

# Strengthening technical support

*GAVI Alliance*

A report prepared by McKinsey and Company

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This document covers the major perspectives emerging from a project commissioned by the GAVI Secretariat to “increase the choice of appropriate, sustainable technical support to countries and Alliance partners”. The work was conducted between June and September 2008 by McKinsey and Company. The report is structured as follows:

- Abbreviations
- Executive summary
- 1. Introduction: context, objectives and methodology
- 2. The current situation: strengths and challenges of technical support in immunisation and HSS
- 3. Proposals for strengthening the current technical support system
- 4. Options for the GAVI Alliance: models and next steps
- 5. Conclusion
- Appendix
  - Interviewee list
  - Literature references
  - Key data from survey
  - Budget envelope data

## **ABBREVIATIONS**

<b>AFRITAC</b>	African Regional Technical Assistance Centre
<b>AFRO</b>	WHO Africa Region
<b>AMRO</b>	WHO Americas Region
<b>CMYP</b>	Comprehensive Multi-Year Plan
<b>DfID</b>	Department for International Development
<b>EMRO</b>	WHO Europe Region
<b>GF</b>	The Global Fund to fight AIDS, Tuberculosis and Malaria
<b>HHA</b>	Harmonisation for Health in Africa
<b>HRC</b>	Health Resource Centre
<b>HSS</b>	Health systems strengthening
<b>HWG</b>	Harmonisation Working Group
<b>IMF</b>	International Monetary Fund
<b>IHP</b>	International Health Partnership
<b>ISS</b>	Immunisation Services Support
<b>MOF</b>	Ministry of Finance
<b>MOH</b>	Ministry of Health
<b>PEPFAR</b>	President's Emergency Plan for AIDS Relief
<b>RBM</b>	Roll Back Malaria
<b>RFP</b>	Request for proposal
<b>SEARO</b>	WHO South-East Asia Region
<b>SWAp</b>	Sector-wide approach
<b>TOR</b>	Terms of reference
<b>TSF</b>	Technical Support Facility
<b>UNAIDS</b>	The Joint United Nations Programme on HIV/AIDS
<b>UNICEF</b>	United Nations Emergency Children's Fund

**WHO** World Health Organisation

**WPRO** WHO West Pacific Region

## EXECUTIVE SUMMARY

The objective of this work is to explore opportunities for the GAVI Alliance to strengthen technical support options accessible to Ministries of Health in GAVI-eligible countries. This study defines technical support broadly; including assistance in preparing programmes and grant applications through implementation and evaluation for both short- and long-term efforts. Providers can be domestic, or international.

The analysis and recommendations presented are the result of: a) a review of current best practices in technical support procurement and provision, b) broad literature review, c) interviews with 211 in-country and global stakeholders, d) detailed analysis of a survey sent to 450 stakeholders, and e) a synthesis of country visits to Kenya, Côte d'Ivoire, Vietnam, Ethiopia and Mozambique, an additional 16 desk review countries, as well as regional immunisation and HSS technical advisory meetings in the Philippines and Egypt. The development of this report was also guided by a Steering Committee comprised of representatives from GAVI Alliance partners, providers and civil society organisations. Unfortunately, there was no representation from GAVI-eligible countries. Therefore, while challenging in some areas, we have tried to maintain an emphasis on the needs and preferences of countries, identified in the data gathering phase, throughout the course of developing this final report.

Over the course of the work, four areas of challenges experienced by countries emerged and for each of these challenges there exists a spectrum of potential solutions. Therefore, these spectrums of options have been assessed and presented individually. Although one specific combination has been assembled into the recommended model, the GAVI Alliance Board could obviously tailor a model by selecting from the spectrum of options against each challenge. Our primary recommendations to the GAVI Alliance for strengthening technical support are:

1. Increase the transparency into provider options as well as country needs for technical support
2. Empower countries to exercise choice and take more ownership in the selection and procurement of technical support by:
  - Providing more flexible long-term funding to countries for technical support
  - Helping countries improve their capacity to lead the procurement of technical support (e.g. designing RfPs, short-listing providers, contracting)

3. Provide countries with a mechanism to feedback on technical support quality and share experiences or knowledge with others

### **Strengths of current model**

Currently, most GAVI-eligible countries obtain technical support across their immunisation and HSS programmes from staff or individual consultants affiliated with WHO, UNICEF or the World Bank. These GAVI Alliance partners, play a critical role in the needs assessment, delivery and procurement of technical support. Without this support, many GAVI-eligible countries, especially the most fragile ones, would have struggled to achieve the improvements of the past few years. Countries in particular highlight the strength of current partners in: a) technical expertise, b) local country knowledge, c) ability to share best practices and standards through regional trainings or meetings, and most importantly d) long-term commitment to their countries as providers of technical support but more importantly as advisors. Furthermore, the current model has enabled the GAVI Alliance to provide countries with technical support without establishing additional infrastructure by leveraging its partners, especially at the country level.

### **Challenges and gaps**

Countries highlighted two areas of improvement in technical support. First, they noted that there were varying gaps in the supply of providers: whilst they generally received much needed support for programme planning, they received less help in programme implementation and evaluation.<sup>1</sup> Secondly, their processes for procuring technical support did not optimise the quality of the support received: countries wanted more transparency, control and accountability. Countries reflected these challenges in both the long and short-term technical support they received.<sup>2</sup>

These are the two biggest challenges for Ministries of Health, as they plan for technical support, but there are hurdles at each of the four stages: funding, the market for providers itself, the procurement process, and the mechanisms that ensure sustainability.

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<sup>1</sup> The gaps seen by countries likely result from a combination of various factors including: countries and donors not previously prioritizing these areas; dominant in-country partners offering the technical support they are best able to provide; and naturally skew of incentives to focus on securing funds rather than effectively implementing programmes

<sup>2</sup> Often countries did not make a clear distinction between long and short-term technical support but examples cited encompassed both short-term efforts of several weeks or months as well as year long, or more, support efforts.

- *Funding*: Although the amount of funding available for technical support across sectors is growing, countries feel constrained in their ability to control the funds, access them quickly and spend them on the technical support they want.<sup>3</sup>
- *Market for providers*: Countries have little visibility into which providers are available, or how good they may be. They seek help, therefore, from their partners, principally the WHO, UNICEF, and the World Bank who advise, short-list, procure, but also provide technical support. This highly multifaceted and privileged relationship can be counter-productive for countries, creating structural barriers that restrict the dynamics of the provider market. The unintended result is little downward pressure on prices, little incentive for new entrants, and the potential for selection bias.
- *Procurement*: The procurement process is frequently not transparent to the countries that use it; they do not lead the process of procuring and establishing the provider's terms of reference. Consequently, the providers feel little accountability towards countries, also in part because the countries have no mechanism to record feedback on them.
- *Sustainability*: There are no systemic requirements or incentives for technical support providers to build local capacity and transfer skills. Even in those instances when providers take the initiative to provide services, rarely do they build institutional memory, such that brain drain and mobility among ministry officials often neutralises the capacity built.

## **A spectrum of solutions**

Within each of these challenges lie opportunities for the GAVI Alliance to strengthen and build on the current technical support system for the benefit of countries as well as GAVI Alliance partners. This report lays out a range of potential solutions at the GAVI Alliance Board's disposal. These solutions were designed according to GAVI's guiding principles, country preferences, and best practices for procurement. For each of the four dimensions detailed above (funding, market for providers, procurement, sustainability), this report offers a spectrum of possible solutions. One end of the spectrum describes minimal steps the GAVI Alliance can take to increase transparency and control for countries; the other end involves potential solutions to catalyse full country control and ownership over the entire selection and procurement of technical support.

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<sup>3</sup> ActionAid International, 2005, Real Aid: An Agenda for Making Aid Work, Chapter 2: Making Technical Assistance Work

The GAVI Alliance could choose to increase funding for technical support through top-up grants or a new technical support grant window. It could enable countries to identify available providers that matched their needs by providing printed or online databases, of varying levels of functionality. It could help catalyse and make available information about the quality of the providers, ranging from background checks to performance evaluations or peer-to-peer feedback. The Board could further choose to invest in developing the skills of the providers, in order to fill gaps in the supply, through conferences, training, establishing best practices or investing in local institutions. It could facilitate the procurement of technical support and put provider evaluation mechanisms into the hands of independent parties, or the countries themselves. And it could invest in making the work of these providers sustainable: incentivising capacity-building among providers, building knowledge banks, creating forums for information exchange.

Country capability and capacity may limit, initially at least, countries' ability to carry out and lead these processes fully, unassisted; these processes could be facilitated by third party intermediaries, whose roles would include managing the database, assisting in selecting providers, assisting with procurement, collecting feedback, and identifying gaps in provider supply.

## Summary of potential solutions

	Opportunity	Spectrum of solutions across key dimensions of opportunity				
Funding	A. Control	Top-up	Earmarked new grant window	Unearmarked new grant window		
Market for providers	B. Transparency	Simple printed directory	Simple online directory	Searchable printed directory	Searchable online directory	
	C. Matching	"Status quo plus"	Independent intermediary	No intermediary		
	D. Quality	All inclusive	Reference checks	Pre-qualified list	Rating/scoring	Past performance
	E. Provider skills development	Conferences	Training modules	Best practices	Institution incubation	
Procurement	F. Provider selection	Partitioned WHO/UNICEF facilitate TOR	Independent intermediary facilitates TOR	Full country-led selection		
	G. Assessment of provider delivery	Criteria	Single satisfaction score	Standardised GAVI feedback form	Country-led criteria	
		Mechanisms	Confidential feedback	Public feedback, intermediary mediates	Public feedback, no mediator	
Sustainability	H. Capacity-building	System filters participation	System funds training	System incentives built into TOR	Countries build into TOR	
	I. Knowledge-sharing	Matching shared experiences	Online forum	Online knowledge bank		

Source: McKinsey analysis

## Recommendation

This analysis provides the GAVI Alliance Board with flexibility to choose to strengthen technical support, in a manner which optimally balances feasibility and impact. The ultimate aspiration should be to create a model in which countries have full control over the entire process of technical support procurement: this is reflected in one of the suggested models. However, this requires a capacity and capabilities at a central level that countries have said are often lacking. Implementing the ‘Aspiration’ model may therefore require more time, more money, and more widespread country capacity than is currently pragmatic. This report therefore, recommends an intermediate model, in which the GAVI Alliance should:

- 1. Increase the transparency into provider options as well as country needs for technical support** by catalysing the creation of an online searchable database of providers that would allow countries to post their needs and search for potential providers
- 2. Empower countries to exercise choice and take more ownership in the selection and procurement of technical support by:**
  - **Providing more flexible long-term funding to countries for technical support** by extending funding for technical support via top-up grants, either earmarked and distributed directly to countries, or unearmarked and distributed through partners (e.g., in SWAp countries) when common financial arrangements or pooled funds exist
  - **Helping countries improve their capacity to lead the procurement of technical support (e.g. designing RfPs, short-listing providers, contracting)** by identifying regional or country-based groups who could support to countries in this model. At a minimum, these intermediaries would help populate and update the database (IT infrastructure could be built and maintained by a global intermediary). Additionally, if requested by countries, these intermediaries could help connect countries with a range of providers with appropriate skills to meet their needs, assist in developing a short-list of providers, support the development of RfP and ToRs, and support contract preparations.
- 3. Provide countries with a mechanism to feedback on technical support quality and share experiences or knowledge with others** by having the intermediary proactively gather feedback and link countries with each other for relevant knowledge or experiences. The online database tool could also be enabled as a forum for knowledge sharing as well as capture and potentially display feedback.

The aspiration of the recommended model is that it will in fact be complementary to the role played by GAVI Alliance partners. While this model could result in an evolution of partners' roles, as privileged advisors, their expertise in establishing normative frameworks and provision of long-term technical support would be critical.<sup>4</sup> They will be key to helping establish the database of providers and defining best practices. Partners could also greatly benefit from this new model; it will reduce the burden on staff in seeking technical support providers for country programmes or for their own in-country activities. However, in this strengthened model of technical support, GAVI Alliance partners would be required to set aside both individual and institutional biases or interests to best support countries in obtaining the highest value technical support in a transparent and country-driven manner.

As the GAVI Alliance Board considers options to further investigate and potentially implement, a number of next steps and risks should be considered and addressed. The first of which is that the full success of the recommended model depends on active collaboration and adjustments among all GAVI Alliance partners. Furthermore, there are additional considerations such as the potential overburdening of the GAVI Secretariat in managing this new model, even with third party intermediaries. Finally, detailed business model development and implementation planning should be undertaken to ensure definition of funding flows, ToRs for intermediaries, governance structure to mitigate against any conflicts of interests, assess risks and to develop strategies to engage other donors in potentially participating in the model.

The GAVI Alliance Board is in a strong position to help countries gain more control over their use of high quality technical support. In creating greater transparency, choice and quality for countries, care should be taken to not generate more complication and bureaucracy for countries. The new model should be useable beyond immunisation or health system strengthening technical support to align the principles of the Paris Declaration. Therefore, the GAVI Alliance should seek to harmonise with other donors. This may best be done for now in IHP countries, where the GAVI Alliance is involved in numerous efforts to work with and align with in-country donors/partners.

The potential clearly exists for the GAVI Alliance to catalyse solutions that would lead to greater choice, transparency and quality in technical support for its programmes. These solutions should be developed so that they could be leveraged across the health sector over time and potentially serve as a model for other fields of development.

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<sup>4</sup> If the partners were to adhere to standards of best procurement practice, the difference would be that partners would not be involved at all in the selection of providers in those instances where they were offering those services themselves.

## 1. INTRODUCTION AND OBJECTIVES

The GAVI Alliance Board, the Independent Review Committees and GAVI-eligible countries have highlighted their desire to improve the way in which countries can access technical support to improve health outcomes for their GAVI Alliance supported country immunisation and health systems strengthening programmes (i.e. NVS, ISS, INS, HSS, CSO). In response to this, the GAVI Secretariat seeks to develop model options that increase the choice of appropriate, sustainable technical support, available to countries and GAVI Alliance partners. In addition, the GAVI Alliance Board and Secretariat would like this strengthened model to be driven by country demand, to raise awareness of nationally and regionally-based technical support alternatives, and to be sustainable.<sup>5</sup> To this end, following a request for proposals, the GAVI Secretariat commissioned McKinsey and Company to investigate what such a model might involve. This document is McKinsey's independent report to the GAVI Secretariat. The project was supported by a Steering Committee of key partners and stakeholders, composed of multilateral partners (WHO EPI and HSS representations, UNICEF), bilateral agencies (USAID), and donors (GF, The Gates Foundation).<sup>6</sup>

### 1.1. Objectives

The objective of this project was to develop options to strengthen existing technical support. The GAVI Secretariat requested three distinct pieces of insight. These form the backbone of this report and are also detailed in the appendices:

- An overview of the existing technical support landscape in health development, including best practices in procurement and provision
- An understanding of country-level needs for strengthened technical support within immunisation and health system strengthening programmes
- Three or four options for strengthened technical support models for the GAVI Alliance Board to consider for implementation. These models should include the procurement process, funding flows, options for providers, and organisational and cost implications for the GAVI Alliance.

### 1.2. Methodology

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<sup>5</sup> GAVI Alliance RFP-0004-08

<sup>6</sup> The Steering Committee did not have any representation from GAVI-eligible countries. Therefore, while challenging at times, we do try to maintain an emphasis on the needs and preferences of countries identified in the data gathering phase throughout the course of developing this final report.

The insights and subsequent model options were developed from data and perspectives collected through a literature review, a survey, an analysis of the existing health development landscape, country visits, country desk reviews and in-depth structured interviews. These provided the quantitative and qualitative data on which the analysis was based.

We reviewed thirty academic papers and reports, analysing technical support and capacity-building as well as the performances of specific providers of technical support, within health and other sectors of international development.

Additionally, we sent a survey to over 450 stakeholders<sup>7</sup> in order to gain perspectives on currently available technical support and gather potential options for strengthening it.<sup>8</sup> The three-part survey assessed country uses of technical support within immunisation and HSS, their perspectives on potential gaps and challenges and their views on potential options for strengthening the existing technical support system. 139 were received, of which 67 per cent were from in-country stakeholders. Just under half of the respondents were from multilaterals, and 27 per cent were government officials. The geographic distribution of respondents was representative: 43 per cent of the respondents originated from AFRO, one fifth considered themselves global stakeholders (detailed breakdown in Appendix A).

Furthermore, 211 stakeholders were interviewed directly, 77 by telephone and 134 in person, including through country visits to Côte d'Ivoire, Kenya, Vietnam, Ethiopia and Mozambique and at regional meetings in the Philippines and Egypt (see Table 1 below).<sup>9</sup> Fifty-eight stakeholders were government officials, 64 worked for multilaterals, and the remainder were evenly distributed between providers and donors; 145 were based in-country. During these interviews, stakeholders shared their views and experiences of specific country examples of technical support, of what they perceived as the strengths and weaknesses of current models and of potential opportunities for improvement.

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<sup>7</sup> The term stakeholders is used to encompass all those with interest and expertise within immunisation and/or technical support related matters. Country stakeholders, similarly refers to those operating at country level and is expressly intended to include Ministry of Health officials, multilateral and bilateral partners as well as local individual and institutional technical support providers. The GAVI Alliance was interested in exploring models that would better support country needs as well as those of partners which led to a wide definition of the stakeholders to involve.

<sup>8</sup> The online survey was sent to 450 stakeholders. Some may have forwarded the survey URL link to their colleagues, which makes it difficult to capture the exact number of potential respondents.

<sup>9</sup> In the Philippines, we attended the WPRO Technical Advisory Group on immunisation and VPD and in Egypt attended WHO/UNICEF regional HSS Focal Points meeting.

**Table 1: Breakdown of in-depth stakeholder interviews**

	<b>In-country</b>	<b>Regional</b>	<b>Global</b>	<b>Total</b>
Government	58			58
WHO/UNICEF/WB	43	15	6	64
Donor/other	20	7	22	49
Provider	24		16	40
<b>Total</b>	<b>145</b>	<b>22</b>	<b>44</b>	<b>211</b>

In order to gain a better understanding of the current models of technical support in other health areas (e.g., malaria, HIV/AIDS), we also analysed 7 existing models. Furthermore, 24 technical support providers, both international and local, were profiled to understand service offerings and perspectives on how countries gain access to technical support.

### **1.3. Meeting the GAVI Alliance’s guiding principles**

The models were designed with the GAVI Alliance’s guiding principles<sup>10</sup> for technical support models in mind, to ensure that they:

- Build sustainability in GAVI-eligible countries, by incorporating capacity-building, emphasising peer review and support, and identifying regional and local providers that can provide technical support
- Identify a budget envelope that accounts for the variability in quantity and quality of technical support required by countries
- Establish minimum quality standards for technical support providers, via standardised procedures to evaluate the consultants

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<sup>10</sup> From GAVI’s HSS guiding principles, [www.gavialliance.org](http://www.gavialliance.org), accessed August 2008

- Increase the choice and range of support available to countries and GAVI Alliance partners through all phases of the funding cycle, by moving away from personal networks to larger more institutionalised networks of contacts and by increasing the transparency of costs and services offered
- Minimise administration and transaction costs for the GAVI Secretariat and countries, by streamlining applications for technical support and integrating them with the GAVI Alliance’s existing proposal process.

