



GAVI Alliance Programme and Policy Committee Meeting

16-17 October 2012

GAVI Alliance Offices, Geneva, Switzerland

FINAL MINUTES

1. Chair's report

- 1.1 Finding a quorum of members present, the meeting commenced at 9.35 Geneva time on 16 October 2012. Gustavo Gonzalez-Canali, Programme and Policy Committee Chair, chaired the meeting.
- 1.2 The Chair welcomed new members attending a PPC meeting for the first time and noted that this would be Anne Schuchat's last PPC meeting as she would be rotating off the Board at the end of the year.
- 1.3 Standing declarations of interest were tabled to the Committee (Doc 01a in the Committee pack).
- 1.4 The minutes of the April 2012 PPC meeting were tabled to the Committee (Doc 01b in the Committee pack). They had already been circulated and approved by no-objection on 7 July 2012.
- 1.5 The Chair reminded the PPC that the Governance Committee will be conducting a light touch review of the PPC charter and also be looking at its size and composition.

2. Update from the Secretariat

- 2.1 Seth Berkley, CEO, gave a report from the Secretariat starting with information on recent changes in the Secretariat. In this context he introduced Hind Khatib-Othman, recently appointed to the position of Managing Director, Country Programmes, and he reminded PPC members of the appointment of Stefano Malvolti to the recently created position of Director Vaccine Implementation. Stefano had served on the PPC as a representative of the vaccine industry and in line with the GAVI Ethics Policy his appointment had been subject to a waiver from the GAVI Alliance Board Chair.
- 2.2 The CEO informed the PPC that data quality and measurement continues to be an issue of concern for the Secretariat. He has therefore, together with US CDC, UNICEF, WHO and others, called for a high-level summit to ensure that all partners are focused on the critical goal of improving data quality.

- 2.3 The CEO also reported that in light of the new coverage estimates, and as was the case in 2011, GAVI has had to adjust its baselines and associated targets. There are currently 5 areas where GAVI is not on track to meet its targets. 3 of these relate to SG2, and as such form a critical focus for the 2013-2014 business plan.
- 2.4 The CEO reported that the EC recently discussed a possible role for GAVI and IFFIm in relation to polio eradication. The Global Polio Eradication Initiative (GPEI), in close collaboration with the BMGF and other partners, has put together a *Polio Endgame and Legacy Plan* which will be discussed by SAGE in November. Should the plan be approved by the WHO Executive Board the BMGF will lead a fundraising initiative to take place in April 2013. The GAVI Alliance Board, at its meeting in December 2012, will be asked to decide on GAVI's possible involvement. The EC has already indicated that any involvement should be within the context of GAVI's current mission, mandate and objectives and where there are synergies (new vaccine introduction and strengthening of routine immunisation).
- 2.5 The CEO reported that his next focus is on improving HSS support to GAVI-eligible countries. The HSS Technical Advisory Group (TAG) will provide advice to the CEO on a wide range of related issues. It held its first meeting in September and concentrated on issues in relation to the role of GAVI in the HSFP, performance based financing, a tailored approach for GAVI support and setting up effective implementation support and technical support for countries. The HSS investment case planned for 2 independent evaluations of the HSS window, one in 2009 and one in 2012. However the TAG questioned the relevance of doing an evaluation of the HSS at this time.
- 2.6 In relation to the utilisation of cash grants the CEO reported that there are examples where funding is not being utilised. It has been foreseen to submit a 'Use it or lose it' policy to the PPC but the new country grant agreement includes a provision for funds not being used. That said, GAVI will be reviewing the formula on how it allocates funding to countries for HSS investments to ensure that the Board target of 15 to 25 per cent of total expenditure on cash based support is met.
- 2.7 The Board, at its retreat in April 2012, had requested the Secretariat to further explore GAVI's potential role in facilitating access to lower vaccine prices for non GAVI-eligible lower-middle income countries. In the meantime UNICEF has made progress in developing its strategy for issuing a tender for procurement by middle income countries. GAVI is willing to work with UNICEF on this should UNICEF so wish.
- 2.8 The CEO reported that there have been discussions within the Secretariat on the application of the DTP3 coverage filter requirement for new vaccine support. It is important for GAVI to ensure that countries are able and strong enough to implement new vaccines and GAVI only supports new vaccine introduction in countries with DTP3 coverage equal or above 70%. There is uncertainty for countries on the edge of 70% on whether or not they can submit applications for new vaccines. In line with the existing policy all countries can apply but proposals will be approved on condition that countries

reach 70% coverage before roll out. If a country drops below 70% coverage between approval and introduction then introduction of the new vaccine will be postponed. It was noted that there are some countries who were due for introduction in 2013 and where coverage, accordingly to the latest figures has dropped significantly. Discussions will be held with such countries on a case by case basis.

