



## **GAVI Alliance Evaluation Advisory Committee Meeting**

26-27 March 2014  
Geneva, Switzerland

### **FINAL MINUTES**

#### **1. Chair's report**

- 1.1 Finding a quorum of members present, the meeting commenced at 09.02 Geneva time on 26 March 2014. Sania Nishtar, Committee Chair, chaired the meeting.
- 1.2 Standing declarations of interest were tabled to the Committee (Doc 01a).
- 1.3 The Committee noted the minutes of its meeting of 11 July 2013 (Doc 01b). These minutes were approved by no objection on 9 September 2013.
- 1.4 The Chair welcomed Fred Binka, Angela Santoni and Naveen Thacker, all three of whom were attending an EAC meeting for the first time. She informed the Committee that three members of the full country evaluations team would be joining the meeting for Agenda Item 6, as would two representatives from UNICEF and WHO, who are not only important partners within the GAVI Alliance but also members of the Alliance core group for the full country evaluations.
- 1.5 The Chair also welcomed Robert Newman who recently took up the position at GAVI as Managing Director, Policy & Performance.
- 1.6 Following discussion it was agreed that time would be set aside over the two days of the meeting to ensure that the Committee could openly discuss any issues they may wish to raise in the context of the full country evaluations without the presence of the members of the evaluation team.

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#### **2. Welcome, Introduction and Perspectives from new Managing Director**

- 2.1 Robert Newman, Managing Director, Policy and Performance, updated the Committee on a number of issues which are a priority for the GAVI Alliance in 2014.

- 2.2 He gave a short report on the outcomes of the November 2013 meeting of the GAVI Alliance Board referring in particular to the discussions on the GAVI Strategy 2016-2020 and the Board's approval of the new Vaccine Investment Strategy.
- 2.3 He gave a brief overview on GAVI-supported vaccine introductions and campaigns 2011-2013 and highlighted that all 73 GAVI-eligible countries will have introduced pentavalent vaccine when it is introduced by South Sudan later this year.
- 2.4 He presented an overview of the new strategic framework for the GAVI Alliance Strategy 2016-2020 which will be discussed by the Board during its retreat in April 2014 and which will subsequently be submitted to the Board for approval at its June 2014 meeting. In this context he also provided an overview on the road to replenishment which will culminate in a pledging conference to be held in late 2014 or early 2015.
- 2.5 He provided EAC members with information on the redesign of GAVI's grant application, monitoring and review (GAMR) system and completed his presentation with his perspectives on the GAVI Alliance's evaluation function.

#### *Discussion*

- EAC members welcomed the fact that sustaining performance of immunisation beyond graduation has been included in the proposed new strategic framework.
- EAC members also welcomed the fact that the issue of equity is being highlighted and in this context highlighted the importance of being able to monitor equity if progress is to be made in this area.

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### **3. Evaluation Update**

- 3.1 Abdallah Bchir, Head of Evaluation, presented this item, giving an overview of recently completed and ongoing evaluations. He referred to the full country evaluations which would be dealt with in detail later during this meeting, as well as to ongoing health systems strengthening (HSS) grant evaluations and ongoing evaluations of graduated countries and the GAVI Alliance co-financing policy.

#### *Discussion*

- The EAC agreed on the importance for countries of ensuring that monitoring and evaluation (M&E) activities are an integral part of their immunisation programmes and broader health systems. In this context EAC members noted with interest that there is an increase in countries requesting evaluations themselves, often coupled with requests for technical support for these from the Secretariat. Resource constraints (mainly personnel related) within the

Secretariat are the main barrier to scaling up the number of evaluations commissioned and managed at present. The EAC noted that with the recent change in the HSS grant guidelines requiring all countries to budget and plan for end of grant evaluations, the Secretariat is working on options on how to scale-up this evaluation approach. HSS evaluations will be discussed as an agenda item at the next EAC meeting.

