

GAVI Alliance Board meeting

17-18 November 2009
Hanoi, Vietnam

FINAL Minutes¹

Finding a quorum of members present², the meeting commenced on 17 November 2009. The Board considered outstanding minutes from previous meetings (Doc #0d in the board pack).

The meeting was chaired by Mary Robinson, Chair of the GAVI Alliance Board. Items 10, 11 and 18 (as listed below) were chaired by Jaime Sepulveda, Vice Chair of the GAVI Alliance Board.

DECISION

The GAVI Alliance Board:

- 1.1 Approved the minutes of its meetings on
- 1.2 29-30 October 2008
- 1.3 2 March 2009
- 1.4 2-3 June 2009

2 Country presentation

Dr Trinh Quan Huan, Vice Minister of Health of Vietnam, delivered a report on the state of immunisation in Vietnam. He reviewed the situation of vaccine preventable communicable diseases in Vietnam, provided a brief introduction of the expanded programme of immunisation in Vietnam and GAVI's contributions, the achievements, and the challenges Vietnam faces.

3 CEO report

Julian Lob-Levyt, CEO, presented his report (Doc #1). He thanked the Government of Vietnam for hosting the board meeting and Partners' Forum, noted that Germany had joined the donor government constituency represented by France. Australia was now represented at a senior level with the US and Canada. Belgium and the Republic of Korea were represented at the meeting for the first time. Dr Lob-Levyt noted that as GAVI was poised to tackle the two biggest child killers, pneumonia and diarrhoea, the world had entered an economic crisis and downturn. All development agencies and institutions were affected. Whilst broadly the overall financial situation had not changed as previously presented to the Board, consultation with donors was helping clarify future income. The secretariat had developed the necessary tools and information to make some tough decisions at this meeting. He noted that the GAVI Secretariat was able to reliably model, demand, impact and financial forecasting through to 2015, enabling the Board and management to confidently review its financial situation and how it will be managed, make decisions on prioritisation and eligibility, and plan a way forward. The Hanoi board meeting was organised around these objectives. By the end of 2009, GAVI support will have prevented some 4 million future deaths. Developing countries, with GAVI and partner support, had met their commitments to deliver new vaccines to high levels of coverage; they had also met or exceeded their co-

¹ Binding Resolutions approved by the GAVI Alliance Board are listed in Attachment A. Decisions within the text of the minutes are non-binding, "plain English", actions agreed by the Board.

² Board member participants are listed in Attachment B.

financing obligations. Solutions to meeting the financial challenge would lie in a combination of better vaccine prices, review of co-financing, prioritisation, new funding from new sources, including innovative finance. Discussion followed:

- The Board shares a sense of “impatient optimism” in moving GAVI’s goals forward – introducing vaccines to meet MDG4, reaching the 24 million children who are unimmunised each year. Due attention must be given to the capacity of countries’ health systems to deliver vaccines to their populations; better coordination is required – studies by the World Bank indicated that in some countries as much as 32% of aid flow is consumed by transaction costs.
- It is disappointing that prices of vaccines are not falling more sharply. Vaccine prices should be a factor in GAVI’s resource mobilisation strategy.
- The Advanced Market Commitment for pneumococcal vaccines will help to resolve the problems with the current vaccine pricing model in achieving long-term affordable pricing. There is strong support for a second Advanced Market Commitment (AMC) however it is important to take stock of the first AMC and to apply lessons learnt.
- The success of the co-financing scheme was not a given when it was introduced. The fact that all countries have made good on their payments – and many have contributed more than what was required – is further evidence that developing countries are meeting their commitments.
- The quality of board papers was noted to be of high quality; this is in large part due to the new governance structure and the work of the committees and the increasing capacity of the Secretariat staff. The CEO report represented a useful framing of the issues.

4 Audit and Finance Committee report

Jean-Louis Sarbib, member of the Audit and Finance Committee, delivered a report on the activities of the Committee (Doc #2a). The Committee recommended the tabled variance policy, programme liability policy and the KPMG audit and tax engagement letters. The Committee also recommended that a GAVI Alliance procurement account be opened. Finally, Mr Sarbib noted the Committee had reviewed the financial implications of the programme budgets and financial commitments being presented for board consideration and commended the quality of the work of the Secretariat. Discussion followed:

- In the future it would be helpful if the Committee provided a more comprehensive analysis to the Board on the financial requests being tabled at the meeting; a pre-meeting briefing discussion could be helpful.
- The programme funding plan tabled at the meeting includes recommendations on whether certain countries should or should not receive Immunisation Services Strengthening (ISS) awards for increasing coverage. GAVI relies on WHO and UNICEF and their independent assessment of immunisation coverage country by country to validate country reporting. However, given the questions raised by the developing country constituency it would be most appropriate for the Programme and Policy Committee (PPC) to consider if GAVI should review this issue again.

DECISIONS

The GAVI Alliance Board:

- 4.1 Approved the variance policy
- 4.2 Approved the programme liability policy

- 4.3 Authorised the officers to take any steps required to open and manage a procurement account with JP Morgan
- 4.4 Appointed KPMG SA/AG as independent auditor of, and to provide Swiss tax services for, the GAVI Alliance for 2009
- 4.5 Appointed KPMG LLP to provide US tax services for the GAVI Alliance for 2009
- 4.6 Approved the 2009 audit and tax engagement letters with KPMG SA/AG and KPMG LLP.
- 4.7 Endorsed reductions to programme budgets for New Vaccines Support, Immunisation Services Support, and Health Systems Strengthening programmes (including decreases due to write-offs and to comply with the variance policy) in the amount of US\$ -58,900,925.
- 4.8 Approved net reductions to near-term financial commitments (or programme liabilities) for New Vaccines Support, Immunisation Services Support, Civil Society Organisation, and Health Systems Strengthening programmes (including decreases due to write-offs and to comply with the variance policy) of US\$ -83,790,784 as summarised below:
- An approval of a GAVI Alliance financial commitment in the amount of US\$ 91,615,040.
 - A request to the GAVI Fund to reduce its near-term financial commitments (or programme liabilities) in the amount of US\$ -11,064,483.
 - A request to the GAVI Fund Affiliate to reduce its near-term financial commitments (or programme liabilities) in the amount of US\$ -164,341,341.

5 Programme funding plan – restricted GAVI countries

Members of the Board who are non-US citizens and residents reviewed programme budgets and near-term funding requests to support programmes in Cuba, Myanmar, and the Sudan, North (Doc #2b). No US funds would be used to support these programmes. There was no discussion.

