

TENTH GAVI BOARD MEETING



GAVI

**THE GLOBAL ALLIANCE FOR
VACCINES & IMMUNIZATION**

Partnering with The Vaccine Fund

New York City

6 March 2003

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New York City, 6 March 2003

Summary Report

1. Modus operandi of the Board with regard to GAVI structures

Discussion

- The experience of the development of the 2003 work plan had raised concerns over whether GAVI and its supporting entities were taking over activities which should be carried out as part of the remit of individual partners. This reflected the lack of adequate guidance by the Board for work plan preparation.
- It was agreed that it is the Board's responsibility to decide what are the strategic objectives and directions for the work plan period, and communicate these clearly.
- The need for task forces depends on the tasks to be done, and the capacity of partners to deliver. It should not be assumed that task forces would continue indefinitely with their own work plans. This is not to say that the existing task forces should all be wound up, but the need for them should be reviewed in the light of the Board's strategic directions and the capacity of partners to take on activities.
- From the beginning task forces have been seen as time limited and intended for specific tasks, rather than as long-term entities.
- The task forces play a useful role in providing a forum and opportunity for participation by partners and institutions which are committed to GAVI but are not part of the Board or Working Group. Thus they currently serve a role beyond meeting specific requests of the Board.
- The Board should not be looking for a consolidated work plan covering all immunization related activities of all partners, but rather a 'core' work plan for the added value activities that it is initiating and responsible for as GAVI, the Alliance.

DECISIONS

The Board:

- 1.1 **Named** a new Board sub-group composed of CDC, DFID, UN Foundation and WHO, which will select its own chair. The sub-group will:
 - 1.1.1 Assess the functions, outputs and life cycles of the task forces against their original tasks, terms of reference and "added value" role, and
 - 1.2.1 Make recommendations to the Board on the future of each of the existing task forces at the July Board meeting

2. Report of the McKinsey Study

Discussion

- Board members thanked McKinsey & Company for their perceptive in-depth analysis which will be a valuable tool for the future work of the Alliance.
- Many Board members noted that the differentiation and segmentation of countries highlight priority areas and form a useful basis for additional interventions particularly in a broader health sector context. Several cautioned that a differentiated approach did not mean that GAVI would narrow its focus to 10-15 countries alone. The Alliance has a responsibility to continue its broader efforts for all countries.
- It was noted that GAVI should seek to maintain the transparency and accountability of its current standardized support reinforcing and modifying when required to allow for a differentiated approach between countries.
- Many Board members noted that advances in immunization coverage in large countries with low coverage are only likely to be achieved if larger systemic problems are addressed both within and outside of the health sector.
- Such countries also fall short of delivering many other essential services to their populations. This provides opportunities for a consolidated approach and synergies in working towards the Millennium Development Goals.
- Several Board members stressed the importance of ensuring sustainability when considering any efforts to extend immunization coverage or add new vaccines. They noted that while each country would make its own decision about expanding coverage or adding new vaccines, GAVI would help provide decision makers with data to ensure well-considered, balanced decisions.
- The urgency of strengthening ICCs in countries and of all partners being involved was emphasized.
- There was some concern that the McKinsey analysis may lead to a focus on remediation at the expense of the reward and results-oriented interventions supported by GAVI/VF to date.
- Many Board members expressed their reluctance to embark on a new initiative such as the Facilitated Recovery Plans, preferring to use existing government-partner mechanisms and efforts to strengthen national immunization plans and prepare Financial Sustainability Plans.
- The McKinsey report sparked a broader discussion of how GAVI and GAVI partners should relate to countries, recognizing that countries are currently overwhelmed with global initiatives, and that, inside countries, often the same few people are expected to work on these initiatives and attend ICC type meetings.
- Board members agreed that there is a need to better link GAVI and immunization goals to the Millennium Development Goals noting that forthcoming opportunities include the spring World Bank meetings and the G20 in Canada later in 2003.
- It was noted that the Financial Sustainability Plans will be reviewed at the July Board meeting. This will allow for a discussion of the gaps in immunization financing and how they can be met.