- In response to comments from EAC members the Secretariat confirmed that the inclusion or non-inclusion of funds for CSOs as part of country grants and the partnership dimension are both included as part of the HSS grant evaluations.
- EAC members also noted that data sets generated through GAVI monitoring and evaluation (M&E) activities remain at the country level and that the GAVI Alliance reserves the right to access these data. The Committee noted that the Secretariat is still exploring how to best enable access to full country evaluation datasets ensuring appropriate ethical considerations are taken into account (e.g. protection of human subjects). It was agreed that it would be useful for members of the EAC to have a copy of the data handling policy.
- EAC members agreed that where evaluations identify barriers to achieving the goals of the Alliance there is a need to address these barriers. It was recognised that not all barriers or challenges identified will relate to GAVI's mandate and GAVI cannot therefore be held accountable for everything.
- The Committee discussed the fact that areas which are identified as problematic include essential functions like training (including training on financial and management issues) and logistics and welcomed the fact that addressing such issues is proposed in the new strategic framework for GAVI.

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#### **4. GAVI Alliance Evaluation Workplan 2015**

- 4.1 Peter Hansen, Director, Monitoring & Evaluation, presented an overview of the preliminary evaluation workplan for 2015 which includes continued work on the full country evaluations, HSS grant evaluations, end-of-support evaluations of fully graduated countries and the impact evaluation of the Advance Market Commitment for pneumococcal vaccines.

##### *Discussion*

- EAC members noted the preliminary workplan and also noted that while the EAC will not be asked to review all of the individual HSS grant evaluations the Secretariat would be happy to give Committee members access to the evaluation reports should they wish to see them. The EAC noted that a meta-review of HSS grant evaluations will likely be needed at an appropriate time. and that the EAC would be asked to review and report to the Board on the quality and usefulness of this meta-review and the individual grant evaluations that inform it. This topic will be a key agenda item at the next EAC meeting.

## **5. Outcome indicators for GAVI Strategy 2016-2020**

- 5.1 Hope Johnson, Head of Programme Outcomes and Impact, presented this item, asking the EAC for guidance on potential indicators to directly measure GAVI Alliance programme outcomes and impact within the context of GAVI's Strategy 2016-2020.
- 5.2 She highlighted that current measures of impact indicators largely come from model based estimates which are helpful to obtain and communicate a consistent set of estimates across GAVI countries and vaccines but that there is a lot of uncertainty in the data that goes into the models. Part of the current strategy has been to invest in "real world measures" through targeted assessments. One of the limitations of the current strategy framework is that these direct measures are not as visible to the Board as the other indicators that are endorsed by the Board.
- 5.3 As a follow up to discussions by the EAC at its meeting in July 2013 the Secretariat, in consultation with partners, has identified an initial list of potential indicators to directly measure GAVI outcomes and impact as indicated in Annex A to Doc 05 for this meeting.

### *Discussion*

- Committee members welcomed the notion of using directly measureable indicators from selected sites to supplement model-based estimates that describe impact across the portfolio using standardised approaches.
- Committee members noted that the proposed "disease dashboard" in the new strategic framework can be approached from a dynamic viewpoint and can be added to or modified over time.
- Committee members discussed the challenge of diagnosing and measuring pneumonia in particular in terms of the lack of specificity which can be problematic and reliance on this measure alone could be a potential risk issue.
- The potential use of hospitalisation data on pneumonia and diarrhoea is currently being explored. It is likely that it will be a year or two before there is sufficient understanding regarding the quality and availability of the data to ascertain whether or not it can be used.
- EAC members noted plans to scale up coverage surveys, which are already part of the current GAVI strategy. Support will be provided for additional sub-national sampling and it may be possible to provide support in particular settings where burden data are available to facilitate triangulation of the different data sources.
- In answer to a question from a member of the EAC, the Secretariat noted that whilst it would be beneficial to be able to monitor the impact of scaling up rotavirus vaccine on all cause diarrhoea mortality on a country-wide basis, this

is not straightforward as most GAVI countries lack strong civil registration and vital statistics systems with cause of death certification.

