

# **GAVI Alliance Programme and Policy Committee Meeting 17-18 February 2010 Geneva, Switzerland**

## **Final Minutes**

The meeting commenced<sup>1</sup> at 09.09 Geneva time on 17 February 2010. The PPC will continue in its present form until the Governance Committee convenes in March, at which time the membership, including the Chair, will be reconstituted and a new chair appointed. The Chair summarised the key issues from the November board meeting and noted those issues requiring follow up by the PPC.

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### **DECISION**

**The GAVI Alliance Programme and Policy Committee:**

Approved the minutes of its meetings on:

- 2 February 2009
- 17 February 2009
- 15-16 April 2009
- 4 June 2009
- 1-2 October 2009

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## **1 Update from the Secretariat**

Nina Schwalbe, Managing Director, Policy and Performance provided a summary of key activities completed since the prior meeting and priorities and plans for 2010 including the AMC, Board-level committee meetings, upcoming events and ongoing evaluations.

Discussion followed:

- The difference between the PPC and Secretariat Task teams was discussed. For Secretariat task teams, the Secretariat defines the membership and the terms of reference. A PPC task team requires PPC approval of membership and TORs. A request was made for developing country representation on all task teams.
- Industry raised a question on the impact of the eligibility and graduation on the AMC. It was noted that a meeting was being planned to discuss this with the AMC donors. A comment was made that it is becoming more difficult to differentiate the subset of AMC donors from the broader community of GAVI donors. The Secretariat was asked to share any AMC materials with all donors rather than just the AMC donors.
- The Secretariat clarified that the approved investment cases for Yellow Fever from 2009-2010 is US\$ 44.8 million, for the Meningitis stockpile from 2009-2013 is \$55.1 million and for the Meningitis A preventative (2009-2010) is \$29.5 million. Any further decisions regarding potential financing for these two vaccines will be determined as part of the prioritisation process.

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<sup>1</sup> Attendees are listed in Attachment A.

- The Secretariat will ensure that the CEO's monthly updates come to the PPC members directly.
- It was noted that the recent announcement from the Gates Foundation of \$10 billion in support of vaccination over the next decade was not earmarked for GAVI.

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## 2 Strategy Development

Helen Evans, Deputy CEO delivered a report on the development of the GAVI Alliance Strategy 2011-2015 (Doc #1), updating the Committee on progress made thus far, and seeking PPC advice on revisions regarding the mission strategic goals, and the following questions:

- To what extent are the Key Performance Indicators (KPIs) appropriate and relevant?
- What might be appropriate targets related to the KPIs?
- What might be objectives for each strategic goal?

Discussion and interventions by PPC members followed:

### Mission and Strategic Goals

- Whilst it has generally been accepted by the Board that the mission statement does not need revision, it was noted that much of GAVI's impact cannot be illustrated if we focus on children's lives saved since GAVI vaccines also save adult lives. The consensus was that GAVI should generate separate data for children's and adult lives saved with specific and attributable data.
- The question was raised as to whether the strategy should refer to the core business of the GAVI Alliance, or that of the Alliance and the members that make up the Alliance-who may have differences in their core businesses.
  - The issue of relationships with partners were well captured in the GAVI Phase 1 report and the pending context paper should refer to this discussion.
  - Additionally, the relationships of partners in contributing to the GAVI mission and goals must be clearly articulated. The strategy should seek to formulate responsibility and accountability between Alliance members.
- The question of defining countries as "poor" or "low income" was raised. It was decided that it was better to define target countries as "poor" in the mission statement since there are many recognised definitions for "low income".
- The distinction between "access to" and "utilisation of" vaccines was discussed. The PPC concluded that access included the concept of utilisation and that the strategy context paper could elaborate on this further.
- It was noted that while the joint platform for health systems expands GAVI's impact, GAVI's priority is vaccination, and the platform must be structured to also strengthen the vaccination system.
- It was furthermore stated the strategic goal related to HSS should be continued – possibly with a reference to results. Different opinions were voiced on the purpose of GAVI's engagement in HSS.
- In terms of market shaping, industry put forward that the concept of "affordability" should be re-examined. Many vaccines will be developed specifically to meet the needs of developing countries. This process includes R&D investment and supply security issues which are not always considered when defining "affordability".

### Operating principles

- Several suggestions were made to the operating principles in an attempt to ensure that there was internal consistency. The Italy/Spain constituency proposed several suggested amendments that were circulated for discussion.
- There was debate on whether equity should be included and consensus on the need to address how the partner organisations within the Alliance will work together.

