

GAVI Alliance Programme and Policy Committee Meeting

21-22 October 2010
Geneva, Switzerland

FINAL MINUTES

Finding a quorum of members present¹, the meeting commenced at 9.16 Geneva time.

The Programme and Policy Committee Chair Gustavo Gonzalez-Canali welcomed Helen Evans in her capacity as Interim GAVI CEO and PPC member, as well as Helen Rees in her capacity as non-voting expert on the Committee. He also introduced Debbie Adams to the Committee in her capacity as incoming Managing Director of Legal and Governance, and expressed regret that Nguyen Tran Hien was unable to join the meeting given his involvement in the Vietnamese government's response to the severe flooding that had recently occurred there.

The Committee agreed to inform the group, and note for the record any comments on agenda items for which they may have a conflict of interest. The Chair also noted that colleagues with such a conflict would be unable to vote on the specific issue were a vote to be called.

The Committee reviewed the minutes of its meeting on 17-18 May 2010.

Decision One

The GAVI Alliance Programme and Policy Committee moved to:

Approve the minutes from 17-18 May 2010.

1 Update from the Secretariat

Nina Schwalbe, Managing Director, Policy and Performance summarised key activities completed since the May 2010 meeting and the Secretariat's upcoming priorities and plans. She reviewed the search processes for both a permanent CEO and a new Chair of the GAVI Alliance Board and informed the Committee that they were on track. She also summarised the resource mobilisation efforts for 2010 and informed the Committee that GAVI had received new commitments from Australia, Korea and Japan. She thanked the Alliance Partners, in particular WHO, the Gates Foundation, the World Bank and UNICEF- for their significant contributions to the policies before the Committee for discussion. Finally, she provided a high-level summary of the meeting agenda. Minimal discussion followed and the Committee went to the next agenda item.

¹ Participants are listed in Attachment A.

2 Co-financing policy- Proposed revisions

The PPC appointed the time-limited Co-financing Task Team to revise GAVI's co-financing and default policies. Based on consultations and analyses to date, the task team proposed revised policy (including new country groupings, co-financing levels and implementation considerations. These revisions (Doc #2) were presented to the PPC by Santiago Cornejo, Senior Programme Manager, Programme Delivery.

Additional comments were provided by Paul Fife, Board member and Chair of the Co-Financing Task Team. Discussion ensued.

- Co-financing can be “game changing” in terms of countries increasing their financing for vaccines and represents an exciting frontier in international development.
- It is important that the Committee consider co-financing revisions because of the message that this sends in particular to graduating countries.
- Several countries have expressed concern about potential challenges. However, most countries consulted see co-financing as a great opportunity, even in regions like Latin America where several countries are projected to graduate.
- Co-financing performance will be reviewed as an indicator of financial sustainability in the post-pilot prioritisation mechanism.
- There was some concern that the single GNI indicator may be too broad and not sensitive enough to individual country variations. The GNI might not reflect an ability to pay and this might make things particularly difficult for countries just on either side of the GNI cut-off. The Committee concluded that while GNI is not a perfect index, it does reflect ability to pay, is widely accepted and not very complicated to explain and integrate within a policy directive.
- GAVI's donors need to maintain predictability parallel to the predictability being requested of the countries was noted.
- There was some concern expressed about the lack of linkages to price for non-graduating countries and about how the policy addresses formulation issues (eg. 2 or 3 dose). There was a recommendation that this be discussed in more detail by the supply strategy task team.

Decision Two

Having reviewed and discussed the recommendations from the task team reviewing GAVI's co-financing policy, the GAVI Alliance Programme and Policy Committee moved to:

Recommend the following decision to be taken by the GAVI Board:

- “The Board resolves to revise the co-financing policy beginning January 1, 2012 as follows:

- Country groups to be divided into Low income group (GNI per capita at or below World Bank low income threshold); Intermediate group (GNI per capita between the low income group and the GAVI eligibility threshold); and, Graduating group (GNI per capita above GAVI eligibility threshold). Each country will be reviewed annually to enable transition from one group to another based on GNI per capita.
- Low income group co-financing, after completing one year in the low income group, to be set at a minimum of 20 cents (US\$) per dose for all vaccines, and with no mandatory annual increases.
- Intermediate group co-financing, after completing one year in the intermediate group, to be set at the higher of 20 cents per dose (US\$) or the amount paid for the specific vaccine in the previous year. This amount to increase annually by 15% per dose.

