Update on the Gavi Alliance Board meeting 22-23 June 2016

Among the key decisions of the Gavi Board were:

The Gavi Alliance Board, using available resources from the current strategic period, and contingent upon WHO securing funding from other sources to fully finance the Malaria Vaccine Pilots: Approval in principle an amount of up to US$ 27.5 million (equivalent to half of the funding request) for Phase 1 of the **WHO-led Malaria Vaccine pilots** to be implemented during 2017-2020.

The Board noted that this investment is contingent upon:

i. Other funders contributing an equivalent amount to cover the pilot costs;

ii. Independent review of the proposed budget amount ensuring that this is being done as cost effectively as possible;

iii. Further assessment of the selection of pilot settings;

iv. Close engagement with the Global Fund and UNITAID including through the proposed Funders Forum;

v. WHO seeking input from Alliance partners in the planning and implementation of the pilots;

vi. Communication that this investment is for implementation evaluation of a newly licensed vaccine as distinct from R&D;

vii. Clear communication that this recommendation does not constitute a precedent for future funding related to the implementation of the malaria vaccine regardless of the outcome of the pilots, nor for future funding of similar pilots for other vaccines;

viii. Quarterly reports, including active monitoring of key risks, to the PPC, and a detailed report to the PPC and Board on progress no later than 2019.

**Agreement** to a portion of the already approved Gavi contribution to the global oral cholera vaccine stockpile being used for operational costs for Gavi-supported, for which the estimated costs are US$ 20 million in the period 2016-2018.

**Approval of** an amount of up to US$ 15 million of bridge funding to meet meningitis emergency outbreak needs of the 26 countries in the African meningitis belt in the 2016-2017 and 2017-2018 transmission seasons to be managed through the Meningitis International Coordination Group (ICG). The bridge funding amount includes estimated costs for the procurement of polysaccharide and conjugate vaccines, devices and shipment and operational cost.

**Agreed** that Gavi and countries shall co-finance Japanese Encephalitis vaccine used in routine vaccination programmes.

**Approval of** the Framework guiding implementation of Gavi’s Health System and Immunisation Strengthening support.
Gavi’s strategic partnership with India
Historically, given its size, Gavi has limited its support to catalytic funding to India. Recognising the country’s strong political commitment for universal immunisation coverage and the country’s forthcoming transition out of Gavi support, the Board approved a comprehensive Gavi-India partnership strategy. This partnership is designed to help India achieve greater and more equitable coverage, strengthen vaccine delivery systems in poorly performing regions, and accelerate rollout of new vaccines, while also ensuring that a robust plan is in place for India’s transition including scaling up domestic investment in immunisation. The strategy calls for stronger collaboration with vaccine manufacturers in India who are also a key source of supply for Gavi, accounting for nearly 60% of our vaccine volume. This strengthened collaboration between Gavi and India will help manage global supply security of vaccines and optimise cost-savings for all Gavi countries.

Partners’ Engagement framework (PEF)
In June, the Board approved the structure and governance process for the Partners’ Engagement framework (PEF) – a new mechanism for the Alliance to design, coordinate, and fund partners’ technical support. The Board approved the funding envelopes to make the PEF operational in 2016 which will focus primarily on addressing countries’ needs and enhancing accountability for outcomes at country level.

Data strategic focus area
As part of the 2016-2020 strategy, the Alliance identified six strategic focus areas (SFAs) where cross-cutting strategies might deliver transformational impact: supply chain; data quality, availability and use; in-country leadership, management and coordination; demand promotion; in-country political will; as well as financial and programmatic sustainability. The Board discussions focused on the data SFA, as the supply chain SFA was previously approved and other SFAs will follow in 2016 if a transformational theory of change is developed.

The data SFA, developed by the Secretariat in collaboration with the Alliance partners, defines three areas of focus to guide Gavi engagement in data: immunisation delivery, coverage and equity, vaccine-preventable diseases (VDP) surveillance, and vaccine safety surveillance and response. The Board approved this approach, which aims to be country-centric and respond to data needs at country level.

Gavi’s 2016-2020 Strategy goal level indicators and targets
The Board approved the remaining strategic goal-level indicators not included among the set already approved by the Board in June 2015.