



## GAVI Secretariat Response - GAVI Phase 1 Evaluation

In 2006 the GAVI Alliance Board commissioned an evaluation of GAVI Phase I (2000-2005). The evaluation was conducted by Abt Associates, and led by a Board appointed steering committee. Because it was only completed in late 2008, many of the findings had already been identified and/or addressed by the Board, Secretariat and Alliance partners. Moving forward, it will be critical to ensure that evaluations are conducted in a timely manner such that their findings can be used to improve program design. Further, the oversight structure requires some discussion to ensure that oversight is fully independent from the activities that are being evaluated.

Main findings and a response from the Secretariat are provided below. In the document, the consultants included some thoughts on how they would react to their evaluation findings if they were the GAVI Board. We have not reacted to the consultants' opinions but focus instead on the findings themselves.

1. GAVI Immunisation Services Support (ISS) has improved Diphtheria, Tetanus and Pertussis (DTP3) coverage rates across the set of recipient countries, but there is significant variability at country level, and GAVI has not been effective at supporting underperforming countries. GAVI should focus more attention on improving performance in underperforming countries, working with in-country partners to provide additional support.

***NEEDS WORK*** *The Secretariat agrees that immunisation goals will not be reached unless all countries increase immunisation coverage. GAVI's country support policies have historically viewed all countries in the same light; this 'one size fits all' approach may need to be reviewed. It should be noted that some underperforming countries have in fact done well with GAVI support.*

2. Overall, GAVI's management of its support to countries is effective, but there is room for improvement in areas such as translation of documents, notification of funding transfers, and better communication of the rationale for Independent Review Committee (IRC) recommendations.

***IN PROGRESS*** *The number of country cluster officers has been expanded so that management of country support should continue to improve, especially in the communications areas identified in the evaluation. Yet the absolute numbers of staff in the Secretariat remain very small to manage 72+ countries work. Without a country presence the Secretariat thus relies heavily on partners for local communication. The GAVI Secretariat is working to further streamline its country support and finance functions to improve operations and responsiveness. The Phase 2 evaluation will consider whether or not current staffing is adequate to perform these functions and adequate to follow up on issues identified in special evaluations and through the IRC process.*

*The Secretariat currently translates country application materials into English, French, and Russian, and relies on the Pan American Health Organization (PAHO) for translation into Spanish. While timeliness of translated materials can be improved, the Secretariat*

*does not recommend increasing the number of languages or documents for translation, as this would have significant budget impact.*

3. The Accelerated Development and Introduction of Priority New Vaccines (ADIPs) were effective in compiling data to support new vaccine introduction, and advocating for their use. However, the key weakness of the ADIP model was that it did not adequately prepare countries for vaccine introduction.

***IN PROGRESS*** *This weakness is being addressed in the successor to the ADIPs – the Accelerated Vaccine Introduction project (AVI) which includes as its mandate preparing countries for vaccine introduction. The Haemophilus influenzae type b Initiative (Hib) has been highly successful in preparing countries for Hib vaccine introduction and as a result the Hib Initiative has informed the design of the AVI. Further, the new vaccine investment strategy, presented to the Board in October 2008, explicitly identifies costs of helping countries prepare for roll-out. These will be further developed in the implementation plans for GAVI investment in these vaccines.*

4. Although financial monitoring was adequate in the majority of recipient countries, there were countries where ISS funds were used inappropriately. At the same time, the flexibility of GAVI funding, and the minimal reporting burden at country level, were important advantages of GAVI support that should be maintained.

***IN PROGRESS*** *The one case of inappropriate use (Uganda) has been dealt with in phase 2. Further, in October 2008 the Board approved a Transparency and Accountability Policy, a financial monitoring plan, which will begin implementation in January 2009.*

5. GAVI allowed countries to set their own priorities for use of ISS funding, but its overall policies governing support to countries strongly promoted adoption of new vaccines. GAVI did not always have strong scientific evidence, or universal support for all of its strategic policies – such as Hib introduction. As a result, there was a perception that GAVI pushes new vaccines inappropriately. GAVI must ensure that its positions and policies have strong scientific foundations and widespread support throughout its partner organizations, and must seek additional ways to allow countries to set priorities for themselves regarding how to improve its immunization programs, particularly as it embarks on new activities.

