# GAVI Alliance Programme and Policy Committee Meeting

3-4 March 2011
Geneva, Switzerland

# FINAL MINUTES

## 1. Chair's report

Finding a quorum of members present, the meeting commenced at 9.15 Geneva time on 3 March 2011. Gustavo Gonzalez-Canali, Programme and Policy Committee Chair chaired the meeting.

In accordance with the Conflict of Interest Policy, standing declarations of interest were tabled to the Committee so that any potential interests in the matters to be discussed could be transparent and addressed in compliance with the Policy. (Doc #1a in the Committee pack).

The Chair noted that he would enforce a strict policy on attendance of observers, particularly given the size of the Committee. Observers would generally be approved only when necessary to provide guidance on a given subject.

The Committee reviewed the minutes of its meeting on 21-22 October 2010 (Doc #1b). Helen Rees, who was appointed as an expert advisor to the Committee, requested her listing in the attendee list to be updated to reflect that she is a non-voting member participating in her capacity as Chair of SAGE. The Committee agreed with the request.

**Decision One**

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

- **Approve** the minutes of its meeting on 21-22 October 2010.

The Committee reviewed the forward workplan of its activity (Doc #1c). The Chair, with assistance from the Secretariat will keep this document up to date on a rolling 12-month basis. The workplan should help all committee members stay informed about future agendas and provide input into agendas as needed.

The Chair provided an overview of decisions taken by the Board during its meeting in Kigali on 30 November-1 December 2010, noting in particular its choice to revert to the 50% DTP coverage filter for the next application round only. He also noted specific requests to the Committee which came out of the Kigali board meeting and his proposed approach for addressing each of them in due course.

Next, Helen Evans, Interim CEO, updated the Committee on the 13 June 2011 pledging conference in London, CEO recruitment, risk oversight of cash-based grants to countries, and the potential acceleration of Meningitis A applications under review by the Executive Committee. Finally, she highlighted several very positive Pneumococcal vaccine launches in Yemen, Nicaragua, and Kenya.

Discussion followed:

- The Committee was complimentary of GAVI's continued risk oversight efforts.

- The Committee noted the strong political commitment from recipient country governments during the three pneumococcal vaccine launches and highlighted the opportunity this presented for GAVI to involve recipient governments actively planning and participating in the June pledging conference.

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## 2. Country programme update and Accelerated Vaccine Initiative

Mercy Ahun, Managing Director, Programme Delivery outlined the reports the Committee was to receive within the country programme update: Health Systems Funding Platform (HSFP), disbursement of existing Health Systems Strengthening (HSS) grants, GAVI support for civil society organisations (CSOs), and a review of country co-financing during 2008-2010 (Doc #2b).

*Health Systems Funding Platform*

Ranjana Kumar, Senior Specialist, Programme Delivery reported progress on implementation of the Health Systems Funding Platform (HSFP), citing harmonisation efforts in Benin, Democratic Republic of the Congo, and Cambodia and support through the national health strategy in Nepal. She noted that the common GAVI/Global Fund application form and guidelines will be piloted in three countries. Dr Kumar noted that WHO was taking the lead on the monitoring and evaluation framework and that the World Bank was leading on harmonisation of financial management systems. Finally, she noted several challenges GAVI faces operationalising the platform.

Discussion followed:

- The Committee expressed satisfaction with the progress on the HSFP. It acknowledged that GAVI was ahead of other partners in following the Paris principles of aid effectiveness and harmonisation.

- It also noted that the existing tools to roll out the HSFP should be strengthened to ensure strong linkages with immunisation outcomes.

- Developing country representatives highlighted the important role of communication with high level decision makers to ensure awareness and buy-in.

- There was discussion around the difficulties in measuring impact. Members commented on the need to ensure the joint monitoring and evaluation framework focuses in part on immunisation.

- It was noted that many recipient countries continue to manage a large number of vertical programmes. GAVI should ensure communication, outreach and coordination efforts toward other donors in-country.

- The PPC welcomed an opportunity for interaction with the Programme and Strategy Committee of the Global Fund to ensure alignment. A dashboard tracking implementation of the HSFP might also be helpful.

*Disbursement of HSS grants*

Santiago Cornejo, Senior Programme Manager, Country Finance reported on Health Systems Support disbursement, noting that GAVI had disbursed 83% of approved funds to date. The remainder is awaiting clarifications, from countries on financial management issues. He highlighted a new rule put in place by the IRC to limit disbursements to 50% of the approved amount if the utilisation rates of cash were slow. He noted that an internal review of the Financial Management Assessment (FMA) methodology was underway. The HSFP provides the opportunity to harmonise fiduciary frameworks and reduce transaction costs for countries.

