions were borne out in practice. Based on non-participant observation of many of GAVI's Board meetings in 2020 and 2021, backed up by Key Informant Interviews with Board members, this thesis seeks to understand how and why key decisions over COVAX were made. I argue that the 'common sense' rationalist account that assumes material power is the key determinant of decision-making in GHG is too simplistic (see Chapter 2). Instead, by focusing on the ideas imbued in GAVI and the GAVI Board, as well as the ideas exchanged among Board members, this project explores how the Board's decisions over COVAX were socially constructed; how Board members' initial identities and perceived interests became reconstituted through their interactions inside and outside of formal Board meetings; and how the GAVI Secretariat (in particular the management team, comprising a small group of senior GAVI staff) was able to influence decision-making.

## **1.2. The Importance of the Thesis**

Existing studies have found that GHG has been socially constructed through interaction between the academic and the policy worlds, and through interaction between different ideas (e.g. McInnes and Lee 2012; Rushton and Williams 2012; Rushton 2019); that GHG is a domain where conflicting ideas compete (e.g. Harman 2012; Rushton 2012); and that a large number and variety of stakeholders are involved, which makes GHG

particularly complex and unpredictable (e.g. Fidler 2010; McInnes et al. 2014; Youde 2012). However, despite these important contributions to the field, researchers have not much discussed how decisions are made within the key organisations of GHG. GAVI, the global health organisation that is the focus of this thesis, has been particularly unpopular as an object of research in comparison to other global health organisations such as the WHO and the Global Fund to Fight AIDS, Tuberculosis and Malaria (hereafter, the Global Fund) – perhaps because routine childhood vaccination has not been conducive to scholarly attention in comparison to the more high-profile work of the Global Fund on HIV/AIDS. As discussed in more detail in Chapter 2, those studies that have focused on GAVI have looked at the creation of the organisation in a historical perspective (e.g. Muraskin 2005; Bruen 2018) and issues of legitimacy: both ‘input legitimacy’ (e.g. Kanya et al. 2017; Gwilym Blunt 2023) and ‘output legitimacy’ (e.g. Clinton and Sridhar 2017; Katerini T. Storeng 2014). Regarding GAVI’s involvement in COVAX, some studies have examined the performance of GAVI as a co-convenor of the initiative (e.g. Stein 2021). However, the existing literature on GAVI has not discussed decision-making within the organisation. Overall, it would be fair to say that surprisingly little is known about decision-making within most of the organisations involved in GHG, especially GAVI, particularly in an exceptional time when decisions are made urgently and in a situation of uncertainty.

Given that COVAX has been one of the major priorities of GHG during the pandemic, and that the health, political and financial impacts of this pandemic have been massive, it is important to understand how decisions on the development and operation of this global scheme have been made. Understanding decision-making on COVAX within GAVI during the COVID-19 pandemic may even help the world to develop more effective response to future global infection crises, given that GAVI would be likely to take on similar responsibility in future pandemics.

Although there has been a great deal of academic commentary on COVAX throughout the pandemic (e.g. Usher 2021; Eccleston-Turner and Upton 2021; Katerini Tagmatarchi Storeng, de Bengy Puyvallée, and Stein 2021), little of this has focussed in detail on the decision-making processes that lie behind it; presumably because most scholars have not had access to the inner workings of the organisations involved in COVAX. What makes this thesis interesting is that it investigates decision-making in one of the most important global health organisations during a historic moment in GHG. In 2020 and 2021, the GAVI Board made many important decisions to develop a programme to deliver newly-created vaccinations on an unprecedented scale and at unprecedented speed. Through observing those decision-making processes first-hand, this thesis will help us understand one of the important parts of the global response to COVID-19: a historically significant development not just for GAVI, but for GHG as a whole. As a result, this study will enable us to understand how routines in 'normal' time and culture embedded in GAVI influenced decision making within the organisation in an 'exceptional' time.

In addition, this thesis sheds important light on how a global health organisation based on a public-private partnership (PPP) model makes decisions. This makes this thesis interesting not only because GAVI will maintain its influence on global health beyond the pandemic, as it refocuses on its traditional work on childhood vaccinations, but also because the public-private partnership model continues to be popular in GHG (e.g. Ruckert and Labonté 2014). This case study can provide useful insights into understanding the power and politics within such partnerships.

## 1.3. Research Design

### 1.3.1. Research Questions

This thesis aims to examine decision-making in the GAVI Board during the COVID-19 pandemic on issues related to the development of COVAX, the global initiative to achieve equitable distribution of COVID-19 vaccines across the globe. As I noted above, a wide range of stakeholders from the public and private sectors are involved in decision-making in the Board, bringing with them a range of apparently different identities and interests. Through 2020 and 2021, they discussed many politically sensitive issues related to COVAX. During those discussions, it is certainly true that conflicting ideas were exchanged between Board members. Yet, the Board did manage to reach agreement and make decisions. The main research question the thesis seeks to answer is:, and a set of sub-questions are, as below:

*How did the GAVI Board make decisions over COVAX during the COVID-19 pandemic?’*

In pursuing this overall question, the thesis seeks to answer a series of sub-questions:

1. What ideas (such as principles, norms, and values) influenced the creation of GAVI, and how do they shape the culture and practices of decision-making within the organisation?
2. What is GAVI’s governance structure, what is the GAVI Board’s membership, and how is the Board supposed to operate to make decisions?
3. How do GAVI Board members view COVAX? How does COVAX relate to their own identities and perceived interests, and how do they perceive the identities and interests of other Board members in relation to COVAX?

4. How did Board members interact with each other during the discussions over COVAX, both inside and outside of formal Board meetings? What does this tell us about the 'decision-making culture' of the GAVI Board?
5. How does the Secretariat view COVAX? What agendas and perceived interests does the Secretariat have regarding the development of COVAX?
6. How did the Board and the Secretariat interact with each other during discussions over COVAX?
7. What roles (if any) did the Secretariat play in decision-making during the COVID-19 pandemic? How did it justify its roles?
8. How did the exceptional urgency of the COVID-19 emergency influence decision-making in GAVI's Board?

### **1.3.2. Theoretical Basis (see also Chapter 2)**

To explore decision-making in the GAVI Board from a nuanced perspective, I take the constructivist tradition as the theoretical starting point – as is reflected in the research questions presented above (see Chapter 2.6). Emphasising the social construction of reality and the social aspects of human behaviour, constructivism enables me to investigate not just the exercise of material power, but also how ideational factors influence decision-making (e.g. Board members' perceptions of the identities and perceived interests of themselves and others; the Secretariat's perception of GAVI's priorities in COVAX; and organisational cultures as they are understood by Board members).

In addition to applying 'Wendtian' constructivist ideas, I pay particular attention to the constructivist-inspired framework developed by Michael Barnett and Martha Finnemore (2004) who examined the forms of authority exercised by International Organizations (IOs) in world politics. Although GAVI is, in many ways, a non-traditional IO (it is not a simple UN-style 'member state' organisation), Barnett and Finnemore's framework enables me to explore the bureaucratic features of GAVI that enable the Secretariat to make claims to

exercise different forms of authority, and how it utilises that authority in pursuit of its own perceived interests *even though it does not have formal decision-making power*. In this way, the framework helps us understand GAVI both as a ‘policy machine’ within whose institutional structures Board members debate appropriate policy responses, *and also* as an actor in its own right, with agency located in the Secretariat.

Although the ‘Wendtian’ approach (and the constructivist tradition, in general) and Barnett and Finnemore’s framework do not explicitly discuss the nature and the operation of IOs in exceptional times of urgency and uncertainty, their assumptions and arguments provide useful explanatory tools for understanding decision-making in GAVI’s Board during the COVID-19 pandemic (see Chapter 8).

### **1.3.3. Research Methods (see also Chapter 3)**

In order to explore the research questions set out above, I apply three different qualitative research methods: documentary research, non-participant observation, and semi-structured interviews (see Chapter 3.4).

For documentary research, I examined literature on the historical creation of GAVI to understand the ideas and practices that influenced the creation process of GAVI, and how they influenced its current governance structure. In addition, I reviewed GAVI’s Statutes (2020n, last modified in December 2020), By-laws (2017, last modified in 2017), and Operational Procedures (GAVI 2020ab, last modified in December 2020) to learn about its institutional structures. In order to understand the workings of the Board, and the background to the agenda items discussed at Board meetings in 2020 and 2021, I analysed Board papers that the Secretariat provided before each meeting and reviewed meeting minutes.

To observe the Board’s decision-making during the pandemic on the development of COVAX in practice, and to understand the culture of the Board that cannot be understood

through reliance on documentary sources, I obtained permission from GAVI to observe Board meetings in 2020 and 2021. Due to the pandemic, these meetings were held virtually. Of ten meetings in total during this period, GAVI allowed me to attend six (three meetings in 2020 and three in 2021). I attended as an observer and did not play any active part in the meetings. Although I was not permitted to observe four of the meetings during this period, I did observe meetings at which many important decisions were made (such as the development of the governance structure of COVAX and the Terms of Reference of COVAX) - including the Board's primary biannual meetings.

In order to understand Board members' behaviour during the Board meetings; to explore their perceptions of the identities and interests of themselves and others (other Board members as well as the Secretariat); and to 'fill in the gaps' in relation to meetings I was not permitted to observe, I conducted 14 semi-structured interviews with Board members, Special Advisors, and other individuals knowledgeable about the GAVI Board.

Data collected through those methods, as well as field work notes made during the observations and interviews, were analysed through thematic analysis. Using the NVivo software program, I found the themes that enabled me to explore the influence of material power, ideas and interactions (among Board members and between the Board and the Secretariat) on decision-making in 2020 and 2021 (for details of the main- and sub-themes, see Chapter 3.5)

#### **1.3.4. Thesis Argument**

My main argument in this thesis is that during the COVID-19 pandemic, a broad set of material and ideational factors influenced the Board's decision-making processes. Ideas (norms, principles, culture, identity, and perceived interests) played an important role in shaping decisions on the development of COVAX: material power was not always decisive. In particular, I show that socialisation took place in the Board during the period through the

formal and informal interactions of GAVI's key policy actors (Board members and staff of the Secretariat) as well as through familiarisation of a set of institutional/cultural rules and norms. In this way, social interactions and socialisation led to the (re)constitution of Board members' identities and interests, making consensus possible even when it would be assumed that Board members represented diametrically imposed sets of interests.

#### **1.4. Thesis Outline**

This thesis consists of nine chapters. Chapter 2 demonstrates the research gap that this thesis seeks to fill, and introduces the theoretical basis for this project. Through reviewing the literature on GHG and GAVI (as well as its involvement in COVAX), I argue that it is important to understand the role of ideas in GHG, but that previous studies have not paid much attention to how decisions are made within global health organisations, nor the role of ideas in these processes. I show that GAVI has been particularly under-studied. After that, challenging the rationalist tradition, I discuss the constructivist theoretical basis of this thesis, arguing that this theoretical approach enables us to understand the social aspects of decision-making in GHG (and, indeed, in world politics more broadly).

Chapter 3 lays out the research design and methods in detail. I begin the chapter with an introduction to the research design and the research aims. I explain why GAVI was chosen as the case study, and justify the selection of data collection and data analysis methods. In the rest of the chapter, I unpack some of the ethical problems that emerged during the fieldwork, and a few challenges that I experienced during this project due to my positionality as a researcher and due to the COVID-19 outbreak.

Chapter 4 explores the historical development of GAVI and shows how ideas (including principles, norms, and values) and practices during the creation process influenced the development of the organisation and the current institutional characteristics of GAVI. This helps readers to understand the historical background to the creation of

GAVI, its governing structure and the unique policy-making process of its Board.

Particularly, I show institutional continuity (as well as changes) in the evolution of GAVI's governance structures, which have implications for understanding decision-making in GAVI's Board during the pandemic.

Chapter 5 explores the development of the COVID-19 pandemic and GAVI's role in the global efforts to respond to COVID-19. It shows that the outbreak not only created an opportunity for GAVI to becoming one of the leading global health organisations, but at the same time raised challenges for the organisation, creating political, financial, and institutional risks. After tracing the development of the pandemic, I explain how COVAX was developed, what actors were involved in its creation, and what aims it was designed to pursue, focusing on GAVI's role as a co-convener of COVAX. Also, I provide an overview of the key areas of controversy and decisions on the development of COVAX taken by the GAVI Board in 2020 and 2021.

Based primarily on data collected through the non-participant observations and semi-structured interviews, Chapter 6 examines a wide range of factors that influenced the Board's decisions on COVAX. Exploring the characteristics of the Board constituencies, as well as Board members' perceptions of the identities and perceived interests of themselves and others, it shows that decision-making in the Board was not as simple as the most powerful getting their own way. Focusing on the development of intersubjective identities and interests through socialisation, this chapter emphasises that a more nuanced approach is needed to understand the Board's decision-making during the COVID-19 pandemic, and that ideas matter.

Chapter 7, again based on the empirical data collected from the field work, examines the role of the Secretariat in decision-making during the pandemic period, showing how their ideas also contributed to determining outcomes in the Board on the formation of COVAX. Following Barnett and Finnemore's understanding of IOs, I explore the sources of

the GAVI Secretariat's authority, as well as how the Secretariat utilises these sources of authority to exercise (at least a degree of) autonomy and, consequently, influence decision-making in pursuit of its own perceived interests. Comparing Barnett and Finnemore's framework to the observations made during the fieldwork, I suggest another source of IO authority not observed by Barnett and Finnemore (who did not look at GAVI): 'consultative authority', which enabled the Secretariat to be particularly influential in the emergency context of COVID-19.

Chapter 8 analyses the findings presented in Chapters 6 and 7 and delves into the empirical and theoretical implications of this thesis for understanding the political dynamics involved in decision-making in GHG in an exceptional time. First, I argue that GAVI's policies are socially constructed through interactions among its policy actors, which promotes the development of intersubjective beliefs among those actors. This intersubjectivity enables the Board to make decisions by consensus even in the case of highly politicised agenda items during a global outbreak. Secondly, I argue that that Barnett and Finnemore's framework helps us understand the (partial) autonomy of IOs and applies to GAVI, an organisation based on a public-private partnership model, in a similar way to more traditional member state-based IOs (especially in an exceptional time).

Chapter 9 provides the overall conclusions of the thesis. Revisiting the main Research Questions, I conclude that ideational factors (such as identity, perceived interests, norms, and culture) influenced decision-making in GAVI during the COVID-19 pandemic, not just material powers (which are represented by Board members' formal identities and the apparent interests defined by their official role in the Board). I summarise the key findings and their implications and discuss the contributions of this thesis. Finally, pointing out the limitations of this project, I end the chapter by suggesting potential avenues for future research.

## 2. The Social Construction of Global Health Governance and the Theoretical Strengths of Constructivism

- This chapter reviews the literature on GHG, highlights a research gap, and provides the theoretical basis for this thesis.
- Existing studies on GHG have found three important things: the field of GHG has been socially constructed by interaction between the policy and academic worlds, and ideas from both sides have become intertwined; GHG is a complex domain in which different ideas compete with one another to influence global health policies; and a wide range of actors from the public and private sectors are involved in this field, creating complexity.
- However, the literature has not much discussed decision-making within global health organisations. As a result, we do not know much about how particular global health policies are made in practice, particularly in exceptional times.
- This thesis utilises the constructivist tradition for its theoretical basis to understand the political dynamics and social aspect of decision-making in the GAVI Board (but at the same time, it recognises that the rationalist tradition may also help us understand some part of decision-making within GAVI).

### 2.1. Introduction

This chapter demonstrates a research gap in existing studies on GHG, and introduces the theoretical basis of this thesis that will later be considered to understand the factors that influenced decision-making in GAVI during the COVID-19 pandemic. Discussions in this chapter will elucidate the development of the field of GHG – what we know and do not know about GHG from existing studies. In addition, it explores the utility of the constructivist tradition for understanding the social aspect of policies in GHG; but explicating the theoretical basis of this thesis will be critically applied.

I will begin the chapter by reviewing the literature on GHG (and existing studies on GAVI), focusing on the development of GHG as a field of academic enquiry. After discussing the key themes emerging from these studies, I will clarify what those studies

have and have not discussed, in doing so demonstrating a research gap. After that, by showing its analytical advantages compared to the rationalist tradition, I will discuss the constructivist tradition as a theoretical basis for this thesis' efforts to address the research gap. Here I focus in particular on the 'conventional' (Wendtian) constructivist tradition and Michael Barnett and Martha Finnemore's framework (2004) for understanding decision making in GAVI's Board and the role of the Secretariat during the COVID-19 pandemic.

## **2.2. The Development of GHG in the Academic Community**

According to the conventional account presented in the existing literature, the emergence of GHG was triggered by two factors: the end of the Cold War, which allowed new issues to get onto high level political agendas, and increasing global fears of the spread of infectious disease from developing countries to developed countries (Garrett 1996; Price-Smith 2001). Since the earliest works on GHG in the early 2000s (e.g. Dodgson, Lee, and Drager 2002), the field of GHG has developed in two ways: on the one hand, the conceptualisation and definition of GHG has been debated and discussed; on the other hand, the fact that the global determinants of health are multi-faceted, stretching far beyond the health sector, has been identified in normative works that have sought to identify ways in which health could be better governed at the global level. Here, I look at these two strands of research in turn.

Efforts to conceptualise GHG in order to identify its features and reduce ambiguity in understanding it (e.g. Lee and Kamradt-Scott 2014) have proceeded from the basis that GHG is a sub-category of a wider phenomenon of 'global governance' (i.e. GHG is the 'global governance of health'). McInnes and Lee (2012, 101) define 'governance' as "a series of rules, norms and principles, some formal, others less so, which are generally accepted by the key actors involved" and differentiate it from 'government' in which a unilateral authority has dominant power to make others follow its decisions. Also focusing

on the differences between 'governance' and 'government', Dodgson et al. (2002, 6) defined 'health governance' as "the actions and means adopted by society to organise itself in the promotion and protection of the health of its population". They argued that this definition could be applied to any level of society (e.g. local/subnational, national, regional, international, and global) and any domain (e.g. public, private or a public-private). In terms of its scope, regarding GHG as responding to (i.e. seeking to govern) those health issues "beyond the capacity of states to address effectively through state institutions alone" (Lee, Buse, and Fustukian 2008, 5) has become a dominant idea throughout the GHG literature, and has been used to explain why health needs to be globally governed, and why this governance requires cooperation among a wide range of public-private actors. In this sense, Fidler (2010, 3) defined GHG as "the use of formal and informal institutions, rules, and processes by states, intergovernmental organisations, and nonstate actors to deal with challenges to health that require cross-border collective action to address effectively". In sum, GHG in this thesis refers to *the formal and informal institutions in which a variety of stakeholders cooperate with one another, without an explicit hierarchy, to respond to global health threats, which are those health concerns beyond an individual state's ability to respond effectively.*

The literature conceptualising GHG has often sought to draw a distinction between 'global health' and 'international health'. Some argue that whereas 'international health' refers to health issues that concern some countries, typically those in the Global South (e.g. malaria or cholera), 'global health' refers to those health threats whose impacts transcend regional boundaries and also reach rich countries (not only infectious diseases, but also things such as the illicit drug trade) (e.g. Lee, Fustukian, and Buse 2002). As an alternative, Brown et al. (2006) argued that 'international health' is associated with limited health concerns (usually epidemics) that spread amongst nation-states, and that national governments (sometimes cooperating through international organisations) are the main actors in charge of responding to international health threats. 'Global health', for Brown et

al., refers to the health needs of all people across the globe. Consequently, as well as nation states, it also involves not only a multilateral health agency (the WHO) but also a wide range of non-governmental actors such as Médecins Sans Frontières and the Bill and Melinda Gates Foundation.

Moving on to the second strand of GHG research, studies applying normative perspectives to GHG have sought to broaden the understanding of health beyond infectious disease by identifying the multi-sectoral social and economic determinants of health. They have claimed that globalisation has led to changes in living patterns, and in doing so, made the determinants of health complex (e.g. Huynen, Martens, and Hilderink 2005). These studies have emphasised that a wide range of health determinants (e.g. economy, sanitation, education, and cultures) need to be considered to understand the characteristics of global health (Dodgson, Lee, and Drager 2002). In this regard, they argue that to be successful, GHG requires not only the involvement of international health institutions but a wider range of actors from beyond the health sector.

This acknowledgement of multi-faceted health determinants prompted analysts of GHG to move their focus from the institutional to the normative aspects of GHG. Whereas the former is focussed on the institutional structures of GHG (such as who are the relevant governance actors, and how GHG functions), the latter focuses on what moral concerns we should consider in defining health and deciding ways of responding to health risks. The report released by the Lancet-University of Oslo Commission (Ottersen et al. 2014) is an example of this normative approach to GHG. Challenging existing perspectives on health and health interventions that are based on neoliberal ideas, this report developed the concept of 'global governance *for* health' as an alternative to 'global governance *of* health'. It explained that, whereas the latter refers to "the governance of the global health system - defined as the actors and institutions with the primary purpose of health", the former refers to "all governance areas that can affect health" (Ottersen et al. 2014, 633).

In acknowledging the complex determinants of health, the approach based on “global governance *for* health” argues that every area of society that influences the determinants of health should be a policy concern for GHG (e.g. Lee 2010). This normative approach, therefore, emphasises that GHG should not only respond to imminent health threats but also get involved in broader policy areas that can affect health – such as the health-harming activities of transnational corporations, unfair representation and/or lack of transparency in global health institutions, and extreme poverty – in order to address the (global) social determinants of health. In this sense, normative approaches to GHG tend to pay particular attention to the health issues of the poorer and vulnerable (often in low-income countries (often in low-income countries, e.g. Lee and Kamradt-Scott 2014), covering not only the cross-border spread of health threats (e.g. pathogens) but also other cross-border processes (e.g. the international trade in tobacco products) that can damage health. To address these issues, it stresses the need for collaboration among actors from a wide range of sectors, and emphasises the engagement of civil society organisations into GHG institutions and processes (e.g. Dickerson et al. 2012).

In the next section, I will explore three key findings from existing studies on the characteristics of GHG. The findings help us clarify both what we know and what we do not know, and thus to identify a research gap in GHG studies.

### **2.3. The Characteristics of GHG: Three insights from the existing literature**

In this section, I discuss three broad insights that emerge from the existing literature on GHG.

#### **2.3.1. GHG as a Social Construct in which Ideas Matter**

It has been widely accepted in the literature that GHG is socially constructed (Harman 2012; McInnes 2014; McInnes and Lee 2012; Rushton and Williams 2012). For example,

McInnes et al. (2014, 11) argued that “GHG is socially shaped, creating a “reality” which defines problems and solutions”. This implies that it does not exist objectively as a material fact but a social fact.

The existing literature tells us that this social shaping is not only the result of the operation of material power by states, but crucially has been influenced by *ideas* which have been involved in the social construction of GHG in four ways. First, the concepts of ‘global health’ and ‘global health governance’ were not *found* but *created*; the fact that they exist is a result of shared ideas. Changing about the nature of global health have promoted interaction between the academic and policy worlds: McInnes and Lee (2012) retrospectively stated that both the idea that there is a need for GHG and ideas about the impacts of globalisation on health have emerged both in academia and in policy communities, and have led to a shared belief that ‘global health’ exists and that it is subject to governance at the global level (Rushton and Williams 2012, 147).

Second, the ideas of the academic and policy worlds about GHG have been mutually constitutive and often intertwined with one another (McInnes and Lee 2012). “Epidemiological events, policymaking and academic analysis have developed alongside one another.” (Rushton 2019, 10). On the one hand, academic studies on GHG have reflected changes in the health landscape (for example, the impacts of globalisation on health, see Holst 2020). The UN Security Council's 2000 discussions on AIDS were a turning point in demonstrating that health issues could be included in security policy agendas; this prompted scholars to explore the connection between International Relations and health (the global politics of disease), leading to studies on subsequent disease crises, such as H1N1 (‘swine flu’) and Ebola, which governments regarded as threats to national security (Rushton 2019). On the other hand, theoretical developments and findings by academics have led to changes in the policy world. Particularly, academics’ creation and repeated usage of the term ‘global health’ made policymakers reinterpret actual health

issues and, in turn, reflect the ideas of the academic world in health policies (McInnes and Lee 2012). As a result, ideas of global health and GHG which were produced by the academic world have led to the practical development of a GHG institutional 'architecture'. For example, these ideas influenced the creation of new GHG institutions such as UNAIDS (Das and Samarasekera 2008); prompted existing 'non-health' global actors (such as the World Bank and International Monetary Fund) to include health on their agendas, and invited new types of actors (such as private foundations and civil society organisations) into the GHG system (e.g. Dodgson, Lee, and Drager 2002; Youde 2012).

Third, ideas have been involved in the social construction of GHG by illuminating the normative aspects of GHG and challenging existing practices (McInnes and Lee 2012). For example, as discussed earlier, the Lancet-University of Oslo Commission report, published in 2014, sought to change the fundamental premise of GHG from global governance 'of health' to 'for health'. The latter argues that the aim of GHG should be not only about combating diseases, but also about achieving universal health equality by responding to the social, economic and political determinants of health. Health frameworks based on a human rights paradigm, are compatible with this normative vision, i.e. the logic of 'for health' (e.g. Hunt 2006; UNCESCR 2000) (see Chapter 2.3.2). Along with this report, an array of academic works emphasised the importance of working on a wide range of policy areas which influence health in order to mitigate global health inequalities (e.g. for trade policy, McNeill et al. 2017; for migration policy, Wickramage and Annunziata 2018; for power inequality in GHG, Kentikelenis and Rochford 2019).

Lastly, ideas have constructed GHG by providing images or narratives of particular health issues, i.e. 'framings'. Frames refer to "linguistic, cognitive and symbolic devices used to identify, label, describe, and interpret problems and to suggest particular ways of responding to them" (Rushton 2018, 270). For example, framing infectious diseases as a threat to human, national and global security has drawn policy-makers' attention, increased

global public fear/concern, increased the mobilisation of resources to respond to some diseases, and facilitated new policy initiatives (McInnes and Rushton 2010) (for securitization of Avian Flu, H5N1 in 2003, e.g. Youde 2012, 132–43). Framings influence the pathways of health policies by imbuing health issues with particular images and meanings (McInnes and Roemer-Mahler 2017; Wenham 2019). These tend to reflect particular political expectations. According to Wenham (2019), different narratives of global health security have developed in three ways: the concept of global health security has been broadened and a multitude of health issues have come to be regarded as threats to health security; securitizing health has been not just political rhetoric but has actually influenced the involvement of the security sector in health security activities (for example, the Thailand military's HIV surveillance activities); and acts for health security have caused security threats in themselves. Global health policy actors have framed health agendas to demonstrate their institutional competencies and justify their particular interests (Prah Ruger 2009; e.g. Sandberg, Andresen, and Bjune 2010).<sup>2</sup> Frames have also attracted academics' attention to particular health issues, and given them a certain perspective on it (e.g. the flourishing of publications on HIV that regard it as a national security threat (e.g. Garrett 2005)). In these senses, framings sometimes lead to irrationalities in global health policies (e.g. maldistribution of resources among different health threats). Therefore, it can be said that framings play a part in constructing GHG, both by fostering and by undermining the effectiveness of GHG (McInnes et al. 2014, 16).

In sum, the common theme emerging from the literature that GHG is a product of social construction stresses that ideational elements have been deeply involved in the

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<sup>2</sup> For example, the World Bank has framed health as an indispensable element for economic growth and used this framing as a rationale for increasing investment in health and adjusting its role in the global economy (and, in turn, its institutional strength) (e.g. Prah Ruger 2009). Another example is the WHO's emphasis on the term 'global health' for the purpose of recovering its leadership and its coordinating role in global health initiatives (e.g. T. M. Brown, Cueto, and Fee 2006).

creation and practice of GHG, and hence that understanding ideas is crucial to better understanding the nature of GHG.

### **2.3.2. GHG: A domain in which conflicting ideas compete**

The second common theme in the existing literature is that GHG is a contested domain in which ideas conflict with one another in defining health, framing health agendas, and determining responses (McInnes et al. 2014).

Firstly, the 'biomedical' and 'social medicine' models of health have competed to define what 'health' is. The biomedical model regards 'health' as the absence of illness. It emphasises the importance of health interventions to prevent and cure disease (e.g. improving public health systems/services and disease control/elimination/eradication). These interventions programs tend to be designed to maximise the effective use of available resources and to achieve the best outcomes in terms of lowering the burden of disease (Harman 2012). The social medicine model, by contrast, supports the WHO's wider definition of health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO 1946, 1). This model stresses that universal health equality should be a goal of GHG, and that health inequalities can be reduced by removing both broader socioeconomic inequalities and power inequalities that exist in the GHG system and in every aspect of society (see Holst 2020). It thus regards GHG as being more than what the WHO and other global health-focussed institutions do, instead seeing GHG as involving a wider range of actors with a responsibility for responding to the impacts of globalisation on health (Harman 2012; Kay and Williams 2009).

In sum, these two approaches have different ideas about what health is, which in turn leads to different views on necessary and desirable global health policies. For example, the

biomedical model emphasises that minimising the spread of a disease such as H5N1<sup>3</sup> should be a priority for global health policies. This might include disease-specific responses (such as antiviral drugs, social distancing and quarantine). The social medicine model might still see H5N1 as a concern – and would not be opposed to public health/medical interventions. But it would additionally recommend a wider set of aims, such as the eradication of social inequalities and conditions (such as poverty) that might cause the mutation and spread of the virus, or make some more vulnerable than others to it. In practice, most public health policies seek to combine these two, but understanding the difference between these ideas of health is important, because different models of health prioritise different issues, and they influence decisions on issues to be ruled in and out of policy discussion (McInnes and Lee 2012).

As well as these debates over what health is, framings compete with one another to influence GHG in ways that facilitate particular policy responses, by imbuing a health issue with particular images and seeking to prioritise particular health issues over others (Rushton 2012). This prioritisation, which is based on particular interests, leads to disparities in the distribution of material resources and policy attention to certain health risks (e.g. the massive increase in funding for HIV/AIDS in the early 2000s, Shiffman 2008). For example, diarrhoeal disease, a cause of death of tens of thousands of infants and children in Africa, has had much less attention than SARS in 2003, despite the fact that SARS killed fewer than 1,000 people (Fleck 2003). In part this was because the latter was successfully framed as a global health security issue, whereas the former was not. As a result, the distribution of resources to global health agendas are influenced by how these health risks are framed, and which framing is politically supported over other competing framings (McInnes and Lee 2012). Therefore, it can be said that framings enable us to

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<sup>3</sup> H5N1 is a subtype of the influenza A virus which can spread from animals to humans and cause illness.

understand why some health issues receive more attention and policy response than others; why the health of some populations is prioritised while others are neglected; why a given health issue is understood in a particular way; and finally, why a particular policy decision is made to respond to a health threat. According to this perspective, GHG policies are the product of competition between competing health framings, not merely the result of the exercise of material power.

As already stated, health framings embody particular interests, and facilitate particular pathways of policy response. According to Rushton and Williams (2012), they reflect the embedded beliefs of paradigms such as human rights, biomedicine and economy (Paradigms [in other words, 'visions'] underpin global health framings and "provide an idea which framings can resonate with in order to legitimise or generate support for a particular response" (McInnes et al. 2014, 19)).<sup>4</sup> Framings which are based on different paradigms have different ideas of health and policy interests. For example, framings drawing on a human rights paradigm define health as "a fundamental human right indispensable for the exercise of other human rights" (UNCESCR 2000), and stress that everyone has a right to the highest attainable standard of health (Hunt 2006). Many health issues have been framed as human rights problems, such as HIV/AIDS (Olesen 2006), tobacco control (Reubi 2012), and reproductive health (Santhya and Jejeebhoy 2015). These framings seek to forward the case that health policies should be universal and targeted at all sections of the population (e.g. Forman 2014). Framings based on a security paradigm, by contrast, present particular health risks as security issues, and perceive 'health' in terms of a 'threat-defence' relationship that specifies a target to protect (McInnes 2014). These framings have led to the securitisation of pandemic diseases as threats to human health (Commission on Human Security 2003) and national and international security. Again, this

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<sup>4</sup> McInnes et al. (2014) suggest five global health paradigms; they are evidence-based medicine (EBM), human rights, economics, security, and development.

securitisation of infectious diseases has been done in the pursuit of particular political purposes (e.g. Davis 2008; Elbe 2010).

In sum, the existing GHG literature is dominated by a theoretical orientation that emphasises that GHG is a domain where different ideas compete with one another to influence health policies and responses to global health risks.

### **2.3.3. The Complexity of GHG**

The third common theme in existing studies on GHG is that a wide range and number of actors are involved in GHG, and that relationships between these actors are complex. WHO Director-General Margaret Chan described the complexities of GHG by saying that there had been “truly stunning increases in the number of actors, agencies, and initiatives funding or implementing programmes for health development. The landscape of public health is crowded” (WHO 2011). There are a range of factors that have contributed to the crowded and complex nature of GHG (see Zacher and Keefe 2008).

First, the number of GHG actors has increased through the inclusion a wide range of actors from the public and the private sectors (e.g. Fidler 2010; Youde 2012; Wenham et al. 2023) who had not previously played formal global governance roles in health. Over the past two decades, the G8<sup>5</sup> had sought to forward major institutional changes in GHG, such as the creation of the Global Fund in 2002 (also see, Labonte and Schrecker 2004), but has also emerged as a GHG actor in its own right given that this group of rich countries has provided large amounts of resources to promote particular global health issues (see Cooper 2016). At the same time, developing countries (particularly middle-income countries

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<sup>5</sup> A group of eight developed countries (Canada, France, Germany, Italy, Japan, Russia, the USA and the UK).

such as the BRICs of the G20<sup>6</sup>) have emerged as important actors in GHG, not only claiming to represent poor countries' needs and ideas of global health, but also contributing resources – for example to the development and manufacture of vaccines (see below).

A variety of non-state actors have also entered into the GHG system (Harman 2012; Youde 2012; Katerini Tagmatarchi Storeng and De Bengy Puyvallée 2018). Major international institutions (e.g. the World Bank and the International Monetary Fund) have included health on their policy agendas and initiated global health programmes. They have led global collaboration based on a public-private partnership model, especially to respond to particular health threats such as HIV/ AIDS and global vaccine access (e.g. the Global Fund, GAVI, the International AIDS Vaccine Initiative, Roll Back Malaria, and the Stop TB Partnership).

In addition, non-profit civil society organisations (e.g. Save the Children and Oxfam) have been incorporated into GHG institutions (including GAVI), and have taken on roles in global-level decision-making as well as their more traditional implementation work. According to Smith, Buse, and Gordon (2016), these non-profit actors have also educated the public by providing health information and arranged meetings between policy implementers and the public, and their roles have been significant to the success of health policies, particularly in developing countries. However, according to Katerini Storeng and Antoine de Bengy Puyvallée (2018), although civil society organisations have participated in many public-private partnerships (PPPs) and play an important role in implementing the policies of these PPPs, their representation in the governance structures of such partnerships is relatively low. Also, Private philanthropic foundations (e.g. the BMGF and the Clinton Foundation) have played a role in GHG by providing large amounts of financial resources, crucial for initiating and implementing policies (The Lancet Editorial 2009; also

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<sup>6</sup> Brazil, Russia, India, China, Republic of South Africa.

see Stevenson and Youde 2021). In addition to the relatively familiar roles of non-state actors in GHG, as seen during the COVID-19 pandemic, other non-state actors have played a wide variety of roles in responding to the COVID-19 pandemic. For example, such as rebel groups providing public health related services in borderlands, a social movement making hand-made face masks to protect venerable people, and a scientific platform which enabled the world share COVID-19's viral sequence data (Elbe, Vorlíček, and Brenner 2023).

Healthcare industries (e.g. vaccine manufacturers in both developing countries [represented by the Developing Countries Vaccine Manufacturers' Network (DCVMN)] and in developed countries [represented by the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA)] and healthcare equipment providers have taken on roles in developing and providing low-cost vaccines, drugs, and new technologies (Roemer-Mahler 2014). For example, the COVID-19 pandemic, they have played a critical role in the development and manufacture of COVID-19 vaccines, and they have been incorporated into GHG institutions (including GAVI) which decide how these products are distributed globally. For example, the Serum Institute of India has been the world's largest manufacturer of the AstraZeneca vaccine, which is the most distributed vaccine through the COVAX program. In addition, COVID-19 vaccines were developed by several members of the IFPMA, such as Pfizer, Moderna, AstraZeneca, and Johnson & Johnson. As we have seen in this pandemic, their decisions on vaccine supply agreements influence which countries would have access to a life-saving vaccine first, creating global vaccine inequality (Amnesty International 2022).

These GHG actors are interconnected with one another. They cooperate but often compete with each other for leadership and resources. The relationships between these stakeholders are complex, and these complex relationships influence the dynamic power relations in GHG (see Chapter 7).

The literature has traced the ways in which the clout of non-state actors has increased as their engagement in GHG has deepened (e.g. Fidler 2010; Youde 2012). For example, the financial resources of the BMGF have had a significant influence on agendas, actors, and the flow and use of funds in GHG, which has led to changes in the distribution of power in the global health landscape (Fergus 2022; also see Stevenson and Youde 2021). Yet, their increasing influence does not mean that states have lost their influence on global health. Given that states (especially wealthy G7 states) have provided the vast majority of the financial resources for global health initiatives, global health organisations are dependent for their finance on donor countries, particularly key donors such as the UK and the US (e.g. Clinton and Sridhar 2017a). In addition, some countries have increased their direct influence on other governments by providing bilateral health aid (e.g. Woods 2008). For example, in the COVID-19 pandemic, China and India provided a large volume of vaccines to countries in the Africa and Southeast Asia regions (see ORF 2021). Also, existing studies have shed a new light on the important role of international health organisations (GAVI and the WHO) in promoting international cooperation, including providing scientific evidence and distributing vaccines to respond to a pandemic outbreak (e.g. Guimón and Narula 2020).

Three things have arguably weakened the influence of intergovernmental organisations in GHG: increases in bilateral aid, earmarked funding, and the involvement of non-state actors (e.g. Gostin, Moon, and Meier 2020). In addition, as seen during the COVID-19 pandemic, other factors such as 'vaccine nationalism' weakens the effectiveness of a global effort (the ACT-Accelerator) led by intergovernmental organisations to respond to global health problems (e.g. Chatterjee, Mahmood, and Marcussen 2021). However, they have maintained influence with their financial, human, and intellectual resources. These resources are important for analysing health issues, finding solutions, planning strategies, and implementing global health policies. Of course, other non-state actors (such as NGOs) play roles in various areas and hence are important

in contemporary GHG, as discussed earlier. However, financial and technical resources (such as funding, consultation, and information) provided by other actors in the field, such as states, intergovernmental organisations and other non-state actors, are indispensable for the operation of their work. (e.g. Clinton and Sridhar 2017).

The non-hierarchical nature of the GHG system contributes to the complex power dynamics of GHG. There is, no clear hierarchy and no single authority to determine the mandates and responsibilities of the other actors in the system, or monitor their performance (Youde 2012). Rather, authority is spread among multiple actors. As a result, the multilateral forum of the World Health Assembly (in which all WHO member states are represented) is no longer the highest authority (Lee 1998). In sum, GHG is complex, because a wide range of actors with different agendas, interests and principles are playing governance roles, and they have dynamic relationships with one another.

In this section, I have discussed the main themes of the existing literature on GHG and identified that what we know about GHG: that it has been socially constructed; that it is a complex domain in which conflicting ideas compete with each other to influence policy responses; and that it is crowded with a wide range of actors with different ideas and interests. In the next section, I will explicate a research gap that I explore through the thesis.

#### **2.4. Global Health Policy-Making in Practice: A research gap in the GHG literature**

As I have discussed, existing studies on GHG allow us to know that GHG is a crowded, complex, and unpredictable domain. Much of this literature has contributed to our understanding of global responses to important global health events (such as major disease outbreaks) and to developments in the GHG 'system' (including the creation of global health institutions such as GAVI). However, it has not sufficiently discussed how

global health policies are made in practice, and we know little about the internal workings of most global health institutions (with a few exceptions, e.g. Barnes and Brown 2011; Harman 2009 on the World Bank). In addition, the existing literature does not tell us much about how decisions about health are made in IOs in exceptional times of urgency and uncertainty.

As a result, we know little about precisely how conflicting ideas and perceived interests influence decision-making, or how different interests are negotiated, within global health institutions (i.e. the internal decision-making mechanism of global health institutions) in exceptional times. Presumably, this is under-researched because it is not easy to get access to observe the decision-making processes in those institutions (particularly in emergency situations), and also because the field of GHG is relatively new and still developing. In addition, the existing literature has not explained how international health institutions have expanded the boundaries of their work, beyond the tasks that their creators assigned them to do.

To fill this research gap, we need to investigate decision-making in global health institutions to know what factors influence decisions that are crucial to the achievement of those institutions' missions, and how those missions change over time. Thus, this thesis illuminates internal policy-making mechanisms (rather than the big picture of the GHG system) within one of the most important global health institutions: GAVI.

It is important to investigate the detail of internal decision-making processes because the conceptual GHG literature would lead us to expect that a wide range of GHG policy actors - with different ideas and interests - interact and compete with one another within global health institutions to influence policy decisions. These policies have significant impacts on global health. To take the GAVI example, according its 2021 annual progress report, from 2000-2020 over 888 million children in 77 countries were vaccinated by GAVI's routine immunisation programmes, and about 1.19 billion people have been immunised

through its campaigns (GAVI 2021a). These results were the result of a large number of policy decisions over time, including decisions taken by the GAVI Board. Had different decisions been taken, those results would have been different (possibly better; possibly worse). It is especially important to examine the operation of IOs in exceptional times such as the COVID-19 pandemic, since decisions made within important global health organisations in such crises may have significant impacts on public health, social stability, and economic growth (for my justification of examining decision-making in GAVI during the COVID-19 pandemic, see Chapter 3)

To provide a detailed case of global health policy-making in practice, this thesis delves into decision-making in the GAVI Board during the pandemic – in particular focussing on decisions that relate to GAVI's involvement in COVAX, which was dominating the organisation's agenda. As is discussed in more detail in Chapter 4, according to Article 2 of the GAVI Statutes, GAVI is a public-private partnership organisation, which was created to improve global vaccine access, especially in developing countries. The GAVI Board is the highest governing authority in charge of making GAVI policies, and (as described in more detail in Chapter 4.3) it consists of a wide array of public and private stakeholders in global health. Indeed, the Board was specifically designed to include a wide range of stakeholders from the public, private, and third sectors. COVAX, discussed in more detail in Chapter 4, is the global initiative to respond to the COVID-19 pandemic, aiming to promote the development and fair distribution of COVID-19 vaccines across the globe.

As a result, this thesis's investigation of decision-making in the GAVI Board during the COVID-19 pandemic will contribute to the field of GHG by providing an empirical investigation of decision-making in one of the important global health organisations during a crucial moment in the history of GHG. In addition, it will apply and develop a constructivist-inspired conceptual framework to understand these policy-making processes, providing a

theoretical basis upon which future studies of policy-making within other global health institutions can build.

However, as this thesis's case study is GAVI, it is important to look at what themes the existing literature on GAVI has discussed and to demonstrate the research gap that exists in that specific case, before I discuss the theoretical basis for this thesis: constructivism.

## **2.5. Literature on GAVI and Its Involvement in COVAX**

Although, as I noted earlier, GAVI has been relatively less-studied in comparison to other global health organisations such as the WHO and the Global Fund, existing studies have discussed GAVI from a wide range of angles, in terms of: i) its creation and evolution; ii) its legitimacy (input and output); and iii) its performance during its involvement in COVAX. In this section, I review each of these literatures, concluding that there is a lack of literature examining decision-making within GAVI.

### **2.5.1. The Development of GAVI**

Applying historical analysis, a number of studies have examined how GAVI emerged as a new mechanism to promote childhood vaccination and how its governance frameworks were developed and have evolved over time. These works were particularly interested in factors that acted as driving forces for the creation of GAVI. William Muraskin (2005; also his work in Muraskin 2002; and in 2004) has provided the most comprehensive history of the origins and the development of GAVI. Given his massively detailed account based on extensive interview data, Muraskin's study has been regarded as a foundational work on the history of GAVI on which other studies rely, either for additional data or for triangulation.

Exploring the decline of the Children's Vaccine Initiative (CVI), which was replaced by GAVI, and tracing important events and conferences which influenced the creation of the

new institution, Muraskin suggested that the leadership of particular individuals (such as vaccine experts with relationships with Bill Gates), the roles played by multilateral organisations and foundations (in particular the WHO, UNICEF, the World Bank, the Rockefeller Foundation, and the Gates Foundation), and the Gates Foundation's financial resources were the key factors that enabled the development of GAVI (for the details of key debates and decisions that took place in these events and conferences, and the roles of these founding organisations and foundations in the creation process of GAVI, see Chapter 4).

Regarding the role of non-state actors in the creation process, Bill Gates' financial resources played a significant role in addressing a stalemate between multilateral organisations (particularly, the WHO and UNICEF) (Muraskin 2005; Sandberg, Andresen, and Bjune 2010). The process of developing GAVI was initiated and driven by these non-state actors, in particular, the individuals who had scientific backgrounds and/or were mid-level staff of the founding organisations (Sandberg, Andresen, and Bjune 2010). They set agendas, proposed ideas to their superiors, and led negotiations and small group meetings, in order to find compromises between the divergent interests among the founding organisations. Meanwhile, states – who are the traditional actors in international relations – remained in the background. In addition to the role of both Bill Gates' financial contribution and the leadership of key individuals in the creation of GAVI, trust among the founding multilateral organisations (the WHO, UNICEF, the World Bank) also enabled them to cooperate with one another toward the improvement of the global vaccination alliance (McNeill and Sandberg 2014).

In analysing both the creation of GAVI and its evolution over time, Carlos Bruen (2018) identified a series of periods: i) the process of the creation of GAVI between 1998 and 2000, ii) GAVI's governance arrangements and policy programmes between 2000 and 2005, and iii) the evolution of GAVI's policies between 2006 and 2012. Based on documentary and interview data, Bruen argued (in the same vein as Muraskin (2005) and

Sandberg et al. (2010)) that the expertise, networks and leadership of individuals – who were vaccine advocates and led the working group for the formation of GAVI – and the Gates Foundation’s funds were key factors not only in the creation of GAVI, but also in its early development. Putting particular emphasis on the role of financial resources on the evolution of GAVI’s approach, Bruen argued that those individuals’ belief in immunisation and the Gates Foundation’s money initially influenced GAVI’s focus on immunisation (rather than health system strengthening (HSS)) during the period between 2000 and 2005. However, according to Bruen, GAVI’s policy focus shifted to one more engaged with HSS during the period between 2006 and 2012, due to: i) the increase in funds from donor country governments, which were interested in strengthening health systems in developing countries; and ii) the shift in GAVI’s governance arrangements from the Working Group to the Executive Committee, Secretariat and Board, during the period between 2000 and 2005 (this thesis examines GAVI’s most recent, dramatic shift: its involvement in COVAX and adult vaccination).

### **2.5.2. The Legitimacy of GAVI**

In addition to studies tracing the history of GAVI’s creation and institutional development, a number of studies have evaluated its input legitimacy (‘the democratic nature of the process’) and output legitimacy (‘the effectiveness and efficiency of the result’) (for details of input and output legitimacy, see Boedeltje and Cornips 2004; Lindgren and Persson 2010; Schmidt 2020).

#### **2.5.2.1. The input legitimacy of GAVI: Procedural credibility in GAVI’s governance structures**

To examine GAVI’s input legitimacy, existing studies have examined the factors that would influence transparency, accountability, and participation in GAVI’s governance structures.

Several studies have examined whether GAVI's governance is based on cooperation and participation among a wide range of stakeholders from the public and private sectors, as it was designed to be. For example, examining the early years of GAVI, Muraskin (2004) argued that poor engagement of a wide range of stakeholders due to GAVI's 'top-down' approach, which influenced the implementation of its work and the relationship with recipient country governments, undermined its initiatives. Muraskin argued that the working group members who led the creation of GAVI and developed a master plan for GAVI's work (see Chapter 4) lacked an understanding of the field, and that there was a lack of consultation with a wide range of field workers from global health agencies, recipient country governments, and civil society organisations. In addition, according to Muraskin, the fragile relationship among stakeholders involved in GAVI governance, which was based on the Gates Foundation's funding, undermined the efficacy of GAVI as a public-private partnership.

Regarding the accountability of GAVI, in a study on Uganda's application process for GAVI support for the Human papillomavirus vaccine, Kanya et al. (2017) argued that GAVI's mechanisms (GAVI Business Plan and Inter-agency Coordinating Committees (ICCs)) did not fulfil its intended roles in managing and coordinating partnerships among individuals participating in the development of the application. According to Kanya et al., although the GAVI Business Plan outlined the roles and responsibilities of individuals for GAVI activities in each country, GAVI did not manage that participants involved in Uganda's application were aware of the Plan. In addition, they argued that the ICC in Uganda, which was intended to endorse GAVI-related decisions and coordinate the roles and accountability of partners participating in GAVI related activities, acted merely as a final decision-making body.

Other studies on the input legitimacy of GAVI have examined whether decisions on GAVI's agendas were based not on the wishes of a particular actor with material power, but

on the participation of a wide range of stakeholders. Some studies have focused on the massive influence of the Bill Gates Foundation on GAVI's work, arguing that the Foundation's interest in its promotion of high-tech, vaccine-focused initiatives distorted GAVI's priorities for its work. For example, Gwilym Blunt (2022) argued that the Gates Foundation's priority of vaccination and its underestimation of the importance of public health care systems has influenced GAVI's underinvestment in supporting health systems. In particular, Blunt expressed concern that the Gates Foundation, one of the biggest donors to GAVI since its creation, dominated discussions on "how notions of what constitute valued or legitimate health interventions are shaped, with vaccinations being placed above everything else despite scepticism from developing countries and health care professionals" (2054). In a similar vein, Katerini Storeng (2014) argued that GAVI's HSS agendas did not reflect social and political determinants (and solutions) to improve public health systems, but rather reflected the Gate's Foundation's favoured approach of technical solutions to health problems. In addition, Chelsea Clinton and Devi Sridhar (2017a; 2017b) argued that discretionary funding flows and GAVI's massive dependence on a few donors (such as the UK, the US and the Bill Gates Foundation) would distort its work on global health as these big donors would have agenda setting and priority setting power (However, as I will show in detail in Chapters 6 and 7, it is too simplistic to view that the most powerful do in their own way). These studies raised concerns over the influence of biggest donor to GAVI on its policy/agenda priorities, which undermined the credibility of GAVI's work and the efficacy of GAVI as a public-private partnership. Although they helped us understand the influence of biggest donors on GAVI, they have not actually examined how decisions in GAVI are made in practice.

### **2.5.2.2. The output legitimacy of GAVI: The effectiveness of GAVI's policies and programmes**

Regarding the output legitimacy of GAVI, not only academic research, but in particular, many commissioned reports by GAVI have examined whether GAVI's policies and programmes were effective in achieving its aims to improve global vaccination. First, there are a number of formal evaluation reports conducted at the request of GAVI. Examples include: the policy evaluations for Phase 1 (2000-2005) (Chee et al. 2004; 2007; 2008) and Phase 2 (2006-2010) (CEPA 2010d; 2010c; 2010b; 2010a; 2010e); GAVI's support for CSOs (CEPA 2012); GAVI's Private Sector Engagement Approach 2016-2020 (Mott MacDonald International 2021); and GAVI's Fragility, Emergencies and Refugees policy (HERA 2021). In addition, adding to annual evaluation reports that it has published since 2004, GAVI in collaboration with IHME published a report on country-specific evaluations between 2013-2016 (Gavi Full Country Evaluations Team/IHME 2016).

Regarding evaluations of GAVI's policies, staff of GAVI's Secretariat have written on how GAVI's vaccination policies have evolved to achieve sustainable access to underused and/or new vaccines in developing countries (e.g. for GAVI's efforts to shape the pentavalent vaccine market, see Malhame et al. 2019; for GAVI's attempts to achieve financial stability for its work, see Martin and Marshall 2003). Judith Kallenberg et al. (2016) discussed how GAVI's policies have evolved to respond to the financial challenges facing the countries that would phase out of GAVI support as their gross national income per capita surpassed the threshold, and how these policies helped them to take full responsibility to continue the vaccine work that was introduced with GAVI support. Kallenberg et al. focus on 'eligibility and transition policy', which sets a limit on countries' eligibility for GAVI's support, and 'Cofinancing policy', which develops procurement capacity to prepare those countries to take full responsibility when they are phased out GAVI's support. In addition, Kallenberg et al. discussed how the threshold of eligibility for

GAVI support has been adjusted, which countries have benefited from that adjustment, and what support GAVI provided for those countries phasing out GAVI support.

Many works by GAVI's Secretariat and its alliance partners focused on the importance and achievement of GAVI's vaccination programmes. For example, Tara Azimi et al. (2017) discussed the effectiveness of GAVI's Cold Chain Equipment Optimisation Platform (CCEOP) in shaping the market for cold chain equipment. In addition, Flavia Bustreo et al. (2015) discussed GAVI's contribution to the achievement of Millennium Development Goal 4 ('reducing child mortality') through improving vaccine coverage and its broader contribution to women's lives. Also, Seth Berkley, GAVI's CEO, published a number of commentaries in journals such as *Nature* and the *Lancet* to discuss and disseminate the importance and effectiveness of GAVI's vaccination and immunisation campaigns (e.g. Seth Berkley (2014; 2019a; 2019b).

Although GAVI's Secretariat suggested positive assessments of the effectiveness of GAVI's policies and programmes in achieving GAVI's aims ('output legitimacy of GAVI'), some of the academic studies evaluated both the achievements of GAVI's work and challenges it faces (e.g. Clemens et al. 2010; Dykstra et al. 2015; for the positive impact of GAVI's Cold Chain Equipment Optimization Platform on cold chain equipment availability, see Prosser et al. 2022). For example, Gian Gandhi (2015) reviewed GAVI policies, strategies, and programs during the period between 1999 and 2014 and argued that although GAVI has been successful in addressing inequities in access to vaccines between lower income countries and higher income countries, it needed more work to address within-country vaccine inequities. In addition, focusing on GAVI's HSS policy, Feng-Jen Tsai et al. (2016) argued that GAVI's investment in HSS did not sufficiently reflect the WHO's approach to HSS. Also, as one of the earliest assessment studies on GAVI policies, exploring sub-Saharan African countries' experience of the process of applying for GAVI support, Ruairí Brugha et al. (2002) argued that rapid development of the application

process and/or introduction of massive vaccine campaigns would cause burdens to the already weak health systems in recipient countries (also see Starling, Brugha, and Walt 2002).

In a study on the influence of GAVI's HSS initiative on health systems of conflict-affected countries, (Patel, Cummings, and Roberts 2015) argued that although GAVI's HSS support improved a wide range of health system components (such as availability of health services, health workforce, and the management of health information/record), it caused the distortion of priorities within the health system, inequitable distribution of financial resources and diverting health workforce from essential health care services toward targeted specific disease. Also, critiquing GAVI HSS initiative's limited flexibility and lack of responsiveness to contextual challenges in conflict-affected countries, Patel et al. argued that GAVI needed the development of bespoke HSS policies. From another angle, Peter Hill (2011) analysed country application forms for GAVI's Health System Strengthening scheme (GAVI-HSS) and argued that the GAVI-HSS process allowed recipient countries to negotiate and determine their willingness to engage with the scheme. Highlighting the importance of a strong public health infrastructure to achieve specific health targets (for GAVI, the improvement of immunisation coverage for GAVI), Hill argued that GAVI's policy shift towards HSS influenced a broader transition towards the HSS approach in the GHG community. In addition, emphasising GAVI's failure in predicting vaccine prices in low-income countries, Shawn Gilchrist and Angeline Nanni (2013, 838) argued that GAVI should consider a wide range of factors such as "the time for research and development, acquisition of technological know-how and scale of production" in order to more accurately predict vaccine market.

Also, a significant volume of studies has examined the effectiveness of GAVI's disease-specific programs. For example, Sarah Dykstra et al. (2019) highlighted the positive impact of GAVI's work on the coverage rate for diphtheria, pertussis, tetanus, and

hepatitis B vaccines. Also, conducting a cost-benefit analysis on DPT, pneumococcal conjugate, pentavalent, measles and rotavirus vaccines in recipient countries, Gloria Ikilezi et al. (2020) demonstrated significant positive effects of aid to support vaccination in developing countries (for another large data causal analysis demonstrating the positive effect of GAVI's work on immunisation coverage, see Jaupart, Dipple, and Dercon 2019; for one of the most recent studies, see Maruta and Afoakwah 2023). In addition, in a study on the effectiveness of GAVI's country-specific programme, Xiaofeng Liang (2013) showed that after eight years of GAVI's involvement in a project to improve hepatitis B vaccine coverage in China, 85% of the coverage goal was reached in 98% of the targeted counties. Although, as we have seen, these studies contributed to our understanding of the effectiveness of GAVI's policies, they have not much investigated decision-making within GAVI through which policies underpinning those country programs are made in practice.

### **2.5.3. GAVI's Involvement in COVAX**

In recent years, a large number of studies have examined the effectiveness and governance of COVAX, including the performance of GAVI as a co-convenor of the initiative. Again, GAVI's staff have published extensively on the topic – for example, GAVI's CEO and Deputy CEO suggesting positive prospects for the success of COVAX (e.g. Berkley 2021; Gupta 2022) – but there have also been many academic studies that have expressed concerns over the effectiveness of COVAX, often due to vaccine nationalism. For example, Mark Eccleston-Turner and Harry Upton (2021) noted that although the COVAX funding mechanism had accelerated the development of COVID-19 vaccines, equitable access to vaccines would be limited due to countries' prioritisation of their own populations at the expense of others (for other studies examining how vaccine nationalism affected COVAX, see Tatar et al. 2021; Yamey 2021). Also, Ann Usher (2021), critiquing COVAX's slow distribution of vaccines and its inability to deal with vaccine nationalism, argued that COVAX was doomed because GAVI broke the principle of equal treatment

(that all countries were to receive equal treatment by COVAX) and failed to entice richer countries to make strong commitments to COVAX.

Regarding COVAX' governance structures, Felix Stein (2021) argued that COVAX exposed the downsides of the financialization of global health (i.e. heightened inequality, secrecy, complexity in governance, and ineffective and slow use of aid), by privileging the concerns of pharmaceutical companies over those of participating countries. Katerini Storeng et al. (2021) argued that complexity in its governance structure caused difficulties for COVAX to achieve its aims, causing and amplifying representation, transparency, and accountability problems in its performance. When it comes to COVAX's strategies, Antoine de Bengy Puyvallée and Katerini Storeng (2022) argued that although its dose sharing strategy to some extent helped COVAX accelerate its vaccine delivery, it was only partially successful due to vaccine donor countries' vaccine diplomacy policies and national health security interests the vaccine manufacturers' pursuit of its economic interests.

As we have seen, previous studies have examined GAVI from a wide range of angles, including its historical development and the legitimacy of GAVI in terms of effectiveness and credibility of GAVI's governance and its policies and programmes – in addition to studies that have examined COVAX, in which GAVI plays an important role. However, taken together, despite the importance of GAVI policies, surprisingly little is known about how decisions are made within GAVI. In particular, decision-making within GAVI on COVAX, as a co-convenor of the scheme, remains a mysterious area, despite the decisions made in GAVI's Board on the development of COVAX massively influenced the life and death of many people, particularly in poorer countries, during the COVID-19 pandemic.

In the rest of this chapter, I will discuss the theoretical basis for this thesis: constructivism. Rebutting a rationalist approach, but at the same time recognising that it may help us understand some features of decision-making in GAVI, I will lay out how the

social constructivist tradition helps us understand decision-making in GHG. After that, rejecting the agent-principal theory, I will show how Michael Barnett and Martha Finnemore's constructivist-derived framework on the authority of IOs can help us to understand the dual identity of GAVI both as a policy machine and as an actor with some degree of autonomy.

## **2.6. Theoretical Basis for Investigating Decision-Making in International Institutions**

According to Armstrong et al. (2017), three conditions for IOs to exist are "*independent political communities*", "*rules agreed among such communities that purport to regulate their relations with each other*", and "*a formal structure to implement and enforce the rules*" (1). Reinalda and Verbeek (2004) argue that IOs are normally constituted with three elements: a constitution, a forum for decision-making, and a permanent secretariat. The constitution of an IO usually defines the mission and functions of the organisation, and provides the legal and procedural aspects of its operation such as membership, organs, decision-making processes, and procedures for making changes to the constitution. Forums, generally held on a regular basis, provide a space in which representatives of the members of the IO convene to discuss agendas and make decisions (e.g. the UN's General Assembly meetings or the World Health Assembly). A permanent secretariat – a bureaucracy often led by a Secretary-General, Executive Director or similar – is usually created to provide administrative support for the operation of the organisation.

Decision-making in IOs refers to activities involved in reaching a decision. A typical sequence leading up to a decision would be the setting of an agenda, developing recommendations for a decision, convening a meeting, discussion among participants, and finally making a decision according to the rules and procedures of the organisation in question. Although the precise details of how a particular decision is made may vary, this thesis follows this conventional 'policy cycle' heuristic, which allows us to explore the

chronological development of a policy process: “agenda-setting, policy formulation, decision making, implementation, and evaluation” (Jann and Wegrich 2007, 43). In particular, this thesis delves into the first three stages of this cycle, i.e. agenda-setting, policy formulation, decision making, as GAVI relies the implementation of its policies primarily on its Alliance partners such as the WHO and the United Nations Children's Fund (UNICEF).

Based on these definitions, the following section investigates two broad theoretical traditions that explain the nature and the operation of IOs: the rationalist tradition and the constructivist tradition. Whereas the former has been historically used to understand IOs, the latter has been widely applied to understanding global health politics. Exploring for the constructivist tradition’s theoretical strengths for understanding the political dynamics of decision-making within IOs, I compare these approaches in order to see their effectiveness for investigating the factors that influence decision-making in an IO.

This thesis applies the theories of International Relations (IR) in order to explore the GAVI Board’s members decision-making behaviours. Scholars in the field of IR often develop and apply IR theories in order to explain the nature of states and their behaviours regarding international politics. However, as we saw in Chapter 2.3 through the case of GHG, not only nation-states but also a wide range of actors from the public, private, and third sectors are involved in global politics and play a role in addressing global issues. In this regard, it can be argued that the rationalist and constructivist traditions’ arguments can apply to individuals and people representing those actors.

### **2.6.1. Approaches to the Nature and the Operation of IOs**

In this section, I will discuss the nature and operation of IOs by drawing on the rationalist tradition’s and the constructivist tradition’s approaches.

### **2.6.1.1. The rationalist tradition's approach to the nature and the operation of IOs**

In the discipline of IR, discussion of international institutions (here, international organisations, IOs) has historically been dominated by the rationalist tradition, particularly neo-realism as well as neoliberal institutionalism led by regime theorists. What unites these 'rationalist' approaches is that they see states as rational egoists who are consistent in enhancing or defending their national interests. According to Axelrod and Keohane (1985), states' decisions to cooperate with or betray others (including within IOs) depend on their prediction of the efficacy of cooperation and others' behaviour in the 'game'. For both (neo)realists and neoliberal institutionalists, policy decisions within international institutions are the outcomes of the strategic calculations of member states seeking to achieve the maximisation of their material interests (such as economic or security benefits) (Weingast 2002). Those rational actors use institutions as a means to pursue their material interests and – especially for neoliberal institutionalists – to reduce transaction costs.

