

Gavi Alliance Board Meeting

14-15 June 2017

Intercontinental Hotel, Geneva, Switzerland

1. Chair's report

- 1.1 Finding a quorum of members present, the meeting commenced at 09.09 local time on 14 June 2017. Ngozi Okonjo-Iweala, Board Chair, chaired the meeting.
- 1.2 The Chair welcomed new Board members and Alternate Board members, as well as Rob Moodie, Chair of the Evaluation Advisory Committee, and members of the IFFIm Board. She noted that departing members would be recognised for their service at the dinner that evening.
- 1.3 The Board met in closed session on the evening of 13 June to discuss a number of items including Board Leadership, the Geneva Health Campus and a Gavi HR update.
- 1.4 Standing declarations of interest were tabled to the Board (Doc 01a in the Board pack). The Chair noted that in the context of the items for decision on the agenda, there were a number of Board members who would have conflicts of interest and that these would be raised at the appropriate time and recorded in the applicable parts of the minutes.
- 1.5 The Board noted its minutes from 7-8 December 2016 (Doc 01b), which were approved by no objection on 24 February 2017. The Board also noted its action sheet (Doc 01d) and workplan (Doc 01e) and the Chair encouraged Board members to contribute to the forward plan by raising issues which they may wish to add either with her directly or with the Secretariat.
- 1.6 The Chair noted that while there has been an improvement in the quality and volume of the papers that are being shared with the Board, she feels that there is still room to further reduce the volume and perhaps have more summary documents and she encouraged the Secretariat to continue to work on this.
- 1.7 The Chair informed Board members that the Executive Committee had not met since the last Board meeting, and noted that the Board had approved a decision by unanimous consent, as outlined in Doc 01c.
- 1.8 Finally, the Chair shared some thoughts with the Board in relation to the current global environment and the potential impact on the global development agenda. In such a context it will be necessary for the Alliance to reflect on the way we do our work with countries, focus on the efficiencies we can get and keep our nose to the grindstone. She thanked new donors from the Middle East and other areas who have become recent supporters of Gavi.

2. Consent agenda

- 2.1 The consent agenda included the recommendations of the Governance Committee for Vice Chair appointment (Doc 02a), Board and Committee member appointments (Doc 02b), Changes to Committee Charters (02c) and Changes to the Statutes and By-laws (Doc 02d). It also included approval of the Gavi Policy: Fragility, emergencies and refugees (Doc 02e), a review of the Cold Chain Equipment Optimisation Platform (Doc 02f) and a Programme Funding Policy update (Doc 02g).
- 2.2 The Chair noted that while she had not received any requests for the removal of any items from the consent agenda some Board members had asked to provide comments. She firstly invited Ms Gunilla Carlsson, interim Governance Committee Chair, to update the Board on the reforms that were being proposed in the context of the recommendations of the 2016 Board and Committee self-evaluation, which had been agreed on by the Board during its closed session in Abidjan in December.
- 2.3 Ms Carlsson reminded Board members that there had been a very thorough process led by the Governance Committee that responded to the recommendations relating to issues on elevating Board discussions, which primarily centred around process; and relating to potential reforms to the governance structure. In addition to the Abidjan meeting, Board members had been given a further opportunity to provide input during the Board Retreat in Evian and as no comments or issues were raised there, the Governance Committee had proceeded accordingly. Input had also been received from the Programme and Policy Committee (PPC), who had discussed their own Charter during their May 2017 meeting.
- 2.4 Ms Carlsson provided a brief summary of the steps taken to address the recommendations including the proposed introduction of electronic voting and extension of the no-objection consent voting mechanism to routine Board and Committee nominations. She referred to the proposal to set up an All Chairs Group, establish a Market-Sensitive Decisions Committee and retire the Executive Committee, as well as proposed revisions to both the Governance Committee and PPC Charters.
- 2.5 She noted that there remains considerable work for the Governance Committee to undertake still this year, including discussions regarding the possible reappointments associated with Gavi's leadership; refreshment of the Board Committees and some issues likely to arise in this regard including gender; looking at ways to strengthen the role of the developing countries; further discussions on whether the PPC Charter had sufficiently responded to the recent Board and Committee self-evaluation observations; and, reviewing the conflicts of interest and ethics policies.

Discussion

- Board Members noted that there is a provision in the Statutes and By-Laws whereby organisations or constituencies may not be represented on more than three Board Committees. As the Market-Sensitive Decisions Committee will only

convene as and when required some Board members thought that membership should not be held against this count. It was noted that the Governance Committee would consider this provision further.

- In relation to the All Chairs Group, the Board noted that the Board Chair will continue to ensure that there is wide consultation with all Board members, and as foreseen in the Terms of Reference, she may request any member of the Board to attend meetings of the group should the need arise.
- The Board member representing the CSO constituency, while confirming support for the policy on *Fragility, emergencies and refugees*, requested further clarification on three issues: i) Definitions of Fragility and Emergencies and the role of this policy in transitioning countries, and the necessary flexibilities required for each category; ii) How the policy will be implemented and monitored (for example needing a base line survey) recalling that there was no evaluation of the previous one; iii) Timelines for potential commitment and supply times, to allow prompt responses. He indicated that there are a number of points in the current document that will need further discussion to ensure that the operational guidelines are in line with WHO guidelines and frameworks, waivers for refugees and standards in the related field, and recommended that the operational guidelines be developed in consultation with operational partners, including the CSO constituency, and discussed at the next meeting of the PPC. The request relating to the operational guidelines was echoed by one of the Board members from the donor constituency.
- The Board noted comments from the EMRO constituency and that clarifications in relation to their questions on the approach to internally displaced people (IDP) as well as implementation of the policy would be provided in due course.

Decision One

The Gavi Alliance Board:

- a) **Reappointed** Gunilla Carlsson as an Unaffiliated Board Member effective 1 January 2018 and until 31 December 2020: and
- b) **Appointed** Gunilla Carlsson as Vice Chair of the Board with individual signatory authority effective 1 July 2017 and until 31 December 2018.

Gunilla Carlsson recused herself and did not vote on Decision One above.

Decision Two

The Gavi Alliance Board:

- a) **Appointed** the following Board Members:
 - Amy Baker as Board Member representing Canada on the donor constituency anchored by Canada in the seat currently held by Susan Tolton of Canada effective immediately and until 31 December 2018.

- Blair Exell as Board member representing Australia on the donor constituency anchored by the United States effective 1 July 2017 and until 30 June 2019.
 - Clarisse Loe Loumou as Board Member representing the civil society organisations constituency in the seat currently held by Naveen Thacker effective 1 July 2017 and until 30 June 2019.
 - Sai Prasad as Board Member representing the vaccine industry developing countries in the seat currently held by Adar Poonawalla effective 1 July 2017 and until 30 June 2020.
 - Susan Silberman as Board Member representing the vaccine industry industrialised countries in the seat currently held by David Loew effective 1 August 2017 and until 31 July 2020.
- b) **Reappointed** the following Board Members:
- Stephen Zinser as an Unaffiliated Board Member effective 1 July 2017 and until 30 June 2020.
- c) **Appointed** the following Alternate Board Members:
- Craig Burgess as Alternate Board member to Clarisse Loe Loumou representing the civil society organisations constituency in the seat currently held by Clarisse Loe Loumou effective 1 July 2017 and until 30 June 2019.
 - Irene Koek as Alternate Board member to Blair Exell representing the United States on the donor constituency anchored by the United States effective 1 July 2017 and until 30 June 2019.
 - John Roberts as Alternate Board member to Susan Silberman representing the vaccine industry industrialised countries in the seat currently held by Lyn Morgan effective 1 August 2017 and until 31 July 2020.
- d) **Appointed** the following to the Governance Committee:
- Amy Baker (Board Member) in the seat currently held by Susan Tolton effective immediately and until 31 December 2017.
 - Clarisse Loe Loumou (Board Member) in the seat currently held by Naveen Thacker effective 1 July and until 31 December 2017.
 - John Roberts (Alternate Board Member) in the seat currently held by Lyn Morgan effective 1 August 2017 and until 31 December 2017.
- e) **Reappointed** the following to the Governance Committee:
- Blair Exell (Board Member) effective 1 July and until 31 December 2017.

