

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

8-9 May 2019

Gavi Alliance Offices, Geneva, Switzerland

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

- 1.1 Finding a quorum of members present, the meeting commenced at 09.10 Geneva time on 8 May 2019. Helen Rees, Programme and Policy Committee (PPC) Chair, chaired the meeting.
- 1.2 The Chair welcomed participants, noting that in the absence of Susan McKinney, Irene Koek, Board member for the US/Australia/Japan/South Korea constituency, was attending the meeting in person.
- 1.3 She informed PPC members that Jean-Francois Pactet had sent his regrets. He had shared comments on a number of agenda items with her in writing which she would share with the PPC during the course of the meeting. She noted that in the absence of Mr Pactet, Harriet Ludwig, Board member for the Germany/France/Luxembourg/European Commission/Ireland constituency, would attend the meeting by phone for Item 9.
- 1.4 Noting that Japan has kindly agreed to launch Gavi's replenishment at TICAD 7 (7<sup>th</sup> Tokyo International Conference for African Development) in Yokohama in August this year, the Chair noted that she had exceptionally agreed that a Japanese representative attend this meeting as an observer and welcomed Naoki Akahane from the Japanese mission in Geneva.
- 1.5 Standing declarations of interest were tabled to the Committee (Doc 01a in the Committee pack).
- 1.6 The minutes of the joint meeting of the PPC with the Evaluation Advisory Committee of 17 October 2018 and of the PPC meeting of 18-19 October 2018 were tabled to the Committee for information (Docs 01b and 01c in the Committee pack). The minutes had been circulated and approved by no-objection on 1 February 2019 and 20 December 2018 respectively.
- 1.7 The Chair referred to the PPC workplan (Doc 01d) and the Action Sheet (Doc 01e). She reminded Committee members that they may contribute to the workplan by raising issues with either herself or the Secretariat.
- 1.8 The Chair referred to a tabled document relating to the financial implications of the recommendations being proposed at this meeting, as had been reviewed by the Audit and Finance Committee (AFC) at its meeting on 25 April 2019.
- 1.9 Finally, the Chair informed PPC members that the Evaluation Advisory Committee (EAC), at its recent meeting, had agreed that they did not feel that it would be

necessary for a joint EAC/PPC meeting this year and that this therefore enabled the PPC to consider moving its October meeting forward by one day. She suggested that PPC members reflect on this and that a decision be taken at the end of the meeting the following day.

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## **2. CEO Update**

- 2.1 Seth Berkley, CEO, provided an update to the Committee, focusing on discussions from the Board retreat on Gavi 5.0, highlighting key items in the broader landscape of relevance for the Alliance, and reporting back on key country updates as well as previous discussion areas and decisions.
- 2.2 Dr Berkley recalled that the Board has been clear that they would lead the process on developing the Gavi 5.0 strategy and that they have demonstrated this through their engagement during the consultations process and at the Board retreat. He indicated that in the context of lessons learnt from the development of Gavi 4.0, planning for operationalisation of 5.0 has already started to ensure timely implementation of the new strategy.
- 2.3 He highlighted that for Gavi 5.0 the Board wishes the Alliance to remain ambitious in its goals and to be able to adapt and change to meet new challenges and opportunities. It has been agreed that equity will be considered as an organising principle of the new strategy, with gender mainstreamed into Gavi funding and processes.
- 2.4 Dr Berkley informed PPC members that the Board had agreed that vaccine introductions will remain a central component in Gavi 5.0, and that the Alliance will also remain a key contributor to outbreak prevention and response. With the ambition to reach the under-immunised, the need for a differentiated support model across country contexts had been recognised, particularly for fragile countries. He noted that there will be a need to redesign and simplify Gavi processes and structures for the new strategy.
- 2.5 In relation to sustainability and transition, he noted the Board's support for providing catalytic support for market-shaping and technical assistance for former Gavi-eligible countries. Potential support to a sub-set of never Gavi-eligible Middle-Income Countries (MICs) is being analysed and will be further discussed by the Board on 3 June 2019.
- 2.6 Dr Berkley noted the Board's confirmation of the importance of market shaping and innovation to accelerate progress.
- 2.7 Dr Berkley he updated the PPC on the replenishment launch event in Japan in August and recalled that the UK has agreed to host Gavi's replenishment conference in mid-2020.
- 2.8 In relation to key items in the broader landscape of relevance for Gavi, Dr Berkley underlined that there are multiple replenishments coming up during the next

months and that in this context highlighting the complementarity and collaboration between organisations as well as the unique comparative advantages will be key.

