



Report to the GAVI Alliance Board

11-12 June 2013

Subject:	Board and committee nominations
Report of:	Debbie Adams, Managing Director, Law and Governance
Authored by:	Kevin A. Klock, Alexandra Laheurte Sloyka
Agenda item:	02a
Category:	For Decision
Strategic goal:	Alliance operations

Section A Overview

1 Purpose of the report

- 1.1 This report informs the Board of the Governance Committee's recommendations for Board and committee membership made at its meeting on 7 May 2013.
- 1.2 The Governance Committee will meet on 10 June to review additional nominations received and will verbally update the Board at its meeting on 11 June.

2 Recommendations

- 2.1 On 7 May 2013, the Governance Committee recommended to the Board that it:

(a) **Appoint** the following Board member:¹

Joan Awunyo-Akaba as Board Member representing civil society organisations in the seat currently held by Alan Hinman effective 1 July 2013 until 30 June 2015.

(b) **Appoint** the following Alternate Board member:

Naveen Thacker as Alternate Board Member to Joan Awunyo-Akaba representing civil society organisations in the seat currently held by Joan Awunyo-Akaba effective 1 July 2013 until 30 June 2015.

¹ Candidate biographies are located in Section B.

- (c) **Appoint** the following person as a Committee delegate of the Programme and Policy Committee until the Committee is refreshed:

Raj Baisya in the seat currently held by Abigail Robinson (UK).

- (d) **Reappoint** the following person as an Independent expert to the Evaluation Advisory Committee:

Gonzalo Hernandez effective immediately until 31 December 2015.

2.2 The minutes will note that Board members who are candidates for these positions, or whose organisations or constituencies provided candidates for these positions, did not participate in discussion or voting on those nominations.

2.3 On 10 June 2013, the Governance Committee will consider recommending to the Board that it:

- (a) **Appoint** the following Board members:²

Jenny Da Rin as Board Member representing the Australia, Japan, Korea and the United States of America donor constituency in the seat currently held by Robert Clay effective 1 July 2013 until 30 June 2015.

- (b) **Appoint** the following Alternate Board members:

i. **Robert Clay** as Alternate Board Member to Jenny Da Rin representing the Australia, Japan, Korea and the United States of America donor constituency in the seat currently held by Jenny Da Rin effective 1 July 2013 until 30 June 2015.

ii. **María del Socorro Interiano Portillo** of Honduras as Alternate Board Member to Andrei Usatii of Moldova representing the developing country constituency in the seat currently held by Nila Heredia effective 1 July 2013 until 31 December 2015.

iii. **Fuad Juliman** as Alternate Board Member to Mahima Datla representing the developing country vaccine industry in the seat currently held by Suresh Jadhav effective 1 July 2013 until 31 July 2014.

- (c) **Appoint** the following person as Chair of the Programme and Policy Committee:

Richard Sezibera in the seat currently held by Gustavo Gonzalez-Canali effective 1 July 2013 until the Committee is refreshed.

² Candidate biographies are located in Section B.

3 Executive Summary

Process

- 3.1 On 9 April 2013, the Secretariat notified the Board that members should submit candidates for Board and committee membership by 30 April so they could be forwarded to the Governance Committee in time for its meeting on 7 May. Several nominations were received on time while a few were received too late for the Governance Committee to consider. To handle the late nominations, the Governance Committee decided to hold another meeting the day prior the Board meeting to consider these outstanding nominations.

CSOs

- 3.2 The Civil Society Constituency Charter states that “the alternate will be nominated to assume the Board position at the end of the representative’s term. Consequently, every two years the Steering Committee will nominate a Board alternate and the current alternate will be nominated to assume the Board representative position.” The constituency also created a thorough recruitment process for identifying the new alternate Board member. As required by the By-Laws, it has reported the process to the Governance Committee (attached). The CSO constituency emphasized that although applications from both men and women were actively pursued, there were no female applicants, thus it was able to submit only a male nominee. However, the new Board member, if appointed, is a woman.
- 3.3 The Governance Committee commended the CSO constituency for its transparent and comprehensive nomination process, calling it a model for other constituencies.

Developing country vaccine industry

- 3.4 The Developing Countries Vaccine Manufacturers Network (DCVMN) provided a note on the current DCVMN nomination process for the replacement of the current Alternate Board member Suresh Jadhav, whose term ends on 30 June 2013. Any DCVMN member company, supplying WHO-prequalified vaccines in the current GAVI portfolio or developing / producing vaccines or antigens foreseen by GAVI is eligible and invited to join the GAVI-DCVMN board members constituency. The Secretariat received an official letter from the DCVMN Executive Committee nominating Fuad Juliman from PF BioFarma on 2 May 2013.

Industrialised country governments

- 3.5 The Secretariat received an information package from the industrialised country governments clarifying donor constituency processes and arrangements for new donors including updated constituency fact sheets with contact details of Board Members and Alternates, and a revised version of the donor constituency working arrangements document which clarifies the agreed process whereby lead donors in each constituency are

responsible for coordinating and providing information to prospective donors. The Secretariat also received the nominations for the Australia, Korea, Japan and the United States of America governments constituency which would result in a switch of the current Board member and Alternate. The Governance Committee has requested further information on the nominations process from the donor constituencies and how a donor can join particular donor group.