f) **Appointed** the following to the Programme and Policy Committee:

- Abdul Wali Ghaury (Committee Delegate) in the seat currently held by Ahmed Jan Naeem (Committee Delegate) effective immediately and until 31 December 2017.
- Adar Poonawalla (Committee Delegate) in the seat currently held by Rajinder Suri (Committee Delegate) effective 1 July 2017 and until 31 December 2017.

g) **Reappointed** the following as Chair of the Investment Committee:

- Stephen Zinser until 31 December 2017.

Board members who were candidates for these positions, or whose organisations or constituencies provided candidates for these positions, did not participate in voting on these appointments.

Decision Three

The Gavi Alliance Board:

- a) **Noted** the steps and actions taken to elevate Board discussions as set out in Annex B to Doc 02c;
- b) **Approved** the establishment of the All Chairs Group under the provisions of Article 20 of the Statutes as read with Article 5 of the By-Laws and the accompanying terms of reference set out in Annex C to Doc 02c, effective immediately;
- c) **Noted** and **Approved** that the Executive Committee shall be retired on 31 August 2017 with consequential amendments to the Statutes and By-Laws as more fully set out in Annex B to Doc 02d;
- d) **Approved** the establishment of the Market-Sensitive Decisions Committee under the provisions of Article 19 of the Statutes as read with Article 4 of the By-Laws and the accompanying Charter set out in Annex D to Doc 02c, effective from 1 September 2017;
- e) **Approved** the revised and updated Charter for the Programme and Policy Committee set out in Annex E to Doc 02c, effective from 1 January 2018; and
- f) **Approved** the revised and updated Charter for the Governance Committee set out in Annex F to Doc 02c, effective from 1 January 2018.

Decision Four

The Gavi Alliance Board:

Approved the amendments to the Statutes and By-Laws of the Gavi Alliance as set out in Annex B to Doc 02d.

Decision Five

The Gavi Alliance Board:

Approved the Gavi Policy: Fragility, Emergencies, Refugees, attached as Annex A, to Doc 02e, as amended by discussions at the PPC, which will replace the 2013 Fragility and Immunisation Policy.

Decision Six

The Gavi Alliance Board:

- a) **Approved** the approach to equitable allocation of available CCEOP funding based on the HSS formula as described in Section 2.2 of Doc 02f.
- b) **Requested** the Secretariat to continue documenting lessons to provide regular updates on the progress of the CCEOP to the Programme and Policy Committee.

Decision Seven

The Gavi Alliance Board:

Approved the amended Gavi Alliance Programme Funding Policy attached as Annex A to Doc 02g.

3. 2016-2020 Strategy: Implementation and progress

- 3.1 Seth Berkley, CEO, started his presentation by reminding Board members that this was his second update to them on the 2016-2020 strategy and that it would be a systematic, data-driven report on progress, based on a new ambitious framework. The report would show that the strategy is starting to bear fruit and strengthening our understanding of what works well and areas that may need to be revised. Some of the indicators which are now being tested may not be fit for purpose and need adjustment or modification, and these would be proposed in due course.
- 3.2 He provided an overview of progress on the mission and strategy indicators, as well as on the disease dashboard.
- 3.3 He reported on work being done in relation to equity and highlighted some of the challenges in relation to the equity indicators. He used Angola as an example to demonstrate how equity is being mainstreamed in grant processes and where work is being carried out through the Partners Engagement Framework (PEF) to improve sub-national data. He provided information in relation to vaccine introductions across Gavi's four strategy periods to date, and confirmed a target of 50 introductions for 2017.
- 3.4 He presented the long-term vision in relation to the implementation and use of grant performance frameworks, using Niger to demonstrate an example of how

grant data is being used to inform the strategy, and reported on progress on the supply chain strategy.

- 3.5 In relation to transition and sustainability, he provided an overview of the countries that will be transitioning out of Gavi support between now and 2021. He presented an overview of the increasing contributions from countries to immunisation in the form of co-financing. He highlighted that there is a need to address significant challenges in relation to institutional capacity that is already seen from the 10 countries for whom data is already available.
- 3.6 He provided an overview of progress in relation to the market-shaping goal which is on track to meet its targets.
- 3.7 Finally, he provided a detailed overview of the indicators measuring Alliance progress, highlighting in particular those where there are moderate delays and one where significant delays have already been identified.

Discussion

- In response to questions from a Board Member, the CEO noted that it is not possible to have an indicator for every piece of work that Gavi does, and that in this context there are not detailed indicators for measuring the vaccine stockpile-related work. He also noted that it is not within Gavi's current remit to include an indicator that reflects the life course of immunisation.
- The CEO informed Board members that work is being done to develop and implement simple web-based tools that would enable them to have more regular access to the indicators dashboards, with more real-time data.
- Board members noted that the quantity of data which is now being received from countries is staggering and it was suggested that with this increase in data comes the likelihood that it will be more difficult to ensure the quality of the data. It will therefore be important to ensure that the right data is collected and that this should continue to be monitored as we move forward, in particular also to ensure that the data being collected is relevant for the indicators being tracked. It was also noted that countries need to be encouraged to share correct data, even if this demonstrates that coverage is lower than expected etc. and that when this happens Gavi will need to be in a position to do some course correction.
- Board members reiterated the importance of ensuring that the rise in campaigns is not to the detriment of the routine immunisation programmes. The CEO clarified that there is not necessarily an increased number of campaigns being carried out, but that Gavi is now more involved in monitoring the campaign-related work. It is hoped that with this new focus the planning of campaigns will improve to positively impact the routine immunisation work.
- Board members noted that the Joint Appraisals (JAs) are an important mechanism for countries to fully engage and if done correctly can help to show improvements in the national immunisation programmes.

- It was suggested by a Board Member that it could be useful to indicate to countries where the priorities lie in terms of the key indicators and that if they were not working to achieve the relevant targets, there might be consequences in relation to the support they receive.