***IN PROGRESS*** *GAVI is an Alliance which relies upon its partners, especially WHO, to ensure that its policy decisions are based on scientific and public health evidence. Positions and policies are formulated by the Board, which draws on additional technical advice as it sees fit. The Board created a “Hib task team” to look at the issue of Hib vaccine uptake; the outcome of that task team was the creation of the Hib Initiative which has been highly successful in helping health ministries decide whether the vaccine should or should not be introduced in their countries. This will help inform the AVI and future vaccine introduction efforts to ensure that countries set their own priorities*

*The evaluation also finds that “GAVI’s positions and policies were not always widely supported by all staff in partner organizations and at country level.” Clearly this will require follow up through AVI with partners that operate on the ground and address this disconnection between partners’ headquarters and field offices.*

6. Strategic planning has improved significantly with the Phase 2 Strategic Plan and Roadmap, and current work plans include budgets for activities to be undertaken in support of different strategic objectives. Nonetheless, there appears to be limited discussion to prioritize GAVI's strategic objectives, and to assess the costs required to meet the objectives that takes into consideration their expected impact.

***IN PROGRESS*** As GAVI moves forward, it will indeed be critical to prioritize investments. A Board retreat is planned for March 2009 to begin to define a framework for prioritizing. The prioritization process followed for the New Vaccine Investment Strategy has been a significant step forward in this regard.

7. GAVI was not able to provide vaccine cost data disaggregated by vaccine, which limited ability to conduct cost effectiveness analysis of NVS funding – this data is necessary not only for internal programming decisions but also effective advocacy.

***RESOLVED*** Access to vaccine procurement disaggregated data has been available since 2007, as part of the Memorandum of Understanding (MoU) between GAVI and UNICEF. Further, cost effectiveness analysis is part of the current investment case/strategy framework and the information is updated with actual vaccine prices as tendered by UNICEF/PAHO. Thus this issue has been addressed.

8. Although GAVI's New and Underused Vaccines Support (NVS) represented its largest investment under Phase 1, it has not been independently evaluated, examining components such as program design, implementation, and cost effectiveness.

***RESOLVED*** This was not listed as a priority by stakeholders in the design of the phase 1 evaluation. The evaluation policy approved by the Board in June 2008 stipulates that evaluations should not be standalone but as much as possible be comprehensive. Therefore, GAVI's support to vaccines, which was a component of the phase 1 evaluation, will be addressed in the evaluation of 2006-2010. Of note, new vaccine support has been evaluated by WHO in several GAVI countries.

9. Under Phase 1, GAVI lacked a clear evaluation policy, evaluation framework, and indicators for evaluation – as a result, this evaluation is being completed approximately three years after the end of Phase 1.

***IN PROGRESS*** As a first step towards addressing this, an evaluation policy for GAVI was approved by the Board in June 2008. The Board also agreed that the Secretariat increase the staff allocated for monitoring and evaluation. As the new governance structure is put in place, the Secretariat will need to work closely with the Board to determine an oversight structure for monitoring and evaluation that is both accountable and independent.

10. One of the core strengths of the partnership under Phase 1 was the high level of commitment and goodwill. At the same time, however, its partner roles and responsibilities and organizational structures were not always clear and were under constant change. To address this weakness, GAVI has appropriately turned more attention to formalizing the partnership agreements and organizational structures in recent years, but focus should now return to ensuring and revitalizing partner goodwill and commitment.

**NEEDS WORK.** *The Secretariat agrees that with the completion of the governance transition, ensuring partner goodwill and commitment is important and key to the success of an Alliance. The Secretariat believes that the new, clearer and accountable governance structure has established a strong platform to build a stronger alliance. However work needs to be done to better define partner roles to ensure accountability and avoid overlap.*

*The Secretariat notes the finding in the text that “there has been no clear definition of what each partner is expected to bring to the Alliance...GAVI, like many Alliances has not been able to hold partners entirely accountable for carrying out their commitments.” Clearly better definition of roles and responsibilities would benefit GAVI’s operations, serve to defining accountabilities and help address potential conflicts of interest, a concern also raised in the document.*

11. In the midst of the current reorganization, GAVI should ensure that such mechanisms for partner inputs are integrated into the governance and management structure.

**IN PROGRESS** *Appropriate technical input is critical to ensuring that GAVI is cutting edge and evidence based. The new Program and Policy Committee will need to ensure appropriate mechanisms for all technical input of all partners as well as from outside the Alliance.*

12. GAVI was generally successful in building trust between partners, which was critical to its success in Phase 1. Nonetheless some issues reflecting lack of trust and understanding, as well as lack of transparency were identified. More open communications would help to alleviate these issues.

