

Gavi Alliance Programme and Policy Committee Meeting

7-8 October 2015

Gavi Offices, Geneva, Switzerland

1. Chair's report

- 1.1 Finding a quorum of members present, the meeting commenced at 09.05 Geneva time on 7 October 2015. Richard Sezibera, Programme and Policy Committee Chair, chaired the meeting.
- 1.2 The Chair welcomed participants and in particular Lene Lothe who had recently been reappointed to the PPC as the representative for the Denmark//Netherlands/Norway/Sweden constituency.
- 1.3 The Chair noted that as Jason Lane would only be able to join the meeting on the following day, Donal Brown, Board member for the UK/Canada/Ireland constituency, would join the meeting in his absence as an observer. He also noted that Laura Laughlin, Alternate Board member for the IFPMA constituency would be joining the meeting as an observer in the absence of Erik Bossan, and that pending a nomination from UNICEF to replace Jos Vandelaer on the committee, Henri van den Hombergh would also attend as an observer.
- 1.4 The Chair informed participants that Bolanle Oyeludun, IRC Chair, would join the meeting for Item 3, that Michel Zaffran, WHO, would join for Item 4, and that he had agreed that the chairs of the Steering Committees who had been involved in the preparatory work on the items related to measles, direct financial support and the supply and procurement strategy could join the meeting by phone for the related discussions.
- 1.5 Finally, both the Chair and the CEO, welcomed Philip Armstrong, attending his first PPC meeting as newly appointed Director of Governance and Secretary to the Board.
- 1.6 PPC members noted the written comments that had been submitted by Dr Andrei Usatii on behalf of his constituency. As Zulfiqar Bhutta would be unable to remain for the second day of the meeting he also shared written input from his constituency with the Committee.
- 1.7 Standing declarations of interest were tabled to the Committee (Doc 01a in the Committee pack).
- 1.8 The minutes of the 4-6 May 2015 and 21 May 2015 meetings were tabled to the Committee for information (Doc 01b and Doc 01c in the Committee pack). Both had been circulated and approved by no-objection on 3 August 2015.

- 1.9 The Chair referred to the PPC workplan for the next year (Doc 01d) and reminded Committee members that they may contribute to the workplan by raising issues with either himself or the Secretariat.

2. Update from Secretariat

- 2.1 Seth Berkley, CEO, started by highlighting that the Committee was meeting at an important moment for Gavi and global development efforts. He noted the significant successes of the 2011-2015 strategic period and cited several examples such as the achievement of vaccine introduction targets for penta, rota and pneumo in 2014; encouraging WUENIC data for 2014 coverage; an increased number of children being reached with three doses of a DTP containing vaccine in the Gavi 73.
- 2.2 The CEO also made reference to the significant progress made on sustainability, with co-financing projected to increase almost five-fold from US\$ 36 million in 2011 to US\$ 150 million in 2015, four countries fully transitioning out of Gavi support by the end of 2015 and additional countries due to partially transition from Gavi support in 2016. He emphasised the need for renewed focus in the 2016-2020 strategy in the areas of coverage, equity and sustainability and raised concerns about two countries in particular which are failing to invest sufficiently in their programmes.
- 2.3 The CEO reminded PPC members that Dr Ngozi Okonjo-Iweala, former Minister of Finance, Nigeria, had recently been appointed as Chair elect of Gavi and that as she had also been Managing Director at the World Bank, she would make a significant contribution to the work of the Alliance in her new role.
- 2.4 The CEO noted a number of items critical to implementation of the 2016-2020 strategy which would be considered by the PPC during this meeting, namely the 2016-2020 targets and indicators, the Partners' Engagement Framework (PEF), Gavi's model for direct financial support to countries, the measles and rubella strategy, Gavi's partnership with India and the vaccine supply and procurement strategy. He highlighted that the PEF is critical to strengthening of the Alliance model and he emphasised that it was more than just a new version of the business plan. The intention was to re-shape the design and management of technical support to ensure it was really responsive to countries' needs.
- 2.5 The CEO referred to the overview of the financial implications of the proposed PPC decisions which had been circulated and pointed out that projections suggested that Gavi would have all the resources required to fund all the current decisions. He confirmed that going forward the PPC and Board will systematically be provided with an overview of financial implications of their decisions to inform their discussions.
- 2.6 He also briefed PPC members on the organisational review of the Secretariat which had been conducted by McKinsey earlier in the year and which had identified some significant resource gaps and opportunities to improve the performance of the Secretariat. In this context, a request for some increase in

resources would be included in the 2016 budget request and a change process had already been launched with the leadership team to review how teams work together and to strengthen key structures, processes and systems to prepare for the next strategic period,

- 2.7 The CEO referred to the discussion on malaria which would take place on the second day of this meeting and also provided a brief update on work being carried out by Gavi in relation to Ebola and Typhoid.
- 2.8 Finally, the CEO noted that the Secretariat sought to respond to suggestions from previous PPC discussions in preparing for this meeting and would welcome feedback on the changes relating to the provision of more concise papers with more extensive details available on myGavi as well as the setting up Steering Committees to guide the technical work on measles, direct financial support and the supply and procurement strategy.

