

GAVI Alliance Board Meeting

7-8 July 2011 Geneva, Switzerland

FINAL MINUTES

1. Chair's report

- 1.1 Finding a quorum of members present, the meeting commenced at 8.36 Geneva time on 7 July 2011. Dagfinn Høybråten, Board Chair, chaired the meeting.
- 1.2 The Chair welcomed new Board members and alternates. He made some remarks concerning the Board's retreat held in Oslo on 13-14 April 2011 and a follow-up meeting held in executive session on 6 July 2011 in Geneva. He highlighted the very successful pledging conference held in London on 13 June 2011, which raised an additional US\$ 4.3 billion in funds, thus allowing GAVI to immunise at least 250 million children and prevent four million future deaths. Now GAVI has a responsibility to continue to work hard to achieve the goals in the most efficient ways.
- 1.3 Standing declarations of interest were tabled to the Board (Doc #1a in the Board pack). No further conflicts of interest were declared.
- 1.4 The Board noted the minutes of its meetings on 30 November-1 December 2010 (Doc #1b) and 8 March 2011 (Doc #1c). These minutes were approved by no objection on 21 March 2011 and 30 May 2011 respectively, under section 2.7.3.3 of the By-Laws. The Board noted the record of actions (Doc #1d), and its forward workplan (Doc #1e).

2. CEO report

2.1 Helen Evans, interim CEO, delivered a report on the activities and achievements of the Alliance (Doc #2). The first GAVI pledging conference was an extraordinary success with donors pledging an additional US\$ 4.3 billion, securing a total of US\$ 7.6 billion to fund GAVI's strategy from 2011-2015. There were many reasons behind the success but perhaps nothing more significant than the evidence of GAVI's success to-date. Results were central to the remarkable political support for this event, and Helen Evans particularly thanked British Prime Minister David Cameron, Norwegian Prime Minister Jens Stoltenberg, British Secretary of State for International Development Andrew



Mitchell, and Bill & Melinda Gates Foundation Co-Chair Bill Gates. The sources of funding came from pledges made at and before the meeting, renewed commitments to co-financing from countries, and price reductions from the vaccine industry. Today, thanks to collective effort GAVI now has a very much strengthened and broadened Alliance. GAVI has responded to ensure delivery on the results to which GAVI has committed. Going forward, GAVI must maintain the momentum of an amplified profile and increased opportunities.

- 2.2 The Chair added that the 2011-2015 strategy remains valid now that GAVI has greater visibility on its funding through 2015. He also noted that the Secretariat remains overstretched and that GAVI must also maintain fundraising momentum as the Alliance will need to work now to secure funding past 2015.
- 2.3 With regard to the potential to meet country demand beyond that previously envisaged, the Chair noted that, on the one hand, there may be an opportunity for faster roll-out of vaccines or the opening of new windows. However, the unmet need is still very high and actual demand through current windows may exceed the current estimates, because of increased confidence in GAVI's capacity to respond. The Chair also noted that the country systems for vaccine delivery are, in some instances, stretched beyond the capacity of central medical stores, and this impedes the timely implementation of immunisation plans.

- Board members noted with appreciation the results of the pledging conference and the strengthened confidence in GAVI's ability to match the rising demand for new vaccines and in particular to fund the IRC proposals under way.
- Participants also noted the challenges that remain on the resource mobilisation front: securing the "challenge pledges" that will require the engagement of new donors, ensuring effective appropriation of all pledges in a challenging economic environment, and sustaining the funding momentum to help further accelerate the roll-out of new vaccines.
- The Board noted that as GAVI implements its 2011-2015 strategy, it must ensure access to children in fragile and post conflict states. This includes looking at a more customised approach to strengthening country mechanisms as not one size fits all. Continuing to engage and involve civil society organisations ("CSOs") is important as they can be the "eyes and ears" on the ground and often the only provider of services that are able to deliver to the most hard to reach populations.
- With greater expectation on the Alliance, come greater responsibilities; GAVI has promises to keep. The ability of GAVI to continue to demonstrate solid results will be key to sustaining donor interest.



- GAVI is about immunisation, not just vaccines. There are also benefits of immunisation beyond saving lives that ought to be captured in evaluations of GAVI. As such, GAVI should develop a "report card" with targets for progress the Alliance hopes to have made over the life of the present strategy and monitor such progress. Updates toward achieving the targets in the report card should be provided to the Board at its meetings.
- In addition, GAVI should focus on results that are meaningful and that change the lives of the populations it serves. This also involves thinking longer term with strategic clarity and on the role of cash programmes.
- Among its goals, equity in access should be among the top of priorities and a quantifiable metric should be developed to measure equitable impact. GAVI should also be prepared to measure any backsliding of graduating countries to ensure that progress made in those states is not lost.
- The US Government offered to host an immunisation summit during 2012 to continue the momentum and visibility built during the lead up to the 13 June pledging event.

3. Report from the 2011 pledging conference

3.1 Joelle Tanguy, Managing Director ("MD"), External Relations presented an update on the resource mobilisation process concluded in London (Doc #3). A new collaborative model helped engage not only donors but also developing countries, (for example, President Ellen Johnson-Sirleaf of Liberia co-hosted the London event) and the vaccine industry. Strong leadership from key donors led to a powerful dynamic of high-level peer to peer advocacy. To back these, GAVI's coordinated campaign to build political will was further strengthened by very strong support from civil society. Moving forward, GAVI aims to build on this political support, expand partial pledges, enrol new public donors, mobilise private sector support, and secure additional IFFIm pledges. With donors and partners, GAVI will convene in 2013 an accountability review meeting to follow up on pledging commitments and report on progress on the GAVI strategy.

