

GAVI Alliance Board meeting

2 & 3 June 2009
Washington D.C., USA

Final Report¹

Finding a quorum of members present², the meeting commenced at 09.07 on 2 June 2009.

1 Introduction from the World Bank

Graeme Wheeler, the World Bank Managing Director for Operations, opened the meeting. He emphasised the World Bank's commitment to GAVI, including as treasury manager for the International Finance Facility for Immunisation (IFFIm) and as financial and fiduciary administrator responsible for managing disbursements for the Advanced Market Commitment (AMC). He also stressed the importance of the partnership between the Bank, GAVI and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) to harmonise health systems funding through joint programming, and the need to pursue new innovative financing opportunities, especially given the current economic climate.

2 CEO report

Julian Lob-Levyt, GAVI Alliance CEO, presented his report (see document and presentation #1). He introduced and welcomed GAVI's new deputy CEO Helen Evans. He provided brief updates on a series of topics emphasising the impact of the world financial crisis and the AMC terms on GAVI's resource mobilisation. He also mentioned there had been progress in discussions with the Pan American Health Organization (PAHO) to ensure that GAVI-eligible countries get the best possible price for vaccines. Finally, he reported that with the exception of Pakistan, all countries currently required to co-finance their vaccines have paid in full, with many exceeding the minimum requirement, indicating the value governments place on immunisation as a priority intervention. Discussion followed:

- Dr Richard Sezibera, (MoH, Rwanda) noted that the financial crisis is affecting health planning in Rwanda. The Rwandan Government recently completed a health system strategic plan, which projected that Rwanda must scale up its investments in health by \$30 per capita to have a 75% chance of meeting the MDG's. Due to the economic crisis, Rwanda plans to cap spending at current levels and postpone scale up plans.
- Dr Tatul Hakobyan (Dep. MoH, Armenia) called on donors to sustain their contributions to GAVI as in light of the economical downturn developing countries must maintain immunisation and maternal/child health services. The economic crisis may affect the pace of Armenia's plans in these areas, but not the broader commitment to these initiatives. It is important to secure new donors, and Dr Hakobyan made a personal commitment to assist in the resource mobilisation effort.
- The Board applauded the implementation of both the gender and the transparency and accountability policies. They recognised that the new governance structure is already paying dividends, including a more focused Board agenda.

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

² Board member participants are listed in Attachment B.

3 Country presentation: Rwanda

Dr Richard Sezibera gave a presentation on the health situation in his country (see presentation #2). Rwanda is on track to achieve MDGs 2, 3 and 6 and its plan to achieve MDG4 prominently features pneumococcal and rotavirus vaccines. Since 2000, Rwanda has increased immunisation coverage to 95% while reducing maternal and child mortality. The support of civil society organisations (CSOs) and GAVI health system support (HSS) will be critical as Rwanda addresses its remaining health challenges.

4 Resource mobilisation strategy

Julian Lob-Levyt, CEO of the GAVI Alliance and Judith Kallenberg, Acting Director of Programme Funding, presented the proposed GAVI resource mobilisation strategy (see document #2 and presentation #3). Discussion followed:

- The Board members universally agreed to increase their personal commitment to resource mobilisation. They welcomed the Secretariat's proposal to develop individual resource mobilisation "work plans" for each member.
- GAVI needs to diversify its donor base, whether donor governments, foundations, private corporations or private individuals.
- Vaccines are the major cost driver for GAVI. GAVI has had an impact on vaccine prices, but it needs to actively seek opportunities to make vaccines even more affordable by leveraging GAVI's global purchasing power, encouraging competition, exploring novel models such as those the Bill & Melinda Gates Foundation has supported to date.
- GAVI projections only include items which the Board has clearly defined as GAVI priorities. It was noted that no contingency funds were incorporated in the gap estimate and the Board should recognize that they may be a call for additional future requests, for example, measles resurgence, polio eradication or a pandemic (see section 8). It was also noted that GAVI can not be all things to immunisation and needs to keep its focus.
- Support from civil society organisations (CSOs) is of critical importance for GAVI's resource mobilisations efforts. In making the case for immunisation, GAVI needs to cooperate closely with this constituency. Dr Faruque Ahmed, CSO representative on the Board, expressed his commitment to help GAVI advocate for its cause.
- GAVI will need to develop a risk management strategy in the event that resource mobilisation targets are not met. The Secretariat will develop a cost-savings plan and a framework for programme prioritisation for the November 2009 Board meeting. Specific options discussed included prioritising within GAVI eligible countries and filters for vaccine introduction.
- Given its credible demand forecasts and clear funding gap, GAVI is strongly placed for a 'replenishment' type approach which would increase efficiency and funding predictability, long term planning by countries and industry, maximise economies of scale, concentrate the research mobilisation effort and reduce transaction costs. However, the Board stressed that any resource mobilisation effort should apply an innovative approach, with a light process that respects the unique characteristics that distinguish GAVI. The Board also encouraged GAVI to explore potential synergies in resource mobilisation with other global health initiatives
- Donor engagement is critical to determining the way forward; donors should be consulted for their preferences and opinions on innovative resource mobilisation models.
- Next year will be pivotal for resource mobilisation. In 2010 donor countries will face several competing demands on their aid budgets so GAVI needs to act quickly to "lock in dates"; GAVI should organise a resource mobilisation event in early 2010 as an urgent priority.

DECISIONS

The GAVI Alliance Board:

- 4.1 Agreed on the strategic direction of the resource mobilisation strategy but also agreed additional work needed to be carried out.
 - 4.2 Requested a brief concept note in the coming weeks for further explanation of the proposed resource mobilisation event in early 2010.
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5 Advocacy and communications strategy

Geoff Adlide, Director of Advocacy and Public Policy and Jeffrey Rowland, Director of Media and Communication described the advocacy and communications strategy. (see document #3 and presentation #4). Discussion followed:

- The advocacy and communications strategy needs to be more “child-centred” with messages about innovation and cost effectiveness tied more directly to the ultimate goal of saving children’s lives. It may be valuable to also review the GAVI logo to ensure that it clearly expresses GAVI’s core mission.
 - The current financial climate means more intense competition for fewer resources. GAVI should have a sense of urgency in aggressively prioritising fundraising and rapidly implementing its advocacy and communications strategy.
 - While it is a challenge to create an advocacy “master plan” within an Alliance structure, the strategy could be improved by clearly outlining roles, responsibilities, measurements, resources and costs. The strategy should also include an explicit description of how GAVI can work more extensively with civil society. Civil Society Organisations (CSOs) can play a unique role in advocating for immunisation and creating demand at all levels.
 - Within donor governments there are often only a small number of people with the power to make funding decisions; Board members offered to help the GAVI Secretariat identify and communicate with these individuals. Also, officials within developing country ministries of health should be considered for outreach, given their ability to provide experiential evidence about GAVI’s positive impact to date, and future potential.
 - The strategy assumes that GAVI is recognised as an innovator in health and development. It may be good to consider conducting a baseline survey amongst the international community to assess the validity of this assumption.
 - Board members welcomed the Secretariat’s offer to work together in developing tailored advocacy plans. These plans should be ‘bottom-up’, capitalising on Board members’ own networks. For example, on the invitation of the Italian board member, GAVI recently participated in the “International Day of Immunology” in Milan; this event received extensive attention in the media and the Italian scientific community.
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DECISIONS

The GAVI Alliance Board:

- 5.1 Committed to strengthening engagement of all Alliance partners in collective communications and advocacy efforts.
- 5.2 Confirmed the scope of the Alliance’s advocacy and communications outreach in the three environments of immunisation, health and development in order to better deliver GAVI’s core mission.
- 5.3 Agreed to strengthen Board member involvement as key advocates for the GAVI Alliance.