4. CEO's report

- 4.1 Seth Berkley, CEO, delivered his report to the Board (Doc 04), setting the scene by presenting an overview of key developments in the global landscape, including references to the Berlin Declaration of G20 Health Ministers, increasing activity in relation to anti-vaccine movements and recent information in relation to the emergence of fake vaccines.
- 4.2 He expressed concerns, echoing those of the PPC, in relation to the recent decision of the SAGE DoV Working Group to recommend MCV2 as the SDG immunisation indicator for 2030, an option which had not been one of the nine previously identified by WHO and Gavi beyond DTP3.
- 4.3 He referred to the recent outbreaks of Yellow Fever in Brazil, as well as to ongoing vaccine supply constraints. He also referred to recent cases of Ebola in DRC, where Gavi had stood ready to support should the need arise but which the government had managed successfully to contain.
- 4.4 The CEO provided an update to the Board on the launch of the Coalition for Epidemic Preparedness Innovations (CEPI).
- 4.5 Reporting on previous Board decisions, the CEO provided an update on Gavi's India strategy with the recent launch of pneumococcal vaccine in three states, the launch of rotavirus vaccine in five more states, Measles-rubella campaigns in five states, and a 50% drop in the lowest global price for pentavalent vaccine. He highlighted that engagement at the highest political level has been a key success factor in the immunisation programme in the country.
- 4.6 The CEO also reported on pneumococcal vaccine impact studies which are taking place in the Gambia, on how Gavi support to Syria through Partners is being implemented and on the implementation of the December 2016 Board decision in relation to HPV vaccine which is already demonstrating success. In this context, he regretted that recent information from the manufacturer seemed to indicate that there may be significant HPV vaccine supply shortages that might jeopardise the 2020 target.
- 4.7 Information was provided to the Board in relation to countries where cholera has been declared to date in 2017 and in this context on the impact of Gavi investment on oral cholera vaccine. He reported that recent studies demonstrate that diarrhoea deaths are down by a third since 2005 and that a new study suggested there is no increased risk of intussusception from rotavirus vaccine in a range of developing countries.

- 4.8 The CEO then referred to a number of strategic issues warranting Board discussion, namely scenarios for Gavi engagement with countries post-transition, balancing risk and country ownership, the challenge of weak data and the challenge of using country systems in certain countries.
- 4.9 He provided an update on the Alliance, referring to the findings of a recent Alliance Health Survey, which had been conducted by Gallup earlier in the year. He reported that the Alliance is coming together in terms of knowledge management in relation to the country portal and the partner portal. He referred to the positive MOPAN assessment, which had given top marks to Gavi as had the UK multilateral development review.
- 4.10 Finally, he referred to the items which were being presented to the Board at this meeting.

Discussion

- Board members appreciated information shared by Minister Kabange in relation to recent experiences in his country with Yellow Fever and Ebola outbreaks. Regarding Yellow Fever, he expressed concerns that there are still issues of vaccine shortage, in particular in view of the fact that it is not yet clear whether the fractional dosing implemented in 2016 for the outbreak in Kinshasa guarantees long-term immunity, and also considering that more and more outbreaks are affecting urban populations, which then require a large reserve of vaccines to administer.
- Board members noted that while there is an Ebola vaccine available there remain technical and regulatory issues in relation to how it is deployed, and WHO is working on implementing a pathway for approval that will clearly map the different levels of responsibility and liability. This should eventually lead to the vaccine being on an expanded use list but would only be a 12-month approval, which would not preclude country approval.
- Minister Kabange expressed appreciation to Gavi for its willingness to assist DRC when cases of Ebola were recently declared. He highlighted the issue of equity that countries are facing vis a vis the vaccine whereby it is difficult to ascertain who should be vaccinated first. He acknowledged the SAGE recommendation on ring vaccination followed by vaccination of health care workers but explained that in cases where health workers were prioritised it could lead to problems if other parts of the population are at risk and do not receive the vaccine. Another Board member raised the issue of vaccinating the security forces, as in many countries it is often members of the security forces who are sent in as first respondents in the case of an epidemic.
- Board members noted that during their retreat in April 2017 they had agreed on five priority countries for whom it would be necessary to develop a tailored transition strategy, this will be done in the first instance for Nigeria and Papua New Guinea (PNG) for which draft strategies would be presented to the October PPC and November Board. For the other three priority countries (Angola, Congo, East Timor) the Alliance would explore what additional engagement may be needed to mitigate the transition risk in these countries. One Board member suggested that

it would be interesting for the Board to have a report at the next Board meeting on the countries that have fully transitioned from Gavi support to date.

- Board members provided positive feedback to the differentiated approach to post transition engagement, including the Secretariat's estimates that this differentiated approach would cost around 1%-2% of the total Alliance expenditure in this strategic period.
- In response to a query from a Board Member, the CEO confirmed that information in relation to the vaccines for which manufacturers have committed to maintaining Gavi prices for countries post-graduation is available on the Gavi web site.
- Board members echoed concerns about latest developments in relation to HPV vaccine supply, and it was suggested, in particular in the context of increasing vaccine hesitancy, that any communications around vaccine supply constraints would need to be very carefully managed both with countries and with partners.
- Board members noted that in many countries there are disparities in coverage data and that it is important to encourage countries to improve data quality, as this would also enable them to improve decision-making in relation to their real immunisation needs.
- One Board member suggested that Gavi will potentially find itself being increasingly asked to play a role in relation to epidemics and that it would be useful for the Board at some stage to have a further discussion about this.
- Board members expressed satisfaction that Gavi is now an observer on the International Coordinating Group (ICG) pending a formal review of the ICG. They commended the Chair, the CEO and the Alliance Partners who had worked together to achieve this.
- Some questions were raised about the assessment of the quality of country systems and whether or not the Programme Capacity Assessments (PCAs) provide the robust assessment that is needed. It was suggested that it would be useful to have further information at the next Board meeting on the PCAs, how they are carried out and how they are subsequently used.
- In relation to vaccine supply constraints, the Board member representing the IFPMA constituency highlighted some of their challenges in cases where there is little predictability of future volumes, which can lead to hesitancy in the industry to increase supply capacity. He noted that this can take up to six years, if increasing production requires the building of a new production facility. He suggested that one solution might be a mechanism whereby UNICEF is given a mandate to do much longer-term commitments in terms of volumes and prices and that Gavi would have to think in such a context about how deep it wishes to continue putting pressure on pricing.
- Board members expressed appreciation for the work done on the Alliance Health Survey that will be used to improve the effectiveness of how the partners work

together. The Board Member representing the World Bank expressed their willingness to be included in this work going forward.

- Board members noted that while they had approved support for Syria in December, a proposal had only just recently been submitted and that this was a reflection of the challenging circumstances in the countries and the time needed to put all of the relevant information together. Now that the proposal has been received, all efforts will be made to ensure that it is processed as quickly as possible. In the meantime, UNICEF continues to provide vaccines for the country. In the context of this discussion, Board members noted that worked done by Alliance Partners to work with Jordan to help it resolve some of the issues it was facing so support Syrian refugees.
- Board members made a number of comments in relation to balancing risk and country ownership and agreed on the importance of managing risk while continuing to build country capacity. Board members reiterated a low risk appetite for countries reaching transition without sufficient financial capacity, which would not only be to the detriment of countries, but would also be a reputational risk for the Alliance.
- The CEO also noted that the global health security agenda is critical and that there will have to be more thought on how Gavi links with that appropriately going forward.
- In relation to a number of comments from Board members on vaccine hesitancy, the CEO noted that Gavi should be prepared to do some advocacy for the developing countries but that as an organisation Gavi does not have the bandwidth to take this on globally.

5. Financial update

- 5.1 David Sidwell, Audit and Finance Committee (AFC) Chair, introduced this item. He confirmed that the AFC had reviewed the financial implications in order to recommend to the Board the approval of a fee budget for activities to be performed by UNICEF in 2018 for vaccines and cold chain equipment, in accordance with the Programme Funding Policy. This was being done before the new budget request at the end of the year so that work can continue.
- 5.2 He also informed the Board that the AFC had reviewed the Programme Funding Policy and had recommended its simplification to the Secretariat, noting that as a result of this, the Board had approved, under the consent agenda, a change in the policy that made redundant the need to approve programme funding envelopes each year.
- 5.3 Barry Greene, Managing Director, Finance and Operations presented the Board with information on the actual expenditure and resources for 2016 and the updated outlook for 2017 (Doc 05), outlining the financial capacity of Gavi for taking the proposed decisions pertaining to the UNICEF procurement fees.