- The Chair described 13 June 2011 as one of the greatest days in his life, in that many children will soon have access to live-saving and life-enhancing immunisations.
- There was particular gratitude expressed toward Prime Minister Cameron and the British taxpayers for their leadership and commitment, as well as the Bill & Melinda Gates Foundation and Norway. In addition, CSOs were praised for their advocacy and dedication.



- To build on the success of GAVI's co-financing and sustainability agenda, the World Bank offered to co-host a ministers of finance meeting in Washington D.C. during 2012 to promote the cost-effectiveness of investments in immunisation.
- Developing country Board members requested that the Board revisit the decision taken in November 2009 to set the GNI level for GAVI eligibility at US\$ 1,500 rather than \$2,000. The Secretariat committed to prepare a paper on the implication of revising that decision, including the cost implications.
- The Chair recognised PAHO's work and leadership in reaching children through the Revolving Fund. He acknowledged and thanked Dr. Soccorro Gross-Galiano, Deputy Director of PAHO for attending the Board meeting.
- Members of the Board stated that they are more confident now that country demand can be fulfilled. The Board noted the Alliance needs to consider what can be achieved in the short-term.
- GAVI has to sustain its high visibility generated around the pledging conference, and use it to expand the donor base. While the Alliance succeeded at the London conference, work needs to be done on its long-term fiscal sustainability, and political momentum should be maintained.
- Lessons learnt from this first successful replenishment should be built into future approaches.

4. Updated financial forecast

4.1 Barry Greene, MD, Finance and Operations presented GAVI's financial forecast incorporating the pledges made at the London event (Doc #4). With assured resources for 2011-2015 now amounting to \$7.6 billion, GAVI is well placed to meet the current expenditure forecasts for those years. Further resources are expected to be contributed by new donors as well as existing donors who have not yet pledged for all of those years. However, the record number of proposals for new vaccines submitted in May 2011 is an early indication of a more ambitious level of country demand than previously estimated, and not all of the new pledges are multi-year, meaning GAVI will face a new funding challenge after 2015 should longer-term pledges not eventually materialise.

Discussion

• The Board requested an options paper to guide discussion at its meeting in November on any expanded or changed priorities the Alliance could adopt. This discussion would take place in the context of approving the budget for 2012. The paper should analyse the costs and opportunities of any option or



combination of options and what is the best investment to achieve GAVI's objectives. In practice, demand may turn out to be higher than expected. Also, a thoughtful approach to the potential of opening new windows should be taken as the funding represents revenue over the course of five years, and not cash in the door all at once.

• The Board also discussed other factors relevant to the amount and use of the pledged resources. For example, the assurance of funding over a five-year period strengthens the predictability of demand for vaccines and this should lead to lower pricing in some instances. On the other hand, foreign exchange fluctuations over the coming five years will impact the value ultimately received from the amounts now pledged. Barry Greene noted that the Secretariat will seek specificity from donors on the timing of their contributions, so that the foreign exchange risk can be hedged.

5. GAVI Matching Fund for Immunisation

5.1 David Ferreira, MD, Innovative Finance reported on a new partnership of GAVI, the UK's Department for International Development ("DFID"), and the Gates Foundation to incentivise private sector donors to contribute to GAVI (Doc #5). Branded the "GAVI Matching Fund," DFID and the Gates Foundation have pledged \$130 million to match contributions from corporations, foundations, and other organisations, as well as from their customers, members, and employees.

Discussion

- Several Board members expressed their excitement about the initiative, and several Board members volunteered to be advocates for the Matching Fund. UNICEF offered to share its practices and lessons learnt in the field of corporate fundraising. The Board noted that the Secretariat was developing guidelines for accepting donations.
- Cultivation of corporate donors requires a different strategy than government donors. Understanding is required that a multi-million dollar pledge to GAVI is a significant investment by a corporate donor. Some corporate donors are motivated by recognition in their own countries or where they have operations.
- The objectives of the Matching Fund were not merely about raising money, but were also about advocacy in the sense of broadening understanding for, and ownership of, GAVI's mission in the private sector.

IFFIm update

5.2 David Ferreira also reported on the conclusion of the evaluation of the International Finance Facility for Immunisation ("IFFIm"). He discussed the process used to conduct the evaluation, and summarised its key findings.



Given IFFIm's positive assessment, its donors see IFFIm as an effective and efficient solution for funding aid, and work is being done to reposition IFFIm as a vehicle for ensuring long-term funding to GAVI.

6. India pentavalent programme

6.1 Mercy Ahun, MD, Programme Delivery presented India's request for an extension of the deadline to submit scaling up plans for the introduction of Pentavalent vaccine from 30 June 2011 until 31 December 2011. She reviewed the history of GAVI support to India, current support to the programme, and the relative risks of granting or denying the extension.

Discussion

- Urgency remains regarding the uptake of Pentavalent vaccine in India, especially considering that over 40% of the world's unimmunised children are there. There is a new climate of dialogue with the Indian Government through the Large Countries Task Team, and signs of progress. However, there is still outreach with Indian politicians to be done as many of them are not aware of the challenges. Further, there are indications that the Government would respond more positively by sharing best practices than signalling a potential rescission of funding.
- The Board also noted that the original warning that funding may be withdrawn occurred at a time of resource uncertainty and with an eye toward potential prioritisation. In a new context, the Board recognised that some of the pressure to re-programme the funding allocated to India had significantly lessened.
- GAVI has never had a "use it or lose it" policy. At the recommendation of the developing country Board members, the Secretariat agreed that it would develop a policy for Board consideration at its meeting in November 2011. The policy would include principles for handling exceptions.

