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TRANSCRIPT

Event

“The CommonHealth Live!: Takeaways from Gavi Replenishment”

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CSIS EXPERTS

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J. Stephen
Morrison:

Today we're focused on two major policy initiatives by the Trump administration on immunizations: The Gavi replenishment of last Wednesday, the 25th of June; and the meeting of the ACIP committee, the Advisory Committee on Immunization Practices of CDC.

(Music plays.)

This is The CommonHealth podcast, a product of the CSIS Bipartisan Alliance for Global Health Security. We engage with diverse leaders on the question of how best to navigate this period of exceptional turmoil, reform, and uncertainty in U.S. leadership.

(Music ends.)

Hello and welcome to The CommonHealth Live! I'm J. Stephen Morrison, senior vice president here at the Center for Strategic and International Studies. And I'm joined by my colleague Katherine Bliss, senior fellow and director of immunization and health systems here at CSIS.

Our focus today is what happened last week, on Wednesday, June 25th, when the Trump administration joined the Gavi replenishment, remotely by video, with Secretary Kennedy – the replenishment held in Brussels. On that same day, there was a committee meeting of the Advisory Committee on Immunization Practices, ACIP, part of CDC, that met. So it was a double header on U.S. policy on immunizations. And it was a dramatic day. I want to notice – I want to note also that today, July 1st, is the last day of USAID's existence. Today marks the dissolution of the U.S. Agency for International Development. A sad day but a historic day, in that respect.

We're going to move through these two events from last week, June 25th, in sequence. I want to start with Gavi replenishment. The hope was to raise 11.9 billion (dollars), as I recall. They came away with 9 billion (dollars) pledged. Some of that involved COVID carryover money, but that's a bit murky. And we'll hear a bit from Katherine on this. We had engaged with the head of Gavi a few weeks ago, Sania Nishtar, who had some clarification on this question of carryover money from COVID.

The U.S. made a pretty dramatic statement in a video that was released by HHS Secretary Robert F. Kennedy, Jr. It was – and we'll talk a bit more about that. The question right now, in that – in that video – it was a fairly confrontational and defiant video statement by the secretary, in which he alleged a number of things about Gavi, that Gavi had joined with WHO during COVID in stifling dissent, stifling free speech through social media practices. This is a very common grievance that we hear from the Trump administration, including NIH Director Bhattacharya and FDA director Marty Makary.

A second charge was that Gavi was continuing to recommend COVID-19 vaccines for pregnant women. This is a policy determination that had been made back in June 9th by RFK, Jr., that – not to recommend COVID vaccine – new COVID-19 vaccines for pregnant women and children. And the third charge was that Gavi had neglected safety considerations, and citing specifically one vaccine, DTP, and citing a 2017 study. The secretary declared, “business as usual is over,” and said that any assistance in the future would be only awarded if somehow Gavi demonstrates that it had come back into alignment with adequate concern for safety.

This sounds very similar to the type of argument that’s been made with respect to American universities and others in saying, we’re cutting you off. It’s now incumbent upon Gavi to come forward and prove that it has turned a corner in these three areas where it was charged with errors in the minds of Secretary Kennedy. But for now, there’s no assistance. Katherine, what do you make of this?

Katherine E.
Bliss:

Well, you know, Gavi has been planning this replenishment process for some time. They’re seeking funding for the next five-year period – you know, 2026 to 2030. It was originally scheduled to be in March, but they decided to delay until June to, you know, really kind of bring countries together to focus, you know, on the replenishment. I think there was a sense there were other meetings happening at the same time in March.

But I think, you know, even a year ago, before the recent determinations here in the United States, it was clear that the funding landscape had changed, right? Like, you had – you know, you could look ahead and see that many countries were already redirecting funding toward either, you know, defense, military endeavors, towards social spending on domestic populations, you know, on climate adaptation and responses. So, you know, countries were already allocating funding to other areas. And then at the same time, it was clear that there were elections, you know, on the horizon in a lot of different countries. And, you know, not entirely clear what that was going to mean for the replenishment process.

And so, you know, we come to 2025. You know, June of 2025, June 25th – (laughs) – of 2025. You know, to this meeting. And Gavi is seeking almost \$12 billion for this next five-year period. You know, we’ve seen, you know, over the 25 years that the alliance has been in existence, you know, an increasing number of vaccines available to countries. And, you know, really – you know, we’ve just seen the introduction of malaria vaccines in the last couple of years. You know, the Gavi stockpile has increased to include, you know, Ebola, mpox, and others.