In addition, this mainstream approach focuses on IOs' regulatory functions through which they constrain actors' behaviour. For example, defining institutions as "a set of rules that stipulate the ways in which states should cooperate and compete with each other", Measheimer (1994, 8) regards the nature of international institutions as structure prescribing and proscribing acceptable as well as unacceptable state behaviours. Krasner also defines international regimes (international institutions) as "principles, norms, rules, and decision-making procedures around which actor expectations converge in a given issue-area" (Krasner 1982, 182), which has been broadly accepted in regime theory. In a similar vein, Keohane focused on the rules and regulations of regimes and defined institutions as "persistent and connected sets of rules that prescribe behavioural roles, constrain activity, and shape expectations" (Keohane 1988, 386). In this regard, when these scholars refer to 'institutions', they mean something much broader concept than understanding of IOs by focusing on mechanical organisational structure.

Although rationalists share those general assumptions, when it comes to the efficacy of international institutions in engendering cooperation, they have different views. On the one hand, neo-realists consider that IOs serve the most powerful states for the maximisation of their national interests, and that international cooperation cannot sustain due to states' concerns about relative gains. When states (especially powerful states) consider that cooperation through an IO is contrary to their interests, or is benefitting other states more than themselves, they will defect. For example, regarding IOs as "arenas for acting out power relationships", Evans and Wilson (1992, 330) argue that IOs are based on interaction between power and national interest, and are designed not to achieve the mission assigned to the institution but to reflect the interests of the most powerful states. Stressing that international institutions' rules are the outcome of states' consideration of national interests defined primarily by the international distribution of power, Mearsheimer argues that "(t)he most powerful states in the system create and shape institutions so that they can maintain their share of world power, or even increase it" (Mearsheimer 1994, 13). In a similar vein, Grieco (1988) argues that states' concerns about their gains relative to other states impede their willingness to cooperate and prevent them from sustaining cooperation.

On the other hand, regime theorists (in other words, neo-liberal institutionalists) argue that despite the anarchical international system, IOs can promote cooperation by providing a stable environment and enforcing rules that enable states to overcome barriers to cooperation. Institutions are created to maximise states' mutual benefits and operate as an incentive structure that reduces uncertainties and transaction costs resulting from actors' conflicting interests. Thus the structures of IOs enable states to sustain cooperation for mutual benefit by constraining agents' behaviours (e.g. Keohane 1988; Axelrod and Keohane 1985). For example, Axelrod (1981) argues that IOs provide an environment of iterated cooperation that enables states to understand that their defection in this round of cooperation may cause others' defection in the next round of cooperation. According to

Axelrod and Keohane (1985), in repeated settings, the long-term relationship increases the incentives to cooperate – known as '*the shadow of the future*' – as states recognise that temporary benefits from cheating today would be returned as punishment in the future; therefore they are more likely to choose to cooperate. Following these arguments, IOs' rules of the game, which in some cases even include tangible enforcement mechanisms (punishment, reputational concerns, and the prospect of repeated game), enable states to avoid the temptation to betray others and rather realise mutual benefits (Snidal 1985).

Consequently, despite different beliefs in the role of IOs for the promotion of international cooperation – and different levels of optimism over the extent to which they might achieve this, the rationalist tradition regards IOs as machinery that supports the interests of their member states. Also, it considers that hegemonic power and economic considerations determine the creation of and the operation of IOs, and their chances of success. Focusing on the nature of policy actors as rational egoists, focusing on relative material abilities among actors, and regarding states as subjects constrained (or not) by IO structures, the rationalist approach to IOs does not explain how policy actors' ideas and interactions with one another influence decision-making within IOs. In this regard, the rationalist tradition argues that IOs are forums in which contests between states' interests are played out; the outcome of decisions is likely to be determined by the most powerful states; and, in some cases, they might achieve compromises between different interests, but states won't really change their essential interests. If they reach a short-term compromise, it will only be in the expectation of longer-term gains.

However, the rationalist tradition's understanding of IOs understates the influence of social interaction between actors, and between IOs and actors, on decision-making. In the next section, I will discuss how the constructivist tradition understands IOs and decision-making within IOs, which rebut rationalists' arguments.

It is worth noting that similar to rationalism (which consists of a broad set of approaches such as realism, neorealism, and neoliberal institutionalism), constructivism is an umbrella term for a variety of critical theories exploring the social construction of global politics. In exploring the rationalist tradition, I mainly will focus on particularly neo-realism as well as neoliberal institutionalism (led by regime theorists) because historically studies on IOs have been dominated by scholars in these groups. Regarding the constructivist tradition, I focus on 'conventional constructivism' (for the rationale behind I utilise this strand rather than others, see Box 1).

**Box 1. 'Conventional constructivism' and 'Interpretative constructivism'**

It can be said that there are broadly two variants of constructivism in IR: the '*conventional constructivism*' developed mainly by Alexander Wendt, and '*Interpretative constructivism*', developed by a group of scholars such as Friedrich Kratochwil and Ted Hopf.<sup>7</sup> Both focus on exploring "how world politics is socially constructed" (Wendt 1995, 71) and insist on the intersubjective social context of agent behaviour. Although they argue that *ideas always matter*, they are based on different ontologies and epistemologies.

Interpretative constructivism believes that there is no objective reality because there is no objective, neutral knowledge. According to Hopf (1998), the distinction between objectivity and subjectivity is blurry, and what we know and observe are influenced by existing theories. Those theories, in which a particular power relationship is embedded, constrain our ideas as well as induce us to perceive the world in a particular manner (e.g. Ashley and Walker 1990; Hoffman 1989).

However, although the interpretive constructivism variant illuminates power relations embedded in discourses by dissecting power structures, it is evident that the material world to some extent shapes ideas, and that focusing only on social factors does not help us adequately understand a given phenomenon. For example, we cannot deny that the phenomena and entities that we see in the COVID-19 pandemic such as the SARS-CoV-2 virus, COVID-19 vaccines, COVAX, and deaths due to the spread of

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<sup>7</sup> Some may argue that constructivism is one of the strands of critical theory which include many similar reflective approaches such as post-modernism and post-structuralism (e.g. Price and Reus-Smit 1998).

SARS-CoV-2, exist objectively. At the same time, it is evident that a wide range of public and private actors have emerged in GHG and played a role along with states. Therefore, despite ideas giving meanings to GAVI and material resources involved in the development of COVAX (such as funds and COVID-19 vaccines), they are palpable and exist in practice.

The conventional constructivism variant enables us to understand the influence of ideas on material components of the structure without dismissing the fact that structure exists as a reality. Conventional constructivists argue that “social structures are real and objective” (Wendt 1995, 74) and exist in practice, and that it is evident that the real world exists objectively, although they exist as collective reality by shared knowledge; therefore, the social structure would stop to exist if the shared knowledge disappeared, or was replaced by another socially constructed shared knowledge (Wendt 1999).

In this regard, this thesis applies the conventional constructivism for its theoretical basis.

#### **2.6.1.2. The constructivist tradition’s approach to the nature of IOs**

Whereas rationalism focuses on the influence of material factors on agents’ behaviours, the constructivist tradition helps us to illuminate the social aspect of a material world from a nuanced perspective. Since Nicholas Onuf (1989) first coined the term ‘constructivism’ in the field of international relations, the constructivist tradition has argued that the ‘facts’ that constitute world politics are neither exogenously given nor fixed, but rather are socially constructed. In doing so, they explicitly reject rationalist approaches (e.g. Finnemore and Sikkink 1998). According to constructivists, the structures in which states act are constituted through social interactions among those actors: social structures “exist only because people collectively believe they exist and act accordingly” (Finnemore and Sikkink 2001, 399). In exploring the social construction of international relations and states’ behaviours, this tradition has focused on ‘(intersubjective) ideas,’ ‘identity,’ ‘norms,’ ‘knowledge,’ ‘social structures,’ and ‘culture’ (e.g. Finnemore and Sikkink 2001).

Whereas, as discussed above, rationalists view the structures of international relations as being the result of rational egoists' decisions in pursuit of maximising a pre-existing set of interests, the constructivist tradition emphasises that agents and structures are mutually constituted through the social world. Following this, socially-produced structures shape agents' ideas and their perceptions of their interests; but those structures are in turn shaped (and continually re-constituted) by social interactions. Although the mainstream constructivist tradition agrees that material forces still matter, it argues that the meaning of material capabilities (for example, military power) is socially constructed (Adler 1997; Price and Reus-Smit 1998; Ruggie 1998; Wendt 1999).

The social construction of meanings within international institutions occurs through socialisation. Whereas the realist tradition sees that involvement in international institutions might influence their member states' behaviour, for example when the institution or hegemonic states within the institution impose material rewards or sanctions (see e.g. Johnston 2001; Schimmelfennig 2005); the constructivist tradition sees that socialisation is a process of learning and internalising 'a logic of appropriateness' (e.g. Risse 2000)<sup>8</sup>. In this view, IOs are a space for socialisation in which actors learn how to behave within that institution. Ikenberry and Kupchan (1990, 289) defined socialisation as "a process of learning in which norms and ideals are transmitted from one party to another". According to Johnston (2001, 494), 'socialisation' as a process through which individuals (particularly, novices or newcomers) are involved in social interactions and accept "expected ways of thinking, feeling, and acting".

Social interactions among participants within an institution enables them to develop intersubjective ideas and beliefs and, consequently, to reconstitute their ideas on identity ('who they think they are') and their interests ('what they perceive they should try to

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<sup>8</sup> Risse (2000) compare the constructivist approach's understanding of socialisation (i.e. the 'logic of appropriateness') to the rationalist tradition's ideas on socialisation (the "logic of consequentialism").

achieve'). In this regard, Onuf (1998, 59) argues that "social relations *make* or *construct* people – *ourselves* – into the kinds of beings we are". The constructivist tradition argues that states' identities and interests in international politics are subject to change. According to Katzenstein (1996), states are intrinsically social beings, and their identities and interests are reconstructed through their social interactions. Those reconstituted identities shape states' interests and, in turn, influence their behaviour.

These arguments seek to rebut the rationalist view that identities and interests are fixed and determined exogenously, and that relationships among actors are influenced either by their relative power (defined primarily by material resources such as military or economic capabilities, as neo-realism maintains) or by interdependency among those agents operating within constraints of institutions (neo-liberalism).

In addition, social interactions and shared understandings socially construct the world by giving new meaning to material elements. According to Onuf (1998, 59), in addition to social interactions constructing us (our ideas and beliefs), "we *make* the world what it is, from the raw materials that nature provides, by doing what we do with each other and saying what we say to each other". In this regard, socialisation aims at "creating membership in a society where the intersubjective understandings of the society become taken for granted" (Johnston 2001, 494). International institutions are one form of 'social institution' in which expectations 'converge'. Kratochwil and Ruggie (1986, 764) argue that "we know regimes [international institutions] by their principled and shared understandings of desirable and acceptable forms of social behavior".

Whereas rationalism considers that the anarchic international system is a fixed condition in which endless conflict is inevitable as rational egoists compete for the maximisation of material benefits, constructivism argues that the nature of the international system depends on culture embedded in the system. In other words, social structures can be either cooperative or conflictual, and the nature of structures is not predetermined but

depends on agents' views on the structure and the way they perceive their identity and interests – as well as the identities and interests of others. As Wendt (1992) puts it, "*Anarchy is what states make of it*". He argued that the way states act and interact with one another determines the nature of the international system: as a result, the nature of the system could become more cooperative if agents behaved in ways that were more cooperative to one another. Drawing on the philosophical views of Thomas Hobbes, John Locke and Immanuel Kant, Wendt (1999) argues that different cultures can be imbued into the anarchic international system such as "enmity," "rivalry," and "friendship", respectively. In his view, "the structures of human association are primarily cultural rather than material phenomena" (Wendt 1999, 1). Those structures, which are socially constructed by agents' perception of the world, in turn influence the constitution of identities and interests. In this regard, although constructivism does not entirely deny the influence of material factors, it advocates a sociological approach rather than the micro-economic approach, which explains states' behaviours in terms of rational calculations for maximisation of national interest defined as material capabilities, the rationalist tradition prefers.

In the next section, I will discuss how the rationalist and the constructivist approaches explain IOs' autonomous acts and authority.

## **2.6.2. Approaches to the Autonomy and Authority of IOs**

### **2.6.2.1. The rationalist tradition's approach: Principal-agent (PA) theory**

Within the rationalist tradition it has been a dominant idea, put forward particularly by PA theorists, that IOs are controlled by their creators (e.g. Nielson and Tierney 2003; D. G. Hawkins et al. 2006; Abbott and Snidal 1998). Until IOs based on a public-private partnership model (for example, GAVI and the Global Fund) emerged, IOs (for example, the United Nations and its specialised agencies) had been created by nation-states, and

nation states had been their members<sup>9</sup>. PA theory was often used to understand the relationship between states and the IOs they created (e.g. for a study of the EU, see Tsebelis and Garrett 1996; of the WTO, see Elsig 2011). Theorists treated IOs as agents 'hired' by their principals (i.e. states). The purpose of IOs was to fulfil the tasks that their principals assigned to them. Pollack (2003), for example, argues that states create IOs to decrease barriers that hinder cooperation – reducing transaction costs by providing information, solving collective action problems, and conferring legitimacy. But rationalists would not expect the principals (states) to allow their agent (IOs) to take actions that would be detrimental to their interests.

Despite this, PA theorists do accept that IOs can develop autonomy to a limited degree. For example, Hooghe and Marks (2015) explain that states empower IOs by granting them a certain degree of authority to enable them to act independently to some extent, and to deliver their assigned tasks in an effective manner. Empirically, PA theorists accept that IOs sometimes 'go rogue', doing things that are not desired by their principals, by utilising what is known as '*agency slack*'. For example, Hawkins et al. (2006), show that IOs sometimes avoid working on the tasks that their member states have assigned them to do ('*shirking*'), or act in ways that reflect their own interests rather than their members' preferred outcomes ('*slippage*'). In such cases, PA theorists argue, states will re-exert control, using measures such as screening, monitoring, and sanctioning mechanisms (e.g. Nielson et al. 2003). According to Pollack (2003), principals develop a wide range of

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<sup>9</sup> It is worth noting that many IOs have been created by other organisations (see, Snidal 1996). For example, as I will discuss in Chapters 4, founding organisations which include the Bill and Melinda Gates Foundation, the WHO, and UNICEF played an important role in the creation of GAVI. The most recent example shows that a new global alliance ('*the Global Alliance for Ending AIDS in Children*') to deal with AIDS in children was launched, which was led by UNAIDS, UNICEF, and the WHO.

administrative and oversight mechanisms to avoid agency problems ('agency slack') (for the types of oversight procedures, see Mccubbins and Schwartz 1984).

In sum, PA theory argues that IOs are given a strictly limited degree of autonomy by their principals only to enable them to perform their assigned tasks. If they exceed the mandate delegated to them by their principals (as they sometimes do), they would be brought back into line. In this way, PA theorists do not consider IOs as truly independent actors: states (principals) remain the most important actors of international politics.

Consequently, to quote Barnett and Finnemore (1999, 704), the rationalist tradition regards "IOs as empty shells or impersonal policy machinery to be manipulated by other actors. (...) IOs are not purposive political actors in their own right and have no ontological independence". A constructivist would argue that such approaches to IOs disregard not only IOs' abilities to determine what they want (i.e. developing their own identity and interests), but also the social aspect of IOs which means that what the members of an IO wants may also change through their involvement in them. In this thesis, following this constructivist critique, I accept that IOs *do* play a role as forum within which actors negotiate, but argue that they *also* have much more agency and autonomy than PA theorists would admit. A framework developed by Michael Barnett and Martha Finnemore (2004) enables us to conceive of IOs both as a policy machine and an actor with agency. This latter feature of IOs, according to Barnett and Finnemore, is based on IOs' resources they have as a bureaucracy.

#### **2.6.2.2. The constructivist tradition's approach: Michael Barnett and Martha Finnemore's framework for the sources of IO authority**

Rebutting PA theorists' view on IOs as passive mechanisms with no independent agendas of their own, Michael Barnett and Martha Finnemore view IOs as bureaucracies which have the ability to utilise various sources of authority to act independently of their

member states – and in some cases even contrary to the wishes of the member states. In *Rules for the World* (2004), they developed a framework to rebut the PA approach's limited understanding of IO autonomy. According to Barnett and Finnemore, the autonomy of IOs derives from the various forms of authority available to their bureaucracies (i.e. their secretariat). Barnett and Finnemore identified four types of authority that IOs' bureaucracies can utilise to act independently: 'rational-legal authority'; 'delegated authority'; 'moral authority', and 'expert authority'.

*'Rational-legal authority'* comes from rules and regulations specified in the charters, constitutions, statutes or by-laws of IOs. These legal resources define a particular organisational (bureaucratic) form, direct IOs' behaviours, and define the identity and mission of IOs. This form of authority can be used by bureaucracies to justify the taking of actions that they have not been asked by their members to do, by arguing that they are acting according to the rules and regulations of the organisation and in pursuit of its core objectives. Following this, the ability to make and revise their rules and regulations enables bureaucracies to construct a reality (in other words, frame the world) for their purposes, by creating, categorising and defining tasks, processes and procedures that they are then authorised to pursue.

*'Delegated authority'* is conferred through the delegation process – and is a form of authority that would be accepted by PA theorists. Here, IOs have the authority to act in particular ways because they are doing so on behalf of actors (states, in general) who have the authority to delegate certain tasks. In practice, the mandates given to IOs are often vague, broad or sometimes, conflicting; hence, to fulfil their assigned tasks, IOs need to be autonomous to some degree, to be able to interpret mandates, oversee agendas and mediate between different interests. Claims to be exercising delegated authority enables bureaucracies to present themselves as a servant working according to the instructions of others – even if those instructions are vague or open to interpretation.

To make claim to *'moral authority'*, IOs can draw on moral values that they are believed to serve and protect, which are provided in their legal documents such as a charter or constitution. In these documents, IOs are often explicitly presented as reflecting a set of ethical principles, not just their member states' national interests. For example, according to the Constitution of the WHO, the organisation's working principle is "to promote and protect the health of all peoples" (WHO 1946, 1). They can use this moral standing as a basis for justifying autonomous action, arguing that their moral duty is to achieve the shared values and interests that they were created to protect, which might contrast to individual states' narrow national interests. Hence, moral authority enables IOs to present themselves as more moral than states, who are self-interest seekers.

As the fourth source of authority, IOs' experience and expertise accumulated over a significant time can make them authoritative in ways that makes it possible to claim to *'expert authority'*. The staff of IOs often have expertise in their field, and the ability to mobilise outside experts to provide further knowledge. Expert authority helps them to convince others to believe that their opinions on how to address challenges they face are based on empirical evidence and neutral ('non-political') considerations. By claiming objectivity in the nature of their knowledge, IOs induce others to regard them as technocrats whose advice is unaffected by political calculation. Hence, the claim to *'expert authority'* makes IOs powerful by creating an image of depoliticization, making it more difficult for others to oppose their actions.

Consequently, secretariats/bureaucracies have a variety of claims to authority that they can mobilise to justify acting autonomously. In this way, they have much more scope for autonomous action than PA theorists would admit. And they may even be able to persuade member states to change their perceptions of their own interests.

In the previous sections, I have explored the approaches of the rationalist tradition and the constructivist tradition to IOs, implying that the latter might help us understand the

social aspect of decision-making in IOs and their identity as an actor with agency. In the next section, I will discuss how the constructivist approach would apply to GAVI.

### **2.6.3. The Application of the Constructivist Approach to Decision-Making in GAVI**

#### **2.6.3.1. The dual identity of GAVI**

Barnett and Finnemore provide us with the conceptual tools to understand the dual identity of IOs (as a policy machine; and as an actor, with agency located in the secretariat) and how the various sources of IO authority affect power dynamics within international institutions. Adopting such a two-dimensional understanding of GAVI might allow me to understand decision-making dynamics within the GAVI Board, but also to recognise the role of GAVI's secretariat in the Board's decision-making processes, and how this role is justified.

It is worth noting from the outset that GAVI is not a 'traditional IO', but an example of a relatively recently-emerged type of IO (the Global Fund being another example), which is based on a public-private partnership model. Traditional IOs such as the WHO and the WTO were created by nation-states and have those states as their members. In the case of GAVI (although nation-states still play important roles by providing financial resources – and some government representatives sit on the Board), Board members comprise a wide range of stakeholders from the public, private, and third sectors. GAVI also has a different legal status to more traditional IOs (see Chapter 4).

Yet, GAVI satisfies the conditions for IOs to exist defined by Armstrong et al. (2017), which were catalogued earlier in Chapter 2.6. In addition, GAVI has many of the key features of an IO that make it possible to utilise Barnett and Finnemore's framework, and to

treat it both as a policy machine and as an actor in its own right (for GAVI's institutional structure, see Chapter 4).

On the one hand, it can be assumed that GAVI is an impersonal policy machinery through which Board members act to make and implement decisions. GAVI has a constitution, rules, principles, and regulations which are specified in the GAVI Statutes ('the Statutes'), the GAVI By-laws ('the By-laws'), and the Board and Board Committee Operating Procedures ('the Operating Procedures'). In addition, it has an institutional organogram that describes its organisational units and the relationships between them. Therefore, GAVI as a structure could provide a set of rules that prescribe Board members' behaviours.

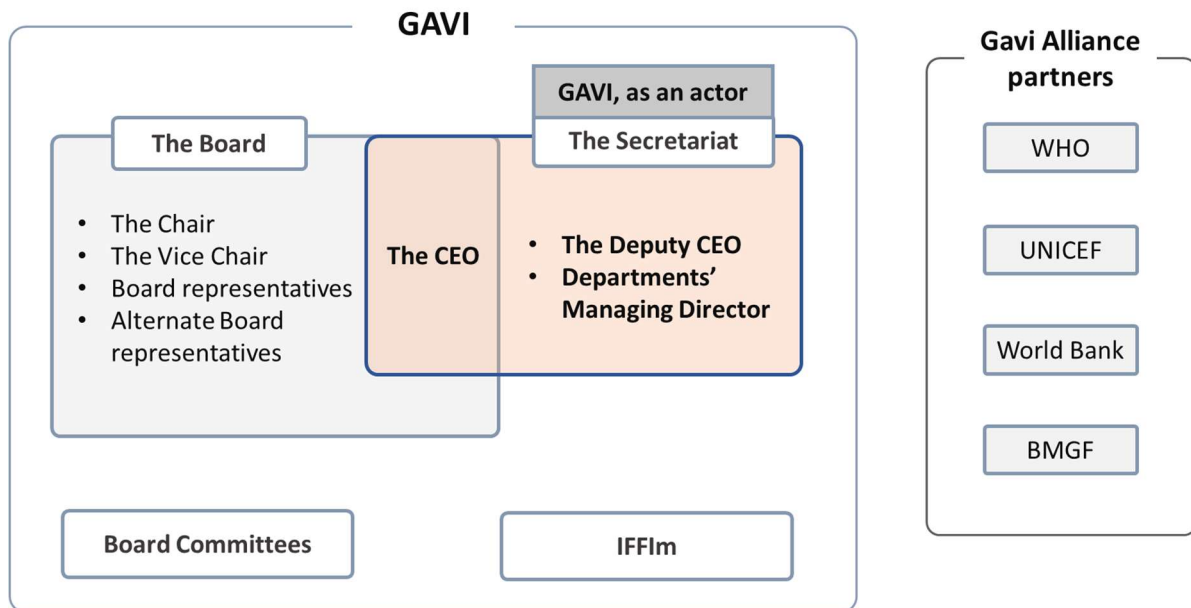
On the other hand, as an actor, GAVI might be a bureaucracy comprising a group of organisational units and agencies. It might be represented by the Secretariat that might have agency, and has its own agenda and perceived interests for the development of policies and the direction of GAVI. Barnett and Finnemore's framework enables us to assume that the Secretariat may not just be administrative, but might actually influence decision-making. Given that, in order to investigate GAVI as an actor in decision-making as well as its agendas and preferences, this thesis explores the Secretariat.

The Secretariat plays a crucial role in the operation of the organisation. According to Section 7 of the By-laws, *"(t)he Secretariat, headed by the CEO, shall be responsible for managing the Gavi Alliance business, including facilitation of the participation and contribution of all Gavi Alliance stakeholders and sustaining its unique public-private character"*. Given the fact that the Secretariat is responsible for a wide variety of tasks, as well as responding to and carrying out the day-to-day operations of the organisation, the Secretariat might be the organ that exercises the sources of GAVI's authority in practice. In addition, the Secretariat is the main body representing GAVI to the outside world. For example, normally the Secretariat, particularly the CEO, is invited to public venues (media platforms or conferences) to speak about GAVI's work - including the development of

COVAX during the COVID-19 pandemic. Also, the Secretariat leads GAVI's external relations with other organisations, and with states. For example, the Secretariat is the focal point to contact for developing countries in order to discuss their application to apply for funds for their domestic vaccine programs. GAVI's Alliance partners also mainly consult with the Secretariat in order to collaborate with GAVI for the development of vaccination campaigns within developing countries. In addition, during the pandemic, as a co-convenor of COVAX, the Secretariat represents GAVI and interacts with the other COVAX co-convenors (the WHO and CEPI) and country governments (self-financing countries and developing countries participating in the COVAX Facility and the COVAX AMC, respectively; see Chapter 5.4).

Although the Secretariat is a relatively large bureaucracy which consists of a variety of departments and offices with over 500 staff (for details, see Chapter 4), in this thesis I focus on the Senior Management Team (SMT), which comprises the CEO, the Deputy CEO, the Chief Operating Officer (COO, this position was created in 2022), and the Managing Directors of the seven departments (see Chapter 4). The SMT are involved in making the most important decisions on the Secretariat's work, and more importantly they directly interact with the Board, as well as participating in Board meetings, where they frequently present on GAVI's work and engage in discussion with Board members. Consequently, as Figure 1 shows, GAVI might be an actor represented by the SMT of the Secretariat.

**Figure 1. GAVI as an Actor (the Senior Management Team of the Secretariat) as of 2021**



The Secretariat might outwardly claim to be acting in a technocratic and non-political way but, as Barnett & Finnemore found in the case of other IOs, it might be an actor – one of many different kinds of actors represented on the GAVI Board that between them determine policy decisions. Although formally it is the Board members who make decisions (these members are discussed in Chapter 4), the Secretariat might have a significant influence on what gets decided. In doing so, the GAVI Secretariat might draw on the different sources of authority conferred on the organisation. GAVI's Statutes and By-laws define the organisational formation, legal status, and mission, providing a basis for the use of rational-legal authority. GAVI has certain tasks delegated to it by its founding organisations (its mission of vaccinating children in developing countries), and this mission might imbue GAVI with a set of moral values that could be used to justify its actions. Lastly, its long history of increasing the accessibility of vaccines and its successful country projects might give the Secretariat a claim to expertise, which the Secretariat might use to persuade others to follow its policy recommendations.

### **2.6.3.2. The social construction of the GAVI Board's decisions**

The GAVI Board might be a social space where interactions occur among Board members, and between Board members and the Secretariat. The material power represented by a particular Board member (for example, that they represent a donor state that provides financial and technical resources to the organisation) may not be the decisive factor in decision-making. The rules, regulations, norms, cultures and values of GAVI and the GAVI Board might also matter, as do Board members' (and the Secretariat's) individual beliefs and understandings of themselves and others. Importantly, as the constructivist tradition argues, these elements might influence one another in complex ways. Board members' initial identities and perceived interests might be socially reconstituted through interactions with others, and may change.

I assume that Board members' perceptions of the identities and interests of themselves and others might influence decision-making. Particular policy agendas might be generated, discussed and determined through policy actors' interactions, and material power may not always be decisive in this. Decision-making, and competition between different policy options, might occur through discourses that actors in the Board articulate, and might be significantly influenced, by: how they see proposals in relation to their own perceived interests; who said what; which normative values are appealed to; or how they assess the persuasiveness of a particular framing of a policy proposal. Policy actors' ideas might have influence at different decision-making stages, such as agenda-setting, policy formulation, and final decision-making.

In addition to these individual-level factors, the GAVI Board's decision-making culture might influence Board members' behaviours. If the Board has a consensus-based decision-making culture, despite competing ideas among Board members, they may reach an agreement.

## 2.7. Conclusion

This chapter discussed what GHG is, what existing studies on GHG have found and, therefore, what we know and we do not. Regarding health as a subject of global governance, existing studies have provided three key insights on the characteristics of GHG: i) GHG has been socially constructed, and the ideas of both the academic and policy communities have intertwined in the construction of GHG; ii) GHG is a complex domain in which different ideas compete with one another to influence global health policies; and iii) a wide range of actors, from the public and the private sectors, with different identities and perceived interests, are interconnected in the GHG system and have dynamic relationships with one another. In addition, I also reviewed the literature on GAVI and its involvement in COVAX.

However, these existing studies have not much discussed the ways in which these conflicting ideas and multiplicity of different actors influence decision-making *within* global health institutions (and GAVI). As a result, the political dynamics of decision-making in global health institutions particularly in *exceptional times* of urgency and uncertainty have been understudied. This thesis aims to fill this research gap and provide a detailed empirical examination of global health policy-making by examining what factors influence decision-making within the GAVI Board during the COVID-19 pandemic.

To develop theoretical framework which helps me fill this gap, I explored the approaches of IR to IOs, assuming that the constructivist approach may help us understand the political dynamics of decision-making in the GAVI Board (but meanwhile, opening the possibility that the rationalist approach may help us explain some features of the Board's decision-making). Emphasising interaction between a social world and a material world, constructivism may enable us to explore how ideas imbued in the culture of the Board as well as socially constituted identities and perceived interests of Board members influence decision-making in GAVI's Board. In addition, the framework of Barnett and Finnemore may

allow us to go further, explaining how GAVI is not just a forum within which decisions are made but, drawing on various forms of authority, it can have agency in its own right. As an actor, GAVI may be represented by its secretariat, which has the ability to utilise various forms of authority in order to pursue its own agendas and interests. Consequently, the constructivist tradition may allow us to understand the importance of social factors involved in decision-making from a nuanced perspective, avoiding simplistic assumptions that decisions are dominated by the most powerful.

As I noted in Chapter 1, existing constructivist analyses of IOs do not tell us much about how they operate in exceptional times (such as the COVID-19 pandemic). However, it can be hypothesised that although urgent and uncertain situations may to some degree influence their operation, exceptional situations may not fundamentally transform the nature and the operation of IOs. The findings of this thesis will show if the constructivist approaches help us understand decision-making within GAVI *in an exceptional time* too – this is another contribution of this thesis to the field of GHG and IR.

In the next chapter, I will lay out the research design, explaining the selection of GAVI as a case study, outlining the methods used to collect data and analyse the data, and offering reflections on my field work.

### 3. Research Design and Methods

- This chapter lays out the research design and methods in detail.
- It explains the research aim and justifies the selection of GAVI as the empirical case.
- After that, this chapter introduces the research methods used (documentary research, non-participant observation, semi-structured interviews) and the data analysis methods (triangulation and thematic data analysis).
- In addition, I address the ethical problems that emerged during the fieldwork and some of the challenges that I experienced during the project due to my positionality as a researcher and the impact of the COVID-19 pandemic.

#### 3.1. Research Design

This thesis aims to contribute to the field of GHG by providing a detailed empirical case study of how policies in GHG are made in an exceptional time. In the process, it explores if the constructivist tradition helps us to explain global health policy-making, recognising at the same time that the rationalist tradition may help us to understand some features of decision-making in GAVI. In addition, it contributes to the development of Barnett and Finnemore's framework through identifying a new form of authority that is not in their original, but which was empirically observed as being utilised by GAVI's Secretariat: 'consultative authority'.

With the research question '*How did the GAVI Board make decisions over COVAX during the COVID-19 pandemic?*', the thesis explores decision-making in the GAVI Board - the highest governing authority in GAVI – during the COVID-19 pandemic by conducting documentary research, non-participant observation and semi-structured interviews. Through these, I delved into how GAVI policy actors' (i.e. Board members and the GAVI Secretariat) perceptions of the identities and perceived interests of themselves and others influence decision-making behaviours.

### **3.2. Case Study Selection: GAVI, the GAVI Board, and the COVID-19 pandemic**

In searching for a case study, I was looking for a global health organisation which fulfils three conditions: i) it has a reasonably long history in GHG and has stable governing structures, which has provided time for it to develop an institutional culture and norms, and also enabled me to access a sufficient amount of records on the organisation to have confidence in our findings; ii) it has a significant influence on global health and GHG; and iii) it has been relatively little studied, allowing my project to contribute to understanding the organisation, as well as GHG more broadly.

GAVI fulfilled all three criteria. It is a leading international health organisation, created in 2000 to promote equal access to vaccines, particularly for children in developing countries. Over time it has developed and expanded the boundaries of its work, but has done so based on its well-developed and stable governing structures. As of February 2022, GAVI claims that its support for routine immunisation programmes and vaccination campaigns in lower-income countries has prevented more than 15 million child deaths since 2000 (GAVI 2022c). It might, therefore, be thought of as one of the *most* influential global health organisations in terms of its contribution to the prevention of childhood illness and death. As we saw in Chapter 2, although a few existing studies on GAVI have discussed the history of its creation, the legitimacy of GAVI policies and programs and its performance in COVAX, the internal politics of GAVI have barely been studied. As a result, despite the organisation's prominence and its contribution to GHG, we do not know how GAVI policies are made in practice and consequently, in exceptional times of urgency and uncertainty.

I considered the Global Fund as an alternative case study candidate. In some ways it is similar to GAVI, also being an international financing institution based on a public-private partnership model – in the case of the Global Fund devoted to dealing with HIV/AIDS,

Tuberculosis and Malaria. But there have been many excellent studies on this institution (e.g. Barnes and Brown 2011; Kapilashrami and O'Brien 2012; Ooms et al. 2008; Taylor and Harper 2014), so it failed on the third criteria.

To focus on where the key decisions are made within GAVI, this thesis looks in particular at the workings of the GAVI Board. The Board is the supreme governing body, making important policy decisions which define the direction and strategy of GAVI's work. As well as making key strategic decisions on the activities of the organisation, Board members have the power to amend the GAVI Statutes and By-laws and provide internal guidelines and procedures for administration and management (see Chapter 4).

The GAVI Board was deliberately designed pursuing evidence-based policy-making and including different constituencies representing different sets of interests. However, from the outset I hypothesised that, far from being depoliticized, decision making within GAVI might actually be highly political and dynamic. Although it was created as a 'partnership' to bring together a wide variety of public, private and third sector actors to work towards a common goal, the prima facie evidence of the different interests that these actors brought to the organisation seemed to make it an excellent place to investigate political dynamics in decision-making. It would be natural that I might find a mixture of conflict, competition, or cooperation between Board members; not least between 'donor governments', 'recipient governments' and 'civil society representatives', as well as between civil society and pharmaceutical industry representatives. In addition, I was interested in exploring how both macro- and micro-level factors might influence discussions and decision-making in the Board, from high-level geo-political issues down to gender dynamics between Board members. Particularly, in line with the constructivist tradition, I hypothesised that intersubjectively created identities and interests might influence their ideas, and consequently, their decision-making behaviour. Consequently, I hypothesised that decision-

making in the Board may not be as simple as the most powerful getting their own way, but instead much more complex.

Although decisions made in 'normal times' (for example, on GAVI's routine immunisation work) have significant impacts on global health (see Chapter 2), it is particularly important to examine the detail of decision-making in an international health organisation during an exceptional time such as a pandemic; because a pandemic typically causes massive impacts on public health (especially, of people living in poorer countries) and social and economic costs (for the COVID-19 pandemic example, see Chapter 1). In addition, given that we may experience more pandemics in future, it is extremely important to learn lessons from the COVID-19 pandemic in order to improve global preparedness.

In pursuing these hypotheses through a detailed examination of the workings of the Board, I hoped that this thesis would contribute to the field of GHG in several ways: by providing an empirical case study of decision-making in one of the important global health organisations; by examining the effectiveness of the constructivist tradition emphasising the social aspects of global health policies; and perhaps by identifying ways in which existing constructivist work could be further built on in light of my empirical findings.

### **3.3. Influence of the COVID-19 Pandemic on the Case Study**

The pandemic further raised the importance of GAVI in GHG, and GAVI's leading role in the global vaccine distribution effort dramatically changed the nature and political sensitivity of agendas items discussed in Board meetings. Those changes also affected the ways the board worked: for example, the frequency of meetings and the move to holding them online instead of in-person in Geneva. It also had significant implications for the role of the Secretariat: for example, its role in the framework for global vaccine distribution ('COVAX') as a provider of administrative support significantly expanded its workload, and

may have led to an increasing willingness to act independently in serving GAVI's new role in COVAX (for the details of the Secretariat on this, see Chapter 7).

I started this project in 2019, before the COVID-19 pandemic hit the world, planning to investigate decision-making in GAVI related to its routine vaccination programmes, in accordance with its roadmap which is revised every five years. Therefore, the impact of COVID-19 on this thesis was massive, affecting not only what I studied, but also how I studied it. I had been interested in exploring what political dynamics occurred in 'everyday decision-making' in the Board. Due to the pandemic, however, this project turned its focus to decision-making relating to COVAX<sup>10</sup>. This was unavoidable in that the COVAX initiative dominated discussions in the Board during my 'fieldwork'. The result was that the project changed from a study of decision-making in 'normal times' into one of decision-making in truly exceptional times, with fieldwork taking place throughout the most acute phase of the pandemic. I should confess that, perhaps, those changes made this case study unexpectedly unique and important.

In addition to research design and case study selection, there were a wide variety of other challenges caused by the pandemic in terms of data collection and research ethics. I will discuss these later in this chapter. First, however, I introduce the methods this thesis applied for data collection and analysis.

### **3.4. Data Collection**

To collect data, I conducted documentary research, non-participant observations and semi-structured interviews.

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<sup>10</sup> The global initiative to ensure fair and equal distribution of COVID-19 vaccines across the globe in order to respond to the COVID-19 pandemic.

### **3.4.1. Documentary Research**

Although Board meeting observations and interviews took the most significant parts of my research time, reviewing documents was also an important source of empirical data. Documentary sources enabled me to have knowledge of GAVI's institutional priorities and strategies, to understand the backgrounds of meeting agendas and decision points, and to be familiar with the structures, rules and processes of GAVI and the Board. Most of the documents I needed were accessible from the archives of the GAVI website: GAVI has provided its data and information to the public in order to ensure the transparency of their operations since its creation. I reviewed documents falling into a number of categories; 'GAVI dossiers'.

#### **GAVI Statutes and By-laws**

To understand GAVI's institutional structures and principles for the operation of the organisation, I reviewed GAVI dossiers such as the GAVI Statutes and By-laws, which enabled me to understand GAVI's governance and legal structures, the composition of the Board and the Secretariat, their mandates and responsibilities, the functions of Board Committees, and the structural aspects of decision-making (e.g. the voting system). In addition, I reviewed the documents of GAVI's five-year strategy (e.g. 'GAVI 5.0 (2021-2025)') to understand GAVI's core missions during the time of my fieldwork.

#### **Board papers for Board meetings:**

The Secretariat provides Board members with a packet of papers before each Board meeting, to which I was given access as part of my agreement with GAVI to conduct non-participant observation (discussed further below). The packet normally consisted of 200-300 pages of documents including the background of meeting agenda items, the CEO's report, presentation files to be presented by the Secretariat during the meeting, and Board Committee reports. From these Board papers, I collected data on meeting agenda items,

the Secretariat's position on these issues, and the rationales behind policy recommendations being suggested to the Board for its approval.

### **Board meeting minutes**

The Secretariat routinely publishes Board meeting minutes on the GAVI website a few months after each Board meeting, once the minutes have been circulated to and confirmed by Board members. From the minutes, I collected data on Board members' official standpoints and the Secretariat's views on discussions at the meetings I observed. As my interview requests were not accepted by the Secretariat (an issue discussed in more detail below), minutes were important to understand the Secretariat's perceptions and preferences, along with Board papers and the remarks made by staff of the Secretariat during Board meetings.

### **Documents on the ACT-Accelerator and COVAX**

As GAVI's response to the COVID-19 pandemic and the development of COVAX were important agendas for the Board during the period of fieldwork, I reviewed documents from the WHO and GAVI's archives on COVAX and the ACT-Accelerator, which is a global project to respond to the COVID-19 pandemic. (As discussed in more detail in Chapter 5, the ACT-Accelerator consists of four pillars, of which COVAX is one). Data gathered from these sources included the ACT-Accelerator's missions, convenors and participants, governance and funding structures, and risk assessments.

### **3.4.2. Non-Participant Observation**

A non-participant observation method allows an observer to gain "a direct understanding of a phenomenon in its natural context" without direct engagement in research subjects' activities being observed (Liu and Maitlis 2012, 610). This method allowed me to observe decision-making in the Board in real time, to understand the decision-making culture in the Board, and to have vivid images of the process of decision-

making and Board members' behaviour during the meetings. In particular, it enabled me to understand nuanced and dynamic interactions among Board members in a formal setting, as well as particular phenomena that they would not want to mention in interviews and that I could grasp only by being an ongoing presence in the meetings.

### **Access to the Board meetings**

In Summer 2019, while preparing the ethics approval for this thesis, I contacted GAVI to ask for its approval for me to observe Board meetings. However, it was initially difficult to access the organisation as it provided only official email addresses for general and media enquiries, which never responded to my enquiries. Fortunately, in early September 2019, contact information of a member of staff in the Secretariat, passed through my supervisor, led me to be able to contact a particular member of GAVI staff (the Director of Governance and Head of Governance) who worked closely with the Board. They helped me to negotiate access to Board meetings, helped ensure I was able to continually attend meetings throughout the process, and performed as a gatekeeper for reaching a small set of interviewees for this thesis. I had a Skype interview with this gatekeeper to explain my project and submitted an additional document, upon her request, guaranteeing that information collected from non-participant observation at Board meetings would be factually correct and non-attributable.

After I first sent my gatekeeper a packet of supporting documents (including the consent forms) in September 2019, it took another five months to receive final confirmation that my observation of Board meetings, due to be held in June and December 2020, had been approved. In February 2020, I received a confirmation email from the Director of Governance informing me that the Board Chair had agreed to my proposal. After the first year of observations, in early 2021, I requested an extension of the observation period, and the Secretariat allowed me to continue observing Board meetings throughout 2021.

## Data collection

Although GAVI normally holds two Board meetings a year (in June and December), plus an annual Board retreat in March, because of the rapidly developing COVAX project 10 Board meetings were held during the acute phase of the pandemic in 2020 and 2021 (see Table 1).

**Table 1. GAVI Board Meetings in 2020 and 2021**

#	Year 2020	Major agenda Items (followed by discussion)
1	19 March	<ol style="list-style-type: none"> <li>1. Update on Replenishment</li> <li>2. Proposed Amendments to Gavi By-laws and Governance Committee Charter</li> <li>3. Gavi's Engagement on COVID-19</li> </ol>
2	11 May	<ol style="list-style-type: none"> <li>1. Update on Replenishment</li> <li>2. IFFIm COVID Arrangement Proposal</li> <li>3. COVID-19: Gavi's Immediate and Interim Response</li> </ol>
3	<b>24-25 June</b>	<ol style="list-style-type: none"> <li>1. CEO's Report including Global Vaccine Summit and next steps</li> <li>2. Strategy and implications of COVID-19: Gavi 4.0 Progress, Challenges and Risks and Update on Gavi 5.0 Operationalisation</li> <li>3. Committee Chair and IFFIm Board reports</li> <li><b>4. COVID-19: Vaccine Development, Access and Delivery</b></li> <li>5. Gavi 5.0: Measurement Framework/Strategy indicators</li> <li>6. Review of the Gavi Gender Policy</li> </ol>
4	30 July	<ol style="list-style-type: none"> <li>1. Financial Forecast</li> <li>2. Gavi's role in COVAX Facility and COVAX AMC</li> <li>3. Gavi 5.0: Measurement Framework/Strategy indicators</li> </ol>
5	<b>29-30 September</b>	<ol style="list-style-type: none"> <li>1. Recalibrating Gavi 5.0 in the light of COVID-19 and successful replenishment</li> <li><b>2. COVAX Facility operationalisation and vaccine programme Includes covering the following:</b> <ul style="list-style-type: none"> <li>· Funding arrangements</li> <li>· Financial operating model and financial risk exposure</li> <li>· Governance</li> <li>· AMC</li> <li>· COVID-19 vaccine delivery in AMC countries</li> </ul> </li> </ol>

6	<b>15-17 December</b>	<ol style="list-style-type: none"> <li>1. Finance <ul style="list-style-type: none"> <li>· Financial Update, including forecast</li> <li>· Partners' Engagement Framework &amp; Secretariat Budget 2021-2022</li> </ul> </li> <li>2. Committee Chair and IFFIm Board reports</li> <li>3. CEO's Report</li> <li>4. Strategy, Programmes and Partnerships: Progress, Risks and Challenges <ul style="list-style-type: none"> <li>· Strategy, Programmes and Partnerships and recalibration of Gavi 5.0</li> <li>· Accelerating efforts to reach zero-dose children and missed communities in Gavi 5.0</li> </ul> </li> <li>5. Risk Management Update</li> <li>6. Gavi's approach to engagement with former and never-eligible Middle-Income Countries (MICs)</li> <li><b>7. COVAX Facility operationalisation and vaccine programme</b></li> <li><b>8. AMC Resource Mobilisation</b></li> <li><b>9. COVAX AMC support to India</b></li> </ol>
<b>#</b>	<b>Year 2021</b>	<b>Agendas (followed by discussion)</b>
1	<b>22 March</b>	<ol style="list-style-type: none"> <li>1. CEO's Report</li> <li><b>2. COVAX Buffer for high-risk groups in humanitarian situations</b></li> <li><b>3. Gavi COVAX AMC</b></li> </ol>
2	<b>23-24 June</b>	<ol style="list-style-type: none"> <li>1. CEO's Report</li> <li>2. Strategy, Programmes and Partnerships: Progress, Risks and Challenges</li> <li>3. Finance <ul style="list-style-type: none"> <li>· Financial Update, including forecast</li> <li>· COVAX AMC financial forecast</li> </ul> </li> <li>4. Committee Chair and IFFIm Board reports</li> <li>5. COVAX Update</li> <li>6. Fiduciary Risk Assurance and Financial Management Capacity Building</li> <li>7. Civil Society and Community Engagement Approach</li> <li>8. Strategic Partnerships with India</li> </ol>
3	28 September	<ol style="list-style-type: none"> <li>1. Introductory remarks: CEO</li> <li>2. Gavi 5.0: An overview of key issues</li> <li>3. COVAX: Key Strategic Issues</li> </ol>
4	<b>30 November – 2 December</b>	<ol style="list-style-type: none"> <li>1. Committee Chair and IFFIm Board reports</li> <li>2. Financial Update, including forecast</li> <li>3. Report from Audit &amp; Investigations</li> <li>4. CEO's Report</li> <li>5. Strategy, Programmes and Partnerships: Progress, Risks and Challenges</li> <li>6. COVAX: Key Strategic Issues</li> <li>7. Malaria Vaccine Programme Investment Case</li> <li>8. Risk Management Update</li> <li>9. Strategic Partnership with India</li> </ol>

		10. Private Sector Engagement Strategy 11. Disease Surveillance and Diagnostics to Support Targeted Vaccination in Gavi 5.0
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1) Source: GAVI website

2) I marked the agenda items of the meetings that were not observed for this thesis in grey.

3) I marked the agenda items in red where the Board made decisions regarding the development of COVAX.

Although usually held in person at GAVI’s headquarters in Geneva, all of these meetings were held in a virtual setting. I observed 6 of those 10 meetings: in June, September, and December 2020, and March, June, and December 2021. I did not have access to 4 of the meetings, as my gatekeeper did not allow me to have access. They explained that those meetings were due to discuss sensitive issues. However, I was able to collect sufficient data, and I observed meetings at which many important decisions were made - including all four of the Board’s regular biannual meetings in these two years (see Table 2).

**Table 2. Examples of Decision Agendas in the Thesis Based on the Observation Data**

Decision Agenda	The Agenda in the Thesis	Chapter
<b>June 2020 Board meeting</b>		
The establishment of COVAX and its working principles	The argument of the CSOs constituency, which might be assumed to have weak influence on the Board, was respected and supported by other Board members.	6.4.2. ‘Respected’ Weak Powers
	Responding to the Board’s complaints at the Secretariat’s lack of communication, the CEO defended the Secretariat and argued that they had to move fast during COVID-19, and had done the same during the Ebola outbreak.	7.2.4. The GAVI CEO’s Individual Authority

	Tension between Board members and the Secretariat influenced decision-making in the Board.	7.4.1. Cost-Sharing of Vaccine Doses
GAVI's support for 'former GAVI-eligible countries' and 'never GAVI-eligible countries'	The Board did not always agree on a decision proposal that was put forward by a powerful constituency.	6.4.1. 'Dissuaded' Strong Powers
	Board members were concerned about the Secretariat's lack of consultation with the Board in developing policy recommendations.	7.3.1. The Board's Dissatisfaction with the Secretariat
Recalibrating Gavi 5.0 in the light of COVID-19	Different ideas between Board members and the Secretariat (The Secretariat's own agendas and policy interests regarding the development of COVAX)	7.2.2. The Secretariat's Agenda and Perceived Interests During the COVID-19 Pandemic
	The Secretariat utilised GAVI's moral standing to justify the policy recommendations it made to the Board ('moral authority').	7.2.3. The Secretariat's Strategies to Influence Decision-Making to Act Independently During the COVID-19 Pandemic
	Board members were dissatisfied with the Secretariat's lack of communication with GAVI Alliance partners	7.3.1. The Board's Dissatisfaction with the Secretariat
<b>September 2020 Board meeting</b>		
Cost-sharing of Vaccines with the AMC Countries	The Board Chair and the CEO were actively involved in the discussions at Board meetings, expressing opinions in their personal or official capacities	5.6.3. The Active Involvement of the Board Chair and the CEO in Decision-Making
	Introduction to the decision agenda and different (sometimes conflicting) ideas and concerns among Board members about the agenda.	5.7.1. Cost-Sharing of Vaccines with the AMC Countries
	The arguments of donor constituencies were dissuaded by the Chair.	6.4.1. 'Dissuaded' Strong Powers
	Board members were interested in recipient countries' point of view.	6.4.2. 'Respected' Weak Powers

	The Secretariat used GAVI’s procedural rules to urge Board members to make (or not to make) particular decisions (‘Rational-legal authority’).	7.2.3. The Secretariat’s Strategies to Influence Decision-Making to Act Independently During the COVID-19 Pandemic
	The Chair tended to consider the CEO’s thoughts first when the Board was struggling to reach a consensus due to competing ideas.	7.2.4. The GAVI CEO’s Individual Authority
	Tension between Board members and the Secretariat influenced decision-making in the Board.	7.4.1. Cost-Sharing of Vaccine Doses
GAVI’s Investment in the health system support (HSS) scheme	During Board meetings, the Secretariat was sometimes involved in discussions and proposed alternatives in response to the Board’s dissatisfaction with the decision languages.	7.2.1. The Secretariat’s Role in the Board’s Decision-Making Processes During the COVID-19 Pandemic
	The Board was dissatisfied with the lack of information and made the Secretariat bring the issue back to the designated Board Committee for further discussion.	7.3.1. The Board’s Dissatisfaction with the Secretariat
Allocating US\$150m intended for routine immunisation to COVAX in order to prepare vaccine delivery in developing countries	The Secretariat used its expertise to justify its standpoints and persuade Board members (‘Expert authority’)	7.2.3. The Secretariat’s Strategies to Influence Decision-Making to Act Independently During the COVID-19 Pandemic
The governance structure of the COVAX Facility and the COVAX AMC	The Board was being asked to make decisions on policy recommendations created by the Secretariat without consultation with the relevant Board Committee(s).	7.2.1. The Secretariat’s Role in the Board’s Decision-Making Processes During the COVID-19 Pandemic
	The Secretariat justified its plans by emphasising that it would enable GAVI to achieve the shared global interests of the international community (‘moral authority’).	7.2.3. The Secretariat’s Strategies to Influence Decision-Making to Act

		Independently During the COVID-19 Pandemic
	The conflict between the Secretariat and a Board constituency, and the Secretariat's means to defeat the constituency's preference ('Rational-legal authority').	7.2.3. The Secretariat's Strategies to Influence Decision-Making to Act Independently During the COVID-19 Pandemic
	The Board was confused with the structure and the Terms of Reference, because many of them had not heard about the plan and did not know much about the agenda (the Secretariat's lack of consultation with the Board	7.3.1. The Board's Dissatisfaction with the Secretariat
<b>December 2020 Board meeting</b>		
The Establishment of the COVAX Humanitarian Buffer	Introduction to the decision agenda and different (sometimes conflicting) ideas and concerns among Board members about the agenda.	5.6.2. The Establishment of the COVAX Humanitarian Buffer
	The delegated tasks for COVAX enabled the Secretariat to justify acting in its own right without consultation with the Board or Board Committees ('delegated authority').	7.2.3. The Secretariat's Strategies to Influence Decision-Making to Act Independently During the COVID-19 Pandemic
	Tension between Board members and the Secretariat influenced decision-making in the Board.	7.4.2. Establishment of the COVAX Buffer
<b>March 2021 Board meeting</b>		
The future direction/ strategy of COVAX	Board members were interested in the CEO's own personal thoughts on agenda items	7.2.4. The GAVI CEO's Individual Authority
<b>June 2021 Board meeting</b>		
COVAX's future participation model for	Powerful Board members sometimes withdrew their arguments due to the Board's broad satisfaction with a decision.	6.4.1. 'Dissuaded' Strong Powers

Self-financing participants (countries)	Board members showed a real interest in the opinions of recipient governments	6.4.2. 'Respected' Weak Powers
<b>December 2021 Board meeting</b>		
The Establishment of a Temporary Steering Committee	Introduction to the decision agenda and different (sometimes conflicting) ideas and concerns among Board members about the agenda.	5.7.3. The Establishment of a Temporary Steering Committee
	Those powerful Board members' arguments and preferences were not necessarily reflected in decision-making and the final decision.	6.4.1. 'Dissuaded' Strong Powers
	The Chair's preference in the decision-making process did not necessarily work out.	6.4.1. 'Dissuaded' Strong Powers
	Details of how the Board made decisions by consensus	6.4.3. 'Consensus-Based' Decision-Making Culture

While I could observe most of GAVI's major, regular Board meetings, I did not have access to some closed sessions that preceded the formal meetings. I was able to learn about what was discussed in those closed sessions from my interviewees, but it is worth noting that not observing closed sessions was a limitation to this thesis.

I took extensive notes during the observations, focusing on participants' speeches, interactions, contents in the chat box Board members used during meetings, and the meetings' procedures. Although prior to the pandemic I had planned to observe Board members' body language and informal interactions between the sessions, this was not possible in the same way in a virtual setting.

To understand Board members' perceptions of agendas, and their understandings of the positions of themselves and others, I collected data, on: what kind of policy issues were discussed; who presented what ideas; what rationales they provided for their ideas; how other members reacted to the ideas; whose ideas were echoed by whom and with what

reasons; which identity (or identities) Board members presented when they made remarks; and what they discussed in the chat box during a meeting.

To understand how the Board's culture and GAVI's structures influenced decision-making, I collected data on formal and informal decision-making procedures. To understand the role of the Secretariat in decision-making, its perceptions of meeting agendas and its interactions with the Board, I focused on what staff of the Secretariat presented, what the GAVI CEO said in the meetings, how staff of the Secretariat explained the rationales behind the policy recommendations that the Secretariat developed for the Board's approval, how they responded to the Board's comments and questions, and how staff of the Secretariat acted during discussions.

#### **3.4.3. Semi-Structured Interviews**

While conducting the non-participant observations, I conducted 14 one-to-one interviews with Board stakeholders to understand the complex contexts and dynamics in decision-making. The interviewees were Board members who attended Board meetings and took part in decision-making, and individuals who knew GAVI well and how the Board's meetings work. The interviews were semi-structured in order to give more freedom to the interviewees and to have a chance to detect contingencies that would have influenced Board members' decisions or other factors that I had not expected at the stage of building a research design. In particular, these interviews allowed me to explore Board members' perceptions of the identities and interests of themselves and others, and to connect those differences to why they supported or opposed particular policy ideas. The interviews also allowed me to learn about interactions between stakeholders 'behind the scenes' (for example, in closed sessions or in bilateral discussions in-between Board meetings).

### **Mobilisation of interviewees**

In the first place, I planned to interview both Board members and Secretariat staff. To mobilise interviewees, I used the contact information of Board meeting participants that the Secretariat included in its emails to all attendants. Although unforeseen circumstances and challenges (which will be discussed in the later part of this chapter) hindered the mobilisation of interviewees, I managed to secure 11 interviews including Board members, Alternate members, a Special Advisor for a Board constituency, a Vice-Board Chair, and a former Governance Committee Chair (for the list of the interviewees, see Annex (confidential) 2). I was not able to conduct interviews with Secretariat staff because GAVI said that staff of the Secretariat had been overwhelmed by the increased workload during the pandemic. However, interviews with other stakeholders helped me, to some extent, to understand the Secretariat's role in decision-making, its own priorities during the pandemic, and its relationship with the Board.

### **Data collection**

During the interviews, I reflected on and reviewed, with the interviewees individually, discussions around particular decisions that they had taken part in. Building on a common bank of interview questions, bespoke interview questionnaires were developed before each interview and sent to the interviewee with a consent form. I modified the questions to ask tailored questions reflecting the findings of my observations of the Board meetings, and their specific backgrounds and positions. I also departed from the interview guide during the interviews where appropriate, guided by interviewees' responses to the previous questions.

Through the interviews, I collected data on Board stakeholders' perceptions of the identities and interests of themselves and others, their perceptions of the performance of the Secretariat, details of the interactions among Board members in informal settings, and the influence of the pandemic on decision-making in GAVI.

To collect data on their perceptions of the identities and interests of themselves, I asked:

- what they thought about particular policy agendas;
- why they made particular remarks at particular moments;
- how they assessed particular framings of a policy agenda and why they thought that way;
- how they relate to the constituency they represent;
- what they thought about GAVI's work concerning COVAX.

To collect data on their perceptions of the identities and interests of others, I asked:

- what they thought about other members' remarks on particular agendas;
- why they thought other members spoke in that manner;
- which constituencies they saw as sharing similar interests with their constituency.

To understand the influence of the Secretariat on the Board's decision-making, I asked:

- what they thought about the role of the Secretariat between and during the Board meetings;
- how they interact with them and what they discuss with Secretariat staff;
- how they perceive the performance of the Secretariat regarding COVAX.

To understand their relationships with other Board members, I asked:

- which Board members they frequently interact with in-between Board meetings,
- which Board members have similar or different perspectives to their constituency.

In addition, I reviewed and coded fieldwork diaries I took during and after conducting an observation and an interview.

## **3.5. Data Analysis**

### **3.5.1. Thematic Data Analysis: NVivo**

In order to ensure systematic and transparent analysis and to find meaning in the data, I analysed the data collected from the field work through thematic analysis, using NVivo, which is a qualitative data analysis software. This approach has been widely used by researchers since it can be applied to a wide range of research questions, including my question (i.e. understanding particular social phenomena in particular contexts), and can be applied to producing theory-driven analysis. A thematic approach enabled me to analyse documentary research data, interview transcripts, and fieldwork notes as a single dataset – and to triangulate between these different sources. I followed a form of thematic analysis developed by Braun and Clarke (2013), as it enabled me to increase transparency in my analysis and respond to contingencies such as the emergence of new themes. They suggest a six-stage process: familiarisation, initial coding, identifying themes, reviewing themes, defining themes, and evidencing themes.

#### **Familiarisation**

First, I reviewed the data by repeatedly reading/listening to interview recordings and transcripts, notes taken during the observation of the Board meetings, fieldwork diaries, and documents, until I was fully familiar with them.

#### **Initial coding**

Next, I coded data to sort them. I used “NVivo” software to code that data as it helps generate coding labels directly from the data, and enabled me to respond to the emergence of unexpected codes that emerged from the data. Terms and phrases that describe and define incidents were indexed and categorised into a code. The codes were developed in accordance with categories of characteristics, events, actions, attitudes, perceptions,

relationships, and actors. The codes developed were reviewed regularly to avoid overlap among codes.

### **Identifying themes**

After completing the initial coding by indexing and organising data, I examined their relevance to the theoretical ideas and hypotheses which I developed at the research design stage. I compared and contrasted the codes to make interconnections between them and consequently, to develop themes. In this stage, I paid attention not only to what I was expecting but also to what the data told me. This process enabled me to elaborate the theoretical assumptions of this thesis and to identify where they were inadequate. To look for the themes in my data, I followed Ryan and Bernard's (2003) guidance which recommends that a researcher: repeats the process to find a theme; tries to find out indigenous typologies; categories and similarities and differences between codes; and finds out which codes are related to theoretical assumptions.

### **Reviewing themes**

After that, I developed my analysis by reviewing and combining the themes and arranged them into either main themes (such as 'identity', 'interest', and 'value/norm') and sub-themes (such as 'identity: individual', 'identity: constituency', 'identity: a representative of the Board' or 'interaction: during Board meeting' and 'interaction: in-between Board meetings'). This process allowed me to identify important themes and relations among the themes, in order to understand decision-making. I confirmed the validity and the importance of the themes by considering how they relate to the literature on GHG and the constructivist theoretical framework, as well as how they appeared in the data.

### **Defining themes**

After the completion of the categorisation and reviewing of themes, I defined the themes that provided the most convincing and plausible explanations, and developed narratives of each in detail.

## **Evidencing themes**

Lastly, to support and substantiate the narrative, I introduced particular examples from the codes that support the theme. A selection of these is presented in the empirical chapters later in the thesis.

### **3.5.2. The Identification of Ideational Factors**

I used triangulation to ensure the internal validity of this thesis' arguments, identifying the influence of ideational factors (identities, interests, culture, principles and values) on decision-making in GAVI. This method allowed me not only to ensure credibility in the findings but also to have a comprehensive understanding of decision-making. In addition to using different methods (i.e. documentary research, non-participant observation, and semi-structured interviews) in collecting data, I compared and synthesised the data collected from these different methods, to identify GAVI' policy actors' perceptions of themselves and others as well as Board culture.

#### **3.5.2.1. The identities of Board members**

I analysed data to identify Board members' perception of the identities of themselves by focusing on how Board members presented themselves at Board meetings and how they described themselves and others in interviewees.

Although representatives of Board constituencies appear to attend a Board meeting on behalf of their constituencies, I quickly found that they define their identities in much more complex ways, for example talking about their views as an individual, as a member of the Board with a deep affiliation with GAVI's aims and objectives, as well as being a representative of their institution or state(s). This required me to pay attention to the fact that Board members have many different kinds of identity at the same time: an 'official identity' (i.e. the capacity in which they have a Board seat), personal identities (reflecting,

for example, their personal life and career experience), and intersubjective identities that they share with other Board members as members of the Board. Here I briefly reflect on how these different identities emerged from the data:

Board members' formal identity was identified when they presented themselves (e.g. in Board meetings or interviews) as representing their constituency in accordance with the official role assigned to them in the Board. For example, if a representative of one of donor constituency began a remark at a Board meeting saying, "My constituency (...)" or "As the representative of (the constituency's name') (...)", I considered that the Board member presented themselves in their capacity as the representative. For unofficial identities, I identified them when Board members spoke using their other capacities, such as "According to my experience in working with developing governments, (...)" or "Personally, I think (...)". I identified intersubjective identities when Board members presented themselves as a member of the 'GAVI Board community'. For example, in remarks when they use the pronouns 'we', 'our' and/or 'us' referring to other Board members or the Board as a whole as single community, or when they reflected more critically on the views of others in their constituency who may have had a less detailed understanding of the working and issues in the Board (i.e. when they presented themselves as having more in common with other Board members than their own constituencies).

### **3.5.2.2. The interests of Board members**

I identified Board members' perception of their interests by analysing data on what standpoint and concerns they had on a particular issue and what area/agendas they were interested in and actively participated in the discussion of. Similar to the categorisation of Board members' identities, I considered that there might have been different kinds of interests: the *official* interests which are adopted interests of their constituency, *unofficial*

*interests* which reflect reflecting a Board member's personal concerns, and *intersubjective* interests, which refer to collective policy goals shared among Board members.

