

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

2-3 May 2018

Gavi Alliance Offices, Geneva, Switzerland

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

- 1.1 Finding a quorum of members present, the meeting commenced at 08.33 Geneva time on 2 May 2018. Richard Sezibera, Programme and Policy Committee (PPC) Chair, chaired the meeting.
- 1.2 The Chair welcomed participants and in particular new PPC members Ahmed Abdallah, Vandana Gurnani, Kate O'Brien, Michael Kent Ranson, Princess Nothema Simelela and An Vermeersch.
- 1.3 The Chair noted that in the absence of Jason Lane, Danny Graymore, Board member for the UK/Qatar constituency, was joining the meeting for the first day. He would be welcome to take part in the discussions but as an observer would not be in a position to take part in the decision-making processes.
- 1.4 The Chair informed participants that Tania Cernuschi from WHO would be joining for the session on Middle Income Countries: Situational Analysis and Dan Walter and Diana Chang-Blanc from WHO would be joining for the session on Gavi's Engagement in Polio Eradication.
- 1.5 The Chair referred to the survey which PPC members are invited to complete after each meeting. He noted some of the feedback from the meeting in October 2017, which was generally positive. He also noted that, in his assessment, the Committee was now in position to focus more on interactions between the Committee members themselves and between the Committee and the Secretariat going forward. The aim of the assessments is to make the work of the Committee and ultimately the Board, more efficient and effective.
- 1.6 Standing declarations of interest were tabled to the Committee (Doc 01a in the Committee pack). It was recorded, in the context of the discussion to take place in relation to IFFIm and CEPI, that Helen Rees is Chair of the CEPI Scientific Board.
- 1.7 The minutes of the joint meeting with the EAC on 25 October 2017 and the PPC meetings of 26-27 October 2017 and 8 November 2017 were tabled to the Committee for information (Doc 01b, 01c and 01d in the Committee pack). The minutes had been circulated and approved by no-objection on 7 and 8 February 2018.
- 1.8 The Chair referred to the PPC workplan (Doc 01e) and the Action Sheet (Doc 01f). He reminded Committee members that they may contribute to the workplan by raising issues with either himself or the Secretariat.

- 1.9 In relation to the Action Sheet he noted that PPC members had previously asked for information from WHO and UNICEF on the percentage of their immunisation staff who are Gavi funded and that this information has been received and included along with the appendices for this meeting on BoardEffect.

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## **2. CEO Update and 2016-2020 Strategy: Implementation and measurement**

- 2.1 Seth Berkley, CEO, provided an update to the Committee covering key developments in the global landscape, updates on previous PPC discussions and Board decisions, as well as progress and challenges on implementing Gavi's strategy.
- 2.2 Dr Berkley noted the formal adoption of two immunisation indicators for the UN Sustainable Development Goals (SDGs) and noted that the health community continues to re-align itself to best deliver on the SDGs.
- 2.3 Dr Berkley highlighted that there are a number of ongoing initiatives seeking to streamline the currently global health architecture, increase collaboration between agencies and reduce transaction costs for countries. He noted that Gavi is supportive of these efforts and acknowledged the importance of ensuring that the global health community is fit for purpose and works together as effectively and efficiently as possible. Dr Berkley confirmed that Gavi is working closely with WHO, the Global Fund, the Global Financing Facility and other partners, and emphasised that collaboration is at the heart of the Alliance model. He noted that there is some concern that the multiple parallel efforts to improve coordination in global health may risk creating significant transaction costs and distracting from efforts of each agency to deliver on their core missions.
- 2.4 Dr Berkley informed the PPC that the Mid-Term Review (MTR) will take place at the end of the year in Abu Dhabi. It will be an opportunity to report back to donors on how we are delivering against the Berlin investment case, including providing a balance reflect on successes and challenges. The MTR will also be an opportunity to start discussing some of the strategic considerations for Gavi 5.0. Dr Berkley also noted that there will be multiple replenishments across various organisations in the next couple of years and in this context it will be particularly important for Gavi to highlight the importance of its work to donors.
- 2.5 He updated the Committee on the Board Retreat held in March 2018 which focussed on coverage and equity and initial discussions on Gavi 5.0. Dr Berkley noted that the high-level strategy framework will be finalised in 2019 to inform the investment case for the next replenishment.
- 2.6 Dr Berkley provided an update on key previous Board decisions including the implementation of the Fragility, Emergencies, Refugees Policy, support to Syria, and updates on Yellow Fever, HPV, Typhoid and Cholera vaccine programmes. He also noted that Gavi is seeing an increase in the number of applications for Measles/Measles-Rubella campaigns in pursuit of elimination. He highlighted the

importance of ensuring campaigns are of a high quality, focus on improving routine immunisation, and are designed to control (rather than eliminate) disease in countries with low coverage and weak health systems.

- 2.7 Dr Berkley provided an update on Gavi's Gender Policy noting that Gavi had been recognised as one of the top nine performers out of 140 health organisations in the recent Global Health 50-50 report. He also provided an update on the recent Secretariat re-structuring and the upcoming move to the new Global Health Campus at the end of June 2018.
- 2.8 Dr Berkley then updated the Committee on progress towards the strategic indicators and changes to Gavi's risk profile. He noted a new high risk around polio transition.
- 2.9 Hope Johnson, Director, Monitoring and Evaluation, presented to the Committee on the systematic review of all Gavi's Strategy Indicators and Alliance Key Performance Indicators (KPIs). This review highlighted that certain indicators are not well suited to the new approach of frequent progress review and may not be able to measure change in a meaningful way. She presented proposed targeted updates to indicators to address this.

### *Discussion*

- In response to a question from a PPC member on how Gavi will capitalise on the move to the Global Health Campus to improve collaborative working, Dr Berkley responded that work is already ongoing to look at synergies with the Global Fund. He did however reiterate that any new initiative needs to be well thought through.
- PPC members were generally supportive of the proposed changes to the strategic indicators.
- Noting the timing of the changes in the middle of the strategic period, several members asked whether both sets of strategic indicators could be tracked through the remainder of the strategy period. Others raised concerns about tracking two sets of indicators which would not provide the requisite focus for the Secretariat and Board, as well as the impact on Secretariat resources.
- After discussion, it was agreed to use the new strategic indicators as the primary measure of performance and accountability, but the Committee asked the Secretariat to keep tracking the original indicators as well.
- The PPC member representing the CSO constituency asked that it be noted that her constituency is not in agreement with the decision to go forward with the new strategic indicators. The PPC was therefore unable to reach consensus on the recommendation below and the minority position expressed by Dure Samin Akram will be reported to the Board.

