



GAVI Alliance Programme and Policy Committee Meeting

29-30 April 2013

GAVI Alliance Offices, Geneva, Switzerland

FINAL MINUTES

1. Chair's report

- 1.1 Finding a quorum of members present, the meeting commenced at 09.35 Geneva time on 29 April 2013. 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.
- 1.3 Standing declarations of interest were tabled to the Committee (Doc 01a in the Committee pack).
- 1.4 The minutes of the October 2012 PPC and the November 2012 Joint AFC/PPC meeting were tabled to the Committee (Docs 01b and 01c in the Committee pack). They had already been circulated and approved by no-objection on 28 December 2012 and 7 March 2013 respectively.
- 1.5 The Chair informed the PPC that as he would be leaving his current position at the French Ministry of Foreign Affairs in August 2013 he had informed the Board Chair and Vice Chair that he would be stepping down as Chair of the PPC. The Board Chair has asked him to remain in the position until his successor has been appointed by the Board. It is hoped that the process to be put in place shortly will enable this appointment to be made by the Board at its meeting in June 2013.
- 1.6 PPC members expressed their appreciation for Dr Gonzalez-Canali's work as Chair of the Committee over the years.

2. Update from the Secretariat

- 2.1 Seth Berkley, CEO, gave a report from the Secretariat. He set the context by informing the Committee that GAVI, during its first 12 years, had provided over 1 billion doses of vaccines through 151 launches and for 6 different product antigens. In 2013 alone GAVI will provide over half a billion doses, there will be 47-60 launches and the introduction of 3 new antigen products. This is possible due to the unprecedented work of all Alliance partners.

- 2.2 He reminded the PPC that GAVI is moving towards a mid-term review and replenishment and defining the strategy for GAVI 2016-2020 which will be presented to the Board for final approval in June 2014.
- 2.3 He referred to the recent Board retreat where HSS and graduation had been the primary focus of the discussions.
- 2.4 He also referred to a recent decision of the Executive Committee to limit the funding for measles SIAs to cover the target age group of children up to five years old and the importance of ensuring that SIAs reinforce routine immunisation.
- 2.5 He commended the Bill & Melinda Gates Foundation on the success of the Global Vaccine Summit where the focus had not just been on polio but on vaccination in general.
- 2.6 He referred to the recent announcement on the price decrease for the pentavalent vaccine which was the result of a long process and collaboration between a number of partners.
- 2.7 He provided information to the PPC on meetings which had been convened by the Secretariat on data quality and on the value of vaccines. In relation to the former, there will be a focus in 2013 on working with countries and partners to improve the collection and validation of data and to explore the use of innovative approaches to improving the accuracy and usefulness of coverage estimates. One key outcome of the meeting on the value of vaccines was agreement on the need to shift the focus from mortality to morbidity, disability, social and economic benefits, development and equity. Other outcomes were agreement that there is a need to have more empirical data and to better leverage existing data sources.
- 2.8 Finally he referred to important reviews which are ongoing and which will be on the agenda for the next PPC meeting, namely the reviews of the GAVI Alliance Gender Policy and the Transparency and Accountability Policy.

Discussion

- The PPC noted GAVI's work with other organisations involved in HSS and that harmonisation at this level would be of great benefit to countries.
- The PPC discussed the potential benefits of harmonising data collection to enable countries to better manage and strengthen their health systems. In this context the PPC noted that the scope of DHS is changing and welcomed an invitation from USAID who would like to convene an informal group to discuss the five key strategic questions that should be included in relation to immunisation.
- The PPC noted that it is not yet clear which organisation(s) will be responsible for the disbursement of funds raised for polio eradication at the Global Vaccine Summit. Participants also raised some of the challenges which will face countries in moving from the use of OPV to IPV, in particular in the

context of the GAVI co-financing policy, if GAVI becomes an implementing arm for IPV. The PPC noted that IFFIm remains a mechanism for potential donors to use to fund polio.

- The PPC noted that in the context of market shaping the Secretariat does have a working relationship with other organisations such as UNITAID and the Global Fund, acknowledging however that although there is information sharing, there are no direct synergies possible vis a vis commodities.
- The PPC applauded the Executive Committee decision to limit the funding for measles SIAs pending new epidemiological data from SAGE.