Discussion followed:

- The PPC pointed out that it would be helpful to track whether delays are caused by GAVI's procedures or recipients' internal processes. In some cases, this could be a way to signal to slower countries why funding is taking awhile to be disbursed and a "stop the clock" methodology might be applied to help isolate bottlenecks.

- The PPC noted with regard to risk mitigation, GAVI should strive to maintain a balance that does not increase costs to GAVI but provides an appropriate level of oversight. The FMA programme is fairly new and it will take time to optimise. Also, the Transparency and Accountability Team is small and this decreases the speed at which FMAs can be completed. The Secretariat should continue to explore options to enhance the quality and pace of individual FMAs and collaboration with other agencies on financial management assessments.

*Support for civil society organisations*

Paul Kelly, Director of Programme Delivery, informed the Committee that Type A and B support provided to countries under the CSO pilot programmes would conclude between 2011 and 2012. GAVI is investigating how to provide future support to civil society through the HSFP. An evaluation is planned to take place to review results

of investments to date and help inform how best to utilise GAVI support moving forward. While the evaluation will not be completed until late 2011, the evaluators would be asked to provide an emerging themes document to enable design work to commence alongside development of the HSFP.

He also noted that representatives from civil society have requested continued funding to ensure that service delivery programmes (Type B) are not interrupted prior to the transition to the HSFP (Doc #2b.1). Mr Kelly presented an option for providing funding between the end of the pilot and new programmes being approved under the HSFP. Mr Kelly also noted the resource implications that taking such a decision would have on the Secretariat.

Discussion followed:

- Joan Awunyo-Akaba, the CSO representative, noted that the CSO constituency had requested a discussion on the gap in timing between the end of the pilot and the beginning of funding through the platform. While acknowledging the need to do an evaluation, Dr Akaba noted that in many countries CSOs were an invaluable element of service delivery and a break in funding to these organisations could have harsh consequences on immunisation rates in the poorest areas of GAVI countries.

- Many other committee members expressed the desire to prevent gaps in service delivery but also noted the difficulty in recommending that the Board approve bridge funding without knowing the effectiveness of the investment in CSO support to date. Further, they noted that it had been clear at the beginning that the programme was a pilot and there was no expectation that support was guaranteed to continue at its conclusion.

- The Committee noted its strong preference to make evidence-based decisions. At the same time, they acknowledged the relatively small amount of funds at issue and the reality that the evaluation would not be available in time to inform the decision. Further, it was important that projects remain active during the evaluation phase. Given the potential consequences of interrupting service delivery, the Committee recommended continued financing.[1]

- After thorough discussion, the Committee took note of GAVI's explanations of the resources required to implement the recommended option.

**Decision Two**

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

- **Recommend** the following decision be taken by the GAVI Executive Committee, following review by the Audit and Finance Committee:

[1] The list of countries that will be eligible for an extension are: Afghanistan, Burundi, DR Congo, Ethiopia, Ghana, Mozambique, Pakistan. Note that graduating countries that are receiving support (Bolivia, Georgia, Indonesia) are not eligible for extensions

"The GAVI Alliance Executive Committee resolved to:

- **Extend** the Type B window of support for currently funded civil society organisations (CSOs) for the GAVI eligible pilot countries by a period of up to 12 months. For this extension, a maximum amount of approximately US$ 5 million would be required.

- **Requests** the Secretariat to put in place the necessary arrangements for the GAVI eligible Type B CSO support pilot countries to apply for funding under this extension.

- **Noted** the Secretariat's concern that there are human resource implications to manage the extension of the Type B support.

*Country co-financing during 2008-2010*

Mr Cornejo reported on the implementation of country co-financing. He noted that the Board had revised the Co-Financing Policy in Kigali and it would take effect in 2012 (see Resolution 9 from the 30 November-1 December 2010 Board minutes). Implementation and work with countries graduating from GAVI support has commenced. Mr Cornejo noted that next steps involved monitoring 2011 co-financing performance, following up with countries which were in default of their 2010 co-financing contributions and focusing on graduating countries. Discussion followed:

- Evidence and case studies are needed to continue to make the argument to donor and recipient country governments about the value of vaccines and why immunisation is a good investment.

- Particular concern was noted around the issue of recurrent defaulters. The Committee would like to understand the specific steps the Secretariat is taking to diminish the risk of default.

