



## **GAVI Alliance Board Meeting**

12-13 June 2012

Washington, DC, USA

### **FINAL MINUTES**

#### **1. Chair's report and consent agenda**

##### *Chair's report*

- 1.1 Finding a quorum of members present, the meeting commenced at 9.02 Washington time on 12 June 2011. Dagfinn Høybråten, Board Chair, chaired the meeting.
- 1.2 The Chair opened the meeting by referencing the Norwegian concept of a "dugnad," which he explained was a group of people who come together to solve problems for the common good. He observed that this Board was a dugnad, and encouraged Board members to engage with each other in that spirit.
- 1.3 The Chair referenced the Child Survival Call to Action organised by USAID, UNICEF, and the governments of India and Ethiopia to be held at Georgetown University on 14-15 June 2012. He also announced the publication of the GAVI 2011 progress report, noting that a special online edition was available. He reminded the Board that 2011 had been a successful year: routine immunisation rates reached 80%, the Board hired a new CEO, and GAVI met its funding challenge. Now the Chair declared GAVI must "deliver, deliver, deliver" on the promises made at the pledging conference in June 2011.
- 1.4 Standing declarations of interest were tabled to the Board (Doc 1a in the Board pack). Alan Hinman noted that the Novartis research grant reported in Doc 1a was for rabies rather than measles. However, he declared an interest in the measles decision since he leads a project that works with the Measles-Rubella Initiative (MR Initiative). He would recuse himself from that item. Anne Schuchat reported that the US Centers for Disease Control is involved with some of the special studies to be discussed at this meeting and in the MR Initiative; she would recuse herself from those matters. Nicholas Alipui and Simon Bland declared they had no financial/personal interests in any of the matters to be discussed at this meeting; so their only interests were in matters involving UNICEF and DFID, respectively. Maria C. Freire declared interests in any matters involving the Lasker Foundation (where she serves as president) or Johns Hopkins University (where a family member is employed),

and would recuse herself accordingly. Amie Batson declared interests in any matters involving Johns Hopkins University as well (where a family member is employed), and would recuse herself accordingly.

- 1.5 The Board noted the minutes of its meetings on 16-17 November 2011 (Doc 1b) and 12 April 2012 (Doc 1c), which were approved by no-objection on 3 February 2012 and 1 June 2012, respectively.
- 1.6 In addition, the Board noted the action sheet (Doc 01d). Going forward the Secretariat should ensure items on the action sheet described as “in progress” and not addressed elsewhere in the Board pack include a short statement on activity. The Board also noted its forward workplan (Doc 01e). The Board determined that holding executive sessions the evening prior to the first opening session was a useful practice and so, going forward, the Board workplan should include executive sessions.

### *Consent agenda*

- 1.7 The Chair reminded the Board that during its retreat in April 2012, the Board decided to include a consent agenda at its meetings. It will allow the Board to approve items without discussion that had been thoroughly vetted by the appropriate committees. However, any Board member could request to move a consent agenda item onto the general agenda should he or she believe discussion was warranted.
- 1.8 The consent agenda included committee member appointments recommended by the Governance Committee (Doc 1f), the Ethics Policy and revised Conflict of Interest Policy recommended by the Governance Committee (Doc 1g), and the revised Evaluation Policy recommended by the Evaluation Advisory Committee (EAC) (Doc 1h).

### *Discussion*

- The Board noted Cristian Baeza’s comment that, on legal advice, there could be situations when as an employee he would have to disclose confidential commercially sensitive information to the members of the World Bank despite the inclusion of the confidentiality clause in the Ethics Policy.
- Nicholas Alipui, alternate Board member representing UNICEF requested clarification on the outcome of the discussion in Oslo with regard to GAVI’s role in market shaping pertaining to lower and middle income countries (LMIC). He informed the Board that UNICEF has a programme of work to help middle income countries obtain access to new vaccines and welcomed GAVI’s involvement. It was clarified that although the Board had not made any decisions, at the retreat the Board suggested in relation to GAVI support to LMICs that GAVI might play a role in facilitating access to lower vaccine prices. It was also noted that GAVI’s activity in this area would be conducted in close collaboration with UNICEF and other interested partners such as the Bill & Melinda Gates Foundation and the Clinton Health Access Initiative.

## **Decision One**

### **The GAVI Alliance Board:**

- **Appointed** the following member to the Audit and Finance Committee effective immediately and until the committees are refreshed for the 2013 year:
  - **Yifei Li**
  
- **Appointed** the following members to the Programme and Policy Committee effective immediately and until the committees are refreshed for the 2013 year:
  - **Clarisse Loe Loumou** in the seat currently occupied by Joan Awunyo-Akaba;
  - **Magid Al-Gunaid**; and
  - **Jos Vandelaer** in the seat currently occupied by Mickey Chopra.
  
- **Appointed** the following member to the Governance Committee effective immediately and until the committees are refreshed for the 2013 year:
  - **Maria C. Freire**
  
- **(Re)appointed** the following members to the Evaluation Advisory Committee effective immediately:
  - **Angela Santoni** until the earlier of the end of her Board term or 31 July 2015; and
  - **Bernhard Schwartlander** until 31 July 2015.

*Board members who were candidates for these positions, or who had submitted their alternate or a committee delegate for appointment, recused themselves from voting on those appointments.*

## **Decision Two**

### **The GAVI Alliance Board:**

- **Approved** the GAVI Alliance Ethics Policy attached to Doc 01g; and
  
- **Approved** the Revised GAVI Alliance Conflict of Interest Policy attached to Doc 01g.

## **Decision Three**

### **The GAVI Alliance Board:**

- **Approved** the Revised GAVI Alliance Evaluation Policy attached as Annex 1 to Doc 01h.

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- 1.9 The Chair concluded by showing a short film on Ghana's unprecedented introduction of pneumococcal and rotavirus vaccines simultaneously. GAVI will be carefully evaluating these introductions to see what the Alliance can learn, including whether simultaneous introductions should be more widely encouraged.

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## **2. CEO report**

- 2.1 Seth Berkley delivered his report to the Board on the activities, achievements, and challenges of the Alliance (Doc 2). His presentation covered new results, accelerated activities, expenditures and resources, opportunities and challenges, and key decisions and themes for discussion by the Board.
- 2.2 The CEO reported that GAVI is generally on track to meet its ambitious goals, though because of unprecedented demand and the normal difficulties of industrial scale up, the Alliance has to work hard to overcome some of the vaccine supply capacity issues. He also reiterated that GAVI's obligation to deliver on its promises remains the top priority, and that ensuring comprehensive management of the supply chain and improving the quality of information flows remain key components to fulfilling these promises.
- 2.3 He updated the Board on the process of reviewing the country delivery business model. It is being driven by a time-limited cross cutting country team, involving people from departments and skill sets across the Secretariat and partners, and supported by experts in change management and organisational development.
- 2.4 The CEO updated the Board on the uptake of pneumococcal and rotavirus vaccines, and the groundwork for introducing HPV vaccine. Per the Board's request, GAVI had received strong indication of an acceptable price reduction from at least one supplier for HPV vaccines. In addition, only countries that have demonstrated capacity to roll out the vaccine to adolescent girls can apply for national introduction of HPV; applications will come to the IRC later in the year.
- 2.5 He also remarked that designing a health system strengthening programme will require an iterative process involving countries and partners, an assessment of health system frameworks, constraints to immunisation programmes, and judgments about the comparative advantage of partners, whilst making sure that governments remain in charge of and responsible for the programme. He announced that he had created an expert technical advisory group led by Anders Nordström (in his technical personal capacity and not as a Board member) to advise him on optimal health system approaches and tailoring to GAVI's business.
- 2.6 He concluded by referring the Board to a short report card issued on the occasion of the first anniversary of the pledging conference, which provided a concise narrative of new results and challenges ahead.

