

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

12-13 May 2016

Arusha Hotel, Arusha, Tanzania

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

- 1.1 Finding a quorum of members present, the meeting commenced at 09.03 Arusha time on 12 May 2016. Programme and Policy Committee (PPC) members agreed that in the absence of Richard Sezibera, PPC Chair, and at his request, Jean-Marie Okwo-Bele would chair the meeting, except for the item on malaria vaccine pilots which would be chaired by the CEO.
- 1.2 The Chair welcomed participants and in particular PPC members attending the meeting for the first time. On behalf of the PPC he extended thanks to Honourable Minister Umyy Ally Mwalimu, Minister of Health, Community Development, Gender, Elderly and Children of the Republic of Tanzania for providing support for the organisation of the field visit which PPC members had participated in the previous day, through the national and regional EPI teams. He thanked in particular Dr Dafrossa Lyimo, EPI Manager, without whose valuable help the visit would not have been a success.
- 1.3 Standing declarations of interest were tabled to the Committee (Doc 01a in the Committee pack).
- 1.4 The minutes of the 6 November 2015 and 12 November 2015 meetings were tabled to the Committee for information (Doc 01b and Doc 01c in the Committee pack). Both had been circulated and approved by no-objection on 21 March 2016.
- 1.5 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. It was agreed that the Committee would further discuss the workplan under Item 12 *Any Other Business*.

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

- 2.1 Seth Berkley, CEO, started by indicating that during his update he would be highlighting major programmes and countries where there has been substantial progress or challenges since the last PPC meeting, as well as recent developments at the Secretariat. He informed Committee members that a special write up of the activities of the 2011-2015 strategic period will be included in the next annual report.

- 2.2 He highlighted that Gavi had supported a record 70 vaccine introductions and campaigns in 2015, nearly 50% more than in 2014, that there was a record high 81% coverage with 3 doses of DTP-containing vaccines in the Gavi 73 and that the number of countries defaulting on their co-financing obligations had fallen from 17 in 2014 to 10 in 2015. He also informed PPC members that at the end of 2015, Bhutan, Honduras, Mongolia and Sri Lanka had started fully self-financing all vaccines introduced with Gavi support, that Gavi had achieved a 43% reduction in weighted average price (WAP) per course of penta, pneumo and rota during the 2011-2015 period and that the number of products offered has also exceeded the target for 2015, reaching 104%.
- 2.3 He also highlighted some challenges in particular in relation to coverage, equity and sustainability – of 11 countries supported to improve coverage through the business plan, only 3 had reached the target of improving coverage by more than 10 percentage points and of 10 countries supported to improve equity, only 6 actually generated the data to assess these inequities, and very few have been able to demonstrate progress. In relation to sustainability, 12 countries had defaulted on co-financing at least twice during the 2011-2015 period, including two transitioning countries.
- 2.4 The CEO referred to a number of the key implementation components of the current strategy, two of which would be discussed during this meeting with a view to submitting recommendations to the Board for approval, namely health system and immunisation strengthening (HSIS) and the supply and procurement strategy. He also referred to the Partners' Engagement Framework (PEF) which has been fully developed with a clear allocation of roles, responsibilities and resources.
- 2.5 He highlighted that the Alliance is continuing to work on the remaining strategic focus areas (SFAs) including sustainability and leadership, management and coordination. He reflected on the increased engagement in building political will in Africa and also provided information on the cold chain equipment (CCE) optimisation platform which was launched in January 2016 and which has already received 5 applications, with a further 15 countries expected to submit applications this year.
- 2.6 The CEO provided an update to the PPC on the ongoing focus on improving risk and programme management with the Secretariat. In this context he referred to the work with countries which has led to a consolidated single performance framework for each country, as well as the introduction of programme capacity assessments to replace financial management assessments. He confirmed that the recruitment of country support staff is ongoing and will enable better risk-optimised portfolio allocation. He also referred to the country risk matrix which is being rolled out to systematically identify key risks to Gavi-supported programmes and more proactively manage those risks, as well as improvements which have been made to financial management guidelines and the standard grant reporting template.
- 2.7 He provided the PPC with an update on the risk discussion which the Board had at its retreat in April and indicated that going forward the programmatic risks will be brought to the PPC before going to the Board.