- 5.4 He also provided the Board with the projected rental savings from the move of the Gavi offices to the Geneva Health Campus in 2018, based on the current financial estimates prior to final costs.

Discussion

- The Board noted Gavi's operating expense ratio of 7.7% for 2016, and that this was in line with the corresponding ratio of the Global Fund. Regarding the underspend on the programmatic expenditure relative to forecast, the Board noted that unless this is due to efficiencies, it could signal that funds are not flowing effectively to the programmes that they are meant for.
- In response to a question, the Secretariat informed the Board that the actual investment income in 2016 exceeded the forecast assumptions which had been conservative. The Board was also informed that while the forecast anticipated Gavi receiving US\$ 100 million from IFFIm in 2017, the amount ultimately requested will depend on Gavi's needs.
- The AFC Chair responded to a Board member's request for clarification on the currency hedging approach. He informed the Board that a thorough consultation was undertaken in 2015, to help align Gavi's hedging approach with best practice for implementing currency hedges. He noted that the approach would be reviewed again shortly. He also noted that given the high cost and limited instruments, it is not feasible yet to enter into currency hedges for a period of five years or beyond.
- Responding to a question, the Secretariat informed the Board that Gavi had Senior Country Managers for each of the Gavi countries, and this helps to ensure continuity of the Gavi-supported programme in a country even if there is a change in the country-level leadership or government officials.

Decision Eight

The Gavi Alliance Board:

Approved, within the overall Partnership Engagement Framework, a budget of:

- (i) US\$ 19.0 million for UNICEF Supply Division fees for the procurement of vaccines and related devices in 2018; and
- (ii) US\$ 2.4 million for UNICEF Supply Division fees for the procurement of cold chain equipment in 2018.

Ted Chaiban (UNICEF) recused himself and did not vote on Decision Eight above.

6. Partners' Engagement Framework

- 6.1 Richard Sezibera, Programme and Policy Committee (PPC) Chair, introduced this item, informing the Board that the PPC has been supportive of the Partners' Engagement Framework (PEF) design and progress so far. He appreciated the

focus on countries, including basing Technical Assistance (TA) investments on countries' needs, strengthening country offices of partners and ensuring long-term support in countries.

- 6.2 He noted with appreciation the increased transparency and accountability of the investments of Alliance partners and the spirit in which all PEF discussions were held. He said that the PPC had emphasised that partners and the Secretariat will need to pay particular attention to the quality of TA provided, as they go forward.
- 6.3 Anuradha Gupta, Deputy CEO, presented an update to the Board on PEF (Doc 06), briefly outlining how it had evolved through 2015 to 2017, the unprecedented change it has involved and the positive feedback it had received so far. She described the three funding streams that were used to provide technical assistance to support countries: Targeted Country Assistance (TCA), Special Investments in Strategic Focus Areas (SFAs), and Foundational Support (FS), noting that 2016 was the first year of TCA implementation.
- 6.4 She shared country examples to demonstrate early evidence of encouraging results during the first year of implementation, and also provided an example of technical assistance at sub-national level in Pakistan, through this process.
- 6.5 She noted that the PEF model leverages Partners to enhance country level planning through continuous strengthening of joint appraisals (JA) and One TA plan. She further explained the complementarity of PEF with HSIS, showing information on PEF investments in SFAs. She highlighted certain country level challenges in data quality, the solutions for which were being sought through data initiatives and investments.

Discussion

- The Board complimented the Alliance on the progress of PEF and appreciated the opportunities it presented for effective utilisation of Gavi resources by leveraging Alliance partners and taking a bottom-up approach for addressing specific country needs.
- The Board members demonstrated satisfaction with PEF and recommended that its configuration not be changed too much as this may result in lost traction with countries.
- A Board member noted that there might be an emerging issue around some partners wielding more control or a stronger voice during JAs. She also asked if countries could have a range of options for the types of support available to them and the TA providers to choose from when they go through a JA process. The Secretariat responded that providing countries with a range of options was indeed the plan for the 2017 PEF planning process, and also said that in order to curtail any issues around power dynamics it was focusing on ensuring that JA discussions remain objective and country-focused.
- A Board member suggested that as the One TA plan approach matures its scope might be expanded to broader health systems investments.

- In response to a Board member's comment about the developing countries' need to receive Training of Trainers (ToTs) to help improve data gathering and utilisation around EPI programmes, the Secretariat confirmed that the focus of TCAs was to cater to such requests and country needs.
- Board members underscored the need to ensure that there is local or regional human resource expertise available in countries to ensure sustainability of immunisation programmes, noting that in most cases, the international development organisations hire the local staff supported initially through initiatives such as PEF. It was suggested that the expanded partners should also include local/regional partners who understand the country context better.
- Board members discussed the need for better data and sought clarity on the strategy, budget and key roles and responsibilities on the ground to improve data collection and processing. The Board member from the CSO constituency, while discussing the need for enhanced data quality to make informed decisions, noted that Alliance partners could leverage CSOs as they can help improve country ownership and fill any data gaps.
- Board members representing developing countries noted that there was a need to not only improve routine immunisation but also develop capacities of local health workers, improve data systems to enhance tracking of immunisation in children, train staff in data collection as well as support in moving from a papers based system to a technology based system of data management. They also noted that publishing evidence of improvement in child mortality rates could help quieten the anti-vaccine movements taking place in these countries as well as globally.

7. Country Programmes: strategic issues and Country presentation: Pakistan

- 7.1 Richard Sezibera, Programme and Policy Committee (PPC) Chair, introduced this item and informed the Board that in addition to the Gavi Secretariat, the Alliance partners from UNICEF, WHO and World Bank would respond to any questions that the Board might have.
- 7.2 He informed the Board that the presentation sought the Board's strategic guidance on two areas - one, how best to balance risk assurance with the need for timely and predictable HSIS funding and with ensuring country ownership and sustainability of programmes; and two, on sustaining progress in introducing pneumococcal and rotavirus vaccines. Additionally, he informed the Board that based on a recommendation from the PPC a decision point was being put forth to the Board on continuing support to Yemen due to the conflict situation and despite the country's co-financing status.
- 7.3 Hind Khatib-Othman, Managing Director, Country Programmes, presented strategic issues relevant to Gavi's Country Programmes (Doc 07a). She provided key highlights pertaining to the Alliance's in-country work under the new strategy.
- 7.4 She presented different options available to the Alliance to ensure appropriate risk management and timely disbursements, including building in-country capacity;

employing Fiduciary Agents; channelling through Alliance partners; and employing a differentiated approach. She noted that each option may have some specific implications for country ownership and sustainability of programmes.

- 7.5 She also updated the Board on the outlook for countries' introduction of pneumococcal and rotavirus vaccines and sought the Board's guidance on whether and to what extent Gavi should actively support countries in making informed decisions about the introductions of these vaccines, especially with respect to transitioning countries.
- 7.6 Finally, she updated the Board about the co-financing contribution of countries noting that most obligations were paid on time, except for countries that may be facing economic crises or ongoing fragility. One of these countries is Yemen that has not been able to co-finance Gavi-supported vaccines due to ongoing conflict. Since the situation in the country has not improved, Yemen has requested that Gavi support be continued irrespective of its default status on its 2016 co-financing obligations.
- 7.7 Ms Khatib-Othman invited Assad Hafeez, Director General Health, Ministry of National Health Services, Regulations and Coordination, Islamic Republic of Pakistan to present the Pakistan case study on improving sustainable immunisation coverage in the country in partnership with the Alliance.
- 7.8 Dr Hafeez provided an overview of Gavi's support to Pakistan in the context of devolution of power to provinces. He outlined the commitment of the Federal and provincial governments to improving immunisation, strengthening of systems and improving equitable coverage including a dramatic increase in domestic financing.

