

# GAVI Alliance Executive Committee Meeting

20 May 2010  
Teleconference

## FINAL Minutes<sup>1</sup>

Finding a quorum of members present<sup>2</sup>, the meeting commenced at 17.05 Geneva time. The Committee reviewed the minutes of its meeting on 17 March 2010 (Doc #1 in the committee pack). Discussion followed which resulted in the inclusion of three technical amendments.

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### DECISION

The GAVI Alliance Executive Committee:

Approved the minutes from 17 March 2010 subject to the inclusion of the technical amendments.

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## 1 GAVI Strategy 2011-2015

The Chair led a short reflection of the Board's retreat from 11-12 May 2010 which dealt specifically with the development of GAVI's 2011-2015 strategy. Subsequently, Helen Evans, Deputy CEO provided an overview of the amended strategy matrix (Doc #2) requesting the committee members to determine if it accurately reflected the Board's discussion at the retreat. The following discussion resulted in the endorsed matrix included in these minutes as Attachment C:

- Executive Committee members concurred with the Chair's assessment that the retreat's small group sessions allowed the Board to confer in-depth on critical issues, then come together to find consensus. Whilst members suggested a longer session would have enhanced the Board's discussions, they recognised that circumstances had been less than ideal due to travel disruptions in Europe.
- The Board had not fully found consensus with the proposed options for the health systems-related strategic goal. Specifically, whilst everyone agreed with the notion of integrated health systems, there is a difference of opinion as to the precision with which the proposed wordings captured GAVI's vaccination-specific mission. Therefore, the Committee decided to forward the following text to the Board for consideration:

*Contribute to strengthening the capacity of integrated health systems to deliver immunisation.*

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<sup>1</sup> Binding Resolutions approved by the GAVI Alliance Executive Committee are listed in Attachment A. Decisions within the text of the minutes are non-binding, "plain English", actions agreed by the Committee.

<sup>2</sup> Participants are listed in Attachment B.

- Within the operating principles, the Committee discussed whether civil society was itself distinct from the categories of “public sector” and “private sector.” The Committee determined that it was distinct and that it was important enough to include it in the preamble. Separately, the Committee strongly endorsed the concept of gender equity but thought that its inclusion was implicit within proposed operating principle #4 and therefore did not require a separate principle. As a result, the Executive Committee proposed the following operating principles:

*As a public-private partnership including civil society, the GAVI Alliance plays a catalytic role providing funding to countries and demonstrates “added-value” by:*

1. *Advocating for immunisation in the context of a broader set of cost-effective public health interventions*
  2. *Contributing to achieving the Millennium Development Goals (MDGs)*
  3. *Supporting nationally-defined priorities, integrated delivery, budget processes and decision-making*
  4. *Focusing on innovation, efficiency, equity, performance and results*
  5. *Maximising cooperation and accountability among partners through the Secretariat*
- The Committee noted that cross-cutting issues such as monitoring/evaluation and advocacy/communication had been made more prominent in the matrix by moving them up to sit under the operating principles. The Committee also determined that it would include capacity-building as a cross-cutting issue in the strategy.
  - The Committee agreed that proposed objectives #1 and #2 under strategic goal #1<sup>3</sup> had been appropriately amended as follows:
    1. *Increase evidence based decision-making by countries*
    2. *Strengthen country introduction to help meet demand*

The Committee removed proposed objective #3, “support immunisation programmes and build programme capacity in immunisation,” feeling that its core premises were captured elsewhere in the strategy particularly strategic Goal 2; in addition “capacity-building” was included as a cross-cutting issue.

- The EC noted that the Programme and Policy Committee had discussed the key performance indicators (KPIs) during its meeting on 18-19 May. The revised KPIs should be ready for review in the next ten days. The Executive Committee asked the Secretariat to send it for review the recommended KPIs as soon as possible and prior to distributing them to the Board.

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<sup>3</sup> “Accelerate the uptake and use of underused and new vaccines”

- The Committee congratulated the Secretariat for the matrix design of the strategy document, believing it to be a clear and concise tool.

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## DECISION

The GAVI Alliance Executive Committee:

- 1.1 Endorsed and recommended to the Board the GAVI Alliance Strategy 2011-2015 as presented in Attachment C, with the understanding that the final KPIs will be shared with the Executive Committee for comment prior to distribution to the Board.

