



What are the GAVI Secretariat's key deliverables for 2008?



**GAVI's mission is to save children's lives
and protect people's health by increasing access
to immunisation in poor countries.**

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The GAVI Alliance Strategy (2007-2010) represents the range of activities over four years that support the shared mission of saving children's lives and protecting people's health by increasing access to immunisation in poor countries.

Through its four goals the Strategy positions GAVI's work within the broader context of child survival and the Millennium Development Goals (MDGs). It is specifically designed to make a critical contribution to the global immunisation goals developed in the WHO/UNICEF Global Immunization Vision and Strategy (GIVS), by supporting immunisation programmes, accelerating the introduction of new vaccines, and working with others to build the health delivery platform (health systems) to deliver these vaccines.

The present document summarises the Secretariat's key deliverables for 2008. The comprehensive Alliance work plan for 2008 outlines the full range of activities and expected outcomes for both the Secretariat and Partners, along with the associated budgets. The work plan was developed with the Working Group and approved by GAVI boards in Cape Town in November 2007.¹

¹ This is available at <http://www.gavialliance.org/vision/strategy/index.php>

Strategic Goal 1:

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Contribute to strengthening the capacity of the health system to deliver immunisation and other health services in a sustainable manner

Strengthen capacity

OVERVIEW

Strong health systems that reliably provide their communities with access to immunisation and other health services are vital to sustained improvements in health. Building and supporting these systems to achieve and sustain increased immunisation coverage is an important focus of activities, using a variety of means.

Immunisation services support (ISS) allows countries to flexibly allocate funds to improve immunisation programmes. GAVI also offers focused funding for health system strengthening (HSS) in coordination with others to achieve the objectives of increasing and sustaining vaccine coverage. As well, funding support is available to civil society organisations (CSOs) which provide crucial support in delivering sustainable health care in countries.

At the heart of GAVI funding are the central principles of country ownership and the importance of coordinated partners' response to country needs.

Under the leadership of WHO and the World Bank, the International Health Partnership (IHP) and related initiatives present an opportunity for collective international action that focuses on harmonised support to national health systems. GAVI's role in the IHP and related initiatives (IHP+) helps ensure that the HSS programme works through a broader framework with other agencies and donors to finance and implement health plans and improve health services. It is essential that the experience and lessons learnt from the HSS programme are shared. GAVI's HSS and CSO investments are based on many of the same principles as the IHP.²

² Country-driven, aligned, harmonised, predictable, additional, inclusive, collaborative, catalytic, innovative, results orientated and sustainability conscious.

1 Health system strengthening

Since the start of HSS support, 40 of the 72 countries eligible for funding (55%) have applied and 29 (40%) have been approved. This has already exceeded the 2009 work plan milestone of 35% and is well on the way to reaching the 2010 milestone of 50%. As at December 2007, a total of US\$ 404 million of HSS funding had been committed in the 29 countries, of which US\$ 180 million or 45% has been disbursed so far.

In 2008, the HSS task team will focus on strengthening technical support to countries for implementing HSS and mechanisms to monitor progress to date.

Six of the eight “first wave” countries in Africa and Asia that have joined the IHP will receive GAVI HSS support in 2008.³ This presents the opportunity to “test out” how GAVI HSS can be integrated into comprehensive national health plans.

Moving forward, GAVI will develop a proposal, working jointly with the Global Fund to fight AIDS, TB and Malaria, to ensure that monitoring, fund flows and lessons learnt are incorporated into IHP planning and implementation. A new model of technical support within the HSS and IHP framework is also being designed to ensure that countries can choose among the variety of technical support options.

GAVI Secretariat 2008 deliverables:

- Countries provided with demand-driven technical assistance
- GAVI HSS support integrated within an IHP framework in 2-3 countries

2 Immunisation services support

The recent evaluation of ISS implementation 2000-2005 estimates that nearly 2.4 million children were immunised with DTP3 with ISS support.⁴ It also made recommendations for improving the programme to fulfil the 2010 programme

³ Burundi, Cambodia, Ethiopia, Kenya, Mali, Mozambique, Nepal, Zambia. Mozambique and Mali are not yet receiving HSS funds.

⁴ See: <http://www.gavialliance.org/performance/evaluation/index.php>

objective of 90% of ISS-supported countries increasing coverage and/or sustaining it at a high level. The 2008 milestone has already been exceeded (65%) since 62 countries (86%) are currently receiving or have received support.

GAVI Secretariat 2008 deliverable:

- Coverage increased or sustained at a high level in ISS-supported GAVI-eligible countries

3 Civil society

In 2006, the GAVI Alliance Board approved two-year (2007-2008) funding of US\$ 22 million for civil society organisations in 10 pilot countries.⁵ Additional funding of up to US\$ 7.2 million was made available to strengthen coordination and enhance civil society representation at the country level in all GAVI-eligible countries.