Graduating group co-financing

- For vaccines adopted prior to entering the Graduating group after completing one year in the graduating group, to be set at an amount calculated on the basis of a linear increase over a four year period from the amount paid in the first year in the graduating group to the projected weighted average price of the vaccine the year after GAVI support ends.
- For vaccines adopted after entering the Graduating group to be set in 2012 at 20 percent of the projected average price of the vaccine in 2016, and shall increase linearly until it reaches 100% of the projected average price of the vaccine the year after GAVI support ends.

Action Items

- Ensure strong linkages between the supply strategy revision and the implementation of the co-financing policy and subsequent review in 2014.
- Ensure clear advocacy and communication efforts with a focus on graduating countries.
- Work with GAVI's procurement agencies to explore price transparency and ensure effective communication to all countries.
- Undertake work to assess how GAVI can improve access to affordable prices post-GAVI support.

3 Performance-based financing/IRIS Update

The paper presented is a follow up on the request by the Board to develop a successor programme to the Immunisation Services Support (ISS). The specific proposal – Incentives for Routine Immunisation Strengthening (IRIS) – has been

developed following PPC guidance in May to address transaction costs; put forward the links with other efforts around performance based funding and explain proposed management of the initiative. The presentation was made by Peter Hansen, Head, Monitoring & Evaluation – Policy & Performance and was followed by extensive discussion:

- The key element discussed was that of data quality and frequency of collection, since with IRIS, annual payments will be triggered based on countries attaining coverage milestones.
 - Using country administrative data would support a high level of country ownership, but administrative data tend to be questionable quality in the countries that qualify for IRIS. For 13 of 14 countries that currently qualify for IRIS, WHO and UNICEF peg their estimate to a source other than country administrative coverage.
 - Household surveys are complex, costly and have high transactional costs, particularly for fragile states. The frequency of surveys within countries varies; none have them every year. Having more frequent household survey would be beneficial, but it is not clear how such surveys would be financed. The Alliance should not make survey data a requirement for IRIS if it is not going to pay for the surveys.
 - There were mixed views on GAVI's role in terms of funding surveillance and data collection. It was recognized that this is a broader issue and needed to be addressed in the context of the Business Plan.
 - WHO/ UNICEF systematically use available data sources and include a country consultation component. However, when WHO and UNICEF peg their estimate to a household survey rather than administrative coverage, their estimate is generally not sensitive to year-on-year changes in coverage until new survey data are available. There is a need to make the estimates more sensitive to changes in coverage in between surveys.
- The Committee recognised the communications challenge that IRIS represents given its complexity relative to the ISS programme.
- The Committee acknowledged that although IRIS could make a substantial contribution to increasing coverage, it was not a “silver bullet” and should not be the only tool to help countries improve coverage.
- The issue of linking IRIS to reaching the poorest or the hardest to reach children was discussed. In many cases there is significant overlap between poor and hard-to-reach populations. Equity was acknowledged as an important principle – and one that is well reflected in the Business Plan – but there is a measurement challenge and trade-off involved in linking payments to equity, since it makes the design more complex. The Committee thus recommended removing the “equity” component of the proposed programme.

- The Committee also acknowledged that even with a strong theoretical case for effective vaccination coverage driven by sub-national incentives, there is no empirical data to substantiate the claim that these incentives will increase vaccine coverage.
- The issue of penalising countries who “backslide” due to natural disasters or other unforeseen developments was discussed in terms of how the penalty can be operationalised. A “force majeure” clause should be considered to ensure that countries that experience natural disasters or similar events are not penalised.
- The Committee raised questions about the potential suitability of the IRIS approach for India or Nigeria. The overall consensus was that while the largest number of unimmunised children is in these countries, IRIS may not be the best mechanism to improve coverage in these countries.