- 2.9 He confirmed that Gavi remains closely engaged with the Global Action Plan for Healthy Lives & Well-Being for All, and highlighted where Gavi is actively collaborating with WHO, UNICEF, the World Bank, the Global Fund, the Global Financing Facility (GFF) and UNITAID.
- 2.10 Dr Berkley provided an update on previous PPC discussions and Board decisions, including an update on the situations in Mozambique and Zimbabwe following Cyclones Idai and Kenneth and the use of Gavi-funded stockpiles, the Ebola outbreak in the Democratic Republic of the Congo (DRC), the continued outbreak responses to tackle yellow fever in Nigeria and South Sudan, and to the global increase in measles cases.
- 2.11 In relation to Inactivated Poliovirus Vaccine (IPV), Dr Berkley noted that all 73 Gavi-supported countries have now introduced IPV with Zimbabwe and Mongolia having introduced in April. He referred to the malaria vaccine pilots which were launched in Ghana and Malawi, also in April. Dr Berkley noted that the Accountability Framework governing Gavi's support to Nigeria has been reviewed by the Inter-Agency Coordinating Committee (ICC) and is due to be signed off by the Minister of Budget & Planning, as well as the Minister of Health and the Minister of Finance, and that the Alliance has extended the exceptional support to Syria for 2019 as per the Board decision.
- 2.12 Finally, Dr Berkley reminded PPC members that Hind Khatib-Othman, Managing Director, Country Programmes, and Barry Greene, Managing Director, Finance & Operations are both retiring this year and he introduced Assietou Diouf who has already assumed her new role as the Managing Director, Finance and Operations.

### *Discussion*

- PPC members expressed their gratitude to the two outgoing Managing Directors for their dedication and their valuable contribution to the organisation as they both prepare to retire.
- PPC members noted that in order to address challenges related to measles it will be necessary to work as an Alliance on approaching the issue differently including how routine immunisation, campaigns and outbreak responses come together as a comprehensive disease control strategy.
- In the context of discussions related to vaccine hesitancy and anti-vaccine movements, it was noted that some manufacturers are working on producing vaccines which would be acceptable by all religious groups. It was noted by some PPC members that this could have unintended consequences and that it would be critical for WHO, as the normative agency, to provide guidance in this area.
- PPC members noted some of the discussions around the funding ask for the next strategy. Dr Berkley noted that there will be a preliminary discussion on budgetary implications during the Board call on 3 June 2019 as well as specific calls with

donor representatives. He underlined that common understanding on the strategy and funding are of utmost importance. This includes Gavi's support to IPV beyond 2020, where there continue to be different positions amongst donors, noting that the Board has already recognised full programmatic integration of IPV into Gavi's overall immunisation strengthening approach.

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### **3. 2016-2020 Strategy: Progress, Challenges and Risks**

- 3.1 Anuradha Gupta, Deputy CEO, presented a report to the PPC on progress in implementing the 2016-2020 Strategy (Doc 03). The report also included a summary of the challenges and associated risks linked to the Strategy, including a holistic view across the Alliance's portfolio of support to countries including vaccine programmes, Health System and Immunisation Strengthening (HSIS) support and technical support provided by partners under the Partners' Engagement Framework (PEF).
- 3.2 As WHO-UNICEF coverage estimates (WUENIC) for 2018 will only be released in July, her presentation provided a quantitative update on a limited number of strategy indicators for which new data had become available and in addition a more qualitative perspective of progress across the four Strategic Goals.
- 3.3 The report also requested the PPC to consider a recommendation to the Board relating to the use of unallocated or underspent funds under the Cold Chain Equipment Optimisation Platform (CCEOP) to support a learning agenda to assess innovative cold chain equipment and approaches that the Alliance may choose to scale in the next strategic period.

#### *Discussion*

- PPC members were generally supportive of the recommendation to the Board. However, several asked for more information about what the learning agenda could include and proposed additional areas beyond the three that were detailed in the paper (freeze-free transportation devices; a surveillance network of remote temperature monitoring devices; and solarisation systems that leverage CCEOP investment and could provide energy for basic electrification of Primary Health Care (PHC) facilities). There was a general consensus that the learning agenda should focus on how Gavi investments in the cold chain can better contribute towards strengthening PHC. PPC members also suggested that the learning agenda could potentially include: 1) broader questions around equity, co-financing, PHC, and capacity building of human resources, 2) strengthened use of new tools such as the 2<sup>nd</sup> Effective Vaccine Management Initiative (EVM2) and the new wastage calculator, and 3) cross-market analyses rather than isolated interventions. It was also requested that these learnings be integrated into planning for Gavi 5.0. Gavi will consult the supply chain working group on this approach.