- The Committee is highly interested in GAVI's strategy towards countries which are graduating from GAVI support. The Committee would like the Secretariat to monitor, support and encourage countries to ensure that when they do graduate, they do not experience a dramatic decline in their vaccination coverage and are able to maintain vaccines that have been introduced with GAVI support.

- There was a question raised around whether countries were required to provide co-financing for measles 2$^{nd}$ dose, meningitis and yellow fever vaccines. The Secretariat clarified that there was currently no co-financing requirement for campaign administration for meningitis and yellow fever however countries are expected to co-finance routine implementation. With regard to measles 2$^{nd}$ dose, the Secretariat noted that the current guidelines state that no co-financing commitment for the vaccine is required by countries.

- A question was raised on the status of measles 2$^{nd}$ dose. The Secretariat committed to providing information on this programme for the next meeting.

*AVI special studies*

Orin Levine, Director of Special Studies for the AVI Technical Assistance Consortium outlined GAVI's history of strategic investments in research and surveillance, noting that past and current studies provide key evidence for decisions GAVI and its partners take in funding immunisation. As examples, he reviewed how 2003-2006 studies on rotavirus herd immunity "bounce-back" and pneumococcal serotype analysis had informed decisions to pursue interventions against these diseases. Now current studies are winding down and new investments should be considered to inform future decisions. Discussion followed:

- Anne Schuchat, Mickey Chopra, and Jean-Marie Okwo-Bele noted their organisations' (U.S. Centers for Disease Control, UNICEF, and WHO, respectively) interests in all matters pertaining to AVI given they receive funding from the initiative.

- The Committee agreed that although GAVI does not fund the research and development of vaccines, the Alliance has brought a lot of value funding vaccine impact studies. To prevent ambiguity between GAVI, its partners, and stakeholders, GAVI should define what research or evaluation activities it is willing to fund and what is out of scope. This may help facilitate decision making by other funding agencies.

- Impact research on health systems should be considered as part of the review of research funding. In addition, some clarification on the research aims of the Decade of Vaccines would be helpful to prevent overlap.

*AVI general update*

Jon Pearman, Director of AVI for the Secretariat reviewed the AVI management team structure and how it supports Strategic Goals 1 (regarding underused and new vaccines) and 4 (regarding shaping vaccine markets) (Doc #02a). He presented version three of the Strategic Demand Forecast, noting that applications for support were expected to increase from previous years. However, associated expenditure projections would hold steady based on expected vaccine price declines and increased co-financing support. In updating the Committee on the roll-out of pneumococcal and rotavirus vaccines, Mr Pearman expects 19 countries will introduce pneumococcal vaccine to 14 million children by 2012; five countries will introduce rotavirus vaccine to three million children in the same period. He presented a dashboard tracking vaccine introduction and highlighted key challenges, including introduction in India and Nigeria and human resource constraints given the expected number of applications. Discussion followed:

- Though sufficient supply to support all of the introductions is now anticipated, several Committee members were concerned with the human resource impact on partners, in particular in view of the increase of country introductions of pneumococcal and rotavirus vaccines.

- The dashboard was praised as a tool to monitor progress and improve ways of working. The Committee would like to receive this in future meetings.

- The Secretariat was asked to present an options paper to the PPC on future GAVI investments in evidence for decision making and assessing impacts of vaccines. This will be presented to the PPC in September 2011 and will address whether the funds endorsed prior to the governance transition to support special studies are available.

- An evaluation of AVI was discussed by the Evaluation Advisory Committee. The Secretariat will circulate the minutes of the Evaluation Advisory Committee, which include recommendations on the scope and nature of such a review. In short, they recommended it be included as part of a wider effort to evaluate the partnership aspects of the Alliance, rather than a specific effort focused on AVI management arrangements.

- The Committee queried the timeline for funding decisions on the May 2011 round. The Secretariat clarified that the Executive Committee requested a paper on this issue and it will be presented to that committee in April.

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## 3. Task Team for India and Nigeria

Dr Ahun tabled draft terms of reference for a task team that would specifically explore vaccine introduction in the two large countries of India and Nigeria (Doc #3). Under the draft terms of reference, the task team would review existing support and serve as a forum for innovative ideas with the goal of increasing vaccine coverage and spurring new vaccine introduction. It would present recommendations to the PPC in September 2011 and to the Board the following November. Discussion ensued:

- It is important the task team determine where partners are heavily involved and have political connections in these countries and to draw on those resources.