Given that an actor's identity and interest cannot exist separately, I focused on which identity a Board member used in particular Board discussion and in their interview with me. I considered the nature of interests in accordance with the identity Board members used when presenting ideas. I identified intersubjective interests when Board members agree to support or oppose a particular policy idea by saying that "*we should (...)*", "*we are here to ensure (...)*", or "*we have worked together to achieve (...)*". However, recognising that these remarks could be rhetorical device to persuade others, I focused more on if all the Board members agree or oppose the policy idea.

### **3.5.2.3. Norms and culture of the Board**

I attempted to identify the informal norms and cultures in GAVI (i.e. behavioural expectations that are not written down in the GAVI Statutes or By-laws, but are broadly shared among Board members) and how they influence decision-making. This was done by observing the behaviour of Board members in the meetings, how they reacted to the behaviour of others, and how the meetings were chaired. I also used the interviews to reflect on these issues with Board members. For example, as discussed in more detail later in the thesis, I identified that a culture of consensus-based decision-making influenced Board members' behaviours. I identified this norm when I observed Board members approving a particular decision point despite the fact that the decision did not exactly reflect the interest of their constituency, or when interviewees remarked in an interview that they had to approve a decision point because the Board's decisions had to be made by consensus, even if they had qualms about it.

I regarded socialisation within the Board as the social (re)constitution of Board members' intersubjective identity through interactions inside and outside of formal Board

meetings, which leads them to have intersubjectively shared interests. I learnt about the socialisation process in both interactions through the observations and the interviews. I considered the occurrence of socialisation by observing Board members behaving according to the norms and culture of the Board.

### **3.6. Reflection on Ethics**

Although obtaining ethical approval (Ethics approval reference number: 02739) (see Annex 1) demonstrated that a range of potential harms and risks had been considered in advance, a few ethical challenges nevertheless emerged during the fieldwork.

#### **3.6.1. Additional Workload Demands on Interview Participants**

My (virtual) fieldwork was conducted during the acute phase of the pandemic, during 2020 and 2021. It was evident that during this period, both Secretariat staff and Board members experienced significant changes in their lives and intense workloads. These people were at the centre of the global effort to distribute vaccines globally – one of the most pressing health priorities of the time, and one being carried out in an emergency situation under intense external scrutiny. The overwhelming workloads of the Board and the Secretariat were frequently mentioned at Board meetings. Supporting countries' response to the pandemic, the Secretariat provided massive administrative effort for the development of COVAX at an unprecedented scale and speed. They also had many other tasks, including arranging extraordinary Board meetings and preparing Board papers. Similarly, Board members had to spend extra time to read the Board papers (a much larger volume than usual) and convene regular meetings to develop the official opinion of their constituency. In addition, many of the Board members had dramatically increased workloads in their 'main job', outside of the GAVI Board.

I was aware that potential interviewees might consider my request for an interview an additional workload further undermining their wellbeing, and therefore, it might be unethical to request them to participate in an interview. Due to my situation as a PhD student who had to complete a thesis within a constrained time frame, however, I had no other option but put (gentle) pressure on them, as empirical data collected from interviews accounted for an important part of my thesis. As a result, this ethical challenge too influenced me, making me view myself as a selfish person asking for others' sacrifice for my own benefit. This made me reluctant to be too insistent in my efforts to mobilise interviewees.

### **3.6.2. Asking Interviewees to Share Their Thoughts on Their Colleagues**

One of the research interests of this thesis was to understand Board members' perceptions of other Board members and the Secretariat. However, it may not have been ethically appropriate to ask interviewees to provide me with their honest thoughts on their colleagues. Although in theory these individuals took part in Board meetings in their official capacities, according to my observations this 'business side', centred on formal interactions, did not sufficiently define the relationships among Board members. Rather, they appeared to have had a rapport with one another, often developed over long-standing working relationships, working together to develop ideas to achieve GAVI's missions, exchanging thoughts, and interacting with each other through formal and informal meetings. This human, social side of the relationships between Board members, based on collegiality, were often observed during the observations and the interviews. For example, during my first observation of a Board meeting, it was interesting to observe the frequent appearance of the word 'family' when they referred to 'the GAVI family'. In addition, they shared emotional moments, such as at a few farewell ceremonies. On one occasion, for example, several Board members shared friendly reflections and anecdotes about a person who was leaving the Board, with some members tearing up. Therefore, my questions pushing them to speak about their colleagues, which would be quoted in publication, even if

anonymously, may have caused them embarrassment. For example, one of my interviewees requested me to send her the quotations that I use in the thesis from the interview with her, being concerned that people may identify who she was even if her name was anonymised.

I anonymised the identities of the interviewees and speakers at the Board's meetings by replacing their names with a tag that typifies them, for example, 'Interviewee 1', 'the Representative of Constituency 1', 'the Alternate of Constituency 1'. I decoded the details of those interviewees and speakers in a confidential annex, see Annex (confidential) 2. However, related to the interviewee's concern above, I should note that there were difficulties in anonymising a small group of people whose role was obvious in GAVI such as the Board Chair and the CEO, or when I found sometimes that the Board's issue was related to a particular constituency. Consequently, it was not always possible to entirely anonymise the constituency. Although I did my best to anonymise interviewees and speakers at Board meetings, I left a few cases without anonymisation (for example in Chapter 6.2 and in Chapter 7.2) where I was confident that what they said was not controversial, and that referring them in an identifying manner may not cause any negative impacts on them.

It should be noted that when referring to Board members, I used the position they held at the time of the interview or when I observed them speaking in Board meetings. However, there were some changes in the composition of the Board in 2020 and 2021 (for the composition of the Board, see Chapter 4.3): some Alternates replaced their Representative, and there were changes in the constituencies of recipient country governments. As a result, the readers may find that some constituencies seem to have two Representative Board members, and that there are more than five constituencies of recipient country governments.

### **3.6.3. The Influence of My Presence at Board Meetings on Board Members**

Before the fieldwork, I had assumed that Board members may feel uncomfortable or wary due to my presence in the meetings: I was a stranger, and attended meetings with the purpose of observing them. Understandably, they may have been concerned about me judging their performance and opinions – and potentially sharing those impressions more widely. However, according to my observation of the sometimes, frank exchange of ideas at Board meetings, and the reflections of some of the interviewees, my presence at meetings did not much influence their performance. It seemed normal for them to be observed by guests, for example from Board constituencies or other institutions invited by the Secretariat (GAVI allows every constituency to send 5 guests to a Board meeting as an observer; in addition, unusually, the virtual Board meetings were live streamed for staff of the Secretariat). As a result, around 150 people were present at some of the Board meetings, meaning that observers significantly outnumbered Board members.

To some extent, holding a meeting in a virtual setting helped further reduce this ethical concern. When I first attended a Board meeting (the first ever GAVI Board meeting to be held online), my name appeared on the list of the attendees on the screen, and a few of them talked about my presence during ‘small talk’ before the session began. This implied that Board members were aware of my presence. However, as the Secretariat developed their skills in controlling the virtual meeting environment, the software showed only the names of Board members on the screen. As a result, my existence was effectively hidden. In this regard, although that ethical issue may have remained as my name remained in the minutes, it can be said that Board members may not have even noticed my presence when they were having a meeting.

### **3.7. Reflection on Challenges**

During the development of this project, I experienced many different challenges, some due to my positionality as a researcher, and some due to the pandemic. These led to various limitations in this thesis.

#### **3.7.1. My Positionality as an Early Career Researcher**

Due to my positionality as a PhD student with no network or resources to develop the project on my own, some important parts of the fieldwork (such as accessing Board meetings and interviewing staff of the Secretariat), relied on the Secretariat's support for this project. As a result, there was an implicit hierarchy between the Secretariat and me. The observation of GAVI Board meetings, the most important part of this project, could not be realised without the Secretariat's approval of my observations – and they could have made the decision to revoke that privilege at any time.

Throughout the observations, I was reliant on the staff in the Secretariat. For example, despite the fact that my observation was officially approved by the Secretariat as well as the Board Chair, I was not automatically registered to the meetings as an attendee. Before the date of each Board meeting, I contacted my gatekeeper to see whether I could attend the meeting, and to ask for a web-link to the meeting. As I mentioned earlier in Chapter 3.3, sometimes she did not approve my attendance as some of the meetings discussed what she considered to be 'sensitive' issues.

A change in the Secretariat's attitude toward this project particularly affected the possibilities for mobilising interviewees. At the outset, in 2019, it seemed that the Secretariat was fairly excited by my interest in studying GAVI; my gatekeeper had actively supported my proposal to observe Board meetings. However, as GAVI's involvement in the development of COVAX grew, and GAVI found itself dealing with increasingly politically sensitive issues, the Secretariat became much more nervous about information leakage.

For example, when I emailed my gatekeeper to request general information about the Secretariat<sup>11</sup>, her colleague replied me saying that as GAVI has been receiving a lot of public attention lately, they first needed to verify what information could be shared. I did not receive further contact from her. It seems that the Secretariat's defensive tendency was intensified after a few cases of leakage of information from Board papers and discussions at Board meetings before the Board made decisions.

It is worth noting that, despite its positive reactions to my project, from the very beginning the Secretariat had shown a desire to put my project under its control: when we had an initial Skype call to explore the possibilities in 2019, I was informed that the Secretariat would help with the mobilisation of interviewees (both Board members and staff of the Secretariat) and that I should not contact Board members without informing the Secretariat in advance. This restrictive tendency intensified after the pandemic began.

Moreover, throughout the fieldwork, I tended to rely on my supervisor, concerned about my lack of experience in conducting research and navigating the institutional politics of GAVI. At first, I was not confident that the Secretariat would agree to my proposal for the observation of Board meetings due to my positionality as an early career researcher. In addition, I was concerned that I might make a mistake which would influence my fieldwork. For these reasons, I included my supervisor in my correspondence with the Secretariat until I became confident in dealing with issues, hoping that it would prevent me from making a mistake and give a positive impression to the Secretariat. In addition, I tended to prefer sharing all the information regarding Board meeting observations and interviews with him, and also preferred to listen to his ideas on my categorisation of the codes and subcodes. Although the theoretical framework for this thesis was developed based on my pre-existing

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<sup>11</sup> I requested information, about: the size of the Secretariat in terms of the number of its staff; the number and names of departments and their assigned tasks; and roles of its offices located in Geneva, Switzerland and in Washington, the US.

belief in the effectiveness of the constructivist tradition, conversations with my supervisor throughout conducting this project, which are in line with my ideas on the findings, may have influenced my interpretation of data from the fieldwork and the conclusions of the study to some degree, although at the same time helping me to have confidence in my assumptions/arguments.

### **3.7.2. Difficulties in Mobilising Interviewees**

Although I managed to conduct interviews for the thesis, mobilising interviewees was not easy - and it turned out that I was not in the end allowed to interview any staff of the Secretariat. To mobilise interviewees, I first contacted my gatekeeper as she had suggested in the first place. However, due to her huge workload (and perhaps also the increasing concerns about my project described above), I could not mobilise a sufficient number of interviewees through my gatekeeper. It took two months to obtain from the gatekeeper the contacts of two interviewees. In addition, my gatekeeper informed me that she could not help with mobilising staff of the Secretariat for interviews as they were too busy.

As I needed more interviewees, I began to contact Board members directly via contact information the Secretariat included in its emails to all Board attendees.<sup>12</sup> Some of the people I contacted either replied to me that they were too busy to make time for an interview, or simply ignored my request, including my reminder. However, it seems that some also informed the Secretariat about my approach. On a Friday night in May 2021, I received an email from my gatekeeper, including the Director of Governance (who also

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<sup>12</sup> Although in the Skype call in 2019 it was recommended that I inform the Secretariat before contacting Board members, as the project developed, I did not do so, considering that Board members were employed by their 'home' institutions, not GAVI (and in any case, they were free to ignore me or decline an interview).

served as the Secretary of the Board) in carbon copy (known as 'CC' in an email), asserting that my direct contact with Board members was inappropriate, and demanding to know how I obtained their contact information. Although she argued that people who I contacted were unhappy with my request as they were busy, I think to some extent the Secretariat may have been concerned about potential information leakage as the Board was discussing politically sensitive issues. When I received that email, I was frightened that the Secretariat would withdraw GAVI's support for my project – perhaps even going so far as preventing me from using the observation data that I had already collected.

I was aware throughout that the Secretariat's attempt to influence my project was inappropriate and it did not have the right to influence my research in that manner, because: i) the Secretariat did not challenge my research methods when it examined the supporting documents I submitted prior to gaining their approval; ii) I was not a researcher funded by or belonging to GAVI; and iii) Board membership was a volunteering position – the Board members do not work for GAVI. Despite this, I could not simply ignore her email or push back, as maintaining an amicable relationship with the Secretariat was important for me to continue to collect data (in particular accessing meetings). The next day, in consultation with my supervisor, I emailed my gate keeper and the Director of Governance with an apology and promised that it would not happen again. Neither responded; therefore, I was not sure how they interpreted my apology, nor whether her email had been a serious or a 'light' warning. In the event, the situation settled down and I was able to continue attending Board meetings (although I did not contact any further Board members directly for interview). My gatekeeper seems to have accepted my apology, later replying to an email of New Year's greetings in a friendly manner.

However, this event left me traumatised and made me reluctant to contact other current Board members, concerned that some of them may inform the Secretariat about my contact. For the same reason, I did not further attempt to contact staff of the Secretariat,

after having been told by my gatekeeper that I could not speak to any of them because of the workload they were under. That was the main reason that my data does not include any interviews with Secretariat staff. After that event, to mobilise additional interviewees, I either contacted Board members who had recently left the Board, or asked interviewees I had previously interviewed to introduce me to other Board members who may be willing to help with my project, to avoid me having to make direct 'out of the blue' contact.

### **3.7.3. Reflection on Neutrality**

Although I attempted to maintain objectivity in observing Board meetings and in analysing the fieldwork data, my attachment to the Board made it difficult to maintain a neutral point of view, and it seemed to have influenced my interpretation of the data. Through observing Board meetings for two years and getting accustomed to Board members – including speaking to several of them individually - to an extent, I no longer regarded them as merely research subjects, but saw them as human beings with personal stories. In particular, observing human moments and friendly gestures during Board meetings and in the interviews (for example, tears and emotional speeches at sessions for Board members who were leaving the Board, and the sharing of personal anecdotes with each other before a formal Board session began). Although I observed the exercise of power in the Board on some occasions, Board members' serious attitudes and goodwill toward achieving vaccine equity resonated with me.

I was aware that it is important to maintain neutrality in conducting research to a certain degree; however, as my research continued, I had some sympathy with the Board and Board members. At one moment, when talking with a journalist investigating the limitations of GAVI's performance in COVAX, I found myself standing by GAVI. I defended the organisation, explaining what difficulties had prevented it from performing better. It seemed that, perhaps, the time I spent observing the Board and focusing on their

perceptions and ideas had also influenced my thoughts on GAVI. To some extent at least, I was also becoming socialised - and reconstituting my identity as an independent researcher from the University of Sheffield.

#### **3.7.4. Reflection on My Background**

In addition to my positionality as an early career researcher, my academic background might have caused a bias in understanding decision-making in the Board and interpreting the data. I have been trained in Global North and learnt about international politics through the lenses of realism, liberalism and constructivism. As I studied global politics, the constructivist tradition resonated with me. I began this study believing that every health issue is a political issue, in which power dynamics are involved, and that it is important to understand the social determinants of health problems. Although having such assumptions and theoretical background are not unusual, they may have influenced my approach to data collection methods, interpretation of the data, as well as developing the conclusions of this thesis. By focusing more on other aspects of the Board, other researchers with a different academic background and theoretical beliefs might understand/interpret the observation findings and the interview data in a different manner, and identify different narratives and conclusions.

#### **3.8. The Positive Impacts of the Pandemic on the Fieldwork**

Although the pandemic created ethical issues and challenges, particularly in collecting data, this project also, in a strange way, benefited from the pandemic. For example, as more Board meetings were held in 2020 and 2021 than usual, I had more chances to observe meetings. This helped me confirm my findings. In addition, due to the pandemic, I was observing a historic moment of GAVI, witnessing first-hand one of the most important parts of the global response to COVID-19. Also, as all my observations of Board meetings

and interviews were conducted virtually, my study could be done in an environmentally friendly (and low cost) manner rather than travelling to Geneva for each meeting, which was the original plan. In addition, although the interviews were conducted virtually and as a result, I could not read their body language or other non-verbal gestures, the virtual format allowed both myself and interviewees to talk in an environment where we felt safe and comfortable, without being disrupted by other things such as café sounds.

The thesis now moves on to look at GAVI as an organisation in more detail; setting out its creation and structure, and explaining in more detail the institutional context within which the Board makes decisions.

## 4. The Creation and Institutional Structure of GAVI

- This chapter discusses the creation of GAVI and how key ideas (such as principles, norms, and values) and practices during the creation process influenced the institutional features of the organisation.
- Tracing important events and key debates, and focusing on important actors and events, I emphasise four points.
- i) GAVI was developed through a highly politicised process. A wide range of actors with different ideas interacted, competed, and negotiated with one another to influence the governance architecture of GAVI, regarding: ‘who should govern the new alliance’, ‘what function should its administrative body deliver’, and ‘who should hold the leadership positions of the alliance’.
- ii) Although the ideas of a small group of major UN agencies and the BMGF were especially influential, and these actors played important roles in the creation of GAVI, stakeholders involved in the creation process agreed that the new vaccine alliance should be based on a public-private partnership.
- iii) This idea of multisectoral collaboration influenced the current governance structure of GAVI (the membership and operating procedures of the Board). I argue that the Board is intentionally designed to include a wide range and a variety of actors in order to enable different ideas to interact with one another.
- iv) GAVI has evolved overtime, but with continuities. Based on this, I discuss the implications of the debates during GAVI's creation for later decision-making processes in GAVI during the development of COVAX

### 4.1. Introduction

GAVI has evolved over the time since its formation in the early 2000s. To understand its current decision-making, it is important to investigate the history of this institution. In order to set the scene for understanding decision-making within GAVI during COVID-19, this chapter investigates the historical development of GAVI and its institutional characteristics (governance structures and operational principles), using secondary

materials. It will help us understand: i) how the creation process of GAVI influenced the design of the governance structures of GAVI; ii) how that process in turn, influenced decision-making in GAVI; and iii) a set of ideas (such as principles, norms, and values) underlying decision-making within GAVI.

First, exploring the historical background to the creation of GAVI and cataloguing key debates and decisions during the creation process, the chapter discusses: i) how different ideas (sometimes conflicting with each other) interacted; ii) which (and whose) ideas became more influential than others; and iii) why these particular ideas went on to be important for GAVI's future. Next, the chapter explains the current institutional characteristics of GAVI, in terms of: i) the unique policy-making process in the GAVI Board; ii) its legal status; iii) the composition and functions of its governing, administrative and advisory bodies; and iv) the organisation's country support and accountability mechanisms. After exploring the history of the creation of GAVI and its institutional characteristics, I discuss the implications of the key debates and decisions during the creation process for GAVI's current governance structures and decision-making practices and processes within the Board.

## **4.2. The Creation of GAVI**

GAVI was created to save children from preventable diseases by vaccinating them – a pressing issue around which the world could unite. However, the organisation was developed through highly political processes. Both prevailing ideas about how such an organisation should be structured (for example, 'involving a wide range and variety of relevant stakeholders in vaccination') and founding organisations' political considerations influenced the creation of GAVI, and influenced its unique governance structure.

In this section, tracing the processes through which GAVI was created, I will explore the key issues and debates over the improvement of global vaccination and immunisation

governance that influenced the creation of GAVI and its institutional structure. Particularly, I will focus on different approaches to the development of GAVI, the power dynamics between actors involved in the creation process, and the ways in which decisions were made.

#### **4.2.1. The Need for a New Vaccine Model: Growing dissatisfaction with the Children's Vaccine Initiative**

GAVI was not the first IO pursuing the goal of global childhood vaccination by bringing together the efforts of a wide range of stakeholders from the public and private sectors. Before the advent of GAVI, the Children's Vaccine Initiative (CVI) had been the leading organisation attempting to improve levels of childhood vaccination coverage. The CVI had been launched in 1991 through a collaboration between the Rockefeller Foundation, the United Nations Development Programme (UNDP), UNICEF, the World Bank, and WHO after the World Summit for Children held in 1990 (Hartvelt 1993). At the time, low rates of childhood vaccination were causing the death of more than two million children a year globally, and the CVI aimed to save the world's poorest children from preventable infectious diseases through the development of new and improved vaccines (Institute of Medicine 1993). To achieve this aim, it brought together the key stakeholders in global vaccination and immunisation, including UN agencies, donors, and private vaccine manufacturers (Muraskin 1996). By doing so, the CVI hoped to promote cooperation between these stakeholders, and for them to pool their resources.

Amongst other things, the CVI's founding agencies<sup>13</sup> hoped that it could organise and manage efforts for the development of a "supervaccine that could protect the world's

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<sup>13</sup> The CVI's founding organisations (i.e. the WHO, The United Nations Development Programmes, UNICEF, and the Rockefeller Foundation) made up the CVI's Standing Committee and shared

children against all major childhood infectious diseases in a single dose” (Gibbons 1994, 1376). Such a vaccine, it was hoped, could be stable at higher temperatures, non-parenteral, and provide long-lasting protection. But, despite the good intentions, this ambitious plan for a supervaccine was not realized, largely due to a lack of financial resources (Clemens et al. 2010). Although the CVI needed to raise \$300 million by the year 2000 to reach its goal, it had raised less than \$10 million, which made it difficult to incentivise drug companies to develop new vaccines (Muraskin 2005). The CVI’s poor performance in mobilising financial resources and its failure to save children from preventable diseases, caused concerns about the effectiveness of the CVI and put it at risk of dissolution eight years after its creation.

In addition, the CVI’s lack of funds led it to be dependent on its founding organisations. For example, the CVI had its secretariat at the WHO’s headquarters and the WHO provided the CVI with legal resources (Muraskin 2005, 32). The CVI’s dependence on this small group of collaborating organisations enabled them to dominate discussions and decision-making, which caused not only an exclusion of the private sector from discussions in the CVI, but also territorial fights among the founding organisations (Muraskin 1998).

As a consequence of its financial shortcomings and dependence on its founding organisations, the effectiveness of the CVI was significantly undermined. However, as I will discuss in the next section, the creation of a new vaccine alliance was not considered immediately. Actors involved in the revitalisation of global governance for vaccination and immunisation initially focused on the reinvigoration of the CVI. In the next section, I will discuss how this initial plan ended in the establishment of a new global vaccine

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important information and made decisions. The rest of the actors remained as the Consultative Group.

organisation (GAVI), by tracing important events and key debates, which influenced the creation of GAVI.

#### **4.2.2. The Process Behind the Creation of GAVI**

Although there were attempts to improve the CVI, the aspiration to revitalise global vaccination and immunisation governance was ultimately translated into the creation of a new global vaccine organisation: GAVI. However, the process of creating GAVI was not smooth. Although this new organisation was intended to be a non-political entity based on public-private partnership, the process of its creation was deeply politicised. As will be shown in this section, traditional interagency rivalries among the UN agencies often caused deadlock and uncertainty; meanwhile, the involvement of new actors complicated the process and caused important turning points.

GAVI was established after three key meetings: the World Bank meeting held in Washington, March 1998; the Bellagio conference held in Italy, March 1999; the Seattle meeting held in Seattle, July 1999 (WHO 2000). This section will examine each in turn, highlighting the political dynamics within and between those meetings.

##### **4.2.2.1. The World Bank Conference of 1998**

As I stated earlier, the reinvigoration of the CVI was initially considered rather than the creation of a new instrument. Amid increasing doubts about the effectiveness of the CVI, World Bank President James Wolfensohn convened a high-level, by invitation only, conference in March 1998 in Washington, which became a turning point in the fate of the CVI (Independent Evaluation Group 2014). The main participants of the conference were the heads of key UN agencies (including the WHO and UNICEF) among others such as vaccine industry leaders, bilateral aid agencies, and independent academics. Participants developed ideas to reform the CVI that would later become central in developing GAVI,

such as: the importance of extensive public-private cooperation; healthy and robust financing for the development and procurement of vaccines; the importance of enhanced commitments with civil society; and finally, the production of credible market data to help industry plan (Muraskin 2005, 63).

As an outcome of the meeting, a new working group was created to develop a proposal for reinvigorating the CVI. The Working Group was designed to bring together all parties who had participated in the conference, as well as other collaborators in global vaccination and immunisation (Muraskin 2005). As a result, it involved not only individuals from major IOs - including the WHO, UNICEF, the World Bank, and the Rockefeller Foundation - but also from the global vaccine industry, including vaccine manufacturers. Despite the wide range of public and private stakeholders involved, the influence of the major IOs proved to be more significant than others. This will be discussed in the following sections.

However, although the aim of the conference was to discuss improvements to the CVI, the involvement of the World Bank in promoting global vaccination became the central focus of the discussion. According to Muraskin (2005, 57), the World Bank intended to widen its agenda to incorporate global vaccination and immunisation, and through the conference, it wished to express its interest and commitment to global vaccination and immunisation programs, and their willingness to provide money for promoting global health. However, other UN agencies who had already been involved in global vaccination and immunisation interpreted the World Bank's intentions with suspicion (Muraskin 1998). For example, the WHO saw the World Bank's criticism of the WHO at the conference as a bid to seize the leadership of global vaccination (Muraskin 2005, 59). Although it had been criticised for its performance (see Peabody 1995; McCarthy 2002), WHO, in accordance with its mandate as the lead UN health organisation, believed that it had the right to lead global vaccination and immunisation. This came against the wider backdrop of Gro

Brundtland, the WHO's new Director-General, attempting to recover WHO's global leadership position, which many thought had been weakened under the previous Director-General Hiroshi Nakajima. Under Brundtland, the WHO certainly did not want to abdicate responsibility for global vaccination and immunisation (Muraskin 2005, 62). Consequently, the conference descended into a territorial fight among major UN agencies, which was also a problem in the CVI (see Muraskin 1998). This turf war continued throughout the process of the creation of GAVI (the details of the 'battles' in this 'war' will be discussed in the following sections).

In sum, it was agreed at the World Bank conference of 1998 that the world needed to reinvigorate the CVI and establish a working group (hereafter, 'Working Group'), which consisted of a wide range of stakeholders in vaccination and immunisation, to take the reconstruction of the CVI forward. At this time, there was no consideration of establishing a new organisation to replace the CVI. However, as is discussed in detail in the next section, this changed in a series of meetings held later at which it was decided to create a new global vaccine alliance – what became GAVI.

The outcomes of the World Bank conference eventually went on to influence the composition of GAVI's Board. They were: i) it was broadly agreed that a wide range of stakeholders from the public and private sectors should be committed to global vaccination and immunisation governance, which influenced that GAVI's Board includes a variety of public and private even third sectors; and ii) the World Bank emerged as one of key actors playing a role in the field of global vaccination and immunisation, which was translated into that the Bank plays a role in the Board along with other multilateral organisations such as the WHO and UNICEF. As we have seen, the World Bank's commitment to the field ignited territorial fights among the major UN agencies (especially between the World Bank and WHO) over who should have the leading role in the reconstruction of global vaccination and immunisation architecture. These territorial competitions continued in the Bellagio

Conference in 1999 in which the nature of the restructured global vaccine alliance was discussed.

#### **4.2.2.2. The Bellagio Conference of 1999**

To help the Working Group specify plans for the reconstruction of the CVI, key stakeholders gathered at the Rockefeller Foundation's centre at Bellagio in northern Italy in March 1999 ("the Bellagio conference"). Although the aim of the Bellagio conference was to maintain the momentum, it became a battleground of power politics among major CVI stakeholders. The conflict arose due to the Working Group's decision not to invite the heads of the UN agencies to the conference (Muraskin 2005). However, it appeared that the Working Group had underestimated the influence of these IOs in global health, failing to realise that its efforts to reorganise the CVI would not be successful without the endorsement of the head of the WHO. The Working Group's decision sparked anxiety in the UN agencies. The WHO in particular regarded the exclusion of its head from the Bellagio conference as a challenge to the WHO's global leadership (Muraskin 2005, 79).

The bitterness of the power politics was revealed at a closed dinner meeting, which took place the night before the conference began. The meeting was initiated following WHO General-Director Gro Brundtland's calls to the other heads of the UN agencies to discuss the Working Group's decision to exclude them from the Bellagio conference (Muraskin 2005). A small group of individuals from these UN sent by their heads were invited to the closed dinner meeting, who were different to those who represented these organisations in the Working Group. They endorsed the agreement that was reached during the calls between the heads of the World Bank, UNICEF, and the WHO, regarding two agendas: tackling the Working Group's intention to reduce the influence of the major UN agencies on the reform of the CVI; and preventing the new CVI from having its own large secretariat, independent from these UN agencies. In this small by-invitation-only

dinner meeting, UN agencies affirmed the importance of their influence on the revitalisation of the CVI, and determined the size of the secretariat of the CVI.

Although these UN agencies seemed to be united/aligned, a disagreement on the size of the Secretariat between the representatives of the WHO and the World Bank was revealed (Muraskin 2005, 102). Richard Feachem, the representative of the World Bank, overruled the decision agreed between the heads, and supported a large secretariat for the renewed CVI. He believed that the CVI should become an entity independent from these UN agencies, and that its secretariat should be large enough to support the CVI itself and behave independently regardless of the expectations of the UN agencies. However, according to Muraskin (2005), Michael Scholtz, the newly appointed representative from the WHO adhered to Gro Brundtland's position toward a small secretariat dependent on UN agencies, in order to maintain their influence on the restructured CVI. In the end, Michael Scholtz, who maintained non-negotiable attitude, dominated the meeting. Richard Feachem ultimately agreed on that, considering that they would be unable to revitalise the CVI without the cooperation of the WHO, given the fact that the World Bank had not had as much experience in global vaccination and immunisation as the WHO (Muraskin 2005).

As a result, participants in the closed dinner meeting decided: i) the secretariat of the reinvigorated CVI should consist of staff from UNICEF, and that it should perform limited functions, relying on UN agencies for the operation of the CVI; ii) to reduce the repercussions of the small sized secretariat on the operation of the alliance, the Working Group takes on some of the secretariat's work; and iii) the BMGF is invited to the Working Group (which enabled the BMGF to become deeply involved in the reinvigoration of global vaccination and immunisation governance, and in turn, the development of GAVI).

These decisions were communicated to the Working Group after the dinner meeting. Although the Working Group members, who had been working for a year towards establishing a strong and independent global vaccine alliance, were disappointed with the

outcome of the closed dinner meeting, they reluctantly accepted the decisions that the UN agencies had made (Muraskin 2005). And, they agreed to revise the Working Group's work to deliver these decisions.

Whatever debates occurred at that the closed dinner meeting, the stage was set for the official opening of the Bellagio conference the next day. However, important decisions on the nature of the restructured CVI and the size of the secretariat had already effectively been made at the dinner meeting without the presence of most of the Bellagio conference delegates. In addition, those decisions had been dominated by the representatives of the UN agencies. The limitations of the Bellagio conference were, therefore, already clear even before the official sessions began, which led to the bitter and unpleasant outcomes of the conference.

However, the biggest disappointment to participants at the official Bellagio conference was the WHO's sudden announcement that the CVI would be terminated by the end of 1999. This unilateral decision was striking news for many conference participants (including the Working Group) because they were working hard to revitalise the CVI, and because the WHO did not have the right to determine the fate of the CVI in that way (Muraskin 2005, 114; also see Bruen 2018). On the information available, it is not clear why the WHO changed its position and made this decision. The WHO's announcement moved the plan for the reinvigoration of the CVI into an entirely different direction – towards the creation of a new global vaccine alliance to replace the CVI. That was another turning point in the history of global vaccination and immunisation.

As we have seen, at the Bellagio conference, the UN agencies succeeded in securing their wish to maintain their influence on the renewed global vaccine alliance. Particularly, the WHO dominated the political territorial fights at the conference. The organisation made it clear to other UN agencies and stakeholders in global vaccination and immunisation that any ideas that threatened its leading role in global health must be discouraged. Moreover,

the WHO's unilateral decision to terminate the CVI was an important and unexpected turning point which left the Working Group and its collaborators with nothing to do but create a new global vaccine alliance. They had to develop ideas for the creation of the new alliance – what became GAVI – by the next meeting in Seattle. The outcome of the Bellagio conference implies that those UN agencies would maintain their influence in GAVI and play an important role in the governance of GAVI and its work, and that it will have the small sized secretariat which rely on the UN agencies (the WHO, UNICEF, and the World Bank).

#### **4.2.2.3. Involvement of new individuals in the creation of GAVI**

Many key decisions on the structure of the new global vaccine alliance were supposed to be made during the period between the Bellagio conference and the Seattle conference where the new alliance was to be developed. However, the Working Group lost its momentum as a result of what happened at Bellagio. To revitalise the group, new faces emerged and played a catalytic role by providing the Group with leadership and financial resources.

One of the issues the Working Group had to deal with was who would head the secretariat of the new global vaccine alliance. According to Muraskin (2005), although the Group offered the role to Jacques-Francois Martin – then-head of Pasteur Merieux, Chiron, and Biocene – he declined the offer and instead sought to become the CEO of the Vaccine Fund; and the Working Group also noticed that the WHO was uncomfortable with the idea that a person from the private sector would lead the new entity (Muraskin 2005, 107). Tore Godal, then-head of the Tropical Disease Research (TDR) program of the WHO, joined the Working Group in June 1999 as the provisional head of the secretariat (the Executive Secretary) of the new alliance. According to Muraskin, He was recommended for the position by Tim Evans, the Director of Health Equity at the Rockefeller Foundation, one of key actors in the CVI. In addition, being backed by the Rockefeller Foundation, Godal also

had close relationships with WHO officials including the Director-General (Muraskin 2005), meaning he was able to secure the endorsement of the major UN partners (particularly, the WHO). It meant he could access the higher officials of the WHO, and meanwhile, criticize the organisation when needed. Consequently, Godal took the responsibility of designing the new vaccination alliance (which included the development of its governance structures).

Another new face who contributed to the reinvigoration of the Working Group was Bill Gates. He played a particularly important role in the creation of the new global vaccine alliance by providing financial resources, which were indispensable to the development of the new organisation. Before involved in the creation of the new alliance, he had helped the creation of the Children's Vaccine Program (CVP), which was established and managed by the William Gates Foundation in 1998 aiming to promote childhood vaccination coverage (PATH 2004). Bill Gates provided US\$100 million through donating the CVP to enable major UN organisations to use for global vaccination and immunisation (see McNeill and Sandberg 2014). Consequently, Gates' input of resources made significant contribution to the development of GAVI by boosting cooperation among UN agencies, good will and tolerance among them, and increasing their interests in global vaccines.

In addition, Gates sent Mark Kane, then-head of the CVP, to join the Working Group as a representative of the Gates Foundation in early March 1999 (Bruen 2018). When Mark Kane joined the Working Group, it was demoralised by the experience of the Bellagio conference. As a long-time WHO employee before coming to the BMGF, Kane was not sympathetic to the fate of the CVI because he believed that it did not deliver its intended mission (Muraskin 2005). However, he was interested in what the Working Group had to decide urgently: designing the new global vaccine alliance. Revitalising the Working Group, he led discussions to design the internal structure and operation of GAVI. Consequently, Bill Gates' interest in (and funding for) global vaccination and immunisation enabled the

Working Group to move forward with developing ideas for the creation of the new global vaccine organisation.

The members of the Working Group shared the idea that they should create a CVI-like coalition, in which the public and private sectors cooperate with one another, ensuring the inclusion of a wide range of stakeholders (Bruen 2018). On the basis of this foundational principle, the Group developed the institutional design of the new alliance, both establishing the visions and goals of GAVI and suggesting its governing components (Bruen 2018). Also, Group members developed a mechanism for providing funds to GAVI eligible countries to promote their public health. 'GAVI eligible countries' refer to developing countries who are eligible for receiving GAVI's financial support to develop their national vaccination campaigns (for the eligibility criteria, see Chapter 4.3). Regarding this, they had to decide whether the new institution's focus should be on providing new vaccines to those poorer countries, or on improving public health systems in them. Bruen reported that although many stakeholders in global vaccination and immunisation preferred the latter, there was a strong voice supporting the former, which was backed by Bill Gates and the pharmaceutical industry (also see Muraskin 2005). In particular, some key actors of the Working Group believed that introducing and scaling up mass vaccination campaigns are an effective means of improving immunisation in developing countries (see Maynard, Kane, and Hadler 1989). Consequently, during the period between the Bellagio Conference and the Seattle meeting: i) the Working Group reaffirmed the principle of the multi-stakeholder approach to the new vaccine alliance; ii) it decided that the new vaccine alliance will focus on providing new and underused vaccines rather than improving public health systems; and iii) Due to his financial contributions to the development process, Bill Gates became one of the most influential actors in the development of the new alliance, and he exercised his influence on the creation process of the new alliance by sending the representative of the BMGF to the Working Group.

In addition to the leverage of UN agencies on the new alliance and the involvement of a wide range of stakeholders in its governance, the outcomes of the events which occurred during this period had significant implications for the future governance of GAVI: i) GAVI's policies and programmes, at least its early years, would focus on delivering new and under-used vaccines rather than strengthening health systems in developing countries; and ii) the BMGF would play a role in GAVI due to its financial resources, giving a non-state actor a significant influence on GAVI's work.

The Working Group made remarkable progress on the governance architecture of the new global vaccine alliance and produced a set of proposals on the mission, objectives, functions and structure of the new alliance that would be reviewed (and approved) at the Seattle Meeting in July 1999. Only a few final decisions were left to be made in Seattle – including the appointment of the Executive Secretary and the Chair of the Board.

#### **4.2.2.4. The Seattle Meeting of 1999**

The Seattle meeting held in July 1999 was important for the history of GAVI because two important leadership positions for the new global vaccine alliance were decided at the meeting, and GAVI's proto-board meeting was held, where the creation of GAVI was proclaimed (GAVI 1999). The meeting aimed to review the Working Group's proposals on the institutional structure of GAVI and make decisions on who would lead the GAVI secretariat and the GAVI Board. However, it did not go smoothly due to continuing distrust among the collaborators involved in the creation of GAVI. As we will see in this section, decision-making at the Seattle meeting was far from democratic, and was again influenced by the political considerations of the major organisations.

As we saw earlier, Tore Godal had been assigned as the provisional Executive Secretary of the new alliance when he joined the Working Group. However, when the proto-board was assembled in Seattle, it was asked to approve Godal as the Executive

Secretary of GAVI for a two-year term (Muraskin 2005). It was not clear from the minutes of the proto-board meeting who suggested Godal for the post, and who exercised their influence on the decision-making. However, according to Muraskin, it was broadly believed that Godal's close relationship with the WHO's high-level officials enabled him to take the Executive Secretary position (Muraskin 2005). His close relationship with the WHO was also noted by one interviewee for Bruen's work (Bruen 2018). Also, the decision-making for the GAVI Board Chair position was political and influenced by the interests of major UN agencies. Some participants of the proto-board meeting, including the private sector, believed that GAVI's Board Chair should be politically neutral, and that this position should be rotated among all parties in the Board (Muraskin 2005, 139). However, it was decided that the heads of the WHO and UNICEF should rotate as Board Chair, with Gro Brundtland of the WHO taking the first turn (GAVI 1999).

In sum, the events occurred at the Seattle meeting show that the important leadership positions of GAVI was determined by politicised process, and the WHO and UNICEF won the territory competition and maintained their influence on the field of global vaccination and immunisation governance by dominating these leadership positions.

The creation of GAVI was officially proclaimed to the public at the Seattle meeting (Bruen 2018). Despite the politics between the partners, the collaboration of public and private stakeholders had enabled the creation of GAVI. However, some contributions were more important than others. GAVI would not have been created without the contribution of key collaborators (such as the major IOs and the input of the Working Group). In particular, Bill Gates' financial resources, which helped resolve resource conflicts among the major UN agencies, was indispensable in enabling them to cooperate with one another.

Despite the idea that GAVI would be a non-political organisation, it was created through a highly politicised process. Many important decisions (such as the size of the secretariat and the appointment of the Executive Secretary and the Board Chair) were

effectively decided by the major IOs, often without open debate. In particular, despite the shared idea of the importance of the reconstruction of global vaccination and immunisation architecture among major UN agencies, their different perceived interests and ideas not only influenced important decisions regarding the creation of GAVI, but also caused distrust and frustration for others involved in the creation process.

However, although different ideas and perceived interests influenced the creation process of GAVI causing tensions and conflicts, it was broadly agreed that a wide range of stakeholders from the public and private sectors should be involved in the governance of the new vaccine alliance. This aspect of the creation process left a legacy that has shaped the current institutional characteristics of GAVI. Before delving into how the legacy of the creation history of GAVI has been translated into the governance structure of GAVI (in particular, decision-making processes in the Board), I will discuss the current institutional structure of GAVI in the next section. In particular, I will explore the legal status and aims of GAVI, the composition and operation of GAVI's three main bodies (the Board, the Committees, and the Secretariat), and its country support – as well as accountability mechanisms.

### **4.3. The Institutional Structure of GAVI**

#### **4.3.1. The Legal Status and Aims of GAVI**

GAVI has two legal identities: an international institution and a public charity (GAVI 2021k). According to Article 1 of the Statutes, GAVI is recognised in Switzerland as an independent non-profit foundation under Articles 80 et seq. of the Swiss Civil Code, and is supervised by the Swiss Supervisory Board for Foundations. In addition, in the US, GAVI has been registered as a charity organisation under section 501(c)(3) of the United States Internal Revenue Code. This charitable status not only enables GAVI to be exempt from

US federal income tax and state tax, but also enables private funders to contribute GAVI without taking the administrative burden of overseeing whether the funds are used for charitable purposes. GAVI obtained the public charity status in order to enable the BMGF to provide seed funds for the creation of GAVI.

GAVI aims to promote health by improving global vaccination and immunisation, particularly in the poorest countries. To do this, the organisation established a set of sub-goals: providing vaccines and the means to deliver them; promoting vaccine development driven by the interests of people living in developing countries; and supporting health care systems and civil society organisations which promote vaccine accessibility and availability in the poorest countries (GAVI Statutes, Article 2). To achieve these goals, GAVI bases its work on a global public-private partnership model, in which a wide range of stakeholders in vaccination and immunisation work together in the GAVI Board and the Board's sub-Committees. GAVI's public-private partnership influenced the unique character of the governance structure of GAVI.

The governance and the operation of GAVI are based on a set of formal written rules: the GAVI 'Statutes', 'By-laws', and 'Operating Procedures', which include the Charters of the Board and Board Committees. The Statutes, last modified at the June 2020 Board meeting, provide the legal bases of GAVI such as its legal status, purpose, and financial arrangements. Also, it defines general rules of GAVI's governing, administrative and advisory bodies, stipulated in Article 8 of the Statutes: the Board, the Secretariat, the Standing Board Committees ('Board Committees'), the Auditors, and the Advisory Committees. The By-laws and the Operating Procedures provide detailed rules and regulations of the composition and operation of these organs. While the GAVI By-laws define the composition, function, membership, responsibility of these bodies, Committee Charters provide tailored, detailed rules for the operation of the Board and different Board Committees.

In the next section, I will discuss the governance structure of GAVI by exploring the composition and operation of GAVI's three main organs (the Board, Board Committees, and the Secretariat), as stipulated in these legal documents.

### **4.3.2. The Governance Organs of GAVI**

The Board, Board Committees, and the Secretariat play the most important roles in the governance of GAVI. While the former makes policies for the operation of GAVI and GAVI's work, the latter two bodies assist the Board by developing policy recommendations for the Board's consideration (in the case of the Board Committees), and by providing administrative support and implementing Board decisions (the Secretariat). I will discuss the involvement of these bodies in decision-making over COVAX in detail in Chapters 6 and 7.

#### **4.3.2.1. The GAVI Board**

##### **4.3.2.1.1. The function of the Board**

According to Article 13 of the Statutes, the Board is the supreme governing body which has all powers that are not explicitly assigned to other bodies of GAVI regarding decision-making and the operation of the GAVI Alliance. It makes policies for GAVI's work and directs the Secretariat and Board Committees by exercising lawful mandates required to carry out the aims of the organisation (see Table 3). In addition, the Board can amend the Statutes and By-laws; set policies, strategies and internal guidelines concerned with the administration and management of GAVI's work; and define the direction and strategy of GAVI programmes. It also nominates and appoints important leadership positions such as the Board Chair, Vice Chair, and the CEO, as well as new Board members and members of Board Committees.

**Table 3. The Functions of the GAVI Board**

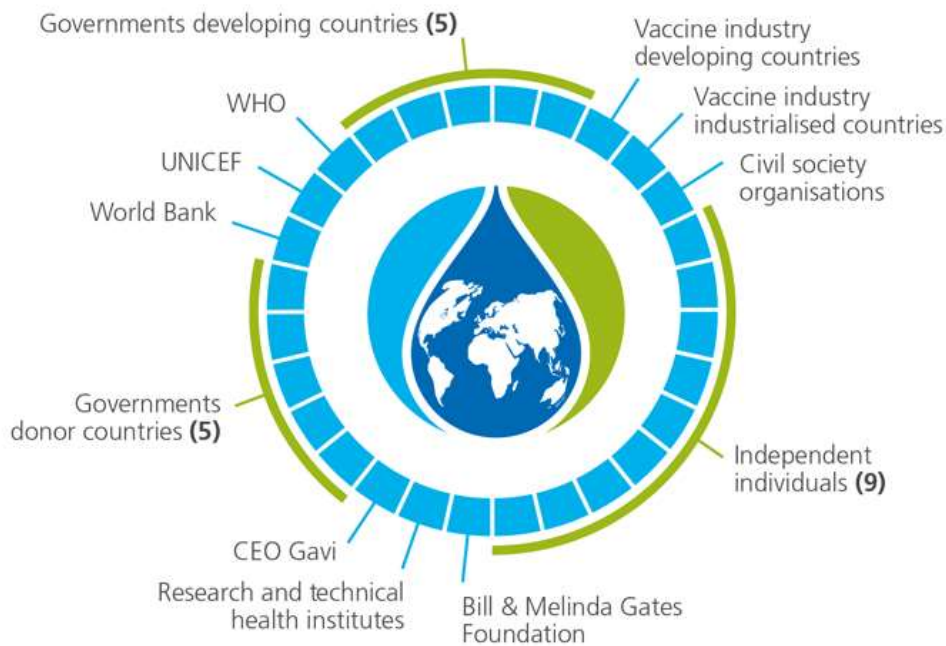
<ul style="list-style-type: none"><li>· Appoint Board members in accordance with Article 10;</li><li>· Set policies and strategies for the Gavi Alliance and adopt and amend its Operating Procedures and other internal guidelines and procedures necessary for the administration and management of the Gavi Alliance;</li><li>· Set financial and business plans;</li><li>· Determine the employment terms, appoint and, if necessary, replace the CEO;</li><li>· Make major funding decisions;</li><li>· Establish a framework for monitoring and periodic independent evaluation of performance and financial accountability of activities supported by the Gavi Alliance;</li><li>· Coordinate with outside agencies;</li><li>· Advocate for the Gavi Alliance, and mobilise resources;</li><li>· Approve the annual accounts;</li><li>· Appoint and remove the Auditors;</li><li>· Create Standing Board Committees and appoint their chair and members;</li><li>· Create Advisory Bodies and appoint their chair and members;</li><li>· Appoint or remove the Officers referred to in the Operating Procedures;</li><li>· Execute or authorise the execution of agreements as required to carry out the purposes of the Gavi Alliance.</li></ul>
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Source: GAVI Alliance Statutes (last modified in June 2020), Article 13

#### 4.3.2.1.2. The composition of the Board

The GAVI Board consists of a range of GAVI's partner organisations and individuals drawn from public and private stakeholders (see Figure 2).

**Figure 2. The Composition of the GAVI Board**



Source: GAVI website, 'Board Composition' (GAVI 2020u)

According to Section 2.2.2 of the By-laws, the Board comprises 46 members: 18 Representative Board Members, 18 Alternate Board Members (who stand in when a Representative is absent<sup>14</sup>), 9 Unaffiliated Board Members (which includes the Board Chair), and the CEO as ex-officio non-voting Board member (see Table 4).

<sup>14</sup> According to Article 10.2 of the Statutes, Alternate Board members have "the same rights, privileges and responsibilities and be subject to the same duties and obligations, and be provided the same information" as Representative Board members.

**Table 4. GAVI Board Membership**

Type	Representation		The # of Board seat	Alternate Board seat	
Representing institution/ constituency	The GAVI Alliance ( <i>Founding organisations</i> )	Multilateral organisations	WHO	1	1
			UNICEF	1	1
			World Bank	1	1
		Philanthropic foundation	The Bill and Melinda Gates Foundation	1	1
	Country governments	Recipients		5	5
		Donors		5	5
	Vaccine industry	in developing countries		1	1
		in developed countries		1	1
	Civil society organisations (CSOs)			1	1
	Research & technical health institutes (RTHI)			1	1
Unaffiliated	Independent individuals (including the Board Chair)		9	-	
Ex-officio	The GAVI CEO		1	-	

Representative Board Members and Alternate Board Members represent a constituency: the GAVI Alliance’s partner organisations; country governments; vaccine manufacturers; civil society organisations (CSOs); research and technical health institutes; and independent individuals (for details of the Board membership in 2020 and 2021, see Chapter 6.2). Four of the Representative seats are assigned to the GAVI Alliance’s ‘founding organisations’ (the WHO, UNICEF, the World Bank, and the BMGF). Whereas other constituencies’ Board seats are rotated after a fixed term (three years), these founding organisations have a permanent Board membership and have held seats since the creation of GAVI.

Five of the country government seats are given to recipient (developing) countries, and five to donor (developed) countries. Representatives of recipient countries are normally health ministers, and are nominated by the GAVI Secretariat. According to one Board member, the constituencies that represent donor country governments on the Board are selected by GAVI’s donors, taking into account their financial contribution to GAVI. As a

result, the UK had two Board seats (one Representative Board Member seat and one Alternate Board Member seat) as it was one of the biggest donors to GAVI (Interview 10). Representative Board seats are taken by anchored donor countries, a group of the biggest donors. For example, in 2020 and 2021, there were five anchored donors: the UK, the US, Norway, Canada, and France. Other donors become constituents of the constituencies anchored by biggest donors (the Alternate Board seat of a donor constituency is taken by one of the constituents of the constituency).

Two Representative Board Member seats are assigned to constituencies of vaccine manufacturers, in both developing and developed countries. The vaccine industry in developing countries constituency is represented by the Developing Countries Vaccine Manufacturers Network (DCVMN), which was established in 2000 as an alliance of vaccine manufacturers aiming to supply high-quality vaccines at an affordable price to developing countries. As of 2019, the alliance has 41 members from 14 countries and territories (DCVMN 2022). The vaccine industry in developed countries constituency is represented by the IFPMA. The association represents research-based pharmaceutical companies across the developed world. Although, as of 2022, it has 39 member companies (IFPMA 2022), the constituency's points of view on the Board's issues are mainly determined by the six largest companies (see Chapter 6). These DCVMN and IFPMA constituencies have their own internal selection processes, and nominate one Representative Board Member and one Alternate Board Member each.

One Representative Board Member seat is assigned to CSOs from a broad network of local, national, regional, international non-governmental organisations across the globe working in global vaccination and immunisation. According to Article 1 (2) of the GAVI CSOs Charter (GAVI CSO 2018), the constituency was created in 2010 aiming to *“to engage CSOs from the globe as an important stakeholder to share voices of communities at the policy level”*. The CSO constituency supports the development and implementation of

a wide spectrum of GAVI's vaccination activities. As of April 2022, the constituency has over 450 member CSOs (GAVI 2022d), and any CSO can become a member of the constituency by filling in a simple electronic form<sup>15</sup> with the approval of the CSO that serves as the chair of the Steering Committee of the GAVI CSOs. However, although the constituency surveys its members, it is difficult to figure out the exact size of the membership because many of the constituency's members are so small, often with a weak organisational structure, that they disappear without notifying to the constituency (Interview 4). The CSO constituency's Representative Board Member and Alternate Board Member are nominated by its Steering Committee. The Steering Committee consists of about 18 CSOs and as well as sitting on the Board, its members hold seats on the Programme and Policy Committee (PPC) and the Advisory group. The Steering Committee develops the constituency's standpoint for GAVI Board meetings and selects the constituency's host organisation, which serves for a 10-year term, in consultation with the GAVI Secretariat.

One seat is assigned to the Research & Technical Health Institutes (RTHI) constituency. This is a large group of the research community working on global vaccination and immunisation across the globe. Its members include institutes based in universities and national agencies such as the US Centers for Disease Control and Prevention, as well as IOs such as International Vaccine Institute. It was intended that the RTHI constituency would help GAVI develop its policies and achieve its mission in accordance with scientific evidence (GAVI 2022a). As of 2021 the constituency included about 40 research and technical institutes, and any institute could join the constituency with a brief expression of interest via email (Interviewee 5).

Nine Representative Board Member seats are assigned to independent individuals (known as 'Unaffiliated Board members'), which include the Boar Chair. They account for

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<sup>15</sup> It is accessible through <http://www.gavi-cso.org/become-a-member>.

one-third of the Representative Board Members. These unaffiliated individuals do not represent a constituency but hold a seat in their personal capacity on the basis of their skills and networks. According to Section 2.4.3 of the By-laws, they are selected as experts who can help GAVI expand its network or who can advise GAVI about its business and management agendas. Therefore, these representatives are diverse and include academics in public health or medicine, former heads of various industries (such as media organisations like MTV, asset management, and enterprise development), and audit/investment officers of private companies. They provide GAVI with independent views on GAVI’s work based on their professional expertise. Unaffiliated Board members in 2020 and 2021 are listed in Table 5. Those independent Board members serve as a Chair of the Board’s Committees (for the Committees, see the Chapter 4.3).

**Table 5. Unaffiliated Board Members in 2020 and 2021**

#	Name	Position	Expertise
1-1	Ngozi Okonjo-Iweala	<b>The Board Chair: 2016-2020</b> Former Finance Minister and Former Foreign Affairs Minister of Nigeria	Development and finance
1-2	José Manuel Barroso	<b>The Board Chair: 2021-present</b> Former Prime Minister of Portugal Former President of the European Commission	Governance
2	Afsaneh Beschloss	Founder and CEO of Rockcreek Group	Banking and financial services
3	Awa Marie Coll Seck	Minister of State to the President, Government of Senegal	Former Minister of Health of the Republic of Senegal, a specialist in infectious diseases
4	David Sidwell	Member of the Board of Directors and the Audit Committee of Chubb Ltd. Former Executive Vice President and Chief Financial Officer (CFO) of Morgan Stanley	Finance/audit
5	Helen Rees	Founder and executive director of the Wits Reproductive Health and HIV Institute (WRHI), University of Witwatersrand	Vaccines, HIV prevention and reproductive health

6	Margaret Hamburg	Foreign Secretary of the National Academy of Medicine	Global public health, policy evaluation
7	Teresa Ressel	Former CEO, UBS Securities LLC	Business experience covering finance, defence, electronics, and healthcare
8	William Roedy	Former Chairman and CEO of MTV Network International	Broadcasting, media
10	Yibing Wu	Joint Head of the Enterprise Development Group	Management consultancy, mostly focused on IPOs mergers & acquisitions, and private equity

Source: GAVI website

Article 12 of the Statutes defines the Chair as an Unaffiliated Board Member, with a vote in decision-making. The Chair (along with the Vice Chair) serves for a 2-year term and is eligible for re-election (GAVI By-laws, Section 2.6). He/she presides over Board meetings and chairs the Market Sensitive Decision Committee (for details of Board Committees, see Chapter 4.3) and the All Chairs Group (ACG). According to the ACG Terms of Reference (GAVI 2020k), the ACG, meeting on a regular basis, assists the Chair to help him/her understand cross-cutting issues relevant to different Committees. It consists of the Chair, Vice Chair, CEO, and Chairs of the PPC, Audit and Finance Committee (AFC) and Investment Committee (IC). The Board's Vice Chair is selected from among Representative Board Members. The Vice Chair presides over Board meetings when the Chair is absent, and chairs the Governance Committee.

The final Representative Board Member seat is assigned to the CEO. The CEO sits on the Board in an ex-officio capacity. It was frequently observed during my fieldwork that the CEO represented the standpoint of the Secretariat at Board meetings (see Chapter 7). Although the CEO tended to present opinions during Board discussions, they do not have a vote for decision-making.

In sum, the GAVI Board is designed to include a wide range of stakeholders from the public and private sectors. Although the composition of the Board is intended to ensure that Board decisions are legitimate and credible, it is worth noting that a group of the Board's Constituencies (such as the WHO, UNICEF, World Bank, and BMGF) hold proportionately more seats than the others with many constituents such as the CSO constituency and the RTHI constituency. It is worth noting that there is an exception. In 2020 and 2021, the UK has two Board seats (one Representative and one Alternate Board seat); as of 2021, the UK is the largest donor to GAVI. The next section discusses the selection process for Representative Board Members and Alternate Board Members.

#### **4.3.2.1.3. Nomination and Appointment of Board Members**

According to Section 2.3 of the By-laws, Board membership is for a 3-year term, and every Board member is eligible for re-election to the Board, normally by having at least one year off before serving a second term. One criteria GAVI considers is gender balance in all areas of its work, and the organisation is committed to ensuring gender balance throughout its governance structures (GAVI By-laws, Section 2.4.1). According to Section 3.1 of the Guiding Principles on Gender Balance for Board and Committee Nominations, neither gender should account for more than 60% of Representative Board Members, Alternate Board Members, Board Committee Members, or members of Advisory bodies.

The selection process for the Board members representing a constituency differs to that for Board members with no constituency, such as Unaffiliated Board Members, the Board Chair and the CEO. With regard to the selection process for the former, Board constituencies (which include the WHO, UNICEF, the World Bank, and the BMGF) have the right to nominate their Board members. However, according to Section 2.4.1 of the By-laws, a candidate's eligibility and qualification should be approved by the Board's Nominating Committee; an interim committee within the Governance Committee (discussed

later in this chapter), which consists of a group of selected members of the Governance Committee, including the Chair (GAVI By-laws, Section 2.4.1). The Nominating Committee verifies candidates in accordance with the Statutes, By-laws, and, if applicable, its Committee Charter. After the Nominating Committee's verification, the Board makes a final decision and formally appoints the candidate as a Board member. According to the fieldwork for this thesis in 2020 and 2021, the Board appointed Board and Committee members on a no-objection basis; Board members receive the motion by the Secretariat before a Board meeting, and if they have objection to the candidate, they can raise the issue at the Board meeting. During the period, there was no case of objection.

It is worth noting that although the Nominating Committee establishes minimum criteria based on GAVI's written rules, Section 2.4.2(2) of the By-laws states that those criteria do not restrict the discretion of constituencies in nominating a candidate. However, if the Nominating Committee determines a candidate is unqualified, the Committee can decide not to nominate the candidate to the Board and ask the constituency to select another candidate (GAVI By-laws, Section 2.4.2 (2)). A constituency has the right to replace their Board members at any time (Section 2.4.2.(4)).

With regard to the selection process for independent Board members and the Board Chair, the Nominating Committee plays an important role. It sets the scope of expertise, designs and implements a process to identify qualified candidates (GAVI By-laws, Section 2.4.3), and nominates persons having the skills, experience and networks in a specific area necessary for the establishment and implementation of GAVI's work. According to Interviewee 9, who was involved in the selection process of the former Chair, Ngozi Okonjo-Iweala, the Nominating Committee plays an active role in the nomination of these positions, a Former Vice Chair explained how the Committee worked when searching for a new Chair:

We had very thoughtful process to select a new Board Chair. We had a small sub-committee to search candidates. The search committee consisted of three or four Board members and members of the Governance Committee, who had a long association with the GAVI Board. We hired the company that helped us with the search. We made an initial kind of long list of the candidates who were suggested by us, other Board members, and members of the Secretariat. And then we went through the list with these companies. In addition, we contacted previous Board Chairs and asked for their suggestions. So, we went through the search process quite for long time. And we had clear description of what we should be looking for when considering the candidates, for example, what kind of leadership skills, standing and stature and what kind of characteristics we should look for. And then, we screened down to five potential candidates. And, we had interviews with them, some of them with in-person setting and some of them with a video call. Finally, we came to the conclusion that Ngozi Okozo Iweala was the best for quite the next Board Chair. (Interview 9)

To be a successful candidate for the Chair position, it is important that the candidate should be able to maintain a good relationship with the Secretariat, particularly the CEO. According to interviewee 9, one of the reasons that the former Chair was nominated was that she seemed to be able to work well with the CEO, Seth Berkely.

In sum, the constituencies, the Board, and the Nominating Committee play different roles in the appointment of Board members, and no one body dominates the selection process.

#### **4.3.2.1.4. Board meetings and decision-making in the Board**

The Board meets at least three time a year (two principal meetings, normally in June and December, and one retreat in March), but holds more meetings if necessary (as it did during the fieldwork for this thesis) (GAVI By-laws, Section 2.7.2). The venue for the meetings rotates between Geneva, Switzerland, in which GAVI is headquartered, and developing countries (although at the time of fieldwork for this thesis, the meetings were

held online as a result of COVID-19 – as it is permitted under GAVI By-laws, Section 2.7.3). Board meetings are usually convened by the Chair or Vice Chair, but can also be convened by the CEO at the request of the Chair and Vice Chair, or at the request of at least four Board members (GAVI By-laws, Section 2.7.2 (3)).

Article 9 of the GAVI Statutes states that only Representative Board Members (or their Alternates) and Unaffiliated Board Members have a vote in decision-making.<sup>16</sup> The former account for two-thirds of the voting members, and the latter account for one-third of the voting members. Every voting member has one vote. Although Alternate Board Members do not have a vote when the relevant Representative is in attendance, according to the observation from the fieldwork for this thesis, it did not limit their participation in decision-making discussions (for the role of Alternate Board Members in decision-making, see Chapter 6). Article 15 of the GAVI Statutes ('Board Decision-making') notes that the quorum for making decisions requires that a majority of the voting Board members (or their permitted Alternate Board Member) are in attendance. Although it is recommended that the Board makes a decision by consensus, Article 15 states that if it does not reach a consensus, a two-thirds majority is required to make a decision. The Board's decisions are documented in the minutes of the Board meetings and recorded in the GAVI archive (GAVI By-laws, Section 2.7.2 (7)).

#### **4.3.2.2. The GAVI Board Committees**

It is referred to in Article 18 of the GAVI Statutes that the GAVI Board delegates certain activities and areas of work to Standing Board Committees ('Board Committees'): the Programme and Policy Committee, the Audit and Finance Committee, the Governance

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<sup>16</sup> If the Vice Chair is selected among the Representative Board members, they can neither represent the standpoint of their constituency nor participate in voting. In this case, their Alternate Board member represents and votes for on behalf of them.

Committee (which may also act as the Nominating Committee), the Investment Committee, and the Market Sensitive Decisions Committee. These Committees assist the Board in its work, and they are operated by Charter of the relevant Committee. One of the important roles referred to in Committee Charters is that those committees (except the Market Sensitive Decisions Committee) review, monitor and make recommendations to the Board.

The Committees are made up of Board members and independent experts appointed the Board following the recommendation of the Nominating Committee (GAVI By-laws, Section 4.3). Each Committee consists of more than three Representative Board Members and Alternate Board Members (GAVI By-laws, Section 4.2). Each Board member belongs to at least one but no more than three committees, but this restriction on the number of committee memberships does not include membership of the Market-Sensitive Decisions Committee.