6 Harmonised health systems funding

Julian Lob Levyt, GAVI CEO, and Carole Presern, Acting Managing Director of External Relations, described the WHO-facilitated discussions between GAVI, GFATM and the World Bank to harmonise health systems funding (see document #4 and presentation #5). Discussion followed:

- GAVI decided to invest its resources in health systems in recognition that it is not vaccines but immunisation that saves lives; routine immunisation can only be delivered in functioning health systems.
- The move to better harmonise health systems funding has received wide support - notably from WHO member states - as a way to improve aid effectiveness, sustainability, and reduce duplication. It is clear that development aid creates significant transaction costs for developing countries. For example, Rwanda now reports annually to donors on 689 indicators; this is after negotiations to reduce reporting requirements.
- The High Level Task Force on Innovative Financing for Health Systems is timely, given the current financial climate. In particular, examination of cutting edge financing ideas such as online travel booking levies, or royalty streams from oil and gas extraction, could prove promising.
- GAVI's future investment in health systems and any decision about harmonisation must take into account the HSS mid-term evaluation and HSS tracking study currently in progress. Board members requested that reports from the ongoing HSS evaluation and tracking study be made available to the PPC at the earliest possible time, in order to allow for the results from these pieces of work to inform the Secretariat's and the PPC's work in preparation of the GAVI's November Board meeting.
- Considering the uniqueness of each developing country setting and wide range of potential strategies, the Board will need to review a number of options for potential GAVI involvement in health system funding and for harmonising health system funding at the November Board meeting.

DECISIONS

The GAVI Alliance Board:

- 6.1 **Endorsed** continued exploration of a joint mechanism for investment in health systems to improve efficiency and effectiveness of health systems funding;
- 6.2 **Endorsed** the proposed timeline and set of activities outlined.
- 6.3 **Endorsed** that the Secretariat continues to work closely with the Programme & Policy Committee, the Board and Executive Committee through the chair and vice chair as the work develops to return to the Board with decision options at the November Board meeting.

7 2nd GAVI Evaluation

Nina Schwalbe, Managing Director of Policy and Performance described the terms of reference (TOR) for the 2nd GAVI evaluation (see document #5 and presentation #6) . Discussion followed:

- The 2nd GAVI evaluation will be used to inform the development of the next GAVI strategic plan; its design and the consultants used must be appropriate for this purpose. For example, some evaluations serve an audit function, others are conducted to help define marketing strategies for an organisation; these would require very different evaluation designs and teams.
- To preserve this report's credibility it is critical to avoid any perception that the Secretariat is managing the selection of consultants or any substantive aspects of the evaluation process.
- The World Bank and UNICEF shared the draft terms of reference with their evaluation experts; input should be forwarded directly to the Secretariat without delay.

DECISIONS

The GAVI Alliance Board:

- 7.1 Approved the terms of reference for the 2nd evaluation of GAVI.subject to the comments provided at the meeting and submitted directly to the Secretariat after the meeting.

8 Update on H1N1

Jean-Marie Okwo-Bele (WHO) and David Salisbury, chair of the WHO Strategic Advisory Group of Experts (SAGE) updated the Board on the status of the H1N1 (swine flu) outbreak and the response (see presentation #7). Discussion followed:

- Board members agreed that WHO had exhibited outstanding leadership in preparing the world for a potential flu pandemic, especially during the recent H1N1 outbreak.
- If the H1N1 virus evolves into a critical public health threat, the key issue for the poorest countries will be access to a flu vaccine. International production capacity is seriously constrained; according to projections, there would not be enough supply to vaccinate all populations at risk within a limited time frame. Other critical issues will be ensuring high quality laboratories, diagnostics, surveillance, and health facilities.
- The Secretariat should consider with WHO any potential role for GAVI in H1N1 and return to the Executive Committee with options.