## **Decision One**

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

- a) **Approve** the changes to the definitions and targets of the Strategy Indicators as set out in Section 2 of Annex A to Doc 02, as amended by discussions at the PPC; and
- b) **Requests** the Secretariat to also continue tracking the original definitions and targets of these Strategic Indicators.

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### **3. Market shaping update**

- 3.1 Aurelia Nguyen, Managing Director, Vaccines & Sustainability provided an update to the Committee on Gavi's market shaping activities including information in relation to progress against the market shaping strategic indicators and the 2016-2020 Supply and Procurement Strategy (Doc 03).
- 3.2 Ms Nguyen noted the positive progress on the strategic indicators, with a reduction in the weighted average price per child, an increase in the number of vaccine products with improved characteristics, and an increase in the number of vaccine markets with healthy market dynamics. She highlighted a mixed view on the number of vaccine markets with sufficient and uninterrupted supply, and specifically noted lessons learned from issues seen in HPV supply.
- 3.3 Ms Nguyen outlined to the Committee members details of the Alliance Vaccine Innovation Prioritisation Strategy (VIPS) that has commenced. She noted that the aim of this Alliance initiative is to prioritise vaccine product innovations to better meet country needs, ultimately providing clarity to manufacturers and partners to make investment decisions.
- 3.4 She also noted the importance of monitoring the externalities of Gavi's market shaping work. She highlighted eight externalities that the Secretariat proposes to monitor to understand both the potential positive and negative impacts of Gavi's market shaping activities.

### *Discussion*

- Representatives from both the developing and industrialised country vaccine manufacturer constituencies raised concerns around the ever-increasing regulatory requirements from WHO, the EU and the US. It was noted that in this context it would be useful to have engagement from an industry perspective to have a better understanding of how the increasing requirements are translating into increased vaccine production costs. One PPC member also noted that national regulatory authorities also face challenges when considering which standards they should be looking at when there are different standards at regional and/or global levels.

- PPC members noted that there is unprecedented demand in developing countries, and in particular in Africa, to create their own manufacturing facilities and it was agreed that it will be very important to ensure strong regulatory systems in these countries. It was noted that it would be useful if WHO could develop guidance for countries on key pre-requisites as well as likely financial implications.
- Members noted the usefulness of monitoring the impact of Gavi's market shaping activities, especially on manufacturers and non-Gavi supported countries. They encouraged a sector-wide discussion on supply security and price balance, with close engagement with the manufacturers.
- It was also noted that further discussions on Gavi's market shaping activities for transitioned and non-Gavi eligible countries will be further considered in the context of Gavi 5.0.
- PPC members also expressed an interest in having a better understanding of the relationship between Gavi and UNICEF Supply Division in relation to market shaping activities.
- The PPC member representing the SEARO/WPRO developing country constituency, from India herself, raised whether there was an opportunity for ensuring UNICEF and countries are not in competition with each other when procuring vaccines. She gave the example of IPV which India self-procures and where prices quoted in a recent tender were twice those of previous tenders.
- In response to a question relating to the Ebola stockpile and how it would be managed, the Secretariat noted that they are looking closely at what the Gavi volume requirements are likely to be and are coordinating with WHO and partners.
- In response to a question around assessing the market shaping strategy, the Secretariat noted that a number of evaluations will be (or have been) undertaken including reviews of the outcomes of each tender and a mid-term evaluation of UNICEF Supply Division as the procurement agent.
- One PPC member raised the issue of strengthening pharmacovigilance in countries and it was noted that while this is indeed important and Gavi is doing this, there are limited resources to address this.

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#### **4. Partners' Engagement Framework: Funding & Performance**

- 4.1 Anuradha Gupta, Deputy CEO, Gavi, provided an update on funding and performance of partners under the Partners' Engagement Framework (PEF) (Doc 04). She noted that Gavi has been successful in shirting resources from global to country level and that work is ongoing to take a more holistic view of support at the country level focusing on the symbiotic use of Targeted Country Assistance (TCA) with other Gavi investments in vaccines and health systems.

- 4.2 Ms Gupta highlighted that TCA is at the heart of PEF and that there is growing focus on country-level technical support, while funding for global and regional level activities has been flat-lined. She indicated that TCA support is increasingly focusing on fragile countries and subnational approaches with 14 countries including subnational support in their TCA plans for 2018.
- 4.3 Ms Gupta provided country examples of how TCA is being aligned with other Gavi funding to focus on Strategic Focus Areas (SFAs) and how a mix of partners (including Civil Society Organisations) are being engaged to achieve results.
- 4.4 Ms Gupta commented that the increased transparency and data available under the PEF has improved Gavi's ability to monitor progress and performance, as well as focus on achieving greater value for money.
- 4.5 Ms Gupta highlighted that the Alliance KPI and PEF Function measuring the proportion of Measles/Measles-Rubella campaigns achieving 95%, currently stands at 0%. She noted that this has triggered Alliance-wide discussions to increase efforts to improve the quality of campaigns.
- 4.6 Ms Gupta presented an example of one of Gavi's innovative partnerships with the private sector, Nexleaf, noting how these partnerships are primarily funded through direct private sector investments, the Gavi Matching Fund and INFUSE.
- 4.7 Ms Gupta informed the Committee that while 79% of PEF funding rests with UNICEF and WHO, the number of expanded partners is increasing, including new partners to help with financial management, advocacy and leadership, management and coordination (LMC).
- 4.8 Ms Gupta noted that the results of the second Alliance Health Survey show that the rational aspects of the Alliance have improved, while the more emotional aspects relating to trust, respect and belonging require greater focus.

### *Discussion*

- PPC members noted the progress seen under PEF and applauded the increasing accountability and transparency, as well as the increased focus on subnational Technical Assistance (TA).
- Some members fed back on the usefulness of Joint Appraisals (JAs), and the importance of ensuring inclusion of all relevant stakeholders in JAs was discussed.
- Responding to a question on who selects partners and areas for technical support, the Secretariat reiterated that the country is responsible for identifying the areas for technical assistance, and confirming the level of support required as well as the partners to be engaged.
- Several members noted that there may be advantages in having longer funding cycles for support under the PEF. The Secretariat responded that the Board has a two-year budget approval cycle so this cannot happen across all countries but

there may be exceptional cases where a longer term commitment could be considered.