DECISIONS

The GAVI Alliance Board:

- 5.1 Endorsed programme budgets in the amount of US\$ 324,500 for Immunisation Services Support programmes in Myanmar and the Sudan, (North of Sudan).
- 5.2 Approved near-term financial commitments (or programme liabilities) of US\$ 18,799,000 for Health Systems Strengthening and Immunisation Services Support programmes in Myanmar, Cuba, and the Sudan, North.

George Bickerstaff, Dwight Bush, Steve Landry, Mary Robinson, Jean-Louis Sarbib, Julian Schweitzer, Jaime Sepulveda, Gloria Steele, and George W. Wellde, Jr. recused themselves from the discussion and decision.

6 Managing GAVI finances

Dr Lob-Levyt, CEO, Helen Evans, Deputy CEO, and Joelle Tanguy, Managing Director, External Relations delivered a report on managing GAVI finances (Doc # 3a). The Alliance can feel proud of its achievements and they noted that, depending on which level of financial reserve the Board approved, GAVI can meet existing commitments, including extensions and renewals of Board-approved country programmes. GAVI is poised to introduce new vaccines which will have a significant impact on the MDGs, at a time of global downturn. It is important for the Board to determine how to manage significant and increasing demand from developing countries and to mobilise resources to support GAVI's ambition. All Board members would recognize that GAVI is not alone in having to review its financial situation and priorities. Most organisations are doing this in response to the current economic situation. Specific requests for Board decisions included a cash reserve policy and timing for consideration of new country programme proposals. The Audit and Finance Committee has recommended that the foundation maintain a cash reserve of twelve months' worth of cash flow but in any event not less than eight months' worth. Discussion followed:

- Historically GAVI has only made commitments to countries when it knows it has the resources to meet those commitments. As a result GAVI has the resources under an 8 month reserve policy to meet financial commitments made to countries through 2015, including extensions and renewals of current programmes. Countries can be assured that the programmes they started with GAVI funding will continue to be supported.
- However, whilst there were sufficient resources to begin the introduction of vaccines to tackle the two biggest childhood killers, pneumonia and diarrhoea, full roll out will not be possible if GAVI's income situation does not improve significantly. GAVI needs to ensure that the decisions it makes today support and do not detract from its long-term goals.
- Given the current economic times, GAVI should review available financial resources and consider its priorities before making any new commitments to countries. While in the past GAVI has funded all programmes recommended by the Independent Review Committee (IRC), in the future GAVI may have to prioritise between programmes, based on available financial resources.
- The recommendations of the October 2009 New Proposals IRC have not yet been tabled to the Board for approval. However, if GAVI were to approve these proposals, GAVI's opportunity to prioritise in the future would be removed. This last IRC has an exceptionally large number of proposals recommended for funding. The size is a reflection of GAVI's success in generating credible demand.
- As a first step, the Secretariat should now make a detailed analysis of the financial implications of the country programmes recommended for approval by the October 2009 IRC. Unexpected supply constraints will also need to be taken into consideration.
- GAVI will need to develop a careful communications strategy around its prioritisation and financial review activities. Many countries had developed proposals. It would prove damaging if countries are made to feel their work to develop GAVI proposals did not meet expectations or if the confidence that has been developed in GAVI as a predictable funder was undermined.
- Several Board members felt that a twelve month cash reserve was responsible and was in line with the financial management practices of major academic institutions. For example, it was pointed out that GAVI has historically maintained a twelve month reserve and so the twelve months' figure would be in line with established practice. It was said by some Board members that a twelve months' reserve would give GAVI a greater ability to respond to financial uncertainty. Private sector donors valued a policy of prudent fiscal management signalled by a level that is used by many charitable organisations. Financial reserves are about "mitigating unknown risk" not known risk. However, a

twelve month cash reserve requirement could require GAVI to break some of its current commitments to countries.

- Government donors indicated that they tend to prefer organisations that spend their financial contributions more quickly; large reserves may make governments more hesitant to make further commitments. Management expressed a similar opinion, as an 8 month cash reserve would allow GAVI to keep its current financial commitments to countries and would achieve the right balance of being fiscally prudent and making resources available.
- Ultimately, the Board decided against the twelve months' reserve recommended by the Audit and Finance Committee and adopted the eight months' reserve option. The Board noted that whilst the rationale behind the 12 month reserve was to enhance GAVI's ability to respond to financial uncertainty mitigate a funding crisis, such a reserve policy could actually precipitate a reputational crisis by forcing GAVI to rescind past funding decisions.
- Along with efforts to prioritise and cut costs, GAVI needs to keep its focus on the larger picture and use every opportunity to seek new sources of income.

DECISIONS

The GAVI Alliance Board:

- 6.1 Endorsed a minimum cash and investment reserve equalling eight months of annual expenditures.
- 6.2 Endorsed that the Board will consider new country proposals recommended by the October 2009 IRC after reviewing agreed prioritisation principles, available financial resources, and potential supply constraints. On the basis of that review, GAVI will request new proposals that will reflect equity considerations, selection criteria incorporating the prioritisation agreed by the Board, and available long term resources.

7 Executive session - appointment of the Vice Chair

The Board moved briefly into executive session to consider the recommendations of the Governance Committee for the appointment of a vice chair. Jaime Sepulveda recused himself from the discussion.

DECISIONS

The GAVI Alliance Board:

- 7.1 Appointed Jaime Sepulveda as Vice Chair of the Board of the GAVI Alliance for a two-year term, effective immediately.
- 7.2 Requested that the Governance Committee propose a proper process to evaluate the performance in the function of the Chair and Vice Chair of the Alliance with a view to ensuring – inter alia – that they act always in the sole interest of the Alliance.

8 2010 administrative and work plan budget

Tony Dutson, acting Chief Financial and Investment Officer, provided an overview of the proposed 2010 administrative budget and revision to the 2010 portion of the 2009-2010 work plan budget (Doc #3b). The Secretariat, WHO, UNICEF and the World Bank went to great effort to minimise the administrative and work plan costs as promised at the June 2009

board meeting. As a result, the proposed 2010 administrative budget represented only a 4% increase from 2009 and the 2010 portion of the work plan budget decreased by 8.7% from that previously approved. Discussion followed:

- The Audit and Finance Committee reviewed the administrative and work plan budget and recommended that the Board approve it.
- It is important that the Secretariat is able to allocate the human resources it needs to meet the changing demands of GAVI's mission. In the future, the Board may want to consider an overall allocation of budget in the context of an agreed budget framework rather than making specific headcount decisions.
- Based on the analysis of the health systems strengthening (HSS) evaluation recommendations, and once the management and technical assistance needs become clearer, the Secretariat will consider the full implications on its current budget and present these to the Audit and Finance Committee for review. Board members noted that there could be capacity issues in this area and also in fund raising. Some adjustments may be needed in staffing and activities, but the Secretariat will first look for opportunities for reallocations within the current staff and if required return with a supplementary request to the Audit and Finance Committee. As a small organisation with almost all positions filled the ability to do this is quite limited.