**IN PROGRESS** *The Secretariat will soon launch a password-protected website so that all committee and Board agendas and documents can be shared in advance. Once the meetings have occurred, the documents and presentations will be posted promptly on the public website. All reports will be posted as soon as the committee or Board has approved them. In addition, the Secretariat is working on an online searchable database of past Board decisions and policies.*

*In terms of non-Board entities, such as time-limited task teams and working groups, the Secretariat will explore how the activities of these groups in the future can be made more transparent. These measures should help to address the points raised in the evaluation about the need for “staying open and transparent” and “communicating in a ways that strengthen trust and understanding.”*

13. Under Phase 1, it was difficult for developing country Board members to represent their constituents. This weakness is identified across Global Health Partnerships (GHPs), and GAVI has tried to address the situation by providing additional support to these Board members. Other ways to solicit country inputs should be explored, not only limited to Board level representation, and taking advantage of partner-coordinated regional events.

**IN PROGRESS** *Board members from developing countries, including those from civil society, are now better represented and supported. The Secretariat now provides special briefing sessions, technical and financial support to developing country Board members, including funding staff assistants to help them in their GAVI related work. Consistent with the suggestions made in the evaluation, the GAVI Secretariat now participates in regional*

*WHO and health ministers meetings and solicits input from countries to ensure appropriate input and consultations to inform policy development.*

14. During much of Phase 1, the Secretariat was not adequately staffed to manage all of GAVI's activities effectively. In response, the Board has expanded the Secretariat staff to take on additional responsibilities, which may also create discomfort with partners if it appears that the Secretariat is taking over partner efforts. There should be an ongoing regular mechanism for ensuring that the structure of the Secretariat (size, staffing, role and authority) serves the partnership effectively.

**COMMENT** *The Secretariat welcomes ongoing assessment of its structure and the extent to which it is effectively serving the partnership. This is a prime responsibility of a Board working with its CEO and his/her senior management team.*

15. In Phase 1, GAVI built credibility as an honest broker and neutral technical expert – overall, its policies were the result of technical debate and consensus involving a variety of partners. GAVI should do more to advance consensus by providing strong data and analysis to support strategic decision making, and allowing sufficient debate and deliberation so that all partners buy into the final policy decision.

**IN PROGRESS** *GAVI's credibility as an honest broker must be protected and enhanced. In fact, recent policies and programs approved by the Board, including gender, evaluation, accelerated vaccine introduction program, and vaccine investment strategy have all included extensive external consultation for their development. Whether the consultation was adequate can and should be reviewed as part of the Phase 2 evaluation.*

16. While GAVI has been very successful in fund raising during Phase 1, less attention has been paid to building ownership and increasing funding commitments at country level, and strengthening broad commitment to the overall immunization agenda. There has also been criticism that GAVI has not increased total funding for immunization, merely redirected it to GAVI.

**NEEDS WORK** *Rather than have separate presence, the GAVI Alliance works through WHO and UNICEF at the country level. The peer reviewed work planning process and deliverable based grant agreements, introduced in 2008, should help to better define roles and responsibilities in this area. With regard to redirection of funds and assessment of "additionality", GAVI has considered conducting an analysis funding flows for immunization, which could be undertaken if supported by the Board. In fact the evidence base for how funding flows to immunization where it matters most, at the country level, needs to be better understood, and less as a vertical issue, but one of how sectors are funded overall. At the global level no evidence or systematic assessment of the issue (including in this evaluation) has yet been presented regarding any reduction or diversion in overall fund flows.*

17. Under Phase 1, GAVI was not very successful at influencing vaccine supply and pricing.

**IN PROGRESS** *An analysis of GAVI's role in influencing the vaccine markets has been planned for 2009-2010 as it was understood that 2000-2005 time frame would be too short to effect change. However, it is important to note, that there has been success to*

date (decrease in price of tetravalent for example), and UNICEF has predicted that the 2009 tender for pentavalent vaccine will evidence a dramatic price decrease because of increased market competition resulting from GAVI support.

18. GAVI's vaccine strategy in Phase 1, based on the assumption that creating and demonstrating a market for vaccines in developing countries would attract new suppliers, create competition, and lower prices, did not come to fruition. While GAVI has taken various studies of the vaccine market and the procurement agent function, more should be done to investigate new approaches, since this is a critical component of GAVI's long term mission. More analysis of the economics of vaccine production and vaccine markets, and development of strategies to create competitive and sustainable vaccine markets is needed.

