GAVI Alliance & Fund Board Meeting

FINAL Summary Report

Alliance only session: Friday morning, 11 May

1 OECD donor representation at Board meetings
Dr Sigrun Møgedal introduced a recommendation from the OECD donor constituency regarding alternate participation at all Alliance meetings.

**DECISIONS**
The Alliance Board:
1.1 **Endorsed** the proposal that donor alternates should be permitted to participate on behalf of the sitting Board member during meeting discussions, where the sitting member deemed it appropriate. The Board noted that during executive sessions, only one representative could be present at a time.

2 Accelerated Development and Introduction Plan (ADIP) evaluation and recommendations
Tale Kvalvaag (Norad), Chair of the evaluation steering committee introduced the committee’s mandate and scope as well as the processes for conducting the review. Julie Milstein of HLSP Consulting presented the recommendations of the ADIP evaluation study; Discussion focused on the following points:

- The ADIPs have been successful in ensuring that partners have had information important to decision making. Other future ADIP-type activities should continue these efforts, with additional emphasis on the need for time-sensitive decisions, a strong supply strategy and with focus on areas not fully addressed by international partners.

- The Board noted weaknesses in the design and implementation of the evaluation, chiefly:
  a. The lack of clarity of the overall methodology and selection of interviewees;
  b. The shortage of information about specific needs at the country-level;
  c. The review could have benefited from an evaluation of comparative advantages of various models (single institution vs. consortium basis); and,
  d. The analysis of roles of partners in developing and implementing the ADIPs could have been stronger.

- Future ADIP-like activities should ensure that countries are fully engaged from the outset to facilitate rapid introduction and uptake of vaccines. This will be particularly important with regard to data on burden of disease, vaccine efficacy and surveillance systems.

**DECISIONS**
The Alliance Board:
2.1 **Endorsed** the proposed way forward, in specific:
2.1.1 That discussion of creating additional ‘ADIPs’ be subsumed into the discussion on the vaccine investment strategy.

2.1.2 That the GAVI Secretariat work with partners to identify the additional support required for the introduction of rotavirus and pneumococcal vaccines, who should implement them and what level of funding would be required. A proposal would then be drafted for review by the Working Group and for presentation at the November Board meeting.

3 GAVI and Pandemic Flu

David Heymann, Assistant Director General, Communicable Diseases, WHO, presented a range of options for GAVI’s involvement in a pandemic flu crisis. Discussion focused on the following points:

• GAVI was created with the mission of supporting routine immunisation; this is still where its greatest strengths lie. GAVI should not compromise its sharp focus and should be wary of mission creep.

• Given that secondary infections caused by other vaccine-preventable diseases will increase child mortality during a flu pandemic, GAVI should work to accelerate uptake of new vaccines, such as rotavirus and pneumococcal.

• A pandemic is likely to overload existing vaccine delivery infrastructure in countries. GAVI should evaluate how it can further strengthen immunisation services, in order to safeguard routine immunisation during a flu pandemic.

DECISIONS

The Alliance Board:

3.1 Recommended that GAVI evaluate the potential impact of a flu pandemic on the delivery of routine immunisation, and develop strategies to ensure that GAVI’s operations can continue to function effectively. This review should also explore how existing GAVI support can help to enhance pandemic preparedness at the country level.

3.2 Approved an envelope of up to $50,000 to further explore GAVI’s contribution to pandemic preparedness.

4 New vaccines introduction grant

Patrick Lydon of WHO introduced the recommendation to increase financial support for new vaccine introduction; discussion focused on the following points:

• This cash grant would be available every time a country introduces a vaccine through GAVI. Countries that switch antigens would be eligible to receive this grant funding a second time, to accommodate the rollout of the new vaccine.

DECISION

The Alliance Board:

4.1 Approved a revised policy to support country vaccine introduction:

4.1.1 A cash grant of a minimum of US$ 100,000 and up to a maximum of US$ 0.30 per infant in the birth cohort of the year of introduction, in line with the country’s vaccine introduction plan.

