

## **Programme and Policy Committee (PPC) Meeting 15-16 April 2009**

### **Participants:**

#### **PPC members**

Sissel Hodne Steen (Chair), Joan Awunyo-Akaba, George Bickerstaff, Ashutosh Garg, Majid Al-Gunaid, Suresh Jadhav, Rama Lakshminarayanan, Steve Landry, Ahmed Magan, Susan McKinney, Jean-Marie Okwo-Bele, Olga Popova, Aldo Tagliabue

#### **Secretariat**

Mercy Ahun, Hostencia Esua, Lisa Jacobs, Nina Schwalbe and other attendees as noted in agenda

#### **With Regrets**

John Clemens

#### **Reflection on Board Retreat:**

The Chair gave an overview of the Board retreat and summarized points relevant to the PPC on data and immunization support services (ISS), future challenges, co-financing, partnership, the funding model and eligibility.

#### **Discussion:**

- Regarding co-financing, GAVI should consider their “exit strategy” and the need for further vaccine price reduction to facilitate country ownership. GAVI should also put pressure on countries with potential ability to pay for vaccines, such as India.
- There should be transparency in data review regarding ISS. The potential of civil society organizations (CSOs) engagement in monitoring data validity should be reviewed as well as the effectiveness of the CSO support window to date.
- There were questions raised on how the MDGs should guide GAVI work as well as GAVI’s future role in health systems strengthening (further discussion on health systems strengthening (HSS) took place later in the agenda).

#### **Action items:**

- While waiting for the evaluation of the CSO window in 2010, the secretariat should move forward with making changes based on experience to date. The PPC should be kept informed of these changes.

#### **GAVI In-Kind Donations Policy Revision (Gian Gandhi)**

Gian Gandhi presented a draft donation policy recommending that in principle, GAVI would not accept in-kind donations of vaccines or other health products, however may consider in-kind donations of vaccines under exceptional circumstances (e.g. shortages, stockpiles). It also recommended that GAVI would consider in-kind donations of non-health goods and services (e.g. computers, consulting) on a case-by-case basis.

**Discussion:**

- Some members of the PPC supported the proposed recommendations, while others had comments, as reflected below.
- The difference between the drug and vaccine markets needs further consideration as vaccines are by and large a monopoly market. Any reference to “industry” should be changed to “vaccine industry” and the Secretariat should reconsider the inclusion of non-health goods and services as part of this policy.
- The perspective of and implications/risks of in-kind donation for recipient countries should be further analyzed and included in the paper. This includes issues such as costs related to a donation, appropriateness of packaging and presentation and ultimate product price.
- GAVI policies should reflect innovation. The paper should examine whether GAVI, rather than being conduit for the donations, could serve as a broker or provide technical support to countries or other organizations. Could GAVI propose alternative mechanisms in the case GAVI decides not to accept a donation?
- More analysis is required on the feasibility of a case-by-case approach as well as the potential impact of donations on the “GAVI brand.” Further, the impact of donations must take into account all GAVI partner policies.
- An analysis of how donation policies relate to price referencing practices by pharmaceutical companies should be included. Some members felt that the “account risk” should not be considered significant and should be removed from the analysis. Also, stockpiles should only be considered in exceptional circumstances, as purchase of vaccines for stockpiles may have market shaping objectives as well.
- The guiding principle for GAVI policy on in-kind donations should be its effect on GAVI’s basic principle of market impact.
- Potential beneficial aspects of vaccine donations should be considered more broadly and consultations with the vaccine industry should be incorporated in the analysis.
- The paper should also review the policies the European Union, Roll Back Malaria, and the Stop TB Partnership.

**Action items/next steps:**

- The PPC requested the Secretariat to conduct additional analysis, taking into consideration the above mentioned comments, and submit an adjusted paper for review by the PPC before the Board meeting in November. This will include consultation with the fundraising committee to ensure that the policy is in line with other GAVI policies on contributions (ie. earmarking).

**Update on the International Health Partnership (IHP) and Health Systems Strengthening (HSS) (Julian Lob-Levyt, joined by Carole Presern – by telephone - and Craig Burgess)**

Julian Lob-Levyt updated the PPC on recent developments related to the HSS and the IHP process.

