

FOR DECISION

Drawing on discussion at the Board retreat (11-12 May) and discussion and recommendation of the Executive Committee (20 May), a 'final' draft of the GAVI Alliance Strategy 2011-2015 has been prepared for Board approval.

In addition, a draft concept note outlining the process for developing a comprehensive business plan for the five-year strategic period has been prepared for information.

The Board is requested to:

- Approve the final strategy matrix

GAVI Alliance Strategy 2011-2015

In the period 2007-2010, GAVI underwent a number of significant changes including a change to its operational model and consolidation of its governance structure. Several fundamental policies and programmes were implemented, including co-financing, gender, eligibility and graduation. Resource mobilisation and vaccine investment strategies were developed, as well as a platform for the introduction of new vaccines (Accelerated Vaccine Introduction). Further, GAVI supported health systems strengthening and civil society organisations for the first time. Furthermore, on 1 January 2009, the GAVI Alliance was established as an autonomous international organisation in Switzerland with privileges and immunities under a new Swiss Host State Act.

With the impending end of the GAVI Alliance 2007-2010 strategic planning period, in November 2009 the GAVI Alliance Board agreed to develop its second five year strategy and in so doing review its strategic goals, operating principles and the application of its business model. The new strategy is intended to cover the period of 2011-2015 – providing a framework for the future deliverables and laying the groundwork for the achievement of the GAVI Alliance's aspirations beyond 2015.

The change in governance structure has provided GAVI with the opportunity to consolidate its strategic and budget planning processes. This will allow for increased accountability and improved coordination.

Strategy 2011-2015

Oversight

In November 2009, the Board endorsed a detailed plan, timeline, and evaluation of resource needs to support the strategy development process. It was agreed that the process would be undertaken by the GAVI Secretariat under the coordination of the Deputy CEO and oversight of the Executive Committee acting on behalf of the Board.

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Scope

The Board agreed that the process would not involve a fundamental review of GAVI's current mission, strategic goals and operating principles but would rather constitute a "light touch" review drawing upon lessons learnt over the last four years. Board guidance suggested that while some fine-tuning may be warranted, a fundamental change to the strategic framework is not necessary. Drawing on this guidance, the strategy development efforts focused on a review of the strategic goals and operating principles, as well as the development of key performance indicators, targets and objectives.

Process

The first phase of the strategy development process involved stakeholder consultations, starting at the 2009 GAVI Partners' Forum in Hanoi, Vietnam. One-on-one and group interviews took place between the Deputy CEO and all board constituencies from November 2009 through April 2010.² The aim of the consultations was to understand stakeholders' views on the relevance, appropriateness and clarity of GAVI's 2007-2010 strategy, including mission, goals and principles. The Secretariat used a process of "hypothesis testing": Based on an analysis of the input received, the mission, goals, principles, indicators and objectives were refined accordingly and the new suggestions were then tested with the next set of stakeholders. Stakeholders were also encouraged to provide written submissions. More recently, a second round of interviews were also organised with WHO, UNICEF and the World Bank.

To ensure a transparent and inclusive process in the GAVI Alliance 2011-2015 strategy development, various mechanisms were put into place:

- An internal Secretariat task team and external advisory group were appointed to advise on the process, methods and internal coherence and consistency of the strategy as the various components developed. Both groups were time-limited and reported to the GAVI Alliance Deputy CEO. One of the responsibilities of the teams was to ensure that the strategy is well articulated with objectives that are measurable.
- Regular input was received from the Executive Committee of the Board, and consultations were held with the Programme and Policy Committee and the Audit and Finance Committee.
- Consultations took place during WHO/UNICEF regional meetings and country visits (February-April), the WHO/UNICEF Global Immunisation meeting (February), and the meeting with civil society organisations (March). A consultation was also organised by a developing country board member (Yemen) to bring together EPI managers from the Eastern Mediterranean region.
- In February 2010 the GAVI Alliance CEO and a developing country board member sent letters to all Ministers of Health of GAVI-eligible countries soliciting their feedback on the future of GAVI during the 2011-2015 strategy period. Letters of response from 17 countries were received by the Secretariat.
- A web-based questionnaire for soliciting broad input on the strategy was launched in February-March 2010.

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- A consultation with developing country health ministers was held in the margins of the World Health Assembly (May).
- The Secretariat partnered with civil society, WHO and other technical partners, including members of the Programme and Policy Committee on refining KPIs and setting targets.

The process has also drawn on analytical and policy activities undertaken during 2010 by the Secretariat and Alliance partners; in particular, the Phase 2 evaluation of GAVI (2006-2010). The consultants undertaking the GAVI Second Evaluation have provided an update “Update on Emerging Themes” to inform the board retreat and discussion in June.¹

Importantly, the prioritisation, co-financing and supply strategy policy development and resource mobilisation efforts both informed and were informed by the process.

Board retreat

A retreat of the GAVI Alliance Board took place on 11-12 May 2010 in Geneva, Switzerland. The objective of the retreat was to discuss and brainstorm around the draft GAVI Alliance 2011-2015 Strategy.