- The Gates Foundation representative noted that the Gates Foundation remains committed to immunization and GAVI, and that this commitment will extend beyond the current five-year time horizon.
- The representative from the Government of India requested that coverage data from India be updated in the final McKinsey report.
- Although NGOs are playing a major role in immunization, often in areas outside of MOH control, NGOs have not traditionally been included in ICCs, nor received targeted funding for their immunization work.

DECISIONS

The Board:

- 2.1 **Adopted** a revised milestone to replace the current “80/80” milestone in order to link it to the Millennium Development Goals and the United Nations Special Session on Children goals. The revised milestone thus reads:

"By 2010 or sooner all countries will have routine immunization coverage at 90 per cent nationally with at least 80 per cent coverage in every district."

- 2.2 **Decided** to integrate relevant parts of the McKinsey analysis into the development of the strategic framework and explore the possibilities to use a differentiated approach for possible additional country support.
- 2.3 **Requested** McKinsey & Company in their final report to further develop and clarify the following three areas for discussion next Board meeting:
- 2.3.1 vaccine management and economics initiative to reduce the costs of vaccination across countries development
 - 2.3.2 consolidation of training to increase efficiency of programs
 - 2.3.3 knowledge-sharing network to facilitate exchange of learning between countries.
- 2.4 **Requested** the Secretariat to further review with the Working Group and the ITF the criteria and list of priority countries proposed by McKinsey and revise as appropriate.
- 2.5 **Requested** the Secretariat facilitate the mapping out of major partners and initiatives in priority countries, and of emerging thinking on how to accelerate efforts to meet the MDGs, indicating how these could be used to further strengthen immunization services. This analysis will form the basis for the Board to consider how to address the situation of these countries at the next Board meeting.

3. GAVI Strategic Framework

Discussion

- The sub-group has worked on clarifying the concept of “GAVI added value” and suggested more could be done to make this into an operational definition. They concluded that the 2004-5 work plan should focus on:
 - activities to realize GAVI's added value
 - activities to support countries and meet their needs.
- Regarding the proposal for country consultations, some Board members saw value in asking country level partners for their views and feedback on GAVI processes and strategy. However, several Board members expressed reluctance to embark on such consultations as a step in developing the next work plan. There is a risk in asking countries to suggest priorities and activities for GAVI as it could both raise expectations and result in too many diverse responses.
- Therefore, Board members voiced the need to discuss and agree upon GAVI's strategic directions before embarking on a broad country consultation process. Further, it was recommended to de-link communication with countries regarding the McKinsey analysis from the preparation of the 2004-05 work plan.
- Important aspects of the strategic framework would be to raise the right questions, to develop the thinking as regards accountability of partners and of division of labor between partners in order for the Board to be able to focus on areas which provide most comparative advantage.
- The importance of clarity and of defining the issues and questions for GAVI was emphasized. GAVI's vision and core functions should be articulated. The Secretariat should outline current progress and results.

DECISIONS

The Board:

- 3.1 **Requested** the Secretariat to prepare a draft strategic framework for 2004-5 to be reviewed and agreed by the existing Board work plan sub-group. If necessary, the Secretariat should undertake a limited consultation process. The strategic framework would include:
 - 3.1.1 core added value activities such as ICCs and country support including partner coordination at country level, IRC functions, VPP, FSPs and DQAs, as well as ADIPs and other coordinated partner activities, which, under the umbrella of the task forces, support these processes at global, regional and country level.
 - 3.1.2 relevant recommendations and analysis from the McKinsey study and work on how to take forward the differentiated country approach.

The strategic framework would then be finalized and agreed by the Board in its July meeting, as a basis for the development the 2004-5 work plan.