Discussion

- PPC members highlighted the importance of addressing Gavi's preparedness in managing any future disease outbreaks and it was suggested that this might be a topic for further discussion at a PPC retreat.
- PPC members raised concerns on the issues of data accuracy with respect to coverage of vaccines and enquired about the nature of data sources at country level, as well as the degree of discrepancies between administrative data, even in joint reporting systems, and the sources found on the ground. The Secretariat noted that technical assistance was required at country level and this was precisely what the strategic focus areas (SFAs) were intended to address in the priority countries. The Secretariat emphasised that the new approach was to focus on sub-national data and that the issue would be addressed in greater detail under the data SFAs presentation (Item 6).
- Another member raised concerns about the shift from WHO post-qualification requirements to a stringent regulatory licensing requirement for a vaccine for diseases such as Ebola which have a wide impact.
- One member of the PPC expressed concern that Ebola had not been on the agenda as a standalone item for this meeting. While her constituency was cognisant of the commercially sensitive nature of some information surrounding Ebola, they would appreciate a structured discussion on how Gavi performed in emergency mode, its alignment with the actions of other partners and the level of financing committed.
- PPC members expressed appreciation for the fact that Steering Committees had been set up to consider some of the items which were being brought to the PPC for consideration.

3. Independent Review Committee & High Level Review Panel report

- 3.1 Bolanle Oyeledun, IRC Chair, gave a report on the work of the Independent Review Committee (IRC) and the High Level Review Panel (HLRP). She highlighted issues relating to data quality and coverage. She informed PPC members that all 71 countries eligible for IPV support had submitted proposals which had been reviewed and approved by the IRC. She addressed a number of issues in relation to health system strengthening and system readiness, as well as gender inequalities, other types of inequities and conflict settings. She highlighted some of the policy areas which were the focus of the IRC, namely supply chain and logistics, governance, CSO and private sector participation, monitoring & evaluation, surveillance, safety and data utilisation and graduation and financial sustainability. Finally, she highlighted potential areas for policy focus or development, namely health systems readiness, immunisation in conflict settings, civil society and private sector partnerships, surveillance strengthening, supply chain effectiveness and financial sustainability in graduating countries.

Discussion

- PPC members commended the IRC for their work.
- One PPC member noted that the Global Fund has a policy on salary top up incentives and enquired whether this was something Gavi was looking at. The Secretariat noted that it has established an Operational Guideline for salary top ups, consistent also with the Global Fund. The Secretariat noted that in some instances, salary top ups were relevant, but that countries proposing this within the context of Gavi support had to demonstrate that this was supported by clear national HR policies and that in terms of sustainability, there be a plan to absorb the cost into the national health system over time. It was agreed that the Gavi Operational Guidelines in relation to salaries and top ups would be shared with the PPC.
- Some PPC members cautioned against a simplistic view of campaigns as 'bad' and routine immunisation (RI) as 'good', and the need for good campaigns to better leverage RI in Gavi's programming was emphasised. The Secretariat noted that a KPI has been proposed on the percentage of campaigns rated as high quality, as a mechanism for assessing the quality of campaigns undertaken.
- PPC members also noted that the IRC will continue to pay attention to the absorptive capacity of countries going forward.
- One PPC member pointed out that as Gavi increasingly moves towards integration of immunisation and maternal, newborn and child health (MNCH) activities, these should not be looked at as disparate strategies but as complementary ones.
- Another PPC member pointed out the importance of focusing on critical areas for policy realignment in terms of the potential areas for policy focus or development in the 2016-2020 Strategy.

- The importance of engaging with CSOs particularly in conflict areas where the need for capacity building is much greater was highlighted.
- One PPC member raised the issue of urban migration, both between and within cities, and the challenge when such populations are not registered and/or identified.

4. Country Programmes update

- 4.1 Hind Khatib-Othman, Managing Director, Country Programmes, Henri van den Hombergh, Chief, Health Section, UNICEF, and Michael Zaffran, Coordinator of the Expanded Programme on Immunization, WHO, presented an update to the PPC on the work being carried out by Alliance Partners in Gavi eligible countries. They highlighted the number of vaccine introductions carried out during the 2011-2015 strategic period with all 73 countries having introduced pentavalent, as well as those foreseen during the 2016-2020 strategic period, reflected on coverage and equity and sustainability as the key focus areas going forward and on some of the key challenges in closing the immunisation gap. They also highlighted a new approach to strengthening coverage, equity and sustainability through country-centric, proactive grant management, differentiated prioritisation of 20 countries, strategic focus areas and the Partners' Engagement Framework.
- 4.2 At the invitation of the Chair, Robert Oelrichs added to the presentation on behalf of the World Bank pointing out that a key area of engagement was sustainable health financing, including developing a health financing system assessment. A second area of successful engagement of the World Bank was the facilitation of policy dialogue to ensure greater regulatory harmonisation. The World Bank had also undertaken some pilot work on strengthening specific aspects of health systems in aspects where the Bank has comparative advantage, particularly around the areas of financial management capacity, procurement and application and result-based financing approaches.