Broad consensus was reached around the strategy at the retreat. The strategy matrix was submitted to the May 2010 meeting of the Executive Committee for guidance on issues outstanding given their oversight role on behalf of the Board in the strategy development process. The Executive Committee endorsed and recommended to the Board the GAVI Alliance Strategy 2011-2015 as presented in Supporting document 1 and had the opportunity to comment on the indicators and targets.

Key performance indicators

The GAVI Secretariat has coordinated the development of key performance indicators (KPIs). Draft KPIs were included in the consultation drafts for the strategy beginning in early 2010 but cognizant of the fact that the strategic goals and hence the objectives were evolving. As the strategy evolved the Secretariat has worked with WHO to ensure that proposed indicators are technically robust and are feasible to collect.

The draft KPIs were revised following individual consultations with board members and constituencies, including AVI, and taking into consideration feedback from the Programme and Policy and Executive Committee meetings, and the Board retreat in May. As the goals have been refined, the indicators have been revised accordingly.

Following approval of the strategy in June, KPIs for the objectives and targets for all KPIs will also be finalised.

¹ See Annex 5

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Next Steps - Developing the Business Plan 2011-2015

As requested by the Board in November 2009, an integrated business plan and associated operational plan will be developed in the second half of 2010 on how to achieve the strategic goals and objectives. This business plan will cover the period of 2011-2015 and will include a two-year detailed operation plan (2011-2012) with activities, indicators, targets, accountabilities and a unified budget. This will need to reflect expected resource flows and be adjusted as necessary to reflect actual resource flows. The initiation of the business planning phase began in April 2010 and will include consultations with the Executive Committee, Programme and Policy and Audit and Finance committees. A concept note on the business planning was submitted to the EC for guidance in May 2010 with the opportunity for members to forward further comments to the Secretariat. These comments were included in the concept note in Supporting document 2, for information.

<p>Mission</p>	<p>To save children’s lives and protect people’s health by increasing access to immunisation in poor countries</p>		<p>Key Performance Indicators:</p> <ul style="list-style-type: none"> I. Number of future deaths averted in GAVI supported countries II. Number of additional children fully immunised with GAVI supported vaccines III. Under five mortality rate in GAVI supported countries 	
<p>Operating Principles</p>	<p>As a public-private partnership including civil society, the GAVI Alliance plays a catalytic role providing funding to countries and demonstrates “added-value” by:</p> <ol style="list-style-type: none"> 1. Advocating for immunisation in the context of a broader set of cost-effective public health interventions 2. Contributing to achieving the Millennium Development Goals (MDGs) 3. Supporting national priorities, integrated delivery, budget processes and decision-making 4. Focusing on innovation, efficiency, equity, performance and results 5. Maximising cooperation and accountability among partners through the Secretariat 			
<p>Cross-cutting</p> <p>Strategic Goals</p> <p>KPIs</p>	<p>Monitoring and Evaluation Advocacy and Communication Capacity-Building</p>			
	<p>SG1 Accelerate the uptake and use of underused and new vaccines</p>	<p>SG2 Contribute to strengthening the capacity of integrated health systems to deliver immunisation</p>	<p>SG3 Increase the predictability of global financing and improve the sustainability of national financing for immunisation</p>	<p>SG4 Shape vaccine markets</p>
	<ul style="list-style-type: none"> I. Country introductions of underused and new vaccines - Cumulative number of GAVI supported countries introducing underused and new vaccines II. Coverage of underused and new vaccines – Coverage of underused and new vaccines in GAVI supported countries 	<ul style="list-style-type: none"> I. Integrated delivery strategies – Proportion of GAVI supported countries delivering immunisation through integrated service delivery strategies II. DTP3 coverage - DTP3 coverage in GAVI supported countries III. Equity in immunisation coverage – DTP3 coverage in the lowest wealth quintile divided by DTP3 coverage in highest wealth quintile 	<ul style="list-style-type: none"> I. Donor resources to finance country demand - Proportion of GAVI funding gap filled to meet country demand II. Country investments in vaccines per child – Average amount spent from national health budgets on vaccines per surviving infant in GAVI supported countries III. Fulfilment of co-financing commitments - Proportion of countries meeting their co-financing commitments 	<ul style="list-style-type: none"> I. Reduction in vaccine price - Change in weighted average price per dose for pentavalent and rotavirus vaccines II. Suppliers in the market – Number of manufacturers with a pre-qualified vaccine in the market
<p>Objectives</p>	<ol style="list-style-type: none"> 1. Increase evidence based decision-making by countries 2. Strengthen country introduction to help meet demand 	<ol style="list-style-type: none"> 1. Contribute to the resolving of the major constraints to delivering immunisation 2. Increase equity in access to services, including gender equity 3. Strengthen civil society engagement in the health sector 	<ol style="list-style-type: none"> 1. Increase and sustain allocation of national resources to immunisation 2. Increase donor commitments and private contributions to GAVI 3. Mobilise resources via innovative financing mechanisms 	<ol style="list-style-type: none"> 1. Make vaccines more affordable 2. Ensure sufficient supply 3. Create market security and stability 4. Catalyse introduction of appropriate vaccines

Supporting Document 2

Concept Note: Proposal for Developing the Business Plan and Budget for the GAVI Alliance Strategy 2011-2015

Introduction

The aim of the note is to contextualise the current planning for the 2011-2015 business plan and highlight key mechanisms for supporting this process. The document also comprises Annexes (1-4); and Background Documents (1-2) from the previous work planning exercise.