- 2.8 He then provided information in relation to some key programme issues. He referred to the challenges that manufacturers continue to face in scaling up IPV supply and that Gavi remains engaged with the Polio Oversight Board and the Global Polio Eradication Initiative (GPEI) in ensuring that Gavi's engagement remains consistent with the approach endorsed by the Board in 2013. He provided an update on the work being carried out in relation to Ebola, as well as on implementation of the measles and rubella strategy. He also referred to a number of challenges which have arisen in relation to the HPV demonstration projects and that work on addressing these with partners and stakeholders from within and outside the Alliance will be essential over the coming months.
- 2.9 The CEO provided specific information in relation to ongoing work in India, Pakistan, Nigeria, Ethiopia, Angola and Kenya.
- 2.10 Finally he referred to strategic issues which would be brought to the PPC at its next meeting, namely a review of Gavi's involvement in supporting vaccine stockpiles and a review of Gavi's fragility and immunisation policy, which will include a review of Gavi's role in humanitarian emergencies.

#### *Discussion*

- PPC members agreed that Gavi has an active role to play going forward in relation to vaccine stockpiles and in this context looked forward to having a further discussion on this at their next meeting. This should involve strategic engagement with WHO and considerations on how to address the issue of outbreaks and the potential spread to neighbouring countries. PPC members noted that there are concerns about how the International Coordinating Group (ICG) mechanisms work. In this context it was noted that the BMGF is currently carrying out a MenA study and asked whether it might be possible to include an evaluation of the MenA ICG in that work.
- In relation to sustainability one PPC member suggested that this could be an area for a deep dive to ascertain for example where it is not working and if this is due to lack of political will or other factors.
- PPC members noted with interest the information on the number of countries expressing interest in the CCE optimisation platform. It was noted that this demonstrates interest in an issue which responds to country needs and that this will have to be kept in mind going forward.
- In response to a request from the PPC, the Secretariat agreed to share with them documentation in relation to the programme capacity assessments and information on the tools for programme management capacity, financial management capacity and vaccine and cold chain management capacity.
- PPC members expressed appreciation for the PEF process which is seen as a collective move forward for the Alliance.

- PPC members expressed particular interest in the demand generation and leadership, management and coordination SFAs and noted that information will be brought to the PPC for consideration once there is more certainty that there can be a proposed strategy which is differentiated from work which is already ongoing, as it is important to ensure that there is no duplication of work/interventions.

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### **3. Update on Country Programmes**

- 3.1 Hind Khatib-Othman, Managing Director, Country Programmes, gave an update to the PPC (Doc 03), highlighting the focus areas under the current strategy and providing examples of progress made to date. She provided an overview of the country engagement model and gave some background information in relation to the requests for support for cholera, meningitis A and Japanese encephalitis. She provided information and requested PPC guidance on proposed measures to streamline and accelerate HPV roll out, on a proposal to initiate the process to determine Gavi's possible involvement in the continuation of the IPV programme beyond 2018, and how best to resolve questions in relation to the eligibility status of countries that are not being assigned a GNI per capita figure by the World Bank and are only classified as Lower Middle Income Countries (LMICs).

#### *Discussion*

- PPC members discussed the format of the country programmes update and while a majority felt that the paper presented was appropriate and useful some views were expressed that going forward the PPC should perhaps be presented with issues enabling them to be more proactive in responding to strategic priorities. Some PPC members also regretted in relation to the items being presented for decision that it is still not being presented in a way that enables the PPC to have a trade-off discussion.
- PPC members expressed appreciation for the country tailored differentiated light approach as the right way forward.
- It was suggested that it would be useful for countries to receive guidance from WHO which would help them to consider vaccines in a holistic way, taking into account that all vaccines are not dealt with by the same people in country.
- PPC members welcomed the information that a technical briefing session on the lessons learnt to date from the HPV demonstration programmes is planned for June 2016 as this will enable a better understanding of the challenges and further discussions on a possible way forward.
- PPC members welcomed the fact that the discussion on Gavi's involvement in supporting vaccine stockpiles, planned for the next PPC meeting, would enable a number of questions in relation to the functioning of the stockpiles, including the oral cholera vaccine (OCV) stockpile, to be discussed. The Secretariat clarified that while there are a number of reasons why the funding enveloped allocated for

the stockpile has not been fully utilised to date, the primary driver has been continued severe supply constraints and delays in countries accessing the stockpile due to the need to sources funding to defray operational costs of vaccine implementation.