#### Key Performance Indicators (KPIs)

- Using Disability Adjusted Life Years (DALYs) as an indicator for the GAVI mission may be problematic due to its dependence on several variables. Although it was recognised that a more precise indicator would be preferred, the PPC agreed that alternate indicators are difficult to find.
- The Committee stressed that GAVI investments should be measured against appropriate criteria and that specific programmes and components should be measured such as the efficacy of GAVI's HSS programme. Further, GAVI should develop specific KPIs to measure CSO participation and support to HSS, and should explore feasibility of gathering gender disaggregated targets and using indicators focused on quality of services
- It was noted that the role of vaccine security and GAVI's role in market shaping was lost in the strategic goals and KPIs, and needs to be included. Further indices that focus on programme management component and quality and should be included.
- GAVI should also consider specific goals and targets for each year of the 5 year strategy. These targets could then become the basis for the broader GAVI business plan to set fiscal priorities.
- The Committee members committed to send the Secretariat detailed written comments and to think further about GAVI's objectives and KPIs.

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### **3 Plan to review Prioritisation Framework**

Gian Gandhi, Head of Policy Development, presented the prioritisation framework (doc #2). This presentation sets out and seeks endorsement of the proposed objectives, scope, main tasks, oversight, approach and timelines for the creation of a mechanism to prioritise among GAVI expenditures and allocate potentially limited resources. Discussion followed:

- Concern was noted that overall prioritisation approach proposed (which focuses on vaccines and IRC-recommended country proposals)
  - made no mention of prioritisation to other (cash-based) windows, including HSS. While it is acknowledged that vaccines are 85% of costs prioritisation is necessary across the entire GAVI investment (including the cash-based programmes).
  - must work within a clearly defined time frame.
  - The Alliance must communicate that prioritisation is important and not a "bad" thing. In fact as stewards of resources, it is important for the Alliance to signal that it will responsibly prioritise the available resources regardless of the size of the envelope.
- In terms of prioritising vaccines, it was argued that these decisions may ultimately be based on political considerations as opposed to being based on evidence of cost-effectiveness, mortality reductions etc.
- In terms of prioritising country proposals, several suggestions were made including:

- An approach that focuses mainly on country proposals will make the application process more uncertain for implementing countries and vaccine manufacturers alike.
- Predictability of demand will be most important from the manufacturer standpoint.
- The use of GNI per capita in country proposals prioritisation may be confusing given its use in GAVI's eligibility policy, however, it was argued that it may still be a relevant way to prioritise between eligible countries.
- Country proposal prioritisation should explore allowing for some elements of a proposal to be approved for funding even as other aspects are not.
- Clear communication at the country level is going to be critical given that proposal prioritisation may increase the perceived complexity of the process. To this end, it was noted that GAVI should aim to keep the approach as simple as possible while balancing other considerations
- The Committee came to consensus on the following elements of the prioritisation strategy:
  - To deliver in a timely fashion, Task Team members must make this a priority in terms of attending meetings and reviewing material for the planned meetings
  - While political decisions will be extremely important, such decisions must be made in light of and guided by evidence from the analyses proposed in the approach and main tasks
  - While strengthening the IRC process is important and should be referenced, these efforts should be separate from the prioritisation of IRC-recommended proposals

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## DECISIONS

### The GAVI Programme and Policy Committee:

- 3.1 Endorsed the proposed objectives, scope, approaches and tasks, timelines, and oversight of activities to develop a prioritisation mechanism with the following amendments:
- The Committee recommended that the scope be extended to explore prioritisation by window of GAVI support, and prioritisation of vaccine versus cash-based proposals. The approaches section should be revised to reflect Revisions will be reviewed by the PPC chair, together with the chair of the task team.
  - The PPC further recommended that the document reflects that the purpose of prioritisation is to be responsible stewards of available resources regardless of the size of the envelope.
  - The Committee recommended that the task team that oversees the analytical activities include two representatives from developing countries.
- 3.2 Endorsed the appointment of a time-limited prioritisation task team.
- The Committee endorsed that PPC member Rama Lakshminarayanan serves as Chair of the 7-8 person task team.
  - Committee members agreed to provide CVs for potential members of task team by Friday 19 February.
- 3.3 Recommended a teleconference to further discuss prioritisation prior to the May 2010 PPC meeting

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## 4 Plan to review Co-Financing Policy

Santiago Cornejo, Senior Programme Manager, Programme Delivery provided an overview of the history of GAVI's current co-financing policy and a brief summary of the experience to date (Doc#3). The PPC was asked to endorse the proposed objectives, scope, main tasks, oversight, and timelines for the revision of the co-financing policy and to appoint a chairperson and recommend members for a time-limited task team. Discussion followed:

- The consensus within the Committee was that the co-financing policy revision should be linked with the broader strategy development process.
- The Committee had several questions about the policy objectives including how the original policy objectives of financial sustainability and country ownership has evolved and to what extent was buy-in achieved with the initial co-financing policy? They suggested this perspective be included in the review.
- In support of financial sustainability the incentives for countries to voluntarily co-finance, or co-finance at higher than required levels should be addressed.
- The PPC emphasised the need to link the co-financing revision with a project to explore prices for graduating countries.
- The question was raised as to whether a committee additional to the Immunisation Financing and Sustainability task team was needed. The Secretariat clarified that this group had a different mandate. However some members of the IF&S task team will be appointed to this new co-financing policy task team
- The Chair of the task team is still TBD. CSO participation in this group was requested and the issue of conflict of interest from industry representatives was addressed. Committee members will pass on possible names to the Chair by 19 February.
- Co-financing will be added to the agenda of the May 2010 meeting of the PPC

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### DECISION

#### The GAVI Alliance Programme and Policy Committee:

- 4.1 Endorsed the proposed objectives, scope, main tasks, timelines, and oversight for the policy revision
- 4.2 Endorsed the appointment of a time-limited task team.
  - Committee members agreed to provide CVs of potential candidates for the task team by Friday 19 February, including recommendations for a proposed chair.

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## 5 Plan to review GAVI Alliance Supply Strategy

Gian Gandhi presented this review and update of the Supply Strategy (Doc#4). GAVI's supply strategy was developed in 2005 for HepB/Hib-containing vaccines. Since then, there have been several changes in GAVI's portfolio, the supply landscape and procurement processes. GAVI is updating its supply strategy for 2011-2015 and the PPC was presented with a proposal for moving this work forward. Discussion followed:

- GAVI should understand and address the incentives of each of the actors in the supply chain in the new strategy. For example, UNICEF Supply Division, as GAVI's main procurement agency is keen to be involved in the development of this strategy. Specific comments from the UNICEF will be forwarded to the Secretariat in writing. Also it was suggested that the supply strategy task team should include vaccine quality and safety experts to lessen the reputational risk of providing low quality vaccine to GAVI countries. In addition, vaccine industry representatives should be asked to provide their expertise

during the interview phase of strategy development but should not be involved as members of the task team.

- GAVI's potential consultation with countries about "their willingness to delay vaccine introduction until multiple manufacturers exists" was extensively discussed. It was noted that delaying introduction would be unpopular with countries and with industry and may be contrary to the process leading to healthy markets.
- It was suggested that the supply strategy revision should assess the efficiency and transparency of GAVI's current procurement processes including the functioning of the Procurement Reference Groups (PRGs).
- In addition to defining product-specific strategies, the supply strategy revision should assess strategies based on the maturity of vaccine markets.
- The conflicts of interest between various Alliance partners in the articulation of the strategy should be acknowledged and managed to ensure that complicated procurement arrangements are as transparent as possible. The PPC requested that the Secretariat report back to the PPC after completion of the project on how conflicts of interest were handled throughout the process.

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## DECISION

### The GAVI Alliance Programme and Policy Committee:

- 5.1 Endorsed the proposed objectives, scope, main tasks, budget and timelines for the revision of the supply strategy but with the following amendment:
- The Committee requested the Secretariat to rethink timelines and consider perhaps spacing the work to balance other priorities.
  - The Committee requested that the scope explicitly include the exploration of a second AMC as part of the work on procurement mechanisms that could be applied in the longer-term to achieve procurement objectives.
- 5.2 Endorsed the appointment of a time-limited task team with the following stipulations:
- The Committee appointed PPC member Susan McKinney as Chair of an 8-9 person task team.
  - TOR is agreed by the PPC and task team chairs and is circulated to the PPC members for comments if any.
  - Committee members agreed to provide CVs of potential candidates for the task team by Friday 19 February. The PPC chair together with the Task Team chair will approve the revised TOR and committee members.

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## 6 Country programme update and IRC recommendations

Mercy Ahun, Managing Director for Programme Delivery presented a summary of the outcomes of the IRC Monitoring and IRC Proposals meetings in September and October 2009 respectively (Doc #5). She also provided the GAVI management responses to the IRC recommendations (Annex 2 and 4). Of note, most IRC recommendations are operational issues that do not need to be sent to the Board. Discussion followed:

- GAVI must focus on strengthening learning and capacity development at country level; using data to improve quality and facilitate commitment among partners to understand what works, what is cost effective and how recommendations can be operationalised.
- Feedback from countries is that not knowing the outcome of the 2009 IRC proposal review of their applications means it is difficult for them to make the appropriate plans,

potentially fuelling uncertainty of future support. Clear guidance and communication on this issue are needed on how to address this.

