

# **ANNEX 2: 2007 GAVI Work Plan**

**Translates 2007 Milestones identified in the 2007-10 Roadmap into detailed Activities**

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Alliance Work Plan Milestone	Act. Id	Activity	Indicator	Means of verification/Data source	TIMING				Budget	Lead Responsibility	Other resp. entities	Comments
					Q1	Q2	Q3	Q4				
1.1.1 By 2008 implement the recommendations of the ISS evaluation in order to increase the number of countries receiving ISS support from 50% to 65%	1.1.1.1	Define work plan to implement lessons learned from ISS evaluation	Revised GAVI policy	Work plan and GAVI policy document				X		0 GAVI Secretariat		To be outsourced.
	Risk analysis: Assumes that there is country capacity and ISS and study is completed											
1.1.2 By 2007, 50% of GAVI eligible countries that have received ISS support for at least two years will have either increased national coverage by at least 5 percentage points compared to the previous year or sustained coverage above 90%	1.1.2.1	Conduct Data Quality Audits (DQAs) in 5 countries to verify data quality	Number of countries that conducted a DQA	DQA reports	X	X	X	X	250,000	GAVI Secretariat		To be outsourced.
	1.1.2.2	Work together with Ministries of Health to conduct Data Quality Surveys for assessments of the quality of data in 7 GAVI eligible countries	Number of countries where DQS conducted	Number of DQS reports produced	X	X	X	X	314,580	WHO		
	1.1.2.3	Support National Interagency Coordinating Committees (ICCs) to discuss country performance via results of DQA and DQS and develop plans to rectify deficiencies in the accuracy and subsequent reporting of coverage data.	Number of national ICC meetings held to review progress. Proportion of ICCs meetings held to review progress that in addition developed plans for 2008	ICC minutes	X	X	X	X	444,050	WHO	UNICEF	
	1.1.2.4	Review and synthesize country reports on the progress for increasing coverage and the results of all DQAs and DQSs	The proportion of reports that are reviewed and synthesized (number of reports reviewed divided by the total number of available reports)	Summary report	X	X	X	X	-	WHO	UNICEF, GAVI Secretariat	
	1.1.2.5	Provide technical support to 10 countries that have received ISS support for two years, to develop plans and implement Reach Every District (RED) activities, or other appropriate strategies, to increase coverage (and in accordance with their planning cycles).	Number of countries that have received ISS for more than two years that have received technical support	Reports on technical assistance	X	X	X	X	749,000	WHO, UNICEF	Countries	15% of funding made available to countries to select technical assistance provider of their choice (mechanism TBD see 4.1.3.6)
Risk analysis: There may be a lack of technical assistance to develop plans to improve coverage with additional ISS funding, national capacity to distribute ISS funding to the local level, interest/desire by a Ministry of Health to conduct a DQA or DQS, interest or national capacity to implement RED and/or other strategies to improve immunisation coverage												

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					Q1	Q2	Q3	Q4				
1.2.1 By 2007, 75% of countries that meet the definition and established criteria for fragile states will have been approved for technical and financial support	1.2.1.1	Finalise revised GAVI policies and procedures on fragile states and revise current guidelines accordingly	Revised policy finalised and current guidelines revised accordingly	Written document review	X				0	GAVI Secretariat	Partners	
	1.2.1.2	Provide technical support to countries who meet the criteria for fragile states to access additional funding	Number of countries that are approved for technical support	Reports on technical assistance				X	256,800	UNICEF	WHO, Civil Society	To include direct allocation to Civil Society where appropriate
	1.2.1.3	Obtain approval from Boards for additional funding for fragile states	Additional funding for fragile states approved	Written record	X				0	GAVI Secretariat	Partners	
<b>Risk analysis:</b> Assumes Fragile states task team defines list of Fragile States Major risk is in conflict and post conflict countries where violent and protracted conflicts may make access to children difficult and implementation of plans of action will be delayed resulting in no increase in coverage or even decline.												
1.3.1 By 2007, 75% of GAVI eligible countries with a large number of unvaccinated children will have been approved for additional technical and financial support	1.3.1.1	Provide technical support to all GAVI eligible countries with a large number of unvaccinated children to prepare strategy to address and document key barriers to the improvement of routine immunisation coverage and propose a solution within their cMYPs	Existence of a newly created / modified cMYP to address the barriers identified	Written record				X	128,400	WHO, UNICEF	GAVI Secretariat, Countries	15% of funding to be made available to countries to select technical assistance provider of their choice (mechanism TBD - see 4.1.3.6). Additional X% of funds to Civil Society where appropriate (mechanism TBD - see 4.1.3.6)
	1.3.1.2	Provide technical support to all GAVI eligible countries with a large number of unvaccinated children to create and maintain sub-national performance monitoring committees that conduct six monthly monitoring meetings and provide six monthly updates to the ICC	Number of GAVI eligible countries with a large number of unvaccinated children that have received technical support to establish and maintain functioning sub-national performance monitoring committees	GAVI annual country reports				X	128,400	WHO, UNICEF	Countries	15% of funding to be made available to countries to select technical assistance provider of their choice (mechanism TBD - see 4.1.3.6). Additional X% of funds to Civil Society where appropriate (mechanism TBD - see 4.1.3.6)
	<b>Risk analysis:</b> Assumes country capacity to take action on poor performance											

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					Q1	Q2	Q3	Q4				
1.3.2: By 2008, 100% of GAVI eligible countries with a large number of unvaccinated children will have initiated corrective action based on Reach Every District (RED) strategies in at least 25% of districts/states	1.3.2.1	Provide technical support to all GAVI eligible countries with a large number of unvaccinated children to initiate district prioritisation activities and planning in priority districts towards corrective action	Number of countries receiving technical support. Documented proof (such as Interagency Coordinating Committees (ICCs) minutes) that districts have been prioritised	Technical Support reports. Written record				X	64,200	WHO, UNICEF	Countries	15% of funding to be made available to countries to select technical assistance provider of their choice (mechanism TBD - see 4.1.3.6). Additional X% of funds to Civil Society where appropriate (mechanism TBD - see 4.1.3.6)
	<b>Risk analysis:</b> Assumes that countries do have capacity to take action on poor performance											
1.3.3: By 2008, 100% of GAVI eligible countries with a large number of unvaccinated children will have improved both their routine DTP3 and their measles coverage by 10% of the difference between the reported 2005 coverage figures and the target of 90%	1.3.3.1	Provide technical support to all GAVI eligible countries with a large number of unvaccinated children to initiate the planned activities and to improve coverage in accordance with the plan formulated in milestone 1.3.1	Documented proof (such as Interagency Coordinating Committees (ICCs) minutes) that coverage improvement plans have been initiated	Written record	X	X	X	X	256,800	WHO, UNICEF	Countries	15% of funding to be made available to countries to select technical assistance provider of their choice (mechanism TBD - see 4.1.3.6). Additional X% of funds to Civil Society where appropriate (mechanism TBD - see 4.1.3.6)
	1.3.3.2	Obtain approval from Boards for additional funding for countries with a large number of unvaccinated children	Additional funding for countries with large number of unvaccinated children approved	Board minutes	X						GAVI Secretariat	
<b>Risk analysis:</b> Assumes country capacity to take action on poor performance. Assumes approval from Boards on additional funding for countries with a large number of unvaccinated children												

