

**REPORT OF THE NEW PROPOSAL INDEPENDENT REVIEW COMMITTEE TO THE GAVI
ALLIANCE SECRETARIAT ON THE REVIEW OF APPLICATIONS**

Geneva, July 2015

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EXECUTIVE SUMMARY

The IRC met between June 23rd and 26th 2015 in Geneva, Switzerland to assess HSS funding applications and also exceptionally review the MEN-A preventive campaign Phase III application for Ethiopia. The IRC further reviewed remotely the Ethiopia National Measles SIA slated for October 2016.

The main goals of the June/July remote review 2015 review are to:

- Assess new HSS funding applications;
- Review HSS resubmission requests ;
- Exceptionally assess the Ethiopia MEN-A preventive campaign Phase III application and the National Measles SIA,
- Make funding and programmatic recommendations to the Board

To achieve these objectives, a six-person independent review committee focussed on the following specific tasks:

- Review funding requests and all other documentation attached to the request which include Health Sector Plans, comprehensive Multi Year Plans and supporting documents as applicable to each country.
- Provide the Gavi Secretariat with final evaluation reports and recommendations of support for each country.
- Provide the Gavi Secretariat with a consolidated report of the review, including recommendations for improving funding requests, including planning, budgeting, M&E , financial management , gender and equity considerations;
- Provide the Board and the Alliance partners with recommendations improving the processes relating to GAVI policies, governance, and structure.

The IRC reviewed a total of six (6) country submissions comprising of two (2) new HSS applications, two (2) resubmitted HSS requests and exceptional Men A preventive support campaign and National Measles SIA for Ethiopia.

The review team was made of six (6) reviewers with expertise in Health Systems strengthening, EPI, MNCH, RH program management, epidemiology, monitoring and evaluation, financial analysis, BCC and Gender. One (1) reviewer is also a cross-cutting member of the Technical Review Panel of the Global Fund.

This review process approved all six countries (resubmissions and new applications) applications. However, countries were also requested to strongly consider additional comments and recommendations by the IRC to strengthen their interventions whilst at the same time requested to address/clarify critical concerns within thirty days of receipt of their decision letters.

As with previous reports, other key findings from the review process show that while the quality of proposals continues to increase significantly, there still remain gaps and weaknesses that can be further strengthened by technical support from the Secretariat and other Alliance partners to the applicant countries pre- and post-grant application. These recurring weaknesses and gaps include continuing low quality of M and E plans/performance frameworks from applicant countries and poor definitions of indicators and baselines. Furthermore, there is limited effort to involve CSO in the majority of the proposals, and even where this happens, it is unclear how this translates into corresponding allocation of funds.

Key recommendations by the IRC include the need for guidance for HSS proposal development

at country level that CSO participation is more active and to ensure that capacity building and smooth transitioning to national implementing entities (such as MoH, EPI) is part of the grant implementation agreements with in-country partners. There is a clearly urgent need by Gavi to provide clear policy and operating modalities on PMU and incentive and salary support to countries with clearly defined exit strategies within a specified time period. Gavi is also requested to consider establishing a supply chain and logistics knowledge hub to guide countries in selecting solutions for improvements in supply chain quality and efficiency, transport reliability and cost effectiveness and data management arrangements.

2. PURPOSE

This report outlines the recommendations of the independent review committee for the June 2015 review. It also summarizes the IRC process to review submitted applications, final recommendations, and lessons learned.

3. INTRODUCTION

3.1 The GAVI Secretariat convened the review of the HSS process from June 23rd to 26th 2015 in Geneva, Switzerland. The review committee consisted of six (6) experienced public health, immunization, health care financing, gender and health systems specialists as reviewers.

3.2 The meeting was chaired by Dr Bola Oyeledun, with Miloud Kaddar as vice-chair. Other members include Ousmane Amadou Sy, Terry Hart, Robert Pond and Diana Rivington. All six (6) have a wide range of expertise in Health systems strengthening, health economics, EPI, MNCH, RH program management, epidemiology, monitoring and evaluation, financial analysis, BCC, procurement and supply chain management among others. A further remote review was conducted by Sandra Mounier-Jack and Terry Hart. Face to face discussions were held to finalize this in Geneva, July 2015.