Note: in order to obtain this grant, countries will be required to provide a budgeted introduction plan detailing the full needs for introduction, and how the grant funds will be used to fill gaps. The Secretariat will provide countries with updated guidelines, including criteria to qualify for this introduction grant.
5 GAVI and polio

Bruce Aylward, Director of the Global Polio Eradication Initiative, WHO, presented a proposal to reprogramme a portion of GAVI's commitment to the global polio stockpile in order to achieve time-sensitive eradication activities. Discussion focused on the following points:

- GAVI’s initial commitment of funding through the IFFIm has already spurred significant progress toward the creation of a global polio stockpile, by encouraging several new manufacturers to enter the market. Efficiencies achieved in procurement negotiations with manufacturers will allow some funding to be reprogrammed to support eradication activities.

- While the Alliance strongly supports the goal of achieving global eradication of polio, it has made a one-time financial contribution. GAVI will not entertain any future requests for funding.

**DECISION**

The Alliance Board:

5.1 Approved the reprogramming of US$ 104.62 million from the Polio Stockpile Investment Case to provide immediate, one-time financing for intensified eradication activities in 2007.

**Note:** the GAVI Fund Board will be requested to endorse the decision and to then request the GAVI Fund Affiliate and IFFIm Boards to also approve the re-programming of funds.

6 Proposal to support the developing country constituency

The Hon. Minister of Health of Ghana, Maj. Courage Quashigah presented a proposal to better support developing country representatives in their role on the Alliance Board. Discussion focused on the following points:

- The Board commended the developing country representatives for taking this initiative, noting that the proposal was well designed, practical and will be simple to implement.

**DECISION**

The Alliance Board:

6.1 Endorsed the proposal to support developing country Board representatives.
7 Opening remarks

The Boards recognised the extraordinary life of former Fund Board member Maestro Mstislav Rostropovitch, and his tireless commitment to child rights for immunisation. Board members extended their sincerest condolences to his family.

Dr Margaret Chan, Director-General of the World Health Organisation and Chair of the GAVI Alliance Board and Mrs. Graça Machel, Chair of the GAVI Fund Board made several introductory remarks:

- The GAVI Alliance is a strong and valuable partnership; the challenges it faces now are surmountable through the continued commitment of its partners.
- GAVI is leading the way in contributions to improving the health of the world’s people; last year witnessed record-breaking achievements in childhood immunisation coverage.
- Despite these gains in child health, we have yet to see any significant advances in maternal health. While maternal health is not a specific part of GAVI’s mission, there is a direct link; a child’s health begins with its mother, and GAVI partners should be concerned about the lack of progress in this area.

8 Executive Secretary/CEO report

Julian Lob-Levyt, GAVI Alliance Executive Secretary and GAVI Fund CEO, presented his report. Discussion followed:

- Directors praised Management on the report, and in particular the role that the Executive Secretary and the Secretariat play in global discussions to position and align GAVI as part of the international aid architecture.
- It is critical that while GAVI continues to strive for efficiency and innovation, it does not compromise the fundamental strengths of its partnership.
- The Board commended the Secretariat for its delivery of a timely and comprehensive Q1 financial report.

9 GAVI review update

Martine Donoghue of HLSP consulting presented the proposed scope and methodology for the GAVI phase 1 evaluation. Discussion followed:

- GAVI’s successes both depend upon and impact a broad range of partners. This review should include analysis of GAVI’s systemic impact at both the global and at the country levels.
- The Secretariat was originally designed to be small and nimble, and to rely upon consultant support for projects where necessary. The review should evaluate the cost effectiveness of this business model.
- The terms of reference for the GAVI review should avoid overlaps with other studies. For instance, a comprehensive review of GAVI’s governance system is now underway; the overall review should incorporate its findings rather than establishing parallel discussions on governance.
- GAVI’s private component is a fundamental part of its business model and should be fully evaluated in this review. The terms of reference should increase emphasis on the role of the GAVI Fund.
DECISIONS
The Alliance Board:

9.1 **Approved** the draft terms of reference for the fiduciary and asset management appraisal.