Issues and Options

For the 2007-2010 strategic plan the Alliance developed a work plan to fund activities implemented by multilateral partner agencies (primarily WHO, UNICEF and the World Bank) and the GAVI Secretariat in support of the strategic goals. This work plan contained over 100 activities in any given year – with a total budget of \$297m over the entire period. Expenses such as procurement fees (e.g. to PAHO and UNICEF), support to the Accelerated Development and Implementation Programmes (ADIPS) administration by the Secretariat, and programme costs were not included in the work plan. This resulted in a rather fragmented budget and a long list of activities so that it is difficult to track outcomes against strategic goals.

At present, the release of Board approved funding for work plan related activities are not deliverables-based. It is released in tranches throughout the year based on Partner preference and is 'automatic' in nature. Partners submit mid-year progress reports (narrative) in June and annual reports by March 31st of the following year of implementation. Because of the specificities of funding UN agencies it has been difficult to track in a timely fashion the extent to which work plan activities have been completed and monies expended.

Moving forward into the new strategy the Board has asked the Secretariat to develop a business plan which will include all expenditures – programmatic and administrative (see Annex 1 for an outline of the plan). In addition, the Board has asked the Secretariat to review the extent to which contracts and resulting payments for partner organisations can be performance based.

During their May 2010 call Executive Committee members highlighted that a "results-driven" or "pay-for-performance" model would harmonise better with GAVI's principles of transparency, accountability, innovation, and results-based performance. Further, this model would assist the Board in evaluating GAVI's investments in programmes. Executive Committee members felt that given the new governance arrangements and strategy, a new paradigm for authorising financing was needed. This is a risk area for GAVI and one that should be thoroughly and carefully addressed.

At the Partner level, it appears that the bulk of the work plan coordination/reporting responsibilities lies with the 'operational' staff at the Partner agencies, and it is not clear whether Senior Management signs off on progress reports or the extent to which GAVI funded activities are reflected in the respective agencies own strategic plans. It was noted by the Executive Committee that GAVI financing should be "additional" and not used to pay for multilateral partners' core activities. Ideally, activities should be demand driven and senior management of partners should sign off on the deployment of GAVI funds. It appears that more ownership from Senior Management, could greatly improve the process.

Supporting Document 2

a. *Funding terms*

How should funding to multilateral partners be treated and what are the expectations vis-à-vis reporting? For example, from a legal and accounting perspective, the question of how the contributions are treated could necessitate different reporting procedures. The Secretariat's legal and financing teams are currently developing an options paper on results based payment arrangements using as a benchmark the frame works developed and implemented for the yellow fever and meningitis investment cases (see Annex 4 for an example) will also be explored.

b. *'Preferred provider'*

The GAVI Alliance procurement policy was approved by GAVI Boards in November 2006, to address the issues of preferred provider. The idea was to apply a 'Partner Designated Contract' (see below) to every activity in the work plan. The questions to be addressed were as follows.

1. *Does the organisation:*
 - a. *Have a unique capacity to provide in-country support, including access to facilities, persons and/or data necessary to provide the applicable goods and services, or to act in an emergency situation because of preplanning capacity and an established structure available to respond on an emergency basis? OR*
 - b. *Provide an advantageous tax status or financial systems capacity to help minimise costs associated with providing the applicable goods or services? OR*
 - c. *Have a unique legal authority or mandate to perform the action? AND*
2. *Are there substantial efficiencies in continuing with the same provider of goods and services, and would it be significantly disruptive to ongoing activities to substitute an alternate provider?*

Moving forward, the Board will need to determine if this is still an appropriate way to designate contracts.

c. *Role of the Secretariat*

In the past, the Secretariat had a coordination role in the work plan development. Sub-groups for each strategic goal were largely chaired by partner agencies and members of the Secretariat attended meetings according to their expertise. For the most part, the decisions on which activities to put forward were decided by consensus within each strategic goal and once the activities were approved the groups were disbanded.

Based on the guidance at the Board retreat, the Secretariat will now take on a more active management role – both in the development and the implementation of the business plan and related activities. The Secretariat will serve as the steward of donor resources to ensure appropriate oversight of implementation of the business plan. This shift may require changes to the contractual relationships with the multilateral partners to ensure that progress against deliverable can be captured appropriately.

Supporting Document 2

Developing the Business Plan

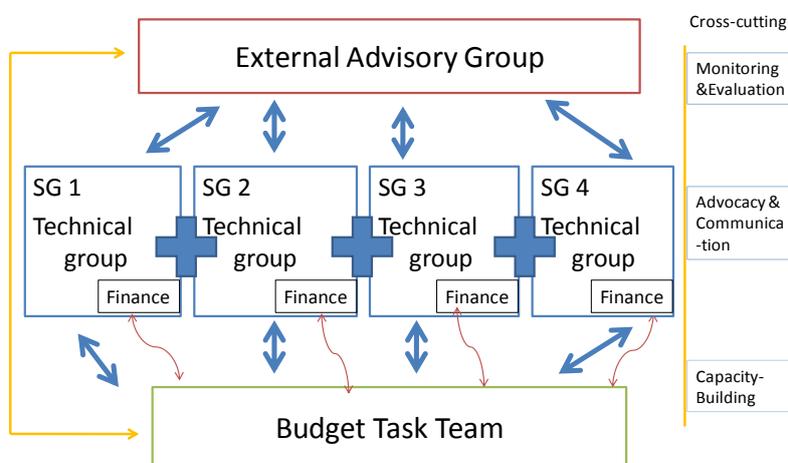
One of the criticisms of past work plans is that they have been more “wish lists” than work plans and that the extent to which activities relate to achievement of the strategic goals is not clear.