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## 2 Strategic Planning Process

Ms Evans gave an overview of a proposed process for developing a business plan to deliver on the strategy (Doc #2). In particular, she requested guidance on three issues: funding terms, the current “preferred provider” arrangements, and the role of the Secretariat. It is intended that the Board receive an overview of the business planning process in June for information and approve the business plan in December. Discussion followed:

- The release of funding to the multilateral partners for work plan related activities are not deliverables-based but instead occur at preset dates regardless of whether previous support had been expended or whether activities had been completed. Also, progress reports from partners, whilst informative, are not currently submitted in a timeframe to allow analysis before subsequent funding tranches are released.
- It was noted that GAVI financing should be “additional” and not used to pay for multilateral partners’ core activities. Ideally, activities should be demand driven and senior management of partners should sign off on the deployment of GAVI funds.
- In sum, committee members felt that given the new governance arrangements and strategy, a new paradigm for financing multilateral partners was needed. This is a risk area for GAVI and one that should be thoroughly and carefully addressed.
- Specifically, committee members felt that a “results-driven” or “pay-for-performance” model would harmonise better with GAVI’s principles of transparency, accountability, innovation, and results-based performance. This model would assist the Board in evaluating GAVI’s investments.
- Due to the short lead time to review the process before this meeting, the Chair requested that committee members take additional days to reflect on the process and forward further comments to the Secretariat so that the Committee can review the process to be tabled to the Board. Ms Evans noted that papers are scheduled for distribution on 2 June and so requested that comments be submitted as soon as possible. She also noted that it would be

necessary to consult board members on their nominations for the strategic goal working groups immediately.

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### **3 Resource Mobilisation**

The Chair suggested the Executive Committee incorporate resource mobilisation and GAVI's financial position as a standing agenda item each meeting, and he invited a discussion on the reporting the Committee would like to receive.

- The Committee agreed with the Chair and suggested the Secretariat craft a simple, user-friendly one page dashboard that could be easily updated ahead of each meeting. For example, the dashboard could include funding gap, donors being pursued and their reaction, what are Board members doing, innovative finance opportunities, and next steps being taken. The Secretariat should develop a suggested reporting tool for discussion at the next meeting.
- All board members have a responsibility with resource mobilisation efforts. Though the Secretariat has a day-to-day management role and donor board members need to be advocating GAVI to their ministries of finance, all board members are accountable to be engaged and informed.

There being no further business, the meeting was adjourned.

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Mr Kevin Klock, Assistant Secretary

**Attachment A**

**Resolutions approved by the GAVI Alliance Executive Committee**

**RESOLUTION ONE**

**1. Approval of Outstanding Minutes**

The GAVI Alliance Executive Committee:

Approved the minutes of its meeting on 17 March 2010 subject to the inclusion of the following amendments:

- In Section 1, add “In particular, committee members felt that with a few suggested modifications, the chart, “Overview of Projected Demand and Resources 2010-2015” is an excellent tool that visually demonstrates GAVI’s financial flows.”
- In Section 2, add “The Committee discussed the business plan briefly.”
- In Section 3, add “It was also thought that a general risk management exercise (for example, using the COSO framework) might be useful in analysing GAVI’s risk environment and asked the Secretariat to explore.”

**RESOLUTION TWO**

**2. GAVI Strategy 2011-2015**

The GAVI Alliance Executive Committee:

Endorsed and recommended to the Board the GAVI Alliance Strategy 2011-2015 as presented in Attachment C, with the understanding that the final KPIs will be shared with the Executive Committee for comment prior to distribution to the Board.