Decision Three

Having reviewed and acknowledged the potential high level of risk associated with IRIS, the GAVI Alliance Programme and Policy Committee moved to:

Recommend the following decision be taken by the GAVI Board:

- Taking into account the potential risks associated with IRIS, the Board decides to:
 - Move forward with the implementation of IRIS by opening a new window of support for countries with DTP3 coverage of less than 70%;
 - Close the existing ISS window, subject however to fulfilling any existing commitments to eligible countries for ISS support;
 - Use WHO/UNICEF estimates as the data source to measure country progress against the coverage milestones;
 - Conduct additional exploratory work to provide the appropriate support to India and Nigeria.

Action Items

- Remove the equity milestones and corresponding performance payments from the IRIS design.
- Support WHO/UNICEF in their work to make estimates more sensitive to annual changes in immunisation coverage. This activity should be reflected in the Business Plan and associated budget.
- Explore qualifying conditions to the backsliding penalty, such that in certain exceptional circumstances (*force majeure*) countries that slide below milestones would not incur a backsliding penalty.
- Task Team to review IRIS in the context of Strategic Goal 2 activities.

4 Health Systems Funding Platform (HSFP) Update

Carole Presern, Managing Director, Special Projects presented this paper to inform the PPC about progress on the Health Systems Funding Platform, and to allow the PPC to endorse progress so far, as well as the direction of travel. It also asks for a recommendation to the Board on whether all GAVI eligible countries should be eligible for HSS funding or just Low Income Countries. Discussion followed:

- There was considerable discussion on the targets for funding from the joint platform.
 - The Committee reached consensus, that the 40 poorest countries should be prioritised for Platform funding since lower middle-income countries have more capacity to raise resources for health, and because of GAVI's current resource gap.
 - The Committee noted that the differing eligibility criteria for HSFP, AMC and now IRIS adds to complexity for countries, and the policy and operational implications of these varying eligibility profiles must be clarified.
- The Committee's consensus was that the notional US\$179 million (from the original HSS window) should not be retained for HSS.
- The Committee expressed concern over elements of complexity that are an increasing feature of GAVI support.
 - The Committee questioned what support would be available for countries that were not eligible for IRIS or for the HSFP
 - It was noted that four Low-Middle Income Countries (LMICs) are eligible for IRIS (India, Nigeria, Yemen and PNG) but not eligible for HSS. Ten countries are eligible for both.
 - The Committee was concerned that some countries, which are eligible for both HSS, and IRIS support, could bear heavy transaction costs.

Decision Four

The GAVI Alliance Programme and Policy Committee moved to:

Recommend the following decision to be taken by the GAVI Alliance Board:

- That HSS support is currently being offered to low-income countries (LICs). The low-income countries will be funded from the Expanded IFFIm.

Action Items

- There was strong agreement that country eligibility should aim to be consistent across all GAVI programmes. The recommendation to restrict HSS support at this point in time to low income countries results from the current financial environment. Action items are as follows:
 - Clarify the linkages between HSFP and IRIS.

- Return the notional US\$179 million from the original HSS window to the balance of expected demand.
- Formulate a communication plan to explain the implications of this decision to countries.
- Conduct quarterly stakeholder updates and consultations on the HSFP (in collaboration with GFATM/ World Bank/ WHO).

