



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

23-24 October 2019

Gavi Alliance Offices, Geneva, Switzerland

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

- 1.1 Finding a quorum of members present, the meeting commenced at 09.07 Geneva time on 23 October 2019. Helen Rees, Programme and Policy Committee (PPC) Chair, chaired the meeting.
- 1.2 The Chair gave a particular welcome to two PPC members who were attending their first PPC meeting: Naomi Dumbrell (US/Australia/Japan/South Korea constituency) and Joan Valadou (Germany/France/Luxembourg/European Commission/Ireland constituency).
- 1.3 She also informed the PPC that two members would join the meeting remotely: Violaine Mitchell (Bill and Melinda Gates Foundation) and Vandana Gurnani (India).
- 1.4 The Chair had approved two observers at this meeting. The first was an exceptional approval of Naoki Akahane from the Japanese mission in Geneva, following the launch of Gavi's replenishment case in Japan in August. The second was Nina Schwalbe, Chair of the Evaluation Advisory Committee. The Chair also indicated that two guests would attend portions of the meeting: Julian Schweitzer, Funding Policy Review Steering Committee Chair, for agenda item 4, and Clifford Kamara, Independent Review Committee (IRC) Chair, for agenda item 9.
- 1.5 Standing declarations of interest were tabled to the Committee (Doc 01a in the Committee pack).
- 1.6 The minutes of the PPC meeting of 8-9 May 2019 were tabled to the Committee for information (Docs 01b in the Committee pack). The minutes had been circulated and approved by no-objection on 16 July 2019.
- 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 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 10 October 2019.

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## **2. CEO Update**

### **2a CEO Update**

- 2a.1 Seth Berkley, CEO, provided an update to the Committee, focusing on both progress on Gavi 4.0 and preparations for 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.
- 2a.2 Dr Berkley took a moment to recognise one former PPC member, Susan McKinney, who is retiring from USAID after 15 years and many years of engagement with Gavi.
- 2a.3 He informed the PPC about several new members of the Secretariat leadership team: Thabani Maphosa (Managing Director, Country Programmes), who was in attendance at the PPC meeting; and two new Directors who will join in November, Jelena Madir (Director, Legal) and Laura Boehner (Chief Technology and Knowledge Officer).
- 2a.4 Dr Berkley informed the PPC that in September Gavi had received the prestigious 2019 Lasker Bloomberg Public Service Award for 'providing sustained access to childhood vaccines in the world's poorest countries, saving millions of lives and highlighting the power of immunisation to prevent diseases.'
- 2a.5 He provided an update on the latest WHO/UNICEF Estimates of National Immunization Coverage (WUENIC) that were made available in July and the effect of the update on Gavi indicators. From a results perspective, the estimates indicate that we are on track to achieve our 2020 mission indicator targets.
- 2a.6 He reported that there has been positive progress since the start of the strategic period on the number of under-immunised children, zero-dose children, and MCV1 coverage. He also stated that breadth of protection has increased significantly since 2015, with coverage of PCV and rota in Gavi countries now higher than the global average. DTP3 coverage has decreased slightly after two years of improvement and it remains a challenge to get ahead of the continued population growth. Equity indicators by wealth and maternal education have not changed since 2017, largely due to a lack of new survey data.
- 2a.7 In terms of preparing for Gavi 5.0, he provided an update on the six key operationalisation workstreams and highlighted those for which the PPC would receive the first set of detailed updates at this meeting: Funding Policy Review and Measurement and Accountability Framework. Other areas, such as portfolio management processes, partnership engagement, innovation, and programmatic areas such as the Middle Income Countries (MICs) approach and gender, are also underway and the PPC will receive regular updates through regular reporting, including bringing specific areas to the PPC and Board for guidance and decision, as required.

- 2a.8 Dr Berkley referenced the two key vaccine programme decisions that would be discussed by the PPC at this meeting: Ebola and malaria.
- 2a.9 He also provided an update on progress on developments leading up to Gavi's Replenishment pledging event, which will take place in London on 4 June 2020.
- 2a.10 Dr Berkley highlighted several developments in the broader landscape, including the launch of the Global Action Plan for Healthy Lives and Wellbeing for All (GAP).
- 2a.11 He also provided several programmatic updates and reported back on previous Board and PPC decisions, including polio, Nigeria, DRC, Syria and India.
- 2a.12 Finally, Dr Berkley provided two Alliance and Secretariat updates. First, the third Alliance Health Survey was completed in October 2019, with participation across the Gavi Secretariat, WHO, UNICEF, World Bank and Centers for Disease Control and Prevention (CDC). Overall partner engagement scores remained stable and Alliance partners remain proud to be part of the Gavi Alliance partnership. Second, the Secretariat successfully implemented a new enterprise resource planning (ERP) system on 1 October 2019 using SAP.

### *Discussion*

Several PPC members asked for clarification regarding replenishment, and what PPC members can do to help during preparations. It was clarified that PPC members can engage and discuss Gavi's investment case when they see an opportunity, and highlight that Gavi's equity approach and focus on reaching zero-dose children is a pro-poverty and pro-gender approach. In response to a query, Dr. Berkley clarified that Gavi's Investment Opportunity for 2021-2025 highlights the Alliance's ambition to build on its proven success by providing the most comprehensive package of protection yet. In order to deliver on its ambitious plans for 2021-2025, Gavi will need at least US\$ 7.4 billion in additional resources.

- PPC members noted the recent success of the TICAD Gavi replenishment launch event in Yokohama in August, and more broadly the successful replenishment for the Global Fund to Fight AIDS, Tuberculosis and Malaria, which was hosted in France in October.
- There was broad support for further strengthening the linkages between the PPC and other Board Committees, such as the Evaluation Advisory Committee (EAC) and the Audit and Finance Committee (AFC), and appreciation that the PPC Chair had undertaken initial discussions with counterparts in this regard.
- Several PPC members raised ongoing concerns about the status of polio eradication and the growing number of vaccine-derived polio cases, and the situation for the inactivated polio vaccine (IPV), including requesting clarity on whether there are supply challenges. It was clarified that there does not currently seem to be a shortage based on existing programme requirements, but that Gavi needs to keep on engaging with manufacturers to increase capacity and to build diversity of suppliers as programme requirements evolve.

