



## **GAVI Alliance Programme and Policy Committee Meeting**

9-10 October 2013

GAVI Alliance Offices, Geneva, Switzerland

### **FINAL MINUTES**

#### **1. Chair's report**

- 1.1 Finding a quorum of members present, the meeting commenced at 08.35 Geneva time on 9 October 2013. Richard Sezibera, Programme and Policy Committee Chair, chaired the meeting.
- 1.2 The Chair expressed that he was delighted to be attending his first meeting as Chair of the PPC and how much he looked forward to working with the Committee.
- 1.3 He welcomed new members attending a PPC meeting for the first time as well as observers, and introduced his Special Adviser, Stephen Karengera.
- 1.4 Standing declarations of interest were tabled to the Committee (Doc 01a in the Committee pack).
- 1.5 The minutes of the April 2013 meeting were tabled to the Committee (Doc 01b in the Committee pack). They had already been circulated and approved by no-objection on 9 August 2013.
- 1.6 Finally the Chair referred to the PPC workplan for 2014 (Doc 01c) and reminded Committee members that they may contribute to the workplan by raising issues with either himself or the Secretariat.

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#### **2. Update from the Secretariat**

- 2.1 Seth Berkley, CEO, gave an update from the Secretariat, highlighting that 2013 is a record year for GAVI in terms of vaccine introductions.
- 2.2 He referred to the Executive Committee meeting which had taken place in New York on 27 September 2013 and at which the items discussed included the GAVI Strategy 2016-2020, updates to the business plan for 2014, risk and risk management and polio and routine immunisation.
- 2.3 In relation to the GAVI Strategy 2016-2020 he informed the PPC that based on the input of the Executive Committee the strategic shifts will be some

narrowing down of possible options and the next step in the process will be a web based public consultation. There will be detailed discussions at the Board meeting in November 2013. The Executive Committee also gave guidance on options to be explored in a number of areas. This will be done through public consultation, outreach to countries and a donor consultation during the GAVI Mid-Term Review (MTR).

- 2.4 In addition to attending the Executive Committee meeting in New York the CEO had attended a number of high level meetings at the UN General Assembly including an event in showcasing the public private partnership model of GAVI and the Global Fund led by the President of Ghana, who will co-host the MTR as well as the GAVI replenishment.
- 2.5 The CEO had also travelled to Washington D.C. where, despite the sequester and government shutdown, he had some high level meetings with strong supporters of GAVI.
- 2.6 The CEO had also had the opportunity to attend a meeting with GAVI countries attending the PAHO regional meeting. He reminded the PPC that PAHO's Directing Council passed a resolution reaffirming the least price clause contained in PAHO's Revolving Fund for Vaccine Procurement. To date, PAHO has granted waivers which allow manufacturers selling to GAVI an exception from this clause. The resolution questions whether and how such exemptions would be granted in the future and whether existing waivers would be reviewed. He noted this could affect GAVI's efforts to ensure and increase poor countries' access to affordable vaccines. Discussions with PAHO on this issue are ongoing.
- 2.7 The CEO informed PPC members that an announcement was expected that morning in relation to the prequalification of Japanese Encephalitis vaccine and that this also represents the first time a Chinese manufacturer will enter the global market with a prequalified vaccine.
- 2.8 The CEO reported on his address to the WHO AFRO regional meeting and the enthusiastic support for GAVI.
- 2.9 He referred to the extraordinary work which is being done collaboratively with the Global Polio Eradication Initiative (GPEI) in relation to the involvement of GAVI in the endgame strategy and looked forward to the PPC's discussions on this.
- 2.10 The CEO reminded PPC members that the Mid Term Review (MTR) will take place in Stockholm on 30 October. He highlighted that the MTR is a mutual accountability exercise for all stakeholders to report on commitments and have a frank conversation on progress and challenges. He gave an overview of how the meeting will be structured and on the expected high level attendance.
- 2.11 The CEO reported briefly that the 2013 UK Multilateral Aid Review (MAR) update had once again provided a very positive assessment of GAVI and that

GAVI had won a gold medal at the 2013 ARC awards for best annual report in the non-profit category (Health and Education)

- 2.12 The CEO provided a brief update on some recruitment and staff moves. He also informed the PPC that a process will be initiated to fill a new position of Chief Knowledge Officer to oversee ongoing knowledge management efforts and lead the IT team.
- 2.13 Finally the CEO referred to the Yellow Fever stockpile which GAVI has supported since 2002 and which has been used for 28 outbreak responses for vaccination campaigns including in 12 GAVI eligible countries. Current support ends in 2013. The Vaccine Investment Strategy (VIS) proposes the continuation of GAVI funding for the stockpile and preventive campaigns from 2015 onwards. There is therefore a funding gap for 2014. In order to avoid disruptions of the stockpile until another suitable mechanism outside GAVI has been identified a funding request is included in a paper going to the Audit and Finance Committee (AFC) for the stockpile and operational costs. As this is a continuation of a current Board approved programme it is not being brought as a separate paper to the Board.