- One member of the EAC pointed out that coverage surveys measure injections and not if the immunisation has been effective and suggested that it would be useful if GAVI could introduce new measures which determine if a child is actually protected from the immunisations which it has received. In this context the Secretariat pointed out that GAVI is already looking at biomarkers and that this is something which will continue to be included in the next strategy as assay development advances. The EAC noted that the full country evaluations include the use of biomarkers in five countries to assess the immunological evidence of effective vaccination.
- The Secretariat noted that there is the possibility that GAVI will work more on innovative approaches to measuring programme implementation and coverage including nominal immunisation registries with linkage to civil registries within a country with tracking over time to see if children are receiving not only immunisation but other services as well. This would provide an excellent opportunity to have disaggregated and accurate data about immunisation coverage, equity and timeliness even if children are brought to different service delivery sites.
- EAC members noted that it will not be possible to produce direct measures of impact in all GAVI-eligible countries and that there would therefore be a need for a selection of countries and a selection of sites within countries. Issues of selection would thus need to be taken into account when analysing and interpreting the results.
- In response to a question from an EAC member on whether or not there is an indicator showing sustainability and strength of health systems in the country the Secretariat stated that one of the goals in the proposed new strategy is around the sustainability of programmes. It will therefore be necessary to identify indicators for this goal.
- One member of the EAC pointed out that verbal autopsy studies do not normally include the immunisation status of the child and that it could be very helpful if this was added.
- The Secretariat pointed out that wherever possible GAVI will of course be using the extensive data which is collected by partners and other organisations.
- In terms of presentation of the indicators the Secretariat pointed out that this has yet to be finalised but that it might be logical to have a high level category and the breakdown behind that with more specific information (e.g. bacterial meningitis cases as a high level category, accompanied by disaggregated estimation of etiology-specific meningitis cases).
- EAC members noted that once measures which are relevant and useful have been identified it will then be necessary to take stock of the data

requirements, which existing studies can be leveraged and where there are gaps. Once this has been done it may be necessary to make trade-offs.

- EAC members commended the Secretariat for being responsive to their request from the previous meeting to present preliminary options for inclusion of direct measures of impact in the new strategy, as a complement to model-based estimates of coverage and impact. The EAC strongly endorsed the need for inclusion of such measures in the new strategy, for example through a disease dashboard or similar tool. EAC members expressed an interest in receiving additional information on the indicators for the next strategy period as they are further developed and refined.

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## **6. GAVI Alliance Full country evaluations**

- 6.1 EAC members had a preliminary discussion on this item before being joined by the evaluation team and observers.

### *Discussion*

- The EAC appreciated the quality and usefulness of the work done to date on this ambitious set of evaluations, and noted the importance of what the first set of finds from the pneumococcal vaccine (PCV) introduction evaluations indicate in relation to serious weaknesses in country programmes and systems and implications for sustainable and effective immunisation.
- Committee members discussed the fact that one of the very interesting aspects of this evaluation is that real time data is being collected and they expressed an interest in knowing how the use of this data at the country level will be tracked and used to inform improvements in country programmes and systems.
- The Secretariat clarified that it is the role of the evaluation team to report on its findings and not to prepare subsequent action plans. Development and implementation of action plans will need to be undertaken by countries, the GAVI Secretariat and Alliance partners.
- EAC members noted that the relationship with partners involved in the full country evaluations varies depending not only on the agency but also from country to country. As the findings of the evaluation emerge there is further opportunity for future positive engagement with partners at country, regional and global levels.
- EAC members acknowledged that it is will not necessarily be easy for partners in country to own and endorse reports which may not always be positive.
- EAC members agreed on the importance of the full country evaluation reports not only identifying where problems might lie but also investigating why such

problems arise. They emphasised the need to ensure the evaluations go beyond just the descriptive and agreed that this aspect of the work should be further developed going forward.

### Overview and Implementation Progress

- 6.2 Steve Lim, IHME, presented an overview of the full country evaluations, outlining the goal and approach and provided information on the organisations involved in the evaluation in each of the five countries concerned, namely Bangladesh, India, Mozambique, Uganda and Zambia.
- 6.3 He highlighted the prospective nature of this country driven evaluation which is looking at the full breadth of GAVI Alliance support. He reminded EAC members that the idea of the full county evaluations is to leverage existing evaluation activities and data sources wherever possible to avoid duplication and to undertake an evaluation in a cost effective manner that contributes to strengthening country systems and capacities.
- 6.4 He outlined the evaluation framework which assesses indicators across a range of inputs, processes, outputs, outcomes and impacts. This involves implementing quite a range of evaluation methods and involves a mixed method approach which allows triangulation of issues across various evaluation components.
- 6.5 Julie Rajaratnam, PATH, presented information on the process evaluation highlighting the key questions and progress to date. She described the process evaluation framework and highlighted that 2013 was a learning year which has enabled refinements to be made to the evaluation tools.
- 6.6 She informed EAC members that the evaluation teams in country are regularly attending meetings in relation to the national immunisation programmes and are therefore observing how different decisions are being made. The teams have been able to already identify some key bottlenecks. Possible contingent studies (which are defined by country level stakeholders based on specific learning needs within each country) have been proposed and following final selection, will be conducted as part of these evaluations.
- 6.7 Another important aspect of the work has been related to resource tracking where the focus has been on identifying potential data sources, developing data collection instruments and aligning with related work. This work will track the flow and use of resources from GAVI Alliance, other donors, as well as the government.
- 6.8 Information was provided on the health facility surveys. The EAC was given information on new temperature monitors which are going to be used in these facility surveys and which will then be donated to the facilities so that they can be used on an ongoing basis.
- 6.9 Information was also provided on household surveys, dried blood spot assays, vaccine effectiveness studies such as nasopharyngeal carriage studies and the proposed outcome and impact analytical work.