#### **1.4. Defining technical support**

Definitions of technical support vary widely in the literature. To the OECD, technical support encompasses “grants to nationals of aid-recipient countries receiving education or training, at home or abroad, and payments to consultant advisors and similar personnel as well as teachers and administrators serving in recipient countries.” ActionAid uses the narrower definition of “consultancy, research and training”.<sup>11</sup> To DfID, technical support is the “transfer, adaptation, mobilisation and utilisation of services, skills, knowledge and technology [including] both short- and long-term personnel from both national and foreign sources.”<sup>12</sup>

The definition used for this project is deliberately broad. It comprises all human resource services provided to the Ministry of Health and partners to improve health outcomes (i.e., not commodities). This includes the common uses of technical assistance and cooperation, covering personnel, research and expertise. However, this work focussed on technical support used subsequent to policy decisions. Therefore, the technical support reviewed was that offered and received from programme preparation, to implementation and through to monitoring and evaluation.

The definition includes short-term technical support for a specific need and long-term technical support/partnerships in-country, and technical support provided by local, regional and international consultants as well as academic groups or healthcare institutions.

The particular focus here will be across immunisation and health system strengthening efforts. The support could be as specific as targeted expertise, or a

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<sup>11</sup> ActionAid International, 2005, Real Aid: An Agenda for Making Aid Work, Chapter 2: Making Technical Assistance Work

<sup>12</sup> Hauck V, Baser H, TA pooling: tools and lessons learned, DfID Health Resource Centre, Dec 2005

means to supplement local human resource capacity (and indeed there are unfortunately many instances where limited country capacity mean that partners need to provide substitutive, rather than supplementary, support), but also extends to support that focuses on the transfer of competences, or partnerships that build sustainable capabilities and capacity within the government and encourage knowledge sharing between stakeholders.

### **1.5. Four dimensions for analysing technical support**

The demand for technical support should be driven by countries themselves.<sup>13</sup> Analyses of other technical support models show country ownership and leadership as key success factors in delivering results: as early as 1991, the World Bank noted that a clear government commitment was necessary for its technical assistance to bring results,<sup>14</sup> and the Asian Development Bank echoed these findings in its 2002 review.<sup>15</sup> ActionAid in 2005 confirmed that lack of ownership prevented countries from choosing their own development path, and reduced the accountability of providers to countries.<sup>16</sup>

Throughout this report, therefore, we have analysed technical support from the perspective of a country Ministry of Health official, who is seeking to obtain technical support.<sup>17</sup> The official would run through a series of questions to inform his/her choice of which technical support to use. Four sequential questions would run through the MOH consumer's mind, and these will help frame our subsequent analysis of potential challenges and opportunities:

- *Funding*: how much funding will be available and how can it be spent?
- *Market for providers*: once the funding is secured, what technical support is available with the appropriate breadth and depth of skills?

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<sup>13</sup> This is in the context of country driven programmes. Clearly donors also have specific needs for technical support, especially in M&E of their programmes. Furthermore, we recognize that countries may not always be comprehensive of their full needs and so this does not account for the true demand but rather what countries currently recognize as needs which is often shaped by the counsel they receive from their in-country partners.

<sup>14</sup> Buyck B, 1991, The Bank's Use of Technical Assistance for Institutional Development (Working paper, 578). Washington: The World Bank

<sup>15</sup> Asian Development Bank, 2002, Review of the management and effectiveness of technical assistance operations of the Asian Development Bank. Manila Asian Development Bank

<sup>16</sup> ActionAid International, 2005, Real Aid: An Agenda for Making Aid Work, Chapter 2: Making Technical Assistance Work

<sup>17</sup> This has been taken from the point where the Minister of Health official has determined what technical support they in fact need. The rationale is that needs assessment in itself often requires technical support and the Minister of Health official effectively must ask the same questions relating to funding, market of providers, procurement and sustainability. This is clearly a significant area where in-country partners provide significant support

- *Procurement*: by which mechanisms should the technical support be procured?
- *Sustainability*: how can the greatest long-term benefits be derived from the service provided?

## **2. THE CURRENT SITUATION: STRENGTHS AND CHALLENGES OF TECHNICAL SUPPORT IN IMMUNISATION AND HSS**

### **2.1. Strengths of current system**

Technical support currently provided to for most country programmes drawing on GAVI Alliance resources come from staff or individual consultants affiliated with the GAVI Alliance’s in-country partners like WHO, UNICEF or the World Bank. Undoubtedly, bilateral donors also play a significant role in the provision of technical support (especially long-term) to countries; however, they appear less prominent in immunisation related efforts. These partners of the GAVI Alliance, play a critical role in the needs assessment, delivery and procurement of technical support. Without the support provided by WHO, UNICEF, and the World Bank, many GAVI-eligible countries, especially the most fragile ones, would have struggled to achieve the improvements of the past few years. Countries highlight, as seen in Exhibit 1, the strength of current partners in: a) technical expertise to develop programmes and help define policy, b) knowledge of the country both in terms of their capabilities and systems as well as familiarity with the progress of various programmes underway, c) ability to share best practices and standards through regional trainings or meetings or their worldwide networks, and most importantly d) long-term commitment and involvement with their countries in a truly advisory role. Furthermore, the current model has enabled the GAVI Alliance to provide countries with technical support for immunisation efforts without needing to establish any additional infrastructure by capitalizing on the capacity and capabilities of its partners at the country level.

## Exhibit 1: Strengths of current technical support provision

Key strengths	Example quotes
<b>Long-term commitment and advisory role</b>	<ul style="list-style-type: none"> <li>• "The WHO has been an integral partner for our 5-year strategic National Plan for Health Development" (MOH, AFRO)</li> <li>• "We are closely linked to WHO because we share identical concerns" (MOH, AFRO)</li> <li>• "The WHO has been our privileged partner for over 30 years" (MOH, AFRO)</li> </ul>
<b>Technical expertise and local country knowledge</b>	<ul style="list-style-type: none"> <li>• "A lot of our staff is hired locally; this brings in-country experience that others lack" (WHO, WPRO)</li> <li>• "I used to work for the Ministry myself so I am able to bridge the context gap" (UNICEF, AFRO)</li> </ul>
<b>Sharing of best practices and standards</b>	<ul style="list-style-type: none"> <li>• "Trainings and forums for exchange are provided to us through WHO and UNICEF regional meetings" (MOH, AFRO)</li> </ul>

Source: 2008 GAVI Technical Support Survey; interviews; country visits

### 2.2. Overview of country needs for technical support

There is no single skill, no single provenance and no single duration for which all countries need technical support. Their needs vary across multiple areas of technical support and are also met with varying degrees of success: in some regions and for some types of support, countries were largely satisfied with their current supply of technical support. In others, and for reasons detailed in section 3, this was not the case. The recommendations in section 4 will endeavour to capture this variety, to create the flexibility not to replace what works already, but to address the gaps where the system is weaker.

**Varying needs across different skill-sets.** Countries need providers with a broad range of skills. Among the most valued are document writing and policy design, notably in the past year with HSS application procedures. Indeed, 78 per cent of survey respondents said that they used technical support the most for these two skills. Countries regularly highlighted the WHO's particular strength at finding and providing the appropriate consultants to help them secure grants and at developing normative and policy advice, as well as the World Bank's assistance, particularly in HSS. Countries also often sought providers with specific technical expertise, such as within the delivery of immunisation programmes. UNICEF, for example, provides a great deal of specific support to countries for rolling out cold

chains. Technical support providers are often also contracted for their specific quantitative technical or audit expertise.

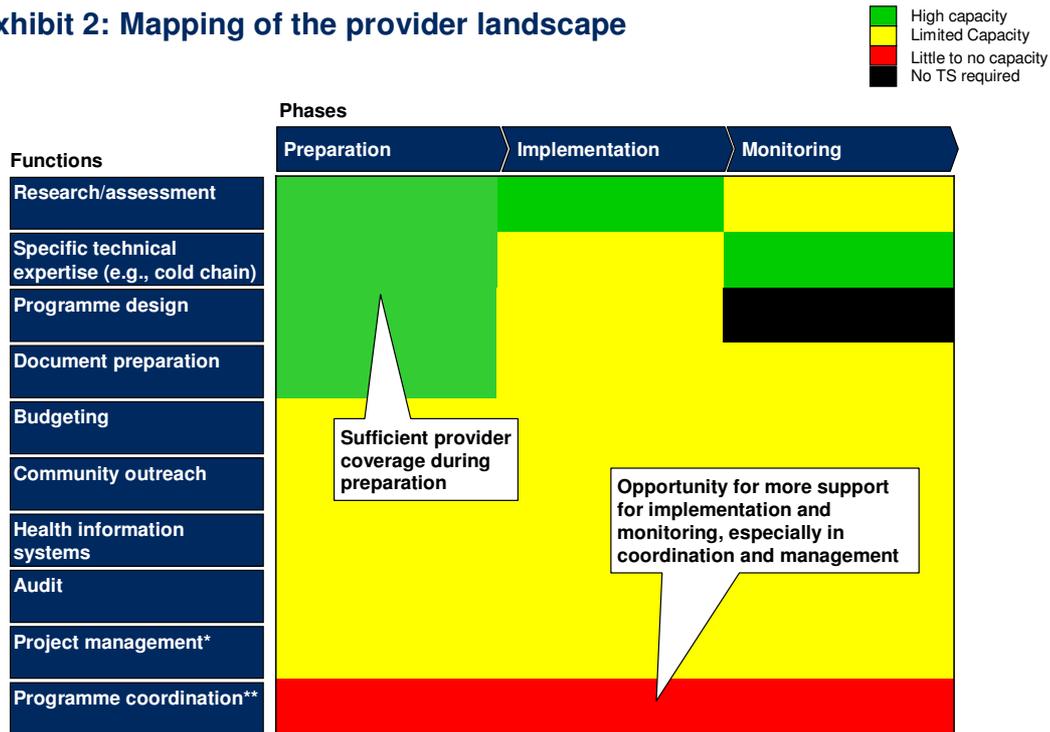
However, many countries described how providers much less frequently met their needs for programme and project management skills. This was either because doing so was not a focus of donors or the partners who helped them procure the technical support, because the country needs were not fully clarified at the outset or because the supply of readily accessible providers with such skills was lacking. (Two notable exceptions were HLSP and USAID-funded Management Sciences for Health, which focuses on HIV/AIDS, malaria, tuberculosis, and maternal and child health.) One AFRO MOH official gave examples of his need to develop IT skills for health information systems, but said that the partners had been unable to find anyone suitable. Another said that he had been trying to identify suitable technical support to help set up health insurance systems for two years, unsuccessfully. A SEARO official added that he was unable to find any technical support to help his staff manage the vast project that was the roll-out of its EPI programme at district-level.

***Varying needs along the programme life cycle.*** A similar pattern of needs and gaps emerges across the programme life cycle, from programme preparation to implementation and monitoring (Exhibit 2). Country identified needs are diverse, and within the programme planning phases there are a multitude of providers, to match them fairly closely. During the implementation phases of national plans, however, there are gaps perceived by country stakeholders: the supply of technical support does not match the demand for it.

**QUOTE 1** An official in AFRO illustrated this point when he said “*You must understand, countries are getting very good now at writing grant proposals, but the job still isn’t getting done. There needs to be more focus on implementation.*”

A WHO official in WPRO remarked that this gap is compounded by the way the funding mechanisms incentivise countries to take risks in designing innovative plans, but allow these to be supported by weak implementation strategies.

## Exhibit 2: Mapping of the provider landscape



\* Project management includes management and coordination of one project, conducted by a single technical support provider

\*\* Programme coordination entails coordinating activities between multiple providers involved with various aspects of the health system

Source: Provider profiles; interviews; McKinsey analysis

**Varying needs: short- versus long-term.** Furthermore, countries also expressed varying needs for short- and long-term technical support. It should be noted that country stakeholders are more heavily focused on areas of short-term technical support and often do not recognize long-term technical support as such. This likely results from a combination of general satisfaction or lack of tangible metrics for long-term support and partnership, day-to-day share of mind is devoted to areas of short-term support, and significant amounts of the support provided by partners is viewed by countries as short-term given the targeted efforts and specific consultants used (albeit this may be under a longer-term programme umbrella from partners). The World Bank, UNICEF and WHO were praised for their continuing ability to provide support over time (“*WHO has been our privileged partner for over 30 years*” MOH, AFRO), but certain countries with stronger capacity suggested that their needs for technical support were on the contrary very specific and more short-term. For example, in SEARO, an MOH official expressed his desire for technical support to develop a plan to modernise laboratories. He claimed that the MOH there had very strong in-house operational skills, so he sought WHO support for this specialised need. At the other end of the capacity spectrum, WHO and UNICEF officials in one AFRO country described how they reluctantly had to provide such long-term support to countries because of under-capacity issues that, in effect, they were substituting the functions of the Ministry.

***Varying needs: local versus international.*** Countries exhibited yet more variety in their preferences for local versus international technical support providers: these preferences varied by country, and by project type. A common pattern was that countries preferred local providers for projects of which there was institutional memory, and for which local knowledge was crucial (e.g., rolling out a new vaccine). For example, the Ifakara Health Institute in Tanzania provides expertise and research in programme monitoring, or TARSC in Zimbabwe works in public health training and awareness-building. However, for providing credibility to donors for: certain grant applications, conceptual plans requiring broader perspectives and experience, and monitoring and evaluation; they favoured international consultants. One smaller country in AMRO specified that their own home-grown supply of local providers was nearly non-existent, but that they would prefer regional experts to distant global ones. On the whole, an Asian Development Bank report suggested that domestic consultants were underused, although frequently well qualified and available at much lower costs than their international colleagues (on average \$3,100 per person-month for domestic versus \$19,300 per person-month for international).<sup>18</sup> Further data suggests that in Mozambique donors are spending \$350m a year on 3,500 technical consultants.<sup>19</sup>

***Varying needs: HSS versus immunisation.*** In HSS in particular, countries feel that there are fewer providers with the necessary expertise than they need, and yet 71 per cent of survey respondents emphasised that it was in HSS that they saw the greatest need for technical support over the next 5–10 years. The challenges in HSS are complicated for several reasons. The grant application process is new and complex, with relatively limited training on requirements. The stakeholders are more numerous (more donors, different MOH departments and technical support providers), hence coordination is more complex and involves different government units unaccustomed to working together. The shift for countries and donors alike, will continue to be considerable, particularly when most funding (in volume terms) is still granted for vertical programmatic support. SWAp countries for the past 10 to 15 years, and increasingly IHP countries today, have to varying degrees adopted stronger systems to harmonise international donor support.

Given this illustration of the varied nature of country demands, coupled with rapidly changing contexts (e.g. political situation, health environment, donor focus), the GAVI Alliance will need to catalyse a technical support model with the flexibility to adapt, at short notice, to constantly varying requirements.

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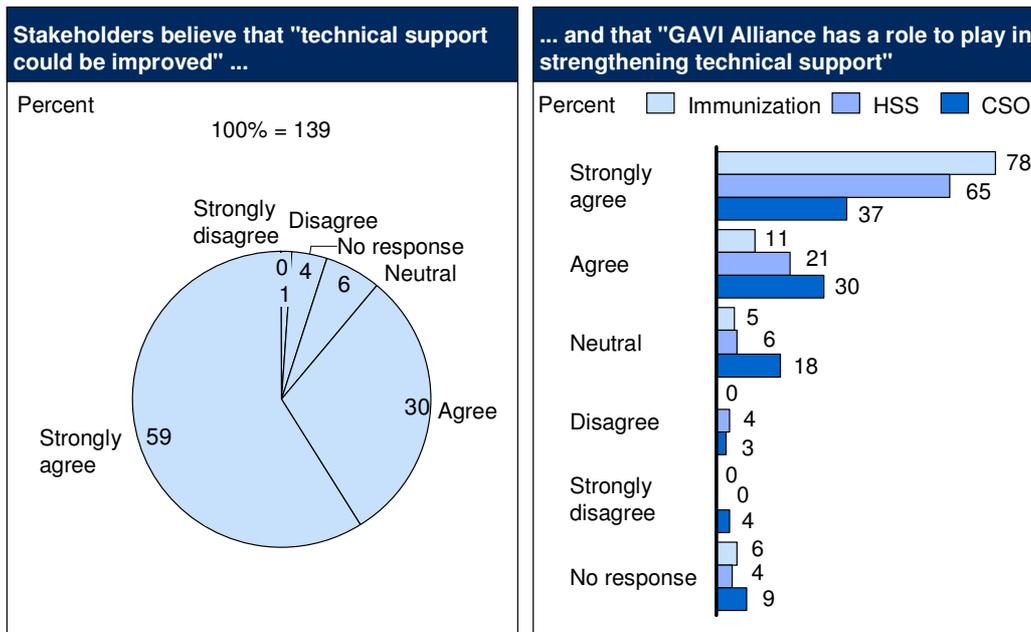
<sup>18</sup> Asian Development Bank, 2002, Review of the management and effectiveness of technical assistance operations of the Asian Development Bank. Manila Asian Development Bank

<sup>19</sup> The Economist, A Scramble for Africa, 4 September 2008

### 2.3. Common challenges and opportunities

Stakeholders were clear on the potential for improvement of technical support and strongly supported the GAVI Alliance’s taking a role in this improvement (Exhibit 3).

**Exhibit 3: Stakeholder views on improving technical support**



Source: 2008 GAVI Technical Support Survey; McKinsey analysis

The survey, literature review and interviews highlighted two specific issues that countries faced: in-country stakeholder respondents complained of areas in the programme cycle (e.g., implementation, programme management and coordination, see Exhibit 1) for which they felt there was an inadequate supply of suitably qualified providers, and they felt there were hurdles in the processes through which country ministries of health procured technical support. These hurdles meant that countries lacked control over and transparency into the selection of providers, and that the providers were rarely directly accountable to countries (providers were usually accountable to the donors).

These hurdles can be further understood by focusing on the process through which countries access, use and evaluate technical support. They manifest themselves in the key questions that the Ministry officials face, namely funding, the market for providers, procurement, and matching.

### 2.3.1. Funding

The amount of funding for technical support is growing in absolute terms and more people are thinking proactively about funds for technical support. For instance, ActionAid reported a 2 per cent increase in technical support in all overseas development assistance.<sup>20</sup> A thorough analysis of the various channels of funding flows for the total technical support provided would be valuable. However, when asked, countries had very limited visibility into the total technical support used or provided in their countries. Typically though, funding for technical support comes mainly through 3 channels: a) budgets from the providing agencies (e.g., WHO or UNICEF) at no cost to countries; b) funding from donors channeled directly to providers and providing agencies; or c) directly paid out of government budgets. Each of these funding channels have their advantages and disadvantages.

- Technical support that is funded from the budgets of providing agencies comes at no cost to countries but can also restrict the expertise and support that countries receive to what these agencies can readily provide.
- When donors channel funds directly to providers, this can accelerate the procurement process and relieve ministry officials of administrative burden. However, this can undermine a country's sense of control, weaken country systems by bypassing them altogether, and result in providers being accountable to donors not to countries.
- When donors channel funds through providing agencies, it can make it quick and simple for countries to access. For example, in a SEARO country, the country chose to channel the HSS document-writing grant of \$50,000 via the WHO, because it believed that the GAVI Alliance funding disbursement would otherwise take too long. The WHO was able to quickly lend the country the funds; subsequently reimbursed when the GAVI Alliance funds arrived. However, providing agencies such as WHO, UNICEF and World Bank routinely take 7–13 per cent of funds to cover programme support costs. In a few instances, WHO staff have found innovative ways to avoid these charges (using private accounts for which the MOH is a co-signatory) but it is hard to imagine how these laudable *ad hoc* measures could be deployed more generally.