***IN PROGRESS*** As noted above, the 2009 tender for pentavalent is expected to demonstrate a marked decrease in price. However, the Secretariat recognizes new approaches such as the AMC are required and has also planned for further investigation of market dynamics in the work plan for 2009-2010. With regard to the issues raised on the role of industry, this question can be further investigated in the evaluation of phase 2.

19. Lack of long range planning and conflicting objectives (promoting new vaccines vs. improving sustainability) have limited the progress toward financial sustainability at country level. GAVI should reassess its sustainability definition and approach to ensure there is broad partner agreement on the importance of sustainability relative to adding new vaccines, and to develop a long term financing plan for all vaccines.

***IN PROGRESS*** The work on financial sustainability in Phase 1 has led to improved linkages between programme planning and financial costs in the comprehensive multi-year plans. Without additional evidence, it is hard to address the evaluator's suggestion that some countries have reduced their financing for vaccines. This would need further investigation as proposed in management response to Question 16, and needs to be looked at more broadly than the vertical programme approach followed by the consultants.

*In phase 2, minimal country co-payments have begun as part of the co-financing policy adopted by the Board in July 2006. A review of this policy has been requested by the Board in 2010. This review provides an opportunity to reassess both short and long term expectations with regard to country contribution to the cost of new vaccines.*

Annex 1: Snapshot of recommendations, sorted by status

Rec #	Area	Finding/Recommendation	Status	Comments
1	Country support policies	Improving performance in underperforming countries	Needs work	May need to review 'one size fits all' approach.
10	Governance	Need to ensure and revitalise partner goodwill and commitment	Needs work	Need to clarify partner roles to ensure efficiency, improve accountability, avoid overlap.
14	Governance	Need for ongoing assessment of Secretariat structure, efficacy	Needs work	Board needs to agree on process for evaluation of CEO and Secretariat
16	Immunisation financing	Need to ensure <i>additional</i> global and country-level funding for immunisation.	Needs work	No evidence to date or systematic assessment of GAVI's impact on global immunisation funding flows. County-level funding flows need to be reviewed across the sector – not just vertically.
2	Country support policies	Need to improve communications with countries	In progress	Country support team has been increased.
3	Country support policies	Ensure countries are prepared for vaccine introduction	In progress	Part of the AVI mandate.
4	Country support policies	Misuse of ISS funds, though flexible funding should be maintained.	In progress	Addressed by TAP.
5	Country support policies	Perception that GAVI 'pushes new vaccines' inappropriately	In progress	Being addressed in vaccine investment strategy implementation plan.
11	Governance	Need to ensure technical debate and input and partners	In progress	Programme Policy Committee should address this. Implementation of new governance structure to be closely monitored in this area.
12	Governance	Lack of trust between partners, need for increased transparency	In progress	Planning new 'extranet' site for draft Board and committee documents, and discussion groups. All committee reports to be posted on public website.
13	Governance	Need to strengthen developing country representation on Board and other committees	In progress	Support (staffing, briefings, IT) currently being provided to developing country Board members, CSO constituency.
15	Governance	Need to ensure that policies are a result of technical debate and consensus amongst partners	In progress	To be reviewed as part of 2006-10 evaluation.
17	Immunisation financing	GAVI not successful at influencing vaccine supply and pricing.	In progress	Five years not long enough to demonstrate impact; analysis of GAVI's role in influencing supply and pricing planned for 2009-10.
18	Immunisation financing	Need to identify alternative approaches for procurement of new vaccines.	In progress	The AMC to be launched in 2009 is an alternative approach; ongoing evaluation of this mechanism is already planned.

Rec #	Area	Finding/Recommendation	Status	Comments
				Procurement reference groups have also been created to help guide UNICEF tenders.
19	Immunisation financing	Conflict between introducing new vaccines and financial sustainability; need for long-term financing plan for all vaccines	In progress	No evidence that some countries have reduced their financing for vaccines; issue needs to be looked at across the sector – not just vertically. Co-financing policy to be evaluated in 2010.
6	Planning and evaluation	Limited attention to prioritising strategic objectives	In progress	Board to launch conversations about setting priorities in resource-limited environments.
9	Planning and evaluation	Lack of clear evaluation policy/framework	In progress	Board approved an evaluation policy in June 2008. Additional staff hired.
7	Immunisation financing	Lack of cost aggregated data on vaccines.	RESOLVED	Data available since 2007.
8	Planning and evaluation	GAVI support for new vaccines hasn't been evaluated	RESOLVED	Planned for evaluation of 2006-2010.