- Industry expressed concern with respect to the "pause" and its potential impact on reliability and predictability of GAVI markets.
- It was suggested that the PPC should work with the Secretariat to ensure that the IRC policy recommendations are addressed.

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## DECISION

### The GAVI Alliance Programme and Policy Committee:

- 6.1 Requested that the Secretariat explore further the format of providing up-dates and specifies clear performance indicators.
- 6.2 Requested that Secretariat formally track progress on addressing recommendations.
- 6.3 Requested that the next report also raise any issues that should go to the Board.
- 6.4 Recommended that the Secretariat inform countries of the outcome of the October 2009 IRC recommendations with the caveat that the final decision is subject to Board approval.
- 6.5 Recommended that countries should be given at least six months advance notice for the preparation of new proposals.

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## 7 Health Systems Funding Platform (HSFP)

Carole Presern, Managing Director, Special Projects asked the PPC to review options for moving forward with the HSS platform pilot with the World Bank and the Global Fund for AIDS, TB and Malaria (GFATM), and facilitated by WHO (Doc #6). She also presented the framework to address the HSS evaluation and tracking study. Discussion followed:

- GAVI has been invited to the next GFATM Policy and Strategy Committee (PSC) meeting on 15-16 March and its board meeting on 27-28 April. This schedule presents a challenge vis-à-vis GAVI's governance schedule and the timing of approvals.
- The situation where one joint platform partner does not approve a programme that one or both of the other partners have approved was extensively discussed as this situation would pose a challenge for all three partners. However, there will be a pool of independent voices in place to review proposals composed of experts from the IRC and the PSC and perhaps the World Bank. In addition; there are plans to generate a common report using common indicators based on national health indicators to ensure that relevant immunisation indicators are captured. A shared appraisal and an agreed and shared Monitoring and Evaluation (M+E) framework should reduce the potential for any disagreements.
- The coordination process between the HSFP partners Bank and other major bilateral donors was also discussed. Whilst most programme coordination will happen at the country level, there are global-level discussions to define the coordination plans in progress. Additionally, all partners have agreed to represent each other at country level discussions.
- Communication is critical. The message needs to be reiterated that this is not a new global health fund. It is simply a new way of working.
- There was extensive discussion around if and how support to each country should be capped as well as how eligibility criteria for the selection of countries for the platform should be set.

- The PPC directed the Secretariat to capture the principles discussed around allocation (caps), and to present this in a paper to be presented at a still to be scheduled teleconference in approximately one month.
- The Secretariat provided clarity for the PPC that eligibility for new HSS funding be only for Low Income Countries as defined by the World Bank (LICs) as intended by the High Level Task Force recommendations. The PPC agreed this seemed reasonable.
- The PPC wished to delete the reference to 'at least one francophone country' as part of the selection criteria for the potential countries so as not to single out this as a factor.
- It was noted that the platform should encourage efforts to immunise hard-to-reach populations; address the health worker gap, improve capacity building and seek to include the input of both CSO's and the private sector.
- It was noted that this programme meets three important GAVI objectives. First it allows GAVI to address the fragmentation of health systems to which it may have contributed through its vertical funding model. Second, it works to get immunisation programmes integrated into the sectoral plans and budgets. Third, the programme seeks to ensure that immunisation is front and centre in HSS efforts.
- PPC commented that it had been provided with a process paper, rather than an outline of operationalisation of the platform as requested by the board. There is now an urgent need to address the decisions that were taken at the board meeting in November, based on previous discussions and agreements in the PPC and with the partners.

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## **GUIDANCE**

### **The GAVI Alliance Programme and Policy Committee:**

- 7.1 Requested that the Secretariat present a paper to the Committee in due course before having a teleconference to be scheduled in approximately one month, which further clarifies the answers to the five questions on HSS asked by the Board. Recommendations should ensure that the process is streamlined with the GFATM process from a content, timeline and governance perspective.
- 7.2 Requested the Secretariat to ensure that further work on the platform takes account of other organisations and bilateral arrangements, both at the global level and in particular at country level.
- 7.3 Requested that the link to GAVI's strategic objectives be made explicit, and that development of the platform specifically takes account of ensuring that monitoring and evaluation frameworks capture relevant output, and longer term, outcome indicators around immunisation. It is clear though that the platform is broader than just MDG 4, and relates to MDGs 4, 5 and 6.
- 7.4 Requested that the reference to 'at least one francophone country' be removed as part of the selection criteria for the potential countries.
- 7.5 Noted that eligibility for new HSS funding be only for Low Income Countries as defined by the World Bank (LICs) as intended by the High Level Task Force recommendations.
- 7.6 Recommended that the Board/EC should consider "funding in principle" of the IRC recommend HSS proposals from October 2009 totalling US\$43.8 million but directed the Secretariat to ensure that partners, working with countries, take full account of the results from the evaluation and tracking study.
- 7.7 Recommended that the EC to consider a decision to fund the CSO proposal.

