

Summary of the November 2013 GAVI Alliance Board Meeting

In November 2013, the GAVI Alliance Board made a number of decisions and recommendations summarised below:

GAVI Vaccine Investment Strategy (VIS)

- Opening of a funding window for Japanese Encephalitis vaccine Inviting country proposals for support in 2014 from all GAVI eligible countries at risk.
- A contribution to the Yellow Fever stockpile for 2014.
- Decided to support new yellow fever vaccine campaigns and request the Secretariat to develop a process for the funding of individual campaigns on the basis of robust risk assessments.
- Approved a contribution to the global cholera stockpile for use in epidemic and endemic settings and noted the opportunity for the GAVI Alliance to generate impact data based on the use of the cholera stockpile in emergency settings.
- Approved an assessment of the feasibility of GAVI support for rabies vaccines (to be evaluated in the next Vaccine Investment Strategy process).
- Noted that based on the current assessment there is a reasonable case for GAVI support for a malaria vaccine, and that the Board will consider opening a window if and when the vaccine is licensed, recommended for use by the joint meeting of the WHO Strategic Advisory Group of Experts and the Malaria Programme Advisory Committee (expected in 2015) and WHO pre-qualified, taking into account updated projections of impact, cost and country demand as reviewed by the Programme and Policy Committee (PPC).
- Noted the potential public health impact of vaccinating pregnant women against seasonal influenza and the need to assess the emerging evidence of impact of vaccination on neonates, but decides not to open a funding window for influenza vaccines at this time.
- Requested the Secretariat to work with Alliance partners to monitor and evaluate investment in stockpiles.

Polio & Routine Immunisation

- Endorsed GAVI's overall objective related to polio eradication to improve immunisation services in accordance with GAVI's mission and goals while supporting polio eradication by harnessing the complementary strengths of GAVI and GPEI in support of countries.
- Opened a funding window for IPV such that the GAVI Secretariat can invite GAVI eligible and graduating countries (the "GAVI IPV Eligible Countries"), in line with the GPEI Endgame Strategy 2013-2018, to submit country proposals for support in accordance with a number of policy arrangements and exceptions.

- Approved, subject to polio-specific additional funds being made available from donors, an initial IPV Funding Envelope from which the Secretariat shall allot funding to IPV programmes until 31 December 2014.

GAVI Engagement with Graduating Countries

- Approved that countries entering the graduation process after 31 December 2013 will be eligible to apply for new support (HSS and vaccine support) until the end of the next calendar year after the date they have been informed of their expected graduation. Vaccine and HSS support may be provided to countries until they graduate.
- However, HSS support will only be available to such countries with a DTP3 coverage below 90%.
- Approved that, to address issues of low immunisation coverage, countries that have entered the graduation process prior to 31 December 2013 and that have a DTP3 coverage below 90% are eligible to apply for HSS support that may be provided until they graduate.
- Requested the Secretariat to conduct analyses and consultations to develop and propose instruments to support access to affordable prices for all Lower Middle Income Countries (LMICs), including graduated countries and non-GAVI LMICs. Options would be brought to the Board for consideration in 2014.
- Approved an amount up to US\$ 2 million to be added to the 2014 Business Plan for the GAVI Secretariat and partners to scale-up engagement with graduating countries.
- Noted that the decisions made in relation to support for graduating countries do not pre-empt any decision to be made on graduation support in the 2016-2020 Strategy.

HPV Demonstration Projects

- The Board requested that the Secretariat report on lessons learnt from the HPV demonstration projects and rollouts.