



## **GAVI Alliance Programme and Policy Committee Meeting**

23-24 April 2012

GAVI Alliance Offices, Geneva, Switzerland

### **FINAL MINUTES**

#### **1. Chair's report**

- 1.1 Finding a quorum of members present, the meeting commenced at 9.40 Geneva time on 23 April 2012. Gustavo Gonzalez-Canali, Programme and Policy Committee Chair, chaired the meeting.
- 1.2 The Chair welcomed new members attending a PPC meeting for the first time.
- 1.3 Standing declarations of interest were tabled to the Committee (Doc 01a in the Committee pack). Anne Schuchat informed the Committee that she would not vote on the approval of funding under item 9 as a research group from CDC was involved.
- 1.4 The Chair referred briefly to the Board retreat which had been held the previous week in Oslo, Norway, commenting that there had been useful open and frank discussion.

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#### **2. Update from the Secretariat**

- 2.1 Seth Berkley, CEO, gave a report from the Secretariat highlighting the discussions at the Board retreat. The key issue for GAVI during this period is to deliver on the Strategic Plan 2011-2015. The discussions during the first day of the retreat were the beginning of a process on what strategic planning might look like for the next period. A range of potential options had been discussed and PPC members were encouraged to read the relevant paper if they had not yet had a chance to do so. One of the issues which will go to the Board for a decision in June relates to GAVI's role in measles immunisation.
- 2.2 The CEO reported that during the second day of the retreat McKinsey & Company had presented their report on the Board self-evaluation. The Board used this report as the basis for a useful discussion on the roles and responsibilities of the different actors in the GAVI governance structure. The role and composition of the PPC received particular attention and this and other issues arising during the discussion will be taken up by the Governance Committee to take forward to the Board in June and/or December.

- 2.3 The CEO informed participants that a HSS advisory group will soon be set up, chaired by Anders Nordström. This will be an advisory group to the CEO and comprise a mix of key stakeholders and technical experts. He referred briefly to some issues which are of concern, namely vaccine wastage, supply constraints for rota and pneumo, data quality and countries with <70% coverage. He informed participants that the Secretariat, in consultation with partners, is looking at how GAVI can work better with countries. He referred to recent reviews by donor countries which had been extremely positive, to the Child Survival Summit which will take place in Washington D.C. in June, preceded by the meeting of the GAVI Board, and finally to the Partner's Forum which will take place in Tanzania in December, also preceded by the meeting of the Board.
- 2.4 The Chair thanked the CEO for his update.

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### **3. Update on business planning process**

- 3.1 Helen Evans, Deputy CEO, presented information on the GAVI business planning process highlighting the 2-step process to refine the 2013-2014 business plan.

#### *Discussion*

- The PPC commended the process, highlighting the importance of ensuring that the plan is fully linked to the budget. It was suggested that as there are a number of new members on the Board it would be useful to bring all relevant information, including costing and risk management together in one document when the business plan and budget is brought forward for approval in December.
- Members expressed support for strengthening monitoring and improving data.
- The representative of the vaccine industry from developing countries encouraged the deployment of resources to improve planning for implementation and delivery. They also requested a focus on sustainability for graduating countries.
- The PPC raised the issue of country readiness and the importance of working closely with in-country and regional partners. It was suggested that there is perhaps a need to have a review of the feasibility of the country implementation plans in order to ensure that appropriate training is given before vaccine introduction, that wastage does not occur due to unforeseen delays in introduction etc. It was noted that although programmes have been approved it may sometimes be necessary to review decisions in the light of new information.

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#### **4. Programme update: country programmes, co-financing, AVI, and market shaping**

##### **4.1 Programme update: country programmes and co-financing**

4.1.1 Paul Kelly, Director, Country Support, and Bakhuti Shengelia, Director, Technical Support, updated the PPC on the implementation of country programmes.