- Responding to questions on the increasing pool of expanded partners, the Secretariat explained that by far the largest partners remain WHO and UNICEF, and that expanded partners accounted for approximately 9% of core PEF funding in 2017.
- In response to questions about Gavi's private sector engagement, Ms Gupta noted that Gavi had always been supportive of working with the private sector and confirmed that private sector partnerships are primarily funded through direct private sector investments, the Gavi Match Funding and INFUSE, with only a small portion coming from Gavi's core funds. She also assured the Committee that there is a due diligence process in place and that all private sector partners are reviewed by a third party service provider. The Chair noted the request for information on oversight mechanisms for PEF components, including private sector partnerships, to be shared with the Chair and PEF Management Team (MT).
- It was noted how important it is that countries understand the full implications when they are signing off on TCA plans and the Chair suggested that it would also be important for countries to sign off on the Terms of Reference for TCA.

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## **5. Successfully transitioning Nigeria from Gavi support**

- 5.1 Seth Berkley, CEO, introduced this item, recognising that the proposal has been prepared based on the principles of engagement approved by the Board and a high level of engagement between the Gavi Secretariat, Alliance partners and donors at all levels. He also referred to the recent high-level mission to Nigeria where he had met with senior political, technical and community figures. He noted that the second tranche of reimbursement has been paid and that a letter of commitment has been received from the Nigerian Government to pay the third tranche as well as meet co-financing commitments and fund traditional vaccines through 2018-2028. He also highlighted the importance of improving coverage in Niger but tempered his presentation with the need for humility given the significant resources already provided and the difficulty in making progress.
- 5.2 Pascal Bijleveld, Director, Country Support, and Nadia Lasri, Senior Country Manager, presented developments in Nigeria since the last Board meeting, noting progress on leadership and commitment and increased partner alignment, while recognising the persisting challenges (Doc 05).
- 5.3 Ms Lasri outlined the Nigeria Strategy for Immunization and PHC System Strengthening (NSIPSS) 2018–2028. She noted that the government has an ambitious plan to achieve 84% coverage of Penta3 by 2028. The exceptional Gavi support requested by the government of Nigeria is estimated to be US\$ 1,033 million during 2018-2028, an increase of US\$ 575 million on previous estimates and would extend the transition year from 2021 to 2028.

- 5.4 Ms Lasri noted that the proposed plan is to tailor the funding and financial approaches to a mixture of federal and state levels to ensure maximum oversight. She highlighted that funding will not go through the government systems in the near term due to previous issues but that work would be done to support capacity building.
- 5.5 Ms Lasri outlined the proposed mitigation activities for the identified risks. She also explained the conditions to be placed on Nigeria and noted that no disbursements would be made until repayments have been received and an accountability framework has been agreed upon.

### *Discussion*

- PPC members praised the Gavi team for its work and recognised the challenges going forward. It was highlighted that a lot of work has previously gone into Nigeria but that none of the health indicators have improved in the last 25 years. The NSIPSS plan is very ambitious in light of this.
- PPC members strongly agreed that there should be no discussion on further Gavi support at the June 2018 Board meeting without repayment of the outstanding monies owed.
- Members strongly supported additional conditions being built into the agreement with Nigeria including annual high-level meetings where the government is held to account on both programmatic and financial commitments.
- PPC members stressed the importance of ensuring that there is an accountability framework which clearly articulates the consequences of targets not being met. PPC members recognised the importance of ensuring that the government honour its commitments and it was suggested that strong regular dialogue should be ensured to monitor this.
- Members noted the challenging timing for this decision due to the upcoming elections in Nigeria. There was support for the proposal to start activities at the federal level and in states where elections are not scheduled. In particular, it was agreed that a written, public commitment of support from the current President should be obtained before the upcoming presidential election.
- Several members raised the issue of equity in treating other transitioning countries the same as Nigeria and were concerned that this will set a precedent for continued substantial support for any transitioning country which performs poorly. It was however noted by the Chair and the Secretariat, as per the Board decision in November 2017 that Nigeria should remain a clearly exceptional case.
- PPC members raised concerns in relation to the impact that polio transition might have in the immunisation programme in Nigeria. In particular, it was noted that 23,000 workers are currently engaged in the polio programme.



- Some concerns were raised in relation to the fact that humanitarian, conflict and security elements were not highlighted in the paper in relation to certain states and it was noted that this will need to be looked at closely going forward.
- Finally PPC members noted the importance of ensuring that there are good communication strategies in place, with local advocacy, and recognised the important role of local, including religious, leaders in contributing to the success of the strategy.

## **Decision Two**

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

- a) **Approve** that Nigeria be exceptionally granted an extension of the country's "Accelerated Transition" period (Phase 2) from 2021 to 2028 to align with its "National Strategy for Immunization and PHC System Strategy 2018-2028" (NSIPSS) and that its HSS ceiling be increased to US\$ 260 million for the 2018-2028 period;
- b) **Note** that the indicative total cost of Gavi support to the NSIPSS is estimated to be an amount of up to US\$ 1,033 million, including an indicative allocation of vaccines (US\$ 773 million) and cash support (US\$ 260 million), of which US\$ 575 million is incremental to amounts previously forecasted for Nigeria;
- c) **Request** the Secretariat and alliance partners, in consultation with the government, to develop an accountability framework, based on section 3.7 of Doc 04 and taking into account the input from the Programme and Policy Committee; and to organise annually a high level review with Alliance leadership and senior government officials that assesses progress against the accountability framework and which will inform Gavi's decision on support during the following year;
- d) **Emphasise** that Gavi support to the NSIPSS is contingent on Nigeria fulfilling its financial and programmatic commitments under the NSIPSS and meeting the conditions set forth in the aforementioned accountability framework; and
- e) **Request** the Secretariat to provide annual updates to the PPC and Board, and conduct a comprehensive mid-term review in 2022-2023 on the progress of Gavi's support to Nigeria to be presented to the PPC and Board.

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## **6. Engagement with countries post-transition**

- 6.1 Seth Berkley, CEO, introduced this item, recalling discussions at the October 2017 and November 2017 PPC and Board meetings respectively on this issue. He noted that it had been agreed by the Board that Angola, Congo Republic and Timor-Leste face higher risks to successful transition from Gavi support, As a result, the PPC and Board had requested additional analyses of the risks for these countries, as well as potential options for how these risks could be mitigated by the Alliance,

He also noted that the level of risk was different to that of Nigeria and that all three countries were now self-financing vaccines.