- PPC members also noted the need to further discuss the increasing proportion of campaigns within the Alliance's portfolio, and the importance of balancing routine immunisation and campaigns for disease control. It was suggested that it would be useful to look at country cases studies, e.g. Madagascar, to understand the specific country situation.
- One PPC member provided the Committee with feedback on recent missions undertaken in preparation to implement the recent Board decision to introduce operational cost flexibilities to encourage a greater balance between campaigns and routine immunisation. In both Lesotho and Zambia there was good partner engagement, but some challenges around the availability of sub-national data. It was noted that technical assistance has proven important for improving the quality of campaigns and ensuring proper application of the policy.
- Another PPC member provided first-hand country experience on campaigns and indicated that collaboration between partners remains a challenge and requires further Alliance investment.
- The PPC asked that Alliance Partners provide concrete recommendations on how campaigns could be best managed going forward to ensure they are balanced with routine immunisation and do not create perverse incentives.
- In relation to comments raised by the PPC on vaccine hesitancy, it was confirmed that the Alliance is developing a more structured approach to demand-side barriers. The work in this area is being organised under the Strategic Focus Areas on Demand with funding under the Partners' Engagement Framework.
- On the question of post-transition support, it was noted that US\$ 3 million in time-limited, catalytic support for transitioned countries has been approved out of a US\$ 30 million envelope. It was clarified that 8 of 14 eligible countries have now applied and it is expected that approximately US\$ 17-20 million of the funding will be allocated.

### **Decision One**

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

**Approve** the use of unallocated or underspent funds under the Cold Chain Equipment Optimisation Platform to support a learning agenda to evaluate innovative cold chain equipment technologies and approaches that the Alliance may choose to scale in the next strategic period.

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## **4. Market shaping update**

- 4.1 Dominic Hein, Head, Market Shaping, presented an update to highlight progress, successes and challenges in achieving Gavi's Strategic Goal 4 (SG4) to shape markets for vaccine and other immunisation products (Doc 04).
- 4.2 He summarised the current state of markets, three of which have moderate levels of healthy market dynamics, namely Pentavalent, Pneumococcal (PCV), and Yellow Fever. He indicated that supply challenges persisted in 2018 in the Rotavirus (RV), Human Papillomavirus (HPV) and Inactivated Polio Vaccine (IPV) markets. There has, nevertheless, been progress on IPV, with all Gavi countries having access to supply for at least one dose in 2018, and on Rotavirus, where stock-outs were avoided thanks to coordinated mitigation efforts by the Alliance.

### *Discussion*

- PPC members expressed their concern over the supply situation in the HPV market and engaged in a discussion about equity in the context of an upcoming discussion at SAGE on this topic. PPC members noted that it would be very important to communicate clearly with countries to set expectations appropriately.
- PPC members also noted that the ambition set by Gavi for HPV in this strategic period has not been matched by subsequent supply from manufacturers, delaying country introductions and impacting the multi-age cohort strategy. In this context, several members queried how a supplier could back out of a commitment in this way and whether different agreements should be pursued.
- One PPC member requested regular updates and information on the IPV market in order to avoid the situation experienced last year with India. It will be important to anticipate the demand for hexavalent vaccines and communicate well on the supply capacities.
- One PPC member asked about the Gavi recommendation to introduce two different cold-chain suppliers per country, which seemed to introduce unnecessary complexity. It was explained that this recommendation has only been introduced for large countries and while it does introduce some complexity, it is a conscious trade-off to the market shaping strategy to shift away from monopolies.
- PPC members raised questions related to the Indian market and domestically produced products, and with new pre-qualified products coming onto the market, how that might affect Gavi's supply situation and budget. It was clarified that while some of these changes may be significant for Gavi, the Market Shaping team is planning for them. Gavi has also been collaborating closely with UNICEF to avoid any distortions to the market that might come with invoking UNICEF's most favoured nation clause and offering exemptions if necessary.
- With regards to the Advance Market Commitment (AMC), one PPC member asked about whether Gavi might extend the deadline to allow countries to apply. It was confirmed that at the annual AMC meeting in June, there will be a discussion on the AMC extension and potential uses of unused funds.

- One PPC member suggested it would be helpful to create a working group like SAGE to treat technical questions related to demand and supply concerns of countries and to provide guidance on topics such as availability of vaccines, pricing, and interchangeability.
- On the topic of the review undertaken to assess unintended consequences of Gavi's market shaping work (externalities review), there was some debate relating to what does and does not constitute an externality and the Secretariat provided some clarifications on this. Some PPC members raised specific vaccine examples, and the PPC deliberated on whether these examples were additional externalities not captured in the review or intended outcomes of market shaping (and therefore not captured in the review). The Secretariat offered to discuss the study and its findings in more depth with interested parties.
- Looking to the future of market shaping, one PPC member asked for more information about the impact of the shrinking demand pool that will come with countries transitioning out of Gavi support. It was explained that in the broader context, the absolute size of the reduction will be outweighed by the broader outcomes of healthy markets such as increased competition, innovation and product choice.