Developing country governments

- 3.6 An email was sent by Andrei Usatii and Claudia Castillo (PAHO) to their constituency governments to nominate a candidate in Latin America to replace Nila Heredia, current Alternate Board member from Bolivia, whose term is ending on 30 June 2013. As the deadline for the 7 May Governance Committee meeting was too close for the constituency to finalise its nomination process, it requested the possibility to present the final candidate for nomination at the Governance Committee meeting in June. María del Socorro Interiano Portillo from Honduras has now been nominated by the constituency.

Programme and Policy Committee Chair

- 3.7 The Chair of the GAVI Programme and Policy Committee, Gustavo Gonzalez-Canali, informed the Board Chair and Vice Chair of his intention to step down as PPC Chair. At the 7 May 2013 Governance Committee meeting, the Governance Committee Chair Geeta Rao Gupta suggested that the Committee meet on 10 June to consider nominations for PPC Chair to ensure continuity in the chairship. The Committee agreed, and Geeta Rao Gupta sent a call for nominations to the Board on 10 May requesting expressions of interest in the position to be sent to the Secretariat. The nomination for Richard Sezibera is the only nomination that the Governance Committee has been asked to consider.

IFPMA

- 3.8 One Board seat is reserved for a representative of the vaccine industry from industrialised countries. Historically, the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) has nominated the Board member (and the Alternate and committee delegates). The Secretariat has been informed that this arrangement has now been formalised by the constituency.

4 Risk implication and mitigation

- 4.1 There is capacity risk for the Board if recommended candidates are not appointed and empty seats are not quickly filled after terms expire.

5 Financial implications: Business plan and budgets

- 5.1 There are no financial implications.

Section B Board members biographies

1 Civil society organisations

- 1.1 **Joan Awunyo-Akaba** currently serves as the alternate Board member for civil society organisations. She has a PhD in medical sociology from the University of Ghana Legon (2007). She is a community health development consultant; Founder and Executive Director of Future Generations International (FUGI), a Ghanaian based NGO on health promotion and development; and an expert in childhood immunisation advocacy; behaviour change communication; and water, sanitation, and hygiene. A registered nurse, she is involved in civil society organisational activities, and is currently the National Vice Chairperson of the Ghana Coalition of NGOs in Health. Joan also represents the national Health Coalition on the Ghana Health Services' GAVI Consortium that assesses the eligibility and involvement of CSOs in immunisation and health systems strengthening; and is presently advocating for the establishment of a National Innovative Fund for Childhood Immunization that would ensure the sustainability of the EPI in Ghana when GAVI support ends.

2 Industrialised country governments

- 2.1 **Jenny Da Rin** is Assistant Director General, Health Education and Scholarships Branch, for AusAID. Prior to this she was Adviser to the Minister for Foreign Affairs and Senior Adviser to the Minister for Defence. She is a Fellow of the Australian Institute of Company Directors and of the Australian Rural Leadership Foundation. She earned her Master of Government and Commercial Law (with merit) from the Australian National University, a Graduate Diploma from Charles Sturt University, and BA from the University of Canberra.

Section C Alternate Board members biographies

1 Civil society organisations

- 1.1 **Naveen Thacker** is Director of Deep Children's Hospital and Research Centre in Gandhidham, in the Indian state of Gujarat. He currently serves as a member of the India Expert Advisory Group on Polio (IEAG) and the International Scientific Advisory Board of Voices for Vaccines. Dr Thacker is a past president of the Indian Academy of Pediatrics, specialising in child survival, immunisation, vaccinology, polio eradication, and computers in pediatrics and telemedicine. He has served on the GAVI CSO Steering Committee since 2010.

2 Industrialised country governments

- 2.1 **Robert Clay** is a Senior Foreign Service Officer and the Deputy Assistant Administrator in the Bureau for Global Health. For the past three years, Clay was the director of the Office of HIV/AIDS within the Bureau for Global Health, responsible for leading the Agency's implementation of

HIV/AIDS programs under the President's Emergency Plan for AIDS Relief. In fiscal year 2009, USAID administered \$3.3 billion of Emergency Plan resources, or approximately 60 percent of the U.S. global HIV/AIDS initiative. Prior to returning to Washington, Clay was the director of the Population, Health and Nutrition (PHN) Office at USAID/India. As the PHN team leader, he provided oversight for a budget of \$100 million and a staff of 25. His responsibilities included HIV/AIDS, maternal and child health, reproductive health, tuberculosis, polio, urban health, nutrition, health systems development, health communication, health research and evaluation and monitoring. Clay's 28 years of experience with USAID began in 1983, when he assumed principal responsibility for expanding USAID's efforts to increase the use of oral rehydration therapy worldwide. Since then, he has held several different positions at the Agency, including chief of the Health Services Division of the Bureau for Research and Development, and deputy director of the Office of Health and Nutrition in the Global Bureau at USAID headquarters. Through these assignments, he was responsible for such areas as diarrheal diseases, immunizations, health communication, health care financing, acute respiratory infections, maternal care, breastfeeding, private sector delivery of health services, urban health and pharmaceuticals. Clay worked for the American Public Health Association in Washington before his assignments at USAID

