Appendix A. GAVI: Purpose, Contributions, and Activities

1. GAVI was launched in 2000 as a partnership of public and private organizations with a mission “to save children’s lives and protect people’s health by increasing access to immunization in poor countries.” GAVI pools donor resources to fund vaccine introduction programs, supports the development of new and underused vaccines, and improves vaccine delivery by strengthening health systems.

2. Described as the “quintessential informal public-private partnership,” GAVI was designed as a casual alliance of partners with a shared mission and a small secretariat based at the United Nations Children’s Fund’s (UNICEF) office in Geneva. This public-private partnership is supposed to advance immunization access in poor countries by maximizing each partner’s strengths in vaccine research; vaccine procurement and delivery systems; health financing; and the vaccine market. The private sector’s expected contributions to GAVI include researching and developing vaccines that address the needs of developing countries, providing vaccine market knowledge, expanding the number of vaccine suppliers, and securing vaccine supplies.

3. GAVI started with a dual governance structure with GAVI on the programmatic side and the Vaccine Fund (later called the GAVI Fund) on the financial side. Over time, GAVI has become more formal with a more independent secretariat in response to the increased number of responsibilities, programs, and the large inflow of resources. A Governance and Reform Committee designed a change-management plan in 2008 that took effect in January 2009, which merged the old GAVI Board and the GAVI Fund Board into what is now called the GAVI Alliance Board in October 2008. The new governance structure is intended to reflect the strengths of public-private partnership by bringing together financial and programmatic decision-making, streamlining accountabilities, and providing operational efficiencies. Subsequently, administrative services were moved from UNICEF to a new GAVI corporate secretariat.

4. The current GAVI Alliance Board is comprised of 28 seats and operates on the basis of a “hybrid stakeholder-corporate” model. Permanent seats are held by the Gates Foundation, World Health Organization (WHO), UNICEF, and the World Bank. Aside from the four permanent members, Board representatives serve on a time-limited basis. The Board is supported by five standing committees and one advisory committee that oversee specific activities and the development of key policies. The six committees are: Executive Committee, Program and Policy
APPENDIX A
GAVI: PURPOSE, CONTRIBUTIONS, AND ACTIVITIES

Committee, Governance Committee, Investment Committee, Audit and Finance Committee, and Evaluation Advisory Committee.

5. The GAVI Secretariat, with offices in Geneva and Washington, D.C., is led by the Chief Executive Officer (CEO) — currently Seth Berkley — and is supported by six departments. The Secretariat is responsible for day-to-day operations, including mobilizing resources, coordinating program approvals and disbursements, developing policy, implementing strategic initiatives, monitoring and evaluation, legal and financial management, and administration for the GAVI Alliance Board and Committees.

6. GAVI is funded by several mechanisms through direct contributions from donor governments, the Bill and Melinda Gates Foundation, and private donations, but also through three pilot, innovative financing mechanisms — International Finance Facility for Immunisation (IFFIm), the pilot Advanced Market Commitment (AMC) for pneumococcal vaccines and the GAVI Matching Fund. GAVI has committed US$8.4 billion to 76 countries (from inception until August 31, 2013) and has disbursed US$ 6.0 billion to over 70 countries (from inception until September 30, 2013). At the June 2011 London pledging conference, GAVI received further pledges of US$4.3 billion from donor countries, the Gates Foundation, and other private donors to fully finance operations during Phase III (2011-2015). World Bank has been highly engaged in the establishment and management of IFFIm and the AMC.

7. Launched in 2006, IFFIm is an innovative financing mechanism, which GAVI and the World Bank have pioneered. IFFIm raises funds from the international capital markets by issuing bonds. IFFIm bonds have raised approximately US$3.6 billion since the program’s inception and IFFIm has used the proceeds to fund GAVI programs. IFFIm’s assets are long-term, legally binding grant agreements from sovereign donors. The financial strength of IFFIm to repay the bonds is based on legally binding donor payments over a period of up to 20 years. Donors have provided grants totaling over US$6.2 billion to IFFIm (Table).

