Gavi Alliance Programme and Policy Committee Meeting
11-12 May 2017
Gavi Alliance Offices, Geneva, Switzerland

1. Chair’s report

1.1 Finding a quorum of members present, the meeting commenced at 09.03 Geneva time on 11 May 2017. Programme and Policy Committee (PPC) members agreed that in the absence of Richard Sezibera, PPC Chair, and at his request, Helen Rees would chair the meeting.

1.2 The Chair welcomed participants and in particular the new PPC members, namely Jean-Francois Pactet and Alejandro Cravioto, the SAGE Chair who was invited to join the PPC as an independent expert by Dr Sezibera.

1.3 The Chair noted that Abdul Wali Ghayur was joining this meeting as an observer, pending his formal appointment by the Board in June as 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.

1.4 The Chair informed participants that Diana Chang Blanc from WHO would join for the session on Alliance Update on Country Programmes; Suvi Rautio from UNICEF Supply Division would join for the session on the Cold Chain Optimisation Equipment Platform; and Michel Zaffran from WHO, would join for the session on IPV. She noted that Gunilla Carlsson, a member of the Gavi Alliance Board and the Governance Committee, who served as Chair of the Governance Committee during the Vice Chair’s leave of absence, would join for the session on the review of the PPC Charter. And finally, she informed participants that David Sidwell, Gavi Alliance Board member and Chair of the Audit and Finance Committee, would join for the session on the Risk appetite statement.

1.5 Standing declarations of interest were tabled to the Committee (Doc 01a in the Committee pack). The Chair reported on her position as Chair of WHO’s International Health Regulations Emergency Committee on Polio, while noting that this was not in conflict with her role at the Gavi Alliance.

1.6 The minutes of the 25-26 October 2016 meeting were tabled to the Committee for information (Doc 01b in the Committee pack). The minutes had been circulated and approved by no-objection on 27 February 2017.
1.7 The Chair referred to the PPC workplan (Doc 01c) and the Action Sheet (Doc 01d). She reminded Committee members that they may contribute to the workplan by raising issues with either the PPC Chair or the Secretariat. She 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.

1.8 The Chair referred to the survey, completed by PPC members after the meeting in October, relating to the meeting papers and presentations. She mentioned that the PPC Chair would like the members to complete such a survey after each meeting and it would be possible to do this through the new BoardEffect tool, a URL for which would be provided by the Secretariat by email.

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2. Update from Secretariat, including 2016-2020 Strategy, Indictors and KPIs

2.1 Seth Berkley, CEO, informed PPC members that following positive feedback from the PPC and the Board, the Strategy Progress Update was now a standing agenda item at these meetings (Doc 02).

2.2 He started by highlighting a number of changes in the global landscape, noting the increased overall risk as a result of uncertainty. He noted changes in global leadership including those among Alliance members as well as in donor countries. He also highlighted the resurgence of anti-vaccine movements which seem to be organised and framed for commercial and political leverage, in addition to the core anti-vaccine messaging. He informed PPC members that the Alliance was monitoring these anti-vaccine movements and preparing a response strategy in case of further escalation.

2.3 Noting the continued political support on immunisation, he referred to the successful Global Vaccine Action Plan (GVAP) Leaders meeting, and the Addis Declaration on Immunization endorsed by African Heads of State. He also noted with concern that the SDG indicators included immunisation in two targets, and that SAGE working group recommended the use of MCV2 as an indicator to capture routine immunisation strengthening, thereby limiting the scope of success measurement by 2030 only to MCV2.

2.4 He informed PPC members that Gavi continued to receive strong donor reviews, noting that the UK’s 2016 Multilateral Development Review gave Gavi the highest score making Gavi one of the three organisations out of 38 to obtain this score. He mentioned that the recent MOPAN study gave Gavi the highest rating in strategic, operational and performance management and commends clear vision, ambitious goals, governance, transparency, focus on results, sustainability and commitment to gender.

2.5 Referring to receipt of payments from donors on their pledges, he noted that the US government met Gavi’s full request after completing its FY2017 appropriations, included for global health. He also noted that Gavi had received expected payment from UK, and that IFFIm agreements with France and Netherlands had been signed in early May 2017. He explained that Gavi had
now secured 83% of the pledges made in Berlin, with the remainder relating to those pledged payments that can only be signed on a yearly basis. Finally, he said that in order to mitigate funding risks there is continued engagement with donors in Europe, Asia and Middle East to broaden and deepen the Gavi donor base.

2.6 The CEO highlighted that there is an increased recognition of the potential for private sector’s investment in development through finance and technology. He presented information on Gavi’s engagement with private sector partners and summarised highlights of its work with INFUSE, Zipline, Unilever and DHL.

2.7 He provided key country updates as part of reporting back on the previous PPC and Board discussions. He informed PPC members that following Board decision to support immunisation of children in Syria within an annual amount of up to US$ 25 million for 2017 and 2018, a proposal was submitted by UNICEF, in alignment with the 2017 Syrian Humanitarian Response Plan between UNOCHA and Syrian government, which supports MMR vaccination. He outlined the envisaged Alliance support to Jordan by individual partners to help immunise refugees from Syria.