5 Programme and Policy Committee (PPC) Charter

The Programme and Policy Committee Charter states the Committee shall “*review and reassess the adequacy of [its] Charter from time to time and recommend any proposed changes to the Board or Governance Committee.*” The Committee is requested to review the revisions to the Charter and recommend their adoption to the Governance Committee (which will in turn recommend approval of these changes by the Board). The discussion was led by Debbie Adams, Managing Director, Legal and Governance:

- The Committee came to consensus on several issues:
 - The current charter reads a bit passively and the charter should be re-written to be more action-oriented.
 - While in practice developing country work experience is well represented in the PPC, developing country representation should be codified within the charter along with gender balance and geographic diversity targets.
 - More direct reference should be made to manufacturers within the Charter.

Action Items

- The GAVI Alliance Programme and Policy Committee members will make (and track) edits to the current charter and submit them to the Managing Director of Legal and Governance and the edits will be presented at the next PPC meeting May 18-20 2011.

6 GAVI Alliance Business Plan 2011-2015

In November 2009, the GAVI Alliance Board began the development of a strategy for the period 2011-2015. Following approval of the strategy in June 2010, the Board requested that the Secretariat lead the development of an integrated Business Plan to deliver on the strategy. The plan is designed to make the strategy operational and ensure Alliance activities are targeted to deliver on GAVI’s mission. The discussion was led by Helen Evans, Interim CEO

- Overall the group concluded that the business development process has been good, characterised by an inclusive approach, and that the plan is in the ‘right direction’. It was generally recognised that more work could be done particularly on the deliverables. Therefore flexibility to ‘course correct’ over the life of the plan was considered to be important.

- With regards to the level of investment in strategic priority areas such as market shaping, co-financing, resource mobilisation: the group generally concluded that the levels of investment were suitable and considered the current investment and activities an appropriate framework for moving forward in the next strategic period.
- The Civil Society constituency endorsed the progress to date and also registered several comments on the business plan:
 - The constituency felt that there was a need to revise the plan further particularly with respect to evaluating the role of CSO's based in the "south" and affiliated with organisations like the African Union (for example). The constituency recommends examining the role that CSO's can play in advocacy, in discussions with industry, and in country-level planning and implementation.
 - The constituency disagreed with the proposed re-wording Strategic Goal (SG) 4 to "shape vaccine market for poor countries". The constituency felt that this might neglect the ability of graduating/lower middle income countries to access vaccines at reasonable prices.
 - The constituency disagreed with the External Advisory Group recommendation to review the level of GAVI investment on surveillance and data collection.
- The developing country vaccine manufacturer constituency noted persistent bottlenecks in the cold chain and asked that this be evaluated critically. While they applauded GAVI's focus on launching new vaccines, the Alliance should not neglect the underutilised vaccines that still can play a major role in women and children's health.
- The ability of the Alliance to achieve their coverage targets under SG2 using IRIS and HSS was questioned and the Committee was advised to ensure that the activities under this SG will achieve the stated goals and meet the deliverables. There was also discussion on the division of labour to conduct activities in the HSS area and in particular which activities should be in-house at the Secretariat'.
- The issue of whether surveillance, cold chain, waste management and data collection is a GAVI core function of the implementing partners and therefore not within GAVI remit to fund was discussed in the context of the proposed objectives/deliverables/activities in SG1 and SG2 of the 2011-2015 Business Plan.
- Several members supported the assessment that a transition of such activities to the partner agencies' budgets be considered in the future review of the Business Plan
 - WHO recorded a conflict of interest on this topic, but noted that surveillance rarely is supported by a country level budget, and that countries often rely on outside agencies most notably the US CDC for

surveillance instruments. They supported GAVI investment in surveillance.

Decision Five

The GAVI Alliance Programme and Policy Committee moved to:

Support the overall approach including objective, deliverables and targets while recognizing that further work will be done to further improve on programme objectives and deliverables, particular in relation to SG2.

Support the revisions proposed by the external advisory group to strategic goal 4 (“market shaping”).