- PPC members expressed support for Gavi’s involvement with the launch of the Global Action Plan (GAP). It was noted that there are several global strategies under development that are interrelated (e.g. Immunisation Agenda 2030) but will be finalised at different times. PPC members tended to agree that Gavi should not slow down to wait for the others to be completed, but alignment with other initiatives should be sought, where relevant.
- With the increased focus on zero-dose children in Gavi 5.0, PPC members indicated that the Alliance needs to have a discussion on terminology to be sure there is clarity for countries and that one set of measures are in place.
- PPC members commended the work undertaken so far on operationalisation of Gavi 5.0 and the openness to redesign and simplify, and noted that this has been reflected in the agenda for this meeting.
- PPC members heard about recent experiences in Pakistan and Afghanistan with challenges around primary health care (PHC) packages and mechanisms for delivery.
- One PPC member asked for clarification on when the Middle Income Countries (MICs) approach will be considered by the Gavi Alliance Board. The Secretariat noted that an update will be provided at the December 2019 Board meeting, and a decision will be requested in June 2020, after discussion at the PPC in May 2020.
- On Nigeria, one PPC member asked for more information about the timing of the high-level visit to Nigeria and it was explained that Gavi is proactively following-up with the Government to confirm the timing of the visit and receive the formal invitation. One PPC member asked about whether Gavi had already engaged at the state level. It was clarified that while Gavi is engaging at the federal level, the process to engage at state level has started given the importance of ensuring state-level accountability.

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## **2b Sudan’s Eligibility for Gavi support in 2020**

- 2b.1 As part of the CEO Update, Dr Berkley presented a decision point related to Sudan’s eligibility for Gavi support in 2020 (Doc 02b).
- 2b.2 Sudan’s 3-year Gross National Income (GNI) per capita average is above Gavi’s eligibility threshold of US\$ 1,630, and, based on current policy, the country is set to enter the accelerated transition phase in 2020. However, the country has experienced significant political, social and economic turmoil over the last two years, culminating in a 34% drop in GNI per capita in 2018 to US\$ 1,560, below Gavi’s eligibility threshold. Available economic projections from the IMF indicate that the country’s GNI is not expected to recover in the near future, and the country has been classified as fragile in both 2018 and 2019.

### *Discussion*

- PPC members queried whether Sudan would be required to co-finance if the Board decides to approve this recommendation. It was clarified that Sudan has not entered the last phase of transition and if this decision is approved, it will remain in preparatory transition phase. Therefore, the co-financing requirements will be in accordance with the Co-Financing Policy and the country will not face rapid ramp up of co-financing.
- It was noted by the PPC that Sudan is one of the countries that regularly struggles to finance non-Gavi supported routine vaccines.

### **Decision One**

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

**Approve**, exceptionally, that the determination of Sudan's eligibility for 2020 will be based on the latest GNI data point instead of the average GNI per capita over the past three years.

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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).
- 3.2 The report included a summary of the progress, challenges and associated risks of achieving the Alliance's 2016-2020 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).
- 3.3 The report also included an update on the ongoing operationalisation of Gavi's 2021-2025 Strategy.

### *Discussion*

- In response to a question of whether current challenges will be addressed under Gavi 5.0, it was noted that experiences from the current implementation period have informed problem statements for each of the Gavi 5.0 operationalisation workstreams. Specifically, the problem statements relating to the Alliance's funding policies will be presented in the Funding Policy Review item at this meeting. Moving forward, through the strategic operationalisation of Gavi 5.0, the intention is to develop the necessary tools and approaches to address the current challenges.
- PPC members raised the data analysis constraints resulting from a dependency on surveys. Further discussion on this was requested as surveys do not

necessarily take place in the intervals and the pace desired. The Secretariat clarified this will be discussed as part of the work on the Measurement & Accountability Framework for Gavi 5.0.

- PPC members requested that the Secretariat carefully consider monitoring metrics for Gavi 5.0 as the current indicators do not always make it possible to measure progress on a timely basis.
- The flat dropout rate since 2015 was identified as a priority to be addressed. The Secretariat noted that this is an ongoing challenge, and Ms Gupta provided a brief overview of the work being done by the Alliance to more systematically identify and address demand-side challenges.
- The PPC welcomed the focus on re-balancing the channeling of funds to countries and the transparency on sustainability challenges. The Secretariat was urged to use the information available to inform Gavi 5.0 and think carefully about how to streamline funding to countries in the next strategy period.
- The PPC also discussed risk appetite versus long term sustainability and country capacity, noting the considerable amounts of funding that pass through fiduciary mechanisms of partners, Gavi should reconsider the balance between the short-term results and long-term sustainability. Gavi's current low risk tolerance should be reconsidered in Gavi 5.0.
- The Secretariat responded to questions on the sources of domestic finances which countries use to pay for co-financing and confirmed that loans from the World Bank are seldom used. Ms Gupta highlighted that when Gavi first started, 75% of countries were not paying for their traditional vaccines, and now 80% of countries are covering the costs of non-Gavi vaccines themselves.
- The PPC discussed gender at length, highlighting the need to ensure there is the required capacity and expertise across the Alliance to take to effectively prioritise and mainstream gender. The PPC also noted the capacity challenges of measurement and reporting at country level. The Secretariat noted that a common understanding on gender among the Alliance is required, underlining that challenges remain in policy implementation and highlighting the need to further mainstream a gender lens in Gavi's programmatic approaches. It was noted that gender is central to Gavi's 5.0 Strategy and that the updated Gender Policy and implementation plan will be discussed at the PPC in May 2020. It was highlighted that Gavi is considered a leader in gender equity, as per the recent Global Health 50/50 Report.
- On post-transition countries, it was noted that the majority are performing well and sustaining vaccines introduced with Gavi support. The Secretariat noted that impacts and learnings from post-transition support will be included in future presentations and discussions. It was further discussed that a number of countries that are due to transition will be transitioning with inequities still to be addressed.

- One PPC member underlined the importance of carefully considering vaccine supply security in Gavi 5.0, noting the serious challenges countries face when stock shortages occur preventing vaccine introduction.

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#### **4. Gavi 5.0: Funding Policy Review**

- 4.1. Julian Schweitzer, Chair of the Funding Policy Review (FPR) Steering Committee (SC), provided a brief introduction to the process, scope and strategic context for the Steering Committee, as well as some reflections on Gavi's future. His view was that while Gavi's model has served it well within an overall development context and at a time when its core function was as a financing mechanism, that this model will not necessarily continue to serve its purpose in the context of some of the current key drivers of change across global health and development, such as increased fragility, economic volatility, the need for speedy responses (e.g. to pandemics), and the need to harmonise global agendas. To do so will require that Gavi adopt some new approaches, allowing for manoeuvrability within an ever-shifting global environment, and this will require greater policy flexibility, including a nimble, innovative and forward-looking Secretariat working with Alliance partners to implement the new 5.0 Strategy.
- 4.2. Wilson Mok, Head, Policy briefly presented the overall Funding Policy Review process (Doc 04), including overall timeline, key activities, topics under discussion at this meeting, and the path forward.

