Gavi Alliance Programme and Policy Committee Meeting
25-26 October 2016
Gavi Alliance Offices, Geneva, Switzerland

1. **Chair’s report**

1.1 Finding a quorum of members present, the meeting commenced at 09.05 Geneva time on 25 October 2016. Richard Sezibera, Programme and Policy Committee (PPC) Chair, chaired the meeting.

1.2 The Chair welcomed participants and in particular PPC members attending the meeting for the first time, namely Syed Monjurul Islam and Helen Rees. He also formally thanked Jean-Marie Okwo-Bele for having stepped in for him to chair the PPC meeting in Arusha in May, and the PPC members for their understanding of the circumstances which had prevented him from being able to attend the retreat and the meeting at that time.

1.3 The Chair noted that Jean-Francois Pactet was joining this meeting as an observer, pending his formal appointment by the Board in December as both an Alternate Board Member and a PPC member. As had been done in the past for PPC members elect, he would be welcome to take part in the discussions but would not be in a position to take part in the decision making processes. The Chair also noted that Laura Laughlin, Alternate Board member for the IFPMA constituency, would be joining the meeting as an observer on Day Two.

1.4 The Chair informed participants that Bolanle Oyeludun, IRC Chair, would join the meeting for Item 4 and that Sylvie Briand, WHO, would join for Item 8.

1.5 PPC members noted the written comments that had been submitted by Honourable Minister Yolani Batres on behalf of her constituency, and by Rama Lakshminarayanan on behalf of the World Bank. The Chair also referred to comments that he had received from Canada and Tanzania.

1.6 Standing declarations of interest were tabled to the Committee (Doc 01a in the Committee pack).

1.7 The note of the 10 May 2016 retreat discussions and the minutes of the 12-13 May 2016 meeting were tabled to the Committee for information (Doc 01b and Doc 01c in the Committee pack). The minutes had been circulated and approved by no-objection on 3 August 2015.

1.8 The Chair referred to the PPC workplan for the next year (Doc 01d) and reminded Committee members that they may contribute to the workplan by raising issues with either himself or the Secretariat. He noted that the workplan sets out the
prospective agenda and dates for future meetings and is an important part of PPC meeting and agenda planning.

1.9 The Chair referred to a questionnaire that had been tabled for PPC members and asked that it be completed by the end of the meeting. The aim is to use input from the Committee to improve how PPC meetings are managed and run going forward.

1.10 Finally, the Chair noted that in the light of input received in relation to the financial implications as well as trade-offs of PPC decisions he had asked the Secretariat to explore going forward whether all decisions with additional financial implications could be looked at annually during the October meeting, and that the focus at the May meetings be on programmatic and policy issues that do not have additional financial implications.

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2. Update from Secretariat

2.1 Seth Berkley, CEO, indicated that the first part of his update would be an overall update on Gavi, and that the second part would be a strategy progress and performance update. He referred to a number of adjustments that had been made to the PPC agenda and papers in light of comments received and that further input on this from PPC members would be very much appreciated.

2.2 He started by highlighting a number of changes in the global environment which present both risks and opportunities for Gavi, namely the UK Brexit decision and upcoming elections in countries representing more than half of the donor pledges to Gavi for the 2016-2020 period. He informed PPC members that engagement has been intensified with emerging markets where indeed there is growing support for Gavi. He also referred to imminent leadership changes in key partner organisations such as the UN, WHO and GF.

2.3 He referred to the increasing global focus on emerging health threats and fragile settings with relevance to immunisation. This includes discussions in relation to antimicrobial resistance (AMR), disease outbreaks such as yellow fever and Zika, polio, migration and refugees, and natural disasters such as the recent hurricane in Haiti. He highlighted that immunisation is a critical part of the solution for all of these challenges and that during this meeting the PPC would be reviewing a number of Gavi policy changes which would help to strengthen Gavi’s engagement in relation to a number of these issues.

2.4 He informed PPC members that going forward further work will be done to enhance Gavi’s engagement in relation to emerging health threats, namely through the 2018 Vaccine Investment Strategy (VIS), the approach for which will be brought to the PPC in October 2017, as well as through possible engagement with the Coalition for Epidemic Preparedness Innovations (CEPI) of which Gavi is a member of the Joint Coordinating Group. He noted that CEPI would like to explore the use of IFFIm and that this would have to be discussed further with both IFFIm and the Gavi Board if and when appropriate.
2.5 He provided an update to the PPC on Gavi’s vaccine programmes, highlighting that ten countries have submitted applications under the new MR strategy and that lessons learnt from these applications will be fed into the refinement of the programme. He noted that SAGE had reviewed the mid-term review on the global MR 2012-2020 strategic plan and that it has been noted that it is premature to set a date for eradication, and confirmed that there should be a shift from primary reliance on campaigns to focus on high routine immunisation coverage.

2.6 He referred to the UNITAID Board decision in relation to the malaria vaccine pilots which leaves a funding gap of approximately US$ 15 million which WHO is actively fundraising to fill. In the meantime PATH has offered bridge funding to enable the pilot implementation to start as planned.

2.7 He referred to the proposed approach to reboot the HPV programme which the PPC was being asked to consider at this meeting and emphasised the recent SAGE recommendation to immunise multiple cohorts, as well as ongoing work with a number of partnerships to join efforts to generate and increase country demand for HPV vaccination.

2.8 He informed PPC members that Gavi is intensifying engagement with the private sector to catalyse operational partnerships which strengthen coverage and equity (C&E) and sustainability at country level.

2.9 He reported to the PPC on the work which is being done to enhance country engagement and manage programmatic risks, and referred in particular to a recent visit to Kenya.

2.10 The CEO then presented information to the PPC on the progress of the Gavi strategy, highlighting that the strategy indicators and targets and the Alliance KPIs are the foundation for this update.

2.11 He reminded PPC members that the Alliance exceeded its mission goals during the 2011-2015 strategic period, and that the aspiration for the 2016-2020 period is even more ambitious. He noted that work continues to refine modelling of the impact of each antigen and that the current impact estimates have been updated to reflect latest demand forecasts.