- 6.2 Santiago Cornejo, Director, Immunisation, Financing & Sustainability presented the analysis of the risks as well as proposed options to mitigate such risks in the three countries (Doc 06). He noted that the analysis had been focused on: i) actions to address the most acute risks that could lead to backsliding in performance and ii) opportunities to improve immunisation programme outcomes beyond current levels and enhance broader health impact. He highlighted the principles for support and provided information in relation to the country background, risks for each of the three countries and proposed actions to mitigate the most acute risks. Finally, he presented the final implications of the proposal.

### *Discussion*

- There was some discussion around the five high risk transition countries identified at the Board Retreat in 2017 (Nigeria, Papua New Guinea, Angola, Congo Republic and Timor Leste), and the proposed being presented. It was noted that these three countries have subsequently transitioned from Gavi support as at end 2017.
- The PPC discussed that some of the proposed actions might not be ambitious enough to achieve sustainable impact and therefore requested that more detailed country-specific analysis and plans be developed for each of the three countries, and provided to the PPC. Committee members raised concerns around the timeframes outlined for the approach with regards to such a short period of 2018-2020, and whether sustainable impact could be made available so quickly. This was acknowledged by the Secretariat who noted that continuity was important but support for countries post-transition would also be discussed as part of Gavi 5.0 for the period post 2020.
- Some members raised concerns with the proposal to use US\$ 10 million from the US\$ 30 million budget approved by the Board in November 2017 for post-transition support to countries, as it would potentially take resources away from other countries. Following discussion, PPC members agreed to the proposal noting that if additional funds should be required for these three countries a further request could be considered.
- In response to queries on the US\$ 15 million co-investment with the World Bank the Secretariat clarified that this related predominantly to Angola and noted that specific levels and activities of the World Bank co- investment would be finalised pending PPC and Board approval of the post-transition funding.

### **Decision Three**

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

- a) **Approve** the initial approach to post-transition engagement in Angola, Congo Republic and Timor-Leste set out in sections 2.6-2.16 of Doc 06;
- b) **Approve** within the overall Partners Engagement Framework an additional amount of US\$ 20 million for the engagement of post transition support for Angola, Congo Republic and Timor-Leste for the period of 2018-2020; and
- c) **Request** the Secretariat to present robust individual country plans for those three countries to the PPC at its next meeting.

*Robin Nandy (UNICEF), Adar Poonawalla (DCVMN) Michael Kent Ranson (World Bank), Nono Simelela (WHO) and An Vermeersch (IFPMA) recused themselves and did not vote on Decision Three above.*

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### **7. IFFIm and CEPI**

- 7.1 The Chair recalled that this item had been added to the PPC agenda at the request of Norway and he invited Lene Lothe to present to the PPC.
- 7.2 Ms Lothe outlined that the Coalition for Epidemic Preparedness Innovations (CEPI) is a new international association established under Norwegian Law for late stage research and development of new vaccines. She noted that the Norwegian government is interested in front-loading the funding for its pledge to CEPI with two options for funding - via the World Bank or via IFFIm.
- 7.3 As IFFIm is an established mechanism, Ms Lothe stated that this is their preferred option. Their proposal is to operate a ring-fenced fund so as not to impact on existing frameworks.
- 7.4 Ms Lothe acknowledged that IFFIm is currently set up to only manage funds for Gavi and therefore the Gavi Board and IFFIm Board would need to accept CEPI as a Gavi programme for the purposes of financing the programme. There was precedent in doing this where Gavi/IFFIm approved and funded programmes were managed by other entities.
- 7.5 She noted that there is no concrete proposal because the preference was to get an early indication from the PPC first before going ahead with the detailed analysis. She requested that questions in this discussion be limited to the principle of using IFFIm as a mechanism and not related to technical funding.

### *Discussion*

- The Secretariat noted that they are generally supportive of this principle, as is the IFFIm Board.
- The Secretariat acknowledged that whilst there is no perceived impact on legal arrangements between Gavi and IFFIm at this stage, Gavi would want to confirm certain details with the World Bank and IFFIm donors. The AFC would then be consulted formulating a recommendation for Board consideration and approval.
- In response to concerns from several members about the impact of this decision on Gavi's remit, governance, legal frameworks etc. Ms Lothe noted that they will look more closely at the risks and opportunities if the PPC supports the principle.
- Several concerns were raised around Gavi needing to take on fiduciary responsibility for these funds. The CEO stated that if it was set up such that IFFIm became essentially a flow-through mechanism, then this is unlikely to place a burden of responsibility on Gavi.
- PPC members indicated their support to further explore this option.

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## **8. Middle Income Countries: Situational Analysis**

- 8.1 Santiago Cornejo, Director, Immunisation, Financing & Sustainability, Tania Cernuschi, WHO and Robin Nandy, UNICEF presented an update on Alliance mechanisms to support Middle Income Countries (MICs) to the Committee (Doc 08).
- 8.2 Mr Cornejo noted that 60% of MICs receive Gavi support. He also noted that Gavi MICs reach similar levels of coverage to non-Gavi MICs but with a trend of increasing coverage and more vaccine introductions. He outlined to the Committee that non-Gavi countries pay considerably higher prices per dose and report higher levels of stock-outs compared to Gavi supported countries. Gavi support to lower income countries is helping them to achieve similar or higher immunisation performance than wealthier countries.
- 8.3 Ms Cernuschi notified the Committee of the Middle-Income Country Strategy developed by WHO in 2015. They consulted over 40 countries to understand country needs. Ms Cernuschi stated that the strategy focussed on MICs which are not supported by Gavi. The group recognised that more MICs are going to transition from Gavi support in the coming years.
- 8.4 Ms Cernuschi noted that the strategy focusses on improved access to affordable and timely supply; strengthened decision-making; increased political commitment and financial sustainability; and enhanced demand for and equitable delivery of immunisation services.

- 8.5 Ms Cernuschi stated that WHO now has 84% of countries reporting price and procurement data to them and that sharing procurement prices across many countries has been linked to reduced cost of vaccines over the last few years.
- 8.6 She however also noted that there are some challenges for WHO around funding and that they haven't yet been able to put in place an innovative procurement process for non-Gavi middle income countries. They are looking into regional consolidated demand but that perhaps this is an area in which Gavi could provide support in market shaping.
- 8.7 Dr Nandy noted that UNICEF is expected to meet the needs of non-Gavi countries, similar to WHO. UNICEF has an immunisation roadmap which shows their objectives and priorities and which should include the needs of MICs. UNICEF acknowledged that there are gaps in their support to some MICs.
- 8.8 From the initial mapping, Dr Nandy noted that their overall health footprint is smaller in MICs than LICs which is appropriate. In LICs, particularly Gavi countries, UNICEF has specialists but, in many MICs, UNICEF tends to provide generalists with less specialism in immunisation. He also acknowledged that there are a group of countries which have no UNICEF presence at all.
- 8.9 Dr Nandy outlined some of the UNICEF challenges in MICs which include access to affordable products, technical capacity, vaccine forecasting, supply chain weaknesses and advocacy for immunisation. He noted that UNICEF is looking to address in-country technical assistance. He highlighted to the Committee that these plans are not just focussed on immunisation but the wider MIC work including maternal and child health which is why the work is taking longer than anticipated.