- The terms of reference were generally satisfactory. The Committee wants to be clear what its principal objectives and expectations are so that the content of the report to the PPC in September is on target.

- Figuring out country priorities will be critical. The strategy in India may be far different than the strategy in Nigeria and these countries need to participate in crafting any strategy meant to be developed for their benefit.

**Decision Three**

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

- **Support** the proposed terms of reference for the Task Team as follows:
    - **Chair of the task team:** Mickey Chopra

- **Membership of the task team to include:**
  - Relevant GAVI Alliance partners with expertise in health systems and financing and immunisation programmes in these two countries; and
  - Relevant experts/senior officials from ministries of health and a representative from civil society involved in immunisation in these two countries.

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## 4. Review of cash-based support

Paul Fife, Chair of the time-limited task team on GAVI's cash-based support, updated the Committee on the activities of the task team, noting that it convened its first conference call on 17 February and had scheduled its first face-to-face on 30 March (Doc #4). The team expects to present options to the PPC in May. Dr Fife framed the discussion by posing four questions to the PPC: (1) Should there be a priority focus; (2) To what extent should cash programmes link directly to immunisation; (3) What is the appetite for risk; and (4) Should GAVI have one support window or multiple windows? Discussion followed:

- Addressing the needs of low coverage countries (e.g. countries with DTP coverage below 70%) is of immediate concern and needs a solution that in the short-medium term will increase coverage in low performing countries in order to enable the roll out new vaccines.

- There was clear consensus that GAVI's cash-based support should focus on immunisation. This was clearly stated in the Strategic Goal 2 objectives and Key Performance Indicators. In turn, contributions to the HSFP should contribute to improvements in immunisation. The Committee debated how best to incorporate this within the context of the HSFP. Members noted that at the country level, health systems teams and immunisation teams are often different groups which do not come together. Additionally, the Committee recognised that countries most in need are often the ones least placed to have a strong immunisation department or take part in the national health strategies.

- Developing country representatives agreed with the concept of cash-based support flowing through one window; however they expressed reservations with having the HSFP as that window. They felt that the HSFP may not be flexible enough to allow targeted immunisation interventions. There was concern that the immunisation goals would be swamped by broader platform goals.

- The Committee liked the idea of all funding going through one window, noting that a long-term goal should be to decrease vertical funding whenever possible. However, they questioned whether the HSFP was ready to serve as that window. The link to immunisation within the context of the HSFP should be clear.

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## 5. Prioritisation of cash-based programmes

Nina Schwalbe presented on the application of the prioritisation principles to GAVI's cash-based support (Doc #5). The Board has made a number of decisions that impacted the amount of cash support available to countries. Ms. Schwalbe presented a 3-step process which establishes total cash resources available for HSS programmes in line with the previous Board decisions.

Ms. Schwalbe presented two options for the Committee to consider. One option provided for an annual projection of the amount available per country, which meant that from year-to-year the amount available per country would likely change. The other provided for the amount available per country to be established every three years. She highlighted the pros and cons of each option.

Discussion followed:

- The Secretariat clarified that in line with previous Board decisions, the allocation of funding between countries served as a de facto prioritisation mechanisms.

- Some Committee members voiced concern as to whether the proposed mechanism was "overallocating" funds to cash programmes, particularly given past examples of countries being slow to access cash support and that the HSFP is still in development. The Committee proposed that GAVI partners assist countries with preparing applications and carefully monitor uptake.

- The Committee recognised that countries need guidelines now so the midpoint of GAVI's current funding projection should be used as an estimate of GAVI's total available resources. However, given that the calculation is based on an estimate of available resources for all GAVI programmes, GAVI should make clear to countries that final projections may be revised after the replenishment exercise in June.

**Decision Three**

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

- **Request** that the following mechanism be applied to GAVI cash-based support:

    - Prior to the start of each three-year period, an appropriate percentage of GAVI's overall projected programmatic expenditure for the next five years shall be attributed to cash-based programmes ("Projected Cash Support Amount"). To initiate the process for the 2011 to 2013 period and as a guideline for future periods, that percentage shall be 20%. The Projected Cash Support Amount shall be calculated to ensure consistency with the Board decision that expenditures on cash-based programmes on a three-year rolling basis remain within the range of 15%-25% of the total programmatic expenditure. The Projected Cash

Support Amount as computed every three years shall be reviewed by the Audit & Finance Committee. The initial estimate shall be reviewed after the pledging conference and upon completion of the review of cash-based programmes.

