

# Part I Overview - GAVI Alliance Strategy and Business Plan 2011-2015

## Executive Summary

The GAVI Alliance Strategy 2011-2015, approved by the GAVI Alliance Board in 2010, defines the Alliance's mission, operating principles, strategic goals, objectives and progress indicators (see Appendices 1 and 2).

This GAVI Alliance Business Plan 2011-2015 describes the actions to be undertaken to achieve the Strategy. It also lays out the context and challenges for the coming years. The overview should be read in conjunction with *Part II Strategic Goals and Cross-Cutting Issues - GAVI Alliance Strategy and Business Plan 2011-2015*.

## Background

The GAVI Alliance Strategy 2007-2010 aimed to accelerate the uptake of new and underused vaccines, contribute to health systems strengthening, improve the sustainability of immunisation and capitalise on a unique partnership model (see Appendix 3). Progress in these goals has contributed to achieving the Alliance's mission "to save children's lives and protect people's health by increasing access to immunisation in poor countries." The Strategy was accompanied by a corresponding work plan which set out the activities of respective partners organised by outputs. Activities and corresponding budgets were developed on an annual basis in 2007 and 2008, and on a bi-annual basis for 2009-2010.

As a result of its efforts since inception, GAVI has immunised 288 million children, increased vaccination coverage in low-income countries from 66 to 79%<sup>1</sup> and helped avert over five million future deaths. The results of the Alliance's efforts are detailed in various publications and documents<sup>2</sup> and documented in the recent second evaluation of GAVI.

While GAVI remains a public-private partnership true to its mission, which brings together donors, countries, industry and others, there have been both continuity and change in GAVI's context and internal operations since the last planning cycle in 2007. In that time, the Alliance has:

- left its base at UNICEF and became an independent Swiss Foundation with a new unified governance system and legal identity, which allows for clearer accountability and the creation of an integrated business plan
- established the Health Systems Funding Platform, which brings together several of the agencies involved in supporting health systems, with the aim of better aligning the agencies' programmes around country systems
- tightened its focus on accountability – in terms of accounting for the proper use of cash funds, leading to the establishment of a Transparency and Accountability Policy and team

<sup>1</sup> World Health Organization. WHO/UNICEF estimates of national immunization coverage. 2010 Feb 24 [cited 2010 Feb]. Available from: [http://www.who.int/immunization\\_monitoring/routine/immunization\\_coverage/en/index4.html](http://www.who.int/immunization_monitoring/routine/immunization_coverage/en/index4.html) United Nations, Department of Economic and Social Affairs, Population Division. World Population Prospects: the 2008 Revision [CD-ROM edition]. 2009 May.

<sup>2</sup> Phase 1 and 2 evaluation (<http://www.gavialliance.org/performance/evaluation/index.php>), Progress Reports ([http://www.gavialliance.org/media\\_centre/publications/progress\\_reports.php](http://www.gavialliance.org/media_centre/publications/progress_reports.php))

- developed new eligibility criteria which focused on the poorest countries
- required that countries raise the minimum coverage of DTP3 from 50% to 70% (as assessed by WHO/UNICEF) as a threshold to introduce most new vaccines.

### **Strategy 2011-2015**

The Board approved the 2011-2015 Strategy for the Alliance at its meeting in June 2010. GAVI's mission to increase access to immunisation in poor countries is supported by four strategic goals:

1. *Accelerate the uptake and use of underused and new vaccines by strengthening country decision making and introduction ("the vaccine goal")*
2. *Contribute to strengthening the capacity of integrated health systems to deliver immunisation by resolving health systems constraints, increasing the level of equity in access to services and strengthening civil society engagement in the health sector ("the health systems goal")*
3. *Increase the predictability of global financing and improve the sustainability of national financing for immunisation:*
  - a. At the global level, raising public and private funding and developing innovative finance options to access new and predictable resources ("the funding goal")
  - b. At the national or country level, the focus is on successful implementation of GAVI's co-financing policy to ensure that new vaccines are included in domestic budget lines and that there is national financial as well as political commitment for their introduction ("the co-financing goal")
4. *Shape vaccine markets with regard to pricing and supply security through its ability to pool procurement on behalf of over 50 million children and make catalytic investments to facilitate introduction of appropriate vaccines ("the market-shaping goal").*

A set of cross-cutting operating principles and robust activities in monitoring and evaluation (M&E) and advocacy, communications and public policy (ACPP) further support these goals.

Successful implementation of the Business Plan will achieve significant impact. Between 2011 and 2015, the Alliance aims to fully immunise over 240 million children and avert a further 3.9 million deaths. 90 million infants across 40 countries will receive pneumococcal (pneumo) vaccines for the first time, and more than 50 million infants across 29 countries will receive rotavirus (rota) vaccine for the first time. An additional 230 million infants will receive pentavalent (penta) vaccinations, with 65 million receiving yellow fever vaccinations. GAVI will also have begun to roll out other new life saving antigens, including human papillomavirus (HPV) which protects against cervical cancer, a leading cause of death of women in low income countries. In parallel, GAVI will have built a partnership between leading global health organisations to further strengthen health systems in over 40 low-income countries in order to promote integrated delivery of immunisation.

## Challenges and Risks

In achieving the Strategy, the Alliance faces challenges and risks.<sup>3</sup>

*Funding.* The global economic downturn has led to a decrease in donor funding for health.<sup>4</sup> While economies are recovering, many of GAVI's donors have challenging fiscal positions and development budgets are under pressure. Although GAVI has sufficient funding to meet existing commitments to countries, fully meeting country demand will require significant increases in available funding. For the GAVI Secretariat, this has necessitated an increased focus on resource mobilisation including advocacy and communication.

*Vaccine market development.* The GAVI business model aims to foster a healthy vaccine market by encouraging and pooling demand from developing countries, attracting new manufacturers and increasing competition to drive down prices. Although the prices of vaccines have fallen, they have not declined as rapidly as had been envisioned in the early years of GAVI's work. Similarly, the rate at which potential suppliers have entered the market has been slower than expected. As introducing new vaccines is resource intensive for both donors and countries, GAVI needs to work harder in the coming years to ensure that pricing is sustainable for donors and countries in the long run.

*Sustainability.* One of the key concerns of stakeholders during the Strategy development process was around sustainability. In other words, should countries introduce new vaccines if there is little prospect of being able to maintain them if GAVI support ends? Given that 17 countries will likely graduate from GAVI support between 2011 and 2015, with a further four countries moving toward graduation between 2016 and 2020, the sustainability of national investments in vaccines and coverage beyond GAVI support is a risk for the Alliance. This issue is equally acute for donors, as they provide significant financial support for the lower-income countries.

*Efficiency, effectiveness and accountability.* Although the intention has been to harmonise and align GAVI support with country systems and processes, this has been difficult to achieve, particularly for GAVI's cash-based programmes. GAVI support is still not fully synchronised with country planning, budgeting and reporting cycles. Further, being responsive to requests from donors for increased accountability and demonstrated results at country level are, to some extent, in tension with GAVI's formerly "light touch" approach to development. To address concerns by donors and the Board, GAVI instituted a transparency and accountability policy for its cash-based programmes. However, further "hands on management" of programmes - in particular cash-based programmes - requires a shift in GAVI's business model towards strengthening the stewardship role of the Secretariat, including data system and monitoring and evaluation. The same holds true for partner support, although to a lesser extent: increasing reporting requirements for technical partners (e.g. WHO and UNICEF) necessitates an appropriate management structure in place to do so.

<sup>3</sup> For further detail, please refer to the GAVI Phase 2 Evaluation

<sup>4</sup> <http://www.usaid.gov/locations/asia/documents/Health-and-Impact-of-Economic-Crisis-4-13-final-duproof0413.pdf>

## Business Plan Development Process

With the approval of the new Strategy, the Board tasked the Secretariat with developing a business plan to achieve the strategic goals. The plan reflects the changes in GAVI's context, the lessons learnt from GAVI's first 10 years, and the need to address the challenges mentioned above.

The development of the Business Plan in the second half of 2010 was characterised by a collaborative approach among Alliance stakeholders and partners – followed by a Secretariat review and then an independent review. A consultant was seconded to the GAVI Secretariat from McKinsey to facilitate the process and ensure consistency across all the groups.

- *Collaborative approach.* Technical sub-groups were set up for each strategic goal. GAVI Board members nominated individuals from their constituency to join these groups. Technical sub-group members were tasked with developing the deliverables and activities to achieve the objectives in support of the goals and budget for them (completed 31 July 2010). The Bill & Melinda Gates Foundation, WHO, UNICEF, and the GAVI Secretariat had representatives on multiple groups to ensure that activities were neither “lost” nor “duplicated” as proposed programme objectives and activities took shape.
- *Secretariat review.* After the sub-groups had completed their initial planning, the Secretariat reviewed the objectives, activities and deliverables across all goals and cross-cutting areas with implementing partners. As a result of this review, the original list of 54 proposed programme objectives (with corresponding activities) were consolidated into 26. Multiple iterations were done on the budgets to identify inefficiencies and rationalise proposed expenditure.
- *Independent review.* Following consolidation of the objectives, activities, and deliverables, the business plan was reviewed by an independent External Advisory Group in September 2010. The review focused on internal consistency of the plan and the extent to which activities proposed would achieve the strategic objectives as set by the Board. They also reviewed the extent to which the budgets proposed were appropriate. Following the meeting, the Implementing partners worked with the Secretariat to begin address comments.
- *Board review and decision.* In October 2010, the Business Plan was reviewed by the Programme and Policy and Audit and Finance committees of the Board and revised to reflect input and comments. It was then submitted to the GAVI Alliance Executive Committee which has primary carriage of the process. The Executive Committee recommended the plan for approval to the full Board at the December Board meeting.

## Overview of the Plan

Development of the GAVI Alliance 2011-2015 Business Plan has been driven by a desire for a logical flow and internal consistency (e.g. activities support programme objectives, which contribute to achievement of the strategic goals). Goals are measured against the achievement of targets, and objectives have clear final and interim deliverables.

The plan incorporates:

- strategic and programme objectives, with supporting activities
- performance indicators and defined deliverables
- detailed budgets (budget for 2011-2012)
- a plan for mitigating risk
- a management plan to drive delivery.

In continuing to provide strong support to GAVI country programmes, the 2011-2015 Business Plan focuses on three supportive areas: a) increasing predictability of financing, b) vaccine market-shaping and c) ensuring sustainability of impact. In response to the evaluation of the health systems programme, the Business Plan also puts forward more “hands on” management of health systems programmes through more intensive programmatic engagement and oversight by the Secretariat and partners.

*a) Increasing predictability of global financing*

GAVI is a funding mechanism and depends upon continuing donor support. The funding challenge is significant in the years ahead because:

- GAVI and its partners have successfully stimulated demand from countries so that demand has steadily increased, including for new vaccines which at this stage are relatively expensive;
- although co-financing is important for country ownership and can represent a significant contribution for graduating countries, the trajectory for assumption of vaccine costs by non-graduating countries will not be achieved within the time frame of this plan. Further, in the GAVI model countries take full responsibility for delivery costs, which can be significant;
- the International Financing Facility for Immunisation (IFFIm) helped to scale-up GAVI's funding, creating a significant market for vaccines in developing countries. As currently configured, IFFIm's contribution to GAVI's finances peaks in 2010, and is projected to decline significantly in 2012 and 2013. GAVI is currently exploring ways of releasing more funds from IFFIm;
- the economic downturn and financial crisis has led to a number of GAVI's donors facing significant fiscal challenges.

This means that GAVI has had to move from a model of adequate resource flows and “maintaining” donor relations to a more proactive model of mobilising resources. This shift requires more intensive engagement with a wider range of stakeholders.

