



**SECOND GAVI EVALUATION**  
**GAVI ALLIANCE**

---

6<sup>th</sup> September 2010

**RECOMMENDATIONS PAPER**

Prepared by:

**CEPA LLP**

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## **IMPORTANT NOTICE**

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## ACRONYMS AND ABBREVIATIONS

APR	Annual Progress Report
cMYP	comprehensive Multi Year Plan
CSO	Civil Society Organisations
CTT	Co-financing Task Team
DQA	Data Quality Audit
DQS	Data Quality Self-assessment
DTP	Diphtheria, Tetanus and Pertussis
EPI	Expanded Program for Immunisation
FMA	Financial Management Assessment
GHP	Global Health Partnership
GPEI	Global Polio Eradication Initiative
Hep B	Hepatitis B
Hib	<i>Haemophilus influenzae</i> type B
HSCC	Health Sector Coordination Committee
HSS	Health System Strengthening
ICC	Inter-agency Coordination Committee
IIFIm	International Finance Facility for Immunisation
INS	Injection Safety Support
IRC	Independent Review Committee
ISS	Immunisation Services Support
KPI	Key Performance Indicator
LICUS	Low Income Countries Under Stress
M&E	Monitoring & Evaluation
MoU	Memorandum of Understanding
NVS	New and underused Vaccines Support
PAHO	Pan American Health Organisation
PPC	Programme and Policy Committee
PPP	Purchasing Power Parity
SG	Strategic Goal
TA	Technical Assistance
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

## 1. INTRODUCTION

### 1.1. Purpose and scope of this paper

CEPA's Terms of Reference for the Second GAVI Evaluation stated:

“In addition to the final report, the evaluators are expected to share (oral presentation and/or separate document) with GAVI Secretariat their main findings and suggested options on how to best improve GAVI's performance in the future.”

In discussion with the Secretariat, it was agreed that in order to meet this requirement, CEPA would provide a written document, shortly after the submission of the GAVI Second Evaluation Report. This paper is intended to fulfil this requirement. The aim is to supplement the evaluation document with a more forward-looking perspective on GAVI.

**We have not sought to restate or address all of the evaluation findings in this paper. Rather, we focus on areas of relative weakness and where we believe there is potential for improvement. This document should therefore be read alongside the full Evaluation Report which sets our conclusions on the results and value add achieved by the Alliance across its Strategic Goals.**

### 1.2. Methodology and limitations

Rather than cover all of the issues set out in the Evaluation Report, our approach in this paper has been to bring together a small number of key evaluation themes,<sup>1</sup> and to set out our recommendations for GAVI to improve its performance in these areas. In defining the recommendations, we have not been prescriptive in suggesting ‘how’ GAVI might implement any changes (for example, by setting up a task team/ advisory committee etc). The recommendations reflect CEPA's judgement and experience, and seek to take account of the full range of evidence that we have had access to in conducting our evaluation.

We have organised the themes under the main headings of financial, programmatic, and organisational. In addition, there is an upfront section that deals with the main ‘cross-cutting’ issues (relevant across GAVI's goals and activities) that we have identified. These relate to GAVI's definition of and linkages between goals, activities and results; improved collection, maintenance and monitoring of financial and performance data; and better analysis of new initiatives and resource prioritisation. We deal with these issues first – given that, in our view, they are important for GAVI's core activities and the basis for any future evaluation/ measurement of performance.

Other points to note about our approach are as follows:

- We are aware that our work on this evaluation has overlapped with GAVI's work in a number of key areas. Examples include the work on the GAVI Alliance Strategy 2011-15; the ongoing review of the co-financing policy; development of a data warehouse; etc. As far as possible (with assistance from the Secretariat), we have sought to stay abreast of these developments. Where GAVI might have already started working on a suggested

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<sup>1</sup> The themes are taken from our main evaluation findings, as noted in the Evaluation Report

area of improvement, we try to note this. However, we have not reviewed in detail the work that is being undertaken nor have we formed a view about the extent to which it addresses any area of relative weakness.

- The recommendations and options in this paper are intended to reflect suggested directions of changes as opposed to providing detailed suggested actions.

### **1.3. Structure of the paper**

The paper is organised as follows:

- Section 2 discusses the ‘cross-cutting’ recommendations that span across GAVI’s goals and activities.
- Sections 3-5 deal with recommendations related to financial, programmatic and operational issues respectively.

We have not provided a summary of the points in this document because we think that the nature of the options and recommendations means that they are better considered in the context of the full discussion in each case.

## 2. CROSS-CUTTING ISSUES

This section summarises our recommendations that address the cross-cutting evaluation themes. These recommendations relate to a small number of relative shortcomings in the way GAVI plans its activities, maintains data, monitors performance, and evaluates impact. For clarity, we have split this into three separate areas:

- the way in which GAVI's strategy and performance framework links activities, outputs and objectives in a coherent way;
- how this strategy is operationalised including data collection and performance management; and
- the need for better prioritisation of Secretariat and Partner resources.

Notwithstanding the strengths and added value achieved by the Alliance across its activities (as presented in the Evaluation Report), we believe that these cross-cutting recommendations are very important in supporting the ability of GAVI to measure performance and allocate scarce resources efficiently going forward.

### 2.1. Links between strategic goals, activities and outputs

#### *Evaluation finding*

Based on our evaluation, we believe GAVI has not sufficiently aligned its activity (and particularly the Work Plan) with its strategy, resulting in GAVI activities that do not explicitly link to desired outputs and ultimately objectives which contribute to the achievement of an SG. There is also a lack of clarity on who within the Alliance (e.g. Partner or Secretariat) is responsible for a particular objective and related indicator.

#### *Recommendations*

The Board is aware of this issue and the work being undertaken on the new GAVI Alliance Strategy 2011-15 is, as we understand it, seeking to tackle this. However, recommendations that follow from our evaluation are:

- Activities should be more clearly linked to specific objectives which contribute to the achievement of a Strategic Goal. There should be clearly defined measurable indicators of performance and targets at the program and Strategic Goal levels, and where possible at the objective level – clearly setting out the desired outputs and how they lead to the objectives for each activity/ program.
- Success in achievement of Strategic Goals and related objectives will be dependent on the actions of a range of stakeholders. Wherever possible, there should be clarity about who within the Alliance (e.g. Partner or Secretariat) has ownership of a particular objective and related indicator.