**Attachment B**

**Participants**

**Committee Members**

- Jaime Sepulveda, Chair
- Wayne Berson
- Armin Fidler
- Ashutosh Garg
- Suresh Jadhav
- Gloria Steele
- George W. Wellde, Jr.
- Julian Lob-Levyt (non-voting)

**GAVI Secretariat**

- Helen Evans
- Kevin Klock
- Nina Schwalbe

**Regrets**

- Daisy Mafubelu

<b>Mission</b>	<b>To save children’s lives and protect people’s health by increasing access to immunisation in poor countries</b>		<b>Key Performance Indicators*:</b> <ol style="list-style-type: none"> <li>I. Number of <b>future deaths averted</b> in GAVI supported countries</li> <li>II. Number of <b>children immunised</b> in GAVI supported countries</li> <li>III. Number of <b>cases of disease averted</b> in GAVI supported countries</li> </ol>	
<b>Operating Principles</b>	<p>As a public-private partnership including civil society, the GAVI Alliance plays a catalytic role providing funding to countries and demonstrates “added-value” by:</p> <ol style="list-style-type: none"> <li>1. Advocating for immunisation in the context of a broader set of cost-effective public health interventions</li> <li>2. Contributing to achieving the Millennium Development Goals (MDGs)</li> <li>3. Supporting nationally defined priorities, integrated delivery, budget processes and decision-making</li> <li>4. Focusing on innovation, efficiency, equity, performance and results</li> <li>5. Maximising cooperation and accountability among partners through the Secretariat</li> </ol>			
<b>Cross-cutting</b>	<b>Monitoring and Evaluation Advocacy and Communication Capacity-Building</b>			
<b>Strategic Goals</b>	<b>SG1 Accelerate the uptake and use of underused and new vaccines</b>	<b>SG2 Contribute to strengthening the capacity of integrated health systems to deliver immunisation.</b>	<b>SG3 Increase the predictability of global financing and improve the sustainability of national financing for immunisation</b>	<b>SG4 Shape vaccine markets</b>
<b>KPIs*</b>	<ol style="list-style-type: none"> <li>I. <b>Country introductions of underused and new vaccines</b> - Cumulative number of GAVI supported countries introducing underused and new vaccines</li> <li>II. <b>Coverage of underused and new vaccines</b> – Coverage of underused and new vaccines in GAVI supported countries</li> </ol>	<ol style="list-style-type: none"> <li>I. <b>Under five mortality</b> in GAVI supported countries</li> <li>II. <b>DTP3 coverage</b> - DTP3 coverage in GAVI supported countries</li> <li>III. <b>Equity in immunisation coverage</b> - DTP3 coverage in the lowest wealth quintile divided by DTP3 coverage in highest wealth quintile</li> </ol>	<ol style="list-style-type: none"> <li>I. <b>Donor resources to finance country demand</b> - Proportion of gap in GAVI funding needed to meet country demand that is filled</li> <li>II. <b>Country investments in vaccines per child</b> – Average amount spent from national health budgets on vaccines per surviving infant in GAVI supported countries</li> <li>III. <b>Fulfilment of co-financing commitments</b> - Proportion of countries meeting their co-financing commitments</li> </ol>	<ol style="list-style-type: none"> <li>I. <b>Reduction in vaccine price</b> - Change in weighted average price per dose</li> <li>II. <b>Suppliers in the market</b> – Number of manufacturers with a pre-qualified vaccine in the market</li> <li>III. <b>Emerging market manufacturers</b> – Proportion of doses procured from emerging market manufacturers</li> </ol>
<b>Objectives</b>	<ol style="list-style-type: none"> <li>1. <b>Increase evidence based decision-making by countries</b></li> <li>2. <b>Strengthen country introduction to help meet demand</b></li> </ol>	<ol style="list-style-type: none"> <li>1. <b>Contribute to the resolving of the major constraints to delivering immunisation</b></li> <li>2. <b>Increase equity in access to services, including gender equity</b></li> <li>3. <b>Strengthen civil society engagement in the health sector</b></li> </ol>	<ol style="list-style-type: none"> <li>1. <b>Increase and sustain allocation of national resources to immunisation</b></li> <li>2. <b>Increase donor commitments and private contributions to GAVI</b></li> <li>3. <b>Mobilise resources via innovative financing mechanisms</b></li> </ol>	<ol style="list-style-type: none"> <li>1. <b>Make vaccines more affordable</b></li> <li>2. <b>Ensure sufficient supply</b></li> <li>3. <b>Create market security and stability</b></li> <li>4. <b>Catalyse introduction of appropriate vaccines</b></li> </ol>

\* KPIs subject to further Executive Committee consultation