- 2.9 The CEO concluded by mentioning two important upcoming meetings, the GAVI Alliance Partners' Forum which would take place in Dar es Salaam, Tanzania, on 5-7 December 2012, and a meeting on the value of vaccines, scheduled to take place in Annecy, France, in January 2013.
- 2.10 Nina Schwalbe, Managing Director, Policy and Performance, added to the update from the Secretariat by reminding the PPC that at their last meeting they had given guidance in relation to countries receiving vaccine donations e.g. HPV. She confirmed that in line with the current policies, countries which benefit from a donation can apply for GAVI support if certain conditions are met. While a country can express a preference for a particular vaccine in their application GAVI may propose a different vaccine to the vaccine they are receiving as a donation. Countries are encouraged to consult the WHO/UNICEF Joint Statement on Vaccine Donations.
- 2.11 In relation to the vaccine introduction grant she clarified that countries who have already introduced a vaccine at a national level are not eligible to apply. She noted that a "Frequently Asked Questions" is available on the GAVI web site with more detailed information.
- 2.12 In the context of the PPC workplan she informed the Committee that the Secretariat will present to them at their next meeting a paper in relation to GAVI's prioritisation mechanism. Papers on GAVI's Gender Policy, the Vaccine Investment Strategy and the Transparency and Accountability Policy will also be brought to the PPC in 2013.
- 2.13 The IRC had raised a question in relation to the HPV demonstration projects and what would happen if a country which had been approved for a demonstration project subsequently becomes a graduating country. It was confirmed that such countries would be eligible to apply for support for national roll out if their demonstration project is successful, including an introduction grant, within a limited time frame.
- 2.14 The Chair thanked Seth Berkeley and Nina Schwalbe for their updates.

Discussion

- Some members suggested that whilst it is important to use targets and indicators it is easier for donors to relate to numbers of children immunised and numbers of deaths prevented through immunisation. It was confirmed that GAVI is trying to move away from talking about numbers of countries to talking about numbers of children.

- In terms of targets, they recommended that the Board be presented with an update before they approve the business plan.
- The PPC agreed that in order to increase immunisation coverage it would be important to look with partners at how to promote better coordination and harmonisation at the district level.
- The PPC agreed that it would not be appropriate to do an evaluation of HSS at this time.
- It was clarified that the focus of the high-level summit on data will be in relation to immunisation but that USAID has announced that it will be organising a data summit related to the broader issue of child survival.

3. Programme update: country programmes, co-financing, HFSP, vaccine implementation and market shaping

3.1 Programme update: country programmes, co-financing, HFSP, vaccine implementation

- 3.1.1 Paul Kelly, Director, Country Support, Bakhuti Shengelia, Director, Technical Support and Jon Pearman, Technical Adviser, Vaccine Implementation presented an update on country programmes, co-financing, HFSP and vaccine implementations.

Discussion

- The PPC noted that although both products have been prequalified for use by WHO, countries mostly opted for the 2-dose rotavirus vaccine rather than the 3-dose vaccine and that this is mainly due to cold chain capacity and VVM issues. This highlights the importance for manufacturers of considering developing country needs in vaccine development where possible.
- The PPC agreed that country readiness is an important issue and it was further commented that immunisation programmes should be paramount even if one of the consequences is that GAVI does not meet some of its targets. It is hoped that the additional resources through the “vaccines goal” SG1 and “the health systems goal” SG2 technical assistance and cash support to countries will help to alleviate some of the bottlenecks in relation to this issue.
- The PPC recognised that HSS reprogramming is an opportunity to have a dialogue within countries and that this will be an area where Country Responsible Officers (CROs) will play a crucial role.
- It was suggested that rather than reallocating unspent funds to countries it might be useful to consider investments to global technical partners which would be beneficial to all countries.