3 Developing country governments

- 3.1 Since 2010, Dr **María del Socorro Interiano Portillo** has been Advisor to the Ministerial Cabinet and Director General of the Planning and Management Assessment Unit (UPEG), Honduras, a direct dependency of the Ministerial Cabinet. During her tenure, she has contributed to the establishment of the Expanded Program on Immunization (EPI) as a priority within Health Sector and Ministry of Health, advocating with political authorities and partners to highlight the importance of the EPI and ensure national and external financing. Since 2010, she is Manager of the Health Systems Strengthening initiative, within the framework of GAVI cooperation with Honduras. Dr Interiano Portillo has worked with the Ministry of Health since 1986 where she has held various positions including: Chief of the Program for Diarrheal Disease Control, Chief of the Program for Hospital Quality Assurance, Technical Advisor of the Modernization Unit, and Technical Advisor of the Directorate General of Hospitals.

4 Developing country vaccine industry

- 4.1 **Fuad Juliman** is currently the Production Director at PT BioFarma in Indonesia. Prior to this position, he was a Senior Manager for Procurement in the same company. He has been working in the pharmaceutical industry for nearly 25 years. He graduated in the Department of Pharmacy from the Institute of Technology and holds a Master in Operation Management, both obtained in Bandung, Indonesia.

Section D Implications

1 Impact on countries

1.1 There is no impact on countries.

2 Impact on GAVI stakeholders

2.1 There is no impact on stakeholders.

3 Impact on Secretariat

3.1 There is no impact on the Secretariat.

4 Legal and governance implications

4.1 Governance implications are listed throughout this paper.

5 Consultation

5.1 Consultation occurring prior to submission of this paper is reviewed in Section A, part 3.

6 Gender implications

6.1 The Board gender guidelines state that the Board is gender-balanced if the ratio of men to women is within 60%-40%.

6.2 The Board currently has 17 men (63%) and 10 women (37%), plus one seat vacant. 12 alternates are men (67%) and 6 are women (33%).

6.3 If the Board appoints all of the candidates in this paper, the Board balance would be:

(a) Board: 15 men (56%) and 12 women (44%)

(b) Alternates: Board: 14 men (78%) and 4 women (22%).

Section E Annexes

Annex 1 - CSO process

Annex 2 - GAVI donor constituency fact sheets

Annex 3 - GAVI donor constituency arrangement

Annex 1 - CSO Process

Dr Abdul Majeed Siddiqi, Chair of the CSO Steering Committee sent the following message on 23 April 2013:

Dear Debbie and GAVI Governance colleagues,

The GAVI CSO Steering Committee is proud to submit to the Governance Committee for its consideration our nomination of Dr. Naveen Thacker of India as Alternate Board Member representing Civil Society for a two-year term beginning 1 July, 2013.

Kindly note that although applications from both men and women were actively pursued, there were no female applicants, thus we are able to submit only a male nominee.

The GAVI CSO Steering Committee issued an open call for nominations in English on 22 March, 2013, the open nomination period lasted 2.5 weeks. The call for nominations was sent to the GAVI CSO Constituency listserv (300 CSO subscribers), the Vaccine Advocacy Partners listserv (managed by the Gates Foundation, largely US- and UK-based organisations), CFPs of the CSO delegations of IHP+, UNAIDS, UNITAID, GFATM and Stop TB, all GAVI Board Special Advisers, select GAVI staff, WHO and UNICEF, with a request to forward to all relevant listservs. The call for nominations as described above is [stored at, and available from, the Secretariat upon request].

Three nominations were received, all of them for male candidates: two from CSOs in GAVI-donor countries and one from a paediatric association in a GAVI-eligible country. On 17 April, currently serving Steering Committee members were invited to e-mail their vote for their preferred candidate among the three by 22 April to Jacqueline Bell at IFRC, vice-Chair of the SC. The CFP was ineligible to vote, as were the two currently serving SC members who were also nominees. All SC members who were eligible to vote (16) did so; Dr. Naveen Thacker received the greatest number of votes (12 votes, 75%). The Steering Committee, and later the wider GAVI CSO Constituency, was notified of the outcome on 23 April.

We would like to extend to the Governance Committee our kind thanks for their consideration.

Respectfully submitted on 23 April, 2013, on behalf of the GAVI CSO Steering Committee,

Dr. Abdul Majeed Siddiqi, Chair, GAVI CSO

GAVI Donor Constituency Fact Sheet

Members: European Commission, France, Germany, Luxembourg

Board Member: France

Board Alternate: European Commission

France and the GAVI Alliance

France actively supports the GAVI Alliance to enhance GAVI's focus on i) strengthening comprehensive health systems ii) meeting the challenges of Global Health through cost effective interventions on compliance with aid effectiveness principles.