2.12 He presented the 2016-2020 indicator dashboard which is as yet illustrative as 2016 values are not yet available, and referred to ongoing work in relation to the definition of three strategy indicators, namely on integration, CSO engagement and institutional capacity. He noted that at future PPC meetings there will be a more detailed discussion on progress against each of the indicators, but highlighted already information in relation to some elements including coverage, breadth of protection, the share of under-immunised children in fragile countries, transition and market shaping. He also drew attention to the fact that while there has been great progress in relation to country co-financing, there is growing risk as countries scale up and that this is being closely monitored.

2.13 He referred to new approaches in key areas such as supply chain, data and sustainability, and the approaches being developed on in-country leadership,
management and coordination (LMC) and demand generation. He noted in particular that there has been significant progress on the Cold Chain Equipment Optimisation Platform (CCEOP) with country demand continuing to scale up.

2.14 In relation to the Alliance KPIs, the CEO noted that they are mostly on track but referred to two which are significantly off-track, namely the 2016 introduction target, due to both supply constraints of IPV as well as some cases of country readiness, and delays in the implementation of targeted country assistance (TCA) within the context of the Partners’ Engagement Framework (PEF). He also provided an update on the Gavi Secretariat Corporate Performance Management metrics.

2.15 Finally, he highlighted the importance of PPC members providing input to the Committee workplan, which is systematically included in the meeting pack and noted that in this context feedback would be welcome in relation to the items which have been identified for the PPC meetings in 2017, as well as other issues that the PPC might like to see discussed at future meetings.

Discussion

- PPC members expressed appreciation for the structure of this update and agreed that it was a good way to keep the Board and the PPC focused on the work of the Alliance in the context of the 2016-2020 Strategy.

- In relation in particular to measles and yellow fever vaccines, PPC members agreed on the importance of the focus being shifted from campaigns to routine immunisation.

- PPC members noted that there is a risk that Gavi is seen to be sending mixed messages about the HPV vaccine, in relation to whether the priority for countries is to do demonstration projects or national roll out and it was agreed that communications around this following the Board decision in December will need to be managed carefully.

- PPC members noted that while the work of CEPI will be important in relation to the role that vaccines will have to play in the control of infections, it will need its own funding for R&D.

- In response to a query from a PPC member, the Secretariat noted that the possibility of providing a report to the PPC on the work being done around data will be explored for the next meeting.

- PPC members very much welcomed the presentation of the new indicator dashboard, and provided some guidance in relation to how the information might be presented to the Board going forward, such as focusing on what is going well and what is not rather than presenting too many numbers, and a summary of the key strategic issues with a reasonable level of disaggregation, and possibly, where appropriate, information presented in relation to different regions. The Secretariat
noted that the disaggregated data for each country will be available on the web site and that ways to present this data in a simpler form will be explored.

- PPC members asked that the possibility of capturing information in relation to institutional capacity and improving sustainability in relation to human resources be explored, in particular at the intermediate and lower levels in-country.

- It was suggested that it will be important for the PPC to follow the progress of the strategic focus areas, and in particular those which are still under development, namely LMC and demand generation.

- PPC members expressed interest in having an in-depth discussion on Gavi support to Nigeria at their next meeting. The Secretariat noted that this is one of the countries where high-level joint visits of Alliance stakeholders have been and will be organised.

- PPC members also agreed that at a future meeting they should have a discussion around the Gavi model in relation to transition, to take stock of how things are progressing, in particular the countries in, or approaching, the final transition phase.

3. Update on Country Programmes

3.1 The Chair invited Hind Khatib-Othman, Managing Director, Country Programmes, to provide an update to the PPC on Country Programmes, noting that for PPC meetings going forward he has asked that this item systematically include some presentations from the Alliance Partners.

3.2 Ms Khatib-Othman highlighted the focus areas that Gavi’s Country Programmes and Alliance partners had focused on to ensure the smooth implementation of the current strategy. She gave an overview of changes made in the way the Alliance engages with countries and provided the example of Kenya to demonstrate how the new approach and revised or new tools were brought together to help strengthen coverage and equity, ensure sustainability, better manage programmatic and financial risks and effectively scale up the Alliance’s programmes in countries. She also explained that the Secretariat was currently learning through the early implementation of Gavi’s revised Country Engagement Framework and provided an update on the Cold Chain Equipment Optimisation Platform (CCEOP) in the context of the demand received and possible additional funding provided to the CCEOP.

3.3 She requested the PPC to consider recommending to the Board that it finds that exceptional circumstances in South Sudan and Yemen justify the continuation of Gavi support in those countries irrespective of their default status on their 2015 co-financing obligations. She also asked the PPC to allow certain flexibilities being applied under the Country Engagement Framework to allow for further learning.
opportunities and to test alternate mechanisms for providing independent recommendations for Gavi’s investments.

**Discussion**

- PPC members discussed the CCEOP and debated the rationale for seeking an expansion of the programme from its current US$ 50 million approved budget to an enhanced envelope of US$ 250 million. Some members voiced their reservations on such a request being submitted to the Board already in 2016, before a foreseen review of the CCEOP had taken place.

- PPC members expressed concerns around the interpretation of the June 2015 Board decision by the Secretariat, noting that it was different from that of the members and stressed the need for the PPC to review all programmatic and policy related decisions before they are presented to the Board, whether or not there are financial implications.

- In response to the concerns raised by the PPC members, the Secretariat clarified that the request is for the establishment of a programme envelope for the CCEOP to respond to the demand from countries in this initiative.

- In response to a question by PPC members relating to the evaluation of the CCEOP, the Secretariat noted that it was still very early in the programme to conduct any studies to establish the effectiveness of the platform, however this level of analysis will be possible in 2018-2019 and that the Secretariat would provide interim analyses in 2017.

- In response to a question from a PPC member regarding the alignment of the new programme capacity assessments (PCAs) with NITAGs, the Secretariat confirmed that it is working towards linking the NITAGs to PCAs as well as to the Country Engagement Framework.