See also the specific comments in Section 5.1 about improving Work Planning as part of the new Business Planning approach.

## 2.2. Data collection and performance monitoring

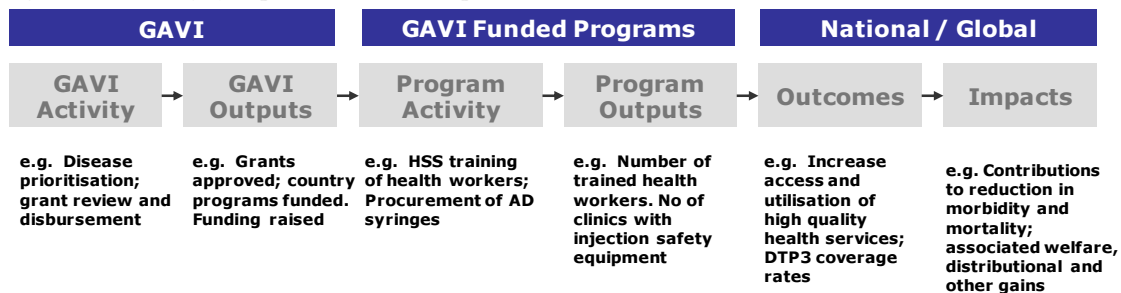
### *Evaluation finding*

A key area of weakness that has emerged across our evaluation of all of the SGs is the relative absence of:

- regular and systematic recording of GAVI Activity, Program Activity and Output data (see Figure 2.1). (Throughout our evaluation, we have struggled to access key data that is (i) in a readily accessible and analysable format; (ii) complete; or (iii) accepted as authoritative or at least a ‘best’ estimate or value); and
- clearly defined performance indicators / metrics (preferably ‘output’ based) against which performance across the organisation can be monitored (The GAVI Alliance Strategy 2007-10 sets out the hierarchy of outcomes, outputs and indicators to support the achievement of the organisation’s overall goal. However, most of these indicators are input or process indicators, and several are not defined granularly enough to facilitate measurement. Further, the absence of both a baseline and target for many indicators implies that an assessment of progress cannot be made.)

Our conclusion is therefore that performance management is generally poor.

*Figure 2.1: Hierarchy of outputs, outcomes and impacts*



Contributing factors to this include:

- the historic segregation of GAVI’s financial and programmatic functions (in the GAVI Fund and Alliance) – which may have contributed to a lack of focus on how funding has been spent and what outputs have been achieved; and
- the fact that GAVI was a hosted organisation up to 2009, reliant on UNICEF systems as opposed to its own tailored systems.

But, in our view, the issue is more fundamental. It relates to two failings: (i) lack of prioritisation of monitoring and evaluation of its activities by GAVI (including the Secretariat); (ii) inability to tackle (the challenging) issues of accountability between the GAVI Alliance and its Implementing Partners.

From the perspective of this evaluation, we have spent significant amounts of time compiling (or following up with GAVI to compile) and seeking to establish some essential facts about GAVI Activities, Program Activities, and Outputs. From a wider perspective, we think there are significant risks for GAVI (as a multi-billion dollar global health partnership) in terms of the extent to which it tracks its activities and performance.

An important outcome of the evaluation should be, at a minimum, for the GAVI Alliance to put in place the systems to capture data and performance indicators to improve future evaluations and to have a good understanding of its own activities and outputs<sup>2</sup>.

### *Recommendations*

A much higher priority needs to be given to collection and monitoring of key activity/ program data /performance indicators. In order to do this, GAVI needs to agree:

- the full list of data on GAVI Activities, Program Activities and Outputs that it requires on a consolidated and complete basis (Table 2.1 below is an initial attempt at such a list, together with comments from our evaluation);
- a series of key performance indicators together with targets and or objectives to allow performance management; and
- allocation of responsibility for collection and presentation of key indicators of performance (to either Partner or Secretariat), and the frequency of reporting. (Where data on program performance is required from countries, these should be clearly communicated to countries and tightly monitored and verified upon submission<sup>3</sup>.)

Our presumption is that the Secretariat should then consolidate the progress against defined performance indicators to understand GAVI's overall programmatic, financial, or organisational performance. Where the data is not confidential, it should be published by GAVI in a periodic and transparent manner, clearly titled and dated with accompanying assumptions.

We understand that there are plans for a Data Warehouse and Reporting Tool to address the lack of performance information. The Secretariat is working on revising the dashboard to directly map against the revised strategy.

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<sup>2</sup> Note that the attempts to measure Outcomes and Impacts are more mixed. We recognise the uncertainties and challenges associated with DTP3 coverage rates, and that this has been the focus of considerable and ongoing work. In addition, although we have not independently verify WHO estimates of deaths averted, our presumption is that the methodology and estimates are reasonable within an appropriate margin of error (Source: WHO Report on GAVI Progress 2000-2009, 15<sup>th</sup> October 2009).

<sup>3</sup> As noted below in relation to the Work Plan, our presumption is that Work Plan reporting should be aligned more clearly to GAVI Alliance Strategy indicators. The implication of this is that a greater proportion of indicators should be the primary responsibility of Partners (even if the Secretariat is responsible for verifying these and bringing them together for the Board).