2.8 In continuation of the country updates, the CEO outlined acceleration of immunisation momentum in India, as well as highlighted the progress made in engagement with Nigeria including the country commitment to repay misused funds. He informed PPC members that at its Retreat, the Board requested that a tailored strategy be designed for Nigeria, and that the first framework for such a strategy would be presented to the PPC at its meeting in October. He finally noted that an Alliance-wide mission to Pakistan in March observed promising, if uneven, progress, and continued strong political commitment, and that a detailed update on progress in Pakistan would be presented at the June Board meeting.

2.9 The CEO provided an update on recent vaccine programme decisions, summarising results of Gavi’s MR campaigns with expected increase in Gavi supported campaigns; uptake of HPV vaccine being on track for reaching 40M girls by 2020; the Secretariat’s ongoing work with Alliance partners to establish governance structure for Eliminating Yellow Fever Epidemic (EYE) strategy; strong availability of OCV for recent Cholera outbreaks in Africa; as well as updated on the Ebola and Malaria vaccines.

2.10 He informed the PPC that the contract between WHO, Gavi and the other funding agencies had not yet been signed for the Malaria vaccine pilots. Since the Gavi Board decision required funding be matched, Gavi could not sign or disburse grants before the UNITAID Board formalises its commitment. He said that the Secretariat was working to ensure agreed timelines were respected and that the grant was signed by June.

2.11 He informed PPC members that while there was no resolution yet to Gavi’s request for observer status at the ICG despite several discussions, ICG has begun informing Gavi Secretariat of requests for stockpile vaccine doses and resulting decisions, with access to an online dashboard.
2.12 He presented the PPC members with the input obtained from the Board during its Retreat in April, on Gavi’s engagement with transitioning countries. He mentioned that the key takeaways included a low Board appetite for the risk of country performance declining after transition and therefore recommended that a tailored approach might be required if a transition was at risk. The identified countries were: Timor-Leste, Congo Republic, Angola, Nigeria and PNG. Of these, special strategies will be initially developed for Nigeria and PNG. The other takeaways included the importance for Gavi to maintain engagement with countries after transition and the suggestion that 1-2% of Gavi funding might be used for this purpose. This would include following country performance and potentially targeting technical assistance on catalytic support for new vaccine introductions. These suggestions will be brought to the PPC and Board in due course.

2.13 He presented prospective Board and PPC discussions outlining the possibility of the Secretariat requesting the opening of a funding window for Typhoid vaccine at the October PPC meeting. He also noted that planning for the new Vaccine Investment Strategy (VIS) was progressing and that the decision framework would be brought to the PPC for discussion at its October meeting, with a view of finalising the recommendation by end of 2018, after a review of shortlist in May 2018.

2.14 Finally he provided an update to the PPC on the progress made against Gavi’s mission, its strategic goals, and on the KPIs (Doc 02). He informed the PPC about the progress made under each strategic goal. Under Strategic Goal One he updated the PPC on equity indicators, work on equity, and vaccine introductions for 2017. He provided information regarding the grant performance framework and progress on supply chain strategy for Strategic Goal Two; and noted progress made on co-financing, institutional capacity and transitioning countries as part of the update relating to Strategic Goal Three. Finally, he provided an update to the PPC on market shaping work underway as part of Strategic Goal Four and also summarised the Alliance progress through key indicators.

Discussion

- The PPC members expressed appreciation for the update and congratulated the CEO and the Gavi Secretariat on the updated format of the PPC pack which, they mentioned now elevated the elements for discussion much better.

- PPC member representing the USA provided an update to the PPC on the support being provided to Jordan in the context of their concerns about National Immunization Technical Advisory Group’s (NITAG) 2009 recommendation for Pneumococcal conjugate vaccine (PCV) and the ongoing refugee crises. She informed the PPC that a quadripartite agreement was being drafted between USAID, WHO, UNICEF and the Government of Jordan, and will provide the funding and country assistance for introduction of PCV and improving procurement systems as well as regulatory and programmatic elements of immunisation programme.
• PPC members shared their concerns relating to vaccine hesitancy and anti-vaccine movements. They noted that the movement was using different media and online platforms like WhatsApp and parents’ associations at schools, for example.

• Responding to a comment about growing anti-vaccine movements globally, the Secretariat noted that it will continue to stay vigilant and track information relating to the anti-vaccination movements, with the expectation of introducing relevant mitigations accordingly.

• PPC members, in relation to new vaccine introduction in transitioning countries, suggested that Gavi and Alliance partners provide evidence-based decision-making opportunities to countries to help them decide and choose which new vaccines they would introduce.

• PPC members noted that it was indeed the right approach to work closely with transitioning countries, where usually the sustainability of the transition was dependent on factors like political will and strength of in-country systems as well as institutional and financial capacity.

• In response to a question about Gavi’s engagement with transitioning countries, the Secretariat informed the PPC that there was a consensus at the Board retreat to take a tailored approach for Nigeria and the level of involvement for each tailored approach that might be necessary in some other transitioning countries would vary depending on the complexities present in each country.

• In response to the CEO’s presentation PPC members noted with disappointment that the SAGE GVAP Working Group recommended the use of only MCV2 as a measure of immunisation success under the SDG health goal. The PPC suggested that the SAGE working group be approached again with a request to review this indicator with consideration of a more aspirational measure inclusive of other vaccines. The Chair suggested that SAGE could also be approached with this request.

• In response to PPC members’ comments that the number and complexity of indicators being used by Gavi had increased over the years, the Secretariat acknowledged that there was a need to have a broader discussion on what was meaningful and how to simplify the data/metrics measurement and use. The Secretariat mentioned that surveys were being routinised and data triangulation was being used to increase efficiency.

