

Executive summary of the 11-12 June 2013 GAVI Alliance Board Meeting

(Full report is available on the SAGE website)

- The GAVI Alliance Board recognized the importance of a strong partnership and complementarity between the GAVI Alliance and the Global Polio Eradication Initiative (GPEI) in eradicating polio based on a mutually agreed understanding of roles, responsibilities and results in countries and noted the comparative advantage of the GAVI Alliance in new vaccine introductions, the importance of routine immunization programmes and the integration of IPV into those programmes. The Secretariat was requested, as a matter of urgency, in collaboration with GPEI to initiate country dialogue on the introduction of IPV through national routine immunization in accordance with recommendations by WHO and SAGE, prioritizing countries most at risk for polio outbreaks and to initiate preparations with relevant partners, including countries, for IPV procurement and implementation support.
- The Board reaffirmed the complementary role of GAVI in supporting the introduction of IPV into routine immunization programmes in the 73 GAVI supported countries and requested GPEI and GAVI to urgently regroup to define roles and responsibilities, develop options for initiating country level dialogue and confirm funding outside of GAVI's current resources.
- On GAVI's next Vaccine Investment Strategy (VIS) the Board requested to narrow the choice of possible vaccine investment options for further analysis in Phase II by prioritizing vaccines based on health impact (mortality and morbidity), epidemic potential, and value for money (procurement cost per death averted). The Board further requested the phase II analysis outcomes to be benchmarked against the vaccines in GAVI's current portfolio. As modelled in Phase I of the VIS and subject to further analysis in Phase II, influenza (for maternal immunization), malaria and rabies vaccines are in the top tier of health impact outcomes; cholera and yellow fever vaccines are included on the basis of epidemic potential and value for money outcomes. Dengue, meningitis (serogroups CYW135) and measles (expanded investment), while diseases with epidemic potential, are excluded from further analysis because of a relatively high cost per death averted of the modelled strategy.
- On GAVI's funding, the Alliance is well funded through to 2015 in fulfilling all current commitments to countries with a potential gap of US\$430M given the deferral of IFFIm proceeds beyond 2015.
- For 2016-2020, the process for defining GAVI's future strategy has been initiated including defining its new vaccine portfolio and positioning GAVI in the broader development context. The expected annual cruising altitude is about US\$1.7 billion a year for 2016-2020, with a target of mobilizing an additional US\$ 7.3 billion through its next replenishment.
- The plans for the midterm review meeting in Stockholm, Sweden on 30 October were discussed and towards preparing for GAVI's next replenishment likely towards the end of 2014 or early 2015.