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<sup>20</sup> ActionAid International, 2005, Real Aid: An Agenda for Making Aid Work, Chapter 2: Making Technical Assistance Work

- Technical support paid directly out of country government budgets best ensures provider accountability to countries, maximizes alignment to country systems, and is most likely driven by country needs rather than donor agendas. However, country procurement systems sometimes involve complex procedures to release the funds, particularly when paying for international consultants in foreign currencies. Funds channelled through the Ministry of Finance often suffer as difficult a fate: as the MOF has primacy over the government's common account and it often also reserves the right to reallocate donor funds to other Ministries. Whilst many acknowledge that the MOF is driven by the country's best long-term macroeconomic interests, government and partner interviewees alike complained of slow, over-burdened bureaucratic processes.

Despite these multiple options, many countries are still not able to spend funds on the providers and projects they need, when they need to. This is due partly to donor restrictions as well as lack of country capabilities and/or capacities to plan in advance. Also, they have little flexible and predictable funding preventing them from being able to plan their technical support needs or choose the best providers. Furthermore, the funding flow to and within countries makes it difficult for them to manage needs for unplanned events that arise during programme implementation. The lack of disbursement predictability over time often compounds this lack of control.

**Quote 2** An MOH official in AFRO gave an example in which nurses asked the WHO for refrigerator maintenance expertise: because the requests went unanswered and because there was *“just no money to support it by mid-year, the refrigerators just sat there waiting for someone to come up with a makeshift solution.”*

In SWAp countries, with joint financing mechanisms, funds go through a common fund or a pooled TA fund. Where donors have contributed to them generously, pooled technical assistance funds have worked well. In Ethiopia, for instance, the creation of the pooled technical assistance fund in 2005 (managed by UNICEF, and to which the GAVI Alliance was the first contributor), addressed some of the issues of country control: a Joint Core Coordinating Committee reviewed the TORs, before sending them onto UNICEF. The challenge with these funds is that not all donors agreed to participate within them. Furthermore, in the spirit of the Paris Declaration, there is a greater move towards common funds for issues beyond technical support. Where they exist, pooled technical assistance funds are expected to eventually be absorbed into the common funds. Unfortunately countries rarely, if ever, have technical assistance built in to their National Strategic Plans: this will mean that a consequence of the creation of

common funds is that technical assistance money is likely to get absorbed into general programmatic spending. Donors participating in these funds will have great difficulty earmarking future funding and countries may continue to have short-falls in technical support relative to their needs.

In summary, technical support is compromised because countries cannot spend funds on the providers they want, when they want. This in turn is because providers are often paid directly by certain donors. There is therefore an opportunity to increase flexible, long-term funding to improve technical support by routing funds to countries, rather than directly to providers. This will give countries greater control over how the money is spent.

**Opportunity A:** Greater country control over funding to spend on the projects and providers they want, when they want

### 2.3.2. Market for providers

As countries decide which technical support providers they would like to choose, a few hurdles present themselves: the countries lack visibility over the available providers and they have difficulty identifying qualified providers to meet their need. The providers themselves have trouble knowing where to expand their skill-set to meet evolving country needs.

**Transparency.** Countries frequently seek assistance in identifying providers from in-country partners like the WHO, UNICEF, World Bank and bilaterals. The partners usually source them through their internal networks, either internally in-country or at global level, or occasionally find them through a public RFP process. Country involvement is varied but frequently limited in this process. Furthermore, countries must rely on their partners' judgment because often they do not know where to look. An MOH official in AFRO explained for example that he *“wish[ed] there were technical support providers who knew how to help reach the pastoral communities, but [did] not know if they existed.”*

**Quote 3** Another MOH official in AFRO said that until a recent crisis she had not known about her options in procuring essential drug commodities. (She concluded therefore that she was most unlikely to be aware of her choice of technical support providers either.) She explained how she had had the understanding that a particular major pharmaceutical company was the only provider of pentavalent vaccine. When this pharmaceutical company's facility had a stock crisis, the local representative responded to her questions about alternative supply sources by suggesting that, in fact, one of their other country facilities could also provide the vaccine – at a lower price. Her view: *“I had to find out through a crisis ... and I have a right to know when I get a lower market price!”*

At best, certain AFRO and WPRO countries described instances where partners would offer MOH officials an opportunity to sit on interview panels to select pre-short-listed providers.

There is therefore an opportunity to provide countries with information on who the available providers are.<sup>21</sup>

**Opportunity B:** Greater transparency into available providers

**Selection.** The in-country technical agencies and many bilateral donors often act as both provider and procurer of technical support services to countries. This is particularly true for the WHO, as an organisation established by member states, with one of its primary mandates to provide technical support to countries. This mechanism provides countries with a single, trusted interlocutor. It further simplifies the process of identifying and procuring qualified technical support providers and makes it effectively free of charge to countries. It provides credibility.

**Quote 4** An official in WPRO recounted that “*when there were several infant deaths last year that the media blamed on immunisation, the government was able to turn to WHO and UNICEF to lend an international credibility and help fight the fires.*”

Finally, this system also helps countries achieve results they may not be able to on their own. A UNICEF official in AFRO relayed for example a story about how funding was secured from the GAVI Alliance for the “Maternal/Neonatal Tetanus Elimination” campaign at just under \$2 million over a year. While the country was involved in the conception and design of the programme, it was the local UNICEF office that prepared the proposal, submitted it to the global office, and received official notification of funding. Upon receipt of the award, the UNICEF official sent a letter to the government making them aware of it. She acknowledged that the country would not have been able to secure such funding on its own.

However, this seemingly streamlined system has had several unintended consequences. Many in-country partners are highly experienced organisations with deep technical expertise and have established long-term trusted relationships with country ministries. They have substantially improved health outcomes. However,

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<sup>21</sup> While increased market transparency and competition do not guarantee decreased costs, other models such as TSFs have seen an overall decrease in technical support costs even while local per diems have gone up.

as outlined by Land et al. (2007), when countries view technical support as a ‘free good’, they are discouraged from critical appraisal of its potential costs and benefits. A former EPI manager in WPRO illustrated this point by telling us how she thought local academics would be able to do a good job at supporting certain aspects of their programmes, and that they were probably cheaper than international consultants. But since UNICEF paid anyway, regardless of the cost, she had never approached these local providers. A major bilateral official in AFRO described a recent instance where another international development agency had helped the MOH find an international expert consultant: in the spirit of transparency, the agency had sent the MOH the cost breakdown. Upon discovering the very high price charged by the consultant, the MOH refused to take him, even though all the costs would have been borne by the bilateral agency!

The presence of development partners distorts the normal client to service-provider relationship between countries and technical support providers. A concomitant opacity on the part of development partners about technical support costs exacerbates the situation. Only those countries that are able to exercise strong leadership and have well-defined development strategies can articulate their needs clearly, independently of the partners.<sup>22</sup> Furthermore, new providers find it very difficult to enter the market for three reasons. First, they struggle to become a player in a system which they know inherently favours the WHO. Secondly, countries have little incentive to look for providers beyond those tied to the major partners because they would need to pay independently for a service that is otherwise free. Lastly, they are understandably reluctant to appear to act against the advice of their major partners, on whom they rely heavily.

The potential for a biased selection of providers becomes obvious, and the current system leaves countries unequipped to choose providers on their own. Several officials in AFRO described how they relied implicitly on partners to find technical support: if they couldn’t help, they wouldn’t know where to start looking. Additionally, country officials often feel that they are not in a position to challenge the providers that partners offer them, or to demand specific work of those providers. Their influence on the consultants is indeed modest, since the providers are mostly procured through partners, and not directly accountable to countries.

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<sup>22</sup> Land T., Australian Government, AusAID, Joint Evaluation Study of Provision of Technical Assistance Personnel, Synthesis Report, Sept 2007

**Quote 5** An MOH official from SEARO said “*Of course I am not happy with many of the consultants that UNICEF sends over. Only lately they sent someone to help with cold chain, although we have that expertise already. But they are UNICEF. It would be wrong to complain.*”

Finally, for many in-country staff of GAVI Alliance partners, this system of heavy reliance by the Ministry creates significant demands on their time. Many in-country staff described how overstretched their capacities are currently; not only do they provide technical support to countries but they are also relied on fully to find other providers of technical support.

These market structures create barriers and disincentives for countries to lead in the selection of appropriate providers. There is therefore an opportunity to strengthen the capacity of countries to choose the appropriate providers by concentrating on the market dynamics for technical support.

**Opportunity C:** Greater capacity for countries to choose the appropriate providers to match their needs

**Quality.** Even where countries are able to play a more active role in finding technical support, they rarely have much insight into the quality of the available providers. Another AFRO EPI manager explained how relieved and happy he was that the provider selected to help develop the country’s cold chain facilities had in fact met his expectations. He had been very nervous beforehand because of previous unfortunate experiences with technical support, and had been unable to tell beforehand whether this consultant would be of any help. Another example of this was highlighted in AFRITAC’s independent evaluation; the review identified quality monitoring as a key gap and urged AFRITAC to develop a system to track indicators and benchmarks of performance over time, so that countries could evaluate the services of providers.<sup>23</sup> There is therefore an opportunity to catalyse the availability of information on the quality of technical support providers.

**Opportunity D:** More information on the quality of technical support providers

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<sup>23</sup> AFRITAC’s Independent Mid-term Evaluation, Volume 1 Final report, April 2005

**Provider skills.** Finally, countries and in-country partners identified clear gaps in the market for providers. Whilst both groups frequently praised the volume of technical support they received, they noted gaps between what they needed and what was provided. Indeed 46 per cent of survey respondents said that the technical support countries received most was in “document preparation”, but what respondents needed most was technical support to address technical issues and long-term programme management or coordination. A few of the AFRO country officials interviewed highlighted the success of programmes such as EPIVAC, which funds and trains West African MOH officials in both public health and management skills. The difficulty is ensuring sustainable funding for such programmes – the EPIVAC programme is due to end soon for this precise reason.

There are opportunities to continue to develop supply-side skills in technical support.

**Opportunity E:** Broader provider skill-sets, to match country needs better

### 2.3.3. Procurement

**Country control.** Providing countries with control over the procurement process will be challenging, as long as countries retain the mindset that they are passive recipients of technical support. This mindset, shared to some extent by many partners and donors, was illustrated best during many interviews with MOH officials, who reflected such common sentiments as: “*Donors do what suits them best, not what suits us best. Money is given as a free gift, so we cannot complain,*” or “*If we have a problem, we always call WHO. They are always there for us and they’re the only ones who know how to fix things – they are like the godfather.*”

A consequence of this mindset is that countries do not feel they have leadership in defining the intended outputs and outcomes for each piece of technical support and hence do not plan their needs for technical support in advance. This lack of country ownership is directly linked to poorer outcomes, as noted in an evaluation of DfID-funded technical support in sub-Saharan Africa.<sup>24</sup> This is not specific to health: in 2005, an independent evaluation judged that the

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<sup>24</sup> Oxford Policy Management, Developing capacity? An evaluation of DfID funded technical co-operation for economic management in Sub-Saharan Africa, Synthesis Report, June 2006

quality of the International Monetary Fund's technical support was significantly reduced by the lack of country involvement in the preparation of TORs.<sup>25</sup>

**Quote 6** In fact, one AFRO MOH official said that the situation was more nuanced in his country: *“The problem is that we don't have the technical expertise to foresee what the consultant will need in terms of time or output and therefore we cannot draft very good TORs. This invariably means that we lose some accountability of the consultant, even if everyone has good intentions.”*

**Opportunity F:** Greater country oversight and lead in provider procurement with additional support if needed

**Box 1 Example: A cold chain system in WPRO**

A country in WPRO recently hoped to roll out a cold chain system to the district level. The EPI manager admitted that he would have done things completely differently if he had control over technical support procurement. Feeling unable to plan technical support needs in advance, he waited as partners and donors helped piece together various aspects of the project on his behalf: the Japanese bilateral agency purchased fridges, UNICEF started a nurse cold chain system training programme (which rapidly ran out of funding and which the country could not continue) and still others helped set up a monitoring system and managed logistics.

*Accountability and feedback.* Equally, there are no systematic mechanisms to ensure that providers are accountable to countries, one of the main principles ActionAid suggested should anchor any technical support.<sup>26</sup>

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<sup>25</sup> IMF, 2005, IMF Technical Assistance, Independent evaluation office evaluation report

<sup>26</sup> ActionAid International, 2005, Real Aid: An Agenda for Making Aid Work, Chapter 2: Making Technical Assistance Work

**Quote 7** An MOH official in AFRO said that for example *“We were provided a consultant for 10 days who came in with no country knowledge and had to leave before all the work was done. We couldn’t get any support from him after his departure, even by phone, so we scrambled as best we could for the next three weeks to get the grant application submitted.”* Another tellingly said *“If the technical support was accountable to me, and I was responsible for his/her salary, I would make them come in at 7 am!”* Another said that *“when the technical assistance comes from an outside partner, I’m not really sure who they answer to. UNICEF pays so long as the TORs are met but that’s really the only check.”*

Until these accountability mechanisms exist, the risk remains that the primary incentive of the provider will be to serve the donor or partner who is paying before the country. This does not necessarily mean that the quality will be poor, but rather that donors, not countries will have control. Some donors already require evaluations of the support they directly fund. For example, one international private health consultancy regularly provides the AFRO countries’ Ministries of Health with copies of the evaluation they prepare for PEPFAR for the country programmes they support. In one AFRO country, an official thus commented *“we have a ridiculous situation here where the NGOs give us feedback on themselves that we haven’t even asked for. We should be the ones evaluating them, not anyone else.”* This presents an opportunity, when appropriate, to create stronger accountability measures to ensure that countries manage the delivery of providers’ services.

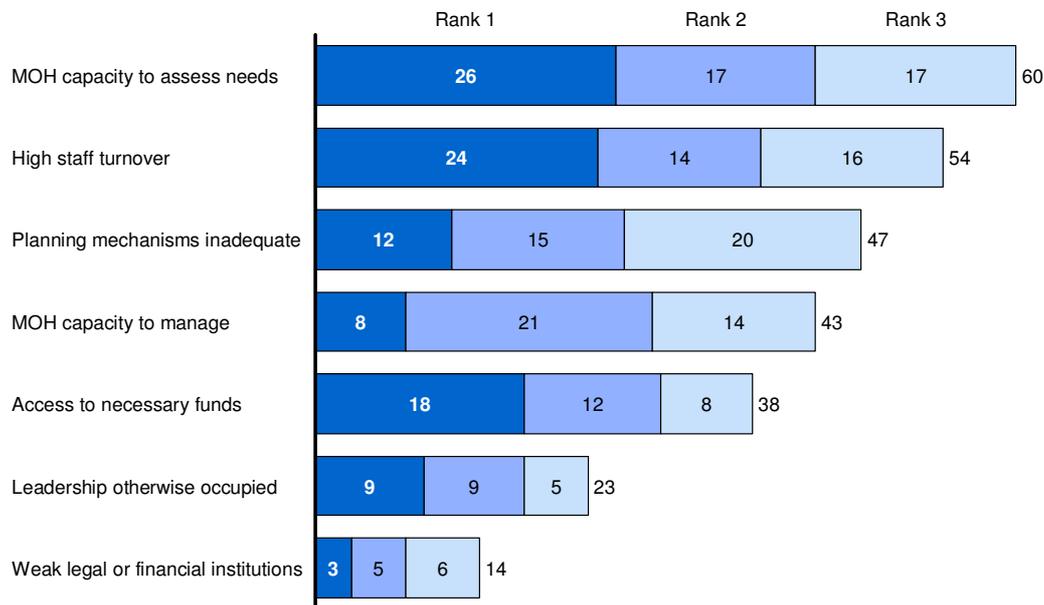
**Opportunity G:** Stronger accountability measures to ensure countries manage delivery of providers’ services

#### 2.3.4. Sustainability

Countries also highlighted the varying capacity with which they can absorb and benefit from technical support, as illustrated in Exhibit 4. They estimated that long-term technical support success would be limited by such in-country barriers as a poor capacity to carry out needs assessments for technical support, high staff turnover, and inadequate planning mechanisms.

## Exhibit 4: Additional non-financial barriers in current technical support model

Percent indicating\*



\* Of the respondents who did not choose "Access to necessary funds" as first their choice

Source : 2008 GAVI Technical Support Survey; McKinsey analysis

Given these barriers, two challenges need to be overcome for the effects of technical support to last.

**Capacity-building.** First, most technical support providers focus on specific outputs, rather than on long-term outcomes, which means that they do not seek to maximise the skills they leave behind. This focus on outcomes is sometimes also driven by countries in the way the ToRs are crafted for providers. While, bilateral and multilateral partners view capacity-building and long-term improved outcomes as core to their missions; this goal is not always translated consistently by the providers they help secure for countries. Of course, this is not true of all providers— many do build capacity – but there are no structural incentives in place to ensure that all do. Even when countries gain some capacity from the providers, the skills are usually passed on to individuals, not embedded as institutional knowledge. As an illustration, an MOH official in AFRO described his experience with an independent consultant that had visited for eight days to help finalise the country’s HSS proposal. At the end of the period, the consultant left without passing on any of his insights and research or explaining to the country how the analysis was carried out. He did not even provide contact details or follow-up arrangements to address ongoing issues, which meant that the MOH needed to recruit yet another consultant a few weeks later. This issue was not limited to

independent providers or short-term technical support efforts. An MOH official in AFRO described how “*For 30 years, the MOH hears from WHO that it is ‘weak’. During this whole time, WHO has been supposedly supporting it. We are being assisted in our mediocrity.*” In-country institutes mildly overcome this issue as they have a permanent local base and are better able to shape long-lasting local contacts within ministries. The current incentive structures are such that they are frequently underused: for example, an MOH official in SEARO explained that “*we have good relationships with a local institute in our city that occasionally helps us at lower cost than international providers. That said, the cost doesn’t matter to us so much, because we do not pay for the providers anyway, the donor does.*”

**Opportunity H: Greater capacity-building by technical support providers**

**Knowledge-sharing.** Secondly, there are no really good systems to easily and quickly share knowledge across countries even though this is a key factor for sustainable development. The primary forum for knowledge-sharing in immunisation currently is through regional meetings convened by WHO or UNICEF. Browne et al. (2002) emphasised how it was in fact very difficult to transfer knowledge from an external party to a country through capacity-building. Indeed an inherent problem with capacity-building was internal staff mobility: when those trained individuals moved post or left, so too did their skills. Countries needed instead to take the lead on knowledge-building, and this often worked best through the creation of a system of exchanges of personnel from other countries.<sup>27</sup>

**Opportunity I: Greater knowledge-sharing within countries and between countries**

### 2.3.5. Summary

Within these four dimensions, there are therefore nine key opportunities that the GAVI Alliance can seize to strengthen existing technical support systems. They are summarised in Box 2, below.