- The PPC members welcomed the approach being taken by the Alliance through its country engagement framework (CEF). In response to a question from a PPC member, the Secretariat clarified that the learning obtained during the implementation of the proposed adjustments to the review mechanisms will be presented to the PPC at its next meeting in May 2017, and inputs from the PPC will be taken on board, before presenting the final design to the Board by end of 2017.

- The PPC also unanimously supported the request to continue support in Yemen and South Sudan and stressed the need to monitor the supply situation in both countries to ensure that children are vaccinated.

- There was alignment on the fact that there is a need for a high level of coordination among Gavi and its partners in terms of organising visits to or dialogues with countries and their governments when discussing issues of health and immunisation.
The PPC members also probed that limited human resources may affect the efficiency of Gavi programmes in some countries, due to limited or poor quality of human resources in these countries to carry out the immunisation programmes on the ground. The Secretariat acknowledged this as an important risk which should be included in the broader risk discussion.

In relation to some of the recommendations to be considered under this, and other agenda items during this meeting, PPC members noted that the Audit and Finance Committee (AFC) had met on 21 October 2016 and that at that meeting had reviewed the financial implications of those decisions where applicable, and concluded that these decisions could be approved in accordance with the Programme Funding Policy.

**Decision One**

The Gavi Alliance Programme and Policy Committee *recommended* to the Gavi Alliance Board that it:

*Find* that exceptional circumstances in South Sudan and Yemen justify the continuation of Gavi support in those countries irrespective of their default status on their 2015 co-financing obligations.

**Decision Two**

The Gavi Alliance Programme and Policy Committee *recommended* to the Gavi Alliance Board that it:

a) *Approve* certain adjustments to the existing methods of reviewing and approving new Gavi support to facilitate and inform a learning agenda for an updated review and approval process, including:

   i. offering opportunities for review of new Gavi support on a country-by-country basis and outside of the existing IRC schedule;

   ii. enabling IRC members and other impartial technical experts with local/regional expertise to serve in the capacity as independent reviewers as long as there is no conflict of interest;

   iii. leveraging engagement of country stakeholders to provide input and immediately address issues flagged by the reviewers; and

   iv. consider, for those countries with relatively smaller Gavi investments, the use of existing review mechanisms such as the HLRP (or the subset of IRC members of the HLRP) to provide funding recommendations on new as well as existing Gavi support.

b) *Note* the outcome of this process will allow a final design to be presented to the PPC and Board by end 2017.
Decision Three

The Gavi Alliance Programme and Policy Committee recommended to the Gavi Alliance Board that it:

a) **Note** that:
   i. In June 2015 it:
      a) **Approved** the creation of an innovative mechanism to strengthen country cold chain systems and advance the Alliance’s Supply Chain Strategy and, ultimately, its coverage and equity goals (the «CCE platform»), the design of which is set out in Section 3 of Doc 15 to the PPC and includes a funding model tiered by country GNI level;
      b) **Noted** that an amount of US$ 50 million (to be reassessed and potentially increased based on initial applications to the CCE platform) will be allocated from the resources pledged for 2016-2020 (which envisage funding for strategic initiatives to realise Gavi’s new strategy) to launch the implementation of the CCE platform and fund the initial applications in 2016-2017 and requested the Secretariat to report back to the PPC and to the Board in 2017 on the implementation of the CCE platform;
   ii. At that time, the Secretariat noted that the proposed initial investment of US$ 50 million by Gavi is to launch the platform. The total estimated funding for the platform required for Gavi countries, excluding India, was estimated to be between US$ 240 million and US$ 310 million for five years;
   iii. Following the approval of the CCE platform and its subsequent launch, demand for support under the platform has exceeded initial expectations foreseen in the 2015 CCE platform Board decision;
   iv. Additional funding is now required for 20 countries that have applied in 2016 for an amount of approximately US $150 million; and
   v. Additional applications are expected to be received before the first Board meeting in June 2017.

b) **Decide** that:
   i. Consistent with the 2015 Board decision, a review of progress and lessons learned of the CCE platform should be presented to the PPC at its meeting in May 2017 and the Board in June 2017, including its links with HSIS, anticipated impact on the market and the quality of the overall immunisation systems, country case studies, an updated demand forecast, and taking into account feedback provided by the IRC on applications reviewed;
   ii. Based on that review, the Secretariat will present to the PPC and Board future options for the implementation of the CCEOP; and
   iii. In the period up to the Board meeting in June 2017, the total multi-year commitments of grants for CCEOP should not exceed US$ 250 million, requesting the Secretariat to develop strategies for equitable allocation of the funds available.
4. **Independent Review Committee and High Level Review Panel Reports**

4.1 Bolanle Oyeledun, Chair, Independent Review Committee (IRC), and Anuradha Gupta, Deputy CEO, presented the report of the IRC and the work conducted under the High Level Review Panel (HLRP) (Doc 04). They provided an overview of the IRC’s participation in the CEF pilot in three countries, as well as the HLRP review of 31 grant renewals, focusing on PEF priority countries. They presented the key findings, providing recommendations for areas of improvement.

**Discussion**

- PPC members expressed appreciation for work of the IRC and HLRP.
- PPC members pointed out that determining the role of the private sector is important, and provided the example of WHO which is trying to understand how the private sector can be leveraged to achieve efficiencies at the country level.
- PPC members noted that not accounting for the private sector may result in important data pertaining to vaccine usage and numbers being missed altogether. The Secretariat agreed that while bringing private sector on board may be challenging, it is an important area of further development to establish a policy framework within which the role of the government and private sector vis a vis vaccinations is clearly articulated.
- PPC members noted that from a coverage and equity viewpoint it would be important to see if there is a trade-off between coverage versus equity and how it linked to sustainability. They stressed the importance of ensuring that sophisticated metrics be used to look at this in a multidimensional manner. The Secretariat clarified that to ensure coverage and equity do not become mutually exclusive Gavi is mindful of reaching those community pockets that have not been reached before, such as urban slums.
- The IRC Chair explained that the strengthening of the core linkages in HSS applications is being suggested in order to develop indicators that help to see that linkage which currently is not available. CCEOP’s integration into the HSS applications has been and continues to be strengthened by the Secretariat so that the applications by the countries are aligned and move towards the same goal.
- In response to a PPC member’s question about decentralisation, the IRC Chair explained that more and more countries are decentralising. This is an increasingly important aspect being built into the guidance provided to countries in making their applications, to ensure that there is engagement at the national and subnational levels.
- In response to a question from PPC members on what gender means to Gavi, the Secretariat explained that in the context of immunisation when gender is discussed its more from a gender barrier stand point. While broadly speaking there is gender parity in terms of access to immunisation services, gender-related barriers persist.
e.g. low education of mothers, inflexible immunisation schedules that are challenging for working women, male vaccinators etc.