In order to address this, in the new business plan, implementers must demonstrate that any activities proposed will achieve the objectives (and related key performance indicators) for the strategy (see Supporting document 1).

Technical sub-groups will be set up for each goal. Members will be asked to develop the list of activities to achieve the objectives in support of the goals and budget for them appropriately. They will also be asked to prioritise the list of activities – into critical, important, nice to have (C/I/N) – such that funding can be allocated appropriately. The budgets will be reviewed by a Budget Task Team, and then the activities and budgets will be reviewed by an External Advisory Group, with subject area and finance experts. A copy of the draft budget templates are in Annex 2 and 3.

Cross-cutting areas including monitoring and evaluation, advocacy and communication, and perhaps capacity-building have been identified as key areas which will need a budget for activities.

Figure 1: Interaction of support teams – business planning



The Secretariat under the oversight of Deputy CEO will engage a full time consultant to coordinate the operation plan development including facilitating the process across all sub-groups. A competitive search for the consultancy began in May 2010 and the Secretariat is in the final stages of the hiring process. Secretariat staff will also join the Technical subgroups as expert members and will serve as the lead agency for the Budget Task Team.

Timing

The business planning process should be launched as soon as possible in order to ensure sufficient time for the supporting teams to meet 4-5 times between May and August 2010. In September 2010 the External Advisory Group will examine the proposed activities and operational budget in advance of their submission to the Audit and Finance Committee (AFC) and Programme and Policy Committee (PPC) Governance Committees (October

Supporting Document 2

2010) and the EC for recommendation to the Board (December 2010). The timeline below highlights some of the key milestones of the process:

- 11-12 May Board retreat
- 16-17 May PPC meeting
- 20 May EC meeting
- 25 May AFC meeting
- 16-17 June Board meeting
- 29 July EC meeting
- August Final meeting of technical sub-groups (draft operational plan submitted)
- September External Advisory Group (reviews proposed operational plan activities)
- 22 September EC meeting
- 21-22 October TBD PPC meeting
- October TBD AFC meeting
- 4 November EC meeting
- 1-2 December Board meeting (approve business plan and budget)

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Annex 1

Draft Outline: GAVI Strategy 2011-2015 and Integrated Business Plan

EXECUTIVE SUMMARY

Highlight key elements, such as:

- Rationale for new strategy and overall approach to strategy and business plan development - not a detailed process outline though
- Strategy structured as a cascade from mission through to objectives with KPIs aligned at each level
- Business plan comprised of programme commitments and Secretariat/partner supporting activities - financials using resource mobilisation projections

CONTEXT

- Creation of GAVI and rationale
- GAVI Phase 1 and 2 - key objectives and achievements
- Changing landscape of public health and GAVI's role within that (e.g. still relevant mission but increasing need to strengthen health systems and shape markets)
- Need to develop GAVI's next five year strategy and the supporting business plan to achieve this
- Significant work/understanding already on key inputs such as vaccine investment strategy, Phase 2 evaluation, eligibility, prioritisation and financial modeling

GAVI STRATEGY 2011-2015

This section should weave in the rationale/support basis from consultations and survey.

- Mission, strategic goals and KPIs
- Operating principles
- Key objectives and KPIs

There is also a need to link the elements of the strategy above to what GAVI is currently doing and will commit to doing going forward (e.g. vaccines supported) - this can be at the end of the strategy section or beginning of the business plan depending on how "clean and simple" you want to keep the strategy section. This part needs to include:

GAVI currently has several major programmatic initiatives such as...

These are strongly aligned to the mission and strategic goals outlined above (map committed programmes/activities/funding windows against strategic goals)

They form the core of the major activities GAVI will undertake for 2011-2015

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BUSINESS PLAN

Operating model

- Overall “business operating model” of the GAVI Alliance
- Roles and responsibilities of partners and Secretariat
- Processes to ensure strong functioning and accountability

Financials and activities

- Prioritised activities by strategic goals and objectives for 2011-2015

May want to include core Secretariat activities like fund-raising, M&E etc. and account both for activities with budget and for personnel