Table 2.1: Illustrative list of data / requirements

Data	Comments/ Examples
Basic data and indicators on levels, commitment periods and types of funding by donor over time	This data should allow the calculation of basic performance metrics over time (e.g. number of donors, average annual contribution, period of commitment, difference between ‘commitments’ and ‘contributions’, etc). While GAVI does collect this data, it is not available in a consolidated/ detailed form.
Consistent time series of administrative and overhead costs	We understand that this has now been produced, although there are various issues with the data that we have not been able to explore with Secretariat colleagues in the time available.
Details of country application, approval, and disbursement data by program over time; and presented by different characteristics of the program	Consolidated data on program approvals and disbursements from inception to date was compiled by GAVI Finance specifically at our request for the evaluation. Other examples of relevant analyses of the data that are still not available include the break-down of ISS funding by investment and rewards funding – which is vital to analyse its incentive effects.
Key GAVI process performance indicators.	Examples include application rejection rates; and elapsed time between application and approval and disbursement for all programs. For NVS specifically, it should also include time to vaccine shipment and first child immunised. While GAVI does track some of this data, it is not available in analysable formats.
Information on uses of funds by countries (once disbursed by GAVI) and on a consolidated basis by program.	There are several examples here: (a) extent of unutilised funds in each country in a year – on average, 50% of ISS funding available to a country in a year remains unutilised; (b) areas of use/ distribution of funds – for HSS and ISS specifically, where do countries spend the funds, in order to enable monitoring and evaluating if key system/ immunisation bottlenecks are addressed; and (c) data on country adoption/ uptake of vaccines supported by GAVI; to name a few.
Consolidation of output data across the Alliance partners where each is responsible for a different function in the supply chain.	For example, there is an absence of coherent data to understand how commitments and disbursements for the purchase of new vaccines translate into purchases and shipped product by country and by time period.
Consolidation of consistent and accepted vaccine information, including prequalification dates, vaccine presentation and formulation, and prices.	For example, historic prequalification information is not available, current vaccine adoption dates and product type information is not always available or accurate, UNICEF product menu prices vary by year published and are price projections, GAVI dashboard data does not specify vaccine presentation.

### **2.3. Resource prioritisation**

#### *Evaluation finding*

GAVI has rightly been recognised for its innovation across a number of its programs (nationally and globally); and its relative agility is also regarded as a source of value add. However, it is important to recognise the trade off that exists here.

Across the evaluation, we have identified a number of cases where it seems that GAVI has launched programs or committed to activities and has not identified (or has been slow to identify) wider implications in terms of funding, delivery model, or availability of resource.

Examples include:

- Pentavalent vaccine priority and expectations of vaccine price decline in an immature market with a single supplier.
- Delay in anticipating (and resourcing) changes in delivery model requirements of a large ‘cash-based’ program like HSS, and belated introduction of the FMA process.
- Issues in the delivery model for the CSO program, and not having consulted on this with the CSOs and other relevant stakeholders – resulting in poor uptake.

Of course, it is always easy to identify these issues with the benefit of hindsight and this should be taken into account. However, more generally, our sense is that there has been a tendency for GAVI to prioritise new activities as opposed to ‘stabilising’ the delivery of existing programs (with implications in terms of trade-offs given limited resources and limited Secretariat and partner time).

In addition, we note that GAVI’s ability to conduct full analysis of key policy and program issues and assessment of its own value add is affected by the availability of data (as discussed above). Despite the fourth Strategic Goal being around the organisation’s added value as a PPP, there is no defined framework in place for the Alliance to assess whether any of its activities/ programs (particularly any new initiatives) might add value within the global (and national) health aid architecture.

#### *Recommendations*

Our judgement is that the main issue for the GAVI Board to be aware of relates to ensuring that GAVI is realistic in its assessment of the level of analytical resources required (Partners and Secretariat) for both: (i) effective delivery of existing programs; and (ii) development and planning for new programs, activities and commitments.

In particular, there should be detailed analysis (of programmatic, financial and organisational aspects) to support decisions to launch any new activities/ programs. The supporting financial analysis should include details of the long-term implications for GAVI’s focus and financing commitments. We also believe that the trade-offs inherent in spreading limited GAVI resources across initiatives should be recognised explicitly.

Finally, given GAVI's Strategic Goal on value-add, there should also be a clear framework of the parameters of value add and assessment of whether the new activity or program would contribute positively to GAVI's added value.

### 3. GAVI'S 'FINANCIAL' PERFORMANCE AND RECOMMENDATIONS

In this section, we provide recommendations on improving GAVI's financial performance and value add, as related to its Strategic Goal 3 (SG3) on increasing the predictability and sustainability of long-term financing for national immunisation programs.

#### 3.1. Fund raising from global financial resources

##### *Evaluation findings*

GAVI has played an important and value added role in substantially increasing donor funding for immunisation.<sup>4</sup> A big area of financial value added is with regards to IFFIm – where GAVI has secured considerably longer periods of donor commitments, which has improved predictability of donor funding for immunisation.

However, this success may have reduced the sense of urgency to mobilise traditional funding from a wider range of donors for GAVI's expanding programs. For example, some consultees noted that GAVI's focus has been more on the management of its funds from existing donors as against fund mobilisation. Our evaluation found that GAVI has a smaller number and less diverse profile of donors, compared to other GHPs such as the Global Fund and the Global Polio Eradication Initiative (GPEI).

This is particularly important in the context of the current funding crisis that GAVI faces.<sup>5</sup>

##### *Recommendations*

We do not have a specific recommendation for GAVI here – other than to underline the importance of widening its donor base. We are aware of recent GAVI activity in this regard – for example through its high-level donor meeting in March 2010 and other planned efforts noted in the recent June 2010 Board paper.<sup>6</sup>

Other points are as follows:

- We note that there are a variety of additional 'innovative' fundraising approaches used by other Global Health Partnerships. For example, the Global Fund has employed fund raising mechanisms such as 'Product Red', 'Idol Gives Back', 'Comic Relief', etc. It has also adopted the 'Debt2Health' funding scheme, which is designed to convert old government debt into new resources to tackle HIV/AIDS, TB, and malaria.
- We think there is a good case for GAVI to explore whether it makes sense to move to a more structured approach to fund raising through a replenishment-based approach (as noted in the GAVI Board paper).

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<sup>4</sup> Although we note that in terms of attribution it is important to recognise the role of the Gates Foundation particularly in crowding in donor resources.

<sup>5</sup> GAVI Alliance Board meeting – 17-18 November 2009, Doc 3a – Managing GAVI's finances. The paper notes that while GAVI has laid the foundation for rolling out vaccines for the main killers of children, core donor contributions scenarios and IFFIm proceeds at present, do not fully meet the demand from countries.