- PPC members stressed the importance of being cognizant of how the various monitoring and assessment committees are related to each other, what the common data points may be and whether or not these committees are being perceived by the countries as too many. If so, the PPC members suggested that it be streamlined.

- PPC members noted the need to preserve IRC’s independence in the context of country engagement framework (CEF).

5. **Partner’s Engagement Framework**

5.1 Anuradha Gupta, Deputy CEO, provided an update to the PPC on the Partners’ Engagement Framework (Doc 05), highlighting the four key pillars, namely the country focus (on resources, capacity and skills, dialogue and opportunities), differentiation (with a focus on 20 priorities which account for 84% of under-immunised children in Gavi-eligible countries and selected based on scale and severity of challenges), transparency (country by country information, open dialogue among stakeholders and a full view of partner-wise resources, deliverables, and performance) and accountability (with country performance metrics related to PEF functions, TCA deliverables and performance frameworks).

5.2 She highlighted that the new approach is already demonstrating that there is enhanced dialogue between global and country levels. WHO and UNICEF have worked on adjusting their structures and procedures to fulfil their prospective roles within the PEF. There is increased communication, coordination and clarity of roles among partners, better and more timely country level information, and a more proactive role played by Gavi Senior Country Managers (SCMs).

5.3 She provided information in relation to the progress on TCA milestones, including a country view of progress, as well as information in relation to staff recruitment by region and by partner.

5.4 In relation to technical assistance (TA), she provided an example from Myanmar of how data is used to determine TA needs, as well as an example from Vietnam of how countries take an integrated view of TA. She demonstrated how the PEF and HSIS are being brought together in Afghanistan to strengthen data.

5.5 She reported to the PPC that in general feedback received from countries in relation to the new approach has been positive, and also highlighted that partners’ engagement with countries transcends the PEF.

5.6 She concluded by referring to the next steps which will be taken to further strengthen the approach and noted that further progress would hinge on countries taking advantage of the additional leadership opportunities that the PEF presents,
as well as the Alliance continuing to move away from institutional positions towards a shared approach.

Discussion

- PPC members commended the update which in their view underscored the success of the PEF which highlights the importance, amongst others, of strong joint appraisals (JA) and rigorous monitoring. In this context it was suggested that it could be valuable for PPC members, should the opportunity arise, to participate in a JA process as JAs are increasingly becoming the heart of Gavi’s work.

- PPC members noted that the PEF Management Team (MT) had concluded that the regional working groups in their current form are not adding value and priority will be given either to repositioning them or creating new mechanisms.

- PPC members agreed on the importance of the country-centric approach of the PEF and in this context it was suggested that countries should be encouraged to share data on their successes and which could be beneficial for other countries when it comes to local decision making.

- PPC members noted that in some countries, partners are managing countries HSIS funding and it was suggested that it could be useful for the PPC to see an analysis of this, in particular to try to have a better understanding of where and why this is happening, in particular as it can be quite burdensome for the relevant partner. The Secretariat noted that the share of HSIS funds that passes through partners has increased as there is decreasing risk appetite in this area, and wherever there is the slightest doubt about the county capacity and that it could indeed be useful to have a more substantive discussion on what the risk appetite is for money to flow through national systems.

- PPC members that the important role that CSOs can play in countries continues to be emphasised and that work is continuing to improve how the work of CSOs can be tracked. It also continues to be important to ensure that CSOs identified for funding in country proposals do actually receive the funding to implement the activities which they have been identified to do.

- PPC members noted that there is a potential conflict of interest in countries where Alliance partners are also providing TA under the PEF. The Secretariat noted that countries have to provide leadership and show that they are the active designers of the TA and choose among the providers, which should include expanded partners.

- PPC members noted that there are accountability mechanisms in place to ensure that staff recruited under the PEF are indeed working for the purpose for which they have been recruited.
6. Review of Top Alliance Programmatic Risks

6.1 Jacob van der Blij, Head of Risk, requested PPC’s guidance on the ten top programmatic risks as described in the draft Risk and Assurance report and questions to the Committee related to top risks identified, their prioritisation and risk appetite (Doc 06).

6.2 He presented a matrix of top risks facing Gavi, ranked against likelihood and impact, noting that the highest risks are programmatic rather than corporate.

6.3 He mentioned that this framework is the start of an iterative process of understanding the Alliance’s risk exposure and will be refined continuously going forward. The input received from the AFC and the PPC will be integrated into the final report to be reviewed by the Board in December 2016.

Discussion

- PPC members commended the work that had been done to assess the top risks.

- PPC members recognised that the risk of transitioning countries is very high, and that mitigation strategies need to be developed for this. A PPC member highlighted that the political will of countries is an important factor to consider as part of this risk. The Secretariat confirmed that once these risks were finalised the next step would be to develop mitigation strategies, and that knowing key drivers of risk, like political will, is important to develop appropriate risk mitigation strategies.

- The Secretariat reminded the PPC that this was work in progress and that one of the areas to fine tune going forward, would be not only to improve the reporting in terms of its alignment with other reporting streams, but also develop mechanisms to systematically have these discussions around risk at the board level.

- In response to a question from a PPC member, the Secretariat explained that the distinction between programmatic and corporate risks was done as it was requested by the Board at its retreat in 2016. Both the risk categories worked together and had important implications for the Alliance as a whole. The specific programmatic risks were pulled out for the PPC meeting, and the report was available to PPC members on myGavi, comprising all the details.