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<sup>27</sup> Browne S et al., 2002, Developing capacity through technical cooperation: country experiences, London, Earthscan

## **Box 2      Summary of opportunities**

### *Funding*

- A. Greater country control over funding to spend on the projects and providers they want, when they want

### *Market for providers*

- B. Greater transparency into available providers
- C. Greater capacity for countries to choose the appropriate providers to match their needs
- D. More information on the quality of technical support providers
- E. Broader provider skill-sets, to match country needs better

### *Procurement*

- F. Greater country oversight and lead in provider procurement with additional support if needed
- G. Stronger accountability measures to ensure countries manage delivery of providers' services

### *Sustainability*

- H. Greater capacity-building by technical support providers
- I. Greater knowledge-sharing within countries and between countries

### **3. PROPOSALS FOR STRENGTHENING THE EXISTING TECHNICAL SUPPORT SYSTEM**

William et al. (2003) identified the need for reform to strengthen technical support. They suggested reform would address the performance of the support and it would fundamentally focus on creating a market-led approach, driven by recipient demand and integrated into national planning and management systems and budgets.<sup>28</sup> The following section will describe concrete suggestions that the GAVI Alliance can focus on to strengthen technical support along this paradigm. These various approaches maintain the values of the key partners, and provide a central role for them, whilst bringing other benefits that will increase choice,

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<sup>28</sup> William G, Jones S, Imber V, Cox A, 2003, A Vision for the future of technical assistance in the international development system: Final Report. London: Oxford Policy Management

sustainability and quality for countries. These should be taken as high-level options, and further detailed investigation and implementation planning will be required.

In order to ensure optimal transparency, the solutions proposed followed a series of principles and perspectives, summarised in the Exhibit 5 below.

#### **Exhibit 5: Key principles and perspectives used to derive solutions**



Source: McKinsey team

In particular, the methodology leveraged best procurement practices to ensure optimal quality and transparency for countries. These included:

- Technical support for projects above a certain cost, should be sourced through open tenders and bidding
- Those individuals bidding for and providing technical support should not assist in the selection of the support providers, nor in drafting of their TORs
- Those involved in the development of the supply of technical support, should not be involved in their selection or in drafting their TORs

The proposed solutions (summarised in Exhibit 6) are divided according to the dimensions described in section 1.5: funding, market for providers, procurement and sustainability. For each of these dimensions, a spectrum of solutions is given and the relative merits of each solution explained. An approach

is recommended for each, and in section 4 these will be collated in different combinations as the proposed ‘models’.

### Exhibit 6: Summary of potential solutions

	Opportunity	Spectrum of solutions across key dimensions of opportunity				
Funding	A. Control	Top-up	Earmarked new grant window	Unearmarked new grant window		
Market for providers	B. Transparency	Simple printed directory	Simple online directory	Searchable printed directory	Searchable online directory	
	C. Matching	"Status quo plus"	Independent intermediary		No intermediary	
	D. Quality	All inclusive	Reference checks	Pre-qualified list	Rating/scoring	Past performance
	E. Provider skills development	Conferences	Training modules	Best practices		Institution incubation
Procurement	F. Provider selection	Partitioned WHO/UNICEF facilitate TOR	Independent intermediary facilitates TOR	Full country-led selection		
	G. Assessment of provider delivery	Criteria	Single satisfaction score	Standardised GAVI feedback form	Country-led criteria	
		Mechanisms	Confidential feedback	Public feedback, intermediary mediates		Public feedback, no mediator
Sustainability	H. Capacity-building	System filters participation	System funds training	System incentives built into TOR	Countries build into TOR	
	I. Knowledge-sharing	Matching shared experiences	Online forum		Online knowledge bank	

Source: McKinsey analysis

The approaches could be of benefit to all stakeholders. For countries, new incentives could be created to design technical support plans that are integrated with their longer-term programme implementation and monitoring. They could have greater insight into potential providers and control over the technical support selection process. They could have greater ownership over the process (including in funding, drafting TOR and evaluation), and hold providers to account. In return, providers would become able to access new networks and relationships more readily, and find local partners. They would have clear visibility over country demand. GAVI Alliance partners would be able to efficiently search for more providers, and hold them more accountable. Donors, finally, would more easily be able to align with the Paris Declaration (reducing parallel funding flows and improving country-led processes), and increase the impact of their investments.

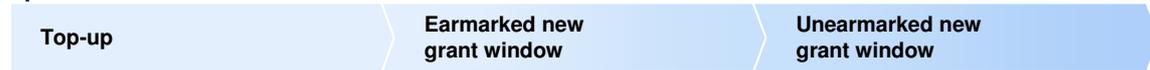
### 3.1. Funding

#### *Opportunity*

#### **A. Greater country control over funding to spend on the projects and providers they want, when they want**

#### *Solution options*

##### **Spectrum of solutions**



The GAVI Alliance could address this opportunity by allocating more funding to each country. This could be achieved in several ways:

- **Top-up grants:** providing funding supplements, on top of current grants and without new grant application procedures. This could be defined as a set percentage of the residual grant monies, for countries that have active outstanding GAVI Alliance grants. For countries applying for new grants, it would be a simple top-up to that grant. This approach clearly does not align funding to the degree of need or planned use but is intended to minimize otherwise onerous application for funds from countries (see next point). When appropriate, these top-ups could be earmarked for technical support (may not be appropriate in countries with common financing arrangements) and their values calculated as a *prorate*, according to how many years of grant disbursement remain.
- **New grant window:** opening a new five-year grant window, parallel to ISS/NVS/HSS/INS, designed solely for technical support. This would address the current inability of countries to choose the providers and projects they want by (i) obliging countries to think holistically about their technical support needs in the next several years, (ii) giving them long-term funding to accomplish these goals, and (iii) involving the Inter-Agency Coordinating Committee to help shape priorities and hold countries to account for the funds. However, it would probably entail a further cumbersome application process, further skew technical support focus to grant preparations, and countries may be reluctant to apply for ultimately relatively small sums of funding.
- **Unearmarked funding:** providing additional long-term funding to countries, unearmarked, which countries could use as they deemed appropriate, including for technical support. The ‘unearmarked funding’ option would arguably provide the most choice, but it is hard to see how

donors' fiduciary requirements would be met, and how donors could maintain oversight over appropriate grant spending.

### *Recommendation and implication for implementation*

The GAVI Alliance could have greatest impact by introducing a top-up grant (the first option above) with funds earmarked for technical support in immunisation related efforts but not tied to any grant window objectives. Countries could be offered a simple application, requiring approval by a senior in-country stakeholder group, for example the Health Sector Co-ordinating Committee. Should the GAVI Alliance wish to be more aggressive in encouraging countries to think holistically about their long-term technical support needs, it could insist that they upgrade their current National Strategic Plans to reflect projected short- and long-term technical support needs across immunisation related areas. However, this approach would risk overburdening countries and overemphasising planning and applications rather than implementation and evaluation.

Were countries to have more funding at their disposal, they would still have trouble accessing it quickly and in response to new demands. As discussed in section 2.2.1, bilaterals frequently pay providers directly, or funds are channelled through the Ministry of Finance, and out of the MOH's ready control. Countries indeed differ in their fund flow preferences. In order to take into account this country variability, the GAVI Alliance should continue to offer countries full choice as to how funds are disbursed, as it does with its other grant windows and as do other organisations such as the GF. The GAVI Alliance should align these choices with the work that is being undertaken by the Transparency and Accountability Project at the Secretariat, to ensure that whatever the country choice, appropriate oversight mechanisms are in place. The GAVI Alliance could of course also contemplate creating a system where, should countries choose, providers would be paid directly. However, the high set-up costs and the significant operational shift required to facilitate and follow the relatively small disbursements from country grants, would mean that the GAVI Secretariat would need to build significant additional capabilities or manage a third party banking or accounting intermediary.

### *Open issues*

A key question will be how much money the GAVI Alliance will need to set aside for top-up grants. Our high-level calculations estimate that with an additional \$70 million or so per year, the GAVI Alliance's spending on technical

support would match other donors' indicators.<sup>29</sup> This funding would be in addition to current funding and in addition to the 'Workplan' in the near-term. Furthermore, depending on the success of the overall approach the GAVI Alliance takes, it is likely that over time increased transparency and competition will drive overall costs down. Despite this, purchasing countries are likely to shift their demand to more specialised (and perhaps more costly) technical support. In looking at long-term budgetary issues, the GAVI Alliance will need to model the effects of shifting supply and demand on the overall budget envelope. In the long-term, it is also possible that the funding of the Workplan could be adapted to this model, and more country-driven.

### 3.2. Market for Providers

#### *Opportunity*

#### **B. Greater transparency into available providers**

#### *Solution options*

##### **Spectrum of solutions**



GAVI Alliance can adopt a range of approaches to help increase the available information:

- **Simple printed directory:** the GAVI Secretariat creates and manages (either independently or through a contractor) an unfiltered printed list of immunisation and HSS technical support providers, containing names, regions, contact details and a brief description of their fields of expertise. The list would provide countries with an overview of potential providers, at minimal cost and effort. The guide could be updated annually.
- **Simple online directory:** as above, but this option would need further investment in setting up a simple online interface. The online version would be updated continuously. An example on which this simple directory could be is that of Technet 21, which provides a list of experts in cold chain and vaccine logistics. This database could be expanded to a broader audience as a basis for this database.

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<sup>29</sup> Calculated both by comparing budget envelopes for technical support among other donors, and by a 'bottom-up approach', assessing how many FTEs of technical support could be needed. See more detailed breakdown in appendix.

- Searchable printed directory: the GAVI Secretariat creates and manages (either independently or through a contractor) a printed list of immunisation and HSS technical support providers. This directory further categorises providers by their field of expertise and their operating region. The directory includes more substantive information on each provider, such as details of previous work they may have done, references and feedback (see solutions to opportunities D and G below).
- Searchable online database: the GAVI Secretariat creates and manages (either independently or through contractor) an online list of immunisation and HSS technical support providers similar to the previous option. The online interface would allow for a user-friendly search function, by region, skill-set, quality rating or field of expertise. The list could be updated in real time by users, database managers (who could refresh provider inclusion and feedback/quality information), and providers (after each project).

*Recommendation and implication for implementation*

The idea of an online searchable database received extremely positive feedback with all stakeholders because they recognise how crucial it is to have transparency of information and ease of access. The database could inform country officials of the landscape of providers and widen choice, at a low transaction cost. The technology would allow the database to update itself, and to build over time to incorporate more features such as blogs, knowledge-sharing, online matching, etc. The online platform could also have the potential to expand beyond a mere list of people and CVs to include:

- Retrospective, qualitative information on cost categorisations (e.g., “\$”, “\$\$”, “\$\$\$”) or information on average costs for given types of project, so that countries are able to act as informed consumers.
- Availability (e.g., a calendar similar to those used to make online event bookings). Some providers have described a potential difficulty with this function: there may be occasions when a provider’s time needs to be flexible and the system would have to allow for this.
- A sampling of qualitative feedback from references.
- Summary quality ratings (if available given decisions in other areas) upon request by country governments (see below).

GAVI could spearhead the process with a database for providers in the immunisation and HSS landscape, both individual and institutional, but the system could be fully harmonised across other areas of health, working with other donors and partners. In its ideal form, such a database would incentivize new providers to

join as well as clearly identify individuals and institutions with longer-term experience and knowledge of the country or specific topic area.

### *Opportunity*

## **C. Greater capacity for countries to choose the appropriate providers to match their needs**

### *Solution options*

#### **Spectrum of solutions**



Once countries have more transparency into the availability of providers, they will need to develop the ability to select from among them. Most of the matching of country needs and providers occurs today via GAVI Alliance partners, in particular the WHO and UNICEF, although bilaterals and the World Bank play a significant role too. The GAVI Alliance can address the current matching system in several ways:

- “Status quo plus”: The WHO and UNICEF continue in their role as intermediaries, where they help countries select providers. However, in order for best practices of procurement to be followed, the WHO and UNICEF will need to make more transparent their mechanisms that shield them from potential conflicts of interest. Those that advise in the selection should not in any circumstance be tied to those that provide the technical support. One can envisage subcommittees, sponsored by the WHO/UNICEF and akin to the Technical Advisory Groups, which could play the role of advising the countries in their technical support selection, while having no role in providing technical support. They would be independent, and could be selected to bring a wealth of experience or extensive networks. It is difficult, however, to imagine how such a group could bring the necessary breadth to identify new gaps in supply, and could meet regularly enough to occupy what would, in effect, require full-time dedication (as this group would have more functions, described below)
- Independent intermediary: A full-time independent (i.e. not acting as provider of technical support to GAVI-eligible countries) intermediary helps countries select providers. The intermediary would help populate and update the online database, but would also have working knowledge of the providers and countries. This ‘body’ could help countries develop a list of potential providers and the procurement process would begin from there. It could also add value through knowing the feedback providers have received

over time. Countries could of course express their own preferences to the intermediary, based on their personal networks or their use of the online database, and the intermediary would facilitate those introductions. The intermediary would be used to greater or lesser extents, depending on country wishes and capacity. Countries could bypass the intermediaries altogether, if they prefer alternatives such as procuring their technical support directly or with support from in-country partners. In order to minimise the potential for any conflicts of interest from this intermediary or creating other skewed incentives, it will be important that the right ‘body’ is formed and that an appropriate governance model is put in place.

- No intermediary; countries match: Countries must take the lead themselves, without intermediaries. Countries could use a simple directory or searchable database (printed or online). The technology of a searchable online database could be extended to provide full online matching. Providers could post detailed profiles and countries could post their needs, in a fully automated process.

#### *Recommendation and implication for implementation*

Completely giving countries the lead and ownership should be the GAVI Alliance’s aspiration. However, it is difficult to imagine that most countries would have sufficient capacity, in the early days, to take the initiative without any assistance, given what they are currently used to. This was strongly reflected by MOH officials in numerous countries; they felt overwhelmed by having to navigate such a database and procurement system without the potential for additional help if needed. The second option, which involves an independent intermediary, therefore seems the most favourable. It was well received by ministry officials, in-country partners and providers during numerous discussions. In fact, one global technical support provider explained that “*An independent third party is necessary for coordinating multiple TS providers because the WHO is too cumbersome and slow, and ministries either do not have the capacity to do so, or find it culturally difficult to say ‘no’ to providers tied to their in-country partners.*” It would allow for choice, provide quality and ensure some sustainability. An independent intermediary would be able to specialise over time in certain specific skills and would not face the dilemma that of acting as both provider and procurer, disincentivising new providers to enter the market and countries to take the lead (see section 2.3.2).

The GAVI Secretariat must identify a third-party intermediary or ‘body’ which could be modelled on existing brokering systems, for instance the TSFs in HIV/AIDS, or DfID’s Health Resource Centres. It should be noted that this intermediary does not necessarily have to be a single ‘body’ but could in fact be made up of multiple third-parties that fulfil different functions (e.g. create and

maintain database infrastructure, populate and update database with providers, provide ‘back office’ assistance to countries). There are many operation questions to address such as: Who is the intermediary for each of the required activities? What are their required skills and networks? How do they work with GAVI Alliance partners? What is their relationship to the GAVI Secretariat? How can the quality of their work be monitored or ensured? These questions are best addressed when a model concept has been approved by the GAVI Alliance Board and then by working closely with the GAVI Alliance partners to develop the detailed business plan. However, some characteristics of the intermediary could be:

- a consortium of North and South organisations, from the academic, NGO and/or private sectors to reinforce collaboration and maximize capabilities
- have strong networks in health that could be further supplemented by those of the GAVI Alliance partners and other stakeholders (e.g., bilateral development agencies, NGOs, MOH)
- the ability to identify supply gaps and source new providers which would imply presence at a regional level to ensure local providers can be more readily identified and countries supported
- able to maintain a sufficiently distant relationship with the GAVI Alliance and Secretariat to more readily ensure independence and accountability of all parties (e.g., GAVI Alliance and Secretariat don’t have roles in both funding and selecting providers).

There are already many examples of intermediaries across the development space already who occupy similar roles to different levels of transparency, success and impact: the Technical Support Facilities facilitated by UNAIDS, the International Monetary Fund’s AFRITAC, DfID’s Health Resource Centres, Roll Back Malaria’s Harmonisation Work Group, Stop TB, the International Finance Corporation’s Small and Medium Enterprise Toolkit Partners, and even the WHO’s HHA. This intermediary would not create an additional layer, as this layer currently exists in the system but rather provide additional options and support to countries. It would be best to identify this intermediary from existing organisations and groups, rather than created anew. The case studies in Box 3 illustrate several interesting models used in other areas of health and development; others are detailed in the appendix. None of these intermediaries currently share their databases of providers publicly except for the very recent launch of a more publicly accessible website by UNAIDS’ Technical Support Facilities.

**Box 3 Examples of independent intermediaries (see appendix for further examples):**

**1. Technical Support Facilities (TSF)**

The TSF are an international health partnership that provide brokering services to countries looking for technical support in HIV/AIDS programmes. They have their own database of over 350-450 consultant technical support providers. In response to country (MOH and other in-country partners) requests for technical support, UNAIDS asks TSF to coordinate a short-listed selection of appropriate providers. The TSF is then funded through a Technical Assistance Fund. Once countries select their provider, the TSF manage the contracting, at no cost to the country. The TSF also help develop providers, by offering pre-project orientation, and post-project informal feedback, in an attempt to optimise quality control.

**2. Health Resource Centre (HRC)**

The Health Resource Centres are consortia of North and South (from Tanzania, Bangladesh, India) organisations, funded by DfID, to assist in the identification and selection of technical support providers for countries that have solicited DfID's help. The HRC have their own databases; their strength lies in the efforts they dedicate to collecting provider feedback from countries. The consultants therefore develop their accountability towards the countries, not the donors or the intermediary.

**3. The SME Toolkit Partners**

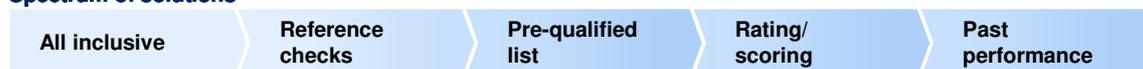
The International Finance Corporation (IFC) invests heavily in the growth of small and medium enterprises (SME) in the developing world. One of their programmes, the 'SME Toolkit', involves sharing with small companies web-based and CD-Rom tools, to help with business expansion and growth. Furthermore, the IFC identifies in countries key organisations that can act as brokers, the 'SME Toolkit Partners'. These brokers develop networks of SMEs and of technical support providers over time, and match the needs of the former with the suitability of the latter. These SME Toolkit Partners are chosen from a wide variety of backgrounds. In Nigeria, for instance, the Centre for Enterprise Development at the Pan African University occupies this role, but in Benin and Senegal the position was allocated to a private group, H&C Business technologies. The situation for SMEs and the IFC is somewhat different, however, to that envisaged in the immunisation and HSS models for technical support. The SME Toolkit Partner, directly financed by the donor, introduces the recipient SMEs to providers into which they would otherwise have no insight. However, in the immunisation and HSS models, recipients would gain their insight into providers directly from the online database, rather than through the brokered introduction.