- The PPC was informed that should DRC not fulfil its co-financing obligations it is unlikely that the IRC would approve new applications for support from the country. There is an on-going dialogue with the country to improve financial sustainability for immunisation and to better tailor GAVI support to country circumstances. Requests for assistance will be considered in this context.
- One member of the PPC suggested that if possible research on the best programmatic use of vaccines could help when making choices (e.g. between catch up/backlog of infants under 1 year of age, immunising with 1 or 2 doses, immunising up to 5 years of age). This research could assist in making cost effectiveness decisions of programmatic importance; however it is understood that there is a need to also focus on making the roll out happen.
- In relation to the presentation on HSS the PPC was informed that some of the information on PBF was being presented for the first time and that there would be further discussion on the details.
- PPC members agreed that technical collaboration is a key for HSS and that this is an area where not only countries can improve their performance but also GAVI and Alliance partners.
- It was pointed out that many of the priorities presented appear to be process oriented and it was suggested that there should be more focus on countries and finding simple solutions for them that will work.
- The PPC welcomed the move towards using intermediate output indicators for HSS to complement outcome indicators.

3.2 Programme update: market shaping

3.2.1 Aurelia Nguyen, Director, Policy and Market Shaping, presented an update to the PPC on progress of GAVI's vaccine supply and procurement strategy for the period 2011-2015.

Discussion

- One member of the PPC asked about follow up from the Board's discussion at their retreat in April on the role GAVI might play in market shaping for lower middle-income countries (LMIC) by facilitating access to lower vaccine prices. The Secretariat clarified that UNICEF will be issuing a tender and GAVI has offered to support them in this work. GAVI also will include LMIC demand in its demand forecasting.
- The members representing manufacturers highlighted the importance of projections reflecting real demand to avoid weakening the credibility of demand projections. They also suggested that there is a need to adhere to the principles of tiered pricing for self-procuring countries to ensure that countries with different income status' are not pooled together. They also highlighted the importance of respecting the objectives of market shaping in particular to ensure vaccine quality.

- One of the donor constituency representatives expressed concern in relation to the delivery of vaccine roadmaps, and in particular rotavirus. The CEO stated that the Secretariat is actively involved in market shaping on rota despite not having a roadmap. The HPV roadmap is being completed and work on the pentavalent roadmap is on-going. Work on the yellow fever roadmap is about to be started. There are discussions under way to ensure that there is the right level of expertise and support for the work. There is a section within the roadmaps which shows activities planned, roles and responsibilities, and a measure over time to monitor the activities.
- In relation to pooled procurement mechanisms for non GAVI eligible countries the Secretariat noted that in the modelling work which has been done to date, regional pooled procurement is not seen as the most effective way for countries to get better prices but rather through income band pooling which could also be done on a regional level.
- It was suggested by the PPC that there may be a need to move away over time from a discussion on prices alone but also to consider the most cost effective to deliver.

4. Update on Monitoring and Evaluation activities

- 4.1 Peter Hansen, Director of Monitoring and Evaluation, presented an update to the PPC on Monitoring and Evaluation activities conducted by the Secretariat.

Discussion

- In relation to the work of the Data Quality Technical Advisory Group one member expressed the view that data quality will not necessarily be improved by working on a country by country approach as it is an issue which is multi-faceted. Indeed many recommendations tend to be linked to systems and are not data specific. It was stated that there will be a focus on countries where there are large discrepancies.
- One member expressed concern that information had not been presented on special studies in particular in light of the special studies approved by the Board in June 2012. The Secretariat confirmed that information had been included in the programme update. Moving forward, updates and presentations on special studies will be included as part of the Monitoring and Evaluation update.
- The Secretariat confirmed that GAVI databases have been developed using standard exchange formats and that in this context data can be shared with partners.
- One member asked about post introduction evaluations as donors do not feel that there appears to be a lot of information on the outcomes. The Secretariat confirmed that whilst these are financed by GAVI they are led by countries

with support from WHO. Individual reports can be provided upon request and WHO is also preparing a summary which can also be shared with PCC members.

- Representatives of the vaccine industry commented on the timeliness of data availability and the importance of making coverage projections available to them as early as possible to help manufacturers with their own projections. The Secretariat noted that such projections are updated yearly and available on the WHO and UNICEF web sites.

5. IRC Monitoring Report

- 5.1 The Chair introduced John Grundy, Chair, Monitoring IRC, who presented the policy and procedural recommendations of the 2012 Monitoring IRC.