Discussion

- In response to a query from one PPC member, the Secretariat noted that there is a comprehensive communication strategy in relation to the revised co-financing policy to ensure that it is articulated to countries in a way that will make it comprehensible to them.
- In the context of a discussion in relation to IPV supply shortages, the IFPMA constituency representative highlighted the importance of working together in ensuring a timely supply of IPV and the successful switch from tOPV to bOPV in 2016.
- Members requested that more emphasis be placed in the report on problems and challenges encountered at country level and that it would be useful if the report could highlight specific problems for the PPC discussion.

- A few PPC members suggested that it would be useful to have a more in-depth discussion on the immunisation programme in Nigeria.
- PPC members appreciated the differentiated approach prioritising 20 countries but stressed that differentiation not only between countries, but within countries, was also important.
- PPC members highlighted that regions varied in terms of their success in their immunisation programmes and suggested that it would be useful to better understand the drivers of these differences.
- One member suggested that it would be useful if the PPC, at its next meeting, had the opportunity to look at the funding that Gavi had channelled to WHO and UNICEF during the 2011-2015 strategic period for their in-country coverage and equity focus work in specific low-performing countries and that it would be good to better understand what interventions had proven particularly effective.
- PPC members agreed that there should be a more in-depth discussion on rotavirus in particular to better understand the slow uptake of the vaccine in certain countries.

5. Partners' Engagement Framework

- 5.1 Anuradha Gupta, Deputy CEO, introduced this item, highlighting that the purpose of the report was to provide an update on the new Partners' Engagement Framework (PEF) for the strategic period 2016-2010, the process of engaging with partners and the accountability framework.
- 5.2 Adrien de Chaisemartin, Director, Strategy & Performance, gave a detailed presentation on the PEF, highlighting the differentiated approach for targeted technical assistance and the key milestones in the identification and budgeting of the activities under the technical assistance stream of the PEF. He provided a status update on the strategic focus areas (SFAs) and outlined the proposed initial set of Alliance KPIs for PPC recommendation to the Board.

Discussion

- PPC members expressed general support and appreciation for the new Partners' Engagement Framework and its enhanced focus on accountability but did not feel comfortable with the Alliance KPIs being presented to them for recommendation to the Board for two reasons: first, it was suggested that some additional thought and consultation was needed on the proposed list: and second, there was a view that the Alliance KPIs should remain dynamic and may need to evolve over time. In this context it was agreed that revisions to the proposed KPIs, following discussion at this meeting, would be presented to the PPC for further consideration at its meeting on 12 November 2015.

- One member expressed concern with the amount of work under the PEF particularly in the area of translation of the joint appraisals into technical assistance. It was suggested that the workload is not sustainable and could leave everyone involved quite overwhelmed.
- PPC members agreed that some of the following proposed KPIs needed additional work: % achievement of forecasted new vaccine introductions (it was asked whether the focus should be on number of introductions or introduction coverage); % of countries reporting through performance frameworks; % of campaigns rated as high quality (how is high quality and coverage measured); % overhead expenditure (Gavi might wish to reflect on this as a percentage of overall programme funds). It was also suggested that the reduction of the governance indicator to simply the number of meetings held should be avoided. It was also pointed out that an increase in the number of private sector partnerships may not necessarily mean they were getting Gavi further up the trajectory.
- Some PPC members expressed a general concern about the growing number of technical working groups and steering committees and their composition.
- Another member highlighted the issue of expanded partners and pointed out that there were a lot of consultancy companies and western NGOs and that Gavi needed to ensure that country level organisations that are capable of doing the job become involved and engaged in the process.
- The Chair expressed his surprise that while the new strategy has a country focus, the PEF management team does not have a country representative, and he suggested that the Secretariat needed to reflect on this.
- He also pointed out that he was still uncomfortable with the process around budgeting and that it would be useful for the PPC to join the Audit and Finance Committee for its discussion of the PEF on 6 November.
- The Secretariat responded to the comments on increased workload, highlighting that – as requested by the PPC in 2014 - the new PEF represented a massive change from the Business Planning process followed in the past, and that the enormity of workload is associated with the change process. They clarified that going forward a differentiated approaches to Joint Appraisals is envisaged. In relation to the RFI, they explained that Gavi will probably need to form consortiums that can leverage both local institutions which know the country context well, and international institutions which can bring a deep level of expertise and assurance on financial management.

6. Data Strategic Focus Area

- 6.1 Seth Berkley, introduced this item. Peter Hansen, Director, Monitoring & Evaluation, Hope Johnson, Head, Programme Outcomes & Impact, and Stephen Sosler, Technical Adviser, Vaccine Implementation, gave a more detailed

presentation, outlining what the Alliance aims to achieve in data by 2020 and the 11 fields of engagement identified to achieve the goals.