• The Chair reflected that the use of indicators and metrics should also be analysed from a country perspective as countries might be overburdened by these surveys and data requirements.

• The PPC members appreciated the disease dashboard and suggested that this may be extended to continue to track the impact of vaccines introduction in
countries, and be provided as a post transition sustainability tool for countries to maintain and gather data.

- The PPC member representing the CSO constituency offered to work closely with the Secretariat to strengthen the CSO related sub-indicators, to measure their contribution.

- PPC members underscored the importance of ensuring that there was a balance between campaigns and routine immunisation and that perverse incentives for campaigns are avoided. They requested that periodic updates be provided to the PPC on campaigns and their role in strengthening routine immunisation.

- In response to a comment, the Secretariat assured the PPC that it would keep bringing back to the PPC lessons from HPV vaccine introduction including multi-age cohorts, as there are ongoing learnings on the HPV vaccine uptake, modalities to communicate about it, and the approach required to implement this most effectively. Besides post-introduction evaluations, the lessons learned from different country pilots and introductions are being monitored closely.

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3a. **Alliance Update on Country Programmes**

3a.1 The Chair invited Hind Khatib-Othman, Managing Director, Country Programmes, to provide an update to the PPC on Country Programmes, noting that PPC members Robin Nandy and Rama Lakshminarayanan, and Diana Chang Blanc from WHO would be taking questions pertaining to Alliance Partners’ work.

3a.2 Ms Khatib-Othman highlighted the significant changes in how the Alliance engages with countries that had been made in recent years, including with respect to risk identification and mitigation. She noted, however that the application of risk management and assurance processes could potentially negatively impact the timeliness and predictability of Health Systems and Immunisation Strengthening (HSIS) disbursements to countries. She explained that in order to mitigate this potentially negative impact, the Secretariat was employing different mitigation strategies, including building in-country capacity, employing fiduciary agents, channelling funds through partners (e.g. WHO and UNICEF) and differentiating the application of risk management processes according to countries’ risk status.

3a.3 Ms Khatib-Othman informed the PPC that despite historical success, a number of countries including many of those projected to transition from Gavi support will not introduce PCV or rota virus vaccines with Gavi support, and sought guidance on whether Gavi should provide further support to countries, including to those countries that have transitioned or are in transition, in order to enable an informed decision on the introduction of these vaccines.
3a.4 She requested the PPC to consider recommending to the Board that it finds that exceptional circumstances in Yemen justify the continuation of Gavi support to Yemen irrespective of the country’s default status on its 2016 co-financing obligations.

3a.5 Ms Khatib-Othman, responding to a long standing demand from the PPC and the Board, presented a country portfolio overview to provide a high-level systematic snapshot of countries’ performance across a number of key thematic areas (e.g. coverage, supply chain, data quality), noting that the underlying analysis presented in this overview was derived from the country summary sheets (Doc 03a Annex F).

Discussion

- PPC members acknowledged the complexity of the challenge associated with balancing risk assurance/management processes with timely and predictable disbursements. They also noted that the risk appetite of key constituencies had shifted over recent years to a very low risk appetite and acknowledged that this might have implications for the sustainability of programmes.

- Some PPC members expressed concerns about the higher risk of misuse of funds that are channelled directly through countries’ own systems, while others suggested that not doing so, and relying on partners might jeopardise any impetus for strengthening the in-country systems and capacity, thereby risking the sustainability of vaccine programmes and transition of countries.

- Some PPC members questioned the effectiveness of fiduciary agents in managing Gavi support and sought information on who these agents were, the cost of using them to provide assurances against misuse of funds in countries, their capability and capacity to monitor funds provided by Gavi to countries, and how they would be used in the context of countries in transition.

- Some PPC members highlighted that the funding passing through partners to the countries might not only increase the burden for in-country partners and put a strain on partners’ relationships with the country, but may also decrease the ownership of the country for utilising these funds efficiently. The Secretariat was requested to discuss the implications of channelling the funding through partners with the Finance and Accounting teams in partner organisations.

- The PPC indicated that channelling funds through partners was the preferred option in situations where country systems are not sufficiently robust. PPC members asked that the Secretariat work with partners to explore a more systematic and proactive approach to partners managing fiduciary risks related to Gavi support, while also enhancing efforts to build country capacity including through the ongoing workstream on leadership, management and coordination.

- PPC members agreed that Gavi should support countries, especially the countries in accelerated transition to make informed decisions about new vaccine introductions like PCV and rotavirus. They cautioned however, to ensure that...
countries were not pushed in a particular direction and that the financial and non-financial capacity within the country was adequate for such introductions, and understand what the root cause might be for a country to decide against the launch of any particular vaccination.

- PPC members appreciated the country summary sheets and the country portfolio overview map noting that this allowed for a quick overview on how well countries were or were not doing across various parameters.

- In response to a question from a PPC member on the waiver being requested for Yemen, the Secretariat explained that this was not a waiver for co-financing, but a decision to continue support to a country that had not met its co-financing obligation. The PPC supported the request to continue support to Yemen and stressed the need to monitor the supply situation to ensure that children were vaccinated.

**Decision One**

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

Find that exceptional circumstances in Yemen justify the continuation of Gavi support irrespective of its default status on its 2016 co-financing obligations.