#### **PART A – Eligibility and Transition Policy**

- 4.3. Santiago Cornejo, Director, Immunisation Financing & Sustainability (IF&S), presented Part A of the Funding Policy Review on the Eligibility and Transition Policy.
- 4.4. He recalled that the Eligibility and Transition Policy sets forth the principles and criteria that determine which countries can access Gavi support and how this support is phased out over time. It enshrines the key principles that inform Gavi's developmental approach, including that Gavi support is focused on the poorest countries in the world, that it is time-limited, catalytic, and directly linked to a country's ability to pay, as proxied by their GNI per capita.
- 4.5. He noted that despite broadly positive performance to date, evidence and experiences from a subset of transitioning countries that faced programmatic challenges, stakeholder consultations and preliminary conclusions from the external evaluation of the Eligibility & Transition and Co-financing policies identified three areas that should be addressed to further strengthen Gavi's policies:
- To adapt Gavi's approach to further mitigate risks of unsuccessful transition;
  - To clarify the mechanics of (re-)gaining eligibility; and
  - To reconsider the inclusion of the generic programme filter.

## *Discussion*

- PPC members appreciated that the proposed approach was country centric and tailored. They further noted that Gavi's eligibility should remain at country-level, with the possibility of sub-national level considerations to be potentially discussed in the future.
- The PPC agreed that the approach seemed to strike the right balance of being enabling and not overly prescriptive, and encouraged further simplification.
- One PPC member highlighted that country ownership will be key and suggested to consider introducing a social contracting framework that would allow civil society organisations (CSOs) to be involved and to better reach the unreached.
- The definition of financial sustainability was discussed in the context of balancing domestic and external sources of funding. It was noted that the current definition of financial sustainability is fit-for-purpose as it acknowledges both sources of funding while focusing on the importance of the predictability of the funding.
- The PPC endorsed an approach whereby early and continuous dialogue and engagement with countries would help identify and tackle programmatic challenges to support successful transition. The Secretariat and Alliance partners would track country performance against a specified set of programmatic criteria which would provide 'early warning signals' and support early engagement for successful transitions. The PPC and Board would be regularly updated on this progress on country performance and would provide guidance on potential risks.
- In specific rare cases, a country might still enter the accelerated transition phase at high risk of unsuccessful transition out of Gavi support. Working closely with Alliance partners, the Secretariat would be entrusted with identifying these countries at risk and proposing flexibilities. The countries at risk would be identified based on immunisation outcome-level criteria, and specific proposed flexibilities would be based on a robust health system component-level analysis (the specific criteria and flexibilities to be defined in the final Policy). Gavi's CEO would then be responsible for approving the necessary time-limited extension of the accelerated transition phase, and specific flexibilities. In addition to already being aware of countries at risk through regular country performance review, the PPC and Board would be informed of the application of these flexibilities. The PPC emphasised the importance of putting in place strong accountability frameworks for countries to avoid inadvertently incentivising low performance. In the next phase of the review, the specific criteria (aligned with the Gavi strategic indicators) and flexibilities will be brought to the PPC and Board.
- PPC members debated the proposed shift in decision-making for identification of countries at risk and flexibilities from the Board to the CEO. The PPC held differing views, but was broadly supportive of the direction to empower the CEO to make these decisions as it acknowledged the importance of being proactive and nimble. However, the PPC highlighted that the identification of countries at risk should be based on a defined criteria in policy and an inclusive and robust process with

strong consultation and inputs from Alliance partners. The PPC also requested that the PPC and the Board should be regularly and proactively updated on potential countries at risk and be informed of the decisions made by the CEO. The PPC requested more clarification of the process for the Board in Annex B. In addition, the PPC emphasised the importance of putting in place strong accountability frameworks for countries to avoid inadvertently incentivising low performance. One PPC member also noted that the paper had presented countries identified at risk in terms of coverage but queried whether there had been any early thinking on those at risk in terms of equity. Another member queried whether there would be a time limitation or financial limitation for the flexibilities available to what is expected to be a handful of countries with an adjustment of the accelerated transition phase. The Secretariat clarified that the specific criteria to identify countries at risk will be aligned to the Gavi strategic indicators and along with the potential flexibilities will be included in the final policy document to be brought for decision to the next PPC and Board.

- It was noted that, while the introduction, in 2015, of the three-year GNI pc average to determine eligibility has been useful to give countries improved visibility and predictability about transition timelines as their economies increased, it did not account for the exceptional cases of countries facing severe, rapid drops in GNI pc. According to current policy, countries with falling GNI pc only (re)gain eligibility once the 3-year rolling average is below the eligibility threshold. This creates an inequity whereby an ineligible country may have a GNI pc level below that of countries receiving support but remains ineligible because its 3-year GNI pc average is still above Gavi's eligibility threshold. The PPC recommended addressing this inequity in access to support by additionally including the most recent estimate of GNI pc to determine countries' eligibility when their economies decrease, noting these circumstances have historically been rare.
- The PPC agreed to recommend the removal the programme filter, but also that it would be important to carefully consider introducing alternative mechanisms at vaccine programme-level to ensure country readiness. PPC members also requested that Gavi consider mechanisms to safeguard against degraded coverage resulting from the removal of the filter. It was proposed that Alliance partners work on that problem together.
- Several PPC members asked for alignment with other global plans and sought further information about how the Global Action Plan (GAP) had been considered in the work of the Steering Committee, indicating that this presented an opportunity for alignment to be built in.

## **Decision Two**

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

**Approve** the following, which will be incorporated into Gavi's policies in June 2020:

- i. using the latest point estimate of GNI per capita alongside the average GNI per capita over the past three years to determine countries' eligibility for support; and for countries (re)gaining eligibility, adoption of a tailored approach based on the country context;
- ii. adoption of an approach to tailor the accelerated transition phase as described in Annex B to Doc 04 as amended by discussions at the PPC;
- iii. removing the programme filter requiring 70% or higher coverage of the 3rd dose of DTP-containing vaccine for a country to access new support for select vaccines (as set out in the Eligibility & Transition Policy).