Resolution One

The GAVI Alliance Board:

- <u>Noted</u> the request by the Government of India to extend the period as set by the Executive Committee to submit a satisfactory plan to introduce DTP-HepB-Hib in additional states (the "Introduction Plan") from 30 June 2011 until 31 December 2011;
- <u>Decided</u> to extend the deadline for the Government of India to submit the Introduction Plan to a date to be agreed by the PPC-appointed Task Team on Large Countries (India and Nigeria), enabling the Task Team to take the Introduction Plan into account in its recommendations to the Board at its next meeting in November 2011; and



• <u>**Requested</u>** the Secretariat to develop a policy on time limits for the commencement of approved programmes in country, including principles for handling exceptions, and present it to the Board for consideration at its meeting in November 2011.</u>

7. Accelerated Vaccine Introduction update

7.1 Jon Pearman, Director, AVI and Carsten Mantel, Medical Officer, WHO summarised progress of the Accelerated Vaccine Introduction initiative and reviewed ongoing challenges to building a successful platform for future introduction of new vaccines (Doc #7). They explained the AVI's management structure, planned introductions of Pneumococcal, Rotavirus, Meningitis A conjugate, and Yellow Fever vaccines. They discussed the potential implementation of HPV, Typhoid, Japanese encephalitis, and Rubella vaccines, highlighting the unprecedented number of country introductions forecast for new vaccines. Further, they reported on building a platform for new vaccine introduction, the role of GAVI and partners in evidence based decision making assisted by monitoring and surveillance, and strengthening introduction. The Pneumo supply situation was summarised as: 'sufficient' in 2011, 'tight' in 2012-13 with close management needed, and 'solid' from 2014. All in all, they noted that the initiative is in good shape, that there is strong demand for new vaccines, and that there is a special focus on 2012 business planning to ensure appropriate emphasis on AVI's activities.

- The Chair confirmed that AVI updates will remain as a standing item on the Board's agenda.
- WHO's participation in the update was welcomed.
- A workplan that lays out the roles and responsibilities of the Secretariat and each partner (at global and local levels) would be helpful. There are various opinions with regard to how quickly GAVI should open new vaccine windows, particularly since its credibility will depend on the successful introduction of Pneumococcal and Rotavirus vaccine.
- There may be examples of best practice to be drawn upon, as demonstrated by the positive experience of HPV introduction in Rwanda and the activities of civil society organisations in many GAVI countries.
- Much of GAVI's advocacy is focused on lives of children saved. However, GAVI's work also reduces childhood morbidity and adult illness. GAVI and implementing partners may wish to consider determining appropriate metrics for measuring impact in these areas and further strengthen and improve



administrative data collection and surveillance systems. They should then include them in advocacy activities.

- Countries are largely responsible for success on the ground. GAVI and implementing partners have a role in facilitating and expanding country capacity and should have an aligned plan in supporting countries. Continued concern was expressed over the potential bottleneck to rapid introduction from lack of country cold chain and logistics systems especially at peripheral levels where there is limited electricity and the cold chain can be fragile.
- The number of vaccine introductions per year averaged four over the first seven years of GAVI's existence. Notably, over the last few years the number has risen to 20, and in 2013 is anticipated to reach 50 per the current strategic demand forecast.
- The AVI management team will update the PPC in September and the Board again in November 2011.

8. Review of cash based programmes

- 8.1 Nina Schwalbe, MD, Policy and Performance; Mercy Ahun; Peter Hansen, Director, Monitoring and Evaluation; and Par Eriksson, Senior Programme Officer, Programme Delivery presented the Programme and Policy Committee's ("PPC") recommendations. These included to continue working with Health Systems Funding Platform ("HSFP") partners to ensure immunisation outcomes are clearly articulated, and to implement bridging finance for programmes transitioning from GAVI's HSS, ISS, and CSO support programmes to the Health Systems Funding Platform (Doc #8).
- 8.2 They noted that focused analytical work is underway to determine reasons for low or declining coverage in some countries. In addition, they reviewed risks inherent with the bridge financing and new platform.

- Paul Fife, Chair of the Task Team for Review of Cash Based Support noted that while the bridging mechanism proposal is not a perfect solution, it is workable and should allow time to sort out particulars of the HSFP, including metrics, coordination, and operational aspects.
- The Board considered whether representatives of civil society should recuse themselves from the discussion given that the recommendations include a request for approval of funds for a bridging mechanism for Type B support to CSOs. However, upon advice of legal counsel, and the recommendation of the Chair, the Board determined that it was not necessary for CSO representatives



to recuse themselves because disbursements to specific organisations were not being considered.

- Civil society noted a concern that the bridge funding would potentially not cover the full period until after the evaluation of the existing CSO support programme. It also noted that the evaluation does not address possibilities for direct support to CSOs. The Board agreed that the possibilities of direct funding for CSOs should be considered concurrently with the evaluation. The Board noted that the PPC intends to consider a paper in early 2012 on longer term support for CSOs.
- There was general support of the PPC recommendations. Developing country Board members remarked that health systems funding has the potential not only to support vaccine-specific goals, but will have corollary benefits as well. Other Board members noted that these programmes are the avenue for "reaching the unreached."
- In summary, the goals of the reform of cash based programmes are to strengthen coordination and integration, and to simplify. This needs to be balanced with accountability and mitigating risk and in this respect metrics are critical. The development of the HSFP should be a joint effort among the partners, potentially with the assistance of external expertise.

