

12th GAVI BOARD MEETING
Geneva, Switzerland, 9-10 December 2003

FINAL SUMMARY REPORT

1 Report from the field: Cambodia

- The Board welcomed the presentation by the Minister of Health of Cambodia and requested that GAVI Board meetings continue to feature presentations by representatives of countries that are facing different types of challenges.
- It would be good to experiment with an interactive panel, instead of having single presentations, at a future Board meeting.

2 Recommendations of the Independent Review Committee

- The presentation contained a great deal of information that covered a range of issues that GAVI is attempting to address. In the future the information should be presented in a more straightforward manner in order to facilitate the appropriate decisions and actions.
- It will be important to keep an eye on equity when reviewing countries that are approved for new vaccines but may have low basic immunization coverage in certain areas. The Secretariat committed to look further into this issue in regard to Sudan, which will phase in monovalent hepatitis B and Hib vaccines.
- The discrepancies in data and information submitted from countries through the WHO/UNICEF Joint Reporting Form and the GAVI Progress report is worrying. WHO is committed to increase its efforts to provide the technical support countries need to ensure stronger and more accurate reporting. Efforts to rationalize and harmonize the two parallel reports may also be needed.
- One of the most successful new features developed by the GAVI alliance is the Independent Review Committee (IRC), as evidenced again by the thoroughness of the presentations to the Board. It will be important to maintain the integrity of this mechanism by keeping it independent and ensuring that information flow between the teams is strengthened. To ensure this, the FSP team will meet prior to the monitoring team so that its findings can feed into the monitoring deliberations.

DECISIONS

The Board:

- 2.1 Approved the financial implications of the recommendations concerning new proposals and continued support. Total commitment: \$110 million – \$4.8 million for new proposals and \$105.2 million for continued support. The Secretariat will forward the request to the Vaccine Fund Executive Committee [which will have teleconference 16 December] on behalf of the GAVI Board.
- 2.2 Approved the proposal for enhancing the Independent Review Committee (IRC) with an additional team to review financial sustainability plans. However, it placed a caveat that there must be strong collaboration between the new IRC FSP review team and the existing IRC monitoring team.
- 2.3 Endorsed proposed members of the IRC financial sustainability plan team, and the currently co-opted members of the IRC new proposal and monitoring teams. In addition, Mark Kane, who will be rotating off the Working Group at end 2003 will join the IRC monitoring team.

- 2.4 Approved the revised terms of reference for the IRC monitoring team but cautioned against further expanding the IRC's role, especially in areas not relating to the monitoring of country-related activities.
- 2.5 Approved the new vaccine funding policies (concerning phased new vaccine introduction, "switching", the formula for forecasting supply using DTP1, and wastage rates) first presented to the Board in October 2003, and the estimated financial implications. Total commitment could range from \$44 to \$88 million.
- 2.6 Agreed to consider all of the policy recommendations of the IRC monitoring team as outlined in the presentation. The Board reiterated its commitment to protect the independence of the IRC.
- 2.7 Welcomed the commitment of UNICEF and WHO to enhance efforts to help countries improve quality of reporting and information received from countries. This should be done in consultation with the IRC monitoring team to ensure that satisfactory solutions are found to the problems raised by the IRC. The EC is requested to consider a proposal by early February for approval on behalf of the Board.
- 2.8 Agreed to put on the agenda of the next meeting a longer time for discussion of monitoring, including capacity building in this field.

3 The GAVI 2004-05 Work Plan and Budget

- The work plan truly represents a joint effort of the Alliance. The Board appreciated the intense amount of work of partners and the Secretariat to prepare the work plan and respond to the questions and feedback of the GAVI Executive Committee.

DECISIONS

The Board:

- 3.1 Approved the proposed GAVI 2004-05 work plan and budget of \$34,418,000 with the following caveats:
 - 3.1.1. To delay disbursement of approximately \$1.5 million in funding for Vaccine Provision Project (VPP) until the Board has made a decision on the future of the VPP in early 2004.
 - 3.1.2. To delay disbursement of the \$600,000 that had been proposed for possible meetings of the IRC monitoring team with countries until the Board has made a decision about how best to improve the quality of reporting and information from countries (see Decision 2.6 above).
- 3.2 Decided to continue relying upon existing mechanisms (i.e., the GAVI Executive Committee) for monitoring of the work plan.
- 3.3 Requested further prioritization of the work plan activities, should it not be possible to raise the full cost of the budget, to ensure that the most critical activities are completed.
- 3.4 Agreed that it would be valuable to track funding related to GAVI added value activities by partners (such as USAID) which are not recorded in the 2004-05 work plan and budget.