- 3.2 **Requested** the Secretariat to develop clear statements on GAVI's scope and functions, and of GAVI and the VF's intentions to continue beyond five years, for communication to countries.
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4. ADIP Steering Committee

DECISIONS

The Board:

- 4.1 **Endorsed** the proposed terms of reference for the ADIP steering committee and invited Board members to provide comments and additional nominations for the committee within one week.
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5. Addendum to IRC recommendations

DECISIONS

The Board:

- 5.1 **Endorsed** the additional recommendations of the IRC concerning the financial implications for the satisfactory inception reports received from Indonesia (\$3,437,000), Côte d'Ivoire (\$513,000) and Rwanda (\$454,000).
- 5.2 **Requested** the Vaccine Fund to approve the above recommendation, and to provide \$4,404,000 to meet the financial obligations of this decision.
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6. New Board member representative, India

DECISION

The Board:

- 6.1 **Endorsed** the request from India that the new Indian Minister of Health, Ms. Sushma Swaraj, be asked to join the GAVI Board.

7. Network for Education and Support in Immunisation

DECISION

The Board:

- 7.1 Endorsed the planned activities of the Network for Education and Support in Immunisation.
-

8. Next Board meetings

DECISIONS

The Board:

- 8.1 Accepted with gratitude the World Bank offer to host the next Board meeting in Washington DC, 14-15 or 15-16 July.
- 8.2 Agreed to schedule the next teleconference towards the end of April. The topic of Board rotation could be discussed on this call.

Agenda

6 March 2003

Welcome	<i>Jean-Marie Okwo-Bele</i>
Overview and expected outcomes of meeting	<i>Tore Godal</i>
Report of the McKinsey study	<i>Presenter: Michael Conway; co-chaired by A. Asamoah-Baah</i>
Discussion and decisions regarding McKinsey study	<i>Presenter: Michael Conway; co-chaired by A. Asamoah-Baah</i>
GAVI Strategic Framework	<i>Presented and co-chaired by Marijke Wijnroks, GAVI work plan sub-group chair</i>
Modus Operandi of the Board with regard to GAVI Structures	<i>Presented by Carol Bellamy</i>
ADIP Steering Committee	<i>Presented and co-chaired by Rick Klausner</i>
All Other Business	
<ul style="list-style-type: none">• Follow-up to IRC recommendations• Further information on NESI• Other items from teleconference that need further discussions	
In conclusion	<i>Jean-Marie Okwo-Bele</i>

List of annexes

- Annex 1** **Towards a strategic framework
for additional country action**
- Annex 2** **ADIP Steering Committee
DRAFT Terms of Reference & potential
committee candidates**
- Annex 3** **Network for Education and Support
In Immunisation (NESI)**
- Annex 4** **List of participants**

Note: Copies of the McKinsey study can be requested from the GAVI Secretariat, or can be downloaded from the GAVI website at:

http://www.vaccinealliance.org/home/Resources_Documents/Policy_Technical/Access/access.php

Annex 1

Towards a strategic framework for additional country action

GAVI and The Vaccine Fund have committed more than \$900 million worth of resources to the poorest countries. GAVI partners have boosted their efforts to provide technical support and advice to countries to develop and implement their immunization strategies. Many countries have responded to the GAVI challenge by engaging their partners and re-working their systems to improve performance. But three years into the alliance, it is quite apparent that many countries still need to institute dramatic repairs to strengthen their fragile health systems in order to achieve their coverage targets. Furthermore, the commitment of country level partners has been patchy.

Therefore, while much of the current strategic direction is successful and warrants continued support, new directions must also be explored and pursued. Three years of experience have shown that these new directions must be grounded in the actual situation in countries.

This is a proposal to develop a strategic framework for the GAVI 2004-05 work plan that is based on the situations in countries, as defined by the countries themselves through a consultative process conducted by ICCs in all Vaccine Fund eligible countries. This effort would also enable GAVI and The Vaccine Fund to revisit their current objectives and milestones from a country perspective. In order to avoid an unspecific, exhaustive list of issues and concerns, the ICCs could use the findings of the McKinsey study as a tool to stimulate their thinking and analysis in order to focus on the highest priority obstacles. The countries' analyses would then be fed back to the global level to inform the development of the GAVI work plan for 2004-05, and possible additional support from The Vaccine Fund.