Discussion

- In response to a query from a PPC member, the Secretariat clarified that the resources for the data-related work were included in the Gavi PEF envelope and that at this meeting approval for the high level approach was being sought.
- One member suggested that the SFAs should be done through HSS but not be a specific, separate channel of investment for technical assistance. The Secretariat provided assurance that this is indeed the case, and that in some cases other existing forms of direct financial support – i.e. Vaccine Implementation Grants and operational support for campaigns – can also be used to finance activities to strengthen country data systems.
- Another member pointed out that experts who were talking about coverage were using a wisdom-based approach, not an evidence-based one and concluded that all partners should work together. They noted that the notion of a repository of what is working was an interesting opportunity.
- The Chair highlighted the need for a hierarchy of SFAs and that data ought to be a priority area as the Alliance moved into the new strategic period. He also pointed out the emphasis on data needed to be encouraged at country level.
- The Chair also noted that there was a lot of interventions in this space at the global level and for that reason, it was important to sharpen the PPC's own focus in order to bring something that is specific to the Alliance. The high level approach would be critical but the PPC needed to focus on what partners and countries would do.
- Another PPC member, while not sure this was Gavi's sole responsibility, pointed out that there was certainly an opportunity for Gavi to play a leadership role in data strengthening.
- The Secretariat clarified that there were no parallel systems and that Gavi was working with existing structures. They pointed out that Gavi needed to work with partners such as the World Bank and Global Fund, as well as bilateral donors.
- The PPC noted that while it is important to leverage polio resources for strengthening country data systems and capacities more broadly, the polio legacy is by no means something to be addressed only in the data SFA. It is important that Gavi and other development partners and funders should address this across a number of important areas.

Decision One

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

- (a) **approve** the high-level approach to the strategic focus area ("SFA") on data for the 2016-2020 period as set out in Section B of Doc 06.

- (b) **request** the Secretariat to work with partners to operationalise the high-level approach in priority countries starting in 2016, and to ensure that submissions for funding through PEF are consistent with this approach and the needs of priority countries.
- (c) **request** the Secretariat to ensure that the proportional distribution of PEF funds across data and the other five SFAs is rationalised once other SFAs are developed, and to present these distributions to the PPC in May 2016 to ensure strategic alignment with Gavi priorities.
- (d) **request** the Secretariat to ensure that strategic investments in data made through direct financial support to countries are consistent with the approach to the data SFAs as well as with the outcomes of the review of Gavi's model for direct financial support to countries (see Doc 12).

7. Update on Gavi's Supply Chain Strategy

- 7.1 Alan Brooks, Director, Health Systems and Immunisation Strengthening, presented this item, highlighting that Gavi's Immunisation Supply Chain Strategy was approved by the Board in June 2014 and that the implementation of the strategy beyond 2015 would be taken forward by the supply chain strategic focus area (SFA) work stream.

Discussion

- Members requested that the supply chain strategy implementation continue to support integration with other supply chain related efforts. The Secretariat noted that the integration of supply chains was an important country-specific decision. For example, Ethiopia has integrated its immunisation supply chain under a single management structure with other health commodities.
- Another member commended the cold chain support as a welcome intervention. They sought an explanation on the events surrounding the vaccine loss incident in Cameroon and the Secretariat agreed to provide further information on this to the PPC.
- One PPC member noted that supply chain resources should systematically shift into the PEF process and be captured in those envelopes.
- The Secretariat assured PPC members that insurance on vaccine supplies was part of the agreement with countries, and the Supply Chain financing was within the PEF. The Secretariat informed PPC members of the Ethiopia vaccine loss for which an insurance policy was in place for US\$ 100,000. The value of loss exceeded the insured amount, however it was noted that insuring the full potential loss could get relatively expensive. The critical issue for Gavi was to check that insurance policies were in place and to verify the actual level of insurance. It was suggested that perhaps a special arrangement for insurance could be worked out.

- More than two thirds of the PEF funding was estimated to be reliant upon a country's decision to focus on supply chain strengthening. The Secretariat clarified that the PEF already included an amount of US\$ 4 million in 2016 as foundational support for supply chain activities by WHO and UNICEF. The incremental SFA request amounting to US\$ 4 million in 2016 and US\$ 3 million in 2017 was for time-limited investments at global and regional level, in line with the scope of the SFAs.

8. Gavi Strategy 2016-2020 – Goal Level Indicators and Targets

- 8.1 Peter Hansen, Director, Monitoring and Evaluation, presented the recommended indicators and the targets and asked the PPC to consider them for recommendation to the Board.

Discussion

- PPC members commended the work that had been done and agreed that in terms of the reference group for the coverage indicators, Option 2, which entailed using the same 68 countries that constitute the target reference group for the other indicators, would be better for the sake of continuity and simplicity.
- Another member enquired whether there would be other measures for those countries that were graduating to provide the PPC with an idea of what happens to the countries post-graduation. Members emphasised the importance of including the status of countries after they transition from Gavi support as a key indicator. The Secretariat clarified that ongoing delivery of vaccines through routine immunisation programmes in fully self-financing countries is tracked separately through the indicator under 'aspiration 2020' that the Board approved in June 2015.
- Members agreed that it was pleasing to see the improvement in the civil society indicator, while noting that there is still a developmental agenda around this indicator that will be taken forward in 2016. It was emphasised that as far as possible, there is a need to ensure that the indicator is not a 'tick the box' exercise, but that it measures meaningful progress in civil society engagement on the critical path to improved immunisation coverage and equity.
- One member pointed out that excellent progress had been made in the area of CSO integration. They suggested that it might be a good idea to look into indicators on integration across the board.
- Another PPC member pointed out that there was no discussion in the presentation on health workforce indicators. They would have wanted to know for instance, how Polio staff were integrated in the health system and where the skilled workforce fit in. The Secretariat clarified that it was not possible for Gavi to invest heavily in health workforce as the focus was more on capacity building.