*b) Market-shaping and c) sustainability*

A clear finding from past evaluations is that GAVI has not had a significant impact on vaccine pricing. Lower vaccine prices are critical for sustainability as prices should be a manageable proportion of health budgets in the majority of GAVI countries. For this reason, the Board has elevated market-shaping to the level of strategic goal with the aim of making vaccines more affordable, ensuring sufficient and secure supply, and catalysing development of appropriate vaccines for low- income countries. As this is a new area of

focus, the 2011 activities comprise analytic work to support the development of appropriate strategies and policies for implementation in 2012 and beyond.

#### *Increasing accountability*

GAVI's business model involves working through members of the Alliance and with other parties, thereby avoiding duplicating existing capacities and keeping administrative costs low. Support for implementation and support at country level is the responsibility of Alliance multilateral partners.

The Alliance depends upon the partners sharing the Alliance's goals and working together to achieve them. The model also involves monitoring outcomes in countries - for example, vaccination coverage - rather than the programmes themselves. Maintaining GAVI's low administrative costs depends to some extent upon the Board's level of comfort with the risks that accompany this.

The new governance structure permits a unified Business Plan with deliverables agreed by the Secretariat and partners that can and will be tracked and reported to the Board. However, closer engagement at country level and accountability for partner deliverables by the Secretariat will have resource implications.

#### *Increasing efficiency*

At the operational level, a unified Business Plan allows for analysis of potential overlap and areas for efficacy gains across a number of areas that drive costs (training, travel, staffing). While new areas of work have been added/prioritised (market shaping) or enhanced (advocacy, communications and public policy), cuts have been made in other areas to streamline the scope and ensure that all costs are mission critical.

#### *Aid effectiveness*

The Business plan aims to adhere to the five Principles articulated in the Paris Declaration on aid effectiveness: country ownership, alignment, harmonisation, management for results and mutual accountability.

As an example, the Health Systems Funding Platform, brings together several of the agencies involved in supporting health systems, and aims to better align the agencies' programmes around country systems. Similarly, the co-financing policy aims to ensure that new vaccines are included in domestic budget lines and that there is national financing as well as political commitment for their introduction (country ownership, alignment).

As mentioned above, the Business plan acknowledges the tension between harmonising GAVI support with country systems and responding to donor requests for strengthened accountability for funds management. This tension can be mitigated if support is committed for the duration of countries' health planning cycles and flows through country systems. Similarly, alignment can be improved if the timing of countries' reporting to GAVI aligns with countries' own reporting cycles.

Predictability is a key aspect of aid effectiveness, and the Strategy acknowledges that predictability of funds and sustainability of GAVI-supported programmes is critical. While the sustainability can be addressed in part through market-shaping, country co-financing, and fundraising, transparency about future funding flows will be critical to help mitigate risks related to predictability.

## **Additional Issues for Consideration**

### *Gender*

The Board approved a gender policy in 2008 with four intended outcomes:

1. new evidence on gender issues in relation to immunisation coverage and access to health services generated, reported and analysed
2. advocacy for gender equality used as a means to improve immunisation coverage and access to health services
3. gender-sensitive funding and policies in place
4. GAVI Alliance structures introduced gender sensitive approaches.

To date the Alliance has spent approximately US\$ 250,000 per year in support of the implementation of this plan. The majority of this has been for WHO to review the evidence on gender and immunisation, the results of which will be ready in early 2011. In terms of the Strategy and Business Plan 2011-2015, no explicit programme activities have been budgeted by partners for the years 2011-2012. This is explained in part because the results from the review of evidence will not be complete and thus it is unclear what follow-up activities will be needed; and in part because many of the activities in support of these outcomes rely on existing staff to implement.

It is worth noting that because there are no gender related indicators in the Strategy there is a risk that the policy may not be implemented as envisioned. At the Board meeting in November 2010, gender was captured as an overarching principle: "Ensure gender equity in all areas of engagement."

### *Looking to the future - malaria and dengue vaccines*

In 2008, the Board approved a vaccine investment strategy that prioritised which vaccines would be eligible for GAVI support in the years 2009-2014. This exercise will be repeated in 2013 in order to ensure the portfolio remains optimised. In the meantime, the Board recommended that malaria and dengue vaccines should be monitored so that they could be included if they became available before the next portfolio review. As of the writing of the Business Plan, there is no evidence that malaria or dengue vaccines will be ready for country introduction prior to 2015; dengue in particular will not be ready for some years. However, the pipelines for both of these vaccines are being closely monitored. Further, in order to prepare for introduction of malaria vaccines, GAVI is in discussions with the Global Fund to Fight AIDS, TB and Malaria to ensure that efforts are fully aligned.

### *Results of the GAVI Phase Two Evaluation*

The GAVI Alliance Board commissioned a second GAVI Evaluation in 2009 which was completed in September 2010. In order to ensure that the strategic planning process adequately addressed the findings, the evaluators submitted two "emerging themes" documents for consideration by the Board. Full copies of the draft report were also made available to the GAVI Secretariat and implementing partners (WHO, UNICEF and the World Bank). Recognising the critical nature of this document for the business planning process, a draft summary of the findings was provided on a confidential basis to the External Advisory Group in August 2010.

The evaluation identified a number of areas for improvement moving forward in the next strategic planning period 2011-2015. These areas and a brief description of how they have been addressed in the Business Plan are below.

- *Vaccine price declines* were not as ambitious as the original business model put forward.
  - *Market-shaping*<sup>5</sup> has been elevated to the level of strategic goal with specific programme objective and activities for minimising vaccine cost to GAVI and countries.
- Prospects for *financial sustainability* of GAVI funding for low-income countries is a significant challenge. The challenge for low-middle income GAVI countries however is much less marked, but is still present.
  - The Alliance is in the final stages of considering a revised co-financing policy. Recognising that the majority of GAVI countries will be unable to take on the cost of GAVI supported vaccines in any reasonable timeframe, the business model and expectations of sustainability will need to shift. GAVI is “in it for the long term” with a majority of the poorest countries. While emphasising country ownership through some percentage of co-financing, GAVI must focus on driving down price while ensuring supply security and fundraising to support the poorest countries. At the other end of the spectrum, GAVI will need to work closely with the least poor of the current 72 countries – the so-called graduating countries – on access to affordable pricing and continued provision of vaccines when GAVI support has ended.
- Whether GAVI's *health system strengthening* activities have diluted GAVI's core immunisation focus or have advanced it.
  - The health systems goal<sup>6</sup> has an immunisation and service delivery lens and programmes will progressively be delivered through the joint platform designed together with the World Bank, Global Fund to Fight AIDS, TB and Malaria, and WHO. Working through this platform allows GAVI to leverage other institutions' investments in health systems towards addressing bottlenecks for immunisation. The GAVI-specific health systems funding programme will be terminated.
- *Accountability* of the Secretariat and implementing partners and transparency and timeliness of performance reporting.
  - In order to improve the *accountability* of the Secretariat and implementing partners, as well as transparency and timeliness of performance reporting, the Business Plan will require reporting at the level of programme objectives and the Secretariat will standardise reporting across partners (further detail on performance management and reporting below).
- *Weakness of country communications* as countries lack adequate information on GAVI policies/policy changes.

<sup>5</sup> Strategic goal 4: Shape vaccine markets

<sup>6</sup> Strategic goal 2: Contribute to strengthening the capacity of integrated health systems to deliver immunisation

- *Improving country communications*<sup>7</sup> has been included in the Business Plan through the allocation of a dedicated post for country communications at the Secretariat and support for regional and country level UNICEF and WHO staff.<sup>8</sup>
- Lack of comprehensive analysis of data collected to inform *monitoring and evaluation* (M&E).
  - A cross-cutting area on M&E has been developed to ensure adequate focus and resources. The M&E plan aims to deliver a data warehouse, targeted studies, and a prospective evaluation system to inform decision-making and measure impact. In addition, there will be a review of all studies funded through the Business Plan to ensure no duplication of effort and accessibility of information collected. Of note, beginning in 2011, the annual progress reports (APRs) from countries will be in electronic format to allow for easier data consolidation, review and analysis.

#### *Prioritisation of activities in the Business Plan*

In the initial design of the business planning process, the groups working on strategic goals were to prioritise the activities proposed as “need to have/nice to have.” Because of the timing of completion of the Business Plan documents, this did not happen for all the groups but was rather completed by agencies in discussion with the Secretariat.

#### *Indicators and targets*

The Secretariat has coordinated the development of key performance indicators (KPIs), with guidance from the GAVI Alliance Evaluation Advisory Committee. Draft KPIs were included in the consultation drafts for the Strategy beginning in early 2010 while cognisant of the fact that the strategic goals, and hence the objectives, were evolving. As the Strategy evolved, the Secretariat has worked with WHO and UNICEF and with guidance from the Evaluation Advisory Committee to ensure that proposed indicators are technically robust and are feasible to collect.

#### **Detailed Business Plans**

Detailed business plans for each strategic goal and cross-cutting area are included in the document, *Part II Strategic Goals and Cross-Cutting Issues - GAVI Alliance Strategy and Business Plan 2011-2015*.

<sup>7</sup> Activity 1113 Sub-activity: Update Country decision-makers on GAVI policies and procedures; Solicit feedback on upcoming policies and procedures (US\$ 57,000)

<sup>8</sup> Support for UNICEF focuses on regional positions and for WHO on both regional and country level posts.

## **GAVI Alliance Operating Model**

The GAVI Alliance is a public-private partnership, incorporated as a Swiss Foundation with offices in Geneva and Washington, DC.

GAVI's governing body is its Board, which brings together experts from both the public and private sectors. Representative Board members from multilateral development agencies, donors, developing country governments, civil society organisations, and the academic community help to shape GAVI's strategic vision and provide critical support in programme implementation. Independent individuals with experience in the private sector bring an innovative perspective to Board discussions and allow the Board to fulfill its role as GAVI's fiduciary.

The Board relies on a number of committees to support the development of key policies and oversee specific activities. These committees are comprised of Board members, alternates, and, in some instances, delegates with expertise in critical areas. At the moment, committees include:

- *Executive*: makes critical, time-sensitive decisions between Board meetings
- *Audit and Finance*: accounting, financing, budgeting, and financial practices
- *Governance*: developing and implementing sound governance policies and practices
- *Investment*: asset preservation and growth
- *Programme and Policy*: country programmes, policy and programmatic proposals
- *Evaluation Advisory*: organisational and programmatic evaluation activities

The GAVI Secretariat is responsible and accountable for the day-to-day operations of the GAVI Alliance, including: mobilising resources to fund programmes; coordinating programme approvals and disbursements; developing policy and implementing strategic initiatives; monitoring and evaluation; legal and financial management; and administration for the GAVI governance system.

Finally, there are three affiliated companies with independent boards of directors that help support the funding base of the GAVI Alliance:

- *IFFIm Company*: secures aid pledges to raise funds on the capital markets for GAVI programmes
- *GAVI Fund Affiliate*: approves disbursement of IFFIm funds to GAVI programmes
- *GAVI Campaign*: raises money from private citizens in the United States to support GAVI programmes.

Management of the implementation of the Business Plan is the responsibility of the Chief Executive Officer (CEO) of the GAVI Alliance with the support of the policy and performance and finance teams.

## Performance Management Plan

### *Performance-based contracting*

Historically, the Secretariat has contracted with WHO, UNICEF and the World Bank under a form of grant agreement which sets out the general framework for the relationship between the Secretariat and the partner. Under the current framework (which expires at the end of 2010), the Secretariat funds activities undertaken by the partners in accordance with agreed budgets for those activities. Funding is disbursed via an agreed schedule of payments. Funds are administered by partners in accordance with their own rules and regulations, with a certain percentage applied to cover administrative costs (e.g. 7% for UNICEF Programme Division and for WHO). Unused funds are meant to be returned to GAVI. This involves some risks for the Alliance:

- financial and programmatic reporting regimes are not closely linked
- lack of clarity on requests for no-cost extensions raise questions about over-funding
- interest on funds held in partner accounts accrue to the partner and not GAVI.