Resolution Two

The GAVI Alliance Board:

- **<u>Requested</u>** the Secretariat to continue working with partners to rollout the Health Systems Funding Platform (the "Platform") in a manner which ensures that the immunisation outcomes are clearly articulated in accordance with country demand, including assessing and addressing associated risks;
- <u>**Requested</u>** the Secretariat to develop options for performance incentives for GAVI's cash based support through the Platform in coordination with the design of the Incentives for Routine Immunisation Strengthening (IRIS) pilot;</u>
- <u>**Requested</u>** countries and their partners to carry out an analysis to establish the main reasons why countries have DTP3 coverage rates below 70 percent; why some countries have coverage rates stagnating at low level; and why some countries have seen declines in coverage over time. The aim of this analysis is to inform the design of targeted and enhanced support, including investment options, to this group of countries to improve coverage;</u>
- <u>**Requested</u>** the Secretariat to work with the Programme and Policy Committee (PPC) to develop a mechanism for ongoing technical input from partners on the design and implementation of cash based programmes;</u>
- <u>Endorsed</u> the bridging mechanism for Immunisation Services Support (ISS) set out in Annex 2 to the report to the Board on Cash Based Support, Doc 08;



- <u>**Requested**</u> the Secretariat, concurrently with the evaluation of CSO support in 2011, to review options for direct support to CSOs for service delivery and advocacy and submit to the PPC for its recommendation to the Board. In the meantime, systematically promote CSO engagement through the Platform in those countries due to receive all forms of GAVI support; and
- <u>Endorsed</u> the transitioning arrangements from existing GAVI Health Systems Strengthening (HSS) support to the Platform as set out in Annex 4 to the report to the Board on Cash Based Support, Doc 08.

9. Cash programme risk management

9.1 Cees Klumper, Director of Internal Audit, and Bernardin Assiene, Head of the Transparency and Accountability Policy team ("TAP team") delivered their assessment and recommendations as to cash programme risk management (Doc #9). They reviewed GAVI's approach to preventing, detecting, and responding to misuse of funds, and recommended several improvements. They highlighted the independent validation of their recommendations by Transparency International UK, the inspectors general of USAID and the Global Fund, and KPMG.

- The Board Chair and Audit and Finance Committee Chair both urged the Board to approve the recommendations so that they can be implemented promptly. The latter emphasised his Committee's support and the importance of internal controls and programme monitoring for the success of charitable organisations.
- There was some discussion as to whether the TAP team should be part of the internal audit function and whether the recommendations fitted optimally with other processes. In addition, the Board discussed whether the measures were intended to also address situations of 'non-use' of funds that has been observed in countries, the optimal size of the internal audit function, the cost of implementation, and whether consideration had been given to the role of incountry Inter-Agency Coordinating Committees.



- The Board noted that to implement the recommendations, a modest expansion to the TAP team and to the number of Country Responsible Officers would be required. The latter group is comprised of Secretariat staff who liaise with the countries on the whole portfolio of GAVI support and thus are often in a good position, along with Alliance partners on the ground, to pick up on credible allegations of misuse.
- The Board also received a report on potential misuse in cash based programmes in four countries. It was noted that the Audit and Finance Committee receives regular updates on (potential) funds misuse.

Resolution Three

The GAVI Alliance Board:

- <u>**Requested</u>** the Secretariat to more actively engage Country Responsible Officers ("CROs") in the area of fiduciary risk, including, through more frequent visits to implementing countries;</u>
- <u>Requested</u> the Secretariat to engage in more frequent review and follow up of programme reporting through its CROs and the Transparency and Accountability Policy ("TAP")Team;
- <u>**Requested</u>** the TAP team to be more actively involved in the selection of the cash support programmes' external auditors and in the determination of their Terms of Reference;</u>
- **<u>Requested</u>** the Secretariat to examine the possibility of establishing a central confidential reporting hotline;
- <u>Approved</u> permanently positioning the TAP function within Internal Audit and in consultation with the Audit and Finance Committee update the Internal Auditor Terms of Reference accordingly; and
- <u>**Requested</u>** the Secretariat to implement this resolution with a high degree of priority to avoid unnecessary risks, also considering that implementation will take some time and that total GAVI cash support is increasing.</u>

10. Chair's overview for 8 July 2011

10.1 The Chair provided some comments stemming from the first day of Board meetings, and in particular, the prior evening's dinner where Helen Evans was recognised for her service as interim CEO, as she will return to the post of Deputy CEO when Seth Berkley becomes CEO in early August. In addition, the Chair provided some context for the second day of the meeting.



11. Country report – Sri Lanka

11.1 Lalith Dissanayaka, Deputy Minister of Health of Sri Lanka and Sudath Peiris, an epidemiologist with the Sri Lankan Ministry of Health delivered a report on their country's national immunisation programme, and particularly Sri Lanka's experience as a graduating country. They discussed key metrics and important landmarks in the programme, rates of vaccine-preventable disease, and resource requirements. They also explained health system needs and human resource development.

Discussion

• There may be important lessons learnt for safety, surveillance, and sustainability given Sri Lanka's experience. These should be considered in the context of assisting graduating countries.

12. Business and administrative decisions

Governance Committee recommendations

12.1 Debbie Adams, MD, Law and Governance presented several recommendations of the Governance Committee. First, she went through the Governance Committee's nominations for Board and committee seats (Doc #12a and #12a additional nominations). She also reviewed the revised Delegation of Authority Policy (Doc #12c), designed to include the Deputy CEO in the list of direct delegations from the Board and to align the standing delegations with the current practice of the Secretariat. It also allows the CEO to approve internal corporate policies.

Discussion

- The Chair announced that he had invited Jaime Sepulveda, the Vice Chair, to continue as Vice Chair until the end of his term, even though Dr Sepulveda would be leaving the Gates Foundation in September 2011. The Vice Chair had agreed to the proposal and the Board noted the invitation and acceptance.
- The Chair noted that should the Board approve all of the nominations, the Board would come into compliance with the gender balance guidelines in terms of its alternate Board membership. There is progress, but work still to be done, in the primary seats.