3. IRC Report

- 3.1 The Chair introduced Mark Kane, Chair of the New Vaccine Support (NVS) Independent Review Committee (IRC), who presented his report to the PPC by phone. He presented a summary of the work of the NVS IRC in 2012 starting by briefly explaining the IRC process and concluding by presenting the overall recommendations. He highlighted some of the important issues noted by the IRC such as the disruption of planned introductions due to vaccine supply issues, the disruption of routine immunisation in some countries due to increasingly frequent campaigns, the fact that some countries are still donor dependent for their basic EPI vaccines and delivery programmes and that immunisation coverage is reaching a plateau in a number of countries.
- 3.2 He informed the PPC that whilst a number of improvements have been made to the online application portal it was designed for routine immunisation and requires further modifications for campaigns.
- 3.3 The IRC noted that the strengthening of cold chain and logistics systems, identified by them as a priority in 2011, is being taken on board by GAVI, its partners and countries.
- 3.4 The IRC continues to have concerns over countries ability to demonstrate sound costing and financing analysis.
- 3.5 Whilst countries appear to understand gender equality in immunisation they rarely address non-gender causes of inequity.
- 3.6 Data quality remains a concern as there are uncertainties around population size, target population and immunisation coverage.
- 3.7 Dr Kane concluded his presentation by indicating his support for the Grant application, monitoring and review (GAMR) report and recommendations.

Discussion

- The PPC noted that IRC recommendations are tracked by the Secretariat and risks identified are included in the quarterly GAVI risk assessment. Based on IRC recommendations a number of improvements have been made to the online application portal and work to optimise the tool will continue.
- The PPC noted that the IRC formulates recommendations which are not only for the Secretariat but also for partners and countries.
- The PPC noted with interest that countries focus information they provide on inequities around gender inequities and agreed that in order to obtain information on other inequities it might be useful to provide clearer guidance to countries on what is expected of them in this context.
- It was clarified that IRC members represent a comprehensive set of skills in relation to vaccination, including experts on cold chain and logistics, financing, gender and equity etc.
- The PPC noted with interest the IRC recommendation that there should be more coverage surveys.

4. Country Programme update

- 4.1 Hind Khatib-Othman, Managing Director, Country Programmes, introduced this item and Paul Kelly, Director, Country Programmes, Stefano Malvolti, Director, Vaccine Implementation, and Bakhuti Shengelia, Director, Health Systems and Financial Sustainability, presented updates on their respective areas of responsibility.

Discussion

- The PPC commended the Secretariat on the quality of the paper presented to them for this meeting.
- The PPC discussed some issues in relation to Pakistan and the challenges faced by GAVI and its partners in engaging with the government at the appropriate level. There are concerns about the routine immunisation system, in particular in the context of the increasing number of campaigns in the country. The PPC welcomed the increased coordination of the Secretariat with the in country partners.
- The focus on polio is often stated as one of the reasons that the routine immunisation system in Nigeria is undermined. There are however other factors to be considered such as the logistical challenges due to the size of the country and insufficient accountability.

- The PPC agreed on the importance of leveraging, where appropriate, polio infrastructures to strengthen routine immunisation.
- The PPC noted the sequential approach for fragile countries and that this should enable tailored approaches to be in place for most of the 11 countries by the end of the year. Pending finalisation of the tailored approaches GAVI will continue to engage with all 11 countries.
- The Secretariat clarified that the Partnership Framework Agreement (PFA) aims to streamline and simplify the processes which had previously been presented in a number of different documents. It is also the first time that countries are being asked to co-sign an agreement with GAVI and this is a way of ensuring their commitment to the implementation of the vaccine programmes.
- The PPC noted that where countries are decentralising their health systems e.g. Kenya, GAVI does not have a way to track this, and it was suggested that this is an issue which might merit further reflection.
- In relation to vaccine implementation the PPC noted that GAVI is starting to work with non-traditional partners such as organisations coordinating work in relation to water and sanitation (rotavirus) and the Global Partnership for Education (for HPV).
- PPC members reiterated the importance of monitoring and surveillance in order to have a greater understanding of the impact of vaccine implementation.
- The representative of the vaccine industry industrialised countries constituency informed PPC members that vaccine companies supplying GAVI are making great efforts to increase the production capacity in order to meet (as soon as possible) the demand. However, it is important to recognise the difficulty to produce and upscale the production of biological products such as vaccines. He stated that it will remain important to maintain the quality of dialogue and interactions between GAVI/partners with industry which is leading to good understanding and clear and appropriate communication with countries. He also stated that as the expansion of programme plans are developed it is critical that GAVI works with vaccine companies as partners to understand supply constraints to avoid delays in future expansion.
- The issue of the siloing of funding within GAVI between the Business Plan and HSS was raised and it was suggested that there is a need for the better alignment of funding for implementation with vaccine introductions.
- In terms of country readiness the PPC noted that the Secretariat continues to work with countries and partners to ensure readiness and that although there might be some delays due to systemic problems they are actually quite limited.