- GAVI will complete a mid-term HSS evaluation in September as well as a tracking study of six countries and a review of data to be submitted to the monitoring independent review committee (IRC). This will inform decision making.
- In February, a Ministerial IHP review was held in Geneva. The resulting communiqué requested GAVI and the Global Fund to Fight AIDS, TB and Malaria (GFATM) to work together. Specifically, the GFATM and GAVI are exploring how collaboration can decrease transaction costs on countries and improve efficiencies in programming.
- The High Level Task Force on Innovative Financing for Health asked GFATM, GAVI, and the World Bank (WB) to produce a brief 2-3 pager on joint programming for HSS for its meeting on 28/29 May, including how much money has been distributed to countries where agencies are working and how this funding has been channeled in country.
- As part of a number of options under consideration, GAVI has been asked to provide more in-depth analysis on the pros and cons of using IFFIm to fund HSS, in view of front loading issues and market conditions. A specific question to be examined is whether a front loaded investment by the market lends itself to funding HSS.
- Other analysis includes opportunities for better collaboration between the World Bank, GFATM and GAVI, including the potential for a common appraisal processes and harmonised monitoring – so-called “joint programming”. WHO has agreed to play a facilitation role. Ideally, UNICEF could also engage.

A challenge for the PPC to consider is how to retain GAVI’s core mission and focus (vaccine programmes to ensure positive health systems outcomes), while building the necessary integrated delivery platforms in the public and private sectors.

#### **Discussion:**

- A number of PPC members raised the issue of how this would play out at country level. There were questions about whether this is a new way of operating? Given the specific mandates of both GAVI and GFATM, would it be more appropriate for those with broader mandates to lead on HSS at country level?
- Concern was expressed about moving too fast on IHP. The GAVI health systems window was supposed to be focused, catalytic and country led. GAVI should look for the opportunities to ensure that investments lead to immunization-specific outcomes. GAVI’s added value includes the focus on outcomes and results. Can that be done in an IHP context? With regard to the IHP, some countries are positive, but some are skeptical; especially if new resources are not forthcoming. Moving forward, it is important to make sure that donors and CSOs at the country level, as well as the global level, are well engaged. GAVI must maintain a focus on increasing access and equitable coverage, but to close the gap, needs to focus on how to deliver the vaccines.
- Harmonisation efforts have to be focused globally, and locally, to decrease transaction costs. Collective international agreements, such as the Paris Declaration on Aid Effectiveness, have responded to country demand to make aid more effective. Some questioned the approach

and the extent to which there should be global level objectives. Metrics to measure success are critical.

- Synergies with reproductive health and maternal child health programmes should be explored. PEPFAR's activities in HSS were raised and GAVI management was encouraged to explore potential partnership with PEPFAR on HSS, including with the joint WB/GFATM/GAVI approach.
- There was consensus that the PPC should advise the Board on this issue, instead of creating another separate group, on behalf of the board.
- There was discussion about the 'evidence base' for any subsequent recommendations. WHO and World Bank are the critical partners in this area. There was also a request to clarify the specific role and contribution of all respective agencies engaged.

#### **Action items/next steps:**

- The concerns raised in the discussion will be reflected in the paper for the Executive Committee and Board.
- The PPC, led by the Chair with WHO, WB and the Secretariat will scope out what work in the broad area of HSS is required by GAVI through 2009 and consider how that be best managed, including the option of setting-up a task team to advise the PPC. A paper will be presented to the PPC on how this could work. This will be circulated in May for decision in June.
- The paper that will be presented to the High Level Task Force on Innovative Financing will be shared with the board and copied to the PPC as soon as possible.

#### **Update on the Data Task Team/Immediate and Medium Term Next Steps on ISS (Peter Hansen)**

Peter Hansen, M&E Manager, Policy and Performance, presented the findings from the data task team and proposed immediate and short term next steps on the ISS programme.

#### **Questions:**

- A question was raised on whether a one year commitment is consistent with GAVI's commitment to long term predictable funding. The secretariat responded that the ISS programme and results-based funding is based on additionality as opposed to predictability. Other GAVI interventions (investment phase, new vaccine support, injection safety) are based on predictability.
- PPC members noted that some of the data task team recommendations were aimed at WHO and UNICEF. WHO clarified that the recommendations were welcomed by both agencies who are now actively engaged in follow up, together with the Health Metrics Network. Particular urgency was being given to the seven countries still under suspension. These countries may need additional support from GAVI or other donors to improve their data systems.

- Concern was raised about messaging to countries. While agreeing that it is time for a robust review of the data quality audit (DQA), the PPC noted that care should be taken around how this review is explained so as not to discredit the excellent progress made to date and the role of this instrument in strengthening data systems at country level.
- Clarification was given that rewards would still be calculated based on administrative data, but that WHO, UNICEF and other sources would serve as a check and balance. Of note, USAID is currently working with Macro International to revise the Demographic and Health Surveys (DHS), so there may be some opportunities for collaboration on immunization related questions.

#### **Discussion:**

- The PPC welcomed the review of the ISS programme and agreed that any changes to programme design should only take effect as of phase III of operations. They noted that adequate time must be taken to work with countries to explain any changes.
- With regard to the seven countries, the PPC discussed how to provide countries the resources they need to improve their data systems. A suggestion was put forward to lift the suspension and focus efforts on improving the systems.
- The revision of the DQA should allow for inclusion of other measures of performance other than only coverage-related. For example, GAVI should look at disease specific data and develop metrics for supply chain, cold chain, surveillance systems, and other process indicators. There should also be attention paid to monitoring disparities within countries, as opposed to a focus only on national coverage estimates.