### *Discussion*

- PPC members thanked the CEO for his report and noted the Deputy CEO's decision to retire in April 2014, wishing her well.
- PPC members recognised that the PAHO resolution raises a number of concerns for the GAVI Alliance including in relation to the working relationship and engagement with industry. The fact that the resolution also foresees that any waivers to the least price clause are granted by the Directing Council which only meets once a year may already have consequences on the IPV tender recently published and this will have to be worked through.
- PPC members expressed their willingness to help in any way possible on this through their constituencies. The CEO welcomed this, pointing out that some time is required to think through what the strategy will be to engage all partners appropriately.
- In relation to the engagement of the President of Ghana for GAVI, PPC members agreed on the importance of engaging political leaders in general to raise the profile of immunisation, in particular as GAVI goes towards replenishment.

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### **3. IRC Report**

- 3.1 The Chair introduced Beena Varghese, Vice Chair, Monitoring Independent Review Committee (IRC), who presented her report to the PPC. She highlighted some of the analyses IRC members had done in relation to immunisation inequities in large population countries and also highlighted the areas the IRCs considered to be working well and areas where there should

be additional focus. She reported on the IRC recommendations in relation to health system strengthening and cash grants, financial sustainability, coverage and data quality, and HSS evaluation. Finally she informed the PPC that the IRC recommended the development of an equity targeted and country tailored GAVI strategy.

### *Discussion*

- The PPC noted in relation to coverage data that the IRC had focused on coverage surveys and had recommended that GAVI should offer incentives and funding to assure coverage surveys at least once every three years to increase accuracy of data.
- In relation to inequities it was noted that the relevant data mainly come from DHS surveys and are related to socio economic inequities. Some proposals refer to geographic inequities. Countries are advised to outline strategies in their Health systems strengthening (HSS) applications to address the inequities. A difficulty which is still recognised is in establishing the indicators to measure the progress. The IRC Chair indicated that the IRC had welcomed the news that UNICEF is focusing on equity in GAVI countries.
- PPC members noted that in the application guidelines countries are encouraged to be innovative and that there are no restrictions on countries on choosing how they wish their investments to be used.
- The PPC noted that whilst the IRC recognised the importance of CSO participation in all countries it considered that there could be even further involvement of CSO's in ensuring equity concerns are addressed in medium performance countries (70%-90% coverage).
- A member of the PPC remarked in terms of financing and sustainability that it would be interesting to know if countries had maintained the funding they allocated for immunisation before receiving GAVI support and added additional funding for GAVI co-financing or whether they have simply shifted their budgets to co-financing. It was suggested that it could be particularly interesting to look at this for countries who are either in the graduation phase or about to enter it.
- A PPC member pointed out that there is reluctance in some countries to spend HSS funding and suggested that the HSS team should consider whether there should be a 'use it or lose it' policy or incentives to ensure the flow through of the resources.
- PPC members noted that the IRC has been consistent over the last few years in saying that the Gender Policy should be an Equity and Gender Policy.
- PPC members noted that the Secretariat tracks IRC recommendations and is consistently focusing on how the recommendations are translated into actions. At its next meeting the PPC will be invited to consider the

management action plan which will take into account the recommendations from all IRC rounds conducted in 2013.

- PPC members also noted that a number of the IRC recommendations on policy issues are feeding directly into the consultations on the GAVI Strategy 2016-2020.

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### 4a Country Programme update

- 4a.1 Hind Khatib-Othman, Managing Director, Country Programmes, introduced this item and Paul Kelly, Director, Country Programmes, Stefano Malvolti, Director, Vaccine Implementation, and Mursaleena Islam, Senior Specialist, Health Systems, presented updates on their respective areas of responsibility.
- 4a.2 Seth Berkley highlighted in particular that pentavalent vaccine will have been introduced to all 73 GAVI countries by the end of the first quarter in 2014 and that in India the National Technical Advisory Group for Immunisation (NTAGI) has approved national scale-up of the vaccine.
- 4a.3 He also commented on the tailored approach for countries which are being developed and welcomed the increased engagement on this with bilaterals and partners on the ground.

### *Discussion*

- In the context of the phenomenal scale up of vaccine introductions PPC members highlighted the importance of the stewardship role of Country Responsible Officers (CROs) as well as the work of the Transparency and Accountability Policy team. One member of the PPC highlighted the importance of the role of CROs being seen through the lens of global level engagement.
- A member of the PPC expressed concern about the use of IPV and the fact that in some countries there may be a negative impact on routine immunisation when a new vaccine is introduced.
- A member of the PPC asked if GAVI has in-country partnerships with academia and the Secretariat indicated that while this does exist in some places any suggestions for potential partnerships would be welcomed.
- A member of the PPC suggested that it would be useful to have a more in-depth discussion on the consequences of countries not meeting their co-financing obligations, in particular as the Alliance is now starting to see countries defaulting regularly. In the case of the Democratic Republic of the Congo (DRC) the Secretariat noted that whilst the country is in arrears it is important to note that they have started to pay for traditional vaccines. It is therefore important to consider immunisation financing as a whole, and not just co-financing.