3.3 Terms of Reference of the June 2015 Review Committee

During this period, members of the committee reviewed all country submissions alongside relevant country documents. The review process included consideration and review of two (2) new HSS applications, two (2) country resubmissions and two (2) exceptional consideration of a Phase 3 MenA support campaign and Measles SIA. The primary role of the IRC is to advise the Gavi Alliance Board on whether to fund country plans and programmes - both for new vaccine support and health systems strengthening support. In line with the newly revised categories, the review committee was also requested by the Secretariat to recommend the proposals using the following criteria:

1. **Approval;** and where necessary, action points on minor issues flagged to the country to address within 30 days of receipt of the decision letter;
2. **Re-submission;** material conditions and/or major gaps are flagged and country will need to address within six months or rewrite a new proposal.

3.4 Briefing of Review Committee Members

Short briefings were organized by the Gavi Secretariat to review changes to the categories, IRC guidelines and other emerging issues. Additional country specific information were provided by the Senior Country Managers and their team members and WHO. The IRC commends the continued engagement by the Secretariat through the country management teams and the partners through WHO.

3.5 Focus of HSS Review

This review committee was specifically tasked to review country submissions and ensure responsiveness to the following:

GAVI's Strategic Goal 2 - Contribute to strengthening the capacity of integrated health systems to deliver immunisation;

- Contribute to the mitigation of major health system constraints to delivering immunisation;
- Increase equity and reduce gender barriers in access to services;
- Strengthen civil society engagement in the health sector

Linked to Immunization Outcomes

- Drop-out rate - % point drop out between DTP1 and DTP3 coverage
- DTP coverage - % of surviving infants receiving 3 doses of DTP
- Equity in immunisation coverage % - % of GAVI supported countries where DTP3 coverage in the lowest wealth quintiles is +/-20% points of the coverage in the highest wealth quintile.

3.6 HSS Application Review Process and Methodology

- Each reviewer read all assigned proposals individually. For each country, there were two reviewers (one primary and one secondary) who reviewed and presented individual country reports before final consolidation into a draft review. Country specific presentations were made during the daily plenary sessions. Extensive discussions by all reviewers focussed on the applications as submitted by each country. Comments and decisions were agreed upon and one consolidated report finalised based on inputs from all the reviewers and comments from the plenary session. A revised process of work to create better efficiencies saw the consolidated reports being shared with the country managers and key Secretariat staff for inputs before review and finalization. The chair reviewed all proposals submitted.
- The IRC also appreciated WHO's continued support in pre-review of country specific reports which it found very useful as well as the country context and perspective provided by the WHO representative to IRC members during plenary discussions.
- HSS applications submitted during this round are of better quality in terms of contents and completeness. The re-submission process appears to be a positive way forward to enhance the HSS applications. CAR and Tajikistan HSS resubmitted applications show that these two countries seriously considered the IRC re-submission action points and made genuine efforts to address all the issues outlined in the Gavi Secretariat decision letters.

4. HIGHLIGHTS OF FINDINGS AND KEY RECOMMENDATIONS

The following table 1 below illustrates summary outcomes of the applications.

Table 1: Summary of Country Review Outcomes June 2015			
	Country	Type of Application	Recommendation
1.	Afghanistan	HSS New application	Approval
2.	Central African Republic (CAR)	HSS New application	Approval
3.	Gambia	HSS Resubmission	Approval

4.	Tajikistan	HSS Resubmission	Approval
5.	Ethiopia	Men-A Phase 3 campaign	Approval
	Ethiopia	Measles SIA	Approval

A sub set of the IRC further remotely reviewed an exceptional application from Ethiopia for its Measles SIA planned for October 2016. This review was held in July 2015. The proposed target population is 11,777,083 for Gavi funding (9 months to under 5), while the overall targeted population covering children from 9 months to under 15 years of age is 41 million children. The request to Gavi is restricted to under 5 years old as per Gavi funding policy of measles SIAs. The rationale for the campaign is to target the wider age group of under 15 years-old and thus to time the campaign with the start of schools.

The proposed SIA is to address the recurrent measles outbreaks that continue to occur in most parts of Ethiopia with nearly 70% of the reported cases among children less than 15 years. The IRC approved the sum of USD 7,654,708 operational costs + USD 3,927,657 for the procurement of vaccines to support this SIA. The IRC requested the country to ensure that lessons learned from the process are fully documented and shared and also to ensure that a post coverage survey is implemented within five weeks of completion of the SIA.