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## **5. Gavi 5.0: Operationalising the Alliance's 2021-2025 Strategy**

- 5.1 Aurelia Nguyen, Managing Director, Vaccines and Sustainability and Adrien de Chaisemartin, Director, Strategy Funding and Performance provided an update on the development of the Alliance's 2021-2025 strategy including an update on the Board retreat held in Ottawa on 27-29 March 2019, and described the upcoming operationalisation phase for the new strategy(Doc 05).
- 5.2 Mr de Chaisemartin recalled the three main phases in the development of the 2021-2025 strategy. He highlighted some of the key changes being proposed across the strategic goals as a result of the discussion at the Board retreat, and presented information in relation to the six workstreams proposed for the operationalisation phase of the new strategy.
- 5.3 Ms Nguyen outlined how it is being proposed to ensure a holistic review of Gavi's policy framework to enable alignment of principles, objectives and incentives of Gavi funding. She highlighted that the policy review will be a process involving numerous consultations and will include a steering committee to provide technical and strategic guidance. The steering committee will be composed of members who represent key Alliance constituencies and peers as well as independent experts.

### *Discussion*

- PPC members noted that a call with the Board has been organised for 3 June 2019 to discuss the draft strategy 'one-pager' and to continue the discussion on potential engagement in never-Gavi eligible middle-income countries.
- Several PPC members expressed appreciation that the Secretariat has already started to plan the operationalisation of the Gavi 5.0 strategy and agreed that the workstreams are fit-for-purpose.
- PPC members emphasised the importance of ensuring appropriate engagement of relevant partners and countries in the operationalisation process. The Secretariat noted that the six operationalisation workstreams will have different types of interactions with the Alliance partners, the PPC and the Board. The Partners' Engagement Framework (PEF) Management Team for example will be consulted in the review of the partner engagement model. A core technical group will be formed for consultation on the workstream on the theory of change and measurement framework.
- In relation to the review of the partner engagement model, it was highlighted that the proposed process and timelines for this will be important for partners in order to incorporate the implications into their respective budget planning processes.
- In response to comments from some PPC members in relation to the need to review the Fragility, Emergency, Refugees (FER) policy, the Secretariat noted that it is foreseen that aspects of the FER policy may be mainstreamed into the core funding model based on the policy review.
- In response to comments from PPC members, the CEO noted the guidance received from Board members that the Alliance should not take up a large programme on VPD surveillance but continue to invest in it in a more purposeful manner, particularly by developing an understanding on how the Alliance can contribute to the broader on-going efforts on VPD surveillance.
- PPC members emphasised that the review of grant management process is going to be important for Gavi 5.0 as some countries are challenged by the complexity of the application process. They highlighted the need for user friendly systems designed in a way that increases country accountabilities.
- In response to comments from PPC members, the Secretariat noted that it is foreseen that the principles for designing the new policies will entail linkages with the principles of the Sustainable Development Goals (SDGs), Universal Health Coverage (UHC) as well as with other global initiatives like the new Immunisation Agenda 2030 (GVAP 2.0) and GPEI (Global Polio Eradication Initiative) and with programmes of other funders.
- In relation to comments on the need for prioritisation and trade-offs for the new strategy to ensure that it can be resourced adequately, the CEO noted that it is planned that the replenishment ask will be developed so as to enable the Alliance to be realistic in terms of what can be achieved in the next strategic period.

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## **6. Review of the Gavi Gender Policy**

- 6.1 Wilson Mok, Head, Policy, provided an update on the process to review and revise the current version of Gavi's Gender Policy (Doc 06). He summarised the findings and recommendations of a recently completed external evaluation of Gavi's Gender Policy and discussed the implications for updating the policy within the context of Gavi 5.0 strategy development.
- 6.2 The PPC was requested to provide guidance on the proposed process for review of the Gender Policy and to input into the policy direction considering the findings from the external evaluation. A revised Gender Policy will be brought to the PPC and Board for decision in October and December, respectively.

### *Discussion*

- PPC members agreed that the process set out in the paper is appropriate and that this should be a high priority investment area for Gavi. The policy review should include consideration of potential evidence-based areas of investment.
- Several PPC members noted that the review and implementation of a revised Gender Policy will be important for the success of both Gavi 4.0 and 5.0, and that the revised policy should clarify the link between gender and Gavi's broader approach to increasing equity in immunisation.
- It was suggested that in the revised policy, the Secretariat should ensure alignment with partners (e.g. with the new Immunisation Agenda 2030 (GVAP 2.0)) and the UNICEF Gender Action Plan), and to consider any lessons learnt and new approaches taken by partners. It was noted that the Equity Reference Group (ERG) has prioritised this work, and that UNICEF is trying to leverage the Maternal and Neonatal Tetanus Elimination (MNTE) agenda to better understand gender barriers and will be able to contribute that lens. It was also suggested to draw on the World Bank's work on environmental and social safeguards, the Global Polio Eradication Initiative (GPEI) experience, and UN Population Fund (UNFPA) and/or UN Women at the country level.
- Several PPC members indicated that dedicated tools for the Secretariat and partners, as well as dedicated gender expertise, should be explored as next steps in implementation. The policy review should address the role of the Secretariat and include a refreshed Monitoring and Evaluation (M&E) framework and theory of change.
- Several PPC members provided the Secretariat with suggestions regarding the policy review: 1) to include community outreach to understand what is going on at the grassroots level (e.g. hidden girls, restricted movement of mothers, the role of men); 2) to consult with country stakeholders and CSOs to review and design the policy, and to include sectors beyond health (e.g. education, women and children); 3) to frame gender as cross-cutting; 4) to revisit the indicators that are monitored