Recognise the need for flexibility in programming that will be informed by ongoing performance monitoring, endorsed current levels of investment across strategic goals subject to:

- Ongoing monitoring of the need for investment in co-financing and market shaping objectives, recognizing the work of the supply strategy task team and noting the centrality of these activities in improving sustainability of country introductions.
- Analysis of appropriateness and role (eg catalytic) of the level of GAVI investment in ‘core’ partner activities (incl. surveillance, waste management, cold chain, programmatic and epidemiological data collection and dissemination), while recognizing that these activities are essential underpinnings for GAVI delivering on its mandate.

Question whether the proposed activities will deliver on the objectives and indicators of SG2. And as such, recommended a strategic review by a time limited task team of GAVI’s role and proposed activities in Strategic Goal 2.

Action Items

- Establish a time-bound task team to assess the level of investment in core partner activities and, where appropriate develop a formal plan for transitioning these activities from GAVI back to their ‘home’ agencies with the understanding that there would need to be appropriate resourcing to undertake these activities to inform the 2013 budget planning process.
 - Develop formal Terms of Reference for the Task Team
 - Invite formal participation by members of the PPC
- Establish a time-bound task team to formally review the proposed objectives/activities in Strategic Goal 2.
 - Develop formal Terms of Reference for the Task Team
 - Invite formal participation by members of the PPC

7 GAVI supply strategy revision and procurement objectives

The PPC appointed a time-limited Supply Strategy Task Team to revise GAVI's supply and procurement strategy. Based on consultations and analyses to date, and after two teleconferences and one meeting, the Task Team has proposed revised supply and procurement objectives to direct the new strategy. The discussion on these revisions was led by Gian Gandhi, Head, Policy Development, Policy and Performance with significant additions made by Susan McKinney, the Chair of the Supply Strategy Task Team. Discussion followed:

- The Committee noted that like the Co-financing Policy revision, the Supply Strategy revision is a key and high-profile effort and many Board members and constituents are eager to see the outputs of this work. There was also recognition that the task team was at an early but crucial stage setting the objectives which will determine the direction and nature of the strategy that is produced.
- The Committee recognised a potential interaction between the co-financing policy and strategy and procurement strategies.
- The Committee appreciated the hard work that had been undertaken to understand the historical and current challenges in order to identify the main procurement issues to be addressed.
- It was also recognised that while the task team had grappled with the complex inner workings of specific vaccine markets to understand whether different markets require differing approaches, the team should not lose sight of several important cross cutting and high level strategic questions.
- The Industrialised and Developing Country Manufacturers' constituencies declared a conflict of interest on this topic and stated that should there be any future votes, endorsements or Committee decisions, the representatives from these constituencies would recuse themselves.
- The Industrialised Manufacturers stressed that the encouraging competition among manufacturers should be a foundation of the revised Supply Strategy. Furthermore, product differentiation and country preferences should not be discouraged since from their perspective, this enables innovation but is also the means on which suppliers can compete with one another.
- The Developing Country Manufacturers' constituency highlighted that while they understood the importance of striving to make vaccines affordable, there were price thresholds below which they could not go (e.g. due to needing to cover manufacturing costs, recoup investment costs).
- The Committee noted the need for the task team to undertake further work to tighten the definitions and terminology of the proposed supply and procurement objectives and the need to continue addressing the other issues necessary to finalise GAVI's Supply & Procurement Strategy revision.

Decision Six

The GAVI Alliance Programme and Policy Committee moved to:

Recommend the following decision to be taken by the GAVI Alliance Board:

- The PPC endorsed the appropriateness of the proposed supply and procurement objectives to foster well functioning markets for GAVI vaccines; and;
- The acceptability of prioritising the objectives dependent on the vaccine market conditions as opposed to employing a “one size fits all” approach across all vaccines.

Action Items

- Revise terminology on "fully loaded prices" used within proposed supply and procurement objectives.
- Provide a conceptual framework to articulate the proposed strategy in order to illustrate where GAVI can influence vaccine markets versus other areas that may be important market drivers but are potentially beyond GAVI's sphere of influence.
- Complete the work of the supply and procurement strategy task team to inform linkages to price and per doses versus per course co-financing for the 2014 review.