And so, you know, on the one hand, you know, there is a much broader array of opportunities for countries to bring new products to their populations. You know, at the same time, the number of countries that are eligible for Gavi funding has decreased. And so, you know, this was an opportunity to really, you know, focus attention on those countries. Look at, you know, what's happening with those who have transitioned and, you know, look ahead towards 2030 and beyond.

What we saw – you know, on the one hand, there – you know, there were a number of countries that stepped up. You know, traditional donors like the United Kingdom, like Norway, you know, Japan, and others. And you saw a lot of new donors come in for the first time. You know, smaller countries, you know, Malta, Croatia, countries like, you know, Portugal increased, Ireland increased, Australia increased. And you saw even former implementing countries, or – you know, either former or current, like Indonesia, Rwanda, Uganda, you know, others, you know, really kind of coming in making, you know, modest and sometimes, you know, more expansive pledges. You know, really saying, you know, we believe in this.

But the – you know, the U.S. absence is certainly notable. The U.S. has been – you know, was one of the, you know, stalwart, you know, supporters of Gavi over the last several decades. Had been, I think, about 13 percent. So not always the top donor, but, you know, certainly with the COVID funding that came in in 2020, you know, that really put you – the U.S. at the top echelon. And so, you know, the Biden administration in June of last year, at the big conference in Paris that launched the African Vaccine Manufacturing, you know, Initiative, had pledged, I think, \$1.5 billion over five years. And so, you know, that's going to be a big absence. It doesn't account for all of the gap in Gavi's funding, but it's going to be a huge absence.

Dr. Morrison: And the U.K. funding dropped from 1.65 billion pounds to 1.25 billion pounds.

Dr. Bliss: That dropped as well. Yes.

Dr. Morrison: So there was a pretty significant drop in the U.K. contribution. And many of these other contributions – I mean, the Norwegians stepped up significantly, the Australians stepped up, the Canadians, the bigger donors. A lot of the new entrants are very modest, right?

Dr. Bliss: Small, right.

Dr. Morrison: So there's – it's hard to actually know what this really means, it seems to me. I mean, the current budget, five-year budget, for Gavi is 8.8 billion (dollars). They came out of this claiming 9 billion (dollars). But we don't really know in that calculation, in that math, how much of this was carryover money from

COVID. And there's some – there was one report in Devex that the actual amount raised was in the order of about 6.1 billion (dollars). Now, if that's true, that's a significant step down from 8.8 to 6.1 billion (dollars). That looks – you know, that gets back to your first point, which is that the funding – the funding environment has changed radically.

Dr. Bliss: Right.

Dr. Morrison: And the U.S. position is also kind of remarkable, because this was a dramatic, big step on global policy. And Gavi had been a star up to now. It had exceptionally strong support in Congress. Its performance model was something that Republicans and Democrats alike had applauded – the partnerships, the graduation process, the transparency in the way it performed. I remember Mike Gerson, when he was still alive – the famous columnist and speechwriter for George W. Bush – Mike used – Mike Gerson used to say, it's the best-kept secret in Washington, is Gavi, because people understand what a remarkable success it's been. So this was a huge setback, it seems to me.

Dr. Bliss: Yeah. It's curious, because, I mean, as you said, the model has really been one that has gained widespread support because it really, you know, works with the private sector, with civil society, with implementing partner governments, and with donor governments to, you know, really kind of come together. And I think that recognized some of the shortcomings in, you know, efforts to really improve child immunization in the 1990s. You know, you had the expanded programs start in the 1970s, and by the 1990s, with just governments kind of working together, it was clear that there were still major gaps.

And so by bringing manufacturers, by bringing, you know, the civil society groups, bringing everybody together in this alliance, you've seen, you know, countries committing their own domestic resources. And, you know, this graduation process that has – or, transition process – that has really, you know, been remarkable. You'd see countries like Indonesia that were, at one point, you know, recipients of Gavi funding, you know, have now kind of moved through that process and are supporting other countries in the same way.

So, you know, it is a little bit of a head scratcher why, you know, this administration – which did also support, you know, at least when Trump was president – President Trump, you know, from 2017 to 2021, you know, did support Gavi. Really came in with a historic pledge. And so, you know, where the frustration with that model has come from is unclear.

Dr. Morrison: Now, the way this was done was stark. I mean, it was defiant. It was stark. There was a little bit of surprise to this. People weren't expecting that RFK, Jr.

was going to come forward with a video that was such an indictment of Gavi, and such a stark no more money until we are satisfied that you have addressed these big issues around safety, around recommendations for pregnant women, for COVID vaccines, and in stifling dissent on social media practices.