- In response to a query from a PPC member, the Secretariat clarified that the bridge funding requested for the meningitis vaccine stockpile will be used predominantly for polysaccharide vaccine. PPC members noted that it is important for manufacturers to ensure that there is sufficient supply of this vaccine. A shortage in 2015 had led to a country having to use the more expensive conjugate vaccine in response to an outbreak and this had led to increased resources having been used than would normally have been necessary. In response to a query from a PPC member it was clarified that the funding requested is foreseen to cover two transmission seasons.
- PPC members expressed some concerns around the lack of transparency around the meningitis ICG and identified some actions to be taken by the Secretariat in advance of the June 2016 Board meeting.
- In relation to the proposed decision on the Japanese encephalitis vaccine, the Secretariat clarified that when, following the 2008 vaccine investment strategy (VIS), the Board had agreed to open a funding window for this vaccine, co-financing of the vaccine for routine use had not been envisaged. The recommendation now being proposed to the PPC is to ensure a consistent approach for all vaccines in the context of the co-financing policy approved by the Board in 2015 whereby it is indicated that all Gavi-supported vaccines for use in routine in immunisation are co-financed by Gavi and the country.
- PPC members highlighted the importance of issues related to the polio legacy in particular in ensuring that polio staff is not automatically taken over for the purpose of routine immunisation strengthening as all of them may not be fit for purpose. A careful, country-by-country approach would be necessary, consistent with already agreed principles. PPC members agreed on the importance of Gavi engaging already with the polio legacy management group in the discussions at the country level to determine Gavi's engagement with polio transition and is in line with agreed principles. PPC members also agreed on the importance of engaging with GPEI and IPV donors on possible continuation of the IPV programme beyond 2018.
- PPC members welcomed the increasing co-financing performance of countries in particular where it is has been the result of earlier engagement with countries.
- PPC members agreed with the proposed approach to address issues in relation to countries not assigned a GNI per capita estimate in the context of the review of the fragility and immunisation policy, and noted the willingness of the World Bank to support such discussions through the provision of additional information which may be helpful.

- PPC members agreed that before the end of this meeting they would have a more detailed discussion in relation to the need for technical groups on some of the important issues that will be brought to the PPC for decision going forward, and the role of the PPC in relation to such groups.
- PPC members noted that the Audit and Finance Committee (AFC) had met on 4 May 2016 and that at that meeting had reviewed the financial implications of the potential funding decisions on which the PPC was being asked to make recommendations at this meeting, 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 Board that it:

- (a) **agree** to a portion of the already approved Gavi contribution to the global oral cholera stockpile being used for operational costs for Gavi-supported countries (low income, Phase 1 and Phase 2 countries) for which the estimated costs are US\$ 20 million in the period 2016-2020.
- (b) **Approve** an amount of up to US\$ 15 million of bridge funding to meet meningitis emergency outbreak needs of the 26 countries in the African meningitis belt in the 2016-2017 and 2017-2018 transmission seasons to be managed through the Meningitis International Coordination Group (ICG). The bridge funding amount includes estimated costs for the procurement of polysaccharide and conjugate vaccines, devices and shipment and operational costs.
- (c) **agree** that Gavi and countries shall co-finance Japanese Encephalitis vaccine used in routine vaccination programmes.

The Gavi Alliance Programme and Policy Committee:

- (d) **requested** that the Secretariat work with the MenA ICG in advance of the Gavi Board meeting in June 2016, and noting the urgent need for a comprehensive ICG review for all Gavi-supported stockpiles, to ensure increased engagement, obtain clarity and agree on the details of the proposed budget, as well as transparency on the end to end ICG process, including expenditure and reporting. The Secretariat is also **requested** to investigate and confirm back to the PPC that mechanisms for vaccine forecasts and procurement as well as longer-term strategic decision-making are in place and optimised for this important work.