Sustainability is ensured by long term perspective to integrate immunization activities into a long-term national health policy, strategy and plan in developing countries . At country level, alignment is ensured by promotion of coordination, harmonisation of the activities with the health coordination mechanism led by the Ministry of Health (particularly for the cash-based activities but also for the vaccine-supply activities). GAVI should rely on joint assessments of National strategies and avoid duplication.

France will promote GAVI support in the country's service delivery capacity on the long run, including the related supply logistics, vaccination management and budgetary provision.

France has been engaged in the evolution of GAVI program, policy and technical guidance since inception.

France encourages GAVI & IFFIm teams to build a proactive, innovative and sustainable financial approach based on the diversification of financing sources.

Financial Commitment

France is the second largest contributor to the International Finance Facility for Immunisation.

In 2006, France made an initial commitment to IFFIm of €373 million over 20 years. An additional pledge in 2007 for 19 years brings France's total commitment to IFFIm to €1.24 billion. France has been a donor to GAVI since 2004 and has contributed to the Alliance through direct contributions and IFFIm.

From 2004 to 2006, France made an annual contribution of €5 million. By the end of 2010, France had contributed a total of €15 million to the GAVI Alliance through direct contributions. In June 2011, France made an additional direct commitment of €100 million to GAVI over the period 2011-2015.

Contributions and pledges in total:

- Direct funding: €115 million (2004-2015)
- International Finance Facility for Immunisation: €1.24 billion (2006-2027)

Human resources

France's investment to GAVI is managed by the French Ministry of Foreign Affairs in Paris that is responsible for Gavi Board activities and innovative financing mechanisms especially IFFIm.

French commitment to IFFIm mechanism and its follow up is both ensured by the French Ministry of Foreign Affairs and the Ministry of Economy and Finance .

The French Board representative is the Head of Health and Human Development Department of the French Ministry of Foreign Affairs and is currently chairing GAVI's Programme and Policy Committee. France's appointed board member represents the France/Luxembourg/European Commission/Germany donor governments constituency.

The policy and programme management is overseen by a policy officer.

At country level, French embassies might be part of the health coordination mechanisms and contribute to local monitoring whether investments by GAVI are efficiently managed.

France is strongly committed to the GAVI Alliance and its mission.

French Ministry of Foreign Affairs		
Mathilde Dides	mathilde.dides@diplomatie.gouv.fr	Policy Officer at the health and Human development Department of the Global Public Goods Directorate
Emmanuel Lebrun-Damiens	emmanuel.lebrun-damiens@diplomatie.gouv.fr	Head of Health Unit at the health and Human development Department of the Global Public Goods Directorate
Dr Gustavo Gonzalez-Canali	gustavo.gonzalez-canali@diplomatie.gouv.fr	Head of the Health and Human Development Department of the Global Public Goods Directorate
French Ministry of Economy and Finance (in charge of IFFIm follow up)		
Agnès Surry	Agnes.surry@dgtresor.gouv.fr	Deputy head of ODA and Multilateral Development Institutions division
Frédéric Glanois	Frederic.glanois@dgtresor.gouv.fr	Head of ODA and Multilateral Development Institutions division

Constituency contact details

Board Member

Dr Gustavo Gonzalez-Canali, Head of Health Unit, Ministry of Foreign and European Affairs, France
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Board Alternate

Dr Walter Seidel, Head of Sector, European Commission - DEVCO
Email: Walter.SEIDEL@ec.europa.eu

GAVI Donor Constituency Fact Sheet

Members: Italy, Spain

Board Member: Italy

Board Alternate: Spain

Italy and the GAVI Alliance

Italy's Aid Programming Guidelines and Directions 2012-2014 highlight its commitment to MDGs, wherein health is considered a priority.

Italy is strongly committed to GAVI's mission and strategic goals. Support to immunization is crucial in the fight against poverty, and saving lives from infectious diseases stands as first and foremost investment in human capital. We believe that vaccination is the most cost-effective way to save lives and contribute to economic development.

Italy recognizes the importance of innovative sources and mechanisms of financing international development, as emphasized by the leading role in the AMC pilot on pneumococcal vaccines and the substantial financial contribution.

Italy's priorities

- Establish a credible governance process for setting out the essential medical and scientific standards and verifying that they are met.
- Accelerate the introduction of routine vaccines against meningitis, pneumococcal and rotavirus and support campaigns against yellow fever and meningitis; review the possibility of a typhoid vaccine.
- Strengthen GAVI capacity at country level.
- Strengthen GAVI's technical and policy-related skills.
- Focus on results, economic efficiency and a high return on investment.
- Champion and advocate for innovative financing mechanism as a means of achieving long term, stable, flexible and predictable funding. By committing to multiannual streams of long-term disbursements to repay the IFFIm bonds, it supports engaging finance to the benefit of global health. Italy invites new and prospective donors to consider this very feasible and attractive alternative in supporting the achievement of the health Millennium Development Goals in poor countries.
- Focus on fiduciary management, good governance, transparency and respect for human rights.
- Focus on monitoring of Health System Strengthening and other GAVI cash windows, including strengthening risk management.
- Review of the GAVI Board Governance structure, which should pay more attention to Public Donors, as it is the case in other institutions.