A Committee Chair serves for a two-year term and is appointed from among Board members and by the Board with the recommendation of the Nominating Committee (GAVI By-laws, Section 4.2). In 2020 and 2021, Unaffiliated Board Members served the Chairs of the Committees. According to the same Section, the Chair is banned from expressing the viewpoint of the constituency they represent in the main Board whilst in the Committee, and does not participate in voting. Instead, their Alternate participates in the Committee meetings and represents their constituency, and votes.

Although Board Committees have a level of discretion in assisting the Board, the Board can influence them by appointing Committee members and Chairs (GAVI By-laws, Section 4.3), determining the duration of the term of Committee members (GAVI By-laws, Section 4.7), and monitoring and directing Committees' work (GAVI By-laws, Section 4.6). Except for the Market Sensitive Decisions Committee, other Committees play an advisory role and report to the Board. If necessary, the Board adjusts and redirects the performance of the Committees in accordance with their duties, set out in Committee Charters. The

Charters are approved by the Board, and the respective Charter for each Committee specifies the duties, composition, and rules for decision-making of the Committee (GAVI By-laws, Section 4.6) (See Table 6).

**Table 6. The Purpose of GAVI Board Committees**

<b>Board Committee</b>	<b>Function</b>
<b>Programme and Policy</b>	To assist the Board in fulfilling its responsibilities in a timely manner in respect to the programmatic and policy oversight of the Gavi Alliance
<b>Audit and Finance</b>	To support the Board in fulfilling its oversight responsibilities in a timely manner in respect of the organisation’s financial management, risk and control framework, including internal and external audit, and adherence to appropriate standards of good practices and ethics
<b>Governance</b>	To support the Board in fulfilling its oversight responsibilities relating to developing and implementing sound governance policies and practices for the Gavi Alliance.
<b>Investment</b>	To support the Board in fulfilling its oversight responsibilities in a timely manner in respect of the management of Gavi’s investments.
<b>Market Sensitive Decisions</b>	To support the Board in fulfilling its oversight responsibilities.
<b>Evaluation</b>	To support the Board in fulfilling its oversight responsibilities in respect to the management of Gavi’s evaluation activities (as defined in the Gavi Alliance Evaluation Policy).

Source: GAVI Board Committee Charters<sup>17</sup>

#### **4.3.2.3. The GAVI Secretariat**

According to Article 16 of the Statutes, the GAVI Secretariat is the body that delivers administrative services for the day-to-day operation of the organisation, and more broadly the GAVI Alliance. The Secretariat aims to help GAVI ensure the participation and contribution of all GAVI stakeholders in the Board and its public-private partnership in decision-making (GAVI By-laws, Section 7). Section 28 of the Operating Procedures

<sup>17</sup> For reference, see: (GAVI 2020ac; 2020ad; 2020ae; 2020af; 2020ag; 2020ah)

defines the main functions of the Secretariat as “to support the Board, the Board Committees, the Advisory Bodies and Time-Limited Task Teams and to undertake and accomplish all other tasks and functions as are lawfully assigned to it by the Board from time to time” (see Table 7). In particular, it sets agendas for the Board meetings in consultation with the Chair and the Vice Chair, and makes decision recommendations for the Board’s approval (for the examples, see Chapter 7).

**Table 7. The Responsibility of the GAVI Secretariat**

<ul style="list-style-type: none"> <li>· Coordinate with Alliance stakeholders and individuals;</li> <li>· Execute the decisions of the Board – functioning where appropriate through the stakeholders of the Gavi Alliance – and communicate Board decisions to stakeholders;</li> <li>· Prepare the strategic plan for review and approval by the Board;</li> <li>· To implement the strategic plan, prepare draft business plans and budgets in consultation with Alliance partners in accordance with these By-laws, the Committee Charters, and any additional instructions from the Board.</li> <li>· Supervise the expenses in relation to the budget and keep the accounts of the Gavi Alliance and submit them to the Auditors for the annual audit;</li> <li>· Provide a substantive annual report on the Gavi Alliance work plan, including financial accounts, and revenue and expenditure projections, describing in particular the tasks achieved, the tasks not achieved and any appropriate explanations;</li> <li>· Provide the Board with all necessary and appropriate information to carry out its responsibilities, including by preparing issue papers and operational strategies for Board and Committee meetings, and present these to the relevant Board Committee for inputs, actions and recommendations, in line with the functions as described in the Committee Charters;</li> <li>· Support the work of advisory bodies and Time-Limited Task Teams, and other support structures;</li> <li>· Commission and supervise contracted work;</li> <li>· Support the Board in advocacy and fund raising;</li> <li>· Accomplish all other tasks and functions as lawfully assigned to it by the Board from time to time.</li> </ul>
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Source: GAVI By-laws, Section 7.1.

GAVI has two administrative offices in Geneva, in which its headquarters is located, and in Washington D.C. There is not much information accessible about the Secretariat through its webpage. However, according to a job advert published by GAVI (GAVI 2022e), as of June 2022, the Secretariat consisted of about 350 staff and 150 additional temporary staff working for the Office of the COVAX Facility.

According to Section 6.1 of the By-laws, the CEO heads and supervises the Secretariat, serving a four-year term with the possibility of renewal. He/she (to date, it has always been) has a wide range of responsibilities:

*“The CEO is accountable for all aspects of GAVI’s activities. This means the CEO works with the Board to create the strategy for the Alliance and is accountable for all external facing activities including fundraising, and the day-to-day operations to ensure GAVI’s fiduciary responsibilities are met.*

*The CEO must clearly articulate, embody, build and shape the organisation’s strategy and mission, building confidence and momentum among implementing countries, donors, regional organisations and donors alike. Maintaining strong relationships and communicating clearly to these constituencies will be critical as the Alliance navigates complex challenges.”*

(SRI Executive 2022)

In addition, the CEO has responsibility for the recruitment and appointment of Secretariat staff in accordance with policies and procedures that are confirmed by the Board (GAVI By-laws, Section 6.1) (For details of the CEO’s characteristics, see Chapter 7.2).

The Secretariat consists of seven departments: ‘Public Engagement & Information Services’, ‘Finance & Operations’, ‘Country Programmes’, ‘Resource Mobilisation’, ‘Private Sector Partnerships & Innovative Finance’, ‘Office of the COVAX Facility’ (created in 2021), and ‘Vaccine Markets & Health Security’ (created in 2022). As we saw in Chapter 2, each

department is led by a Managing Director. Managing Directors of these departments and other high-profile staff (the CEO, Deputy CEO and COO (created in 2022)) – known as the ‘Senior Management Team’ (SMT) – lead the Secretariat.

According to Section 6 of the By-laws, the Board exercises its influence over the Secretariat by appointing the officers of the SMT, including the CEO, Directors, a Secretary and a Treasurer. In addition, it reviews and oversees the performance of the CEO on an annual basis. Any power or duty assigned to the officers, that the By-laws or the Board defines, would be controlled or limited by the Board.

#### **4.3.3. GAVI’s Country Support Mechanism and Accountability**

GAVI is a funding agency which provides country governments with grants to support their national vaccination campaigns. In order to extend vaccine accessibility and to strengthen health systems in the world’s poorest countries, GAVI provides funds which enable the world’s poorest countries to purchase vaccines and vaccine devices. Eligibility for GAVI support depends on national income. Countries become eligible for GAVI support “if their average Gross National Income (GNI) per capita has been less than or equal to US\$ 1,630 for the past three years according to World Bank data” (GAVI 2022b, 14). Given that many countries experienced economic recession during the pandemic, “both GNI per capita levels and eligibility thresholds were maintained in 2021 at their 2020 levels” (14).

GAVI does not directly implement vaccination programmes. Although it works with developing country governments, it does not have resources such as country offices in developing countries to implement its policies. As a result, GAVI relies for the implementation of its policies and technical assistance on recipient country governments and particularly, UN agencies (the WHO, UNICEF, and the World Bank). These agencies have country offices in many developing countries, so are able to collect data of vaccination

situations in those countries, and they have implemented a wide range of programs in those countries (e.g. UNICEF's delivery of vaccines to people in those countries).

To support countries' preparation for their funding application, GAVI provides an online country portal through which countries apply for grants, submit annual progress reports on their national vaccination campaigns, and request review of the support. In the case of COVAX, GAVI has a similar portal (the 'COVAX Collaboration Platform') through which countries participating in COVAX communicate with GAVI and access COVAX documents. Applications to request GAVI support are reviewed by GAVI's Independent Review Committee (IRC), which consists of "experts in public health, epidemiology, supply chain, development finance, economics, and other relevant fields" (GAVI 2022b, 27). The IRC reviews the applications in terms of their fit with GAVI's mission and policies and the feasibility of their plans/programmes. Based on this review, the IRC makes recommendations on whether GAVI should support an application. According to GAVI's application process guidelines, the GAVI CEO makes final decisions on the applications, based on the IRC's recommendations (GAVI 2022b).

By providing cash, GAVI enables recipient countries to have more flexibility to prioritize health programmes, and to strengthen their health systems. GAVI funds are often essential for countries to launch immunisation programs and strengthen their health systems. These require not only a large amount of financial resources, but also multi-year support. Therefore, securing predictable funds is essential for the success of GAVI programmes; and hence, donors with strong commitments, who are willing to provide long-term grants, are important. The scale of the GAVI budget has increased over time. For example, contributions pledged since 2000 (GAVI 2022g) are:

- 2002-2010: US\$ 4194 million
- 2011-2015: US\$ 7396 million
- 2016-2020: US\$ 9,234 million

- 2021-2025 (including pledges made through 30 June 2022): US\$ 21,203 million.

Over 70% of GAVI's financing comes from national governments. In order to persuade donors to provide GAVI with resources, they need to have confidence that their support is invested in the right place and managed the right way. To build trust with the donors, GAVI established and enacted a Transparency and Accountability Policy (TAP). According to Section 1 of the TAP, it aims to ensure that GAVI's support for countries is managed in a transparent and accountable way, and to monitor whether the countries' use of the resources provided complies with the programme objectives specified in the agreements for each country.

After experiencing intermittent mismanagement of grants in recipient countries even after the TAP was adopted (e.g. massive misuse of funds in 2011 in Cameroon (see GAVI 2012; KFF 2012)), GAVI's confidence as a trustworthy organisation was damaged. In response, GAVI revised the TAP in 2013 (GAVI 2013) to reduce the risk of mismanagement of grants.

According to Section 4.1 of the TAP, recipient governments should fulfil four requirements for the management of GAVI support: the GAVI support should be used only for the purposes agreed between GAVI and the government; it should be managed in a transparent manner and accountable structures should monitor and oversee the programmes on a regular basis; the government should produce accurate and verifiable reports of the usage of the support on a regular basis; and the management of the support should comply with national legal requirements and international standards regarding transparency, accountability and anti-corruption.

The TAP oversees, particularly, the misuse and misconduct of GAVI support delivered in cash, vaccines, and vaccine devices. For example, according to Section 6 of the TAP, the Secretariat monitors whether countries comply with the TAP and the requirements that

they are expected to follow, which is stated in the agreement. If the Secretariat receives information of possible misconduct relating to a GAVI grant, vaccine, or vaccine devices, GAVI launches an investigation. The investigation may be conducted in collaboration with the recipient government. If it is revealed that there has been misuse of GAVI support, the GAVI Secretariat may consider the suspension of further cash transfers, at its discretion. They also consider initiating the process to take corrective actions in consultation with the GAVI Board – although evidence of the misuse of GAVI funds does not result in the suspension of vaccine programmes.

In this section, before the thesis moves on to examine decision-making during the COVID-19 pandemic, I have discussed the current institutional architecture of GAVI to show: who is involved in the governance structure of GAVI; how powers and responsibilities are distributed between different governance structures and stakeholders; and consequently how key debates/decisions during the process of the organisation's creation influenced the current governance structure of GAVI.

The GAVI Board includes a wide range of stakeholders from the public and private sectors, and representatives of Board constituencies have the same number of votes in decision-making, and the same right to speak at the Board's meetings. This shows that the most important idea emphasised during the creation process was reflected in the composition of the Board. However, whereas the majority of Board constituency seats rotate, some constituencies (including GAVI's founding UN agencies and the BMGF) have permanent membership of the Board. It shows that these UN agencies and the one of biggest donors have maintained their influence over the last two decades.

However, this section also showed that some of the key decisions made during the creation process do not appear to be reflected in GAVI's current governance structure. Although the Secretariat was designed to be a small entity staffed by UNICEF, GAVI has become an independent institution operating on its own – and the Secretariat has taken on

significant responsibilities for the operation of GAVI (for the examples of the Secretariat's tendency to behave independently and its influence on the Board, see Chapter 7). In addition, the Board Chair position is not shared between the WHO and UNICEF: now, candidates for this post are selected by the Board's Governance Committee and approved by the Board. This shows the decrease in the influence of UN agencies on GAVI's governance.

Consequently, GAVI has evolved over time, causing changes in power dynamics in the Board, but maintaining some continuities. It implies that some of the key ideas and practices that emerged during the creation process of GAVI has influenced the operation of GAVI. In the next section, I will discuss the implications of the key debates and ideas (such as principles, norms, values, and practices) that appeared during the creation process for the current institutional architecture (particularly, governance structure) of GAVI.

#### **4.4. The Implications of GAVI's History for Contemporary Decision-Making in the Board**

As we saw in earlier in this chapter, GAVI was created through highly political processes. A wide range of actors with different ideas interacted, competed, and negotiated with one another to influence the governance architecture of the new global vaccination alliance. However, the ideas of some actors with political power as well as financial resources were more important than others. For example, Bill Gates' views on the establishment of the new vaccination organisation (GAVI) were important due to his financial contribution to it. In addition, decision-making process was the battlefield among key UN agencies, which sought to maintain their influence on global vaccination and immunisation governance for the interest of their own institution. The World Bank expressed its desire to commit to global vaccination and immunisation and convened the meeting in 1998 which was a monumental event for global governance for children's vaccination. The Bank was involved in the creation of GAVI and emerged as one of the key

actors in the creation process. However, the WHO and UNICEF, which have played a role in the field of global health since the 1950s, maintained their influence in the new global vaccine alliance by sharing the leadership posts in GAVI and making the Secretariat dependent on them for its operation. In particular, the WHO had a significant influence on the direction of the revitalisation process of global vaccination and immunisation governance. Many important decisions (such as the size of the Secretariat and the appointment of the Executive Secretary and the Board Chair) were decided as a result of the political preferences of the major IOs, often without open debate.

Consequently, these UN agencies and the BMGF have a special position in GAVI's Board even now: not only have they had a permanent membership of GAVI's Board, but they also hold both Representative and Alternate Board seats (in other constituencies, these seats are not taken by the same constituent, and they are taken by different constituents in rotation), which they appoint themselves to serve their perceived interests. Their political manoeuvring during the creation process and their continuing presence on GAVI's Board imply that those power relations are still important in the Board, and decision-making within GAVI would be influenced by power politics among the Board's stakeholders who contributes resources to GAVI.

However, there was a shared commitment among actors involved in the improvement of global vaccination and immunisation architecture that the restructured architecture should not be led by traditional UN agencies but governed by a collaboration among a wide range of stakeholders from the public and private sectors. This idea had been reaffirmed and emphasised throughout the creation process of GAVI, despite territorial fights among the UN agencies. As a result, the new alliance could become a dynamic and vibrant coalition. Based on this norm of multisectoral collaboration, GAVI was established as a public-private partnership, and its Board involves a wide range of public and private actors. In addition, although those founding organisations have permanent membership on the

Board, they only have one vote in decision-making; and GAVI does not have a veto system such as in the UN Security Council, which would enable a decision is made by a small group of stakeholders. Also, the idea of multisectoral collaboration is reflected in GAVI's efforts to provide a special advisor for the marginalised constituencies to improve their involvement in the Board.

Consequently, the normative belief/principle implies that not only founding organisations or donor constituencies, but also other weak powers such as research institutes, CSOs and recipient country governments would influence decision-making within GAVI. In particular, this means that the ideas of those marginalised stakeholders would not be simply ignored in decision-making.

#### **4.5. Conclusion**

In order to understand a set of underlying ideas (such as principles, norms, and values) of decision-making in GAVI, this chapter explored key ideas and practices, and political dynamics, that appeared during the creation process of and how they influenced the characteristics of GAVI's current governance structure. Although GAVI was created to save children from preventable infectious disease with vaccines in poorer countries, the process through which it was created was a highly politicised one. A wide range of actors with different ideas interacted, conflicted and negotiated with one another to influence the governance structure of new global vaccine alliance, debating issues such as: 'who should govern the new alliance', 'what function should its administrative body deliver', and 'who should hold the leadership positions of the alliance'. Particularly, the ideas of some actors with political power as well as financial/ institutional resources were more important than others. However, it was explicit that there was a shared idea that GAVI should be based on a multisectoral collaboration in a public-private partnership model. The norms, principles,

and practices appeared during the creation process were translated into the unique institutional architecture of GAVI and influenced the operation of the organisation.

The findings in the chapter show that decision-making processes in the GAVI Board have been influenced by ideas, practices and power dynamics that appeared during the creation process, and that it is also influenced by power politics but also multisectoral collaboration. Consequently, the legacy of the history of GAVI enable us to understand ideas underlying decision-making within GAVI in 'normal' times. However, what it does not tell us about is how decisions are made in 'exceptional times', such as during the COVID-19 pandemic. Based on the findings in the chapter, it can be assumed that at least some of the key features of the historical development of GAVI's governance structure would have influenced decision-making in the Board in this exceptional time. In order to address this mystery, in the remaining chapters, I will examine the most recent exceptional decision-making in GAVI during the COVID-19 pandemic on COVAX.

Recently, GAVI has experienced a significant change in its mission, which has complicated its established identity as an organisation devoted to promoting childhood vaccination. GAVI has been deeply involved in global efforts to respond to the COVID-19 pandemic. In April 2020, the WHO launched a global cooperation framework to respond the pandemic, called the Access to COVID-19 Tools (ACT) Accelerator. GAVI, along with CEPI and the WHO, was given a leading role in the Vaccine pillar of the ACT-Accelerator. COVAX aims to promote the development and fair allocation of COVID-19 vaccines, therapeutics and diagnostics – for both adults and children. GAVI's responsibility is to provide administrative management support for the operation of COVAX. For many, GAVI's involvement in this high-profile global program drew it to their attention for the first time.

Before I examine the Board's decision-making during the development of COVAX, I will first discuss in the next chapter what the Access to COVID-19 Tools (ACT) Accelerator is, what

work GAVI was tasked with taking on in relation to the Vaccine pillar of the ACT-Accelerator, and how this new mission has influenced GAVI's work.

## 5. The COVID-19 Outbreak and Its Impacts on GAVI

- This chapter provides the background information of the thesis' empirical case study: the development of the COVID-19 pandemic; the global efforts to respond to the virus (the ACT-Accelerator); GAVI's new mission as a co-convenor of the vaccine pillar of the global efforts; the impacts of the pandemic on the organisation; and the Board's key controversial decisions.
- In this chapter, I argue that:
  - i) GAVI has been involved in the ACT-Accelerator from the very early phase of the pandemic, and that the pandemic caused not only institutional opportunities for GAVI but at the same time challenged the organisation, creating political, financial, and institutional risks, which caused tensions over decision-making in the Board in 2020 and 2021;
  - ii) the unprecedented pandemic situation has impacted decision-making in the Board, forcing them to make many sensitive decisions quickly amidst uncertainties in an unforeseen decision-making setting. This has caused tensions among Board members, and between the Board and the Secretariat.

### 5.1. Introduction

The COVID-19 pandemic was a turning point in the history of GAVI, causing important changes in the organisation. The most important change is that, along with the WHO and the CEPI, GAVI co-convened COVAX. COVAX is the Vaccine pillar of the global framework to respond to the virus ('ACT-Accelerator'), aiming at ensuring equitable distribution of COVID-19 vaccines globally. As GAVI had taken an important role in global response to the COVID-19 pandemic, it received significant attention from all over the world. As a result, as seen in the following chapters, COVAX and its impacts on GAVI dominated Board meetings in 2020 and 2021.

In this chapter, I discuss how the pandemic developed and how it influenced GAVI and its work. First, I will trace the development of the outbreak by outlining the key events. After

that, I will discuss the global collaboration framework created to respond to the pandemic, and GAVI's involvement in this framework. Next, I will discuss the impacts of the COVID-19 pandemic on GAVI and its traditional mission ('routine vaccination for children in developing countries'). Finally, this chapter provides a brief introduction to some of the most important decisions the Board made on COVAX in 2020 and 2021, which are frequently referred to in the empirical chapters of this thesis (Chapters 6 and 7).

Overall, this chapter shows that the COVID-19 pandemic created opportunities for GAVI, but at the same time challenged the organisation, creating political, financial, and institutional risks.

## **5.2. The Impact of the COVID-19 Pandemic**

Many countries, not only high-income countries but also low and middle-income countries, were ill-prepared for the unprecedented scale of the problems created by the virus, and almost all countries experienced difficulties in controlling its spread. Restrictions on the movement of goods and people, including international travel, were popular policy measures undertaken globally to contain the virus. The pandemic has caused disruption to every section of a society. Important social systems such as education and public healthcare services were severely affected (e.g. repeated closure of schools and the suspensions of medical operations). The impact of the outbreak on the global economy has also been enormous. The World Bank reported that global Gross Domestic Product (GDP) had contracted by 4.3 per cent (%) in 2020 due to the pandemic (World Bank 2021). The Bank predicted that the global economic recession during this pandemic would be the worst since 1950 (World Bank 2020). As a result, responding to COVID-19 became an urgent global need to mitigate the human, social, and economic impacts of the pandemic.

Consequently, global efforts for high-quality rapid testing as well as development and equitable distribution of therapeutics and vaccines became a priority, in order to resume

social and economic activities and protect life and livelihoods from the virus. The ACT-Accelerator is the most extensive and remarkable global effort to achieve these goals, as well as the largest global collaboration to respond to a global health crisis in human history.

### **5.3. The Creation of the Access to COVID-19 Tools Accelerator (ACT-Accelerator)**

Following the G20 leaders' call for a new initiative "to align priorities in global preparedness and act as a universal, efficient, sustained funding and coordination platform to accelerate the development and delivery of vaccines, diagnostics and treatments" on 26 March 2020 (G20 2020), the ACT-Accelerator was launched on 24 April 2020. The launch was announced at an event co-hosted by the Director-General of the World Health Organization, the President of France, the President of the European Commission, and Mrs Melinda Gates of the Bill & Melinda Gates Foundation (WHO 2021d).

The ACT-Accelerator framework consists of four 'pillars': Vaccines, Therapeutics, Diagnostics, and the 'Health Systems Connector' pillars. The Vaccines pillar is led by GAVI, CEPI, and the WHO, with UNICEF as the key delivery partner. The Therapeutics pillar is led by the Wellcome Trust and UNITAID. The Global Fund and FIND lead the Diagnostics pillar. The Health Systems Connector is led by the World Bank and The Global Fund.

The Vaccine pillar originally aimed to provide 2 billion vaccine doses by the end of 2021. The Therapeutics pillar aimed to provide 245 million therapeutics for low and middle-income countries by mid-2021, and the Diagnostics pillar aimed to test 500 million cases in low and middle-income countries by mid-2021. The Health Systems Connector pillar aimed to support the other three pillars by improving health systems and local community networks in developing countries. As of September 2020, WHO was estimating that a total of US\$38 billion would be required to achieve the goals of the four pillars (WHO 2020b) (see Table 8).

**Table 8. The Goals of the Pillars of the Access to COVID-19 Tools Accelerator Initiative**

	<b>Vaccines Pillar</b>	<b>Therapeutics Pillar</b>	<b>Diagnostics Pillar</b>	<b>Health Systems Connector Pillar</b>
<b>Convenors</b>	CEPI/ GAVI/ the WHO	The Wellcome Trust/UNITAID	The Global Fund/ FIND	The World Bank/ the Global Fund
<b>Goals</b>	2 billion doses globally by the end of 2021	245 million therapeutics courses in Low and Middle-income countries by mid-2021	500 million tests in Low and Middle-Income Countries by the end of 2021	Strengthening health systems to make sure essential COVID-19 tools reach the people who need them
<b>Investment needed</b>	US\$ 16 billion	US\$ 7 billion	US\$ 6 billion	US\$ 9 billion
<b>Total Investment needed</b>	US\$ 38 billion			

- 1) Source: WHO. 2020. *ACT-Accelerator: Status Report and Plan, September 2020 – December 2021*. Geneva: the WHO. I created this table by collating information from this source.
- 2) The funding requirements for the pillars have been updated, and the figures in this table reflect the WHO's latest update issued on 7 September 2020.

#### **5.4. GAVI's Involvement in the Vaccine Pillar of the ACT-Accelerator**

As noted in the previous section, GAVI co-leads the Vaccine pillar of the ACT-Accelerator, known as 'COVAX', along with CEPI and the WHO. COVAX aims to facilitate the development and manufacture of COVID-19 vaccines and, subsequently, to equitably distribute vaccines to all participating countries to protect the prioritized groups in those countries.

To achieve the goal, GAVI established i) the COVAX Facility; ii) the COVAX Advance Market Commitment (AMC); and later - March 2021 – iii) the COVAX Humanitarian Buffer (WHO 2020c).

The COVAX Facility is a risk-sharing procurement mechanism that pools demand for vaccines and financial resources, with the aim of promoting availability and fair allocation

(GAVI 2020s). It seeks to do this through reducing the risk for manufacturers by enabling them to forecast demand for vaccines, and through achieving economies of scale by collectively purchasing a large volume of vaccines on behalf of participating countries, and distributing them between those countries in an equitable manner. In addition, the COVAX Facility invests in clinical trials of promising vaccine candidates in order to broaden the portfolio of vaccines available.

The procurement of vaccines through the COVAX Facility was designed to be available to all participating countries, regardless of their income level, allowing both developing and developed countries to participate. Although poorer participating countries receive financial support through the COVAX AMC (see below), those participating countries which can afford to pay for their own vaccines ('Self-Financing Participants') have two options: they could either pay for vaccines for their population as well as subsidise poorer countries; or, if they had already secured vaccines for themselves directly, they could fund the AMC in order to help GAVI to purchase vaccines for the poorer participating countries (WHO 2020c).

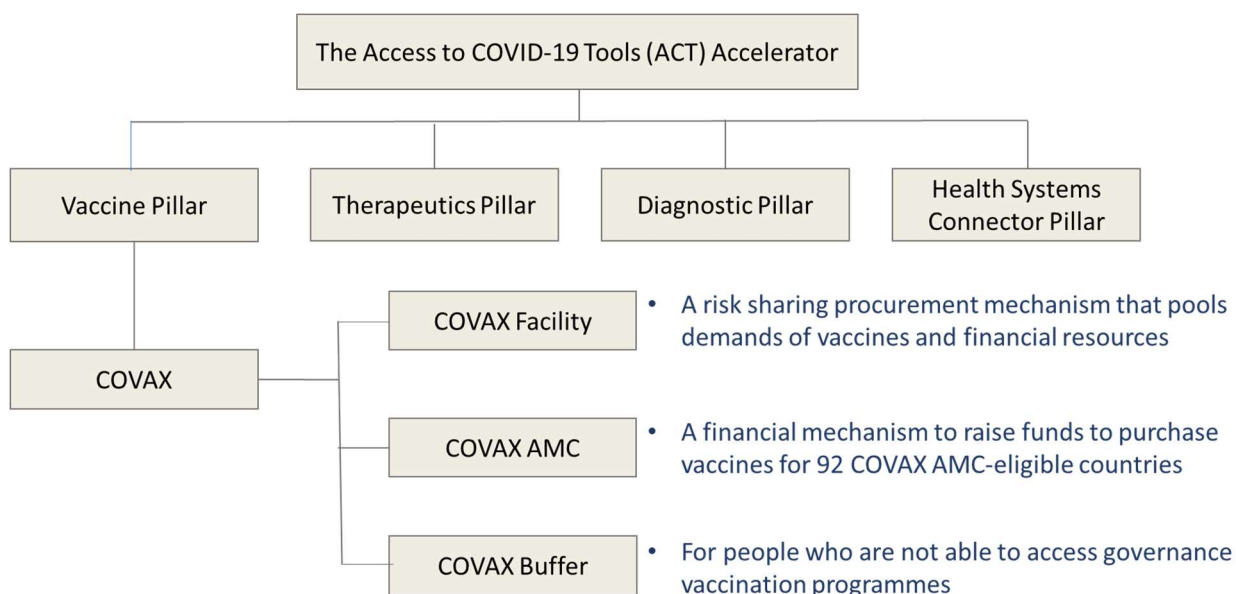
The COVAX AMC is a financing mechanism to raise funds for GAVI to purchase vaccines for developing countries which lack the resources to purchase vaccines, or to manage the process of vaccine delivery, by themselves (GAVI 2021b). There are 92 lower middle- and low-income countries which are 'COVAX AMC-eligible countries' (also known as 'AMC92 countries'). The COVAX AMC enables those poorer countries to participate in the COVAX Facility and have access to vaccines through the Facility. The AMC, funded by the donations of self-financing countries, provides free vaccines and delivery instruments (e.g. cold chain systems<sup>18</sup>) to those AMC92 countries.

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<sup>18</sup> Cold-chain system refers to a supply chain system to ensure vaccines are stored and delivered within a specific temperature that the manufacturer recommends until the point of administration.

The COVAX Humanitarian Buffer (sometimes just known as the ‘COVAX Buffer’) is a program to help people who cannot be reached by national vaccination campaigns (for example, “refugees, internally displaced persons, asylum seekers, populations in conflict settings or those affected by humanitarian emergencies [and] vulnerable migrants in irregular situations” (GAVI 2020aa, 12)). The COVAX Buffer was only created in 2021 following growing global concern about protecting vulnerable people in humanitarian settings. The Buffer distributes up to 5% of the vaccines purchased through the COVAX Facility, which in practice enabled GAVI to provide up to 100 million vaccines to vulnerable populations during 2021 (GAVI 2021g).

**Figure 3. The ACT-Accelerator and Its Vaccine Pillar (COVAX)**



As a co-convenor, GAVI provides coordination for the development and implementation of COVAX and its three components, while CEPI invests in clinical trials of promising vaccine candidates by mobilising purchasing power from all participating countries; and the WHO develops an allocation framework of vaccines. As of 12 May 2021, which is the latest update by GAVI, the COVAX Facility has 214 participants: 114 self-

financing countries (which includes 27 EU member states, Norway, and Iceland), eight self-financing economies (non-UN members), and AMC92 countries (GAVI 2021h). COVAX delivered its first round of vaccine allocation on 24th February 2021, providing 600,000 vaccines to Ghana, the first country to receive COVID-19 vaccines from COVAX (GAVI 2021e). According to a Board paper prepared by the Secretariat for the Board meeting in December 2022, COVAX has made agreements with vaccine manufacturers for 2.3 billion doses in order to fulfil AMC demand (donor-funded and cost-shared) and Self-Financing Participants' demand (GAVI 2021i). In addition, the GAVI Secretariat reported to the Board in June 2022 that, since the creation of COVAX, COVAX has delivered over 1.5 billion COVID-19 vaccine doses to 145 countries including over 1.3 billion doses to poorer countries participating in COVAX AMC (GAVI 2022f). These developing countries are 92 low- and middle-income economies eligible to get financed by and as a result have access to COVID-19 vaccines through COVAX AMC ('AMC92 countries') (see Chapter 5.4). Initially, it was planned to allocate 2 billion vaccines as follows: 9.5 million vaccines for high- and upper middle-income countries; 9.5 million vaccines for lower middle- and low-income countries; and 1 million for the COVAX Buffer. However, as GAVI shifted its focus to supporting the latter group of countries, more doses were distributed to those AMC countries.

### **5.5. GAVI's Approach to the COVID-19 Pandemic**

As a global health organisation with expertise in vaccination for children in developing countries, GAVI has been closely involved in the ACT-Accelerator from an early stage. For example, at the March 2020 Board meeting, the CEO in his report said that the Secretariat had been already participating in task forces, which were convened by the World Bank, with other partners in order to address financing, manufacturing and scientific challenges related to future vaccine availability. It is unclear when GAVI joined the planning for establishing the ACT-Accelerator, or how GAVI's role and its relationships with other

partners in the framework were defined: neither GAVI nor WHO documents explain the history of the establishment of the ACT-Accelerator. However, the CEO and Ngozi Okonjo-Iweala, then the Board Chair, seem to have been involved in discussions with other global partners in the ACT-Accelerator from the early stage of the planning and facilitations as Ngozi was appointed as a Special Envoy for the ACT-Accelerator when the framework was launched, together with Sir Andrew Witty, former CEO of GlaxoSmithKline. She had also attended ACT-Accelerator Facilitation Council meetings, which review the performance of the pillars of the ACT-Accelerator and provide guidance to them (WHO 2021a), since 10 September 2020.

COVID-19 was first discussed at the Board meeting via teleconference on 19 March 2020, about a week after the WHO's declaration of the outbreak as a PHEIC. Although GAVI's response to the disease was not the main subject of the discussion at the meeting, GAVI's involvement in responding to the COVID-19 crisis was discussed following the presentation of the CEO. His presentation aimed to inform the Board about risks the outbreak posed to GAVI-supported countries, and GAVI's expected actions to prepare these countries for responding (GAVI 2020g). The CEO stressed GAVI's comparative advantage given by its experience of ensuring access to vaccines for developing countries. He suggested that, with this comparative advantage, GAVI could play an important role in responding to the pandemic.

At the May 2020 Board meeting, the Board made a decision on the need to empower GAVI to contribute to the ACT-Accelerator and adjust GAVI's budget in response to the outbreak were agreed by the Board (for the decision, see Box 2). Although Board members (and the Secretariat) were aware that GAVI's core mission (routine immunisation) should not be undermined by its role in responding to the COVID-19 pandemic, they agreed that GAVI should take rapid action. The Board approved the budget adjustment permission to the CEO for adjusting up to 20 per cent of GAVI's budget, and also allowed the CEO to

redeploy teams within the Secretariat to increase the efficacy of GAVI's response (GAVI 2020i). Therefore, by making these decisions, the Board enabled the Secretariat to help countries receiving GAVI's support respond to the pandemic.

**Box 2. Decision: GAVI's response to the COVID-19 pandemic**

The Gavi Alliance Board:

**a) Noted** the authority granted by the Board in March 2020 to the CEO to adjust budget amounts by up to 20% for the purposes set out in the Programme Funding Policy and granted the Gavi CEO the authority to adjust and/or exceed the aggregate overall Gavi forecasted amounts for 2020 and 2021 by up to 20% to respond to the COVID-19 pandemic;

(...)

**e) Granted** authority to the CEO and the Chair of the Board to make decisions on Gavi's co-leadership of the Access to COVID-19 Tools (ACT) Accelerator vaccine pillar. The CEO with the Chair of Board will report on the progress at the June 2020 Board meeting.

(GAVI 2020j, 3–4)

Both the Board and the Secretariat were willing to make GAVI actively involved, and had ideas of how to contribute to the global effort by utilising its financial mechanism (International Finance Facility for Immunisation – IFFIm), a vaccine bonds finance structure, and the advanced market commitment (AMC)<sup>19</sup> mechanism. In particular, they began to consider GAVI's potential role in the development and procurement of COVID-19 vaccines, arguing that "(s)upporting delivery of licensed COVID-19 vaccines as they become available would be fully within Gavi's mandate" (WHO 2020b, 10). However, they

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<sup>19</sup> Advanced market commitments (AMC) for vaccines are agreements with a vaccine manufacturer to buy large quantities of vaccines at established prices once a vaccine has been developed. This mechanism aims to incentivise vaccine manufacturers to produce vaccines needed in developing countries at an affordable price.

did not at that stage know for sure in which form and how far GAVI would be involved in the global efforts. These issues have dominated discussions at Board meetings in 2020 and 2021.

### **5.5.1. GAVI's Work Before the COVID-19 Outbreak**

Since its creation in 2000, GAVI has dedicated itself to saving children's lives and protecting people's health by promoting the accessibility of new and under-used vaccines to children in lower income countries. This mission has been put into practice through GAVI's five-year strategies: Phase 1 (2000-2005), Phase 2 (2006-2010), Phase 3 (2011-2015), Phase 4 (2016-2020), and Phase 5 (2021-2025) (for the details of those strategies, see GAVI 2021i). GAVI has provided (up to five-year) grants to recipient countries to support the widespread usage of safe vaccines, and has extended its vaccine portfolio by increasing the number of vaccines covered by its funds. For example, GAVI's vaccine portfolio began with three underused vaccines (hepatitis B, Haemophilus influenzae type b (Hib), and yellow fever) in Phase 1 (GAVI 2020c), and two new vaccines (pneumococcal and rotavirus) were added to the portfolio in Phase 2 (GAVI 2020d). In Phase 3, GAVI accelerated vaccine introduction by focusing on the introduction of pentavalent vaccine (a 5-in-1 vaccine protecting against five diseases: diphtheria, tetanus, whooping cough, hepatitis B and Hib), and ramped up the delivery of rotavirus and pneumococcal vaccines (GAVI 2020e).

In addition, GAVI has diversified its focus by providing funds to strengthen public health systems, including vaccine delivery systems. GAVI considers that this is essential to ensure the sustainability of GAVI's programmes and to improve coverage and equity in vaccination. For example, since Phase 2, GAVI has funded programmes for training health workers, maintaining the cold chain, collecting data, and educating the public about the benefits of vaccination (GAVI 2020d). By doing so, GAVI enabled supported countries to

vaccinate under-immunised children, who often live in either a remote area with lack of public medical services or a marginalised community where people are sceptical about the benefits of vaccination.

Moreover, in Phase 2, GAVI developed a Health System and Immunisation Strengthening (HSIS) framework to promote long-term and integrated planning, support civil society organisations, and introduce a tailored approach to recipient countries who are in different situations (GAVI 2020d). In Phase 3, GAVI developed a Monitoring and Evaluation Framework and Strategy (MEFS) framework to ensure the effective use of GAVI's resources and transparency regarding recipient countries' performance with the resources (GAVI 2020e). In Phase 4, GAVI continued to develop programmes to build a sustainable vaccination system which are country-led, community-owned and accountable (GAVI 2020f). This includes not only providing grants to GAVI-supported countries to immunize children, but also over time helping these countries become independent from GAVI's financial support.

Consequently, GAVI's work has developed in various ways over the past two decades, although its core mission has always remained stable. In June 2019, before COVID-19 hit the world, the Board confirmed the launch of its fifth strategy (Phase 5, namely 'GAVI 5.0'), which particularly focuses on vaccinating zero-dose children (children who have not had a single vaccine in their life) (GAVI 2022h). But less than a year later, the COVID-19 pandemic brought a significant shift in its traditional, routine work, bringing GAVI new opportunities, but at the same time challenges.

### **5.5.2. The Opportunities and Challenges of the COVID-19 Outbreak**

It seems evident that GAVI has in some ways benefitted institutionally from the COVID-19 pandemic. First, since the outbreak became a global concern, GAVI has received greater global attention that it had ever had before, and has been treated as one

of the most important global health organisations. As the COVID-19 vaccine is seen as the key to bringing an end to the pandemic, and as global awareness of vaccines increases, global interest in GAVI's work and the expectation for GAVI to play a central role in responding to the pandemic has increased. This enabled GAVI to secure funds more easily, including at its replenishment event in June 2020 raising a record \$8.8 billion for its fifth five-year strategy ('GAVI 5.0'), which exceeded the initial expectation of US\$ 7.4 billion (WHO 2020a). GAVI's successful delivery of COVAX would increase global trust in GAVI, and, as a result, this could well impact positively on GAVI's budget in the future. Increases in budget and the size of the Secretariat could well help GAVI maintain momentum in extending and implementing its work after the pandemic – potentially even expanding its role now that it has experience in delivering adult vaccines in addition to its previous focus on children.

Second, GAVI's experience in this pandemic may enable it to take on a similarly prominent role – and perhaps even perform better - in the next global outbreak. Given the growing anticipation that we will face other pandemics in the future (e.g. Michaelis, Doerr, and Cinatl 2009; Taubenberger and Morens 2009). It is likely GAVI would be selected as a key organisation for responding to the next pandemic, and lessons from the COVID-19 outbreak would help it to respond better to it. For example, GAVI can improve its institutional ability to procure a large number of vaccine doses within a limited time.

Third, GAVI's traditional programmes for vaccination and the improvement of health systems will benefit from scientific and logistic developments during the COVID-19 outbreak, including the development of new vaccine within a record period of time, the delivery of vaccines using drones, and improved global vaccine supply-chains. All of these are likely to increase the effectiveness and efficiency of GAVI's work in the future.

However, while the COVID-19 pandemic brought some new opportunities for GAVI, it also created significant challenges.

First, although GAVI was successful in raising funds for COVAX, the difficulties that GAVI faced in procuring COVID-19 vaccines for poorer countries would have damaged its international reputation. This concern has been raised constantly in GAVI Board meetings. Although GAVI succeeded in mobilising the US\$ 6.3 billion originally required for the COVAX AMC, it needs another US\$ 2 billion to operate COVAX until the end of 2022 (GAVI 2021b). However, GAVI does not have a clear strategy to mitigate 'donor fatigue' caused by repeated solicitation of funds from the same group of donors (i.e. rich nation-states). On 15th April 2021, GAVI held a fundraising event for the COVAX-AMC and raised only US\$ 400 million (GAVI 2021c). Unless GAVI finds alternative fundraising sources, the 'donor fatigue' issue will continue to affect GAVI's fundraising efforts in the future, as nation states may consider that they have already contributed far more than they should have to GAVI. Vaccine supply is another risk to GAVI's global reputation. According to the CEO's report in the Board meeting in March 2021, supply issues caused by the Indian government's export ban on the AstraZeneca vaccine in March 2021 put COVAX's supply in peril. He expected that this delay in supply would continue over the next few months (GAVI 2021f), but actually this issue lasted for 8 months. In addition, the CEO argued that the shortage of raw materials to produce vaccines has been emerging as a real risk. Such problems threatened GAVI's ability to achieve what it promised to the world, threatening its reputation and potentially threatening the success of future replenishment events.

Second, the COVID-19 outbreak has disrupted GAVI's traditional vaccination programmes. According to the CEO's report for the Board meeting in May 2020, GAVI's immunisation and other essential health programmes were affected by the outbreak. As WHO's Strategic Advisory Group of Experts on Immunization (SAGE) recommended that new vaccine introductions and mass vaccination campaigns should be suspended in all countries, seven new vaccine introductions had been postponed, and a further seven were at risk (GAVI 2020h). As of 27th April 2020, 17 GAVI-supported campaigns had been suspended or delayed, and another 19 were at risk. Measures undertaken globally (such as

physical distancing and lockdowns) to contain the spread of the virus have also hindered both demand and supply of routine immunisation services. Although health facilities continue to offer fixed site immunisation in most countries, outreach immunisation services were partially or entirely suspended in nearly half of countries in Africa (e.g. Shet et al. 2022). Concerns about exposure further decreased people's attendance at immunisation sessions.

Third, GAVI faced a tricky challenge in balancing its traditional vaccination work and its newly assigned work as a co-convenor of COVAX. Although GAVI had a huge new task in relation to COVID-19 vaccines, the size of its Secretariat did not increase correspondingly. This caused issues of institutional capacity/bandwidth, and staff fatigue/burnout. Staff burnout was frequently reported at Board meetings in 2020 and 2021. This – in addition to the direct effects of the pandemic on immunisation programmes - led to a concern among many Board members that GAVI's involvement in the ACT-Accelerator may disrupt its traditional work.

Amid these opportunities, challenges and risks, the GAVI Board made many important decisions on the development and implementation of COVAX. The next section briefly introduces some of the decisions that caused particularly heated discussions and tensions among Board members and/or between Board members and the Secretariat. Further detail on the Board's discussions over these decisions will be presented in Chapters 6 and 7.

## **5.6. GAVI's Board Meetings in 2020 and 2021 During the COVID-19 Pandemic**

The Board met ten times during the fieldwork period, in 2020 and 2021 (see Table 1 and Table 2 in Chapter 3.4). As discussed in Chapter 3, all of these meetings were held virtually due to the pandemic (the influence of the virtual format of a meeting on decision-

making will be discussed later in this chapter).<sup>20</sup> Normally, a closed session preceded the formal meetings. According to one Board member, in a closed session, where only Board representatives and staff of the Secretariat attended, the Board discussed topics which should be confidential, including topics suggested by the Market Sensitive Decisions Committee; appointment of leadership positions in GAVI; and issues related to the Secretariat (Interview 14). For example, in closed sessions in 2020 and 2021, Board members discussed agendas such as candidates for a new Board Chair to succeed Ngozi Okonjo-Iweala; approval of the reappointment of Seth Berkely as the GAVI CEO; the increase in staffing for the Secretariat; and financial strategy for purchasing COVID-19 vaccines.

In 2020 and 2021, at Board meetings following a closed session, normally around 150 people attended or observed Board meetings (Board representatives or observers), and the meetings were livestreamed to the staff of the Secretariat. Although each Board meeting had been planned to take about four to five hours, meetings routinely exceeded this and were sometimes up to eight hours due to the intensity of discussions (for example, the Board meeting in December 2020). The Board Chairs regularly emphasised that Board members should make their remarks concise - two minutes maximum - but this request was not always complied with. Sometimes, the Chair let the Board have a long discussion on one item. For example, although Barroso in general attempted to keep to time more strictly than his predecessor, during the December 2021 discussion of a new Streeting Committee to deal with the delivery side of vaccine distributions, he allowed Board members to make interventions as long and as many times as they wanted, because he regarded the item as important for GAVI and COVAX.

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<sup>20</sup> In June 2022, GAVI got back to its routine pattern of holding Board meetings twice a year, and resumed meeting in person, in this case in Geneva.

The Board had heated debates in both 2020 and 2021, but discussions in 2020 were generally more intense than 2021, probably because the Board had to make key decisions over COVAX in a rapidly changing situation in 2020.

### **5.6.1. The Process of Decision-Making in the Board**

Despite making decisions on many politically sensitive issues, there was a particular pattern and process to the meetings through which decisions were made.

About two weeks before each meeting, the Secretariat sent a packet of papers ('Board papers'), which gave the background to the agenda items for the meeting as well as policy recommendations for the Board's approval. At the meetings, after the Director of Governance informed the Chair that the Board had met the quorum, the Chair began the meeting. The meetings always began with the Chair's report, where she/he confirmed approval of no-objection consent decisions and the minutes of the previous meeting, as well as reporting any declarations of conflict of interest. After the Chair's report, there normally followed the CEO's Report, presented by Berkely. In his presentation, the CEO provided the Board with updates on what had been happening in GAVI and introduced an overview of the agenda items for the meeting, as well as things that the Board should consider in its discussions.

When the Board went through each agenda item during the meeting, a typical pattern in 2020 and 2021 was that the staff of the Secretariat provided the Board with a presentation, which normally concluded with policy recommendations for the Board's approval. Although the development of the recommendations is formally Board Committees' responsibility, it appeared that some cases they were actually developed by the Secretariat (although it is possible that this was unique to 2020 and 2021). After the Secretariat's presentation, the Chair opened the floor to Board members to comment. Board members generally used the opportunity to share their (or their constituency's)

thoughts and to ask questions to the Secretariat. After the Board provided comments, the Chair gave the member of Secretariat staff who provided the presentation the chance to respond. Frequently the CEO also responded to the Board's comments. In addition, to its roles in preparing for and speaking during meetings, the Secretariat sometimes invited a special guest to a Board meeting to speak on particular issues. For example, the CEO of CEPI was invited to the June 2020 meeting to explain the state of vaccine development and their plan to collaborate with GAVI in COVAX.

After this, the Chair asked the Director of Governance to display the recommendations via the 'share screen' function in order to finalise the Board's decision. After the Director of Governance read the proposed decision text aloud, the Board took time to discuss particular language in the text. This was often the moment where debate over a decision occurred. Board members who were dissatisfied with any part of the recommendations made an intervention to share their concerns and/or request revised language. The Secretariat revised the text in red in real time. After that, the revised decision point was displayed on the screen to see whether the Board members could agree upon it. As Section 15 of the By-laws says that "*the Board will use all reasonable efforts to make decisions by consensus*", this revision process usually continued until every Board member agreed, or at least until there was no dissent. After making sure that there was no objection, the Chair confirmed that the decision was passed. All of the decisions observed in 2020 and 2021 were approved by consensus (for the details, see Chapter 6.4).

In almost all cases of decision-making, there were requests for the revision of the decision language. There was no particular pattern to the process of the request for a revision. And as I will show examples in Chapters 6 and 7, Board members tended to suggest new decision language during Board meetings. One Representative commented:

They [the Board's constituencies] think about how to word it better. Sometimes they'll do it ahead of time [of the Board meeting], but usually only a few days before the Board meeting, just by nature of when you get the

Board papers and so on. Sometimes individual Board constituencies discuss wording that they want to change [with one another]. Sometimes they won't. So it really varies tremendously though. Sometimes people just produce the decision language for revision; you've never seen it. Sometimes you have seen it a few days before, sometimes it's shared with the Secretariat and they [the Secretariat] come back with something that they think will work better to reach consensus. I've seen it multiple different ways. (Interview 12)

### **5.6.2. Items for the Board's Decision-Making in 2020 and 2021**

In 2020 and 2021, the acute period of the COVID-19 pandemic, the Board made many important decisions on the development and the operation of COVAX (see Chapter 1 to find the list of decisions that the Board made during the period). Although GAVI's core routine childhood vaccination work – and 'GAVI 5.0', the 5-year strategy for a period from 2021 to 2025 – continued to be an important part of Board discussions in 2020 and 2021, the Board focused particularly on the development and the operation of COVAX. As already explained, in this thesis I focus into the Board's decision-making related to COVAX.

Key COVAX-related issues, which the Board discussed and made decisions on, included the governance structure of COVAX; its operational mechanisms; and strategies for allocating vaccines. The Board was also preoccupied with the balance between GAVI's new mission (i.e. the delivery of COVAX) and its traditional mission, the organisation's role in COVAX, and managing the risks of GAVI's involvement. Predictably, Board members had different views on (and perceived interests in) COVAX. Many of them were also involved in discussions on COVAX outside of GAVI.

Although it might be assumed that Board members would engage with issues based on their 'official identity' or assumed interests of their respective constituencies, as I will discuss in the later in this chapter, many different factors influenced the positions/points of views Board members presented at Board meetings. In the next section, I will discuss how

the characteristics of the Board's constituencies tended to influence Board members' decision-making behaviours.

### **5.6.3. The Active Involvement of the Board Chair and the CEO in Decision-Making**

Given the fact that decision-making is primarily the responsibility of vote-holding Representatives/Alternates, it might be assumed that the Board Chair and the CEO act in a neutral manner in Board meetings. However, in the observations for this thesis it was clear that these leadership holders had their own views on Board items, and they were actively involved in the discussions, expressing opinions in their personal or official capacities.

For example, at the September 2020 Board meeting, a representative of Constituency 3 opposed to the Secretariat's proposal for cost-sharing with AMC developing countries (for the background to this issue, see Chapter 5.7), arguing that this would put significant pressure on poorer countries and that, therefore, the language of the draft decision point should have been written in a clear manner to inform those AMC92 countries that the cost-sharing can be waived if their domestic fiscal situation does not allow them to take on that burden.

In response to this concern, the Board Chair argued against revising the language, arguing that clarifying language would not be required. Pointing to "*our finance ministers' point of view*" [presumably, as a former Finance Minister of Nigeria herself, she was referring to the Nigerian Finance Minister], she argued that the original language would not cause a concern to developing country leaders. The Board's new Chair, José Manuel Barroso, who replaced Ngozi Okonjo-Iweala in 2021 and therefore chaired the Board during the later observations, acted in a similar manner, often expressing his own ideas based on his previous experience. Beyond expressing their own opinion, the Board Chairs also defined the importance of particular decision points, mitigated tensions between

different ideas among Board members and between the Board and the Secretariat, provided Board members with an opportunity to speak, and declared the Board's approval of a decision point.

The CEO, too, played a role (for the details and examples of his active role in decision-making, see Chapter 7), speaking on behalf of the Secretariat at Board meetings. He frequently explained to the Board the rationales for particular recommendations, delivered the Secretariat's ideas on agenda items, and responded to questions from Board members.

#### **5.6.4. 'Tensions' in Decision-Making During the COVID-19 Pandemic**

Interviewees who have experienced decision-making in the Board before the COVID-19 pandemic remarked that it was not unusual during the pandemic that many different ideas, sometimes conflicting, were discussed in discussion in the Board. Interviewee 12 commented:

In the GAVI Board, pretty much everybody has a conflict, even among the private sector members. We all come in [to the Board] with very strong opinions and stakes in the ground. We think about how we do the best for GAVI and work together. (Interview 12)

The pandemic situation impacted decision-making in the Board. Although tensions in decision-making in the Board were not unusual before COVID-19, interviewees reported that they were exceptionally high in 2020 and 2021 due to the nature of policy agendas and the context of urgency and uncertainty (making decisions to develop COVAX as fast as they could to respond COVID-19 in rapidly changing circumstances due to the unpredictable spread of the virus) in which decisions had to be made. Board members made many important, politically sensitive decisions over the development of COVAX that involved issues that GAVI had not dealt with before. Also, they made these decisions in an unusual manner, virtually and quickly, despite the uncertainty. This caused concerns as

well as tensions among Board members and between the Board and the Secretariat. One Representative commented:

[During the COVID-19 pandemic], we [the Board] worked in a very emergency mode, and GAVI was not fully prepared. The Board needed to act fast, and had to go on the very spot of policy agendas; and that was a risk. That was not the best of the possible scenarios, but it was the one that we had.

The Secretariat took a lot of the minor decisions [on the development of COVAX]. And during the emergency, some issues came to the Board without previous discussion at the PPC. There were several other similar cases [where the Secretariat developed policy recommendations, which includes] the recommendation on the Terms of Reference of the governance structure of COVAX. A lot of concerns in terms of “*who is taking decisions about that? And why these decisions should be taken? What do we do with this decision now?*”.

At the end of the day, the Board and Board members take the legal and fiduciary responsibility. That is why there were huge questions raised particularly by donor countries, even by the WHO, the Gates Foundation, and us [Constituency 4], concerning that “*How come can we tell them [middle income self-financed countries in COVAX] that we took all those decisions that were neither smoothly coordinated nor operated well!*”. I assume, looking backwards, that we were not very comfortable with most of the decisions on COVAX made in the Board, mainly because those decisions were made without sufficient information and discussion due to the emergency approach.

(...) I think that the situation [the Secretariat’s making recommendations without the consultation with the Board] happened before the emergency situation. It was more evident and more frequently happened during the emergency situation. It may create frustration in the Board regarding that an item was already being pushed by the secretariat. And I agree with them. We have been [put] aside back into the process of development of policy recommendations of deciding on decision-making. However, even if the Secretariat pushed the decision to pass, if Board members are against it, it will not pass. We say ‘no’. (Interview 14)

However, despite the unique nature of decision-making and the political sensitivity of agenda items during the COVID-19 pandemic, I argue in this thesis that decision-making in the Board was not determined solely by power politics. In Chapter 6.5, I will show the characteristics of decision-making in the Board during the COVID-19 pandemic in a detailed manner. In addition, in my observations policy recommendations (in particular, those developed by the Secretariat) for the Board's approval were not approved without intense discussion: many went through revisions of decision language, and some were sent back to the designated Board Committee for further discussion. Given that policy recommendations have normally gone through a wide range of consultations among stakeholders and designated Board Committees before they come to the Board for approval, the intense discussions in the Board in 2020 and 2021 were seen by interviewees as unusual. One Board member commented:

Normally when an issue comes to the Board, it's almost ready and done. [The Board's rejection of policy recommendations] that is not the normal. The normal is more or less that the Board agrees on the recommended decisions because they have normally gone through the long process towards those decisions. When the Board changes [proposed] decisions [policy recommendations], even after having been [agreed] in the PPC, it's because maybe there are some omissions of the decision language or issues that were not sufficiently examined. (Interview 13)

In Chapters 7 and 8, I will show and discuss in detail where tensions emerged and how the Secretariat's claims of consultative authority during the pandemic influenced those tensions.

### **5.7. Key Controversial Board Decisions on COVAX in 2020 and 2021**

As I noted earlier, the Board made many politically sensitive decisions in 2020 and 2021 over the development of COVAX. However, some decisions were particularly controversial, leading to heated discussions among Board members and between the

Board and the Secretariat. In this section, I will outline those decisions, providing information of the background, the key issues, and the different, often conflicting, ideas among stakeholders.

### **5.7.1. Cost-Sharing of Vaccines with the AMC Countries**

At the September 2020 Board meeting, the Board approved a proposal about cost-sharing of vaccine doses with AMC92 countries. According to the Secretariat, the cost-sharing initiative would enable those AMC countries to receive vaccines through the COVAX Facility by using funds which would be provided as loans by multilateral development banks, not just donations.<sup>21</sup> The development of this initiative was partly motivated by the World Bank's announcement of US\$ 12 billion to finance developing countries for the purchase of vaccines and the preparation for vaccine delivery.<sup>22</sup> To enable them to use the World Bank's funds to purchase vaccines from COVAX, it was suggested that the Bank provides developing country governments with the funds as a form of loan – the governments then contribute that money to COVAX in order to get vaccines through the COVAX mechanism. In this context, the Secretariat requested the Board to approve the proposal for AMC92 countries to cost-share vaccines up to US\$ 1.60-US\$ 2 per dose,

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<sup>21</sup> The Secretariat explains the operation mechanism of the initiative as follows:

“Firstly, fully subsidized donor-funded doses will be distributed across AMC Participants until donor resources are exhausted. Participants will then have the opportunity to allocate additional funds to receive further doses, fully paid for with these cost-sharing contributions. Participants can use multilateral development banks (MDBs) financing, e.g. from the World Bank and regional development banks, to support these cost-sharing contributions, and it is expected that many participants will do so” (GAVI 2020z, 2).

<sup>22</sup> At the time of the Board meeting, this scheme was not official, but was approved by the World Bank Board in October 2020.

which would mobilise up to US\$ 1.5 to US\$ 2 billion from AMC92 countries as cost-sharing contributions (GAVI 2020w) (for the decision, see Chapter 7.4).

Although there was broad agreement in the Board on the advantages and necessity of the cost-sharing scheme, there were different ideas/concerns about the operation of the initiative and its impact on recipient countries' economies and other essential public health services. Many Board members were concerned that the cost-sharing initiative would cause future financial shortages in those countries and, consequently, a decrease in governments' budget for routine vaccination in future. For example, Board members (such as the representatives of Constituencies 4 and 8 as well as Unaffiliated 2) argued that it should be ensured in the decision that in recipient countries, budget intended for routine immunisation and other essential health programmes should not be reallocated to the purchase of COVID-19 vaccines. Some Board members expressed particularly significant concern on this issue and took a harder position in decision-making. For example, the Representative of Constituency 3 emphasised that the operational process of the cost-sharing initiative should not be complex, and the decision languages should be clear in order to protect developing countries from the risk of prioritising financing COVID-19 vaccines at the expense of other health interventions, including routine immunisation. The Alternate of Constituency 15 strongly argued that these concerns should be explicitly indicated in the decision.

Although Board members acknowledged that the cost-sharing initiative would enable developing countries to have access to vaccines at lower cost than if they contracted directly with vaccine manufacturers, some Board members were concerned about the financial burden that the initiative would cause poorer countries. For example, emphasising the massive economic hardships facing poorer countries, the Representative of Constituency 4 argued that the suggested cost (US\$ 1.60-US\$ 2 per dose) was too high. Agreeing on this, the Alternate of Constituency 9 wondered whether the proposed cost

sharing amount is a reasonable contribution. This point was also echoed and repeated by others Board members such as the Representatives of Constituency 5 and Constituency 9.

Board members also had different ideas on the timing of cost-sharing. Whereas some Board members such as the Representative of Constituency 12 were very supportive of the initiative's suggested timeframe, a few Board members had strong opinions on the exemption of cost-sharing. For example, considering the initiative's negative impacts on the economies and other health care areas of developing countries, the Representative of Constituency 3 suggested that GAVI waive the request for cost-sharing in 2021 and signal an expectation for co-financing for vaccine procurement in 2022. This idea was supported by the Alternate of Constituency 16 (recipient). Adding to this, the Alternate of Constituency 9 suggested that the decision should include the language '*as long as the pandemic continues, the cost-sharing will not be required for AMC92 countries*', in order to address the financial burden on developing countries.

In addition, some Board members had particular interest in which group of countries the initiative should support. For example, the Representative of Constituency 5 was concerned about whether the provision of the cost-sharing exemption noted in decision point **f**) would also apply to some of the upper-middle-income countries and small islands which were not GAVI eligible countries (see Chapter 6).

Regarding the operation of the initiative, whereas the Representative of Constituency 12 provided their full support for the initiative's case-by-case approach to approving cost-sharing exemptions, the Alternate of Constituency 17 (recipient) argued that a set of criteria should be developed by which GAVI approves the exemption of cost-sharing. One Board member representing a recipient country constituency emphasised that countries should be able to access loans from the World Bank sufficient to enable them to buy a large number of vaccines. Also, Board members suggested a wide range of ideas on the operation of the initiative. For example, the Representative of Constituency 11, although they supported to

the initiative, emphasised that the Secretariat should coordinate and collaborate around financing for health with other actors. From a different angle, Unaffiliated 3 remarked that it was unclear how the initiative could make vaccines more available for developing countries because of the overall global context of vaccine shortage.

### **5.7.2. The Establishment of the COVAX Humanitarian Buffer**

In December 2020, the Board made decisions about the creation of the Humanitarian Buffer, which aimed to protect people in humanitarian settings from the virus (see Chapter 5). The controversy in the Board focussed around its humanitarian principles<sup>23</sup> and the size of the Buffer to finance the necessary doses (for the decision, see Chapter 7.4). Regarding reserving a funding envelope, the Board was requested to approve 5% of COVAX AMC funding for the purchase of doses to be deployed through the Buffer. The Secretariat explained that the Buffer would provide “a contingency provision to enable an emergency release of doses to meet public health needs where normal vaccine allocation timelines may not be sufficient” (GAVI 2020aa, 13). The Secretariat also noted that the size of the funds would increase progressively as AMC funding increased. During the Board's discussions on these decision points, issues arose over how the Buffer would be funded and how to ensure that the Buffer's campaigns did not create dependency of country governments on the Buffer for protecting those populations in their territories (for the details of the Board's decision-making on this, see Chapter 7.4.2). As I will discuss in detail in Chapter 7.4.2, the Board requested that the Secretariat provide more technical detail, and had concerns over the scrutiny the proposal had received and oversight of the Buffer.

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<sup>23</sup> The Secretariat suggested six principles of the COVAX Buffer: a) Equitable access; b) Targeted deployment; d) Measure of last resort; e) Alignment with overarching principles of the ACT-Accelerator COVAX Pillar; and f) Adherence to the humanitarian principles (2020w, 15–16).

Board members argued that the details of the development and operationalisation of the Buffer should be discussed in the PPC.

As I will discuss in detail in Chapter 7.4., many Board members, including those representing Constituency 9 (donor) and Constituency 12 (donor), argued that although they agreed on the establishment of Buffer for use in humanitarian settings, they were concerned that this issue had not been brought before any the Board's Committees. The Representative of Constituency 12 argued that the decision-process for the Buffer, including the allocation and the types of beneficiaries, should be discussed in the PPC. Adding to this, the Alternate of Constituency 6 argued that the PPC should have oversight of the Buffer and that the Buffer should continue to be reviewed in the PPC.