and to design new ones that can be better used and understood at the country level; 5) to look beyond just caregivers to include health workers and decision makers, and other demand considerations; 6) to consider conditional cash transfers (CCTs) in the review, where appropriate; 7) to include research; and 8) to be sensitive about the language employed e.g. using “caregivers” instead of “mothers”, so as not to frame women as mothers only, and to include language on decision making also.

- One PPC member queried whether Gavi should be bolder and include more on empowerment of women, including at the local level. For example, Gavi could ask countries for evidence of female participation on national technical bodies. The Secretariat noted that the policy review would consider what the appropriate balance of focus on gender-sensitive versus gender-transformative activities should be in the revised policy.

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## **7. Alliance Update**

- 7.1 Anuradha Gupta, Deputy CEO, introduced this session by explaining that the Secretariat had shifted the focus of the Alliance Update so that it provides deep dives into important levers that the Alliance uses to sustainably improve coverage and equity (C&E), with the current update focusing on the Alliance’s Health Systems Strengthening (HSS) and Leadership Management and Coordination (LMC) support. She reminded the PPC that building sustainable and coherent HSS and LMC programmes require the Alliance to think differently and to continuously adapt and improve its support.
- 7.2 Alex de Jonquières, Director, HSIS, recalled that the HSS window, when first launched in 2006, was a broad window of support with limited ability to measure results. Over time the Alliance has more strongly focused its HSS support on immunisation delivery and towards the removal of C&E bottlenecks. In response Gavi had made strategic changes to its model and had rolled out a series of new tools and approaches
- 7.3 He highlighted challenges in relation to the design and implementation of HSS support and provided information on some of the results being achieved through HSS investments.
- 7.4 Mr de Jonquières presented Myanmar as a case study for how the different tools and approaches came together at country level.
- 7.5 He concluded by highlighting that the upcoming policy review provides an opportunity to discuss progress and challenges with respect to Gavi’s HSS investments and to begin envisioning further strategic changes to Gavi’s model, including a stronger focus on equity as the organising principle of grants, a more consolidated funding stream, an assessment of the length of the grant cycle, and more deliberate use of HSS for HSS strengthening vs HSS support.

- 7.6 Ranjana Kumar, Senior Specialist, LMC, presented Gavi's efforts in the area of LMC, explaining that it is an emerging priority given the fact that weak leadership and management capacities can substantially impact programmatic performance and returns on both domestic investments as well as development assistance for health.
- 7.7 She recalled that LMC had been identified as a strategic enabler to achieve the goals of Gavi 4.0 and that lack of LMC was one of the top 4 risks for Gavi's strategy. In response Gavi had identified a 'menu of intervention' related to LMC with support varying from country to country based on the findings of Programme Capacity Assessments (PCA), Joint Appraisals and country missions. 36 countries are currently benefitting from LMC support and given the strong demand from countries, support is also provided through expanded partners that were complementary to core Alliance partners' support.
- 7.8 Dr Kumar presented DRC as an example of where LMC support, through a combination of strategic use of data and new technologies, has led to significant changes in the LMC capacities in the country, with the government asking Gavi to rapidly scale up this support as part of the country's Mashako plan. She also presented results from Togo, where the Inter-Agency Coordinating Committee (ICC) is using a dashboard to track progress on coverage and equity, and provide information on a nine-month long, innovative, executive-style management training which has been put in place for delegations of EPI senior managers and Ministry officials.
- 7.9 Dr Kumar concluded that while it is too early to measure results of LMC interventions, the response to current support from countries, Alliance partners and other stakeholders is encouraging. A qualitative questionnaire for each country's institutional capacity has shown a slight improvement in average score of LMC capacities, indicating that Gavi is on track to reach its institutional capacity indicator target by 2020. An independent study in Q4 2018, followed up with a consultation workshop in February 2019, has also provided valuable lessons learnt for LMC support, which are being used to adjust and adapt support as needed.