Financial Commitment

Italy has contributed to the GAVI Alliance since 2006 when it became a founding member of the IFFIm. Italy is the fifth largest contributor to the GAVI and the third largest contributor to IFFIm with a 20-year commitment of US\$ 600 million.

Italy also took a leading role in the launch of the first AMC to accelerate the development and availability of pneumococcal vaccines, with the largest donor contribution of US\$ 635 million.

In 2011, at GAVI's pledging conference in London, Italy pledged an additional €25.5 million to IFFIm.

Human Resources

The Ministry of Economy and Finance, Department of Treasury, International Financial Relations, is responsible for innovative financing mechanisms and GAVI Board activities. The engagement of a Finance Ministry stems from the economic rationale for investments in health and the interactions between the economic outlook and health status. We work in close collaboration with the Ministry of Foreign Affairs.

Since the outset of Italy's participation the tradition is that a Board member comes from the immunologic community. This first hand engagement of the scientific world is considered a comparative advantage.

We organize regular meetings, together with the other constituency members, to discuss Board papers, policies and related activities. We have an open and constructive dialogue with NGOs.

- Angela Santoni - Board member (2012-2013) – University of Rome “La Sapienza” - Department of Experimental Medicine.
- Francesca Manno - Ministry of Economy - Head of the Unit in charge of GAVI
- Ludovica Soderini - Ministry of Economy - GAVI program manager
- Basilio Toth – Ministry of Foreign Affairs – GAVI program manager and liaison person for in-country activities

Committee membership: Italy has been member of PPC for several years, is a member of the Evaluation Advisory Committee. We would like to continue to be member of Committees.

Constituency contact details

Board Member

Angela Santoni, University of Rome ‘La Sapienza’

Email: angela.santoni@uniroma1.it

Board Alternate

Ambassador José Luis Solano, Ministry of Foreign Affairs, Spain

Email: jose Luis.solano@aecid.es

For further information please contact Ludovica Soderini at ludovica.soderini@tesoro.it.

GAVI Donor Constituency Fact Sheet

Members: Denmark, The Netherlands, Norway, Sweden

Board Member: Sweden

Board Alternate: Norway

Norway and the GAVI Alliance

Norway's priorities in Global Health and our commitment to mobilizing for women's and children's rights and health are set out in the White Paper Global health in foreign and development policy (2011). The global strategy Every Woman Every Child forms the basis for the efforts. Concentration of support to the poorest countries, integration of services and streamlining funding for health systems strengthening (HSS) are important for the Norwegian Government. GAVI is one of the most important channels for Norway's efforts on global health.

GAVI has broad support in the Norwegian Parliament and Government. Norway is represented in GAVI through its board constituency.

Norway's priorities

- Continue political, technical and financial support for GAVI to help introduce new, effective vaccines, strengthen health systems in a coordinated manner, and enhance price competition in the vaccine market to benefit developing countries.
- Contribute to the development of new knowledge tools and mechanisms to improve access to vaccines for poor countries.
- Work in a coordinated manner to improve access to vaccines and strengthen production capacity in countries with lower cost of vaccine production.
- Promote good coordination and broad cooperation at country level, and efforts to combine vaccines programmes with other health services and programmes in ways that both increase immunisation coverage and strengthen overall health services.
- Strong focus on results, results based financing, effectiveness and monitoring.
- Strong focus on financial and fiduciary management. Norway practices a policy of zero tolerance for corruption. For that reason, we have set high requirements for GAVI's routines for prevention, detection and follow-up of cases of where there is question of mismanagement of funds.
- Gender equality with regard to Board representation, personnel, programmes and support mechanisms.

Committee membership: Norway wants good presentation of our new constituency group in the committees. Our constituency has previously participated in Audit and Finance Committee, Governance Committee, the PPC and the Investment Committee and we would like our constituency to maintain broad engagement in committees.

Financial Commitment

Norway is the third largest donor to GAVI measured in accumulative direct annual contributions. In July 2011 Norway committed to gradually increase its annual direct contribution to GAVI from NOK 500 million in 2010 to NOK 1 000 million in 2015. This includes our support to AMC. In 2010 we signed an agreement for support to IFFIm, amounting to NOK 1 500 million for the period 2010-2020. The support to IFFIm comes in addition to the direct support to the GAVI alliance.

Human resources

The Norwegian Ministry of Foreign Affairs, Department for UN Affairs, is responsible for our GAVI engagement. We work in close cooperation with the Norwegian Agency for Development Cooperation (Norad). The Ministry of Foreign Affairs (MFA) has built capacity on financial and control issues.

- Siv Cathrine Moe (MFA): Alternate board member. Member of the Governance Committee. Regular cooperation with the GAVI secretariat.
- Tom Hunstad (MFA): Member of the Audit and Finance Committee. Responsible for financial, administrative and control matters.
- Harald Storbekkrønning (MFA): Financial and administrative matters.
- Lene Lothe (Norad): Advisor on program, policy and implementation matters (immunization systems and health systems)
- Paul Fife (Norad): Member of Investment Committee.

