

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

## **29 March 2010**

### **Teleconference**

## **FINAL Minutes**

The meeting commenced<sup>1</sup> at 15.07 Geneva time on 29 March 2010. The new PPC Chair, Gustavo Gonzales-Canali is unavailable for the meeting and asked the outgoing Chair Sissel Hodne Steen to lead the meeting.

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### **1 Presentation of the HSS Paper**

In her introductory comments to begin the meeting the Sissel Hodne Steen noted that the work being discussed is the result of extensive consultations with partners on the joint platform that dates back to June 2009.

At its November 2009 Meeting the Board asked the PPC to report by April 2010 the particular points captured in the table on page 6 of the discussion document.

Due to scheduling complications (and after consultation with Mary Robinson), the PPC will be presenting their recommended course of action directly to the Board.

Carole Presern, Managing Director, Special Projects then led the discussion:

- Since the GAVI final document will be issued on 6 April and the Policy and Strategy Committee (PSC) of The Global Fund to fight AIDS Tuberculosis and Malaria (GFATM) will meet on 15 April the coordination of the two documents was discussed.
  - The two papers followed a common process with consistent themes, and the GAVI paper in particular is structured to look like a GFATM paper by design.
  - The significant differences relate to some GAVI-specific issues and the fact that the GFATM Board will not be in a position to fund the Track 2 Option 2 countries discussed in this paper this year because of their “rounds” cycle.
  - Funding for Track 2 Option 2 countries will depend on IRC/TRP approval of programmes.
  - On page 14, paragraphs 2.8 and 3.5 contain good descriptions of what the platform is and is not and should be included in the executive summary.
- The role of Civil Society Organisations (CSO's) in the platform was also highlighted. CSO engagement is critical to the success of the platform given that most of the action is being done at country level, and the actors present in country are all welcome to join the platform.

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<sup>1</sup> Attendees are listed in Attachment A.

- A question clarifying the paper's consistency with the IHP principles (including the one national health plan and revamped procurement arrangements and emphasis on MDG 4, 5 & 6) was raised.
  - The paper emphasised the IHP less than in previous papers primarily to harmonise with the GFATM, which has a slightly different emphasis.
  - That said, the paper is based on IHP principles which can be implemented if individual countries prefer to use them. Additionally 3 of the proposed Track 3 countries are IHP countries.
- The platform emphasises its effects on MDG 4, 5 & 6. However, the platform would benefit all programmes, as investment would advance the agendas of the health delivery systems in country more generally.
- An intermediate indicator (% children younger than 3 months immunised against DPT3) has been proposed with a target of 85% national coverage.
  - Since the platform is focused on strengthening district level operations, it was suggested that intermediate targets be set at the district level to track performance.
- A question on how the platform's non-immunisation indicators can be generalised was discussed. In particular, it is difficult to articulate common, non-immunisation performance indicators from country to country.
  - Therefore, evaluating performance or improvement of the entire platform (as opposed to improvement in a particular programme within the platform) using indicators that may vary between countries is a challenge.
  - The indicators in the paper are only indicative and based on the Nepalese framework. However, each country would choose the indicators that make the most sense for their country context.
  - The MDG indicators are the common evaluation thread that allows countries to be compared.
- Indicators are important- especially in the context of the comparative advantages of the GAVI/GFATM ("downstream") activities vs. the World Bank ("upstream") activities in the context of the platform.
  - On this point, the World Bank confirmed their commitment to working closely with the platform partners.
  - The Secretariat with other partners will be reviewing the health sector plans in the context of the Joint Assessment of National Strategies exercises.
  - Additionally, the platform funding agencies have convened a special inter-agency working group which has a special harmonisation and alignment component to develop performance measures based on annual health sector reports and processes. Their work should be completed by the end of May which will also inform the process.
- Timeframes for the target dates of the joint proposals between GAVI and GFATM for Track 2 Option 1 countries as well as the number of Track 1 countries by 2010 were requested.