#### **Action items/next steps:**

- The PPC endorsed the proposed short and medium term next steps. The Secretariat will communicate these to countries.
- The Secretariat should work with WHO and UNICEF to present clear plans on next steps for the seven suspended countries so that programmes can be re-established as soon as possible.

#### **Work Plan Process – Monitoring Indicators from WHO and UNICEF (Pooja Mall joined by Rudi Eggers, Patience Kurunieri, Dragoslav Popovic)**

Pooja Mall presented the deliverables proposed by WHO and UNICEF. Rudi Eggers (WHO), Patience Kuruneri and Dragoslav Popovic (UNICEF – by phone) were present to answer questions.

#### **Questions:**

- WHO was asked to share more information on details of the work on regulatory assessments with interested PPC members.
- UNICEF raised a question on timing of payments. The secretariat clarified that work plan payments had recently been made to UNICEF.

**Discussion:**

- The PPC agreed to keep the semi-annual reporting system and requested the reporting system be easy to understand, such as through a traffic light type of assessment.
- WHO was commended on including a ‘success’ dimension with its indicators and UNICEF was asked to consider this approach in the future.
- The PPC requested that the Secretariat prepare a one page executive summary of progress to accompany submissions. This summary should assess whether or not progress is on track and identify any risks/opportunities moving forward.

**Endorsement/Decision:**

- The PPC endorses indicators and semi-annual reporting as outlined in the memoranda of understanding (MoUs) with UNICEF and WHO. The level of detail for reports and harmonisation with the GAVI model should be further discussed with the Secretariat. Care should be taken to not overburden the partner organizations.
- The reports should be submitted to the Secretariat by 31 July. These, along with a summary, should be distributed to the PPC by 31 August to allow for feedback/questions prior to the October meeting.

**Co-Financing Update (Santiago Cornejo, joined by Gian Gandhi)**

Santiago Cornejo gave a report on the implementation of the co-financing policy and invited inputs. The PPC will make recommendations to the November Board meeting on defaulting countries. The co-financing policy is scheduled for review in 2010; the review will examine whether or not the policy could lead to full financing of vaccines by countries and sustainability as currently structured.

**Discussion:**

- It was recommended that the term “voluntary” be changed to “highly committed”.
- The PPC acknowledged that the analysis provided excellent evidence that countries are now taking responsibility for the introduction of new vaccines. For successful countries, a suggestion was made to publicly acknowledge Ministries of Finance in addition to Ministries of Health.
- There was caution about being overly optimistic on results achieved to date. Further analysis to understand how countries had co-financed (including examining country level expenditures on health care and whether financing had been taken from other critical services or been rationally allocated.) was suggested. The World Bank developed in depth case studies regarding health expenditures, which partners will conduct in 2009. UNICEF is organising a workshop on problems and experiences with implementation of the policy at country level.
- Some members of the PPC suggested that relevant task teams should have an opportunity to review relevant documents prior to circulation to the PPC. The Chair noted that for Secretariat appointed task teams, this should be at the discretion of the Secretariat.

- The potential impact of default by large country(-ies) on demand forecasting should be explored.

**Action:**

- The PPC requested further review on the additionality of co-financing with particular attention to the financial commitments for traditional vaccines in these countries. The agenda point will be on the PPC October meeting
- Given the potentially devastating effects of suspending support for countries which may default the Secretariat was asked to schedule trips as soon as possible to review reasons and devise solutions. These trips should include meetings with the Ministries of Finance. Issues of stock management should also be discussed.

**Independent Review Committees - Membership and Terms of Reference (Mercy Ahun, joined by Brian Wall and Ranjana Kumar)**

Mercy presented the terms of reference, membership and proposed chairs for the two IRCs.

**Questions:**

- Some PPC members expressed concern that certain information was not included in the GAVI application process (ie. strategic objectives, what the countries are trying to accomplish, key measures, necessary resources, feedback, reporting back: what is the planned versus the actual. The Secretariat, WHO, and UNICEF agreed that there are areas for improvement, but also clarified that much of this information is included in what is reviewed by the IRCs since the information is requested in the application forms.
- Concerns were raised as to the inclusion of IRC members on both monitoring and new applications IRCs. The Secretariat clarified that if members sit on two committees, they have observer status on the second committee.