9 IFFIm update

IFFIm Board Chair Alan Gillespie updated the Board on the recent activities and future outlook for the IFFIm (see document #6 and presentation #8). General Counsel Tim Nielander presented the request to formally change the ‘member’ of IFFIm from the old GAVI Fund to the new GAVI Alliance, as a natural evolution with the governance transition. Discussion followed:

- The Board welcomed the announcement by the Netherlands that it is pledging €80 million over eight years to the IFFIm.
- The success of the IFFIm is in no small part due to the advocacy efforts and commitment of IFFIm Board Chair Alan Gillespie.
- It was clarified that the liability of the GAVI Alliance as a member of IFFIm is limited to no more than £10; Board members themselves have no liability.

DECISIONS

The GAVI Alliance Board:

9.1 Authorised the CEO of GAVI to:

- 9.1.1 Execute the Deed of Novation, Amendment and Restatement (“Novation”) (near final draft attached) to substitute the GAVI Alliance for the GAVI Fund as party to the IFFIm Agreements.
- 9.1.2 Execute documents necessary for the Alliance to become the sole member of the IFFImCo and the GAVI Fund Affiliate.
- 9.1.3 Execute an assignment of the Administrative Support Agreements for the IFFImCo and the GFA.

10 Civil society update

Alan Hinman, Board member alternate representing civil society, provided an update on GAVI financial support to civil society organisations (CSOs) (see presentation #9).

- It will be important to think about civil society as GAVI pursues innovative financing strategies in the future. In addition, CSOs have key roles to play in delivering immunisation services, especially in fragile states and those in post-conflict situations.
- GAVI needs to explore why there is low country demand for CSO ‘type A’ support – small grants to countries to help them map out the role of civil society in immunisation services nationally.

11 Audit and Finance Committee report

Wayne Berson, Chair of the Audit and Finance Committee, delivered a report on the activities of the Committee. He noted the Committee’s work to oversee implementation of the AMC, its review of board and accounting policies, GAVI’s funding risk model, and the transfer of assets and liabilities from the US entity to the GAVI Alliance in Switzerland. Finally, it reviewed the GAVI Alliance financials for 2008 (see document #7); the financials are quite straightforward, given the small size of the Swiss entity in 2008.

DECISIONS

The GAVI Alliance Board:

- 11.1 Approved the 2008 GAVI Alliance, Geneva financial statements.

12 Investment Committee report

George Welde, Chair of the Investment Committee, provided an update on the current global financial situation, with particular emphasis on how G8 and emerging market countries are faring in the crisis (see presentation #10). He reviewed GAVI’s asset allocation, estimated returns, credit rating distribution, and its investment monitoring, and presented the Committee-recommended investment policy and cash investment policy (see document # 8). Discussion followed:

- Given the current financial climate the Committee will need a clear steer from the Board about how much of the investment portfolio it would be willing to draw down to meet programme costs. Many large foundations keep in their portfolios an amount equal to one year of annual expenses. Furthermore, GAVI’s role as a market-shaper may be weakened if it reduces its cash reserves.

DECISIONS

The GAVI Alliance Board:

- 12.1 Approved the GAVI Alliance Investment Policy and the Cash Investment Policy.

13 Programme and Policy Committee report

Sissel Hodne Steen, Chair of the Programme and Policy Committee reported that the Committee has been quite active in 2009, meeting several times in person (including the day after the Board meeting) and by teleconference as needed. Main issues being addressed include: country eligibility review, data quality, health systems strengthening and IHP, the independent review committee (IRC) process, GAVI’s in-kind donation policy, vaccine co-financing, implementation challenges connected with introduction of rotavirus and pneumococcal vaccines, and the GAVI work plan. Discussion followed:

- The Board commended the Committee’s work thus far. It is tackling a wide range of extremely important and complex issues and the Board is grateful to the members for their commitment and dedication.
- When considering new eligibility criteria, the PPC should note that although the GNI of many countries has risen, in fact much of this rise is due to US dollar exchange rate fluctuations and not the countries’ economic growth.