9.2 **Requested** the GAVI Secretariat to revise the terms of reference and questions for the overall review, based on the comments noted above.

9.3 **Delegated** to the Executive Committee the responsibility to review and approve the revised scope of the review through email correspondence.

10 Country programmes – recommendations of the IRC teams for new proposals and health systems

Dr Frank Nyonator and Dr Maureen Law of the Independent Review Committees for New Vaccines / ISS and HSS respectively provided IRC recommendations for new support to countries. Discussion followed:

- Alliance partners have put a great deal of effort into supporting countries in the development of strong financial analysis, yet this is the area where most proposals remain lacking. It would be valuable if the Independent Review Committee and Secretariat could suggest practical solutions to improve this in future reviews.

- The Board commended the Independent Review Committee for its strong commitment to accountability and rigorous review methods.

- Despite overall improvements in the quality of submissions, a majority of country proposals still require revision or clarification. It is critical that Alliance partners strengthen their support to countries in the proposal development process in order to improve this. This will be critically important in the area of technical assistance for Health Systems Strengthening proposal development.

- GAVI must continue to stress the importance of civil society partners in the proposal development and implementation process.

- The Boards commended the Government of Liberia for the high quality and comprehensiveness of both its proposals for New Vaccines Support and Health Systems Strengthening. These proposals should be circulated as “best practice examples” to other countries.

DECISIONS
The Alliance Board:

10.1 **Approved** the recommendations of the IRC for New Vaccines, Immunisations Services Support, and Health Systems Strengthening, and **endorsed** corresponding budgets for:

10.1.1 Multi-year programmes for New Vaccines Support: US$ $43,214,500

10.1.2 Multi-year programmes for Immunisation Services Support: US$ $3,588,500

10.1.3 Multi-year programmes for Health Systems Strengthening: US$ 77,625,000.
11 GAVI Alliance vaccine investment strategy and long-term financial forecast

Kevin Grant, Treasurer for the GAVI Alliance presented a comprehensive financial forecast through 2025, as a context for future programme decisions. Andy Pasternak of Mercer Consulting presented the proposed scope and timeline for the development of a new Alliance vaccine investment strategy. Discussion followed:

- When considering the scope of a strategy to introduce new vaccines, GAVI must send an early signal to industry, the research community, and developing countries. In view of this, a faster and lighter process to develop this strategy should be pursued.

- The development process should rely upon the strengths and normative roles of key partners; in particular, WHO and independent expert groups such as SAGE. In addition, the process should also be inclusive and ensure direct links to the GAVI Boards.

- Strategy development should also take a realistic view of available resources, and carefully weigh tradeoffs between future potential investments in vaccines and other programmes, especially Health Systems Strengthening.

- In the future, the Secretariat should present further work on strategy development within the context of other planning frameworks and programmes – both internal and external; specifically the GAVI Strategy (2007-10), GAVI’s ongoing support for health systems, and UNICEF & WHO’s Global Immunisation Vision and Strategy (GIVS).

DECISIONS

The Alliance Board:

11.1 Requested the Secretariat to move ahead in developing the scope of the vaccine investment strategy, with full consideration of the points noted above. The Secretariat should subsequently present the scope to the joint Executive Committees, prior to issuing a request for proposals for strategy development.

12 Governance initial report

Note: the first 45 minutes of discussion held in executive session

Keith Palmer of Cambridge Economic Policy Associates presented initial findings of a review of GAVI Alliance & Fund governance. Discussion followed:

- It is important that all stakeholders in immunisation are represented within the governance system. This framework provides an entry point through which multilaterals and other partners can transparently harmonise their systems and decisions, benefiting implementing countries.