<table>
<thead>
<tr>
<th>Table A.1. Donor Commitments to IFFIm</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Country</strong></td>
</tr>
<tr>
<td>United Kingdom</td>
</tr>
<tr>
<td>France</td>
</tr>
<tr>
<td>Italy</td>
</tr>
<tr>
<td>Norway</td>
</tr>
<tr>
<td>Australia</td>
</tr>
<tr>
<td>Spain</td>
</tr>
<tr>
<td>The Netherlands</td>
</tr>
<tr>
<td>Sweden</td>
</tr>
<tr>
<td>South Africa</td>
</tr>
</tbody>
</table>

Source: IFFIm Website.
8. A special legal entity registered in England and Wales as a company limited by guarantee, the GAVI Fund Affiliate (GFA) was established to accept funds from pledge agreements with sovereign donors and assigned these pledges to the IFFIm Company to be securitized. GFA was established to keep IFFIm independent from the donors and to safeguard GAVI’s tax-exempt status. In February 2013, GFA was removed from the IFFIm structure in order to reduce costs and streamline operations, and GFA activities have been transferred to IFFIm and GAVI. The GFA board initiated the process of voluntary liquidation of GFA on March 28, 2013.4

### Box A.1. Cost of IFFIm Management

The total projected operational costs over IFFIm’s lifetime are difficult to estimate as they critically depend on future projected interest rates. The 2010 IFFIm external evaluation estimated the lifetime cost of governance and treasury management as 4.1-4.6 percent of present value of then-current pledges. Essential running costs, such as directors insurance for IFFIm Board members, legal advice, and treasury management fees are reasonable amounting to US$5-6 million per year. Recent work by the Bank projects the cost to be closer to the 8-10 percent range, when also taking into account the potential interest paid for outstanding debt. This means that IFFIm’s management costs over the life of the facility could amount to US$150-$340 million.

Source: GAVI Alliance Website

9. The AMC was launched in June 2009 with a US$1.5 billion commitment from donors with the aim “to stimulate the development and manufacture of vaccines needed in low-income countries” by providing financial incentives to vaccine manufacturers.5 Donors commit funds to the AMC to subsidize the purchase of pneumococcal vaccines at an affordable price for developing countries, thereby providing vaccine manufacturers with a long-term, guaranteed market price for the vaccines. The World Bank manages the AMC funds, GAVI funds the vaccine purchase, and UNICEF procures the vaccines from manufacturers. The World Bank’s role as the financial platform for the AMC is further discussed in Chapter 3.

**GAVI’s Contributions to Immunization Efforts**

**TYPES OF SUPPORT**

10. The **New and Underused Vaccine Support (NVS)** is available to countries with national Diphtheria, Tetanus, and Pertussis (DTP3) coverage over 50 percent (based on WHO/UNICEF estimates for 2009), with the exception for Yellow Fever and Meningococcal A vaccine (Men A) applications.6 All countries applying for NVS are required to co-finance the GAVI supported vaccines from the time of introduction. The only exceptions for co-financing are measles second dose and preventive campaigns for Meningitis A and Yellow Fever. Countries approved for
NVS will also receive a one-time cash grant in the form of the Vaccine Introduction Grant to support additional costs related to new vaccine introduction and to fund pre-introduction activities. GAVI currently offers support for 10 different vaccines.  

---

**Figure A.2. Cumulative Number of Countries Approved and Recommended for New Vaccine Support (as of 31 December 2012)**

---

11. In mid-2001, GAVI began offering Injection Safety Support (INS) to countries that wanted to introduce or increase the use of auto-disable syringes and safety boxes into their national immunization programs for vaccines not supported by GAVI. Currently, INS is associated with the NVS and GAVI typically funds auto-disable syringes and safety boxes together with the vaccines.

12. The Immunization Services Support (ISS) was established in 2000 to provide flexible, performance-based funding to countries to improve their immunization services. Countries receive funding based on the additional number of children receiving immunization after an initial two years of investment funding.

13. The Health System Strengthening Support (HSS) is based on the principles of the International Health Partnership (IHP+) in line with the Paris Declaration on Aid Effectiveness. Commitments vary from one to five years in duration, and funding levels are determined by the size of the country's birth cohort and the national income per capita.

14. The Health System Funding Platform (HSFP or the Platform) was established in 2009 to streamline HSS support and align with country budgetary and programmatic cycles. The Platform is intended to coordinate the various international resources for health systems strengthening among partners, donors, and countries in order to better align with the country priorities. Countries
requesting new HSS funding have two funding modalities: common proposal form or funding request based on a Jointly Assessed National Health Strategy (JANS).  

15. From 2006-2010, GAVI piloted the Civil Society Organization Support (CSO) program to support the role of CSOs in immunization-related activities, strengthen coordination and representation of CSOs, and support CSO involvement in countries' HSS proposals and multi-year immunization plans.  