Conditions and opportunities

A successful consultative process to form the strategic framework will require:

- Government commitment to identify barriers and take action to overcome them.
- Involvement of all health sector partners in countries. If GAVI partners and others that are focused on strengthening health systems are prepared to join forces to address cross-cutting barriers, the strategic framework could form the basis for significant contributions to health systems strengthening and recovery.
- A very active participation of partners in countries is required to achieve the depth that is necessary for a successful outcome.
- The GAVI and Vaccine Fund Boards have made policy decisions to increase investment for immunization services. However, since immunization services cannot be viewed as distinct from the health system, new funding should contribute to overall health sector development. The performance-based and flexible funding philosophy will achieve this goal.

Country consultations

Based on the above principles, the Board work plan sub-group proposes that a country consultation process be initiated as soon as possible. The overall objectives of this consultation are:

- to find out what are the main barriers for each individual country to achieving their immunization goals, and what action countries will take to overcome these barriers,
- to define the GAVI added value activities that would be most effective for countries to overcome these barriers,
- to raise interest in and commitment to immunization and to demonstrate how GAVI can work with others to attack wider systems failures,
- to help GAVI to define its role in a health systems perspective and in relation to other initiatives and external partners in health.

All efforts will be made to build on and attach the consultation to ongoing and planned processes, meetings and missions. Countries will not be required to create new plans or revise current plans in the context of this consultation.

Implementation of the country consultation process

- Countries will be asked to make an analysis of their barriers to achieving their immunization goals. The McKinsey analysis of clusters of countries, barriers and proposed solutions would be sent to each country ICC as a stimulus for the process. Countries would be asked to provide a written response to this analysis as well as propose a management approach for this extra effort. Countries that are not expected to reach their targets would be requested to indicate what action they plan to get back on track and what kind of additional support they would require to rectify the situation.
- Each country ICC will be requested to manage the consultation process and assist the government in its analysis. Global implementing partners would inform their country representatives and request them to participate actively and support this process in their capacity as ICC members.
- The first phase of the consultation would involve the selection by the ICC of a lead ICC support partner.
- The role of NGOs, in particular in the areas of service delivery and social mobilization, needs special attention.
- The consultation would be implemented from end-March to mid-June to enable its findings to help shape the development of the 2004-05 work planning processes and potential additional funding from The Vaccine Fund, to be reviewed and decided by the Board at its summer meeting. All countries may not be able to meet this timeframe; it is considered that the feedback received by June would be sufficient to map out the main issues. The countries that do not provide feedback by June would therefore not have an opportunity to influence the framework, but they would not necessarily be disqualified from receiving additional support.

Intended outcomes of consultation process

- Country-by-country analysis of barriers to increased access. Barriers are expected to include issues that cut across the health system as well as immunization-specific challenges.
- Identification of a lead ICC support partner for each country.
- Identification of solutions that could:
 - be implemented by countries based on best practices
 - require concerted action by GAVI partners
 - require a new additional funding stream from The Vaccine Fund
 - be new solutions based on operational research and/or introduction of new technologies.

Based on this information from countries the GAVI Board would adopt an overall strategic framework for country-focused action at its summer meeting in 2003.

The implications for country work plans and Alliance support would be elaborated during the autumn of 2003 for the 2004-5 strategic work plan.

Next steps, timeline

The GAVI Board will consider this consultation process at its 6 March meeting. If the proposed approach is approved, the Secretariat, in consultation with the Working Group, will draft letters to country ICCs that will include terms of reference for the consultation. The letters would be sent out by end March.

If the Board decides at its 6 March meeting to focus more attention on high-priority countries, a more intensified consultation process for these countries could be envisioned.

Annex 2

ADIP Steering Committee *DRAFT* **Terms of Reference & potential committee candidates**

The Accelerated Development and Introduction Plans (ADIPs) for pneumococcal and rotavirus vaccines are an exciting new approach to ensure countries have earlier access to priority products. The ADIP is designed as a comprehensive plan to accelerate research and development on these products and to harness skills across a number of sectors to assure rapid access once they become available. This entails a coordinated approach to ensure three parallel lines of activity.