Other Norwegian Institutions engaged in GAVI oversight as per request:

- Norwegian Institute of Public Health: Advise on vaccine specific issues
- Norad's Evaluation Department: Advise on Evaluation matters
- Norad's Legal Section: Advise on legal affairs and contracts

Constituency contact details

Board Member

Anders Nordstrom, Ambassador for Global Health, Ministry for Foreign Affairs, Sweden
Email: anders.nordstrom@foreign.ministry.se

Board Alternate

Dr Paul Richard Fife, Assistant Director General and Director, Department of Global Health, NORAD
Email: Paul.Richard.Fife@norad.no

GAVI Donor Constituency Fact Sheet

Members: Canada, Ireland, United Kingdom

Board Member: United Kingdom

Board Alternate: Canada

United Kingdom and the GAVI Alliance

The UK is pro-actively engaged on GAVI's governance, policy and finances. The UK conducted a Multilateral Aid Review (MAR) in 2011 looking at DFID's engagement and financing across multilateral organisations. GAVI was one of the top performing organisations providing value for money and delivering results against MDG 4 – both of which are critical to the UK. The MAR highlighted GAVI's strengths and weaknesses. Our UK reform priorities are focused on the weaker areas of GAVI's performance to improve effectiveness.

The UK is a strong supporter of GAVI's mission and the new Strategy. We continue to support a results focused approach – with strong indicators, deliverables and objectives. The UK played a lead role in GAVI's resource mobilisation efforts co-hosting the June Pledging conference and remains focused on ensuring that GAVI keeps its promises / targets of delivering pneumococcal, rotavirus, pentavalent and its existing vaccine portfolio. We are also supportive of the newly approved HPV and Measles Rubella vaccines. For future investments, we are keen that GAVI continues to look at opportunities in the context of a strategic allocation framework (looking at value for money and health impact) and GAVI's place within the wider health architecture.

We are supportive of GAVI's investment in strengthening health systems in order to deliver vaccinations. We welcome steps taken by GAVI to align with National Health Plans and budgets and to increase communication and partnership with GAVI countries through the Country Reporting Officers. With increased quality of the health systems applications and improved monitoring and oversight, we would like to see GAVI meet the higher end of the 15-25% range of its investments to health systems strengthening. Health Systems Strengthening remains critical, especially for the underperforming countries and we welcome GAVI's country by country tailored approach to customise its support where necessary (e.g. in fragile settings or underperforming countries) to ensure better and more equitable immunisation outcomes.

We actively monitor administration and business plan costs in relation to GAVI's programme expenditures and will continue constituency representation on both the Audit and Finance Committee and the Investment Committee.

UK priorities

- Demonstrating how GAVI is driving vaccine costs down and achieving more affordable sustainable vaccine prices.
- Evidence of strengthened delivery and monitoring of its cash based support (particularly Health Systems Strengthening) including enhanced financial and fiduciary management and reporting of immunisation outcomes.

- Evidence of strengthened attention on equity within countries, fragile states and underperforming countries.
- Strengthened country partnership and dialogue including with civil society, and clear lines of accountability with GAVI partners.

Financial Commitment

The UK is currently the largest donor to GAVI, providing 33% of funding through to 2015¹. We provide funding through all of GAVI's three financing channels:

- Core funding (£874 million to 2016) - as part of our core commitment, we also support the Match Fund for Immunisation (£50m set aside to match corporate investment).
- International Finance Facility for Immunisation (£1.63 billion, 2006-2029)
- Advance Market Commitment (US\$485 million, 2009-2021).

Britain's total support to GAVI (2011-2015) will help vaccinate more than 80 million children and save over 1.4 million lives.

Human Resources

Our key strategy for engagement and influence is through UK participation in the GAVI governance structure.

The UK's investment to GAVI is managed by the Global Funds Department, DFID London. The Board representative is the Head of the Global Funds Department (Senior Civil Servant). The post is based in Geneva and allows for regular face-face contact with the GAVI Secretariat. A Senior Programme Manager oversees DFID's policy and programme management of GAVI (based in London) and currently represents the Constituency on the Programme and Policy Committee and appropriate task teams when needed. A Senior Programme Manager also works on the IFFIm and Match Fund Investments; and an Economic Advisor covers our support to the AMC and the market dynamic workstream. The team also includes a Health Adviser and Programme Officer to support our investment in GAVI.

The UK (in constituency with Canada/Ireland) has strong engagement across the Governance structure through committee representation in order to oversee our investment and to shape/inform policy and programming. The constituency sits on the Programme and Policy Committee, Audit and Finance Committee, Investment Committee and the Governance Committee. The UK is prepared to put substantial capacity behind the Committees to ensure good coverage and pro-active engagement.

¹ UK, (Gates Foundation), France, Norway, Italy, USA

We will continue to build and strengthen the relationship and regular dialogue with the Secretariat. The London programme team are in daily and weekly contact with the Secretariat on programme, briefing and financial issues.