In light of the new Business Plan and the expiration of the current agreements, the Alliance will introduce some element of “performance based contracting.” These contracts will require progress against specific programmatic indicators as a condition for payment of subsequent installments up to the total amount available within the Grant Agreement.

Funding to AVI TAC was awarded through a competitive tender and is provided through an “exchange grant,” defined as a grant given in exchange for certain goods or services. The grant included an initial pre-payment to allow for work to plan for staffing and to begin activities. Subsequently, yearly work plans (as exhibits to the contract) are submitted to the Secretariat for approval. Payment is on a deliverables-based schedule. The Business Plan includes a set of defined programme deliverables which underpin the 26 programme objectives. These deliverables will form the basis for routine progress reporting and performance management. This function will be supported by GAVI Alliance’s monitoring and evaluation strategy. Accountability for implementation will rest with the main implementing agencies and individual project managers will be identified for each objective. Proposed deliverables are being validated internally by the Secretariat’s monitoring and evaluation team to ensure focus and measurability.

In order to manage the business plan, the Secretariat will drive:

- the establishment of a dedicated performance management unit to coordinate performance management processes and to improve overall reporting, transparency and delivery
- quarterly reviews of progress against deliverables with senior management of the implementing agencies to highlight and problem-solve specific bottlenecks and constraints. It will also include bi-annual reporting to the Board
- leadership engagement “at a high level” from the partners and Secretariat
- process for special review of programme objectives with limited/insufficient delivery.

## **Risk Management**

An enhanced risk register (see appendix 4) has been developed in collaboration with GAVI's internal auditor to ensure that all major business risks are effectively tracked and mitigated across the Alliance. The risk register currently includes risks across six major categories (financial, operating, markets and products, country sustainability, advocacy and communication and staff/organisation risks). The risk register also provides a relative rating for these risks to GAVI.

The risk management approach consists of:

- review and update of register including risks and associated mitigation strategies on a quarterly basis as part of the quarterly performance review process outlined above
- coordination by the GAVI Secretariat.

Consistent with an assessment of the level of risk associated with resource mobilisation, the Secretariat is currently preparing an internal analysis of possible future funding scenarios and their implications on the Business Plan.

## **Annual Review and Adjustment**

At its meeting in December 2010, the Board approved the Business Plan focusing on programme objectives for the duration of the Strategy (2011-2015) and activities and budgets for the period 2011-2012. The Plan will then be reviewed quarterly and revised on an annual rolling basis. This will give the opportunity to "course correct" for the year ahead and submit a budget for an additional year (e.g. such that a two year budget is always in place). This will also allow the Board to review risks, progress and adjust the plan as needed.

## **Appendices**

1. GAVI Alliance Strategy 2011-2015
2. Definition of terms
3. 2007-2010 Strategic goals and principles
4. Risk Matrix
5. List of acronyms

## **Background materials**

- *Investing in immunisation through the GAVI Alliance: The evidence base* ([http://www.gavialliance.org/resources/GAVI\\_Evidence\\_Base\\_2010.pdf](http://www.gavialliance.org/resources/GAVI_Evidence_Base_2010.pdf))
- GAVI's Second Evaluation

## Appendix 1 - GAVI Alliance Strategy 2011-2015

<b>Mission</b>	To save children's lives and protect people's health by increasing access to immunisation in poor countries		<b>Mission Indicators:</b> <b>I. Under five mortality rate</b> <b>II. Number of future deaths averted</b> <b>III. Number of children fully immunised</b>	
<b>Operating Principles</b>	As a public-private partnership including civil society, the GAVI Alliance plays a catalytic role providing funding to countries and demonstrates "added-value" by: <ol style="list-style-type: none"> <li>1. Advocating for immunisation in the context of a broader set of cost-effective public health interventions</li> <li>2. Contributing to achieving the Millennium Development Goals (MDGs)</li> <li>3. Supporting national priorities, integrated delivery, budget processes and decision-making</li> <li>4. Focusing on innovation, efficiency, equity, performance and results</li> <li>5. Maximising cooperation and accountability among partners through the Secretariat</li> <li>6. Ensuring gender equity in all areas of engagement</li> </ol>			
<b>Cross-cutting</b>	<b>Monitoring and Evaluation</b> <b>Advocacy, Communication and Public Policy</b>			
<b>Strategic Goals</b>	<b>SG1 Accelerate the uptake and use of underused and new vaccines</b>	<b>SG2 Contribute to strengthening the capacity of integrated health systems to deliver immunisation</b>	<b>SG3 Increase the predictability of global financing and improve the sustainability of national financing for immunisation</b>	<b>SG4 Shape vaccine markets</b>
<b>Goal-level Indicators</b>	<b>I. Country introductions of underused and new vaccines</b> - Number of GAVI supported countries introducing underused and new vaccines  <b>II. Coverage of underused and new vaccines</b> – Coverage of underused and new vaccines in GAVI supported countries	<b>I. Drop-out rate</b> – Drop out between DTP1 and DTP3 coverage  <b>II. DTP3 coverage</b> – % of surviving infants receiving 3 doses of DTP-containing vaccine  <b>III. Equity in immunisation coverage</b> – % of GAVI supported countries where DTP3 coverage in the lowest wealth quintile is +/- 20% points of the coverage in the highest wealth quintile	<b>I. Resource mobilisation</b> – Resources mobilised as a % of resources needed to finance forecasted country demand for vaccine support  <b>II. Country investments in vaccines per child</b> – Average government expenditure on vaccines per surviving infant  <b>III. Fulfilment of co-financing commitments</b> - % of countries that meet their co-financing commitments in a timely manner	<b>I. Reduction in vaccine price</b> - Change in weighted average price per dose for pentavalent and rotavirus vaccines
<b>Strategic Objectives</b>	<ol style="list-style-type: none"> <li>1. Increase evidence based decision-making by countries</li> <li>2. Strengthen country introduction to help meet demand</li> </ol>	<ol style="list-style-type: none"> <li>1. Contribute to the resolving of the major constraints to delivering immunisation</li> <li>2. Increase equity in access to services</li> <li>3. Strengthen civil society engagement in the health sector</li> </ol>	<ol style="list-style-type: none"> <li>1. Increase and sustain allocation of national resources to immunisation</li> <li>2. Increase donor commitments and private contributions to GAVI</li> <li>3. Mobilise resources via innovative financing mechanisms</li> </ol>	<ol style="list-style-type: none"> <li>1. Ensure adequate supply to meet demand</li> <li>2. Minimise costs of vaccines to GAVI and countries</li> </ol>

## Appendix 2 – Definition of terms

- Mission: Written declaration of core purpose and focus
- Strategic goals: Desired areas of achievement that are observable and measurable and may be comprised of one or more objectives to be undertaken within a given time frame
- Strategic objectives: Overarching statements of what has to be achieved to reach the strategic goals in a given time frame
- Programme objectives: High-level strategic initiatives that would be required to deliver on the strategic goal
  - 3-4 programme objectives per strategic goal
  - The primary unit of management and reporting going forward
- Programme deliverables: A measurable area of achievement to be delivered by 2015
  - Could be an output, outcome or input indicator
  - One main programme deliverable per programme objective for the period 2011 to 2015
  - Two interim deliverables between 2011 and 2015
- Projects and activities
  - Actions required to deliver on the programme objectives and achieve the intended deliverable

## Appendix 3 - 2007-2010 Strategic goals and principles

### *Strategic Goals*

1. Contribute to strengthening the capacity of the health system to deliver immunisation and other health services in a sustainable manner
2. Accelerate the uptake and use of underused and new vaccines and associated technologies and improve vaccine supply security
3. Increase the predictability and sustainability of long-term financing for national immunisation programmes
4. Increase and assess the added value of GAVI as a public private global health partnership through improved efficiency, increased advocacy and continued innovation

### *Principles*

The Principles state that GAVI Alliance activities and/or financial support should:

1. Contribute to achieving the Millennium Development Goals, focusing on performance, outcomes and results
2. Promote equity in access to immunisation services within and among countries
3. Support nationally-defined priorities, budget processes and decision-making
4. Be supportive of country participation through absence of earmarking
5. Focus on underused and new vaccines as opposed to upstream research and development activities
6. Contribute to the development of innovative models or approaches that can be introduced and applied more broadly
7. Be coherent with GAVI partners' individual institutional obligations and mandates
8. Be catalytic and time-limited, though not necessarily short term, and not replace existing sources of funding
9. Support activities that over time become financially sustainable, or do not need to be sustained in order to have accomplished their catalytic purpose
10. Through market impact and innovative business models render vaccines and related technologies more affordable for the poorest countries
11. Be based on accountability, transparency, efficiency and effectiveness.

## Appendix 4 Risk Matrix

Level of risk

High
Medium
Low

Risk category	Main risk	Likelihood of risk	Potential for negative impact	Specific risk	Risk mitigation strategy/activity in the business plan	Strategic goal	Programme objective/	Residual risk (post mitigation actions)
Financial risk	Funding risk	High	High	Predictability of donor commitments	Re-designed replenishment mechanism, increased emphasis on multi-year agreements and pledges	SG3	321	High
				Size and diversity of the funding base	Increased efforts to expand the funding base, specifically targeting key members of the G20, innovative finance mechanisms and new private and corporate partnerships	SG3	322	
				Donor relations/ perceptions	Enhanced donor relations and improved donor communications. Formalised and more active donor support network (e.g. Friends of GAVI)	SG3, ACP	321, 322, AC111	
	Economic and financial market risks	Low	Medium	Credit ratings, currency fluctuation, interest rates etc.	Long-range financial planning and forecasting. Robust financial management strategies and policies	Financial admin	Internal financial management	Low
	Medium-term liquidity risks (2-3 yrs)	Low	Medium	Cash flow	Rigorous internal financial management policies and controls (incl. Cash flow reserve policies, regular internal audits)	Financial admin	Internal financial management	Low
Operating risks	Cash-based Programme risks	High	High	Health system strengthening grants, CSO grants, IRIS Programme	Dedicated infrastructure for the management of cash-based grants (incl. TAP, FMAs etc.). Joint partnership with the World Bank, Global Fund and WHO in the Health Systems Funding Platform (incl. joint assessments and annual reviews, and a surveillance platform).	SG2	211, 212	High
	Country introduction risks	Medium	Medium	Applications, reviews and disbursement process risks	Dedicated country communications capacity, evidence-based decision-making, direct support with GAVI applications (vaccines and HSS). Independent Review Committee technical reviews and recommendations around country applications. Alignment of GAVI funding with country planning and budgeting cycles.	SG1, SG2	111, 112, 113, 121, 211, 212	Low
				Forecasting and planning	Specialised demand and supply forecasting across all vaccines (current and future)	SG1, SG4	111, 112, 121, 122, 123, 411	
				Country capability and infrastructure	Specialised in-country training and capability building. Implementation of proven country systems, structures and processes for vaccine introduction (incl. vaccine policies and regulations)	SG1	111, 112, 121, 122, 123	
				Programme performance	Routine assessments and reviews (e.g. APRs, EVMs, pre- and post-Programme evaluations), routine Programme monitoring	SG1, ME	112, 121, ME111	