- The Secretariat noted that they were mandated to track differences between boys and girls, which Gavi does. However, the main focus had moved towards gender related barriers to immunisation, in line with the Board's Gender Policy.
- Finally, the Secretariat indicated that the SG4 indicators might be revisited after finalisation of the Supply and Procurement Strategy, if relevant.

Decision Two

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

- (a) **approve** the indicators and targets for the Gavi Strategy 2016-2020 described in Section B of Doc 08, including Option 2 for the target reference group for the immunisation coverage indicators endorsed by the Board in June 2015.
- (b) **request** the Secretariat to work with partners to further develop the operational details and targets for the integration, civil society and institutional capacity indicators and present them to the PPC for review.

9. Alliance Partnership Strategy with India, 2016-2021

- 9.1 Seth Berkley, CEO introduced this item and reminded members that at the last PPC meeting, a lot of enthusiasm was expressed for partnership with India and that this was a unique opportunity to move the needle to reduce child mortality globally. With recently released GNI data, India was projected to cross the eligibility threshold in 2017.
- 9.2 Ranjana Kumar, Regional Head, Asia Pacific, and Melissa Malhame, Head of Market Shaping, presented the proposed India Partnership Strategy and the options to be considered by the PPC for recommendation to the Board.

Discussion

- PPC members expressed enthusiasm for the proposed India Partnership Strategy. They recognised the potential for Gavi to play a role in accelerating some critical vaccines, leverage the Governance of India to use its own resources on immunisation, and the unique nature of a collaboration on market shaping.
- PPC members stressed that the nature of the support be of a catalytic nature. Members expressed different opinions on what the acceptable level of investments should be and reach consensus on US\$ 500 million, subject to AFC confirmation of availability of funding.
- Members emphasised the need for a clear commitment from the Government of India to sustain and scale up the Gavi-supported programmes. They recommended that Gavi enter into a written agreement with India, which articulates the expectations and commitments of each party, including milestones.

One member mentioned concerns of a significant amount of development funds going to a middle income country.

- Some members pointed out the importance of making sure that Gavi's future support addresses equity issues. Some suggested a performance based financing approach to India for future support.
- One member noted the strong anti-vaccine movements on HPV and that this vaccine has not been approved by the NTAGI. In this context, the need to give the Government of India flexibility in using the vaccine-specific allocated amounts and for them to expend the resources before 2021 was suggested. Several members voiced support for supporting HPV introduction given the disease burden.
- One member noted that the need to adapt Gavi's application and approval process given the complexity of India and to avoid unnecessary time lags in providing future support.

Decision Three

The Gavi Programme and Policy Committee:

Recommended to the Gavi Board that it:

- (a) **approve**, subject to confirmation by the Audit and Finance Committee that sufficient funding is available, the Gavi strategic partnership with India (the "**India Partnership Strategy**") on a time-limited and catalytic basis as set out in Section 5 of Doc 09, including an indicative allocation of vaccines and cash support in Option 2 of Table 1 of Doc 09 for a total estimated amount of up to US\$ 500 million, using available resources from the Gavi 2016-2020 strategy period.
- (b) **request** the Secretariat to enter into a memorandum of intent or an appropriate equivalent with the Government of India ("GoI") to implement the India Partnership Strategy setting out:
 - i. a final allocation of vaccines and cash support;
 - ii. key principles of Gavi support (to the extent these differ from the Partnership Framework Agreement) including milestones for the India Partnership Strategy, focus on equity and a framework for the GoI to provide regular updates;
 - iii. the process governing the application and approval process for the vaccine and cash support for the GoI;
 - iv. commitments from the GoI to fund the balance and costs of the relevant campaign(s) and/or introduction(s) and to sustain the programme(s) following the introduction(s).
- (c) Recognising the importance of manufacturers based in India and the critically important role of the Government of India (GoI) in the procurement of vaccines for India's children, successful collaboration around vaccine supply and procurement between Gavi and the GoI should contribute to enhance supply security and a sustainable supply base to maximise procurement outcomes for Gavi and the GoI: **request** that the Gavi Secretariat and partners invite GoI to explore together how to share information and plan supply and procurement for vaccines in the GoI and

Gavi portfolios and explore potential coordination to maximise the sustainability and affordability of vaccines with initial report back to the PPC in October 2016 and to the Board in December 2016.

- (d) Request the Secretariat to provide regular updates and a formal update in 2018 on the progress of the India Partnership Strategy to be considered by the PPC and the Board, as appropriate.