Discussion

- It was asked if there are sex specific indicators to answer issues of gender and it was confirmed that the report available on my GAVI lists countries where there are such indicators.
- In relation to the capacity of disbursement it was asked whether or not there are links with what other bilaterals are doing on health systems and immunisation. This is something which is difficult for the IRC to assess in the reports it receives.
- In relation to the comment that there was a lack of linkage between HSS and immunisation it was pointed out that when the HSS was originally designed there was no requirement that there be linkages with immunisation.
- Concern was raised that if more detailed information is required during the application process on system readiness the whole process will become even more complicated for countries.
- In relation to the recommendation to strengthen the links between HSS investments and immunisation outcomes it was suggested that asking countries to be able to demonstrate these very concrete outcomes from small HSS investments might be presenting a barrier that should be addressed. It was acknowledged that this is a difficult technical issue.
- In relation to the recommendation to carry out independent coverage surveys every three years it was asked how these would be funded and whether they should be national level or district level surveys. The IRC has not discussed either aspect. The Secretariat noted that one option under consideration was to fund surveys through the HSS grants. This suggestion was supported and it was recommended that the PPC should discuss further for a potential recommendation to the Board.

- It was noted that the decrease in disbursement of cash based support is not due to the fact that funding is not available but related to country readiness and implementation. This has already been identified as an issue which requires urgent action.
- The PPC noted that the Secretariat, in consultation with partners, is developing a Management Action Plan to address the IRC recommendations. It will be made available to the PPC as soon as it is finalised.
- Recognition of the usefulness of the participation of CSOs at the country level was welcomed.
- One member suggested that the PPC should endorse that the IRC Chair reports directly to the Board. It was pointed out that there are multiple IRC and that there will need to be a discussion with the Board Chair on how this might be done.
- One member asked if the IRC, in its analysis of the difference between the introduction of new vaccines and the decline of routine immunisation, assessed that introducing new vaccines can contribute to increased difficulties in routine immunisation. Another member suggested that there should in some cases be a move towards referring countries to exploring HSS before moving to new vaccine approval. It was clarified that proposal approval was within the remit of the New Proposals IRC, which reviews country system readiness.

6. 2013-2014 Business Plan

- 6.1 Helen Evans, Deputy CEO, presented the key programmatic aspects of the 2013-2014 Business Plan, the operating model to implement it and the allocation of resources across priority areas. She thanked all partners, and in particular WHO and UNICEF, for their contribution in developing the Business Plan.
- 6.2 Jean-Marie Okwo-Bele informed the PPC that the business planning process had assisted in securing the attention of WHO leadership, had facilitated interaction within the organisation and had facilitated understanding of what is needed within the organisation to work together as one of the Alliance partners. He welcomed the labelling of deliverables and is convinced that partners working closely with countries to ensure delivery of their implementation plans will lead to better results at the country level. He welcomed the division of labour between WHO and UNICEF. He highlighted the challenge of bringing together the immunisation teams with those working with health systems. The discussion through regional consultation on the Decade of Vaccines Global Action Plan is bringing more attention to immunisation at the level of policy makers and highlighting that there are cross-cutting issues which will facilitate improvement of the programmes. He

agreed that there is a need to improve the quality of data for coverage and supply.

- 6.3 Jos Vandelaer informed the PPC that the increased funding requested by UNICEF in the context of the business plan would be used for activities to improve cold chain logistics, including a contingency capital fund. UNICEF will work to get better data on cold chain and stock management and helping countries to ascertain which cold chain equipment is available and most suitable for them. Work will also be done on how cold chain systems can be redesigned. UNICEF will also work with countries on their communication strategies. GAVI has identified 10 countries where equity is an issue and UNICEF will take the lead to work on reducing such inequities, engaging with local NGOs and CSOs where they have better access to those not being reached. UNICEF also wishes to pilot a global resource tracking system to better understand how money flows at country and global level to feed back to GAVI in terms where the money is and where there are gaps.