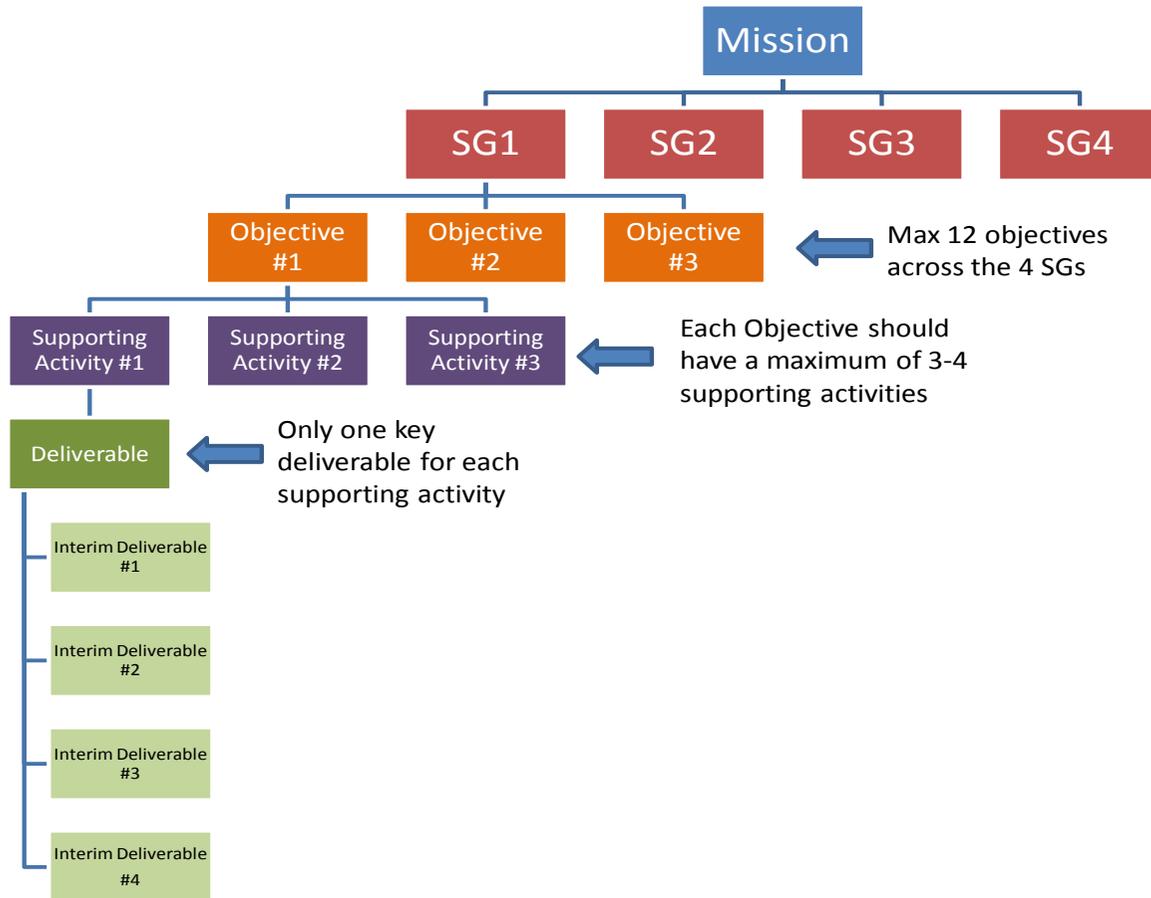
- Financial outlook for GAVI in the different resource mobilisation scenarios
- After costs of committed programmes/activities/funding taken out of base case, residual budget for key strategy supporting activities by Secretariat and GAVI partners
- Detailed operational plan for 2011-2012 and associated costs
- Potential add-ons activities / increases in programmes if upside financials can be achieved
- Plan to review/revise financials and develop later work plans

APPENDIX

- Strategy development process and timelines
- 2007-2010 mission, strategic goals and operating principle

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Annex 2 – Business plan structure



Annex 3 – Budget template

Version 1 (Draft) example	5 th May 2010	John Smith	WHO						
SG1: Accelerate the uptake and use of underused and new vaccines				Vaccine	Target 2011	Target 2012	Target 2013	Target 2014	Target 2015
1. Country introductions of underused and new vaccines <i>Cumulative number of GAVI supported countries introducing underused and new vaccines</i>				Penta Pneumo Rota					
2. Coverage of underused and new vaccines <i>Coverage of underused and new vaccines in GAVI supported countries</i>				Penta Pneumo Rota					

Objective Strengthen country introduction to help meet demand	Target 2011	Target 2012	Target 2013	Target 2014	Target 2015

Supporting Activity	Rationale (impact on objective)	Priority (C/I/N)	Deliverable	Expected Impact on objective KPI	Timing	Owner