<sup>6</sup> GAVI Alliance Board meeting, 16-17 June 2010, Doc 16 – Resource Mobilisation.

- Advocacy and fund raising through Board members should also continue to be emphasised – with a particular recognition of the value and role of ‘luminary’ Board Members.

### 3.2. Approach/ policy to national financial sustainability

#### *Evaluation findings*

One of the areas of weaker performance by GAVI, as identified in the evaluation, relates to country-level financial sustainability. While GAVI has been innovative and pro-active in developing tools to support country-level financial planning for routine immunisation, financial sustainability remains an important challenge. The main evaluation findings include the following:

- The prospects for financial sustainability for the GAVI-eligible low income countries are weak. For the GAVI-eligible lower-middle income/ potentially graduating countries, the challenge for financial sustainability appears less marked, although it is still not assured.
- While GAVI’s choice of vaccines to support unambiguously saves lives, they present a challenge for achieving national financial sustainability.
- GAVI’s co-financing policy has supported country ownership, but has contributed relatively little to promoting financial sustainability. The time taken to introduce the co-financing policy, and frequent revisions and updates to it (as also the change in approach from the bridge financing concept), have caused confusion, both within the organisation and at the country level.
- Consultees referred to the uncertainty created by GAVI’s current funding gap for countries, and the consequent impact on national immunisation planning and budgeting.
- IFFIm, while promoting predictable donor finance for immunisation, presents a challenge for GAVI in terms of effectively managing the expansion of its programs that it has supported beyond 2015 – and therefore country financial sustainability.

#### *Recommendations*

We have two main observations here.

**First**, we think that GAVI should clarify its financial sustainability objectives. There appears to be a disjuncture between the stated policy objective in terms of financial sustainability (in SG3) and the reality of GAVI decisions. In particular, we do not see evidence that GAVI is actively prioritising financial sustainability in its decisions. This is true in the past, but is also relevant for the future. For example, there may be future trade-offs in terms of the next generation of vaccines/ combination formulations that it may support.

The first GAVI evaluation also noted that conflicting objectives (promoting new vaccines vs. improving sustainability) have limited progress towards financial sustainability at the country level.<sup>7</sup>

Our view therefore is that there is value in greater clarity about the way in which this objective is being pursued by the organisation and the circumstances in which it is expected to constrain or influence the other decisions that are taken by the Board.

**Second**, we have a number of points to raise in the context of work currently being undertaken by the Co-financing Policy Revision Task Team (CTT).<sup>8</sup> In particular, our view is that GAVI needs to:

- adopt a differentiated approach/ objectives for low-income and lower-middle income GAVI-eligible countries – given the significant difference in likely ability to achieve financial sustainability over the next five years.
- related to the above, it is clear that the co-financing and eligibility/ graduation policies, should be integrated.
- as far as possible (and particularly for low-middle income countries), the co-financing policy should actually create incentives for countries to take over financing – e.g. by allowing the absolute amount of a ‘commitment’ to be spread out over a longer period if a country chooses to outperform on its co-financing requirement.
- consider suitable mechanisms to foster the sustainability of its non-vaccine related support (i.e. ISS and wider health systems support). This is also discussed in detail in Section 4 below.

GAVI also needs to collect additional data to help support planning/ decision making with regards to financial sustainability. For example, a key area of incomplete/ unavailable data is *actual* country expenditure on routine immunisation (including by the areas of spend, as well as by the sources of finance (i.e. government, other bilateral, multilateral, etc)). At present, the country APRs aim to collect this information – however this is patchy and incomplete (and the cMYPs provide only forecast data).

GAVI might also consider improving communication to countries, particularly in light of the current funding gap, so that there is less uncertainty in terms of country planning and budgeting for immunisation.

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<sup>7</sup> Abt Associates Inc. (2008): Evaluation of the GAVI Phase I Performance (2000–2005).

<sup>8</sup> GAVI Alliance Board Meeting, 16-17 June 2010, Doc 07 – Co-financing Policy Revision.

## 4. GAVI'S 'PROGRAMMATIC' PERFORMANCE AND RECOMMENDATIONS

This section provides recommendations related to GAVI's programs, as covered by its first two Strategic Goals. The programs are: Injection Safety Support (INS), Immunisation Services Support (ISS), Health Systems Strengthening (HSS), and Civil Society Organisations (CSO) as included under SG1; and New Vaccine Support (NVS), GAVI's flagship program as a part of SG2.

Our Evaluation Report covers a wide range of issues under each program. However, this paper only seeks to provide recommendations on particular themes - where we believe that there are changes that would support GAVI's effectiveness in Phase III.

### 4.1. Accelerated uptake of new vaccines

#### *Evaluation findings*

GAVI has accelerated the introduction of YF, HepB- and Hib-containing vaccines and the demand for pneumococcal vaccines. However, the demand or uptake of rotavirus vaccines has not been accelerated compared to HepB- or Hib-containing vaccines. This evidence is based on current country introduction (four Latin American countries) and six GAVI-approved country applications for rotavirus introduction.<sup>9</sup>

#### *Recommendations*

Since diarrheal disease is the second leading cause of death in children under five, GAVI should increase its focus and resources on advocating for the introduction of rotavirus vaccines as well as ensure that the accelerated demand of pneumococcal vaccines translates into accelerated introduction.

### 4.2. Vaccine supply strategy and pricing

#### *Evaluation findings*

Given the GAVI Alliance's mission is to increase access to immunisation in poor countries, the absence of a comprehensive vaccine supply and pricing strategy after 10 operating years is a large gap.

- While GAVI has created a more stable market for YF and pentavalent vaccines, supply stability has not yet been achieved. The GAVI Alliance Phase I evaluation noted a lack of documentation clearly outlining GAVI's supply strategy. Throughout Phase II, only recommendations to develop a HepB- and Hib-containing vaccine strategy were presented to the Board (December 2005). This HepB- and Hib-containing vaccine recommendation resulted in the formation of the Procurement Reference Group (PRG), but not an overarching vaccine strategy outlining a specific plan to address vaccine supply and price.<sup>10</sup> Only recently has GAVI begun to address an overall vaccine supply

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<sup>9</sup> Personal communication, AVI, Feb-Jun 2010.