- PPC members provided input into the need of prioritising the risks based on real country learnings and assumptions, which the Secretariat acknowledged.

- The Secretariat explained in response to PPC members query about whether the risks presented Gavi’s entire portfolio or were based on countries, that the risks were those facing the Gavi Alliance in its entirety and the impact they presented to Gavi as a whole.

- The Secretariat further explained that the idea of this exercise was to identify and monitor the risks and so the exact impact or likelihood will remain subjective. This...
system as it evolves will provide Gavi not only with risk mitigation strategies, but also serve as an early warning system providing timely alerts to emerging issues that may pose a particular risk.

- It was agreed by PPC members and the Secretariat that the interconnectedness of the risks presented challenges and should be closely monitored and accounted for in the Gavi risk framework. The Secretariat has taken a first step in mapping these relationships and will fine tune them going forward.

- In response to a comment by a PPC member about how Gavi looked at macroeconomic risks beyond its control, the Secretariat agreed that while controlling such a risk is not possible in most cases, it is good to acknowledge this risk and be prepared with management strategies to minimise the impact emerging from the risk, depending on the risk appetite.

- The Secretariat outlined that the next steps would be to align its current risk report to management reporting and make it an integral management tool across the Alliance.

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7. **Fragile settings and emergencies**

7.1 The Chair introduced this item by reminding PPC members that this review of Gavi’s fragility and immunisation policy had been undertaken in a short timeframe, due to the Board’s request to discuss it at its December 2016 meeting.

7.2 At the request of the PPC, a technical expert committee (TEC) had been set up with a PPC focal point, and two other PPC members had been invited to join as subject matter experts. This item would address not only how Gavi could do more to support countries with emergencies and fragile settings, but also whether Gavi should engage in emergencies in non-Gavi eligible countries as well as whether Gavi should consider support for Syria.

7.3 In relation to the latter he noted that the TEC had recommended that the case of Syria be considered as an eligibility issue and that the Secretariat should assess alternative GNI per capita estimates. The Secretariat had however found that there are no reliable alternative data points. Earlier in the meeting, the CEO had noted that the inclusion of the request in relation to Syria to the PPC was also to respond to the fact that there had been an official request to Gavi to consider support for Syria and that it was felt appropriate to ensure that this request was considered through Gavi’s governance mechanisms.

7.4 Judith Kallenberg, Head of Policy, then presented more details to the PPC on this item (Doc 07), including an outline of the review process, a summary of the 2013 policy and how it has been implemented, as well as information in relation to the changing global environment and the fact that the world is facing a record number of emergencies. In this context many Gavi countries host large numbers of refugees and internally displaced persons (IDPs). There has been a call from
African Ministers of Health at their immunisation summit to Gavi to do more to consider these vulnerable populations as eligible recipients of Gavi support for vaccines and operational costs.

Discussion

- The Chair proposed, and it was agreed, to structure the discussion around three issues namely, fragility, emergencies and emergencies in non-Gavi countries.

- One PPC member asked that a clear distinction be made on the difference between the Gavi Alliance and the Gavi Secretariat as this was not always clear in this paper.

- PPC members generally supported the approach to fragility as outlined in the paper, although some concerns were expressed in relation to whether or not there had been sufficient time to do a full analysis of the flexibilities provided under the policy. It was noted that Gavi’s new country centric approach and the new way of doing business is in effect a county tailored approach for countries.

- Several PPC members noted that Gavi’s investment in fragile settings should have a long-term systems strengthening perspective.

- The PPC member representing the CSO constituency welcomed the proposal to consider working directly with CSOs in certain circumstances and made various suggestions including that the proposed wording regarding the involvement of the government was too restrictive. In this context it was noted by others that in general the language in the policy should be reinforcing the Gavi model.

- PPC members looked forward to receiving further information in relation to how the proposed principles will be operationalised and it was noted that the new policy will be brought to them for recommendation to the Board at their next meeting.

- Some concerns were expressed in relation to transitioning countries that may be identified as fragile, raising the question on how Gavi might need to engage given impending end of support.

- PPC members noted that progress had been made and discussions continue in relation to addressing the challenges faced by CSOs working in Gavi countries and procuring vaccines during emergencies.

- The PPC member representing the IFPMA constituency highlighted the importance of a joint understanding of the populations which will be covered under the new policy keeping in mind that vaccines are approved based on a specific target age group and that there may be limited flexibility to use those vaccines outside of that age group.
With regard to defining emergencies, PPC members noted that Gavi should use the UN and WHO grading systems as reference points while maintaining flexibility to consider emergencies outside these classifications.

Similarly for fragility assessment and application of flexibilities, the approach should remain dynamic to also take into account the challenges faced by a few countries that may not figure in the suggested lists, in particular at subnational level.

PPC members acknowledged the importance of the WHO guidelines in relation to vaccination in humanitarian emergencies which have been compiled based on a combination of experience accumulated across the years and in different regions. These guidelines have recently been updated. In this context they agreed that it will be important to ensure that there is a right clarity about roles and responsibilities of different organisations who play a role in these settings.

In relation to comments from PPC members the Secretariat noted that whilst a majority of the flexibilities proposed could indeed be considered administrative, some of them go beyond this in terms of additional HSS support and the possibility of funding CSOs to support populations not reached by the government.

PPC members expressed support for the proposed approach to emergency settings and situations involving refugees, highlighting the importance of ensuring clarity on what exactly Gavi’s role is also to ensure that Gavi would not replace funding by other organisations. It was also suggested that there is a need to be clear on how refugees are defined as this is not always straightforward. In this context, it was suggested that Gavi should be looking at refugees, not in relation to their point of origin, but in relation to refugees in Gavi-eligible countries, independent of their origin.

PPC members, apart from the members representing the CSO and Research and Technical Health Institutes constituencies, felt that Gavi should not engage in non-Gavi countries experiencing a WHO grade 3 health emergency, since this goes beyond Gavi’s Eligibility and Transition Policy.