	Partner activity and outsourcing risks	Medium	Medium	Technical assistance provider, sub-contracting and outsourcing	GAVI workplan performance management system. Coordination of Programme implementation (e.g. WHO, UNICEF, management of AVITAC).	SG1, SG2	111, 112, 121, 122, 123, 124	Low
	Weakening of Alliance structure	Medium	Medium	Unintended consequences of new performance-based contracting system on partnership model	Quarterly performance check-in and problem-solving at senior level	all, mission support		Medium
<b>Market and product risks</b>	Vaccine pricing and supply risks	Medium	Medium	Pricing, manufacturing and supply chain risks. Policy and regulatory risks	Implementing PRGs, robust information on supplier landscape. Long-term vaccine demand forecasting with intermittent portfolio optimisation. Vaccine supply strategy study and implementation plan development	SG4	411, 412, 421	Low
	Vaccine safety and efficacy risks	Low	High	Adverse events following immunisation, product recalls, regulatory risks	Rigorous pre-qualification, quality control and ongoing scientific studies driven mainly by the WHO. Routine surveillance, procurement quality control mechanisms under the UNICEF and PAHO procurement contracts.	SG1, SG4, ACPP	111, 112, 121, 122, 412, AC111	Low
<b>Country sustainability</b>	Country vaccine financing, procurement and ongoing delivery risks	High	High	Financial planning and budgeting. Sustainable co-financing risks	Co-financing policy implementation (incl. monitoring and support of countries in default), integration of cMYPs in national planning and budgeting processes	SG3	311, 312	High
				Ongoing immunisation planning and coordination	Direct support to graduating countries in the development of transition plans and pooled procurement strategies as part of the vaccine supply strategy study	SG3	311, 312, 313	
<b>Advocacy and communication risks</b>	Advocacy and communication risks	Medium	High	Advocacy and counter-advocacy	Expanded set of donor advocates and civil society organisation supporters	SG3, ACPP	321, 322, AC112	Medium
				Advocacy network and communication risks	Pro-active management and ongoing monitoring of GAVI press and media with associated response mechanisms including reputational risk and crisis communications	ACPP	AC111	
<b>Personnel and organisation risks</b>	Staff motivation and behaviour risks	Medium	Low	Staff turnover	Clearer prioritisation of roles, responsibilities and accountabilities with appropriate employee recognition through GAVI performance management. Improved internal communications.	ACPP	AC111	Low
	Organisational knowledge	Low	Medium	Institutional knowledge	Coordinated information management with clear prioritisation of knowledge gaps and initiatives	M&E	ME111, ME112, ME113	Low
	Secretariat capacity	High	High	Capacity to deliver on business plan	Additional headcount. Improved management and leadership	all, mission support		Medium

## Appendix 5 - List of acronyms

ACPP	Advocacy, Communications and Public Policy
AEFI	Adverse Events Following Immunisation
AMC	Advance Market Commitment
APR	Annual Progress Reports
AVI TAC	Accelerated Vaccine Introduction Technical Assistance Consortium
cMYP	Comprehensive Multi Year Plan for Immunisation
CSO	Civil Society Organisation
EPI	Expanded Program on Immunisation
EVM	Effective Vaccine Management
FMA	Financial Management Assessment
FTE	Full-Time Equivalent
G20	The Group of Twenty (G20) Finance Ministers and Central Bank Governors was established in 1999 to bring together systemically important industrialised and developing economies to discuss key issues in the global economy.
G8	The Group of Eight (G8) is a forum for the leaders of eight of the world's most industrialised nations, aimed at finding common ground on key topics and solutions to global issues. The G8 includes Canada, France, Germany, Italy, Japan, Russia, the United Kingdom and the United States.
GAVI Sec.	GAVI Secretariat
GF	Global Fund
HSCC	Health Sector Coordination Committee
HSFP	Health Systems Funding Platform
HSS	Health System Strengthening
ICC	Inter-agency Coordination Committee
IF&S	Immunisation and Financial Sustainability Task Team
IFFIm	International Finance Facility for Immunisation
IHP+	International Health Partnership+
IRC	Independent Review Committee
IRIS	Incentives for routine immunisation systems strengthening
JANS	Joint Assessment of National Health Strategies
JRF	Joint Reporting Form

M&E	Monitoring and evaluation
NITAG	National Immunisation Technical Advisory Group
NRA	National Regulatory Authority
PAHO	Pan American Health Organization
Penta	Pentavalent vaccine
Penta3	3 doses of pentavalent vaccine
PMS	Post Marketing Surveillance
Pneumo	Pneumococcal vaccine
Rota	Rotavirus vaccine
SG	Strategic Goal
UNICEF	United Nations Children's Fund
WB	World Bank
WHO	World Health Organization

## Part II Strategic Goals and Cross-Cutting Issues - GAVI Alliance Strategy and Business Plan 2011-2015

### Summary

#### Strategic goal 1: Accelerating the uptake of new and underused vaccines

Accelerating the uptake of new and underused vaccines (“the vaccine goal”) is GAVI’s core business, and has been since it was founded. For this reason, it also represents the majority of GAVI’s Business Plan budget.

The first ten years of GAVI’s work focused mostly on yellow fever, hepB and Hib vaccines. In the second decade, GAVI aims to maintain momentum on these antigens while accelerating introduction of routine meningitis, pneumococcal and rotavirus vaccines and supporting campaigns against yellow fever and meningitis. The Alliance will also begin activities to prepare for new and underused vaccines, including human papillomavirus (HPV), Japanese encephalitis, typhoid, and rubella. If the Alliance is fully resourced to meet demand, up to 100 new vaccine introductions across GAVI-eligible countries would occur between 2011 and 2015. The majority of these introductions are pneumococcal and rotavirus vaccines - 70 countries in the Strategy period, 40 of which would introduce between 2011 and 2012.

Countries take the decisions to introduce vaccines, and are responsible for managing the introduction of the vaccine. The GAVI Secretariat and members of the Alliance – primarily the multilateral partners and the AVI TAC– can draw upon their comparative advantages and resources to help countries:

- *improve decision-making on vaccines* by strengthening decision-making bodies, providing impact information about specific vaccine introduction, developing policy standards and reporting systems, producing key scientific data and monitoring results;
- *strengthen vaccine introduction* by supporting – primarily through technical assistance and training – cold chain capacity, supply plan management, programme administration, monitoring and reporting, waste disposal, surveillance systems and advocacy and social mobilisation.

The programme objectives and deliverables under the vaccine goal identify the key activities which will support this, which agency is responsible, and what budget is available.

Funding for partner agencies is requested in those areas where the Alliance activities necessitate additional effort as a consequence of supporting activities funded by GAVI:

- *WHO*: develops global policy on immunisation recommendations, standards, global reporting on disease burden and immunisation programmes. Provides training, technical assistance, and expertise in data collection and data quality, monitoring and evaluation of programmes, surveillance systems, regulatory affairs and manufacturing quality. WHO also has staff at country and regional level who work with decision-makers and assist with preparation and review of GAVI applications and implementation of GAVI funded programmes.
- *Accelerated Vaccine Initiative Technical Assistance Consortium (AVI TAC)*: brings the experience and technical expertise of the rotavirus and pneumococcal ADIPs and the Hib Initiative. For this strategic goal, the role of AVI TAC is to

conduct research and communicate information aimed at informing policy-making and creating demand at country level.<sup>9</sup>

- *UNICEF Programme Division*: provides assistance to countries on issues related to cold chain, vaccine management and communication. Communication includes country communication strategies for integrated disease control and behavioural change interventions.
- *GAVI Secretariat*: coordinates the implementation of activities in support of this strategic goal, reports on progress to the GAVI Board and governance structures, and proposes policies and programmes to support this goal to the Board. The Secretariat also supports countries to understand GAVI policies and guidelines, and manages an Independent Review Committee which assesses the technical sufficiency of programme proposals and makes recommendations to the Board.

## **Strategic goal 2: Contribute to strengthening the capacity of integrated health systems to deliver immunisation**

The Alliance can only achieve its mission if countries' health systems are able to manage the introduction of vaccines. Countries are responsible for their health systems; GAVI's role is to help countries address constraints that prevent the Alliance achieving its mission. In performing this role, GAVI aims to work closely with other agencies supporting health systems and to align with country systems.

GAVI has supported health systems through a variety of programmes since 2006. The strategic goal of contributing to strengthening the capacity of integrated health systems to deliver immunisation ("the health systems goal") will be achieved through three strategic objectives: contributing to resolving constraints to delivering immunisation; increasing equity in access to services (including gender equity); and strengthening civil society engagement in the health sector.

During the previous strategy period (2007-2010), the GAVI Alliance developed and implemented the health system strengthening (HSS) window and supported countries to resolve system-wide barriers to immunisation. A total of 52 countries had applications approved with a total financial commitment amounting to US\$ 566 million. In addition, seven countries have received US\$ 17 million in support to improve CSO engagement in the health sector.

The GAVI Alliance is now working closely with WHO, the World Bank and the Global Fund to Fight AIDS, TB and Malaria, UNICEF and others to streamline and harmonise health systems work to align better with country systems. The newly created Health Systems Funding Platform (HSFP) provides partners with a channel to finance the health systems elements of a country's national health plan/strategy in a longer-term, predictable, and results-focused manner. Streamlining funding, technical assistance and support will minimise transaction costs for countries, increase efficiency and minimise fiduciary risk by employing joint funding mechanisms. For example, Ethiopia recently had to manage five separate audits for the same programme of work. But this is not just about process (the means to the end): it is, above all, about outcomes and impact across the health MDGs.

<sup>9</sup> AVI TAC also provides staffing support to GAVI in the area of vaccine demand forecasting (SG4) and advocacy and communications. This includes seconding of staff to the GAVI Secretariat.

To resolve problems and to streamline funding processes and procedures, the platform, in line with International Health Partnership+ (IHP+) principles, strives towards:

- *One Plan:* Joint Assessment of National Strategies (JANS) to better understand the priorities, strengths and limitations of a country's health strategy in order to determine the best use of HSS funding.
- *One Monitoring and Evaluation framework:* implementation of a common monitoring framework for all partners to ensure there is a common process through which the use of funding is monitored and evaluated, and to move away from the multiplicity of reports and indicators which are impeding countries' ability to focus on the business of delivering services.
- *One financing platform:* joint financial management assessment which includes a common audit for the Platform, and where possible and appropriate, joint process for HSS funding to countries, including pooling.

In 2011 and 2012, the Alliance will focus on implementing the joint work plan developed by WHO, GAVI, the Global Fund to Fight AIDS, TB and Malaria and the World Bank in 6 to 10 countries receiving funding through the Health Systems Funding Platform.

To help address constraints, the Alliance will focus on an inclusive planning and strategy development process to:

- ensure that immunisation and service delivery constraints are addressed in National Health Systems policy and planning processes
- align GAVI funding with country planning and budgeting cycles
- improve financial management oversight of cash grants
- ensure high quality and effective technical cooperation
- improve the integration and use of immunisation data in national health plans and strategies.

With regard to equity, the GAVI Alliance is also developing a new window of support to national immunisation programmes: incentives for routine immunisation strengthening (IRIS). IRIS builds upon the basic design of the immunisation services support (ISS) window, but with key changes to ensure incentives exist at the critical sub-national/district levels. This window will focus on helping countries with low immunisation coverage to achieve and sustain greater than 70% DTP3<sup>10</sup> coverage. This is complementary to the support provided through the HSFP, as IRIS will be tightly targeted to addressing the DTP3 filter which allows countries to access new vaccines; the HSFP will be focusing on sustaining good coverage overall, and medium to longer term systems issues, to ensure that bottlenecks to integrated service delivery are addressed.

The Alliance will also strengthen its support for CSO engagement. Specifically:

- strengthen links to HSS plans and the Health Systems Funding Platform - to effectively position CSOs in the national planning and implementation processes
- maintain a country-by-country approach for effective CSO engagement
- raise in-country awareness about the critical role CSOs play in immunisation and child health, and foster in-country CSO communication among stakeholders.

Health systems constraints will still exist by 2015. But with a concerted and focused effort by multiple partners, including GAVI, there should be fewer constraints to delivering essential

<sup>10</sup> Three doses of diphtheria-tetanus-pertussis vaccine

services, including immunisation, maternal and reproductive health, and support for people affected by HIV/AIDS, tuberculosis (TB) and malaria.