## *Discussion*

- Underpinning the Board's discussion was the need to ensure delivery on the 2011-2015 strategic plan, which served as the foundation for pledges received during the 2011 pledging conference. Though it is appropriate to think about and plan for strategies past 2015, this work will not matter if GAVI does not deliver on its current promises. Also, to the extent that GAVI eventually finds it may not be able to live up to certain targets due for example to supply constraints, it will need to craft a narrative to explain why these shortcomings occurred, and be able to credibly say that the Alliance did everything possible to try to live up to those promises and there should be no surprises.
- Several Board members highlighted the need to link costs to outcomes, not only as a way of demonstrating oversight of activity, but also to plan for the future. (This conversation continued later in the meeting as part of the discussion on the business planning process; see section 7.)
- The Board considered how to take forward the discussion at its April retreat on the landscape of strategic options facing the Alliance. In the short term, it was noted that the priority was on delivering on the 2011-2015 strategic plan, and that the discussion on options could serve to incrementally optimise that plan. In the longer term, the options discussed could shape the post-2015 strategic plan. To help inform future discussions, the Secretariat should follow-up on the retreat options paper to provide analysis on opportunities, trade-offs, and costs between options.
- One of the options present in the retreat paper was funding a stockpile of the powerful new cholera vaccine for routine and campaign use in endemic areas, and to support the creation of a viable cholera vaccine production base. The Secretariat should add a discussion on cholera to the Board workplan for one of the next meetings but needs to do so in the context of overall investments and trade-offs.
- It was noted that the presence of endemic polio can reflect the underlying weakness of a country's EPI programme. Developing country Board members stressed that polio eradication should be developed as part of routine immunisation. In the final stages of eradication, extraordinary measures are often required, but if done well, these measures can benefit the entire immunisation system.
- The Board noted the movement towards a national roll-out of pentavalent vaccine in India, and greater interest in new vaccine introductions. For example, following the successful introduction of pentavalent vaccine in two states, India formally decided to introduce the vaccine in six additional states. There was discussion on whether GAVI needed a more state-centric approach to countries that have federal structures such as India and Pakistan, but it was noted that an extensive state-centric approach would require staff on the ground, which was not part of GAVI's current business model.

- It was noted that a number of countries still have less than 50% DTP coverage. Many of these countries will not be eligible to receive support for pneumococcal or rotavirus vaccine prior to 2015, but it is hoped they will be ready shortly thereafter.
- The Board also discussed recent developments with the supply of pentavalent vaccine and disruptions due to delisting of some suppliers and production related issues. The global debate around the environmental treaty on mercury and mercury containing Thimersol preservative use in vaccines was also raised and Board members were encouraged to advocate for their continued use.
- The Board noted the discussion from the previous evening's executive session on restructuring within the Secretariat led by the CEO. The Secretariat should provide the Board with an organogram when the current restructure and recruitments have taken place.
- There was some discussion on the GAVI brand and how to better highlight GAVI's work. It was acknowledged that there are opportunities for increased exposure, particularly in working with implementing partners to co-brand.
- The Board welcomed Anders Nordström's leadership of the technical advisory group to the CEO, noting that while he was leading the group as a health systems expert and not as a Board member, it sent a strong signal that the Board is supporting the CEO on this effort.
- There was some discussion as to how "fragile states" are defined and the special challenges involved in those countries. It was noted that there is no direct correlation between immunisation coverage rates and standard definitions of fragile states, though it is still a useful data point.
- The Board noted civil society's role in being able to reach the hardest-to-reach children in rural areas and underserved communities.
- Risk oversight continues to be an important component of the Board's agenda. GAVI is rapidly improving its risk management capabilities, and the Secretariat is working with partners to create better systems and explore synergies. This also includes implementation of the Transparency and Accountability Policy (TAP), where pooling resources between GAVI, the Global Fund, and the World Bank may be useful and cost-effective.

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### **3. Committee chair reports**

- 3.1 The Chair invited each of the committee chairs to deliver reports on committee activity since the Dhaka Board meeting on 16-17 November 2011, noting that the Evaluation Advisory Committee report would be delivered the following day due to the EAC Chair's availability.

*Executive Committee*

- 3.2 The Chair delivered the report of the Executive Committee, noting that it had met twice since the Dhaka Board meeting to look at time-critical issues requiring decisions or guidance on behalf of the Board.
- 3.3 He reported that at its meeting on 9 March 2012, he shared his ideas on the workplan for the year and held a discussion on the role of the Committee in advance of the April Board retreat. In addition, the Executive Committee received a performance update and in this context endorsed the business planning process for 2013-2014 (see section 7). There was also an update from the Secretariat on risk management as well as information and discussion on the Decade of Vaccines and GAVI's earmarked funding pilots.
- 3.4 Next, he reported that the Executive Committee held a short meeting on 16 April 2012 to be briefed by the Chair and CEO on a commercially-sensitive matter. He concluded by noting that the Governance Committee had recommended an amendment to the Executive Committee Charter that would allow it to approve market and/or commercially sensitive decisions as part of the implementation of the supply and procurement strategy.

*Governance Committee*

- 3.5 Geeta Rao Gupta, Board Vice Chair and Chair of the Governance Committee delivered the report of the Governance Committee, noting that it had met twice since the Dhaka Board meeting.
- 3.6 She reported that at its meeting on 10 April 2012, the Governance Committee recommended new Board and Programme and Policy Committee (PPC) members. At its meeting on 14 May 2012, the Governance Committee recommended additional committee members. The Board subsequently appointed all of these nominees. The Governance Committee also recommended approval of the Ethics and revised Conflict of Interest Policies (see section 1).
- 3.7 In addition, she reported that at its May meeting, the Governance Committee continued governance-related discussions started at the Board retreat. The Governance Committee recommended amendments to the Statutes, By-Laws, and Executive Committee Charter to implement the industrialised and developing country vaccine industries' offer to step down from the Executive Committee and to allow the Executive Committee to consider commercially-sensitive matters (see section 8). It also discussed the role of alternate Board members; committee composition, size, and charters; the role of developing country Board members; reopening decisions; dedicated seats on the Executive Committee; and the Board's working language.
- 3.8 She concluded by noting that the minutes of the May meeting would be available shortly and that the committee chairs were to meet during the Board's lunch break to discuss identified overlaps in their committee charters.

*Programme and Policy Committee*

- 3.9 Gustavo Gonzalez-Canali delivered the report of the Programme and Policy Committee. He noted that the Committee had met once since the Dhaka Board meeting.
- 3.10 He reported that at its meeting on 23-24 April 2012, the PPC made three recommendations for decisions at this Board meeting: vaccine introduction grants and operational support for campaigns (see section 13), continued funding for special studies (see section 14), and support to civil society organisations (CSOs) (see section 17). The PPC also discussed the business planning process, country programmes, the Advanced Vaccine Introduction (AVI) programme, co-financing, and market shaping activities.
- 3.11 In addition, he previewed the indicative agenda for the PPC's October 2012 meeting, commenting it was currently scheduled to include discussions on GAVI's approach to under-performing countries, potential investments in cholera, options for engagement with non-GAVI eligible lower middle income countries, GAVI's approach to self-procuring countries, and a "use it or lose it" policy.