4 Development of long term strategy and plan for GAVI

- Since its launch, The Vaccine Fund has made specific contributions to the broader immunization goals of the GAVI alliance. One significant contribution has been intense, short-term

investments aimed at reducing costs over time. Examples of short-term investments with expected return include vaccine purchased by Vaccine Fund, the data quality audit and financial sustainability planning.

- Recognizing that one of the most important added value of the alliance has been in areas linked to the use of Vaccine Fund resources, the Board considers that the scope of GAVI and The Vaccine Fund should overlap to the greatest extent possible.
- It may be valuable for the Vaccine Fund to adopt a broader role to respond to more country needs. However, The Vaccine Fund cannot fund all immunization activities. Instead, its use should be framed by the strategic priorities of GAVI and by a clearer understanding of the value add of investments from GAVI/The Vaccine Fund within the broader funding flows of governments and international agencies. For example, the value-add of GAVI/The Vaccine Fund investment may be defined as a catalytic fund to enable innovation and the introduction of new programs and technologies. This definition should occur in the process defined in decision 4.1 below.

DECISIONS

The Board:

- 4.1 Agreed that the development of the investment case framework should proceed as outlined in the presentation, keeping in mind that the timeline presented for this work may have been over-optimistic. This process should include broad consultation with countries through ICCs, and involve the Vaccine Fund Executive Committee, the GAVI Executive Committee, the full GAVI Board, and other partners.
- 4.2 Agreed that the work should include a wide and comprehensive consultation process and address the following issues, among others:
 - country perspective
 - introduction of new vaccines and technologies versus accelerated scale-up of existing immunization programmes.
 - efficiency and effectiveness
 - effects on immunization outcomes

5 GAVI Secretariat and The Vaccine Fund management : launching a path toward convergence

- As the long-term vision for GAVI/The Vaccine Fund are further fleshed out and aligned, it will be important to consider the future of the relevant management structures – the GAVI Secretariat and the Vaccine Fund management. Actions to determine the strategic objectives of GAVI/The Vaccine Fund and to evaluate the corresponding management structure(s) of the two entities should be closely linked.
- It will be important to take lessons learned from other institutions and initiatives, and think about which lessons can be learned by the GAVI experience. What are the costs and benefits of the current management structures? What works and what does not work?

DECISIONS

The Board:

- 5.1 Agreed that the functions of GAVI – as the Alliance – and the Vaccine Fund – as the financial mechanism – should be aligned to the greatest extent possible, and that it is time to look at the GAVI and Vaccine Fund architectures with an eye toward increasing efficiency and performance.
- 5.2 Requested the GAVI Secretariat and the Vaccine Fund management to explore the practical issues of a convergence. The timeline for this work should be as

aggressive as possible, considering that Tore Godal will retire end December 2004 and recruitment for his replacement needs to start in the first quarter of 2004.

- 5.3 Agreed that a high-level consultant should be retained for this work, as outlined by the Vaccine Fund, and a proposal should be presented to the Executive Committee by 31 January 2004.

6 The Grand Campaign for Child Immunization

- The Vaccine Fund has been reorganized to strengthen its capacity to raise money and awareness. Following consultation with the GAVI Secretariat, the Vaccine Fund Executive Committee and Board and more recently, GAVI partners, The Vaccine Fund has developed a resource mobilization strategy that is based on increased partnership with GAVI partners and outreach to civil society toward re-invigoration of a child survival constituency, particularly in donor countries currently not contributing to GAVI.
- The effort will be particularly mindful of the importance of ensuring that new resources for GAVI are not coming at the expense of support to our partners, upon whom GAVI relies for its success.
- The Grand Campaign for Child Immunization, to be launched in London in late February, will be a three year effort with a goal to build partnerships with civil society organizations (such as child related NGOs, public health organizations, academia, labor and human rights organizations, etc) in support of child immunization in developing countries generally and support for GAVI specifically.
- Her Majesty Queen Rania of Jordan, a Vaccine Fund board member, has agreed to serve as a global voice and face for the Grand Campaign. Beyond London, the plan is to take the campaign to six or more other priority donor countries over 2004.
- The Vaccine Fund staff will remain in close touch with GAVI partners, including UNICEF, WHO and industry as the campaign unfolds.
- The Board welcomed the initiative and requested further updates and continual involvement, specifically mentioning the launch of the campaign.