##### *Discussion*

- The PPC noted that with regard to the Technical Advisory Group for Health Systems Strengthening (TAG-HSS) would convene in May or early June 2012 under the chairmanship of Anders Nordstrom. The main criterion for inviting members to the TAG-HSS will be technical expertise in the field of health systems rather than institutional affiliation. The PPC emphasised the importance of country level engagement to inform the Group's work.
- The PPC welcomed the focus on underperforming countries and highlighted the need to implement plans to support countries to achieve and maintain DTP3 coverage above 70%. The PPC flagged the need to accelerate the rate of progress with this work given its importance.
- The PPC asked why, in addition to India and Nigeria, only three underperforming countries - Chad, DRC and Uganda - have been identified as priorities given that 12 countries have coverage under 70% (based on 2010 WHO/UNICEF data). WHO clarified that although they are supporting all countries, it was important to focus efforts and demonstrate results.
- The PPC sought to ensure country action plans adopt a coherent approach for example working closely with, and incorporating the findings of, the proposed HSS reviews in the three countries. This work should also link with the proposed 'country-by-country' policy development. It was also suggested that the TAG should link their work to reviews which have already been undertaken in underperforming countries and the subsequent recommendations.
- The PPC noted that the quality of new HSS applications had improved. At the same time a question was raised about the low rate of approval of HSS applications compared to the NVS applications. In this context it was suggested that perhaps there is a need for more intensive targeted technical support to countries to further improve the quality of their applications.
- It was clarified that in-country and/or regional partners provide assistance but are not there to write proposals for the countries. WHO is providing useful assistance in the form of proposal pre-assessments. It was noted that the IRC country reports are shared with countries so that it is clear to them why their proposals are not recommended in the first instance.

- The PPC also raised the issue of the Financial Management Assessment (FMA) process which may be contributing to disbursement delays in HSS programmes and agreed that the Secretariat should consider ways to improve the implementation of the TAP policy. It was acknowledged that FMAs are necessary and the PPC welcomed information that progress is being achieved on agreeing on a common framework with partners such as the World Bank.
- The PPC was informed that there is ongoing work to revise the process in relation to reprogramming requests from countries so that such requests are considered earlier and do not have to wait a Monitoring IRC or Board approval.
- It was noted that GAVI has done good work at looking at vaccine prices in the context of graduating countries. It was asked if GAVI has also done an analysis of what the poorest countries can afford. It was noted that vaccine prices are published by UNICEF once this becomes possible in the procurement process. The importance of GAVI following the evolution of prices was raised.
- In relation to the new Partnership Framework Agreement (grant agreement) the PPC was informed that this has been drafted in consultation with current and former Board members from developing countries. They very much welcome the initiative which aims to simplify the process. Consultation with WHO and UNICEF is continuing. It is foreseen that agreements should be renewed every five years.

## **4.2 Country programmes: AVI**

4.2.1 Jon Pearman, Director, AVI, updated the PPC on the progress of new vaccine rollout supported by the AVI initiative and progress toward building a platform for future introductions.

### *Discussion*

- The PPC expressed concern in relation to the updated information in the presentation on rota and pneumo supply constraints.
- Some members suggested that coverage data should be used to allocate supply and that coverage data should also be looked at closely early after introduction.
- Some members expressed an interest in receiving information on numbers of vaccine doses being supplied in addition to the number of countries in which vaccines are being introduced. The Secretariat noted that this information is available upon request.
- PPC members representing the vaccine industry constituencies highlighted the importance of improving short-term demand forecasting in order to enable them to meet their supply commitments. They also noted that long-term

supply agreements are helpful as they enable the manufacturers to do more efficient production planning.

- It was noted that UNICEF regularly holds supplier meetings and that donors and stakeholders are invited to attend such meetings.
- It was noted that the impact of new vaccine introduction into existing systems is not well understood or documented. There is a lot of demand and support for new vaccines but also low coverage with some of the most basic vaccines. Potential impact should be better acknowledged and how it can be measured and reported could be better articulated.
- While it was noted that cold chain storage constraints are not likely to substantially delay new vaccine introductions in the short-term it was agreed that there are still problems that need to be resolved.
- Some members suggested that the term ‘sustained introduction’ (or equivalent) might be used instead of ‘introduction’.
- The PPC welcomed the information presented on introductions without and with supply constraints.