- In response to a comment from a PPC member that co-financing and vaccine prices should perhaps be linked the Secretariat clarified that this had been discussed in 2010 during the review of the co-financing policy and at that time it was decided that it should not be done. For graduating countries co-financing is linked not only to price but also to presentation. This will again be looked at in 2014 when the co-financing policy is reviewed.
- A member of the PPC suggested that it might be useful to have indicators which give a flavour of what is happening in other relevant health interventions to give a better sense of what is integrated within the health systems.
- PPC members agreed on the importance of communication around the country tailored approaches, in particular to avoid the impression that GAVI is starting another planning process. PPC members noted that GAVI's tailored approaches for countries are aligned with national plans, supporting their priorities and objectives. PPC members also supported Secretariat efforts to collaborate with the World Bank on HSS and related programmes.
- PPC members noted that l'Agence de Medicine Preventive (AMP) and John Snow, Inc (JSI) respectively, will be providing technical support to develop coverage improvement plans in four countries, and enhance Alliance support for new vaccine introductions in three countries.
- A PPC member found it useful that the paper was structured so that the progress for SG1 was measured against the goals and suggested that this should be the next step for SG2.
- The Secretariat clarified that, based on first estimates, the delay in the introduction of pneumococcal conjugate vaccine in Bangladesh and Nigeria will impact the overall coverage performance of the Alliance.
- With respect to the pentavalent vaccine 10 doses presentation PPC members highlighted that health workers should not feel reluctant to open vials to immunise one child in order to avoid wastage.
- The Chair concluded the discussion by expressing, on behalf of the PPC, thanks to Paul Kelly for his contribution to GAVI and wished him well in his future position.

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#### **4b Country Programme update: Japanese Encephalitis**

- 4b.1 Stefano Malvolti, Director, Vaccine Implementation, presented information on the request to open a window for Japanese Encephalitis, highlighting that prequalification of the vaccine had been announced that morning.

### *Discussion*

- The Secretariat clarified that GAVI support will be for Japanese Encephalitis (JE) initial coverage campaigns and it will then be the responsibility of countries to ensure that the vaccine is introduced into the routine immunisation programmes. In this context it was noted that JE is already part of the routine immunisation programme in Vietnam and that support potentially provided by GAVI would be for the 5 to 15 year old age group. Nepal may apply for support for districts which remain at risk.
- PPC members noted that funding is currently allocated in the business plan for activities on surveillance and technical assistance.
- The Secretariat clarified that there will be a proactive discussion with manufacturers before opening the tender to ensure that it is possible to mitigate sole source risks, and also to gauge the manufacturers interest and ability to supply adequate volumes of the vaccine.
- PPC members noted that SAGE will be revising the JE position paper in the coming months but that a decision on any potential changes in the WHO recommendation on the JE vaccine schedule is not expected before November 2014.

### **Decision One**

The GAVI Alliance Programme and Policy Committee:

**Recommended** to the GAVI Alliance Board that it open a funding window for JE vaccine such that the GAVI Secretariat can invite country proposals for support in 2014 from all GAVI eligible countries at risk.

*Klaus Stohr (Vaccine Industry Industrialised Countries) recused himself and did not vote on the above.*

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## **5. Market shaping update**

5.1 Aurelia Nguyen, Director, Policy and Market Shaping, updated the PPC on the progress of the implementation of GAVI's vaccine supply and procurement strategy.

### *Discussion*

- PPC members noted the delay in finalising some of the vaccine roadmaps due to the additional workload to create a roadmap for IPV to support the implementation of the Board's decision on IPV at its June 2013 meeting.
- PPC members recognised the difficulty in forecasting for inactivated polio vaccine (IPV) as this will depend not only on country demand but will also

relate to vaccine formulation and the recommended number of doses. Discussions with the vaccine manufacturers are ongoing.

- The representative from the vaccine manufacturers from industrialised countries conveyed again the disappointment of his constituency that the report did not address the issue of vaccine quality, which in their view is as important as price and sustainability. The Secretariat clarified that there is a specific section on quality in each of the vaccine roadmaps and that there is continuous work in terms of supporting WHO's work around early warning signals for any quality issues. The CEO added that during his travels he emphasises the importance of quality standards of the National Regulatory Authorities (NRAs). The Chair invited the constituency to specify the exact concern and any issues not already addressed in the Global Vaccine Safety Blueprint.
- PPC members confirmed the importance of tiered pricing, without which the entire GAVI model would be undermined.
- PPC members recognised that it is not possible for the Secretariat to indicate without breaching confidentiality whether prices obtained for vaccines are lower or higher than expected but noted that there are internal targets which are tracked and reported against.
- PPC members expressed that they look forward to seeing the external review of demand forecasting accuracy, recognising also the importance of forecasting for the manufacturers.
- The Secretariat clarified that the action plans for each of the vaccine roadmaps document the target outcomes, the actions, timelines and person/role identified for carrying out that action and an indicator.