<sup>10</sup> Doc AF.7. Supply Strategy, GAVI Boards meeting 6-7 December 2005.

strategy by creating a plan that will include all GAVI-funded vaccines, but recommendations from this work are not expected before early 2011.<sup>11,12</sup>

- In terms of vaccine prices, it has been well documented that GAVI's initial assumption that market forces would lead to a reduction in vaccine prices has not occurred. There is little evidence to suggest that GAVI has had an impact on driving vaccine prices down. The lack of a vaccine pricing strategy remains a missed opportunity as brought out in both Phase I and Phase II evaluations. The lack of prioritisation of this issue by working strategically and proactively with industry partners might have contributed to the financial challenges GAVI now faces.

### *Recommendations*

As GAVI enters Phase III, a comprehensive supply and pricing strategy covering all GAVI vaccines is of high priority and should include a detailed plan to ensure a secure and affordable supply of vaccines to GAVI eligible countries. The strategy should provide for:

- Ongoing and proactive interactions with suppliers to:
  - understand their investment decision-making challenges and needs, and to share expected market characteristics and demand projections;
  - understand better the drivers of vaccine manufacturing costs to inform supplier price negotiations;
  - identify ways to drive down prices, while ensuring commercial viability for the manufacturers (e.g. motivating low cost suppliers to enter the UNICEF/GAVI market) ; and
  - provide clear signals on vaccine presentation preference and avoid the creation of transient markets which hinder price decline.
- Innovative ways to mitigate supplier investment risk (e.g., contract manufacturing organisation-like facility devoted to GAVI markets), and reduce demand and supply uncertainty (e.g. guaranteed prices for guaranteed volumes).
- Better systems for information sharing on supply and pricing issues, including:
  - a transparent tracking system to measure and monitor vaccine prices over time, so that additional adjustments and changes can be made as appropriate; and
  - a suitable forum to work with suppliers on a regular basis to ensure information sharing and transparency from all Alliance members on upcoming supply issues.

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<sup>11</sup> Doc 04 – Vaccine Supply Strategy, GAVI Alliance Programme and Policy Committee Meeting, 17-18 February 2010.

<sup>12</sup> Personal communication, GAVI Secretariat, 22 July 2010.

### **4.3. Safe injection waste disposal**

#### *Evaluation findings*

Whilst INS was generally assessed to be a successful program, an area that remains a concern across a majority of GAVI countries is waste management. GAVI's INS program has led to an increased awareness of sharps waste management, and several countries have instituted health waste management policies/ guidelines. However, resources and financing constraints have slowed down actual implementation of safe disposal plans. Lack of incinerators and 'open-air burn and bury' practices were cited as common problems during our field visits.

#### *Recommendations*

GAVI might consider the following options to assist countries with better waste management practices:

- Establish or provide support for stronger monitoring systems (at national and sub-national levels) to assess implementation of waste management plans at all health centres, financing constraints if any, etc. In addition, GAVI might track this more rigorously through the Annual Progress Reports (APRs) from countries.<sup>13</sup>
- Dedicate some part of the INS funding to sponsor safe disposal systems, in terms of purchasing incinerators, procurement of vehicles for transport of sharps waste, improving collection and disposal methods in urban and rural health centres, training/ awareness of local health workers, etc.
- Work closely with country partners and other donors who might be willing to provide financial and/ or technical assistance in this area.

### **4.4. ISS reward criteria**

#### *Evaluation findings*

The ISS funding being linked to performance is considered a useful innovation and has resulted in incentivising countries, especially immunisation officers at sub-national level, to expand coverage to remote areas. However, the incentive effects were seen to diminish after a certain threshold coverage level, beyond which it was difficult to earn rewards and the costs of covering the 'last mile' exceeded the rewards provided.

Further, some EPI manager survey responses suggested that they did not fully understand the operation of the ISS rewards. A few of our consultees also remarked that the reward criteria need to be reviewed/ updated in light of lessons learnt.

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<sup>13</sup> Currently, the APR request data on how sharps waste are being disposed and any problems encountered during the implementation of the transition plan for safe injection and sharps waste. However, most countries do not provide complete/ clear information, and (in our understanding) GAVI does not use the APR data as a tracking/ monitoring tool.

### *Recommendations*

Our overall judgement is that stakeholders, especially at the country level, were keen for GAVI to continue ISS funding, given its ‘added value’ of being the only source of donor funds to immunise the unreached. However, the basis of computing rewards needs to be appraised to ensure continued effectiveness (and incentive effects across countries). We are aware that this is already the subject of work within the Alliance.

Our suggestions for GAVI’s consideration include:

- Reward criteria should take account of both the number and proportion of additional children immunised (to counter for population effects). Equity of coverage might be another performance aspect to factor in. GAVI could also reward ‘sustaining’ a certain level of coverage in addition to ‘increasing’ it – this would incentivise countries with reasonably high levels of coverage to maintain the same. More generally, we agree that there is value in having the performance element related to more than one indicator to reduce the potential for misreporting. However, it would be important to retain an element of simplicity in rewards calculation.
- Fragile or LICUS states should be treated separately to ensure that their prevailing political and economic conditions do not disadvantage them from earning ISS rewards.
- Countries should be encouraged to ‘share the rewards’ with their sub-national level units (e.g. district level), so that immunisation bottlenecks in the field such as trained health workers or inadequate logistics are addressed. Our impression (and it is only that) is that those countries where immunisation officers really understood the incentives and made best use of the funds, also understood that they need to pass the incentives down.
- GAVI might also review if \$20 per additional child immunised is adequate reward for increasing coverage beyond a certain level. This was also recommended in the 2007 ISS evaluation. This reflects increases in marginal costs as well.