#### **4.3 Country programmes: market shaping**

4.3.1 Aurélia Nguyen, Director, Policy and Market Shaping, presented an update on the initiation and progress of GAVI’s new vaccine supply and procurement strategy.

##### *Discussion*

- PPC welcomed the ongoing work on the development of vaccine roadmaps, asking when the roadmaps will be implemented to drive GAVI operations. It was noted that the roadmaps are currently focussing on vaccines which are up for tender as there is an opportunity to have an immediate influence. In the context of the roadmaps the supply base will be looked at and if issues of supply not meeting demand are identified all partners will work together to try to find solutions. One of the members recommended that all 6 objectives of the supply and procurement strategy are looked at in a coordinated fashion when developing the vaccine roadmaps.
- The PPC asked if there are figures available on the percentage of GAVI’s procurement in terms of the global market. This is something which the Secretariat is looking at but obtaining all relevant information is a challenge. It is known that GAVI’s demand for penta is very significant in terms of the global market.
- It was asked if GAVI-eligible countries wishing to purchase vaccines in addition to those they receive through GAVI would have access to GAVI prices. It was noted that they do, however for most vaccines full demand by countries is met through the GAVI process. In this context it was pointed out that some of these countries do not procure their co-financed doses through

UNICEF and it has already been seen in at least two cases that countries are paying significantly higher prices than GAVI. Steps are being taken to see if GAVI can play a role here.

- Some members suggested that in addition to the vaccine cost per dose it would be useful to include information on costs related to cold chain and logistics, training etc. It was acknowledged that it is challenging to define a set of indicators. The information relating to vaccine requirements, such as cold chain, are mentioned within the parameters of the tenders being issued.
- A question was asked in relation to how the supply security indicator is defined. One product by one manufacturer is counted as one, independent of the dosage presentation.
- The PPC requested clarification on activities in support of the National Regulatory Agencies (NRAs) in India and China. It was noted that technical assistance to the NRAs in these countries is provided by WHO and not funded through the GAVI work plan.

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## **5. Vaccine introduction grants and operational support for campaigns**

- 5.1 Aurélia Nguyen, presented the recommended revisions to GAVI's vaccine introduction grant policy and GAVI's operation support for campaigns, including proposed levels of support and their financial implications.

### *Discussion*

- The PPC unanimously and strongly supported the recommendations. They highlighted the importance of ensuring timely monitoring and disbursement of grants to inform future revisions. It was noted that in financial terms this increased support falls within the envelope already approved for cash programmes. There was a discussion on the cash allocation amount and the appropriate percentage to be paid by GAVI. One member highlighted that it will be important that with the higher GAVI contribution that countries are aware of the full costs to inform vaccine choice and that Government/partner contributions are clearly set out.
- The PPC asked whether it would be possible to implement the policy earlier than January 2013 as proposed, taking into account potential disbursement constraints. It was agreed that the funding should be used for appropriate activities and disbursement should therefore not be too close to, or even post, introduction. It was noted that the risk of countries delaying introduction in order to benefit from the new policy had been analysed and deemed low overall.
- The PPC discussed the types of activities for which the funding can be used and noted that the parameters are quite flexible as long as the activities are related to the vaccine introduction and not procurement.

- Some concern was raised about the auditing of the grants in particular in the context of the small amounts of funding being awarded. It was noted that the auditing will in fact be retrospective but the possibility of random audits being carried out for the smaller disbursements has been included in the process.
- In relation to the timeliness of the disbursement it was noted that this was one of the points raised during the consultation process with the countries. Six months before introduction was where most of them had converged. It was however noted that this will be flexible and could be reduced if there are countries ready to introduce in less than the six-month timeframe after approval.
- It was agreed that training is a very important activity and that these grants should be flexible enough to incorporate 'refresher' courses in relation to other vaccines which have been introduced in the country.