The focus in 2008 is on further proposal development, increasing CSO participation in GAVI's policy-making and developing a monitoring and evaluation system.

Since this support is a two-year pilot, with little time to evaluate impact, the emphasis is on documenting the experiences and lessons learnt.

The pilot country 'evaluability' study will provide key recommendations on the common indicators, tools and mechanisms with HSS to measure the outcome and impact of GAVI CSO support.

GAVI Secretariat 2008 deliverables:

- Coordination and representation of CSOs at country and regional level strengthened
- Experiences and lessons learnt from CSO support documented

⁵ CSO grants are additional to ISS and HSS support. They are the outcome of a country-led process: governments and established national coordinating bodies are able to apply within the framework of HSS proposals.

Strategic Goal 2:

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Accelerate the uptake and use of new and underused vaccines and associated technologies and improve vaccine supply security

Accelerate uptake

OVERVIEW

The Vaccine Investment Strategy and the initiative to accelerate vaccine introduction form the foundation of this strategic goal. The aim of the former is to guide GAVI's future vaccine investments, whereas the latter is focused on accelerating uptake of pneumococcal and rotavirus vaccines to reach the investment case targets. This initiative could serve as a platform for accelerating uptake of other new vaccines that are added to the GAVI portfolio.

1 Develop new vaccine investment strategy

The investment strategy will define priority vaccines for investment through 2012, based on the initial list compiled by WHO in November 2007. It will also propose associated activities for GAVI Alliance support and the timeframes for investment.

GAVI Secretariat 2008 deliverable:

- New vaccines agreed for GAVI support

2 Develop and implement accelerated vaccine introduction initiative

The aim of the Accelerated Vaccine Introduction initiative is to support the accelerated introduction of pneumococcal and rotavirus vaccines in GAVI-eligible countries from 2008 to 2015. By end 2008, a mechanism for accelerated vaccine introduction must be in place which has successfully transitioned activities from the Accelerated Development and Introduction Plans (ADIPs).

GAVI Secretariat 2008 deliverable:

- Initiative supported to build capacity for accelerated introduction of pneumococcal and rotavirus vaccines

Strategic Goal 3:



3

Increase the predictability and sustainability of long-term financing for national immunisation programmes

Increase predictability

OVERVIEW

Predictable, long-term financing is a cornerstone of GAVI's business model. This has been partly achieved by developing and implementing new and highly innovative aid financing mechanisms such as the International Finance Facility for Immunisation (IFFIm) and the Advance Market Commitment (AMC).

As GAVI's levels of financing have steadily risen, accelerating in 2006-2007 with the US\$ 1 billion of IFFIm proceeds, there has been a concomitant increase in expectations of both accountability for the use of funds and a requirement to make sure that countries continue to be securely supported with predictable, long-term funds. Hand-in-hand with predictability, GAVI is working towards greater ownership and sustainability with countries through co-financing.

1 Immunisation financing and sustainability

The initial bond proceeds of US\$ 1 billion raised in November 2006 for GAVI's work had been committed by end 2007 by the IFFIm Board. By the end of 2008, GAVI aims to secure (cumulative) commitments of US\$ 3.7 billion from existing and potential new donors and facilitate a transition of the AMC pilot for pneumococcal vaccine from establishment to implementation.

However, the impact of innovative financing mechanisms on the level of funding from direct government sources was underestimated. As a result the original 2008 target for direct fundraising, US\$ 340 million, has been revised downwards to US\$ 240 million. A new target of US\$ 625 million has been developed to include both private and IFFIm resources.⁶

With co-financing, countries and their partners are expected to make greater investments in immunisation, putting countries on a path to financial sustainability. Fifteen countries are currently co-financing, increasing to 28 in 2008. A monitoring system is essential to track

⁶ Of which US\$ 240 million will be raised from direct sources, US\$ 75 million from the Bill & Melinda Gates Foundation, US\$ 10 million from other private donations and US\$ 300 million from IFFIm.

co-financing levels, in addition to immunisation financing and the integration of immunisation funding within broader planning and budgeting systems for health. This monitoring system will be critical to a 2009 evaluation of current policy and a 2010 revision of current co-financing levels, country groupings and eligibility criteria.

GAVI Secretariat 2008 deliverables:

Co-financing

- Country co-financing commitments adhered
- Co-financing evaluation strategy to inform a 2010 revision

Programme funding and innovative financing

- Annual fundraising target met to fund GAVI programmes
- Predictable financing increased
- National immunisation programmes supported by funds secured through IFFIm

Advance market commitment

- Pilot pneumococcal vaccine AMC implemented
- Decision made on a disease area to be addressed by a potential second AMC

Strategic Goal 4:

4

Increase and assess the added value of GAVI as a public-private global health partnership through improved efficiency, increased advocacy and continued innovation

Add value

OVERVIEW

GAVI represents a new model for delivering development assistance that is rooted in the Alliance structure and approach to business. GAVI is a public-private partnership that draws on a wide diversity of expertise, experience and skills to maximise collective performance. Central to the results-focused approach is a willingness and capacity to develop and test new ideas and to learn from experience.