*Audit and Finance Committee*

- 3.12 Wayne Berson delivered the report of the Audit and Finance Committee, noting that it had met once since the Dhaka Board meeting.
- 3.13 He reported that at its meeting on 11 April 2012, the Committee made recommendations on a Currency Hedging Policy and a revised Programme Funding Policy (see section 6). He noted that the Annual Financial Audit for 2011 was on track with no issues arising that would require a management letter comment. He also noted that the audits for the IFFIm Company, GAVI Fund Affiliate (GFA), and GAVI Campaign were on track.
- 3.14 Further, he noted that the Audit and Finance Committee reviewed updates to various accounting policies, and discussed principles for forming a policy on the selection of the external auditor. He also reported that the Audit and Finance Committee continues to have confidence in the quality and robustness of GAVI's financial forecasting processes. Also, the Committee discussed GAVI's insurance coverage, and the IFFIm/GFA restructuring (see section 20). Finally, he noted that the Committee had discussed risk management and the implications of the departure of the Director of Internal Audit.

*Investment Committee*

- 3.15 George W. Wellde, Jr delivered the report of the Investment Committee, noting that it had met twice since the Dhaka Board meeting; on 28 March 2012 and 24 May 2012.



- 3.16 He began by providing his observations on the market environment generally, including investment safe havens, central bank rates, GDP forecasts, and risks to global recovery from the recent financial crisis.
- 3.17 He then reviewed the investment portfolio, including efforts to diversify assets to better balance economic risks. He also provided an overview of the portfolio's credit quality and asset class distributions, net performance returns, and contribution to mission. He reported on progress to conform to the new investment policy passed by the Board in Dhaka, stating that progress was steady and deliberate. Finally, he commented on the constraints on GAVI's ability to optimise the management, including fiduciary oversight, of its investment portfolio due to the agreements it enters into with UNICEF for vaccine volume guarantees that require the granting of a lien to UNICEF on components of the portfolio.

### *Discussion*

- Nicholas Alipui acknowledged the challenge faced regarding securing volume guarantees and the need within UNICEF's rules to either receive cash or place a lien on GAVI's investment portfolio for the full amount of long-term procurement contracts in order to secure the most favourable pricing possible. He noted UNICEF's on-going dialogue with the Secretariat to seek solutions that will appropriately mitigate risk while recognising the need for GAVI to have flexibility in investing its assets. The Board also support the Secretariat's explorations to use the GAVI balance sheet to guarantee such orders directly to the manufacturers.
- The Board found it useful to have the committee reports at the beginning of the meeting to receive advice, understand deliberations that have already taken place, and to inform decision-making. The Board also thought it was a good idea for the committee chairs to meet together from time to time, particularly given the interconnectedness of the various work streams and committee discussions.

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## **4. Updated financial forecast**

- 4.1 Barry Greene, Managing Director of Finance and Operations and Treasurer, informed the Board of the updated financial forecast for 2011-2020 (Doc 4), which incorporated the latest demand estimates and funding decisions. He reviewed projected demand, changes to the forecast, available and needed resources through 2015 and through 2020, and the impact of funding decisions.
- 4.2 He reminded the Board that at the Dhaka meeting, he had reported that expected demand during 2011-2015 would require US\$ 7.7 billion in resources and that GAVI could rely on \$7.7 billion in qualifying resources to meet that anticipated demand. The current forecast estimates expected

demand to increase to \$7.97 billion, due mainly to the change proposed to GAVI's policy on vaccine introduction grants. Qualifying resources available are now forecast at \$7.84 billion, including an allowance of \$0.11 billion for pledge extensions. That latest demand estimate would require additional funding estimated at \$0.13 billion to fully meet demand that may be sought through future applications for GAVI support through 2015. Further resources of approximately \$0.14 billion would be required if the Board were to approve additional support for measles under an option for consideration at this Board meeting. Contributions yet to be pledged for 2014 and 2015 from existing and new donors would be a source of resources for these needs. In the event that insufficient additional resources became available to fully meet anticipated demand, then the Board could constrain support for programmes expected to seek support in the future, without impacting existing programmes.

- 4.3 Looking forward to 2016-2020, he presented a tentative indication of the demand that GAVI could expect based on its existing range of support, estimated to total US\$ 7.9 billion for those five years. He explained that after taking account of resources already pledged (mainly through IFFIm and AMC), if other contributions were maintained at their current level of US\$ 1.1 billion per year, the needs of all existing programmes could be fully met. However, that current level would need to increase to approximately US\$ 1.5 billion per year in 2016-2020 in order to fully meet the demand that may be sought in the future for new programmes.

### *Discussion*

- It was asked whether the financial forecast incorporated potential investments in measles and polio. It was noted that any programmes that had been considered and recommended by the committees through the normal processes were incorporated into the forecast. The potential measles investment was not incorporated as it had been a direct request from the Board during its April retreat, had not been through the normal committee process, and was being presented for expedited review without the opportunity for the PPC to review. Accordingly, the financial implications were separately identified in the presentation of the financial forecast.
- In this context the Board returned to the question of trade-offs regarding future support, given that the additional resources available following the London Pledging Meeting in June 2011 had been absorbed by the higher than expected demand in 2011. It was noted that the Board needed to be confident that the opportunity cost in funding measles was worth it and that scenario planning would be helpful. The Secretariat noted that the Board was also able to manage the trade-off risk through its cash reserve or future choices not to fund certain new applications. In addition, the Board's approval of the Currency Hedging Policy in April 2012 will help to mitigate foreign exchange risk on pledges that will be contributed in future years.
- It was also noted that the Secretariat prudently uses conservative estimates in the financial forecast. The forecast expenditure could be expected to decrease because proposed implementation schedules are often delayed,

and this would be the case in the event that potential supply availability constraints materialise. Furthermore, the resource estimates do not include revenue from likely additional contributions to the GAVI Matching Fund programme.

- The Secretariat clarified how demand was calculated: partners provide estimates of the birth cohort and this is multiplied by the number of doses needed to immunise that population in specific years, which in turn is multiplied by the forecasted price of the vaccine. Estimates of time to reach full implementation tend to overestimate demand in the initial years, and this is adjusted in later years following review by the Monitoring IRC.

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## **5. Report of the internal auditor**

- 5.1 The Chair reminded the Board that Cees Klumper, Director of Internal Audit, had recently accepted the position of Chief Risk Officer for the Global Fund, but that he had agreed to continue with GAVI on a part time basis, of approximately the equivalent of one day per week, until the new internal auditor was retained in order to provide continuity. The Chair thanked Cees Klumper for his work to build the internal audit function and for his communication with the Board and partners on important matters.
- 5.2 Cees Klumper then delivered his report on activities over the past year and provided a look ahead for what the Board could expect from the internal audit function (Doc 5). During the past year, internal audit had reported to senior management of the Secretariat and to the Audit and Finance Committee on risk mitigation of cash support programmes, including an analysis of the Global Fund's review of how it mitigates risk in its grant portfolio; his audit of the country programmes team; a new protocol for publication of internal audit and investigation reports; investigations into potential and actual misuse in cash-support programmes; vaccine programme risk management; removing bottlenecks in funds flows to countries for cash-support programmes; and succession planning for the internal audit function.
- 5.3 He reported that the risk management process was now "relatively good" considering the newness of the process and the maturity of risk management in comparable organisations. He suggested further improvements including involving implementing partners in GAVI's risk mitigation process concerning programmatic risk; more clearly articulating the Alliance's risk appetite; completing the analysis of risks and mitigation actions concerning vaccine programmatic risks; expanding risk mitigation processes to team and individual levels within the Secretariat; and increasing scrutiny of reported risk mitigation activities.