## **PART B – Co-financing Policy**

- 4.6. Santiago Cornejo, Director, Immunisation Financing & Sustainability (IF&S), presented Part B of the Funding Policy Review on the Co-financing Policy.
- 4.7. He noted that Gavi's Co-financing Policy has helped catalyse over US\$ 1 billion in domestic public financing for Gavi-supported routine vaccines since its introduction in 2008.
- 4.8. He reported that country consultations and preliminary conclusions from the external evaluation of the Co-financing and Eligibility & Transition Policies have confirmed that the Co-financing Policy has been successful in achieving its intended goal of promoting greater financial sustainability of vaccines introduced with Gavi support. However, since the policy's last revision in 2015, important lessons learnt from implementation have also emerged, and – in line with Board guidance to simplify and differentiate Gavi's support in the context of Gavi 5.0 and the findings of the independent external evaluation – two specific areas for improvement were identified to enhance the achievement of the policy's objectives, plus one cross-cutting issue:
  - Simplification and greater consistency of co-financing rules;
  - Institutionalisation of flexibilities to co-financing in exceptional circumstances;
  - A cross-cutting issue was also identified regarding the strategic deployment of co-financing requirements which will be discussed along with incentives at the next PPC meeting.
- 4.9. The PPC was asked to review and recommend for Board approval a simplified approach for the calculation of co-financing requirements, as well as an approach for the identification and approval of flexibilities to co-financing requirements for

countries undergoing exceptional circumstances (humanitarian crisis / severe fiscal distress).

### *Discussion*

- PPC members were very supportive of the proposed approach to co-financing rules and enthusiastic about the direction taken and its contribution to simplification, noting this change would enhance country ownership.
- There were questions about how exactly countries will transition to the new calculation and how to manage changes to current levels; and exactly which antigens and types of support (routine immunisation, campaign) were included. The Secretariat indicated that minimising disruption from the changes had been discussed by the Steering Committee and it would revert with further detail for the next meeting. The Secretariat also noted that the proposed co-financing simplification focuses on routine vaccines and would align co-financing requirements for measles routine vaccines with the rest of the portfolio. It was noted that IPV is expected to continue to be exempt from co-financing requirements as per the previous Board decision.
- PPC members also asked for clarification about whether this would be cost neutral. It was clarified that this is the aim, although minor changes at country-level are possible.
- The PPC agreed that the policy should allow for more flexibility and responsiveness in order to support the few instances in which countries might face these circumstances. Given the unpredictable and unique nature of such events, it would not be possible to define a priori indicators and thresholds that would be universally valid to identify countries which might need co-financing flexibilities. However, as with flexibilities envisaged to mitigate the risk of unsuccessful transitions, the PPC emphasised the importance of ensuring strong consultation with and input of expert partners and clear reporting to and engagement with the PPC and the Board for oversight.

### **Decision Three**

The Gavi Alliance Programme and Policy Committee **recommended** to the Gavi Alliance Board that it **approve** the following, which will be incorporated into Gavi's policies in June 2020:

- a) calculating **vaccine co-financing** for all countries based on the share of doses needed by a country; and
- b) adopting an approach to apply co-financing flexibilities as described in Annex B to Doc 04 as amended by discussions at the PPC, in countries facing **severe fiscal distress** and countries facing a **humanitarian crisis**.

## **PART C - Health System and Immunisation Strengthening (HSIS) Support Framework**

- 4.10. Alex de Jonquières, Director, Health System and Immunisation Strengthening, introduced Part C of the topic on the Health System and Immunisation Strengthening (HSIS) Support Framework, and presented on health systems strengthening (HSS) grants, Cold Chain Equipment Optimisation Platform (CCEOP), and performance-based funding (PBF).
- 4.11. He explained that while the overall framework remains largely fit for purpose and relevant as the Alliance prepares for Gavi 5.0, some targeted policy changes may be required to align with the 5.0 strategy and to address specific challenges that have been encountered in operationalising the current framework. Four problem statements were identified and endorsed by the FPR Steering Committee as well as partner and country consultations:
- Problem statement 1: Equity as an organising principle for 5.0 is insufficiently reflected in the formula used to allocate Gavi's HSS resources across countries;
  - Problem statement 2: Inadequate differentiation of grant design;
  - Problem statement 3: Lack of integration of Gavi support, ensuring greater alignment between HSIS grants and considering whether CCEOP should be integrated into the HSIS Framework; and
  - Problem statement 4: Immunisation-related results are ineffectively incentivised.

### *Discussion*

- On problem statement 1, the PPC agreed to recommend an option whereby HSS resources would be allocated according to four criteria: equity (number of zero-dose children based on DTP1), coverage (number of underimmunised children based on DTP3), ability to pay (Gross National Income (GNI) per capita (pc)), and population in need (birth cohort), with all four criteria equally weighted.
- The PPC agreed to recommend the removal of the cap of US\$ 100 million over five years currently applied to total country HSS ceilings, but to retain the floor of US\$ 3 million. One PPC member asked the Secretariat to monitor the impact that this might have on small countries.
- On problem statement 2, PPC members broadly agreed with the identified principles to differentiate HSS support and indicated that the principles of country ownership and integration could be strengthened.
- On problem statement 3, the PPC agreed to recommend the integration of support for CCEOP into HSS support. However, some PPC members did query whether in doing so, Gavi could inadvertently compromise its ability to market shape, and if this proves to be the case, it would be worth considering ring fencing this support within the HSS envelope, which the Secretariat will explore. One PPC member also suggested a grace period for those countries that just recently applied.

- On problem statement 4, the PPC agreed to recommend the discontinuation of the generic Performance Based Funding (PBF) mechanism for the reasons set out in the paper. It was noted that Gavi should consider alternative country centric mechanisms to incentivise strong performance.
- More generally on the HSIS Framework, one PPC member questioned whether the framework is right to achieve Gavi 5.0 goals and whether CSO partners and others have been sufficiently included in the approach.
- Several PPC members raised the importance of integration around the primary health care (PHC) agenda and universal health care (UHC) agenda including through the *Global Action Plan for Health and Wellbeing for All*. One PPC member suggested that Gavi as an Alliance look at what its contribution could be to these agendas. It was also suggested that Gavi seek to incentivise countries to design more integrated approaches, including for different age ranges and new programmes.