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## 8 CSO “Type A” Update

Craig Burgess, Senior Specialist, Programme Delivery gave this presentation. In 2009 the PPC asked the Secretariat to move forward with making changes to the CSO window based on experience to date and keep the PPC informed of these changes. Accordingly, this presentation provided the PPC with the results of the review and the suggested changes. The information provided in this presentation was for information only. Discussion followed:

- The goals of the CSO programme should be clarified in terms of the contributions made by CSOs the three future strategic goals within the GAVI Alliance Workplan.
  - A causal link between the support of civil society and the achievement of GAVI’s broader goals should be formalised. This will allow awards to be made to programmes that drive most strongly toward these goals.
  - Concurrently, appropriate KPI’s (particularly those related to strategy and specifically formulated for CSOs) must be articulated to measure achievements and track progress toward these goals.
- The consensus of the Committee was that country GNI per capita should not be included in the criteria for eligibility for CSO funding
- A process to redesign CSO “Type A” funding is ongoing. However, we know that most of these funds have been used for mapping where CSO’s are being used for child health interventions. This information is important from a national government point of view, and also encourages CSO representation in both the HSCC and ICC.
  - It was acknowledged that CSOs play a vital role in community mobilisation and demand generation, which is fundamental to sustainably increasing immunisation coverage and this should be encouraged in future type A design
- The contributions of the CSO community in terms of the time and effort expended as a development partner were recognised by the PPC.
- Capturing lessons learned from the programme to date should be a priority, especially in terms of understanding the programmes that the Alliance would like to reinforce, and the most productive activities that have taken place
  - It might be useful to dovetail this analysis within other broader evaluation or strategic activities.
- The PPC requested that the Secretariat provide regular updates to the PPC including a verbal update at the October 2010 meeting.

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## 9 Accelerated Vaccine Initiative- Update

Jon Pearman, Head, Accelerated Vaccine Introduction (AVI) reviewed the AVI programme structure, updated the Committee on AVI activities and described the programme’s current priorities. Discussion followed:

- The Committee recommends that the AVI be made a standing agenda item at Board meetings.
- It was suggested that Secretariat with support from WHO, UNICEF and other AVI members as required brief those PPC members interested in more technical aspects of the AVI prior to each PPC meeting, possibly the afternoon before the regular PPC meeting. .

- It was suggested that AVI develop and monitor indicators of the “quality” of vaccine introductions in addition to the number of countries that introduce Pneumococcal and rotavirus vaccines.

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## 10 Any Other Business

- The PPC made changes to the scheduling and content of certain elements within their conference calendar. The revised calendar will be circulated to the Committee in due course. The PPC also received a brief update on resource mobilisation.
- The Committee and Secretariat recognised Sissel Hodne Steen for her excellent work as PPC Chair. The Chair thanked the Secretariat for the thorough preparatory work that facilitated the PPC’s discussions.

There being no other business, the meeting was adjourned.

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Helen Evans, Deputy CEO

**Attachment A****Participants****Committee Members**

- Sissel Hodne Steen (Chair)
- Magid Al-Gunaid
- Joan Awunyo-Akaba
- Mickey Chopra
- Suresh Jadhav
- Rama Lakshminarayanan
- Fidel Lopez-Alvarez  
(non-voting member serving at the pleasure of the Chair)
- Gustavo Gonzales-Canali  
(non-voting member serving at the pleasure of the Chair)
- Steve Landry,
- Susan McKinney
- Jean-Marie Okwo-Bele
- Olga Popova

**Technical expert**

- David Salisbury  
(non-voting member serving at the pleasure of the Chair)

**Regrets**

- Ashutosh Garg

**Other Board Member Participants**

- Julian Lob-Levyt (non-voting)

**GAVI Secretariat**

- Mercy Ahun
- Craig Burgess
- Santiago Cornejo
- Helen Evans
- Gian Gandhi
- Meegan Murray-Lopez
- Stephen Nurse-Findlay
- Jon Pearman
- Carole Presern
- Nina Schwalbe
- Joelle Tanguy

**Guests**

- Rifat Atun, Director, Strategy, Performance and Evaluation, The Global Fund to fight AIDS Tuberculosis and Malaria