Meanwhile, Board members had different concerns about and ideas on the characteristics and operation of the Buffer. Regarding the beneficiaries, for example, the Representative of Constituency 12 argued that the benefits of the Buffer should be toward AMC92 countries only, aligned with the Representative of Constituency 1. Particularly, the Representative of Constituency 3 argued that the single most important thing on the Buffer was that they would not be comfortable with resources (doses/funds) from AMC countries being allocated via the Buffer to support non-AMC countries, even on a contingency basis. Aiming to protect AMC funding, and concerned that the Buffer sourced from the AMC would be used to help populations in non-AMC countries, these representatives wanted to make sure that the Buffer was a contingency provision. Some Board members were interested in scoping the beneficiaries of the Buffer. For example, the Representatives of Constituency 8 wondered whether refugees dispersed in non-AMC countries would be eligible for the Buffer. In addition, from a different angle, noting the supply shortages of vaccines at the time of the discussion, the Alternate of Constituency 14 (and the Representative of Constituency 4) argued that the Buffer should be targeted towards populations on the front line where was no help from the national governments.

Also, as the policy recommendations for the Board's approval did not provide details of the operation of the Buffer, many Board members raised questions on how the Buffer would operate. For example, the Representative of Constituency 1 requested clarity on the scope of the recipients of the Buffer, the conditions that would trigger the Buffer, and decision-making on the allocation of doses through the Buffer before the Board make a decision. The Alternate of Constituency 9 was interested in clarifying what technical assistance and operational service to support the delivery of doses through the Buffer would look like. The Representative of Constituency 15 wanted to emphasise in the decision that the Buffer should be a provision of last resort and not a means for countries which fail in their responsibilities to populations in humanitarian settings in their territory to escape their duties. In the similar vein, the Alternate of Constituency 6 argued that the decision language should be revised to make it really clear that The Buffer is for humanitarian settings.

In addition, Board members discussed different ideas on the financing of the Buffer. In particular, the Alternate of Constituency 9 preferred allocating 5 % of AMC vaccine doses rather than 5 % of AMC funding to the Buffer. The Representative of Constituency 15 argued that their constituency preferred to approve reserving 5 % of doses of the COVAX Facility rather than relocating AMC funding. However, the Alternate of Constituency 6 argued that deciding on the funding envelope for the Buffer seemed to be premature as the Board would continue to advance the discussion on the development of the Buffer. Similarly, the Representative of Constituency 5 argued that their constituency did not support the proposal for the funding envelope as the design of the Buffer was not sufficiently developed.

Some Board members strongly supported the development of the Buffer and agreed to the creation and the size of the Buffer, but they had particular views on the partners that they thought GAVI should work with in developing the Buffer. For example, the

Representative of Constituency 11 suggested that the further development of this initiative be carried out in close cooperation with humanitarian partners such as the UN. The Representative of Constituency 4 emphasised working with bodies such as International Crisis Group (ICG), as it had experience and means for making sure that doses are used as part of a clear development plan for humanitarian response.

Although many Board members, despite their different perspectives and requests for more details of the operation of the Buffer, agreed on the initiative, the Representative of Constituency 7 did not support the Buffer initiative. They argued that the Buffer to help populations in humanitarian setting would put further challenges in the way of developing country governments, which were struggling to procure vaccine for their populations which account for about 80% of the world's population.

### **5.7.3. The Establishment of a Temporary Steering Committee**

At the December 2021 Board meeting, the Board discussed GAVI's involvement in the COVAX procurement strategy in 2022, given the understanding that AMC countries needed help to achieve their COVID-19 vaccination goals in accordance with the WHO Global Vaccination Target of 70% by mid-2022. Based on the lessons of 2020 and 2021, it was broadly acknowledged in the Board that: i) COVAX should work on the delivery side (rather than the supply side) of vaccine procurement; ii) it should focus on helping AMC92 countries rather than the COVAX Facility's self-financing countries; and iii) GAVI and its Alliance partners (in particular, the WHO and UNICEF) should provide tailored support to address the different difficulties in vaccine delivery that those counties faced. The Board made a set of decisions in order to achieve these goals, and one of them was the establishment of a temporary Steering Committee.

According to the Alternate of Constituency 14, at the time of the meeting COVAX and developing countries faced a problem that there were many doses available that needed to

find recipients. In particular, although COVAX had many vaccines to supply as a result of proliferation of different vaccines and vaccine donations, many of those vaccines remained unallocated because of countries' refusal to take vaccines with close expiry dates, and because of their preferences for particular vaccines. At the same time, it appeared that some developing countries faced bottlenecks in their supply chains as all the vaccines through COVAX, the African Union and bilateral contracts went to the same health facilities. As a result, there was a need for a mechanism which would enable to strengthen planning and coordination for the delivery side of vaccines (e.g. scaling up cold-chain equipment). In this regard, it was proposed that the Steering Committee be given "delegated authority over delivery related strategy and decisions of the COVAX Facility and to oversee COVID-19 vaccination delivery support provided by COVAX, including consulting on funding and allocation strategy" (GAVI 2021d, 26).

There was a broad agreement in the Board that COVAX should focus on the delivery side of vaccine distribution, should ramp up developing countries' absorptive capacities to utilise vaccines offered, and that there needed to be a mechanism to provide an agile response to the delivery challenges, with focused and integrated oversight for the delivery side of COVAX. For example, the Alternate of Constituency 14 agreed on the proposal, arguing that this new steering committee would help GAVI to strengthen the planning and the coordination of the delivery side of vaccine distribution and be agile in responding to countries' needs in a tailored manner. However, this item caused heated discussions among Board members, and the Board was divided over whether the new Steering Committee was indispensable, what its responsibilities would be, the relationship between the new committee and GAVI's other organs such as the PPC, what actors should be involved in the committee, and how its operational principles should develop.

Some Board members agreed to the proposal for the creation of a new steering committee, arguing that GAVI's existing Committees had limitations in dealing with the

delivery issues. For example, the Representative of Constituency 7 (recipient) agreed on the proposal and argued that, although it should be designed carefully, this new steering committee would enable GAVI to exercise proper oversight and improve COVAX's accountability, given that the PPC and the AFC normally meets only a few times a year. This idea was reiterated by the Alternate of Constituency 9. They argued that the PPC cannot have oversight of everything that GAVI does and would not be able to manage accountability. The Alternate of Constituency 3 (donor) emphasised the same point, arguing as "*one of the longest-serving PPC members*" that the PPC had a limited capacity to deal with COVAX as it had a full agenda dedicated to GAVI 5.0 and could not provide coherent and in-depth oversight of issues that were shifting daily and require urgent responses, due to the limited number of PPC meetings. The Alternate of Constituency 3 also added that the establishment of a new steering committee dealing with the delivery of COVID-19 vaccines would allow other Board Committees, such as the PPC, to focus on GAVI's core mandate.

However some other Board members were concerned about the effectiveness of a new steering committee. For example, noting that 'oversight' has been a function that the PPC has normally managed, Unaffiliated 2 was concerned that the new Steering Committee would take over some of the responsibility of the PPC, and emphasised that there should not be sudden change in the PPC's role. In addition, they argued that the new committee's responsibilities would duplicate those of the PPC, which would undermine existing GAVI structures. Also, asking about how the new committee's functions and membership would relate to other COVAX structures and how this committee would work with the GAVI leadership and partners, Unaffiliated 3 was concerned that this new committee would not bring agility but would inadvertently cause more layers of administrative process, more demands on the Secretariat, and duplication of efforts or dislocations of ongoing activities.

A few Board members argued that existing GAVI structure could manage the tasks that the new committee would be expected to deliver. For example, arguing that the Board's existing Committees operated well on COVAX matters despite their own mandates, Unaffiliated 1 suggested finding another solution instead of creating a new committee whose composition and functions were unclear. Also, the Alternate of Constituency 8 argued that the PPC could manage those roles as it had much experience and in-depth understanding of similar issues to those that the new committee would manage. Given that bodies like the Strategic Advisory Group of Experts on Immunization (SAGE) of the WHO had more frequent engagement through various mechanisms during the pandemic, the Alternate proposed a 'PPC plus' mechanism which would include a few ad hoc members to work with PPC, instead of the creation of a new steering committee.

Yet, some Board members did not agree that the existing Board Committees could be capable of managing the delivery side of COVAX (e.g. the Representative of Constituency 7 and the Alternate of Constituency 3). For example, emphasising that these committees tended to work based on a piecemeal approach, Constituency 11 argued that this new committee would provide oversight and ensure accountability for the delivery side of vaccines with an 'end-to-end view'.

Given that the Terms of Reference of the new steering committee had not been developed at the time of the meeting, Board members also developed different ideas on the composition of the new steering committee. Some Board members suggested expanding the PPC. For example, Unaffiliated 5 suggested that in order to prevent the duplication of work between the Board Committees, the new steering committee should include one or two members from the PPC and/or the AFC who could act as a 'referee' to flag the items that were already being covered in those committees. In a similar vein, Unaffiliated 2 argued that in order to avoid the duplication of responsibilities between the PPC and the new committee, that PPC must be involved in the development of the Terms of Reference

of the new Steering Committee. However, some other Board members focused on the diversification of the membership. For example, the Representative of Constituency 5 as well as the Representative of Constituency 12 argued that the committee should comprise delegates not just from the Board but also including the wider participation of non-Board delegates. The Representative of Constituency 15 argued that the new committee should work with experts working on immunisation and health systems at the country level, as absorptive capacity and country readiness could not be improved by immunisation people alone.

The Alternate of Constituency 9 argued that the new committee should work together with a new and elevated coordination infrastructure that was part of an ongoing discussion among the principal Alliance partners on delivery (GAVI, the WHO, and UNICEF). Pointing out that the proposed structure of the committee was based on a top-down approach, the Alternate of Constituency 4 argued that, although they agreed with the establishment of a new Steering Committee, recipient countries and civil society organisations/communities should be a part of it. Emphasising the agility of the new committee, the Alternate of Constituency 3 argued that although the new committee should have limited membership to be agile, it should consider including recipient countries and key people from the WHO and UNICEF to be able to make rapid decisions.

Regarding the identity/nature of a new Steering Committee, the Representative of Constituency 11 argued that the committee should not be merely a Board committee, but a committee which serves the GAVI Alliance. Based on this, the Alternate suggested that although a committee could be developed by the Board, the committee could also be established by the Alliance partners in joint agreement, with a clear line of reporting to the Board. However, Unaffiliated 1 was uncomfortable with delegating some of the Board's authority to the Steering Committee in order to enable it to make delivery-related decisions for the COVAX Facility.

Those different ideas and confusions due to uncertainty caused deadlock and made the Board postpone decision-making until the next day (for the decision, see Box 3). In Chapter 6, I will discuss how the Board managed to eventually reach a consensus despite all those conflicts.

**Box 3. Decision: The establishment of a temporary Steering Committee**

The Gavi Alliance Board:

**d) Pursuant** to Section 18.16 of the Gavi Board and Board Committee Operating Procedures, **agreed** to establish a temporary Steering Committee of the Gavi Board with delegated authority over delivery related strategy and decisions of the COVAX Facility and to oversee COVID-19 vaccination delivery support provided by COVAX, including consulting on funding and allocation strategy, and noted that the Steering Committee will promote end to end coherence of the process from allocation (inclusive of donations as part of supply), to last mile delivery. Its membership should encompass where possible key partners not represented at the Board including the AU/AVATT to maximise collaboration and coordination.

**e) Delegated** to the Board Chair the authority to finalise the Terms of Reference and Composition of the Steering Committee and to assess potential for rationalising other existing structures in which components of delivery oversight currently exist;

**f) Noted** that the Board will review the mandate and ToRs of the Steering Committee at the June 2022 Board meeting;

(GAVI 2021d, 26)

## 5.8. Conclusion

In this chapter, I have discussed the development of the COVID-19 pandemic and GAVI's involvement in global efforts to respond to the spread of the virus; explained the opportunities and challenges/risks that the pandemic put on GAVI; showed the features of decision-making in the Board in 2020 and 2021; and briefly outlined some of the decisions that caused tensions among Board members and between Board members and the Secretariat in 2020 and 2021. As we will also see in the next two chapters in detail, the

rapidly changing situation and massive uncertainties during the COVID-19 pandemic influenced decision-making in the Board.

In the following two chapters, I will discuss how decisions were made in the Board during the COVID-19 pandemic and what influenced decision-making, by examining: how the Board discussed those opportunities and challenges; how Board members with different formal identities and perceived interests, which were defined by their official role in the Board, made decisions; how they presented their opinions as well as reacted to other Board members' opinions; why they agreed or disagreed with certain ideas; and what role the Secretariat played in decision-making.

## 6. The Influence of Board Members' Identities and Perceived Interests on Decision-Making

- Based on the data collected through the observations of Board meetings and the interviews with GAVI policy actors, this chapter discusses a set of factors that influenced decision-making in the GAVI Board in 2020 and 2021.
- Focusing on the influence of ideational factors – such as Board members' perceptions of the identities and interests of themselves and others, as well as the Board's consensus-based decision-making culture – this chapter shows the ideational complexity of decision-making in the Board, which the rationalist tradition does not explain.
- Finding 1 The most powerful Board members were not always successful in incorporating their ideas into the decisions. Equally, the opinions of Board members regarded as less influential (such as recipient states and CSOs), were not always ignored or excluded from discussions.
- Finding 2 The identities of Board members were complex: they did not stick to a single identity, but presented different identities in different circumstances. In addition, they did not always pursue the narrow interests of their constituency, even agreeing upon decisions that did not reflect (or were in conflict with) the interests of the constituency they represented.
- Finding 3 There was a widely shared culture in the Board that decisions should be made by consensus, even on highly political issues.
- Conclusion Different kinds of material and ideational factors influenced decision-making in the Board during the COVID-19 pandemic. Crucially, these included Board members' complex identities and perceived interests, as well as the collective culture of the Board.
- Contribution By providing empirical examples, this chapter helps us understand the different kinds of factors that influenced decision-making within GAVI during the COVID-19 pandemic, and the complex nature of decision-making in a global health organisation based on a public-private partnership model.

## **6.1. Introduction**

Based on the observations of Board meetings in 2020 and 2021, as well as semi-structured interviews with the GAVI policy actors, this chapter discusses factors that influence Board members' decision-making behaviours. Contrary to the rationalist tradition, which would see the Board as a space of negotiation in which different interests compete, the chapter argues that ideas are important too. It shows how Board members' interests and identities were not simplistic and fixed, but rather were reconstituted through their interactions in the social space of the Board. The Board's decision-making was not a simple case of the most powerful Board members getting their own way: different ideational factors such as identities, interests and culture, influenced decision-making in the Board.

This chapter consists of three parts. After outlining the composition of the Board, I observed in 2020 and 2021, I will lay out the characteristics of Board members/constituencies as well as environment surrounding them. Next, I will discuss how Board members perceived their roles on the Board ('identity/ies') as well as what they considered important for them to achieve at Board meetings ('interest'). This section will show that Board members identities and interests are complex. After that, focusing on interactions among Board members, I will explore how those interactions and the prevailing culture within the Board influenced (reconstituted) identities and interests, which enabled the Board to make decisions by consensus about highly political agendas.

## **6.2. The GAVI Board in 2020 and 2021 During the COVID-19 Pandemic: Introducing the 'cast of characters'**

### **6.2.1. The Composition of the Board**

The general composition of the Board was explained in detail in Chapter 4. Here I focus on the specifics of who held Board seats during the period of fieldwork, in 2020 and

2021. The members of the Board are publicly available information (published on GAVI’s website), and as a result there is no ethical issue with reproducing their names here. However, as I discussed in Chapter 3, in the data presented from the interviews and the observations I anonymised the identity of those individual speakers (for the details of those people, see Annex (confidential) 2).

In 2020 and 2021, although a few new members joined the Board to replace their predecessors who had completed their term(s), the composition of the Board’s representations and the number of Board seats remained the same as in previous years. Table 9 shows the details of the membership of the Board during 2020 and 2021.

**Table 9. The Composition of GAVI Board in 2020-2021**

Constituency groups		Constituency	The # of board seats
The GAVI Alliance ( <i>Founding organisations</i> )	Multilateral organisations	World Health Organization	3
		UNICEF	
		World Bank	
	Philanthropic foundation	Bill & Melinda Gates Foundation	1
Recipient country governments	Armenia & Honduras		5
	Chad & Republic of Congo		
	(Vacant) & Afghanistan		
	Ethiopia & Ghana		
	India & Lao PDR		
Donor country governments	Canada/ Italy/ New Zealand/ Spain / Switzerland		5
	Germany/ France/ Lux/ EC/ Ireland		
	Norway/ Finland/ Netherlands/ Sweden		
	United Kingdom/ Qatar		
	United States/ Australia/ Japan/ Korea (Rep. of)/ Board Vice Chair		
Vaccine industry	The Developing Countries Vaccine Manufacturers Network (DCVMN)		2

	The International Federation of Pharmaceutical Manufacturers & Associations (IFPMA)	
Civil society organisations (CSOs)	Civil society organisations	1
Research & technical health institutes	Research & technical health institutes	1
Independent individuals	N/A	8
The Board Chair	N/A	1
The GAVI CEO	N/A	1

1) Source: GAVI webpage

2) The position of the Vice Chair was held by the Representative Board Member of the 'United States/ Australia/ Japan/ Korea (Rep. of)' constituency

### 6.2.1. The Contribution of Resources to GAVI

Resource mobilisation is essential to the success of GAVI's work. As of 2021, GAVI had five 'anchor government donors' – Canada, Germany, Norway, the United Kingdom and the United States – each of which held a seat on the Board. The BMGF was also a major donor – and also held a seat on the Board.

Many interviewees felt that these donors were powerful within GAVI (including, but not only, in the Board) because of the resources they contribute to GAVI, and that they were given particular attention by the Secretariat. For example, Interviewee 4 said that:

There are privileged members on the Board. I would like not to put them in the term 'privilege' but in 'our use and usefulness'. No one can deny that the Secretariat works a lot with UNICEF and WHO. That is clear. And in a different manner, the Secretariat works closely with the World Bank. ... At the end of day, GAVI is a fiduciary tool. They need to secure funds to support developing countries' national vaccination campaigns and to bring vaccines into those countries. For this reason, the Secretariat is really, heavily concerned about securing money. So I'm quite sure that it devotes a lot of time to the relations with all of the important donors, particularly the UK, US, and the European Commission, France - and for sure the Gates Foundation. (...) I am not saying that those donors use their privilege in GAVI, but I am saying that the Secretariat has a certain idea regarding those donor

stakeholders. That is why those donors are the ones that might be more powerful than others in decision-making. In this regard, we understand that we [Constituency 4] are probably not powerful, it is not us. (Interview 4)

In a similar vein, Interviewee 1 argued the Secretariat worked more with some constituencies than others:

I think that the Secretariat is certainly working a lot with the key donors. The other certainly important one, with whom the Secretariat works a lot, of course, is GAVI supported countries. I have to say that from the [Constituency 1] perspective, we have very good relationship with the Secretariat. So I would certainly not say that it's not a good quality of a relationship or collaboration. But we sometimes see, and I think now even more in the virtual Board meetings, that something comes to the Board table all of a sudden, and you realise that that has already been discussed somewhere, you were not part of it, and you do not know where it came from. I think you can clearly see that side conversations between the Secretariat and certain groups of the Board are certainly happening. And then that's sometimes difficult to know who were involved in the development of the proposal. (Interview 1)

The major donors, particularly the Gates Foundation and the US (in 2021, after Biden took office) significantly increased their contributions to help with GAVI's response to the pandemic. For example, at the replenishment conference held in June 2020, most of the \$8.8 billion pledged was donated from the existing largest donors (e.g. GAVI 2020t). As a result, it seems probable that they became more influential than ever in decision-making, and that the Board could not easily dismiss their opinions on COVAX.

Yet, finance was not the only resource that seems to have given some constituencies a privileged position in the organisation. The ability to provide GAVI with technical assistance and advice was also seen by interviewees as making some constituencies more influential than others when it came to decision-making. For example, the World Bank provides skills around finance management: many Bank staff supported establishing GAVI's financial stability and risk management of COVAX; and the representatives of the

World Bank sit on the GAVI's Audit and Finance Committee. The WHO provides GAVI with policy guidance to help establish vaccination policies in an effective way. In practice, GAVI's response to the impact of COVID-19 in GAVI countries (i.e. developing countries receiving financial and technical support from GAVI) were set in accordance with the WHO's global health recommendations. UNICEF is GAVI's most important implementing partner. With these resources, these technical organisations have been deeply involved in GAVI's work. For example, one interviewee noted that:

The GAVI Secretariat does not have a country presence. And the GAVI Alliance operationalizes its policies at country level through WHO and UNICEF. They are Alliance partners that are present at the country level. So, we are engaged in pretty much all of the policies of GAVI's work, its decision-making, and the implementation of the decisions. We are involved in the design and then the operationalization of GAVI related decisions. (Interview 5)

One Board member (Interview 6) who was interviewed put the special status of these founding partners in a simpler way, saying:

They are just the WHO, UNICEF, and the World Bank. Big powers in global health and international development. (Interview 6)

### **6.2.2. The Relationship Between Representative Board Members and Alternate Board Members**

Around 40 Representative Board Members and Alternate Board Members attended each meeting. During the meetings, both representatives were treated equally and played the same role (expressing the standpoint of their constituency). It frequently appeared during the observations that many Alternate Board Members participated in discussions in an active manner on behalf of their corresponding Representative Board Member. Given that many of the Representative Board Members were high-profile officers, having other responsibilities, such as the President of a company or a national Minister of Health,

Alternate Board Members were often more knowledgeable on the Board's decision points and played an important role in decision-making. For example, an Alternate explained that how they are involved in the development of the constituency's views before meetings, and 'preparing' the Representative Board Member for Board meetings:

How we actually do things in [Constituency 1] is the same process for the Board and as for the Program and Policy Committee. Once you receive Board papers, around a week in advance, the [constituents] that are part of [Constituency 1] take a look at them. And then we organise a call to discuss, topic by topic, to discuss whether we agree on and what we want to say about these topics. We make a summary of the papers, prepare talking points, and we discuss them again to be aligned as a constituency. And this constituency's point of view is delivered to the constituency's Board representatives, like now to me and to [the Representative Board Member]. Although I was already part of the discussion to develop the constituency's standpoint, we organise a briefing with the Representative Board member to explain to him "these are the topics we've discussed within the [constituency], this is our position, and these are the important elements to communicate to the Board". (Interview 1)

Another Alternate Board Member said in the interview that they interacted with the GAVI Secretariat and other Board members to learn what other constituencies think about the Board's agenda items. In addition, some of the Alternate Representatives participate in GAVI Committees, which have often developed the drafts of decisions for the Board's approval ahead of a Board meeting. For example, one Alternate of a multilateral organisation explained:

In addition to sitting on the board, I also sit on one of the Board's subcommittees, the Program and Policy Committee. And the PPC generally meets before every Board meeting to make policy recommendations to the Board on key policy issues and questions. I also coordinate a program of technical assistance that is financed by GAVI and provided by [my constituency]. So, I have a lot of interactions with the Secretariat. Some of these close interactions are because of other work, the technical assistance

provided by the [constituency], and also because of my position on the Board.  
(Interview 2)

However, it was also clear that the relationship between Representatives and their Alternates varied by constituency. For example, Interviewee 2:

Remember that our actual, our Representative Board Member is [name withheld]. I am [Constituency 2's] Alternate Board Member. If he's unavailable for some of the Board's discussions, then I step in to speak on behalf of him. But he is the ultimate decision maker if you are asked to cast a vote to make a decision. We always look for his guidance. But, I and my team, we help him with making decisions. (Interview 2)

Although there were differences in the relationships between Representatives and Alternates, in most cases this appeared to work as a partnership, with the two dividing the workload in preparing for meetings and working through things together. For example, Interviewee 3 explained:

[The constituency's Alternate] and I work very closely together. We're part of the same team at [Constituency 3]. We work in very close partnership. I think of [the Alternate] as a partner: not as an Alternate, but almost as a co-Board member. Because there's a lot to do on the GAVI Board, it helps when the two of us can get joined up. [The Alternate] can say, "all right, I'm going to take care of these issues. You're going to take care of these issues." And then we brief what we analysed to each other. We do that because sometimes for a Board meeting, there's hundreds of pages that we should read before the meeting, and they include very complex issues. (Interview 3)

One Representative who had been the Alternate of the same constituency in 2020 before taking the current role also commented:

My role as the Representative of [Constituency 4] is almost same to that when I was the Alternate to the constituency, except that I am a primary speaker to represent the constituency at Board meetings. I work together with my Alternate in preparation of Board meetings, analysing the issues and

interacting with other Board members and stakeholders and so on. I formally sit on the Governance Committee and the Market Sensitive Committee, so I may have more information than my Alternate. But, there are not many differences between us. (Interview 14)

In this section, I showed who was on the Board participating in decision-making over COVAX in 2020 and 2021 during the COVID-19 pandemic; who provided resources to GAVI; and what relationship the Board's Representatives and their Alternate had during the COVID-19 pandemic. Consequently, this section showed that, despite some changes, there existed institutional continuity in the Board during the COVID-19 pandemic. Although there were some changes due to the termination of Board members' terms, the composition of Board membership and the number of representatives remained the same as before the pandemic. Donors who had traditionally contributed funds to GAVI retained their positions as biggest donors, even increasing their contributions, during the COVID-19 pandemic. In addition, GAVI relied on technical support from its partners (the WHO, UNICEF, and the World Bank) in developing COVAX – as it did before the pandemic. Also, Board Representatives and their Alternates collaborated as a partnership, which has been strengthened during the pandemic due to a significant volume of Board papers to analyse to prepare Board meetings.

The findings in this section imply that Board members who represent constituencies providing funds or technical resources to GAVI are especially influential in the Board's decision-making process and work closely with the Secretariat. In the next section, I will show the characteristics of constituencies/Board members that enabled them to be influential in decision-making during the COVID-19 pandemic.

### **6.3. Constituencies' Ability to Influence the Board's Decisions**

Although the Representatives of every constituency have an equal right to speak and vote at Board meetings, some Board members tended to be more vocal than others, and

the concerns raised by these members were given more time for discussion. Donor countries and the representatives of the founding organisations tended to make frequent interventions during meetings and to more often request revisions to decision language. Meanwhile, Board members representing recipient countries were relatively less vocal, and tended to focus on delivering their constituency's official point of view or informing the Board about situations in their country.

### **6.3.1. The Ability to Mobilise Resources for Preparation for a Board Meeting**

In addition to contributing financial/technical resources to GAVI, Board members' access to resources to prepare for Board meetings influenced their leverage in decision-making. Board members were expected to review the Board Papers and prepare for the meeting. Particularly in 2020 and 2021, Board members had to review a significant volume of documents. Many Board members expressed the difficulties they had faced in doing this. For example, an advisor to one constituency said that:

Last year [in 2020], I had to read 300 pages of Board papers to prepare for a Board meeting within just two weeks. This year has been better. Last year, the Secretariat had got a bad habit of sending particularly COVAX papers only one week in advance. Everybody on the Board complained because we could not possibly read it, consider it, and talk to the constituency to develop our constituency's position ahead of the meeting. And to be fair to the COVAX Facility, people said "Things are changing so fast. We want to be kept up-to-date with information". The Secretariat responded like "Yes, we understand that. But...".

I think it's because the Secretariat recognises that it would be possible, and to a certain extent, its view might be correct. Because the other constituencies, for example the Gates Foundation, has enough resources within the Foundation and has full-time staff to play my role, read Board papers and analyse them to develop the Foundation's points of views on Board items. I think the same is true inside the UK government, the WHO and UNICEF. In particular, the WHO and UNICEF receive quite a lot of support from GAVI. I

think that that support helps them to pay people for the preparation of Board meetings. So I suspect, otherwise don't know for sure, that it's to do with recognising that everybody needs the support, but also recognising different constituencies on the Board have different levels of capacity to fund resources for themselves. (Interview 7)

Not only did the Board papers become much lengthier in 2020, the meetings were also more regular, with the Board meeting five times in the same year. Although the last-minute paper release improved in 2021, and the papers were released to the Board two weeks before meetings, the Board still had to review a large amount of information within a short time.

It was obvious that in these hectic situations, Board members whose constituency provided them with resources to help them manage GAVI tasks were prepared relatively well for the meeting, and consequently they tended to be more active in the Board discussion. I found in my interviews that all of the Representatives who were regarded by others as most influential in decision-making received assistance from a team, which helped them understand the Board's agenda items and decision points and establish the standpoint of their constituency. At the Board meetings in 2020 and 2021, these Board members tended to provide detailed ideas and clear input, which seemed to have been considered from different aspects.

For example, the Board representatives of Constituency 3 were assisted by a team which worked on only GAVI-related matters. When the Board papers were released, the team allocated papers amongst its members to review and understand what GAVI was asking for, what the trade-offs were, what the opportunities and costs were, etcetera. They worked collectively to develop the standpoint of the constituency on given agendas and decision points. Where necessary, they also contacted other experts to ask for their opinions. The Representative of Constituency 3 explained the benefits of being supported by his team:

We [Constituency 3] have the most amazing team. And so, when you can get all those papers/researches and farm them out, and get health economists and epidemiologists, and vaccine manufacturing people from country offices in Nigeria, India, and Ethiopia. All of these people provide you with their views on what they think GAVI can do regarding a given Board agenda. Then what I can do is I can draw on all of that information to understand what the trade-offs are for the Board. Based on that information, I shape a view or a position that I think [Constituency 3] can do to help GAVI with the agenda. (Interview 3)

However, many other Board members did not have access to that degree of support. In addition, for many of the Representatives membership of the GAVI Board was a voluntary role in addition to their 'main' job, which made it difficult for them to be fully committed to GAVI related matters. As many interviewees lamented, it seemed that Board representatives of recipient country governments, normally high-profile government officers such as the Minister of Health, did not have the ability to focus on GAVI Board business as they were facing many pressing domestic problems during the pandemic. In this regard, even though they were important stakeholders as beneficiaries of COVAX, they tended to prefer listening to what others thought about the agendas at the Board meetings in 2020 and 2021. Also, in their remarks, they tended to focus on the situations in their countries and explained difficulties that they faced in the pandemic rather than engaging in detail on the proposed decision points. One Board member (Interviewee 3) noted that:

There is a structural dynamic to the Board that cannot be escaped. If you're the Minister of Health from a country, you have the job of Minister of Health. If you are asked to join the GAVI Board, you would be trying to make time to be a great GAVI Board member, while also responding to the needs of your population and the President's latest initiatives of the health issues that want you to be involved. It is really demanding. So one thing that should be clear is that it is an inherent challenge that GAVI wants and benefits from the representation of active ministers on the Board. They can be very articulate about the challenges their countries have. At the same time, telling Madam Minister that she has two weeks to read 450 pages to be prepared for a GAVI

Board meeting, and to have the support to be able to kind of analyse the different angle independently and be able to say, “Well, I think the Secretariat is doing great job analysing that, but I think they did not a good job like that”. That is asking a lot to a minister. It's frankly asking too much. So, what we end up with are motivated, interested ministers who have, however, way less time to prepare and less resources to help support them.

On the Board, other stakeholders like the BMGF, a big donor, a pharma company, WHO or UNICEF, we have staff that can help us prepare meetings. My boss expects me to spend a portion of my time taking care of the GAVI Board. So, I'm under less time pressure than a minister, and I have more resource to be prepared. So, I guess the point I'm just trying to make very clearly is there is a structural dynamic on the Board, where you have stakeholders who are divided by the very nature of the job that they inhabit. (Interview 3)

To help those Board constituencies lacking resources, the GAVI Secretariat provides some – CSOs, constituencies of recipient countries, and the Board Chair – with Special Advisors, paid for by GAVI. However, one of these Special Advisors said in the interview that she was assigned many responsibilities, including: understanding Board papers; communicating with the shareholders of the constituency to collect opinions; and supporting their Representative and Alternate Board Members as well as the constituency's representative to a Board Committee (Interview 7). Consequently, it seemed that having only one Special Advisor was not enough for the constituency be as well prepared for a Board meeting as other constituencies with more resources, particularly during the COVID-19 pandemic.

### **6.3.2. History of Working with GAVI**

I found, in addition to material resources, that Board members' performance at Board meetings was influenced by their knowledge/familiarity with GAVI's work. As discussed in the previous section, it appeared to be important for a Board member to be knowledgeable

about the Board agendas to be able to participate actively in discussions and to be influential in decision-making; because most of GAVI's policies and programs have evolved over time based on lessons learnt from the past. According to one Representative, "*Almost all agendas for discussion or decision-making in the Board have a history and a path from the past*" (Interview 13). In this regard, a Board member/constituency which has worked with GAVI for a longer period tended to be more vocal in discussions due to their familiarity with the history of GAVI's work. One Representative Board member who has been involved in GAVI since its formation commented on this:

I started working with GAVI in 2000 when it was first formed. I think GAVI is an organisation that's really evolved from the very beginning. I think one of the strengths of the organisation is that it's a real learning organisation. So I think sometimes my background is helpful because I know the origin of where things started. For instance, the cost-sharing policy [see Chapter 5.7] in which I was very involved. I know the context of it and why it evolved the way it did. As people are really trying to think about how you can make things right fit for purpose and nothing you've designed 20 years ago going to be perfect for current situations, you need to think about "Is it the right way to do things now?" So sometimes knowing that history proves helpful for sure. (Interview 12)

This tendency was evident especially when it came to agendas on GAVI's core mission (routine vaccination for children in developing countries). The issues around routine vaccination discussed in 2020 and 2021 were things that had been discussed over the past years as GAVI's 5-year strategies had developed; consequently, the Board's discussions on these agendas often had history. For example, a discussion on which countries GAVI should provide help to in the pandemic was related to the Board's discussions in previous years over which countries GAVI should support, defining them as 'GAVI countries'. Although Board members had different ideas on defining 'GAVI countries' and on this agenda (for the details of the Board's discussion on GAVI's support for 'former

GAVI-eligible countries' and 'never GAVI-eligible countries', see Chapter 7), those who knew the history of these discussions tended to be most confident in providing opinions.

Naturally, this included the Board constituencies holding a permanent seat on the Board - the BMGF, the World Bank, UNICEF, and the WHO – which had been deeply involved in the creation of GAVI and central to its work since 2000. Even those donor Board members that did not have a permanent seat had generally worked with GAVI as major funders for significant periods of time, and in many cases had retained their Board membership for a number of years.

In addition to a long history of working with GAVI at the institutional level, it appeared that having a representative who has maintained commitment to GAVI for a long time influenced the impact of that representative on the Board's decision-making. Many interviewees argued that one particular Representative was influential on the Board, not only because he represented one of the biggest donors to GAVI but also because he had held the seat for a long time; consequently, he was knowledgeable about what GAVI had done. One Representative Board members said:

I think it changes from time to time depending on who are Board members at the time. But you would have to say [Constituency 3] is extremely influential at the Board and many levels of the organisation. So, I would definitely say that they are very, very influential.

To be honest, a really big reason is because, unlike other representative donors, they have the same members on the Board and the same team backing up their engagement for a really long time. So, they bring very deep knowledge and experience on GAVI's work. And I mean, I only joined the Board in 2018. (...) Yeah, I think that makes a very big difference. (Interview 8)

In sum, although every constituency had one vote and the same right to speak in the Board, different characteristics enabled certain the opinions of some of them to be more

influential than others. Those who are especially influential would probably not come as a surprise (including to rationalists). However, according to my observations, decision-making in the Board was not as simple as the most powerful (in material terms) Board members getting their own way. In the next section, I will show the characteristics of decision-making in the Board in 2020 and 2021 which challenge the rationalist tradition.

#### **6.4. The Characteristics of Decision-Making in the GAVI Board in 2020 and 2021**

During the COVID-19 pandemic, the Board was forced to engage in highly politicized decision-making under conditions of urgency and uncertainty. However, despite these challenges, decision-making within the Board was not entirely dominated by the rules of power politics.

##### **6.4.1. ‘Dissuaded’ Strong Powers**

Those seemingly powerful Board members who represented donors and the GAVI Alliance partners were not always successful in incorporating their ideas into the Board’s decisions. For example, regarding the decision item, ‘Cost sharing of vaccines with COVAX AMC countries’ discussed in the September 2020 meeting (for the details of this decision item and Board members’ different ideas on the item, see Chapter 5.7), the opinion of the Representative of Constituency 5 (donor) was not accepted. The Representative made interventions to request a revision to the decision language, arguing that their constituency was not comfortable with supporting the cost-sharing exemption for non-low- or lower-income economies among AMC92 countries. However, the Board Chair persuaded the Board member by arguing that those developing countries ‘do’ want to cost-share and ‘do’ want to have ownership of this; however, when circumstances do not allow them to do so, they need help.

In addition, at the December 2021 Board meeting, regarding the decision item on the new Steering Committee to focus on the delivery side of COVAX (for the details of the decision item, see Chapter 5.7), those powerful Board members' arguments and preferences were not necessarily reflected in the final decision. For example, the Representative of Constituency 15 (GAVI Alliance partner) remarked that although they had initially intended to propose the Board delay this decision for a few weeks until it had discussed the item more in depth, they would withdraw that idea, if the majority of the Board would like to take a decision in that term of the Board meeting. Also, some Board members representing GAVI's Alliance partners argued that the Terms of Reference of the new Steering Committee should be developed in consultation with the heads of their constituencies. The Representative of Constituency 11 (donor) supported the idea. Arguing that the new Steering Committee needs to align with UNICEF, the WHO and GAVI, the Representative argued that it was important to have a common conceptual understanding of those core issues related to governance among these three parties. In addition, the Alternate of Constituency 14 proposed that UNICEF and the WHO provide a joint secretariat for the new Steering Committee. However, their arguments did not influence the final decision. In particular, their ideas of who should be involved in the development of the Steering Committee were rejected by the Board Chair because he regarded that decision item as GAVI's own agenda in which other organisations should not be allowed to intervene.

It is worth noting that seemingly, some of the examples that I provided above show that the influence of the Chair of the Board on decision-making. However, although the Chairs were in an authoritative position due to his role in the Board, they did not always achieve what they envisaged, and the Board did not always comply with what the Chairs asked for. For example, the Chair's preference for the creation of a new Steering Committee and his urge for the Board to make a decision within the assigned session did not work out. At the first day of the December 2021 Board meeting, in the Chair's report,

briefing decision-items to be discussed in each day of the meeting, the Chair “*strongly urge*”(d) the Board to be pragmatic on a new Steering Committee and ensure that an agreement is reached on the second day of the meeting. When the Board’s discussion was in an impasse on the second day, the Board Chair urged again Board members not to postpone decision-making to the next day, arguing that there were many important agenda items to decide such as GAVI’s investment in a malaria vaccine programme for the first time. In addition, after all Board members’ remarks, the Chair provided an exceptionally, extraordinarily long remarks to the Board to emphasis the benefits that the new Steering Committee would contribute to addressing accountability and transparency issues related to the vaccine delivery of COVAX. Despite the Chair’s exhortation, the decision-making was postponed until the next day as many Board members preferred to discuss more. Also, regarding the withdrawal of the Board representative of Constituency 3 of the request for revising decision language, it was proved by another representative of the constituency working closely with them that they withdrew the request but because the Chair urged them to do but because the representative believed that the language would going to allow the waiver of co-sharing for vaccines to countries with financial difficulties. These examples show that although the Chair has influence on the Board, Board members do not always comply with them due to their position in GAVI.

It was not unusual for powerful Board members to withdraw their arguments due to the Board’s broad satisfaction with a decision. For example, at the June 2021 Board meeting, the Representative of Constituency 3 (donor) supported a particular decision, although they did not entirely agree with it. In the meeting, the Board discussed which Self-Financing Participants (SFPs – countries which self-finance their participation in COVAX) should be prioritised in COVAX’s future participation model for SFPs. According to Senior GAVI Officer 4 in a presentation at the meeting, when GAVI established the COVAX Facility in mid-2020 it had seen the inclusion of the SFPs as crucial for achieving global solidarity and encouraging them to join COVAX. However, it caused operational complexity and financial

risks to the Facility due to different situations surrounding SFPs. Officer 4 added that after conducting consultations with SFPs, the Secretariat found that on the one hand, high-income countries had systematically opted out of deals as they could rely on bilateral supply; on the other hand, there were SFPs that mostly or completely relied on COVAX. In this regard, in the meeting, the Board was requested to decide a revised SFPs model on the group of countries that would be supported by COVAX, in order to provide Terms and Conditions that would apply to all the participants under the revised model. Three models were suggested to the Board (GAVI 2021j): Option 1) maintaining the status quo, supporting AMC92 countries and SFPs under existing terms; option 2) focusing on AMC92 countries and providing SFPs in greatest need with an opportunity to join on updated terms; and option 3) focusing only on AMC92 countries.

In discussion, the Representative of Constituency 3 remarked that although their constituency was not satisfied with the way in which option 2 was framed, they were not going to propose reshaping the option because *'everybody in the Board had been generally supportive of the option'*. Implying that they supported option 1, the Representative argued that although there were still some SFPs that were in a challenging position, the greatest challenges in vaccine inequalities remained in the AMC92 countries and COVAX should focus on those poorest countries. However, their opinion was not supported by other Board members.

Also, the Board did not always agree on a proposal for a decision item that was put forward by a powerful Board constituency. For example, at the June 2020 Board meeting, the amended proposal on a decision item on GAVI's support for 'former GAVI-eligible countries' and 'never GAVI-eligible countries' to help them respond to the pandemic (for the details of the decision item and the amended proposal, see Chapter 7) was not agreed upon by other Board members, although it was developed by Constituency 9, one of major donors to GAVI. The amendment of the policy recommendation, which initially had been

developed by the PPC, was proposed by the Representative of Constituency 9 at the beginning of the discussion after the Deputy CEO's presentation. It appeared that many Board members first heard the proposal on the day of the meeting, and they had not been contacted by the Secretariat for consultation. After many Board members made comments about their confusion at this proposal suddenly coming to the Board, the Representative of Constituency 9 justified the proposal by arguing that GAVI was already working closely with those AMC countries.

However, many Board members insisted on postponing the decision until the next day. When the Chair asked the Director of Governance to read the decision language in order to finalise the decision, the Representative of Constituency 11 made an intervention and firmly argued that they could not agree to the amendment because they had never previously seen the amended language provided by Constituency 9, and had not had a chance to review it. Echoing the opinion of the Representative of Constituency 11, Constituency 12 argued that their constituency first saw the recommendations and the amendment on the day of the meeting (in fact, he said, "*we discovered it just now*") and insisted that decision-making should be postponed until they had had time to analyse and review the amendment. The Representative of Constituency 1 also expressed their concern, saying that they could not understand why the Board should rush to make a decision on a recommendation made suddenly after "*we [Board members] did all the homework*".

In practice, the Board constituencies that might be assumed to be most influential due to their financial contribution to GAVI did not think that they were especially influential in the Board (multilateral organisations which provided GAVI with technical resources were the same, see Chapter 7). For example, one donor Representative commented:

I think while we are a large donor, like Norway and the US, we have one vote and one voice on the GAVI Board. (...) For us, working with GAVI is about

working with a lot of others, and it is not always getting our way, frankly. A lot of the time, we don't. Ironically, neither does the US, neither does Norway. (Interview 12)

In addition, Interviewee 12 remarked that, although they received many consultation requests from other Board constituencies, they did not have the power to dominate the decision-making process.

I tend to receive a lot [of contacts from other constituencies for discussion] because people think if you weigh in and support, yes [the revision request would be likely to be reflected in the decision]. But then the challenge becomes if you put forward something and then somebody else do something they want to change, you can't really get them bogged down. (Interview 12)

#### **6.4.2. 'Respected' Weak Powers**

It was regularly observed during the fieldwork that seemingly less influential Board members, such as recipient country governments and CSOs, were not always ignored or excluded from discussions. The Chair routinely gave the representatives of recipient country governments the opportunity to speak before others, regardless of when they *'raised a hand'*. In addition, GAVI has provided the CEO's Report translated in French since the Board meeting in September 2020, and simultaneous translation during Board meetings was introduced in 2021 to enable the many recipient country representatives who preferred to speak in French to participate in their first language.

Also, throughout the observations in 2020 and 2021 Board members showed a real interest in the opinions of recipient governments. For example, in the Board's discussion on the future participation model for SFPs at the June 2021 Board meeting (the decision item that we have just seen in the earlier section), the opinions of Board members representing recipient country governments received the Board's attention. This item was important for both recipient country governments and donors: for the former, the policy change would

influence the level of future support they would receive from COVAX; for the latter, the decision would influence how the funds and doses that they provided to COVAX would be used. In discussion, however, the opinions of Board members representing recipient countries were particularly important in making a decision toward option 2. Board members were interested in recipient countries' point of view, as they were when they discussed the cost-sharing initiative at the September 2020 Board meeting. For example, when the Representative of Constituency 6 (donor) was called by the Chair to speak, she asked the Chair to allow the Alternate of Constituency 7 (recipient) to speak first, noting that it "*would be great to hear from implementing countries*".

Not only did they hear the opinion of recipient representatives, but those opinions were actually supported by other Board members. For example, emphasizing that many developing countries significantly relied on the COVAX Facility as a major provider of vaccines, and that those countries made massive efforts to participate in COVAX as SFPs making all prepayments despite economic recessions in order to receive vaccines through the mechanism, the Representative of Constituency 17 (recipient) argued that it was important to support self-financing countries in need, especially former GAVI eligible countries. In addition, the Board member representing Constituency 18 argued that option 2 would help to improve the inclusiveness of COVAX by simplifying the process and reducing the financial risks challenging low-income SFPs' ability to participate in the Facility. These points were reiterated and supported by a wide range of constituencies such as donors, non-governmental institutions, and multilateral organizations.

The opinions of civil society organisations were important in the Board too. Since the development of COVAX, the CSO constituency had a desire to be fully involved within the operation of the governance bodies<sup>24</sup> of the COVAX Facility, arguing that CSOs play an

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<sup>24</sup> These bodies are: the COVAX Shareholders Council; the COVAX AMC Engagement Group; the COVAX AMC Stakeholders Group; and the COVAX Consensus Group

important role in delivering vaccines to the community level. Particularly, the constituency desired to be involved in the AMC Stakeholders Group and the COVAX Shareholders Council. While the former was designed to be a forum at which the Secretariat provides AMC stakeholders updates on the AMC, AMC funds and commercial confidentiality on market information<sup>25</sup> (GAVI 2020r), the latter represented the interest of Self-Financing Participants and would provide guidance on the operation of the Facility, in particular in relation to vaccines under development (GAVI 2020s).

According to the Board paper, the Secretariat, in consultation with relevant stakeholders, developed a preliminary design of the COVAX Facility under the guidance of the CEO and the Board Chair (GAVI 2020l); this technical design document was sent to the Board two weeks before the June Board meeting (GAVI 2020m) to be discussed before being finalised in September 2020. The CSO Constituency felt it was important to ensure their involvement in the bodies where the AMC was housed, but the structure and composition of the Facility governance bodies the Secretariat presented at Board meetings in June and September 2020, did not define a role for the CSO Constituency in those bodies (for the example of how the Secretariat dissuaded the CSO Constituency, see Chapter 7)

To be entirely engaged within the technical and decision-making bodies of the Facility, the representatives of the CSO Constituency proactively emphasised the importance of their inclusion into those bodies. For example, at the June 2020 Board meeting, the Alternate of the CSO Constituency emphasised that CSOs were working on the front line in communities during the pandemic, and the Board should review the design of the Facility to

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<sup>25</sup> The Board document refers to the 'commercial confidentiality on market information' as: "When it enters into volume guarantees with manufacturers of COVID-19 vaccines or candidate vaccines; Of cost estimates for the supply of COVID-19 vaccines to Funded Economies; and Of plans to introduce COVID-19 vaccines in Funded Economies" (GAVI 2020r, 2)

ensure that all stakeholders are engaged in the Facility to make it work in a proper manner. The Representative of the Constituency argued that it should be clarified how civil society could be engaged in the Facility in a meaningful way. Many Board members, including those from Constituency 3, Constituency 9 and the Board Chair, supported the CSO Constituency, emphasising the important role of CSOs in delivering vaccines in a way multilateral organisations or governments could not perform.

Their support for CSOs and the Secretariat's response was recorded in the minutes.

*Board members noted a request from Civil Society Organisations (CSOs) that they should be fully engaged within technical and decision-making bodies. The Secretariat indicated that the process had moved very fast, having consultations with over 180 individuals over the past several weeks including representatives of CSOs, and that moving forward it would endeavour to include all relevant parties, including CSOs as appropriate. (GAVI 2020a)*

In addition, according to the minutes of the July 2020 Board meeting, the Secretariat again faced backlash over the exclusion of CSOs from the governance structure of the Facility. The minutes recorded Board members' support for the CSO Constituency.

*A number of Board members noted that Civil Society Organisations (CSOs) should be included in the AMC Stakeholders Group and COVAX Shareholders Council. The Board Chair made a personal commitment that CSOs, and the communities they support, would participate in the governance of the COVAX pillar and noted that Gavi management will engage with civil society representatives prior to the September 2020 Board meeting on detailed terms of engagement. (GAVI 2020q, 5)*

However, the CSO Constituency's concern remained unresolved until the Board meeting in September 2020 began (for an example of disagreement between the CSO Constituency and the Secretariat, see Box 4). After Senior GAVI Officer 4's presentation to ask for the Board's approval of the Terms of Reference of the governance structure and operationalisation of the bodies of the COVAX Facility, the Representative of the CSO

Constituency opposed approval. A wide range of Board members strongly argued that the CSO Constituency's concern should be addressed and that all partners of COVAX, including CSOs, should co-create the framework of the Facility. For example, the Representative of Constituency 12 argued they would welcome the inclusion of civil society in the governance of the Facility because the success of COVAX required an inclusive approach having '*all hands on deck*'. The Representative of Constituency 11 argued that meaningful participation of CSOs in the Facility would be the key to success of this global mechanism, so the Board needed to make sure that the CSO community was included in strategic decision-making bodies. The Alternate of Constituency 14, as well as Unaffiliated 2, also argued that it was incredibly important to include CSOs in the governance bodies of the Facility and to specify their roles, for the same reasons that other Board members raised.

In addition, during decision-making on the Terms of Reference of the Facility bodies, the Board's Vice-Chair and the Representative of Constituency 5 suggested that the Board should amend the decision language to leave the Terms of Reference interim in order to ensure appropriate representation of civil society in the governance bodies of the Facility (although there was another reason behind this suggestion as I will discuss in Chapter 7). The Chair also confirmed that they would find a modality to reflect the CSOs' request.

As a result of, to large extent, the support of other Board members, the CSO Constituency could delay the approval of the Terms of Reference of the COVAX Facility and make them be reviewed by the Governance Committee, with a longer review process until December 2020. Consequently, although they could not be involved in decision-making in the AMC Stakeholders Group and the COVAX Shareholders Council, the CSO Constituency could attend these bodies as an observer, the same status as the WHO and UNICEF held in these bodies.

The examples discussed in this section show that Board members representing constituencies which might be thought to have 'weak' influence on decision-making were in fact not excluded from discussions nor ignored by other Board members: rather their ideas were supported and respected by a wide range of other Board members.

#### **6.4.3. 'Consensus-Based' Decision-Making Culture**

As we have seen in Chapter 6.4, throughout the Board meetings that I observed for this thesis, the Board made all decisions by consensus. Technically, the Board is allowed to vote to make a decision when it does not reach a consensus, but this was not witnessed during the observations (see Chapter 4.3). As one Board member said, "*It is a consensus Board*" (Interview 3). There was a belief in general in the Board that decisions should be made by consensus.

Consensus-based decision-making has been a convention in the Board for a long time. A former Board member, who held a seat on the Board from 2011 to 2018, said in the interview:

I try to remember whether there was a case of voting. I think there might have been some voting, but it was a last resort. It was always preferred to make a decision by consensus, because you did not want to exclude people, and you wanted to take into consideration what partners are saying. So, at the moment, I do not think I have an example of voting. There was a sense that decision was to be arrived by consensus. If consensus was not reached, we moved it to next meeting. This was how we managed making decisions. (Interview 9)

Although the Board considered it important to reach an agreement to make a decision, the ways in which a consensus got made was not determined solely by power politics as the rationalist tradition argues (see Chapter 2). During the observations, when struggling to reach a compromise within the time limit, the Board 'often' did indeed postpone making a decision, continuing the discussion the next day until a consensus was reached. In

addition, as we have seen in the earlier sections, consensus did not always get reached by satisfying 'powerful' Board members by reflecting what they wanted. Also, the arguments of 'weak' Board members were not always disrespected in the process of making a consensus: the Board sought to address their concerns in order to reach a common ground on which every party could basically agree.

Although on the one hand, Board members themselves adhered to consensus-based decision-making, on the other hand, this decision-making culture was promoted and strengthened by the Board Chairs during 2020 and 2021. They frequently emphasized the importance of reaching a consensus and did not suggest voting when they were struggling to reach an agreement, even if the discussion was massively delayed due to different/conflicting ideas. One Board member said that:

When I saw her [Ngozi Okonjo-Iweala] acting as Board Chair, she would try to find a compromise position that all of the constituencies could support. Since I was observing the Board since 2017, I don't remember a single situation when she was a Board chair that a majority passed a decision where there were strong objections from many of the other members. But I also have not seen such a case. I've also seen in the last year, sitting in the Board with the new Board Chair; I think he is trying to follow this strategy. (Interview 6)

In addition, instead of exercising their authority to make a particular decision on their own, the Chairs waited until the Board had reached an agreement. For example, regarding the decision item 'the establishment of a temporary Steering Committee', the Chair remained patient until Board members came to an agreement through discussion by themselves, although he could have made the decision in his own right (for the details of this decision item and Board members' different ideas on this, see Chapter 5). According to Section 18 of the Operating Procedures of the Board<sup>26</sup>, where necessary, the Board Chair

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<sup>26</sup> "18.16 The Chair or the Board may also create temporary committees from time to time to carry out the goals, objectives and functions of Gavi Alliance as may be deemed desirable. Each such

is allowed to create and comprise temporary committees to help with carrying out GAVI's work in their own right.

Despite a long, heated debate, the Board did not reach a consensus. In the discussion, to resolve the deadlock and address the concerns of some Board members on the effectiveness of the new Steering Committee, the Chair emphasised that the new Steering Committee would operate on a temporary basis for dealing with the delivery issues of COVAX. Recalling and reading out Section 18, he argued that although he had the authority to create and comprise a temporary committee without the consent of the Board, he thought it would be better for the Board to reach a consensus instead of imposing his decision.

According to the reflection of one Board representative, who has worked with GAVI since its creation and witnessed how the organization has evolved over time, the consensus-based decision-making culture within GAVI has been ingrained in the organisation since it was created:

[The Board's consensus-based decision-making] is a cultural thing from the very beginning of GAVI when Tore Godal set up [the institutional structure of GAVI]. It is very different to the Global Fund within which its board members vote to make a decision. I would probably say, prior to the founding of GAVI, the immunisation field, although it was laudable as the field attempted to protect children against infectious diseases, was really a mess. Things were plummeting and UNICEF and the WHO were fighting with each other. Although the Children's Vaccine Initiative, the precursor of GAVI, was trying to bring [a wide range of stakeholders in the field of vaccination and immunisation] together, it was not successful in doing so, and was dissolved in a pretty nasty way. When GAVI was founded at the proto-board meeting in Seattle, there was a little bit of people coming with "*we're going to have to*

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temporary committee shall consist of at least two Board members (or Alternate Board Members), each of whom shall be appointed to each such committee by the Chair. (...)" (Operating Procedures, Section 18)

*make a difference. We're going to have to show up in a different way. We're not always going to agree. We're not always going to like what the other is doing. We're really going to aim for consensus and a decision becomes a decision on all of us."* And the idea that [making a decision by consensus] was very important in GAVI, less so at the Board level at the time, but at the operating committee; 'the Working Group'. [They had an idea that the Board] has representatives from a wide range of different institutions such as the WHO and UNICEF and the World Bank and USAID and other countries. When you come to the Board, you are thinking [yourself] as a GAVI member, not as a World Bank representative. That culture has been a hallmark of GAVI, and will argue eternally, "*we're going to come up with a decision and we're all going to stand behind.*" That legacy in that culture of consensus still holds. I think it's been a positive one. (Interview 12)

In this section, I discussed the features of decision-making during my observation of Board meetings in 2020 and 2021, which rebut the rationalist tradition. Those 'powerful' Board members' arguments were not always successful, but not simply because they were persuaded by the Chair. More importantly, their opinions were not supported by other Board members. Meanwhile, 'weak' powers were not ignored in decision-making and were actually supported by a wide range of other Board members. More importantly, despite political sensitivities during the COVID-19 pandemic, the consensus based decision-making culture within the Board continued, showing the strength of this organisational norm.

Another important, particularly evident feature of decision-making identified during the observations and interviews was that Board members did not adhere to the identities and interests defined by their official role in the Board, but rather complex. In the next section, I will discuss how Board members perceived their (and others') identities and interests in the Board during the COVID-19 pandemic.

## **6.5. Board Members' Perceptions of the Identities and Interests of Themselves and Others**

### **6.5.1. Board Members' Perceptions of Their Own Identities and Perceived Interests**

#### **6.5.1.1. Board members' complex identities**

Given that the GAVI Board was designed to include a wide range of stakeholders from the public and private sectors, it is obvious that Board members have different formal identities, and probably different perceived interests. In line with this logic, it was evident during the observations that Board members often saw (and presented) themselves primarily as a representative of their constituency, for example when they began their remarks by saying “*my constituency...*” or “*(the constituency's name) thinks that ...*”. One Representative commented:

When I am in Board meetings, I speak on behalf of the countries I represent and clearly represent the joint voice of those countries. We [the constituents of Constituency 11] discuss and deliberate our priorities and prepare our positions in advance of Board meetings. I try to make sure [as the anchored constituent] that we have common goals and positions. (Interview 13)

However, this did not always reflect how Board members acted in decision-making. In fact, it appeared that their identities were complex: Board members had more than one identity, and presented different identities in different circumstances. For example, Interviewee 1 said that when they made an intervention at a Board meeting, they spoke on behalf of the constituency, delivering its official standpoint on an agenda. However, when they spoke to other Board members in informal settings, or when interacting with the Secretariat, they acted on behalf of only one of the members of the constituency. Regarding how they reconciled disagreements among different constituents in their constituency, they said:

The position presented at Board meetings is of course a position that everyone agreed with. However, different [the constituents of Constituency 1] have different ideas that cannot be aligned with one another. So, how do we align [as a constituency] and at the Board? At Board meetings, we present the position of the [constituency as a whole], not the position of [individual constituents]. But, separate from that, [individual constituents] themselves interact with the Secretariat. So, in-between meetings, it can be as [constituent x] we have a call with the Secretariat, or maybe [constituent y] have a call with the Secretariat to bring up a certain topic, and we say “look, the [constituency] position is opposed the decision point, but actually [as constituent y] we would be willing to accept that”. (Interview 1)

Interviewee 8 also explained the complexity in Board members’ identities, saying:

Actually, it is pretty clear that (...) the perspective I bring to the Board is about the interests of GAVI as a whole and as an institution, not just ‘the views of [Constituency 9]’. (...) I do endeavour to maintain a little bit of independence from my institution. (...) Ordinarily, if I do have to talk to GAVI or am a part of conversation where I raise an issue that is of interest to [Constituency 9], ... I am very clear and say “Look, I am now speaking to you as [Constituency 9]. I’m not speaking to you as [other Board role]”. And I’m going to take that hat off as [other Board role]. (Interview 8)

In addition, many Board members did not stick to their official identity as a representative of their constituency, but acted in the Board based on personal beliefs and career experience. They used their expertise and knowledge from their different experiences to develop ideas during Board discussions and discussions with other board members. One Board member commented:

I am not there [in Board meetings] as an individual, but I am there speaking on behalf of the countries I represent. But having said that, I think for our board to be effective, you cannot only rely on the formal standpoint of your constituency, what you should say and what your position should be, developed in advance of the meetings. I think it’s important to listen to the voices and perspectives from others around the table. And then if there are disagreements, I try to come up with new ideas based on my expertise and

join that conversation. That's where I can use my different background. So based on my background, I could have been an individual expert as well in some way [playing different roles]. (Interview 13)

Other Board members similarly emphasised the congruence between the position of their institution and their personal thoughts, based on their knowledge and experience in global health. This is unsurprising given the significant involvement of Representative Board members in most constituencies in developing the constituency position. One Representative, for example, said:

The job I have is representing [Constituency 3] on the Board. (...) What I bring to the Board is an understanding of vaccines and diseases and all those kinds of things, born out of my technical experience combined with the benefit of analysis by a group of really smart people who surround me. (Interview 3)

Regarding the balancing of different perspectives that is required, one Alternate from donor constituencies said:

I try as much as possible to base my decisions on what I think the evidence says, what's right. I like to do evidence-based decision-making, and I try to not be too swayed by the politics. It's a continual tension. But it is also about continual compromise. And it's also not assuming that those tensions are at loggerheads. There are times when you can make those things work together, and you can find opportunities. (Interview 10)

Also, it is interesting to note that GAVI's founding organisations ('the GAVI Alliance partners') did not have a companionship, despite the fact that they were involved in the creation of GAVI. One interviewee from one of the founding organisations of GAVI said that:

[The founding organisations that the interviewee did not have a companionship] are not involved in the operationalization in every country as much as we do. They are partners for us, and we consult them on global policy issue and so on. And we have a very, very close relationship with them.

But they are not involved in immunisation policy and guideline setting. They do not have the expertise for that. So that's why we do not include them as 'we', not for any other reason. (Interview 5)

Next, I explore the influence of these complex identities on Board members' perception of their interests.

#### **6.5.1.2. Board members' perceived interests**

As with their formal identities, to some extent the interests, defined by their official roles in the Board, being pursued by different Board members might appear obvious. Representatives of recipient country governments, for example, had a keen interest in maximising the support available to them from GAVI to respond to COVID-19. Often this was indeed in evidence. At the June 2020 Board meeting, for example, emphasising high needs of vaccines in their country, the Representative of Constituency 10 (recipient) insisted that GAVI eligible countries needed clear information on the plan for procuring vaccines. In a similar vein, at the December 2020 meeting, pointing out the inequity in vaccine distribution even within the African region, the Alternate of Constituency 7 (recipient) argued that poorer countries should be given access to vaccines in order to save lives and economies, and wanted to be assured that COVAX could really deliver vaccines to them.

It is worth noting, however, that Board members belonging to the same group (for example, multilateral organisations or recipient country governments) often displayed different interests. For example, representatives of donor country governments had different views on which group of poorer countries COVAX should help. Throughout the Board meetings in 2020 and 2021, some donor country representatives were not favourable towards supporting middle income countries during the COVID-19 pandemic, arguing that to do so would not comply with their ODA policies. They preferred focusing on

GAVI eligible countries (low- and lower-income countries). This was perhaps the reason behind the Representative of Constituency 5's repeated requests for revision to decision-language and their argument with the Chair (see Chapter 6.4). However, some representatives of the donor countries (such as Constituency 9) which had political relations with many lower middle-income countries, wanted to help lower-middle income countries and small islands as well, arguing that those countries were also facing difficulties in the pandemic.