1 Monitoring and evaluation

Monitoring and evaluation of GAVI programmes is critical at country level and globally. At the country level, this is done through the Independent Review Committee (IRC), which reviews new applications for GAVI support and annual progress reports. In order to improve efficiency and coordination with the GAVI business cycle, it is proposed that the HSS and new vaccine support proposals are submitted and reviewed at the same time. Given the increased need for accountability, a 'dashboard' has been developed to monitor GAVI Alliance performance. In addition to this, further indicators are needed to measure the 'operational' performance of the Secretariat in a more comprehensive manner. Programme evaluations are conducted by externally contracted firms, two of which will be completed in 2008.

GAVI Secretariat 2008 deliverables:

- Efficient IRC process in sync with the GAVI business cycle
- Improved follow-up IRC and other recommendations
- Recommendations for GAVI developed based on the results of the evaluations of GAVI Phase 1 and injection safety support
- Monitoring and evaluation functions strengthened within GAVI

2 Timely disbursement of funds

Timely release of funds is a priority since it measures the efficiency of the Secretariat in the management of the approval, funding and disbursement processes. The 2008 target is to reduce the time required for transactions from 125 days in 2005 to 60 days.

GAVI Secretariat 2008 deliverable:

- Approval-disbursement process accelerated, subject to legal and external constraints⁷

3 Policy development

In 2008 the Secretariat will develop two major new policies. The first relates to transparency and accountability and the second to gender.

With regard to transparency and accountability, cash transfers to countries for HSS and ISS support are an area of risk for the Alliance. The GAVI model is designed to release funds against good performance, not to analyse how these funds are used. GAVI will need to better define how this risk can be managed. In 2008, the transparency and accountability task team will develop a set of implementation guidelines for the transparency and accountability policy. These will allow GAVI to ensure that funds are spent in accordance with programme goals, thereby reducing fiduciary risk.

The GAVI Alliance does not currently have a gender policy. The aim of the gender policy is to address both gender-equity in the design, implementation and monitoring of GAVI policies and programmes as well as in the Secretariat's work practices and standards.

GAVI Secretariat 2008 deliverables:

- Fiduciary risk associated with cash transfers made to countries minimised
- Gender policy for GAVI Alliance programmes

⁷ This may not be possible for IFFIm funds distributed in 2008 due to the current constraint on release of IFFIm funding at the end of each quarter. This will be revised in 2009.

4 Advocacy

Advocacy is an important aspect of GAVI's responsibility to promote the cause of immunisation and ensure that it is well understood, situated and supported.

GAVI Secretariat 2008 deliverables:

- Comprehensive advocacy strategy for the GAVI Alliance

5 Change management

In 2008 the GAVI Alliance and Fund boards will make the final decisions on the new organisational structure for the GAVI Alliance and the Secretariat. This structure will preserve the present dynamic public-private partnership qualities within a Swiss Foundation. As 2008 will be a transition year, it will be important to put in place the key elements of the new structure throughout the year, such as the new Executive Committee and other Board Committees; these could be considered 'shadow' structures until the official launch on 1 January 2009. Processes to ensure the new structure is up and running on 1 January 2009 will need to be developed, such as recruiting new board members, sharing information between committees and the Board, and managing technical advisory groups.

The corporate agenda project will help facilitate the organisational change by analysing the business cycle and corporate agenda for the Secretariat and all affiliated legal entities and partners. This will in turn lead to improved annual business plans and a new comprehensive corporate agenda that delivers the GAVI 2007-2010 Strategy.

GAVI Secretariat 2008 deliverables:

- Clear corporate agenda
- Management efficiency improved
- New organisational structure
- Single management structure
- Holistic capture and management of programme obligation data

Summary of GAVI Secretariat 2008 deliverables

STRATEGIC GOAL 1

Strengthen capacity

1

Contribute to strengthening the capacity of the health system to deliver immunisation and other health services in a sustainable manner

2008 deliverables	Output	Responsibility	Timeframe by quarter 1. 2. 3. 4.
Health system strengthening			
Countries provided with demand-driven technical assistance	Technical support model Board approval (October)	Country Support	□□□□X
GAVI HSS support integrated within an IHP framework in 2-3 countries	Board approval (October)	Country Support	□□□□X
Immunisation services support			
Coverage increased or sustained at a high level in ISS-supported GAVI-eligible countries	Changes to current ISS policy made based on ISS evaluation Board approval (June)	Country Support	□X□□□
Civil Society			
Coordination and representation of CSO's at country and regional level strengthened	At least 45% of the funds for civil society in the 10 pilot countries committed	Country Support	□□□□X
Experiences and lessons learnt from CSO support documented	CSO Evaluability study	Country Support	□□□X□