The Gavi Programme and Policy Committee:

Requested the Secretariat to confirm with the Government of India the allocation of vaccines and cash for the presentation to the Board in December 2015, as Gavi's support for coverage and equity initiatives and new vaccines in India.

10. Gavi's Measles and Rubella Strategy

- 10.1 The Chair welcomed David Salisbury, Chair of the Measles and Rubella Strategy Steering Committee, who joined the meeting via phone.
- 10.2 Seth Berkley highlighted that the Measles and Rubella Strategy represented a paradigm shift in the way Gavi operates. The proposed strategy encourages long term country planning and budgeting for measles and rubella activities, and if approved by the Board, the strategy would be operationalised in 2016. This would include communication to countries and partners to begin planning and budgeting for measles and rubella activities focussing on increased country ownership and programmatic and financial sustainability. He emphasised that campaign quality is paramount and ensuring successful campaigns is a critical component of the strategy.
- 10.3 Stefano Malvoti, Director, Vaccine Implementation, provided a detailed presentation on the proposed recommendations.

Discussion

- PPC members commended the work and highlighted the strategy development process as a best practice for the Alliance and a good return on investment.
- The role of the Measles and Rubella Initiative (MRI) was discussed, and the PPC asked the Secretariat to ensure there is open communication to ensure alignment of the goals and workplans. The Secretariat informed PPC members that MRI's mandate is to provide outbreak response via measles campaigns, which have not improved routine measles immunisation coverage. It was agreed that after the Board, a discussion will be promptly initiated to discuss the respective roles of MRI and Gavi.
- Nearly half of Gavi countries do not fund their first dose of measles and thus country ownership was highlighted as an issue. The strategy aims to address this concern, by introducing a requirement for countries to self-finance MCV1 in order

to access Gavi support; the PPC asked that the Fragility Policy be considered to allow flexibilities for fragile countries.

- A PPC member asked about linkages between the strategy and the coverage and equity work and if there are opportunities to benefit from the existing polio infrastructure.
- The Secretariat agreed that there needed to be guidance to strengthen the second year of life platform. The latest WHO guidance recommends that countries have three consecutive years of $\geq 80\%$ MCV1 coverage before introducing MCV2. This criteria is currently more stringent than it is for MR. It was agreed that it would not do harm to recommend vaccinations in the second year, whether coverage was high or not.

Decision Four

The Gavi Programme and Policy Committee:

- (a) **Recommended** to the Gavi Board that, subject to confirmation by the Audit and Finance Committee that sufficient funding is available, it approve a comprehensive measles and rubella strategy for Gavi as set out in Section B, 5.5-5.16 of Doc 10 (the “Measles and Rubella Strategy”), as amended by discussions at the PPC, and noting that the additional funding for the current strategy period (2016-2020) amounts to approx. US\$ 220 million.
- (b) **Recommended** to the Gavi Board that it note the importance of enhancing Gavi’s approach to supporting countries for measles and rubella, and request the Secretariat and Alliance partners to: (i) ensure the Measles and Rubella Strategy is fully incorporated in the countries’ immunisation programmes and plans, (ii) implement through the use of already existing mechanisms such as the Joint Appraisals and High Level Review Panel, with any necessary modifications, and (iii) put in place mechanisms that better leverage strengths in the Alliance in order to improve the planning, efficiency and effectiveness of campaigns.
- (c) **Requested** the Gavi Board to note that the implication of the new strategy is that funding for the 2021-2025 period is estimated to be approx. US\$ 500 million.

11. Review of the Vaccine Supply and Procurement Strategy 2011-2015

- 11.1 Judith Kallenberg, Head, Policy, and Melissa Malhame, Head, Market Shaping, presented the paper and highlighted several factors that would drive revisions in the strategy. The PPC was asked for guidance on the proposed direction of foundational elements and focus areas for further analysis for the development of a new revised strategy.

Discussion

- One member expressed support for the newly developed Healthy Markets Framework and pointed out that the framework may need to evolve based on its implementation.
- A question was raised as to how the cold chain equipment platform aligns with the supply and procurement strategy review. The Secretariat noted that the supply and procurement strategy would include high level principles on how market-shaping activities would be relevant for non-vaccine products, and that the cold chain strategy process was underway and was being monitored for relevant overlap.
- A related point was raised on the scope of activities of different strategies both with the Secretariat and across the Alliance. It was noted that some Alliance partners have additional concerns beyond the countries which receive Gavi support.
- Another member expressed reservations on the name of the strategy (i.e. Supply and Procurement) as they felt it more accurately represented a 'market shaping' strategy.
- One participant highlighted that they were a member of the Supply and Procurement Strategy Steering Committee and informed the other participants that they had a lengthy discussion at the Steering Committee meeting on both the name of the strategy and the scope of countries
- One member felt that the scope of countries should extend beyond those which receive Gavi support, because countries face the risk of higher prices once they exit Gavi support. Several members noted that Gavi's market-shaping activities are intended to impact the global market, so that when countries transition out of Gavi support, they continue to have access to affordable vaccines within sustainable markets. Additionally, one member noted that several past Board decisions informed the decision to limit the scope of Gavi activities to those countries which receive support.
- One member emphasised the need to be mindful of the long-term horizon in which Gavi decisions may have impact (i.e. beyond the 5 year strategy). The member also cautioned against focusing on across-the-board reductions in price and the need to balance other considerations such as innovation with price.
- One member sought clarification on the implication time frame for the strategy given this longer time to impact. It was clarified that although the strategy will cover 2016-2020, the period of anticipated impact would be clearly articulated as being beyond the strategy.
- Several members noted the importance of clarity around terminology, such as 'price' and 'cost'. One member suggested that 'cost' should also include a consideration of implementation costs.