### *Discussion*

- Simon Bland, who also serves as Chair of the Global Fund Board, remarked that collaboration between GAVI and the Global Fund on risk mitigation activities, including sharing resources, could yield benefits to both organisations. Armin Fidler also noted the increasing collaboration between GAVI and the World Bank on risk mitigation. Cees Klumper acknowledged these collaborations and their usefulness, but also commented on the challenges faced in coordinating risk mitigation programmes.
- It was noted that during the formative period for the Transparency and Accountability function, which currently resides under Internal Audit, some cash-support programmes were delayed as Financial Management Assessments were performed in countries. This was due to the newness of the Transparency and Accountability Policy and that certain information thought to be in place was not. However, as the function has matured, these delays have been minimised.
- Cees Klumper confirmed that a protocol was now in place, and internal audit was publishing audit and investigation reports. The reports concerning Cameroon and Niger were available on the website and reports of investigations in progress would likewise be disclosed in due course.
- One Board member commented that more information in the annual report to the Board would be helpful. Cees Klumper acknowledged trying to find a balance in the volume of reporting, but would relay to his successor the Board member's request to receive a more substantial report.

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## **6. Amendment to the Programme Funding Policy**

- 6.1 Wayne Berson reported that the Audit and Finance Committee recommended to the Board that it approve the revised Programme Funding Policy (Doc 6). He commented that the revised policy provided a sensible delegation to the Secretariat to allot amounts to individual programmes in the course of the year for new cash-based proposals and extensions, renewals, and adjustments of existing vaccine and cash-based programmes within a Board or Executive Committee-approved funding envelope. He noted this arrangement would be more efficient than the current governance-intensive process, while retaining sufficient Board and committee oversight of Secretariat decision-making.
- 6.2 Barry Greene then reviewed the current approach to approving cash programmes and extending vaccine programmes, the proposed new approach, the pros and cons of each approach, and the safeguards in place for Board and committee oversight of Secretariat decision-making.

*Discussion*

- The Chair commented that this was the right type of decision-making to delegate and that it would result in fewer ad-hoc committee meetings by reserving the large funding envelope decision to the Board or Executive Committee but delegating decision-making within that envelope to the Secretariat. It is based on proper routines of reporting back to the Board.
- It was asked what would happen if after the funding envelope amount was fully allotted there were further needs to be addressed. It was confirmed that in that event, the Secretariat would have to approach the Board or EC to adjust the envelope. While Secretariat authority was limited to amounts approved for the envelope the Board or EC could approve additions to the envelope at any time. Accordingly, the envelope did not limit the Board's ability to approve additional funding.
- Some Board members expressed concern that the Secretariat's authority to approve new cash programmes would decrease the Board's fiscal ownership over health systems programming and the Health Systems Funding Platform. To ensure this ownership is maintained, it was agreed that health systems strengthening should be a standing item on the Board agenda, and as part of the Secretariat's reporting, the Board should be updated on revisions to programme funding commitments. The conclusions of the Health Systems Funding Platform IRC (HSFP IRC) should be included in this report. In addition, the Chair of the HSFP IRC, or his/her delegate, should report to the Board upon request.
- The Board discussed the frequency of reporting and to what entity such reports should be made. It was agreed that the Secretariat shall report back to the Board at each meeting on utilisation of the funding envelope.
- Armin Fidler, alternate Board member representing the World Bank voiced reservations with regard to the Secretariat's proposal and offered a compromise solution in terms of a no-objection alternative. However, this proposal was not endorsed by the full Board

**Decision Four****The GAVI Alliance Board:**

- **Approved** the revised GAVI Programme Funding Policy attached as Appendix A to the report on the Amendment to the Programme Funding Policy, Doc 06, with the following amendment to the first sentence of Annex 2, 4(d):
  - The Secretariat shall report back to the Board at each meeting on utilisation of the funding envelope.

## **7. Business planning process and risk management update**

- 7.1 Helen Evans, Deputy CEO, reported on the outcomes of consultations on the development of priorities that will drive the definition of deliverables, associated activities, and budget for the period 2013-2014 (Doc 7). She reminded the Board that it had approved a five year strategy and business plan (2011-2015) with a two year budget (2011-2012). As the first two year period began to draw to a close, it was necessary to refine the business plan building on lessons learned over the first two years. Given the Board's guidance in Dhaka, the proposed principles were constructed based on consultations including one-on-one interviews with Board members, workshops with technical staff from GAVI's constituencies, and discussions within the Secretariat.
- 7.2 She reviewed the process for constructing the 2013-2014 business plan, noting that the Executive Committee had reviewed the process during its 9 March 2012 meeting. She described the proposed priorities for the next two years: improving implementation of vaccine introductions and roll out; accelerating progress on improving vaccine coverage and equity; ensuring sustainability of programmes after graduation from GAVI support; improving access to and use of quality, timely data; and supporting health systems. She also provided examples of activities where GAVI could scale back, refinements of the operating model, and current key risks.

### *Discussion*

- There was considerable consensus that the business plan should link costs to results. The business plan must be outcome-oriented and once constructed, the Board needs to keep a sharp eye on accountability. To help inform this discussion, as part of their requests for funding from the 2013-2014 business plan, WHO and UNICEF should provide information on their contributions to GAVI-related activities.
- Many Board members commented on the need for timely, quality data, stating that GAVI would not be able to raise funds for the next strategic period unless it could credibly demonstrate results from the present period. It was noted that creating a "GAVI system for data" was not intended, but that even with WHO and UNICEF data as the starting place for facts and statistics, it was necessary to supplement this data with other sources which may be more timely in order to allow real time decision-making.
- Board members representing industry added that data which provides additional certainty regarding country need and uptake can allow it to make consistent and sustain investments in quality and innovation. However, it was also acknowledged that countries themselves apply for support and that GAVI's role, and specifically AVI's role, in that decision-making is to assist countries that have reduced capacity to make decisions.

- There was some discussion as to the role of the Secretariat's Country Responsible Officers (CROs), and whether part of their mandate is to help coordinate and facilitate at country level. It was confirmed that they would play a convening role in leveraging a wide set of partners at country level, even though they will not be based in countries themselves, because it is critical that GAVI has a better understanding of what is happening in-country and to tailor approaches.
- In addition, to assist the Board in its decision-making and oversight, it was agreed that going forward, business plan updates should include more detail on assessment of risk and ranking of risk, including attaching the risk register in the Board pack. The risk register is reviewed and updated every quarter and is available on myGAVI to Board members.
- The Chair reported that the committee chairs had met to discuss the business planning process and had recommended a procedure of consultation that would include the Executive Committee, which had oversight responsibility, PPC, and Audit and Finance Committee prior to Board approval. They considered that an external technical advisory group was unnecessary so long as the endorsed planning process for the business plan is followed. The Board agreed with the committee chairs' approach.

### **Decision Five**

#### **The GAVI Alliance Board:**

- **Endorsed** the strategic priorities for the 2013-2014 business plan;
- **Requested** the Secretariat and partners to take these priorities into account when preparing the business plan deliverables and budgets for 2013-2014; and
- **Endorsed** the following planning process:
  - Secretariat to prepare a draft business plan in consultation with Alliance partners involved in implementation
  - PPC to review programmatic aspects of the business plan
  - Secretariat to incorporate PPC suggestions on programmatic aspects
  - Joint PPC and AFC to enable programmatic and financial aspects of business plan to be reviewed
  - Joint recommendations from this meeting to EC for review
  - EC to make final recommendation to the Board

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## **8. Amendments to the Statutes and By-Laws**

- 8.1 Debbie Adams, Managing Director of Law and Governance and Secretary to the Board, presented several amendments to the Statutes, By-Laws, and Executive Committee Charter that had been recommended by the

Governance Committee during its meeting on 14 May 2012 (Doc 8). As the Governance Committee Chair had mentioned earlier in the meeting, these amendments would implement the industrialised and developing country vaccine industries' offer to step down from the Executive Committee and to allow the Executive Committee to consider commercially-sensitive matters.