Annex 4 - Meningitis Preventive Log frame for 2009-2010

Vaccine Costs						
Outcome	Activities to meet outcomes	Indicators of success	Deliverables	Payment schedule		
				2008	2009	2010
Introduction of conjugate Men A vaccine in Burkina Faso	Purchase the vaccine	9.7M doses of MenA conj vaccine needed are purchased by UNICEF for introduction	CTNs for vaccines purchased		\$ 2,926,874 (Q1)	
Introduction of conjugate Men A vaccine in Mali, Niger	Purchase the vaccine	19.2M doses of MenA conj vaccine needed are purchased by UNICEF for introduction	CTNs for vaccines purchased			\$12,294,000 (Q1)
Non Vaccine/Operational Costs						
Outcomes	Activities to meet outcomes	Indicators of success	Deliverables	Payment schedule		
				2008	2009	2010
			Execution of contract	\$491,500 UNICEF HQ (12/31) \$1,474,500 WHO (12/31)		
Introduction of conjugate Men A vaccine in Burkina Faso, Mali, Niger	Support countries on the elaboration of the introduction plan, microplans at district levels and need assessment	Introduction plan and microplans are developed and needs assessments are conducted	Receipt of introduction plan and microplans, needs assessment report from Burkina Faso (Q1/2009) and Mali and Niger (Q2/2010)		\$370,250 UNICEF HQ (3/31) \$1,110,750 WHO (3/31)	\$2,313,000 WHO (6/30)
	Provide equipment needed to counties	Necessary equipment (cold chain, transport, etc) is purchased	Receipt of report on the availability of equipment and installation in Burkina Faso (Q2/2009) and Mali and Niger (Q3/2010)		\$1,712,000 WHO (6/30)	

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	Conduct mass campaign activities	Vaccine coverage in the target population achieved during mass campaign is >90% for 2-29 year olds	Receipt of WHO-UNICEF Joint Reporting Form with data from vaccine coverage surveys and addressing indicators of success. (Q2/2010 for BF and Q3/2011 for Mali and Niger)			
	Develop monitoring and evaluation plan	Development of plan	Receipt of plan (Q1 2009)			
Conduct Country level capacity building activities	Produce tools (guidelines, vaccination cards), strengthen delivery infrastructure and train medical staff and/or CHWs	Proportion of districts fully implementing waste disposal plans within two weeks of mass campaign is 80% 90% of countries implement plans for AEFI surveillance of Men A conjugate vaccine	Report should include information on activities and indicators in log frame including: availability of guidelines, vaccination cards and bicycles at country level. It should include training and supervision reports; field assessment and studies reports; information about IEC material distribution and meeting reports. Supervision activity reports should also be included. If indicator targets are not achieved, justifications should be provided. This report will be available for Burkina Faso (Q2/2010) and Mali and Niger (Q3/2011)			
	Conduct field assessments and studies					
	Develop IEC Materials and hold meeting with medical societies					
	Conduct supervisions activities related to mass campaign, epidemic response, case-based surveillance and social mobilisation					
	Conduct Steering committee, ICG & PAC meetings and conduct M&E activities in countries					
	Provide reports on epidemiology of meningitis in Burkina Mali and Niger	100% of countries (3) produce weekly case reports for suspected bacterial meningitis 90% of epidemiological reports on meningitis case indicate laboratory confirmation	Epidemiological reports including supervision activities reports are available (Q3/2009), (Q3/2010), (Q3/2011) and (Q3/2012)		\$1,706,500 UNICEF HQ (09/30) \$5,119,500 WHO (09/30)	

Annex 5 - Emerging and preliminary themes on GAVI's performance

Strategic Goal	Emerging themes on positive results/ value add	Emerging themes on weaker results/ value add
SG1: Health systems strengthening	<ul style="list-style-type: none"> • INS program is generally credited with introducing and improving uptake of immunisation safety equipment in countries, sustained financing of safety kit after INS support, and improved safety planning, policies and budgets for Phase I INS countries. Initial comparison of JRF safety indicators of GAVI eligible and ineligible middle income countries suggests GAVI value add. • GAVI's role in participating in/ shaping the joint platform is promising (and raises the profile of immunisation), particularly given its small value of HSS funding vis-a-vis other donors. • ISS focus on increasing coverage to unreached is valued (especially given lack of other donors in this space), but its exact impact on coverage levels is ambiguous. 	<ul style="list-style-type: none"> • HSS program health outcomes/ impact are difficult to measure and attribute to GAVI, and to link to immunisation outcomes. Evidence so far on GAVI value add vis-a-vis other HSS donors is not conclusive (although positive features such as GAVI's flexibility and country ownership of program are noted). • CSO program has some fundamental design and implementation issues, resulting in lack of awareness in countries and poor uptake. Results are too early to measure. • ISS program implementation raises issues related to data quality/ reporting (although DQA/ DQS have improved this), appropriateness of reward criteria (especially after a certain coverage level), safeguards against misuse of 'flexible' funds, etc.
SG2: Vaccine support	<ul style="list-style-type: none"> • Country introduction and use of Hep B, Hib, and Yellow Fever vaccines have increased since GAVI provided funding. • Increased market entry of new pre-qualified suppliers (including emerging market suppliers) for GAVI vaccines. • GAVI has become more forward-looking in planning by creating long-term strategic demand forecasts for new vaccines to predict the funding level that will be required for new vaccine support. 	<ul style="list-style-type: none"> • No clear trend or attribution to GAVI possible on country time to achieve peak coverage after introduction of a new vaccine. • Vaccine price reductions achieved vary by vaccine, but generally, have not been as large as initially anticipated by GAVI.
SG3: Financing	<ul style="list-style-type: none"> • GAVI has contributed to an increase in total resources available for immunisation (although we are examining the impact of GAVI on the displacement of funding for immunisation for WHO and UNICEF). • GAVI has performed reasonably well in accessing longer-term commitments from traditional donor sources – and this is essential part of its value add. However, it is IFFIm were GAVI has played a particular role in supporting the development of a new approach to funding development (although has some perverse effects for GAVI). 	<ul style="list-style-type: none"> • In comparison with other GHPs, GAVI appears to have been less good at diversifying its donor base. • Financial sustainability at national level remains a concern – both for vaccines as well as immunisation system strengthening activities.