Discussion

- The Board received the presentation of the Pakistan case very enthusiastically and appreciated the candid overview of the progress that Pakistan had made in terms of immunisation as well as the challenges that remain to be overcome. They said that many lessons and parallels from this example could be drawn in order to enrich the work of the Alliance in other countries.
- Dr Hafeez informed the Board that regular analyses were being conducted to determine and address the gender gap between populations covered by immunisation. One of the steps to address the existing gender gaps, he mentioned, was the training of Lady Health Workers (LHW) to conduct immunisation.
- Responding to questions about redeployment of Polio related assets, Dr Hafeez said that the Government of Pakistan was trying to make adoption of these assets - both physical as well as systems within the polio programme - as seamless as possible. He informed the Board that in Pakistan domestic resources were increasingly being used towards the polio programme and that the Government was committed at the highest level to increase the number of immunised children.
- In response to a question, Dr Hafeez confirmed that the morbidity rate was co-related to vaccine coverage. He also noted that while Pakistan had decided not to

manufacture vaccines, it would encourage regional procurement methods to be developed or facilitated.

- The Board emphasised the importance of ensuring that Gavi continues to support strengthening of health systems in countries and strong country ownership of programmes. Board members recognised that appropriately managing fiduciary risks was an important aspect of Gavi's work and commitment to donors, but cautioned against using partners or fiduciary agents unless absolutely necessary. Several Board members noted that channeling of funding via partners may be necessary in countries with low risk assurance but that it should be a temporary resort. There should be a clear timeframe within which focus should be on building capacity in these countries so that they are equipped to receive and manage Gavi support as early as possible. It was stressed that a PEF-like approach be applied to HSIS channeling of funds via partners with an emphasis on transparency and accountability. Some members emphasised the need to carefully assess the value add of fiduciary agents before any scale-up.
- The Secretariat confirmed to the Board that its preferred approach was indeed to channel funds through in-country systems, and that other options are considered only in cases where the in-country systemic gaps and risks to Gavi are very large.
- In response to a question regarding the lag time between acceptance of a country proposal and actual disbursement of funding, the Secretariat informed the Board that over the years this lag time has reduced, and that further reduction is expected due to the Country Engagement Framework (CEF) being piloted in some countries.
- The Board advised the Secretariat to ensure that countries, especially transitioning countries, had adequate fiscal space and in-country capacity within their national immunisation programmes before deciding on the introduction of pneumococcal or rotavirus vaccines. This would help ensure the sustainability of the programmes, if introduced. The Secretariat confirmed that it only sought flexibility to support transitioning or transitioned countries in making informed decisions about the introduction of these vaccines.
- A Board member asked whether the requirement of 70% DTP3 coverage in order to apply for new vaccine introduction was reasonable. The Secretariat explained that this eligibility was set out and approved by the Board a few years ago, to provide assurance that the routine immunisation in countries was working well, before any new vaccinations are introduced, and that a Board decision was necessary to change this requirement.

Decision Nine

The Gavi Alliance Board:

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

8. Chair's reflections on the day

- 8.1 The Chair provided some reflections on the Board's deliberations during the first day of its meeting.

9. Chair's overview

- 9.1 The Chair reflected briefly on the previous day's discussions, highlighting that there had been constructive discussions at a stage where the Alliance has some real challenges on the table such as balancing country capacity and risk appetite, ensuring that we have accurate data, transition and sustainability, etc. She expressed her appreciation for the frankness of the discussions that moves the Board along in its thinking and also provides food for thought for the Secretariat when considering how to think about some possible solutions.
- 9.2 The Chair confirmed that the next meeting of the Board will take place in Lao PDR in November 2017 and expressed her appreciation that the government of Lao PDR had agreed to host the meeting.
- 9.3 Minister Bounkong Syhavong, on behalf of the Ministry of Health, expressed his deep appreciation to Gavi and other development partners for the support provided to Lao PDR to achieve the MDGs and in particular for maternal and child health, and expressed what an honour it is for his country, with the fully support of the government, to host the Gavi Board meeting.

10. Committee Chair and IFFIm Board reports

- 10.1 The Chair introduced this item, underlining the importance of the work of the committees and appreciation for the service of Board members, Alternate Board members and their Committee Delegates on these Committees.

Investment Committee

- 10.1 Stephen Zinser, Investment Committee Chair, delivered the report of the Investment Committee, which had met twice since the December Board meeting, on 10 February 2017 and 3 May 2017 by teleconference. He updated the Board on the macro environment and markets, the portfolio and performance review, the key highlights for the first half of 2017 and the key priorities for the second half of 2017.
- 10.2 He indicated that even taking into account some of the uncertainties in global politics, market sentiment remains positive. He cautioned that while the markets have not been adversely affected by geopolitical events, it is unlikely that market volatility would remain muted. Mr Zinser noted that the Investment Committee in conjunction with Gavi's investment consultant regularly review and discuss downside scenarios so that there is visibility on how Gavi's investment portfolio might respond in different scenarios including an economic downturn.

- 10.3 Mr Zinser informed Board members that to date in 2017 the European equity markets had outperformed US markets, and that Emerging Markets which had initially suffered after the US elections, had enjoyed stellar performance. He indicated that developed fixed income markets had rewarded higher risk despite full valuations and that emerging market fixed income had also shown strong performance. In relation to currencies, he indicated that the US\$ has generally depreciated against several major currencies in 2017, in contrast to the previous several years, and highlighted how currency moves can affect Gavi's relative and absolute investment performance.
- 10.4 He reviewed the short-term and long-term investment portfolio objectives as outlined in his written report to the Board. He also reviewed the size of the portfolios, and their respective performance year-to-date. While Mr Zinser highlighted the current asset allocation of the long-term portfolio, he indicated that there are manager searches underway in the multi-exposure asset class in order to remedy its current underweight. He confirmed that Gavi's investment portfolios generated an estimated net investment income of US\$ 41.9 million year-to-date through April, and expected US\$ 50 million of net investment income through May based on the latest performance estimate.
- 10.5 Finally, Mr Zinser concluded with a review of the priorities for the second half of 2017, which includes staying focused on market and operational risks, and rationalising the number of investment managers as Gavi continues to re-allocated its portfolios.

Evaluation Advisory Committee

- 10.6 Rob Moodie, Evaluation Advisory Committee (EAC), delivered the report of the EAC, noting that it had met three times since the December Board meeting, on 8 February 2017 and 29 May 2017 by teleconference, and on 15-16 2017 March in person. He highlighted that during his tenure on the EAC over the past five years he has seen a dramatic change in how Gavi is engaging and learning from the evaluation work that is being done. He commended the Secretariat for having implemented prospective evaluations of its work as this was quite innovative and useful for a learning organisation.
- 10.7 He provided information on Gavi's Evaluation Workplan for 2017, referring in particular to the prospective evaluation of Targeted Country Assistance (TCA) under the PEF, as well as 15 retrospective country HSS grant evaluations that are being carried out.
- 10.8 He reported that contractual arrangements are being put in place for the second phase of the Full Country Evaluations (FCE) project, and that a planned review of Gavi's evaluation function will inform a review not only of Gavi's Evaluation Policy, but also the EAC Charter.
- 10.9 Board members noted that work is being done to ensure that the outcomes of the evaluation work are being disseminated as widely as possible and that the FCE project in particular fully engages with the countries not only in terms of the evaluation work but also in terms of the findings and recommendations.