PPC members agreed that where useful Gavi’s voice should be leveraged in relation to immunisation outside of Gavi-eligible countries.

While PPC members generally felt that it could be appropriate for Gavi to engage in Syria on the basis of the likelihood of it being Gavi-eligible, it was agreed that it would firstly be useful to explore whether it would be possible to have, before the Board meeting in December, further information to ascertain Syria’s potential eligibility status and that it would be important to consult the World Bank on this matter. They also suggested further exploring information on what the comparative advantage might be for Gavi in relation to the engagement of other stakeholders, and how support from Gavi might be operationalised. It was also suggested that it
could be useful for the Board to have information on the general status of the immunisation programme in Syria at the moment.

- PPC members noted that the Board may wish to discuss potential support to Syria in a closed session and the CEO confirmed that he would put this proposal to the Board Chair.

**Decision Four**

The Gavi Alliance Programme and Policy Committee *recommended* to the Gavi Alliance Board that it:

**Approve** the principles for Gavi’s approach to classifying and responding to fragile and emergency settings as embodied in sections 3, 4 and 5 in Doc 07, and *request* the Secretariat to operationalise these principles into a policy which will replace the 2012 Fragility and Immunisation Policy.

**Decision Five**

The Gavi Alliance Programme and Policy Committee *recommended* to the Gavi Alliance Board that it *approve* one of the following options for engagement in Syria:

i. **Option 1 – No engagement**

ii. **Option 2 – Limited and temporary support.** An initial, time-limited commitment to support vaccine procurement only (option 2A) or vaccine and cold chain procurement (option 2B); to be reviewed 2 years from now.

iii. **Option 3 – Comprehensive, needs-based support, similar to “normal” eligibility.** A more open-ended commitment to start engagement in Syria now with needs to be reviewed on a rolling basis. Support would end if Syria would get a GNI p.c. estimate above Gavi’s threshold, be classified as a UMIC or be downgraded to a level 2 emergency. Support may include vaccines, cold chain and HSIS.

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**8. Gavi’s support for emergency vaccine stockpiles**

8.1 The Chair introduced this item by reminding PPC members that at its meeting in May the Committee had noted the urgent need for a comprehensive International Coordinating Group (ICG) review for all Gavi-supported stockpiles and in particular requested the Secretariat to investigate mechanisms for vaccine forecasts and procurement as well as long-term strategic decision-making to ensure that they are optimised. He highlighted that this review is timely in the context of increasing disease outbreaks and a need to look at the mechanisms which are in place to address them. He emphasised that the expertise of different Alliance partners should be fully leveraged to stay prepared and manage outbreaks effectively. He also highlighted the importance of looking at outbreak response as an integral part
of a comprehensive disease control strategy along with routine immunisation and preventive campaigns.

8.2 Wilson Mok, Strategy Specialist, Policy and Market Shaping, provided PPC members with an overview on Gavi’s current engagement in relation to emergency vaccine stockpiles and lessons learnt to date (Doc 08). He outlined proposals across three areas to enhance Gavi’s engagement, namely in relation to strategic design, effective implementation and accountability. Finally, he outlined the financial implication of the recommendation being presented to the PPC for consideration.

8.3 Sylvie Briand, Director, Pandemics and Epidemics Department, WHO, provided an overview to the PPC on the way in which the ICG works and shared with PPC members a draft background document that serves as the first element of the ongoing evaluation of the ICG mechanisms, which has unfortunately been delayed due to the recent yellow fever outbreak.

Discussion

- PPC members expressed support for the proposed approach and appreciation for the focus on longer term capacity building.

- PPC members representing the sovereign donors and the BMGF spoke very strongly in favour of the Gavi Secretariat having observer status on the ICGs’ decision-making bodies. It was agreed that clarity on this should be obtained for the Board before its meeting in December 2016.

- One PPC member suggested that it should be clarified that the Ebola vaccine stockpile that Gavi has committed to fund in the future is somewhat different from the current Gavi-funded stockpiles as Ebola vaccines are not yet licensed.

- The PPC member representing IFPMA expressed her constituency’s appreciation for the multi-year forecasts, in particular in the context of the vaccines which are being considered in terms of stockpiles, some of which take up to two years to produce, and noted the importance of having aligned communication on the stockpiles and response to outbreaks.

- The Secretariat clarified in response to questions from a number of PPC members that while partners should commit to pursue the use of a single procurement agency, the principle is carefully worded to allow flexibility in cases where other channels may need to be used and partners jointly agree to this.

- In relation to non-Gavi supported countries accessing vaccines from Gavi-funded stockpiles, it was suggested that wording could be strengthened regarding the conditions for accessing the stockpiles again if a country had not paid its contribution, noting that flexibilities may need to be considered given public health considerations.
**Decision Six**

The Gavi Alliance Programme and Policy Committee recommended to the Gavi Alliance Board that it:

a) **Approve** the principles set out in Figure of Doc 08 for Gavi’s support for emergency stockpiles of Gavi-supported vaccines as an integral part of integrated disease control strategies, as amended by discussions at the PPC, overriding previous Board decisions on Gavi’s support for emergency stockpiles; and

b) **Note** that additional funding associated with the adoption of the principles for the period 2017-2020 amount to approximately US$ 86 million for meningitis and cholera.

Dure Samin Akram (CSOs), Lindsey Dietschi (IFPMA), Robin Nandy (UNICEF) and Jean-Marie Okwo-Bele (WHO) recused themselves and did not vote on Decision Eight above.

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9. **Gavi’s continued role in Yellow Fever control**

9.1 Patience Musanhu, Senior Programme Manager, Vaccine Implementation, presented information to the PPC on Gavi’s proposed support to Yellow Fever control based on the WHO Eliminating Yellow Fever Epidemics (EYE) Strategy (Doc 09). She provided information on the lessons learned from previous yellow fever initiatives, and gave an overview of the vaccine supply landscape, in addition to outlining Gavi’s approach to supporting the implementation of EYE Strategy.

9.2 She informed the PPC that Gavi’s continued role in Yellow Fever control through its support of the EYE strategy is estimated to increase by US$ 150 million for the period 2017-2020.