APPLICATION AND APPROVAL PROCESS

16. The GAVI Secretariat announces “funding windows” each year within which GAVI-eligible countries may apply for different types of program support. To be GAVI-eligible, countries must have per capita Gross National Income (GNI) equal to or less than US$ 1,550 in order to apply for any of the support programs; 56 countries are currently eligible for GAVI support based on GNI per capita. Countries with GNI per capita beyond the eligibility threshold are no longer eligible to receive GAVI support for new vaccines. There are currently 17 countries graduating from GAVI support, with seven countries graduating in 2015.  

Figure A.3. Country Recipients of GAVI Support


17. Only national governments can apply for vaccine funding and the five-year plan proposals are submitted by the Ministry of Health (MoH) with signed approvals from the Ministry of Finance and the country’s Interagency Coordination Committee (ICC). Each support program has their set of conditions, including
APPENDIX A
GAVI: PURPOSE, CONTRIBUTIONS, AND ACTIVITIES

eligibility and minimum requirements; application deadlines and guidelines are published on the GAVI Alliance Website. In addition to the standard proposal form, countries must demonstrate that their funding proposals are integrated into the broader framework of their long-term health plans by submitting a comprehensive multi-year plan for immunization when applying for GAVI support for ISS, INS, and NVS.

18. Once an application is submitted to the GAVI Secretariat, it is sent to the Independent Review Committee (IRC) for review. The IRC then recommends the country application to the GAVI Alliance Board using the following four categories: recommended for approval; recommended for approval with clarifications; recommended for approval with conditions; and recommended for resubmission. The GAVI Alliance Board or Executive Committee approves the IRC recommendation and a Decision Letter is sent to inform the country of the decision.

19. Once approved by the GAVI Alliance Board, funds are then transferred to the country for implementation. For the procurement of vaccines and associated safety supplies, countries can choose to receive either the supplies in-kind from GAVI (procured through UNICEF or the Revolving Fund of the Pan American Health Organization), or an equivalent cash grant in lieu of supplies and procure the supplies directly from the vaccine producer. Countries receiving GAVI support spanning several years are required to submit annual reports to the GAVI Secretariat for progress monitoring.

20. GAVI requires each country to set up an Interagency Coordination Committee (ICC) to review and approve all new proposals for NVS and ISS applications, and monitor GAVI’s immunization-related country activities for annual reports submitted to the GAVI Secretariat. The ICC is chaired by the local health ministry, and ICC members are from the government, CSOs, WHO, UNICEF, and partner agencies. In addition, countries must demonstrate that their funding proposals are integrated into the broader framework of their long-term health plans by submitting a comprehensive multi-year plan for immunization. Box A.2 offers a comparison to how other major global partnership programs have chosen to structure their country engagements.
A growing number of global partnership programs have been added to the development landscape in recent years to channel resources to projects and programs in developing countries in their respective sectors. Like GAVI, these programs have chosen not to build up local offices, instead relying on countries and partner agencies to prepare and execute projects, with their secretariats playing varying roles ranging from hands-off to technical assistance and monitoring, but generally shying away from project execution. What follows is a brief synopsis of how some of the major global partnerships are structured at country level.

The Climate Investment Funds (CIF). CIF is a partnership of the multilateral development banks (MDBs). The MDBs work with governments, in consultation with civil society, to prepare country investment plans and to prepare and execute specific projects in climate change mitigation and adaptation. CIF was designed with a light-touch approach: its Administrative Unit (Secretariat) is small and most work is done by the MDBs, including the World Bank and IFC.

The Global Environment Facility (GEF). GEF Agencies are responsible for creating project proposals and for managing GEF projects. The GEF Agencies play a key role in managing GEF projects on the ground; they assist governments and NGOs in the development, implementation, and management of GEF projects. The World Bank Group is one of 10 GEF Agencies. GEF has designated political and operational focal points. These are usually national government staff and act as liaison between the GEF Secretariat and GEF Agencies implementing projects in the country.