Strategic Goal	Emerging themes on positive results/ value add	Emerging themes on weaker results/ value add
	<ul style="list-style-type: none"> GAVI has facilitated and enabled the implementation of innovative financing mechanisms such as IFFIm and AMC. 	
SG4: Added value as a global PPP	<ul style="list-style-type: none"> GAVI is right to see its 'lean structure' as a contributor to its value add, but this will be eroded if recent increases in operating (and Work Plan) costs combined with a reduction in disbursements continue GAVI's introduction of the TAP in Phase II has been an appropriate development of GAVI's organisational structure and policy, and the way in which it has been introduced does not compare unfavourably with other organisations There is strong consensus from our e-survey that GAVI's multi-stakeholder model has been core to it achieving its immunisation objectives GAVI's contribution to promoting awareness and importance of immunisation appears to have been significant. However, more work is required to understand whether this is the result of specific advocacy actions or is largely a by-product of GAVI's program and financing activities 	<ul style="list-style-type: none"> GAVI's work planning and budgeting process and structure of materials appear to have not supported the effectiveness of the Alliance (although representative of the Partnership) The nature of GAVI as an Alliance has made it more difficult to develop a coherent link between strategy, outputs and activities

Supporting Document 2

Background Document 1

Terms of Reference, Work Plan Verification Process 2008

1. Background

GAVI developed a strategic plan for 2007-2010. Each year the Secretariat and partners prepare work plans against the strategic plan log frame. The GAVI Audit and Finance Committee reviews the work plans and the GAVI Board has final approval. The 2008 work plan process will cover a two-year period 2009-2010.

GAVI is seeking an independent review of the work plan activities in order to verify that the activities are appropriate to accomplish the GAVI goals and objectives, that the partners have the capacity to perform the proposed work, and that the budget is appropriate for the work.

Criteria, and an algorithm for applying the criteria, were developed for the Accelerated Vaccine Initiative activities in early 2008 and were reviewed by the AVI Steering Committee, the Working Group and the ADIP Management Committee. These criteria will be applied to all new work plan activities and to continuing activities with a large increase in budget. This will allow an objective review of the work plans by a group of individuals with no conflict of interest for funding decisions.

2. Objective and targets:

The overall objectives of the process are:

- Evaluate whether the 2009-2010 work plan activities support the goals and objectives of GAVI.
- Determine if the proposing GAVI partner has the mandate, capabilities and capacity to conduct the work.
- Evaluate whether the requested budgets for individual activities provide sufficient value for money (at the level of the Strategic Goal).

In particular the activities should be evaluated against the following criteria:

- Time for activity to demonstrate its desired outcome
- Catalytic activity: enables several other later stage acceleration activities
- Evidence of positive efficacy of the proposed activity to generate the desired outcome
- Ensures continued use of the vaccine post-introduction
- The target population likely to benefit if the activity is successful
- Degree of innovation in the approach of the activity (faster or better)
- Proposes a lower cost approach than current approaches
- Unique GAVI role

3. Specific activities to be completed to achieve the objectives:

GAVI partners and the Secretariat are preparing work plans for the time period 2009-2010. These work plans are being prepared using the GAVI strategic plan for 2007-2010. The full work plans will be available for the review team at least one week prior to the meeting. The September 8-9, 2008 review meeting will be facilitated by Melinda Moree and Mary Kate Scott in a consulting role to GAVI. They will lead the review team through the process. The evaluation criteria developed for the AVI activities will be provided as a guide to align the WPVP review with GAVI principles. Background information on how the criteria were developed and the criteria and algorithms themselves are attached to these TORs.

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The team as a whole will be responsible for the recommendations to the Board. GAVI Secretariat staff will facilitate the process by supporting the drafting and finalisation of the recommendations, but the content of those recommendations will represent only the findings of the review team. The team will chose one individual to present the recommendations to the GAVI Board and respond to any questions they may have.

4. Tangible and measurable outputs of the work assignment:

- Participation in the September 8-9 2008 WPVP review meeting
- Paper with the team recommendations to be presented to the GAVI Board
- Presentation of the recommendations by one team member to the GAVI board

5. Timeline:

- Work plans and background materials sent to reviewers by GAVI Secretariat by September 2, 2008
- At the September 8-9, 2008 meeting, the members will participate in discussions and the evaluation of work plan activities using the evaluation criteria. Initial recommendations will be drafted during the meeting.
- Recommendations for the board will be finalised by September 12, 2008.
- One member of the team will be selected by the team to present the results at the October 2008 GAVI board meeting.

6. Location:

Remotely, via teleconference and e-mail.
In person for meeting in Washington DC.