### *Discussion*

- PPC members noted the key importance of both Gavi's HSS and LMC support to achieving the Alliance's C&E goals. Several PPC members acknowledged the contribution by Hind Khatib-Othman, Managing Director Country Programmes, who was soon to leave Gavi.
- PPC members noted the need to ensure that all countries could benefit from relevant HSS and LMC support, while at the same time ensuring that support is focused and strategic given the relatively small size of Gavi's HSS and LMC investments and of the Secretariat.
- PPC members further noted the need to map and track Alliance support, to better define Alliance members' roles and responsibilities, including that of Expanded Partners, and to ensure more systematic collaboration among all Alliance partners

to leverage each partner's comparative advantage, avoid duplication of efforts and to ensure a balanced support to countries. While the Senior Country Managers (SCM) have a role to play in coordinating in-country collaboration, this was the responsibility of the whole Alliance, and existing in-country coordination mechanisms should be leveraged.

- One PPC member noted that what was counted towards HSS strengthening vs HSS support is not always consistently defined across organisations and that further alignment should be sought.
- Several PPC members further noted that over the years, Gavi's HSS support had undergone many changes and that its evolution had not always been linear. PPC members noted the importance of ensuring that HSS support focuses on underserved communities and that it empowers countries to take informed investment decisions in line with the principle of country ownership, and that the Alliance's risk management requirements should be cognisant of this.
- In view of the ongoing review of Gavi's performance-based funding (PBF) scheme, PPC members urged Gavi to consider different ways in which performance incentives had been implemented in countries, noting the example of India's PBF scheme which had been instrumental in driving the coverage increase in many of India's states.
- Several PPC members further acknowledged the critical importance of a theory of change for all countries and voiced support for moving towards flexible, consolidated and integrated funding streams under the next strategy. PPC members also noted the need to ensure that investment decisions were based on quality data and that countries were incentivised to use accurate data.
- One PPC member encouraged the Secretariat to ascertain the funding split between partners, governments and CSOs in fragile countries, and to see how much of this funding was used for system strengthening vs support.
- In response to PPC members' concerns about the time it takes for the disbursement of HSS funds, Pascal Bijleveld, Director, Country Support, provided an overview of the steps involved in disbursing funds to countries, noting that the longest delays were incurred where adequate risk management mechanisms had to be set up and where countries had to respond to IRC (Independent Review Committee) requests for clarifications. He highlighted that the Secretariat is currently working on setting up new systems and related processes which should contribute to shortening the disbursement timelines.
- In response to a question from one PPC member it was clarified that the Secretariat was tracking the approval of additional funding provided to countries through Board approved flexibilities but that once approved, these funds would be integrated into the existing HSS grant and implementation would not be tracked separately.

- On LMC, PPC members noted the importance of this support and the need to expand it to more countries, including transitioning countries. and to the subnational level, where possible, including through a cascading approach where trained EPI staff become trainers themselves. One member also urged a review of the level of internal Secretariat resources to oversee the rapid scale-up in the coming years. The need to document lessons learnt, achievements and challenges was also emphasised with a view to demonstrating the impact of the LMC work. PPC members further emphasised the importance of keeping LMC support close to the country and at a practical level.
- PPC members acknowledged the importance of LMC interventions in ensuring the functionality of National Immunisation Technical Advisory Groups (NITAGs). The Secretariat noted that Gavi supports NITAGs through its PEF TCA and HSS investments. LMC support is currently not being expanded to support NITAGs. As part of enhancing country decision-making processes for the new Vaccine Investment Strategy, Gavi is examining the role of NITAGs in collaboration with the Wellcome Trust. It is however important to note that NITAGs have no role in managing and coordinating EPI programmes in countries.
- In response to concerns raised with respect to the method of measuring the progress of LMC interventions the Secretariat clarified that, originally, progress was intended to be measured through PCAs, but that PCAs were not undertaken on an annual basis. In the interim the Secretariat had developed the qualitative tool which it was looking to further improve.

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## **8. Review of the strategy for Papua New Guinea**

- 8.1 Pascal Bijleveld, Director, Country Support, introduced this topic by reminding the PPC that the Board, at its meeting in November 2018, had requested an updated transition strategy for Papua New Guinea (PNG) for support beyond 2020 in light of a request to this effect from the Minister of Health in late 2018
- 8.2 Charlie Whetham, Regional Head, Asia & Western Pacific, presented this item to the PPC (Doc 08) highlighting some of the recent and current challenges in PNG, providing information on the multi-donor, NGO- and province-led partnership which has recently been established and providing an overview of the ongoing major national health planning (NHP) process which is critical for health reform.
- 8.3 He indicated that PNG is projected to transition in 2020 with official DTP3 coverage at 45- 50% and without having benefitted from Gavi support to introduce the intended HPV and rotavirus vaccines, or associated manufacturer commitments for Gavi prices. The proposed revised strategy foresees raising DTP3 coverage to 65-70% by the end of 2025. Extended Gavi support would be contingent on Government agreement to a set of health system strengthening commitments, within an accountability framework, and to be negotiated within the NHP process taking place through 2019 in alignment with other Development Partners.