- Members agreed that Gavi's role in innovation was not clear. One member pointed out that emphasis should be on collaboration with other partners and private sector development in Gavi countries. Another member suggested that the strategy could include principles, but should not be too prescriptive, while a third member noted that potential unintended consequences of pursuing innovation should be explored.
- Noting that two manufacturers of measles-containing vaccine to UNICEF/Gavi have left the arena over the past two years, it was proposed that the supply and procurement strategy should address how the right conditions/incentives to support confidence around sufficient, durable, high-quality supply are created.
- It was suggested that Gavi's market shaping role for vaccines that have a role in responding to diseases with epidemic potential and for which Gavi currently provides funding should be in the scope for the strategy.
- The Secretariat agreed on the need for clarity on definitions and the establishment of clear principles for scope. The PPC also requested more detail on addressing unintended consequences to non-Gavi countries.

12. Review of Gavi's Model for Direct Financial Support to Countries

- 12.1 Alan Brooks, Director, Health Systems and Immunisation Strengthening and Judith Kallenberg, Head, Policy, presented this item for guidance. They highlighted that this review is an opportunity to ensure Gavi's model for direct financial support (DFS) is fit for purpose to support the achievement of Gavi's 2016-2020 strategic goals. Recommendations from this review will be brought to the May 2016 PPC for decision. Any new or revised policies would come into effect for new proposals submitted to Gavi in 2017.
- 12.2 DFS includes Gavi's "cash programmes", encompassing health system strengthening (HSS) grants, vaccine introduction grants, operational support for campaigns, switch grants and transition grants. The review focuses on 1) the allocation of support across countries; 2) the programming of grants; 3) grant structure.

Discussion

- PPC members supported the scope and emerging directions of this review.
- Members highlighted the importance of demonstrating results through Gavi's DFS investments, and the need for strengthened programmatic and fiduciary assurance. The Chair emphasised that investing in HSS requires a certain appetite for risk.
- On the topic of Gavi's HSS resource allocation formula, members supported the proposal of including indicators of health system strength and also noted the need to consider whether the formula might create perverse incentives. One member

noted that the DTP3 coverage indicator is more relevant for Gavi's immunisation mission than under-5 mortality rate. Members noted that it would be very difficult to identify a proxy indicator for political will.

- Members supported the proposal to prioritise Gavi's DFS investments in the strategic focus areas (SFAs) and low coverage, high inequity areas. One member noted that the review should consider Gavi's role in supporting human resources for health. Another member noted that most of Gavi's projected HSS expenditure in the 2016-2020 strategic period will have already been committed by the end of 2016. Members suggested the Secretariat consider encouraging countries to reprogramme HSS grants that are not aligned with Gavi's strategic goals and strategic focus areas for the 2016-2020 period, in cases where this would not be too disruptive to existing grants.
- On the topic of grant structure, one member expressed support for the proposal of using countries' annual immunisation workplans as the basis of Gavi support. Members stressed the need to consult with representatives from Gavi-eligible countries to understand the potential implications of any grant structure changes. Members noted that this component of the review should consider ways to promote efficient release of funds at the country level. One member proposed that changes initially be piloted with a sub-set of Gavi-eligible countries, while other members suggested that a new, improved model should be introduced for all countries at the same time.
- Members were supportive of the proposal to consider a revised approach to performance-based funding (PBF) for HSS. They noted that there are significant challenges around the quality of immunisation coverage data. The Chair cautioned that a PBF model may only be beneficial in countries that already have a health system that functions well.
- Members noted the importance of aligning Gavi's DFS support with other donors' support in line with the IHP+ principles, and recommended the review consider how to strengthen this alignment. Members noted the importance of alignment between Gavi's DFS and Technical Assistance (TA) provided through the Partners' Engagement Framework (PEF).
- One member noted that a significant portion of Gavi's DFS goes to vaccine introduction grants and operational support for campaigns, which are less relevant for Gavi's coverage and equity goals, and requested that the review consider this issue in greater detail.
- The Secretariat reported that they had planned a consultation meeting with representatives from a range of Gavi countries.

13. Malaria Update

- 13.1 Seth Berkley, CEO, introduced this item and informed members that the session was intended to provide an update on malaria vaccine developments since they

last discussed the topic in the context of the Vaccine Investment Strategy (VIS) deliberations in 2013. He reminded PPC members that a teleconference had been scheduled for 12 November 2015 to discuss the item further, following the joint deliberations of SAGE and the Malaria Policy Advisory Committee (MPAC).