7 The Vaccine Provision Project (VPP)

- It will be difficult for UNICEF and WHO – as long-established institutions with their own governance and management structures – to adapt to a project management structure with an external function having direct oversight over the defined roles and responsibilities of the three VPP partners. However, many Board members felt that this approach, with an independent manager, should be further pursued at this time.
- Considering that there is no person in the manager position currently, a very short timeline to draft and agree upon the project's scope, terms of reference for a project manager, and process for recruitment of a manager, would be reasonable.
- The increase in prices of combination vaccines is of grave concern. We must consider new ways to maximize the leverage of the Alliance to ensure rapid market entry by new suppliers of affordable combination vaccines. Other GAVI partners – Vaccine Fund, WHO, GAVI Secretariat and others, as necessary – in addition to UNICEF Supply Division may need to engage in negotiations with industry. Furthermore, options such as long-term contracting should be pursued.

- While the heightened activity of WHO and UNICEF to accelerate the pre-qualification process for producers of the most in-demand vaccines is certainly welcomed, more efforts, and more support to WHO may be required.

DECISIONS

The Board:

- 7.1 Agreed that the most appropriate management and oversight arrangements for the VPP will need to be worked out as soon as possible taking into account the preference of many Board members for a project manager model. This process for finding the solution will be managed by the Executive Secretary with the VPP partners.
- 7.2 Requested the Executive Committee to move the above process forward with a goal of decision by end January so that recruitment of a project manager, if found necessary, could be pursued thereafter.
- 7.3 Agreed that whatever the ultimate solution, the VPP partners (WHO, UNICEF and the Vaccine Fund) need to participate at a senior level.

8 Systems Barriers

- The GAVI access milestone will not be reached unless systemic barriers are addressed in countries. While GAVI cannot address all systemic issues immunization can serve as a valuable entry point.
- It will be important to continue to seek opportunities for GAVI to align itself with the 3x5 Initiative since both are so dependent on stronger health systems.
- UNICEF proposed to give a presentation of the “marginal budgeting for bottlenecks” tool in the context of country-led analysis of system-wide barriers and its application to immunization programmes in particular. This presentation could be given at the next Board meeting.

9 Financial sustainability update

- It is clear that the World Bank and other financing partners’ commitment to health is having a positive effect on securing finance sustainability for immunization in countries. In his visits to countries over the past few months Executive Secretary Tore Godal has received strong commitments from country officials – including heads of state and high level health and finance ministry staff – to secure funds to sustain their immunization programs.
- The costs of the financial sustainability planning process cannot be significantly reduced, because there is a great need for increased capacity for doing this work in health ministries and among immunization professionals. Of course the more that is learned, the more that this process can be streamlined.
- It would be good in a future meeting to have an update about the extent to which FSPs have been successfully integrated into PRSPs, MTEFs and SWAPs by GAVI eligible countries.

DECISIONS

The Board:

- 9.1 Approved extending the time of vaccine grants to ten years, if a country finds other financial resources to cover some of the costs. This will not change the dollar amounts of grants.

10 Polio

- The Board welcomed the new Strategic Plan for Polio Eradication for 2004-2008, noting the critical importance of closing the funding gap to facilitate the interruption of wild poliovirus transmission within the next 18 months. The Board also noted the central importance of this high-profile global health goal to the future of international immunization efforts, including the other GAVI objectives.
- Noted that the mainstreaming objectives of the initiative should be considered in the context of GAVI on a country-by-country basis. It makes sense to focus this work in the seven large population countries included in the GAVI 2004-05 priorities.
- Recognizing the global importance to immunization programmes, the Board agreed that polio should be on the agenda of the next GAVI Board meeting.

DECISIONS

The Board:

- 10.1 Committed GAVI to a programme of high level advocacy in the remaining endemic countries (India, Nigeria, Pakistan, Egypt, Afghanistan, Niger) to ensure appropriate high level oversight and quality of the polio campaigns during the critical period through mid-2005.
- 10.2 Endorsed the resource mobilization efforts of the polio eradication partnership and reiterated the importance of closing the funding gap at this critical time.
- 10.3 Agreed to revise the GAVI polio milestone to reflect the new eradication target. The GAVI polio milestone will now read: "By end-2008, the world will be certified polio-free."
- 10.4 Requested that the polio initiative come back to the Board at a future time Specific proposals as to the monetary and non-monetary role that GAVI could play in accelerating the development of the necessary products for the OPV cessation phase. It would make sense to consider this in the context of the investment case framework activity discussed under section 4.

11 Measles

- There was overwhelming support for the initiative and conceptual support for considering how best to use Vaccine Fund resources in measles mortality reduction activities.
- The Vaccine Fund should not veer from its catalytic role and it would not be appropriate to make a decision about investing in measles without first completing the investment case framework for GAVI discussed under section 4.