Team in DFID supporting UK investments to GAVI

Post	Function and % time
Director of IFDE Shaila Khan	Overall Divisional financial and programme responsibility (2%)
Head of Global Funds Department Simon Bland (S-Bland@dfid.gov.uk)	Head of Department GAVI Board Member (10%)
GAVI Programme and Policy Lead Raj Baisya r-baisya@dfid.gov.uk	GAVI Programme Manager (70%) Programme and Policy Committee
Innovative Finance Policy Lead Sally Waples S-waples@dfid.gov.uk	IFFIm and Match Fund lead (25%)
Economic Adviser Samrita Sidhu S-Sidhu@dfid.gov.uk	Policy input (15%), AMC lead. Focus on market dynamics, vaccine portfolio and vfm and MAR country follow up
Health Adviser Amy Kesterton A-Kesterton@dfid.gov.uk	Focus on health policy areas. Shares Programme and Policy Committee responsibility with Programme Manager
Programme Support Jennifer Stockill j-stockill@dfid.gov.uk	Programme support: approximately 15% time
Health Services Team	
Policy Adviser James Droop	5% time Focus on market dynamics and performance based health systems funding support.
Health Adviser (Dr) Amy Potter	10% - vaccine issues

We would be pleased to discuss further. Please do contact Raj Baisya or Simon Bland

Constituency contact details

Board Member

Mr Simon Bland, Head of the Global Funds Department, Department for International Development (DFID), UK
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Board Alternate

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GAVI Donor Constituency Fact Sheet

Members: Australia, Japan, Korea, United States of America

Board Member: United States of America

Board Alternate: Australia

United States of America and the GAVI Alliance

USAID is committed to contributing to ending preventable child deaths and our engagement in the GAVI Alliance is essential to this effort.

USAID was one of two original public sector donors to GAVI, working with the Bill and Melinda Gates Foundation and the government of Norway to establish GAVI in 2000. We have been engaged in the evolution of GAVI program, policy and technical guidance since inception.

USAID support to GAVI and the Alliance mission is multi-pronged as USAID is both a donor and technical agency. USAID provides:

1. Direct funding to GAVI (see below);
2. Direct funding to WHO Immunization, Vaccines and Biologicals group; and
3. Technical support to multiple GAVI eligible countries for preparation, application, and introduction of GAVI provided vaccines, as well as support for strengthening immunization programs.

Financial Commitment

USAID has provided more funding to GAVI to date than any other public sector donor, as referenced in the GAVI Alliance 2011 Progress Report. USAID has provided funds to GAVI in increasing amounts each year since 2001. USAID provides funding as a traditional donor, with yearly appropriation (per the GAVI Secretariat's terminology). USAID does not fund either the International Finance Facility for Immunisation (IFFIm) or the Advance Market Commitment (AMC).

Core funding U.S. fiscal year 2001 through 2012 totals US\$866.5 million disbursed to GAVI to date. In June 2011, USAID committed an additional US\$ 450 million from 2012 – 2014. In 2013, we anticipate exceeding US\$ 1 billion of funding to GAVI.

Priorities

1. Support the GAVI Alliance politically, technically and financially to introduce high impact vaccines and strengthen health systems for maximizing immunization results;
2. Engage with and encourage country, regional and global level coordination and cooperation to optimize immunization's impact on reducing mortality and morbidity;
3. Ensure GAVI Secretariat's focus on strong financial and fiduciary management at all levels of GAVI operations;

4. Optimize pooled funding impact on vaccine supply, procurement, and price.

Looking forward, USAID supports both the expanded access to existing priority vaccines, specifically pentavalent, pneumococcal conjugate rotavirus and the rest of the existing portfolio of vaccines, and the opportunity to assess the cost-effectiveness of future vaccines. We look forward to an independently-led investment case for potential future vaccines. These would need to be placed in the context of a strategic allocation framework (looking at value for money and health impact); GAVI's financial condition and that of the overall global economy and development budgets; as well as GAVI's role in a particular investment as it relates to the wider health architecture.

Human Resources

Our key strategy for engagement and influence in GAVI is through participation in the GAVI governance structure across our constituency. USAID currently sits on the GAVI Board, Executive Committee, and Programme and Policy Committee. We actively monitor vaccine pricing, supply, procurement practices, country utilization and uptake of all vaccines (both GAVI and non-GAVI), administration and business plan costs in relation to GAVI's programme expenditures.

The US contribution to GAVI is managed by USAID's Bureau for Global Health in Washington, D.C. The Board representative is currently the Senior Deputy Assistant Administrator for Global Health. USAID's Senior Technical Advisor for Immunization oversees the policy and programme management of GAVI as well as the programming of USAID's technical assistance to country-level immunization programs. The Senior Technical Advisor also represents the Constituency on the Programme and Policy Committee and a number of task teams (i.e. chairing GAVI's vaccine supply and procurement task team). She is supported by three additional immunization-specific health experts, additional vaccine development specialists, members of internal multifaceted country specific health teams, and broad health system experts. USAID's immunization technical assistance project employs many highly qualified experts in field level immunization programs based in Washington and in many countries primarily on the African continent but also in India.

The constituency as it currently exists (USAID, Australia (alternate Board member), Canada, Japan and Korea) is represented on the GAVI Board, Executive Committee, Programme and Policy Committee, Audit and Finance Committee, and the Governance Committee.