- 8.2 In addition, the Governance Committee Chair reviewed a principle agreed by the Governance Committee that after the conclusion of 2012, Board Committees shall be composed of Board members or alternate Board members. However, Board members may submit for nomination and appointment someone to serve as the Board member's delegate on any Board Committee, except the Executive Committee, Governance Committee, Investment Committee, and Audit and Finance Committee. It was not suggested that the principle be enshrined in the By-Laws so that the Committee would retain flexibility and discretion as circumstances warranted. However, the Committee wanted representative Board members to participate in the committees. It also sought to address the fact that committee delegates often advocated different positions than their Board members, or did not communicate the conclusions of their committees to their Board members.

### *Discussion*

- Some Board members were concerned that restricting Committee membership to the Board members and their alternates risked losing technical expertise available within constituencies but not necessarily possessed by the Board member or alternate. They were also concerned that representative Board members who were senior members of the constituencies would be more hesitant to join the Board if it included this additional responsibility. It was also thought to be particularly burdensome on developing country Board members. Instead, Board members thought better communication between a Board member and his/her alternate and committee delegates would be an effective solution.
- Other Board members felt that personal membership on committees was an essential responsibility. They felt that the committees should be more strategically focused and, to the extent they required technical expertise, a technical expert could be invited to a meeting to advise the committee (and may also be a way to find future Board members). The unaffiliated Board members noted that many of them were senior professionals in the private sector who were also busy, did not have support staff to help them on GAVI matters but deemed committee membership as an essential part of their responsibility. Some also felt that they were disproportionately leaned upon at times.
- The Chair noted this discussion and asked the Governance Committee to continue discussion on this principle and refine it accordingly.



## **Decision Six**

### **The GAVI Alliance Board:**

- **Amended** By-Laws Article 3.1.1, clause 3 as follows:

*Up to eight additional Board Members (or Alternate Board Members), who shall each be a voting member of the Executive Committee*

- **Amended** By-Laws Article 3.1.2 in its entirety as follows:

*The composition of the eight additional Board Members shall be as follows:*

- *WHO, UNICEF, and the World Bank: Two seats*
- *Bill & Melinda Gates Foundation: One seat*
- *Developing country governments: One seat*
- *Donor country governments: One seat*
- *Unaffiliated Board Members: Three seats*

- **Amended** Article 3 of the Executive Committee Charter to include the following bullet point:

*Approve market and/or commercially-sensitive decisions as part of the implementation of the supply and procurement strategy.*

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## **9. Chair's reflections on day one**

- 9.1 The Chair and Vice Chair provided some reflections on the Board's deliberations thus far. The Vice Chair concluded the day's discussion by reminding the Board that it had been one year since the replenishment conference. She pointed out that it was important to remember that many of the challenges that GAVI now faces, which were discussed during the first day of the meeting, are because of that success.

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## **10. Chair's overview of day two**

- 10.1 The Chair referred briefly to the discussions held on the previous day and the number of items for decision to be addressed on day two of the meeting.
- 10.2 The Board viewed a short film on the introduction of the pentavalent vaccine in Haiti in April 2012 and the Chair extended his thanks to PAHO and all GAVI partners for their contribution to making the launch successful.

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## **11. Report of the Evaluation Advisory Committee**

- 11.1 Sania Nishtar delivered the report of the Evaluation Advisory Committee of which she has been Chair for a year. During that time the Committee had looked at the revised Evaluation Policy which had been recommended for approval by the Board on the previous day. The Committee had endorsed and validated the methodology of the evaluation of GAVI support to CSOs and agreed that it is a useful report and a fair evaluation of a complex programme. The Committee had reviewed and approved the Request for Proposals for the Advance Market Commitment for Pneumococcal Vaccine Process and Design Evaluation, as well as the Request for Proposals for Full Country Evaluations. At its meeting in July 2012 the Committee would be selecting a bidder for the latter.
- 11.2 The Committee has asked the Secretariat to conduct a desk-top review of how GAVI evaluations result in programme and policy changes. This review would be submitted to the next Board meeting for consideration. Finally, Sania Nishtar emphasised the importance of Board participation on the EAC and in this context welcomed Angela Santoni as a new Board representative on the Committee.

### *Discussion*

- Anne Schuchat expressed concerns about the high number of evaluations being carried out and suggested that GAVI should be looking forward and focussing on performance and results as opposed to conducting a retrospective review of how evaluations have been used.

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## **12. Options for enhancing GAVI's investment in measles prevention**

- 12.1 The Chair reminded the Board that at their retreat in Oslo in April 2012 they had asked the Secretariat to develop options and a recommendation to the June Board meeting to provide additional financial support for measles vaccination in GAVI-eligible countries prior to the full roll out of the MR vaccine.
- 12.2 Nina Schwalbe, Managing Director of Policy and Performance, presented the options to the Board, providing background information on GAVI's engagement to date and its commitment to measles control (Doc 12). The proposal contained two elements: support for measles vaccines and operational costs for six large countries at high risk of measles outbreaks, and support for outbreaks and other emerging needs requiring rapid responses.
- 12.3 Wayne Berson informed the Board that relevant figures had not been reviewed by the Committee due to time constraints and the request at the retreat for expedited review. However, in view of the somewhat conservative financial forecast for 2011-2020 he considered that GAVI does have the

financial capacity to invest in measles prevention as recommended to the Board.

### *Discussion*

- Alan Hinman informed the Board that he had a personal conflict of interest in relation to this item and requested permission to make a statement before handing over his seat to the Alternate Board member from his constituency. He stated that the two real issues in relation to GAVI's investing in measles prevention are whether and how. In his view it is critical that GAVI supports this initiative in particular as measles is resurging in many countries in Africa. GAVI support for MR and routine second dose will provide great assistance but will unfortunately not become available immediately. He indicated his own personal support, but also the support of his constituency, for the option recommended in the paper, namely funding both through the MR Initiative and also using GAVI mechanisms.
- Anne Schuchat, who also had a conflict of interest in relation to this item, left the table.
- Board members welcomed the initiative and partners appreciated the extensive consultation with them on the issue despite the short time line. Whilst acknowledging that it had been a request from them to the Secretariat to develop options in a short timeframe, the Board agreed that it would be preferable to follow the normal committee process as a general matter.
- It was also agreed that the approval of such support, including disbursement through another organisation, should be exceptional. Several donors commented that they did not fund GAVI to be simply a pass-through mechanism but to add value. It was suggested that the Board might wish to discuss the issue of providing support through other organisations in the future.
- Board members welcomed the proposal to develop an indicator as a strong signal to the immunisation community and highlighted the importance of developing country ownership.
- Board members from the developing countries welcomed the proposal to provide this support through existing GAVI Alliance mechanisms.

### **Decision Seven**

#### **The GAVI Alliance Board:**

- **Approved**, on an exceptional basis, the Secretariat to put in place the necessary arrangements in accordance with Annex 2, Option 2 of Doc 12, for six large countries at high risk of measles outbreaks (Afghanistan, Chad, DR Congo, Ethiopia, Nigeria, and Pakistan) to be able to receive GAVI support for measles vaccines and operational costs until these countries are forecasted

to have implemented a measles-rubella (MR) campaign, or by no later than 2017. This support would be provided in collaboration with the Measles & Rubella Initiative (MR Initiative, formerly the Measles Initiative).

- **Approved** US\$ 55 million to be made available to the MR Initiative through the UN Foundation for use through 2017 for outbreaks and other emerging needs requiring rapid responses, using the mechanism described in Annex 2, Option 1 of Doc 12.
- **Requested** the Secretariat - given the importance of measles as an indication of country support for routine immunisation – to develop an indicator for measles first dose routine vaccine coverage as part of the achievement of GAVI's 2011-2015 Strategy for review by the Evaluation Advisory Committee.