- The issue of country eligibility will be of great concern to the developing country constituency. The Committee may want to consider whether to provide an opportunity for country representatives to gain early insight into the direction these discussions are taking.

14 Governance Committee report

Denis Aitken, Vice Chair of the Governance Committee, delivered a report on the activities of the Committee and presented a number of items for decision, including board member and alternate nominations, committee member and chair nominations, the Board/Committee self assessment process, and a number of governance policies. Discussion followed:

- The gender imbalance on the Board and Committees – unlike the Secretariat – is still of great concern; it will be important to remain focused on correcting this imbalance as future nominations are considered.
- The Committee should consider the balance between continuity and turnover on the Board; while the Board should remain fresh, too many new Board members at the same time could be difficult. Eight Board member terms are ending at the end of 2009.

DECISIONS

The GAVI Alliance Board:

- 14.1 Appointed Board members, alternates, committee chairs and members as listed in Attachment A, resolutions 5,6, and 7;
- 14.2 Reaffirmed that Board and committee self-assessment is a critical function of the governance structure and endorsed the process proposed by the Governance Committee;
- 14.3 Approved the GAVI evaluation advisory committee charter;
- 14.4 Delegated to the Executive Committee the authority to:
 - 14.4.1 choose the GAVI evaluation advisory committee's chair and members;
 - 14.4.2 act as the interim GAVI evaluation advisory committee until it has chosen the new committee's chair and members;
- 14.5 Approved the whistleblower, document retention, and delegation of authority policies. The conflict of interest policy was approved with the following amendment: a GAVI Person with a Conflict of Interest shall leave the meeting room for the duration of the discussion and vote unless the chair of the meeting chooses to waive this provision due to exceptional circumstances.
- 14.6 Endorsed the following minimum criteria for board members:
 - 14.6.1 Commitment to mission
 - 14.6.2 Required time
 - 14.6.3 Professional seniority
 - 14.6.4 Ability to work in English

15 Other business

DECISIONS

The GAVI Alliance Board:

- 15.1 Acknowledged that Board members who are US citizens or permanent residents will need to recuse themselves from any decisions that lead to funding for Restricted Countries.

16 Executive Session

The Board met in executive session; the following agreements were reached.

- The Board took note of recent allegations concerning corruption in Zambia. The CEO noted and the Board was concerned to note that Alliance in-country partners continued to fail to alert the Secretariat in a timely way as to emerging or actual cases of corruption.
- The Board welcomed UNFPA's request to join the GAVI Alliance Board and strongly endorsed the organisation's active participation in the Alliance. No new board seat would be created but UNFPA could join the delegation of one of the three multilaterals on the board. The three multilaterals will work with UNFPA to consider how this will work in practice; they will bring a proposal to the Board in November for a final decision.

There being no further business, the meeting was adjourned.

Ms. Mary Robinson, Chair

Ms. Lisa Jacobs, Secretary

Resolutions approved by the GAVI Alliance Board

RESOLUTION ONE

1. **GAVI evaluation terms of reference**

The GAVI Alliance Board:

Approved the terms of reference for the GAVI Evaluation 2000-2010.

RESOLUTION TWO

2. **IFFIm agreements**

The GAVI Alliance Board:

Authorised the CEO, acting on the advice of legal counsel, to:

- Execute a Deed of Novation, Amendment and Restatement (“Novation”) to substitute the GAVI Alliance for the GAVI Fund as party to the IFFIm Finance Framework Agreement and related agreements
- Execute any documents necessary for the GAVI Alliance to become a member of the International Finance Facility for Immunisation Company and the GAVI Fund Affiliate
- Execute an Administrative Support Agreement with the International Finance Facility for Immunisation Company and the GAVI Fund Affiliate.