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3b. **Country Engagement Framework**

3b.1 Adrien de Chaisemartin, Director, Strategy, Funding and Performance, and Alan Brooks, Director, Health Systems & Immunisation Strengthening, provided an update to the PPC on the Country Engagement Framework (CEF) (Doc 03b), recapping the CEF vision, objectives and early implementation experience. They sought guidance from the PPC on how to take the proposed CEF process forward and areas to focus on.

3b.2 Mr de Chaisemartin stated that in 2017 CEF aimed to scale up from 5 to 14 countries, widening its portfolio of country profiles. He noted that the priority areas for CEF in 2017 would focus on quality of engagement during the country dialogue phase through better sequencing of Programme Capacity Assessments; integration of vaccines and Cold Chain Equipment Optimisation Platform (CCEOP); and refined timing of operational planning and budgeting among others. He also presented the lessons learned from 2016 CEF engagement.

3b.3 Dr Brooks provided a snapshot of stakeholder feedback received from Malawi, which was among one of the first countries where the CEF process was initiated.
Discussion

- PPC members discussed the CEF framework in the context of the partners’ perspective and appreciated the approach as being the right way forward for achieving the Gavi objectives and making Gavi support more aligned with, and responsive to, country plans and needs.

- PPC members commented that it would be important for countries to be clear in defining which partners would be part of the process for CEF. They also suggested that planning Gavi support be as closely aligned with the broader health plans in country as possible. The CSO constituency reiterated the value of input and engagement of CSOs in a country dialogue process.

- PPC members requested that more quantitative measures be used to determine the success of CEF. The Secretariat responded that quantification will complement the qualitative feedback currently sought for tracking the CEF learning phase. A key outcome of the CEF process is an updated Grant Performance Framework which countries will report against in future years. This will provide metrics to quantify the results from the investments planned across a country’s portfolio of Gavi support. There are also KPIs that measure the time it takes from approval to disbursement.

- The PPC also cautioned against making the CEF process too complex or heavy for countries. The Secretariat responded that it is closely monitoring the extent to which the iterative dialogue requires strengthened engagement across all partners. While the learning phase of CEF has presented greater complexity for stakeholders, the expected learnings should help inform a stable and more streamlined process. The Secretariat mentioned that it would continue to review associated internal processes for efficiency opportunities.

- In response to a question by PPC members relating to the full integration of CEF into Gavi’s business model, the Secretariat assured the PPC that once the design of CEF process is more stable, it would become part of the regular reporting under the Country Programmes update to the PPC and the Board.

- The Secretariat committed to present an update to the PPC at its next meeting in October when further feedback results of the pilot phase for CEF will be available. This presentation will also include more quantitative outcome measurements and may bring forward any Board decisions that may be required to operationalise CEF.

4. Partners’ Engagement Framework

4.1 Anuradha Gupta, Deputy CEO, presented an update to the PPC on the Alliance’s Partner Engagement Framework (PEF) (Doc 04), briefly outlining how it had evolved through 2015 to 2017, the unprecedented change it has involved and the positive feedback it had received so far.
4.2 Ms Gupta described the three streams that were used to provide funding to partners in order for them to provide technical guidance/assistance to support countries: Targeted Country Assistance (TCA), Special Investments in Strategic Focus Areas (SFAs), and Foundational Support (FS). She shared a few country examples to show that during the first year of implementation there was early evidence of encouraging results. She also provided an example of how outcomes were being sought at sub-national level in Pakistan, through this process.

4.3 She noted that the PEF model leverages Partners to enhance country level planning through continuous strengthening of joint appraisals (JA) and One TA plan. She further explained the complementarity of PEF with HSIS, showing information on PEF investments in SFAs. She highlighted certain country level challenges in data quality, the solutions for which were being sought through data initiatives and investments.

4.4 PPC members Robin Nandy, Rama Lakshminarayanan and Jean-Marie Okwo-Bele provided the partners’ perspective of the PEF model and noted how this has improved collaboration between partners at the country level. They discussed the comparative advantage each partner brought in terms of engaging with countries at different levels and appreciated PEF as a great model of work.

Discussion

- PPC members expressed appreciation for work being done by the Alliance partners through PEF and acknowledged the progress made, and noting that going forward it would be great to see how results are being delivered in countries.

- PPC members appreciated the increased transparency PEF provided for TCA and sought to have a similarly increased transparency on foundational support.

- PPC members sought input on how PEF was working for transitioning countries and what would happen to Gavi supported staff in partners’ country offices once the countries successfully transition.

- The Secretariat responded that to date TCA of US$ 4.9 million is available for this group of transitioning countries. PPC was also informed that there are 2 year time horizons for the TCA enabling partners to recruit staff on two-year contracts.

- PPC members requested details of staff recruited by partners under PEF to be made available to them.

- A PPC member asked whether there was a process to determine who the expanded partners on PEF would be. The Secretariat informed the PPC that there was a formalised process in place and going forward a system is being instituted that would allow for partners or new partners to join on a rolling application basis.
PPC members discussed the need to inform and make available to countries a range of options for the types of support available to them and the TA providers to choose from, when they go through a JA or CEF process as applicable, without overwhelming them. The Secretariat responded that this was indeed the plan for the 2017 PEF planning process.

The Secretariat appreciated the CSO constituency’s offer to share the achievements of the CSO platform on the use of foundational support and looked forward to receiving this information, to be added in future PEF updates.