The Global Fund to Fight AIDS, Tuberculosis and Malaria. Country coordinating Mechanisms (CCMs) comprised of government, CSOs, and development partners review and endorse funding proposals based on national strategies for combating the three diseases. Lead implementation agencies execute approved grants; these can be government agencies, CSOs, academic institutions, or the UNDP. The World Bank has interacted with many Global Fund activities and is a member of some CCMs but is not a lead implementation agency. Financial oversight is contracted out to so-called local fund agents who act as the Secretariats’ fiduciary agent in the country. In response to criticisms of its oversight of funds in implementing countries, among other issues, the Global Fund has implemented a comprehensive reform of its funding model, business operations, financial management, and fiduciary oversight systems. Geneva-based staff of the Global Fund are spending much more time visiting countries; negotiating directly with CCMs and PRs regarding project funding levels, goals, and objectives, and working closely with accounting firms that track resources. However, the Fund itself is not opening offices or executing projects in partner countries.

The Global Partnership for Education (GPE). The GPE Secretariat works with governments and development partners to develop an education plan. Developing country governments lead the process in collaboration with other members of the Local Education Group; the GPE Secretariat provides technical feedback on education programs and their monitoring. Applications for financial support are prepared and submitted by the Local Education Group. In most cases, activities financed by GPE Program Implementation Grants are implemented by the developing-country government with the support of a supervising entity (either a multilateral or donor country) who oversees and reports on the use of the funds.

Source: IEG staff based on Global Program Reviews and program websites.

Co-financing and Graduation Policies

21. As part of GAVI’s Co-financing Policy that came into effect in December 2010, developing countries are required to co-finance the cost of most GAVI-supported
vaccines. The policy’s objective is to prepare countries for financial sustainability when GAVI support for new vaccines ends and to encourage country ownership of vaccine financing. The degree of co-finance depends on countries’ income levels, and countries with GNI per capita above US$1,550 are no longer eligible to receive GAVI support (Figure A.4). There are currently 17 countries graduating from GAVI support. Between January 2011 and August 2013, co-financing payments from beneficiary countries totaled US$125 million, representing 8 percent of GAVI’s total vaccine support to the co-financing countries.15

22. Although co-financing has supported country ownership of immunization decisions, the policy has contributed little to creating a stable and predictable financial framework for immunization, particularly for low-income countries. There is a substantial risk that graduating countries may fail to sustain the financial investment in immunization and the performance of immunization programs after
GAVI’s support ends. In 2012, two graduating countries, Angola and the Republic of Congo, failed to fulfill their co-financing commitments to GAVI (a situation known as “default”). In both countries the problem was weak budgetary and planning capacity rather than the availability of fiscal space.\textsuperscript{16}

\textbf{GAVI’s Influence in Vaccine Market Shaping}

23. Market shaping has always been part of GAVI’s strategy in ensuring the financial sustainability of vaccines once countries graduated, and GAVI has recently been successful in negotiating lower vaccine prices. GAVI has been able to secure pentavalent vaccines for US$1.19 per dose (a reduction of more than 60 percent compared with US$2.98 in 2010), Human Papillomavirus (HPV) vaccines for US$4.50 per dose, and pneumococcal vaccine for US$3.30 per dose (from 2014 onwards).\textsuperscript{17} IEG finds no evidence that the World Bank has been active in vaccine market shaping.

\textbf{Independent Evaluations of GAVI}

24. The \textit{Evaluation of the GAVI Phase 1 Performance} report was conducted by Abt Associates and assessed the period from 2000 to 2005. The evaluation commenced in November 2007 and the report was released in October 2008. The objectives of the evaluation were: 1) to identify lessons learned in GAVI Phase 1, including how well it has evolved and learned from experience over the period 2000–2005; 2) to contribute to the adjustment of GAVI policies in the next strategic phase of work; and 3) to document the impact and effectiveness of the GAVI Alliance’s use of resources during Phase 1.

25. The overall assessment of GAVI’s activities and performance during Phase 1 was fair and comprehensive, praising the successes GAVI was able to accomplish in a short time period but also providing criticism of GAVI’s weaknesses and failures. But by the time the evaluation and recommendations were finally released, GAVI was already embarking on new activities and organizational changes. By October 2008, the time when the final report was released, GAVI had already decided to merge GAVI Alliance and GAVI Fund into one entity to improve decision-making and governance issues, to introduce pneumococcal and rotavirus vaccines, and to offer HSS funding. The report recommended for GAVI to improve support to countries, improve strategic decision-making, strengthen evaluation mechanisms, ensure an effective dialogue with partners, analyze funding flows for immunization, understand vaccine market dynamics, and reassess strategies for sustainability.