RESOLUTION THREE

3. **2008 financial statements**

The GAVI Alliance Board:

Acknowledged it has read the “Report of the Statutory Auditor on the Limited Statutory Examination to the Board of Trustees.”

Approved the “GAVI Alliance, Geneva Financial Statements 2008.”

RESOLUTION FOUR

4. **Investment policies**

The GAVI Alliance Board:

Approved the Investment Policy and the Cash Investment Policy.

RESOLUTION FIVE

5. **Board Member appointments**

The GAVI Alliance Board:

Attachment A

Resolved to appoint effective immediately the following individuals for the terms listed below:

- Agnès Binagwaho as Alternate Board Member to Richard Sezibera until 31 December 2011
- Nejmudin Kedir Bilal as Alternate Board Member to Tedros Ghebreyesus until 31 December 2009
- Nguyen Tran Hien as Alternate Board Member to Trinh Quan Huan until 31 December 2011
- Gloria Steele as a Board and Executive Committee Member representing USA/Canada/Australia until 30 June 2011
- Paul Fife as Alternate Board Member to Gavin McGillivray until 31 December 2009.

RESOLUTION SIX**6. Committee chair appointments**

The GAVI Alliance Board:

Resolved to appoint effective immediately the following individuals to lead the following committees:

- Wayne Berson as chair of the Audit and Finance Committee
- Dwight Bush as chair of the Fundraising Committee
- Mary Robinson as chair of the Governance Committee
- Denis Aitken as vice chair of the Governance Committee
- George W. Wellde, Jr. as chair of the Investment Committee
- Sissel Hodne Steen as chair of the Programme and Policy Committee.

RESOLUTION SEVEN**7. Committee appointments**

The GAVI Alliance Board:

Resolved to appoint effective immediately the following individuals to the following committees:

- Clarisse Paolini and Susan McAdams as committee delegates to the Audit and Finance Committee
- Anders Molin and Richard Sezibera as members of the Governance Committee
- Joan Awunyo Akaba as a committee delegate to the Programme and Policy Committee
- David Salisbury as an independent expert to the Programme and Policy Committee in his current capacity as chair of the WHO SAGE.

RESOLUTION EIGHT**8. GAVI Evaluation Advisory Committee Terms of Reference**

The GAVI Alliance Board:

Approved the GAVI Evaluation Advisory Committee Terms of Reference³.

Delegated to the Executive Committee the authority to:

- Choose the Evaluation Advisory Committee's chair and members
- Act as the interim Evaluation Advisory Committee until it has chosen the new committee's chair and members.

RESOLUTION NINE

9. Policies

The GAVI Alliance Board:

Approved the following policies:

- Whistleblower policy
- Document retention policy
- Delegation of authority policy
- Conflict of interest policy

RESOLUTION TEN

10. Minimum criteria for board members

The GAVI Alliance Board:

Endorsed the following minimum criteria for board members:

- Commitment to mission
- Required time
- Professional seniority
- Ability to work in English

³ a.k.a. GAVI Evaluation Advisory Committee Charter
GAVI Secretariat – 27 July 2009

**GAVI ALLIANCE BOARD MEETING
2-3 June Washington DC, USA**

GAVI ALLIANCE BOARD MEMBER PARTICIPANTS

DEVELOPING COUNTRY GOVERNMENTS

ARMENIA

1. Dr. Tatul Hakobyan, Deputy Minister of Health, Armenia

RWANDA

2. Dr. Richard Sezibera, Minister of Health, Rwanda

DONOR GOVERNMENTS

FRANCE/LUXEMBOURG/EC

3. Dr. Gustavo Gonzalez-Canali, Health Special Adviser, Team Leader, Directorate General for Global Affairs, Development and Partnerships, Ministry of European and Foreign Affairs, France