5. **Gavi Policy: Fragility, emergencies and refugees**

5.1 Judith Kallenberg, Head of Policy, presented to the PPC the revised Fragility, Emergencies, Refugees Policy to the PPC. She reminded PPC members that at its meeting in December 2016, the Board had approved a set of principles to form the basis for a Gavi Policy on Fragility, Emergencies and Refugees, as well as the immediate operationalisation of these principles, pending a formal policy document to replace the previous Fragility and Immunisation Policy. She referenced the revised Policy (Annex A, Doc 05) and asked PPC to consider it for recommendation to the Board.

5.2 She highlighted that the Secretariat had sought input from across the Alliance to inform this updated Policy, and that the updated Policy allowed for Gavi to take a tailored response in case of refugees in Gavi-supported countries.

5.3 She presented an amendment to the Policy that was requested by UNHCR, relating to the definition of refugees versus asylum seekers.

5.4 Finally Ms Kallenberg informed the PPC that the Secretariat was in the process of developing operational guidelines for implementation of the Policy.

**Discussion**

- PPC members and Secretariat confirmed the understanding that this Policy was only applicable to Gavi eligible countries. The Secretariat also explained that the policy does not extend to refugees residing in non Gavi countries.

- PPC members noted that operational guidelines for the implementation of this policy were being developed.

- The CSO constituency supported the recommendation with certain reservations. They requested to provide input into the formation of the operational guidelines, and then for the operational guidelines to be shared.

- The Secretariat informed the PPC that flexibilities would be considered for countries facing emergency or fragility, on a case by case basis. PPC members
reiterated the importance of closely evaluating the introduction of new vaccines in emergency situations on a case by case basis as well.

- PPC members highlighted that in countries facing an emergency, partners on the ground, including the CSOs and bilateral donors, and any available on ground coordination mechanisms should be effectively leveraged when Gavi extends its support under the Policy.

- In response to a question the Secretariat informed that the financial or human resource implications for Gavi in approving this Policy were not expected to be material. The Secretariat agreed to the PPC suggestion of sharing illustrative financial implications with the Gavi Alliance Board for its meeting in June 2017.

- The Secretariat informed the PPC that if an emergency situation indicated the need for co-financing waivers or eligibility and transition flexibilities, such decisions would go through the standard governance process of approval by the PPC and the Board.

**Decision Two**

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

**Approve** the Gavi Policy: Fragility, Emergencies, Refugees attached as Annex A, to Doc 05, as amended by discussions at the PPC, which will replace the 2013 Fragility and Immunisation Policy.

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6. **Gavi’s potential engagement in IPV post 2018**

6.1 Michael F Thomas, Director, Vaccine Implementation presented the item, and was joined by Michel Zaffran, Director of Polio Eradication at the WHO.

6.2 Mr Thomas recalled to the PPC Gavi’s ongoing involvement in polio eradication noting that in 2013 the Board had decided to provide support to Gavi IPV-Eligible countries with dedicated funding of US$ 405 million of Global Polio Eradication Initiative (GPEI) funds for the period 2013-2018, in line with the Endgame plan (Doc 06). He provided an update on the current status of IPV vaccine supply, noting that only 52% of projected supply had been delivered to date resulting in delayed IPV introductions and programme disruptions, leading to an estimated 38 million children not being vaccinated with IPV.

6.3 He sought the PPC’s guidance on the support that Gavi should give for implementing SAGE recommendation on the vaccination of missed children. Furthermore, PPC guidance was sought on the development of options for potential post-2020 Gavi engagement in IPV and other polio activities. Finally, the PPC was requested to recommend to the Board an extension of Gavi support for IPV to 2020 under the arrangements approved by the Board in 2013.
Discussion

- PPC members were highly appreciative of the partnership model and collaboration between Gavi and the GPEI.

- PPC members emphasised the need to enable catch-up programmes for children who had not been vaccinated due to supply shortages acknowledging that approaches/strategies may differ from country to country.

- In response to a question, the Secretariat and Michel Zaffran informed the PPC that it was up to the countries to decide on fractional dosing of IPV in the context of global supply shortages, noting that two fractional doses will provide better protection than one full dose.

- In response to a question about whether fractional dosing followed a differentiation strategy across countries, the Secretariat confirmed that fractional dosing was a country level decision, where children in the highest risk countries are being prioritised for available supply.

- PPC members noted that it was important to communicate and prepare the health workers for the difference between the OPV and IPV vaccines, as well as the use of fractional dose IPV, as in the wake of vaccine shortage, health workers have sought to revert to OPV. Communication will also be important to explain to countries why polio vaccination will continue to be important in the absence of disease.

- The CEO, in response to a question, stated that if Gavi were to remain engaged in IPV beyond 2020, it would not envision doing so as a parallel immunisation strategy but would look to mainstream the programme into routine immunisation.

- PPC members encouraged Gavi to continue to stay engaged in IPV beyond 2020 if there was capacity and finances to do so, and consider integrating IPV into the VIS process.

- In response to a question about transitioning countries, the Secretariat clarified that the same cohort of countries that was part of the 2013 decision would be eligible to Gavi’s support on IPV if support was extended to 2020, even if these countries have transitioned or are in transition from Gavi support.