### **Decision One**

**The GAVI Alliance Programme and Policy Committee recommended that the GAVI Alliance Board:**

- **Approves** the vaccine introduction grant and operational support for campaigns policy, attached as Annex 1 to Doc 5 subject to the following amends:

Clause 2.3

Include the following at the end of the paragraph

*" ... and CSO and/or volunteer incentives for social mobilisation"*

Clause 8.1

To allow for earlier introduction of the policy replace the suggested effective date from "January 2013" to "September 2012"

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## **6. GAVI support to Civil Society Organisations**

- 6.1 Paul Kelly presented the recommended option for GAVI to support Civil Society Organisations.

### *Discussion*

- Options for GAVI support to CSOs were presented as well as a summary of the conclusions of the 2011 Evaluation of GAVI support for CSOs. The Secretariat recommended that GAVI funding for CSOs through governments would continue to be the default approach. Country HSFP applications would however be able to request that funds be transferred directly by GAVI to a CSO principal recipient which could be a global or indigenous CSO. CSO recipients will be accountable in the same way that governments are. In situations where funding directly to CSOs was considered, an FMA of the

proposed principal recipient would be conducted by the Secretariat. PPC members emphasised the importance of ensuring improved implementation of the TAP policy to avoid unnecessary delays to release of funds.

- The CSO constituency representative highlighted the importance of advocacy for CSOs if the default is through governments. The Secretariat is providing funds through the business plan to support CSO engagement in HSFP at country level. In addition, the HSFP application form specifically asks what role CSOs have in the development of a country application and what role CSOs will play in programme implementation.
- The CSO constituency representative also raised concerns about the way in which CSOs will be chosen in countries where relations with the government may be difficult and also to whom the CSOs would be accountable. Should a government decide not to submit a HSFP application would CSOs therefore not have access to funding? How might CSOs access funding outside the HSFP cycle? She suggested that the 'dual-track' approach referred to in the paper is not a dual-track approach but the operationalisation of HSFP with CSOs as recognised partners who take part in the development of the national plan, which emphasises activities that CSOs would undertake. The Secretariat noted that the risk assessment included in the paper acknowledges the issues identified by the CSO constituency representative. GAVI will work with partners to strengthen ICC/HSCC scrutiny of country HSFP applications, including encouraging effective engagement by CSOs.
- It was suggested that one of the critical roles for CSOs is to hold governments accountable for spending the funding awarded for vaccination. Thus although the proposed approach may work well for service delivery, it may not be appropriate to support advocacy activities.
- The PPC highlighted the importance of the implementation framework that draws on related Board decisions to provide a coherent statement of why and how GAVI works with and supports CSOs and to address transaction costs, risk levels and management arrangements when using CSO channels.
- It was noted that a management response to the Evaluation of GAVI support to CSOs is being prepared.

### **Decision Two**

**The GAVI Alliance Programme and Policy Committee recommended that the GAVI Alliance Board:**

- **Decides** that Government remains the default approach but direct funding for CSO activities can be requested as part of a country HSFP application (Option 3).

While provision of funds to CSOs through the HSFP is the recommended option, it should not limit GAVI's flexibility to engage CSOs directly where rare

and exceptional circumstances require different approaches. Approaches should be developed in response to country-specific analysis.

- **Requests** the Secretariat to prepare an implementation framework recognising an increased risk in procurement and financial management and potential resource implications for the Secretariat and which draws on the findings of the evaluation of GAVI support to CSOs and presents why and how GAVI works with and supports CSOs.

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## **7. Changes to the grant renewal process for HSFP countries**

7.1 Bakhuti Shengelia informed the PPC on the proposed use of Joint Annual Reviews (JAR) for HSS grant renewals in place of APR's in countries where GAVI provides HSS funding through a jointly assessed national health strategy.