- ***Establish Value*** - The ADIP team must gather disease burden and vaccine efficacy data to ensure a vaccine meets target product profile specifications.
- ***Communicate Value*** - The ADIP team must communicate the value of a potential vaccine to national and international decisions makers who will determine vaccine demand and willingness to pay.
- ***Deliver Value*** - The ADIP team must work with industry to translate demand into a credible market in order to negotiate broad-based supply and pricing agreements.

ADIP Team: Each ADIP team is staffed by a team leader and 3-4 specialists in the areas of clinical development, communication, supply, and delivery, to develop, coordinate and implement work plans through a wide array of partners. The teams will be supported by technical advisory panels that will review the requests for proposals as well as evaluate the technical proposals received through competitive processes.

ADIP Steering Committee: The ADIP Steering Committee (SC) will have the primary mandate of ensuring the ADIP teams progress toward key milestones and offer guidance to the GAVI Board on critical go/no go decisions related to the accelerated development and introduction of these new vaccines. The SC will be responsible for overseeing the work plans and budgets of the ADIP teams, ensuring they are feasible and represent an appropriate use of resources, and providing the Board with timely data and analysis to inform decision-making. The SC is also charged to help the ADIP teams to address the myriad challenges arising from this innovative approach to product development and introduction.

The SC will meet twice a year (in person) to review both the pneumococcal and rotavirus ADIPs. Individual members of the SC will be consulted between meetings as appropriate by ADIP team leaders and GAVI Secretariat staff. The responsibilities of the SC will include:

- Working with the ADIP team leader to define and set the timetable for GAVI Board go/no go decisions;

- Reviewing work plans and budgets prepared by the ADIP teams to ensure progress toward the go/no go milestones;
- Reviewing work plans and budgets prepared by the ADIP teams to ensure the appropriate balance of scientific, communication and delivery activities given a cohesive product development timeline;
- Supporting ADIP teams to address challenges such as defining specific target product profiles with efficacy, safety, and accessibility characteristics, managing the public-private partnership, communicating the value of vaccine introduction for national decision making, creating demand, establishing supply-price agreements, and appropriately engaging diverse partners.
- Assessing progress towards the milestones and identifying and helping to solve problems impeding progress including problems within the ADIP teams, within the host agency, or with partners.
- Recommending the annual transfer of funds from the Vaccine Fund to the ADIP team based on the review of work plans and budgets.

Given its responsibilities, suggested members of the SC have been identified for their knowledge in the following areas: establishing clinical vaccine efficacy, managing product development and introduction efforts, participating in public-private partnerships, understanding demand and demand drivers at the country and international levels, working with national immunization systems and/or for their representation of key stakeholders (donors, ministries of health, industry). One senior representative of each ADIP host agency also will serve on the Steering Committee.

Recommended candidates include:

Dr. Harry Greenberg, Stanford University

Dr. Brian Greenwood, London School of Hygiene and Tropical Medicine

Julian Lob-Levyt, DFID

Prof. P. Nymadawa, MD, PhD, DSc., Mongolia

Dr. Gordon Douglas, formerly of Merck Vaccines*

Kevin Reilly, formerly of Wyeth Vaccines*

Dr. Steven Reed, Chief Scientific Officer, Corixa Corporation*

Senior representative from PATH (Chris Elias)

Senior representative from Johns Hopkins University (to be determined)

**Identified as alternate candidate*

Annex 3

Network for Education and Support in Immunisation (NESI)

University of Antwerpen
Dept of Epidemiology and Social Medicine
Project: NESI
Universiteitsplein 1
B-2610 Antwerpen
Belgium

Tel: +32 (0)3 820 25 23 (secretariat)
Fax: +32 (0)3 820 26 40

christian.goilav@ua.ac.be
anke.lambin@ua.ac.be

Tel: +32 (0)3 820 25 15

Ref.26.11.02

Save children's lives through immunisation!

Mission:

To improve the quality and sustainability of immunisation programmes and services in low and middle-income countries, in particular through education and training.