6.10 The Committee was briefed on the evaluation of the MR campaign in Bangladesh which is being carried out within the framework of the full country evaluations project, as well as on dissemination activities in the five countries and information on capacity strengthening with the full country evaluation teams.

### *Discussion*

- EAC members discussed the challenges around accessing accurate expenditure records and were informed that the evaluators triangulate data gathered from multiple sources. The evaluators look not only at data at the national level but also try to understand expenditure down to the district and facility levels. EAC members suggested that future presentations on resource tracking and financial flows should clearly indicate the sources of the data and clear explanatory notes.
- EAC members were informed that UNICEF is piloting a rapid diagnostic assessment of financial flows within the immunisation programme in Uganda and that UNICEF would be happy to share the methods if of interest. EAC members noted that WHO is also carrying out work on trying to understand what is happening on financial flows at country level and the evaluators were encouraged to triangulate as much as possible.
- EAC members noted that direct observation of service delivery is not foreseen in the health facility surveys due to logistical constraints. There will however be an observation component for the campaign activities.
- EAC members noted that two facility surveys are foreseen during the project, a baseline conducted in 2014 and a follow up survey in 2015-2016. There will be retrospective elements in the facility surveys, particularly around expenditure and also on outputs.
- EAC members were interested in having more information on what will happen should the evaluators find that something is not working. The Secretariat clarified that the role of the evaluators is to inform partners at the country level when such issues arise. It is not the role of the evaluators to take corrective action to improve implementation. At a global level there are regular teleconferences amongst the partners and if serious issues are identified between quarterly reports, the relevant organisations will be notified so that they can take action.
- In this context, EAC members noted that principles for dissemination of information and findings from full country evaluations have been discussed and agreed upon by the Secretariat and the evaluation consortium.
- EAC members requested further information on how the principles were developed, whether or not ethicists have been consulted and how they have been actively integrated into approvals from Institutional Review Boards (IRB) in each country. The Secretariat clarified that it had consulted with an expert in global health ethics and conducted a trade-off exercise with her guidance. It

was agreed that a broader consultation with additional ethicists would be useful. It was suggested that appropriate risk management should be undertaken and that there should be close tracking of what is happening to the real time information being collected, how countries are responding to such information and whether or not there is actual change.

- EAC members noted that there are quarterly reports on the full country evaluations which are shared in country and with the Secretariat. This is a key mechanism for facilitating the flow of real-time information.
- EAC members highlighted the importance for the project and for GAVI of ensuring that the agreed principles around ethical issues and dissemination of data and findings are adopted and implemented in all five countries. EAC members agreed on the importance of finding a balance between timely dissemination of information and preserving the evaluation as a natural experiment to evaluate how issues and challenges are dealt with.
- It was agreed that the Secretariat will do further work on the ethics/dissemination approach and will ensure that there is a broader consultation with ethicists, with appropriate terminology subsequently integrated into the documentation. The Secretariat will share with EAC members updated and more detailed documentation, including information on how the principles were derived, the trade-offs considered and how the principles agreed upon are being implemented. The EAC requested a teleconference with the Secretariat to receive an update on these activities and progress made in 3-6 months' time. EAC members agreed that the final documentation and principles should be made publically available.
- Some EAC members expressed interest in receiving further information on some of the evaluation methodologies used and it was agreed that this would be shared with EAC members who requested it.
- A concern was expressed around the selection of cases and controls for the pneumococcal effectiveness study component. It was acknowledged that this is indeed very challenging. EAC members were informed that WHO has some unpublished data and findings that they would be willing to share to help inform revisions/improvements to the case-control component of the evaluation work.
- The Committee also noted that various tools and evaluation components, such as the health facility surveys and household surveys, will allow issues of equity to be examined.