### *Discussion*

- The PPC expressed their support for the process which should strengthen and increase the quality of the process in countries. It was agreed that there should be continued efforts to support the HSS process.
- It was highlighted that the role of the GAVI Secretariat staff will not be to replace Alliance partners in the countries but to raise visibility for the Alliance and ensure that immunisation is on the agenda. Some members suggested that it might be appropriate for GAVI staff to go to the countries in advance of the review to bring in-country partners and donors together to talk about what the Alliance is doing, hence building ownership of the Alliance in country. The PPC was reminded that invitations to the JAR are extended by the governments and that GAVI therefore does not have input in determining those involved in the process.
- The role of the IRC was raised and whether the proposed changes to the grant renewal process might require different Modus Operandi as well as different skills and competences. There will not be a major change in the role of the IRC at this point in time and the proposed changes aim to answer a request from them to have more information on what is happening at country level.
- The importance of communicating the changes to the countries was highlighted, in particular in the context of other processes of change which countries are facing.

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## **8. IRC monitoring recommendations: follow-up**

8.1 Bakhuti Shengelia informed the PPC on the policy and procedural recommendations made by the 2011 Monitoring IRC and the management response delivered by the Secretariat.

### *Discussion*

- It was stated that the recommendations from the IRC are a great source of information on what is not working well in the field and some members suggested that some of the recommendations are shared with the PPC at their next meeting to get input from all Alliance partners. One such issue might be in relation to addressing the cold chain problems.
- It was noted that the IRC report was shared with partners and detailed comments received from BMGF, UNICEF and WHO. Many comments were received on data quality. Some partners felt that there should be a focus on more cost effective tools and there were also many comments on cold chain capacity.

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## **9. GAVI's investment in research**

9.1 Nina Schwalbe, Managing Director, Policy and Performance, and Peter Hansen, Director, Monitoring & Evaluation, outlined the process and outcomes of the first phase of the project 'Defining GAVI's Research Agenda', as well as a request for urgent funding for research studies submitted by the AVI-technical assistance consortium (AVI-TAC).

### *Discussion*

- PPC members discussed the role that GAVI played in vaccine implementation research to inform policy development. Much of the data used thus far has been accumulated in developed countries and there is a need to ensure there is adequate data from developing countries to inform immunisation strategies.
- WHO noted that it is rethinking its work on vaccine research and implementation research globally, not only in GAVI-eligible countries. Resources are lacking however and there will be discussions with potential partners who might be interested in supporting this work. Collaboration with GAVI will be essential to ensure that there is no overlap. In this context the manufacturers also expressed that they will look into what information on their ongoing studies can be provided. -.
- Members of the PPC acknowledged identifying and implementing projects will take time e.g. such a decision in December 2012 may not yield results until 2016 or 2017. The importance of early planning was therefore highlighted.

- It was suggested that rather than opening a window for research support funding could be made available in the business plan for ‘targeted studies’ or ‘mission-specific studies’ within the context of Monitoring & Evaluation. There should also be a strong link between the research agenda and GAVI’s long term strategy.
- The PPC did not support the proposed figure of 1-2% of GAVI’s total expenditure for research. It was also suggested that any funding which GAVI might invest in research should be capped.
- It was also suggested that GAVI could play an important role in identifying gaps in knowledge and stimulating others to find answers to those research questions but should not become a research funding agency.
- In the light of the discussion it was agreed that any proposals for special studies should be considered as part of the business plan.
- In relation to the request for funding for four urgent studies submitted by AVI-TAC it was noted that consideration should be given to consider impact of the recent SAGE recommendation to loosen the age restrictions for the delivery of rotavirus vaccines.

### **Decision Three**

**The GAVI Alliance Programme and Policy Committee recommended that the GAVI Alliance Board:**

- **Approves** an amount of up to US\$9.3 million for AVI-TAC to conduct two urgent pneumococcal studies and two urgent rotavirus studies over a three year period, through 2015.