## Opportunity

### D. More information on the baseline quality of technical support providers

#### Solution options

##### Spectrum of solutions



Even if countries could see who was available and select them, they would want information on the baseline skills and competences of the providers. The GAVI Alliance can promote a range of potential solutions:

- ‘All inclusive’: all consultants and institutions who wish to be included on a list of providers can be. This option would provide no information on baseline quality.
- Reference checks: all providers, both individual and institutional, on the list could have basic background checks, in particular to rule out fraudulent and misrepresentative postings. This would reflect a minimal standard of trustworthiness, although not a minimal standard of quality *per se*. References could be contacted and asked a set of standard questions to assess performance (did the provider meet TOR, develop capacity, respond to changing contexts, provide high quality work, improve the ability of the programme to immunise, incorporate a broad set of the right stakeholders, etc.?). If the providers’ references could not be verified, they would not be included on the list. New providers that were unable to provide references would be interviewed independently.
- Prequalification: all providers allowed onto the database (online or not) have passed a certain quality standard. This would simplify and expedite the procurement process for countries, who could be reassured that all the providers they select from the list are of sufficient standard. However, this process would favour incumbents and organisations from the ‘North’.
- ‘Rating’ or ‘scoring’ of CVs, by an independent party, according to a list of predetermined criteria. The criteria could include: experience in a developing country, experience in health, education in health, education in development, experience with (health) programme management. Providers would have ratings displayed according to their scores on each indicator, similar to Zagat<sup>®</sup> restaurant ratings online.
- Past performance: countries can access information related to the providers’ previous performance, whether it was good or weak. This would

take the form of feedback from other countries (see ‘Opportunity G’ for a description of how this performance evaluation could take shape).

*Recommendation and implication for implementation*

The GAVI Alliance should aim here for the option that would provide countries with optimal visibility into provider quality. This would most likely therefore be a combination of several options. We recommend that references should be verified to rule out fraudulent behaviour, and providers’ skills and experience should be rated at a basic level to provide countries with initial impressions. Letting countries see previous feedback is also crucial, and will be even more effective if countries are then able to contact the providers’ previous employers directly. Indeed one potential problem could be that for cultural or other reasons, countries become reluctant to write down any negative feedback about providers, even if they have had bad experiences. Direct online postings by country-users could also unfortunately create a disincentive for providers to join: the high performing providers may feel they already have good networks and may not want to risk the reputational damage that poor ratings could bring. Equally, the new entrants may feel at a disadvantage if they have not yet accumulated any feedback. And finally, many countries may not yet possess the broad capacity or capabilities to take full control over such a system. The use of an intermediary, who could hold the details of past performance, could overcome these obstacles, provide transparent information to countries, and keep incentives for providers to join.

*Opportunity*

**E. Broader provider skill-sets to match country needs better**

*Solution options*

**Spectrum of solutions**



The supply of providers with coordination and management expertise is limited, despite broad stakeholder agreement that these skills are at the forefront of what programme managers need. The GAVI Alliance could play a role in shaping the supply side of technical support provision by additionally funding:

- Conferences and forums for exchange: creating regular regional forums for providers to share best practices on tools used to support their client country governments in technical support projects. Topics could include “How to develop capacity at multi-district pilot management”, “How to build the problem-solving process in your client country”, “How

to help your client country use available data to determine appropriate actions to take when programmes fail”, etc.

- Training modules: contracting the development of provider training modules that will be offered to providers at a subsidized price.
- Best practices: contracting the WHO, UNICEF or others to compile best practices in coordination, programme management and implementation which would be shared with providers.
- Incubating institutions: catalysing investment in an academic/institutional platform that can be leveraged to other areas in health and broader development. For instance it could provide “seed money” to local, academic institutions that focus on health programme management so that they may expand their student enrolment, academic offerings, etc.

### *Recommendation and implication for implementation*

The gaps in the supply of technical support are evident from the countries’ point of view. Over time, in a transparent market with free information, the gaps would fill, but the GAVI Alliance could play a key role in helping to accelerate the supply-side development. The options above are not mutually exclusive; the GAVI Alliance should aspire to catalyse each of the first three options. Incubating training institutions would be a laudable aspiration, but its success would demand a significant operational shift within the GAVI Secretariat. There could be further requirements for “continuing education credits” to maintain database listing; however, the burden of managing such requirements could be significant. In HIV/AIDS, the Technical Support Facilities successfully train providers in specific skills that are determined by country needs. These regional facilities coordinate demand and supply and turn out more skilled, better trained providers. Indeed, the intermediary role envisaged in several of these solutions could include developing provider skills, but this would limit their ability to support countries with selection, TORs, and contract negotiations in order to minimise potential conflicts of interest.

### **3.3. Procurement**

The WHO and UNICEF have traditionally been extremely close partners in leading and/or facilitating the procurement process. Countries have found this very helpful to date, although they have expressed a desire both for greater transparency in the process, and to take more of a leadership position in the drafting of TOR and contracts.

## Opportunity

### F. Greater country oversight and lead in provider procurement

#### Potential solutions

##### Spectrum of solutions



Countries rarely have full control over how the providers work, nor over what they do. They do not write the providers' terms of reference. Countries are frequently not given the opportunity to take a leadership role in the drafting of TORs. In those instances where they do participate, although they often approve them, most partners and/or bilateral organisations suggested that countries rarely reviewed the TORs in great detail. One bilateral official in AFRO said *“it is a bit ridiculous. I draft the TOR for the providers I send, and always ask the country officials to review them. They invariably send them back, unchanged: this is very frustrating because I do not know the country needs as well as the MOH does. How could I? The providers then end up working to suboptimal TORs, and this often creates avoidable problems”*. There is often dissociation between what the countries need the providers to do, and what the providers actually do. Again, the GAVI Alliance could promote approaches to help address this problem. It must ensure, however, that it moves away from a situation fraught with conflict of interest, whereby a provider of technical support drafts his/her own terms of reference.

- The WHO and UNICEF continue to facilitate the TOR process, but only once they have partitioned internally, such that the drafters of TORs are independent, and not linked to the providers themselves. It is hard to imagine such a situation arising in-country at the moment, as those officials who advise the MOH also draft the TORs, and then are involved in selection processes: they can RFP for external consultants, but often, and herein lies the challenge, seek providers internally, especially from their personal networks.
- Intermediary facilitates the country-led TOR process: countries must take active lead in the TOR process, but the intermediary can act as an advisor, using its cross-sectional experience from overseeing other country-provider relationships to help countries draft challenging, realistic TOR for providers. It can support countries with the administrative ‘back office’ work too. Again, there is a risk here of a conflict of interest, if it is the same

intermediary that helps develop the supply of technical support providers. These two functions cannot be performed by the same ‘body’.

- Full country-led online (or offline) execution: the full model/procurement process is executed online: the TOR submission, the RFP publication, the reception of statements of interest, short-listing, choosing providers, contracting and payment.

### *Recommendation and implication for implementation*

The second solution, with intermediary supported if desired by countries, is the most feasible option. This would optimise the likelihood of achieving a high impact, whilst balancing the risk of low early uptake due to country limitations in capacity and capability.

### *Open issues*

The GAVI Secretariat will need to give careful consideration to how to ensure that the requirements within the RFP process does not bias towards large international consultancies that can put together, for instance, attractive applications and reports. This may involve, perhaps, limiting the number of pages of responses, with defined response structures and formats.

### *Opportunity*

#### **G. Stronger accountability measures to ensure countries manage delivery of providers’ services**

One powerful way for countries to hold providers to account is through shareable feedback: providers would then be incentivised to deliver quality, knowing that poor – and outstanding – performance would be shared with others. There are two parallel mechanisms that the GAVI Alliance can use to help strengthen accountability to countries: it can help determine what criteria the providers will be evaluated on, and it can help shape the mechanisms for delivering this performance evaluation.

### *Potential solutions for criteria*

#### **Spectrum of solutions**



The GAVI Alliance can choose to let countries organise their own informal mechanisms for feedback or set the standards which countries should follow.

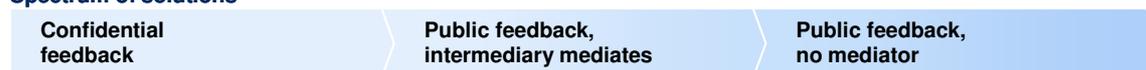
- Overall score: A basic option in which countries provide an overall satisfaction rating, on a scale of 1 to 10, without the explicit breakdown of specific performance metrics.
- Standardised feedback form: create a standardised feedback template, on paper or online, which asks key questions to the countries about the support they have received. DfID’s Health Resource Centre runs a similar process, online, which could be used as a basis. The questions would assess the overall experience and cover the provider’s subject expertise, ability to engage with stakeholders, timeliness, and relationship with the ministry, and also the country’s willingness to work with the provider again.
- Country-determined feedback: countries provide informal or formal feedback to the providers, during and after their assignments. The GAVI Alliance has input neither into the process of feedback provision, nor into the subsequent processing of the feedback. The content of the feedback would be determined by the countries themselves.

*Recommendation and implication for implementation*

The GAVI Alliance should initially guide the countries to a formalised replicable feedback format, as suggested by the second option. This would allow countries to compare different providers in parallel over time and across multiple regions. It would give the providers a standard set of criteria along which they knew in advance they would have to perform and which they could specifically work to develop.

*Potential solutions for mechanisms*

**Spectrum of solutions**



The GAVI Alliance should encourage countries to give providers detailed feedback as a way to develop their oversight. First, this will help the providers develop their skills further and adapt to evolving country needs and preferences. Secondly, if the information is shared and influences the providers’ future selection for other support efforts, they will develop deeper and clearer responsibility and accountability towards the country. The GAVI Alliance could catalyse different mechanisms for feedback:

- Confidential feedback from countries to providers: countries provide feedback directly to providers. This feedback is not shared with other countries or providers. This happens in certain countries already, but is not without limitations: for example, in one WPRO country, an EPI manager

explained that he had prepared extensive evaluation sheets for his staff to complete about consultants they had worked with. Unfortunately, his staff thought the consultants took up their time without adding much benefit, and were reluctant to complete yet more time-consuming forms. The EPI manager therefore had great difficulty in monitoring the performance of the technical support providers allocated to him.

- Public feedback, intermediary mediates: countries prepare feedback about providers, and send it to both the providers and the intermediary. The intermediary collates feedback from several sources and investigates inconsistencies. The feedback is therefore not universally accessible, but countries who have short-listed providers can access feedback from their previous assignments.
- Public feedback, no mediator: countries supply feedback to providers they have used on an open platform (probably online). The feedback is not screened by a third party. Over time, as providers accumulate more feedback, it will become increasingly valid and reliable.

#### *Recommendation and implication for implementation*

The GAVI Alliance should opt for the second solution, catalysing the desire for countries to provide feedback and helping develop providers, whilst ensuring accountability. The feedback would be made to address specific criteria, for instance whether the TORs were met, capacity was built, teamwork was strong, etc. If the feedback is kept confidential, as in the first option, it would be difficult to create provider accountability. The final option, however, runs the risk of opening itself to a different kind of abuse: countries could wittingly or unwittingly distort feedback and affect a provider's ability to source new work. It would then discourage further providers from participating altogether.

### **3.4. Sustainability**

The goal of technical support should be to help bring countries the specific skills they need and, if required, to transfer those skills in-country to build long-term capacity; at the local provider, institutional (see opportunity E 'incubating institutions'), and at the Ministry level. For this to happen, the landscape needs to change in two ways: (i) skills need to transfer from providers to countries (within projects), (ii) systems should be put in place to allow for knowledge to be shared (between projects).

## *Opportunity*

### **H. Greater capacity-building by technical support providers**

#### *Solution options*

##### **Spectrum of solutions**



Technical support providers bring valuable skills to countries, but they do not necessarily pass them on to the Ministry officials when they leave, thereby prolonging a culture of dependence on technical support.<sup>30</sup> As a significant donor, the GAVI Alliance can choose to leverage as much or as little of its influence as it wishes to shape capacity-building in country by:

- Limiting participation or enrolment in the database to providers who have taken particular courses or demonstrated particular skills in capacity-building.
- Paying for technical support providers to be trained in capacity-building, at selected institutions.
- Using its technical support grant funding to encourage countries to push for capacity-building practices: for example, establishing best practices in TOR drafting, guidelines, checklists, examples of previous TORs.
- Encouraging countries to build into the TOR an obligation for providers to transfer certain predetermined skills (e.g., by leaving behind reports or guides, twinning with named individuals, imparting specific named technical skills).

#### *Recommendation and implication for implementation*

The GAVI Alliance should use its influence during its grant application process to promote capacity-building. Much as there are preferred ingredients for preparing a comprehensive CMYP or HSS proposal, so too should a clear plan for using technical support to “build capacity” be a positive step towards securing a technical support grant from the GAVI Alliance.

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<sup>30</sup> Note: Skills transfer may of course not be appropriate, or needed, for all projects, but countries should be the ones that determine where it is and is not needed.

## *Opportunity*

### **I. Greater knowledge-sharing within countries and between countries**

#### *Solution options*

##### **Spectrum of solutions**



Countries currently cannot easily learn from similar experiences in other countries.<sup>31</sup> The GAVI Alliance could promote cross- and inter-country exchange of information in several ways:

- **Matching shared experiences:** the independent intermediary could refer countries to others that have navigated through similar demands. The experienced country could describe the lessons it learned and advise on optimal ways to carry out the projects and manage the technical support providers. If appropriate, providers, once employed, could also contact the experienced countries to learn key success factors.
- **Online forum:** facilitating the creation of a voluntary online forum for countries and providers to post the outputs of technical support provision. These outputs would be available for others to download and use.
- **Online knowledge bank:** facilitating the creation of an online knowledge bank that combines the outputs of the online forum above, with new academic research, an automated matching facilitated to put people in contact, a database of best practice guides, etc.

#### *Recommendation and implication for implementation*

These three steps are complementary, not mutually exclusive, in the GAVI Alliance's efforts to promote knowledge-sharing. There is a clear sequence between each option. The intermediary should certainly facilitate introductions early but an online exchange would be a valuable next step to establish a platform on which countries could build a searchable, referenced document library. A knowledge bank would have the potential to deliver a wealth of educational materials and serve as a platform for new and academic insights, but it would unquestionably take many years to develop in a useful way.

There are other larger questions, unrelated to technical support, but which the GAVI Alliance nevertheless should decide whether it wishes to play a part in

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<sup>31</sup> Note: The WHO is mandated to build a platform of knowledge-sharing. This would aim to strengthen their work, of which countries have still seen little.

answering. Ministries of Health face internal and external challenges that make capacity building occasionally impossible, even if the platform were in place to ensure technical support providers placed the issue high on their objectives list. Brain drain and internal mobility within the MOH often impede sustainable capacity-building. The root causes are numerous and complex, and beyond the scope of this project, but the GAVI Alliance should nevertheless ask itself whether to use its international standing to press for change.

#### **4. OPTIONS FOR THE GAVI ALLIANCE: MODELS AND NEXT STEPS**

All of the options presented in Section 3 would allow GAVI to respect three standards: a/ best practices for procurement; b/ GAVI's guiding principles; c/ the preferences expressed by country stakeholders in interviews and the survey.

##### **4.1. A spectrum of models**

The options, described in section 3, can act as 'modules' that can be put together to create a new comprehensive model for technical support. In an ideal world, the aim would be for a model in which countries have full ownership, and lead the entire selection and procurement process. However, many countries have clearly said that they are still far from possessing the capabilities and capacity to achieve this state. On the other hand, other countries have greater capacity: any model we propose, therefore, needs to account for this diversity.

We propose here three potential models, which should be regarded as initial 'straw-man' options: the GAVI Alliance can replace individual modules to tailor its preferred model. The three models each represent a different point on the scale of how bold the GAVI Alliance can be. The bolder options are associated with higher risks and lower near-term feasibility, but potentially greater ultimate impact.

A significant amount of concern was expressed by the Steering Committee that a clearer distinction be made between short- and long-term technical support. While countries cited more examples related to short-term support, when longer-term technical support examples were described, the many of the challenges highlighted were consistent with those seen in the short-term examples. Therefore, we believe that the models to strengthen technical support, outlined below, have relevance and applicability to both short- and longer-term technical support.

In any model, the role of GAVI Alliance partners is likely to change to some degree from today's roles. However, it is critical to highlight that these

models seek to improve support to countries and partners alike. Partners should continue to provide the support that countries have highlighted as clear strengths and desired by countries to continue the successes seen in immunisation to date. These models also seek to reduce the burden on GAVI Alliance partners by providing additional mechanisms of transparency, knowledge centralisation and support services. Depending on the specific solutions selected, the role of the GAVI Alliance partners could be as illustrated in Exhibit 7.

## Exhibit 7: Evolution of roles for GAVI Alliance partners

ILLUSTRATIVE

	Current role	Potential future role
<b>Funding</b>	<ul style="list-style-type: none"> <li>• Fund country Technical Support needs (directly and indirectly)</li> </ul>	<ul style="list-style-type: none"> <li>• Channel funds for countries if requested or needed</li> </ul>
<b>Market for Providers</b>	<ul style="list-style-type: none"> <li>• Use personal informal networks to source providers for countries</li> <li>• Short-list and/or select providers for countries</li> </ul>	<ul style="list-style-type: none"> <li>• Initial and ongoing population of database</li> <li>• Develop quality guidelines and "code of conduct" for providers</li> <li>• Support review of potential providers to ensure quality</li> </ul>
<b>Procurement</b>	<ul style="list-style-type: none"> <li>• Advise countries on needs and potential providers</li> <li>• Develop RFP, TOR, contracts, and payments for providers</li> </ul>	<ul style="list-style-type: none"> <li>• Advise countries on needs and potential providers</li> </ul>
<b>Sustainability</b>	<ul style="list-style-type: none"> <li>• Ad hoc receipt of feedback on provider</li> <li>• Conduct regional meetings to share knowledge</li> </ul>	<ul style="list-style-type: none"> <li>• Centralize experiences on database to share knowledge more formally</li> <li>• Continue targeted regional meetings</li> </ul>

\* Ideally, if partners assist in this area, they are not a provider of Technical Support

Source: McKinsey team

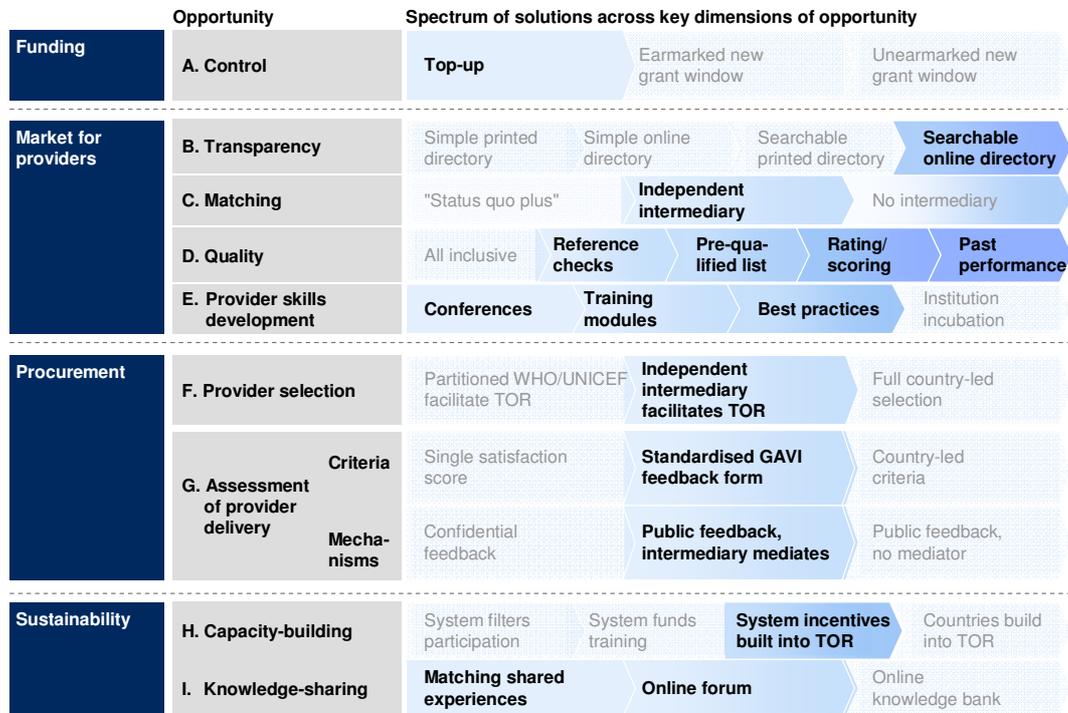
### ▪ ‘Facilitated web-matching’ model

The GAVI Alliance Board could attempt to optimise its impact on the technical support market, whilst recognising that some of the outcomes it aspires to will not be feasible for many years. This first model, described in Exhibit 8 below, combines all the recommendations detailed in section 3. It could drastically shift the way technical support is funded, accessed and used.