Resolution Four

The GAVI Alliance Board:

• (Re)appointed the following members of the GAVI Alliance Board:

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- **Amie Batson** as Board member representing donor governments USA, Canada, Australia, Japan and Korea until 31 December 2013;
- **Ronald Brus** as Board member representing the industrialised country vaccine industry effective immediately and until 31 July 2014;
- **Mahima Datla** as Board member representing the developing country vaccine industry effective immediately and until 31 July 2014;
- Alan Hinman as Board member representing civil society effective immediately and until 31 July 2013;
- **Geeta Rao Gupta** as Board member representing UNICEF effective immediately until her successor is appointed and qualified;
- **José Luis Solano** as Board member representing donor governments Spain and Italy effective immediately and until 31 December 2011;
- Joan Awunyo-Akaba as Alternate Board Member to Alan Hinman representing civil society organisations effective immediately and until 31 July 2013.
- Jenny Da Rin as Alternate Board member representing donor Governments USA, Canada, Australia, Japan and Korea effective immediately and until 31 December 2013;
- Fatchou Gakaitangou as Alternate Board Member representing developing country governments effective immediately and until 31 July 2012;
- Nila Heredia Miranda as Alternate Board Member representing developing country governments effective immediately and until 31 December 2012.
- Suresh Jadhav as Alternate Board Member representing the developing country vaccine industry effective immediately and until 31 July 2012; and
- **Olga Popova** as Alternate Board Member representing the industrialised country vaccine industry effective immediately and until 31 July 2014.

Resolution Five

The GAVI Alliance Board:

- **<u>Appointed</u>** the following members to the GAVI Alliance Executive Committee:
 - **Cristian Baeza** in the seat currently occupied by Armin Fidler effective immediately and until 31 July 2014;



- **Ronald Brus** in the seat currently occupied by Suresh Jadhav effective immediately and until 31 December 2012; and
- **Geeta Rao Gupta** in the seat currently occupied by Saad Houry effective immediately and until 31 December 2011.

Resolution Six

The GAVI Alliance Board:

- <u>Appointed</u> the following members to the GAVI Alliance Audit and Finance Committee until the committees are refreshed for the 2012 year:
 - **Micheline Gilbert** as Committee Delegate of donor governments USA, Canada, Australia, Japan, and Korea effective immediately; and
 - **Derek Strocher** as Committee Delegate of the World Bank effective immediately.

Resolution Seven

The GAVI Alliance Board:

- <u>Appointed</u> the following members to the GAVI Alliance Governance Committee until the committees are refreshed for the 2012 year:
 - Olga Popova as a member in the seat currently occupied by Sian Clayden effective immediately; and
 - José Luis Solano as a member effective immediately.

Resolution Eight

The GAVI Alliance Board:

- <u>Appointed</u> the following members to the GAVI Alliance Programme and Policy Committee until the committees are refreshed for the 2012 year:
 - Klaus Stohr as a Committee Delegate of the industrialised country vaccine industry in the seat currently occupied by Olga Popova effective immediately; and
 - **Suresh Jadhav** as a member of the developing country vaccine industry effective immediately.



Resolution Nine

The GAVI Alliance Board:

- <u>Appointed</u> Mira Johri, Rob Moodie and Stanley Foster as independent members of the Evaluation Advisory Committee effective immediately and until 31 July 2014;
- <u>Decided</u> that the terms of all existing members of the Evaluation Advisory Committee would expire three years after the date of their original appointment; and
- <u>Appointed</u> Sania Nishtar as Chair of the Evaluation Advisory Committee effective 23 September 2011 and until the committees are refreshed for the 2012 year.

Resolution Ten

The GAVI Alliance Board:

• <u>Approved</u> the GAVI Alliance Delegation of Authority Policy attached as Annex 1 to the report on the Revision to the Delegation of Authority Policy, Doc #12c replacing the Delegation of Authority Policy the Board had approved in June 2009.

Audit and Finance Committee recommendation

12.2 Barry Greene presented a recommendation from the Audit and Finance Committee to approve a revised Programme Funding Policy (Doc #12d). The revised policy combines prior Board decisions on the cash reserve requirement and the minimum available resources that are required for the approval and endorsement of new programmes.

Resolution Eleven

The GAVI Alliance Board:

 <u>Approved</u> the revised GAVI Alliance Programme Funding Policy attached as Appendix A to the report on the Revision to the Programme Funding Policy, Doc #12d.

13. Committee chair reports

13.1 The Chair invited each of the committee chairs to deliver reports on committee activity since the Kigali Board meeting on 30 November-1 December 2010.



Executive Committee

13.2 Jaime Sepulveda delivered the report of the Executive Committee. He reported that the Committee had met twice since the Kigali Board meeting to look at time-critical issues requiring decisions or guidance on behalf of the Board. At those meetings, the Executive Committee reviewed resource mobilisation plans and the financial forecast, GAVI's pilot programme for receiving bilateral aid donations, and a programme funding plan implementing the recommendations of the Monitoring Independent Review Committee ("IRC"). He also noted that the Committee reviewed compressing the programme approvals process. Though this round of approvals could not be condensed, the Committee requested an end-to-end review of the process in order to streamline what appeared to be a cumbersome exercise.

Discussion

• The Board's strong preference is to receive multilateral, unearmarked donations, but noted the Committee's decision to support a small pilot programme which involved accepting bilateral funding for GAVI programmes. GAVI has to be careful that bilateral funding does not undermine its business model and should evaluate transaction costs for all stakeholders.

Governance Committee

13.3 Dagfinn Høybråten delivered the report of the Governance Committee. He reported that the Committee had met three times since the Kigali Board meeting. The Committee had recommended Seth Berkley as CEO, made a number of recommendations for Board and committee membership, and endorsed the Secretariat's intention to compensate the independent experts on the Evaluation Advisory Committee in the same way IRC members are compensated. He stated that he would begin to recruit volunteers from the Board to sit on the Evaluation Advisory Committee. Finally, he noted that the Governance Committee considered changes to the committee leadership structure; this will be taken to the Board for consideration in November 2011.