*Alan Hinman (Civil Society Organisations) and Anne Schuchat (Research and Technical Institutes) recused themselves and did not vote on this item.*

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### **13. Vaccine introduction grants and operational support for campaigns**

- 13.1 Gustavo Gonzalez-Canali informed the Board that the PPC had unanimously supported the proposal for vaccine introduction grants and operational support for campaigns (Doc 13).
- 13.2 Aurélia Nguyen, Director, Policy and Market Shaping, provided information to the Board on the objective, scope and guidelines for vaccine introduction grants and operational support for campaigns, highlighting the recommended changes and funding levels, as well as information on implementation and on the financial implications for GAVI.

#### *Discussion*

- Board members agreed on the importance of ensuring justification for such an increase in support and in this context acknowledged that there is a need to improve the conditions of vaccine introductions, in particular around social mobilisation and training.
- Board members noted that the Secretariat and implementing partners have been fully engaged in analysing introduction costs and that this proposal reflects the full costs in countries. Previous levels of support had not had the advantage of such an analysis.
- Board members noted that one of the weaknesses highlighted in the past related to the timeliness of disbursement. The Secretariat is working on this to ensure disbursement six months before introduction, in line with the preference indicated by countries.

- Board members were informed that countries very much appreciate the simplification of the policy, that there will be a framework in place to measure impact and that there will be an improved feedback mechanism for countries through GAVI's CROs.

### **Decision Eight**

#### **The GAVI Alliance Board:**

- **Approved** the GAVI vaccine introduction grant and operational support for campaigns policy (the "Policy"), as described in Annex 1 of Doc 13;
- **Requested** the Secretariat to make the necessary arrangements to ensure that vaccine introductions and campaigns occurring on or after 1 September 2012 benefit from the Policy regardless of when the country proposal was approved.

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### **14. Continued funding for special studies**

- 14.1 Gustavo Gonzalez-Canali informed the Board that the PPC had discussed the role GAVI plays in implementing research and agreed that whilst research is critical for GAVI in the context of studies on key policies relevant to the role of new vaccines, there should not be a separate window for research (Doc 14). The studies being proposed are critical in that they fund the continuation of on-going cohort studies urgent to ensure that there is adequate data from developing countries doing GAVI's work.
- 14.2 Nina Schwalbe provided background information on special studies funded by GAVI to date, as well as on the goal and objectives of AVI special studies. She highlighted the four urgent studies recommended by the PPC and an additional study requested by the Committee. She specified that the PPC had advised that studies should be part of the business plan.

#### *Discussion*

- Before the discussion started Board members noted that Anne Schuchat and Maria Freire would not take part in the discussion or vote and that Amie Batson, who had earlier declared a conflict of interest on this item, was not present.
- Whilst there was general support for the recommendation to fund the special studies presented, some Board members expressed concern with regard to GAVI's funding research. It was suggested that further proposals should be put forward in the context of the business plan.
- The importance of linking the studies to work being carried out by the vaccine manufacturers was highlighted, as was the importance of ensuring that the

special studies funded by GAVI are mission critical and do not overlap with studies being carried out by other partners.

- Board members were informed that an independent group of experts had put together a list of topics for special studies on the critical path for GAVI, confirming that the studies proposed were all identified as priorities. Further, all proposals were independently peer reviewed before being put forward for approval.

### **Decision Nine**

#### **The GAVI Alliance Board:**

- **Approved** an amount of up to US\$ 9.3 million for AVI-TAC to continue two urgent pneumococcal studies and conduct two urgent rotavirus studies over a three year period, through 2015; and
- **Approved**, subject to the Secretariat receiving satisfactory peer review reports, an amount of US\$ 1.8 million for AVI-TAC to conduct a study to monitor the impact of the SAGE recommendation on widening age restrictions related to rotavirus vaccine delivery.

*Anne Schuchat (Research and Technical Institutes) and Maria Freire recused themselves and did not vote on this item. It was not necessary for Amie Batson to recuse herself as she was not present during discussion or the vote.*

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## **15. Programme update: Accelerated Vaccine Introduction**

- 15.1 Jon Pearman, Senior Technical Adviser, Vaccines, presented the Board with an update on the status of roll out and supply of rotavirus and pneumococcal vaccines including information on the factors influencing the difference in supply and demand (Doc 15).
- 15.2 Shanelle Hall, Director, Supply Division, UNICEF, reported that there are a number of variables that have to be managed in a situation which is complex and dynamic both on the demand and supply side. All measures are being taken to maximise supply and minimise risks to the manufacturers and to make vaccines available to the countries.

### *Discussion*

- Board members agreed on the importance of sharing information and close cooperation between all relevant stakeholders. It was highlighted that communication at the country level is important in particular as this may be a reputational issue for them.
- Board members expressed a wish to be kept updated on the situation, acknowledging that this is a rapidly changing issue and that it will be

necessary to ensure that communication to the Board is done as and when appropriate.

- Board members were reassured that should there be supply constraints during 2011-2015 that delayed countries graduating in 2015 from commencing roll out of vaccines for which they had been approved, they would be supplied for the full period for which they had been approved.

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## **16. Country presentation: India**

- 16.1 Ms Anuradha Gupta, Additional Secretary and Mission Director National Rural Health Mission from the Indian Ministry of Health and Family Welfare gave a presentation on India's universal immunisation programme. She highlighted the success of polio eradication, provided information on the measles mortality reduction initiative and on the introduction of the pentavalent vaccine. She informed the Board that 2012 has been declared the year of 'Intensification of Routine Immunisation' in India and in this context presented the country's strategic actions to improve immunisation.
- 16.2 Ms Gupta expressed her thanks to GAVI for supporting introduction of the pentavalent vaccine stating that India is now in a position to generate its own funding for this vaccine. She also thanked the Board for having considered special requirements for India, highlighting the catalytic effect GAVI support has had on the country.

### *Discussion*

- The Chair commended Ms Gupta for the impressive work on immunisation in India and extended his congratulations on the success of polio eradication. The CEO highlighted Ms Gupta's leadership role which has contributed to India's success in immunisation.
- Board members noted that the immunisation programme is overseen and financed by the central government.
- Board members noted with interest the innovative tracking system which is used in India, which has huge potential, and which India would be willing to share with other countries.
- The Chair concluded by commending the CEO for the way in which he has prioritised developing GAVI's relationship with India.

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## **17. GAVI support to Civil Society Organisations**

17.1 Paul Kelly, Director, Country Support, presented the recommendations of the PPC to the Board on GAVI support to Civil Society Organisations. He highlighted the important role of the Interagency Coordinating Committees (ICC) in ensuring CSO inclusion in country HSFP applications.

### *Discussion*

- Alan Hinman informed the Board that his constituency would recuse itself from the discussion and from voting on this item, requesting permission to make a statement beforehand. He indicated that while his constituency would have preferred the option for CSOs to request support through a country focal point it did support the recommendation. He pointed out that the country-by-country approach being developed would help identify the exceptional circumstances in which GAVI should maintain the flexibility to engage CSOs directly.
- Board members noted that proposals for directly funding CSOs will be considered on a country-by-country basis in particular taking into consideration countries where CSOs play an important role in vaccine delivery and where the relationship between governments and CSOs are not well developed.
- Board members also noted that some countries have ongoing GAVI HSS multi-year commitments. CSOs in these countries may not be able to engage until the country prepares a new HSFP application. Some countries may not apply at all. GAVI will work closely with countries to promote the involvement of CSOs in HSS/HSFP discussions and where appropriate, facilitate reprogramming of current grants to integrate CSO participation. A majority of GAVI-eligible countries are expected to have applied for new HSFP support involving CSOs by the end of 2013.