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

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#### **4. Health system and immunisation strengthening support**

4.1 Alan Brooks, Director, Health Systems and Immunisation Strengthening, and Judith Kallenberg, Head, Policy, presented the findings of the review of Gavi's Health System Strengthening (HSS) grants, Vaccine Introduction Grants (VIGs), operational support for campaigns (Ops) and other grants supporting immunisation programmes (Doc 04).

##### *Discussion*

- PPC members expressed appreciation for the proposed HSIS framework and the proposed tailored approach for countries. They stressed the importance of implementing the proposed changes as soon as feasible and the importance of clear communication to countries and Alliance partners on the changes.
- PPC members noted that Gavi can be a key contributor to the implementation of the Global Strategy on Human Resources for Health (HRH), without being a major investor in this area, such as by assessing where HRH-related challenges pose a risk to immunisation performance. In this context, one PPC member highlighted that health worker education to reduce missed opportunities for vaccination is critical for improving routine coverage.
- In relation to performance based funding (PBF), PPC members supported the proposal to conduct a rigorous evaluation of Gavi's PBF approach to HSS once there is sufficient experience.
- PPC members supported a cost sharing requirement for measles and measles-rubella (MR) follow-up campaigns to strengthen country ownership of campaigns, through a modification to Gavi's co-financing policy, recommending that low-income countries co-finance 2%, and transitioning (Phase 1 and Phase 2) countries co-finance 5% of the costs of vaccines used in such campaigns. PPC members did not support an approach whereby the co-financing requirement would be increased because of underperformance in previous measles campaigns or in routine coverage.
- PPC members stressed the need for early national planning to ensure timely and sufficient government allocation of resources, strengthened microplanning, systematic assessment of the campaign preparation progress, improved implementation support, use of subnational coverage data and modelling of susceptibles, and intra-campaign monitoring and supervision. They highlighted that in order to enable sufficient preparations, it will be critical that operational support from Gavi is disbursed in a timely fashion (at least 6 months in advance of the campaign) and that in-country partners provide high quality technical support.
- PPC members also recommended that the future review of Gavi's performance-based funding (PBF) approach to HSS consider payments linked to measles immunisation performance as appropriate. As the current PBF approach includes an indicator on MCV1 coverage, PPC members suggested that additional

indicators for consideration could include indicators of campaign quality (e.g. coverage), or indicators of measles control (e.g. proportion of zero dose cases among confirmed measles cases).

- Whilst recognising the important role that CSOs have to play in country, some PPC members felt that it would be difficult to justify increasing resources to CSOs until evidence of their impact is demonstrated and in this context it will be interesting to have more information when it becomes available on the proposed civil society engagement indicator which is being developed.
- PPC members noted in relation to the HSS resource allocation formula that the proposal is to move to a three part indicator comprising birth cohort, a measure of the strength of the immunisation system (number of under-immunised children), and GNI per capita, with each of the three being weighted equally.

## **Decision Two**

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

- (a) **approve** the Framework guiding implementation of Gavi's Health System and Immunisation Strengthening support attached as Annex A to Doc 04.
- (b) **approve** the implications for previous Board decisions and Board-approved policies, as well as the implementation plans as set out in Annex B attached to Doc 04, noting that the PPC recommended implementation immediately following the Board decision, taking into account feasibility for countries and realistic timelines for ensuring smooth and efficient implementation.
- (c) **approve** the modifications to Gavi's Co-Financing Policy regarding co-financing for measles-rubella follow-up campaigns as set out in Annex C to Doc 04, as amended by the PPC.
- (d) **agree** that an amount of at least US\$ 1.3 billion is available for HSS disbursements (including performance payments) for grant programme years in the 2016-2020 strategic period, with additional funding being subject to future Board decisions.

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## **5. Market Shaping Update**

- 5.1 Aurélia Nguyen, Director, Policy and Market Shaping, provided an update on Gavi's market shaping activities (Doc 05), giving an overview of progress on the 2011-2015 supply and procurement strategy, including information on key activities and results, as well as information on strategic planning activities for the current strategy period.