8.4 The PPC was asked to consider principles and parameters for further Gavi engagement in PNG.

#### *Discussion*

- PPC members indicated their support for the proposal presented, noting that there are high associated risks. Given some of these risks, some PPC members further noted the potential for support needing to be extended beyond 2025. In light of this the PPC agreed that the Board should be alerted to the risks associated with the extended support and that that support, despite all efforts, might not lead to the desired outcomes.
- PPC members requested that Gavi support be linked to an accountability framework, with clear, ambitious and yet realistic milestones as well as close monitoring of progress. High level commitment by the government will be essential. While commitment from the government was of paramount importance, commitments and conditions, such as potential “show stoppers”, would need to be cautiously worded to ensure that the continuation of essential support not be jeopardised lightly.
- PPC members further asked that annual updates on progress be provided to the PPC and that joint annual in-country progress reviews take place.
- PPC members also noted the need for close collaboration and strong alignment and support from all stakeholders, noting that high quality Alliance staff in PNG will be critical to achieving progress.
- One PPC member noted that the provincial government structure reform is only at a nascent stage and it was not clear yet whether it would bear results.
- In response to questions regarding the innovative elements of the proposed investments, the Secretariat noted that the intent is to ensure funding is available to support new and innovative initiatives, whether new technological solutions, and/or partnerships or co-financing with alternative actors, which could include the World Bank, the private sector, or others. The Secretariat also confirmed that LMC support, including potentially support at the sub-national level, would be folded into Gavi’s TCA support, and therefore was not included in the US\$ 60 million envelope.
- In response to concerns voiced by several PPC members regarding a potential introduction of further vaccines such as HPV in PNG the Secretariat clarified that PNG will still need to apply for any new vaccine support following the standard Gavi application and approval processes. Support for introductions would therefore continue to be contingent on the country’s ability to prove that any introduction would be successful and sustainable.

#### **Decision Two**

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

- a) **Approve**, as part of a tailored strategy to address the challenges in Papua New Guinea (“PNG”) and taking into account the request made by the Government of PNG to the Gavi Alliance Board in November 2018 that PNG be exceptionally granted an extension of the country’s “Accelerated Transition” period (Phase 2) from 2020 to 2025;
- b) **Request** Alliance partners to engage in PNG’s National Health Planning process to assist the Government to develop specific applications for Gavi Health System Strengthening and New Vaccine Support, and identify key national commitments to health system and immunisation strengthening on which Gavi support would be conditional;
- c) **Request** the Secretariat, in the context of the National Health Planning process and in consultation with the Government and Alliance partners, to develop an accountability framework and to organise annually a review with Alliance partners and the Government to assess progress against that accountability framework;
- d) **Delegate** to the Secretariat the authority to apply policy flexibilities required to respond to the circumstances in PNG during the extended Accelerated Transition period, noting that the indicative cost of this Gavi support to PNG is estimated to be an amount of US\$ 60 million; and
- e) **Request** the Secretariat to provide annual updates to the PPC and an update to the Board in 2023 on the progress of Gavi’s support to PNG.

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## **9. Gavi support for Inactivated Poliovirus Vaccine (IPV) post 2020**

- 9.1 Stephen Sosler, Technical Adviser, Vaccine Implementation, presented this item to the PPC (Doc 09), recalling Gavi’s engagement on this topic to date, including the principles approved by the Board to be used in developing Inactivated Poliovirus Vaccine (IPV) support and investment options. He referred to the Board decision of November 2018 approving support for IPV beyond 2020 under certain terms, which left open the country financing arrangements.
- 9.2 At this meeting, the PPC was asked to consider a recommendation to the Board to either approve support for IPV under current arrangements (Option 1) or approve support for IPV based on the risk-based cost sharing approach of IPV between Gavi and countries set out in para. 2.4 of Doc 09 (Option 2).

### *Discussion*

- PPC members shared their respective preferences in relation to the two options proposed, and while in the first instance many indicated a preference for Option 1, a number of those confirmed willingness to agree to a final option which would enable the PPC to achieve consensus.