8 Review of financial sustainability indicators for use in pilot prioritisation

The Board approved a Pilot Prioritisation Mechanism to inform GAVI's funding decisions in a resource constrained environment. However, the PPC was asked to review the proposed indicator “General Government Expenditure on Health as a percentage of Total Government Expenditure” (from National Health Accounts published by WHO) as the indicator for government commitment to health and as a proxy for measuring the financial sustainability objective. The brief discussion was led by Mr Gandhi, with significant input by Rama Lakshminarayanan, who had served as the Chair of the Prioritisation Task Team.

- Despite the limitations of the proposed indicator, it is the best option available given the objectives.
- Magid Al-Gunaid, on behalf of the developing country constituency, registered his objection to the use of this indicator.

Decision Seven

Having reviewed and discussed the recommendations made by the Secretariat and experts, the GAVI Alliance Programme and Policy Committee moved to:

Decide that for the remainder of the pilot phase, (of the prioritisation mechanism), GAVI should retain the proxy “General Government Expenditure on Health as percentage of Total Government Expenditure” (from National Health Accounts published by WHO) as the indicator for measuring government commitment to health and to assess the extent to which the objective of financial sustainability will be achieved.

9 Accelerated Vaccines Initiative (AVI) Progress Report

Jon Pearman, Head, AVI, Policy and Performance provided a summary of key AVI activities completed since the prior PPC meeting and ongoing activities for the remainder of 2010 and beyond. (This briefing is in addition to the in-depth AVI briefing given on 20 October 2010).

- Given the large populations of unimmunised children in large countries like Nigeria, India and Indonesia, the Committee agreed that it needed to formulate viable options to support immunisation in these countries.
- The Committee noted the Secretariat’s plan to conduct a management review of AVI and asked that options be explored on the most appropriate means of engagement with PPC.

10 Country Programme Update 2009

On behalf of the Secretariat, Mercy Ahun, Managing Director, Programme Delivery provided a summary of key issues from monitoring country progress in 2009 and an update on redesign of CSO Type A support and follow up of the recommendations of the IRC review. The Secretariat will provide a response to the IRC review recommendations at the next PPC meeting. Discussion followed:

- The Committee recommended that an overview of each country’s overall GAVI status (current eligibility for programmes, programmes active in-country, TAP status, and projected graduation date) be posted online to help with the Secretariat’s effort to improve transparency.
- The CSO constituency expressed their concern on outsourcing the Type A funds. There was agreement to have further discussions to resolve the issue.

11 Any Other Business

The Chair led a discussion with Committee members on the final wording of the Committee resolutions and action items for the record.

The CSO constituency representative gave an update on key developments within the GAVI Alliance CSO constituency, highlighting the following:

- In March, a large CSO group gathered in Geneva and adopted the structure of the GAVI Constituency. The constituency is now composed of a broad CSO forum (over 80 organizations registered to date), and a Steering Committee (SC).
- The GAVI CSO Steering Committee was elected in June. There are 20 organizations which are members representing northern and southern CSOs.
- In July, the CSO constituency hired a half time Communication Focal Point (CFP) to help facilitate the work of the constituency. The CFP is currently hosted at the IFRC headquarters in Geneva.

The CSO Steering Committee will have its first face-to-face meeting from 26th to 28th October 2010 at the IFRC headquarters. In conclusion, the CSO constituency representative requested that the PPC assist to identify a donor to financially support the GAVI CSO constituency structure.

Additionally the Committee was informed that the next PPC meeting will be held from 18-20 May 2011 and that the frequency of the PPC meetings will be subject to Governance Committee decision.

Some PPC members expressed willingness to continue convening 3 times per year and were invited to send comments to the Secretariat or Chair on topics that may be relevant for 2011.

There being no further business, the meeting was adjourned.