Part of it, I think, may also – may may lie in the fact that Gavi was such a prevalent, visible partner in the response during the pandemic. We relied so overwhelmingly, we and others, on Gavi in that period. And this is an administration that is seeking to dismantle the record of the COVID response. This is – this is – there is a certain amount of we are – business as usual is over. We're now coming back. And the fact that the charges reached back to the COVID era, you know, alleging Gavi had partnered with WHO, we've severed our relation with WHO, now we're going to sever our relations with Gavi. It's almost as if, OK, we're cleaning house of these institutional partnerships that pulled us back to this era of the COVID response. There seemed to be that kind of in the air.

Also, I was struck by the fact that it was all the way up to the moment of the pledging last week that people really did not know what the U.S. position was going to be. And there was a thought that, well, maybe there's still an opportunity to engage through Congress. Maybe there's still an opportunity to engage within the administration, because this has been such a success. What do you – what do you make of that?

Dr. Bliss:

So, you know, we had seen in some of the budget information that was released earlier in the spring – you know, there was a spreadsheet, you know, that came out that had been submitted to Congress that showed kind of a – I guess, a zeroing out, or the – you know, or, you know, a discontinuation of existing contracts for Gavi. So that was, you know, I guess, kind of a clue, an initial clue, that at least, you know, this intent not to continue funding was being contemplated.

But I think Congress had appropriated funding for 2025 to Gavi. And so, you know, that had continued on. And then, you know, relatively recently, I think, toward the beginning of June, it was announced that the administration had nominated, and Gavi had, you know, appointed to the board, Mark Lloyd, who, you know, was with USAID, as the – you know, with global health. And so, you know, kind of, OK, well, you know, maybe the U.S. is going to continue. And, you know, historically, it really has been USAID that has had the – you know, held the – or occupied the U.S. seat when the U.S. has the seat on the Gavi board.

And so, you know, CDC, you know, as part of Health and Human Services, had certainly been on technical committees and that kind of thing, but it had really always, I think, been USAID, you know, I guess, working with State, that

had been kind of in the lead. So, you know, the appearance of Secretary Kennedy, you know, I think was a bit of a surprise for many, you know, at the Gavi –

Dr. Morrison: And laying down – laying down the gauntlet, that he is the – he is calling the shots. He is going to be the dominant decision-maker in this field. It's not –

Dr. Bliss: On vaccines.

Dr. Morrison: In this field of vaccines. And these past precedents really don't matter much here.

Dr. Bliss: Yeah.

Dr. Morrison: It's interesting that during the – during the replenishment, Sania Nishtar and others talked about the turn towards new forms of financing. And they made a suggestion that they've worked with the multilateral development banks to a range of up to \$450 million in lending. I took that as another signal that, yes, they're going to have to adjust to something in the order of two-thirds of what they've been accustomed to dealing with. I'm not sure. We're still – it's still very murky. But it's a lot less than what they have today for the next five years. So they're going to have to make some adjustments. And part of the adjustments is finding other avenues.

Dr. Bliss: Mmm hmm. So, yeah. I mean, the engagement of the multilateral banks – you have the Asian Investment Infrastructure Bank, obviously, the World Bank, some of the European investment banks, and others, you know, really coming in and saying, you know, A, we're going to, you know, provide funding – kind of, like, surge funding, or that crisis funding. Because, you know, what we saw during COVID that, you know, Gavi faced as a challenge was that, you know, as the new vaccines were coming available, some of the wealthy countries were really able to put money up front to the manufacturers and say, OK, you know, we're going to lock down these doses. You know, whereas COVAX, you know, which was the vaccine, you know, facility for the COVID vaccines, wasn't able to do that in the same way. They had to get, you know, pledging from all the different countries, and then they were kind of late to the game on some of that.

And so this, you know, puts that funding for, you know, the event of a crisis – you know, pulls in and says, OK, we're going to, you know, be able to make this available. Some of the investing banks have also said, you know, for countries that have wanted to make pledges but, you know, aren't able to currently fulfill them, they'll assist them in doing that as well. So there's a lot of funding available from banks to support, you know, as you said, up to \$450 million. You know, we also saw, you know, some of the vaccine manufacturers, you know, announcing partnerships.

You have GSK with Bharat biopharmaceuticals, I think, in India, you know, on the malaria vaccine. And then, you know, I think, Merck, you know, announcing a continuation of lower prices for the HPV vaccine and others. So, you know, many different kinds of commitments too – both lower prices and make financing available. You know, which is, you know, I think, an important step. But obviously, still doesn't completely fill that gap. And so, you know, are we going to see – you know, how is – you know, in the absence of, you know, kind of, some of these pledges being able to be fulfilled or, you know, delays in reaching some of that money, you know, how is – how is Gavi going to, you know, adjust for some of the budget realities?

Dr. Morrison: So the U.S. will have some sway in some of the multilateral development decision-making, right?

Dr. Bliss: Presumably, yeah. I mean, the U.S. is still a member of many of those –

Dr. Morrison: Yeah. So it's not – the U.S. is still going to have some influence. If it chooses to sever its relationship entirely with Gavi, there's this other forum in which U.S. sway will be present.

Dr. Bliss: Mmm hmm.

Dr. Morrison: What happens next? What's the – what's the pathway forward, if there is a pathway forward? When you look at WHO, the U.S. day one announces it's severing its relationship with WHO, the Trump administration's second term. It's a one-year process of disengagement. By all indications, on January 22nd of next year, we're done. And in the meantime, the Trump administration has taken the unprecedented decision to terminate technical contact and communications, with a couple of exceptions, like the flu meeting – the seasonal flu consultations. Otherwise, it's really been a very stark break.

What do you think's going to happen here? I mean, the – they laid down these three major – RFK, Jr. laid down these three major objections and said, really, it's incumbent on Gavi to show it's fixing its ways before we will consider any money, any funding. So what do you think's likely to happen?

Dr. Bliss: I mean, so historically what we've seen – you know, Gavi is – it's an alliance of organizations with, basically, its headquarters in Geneva. And so it works through partners at the country level. And so major partners have been WHO, UNICEF, World Bank, and you know, Gates Foundation, and others. And so, you know, the U.S. bilateral missions, like the USAID missions and CDC, have often, you know, worked very closely with the implementing countries and, you know, with those other partners on the ground to enable them to – you know, to support them, to provide technical assistance, either through, you know, some of the bilateral – you know, the former USAID programs that

provided advice on vaccine delivery, and supply chain, and other issues. But, you know, also, you know, just around some of the transition, graduation, you know, issues and others.

And so, you know, what will happen now, in the absence of some of those bilateral programs, you know, at the country level, and then also, you know, not, I think, really knowing yet what will happen with some of the CDC capabilities, you know, at the country level, you know, I think does leave some open – quite, you know, open questions about, you know, how the U.S., you know, may continue to, you know, engage on immunizations globally. I mean, certainly what we've seen, you know, with the withdrawal from WHO takes U.S. funding also out of, you know, the lab networks that support measles surveillance and laboratory work. And so, you know, it's not clear, I mean, what will happen both bilaterally and multilaterally on the broader issues around immunization.

Dr. Morrison: When they – when the Trump administration withdrew from WHO, there wasn't much significant pushback coming from Congress. There were some – among Democrats, there were some voices of some objections raised. Gavi could be different. I mean, there really has been deep, strong bipartisanship support to get us to that \$300 million per year level. It used to be – I mean, 10 years ago was very modest. But there was a steady campaign across administrations, across Democrat and Republican administrations. Do you think there's any role left for congressional advocates to try to – try to roll this back, in some fashion?

Dr. Bliss: I think it would be great to see. And the fact that we are currently experiencing a measles outbreak here in the United States may provide some linkages, you know, for members, you know, who may not themselves have been focused on what's happening internationally, to say, oh, you know, look, we've got this situation, you know, here in our state, or in neighboring states. And we know that, you know, the U.S. was certified as having eliminated measles in 2000. But, you know, we continue to see cases that are introduced by travelers, you know, coming from overseas.

And so, you know, for all that time, I mean, that's been part of the, you know, underlying reason that the U.S. has supported global vaccination – or global immunization programs, is really to, you know, ensure that there, you know, is a buffer, or, you know, that the children are protected in order to then, you know, protect those who may not be vaccinated at home, when there's an introduced case.

Dr. Morrison: Yeah. We started by saying that June 25th there was a double header. We had the Gavi replenishment and then we had the meeting of the Advisory Committee on Immunization Practices, which is embedded within CDC. It's ACIP. On June 9th, Secretary Kennedy had dismissed all 17 standing members of that committee and then appointed eight new members. One resigned, having to do with financial disclosure issues. That left seven. Of those seven, four were known vaccine skeptics, COVID contrarians. They've been described in various fashions.