KEY RECOMMENDATIONS AND LESSONS LEARNED FROM THE HSS APPLICATION REVIEW PROCESS

4.1 INTRODUCTION

This part of the report highlights key issues and recommendations from findings and lessons learned by the HSS Independent Review Committee during this review process. The committee notes that considering that four HSS applications were reviewed during this window, minimum analysis and generalizability of findings were possible.

4.2 General Findings

This section highlights the key strengths and weaknesses of proposals reviewed and proffers recommendations to Gavi Secretariat and Alliance partners.

4.2.1. Financial Review

Overview: A total sum of US\$61.7million requested across the four HSS proposals was recommended for approval. The four proposals comprised of two (2) re-submissions (CAR and Tajikistan) and two country tailored approach (CTA) countries (Afghanistan and CAR). The post-conflict/CTA countries accounted for 77% of the HSS funding requested with almost two thirds of the total allocation (\$39.9 million) to Afghanistan as a part of its big health system building efforts from development partners. In the most recent HSS applications reviewed by IRC, there have been some concerns about HSS investments being devoted to non-focused and non-critical health systems issues or bottlenecks. Country applications this round show that a significant proportion of the HSS resources will be allocated to service delivery (33% of the total Gavi cost categories) and the cold chain and general health infrastructure equipment (31% of the total Gavi cost categories). HSS grants implementation arrangements proposed by the countries provide a relatively important role for development partners (44% of HSS resources will be channeled and/or managed by WHO and UNICEF) and the rest by Government (55%). IRC finds this arrangement particularly relevant and suitable for post-conflict or fragile countries (CAR,

Afghanistan).

Key Issue: Almost half of HSS grants will be managed by Development Partners. However, there is no evidence of specific, concrete capacity building efforts to devolve fiduciary and managerial responsibilities and competencies to national entities during and/or after the lifetime of the grant.

Recommendation: IRC recognizes that safeguarding and protecting HSS investments is necessary in the context of fragile or post-conflict countries. However, Gavi is encouraged to make sure that capacity building and smooth transitioning to national implementing entities (such as MoH, EPI) is part of the grant implementation agreements with in-country partners.

Financial Sustainability: In line with financial sustainability of the EPI, countries provide narrative descriptions of their agenda on this critical item, but there is no material resource allocation for these sustainability efforts in the budgets proposed e.g. advocacy, financial planning, immunization financing.

Recommendation: Gavi guidelines should require countries to define a set of minimum strategies/activities that need to be planned in the HSS proposal, budgeted for and reported on to reflect the concrete steps made by the country towards financial sustainability.

4.2.2. Active CSO Involvement

This review has highlighted once again the marginal role of civil society organizations (CSOs) in the Gavi HSS architecture at country level. Overall, there were only 6% of the HSS activities which are earmarked community interventions. It was also challenging to clearly understand how CSO will be involved in the HSS grant implementation in at least 2 countries out of 4 reviewed.

Recommendation

Gavi to encourage the creation of enabling environment for CSO participation by in-country oversight bodies (ICC, HSSC) and to develop practical guidance for meaningful involvement of the CSO constituency in EPI activities.

4.2.3. Supply Chain and Logistics Findings

EVMA findings and recommendations contribute to HSS project design only when recent (Afghanistan and Gambia (Dec 2014)). This is reflected in various aspects of the supply chain. For instance, despite substantial investments in supply chain expansion and equipment replacement, (CAR, Gambia, Afghanistan, Ethiopia and Tajikistan) there are little or no measures to improve supply chain design or efficiency.

Table 2 showing proposed cash support for Supply Chain investments	
Country Reviewed	Cash Support (CS) for Procurement & Supply Chain Management
Afghanistan (HSS)	\$14.5m (37% of CS)
Gambia (HSS)	\$1.37m (30% of CS)
Tajikistan(HSS)	\$1.74m (18% of CS)
CAR (HSS)	\$1.4m (18% of CS)
Ethiopia (MenA Campaign Ph 1,2,3).	\$5.2m (17% of Operating Budget)

Furthermore, whilst there is a shift towards the procurement of SDD refrigerators (Gambia, Afghanistan, CAR), there is little evidence of the level of knowledge and procurement guidance provided to programs. While there are plans to migrate to computerized vaccine stock and quality management, (Gambia, Afghanistan) there is insufficient awareness of tried and tested solutions. There is an increase in use of continuous temperature monitoring devices, but little perception of the need or procurement requirements for “end to end” temperature monitoring.

