



©™

Dr. Terri A. Lewis, PhD., NCC, Director General of Global Immunization Action Network Team (GIANT) representing Taiwan

William M. Remak, BSc., BPH, Ms.MT., AHCJ, SGNA, ASCO, EASL, Senior Adviser, Executive Administrative Coordinator and Development Director, GIANT

GLOBAL IMMUNIZATION ACTION NETWORK TEAM (GIANT) Established August 24, 2020, Authorized Agent: California Hepatitis C Task Force, Inc. EIN # 92-0193770, State of California Corporate filed and Federally approved tax-exempt, Educational Public Benefit organization 501 (c) 3. The IAHTF or International Association of Hepatitis Task Forces is a division of the California Hepatitis C Task Force, Inc. © Copyright 2021, All rights reserved.

MISSION STATEMENT

The Global Immunization Action Network Team (GIANT) works to improve global public health outcomes by combating vaccine hesitancy through effective, sensitive, science-based communication and education.

Vision Statement:

To reverse infectious disease trends globally by half by the year 2025 and by 100% by the year 2030 through an adoption of Immunization as the first tool-option for Infection Diseases Prevention and Control in most countries of the world in collaboration with national governments and developmental partners.

Goals:

1. Collecting data and information to research and analyze social values, population, community values, health literacy with quantitative and qualitative

studies in order to create better communication and listening tools with empathy and compassion to improve trust and empower confidence in all vaccines in communities.

2. To eliminate Global Vaccine hesitancy and work towards creating a world that embraces immunization as a tool to improve global public health.
3. To present relevant, evidence-based, credible factual information for people to embrace and accept immunizations.

Website: www.GIANT-int.org

GOVERNANCE RULES & POLICIES

Adopted October 30th, 2020 international operating structure of governance and management of GIANT upon reaching 30 seated member countries. With the initiation of one global meeting per month and one regional meeting per month with our Executive Board and membership organized as follows: (until such time Zoom meetings are open with entire membership and advisory group every other Friday)

STRUCTURE

Executive Board is comprised of a President and six Regional Board Members who also have a vote for the country they represent. It is key that we have representation from different parts of the world to guide our strategy. As such, our Board Members are democratically elected from each of the World Health Organization's six regions: Africa, the Americas, Eastern Mediterranean, Europe, South-East Asia, and Western Pacific. The Executive Board can also appoint or accept volunteers as Advisory Board members with specific skills to bridge gaps in expertise. Advisory Board members have no vote but can attend board meetings. They represent a field of expertise rather than a population or demographic and cannot have a conflict of interest with vaccines. as covered in next item on the agenda.

This means Executive Board members are elected by the members within the region they represent. The President is elected by the entire voting membership. The term of two years applies to the President and all Executive Board members.

Executive Board Members and members are unpaid, and their primary role is to provide governance and strategic direction to the organization and in doing so make sure that we always remain an organization staying focused on our mission. They also articulate the interests of the general population in their region within Board meeting discussions and help them with national Public Health advocacy and health literacy issues regarding vaccine awareness when needed. Finally, the Board members encourages NGOs to work together, both nationally and regionally, to give our activities greater cohesion and strength."

CONFLICT OF INTEREST

GIANT voting members cannot work for any public or private vaccine manufacturer. GIANT members are expected to be free from financial conflicts of interest, and all members will be required to disclose financial ties to any private health care vaccine organization. While issues of financial influence will be handled on a case-by-case basis, as a guideline, GIANT voting members may not have substantial financial interests in R&D and vaccine development and/or manufacturing industry, defined as the following:

A specific financial association, such as individual vaccine R&D or manufacturer stock ownership (including those held by spouse or minor child) in excess of **\$25,000** during the previous year from any **one** vaccine manufacturer (e.g., \$25,000 holdings in XYZ vaccine product manufacturer or \$25,000 consultancy income from ABC vaccine manufacturer).

Financial association, such as individual vaccine company stock ownership (including those held by spouse or minor child) in excess of **\$50,000 in aggregate** during the previous year from vaccine related manufacturers (e.g., \$15,000 holdings in XYZ immunization product manufacturer, \$15,000 in speaking fees from ABC R&D or licensing, **and** \$20,000 in consultancy income from 123 vaccine product company).

RECUSAL

Any voting member with a potential influence on judgment, including but not limited to, a personal experience with a particular technology or condition; or a political consideration, shall recuse themselves from voting at a GIANT meeting in the determination of the action regarding that related issue item. Any Panel member with a direct financial association with the particular product or service being voted on at a GIANT meeting shall also recuse themselves from voting at that GIANT meeting. "Direct financial association" is defined as individual vaccine related product stock ownership (including those held by spouse or minor child) in or health care consultancy income from the manufacturer of the product category in excess of \$10,000 USD during the previous year.

Defining role of a country representative: (This is a guidance or pathway. It is not a mandate.)

- A) Makes every effort to enhance their knowledge of vaccine hesitancy through attending WHO webinars, podcasts, etc. on Infodemics and Infodemic management and learning about resources of partnering organizations and resources around the world.
- B) Recruits volunteer professionals in technology, media, public health, health education, behavioral sciences, health profession related interns from accredited schools, etc. to build the capacity and infrastructure needed to effectively make a difference.

- C) Attends regional and general meetings of the Global Immunization Action Network Team to provide feedback and perspective, to learn about innovations, share best practices and know more about opportunities and resources that can be adapted to their local needs.
- D) To be good listeners to issues raised in their local communities to foster trust and confidence, representing true leadership, and understanding.
- E) To create avenues of collaboration, engagement and understanding with local and national levels, leadership, public health, and healthcare entities that support the principles of addressing vaccine hesitancy and convey the messages that set a good example of cohesiveness with this initiative and in alignment with its globalization strategies and the World Health Organization.

The official language of this activity is in English as it is a language everybody knows that are working in health and science global efforts. The use of English seems to be universally understood and it has just come to be used by our group because it was generally accepted internally. Regionally generated activities must be sensitive with acceptance of the culturally appropriate language with their public interaction. Translations are encouraged, as needed, provided they are of acceptable quality.

If any questions or info needed, please contact William Remak.

Updated 3:54 PM PST 12/15/2020