- The IFPMA constituency noted that while fractional dosing could offer short term solutions for supply shortages of the IPV vaccine, it did cause certain operational problems relating to an off label use of the vaccine. They also noted that the demand side uncertainty can pose challenges to rectifying the supply side solutions.

- PPC members noted and encouraged coordination between Gavi and GPEI towards market shaping beyond 2020 to maintain industry’s commitment.
• PPC members noted that due consideration will need to be given to transitioning of assets as GPEI sunsets, with suitable assets being integrated into country systems under full ownership of countries.

• The Secretariat informed the PPC that it would have internal discussions to determine if the Gavi role in IPV beyond 2020 could be part of the VIS, or if there are other questions that may need to be addressed outside of the VIS process. There may be a need to come back to the PPC for specific decisions on IPV that may need to be treated outside of the VIS process, which is expected to be completed by 2018. The PPC noted this and reiterated that the VIS process will be important in determining Gavi’s role in IPV for the decade after 2020.

• PPC members unanimously agreed to the recommendation for Gavi to continue supporting IPV until 2020 and implement the SAGE recommendations including fractional dosage, catch up vaccination of missed children, and potentially provide switch grants to facilitate countries moving to fractional dosing of IPV. The Chair noted that this allowed for decisions to be made on a country to country basis on whether to adopt fractional dosing of IPV, particularly in weaker performing countries.

### Decision Three

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

**Approve** extending Gavi’s support for IPV from 2018 to 2020 under the arrangements approved by the Board in November 2013, and subject to polio-specific funding being available.

*Lindsey Dietschi (IFPMA) and Rajinder Suri (DCVMN) recused themselves and did not vote on Decision Three above.*

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7. **Review of Cold Chain Equipment Optimisation Platform (CCEOP)**

7.1 The Chair invited Hind Khatib-Othman, Managing Director, Country Programmes, to introduce the item. Ms Khatib-Othman recalled to the PPC that at its last meeting in October 2016 the PPC members, noting the high demand for CCEOP by countries, had requested the Secretariat to report back on lessons learned, highlighting the learnings on market shaping, understand the timeline for making CCEOP operational, and ensuring that an equitable approach was being taken to allocate the current ceiling of US$ 250 million between countries requesting this support. She introduced Suvi Rautio, Deputy Director, UNICEF Supply Division and invited her and Alan Brooks, Director, Health Systems and Immunisation to present the update on CCEOP.

7.2 Dr Brooks provided an update on the CCEOP applications noting that US$ 41 million of CCEOP funds have been approved, and that there was no
indication that countries’ non cold-chain needs were being put at risk through use of HSS funds for their CCEOP joint investment portion (Doc 07). He presented the lessons from early implementation, as well as from the Democratic Republic of Congo which had previously implemented a number of attributes of the CCEOP and served as a model for the CCEOP design.

7.3 Ms Rautio a range of estimated timeline and acceleration opportunities for the various parts of the process starting from application approval to first shipment of equipment. She described the procurement process for capital investment done under CCEOP, noting that due to incentives there has been a strong increase in supply of CCEOP eligible products across suppliers of ice-lined and solar refrigerators. The innovative CCEOP service bundle that suppliers deliver includes in-country logistics, installation and training. A country specific deployment plan is a pre-requisite for the service bundle and preparation of a deployment plan is a complex and time consuming undertaking by government and partners. Furthermore, costing for the service bundle requires country-specific invention by suppliers as it is highly dependent on country infrastructure and in some countries delivery will be to thousands of facilities with difficult or even non existing roads and security considerations. Implementation will also pose challenges specifically with site readiness to allow timely delivery and installation by suppliers.

7.4 Dr Brooks presenting the future direction to PPC members, outlined that in 2019, the Board will be requested to review the ongoing implementation of CCEOP and decide whether to extend its dedicated support for Cold Chain Equipment (CCE).

Discussion

- PPC members were appreciative of the progress made on implementation of CCEOP.
- In response to a question, the Secretariat confirmed that while the CCEOP was started as a new type of support, it was increasingly integrated with other Gavi processes. Implementation is fully part of PEF and CEF. PPC members encouraged the Alliance to continue implementing the CCEOP integrated into the larger context of Gavi’s support to countries and the market shaping activities.
- The PPC requested the Secretariat to provide its CCEOP updates, including the market-shaping component, as part of the regular Country Programmes update at each PPC meeting. The Secretariat confirmed that this would be included as requested.
- Some PPC members noted that the delays experienced in the equipment reaching the countries were disappointing and may require a closer look on how to ensure that this is not a recurring problem. Process improvement already being implemented by the Secretariat and UNICEF with the introduction of parallel processes and improved timelines was noted. It was requested that in
future presentations on this topic, the Secretariat report back on how these timelines were being improved.

- Several PPC members noted that it was important to provide assurance that best commercial practices were used for the procurement of cold chain equipment, and that market shaping ensures a competitive environment with a range of devices from multiple manufacturers are available to avoid monopolistic market conditions.

- PPC members also highlighted the importance of negotiating service bundles with manufacturers of cold chain equipment which includes services like installation of equipment and providing any necessary training to users of equipment.

- The Secretariat informed the PPC that CCEOP was helping enhance equity by providing these cold chain facilities in geographies that did not have them in the past.

- PPC members noted that the use of the HSS allocation formula to also allocate CCEOP resources was simpler, reinforced integration, and consistent with Gavi’s strategy. They supported its use over a novel allocation approach based on number of health facilities and electrification level in countries.