Key Issue: Obviously, Gavi investments in supply chain are addressing constraints in vaccine storage capacity, but investments are not yielding systemic improvements in quality, efficiency, supply chain data management and M&E.

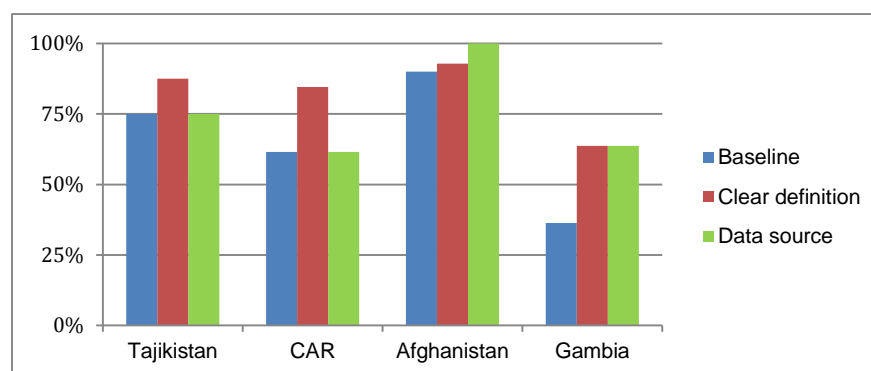
Recommendations: Gavi should also focus on support: to manage the implementation of supply chain improvement plans; improve guidance and orientation for systemic improvement; offer innovations which will enable countries to adopt “ready-made solutions” (i.e supply chain data management systems, system design strategies and tools) and possible “carrot and stick” mechanisms to encourage systemic supply chain improvements. This will likely yield a better return on supply chain investments and improved vaccine management with reduced losses and risks.

Gavi should establish a supply chain and logistics knowledge hub that will serve to inform its personnel and provide a technical centre of excellence and guidance pool to countries (and partner country offices). The scope should include, cold chain and temperature technologies, data management systems, transport solutions and supply chain system design improvements.

4.2.4. HSS M&E frameworks

During this review, the IRC observed that the M&E frameworks of 3 of 4 HSS proposals included 2 or more intermediate results indicators which had no baseline and/or lacked a definition or for which no reliable data source existed. In the case of the Gambia, even after resubmission almost half of the indicators did not appear ready for use for tracking grant implementation. The Gambia also omitted the geo-geographic equity indicator while two other countries justifiably noted that surveys did not measure coverage at district level. Note that administrative estimates of coverage at district level are often not reliable due to unreliable estimates of district catchment populations.

Figure 1 showing HSS Intermediate Results (I.R.) indicators



Recommendations:

To assure that intermediate results indicators are adequate for tracking grant performance:

- The M&E framework should solicit additional information including the explicit definition of each indicator and the source to be used to reliably measure the indicator. Note: the form now asks only for the source of the baseline measurement;
- Applicants should be advised to refrain from proposing indicators for which they have no baseline measurement and indicators for which they are not certain of a reliable source;
- WHO advisors and IRC reviewers should endeavor to identify indicators which they feel require revision or clarification;
- Just as the Gavi Secretariat now negotiates the details of the budget, Gavi also require a robust process for review and negotiation over the intermediate results indicators;
- Finally, Gavi should consider modifying the geo-graphic equity indicator to the % of provinces/regions/states (i.e. 1st administrative level) with DTP3 coverage $\geq 80\%$. At this level, surveys provide coverage estimates and denominator estimates are more reliable. For example, administrative estimates of coverage of greater than 100% are less common at this level. Only if geographic equity can be reliably assessed with administrative data can this key indicator be tracked annually.

4.2.5. Gender and Equity Issues

In these four proposals using the 2015 guidelines, the IRC notes improved attention to equity though there is more focus on geographic and ethnic inequities, with less attention to wealth and other socially related variables. In two of the countries considered, Afghanistan and the Central African Republic, in addition to the disruptions in health services and immunization due to on-going conflicts, the low status of women is a definite barrier to increasing immunization coverage. Both of these countries used a UNICEF equity analysis in the development of their proposals. Overall, for the four countries, there are some links between the equity analysis and programmatic actions selected (e.g. urban outreach strategies, mobile health teams, hiring of more female vaccinators). Early marriage and female illiteracy is also a factor in lower coverage in The Gambia. But it is interesting to note that in both The Gambia and in high-performing Tajikistan, recent studies have found higher rates of coverage in rural areas and somewhat lower vaccination rates for children of urban/better educated mothers. So there is a challenge with demand generation in urban areas and among the more educated caregivers. In The Gambia, the government will address this by providing more health service points to better serve working urban mothers and by tailoring its communications to the urban audience. In Tajikistan, the government will seek to counter misinformation about vaccination and adjust its IEC approach. It would be interesting to track the success of these approaches and to examine other proposals to see if this lack of demand among the urban/educated population is a trend.