DECISIONS

The GAVI Alliance Board:

- 8.1 Approved the GAVI Secretariat administrative budget of US\$ 42,087,983 for 2010.
- 8.2 Approved a capital expenditure budget of US\$ 470,000 for 2010
- 8.3 Acknowledged decreased work plan spending in 2009 by the Secretariat and Alliance partners WHO, UNICEF and World Bank
- 8.4 Approved a reduction in the 2010 portion of the 2009-2010 work plan budget to US\$ 74,910,959.

9 Programme and Policy Committee report

Sissel Hodne Steen, Chair of the Programme and Policy Committee (PPC), delivered a report on the activities of the Committee (Doc #4). During 2009, the Committee focused on accumulated issues from previous board meetings and requests: reviewing the progress of the 2009-2010 work plan; inputs into prioritisation and the vaccine investment strategy; the in-kind donation policy; GAVI eligibility; the joint platform for HSS, and GAVI's long range forecasting and impact model. Ms. Steen noted the strong and positive working relationship with the Secretariat and the quality of the work undertaken. Finally, she reviewed the PPC's forward agenda and outcomes of the PPC self-assessment. Discussion followed:

- The Governance Committee reviewed the self-assessment of the PPC and has been reviewing its mandate and responsibilities as listed in the charter.
- The Board acknowledged the valuable work undertaken by the PPC and Sissel Hodne Steen's excellent chairing of the Committee.
- It should be clear in board papers coming from the PPC if there is a difference of opinion in the recommendations between the Committee and the Secretariat and what those differences are.

10 Vaccine/in-kind donation policy

Sissel Hodne Steen, Chair of the Programme and Policy Committee (PPC) and Nina Schwalbe, Managing Director, Policy and Performance presented to the Board a revised vaccine in-kind donations policy (Doc #5) to replace the policy the GAVI Alliance Board adopted in 2000. They reviewed the benefits and risks of receiving donations and in particular the special circumstances that may justify acceptance of a donation. Discussion followed:

- The Programme and Policy Committee conducted a strategic review of the current donation policy. They discussed, developed, and benchmarked the new policy over the course of 2009 before recommending that the Board approve it.
- The Rwandan MOH reported that the experience of the donated PCV7 in Rwanda has been extraordinarily successful. Uptake has been dramatic and consistent, with very low dropout rates. There were significant challenges however, due to the vaccine's bulky packaging which burdened the cold chain, logistics and waste management capacity. This is not directly tied to the fact that the vaccine had been donated. He was supportive of the proposed policy.
- Industry voiced its support for the proposed policy provided donation doesn't affect long term sustainability of vaccination programme with the qualifier that any donated vaccines needs to be of high quality and proposed that donated vaccines should be WHO pre-qualified. In fact this issue had been raised to the PPC which will come back to the Board with a recommendation on whether all GAVI supported vaccines should be WHO pre-qualified.
- GAVI should use a deliberate, internationally accepted definition of what constitutes an emergency, such as the definition included in the International Health Regulations developed by WHO.
- The PPC will work with the Secretariat to develop proper monitoring and evaluation procedures of the policy.

DECISIONS

The GAVI Alliance Board:

10.1 Approved the new in-kind donations policy which includes the following components:

- GAVI will not accept in-kind donations of vaccines except under exceptional circumstances, such as:
 - For stockpiles to address emergencies, particularly when another institution cannot accept the donation;
 - In a situation where GAVI faces a severe supply shortage due to problems with allocated supply (e.g. due to batch contamination);
 - When, in the absence of the donation, GAVI would have funded the procurement of the vaccine on behalf of a country from the specific manufacturer donating vaccines anyway.
- If GAVI does accept in-kind donations of vaccines, it does so with the following conditions:

- Donations comply with UNICEF/WHO Vaccine Donations Guidelines;
- Countries receiving in-kind donations must still pay co-financing in line with the applicable GAVI co-financing policies at the time;
- Donation of vaccines for routine use should be equivalent to at least one full year's provision (at current levels of coverage plus buffer, stock as necessary, and excluding co-financed doses) for a country as not to disrupt the implementation of national programmes.
- In-kind donations of other health products will not be accepted.

11 GAVI country eligibility and graduation policies

Sissel Hodne Steen, Chair of the Programme and Policy Committee (PPC) and Gian Gandhi, Senior Manager-Policy, Policy and Performance team presented to the Board a new eligibility policy (Doc #6a) and graduation procedures (Doc #6b). Since GAVI's launch, all countries with less than or equal to US\$1,000 Gross National Income (GNI) per capita in 2003 have been considered eligible. The Board requested the eligibility policy be reviewed and revised during 2009. As part of the exercise, certain currently eligible countries would be expected to become ineligible and therefore, proper and fair graduation procedures would need to be established. Discussion followed:

- The Programme and Policy Committee oversaw the development of the new policies and recommends them for approval in their entirety. However the Committee did not reach consensus on which level of income should be the threshold for eligibility, leaving this decision to the Board. The two options recommended would both result in a reduction in the number of GAVI eligible countries and the size of the birth cohort. Hence there would be a reduction in cost as compared to the potential cost if all current eligible countries remained eligible.
- Many board members thought a GNI threshold of \$1,500 would make sense for the following reasons: 1) many donors have a poverty focus and so would be more likely to support GAVI if it chose the lower threshold; 2) in the current constrained economic climate it makes sense that GAVI retain fewer eligible countries; 3) adjusted for inflation, \$1500 today is roughly equivalent to \$1000 in 2000, the year the eligibility policy and the \$1000 threshold was first applied. .
- Other board members felt that a \$2,000 GNI threshold would be more equitable, ensure that GAVI maintain a broad influence on market shaping for vaccines, and enhance GAVI's impact on the MDGs and on children's right to health. An informal show of hands indicated that more than two-thirds of Board members (a requirement under the GAVI By-laws) were in favour of a threshold of \$1,500.
- Questions were raised about the recommendation to annually update both the threshold and the list of eligible countries, given that countries' annual income levels may fluctuate. The eligibility team confirmed that annual updates would not pose a problem. The team assessed what would have happened if annual updates had been applied historically in GAVI, and found that only one country would have experienced a "yo-yo" effect..
- The eligibility team explored the potential impact of both scenarios on GAVI's market shaping ambitions and determined that neither threshold would meaningfully affect manufacturers' perception of GAVI as a market shaper. Some Board members highlighted the need to consider the AMC pneumo pilot initiative when implementing the eligibility and graduation policy, so as to avoid any adverse consequences on the

robustness of the initiative. It was also confirmed that the AMC agreements have been drafted to allow GAVI the flexibility to change its eligibility policy without disrupting the specific legal terms of the AMC.

