

Gavi Alliance Programme and Policy Committee Meeting

12 November 2015

Teleconference

1. Declarations of Interest

- 1.1 Finding a quorum of Programme and Policy Committee members present, the meeting commenced at 17.40 Geneva time on 12 November 2015. Richard Sezibera, Programme and Policy Committee Chair, chaired the meeting. He thanked the Committee for having accommodated his late request to reschedule the meeting.
- 1.2 Taking into account that a number of Committee members, including himself, were on the line from countries where the phone connections might not remain stable throughout the meeting, the Chair proposed that the PPC agree on a provision to ensure that decisions could be taken in the absence of a normal quorum for a PPC meeting, and that should he personally be disconnected from the call Jean-Marie Okwo-Bele chair the meeting in his absence. PPC members agreed.
- 1.3 Prior to the Chair joining the call, and in the interest of ensuring sufficient time for PPC members to discuss the items on the agenda, Seth Berkley, CEO, had made some introductory comments in relation to the potential role and rationale for Gavi in the next steps for the RTS,S malaria vaccine.

Decision One

The Gavi Alliance Programme and Policy Committee:

- **Agreed**, for its meeting on 12 November 2015, pursuant to its Charter, to delegate on an exceptional basis its authority and duties to a subcommittee comprising at least six voting members present for the purposes of reaching decisions at this meeting
- **Noted** that Jean-Marie Okwo-Bele would chair the meeting, should Richard Sezibera find himself unable to do so.

2. Update on Malaria Vaccine and options for potential Gavi role in next steps

- 2.1 Professor Peter Smith, Chair of the Joint Technical Expert Group, provided a brief overview of the results from the RTS,S vaccine trials and the rationale for the SAGE/MPAC recommendation for Demonstration Projects with the vaccine He highlighted that the risk/benefit ration of the vaccine had been found favourable by

the European Medicines Agency. The one identified adverse effect of the vaccine was febrile convulsions within seven days of vaccination. There were some increases in vaccinated children of incidences of cerebral malaria and meningitis, though it was not clear whether these were related to the vaccine.

- 2.2 Professor Smith showed comparisons between the results of administering three doses or four doses of the vaccine in children aged 5 to 17 months, four doses being more efficacious against clinical malaria. Only four doses were efficacious against severe malaria. Models predict an overall beneficial impact on mortality, with a consensus range of between 10% and 28% reduction for under 5 malaria-related deaths among fully vaccinated children, whether it be a 3 or 4 dose schedule, but the vaccine's impact on mortality at three or four doses could not be ascertained in the current trial due to the low number of deaths in both the treatment and control groups.
- 2.3 The cost-effectiveness of four doses of the vaccine is comparable with that of other recently introduced vaccines (Rotavirus, PCV, HPV).
- 2.4 Judith Kallenberg, Head of Policy, presented a brief history of the development of the vaccine, outlined the next steps for the vaccine, and four options proposed for the Gavi Board to consider, following guidance from the PPC.

Discussion

- PPC members noted that they were being asked to provide guidance on the options presented and whether or not these were the right options to present to the Board at its meeting in December 2015. Some PPC members wondered whether it was premature to be putting this to the Board at this stage. One member pointed out that care needed to be taken not to pre-empt discussions taking place amongst donors in other fora. Others felt that it was important for Gavi to show its engagement and that the Alliance could lose credibility if it did not engage in a vaccine developed for children in the poorest countries after WHO has called for pilots.
- Following discussion, PPC members agreed that although more background information and details were required, particularly on the financial aspects, the range of options was appropriate to initiate a discussion at the Board. Indeed, it was thought that the subject was sufficiently important that it would only be appropriate for the Board to have a first discussion. The PPC would discuss the matter again, following the Board's input, at its meeting in May 2016 and then possibly be in a position to submit a recommendation to the Board.
- One PPC member suggested that a fifth option be added to the four existing options, with a focus on a possible Advance Market Commitment (AMC), whereby Gavi would not play any role in the pilots, but would commit to purchasing the vaccine at a minimum price conditional on a WHO recommendation.
- The Secretariat noted that in the context of proposed work around market shaping there is a need to clarify with the manufacturer the possibility and related

conditions of the use of donated doses of the vaccines for the pilots and then also to have active discussions on capabilities, costs and investment timelines taking into account that the volumes of vaccines required during the period of the pilot studies will be quite low.