- The total projected cash-based support amount shall be reduced by the projected expenditures for other types of cash-based support (i.e. CSO, IRIS and existing HSS, HSFP and ISS commitments) to determine the "The Projected New HSFP Support Amount".

- The resource allocation formula for new HSFP support is then applied to the Projected New HSFP Support Amount to set a maximum for HSFP support for a country based on its population and GNI, to apply until the next calculation of the Projected Cash Support Amount.

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## 6. Implications of suspension of filter

The Chair opened the discussion on the implications of the Board decision taken in November 2010 to allow countries who had not reached 70% DTP coverage one final opportunity to apply for new vaccines under GAVI's previous filter coverage of 50% (Doc #6). He highlighted that the discussion was meant to serve as an open dialogue rather than to provide recommendations or decisions.

The Committee discussed the complications inherent in using WHO/UNICEF administrative data. However, there was general agreement that since this subject has been thoroughly reviewed by a task team, it should not be reopened.

There were questions as to whether epidemic vaccines are subject to the one-vaccine per round rule for prioritisation. Some Committee members expressed the view that epidemic vaccines should be excluded from the discussion.

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## 7. Vaccine introduction grant

In light of the previous Board recommendation to review the vaccine introduction grant policy in 2011, Aurelia Nguyen, Director of Policy gave a presentation on the proposed process for the review (Doc #7). The Committee was requested to provide guidance.

- The Committee supported the proposed process and recommended the review engage additional technical partners as appropriate.

- It was noted that the vaccine introduction grant, though a cash outlay, was an integral part of the new vaccines support window.

- Magid Al-Gunaid highlighted that the grant serves as an important resource for training, social mobilisation and printing new materials. He pointed out that

developing countries find the minimum too little and suggested the minimum should be increased to US$ 200,000.

- There was general agreement that an analysis should take into consideration cold chain capacity and the extent to which this programme could or should finance investment in cold chain, particularly at sub-national level.

- Dr Ahun clarified that while a country can use the grant for cold chain and other systems improvements, practically speaking it may be difficult for them to effectively rely on the vaccine introduction grant to address these needs. The funds are a one-time limited investment and the timing for receiving the grant is geared toward immediate needs associated with introduction of a new vaccine.

- The review should look at the timing of the grant (e.g. – ensuring they are closer to the introduction of the vaccine, particularly if the grant is being provided for social mobilisation or further in advance of introduction if the grant is to be provided for other issues such as improving the cold chain).

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## 8. Partner support

In January, the PPC established TORs and appointed the time-limited task team to review the level of funding provided by the GAVI Alliance to certain “partner” organisations and to access which of these are core activities of the agency performing them and should be transitioned back to that agency in order to inform the budgeting process beginning in 2013. Steve Landry, who serves as chair of the task team, gave an update on the first meeting and proposed work plan.

- A Committee member commented that analysis needs to be done to understand to what extent, if any, there has been any displacement in funding as a result of GAVI investment.

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## 9. Any other business

The Chair led a discussion with Committee members on the final wording of the Committee decisions and action items for the record.

There being no further business, the meeting was brought to a close.

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Ms Debbie Adams
Secretary to the Board

**Attachment A**

# Participants

**Committee Members**
- Gustavo Gonzales-Canali (Chair)
- Magid Al-Gunaid
- Joan Awunyo-Akaba
- Mickey Chopra
- Paul Fife
- Suresh Jadhav
- Steve Landry
- Jean-Marie Okwo-Bele
- Susan McKinney
- Olga Popova
- Anne Schuchat
- Nguyen Tran Hien
- Helen Evans (non-voting)

**Expert Advisor**
- Helen Rees (non-voting member representing SAGE)

**Regrets**
- Ashutosh Garg
- Leone Gianturco
- Rama Lakshminarayanan
- Anders Nordstrom

**GAVI**
- Debbie Adams
- Mercy Ahun
- Anthony Brown
- Santiago Cornejo
- Par Eriksson
- Elian Furrer
- Paul Kelly
- Aurelia Nguyen
- Peter Hansen
- Ranjana Kumar
- Alexandra Laheurte-Sloyka
- Meegan Murray-Lopez
- Jon Pearman
- Nina Schwalbe

**Other Presenters**
- Orin Levine, Johns Hopkins School of Public Health (Director, AVI TAC Special Studies)
- Cyndy Whitney, Centre for Disease Control (principal investigator
- Ben Lopman, Centre for Disease Control (principal investigator)