### *Discussion*

- PPC members acknowledged that it is clear that Gavi support has had a positive impact on country performance. They indicated that they would support more thinking about how Gavi could further support non-Gavi MICs in areas such as advocacy, procurement and market shaping.
- PPC members recognised the challenges around pooled procurement for non-Gavi MICs in relation to countries' unwillingness to give up decision-making authority and potential corruption. WHO noted that although pooled procurement could be useful in some states they do not necessarily think that it is the solution for all regions but by leveraging certain existing ties, pooled demand could be used instead. The Secretariat noted that regional procurement may have limitations as the industry has tiered pricing arrangements that may predetermine price eligibility and this is an area which could be further considered for Gavi 5.0.
- In responding to a question on low coverage, Mr Cornejo noted several different reasons for this such as political will, fragility, corruption and systems and capacity challenges but acknowledged that this needs to be looked at more

comprehensively. Dr Nandy noted that one of the major drivers for lower coverage is often complacency from political leaders.

- The PPC member representing the developing country vaccine manufacturers' constituency proposed that one of the drivers of the differing price of vaccines between countries is due to each country creating their own testing requirements once they start to transition. He asked the Alliance to think about communicating with these countries. If they do not ask for additional requirements over and above WHO and UNICEF procurement system and requirements, then potentially the pharmaceutical industry could consider matching Gavi prices for other countries.

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## **9. Alliance Update on Country Programmes**

- 9.1 Hind Khatib-Othman, Managing Director, Country Programmes, presented the Alliance update on country programmes (Doc 09), covering i) the Alliance's ongoing work to strengthen in-country political will; ii) an update on channelling funds away from and back to government systems; iii) proposal to extend Gavi support for the Global Cholera stockpile for 2019; iv) proposal to expand the support for pneumococcal conjugate vaccine (PCV); v) proposal to exempt South Sudan from co-financing commitments from 2017-2020; vi) amendments to the Eligibility and Transition Policy; and vii) amendments to the Fragility, Emergencies, Refugees Policy and HSIS Framework.
- 9.2 Ms Khatib-Othman noted the continuous trend of funds being channelled through partners and other agents as a risk management measure. She explained that Gavi is working to reverse this trend by investing in financial management and programmatic capacity building as well as in other assurance/risk mitigation options including collaboration with the Global Fund and World Bank.
- 9.3 Ms Khatib-Othman presented the proposal to extend Gavi support for the Global Cholera stockpile for 2019. She noted that this is being requested in advance of the potential Vaccine Investment Strategy (VIS) decision on preventive immunisation in November 2018 because the timing of the VIS decision would be too late given the time needed to finalise supply agreements and the time required for manufacturing and incorporation into 2019 programme approval processes.
- 9.4 Ms Khatib-Othman asked the Committee to consider the recommendation to modify Gavi's HSIS Support Framework and Gavi's Fragility, Emergencies, Refugees policy as a measure to ensure that the US\$ 1.3 billion approved by the Board for HSIS support during this strategy period can be disbursed and associated benefits in terms of sustainable coverage and equity be achieved. The proposal is to allow all countries facing fragility challenges (not just those in emergency) to request additional HSS support of up to 50% beyond the current country ceiling and to increase individual non-fragile country ceilings for HSS through 2020 by up to 25%, based on a careful assessment of needs, ability to meaningfully invest in coverage and equity, and absorptive capacity.

- 9.5 Ms Khatib-Othman presented a proposal to exempt South Sudan from its Gavi co-financing commitments from 2017-2020 given the country's prevailing socio-political and economic prospects for the medium term. She also presented a proposed amendment to the Eligibility and Transition Policy based on the Board decision from November 2017 related to extending the grace period for new vaccine introductions.

### *Discussion*

- PPC members expressed appreciation for the work undertaken in relation to strengthening in-country political will and it was agreed that in addition to the work being done at the global, regional and country levels, it will be important to ensure that this work is also carried down through to sub-national level.
- PPC members strongly felt that the continuous trend of channelling of funds away from government systems remains a cause for concern particularly as it undermines Gavi's principles of enhancing country ownership and sustainability by not using, supporting and strengthening country systems. Members requested further analysis on the channelling of funds away from country systems including details of when and how funds might be returned to government systems and further consideration of innovative solutions to continue to support country systems.
- In response to a question, the Secretariat clarified that funds are channelled via partners in India and Pakistan based on requests from the country governments. The majority of other countries wanted to manage funds themselves, however issues identified by Programme Capacity Assessments (PCAs) and programme audits, coupled with the Board's risk appetite, led the Secretariat to channel funds via partners in these countries. The Secretariat further clarified that it was difficult to predict exact timeframes for transitioning funding back to governments and that it was assessing each country on a case by case basis.
- The CEO noted that he was fully committed to using country systems as much as possible, However the Board has clearly stated its low appetite for the risk of misuse, and therefore the Secretariat would find it difficult to re-balance the portfolio towards government systems in the short-term. He noted that the Board has requested for an update to be provided on the channelling of funds via partners at the November 2018 meeting. Further discussion on benefit/risk trade-offs could be had as part of that discussion.
- The PPC member representing UNICEF confirmed that UNICEF was working hard to ensure appropriate systems and processes are in place for the management of Gavi funds on behalf of countries.
- In response to questions around the effectiveness of fiduciary agents, the Secretariat noted that it is still learning but that experiences to date with fiduciary agents have been positive, in particular with respect to their ability to build financial management capacity.