- There was support to create a new 'filter' by raising the required DTP3 coverage for countries to be eligible for new vaccines support from 50% to 70%, as long as efforts are explored to help countries with less than 70% coverage improve their systems.
- It was noted that of the 24 million children annually who are not immunised, approximately one-third are in India; it is sensible, if resources are available, to consider a new cap for India after 2011.
- There should be careful documentation as to what happens to graduated countries after GAVI support is phased out so that any deficiencies in the procedures can be fixed.

DECISIONS

The GAVI Alliance Board:

- 11.1 Approved the GAVI Alliance eligibility policy with a GNI per capita threshold of US\$ 1,500 according to World Bank data to be published in 2010; from 2011 onwards the threshold will be adjusted for inflation annually.
- 11.2 Endorsed that GAVI explore strategies to provide enhanced technical and/or financial support to countries with low DTP3 coverage to help them attain the required threshold for new vaccine introduction.
- 11.3 Endorsed that subject to funding availability, a new budget cap be considered for India for the period 2012-2015 and then revisited thereafter.
- 11.4 Approved the following procedures for graduation from GAVI support:
 - When a country's per capita income exceeds the eligibility threshold, GAVI would inform the country that it has entered the graduation process and spell out in detail what this entails.
 - Subject to funding availability, GAVI will honour all existing multi-year commitments to countries in the graduation process for the duration of current multi-year plans, and at a minimum up to 2015 for NVS.
 - Countries that enter the graduation process will not be able to submit new applications or resubmit previously rejected applications for any of GAVI's funding windows.
 - Countries that enter the graduation process will have one year to finalise applications that received conditional recommendation from the IRC prior to the country graduating.
 - If subsequent to graduation a country's GNI per capita falls below the eligibility threshold, the country would regain its GAVI eligible status.
- 11.5 Endorsed that GAVI explore facilitation of access to predictable and affordable prices for graduating countries after GAVI support ends.
- 11.6 Endorsed that GAVI explore, subject to funding availability, provision of a short additional period of flexible financial support for graduating countries after GAVI support ends to ease the transition to country self-financing.

12 Special remarks

Ambassador Elizabeth F. Bagley, United States Department of State's Special Representative for Global Partnerships, joined the meeting at the beginning of the second day, 18 November 2009. She conveyed the strong support of the Obama Administration and in particular Secretary of State Hillary Clinton for GAVI's contribution to global health, particularly its innovations as a public private partnership. The Ambassador said that the Administration welcomes continued and enhanced collaboration with GAVI. She then described the new \$63 billion U.S. Global Health Initiative which attaches a major priority to and will commit new funding toward maternal and child health. The Chair thanked Ambassador Bagley for her observations and invited her to remain with the meeting as long as her time allowed.

13 Health systems strengthening joint platform

Sissel Hodne Steen, Chair of the Programme and Policy Committee (PPC) and Carole Presern, Managing Director, Special Projects presented to the Board a proposal to create a joint health system strengthening (HSS) funding and programming platform by harmonising HSS strategies between GAVI, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), and the World Bank a (Doc #7). The proposal is to move forward with a small number of countries in 2010 to explore practical elements of a joint platform. Discussion followed:

- The Programme and Policy Committee has worked intensely since April 2009 to oversee GAVI's work on the joint platform, appointing a team of expert advisers to explore the potential for and risks of embarking on a path of harmonisation. The process has been highly inclusive, transparent and collaborative.
- The need for better harmonisation was clear. Representatives of the developing country constituency endorsed the work on a joint platform, citing the massive reporting requirements posed by multiple donors.
- It is critical to develop a more expressive and unambiguous description of health systems, and GAVI's potential contributions to strengthening them; GAVI's focus on immunisation must be preserved.
- There is a feeling amongst some in the board and the larger development community that there has been a lot of discussion and consultation and not enough sense of urgency in the work to date. Given the complexities and variations in country context it is not viable to design a perfect HSS strategy without testing the vision through practical application.
- However, some other board members felt that more details need to be worked on before launching pilot efforts. For example, the HSS evaluation was just released at the end of October; its findings need to be integrated into the design of any new effort. There were questions about how the joint platform would be operationalised at country level, what the overall funding envelope required for GAVI and the GFATM would be and how those costs would be allocated to the two. GAVI and the GFATM have different funding mechanisms, and the World Bank's mechanisms are different again; it is not clear how harmonisation could work. There were concerns that some of the existing HSS programs in country (ex. PEPFAR) would be incorporated in this exercise to enhance a comprehensive approach.
- The majority view was that GAVI should go forward with pilot efforts in 4-5 countries based on country demand. Countries must take the lead in refining the design of the platform and developing implementation strategies. However, there were concerns that the two 'alternatives' proposed to both the GAVI and GFATM boards were too restrictive and there should be opportunity to consider other options.

- With a few exceptions, civil society organisations have not played a significant role in most countries' GAVI HSS programmes. Going forward, it will be important for GAVI's efforts to ensure that CSOs are adequately included in the planning, financing and implementation activities.
- In relation to the Secretariat's proposal to stop accepting new country applications under existing GAVI HSS guidelines, board members were concerned that decisions about GAVI's current HSS programme should not be made in haste and suggested that the issue is best included as part of the same review under decision 6.2.