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## **6. Supply and procurement strategy 2016-2020**

6.1 Aurélia Nguyen, Director, Policy and Market Shaping, presented information to the PPC on the review process of the 2011-2015 supply and procurement strategy (Doc 06) and outlined the three strategic priorities proposed to drive a more ambitious agenda during the 2016-2020 strategic period, namely delivering on healthy markets, taking a long-term view of markets and driving innovation to better meet country needs. She also provided information on the new and additional capabilities and expertise which will be needed to execute the new strategy.

### *Discussion*

- PPC members commended the work that had been done to develop this new strategy and noted in particular the collaboration between the Secretariat, UNICEF Supply Division, WHO and BMGF which demonstrates how much better the Alliance is already working together.
- PPC members recognised that the strategy is an evolution, and that market-shaping expertise is improving.
- The PPC member representing the vaccine manufacturers from industrialised countries (IFPMA) expressed the constituency interest in remaining fully engaged as the strategy is implemented, noting that at times this may be on the basis of individual companies' input. She highlighted the importance of timely communication with manufacturers in relation to possible product innovations and also requested that the constituency be kept informed of any discussions at the country level which could impact Gavi pricing.
- PPC members noted that the implementation of the strategy will require an increase of approximately US\$ 1.5 million in the annual budgets of 2017-2020 for Secretariat and partner activities and that for 2017, the Secretariat and partners will seek to manage expenditures associated with these new activities within the Board-approved 2016-2017 budgets. PPC members also noted that in the event that such cannot be achieved, an appropriate budget will be requested later.
- It was highlighted that the indicators will be important to measure progress on implementation of the strategy, acknowledging that this is going to be quite a challenging period during which the Alliance will be focusing on accountability.
- One PPC member suggested that this new strategy will clearly have an impact on non-Gavi countries and that this is something that will have to be looked at more closely as proposed in the strategy.
- PPC members noted that discussions on how the strategy will be rolled out in terms of partner engagement are ongoing, and that workplans will also be put in place once there is further clarity on the actors in the area and their different roles.

- PPC members noted that there is ongoing active engagement with prospective vaccine suppliers in a number of countries.

### **Decision Three**

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

- **Approve** the Supply and Procurement Strategy 2016-2020 attached as Annex A and the Strategy Annexes attached as Annex B to Doc 06.

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## **7. Partners' Engagement Framework**

- 7.1 Anuradha Gupta, Deputy CEO, provided an update to the PPC on the implementation of the Partners' Engagement Framework (PEF), highlighting the changes in relation to the business plan, namely that the PEF is country focused, ensures that countries have full visibility on technical assistance (TA) planning and design, includes a broader set of partners to provide the technical assistance, places emphasis on accountability for country level outcomes, and focuses on embedding support in countries with the aim to transfer skills.
- 7.2 She highlighted that there is a differentiated approach to the funding to be provided to countries through the PEF, with 20 priority countries who have been identified on the basis of the scale and severity of challenges related to coverage and equity of immunisation. These countries will benefit from a higher levels of resources provided to country partners. She also referred to the increased accountability at global, regional and country level.
- 7.3 Finally she outlined the key success factors for the PEF namely change management within core partner agencies, rapid on-boarding of staff with the right competencies, embracing PEF functions/TCA deliverables and harmonisation of TA across partners.

### *Discussion*

- PPC members from WHO, UNICEF and the World Bank provided information on the work, including changes, which are being made within their organisations in relation to implementation of the PEF.
- At WHO there is agreement that there is a need to get better in ensuring that the work is targeted at improving performance of immunisation systems and outcomes in countries. Work will be done to ensure that staff capacity and performance improves, that there is increased accountability and that there is better communication within the organisation between global, regional and country levels. MoUs have been finalised and signed with country offices and the recruitment of staff to fill PEF positions has started.