### **Strategic goal 3: Increase the predictability of global financing and improve the sustainability of national financing for immunisation**

#### *3a. Co-financing and sustainability*

Financial sustainability remains a key element of GAVI's Strategy and operating model. The main goal of GAVI's co-financing policy is to increase national resources for new vaccines. As of 2009, 51 countries had fulfilled their co-financing requirement for a combined contribution of just over US\$ 30 million.

For the period 2011-2015, GAVI's work in the area of co-financing focuses on ensuring political commitment in low and lower middle income countries, while working intensively with graduating countries toward the eventual full transition of financing to countries themselves. In order to achieve this, GAVI supports countries to integrate immunisation plans and budgets (cMYPs) into national planning and budgeting frameworks. In support of this objective over the next two years, GAVI will focus on:

- strengthening guidelines and costing tools on how to prepare cMYPs and better integrate them into national plans and budgets
- coordinating and supporting the development of the cMYPs through a network of officers in WHO regional offices with expertise in financial sustainability
- building national capacity through regional training workshops with the aim of bringing together representatives from Ministries of Health, Planning and Finance and their technical partners to improve the integration of cMYPs.

Revisions to the current co-financing policy were approved by the Board in November 2010. The policy proposes a shift whereby some countries take on a more aggressive contribution than is currently required.

For the 16 graduating countries, the next five years of the co-financing policy will be central to ensuring successful transition from GAVI funding to full national support. Graduating countries will need to ramp up their co-financing levels from the current very small amounts<sup>11</sup> to the full price they can expect to pay when they are no longer eligible for GAVI support. The Alliance will need to work with these countries on detailed plans and options for increasing levels of funding for immunisation and exploring potential options for leveraging external support.

#### *3b. Resource mobilisation*

The GAVI Alliance Strategy for 2011-2015 aims to scale up new vaccine introduction to prevent 3.9 million future deaths by investing US\$ 6.8 billion in this period. As funding from the International Finance Facility for Immunisation (IFFIm) slows down, increasing direct contributions and introducing new or extending existing innovative financing instruments become the most important priorities for the Alliance.

The required funding to meet expected demand increases from US\$ 0.9 billion in 2010 to an average of US\$ 1.4 billion per annum over the period 2011-15.

<sup>11</sup> On average less than US\$ 0.30 per dose.

To meet this financing challenge, GAVI needs to orchestrate a major strategic shift, and in particular move from a primary focus on “donor relations” to an integrated resource mobilisation approach.

Historically, the Secretariat focused on sustaining relationships with donor agencies, engaging with some, albeit limited, constituencies including Members of Parliament and CSOs. Meanwhile, with the exception of a few long-term contribution commitments and signed IFFIm contracts, the GAVI Alliance relied on a system of ad-hoc, annual contributions.

The new resource mobilisation model requires establishing a new replenishment model and developing an integrated approach to advocacy, communication, public policy, innovative financing and donor relations to support three major directions:

- expanding and extending existing donor commitments
- broadening the public and private donor base
- developing and implementing new innovative finance mechanisms.

The GAVI Alliance’s current donor base is relatively narrow, with six donors providing 84% of aggregate commitments to date. Diversification is a strategic imperative, requiring expanded capacity to reach potential new donors. Already benefiting from support from several G20<sup>12</sup> countries, the GAVI Alliance aims to secure support from all G20 countries and will actively pursue the engagement of new G20 countries, among others. This will require expanded staff and external support capacity.

Since it takes time to build trust, partnerships and eventual financial support, the expansion of the donor base will impact the GAVI Alliance’s resources only over the medium to long-term. Current donors will therefore be critical allies in raising the GAVI profile in G8 and G20 settings and for the immediate scale-up in resources.

Developing national ownership through GAVI support networks in-country will be essential to strengthen the political will to expand GAVI funding. To support this, GAVI needs to develop a stakeholders’ movement, solidly established in priority donor countries to ensure national ownership and nurture global champions for effective advocacy. Given the relevance of the advocacy, communication and public policy activities to this imperative, the new approach is best understood in tandem with the Advocacy, Communications and Public Policy (ACPP) section of this Business Plan.

### *Private Sector Support*

The GAVI Alliance has a solid track-record of general engagement with the private sector and an attractive value proposition for corporate and private partners. In 2007, the Alliance launched the GAVI Campaign Immunize Every Child (a 501(c)(3) non-profit organisation) to attract funding from a critical mass of entrepreneurial private donors while building a vocal and visible donor community. This Business Plan aims to raise annual revenues from private individuals and partnerships to US\$ 25 million a year by 2015 (2% of contributions) and explore ways to expand to 5%. This will be supported in 2011 by the development of plans to expand outside the US and Spain.

<sup>12</sup> The Group of Eight (G8) is a forum for the leaders of eight large economies, aimed at finding common ground on global issues. The members of the G8 are Canada, France, Germany, Italy, Japan, Russia, the United Kingdom and the United States.

The Group of Twenty (G20) Finance Ministers and Central Bank Governors was established in 1999 to bring together systemically important industrialised and developing economies.

## *Innovative Finance*

With its innovative financing initiatives, GAVI uses mechanisms that draw heavily on private sector thinking to help overcome historic limitations to development funding for immunisation. IFFIm (the International Finance Facility for Immunisation) and the Advance Market Commitment for Pneumococcal Vaccine (AMC) have been the cornerstones of GAVI's innovative finance programme.

From 2006 through 2010, IFFIm funding has allowed GAVI to double its programme disbursements. As of end-September 2010, GAVI had disbursed US\$ 2.6 billion for routine country immunisation and health system strengthening programmes (excluding investment cases), of which IFFIm had funded US\$1.1 billion. In addition, IFFIm funds were used to pay for investment cases for a total of US\$ 525 million as of 30 September 2010. The AMC raised US\$ 1.5 billion to incentivise the production of a pneumococcal vaccine appropriate to developing country needs, at an appropriate price and in sufficient quantities.

GAVI is currently working with partners to develop the next generation of innovative finance mechanisms to address the following objectives:

- *additionality*: to seek new ways to generate additional development funds through new or existing funding sources and partners
- *efficiency*: to create mechanisms that are financially and operationally efficient and flexible by securing revenue streams and minimising transaction costs
- *effectiveness*: to link funding mechanisms to results aiming to increase development impact for each dollar spent.

By developing new innovative finance approaches for global health, GAVI will continue to raise additional funds efficiently and apply funds effectively in order to continue saving more lives.

The key objectives of the innovative finance strategy over the next two years – as far as resource mobilisation is concerned – are to help GAVI address its funding gap to 2015, to assist GAVI in accessing longer-term funding, and to diversify GAVI's funding sources. As part of this work, a menu of funding options will be developed to give donors and partners choices as to how best to meet their own requirements and interests while supporting GAVI. In 2011-12, the GAVI Alliance will thus:

- work with donors to grow and enhance IFFIm
- seek to participate in sovereign-led innovative finance mechanisms: examples include synchronisation of bilateral and multilateral aid flows, debt swaps, new solidarity levies, the proposed currency transaction tax
- explore private sector and public-private partnership innovative finance initiatives: examples include partnerships with asset managers in the impact investing area, partnerships with mobile telephone operators and other consumer-facing businesses, a backstop liquidity facility to reduce GAVI's cash balances.

### **Strategic goal 4: Shape vaccine markets**

GAVI's success depends upon the vaccine markets providing appropriate and affordable vaccines to GAVI countries. Vaccine production has high fixed costs: by aggregating and forecasting demand from countries and pooling donor funds, GAVI has created a reliable market for vaccines for developing countries, and provided incentives to producers to cover these costs. Shaping markets has been implicit in GAVI's previous strategies but the

Board decided to make the goal of shaping markets (“the market goal”) explicit in the Strategy for 2011-2015 to provide a renewed focus on this area of work.

Evidence of GAVI’s impact on markets to date includes influencing the production and supply base, precipitating price declines and cementing tiered pricing as an option for manufactures. The number of producers has increased, particularly from emerging markets, and for some vaccines, prices have declined.

With UNICEF as its main procurement agency consolidating purchases across a large number of the poorest countries (so-called “pooled procurement”) and providing long-term agreements to improve predictability for manufacturers, GAVI has become firmly established as the accepted low-income pricing tier of the global vaccine market. Manufacturers use GAVI prices established by UNICEF as a benchmark in their pricing strategies and as such, vaccines are available to the world’s poorest countries at significantly lower prices as compared to those paid by industrialised countries.

Through innovative financing and procurement mechanisms like the Advance Market Commitment (AMC), GAVI has created incentives for manufacturers to scale up production and produce appropriate vaccines to meet demand. In essence, the AMC provides manufacturers with a price guarantee for life-saving vaccines once they are developed, provided they meet stringent criteria on effectiveness, cost and availability, and provided that GAVI-eligible developing countries demand them.

Given success in the roll out of vaccines against hepB, Hib and yellow fever in recent years, GAVI has expanded its portfolio on the basis of compelling vaccine-specific investment cases as well as a broader review of its vaccines investment strategy (VIS). GAVI’s priority vaccines: measles second dose, vaccines against pneumococcal disease, rotavirus, meningococcal A, human papillomavirus (HPV), Japanese encephalitis, typhoid and rubella.

With such ambitious plans to introduce this larger portfolio of vaccines in the poorest countries, it is imperative that GAVI continue to innovate and shape a larger number of markets. The strategic objectives include:

- *ensure adequate supply to meet demand* which means ensuring a sustainable quantity of supply through a diverse supplier base and procuring those products and presentations that best meet countries’ preferences
- *minimise costs of vaccines to GAVI and countries* which means assuring a long-term affordable price that can eventually be sustainably financed by developing countries.

Thus, in the next planning period GAVI will continue to aspire towards balanced markets with sufficient supply of appropriate and affordable vaccines for both GAVI-eligible and graduating countries, and aim to achieve these objectives through:

- continued strengthening and dissemination of forecasting to ensure credible signals to manufacturers
- efficient and effective vaccine procurement and supply-chain management exploring innovative approaches to make demand more predictable, accelerate vaccine development, increase levels of production, and improve portfolio management.

While vaccine procurement and supply chain management are activities that the Alliance has undertaken since its inception, and strengthening demand forecasting is something that the Alliance has done throughout the last planning period, there is still more that can be

done to innovate and improve processes and approaches. These could include: development of policies to make demand more predictable; exploring whether GAVI might play a modest role in addressing barriers to market entry (e.g. by disseminating information on intellectual property landscapes); and assessing how GAVI could increase levels of production (e.g. by encouraging technology transfer hubs).

As industrialised and developing country vaccine producers continue to introduce new products and new formulations of life-saving vaccines, GAVI will optimise its vaccine portfolio to ensure limited resources are focused on the optimum interventions. GAVI will refine its portfolio management process which will help decision-making and provide manufacturers with clear signals about GAVI's priorities. This in turn will minimise uncertainties and help vaccine manufacturing partners make better informed investment decisions.

Finally, recognising that the approaches to shaping markets may involve technical and policy solutions as well as a need to raise awareness, GAVI will convene potential partners and support evidence-based advocacy initiatives. GAVI will draw upon several key partners:

- *AVI Strategic Vaccine Supply sub-team* has developed and implemented a strategic forecasting methodology that utilises the information and experience of all of the AVI partners. The output of the forecasting model informs a wide variety of the market shaping activities
- *UNICEF Supply Division and PAHO* have given their experience and expertise in vaccine procurement, particularly on behalf of low and middle income countries, which will be crucial to ensure efficient and effective procurement and supply chain management
- *the GAVI Secretariat* has managed the revision of GAVI's Supply and Procurement Strategy and provided the skill-mix across the organisation.

#### *Cross-cutting - Advocacy, communication and public policy*

Scaled-up communications and advocacy efforts are critical both for engaging donors to secure the funds needed for GAVI's programmes and for ensuring public policy settings conducive to achieving all four strategic goals. There are three priorities for the Strategy period:

1. raise understanding of the value of health, immunisation and GAVI amongst key influencers and stakeholders, through enhanced communications and targeted media relations
2. mobilise and empower new networks of advocates to inform GAVI's policies, support fundraising and help achieve its strategic goals
3. influence development aid policy settings to ensure endorsement of GAVI, immunisation and health.