- The PPC noted that issues related to the Global Action Plan for Pneumonia and Diarrhoea are being addressed on a country by country basis.
- One member of the PPC suggested that when GAVI thinks about its new strategy it might be useful to ask whether there might be things which the organisation can invest further in which are more cost effective and which are not vaccines.
- The development of relevant training for graduating countries is in preparation and whilst there are some cross cutting issues there will also be requirements for a tailored approach. There is also a need to talk with the partners in graduating countries to discuss engagement both in terms of financial and programmatic aspects.
- The PPC was reminded the UNICEF is the taking the lead on work in relation to inequities. In this context 10 priority countries have been identified. As a first step an assessment will be carried out to understand the critical determinants of inequities and an action plan will then be prepared. The application guidelines for new grants have been modified and are much more demanding in terms of the analysis countries need to perform in order to identify inequities.
- The Secretariat confirmed that the model rolled out for Performance Based Funding (PBF) is that which was approved by the GAVI Alliance Board with a slight adjustment to increase the predictable/programmable component to 80%. This has been welcomed by countries and partners as it gives greater space for planning and budgeting and sufficient incentives to perform. Additional intermediate indicators which are on the critical path have also been included. One PPC member indicated that it would be useful to have a short document outlining PBF as it now stands.
- The PPC was informed that the GAVI Alliance Board, at their recent retreat, had considered a more detailed classification of the HSS grant activities and had agreed to leave it to the discretion of countries apply for funding to identify their own areas of priority.
- The PPC agreed that it is critical for GAVI to identify the way in which it will support and work on HSS and acknowledged that there are still a number of challenges in this area which could be overcome through greater coherence between the different actors in the field.
- PPC members asked for an update on progress in working with the private sector. There is some involvement from private sector donors and some private sector partners providing services in country. Work on a number of potential projects with the private sector is ongoing.

5. Polio and routine immunisation

5.1 Alan Brooks, Special Adviser for Immunisation, presented this item to the PPC.

Discussion

- The PPC expressed their support for GAVI's proposed approach to a complementary role to the Global Polio Eradication Initiative in the eradication effort as outlined in the report presented to them for this meeting. GAVI's approach is intended to achieve the following objective: to improve immunisation services in accordance with GAVI's mission and goals while supporting polio eradication by harnessing the complementary strengths of GAVI and GPEI in support of countries.
- The PPC agreed that it will be important to address the issue of the introduction of IPV in a context where routine immunisation systems are already stretched with the current schedule of vaccines.
- The PPC discussed some of the implications for countries of introducing IPV as a means to eventually phasing out OPV, which in terms of programmatic aspects of introducing a new vaccine, would not necessarily change GAVI's model for providing support to countries. There have been some discussions on the administration of IPV at the same time as DTP3. Regardless of a Board decision to support IPV procurement, GAVI could consider coordinating activities with its implementation such as by asking countries, when applying for support for other vaccines, if they have thought about the cold chain requirements for IPV. The PPC agreed that the suggested roll out of IPV in 18 months to full coverage levels as outlined in the draft Polio Endgame is unrealistic.
- The PPC noted that an issue of concern for some of the countries is the 'westernisation' of the eradication plans (i.e. top-down direction) and that GAVI needs to assess potentially related risks if it is to be involved in a high profile way.
- The PPC discussed that fact that there has been a large degree of 'territorialism' in relation to polio immunisation and that it is now time to bring all actors together, those involved in polio and routine immunisation as well as the regional and global players.
- In terms of legacy planning the PPC noted that the views of countries are critical to discussions and analyses related to the sustainability of the investments in human and financial resources.
- The PPC agreed that it would be useful to have clarity on where there might be GAVI added value in terms of governance, oversight and/or operations. This will require discussions at the political level.

- The PPC agreed on the importance of ensuring that the vaccine manufacturers are involved in all relevant discussions.

6. Grant application, monitoring and review

- 6.1 Peter Hansen, Director, Monitoring & Evaluation, and Daniel Thornton, Director, Strategic Initiatives, presented the principles and key elements of the proposed redesign of GAVI's grant application, monitoring and review systems to the PPC.

Discussion

- The PPC supported the proposed redesign and agreed that the Secretariat should prepare, for the PPC's consideration at its meeting October 2013, options for providing binding multi-year commitments for vaccine support for high performing countries.
- The Secretariat clarified that PBF is not mentioned in the paper as it is already a Board approved policy and the review mechanisms would be the same whether or not PBF was part of a proposal.
- The PPC noted that the process will be more country based, not only in terms of preparing applications but also in terms of monitoring, and will also be more country specific. There will be a move away from a GAVI-specific Annual Progress Report (APR). Where appropriate, use will be made of reporting tools which already exist in country. This tailored approach will be documented, including roles and responsibilities, in the proposals which are submitted to the Review Panel.
- The Secretariat noted that the participation of partners in country is critical and they should therefore ensure that they are active members of ICC's (or equivalent). It was suggested that in country partners should be more involved in the day to day management and oversight of grants. One member of the PPC raised concerns on ensuring engagement, and stability, of the national partners from the Expression of Interest (EOI) stage through to the end of a potentially five year process.
- The Secretariat also expressed the hope that there will be a greater ability to follow through on issues in country if the Business Plan partners are fully involved in the application, monitoring and review processes.
- The PPC agreed that GAVI should not create additional strategic planning processes at country level but should be part of the existing dialogue between in country partners on national strategies. As part of this there would be agreement on what GAVI would and would not be funding both in terms of vaccine support and cash support.

- The PPC agreed that in terms of grant applications, monitoring and review the collection of and use of data is critical. Accurate data is needed, as is the culture of using data for decision making.
- The PPC endorsed the shift from a monitoring IRC to a review panel but stressed the need for participation by IRC members, including the chair, the need for high level engagement by WHO and UNICEF, and the need to have flexibility on the inclusion of other participants, where appropriate.

Decision One

The GAVI Alliance Programme and Policy Committee:

Recommended to the GAVI Alliance Board that it:

- (a) Approve the principles and key elements of the proposed redesign of GAVI's grant application, monitoring and review systems, as described in section B.3 of Doc. 06, with the first evaluation of the system taking place after one year of implementation; and
- (b) Approve a High Level Review Panel consisting of senior level staff of the Secretariat, WHO and UNICEF, the IRC Chair and two other IRC members. Senior staff of other Alliance partners may be invited to the Review Panel, as participants or observers, as appropriate; and
- (c) Request the Secretariat to work with affiliated entities and partners to ensure launch of the new systems starting 1 January 2014, with all existing and new grants shifting to the new system following this date.

7. Vaccine investment strategy

- 7.1 Aurelia Nguyen, Director, Policy and Market Shaping, presented an overview of the completed Phase I of the Vaccine investment strategy (VIS) process.
- 7.2 Seth Berkley reminded the PPC that they were being asked at this meeting to make a recommendation on the further analyses that should be undertaken in preparation for a final recommendation to the Board for decision in November 2013. No final decision was requested at this stage.
- 7.2 Suresh Jadhav and Klaus Stohr recused themselves and did not participate in the discussion or vote on this item.

Discussion

- The PPC commended the excellent transparent process and wide consultation with all partners, which will continue during Phase II of the process.

- Some members of the PPC queried some of the estimates for U5 deaths averted, in particular those for measles, influenza and cholera.
- The Secretariat clarified that the impact for measles was relatively low as the modelled scenario related to the incremental impact of an investment in expanding the age cohort and for campaigns additional to the current MRI plans. With regard to influenza and cholera, the Secretariat indicated that any new data published would be reviewed and included in the Phase II analysis.
- The PPC noted that despite the uncertainties around the malaria vaccine there is sufficient interest around its potential to include it in further analyses.
- A number of PPC members asked if the Secretariat had carried out an analysis of the opportunity costs for GAVI of introducing new vaccines as opposed to expanding the coverage of existing vaccines and continuing to work on the strengthening of routine immunisation. This analysis has not been done as both objectives can be pursued, rather than being compared as mutually exclusive options.
- One member of the PPC requested that new vaccines be compared to benchmarks of the vaccines in GAVI's existing portfolio. The Secretariat confirmed that final recommendations in November will be based on a comparison with existing GAVI vaccines on key criteria. It was noted that some of the vaccines under consideration have unique value for certain target groups or certain countries only rather than the more global value of many of the current GAVI vaccines.
- The PPC noted that further country consultations will take place in Phase II where country demand will also be discussed. During Phase I consultations countries had articulated the criteria which were most important to them. The analysis is available on myGAVI.
- The PPC discussed whether a potential GAVI investment in IPV should be part of the Phase II analysis of the Vaccine investment strategy or whether, in view of the probable endorsement by the WHA in May 2013 of the Endgame Strategy, the GAVI Alliance Board should already be asked to take a decision on such an investment at its meeting in June. Consequences of delaying such a decision to November could be the creation of parallel immunisation systems, delay of roll out and subsequently compromise the objectives of the polio eradication effort. The challenges of providing a sufficient level of information to the Board in June to enable it to take a decision were recognised.
- The PPC recognised that there are a number of issues to be clarified in terms of how IPV is going to be introduced, where GAVI obviously has expertise in supporting countries, and how the vaccine introduction will be funded. Countries will themselves also have to decide whether or not they wish to prioritise the introduction of IPV over other vaccines.

- The PPC agreed that regardless of whether or not GAVI invests in IPV going forward it will be necessary to maintain a close relationship with GPEI to ensure coordination within countries.
- Some members of the PPC suggested that it would be useful to have information on the related opportunity costs and whether the introduction of IPV would result in delays in introducing other vaccines or reduced funding for other vaccines.

Decision Two

The GAVI Alliance Programme and Policy Committee:

Recommended to the GAVI Alliance Board that it:

- a) Endorse the evaluation criteria set out in Table 1 in Doc. 07 for consideration in the Vaccine Investment Strategy (VIS) process;
- b) Decide to narrow the choice of possible vaccine investment options (in addition to GAVI's current portfolio) for further analysis in Phase II by prioritising vaccines based on health impact (mortality and morbidity), epidemic potential, and value for money (procurement cost per death averted). The Phase II analysis outcomes shall be benchmarked against the vaccines in GAVI's current portfolio. As modelled in Phase I of the VIS and subject to further analysis in Phase II, influenza (for maternal immunisation), malaria and rabies vaccines are in the top tier of health impact outcomes; cholera and yellow fever vaccines are included on the basis of epidemic potential and value for money outcomes. Dengue, meningitis (serogroups CYW135) and measles (expanded investment), while diseases with epidemic potential, are excluded from further analysis because of a relatively high cost per death averted of the modelled strategy;
- c) Request the Secretariat – recognising the urgency of timing in the polio eradication effort and that considerations for Inactivated Polio Vaccine (IPV) are not consistent with the VIS criteria or timing – to prepare for procurement and implementation of GAVI support for the introduction of IPV in the routine immunisation programmes of GAVI countries as recommended by WHO as a contribution to polio eradication. These preparations and implementation shall take into account forthcoming recommendations from SAGE and be in consultation with Alliance partners. Approval will be subject to sufficient additional funding being available and Board endorsement of moving this forward outside the timing of the VIS process and the Board will note that there may need to be changes to GAVI policies which would need to be approved by the Board or the Executive Committee.

Suresh Jadhav (Vaccine Industry Developing Countries) and Klaus Stohr (Vaccine Industry Industrialised Countries) recused themselves and did not vote on this item.

8. Market shaping update

- 8.1 Aurelia Nguyen updated the PPC on the progress of the implementation of GAVI's vaccine supply and procurement strategy.

Discussion

- The PPC commended the Secretariat on its work in relation to market shaping and the productive partnership with UNICEF SD who is a critical player.
- One member of the PPC noted that there have been increased delays in the supply of pneumococcal conjugate vaccine and in this context regretted that the relevant roadmap has not been prioritised. The Secretariat clarified that they are working very closely with both manufacturers, tracking supply month by month. It is foreseen that all roadmaps will be completed by the end of the year.
- Representatives from the vaccine manufacturers confirmed their alignment with GAVI's efforts to obtain affordable prices for developing countries but highlighted that more GAVI focus is needed on the importance of ensuring that the quality of vaccines is not compromised. The emphasised their position that there is the need for vaccine quality to be addressed equally strong in the future as is done for price and supply sustainability considering the change in the vaccine supply landscape.
- The Secretariat highlighted the forecasting work being done in house, supported with discussions with manufacturers to assist with investment planning decisions.

9. Review of prioritisation mechanism

- 9.1 Eliane Furrer, Senior Programme Officer, Policy, presented the proposed revisions to GAVI's prioritisation mechanism for new vaccine support.

Discussion

- The PPC members endorsed the proposed revisions.
- One member of the PPC expressed concern on the recommendation to move away from the National Health Account expenditure indicator to assess the financial sustainability of immunisation programmes. The Secretariat clarified that the recommendation is based on a review of a number of different indicators and guidance provided by the Immunisation and Financial Sustainability Task Team. While recognising that there is no perfect indicator, the recommended indicator provided through the WHO/UNICEF Joint Reporting Form (JRF) is more closely reflective of a country's commitment to immunisation spending.

- The Secretariat clarified that the time horizon for the calculation of health impact would be five years.
- The PPC noted that there is limited additional value in including DALYs or other non-mortality health outcome measures at this point in time, given the increased complexity and resource needs.

Decision Three

The GAVI Alliance Programme and Policy Committee:

Recommended to the GAVI Alliance Board that it:

- Approve the revised prioritisation mechanism attached as Annex 1 to Doc 09.

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 introduced this item by informing the Committee that he had been approached by the CSO constituency, through its PPC representative, to include an item on the agenda in relation to CSO's having access to GAVI prices. He reminded PPC members that there was an action from the December 2012 Board meeting as follows:

“Respond to civil society request that the Secretariat explore the possibility of civil society organisations providing immunisation services in countries having access to GAVI prices in countries selected for a country tailored approach.”

- 11.2 Clarisse Loe Loumou gave a presentation to the PPC on behalf of the CSO constituency. She informed PPC members that whilst MSF is an active member of the constituency their recent campaign in relation to GAVI vaccine prices had not been endorsed by the constituency.

Discussion

- PPC members expressed their appreciation for the presentation which provided clarity on the CSO constituency request and what the constituency considers as guiding principles for CSO access to GAVI prices.
- The PPC noted that CSOs wish to access GAVI prices for vaccines to support governments to implement their catch up policies (in children over one year of age), to support governments to vaccinate older age groups of particularly vulnerable populations, and to vaccinate in emergency situations.

- The PPC noted, and encouraged, CSOs wish to access GAVI prices only for GAVI-eligible countries, to ensure the same quality control measures as GAVI policy, to target age groups as recommended by WHO, to ensure that the work is being carried out by reputable NGOs, and, most importantly, to work at the request of, and in collaboration with, governments. The PPC cautioned against setting up parallel systems.
- The PPC agreed that should a country wish to increase the volume of its order of 'GAVI' vaccines in order to implement their catch up policies that there is nothing to prevent them from doing so as long as it is clear that the funding for the additional vaccines would come from CSOs.
- The PPC noted the willingness of UNICEF SD to work with CSOs to find solutions in other situations.
- The PPC also noted that GAVI can act as a facilitator in countries where CSOs may face difficulties in interacting with the government.

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
- Zulfiqar Bhutta
- Suresh Jadhav
- Steve Landry
- Clarisse Loe Loumou
- Lene Lothe
- Susan McKinney
- Ahmad Jan Naeem
- Robert Oelrichs
- Jean-Marie Okwo-Bele
- Salif Samake
- Klaus Stohr
- Jos Vandelaer
- Seth Berkley (non-voting)

Regrets

- Helen Rees

Observers

- Mark Kane (Item 3, by phone))
- Amy Kesterton

GAVI

- Debbie Adams
- Alan Brooks
- Helen Evans
- Eliane Furrer (Item 9)
- Joanne Goetz
- Peter Hansen
- Hind Khatib-Othman
- Judith Kallenberg (Item 7)
- Paul Kelly
- Stefano Malvolti
- Aurélia Nguyen
- Nina Schwalbe
- Bakhuti Shengelia