26. The \textit{Second Evaluation Report}, the most recent external evaluation of the GAVI Alliance, was completed in September 2010. Commissioned by the GAVI Alliance and conducted by Cambridge Economic Policy Associates (CEPA), the Report assessed the period from GAVI’s inception to 2009, but primarily focused on
the GAVI’s performance from 2006 to 2009. The Report commenced in December 2009 and was completed and presented to the Board in September 2010. The evaluation design sought to answer two high-level questions: 1) to what extent has the GAVI Alliance met its four strategic goals and 2) to what extent has the GAVI Alliance added value at the global and country levels, over and above what would have been accomplished without the Alliance.\(^\text{18}\)

27. The report was comprehensive in reviewing GAVI outputs, outcomes, and impacts, as well as the financial, programmatic, and organizational value added by GAVI at the global and national levels. The evaluation teams did not review GAVI governance structure since the governance structure was recently reviewed and reorganized at the time of the evaluation. Five country studies supplemented the team’s findings and analysis.

28. The report praises GAVI’s many achievements, particularly attracting increased funding for immunization, the development of innovative financial instruments, the accelerated introduction of vaccines in low-income countries, and GAVI’s “country ownership” approach. The evaluation teams found GAVI’s support to be a cost-effective intervention and found that the NVS program has accelerated the introduction of life-saving vaccines in countries.

29. The evaluation teams also reported the weaknesses of GAVI’s strategy and performance framework, particularly how GAVI’s activity has not sufficiently aligned with its strategy.\(^\text{19}\) The report notes: the need for better prioritization of secretariat and partner resources; GAVI’s failure to prioritize monitoring and evaluation (M&E); and the poor accountability between GAVI and its implementing partners. The report also highlights GAVI’s weak performances in reducing vaccine prices and its issues with the HSS delivery model. Furthermore, the report notes that GAVI’s choice of vaccines and basic funding model has had negative implications for country financial sustainability.\(^\text{20}\)

30. The Evaluation of the IFFIm Report was published in June 2011. The GAVI Secretariat, on behalf of the IFFIm Board, commissioned an evaluation of IFFIm by the HLSP. The evaluation assesses the extent to which IFFIm has been an effective and efficient financing instrument to raise money for immunization and health systems in GAVI eligible countries, and the extent to which IFFIm has contributed to enhancing GAVI’s impact on immunization and health. A detailed description is provided in Chapter 4.

31. The excellent evaluation concludes that IFFIm has proven to be a “very efficient second best solution” to the development financing problem and a major source of funding for GAVI, but might not to be easily replicable for other health-sector initiatives. The external evaluation report remarks that the “World Bank’s reputation, credibility, and strong AAA ratings were absolutely critical to IFFIm
being able to qualify as a supranational; 0 percent risk weighting, AAA credit ratings, and investor confidence all depended in part on the World Bank’s participation.”

Without the World Bank’s participation, IFFIm’s entire structure would have been different and the feasibility of IFFIm would need to be re-evaluated.

32. The Advanced Market Commitments for Pneumococcal Vaccines Process and Design Evaluation, commissioned by the GAVI Alliance and undertaken by Dalberg Global Development Advisors, was published in February 2013. The report is intended to provide the international development community with insights and lessons learned from the implementation of the Pneumococcal AMC Pilot by focusing on how key decisions were made in the design and implementation processes. The evaluation did not discuss the overall impact of the Pneumococcal AMC as the GAVI Secretariat has commissioned a separate outcome evaluation to be conducted in 2014.

33. The report praises the design and implementation process as having contributed towards the objectives of increasing the supply and accelerating the uptake of pneumococcal vaccines in low-income countries. Overall, the report states that the AMC as a concept has been successfully translated into a pilot program for the pneumococcal vaccine, and that the international development community has been able to design, establish, and administer an AMC. The report recommends further work to reduce the tail price, strengthen performance measurements, and ensure the 2014 outcome evaluation is well designed.

34. In recent years, development partners have also assessed GAVI in terms of value added, aid effectiveness, and alignment and relevance to their development objectives. The United Kingdom Department for International Development (DFID) Multilateral Aid Review 2011 assessed 43 organizations on relative value for money spent. GAVI is rated as a “very good value for money” for delivering cost-effective health interventions, being innovative and transparent, and taking a country-led approach. The review also notes that GAVI needs to focus on further reducing vaccine prices.