DECISIONS

The GAVI Alliance Board:

- 13.1 Decided to take forward work with the World Bank, Global Fund to fight AIDS, TB and Malaria (GFATM), and WHO to develop a joint platform for health systems strengthening (HSS), in order to support the delivery of vaccines, in consultation with partner countries, civil society, development and funding agencies.
- 13.2 Agreed that as part of this, GAVI should start work with 4-5 developing countries to implement the joint platform during 2010, taking into account the two alternatives proposed by the Programme and Policy Committee (PPC) but also considering other variations according to what best suits implementing countries.
- 13.3 Requested the PPC to work with the Secretariat to determine how GAVI should act on recommendations of the GAVI HSS programme mid-term evaluation and tracking study and integrate these into work on the joint platform. The PPC should liaise directly with the GFATM Policy and Strategy Committee (PSC) and appropriate organs of the other joint platform partners.
- 13.4 Requested the PPC to report by April 2010, at the latest, to the GAVI Executive Committee on:
 - How GAVI, the World Bank, GFATM and WHO propose to operationalise the joint platform;
 - How the joint platform will be implemented in 4-5 countries in 2010, including provision of adequate technical assistance;
 - How GAVI and other joint platform partners will monitor and learn lessons from implementation in these 4-5 countries;
 - How the joint platform will better enable the GAVI Alliance to achieve its objectives, including in relation to vaccines and immunisation;
 - Transition arrangements from existing GAVI health systems strengthening support to the joint platform.
- 13.5 Decided that it will consider the new country HSS proposals recommended by the October 2009 IRC after reviewing agreed prioritisation principles, available financial resources, potential supply constraints and ongoing work on the joint platform.

- 13.6 Agreed that on the basis of this, GAVI will decide how best to request new proposals for support to HSS.

14 Principles for prioritisation

Nina Schwalbe, Managing Director Policy and Performance, presented to the Board a proposed set of principles to guide the Board's process to make prioritisation decisions in order to make best use of available resources (Doc #8). The proposal included general parameters including honouring current commitments, considering a more specific focus on certain vaccines, and establishing criteria to regulate funding decisions on new programme applications. Discussion followed:

- The Programme and Policy Committee has discussed the directions in this proposal; its input has been incorporated into the submission. The Committee will continue to be involved in designing the implementation plan for the prioritisation exercise. The criteria to determine whether country programmes should or should not be funded need to be logical, transparent and fair.
- In making future funding decisions donors will look at whether programmes such as GAVI are responding to the current financial climate in a structured way; moving ahead with the proposed prioritisation work would give GAVI a comparative advantage in relation to any peers that are undertaking similar work. GAVI needs to be ready to make hard decisions so that it can be true to its priorities.
- However, while GAVI should move forward with its plans to prioritise, it should not lose sight of the need to raise more resources; in an ideal scenario GAVI would not need to apply its prioritisation principles.
- Communications with countries on prioritisation needs to be comprehensive and well-planned so that countries understand where their programmes fit into GAVI's priorities.
- Some board members asked if GAVI's support for the meningitis A and yellow fever projects after 2010 falls into the category of extensions of existing commitments. However the Board has not made any formal commitment to fund these projects after 2010 and so they would be subject to such prioritisation alongside other vaccines.

DECISIONS

The GAVI Alliance Board:

- 14.1 Decided that across all types of GAVI support, GAVI will fund existing commitments. For new vaccine support, GAVI will also fund extensions of existing commitments³ to 2015 to ensure GAVI maintains long-term predictability of its support to countries.
- 14.2 Decided that the focus of prioritisation will be new applications.
- 14.3 Agreed that GAVI should explore two parallel efforts to prioritise:
- Between vaccines, using the framework developed for GAVI's new vaccine investment strategy and possibly market shaping considerations. In addition to limiting the menu of vaccines offered, this could involve sequential and/or targeted introduction of some vaccines, where appropriate.

³ This does not include extension of GAVI funding for the meningitis and yellow fever projects; the Board will need to decide, in the context of the prioritisation, whether to fund these projects after 2010.

Among new IRC recommend proposals, using criteria to be developed under the oversight of the PPC and to be submitted to the Board or Executive Committee for approval. The criteria will be objective and transparent so that applying them will be a straightforward exercise.

15 Executive Committee report

Jaime Sepulveda, Chair of the Executive Committee delivered a report on the activities of the Committee since the last board meeting in June 2009. The Committee approved a set of IRC recommendations, appointed the evaluation advisory committee, discussed the process to develop the GAVI Alliance 2011-15 strategy, reviewed the progress of the vaccine co-financing policy and the transparency and accountability policy, discussed GAVI's role in H1N1 and considered the draft eligibility policy and proposal for the joint HSS platform. Brief discussion followed:

- More in-person EC meetings would be desirable, if feasible given members' heavy agendas. The Chair of the EC would like to ask Committee members to consider scheduling a retreat in the first half of 2010.

16 GAVI Alliance 2011-2015 strategy

Helen Evans, Deputy CEO, presented the proposed process for developing the new GAVI Alliance 2011-2015 strategy. Discussion followed:

- GAVI's current strategic framework should not be dramatically changed. The current financial climate will necessarily require more strategic focus on resource mobilisation; however, finances should not lead to a constriction of GAVI's goals and objectives.
- The consultation process will be critical, especially to capture the input and considerations of developing countries, the private sector and civil society. Consultations will include the PPC, the Audit and Finance Committee, and Board constituencies. The Secretariat will develop a detailed process plan to ensure that comprehensive consultation process will be feasible under the current working timeline.
- Board members supported the proposal to schedule a Board retreat in April to discuss a draft strategy, with the understanding that the Executive Committee will have been able to meet and discuss the evolving strategy prior to the retreat.

DECISIONS

The GAVI Alliance Board:

16.1 Endorsed a two-step approach for strategy development:

- An initial phase which will entail reviewing and revising GAVI's strategic goals and the twelve current operating principles as appropriate, to be completed for the June 2010 Board meeting.
- A second phase which will entail the creation of a detailed business plan and associated budget to implement the new strategy, to be completed for the December 2010 Board meeting.

16.2 Agreed that the Executive Committee will have oversight of the strategy development process. The other board committees, especially the Programme and Policy and Audit and Finance Committees, will also have a role to play in strategy development.

16.3 Endorsed that the strategy development activities will be:

- Managed by small cross-functional team from within the GAVI Secretariat, chaired by the Deputy CEO;
- Advised by an independent time-limited task team.

16.4 Endorsed the timeline and process as set out in the paper, including a Board retreat in April 2010.

17 Investment Committee report

Investment Committee Chair George Wellde delivered a report on the activities of the Committee since the last board meeting in June 2009. He discussed the global financial situation, including performance of financing institutions, the recent gains in market capitalisation and risks to global recovery. The Committee is concerned about a projected increased in public debt amongst the G7 countries and noted that GAVI's return on investment will remain at low levels in the foreseeable future. GAVI's resource mobilisation efforts are urgent. Discussion followed:

- There is a need to expand the donor base but there was recognition that this will be slow in the current climate.
- The major areas for growth in the next few years are Asia, Middle East and the BRICs. GAVI should consider cultivating resource mobilisation efforts in these regions, along with corporate sector efforts. If the Secretariat proposed a significant expansion in fund-raising from the private sector, the Board recognised that there would be Secretariat resource implications, and the Secretariat should bring forward a proposal.
- It was clarified that the revised investment policy merely reflects previous changes to GAVI's investment portfolio.