10.10 Finally, Professor Moodie informed Board members that representatives of BMGF, WHO and UNICEF are members of the FCE Steering Group and have been valuable and active partners in designing and advising on implementation of the project.

IFFIm

10.11 Cyrus Ardalan, IFFIm Board member, delivered a report of the activities of the IFFIm Company on behalf of the IFFIm Board Chair, Rene Karsenti, indicating that he had been elected to take over as IFFIm Board Chair as of 1 January 2018, for which Gavi board members congratulated him. Board members also expressed their appreciation for the work that Mr Karsenti had done, and will no doubt continue to do during the remainder of his term.

10.12 Mr Ardalan provided an overview of the funding IFFIm has provided for Gavi since 2006 and that the projected proceeds for the 2016-2020 strategic period are US\$ 1.3 billion. He provided information on IFFIm's financial position and gave an operational update in terms of pledge agreements and Board recruitment and succession planning.

10.13 He informed Board members that during an IFFIm donors workshop earlier in the week there had been a discussion on a number of potential strategic initiatives that could be considered to support Gavi's strategic goal and that donors have concluded that priority should be given to enhanced mechanisms to support Gavi's market shaping initiatives, while continuing to explore other potential initiatives according to Gavi's needs.

10.14 Board members noted that the IFFIm model, as an example of a socially responsible investment, is being explored in areas such as sanitation and hygiene, and education, and that IFFIm Board members are engaging in discussions with interested parties to share experiences and present IFFIm objectives to see if they are consistent with what others are trying to achieve.

10.15 In response to a query from a Gavi Board member, Mr Ardalan confirmed that the IFFIm Board looks very closely at diversity in a broader sense including gender when recruiting new Board members. He also confirmed that with a growing interest in socially responsible and green bonds, an interesting avenue is being opened for IFFIm in terms of future investors and new pledges.

11. Review of risk appetite statement and risk management update

11.1 David Sidwell, AFC Chair, introduced this item. He informed the Board about the discussions that had been undertaken at the AFC as well as the PPC, which resulted in the refinement of the Risk Appetite Statement as was being presented to the Board (Doc 11).

11.2 He emphasised that in order to achieve strategic goals Gavi needs to take reasonable risk; it was therefore important to discuss and understand different

trade-offs and also to ensure that there is clear accountability within the Secretariat and at the Board on risk ownership and management.

- 11.3 Alex de Jonquières, Chief of Staff, provided an update on the evolving risk landscape for Gavi, noting that there were no substantial new risks since the Board was updated at its last meeting in December 2016, but highlighted a few risks that have increased due to recent events.
- 11.4 Jacob van der Blij, Head, Risk, presented the updated Risk Appetite Statement, which defines the amount of risk the Alliance is willing to accept to achieve its goals, and detailed the changes in the new statement. He also noted that in some areas trade-offs exist between risks that are interdependent, and explained these with the help of a country example of Yemen.

Discussion

- Board members supported the updated risk statement presented by the Secretariat and commended the progress that was being made by Gavi in creating a strong risk management culture.
- Board members agreed that since Gavi worked to provide equitable immunisation to children in some of the most challenging conditions, taking certain risks is important for it to be able to deliver on its strategy. They said that it was important to develop an understanding on when the benefits of taking a particular approach outweigh its risks.
- Board members emphasised the importance of strengthening health systems and suggested that the Secretariat include a sentence in the Risk Appetite Statement's Sustainability Goal, referring to Gavi actively seeking to strengthen health systems before transition. The Secretariat took note of the suggestion.
- Board members strongly supported the use of country systems to channel funding to foster country ownership and sustainability. Alternative options required to manage fiduciary risks should only be used in exceptional circumstances based on clear criteria determining the robustness of government systems, as mentioned under the Systems goal of the Risk Appetite Statement. In such cases, Board members suggested, Gavi should continue to work on improving the country systems in parallel to enable channeling funds back through country systems once capacity gaps are filled. Some Board members expressed a preference for using Alliance Partners over fiduciary agents in such cases as fiduciary agents may have limited value-add and inhibit country ownership. The Secretariat confirmed that its preferred approach was to utilise the government systems in place within countries and that Gavi was focused on building these systems and of cultivating country ownership, irrespective of the approach taken for the flow of funds.
- Responding to a suggestion of utilising various partners' reports like the UNICEF micro and macro assessment reports, the Secretariat said that it does leverage the work of Alliance partners in mapping country risks where access to those reports is possible.

- In response to a question by a Board member, the Secretariat explained that while the Risk Appetite Statement is not updated after every Board meeting, at the end of each year a Risk & Assurance Report is presented to the Board for its review and approval. This covers the actual exposure to individual risks and the Board will discuss where these are outside the Board's risk appetite.
- The AFC Chair thanked the Board members for their guidance. He reiterated that given the dynamic nature of risk management there is a need for the Board and Secretariat to remain cognisant of evolving risks, and to apply a risk lens to Board discussions to optimise the delivery of goals.

Decision Ten

The Gavi Alliance Board:

Approved the updated Risk Appetite Statement attached as Annex A to Doc 11, as amended by discussions at the Board.

12. Gavi's potential engagement in IPV post 2018

- 12.1 Helen Rees introduced this item, presenting an overview of the discussions that the PPC had had during its meeting on 11-12 May 2017. She indicated that the PPC had also heard from Michel Zaffran, Director of Polio Eradication at WHO, also attending this meeting, on progress in polio eradication efforts, and that the PPC commended the excellent partnership and collaboration between GPEI and Gavi.
- 12.2 Michael Thomas, Director, Vaccine Implementation, provided an update on the status of the IPV programme, outlined how the Secretariat will examine options for extending IPV support, and presented the PPC recommendation to the Board on extending support for IPV to 2020 (Doc 12).

Discussion

- Board members indicated their support for the proposed recommendation and welcomed the proposal to include IPV support in the Vaccine Investment Strategy (VIS) process going forward.
- Board members agreed that it would be useful to have more information in relation to the transition plans that are being put in place in view of the expected "sunsetting" of GPEI in 2021. It was proposed that this be presented in detail by WHO to the PPC at its next meeting, and should include information on surveillance, health systems strengthening and staffing so as to enable an analysis of what the impact on Gavi might be. The Secretariat noted that if GPEI does "sunset", there are other areas that Gavi may need to consider such as helping with stockpiles and there will be a number of discussions around this and related issues.

- Concerns were expressed about the continued vaccine supply shortages and in this context Board members noted that while fractional dosing is welcomed, it does present a number of challenges for countries due to changes in the way in which the vaccine is administered, which requires additional training of staff and therefore also has cost implications.
- Board members noted that it has been recommended for the African region that GPEI and WHO develop an algorithm to enable countries to decide whether or not they should switch to fractional dosing which should take into account the capacity of the country system to deliver two doses, and potential wastage in smaller populations.
- Board members also noted that while there has been supply constraints, things are looking better. Available supply is being prioritised for Tier 1 and Tier 2 countries and it is expected that by July there will be a better idea of when supply will be available for Tier 3 and Tier 4 countries.
- Board members representing the vaccine industry indicated that a Board decision to extend Gavi support for IPV would provide clarity for the industry in terms of demand. Concerns were expressed however around the new eradication timelines in the context of the fact that there may be some challenges around surveillance and detection. Board members noted that for the industry, gearing up the production of the vaccine had been much harder than expected. Short-term tendering is not helpful and it would be useful for industry to have some longer term commitments, in particular if there is a desire to have more manufacturers come into the market.
- Board members noted that there is lack of clarity for transition countries on how they may continue to access IPV in the future, and under what terms, and the Secretariat noted that this would be clarified.
- There was a request from a Board member for more information on how Gavi's involvement in the global polio eradication initiative has strengthened routine immunisation, as this was one of the main drivers when Gavi agreed to become involved in 2013. The Secretariat clarified that polio teams in countries are understanding the importance of routine immunisation and have included it in their discussions and engagement. In many countries they had done mapping of where there are unimmunised children and this knowledge is being shared for routine immunisation. Gavi will encourage countries to ensure that polio assets are included in their discussions during Joint Appraisals (JAs) so that if they are critical to future work they will indeed be included.