In this scenario, countries would be able to obtain additional funds via a top-up grant. This would provide them with an ability to seek services complementary to those already provided via their partners, in areas for which they believe gaps exist. Transparency would be achieved through a searchable database, and the country to provider relationship would be facilitated by an

independent intermediary, should the country need it. The intermediary would build and improve on existing procurement models in other areas of health

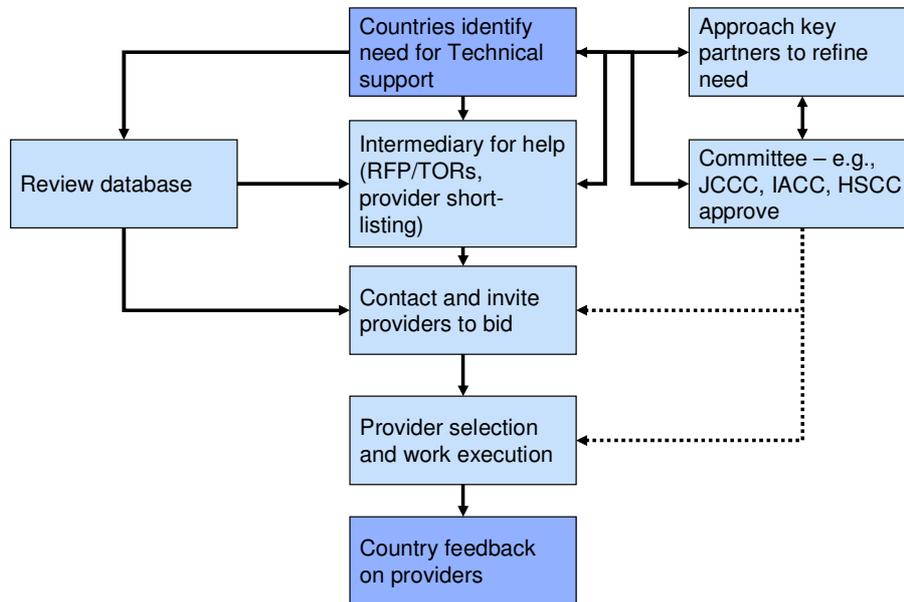
### Exhibit 8: Facilitated Web-Matching Model



Source: McKinsey analysis

The GAVI Alliance partners would continue to play a critical and fully complementary role in reshaping the model for technical support as outlined above. As the countries' primary and closest advisors, they would be essential in encouraging ministries to use the transparent system. They would be a key player in the establishment of the database of providers, and in helping define quality parameters and best practices. Most importantly, should the countries desire, partners would continue in their roles of technical support providers and/or procurement support in the selection of providers as shown in Exhibit 9.

## Exhibit 9: Possible pathways to select and procure technical support



Source: McKinsey analysis

Within this facilitated web-matching model, a variety of roles would be needed to support necessary functions; these could be carried out by one or more organisations. However, it is important that the organisations in taking on the various roles outlined in Exhibit 10 adhere to best practices to ensure transparency and minimize any potential conflicts of interest.

## Exhibit 10: Various roles are needed in Facilitated Web-Matching

	Various players could pursue a variety of roles	Best practice for each role suggests that player should not ...
<b>Minimum role</b>	<ol style="list-style-type: none"> <li>1. Manage the globally linked online database</li> <li>2. Identify gaps in provider supply skills and capabilities</li> <li>3. Actively recruit new providers with skills to fill gaps, especially local or regional ones</li> </ol>	<ul style="list-style-type: none"> <li>• Advertise or list itself as a provider</li> <li>• N/A</li> <li>• Have financial ties with providers recruited</li> </ul>
<b>Optional roles, country-driven</b>	<ol style="list-style-type: none"> <li>4. Facilitate introductions of country officials and relevant technical support providers</li> <li>5. Assist countries with procurement process; selection, RFP, and contracting</li> <li>6. Helping countries draft TORs for specific tasks</li> <li>7. Collate feedback on providers and investigate inconsistencies</li> </ol>	<ul style="list-style-type: none"> <li>• Provide technical support itself</li> <li>• Assist in TOR drafting</li> <li>• N/A</li> <li>• Be involved in the delivery of services</li> <li>• Have members that belong to purchasing countries and providers</li> </ul>
<b>Potential extra role</b>	<ol style="list-style-type: none"> <li>8. Provide auditing/fiduciary oversight on donor spending</li> </ol>	<ul style="list-style-type: none"> <li>• Be involved in delivery of services or procurement</li> </ul>

Source: McKinsey analysis

The GAVI Alliance would need to create mechanisms to ensure that over time the intermediary is ‘weaned’, such that countries that gain capacity and capabilities are incentivised to move towards fuller independence. One way of achieving this could be to introduce a ‘co-pay’ system for intermediaries. These would receive their remuneration through a combination of donors and countries, and the relative contribution of each would change over time. The intermediaries would always receive the same fees (the volume of which would only depend on their value-add to countries), but as countries have to pay more over time, they will only seek the use of the intermediary if they need it and do not have internal capabilities. The system would include safety mechanisms to ensure that countries who continued to lack the capacity to pay themselves (e.g., failed states) were exempted from the co-pay mechanism.

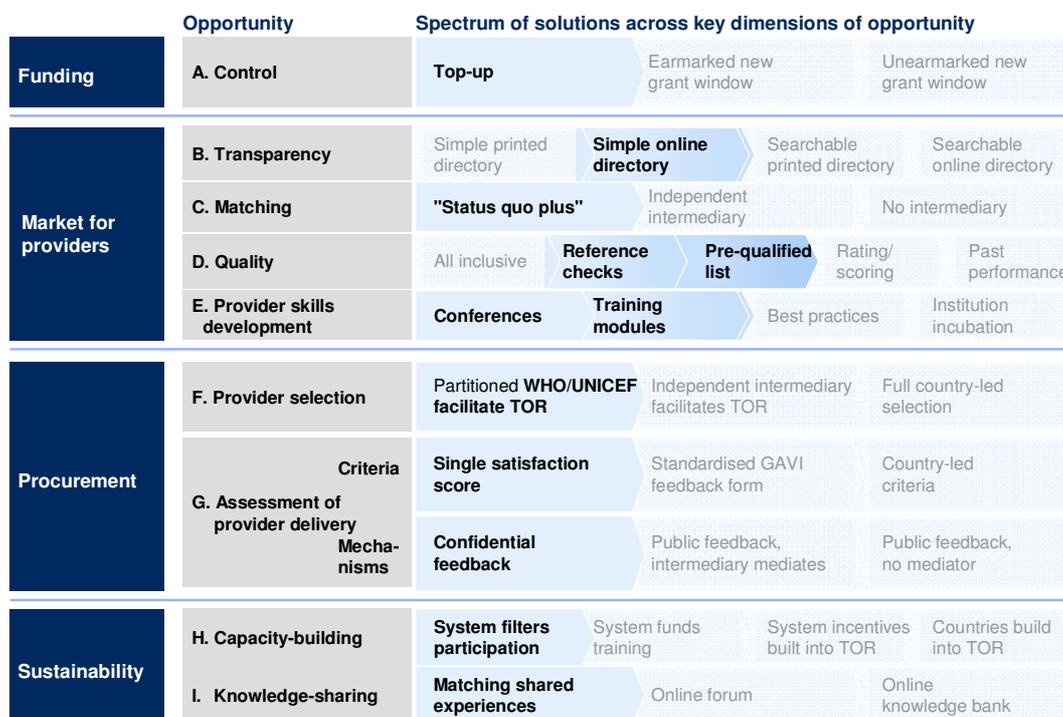
This model is not the only solution the GAVI Alliance Board can select. It is an ambitious model, and the Board may choose to approach the opportunities more softly.

### ▪ ‘Status quo with transparency’ model

A lighter approach for the GAVI Alliance Board would involve following the ‘Status quo with transparency’ model described in the following Exhibit 11: it would provide a way to achieve some impact, at lower cost, by making directly

available to countries a list of current providers. The GAVI Alliance partners would not be seen as introducing a revolutionary new system, but as making a positive contribution towards countries' achieving more choice, with transparency. This model could clearly be augmented with offerings of a searchable online database or other feedback mechanisms. While this model would likely involve easier broad stakeholder alignment, less change to the role of partners and lower overall transaction cost, a number of fundamental limitations impact the feasibility of this model. The primary limitation of this model is that it remains unclear how any of the three primary multilateral GAVI Alliance partners can follow "best practice" procurement approaches when helping countries select providers and collect feedback on providers following. These activities would require a separation of procurement from provision of services that interviews, with staff members of these organisations, seem to indicate as virtually impossible to achieve.

### Exhibit 11: Status Quo With Transparency Model



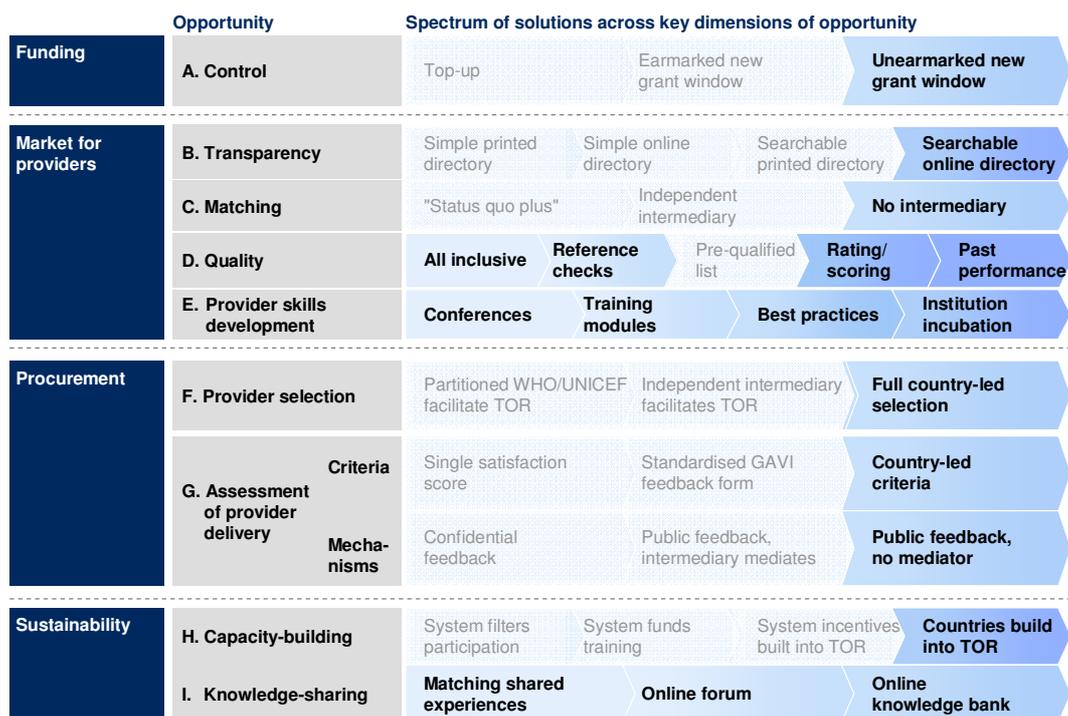
Source: McKinsey analysis

These two models described here so far do not represent the full impact that the Board could achieve. If the GAVI Alliance Board decides to take a higher risk, bold, innovative and catalytic approach, providing countries with full control over the process, it should aim towards the 'Aspiration model'.

▪ **‘Aspiration’ model**

The GAVI Alliance has the potential to change fundamentally the way technical support is provided in immunisation and health systems strengthening, by catalysing a model in which countries have full control over each aspect of the funding, use and procurement of technical support. The following Exhibit 12 illustrates a potential model.

**Exhibit 12: Aspiration Model**



Source: McKinsey analysis

In-country capacity and capability barriers will undoubtedly hamper the delivery of this ‘Aspiration model’. However, the model can allow the GAVI Alliance Board and partners to understand what facilitating complete country leadership in the realm of technical support would entail. The model would require a considerable mindset change from countries, donors and GAVI Alliance partners. Countries would be independent and in complete control of all dimensions of technical support. Some aspects of this model come at a higher cost (e.g., building a knowledge bank), and others come with higher risk, notably in countries with more limited capabilities at present. It would create a true purchaser/provider relationship between countries and technical support providers. And it could have the greatest impact and would be most in-keeping with the GAVI Alliance’s guiding principles for technical support. That said, this aspirational model could be evolved from either of the less bold models over time as country capacities and capabilities increase.

Such an aspirational model would also demand some shift in the role of partners. The WHO and UNICEF would continue to serve as countries' privileged partners, and they would play to their strengths in key areas such as normative policy-setting. Nevertheless, countries may plausibly also seek assistance directly from other groups, in areas where they felt their needs were unmet.

## 4.2. Selecting a preferred model

The range of options available to the GAVI Alliance Board is broad, and only three discreet model options have been described here. The Board's selection will need to account for the dimension of model impact and feasibility (encompassing a cost-benefit analysis). Both of these dimensions are described in this section, together with the potential trade-offs between impact and feasibility that the models involve.

### 4.2.1. Feasibility

Each model differs by the ease with which it can be implemented by the various stakeholders. This feasibility is in turn determined according to several criteria:

- **Time to impact** represents how long it will take to see uptake from the time the model is implemented. The 'status quo with transparency' model is evidently the fastest to implement, and the 'aspirational' model probably the slowest.
- **Organisational change required** is the degree to which stakeholders in-country and global, partner and MOH, will need to transform organisationally to accommodate the new procurement processes for technical support. Here, again the 'status quo with transparency' is probably the one which will require the least transformation.
- **Mindset and behavioural change required** is the extent to which stakeholders face a mindset and behavioural change, in their efforts to transform organisationally. Here too, the 'aspiration' model will require the largest shift in mindsets and behaviours, as countries and donors shift radically from viewing countries as a recipient of support, to the driver of technical support.
- **Talent required** will vary within countries, partners and other entities. Similarly, in the 'aspiration' model, countries will need to develop new capacity internally, in order to lead the various procurement processes. This does vary by country: some, especially SWAp countries, may have a

greater ability to lead here, but in most GAVI-eligible countries, this may not be feasible for some time.

- **Operational costs, pilot and maintenance:** the operational costs of the models vary from ~\$2 million to ~\$9 million per year, as described in the following Exhibit 13, although not all costs need to be borne by the GAVI Alliance (e.g. the intermediary may be funded by co-pay with countries, and/or some of its fees could come from other donors that participate in the model). The creation of an intermediary, in the facilitated web-matching model, for example, can be financed through other mechanisms.
- **Grant costs:** as described in section 3, our suggested models do not differ in terms of additional grant funding: we estimate the top-ups would represent additional investments from the GAVI Alliance in support of countries of ~\$70M annually (see appendix for details)

## Exhibit 13: Estimated operational cost of models

Favoured model

Annual costs USD thousand		Status Quo with transparency	Facilitated web-matching	Aspiration
<b>Set-up</b>	• The market-maker <sup>1</sup>	150	300	300
	• IT platform			
	– Development <sup>2</sup>	100	250	250
	• Raising awareness <sup>3</sup>	1,150	1,150	1,150
	• Developing supply <sup>4</sup>	-	250	750
	• Knowledge sharing portal <sup>5</sup>	-	-	50
	<b>TOTAL</b>	<b>1,400</b>	<b>2,000</b>	<b>2,500</b>
<b>Maintenance</b>	• IT platform			
	– New functionality	100	100	100
	– Annual upgrades	50	50	50
	• The market-maker <sup>1</sup>	150	300	300
	• Training	150	200	150
	• Developing supply <sup>4</sup>	-	1,000	3,750
	<b>TOTAL</b>	<b>450</b>	<b>1,650</b>	<b>4,350</b>
<b>Intermediary<sup>6</sup></b>	• Pilot	-	850	-
	• Roll-out in 5 regions	-	4,200	-
	<b>TOTAL</b>	<b>-</b>	<b>5,000</b>	<b>-</b>

1 Market maker: e.g., the GAVI Secretariat. Calculation assumes 1 extra GAVI staff at USD150,000/year for 'Status Quo with transparency' model, and 2 extra Secretariat staff to manage the other models

2 Using costing for medium-sized IT consultancy [www.modedemploi.fr](http://www.modedemploi.fr) US\$ 1,000 / day, 2 experts for 25 days for 'Status Quo with transparency', and 40 days and three consultants for other models

3 Assumes regional conferences organised for countries/ providers to network and learn model. 70 countries send 4 trainees each, at \$2,000/person, and 150 providers attend at \$ 2,000 each

4 Assume that supply development costs in 'Status Quo with transparency' are borne by partners. Assume in 'Facilitated web-matching model' that supply development would involve organising 3 conference/trainings per year, each with 20 provider participants per region, at cost of \$4,000 per head. Assume in 'Aspiration' that those same costs would recur, plus the costs of incubating 2 institutions (used as example EPIVAC, which trained 50 students per year, at an estimated cost of \$5,000 each)

5 Assume for 'Aspiration' that costs of Knowledge portal are mostly absorbed in online platform, but that one editor at \$50,000 per annum would be required to manage new submissions

6 Assumes for "Status Quo with transparency" that UN partner staff continue to be funded as today. For "Facilitated web-matching" assumes 8 regional staff at each site (two pilot sites for set-up in 6 African IHP countries, 10 sites total), each including 2 expatriates at \$150,000/year and 6 LE staff at \$20,000/year. The intermediary would facilitate matching, procurement, feedback, audit

Source: Expert interviews; McKinsey analysis,

## 4.2.2. Impact

The benefits and impact of each model vary too. They can be analysed according to several criteria, summarised in Exhibit 14. One primary impact dimension these models seek to ensure is that of sustainability. Sustainability is sought through: 1) increased exposure of local and regional technical support providers through database to better meet country needs and increase overall cost efficiency, 2) developing technical support supply in gaps areas, 3) incentivising capacity-building through country-lead ToRs and country feedback, and 4) developing institutional memory and capability through knowledge-sharing initiatives (online forum, knowledge bank, etc.).