#### **Decision Four**

The Gavi Alliance Programme and Policy Committee **recommended** to the Gavi Alliance Board that it **approve** the following, which will be incorporated into Gavi's policies in June 2020:

- a) allocating HSS resources according to four criteria: **equity** (number of zero-dose children), **coverage** (number of underimmunised children), **ability to pay** (GNI pc), and **population in need** (birth cohort), with all four criteria equally weighted;
  - b) removing the cap of US\$ 10 million over five years currently applied to total country HSS ceilings, but retaining the floor of US\$ 3 million;
  - c) integrating support for CCEOP into HSS support; and
  - d) discontinuing the mechanism of awarding Performance Payments (as set out in the HSIS Support Framework)
- 4.12. As a final component of the Funding Policy Review agenda item, Zeenat Patel, Head, Vaccine Implementation, presented on Gavi's cash support for campaigns and other supplemental delivery strategies (Ops).
  - 4.13. She noted that Gavi's Ops window is currently limited to the funding of campaigns and is calculated on a per target person basis, without consideration for the epidemiological or country context. This structure provides incentives for large campaigns, while restricting support to deploy other delivery strategies to close immunity gaps.
  - 4.14. She also described the current misalignment between outbreak response funding and planned campaigns, in which funding levels for outbreak response are not tiered by transition phase as is done for planned campaigns. Initial analyses

supporting realignment of Gavi's Ops support and outbreak response funding were presented to the PPC.

- 4.15. The PPC was asked to provide guidance on the redesign of Gavi support for supplemental delivery strategies to close immunity gaps to incorporate a broader range of options in the next strategic period and on realignment of outbreak response funding with funding for planned campaigns.

### *Discussion*

- PPC members welcomed the clear presentation on a complex topic and the opportunity to provide comments on this area of Gavi support.
- It was noted that the strategies presented while not yet implemented with Gavi support, do exist as part of the essential immunisation programme. Shifts in Gavi policy to be more substantially supportive of these strategies would be welcome.
- It was discussed that the reason why these approaches are not being implemented consistently and at scale is that they are not one-size-fits all. It was suggested that it would be important to do a barrier study to better understand the factors limiting uptake.
- Some PPC members expressed concern about ongoing outbreaks and associated cost and the substantial funding needs and gaps for outbreaks. It would be important also to do further analysis of those contexts, e.g. of Rohingya populations.
- It was noted that it will be important to look more carefully at some of the programmatic campaign elements. At the Bill & Melinda Gates Foundation, a grant was just financed to look at campaign effectiveness (bed nets, etc.) and it was suggested that it would be good to connect Gavi to that work.

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## **5. Malaria Vaccine Pilots and Long-term Supply**

- 5.1 Wilson Mok, Head of Policy, informed the PPC that the paper (Doc 05) had two objectives: First, it provided an update to the PPC on progress of the Gavi-supported Malaria Vaccine Implementation Programme (MVIP), a pilot programme designed to generate evidence to inform WHO policy recommendations on the broader use of the RTS,S/AS01 vaccine. The paper presented a funding recommendation for the MVIP for 2021-2023, which would enable completion of the pilots and provide key evidence to inform a future Gavi investment decision on broader roll-out.
- 5.2 Second, the paper described a manufacturer decision that needs to be taken with regard to whether to continue production of a vaccine, in 2020, beyond the doses required for the pilots. Not continuing to produce in the near-term would delay availability of doses for broader roll-out in the future, if there is a policy

recommendation and investment decision. However, continuing production has financial implications. Two options for Gavi engagement were presented: (1) no funding for continued production; (2) risk-share with the manufacturer via a funding commitment to enable continued production.

- 5.3 For this item, the IFPMA Constituency representative, who is an employee of GSK (the manufacturer of this vaccine), recused herself from the discussion and the decision. Prior to her recusal, she was invited to comment. She reiterated GSK's full commitment to the RTS,S/AS01 vaccine. She noted GSK had invested US\$ 350 million in the vaccine over the past 30 years, with an additional total budget of over US\$ 300 million secured for activities related to the pilots and Phase IV studies. Gavi's decision was highlighted as critical in signaling to other potential funders who are considering whether to invest or not in RTS,S, such as to support tech transfer to a lower cost manufacturer.
- 5.4 The GSK representative responded to a question from a PPC member on the future of the production facility if production is discontinued. She clarified that the facility would be put on hold and the trained personnel would either leave or be assigned to other activities. She then left the room.

#### *Discussion*

- On the MVIP recommendation, there was general agreement by the PPC to support the recommendation to the Board.
- On the long-term supply question, the PPC was divided over whether it should recommend one of two presented options to the Board. Some PPC members were very supportive of proceeding with production and expressed concern that stopping production would send the wrong message to manufacturers and other stakeholders and that an eventual delay would decrease the impact of a future programme. Other PPC members, despite wishing for this programme to go ahead, did not feel that it is the role of Gavi to de-risk a manufacturer.
- The PPC agreed that this is a critical strategic question that the full Gavi Alliance Board should have the opportunity to discuss. The PPC agreed to present three options for the consideration of the Board, with the new option being to identify a third-party to cost-share with Gavi an investment for continued production, whereby Gavi's financial risk exposure would be minimised.
- One PPC member inquired if Gavi would consider an Advanced Purchase Commitment (APC) for the RTS,S/AS01 vaccine. The Secretariat explained that an APC is not an ideal vehicle in this case because it would commit Gavi to purchase vaccines even if certain conditions do not materialise, such as WHO prequalification or the results of the pilot supporting the cost-effectiveness and programme feasibility of the vaccine in an investment case. It was also noted that an APC would not provide the flexibility to deal with the sliding risk scale.
- It was noted that since the Phase 3 trial concluded and recommendation to conduct implementation pilots was made, important new information has emerged,

such as 1) the persistence of the beneficial effects of the vaccine up to seven years 2) the absence of the observed safety signals from the Phase 3 trial in other studies using RTS,S, and 3) evidence that the 4<sup>th</sup> vaccine dose in the schedule may be less important than previously perceived. Since the time of the decision to go ahead with implementation of pilot evaluations, a framework for WHO policy-making has also been approved.

- PPC members cautioned that this vaccine has no high-income market and there could be serious impact from a decision not to proceed on the global health environment, and on thousands of children in the three pilot countries who would no longer be able to receive vaccines if production is stopped. It could also jeopardise the likelihood of a successful tech transfer to occur, as no other manufacturer may be willing take on the production of RTS,S.
- On existing tools for malaria control, it was noted that scaling up Insecticide-Treated Nets (ITNs) has been challenging and does not constitute a viable solution to combat malaria in isolation. It was noted that no new interventions are on the horizon in the short or intermediate term and the RTS,S vaccine was described as the first new intervention for malaria that the community has had in a long time. Finally, the importance of applying an equity lens was underlined.
- A PPC member underlined the importance of the Gavi Board having a full picture of the debate and taking an informed decision, with the new data and potential third-party funding partners being woven in the discussion. The PPC and the Secretariat underlined the critical need to have the latest information since the recommendation for implementation pilots available by the Board meeting in December 2019. It was suggested that the presentation to the Board on this topic would be split into two: first, a section on the evidence by WHO, and second, a section on the PPC recommendation by the Secretariat. Although it was suggested that the decision regarding future supply be deferred until more information is available, the need to take a decision now was confirmed.
- Concerns on long-term implications were expressed by donors, particularly on setting a precedent. Some donors asked how Gavi is coordinating with Unitaid and the Global Fund. The Secretariat commented that Gavi was leading the discussions regarding a risk-share mechanism given previous experience with innovative mechanisms and the relationship with GSK but noted that discussions have taken place with both organisations on how to potentially construct the investments of the three organisations if there is a positive policy recommendation and ensure coherence in fund raising as well as vaccine deployment.