For another example, both the representatives of the CSO constituency and constituencies of developing country governments were interested in ensuring that GAVI was provided with the material resources for vaccination campaigns in developing countries. However, given that they competed with each other for funding from GAVI, whereas the former preferred that GAVI provides resources not to developing country governments but to CSOs in those countries to respond COVID-19 in an effective manner. Interviewee 4 commented:

GAVI's funds for national vaccination campaigns are given to a government. And then part of this money is given to UNICEF so that they can deliver vaccines and vaccine devices into the country. [Constituency 4] is not a part of the considerations in distributing resources. This is not a healthy way to work, for many reasons. First of all, in many countries, it might be good to work within the criteria of the government. But working under the control of a government is not always effective, because civil communities and non-governmental organisations might become a client of the government losing their independence from it. (Interview 4)

In addition, Interviewee 4 implied that their constituency is not aligned with the interests of recipient country governments, commenting that:

Most of the governments of GAVI eligible countries quit its commitment to the vaccination campaigns that they promised GAVI to deliver. Regimes in those countries change, or simply they stop continue to do the work. You have to

keep eyes on those countries' political will because it's the government who should be taking responsibility for vaccine distribution. Yes, we have been saying that [the constituents of Constituency 4] can play a role of critical partnerships with governments, and we want to say to our governments, "you are not delivering, you are not doing what you have already committed to do". We think that we should create a community of [the constituents of Constituency 4] in those countries so that they can become watchdogs to the governments and put pressure on them to be compliant with what they have already committed. (Interview 4)

As a result, throughout the Board meetings in 2020 and 2021, the representatives of Constituency 4 emphasized the important role of CSOs in responding to the COVID-19 pandemic and the importance of the engagement of CSOs in the governance structure of COVAX (see Chapter 6.4).

However, Board members' official roles did not necessarily determine their perceived interests. Rather, it frequently appeared that a Board member's constituency's interest and his/her personal interest based on their beliefs were combined. For example, although Interviewee 3 attended in the Board as the Representative of Constituency 3 (as we saw in the quotation in the earlier section), their interests in the Board were to help with the interests of recipient countries, saying that:

I use resources in [Constituency 3] to represent those interests on behalf of developing countries. So, serving as a Board member is a dream job because I get to draw on stuff that I know that's important to me, supported by [Constituency 3]'s co-chairs who want GAVI to be spectacularly successful and a team that enabled us [Board members of Constituency 3] to be really well prepared for every occasion. (Interview 3)

Board members' different perceived identities, based on their personal beliefs or career, influenced their perceived interests in decision-making and consequently, their behaviour in discussions in the Board. For example, in the September 2020 meeting where the decision item, 'cost sharing of vaccines with COVAX AMC countries' was discussed (for

the details of this item see Chapter 5), Interviewee 3 requested a revision of the decision language, arguing that the decision should state more clearly that developing countries which experience financial difficulties are eligible for exemption from cost sharing. However, their repeated requests were not accepted because the Chair, sharing her experience as a finance minister in a developing country, dissuaded them (and also relieved their concern) by assuring them that the decision-language clearly conveyed the ideas which were intended on the availability of cost-sharing exemption (for the details of how they were dissuaded, see Chapter 7.4). The Representative's strong opinion of supporting the cost-sharing exemption for developing countries was attributed to his belief on the importance of protecting and helping poorer countries during the COVID-19 pandemic. Regarding Interviewee 3's decision-making behaviour on the cost-sharing item, one interviewee who maintained close interactions with Interviewee 3 said:

I think partly because he wasn't reading his notes [on the standpoint of his constituency which was developed in the constituency before the meeting]. He was a little bit off. I remember at the time "*that's not in your notes honey!*". He felt so strongly that countries [weak economies] shouldn't be paying for COVID vaccines. (Interview 12)

Some Board members worked for the interest that did not really reflect their constituency's interests/purpose on the Board. One former Board member was interested in reflecting their own experiences of working in different countries to GAVI's policies, saying that:

I think my specific role in the Board was that I brought experience from country level in my view or my scope. There are developing country representatives from governments, ministers of health on the Board. But in fact, lots of those people have worked only in their own country. And so, I think I brought sort of a unique perspective in that I'd worked at country level in three countries. I think that there weren't that many people on the Board that had that perspective when I was on the Board. So, I tried to always reflect on changes in GAVI's policy. (Interview 6)

This section showed that Board members' perceptions of their identities were complex and that they had different perceived interests which were influenced by their different perceived identities. Board members did not stick to their officially assigned identity, and those non-official identities influenced their perception of the interest of themselves in the Board. Although Board members presented their different perceived identities and perceived interests in the Board, it was evident that those representatives' identities and interests had intersubjective identity and interests. In the next section, I will discuss intersubjectivity in their perceptions of the identity and interest of themselves and others.

### **6.5.2. Intersubjective Identities and Interests**

As discussed earlier (Chapter 6), there was a consensus-based decision-making culture within the Board, and indeed the Board approved many politically sensitive decisions by reaching a consensus during the COVID-19 pandemic. Although to some extent this was prompted by the expectations contained in the GAVI Statutes (see Chapter 4), the maintenance of this consensus-based decision-making culture was made possible by the common identity and interests created intersubjectively among Board members.

Of course, making decisions by consensus does not necessarily mean that every Board member was satisfied with and agreed with a policy recommendation. However, it at least means that Board members were not willing to raise particular objections to the policy proposal. One Board member commented:

I think consensus means that you end up with something that no one feels that they need to object to. I don't think we [Board members] fully agreed to, but at least we don't need to object. I am sort of a fairly principled person. So if I feel that I had no chance of actually convincing the Board to make another decision, I do not dissent it. But if I feel that I am not comfortable with a decision, so I do not want [Constituency 11] to be listed as supporting that, I would call for recording in the minute that we are against the decision. (Interview 13)

Many of the interviewees for this thesis remarked that other members' interests were not necessarily in conflict with their own, because all Board members were ultimately pursuing the same goal ('achieving GAVI's mission'). This identity often manifested in the expressed belief in a moral duty as a Board member that transcended the narrow interests of their constituencies. For example, the Representative of Constituency 3 said:

It is a consensus Board. I would say there are two things that make the consensus Board work. One is shared mission. (...) Everybody in GAVI is there largely because they just want to see the world get vaccinated. They do have differing views on the best use of resources to do that. But to be honest, it's like two people who disagree on how much money we use on vaccinating against pneumonia versus diarrhoea. On the political spectrum, it is not a very vast divide. It's a legitimate one. Everyone comes to the Board with a strong commitment to the mission. (Interview 3)

It was evident that Board members had a high degree of companionship and perceived themselves as a group responsible for pursuing GAVI's institutional aims and objectives. In addition, Board members regularly referred to their common interest in protecting GAVI's core mission, as well as achieving the new mission given to it during the pandemic, evident in the use of '**we**' to describe themselves during meetings. It was frequently said "*as a Board, we should...*" or "*we, as Board members of GAVI, need to (...)*". For example, on the second day of the March 2021 meeting, after the Secretariat's COVAX update, the Representative of Constituency 3 remarked that "*I think **our job as a board** is to appreciate the Secretariat's efforts to develop plans and then to provide feedback on those plans*".

This intersubjective identity as members of the GAVI Board influenced Board members' perceptions of the interest of others in decision-making. Many Board members believed that their role was not just to represent the narrow interests of their constituency, but also to help forward GAVI's mandate as a collective endeavour. One Representative remarked:

Although a lot of times, our [Constituency 3]'s opinions are not fully heard in the Board. But really, we [Constituency 3] value working in that multi-partner piece and particularly with the private sector or the developing country representatives. (Interview 12)

So strong was the collective identity that in some cases representatives spoke about themselves as if they were representatives of GAVI to their 'home' institutions, rather than the other way around. For example, one Representative who was assumed to be influential in the Board due to the resources it provides to GAVI commented:

We join on the GAVI Board to represent the best interests of GAVI. Yes, you come with an institutional perspective and that's important, but you really are there to serve the core mission of GAVI. That's something I've always believe in. (Interview 12)

In this section, I have shown that Board members did not display simplistic or fixed identities and perceived interests, still less radically conflicting ones. Rather, there was evidence of the intersubjective development of a shared identity and interests. Although there were some tensions in the Board in 2020 and 20201 due to Board members' different ideas, the Board shared a collective idea that they should work together to achieve GAVI's institutional aim and its work, that was based on the intersubjective identity and perceived interest. As a result, Board members tended to believe that others were on the Board for the same reason, and that all Board members had a shared interest in making the best decisions for GAVI.

In the next section, I will show how I witnessed these intersubjective ideas being developed through formal and informal interactions among Board members.

## **6.6. Interactions Among Board Members**

### **6.6.1. Formal and Informal Interactions**

The Board's formal meetings are undoubtedly an important opportunity for them to exchange and debate their ideas and preferences, to listen to the views of others, and to discover who has the same ideas as themselves (and who does not) would be aligned with them and who had different ideas to them. In addition, according to Interviewee 2, new Board members have a probation period before they formally attend Board meetings. During this period, they observe meetings as an observer and learn how Board meetings are developed, what rules and rituals are applied, and who are on the Board. One Representative who joined the Board in the middle of the pandemic reflected on his focus during the probation period:

The first Board meeting that I attended as an observer, before I attend in my official capacity [Representative Board member], was intended to be an induction session. As I had not attended Board meetings before, I wanted to understand how the Board operates and how the Board makes decisions in a virtual meeting. In particular, I was interested in understanding the issues related to COVID-19 and COVAX and how those issues were handled.  
(Interview 13)

In addition to these formal exchanges, it appeared that Board members interacted with each other extensively though less formal interactions. Before the pandemic, they used to utilise various opportunities to speak to each other, such as coffee breaks between Board sessions or casual dinner meetings on the evening of a meeting day. Many interviewees argued that those informal meetings enabled them to have an open discussion and listen to others' frank opinions on a decision point. They said that they used those informal interactions to persuade those who had different opinions, as well as to clarify some Board

members' remarks which were unclear during the session. For example, the Alternate of Constituency 1 said:

In the outside of the Board meeting, you can have more hours for informal preparation discussions with different people from different groups of Board members around the table, where it is much more real problem-solving [than in the meeting itself]. And after informal discussions, people can talk to their constituency and come back with their evolved position.

Because, before the pandemic, we had time between the sessions of the meeting to have informal discussions, so as I said, when we speak [other constituencies], we've discussed very openly about "What are you going to say?" and "Here is what I am going to say". We know there is a disconnect and how we can find a solution, and as a result, we can solve the problem before the Board meeting. These informal interactions are so important. It also enables different Board members to get to know each other and so, it is easy to pick up the phone and have conversation. (Interview 1)

They added that those informal interactions were particularly important to Board members who represented a large group of constituents, because those informal activities enabled them to have open discussions with others regardless their constituency's official standpoint.

In the formal meetings, and especially in the Board, you have the formal role of representing your group [constituency]. And you have less flexibility in a way to explore new things, because for the new things you should have discussed them [with the members of the constituency] before. And that makes it sometimes frustrating. (...) You need to stick to what you have agreed with your constituents, because otherwise people will not be happy with you representing them.

I think it's the same for everybody at the table at Board meetings, except for some like the Gates Foundation and the UK. They are lucky to represent only one, but the moment you're representing multiple countries, you have to align. If you represent different CSOs, you have to align. So it limits a bit your possibility to speak openly at formal Board meetings. Therefore, interactions in-between meetings are very important. (Interview 1)

Similarly, the Alternate of Constituency 4 said:

Before Board meetings, we discuss with donor countries either bilaterally or even at a conference to discuss main agendas of the Board meeting. So, we have a good capacity to interact with them. We have contact with the main countries, and we can send them a message, saying “we want to have a one-hour meeting with you before the Board meeting to discuss some issues. And we want to understand what your position would be, and we want to explain you what our positions would be”. So, we do not wait until the Board to see that we have confronting issues. (Interview 4)

This section shows that the Board’s members actively interacted with one another to understand others’ positions and exchange ideas on the Board’s agenda items.

#### **6.6.1.1. Interactions in a virtual setting**

As discussed in Chapter 6, all Board meetings were held virtually in 2020 and 2021. Inevitably this influenced the way Board members interacted with one another both formally and informally.

The virtual format influenced the way Board members presented their opinions during a meeting. If a Board member wanted to speak, they pressed the ‘raise hand’ button, and when their turn came and the Chair invited them to contribute, they presented their opinion. Many interviewees recalled that, before the pandemic, people used a Board session to ‘explain’ their ideas to others and react to their opinions, Board members in a virtual setting, by contrast, tended to read a statement that they had prepared for the meeting, and listen silently to others’ remarks. For example, the Representative of Constituency 9 said:

I think the difficulty we have with these virtual meetings is that they are a little bit stiff, and they are formalised. And you're reading off your statement in your position paper, but you're not talking to people. Then what if your statement is different than the other persons? (Interview 8)

Consequently, whereas the broad communication pattern on a physical format of the meeting was 'explain and react', 'read and listen' became a prevalent form of communication in the virtual format. However, as I discussed in Chapter 6.6, these changes in interaction did not undermine the importance of the interactions in the Board. Rather, given the lack of informal interaction between sessions, Board members actually tended to more focus on discussions during the sessions, and fiercely discussed decision points to reach a consensus.

On the other hand, in a virtual setting, it became difficult to have those informal interactions between sessions. Virtual Board meetings lasted about four to five hours. Participants were sometimes given a 10-minute break during the meeting, but discussions frequently lasted for three hours without a break. Not even a short break was given during the meetings in March and June 2021 due to time constraints. Even when there was a break, it hardly seemed to be likely that Board members could have an informal chat with each other. Although there was a chat function on the virtual meeting software, the Secretariat recommended Board members do not use it, as they considered that side conversations in the written chat would disturb the main discussion. But, it might be natural to assume that they perhaps interacted with each other via social networks such as WhatsApp.

Many interviewees regretted the lack of opportunity for less formal interactions. For example, the Alternate of Constituency 1 said:

In-person meetings actually were very good because there was time in the evening and breaks to talk to different people and align a little bit offline on some of the difficult topics. (...) I think it will be important to go back to at least once a year face to face meeting to help people to know each other and have those, I would say, real conversation in real time.

For me, this informal conversation is really important. Because, as I said, and certainly in the virtual meeting, people are more reading the statement, but at an in-person

meeting, people are more explaining. And I think in discussing complex topic, it's important to really make sure you understand why someone is saying something. And if you don't understand, you can ask questions like "Can you explain to me why you said at the meeting?" or "I was saying this, and you say that, is it not the same? Or is it actually different?" (Interview 1)

Although Board members (in particular, the Board members who joined the Board after the pandemic began) were disappointed with the limited opportunities for informal interaction, they did not think that these ultimately made a difference to the decisions, because they had many interactions in other ways. For example, the Alternate of Constituency 4 said in the interview:

I was appointed in December 2019, which means that our first Board meeting was to be taking place in March, which was a telemetric virtual meeting. I've never met most of the people who I see on the screen, which is a handicap. We don't know how these people feel, and we don't know how these people react. It's something that you cannot control.

When it comes to whether these might have changed the decisions, no, because despite difficulties, we interact a lot in-between Board meetings online. But the way to reach this has increased a lot of tension between different Board members. Probably the details of how we went to a consensus might have been different. The point is that we have had a lot of meetings because of the mutual capacity and because of the lack of having proper Board meetings. (Interview 4)

There seemed to be a few other factors that may have influenced the interactions in the virtual Board meeting. For example, although some Board members used the video function, some kept their video turned off. Different time zones might also have affected Board members' concentration in a meeting.

### **6.6.2. The Influence of Interactions on the Development of Intersubjective Identity and Interests**

Despite the limited opportunities for interaction, which may indeed have made things particularly difficult for new Board members who did not know their peers in the 'real world', most felt that the Board had nevertheless managed to maintain its sense of community – despite the politicised topics it was first to address. For example, the Alternate of Constituency 1 said:

In general, I have to say that all of the Board members are very approachable. So we can really have a lot of good discussion between the different Board members or people who work with them. I really, really feel that in GAVI, everybody is there for the same purpose. And therefore, they are really willing to engage, to work hard to understand each other and to work out the best for GAVI. (Interview 1)

Board members tended to have a particularly positive impression of the members with which they frequently interacted. For example, the Alternate of Constituency 4, who frequently interacts with representatives of Donor country governments said:

We think that we have a very good understanding of donor countries, contrary to what I had in my mind. Before entering the Board, I thought we would have to fight because they come from a high-income country and from the European Union countries. (...) So, I expected that at the Board meeting, we will be having a lot of different senses. To my surprise, we have a very good relationship with almost all of them. To my surprise, when we have problems in terms of understanding of issues, we talk. (Interview 4)

The examples introduced in this section show that frequent and prolonged interactions in the Board influenced the development of intersubjective identity and interests shared among Board members. Those interactions enabled them to learn about and internalise GAVI's missions, values, and norms, and to develop and express a shared commitment to pursuing them.

## 6.7. Conclusion

This chapter has discussed the factors that influenced the Board's decisions during the COVID-19 pandemic, as well as the ways in which Board members' interactions with one another influenced their perceptions of the identity and interests of themselves and others. Although material power somewhat influenced decision-making, outcomes in the Board did not always follow the logic of power politics. The 'strong' powers were not always successful in getting their ideas reflected in the Board's decisions; the weak powers were not always marginalised from discussions, but in fact were respected by others. Furthermore, there was a consensus-based decision-making culture in the Board.

The findings in this chapter demonstrated two things that constructivists can explain, but rationalists would not expect. First, Board members' identities were complex. Although they seemingly represented their constituency in official Board meetings, they did not stick slavishly to this 'official identity', but presented different identities in different circumstances. Second, they did not adhere to their perceived interests in their official capacity. In addition, Board members were not on the Board to merely support the narrow interests of their constituency alone. Sometimes they made decisions that did not represent the interests of their own constituency.

Constructivists would expect Board members' identities and interests to be reconstituted through their social interactions. There was some evidence of this in relation to both formal interactions during Board meetings, and informal interactions before/during them. These interactions enabled Board members to intersubjectively develop a shared identity and a shared interest (in helping GAVI to achieve its missions). This helped them to reach consensus, even on politically sensitive agendas during the acute phase of the pandemic.

However, it was clear during the observations that decision-making in the Board was not only influenced by Board members, but also by the Secretariat. In the next chapter, I will discuss how the Secretariat, as a bureaucracy, influenced the Board's decision-making.

## 7. The GAVI Secretariat's Influence on Decision-Making

- Based on the semi-structured interviews, the non-participant observations, and GAVI documents, this chapter discusses how the Secretariat influenced decision-making in the Board in 2020 and 2021.
- Finding 1 The Secretariat acted as a policy making actor with its own agenda (its views on 'what GAVI should prioritise') and perceived interests (its views on 'what GAVI should aim to achieve'). Since GAVI's involvement in co-leading COVAX began in 2020, the Secretariat's priority was the success of COVAX, and for this, it was interested in the expeditious delivery of COVID-19 vaccines across the globe by developing COVAX as quickly as it could.
- Finding 2 The Secretariat influenced the Board's decision-making process by utilising GAVI's bureaucratic features: rules, delegated tasks, moral standing, expertise, and consultation ability.
- Finding 3 The Secretariat's activism caused tensions between the Board and the Secretariat in Board meetings.
- Conclusion The Secretariat plays a role as a policy actor with agency in decision-making in the Board, and influences the Board's decisions by using GAVI's features as a bureaucracy.
- Contribution This chapter contributes to understanding the Board's decision-making by providing empirical evidence illuminating the influence of the Secretariat on decision-making during the COVID-19 pandemic. It shows GAVI's dual identity, both as a policy mechanism and as an actor, represented by the Secretariat.

### 7.1. Introduction

If we regarded GAVI merely as a 'policy machine', Board decisions would simply be the outcome of interactions among Board members – influenced by their different standpoints and interests, and the complex relationships between one another. According to such a perspective, the Secretariat would play a limited role: assisting the Board to provide them with resources (e.g. administrative or informational) necessary to make decisions. However, according to the findings from the fieldwork for this thesis, the Board's

decisions were also influenced by the Secretariat and its relationship with the Board. The Secretariat played an active role in steering decision-making in the Board, and deliberately sought to influence the Board in pursuit of what it thought was right. This indicates that GAVI, represented by the Secretariat, is not only a policy machine but also a policy actor, with its own agenda and perceived interests.

The Secretariat's tendency to act in this way caused tensions between the Secretariat and Board members. Although the tension manifested during Board meetings in 2020 and 2021, it was particularly intense in 2020 in the early stages of the pandemic. As a result, in this chapter I especially focus on the relationship between the Secretariat and the Board in 2020.

This chapter consists of six parts. First, I will discuss GAVI's dual identity – as a policy machine and as a policy actor with agency – and the Secretariat's prioritisation of and interest in GAVI's central involvement in COVAX. After that, I will explore the feature of GAVI as a bureaucracy that the Secretariat utilised to be able to exercise a degree of independency. Given that Seth Berkley, the GAVI CEO, was the most influential (and most senior) member of Secretariat staff, his individual ability will be explored in terms of both his position in GAVI and his personal capacity. After that, I will discuss the tensions caused by the Secretariat's tendency to act in its own right, highlighting aspects of the Board's dissatisfaction with the Secretariat in developing COVAX. In the last section, I will discuss the political tensions between the Board and the Secretariat by exploring specific cases of decision-making.

## **7.2. The Secretariat's Involvement in the Board's Decision-Making: Its role in decision-making and its agenda and perceived interests during the COVID-19 Pandemic**

### **7.2.1. The Secretariat's Role in the Board's Decision-Making Processes During the COVID-19 Pandemic**

As we have already seen in Chapter 6, discussions among Board members and relationships between them influence decision-making. However, throughout the observations of Board meetings in 2020 and 2021, the Secretariat's role was not limited to just that of an agent of the Board. Rather, it played an active role in decision-making and had its own agenda and perceived interests regarding GAVI's involvement in COVAX. In the following sections, I will discuss the Secretariat's different roles in the decision-making and its ideas on what GAVI should prioritise and attempt to achieve during the pandemic.

First, it appeared that the Secretariat played a role in developing policy recommendations for the Board's approval. According to Section 4.6 of the By-laws, the authority to make recommendations for the Board's decision and/or approval is given to Board Committees, which consist of experts and the Board's stakeholders in the relevant area (for the Committees and their responsibilities, see Chapter 4.3). Although Section 7.1 of the By-laws provides that one of the functions of the Secretariat is to "*prepare strategic plans for review and approval by the Board*", the By-laws do not explicitly empower the Secretariat to develop recommendations. Instead, they say that the Secretariat provides Board Committees with necessary information (which includes issue papers, operational strategies, and presentations) to help the Committees develop policy recommendations.

However, at Board meetings in 2020 and 2021, it routinely appeared that the Board was being asked to make decisions on policy recommendations created by the Secretariat, without consultation with the relevant Board Committee(s). For example, at the September 2020 meeting, the Board was requested to approve the Terms of Reference of the

governance bodies<sup>27</sup> of the new COVAX Facility. After the Secretariat's presentation on the recommended Terms of Reference, the Chair of the Governance Committee noted that, although the Governance Committee had an informal conversation on the COVAX Facility governance arrangements, they had not had a formal meeting to review the papers on those Terms of Reference. This implied that the recommendation being put forward for the Board's approval was not made by the Committee, but rather directly by the Secretariat. It was particularly prevalent during the COVID-19 pandemic that the Secretariat developed policy recommendations on its own, which caused tension with the Board (for details of the tension between the Board and the Secretariat, see Chapter 7.3).

In addition, during the observations, it appeared that the Secretariat involved in discussions for decision-making in the Board. According to Article 13 of the Statutes, the Board "*shall possess the highest and most extensive authority concerning decision-making*". The Secretariat is not given the authority to make decisions in the Board. However, it was frequently involved in discussions on decisions, including the revision of decision language, in an active manner. For example, as I will discuss in a detailed manner in Chapter 7.3, at the September 2020 meeting, the Board refused the Secretariat's request to allocate US\$500 million to GAVI's health systems support (HSS) scheme, and preferred removing the entire text of decision point **b**), questioning the validity of the amount (for the policy recommendation, see Box 4).

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<sup>27</sup> These bodies are the COVAX Shareholders Council, the COVAX AMC Engagement Group, the COVAX AMC Stakeholders Group, and the COVAX Consensus Group.

#### Box 4. Policy recommendation on GAVI's health systems support (HSS) scheme

The Gavi Alliance Board is requested to:

**b) Approve** an additional US\$ 500 million to the HSS allocation of US\$ 1.2 billion for the strategic period 2021-2025 as dedicated funding for zero-dose children and missed communities. This amount is in addition to the funding amounts included in the forecast presented and previously approved by the Board at its July 2020 meeting;

(GAVI 2020x, 19)

In responding to the Board's suspicion, Senior GAVI Officer 1 made an intervention and suggested revising the language instead of removing it. They were concerned that removing decision point **b)** entirely would mean the deletion of a point intended to ensure equity for zero-dose children. Regarding this concern, the Chair asked for an alternative form of language. The revised language suggested by the official was ultimately reflected in the decision (see Box 5).

#### Box 5. The final version of decision point b)

The Gavi Alliance Board:

**b) Endorsed** the need for additional resources to the HSS allocation to support the goals of the zero-dose agenda and asked the Secretariat to bring to the Programme and Policy Committee a detailed proposal on approach and resourcing for recommendation to the Board;<sup>28</sup>

(GAVI 2020b, 3)

Throughout the Board meetings in 2020 and 2021, the Secretariat appeared to be regarded by Board members as a policy actor involved in the Board's decision-making; the Secretariat's opinions were routinely considered in making a decision. Its opinions were

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<sup>28</sup> The implication of this example on the source of GAVI's authority will be discussed in Chapter 8.

respected, and sometimes prioritised over Board members' own opinions. For example, at the June 2020 meeting, it appeared that the Representative of Constituency 5 sent a message to the Secretariat to request a revision of the language on GAVI's support for cold chains for developing countries in decision point **b)** (see Box 6).

**Box 6. Policy recommendation on GAVI's support for cold chain**

The Gavi Alliance Board is requested to:

**b) Confirmed** Gavi's role in supporting cold chain support for COVID-19 vaccines, diagnostics and treatments in 78 low and lower middle income countries and 12 IDA-eligible small economies, as agreed by the members of the ACT Accelerator, contingent on approval by the Board of a refined proposal to be developed by the Secretariat as described in Section 7 to Doc 05; and

(GAVI 2020I, 12)

The Representative argued that their constituency wanted to make sure that the budget for helping middle income countries, which included non-GAVI eligible countries, was externally financed without using the funds intended for GAVI's core mandate.<sup>29</sup> After this request was delivered, Senior GAVI Officer 2 asked other Board members and the Secretariat for their comments. The Chair wanted to hear to the comments from the Secretariat before hearing the Board members; a clear example of how the Secretariat's view sometimes got prioritised during meetings.

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<sup>29</sup> For some reason, the constituency subsequently withdrew the request by informing the Secretariat via email, so their request was not reflected in the final decision.

### **7.2.2. The Secretariat's Agenda and Perceived Interests During the COVID-19 Pandemic**

In 2020 and 2021, the Secretariat had its own agendas and policy interests regarding the development of COVAX. One Alternate commented:

Definitely, the Secretariat has an agenda in the sense and preferred ideas and options that they want to see decided in Board meetings. (Interview 13)

GAVI's co-convening of COVAX was a monumental event in its history. Taking charge of procuring vaccines across the globe at unprecedented scale and speed, GAVI found itself under the media spotlight and intense global attention. Although the Secretariat was aware that maintaining GAVI's core mandate (i.e. routine immunisation of children in poorer countries) was vital, it appeared that the Secretariat saw the success of COVAX as a priority for GAVI – at least during the acute phase of the pandemic. According to one Board member, GAVI's routine immunization work was not a priority for the Secretariat during the COVID-19 pandemic: “[in 2020 and 2021] I think the GAVI Secretariat leadership entirely focused on COVAX” (Interview 12).<sup>30</sup>

The Secretariat never announced this in an official manner, but it was clear at the June 2020 meeting – the first to be held after GAVI was made co-lead of COVAX. In a presentation on the pandemic-related challenges to GAVI 5.0, which is GAVI's 5-year strategy from 2021 to 2025, Senior GAVI Officer 1, noted that some of the priorities in GAVI 5.0 needed to be changed due to the pandemic, and that delivering COVID-19 vaccines should now be included as the new top priority.

These remarks faced a backlash from many Board members. They argued that it was important to strike a balance between GAVI's missions (i.e. routine immunisation and the

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<sup>30</sup> In the interview conducted in April 2023, the interviewee remarked that the Secretariat's focus on COVAX has been maintained even when the acute phase of the pandemic ended in 2023.

development of COVAX), and that routine immunisation should not be sacrificed in pursuit of delivering COVAX. The Representative of Constituency 5 emphasised that GAVI should commit to its core mission and use its resources only for those countries GAVI normally supported (i.e. 'GAVI eligible countries'). After this backlash, Senior GAVI Officer 1 changed their tone to mitigate the concerns of the Board, and said that the presentation's purpose was actually to protect GAVI's routine immunisation mandate. However, it was emphasised that the successful delivery of COVID-19 vaccines was essential to enabling the recovery of routine immunisation programmes. Subsequently, despite the Board's concerns, the Secretariat's idea of the need for GAVI to prioritise COVAX was reaffirmed by Senior GAVI Officer 3 who argued that, given the disturbances in routine immunisation due to the pandemic, it was not a time to focus on GAVI 5.0 but more on COVAX, to ensure poor countries have access to COVID-19 vaccines.

Based on the idea that GAVI's priority during the pandemic should be the success of COVAX rather than routine immunisation, the Secretariat believed that GAVI should procure vaccines across the globe regardless of a country's resources to secure vaccines for its nations (so, supporting both richer and poorer countries), and the procurement of vaccines should be developed as fast as possible. COVAX could be developed in a slower manner, making balance with GAVI's core mission, as many Board members argued (I will discuss this later in this chapter). However, the Secretariat was interested in procuring and distributing COVID-19 vaccines in an expeditious, equitable manner. However, these interests somewhat contradicted those of the Board. The Board, in general, preferred developing and operationalising COVAX in a cautious manner based on a careful risk management plan. Board members argued that GAVI should not take risks in delivering COVAX that would be a threat to its reputation and its core mission (routine immunisation work to save children from preventable disease). In addition, the Board's many donor representatives were not great supporters of GAVI using its resources to procure vaccines for upper-middle income countries and high-income countries (see Chapter 6).

Whilst many Board members were interested in supporting a waiver on intellectual property (IP) rights for COVID-19 vaccines, the Secretariat was not in favour of discussing this. For example, at the June 2020 meeting, where many Board members argued for an exemption on intellectual property rights for the vaccines, Senior GAVI Officer 4 noted that IP rights had no relevance to the procurement of vaccines, and that dealing with the IP rights issues should be a part of a longer-term strategy. At the same meeting, Senior GAVI Officer 3 argued that technology transfer would not address the vaccine shortage in the short term because it would take a long time to transfer the relevant technology. Therefore, he argued, supporting a waiver on IP rights for COVID-19 vaccines was not an area that GAVI should work on. At the December 2020 meeting, the Board, including the Chair, again raised the importance of a waiver on IP rights in order to enable poorer countries to manufacture COVID-19 vaccines. However, this was again rebutted by Senior GAVI Officer 3 and 4. They argued that it is know-how not intellectual property which is the major barrier to getting vaccines manufactured at speed, but that it takes years to transfer know-how, and that GAVI had been working in a pragmatic way and focusing on COVAX to allocate doses at speed to ensure people have access to vaccines.

In short, it was evident on numerous occasions throughout the Board meetings for this thesis that the Secretariat not only supported the Board by providing administrative services, but also played active roles in decision-making in the Board by developing policy recommendations for the Board's approval and involving itself in discussions. It had its own agenda and sense of GAVI's interests, and sought to shape decision-making in the Board to achieve what it believed to be important.

It appeared that although Board members had different views on the direction of GAVI's work and the development of COVAX (see Chapter 5), conflicts in views between the Board and the Secretariat were more evident. These two parties did not think that they shared the same understanding and aspirations for GAVI's work during the COVID-19

pandemic, and on how GAVI should develop COVAX. According to one Representative, the Secretariat seemed to consider that the Board did not fully understand the key policy issues:

[Regarding] the Board asking questions about Board agendas at Board meetings, I think the Secretariat might say, “*Oh, if only the Board really understood the issues, and if they see the world in the way we see the world, they wouldn't ask these questions*”. The Secretariat sees it as a way to sort of get an approval so they can keep on doing what they're doing. So, for the Secretariat, “*it's how do I land a decision that is good enough to get me where I need to go*”. (Interview 12)

However, it was important for the Secretariat to ensure that the Board made a decision which enable it to do what it wanted, as it is normally a servant of GAVI and without the Board's approval, it cannot do what it wants to do. To encourage the Board to make decisions and behave in a way the Secretariat favoured, the Secretariat used a wide range of institutional sources of authority as a bureaucracy. In the next section, I will discuss what the sources were and how those sources helped the Secretariat achieve its own perceived interests.

### **7.2.3. The Secretariat's Strategies to Influence Decision-Making to Act Independently During the COVID-19 Pandemic**

In this section, I will show that, to achieve its own agendas and preference and justify its active role in shaping decisions, the Secretariat utilised GAVI's institutional sources which derived from the organisation's bureaucratic features: rules, delegated tasks, moral standing, expertise, and consultation ability.

### 7.2.3.1. Rules and regulations

As we saw in Chapter 2.6.3, according to Section 7 of the By-laws, “*the Secretariat shall be responsible for managing the Gavi Alliance business, including facilitation of the participation and contribution of all Gavi Alliance stakeholders and sustaining its unique public-private character*”. This legally assigned, and broadly defined, responsibility enabled the Secretariat to utilise GAVI’s rational-legal sources<sup>31</sup> to influence the Board’s decision-making processes.

For example, the Secretariat develops the agendas for the Board’s meetings, in consultation with the Board Chair and the Vice Chair (GAVI By-laws, Section 2.7.2(4)), in the process influencing the topics the Board discusses. This implies that the meeting agendas reflect what the Secretariat considers important for GAVI, and that the Board’s discussions and policies are influenced by the Secretariat’s ideas. What is more, the Board might not have the opportunity to discuss issues that the Secretariat does not make space on the agenda for.

The CEO’s report during each meeting also played a role in determining the main themes for discussion. At the June 2020 meeting, the Chair remarked that the CEO’s Report was “*the basis for discussion with the Board*”. The Report in particular explicitly set out the CEO’s view on what was important to GAVI and what the Board should take into account in making decisions. As such, it focussed the Board’s attention on those issues which the Secretariat believed to be important. For example, at the June 2021 meeting, the Board discussed GAVI’s support for Africa’s response to the pandemic. At the time of the meeting, although the continent had faced difficulties in dealing with the virus, the damage that Asian countries were suffered also. However, the CEO’s Report emphasised the

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<sup>31</sup> They are GAVI’ rules consist of formal rules provided in GAVI’s By-laws, Statutes and Charters, and informal rules such as GAVI’s institutional culture and norms, which were not documented but embedded in the attitudes of its members and many aspects of the operation of the organisation.

importance of supporting Africa, which was in line with GAVI's support for the WHO's announcement, released two days before the Board meeting, which emphasised the importance of global support to help African countries respond to the pandemic (see WHO 2021b). This case shows that perhaps the Board discusses the issues that the Secretariat considers important.

As well as influencing what was discussed at Board meetings, the Secretariat also used GAVI's procedural rules to urge Board members to make (or not to make) particular decisions. For example, as we saw in Chapter 5, at the September 2020 meeting, the Board had been spending significant time discussing a decision point on cost-sharing with AMC92 countries, because a few Board members were not satisfied with the decision language (For the details of the discussion, see Chapters 5 and 7). Amid continued interventions without reaching a consensus, Senior GAVI Officer 4, who was in charge of managing the process of the Board's meetings, intervened and reminded the Board about Section 10.2 of the Operating Procedures. They explained that if the Board was not able to come to an agreement and instead took a decision electronically after the meeting, it must be a unanimous decision and must be taken within eight days. They made it clear to the Board that this raised a risk they would not get a decision and, therefore, the Board should try to reach a consensus during the meeting (for the details of this, see Chapter 7).

In addition, referencing GAVI's procedural rules, the Secretariat dissuaded the CSO constituency's request for voting at the September 2020 Board meeting at which the governance structure of the COVAX Facility was expected to be finalised (for the conflict between the CSO constituency and the Secretariat, see Chapter 6). As we have seen in Chapter 6, the constituency wanted to be fully engaged within the technical and decision-making bodies of the Facility. In the presentation to the Board on the design of the governance structure, Senior GAVI Officer 4 did not mention how CSOs would be involved in the governance of the Facility, although they did mention that CSOs might be involved in

the ACT-Accelerator Facilitation Council, which was an “*important venue to engage CSOs*”.<sup>32</sup> Disagreeing with the Terms of Reference of the governance structure of the COVAX Facility, the representative of the CSO Constituency requested the constituency’s opinion of disapproval to be included in the decision as a minority decision. At that point, Senior GAVI Officer 5 informed the Board that it was not possible to record a minority position, because GAVI’s Statutes and the Charter of the Board does not have a provision regarding minority decisions. According to the Alternate of the constituency, when the CSO constituency contacted the Secretariat to make a request for voting over the inclusion of the minority decision, they were informed by the Secretariat that they cannot vote because there was no voting system in GAVI (although Article 15 of the Statutes states that the Board has a voting system):

*The Board will use all reasonable efforts to make decisions by consensus. If no consensus can be reached, any decision of the Board shall require a two-thirds majority of Board members (or their Alternate Board members) present and voting (GAVI Statutes, Article 15)*

Notably, many of the Board members who I interviewed were not aware that there is a voting system and believed that decisions must be always made by consensus. These examples of the Secretariat’s use and misuse of GAVI rules suggest that the Secretariat utilises GAVI rules to shape what the Board does towards their preference.

### **7.2.3.2. Mandate in COVAX**

As a co-convenor of COVAX, GAVI was in charge of procuring two billion vaccines across the globe, the largest vaccine procurement project in human history. The new

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<sup>32</sup> In practice, according to the Council’s Terms of Reference, “to ensure appropriate and diverse representation of global leaders and partners”, they invite industry representatives and civil society representatives to the meetings in ‘Envoys & Invitees’ status (WHO 2020f, 2–3).

responsibility delegated to GAVI under this global project empowered GAVI and enabled the Secretariat to exercise independency to a certain degree. As GAVI provides an administrative function for the operationalisation of COVAX, the Secretariat, in consultation with the WHO and the CEPI, developed the principles and the governance structure of COVAX, set up plans to raise funds, negotiated contracts with vaccine manufacturers, and developed the details of procurement mechanisms.

This mandate enabled the Secretariat to justify its actions and its standpoint on key issues related to COVID-19 vaccines at the Board's meetings. For example, at the September 2020 meeting, Senior GAVI Officer 3 justified GAVI's passive attitude on the question of waiving intellectual property rights for COVID-19 vaccines by arguing that GAVI is responsible for securing COVID-19 vaccines now for maximum health impact; therefore, it has chosen a different model of public-private partnership, working closely with industry as it always has.

The delegated tasks for COVAX also enabled the Secretariat to justify acting in its own right without consultation with the Board or Board Committees. Secretariat officials argued that GAVI had to deliver many tasks to deal with its unprecedented mission, and to make progress in rapidly changing circumstances. These conditions demanded fast decisions to respond to a rapidly changing environment; making decisions at speed (without having to wait to convene a meeting of the Board) was important because delays in decision-making would lead to delays in delivering vaccines to people in need the most - and ultimately to more deaths. For example, when the Board was asked to approve recommendations for a decision to establish the COVAX Buffer (for the details of this decision point, see Chapter 5) at the December 2020 meeting, many Board members raised concerns that these recommendations had not been reviewed by the relevant Board Committee, and that funds intended for the AMC should not be used for non-AMC countries. With regard to these concerns, Senior GAVI Officer 4 said that ever since the inception of the COVAX Facility

there had been an intention to create a buffer of doses to establish a safety net. The Officer's remarks showed that the idea of establishing the Buffer reflected an agreement reached at the COVAX level which conferred GAVI with the delegation; it had effectively already been adopted without the approval of the Board.

### **7.2.3.3. Moral Standing**

Although, as discussed previously, Board members' views were shaped by their interactions in the Board, they were certainly not completely free from the perceived interests of the constituency they represented. The Secretariat tended to distinguish itself from Board members by presenting itself as working based on a moral value of common good, rather than the narrower interests of a particular constituency or institution. Before the pandemic, GAVI was presented as saving children living in developing countries from preventable diseases. During the pandemic, the image projected was similar: that COVAX (and therefore GAVI) helps those most vulnerable to the COVID-19 virus by ensuring they have access to vaccines.

The Secretariat's justification by using GAVI's moral standing became even stronger as rich countries hoarded vaccines for their own populations. The phrase '*no one left behind*' frequently appeared in Board documents, presentations to the Board, the CEO's Reports, and GAVI's public messaging through their Twitter account. The Secretariat utilised GAVI's moral standing to justify the policy recommendations it made to the Board. For example, at the June 2020 meeting, many Board members were concerned that the GAVI 5.0 five-year strategy would be neglected due to GAVI's leading role in COVAX. At that point, Senior GAVI Officer 3 persuaded the Board of the importance of prioritising COVAX by arguing that, given that a few wealthy countries were hoarding vaccines and people in the rest of the world were dying from the virus, it was time for GAVI to focus on COVAX.

The Secretariat never explicitly argued that it is '*more moral*' than Board members. However, the Secretariat justified its plans by emphasising that it would enable GAVI to achieve the shared global interests of the international community. At the September 2020 meeting, in delivering a presentation on progress in the operationalisation of the COVAX Facility, Senior GAVI Officer 3 emphasised the importance of succeeding and argued that if GAVI failed to deliver the Facility and reserve sufficient volumes of vaccines in a timely manner, vaccine inequality in developing countries and the impact of the pandemic on the global economy would continue.

Consequently, GAVI's moral status ('achieving the fair and equitable distribution of COVID-19 vaccines across the globe') allowed the Secretariat to justify policy recommendations for the Board's approval by presenting them as being based on higher moral values for the achievement of common good. By doing so, it undoubtedly influenced decision-making in the Board.

#### **7.2.3.4. Expertise**

GAVI has a long history of working in the field of vaccination. It has accumulated experience in and knowledge of procuring vaccines and working with developing country governments since its creation in 2000. According to the CEO at the June 2020 meeting, GAVI had been made a co-convenor of COVAX precisely in recognition of these qualities, along with its unique financial system ('IFFIm', which is GAVI's financial tool to ensure stability in funds for GAVI's work). The Secretariat's expertise often meant that it was in a better position to deal with COVAX issues than Board members due to its detailed, specialised and technical knowledge. This differential in expertise is not surprising. Board members normally leave the Board after serving two terms at most, and Board membership is not the priority role for many Board members (including the Chair and Vice Chair). The staff of the Secretariat, by contrast, are, in general, working full-time in the organisation,

developing their expertise over many years (in addition, in many cases, being originally appointed precisely because of their relevant expertise). The Secretariat's knowledge and know-how has been accumulated for two decades and passed on to successors. This institutional memory, lessons learnt, and networks of relationships remain as key assets. In this regard, it is common that staff of the Secretariat are much more knowledgeable than Board members about what is going on around COVAX, as well as the history of GAVI.

In addition, the fact that it was continually exchanging ideas and discussing issues with other major COVAX actors (e.g. the WHO, CEPI, and UNICEF) enabled the Secretariat to have a better understanding of the progress and challenges of COVAX than anyone on the Board. For example, at the December 2021 meeting, the Chair remarked that, despite his other role as a co-chair of the COVAX Coordination Mechanism (CCM), he did not completely understand the details of COVAX.

The Secretariat used its expertise to justify its standpoints and persuade Board members. For example, at the September 2020 meeting, many Board members were not comfortable with the Secretariat's request to move US\$ 150 million of GAVI resources intended for routine immunisation into COVAX in order to support COVID-19 vaccine delivery readiness for countries participating in the COVAX AMC (see Box 7).

**Box 7. The Secretariat's Policy Recommendation of decision point f)**

With reference to the discussion on Doc 02 Recalibrating programmatic priorities for Gavi 5.0 in light of COVID-19 and the successful replenishment: Financial implications, at the Gavi Alliance Audit and Finance Committee meeting of 15 September 2020:

The Gavi Alliance Board is requested to:

**f) Approve** the allocation of US\$ 150 million from core resources [for initial funding] to prepare [eligible economies subject to Board guidance] to deliver COVID-19 vaccines, focusing on urgent technical assistance and cold chain needs;

(GAVI 2020w, 22)

Board members were concerned that using these funds for COVAX would put GAVI's core mission at risk. At this point, highlighting GAVI's past experience, Senior GAVI Officer 3 argued that GAVI had done the same in 2014, when the Board approved up to US\$ 90 million of GAVI funding to support the preparations for procuring Ebola vaccines in Ebola-affected countries before raising funds externally (see GAVI 2014). This example shows that the Secretariat presented its request as based not on political consideration, but on practical grounds building on the organisation's successful experience. However, this decision in 2014 had not been as straightforward as it was made to sound.

#### **7.2.3.5. Consultation ability**

In 2020 and 2021, the Secretariat communicated and interacted with a wide range of GAVI's stakeholders, which included: vaccine manufacturers, the co-conveners of COVAX, government officials of countries participating in COVAX, its technical agencies (the WHO and UNICEF), and other leaders of the pillars of the ACT-Accelerator. Although Board members had the ability to consult with one another (see Chapter 6), the Secretariat inside and outside of formal Board meetings gained particular advantages due to its position within GAVI as well as the networks of relationships it has created. As we will see in this section, this provided the Secretariat with an additional way of influencing decision-making in the Board.

During formal Board meetings, as described in the earlier sections, the Secretariat consulted with the Board by providing presentations on policy recommendations and responding to questions. However, more extensive, comprehensive consultation occurred outside formal Board meetings (and Committees' meetings), through bilateral/multilateral meetings in an informal setting. Such consultation in-between Board meetings was an important part of the interaction between the Secretariat and Board members. One Board member commented:

The Secretariat does a lot of work between Board meetings. And its most of the work and all of the exchanges with Board members actually occur in-between Board meetings. (Interview 1)

Before Board meetings, members of the Board discussed Board agendas and policy recommendations with key stakeholders (see Chapter 6), which normally include constituencies assumed to be influential. The Secretariat was one such stakeholder. A former Alternate of Constituency 8 reflected:

In advance of the Board meeting, we would have sort of detailed discussions with key other constituencies, especially with members of the GAVI Secretariat, WHO, UNICEF, World Bank, and the Gates Foundation. They are the main ones that we would talk to in advance of the Board meetings. And so, we would talk about what their viewpoints are on the Board's items for decision-making. (Interview 6)

Although consultation between the Secretariat and Board members took place before the COVID-19 pandemic, it became more evident during 2020 and 2021. Especially in the early period of the pandemic when they were adjusting to a new way of communication, consultation with the Secretariat was a preferred way for Board members to express the opinions of their constituency. For example, in early 2020, when in-person interactions between members of the Board were hindered due to the pandemic, an electronic discussion board was created on Board Effect, an intranet where Board members find Board papers and information for the meetings. The discussion board was intended to enable Board members to post questions/comments on the agendas and understand the standpoints of other Board members. Despite the (both former and current) Chairs' regular encouragement for Board members to utilise the discussion board, it was not very active. Instead, for many Board members, direct interaction with the Secretariat was a major consultation opportunity, allowing them to share their concerns as well as ask questions. In addition, in 2020 and 2021, as the Board was under pressure to make decisions on a number of policy agendas, members of the Board contacted the Secretariat to inform them

about the standpoint of their constituency that they were unable to fully convey during the Board meeting due to time constraints. For example, at Board meetings in 2021, as the Board Chair strongly urged Board members to be concise in their intervention, they often presented a summary of their constituency's standpoints saying that they would contact the Secretariat to explain their viewpoints.

It seemed that barriers of communication in a virtual setting during the COVID-19 pandemic influenced the Board's dependence on the Secretariat and consequently, the frequency of consultation between the Secretariat and Board members. One Board member who participated in the Board's decision-making in both in-person and virtual settings commented:

[for the reasons behind Board members' tendency to ask the Secretariat for consultation] I think particularly maybe because it was difficult to have a good discussion on policy agendas in virtual meetings. Now the Board has meetings at an in-person setting. So again, in the December Board meeting in 2022, we proposed a revision of a policy recommendation. We were not satisfied with the policy recommendation because it did not sufficiently reflect our constituency's concerns that we had expressed in the PPC meeting. Before proposing a new decision language, we had discussions with different stakeholder groups informally between the sessions of the Board meeting. And of course, that was much easier to do when you come together in the same physical location, and you have time and breaks, than in a condensed virtual meeting where the only communication means are certainly emails and calling on the side-line. (Interview 13)

For many Board members, consultation with the Secretariat was an important opportunity, allowing them to discuss the standpoint and concerns of their constituency/institution about policy agendas and ask questions.

When, in the PPC, a certain constituency has a concern about a policy recommendation that the committee develops, it will reach out to the Secretariat after the meeting. The constituency may have in-depth discussion with the Secretariat, [to encourage the Secretariat] to work things through

then come with a better proposal to the Board. So that is for me really what the Secretariat do following the process. (Interview 1)

Also, Board members contacted the Secretariat to discuss their concerns about the operationalisation of the Board's decisions. One Representative, who argued that they normally refrain from discussing policy agendas with the Secretariat in an informal consultation (for the details, see Interview 13 later in this chapter), commented:

I think we only have proactively contacted the Secretariat when we see the developments of policies were not in line with the Board's decisions or, wherever we feel that they are. Maybe when we pick up there are problems, we want to try to help [the Secretariat] manage. And actually, I had two major issues that I think I needed to speak with the Secretariat. One of them was how to use and work with the stakeholders that have been donating vaccines to COVAX and how to try to maximise the use of the vaccine donations. The other issue was that when we have been discussing the continuation of the COVID-19 vaccine programme, what potentially alternate options would be. I said that the Secretariat had not explored that sufficiently well. (Interview 13)

As we learnt from Interview 1 quoted in Chapter 6.6, bilateral communication with the Secretariat was particularly important for Board members representing multiple constituencies. Consultation allowed them to discuss the standpoint of their own country government/institution in a direct manner, as the Board meeting was designed to exchange the official standpoints of the Board's constituencies. However, Board members, who represented their own institution, such as the WHO, UNICEF, and the World Bank, also tended to have frequent interactions with the Secretariat. They worked closely with the Secretariat on COVAX as GAVI's Alliance partners and had participated in the PPC (see Interview 2 quoted in Chapter 6).

As we saw in the earlier quotation of Interview 1, sharing concerns and opinions with the Secretariat was important because it enabled Board constituencies to reflect their

opinions into the development of a proposal for a policy recommendation. One Special Advisor commented:

I would say with the GAVI Board's consensus-based decision-making model because the Board makes decisions by consensus. A proposal that often comes from the Secretariat just tends to get passed, unless people very, very strongly feel that it should not pass. And that's just the way it goes. So that means whoever is actively engaging with the Secretariat or the Secretariat asking for early inputs holds a lot of power. (Interview 7)

This implies that Board members, either those that had effectively delivered their opinions to the Secretariat or were contacted by the Secretariat for early input, may have been successful in incorporating their perceived interests into policy recommendations that would be highly likely to be approved at Board meetings.

Although many Board members proactively utilised consultation with the Secretariat as a means to influence the development of policy recommendations and GAVI's work on COVAX, some Board members were concerned about this trend. They argued that Board members' interventions with the Secretariat through bilateral communication outside formal governance mechanisms caused inefficiency in the Secretariat's work, in particular in a crisis such as the COVID-19 pandemic. Another Representative commented:

**The Board should not micromanage the organisation [the Secretariat].**  
My position is that a complex international organisation like GAVI, it needs to be clear on what the roles and responsibility of the Board, the Secretariat, and the CEO are. I'm actually concerned that given the size of the Board of 28 members with constituents and [other stakeholders in the Board], we don't have a course [standardised way] in particularly in a crisis to influence secretarial work. It becomes very complex and very time-consuming for the Secretariat to work bilaterally with all the different stakeholders. I have actually been voicing very clearly in our constituency [Constituency 11] and in Board meetings that the Board should stay away from micro managing the organisation. I think we should leave the Secretariat to do the work and present the [policy] options to everyone at the same time in a balanced way.

But, [due to Board members' interventions], the challenge now is that the Secretariat have not explored the options in a good way. You see that the options [policy recommendations] are influenced by some voices but not by others, for instance. (...) I think it is really important for them [the Secretariat] to lead decisions [the development of policy recommendations]. Most of the decisions should be left to the Secretariat. Decision making in the Board should be a strategic level such as broader budgetary priorities, appointment of CEO, and making the CEO accountable. (Interview 13)

For these reasons, they argued that discussions on Board agendas and the development of policy recommendations should take place within GAVI's formal governance structure. One Board member said:

I don't think that we [Board members] should be discussing [opinions and concerns] with the Secretariat. I think we should be in GAVI's formal governance mechanisms. (Interview 12)

Perhaps, the Secretariat normally may have agreed to Board members' request for consultation, perhaps taking it as their responsibility. For the reason behind the Secretariat's agreement, Interviewee 13 commented:

I think they [Secretariat] are always on the yes side [of Board members' request for consultation]. If a Board constituency asks for a meeting, the Secretariat will always feel, "*I need to say, YES*". I think they feel obliged to react positively towards any sort of request for a meeting. (Interview 13)

### **The Secretariat's use of its consultation ability**

However, for the Secretariat, consultation was more than just a platform to listen to Board members' opinions and address their concerns upon request. As Board members did, the Secretariat took advantage of the consultation process to pursue its own agendas and perceived interests. On the one hand, the Secretariat's consultation ability enabled it to seek expertise from Board members during the COVID-19 emergency, which helped it develop ideas for GAVI's work. One Representative remarked:

Through consultation with Board members, the Secretariat would seek ideas to work in an emergency situation where the organisation's existing model does not work for dealing with issues. For example, I devoted my whole year in 2021 to help the Secretariat develop models to deliver COVID-19 vaccines and resources to populations in humanitarian settings. The expertise/knowledge/information of Board members helped the Secretariat develop emergency models to get through issues that they face, and develop [policy recommendations]. Under the pressure of the emergency situation, I think it worked well. (Interview 14)

On the other hand, the Secretariat developed strategies to influence decision-making in the Board through the consultation process. This was done to encourage Board members to make decisions that reflected the Secretariat's perceived interests. One Board member commented on the Secretariat's purpose of consultation:

They [the Secretariat] want to make sure that [their preferred policy recommendations] are approved by the Board. So the Secretariat test [policy recommendations reflecting their preferred ideas] out on different stakeholder groups. I think what they do, through those [informal, bilateral] meetings, is to listen to feedback and then potentially adjust [the policy recommendations for the Board's approval]. (Interview 13)

As Interviewee 13 remarked, through the consultation process, the Secretariat navigated different opinions on policy-making agendas in the Board and used that information to develop a proposal that would achieve the Board's approval. One interviewee explained:

The Secretariat explore concerns about the Board's items among constituencies, works out these concerns through different meetings, and brings a better proposal [for the Board's approval]. (Interview 1)

However, many Board members argued that the Secretariat should use Board Committees to navigate different opinions in the Board, as Interviewee 12 argued:

I think usually if most regular Board decisions [the development of policy recommendations] go through the Board's Committees, where everybody can have equal access in and understand the issues, and where you can debate them with others, that is always positive and then [everybody can be] more informed. (Interview 12)

It appeared that there was a tactical reason behind the Secretariat's selective approach to consultation. The Representative of Constituency 3 reflected:

[The Secretariat provides bilateral informal consultations to Board members] to make their lives easier by convincing a couple of key people and make them to be their champions. To be honest, it has worked for them. It's a playbook they've used for a long time. And it's their way of trying to sort of head off [opinions against their view on policy agendas]. (...) **I think the Secretariat has a belief that if it explains a particular agenda to [particular] Board members bilaterally, they will understand it better and there won't be a problem at the Board.** (Interview 12)

In this regard, Interviewee 13 commented on the nature of consultation between the Secretariat and Board members as '*negotiation*':

[Consultations between the Secretariat and Board members] are part of '*negotiation*'. There is an attempt to try to convince each other in both directions. (Interview 13)

In order to influence the Board's decision-making, the Secretariat provided consultations to a wide range of stakeholders in the Board. In addition to the Board's representatives, the Secretariat provided consultations to other stakeholders of the Board. For example, it closely communicated with the Board Chair and the Vice Chair, as they also served the Chairs of the Executive Committee and the Governance Committee, respectively. The Secretariat developed agendas of the Board's meeting in consultation with the Chair group of the Board, in accordance with Section 2.7.2. (4) of the By-laws. One Board member who took a leadership role in the Board commented:

Certainly, in my current role as the Vice Chair and the chair of the Governance Committee, I have a particular relationship with the Secretariat. I have a pretty good relationship with the Secretariat. I guess all of the Board members raise issues and perspectives to the Secretariat. (...) I certainly know that the Secretariat is normally very responsive to the questions that people have. (Interview 8)

In the same vein, a former Vice Chair of the Board recalled:

The Board became much stronger over the time while I was associated with GAVI. Their relationship with the Chair and the Vice Chair were an element of its strength. Our relationship with the Secretariat was very good. There was always open discussion, and I can't remember any theme that we raised was off-limits. It was always very open including letting us know things that were happening within the Secretariat. And that was the key point of strength because my experience in other organisations, when the relationship between the Board leadership and the Secretariat is not strong, that alliance suffers. I personally worked with [Senior GAVI Officer 1] and [Senior GAVI Officer 3] both formally and informally. (Interview 9)

Also, the Secretariat provided “*technical briefing sessions with stakeholder groups including Committee members, the constituents of the Board’s constituencies*” (Interview 13). For example, the Secretariat offered consultation to the Board’s Special Advisors, who are hired and paid by the Secretariat to help some Board constituencies (the Chair, developing country governments constituencies, and the CSO constituency) which have few resources to prepare for Board meetings. It was important for the Secretariat to help those Special Advisors understand Board agendas and the policy recommendations, as they were in charge of analysing and summarising Board papers to prepare the representatives of those Constituencies. One Special Advisor reflected:

If there are other important points that the constituency feels that we should communicate or question that we don't quite understand in the paper, then there are several ways in which we can ask this of the Secretariat. And the first way is that ahead of a PPC meeting, all Special Advisors, including

myself, are invited to a briefing with secretariat staff on each paper. So, they come and present Board items, and we discuss them with the staff. I find that it's useful for understanding. (Interview 7)

Although as we have seen, many consultations occurred at the request of Board members, the Secretariat also initiated consultations, but in a selective manner. For example, it was said:

I don't think the Secretariat always consult with every constituency equally. (Interview 7); I think that some countries are probably more important. (Interview 8)

Many interviewees remarked that the Secretariat might most frequently communicate with major donor constituencies. The Alternate of Constituency 1 commented on this:

I think that the Secretariat is certainly working a lot with the key donors, for instance, the Gates Foundation, WHO, UNICEF, and key donors like the UK and maybe Norway. I think I do see that. I think they have much more regular interactions with the Secretariat. But I'm not part of the conversation, I don't know about details. But of course, if there is an important topic, [Constituency 1] also have, as I indicated, interactions with the Secretariat. I just think that some of those key funders are probably playing between the Board's formal meetings more actively. (Interview 1)

To some extent, their assumption was true. The Representative of Constituency 3 (donor) reflected:

We used to engage a lot more on the Secretariat's technical working groups. I find that the resource mobilisation team contacts us a lot. I think within GAVI, I rarely get calls from the measles team to discuss an agenda for a decision related to HPV. But the resource mobilisation team will always reach out ahead of time to try it. I think it's [the Secretariat's] way of trying to bring [Board members] on their side. (Interview 12)

However, as Interview 12's quotation implies, and as many interviewees emphasised, which Board members the Secretariat consults with depended on the agenda of the Board meeting. In addition, according to the comment of an Alternate of Constituency 5 (donor), on this, behind the Secretariat's frequent interactions with donors lies a strategic reason, aiming to navigate the different opinions among donors, and it did not always put the priority on GAVI's biggest donors.

The leadership level of the Secretariat, they count on our [the interviewee's county government's] voice partly because our money counts for this. (...) But let's remember that Seth Berkley started the CEO role in 2010. And he has a very specific leadership style that brings a very particular type of negotiation and working. So, the Secretariat does not just speak to donors collectively, but speaks to them individually to understand different positions among the donors. The Secretariat is also very intelligent in working out how to play and move those different positions across one another. So, we don't feel that we are.... What I want to say is that *it's a back-and-forth chess game*. A little bit. (Interview 10)

In addition, not surprisingly, although the Secretariat conducts consultations with a wide range of stakeholders, it does not necessarily mean that the Secretariat comes to agree with their opinions, even those of 'powerful' Board constituencies. According to the Board's donor representatives, the opinions of their constituencies were not always heard by the Secretariat. For example, one donor representative commented on the frustration of the donor group regarding the establishment of a temporary Steering Committee to manage the delivery side of COVAX (see Chapter 5.7):

This [discussion on the establishment of a Steering Committee] is where we at [Constituency 3] were enormously frustrated with GAVI because [we had argued the need for the Committee from early on]. In early 2020, we [the world] didn't know if we would even have a vaccine, but luckily, we did end up having vaccines. And what we [Constituency 3] were saying to people was based on our read of the situation and our understanding, "*we [the world] were going to go from a period of a scarcity of vaccines, and then we will be*

*going to move likely to a period of an oversupply.” In that period of scarcity between June and September [in 2020], we kept on saying that “The best thing you can do in the period of scarcity is to start helping countries plan for the delivery of COVID-19 vaccines. This is different [to what GAVI has done], it is not the childhood vaccine [but vaccination for adults too]. So let’s really make sure that we build the delivery capacity [to make sure] everybody is prepared and ready to roll, when we get the vaccines.” But the GAVI Secretariat basically said, “Oh, this is WHO’s problem,” and UNICEF said “it’s somebody else’s problem”. And as a result, countries were not ready to take on vaccines, and it was a mess. And that situation was totally predicted. We [Constituency 3] and other donors were really frustrated by this because we were calling this out early on. We thought as well, “Let’s have a steering committee then that looks at it because clearly this isn’t happening without one. And then bringing in a multi-partner group to do that.” It [the establishment of the Steering Committee] almost came too late, frankly. The secretariat was not listening and responding [to our opinion]. They were so involved in the deal-making and COVAX, regarding that the delivery was somebody else’s problem. But it wasn’t obviously, and we knew it. (Interview 12)*

In the same vein, GAVI’s Alliance partners expressed their frustration at the Secretariat’s lack of cooperation (see Section 7.3.1.3.)

Their reflection, and other Board members’ experiences, imply not only that the Secretariat’s consultations with the Board enable the Secretariat to understand different standpoints in the Board prior to meetings, but also the Secretariat decides which Board stakeholders to listen to in a selective and strategic manner.

Consequently, it appeared that the Secretariat’s consultation ability enables the Secretariat to be influential in decision-making in the Board, because, as we have seen, the Secretariat may use the information that it collected through consultations in a selective manner for the development of plans and policy recommendations for the Board’s approval. Although some Board members seemed to interact with the Secretariat more than others, it does not necessarily mean that the Secretariat accepts those members’ opinions. As

implied in the previous quotation of Interview 10, and in the example of the tension between the Secretariat and the Board in Chapter 7, the Secretariat uses its consultation feature to pursue its perceived interests.

In this section, I have discussed the Secretariat's utilisation of GAVI's organisational features in pursuit of its perceived interests. Consequently, by utilising a variety of GAVI's bureaucratic features: rules, delegated tasks, moral standing, expertise, and consultation ability, the Secretariat was able to justify some level of independent action and influence decision-making in the Board.

Among members of the Secretariat, the CEO was particularly influential in decision-making in the Board, as well as in all aspects of the operation of the bureaucracy, due to a combination of his personal qualities and his official position in GAVI. The next section will discuss where the CEO's influence on the Board stems from and how he used his ability to influence the Board's decisions.

#### **7.2.4. The GAVI CEO's Individual Authority**

In this section, I will discuss the CEO's ability based on his career and his position in GAVI.