Three of the proposals included both mandatory equity indicators with targets. However, assessing progress over the life of the HSS support with quality data will be difficult in conflict-affected countries.

Recommendations:

- Countries to ensure demand side strategies and messages are based on gender and equity analysis.
- GAVI is encouraged to strongly support gender and equity analysis and case studies on equity in immunization through the Business Plan.
- Specifically, The Gambia only included the geographic equity indicator and should be asked to include the socio-economic indicator with targets.

4.2.6. Country Tailored Approach (CTA): The IRC notes that the CTA is very powerful and relevant in responding to country needs and to the special circumstances to improve vaccination coverage in countries with particularly challenging circumstances and to protect systems and

existing GAVI support in countries that experience emergency events. CTA countries are allowed per Gavi rules to shorten the period during which they can use their HSS ceilings. However, their absorptive capacity may be an issue given the post-conflict situation and the general lack of resources to implement the proposed HSS activities. For some countries (CAR, Afghanistan), the urgent need to boost and restore the health system should be balanced with the absorptive capacity and fiduciary/accountability arrangements in place. Furthermore, the IRC strongly opines that CTA should not be used to undermine or bypass key Gavi principles and processes and create situations and precedents difficult to justify and manage and not actually in favour of ownership, sustainability and good governance objectives.

Recommendation:

CTA arrangement should clearly be time-limited and have a monitoring plan with specific and clear indicators, which will enable collective follow up by Gavi and partners on the identified interventions, results and implications.

4.2.7. Project Management Units (PMU)

Most of the proposals included a form of standalone PMU and parallel structures and systems to manage and channel the HSS funds (CAR, Afghanistan, and Tajikistan). Various models and architectures are in place or proposed with ambiguous definition of functions, roles and responsibilities. These models are often linked to salaries and incentive issues. The request for compensation of health workers, advisers and managers is not always justified and levels requested are not always affordable to the countries and not documented to be in line with national rules and standards (e.g. very wide disparities between salary and per diem allocated to national level staff and supervisors and the one allocated to vaccinators who actually deliver the service. Example: case of Afghanistan).

Key Issue: The IRC finds it difficult to judge i) the eligibility of the PMU cost, ii) to what extent it is appropriate with respect to profiles, tasks, country context, national wages, civil service rules, etc. iii) and in line with Gavi principles and Paris declaration on Aid development.

Recommendation:

As there are a number of outstanding issues around the PMUs, it is very important that they are addressed within a consistent and appropriate manner. Gavi needs to define clear policy and operating modalities on this critical issue. The following aspects should be clarified: definition of PMUs, under which circumstances PMUs are acceptable, organisational and financial management, operational modalities, governance, audit and evaluation, capacity building activities, exit strategy and transition plan. Experiences of successful transition models can also be shared with countries as guidance.

4.2.8. Private Sector Participation and Involvement

Despite the possible significant role in immunization delivery by the private sector, it is not clear how their activities are reported within overall national immunization coverage data. It is also unclear what significant roles they play especially in delivering immunization services to children of educated women especially in urban areas if any.

Recommendation:

The role of the private sector needs to be presented in proposals especially in countries where it has a major impact on immunization outcomes.

4.2.9. Incentives and Salary Top ups:

The IRC continues to see requests by countries for incentives and salary top ups. These requests are often not justified and levels requested are not realistically affordable to the countries nor documented to be in line with national rules and standards (e.g. wide disparities between per diem allocated to national level staff and supervisors and the one allocated to vaccinators who actually deliver the service. Example: case of Afghanistan).

The IRC finds it difficult to assess the eligibility of this cost and how appropriate this is with

respect to profiles, tasks, country context, national wages, civil service rules, etc. Furthermore, there is no evidence of alignment with Gavi principles and Paris declaration on Aid development.

Recommendation:

As Gavi reviews current guidelines, it is critical that clearer guidance on incentives and top-ups are provided. For sustainability and equity issues, salaries and salary top ups should be exceptional, with mandatory and clearly defined exit strategies within a specified time period to be provided as part of future applications.