- The creation of more governance mechanisms for activities such as the IFFIm and AMCIs is becoming burdensome for the Secretariat. It will be important to include these additional entities within the Governance review, and evaluate the Secretariat’s overall role in coordinating their activities.

- The maintenance of multiple governance entities will have significant cost implications over the long term. The cost-effectiveness of the GAVI model should become a key focus of the review.

- This study should take a long-range view; rather that only proposing incremental changes that can improve governance in the next few years, it should explore radical options that can provide the best fit in the long term.
• GAVI governance faces a challenge with developing country representation. In order to increase the
developing country voice, it may be necessary to consider structural, as well as procedural changes in
Board representation.

• The Secretariat was not created to replicate a UN bureaucracy, but rather to be more efficient and
innovative in its systems.

• Directors of both boards expressed a clear view that the Secretariat is expected to have its own view
in matters presented to the board for discussion/approval.

• As GAVI’s private contributions increase, individual donors may wish to be included within the
governance system. The review should consider how the voices of future private donors will be
incorporated.

• With specific regard to the Alliance Board, there is a need to clarify issues of accountability,
especially as the Board takes decisions on funding for work plan activities carried out by Alliance
partners.

13 Country presentation - Ethiopia
Hon. Minister of Health of Ethiopia, Dr Tedros Ghebreyesus gave a presentation on Ethiopia’s health
system, and its activities with GAVI Support. Discussion followed:

• The Board congratulated the Minister on his report, noting that it provided a very comprehensive
overview of Ethiopia’s systems and unique challenges, while providing a number of best-practice
examples for other countries.

• The most useful strategies and policies for improving country health systems can often be copied
from the previous work of others. The Alliance should encourage this as much as possible,
especially as countries develop proposals for Health Systems Strengthening.

14 Health Systems Strengthening update
Craig Burgess of the GAVI Secretariat provided an update on activities within the Health Systems
Strengthening window. Discussion followed:

• Although the Alliance Board approved a total of $500 million to support health systems through
2010, it is important that countries are not encouraged to rush their proposals because money will
run out. The Board will reconsider HSS funding once this cap is reached.

• As the Alliance supports operational research for health systems, it must recognise the potential
contribution of academic institutions within developing countries.

• It is important that GAVI’s funding for health systems support reach rural and remote areas, where
systems are likely to be at their weakest.

• As global partners work to establish an overall framework for health systems, GAVI must ensure
that its contribution fits with this strategy in a value-added manner. The Alliance should avoid
setting up its own unique framework.

15 AMC start-up costs
Gavin McGillivray of DfID presented a request from AMC donors to the Advance Market Commitment
pilot that GAVI finance the 2007 start-up costs of the AMC. Discussion followed:
In order to ensure that budgets and requests for financing receive proper due diligence, it is important that all such requests be submitted to the Board and other advisory bodies like the Working Group well in advance.

**DECISIONS**

The Alliance Board:

15.1 *Endorsed* in principle that GAVI will fund the 2007 start-up costs for the AMC up to a ceiling of $2.9 million, with the proviso that the budget request be further reviewed by the Executive Committee at its next meeting.

**16 Transparency and accountability policy update**

James Droop of Oxford Policy Management Ltd presented the initial scope and direction of the review to develop GAVI’s transparency and accountability policy for cash-based programmes.

**17 Market development for HepB/Hib containing vaccines**

Thomas Sorenson of UNICEF presented lessons learned from three procurement rounds, and projections for the future. Discussion followed:

- The maturity of the pentavalent market has taken longer than initially expected, however the recently concluded procurement round revealed that more manufacturers are expected in 2008 and 2009, which will stabilize the supply situation and reduce the prices.

- It would be valuable to provide the Boards with regular updates on the vaccine market, specifically for pentavalent vaccine.