Discussion

- The PPC commended the business planning process highlighting that it had greatly improved in relation to previous years. They welcomed the fact that the business plan is now results based and had engaged multiple stakeholders in the development process.
- The PPC highlighted the importance of GAVI-eligible countries and that there should be clear communication with them on issues needing to be addressed. As the Global Vaccine Action Plan (GVAP) has been approved by the World Health Assembly this should ensure country ownership and engagement. Work on setting up an accountability framework is on-going and such a mechanism should ensure that information on actual implementation at the country level is available.
- The PPC agreed that SG2 remains one of the main areas for concern and that accountability at country level is important. Countries need to be provided with the right level of technical support to ensure that solutions are found. One of the donor representatives pointed out that the budget for SG2 is lower than that for M&E and asked whether this should be rebalanced. It was pointed out however that M&E looks at a number of issues across the strategic goals (surveillance, targeted studies, impact and cost effectiveness, grant monitoring etc.), many of which are priorities.
- The PPC was reminded that the role of the HSS-TAG is not to redesign the programme but to provide advice on specific issues to the CEO. Mitigation strategies have been identified and the Secretariat and partners will be working together to implement these.
- It was agreed that data quality is also an area for concern. It was suggested that it would be important not only to improve data on coverage but also on health impact.

- The PPC noted that the Board did not wish to invest in research through a special funding window. However it is critical to assess the impact of GAVI's investment. The PPC agreed that it would be useful to have certain flexibility in the budget to enable funding to assess the impact of GAVI's investment leading to the achievement of GAVI's strategic objectives. Once the budget is approved a process for allocating the resources could be identified.
- The importance of involving other key partners, including CSOs, in countries was also highlighted. The role of the World Bank has not yet been documented and in the context of their presence in-country it was suggested that they should be integrated in the country implementation plans.
- It was also pointed out that in some countries the EPI teams have difficulty being head. GAVI and partners should encourage strong participation by the EPI programmes in the HSS process.
- The PPC agreed on the importance of the Alliance partners working together to ensure that the introduction of new vaccines and vaccine campaigns do not have a negative impact on routine immunisation in countries. It was pointed out that through the GVAP countries should have annual plans which include both routine immunisation and campaigns.
- It was clarified that UNICEF and WHO are working together to identify which organisation will take the lead in which country. It is agreed that there is a need to have clarity on responsibility and accountability. It will also be important for the EPI managers to know who their focal points will be in terms of the Alliance partners and for partner countries to play a role in the decision making on technical assistance at the country level, including who provides it.
- In response to a question from one of the donor representatives both UNICEF and WHO confirmed that the issues for which they will receive funding through the business plan are priorities for their organisations and that they are comfortable with the reporting mechanisms which have been put in place.
- The donor constituency asked for further information on the budget increase being requested by UNICEF Supply Division.
- It was confirmed that the vaccine manufacturers have been fully involved in the process and in particular in discussions in relation to vaccine supply and demand.
- In relation to the information provided in Annex 1 it was suggested that it would be useful to have an additional column indicating the budget number as a percentage of the total for that strategic goal, in addition to an absolute figure.

7. GAVI's approach to assuring quality vaccines in self-procuring countries

7.1 Alan Brooks, Senior Specialist, Policy, presented information to the PPC to clarify GAVI's policy relating to countries choosing to self-procure vaccines.

Discussion

- The PPC welcomed the consultant report, developed at the PPC's request, and supported its conclusions and recommendations.
- The PPC thereby concluded that a GAVI-eligible country shall only procure vaccines using GAVI support that: (i) are from the WHO pre-qualified list of vaccines; (ii) in the case of locally-produced vaccines purchased directly from the manufacturer, are licensed according to WHO's definition of quality vaccines (e.g. as described in WHO's Technical Report Series) by the relevant National Regulatory Authority (NRA) which has been assessed as fully-functional by WHO; or (iii) are licensed according to WHO's definition of quality vaccines (e.g. as described in WHO's Technical Report Series) by fully-functional NRAs as assessed by WHO in the countries where the vaccines are both manufactured and purchased.
- Representatives from the vaccine industry expressed their disagreement with the third option over concerns on the potential impact on vaccine safety indicating that this will allow international procurement of vaccines which are not pre-qualified. In addition, the representatives from the vaccine industry felt that this approach could undermine the "level playing field" for all manufacturers and could become a disincentive for companies to seek WHO-prequalification.
- The PPC also noted that GAVI provides funding for vaccines based on a weighted average price. Current guidelines are that if a country's negotiated procurement price is higher than UNICEF's weighted average price or estimated price, the government must pay the difference in order to purchase enough vaccines to reach the target population.
- It was suggested that the wording in 2.1 (b) of the paper could be modified to ensure that self-procuring countries are employing commercially acceptable procurement processes. It was suggested that the World Bank might perhaps be able to play a role here.
- The PPC was informed that the Secretariat is working on revising the GAVI Procurement Policy which will deal with the ethics of procurement and include some of the principles which have been approved by the Board with regard to market shaping.
- The PPC agreed that syringes used by self-procuring countries should meet WHO specifications and that this should be highlighted in the policy.