DECISIONS

The Board:

- 11.1 Agreed to advocate for the positive impact that measles mortality reduction activities are having on strengthening routine immunization systems and promote monitoring of key measles indicators and outcomes. The first activity in this area should be to ensure that measles is included on the agenda of the MDG high level consultation on 8-9 January 2004 in Geneva.
- 11.2 Requested the GAVI Working Group to work with the measles experts to flesh out a concrete proposal to be ready for the full Board by the end of March, considering the urgency of the need. This proposal, which should be considered a test case for the investment case framework activity discussed in section 4, would contain more

specific information, such as allocation timeline and criteria, accurate funding information and projections, and defined added value role of GAVI.

- 11.3 Agreed to review this proposal electronically and discuss it via teleconference to ensure rapid action.

12 ADIPs

- While there is a high expectation that ultimately, the evidence will make a strong investment case for the introduction of rotavirus and pneumococcal vaccines in developing countries, the ADIPs have been designed to find the evidence and not necessarily to 'push' introduction of the vaccines.
- Concern was expressed that the Memoranda of Understanding (MOUs) between the ADIP hosts (Johns Hopkins and PATH) and the GAVI Board Trustee (The Vaccine Fund Trust Account at UNICEF) have not yet been signed. UNICEF committed to have them signed within one to two weeks of the meeting.

DECISIONS

The Board:

- 12.1 Endorsed the report of the October 2003 ADIP Management Meeting
- 12.2 Approved the 2004 allocation for the ADIPs: (Rotavirus ADIP: \$11,858,353, Pneumococcal ADIP: \$8,109,825. The Secretariat will forward the financing request to the Vaccine Fund Executive Committee.
- 12.3 Requested to be informed when the Memoranda of Understanding (MOUs) between the ADIP hosts (Johns Hopkins and PATH) and the GAVI Board Trustee (The Vaccine Fund Trust Account at UNICEF) are signed by all parties.
- 12.4 Agreed that the Vaccine Fund President should join the ADIP Management Committee.

13 New Technologies

DECISIONS

The Board:

- 13.1 Decided to continue to rely primarily upon partners to fund and implement R&D efforts and not to engage in specific R&D technology efforts at the present time.
- 13.2 Agreed that GAVI should build upon the current efforts of WHO to undertake a systematic "scan" of the landscape every other year to identify emerging technologies, conduct cost-effectiveness analysis, make recommendations, and advocate for R&D efforts.
- 13.3 Considered that pre-filled injection devices might be an important technology for GAVI to look at in the future.

14 Board Turnover

DECISIONS

The Board:

- 14.1 Accepted the nomination of Sweden to assume the industrialized country government seat being vacated by the United States at the end of 2003. Sweden, whose term will be from January 2004 to December 2006, will be represented by State Secretary Annika Bjurner Söder.

- 14.2 Accepted the nomination of Bangladesh to assume the developing country government seat being vacated by India at the end of 2003. Bangladesh, whose term will be from January 2004 to December 2006, will be represented by Minister for Health and Family Welfare Dr. Khandaker Mossarraf Hossain, M.P.
- 14.3 Accepted the nomination of Chiron to assume the industrialized country vaccine industry seat being vacated by Wyeth at the end of 2003. Chiron, whose term will be from January 2004 to December 2006, will be represented by Vice President and President Chiron Vaccines John Lambert.
- 14.4 Agreed to delay the decision on the technical institute seat until more information is received from the current candidates.
- 14.5 Decided that Canada should replace the United States on the GAVI Executive Committee. In order to ensure a smooth transition, the US should remain on the EC through Spring 2004. .
- 14.6 Accepted the proposal to have the vaccine industry represented on the Working Group by Elaine Esber of Merck. The Board also accepted the proposal to co-opt USAID into the Working Group, represented by Susan McKinney.

15 Other Business

DECISIONS

The Board:

- 15.1 Endorsed the planned activities of the Merck Vaccine Network-Africa to develop training centers in Africa to increase the capacity of immunization programs to effectively deliver vaccines.
- 15.2 Agreed that Dr JW Lee, as the GAVI Chair, should chair the selection committee for the recruitment of the new GAVI Executive Secretary to replace Tore Godal, who will retire at end 2004. This work should be conducted with an eye on the progress of the convergence discussions under point 5 above. The Chair requested UNICEF, who previously managed the selection and recruitment of the current Executive Secretary, to provide him with a description of the earlier process.
- 15.3 Decided that the next Board meeting should be scheduled for 6-7 July 2004.
- 15.4 Accepted the invitation by the American Red Cross to host the July GAVI Board meeting at its headquarters in Washington DC.
- 15.5 Agreed in principle that Board meetings should alternate being held in industrialized and developing countries.
- 15.6 Decided that at future Board meetings there should be a summary of the discussions and decisions of the Executive Committee that occur between Board meetings.
- 15.7 Tentative dates for December meeting: 9-10 December 2004.

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