### **Decision Ten**

#### **The GAVI Alliance Board:**

- **Decided** that Government remains the default approach but direct funding for CSO activities can be requested as part of a country Health Systems Funding Platform (HSFP) application (Option 3).

While provision of funds to CSOs through the HSFP is the recommended option, it should not limit GAVI's flexibility to engage CSOs directly where rare and exceptional circumstances require different approaches. Approaches should be developed in response to country-specific analysis.

- **Requested** the Secretariat to prepare an implementation framework recognising an increased risk in procurement and financial management and potential resource implications for the Secretariat and which draws on the



findings of the evaluation of GAVI support to CSOs and presents why and how GAVI works with and supports CSOs.

*Alan Hinman (Civil Society Organisations) and Joan Awunyo-Akaba (his alternate), recused themselves and did not vote on this item.*

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## **18. Long-term funding strategy**

18.1 Marie-Ange Saraka-Yao, Director, Programme Funding, presented this item to the Board introducing some of the lessons learnt from the first GAVI replenishment (Doc 18). She highlighted the challenge of mobilising long-term and flexible funding, the importance of building a diverse capital structure, and of moving towards sustainable burden-sharing.

### *Discussion*

- Board members agreed that one of the key functions of the Board is to look at resources. It will be necessary to continue to make the case for vaccines in the context of child survival. It will also be important to continue to make the case for vaccines in the developing countries so that immunisation remains a priority for them.
- A member noted that in the future a new seat on the Board may need to be created to meet the expectations of potential new donors.
- Board members agreed that there will be a need for GAVI to secure long-term funding, including through innovative finance, to power market-shaping and support programmatic commitments.
- It was agreed that there should be a focus on evidence, results, and achievements to date and suggested that results should be looked at in terms of forecasting.
- Board members discussed the issue of diversification and emphasised the importance of broadening the partnership with new sovereign donors and the private sector. In this context, and although donor governments are expected to continue to provide the majority of GAVI funding, the private sector could play an increasingly important role. The early success of the GAVI Matching Fund in this regard was noted approvingly. Some Board members felt that further possibilities should be explored in this context. It was stated that the private sector will want results and accountability. It was also stated that many companies will expect tax incentives, which the current structure with charities in the US and the UK may not be sufficient to address. Some Board members suggested re-establishing the Development Committee of the Board to assist GAVI with its private sector funding initiatives.

- The issue of earmarked funding was raised. Although the GAVI Alliance needs to recognise that this subject will increasingly become relevant and topical because of donor preferences and developments in our target donor groups, it was agreed that GAVI needs to be prudent in relation to this. The matter is under review with an evaluation of the early pilots, and the final strategy to be presented to the Board in December will include specific recommendations with regards to earmarking.
- The issue of sustainability was raised, both in terms of sustainability of resources and the sustainability of countries in introducing vaccines. In relation to the latter it was suggested that GAVI could help countries, and in particular graduating countries, to develop their sustainability plans.
- Board members noted that an implementation strategy will be included as part of the paper submitted to them at their next meeting in December 2012.

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## **19. IFFIm report**

- 19.1 René Karsenti, Chair of the IFFIm Company, and David Ferreira, Managing Director for Innovative Finance, delivered the report of the International Finance Facility for Immunisation (IFFIm), highlighting how IFFIm continues to work for GAVI. René Karsenti provided the Board with an update on IFFIm credit ratings, IFFIm's continued attractiveness in the debt markets, and the IFFIm donors workshop which had been held in April 2012. He informed the Board about recent changes to the IFFIm Board and that the search process is currently underway to fill three IFFIm Board seats. René Karsenti emphasised that in the view of the IFFIm Board, IFFIm should continue to form part of GAVI's funding strategy in future.

### *Discussion*

- The Board thanked Alan Gillespie for his role in chairing IFFIm since its inception and wished him well. The Board welcomed René Karsenti as IFFIm Chair.
- The Chair acknowledged the importance of IFFIm as a part of GAVI's long-term funding strategy and commended the IFFIm Board and staff on their work in the context of the current economic environment.
- The Board briefly discussed the possibility of new donors joining IFFIm and noted that it was not impossible for private companies to join IFFIm as donors, but that it would be challenging given the current structure.
- The Board noted that IFFIm provides different attractions to different donors and that it would probably need to be able to be marketed as such.

- A Board member asked if IFFIm could be applied to a specific immunisation challenge, such as the eradication of polio.
- A Board member remarked that within the objective of adding assets to IFFIm, one would need to make clear what else IFFIm adds above a long-term direct pledge to GAVI.
- The World Bank reiterated its commitment to support GAVI through IFFIm.

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## **20. IFFIm/GFA restructuring**

20.1 Debbie Adams provided the Board with background information on the proposed removal of the GAVI Fund Affiliate (GFA) from the IFFIm structure and what this restructuring would mean to GAVI.

### **Decision Eleven**

#### **The GAVI Alliance Board:**

- **Approved** GAVI entering into any new grant agreements with the IFFIm donors once the Finance Framework Agreement is amended to remove the GFA from the IFFIm structure; and
- **Approved** the immediate assignment to the IFFIm Company of any new grant agreements entered into between GAVI and the IFFIm donors.

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## **21. Review of decisions**

21.1 Debbie Adams went through the decision language and actions with the Board which subsequently approved both.

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## **22. Closing remarks and any other business**

22.1 The Chair concluded the meeting by thanking all present for their contribution to the work of the Alliance.

22.2 After determining there was no further business, the meeting was brought to a close.

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Mr Dagfinn Høybråten  
Chair of the Board

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Ms Debbie Adams  
Secretary to the Board

## Participants

### **Board Members**

- Dagfinn Høybråten, Chair
- Geeta Rao Gupta, Vice Chair
- HRH the Infanta Cristina of Spain
- Cristian Baeza
- Amie Batson
- Wayne Berson
- Simon Bland
- Dwight Bush
- Flavia Bustreo
- Suraya Dalil
- Mahima Datla
- Maria C. Freire
- Fatchou Gakaïtangou (Alternate)
- Ashutosh Garg
- Gustavo Gonzalez-Canali
- A.F.M. Ruhai Haque
- Johan Van Hoof
- Alan Hinman
- Steve Landry (Alternate)
- Yifei Li
- Anders Nordström
- Christine J.D. Ondo
- Angela Santoni
- Anne Schuchat
- George W. Wellde Jr.
- Seth Berkley (non-voting)

### **Alternates Observing**

- Joan Awunyo-Akaba
- Nicholas Alipui\*
- Jenny Da Rin
- Armin Fidler
- Suresh Jadhav
- Siv Cathrine Moe
- Jean-Marie Okwo-Bele
- Olga Popova
- Annie Vestjens

\* Served as the eligible organisation's voting member per Section 2.6.5 of the By-Laws

### **Presenters not otherwise referenced**

- Debbie Adams
- Helen Evans
- Barry Greene
- Paul Kelly
- Cees Klumper
- Aurélia Nguyen
- Jon Pearman
- Marie-Ange Saraka-Yao
- Nina Schwalbe

### **Regrets**

- Christopher J. Elias
- Guillermo González González

## Additional Attendees

### **WORLD HEALTH ORGANIZATION**

- Claudia P. Castillo, Alliances Specialist, Family and Community Health, PAHO
- Lidija Namisa Kamara, Programme Manager
- Gina Tambini, Manager, Area of Family and Community Health, PAHO / WHO, USA

### **UNICEF**

- Jonathan Cauldwell, Senior Advisor, Public-sector Alliances & Resource Mobilization Office (PARMO)
- Shanelle Hall, Director, Supply Division
- Susan Mathiesen, Accounting Manager, Supply Division
- Jos Vandelaer, Chief, Immunization