### Lessons learnt

- 6.11 Steve Lim presented information on lessons learnt so far in relation to the prospective evaluation design, the mixed and multiple method approach, leveraging ongoing data collection efforts, the GAVI full country evaluations as a platform for targeted studies and stakeholder engagement. He highlighted

the central role of the country teams and the importance of strengthening those teams.

- 6.12 Felix Masiye reported to the EAC on his experience leading the full country evaluation in Zambia. He referred to the challenge in finding good qualitative researchers with health system experience in Zambia and some of the challenges in collecting data for the process evaluation, also sometimes linked to the limited availability of the key persons holding the required information.
- 6.13 He outlined the dissemination process for findings of the PCV introduction evaluation and reported on how the findings of the report were received by the different stakeholders. Interactions with the stakeholders enabled some factual errors to be identified corrected. Some of the stakeholders focused only on the negative aspects of the report. He highlighted the importance of ensuring and emphasising that stakeholders understand that the full country evaluation is a country owned process.
- 6.14 Finally he presented the challenges and proposed responses to those challenges.

### *Discussion*

- One EAC member emphasised the need to always keep in mind the goal of the full country evaluations i.e. to understand and quantify the barriers to, and the drivers of, immunisation programme improvement including the contribution of the GAVI Alliance, and in this context indicated that it would be helpful to evaluate the role of the partners and to document inequities in immunisation coverage to help identify who and where the unreached are. The evaluators confirmed these are within scope and indeed part of the evaluations.
- One EAC member shared his experience of publishing reports with the response from government and information on what the government is going to do to improve findings. This can reduce potential tensions which may arise from publishing the evaluation report on its own and clarify actions to be taken.
- EAC members were interested in the fact that full country evaluations teams will be tracking activities implemented by countries as a follow up to the findings in the evaluation reports. One way to do this, through “after-action reviews”, which require a tailored approach, are a further opportunity to engage with stakeholders and were very much welcomed in Mozambique. It was noted that it will also be necessary for the evaluation teams to ensure that these reviews do not influence the in country processes and that the teams maintain their external evaluation role.

*Process evaluation of PCV introduction in Mozambique, Uganda and Zambia*

- 6.15 Julie Rajaratnam presented information on the objectives and methods used for the process evaluation of PCV introduction in Mozambique, Uganda and Zambia.
- 6.16 Felix Masiye reported on the findings from Zambia where PCV was introduced simultaneously with the measles second dose vaccine in July 2013. He gave information on the GAVI Alliance partnership in country and summarised the key issues, including actions that Zambia has already undertaken in response to the evaluations to improve implementation of the immunisation programme.
- 6.17 Julie Rajaratnam then presented the cross country findings.

*Discussion*

- EAC members discussed where technical assistance fits in the theory of change framework. It was suggested that technical assistance is cross cutting and should be illustrated as such. The evaluators confirmed that the evaluations will address what technical assistance is planned and how it is implemented.
- EAC members noted that the government of Zambia had decided there would be efficiency gains from introducing PCV and measles second dose at the same time and the full country evaluations team hopes to be able to carry out a contingent study that explores this. One EAC member expressed a particular interest in this in view of the fact that the target age group for both of these vaccines is quite different. It was suggested that efficiencies may arise from the reductions in transaction costs at the national level.
- EAC members noted that there had been no reports of adverse effects following immunisation (AEFI) and agreed with the evaluation teams concerns that this may be due to accuracy of AEFI monitoring. This is something which the evaluation team will be following up on during 2014.
- EAC members noted that the government has carried out monitoring and supervisory visits within the context of the PCV introduction but that a report on these visits has not yet been shared with stakeholders and it is not yet clear if it will be.
- EAC members noted the findings and in particular the key topic areas which have been identified cross country.

*Process evaluation PCV, Recommendations*

- 6.18 Julie Rajaratnam presented the recommendations of the full country evaluations team which will be considered further by countries, the GAVI Secretariat, and partners.

6.19 Laura Stormont informed the EAC that GAVI requires a management response for every evaluation report which then accompanies the reports on the GAVI web site. The management response takes the key findings and recommendations of evaluation reports and outlines the subsequent action plan. A global management response is already in preparation. This will incorporate information and responses from across the Alliance. Discussions are ongoing with the Alliance partners and other stakeholders and it is planned that the global management response will be finalised by end April 2014. This management response will then be tracked as part of the normal GAVI business plan process and the Secretariat, partners and other stakeholders will be accountable for ensuring that actions are taken forward.