- PPC members generally supported the proposals on expanding the support for the Cholera stockpile and PCV catch-ups. They discussed the appropriate scope of the PCV recommendation and expressed interest in understanding how the Secretariat will operationalise this decision.
- While generally supportive of the requested flexibilities and the resulting proposed amendments to Gavi's HSIS support framework and the Fragility, Emergencies, Refugee Policy, several members noted that it would be critical to operationalise the decision in an equitable way that pro-actively seeks to remove barriers to sustainable coverage and equity across all Gavi supported countries, not just in those with high absorptive capacity. PPC members also noted that it would be important that the Secretariat monitors any additional investments made, their impact and effectiveness.
- The PPC member representing the CSO constituency shared her constituencies reservations with the proposed amendment to the Fragility, Emergencies, Refugee Policy relating to the HSS ceiling and in response to this and questions from other PPC members on visibility into the implementation of the Fragility, Emergencies, Refugees Policy, the Secretariat confirmed that an update on the implementation of the policy is on the workplan for the October 2018 PPC meeting.
- Several members noted that it would be important to provide regular updates to the Board on the socio-political and economic prospects of South Sudan.
- In relation to information shared by a PPC member on *Principles of Donor Alignment for Digital Health*, the CEO confirmed that the Secretariat will review the principles and work to align with the Global Fund to potentially jointly endorse them.

#### **Decision Four**

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

- a) **Approve**, the extension of Gavi support for use of the global cholera stockpile in endemic settings through 2019;
- b) **Authorise** the Secretariat, under the Programme Funding Policy, to (i) allot funding to the global cholera stockpile based on a financial forecast endorsed by the Board, (ii) allot funding to extend budgets to future years and/or (iii) adjust annual budget amounts as authorised by the CEO / DCEO taking into account updated timing of implementation and budget utilisation; and
- c) **Note** that the additional funding associated with the above approval is expected to be approximately US\$ 52 million to meet the 2019 needs.

*Adar Poonawalla (DCVMN) and An Vermeersch (IFPMA) recused themselves and did not vote on Decision Four above.*



## **Decision Five**

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

- a) **Approve** that Gavi supported countries introducing routine PCV are eligible to receive support for the vaccination of children between 1 and 5 years of age within the year following introduction as follows:
- (i) For these additional cohorts, Gavi would provide 100% of vaccine support and cash support of up to US\$ 0.65 per targeted child (depending on the transition phase in accordance with the HSIS Support Framework);
  - (ii) This support will be subject to countries demonstrating how they will use the cash support for long-term strengthening of vaccine delivery through the routine immunisation programme;
  - (iii) For countries planning to run campaigns for other vaccines in the same year, the level of support will take into account budget efficiencies and implementation synergies; and
- b) **Note** that additional funding associated with the above approval is expected to be up to approximately US\$ 18.7 million for the 2018-2020 period.

*Adar Poonawalla (DCVMN) and An Vermeersch (IFPMA) recused themselves and did not vote on Decision Five above.*

## **Decision Six**

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

- a) **Reaffirm** its decision from June 2016, “that an amount of at least US\$ 1.3 billion is available for HSS disbursements (including performance payments) for grant programme years in the 2016-2020 strategic period, with additional funding being subject to future Board decisions”;
- b) **Approve** the following wording to be included as an annex to Gavi’s HSIS Support Framework (the “Annex”), noting that any increases to allocation ceilings for HSS support under the Annex will be subject to existing Board-approved review and approval processes:

“Annex – for Strategic Period 2016-2020

Notwithstanding Section VII (Funding levels and use of grants) of this Framework, the flexibility set out in this annex will apply as follows.

In order to advance Gavi’s strategic goal of increasing immunisation coverage and equity, for the remainder of the strategic period through 2020, Gavi has the flexibility to increase an individual country’s allocation ceiling for HSS support by up to 25% beyond the total amount of the ceiling calculated based on the HSS Resource Allocation Formula (in section VII Funding levels and use of grants). This flexibility applies to all countries except:

1. Countries that have a separate Board-defined HSS ceiling,
2. Countries that are eligible for increased HSS support of up to 50% as per the amended Fragility, Emergencies, Refugees Policy.

This flexibility would be implemented country-by-country based on a careful assessment of both needs and absorptive capacity.”

- c) **Note** that increases to allocation ceilings for HSS support under the Annex will not in aggregate exceed US\$ 1.5 billion for the 2016-2020 strategic period and that HSS disbursements will not exceed US\$ 1.3 billion in accordance with the June 2016 Board decision; and
- d) **Approve** the following addition to Section 5.7 of Gavi’s Fragility, Emergencies, Refugees Policy as a potential flexibility for countries facing fragility challenges:

“e) Additional HSS support of up to 50% beyond the country allocation”

## **Decision Seven**

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

- a) **Approve** that South Sudan is exempted from its obligations to co-finance from 2017 to 2020 given its exceptional context and socio-political and economic prospects; and

- b) **Note** that the additional funding associated with the above approval is expected to be up to approximately US\$ 650,000.

### **Decision Eight**

Further to the decision of the Gavi Alliance Board in November 2017 to extend the grace period, the Gavi Alliance Programme and Policy Committee **recommended** to the Gavi Alliance Board that it:

- a) **Approve** the following modifications to Gavi's Eligibility and Transition Policy:

7.6 Countries are eligible to apply for new vaccine support during the five years of Phase 2, provided that vaccine introductions during this phase effectively contribute to strengthening routine immunisation and increasing coverage and equity.

~~7.6.~~ 7.7 Countries that surpass the Eligibility Threshold have one year to apply for new HSS (i.e. for a country that has not received any HSS support from Gavi yet) ~~and vaccine support~~, from January 1 of the year after surpassing the Eligibility Threshold (a grace year).

However, new HSS support is restricted to those countries with Penta3 coverage below 90%.

~~7.7. From the second year in Phase 2, countries cannot submit new applications or resubmit previously rejected applications for any of Gavi's funding windows.~~

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### **10. Vaccine Investment Strategy: short list**

- 10.1 Wilson Mok, Acting Head, Policy, outlined the timelines and processes to establish a Vaccine Investment Strategy (VIS) shortlist ahead of investment decisions to be take in later in 2018 (Doc 10).
- 10.2 Dr Mok highlighted that for vaccines for endemic disease prevention, since the last PPC meeting, the Secretariat has been undertaking vaccine analyses and creating a prioritisation methodology to generate short list options. They consulted with Board members in February 2018 on the shortlisting approach, which included the use of ranking criteria versus secondary criteria, consideration of existing investments compared to new vaccines, and the respective weights of total health impact metrics versus relative health impact metrics.
- 10.3 Dr Mok presented three options for a shortlist which included a varying mixture of vaccines including Meningitis multivalent conjugate, Hepatitis B birth dose, Cholera, Respiratory Syncytial Virus (RSV), Diphtheria, Tetanus and Pertussis-containing (DTP) boosters and Rabies.
- 10.4 On vaccines for epidemic preparedness and response, Dr Mok noted that the framework builds on criteria in the evaluation framework for vaccines for endemic disease prevention but also uses criteria that are unique for epidemic preparedness. He highlighted that there are likely to be more gaps in knowledge

than with vaccines for preventive immunisation and that current stockpiles account for less than 1% of Gavi's vaccine expenditure. Dr Mok outlined the Secretariat's proposal of a three-step approach to bringing investment recommendations to the PPC and Board. He also noted that it is proposed that an investment case for pandemic flu be presented to the PPC and Board in October and November 2018 respectively.