DECISIONS

The GAVI Alliance Board:

17.1 Approved the revised investment policy.

18 Governance Committee report

Governance Committee Chair Mary Robinson delivered a report on the activities of the Committee since the last board meeting in June 2009. The process that led to the appointment of the Vice Chair from among the Board members who are Representative members revealed a benefit to clarifying the roles and responsibilities of Representative Board members who are appointed Chair or Vice Chair. The Committee also focused on the self-assessment process undertaken by the Audit and Finance and Programme and Policy Committees, the process to identify committee chairs and decide on new committee composition for 2010, and the recruitment to fill the eight board seats which will become vacant in 2010, noting that recruitment to fill a number of vacancies would require the Governance Committee and Board to meet in early 2010. Discussion followed:

- The By-Laws specify that the gender policy is one of the important criteria for the Governance Committee to take into account as it reviews board member nominations. The Board has a clear responsibility to ensure gender balance in the governance structures.
- Board members discussed establishing clear specific guidelines about how it would ensure the gender policy is respected in the Board's decisions about Board membership.

- The Chair of the Governance Committee was asked whether Alternates could chair Board committees and the General Counsel advised the meeting that Alternates were authorised under the Statutes and By-laws to be the chairs of Board committees.
-

DECISIONS

The GAVI Alliance Board:

- 18.1 Reappointed current committee chairs until the new committees are appointed in 2010:
- Governance Committee: Mary Robinson (Chair); Jaime Sepulveda (Vice Chair)
 - Audit and Finance Committee: Wayne Berson
 - Programme and Policy Committee: Sissel Hodne Steen, pending appointment of a Board member as Chair.
 - Investment Committee: George Welde
 - Fundraising Committee: Dwight Bush
- 18.2 Reappointed committee members (including interim members) to their current committees until the new committee members are appointed by the Board (in early 2010).
- 18.3 Appointed the following board members and alternates:
- Daisy Mafubelu as board member representing WHO with no set term, as stipulated in the By-laws.
 - Paul Fife as board member representing donor governments UK/Norway/Ireland from 1 January 2010 until 31 December 2011 or such other period as the constituency determines.
 - Anders Molin as board member representing donor governments Netherlands/Sweden/Denmark from 1 January 2010 until 31 December 2011 or such other period as the constituency determines.
 - Fidel Lopez Alvarez as board member representing donor governments Italy/Spain from 1 January 2010 until 31 December 2011 or such other period as the constituency determines.
 - Murray Proctor as an alternate board member representing donor governments US/Canada/Australia effective immediately until 30 June 2011.
- 18.4 Noted that recruitment for the two developing country board vacancies, the research and technical health board vacancy and the two unaffiliated board member vacancies are still ongoing and will require the Governance Committee and Board to convene early in 2010 to fill those seats.
- 18.5 Decided that for the foreseeable future, considering the gender imbalance on the board, constituencies ought not propose a board member and alternate who are both men.

19 Any other business – resource mobilisation

Chair Mary Robinson asked board members to contribute ideas and indicate their plans to support GAVI's resource mobilisation efforts. Discussion followed:

- The Secretariat has actively taken forward GAVI's resource mobilisation strategy since the June 2009 Board meeting, and thanks the several board members that have worked with management to this end in various fora. The Secretariat has been seeking to mitigate the impact of ODA cuts on GAVI and appealed to donors on the board to consider allocating to GAVI any unspent, end of year funds.
- What is needed now is more specificity including action and greater focus on outcomes and value for money. Prospective donors can be attracted by GAVI's multiple donation routes – direct contributions to core funding, long-term donor commitments tied to performance, innovative financing mechanisms, and the US non-profit entity.
- Board members highlighted the need to pursue innovative financing mechanisms.
- Board members agreed that donor diversification was a priority for GAVI. The World Bank representative committed the support of his institution to help GAVI forge contacts with finance ministry officials in emerging economies, especially the BRICs, where the most growth will likely be seen in the short term.
- In addition, it would be worth exploring the corporate sector for financing opportunities, targeting perhaps 20 carefully chosen institutions globally.
- Developing country voices – from government and civil society – are very effective advocates of GAVI's achievements and resource mobilisation goals; board members from these constituencies are committed to take an advocacy role in appropriate fora.
- While some may view GAVI as in a competition for resources with the GFATM, in fact the two organisations work carefully together to avoid competition and are stronger when doing so; many donor governments are positively persuaded by a joint case for global health.
- GAVI will need to tackle the issue of earmarking in its strategy to secure funding from individuals and corporations. Some of these donors typically prefer their contributions to be attributable to certain outcomes, which may be in contradiction with GAVI's pooled funding structure and generate high transaction cost for both countries and the GAVI Alliance.
- The Gates Foundation representative committed the support of his institution; Foundation staff are already in discussion with Secretariat staff on opportunities to collaborate on resource mobilisation efforts.

20 Executive session

The Chair excused all non-board members and the Board met in executive session. The Board received an update from Julian Lob-Levyt and Nina Schwalbe on progress on the AMC and discussions with PAHO on MFN status. The Board endorsed the Secretariat's approach and work to date and looked forward to a resolution of the issue by the end of the year.

There being no further business, the meeting was adjourned.

Ms Lisa Jacobs, Secretary

Attachment A

Resolutions approved by the GAVI Alliance Board

RESOLUTION ONE

1. **Minutes**

The GAVI Alliance Board:

Approved the minutes of its meetings on:

- 29-30 October 2008
- 2 March 2009
- 2-3 June 2009.

RESOLUTION TWO

2. **Financial policies**

The GAVI Alliance Board:

Approved the variance policy.

Approved the programme liability policy.

RESOLUTION THREE

3. **New procurement account**

The GAVI Alliance Board:

Authorised the officers to take any steps required to open and manage a procurement account with JP Morgan.

RESOLUTION FOUR

4. **Appointment of independent auditor and tax advisor**

The GAVI Alliance Board:

Appointed KPMG SA/AG as independent auditor of, and to provide Swiss tax services for, the GAVI Alliance for 2009.

Appointed KPMG LLP to provide US tax services for the GAVI Alliance for 2009.

Approved the 2009 audit and tax engagement letters with KPMG SA/AG and KPMG LLP.