Decision Eleven

The Gavi Alliance Board, recognising that the Secretariat should work with GPEI and countries to enable the implementation of SAGE guidance on fIPV and missed children:

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

David Loew (IFPMA) and Adar Poonawalla (DCVMN) recused themselves and did not vote on Decision Eleven above.

13. Report from Audit and Investigations

- 13.1 Simon Lamb, Managing Director, Audit and Investigations (A&I), provided key updates to the Board on the results of the A&I activity since the last Board report of June 2016 (Doc 13). He presented an overview of the progress made by the A&I function in the two years since its reconstitution in 2015.
- 13.2 Mr Lamb presented the status of country reimbursement highlighting that 99% of recovery had been made against reimbursement requests where misuse was identified and scheduled for payment. He also provided information on the recurrent themes that had emerged from programme audits across different countries.

Discussion

- Board members appreciated the work of the A&I team in strengthening the audit and investigations activities at Gavi as well as their work at the programmatic level. They also appreciated the insight provided by the analysis of the eight recurrent themes identified by the Secretariat.
- In response to a question about Gavi's recovery rate, the Secretariat explained that the main recovery rate quoted of 99% pertained to the receipt of those monies that had been scheduled for payment by countries. In contrast, the overall recovery rate of 61% related to all cases of misuse that had been determined (and included those cases where reimbursement had not yet been scheduled or, in some cases, not yet agreed).
- The Secretariat informed the Board, in response to a question, that it worked with the national investigatory authorities when appropriate when trying to determine whether there has been a situation of fraud. The A&I team provides the Board with assurance on whether or not the money was used for intended purposes, and since determination of fraud is a legal judicial opinion, the A&I team generally does not make this determination.
- The Secretariat further explained that the A&I team worked closely with the audit functions in countries, where these are available, and try to take a constructive approach in suggesting systems or processes that need to be strengthened. The Gavi country managers then follow through with countries to help track the implementation of recommendations emanating from the audits.
- Responding to the Board's question about liaison with the Alliance partners, the Secretariat confirmed that it worked closely with the Alliance partners as well as extended partners like EPI managers and ministries of health, both before and during the programme audit. Getting insights from these partners about the on-ground reality was very helpful to A&I in the conduct of its work.

14. Resource mobilisation update

- 14.1 Marie-Ange Saraka-Yao, Managing Director, Resource Mobilisation and Private Sector Partnerships provided a donor relations update (Doc 14) to the Board.
- 14.2 She provided a status update of the 2016-2020 pledges, as well as the progress made towards Gavi's approach for private sector engagement. She also provided information on steps being taken towards the Mid-Term Review (MTR) expected to take place in 2018, as well as how the momentum was being built for the next pledging conference for 2021-2025 strategic period.

Discussion

- Board members appreciated the Secretariat's outreach to existing donors, and encouraged them to continue to stay engaged with the donor community to keep immunisation on governments' development agenda. They also applauded the successful cooperation that Gavi Alliance was demonstrating with the private sector entities in furtherance of its strategic objectives.
- Board members discussed that in preparation for its next replenishment in 2020, Gavi may consider starting to develop its new vision and mission, which could potentially be based on its early success in areas like leveraging public private partnerships, developing innovative financing mechanism, and its enabling role in helping countries transition out of Gavi's support.

15. Review of decisions

- 15.1 Philip Armstrong, Director of Governance and Secretary to the Board, reviewed and agreed the decisions with the Board.

16. Closing remarks and review of Board workplan

- 16.1 The Chair invited comments from the Board in relation to the Board work plan.

Discussion

- Board members noted that work needed to be done in relation to the recommendation by the SAGE working group that MCV2 be used as the sole indicator to capture routine immunisation strengthening and it was agreed work would be done with WHO to provide input to the meeting of the SAGE working group in August, as well as to SAGE in October.
- It was suggested that it would be useful to broaden Gavi's contribution to the SDGs, not just limiting it to health issues but that there were also opportunities to link to other issues such as climate change and gender. Some caution was expressed in this context, recognising that while Gavi should be adaptive and responsive as an organisation and a Board, there is a clear strategic framework

and priorities and it will be important to stay focussed on delivering in the current challenging setting.

- One Board member indicated that it would be useful to do a deep dive on one country and look at how support is given to that country between Gavi and Alliance Partners, so that Board members might gain a better understanding of how the different mechanisms work.
- There was a request that the timeframe and sequencing of the MTR and replenishment be presented and sequenced so that Board members can be involved as appropriate in a timely manner. The Secretariat clarified that this would no doubt be discussed in detail at the next Board Retreat.
- Finally, Board members noted that the 2018 Board meetings will be held on 6-7 June and 28-29 November. The exact dates for the Board retreat is to be confirmed but is likely to be during the first half of March.
- The Chair expressed her thanks and appreciation to Flavia Bustreo for her work during her tenure as Vice Chair, and in particular for the warm welcome and personal support that she had provided to the Chair when she took up her role the previous year.
- After determining there was no further business, the meeting was brought to a close.

Dr Ngozi Okonjo-Iweala
Chair of the Board

Mr Philip Armstrong
Secretary to the Board

Attachment B

Participants

Board members

- Ngozi Okonjo-Iweala, Chair
- Flavia Bustreo, Vice Chair
- Umyy Ally Mwalimu
- Amy Baker
- Edna Yolani Batres
- Reina Buijs
- Gunilla Carlsson
- Ted Chaiban (Alternate)
- Tim Evans
- Daniel Graymore
- Margaret (Peggy) Hamburg
- Myint Htwe
- Felix Kabange (Alternate)
- Irene Koek
- Orin Levine
- Yifei Li
- David Loew
- Jean-Marie Okwo-Bele (Alternate)
- Jan Paehler
- Adar Poonawalla
- Helen Rees
- William Roedy
- Richard Sezibera
- David Sidwell
- Naveen Thacker
- Stephen Zinser
- Seth Berkley (**non-voting**)

Regrets

- Bahar Idriss Abu Garda
- Juliman Fuad (Alternate)
- Bradford Gessner (Alternate)
- Raymonde Goudou Coffie
- Shanelle Hall
- Muhammad Ayub Sheikh (Alternate)
- Samba O. Sow

Alternates Observing

- Blair Exell
- Anna Hamrell
- Sergey Khachatryan (Alternate)
- Rama Lakshminarayanan
- Jason Lane
- Clarisse Loe Loumou
- Yifru Berhan Mitke
- Violaine Mitchell
- Lyn Morgan
- Jean-Francois Pactet
- Angela Santoni
- Bounkong Syhavong

Alternate Board Members Elect

- Craig Burgess

Additional Attendees

EVALUATION ADVISORY COMMITTEE

Dr Rob Moodie, Professor of Public Health, University of Malawi and Chair, Evaluation Advisory Committee