### **THE WORLD BANK**

- Natalia Antsilevich, Financial Officer, Multilateral Trusteeship and Innovative Financing
- Claudia Cadwallader
- Susan McAdams, Director, CFPMI
- Robert Oelrichs, Senior Health Specialist
- Shirmila Ramasamy, Counsel, Corporate Finance
- Ludovica Soderini, Senior Adviser
- Derek Strocher, Senior Financial Officer

### **BILL & MELINDA GATES FOUNDATION**

- Nicole Bates, Deputy Director, Global Policy & Advocacy
- Violaine Mitchell, Interim Deputy Director
- Greg Widmyer, Senior Programme Officer

**AFGHANISTAN**

- Ghulam Sakhi Kargar Norughli, Spokesman, Ministry of Public Health, Afghanistan
- Ahmad Jawd Osmani, Acting Director, International Relations Department, Ministry of Public Health

*From the United States Government in Afghanistan*

- Sharifa Abbasi, Legal Assistant, Embassy of Afghanistan, U.S.A.
- Carol Horning, Social Development Director of USAID in Afghanistan

**AUSTRALIA**

- Tim Poletti, Health Advisor, AusAID (Australian Permanent Mission, Geneva)
- Sally Truong, Director, Sectoral Funds Section, AUSAid

**BANGLADESH** (*represented by its Board member*)

**CANADA**

- Micheline Gilbert, Senior Analyst, CIDA
- Jennifer Goosen, Director, MCHN Division, Canadian International Development Agency

**CHAD** (*represented by its Alternate Board member*)

**EUROPEAN COMMISSION**

- Eric Sattin, Health Officer, European Commission
- Walter Seidel, Head of Sector, DEVCO

**FRANCE**

- Agnès Surry, Deputy Head of Official Development Assistance and Multilateral Development Institutions, Ministry of the Economy, Finance and Industry

**GERMANY**

- Dirk Gehl, Advisor, Federal Ministry for Economic Cooperation and Development (BMZ)
- Rafael Teck, Policy Officer, Federal Ministry for Economic Cooperation and Development

**IRELAND**

- Diarmuid McClean, Development Specialist Global Health, Irish Aid

**JAPAN**

- Minori Ishii, Chief for Health Aid Policy, Ministry of Foreign Affairs
- Naoyuki Kobayashi, Deputy Director General, Human Development Department, Japan International Cooperation Agency (JICA)
- Keiko Osaki, Senior Advisor on Health, Human Development Department, JICA
- Hiroko Sakai, Associate Expert, JICA

**NORWAY**

- Lene Lothe, Senior Advisor, Norad

**SPAIN**

- Javier Aparicio, Adviser, Spanish Embassy, Washington, D.C.
- Estibaliz Garcia, Technical Adviser, Spanish Agency for International Cooperation
- Jorge Romeu, Adviser, Spanish Embassy, Washington, D.C.

**SWEDEN**

- Katarina Martholm Fried, Counsellor, Permanent Mission of Sweden to the United Nation Organisations in Geneva
- Mia Rimby, Deputy Director, Ministry for Foreign Affairs



## **GAVI Alliance Board Meeting**

12-13 June 2012

### **UNITED KINGDOM**

- Abigail Robinson, Programmes & Policy Manager for GAVI, DFID
- Samrita Sidhu, Programme Manager/Economic Adviser, DFID

### **UNITED STATES OF AMERICA**

- Susan McKinney, Senior Technical Advisor for Immunization, USAID
- Angela Shen, Technical Advisor for Immunization and Vaccine Policy, USAID

### **UGANDA** *(represented by its Board member)*

### **CIVIL SOCIETY ORGANISATIONS**

- Amy Dietterich, GAVI CSO Constituency Communications Focal Point, Health Department, International Federation of Red Cross and Red Crescent Societies, Switzerland
- Kate Elder, Vaccines Policy Advisor, Médecins Sans Frontières, Access Campaign
- Clarisse Loe Loumou, Alternative Santé, Cameroon
- Elena McEwan, Catholic Relief Services
- Rozina Mistry, Aga Khan Health Service, Pakistan

### **VACCINE INDUSTRY – DEVELOPING COUNTRY**

- Rajiv Modi, Chief Executive Officer, Cadila Pharmaceuticals, India
- Sonia Pagliusi Uhe, Executive Secretary, DCVMN

### **VACCINE INDUSTRY - INDUSTRIALISED COUNTRY**

- Joan Benson, Executive Director, International Organizations, Merck Vaccines, U.S.A.
- Lynn Bodarky, Senior Director, Pfizer, U.S.A.
- Isabelle Deschamps, Director, Vaccination Policy and Advocacy, Sanofi Pasteur, France
- Lindsey Dietschi, Director, Pfizer, U.S.A.
- Stefano Malvolti, Director, Global Policy, Novartis Vaccines & Diagnostics, Switzerland
- Kathleen Vandendael, Director, Government Affairs & Public Policy, International Relations, GlaxoSmithKline Biologicals, Belgium (tbc)

### **RESEARCH AND TECHNICAL HEALTH INSTITUTES**

- Orin Levine, Executive Director, PneumoADIP, Johns Hopkins Center for Global Health
- Rebecca Martin, Director, Global Immunization Division, U.S. Centers for Disease Control
- Benjamin Schreiber, COO, Agence de Médecine Préventive à l'Institut Pasteur, France
- Alfred Da Silva, Executive Director, Agence de Médecine Préventive à l'Institut Pasteur, France

### **SPECIAL ADVISERS**

- Gian Gandhi, Senior Adviser to the GAVI Alliance Board Vice Chair
- Nazmul Huda, Special Adviser to the Board Member from Bangladesh
- Aksel Jakobsen, Senior Adviser to the GAVI Alliance Board Chair
- Silvia Noguera Figuerol, Special Adviser to HRH the Infanta Cristina of Spain
- Laura Quintana, Special Adviser to the Board Member from Nicaragua
- Fred Musoke Sebisubi, Special Adviser to the Board Member from Uganda

### **EVALUATION ADVISORY COMMITTEE**

- Sania Nishtar, Chair, Evaluation Advisory Committee; Founder and CEO, Heartfile, Pakistan

### **GAVI CAMPAIGN**

- Paul O'Connell, Board Chair
- Daniel Schwartz, Board member and Treasurer

### **GAVI FUND AFFILIATE**

- André Prost, Board member



**INTERNATIONAL FINANCE FACILITY FOR IMMUNISATION**

- René Karsenti, Board Chair
- Sean Carney, Audit Committee Chair
- Didier Cherpitel, Board member

**ADDITIONAL OBSERVERS**

- Joshua Young Chu, Director, Vaccine Markets, Clinton Health Access Initiative
- Marta Espelta, Programme Officer, "La Caixa" Foundation
- Alan R. Gillespie, Founding Chair, International Finance Facility for Immunisation
- Anuradha Gupta, Additional Secretary & Mission Director National Rural Health Mission (NRHM), Ministry of Health and Family Welfare, India
- Alice Kang'ethe, Executive Vice President MCH and Director Vaccines, Clinton Health Access Initiative
- Ajay Khera, Deputy Commissioner Maternal and Child Health (MCH), Ministry of Health and Family Welfare, India
- David Lorenzo, Program Officer, Vaccine Access and Delivery, PATH
- Kathleen Neuzil, Director, Vaccine Access and Delivery, PATH
- John F. Olson, Distinguished Visitor from Practice, Georgetown University Law Center
- Vesta Richardson López-Collada, Director, National Center for Childhood and Adolescence, Ministry of Health, Mexico
- Fred Riley, Manager, Special Projects, LDS Humanitarian Services