Attachment A

RESOLUTION FIVE

5. Multi-year programme budgets

The GAVI Alliance Board:

Endorsed reductions for the following multi-year programmes:

- New Vaccines Support, Immunisation Services Support, and Health Systems Strengthening programmes: **US\$ (38,454,038)**
- Additional decreases due to write-offs and to comply with the variance policy: **US\$ (20,446,887)**.

These endorsements constituted acknowledgement of the amounts contained in such budgets but did not constitute a funding approval, decision, obligation or commitment of the GAVI Alliance or its contributors.

RESOLUTION SIX

6. Programme financial commitments

The GAVI Alliance Board:

Approved a financial commitment on behalf of the GAVI Alliance to fund New Vaccines Support, Immunisation Services Support, Civil Society Organisation, and Health Systems Strengthening programmes in the amount of **US\$ 91,615,040**.

Requested the GAVI Fund to rescind funding for New Vaccines Support, Immunisation Services Support, Civil Society Organisation, and Health Systems Strengthening programmes in the amount of **US\$ (11,064,483)**.

Requested the GAVI Fund Affiliate to rescind funding for New Vaccines Support, Immunisation Services Support, Civil Society Organisation, and Health Systems Strengthening programmes in the amount of **US\$ (164,341,341)**.

These resolutions included decreases due to write-offs and to comply with the variance policy.

RESOLUTION SEVEN

7. Multi-year programme budgets for GAVI restricted countries

The GAVI Alliance Board:

Endorsed budgets in the amount of US\$ 324,500 for Immunisation Services Support programmes in Myanmar and the Sudan, (North of Sudan) as within the scope of the GAVI Alliance's charitable mission.

Attachment A

This endorsement constitutes acknowledgement of the amounts contained in such budgets but does not constitute a funding approval, decision, obligation or commitment of the GAVI Alliance or its contributors.

George Bickerstaff, Dwight Bush, Steve Landry, Mary Robinson, Jean-Louis Sarbib, Julian Schweitzer, Jaime Sepulveda, Gloria Steele, and George W. Wellde, Jr. recused themselves from the discussion and decision.

RESOLUTION EIGHT

8. Programme financial commitments for GAVI restricted countries

The GAVI Alliance Board:

Approved a financial commitment on behalf of the GAVI Alliance to fund Health Systems Strengthening and Immunisation Services Support programmes in Myanmar, Cuba, and the Sudan, North in the amount of **US\$ 18,799,000**.

George Bickerstaff, Dwight Bush, Steve Landry, Mary Robinson, Jean-Louis Sarbib, Julian Schweitzer, Jaime Sepulveda, Gloria Steele, and George W. Wellde, Jr. recused themselves from the discussion and decision.

RESOLUTION NINE

9. Cash and investment reserve

The GAVI Alliance Board:

Endorsed a minimum cash and investment reserve equalling eight months of annual expenditures.

RESOLUTION TEN

10. Vice Chair appointment

The GAVI Alliance Board:

Appointed effective immediately Jaime Sepulveda as Vice Chair of the Board of the GAVI Alliance (and chair of the Executive Committee) until his successor is qualified and appointed by the Board, but for a minimum period of two years.

Jaime Sepulveda recused himself from the discussion and decision.

RESOLUTION ELEVEN

11. 2010 Budget

The GAVI Alliance Board:

Attachment A

Approved the GAVI Secretariat administrative budget of **US\$ 42,087,983** for 2010.

Approved a capital expenditure budget of **US\$ 470,000** for 2010.

Approved a reduction in the 2010 portion of the 2009-2010 work plan budget to **US\$ 74,910,959**.

RESOLUTION TWELVE

12. In-kind donations policy

The GAVI Alliance Board:

Approved the new in-kind donations policy in place of the policy approved in 2000.

RESOLUTION THIRTEEN

13. Eligibility policy and graduation procedures

The GAVI Alliance Board:

Approved the eligibility policy with a GNI per capita threshold of US\$ 1,500, according to World Bank data to be published in 2010; from 2011 onwards the threshold will be adjusted for inflation annually.

Approved the following procedures for graduation from GAVI support:

- When a country's per capita income exceeds the eligibility threshold, GAVI would inform the country that it has entered the graduation process and spell out in detail what this entails
- Subject to funding availability, GAVI will honour all existing multi-year commitments to countries in the graduation process for the duration of current multi-year plans, and at a minimum up to 2015 for NVS
- Countries that enter the graduation process will not be able to submit new applications or resubmit previously rejected applications for any of GAVI's funding windows
- Countries that enter the graduation process will have one year to finalise applications that received conditional recommendation from the IRC prior to the country graduating
- If subsequent to graduation a country's GNI per capita falls below the eligibility threshold, the country would regain its GAVI eligible status.

RESOLUTION FOURTEEN

14. Investment policy

The GAVI Alliance Board:

Approved the changes to the investment policy as recommended by the Investment Committee.

Attachment A

RESOLUTION FIFTEEN

15. Committee chair appointments

The GAVI Alliance Board:

Resolved to appoint effective immediately the following individuals to lead the following committees:

- Wayne Berson as chair of the Audit and Finance Committee
- Dwight Bush as chair of the Fundraising Committee
- Mary Robinson as chair of the Governance Committee
- Jaime Sepulveda as vice chair of the Governance Committee
- George W. Wellde, Jr. as chair of the Investment Committee
- Sissel Hodne Steen as chair of the Programme and Policy Committee.

RESOLUTION SIXTEEN

16. Committee appointments

The GAVI Alliance Board:

Appointed the following individuals to the Audit and Finance Committee:

- Wayne Berson
- George Bickerstaff
- David Crush in place of Susan McAdams (Committee Delegate)
- Majid Al-Gunaid
- Clarisse Paolini (Committee Delegate)
- Jean-Louis Sarbib (until 31 December 2009).

Appointed the following individuals to the Executive Committee:

- Wayne Berson
- Armin Fidler
- Ashutosh Garg
- Tatul Hakobyan (until 31 December 2009).
- Jaime Sepulveda
- Gloria Steele
- Jean Stéphenne
- George W. Wellde, Jr.
- Julian Lob-Levyt (non-voting).

Appointed the following individuals to the Fundraising Committee:

- Dwight Bush
- Ashutosh Garg
- Trinh Quan Huan
- Abdulkarim Rasae
- George W. Wellde, Jr.