Accelerate uptake



Accelerate the uptake and use of underused vaccines and associated technologies and improve vaccine supply security

2008 deliverables	Output	Responsibility	Timeframe by quarter 1. 2. 3. 4.
Vaccine investment strategy			
New vaccines agreed for GAVI support	Policy options and vaccine 'packages' Strategy inc. costed proposal Implementation strategy Board approval (June)	Technical and Policy, Country Support	□ □ <input checked="" type="checkbox"/> □ □
Accelerated new vaccine introduction			
Initiative supported to build capacity for accelerated introduction of pneumococcal and rotavirus vaccines	Technical proposal RFP for outsourced activities ADIPs closed New initiative launched Board approval (October)	Technical and Policy	□ □ □ □ <input checked="" type="checkbox"/>

Increase predictability

3

Increase the predictability and sustainability of long-term financing for national immunisation programmes

2008 deliverables	Output	Responsibility	Timeframe by quarter 1. 2. 3. 4.
Immunisation financing and sustainability			
■ Co-financing			
Country co-financing commitments adhered to	System to monitor co-financing commitments in place Defaulters policy approved by the Board (June)	Country Support	□□□X□
Co-financing evaluation strategy to inform a 2010 revision	Evaluation strategy	Country Support, Technical and Policy	□□□□X
■ Programme funding and Innovative financing			
Annual fundraising target met to fund GAVI programmes	US\$ 625 million received by GAVI as recorded by the Finance team	Programme Funding, Private Philanthropy Team (PPT), Finance	□□□□X
Predictable financing increased	Number of bilateral donors making multi-year commitments increased	Programme Funding	□□□□X
IFFIm			
National immunisation programmes supported by funds secured through IFFIm	IFFIm total (cumulative) commitments of US\$ 3.7 billion secured from existing and potential new donors	Programme Funding, Finance	□□□□X
Advance market commitment			
Pilot pneumococcal vaccine AMC implemented	Legal agreements signed by Partners	Technical and Policy	□X□□□
Decision made on a disease area to be addressed by a potential second AMC	Disease expert group reconvened	Technical and Policy	□□□X□

Add value

4

Increase and assess the added value of GAVI as a public private global health partnership through improved efficiency, increased advocacy and continued innovation

2008 deliverables	Output	Responsibility	Timeframe by quarter 1. 2. 3. 4.
Monitoring and Evaluation			
■ Independent Review Committee			
Efficient IRC process in sync with GAVI business cycle	Proposal for a combined IRC review	Country Support	□□□□X
Improved follow-up IRC and other recommendations	IRC monitoring reports	Country Support	□□□□X
■ Evaluation studies			
Recommendations for GAVI developed based on the results of the evaluations of GAVI Phase 1 and injection safety support	Recommendations based on evaluations Board approval (October) Results disseminated	Technical and Policy	□□□□X
Monitoring and evaluation functions strengthened within GAVI	M&E framework Board approval (June)	Technical and Policy	□X□□□
Timely disbursement of funds			
Approval-disbursement process accelerated subject to legal and external constraints	Average time between approvals and disbursements in 2007 reduced from 90 days to 60 days	Finance	□□□□X
Transparency and accountability policy			
Fiduciary risk associated with cash transfers made to countries minimised	Transparency and accountability policy Board approval (June)	Finance, Country Support	□□□□X
Gender policy			
Gender policy for GAVI Alliance programmes	Gender policy developed Board approval (June)	Technical and Policy Executive Office	□X□□□

2008 deliverables	Output	Responsibility	Timeframe by quarter 1. 2. 3. 4.
Advocacy			
Comprehensive advocacy strategy for the GAVI Alliance	Strategy documented and initiated Board approval (October)	Advocacy	□□ <input checked="" type="checkbox"/> □□
Change management			
Clear corporate agenda	New corporate agenda launched	Operations	□□ <input checked="" type="checkbox"/> □□
Management efficiency improved	Pilot Key Performance Indicators (KPI) developed and indicators approved	Technical and Policy Operations, Finance	□□□□ <input checked="" type="checkbox"/>
New organisational structure	New governance platform launched Board approval	Governance	□□□□ <input checked="" type="checkbox"/>
Single management structure	New hosting platform launched	Operations	□□□□ <input checked="" type="checkbox"/>
Holistic capture and management of programme obligation data	Country support database, Axapta and Program liability database rationalised	Finance	□□□□ <input checked="" type="checkbox"/>

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