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## 6. Monitoring & evaluation update

- 6.1 Peter Hansen, Director, Monitoring & Evaluation, presented an update on key activities in the Monitoring & Evaluation (M&E) cross cutting section of the business plan.

### *Discussion*

- PPC members acknowledged the challenge of working with different data sets from different sources and suggested that there is an opportunity to work with partners to see how this can be harmonised, where possible. The Secretariat clarified that there is already a lot of work being done with partners and that data from interventions other than immunisation is being looked at, for example in models such as the Lives Saved Tool (LiST) where one can model the scale up of vaccination alongside the scale up of other interventions.

- A PPC member highlighted the importance of ensuring that the data extrapolated from the various evaluations and studies is presented in a way which is understandable to non-experts, in particular as the Alliance moves towards replenishment.

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### **7. Vaccine investment strategy**

- 7.1 Aurelia Nguyen, Director, Policy and Market Shaping, and Judith Kallenberg, Senior Specialist, Vaccine Investment Strategy, presented an overview of the completed Phase II of the Vaccine Investment Strategy (VIS) process.
- 7.2 The Chair informed PPC members that in the context of the VIS he had received a letter of support from the Coalition for Cholera Prevention and Control (CCPC).

#### *Discussion*

- PPC members noted that the primary objective of supporting a cholera stockpile is to help address outbreaks. An important secondary objective is the opportunity to learn how a vaccine can be used in an endemic setting.
- PPC members noted that the current cholera stockpile is managed by WHO and that it is proposed that this continues, with some management costs being supported through the business plan.
- It is proposed that the Secretariat work closely with WHO in terms of the design and M&E framework of the stockpile. Some funding for this is foreseen in the figures presented.
- A member of the PPC stated that future deployment of the stockpile would present an opportunity to generate impact data, which could inform future policy on use of the vaccine in epidemic and endemic settings, and suggested that the different agencies involved should consider rolling out the necessary M&E structures.
- The PPC member representing the Bill & Melinda Gates Foundation (BMGF) stated that the BMGF has some complementary resources which may be used to support the implementation of a cholera stockpile going forward.
- PPC members noted that outcomes from the proposed assessment of the feasibility of GAVI support for rabies would help inform the next VIS.
- The Secretariat clarified that four strategies were modelled for the malaria vaccine – within the EPI schedule with and without a booster dose, and for an older age group, also with and without a booster dose. Models from both Swiss Tropical and Public Health Institute and Imperial College were used.

- PPC members discussed the importance of striking a balance between giving a solid market signal whilst enabling further analyses to be made before a final decision is taken in relation to a potential malaria vaccine.
- PPC members agreed on the importance of continued use of other malaria interventions and ensuring that countries would not have to consider trade-offs if a vaccine was made available. It was suggested that as things move forward it may be necessary for GAVI to think about new partnering.
- It was also pointed out that it will be important to consider the cost of a malaria vaccine in the context of cost-effectiveness of different malaria interventions and local epidemiology.
- PPC members noted that the majority of countries concerned have already introduced Yellow Fever into their routine programmes and that the support proposed by GAVI is for preventive campaigns addressing the burden beyond that and risks in older age groups. One member of the PPC pointed out that for some countries it would not be cost-effective to include Yellow Fever in their routine immunisation programmes.

### **Decision Two**

The GAVI Alliance Programme and Policy Committee:

**Recommended** to the GAVI Alliance Board that it:

- a) Decide to support new yellow fever vaccine campaigns and request the Secretariat to develop a process for the funding of individual campaigns on the basis of robust risk assessments.
- b) Approve a contribution to the global cholera stockpile for use in epidemic and endemic settings and to that end:
  - i. Endorse, subject to confirmation by the Audit and Finance Committee, that this is consistent with the Programme Funding Policy, a net increase in programme budgets for the global cholera stockpile by US\$ 11.5 million for the period 2014-2018. (This endorsement would constitute acknowledgement of such budget amounts as an indication of potential future expenditures but would not constitute a funding approval, decision, obligation or commitment of the GAVI Alliance or its contributors.);
  - ii. Approve, subject to confirmation by the Audit and Finance Committee, that this is consistent with the Programme Funding Policy, a net increase of near-term programme liabilities for the global cholera stockpile (a sub-component of endorsed programme budgets) by US\$ 8.5 million for 2014;
  - iii. Note the opportunity for the GAVI Alliance to generate impact data based on the use of the cholera stockpile in emergency settings.
- c) Approve an assessment of the feasibility of GAVI support for rabies vaccines (to be evaluated in the next Vaccine Investment Strategy process). A funding

request for the outsourced assessment will be included as part of the Business Plan in 2015.