- 13.2 Judith Kallenberg, Head, Policy, presented information to the PPC on the context of Gavi's previous discussions on malaria and reminded PPC members that the Board had deferred a decision on potential Gavi support for a malaria vaccine until after SAGE/MPAC issues their recommendation.

Discussion

- Some members of the PPC expressed concerns about some of the findings from the malaria vaccine phase III trials related to safety and the vaccine's efficacy when only three doses were provided. They asked for caution with respect to any potential Gavi engagement.
- Another member pointed out that Gavi's involvement at this stage might create liabilities and expectations about future support for this vaccine.
- One member requested more information about the timeline for next generation malaria vaccines and the potential funding role of other organisations, such as UNITAID.
- One PPC member reminded the group that the forthcoming SAGE/MPAC session will provide clarity on the policy recommendations for this vaccine and create a more solid basis for further discussion by the PPC and Board about a potential Gavi role.

14. Review of decisions

- 14.1 Philip Armstrong, Director of Governance and Secretary to the Board, reviewed the decision language with the Committee which was approved by them.

15. Any other business

- 15.1 It was agreed that the PPC should have a joint session with the AFC on 6 November 2015. While it was expected that the majority of PPC members would be able to join this session the PPC agreed to delegate its duties and responsibilities to a subcommittee to ensure quorum.

Discussion

- PPC members agreed that it would be useful to have a PPC retreat one day before the May 2016 Committee meeting. The Chair indicated that he would work with the Secretariat to ensure that some of the items raised during this meeting were included as discussion topics for the retreat, and that consideration should also be

given to some of the information items which could perhaps be dealt with during the retreat, rather than on the agenda for the PPC meeting.

- PPC meetings agreed that those members who would be attending the December 2015 Board meeting in Nepal should get together for an informal lunch and the Secretariat agreed to organise this.
- The Chair noted that as all of the Board Committees would be refreshed at the end of this year, this would be the last meeting for some PPC members. In this context, he thanked all members for their various contributions to the committee during his 2 year tenure as Chair. He also pointed out that all their terms of office would come to an end on 31st December 2015.
- After determining there was no further business, the meeting was brought to a close.

Decision Five

The Gavi Programme and Policy Committee:

Agreed that the Programme and Policy Committee participate in a joint meeting with the Audit and Finance Committee on 6 November 2015, but pursuant to its Charter delegate on an exceptional basis its duties to a subcommittee comprising the Chair and voting members present for the purposes of reaching decisions at this joint meeting.

Mr Philip Armstrong
Secretary to the Board

Attachment A

Participants

Committee Members

- Richard Sezibera, Chair
- Zulfiqar A. Bhutta
- Mariam Diallo
- Jason Lane
- Lene Lothe
- Clarisse Loe Loumou
- Susan McKinney
- Violaine Mitchell
- Ahmad Jan Naeem
- Robert Oelrichs
- Jean-Marie Okwo-Bele
- Seth Berkley
- Jon Abramson

Regrets

- Kesetebirhan Admasu
- Erik Bossan
- Rajinder Suri
- Andrei Usatii

Guests

- Harley Feldbaum, GFATM (Item 13)
- Bolanle Oyeledun, IRC Chair (Item 3)
- David Salisbury (Item 10)
- Michel Zaffran (Item 4)

Gavi

- Philip Armstrong
- Khin Devi Aung (Item 10)
- Alan Brooks
- Miriam Clados (Items 4, 7, 9, 10, 12, 13)
- Emma Clarke (Item 12)
- Santiago Cornejo
- Adrien de Chaisemartin (Items 4, 5, 7, 8)
- Alex de Jonquieres
- Hamadou Dicko (Item 7)
- Veronica Denti (Item 13)
- Roice Fulton (Item 8)
- Eliane Furrer (Item 13)
- Dirk Gehl (Item 9)
- Marya Getchell (Item 12)
- Anuradha Gupta
- Joanne Goetz
- Ciara Goldstein (Item 5)
- Denise Habimana (Item 7)
- Peter Hansen (Items 3, 4, 5, 6, 8, 12)
- Hope Johnson (Items 6, 8)
- Judith Kallenberg (Items 4, 5, 6, 11, 12, 13)
- Nina Kapezi
- Hind Khatib-Othman
- Binay Kumar (Item 8)
- Ranjana Kumar (Items 4, 9)
- Patricia Kuo (Item 3)
- Melissa Malhame (Items 9, 11)
- Stefano Malvolti
- Wilson Mok (Item 11)
- Meegan Murray Lopez
- Aurelia Nguyen
- Deepali Patel (Item 11)
- David Salinas
- Marie-Ange Saraka-Yao
- Stephen Sosler (Item 6)
- Carol Szeto (Item 9)

Observers

- Donal Brown, Board Member, UK/Canada/Ireland (Day One)
- Laura Laughlin, Alternate Board Member, IFPMA
- Henri van den Hombergh, UNICEF
- Stephen Karengera, Special Adviser to PPC Chair