- PPC members reiterated that the Board decision in December 2016 provided for an upper ceiling of multi-year commitments for CCEOP investments of US$ 250 million, and indicated that it will be unlikely to provide further segregated funding for it. The Secretariat confirmed that no further increase to this approved amount was being sought.

**Decision Four**

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

a) **Approve** the approach to equitable allocation of available CCEOP funding based on the HSS formula as described in section 3.5 of Doc 07.

b) **Request** the Secretariat to continue documenting lessons to provide regular updates on the progress of the CCEOP to the Programme and Policy Committee.

*****

8. **Risk appetite statement for programmatic risks**

8.1 The Chair introduced the item and welcomed David Sidwell, Chair, Gavi Alliance Audit and Finance Committee, who joined the session by phone. She invited Jacob van der Blij, Head of Risk, and Alex de Jonquières, Chief of Staff, to provide an update to present the item.
8.2 Mr Van der Blij presented the updated Risk Appetite Statement, which broadly defined the amount of risk the Alliance was willing to accept to achieve its goals, and detailed the changes in the new statement. He also noted that in some areas trade-offs exist between risks that are interdependent.

8.3 He requested PPC’s guidance on the programmatic elements of the updated Risk Appetite Statement (Annex A Doc 08).

Discussion

- PPC members acknowledged the inherent complexities in managing interdependent risks across the Gavi business model, where mitigation of one risk may have implications on another risk. They requested the Secretariat to try to simplify the Risk Appetite Statement and to be consistent in terms used to describe the level of risk appetite across the different areas.

- PPC members provided input on programmatic risk appetite levels and a PPC member suggested that fiduciary risk should be minimised as a priority over other considerations, and not change as a country approaches transition.

- PPC members suggested that Gavi engage with the risk teams in partner organisations, especially where they may have deeper knowledge and understanding of in-country risks.

- The Secretariat thanked the PPC for its input and guidance, explained that once risk appetite has been agreed with the Board, actual risk exposure will be compared against it.

- The AFC Chair discussed the findings of the AFC with PPC members and noted that PPC’s input was similar to that received from AFC. Recognising the challenge of discussing risk appetite in abstract, he noted that the discussion would be easier within the context of Risk & Assurance Report that outlines actual risk exposures, and which is planned to be presented to the AFC and PPC in October 2017, and to the Board in November 2017.

9. Market shaping update

9.1 Melissa Malhame, Head, Market Shaping, presented an annual update to the PPC on Gavi’s Market Shaping activities (Doc 09), noting the activities, success and challenges in achieving Gavi’s strategic goal 4 (SG4) to shape markets for vaccines and other immunisation products.
Discussion

- PPC members commended the Secretariat on its market shaping work. PPC members representing the manufacturers reiterated their support for the evolution of the market shaping activities, highlighting the inclusion of supply security (in addition to price reduction) as an important measure for sustainable access as well as noting that continuous engagement with manufacturers allows for improved planning and overcoming supply challenges.

- In response to a question, the Secretariat informed the PPC that there were some cases, where the market had matured and was competitive, where middle income countries could access the same pricing as Gavi and that there is ongoing work to achieve similar market conditions for other vaccines, allowing middle income countries, access to affordable vaccines. It was informed that for certain vaccines low prices have been offered for use in humanitarian work.

- In response to a question about market shaping work relating to cold chain equipment, the Secretariat informed the PPC that some manufacturers produced both ice-lined and solar fridges, while others produced only one or the other - and the solar fridges, being new, have a smaller base from a supply perspective.

- The Secretariat informed the PPC that while there was a chance of vaccine shortages for certain vaccines in the stockpile to respond to outbreaks of meningitis, there were backup plans in place to increase the availability.

- PPC acknowledged that the Secretariat was continuing this work with various permutations of demand, capacity and outbreaks, and reiterated the need to continue working closely with developing countries as well as developing country manufacturers.

10. **Review of PPC Charter**

10.1 The Chair welcomed Gunilla Carlsson, Chair of the Gavi Alliance Governance Committee, and Richard Sezibera, Chair of the Gavi Alliance Programme and Policy Committee, who joined the session via phone and video-conference respectively. She invited Dr Sezibera to introduce the item.

10.2 Dr Sezibera informed the PPC that the proposed changes to the PPC Charter were being made after consultations with PPC members as well as the Chair of the Governance Committee.

10.3 Philip Armstrong, Director of Governance, explained that as part of the ongoing Gavi Board and Committee self-evaluation, the Committee Charters were being reviewed and updated where appropriate.

10.4 Joanne Goetz, Head of Governance, presented to the PPC the proposed changes to the PPC Charter (Doc 10), highlighting areas where there appeared
to be consensus as well as the areas where PPC members may want to engage in further discussion.

Discussion

- A PPC member representing the donor constituency noted that the Secretariat had not presented to the PPC, as requested by the constituency, two alternative compositions for discussion namely a PPC comprising a total of 18 members, one with four representatives from developing and donor countries each and another with five representatives from developing and donor countries each. This information was subsequently presented during the discussions.

- Some PPC members emphasised that a reduction in the donor seats at the PPC could put at risk donor contributions to Gavi due to donors' perception that they are not receiving sufficient accountability, which they get through their Committee memberships. The reduction in the number of developing country seats, similarly, could put at risk adequate representation of developing countries in programmatic decision-making.

- The Governance Committee Chair explained the rationale for the suggested changes to the PPC Charter noting effective representation and oversight is encouraged to be maintained by participation across other Board Committees, in addition to the PPC, hence a slightly smaller PPC size was being recommended.

- In relation to the proposed size and composition of the PPC going forward, PPC members expressed a preference for maintaining the status quo - meaning a PPC composed of a majority of Board and Alternate Board members, with no more than 20 members in total, reflecting the current composition, but with no defined constituency composition and therefore seeking to retain the current composition comprised as follows:

<table>
<thead>
<tr>
<th>PPC 2017</th>
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<tbody>
<tr>
<td>Unaffiliated</td>
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<tr>
<td>Multilaterals</td>
</tr>
<tr>
<td>WHO, UNICEF, World Bank</td>
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<tr>
<td>BMGF</td>
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<tr>
<td>Donors</td>
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<tr>
<td>Anchors: Canada, Germany, Norway, UK, US</td>
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<tr>
<td>Developing Countries</td>
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<tr>
<td>AFRO x 2; EMRO; EURO/PAHO; SEARO/WPRO</td>
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<td>IFPMA</td>
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<td>R&amp;THI</td>
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<tr>
<td>CEO (non voting)</td>
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<td>SAGE Chair (independent and non voting)</td>
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• It was emphasised that it will be important for constituencies to recall and consider their self-organising principles within their constituencies when considering their nominations for the PPC going forward. One of the PPC members from the donor constituency confirmed in this context that it will be the responsibility of the donor constituency to ensure agreement amongst themselves on their representation and that this is something that they will take very seriously.

• PPC members noted that among the updates being proposed in the updated Charter, there was an oversight function relating to the programmatic aspects of the PEF. The Secretariat explained that this was being recommended in light of the expected recommendation of the Governance Committee to the Board to retire the Executive Committee (EC). In this context PPC members requested clarification in relation to the different roles of the PPC and the PEF MT.

• Finally, the PPC requested the Secretariat to amend the PPC Charter in line with the discussion, and circulate a revised and updated Charter to them electronically for approval by unanimous consent in advance of the June Governance Committee and Board meetings.

11. Review of decisions

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

11.2 PPC members agreed that the two decisions relating to Fragility, emergencies and refugees, and CCEOP should be on the consent agenda for June Board meeting.

12. Any other business

• Before concluding the meeting the Chair indicated that this would be Rajinder Suri’s last meeting as a PPC member and expressed thanks to him, on behalf of the PPC, for his engagement during tenure.

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

Mrs Joanne Goetz
Secretary to the Meeting
Attachment A

Participants

Committee Members
- Helen Rees
- Violaine Mitchell
- Rama Lakshminarayanan
- Robin Nandy
- Jean-Marie Okwo-Bele
- Syed Monjurul Islam
- Edna Yolani Batres
- Jean-François Pactet
- Lone Lothe
- Jason Lane
- Susan McKinney
- Lindsay Dietschi
- Rajinder Suri
- Dure Samin Akram
- Bradford Gessner
- Seth Berkley, Chief Executive Officer
- Alejandro Cravioto
- Abdal Wali Ghaury
- Gunilla Carlsson (Agenda item 10)
- David Sidwell (Agenda item 8)

Regrets
- Richard Sezibera
- Ummy Ally Mwalimu
- Ahmad Jan Naeem

Committee Member Elect
- Abdul Wali Ghaury

Other Board Members Attending
- Anuradha Gupta
- Sally Dalgaard
- Alex de Jonquières
- Joanne Goetz
- Judith Kallenberg
- Mahwesh Khan
- Hind Khatibu-Othman
- Johannes Ahrendts (Agenda items 2, 3a, 4)
- Philip Armstrong (Agenda item 10)
- Pascal Barollier
- Pascal Bijleveld
- Alan Brooks (Agenda items 2, 3a, 3b, 4, 5, 6, 7, 8, 9, 10)
- Susan Brown
- Sarah Churchill (Agenda items 3b, 7)
- Mirjam Clados
- Santiago Cornejo
- Anne Cronin (Agenda item 4)
- Adrien de Chaisemartin (Agenda items 2, 3a, 3b, 4, 6)
- Hamadou Dicko (Agenda Item 7)
- Yann Folly (Agenda item 6)
- Roice Fulton (Agenda item 2)
- Hope Johnson (Agenda Items 2, 3a, 3b, 4)
- Melissa Malhame (Agenda item 9)
- Catherine Pawlow (Agenda items 2, 8)
- Marie-Ange Saraka-Yao (Agenda items 2, 6)
- Stephen Sosler (Agenda Items 4, 6)
- Eelco Szabo (Agenda Items 5, 6, 7, 10)
- Nicolas Theopold (Agenda Item 2)
- Michael Thomas
- Jacob van der Blij (Agenda Items 2, 3a, 3b, 4, 5, 8)

Observes
- Stephen Karengera, Special Adviser to the PPC Chair
- Rolando Pinel, Special Adviser to Edna Yolani Batres

Gavi Secretariat
- Anuradha Gupta
- Sally Dalgaard
- Alex de Jonquières
- Joanne Goetz
- Judith Kallenberg
- Mahwesh Khan
- Hind Khatibu-Othman
- Johannes Ahrendts (Agenda items 2, 3a, 4)
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