- PPC members agreed that further work needs to be done to better understand potential safety issues, delivery feasibility and mortality impact, noting that the risk management plan will further evaluate the safety profile of the vaccine.
- The Committee supported Gavi's close collaboration with the Global Fund which has already yielded learnings and insights beyond malaria. The pilots are seen as a key opportunity to test innovative approaches for potential future cooperation.
- One member of the PPC regretted the lack of input from the developing country constituency on this important topic.

3. Alliance KPIs: A key element of the Alliance Accountability Framework for 2016-2020

- 3.1 The Chair recalled that this topic was discussed at the PPC meeting in October 2015 and invited Ms Anuradha Gupta, Deputy CEO, to report on this item which was for guidance.
- 3.2 Ms Gupta recalled that the PPC had requested a clarification of where the Alliance KPIs fit within the overall accountability framework and for a revision of its specific indicators. The document therefore provided an overview of the entire accountability framework, a clarification on what the Alliance KPIs intended to measure, and a revised set of indicators.
- 3.3 She informed the PPC that the Secretariat had followed up with individual members to understand better their suggestions regarding indicators. It was also understood that the Alliance KPIs should not be set in stone at this stage but continue to be developed, tested and further refined. The Secretariat would provide the PPC with further refinement and baseline numbers in May 2016.
- 3.4 The other parts of the accountability framework included strategy indicators; a mechanism to manage performance of partners funded under the PEF; putting in place an improved performance management process for the Secretariat staff and teams; and a new mechanism through the Performance Frameworks, Joint appraisals and independent evaluations so as to be able to systematically follow up on countries' performances.
- 3.5 The main objective of the Alliance KPIs was to ensure that Gavi effectively uses the tools at its disposal to implement the new strategy. They will measure the Alliance partners' ability to execute these grants and ensure the risks are managed appropriately.

Discussion

- The Committee thanked Ms Gupta for her comprehensive introduction and congratulated the Secretariat on their hard work in this regard and great improvements made in a very short space of time.
- Some PPC members nevertheless had input and questions on some indicators including those relating to the quality of HSS proposals, the linkages between the various performance processes, HR metrics and on the inclusion of an Alliance health survey in general. PPC members were invited to provide some of their more detailed comments to the Secretariat in writing.
- The Chair added his affirmation that the document was now much improved and clearer about the way forward. He assured the Committee that further explanations on the definition of KPIs would be available for the PPC meeting in May 2016.
- A firm request was put forward to ensure that the finalisation of these KPIs are done in consultation with partners. In order to accommodate this request, the Chair suggested that an additional sentence be included in the recommendations, to read as follows: “The Alliance, under the leadership of the Secretariat with the Partners...”

4. Review of decisions

- 4.1 Philip Armstrong reviewed the decision language with the Committee which was approved by them.

5. Any other business

- 5.1 The Chair thanked all members of the PPC for their patience and guidance, and the CEO for providing the decisions and recommendations.
- 5.2 After determining there was no further business, the meeting was brought to a close.

Mr Philip Armstrong
Secretary

Attachment A

Participants

Committee Members

- Richard Sezibera, Chair
- Zulfiqar A. Bhutta
- Erik Bossan
- Mariam Diallo
- Lene Lothe
- Susan McKinney
- Violaine Mitchell
- Ahmad Jan Naeem
- Robert Oelrichs
- Jean-Marie Okwo-Bele
- Rajinder Suri
- Seth Berkley
- Jon Abramson

Regrets

- Kesetebirhan Admasu
- Jason Lane
- Clarisse Loe Loumou
- Andrei Usatii

Guests

- Peter Smith

GAVI

- Philip Armstrong
- Adrien de Chaisemartin
- Eliane Furrer
- Anuradha Gupta
- Joanne Goetz
- Judith Kallenberg
- Hind Khatib-Othman
- Aurelia Nguyen

Observers

- Henri van den Hombergh, UNICEF
- Vasee Moorthy, WHO
- Stephen Karengera, Special Adviser to PPC Chair