USAID is committed to the GAVI Alliance and its mission. We firmly believe a strong, engaged donor base is essential to its success and we would welcome your engagement.

Constituency contact details

Board Member

Dr Robert Clay, Senior Foreign Service Officer and Deputy Assistant Administrator, Bureau of Global Health, US Agency for International Development (USAID)

Email: rclay@usaid.gov

Board Alternate

Jenny Da Rin, Assistant Director General, Australian Agency for International Development (AusAID)

Email: jenny.darin@ausaid.gov.au

Please contact Susan McKinney (smckinney@usaid.gov or +1 202 712 0614 direct) to discuss further.

DONOR CONSTITUENCY WORKING ARRANGEMENTS

In Washington on June 10, 2012, donors agreed in principle to formalize the operations of constituencies. This short paper builds on the proposals presented at the meeting in two areas:

- Principles and best practices to guide constituencies
- The responsibilities of the lead convening donor.

CONSTITUENCY PRINCIPLES AND BEST PRACTICE

Donors agreed to develop a set of general principles to guide the operations of constituencies. In the context of these guiding principles, donors also agreed to set out the basic roles and responsibilities of the members of each constituency. Each constituency will apply these principles and best practice to their operations and will develop a fact sheet on their constituency profile.

1. General Principles:

- Constituencies should operate in a manner that ensures open and transparent communications and sharing of information and aim to work towards consensus positions, where possible.
- Tasks and workload within the constituency should be shared as equally as possible, bearing in mind the different capacities, skills and resources of constituency members.
- Timely input to, and feedback on, Board and committee business should be sought from, and provided to, all constituency members.
- Prospective and new donors interested in joining a constituency are advised to contact the lead donor or Board Representative in the relevant constituency. Further information and contact details are provided in the constituency fact sheets.
- The rotation of positions within the constituency should be in accordance with an agreed policy or schedule developed by the constituency. Where possible this rotation should align with the GAVI governance calendar for re-nominating committees.

2. Roles and Responsibilities:

Constituency Board Member

The constituency Board member will:

- Work with other members of the constituency to share the constituency workload, including membership on Board committees.
- Organize consultations with other constituency members (in person, by teleconference or through email) on items being discussed at the Board in

order to give all members an opportunity to express their views on these items.

- Inform constituency members of the position that the constituency chair will take at the Board.
- Report back to the constituency on discussions at the Board and the Board retreat, including on the major decisions taken.

Alternate Board Member

The Alternate Board member will:

- Provide support to the constituency Board member.
- Represent the constituency at the Board in the absence of the Board member.

Committee Members

Committee members from the constituency will:

- Consult other constituency members on items being discussed in the committee.
- Report back to the constituency on the outcomes of the committee meetings.
- Conduct outreach to other donors on the same committee to understand other donor constituency views.

All Constituency Members

All members will:

- Openly share their views on items being discussed at the Board or in committees
- Contribute (to the extent their staffing resources allow) to the overall work of the constituency.

THE LEAD CONVENING DONOR

Regular donor meetings are important to enable views on Board matters to be shared and understood by all donors and to collectively consider the forward strategic direction for GAVI. To this end, it was agreed that a lead convening donor would coordinate this process. The following process is proposed:

- The donor government representative on the Executive Committee will be the lead convening donor. In practice this means that the lead convening donor will rotate every year since the donors occupying the donor seats jointly agree annually who will assume the role of representing all donors on the Executive Committee.
- If the Executive Committee donor representative does not have the capacity to fulfill the convening workload, the lead role may be assigned to another member

- of the same constituency, subject to joint agreement by the donors occupying the donor seats.
- A key role of the lead convening donor is to arrange donor meetings in advance of the Board meetings and organize, as appropriate, annual donor meetings (not in conjunction with the Board meetings) to discuss longer-term strategic issues, as agreed by GAVI donors.
 - The lead convening donor will:
 - Set the date and agenda for the donor meetingsⁱ (in consultation with other constituencies).
 - Arrange for teleconference calls or email exchanges prior to the meeting, as required, to enable views on Board issues to be shared.
 - Negotiate with the GAVI Secretariat for adequate time to be allocated for donor meetings ahead of the Board meeting.
 - Use donor meetings to provide a briefing on the work and decisions of the Executive Committee if post-Executive Committee debriefing teleconferences were not possible or in the case of upcoming issues requiring attention.
 - Chair the donor meeting and prepare a short summary of its conclusions for distribution to all donors.
 - Beyond donor consultations at Board meetings the lead convening donor will also:
 - Work with the GAVI Secretariat to improve the timeliness of the distribution of Board documents, with a view to best practice of 10 working days ahead of Board meetings.
 - Encourage sufficient donor representation on Board committees (at least one donor per committee).
 - Encourage donor Board and committee members to provide prompt feedback to their constituencies from meetings of the Board and its various committees.
 - Serve as the initial contact point for new donors that wish to have basic information about joining a donor constituency.

ⁱ Meetings of GAVI donors are typically held a day or two before Board meetings depending upon the Board and pre-meeting schedules.