### *Discussion*

- PPC members expressed a preference for short list Option A for vaccines for endemic diseases prevention, which includes all six vaccines, to ensure that further analysis could be performed to differentiate potential investments. There was acknowledgement from the members that this is a difficult discussion in relation to timing with Gavi 5.0 as there is not yet a clear steer on Gavi's future mandate. The Secretariat confirmed to the Committee that they will stay closely linked to Board discussions on Gavi 5.0 in order to make linkages to the VIS.
- Several members proposed to engage closely with countries for their input. Dr Mok noted that countries were surveyed and the most prioritised vaccines were Hepatitis B and DTP boosters, followed by Meningitis and Cholera but it depended on the countries' individual needs. He confirmed the intention to continue consulting with countries throughout the process.
- Several members raised concerns about the potential of rabies being removed from consideration due to operational complexity. There was also discussion about whether the proposal was only to support a small sub-set of countries. After some discussion, it was clarified that the rabies 'implementation pilots' are referring to a phased approach in introductions, for example based on countries having comprehensive rabies programming rather than 'test' introductions.
- Several members raised questions on RSV. They noted that RSV is one of the key vaccines that is unlikely to be taken up in low income countries independently, so this could be a missed opportunity if it isn't prioritised in the VIS. One member asked whether an antenatal care platform for delivery of the vaccine had been considered. The potential acceleration of the timing of availability of the RSV maternal vaccine was also raised and the Secretariat noted that it would further explore this in development of the investment case.
- The representative from the developing country vaccine manufacturers' constituency provided an update to the Committee on the progress of several vaccines. He noted that a rabies vaccine has been produced that is likely to be pre-qualified soon and cost half the price of current vaccines available to UNICEF. He also highlighted that a pentavalent meningitis conjugate vaccine is likely to be available within two years and that a new hexavalent vaccine containing IPV is projected to become available at a lower price than the combined IPV and pentavalent vaccine prices today.
- Members were supportive of the proposed evaluation framework for vaccines for epidemic preparedness and response. In response to a question on the tipping

point for investment in a vaccine, Dr Mok noted that the Secretariat has not proposed a set threshold and that this could be explored in the future as “living assessments” and investment cases are developed.

- On pandemic flu, Dr Mok confirmed that they are working closely with WHO and noted that the Secretariat plans to come back to the PPC and Board at the end of 2018 with a more detailed assessment of the key issues. On pandemic versus seasonal flu, it was noted that building capacity with seasonal flu could potentially help in the event of a flu virus pandemic.
- PPC members noted a difference between figures presented in the AFC paper and the PPC paper. Dr Mok explained that the high level VIS costs in the paper looked at the vaccine costs as a whole, not split by Gavi costs vs country costs, whereas the AFC paper was a first ‘best guess’ of Gavi costs. He explained that the Secretariat will generate more detailed cost estimates throughout the coming months.
- When asked about CEPI timelines and interaction, the Secretariat noted that CEPI-funded vaccines are too early in their development to bring a living assessment or an investment case at this time, but could be considered in the future once they advance to later stages of development.

### **Decision Nine**

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

- a) **Approve** narrowing the choice of possible vaccine investment options for further analysis within the endemic disease prevention category of the Vaccine Investment Strategy 2018 to meningitis (multivalent conjugate); hepatitis B birth dose; cholera; DTP boosters; RSV; rabies;
- b) **Approve** the evaluation criteria for potential new investments in vaccines for epidemic preparedness and response and the approach for applying the criteria towards living assessments and investment cases as further described in Figures 3 and 4 of Doc 10;
- c) **Request** the Secretariat, in consultation with WHO and other experts, to develop an investment case for Gavi to support pandemic influenza preparedness for PPC and Board review.

*Adar Poonawalla (DCVMN) and An Vermeersch (IFPMA) recused themselves and did not vote on Decision Nine above.*

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## **11. Gavi’s Engagement in Polio Eradication**

- 11.1 The Chair welcomed Dan Walter and Diana Chang-Blanc from WHO were attending the meeting for this session.

- 11.2 Seth Berkley, CEO, introduced this item, and highlighted the expectations that might go along with these decisions on future financing.
- 11.3 Stephen Sosler, Technical Advisor, Vaccine Implementation, provided background on the global polio situation as well as the context in which Gavi is working (Doc 11). He reminded the Committee that at the June 2017 Board there was a decision to continue IPV support, and this approval was contingent on additional funding being provided by the Global Polio Eradication Initiative (GPEI) through 2020.
- 11.4 Dr Sosler noted that due to the extension of polio eradication timelines and programme budget constraints, the Polio Oversight Board (POB) has made an exceptional funding request to Gavi to fund IPV with core Alliance resources for the period 2019-2020. He explained that of the US\$ 300 million total costs required for the 2019-2020 period, up to US\$ 100 million would be available from original GPEI donor funding. Therefore, the additional costs required totalled approximately US\$ 200 million and asked the Committee to consider a recommendation to the Board on whether to fund, partially fund or not support this request.
- 11.5 In relation to support for IPV post 2020, Dr Sosler outlined three primary principles for Gavi's engagement in IPV post-2020, as well as various funding levers for consideration. He provided some illustrative examples of estimated costs to Gavi based on different scenarios. Dr Sosler noted that the illustrative examples do not include potential support of whole-cell pertussis hexavalent vaccine and that an assessment of hexavalent vaccines will be integrated into the overall VIS investment case presented to the Board in November 2018.
- 11.5 Dr Sosler noted that without the availability of completed country polio transition plans, Gavi is working with countries in polio transition planning to better understand the risks and opportunities posed by decreasing polio budgets. He confirmed that select fragile countries are considered to be at greatest risk of negative programmatic impact of polio transition. He noted that Gavi will continue to focus on these countries to determine which immunisation functions may be affected and what actions can be taken to mitigate the risks.
- 11.6 Finally, Dr Sosler presented options for Gavi's engagement in broader polio eradication efforts for the Committee's consideration and guidance.