Immunisation is one of the most cost-effective health care interventions. More than three million people, mostly children, die each year due to vaccine-preventable diseases. Continued and increased efforts are required to reach and maintain high vaccination coverage in low- and middle- income countries.

The objectives of NESI are to provide education, training, and support in immunisation, to improve the quality and sustainability of immunisation programmes and services, and to ensure a better health for children.

NESI offers a broad range of activities, including the following:

Networking

- To establish and maintain a forum to discuss and co-ordinate actions related to education, training and support for immunisation programmes in low and middle-income countries.
- To create a network of specialists to deliver high-quality training in all aspects of immunisation - and at different stages of implementation of immunisation programmes. These experts will be drawn from international organisations, from universities (both in the South and in the North), from national immunisation programmes, NGOs, industry, and other partners as appropriate.
- To collaborate with local, regional, and global training initiatives.
- To advocate for better education and training.

Education and training

- To perform needs assessments for education and training together with the academic and other partners.
- To monitor and evaluate the currently implemented education and training programmes.
- To validate the technical content of educational materials.
- To provide up-to-date, high-quality training materials for different audiences involved in immunisation programmes.
- To create a web site where training materials can be accessed, with links to other relevant web sites.
- To organise training events in collaboration with other organisations.

Technical support

- To provide support to universities to improve the curriculum of health care workers involved in immunisation, and advise on regular refresher courses in collaboration with Ministries of Health (MOHs).

- To assist countries in developing a comprehensive training plan incorporated into their multiple year plans (MYPs).
- To provide support for country staff to implement training activities.
- To improve the regional capacity to support education and training.

A unique partnership

The active involvement of universities in the network is a unique feature of NESI. Universities, responsible for education and training of current and future health care workers, are vital to achieve sustainable capacity and competence building in the field of vaccinology.

NESI is the continuation, but much broader in scope and geographical focus, of a collaboration network on introduction of new vaccines, established in 1999 in Africa (local universities, MOHs and the University of Antwerp.) Like this network, NESI will closely co-ordinate its activities with WHO, UNICEF, CVP/PATH, GAVI, The Vaccine Fund, the industry and other interested parties.

A structure enhancing interaction and co-ordination with other partners, and allowing focused actions

NESI is a public/private partnership. An Executive Secretariat will define the strategic objectives, and co-ordinate and implement the activities. It is based at the Department of Epidemiology and Social Medicine of the University of Antwerp, Belgium. The creation of a co-secretariat in the region of activities is foreseen to assist the Executive Secretariat in its tasks. The Executive Secretariat will report to an Oversight Committee, who will advise on the strategy and the budget allocation and review outcomes. The oversight committee will be composed by representatives from the public/private partnership as well from international health organisations and alliances (WHO, UNICEF, GAVI, The Vaccine Fund, NGOs and others).

NESI has strict operational and scientific independence

Funding of NESI

NESI is currently supported by an unrestricted educational grant from industry (GlaxoSmithKline) and by the University of Antwerp. Additional funding, participation or support from other national or international agencies or partners will be considered.

Annex 4

List of participants

Board Members

- | | |
|---|---|
| Chair | 1. Ms Carol Bellamy , Executive Director, UNICEF |
| Governments:
Developing countries | 2. Dr Francisco Ferreira Songane , Minister of Health, Mozambique |
| | 3. Dr Pagvajav Nymadawa , Minister of Health, Mongolia |
| | 4. Mr Vijay Nambiar , Permanent Representative, Permanent Mission of India to the United Nations |
| Governments:
Industrialized countries | 5. Dr Julian Lob-Levyt , Chief, Health & Population Department, Department for International Development (DFID), U.K. |
| | 6. Dr E. Anne Peterson , Assistant Administrator for the Bureau for Global Health, U.S. Agency for International Development (USAID), U.S.A. |
| Nongovernmental organization | 7. Dr Muctaru A. S. Jalloh , National President, Sierra Leone Red Cross Society |
| Research and development | 8. Professor Patrice Courvalin , Head, Department of Fundamental and Medical Microbiology, Institut Pasteur, Paris |
| Technical health institute | 9. Dr David W. Fleming , Deputy Director for Science and Public Health, Centers for Disease Control and Prevention (CDC), U.S.A. |
| Foundation | 10. Ms Andrea Gay , Senior Program Officer, Children's Health Program, UN Foundation |
| Vaccine industry:
Developing country | 11. Dr Suresh Sakharam Jadhav , Director, Serum Institute of India |
| Vaccine industry:
Industrialized country | 12. Mr Geno Germano , Executive Vice President and General Manager, Wyeth Global Vaccines |