- UNICEF is very positive about the PEF approach, which has also required a review of the working modalities to ensure that UNICEF is fit for purpose to honour its PEF commitments. In this context UNICEF is moving to a team approach for the PEF priority countries. Roles and accountability have been verified, a new monitoring system is being developed and UNICEF is looking at its broader role in immunisation, as the PEF work is a subset of the overall work in this area. Staff recruitment has also commenced.
- The World Bank is also very positive about the PEF approach. Engagement of the World Bank is different from the other partners in terms of scale, content and approach, and engagement in country is therefore more in terms of dialogue rather than delivering on discrete technical items. In this context it is therefore important to recognise that the timelines and deliverables are different. The Bank has identified the priority countries where it has engagement and significant presence in health in the country and this has proven difficult in some countries in terms of HSS delivery. Unlike other partners, the Bank does not have a regional structure but a workable solution is being approached where there is more limited specific engagement in an agreed set of countries with a focus on financial sustainability. At the global level a set of analytic tools and processes are being put in place. It was proposed that the Bank could be involved in the joint appraisals going forward as it had been unable to join during the last round as participation going forward would be beneficial for the individual countries and the Alliance.
- PPC members expressed appreciation for the new direction that PEF sets and the progress made so far. They in particular recognised the role that PEF is playing in connecting the dots between multiple kinds of Gavi support as well as other funding sources at country level.
- PPC members agreed that in view of the large numbers of staff being recruited within the PEF it will be important to track the progress of their work. It was noted that the ToRs for the different positions will be shared with countries to ensure alignment with their needs. PPC members agreed on the importance of ensuring that the staff recruited by partners in country are not just transferred from the polio programme and it was suggested that it would be useful to have further information going forward, acknowledging that there will of course be people currently working for the polio programme who have the relevant skill sets for the PEF work.
- Concerns were expressed that the approach to SFAs appears to be piecemeal without looking at how they fit together conceptually and also from a budget allocation perspective. It was suggested that there is a need to debate the relative importance of each SFA so that the Board gets a clear overall picture.
- Some PPC members also indicated that it would be useful if the calendar for the joint appraisals could be shared with them in advance in order for them to ensure timely engagement of their constituencies in country.

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## 8. Update on Alliance Accountability Framework

- 8.1 Anuradha Gupta, Deputy CEO, gave a brief introduction to this item, and Adrien de Chaisemartin, Director, Strategy and Performance, provided a more detailed update on the development of the new Alliance Accountability Framework, reminding PPC members of the guiding principles and highlighting information relating to the Alliance KPIs, Secretariat Performance Management and Country Performance Frameworks.

### *Discussion*

- PPC members agreed that a lot of good work has been put into developing this framework and that there will no doubt need to be refinements going forward.
- PPC members discussed that consideration should be given as to whether or not the level of detail in the PPC paper is appropriate for the Board, and that perhaps for the Board it might be useful to highlight selected KPIs.
- It was suggested that where there is overlap with KPIs from the previous strategy period it could be useful to present information to the Board on the progress, highlighting not only the successes but also the challenges.
- It was proposed that it would be useful to review the level of oversight for the different indicators, so as to ascertain which ones would be within the remit of the PPC and potentially other Board Committees.
- In relation to KPI 2.4 (Operating efficiency – Secretariat cost per active programme), it was noted that it would be useful if vaccine introductions could be weighted, as incorporating a relative degree of difficulty to an introduction could give a much better sense of efficiency.
- One member of the PPC suggested that KPI 3.2 (% achievement of SFA milestones and PEF Functions) appears to be two in one and suggested that they could perhaps be separated out.
- PPC members noted that KPI 3.3 (% of countries in which CSOs appear in national plans with clearly stated activities and plans that support improved coverage and equity) is still being developed and noted a request from the constituency that budget and accountability be added.
- PPC members agreed that it would be useful for donors to have more clarity on KPI 3.5 (Engagement of donors and country offices in in-country Gavi activities - PEF priority 20 countries only) and 3.6 (Alignment of donors on independent evaluations/reviews) and what exactly it means for them.
- Some PPC members expressed concerns over possible confusion in relation to accountability on the shared KPIs and the need for clarity on this.

- In response to some concerns expressed by PPC members the Secretariat clarified that going forward there is a difference in how information on the KPIs will be shared with the different entities. It is foreseen that the PEF management team will carry out an extensive in depth review and that the PPC will receive an update every six months. Should at any stage the PPC wish to do a deep dive on specific KPIs this of course can be envisaged.