### *Discussion*

- While PPC members agreed that the additional US\$ 200 million for 2019-2020 be provided from Gavi's core funds, concerns were raised about the precedent this would set and how difficult it may be to pull back from any commitments to polio after 2020. It was noted that the Board decision (if approved) would have to be carefully communicated so as not to pre-empt the VIS process. One member also outlined their support on the condition that it was clear that polio is an exceptional case due to its eradication status.

- Some donor members asked about the opportunity cost of the US\$ 200 million. The CEO clarified it would take away from funding which could have gone on routine immunisation during the next strategic period but that this is perhaps the most important programme on which to spend the funds at this time.
- The PPC member representing the Bill & Melinda Gates Foundation (BMGF), recognising that polio had first been brought to the PPC and Board at the request of BMGF and DFID, indicated that they see Gavi as an important ‘insurance mechanism’ for the eradication of polio. They also highlighted that there is no remaining funding from GPEI. Other members also acknowledged that there were no obvious sources of funding, other than Gavi, for post 2020 support.
- In relation to IPV support post 2020, the Committee underlined the need to analyse the opportunity costs of IPV to understand the trade-offs with potential future Gavi investments, given the significant level of funding.
- There were a variety of views from members on the role of Gavi in polio eradication. It was agreed that Gavi should continue to play an important role in programmatic activities where the Alliance is already involved and could be further engaged in areas where Gavi has a comparative advantage. Some donors urged the Secretariat to ensure they didn’t lose focus on their core mandate of routine immunisation and health systems strengthening. Several members questioned Gavi’s involvement in polio acute flaccid paralysis and environmental surveillance, poliovirus containment and polio outbreak preparedness, detection and response as this strays from Gavi’s core mandate.

### **Decision Ten**

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

**Approve** the use of core resources for Gavi’s support for inactivated poliovirus vaccine (IPV) for the period 2019-2020, noting that the financial implications associated with this approval are expected to be approximately US\$ 200 million.

*Adar Poonawalla (DCVMN), Nono Simelela (WHO) and An Vermeersch (IFPMA) recused themselves and did not vote on Decision Ten above.*

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## **12. Gavi Support for Yellow Fever Diagnostic Capacity**

- 12.1 Lee Hampton, Senior Specialist, Monitoring and Evaluation, presented this item to the Committee (Doc 12). He reminded the Committee of previous Gavi support for yellow fever and updated them on recent yellow fever outbreaks. He noted the high cost to Gavi and other partners of these outbreaks. Dr Hampton proposed that more reliable diagnostic data would help to identify outbreaks more quickly, target the limited vaccine stocks more efficiently and potentially reduce overall costs from outbreaks.

- 12.2 Dr Hampton presented a proposal to help ensure diagnostic supplies are available in national public health laboratories and ensure the staff are trained and competent. Specifically, the proposal covered building a market for reference yellow fever diagnostics and pooled procurement for yellow fever tests, improved procurement to reduce supply time, support for technical assistance, quality assurance/quality control testing, and sample transportation and co-financing or other financing approaches to allow for gradual Gavi exit and sustainable funding.

#### *Discussion*

- PPC members welcomed this important discussion but were somewhat hesitant to approve the proposal as presented.
- Committee members requested a more detailed analysis to demonstrate how this work would fit within the Eliminating Yellow Fever Epidemics (EYE) strategy and ongoing SAGE work, as well as further information on who the different partners for this project might be.
- It was therefore agreed that further work would be done, including discussions with potential manufacturers, procurement agents, and other relevant groups and brought back to the PPC at its October 2018 meeting for further consideration.

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### **13. Review of decisions**

- 13.1 Joanne Goetz, Head, Governance, reviewed the decision language with the Committee which was approved by them.
- 13.2 Committee members noted that Nigeria, Post-Transition, VIS and Polio would be standalone items for the June 2018 Board meeting and that all other PPC recommendations would be presented to the Board on its consent agenda.

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### **14. Any other business**

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

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Mrs Joanne Goetz  
Secretary to the Meeting



## Attachment A

### Participants

#### Committee Members

- Richard Sezibera, Chair
- Dure Samin Akram
- Edna Yolani Batres
- Abdul Wali Ghayur
- Rama Lakshminarayanan
- Lene Lothe
- Susan McKinney
- Violaine Mitchell
- Robin Nandy
- Jean-François Pactet
- Adar Poonawalla
- Helen Rees
- Seth Berkley, Chief Executive Officer
- Alejandro Cravioto
- Michael Kent Ranson
- Princess Nothema Simelela
- Ahmed Abdallah
- Vandana Gurnani
- An Vermeersch
- Kate O'Brien

#### Regrets

- Jason Lane

#### Other Board members attending

- Danny Graymore, UK/Qatar (Day One)

#### Guests

- Tania Cernuschi, WHO (Item 8)
- Diana Chang Blanc, WHO (Item 11)
- Dan Walter (Item 11)

#### Observers

- Stephen Karengera, Special Adviser to the PPC Chair
- Rolando Pinel, Special Adviser to Edna Yolani Batres

#### Gavi Secretariat

- Anuradha Gupta
- Johannes Ahrendts (Agenda Item 2)
- Pascal Bijleveld
- Susan Brown (Agenda Item 9)
- Mirjam Clados
- Santiago Cornejo
- Adrien de Chaisemartin
- Chimwemwe Chitsulo (Agenda Item 2)
- Laura Craw (Agenda Items 2, 6, 9)
- Anne Cronin (Agenda Items 4, 5, 6, 8, 9)
- Sally Dalgaard (Agenda Items 2, 4, 6, 8, 9)
- Maryse Dugue (Agenda Items 2, 4, 5, 8, 9)
- Alex de Jonquières
- Marthe Sylvie Essengue Elouma (Agenda Items 2, 4, 8, 9)
- Joanne Goetz
- Lee Hampton (Agenda Items 11, 12)
- Daniel Hogan (Agenda Items 2, 5)
- Hope Johnson
- Hind Khatib-Othman
- Patricia Kuo (Agenda Items 6, 8, 9, 10)
- Nadia Lasri (Agenda Item 5)
- Wilson Mok (Agenda Items 2, 9, 10, 11)
- David Powell (Agenda Items 2, 4, 5, 6, 8, 9, 11, 12)
- Marie-Ange Saraka-Yao
- Antara Sinha (Agenda Items 2, 3, 5, 7, 10, 11, 12)
- Colette Selman (Agenda Items 2, 4, 8, 9)
- Stephen Sosler (Agenda Items 2, 9, 10, 11, 12)
- Eelco Szabo
- Michael Thomas
- Jacob van der Blij (Agenda Items 2, 4, 9, 11)
- Charlie Whetham (Agenda Items 2, 4, 8, 9)