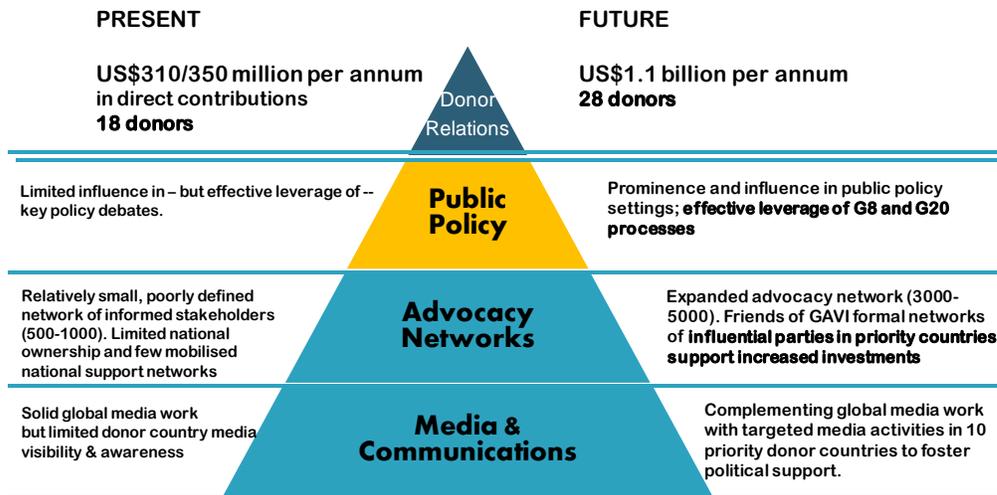
Unlike the Global Fund to Fight AIDS, TB and Malaria and other institutions created at the instigation of strong, established advocacy movements, the GAVI Alliance does not benefit from a powerful network of champions. Thus, the main focus for 2011-2015 is to foster the development of such a network focusing on G20 countries.

GAVI will strategically engage with civil society groups and coalitions, members of Parliament, and key public health interest groups with links to immunisation (e.g. women's health and cancer) as well as political and public figures, in order to foster a movement of

support. Mobilising voices from developing countries will be critical to successful advocacy and communications.

GAVI will work to gain prominence and influence in critical public policy forums, in particular through effective leveraging of G8 and G20 processes and other key global and regional meetings and events.

The following chart illustrates the change of scope and nature of key advocacy, communications and public policy activities:



At the same time, renewed emphasis will be placed on:

- enhanced communications with GAVI countries (as described in SG1)
- reputational risk and crisis communications management.

As identified in the 2<sup>nd</sup> GAVI evaluation, communication with GAVI-supported countries will be strengthened to ensure transparency and collective understanding of policies, programmes and strategy and to improve operational efficiencies. Close collaboration on media, advocacy and public policy with leaders and advocates in these countries will also be an important part of increasing awareness and understanding of the value of health, immunisation and GAVI's role in donor markets.

With the enhancement of transparency and accountability capacity at the GAVI Secretariat, there is a significant opportunity to improve the management of reputational risk and crisis communication. A combined approach will improve the internal communication and coordination in assessing and preparing for potential risks and will ensure effective management in the event that a crisis becomes public.

### *Cross-cutting - Monitoring & Evaluation*

Monitoring and evaluation (M&E) has been a part of GAVI's strategy since its inception, and is essential for improving performance and giving Alliance partners confidence that the Alliance is using its resources effectively. Evaluations are aimed to improve the performance of GAVI projects, programmes, policies and the Alliance overall through an accurate analysis of successes and failures. Results were applied to:

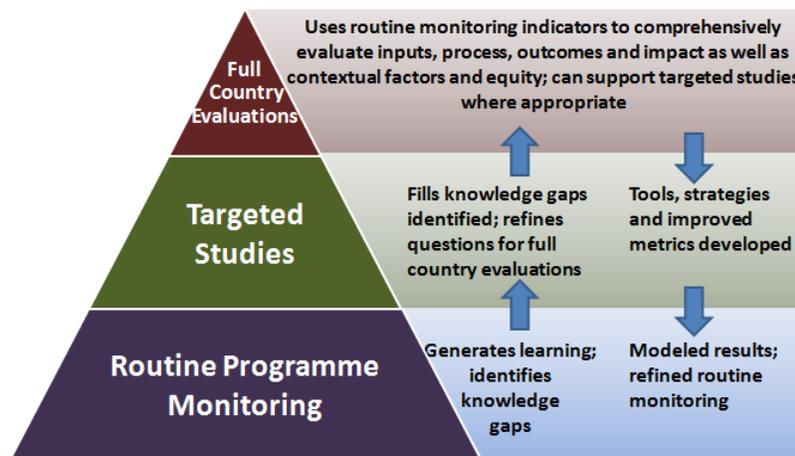
- learning and supporting decision-making processes, so as to improve the design of future activities to be conducted by GAVI, requiring a commitment from Alliance partners to act on lessons learnt
- providing a basis for accountability, particularly on performance (i.e. assessment of results and to what extent the intervention has achieved the results that it was intended to achieve).

Over this time period, GAVI commissioned the following evaluations: Review of GAVI Independent Review Committees (IRCs), health system strengthening (HSS), HSS Tracking Study, GAVI Phase One (GAVI's work in 2000-2005), immunisation services support (ISS), injection safety support (INS), the Accelerated Development and Introduction of Priority New Vaccines (ADIPs), the Hib Initiative, and related support for the introduction of new vaccines, and the Second GAVI Evaluation.

M&E is a cross-cutting function across the GAVI Alliance and activities are conducted by the Secretariat, Alliance partners and countries themselves. As part of the Health Systems Funding Platform, a working group consisting of M&E focal points from the GAVI Alliance, the Global Fund to Fight AIDS, TB and Malaria, the World Bank and WHO has developed a framework for the monitoring and evaluation of health system strengthening investments and a joint work plan for operationalising this framework in countries receiving support through the platform. Further, in 2009 the GAVI Alliance Board established an Evaluation Advisory Committee to assist the Board in fulfilling its responsibilities in respect to the oversight of GAVI's organisational and programmatic evaluation activities.

Under the oversight of the Board Evaluation Advisory Committee, the GAVI Secretariat developed a Monitoring and Evaluation Framework and Strategy in 2010. This framework is intended to guide GAVI's work in monitoring and evaluation for the period 2011-2015, and is based on a tiered approach that links routine programme monitoring, targeted studies and large-scale public health effectiveness evaluation through a prospective, stepwise design. The large scale public health effectiveness evaluations will measure as much of the results chain as possible, including impact. The M&E activities and budgets developed for the GAVI Business Plan derive from the M&E Framework and Strategy.

**Figure 1: Tiered approach described in GAVI M&E Framework and Strategy**



The M&E cross-cutting initiative has three strategic objectives: 1) routine programme monitoring, 2) targeted studies, and 3) full country evaluations.

1) *Routine programme monitoring*

In the upcoming two years, GAVI will focus on:

- developing an integrated information management system for GAVI to meet its core data and information needs
- revising the immunisation data quality audit tool
- implementing the revised immunisation data quality audit tool.

Activities to meet these objectives will be conducted by the Secretariat, working closely with Alliance partners, in particular WHO. These include completing the implementation of an internal data warehouse and reporting tool to facilitate data for decision-making and reporting to the Board. The revision of the data quality audit tool will take into account the strengths and limitations of the original data quality audit tool that was developed in 2003. This tool will be a key part of the checks and balances of the new performance based financing programme — incentives for routine immunisation strengthening — that is being developed as a successor to the ISS window. The revised data quality audit tool will also support the monitoring of investments made through the new and underused vaccine support window and the Health Systems Funding Platform.

2) *Targeted studies*

The 2011-2012 activities aim to address key questions and information needs as informed by routine monitoring, the Board and Board committees (e.g. PPC), the GAVI Secretariat, and the Board Evaluation Advisory Committee. Studies identified to date (to be conducted in this time period) include a process evaluation of the Advance Market Commitment, a case study of China and India focusing on the introduction of hepatitis B monovalent vaccines, a review of the civil society organisation window, evaluation of gender policy and review of sustainability and lessons learned from graduated countries. Others may be added, as required, including a multi-agency evaluation of the Health Systems Funding Platform.

### 3) *Full country evaluations*

Linked to the routine programme monitoring and targeted studies are full country evaluations implemented in five countries that will measure implementation and results across the results chain, including impact. These comprehensive public health effectiveness evaluations will be designed and implemented prospectively from the start of the 2011-2015 period, following a stepwise approach. The evaluations will examine the effectiveness and cost-effectiveness of GAVI's support to each of the participating countries.

The key features of the full country evaluations are:

- evaluation study design established in advance, covering the entire framework from inputs to impact
- indicators and data sources defined in advance, based on GAVI's key performance indicators
- baseline values documented from the beginning, with data collection conducted on a regular basis throughout the 2011-2015 period
- regular, frequent reporting of results
- implemented by independent evaluators, but systematically linked to GAVI's routine systems through a tiered approach that connects routine programme monitoring, targeted studies and full country evaluations
- country-level work led by a research or evaluation institution originating from within that country.

The direct measurement of impact in these countries will help inform the modelling of impact in other countries supported by GAVI. This combination of direct measurement and modelling informed by direct measurement will enable the GAVI Alliance to rigorously and systematically measure the key performance indicators developed under the new GAVI Alliance Strategy. This will also enable the GAVI Alliance to better understand its impact in reducing morbidity and mortality from vaccine preventable diseases.

## Business Plan 2011-2015 Indicators and targets

Impact indicator	Metric	Vaccine	Target (assuming no financial constraints)						
			Base-line	2011	2012	2013	2014	2015	Total, 2011-15
Under five mortality rate	Number of deaths among children under five per 1000 live births (based on UN Child Mortality Estimates for 72 GAVI supported countries) <sup>13</sup>	NA	100	98	96	94	92	90	N/A
Number of future deaths averted	Number of future deaths averted in 72 GAVI supported countries. At present, data source is GAVI Long Run Cost and Impact Model. Data source to be updated when new and improved models of impact become available. <sup>14</sup>  (in thousands)	Pneumo, rota, penta, yellow fever, men A, JE, HPV, rubella, typhoid	387	483	607	813	956	1,043	3,901
Number of children fully immunised	Number of children immunised as a result of GAVI support, in 72 GAVI supported countries. <sup>15</sup> "Fully immunised" refers to children receiving the last recommended dose of vaccine, e.g. 3 doses of penta.  (in millions)	Pneumo, rota, penta, yellow fever, men A, JE, HPV, rubella, typhoid <sup>16</sup>	30	36	39	50	58	61	243

<sup>13</sup> Baseline: 2010

<sup>14</sup> Baseline: 2010

<sup>15</sup> Baseline: 2010

<sup>16</sup> Refers to the total number of children reached with any of these vaccines, corrected on a country-by-country basis so that children receiving multiple antigens are not double-counted.

Indicator	Metric	Vaccine	Target (assuming no financial constraints)						
			Base-line	2011	2012	2013	2014	2015	Total
<b>Strategic goal 1. Accelerate the uptake and use of underused and new vaccines</b>									
Country introductions of underused and new vaccines <sup>17</sup>	Number of GAVI supported countries introducing underused and new vaccines <sup>18</sup>	Penta	62 <sup>19</sup>	3	4	0	0	0	69
		Rota	4	1	11	7	5	5	33
		Pneumo	5	14	13	3	1	9	45
Coverage of underused and new vaccines	Coverage of underused and new vaccines in 72 GAVI supported countries (%) <sup>20</sup>	Penta3	40	47	52	66	77	81	N/A
		Rota last dose	1	1	5	14	24	31	N/A
		Pneumo3	1	5	17	29	35	40	N/A

<sup>17</sup> Actual introductions defined at time of launch. Future introductions as predicted by AVI demand forecasting.

<sup>18</sup> Baseline cumulative through 2010.

<sup>19</sup> This includes six countries that introduced without GAVI support (five PAHO countries and Ukraine).

<sup>20</sup> Baseline: 2010

Indicator	Metric	Vaccine	Target (assuming no financial constraints)						
			Base-line	2011	2012	2013	2014	2015	Total
<b>Strategic goal 2. Contribute to strengthening the capacity of integrated health systems to deliver immunisation</b>									
Drop-out rate	Drop out between DTP1 and DTP3 coverage (%) <sup>21</sup>	DTP	11	11	10	10	9	9	N/A
DTP3 coverage	% of surviving infants receiving 3 doses of DTP-containing vaccine <sup>22</sup>	DTP	73	75	76	77	78	79	N/A
Equity in immunisation coverage	% of GAVI supported countries where DTP3 coverage in lowest wealth quintile is +/- 20 percentage points of coverage in highest wealth quintile (%) <sup>23</sup>	DTP	49	N/A				60	N/A

<sup>21</sup> Baseline: 2009

<sup>22</sup> Baseline: 2009

<sup>23</sup> Baseline: July 2010, based on survey data available covering 57 of the 72 GAVI supported countries. A five year target is used instead of an annual one, since countries have a new data point only when a household survey is conducted.

Indicator	Metric	Vaccine	Target (assuming no financial constraints)							
			Base-line	2011	2012	2013	2014	2015	Total	
<b>Strategic goal 3. Increase the predictability of global financing and improve the sustainability of national financing for immunisation</b>										
Resource mobilisation	Resources mobilised as a percentage of resources needed to finance forecasted country demand for vaccine support (%)	N/A	N/A <sup>24</sup>	100	100	100	100	100	100	N/A
Country investment in vaccines per child	Average government expenditure on vaccines per surviving infant <sup>25</sup>	N/A	\$2.38	N/A				\$3.00	N/A	
Fulfillment of co-financing commitments	Proportion of countries that meet their co-financing commitments in a timely manner (%) <sup>26</sup>	N/A	90	100	100	100	100	100	N/A	

<sup>24</sup> This is NA because the indicator measures resource mobilisation results as of January 2011.

<sup>25</sup> Baseline: 2010

<sup>26</sup> Baseline: 2009

Indicator	Metric	Vaccine	Target (assuming no financial constraints)					
			Base-line	2011	2012	2013	2014	2015
<b>Strategic goal 4. Shape vaccine markets</b>								
Reduction in vaccine price	Change in weighted average price per child to fully immunise with penta, pneumo and rota vaccines <sup>27</sup>	Penta, pneumo, rota	US\$ 35.19	N/A <sup>28</sup>				

<sup>27</sup> Baseline: 2010. Prices are 'unloaded' and weighted across both suppliers and presentations. The rota value used at baseline is the price paid by GAVI through the Pan American Health Organization, based on the 3 dose presentation. The pneumo price used at baseline is the price that GAVI pays under the Advance Market Commitment (AMC).

<sup>28</sup> Price targets have been set internally but are not being published in order to avoid setting a ceiling.

## Business Plan 2011-2015 Programme objectives and deliverables

Strategic objective	Programme objective		Programme deliverable (2015)	Interim deliverable A	Interim deliverable B	Lead entity	Support entity	Budget (\$m) FY11
<b>Strategic goal 1. Accelerate the uptake and use of underused and new vaccines</b>								
<b>1.1. Increase evidence based decision-making by countries</b>	1.1.1	Improve country <b>decision-making structures, systems and processes</b>	i) 50 GAVI supported countries have National Immunisation Technical Advisory Groups (NITAG) meeting 6 basic process indicators <sup>29</sup>  ii) 25% of GAVI supported countries have functional National Regulatory Authorities (NRAs) <sup>30</sup>			WHO	AVI TAC  GAVI Sec.	5.3
	1.1.2	Ensure availability and use of high quality <b>programmatic and epidemiological data</b>	Corrective action implemented in 80% of GAVI supported countries where there is greater than a 5 percentage point difference between the country DTP3 coverage estimate and the WHO/UNICEF estimate <sup>31</sup>	Country level and global immunisation data on new and underused vaccines updated, published and disseminated	Estimates of future deaths averted by new and underused vaccines updated and disseminated annually for all GAVI- supported countries	WHO	UNICEF	2.5

<sup>29</sup> 19 of the 72 GAVI-eligible countries had a National Immunisation Technical Advisory Group (NITAG) according to a 2008 WHO survey, of which only 2 had a NITAG meeting all 6 process indicators as defined by the World Health Organization (WHO): 1) Availability of formal written terms of reference; 2) Legislative or administrative basis establishing the committee; 3) Core membership with at least 5 main expertise areas represented among members; 4) Committee meets at least once a year; 5) Agenda and expectations from the committee together with background materials distributed at least a week ahead of meetings; 6) Declaration of interests by committee members. NITAGs review all available scientific and programmatic data to arrive at policy decisions, also taking into consideration local surveillance data.

<sup>30</sup> All GAVI supported countries should have a National Regulatory Authority (NRA) able to perform registration of vaccines, assess vaccine performance through post-marketing surveillance, and assess and inspect clinical trials conducted in their country. There are 10 producing countries where functional NRAs are essential to meet future global demand and develop or sustain pre-qualified products. Support will be concentrated on a first group of these countries with high potential to increase supply and will be extended to other countries about to introduce NUV and where clinical trials have been conducted (mostly in Africa, some in Asia, Central Europe, and South America).

<sup>31</sup> Coverage data are used to prioritise country support and to concentrate efforts to strengthen immunisation systems. 40% of GAVI-supported countries currently have more than a 5 percentage point difference between DTP3 coverage estimates and WHO/UNICEF estimates.

Strategic objective	Programme objective		Programme deliverable (2015)	Interim deliverable A	Interim deliverable B	Lead entity	Support entity	Budget (\$m) FY11
	1.1.3	Improve <b>scientific knowledge</b> , and raise <b>awareness</b> amongst stakeholders	100% of priority scientific studies completed or on target for completion and a total of 25 communication packets <sup>32</sup> developed to support specific events	Gap analysis of key missing evidence and prioritisation of potential studies by 2011	Gap analysis of key missing evidence and prioritisation of potential studies by 2013	AVI TAC	WHO	3.1
<b>1.2. Strengthen country introduction to help meet demand</b>	1.2.1	Improve <b>the quality of country planning</b> <sup>33</sup> , <b>GAVI applications and performance reporting</b>	All GAVI countries have updated their Independent Review Committee-endorsed introduction plans and regularly report on implementation and performance <sup>34</sup>			WHO	UNICEF AVI TAC GAVI Sec.	6.8
	1.2.2	Prepare countries for <b>successful introductions</b> <sup>35</sup> of new and underused vaccines	All GAVI supported countries have undertaken Effective Vaccine Management (EVM) assessments, developed relevant improvement initiatives and prepared for successful introductions	40 countries have undertaken EVM assessments resulting in improvement initiatives by 2012	55 countries have undertaken EVM assessments resulting in improvement initiatives by 2014	WHO	UNICEF GAVI Sec.	14.5
	1.2.3	Meet established quality indicators <sup>36</sup> for <b>surveillance</b> of diseases preventable by new and underused vaccines	i) 60% of countries have sentinel surveillance systems meeting established quality standards ii) 30 countries have functioning national Adverse Events Following	45 countries have adequate laboratory capacity to identify diseases preventable by	50 countries have adequate laboratory capacity to identify diseases preventable by	WHO		11.9

<sup>32</sup> Includes communication plan, fact sheets, media advisory, press release, advocate plans, etc. Assumes five communication packets developed per annum based on previous trends.

<sup>33</sup> Does not include Comprehensive Multi-year Plans for Immunisation (cMYPs). Work on cMYPs is included in Strategic goal 3.

<sup>34</sup> Source: Country Annual Progress Reports (APRs)

<sup>35</sup> Assessment of successful introduction is based on a checklist including the following: Independent Review Committee-endorsed introduction plan, appropriate training of health care workers, adaptation of Expanded Programme of Immunization (EPI) materials and guidelines, cold chain inventory, Effective Vaccine Management (EVM) assessment, community mobilisation, and coverage monitoring.

<sup>36</sup> Surveillance data quality indicators as defined by WHO (<http://www.who.int/nuvi/Summary%20Report.pdf>). Surveillance systems are used for generation of local data for decision-making, provision of impact data to sustain domestic and external financing subsequent to GAVI support, monitoring of changes in disease epidemiology (e.g. genotype and serotype shifts), provision of data for burden of disease and cost-effectiveness analyses, outbreak detection and response, monitoring of and appropriate response to adverse events.

Strategic objective	Programme objective		Programme deliverable (2015)	Interim deliverable A	Interim deliverable B	Lead entity	Support entity	Budget (\$m) FY11
			Immunisation committees for addressing vaccine safety alerts and significant safety issues	new and underused vaccines by 2012	new and underused vaccines by 2015			
	1.2.4	Strengthen national capacity for planning of <b>behaviour change communication for new and underused vaccines within a country's disease control framework</b>	25 priority countries have implemented coordinated communication plans and demonstrated impact on 1-3 priority targeted behaviours	Updated communication framework at global level based on country evaluations by 2011	10 countries have developed coordinated communication plans by 2012	UNICEF		1.9
<b>Strategic goal 2. Contribute to strengthening the capacity of integrated health systems to deliver immunisation</b>								
<b>2.1. Contribute to the resolving of the major constraints to delivering immunisation</b>	2.1.1	Ensure that constraints to immunisation and service delivery are identified and adequately addressed in <b>National Health System policy and planning processes</b>	At least 20 countries have HSFP support in place, where annual reviews demonstrate substantial progress on addressing the main constraints to service delivery across the MDGs, but focusing on immunisation bottlenecks	Health Sector Plans/Strategies developed by HSCCs (with programmes, e.g. the ICC) - have the right policies and implementation plans in place in at least 10 countries	Health Sector Plans/Strategies developed by HSCCs (with programmes, e.g. the ICC) - have the right policies and implementation plans in place in at least 15 countries	WHO	UNICEF	7.7
	2.1.2	<b>Align GAVI funding</b> with country planning and budgeting cycles and <b>improve financial management oversight</b> of cash grants	80% of GAVI health system strengthening (HSS) funded countries have funding included in and synchronised with National health plans and budgets <sup>37</sup>	Report on the number of countries where funding is included and	50% reduction in the time between approval and disbursement by	GAVI Sec.	WHO	2.9

<sup>37</sup> Currently 10%.

Strategic objective	Programme objective		Programme deliverable (2015)	Interim deliverable A	Interim deliverable B	Lead entity	Support entity	Budget (\$m) FY11
				synchronised with National plans and budgets by 2011	2015 <sup>38</sup>			
<b>2.2. Increase equity in access to services</b>	2.2.1	<b>Increase coverage and equity<sup>39</sup></b> (including, geographic, social strata) <b>of routine immunisation</b> in countries with DTP3 coverage of less than 70%	40% of GAVI supported countries have moved from less than 70% coverage to greater than 70% coverage and maintained this level of coverage for a minimum of one year	50% of countries with DTP3 less than 70% have coverage improvement plans in place by 2012 (including through use of RED type strategies, where appropriate) <sup>40</sup>	90% of countries achieving pre-determined Incentives for Routine Immunisation Systems Strengthening (IRIS) performance goals regarding equity <sup>41</sup> by 2015	WHO	GAVI Sec.	4.2
<b>2.3. Strengthen civil society engagement in the health sector</b>	2.3.1	<b>Ensure active engagement of Civil Society Organisations (CSOs)</b> in the Health Systems Funding Platform, Health Sector Coordination Committees (HSCCs) and Inter-Agency Coordinating Committees (ICCs)	80% of countries have implemented the GAVI strategies and policies for improving the engagement with CSOs in immunisation service delivery and health sector	GAVI-specific strategy (in consultation with GF, WHO and WB – through IHP+ type mechanisms) developed for improved CSO engagement at the country	Implementation of GAVI specific policies are embedded in country implementation plans (cross reference to 2.1), and are monitored and tracked at the country levels by	GAVI Sec.	CSOs WHO, UNICEF	0.4

<sup>38</sup> Currently 9 months.

<sup>39</sup> Two aspects of equity are addressed in the business plan and related activities: equity between the poor and non-poor, and equity between low and high coverage districts. Under the proposed new window Incentives for Routine Immunisation Strengthening (IRIS), performance incentives are given to countries for increasing DTP3 coverage among the poorest 40% of households in the country, as measured through household survey data. The guidelines for IRIS will also require countries to address how they will increase coverage in the districts with the lowest immunisation coverage at baseline.

<sup>40</sup> These improvement plans are cross-referenced to any ongoing work under the HSFP to avoid duplication.

<sup>41</sup> New programme so baseline is 0%.

Strategic objective	Programme objective		Programme deliverable (2015)	Interim deliverable A	Interim deliverable B	Lead entity	Support entity	Budget (\$m) FY11
				levels (2011)	2012			
<b>Strategic goal 3. Increase the predictability of global financing and improve the sustainability of national financing for immunisation</b>								
<b>3.1. Increase and sustain allocation of national resources to immunisation</b>	3.1.1	<b>Integrate immunisation plans and budgets (cMYPs)</b> into national planning <sup>42</sup> and budgeting frameworks	95% of GAVI eligible countries have developed or updated fully costed cMYPs	Mechanism developed to monitor the integration of fully costed cMYPs or equivalent into national planning and budgeting frameworks by 2011	60% of GAVI eligible countries have integrated cMYPs or equivalent, into the national planning and budgeting frameworks	WHO	UNICEF	0.9
	3.1.2	<b>Implement the co-financing policy</b>	80% of countries have co-financing requirements integrated into cMYPs, national plans and budgets	Implementation and communication plans for co-financing policy developed by 2011	Annual reporting on co-financing implementation <sup>43</sup> and impact of co-financing policy on national budgets	GAVI Sec.	WHO	2.7
	3.1.3	<b>Support graduating countries<sup>44</sup></b> in sustaining investment in immunisation	100% of graduating countries fulfill their co-financing requirement in a timely manner	100% of graduating countries have GAVI-reviewed	80% of graduating countries <sup>45</sup> have successfully	WHO	IF&S <sup>46</sup>	0.7

<sup>42</sup> Includes financial planning, national immunisation planning, budgeting and medium-term expenditure frameworks

<sup>43</sup> Including default rates

<sup>44</sup> According to 2009 World Bank gross national income (GNI) data, 16 countries will graduate from GAVI by 2015 including Azerbaijan, Angola, Armenia, Ukraine, Georgia, Timor-Leste, Indonesia, Bhutan, Sri Lanka, Kiribati, Congo Republic, Honduras, Bolivia, Mongolia, Moldova, and Cuba

<sup>45</sup> Countries graduating at the end of 2015.

<sup>46</sup> IF&S: Immunisation and Financing Sustainability task team. Includes members from WHO, UNICEF, the Bill & Melinda Gates Foundation, GAVI Secretariat and World Bank.

Strategic objective	Programme objective		Programme deliverable (2015)	Interim deliverable A	Interim deliverable B	Lead entity	Support entity	Budget (\$m) FY11
				transition plans in place 4 years prior to graduation	delivered against the priority objectives in their transition plans by 2014			
<b>3.2. Increase donor commitments and private contributions to GAVI</b>	3.2.1	<b>Expand and extend direct donor commitments<sup>47</sup></b>	Raised funding of US \$3.5 billion in the period 2011-2015 towards the overall funding need of US \$5.7 billion <sup>48</sup>	a) Raise US\$ 1.1 billion in 2011-2012, including through contributions from new donors  b) Ensure that a redesigned resource mobilisation and replenishment structure is in place by 2011	a) Raise US\$ 2.1 billion in 2011-2013, including through contributions from new donors <sup>49</sup>  b) Board-approved private sector fundraising strategy paper by 2012	GAVI Sec.		2.5
	3.2.2	<b>Broaden the public and private sector donor base</b>	8-10 <sup>50</sup> new donors <sup>51</sup> secured	3 new donors secured by end of 2011	3 additional new donors secured by end of 2013	GAVI Sec.		1.9

<sup>47</sup> Includes growth in private philanthropy in the United States and Spain.

<sup>48</sup> In addition to the overall funding need of US\$ 5.7 billion for 2011-2015, a further US\$ 0.9 billion is expected from Advance Market Commitment (AMC) contributions in 2011-2015 and investment income.

<sup>49</sup> In addition to the amount of US\$ 2.1 billion for 2011-2013, a further US\$ 1.4 billion is to be raised by 2015.

<sup>50</sup> Including remaining G8 and other G20 donors.

<sup>51</sup> New donors are defined as donors that have not provided direct contribution to GAVI in the preceding 3 years (but could already be contributing to GAVI through innovative financing). Major and smaller potential donors would figure among the 8-10 potential new donors. It is projected that ,combined, these potential new donors could contribute between US\$ 50 and 250 million by 2013, and between US\$ 150 and 450 million by 2015.

Strategic objective	Programme objective		Programme deliverable (2015)	Interim deliverable A	Interim deliverable B	Lead entity	Support entity	Budget (\$m) FY11
<b>3.3. Mobilise resources via innovative financing mechanisms</b>	3.3.1	<b>Grow and develop GAVI's innovative finance product portfolio</b> (including scaling of IFFIm)	Raised funding of US\$ 2.2 billion in innovative finance in the period 2011-2015 towards the overall funding need of US\$ 5.7 billion. <sup>52</sup> Raised through existing IFFIm pledges, IFFIm extension and 1-2 new Innovative Finance mechanisms	a) Raise US\$ 0.8 billion in 2011-2012  b) Commitments from at least 2 donors to expand or enlarge/extend IFFIm by 2011	a) Raise US\$ 1.0 billion in 2011-2013 <sup>53</sup>  b) Advanced stages of developing at least 1 new innovative finance mechanism <sup>54</sup> by 2012	GAVI Sec.		1.8
<b>Strategic goal 4. Shape vaccine markets<sup>55</sup></b>								
<b>4.1. Ensure adequate supply to meet demand</b>	4.1.1	<b>Strategically forecast the demand and supply</b> for all vaccines in the GAVI portfolio	Bi-annual strategic demand and supply forecasts	Bi-annual forecasts delivered to Board	Bi-annual forecasts delivered to Board	AVI TAC	WHO, UNICEF	1.9
	4.1.2	<b>Ensure efficient and effective vaccine procurement and supply chain management</b>	Streamlined and uninterrupted vaccine supply for all GAVI-funded vaccines	Options paper for the Board on improving procurement and supply chain management by 2011	1-2 proposed options implemented by 2012	UNICEF/ PAHO	GAVI Sec.	12.5

<sup>52</sup> In addition to the overall funding need of US\$ 5.7 billion for 2011-2015, a further US\$ 0.9 billion is expected from Advance Market Commitment (AMC) contributions in 2011-2015 and investment income.

<sup>53</sup> In addition to the amount of US\$ 1.0 billion for 2011-2013, a further US\$ 1.2 billion is to be raised by 2015.

<sup>54</sup> Innovative finance mechanisms includes sovereign and private initiatives, such as but not limited to debt buy-downs, swaps, asset manager partnerships, public-private investment vehicles, mobile telephone partnerships, etc.

<sup>55</sup> Although interim deliverables are scheduled for completion, the programme objectives and deliverables for the five year period may be revised following completion of the supply strategy.

Strategic objective	Programme objective		Programme deliverable (2015)	Interim deliverable A	Interim deliverable B	Lead entity	Support entity	Budget (\$m) FY11
4.2. Minimise costs of vaccines to GAVI and countries	4.2.1	Develop instruments for lowering price to GAVI and countries and/or encouraging development of appropriate products	1-2 new initiatives or instruments to decrease price and/or accelerate product development	Options paper on market shaping instruments and vaccine market advocacy strategies by 2011	1-2 pilots underway by 2012	GAVI Sec.		0.9
<b>Cross-cutting strategic area. Advocacy, Communication and Public Policy</b>								
AC1.1. Position GAVI effectively to deliver on its mission	AC 1.1.1	The value of immunisation, new vaccines, and GAVI is understood amongst <b>key influencers and stakeholders</b>	Increased understanding of the value of immunisation and the GAVI Alliance amongst target stakeholders (as measured by market research in 10 key donor countries)	Implementation of a direct donor and stakeholder communications programme in the lead-up to the replenishment meeting in 2011	One joint communications initiative implemented annually in five target donor countries with each of five partners (CSOs, Parliamentarians, etc.) by 2012	GAVI Sec.		5.8
	AC 1.1.2	<b>Mobilised and empowered advocates</b> to inform GAVI's policies, support fundraising and help achieve its strategic goals	100-200 advocates actively engaged in key processes to raise awareness and engage donors and potential donors	Establishment of a global coalition of advocacy partners in 2011	Expansion of the coalition's reach to impact political will in five target donor countries by 2012	GAVI Sec.		1.9
	AC 1.1.3	Increased <b>influence in development aid policy settings</b>	Increased number of endorsements in key events and global/regional policy documents	Positive references to GAVI, immunisation	Annual growth in number of key global and regional events	GAVI Sec.		1.4

Strategic objective	Programme objective		Programme deliverable (2015)	Interim deliverable A	Interim deliverable B	Lead entity	Support entity	Budget (\$m) FY11
			(e.g. AU Summit, G8)	and health in outcome documents from 2011 G8 and G20 and High Level Forum on aid effectiveness	with positive references to GAVI, immunisation and health			
<b>Cross-cutting strategic area. Monitoring and Evaluation</b>								
<b>ME 1.1. Ensure that valid, reliable and useful measures of performance are available and used to support learning, management and release of funding</b>	ME. 1.1.1	Ensure effective <b>routine programme monitoring that links decision-making to performance</b>	Rigorous performance monitoring of all GAVI grants to countries, with release of funding based on performance	Improved information management through data warehouse and central reporting tool by 2011	Systematic process in place to release funding based on performance by 2012	GAVI Sec.		1.4
	ME 1.1.2	Coordinate and conduct <b>targeted studies</b> to address key questions and meet critical information needs	Filled knowledge and information gaps related to specific strategies	Mapping of studies conducted across the Alliance completed by 2011 <sup>56</sup>	Studies rationalised, including annual summary of questions addressed, main findings and management and policy implications by 2012	GAVI Sec.		0.6

<sup>56</sup> The budget listed supports the following studies scheduled for 2011-2012: China/India case study on introduction of hepB, Civil Society Organisation window, gender policy and AMC process evaluation, and lessons learnt document from graduated countries.

Strategic objective	Programme objective		Programme deliverable (2015)	Interim deliverable A	Interim deliverable B	Lead entity	Support entity	Budget (\$m) FY11
	ME 1.1.3	Conduct <b>full country evaluations</b> to evaluate the impact and cost-effectiveness of GAVI support to countries	Annual estimates of impact and cost-effectiveness produced based on GAVI support to all countries <sup>57</sup>	Platform in place for direct measurement in 5 countries by 2011	First annual report with initial impact estimates by 2012	GAVI Sec.	WHO	2.2

<sup>57</sup> This will be done through direct measurement in 5 countries and evidence-informed modeling for the remaining countries.