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## **10. GAVI and fragile states: a country by country approach**

- 10.1 Aurélia Nguyen and Paul Kelly updated the PPC on the status of the work being carried out “to develop a policy that clearly defines the GAVI Alliance’s approach to fragile and under-performing countries”.

### *Discussion*

- The PPC agreed that a country by country approach is necessary rather than developing a fragile states policy, per se or a fragile states definition. The PPC appreciated that country consultations were already underway to feed into the framework being developed. It was pointed out that as countries graduate from GAVI the proportion of GAVI-eligible ‘fragile’ states will increase and that it might be necessary to reflect this in the long-term perspective.

- It was suggested that the paper focuses too much on the definition of fragile states and that it would be useful to have more information on the technical consultation groups recommendations on moving forward. It was acknowledged that this focus was more a result of the early phase of the policy development process than a relative focus for the final policy to be developed. Some members suggested that some of the links with fragility to be considered could include immunisation coverage, government structure, declining coverage over time, stagnating coverage etc. The building of an evidence base was encouraged.
- It was agreed that the policy should stay simple and indicate clearly what the approaches are and who is eligible. It was advised that analysis purely on a country by country basis should not lead to an *ad hoc* approach, and that the final framework should be transparent to avoid the risk of an unfair application of the policy between countries.
- It was noted that there are a number of related initiatives currently under way and that it would be useful to try to identify interdependencies and alignment or one overarching framework to avoid duplication and ensure clarity for the countries.

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## **11. Update on HPV**

11.1 Tania Cernuschi, Senior Manager, AVI, updated the PPC on progress to date with regard to GAVI's efforts to support national introduction of HPV and she solicited guidance on the development of an application process to support the HPV demonstration programme.

### *Discussion*

- The PPC questioned why there are no co-financing requirements for the demonstration projects and was informed that it had been considered that in a pilot phase of a project, it would not be achievable taking into account, in particular, the efforts required by countries to secure co-financing. Further, it was pointed out that the countries will have to partly cover the implementation costs.
- The Secretariat noted that the estimated cost to GAVI of US\$ 3.1M does not fully cover coordination or technical assistance. WHO has US\$ 1M from the GAVI business plan for support around HPV and PATH has been informed that they may support their HPV work should there be an underspend in relation to their funding for work in other areas of the AVI-TAC grant.
- The PPC highlighted the importance of countries being informed up front of the costs they are going to incur within the framework of the demonstration programme.

- In relation to the proposed integrated delivery of HPV vaccines with selected adolescent health interventions members were strongly of the view that this should not be made mandatory. It was suggested that there might be more universal support if the vaccine was seen as an anti-cancer vaccine and that the demonstration programmes could perhaps be linked to relevant health interventions on this issue. It will be important to consider the issues of consent and assent and what is culturally appropriate.
- It was pointed out that vaccine forecasting might be challenging. If a certain grade in schools is targeted there will be a large age range as well as issues around absenteeism and school enrolment rates to be considered.
- Specific questions were raised around the proposed coverage of 50% for national introduction and it was suggested that this might be somewhat high. Whilst the coverage of other demonstration projects has been quite high it was acknowledged that such projects had a lot of technical assistance. One member asked that the demonstration programmes should ensure equitable coverage, including the hard to reach.
- It will be important for countries to understand that should they have a demonstration programme they will not automatically be entitled to GAVI financing for national introduction. It was noted that those wishing to apply for introduction would have to do so at the end of year one of the demonstration programme in order to ensure that there is no gap between the demonstration programme and the introduction. A member emphasised the importance of placing HPV vaccination in the context of comprehensive cervical cancer control and a national cancer plan.
- Concerns were raised about the pace of the demonstration projects which have as much profile as 'launches' and the need to ensure the Alliance is well resourced to manage the workload. It was also pointed out that some of the countries planning to introduce HPV still have problems in relation to routine immunisation and that HPV introduction should not divert attention from getting routine systems sorted out.
- It was recommended that clear measures of success should be defined in advance to enable assessments to be carried out upfront. There should also be a certain degree of flexibility to enable country specific issues to be addressed. As country ownership is essential country assessment of readiness should be taken into account.
- The Secretariat will continue to consult with experts, stakeholders and partners to further develop the demonstration guidelines. The PPC will be consulted electronically for input. The Secretariat aims to launch the programme by Q3. The CEO will report to the Board on this issue in June and December.