IFFIm

Mr Christopher (Edge) Egerton-Warburton, Co-founder, Lion's Head Global Partners

Mr Cyrus Ardalan, Chairman, OakNorth Bank

Mr Marcus Fedder, Co-Founder and Managing Partner, Agora Microfinance Partners LLP

Ms Doris Herrera-Pol, former Global Head of Capital Markets, the World Bank

BILL AND MELINDA GATES FOUNDATION

Dr Julie Bernstein, Deputy Director, Program, Advocacy and Communications

Ms. Nima Abbaszadeh, Program Officer, PAC

Ms. Tasleem Kachra, Senior Program Officer, Vaccine Delivery

WORLD BANK

Mr Syed Waseem Abbas Kazmi, Senior Financial Management Specialist, Islamabad
Mr Benjamin Carcani, Finance Officer, Washington DC

UNICEF

Dr Robin Nandy, Principal Advisor & Chief of Immunizations, New York
Ms Heather Deehan, Chief, Vaccine Centre, Copenhagen

WORLD HEALTH ORGANIZATION

Dr Michel Zaffran, Coordinator, Expanded Programme on Immunization and Director, Project Optimize, Geneva
Dr Diana Chang-Blanc, Team Lead, Immunization Delivery and Operations, Expanded Programme on Immunization, Geneva

DEVELOPING COUNTRY GOVERNMENTS

Lao PDR

Dr Anonh Xeuatvongsa, Deputy Director, MCH and EPI Manager, Ministry of Health
Dr Bounseuth Keopasith, Personal Assistant to the Minister of Health

Myanmar

Dr Kyaw Khaing, Assistant Secretary for International Relationships, Ministry of Health and Sports
Ms Su Su Win, Counsellor, Permanent Mission of the Republic of the Union of Myanmar, Geneva

Pakistan

Dr Assad Hafeez, Director General, Health, Ministry of National Health Services, Regulations and Coordination

Tanzania

Mr Martin Elias, Assistant to Minister, Health, Community Development, Gender, Elderly and Children
Ms Catherine Sanga, Counsellor, Permanent Mission of Tanzania, Geneva

Cameroon

Mr Emmanuel Maina Djoulde, Head, Cooperation Division, Ministry of Health

DONOR GOVERNMENTS

Australia

Ms Lucy Phillips, Acting Director, Health and Education Funds, Australian Department of Foreign Affairs and Trade
Ms Naomi Dumbrell, Development Counsellor (Health), Permanent Mission to the UN, Geneva
Mr Tim Poletti, Health Adviser, Permanent Mission to the UN, Geneva

Canada

Ms Niloofar Zand, Senior Advisor, Health and Nutrition, Global Affairs Canada
Ms Esther Fox, Deputy Director of Immunisation and Newborn Team, Global Affairs Canada
Ms Kristen Chenier, Health & Development Counsellor, Permanent Mission of Canada, Geneva

European Commission

Mr Matthias Reinicke, Policy Officer, DG DEVCO, European Commission, Brussels

France

Mr Benjamin Bechaz, Policy Advisor, Ministry of Foreign Affairs, Paris
Ms Ariane Lathuille, Counsellor, Permanent Mission of France to the UN, Geneva

Germany

Ms Harriet Ludwig, Senior Policy Officer, Federal Ministry for Economic Cooperation and Development, Bonn
Dr Wolfgang Bichmann, Global Health Advisor, KfW Development Bank/Advisor to BMZ, Frankfurt
Dr Siri Snow, Advisor, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), Berlin
Dr Hendrik Schmitz Guinote, Counsellor, Permanent Mission of Germany, Geneva

Japan

Dr Eiji Hinoshita, Director, Global Health Policy Division, Ministry of Foreign Affairs

Italy

Dr Tony Persico, Advisor, Ministry of Economy and Finance, Rome
Mr Diego Cimino, Secretary of Legation, Ministry of Foreign Affairs and International Cooperation, Rome

Ireland

Ms Amy Sheils, First Secretary, Permanent Mission of Ireland to the UN, Geneva

Netherlands

Ms Niké Buijze, Policy Officer, Ministry of Foreign Affairs, The Hague
Ms Wieneke Vullings, Deputy Head of Unit, Ministry of Foreign Affairs, The Hague

Norway

Ms Mari Grepstad, Adviser, Norwegian Agency for Development Cooperation, Oslo
Ms Lene Lothe, Head of Health Section, Norwegian Agency for Development Cooperation, Oslo
Ms Heidi Malene Nipe, Senior Adviser, Ministry of Foreign Affairs, Oslo

Qatar

Mr Misfer Al-Shahwani, Director of Development Projects, Qatar Fund for Development, Doha

Republic of Korea

Mr Jongkyun Choi, Minister/Counsellor, Permanent Mission of Korea in Geneva

United Arab Emirates

Mr Abdula Al-Nuaimi, Deputy Permanent Representative, Permanent Mission of the United Arab Emirates to the UN, Geneva
Dr Abdullatif Fakhfakh, Expert in International Organizations, Permanent Mission of the United Arab Emirates to the UN, Geneva

United Kingdom

Ms Lauren Smiddy, Programme Manager for Gavi, DFID
Ms. Robinah Lukwago, Health Adviser, DFID, Uganda
Mr Chris Taylor, Deputy Head, Global Funds Department, DFID

United States of America

Ms Susan McKinney, Senior Advisor for Vaccines and Immunization, USAID
Ms Elizabeth Noonan, Immunization Advisor, USAID

VACCINE INDUSTRY – INDUSTRIALISED

Ms Cecilia de Foucaucourt, Vaccines Public Affairs Manager, Sanofi Pasteur
Dr Joan Benson, Executive Director, Merck
Dr Lindsey Dietschi, Senior Director, Corporate Affairs, Pfizer
Dr Laetitia Bigger, Associate Director, Vaccines Policy, IFPMA
Dr An X. Vermeersch, Vice President and Head, Global Health and Corporate Affairs, GSK Vaccines
Dr Guy Pickles, Senior Manager Global Health, GSK Vaccines

VACCINE INDUSTRY – DEVELOPING

Ms Sonia Pagliusi, Executive Secretary, Developing Countries Vaccine Manufacturers Network International, Nyon, Switzerland

CIVIL SOCIETY ORGANISATIONS

Ms Amy Dietterich, Gavi CSO Coordinator, IFRC, Geneva
Ms Nathalie Ernoult, Head of Francophone and Regional Advocacy, MSF, France

Special Advisers

Ms Amy Chang, Special Adviser to Gavi Board Chair
Ms Lidija Kamara, Special Adviser to the Gavi Board Vice Chair
Dr Coline Mahende, Special Adviser to the Board member from Tanzania
Ms Fabienne Kombo N'Guessan, Special Adviser to Board member from Côte d'Ivoire
Dr Sara Mohammed Osman Elias, Special Adviser to Board member from Sudan
Dr Rolando Pinel, Special Adviser to Board member from Honduras
Mr Ashish Pathak, Special Adviser to the CSO Board member
Dr Stephen Karengera, Special Adviser to the PPC Chair
Ms Carol Piot, Special Adviser to the Chair of the IFFIm Board

Other Observers

Ms Lori Sloate, Senior Director, Global Health, United Nations Foundation, Washington DC
Ms Carlota Moya, Program Manager, “La Caixa” Banking Foundation, Barcelona
Mr Yann Le Tallec, Director, Vaccine Delivery, Clinton Health Initiative, Zurich
Ms Marta Feletto, Senior Program Officer, PATH, Geneva