## **Decision Five**

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

### **Malaria Vaccine Implementation Programme**

- a) **Approve** an amount up to US\$ 11.6 million to continue the malaria vaccine implementation programme from 2021-2023;

### **Long-term Malaria Vaccine Supply**

EITHER:

#### Option 1

- b) **Defer** providing an investment for continued production of RTS,S bulk antigen pending a WHO policy decision and Gavi investment case for broader roll-out;

OR

#### Option 2

- c) **Approve** providing an investment for continued production of RTS,S bulk antigen pending a WHO policy decision and Gavi investment case for broader roll-out; and
- d) **Note** that the Market Sensitive Decisions Committee will make a final determination of the structure of the investment

OR:

#### Option 3

- e) **Request** the Secretariat to work with stakeholders to identify third-parties to cost share whereby Gavi's financial risk should be minimised or reduced to zero to provide for an investment for continued production of RTS,S bulk antigen pending a WHO policy decision and Gavi investment case for broader roll-out; and

- f) **Approve** an investment for continued production of RTS,S bulk antigen between Gavi and third-parties whereby Gavi's financial risk exposure should be minimised as much as possible, with reassessment of support on an annual basis, subject to the final terms being reviewed and endorsed by the Market Sensitive Decisions Committee.

*Kate O'Brien (WHO) recused herself and did not vote on part a) of Decision Five above.*

*An Vermeersch (IFPMA) recused herself and did not take part in discussion or vote on Decision Five above.*

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## 6. 2021-2025 Measurement Framework

- 6.1 Seth Berkley, CEO, provided introductory comments and indicated that the purpose of this agenda item was to seek an early steer from the PPC as Gavi embarks on the process to develop the monitoring and evaluation (M&E) system for Gavi 5.0. This includes the overall approach and principles as well as starting to flag any key considerations to inform development of the evaluation workplan and development of strategy level performance measurement.
- 6.2 Nina Schwalbe, Chair of the Gavi Evaluation Advisory Committee (EAC) then provided an update on the work of the EAC and its role vis-à-vis evaluation.
- 6.3 Daniel Hogan, Head, Corporate Performance Monitoring & Measurement, Monitoring & Evaluation, presented on the development of the 2021-2025 Measurement Framework (Doc 06).
- 6.4 He recalled that key shifts in the Gavi 5.0 strategy objectives and goals necessitate new ways of approaching monitoring and evaluation building on lessons learned from Gavi 4.0.
- 6.5 He noted that proposed improvements in the Gavi 5.0 M&E system include developing a theory of change underpinning the Gavi 5.0 strategy goals and objectives with well-articulated causal pathways and key assumptions. This would then be used to: 1) outline the measurement and learning objectives from the outset of the strategy period, and 2) establish indicators interlinked across the results chain and risks that are routinely monitored and used for timely performance management and shared accountability for delivering results.

### *Discussion*

- PPC members were very supportive of the theory of change approach. One PPC member noted that in addition to using the theory of change at the organisation level, that it would be beneficial to also have this country-by-country.
- Several PPC members asked if the mission level indicators had the balance right between coverage and equity, given the change in focus towards equity in 5.0. It was suggested to add an indicator on the number of introductions built into routine immunisation.
- One PPC member suggested that Gavi be careful that the indicators are easy to understand for a broader audience.
- Several PPC members indicated that they were interested in engaging in the measurement framework development, underscoring the importance of consultation. It was also flagged that country level representation was not evident on the Technical Working Group (TWG) for the development of the measurement framework.

- Several PPC members noted that it will be important to align the strategic and M&E frameworks across initiatives (e.g. IA 2030, Global Action Plan, PHC operational framework, UHC 2030), and across countries using the sector wide approach, so it is as straightforward as possible for countries. Gavi should try to be as inclusive as possible. Some PPC members also noted the importance of considering the burden on countries of any additional reporting requirements.
- Several PPC members suggested that we carefully consider the direction on gender, using sex disaggregated data, and how to capture a gender transformational approach in the theory of change.
- When identifying indicators, Gavi should aim to use validated indicators and select ones that are known to actually be measuring what they are supposed to be measuring.
- Several PPC members suggested that Gavi needs to monitor process indicators, e.g. timely disbursement of funds. It will be important to understand the frequency of reporting on all indicators.
- Additional areas to further develop include HSS, market shaping, accountability, country ownership, and sustainability.
- With respect to evaluation in 5.0, several points were mentioned:
  - Important to set the learning agenda for 5.0 up front;
  - Important to do joint evaluations with others, where possible;
  - Potential topics include: impact of Gavi HSS support for 5.0, including effects on sustainability/integration; wider systems effect of Gavi at country level; effectiveness, role and impact of stockpiles and stockpiling.
- Several PPC members also wished to acknowledge the excellent contribution of Abdallah Bchir, Head, Evaluation, who will soon be retiring from Gavi.

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## **7. Alliance Update: Alliance Partners on routine immunisation, campaigns and outbreak response**

- 7.1 Kate O'Brien, Director Immunization, Vaccines and Biological Department, WHO, presented this item providing background on the different vaccination strategies including routine immunisation (RI) supplementary immunisation activities (SIAs), and outbreak responses, which all aim to achieve high equitable coverage (Doc 07).
- 7.2 She explained the different vaccination strategies and their impacts and benefits, particularly in relation to measles. She also highlighted concerns relating to the use of SIAs including potential inefficiency and ineffectiveness of SIAs at reaching under-immunised and zero dose children, adverse effect on RI, and financial issues including cost effectiveness, perverse incentives and fiduciary risks. She highlighted key focus areas going forward, including the importance of prioritising

and incentivising RI improvement, ensuring SIAs are focused on closing immunity gaps and reaching zero-dose sub-populations, exploring approaches other than nation-wide non-selective campaigns, and improving the quality and efficiency of campaigns.