35. In Sweden’s 2011 assessment, GAVI is rated as highly relevant to Swedish development assistance policy, and that GAVI has a very high level of internal and external effectiveness with an efficient and responsive Secretariat. The Australian Multilateral Assessment of GAVI, released in March 2012, rates GAVI highly in the areas of delivering results, transparency and accountability, partnership behavior, cost and value consciousness, strategic management and performance, contribution to the multilateral system, and alignment with Australia’s interest.
Table A.2. Linkages between Four Global Partnership Programs and the World Bank’s Country Programs

<table>
<thead>
<tr>
<th>Types of Linkages</th>
<th>Global Fund to Fight Acquired Immune Deficiency Syndrome (AIDS), Tuberculosis, and Malaria</th>
<th>Stop Tuberculosis (TB) Partnership</th>
<th>Global Environment Facility (GEF)</th>
<th>GAVI</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategic</strong></td>
<td>The Global Fund and Bank strategies are most closely aligned in low-income countries where fighting communicable diseases is a high priority. However, the Bank pursues multisectoral approaches to improve health outcomes, while the Global Fund focuses on three specific diseases.</td>
<td>Stop TB and Bank strategies are closely aligned. The Bank exercised its convening power at Stop TB’s formative stage and seconded staff to Stop TB to assist with policies and strategy proposals.</td>
<td>The mandates and strategies of the GEF and the Bank Group have been highly compatible and mutually relevant, both in the past and today. However, a number of factors have significantly diminished the relevance of the design of the Bank Group-GEF partnership over time.</td>
<td>The policies and strategies of the GAVI Alliance and the Bank Group are closely aligned in ensuring childhood immunization. However, the Bank pursues multisectoral approaches to improve health, while GAVI’s approach is categorical - immunization focused.</td>
</tr>
<tr>
<td><strong>Financial</strong></td>
<td>The World Bank is the limited trustee of the Financial Intermediary Fund (FIF) that supports the Global Fund, disbursing funds to grant recipients on the instructions of the Global Fund Secretariat. The Bank is not responsible for fiduciary oversight to ensure that grant disbursements are used for the intended purposes.</td>
<td>The Bank has supported Stop TB since inception through Development Grant Facility (DGF) Window 1. Before the creation of the Global Fund, the Bank was the largest financial provider for TB control.</td>
<td>The Bank is the Trustee of the GEF and related trust funds, and one of the original three Implementing Agencies of GEF-funded projects. The Bank’s share of GEF funding has declined over time due to the growing number of GEF Agencies and the introduction of new resource allocation systems in the GEF.</td>
<td>The Bank operationalized two innovative financing mechanisms - FIF and the AMC - providing alternative avenues for donors to finance GAVI. The Bank is the Treasury Manager for IFFIm and provides the financial platform for the AMC, including taking on financial risks on its own balance sheets.</td>
</tr>
<tr>
<td><strong>Operational</strong></td>
<td>The Bank does not play an explicit operational role in the Global Fund. However, Global Fund and Bank staff has had some degree of engagement — from information-sharing to active collaboration — in about 65 countries in which both organizations have been active in the health sector.</td>
<td>The Bank provides financial support to countries through multiple lending operations. Stop TB seconded staff members to the Bank.</td>
<td>Repeated reforms to the GEF’s project cycle and Agency fees have contributed to ineffective management, slow processing speed, and duplication of work. However, the GEF and the World Bank are currently piloting a major project cycle simplification intended to reduce these inefficiencies.</td>
<td>Since GAVI was set up, the Bank has reduced its immunization engagement, except for polio. Active collaboration with GAVI has occurred but is rare. The Bank has been active in donor coordination for aid effectiveness.</td>
</tr>
<tr>
<td><strong>Institutional</strong></td>
<td>The Bank is a permanent, non-voting institutional member of the Global Fund Board by virtue of its trustee role. The various initiatives associated with the Global HIV/AIDS Program and the International Health Partnership has contributed to both global and country-level engagement.</td>
<td>Stop TB is hosted by WHO, and the Bank is a member of the coordinating board. Stop TB’s principle is for partners to work cooperatively towards the common goal without renouncing the independence and individual mandates of partners.</td>
<td>The Bank and other GEF Agencies have little role, as invited observers, in GEF Council decision-making today. The Agencies’ roles in the preparation of GEF policy and strategic documents have become less collaborative and more consultative over time.</td>
<td>The Bank is a permanent, voting member of the GAVI Board and sits on three committees. Since GAVI’s governance reforms in 2008, the Bank has been less engaged and decided to stop receiving GAVI funding for country-related operations.</td>
</tr>
</tbody>
</table>

TTLs = task team leaders.