

**RECOMMENDATIONS FROM THE DATA TASK TEAM TO THE GAVI ALLIANCE
(Final version Feb 28th)**

Overall terms of reference:

Expected deliverable from DTT: “Targeted recommendations on the future development of processes and systems deemed necessary for the GAVI Alliance to capture, analyze, verify, project and disseminate data and information on its performance.”

	Recommendation	Proposed specific actions	Comments
Recommendations with regard to indicators, data sources and estimation process			
1.	The GAVI Alliance should use estimates of DTP3 coverage as one key parameter of performance.	-	Other measures of performance are proposed below (R5).
2.	The GAVI Alliance should support the strengthening of the WHO/UNICEF immunisation coverage estimation process in terms of systematic use of all data sources, transparency of decisions and independent scrutiny of the resulting estimates, including uncertainty bounds.	*The GAVI Alliance should establish an independent expert advisory group (IEAG) to review the recommendations and actions from the work currently being undertaken by a WHO/UNICEF expert group.	*The DTT did not reach universal agreement on this proposed action. Some members supported the setting-up of an independent group, whilst others opted for working through WHO/UNICEF’s own expert group. The DTT only learnt about the existence of the WHO/UNICEF group late in its deliberations, and there was no opportunity to review its ToR, scope of work or reporting arrangements. The DTT would clearly wish to avoid unnecessary duplication of efforts to strengthen the WHO/UNICEF estimation process, but also universally supports the need for such an estimation process to be robust, transparent and replicable. If an IEAG were to be established it should also strengthen the IRC process (see R10 below).

3.	Coverage estimates used by the GAVI Alliance should be based on the WHO/UNICEF Estimates, which in turn should take into account all available data sources.	-	-
4.	The GAVI Alliance should support the strengthening of administrative data as part of a continuous and long term process, including regular feedback to districts.	The GAVI Alliance should support the strengthening of government departments involved in administrative data collection and of local institutions to carry out assessments of administrative data quality and other data sources.	This is linked with R14.
5.	In order to assess performance, the GAVI Alliance should also monitor trends and disparities in equity of coverage among different groups (poor vs. non-poor; female vs. male; geographic differentials; ethnic groups where relevant).	-	Where data of adequate quality already exist from administrative systems, these should be used. Where this is not the case the reporting burden on routine systems should not be increased. Here survey-based sources will need to be used instead, accompanied by standard approaches to assessing data quality and the precision of estimates.
6.	The GAVI Alliance should support ongoing initiatives to improve the availability of health outcomes data (morbidity and mortality), particularly those relevant to vaccine-preventable diseases.	<p>The GAVI Alliance should continue to support sentinel surveillance of rotavirus and pneumococcal through WHO, and explore options for surveillance for other conditions (e.g. measles)</p> <p>The GAVI Alliance should consider how best to use health outcome information in its activities and processes.</p> <p>The GAVI Alliance should support initiatives to strengthen civil registration (linked births, deaths) as a long-term investment.</p>	

Recommendations with regard to GAVI Alliance processes and working principles			
7.	The GAVI Alliance should endorse and apply principles from the IHP+ and Paris Declaration of Aid Effectiveness as regards working with countries.	The GAVI Alliance should help to catalyze a coordinated approach to unified health surveys, within the context of one national health plan and one national M&E plan.	The frequency of surveys should be related to the rate of change of health sector characteristics. When major innovation is in place or when the level of change from one year to the next in reported coverage from routine data is large, more frequent surveys are needed. When the sector is stable, the frequency can be lower.
8.	The capacity at the country level to be able to contribute to and replicate the WHO/UNICEF Estimates should be strengthened.	-	Country ownership of data review processes should be strengthened via various means, including regional workshops, for example. Strengthening may include the use of modeling to generate estimates, but not exclusive use of models.

Recommendations with regard to design and metrics for results-based funding (ISS)			
9.	The GAVI Alliance should consider the reinstatement where appropriate of ISS payments as soon as possible, whilst every effort is also made to continue to work with countries to appraise discrepancies in estimates between different sources through enhanced and rigorous evaluation by the GAVI Independent Review Committee.	<p>For the immediate future (i.e. ~ 3 months): the GAVI Alliance should follow its existing procedures, assuming other approval requirements have been met.</p> <p>Over a one year timeframe, the GAVI Alliance should prioritize working with those countries with the biggest divergences between administrative and survey data, and encourage early date implementation of surveys, ideally with biomarkers.</p>	<p>The process of reinstatement of ISS should proceed on a country-by-country basis, informed by the ongoing appraisal of discrepancies in estimates by the GAVI Alliance.</p> <p>After the initial focus on countries with the largest data discrepancies, the process of encouraging surveys would be extended to more countries.</p> <p>Early surveys are also needed when the only data source available is administrative data. In either case, consultation with countries is clearly required.</p>
10.	The GAVI Alliance should continue to implement a performance-based funding system, assuming the data sources and review process used to arrive at the estimates are strengthened (see R2 and R3).	The GAVI Alliance should ensure that the IRC has available and makes full use of all data sources, WHO/UNICEF Estimates and other relevant information, in order for them to replicate the WHO/UNICEF Estimates if required.	The independent expert advisory group (see above R2) should also appraise the review process undertaken by the IRC, including developing explicit criteria for identifying minimum standards of country data where there are large discrepancies in estimates between different data sources.
11.	The GAVI Alliance should consider basing the reward in part on the number of children above target immunized with 3 doses of DTP-containing vaccine, and in part on the proportion of children immunized, in order to accommodate different population growth scenarios.	The GAVI Alliance should develop guidelines on the balance between using numbers versus proportions immunized to inform rewards under different population growth scenarios.	For the number of children immunized, it is proposed that the WHO/UNICEF Estimate would be converted from a proportion to a number using the relevant United Nations Population Division figures for the population of children.

12.	The GAVI Alliance should consider introducing rewards for specific countries to reduce inequities in DTP3 coverage (e.g., poor vs. non-poor, girls vs. boys, ethnic groups, etc).	The GAVI Alliance should develop guidelines on the potential use of inequities in coverage for rewards-based funding, monitored through household surveys.	This is linked with R5 above and R13 below.
Recommendations with regard to measurement strengthening			
13.	The GAVI Alliance should support efforts to strengthen methods and techniques for tracking immunisation coverage (such as the use of biomarkers and the validation of maternal self-reports on vaccination status), and the quality of service delivery (cold chain management, stock outs, timeliness of dosing, client perspectives, default tracing).	The GAVI Alliance should work with other initiatives to develop and validate biomarkers to measure immunisation status, and to improve the measurement of the quality of service delivery. Where there are clear gaps in measurement strengthening, the GAVI Alliance should support an explicit programme of work.	Alongside strengthening measurement, the GAVI Alliance should consider how best to <u>use</u> data on quality of service delivery in its activities and processes.
14.	The GAVI Alliance should support a systematic appraisal of the Data Quality Audit tool and opportunities for improving its ability to predict which countries have administrative data systems that produce problematic estimates of DTP3 coverage.	The GAVI Alliance should commission a cross-country appraisal of the DQA with the explicit aims of improving this tool and of strengthening country ownership.	Opportunities should be explored for conducting Data Quality Audits across the health system, perhaps as part of a health sector review. This should cover multiple health areas, rather than only immunisation.