- The PPC noted that GAVI should strongly encourage countries self-procuring co-financed products to ensure they are of assured quality, such as those on the WHO list of pre-qualified products.
- The PPC welcomed the fact that GAVI will closely monitor and support self-procuring countries and conduct a review of the proposed procurement mechanism, most likely through TAP. It was noted that this had not been done in the two countries that have self-procured with GAVI funding to date but the PPC was reassured that in both cases the products purchased were of assured quality.
- In answer to a question from one member the PPC was informed that the sovereignty of national procurement processes is important for some countries and they do not want to delegate their procurement to UNICEF.

8. GAVI and fragile states: a country by country approach

- 8.1 Aurelia Nguyen, Director, Policy and Market Shaping, presented to the PPC the proposed GAVI framework and country by country approach to fragile and under-performing countries.

Discussion

- One member pointed out that while the criteria to determine if countries are eligible for this approach to be applied are clear there does not appear to be clarity on the flexibilities and that this may give a perception of a level of arbitrariness. The Secretariat confirmed that any GAVI eligible country in an emergency situation could be considered for flexibilities per the policy.
- It was acknowledged that care will need to be taken when communicating to countries in relation to this approach as the situations of fragility will be quite different from one country to another.
- It was pointed out that as countries graduate the proportion of countries facing difficult circumstances will increase and this is something which will need to be taken into consideration.
- PPC members noted that an implementation plan should be developed. The Secretariat clarified that this is currently underway.
- PPC members asked whether there would be additional costs for GAVI in implementing this approach and if so whether they would be absorbed within the envelope already allocated for that country or whether they would be additional costs. The Secretariat stated that some countries may require additional funding whilst others may not. Where additional funding for country tailored approaches would be required it would be considered within the programme funding envelope . Additional funding required for responses to emergencies would be subject to EC approval.

- It was pointed out that post conflict countries are often singled out to receive substantial funding from donors on a time limited basis and for specific activities. It might therefore be appropriate to consider the role GAVI might play in the transitional period when the resources begin to decrease. It was also suggested that in cases where countries have received more funding to certain sectors than it has absorption capacity to handle, some of this could potentially be reallocated for immunisation.
- In relation to reporting the PPC was informed that an annual review of progress with implementation is proposed. The involvement of the World Bank and other partners in the annual review and implementation would be welcomed.
- The PPC discussed the proposed recommendation to the GAVI Alliance Board and agreed that the wording should be amended so that a decision on response to requests will be taken within a 4 week timeframe and not within a 2 week timeframe as stated in Annex 1 to Doc 08.

Decision One

The GAVI Alliance Programme and Policy Committee **recommended** that the GAVI Alliance Board

- **Approve** GAVI's policy on fragility and immunisation in Annex 1 to Doc 08 subject to the following amendment:

Section 5.4.1

Replace a "2 week timeframe" by a "4 week timeframe".

9. Vaccine investment strategy process

- 9.1 Alan Brooks, Senior Specialist, Policy, presented the process to establish the 2014-2019 Vaccine Investment Strategy (VIS) to the PPC for guidance.

Discussion

- The PPC requested clarity on the scope. The Secretariat explained that the idea is to start as broad as possible and then to focus analysis once there is a short list of vaccines, noting that it is important that the Board has sufficient information when it comes to decision-making. It was pointed out that the process will yield information which will also be very important for ministries in GAVI-eligible countries, as well as industry and other GAVI stakeholders. The Secretariat also noted that regional vaccines will be considered.
- The Secretariat confirmed that should further investments be required for existing vaccines this should be part of the VIS, but that it would not be

necessary to revisit vaccines for which on-going funding has already been approved by the Board.