Appointed the following individuals to the Governance Committee:

- Alan Hinman
- Dagfinn Høybråten

Attachment A

- Fidel Lopez Alvarez
- Anders Molin
- Mary Robinson
- Jean-Louis Sarbib (until 31 December 2009)
- Jaime Sepulveda
- Richard Sezibera
- Pascal Villeneuve
- Julian Lob-Levyt (non-voting).

Appointed the following individuals to the Investment Committee:

- Yoka Brandt (until 31 December 2009)
- Dwight Bush
- George Wellde

Appointed the following individuals to the Programme and Policy Committee:

- Joan Awunyo Akaba (Committee Delegate)
- George Bickerstaff
- John Clemens (until 31 December 2009)
- Ashutosh Garg
- Magid Al-Gunaid
- Suresh Jadhav
- Rama Lakshminarayanan (Committee Delegate)
- Steve Landry
- Mickey Chopra (Committee Delegate)
- Susan McKinney (Committee Delegate)
- Jean-Marie Okwo-Bele (Committee Delegate)
- Olga Popova (Committee Delegate)
- Sissel Hodne Steen (Committee Delegate)
- Aldo Tagliabue (Committee Delegate)
- David Salisbury (non-voting expert advisor).

RESOLUTION SEVENTEEN

17. Board appointments

The GAVI Alliance Board:

Appointed the following board members and alternate board members for the terms listed below:

- Daisy Mafubelu as board member representing WHO effective immediately and until her successor is qualified and elected by the Board
- Paul Fife as board member representing donor governments UK/Norway/Ireland from 1 January 2010 until 31 December 2011 or such other period as the constituency determines
- Anders Molin as board member representing donor governments Netherlands/Sweden/Denmark from 1 January 2010 until 31 December 2011 or such other period as the constituency determines

Attachment A

- Fidel Lopez Alvarez as board member representing donor governments Italy/Spain from 1 January 2010 until 31 December 2011 or such other period as the constituency determines
- Murray Proctor as an alternate board member representing donor governments US/Canada/Australia effective immediately until 30 June 2011.

Attachment B

GAVI ALLIANCE BOARD MEMBER PARTICIPANTS

DEVELOPING COUNTRY GOVERNMENTS

ARMENIA

Dr. Tatul Hakobyan, Deputy Minister of Health, Armenia

ETHIOPIA

ALTERNATE: Dr. Nejmudin Kedir Bilal, Director of Planning and Programming, Ministry of Health, Ethiopia

RWANDA

Dr. Richard Sezibera, Minister of Health, Rwanda

VIETNAM

Dr. Trinh Quan Huan, Vice Minister of Health, Vietnam

ALTERNATE: Prof. Nguyen Tran Hien, Director of the National Institute of Hygiene and Epidemiology, Vietnam

YEMEN

ALTERNATE: Dr. Magid Al-Gunaid, Deputy Minister for Primary Health Care, Yemen

DONOR GOVERNMENTS

FRANCE/LUXEMBOURG/EC

Dr. Gustavo Gonzalez-Canali, Health Special Adviser, Team Leader, Directorate General for Global Affairs, Development and Partnerships, Ministry of European and Foreign Affairs, France

ITALY/SPAIN

Professor Alberto Mantovani, Scientific Director, Instituto Clinico Humanitas, Milan, Italy

ALTERNATE: Mr. Fidel López Alvarez, Ambassador, AECIDC – Ministry of Foreign Affairs and Cooperation, Spain

NETHERLANDS/SWEDEN/DENMARK

BEING REPRESENTED BY: Ms. Marijke Wijnroks, AIDS Ambassador, Ministry of Foreign Affairs

UNITED KINGDOM/NORWAY/IRELAND

Mr. Gavin McGillivray, Head, Global Funds & Development, Finance Institutions Department, Department for International Development (DFID), United Kingdom

ALTERNATE: Dr. Paul Fife, Director, Global Health and AIDS Department, Norad, Norway

UNITED STATES/CANADA/AUSTRALIA

Ms. Gloria Steele, Acting Assistant Administrator, Bureau for Global Health, U.S. Agency for International Development (USAID), United States of America

CIVIL SOCIETY ORGANISATIONS

Dr Faruque Ahmed, Director BRAC Health Program, BRAC Centre, Bangladesh

Attachment B

VACCINE INDUSTRY – DEVELOPING COUNTRY

ALTERNATE: Mrs. Mahima Datla, Senior Vice-President, Biological E Limited, India

VACCINE INDUSTRY – INDUSTRIALISED COUNTRY

Dr Jean Stéphane, President and General Manager, GSK Biologicals, Belgium

RESEARCH AND TECHNICAL HEALTH INSTITUTE

Dr. John Clemens, Director-General, International Vaccine Institute, Republic of Korea

INDEPENDENT/UNAFFILIATED

Mrs. Mary Robinson, President, Ethical Globalisation Initiative (Chair)
Mr. George Bickerstaff, Managing Director, CRT Capital Group
Mr. Dwight Bush, President & CEO of Urban Trust Bank (Retired)
Mr. Ashutosh Garg, Founder & Chairman, Guardian Lifecare Pvt Ltd
Mr. Dagfinn Høybråten, Member of Parliament, Leader of the Christian Democratic Party
Stortinget, The Norwegian Parliament
Mr. Jean-Louis Sarbib, Director, Wolfensohn & Company
Mr. George W. Welde Jr., Vice Chairman of Securities Division (Retired), Goldman, Sachs & Co.

UNICEF

ALTERNATE: Dr. Pascal Villeneuve, Associate Director, Programme Division

WHO

Mrs. Daisy Mafubelu, Assistant Director-General, Family and Community Health

THE WORLD BANK

Dr. Julian Schweitzer, Director, Health, Nutrition & Population, Human Development Network

BILL & MELINDA GATES FOUNDATION

Dr. Jaime Sepulveda, Director, Integrated Health Solutions Development

ALTERNATE: Dr. Steve Landry, Program Manager

GAVI ALLIANCE SECRETARIAT

Dr. Julian Lob-Levyt, Chief Executive Officer, GAVI Alliance

Regrets

Mrs. Graça Machel, President, Foundation for Community Development
Dr. Abdulkarim Yehia Rasae, Minister of Health, Yemen
Dr. Tedros Ghebreyesus, Minister of Health, Ethiopia
Ms. Yoka Brandt, Deputy Director General for International Cooperation, Ministry of Foreign Affairs, The Netherlands
Dr. Suresh Jadhav, Executive Director, Serum Institute of India
Mr. Wayne Berson, Partner and National Director of Not-for-Profit Services at BDO Seidman LLP
Mr. Saad Houry, Deputy Executive Director, UNICEF