**Exhibit 14: Preliminary assessment of impact potential of each model**

	Status quo with transparency	Facilitated Web-Matching	Aspiration	Comments
<b>Quality</b>				• Base quality with increased transparency and open markets
<b>Sustainability</b>				• Less sustainability if long-term reliance on intermediaries, (e.g., brokers or partners)
<b>Responsiveness</b>				• Higher market responsiveness; driven in part by greater competition
<b>Accountability</b>				• Procurer is not provider, country lead on TOR, ensures greater accountability
<b>Value for money</b>				• Financial benefits include fewer PSCs, lower international provider prices/costs over time (possible higher local prices)
<b>Fit with country capability</b>				• Over time countries will develop capabilities to match
<b>Overall</b>				

Source: McKinsey analysis

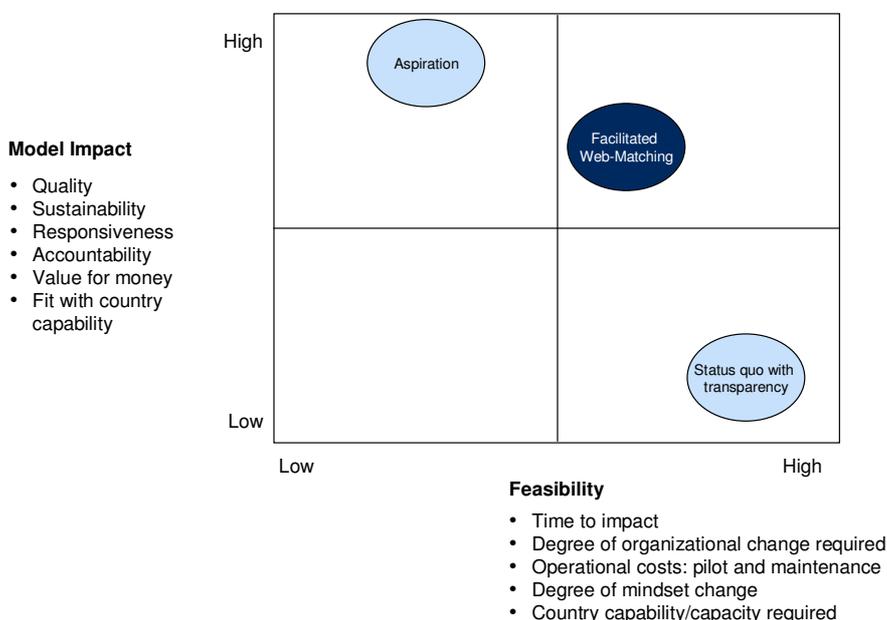
## 4.2.3. The recommended model: facilitated web-matching

Between these three options, we recommend, therefore, the ‘facilitated web-matching’ model. It balances the trade-offs between model impact and feasibility optimally (Exhibit 15); it is the model that would shift the needle significantly in terms of giving countries control, whilst providing support to countries where needed. It would be an intermediate model: as countries gain more capacity and capability, the goal is for them to move towards the ‘Aspiration’ model.

## Exhibit 15: Selection of model

ILLUSTRATIVE

### Impact-feasibility trade-off of each model



Source: McKinsey analysis

### 4.3. External risks across all models

There are also certain risks inherent to the whole spectrum of technical support options proposed. The GAVI Alliance Board must plan for these in advance of rolling out any new model.

- **An alternative and better model rolls out sooner or in different regions.** In this eventuality, the priority will be to avoid creating more complication for countries. There is already great redundancy in the way partners and bilaterals often provide and fund technical support. The proposed models serve to reduce these redundancies, as they provide a platform for others to work from, transparently. Were another such model to be created, there would be no reason for the GAVI Alliance to continue with its own. However, extensive interviews have been carried out with a range of stakeholders, and currently no such proposal seems in development. The GF is interested in tackling technical support itself, and is looking to understand first how GAVI's proposed models will address the issue and

the degree to which this could apply to the GF operational model which differs from that of the GAVI Alliance across a number of aspects.

- **The models are not well taken up and participation from providers and countries is poor.** A key to the success of the proposed models is for countries to be able to use the system easily, if they so wish, and for providers to participate, posting their details in the database. Therefore the market-maker will need to create a mixture of incentives (e.g., for countries more obvious transparency, lower cost, more control, and for providers more exposure) and obligations (e.g., for countries a duty to provide systematic feedback) to participate. While the GAVI Secretariat would not likely play this role, it will still need to be heavily involved in helping to shape and guide the activities and focus of the intermediary taking on this role along with the appropriate governance mechanisms. This extra demand on the GAVI Secretariat for this support as well as other support components of this model must be recognized, accounted for in planning and minimized to the degree possible.
- **The partners do not commit.** The operational costs of the system are relatively low and are an unlikely barrier to participation. However, the system also relies on the non-financial participation of partners. Is this a significant risk? In-country bilaterals and multilaterals have shown substantial support for the project, even those bilaterals outside of the SWAp process have suggested that they would be interested in participating in a common technical support platform. Multilateral partners have described nervousness about a/ creating more bureaucracy for countries (especially through the potential use of an intermediary), b/ adding another layer that exists already within the multilateral partners, c/ eroding the existing powerful relationships between country and partners, in favour of an unknown alternative. This nervousness, however, can be dispelled: the new systems should reduce bureaucracy by harmonising the redundant provider procurement practices that currently occur between donors. This is indeed what is seen with current intermediary arrangements (e.g., TSF). Furthermore, the strong relationships between countries and key partners would remain: their roles as providers would be ongoing, and they would be able to focus on those areas where they bring the most expertise (e.g., long-term support).
- **The new model does not fundamentally increase country leadership.** The new database will be publicly available, and could be used by countries and partners alike. There is a risk that countries do not adopt the model readily, and that partners become the biggest users of the database. However, in interviews and surveys, the database has been a consistent

feature for which country officials have shown great interest. A successful adoption by partners will only help catalyse country use.

#### 4.4. Next steps

Implementing a strengthened model for technical support will involve several considerations that are independent of the model itself. The GAVI Secretariat needs to undertake detailed implementation planning, the steps of which may become:

- 4.4.1. **GAVI Board agreement** on a/ a set of principles by which new technical support models would work (as described in section 3, e.g., open tenders and bids above a certain price cut-off, bidders and advisers cannot be the same, etc.), b/ the different necessary functions for efficiency (as described in the opportunities, section 3), c/ the optimal model
  
- 4.4.2. **Detailed business plan.** This would include a developing a detailed operational plan to clearly identify which activities would be performed by an intermediary, by the GAVI Secretariat, by GAVI Alliance partners and by countries themselves. This will allow the TORs for the intermediary to be established and a thorough costing analysis (FTEs) to be performed. There would be further need to:
  - Define how grants to countries would be made, potentially setting co-financing agreements with countries (e.g., for the intermediary), and then determining funding flows to the various components of the technical support model
  - Conduct a detailed risk assessment of the selected model including unforeseen consequences, potential liabilities of rating providers, conflicts of interests etc.
  - ROI for GAVI Alliance to invest in this technical support model relative to the opportunity cost of other investments
  - Establish a detailed organisational review of implications for the GAVI Secretariat and Alliance and then develop a detailed plan for the roll-out of the model (see 4.4.3)

- 4.4.3. **The roll-out:** The plan will define how the model will be piloted: cautiously, with a ‘build small then grow’ approach, or more ambitiously, aiming to have wide-ranging impact from the start. The ‘build small’ approach to the pilot may involve starting in select IHP countries, for instance, before rolling out to others: if the Secretariat were to focus on the sub-Saharan Africa IHP countries, the model could be relatively simple to implement, easy for stakeholders to agree on through their pre-existing compacts and current efforts to harmonise, and more likely to produce visible results. In the context of an IHP country pilot, it would also make more sense for the GAVI Secretariat to co-ordinate its database and procurement processes with other donors, such that the model could expand beyond immunisation and health systems strengthening. Of course, other options of country groups (e.g. specific geography, fragile states, more highly developed countries, etc.) to pilot could exist and could be looked at more closely before finalising on a pilot group.
- 4.4.4. **Measuring success:** Measuring the impact of the pilot and the roll-out will be critical in ensuring its uptake by countries and providers. It will also establish the evidence-base for the potential benefits of transforming the technical support model across other areas of health. The GAVI Alliance partners will need to measure both short-term output metrics (e.g., have intermediaries been identified and the top-up grant set up?), and long-term outcome measures (e.g., how many new providers have been directly identified by countries? Has provider performance changed over time? Has the web-based database created links that otherwise would not have existed?). A successful model implementation would be one in which countries are able to easily and transparently have oversight over the procurement of the high quality technical support they request.
- 4.4.5. **Code of Conduct for technical support and brokering:** The GAVI Alliance partners could consider establishing a Code of Conduct for technical support, agreed by a range of donors, multilateral partners and countries. The code would either establish best practices or set minimal standards that should be respected in the selection, funding and procurement of technical support. This could help in aligning stakeholders from the beginning of the implementation.

4.4.6. **Costing and financial considerations:** Whilst a quick overview of operational costs and funding windows has been proposed, more specific research will be required to establish the costs more precisely, and the ease with which funding could be raised through the International Finance Facility for Immunisations. It may be helpful in this context to undertake an in-depth analysis GAVI Alliance spend on technical support for preparation, implementation and M&E of programmes to better understand the current actual distribution, range, and cost of technical support used. This could include a mapping of providers, including some workplan related items carried out by GAVI Alliance partners.

4.4.7. **GAVI Secretariat internal:** The GAVI Secretariat will need to consider the internal repercussions that creating a new model for technical support could have on its organisation. It may need new staff. It may have to institute new auditing controls over the top-up grants, intermediaries, and perhaps even technical support providers (depending on the funding flows). The GAVI Secretariat should also consider the potential to leverage this model as a means to source their internal technical support needs. The high-level organisation implications to the GAVI Secretariat of each of the models under final consideration by the GAVI Alliance Board should be considered followed by a detailed assessment of during the business plan development.

## 5. CONCLUSION

Regardless of the precise model that it chooses, the GAVI Alliance is presented with an opportunity to shift technical support provision, and increase the choice of appropriate, sustainable support to countries and its partners.

The impact could be significant. If the GAVI Alliance introduces a successful platform for technical support to immunisation and health systems strengthening, the model could apply to other areas of international public health, and other major organisations and donors. The impact could also be significant in non-health arenas too: if this works for immunisations, why not education? Economic development? There is the potential here to catalyse openness and transparency across all areas of development.

Furthermore, the GAVI Alliance could create a system for countries to help each other, sharing knowledge, experience, ideas and people. In the long-term, this promotion of 'South-South collaboration' would reduce donor-dependence.

Finally, in the spirit of the Paris Declaration, the GAVI Alliance could create opportunities for donors to work collaboratively, providing common funding within technical support and across specialities.

But there will be significant challenges to implementing a new model, in part because of the variety of needs and the differences in capacity between countries as well as different capacities and mandates of GAVI Alliance partners. Some countries have more integrated strategic plans than others. Demands differ. Transparency and accountability vary. Relationships between stakeholders change by country.

As the H8 seek opportunities for collaboration, the time is right for the GAVI Alliance to inspire and catalyse change.

## **APPENDIX**

### **1. Interviewee list**

#### **Global stakeholders**

- Arnold Ahiatsi, MD West and Central Africa TSF Director, UNAIDS
- Christian Baeza, Regional Director LAC, World Bank Institute
- Suprotik Basu, Harmonisation Working Group, Roll Back Malaria
- Cathy Beacham, East Africa TSF Director, UNAIDS
- Julian Bilous, Senior Advisor Polio Eradication and EPI, WHO
- Leopold Blanc, Coordinator of Stop TB Strategy and Health Systems
- Karen Cavanaugh, USAID
- Marcos Espinal, Executive Secretary, Stop TB
- Bob Fryatt, IHP, WHO
- Jan Grevendonk, Assistant Controller, GAVI Foundation
- Pradeep Kakkatil, Chief of Technical Support Division, UNAIDS
- Anthony Kingborn, Southern Africa TSF Director, UNAIDS
- Nicole Klingen, Senior Health Specialist, Human Development Network, IHP
- Stefano Lazzari, Senior Health Advisor, GF
- Dragoslav Popovic, Immunisation Specialist, UNICEF Regional Office, CEE/CIS
- Melanie Renshaw, Harmonisation Working Group, Roll Back Malaria
- Jim Rock, Southeast Asia TSF Director, UNAIDS
- Peter Salama, Chief Of Health, UNICEF
- Robert Scherpbier, Department of Child and Adolescent Health and Development, WHO
- Gerard Schmets, Health Systems Governance, Policy and Aid Effectiveness, WHO
- Bo Stenson, independent, former Swedish International Development Agency
- Julia Watson, Senior Economic Advisor, DfID
- LeeWah Zsu, Health Systems Action Network

#### **In-country stakeholders**

- Nihal Abeyesinghe, Chief Epidemiologist (former EPI manager), Sri Lanka
- Vilma Bruney, EPI Manager & Hilary St Clare, Supplies Manager
- Clement Djumo, UNICEF Cameroon
- Tolu Fakeye, MOH Nigeria
- Ulla Griffiths, IRC member, LSHTM
- Shamsiddin Jabirov, General director, RCIP, Tajikistan
- Suresh Jadhav, Exec Dir Serum Institute, India
- Rana Kakar, Afghanistan, WHO Technical Officer for EPI and Surveillance
- Ben Lane, Cambodia, WHO Health planning advisor
- Bonanche Lilembe, EPI Manager, Democratic Republic of Congo
- Jean-Marc Olivé, Vietnam WHO Representative

- Joseph Oteri, Nigeria MOH
- Wei Ran, National Co-ordinator HIV, senior MOH prog officer, China
- Paul Ricketts, National Epidemiologist, Dominica
- Rotigliano, UNICEF Representative Indonesia
- Yodit Sahlemariam, UNICEF
- Majeed Siddiqi, Head of Mission Healthnet TPO, Afghanistan
- Imam Subekti, MOH National Dept of Planning, Head of International Cooperation Indonesia
- Jane Soepardi, Indonesia, former EPI manager, now national TB programme manager
- Garba Tchang Salomon, EPI Coordinator, Chad
- Been Varghese, Health Economist, IRC member, India
- Anne Vincent, Health and Immunisation Officer, and Vinod, EPI officer
- Anonh Xeuatvongsa, IRC member, Lao PDR

### **Technical support providers**

- Catriona Waddington, HLSP and DFID Resource Center
- Jessica Price, FHI Rwanda
- Diana Silimperi, MSH
- Rifat Atun, Imperial College London
- Lorraine Hawkins, Independent Consultant
- Robin Biellik, PATH
- Robert Wecker, PATH
- Robert Steinglass, JSI/Immunisation BASICS
- Biagio Pedalino, MSH Epicentre
- Daniela Ballou-Aaers, Dalberg
- Catherine Severo, Global Fund Grant Management Solutions
- Aby Sayeed, Technical Assistance, Incorporated
- Kindra Halvorson, TechnoServe
- Dr. Xavier Bosch, Swiss Tropical Institute, Swiss Center for International Health
- Claes Ortendhal, senior independent consultant
- Loren Becker, Results for Development
- Marty Matiken, Results for Development

### **GAVI Secretariat**

- Alice Albright, CFO
- Carole Presern, Change Management Consultant
- Ranjana Kumar, SEARO Country Support
- Jorn Heldrup, East and Southern AFRO Country Support
- Ivonne Rizzo, EURO Country Support
- Geoff Adlide, Head Advocacy and Public policy
- Mercy Ahun, Head of Country Support
- Alex Palacios, Director of External Relations
- Rebecca Affolder, Head Chief Executive Office

- Brian Wall, PAHO Country Support
- Nina Schwalbe, Deputy Director Executive Secretary, Director of Policy
- Tim Nielander, Counsel
- Jorn Heldrup, Country Support
- Santiago Cornejo

### **Manilla Regional EPI Managers' meeting**

- Brenton Burkholder, CDC Atlanta
- Keith Feldon, Technical Officer, EPI, WHO Lao
- Anonh Xeuatvongsa, Director, National Immunisation Program, Lao
- Sann Chan Soeung, Deputy Director General for Health, Cambodia
- Dorj Narangerel, Senior Officer Communicable Diseases Control and National EPI Manager, Mongolia
- Surechimeg Vanchinkhuu, Child Health and Nutrition Specialist, UNICEF Mongolia
- Dean Shuey, Regional Adviser, Health Sector Development, WPRO
- EPI team, Papua New Guinea
- Yang Baoping, WPRO, Pacific Islands

### **Sharm-el-Sheikh Regional HSS Focal Points meeting**

- Mahendra Sheth, Regional Health Adviser, UNICEF (MENARO)
- Abdelmajid Tibouti, Senior Adviser, Programme Division, UNICEF-HQ
- Andrew Cassels, Director, Health System Governance and, Service Delivery, WHO
- Dominique Egger, Organisation and Management of Health Services, WHO
- Phyllida Travis, Organisation and Management of Health Services, WHO
- Ngenda Chris Mwikisa, Coordinator, Inter-Country Support Team/HHA, AFRO
- Prosper Tumusiime, HSS Focal Point, Inter-Country Support Team, AFRO
- Mario Cruz-Peñate, HSS Focal Point, PAHO/AMRO
- Belgacem Sabri, Director, Health Systems and Services Development, EMRO
- Svenja Herrmann, Technical Officer, EURO
- Jenni Kehler, Health Financing and Policy Specialist, WHO Office in Azerbaijan

### **Country visit Kenya**

#### **Ministry of health**

- Dr. T Gakuruh – Health Sector Reform Secretariat Head and Deputy Director of Medical Services
- Dr. Kamau - Division of Vaccines and Immunisations, Kenya
- Mr. Muchiri, Chief Economist
- Dr. Nyikal – Permanent Secretary for Public Health and Sanitation
- Dr. Wamae – Division of Maternal and Child Health
- Dr. Wekesa – Deputy Director of Medical Services

## **Partners**

- Kennedy Ongawe - Acting Director, UNICEF Health Section
- Ms. Josephine Odanga - Project Officer, EPI, Health Section, UNICEF
- Dr. Okello – Head, WHO Kenya
- Dr. Dule – EPI Focal Point, WHO
- Dr. Chesan – Children’s Immunisation, WHO
- Wacuka Ikua – Health Sector, World Bank country office

## **Donors**

- Anthony Daly – Health Advisor, DFID
- Sandra Erickson - TA to DPHK
- Anna Kandimoa - Policy Advisor Consultant, DPHK
- Klaus Hornetz - Programme Leader and GDC Sector Coordinator, GTZ
- Bunkard Koenim – GTZ
- Cavin Otiero - Programme Officer, GTZ-Kenya
- Elio Ombono - Italian Cooperation
- Dr. Bedan Gichanga – Health Systems Specialist, USAID