- Communication to countries on guidelines from first pilot countries will be developed before June. Questions about how much funding is available and their relationship to IHP+ must be answered consistently, highlighted or made clearer to maximise the success of the platform.
- The platform (funded by IFFIm) is focused on the 49 Low Income Countries (LIC's) for the joint platform. The Secretariat should investigate how the platform will proceed when countries move to middle income status.
- Civil Society Organisation (CSO) involvement in the platform pilot was discussed. As was re-iterated in The Hague, CSO's must be embedded in all aspects of the platform's development in-country.
  - CSO involvement could be highlighted more, but CSO involvement is integrated into the JANS assessment tool and strong CSO support is obviously critical to the platform's success.
  - The actual CSO involvement in each country is very country-specific. Of note, the HSS tracking study showed good engagement of CSO at the implementation level. The main lesson learned there is that when country plans are being developed the Health Sector Coordinating Committee benefits from the robust engagement of CSO's.
  - There is no reason why CSO's cannot be funded directly when they are working within the auspices of an endorsed National plan. This "dual track" financing, will be investigated as the platform evolves over time.
- In terms of resource allocation, the remainder of the \$800 million IFFIm funds will be determined after the broader discussion of prioritisation is completed.
  - In terms of projects being funded through the \$120-140 million/year allocation (IFFIm expansion for HSS), if countries are funding against National plans as a joint proposal to GAVI and GFATM, the money will also benefit GFATM HSFP inputs. However the money has to come through the IFFIm mechanism and GAVI for accountability reasons.
  - Consequently, GAVI cannot funnel money directly to GFATM.
- Technical support including risk management for countries is an important element.
  - In the Joint workplan, technical support is a key area for all funding partners and others (bilaterals, CSO's etc). The work on this is being led by WHO.
- The Chair provided a summary of issues that should be included on the HSFP paper that will be submitted to the Board:
  - Increased clarity on indicators- They need understand what they are, and reflect the nuances discussed
  - Focus on MDG's as a main outcome, but also emphasise how health systems investment would affect other services
  - Note that MDG responsiveness could leverage resources at country level
  - Role of CSO's in terms of planning and consultation of the platform and in terms of being recipients for potential dual track financing should be highlighted

- Technical assistance at country level, as a vital element of the workplan, should be further explained
- Harmonisation and IHP+ should be re-emphasised
- The GAVI graduation policy and the mechanics of how other countries will be included in the platform in future, will have to be dealt with after the Board meeting
- The timeframe that expands on the table on page 23 of the discussion document.

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## **DECISION**

The GAVI Alliance Programme and Policy Committee accepted the following decision points for recommendation to the Board:

- 1.1 The Board affirms the critical importance of strong health systems to achieve GAVI's mandate and endorses HSS support which focuses on service delivery bottlenecks, and seeks to achieve outcomes for MDGs 4 (particularly immunisation related outcomes), 5 and 6.
- 1.2 The Board requests the Secretariat to continue, based on consultations at country level, to work on the implementation of Track 2 Option 1 through the development of a joint proposal form with GFATM. The joint proposal form would be approved by the PPC, for use as soon as possible. Any funding proposals using this new joint proposal form would be subject to IRC review and Board approval processes.
- 1.3 The Board requests the Secretariat to continue, based on consultations at country level, to work on the implementation of Track 2 Option 1 through the development of a joint proposal form with GFATM. The joint proposal form would be approved by the PPC, for use as soon as possible. Any funding proposals using this new joint proposal form would be subject to IRC review and Board approval processes.
- 1.4 The Board requests continued work on Track 2 Option 2 - funding based on national plans, such that 4-5 countries could be approved by the Board when funding becomes available. There will be a particular focus on lesson learning, a focus on results and on mechanisms for building health systems capacity at country level as part of the implementation (taking account of evaluation findings).
  - 1.4.1 Since GFATM is not able to begin with Option 2 Track 2 in 2010, it is better to say that "The GAVI board approves the programme when funding become available"

- 1.5 The Board requests the Secretariat to increase dialogue with partners, and to develop a communications strategy (with GFATM, WB and others).
  - 1.5.1 In view of technological advances the modification to this decision point could be to develop a communications and information strategy”
- 1.6 The Board requests GAVI to work with GFATM and other partners in the lead-up to the 2012 evaluation of HSS, to ensure that there is an independent evaluation of the Health Systems Funding Platform.
- 1.7 The PPC understands that these decisions have material budgetary implications. The Secretariat will indicate some scenarios in May in advance of the June Board.

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## **2 Any Other Business/Next Steps**

- All comments will be integrated into the document before it goes to the Board on 6 April. The Secretariat will ensure that the incoming Chair, Gustavo Gonzalez–Canali is comfortable with the discussion before it goes to the Board
- The Committee and Secretariat thanked the acting Chair for her sterling service as Chair of the PPC and she reciprocated in kind.

There being no other business, the meeting was adjourned.

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Helen Evans, Deputy CEO

**Attachment A****Participants****Committee Members**

- Sissel Hodne Steen, Chair of the Meeting
- Magid Al-Gunaid
- Rama Lakshminarayanan
- Fidel Lopez-Alvarez
- Paul Fife
- Mickey Chopra
- Joan Awunyo-Akaba
- Suresh Jadhav
- Anne Schuchat
- Jean-Marie Okwo-Bele
- Ryoko Krause for Olga Popova  
(non-voting member serving at the pleasure of the Chair)

**Technical expert**

- David Salisbury  
(non-voting member serving at the pleasure of the Chair)

**Regrets**

- Gustavo Gonzales-Canali, Chair
- Olga Popova
- Steve Landry
- Susan McKinney

**GAVI Secretariat**

- Craig Burgess
- Helen Evans
- Ranjana Kumar
- Stephen Nurse-Findlay
- Carole Presern
- Nina Schwalbe