#### **4.5. Financial sustainability of ISS funding**

### *Evaluation findings*

Another area of concern highlighted with respect to the ISS program was regarding sustainability of funding – as countries have been found to neglect these areas of immunisation spend once ISS funding runs out or is suspended for any reason. Also, countries that did not qualify for ISS rewards funding (after the investment phase) might not have budget allocated for strengthening the routine immunisation system. This may particularly be a problem in fragile/ LICUS countries that did not receive rewards funding but need it most.

### *Recommendations*

We note that there is a case to think more widely about financial sustainability beyond new vaccines – and especially in the context of GAVI ISS (and broader health sector) support. This was also a recommendation of the 2004 ISS evaluation. We note that the recent GAVI Board

document accords importance to financial sustainability, as one of the criteria in proposal prioritisation of its cash-based programs.<sup>14</sup>

To some extent, in the case of NVS, this is factored in by the condition of minimum DTP3 coverage level,<sup>15</sup> but there may be more that could be done here to ensure country preparedness and adequacy of immunisation infrastructure to sustain the programs.

One approach might be to place a greater emphasis on the countries' commitment to and funding of the basic immunisation coverage infrastructure (including human resources) through:

- a 'matching grants' policy, requiring countries to contribute a proportion of funds for activities/ items to be funded through GAVI ISS support<sup>16 17</sup>; or
- demonstrated increases in the allocated country health sector budget (government or other donor support) for immunisation systems over time.<sup>18</sup>

The adoption of either of these approaches (or other alternatives) would require a detailed assessment of the merits and demerits of the approach. In addition, GAVI should also coordinate its funding and work more closely with other multilateral and bilateral funding support for immunisation systems in countries.

#### **4.6. Immunisation data quality/ reliability**

##### *Evaluation findings*

The DQA/ DQS tools and processes were viewed as innovative and having helped to improve the quality of reporting immunisation data in countries. It is also a good example of joint working of the Alliance partners.

That said, several countries continue to report data quality issues and at an extreme, have had their ISS funding suspended until the data issues are resolved (e.g. Mali). The country DQA reports highlight some persistent weaknesses:

- Procedures for surveillance and management of adverse effects following immunisation have still not been put in place.
- Further training of health workers in data management is required.
- Not all audited countries have computerised the recording of vaccination data.

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<sup>14</sup> GAVI Alliance Board meeting, 16-17 June 2010, Doc 09 – Prioritisation Mechanism.

<sup>15</sup> Apart from applications for the yellow fever vaccine, GAVI's condition for application for all other vaccines that it supports are that the DTP3 coverage rate in the country is more than 50%.

<sup>16</sup> The advantage of such an approach is that it may encourage continued funding of these activities/ items (say, through the creation of budget lines for these items or 'explicit' funding by governments for these categories of expenditure may encourage some perpetuation in funding), but at the same time, has the disadvantage of increased burden in terms of GAVI's monitoring requirements.

<sup>17</sup> Bangladesh is a case in point where we understand that salaries of District Immunisation Officers are jointly funded by GAVI ISS grants and government budget.

<sup>18</sup> A disadvantage of this approach is that it may be difficult to achieve for countries that need the support the most (i.e. countries where government funding for immunisation systems is low/ decreasing).

Qualitative feedback from the evaluation (e-survey, EPI manager survey, interviews, country studies) suggest that GAVI could do more to strengthen data reporting and institutionalise these processes, given that the ISS rewards rely on accurate reporting of coverage levels.

#### *Recommendations*

We are aware that GAVI is reviewing the limitations of the DQA/ DQS tool as part of the 2010 work plan process. Some of the improvements contemplated are more regular audits in countries, increased sample size<sup>19</sup>, integrating GAVI's efforts in this area with the wider health system data, etc.

The systematic review of the DQA tool to strengthen it further might be complemented with measures to independently verify country data and to support countries that have reported the largest data discrepancies or inaccuracies. For example, GAVI might assist these countries (directly or through its country partners) through training, improving data collection and reporting, strengthening data monitoring and management, etc. It is important that any such efforts are integrated with the national reporting systems, to ensure sustainability. Some of these measures were recommended by the Data Task Team and the previous ISS evaluations as well.<sup>20</sup>

### **4.7. CSO program re-design**

#### *Evaluation findings*

The evaluation identified a series of fundamental design and implementation issues with the CSO program – including lack of clarity in program objectives and definition of CSOs; small grant sizes; unclear selection of Type B pilot countries; limited publicity of the program in countries; cumbersome application processes; delays in approval and disbursement; and reliance on government (rather than CSOs) to apply for and channel funding. Given these, the uptake of CSO funding, especially Type A support, has been lower than planned.

The CSO indicators<sup>21</sup> in the GAVI Alliance Strategy 2007-10 are mostly input and process indicators and do not therefore support measurement of program outputs and outcomes. One of the indicators is an M&E framework for CSO impact assessment – but our understanding is that this is still to be developed.

#### *Recommendations*

We understand that GAVI is re-thinking the objectives and structure of its CSO program. Whilst the program has helped in recognising and involving CSOs as an immunisation stakeholder at national level discussions, it needs to do more to leverage the role of CSOs to achieve immunisation outcomes. Our recommendations are as follows:

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<sup>19</sup> The DQA audit currently focuses on reporting practice at national level, and in a sample of 24 health units (four districts and six health units in each district).

<sup>20</sup> [http://www.gavialliance.org/resources/Final\\_summary\\_of\\_recommendations\\_28\\_02\\_09.pdf](http://www.gavialliance.org/resources/Final_summary_of_recommendations_28_02_09.pdf)

<sup>21</sup> These include (a) Mechanisms for proposed Civil Society window operational by 2007, (b) % of total 'Type A' Civil Society funds disbursed, (c) % of total 'Type B' Civil Society funds disbursed to 10 pilot countries, and (d) M&E research framework for impact assessment of CSO support developed and lessons learned disseminated and used to inform practice.