6.20 She added that there have been discussions with countries on the idea of them preparing country management responses. The Secretariat and evaluation team agreed that this could be a strong additional to completed evaluation reports and agreed to explore this further.

### *Discussion*

- EAC members expressed concern over some of the findings in particular those related to lack of training before vaccine introductions. They emphasised the important role of EPI technical committees in countries and ensuring that they are fully involved in the planning for the vaccine introductions.
- It was suggested that there should be further consideration given to strengthening the readiness assessment process and using it routinely for all introductions, irrespective of the vaccine.
- EAC members considered the findings in relation to the late disbursement of Vaccine Introduction Grants (VIG) and one participant asked whether or not there has been an analysis of the original budgets for vaccine introductions with the actual costs and expenditures. There is a resource tracking component to the evaluations that will examine this to the extent possible, understanding that there are challenges and constraints related to the quality and availability of budget and expenditure data.
- EAC members agreed that the full country evaluations are an excellent opportunity for continuous improvement in countries and should encourage collaborative capacity building.
- In response to a query EAC members were informed that WHO takes the lead in ensuring that countries are provided with information on best practices and guidance on M&E systems and that there is ongoing work to provide guidance to countries on improving monitoring systems. EAC members agreed that it is essential to ensure that countries have good M&E systems and that this is particularly important in the context of graduation to ensure improvement and sustainability.

- EAC members asked about the composition of the evaluation teams both at the global and country levels and it was confirmed that the teams include members with expertise in anthropology and political science, both of which are important skill sets for this evaluation.
- One of the EAC members asked whether or not the evaluation will consider ownership of immunisation at the district and health facility levels and by communities. It is expected that these will be captured to some extent through the health facility (e.g. through client exit interviews) and household surveys, and could be considered further within the context of contingent studies undertaken as part of the evaluations.

### 2014 Full Country Evaluations Workplan

6.21 Steve Lim presented the activities for 2014 which will include a continuation of the work on the process evaluation and implementation of the other evaluation components.

### *Discussion*

- EAC members recognised that it is not within their remit to review or approve specific instruments used as part of GAVI Alliance-commissioned evaluations. It was agreed however that protocols and instruments will be shared with any members expressing an interest in a particular instrument.
- EAC members noted that the evaluation team will continue to refine their processes and approach based on lessons learnt as the evaluation progresses, and further consultations with countries and stakeholders.
- EAC members highlighted that this is a ground breaking, innovative project which is a learning process for all involved. It is clear that there will be a number of complex issues to deal with going forward, and that this is a tremendous opportunity to advance innovation and strengthen programme implementation through timely and quality evidence. It was suggested that some members of the GAVI Alliance Board may not fully recognise this and that it would be useful to highlight this to them and demonstrate to them how GAVI is being innovative in terms of monitoring and evaluation with this project.
- The Chair and other Committee members concluded the discussion by commending the evaluation team and the Secretariat for their work on this important project. The Committee concluded with a positive assessment of the level of programmes to date, the quality and usefulness of the work produced so far, and the groundbreaking and innovative approach to evaluation. The Chair thanked Committee members for their contribution and oversight of the full country evaluations.

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## **7. Any other business**

- At the request of Committee members it was agreed that the Secretariat would explore the possibility of holding the 2015 in person meeting of the EAC in one of the five countries of the full country evaluations, and if possible include a site visit.
- As there was no further business, the meeting was brought to a close.

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Ms Debbie Adams  
Secretary to the Board

## **Participants**

### **Committee Members**

- Sania Nishtar, Chair
- Fred Binka
- Stanley O. Foster
- Gonzalo Hernandez
- Mira Johri
- Rob Moodie
- Angela Santoni
- Samba O. Sow
- Naveen Thacker

### **Secretariat**

- Debbie Adams
- Abdallah Bchir
- Lana Cridland
- Joanne Goetz
- Peter Hansen
- Hope Johnson (Agenda Item 5)
- Robert Newman
- Laura Stormont

### **Guests**

- Julie Rajaratnam
- Steve Lim
- Felix Masiya

### **Observers**

- Thomas Cherian, WHO
- Gian Gandhi, UNICEF