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## **9. Implementation of the 2016-2020 Strategy: Strategic Focus Area on Sustainability**

9.1 Santiago Cornejo, Director, Immunisation Financing and Sustainability, presented information to the PPC on the proposed comprehensive approach to sustainability (Doc 09). He provided information on the focus areas for Gavi investments in immunisation finance, outlined the support that would be provided to transitioning countries and provided information on the next steps which would include design and coordination of interventions, integration of the comprehensive approach and operationalisation of interventions through the PEF.

9.2 Minister Edna Yolani Batres, Honduras, provided information on her experience from the perspective of a transitioning country, which was very much appreciated by PPC members.

### *Discussion*

- PPC members commended the progress achieved on immunisation financing and sustainability and expressed great appreciation for the work that had gone into preparing this approach along with the partners.
- PPC members reiterated the importance of engaging early with countries and leveraging the comparative strength and resources of partners. They also agreed that where possible south to south cooperation and exchange could be critical.
- It was suggested that the sustainability dialogues with countries should not be limited to immunisation but to broader health interventions in order to reduce fragmentation.
- PPC members indicated that they would be interested in having more information on the sustainability tracers which should be a mix of quantitative and qualitative tracers. It was agreed that the joint reporting form needs to be improved to provide reliable data. PPC members noted that there will be further discussions on the tracers and further information will then be brought back to the PPC.
- In relation to the resource indicator it was pointed out that not all countries have a budget line for immunisation and that this should be considered further.

- PPC members agreed on the importance of ensuring that HRH plans are in place at the time of transition to sustain the immunisation system without over dependence on in-country partners.

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## **10. Malaria vaccine pilots**

- 10.1 Seth Berkley, CEO, introduced this item and also chaired this session. Judith Kallenberg, Head, Policy, provided information to the PPC on the malaria vaccine pilot proposal developed by WHO (Doc 10), highlighting the pilot milestones and funding options, the risks of investment, the risks of no investment, considerations for a funding commitment and the next steps for the pilots if the funding is secured.
- 10.2 Pedro Alonso, Director, WHO Global Malaria Programme, thanked the PPC members for having been given the opportunity to address them. He noted that existing malaria interventions, while imperfect, have achieved important results. However, the malaria burden remains unacceptably high, and increasing resistance poses a threat to the continued effectiveness of bed nets and malaria drugs. He stressed the need for new tools and called on the PPC to urgently consider funding the proposed pilots.

### *Discussion*

- Jon Abramson, in his capacity as Chair of SAGE, informed PPC members that despite the modest efficacy of the vaccine to be used in the pilots, the expected impact is high, that the vaccine should not be expected to have an efficacy level higher than natural immunity, and that it is assumed that this would be a very cost effective vaccine. He reminded participants that implementation science is important and will be needed for other future vaccines as well. The cost of doing implementation science research is substantial but the potential costs of not doing it are much higher and it should therefore be considered as a sound investment for the future.
- PPC members agreed on the importance of the pilots being implemented. Questions were raised on whether what is being proposed is R&D, which Gavi should not be playing a role in, or implementation, and it was agreed that it is the latter. Should Gavi agree to provide funding it should also not set a precedent for future funding related to the implementation of the malaria vaccine, nor for future funding of pilots for other vaccines.
- A number of questions were raised in relation to the current selection of pilot settings and it was agreed that further assessment of these should be done, considering such issues as the disease burden and rates of meningitis.
- PPC members agreed that any decision by the Gavi Board to provide funding for the pilots would have to be contingent on equivalent amounts of funding being contributed from other sources. PPC members also felt that there should be an independent review of the proposed budget to ensure cost efficiency, as well as

assurances that the funding for this would not be taken away from the resources planned for other Gavi programmes.

- PPC members noted that in line with the proposed wording of the decision, there will be an opportunity for Gavi to decide whether or not to continue participation in the pilots after Phase 1, and that this period also aligns with the current Gavi strategy period.
- PPC members agreed on a recommendation to the Gavi Board for approval with a number of caveats as discussed during this meeting.