- d) Note that based on the current assessment there is a reasonable case for GAVI support for a malaria vaccine, and that the Board will consider opening a window if and when the vaccine is licensed, recommended for use by the joint meeting of the WHO Strategic Advisory Group of Experts and the Malaria Programme Advisory Committee (expected in 2015) and WHO prequalified, taking into account updated projections of impact, cost and country demand as reviewed by the PPC.
- e) Note the potential public health impact of vaccinating pregnant women against seasonal influenza and the need to assess the emerging evidence of impact of vaccination on neonates, but decides not to open a funding window for influenza vaccines at this time.

*Klaus Stohr (Vaccine Industry Industrialised Countries) recused himself and did not vote on the above.*

The GAVI Alliance Programme and Policy Committee:

**Recommended**, subject to endorsement by the Audit and Finance Committee, to the Executive Committee that it, in turn, recommend to the GAVI Alliance Board that it approve an amount up to US\$ 1.5 million to be added to the 2014 Business Plan to implement the Board's VIS decisions through Secretariat and partner activities as described in section 5.2 of Doc 07.

*Jean-Marie Okwo-Bele (WHO) and Jos Vandelaar (UNICEF) recused themselves and did not vote on this item.*

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## 8. IRC Terms of Reference

- 8.1 Peter Hansen, Director, Monitoring and Evaluation, presented this item, requesting guidance from the PPC on the new Terms of Reference (TORs) for the IRC.

### *Discussion*

- The PPC agreed on the importance of ensuring full independence of the IRC and in this context agreed that IRC members should be approved by the GAVI Alliance Board as foreseen in the Statutes and By Laws. The PPC did however recognise the practical challenges of filling short term gaps and agreed that it would be useful to have a process enabling emergency appointments outside of the normal governance timeline.
- PPC members noted that the role of the PPC, as outlined in its Charter, is to “respond to IRC policy recommendations and pass them on to the Board/Executive Committee as appropriate”. In this context PPC members noted that they will have an opportunity, at their May 2014 meeting, to

consider the 2013 IRC recommendations and to decide if there are any they wish to be brought to the Board's attention.

### **Decision Three**

The GAVI Alliance Programme and Policy Committee:

**Recommended** to the Executive Committee that it approve the IRC terms of reference as attached to Doc 08, taking into account the changes made at the PPC meeting and subject to the Board amending the By-Laws as appropriate to enable a process of emergency appointments.

**Recommended** that the Governance Committee consider recommending to the Board that it approve changing the By-Laws to allow the CEO in consultation with the Chair of the PPC to appoint IRC members in emergency situations pending ratification by the Board at the next opportunity.

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## **9. Gender Policy Review**

9.1 Aurelia Nguyen, Director, Policy and Market Shaping, reported to the PPC on the findings of the review of the GAVI Alliance Gender Policy.

### *Discussion*

- The PPC discussed if it is sufficient to have gender policy as a standalone policy or if it would be better integrated as part of a wider equity framework. The discussion concluded that wider equity could be addressed in the GAVI strategy review. An earlier review of the gender policy can take place if needed following the adoption of the new strategy.
- A member asked whether there was a risk that donor funding could be withheld if GAVI did not have a specific gender policy. Upon further review there are no formal requirements for a standalone gender policy, without other aspects of equity covered although reviews such as MOPAN have gender policy on their check lists.. GAVI would need to consider whether including a gender policy as part of a wider equity policy would risk losing the gender perspective.
- PPC members recognised that the gender policy is often thought of in terms of numbers of girls and boys immunised and agreed on the importance of communicating to countries and partners that the gender policy also takes into account other gender related barriers such as the status of women in different societal and ethnical contexts on how this impacts their ability to access services.

## **Decision Four**

The GAVI Alliance Programme and Policy Committee:

**Recommended** to the GAVI Alliance Board that it approve the revised Gender Policy attached as Annex 1 to Doc 09.

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### **10. TAP Policy Review**

- 10.1 Aurelia Nguyen, Director, Policy and Market Shaping, and Anna-Carin Kandimaa Matterson, Senior Programme Officer, Policy, reported to the PPC on the findings of the review of the GAVI Alliance Transparency and Accountability Policy (TAP).
- 10.2 Simon Lamb, Managing Director, Internal Audit, and Bernardin Assiene, Director, Transparency and Accountability, also contributed to the discussion.

#### *Discussion*

- The PPC welcomed the findings of the review and suggested that in view of the importance of this policy for the Alliance it might be useful to consider a review of the policy before 2019. The group agreed the policy can be reviewed earlier if requested by the Board. Monitoring and update on implementation will be carried out annually.
- PPC members agreed that the policy should include wording on the importance of working with countries and in-country partners to strengthen country systems and using existing country systems where possible. The importance of country ownership was emphasised. This will be included in the principles of the policy.
- PPC members agreed on the importance of ensuring that countries, in particular those with multiple donors, are not overburdened with assessments and on the usefulness therefore of donors working together in a more coordinated manner.
- PPC members requested clarification on the monitoring work and spot checks which are proposed in relation to vaccines. The Secretariat clarified that the number of spot checks will depend on the risk assessments but that it is not currently foreseen that there would be more than 3 to 5 per year initially, and then the number would be evaluated on an ongoing basis. Checks will look not only at the vaccines themselves but also on the operational processes. The development of the supply chain strategy will inform how plans for the monitoring of work related to vaccines will progress.
- PPC members noted the importance of remembering that the TAP team does not go into countries looking for cases of misuse but to carry out financial management assessments and cash programme audits. The important work

they carry out is recognised through the increasing demand from countries for support in strengthening their financial management systems.