- When considering the options presented, PPC members noted that in the context of the polio eradication endgame strategy, the introduction of IPV had essentially been made mandatory for countries. It was also noted that the proposed decision, independently of whether it might be for Option 1 or Option 2, would essentially be effective for a limited amount of time given the anticipated timing of availability of IPV-containing hexavalent vaccines and bivalent oral poliovirus vaccine (bOPV) withdrawal.
- Some PPC members suggested an option whereby countries might be given the choice as to whether or not they would co-finance IPV but it was noted that this had been tested initially and had not been successful. The Secretariat also recalled that during 2018 the Vaccine Investment Strategy (VIS) Steering Committee had considered a third option of applying standard Gavi policies to IPV support to Gavi countries and that at that time this option had been deprioritised by the PPC.
- Constituencies supporting the risk-based option (Option 2) highlighted the importance for them of co-financing being seen as a guarantee for sustainability and country ownership.
- A number of PPC members shared concerns around IPV supply constraints and increasing vaccine prices. Questions were also raised in relation to the outlook for the supply of hexavalent vaccines, as well as the potential cost for countries. In relation to the latter, the Secretariat clarified that there is currently only one licensed manufacturer for this vaccine and that the aim is to have a wider pool of manufacturers to ensure stability in the market.
- PPC members reiterated the importance of working towards a holistic picture for polio including funding and the role of the Global Polio Eradication Initiative (GPEI).
- After extensive discussion, Option 2 was modified to a recommendation that could be supported by all members.

### **Decision 3**

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

**Approve** support for inactivated poliovirus vaccine (IPV) based on a risk-based cost sharing approach of IPV between Gavi and countries which takes into account the epidemiologic risks of poliovirus re-emergence and country ability to share the cost of IPV. Under this approach the global withdrawal of bivalent oral polio virus (bOPV) vaccine is used as a trigger for cost-sharing in order to ensure that existing financing for bOPV is not displaced (assumed to be US\$ 0.60 per infant) from the polio programme. Thus the country financing no longer used for bOPV is used to contribute to the cost of IPV vaccines as follows: *Initial Self-financing countries*: Gavi fully finances IPV doses;

*Preparatory transition countries, Accelerated transition countries and Fully Self-Financing countries:* Gavi fully finances IPV until bOPV cessation and at bOPV cessation, country funds US\$ 0.60 per targeted infant with Gavi paying the remainder of IPV costs. This approach will be reviewed by the Board in 2022.

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## **10. Review of decisions**

- 10.1 Joanne Goetz, Head, Governance, reviewed the decision language with the Committee which was approved by them.
- 10.2 Committee members noted that PNG and IPV would be standalone items for the June 2019 Board meeting and that the CCEOP recommendation would be presented to the Board on its consent agenda.

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## **11. Any other business**

- 11.1 PPC members agreed that the next meeting of the Committee be held on Wednesday 23 and Thursday 24 October 2019.
- 11.2 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**

- Helen Rees, Chair
- Ahmed Abdallah
- Dure Samin Akram
- Edna Yolani Batres
- Susan Elden
- Abdul Wali Ghayur
- Vandana Gurnani
- Lene Lothe
- Violaine Mitchell
- Robin Nandy
- Kate O'Brien
- Adar Poonawalla
- Michael Kent Ranson
- William Schluter
- An Vermeersch
- Seth Berkley, Chief Executive Officer
- Alejandro Cravioto

#### **Regrets**

- Susan McKinney
- Jean-François Pactet

#### **Other Board members attending**

- Craig Burgess (Agenda Items 5 and 9)
- Irene Koek, US/Australia/Japan/South Korea
- Harriet Ludwig, Germany/France/Lux/EC/Ireland (Agenda Item 9)

#### **Observers**

- Naoki Akahane, Japan
- Sara Osman, Special Adviser to the EMRO constituency
- Rolando Pinel, Special Adviser to the EURO/PAHO constituency
- Bruno Rivalan, Special Adviser to the CSO constituency
- Khant Soe, Special Adviser to the SEARO/WPRO constituency

#### **Gavi Secretariat**

- Anuradha Gupta
- Johannes Ahrendts (Agenda Items 2, 5, 8))
- Pascal Barollier (Agenda Item 5)
- Pascal Bijleveld
- Susan Brown (Agenda Item 5)
- Mirjam Clados
- Santiago Cornejo
- Anne Cronin (Agenda Items 3, 5, 5, 7, 8)
- Sally Dalgaard
- Assietou Diouf
- Alex de Jonquières
- Marthe Sylvie Essengue Elouma (Agenda Items 2, 3, 5, 7, 9)
- Joanne Goetz
- Duncan Graham-Rowe (Agenda Items 2, 3, 5)
- Quentin Guillon (Agenda Item 3)
- Dominic Hein (Agenda item 4)
- Hope Johnson
- Ranjana Kumar (Agenda Items 2, 3, 5)
- Minzi Lam Meier
- Wilson Mok (Agenda Items 2, 3, 5, 6, 7, 8)
- Aurélia Nguyen
- Zeenat Patel (Agenda Items 2, 3)
- Alexa Reynolds (Agenda Item 8)
- Marie-Ange Saraka-Yao (Agenda Item 9)
- Antara Sinha
- Colette Selman (Agenda Items 2, 3, 5, 7, 9)
- Stephen Sosler (Agenda Item 9)
- Eelco Szabo
- Jacob van der Blij
- Charlie Whetham (Agenda Items 2, 3, 5, 7, 8, 9)