- | | |
|---|---|
| Bill & Melinda Gates Foundation | 13. Dr Richard Klausner , Executive Director of Global Health |
| UNICEF | 14. Dr Jean-Marie Okwo-Bele , Senior Advisor and Team Leader of Immunization Plus |
| The Vaccine Fund | 15. Mr Jacques-François Martin , President |
| World Health Organization | 16. Dr A. Asamoah-Baah , Executive Director, Health Technology and Pharmaceuticals |
| The World Bank | 17. Dr Mamphela Ramphela , Managing Director |
| The Vaccine Fund Executive Committee | 18. Ms Patty Stonesifer , Co-Chair and President, Bill & Melinda Gates Foundation |
| | 19. Mr Charles Lyons , President, US Fund for UNICEF |

Other participants

- GAVI Working Group**
- 20. **Dr Mercy Ahun**, EPI Manager, Ghana
 - 21. **Dr Maria Otelia Costales**, Health Adviser, UNICEF
 - 22. **Dr Tore Godal**, Executive Secretary, GAVI Secretariat
 - 23. **Ms Tracey Goodman**, Technical Officer, WHO
 - 24. **Dr Mark Kane**, Director, Children's Vaccine Program at PATH
 - 25. **Mr Fabian McKinnon**, Executive Vice President, Operations, The Vaccine Fund
 - 26. **Dr Sigrun Mogedal**, Senior Advisor, NORAD, Norway
 - 27. **Dr Sally Stansfield**, Associate Director for Global Health, Bill & Melinda Gates Foundation
 - 28. **Mr Walter Vandermissen**, Government Affairs Director, GlaxoSmithKline Biologicals, S.A., Belgium
 - 29. **Dr Mushtaque Chowdhury**, BRAC, Bangladesh
- Presenters**
- 30. **Mr Michael Conway**, McKinsey Consulting
 - 31. **Mr Joachim Werr**, McKinsey Consulting
- Observers**
- 32. **Dr Stephen Hadler**, Chief, Routine Immunization, CDC, U.S.A.
 - 33. **Mr Robert Hecht**, Acting Director of Health, Nutrition and Population, The World Bank
 - 34. **Dr Mark Grabowsky**, American Red Cross
 - 35. **Ms Jacqueline Keith**, Asst. Vice President, Wyeth-Ayerst Labs, U.S.A.
 - 36. **Dr Daniel Tarantola**, Director, Vaccines & Biologicals, WHO
 - 37. **Ms Violaine Mitchell**, Co-ordinator, GAVI Financing Task Force
 - 38. **Ms Veronica Walford**, Consultant, DFID, U.K.
 - 39. **Dr Marijke Wijnroks**, Health Adviser, Ministry of Foreign Affairs, Netherlands
 - 40. **Mr Steve Landry**, Technical Advisor, Child Survival, USAID
 - 41. **Dr Martinho Dgedge**, Deputy National Director of Health, Mozambique
 - 42. **Dr Manuel Novela**, EPI, Ministry of Health, Mozambique
 - 43. **Ms Heidi Larson**, Senior Communication Adviser, UNICEF
 - 44. **Mr Bo Stenson**, Principal Officer, GAVI Secretariat
 - 45. **Ms Natasha Gopaul**, Intern, GAVI Secretariat

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For information
And/or to obtain copies of this document,
Please contact:

GAVI Secretariat
C/o UNICEF
Palais des Nations
CH-1211 Geneva 10
Switzerland

Tel: +41 22 909 5019
Fax: +41 22 909 5931
E-mail: gavi@unicef.org
www.vaccinealliance.org

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