#### **Decision Four**

The Gavi Alliance Programme and Policy Committee recommended to the Gavi Board that using available resources from the current strategic period, and contingent upon WHO securing funding from other sources to fully finance the Malaria Vaccine Pilots, it:

- (a) **Approve** in principle an amount of up to US\$ 27.5 million (equivalent to half of the funding request) for Phase 1 of the WHO-led Malaria Vaccine pilots to be implemented during 2017-2020.

AND

- (b) **Note** that this investment is contingent upon:
- Other funders contributing an equivalent amount to cover the pilot costs
  - Independent review of the proposed budget amount ensuring that this is being done as cost effectively as possible
  - Further assessment of the selection of pilot settings
  - Close engagement with the Global Fund and UNITAID including through the proposed Funders Forum
  - WHO seeking input from Alliance partners in the planning and implementation of the pilots
  - Communication that this investment is for implementation evaluation of a newly licensed vaccine as distinct from R&D
  - Clear communication that this recommendation does not constitute a precedent for future funding related to the implementation of the malaria vaccine regardless of the outcome of the pilots, nor for future funding of similar pilots for other vaccines
  - Regular reports to the PPC, and a detailed report to the PPC and Board on progress no later than 2019

The Gavi Alliance Programme and Policy Committee

- (c) **Requested** the Secretariat to facilitate, in advance of the June 2016 Board Meeting, an external review of the Malaria Vaccine Pilot proposal, focusing in particular on organisational capacity, governance, management, and value for money.

*Lindsey Dietschi (IFPMA) and Jean-Marie Okwo-Bele (WHO) recused themselves and did not vote on Decision Four above.*

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## **11. Review of decisions**

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

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## **12. Any other business**

### *PPC Workplan, Consultations and Committees - Discussion*

- As a follow up to the discussion initiated during the PPC retreat on 10 May 2016, PPC members considered the Committee workplan and discussed the priorities and the need to have technical expert groups to address some of the issues before they are discussed by the PPC. PPC members agreed that in the short term expert groups should be set up for the work to be carried out in relation to the two topics deemed most critical, namely the review of Gavi's fragility and immunisation policy and the review of Gavi's involvement in supporting vaccine stockpiles, with other topics either to be handled internally by the Secretariat or through alternative existing mechanisms.
- It was agreed that a concept note for each of these groups would be shared with the PPC by the PPC Chair, and that he would appoint a PPC focal point to each group, following consultation with PPC members.
- Before concluding the meeting the Chair indicated that this would be Robert Oelrichs' 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**

- Jean-Marie Okwo-Bele, Chair
- Dure Samin Akram
- Edna Yolani Batres
- Zulfiqar A. Bhutta
- Mariam Diallo
- Lindsey Dietschi
- Jason Lane
- Lene Lothe
- Susan McKinney
- Violaine Mitchell
- Robin Nandy
- Robert Oelrichs
- Seif Seleman Rashid
- Seth Berkley
- Jon Abramson

#### **Regrets**

- Richard Sezibera, Chair
- Ahmad Jan Naeem
- Sanir Nishtar
- Shanta Bahadur Shrestha
- Rajinder Suri

#### **Guests**

- Pedro Alonso (Item 10)
- Vasee Sathiyamoorthy (Item 10)

#### **Gavi**

- Alan Brooks
- Emma Clarke
- Santiago Cornejo
- Adrien de Chaisemartin
- Alex de Jonquieres
- Marya Getchell
- Anuradha Gupta
- Joanne Goetz
- Judith Kallenberg
- Hind Khatib-Othman
- Aurelia Nguyen
- Stephen Sosler

#### **Observers**

- Dafrossa Lyimo, EPI Manager, Tanzania
- Stephen Karengera, Special Adviser to PPC Chair
- Coline Mahende, Special Adviser to Dr Rashid
- Rolando Pinel, Special Adviser to Minister Batrees
- Ashley Summerfield, Egon Zehnder International
- Philippe Duneton, UNITAID (Item 10)
- Alexandra Cameron, UNITAID (Item 10)
- Harley Feldbaum, Global Fund