### *Discussion*

- Several PPC members commended the presenter for an excellent presentation and requested permission to use the slides for other purposes. It was suggested that the slides could also be shared with Expanded Programme on Immunization (EPI) workers.
- Several members commented on polio campaigns. One PPC member mentioned that the numerous campaigns on polio were adversely affecting RI and expressed concern over the lack of information sharing from campaigns to the RI programme. The Secretariat noted this was the case in measles SIAs and campaigns as well, thereby, preventing children from being integrated in the RI system.
- On the issue of 95% coverage threshold, it was mentioned that this metric is not sufficiently nuanced. The presenter clarified that the Strategic Advisory Group of Experts (SAGE) working group will be considering if there was another policy and programmatic oriented metric that could be used.
- Several members commented on the ten-dose vial size and that it would be worth tailoring use of five- or ten-dose vials depending on whether the context is routine immunisation or campaign.
- Another PPC member stressed that continuous and multiple SIAs have a negative effect on RI and in this background emphasised the need for a new approach in the countries as a part of HSIS support. It was noted that the impact of campaigns is not only on RI but also on other services, e.g. on antenatal services.
- It was noted that Gavi financing is an opportunity to drive change, and incentivise a variety of supplemental delivery strategies and targeted SIAs focused on reaching zero-dose children and bringing them into the RI programme. It was further noted that technical guidance on a variety of supplemental delivery strategies exist to reach missed children but the incentives don't exist to encourage the use of these strategies, where appropriate.
- The PPC agreed with the proposed focus areas presented, and urged Alliance partners to pursue these actions with specific focus on prioritising and incentivising RI improvement, ensuring SIAs are focused on closing immunity gaps and reaching zero-dose sub-populations, exploring approaches other than nation-wide non-selective campaigns, and improving the quality and efficiency of campaigns.
- Various PPC members emphasised the need for Alliance partners to improve guidance in relation to SIAs, including identifying and reaching zero dose children, ensuring zero dose children are brought into the RI programme, planning and

undertaking targeted SIAs, and developing demand generation strategies for unserved communities.

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## **8. Gavi's engagement in Ebola vaccine**

- 8.1 Seth Berkley, CEO, provided an introduction to this agenda item, highlighting the rationale for taking this decision now and explaining that an Ebola programme would provide opportunities to address and advance several programmatic and strategic questions that are relevant for Ebola and emerging infectious diseases.
- 8.2 Aurélia Nguyen, Managing Director, Vaccines & Sustainability, presented on Gavi's engagement in Ebola vaccine (Doc 08). She explained that the current Ebola vaccine funding envelope approved in 2014 is coming to an end in 2020, and a licensed and WHO prequalified vaccine is anticipated in 2020.
- 8.3 The proposed approach enables the earliest possible procurement of Ebola vaccines whilst allowing flexibility based on public health need, availability of one or more WHO pre-qualified products with different use cases, and future SAGE recommendations. This would comprise support for reactive vaccination for outbreak response through an emergency stockpile – including vaccination in neighbouring countries – and preventive vaccination of high-risk groups outside of an outbreak (such as certain healthcare workers in countries classified as being at high risk).
- 8.4 The PPC was asked to recommend to the Board the opening of a funding window for an Ebola programme, contingent on WHO prequalification and SAGE recommendation. Once the conditions are met, this funding window would replace the time-limited Ebola envelope approved in 2014. In the interim period before a licensed vaccine is available, this HSS/operational cost support window from the 2014 Ebola envelope would be available to provide any required operational support for the use of investigational vaccine.

### *Discussion*

- PPC members noted that this is an area that continues to develop rapidly and welcomed acknowledgement of the uncertainties and emphasis on flexibility. Several PPC members provided updates on recent events that have occurred since the PPC papers were distributed. It was noted that the US CDC's Advisory Committee on Immunization Practices just considered the use of the Ebola vaccine as a preventive measure, targeting approximately 5,000 healthcare workers, laboratory personnel and first responders, and that this would be revisited in February 2020 assuming vaccine licensure. The US Government will maintain its own vaccine stockpile.
- It was reported that the SAGE Working Group on Ebola vaccine had recognised the need to revisit the preventive vaccination approach outside of outbreaks and provide clear definitions, and that this work would be carried out as quickly as

possible. It may be necessary to hold country consultations already at this stage to learn more about what countries are considering for preventive vaccination, including target populations and strategies.

- PPC members requested additional detail about the proposed International Coordinating Group (ICG)-like mechanism for stockpiles mentioned in the paper. It was clarified that it was described as ICG-like because the Alliance will need to bring in additional Ebola expertise and experience related to use of highly-targeted vaccination strategies. One PPC member expressed concern that having multiple stockpiles could prove burdensome for manufacturers. It was proposed to have regular engagement and close coordination between stakeholders and periodic reviews to ensure efficiency in global allocation of vaccine.
- PPC members also queried the proposed approach on co-financing, in particular for preventive vaccination in non-outbreak settings, and how to incentivise countries to co-finance. It was suggested that co-financing would not apply initially during the learning phase (e.g. for 2 years after the start of program) and that Gavi would then reconsider whether to maintain that approach in alignment with the co-financing policy.
- It was noted that WHO is working with partners, including Gavi, on a global plan for Ebola supply security.
- PPC members noted that if the financial implications were to change materially as more is known, the PPC would want the chance to review. It was also confirmed that the Secretariat would provide regular updates on implementation of the Ebola programme.
- PPC members asked for clarification on how decision making would take place for preventive vaccination in non-outbreak settings. If there is huge demand for preventive strategies, this could become difficult to manage and will need careful consideration. It was suggested that the Global Task Force on Cholera Control be considered as a potential model for engaging multiple partners in reviewing country requests for preventive vaccination.
- It was proposed to take a structured look at the operational costs associated with Ebola vaccination, and for Gavi to be proactive and clear on its scope of support.
- PPC members noted the cold chain requirements are problematic for the first vaccine that is likely to be available. The Secretariat noted that it had engaged with the manufacturer regarding the urgency to try to develop a new vaccine that would have better requirements, but that this was not possible with the first iteration.