And so then they met. The committee went ahead and met, against the overt advice and recommendation of Senator Cassidy. Senator Cassidy, during the confirmation hearing for Secretary Kennedy, had won a pledge from Secretary Kennedy that the immunization infrastructure and programs would not be fundamentally altered. Which, of course, were flagrantly disregarded, that pledge, with the wholesale dismissal of the 17 members and the appointment of eight, of whom half were avowed anti-vaxxers in some fashion. So the committee met and recommends no flu vaccine with Thimerosal.

And that includes, for the – for the flu vaccine, it's about 4 percent of the vaccines given in the United States. The percentage is higher outside of the United States. And that – Thimerosal is used only in multi-dose vials that are used to settings –

Dr. Bliss: It's, like, a preservative.

Dr. Morrison: It's a preservative. It's been subject to multiple tests that prove that, in fact, it has no link to autism or other serious toxic side effects. But nonetheless, at that meeting, Lyn Redwood came and presented. She is the former president of the Children's Health Defense, which is the anti-vaxxer group started by and helmed by Secretary Kennedy. She's now been hired as an expert at HHS on vaccine safety. And she presented slides that purported to make this argument that Thimerosal was still toxic. CDC had posted its own slides which argued the opposite. Those were taken down.

This has raised a whole bunch of questions around where are we in this period? It's also triggered counter reactions – and we can talk about those – in terms of the five premier medical societies have come out and said they are dissociating themselves. We've had significant statements made by Scott Gottlieb, former FDA director under the first Trump administration, Mike Osterholm, has launched the Vaccine Integrity Project, which will meet in August with the five societies, and a number of premier experts on vaccine, and come up with their own recommendations on COVID, on RSV, and – what's the third – flu.

So we're looking at a balkanization of vaccine guidance and recommendations. We're in this period in which the medical societies and an alternative are emerging in this period. Tell us what you make of this.

Dr. Bliss: I mean, you know, the issues around vaccine confidence are not new. They've been, you know, with us for – well, I mean, you could even say centuries, I mean, since the smallpox, you know, vaccine, you know, back in the 18th century. But, you know, have really – you know, I think, were well understood even before the pandemic. I mean, in 2019, you know, the World Health Organization listed vaccine hesitancy as one of the top 10 threats to global health. But, you know, we really saw a polarization around the issue during COVID. And of course, you know, that was the period when we had the vaccine confident – you know, the high-level panel that, you know, we really kind of looked at a lot of those issues and, you know, tried to make sense of, you know, the ways in which social media was contributing to kind of polarization and amplification of different kinds of – different kinds of messages.

You know, I mean, it seems like in the current context one of the – one of the themes that keeps coming up is that, you know, people should be encouraged to ask questions and get information and, you know, understand the – you know, and be able to talk with people and have their concerns, you know, addressed and listened to by healthcare workers, whether pediatricians or, you know, nurses, or, you know, vaccinators, you know, whoever that is. But, you know, one of the challenges, you know, I think we see with, you know, what happened with the ACIP – and in such a rapid fashion, where, you know, you had these commitments that things were going to be OK, then, you

know, immediately, you know, on June 9th, three weeks before the meeting, you know, suddenly the whole panel is just dismissed, and a whole bunch of – you know, supposedly for reasons that, you know, while they hadn't been properly –

Dr. Morrison: Captured.

Dr. Bliss: Yeah, they were captured, they hadn't been properly vetted. But now suddenly you've got, you know, all these new people who, just in a span of a week and a half, are – you know, have been, you know, vetted and put in.

I mean, I don't – you know, it's hard to know how much the average, you know, American pays attention to what's happening with the ACIP or not. But, you know, these kinds of issues have – you know, it seems to me, have no, you know, other possibility than to sow doubt and create confusion.

Mr. Morrison: And depress uptake of vaccines.

Dr. Bliss: Right? You know, because, you know, if anybody is going to look for information, and then they see, oh well, this has happened –

Dr. Morrison: Multiple sources.

Dr. Bliss: Yeah. You know, and then as that gets amplified by social media, then – or potentially distorted – then, you know, it really does become very confusing. And so, you know, how to, you know, create some kind of dialog on these issues. (Laughs.) You know, an honest dialog that that really promotes, you know, transparency around the information, you know, honest assessments of information and really allows for communication, seems particularly challenging in the current context. But, you know, something that is really necessary.