Ms Debbie Adams
Secretary to the Board

Attachment A

Participants

Committee Members

- Gustavo Gonzales-Canali (Chair)
- Magid Al-Gunaid
- Joan Awunyo-Akaba
- Mickey Chopra
- Paul Fife
- Ashutosh Garg
- Suresh Jadhav
- Steve Landry
- Rama Lakshminarayanan
- Jean-Marie Okwo-Bele
- Susan McKinney
- Olga Popova
- Anne Schuchat
- Helen Evans (non-voting)

Expert Advisor

- Helen Rees (non-voting member representing SAGE)

Regrets

- Nguyen Tran Hien

GAVI

- Debbie Adams
- Mercy Ahun
- Santiago Cornejo
- Par Eriksson
- Gian Gandhi
- Peter Hansen
- Ranjana Kumar
- Alexandra Laheurte-Sloyka
- Meegan Murray-Lopez
- Stephen Nurse-Findlay
- Jon Pearman
- Carole Presern
- Nina Schwalbe

Guests

- Ron Whelan

Attachment B**List of Action Items from October 21-22 PPC Meeting****CO-FINANCING ACTION ITEMS**

- Ensure strong linkages between the supply strategy revision and the implementation of the co-financing policy and subsequent review in 2014.
- Ensure clear advocacy and communication efforts with a focus on graduating countries.
- Work with GAVI's procurement agencies to explore price transparency and ensure effective communication to all countries.
- Undertake work to assess how GAVI can improve access to affordable prices post-GAVI support.

PERFORMANCE-BASED FINANCING/IRIS ACTION ITEMS

- Remove the equity milestones and corresponding performance payments from the IRIS design.
- Support WHO/UNICEF in their work to make estimates more sensitive to annual changes in immunisation coverage. This activity should be reflected in the business plan and associated budget.
- Explore qualifying conditions to the backsliding penalty, such that in certain exceptional circumstances (*force majeure*) countries that slide below milestones would not incur a backsliding penalty.
- Task Team to review IRIS in the context of Strategic Goal 2 activities.

HEALTH SYSTEMS FUNDING PLATFORM (HSFP) ACTION ITEMS

There was strong agreement that country eligibility should aim to be consistent across all GAVI programmes. The recommendation to restrict HSS support at this point in time to low income countries results from the current financial environment.

Action items are as follows:

- Clarify the linkages between HSFP and IRIS.
- Return the notional US\$179 million from the original HSS window to the balance of expected demand.
- Formulate a communication plan to explain the implications of this decision to countries.
- Conduct quarterly stakeholder updates and consultations on the HSFP (in collaboration with GFATM/ World Bank/ WHO).

PROGRAMME AND POLICY COMMITTEE CHARTER ACTION ITEMS

- The GAVI Alliance Programme and Policy Committee members will make (and track) edits to the current charter and submit them to the Managing Director of Legal and Governance and the edits will be presented at the next PPC meeting May 18-20 2011.

ACTION ITEMS FOR THE GAVI ALLIANCE BUSINESS PLAN 2011-2015

- Establish a time-bound task team to assess the level of investment in core partner activities and, where appropriate develop a formal plan for transitioning these activities from GAVI back to their 'home' agencies with the understanding that there would need to be appropriate resourcing to undertake these activities to inform the 2013 budget planning process.
 - Develop formal Terms of Reference for the Task Team
 - Invite formal participation by members of the PPC
- Establish a time-bound task team to formally review the proposed objectives/activities in Strategic Goal 2.
 - Develop formal Terms of Reference for the Task Team
 - Invite formal participation by members of the PPC

ACTION ITEMS FOR GAVI SUPPLY STRATEGY/PROCUREMENT OBJECTIVES

- Revise terminology on "fully loaded prices" used within proposed supply and procurement objectives.
- Provide a conceptual framework to articulate the proposed strategy in order to illustrate where GAVI can influence vaccine markets versus other areas that may be important market drivers but are potentially beyond GAVI's sphere of influence.
- Complete the work of the supply and procurement strategy task team to inform linkages to price and per doses versus per course co-financing for the 2014 review.