ITALY/SPAIN

4. Professor Alberto Mantovani, Scientific Director, Istituto Clinico Humanitas, Milan, Italy
ALTERNATE - Mr. Fidel Lopez Alvarez, Ambassador, AECID – Ministry of Foreign Affairs and Cooperation, Spain

NETHERLANDS/SWEDEN/DENMARK

5. Ms. Yoka Brandt, Deputy Director General for International Cooperation at the Ministry of Foreign Affairs, the Netherlands
ALTERNATE: Dr. Anders Molin, Lead Expert, SIDA, Sweden

UNITED KINGDOM/NORWAY/IRELAND

6. Mr. Gavin McGillivray, Head, Global Funds & Development, Finance Institutions Department, (DFID), UK
ALTERNATE: Dr. Paul Fife, Director, Global Health and AIDS Department, Norad, Norway

UNITED STATES/CANADA/AUSTRALIA

7. Ms. Gloria Steele, Acting Assistant Administrator, Bureau for Global Health, USAID, US

CIVIL SOCIETY ORGANISATIONS

BRAC

8. Dr Faruque Ahmed, Director BRAC Health Program, BRAC Centre, Bangladesh
ALTERNATE: Dr. Alan Hinman, Senior Public Health Scientist, Task Force for Global Health,

VACCINE INDUSTRY – DEVELOPING COUNTRY

SERUM INSTITUTE

9. Dr. Suresh Jadhav, Executive Director, Serum Institute of India

VACCINE INDUSTRY – INDUSTRIALISED COUNTRY

GSK BIOLOGICALS

10. Dr Jean Stéphane, President and General Manager, GSK Biologicals, Belgium

RESEARCH AND TECHNICAL HEALTH INSTITUTE**INTERNATIONAL VACCINE INSTITUTE**

11. Dr. John Clemens, Director-General, International Vaccine Institute, South Korea

INDEPENDENT/UNAFFILIATED

12. Mrs. Mary Robinson, President, Realizing Rights, Ethical Globalization Initiative (Chair)
13. Mr. Wayne Berson, Partner and National Director, Not-for-Profit Services, BDO Seidman LLP
14. Mr. George Bickerstaff, Managing Director, CRT Capital Group
15. Mr. Dwight Bush, President & CEO of Urban Trust Bank (Retired)
16. Mr. Ashutosh Garg, Founder & Chairman, Guardian Lifecare Pvt Ltd
17. Mr. Dagfinn Høybråten, Member of Parliament, Leader of the Christian Democratic Party Stortinget, The Norwegian Parliament
18. Mr. Jean-Louis Sarbib, Director, Wolfensohn & Company
19. Mr. George W. Welde Jr., Vice Chairman of Securities Division, Goldman, Sachs & Co. (Retired)

UNICEF

20. Mr. Saad Houry, Deputy Executive Director
ALTERNATE – Dr. Pascal Villeneuve, Associate Director, Programme Division (Programme Partnerships)

WHO

21. Mr. Denis Aitken, Assistant Director-General, General Management Cluster (Vice Chair)
ALTERNATE - Mrs. Daisy Mafubelu, Assistant Director-General, Family and Community Health

THE WORLD BANK

22. Dr. Julian Schweitzer, Director, Health, Nutrition & Population, Human Development Network
ALTERNATE - Dr. Armin H. Fidler, Lead Advisor Health Policy and Strategy, Health, Nutrition and Population

BILL & MELINDA GATES FOUNDATION

23. Dr. Jaime Sepulveda, Director, Integrated Health Solutions Development
ALTERNATE: Dr. Steve Landry, Program Manager

Regrets:

- Mrs. Graça Machel, President, Foundation for Community Development
Dr. Abdulkarim Yehia Rasae, Minister of Health, Yemen
Dr. Trinh Quan Huan, Vice Minister of Health, Vietnam
Dr. Tedros Ghebreyesus, Minister of Health, Ethiopia