Discussion

- José Luis Solano noted that his appointment would be limited to the current year and that the Spain/Italy constituency was actively searching for a female candidate to serve on the Board.
- George W. Wellde, Jr, Chair of the Recruitment Subcommittee, updated the Board on the search for Unaffiliated Board Members, which is progressing.

Programme and Policy Committee

13.4 Gustavo Gonzalez-Canali delivered the report of the Programme and Policy Committee. He reported that the Committee had met twice since the Kigali



Board meeting. In addition, he reported the activities and progress of five task teams that report into the PPC – the Cash Based Support Task Team, Vaccine Supply and Procurement Task Team, Partner Support Task Team, Large Countries Task Team, and IRIS Task Team. The Committee continued to deliberate on a vaccine supply and procurement strategy and expected to table a recommendation to the Board in time for the November 2011 meeting. Also, the PPC had made recommendations on cash-based programmes; the prioritisation mechanism for Meningitis A, Yellow Fever, and Measles vaccines; and applications guidelines and implementation strategies for HPV, Japanese Encephalitis, Typhoid, and Rubella vaccines. The Committee also reviewed Alliance partner support and continued to receive updates on country programmes and the Accelerated Vaccine Introduction initiative. It also looked at the implications of suspending for one application round the 70% DTP filter. Finally, he highlighted the hard work of the Secretariat.

Discussion

 Guillermo González outlined the proposal that the countries he represents made to the PPC with regard to their concern that the Co-Financing Policy is too aggressive. The PPC Chair noted that his Committee intends to consider this matter and report back to the Board if necessary.

Audit and Finance Committee

13.5 Wayne Berson delivered the report of the Audit and Finance Committee. He reported that the Committee had met twice since the Kigali Board meeting. The Committee had reviewed the external audit strategy and audit calendar, accounting policies, long term financial forecasts, and programme funding plans. He also outlined the Committee's review of a potential backstop facility. It also received internal audit reports and risk management updates. The Board received a status report on the progress of the audit of the GAVI Alliance's financials for 2010, spending on the 2009-2010 business plan budget, and the construction of the 2012 business plan budget.

Investment Committee – General report

13.6 George W. Wellde, Jr delivered the report of the Investment Committee. He reported that the Committee had met three times since the Kigali Board meeting. Further, he made some comments on the global economy and market conditions, noting that as G7 countries are becoming increasingly cash poor, developing countries are increasingly cash rich, and becoming creditors. As such, the latter group will be the future source of attractive investment opportunities in the general economy. Next, he reviewed the performance of GAVI's investment portfolio.



Investment Committee – Cash and Short-Term Investment Policy

13.7 George Wellde and Barry Greene presented the revised Cash and Short-Term Investments Policy (Doc #12e). The proposed policy expands the investment options and guidelines to include short-term investments for cash pools. Some amendments to the proposed policy were tabled the evening prior to the meeting. The Investment Committee met briefly on 8 July 2011 to review these changes, and recommended the policy with the final changes to the Board. In the future however, Board members were asked to propose changes much earlier than the evening before to allow more deliberate Committee review.

Resolution Twelve

The GAVI Alliance Board:

• <u>Approved</u> the GAVI Alliance Cash and Short-Term Investments Policy as revised and recommended by the Investment Committee on 8 July 2011 (as attached to Doc 12e, revision 8 July 2011).

Evaluation Advisory Committee

13.8 Bernhard Schwartländer delivered the report of the Evaluation Advisory Committee. He reported that the Committee had met once since the Kigali Board meeting, and had held a second call involving a subset of Committee members. The Committee had discussed the presentation of the second GAVI evaluation, which was delivered at the Board retreat in Oslo on 13 April 2011. In addition, it had received updates from the Secretariat on monitoring and evaluation activities, potential revisions to the Evaluation Policy, full country evaluations, the AVI platform, and GAVI support for civil society organisations. Committee members had also provided input on the request for proposals for a consultant to deliver the full country evaluations.

14. Performance and risk management

14.1 Helen Evans delivered the first report on the performance management process that was put in place at the beginning of 2011 for tracking the implementation of the GAVI Alliance Strategy 2011-2015 (Doc #14). She described the quarterly reporting process and management review conducted at the end of the first quarter of 2011. She noted that all quarterly reports are available to the Board on the myGAVI internal website.

Discussion

• There are good working relationships between the senior managements of the Secretariat, UNICEF, and WHO in reporting and discussing progress and challenges against deliverables. Flavia Bustreo from WHO felt that frank



conversations allow for performance improvements, which benefited the Alliance.

- There was some discussion about the role and responsibilities of the Secretariat. Recognising there is some divergence of views amongst some Board members, the Chair reminded the Board that the Secretariat is not a partner but has a different function which under the By-Laws includes implementation of strategy, facilitating, convening, and coordination of stakeholders on the Board's behalf.
- The Chair also reiterated that while as an Alliance, partners should engage each other in good faith and full partnership, where there are supplier relationships, contracts will be necessary in order that conflicts can be identified and accountabilities made explicit. The Ethics Policy (under development) will also help with clarification of roles.
- The Board briefly discussed countries currently in default on their co-financing responsibilities. Though five countries defaulted this year, three have already paid their outstanding obligations and the Secretariat is working with the other two countries to develop payment plans.
- The Board also discussed the reputational risk posed by two civil society organisations that are unhappy that the vaccine industry occupies two seats on the Board. Faruque Ahmed noted that the position of those organisations was not indicative of the general feeling from the CSO constituency.