4.3. Other Emerging Issues

4.3.1. New Guidelines

The IRC commends the Secretariat for new guidelines, application form and processes to increase efficiencies in grant management process. It further reiterates that previous IRC comments and recommendations will be helpful and should contribute to this process. The IRC is also willing to assist in reviewing the next draft of the guidelines as soon as ready and strongly recommend that same happens with selected representatives of countries as future end users.

4.3.2. Resubmitted proposal issues

The IRC find it very challenging to track changes made to initial proposals when countries resubmitting do not do a complete rewrite nor clearly highlight additions/edited sections.

Recommendation:

- Secretariat and partners to encourage countries with resubmissions to clearly highlight changes made in resubmitted proposals especially where there has been no rewrite.
- Revised/Additional documents should also be flagged when attached.

4.3.3. Additional guidance in further strengthening the feedback process to countries

The IRC commends the Gavi Secretariat on measures to ensure that grants are rolled out faster. Importantly, the guidance to countries on the need to respond to key action points within thirty days of receipt of decision letters. To further strengthen this process, the IRC recommends the following:

- Decision point letters should get to the countries within 30 days;
- Secretariat should define a separate section for longer term action points for more realistic and effective management of this process;
- Process and evidence for following up on IRC comments to countries for consideration need to be clearly defined;
- Mechanisms to ensure that processes (including FMA) for grant signing are expedited and completed within a defined period not to exceed ninety days;
- Changes to the review process in terms of action points need to be shared with countries ahead of decision letters.

4.3.4. Pre-review process

Whilst the IRC appreciates the contributions of WHO to the pre-review process, it further highlights the clear need for a better synchronization of the process itself. This will further enhance its robustness and usefulness.

Recommendation:

Gavi Secretariat to work closely with WHO to ensure a robust synchronization of critical elements of the pre-review process. Secretariat to provide a table that indicates what was reviewed, when, by whom sequentially.

5.0 Conclusions

The review committee members commend the Gavi Board, the Secretariat and the alliance partners for the progress made over time in concentrating efforts to support the guideline review and other processes that will further improve country applications. IRC strongly

reiterates that key issues and recommendations be addressed urgently to further strengthen the process and help make new HSS proposals stronger and better focused to achieve its ultimate aim.

6.0. Acknowledgements

The IRC members sincerely appreciate the responsiveness of the alliance partners especially WHO, notably Casey Downey, and other members of the WHO team in providing much needed information to support the review process. The IRC further acknowledges the inputs of the WHO pre-reviews. The IRC is grateful for the immense and hands-on support provided by the Gavi Secretariat especially by Peter Hansen, Patricia Kuo, Verena Oustin, Sonia Klabnikova, Elodie Sarreau and Anjana Giri and all the Senior country managers and their team members for their invaluable contributions and technical support to the process.

ANNEX 1: Members of New Proposal Independent Review Committee - June 2015

#	Name	Country	Organisation
1	Chair Bolale Oyeledun	Nigeria	Chief Executive Officer/ Center for Integrated Health Programs (CIHP) Nigeria
2	Vice-Chair Miloud Kaddar	Algeria	Independent consultant
3	Robert Pond	USA	Independent consultant
4	Ousmane Amadou Sy	Senegal	HSS and Grant Management Specialist, Executive Director of OASYS Financial & Management Services
5	Terence Hart	France	Supply Chain Logistics Specialist, Independent consultant
6	Diana Rivington	Canada	Gender and Equity expert; Independent consultant
	*Sandra Mounier-Jack	France	London School of Hygiene and Tropical Medicine (provided remote support for Ethiopia Measles SIA review)

ANNEX 2: ABBREVIATIONS AND ACRONYMS

CTA	Country Tailored Approach
cMYP	Comprehensive Multi-Year Plan
CSO	Civil Society Organization
EPI	Expanded Program on Immunization
Gavi	Global Alliance for Vaccines and Immunization
GFATM	The Global Fund to fight AIDS, TB, and Malaria
HSCC	Health System Coordinating Committee
HSS	Health System Strengthening
ICC	Inter-Agency Coordinating Committee
IRC	Independent Review Committee
M&E	Monitoring and Evaluation
MIS	Management Information System
MNCH	Maternal, Newborn and Child Health
MOF	Ministry of Finance
MOH	Ministry of Health
PMU	Project Management Unit
TRP	Technical Review Panel
WHO	World Health Organization