- PPC members noted there is a strong emphasis on prevention and monitoring in addition to the work on investigation and detection.
- PPC members agreed on the important stewardship role of the Country Responsible Officers (CROs) in the context of the TAP Policy.
- PPC members agreed on the importance of the wording of the policy around risk assessment making it clear that this is part of an ongoing process. The PPC recognised that strengthening data systems will strengthen the oversight that the TAP policy can extend.

### **Decision Five**

The GAVI Alliance Programme and Policy Committee:

**Recommended** to the GAVI Alliance Board that it, subject to guidance by the Audit and Finance Committee, approve the revised Transparency and Accountability Policy attached as Annex 1 to Doc 10, taking into account the changes requested by the Programme and Policy Committee.

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## **11. Polio and routine immunisation**

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

### *Discussion*

- The PPC commended the Secretariat and partners for the incredible work carried out since the Board meeting in June 2013.
- The Secretariat clarified that should there be wild polio cases later than the target of end 2014 for stopping transmission, this would not change planning in terms of the introduction of IPV, in particular as the introduction of IPV is part of the strategy for risk mitigation.
- It was recognised that there is a need to do more to increase the dialogue with countries. A series of tailored documents and FAQs have been prepared. WHO has started to communicate with different regions to ask about the state of country plans. A letter will shortly be sent by GAVI to all countries asking about the status of and encouraging planning by national authorities and partners. In November 2014, pending the decision of the GAVI Board a joint letter will be sent to countries from GAVI, WHO and UNICEF to reinforce the linkages between routine immunisation and polio, and open the window for IPV applications.

- One of the PPC members representing donor governments expressed their wish to have a better understanding of how the governance of the initiative will work going forward. There is still concern in relation to the different roles, responsibilities and accountabilities. Donors agree that there is a need to move forward and that there will need to be a point in 2018 to assess the GAVI structures and policies related to polio.
- PPC members recognised the importance for the manufacturers of having a clear demand forecast also reflecting presentation and dosage.
- PPC members noted manufacturers concerns that there are references to prices in the recently published call for tender. The Secretariat clarified that some of the price points referred to are commitments which have been made publicly by the manufacturers.
- PPC members noted that in terms of strengthening routine immunisation there is still a lot of detail lacking on what specifically is going to be done by GPEI to work in complement with the work being done through the GAVI Alliance and that this is an area which needs more attention. PPC members agreed that this is a serious opportunity to see a change in the way in which immunisation is done in countries. Polio workers will have TORs with an expanded set of tasks to support routine immunisation. There will be a need for indicators to assess whether progress is being made or not. It was acknowledged that it will take time to bring all of this together.
- A PPC member stated that the legacy planning needs to be about a lot more than employment. It also has to be about countries sustainably eradicating polio and owning their immunisation programmes, as well as surveillance and delivery systems.
- The Secretariat clarified that the proposal to recommend approval of a programme funding envelope for IPV is to enable the CEO to approve funding for new programmes following IRC review. This is to ensure that normal GAVI processes do not slow down implementation of the programmes.
- PPC members agreed on the importance in the long term of the partnership between GAVI and GPEI. Strong commitment will be needed from all partners to ensure success.
- With respect to the amount of up to US\$ 12.1 million for polio-related 2014 business plan costs, the PPC asked the Secretariat to further assess the funding request of CDC within this amount, given its role as a major funder of the Endgame.

### **Decision Six**

The GAVI Alliance Programme and Policy Committee:

**Recommended** to the GAVI Alliance Board that it:

- a) Endorse, recognising the Global Polio Eradication Initiative's (GPEI) responsibility for eradicating polio, GAVI's overall objected related to polio eradication to improve immunisation services in accordance with GAVI's mission and goals while supporting polio eradication by harnessing the complementary strengths of GAVI and the Global Polio Eradication Initiative (GPEI) in support of countries.
- b) Open a funding window for IPV such that the GAVI Secretariat can invite GAVI eligible and graduating countries (the "GAVI IPV Eligible Countries"), in line with the GPEI Endgame Strategy 2013-2018, to submit country proposals for support in accordance with the following policy arrangements and exceptions:
  - i. Accept IPV applications until June 2015 with introduction targeted by the end of 2015. However, should the need arise, following review by GAVI's CEO and in consultation with GPEI, the funding window could remain open for a longer period;
  - ii. Subject to polio-specific additional funding being available beyond 2018, provide support for GAVI IPV Eligible Countries until the Endgame target for stopping vaccination of approximately 2024 or an appropriate exit strategy for GAVI has been identified prior to 2024;
  - iii. Approve an exception to the programme filter requirement set out in the GAVI Alliance Country Eligibility Policy so that countries with DTP3 coverage less than 70% are eligible to apply for the IPV vaccine;
  - iv. While encouraging countries to co-finance IPV, exempt IPV co-financing requirements for GAVI IPV Eligible Countries;
  - v. Approve an exception to the GAVI Alliance Co-Financing Policy so that GAVI IPV Eligible Countries can be approved for IPV vaccine even if they are in default on co-financing requirements of other vaccines;
  - vi. Decide that GAVI Graduating Countries approved for IPV routine introduction with GAVI support are eligible for a vaccine introduction grant per the terms stipulated in the GAVI Alliance Vaccine Introduction Grant and Operation Support for Campaigns Policy;
  - vii. Exclude IPV vaccine from the existing prioritisation mechanism given that the funding for IPV will be additional and earmarked. However, in the event that the additional, earmarked funding for IPV is anticipated to be insufficient to cover all GAVI IPV Eligible Countries approved for IPV support, GAVI will use polio funding to: 1) continue support for routine use where already introduced, if relevant, and 2) rely on guidance from GPEI to

prioritise countries which have not yet introduced IPV, as well as countries that have not yet applied;

- viii. All policy exceptions mentioned above will be reviewed by the Board in 2018.
- c) Approve, subject to endorsement by the Audit and Finance Committee, using a funding envelope mechanism consistent with the principles of the GAVI Alliance Programme Funding Policy to fund approved IPV applications with the exception that any application from India related to IPV will be considered by the Board.
- d) Approved, subject to endorsement by the Audit and Finance Committee and to polio-specific additional funds being made available from donors, an initial IPV Funding Envelope from which the Secretariat shall allot funding to IPV programmes until 31 December 2014, to:
  - i. Endorse or adjust previously endorsed amounts of programme multi-year budgets for IPV programmes for an aggregate amount not exceeding US\$ 182 million. (These endorsements would constitute acknowledgement of such budget amounts at the time of allotment but would not constitute a funding approval, decision, obligation or commitment of the GAVI Alliance or its contributors.)
  - ii. Establish or adjust near-term liabilities of the GAVI Alliance in respect of endorsed IPV programme budgets for periods ending no later than 31 December 2015 for an aggregate amount not exceeding US\$ 98 million. (These amounts are a subcomponent of endorsed programme budgets.)

*Klaus Stohr (Vaccine Industry Industrialised Countries) recused himself and did not vote on this item.*

The GAVI Alliance Programme and Policy Committee:

**Recommended**, subject to endorsement by the Audit and Finance Committee, to the Executive Committee that it, in turn, recommend to the GAVI Alliance Board that it approve an amount up to US\$ 12.1 million for polio-related Secretariat and partner costs to be added to the 2014 Business Plan, subject to polio-specific additional funds being made available from donors.:

*Zulfiqar Bhutta (Research & Technical Health Institutes), Jean-Marie Okwo-Bele (WHO) and Jos Vandelaar (UNICEF) recused themselves and did not vote on this item.*

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## 12. GAVI's supply chain strategy framework

- 12.1 Daniel Thornton, Director, Strategic Initiatives, and Stefano Malvolti, Director, Vaccine Implementation, presented the vaccine supply chain strategy framework to the PPC.

12.2 The CEO indicated his belief that improvement in supply chain is essential going forward. All partners have work going on in this area and can engage in a bigger way. There is a need to get a workflow going that can take advantage of all these strengths and that it is important to take a holistic approach.

### *Discussion*

- PPC members welcomed this initiative, agreeing that it critical work for the Alliance, but expressed concern on the lack of evidence at this stage to enable them to give sufficient guidance. They asked that the options presented be further developed and that other options also be considered. They also agreed that this strategy should be looked at in the broader context of the GAVI Strategy 2016-2020.
- Some PPC members noted the emphasis on the cold chain and questioned if this was a cold chain strategy rather than a supply chain strategy.
- The Secretariat clarified that a number of procurement options for cold chain equipment will be looked at. Further engagement with donors who are funding the procurement of cold chain equipment is needed, in particular as donor funding for this does not always go through central processes. There are a number of innovations around cold chain systems which need to be looked at such as telemetry, labelling, energy supply and maintenance. It was also suggested that transport and maintenance could perhaps be outsourced for greater cost effectiveness.
- The PPC member representing the vaccine industry from industrialised countries highlighted the importance of manufacturers taking part in the discussions, in particular as some of the issues may require changes in relation to vaccine presentation, packaging and labelling, none of which are trivial.
- PPC members agreed on the importance of supply chain integration and looking at potential opportunities of working on this in the context of other interventions, also recognising the challenges. It was suggested that lessons could be learnt from the private sector.
- Some PPC members questioned the idea presented in the paper that pooled procurement is the only option and flagged that this might not necessarily meet country needs and therefore requires further analysis. In this context potential challenges in market shaping for cold chain equipment were also raised.
- PPC members also agreed on the importance of guaranteeing country ownership of the supply chain strategy.
- PPC members agreed that there is much greater scope to consider the current work of Alliance partners in this context and to explore better how that can be synergised and coordinated.