15. Annual internal audit report

15.1 Cees Klumper, Director of Internal Audit delivered his annual report to the Board (Doc #15). He reported that the internal audit function had settled in well within the Secretariat and that his recommendations are generally followed up with sufficient priority by the Secretariat Executive team. He noted that the dual reporting line to the Board and CEO continued to work well and that the function was sufficiently staffed, subject to his recommendations in relation to the TAP team. He reported key areas of review, his future workplan, and noted that he was in regular contact with the Chair of the Audit and Finance Committee and with his counterparts at partner and other relevant organisations.

Discussion

The Board agreed that GAVI should disclose information about specific audits
of its activities though some members urged caution that full, unfettered
disclosure might increase certain risks and inhibit candour. As such, the Board
requested Cees Klumper to develop a methodology, with the legal team, for
disclosure of internal audit assessments and investigation reports that balances
transparency and good communications with the concern that disclosing



absolutely everything might increase risks and ironically inhibit openness at Board level.

• Board members took note of the Audit and Finance Committee's intention to review a report from Cees Klumper on vaccine programme risk management. This had been highlighted as a good step after the conclusion of the cash programme risk management review.

After reviewing the resolution language and determining there was no further business, the meeting was brought to a close.

Ms Debbie Adams Secretary to the Board

Board Members

- Dagfinn Høybråten, Chair
- Jaime Sepulveda, Vice Chair
- Faruque Ahmed
- Cristian Baeza
- Amie Batson
- Wayne Berson
- Dwight Bush
- Flavia Bustreo
- Paul Fife
- Ashutosh Garg
- Leone Gianturco (Alternate)
- Gustavo Gonzalez-Canali
- Guillermo González González
- Magid Al-Gunaid (Alternate)
- Trinh Quan Huan
- Suresh Jadhav
- Anders Nordström
- Anne Schuchat
- Richard Sezibera
- Pascal Villeneuve (Alternate)
- George W. Wellde Jr.
- Helen Evans (non-voting)

Participants

Regrets

Jean Stéphenne

Alternates Observing

- Agnès Binagwaho
- Mahima Datla
- Nguyen Tran Hien
- Alan Hinman
- Jean-Marie Okwo-Bele
- Abigail Robinson
- Rajeev Venkayya*
- Annie Vestjens

Nominees Observing or Participating

- Joan Awunyo-Akaba (Alternate)
- Jenny Da Rin (Alternate)
- Fatchou Gakaîtangou (Alternate)
- Geeta Rao Gupta
- Olga Popova (Alternate)
- José Luis Solano

CEO designate

Seth Berkley

* Served as the eligible organisation's voting member per Section 2.6.5 of the By-Laws

Additional Attendees

WORLD HEALTH ORGANIZATION

- Socorro Gross-Galiano, Assistant Director, Pan American Health Organisation / World Health Organisation, USA
- Lidija Kamara, Programme and Partnership Manager, Family, Women and Children's Health
- Carsten Mantel, Medical Officer, Expanded Programme on Immunization (EPI), Immunization, Vaccines and Biologicals (IVB)

UNICEF

- Shanelle Hall, Director, UNICEF Supply Division
- Meredith Shirey, Contracts Manager, Vaccine Center, UNICEF Supply Division
- Jonathan Cauldwell, Senior Advisor, Public Sector Alliances and Resource Mobilisation Office (PARMO)
- Dragoslav Popovic, Senior Health Advisor, Immunization Systems

THE WORLD BANK

Susan McAdams, Director, Multilateral Trusteeship and Innovative Financing Department

BILL & MELINDA GATES FOUNDATION

- Rob Lin, Deputy Director, Global Health, FP&A
- Steve Landry, Deputy Director
- Nicole Bates, Senior Program Officer
- Violaine Mitchell, Senior Program Officer
- Greg Widmyer, Senior Program Officer

AUSTRALIA

- Catherine Hesse-Swain, Global Health Policy Officer, AusAID
- Tim Poletti, AusAID Health Adviser, Australian Permanent Mission
- Shireen Sandhu, Counsellor, Australian Permanent Mission

CANADA

- Micheline Gilbert, Senior Analyst, Global Initiatives Division, Multilateral and Global Programs Branch, Canadian International Development Agency (CIDA)
- Pierre Blais, Counsellor, Permanent Mission of Canada in Geneva

EUROPEAN COMMISSION

• Eric Sattin, Health Policy Officer, Human Development, Social Cohesion and Employment, EuropeAid Development and Cooperation Directorate

FRANCE

• Hélène Barroy, Health policy adviser, French Ministry of Foreign and European Affairs

GERMANY

- Rafael Teck, Federal Ministry for Economic Cooperation and Development (BMZ), Division 315, Health, Population Policy
- Dirk Gehl, Advisor, Federal Ministry for Economic Cooperation and Development (BMZ), Division 315, Health, Population Policy

ITALY

Basilio Toth, Head of Bureau – General Directorate for Global Issues, Ministry of Foreign Affairs

JAPAN

- Takeshi Ito, Senior Coordinator, Global Issues Cooperation Division, International Cooperation Bureau, Ministry of Foreign Affairs
- Yuji Otake, First Secretary, Permanent mission of Japan, Geneva

KOREA (REP. OF)

- Dong Jo Kim, First Secretary, Permanent mission of the Republic of Korea in Geneva
- So Rie Lee, Third Secretary, Ministry of Foreign Affairs and Trade
- Young-Kyu Park, Counsellor, Permanent mission of the Republic of Korea in Geneva

NETHERLANDS

• Henriëtte van Gulik, First Secretary, Permanent Mission of the Netherlands in Geneva

NORWAY

- Tom Hunstad, Senior Adviser for Global Development, Ministry of Foreign Affairs
- Lene Lothe, Senior Adviser, Department for Global Health, Education and Research, Global Health Section, Norwegian Agency for Development Cooperation (Norad)