## **Providers**

- Masyuki D.M. - Nation HIV Coordinator, ActionAid Kenya
- Mette Kjaer - Country Director, AMREF
- Josephine S. Lesiamu - Project Manager, MIHP. AMREF
- Ruth Charo - Hennem Coordinator, Hennem
- Annemarie Ochiene - CEO/Programme Manager, C-MEDA
- Violet Asante - Programme Coordinator, FASI
- A. Abraham - Country Health Director, Merlin
- Dr. Ndinda Kusu – MSH
- Jennipher A Kere - CEO, WIFIP

## **Country visit Côte d’Ivoire**

### **Ministry of Health**

- Dr Joseph Nyangue, Technical Advisor
- Prof. Yao Guillaume Loukou, Advisor to the Minister for Health, Ex-General Director for Health
- Prof Danho Anongba, Director General for Health
- Dr Sorho Silue Kozolo “Chargé d’Etude”
- Dr Kouamé Ignace Assistance Director PCE (DEPE)
- Dr Kouassi-Gohouu, Director DIPE
- Soro Fiassopo, Accounting assistant, DIPE
- Yoboue Simone Epe DJAH, Head of Planification Service, DIPE
- Dr Yrié Denis Tra Bi, Directorate of infrastructure, equipment and maintenance

- Victor Kassi, assistant director, Directorate of infrastructure, equipment and maintenance
- Dr Mamadou Samba, Chief of Prospection and Strategy
- Ledjdu Bissuna Reve, Prospection and Strategy Cell
- Lasme Paul Agnes, Directorate of infrastructure, equipment and maintenance
- Dr Guessan Bi, Former Director Strategy and Planning

### **Partners**

- Dr Etienne Siamevi, WHO Representative
- Dr Nzoué, WHO
- Dr Kaloué, WHO
- Sylvie Dossou, Deputy Representative, UNICEF
- Dr Abdelhak Bendis, Programme officer, Health and Nutrition, UNICEF
- Ibrahim Magazi, Senior Public Health Specialist, World Bank

### **Donors / Other**

- Donors / Other
- Simplicie Konan, Director of Financial Affairs, MOF/MOH
- Mamadou Coulibaly, MOF/MOH
- Marina Yo, Health Economist, MOH/MOF
- David Lago Gouali, Budgeting, MOH/MOF
- Agnes P Grah, MOH/MOF
- Dr Sibaillet, USAID Temporary representative
- Rebekah Hoffacher, CDC/ 'Retroci', Deputy Director for Operations, PEPFAR

### **Providers**

- Dr Nbichi, Country director & Mr Angama, JSI / MMS
- Mr Ehouman Angaman, Behavior Change and Communications
- Mr Sylvain Opokou, Waste Management
- Mrs Aoua Paul Diallo Diawara, Country Director, UNAIDS
- Mr Pascal Eby Ehounoud, Monitoring and Evaluation UNAIDS
- Charles Zouzoua, Country Director, Family Health International
- Gisèle Semdé, Senior Technical Officer, Family Health International

## **Country visit Vietnam**

### **Ministry of Health**

- Prof. Nguyen Tran Hien, National EPI manager
- Dr. Nguyen Van Cuong, Deputy EPI manager
- Dr. Do Si Hien, Former EPI manager
- Dr. Dang Quoc Viet, Director, National Centre for Health Communication and Education

- Dr. N.H. Long, MOH Planning and Finance Dept.
- DD Thien, MOH Planning and Finance Dept.
- Mr. Chinh, MOH Planning and Finance Dept.

### **Partners**

- Dr. Graham Harrison, HSS Tech Officer, WHO
- Dr. Antonio Montessor, Imm, WHO
- Rebecca Dodd, Donor Coordination, WHO
- Dr. Marjatta Tolvanen-Ojutkangas, Chief Health and Nutrition, UNICEF
- Immunisation team lead, UNICEF
- Nguyen Thi Mai, Sr Operations Officer Health, Pop, and Nutrition, WB
- Dr. Dao Lan Huong, HSS Specialist, WB
- Maryam Salim, Senior Human Development Specialist, WB

### **Donors**

- Kobayashi Yusuke, Deputy Res Rep, JICA
- Chu Xuan Hoa, Programme Officer, JICA
- Patrick Ackermann, Luxembourg Embassy
- Raja Chowdhry, Chief Technical Advisor, Lux Development

### **Providers / CSOs**

- Robert Taylor, independent consultant working on ADB health systems development project
- Dr. Vu Minh Huong, PATH
- Michelle Gardner, Country Rep, PATH

## **Country visit Ethiopia**

### **Ministry of health**

- Neghist Tesfaye, Head Family Planning Department
- Habtamu Belete, EPI (seconded from UNICEF)
- Nejmudin Kedir, Head of Planning Department

### **Donors**

- Ali Forder, DfID

### **Partners**

- Fatoumata Nafu-Traore, WHO Representative + colleague
- Redda Tekle Haimanot, head of local NGO, former WHO Technical Advisory Group

- Thomas Orrell GAVI CSO Consultant, UNICEF
- Luwei Pearson, Chief Health, UNICEF
- Viviane van Steiterghem, UNICEF
- Yodit Sahlemariam, EPI, UNICEF

### **Providers**

- Claes Ortendahl, head of DfID consultancy team for Millenium Development Fund
- James Droop, economist, Oxford Economics

## **Country visit Mozambique**

### **Ministry of health**

- Dr Goncalves, Deputy Director, planning and cooperation
- Nuno Gaspar, EPI Manager

### **Partners**

- Hadi Benzerroug, WHO Representative
- Dr Ailde, WHO
- Roberta Pastor, Health Information Officer, WHO
- Manuel Novela, EPI WHO
- Dr Antoine, component of NGO networking, WHO
- Sebastiao Nkunku, CPC, WHO
- Paul Ngwakum, UNICEF Immunisation specialist

### **Donors**

- Neil Squires, DfID
- Giorgio Dhina, SDC
- Fatima Aly, SDC
- Jeri Dible, USAID

## **2. Literature references**

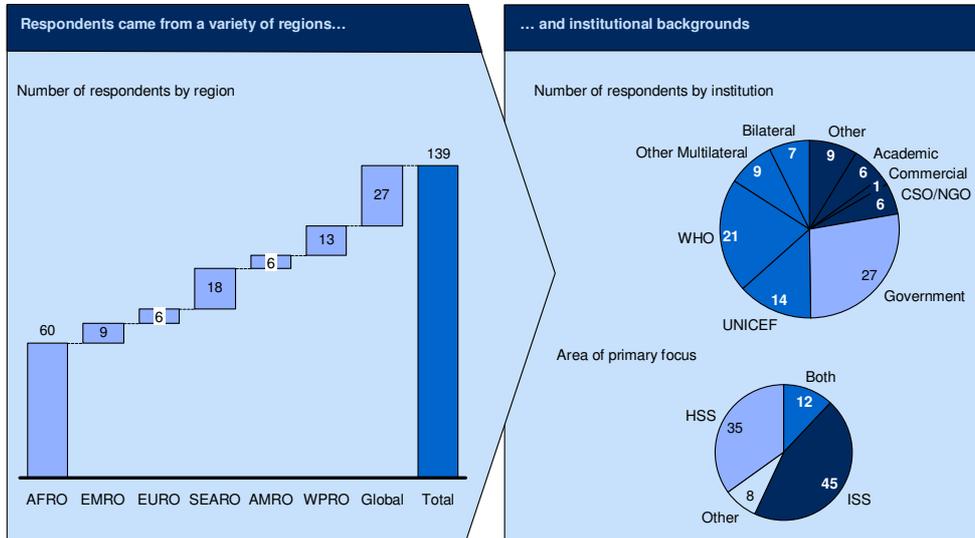
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### **3. Key data from survey**

A survey was distributed to in-country Ministry officials, multilateral and bilateral (in-country and global) partners, GAVI Secretariat staff, and technical support providers. The online survey comprised 23 questions, in three parts: a/ how technical support was used today, b/ what the strengths and weaknesses of current models were, and c/ how respondents felt about the testing of potential new models. It was translated in English and French and ran in July 2008. Several significant results are summarized in the exhibits below.

## Appendix Exhibit A: Survey polled 450 stakeholders, representing the diversity of the technical support community



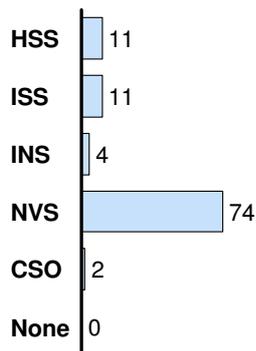
Source: 2008 GAVI Technical Support Survey; McKinsey analysis

## Appendix Exhibit B: Technical support within GAVI programmes is focused drafting of programmes and grant applications

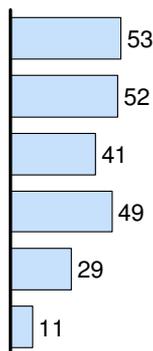
Percent



### GAVI Funding 2000-2015



### Respondents using TS

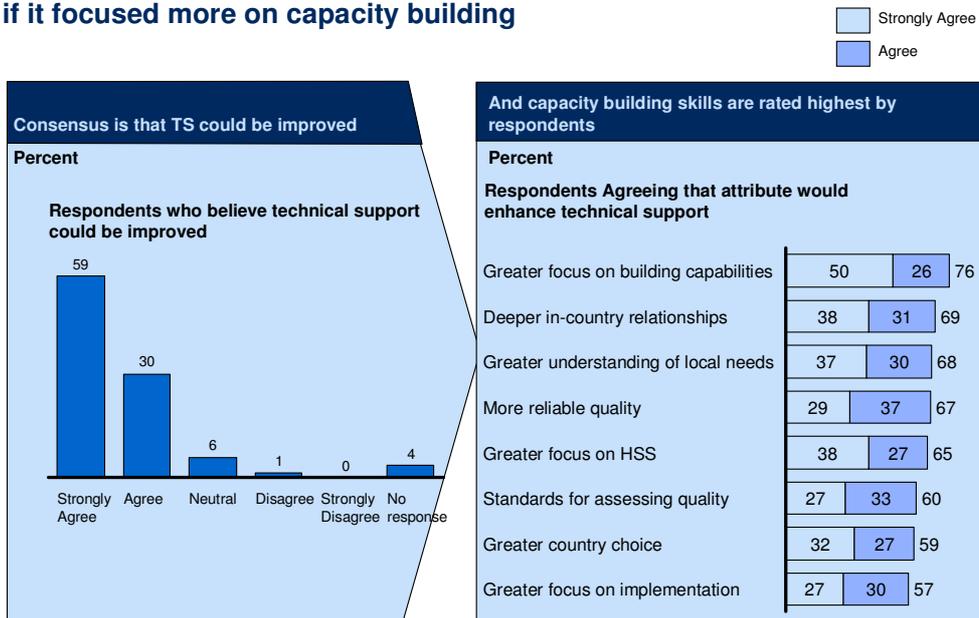


### Distribution of TS stage among respondents who use TS



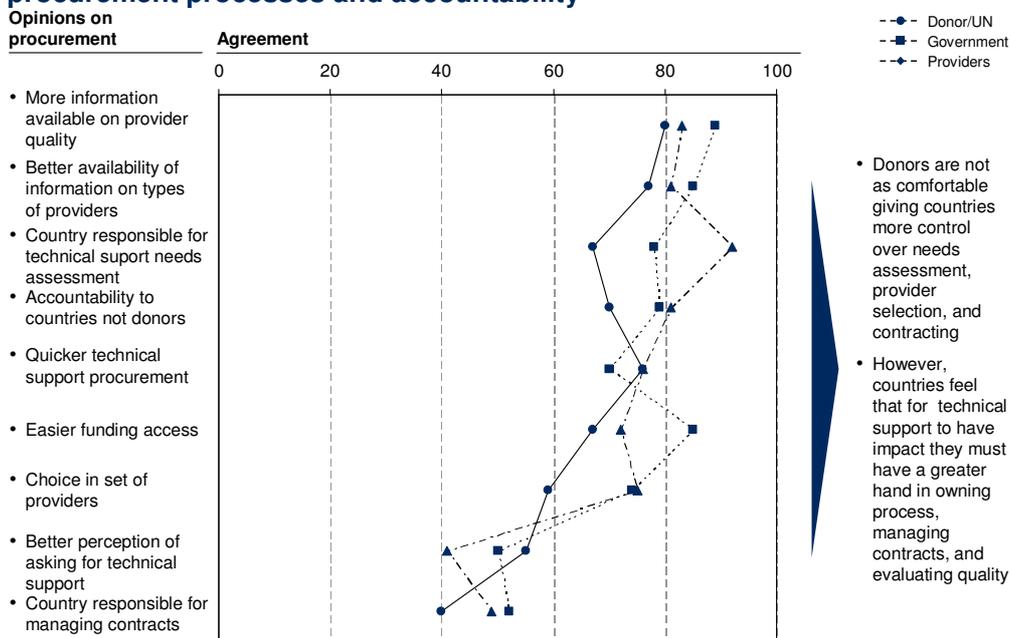
Source: GAVI Annual Report, 2007; 2008 GAVI Technical Support Survey; McKinsey analysis

## Appendix Exhibit C: Technical support could have greater impact if it focused more on capacity building



Source: 2008 GAVI Technical Support Survey; McKinsey analysis

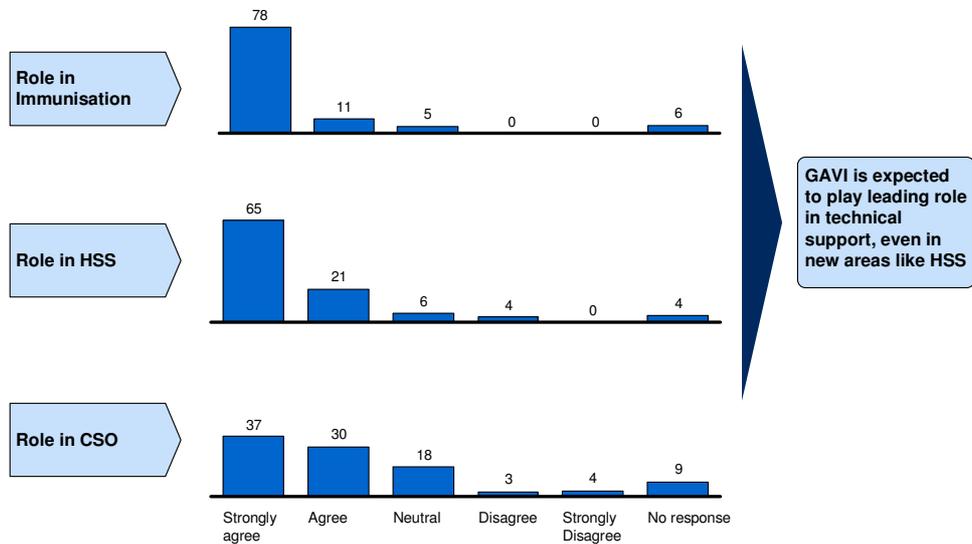
## Appendix Exhibit D: Countries want more control in technical support procurement processes and accountability



Source: 2008 GAVI Technical Support Survey; McKinsey analysis

## Appendix Exhibit E: Respondents believe GAVI has a key role to play in improving technical support in HSS, ISS, and CSO

Percent of respondents



Source: 2008 GAVI Technical Support Survey; McKinsey analysis

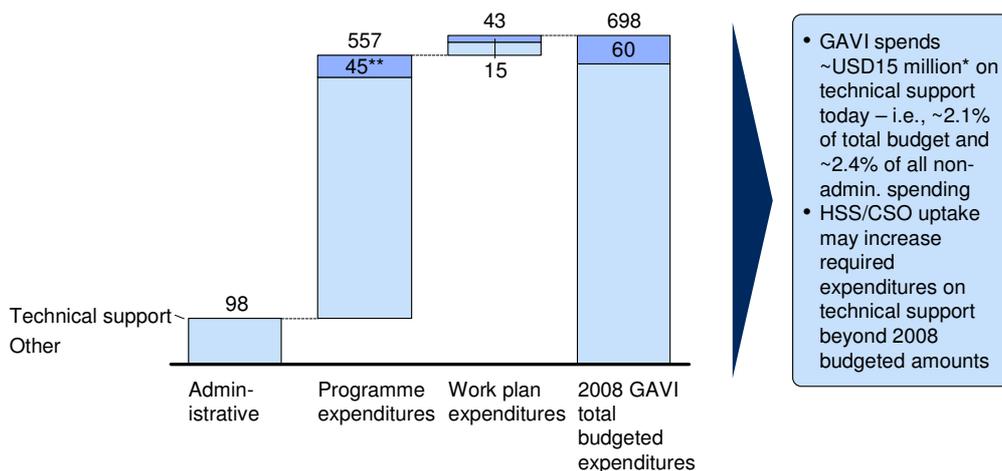
### 4. Budget envelope data

## Appendix Exhibit F: In 2008, GAVI will spend about USD 15 million\* of total budget on technical support

ESTIMATES BASED ON 2008

GAVI-funded technical support

Estimation of GAVI-funded technical support



- GAVI spends ~USD15 million\* on technical support today – i.e., ~2.1% of total budget and ~2.4% of all non-admin. spending
- HSS/CSO uptake may increase required expenditures on technical support beyond 2008 budgeted amounts

\* Funding for technical support delivered by WHO, UNICEF, WB, and the GAVI Secretariat. Does not include ADIPs;

~25% of workplan technical support is dedicated to HSS/CSO/ISS activities

\*\* ADIPs

Source: 2008 GAVI Work Plan – Doc #AF-6; Interviews; McKinsey analysis

## Appendix Exhibit G: GAVI could increase its technical support allocation to USD 70 million to meet estimated country needs

HIGH-LEVEL ESTIMATION

	Number of countries supported			Technical support envelope USD million
	Fragile	IHP	Other	
<b>High</b>	11	5	32	72
<b>Medium</b>	6	3	22	42
<b>Low</b>	2	2	11	18

- Low level support at around USD 16 million would mirror current spending on TS but over many fewer countries
- High support would see GAVI technical support spending expand just under 5x to ~USD 72 million to support more fragile states and total GAVI countries overall

\* High assumes that 48 countries are supported; Medium, 31; and Low, 15. Each case differs by the portion of fragile states, IHP countries, and remaining GAVI countries supported. Also, it is assumed that fragile states will require at least 5 person-years of support; IHP countries, 3 person-years; and all other GAVI countries, 2 person-years of support

Source: Interviews; McKinsey analysis

## Appendix Exhibit H: USD 70 million in GAVI technical support spend would from other funders

BASED ON 2008 GAVI WORKPLAN

Total overseas development assistance (ODA), 1999 USD million	Share for TS Percent
<b>USA</b>	9,145 42
<b>Australia</b>	982 37
<b>Portugal</b>	276 35
<b>Canada</b>	1,699 20
<b>Austria</b>	527 20
<b>Switzerland</b>	969 11
<b>Italy</b>	1,806 3

Share of technical support spend	Percent
• Average technical support in GFATM round 7 grants	5
• DFID support as 'technical cooperation' 2001–2006	12–17
• 2004 estimate of technical assistance in all donor budgets	25

- Average technical support share of all ODA of 24 members of the OECD DAC amounted to 23%
- High level of support (\$ 72m) would be about half of what benchmarks suggest is spent on technical support for a ~ USD 700 million programme

Source: ActionAid; DFID; OECD DAC; Ministry of Foreign Affairs of the Netherlands; McKinsey analysis