- Concerns were raised about the efficiency of the supply chain strategy taskforce process, and in particular the engagement of the steering committee.

### **Decision Seven**

The GAVI Alliance Programme and Policy Committee:

**Recommended**, subject to endorsement by the Audit and Finance Committee, to the Executive Committee that it, in turn, recommend to the GAVI Alliance Board that it approve an amount up to US\$ 3.9 million to be added to the 2014 Business Plan for spending on supply chain activities.

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### **13. GAVI engagement with graduating countries**

13.1 Hind Khatib-Othman, Managing Director, Country Programmes, introduced this item and Santiago Cornejo, Senior Specialist, Country Co-Financing, outlined GAVI's proposed approach for graduation.

#### *Discussion*

- PPC members commended efforts to establish a strategy for graduating countries enabling them to maintain sustainably funded immunisation programmes.
- PPC members stressed the importance of ensuring political will and engagement at the highest levels to ensure sustainability.
- PPC members referred to the complexity and diversity of middle income countries and the importance of considering the synergies of graduating countries with them. In this context the importance of the affordability of vaccines for these countries was highlighted.
- The Secretariat clarified that the proposed funding for graduation grants and HSS support for countries with a DPT3 coverage below 90% would come from the current cash envelope and would therefore not require additional resources.
- PPC members noted that discussions with vaccine manufacturers are ongoing in relation to price commitments for graduating countries. It is important that countries have sufficient time to stabilise their funding for routine immunisation programmes before moving to a price tier in line with their income levels.
- Concern was expressed in relation to the fact that countries currently in the graduation phase do not have access to HSS funding.

- Following discussion PPC members felt that the proposal to allow countries with a DTP3 coverage below 90% to apply for HSS support for the duration of the graduation process and providing access to *graduation* grants to all graduating countries for the duration of the graduation process requires additional evidence and analysis and therefore deferred a decision on recommendations 2.1 a i) and ii) as proposed in the paper.
- The Secretariat clarified that deferral of a decision on those recommendations will mean that the 17 countries which are currently in the graduation phase will continue to be ineligible to apply for renewal of their HSS grants.
- PPC members felt that it was unfortunate that not enough time was available to discuss this important item due to the need to conclude the meeting in time for the joint meeting with the Audit and Finance Committee.

### **Decision Eight**

The GAVI Alliance Programme and Policy Committee:

**Recommended** to the GAVI Alliance Board that it:

- a) Approve GAVI's strategic approach for graduation as set out in Section B.3 of Doc 13, by allowing countries to apply for new support (cash and vaccine support) until the end of the next calendar year after the date they have been informed of their expected graduation.
- b) Request the Secretariat to conduct analyses and consultations to develop and propose instruments to support access to affordable prices for all Lower Middle Income Countries (LMICs), including graduated countries and non-GAVI LMICs. Options would be brought to the Board for consideration in 2014.

The GAVI Alliance Programme and Policy Committee:

**Recommended**, subject to endorsement by the Audit and Finance Committee, to the Executive Committee that it, in turn, recommend to the GAVI Alliance Board that it approve an amount up to US\$ 2 million to be added to the 2014 Business Plan for the GAVI Secretariat and partners to scale-up engagement with graduating countries.

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## **14. Review of decisions**

- 14.1 Joanne Goetz, Senior Manager, Governance, reviewed the decision language with the Committee which was approved by them.
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**15. Any other business**

The Chair concluded the meeting by expressing, on behalf of the PPC, thanks to Nina Schwalbe, wishing her well for the future.

After determining there was 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

- Richard Sezibera, Chair
- Zulfiqar Bhutta
- 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)

#### Observers

- Stephen Karengera, Special Adviser to the PPC Chair
- Suresh Jadhav
- Emmanuel Lebrun-Damiens
- Beena Varghese (Item 3)

#### GAVI

- Bernardin Assiene (Item 10)
- Alan Brooks (Item 11)
- Santiago Cornejo (Item 13)
- Helen Evans
- Joanne Goetz
- Peter Hansen (Items 6,8)
- Mursaleena Islam (Item 4)
- Anna-Carin Kandimaa Matterson (Item 10)
- Simon Lamb (Item 10)
- Hind Khatib-Othman
- Judith Kallenberg (Item 7)
- Paul Kelly (Item 4)
- Stefano Malvolti (Items 4, 12)
- Aurélia Nguyen (Items 5, 7, 9, 10)
- Nina Schwalbe
- Eelco Szabo
- Daniel Thornton (Item 12)