Dr. Morrison: Yeah. It just seems to me that this is a thunderclap moment, both of these. The Gavi replenishment was a thunderclap. The ACIP meeting was a thunderclap. I mean, it just shows the steady balkanization and polarization around vaccine policy, and people fleeing from ACIP, or at least willing to join an alternative scenario. You have people like Heidi Larson, who's one of our senior fellows at the London School, who's a leading global expert on vaccine confidence, say: Well, maybe the U.S. needs to be looking to Canada and to Norway and to the U.K., along with putting together things like the Vaccine Integrity Project, that Mike Osterholm is organizing in August in Minnesota.

Another thing that I want to note is that at that meeting, and later in an interview with Tucker Carlson, Secretary Kennedy indicated that he's put a team together that is going to revisit the National Vaccine Injury Compensation Program. Now that – he wants to allow that to cover injuries tied to COVID-19 vaccines. Right now, those are handled under a separate compensation fund around countermeasures. So he's appointed a team. He's announced this. I don't think we've seen a timetable on this. But this has also raised the question of where are we going now, in terms of he said they're going to address hepatitis B vaccines; routine immunizations for children –

Dr. Bliss: Right. Mmm hmm. For newborns, mmm hmm.

Dr. Morrison: I – hep B for newborns; and the MMR, the measles, rubella, and –

Dr. Bliss: Mumps.

Dr. Morrison: Mumps. Mumps sorry. So this – hepatitis B and measles are on the table as part of this vaccine compensation drift. So stay tuned for that. It's a pretty, pretty serious signal.

The other thing I want to just mention, as a related development that's emerged in this same period, is this denunciation of the New England Journal of Medicine, of JAMA – the Journal of the American Medical Association – of Lancet as corrupt, as captured by industry, and this call for NIH researchers not to publish their findings there; and the creation of an alternative, the Journal of the Academy of Public Health that Dr. Bhattacharya and Dr. Makary have formed, this new Academy of Public Health, and trying to shift to this new journal, and to lower the accreditation or the value and the legitimacy of these three premier journals. What do you make of that?

Dr. Bliss: I mean, it's interesting, because in his video Secretary Kennedy held up the study, you know, that around DTP –

Dr. Morrison: 2017.

Dr. Bliss: You know, as having been published in The Lancet. So it seems like there's a bit of a tension there between, you know, holding that up as, you know, oh well, this study must be perfect, or, you know, have been good, because it was published in The Lancet, and then apparently this effort on the other side to say – to discredit, you know, the publication at the same time. I mean, you know, it seems to me, you know, there's always, you know, the potential for new publications and, you know. But I think people will – you know, researchers will publish, you know, in places where they know that their work will be well peer reviewed and, you know, find an audience that can

find the work helpful. So, you know, ultimately, that may, you know, play out on its own. I don't know.

Dr. Morrison: So we've talked about some of the things that we're going to need to keep our eye on here, right? What happens – is there's any dialog that continues between Gavi and the United States? Is there any possibility for repair or reconciliation? We know that ACIP has taken these stands. We know there's this new working group created on injury compensation. And we know that Mike Osterholm is leading this new effort that will – is further evidence of how balkanized and polarized things are becoming. What else should we be looking out for now, Katherine?

Dr. Bliss: I mean, I guess, you know, what I am curious about, looking at these two meetings that happened on the 25th together, is that – you know, getting back to the question around vaccine confidence. I mean, you know, certainly that's been an issue globally. We know that. It's been – you know, we've certainly seen, you know, that issue here in the United States. And, you know, upticks in terms of non-medical vaccine exemptions, you know, rising in many states, you know, around the country.

But, you know, I think, up until now, we hadn't really seen that kind of anti-vaccine sentiment infiltrate or be part of U.S. foreign policy. And so I guess the question is, is that the case now? You know, as I said earlier, I mean, it was a little bit surprising to see HHS, kind of, making the statement at Gavi, you know, when we know that USAID has, typically, you know, done that before. Obviously, if today is the last day of USAID, then then that's changing. But, you know, I guess it remains to be seen. Is this an aberration or is this kind of a new direction of U.S. –

Dr. Morrison: A signal of, a harbinger –

Dr. Bliss: – of U.S. global health policy and foreign policy? So that's what I'll be watching.

Dr. Morrison: Yeah. OK. Thank you all for joining us this morning. I want to also offer a special thanks to Eric Ruditskiy and Alex Brunner, our ace producers, for putting this program together. Thank you.

(END)