##### **The CEO's personal qualities**

Seth Berkely had developed his career in the field of vaccination for a significant period of time before working for GAVI. After receiving a degree in medicine from Brown University and training as a physician at Harvard University, Seth Berkely worked as a medical epidemiologist for the Center for Infectious Diseases at the U.S. Centers for Disease Control and Prevention (CDC) in Atlanta. He also had experience of working with the Ministry of Health in Uganda, and helped with the establishment of Uganda's National AIDS Control programs as well as serving as an attending internal medicine physician at Mulago Hospital in Kampala. His experience in Uganda undoubtedly helps him to

understand situations of infectious disease in developing countries and how to work with developing country governments.

In the early 1990s, he worked for the Rockefeller Foundation as a health specialist. During this time, he was aware of the lack of progress in developing an HIV vaccine; this motivated him to establish an independent non-profit institution under the Rockefeller Foundation in order to promote the development of an HIV vaccine (SSIR editors 2004). As a result, he became the founder and CEO of the International AIDS Vaccine Initiative (IAVI). IAVI, like GAVI, was based on a public-private partnership model, so his experience of leading IAVI helped him to develop know-how and skills to work with a Board consisting of stakeholders from different sectors. As the creation of IAVI was supported by the BMGF, Seth Berkely already had a connection with the Foundation, which is one of GAVI's largest and most influential donors.

He described himself as 'very pushy and stubborn' in making a difficult project happen, in an interview with the Stanford Social Innovation Review in 2004 (SSIR editors 2004). In the interview, he said that his idea to establish an institution to support the development of an HIV vaccine was not welcomed at first, not only because developing an HIV vaccine drew attention away from HIV treatment, but also because he wanted to bring the public and private sectors to work together. He even had difficulties in persuading then-Rockefeller president Peter Goldmark to support his idea. However, he eventually succeeded in bringing it to the Board of the Foundation.

The long career history and experience that Seth Berkely developed in the field of vaccination enables him to both project that expertise and be confident in developing GAVI's work, which sometimes exacerbated tensions between the Secretariat and the Board. Many Board member interviewees remarked on the CEO's confident attitude and his influence on the Board. One Representative who had a long history of working with

GAVI and has worked with Seth Berkely since he was appointed as GAVI CEO commented:

I think there's always going to be a tension between the Board, the CEO and the Chair. And that tension is natural and normal. But I also think [the Board] has very strong CEO, Seth Berkely, and Deputy CEO, Anuradha Gupta. They have very strong personalities. Both felt they were doing the right thing [for GAVI]. To be honest. I think the Secretariat could have done a way better job in bringing the Board along. (Interview 12)

In addition to his personal qualities, his role in GAVI gives him the institutional platform to be influential in the Board.

### **The CEO's organisational platform**

The GAVI Secretariat is a bureaucracy with a hierarchy, and each division of the Secretariat has clearly defined tasks within a division of labour. The CEO's position in GAVI, the highest ranked executive officer in the Secretariat, enables him to be authoritative within the Secretariat as well as in the Board and in the wider world. In his role as CEO, he has actively promoted GAVI's work to the world by providing interviews to major news outlets, posting on his social network account, and contributing articles to different media/academic outlets to explain COVAX and vaccine equity (e.g. Berkley 2021). In this regard, to a certain extent, he seemed to represent not only the Secretariat but also GAVI as a whole.

From the observations conducted for this thesis, the CEO appeared to effectively control the Secretariat and have a detailed understanding of GAVI's work. For example, during the time for the Secretariat to answer questions and comments from the Board after a presentation at Board meetings, he routinely intervened to clarify and/or correct the remarks of the staff who delivered the presentation. Sometimes, the CEO made an on-the-spot decision about the Secretariat's standpoint on an issue (see the previous quotation) or

promised further action to be delivered to the Board (e.g. developing a detailed governance structure of COVAX) without any apparent need to consult with colleagues first.

His presentation of the CEO Report at each meeting was important because it not only provided updates to the Board on issues and events around GAVI, but also articulated the importance of the agendas as well as discussion points that the Board should focus on. The Board was often invited to listen to his opinion. For example, the Chairs invited him to provide responses to the Board's comments after almost all staff presentations and frequently requested his thoughts on a decision point in his capacity as the CEO. In addition, the Board wanted to listen to the CEO's view on issues. For example, at the March 2021 meeting, where the Board discussed the future direction/strategy of COVAX, the CEO talked about his personal thoughts on the issue in presenting the CEO's Report, pointing that he acknowledged that Board members wondered his own opinion on this. He said that the Chair had informed him that many Board members were interested in his own personal view. In this regard, he argued that GAVI was in a different place in 2021 than it was in 2020, and that he thought GAVI should complete its obligations for 2021, which includes supplying vaccines to self-financing high-income countries and upper middle-income countries that really need COVAX help. He also argued that GAVI should develop new platforms for delivery of vaccines such as to adult immunisation.

The Chair also tended to consider the CEO's thoughts first when the Board was struggling to reach a consensus due to competing ideas. For example, at the September 2020 meeting, the Board discussed cost sharing of vaccines with countries participating in the COVAX AMC (for the details of making this decision, see Chapter 7.4.1). When discussing decision points, the Representative of Constituency 5 requested removing one of the decision points, arguing that the point was not only ambiguous but also overlapped with another point on the same agenda. When the staff of the Secretariat was about to reflect the Representative's request in accordance with the Chair's request to do so, the

CEO jumped in and argued that the decision point should remain. Although the Representative of Constituency 5 made an intervention again to argue that the point was unclear and their constituency was not supportive of the language, the Chair dismissed it and decided to keep the decision point, in line with the CEO's wishes.

As seen in the previous section, Seth Berkely's personal capacities and career history gave him a certain status when it came to pronouncing on COVAX-related issues, but his long experience as CEO also made Board members more likely to take his views on board. He has served as the CEO since 2011, the longest serving CEO. During this time, he has led the organisation through Ebola and expanded GAVI's vaccine distribution works to various new groups of children, such as children who are living in marginalised areas. As discussed earlier in this chapter but from a different angle here, at the June 2020 meeting, after the presentation of Senior GAVI Officer 1 on the development of COVAX to request Board's approval of the establishment of COVAX and its working principles, many Board members expressed concerns about the Secretariat's lack of communication with the Board for the plan. The CEO defended the Secretariat by arguing that, although communication was important, the Secretariat needed to act in a different way in a global health emergency situation. Recalling experience in the Ebola outbreak in 2014, he argued that the Secretariat had worked the same in order to move quickly and the Board had raised concerns on the lack of communication; however, it was praised in the end that Secretariat's strategy to move forward at speed enabled GAVI's response to the Ebola outbreak to be successful. It may seem that this case shows the influence of the Secretariat as a whole rather than the influence of the CEO. However, Seth Berkely could persuade the Board because he, as a long-standing CEO, knows well about the history of the GAVI's work related to Ebola.

As a result, the CEO was empowered through his career history in the field of global health and his position as the CEO, the highest profile official of the Secretariat. These factors enabled him to be authoritative and influential in decision-making in the Board.

In this section, I have discussed GAVI's bureaucratic features: rules, delegated tasks, moral standing, expertise, and consultation ability that the Secretariat, in particular a group of senior staff in charge of managing GAVI's work, utilised to act in its own right, and the CEO's personal and institutional capacity. However, as I will discuss in the next section, the Secretariat's tendency to act in its own right caused tension between the Board and the Secretariat.

### **7.3. Tensions Between the Board and the Secretariat**

As discussed in the earlier section, although GAVI's rules do not define the Secretariat as a policy making actor, many Board members interviewed seemed to regard the Secretariat as a policy maker. In addition, they were aware that the Secretariat played an important role in decision-making and influenced the Board in many ways. For example, one Board member said:

I think the Secretariat is very influential. They drive most of the analysis. They influence the Board's agendas through their dialogue with the Board Chair. And they support the Board Chair and many of the Board members like the Unaffiliated Board members with analyses on Board items in advance of the Board meeting. So, through both analysis and information sharing, they have influence on what the Board works on and how the Board sees analyses related to decisions. (Interview 3)

With regard to the Secretariat's performance during the pandemic, many Board members, overall, had a positive impression. The Alternate of Constituency 1 described the Secretariat as a professional, cooperative partner:

I have to say in general, they work very, very well. I think the Secretariat, they are very professional, also towards [Constituency 1], I think they are a very constructive partner, really trying to listen, understand, and create opportunity to give input. So, from that perspective, I think overall it's working well. (Interview 1)

Many Board members were sympathetic about the Secretariat's hard work to develop COVAX in a situation of great uncertainty. During Board meetings, they expressed their gratitude to staff of the Secretariat for their hard work. Although, given the fact that Board members' comments were normally made after the Secretariat's presentation, it might have been merely a diplomatic rhetoric device to begin an intervention, the sincerity of that gratitude cannot be completely ignored – and similar sentiments were expressed in private in the interviews. One Special Advisor to a Board constituency reflected on the difficulties that staff of the Secretariat had been facing, like increased workload, since the pandemic began:

I think the Secretariat has been under huge strain in the last year [2020] because originally, although it is getting slightly better now, a lot of the COVAX work was delivered by existing staff who were also asked to do GAVI's traditional work. So, I think they were working incredibly long hours with very short deadlines. So, I have a lot of sympathy for them because I think, I imagine they would have a story to tell about how it was internally. Because it's not just setting up COVAX, but all of the normal systems of routine immunisation had to be changed too, although it was suspended due to the pandemic. We're still talking about how we should reinstitute all the immunisation campaigns that should have happened last year but that didn't happen, and how we reach all those children who were missed because immunisation services were suspended. So, I think there were additional demands for work. (Interview 7)

Board members tended to consider that as the size of the Secretariat influenced, the Secretariat has tended to act more as an 'organization' with its own organizational culture, agendas, and priorities, rather than as 'the secretariat of GAVI'. During the period of the pandemic, as we saw in Chapter 4, the number of staff and the scope of the work increased significantly. Interviewee 12, who has observed the evolution of GAVI since its creation, commented:

In the early days of GAVI, it was about eight to ten people in the Secretariat, super small. And it was intentionally super small. So you would work through partners. From 2010, and particularly under Seth's tenure, the Secretariat has ballooned. Well, it's probably 500 people when you count COVAX and the secretariat. So it's huge now. It's no longer a secretariat, it's an organisation in itself. And that, I think has created an enormous amount of tension with the partners and with the Board. (...) I think part of it is that the Secretariat is really no longer a secretariat. And they're an organisation. And they have their own organisational culture. They have their own beliefs, so I think that the Secretariat also I get frustrated with the Board. I think **they see the Board more as a hurdle and an impediment** rather than a Board that is supposed to be about foresights, oversight, and insight. (Interview 12)

Whilst the Board seemed to be sympathetic to the Secretariat and recognise the Secretariat's positive role in moving GAVI's work and COVAX forward, it was evident that many Board members were dissatisfied with the Secretariat acting in its own right, accusing it of a lack of transparency. It appeared that although the Secretariat may have acted independently even before the COVID-19 pandemic, the emergency situation increased the Secretariat's tendency to act on its own and enabled it to justify its independent actions more easily.

In the next section, I will look at how the Secretariat's tendency to act independently caused tension between the Board and the Secretariat, and how urgency and emergency influenced the Secretariat's agency and consequently, decision-making in the Board.

### **7.3.1. The Board's Dissatisfaction with the Secretariat**

Board members were mainly frustrated with the situations in which the Secretariat provided policy recommendations that were not discussed with the Board in advance, and they were requested to make a decision which would have a massive influence on the global response to COVID-19 with lack of information. However, in addition to these, GAVI's technical partners, assumed to be working closely with GAVI in distributing vaccines to developing countries during the pandemic, were dissatisfied at the Secretariat's lack of communication with them in delivering COVAX (See Chapter 7).

#### **7.3.1.1. Lack of consultation with the Board**

In Chapter 7.2, I discussed how the Secretariat utilised its consultation ability to influence decision-making in the Board. Although seemingly it consulted with a wide range of stakeholders during the COVID-19 pandemic in developing COVAX, as we saw, the Secretariat conducted consultations in a selective manner, discussing particular agendas with particular stakeholders. Many Board members argued that bilateral, informal, selective consultation with the Secretariat outside Board meetings caused an imbalance of information among Board members, excluding others who were not part of the discussion from inputting into the development of recommendations. They argued that that imbalance caused a challenge in decision-making on COVAX. One Board member commented:

I think one of the challenges of COVID was that you had all these scattershot informal groups, and you didn't really have an opportunity to weigh in decision-making. I think it was a real inequity and an imbalance of who got [access to information and the opportunity to input their ideas] if you were not part of a decision-making group. There was a very small group of UNICEF, the WHO, and GAVI Secretariat and I've forgotten who else. The group used to meet weekly to discuss COVAX. They kind of make decisions and forget what they'd left everybody back there with. And suddenly in the Board, you're faced with a decision and you're like, "*Well, where did that come from?*". (...)

So for me, that was the negative side of COVAX. A lot of things did not necessarily go through the committee structures; and if they did, they were piecemeal. Some things would go through the AFC, but it was hard to put it all together. (Interview 12)

In addition, as I noted earlier in Chapter 7.2, many Board members were concerned that the Secretariat suggested policy recommendations to the Board without consultation with the relevant Board Committee, and they were asked to discuss an agenda item and make a decision at the Board meeting, which had not been reviewed by the relevant Committee. For example, despite their sympathy with the Secretariat, one Board member argued that it was important that the Secretariat comply with GAVI's governance processes, making sure that recommendations for the Board's approval had been reviewed by the relevant Board Committee in advance.

For me, it's really important that the Secretariat follows the full governance flow to make sure that every topic goes in the right order to the different Committee meetings before it comes to the Board. Because sometimes you see when a topic comes to the Board more as a surprise, it's very difficult for constituencies, and so for Board members, to really give input because most of the constituencies represent so many members. Even if they have a personal position, you cannot share the constituency position in that situation. So, following the process is very important.

But we sometimes see, and I think now even more in the virtual Board meetings, sometimes all of a sudden something comes to the table which you realise has already been discussed somewhere, you were not part of it, and you do not know where it came from. I think you can clearly see that side conversations with certain groups are certainly happening. And then that's sometimes difficult to know. (Interview 1)

In the same vein, one interviewee, assumed that the Secretariat privately developed policy recommendations in consultation with a particular group of Board members before bringing them to the relevant Board Committee.

They [the Secretariat] don't go through the list of Board members to talk to every constituency. And, there is capacity issues....so fine... But if you have a consensus model, you can see how the upstream, then things come to a Committee and you're like, 'Hold on, did I miss something? where did this come from?'. Actually, you didn't miss anything. They just developed it behind the scenes in GAVI, and then it comes, and you are asked to approve, and you will be like, 'Hold on a second!' (Interview 7)

According to the interviews and the observations, the Secretariat was concerned about keeping confidentiality of the information related to the development of COVAX as it was developed at a fast pace as well as many commercially and politically sensitive issues were involved in COVAX. Although Board members understood the sensitive and urgent situation, they also thought that the Secretariat could have been more transparent to the Board. This concern about a lack of transparency was also raised by other Board members, such as donor constituencies and GAVI's Alliance partners, which are regarded as powerful in the Board.

I think the secretariat could have been more transparent with the Board than it was [in 2020 and 2021]. And there was an incident in December this past year [2020] where Board papers got leaked. ... But you know, work papers should be public documents, frankly, if there is a confidential document because of market confidentiality, those absolutely need to be kept confidential. But I think that line got blurred, but I would say that the Secretariat could have been more forthcoming with information than it was for the board meeting. I do think, in fairness to them, with COVAX, things were moving very quickly, hugely quickly, and decisions had to be made, sometimes, on the fly. If a wheel is moving so fast, you forget that you left other people back at this point. So, I think in some cases it wasn't intentional. It was just they had moved along and assumed a base of knowledge that was no longer there. I think COVAX sort of tested everything. (Interview 12)

The distrust issue caused frequent tensions at Board meetings. At the Board's meetings in 2020, the Board frequently hesitated to make a decision or approve a particular decision point which had not been reviewed by the relevant Board Committee. For

example, at the June 2020 Board meeting, in a presentation to the Board, Senior GAVI Officer 1 requested the Board to discuss a policy recommendation suggesting GAVI supports 'former GAVI-eligible countries' and 'never GAVI-eligible countries' (countries that had never been GAVI-eligible) in order to help them respond to the pandemic (see Box 8).

**Box 8. Policy recommendation on GAVI's support for former Gavi-eligible countries**

The Gavi Alliance Board is requested to:

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

(GAVI 2020o, 14)

The 'former GAVI-eligible countries' referred to countries that had received GAVI's financial support for their vaccination programs in the past, but were no longer eligible due to their income-level having risen (for the income-level, see Chapter 4). The 'never GAVI-eligible' category referred to middle income countries which do not fulfil the GNI criteria to be GAVI eligible countries, but nevertheless suffer from lower vaccine coverage rates. However, decision point **a)** had to wait until the next day to be concluded. As we have seen in Chapter 6, the Board resisted agreeing on the proposal and postponed decision-making because it was an amended proposal presented at the meeting for the first time (although that decision item was important to Board members for different reasons) (see Box 9).

### Box 9. The amended proposal on GAVI's support for former Gavi-eligible countries

#### Decision 9: COVID-19: Gavi's Immediate and Interim Response

The Gavi Alliance Board recalling Decision 13 of 26-27 June 2019, and noting that any potential engagement with former and never Gavi-eligible countries should account for no more than 3% of Gavi planned expenditure in the 2021-2025 period:

**a) Approved** targeted support (excluding vaccine financing) to former Gavi-eligible countries to strengthen political will and to address an identified risk of reduction in coverage rates of vaccines introduced with Gavi support in that country, noting that the financial implications are expected to be up to US\$ 20 million through 31 December 2020, to be funded through the flexibilities granted to the Gavi CEO by the Board in May 2020 to respond to the COVID-19 pandemic; and

(GAVI 2020p, 13)

However, more direct reason for the Board's setback was the fact that the policy recommendation was neither suggested nor reviewed by the PPC. According to the Representative of Constituency 12, although this agenda was discussed at the PPC as a guidance point, the PPC did not make that recommendation. In practice, the PPC report, presented by the PPC Chair on the second day of the Board meeting, did not include the recommendation. Whether a policy recommendation had been reviewed and approved by the PPC was important for Board members to decide whether to approve it or not. For example, when the GAVI Director of Governance, suggested to approve the second part of the decision on the funding<sup>33</sup>, highlighting that the PPC reviewed and recommended these points, the Board could easily reach a consensus to pass the agenda item. This example shows that Board members did not simply approve on what they were requested to make decisions, and be sometimes strongly against the policy recommendation that did not come to the Board through a relevant Board Committee.

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<sup>33</sup> i.e. 'removing the programmes filter requiring 70% or higher coverage of DTP-containing vaccine' and 'removing the cap of US\$ 100 million over five years'

The distrust problem between the Board and the Secretariat was one of the major issues that Board members raised repeatedly in the interviews, as well as being apparent in Board meetings. For example, at the September 2020 meeting, when the Board was requested to approve the governance structure of the COVAX Facility and the COVAX AMC, Board members were confused by the structure and the Terms of Reference that the Secretariat suggested for the Board's approval, because many of them had not heard about the plan and did not know much about the agenda. It caused suspicion that the Secretariat had developed the mechanism on its own, or perhaps in consultation with a few selected Board members such as the WHO and UNICEF. At that point, many Board members raised the trust issue. For example, mentioning that the same issue was discussed the day before at a closed session, the Representative of Constituency 13 said that GAVI needs to build trust, and requested the Secretariat to open and consult as much as possible with all stakeholders.

It appeared that the Secretariat's tendency to develop policy recommendations for the Board's approval was more evident during the COVID-19 pandemic due to the fast-moving pace during the pandemic. Interviewee 12 commented on this:

I think [the Secretariat] have really made a lot of unilateral recommendations on COVAX [...]. That was a problem. I think in the early days of GAVI, even five years ago, recommendations would come to the Board having been gotten through multi-partner committees. But, it is not always a case now. Sometimes there are technical decisions you want the WHO and countries to weigh in on, to make sure you're putting forward the best recommendation. [That] the GAVI Secretariat has been making more and more unilateral recommendations has really upset a lot of people in the Board. (Interview 12)

Interviewee 12 also argued that the emergency during the pandemic provided a good justification for the Secretariat to work independently in the development of policy recommendations, making them less cautious about others and leaving them behind.

I think that really the Secretariat has been getting too big an organisation of itself, not really behaving like a Secretariat considering things such as “*what is the best technical evidence to drive a decision? What is the actual recommendation we're seeking?*” So yes, I would join the party of people getting very frustrated sometimes because the policy recommendation decisions that were presented to the Board were not always clear on what derived the recommendations or what the implications of those recommendations [were]. And at the same time, with the COVID-19 pandemic and COVAX, I also want to extend a bit of grace that things were moving so quickly. (Interview 12)

### **7.3.1.2. Lack of clarity in information for the Board**

In Board meetings in 2020 and 2021, many Board members believed that they were not provided with sufficient information to understand decision points in a proper manner. The Board found it challenging to make important decisions without knowing the issues well. Insufficient information led the Board to hesitate to approve recommendations, and sometimes to make significant revisions in decision language which resulted in ambiguity in the decision. Sometimes they made the Secretariat bring the issue back to the designated Board Committee for further discussion.

For example, as we briefly discussed in Chapter 7.2, at the September 2020 meeting, the Board had serious discussions on the agenda item ‘Recalibrating GAVI 5.0 in the light of COVID-19’. Given the impact of the pandemic on GAVI’s 5-year strategy for its core mission the Secretariat requested the Board to confirm a set of points that would enable the Secretariat to allocate strategic investments to mitigate the impact of COVID-19 on GAVI 5.0 and deliver the objectives defined in the strategy (for the recommendation in detail, see Chapter 7.2). Although Board members understood the necessity of the investments, they argued that they needed more information and details. In particular, the Board did not agree to approve additional funds to allocate to GAVI’s health systems support (HSS). For example, the Representative of Constituency 13 remarked that their constituency wanted to

have more information because it was important for them to understand what they were agreeing to. Similarly, the Representative of Constituency 11 argued that, although they recognised the importance of the additional financing of health system strengthening, they could not make a decision without understanding the details of how those additional resources would be used. The Representative also added that additional financial decisions on GAVI 5.0 should have been reviewed by the PPC before they came to the Board (for the details of the final decision, see Chapter 7.2).

In addition, Board members (including the Representatives of Constituency 3, Constituency 5, and Constituency 9) suggested deleting figures which indicated specific amounts of money from the decision language. They argued that the Board should not include those specific funding numbers in the absence of full analysis because they had not been reviewed by the PPC and it was unclear if those funding amounts indicated the right investments and the right level. Consequently, the numbers were either deleted or replaced with the words '*additional resources*'.

Many Board members argued that even if the Secretariat was busy dealing with urgent and uncertain situations in the COVID-19 pandemic, the Board should have been well informed about the details of its policy recommendations because the Board takes ultimate responsibility of the outcome of COVAX, saying:

I mean, there were so many ad hoc groups involved in the development of COVAX who had no governance legitimacy whatsoever, and yet making very big decisions. And the excuse was, well, we have to make decisions and move [COVAX] ahead. But there's a trade-off there. At the end of the day, the GAVI Board for its remit around COVAX is the ultimate entity responsible for the execution and management of COVAX. So yes, it's a pain in the neck to work with the Board, I 100 percent understand. But then we should have had more meetings. We should have kept people up to speed. They were multi-billion-dollar decisions affecting countries in the pandemic. So in my view, although to some extent I understand [the Secretariat's] excuse 'we were so

busy', there could have been much more effort towards transparency.  
(Interview 12)

### **7.3.1.3. Lack of communication with GAVI Alliance partners**

Although dissatisfaction with the Secretariat's tendency to act in its own right was perhaps a concern the entire Board shared, GAVI's technical partners (i.e. the WHO and UNICEF) appeared to have strong dissatisfaction on this in particular. They appreciated that it is sometimes necessary for the Secretariat to make decisions at its discretion. The Interviewee 5 (Founding organisation), a member of the PPC, commented that to some degree the Secretariat needs discretion, however the autonomy should be allowed when it plays a role with respect to the operationalisation of the Board's decisions, *after* decisions are made:

The Secretariat has the opportunity to make decisions on how to operationalize the Board's decisions. The Secretariat should play a role in decision-making in that operationalisation part. For example, I don't think every decision can go to the GAVI Board. The GAVI Board only meet twice a year and they are at the highest level of decision-making. The GAVI Secretariat needs to make decisions, particularly around funding policy and frameworks for programs and that sort of thing. (Interview 5)

However, those technical agencies believed that the Secretariat's autonomy should be exercised in consultation with the WHO and UNICEF, because they are GAVI's Alliance partners. Although the Secretariat had closer relationships with the WHO and UNICEF as compared to its relationship with other Board members, they believed the Secretariat did not always contact them to consult them and collect their points of view. Both organisations were uncomfortable that the Secretariat was developing GAVI programs without consultation with them, because they are involved in most of those programmes as technical organisations which actually implement GAVI's policies.

Regarding my comment that I presumed that the Secretariat must make decisions in consultation with the WHO, as the latter has worked very closely with GAVI since its creation, Interviewee 11 (Founding organisation):

I think that should be the case. But we have instances that has not played out like that for whatever reasons. I think we are seeing improvements, but that has not been necessarily always the case. (Interview 11)

In a similar vein, Interviewee 5 commented:

What gets very uncomfortable is if policy and programme decisions are made in the Secretariat, and they are not done in consultation with WHO and UNICEF that are its technical agencies and involved in implementing GAVI policies. I think it makes [the GAVI Alliance] look fragmented and disjointed. (Interview 5)

Interviewee 5 explained UNICEF's special relationship with GAVI and argued that the Secretariat should share information with UNICEF to enable it to understand GAVI's position and contribute ideas before the agenda comes to the Board. In addition, emphasising the special status of the WHO and UNICEF in GAVI, they argued that they should be involved in developing Board papers.

We [Constituency 14] are pushing for a little bit more systematic engagement in the development of the GAVI Board papers because WHO and UNICEF, we are kind of different GAVI alliance partners. We are not sub-contractors to the GAVI Secretariat. We're partners that actually execute and implement GAVI strategy. So, what we don't want is to disagree with GAVI's position that is presented to the Board because that looks very strange, because we are a part of the process. So, what we say is that we engage early so that any disagreements can be addressed before Board meeting. And then we say that when we present to the Board, it's a presentation not only from the GAVI Secretariat, but also from WHO and UNICEF as well. But we would like to get involved a little bit earlier and engage in the design of the Board documents like I described earlier, so that there is no problem or disagreement (Interview 5).

As I briefly noted earlier, this unease in the relationship between the technical organisations and the Secretariat seemed to be inevitable as GAVI evolved. According to Interviewee 5, who has closely observed the development of GAVI since its creation, GAVI was originally established with a small secretariat of just five people. However, as it evolved over time, the number of staff increased. As the number of the staff increased, it had more experts. This enabled them to do tasks without including the WHO and UNICEF. Following this, Interviewee 5 accused the Secretariat of intervening in mandates conferred exclusively to UNICEF.

It is a risk because when you expand the Secretariat, you get more technical people in the Secretariat. By default, you start making guidance and policies in the Secretariat on its own. And this is something that we're trying to manage with the Secretariat to make sure that our roles and responsibilities are well-defined. (Interview 5)

Whilst the size of the Secretariat increased dramatically during the pandemic (from 200 in 2014 to 500 in 2022) (see Chapter 4), the capacity of its Alliance partners not increase at the same rate. In consequence, the dissatisfaction of those technical organisations worsened. Interviewee 5 explained the frustration that UNICEF has been experiencing as the imbalance in the size of the staff increased.

The default position of the Secretariat is increasing, but the WHO and UNICEF' position is that if the Secretariat increased in size, WHO and UNICEF both need to increase in size. Because otherwise the interaction between the two becomes very difficult, for example, if you have 25 people in your team dealing with 300 people in the GAVI Secretariat. If the GAVI Secretariat increases from 300 to 350 or 400, my team working on COVAX issues has increased from 25 to maybe 30 or 35. It is a much smaller increase. (Interview 5)

The increase in the resources available to GAVI was another factor in the tension between GAVI and its Alliance partners. GAVI's increased resource availability not only

decreases the influence of the WHO and UNICEF on GAVI, but also gives it leverage vis-a-vis these organisations. For example, GAVI ranked as the fifth largest contributor to the WHO's program budget in 2020 to 2021, following Germany, the US, the BMGF, and the UK (WHO 2022a). It was also UNICEF's sixth largest donor in 2020 followed by the UK, Norway, and Canada (UNICEF 2021).

Interviewee 11 explained the complex relationships among GAVI's alliance partners.

GAVI relies for the implementation of its policies on its technical agencies, but these Alliance partners also rely on GAVI funding to implement country programmes. So, you have this dual conflict. And now we're also seeing that with the World Bank where on one hand they are dishing out \$12 billion for COVAX, but they want to have resources from the GAVI partnerships arrangements to contribute. So similarly, that's why I referred to, GAVI as being an immunisation bank. So, everybody is contributing to GAVI. But on the other hand, everybody also wants GAVI to fund their individual pieces of work in immunisation, including CSOs. So that is tension, that's not going to go away. I think how that is managed is the question going forward.

I think where we continue to see tensions is, instead of getting direct bilateral funding to WHO for immunisation, donors were making higher immunisation investments directly to GAVI. And that was only for a subset of the world, only for the GAVI-eligible countries. In their mind, they ticked off their commitment to ODA because they've invested in GAVI. But we were like, "well, what about the middle-income countries? What about the high-income countries? All have immunization needs". That's where tension begins. (Interview 11)

These Alliance partners expressed their concern at GAVI Board meetings as well. For example, at the June 2020 meeting, when the Deputy CEO suggested that 'equitable access and delivery of COVID-19 vaccines' should be included in the objectives for the goal to '*introduce and scale up vaccines*', the Alternate of Constituency 7, argued that GAVI should work together with its Alliance partners on the deployment of COVID-19 vaccines. Emphasising that COVID-19 immunisation programmes will be at the outset adult

vaccination programmes, the Alternate argued that that is not the space that GAVI has largely worked on. Therefore, according to the Alternate, the programmes should lean on the experience of Alliance partners that *had* been working in this area, outside of GAVI's remit, and with experience in both healthcare worker deployments, and also the vaccination of older adults.

In this section, I have discussed the Board's perceptions of the Secretariat's performance and of its tendency to act in its own right. Despite their respect for the Secretariat's efforts to respond to the pandemic, Board members, in general, were not satisfied with the Secretariat due to its lack of transparency in developing policy recommendations and in providing information to the Board. In addition, GAVI Alliance partners were concerned about the Secretariat's lack of consultation with them, often suspecting that other constituencies were listened to more. These dissatisfactions caused tension between the Board and the Secretariat. In the next section, I will trace in more detail by discussing two decision-making cases that show the political dynamics between the Board and the Secretariat at Board meetings.

#### **7.4. Tension Between the Board and the Secretariat in Decision-Making: Decision-making cases**

In this section, I will discuss how tension between Board members and the Secretariat influenced decision-making in the Board by particularly focusing (and tracing) decision-making on the most contentious issues during the observations of Board meetings. I will show how these two parties exchanged ideas, what efforts they made to influence decision-making, and how decisions were created despite their different ideas.

#### **7.4.1. Cost-Sharing of Vaccine Doses**

Regarding the cost-sharing decision (see Chapter 5), in their presentation to the Board, Senior GAVI Officer 4 suggested that the cost-sharing initiative would mutually benefit both the COVAX AMC and the COVAX Facility, by addressing a financial bottleneck in AMC countries and by increasing resources for COVID-19 vaccines, respectively. Senior GAVI Officer 4 emphasised that this would help ensure that no one was left behind in accessing vaccines ('moral mission'), (GAVI 2020h), arguing that the money – up to US\$ 1.5 to US\$ 2 billion through the cost-sharing initiative – would be used to purchase further vaccines for COVAX AMC countries unable to purchase their own.

In discussion, the advantages and necessity of the cost-sharing scheme were broadly agreed on. However, regarding the Secretariat's request for the cost-sharing, as I detailed in Chapter 5.6, many Board members were concerned that cost-sharing would put a lot of pressure on AMC economies, and consequently put other health interventions (including routine immunisation) at risk. Representatives of developing countries and the Representative of Constituency 4 were concerned about the affordability for those countries. In this regard, the Representative of Constituency 10, suggested that the cost-sharing should be waived in 2021 at least. Donor representatives argued that, although cost-sharing may increase country ownership, it should not be at the expense of routine immunisation. For example, the Representative of Constituency 3 and the Alternate of Constituency 9, were concerned that US\$ 1.60 per dose seemed expensive and may place a financial burden on developing countries, and argued that the risks associated with displacing routine immunisation should be considered.

Senior GAVI Officer 4 responded to the concerns of the Board by stating that rejecting cost-sharing may require donors' agreement, because it would require an increase in their contributions to cover the shortfall. In addition, Senior GAVI Officer 4 highlighted that if the Board does not approve the cost-sharing proposal at the meeting, GAVI may be unable to

use the US\$ 12 billion funds donated by World Bank, because the World Bank funds would be mobilised within about three months, faster than sovereign donor financing.

Emphasising that the critical issue here is timing, the CEO was also concerned that GAVI would not be able to use the World Bank finance if the Board dropped the Secretariat's proposal and instead provided AMC countries with a waiver of cost-sharing in 2021.

However, the Representative of Constituency 3 argued that recipient countries and many other Board members supported waiving the cost-sharing. The Board member also argued that, although it was derived from good will, it seemed that it was not being done for the benefit of AMC countries, but rather to satisfy the World Bank and other development banks. They reiterated that the Board had '*a lot of anxiety*' about the decision language requesting AMC92 countries to cost-share US\$ 1.6 to 2 per dose.

Regarding this concern, the CEO noted that the proposal included a condition that if a country cannot afford to finance cost-sharing, it will be waived. At that point, the CEO justified the proposal by bringing up GAVI's moral mission, saying that the intention behind this initiative was that GAVI should leave no one behind in this global health emergency. In addition, based on the Secretariat's knowledge, he stressed that if the Board decided not to approve it, COVAX finance would be at risk. However, this argument did not satisfy Representative of Constituency 3. The Alternate of Constituency 15 remarked that their constituency did not think that the decision language effectively addressed the risk of the displacement of funds for routine immunisation and financial burden for those countries.

To mitigate the remaining concerns, The CEO suggested revising the language by bringing in text from a Board paper (GAVI 2020v, 16) (see Box 10; The part of the revision noted in red in point **e**) below).

#### Box 10. Revised language to decision point e)

[The Gavi Alliance Board:]

**e) Approved** the proposal for AMC92 economies to cost-share vaccines up to US\$ 1.60-US\$ 2 per dose, assuming a 2-dose regimen, towards the full cost of purchasing a dose of vaccine [bearing in mind that Gavi will exercise flexibility and work with economies on a case-by-case basis to adjust vaccine cost-sharing contributions as needed in the first instance until end 2021, and with the expectation of additional cost-sharing on vaccine delivery, with targeted Gavi support (see decision point **g**) to supplement additional resources to be mobilised]. **This flexibility will help to ensure that cost-sharing for vaccines does not prevent or delay the introduction of the vaccine in any economy, and that economies do not reallocate existing budgets for other routine vaccines towards COVAX cost-sharing, which would undermine both Gavi core programming and broader objectives;**

However, at the time, many Board members, including the representatives of Constituencies 3, 5, and 17, did not support the revision. Moreover, they were also uncomfortable with the language in decision point **f**), arguing that the decision language was unclear and may cause miscommunication to AMC countries (see Box 11).

#### Box 11. Decision: Cost-sharing of vaccine doses

[The Gavi Alliance Board:]

**f) Noted** that if domestic financing including grants and loans from the MDBs is not forthcoming, given the severe effects of the pandemic, including on fiscal space, and the late stage in country budgeting cycles, the AMC92 economies may not be required to cost-share;

(GAVI 2020y, 6)

However, The CEO defended the decision point and argued that the language was clear, indicating that only if they do not have access to additional finance would they not be

required to cost-share. The Representative of Constituency 5 rebutted his claim and argued that decision point **f)** was not necessary because decision point **e)** covered what **f)** said.

Although the Board Chair made a gesture to accept the Representative of Constituency 5's request by asking Senior GAVI Officer 5 to revise the language on the screen, the CEO made an intervention and strongly argued that language in decision point **f)** ensured a '*good communication*' to AMC countries, clarified the intention of the scheme to AMC countries, and that this was what the Board had asked for. At that moment, as we have seen in Chapter 6, the Chair took the CEO's side and persuaded the Representative of Constituency 5, arguing that there would not be misinterpretation and that countries do want to cost share, they do want to have ownership, if they can. In addition, she suggested new language to mitigate the Board's concern, which was accepted by the Board.

In consequence, the Board reached a consensus, with additions by the Secretariat in red (see Box 12)

**Box 12. Decision: Cost-sharing of vaccine doses**

[The Gavi Alliance Board:]

**e) Approved** the proposal for AMC92 economies to cost-share vaccines up to US\$ 1.60-US\$ 2 per dose, assuming a 2-dose regimen, towards the full cost of purchasing a dose of vaccine [bearing in mind that Gavi will exercise flexibility and work with economies on a case-by-case basis to adjust vaccine cost-sharing contributions as needed in the first instance until end 2021, and with the expectation of additional cost-sharing on vaccine delivery, with targeted Gavi support [see decision point **g)** to supplement additional resources to be mobilised]. **This flexibility will help to ensure that cost-sharing for vaccines does not prevent or delay the introduction of the vaccine in any economy, and that economies do not reallocate existing budgets for other routine vaccines towards COVAX cost-sharing, which would undermine both Gavi core programming and broader objectives;**

**f) Noted** that if domestic financing including grants and loans from the MDBs is not forthcoming, given the severe effects of the pandemic, including on fiscal space, and

the late stage in country budgeting cycles, the AMC92 economies may not be required to cost-share;

It is worth noting that, as we saw earlier, perhaps, one of the drivers which made the Board agree to the revised language was the Secretariat's reminder of one of GAVI's procedural rules amid continued debate without a consensus in sight (see Chapter 7.2).

GAVI's regulation on the Operating Procedures, last updated in June 2020, explains decision making in electronic and virtual meetings, where decision-making is conducted electronically. Section 10. 2. of the Operating Procedures defines three conditions for a motion to be deemed approved, and Senior GAVI Officer 5 noted one of them<sup>34</sup>:

*(ii) a period of no less than eight business days is given for Board members to signal an approval in writing or by email ("Approval Period") (The Operating Procedures, Section 10.2)*

However, although it would take time to circulate emails, it may not have been impossible to take a decision within the assigned period. There is no clear evidence to prove whether the Officer's reminder of the GAVI rules influenced the Board and pushed them towards an agreement. However, it may have put extra pressure, to a certain degree, on Board members, restraining them from continually challenging the proposed decision language.

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<sup>34</sup> According to Section 10.2. of the Operating Procedures, "A motion to approve decisions in this manner shall be deemed approved if the following conditions are met: (i) notice of a request to approve a decision is made in writing and sent by mail to the last recorded address of each Board member, or by email to the last recorded email address provided by the Board member for that purpose, (ii) a period of no less than eight business days is given for Board members to signal an approval in writing or by email ("Approval Period"), and (iii) approval to the motion by all voting Board members (or their Alternate Board Members) is received by the Chair, CEO, or Secretary by the conclusion of the Approval Period." (GAVI Operating Procedures, Section 10.2)

This case of decision-making shows clearly that the Secretariat was not merely an observer whose role was limited to introducing decision-making agendas and assisting the Board by providing procedural support. The Secretariat actively presented its ideas to Board members and argued for them in order to encourage members to support them. It explained its standpoints, suggested decision language to mitigate the Board's concerns, and defended a particular decision language. For this, the Secretariat utilised GAVI's moral standing and its claim to expert knowledge and GAVI's rules and regulations.

#### **7.4.2. Establishment of the COVAX Buffer**

At the December 2020 meeting, the Secretariat proposed the Board to approve the creation of the COVAX Humanitarian Buffer (see Chapter 5), its eight humanitarian principles, and the size of the Buffer to finance the necessary doses (for the details of the decision, see Chapter 5). To encourage the Board to support the recommendations, the Secretariat utilised GAVI's moral standing, delegated mandates in COVAX, and its expertise.

In a presentation to the Board, Senior GAVI Officer 4 explained the rationales behind the Buffer. They explained that historically, GAVI has implemented routine immunisation and outbreak response programmes through its Fragility, Emergencies, Refugees (FER) policy and used its emergency vaccines stockpile to support neglected at-risk populations. She continued that, according to GAVI's experience, these mechanisms enabled people in neglected communities to access vaccines. In addition, according to the Board paper, it was argued that there had always been an intent to create the buffer since the inception of COVAX, and that if the Board were to reject the proposal it "would undermine both the Facility's goal of ensuring equitable access to COVID-19 vaccines and the Alliance's strategic goal to increase equity in immunisation" (GAVI 2020ai, 11).

In discussions at the Board meeting, although the majority of the Board agreed on the creation of the Buffer and the organising principles of the scheme, they had concerns and reservations that the Buffer scheme had not been discussed by the relevant committee in advance. Board members requested the PPC review the proposal, not only because it would enable the group of experts and major stakeholders to properly scrutinise it, but also because it would enable their concerns to be raised and discussed before a decision was made. For this reason, many Board members proposed that the COVAX Buffer agenda be further discussed in the PPC before being brought back to the Board to approve the envelope of 5 % of the AMC funding. For example, the Alternate of Constituency 9 remarked that although their constituency was supportive of the Buffer, it was concerned that this decision point, created by the Secretariat, had not been reviewed by any of the Board Committees before the meeting. The Representative of Constituency 13 suggested adding additional language to ensure it would be reviewed by the PPC to make sure there was proper oversight. The Representative also considered that making a decision on the funding envelope of 5 % of the AMC funding would be premature.

Some of the Board members requested technical details of the Buffer. For example, the Representative of Constituency 15, raised many questions for clarification such as how the funds would be disbursed, in particular, how the AMC funding could be used for non-AMC countries (which was also raised by other Board members), what the conditions would be for contingency use of non-AMC countries, and how decisions would be made on the allocation of doses. Also, many Board members requested clarity on details of the operation mechanism of the Buffer. For example, the Representative of Constituency 8 argued that the Board paper did not provide information on the Buffer in a detailed way, and suggested that independent evaluation should be conducted.

Although the Board agreed on the creation of the Buffer in principle, two Board members disagreed on the Buffer for different reasons: the Representatives of

Constituency 3 and Constituency 7. The representative of the former argued that it would be inappropriate to use funds intended to be used for AMC countries for the Buffer or for non-AMC countries. Although the Representative of Constituency 3 did not want populations in humanitarian settings to be left without vaccines, they considered that it was the responsibility of host countries to help them. The Representative of Constituency 7 was concerned that AMC countries may receive less doses of vaccines if doses destined for those countries would instead be allocated to the Buffer. They added that helping 80 % of the population who have difficulties in accessing vaccines would be more humanitarian than helping the 5 percent of the population the Buffer intends to help. It seemed that their constituency understood that those 5 percent of the population would include people in humanitarian settings in developed countries. Their discontent would have been critical, because decisions in the Board were made by resolving discontent to reach a consensus.

In the response to those questions and concerns, Senior GAVI Officer 4 noted that the specific contours and operations of the Buffer would be brought to the PPC and the Board for approval in near future, highlighting decision point **d)** (see Box 13).

**Box 13. Policy recommendation on the COVAX Buffer**

[The Gavi Alliance Board:]

**d) Noted** that critical aspects regarding any remaining high-level parameters of the Buffer will be brought back to the PPC and Board for approval in 2021 as necessary;

(GAVI 2020ai, 19)

Regarding the funding pot, the Officer 4 explained that the purpose of reserving 5 percent of the AMC doses was to make sure the Buffer has a capacity to allocate doses where necessary; and allocating the 5% of the AMC funding as seed money was to make sure it had funds to use and consequently enable GAVI to offset the Buffer. Regarding the clarification issues, she pointed to the Board paper regarding the territorial scope of the

buffer which says, “the Buffer be open to all countries and territories regardless of participation in the COVAX Facility or prior Gavi-support” (GAVI 2020ai, 15); explained that doses procured through the Buffer would not be allocated to self-financing countries, which participate in the COVAX Facility, and that if they needed doses, they would pay for themselves. This seemed to mitigate the objections made by the Representatives of Constituency 3 and Constituency 7. She did not respond to all the questions, perhaps because there was no detailed plan. As she noted in the presentation on the Buffer, the Secretariat’s recommendations were seeking ‘a high-level view for approval’.

When discussion of finalising the decision language began, the Secretariat’s organising team displayed the amendment, which reflected the concerns from the Board, on the shared screen. As a minor revision, to reflect a proposal by Constituency 6, it deleted the phrase ‘*national vaccine deployment plans*’, to make it clear that the Buffer is for humanitarian settings. In addition, the amendment included, as many Board members requested, an addition that the Buffer would be brought to the PPC, and subsequently back to the Board if necessary (see Box 14; revised language is noted in red).

**Box 14. Revision of decision point a)**

The Gavi Alliance Board is requested to:

**Approve** the creation of the COVAX Buffer with the dual purpose to (i) ensure access to COVID-19 vaccines for high-risk populations in humanitarian settings ~~that are not covered in national vaccine deployment plans~~, and (ii) provide a contingency provision to enable an emergency release of doses to meet public health needs where normal vaccine allocation timelines may not be sufficient, ~~subject to review of the Programme and Policy Committee in early 2021 and return to the Board if necessary~~;

When the Chair asked the Board if they were satisfied by the amendment, Senior GAVI Officer 3 made an intervention and delivered the Secretariat’s point of view: although

the Secretariat can accept the amended language in point **a)**, they spoke against the amendments to point **c)**, arguing that it was important to have financing available for the AMC to be able to purchase vaccines for humanitarian settings. Senior GAVI Officer 3 added that it would be AMC countries that would benefit from the Buffer, as those humanitarian settings and the emergency release of doses would happen in AMC countries in many cases. In sum, Senior GAVI Officer 3 pointed out that the Buffer, which would be financed through the AMC, will help the AMC countries. It became clear that securing funding for the Buffer was an important issue for the Secretariat.

After Senior GAVI Officer 3's remarks, Senior GAVI Officer 4 also intervened to attempt to persuade the Board. Officer 4 explained that what the Secretariat intended to achieve in point **c)** was to have doses for the Buffer, and highlighted that on the financing side, the funds to deploy doses through the Buffer to AMC countries should come from AMC funding. Senior GAVI Officer 4 invited Senior GAVI Officer 6 for additional comment. Senior GAVI Officer 6 argued that, from a strategic fundraising perspective, it was important to be clear that the Buffer will be covered by AMC funding, and AMC countries would not be impacted by the Buffer and will receive sufficient vaccine doses for 20 % of their population, as originally planned. These senior groups of the Secretariat attempted to persuade the Board by using their expertise and experience in the operation of COVAX.

However, it was not sufficient to convince the donors. For example, the Representative of Constituency 5, insisted that they were uncomfortable specifying a percentage of the funding without the details of the design of the Buffer, and without the PPC's review of it. They emphasised that their constituency had a strong desire to see that detail. Senior GAVI Officer 4 pushed the Board again by highlighting that the Secretariat would not be able to allocate funds and doses to the Buffer until they had the approval in place, as they were undertaking the procurement of doses.

Given that the Board's reservations continued, the Chair suggested the Secretariat provide the necessary information on the design of the Buffer to the PPC for expedient review. After that, a new amendment would be sent around to the Board for approval electronically without having another Board meeting. To do so, she asked those senior staff of the Secretariat to amend the language to reflect this during a 10-minute break.

After the break, when the Chair asked for the new amendment, Senior GAVI Officer 3, instead of providing the amendment, remarked that the Secretariat accepted all those changes in the decision language that were made during the meeting on request of the Board, including the amendment proposed by the Representative of Constituency 7.<sup>35</sup> However, he suggested that Senior GAVI Officer 6 includes language to highlight the importance of having humanitarian support for AMC countries as part of her investment document, which would be released in January 2021; he argued that, if not, the plan for the operation of Buffer would be delayed and it would be a challenge. The Chair and the Board accepted the CEO's suggestion and confirmed the decision (revised language is noted in red) (see Box 15).

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<sup>35</sup> The representative of the constituency suggested deleting a phrase 'initially until end 2021' to make it reconcile with language in other decision points. For this, Senior GAVI Officer 4 said that it was not a problem with removing the time frame because it was just for noting that the Buffer would focus on the acute phase of 2021.

### Box 15. Decision: Establishment of the COVAX Buffer

The Gavi Alliance Board:

- a) Approve** the creation of the COVAX Buffer with the dual purpose to (i) ensure access to COVID-19 vaccines for high-risk populations in humanitarian settings ~~that are not covered in national vaccine deployment plans~~, and (ii) provide a contingency provision to enable an emergency release of doses to meet public health needs where normal vaccine allocation timelines may not be sufficient, ~~subject to review of the Programme and Policy Committee in early 2021 and return to the Board if necessary~~;
- b) Approve** the six organising principles of the COVAX Buffer of equitable access, targeted deployment, measure of last resort, contextual parity, alignment with overarching principles of COVAX and, in addition for the humanitarian element, adherence to the humanitarian principles.
- c) Note** that the total size of the Buffer, to cover both purposes, could be a real-time allocation of up to 5% of doses procured through the COVAX Facility, initially until end 2021, and approve reserving ~~5% of total funding received or pledged for the COVAX AMC at any point in time for doses to be deployed via the Buffer, noting that this will be progressively financed as AMC funding increases, with the final amount dependent on dose availability, estimations of need for target groups eligible for Buffer doses once confirmed, and fundraising success. The funding envelope for the Buffer will be reviewed at such a time that the Facility is terminated with a presumption that unused funds will be returned to the AMC.~~

The Board's decision-making on the COVAX Buffer illustrates that one of the determinants of decision-making outcomes in the Board are the interactions between the ideas of the Board and those of the Secretariat. In this case of decision-making, the Secretariat were proactive: they expressed their own point of view and tried to persuade the Board by suggesting ideas to achieve what they intended. In this case, although the Secretariat could not achieve their goal for the meeting (i.e. getting approval to reserve a funding envelope for the Buffer), they succeeded in including statements in the investment document which would enable them to operate the Buffer.

Consequently, these two decision-making examples show political tensions in decision-making in GAVI occur not only in interactions among the ideas of Board members, but also between ideas of the Board and the Secretariat.

## **7.5. Conclusion**

In this chapter, based on the interviews and the observations, I discussed how the Secretariat behaved related to decision-making in the Board. It actively involved in decision-making in GAVI. Regarding GAVI's work during the acute phase of the COVID-19 pandemic, the Secretariat had its own ideas on GAVI's work during the acute phase of the pandemic. In order to achieve its perceived interest, the Secretariat used GAVI's bureaucratic features (rules, delegated tasks, moral standing, expertise, and consultation) to attempt to influence decision-making in the Board. By doing so, the Secretariat attempted to act in its own right at least some degree and justify its independent behaviours in developing COVAX. However, its tendency to act its own right caused tension between Board members and the Secretariat. In this chapter, I argue that the Secretariat acted as a policy making actor, rather than the servant of the Board, and that it attempted to act independently at least to some degree by utilising GAVI's organisational features.

In the next section, I will analyse the empirical and theoretical implications of the findings discussed in Chapters 6 and 7 on decision-making in the GAVI Board and the sources of GAVI's authority.

## 8. Analysis: Political Dynamics in Decision-Making in the GAVI Board

- This chapter discusses the empirical and theoretical implications of this thesis as well as its contributions to understanding GHG.
- Implication 1 The constructivist tradition provides a useful framework to understand policy-making in GHG, by enabling us to see that not only material power but more importantly ideas (such as shared culture and intersubjective identities and interests) influenced decision-making in GAVI over COVAX. Also, it enables us to see the ways in which actors' (i.e. GAVI's policy-making actors') identities and perceived interests are shaped through socialisation processes within global health institutions.
- Implication 2 Michael Barnett and Martha Finnemore (2004)'s framework on IOs not only help us understand IOs' dual identity and the Secretariat's independent influence, but also applies to GAVI, an organisation based on a public-private partnership model.
- Implication 3 In addition to the different sources of IO authority outlined by Barnett and Finnemore and utilised by GAVI's Secretariat, this thesis shows that the Secretariat has a source of consultative authority based on its consultation ability.

### 8.1. Introduction

This thesis aimed to address a research gap in the GHG literature. As was shown in Chapter 2, existing studies on GHG have made a considerable contribution to our understanding of global responses to important global health events (e.g. Holzscheiter 2017). However, with some notable exceptions (e.g. Sophie Harman's work (2009) on the World Bank), little is known about how actual policy decisions are made within global health organisations – especially during times of emergency.

To fill this research gap, this thesis explored the question, '*How did the GAVI Board make decisions over COVAX during the Covid-19 pandemic?*' with the following sub-questions:

1. What ideas (such as principles, norms, and values) influenced the creation of GAVI, and how do they shape the culture and practices of decision-making within the organisation?
2. What is GAVI's governance structure, what is the GAVI Board's membership, and how is the Board supposed to operate to make decisions?
3. How do GAVI Board members view COVAX? How does COVAX relate to their own identities and perceived interests, and how do they perceive the identities and interests of other Board members in relation to COVAX?
4. How did Board members interact with each other during the discussions over COVAX, both inside and outside of formal Board meetings? What does this tell us about the 'decision-making culture' of the GAVI Board?
5. How does the Secretariat view COVAX? What agendas and perceived interests does the Secretariat have regarding the development of COVAX?
6. How did the Board and the Secretariat interact with each other during discussions over COVAX?
7. What roles (if any) did the Secretariat play in decision-making during the COVID-19 pandemic? How did it justify its roles?
8. How did the exceptional urgency of the COVID-19 emergency influence decision-making in GAVI's Board?

Sub-questions 1 and 2 were discussed in Chapter 4; sub-questions 3 and 4 in Chapter 6; and sub-questions 5, 6, and 7 in Chapter 7. Sub-question 8 was discussed in Chapters 6 and 7, but I will explore the implications of the impact of the urgency and uncertainty of the COVID pandemic on decision-making in GAVI during the COVID-19 pandemic in more detail in this chapter (see Chapter 8). Reflecting on the key findings of Chapters 6 and 7, in this chapter, I answer the main question and analyse the empirical and theoretical implications of the thesis.

The chapter consists of four parts. After summarising the findings of Chapter 6, I will discuss what the findings tell us about Board members' decision-making behaviours during the COVID-19 pandemic and how the theoretical frameworks that I reviewed in Chapter 2 help us understand the Board's decision-making on COVAX. Next, after summarising the findings of Chapter 7, I will discuss: i) what the findings tell us about the role of the GAVI Secretariat in decision-making in the Board and how the rationalist and constructivist paradigms explain these findings; and ii) how Barnett and Finnemore's framework of IO authority applies to the GAVI Secretariat's influence on decision-making. In relation to this, I will also discuss the theoretical insights of this thesis into how global health governance works. After that, I will briefly discuss the political aspects of decision-making in GAVI. Lastly, I will end the chapter by discuss how urgency and uncertainty during the COVID-19 pandemic influenced decision-making in the Board.

## **8.2. The Social Construction of Decision-Making in the GAVI Board**

### **8.2.1. Dynamics of Decision-Making in the GAVI Board**

The Board's constituencies have different characteristics to one another. Their characteristics somewhat influenced the way their Board representatives behaved at Board meetings and, consequently, their influence over decision-making. For example, given that GAVI is in essence a financial mechanism which provides funds to poorer country governments for vaccination campaigns within their countries (see Chapter 4), and that GAVI relies for the implementation of its policies on its Alliance partners, financial as well as technical resources/assistance were important for GAVI's work (i.e. global distribution of COVID-19 vaccines). As a result, those resources enabled representatives of both donors (i.e. developed country governments and the BMGF) and multilateral organisations with technical roles (the WHO, UNICEF and the World Bank) to be especially influential and active in decision-making over COVAX (see Chapter 5). In addition, some donor

constituencies, such as the UK, Norway, the BMGF, and all these multilateral organisations had a long history of collaboration with GAVI, since its creation in 2002. This has enabled them to become familiar with the history of GAVI's work. However, some others, in particular representatives of developing country governments and CSOs, whose constituencies were recipients of GAVI's funding, and did not provide their representatives with sufficient resources for preparing Board meetings, had difficulties in preparing for meetings and were, seemingly, relatively less influential in discussions.

However, as we saw in Chapter 6, importantly, those influential Board members were not always successful in incorporating their ideas into the Board's decisions in 2020 and 2021. Their ideas sometimes were dissuaded by the Chair or the Secretariat, or failed to draw support from other Board members. For example, at the September 2020 meeting, regarding cost-sharing of vaccines (see Chapter 5), Representatives of Constituencies 3 and 5 (the biggest donors to GAVI) withdrew their requests for revision of decision language because they were discouraged by the Chair. In addition, at the December 2021 Board meeting, the Representative of Constituency 15 (GAVI Alliance partner) withdrew their intention to request the postponing of making decisions on the establishment of a new Steering Committee (for this item, see Chapter 5), noting that the Board broadly wanted to take a decision in that Board session. Also, Board members did not always agree on what 'powerful' Board members suggested. For example, at the June 2020 Board meeting, although the Representative of Constituency 9 (the one of the biggest donors for COVAX) proposed an amendment of the policy recommendation on a decision item on GAVI's support for 'former GAVI-eligible countries' and 'never GAVI-eligible countries' (see Chapter 7), many Board members insisted on postponing the approval of the amendment until the next day, arguing that they had not had time to review it. As these examples demonstrate, along with Interview 12 in Chapter 6.4.1, the most 'powerful' Board members did not actually have the ability to dominate decision-making during the COVID-19 pandemic.

At the same time, as we saw in Chapter 6.4.2, in 2020 and 2021, the opinions of Board members who would seemingly be less influential in terms of their material resources were not always ignored or excluded from discussions. Their opinions often received significant attention from (and were actually supported by) other Board members, and Board members often wondered how representatives of recipient counties viewed an issue. For example, at the June 2021 Board meeting, on the discussion of the future participation model for SFPs (see Chapter 6.4), the opinions of recipient constituencies were particularly important in the discussion. In 2020 and 2021, there was a norm in the Board that members representing recipient country governments were heard first. Given that, as the Representative of Constituency 6 (donor) did at the September 2020 Board meeting, Board members sometimes yielded their right to speak in order to listen to those opinions first. In addition, as we saw in 6.4.2, the CSO constituency's argument for their involvement in the governance structure of COVAX received broader and significant support from other Board members. That put pressure on the Secretariat to address the CSO constituency's concerns.

Moreover, Board members' official identities and perceived interests, which were defined by their formal roles in the Board, did not always determine their decision-making behaviours. The identities of Board members were complex: they did not stick to a single identity, but presented different identities in different circumstances. For example, Interviewee 1 said that whereas they behave as the representative of Constituency 1, they represented their own institution in informal interactions with other Board members and the Secretariat to discuss the Board's agendas (see Chapter 6). Sometimes Board members presented multiple identities at a Board meeting, and these identities influenced their perceptions of items on the Board's agenda. Despite the role of individual Board members as the representatives of a constituency/institution, personal experience, career background, and beliefs influenced their attitudes on particular agenda items. For example, Interviewee 13 said, along with many other Board members such as the representatives of

Constituencies 3 and 8, that although they primarily represented their constituency in the Board, they also contributed ideas based on their career background and personal experience.

Consequently, Board members did not always act in Board meetings in accordance with their formal roles. Importantly, despite their official identities, there was evidence of Board members having a shared identity and common interests. It appeared that, as much as being their constituency/institution's representative on the GAVI Board, many Board members saw themselves as a representative of GAVI to their own constituency/institution (appeared in their words such as '*we, as Board members of GAVI*') - and considered what was good for the success of GAVI's work in making decisions. For example, although the Board was divided regarding the importance of the establishment of a new Steering Committee and the ways in which it should be developed (see Chapter 6), Board members agreed that the Steering Committee would help GAVI deal with the delivery of vaccines in a more effective and efficient manner (see Chapter 7). Consequently, as also seen in Interview 12 in Chapter 6.5, although they outwardly represented their constituency/institution, they tended to act as a representative of GAVI and made decisions according to what they saw as being best for GAVI and its mission.

One of the most interesting findings was that in 2020 and 2021, the Board made all the politically sensitive decisions over COVAX by consensus. Although a voting system exists, there was a culture in the GAVI Board that valued making decisions by consensus. Although they sometimes postponed approving an agenda item until the next day or they had to have long, heated discussions, Board members always ultimately reached an agreement. Throughout the observations, the Board made all decisions by consensus, even during an unusually politically sensitive time.

In the next section, revisiting theoretical frameworks on cooperation within IOs, which were discussed in Chapter 2, I will discuss how the rationalist and the constructivist

(conventional constructivism led by Alexander Wendt) approaches to cooperation within IOs help us understand the implications of the findings on Board members' decision-making behaviours during the COVID-19 pandemic.

## **8.2.2. Theoretical Implications of the Findings of Board Members' Decision-Making Behaviours**

### **8.2.2.1. The rationalist tradition's explanation of decision-making in the Board**

As discussed in Chapter 2.6, despite different approaches within the tradition to the role of IOs for the levels of cooperation that might be achieved within IOs, the rationalist tradition considers that IOs are machinery which are created and operated to support their members' interests, in particular powerful members' interests. Also, it argues that hegemonic power and economic considerations determine the creation and the operation of IOs, and their chances of success. Focusing on the nature of policy actors as rational egoists and relative material capabilities among the actors, and regarding actors as subjects constrained (or not) by IO structures, the rationalist tradition regards IOs primarily as forums in which actors compete and negotiate with one another in pursuit of their own interests; and it argues that the outcome of decisions is likely to be determined by the most powerful states. Although in some cases they might achieve compromises between different interests, actors won't really change their essential interests; and if they reach a short-term compromise, it will only be in the expectation of longer-term gains. In these regards, rationalists may not be surprised by some of the factors I identified based on Based on the findings in Chapter 6, which seem to underpin the differential levels of engagement in discussions: i) whether a constituency contributes resources to GAVI (the closest analogue to the exercise of material power within the organisation); ii) whether a

constituency provides its representatives with the necessary resources to prepare for Board meetings; and iii) the constituency's previous experience of working with GAVI.

In addition, the rationalist tradition might argue that, although Representative Board members had one vote and Board members had the same right to speak at meetings (although Representatives and their Alternate tended to take different responsibilities), as was discussed in Chapter 6.3, Board constituencies' ability to provide financial/technical resources – and their history of working with GAVI – influenced their representatives' decision-making behaviours. In addition, based on the rationalist tradition, it can be said that Board could make decisions by consensus because the representatives of those powerful constituencies, such as donors and GAVI's Alliance partners, agreed to cooperation considering that would benefit their constituencies' interests - or at least would not be a threat to them. For example, the Representative of Constituency 5 may have agreed on the decision that GAVI uses its funds to help some of middle-income countries (and small economies) respond to the pandemic (see Chapter 6.5), because the Representative may have considered that that decision may reduce the need for the constituency to help them in the future if those countries faced worse domestic epidemics by not being excluded from GAVI's support.

However, although the rationalist tradition might be capable of explaining some of the findings on the Board's decision-making in 2020 and 2021, as we saw in Chapter 6, the differences among the Board's constituencies due to their characteristic, were not just about the operation of material power. In addition, what the rationalist tradition would not be attuned to is the role of ideas in decision-making – including the norms and decision-making culture of the Board, and Board members' perceptions of the identities and interests of themselves and others. Particularly, the rationalist approach does not explain the influence of interactions among Board members inside and outside Board meetings on decision-making, as well as how those interactions influence Board members' decision-

making behaviours. In the next section, based on the findings in Chapter 6, I will discuss how the constructivist tradition enables us to understand the political dynamics of decision-making in the GAVI Board that traditional power politics narratives cannot explain.