SPAIN

• Miguel Casado Gómez, Health Adviser, D.G. Planning and Evaluation, Ministry of Foreign Affairs

SWEDEN¹

UNITED KINGDOM

- Abigail Robinson, GAVI Programme and Policy Manager, Global Funds and Financial Institutions Department, Department for International Development (DFID)
- Simon Bland, Head of Global Finds Department, DFID
- Sally Waples, Policy and Programme Manager, Innovative Financing and GAVI Global Funds Department, DFID
- Samrita Sidhu, Economic Adviser, DFID
- James Droop, Senior Policy Adviser, DFID

¹ Represented by Anders Nordström, Board member

UNITED STATES OF AMERICA

• Susan McKinney, Senior Technical Advisor for Immunization, USAID

CIVIL SOCIETY ORGANISATIONS

- Sharmin Akhter Zahan, M&E Specialist, Advisor to Dr. Ahmed, BRAC
- Kate Elder, Senior Health Officer, International Federation Red Cross (IFRC), Geneva
- Amy Dietterich, GAVI Civil Society Organisation Constituency focal point, IFRC, Geneva
- Marco Gomes, Policy Advisor Health and HIV, Centre for Health Policy and Innovation, South Africa
- Adenike Grange, Past President, International Paediatric Association, Nigeria

VACCINE INDUSTRY- DEVELOPING COUNTRY²

VACCINE INDUSTRY- INDUSTRIALISED COUNTRY

- Lynn Bodarky, Senior Director, Pfizer, USA
- Jacqueline Keith, Vice President, International trade and Health Affairs, Pfizer, USA
- Isabelle Deschamps, Director, Global Immunisation Policy, Sanofi Pasteur, France
- Kathleen Vandendael-Baudrihaye, Director, International Relations, Global Vaccine Policy & Public Health Partnerships
- Joan O. Benson, Executive Director, International Organizations, Medical Affairs and Policy, Merck
- Stefano Malvolti, Global Policy Director, Novartis Vaccines and Diagnostics

RESEARCH AND TECHNICAL HEALTH INSTITUTES

• Philippe Stoeckel, Chair, Agence de Médecine Préventive (AMP), France

OTHER OBSERVERS

- The Infanta Cristina of Spain, Director of International Programmes, La Caixa Foundation, Spain
- Ariadna Bardolet Urgelles, Deputy Director of International Programmes, La Caixa Foundation, Spain
- Lalith Dissanayake, Deputy Minister of Health, Sri Lanka
- Sudath Peiris, Epidemiologist, Epidemiological Unit, Ministry of Health, Sri Lanka
- Dayanath Jayasuriya, IFFIm Board Member
- André Prost, GAVI Fund Affiliate Board Member
- John Wecker, Director of Vaccine Access Delivery, PATH, France
- Bernard Schwartländer, Director, Evidence, Strategy and Results, UNAIDS and Chair, Evaluation Advisory Committee
- Helen Rees, Executive Director, Wits Reproductive Health and HIV Institute (WRHI), South Africa
- Sandii Lwin, Manager, Bilateral and Multilateral, The Global Fund
- Christopher Egerton-Warburton, Innovative Finance Consultant, Lion's Head Global Partners
- Aksel Jakobsen, Special Adviser to the GAVI Board Chair
- Loay Al-Aswadi, Special Adviser to the Minister of Health, Yemen
- Laura Nereyda Quintana Bermudez, Special Adviser to Dr. González

INTERPRETERS

- Sofia Varela Hall
- Marta Lumbreras
- Frances Tow

SECRETARIAT

- Debbie Adams, Managing Director, Law and Governance; Secretary to the Board
- Geoff Adlide, Director, Advocacy and Public Policy, External Relations
- Mercy Ahun, Managing Director, Programme Delivery
- Bernadin Assiene, Head of the Transparency & Accountability Policy Team
- Adrien de Chaisemartin, Head of Performance Management, Policy and Performance
- Santiago Cornejo, Senior Programme Manager, Country Finance, Programme Delivery
- Tony Dutson, Senior Director and Chief Accounting Officer, Finance and Operations

² Represented by Suresh Jadhav, Board member

- Par Eriksson, Senior Programme Officer, Programme Delivery
- David Ferreira, Managing Director, Innovative Finance and Head of the Washington D.C. Office
- Johanna Fihman, Programme Manager, AVI, Policy and Performance
- Barry Greene, Managing Director, Finance and Operations; Treasurer
- Jean Gruener, Senior Administrative Assistant, Governance
- Peter Hansen, Director, Monitoring and Evaluation, Policy and Performance
- Louise Imbsen, Executive Assistant, Law and Governance
- Kevin A. Klock, Head of Governance and Assistant Secretary
- Cees Klumper, Director of Internal Audit
- Ranjana Kumar, Senior Specialist, Programme Delivery
- Doreen Mackay, Executive Assistant to the CEO
- Juan Martin, Manager, IT
- Meegan Murray-Lopez, Executive Officer
- Aurélia Nguyen, Director, Policy, Policy and Performance
- Alex Palacios, Special Representative to the U.S., External Relations
- Jon Pearman, Director, AVI, Policy and Performance
- Richard Poe, Senior Administrative Assistant, Policy and Performance
- Corina Roberts, Executive Office Manager
- Jeffrey Rowland, Director, Media and Communication, External Relations
- Marie-Ange Saraka-Yao, Director, Programme Funding, External Relations
- Nina Schwalbe, Managing Director, Policy and Performance
- Paolo Sison, Director, Innovative Finance
- Alexandra Laheurte Sloyka, Administrative Assistant, Governance
- Eelco Szabo, Director, Legal, Law and Governance
- Joelle Tanguy, Managing Director, External Relations
- Alexandre Tanner, Manager, IT
- Daniel Thornton, Senior Adviser to the CEO