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## **12. Review of partner support**

12.1 Steve Landry, Chair of the PPC Task Team, presented the conclusions of the Partner Support Task Team, acknowledging that the team had perhaps deviated somewhat from their mandate.

### *Discussion*

- The PPC was reminded that at the Board retreat the previous week the Governance Committee had been asked to look at the alignment of the GAVI Board Committees and in this context will review the Committee charters.
- The PPC acknowledged that the paper raises important issues but does not propose solutions. A pragmatic approach is needed and the paper is a useful starting point.
- There had been a suggestion at the Board retreat that Alliance partners should perhaps be funded directly but this proposal did not appear to receive much support.
- It is clear that there is critical core work that GAVI needs from its partners. The accountability of partners in this context is an issue which requires further discussion.
- It was pointed out that in the past there had been discussions on how much of WHO's internal budget was going to immunisation and that it was necessary for the organisation to obtain external funding. It was asked whether in the context of the discussions of the task team it has been ascertained whether or not this paradigm had shifted over the past few years. It was pointed out that a large part of the WHO budget is earmarked and that the governing bodies have limited flexibility to shift money.
- While on the one hand it was suggested that GAVI paying for many of WHO's immunisation activities may not be the right solution, on the other hand it was noted that it would be difficult for WHO to carry out some of their work without continued resources through the GAVI work plan or through some other mechanisms. It was pointed out that each time GAVI rolls out a vaccine it becomes part of the routine which leads to increased costs for some of the partners.
- It was agreed that a balance needs to be found between the need for partners to have the resources to do what they have the mandate to do and a mechanism which does not breed a sort of donor/donee type of relationship, but a partnership relationship.
- It was acknowledged that GAVI has a comparative advantage in fundraising. Communication is important and the key role that partners play in the Alliance should be acknowledged more.

- It was agreed that the PPC Chair will seek guidance from the GAVI Alliance Board Chair and the Governance Committee on what they expect from the PPC in relation to this issue.

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### **13. Review of decisions**

- 13.1 Debbie Adams, Managing Director, Law and Governance, reviewed the decision language with the Committee.

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### **14. Any other business**

- 14.1 The Chair informed the PPC that at the Board retreat in Oslo, Guillermo González, GAVI Board member from Nicaragua, had shared with him a paper entitled *Eligibility Policy Proposal for GAVI Alliance eligible countries*, and requested that the PPC review the current eligibility policy. The paper had not been submitted to the Board but discussions at the Board retreat made it clear that GAVI would not be revisiting the eligibility policy until the scheduled review in 2014. The Chair will bring this issue to the attention of the GAVI Chair.
- 14.2 After determining there was no further business, the meeting was brought to a close.

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Ms Debbie Adams  
Secretary to the Board

## **Attachment A**

### **Participants**

#### **Committee Members**

- Gustavo Gonzalez-Canali, Chair
- Joan Awunyo-Akaba
- Mickey Chopra
- Suresh Jadhav
- Steve Landry
- Stefano Malvolti
- Susan McKinney
- Anders Molin
- Robert Oelrichs
- Jean-Marie Okwo-Bele
- Abigail Robinson
- Anne Schuchat
- Seth Berkley (non-voting)

#### **Regrets**

- Ashutosh Garg
- Helen Rees

#### **GAVI**

- Debbie Adams
- Tania Cernuschi
- Helen Evans
- Joanne Goetz
- Peter Hansen
- Paul Kelly
- Meegan Murray-Lopez
- Aurélia Nguyen
- Jon Pearman
- Nina Schwalbe
- Bakhuti Shengelia