**Discussion:**

- The PPC noted that GAVI has had long and good experience with the IRC process and that the IRCs were very important to the functioning of GAVI. Moving forward, it will be important to monitor the quality of the work of the IRC, and to build in appropriate evaluation mechanisms and indicators.
- Members noted some potential risks of merging the two proposal review IRCs, including dilution of expertise. Although there was consensus that this may be more efficient, PPC members agreed that it was important to review the quality of the process and recommended that the Secretariat conduct an external evaluation.
- Members wanted more clarity on how the IRC process relates to the final approval of funds disbursement at GAVI, the role of the chairs, and how financial figures were checked. It was recommended that this information be put together by the secretariat and shared with the PPC. Information on financial checks and balances as well as committee accountability should also be included, as well as identification of any gaps.

- The PPC expressed its inability to comment on the IRC membership based on available information. A recommendation was made to develop a nominations subcommittee of the PPC to review IRC members and interview potential chairs. Applications for both members and chair could be solicited through an open call. It was noted that this is how UNITAID is establishing its procedures. With regard to core competencies, the PPC asked that data and forecasting be added to the monitoring IRC and expertise in demand generation be added to the new proposals IRC.

#### **Action items:**

- The Secretariat should update the paper to reflect comments from PPC.
- The Secretariat will document the process beginning with country application and including and up to Board approval (June). The Secretariat will estimate the number of applications that will be submitted to determine if the proposed schedule for work is consistent with the anticipated workload.
- The Secretariat will develop terms of reference for an evaluation of the IRC process and will share them with the PPC for input (June). The results will be used to inform the upcoming strategic and operational planning for GAVI operations post 2010.

#### **Decision points:**

Recognising that the IRC process has been working satisfactorily to date, but may be in need of improvements; and considering the potential consequences for disrupting current country proposal cycles, the PPC recommended the following to the Board Executive Committee (EC) :

- Change the TOR recognising recent changes in governance process and other comments given by PPC.
- Appoint the members and the chair/vice chair for a limited term of 1 year.
- Charge the Secretariat to conduct a review of the IRC process including mapping the system from application through board approval. This review should also explore options for the appointment of members and chairs and provide recommendations for improving the process, taking into account broader strategic issues.

#### **Accelerated Vaccine Introduction (AVI) Initiative Update (Jon Pearman, joined by Rudi Eggers)**

Jon Pearman, AVI manager, gave an update on AVI. Jean-Marie Okwo-Bele, Director of IVB at WHO, added relevant highlights from the recent SAGE meeting regarding H5N1 stockpiles, measles 2<sup>nd</sup> dose, hepatitis birth dose, and rotavirus.

#### **Discussion:**

- The PPC discussed the meaning of the word “accelerated” in AVI and recognised the significant potential contribution to lowering childhood mortality of widespread adoption of rotavirus and pneumococcal vaccines. The PPC felt that it was appropriate to raise the visibility for pneumonia and diarrhea and position the vaccines as the centerpiece in a coordinated and comprehensive response.

- There was consensus that it is important to learn from the introduction of Hib and consider the potential risks of “pushing out” routine vaccines in favor of new vaccines. GAVI needs to help ensure appropriate resources are in place at country level for introduction of these new vaccines.
- The PPC requested regular updates on whether or not milestones were being met with a particular focus on what was happening at country level.
- There was broad support for the use of advocacy at country level and a comparison was made with the introduction of anti-retrovirals where change was brought about through innovation and activism. GAVI needs to understand the current and anticipated barriers and work as quickly and efficiently as possible to address them. GAVI should also consider ways to involve CSOs/NGOs in mitigating anticipated barriers to the introduction of new vaccines.

#### **Actions:**

- The AVI team will provide regular updates to the PPC, including an analysis of current and potential bottle necks (October).
- The Secretariat will distribute the integrated work plan when it is completed. This will include a description of all special studies (June).

#### **Policy Brainstorm – Evaluation (Nina Schwalbe, joined by Abdallah Bchir and Peter Hansen)**

The PPC conducted a brainstorm around the planned evaluation of GAVI phase 2006-2010. A number of recommendations were put forward to the Secretariat for consideration in the design of an RFP. Discussion followed on whether it was better to conduct an independent assessment of the extent to which GAVI met its stated strategic objectives or an assessment of the appropriateness of GAVI's stated strategic objectives (with recommendations regarding what else GAVI should consider in the next planning process).

There was overall consensus that it would not be optimal for the same group to address both of these points and that the evaluation should focus on results and the level of value added by the GAVI Alliance.

#### **Report back on Meeting of the Governance Committee (Lisa Jacobs)**

Lisa Jacobs updated the PPC on the Governance Committee meeting, focusing on the issue of task team and oversight of evaluation (see meeting minutes, forthcoming).

#### **Conclusion**

The Chair reviewed key action items and decisions. The next meeting is set for 4<sup>th</sup> June from 8:00 to 15:00 at the GAVI office in Washington DC.