- To start with, GAVI needs to identify the countries that have a reasonable CSO presence working on healthcare/ immunisation, so the program can be targeted better to countries that can benefit from the support.
- Given the limited funding available for this program and that it is a ‘pilot’, GAVI might consider (as per the Type A funding review recommendations), more intensive coverage of a few selected countries to demonstrate impact. This would also allow the grant sizes to be more substantive to encourage CSOs to participate in the program. As part of restructuring the program, GAVI should also clearly define the expected outputs, outcomes and impacts of such funding – whether it is increased advocacy, expanding immunisation coverage to the unreached, better coordination of CSO and government efforts in this area, etc. The performance indicators and targets for the defined results also need to be specified.
- The identified constraints to implementation such as delays in review/ disbursement, cumbersome application processes, etc. need to be addressed. Also, while GAVI might continue to work primarily through the national immunisation program (helping strengthen country ownership); on a case by case basis as per a specific country context, it may be flexible in also allowing CSOs to directly apply for and receive funding under this program (the lessons from Global Fund’s experience of involving CSOs as Principal Recipients are useful in this regard). However, this would involve tighter monitoring and oversight of application and use of funds.

Until the program is revitalised and some results are demonstrated (and clear output-based performance indicators are defined), we believe that it is too early to undertake a CSO evaluation.

#### **4.8. Strategy and approach for health systems strengthening**

##### *Evaluation findings*

It is widely agreed that GAVI’s dedicated HSS window has raised the profile of immunisation at the global and national level, and demonstrated some positive features such as promoting ‘country ownership’. However, questions have been raised as to whether the program has diluted GAVI’s core immunisation focus and diverted limited resources and efforts from effective delivery and monitoring of its existing programs. Moreover, as also pointed out in the HSS evaluation, issues were raised as to whether GAVI’s delivery model (for example, absence of GAVI’s country/ regional presence and weak M&E in countries) works effectively for HSS. In addition, the linkages of HSS activities to desired immunisation outcomes and impact are unclear and as might be anticipated, are difficult to attribute.

GAVI’s key role in conceptualising and implementing the HSS Funding Platform is expected to address several of these issues, and also better align donors’ HSS efforts with the Paris principles.

##### *Recommendations*

We understand that the GAVI Board has decided to continue funding country HSS applications in addition to its contributions to the HSS Platform to be implemented initially in a few selected

countries. It is too early to say if the Platform will work, but the concept and planned design for implementation promises to improve and harmonise donors' delivery of their respective HSS funding, and to reduce country burden.

However, we are less certain of the effectiveness of GAVI's current HSS delivery approach and implementing structures (although we do not underestimate the importance of wider health system issues for sustained routine immunisation performance). The HSS evaluation also recommended that GAVI enhance its internal HSS capacities if it were to continue with the HSS grants.

It is not within our mandate to recommend specific improvements to the HSS window - except to suggest that, at a minimum, the identified issues such as delays in review/ disbursement, better coordination at country level, weaknesses in M&E, etc. be addressed. But given conclusions about the focus on delivery and monitoring of GAVI's flagship programs (NVS and ISS particularly), we note that GAVI might reconsider the most appropriate distribution of its limited resources and Partner and Secretariat time amongst its programs.

There might also be scope for streamlining and consolidating GAVI's funding towards strengthening health systems through the various windows – particularly the ISS, HSS and CSO; as also improving the coordination and linkages between new vaccine support and the resultant implications for health systems.

## 5. GAVI'S 'ORGANISATIONAL' PERFORMANCE AND RECOMMENDATIONS

This section sets out our recommendations on options and approaches to tackle the relative organisational weaknesses identified in our evaluation. As noted in the introduction, we do not repeat our overall judgements on value add of the Alliance (which we believe is significant). Rather, we focus on those areas where we believe there are challenges to be tackled.

### 5.1. Work plan

#### *Evaluation findings*

Our evaluation found that despite improvements, the time taken to resolve issues with the Work Plan process and material has reduced the Partnership's effectiveness. There is still a feeling that the process could achieve a better balance between accountability and empowerment of Partners supported with GAVI funds. In Phase I, there is a general view that the way in which GAVI monitored the activity of its partners was rather loose; but that the pendulum has now 'swung' back the other way.

#### *Recommendations*

We note that a possible approach for the new business plan would be to place more of an emphasis on 'results-based' funding. We also note from a Board paper that the important issues associated with Partner's 'preferred provider role', funding of 'core' activities; and the role of the Secretariat are also under consideration as part of the business planning process.

Given the focus of our evaluation has been backward looking, we do not feel in a position to make firm or detailed recommendations here. However, we think that there is merit in consideration of the following 'options' in terms of directions of travel.

- We agree in general with the suggestion that Work Plan activity should be directly related to the overall Strategy of the organisation – we think that there should be an expectation that a greater proportion of the key indicators in the Strategy should be the responsibility of the Partners. In addition, in order to facilitate verification and presentation to the Board, reporting information should be provided in a common format across Partners, and in a way that integrates activity, outputs and expenditure.
- A GAVI Board paper considers the introduction of some element of 'payment by results' to Partners (for example, a possible KPI to measure performance of Partner TA on the country applications would be proportion of program applications that are approved the first time or without clarification). Milestone payments based on the current reporting systems would be non-trivial to introduce and results may be difficult (and lagged in time) to measure – given that Partners' activities are more in the nature of technical assistance. In our view, given the nature of Partner's support, effective performance management (through defined KPIs and targets monitored by the Board) may be easier to implement than performance based or milestone payments.
- It is clearly right for the Board to consider all options with regards to Partner roles. Whilst we do see room for improved performance, we do not think there is much merit

in fundamentally reopening the ‘preferred provider role’ for WHO or UNICEF in the short-term. We do not see the existence of a dual role for these Partners – as both Board members and as Implementing Partners – as being a problem in principle (provided any conflicts of interest are managed appropriately). Indeed the engagement in, and ownership of, the GAVI Alliance by all of its Partners is, in our view, a fundamental part of its value add.

- But we think that there would be value in a restatement of the MoU between GAVI and its key Implementing Partners (by MoU, we mean ‘the basis on which GAVI and its key Partners conduct their business, and the expectations of both parties in terms of behaviours and accountability’). We think that this needs to involve:
  - An agreement on the things that each Partner is responsible for and the nature of its accountability to GAVI for these activities (see bullets below for specific observations about WHO / UNICEF).<sup>22</sup>
  - An agreement on the roles and responsibilities of the Secretariat (acting on behalf of GAVI) in relation to the successor to Work Plan specifically (presumably the Business Plan).