- One of the PPC members pointed out that one of the challenges when establishing the previous VIS had been in addressing the details of pipeline vaccine characteristics with countries and that it would be important to think through how this could be dealt with in the upcoming process.
- One member suggested that complementary economic analysis of new vaccines should include, where feasible and appropriate, cost analysis of interventions outside vaccines targeting the same disease as a simple cost benefit analysis of vaccines will not catch the true opportunity costs of introducing new vaccines.
- It was also agreed that not only the cost to GAVI should be looked at but also the cost to countries.
- It was agreed that the process should be transparent and clear.
- The importance of involving manufacturers in the process was highlighted.
- It was agreed that there is a challenge in trying to compare different vaccines and identifying the criteria which enable this comparability so that the Board can make appropriate decisions. There is a need to recognise that there are certain assumptions that are required to help make a consistent assessment across vaccines.
- It was agreed that the five-year time scope for the strategy was appropriate.
- During the process data provided by the World Bank on projected country growth over time will be taken into consideration to understand the role of graduation vis a vis GAVI demand.

10. Review of decisions

- 10.1 Debbie Adams, Managing Director, Law and Governance, reviewed the decision language with the Committee which was approved by them.

11. Any other business

- 11.1 The Chair informed the PPC that a few days prior to the meeting Guillermo González, GAVI Board member from Nicaragua, had shared with him a paper entitled *Sustainability of Vaccination Programmes for GAVI-eligible countries*, and requested that it be reviewed by the PPC. He reminded the PPC that Dr González had submitted a similar request before the previous meeting and it was recalled that the Board, at their retreat in April 2012, had made it clear

that GAVI would not be revisiting the issues raised in Dr González' paper until the scheduled review of the co-financing policy in 2014.

Post Meeting Note: The country eligibility policy is reviewed annually for inflation adjustment and for the newly released GNO per capita data.

- 11.2 Magid Al Gunaid informed the PPC that he had spoken to Dr González' Special Adviser before the PPC meeting and noted Board's position on this issue.
- 11.3 It was agreed that the PPC Chair will remind Dr González about the Board's position and that in this context the PPC will not be revisiting this issue.
- 11.4 One of the members asked for clarification on the process for appointments to the PPC and in particular appointment of the Chair for the next year.
- 11.5 Debbie Adams, Managing Director, Law and Governance, informed the PPC that a message had been sent out to all Board members concerning nominations to the Board Committees with a deadline of 26 October. Unless information to the contrary is submitted it is presumed that constituencies wish membership of their current PPC representatives to be renewed. In relation to the appointment of Committee Chairs there is a consultation with the incumbent Chairs and Gustavo Gonzalez-Canalhas indicated his wish to have his appointment as Chair renewed.
- 11.6 It was pointed out that under the GAVI Statutes and By-Laws there should be more Board Members that Committee Delegates on a Board Committee. The PPC also has a large number of donor representatives but the developing country constituency is underrepresented. As mentioned by the Chair the previous day the Governance Committee will be looking at the composition of the PPC. In the meantime the Governance Committee has agreed to a process whereby all nominations will go to the Committee Chair for review and recommendation and his/her view will be taken into account by the Governance Committee.
- 11.7 Whilst PPC members very much appreciated the papers and presentations for this meeting they noted that a number of the items had been presented for information only. It was suggested that for future meetings it might be useful to concentrate on two or three main topics for discussion.
- 11.8 After determining there was no further business, the meeting was brought to a close.

Ms Debbie Adams
Secretary to the Board

Attachment A

Participants

Committee Members

- Gustavo Gonzalez-Canali, Chair
- Ashutosh Garg
- Suresh Jadhav
- Steve Landry
- Clarisse LoeLoumou
- Susan McKinney
- Anders Molin
- Robert Oelrichs
- Jean-Marie Okwo-Bele
- Abigail Robinson
- Anne Schuchat
- Klaus Stohr
- Jos Vandelaer
- Seth Berkley (non-voting)

Regrets

- Helen Rees

Observers

- John Grundy (Item 5)
- Carsten Mantel (Item 3)
- Kate O'Brien (Item 3)

GAVI

- Debbie Adams
- Alan Brooks
- Adrien De Chaisemartin
- Helen Evans
- Joanne Goetz
- Peter Hansen
- Paul Kelly
- Meegan Murray-Lopez
- Aurélia Nguyen
- Jon Pearman
- Nina Schwalbe
- Bakhuti Shengelia