#### **8.2.2.2. The social constructivist tradition and the GAVI Board's decision-making**

As discussed in Chapter 2.6, the constructivist tradition (despite different approaches within the tradition, see Box 1 in Chapter 2.6.1) argues that reality is socially constructed. The social consists not only of material resources but also of the thoughts and ideas of actors involved in the world. In this vein, the constructivist tradition implies that actors' perception of material factors based on their ideas and beliefs (through which these factors are interpreted, organised and used) influence decision-making within IOs. In addition, the constructivist paradigm argues that identities and interests are not static, but they change in accordance with circumstances surrounding them. The reconstitution of identities and interests by intersubjectivity occurs through interactions among actors. Intersubjective beliefs define social structure to which they belong and the characteristics of these social structures by giving meanings to social events; and in turn, influence how actors perceive their identity and interest and others. In consequence, concepts of identity, interest, power are fundamentally formed by idea.

Findings discussed in Chapter 6 confirm the effectiveness of the constructivist tradition by showing the importance of ideational factors in the GAVI Board's decision-making. As I mentioned in a previous section (Chapter 8.2.1), Board members did not always conform to their given, official identity in the Board in 2020 and 2021. Despite their formal identities as a representative of a particular constituency, Board members also had other identities based on their professional career, experience, knowledge and personal beliefs, which influenced their attitudes on particular agendas item as well as what they chose to pursue at Board meetings. For example, as we saw in Interview 3, the interviewee representing

one of the donors said that although they were aware of their official role as the Representative of Constituency 3, they reflected on their beliefs based on their career and experience when they developed the constituency's point of view on the Board's agenda items. In addition, the Alternate of Constituency 5 said that they try to strike a balance between their official duty (representing their country's political interests) and personal beliefs based on their experience of working in developing countries. These examples show that the assumption that Board members would engage with issues based on their 'official identity', or the interests of their respective constituencies, is an over-simplification. Through the observations and interviews, it became clear that many different factors influenced the positions they took in the Board.

Particularly, this GAVI case study confirms the effectiveness of the constructivist tradition for understanding GHG by showing the ideational aspect of cooperation in the Board: the development of intersubjectivity through social interactions; and consensus-based decision-making culture in the Board.

As we saw in Chapter 6.7, Board members interacted with one another inside and outside of formal Board meetings. Despite the limitations on interactions imposed by the COVID-19 pandemic, Board members managed to communicate with one another during and in-between Board meetings to discuss the Board's decision items through virtual Board discussions, a chat function on the virtual meeting software, and in virtual meetings before the Board meetings. Those formal and informal interactions were not intended merely to gain an understanding of others' opinions for strategic reasons (i.e. to enable them to effectively maximise their constituencies' interests). Importantly, as we saw in Chapter 6, these social interactions also enabled them to develop an intersubjective identity and interests, and to become socialised into particular ways of thinking and acting by learning about and internalising GAVI's culture. As seen in Interviewee 12 in Chapter 6.5, although Board members seemingly represent a particular constituency/institution, they commonly

express the view that they were invited to the Board in order to achieve GAVI's mission, and therefore, they should support decisions which they see as being best for GAVI's work and its beneficiaries. Indeed, during the fieldwork there was significant evidence that Board members shared a common identity. For this reason, Board members who have stayed on the Board longer, such as Interviewee 3, tend to have a strong attachment to GAVI and its core mission. For example, at the March 2021. Board meeting where the Board discussed the future of GAVI's involvement in COVAX, many Board members presented ideas about what "*we, as Board members of GAVI, need to (...)*" should do. This example shows not only that, contrary to the rationalist tradition, actors' identities are malleable and complex, but, importantly, it shows that Board members have an intersubjective identity. Some may, of course, argue that this was merely political rhetoric, used to persuade others in formal public conversations. However, given that some of the interviewees used the same to refer to the Board during the interviews for this thesis, it can be said that there is a sense of community and intersubjectivity among Board members to some degree. Consequently, the socialisation processes in the Board enabled them to identify themselves and others as part of GAVI, and to advocate for the interests of GAVI rather than sticking narrowly to the perceived interests of their individual constituency.

In addition to the development of intersubjective ideas among Board members, social interactions among Board members enabled them to build a common culture in the Board. As we saw in Chapter 6, the GAVI Board's culture that decisions should be made by consensus influenced Board members' behaviour. Board members have learned and internalised this consensus-based decision-making norm through the Chair's emphasis on the norm, as well as their experience of making decisions by consensus. In addition, as seen in Interview 13 in Chapter 6.6, new Board members learn and become familiar with that culture by observing the examples during their probation period before joining the Board, as well as their early meetings. As a result, the culture of decision-making by consensus is embedded in Board members' ideas, and puts pressure on them to reach

compromises. The fact that this culture has been a convention in the Board for a long time, and remained in place even after the new Chair took over, shows that intersubjective ideas are resilient to changes in the Board membership.

In this section, I have discussed the implications of the findings of this thesis on Board members' decision-making behaviours in 2020 and 2021, and have confirmed that the social constructivist tradition provides a useful framework for understanding policy-making in GAVI. I argue that: although material power to an extent influenced decision-making, Board members' ideas, particularly their perceptions of identities and interests, played a pivotal role in decision-making in GAVI during the COVID-19 pandemic. Board members' identities and perceived interests were complex and socially reconstituted through social interactions inside and outside Board meetings. These interactions enabled Board members to develop intersubjective beliefs and a shared identity and interests. In addition to these intersubjective identity and interests, the consensus-based decision-making culture in the Board was embedded in members' thoughts as a norm through socialisation, and consequently influenced their decision-making behaviour. Consequently, the argument that actors with material power such as big donors would have agenda setting and priority setting power in global health governance is too simplistic: it is much complex. In the next section, based on the findings discussed in Chapter 7, revisiting the theoretical paradigms, I will discuss what they tell us about the identity of GAVI and its sources of authority.

### **8.3. IOs' Dual Identities and the Sources of IO Authority**

In this section, I will discuss the theoretical implications of the findings, discussed in Chapter 7, for the constructivist approach to the identity of IOs. I do this by discussing how the sources of IO authority outlined by Barnett and Finnemore (2004) applies to the GAVI Secretariat, as well as by suggesting another source of authority (what I term 'consultative authority').

### **8.3.1. Findings of the Thesis: The role of the GAVI Secretariat in decision-making in the Board**

Although the Board has responsibility for making GAVI's policies, the GAVI Secretariat too played a distinctive role in decision-making. The Secretariat did not limit their role to assisting the Board and setting up an environment in which the Board can make decisions. It also acted as a policy making actor with agency. The Secretariat had its own ideas on GAVI's agenda (*'what GAVI should focus on'*) and perceived interests (*'what GAVI should aim to achieve'*). During the COVID-19 pandemic in 2020 and 2021, the Secretariat argued that although GAVI's traditional, routine vaccination mission is important, successful delivery of the global effort to supply COVID-19 vaccines should be GAVI's priority, at least during the acute phase of the pandemic. In this regard, the Secretariat believed that GAVI should deliver COVID-19 vaccines across the globe at speed.

In order to incorporate these agenda and perceived interests into the Board's decisions, the Secretariat sought to influence the Board's decision-making using rational-legal authority, delegated authority, moral authority, expert authority, and consultative authority. In addition to its involvement in the development of agenda items and Board papers, the Secretariat took part directly in debates in the Board. Secretariat staff highlighted their experience and expertise, claimed that their recommendations were based on moral considerations of helping vulnerable populations at risk in the pandemic, and also necessary in order to fulfil GAVI's responsibilities as a co-convenor of COVAX. They routinely consulted with Board members and GAVI's stakeholders; by doing this, it had privileged access to information. All of this enabled the Secretariat to present the policy recommendations that they developed for the Board's approval as objective, impartial, and moral.

The findings presented in this thesis show that the Secretariat had independence, at least to a certain degree, and tended to act in their own right. The Secretariat's tendency to

act independently caused tension between the Board and the Secretariat, both inside and outside Board meetings. In particular, Board members were dissatisfied with the Secretariat's lack of consultation with the Board as well as with the relevant Board Committees in developing COVAX and developing policy recommendations for the Board's approval. This led them to raise concerns about transparency and accountability. At the same time, there were limits to the Secretariat's independence: although it did have the ability to influence Board members' thoughts on items for decision-making, their arguments were not always accepted/approved by the Board.

In sum, in 2020 and 2021, the Secretariat played a role as a policy actor in its own right in pursuit of what it thought was right for GAVI, and sought to influence decision-making in the Board by claiming the sources of GAVI's authority as a bureaucracy. Just as Board members interact with one another and develop intersubjective beliefs, so do the Board and the Secretariat. Consequently, the Board's decisions were the outcome of interactions not only among the ideas of Board members, but also between those of the Board and the Secretariat.

In the next section, I will discuss what these findings tell us about IOs' identity and autonomy, as well as the role of GAVI's Secretariat in decision-making in the Board in 2020 and 2021. I will do this by briefly revisiting the rationalist tradition's understanding of IOs as well as Barnett and Finnemore's framework for IO authority, and how they help us interpret the findings on GAVI.

### **8.3.2. The Rationalist Tradition's Understanding of IOs**

As discussed in Chapter 2, the rationalist tradition broadly argues that IOs exist as a structure through which members pursue their national interests, and that they are controlled by their creators. In particular, this approach sees IOs as serving the mandate that their principals assigned them. According to PA analysis, IOs are created to carry out

tasks that their principals do not want to do by themselves due to lack of resources or political will. Although the rationalist tradition admits that IOs can have authority and autonomy to a limited degree, it argues that IOs' authority is only granted by their principals to enable IOs to perform their tasks. IOs sometimes behave in a way that their principals would disagree with (using '*agency slack*', see Chapter 2.6.2). However, an IO can act in its own right only if its principals allow it to; and principals regulate the IO's performance by using means of control. Therefore, this rationalist tradition argues that IOs cannot have authority on their own but only that which is granted by their principals.

As I discussed in Chapter 2, although IR theories have normally been applied to examine traditional actors of international politics (nation states) and IOs which have nation-states as their members, such as UN agencies, as we saw through the case of GAVI, a wide range of actors from the public, private, and third sectors are involved in global politics and play a role in addressing global issues. In this regard, IR theories (in this thesis, the rationalist tradition and the constructivist traditions) can apply to individuals and people representing those actors. Some of the findings on the GAVI Secretariat could be explained through the rationalist approach. GAVI (the Secretariat) carried out tasks (the development of COVAX) that the Board had assigned it to do. Although, as we saw in Chapter 7, the Secretariat tended to act independently from Board members in developing COVAX, it could do that because Board members implicitly allowed it to do so. However, the Secretariat did not have the ability to make policy or develop projects that would have a significant influence on GAVI without the Board's approval. For this reason, as we saw in Chapter 7, the Secretariat made efforts to persuade the Board members to approve its preferred policy recommendations. In addition, the Secretariat's performance remained under Board members' supervision and control. For example, as we saw in Chapter 7, Board members officially complained about policy decisions that had been developed by the Secretariat without sufficient consultation, and sometimes they did not approve the

Secretariat's recommendations and sent the issue back for review by the relevant Board Committee.

All of these interpretations based on the rationalist tradition seem to be plausible to some degree. However the rationalist tradition does not adequately explain the extent of the Secretariat's successful influencing of decision-making in the Board in 2020 and 2021. In the next section, I will discuss how this thesis's findings on the Secretariat's tendency to act independently can be interpreted through the constructivist approach to IOs.

### **8.3.3. The Application of Michael Barnett and Martha Finnemore's Framework of IOs to Decision-Making in GAVI**

In this section, I discuss the identity of GAVI represented by the Secretariat, and its sources of authority.

#### **8.3.3.1. The dual identity of GAVI**

Research in the constructivist tradition finds that IOs are not just agents that do the bidding of their principals (usually their member states – although this is more complex in the case of a PPP like GAVI), but they are also autonomous, political actors. Barnett and Finnemore argue that we can better understand what IOs *do* if we better understand 'what IOs *are*' (2004, 9). Suggesting a framework to delineate the autonomy and authority of IOs, they argue that IOs have dual identity as a structure and as an actor, represented by their secretariat. As an actor, IOs have their own agenda and perceived interests. They, through their bureaucracies, are active participants in international politics.

The findings on the operation of the GAVI Board and the role of the Secretariat in decision-making in the Board, confirm that GAVI has dual identity: as a policy machine and an actor with its own ideas. As a policy machine, GAVI consists of formal structures (e.g. rule-based institutional frameworks provided in the Statutes, the By-laws, and the

Operating Procedures; and GAVI's investment scales and strategies) as well as informal structures (e.g. the policy-making history of the Board as well as culture, norms and values embedded in the organisation). These formal and informal structures influence the entire process of decision-making in the Board. They reduce transaction costs and uncertainties by developing an environment in which the Board's stakeholders provide guidance and make decisions for GAVI's work. In addition, these structures assign a role to the Secretariat as a servant to the Board, which provides the Board with administrative services, such as organising Board meetings and operationalising and implementing Board decisions.

However, at least during the COVID pandemic (further research would be required to determine whether the same is true in more 'normal' times), the findings tell us that GAVI acted as a policy making actor in its own right, represented by the Secretariat, especially the SMT comprising the CEO, the Deputy CEO, the COO, and the Managing Directors of the seven departments (for the role of the SMT, see Chapter 2; for the departments, see Chapter 4). They were a major counterpart of the Board; they provided presentations at Board meetings as well as responding to the Board's questions and comments on decision points presented for the Board's approval. In addition, as we saw in Chapters 2 and 7, the Secretariat was not only carried out the day-to-day operations of the organisation, but also represented GAVI to the world and led GAVI's external relationships and its work. During the COVID-19 pandemic, the Secretariat played an important role in the development of COVAX. It worked with other organisations (other co-conveners of COVAX and the other conveners of the ACT-Accelerator) and country governments participating in COVAX as well as consulted with vaccine manufacturers such as AstraZeneca, Pfizer, and the Serum Institute to strike deals for vaccine supply, and government officers (for example, in India, to address the export ban on vaccines in 2020). All of these activities were outside of the Board's remit.

As I discussed in Chapter 7, the Secretariat as the representative of GAVI had its own agenda and perceived interests based on its perception of what was important to GAVI. During 2020 and 2021, although the Secretariat was obviously aware of the importance of maintaining GAVI's core mandate around childhood vaccination, it argued that the successful delivery of COVAX should be GAVI's priority - at least during the acute phase of the pandemic. Perhaps, the Secretariat's priorities may have been influenced by two factors: its ambition to contribute to bringing the pandemic under control and, as a result, to be successful in this historic opportunity so that GAVI would be recognised as one of the leading global health IOs.

However, as we saw in Chapter 7.2, the Secretariat's agenda differed from that of Board members. Board members in general shared the belief that GAVI should not neglect its core mission (i.e. delivering routine vaccinations); and the development of (and GAVI's involvement in) COVAX should not affect the operation of the core mission. As I discussed in Chapter 7, this discrepancy in views caused tensions in Board meetings.

The findings which confirm GAVI's identity as a policy-making actor show that the Secretariat's ideas also influenced the Board's decisions. In addition to the ideas of Board members, the ideas of the Secretariat were important in their decision-making. Indeed, given the fact that the Secretariat made many decisions on the operation of COVAX outside the Board, its views/ideas were perhaps even more important.

One of the interesting findings of this thesis is that the Secretariat tended to act in its own right. Particularly, the Secretariat sought to influence decision-making in the Board in pursuit of its own interests (more correctly, what it regarded as GAVI's interests – 'what is best for GAVI'). This finding is a clear indication that GAVI, represented by the Secretariat, has an identity as an actor. As we saw in Chapter 7.3, Board members were concerned about the Secretariat's lack of consultation with the Board in developing policy recommendations on the development of COVAX and its focus on GAVI's role in COVAX.

In addition, some of the GAVI's founding organisations were concerned that the Secretariat was doing work that they saw as their responsibility. These examples show that the Secretariat does not simply carry out tasks assigned to it by its founding organisations, but does what it believes it is important to GAVI.

Consequently, the discussion in this section confirms that Barnett and Finnemore's understanding of IOs applies to the GAVI case, and effectively rebuts the rationalists' argument that IOs are structures which serve their principals' interests and merely do what their principals assign them to do. In the next section, I will discuss how Barnett and Finnemore's framework of IO authority and autonomy can be applied to the GAVI case.

#### **8.3.3.2. The sources of GAVI's authority and the Secretariat's claims to these sources**

As discussed in Chapter 2.6, regarding IOs as bureaucracies, Barnett and Finnemore argue that IOs' autonomy comes from their features as bureaucracies. They explain that modern bureaucracies exhibit: "hierarchy, in that each official has a clearly defined sphere of competence within a division of labour and is answerable to superiors"; "continuity, in that the office constitutes a full-time salary structure that offers the prospect of regular advancement"; "impersonality, in that the work is conducted according to prescribed rules and operating procedures that eliminate arbitrary and politicized influences"; and "expertise, in that officials are selected according to merit, are trained for their function, and control access to knowledge stored in files" (Barnett and Finnemore 2004, 17-18). These features enable an IO (i.e. its secretariat, which represents it as an actor) to fulfil the organisation's missions by projecting rational, technocratic, impartial, and apolitical images to its acts. Consequently, these features are the sources of IO authority: legality ('rational-legal authority'), delegated tasks ('delegated authority'), moral standing ('moral authority') and expertise ('expert authority') (for the details of their arguments of these sources, see

Chapter 2.6). These sources of authority enable IOs to be authoritative and to have autonomy, at least to some degree.

### **Rational-legal authority**

The source of GAVI's rational-legal authority comes from rules provided in GAVI's Statutes, By-laws, and Operating Procedures, as well as informal rules such as GAVI's institutional culture and norms, which were not documented but embedded throughout the organisation, so, reflected in the attitudes of its members and many aspects of the operation of the institution. The Secretariat utilises these rules to make Board meetings develop in a particular manner and induce Board members to choose particular actions. For example, as provided in Section 7 of the By-laws, the Secretariat develops agendas for the Board's discussions, but it does this by reflecting its own perception of what is important for GAVI. It implies that the Board is likely to mostly discuss or make a policy on an agenda that the Secretariat believes important unless they make a request for the Secretariat to include a particular item on the agenda. In addition, the Secretariat produces presentations for the Board with selected information which supports the importance of policy recommendations, developed by themselves, for the Board's approval. And sometimes, as we saw in Chapter 7, the Secretariat uses GAVI's rules to deter a particular idea (e.g. the Representative of Constituency 4's request for including their constituency's opinion in the decision as a minority decision, contrary to the governance structure of COVAX); and urges the Board to reach a consensus within the assigned time, warning that it is complex to make a decision electronically after a formal session (see Chapter 7). By utilising GAVI's rational-legal authority, the Secretariat creates particular messages in order to convince the Board and in consequence, construct the reality in favour of what they perceive to be of GAVI's (or COVAX's) interest.

### **Delegated authority**

GAVI was empowered during the pandemic by its new mandate to deliver COVAX, in addition to its traditional mandate (saving children from preventable diseases). The Secretariat made claim to delegated authority, which is based on GAVI's new status as a co-convenor of COVAX and its roles in COVAX (i.e. providing an administrative function for the scheme and operationalising it, such as: developing the principles and the governance structure of COVAX, creating strategy to raise funds, striking contracts with vaccine manufacturers, and deciding the details of procuring vaccines).

By claiming delegated authority, the Secretariat justified its tendency to act in its own right by arguing its responsibility as a co-convenor of COVAX for delivering the unprecedented mission at speed in rapidly changing circumstances required it to. For example, as we saw in Chapter 7.3, the Secretariat responded to Board members' dissatisfaction with the Secretariat's lack of communication and transparency by arguing that this issue is somewhat inevitable given the need to develop COVAX at speed.

### **Moral authority**

As it co-convenes COVAX, GAVI has moral responsibility for helping populations at risk in the pandemic by developing the fair and equitable distribution of COVID-19 vaccines. The Secretariat claimed moral authority by using GAVI's moral standing. This moral standing enabled the Secretariat to argue that it works to achieve universal public health good and present its performance as a moral imperative, in comparison to the Board constituencies' narrowly defined interest for their nations or institutions. In addition, the Secretariat utilises its claim to moral authority to justify the policy recommendations that it develops for the Board's approval. For example, regarding discussions on the establishment of the COVAX Humanitarian Buffer (see Chapter 5.7), the Secretariat justified the policy recommendation by arguing that it was to save people in humanitarian settings and that it was important to make sure that '*no one is left behind*'.

### **Expert authority**

GAVI's long history of working in the field of vaccination enables the Secretariat to claim to expert authority. In particular, the Secretariat has experience of procuring vaccines and working with developing country governments, and knowledge from that experience has been accumulated since its creation in 2000. In addition, staff members of the Secretariat have detailed, specialised, and technical knowledge to carry out GAVI's tasks. Whilst Board members normally leave the Board after serving two terms at most, staff of the Secretariat maintain their involvement in the Board and GAVI's work. Their knowledge and know-how have been accumulated for two decades and passed on to successors; their working memories and lessons learnt are maintained as an institutional asset.

The Secretariat used its expertise to deliver tasks for the operationalisation of COVAX with independence: in terms of developing working principles of COVAX, breaking down the mission into manageable tasks to assign them to offices, and coordinating those tasks under a hierarchical command. In addition, the Secretariat made claims to expert authority to justify its strategy/plan. For example, the Secretariat justified its plan for the allocation of funds intended for GAVI's traditional to delivery of COVID-19 vaccines by reminding the Board that GAVI did the same during the Ebola global health emergency and it was successful.

### **Consultative authority (as another source of GAVI's authority)**

While Barnett and Finnemore (2004) identified four forms of authority (rational-legal authority, delegated authority, moral authority, and expert authority), here, based on the interviews and observations, I argue for the existence of a fifth: consultative authority. Although Board members might consult with one another, the GAVI Secretariat gained particular advantages due to its particular position (as the representative of GAVI in the ACT-Accelerator), its claims to other sources of authority, and the networks of the relationships it has developed in developing COVAX.

The GAVI Secretariat conducts consultations with a wide range of GAVI stakeholders through interactions in-between Board meetings, and this continued during the pandemic (albeit often in a virtual format). As we saw in Chapter 7, to respond to the COVID-19 pandemic, Secretariat staff interacted with other co-conveners of COVAX (the WHO and CEPI) to develop this global initiative, as well as with leaders of the other pillars of the ACT-Accelerator. Also, it had consultations with its technical agencies such as the WHO, to develop implementing policies, UNICEF, to distribute vaccines to and within countries participating in COVAX, and the World Bank to discuss finance related issues of COVAX (see Chapter 5).

In addition, as we saw in Chapter 7.2, the Secretariat interacted with GAVI's stakeholders in the Board (Board members, their constituencies, and Special Advisors) inside and outside of formal Board meetings (and Committee meetings) to discuss the Board's decision items and policy recommendations for the Board's approval. As Interviewee 1 remarked in Chapter 7.2.3, Board members consider consultation to be part of the Secretariat's routine, and report that most exchanges with Board members occur in-between Board meetings. As seen through several interviewees' remarks in Chapters 6 and 7, for many Board members, the Secretariat is an important partner for communicating (and discussing) the standpoint of their constituency/institution on the Board's agenda items ahead of a Board meeting, as well as raising concerns, and asking questions. For example, Interviewee 1, quoted in Chapter 7, remarked that whereas they present their constituency's official points of view on decision items at Board meetings, they and their fellow constituents also contact the Secretariat separately to express their own institution's views on the same. Having such a consultation with the Secretariat would be particularly important to Board members who have a keen interest in a given item, because it would give them an opportunity to influence the policy recommendations developed by the Secretariat before they reach a Board meeting. For example, in Chapter 7, Interviewee 7

argued that Board members who consult with the Secretariat are more likely to have their opinions reflected in a policy recommendation.

However, the Secretariat does not conduct consultations simply to listen to the opinions of Board members and to reflect those opinions in its recommendations. As we learnt through Chapter 7, the Secretariat had its own agendas and preferences for policies that it believed to be best for GAVI (and COVAX) and used its ability to consult bilaterally with a wide range of stakeholders in the Board as an opportunity to access information that was not available to every Board member. Based on this, the Secretariat developed strategies to persuade Board members to support their policy recommendations, or adjusted those recommendations to make them more likely to be approved in the Board meeting. In this regard, interviewee 13 argued that the consultation process is ‘negotiation’ between the Board and the Secretariat.

The Secretariat can decide which Board constituencies it consults with in order to share (and collect) ideas/information/views on an item and request their input. As seen in the interview data in Chapter 7, applying different strategies in consultation depending on the Board agenda, the Secretariat contacted key Board constituencies it assumed to be influential in approving a given item. For this reason, although many Board members believed that the Secretariat tended to have more frequent interactions with some Board members (such as donors and technical agencies) than others, there is no particular pattern to this. For example, as seen in remarks from interviewees of donors and Alliance partners (see Chapter 7.3), they were frustrated with the Secretariat’s lack of consultation with them in developing policy recommendations on COVAX. Consequently, it appeared that no Board constituency considered that they were closely working with the Secretariat in developing these policy recommendations. This example demonstrates how the Secretariat exercises its agency by using consultative authority: the Secretariat uses

consultative authority as a way of manufacturing consent in the Board, to achieve Board decisions the Secretariat believes best for GAVI and COVAX.

During 2020 and 2021, the Secretariat often justified policy recommendations it brought for the Board's approval by claiming that it had consulted with a wide range of stakeholders. However, those communications cannot be considered 'genuine' consultations, because: i) as we saw in Interview 12 and Interview 13 quoted in Chapter 7, the Secretariat established its ideas on its policy recommendations before it consulted with stakeholders; ii) as many interviewees in Chapter 7 commented, it did not communicate with Board members in an equal manner to explore their ideas in developing the recommendation; and iii) the consultation process did not influence the Secretariat's preference. In this regard, although the Secretariat might call its communications in-between Board meetings a process of consultation; what it really does is try to discover who would support its idea and who would not and to persuade key stakeholders.

As I discussed in this section, those sources of GAVI's authorities – rational-legal authority, delegated authority, moral authority, expert authority, and consultative authority – all contribute to enabling the GAVI Secretariat to justify some level of independent action. By claiming those sources of authority, the Secretariat is able to present its ideas and independent actions as neutral, impartial, objective, and therefore apolitical. It is worth stating that the Secretariat does not claim a single source of authority, but different ones in different circumstances in its attempts to persuade. For example, with regard to Board members' request for GAVI's support for a waiver on intellectual property (IP) rights for COVID-19 vaccines (for the details, see Chapter 7), the Secretariat argued it is not within GAVI's mandate and GAVI should focus on its mandate to deliver COVAX (its claim to 'delegated authority'), that it is know-how not intellectual property which hinders to getting vaccines manufactured at speed, and it would take a long time to transfer the relevant

technology ('expert' authority'), and that GAVI should focus on COVAX to procure vaccines at speed to people in poorer countries ('moral authority'). Although the Secretariat serves the Board in a more neutral manner on other occasions, as it was seen during the observations the Secretariat uses these authorities to shape and influence decision-making in pursuit of its own preferences. This shows that the Secretariat is not a passive servant to the Board, enacting what Board members request it to do, but rather an active political actor with agency and its own agendas and perceived interests.

In this section, I have discussed what this thesis's findings on the role of the Secretariat in decision-making tell us about decision-making in GAVI and confirmed that Barnett and Finnemore's framework enables us to shed light on not only the macro-systemic dimension of GAVI and but also the political tension between the Board and the Secretariat. In the next section, I will discuss the implication of Barnett and Finnemore's framework on understanding GHG.

### **8.3.3.3. Other theoretical insights from the thesis**

#### **8.3.3.3.1. The application of the Barnett and Finnemore's framework to GHG institutions**

This thesis expands our understanding of policy decisions in GHG by applying Barnett and Finnemore's framework to decision-making in GHG. It confirms that Barnett and Finnemore's arguments on IOs can help us understand GAVI's dual identity and its Secretariat's utilisation of the bureaucratic sources of authority to influence decision-making in the Board. Given that GAVI is an international organisation created to govern global health issues, this thesis provides an empirical demonstration that Barnett and Finnemore's framework can apply to understanding policy decisions in IOs in GHG as well. Given that Barnett and Finnemore examined IOs in other spheres, but not health, this implies that IOs involved in global governance might feature similar characteristics and patterns of

behaviours regardless of areas of governance. As a result, it can be assumed that Barnett and Finnemore's framework might explain decision-making in IOs in global governance more broadly.

Consequently, this thesis suggests that in understanding the operation of an IO and decision-making within the IO, we should not only focus on relationships among its policy-making actors, but we should also investigate the relationship between those actors and the secretariat of the IO. In particular, it is important to explore how the Secretariat's claims to authority influences decision-making, and how it can use this in pursuit of its own agendas and perceived interests.

#### **8.3.3.3.2. The application of Barnett and Finnemore's framework to an IO based on a public-private relationship model**

Barnett and Finnemore explain the operation of IOs by applying their framework to 'traditional' member-state based IOs such as the International Monetary Fund and the United Nations High Commissioner for Refugee. For traditional IOs, IOs' principals (member states) are represented in the highest policy-making body. For example, the United Nations General Assembly, the main decision-making body, consists of all UN member states; the Executive Board of the International Monetary Fund, the highest decision-making body of the organisation, consists of a group of selected members representing member countries. However, this gets more complicated in the case of IOs based on a public-private partnership model. These IOs have a wider set of principals from the public and private sectors, as we saw in the composition of the GAVI Board.

This GAVI case study expands Barnett and Finnemore's analysis to an IO which is based on a public-private partnership model, featuring cooperation among a wide range of stakeholders from the public and private sectors, such as governments, civil society organisations, industries, charitable foundations and individual experts. It is important to

have a framework to understand IOs based on a PPP model because this type of IO, which first became prominent in global health in the early 2000s with the creation of organisations such as GAVI and the Global Fund, have played an increasingly important role in global governance. The policies of these IOs are highly significant; and PPP-based IOs exist to address global problems, such as climate change and poverty.

In addition to expanding the application of Barnett and Finnemore's framework to new kinds of international organisation, this thesis contributes to the development of the framework by suggesting another source of IO authority ('consultative authority'). It demonstrates that an IO could claim to be authoritative in decision-making by exercising consultative authority. The GAVI case shows that the Secretariat decides (to some degree) who it consults with to exchange ideas on Board issues and what information it shares with whom and, as a result, it communicates with their members in a selective manner in pursuit of its perceived interests. By doing this, it can manage to access information, and understand clusters of different ideas on a given agenda. The Secretariat can use the information gained through its consultations for the development of GAVI's work and policy recommendations for a Board meeting (imbuing them neutral and objective images). Consequently, this thesis shows that these findings are aligned with the Barnett and Finnemore's framework of IO authority.

Consultative authority highlights an IO as an actor influencing decision-making in a direct and active manner. In addition, exploring this source of authority enables us to understand the socialisation process between Board members and the Secretariat, which influences the reconstitution of the ideas of both.

In Chapters 8.2 and 8.3, reflecting on the discussion in Chapter 2, I have discussed the theoretical implications of the thesis's findings. As we saw, both the rationalist paradigm

and the constructivist paradigm provide explanation of decision-making in the GAVI Board. This shows that a variety of factors influence the Board's decision-making, which made the Board's decisions political as well as nuanced. However, whereas the rationalist tradition does not help us understand the ideational factors that influence decision-making, the constructivist tradition helps us understand them, such as: what enables the Board, which consist of different formal identities and perceived interests, to make decisions on highly political agendas (fair distribution of vaccines in a pandemic) by consensus; and how the Secretariat plays a role as a policy making actor and influences the Board. Consequently, this thesis confirms that the constructivist tradition provides useful framework for understanding decision-making in GAVI. By including a wide range of stakeholders from the public, private and third sectors, GAVI perhaps prevents decision-making in the Board from being determined by nation-states' political considerations. However, as we saw in findings in Chapters 6 and 7, decision-making in the Board was far from apolitical through interactions among Board members (as well as Board members and the Secretariat) and through exchanges of different ideas at Board meetings.

One of the key findings of the thesis is that decision-making within GAVI in 2020 and 2021 was highly politicised: not only material resources, but also a wide range of ideas influenced power dynamics in the decision-making process, and the Secretariat also played a role in decision-making. In the next section, I will discuss other factors that contributed to the Board's decision-making being political.

#### **8.4. 'Political' Decision-Making in GAVI**

In this section, I discuss the factors that seemingly influence the politicisation of GAVI's policy-making: unaffiliated Board Members' attitudes in the Board; tension between the Board and the Secretariat; and the influence of the pandemic on the Secretariat's claims to authority.

#### 8.4.1. Partiality of Unaffiliated Board Members

The GAVI Statutes stipulates that the Board is designed to have Unaffiliated Board members (independent experts and the Board Chair), who are appointed in their personal capacity based on their expertise and skills (see Chapter 4). They consist of two thirds of the Board and are supposed to be apolitical, inputting neutral and objective attitudes into the Board's agenda items. However, according to my observations, they did not behave in a politically neutral manner.

For example, the former Chair had led the Board for 5 years since 2016. As Board Chair, she maintained a close relationship with the Secretariat. Although she was one of the Board members, she sometimes presented herself as a member of the GAVI Secretariat, advocating for the Secretariat when its opinion contradicted to that of Board members. For example, at the June 2020 Board meeting, which was held just two weeks after the creation of COVAX was announced at GAVI's replenishment event, Board members were confused with a lot of uncertainties. Before the meeting, they posted questions on Board Effect to ask for a response from the Secretariat over what role GAVI would play in the initiative; how it could be operated; and how funds raised at the replenishment would be used. At the meeting in an opening remark, the Chair (although mentioning that the questions were legitimate concerns) asked Board members recognise it was unprecedented time when things were not done according to as business as usual, so therefore asked for "*your*" patience and understanding as "*we*" try to solve those problems and "*we*" had not had time to answer all the questions "*you*" had.

Moreover, she had rich experience in economics, particularly in the development of weak economies, and worked in the World Bank for over two decades and served as a Finance Minister of Nigeria. As we saw in the earlier (Chapter 6), based on her personal experience, she made interventions to share her knowledge in economics. Consequently, throughout the Board meetings that I observed in 2020, she presented identities as an

economist, the Board's Chair, a member of the Board, and a close collaborator of the Secretariat. In addition, Unaffiliated 2, one of the Unaffiliated Board members and chair of one of the Board Committees, tended to behave as if they were a representative of developing countries, and often said at meetings: if they had had a constituency, developing countries would have been the one, and they worked for developing countries.

#### **8.4.2. Political Tension Between the Board and the Secretariat**

As we saw in Chapter 7, the Secretariat does not limit its role as a servant of the Board providing administrative support for the operation of the Board and the Board's decisions. Rather, the Secretariat's attempted to construct reality in favour of its own views on GAVI's work (and GAVI's priority during the acute phase of the pandemic). However, its efforts to influence decision-making were not always successful and the Secretariat's autonomous tendency was often rebuked by the Board. The Board's dissatisfaction with the Secretariat's tendency to develop COVAX without sufficient consultation with the Board caused tension at Board meetings.

As seen in the example of the delay in decision-making for the governance structure of COVAX, the tension between the Board and the Secretariat meant that some of the policy recommendations developed by the Secretariat took time to be approved by the Board, or were returned for further review by a relevant Board Committee (see Chapter 7). This example demonstrates that political dynamics involved with decision-making in GAVI occurs not only among Board members, but also between Board members and the Secretariat.

Following this, as we saw in the decision-making cases in Chapter 7, some language in a decision point were deleted, revised, kept, or replaced with new language through interactions inside and outside of formal Board meetings. The Secretariat is involved in the revision process and exchange ideas with Board members.

The interactions between these two parties presumably influence the reconstitution of their identity and perceived interests. While the reality that the Secretariat constructs in pursuit of its own perceived interests might influence the reconstitution of Board members' views on phenomena regarding GAVI's work and COVAX, the reality established by Board members' ideas on the same might influence the Secretariat's ideas. This insight enables us to assume that GAVI as a policy making actor represented by the Secretariat not only influences decision-making in the Board in pursuit of its perceived interests of what is important for GAVI, but also its own agendas and perceived interests probably are reconstituted through interactions with Board members (although it was not the topic of this thesis).

However, there are also the findings that imply that the development of intersubjectivity between the Board and the Secretariat may not be the same as that among Board members. For example, it appeared that Board members used this shared identity to refer to themselves as a counterpart to the Secretariat at meetings. Whereas they identified themselves with 'we' and 'us', they often referred to the Secretariat to 'they' or 'them', with which the Board interacted as a group. For example, at the September 2020 Board meeting, the Secretariat suggested a set of policy recommendations for the Board's approval which asked for the allocation of funds for strengthening health and disease surveillance systems for the period from 2021 to 2025. Many Board members rebutted the Secretariat's recommendation, expressing concerns about explicating specific funding numbers on the decision language in the absence of the analysis of the rationales (for the details of the relationship between Board members and the Secretariat, see Chapter 7). In delivering the Board's concerns, the Representative of Constituency 3 remarked that: "I think what the Board had been noting was that "we" ['the Board'] were aware that "we" ['the Board'] ('GAVI') were going to spend more in the period to achieve the goals that "we" had outlined for GAVI 5.0.

As outlined in Chapter 1, this thesis examines decision-making within GAVI during the COVID-19 pandemic over COVAX. In the next section, I will discuss what the pandemic situation implied for decision-making in the Board.

### **8.5. Decision-Making in the GAVI Board During the COVID-19 Pandemic**

The COVID-19 pandemic influenced the Board's decision-making process in many aspects. Board members were in difficult situation which impeded their ability to make decisions that they could be satisfied with. As seen in Chapter 6, the virtual setting for Board meetings, which was introduced due to global travel restrictions, made it more difficult for them to discuss agenda items with each other between Board sessions. In addition, voice dropping caused by poor internet connections, technical problems with virtual meeting platforms (especially in 2020), and time differences between the locations where Board members attended from, distracted them from focusing on meetings. Despite these difficulties, they were required to make a number of politically sensitive decisions, which in some cases were literally questions of life and death, as quickly as they could. Many of the interviewees quoted in Chapter 7 expressed frustration with the lack of information available to them when making decisions, and the difficulties they faced in preparing for Board meetings due to massively lengthy Board documents delivered to them only shortly before the meetings (although the delivery phase improved in 2021).

In addition, the unprecedented scale and speed of the COVID-19 pandemic consolidated the Secretariat's ability to influence the Board's decision-making. As we saw in Chapter 7, during the period 2020 and 2021 the Secretariat was a policy-making actor, involved pro-actively in discussions in the Board. The Secretariat played an important role in developing policy recommendations especially during the pandemic, to some extent independently, as the Board could not make all of those urgent decisions and the Secretariat could not always consult with all of GAVI's stakeholders. As discussed in

Chapter 7.3, when Board members complained about the lack of communication and transparency, the Secretariat emphasised that those issues were inevitable because it was developing COVAX at speed. To some extent, the limited capacity of the Board's Committees also influenced the Secretariat's tendency to develop policy recommendations. It was difficult for these Committees to hold meetings as often as was needed during the COVID-19 pandemic to discuss and develop policy recommendations, in order to respond to rapidly changing situations and urgent agendas on COVAX. Particularly, the PPC could not deal with all COVAX agendas as it only meets a few times a year and was overwhelmed by GAVI's routine agendas.

The pandemic situations strengthened the credibility of the Secretariat's claims to authority (although GAVI's rational-legal authority may not have been influenced by this). For example, its new role of co-convening COVAX provided the Secretariat with a justification that GAVI should work with WHO and CEPI in order to develop its delegation assigned by the ACT-Accelerator. As the Board approved the designation, GAVI actually had delegation authority. Therefore, it should comply with the agreement that it reached with the other conveners. This argument enabled the Secretariat to make a claim to delegated authority. Regarding moral authority, saving lives across the globe while the world was facing serious global inequality in accessing vaccines justified the Secretariat's claim to moral authority. In addition, regarding expert authority, GAVI's role as co-leader of COVAX enabled it to access important, complex information which was not available to Board members or was too technical for Board members to understand. Regarding consultative authority, as I stated earlier, the urgency and emergency of the pandemic increased the importance of the Secretariat's consultations because people may have exchanged politically sensitive information with the Secretariat, and many Board members were aware of the importance of consultation. For example, at Board meetings, Board members routinely argued and requested that the Secretariat should consult with as wide a range of actors as possible in developing COVAX. Particularly, the CEO's influence on

GAVI may have increased during the pandemic as the Board conferred on him the authority to adjust GAVI funds and make decisions on GAVI's work in relation to the ACT-Accelerator (see example in Chapter 7). Consequently, the emergency situations (the death of massive number of people and COVID-19's massive impacts on global economy) during the pandemic enabled the Secretariat to claim different authorities to persuade the Board to make decisions that enabled the Secretariat to move forward with its preferred recommendations.

The pandemic situation and an increase in the Secretariat's agency altered the power dynamics between the Board and the Secretariat. For example, Interviewee 12, who has served as a board member and experienced GAVI's board meetings both before and during the pandemic, witnessed in Chapter 7 that the Secretariat's tendency to act independently increased during the pandemic. Additionally, as observed in Chapter 7, many board members, including donors and GAVI's alliance partners, were dissatisfied with the Secretariat's actions in developing COVAX in 2020 and 2021. In response, the Secretariat argued that it was necessary to develop COVAX urgently and in a rapidly changing situation.

Although Board members' different ideas sometimes competed with one another during Board meetings; conflicts and tensions between Board members and the Secretariat were also evident. For example, as emphasised in the earlier section, Board members were dissatisfied with the Secretariat's lack of communication with the Board and raised concerns about transparency, at Board meetings in 2020 and 2021. The Secretariat's unique position and roles in COVAX, which enabled it to access important information that Board members did not have, increased the Secretariat's influence. For example, it provided the administrative services for COVAX and was a focal point within GAVI for wide range of stakeholders involved/participating in COVAX. The Secretariat was therefore in contact with many external stakeholders to discuss the scheme, and attended meetings of

the ACT-Accelerator on behalf of GAVI. The resulting information asymmetry between the Board and the Secretariat caused the Board members to be more dependent on the Secretariat.

Conflict between the Board and the Secretariat can be attributed, to some extent, to the Board's sense of responsibility for COVAX: Many Board members routinely argued that the Secretariat should consult with the Board in developing COVAX, as the Board took ultimate responsibility for the outcomes of COVAX. However, as we saw in Chapter 7, the Secretariat was interested in delivering COVAX as quickly as it could, and as I assumed in Chapter 5, perhaps desired to use this historic opportunity to make GAVI widely recognised as one of the leading global health IOs.

However, it should be noted that although the Secretariat exercised authority and the emergency situations during the pandemic influenced its claims to authority, the Secretariat did not have the same level of influence over decision-making as Board members. Board members held more influence, as they had the right to make decisions. As Interviewee 14 argued in Chapter 7, and as also appeared in some of the cases of decision-making examined in Chapter 7, even if the Secretariat believed that a policy recommendation was the best option for GAVI, it still needed the Board's consent. Many Board decisions in 2020 and 2021, the acute phase of the COVID-19 pandemic, went through conflicts/tensions between the Board and the Secretariat.

However, despite all the challenges and the exceptional influence of the Secretariat, some continuities in decision-making from before the pandemic persisted in 2020 and 2021. As stated in Chapter 6, despite the political sensitivities of agenda items, all Board decisions were made by consensus, which had long been the norm in the Board. Although the Secretariat's presentation and response to the Board's questions accounted for an important part of Board meetings observed during the COVID-19 pandemic, procedural routines were maintained. These included the Chair's report, the CEO's Report,

discussions among Board members prior to finalizing decisions, and the revision process before the Board reached agreement. Furthermore, as discussed in Chapter 8.2, GAVI's institutional culture, rooted in the principle of cooperation among stakeholders from public, private, and third sectors (as described in Chapter 4), continued to shape the Board's decision-making during the pandemic.

Consequently, the Board's decision-making over COVAX showed both changes and continuity compared to pre-pandemic practices; and despite GAVI's institutional devices to make the Board make decisions on global health in a less political manner, decision-making in GAVI remained politicised, and the pandemic perhaps increased this tendency. In the next section, I will briefly discuss the practical implications of the thesis.

## **8.6. The Practical Implications of the Thesis**

The findings tell us that in order to comprehend global health policy-making within international bodies, we should consider not only the distribution of material power among policy actors, but importantly, we should examine the ideas (norms, principles, identities, and perceived interests) that shape decision-making, processes of socialization among policy actors, as well as the institutional cultures surrounding decision-making processes.

In addition, as we have seen through the discussion in Chapter 4 and the findings in Chapters 6 and 7, some key ideas (principles and norms) that influenced the creation of GAVI have been ingrained in the membership of the GAVI Board and its decision-making process: the participation of a wide range of stakeholders from the public, private and third sectors in the governance of GAVI, and the development of GAVI's work through cooperation among these actors. The findings of this thesis showed that these ideas continued to influence decision-making in the Board even during the COVID-19 pandemic. This tells us the importance of considering these ideas in understanding GAVI's policy-making – even during a pandemic, where the situation was changing rapidly and policy-

making actors had to respond quickly – often without fully understanding the consequences of their decisions in relation to the situations they would face later.

Also, as we saw in Chapter 7, the Secretariat's tendency to behave independently (at least to some degree) has increased as the size of the Secretariat has grown since the creation of GAVI. As we saw in Chapter 4, although the Secretariat started as a small group of about ten staff members, as Interviewee 12 reflected in Chapter 7, the Secretariat has since grown in size, particularly during the COVID-19 pandemic, as it took on important new roles in relation to COVAX. According to many interviewees such as Interviewee 12, the GAVI Secretariat has now become an organisation which has its own agendas and ideas. Based on this, it seems likely that the Secretariat would continue to exert its influence on the Board's decision-making if its size continues to grow (although I do not know for sure how the end of the COVID-19 pandemic would influence the size of the Secretariat). Therefore, conflicts or tension between the Board and the Secretariat are likely to increase or escalate.

Moreover, this thesis has practical implications for policy actors, not least those who are assumed to be marginalised in global health policy-making, such as representatives from the Global South and civil society organisations (see Chapter 2). The findings regarding the importance of both formal and informal interactions among policy actors in decision-making tell the policy actors from these marginalised groups that although it is true that structural dynamics in policy-making exist due to the uneven distribution of resources, they can make their voice heard and influence decisions in three ways. First, it is important to find policy actors who can be aligned with them, which would not only help them amplify their voice but also mitigate their lack of resources in preparing formal meetings. Second, debates during formal meetings are not always the decisive part of decision-making; interactions in-between the formal meetings can in some ways be more important. It is important to interact as much as they can with their fellow policy actors as well as

communicate with staff of the Secretariat and deliver their opinions in an active manner. Also, it is important for them to be aware that GAVI's stakeholders, either those that had effectively delivered their opinions to the Secretariat or were contacted by the Secretariat for early input, may have been successful in incorporating their perceived interests into the development of policy recommendations that would be approved by consensus at formal meetings. Third, given the many important agenda items are discussed and developed as policy recommendations at the Board Committee level, it is important for them to participate in those Committees since that is where things are often discussed and agreed.

Lastly, for IOs that plan to improve the inclusivity of decision-making within their institution, this thesis suggests that they provide resources to seemingly marginalized groups of policy actors in order to help prepare them for formal meetings and fully engage in the decision-making process.

## **8.7. Conclusion**

In this chapter, I have discussed the empirical, theoretical and practical implications of this thesis for understanding decision-making within GAVI, an IO based on a public-private partnership model, during the COVID-19 pandemic.

In addition to providing an empirical case of decision-making in one of the most important global health organisations, the findings of this study confirm that the constructivist tradition provides a useful framework for understanding decision-making in GAVI. The constructivist tradition enables us to understand that GAVI's policies are socially constructed through interactions inside and outside of formal Board meetings, not only among Board members but also between the Board and the Secretariat. Those social interactions influence the reconstitution of policy actors' identities and perceived interests, and consequently, enable them to develop intersubjective identities and interests. This interpretation suggests that the Board is not a space merely for competition and

negotiation, but a space for socialisation. Consequently, this enables GAVI Board members to make decisions on highly political agendas by consensus. This implication leads to a conclusion that it is not only material power, but also ideas (identity, interest (perceived), beliefs, norms, and culture) that influence decision-making within GAVI.

In addition, by applying Barnett and Finnemore's framework to GAVI, this chapter shows that the constructivist tradition's understanding of IOs helps us explore IOs' dual identity both as a policy machine and a policy-making actor. It examined the ways that the GAVI Secretariat, which represents GAVI as a policy actor, influences decision-making in the Board by utilising the bureaucratic sources of GAVI's authority in pursuit of its own perceived interests. This finding shows that Barnett and Finnemore's framework is a useful tool to explain decision-making in GAVI. In particular, by arguing that the GAVI Secretariat makes use of consultative authority, this thesis implies that an IO can be authoritative by utilising its consultation ability which is given to it due to its features as a bureaucracy.

Before ending this chapter by discussing the practical implications of this thesis for understanding GAVI's policies and the strategy of marginalised group in GHG, this chapter focused on the politicisation of decision-making within GAVI and discussed the theoretical insights of this study. This thesis expands the application of Barnett and Finnemore's framework of nation-states based traditional IOs to a new kind of an IO, which is based on a public-private partnership model, and to IOs in broader areas of global governance, specifically GHG.

## 9. Conclusion

- In this chapter, I conclude this thesis by summarising its main findings and their implications, explicating this thesis's contributions to the field of GHG, and suggesting ideas for future research.
- Thesis Argument: During the COVID-19 pandemic, a broad set of material and ideational factors influence the Board's decision-making processes: ideas (norms, principles, culture, identity, and perceived interests) play an important role in shaping decisions, and material power is not always decisive.
- Contribution: Empirically, this thesis examines decision-making in one of the important global health organisations by exploring decision-making in GAVI during the COVID-19 pandemic. Theoretically, it shows that the constructivist tradition provides a useful framework for understanding global health policy-making, and develops Barnett and Finnemore's framework of IO authority by providing another source of the authority of an international organisation (which I term 'consultative authority').
- Limitations: This thesis has limitations as a result of: not having investigated the influence of decision-making at the Board Committee level on the Board's decisions; not having had access to decision-making in GAVI for its routine vaccination programs in 'normal' times; and not including interview data from the Secretariat.
- Implications for future research: It would be interesting to see how the findings and conclusion of this thesis would be applied to decision-making in other global health-related public-private partnerships, or organisations in other global governance sectors, as well as to see whether decision-making in GAVI in 'normal times' is affected by the same factors as during the pandemic.

### 9.1. Summary of the Thesis

Aiming to provide an empirical case study showing how global health policies are made in practice, this thesis examined decision-making within GAVI. GAVI has played a leading role in global vaccination for children in developing countries over the past two decades. In addition to its traditional mission, the importance of GAVI in global health has

been significant during the COVID-19 pandemic as it took on the task of co-leading COVAX, the global initiative to ensure equitable global access to COVID-19 vaccines. The GAVI Board, the highest decision-making body making policies for GAVI's work, has made important decisions on GAVI's response to the outbreak, particularly in relation to the development of COVAX. Despite the significant impacts of GAVI's policies on global health, the ways in which they are made has not previously been studied. With the question '*How did the GAVI Board make decisions over COVAX during the COVID-19 pandemic?*', I analysed GAVI documents, observed its Board meetings for two years (in 2020 and 2021), and conducted semi-structured interviews with Board members and other key stakeholders.

In this thesis, I argue that during the COVID-19 pandemic, a broad set of material and ideational factors influenced the Board's decision-making processes. Ideas (norms, principles, culture, identity, and perceived interests) played an important role in shaping decisions on the development of COVAX: material power was not always decisive. In particular, I show that socialisation took place in the Board during the period through the formal and informal interactions of GAVI's key policy actors (Board members and staff of the Secretariat) as well as through familiarisation of a set of institutional/cultural rules and norms. In this way, social interactions and socialisation led to the (re)constitution of Board members' identities and interests, making consensus possible even when it would be assumed that Board members represented diametrically opposed sets of interests.

I found that decision-making in the Board was not simply determined by the interests of the most powerful Board members; the reality was more nuanced. In addition, Board members' identities and perceived interests were complex and subject to change. They did not stick to their 'formal identities' and did not always represent what we might assume to be their constituency's interests. Indeed, they sometimes approved decisions that did not reflect the interests of their constituencies in order to respect the Board's decision-making culture (e.g. consensus-based decision-making). Moreover, the Secretariat played an

important role in decision-making, being involved in discussions before and during the Board's meetings, developing policy recommendations for the Board's approval and shaping discussions towards its desired outcomes. The Secretariat had its own agendas and perceived interests concerning COVAX, and utilised a variety of sources of authority to influence the Board's decision-making. Its tendency to act on its own right caused tensions between Board members and the Secretariat in Board meetings.

These findings showed that GAVI acts both as a policy making actor and as a policy machine, as Barnett and Finnemore argued in relation to more traditional IOs in 2004. Empowered by the sources of GAVI's authority (such as rational-legal authority, delegated authority, moral authority, and expert authority), which are conferred to GAVI by its status as a bureaucracy, the Secretariat claims authority to influence decision-making in pursuit of its own agendas and perceived interests and justify its acts in its own right. This implies that, as Barnett and Finnemore (2004) argued, the sources of GAVI's authority allow the Secretariat to have autonomy, at least to a certain degree, and enable it to play a role as a policy making actor.

Consequently, applying the constructivist tradition, which challenges a rationalist approach, this thesis shows more precisely the mechanics of *how* ideas influence policy-making in GHG, and the nature of an international health organisation.

## **9.2. Contribution**

This thesis contributes to the field of GHG as described below.

First, the GAVI case study provides an empirical example showing how global health policies are created in one of the most important international health organisations, and how exceptional cases concerning time-pressure and uncertainties in an emergency situation influence power dynamics in decision-making in an IO. Moreover, this thesis

shows specifically how decisions are made in an international health organisation based on a public-private partnership model, in which a wide range of stakeholders (with different identities and perceived interests) from the public and private sector are involved in decision-making.

Second, this thesis provides further confirmation that the constructivist position provides a valuable framework for understanding decision-making in GHG. It does so by demonstrating that GAVI's policy-making processes are shaped through socialisation inside and outside of Board meetings, and that ideational factors and not merely material power influence policy outcomes. Especially given that it demonstrates the creation of global health policies in a politically exceptional and highly contentious period (during which power politics might be expected to assert itself), this thesis shows the usefulness of the constructivist tradition.

Third, this project shows the theoretical strengths of Michael Barnett and Martha Finnemore's (2004) framework for understanding the nature of an IO in GHG, by helping us understand GAVI's dual identity (as a policy machine and as a policy making actor) and the ways in which different sources of authority allow the Secretariat to pursue its own agenda. Particularly, this thesis shows that the Barnett and Finnemore's framework applies to not only traditional, nation-state based IOs but also an IO based on a public-private partnership model.

Fourth, this thesis contributes to the development of Barnett and Finnemore's framework by suggesting 'consultative authority' as another source of IO authority; by showing how an IO's secretariat utilises different forms of authority to pursue its perceived interests; and by showing that the Secretariat has the ability to shape decision-making even in an exceptional situation.

Fifth, exploring decision-making in GAVI on COVAX for responding to the COVID-19 pandemic, this case study enables the field to understand how GAVI, one of the most important health organisations, made decisions for its special mission in a unique time. Particularly, this thesis provides important data on how the pandemic influenced a global health organisation and how GHG operated in responding to one of the most fatal global health emergencies in human history.

### **9.3. Limitations**

Although this thesis has made many important contributions to the field of GHG and provides interesting findings on decision-making within GAVI, it has a few limitations. First, a lack of access to the relevant meetings meant that it did not explore in detail how decision-making at the Board Committee level influenced decision-making in the Board (although some of my interviewees did reflect on this). According to GAVI Charters, four of these Board Committees are responsible for making policy recommendations for the Board's approval (see Chapter 4). Committee members, which include experts and a few of the Board's stakeholders with special interests in the relevant area of a particular committee, discuss items for Board meetings before the meetings; and conflicting interests in relation to items are discussed and moderated in committee meetings before these agendas come to the Board.

According to my interviewees and my observations of Board meetings, the Programme and Policy Committee plays a particularly important role in decision-making in the Board, and developed a number of important policy recommendations on COVAX. It seemed that some important decisions on the development of this global project were effectively decided in that committee before Board meetings. As a result, perhaps, it is important to investigate decision-making in Board committees to better understand the origins of GAVI's policies. However, through conversation with interviewees who were involved in one or

more of those committees, I was able to learn about how the Board's Committees operated. The interview data suggested that the similar dynamics in the Board occurred in decision-making in Board Committees. In addition, this thesis succeeded in showing political dynamics in decision-making in the Board, as well as how conflicting ideas interacted with one another and were socially reconstituted through social interactions.

In addition, although this thesis provides important data on GAVI's decision-making in the exceptional circumstances of the COVID-19 pandemic, it does not explain how GAVI's policies are made in normal times, for its traditional work of routine childhood vaccination. Given the fact that we are likely to have another pandemic in future, it is important to understand how decisions are made to respond to a global health emergency in an extraordinary time. However, some may rightly argue that understanding decisions made in normal time for the organisation's routine work is equally important, as those decisions also have significant impacts on global health by influencing people's everyday lives. Nevertheless, although there appears to be evidence that decisions often had to be made more quickly because of the urgency of the situation, this thesis implies that the pandemic might not have significantly influenced decision-making routines in GAVI as it (as a bureaucracy) has tendency to follow what it has done in the past, with path a strong element of dependency in evidence. In addition, by demonstrating the influence of ideational factors on decision-making on highly political agendas in an exceptional time, this thesis provides robust evidence of the effectiveness of the constructivist tradition.

Also, although this thesis succeeded in collecting data from the observations of Board meetings, this thesis did not succeed in gathering interview data from the full range of those involved in the Board's work. Despite interviews with a set of the Board stakeholders (from donors, multilateral organisations, founding organisations, vaccine manufacturers, civil society representatives, the Board's leadership group, research institution representatives, and Special Advisors), I understood the perceptions of the representatives from the

developing world only through their remarks during Board meetings. Although it was extremely hard to interview these 'recipient country representatives' as most of them were Ministers of Health busy with responding to the pandemic in their countries, interviews with them would have contributed to a richer data set.

In addition, I was not able to interview staff of the Secretariat. Given that this thesis argues that the Secretariat's ideas influenced the Board's decisions, interviews with staff of the Secretariat would have provided important data for understanding its perceptions, in addition to the documentary and observation data on which the study had to rely in drawing its conclusions on the Secretariat. Given the fact that the GAVI CEO has played an important role in the Board, the wider GAVI and COVAX, conducting an interview with him would have helped me to understand his perceptions of the Board, issues for Board meetings, and COVAX. Although it was not easy to interview Secretariat staff for ethical reasons and practical reasons (as discussed in Chapter 3.6), evidence from interviews with the Secretariat would have strengthened the conclusions of this thesis.

#### **9.4. Implications for Future Research**

In this thesis, I examined decision-making in an international health organisation based on a public-private partnership model. It would further contribute to the field to apply and develop the findings and conclusions of this thesis to other cases and other time frames. First, it would be worth examining if the findings can explain decision-making in other public-private partnership (PPP) organisations such as the Global Fund. Given the fact that a public-private partnership model has become a popular framework in GHG, it would be interesting to see whether similar dynamics are present. Although I would hypothesise that ideational factors will still matter in decision-making in other PPPs, we might see that different cultures embedded in decision-making and different power dynamics among policy actors would influence decision-making in different ways in other PPPs.

Also, we could extend this thesis to policy decisions in other sectors, such as global climate change governance or global refugee governance. Again, it seems natural that we might observe findings similar to those shown in this thesis, as a wide range of public-private stakeholders are involved in these fields. However, it might also be the case that the characteristics of a distinct governance area may influence decision-making in a different, unique manner. In addition, we can expect similar or different findings and conclusions when we examine policy decisions in IOs having only nation-states in their decision-making body, such as the UN General Assembly.

Moreover, it would be interesting to investigate decision-making within GAVI in 'normal time', for its routine vaccination programs, and compare the findings to this thesis. It might be assumed that GAVI, as an organisation with a history of over two decades, might display a high degree of path dependency - and therefore, examining decision-making on ordinary agendas might lead us to similar conclusions to this thesis. However, as many interviewees mentioned, GAVI has dealt with many highly political issues during the pandemic causing ideas to conflict with one another. Thus, we might find different power dynamics in decision-making on its routine work. In addition, comparing findings with decision-making in GAVI in normal times might offer interesting insights into the influence of a global health emergency on decision-making in an international health organisation.

In this thesis, I have made important steps forward in understanding how decisions are produced in GHG institutions and the political dynamics. This thesis provides an important insight that if we want to understand how GHG works: we should not treat these institutions as black boxes but try to understand the internal political dynamics.

## Annex 1: Ethics approval letter (Reference number: 027392)

This project has been ethically reviewed by the ethics review procedure at the Department of the Politics and International Relations at the University of Sheffield (Ethics approval reference number: 02739). All data obtained from the observation will be treated as strictly confidential and be securely stored in accordance with the relevant UK legislation (the UK Data Protection Act 1998).



Downloaded: 06/09/2019  
Approved: 22/08/2019

Minju Jung  
Registration number: 180156162  
Politics  
Programme: n/a

Dear Minju

**PROJECT TITLE:** The Determinants of Policy Decisions in Global Health Governance: The case of Gavi, the Vaccine Alliance  
**APPLICATION:** Reference Number 027392

On behalf of the University ethics reviewers who reviewed your project, I am pleased to inform you that on 22/08/2019 the above-named project was **approved** on ethics grounds, on the basis that you will adhere to the following documentation that you submitted for ethics review:

- University research ethics application form 027392 (dated 20/08/2019).
- Participant information sheet 1069564 version 3 (30/07/2019).
- Participant information sheet 1069563 version 3 (30/07/2019).
- Participant consent form 1069566 version 3 (30/07/2019).
- Participant consent form 1069565 version 3 (30/07/2019).

If during the course of the project you need to [deviate significantly from the above-approved documentation](#) please inform me since written approval will be required.

Yours sincerely

Edward Hall  
Ethics Administrator  
Politics

## **Annex (Confidential) 2: Interviewees and Speakers (Board Members\_GAVI Officers) at Board meetings**

*REDACTED*

## Abbreviations

ACG: All Chairs Group

ACT-Accelerator: Access to COVID-19 Tools Accelerator

AMC: advanced market commitment

BMGF: Bill and Melinda Gates Foundation

CEO: Chief Executive Officer

CEPI: Coalition for Epidemic Preparedness Innovations

COVAX: COVID-19 Vaccines Global Access

COVID-19: Coronavirus Disease 2019

CSOs: civil society organisations

DCVMN: Developing Countries Vaccine Manufacturers Network

GDP: gross domestic product

GHG: global health governance

Global Fund: The Global Fund to Fight AIDS, Tuberculosis and Malaria

GNI: gross national oncome

HSS: health systems support

IFFIm: International Finance Facility for Immunisation

IFPMA: The International Federation of Pharmaceutical Manufacturers & Associations

IO: international organisation

IR: International Relations

IRC: Independent Review Committee

PA: principal-agent

RTHI: research & technical health institutes

SAGE: Strategic Advisory Group of Experts on Immunization

SARS: The Severe Acute Respiratory Syndrome

SARS-CoV-2: Severe Acute Respiratory Syndrome Coronavirus 2

SFPs: Self-financing countries

SMT: The GAVI Secretariat's senior management team

TAP: Transparency and Accountability Policy

TDR: Tropical Disease Research

The By-laws: GAVI By-laws

The Operating Procedures: GAVI Operating Procedures

The Statutes: GAVI Statutes

UNDP: United Nations Development Programme

UNICEF: United Nations Children's Fund

WHO: World Health Organization

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