#### *WHO*

- For WHO, moving the debate on from the definition of ‘Core Business’ seems to us to be priority. We are aware of the work conducted on this earlier in Phase II. But it is not clear that this has resulted in increased clarity or agreement. Our view is that part of the difficulty is that GAVI’s value add in relation to WHO has been in supporting it to do the activities in its mandate ‘more’, ‘better’ and ‘faster’. Put another way, ‘core business’ is not obviously defined in a discrete way by WHO’s mandate. Given this, one approach for consideration might be to think in terms of the level of WHO funding to support its mandate in the area of routine immunisation – as opposed to seeking to delineate the activities themselves as being ‘core’ or ‘non-core’.
- In any event, in terms of GAVI support for WHO, we see merit in moving to longer-term indicative agreements (subject to available funds and robust performance monitoring). For example, it might be possible to agree an indicative five-year funding in line with the Business Plan. In order to do this, we would anticipate there needing to be a detailed activity-based costing exercise at the outset. This would seek to define the roles that GAVI expects WHO to play as an Alliance partner and then provide a bottom-up costing for them. Once agreed, it would of course be possible to vary the agreement, but performance would be measured not by monitoring of specific activities, but by improved performance management against agreed KPIs.

#### *UNICEF*

- For UNICEF, the issue seems to relate to the extent to which there is transparency of: (i) strategy development and agreement for procurement; and (ii) sharing of pricing and

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<sup>22</sup> We do not cover the World Bank here as it receives a relatively small portion of GAVI’s work plan funding.

performance data. (This issue is referred to Section 2 of this paper). The Board should note that we were not permitted access to the GAVI-UNICEF MOU as part of our evaluation work.

- As with WHO, we see merit in introducing specific performance indicators that can be monitored.

## **5.2. Country-level communication and monitoring**

### *Evaluation findings*

Although we see GAVI's approach of working in countries through its Implementing Partners (particularly WHO and UNICEF) as a strength; there is a lack of clarity about roles vis-a-vis the Secretariat. Our judgement is that this has contributed to relative weaknesses identified in relation to: (i) communications with countries; and (ii) the approach to capturing and proactively monitoring country-level data (including reporting on any case of mismanagement/ misuse of funds).

### *Recommendations*

As noted above, we think that as GAVI puts together its Business Plan for 2011-15, it has the opportunity to improve clarity of roles and responsibilities of the Partners and Secretariat generally. We are not in a position to offer any fully worked up ideas on this. But initial thoughts on options for promoting greater clarity are as follows:

- Timeliness and completeness of APRs should clearly be the responsibility of country-level Partners and this should be monitored against agreed KPIs. GAVI might consider providing some training/ technical assistance to country through its Partners (or appointed consultants) to help countries whose APRs have been found to be incomplete/ inconsistent or repeatedly not submitted on time.
- We recognise the tension that exists for Partner country officers in exposing issues of under-performance on or mismanagement of GAVI grants. One possible approach would be for there to be a presumption that APRs should incorporate all of the information about performance that is available to GAVI Implementing Partners in country. This might strike a reasonable balance between the need for WHO/ UNICEF to work closely with and maintain the confidence of the Ministries of Health and their role as GAVI Partners. We think that this should also be supported by more proactive engagement of the Secretariat in understanding key country issues (see below).
- The Secretariat might be more proactive in reviewing and acting on country monitoring information – working with Country Partners. This means that the Secretariat officer with responsibility for a country might be expected to actively review APRs and follow-up on issues raised or aspects where the APRs are not clear.

Clarity and communication on GAVI processes and policy development should be a joint responsibility. But our expectation is that the Secretariat officer with country responsibility should be proactive in identifying the ways to support WHO/ UNICEF officers in country.

### 5.3. Efficiency of application, review and disbursement processes

#### *Evaluation findings*

GAVI's application documents and processes have evolved and improved over time in response to feedback. However, across GAVI's programs, there have been significant delays in the review, approval and disbursement of funds.<sup>23</sup> Also, approval with clarification is by far the most common response from the IRC (as also noted in the HSS evaluation).

Further, the recent introduction of FMA has delayed the disbursement of approved funds for GAVI's cash programs in a number of countries. Whilst FMAs aim to improve financial management of GAVI's cash programs – which is critical – its introduction has caused delays and disruptions in implementation of approved HSS and ISS activities in affected countries – at times, for over a year.

Whilst the ICC is considered an effective Partnership mechanism for review of the immunisation applications, the HSCC (or equivalent) is seen to be relatively less effective and inclusive in several countries. This at times reduces the level of Partner guidance for and oversight of the HSS application and disbursement processes.

Most importantly, we understand that the Secretariat does not systematically record or track the timelines of application receipt to IRC review, Board approval and disbursement (except for the CSO program).

#### *Recommendations*

We recognise that GAVI has made improvements in this area, drawing on lessons from implementation of programs (and particularly strengthening country ownership of programs through their contribution to/ ownership of the proposal development process and Ministerial sign-offs). Nevertheless, given the persistent delays, GAVI might consider the following options for improving the efficiency of the application processes:

- Providing technical assistance to countries (through Partners or appointed consultants) to help improve the quality of proposals so that there is a greater likelihood of them being approved in the first round of IRC review.
- Simplifying (where appropriate) the application requirements and review processes, especially with respect to proportionality to value of grants (such as CSO grants).
- Reviewing the feasibility of undertaking the FMA process in a more time-efficient manner and if possible, prior to Board approval of the program application (particularly true for HSS, where the program spend is planned to commence in the same year).
- As mentioned above, improving communication by GAVI on status of the program application and expected timelines for approval and disbursement, so that countries can plan on that basis.

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<sup>23</sup> This has been highlighted in the previous HSS and ISS evaluations, and was raised as an issue in our evaluation of the CSO program and our analysis of NVS application first-round reviews by IRC up to July 2009.