**Discussion**

- PPC members commended the initiative and appreciated the paper for its quality and the team for their hard work. The PPC members representing the donors reiterated their support and stressed the need to work together with partners to encourage countries to adopt the WHO recommendation around requiring a single dose of Yellow Fever vaccination rather than one dose every ten years as currently required.

- PPC members emphasised the importance of ensuring that a governance structure for the EYE Strategy is formalised immediately, in order to undertake active management of decisions pertaining to the strategy. PPC members agreed that the implementation of this governance structure will be an important requirement for the decision point (a) under this decision to be presented for approval to the Board in December 2016.
• PPC members pointed out that there should be a focus on ensuring that Yellow Fever vaccination is integrated into the routine immunization in countries, rather than being provided through the campaign mechanism alone. The Secretariat responded that as a result of recent outbreaks of Yellow Fever the demand for vaccination has increased and two countries have already requested to have this as part of their routine immunisation. In addition, countries are expected to indicate reasonable timeline for introduction of the vaccine in routine immunisation, when they make a request for campaigns.

• The PPC member representing IFPMA pointed out that the manufacturing timelines on vaccinations like the Yellow Fever necessitate early signals of market demand. She also noted that price points are one of the incentives that can be put in place in order to keep the momentum of the investments being put into the production of this vaccine by the industry, when it knows that there is a ramp up until 2025 and then a significant expected fall in global demand. She underscored the need for the industry to have a place at the table of the expanded group of partners that is formed around the EYE strategy implementation. While there are no major innovation breakthroughs expected for the Yellow Fever Vaccine, significant process improvements are taking place at the level of Industry to reach more reliable long term supply, ensuring sustained capacity for broad routine immunisation, a valuable piece of EYE’s goals.

**Decision Seven**

The Gavi Alliance Programme and Policy Committee **recommended** to the Gavi Alliance Board that it:

a) **Agree** that Gavi’s support for Yellow Fever vaccine based on the Eliminating Yellow Fever Epidemics Strategy developed by WHO (the “EYE Strategy”).

b) **Note** that due to increased supply availability, and the identified need to improve Yellow Fever vaccine coverage in endemic countries, to introduced forecasted expenditure on Yellow Fever vaccine support in Gavi eligible countries in the period 2017-2020 will increase by approximately up to US$ 150 million.

*Lindsey Dietschi (IFPMA) recused herself and did not vote on Decision Seven above.*

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10. **Review of Gavi support for HPV vaccine**

10.1 Anissa Sidibe, Senior Programme Manager, Vaccine Implementation, provided information to the PPC on Gavi’s HPV Programme (Doc 10), highlighting that Gavi achieving its goal of vaccinating one million girls by 2015. However, she pointed out that the target of reaching 30 million girls by 2020 is at risk due to limited information and preparation for national introduction and low engagement levels demonstrated by EPI managers, as observed during the demonstration programmes. This was attributed also to the fact that while the demonstration programme uptake has been strong in the 23 countries where this was introduced, the transition from demonstration programmes to national programmes has been
much slower. She mentioned that so far only three countries have introduced national HPV vaccination programmes.

10.2 She asked the PPC to consider recommending to the Board an approval of the introduction of HPV vaccination for a multi-age cohort, as this would provide an incentive to countries for national scale-up, thereby improving the uptake of the vaccination and reduce the cervical cancer burden. In addition to this strategy, she also presented a strategic shift of allowing countries to have direct national introduction given the shared learning, with the option of a phased roll-out of the HPV vaccine implementation.

**Discussion**

- Jon Abramson, in his capacity as Chair of SAGE, informed PPC members that SAGE had discussed the efficacy of the nine-valent vaccine over the two-valent and four-valent vaccines. The efficacy of both the two-valent and four-valent vaccines is quite similar as they cover 85%-90% of the strains that cause cancer. He explained that some countries are finding it difficult to get the immunisation rate up and hence some are immunising boys as well to provide cross-protection. He also indicated that SAGE had looked at the impact figures related to vaccinating in the 9-14 age cohort as compared to the 9-18 cohort and had subsequently recommended that the 9-14 age cohort of girls be prioritised. SAGE recommended that the HPV demonstration projects should now be replaced by countrywide implementation of the HPV programme.

- PPC members agreed on the importance of the HPV vaccination programme and strongly confirmed their support for the recommendation, commending the team for their hard work. WHO confirmed that the multi age vaccination model being proposed by Gavi works well in terms of impact achievement, as determined at the SAGE meeting the previous week.

- PPC members noted Gavi’s ambitious projection of reaching the immunisation targets for HPV. Policy dilemmas need to be resolved to reach this target. The demand creation is a problem, as reaching young girls may be problematic since this age cohort is not reached by regular EPI programmes, so a decision may need to be made on whether the EPI platform would be used or if the private sector is to be involved. School programmes may work, however whether this will be purely voluntary or there would be any mandatory aspect to the programme, is another policy issue that will need to be resolved.

- The Secretariat informed PPC members that to date EPI has not shown much willingness to assume responsibility to drive the HPV vaccination agenda.

- A number of questions were raised in relation to the cross country learnings in terms of the technical assistance being concentrated at the global level, as well as any market shaping strategies to be deployed in the proposed approach. It was proposed to look at the example of HiB and Penta vaccines, where through engagement with regional players who understood the importance of this vaccination, a positive role was played in mainstreaming them, even when the
vaccination required significant increase in country budgets. A similar strategy may work for HPV vaccine introduction.

- The Secretariat clarified in relation to questions around implementation that it works closely with WHO and is drawing lessons from the demonstration programmes to determine the best strategies going forward. For example, one of the lessons that emerged was that using the school platform alone may not be the best and that use of communities or mixed strategies would might show better results.

- PPC members agreed that strong global leadership and communication strategies are needed in order to convince countries to take up HPV vaccination, as well as coordination within the countries and involvement of national technical advisory groups will be very important. It would be crucial to not just conceptualise but also operationalise high quality technical assistance and make it available to the countries.