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					Q1	Q2	Q3	Q4				
1.4.1. By 2007, partner support mechanisms at regional and country level will be in place covering 40% of all GAVI eligible countries	1.4.1.1	Provide regions and countries with technical assistance mechanisms for developing HSS proposals and in-country review, based on harmonisation and alignment principles	Technical assistance provision database / network for in-country proposals preparation process Numbers of HSCC, Inter Agency Coordinating Committees (ICCs) or Regional Working Group (RWG) meetings that address HSS proposal development Numbers of regional HSS training for a number of countries	Existence of a technical assistance database, country mapping, Minutes of HSCC, ICC and RWG meetings.	X	X	X	X	2,780,000	GAVI Secretariat	HSS Task Team (WHO, UNICEF, World Bank), countries	GAVI Secretariat to hold on to funds until HSS task team decides on funding allocations.
	1.4.1.2	Institute a review process for HSS country proposals based on harmonisation and alignment principles	Numbers of HSS Independent Review Committees (IRCs), pre review processes and in-country	IRC, pre review and in-country review minutes	X	X	X	X	545,000	GAVI Secretariat	HSS Task Team	
	1.4.1.3	Provide at least 3 opportunities (meetings for inter country and inter agency learning processes to strengthen harmonisation and alignment principles between agencies and other Global Health partnerships and Initiatives (GHI)	Meeting minutes Common country visit schedule HSS Task Team meeting minutes	Existence of review with recommendations on common application procedures with other GHIs HSS TT meeting minutes	X	X	X	X	440,000	GAVI Secretariat	HSS Task Team	GAVI Secretariat - \$40,000, \$400,000 to be distributed to partners upon decision of the HSS Task Team
<b>Risk analysis:</b> Ability to define adequacy of partner support mechanisms assumes completion of 1.4.4. Assumes that harmonisation and alignment principles are clearly defined.												
1.4.2 By 2007 15% of GAVI eligible countries have been approved for Health System Strengthening (HSS) support	1.4.2.1	Make partner technical assistance mechanisms available to countries and regions for implementing HSS proposals	Creation, maintenance and dissemination of database for technical assistance (TA) for implementation Country visit schedules by HSS task team member agencies	Existence of a database for TA implementation		X	X	X	400,000	GAVI Secretariat	HSS Task Team	GAVI Secretariat to hold on to funds until HSS task team decides on funding allocations.
	1.4.2.2	Establish and document country and in-country HSS fund flow mechanisms	Mapping of GAVI – country fund flow mechanism and in-country fund flow mechanisms	Maps of GAVI – country fund flow mechanism and in-country fund flow mechanisms			X	X	30,000	GAVI Secretariat	World Bank, WHO	GAVI Secretariat to hold on to funds until HSS task team decides on funding allocations.
<b>Risk analysis:</b> Risk that partners may not agree to practically implementing the principles of alignment and harmonisation, partners unable to coordinate activities to strengthen support mechanisms assumes that 10-18 countries will successfully apply for HSS												

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1.4.4 By 2007, the monitoring, evaluation and operational research framework for impact assessment of Health Systems Support (HSS) support will be developed	1.4.4.1	Devise framework for planned HSS evaluation in 2009-10	Framework for HSS evaluation devised by end 2007	Documentary evidence that framework exists				X	20,000	GAVI Secretariat	HSS Task Team	\$10,000 for Secretariat, \$10,000 to be allocated to partners t according to HSS task team decision.
	1.4.4.2	Devise a financial monitoring audit system for HSS at country and regional levels	Financial monitoring audit system created, based on country experiences	Existence of a financial monitoring audit			X	X	30,000	GAVI Secretariat	HSS Task Team	GAVI Secretariat to hold on to funds until HSS task team decides on funding allocations.
	1.4.4.3	Select core HSS indicators for use by countries, to establish an indicator monitoring framework and feedback mechanism to countries	Menu of HSS indicators produced for country consideration	Physical evidence of existing menu of indicators	X	X	X		75,000	GAVI Secretariat	WHO, World Bank, Health Metrics Network	\$ 45,000 for Secretariat, \$30,000 for partners to be allocated according to HSS task team decision.
	1.4.4.4	Document and map out existing sources of evidence for health systems and child health to determine gaps and identify possible activities for GAVI in this area	Knowledge bank available	Physical evidence of bank of lessons learnt and case studies	X	X	X	X	125,000	GAVI Secretariat	HSS Task Team	GAVI Secretariat to hold on to funds until HSS task team decides on funding allocations.
<p><b>Risk analysis:</b> Commitment of partners to look at key evaluation processes in the future may be variable, in-country and regional mechanisms for evaluation and disease burden studies may require large amounts of coordination and may view GAVI as potentially interfering rather than supportive</p>												

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					Q1	Q2	Q3	Q4				
1.5.1 By 2007, 60% of GAVI countries will have a policy on safe segregation, treatment and disposal of injection equipment	1.5.1.1	Carry out follow up studies in countries with no policy on safe disposal to understand why there is currently no policy	Studies completed	Written record			X		150,000	GAVI Secretariat	WHO	Open bidding - Civil Society to participate
	1.5.1.2	Provide technical and financial support to develop policies on safe disposal	Number of countries that have received technical support develop policies on safe disposal	Written reports, finalised country policy available				X	1,134,200	WHO	Countries	15% of funding to be made available to countries to select technical assistance provider of their choice (mechanism TBD - see 4.1.3.6). Additional X% of funds to Civil Society where appropriate (mechanism TBD - see 4.1.3.6)
	1.5.1.3	Develop and pilot a review process to simply and effectively measure status of injection waste disposal in three countries	Existence of a simple review tool to measure safety of injection waste disposal and piloted in three countries	Written records		X	X		90,950	WHO	PATH	
	1.5.1.4	Provide technical and financial support to countries with a policy on safe disposal but low adherence, to carry out studies on potential ways to improve safe disposal practices in selected countries	Number of countries that have received technical support	Written reports			X	X	150,000	GAVI Secretariat	WHO	Open bidding - Civil Society to participate
<p><b>Risk analysis:</b> Assumes that Joint Reporting Form will continue to measure existence of policies. Baselines currently not known, therefore the milestones may need to be revised (up or downwards) when baselines are established in 2007. Country capacity to engage in dialogue and policy development.</p>												