## **Decision Six**

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

- a) **Approve** the opening of a funding window for the establishment of an Ebola programme for licensed vaccines used for i) reactive and preventive vaccination in an outbreak setting through an emergency stockpile and ii) preventive vaccination in a non-outbreak setting, both contingent on WHO prequalification of vaccine and SAGE recommendation, in line with Board-approved policies and decisions with adjustments laid out under b), c) and d);
- b) **Approve** Gavi support for vaccines for preventive use without a co-financing obligation for Gavi eligible countries with the co-financing policy for Ebola vaccine subject to review after two years from start of programme;
- c) **Approve** Gavi operational cost support for both reactive and preventive vaccination that is tailored to each country based on context;
- d) **Approve** the principle of providing non-Gavi eligible countries access to vaccines for preventive vaccination, where possible. These countries would bear the cost of the vaccine;
- e) **Note** the financial implications associated with the above approvals for vaccine procurement, operational cost support and Secretariat and partner resources for 2020 is expected to be approximately US\$ 9 million and for 2021-2025 is expected to be approximately US\$ 169 million. Gavi will seek to absorb the Secretariat and PEF-related components in the 2020 estimated costs within the 2020 budget submission;
- f) **Note** that the Secretariat will work with partners to further develop processes to enable allocation of vaccines and operational cost support for both reactive and preventive use;
- g) **Approve** retaining the operational cost and health system support component of the 2014 Ebola envelope for the interim period before a licensed vaccine is available in order to provide operational support for use of investigational vaccines and closing the remainder of the 2014 Ebola envelope; and
- h) **Note** the remaining balance of the operational cost and health systems support component of the 2014 Ebola envelope of US\$ 52.4 million.

Kate O'Brien (WHO), Robin Nandy (UNICEF), Adar Poonawalla (DCVMN), and An Vermeersch (IFPMA) recused themselves and did not vote on Decision Six above.

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## **9. Update on Key Recommendations of the Independent Review Committee and High Level Review Panel**

- 9.1 Clifford Kamara, Chair of the Independent Review Committee (IRC), provided the PPC with an overview of the IRC process over the past year (Doc 09), including a summary of the key recommendations stemming from these reviews and the subsequent actions taken by the Alliance.
- 9.2 Anuradha Gupta, Deputy CEO, then provided an update on the High Level Review Panel process. She noted that the IRC Chair is a member of the HLRP, and acknowledged the contribution of WHO and UNICEF, together with the Managing Director of Country Programmes, Thabani Maphosa, and the Managing Director of Vaccines & Sustainability, Aurelia Nguyen.

### *Discussion*

- PPC members raised the ongoing issue of the role of Technical Assistance (TA) in preparing applications for Gavi support and the importance of striking the right balance between improving the quality of applications, while ensuring country ownership and capacity building.
- PPC members discussed the role of the National Immunisation Technical Advisory Groups (NITAGs), highlighting a number of related issues such as the need to revise the ToR of NITAGs and ICCs in order to address the disconnect between them.
- The role of Civil Society Organisations (CSOs) in application development was discussed and was highlighted as an important area to focus on.
- One PPC member raised the extent of the challenges in country's preparing high quality applications, including incomplete budgets in the funding applications as indicated in the report, adding that based on country experience, lump sum budgets that are presented are sometimes difficult to break down. The IRC Chair noted that incomplete budgets pose certain challenges and can also delay resolution of IRC recommendations, causing subsequent late disbursements.
- It was recommended that the Alliance continue to pursue simplification of guidelines and processes, as some countries face implementation challenges due to lack of understanding of the application process, including IRC comments.
- Surveillance was also identified as an important focus area. It was noted that often countries do not have visibility on disease-specific or integrated-disease surveillance and this issue was raised during the discussions on Gavi 5.0.
- The PPC also noted the developments made in the Alliance's renewal and HLRP process. The PPC acknowledged the more robust vaccine dose renewal process, and emphasised the importance of ensuring HSS and TCA investments are holistically reviewed for greater complementarity and alignment.



**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 the Funding Policy Review, Malaria, and Ebola items would be standalone for the December 2019 Board meeting and that the Sudan Eligibility recommendation would be presented to the Board on its consent agenda.

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**11. Any other business**

- 11.1 PPC members noted 2020 meeting and dates to be held on Tuesday 26 May 2020 and Wednesday 27 May 2020.
- 11.2 PPC members noted that SAGE is looking for new members from some regions with a 31 Oct deadline for applications.
- 11.3 Finally, the PPC recognised the three PPC members who will rotate off the Committee before the next meeting: Dure Samin Akram, Adar Poonawalla, and An Vermeersch.
- 11.5 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
- Dure Samin Akram
- Edna Yolani Batres
- Naomi Dumbrell
- Susan Elden
- Abdul Wali Ghayur
- Vandana Gurnani\* (Agenda items 1, 2, 4)
- Lene Lothe
- Violaine Mitchell\*
- Robin Nandy
- Kate O'Brien
- Adar Poonawalla (except Agenda Item 05)
- Michael Kent Ranson
- William Schluter
- Joan Valadou
- An Vermeersch
- Seth Berkley, Chief Executive Officer
- Alejandro Cravioto

#### Regrets

- Ahmed Abdallah

#### Other guests

- Julian Schweitzer,\* Chair, Steering Committee, Funding Policy Review (Agenda Item 04)
- Clifford Kamara,\* Independent Review Committee (IRC) Chair (Agenda Item 9)

#### Observers

- Naoki Akahane, Japan
- Nina Schwalbe,\* Chair, Gavi Evaluation Advisory Committee
- Ruzan Gyurjyan, Special Adviser to the EURO constituency
- Gloria Kebirungi, Special Adviser to the Board Chair (Day 2)
- Pratap Kumar Special Adviser to the EMRO constituency
- Rolando Pinel, Special Adviser to the PAHO constituency
- Bruno Rivalan, Special Adviser to the CSO constituency
- Khant Soe, Special Adviser to the SEARO/WPRO constituency

\* denotes participation by Webex

#### Gavi Secretariat

- Anuradha Gupta
- Nadine Abu-Sway (Agenda Items 3, 5, 9)
- Johannes Ahrendts (Agenda Items 2, 3)
- Pascal Bijleveld
- Anthony Brown (Agenda Items 4, 5, 8)
- Adrien de Chaisemartin
- Santiago Cornejo
- Anne Cronin (Agenda Items 3, 7)
- Sally Dalgaard
- Assietou Diouf
- Marthe Sylvie Essengue Elouma
- Joanne Goetz
- Daniel Hogan (Agenda Items 3, 6)
- Hope Johnson
- Alex de Jonquières
- Thabani Maphosa
- Wilson Mok (Agenda Items 3, 4, 5, 8)
- Meegan Murray-Lopez
- Aurélia Nguyen
- Zeenat Patel (Agenda Items 2, 3, 4, 7, 8, 9)
- Marie-Ange Saraka-Yao (Agenda Item 8)
- Colette Selman
- Prachi Shah (Agenda Item 7)
- Jacob van der Blij
- Charlie Whetham