- PPC members agreed that it is important not to underestimate the leadership role that health ministers can play and it was equally important to present to them a cost benefit analysis as the perceived high budgetary requirements for HPV vaccination can act as a deterrent in garnering country support for its introduction, particularly for countries that are going to be transitioning from Gavi’s support, as they will then have the bear the burden of this cost.

**Decision Eight**

The Gavi Alliance Programme and Policy Committee *recommended* to the Gavi Alliance Board that it:

a) **Approve** that for HPV vaccine countries can apply:

   i. directly for national introduction, while maintaining the option of implementing a phased national introduction;

   ii. for support for multi-age cohort HPV vaccinations (9-14 years of age) in year one of introduction of the vaccine, including support for 100% of vaccine costs for the additional cohorts, and operational support of up to US$ 0.65 per targeted girl of those cohorts.

b) **Note** that the additional funding associated with the above approval for the period 2016-2020 is expected to be approximately US$ 72 million.

*Lindsey Dietschi (IFPMA) recused herself and did not vote on Decision Eight above.*

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11. **Review of PPC Charter**

11.1 Philip Armstrong, Director of Governance, presented to the PPC the process being undertaken to review the PPC Charter. He explained that as part of the ongoing
Gavi Board and Committee self-evaluation, the Committee Charters are being reviewed with a view to ascertaining whether or not the Committees are fit for purpose in the context of the Gavi Strategy 2016-2020.

11.2 Mr Armstrong mentioned that it was foreseen, going forward, that a skills matrix for Committee membership would be developed, which will facilitate both for the PPC Chair and the Governance Committee, consideration of nominations for PPC membership going forward.

11.3 Joanne Goetz, Head of Governance, recalled the preliminary discussion on this topic that the PPC had during its retreat in May and that the paper presented (Doc 11) takes into account some of the issues raised.

11.4 PPC members were invited to provide input in particular in relation to the sections addressing membership, skills and responsibilities.

Discussion

- The PPC Chair noted that the findings of the ongoing Board and Committee self-evaluation will be presented at the December Board meeting, following which the PPC will have a chance to review and finalise its charter in May 2017.

- Some PPC members indicated that in their view the PPC is not a technical committee as one of its primary functions is to review policies, and that this should be maintained. It was suggested that where some particular skills might be required on a particular item this could be done on a case by case basis through observers or independent experts.

- PPC members appreciated the current skill-set balance at the PPC and agreed that a size of 15-16 members was optimal with a balance of technical-expertise based, regional-perspective based, generalist, and representational seats. They emphasised the need to have developing country/regional representation that was available to attend PPC meetings and contribute to the discussion.

- It was agreed to freeze the size of the PPC for the time being until findings of the Board and Committee self-evaluation have been concluded and presented to the Board in December.

- PPC members requested that the skill sets should not be overly prescriptive, and should allow for some flexibility. In response to a question about the selection process for PPC membership, the Secretariat explained that there is a need to have criteria available against which Committee members can be selected, not only for organisations/constituencies to refer to when looking to identify potential Committee members but also for the PPC Chair and Governance Committee to take into consideration when reviewing the nominations put forward.

- PPC members questioned the need for ensuring that a majority of PPC members are Board members and were not convinced of the potential added value. The Chair noted that in order to have more delegated authority from the Board which
PPC members had desired in the past, it may provide the Board with more comfort in doing so if there is a majority of Board members on the Committee.

- PPC members sought clarification on the role of the EAC and how their work was relevant to the PPC. This was clarified by the Secretariat and establishing the link between the PPC and EAC was marked by the Chair as an important area to consider.

12. **Review of decisions**

12.1 Joanne Goetz, Head of Governance, reviewed the decision language with the Committee which was approved by them.

13. **Any other business**

- In relation to a question on whether PPC members had felt that the technical expert committees which had been set up following the PPC discussions in May had been found useful, Committee members responded positively. They noted, however that going forward it would be useful to ensure that where experts in particular fields were bought on to these committees, they would also be familiar with Gavi and its work, as this had not always been the case.

- Before concluding the meeting the Chair indicated that this would be Jon Abramson last meeting as a PPC member and expressed thanks to him, on behalf of the PPC, for his engagement during his three and a half year tenure.

- After determining there was no further business, the meeting was brought to a close.

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Mrs Joanne Goetz
Secretary to the Meeting
Attachment A

Participants

Committee Members
- Richard Sezibera, Chair
- Dure Samin Akram
- Lindsey Dietschi
- Bradford Gessner
- Syed Monjurul Islam
- Jason Lane
- Lene Lothe
- Violaine Mitchell
- Susan McKinney
- Robin Nandy
- Jean-Marie Okwo-Bele
- Helen Rees
- Seth Berkley
- Jon Abramson

Regrets
- Edna Yolani Batres
- Ahmad Jan Naeem
- Rajinder Suri
- Rama Lakshminarayanan

Committee Member Elect
- Jean-François Pactet

Other Board Members Attending
- Laura Laughlin (Day Two)

Guests
- Bolanle Oyeledun (Item 4)

Gavi
- Anuradha Gupta, Deputy CEO
- Adrien de Chaisemartin
- Mirjam Clados
- Santiago Cornejo
- Maryse Dugué
- Alex de Jonquières
- Joanne Goetz
- Barry Greene
- Judith Kallenberg
- Mahwesh Khan
- Hind Khatib-Othman
- Meegan Murray-Lopez
- Aurelia Nguyen
- Michael Thomas
- Philip Armstrong (Agenda Items 1, 2, 11, 12)
- Wilson Mok (Agenda Items 7, 8, 9)
- Patience Musanhu (Agenda Items 8, 9)
- Anissa Sidibe (Agenda Item 10)
- Stephen Sosler (Agenda Items 3, 8, 9, 10)
- Eelco Szabo (Agenda Items 3, 7, 8, 9, 10)
- Jacob van der Blij (Agenda Items 2, 3, 5, 6, 7)

Observers
- Sylvie Briand, Director, Pandemics and Epidemics Department, WHO (Agenda Item 8)
- Stephen Karengera, Special Adviser to PPC Chair