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					Q1	Q2	Q3	Q4				
2.1.1: By 2007, 62 of 72 GAVI eligible countries will have introduced Hep B vaccine	2.1.1.1	Provide technical assistance to countries with well-documented disease burden to make evidence-based decisions on introduction of Hep B vaccine and to prepare GAVI applications for submission	Number of GAVI applications for Hepatitis B introduction that have been submitted and approved	TA reports, Applications to GAVI	X	X	X	X	155,151	WHO	Countries	15% of funding to be made available to countries to select technical assistance provider of their choice (mechanism TBD - see 4.1.3.6).
	<b>Risk analysis:</b> There may be competing priorities for country capacity to engage in decision making process.											
2.1.2: By 2007, 24 of 27 GAVI eligible countries will have introduced YF vaccine where recommended	2.1.2.1	Provide technical assistance to countries to make evidence-based decisions on introduction of yellow fever vaccine and to prepare GAVI applications for submission	Number of GAVI applications for yellow fever introduction that have been submitted and approved	TA reports, Applications to GAVI	X	X	X	X	18,190	WHO	Countries	15% of funding to be made available to countries to select technical assistance provider of their choice (mechanism TBD - see 4.1.3.6).
	<b>Risk analysis:</b> There may be competing priorities for country capacity to engage in decision making process.											
2.2.1: By 2007, 21 of 72 countries will have gathered and considered all necessary evidence to make a decision on Hib vaccine introduction (all Group 1)	2.2.1.1	Provide technical assistance to countries where data/information is needed to make evidence-based decisions on introduction of Hib vaccine	Technical assistance provided. Number of GAVI applications for Hib vaccine introduction that have been submitted and approved	TA reports	X	X	X	X	0	WHO	Countries	15% of funding to be made available to countries to select technical assistance provider of their choice (mechanism TBD - see 4.1.3.6). WHO to ensure that there is no double counting with the existing Hib budget
	2.2.1.2	Provide technical assistance to countries with well-documented disease burden, to make evidence-based decisions on introduction of Hib vaccine and to prepare GAVI applications for submission	Number of countries that make a decision about Hib vaccine introduction.	TA reports, Applications to GAVI	X	X	X	X	192,600	WHO	Countries	15% of funding to be made available to countries to select technical assistance provider of their choice (mechanism TBD - see 4.1.3.6).
	<b>Risk analysis:</b> There may be inadequate data to make evidence based decisions as well as competing priorities for country capacity to engage in decision making process.											

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					Q1	Q2	Q3	Q4						
2.3.1A By June 2007, Board approved recommendations of the ADIPs and Hib Initiative evaluation are to be implemented and the investment case review process modified accordingly (Pending Board review of ADIP evaluation for additional milestones)	2.3.1.1	Develop and implement a work plan for GAVI support to new vaccine introduction which encompasses learnings of ADIP and Hib Evaluation as well as other lessons.	Work plan in place	Written record		X	X	X		0	GAVI Secretariat	Partners		
	<b>Risk analysis:</b> Assumes that the ADIP evaluation is conclusive and that the board endorses its recommendations and agrees to finance their implementation.													
2.3.1B By 2007, two regions will have developed strategic framework to conduct surveillance against vaccine preventable diseases	2.3.1.2	Provide financial and technical support to develop lab networks and establish surveillance systems for new vaccines	Support provided	Written record						321,000	WHO			
						X	X	X	X					
2.3.1.C By 2007, global and regional disease burden estimates on vaccine preventable diseases will be updated and estimates of GAVI progress available, including lives saved by GAVI supported vaccines	2.3.1.3	Calculate and disseminate disease burden estimates globally and regionally	Calculations completed	Written record						224,700	WHO			
						X	X	X	X					
2.3.2 By 2007, a process for routinely soliciting, reviewing and funding investment cases for additional vaccines will have been endorsed by the GAVI Boards	2.3.2.1	Clearly define and have approved the steps (including scope of vaccines to be included and the timetable for each vaccine) that will lead to GAVI requesting an investment case (through consultations with partners and stakeholders)	Approval by Boards	Board minutes		X	X			70,000	GAVI Secretariat	Partners		
	2.3.2.2	Launch one round of solicitation of investment cases for new vaccines	Existence of decision made by Boards Existence of investment cases for other new vaccines	Board minutes					X	100,000	GAVI Secretariat	Partners		
<b>Risk analysis:</b> Assumes that the GAVI Boards endorse the concept that all vaccines should be looked at systematically for possible funding and does not decide that the limited GAVI resources should be solely used to focus on a limited number of antigens Assumes successful completion of ADIP and Hib reviews.														
2.3.3 By 2007, the GAVI Boards will have reviewed investment cases for	2.3.3.1	Commence roll out of rota and pneumo vaccine investment cases	Support structures defined			X	X	X			0	GAVI Secretariat	Partners	

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					Q1	Q2	Q3				
Rotavirus and Pneumococcal vaccines and will have made investment decisions on whether and how to support the introduction of these two vaccines											<b>Risk analysis:</b> Assumes that the Boards decide to finance the introduction of pneumo and rota vaccines in November 2006.

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					Q1	Q2	Q3	Q4				
2.4.1 By 2007, any country that completed introduction of non-combination vaccines at least three years ago will have reached the same coverage as vaccines administered at the same time	2.4.1.1	Undertake baseline analysis on new vaccine coverage data from 2000 to 2006; including assessment of impact of combination vaccines	Peer reviewed report produced	Written record			X		29,960	UNICEF	WHO	
	2.4.1.2	Evaluate parameters that influence coverage increase in the context of new vaccine introduction	Peer reviewed report produced	Written record			X		139,100	WHO		Outsourcing recommended
	2.4.1.3	Develop a work plan for implementation in 2008 to help countries reach high coverage for newly introduced vaccines	Work Plan available	Written record				x	64,200	WHO	UNICEF	
	2.4.1.4	Through an Operations Grant Fund, support analytical and operational work in roughly 5-7 countries per year on an opportunistic basis with the objective of increasing immunisation coverage or introduction of new vaccines as part of the country dialogue or lending portfolio.	Work Plan available	Written record				x	682,080	World Bank		
<b>Risk analysis:</b> Assumes that key factors leading to coverage can be identified by analysis, and that enough of these factors are susceptible to change through work by GAVI partners												

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					Q1	Q2	Q3	Q4				
2.5.1: By 2008, measles and MNT immunisation campaigns, as described in their respective investment cases, will have been completed and a report on achievements and lessons learned will be produced	2.5.1.1	Implement investment cases (MNT, Measles and yellow fever) as approved by Boards and provide annual progress reports	Annual progress report developed		x	x	x	x	53,500	WHO	UNICEF	
	2.5.1.2	Analyse impact of campaigns on routine immunisation programmes	Monitoring system developed	Written record			x		100,000	GAVI Secretariat to outsource	WHO, UNICEF	
	2.5.1.3	Submit a paper to a peer reviewed journal, describing the results, impacts and implications of delivering one or more of these campaigns (measles, MNT, YF)	Submission to peer-reviewed journal	Evidence of submission				x	0	WHO, UNICEF	GAVI Secretariat	
<p><b>Risk analysis:</b> Activities already described in investment case are not repeated here but should be carried out and evaluated against what is specified in investment case documentation. Assumes campaigns started soon enough to allow meaningful analysis of data and resulting production of lessons learned</p>												
2.5.2: By 2008, the polio stockpile, as described in the investment case, will have been established and a report on achievements and lessons learned will be produced	2.5.2.1	Implement investment cases for polio stockpile as approved by Boards and produce progress report on current status of investment case work plan	Annual progress report developed		x	x	x	x		WHO, UNICEF		
	<p><b>Risk analysis:</b> Activities already described in investment case are not repeated here but should be carried out and evaluated against what is specified in investment case documentation.</p>											

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2.6.1 By 2007, a process will have been defined and endorsed by the GAVI Boards for the identification, solicitation, review and funding of new technologies investment cases	2.6.1.1	Complete an inventory and prioritisation analysis of possible investment cases for new technologies.	Inventory/analysis available on GAVI website	Documentation: review of GAVI website	X	X	X		50,000	GAVI Secretariat		
	2.6.1.2	Commission 1 technology survey in specific areas for completion	Technology survey published on GAVI website	GAVI Website			X	X	50,000	GAVI Secretariat		
	2.6.1.3	Adapt process used for soliciting, reviewing, and funding investment cases for use with immunisation related technologies and obtain endorsement by GAVI Boards	GAVI Board approval of processes	Board minutes		X		X	0	GAVI Secretariat		
<b>Risk analysis:</b> Assumes that the investment case process is finalised and available for adaptation.												
2.7.1. By 2007, the methodologies, targets and indicators for defining a healthy market, sufficient supply and adequate financing will be in place for all current GAVI vaccine products	2.7.1.1	Convene a group of GAVI partners to develop the methodologies, targets and indicators for defining a healthy market, sufficient supply and adequate financing and document the process for measuring these indicators for each individual GAVI supported vaccine	Meetings of the group and approval of document by partners which documents the methodology			X	X		22,960	GAVI Secretariat	WHO, UNICEF, World Bank	
	<b>Risk analysis:</b> Assumes country capacity to engage as well as groups ability to reach consensus.											
2.7.2 From 2007, Supply Strategies for each new vaccine will be in place before GAVI approval of support for introduction	2.7.2.1	Rotavirus and Pneumococcal supply strategies to be finalised							120,000		WHO, UNICEF, World Bank, ADIPs	
			Approval of strategy by Boards	Board minutes	X	X						
	2.7.2.2	Supply Strategy Groups to be created for each new vaccine being considered for GAVI support							77,360	GAVI Secretariat	WHO, UNICEF, World Bank, ADIP-like structures	
<b>Risk analysis:</b> Assumes that Investment cases are endorsed by Boards in December 2006. Assumes that partners reach an agreement on optimal supply and procurement strategy												

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					Q1	Q2	Q3	Q4				
2.7.3 By 2007, the process for developing accurate demand forecasts for new vaccines will have been established and communicated	2.7.3.1	Process for developing vaccine demand forecasts to be documented	Methodology document approved	GAVI WG minutes		X			53,500	WHO	UNICEF, GAVI Secretariat	
	2.7.3.2	A base-line accuracy of vaccine demand forecasts is to be established	Actual versus projected accuracy	WHO forecasts versus actual uptake in country		X			0	UNICEF, WHO		
	2.7.3.3	Strategy for improving vaccine demand forecasts in GAVI countries is to be developed	Development of strategy document	Strategy document				X	50,000	GAVI Secretariat	WHO, UNICEF	
<b>Risk analysis:</b> Low. The methodology already exists as it has been developed by the ADIPs. It needs to be compared and adjusted after expressions of interest of countries have been expressed												
2.7.4 By 2007 the baseline percentage of countries receiving vaccine shipments within timeframe requested will have been established	2.7.4.1	Analyse data to establish a baseline for 2007 of the percentage of countries receiving vaccine shipments on time	Proportion of countries receiving shipments on time	Analytical report		X			0	UNICEF		
	<b>Risk analysis:</b> Assumes data availability for analysis											

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2.7.5 By 2007, capacity strengthening mechanisms in place to support GAVI eligible countries in ensuring and maintaining vaccine quality to point of administration	2.7.5.1	Execute national assessments of vaccine regulatory functions and conduct monitoring of functions	Proportion of countries assessed against those planned Number of countries with NRA institutional development plan developed/or revised					369,150	WHO	UNICEF		
	2.7.5.2	Provide technical support to develop national capacity strengthening in vaccine regulation	Number of countries 1) with in country training activities to strengthen regulatory functions 2) relevant regulatory functions raised & number of regulatory experts recruited from developed/developing countries					379,850	WHO	UNICEF		
	2.7.5.3	Provide technical support to plan, organise and conduct vaccine assessments (cold store or vaccine management)	Number of assessments that have been conducted in Effective Vaccine Store or Vaccine Management					706,200	WHO	UNICEF		
	2.7.5.4	Provide technical and financial support to conduct follow-up activities and training to strengthen management of vaccines at national level	Number of inter-country or national training workshops conducted					1,177,000	WHO	UNICEF		
	2.7.5.5	Provide technical support to plan, organise and conduct vaccine procurement assessments in countries which have mixed procurement systems	Number of assessments that have been conducted of vaccine procurement systems					128,400	WHO	UNICEF		
	2.7.5.6	Provide technical and financial support to conduct follow-up activities and training to strengthen vaccine procurement systems	Number of inter-country or national training workshops conducted					299,600	WHO	UNICEF		
<b>Risk analysis:</b> Risk of competing priorities at country-level												

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					Q1	Q2	Q3	Q4					
3.1.1 By 2007 65% of GAVI eligible countries will have current comprehensive and costed Multi Year Plans for their national immunisation programme	3.1.1.1	Develop terms of reference for an operational group to support the costing and cMYP process	cMYP operational group established	Written record	X					0	WHO	UNICEF, WB, GAVI Secretariat, Civil Society	
	3.1.1.2	Jointly organise regional training workshops on health financing, financial sustainability and multi-year immunisation planning and costing	At least 2 regional training workshops held in 2007	Workshop report				X	195,496	WB	WHO, UNICEF, GAVI Secretariat, Regional Institutes		
	3.1.1.3	Provide technical support and assistance to countries for the revisions of their Financial sustainability Plans (FSPs)/Multi Year Plans (MYPs) or for the development of a new comprehensive and costed MYP	Number of countries that received technical support of cMYP development/ Number of countries that have applied	TBD				X	1,737,856	WHO, UNICEF	WB, Countries	15% of funding to be made available to countries to select technical assistance provider of their choice (mechanism TBD - see 4.1.3.6).	
	3.1.1.4	Analyse the information from, and disseminate Multi Year Plan (MYP) documents through existing mechanisms (database, website and other analytical work)	Y/N to whether cMYP documents are available in the public domain and various analysis undertaken					X	192,600	WHO	UNICEF, WB, GAVI Secretariat, Civil Society		
	3.1.1.5	Provide support to the Independent Review Committee (IRC) mechanism by pre-reviewing Multi Year Plan (MYP) documentation provided in the context of GAVI Phase II application	Number of pre-assessments of submitted MYP documents and materials for a Phase II application			X		X	32,100	WHO	UNICEF, World Bank, PATH, USAID		
<b>Risk Analysis:</b> Assumes country capacity to engage in cMYP process. Misalignment with country planning cycles may affect take up of support to cMYP support													

Alliance Work Plan Milestone	Act. Id	Activity	Indicator	Means of verification/Data source	TIMING				Budget	Lead Responsibility	Other resp. entities	Comments
					Q1	Q2	Q3	Q4				
3.1.2 By 2007 50% of newly approved applications for new vaccines will include co-financing agreements	3.1.2.1	Provide country level technical assistance as requested toward preparation of cofinancing agreements and the GAVI application process	60% of country requests for support are met Number of countries visited for finance analysis and policy dialogue by which partners/ number of countries requesting assistance		X	X	X	X	1,315,184	GAVI Secretariat	Partners	
	3.1.2.2	Undertake clear and timely communication regarding Phase 2 co-financing policy with countries and supporting partners	100% of GAVI countries received written communication regarding policy and Guidelines 100% of regions address/present co-financing policy	Communication to countries and partners taken place (Y/N)	X				0	GAVI Secretariat	Partners	
	<b>Risk Analysis:</b> Analytical work and determination of implementation of the policy may delay final approval by the Boards in November 2006. Assumes phase 2 co-financing policy guidelines are completed and approved by Boards in 2006.											
3.1.3 By 2007, 60% of country requests to facilitate and finance, country-level analysis and policy dialogue on health priorities and immunisation financing, are met	3.1.3.1	Establish a Working Group on Financing and Sustainability of Immunisation	Working Group established	Working Group TOR	X				193,932	GAVI Secretariat	Partners	
	3.1.3.2	Financing Working Group to develop procedures and system for receiving, monitoring, and supporting country requests for analytical support and policy dialogue.	Procedures developed	Written procedures available	X				126,750	GAVI Secretariat	Partners	
	3.1.3.3	Through partners, the Financing Working Group to provide operational support to countries for analytical support and policy dialogue.	60% of country requests for support are met Number of countries visited for finance analysis and policy dialogue by which partners/ number of countries requesting assistance	Country visit reports				X	332,797	GAVI Secretariat	Partners	\$250,000 to be allocated to partners upon decision by relevant working group/task team, \$82,797 to be allocated to the World Bank
	<b>Risk Analysis:</b> There is uncertainty as to the total numbers of country requests. If substantial, there may be insufficient capacity to provide on-time support among partners. World Bank has capacity to support between 4-6 countries.											

Alliance Work Plan Milestone	Act. Id	Activity	Indicator	Means of verification/Data source	TIMING				Budget	Lead Responsibility	Other resp. entities	Comments
					Q1	Q2	Q3	Q4				
3.1.4 By 2007, develop and put into operation a framework for monitoring co-financing of GAVI supported new vaccines	3.1.4.1	Organise a meeting to develop and finalise a framework for monitoring co-financing of new vaccines and implement the framework	Meeting organized and held in Q1-Q2 2007  Operationalized monitoring system by Q4 2007	Written record		X			59,089	GAVI Secretariat	Partners	Need for independent progress summary and implications for GAVI.
	3.1.4.2	Develop and implement a system to collect data and monitor actual country co-financing compared to agreements	Workshops completed			X	X	X	400,000	GAVI Secretariat	Partners	
	3.1.4.3	Organise a meeting with GAVI partners to take stock of the comprehensive and costed MYP process in countries, to review guidelines, tools and lessons learnt	Meeting organised and held					X	62,589	WHO, UNICEF	GAVI Secretariat, WB	
<b>Risk Analysis:</b> GAVI Policy on co-financing may be delayed in implementation because of challenges at country level. Assumes policy regarding co-financing default developed and approved by GAVI Boards.												
3.1.5 By 2008, conduct analytical work on the effectiveness of alternative strategies to improve sustainability	3.1.5.1	The Financing Working Group to identify critical issues of policy relevance regarding financial sustainability of immunisation	Meeting held to identify critical issues and target audience	Written record		X			77,390	GAVI Secretariat	Partners	
	3.1.5.2	The Working Group to develop terms of reference for pieces of analytical work	Terms of reference prepared	Written record		X			50,000	GAVI Secretariat	Partners	
	3.1.5.3	Conduct relevant analytical work on immunisation sustainability	Number of reports or other deliverables related to analytical work on sustainable financing	Number of reports			X		173,601	GAVI Secretariat	Partners	
	3.1.5.4	Disseminate results of analysis	Meetings/presentation conducted with GAVI countries and partners	Number of meetings & presentations				X	285,963	GAVI Secretariat	Partners	
	3.1.5.5	Review and update Co-financing Guidelines based on results of analytical work	Guidelines updated	Written record				X	0	GAVI Secretariat	Partners	
<b>Risk Analysis:</b> Analytical work may be insufficiently inclusive to inform update of co-financing guidelines												
3.2.1 By 2007, explore the feasibility of Multilateral Debt Relief Initiative (MDRI) funds being channelled to immunisation and use results to inform GAVI policy and identify further opportunities	3.2.1.1	Conduct a comprehensive assessment of current status and potential applicability of debt relief initiatives to immunisation financing	Database on debt relief initiatives and health sector/ immunisation financing developed  Feasibility report prepared  Recommendations to GAVI and countries prepared	Data available  Report available  Country recommendations available			X		374,500	WHO	WB, GAVI Secretariat	
	3.2.1.2	Hold a multi-partner meeting on immunisation financing to include results of the debt relief assessment	Meeting held	Yes/No			X		50,000	GAVI Secretariat	WB, WHO	
	3.2.1.3	Identify countries for which debt relief could finance immunisation and to begin dialogue with countries on next steps	Potential countries identified and next steps discussed with relevant policy makers	Yes/No			X	X	0	WHO	WB, GAVI Secretariat	
<b>Risk analysis:</b> There may be lack of demand from or capacity to engage by countries.												
3.2.2 By 2010 explore an additional financing	3.2.2.1	Establish and maintain a Financing Think Tank	Think tank established	Meeting minutes		X	X	X	184,289	GAVI Secretariat	Partners	

Alliance Work Plan Milestone	Act. Id	Activity	Indicator	Means of verification/Data source	TIMING				Budget	Lead Responsibility	Other resp. entities	Comments
					Q1	Q2	Q3	Q4				
Innovative financing mechanism and evaluate the impact of innovative financing mechanisms over last 5 years	<p><b>Risk Analysis:</b> There may be potential issues regarding access to actual data both from countries and interested institutions (WB, IMF, AfDB). It also difficult to identify the funds allocated to immunisation in particular because of the fungibility and traceability issues. Collaboration of the WB, IMF and African Development Bank (AfDB) is critical.</p>											
	3.2.3.1	Provide technical support by building understanding of AMC mechanisms and therefore raise donor commitments	Organisation of donor briefings	TBD				X		WB, GAVI Secretariat		
	3.2.3.2	Negotiate the AMC Framework Agreement with donors, industry and stakeholders	Framework Agreement drafted, negotiated and executed. \$ pledged	TBD				X	250,000	GAVI Secretariat WB	WHO	
<p><b>Risk Analysis:</b> GAVI Executive Committee may decide to reject GAVI participation in the AMC pilot in late 2006. Donors may be unable to agree on moving forward with one AMC pilot and GAVI fails to secure sufficient commitments to launch one.</p>												

Alliance Work Plan Milestone	Act. Id	Activity	Indicator	Means of verification/Data source	TIMING				Budget	Lead Responsibility	Other resp. entities	Comments
					Q1	Q2	Q3	Q4				
3.2.4 By 2008, implement one pilot IDA buy down for immunisation	3.2.4.1	Identify possible country projects for an IDA buy down and discuss with countries	Discussions organised with countries	TBD				X	33,600	WB		
	3.2.4.2	Finalise one IDA buy-down project	Agreement draft developed and reviewed by GAVI General Counsel and approved	TBD				X	0	WB		
	3.2.4.3	Establish trust fund to hold GAVI funds for IDA buy-down	Trust Fund arrangement reviewed by General Counsel and approved	TBD				X	0	WB		
Risk Analysis: Securing country agreement to engage in IDA-Buy Down with GAVI and negotiating details may take more than one year.												
3.3.1 By 2007, raise \$330 million per annum from Traditional (Government & EU) sources	3.3.1.1	Produce 2007 government donor strategy incorporating outcomes/impact of 2006 traditional contributions and new financing mechanisms such as the IFFIm and the AMC pilot	GAVI Secretariat donor strategy produced	Written record	X					0	GAVI Secretariat	
	3.3.1.2	Increase and secure long term commitments from existing donor base (16) and enlarge base with particular focus on Germany and the EU	Germany emphasis reflected in approved GAVI Secretariat resource mobilisation plan. US\$ rasied by December 31, 2007,	TBD				X	857,000	GAVI Secretariat		
Risk Analysis: Main risk is that securing additional traditional resources from the remaining non donors, will be a challenge in the face of expanded income from IFFIm and possibly the AMC.												
3.3.2 By 2007, public launch of the GAVI Fund Campaign	3.3.2.1	Launch GAVI Fund campaign	Campaign launched	Programme Fundraising Team review	X				650,000	GAVI Secretariat		
Assumptions: Assumes that Director, Private Fundraising will be hired Q4 2006/Q1 2007												

Alliance Work Plan Milestone	Act. Id	Activity	Indicator	Means of verification/Data source	TIMING				Budget	Lead Responsibility	Other resp. entities	Comments
					Q1	Q2	Q3	Q4				
3.4.1 By 2007 secure IFFIm total (cumulative) commitments of \$3.5 billion from governments for the IFFIm	3.4.1.1	Initiate technical and political dialogue with second wave donors to secure implementation of their commitments	Production of 2nd and 3rd wave of IFFIm donor strategy	Programme Fundraising Team review	X	X				0 GAVI Secretariat		
	3.4.1.2	Schedule the second bond issuance based on the initial and subsequent commitments	Organization of outreach to such donors Signature of the relevant documents	Programme Fundraising Team review	X	X	X	X		0 GAVI Secretariat		
	3.4.1.3	Organise full scale IFFIm "road-show" briefing sessions including expert legal and finance participants in Brazil, South Africa and any other new donor countries to the IFFIm	Development of meeting and briefing schedule Confirmation of legal and budgetary processes and requirements	Written record	X	X			125,000	GAVI Secretariat		
	3.4.1.4	Develop strategy to ensure a continued profile among civil society for the IFFIm in current and potential donor countries	Production of strategy by Programme Fundraising and Comms Team	Written record	X	X				0 GAVI Secretariat		
Risk Analysis: Assumption for Activities 1 and 2: Stage successful launch of the first IFFIm bond issuance with first wave of donors before end of 2006												

Alliance Work Plan Milestone	Act. Id	Activity	Indicator	Means of verification/Data source	TIMING				Budget	Lead Responsibility	Other resp. entities	Comments
					Q1	Q2	Q3	Q4				
4.1.1 By 2007, the average time between an approval of GAVI support and the disbursements of funds (in form of cash) to the country will be 90 days	4.1.1.1	Put in place a country database that track approvals, funding and disbursements	Fund disbursement tracking system in place and part of the country database	Written record		X			250,000	GAVI Secretariat		
	4.1.1.2	Streamline process from approval to disbursement, including transition to new financial structure	Decision letters to be prepared by Fund approval date Validation of bank details to be done by decision letter date	Written record	X				0	GAVI Secretariat		
	<p><b>Risk Analysis:</b> Milestone 4.2.1 measures the efficiency of GAVI Secretariat in the management of the approval, funding and disbursement processes bringing by 2010 a reduction from 125 to 30 days of the time required for the transactions. It involves three units of the Secretariat (Governance, Country Support, Operations) as well the Department of UNICEF DFAM in New York. Failure in achieving the targets will affect GAVI reputation of efficient organization.</p>											
4.1.2 By 2007, best practice benchmarks for operating effectiveness and efficiency defined	4.1.2.1	Conduct a benchmark study to determine desirable range for effectiveness indicator and document best practices in terms of headcount and operating expenses	Study completed Indicators identified	Study		X			0	GAVI Secretariat		
	4.1.2.2	Implement Procurement Policy (subject to approval of the Procurement Policy by the applicable Boards)	Policy in place and approved	Written document	X				10,000	GAVI Secretariat		
	<p><b>Risk Analysis:</b> The indicator may not be identified or accepted. The procurement policy may not be approved.</p>											

Alliance Work Plan Milestone	Act. Id	Activity	Indicator	Means of verification/Data source	TIMING				Budget	Lead Responsibility	Other resp. entities	Comments
					Q1	Q2	Q3	Q4				
4.1.3 By 2007, the GAVI Secretariat will have implemented the necessary organisational structures, processes and systems (including Human Resources, IT and financial management, Technical Assistance policy) to implement the 2007-10 GAVI Strategy	4.1.3.1	Renew the Terms of reference for the management bodies (Senior Management Team) to achieve the 2007 Work Plan in line with the 2007-10 GAVI Strategy	Up to date TORs	Written record	X				30,000	GAVI Secretariat		
	4.1.3.2	Develop HR policies, including a performance management system that ensures that individual staff work plans are aligned with the 2007 work plan and with the 2007-10 strategy, identifies level of achievement against the individual staff work plan and rewards achievement	All individual work plans that are aligned with 2007 WP completed % of completed activities against the individual staff work plan Staff development needs identified in staff review Respective courses completed	Written record	X				40,000	GAVI Secretariat		
	4.1.3.3	With view of becoming Sarbanes-Oxley compliant, complete a full Sarbanes-Oxley assessment and the development of a remediation plan	Sarbanes-Oxley assessment completed and remediation plan in place	Written record			X	X	0	GAVI Secretariat		
	4.1.3.4	Develop mechanism for country driven technical assistance requests	Mechanism in place	Written record	X				0	GAVI Secretariat		
	<b>Risk analysis:</b> Assumes new hosting platform is chosen with full support for Boards											
4.1.4 By 2007, a system to ensure transparency and accountability at country level will be implemented	4.1.4.1	Develop plan for internal control functions required to monitor country compliance	Written plan available	Written record		X			0	GAVI Secretariat		
	4.1.4.2	Implement next steps outlined in policy	Next steps implemented and documented	Written record		X	X		0	GAVI Secretariat		
	<b>Risk Analysis:</b> Burden on countries for compliance audits may be too high - risk of non-implementation											

Alliance Work Plan Milestone	Act. Id	Activity	Indicator	Means of verification/Data source	TIMING				Budget	Lead Responsibility	Other resp. entities	Comments
					Q1	Q2	Q3	Q4				
4.1.5 For 2007, and each subsequent year, detailed investigations will be conducted to identify remedial action on missed milestones or other key strategic issues identified by the previous year WP report to ensure the Alliance Strategic Goals	4.1.6.1	Identify missed milestones and other key strategic issues and develop and implement remedial action	Remedial action proposed and work plan updated if necessary	Written record			X	X	50,000	GAVI Secretariat		
	4.1.6.2	Complete and disseminate the GAVI five year evaluation study (including ISS phase 1 and ADIP evaluation) with recommendations on remedial action	Completion and dissemination of the GAVI evaluation study	Written record				X	400,000	GAVI Secretariat		
	4.1.6.3	Conduct studies on other key strategic issues as identified in the 2006 Work plan report (ICC Evaluation, coverage data evaluation, INS Evaluation)	Completion and dissemination of these studies	Written record	X	X	X	X	200,000	GAVI Secretariat		
	4.1.6.4	Establish functional GAVI Monitoring and Evaluation structures, including Steering Group and Technical Advisory Group	M&E structures in place	Written record	X	X	X	X	250,000	GAVI Secretariat		
	<b>Risk Analysis:</b> The steering committee will have to approve the evaluation framework. Assumes missed milestones can be addressed by remedial action, otherwise they may need to be abandoned.											
4.2.1 By 2007 establish baseline against which to measure progress on the Paris Declaration principles using indicators relevant to GAVI	4.2.1.1	Complete self-assessment in relation to the best practice principles for Global Health Partnerships	Self-assessment completed	Written record		X			0	GAVI Secretariat		
	4.2.1.2	Consider ways in which to facilitate and contribute to 'Scaling up for better Health' Secretariat	Post-High Level Forum (HLF) meetings attended and reports/analytical work prepared	Written record	X	X	X	X	100,000	GAVI Secretariat		
	4.2.1.3	Develop a proposal for action and implementation of the best practice principles	Proposal for implementation of best practice principles completed	Written record			X		0	GAVI Secretariat		
	4.2.1.4	Support and contribute to country-level assessment to evaluate macroeconomic implications of donor support to disease control issues and prepare country-level agreement.	Assessment in 7 countries in 2007.						250,000	GAVI Secretariat	WB, WHO, UNICEF, other entities. TBD	GAVI Secretariat to hold on to funds until respective task team decides on funding allocations.
	<b>Risk analysis:</b> The OECD DAC and High Level Forum are moving targets which are not yet clearly defined. There is a risk that any plans or activities GAVI carries out in relation to these frameworks will be undermined should the frameworks change significantly or be abandoned. Constant monitoring of developments and high degree of engagement of key GAVI staff member should mitigate this risk.											
4.3.1 By 2007, a comprehensive advocacy strategy will have been implemented to raise the profile of immunisation and GAVI	4.3.1.1	Optimise, update and re-brand the GAVI website to increase usage	Website re-launched Number of visitors/repeat visitors and time spent on website Statistics on website usage	Website statistics	X	X			365,000	GAVI Secretariat		
	4.3.1.2	Organise Joint Global Advocacy and ADIP Advocacy meetings with GAVI Partners	Number of Global Advocacy and ADIP advocacy meetings held		X	X	X	X	60,000	GAVI Secretariat	Partners	
	<b>Assumption:</b> Activity 1. Assumes that by end 2006, phase 1 of website redesign will have been completed.											

Alliance Work Plan Milestone	Act. Id	Activity	Indicator	Means of verification/Data source	TIMING				Budget	Lead Responsibility	Other resp. entities	Comments
					Q1	Q2	Q3	Q4				
4.3.2 By 2007, the baseline research to establish importance of immunisation and GAVI within GAVI countries, with donors and potential donors will be completed	4.3.2.1	Define baseline of level of understanding of the importance of immunisation, GAVI and key players in achieving the MDG4 (to be redefined in 2008 and 2010)	Baseline of information for future research and analysis		X	X	X	X		0	GAVI Secretariat	
	<b>Risk Analysis:</b> Sponsors not found.											
4.4.1 By 2007 baseline established on indicators of effective governance.	4.4.1.1	Analyse postponed decisions, requests for clarification and average time elapsed between request and decision, for all governance bodies	Analysis conducted and shared	Written record	X	X				0	GAVI Secretariat	
	4.4.1.2	Conduct survey to assess director understanding of GAVI Alliance programmes, procedures and processes.	Survey results available	Survey report	X	X	X	X	50,000		GAVI Secretariat	
	4.4.1.3	Develop standardised educational/orientation programmes for new and continuing Board members	Programmes developed	Written records	X	X	X	X		0	GAVI Secretariat	
	<b>Risk Analysis:</b> Risk is that some Board members may not have time required to conduct the survey; to mitigate, lack of response could be tabulated as 'no understanding'											
4.4.2 By 2007, a streamlined model for governance will be approved and implemented	4.4.2.1	Support the efforts of the Alliance Board Governance sub-group for the development of a proposal for streamlining GAVI's Governance Structure	Recommendations of sub-group presented and adopted at May 2007 meeting	Board decision	X	X	X		400,000		GAVI Secretariat	
<b>Risk analysis:</b> Lack of consistency in decision making processes												
4.4.3 By 2007, GAVI, UNICEF and WHO will have established a Joint Advocacy and Resource Mobilisation Platform for GIVS (Global Immunization Vision and Strategy)	4.4.3.1	Hold regular calls and meetings on Joint Advocacy and Resource Mobilisation	Number of meetings and calls held		X	X	X	X	181,900		WHO, UNICEF, GAVI	
	4.4.3.2	Review GIVS costing and funding shortfall	Costing of GIVS with funding shortfall		X					0	WHO, UNICEF, GAVI	
	4.4.3.3	Develop a joint plan and a list of Joint Advocacy opportunities for resource mobilisation in support of GIVS (including leveraging activities)	Plan and list of opportunities for Joint Advocacy		X					0	WHO, UNICEF, GAVI	
	<b>Risk Analysis:</b> missing											
4.4.4 By 2007 and on a continuous basis, support and strengthen Interagency Coordinating Committees (ICCs) and Regional Working Groups (RWGs)	4.4.4.1	Complete assessment of the function and effectiveness of ICCs	Written record of recommendations to strengthen ICCs		X	X	X	X	674,100		WHO, UNICEF	
	4.4.4.2	Broaden ICCs to address HSS	Principles developed to expand role of immunisation ICCs with respect to HSS		X	X	X	X		0	WHO, UNICEF	
	4.4.4.3	Regional consultations of all ICCs	GAVI eligible countries completed revised ICC ToR and mandates to be published for all 7 RWGs including participation of NGOs		X	X	X	X		0	WHO, UNICEF	
	<b>Risk Analysis:</b> Missing											

Alliance Work Plan Milestone	Act. Id	Activity	Indicator	Means of verification/Data source	TIMING				Budget	Lead Responsibility	Other resp. entities	Comments
					Q1	Q2	Q3	Q4				
4.4.5 By 2007 the Innovations and Operational Research (IOR) funding stream will be operationalised and 20% of total funds of the Innovations and Operational Research window will be committed	4.4.5.1	Develop framework and modus operandi for Innovation and Operational Research window and present to Boards	Board approved methodology, framework	Written record	X				75,000	GAVI Secretariat		
	4.4.5.2	Implement IOR window		Written record		X				GAVI Secretariat		Possibly outsourced to company
	<b>Risk Analysis:</b> Timeliness of documentation depends upon timely receipt of documents by staff and partners.											
4.4.6 By 2007 a monitoring and evaluation framework will be in place to monitor progress and implementation of the IOR studies	4.4.6.1	Prepare and operationalise monitoring and evaluation framework for innovation and operational research grants to monitor outcomes and define success of each window	Monitoring and evaluation framework exists To accommodate some risk-taking in the Innovation window, the total investment will be measured against the total outcome. That is each individual project will be monitored but just for the purpose of learning	Written record				X	Budget included under 4.4.5.1	GAVI Secretariat		Consultant /study
	<b>Risk Analysis: MISSING</b>											
4.4.7 By 2007 the mechanisms for operationalising the proposed civil society window will be in place (New)	4.4.7.1	Strengthen civil society task team and secretariat functions to update and distribute guidelines an communications	Guidelines updated	Written record	X				65,000	GAVI Secretariat	Civil Society Task Team	
	4.4.7.2	Establish and maintain a database of Civil Society Organisations with regular communications on existence of window to Civil Society organizations and the Governments	Proportion of GAVI Alliance eligible countries that are aware of the mechanism the number of Civil Society organizations contacted	Written record		X			10,000	GAVI Secretariat	Civil Society Task Team	GAVI Secretariat to hold on to funds until CSO task team decides on funding allocations.
	4.4.7.3	Support in-country Civil Society proposals reviews in 10 countries	Number of countries that apply for Civil Society support	Written record	X				150,000	GAVI Secretariat	Civil Society Task Team	GAVI Secretariat to hold on to funds until CSO task team decides on funding allocations.
	<b>Risk Analysis/Assumptions</b> By Q1 2007 all GAVI Alliance countries will have been informed of the mechanism for applying to civil society support By end 2006 CS window operational Targets for number of applications for funding will be dependent on size of envelope and may be revised Risks at country level could preclude funding flows.											
4.4.8 By 2007 Civil Society representation at regional and global levels is strengthened and a review of lessons learnt has been complete (New)	4.4.8.1	Strengthen CSO representation at regional and global levels	Meeting convened and recommendations developed for modifications to the process	Written record		X	X	X	150,000	GAVI Secretariat	Civil Society Task Team	
	4.4.8.2	Review lessons learnt and establish best practice models on civil society engagement	Number of applications received and proportion of successful applications	Applications				X	20,000	GAVI Secretariat	Civil Society Task Team	GAVI Secretariat to hold on to funds until CSO task team decides on funding allocations.
	<b>Risk Analysis:</b> Inadequate Civil Society representation at country and regional level. ICC and Health Sector Coordination Committee capacity constraints.											
4.4.9 By 2007 and each subsequent year GAVI will pursue any new ideas and approaches to improve	4.4.9.1	Define policy for approving requests and allocating funds	Policy in place		X					GAVI Secretariat		
	4.4.9.2	Explore possible role of GAVI in addressing implications of intellectual property rights barriers	Identification of GAVI's role in this area		X					GAVI Secretariat		

Alliance Work Plan Milestone	Act. Id	Activity	Indicator	Means of verification/Data source	TIMING				Budget	Lead Responsibility	Other resp. entities	Comments
					Q1	Q2	Q3	Q4				
immunisation (not covered anywhere else in the 2007-10 work plan) and request funding from the Boards as appropriate	<b>Risk Analysis:</b> Policy not approved											
<b>4.4.10</b> By 2007, methodology to ensure optimal investment in GAVI strategic goals approved	4.4.10.1	Develop methodology to inform decision for regular allocation of resources to programs, supportive grants and enabling functions to ensure the optimal investment in GAVI strategic goals	Methodology in place						150,000	GAVI Secretariat		
<b>Risk analysis:</b> The complexity and restrictions imposed or statutory requirements may make it difficult to implement this methodology												