7. Qualifications or specialised knowledge/experience required:

The 2009-2010 GAVI Alliance work plan covers the spectrum of activities carried out by the Alliance. The following type of expertise/knowledge will be represented on the WPVP review committee:

- Health systems
- Immunisation programmes in developing countries
- Health and immunisation financing
- Introduction of new vaccines/product launch
- GAVI Alliance-its mission, vision and purpose
- Mandates and capabilities of GAVI partners

Background Document 2

Example: format for the work plan verification process review 2008

Strategic Goal 2: Accelerate the uptake and use of underused and new vaccines and associated technologies and improve vaccine supply security

GAVI Work Plan Milestone	Act. Id	Activity	Indicator	Means of verification/Data source	Timing by Quarter	Budget	Lead resp. entity	Other resp. entity	Comments
2.4.1C By 2008, 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	2.4.1.9	Adapt the current models for estimating disease burden of yellow fever, Hib, pneumococcus and rotavirus disease to produce annual updates of disease burden and update estimates of GAVI impact including deaths averted by GAVI sponsored vaccine	Calculations completed	Written record	X X X X	246,100	WHO		
	RISK ANALYSIS: Lack of WHO capacity to support accelerated activities.								

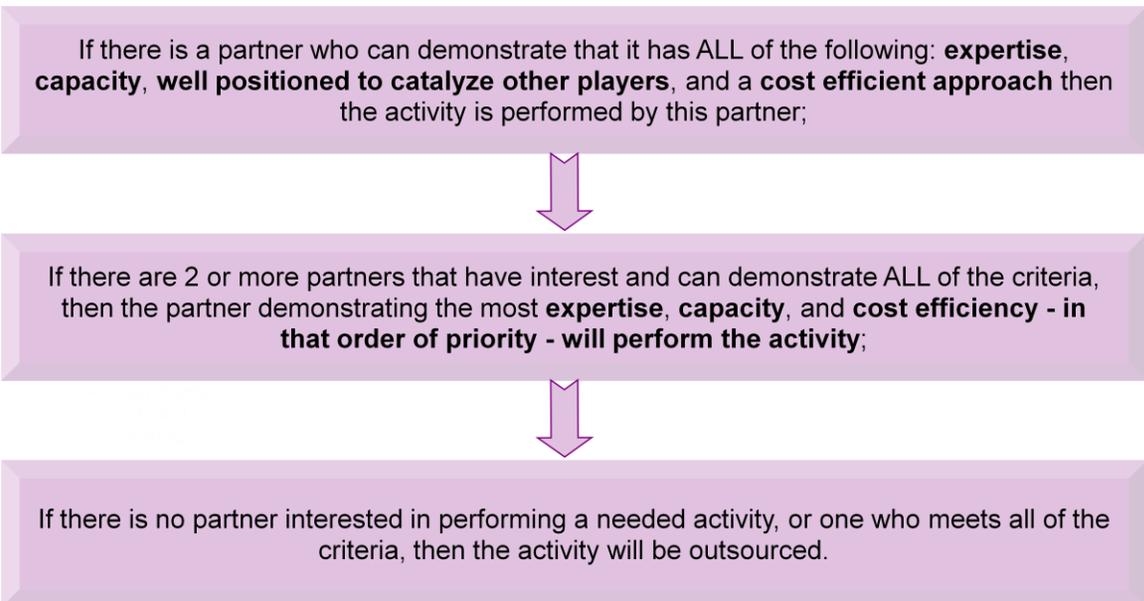
Step 1: Evaluate the Activity According to GAVI Criteria

Evaluation Criteria	Remarks*
Time for activity to demonstrate its desired outcome	< 1 year so this falls into the GAVI scope of being time-limited
Catalytic activity: enables several other later stage acceleration activities	This is a catalytic activity as it generates awareness that then can lead to action.
Evidence of positive efficacy of the proposed activity to generate the desired outcome	Several studies have shown that having information about disease burden is critical to the decision to introduce a vaccine.
Ensures continued use of the vaccine post-introduction	An important factor to sustained use by countries and sustained interest by donors is the ability to demonstrate impact.
The target population likely to benefit if the activity is successful	Since these are global estimates, every country should benefit from this information.
Degree of innovation in the approach of the activity (faster or better)	There is little innovation in this approach.
Proposes a lower cost approach than current approaches	Difficult to say with the limited budget information provided.
Unique GAVI role	This is more of a normative function of WHO. So, GAVI's role is not unique.

* These remarks should be viewed as illustrative.

Step 2: Determine if the proposing GAVI partner has the mandate, capabilities and capacity to conduct the work

Algorithm



Criteria Definitions

Expertise — combination of strong performance, experience and knowledge of conducting the activity

Capacity — able to manage and conduct activity in a timely manner including having (or being able to hire) technical and managerial resources

Positioned to catalyze the necessary players and activities — organisational structures and mandates allow for the coordination and championing of the activity

Cost efficiency — can demonstrate a cost efficient approach

Criteria	Remarks*
Expertise	WHO is qualified to conduct the work.
Capacity	Serious concerns about the capacity of WHO to do this scope
Positioned to catalyze the necessary players and activities	WHO is well positioned as an authority on global disease estimates
Cost efficiency	Not enough information provided to assess

* These remarks are based on different review comments from the 2008 review but should be viewed as illustrative.

Step 3: Recommendation



Fund this activity at the proposing partner for the requested budget



Fund this activity at the proposing partner organisation but reduce the budget



Fund this activity. Reconsider the implementing organisation.

Comments:
