

Annex E: Draft Gavi 5.0 Theory of Change and Learning Priorities

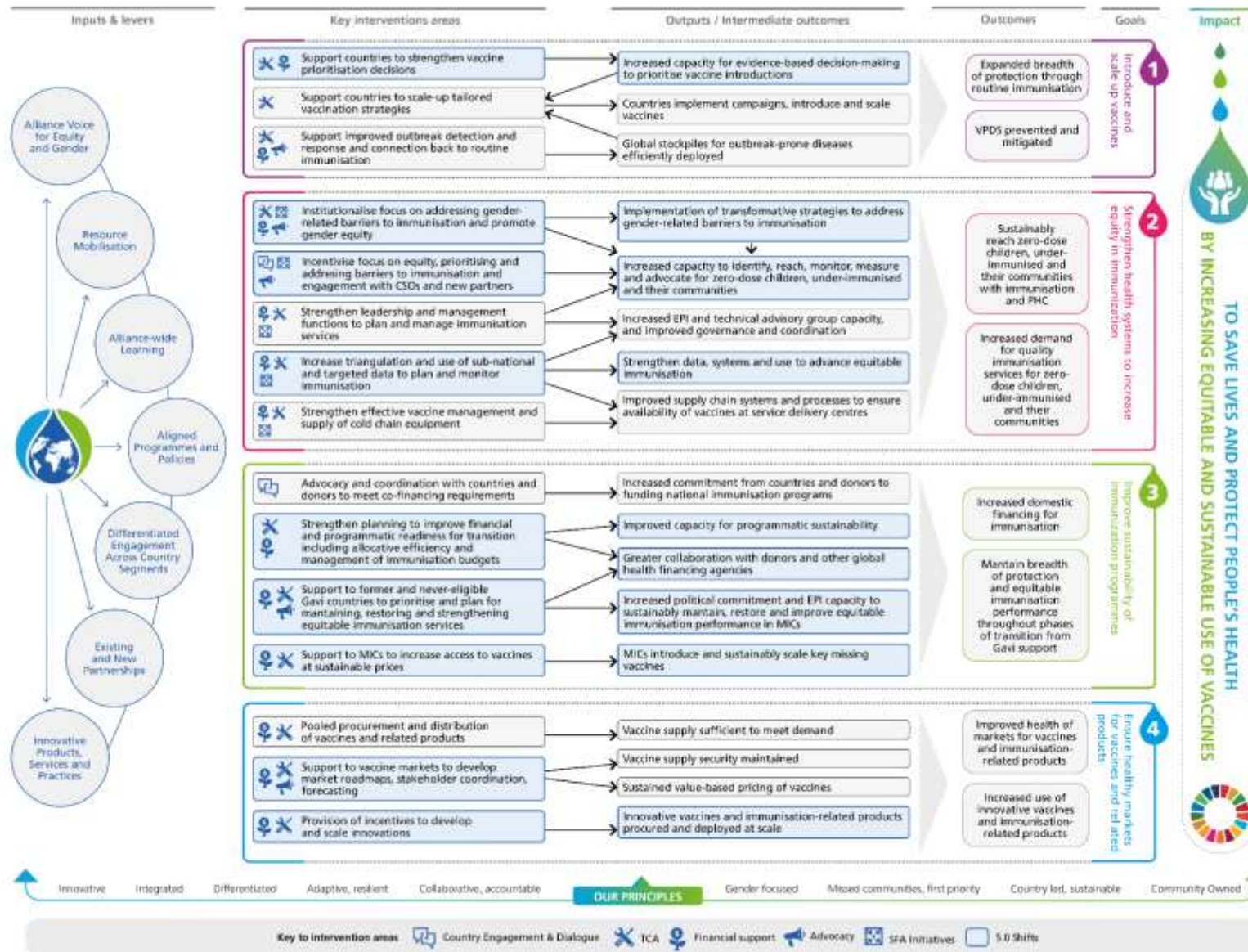
The overarching Gavi 5.0 Theory of Change (TOC) shows the causal pathways activated by the key intervention areas that drive the overall strategy. This key tool will be used to guide measurement, programmatic activities, and Alliance-wide understanding of Gavi.

On the far left of the TOC, seven key **levers** are shown. These are the domains in which the Alliance can influence shifts and outcomes across the program cycle. These levers are operationalized through two key **intervention areas** at country level. Health System and Immunization Strengthening (HSIS) grants and vaccine supply investments are supported by program support (including technical assistance), as well as through advocacy, coordination, and accountability. The levers and intervention areas are the key link between the Alliance and country-level outcomes.

The **causal pathways** are articulated through the inputs, outputs/intermediate outcomes, and outcomes columns. The boxes marked with the green 5.0 circle represent the key shifts involved with Gavi 5.0. The arrows along the causal pathways represent the points of evaluability along the causal pathway.

Element	Definition
Levers	<p><i>Alliance Voice, Resource Mobilization, Learning, Programmatic and Policy Alignment, Differentiated Engagement, Partnerships, and Innovation</i></p> <p>These are the areas and mechanisms through which the Alliance can operate to catalyse and deliver support to achieve Gavi's objectives. Any of these levers can be pulled alone or in combination to operationalize activities under the intervention areas and at both the secretariat and country levels.</p>
Intervention Areas	<p><i>Country Engagement & Dialogue, TCA, Financial Support, Advocacy, SFA Initiatives</i></p> <p>Everything done by the alliance should be visible in these broad intervention areas, and within the <i>vaccines</i> and <i>HSIS</i> domains</p> <ul style="list-style-type: none"> • Country Engagement & Dialogue includes coordination of core partners (WHO, World Bank, CDC) and expanded partners to help country efforts to improve immunization coverage. Activities in this area focus on transparent processes, facilitation, convening, and information sharing. • Programme Support (TCA and Financial Support) includes both the direct funding provided to countries as well as targeted country assistance to meet specific country needs • Advocacy includes building and sustaining global political commitment for immunisation

	<ul style="list-style-type: none"> • SFA initiatives include foundational support to core partners, special initiatives and innovative investments, and targeted country assistance.
<p>5.0 Key Shifts</p>	<p>Key shifts from the Gavi 4.0 strategy are captured by those boxes shared in blue. These inputs, outputs/intermediate outcomes, and outcomes are necessary intermediaries between the implementation of country-level activities and the intended results of Gavi’s four 5.0 strategic goals and indicate priority areas for measurement at the strategy level.</p>
<p>Intermediate outcomes, strategic goals and impact</p>	<p>The causal chains include inputs, outputs/intermediate outcomes, strategic goals, and long-term impact.</p> <p>For SG1, this includes <i>expanded breadth of immunization protection through routine immunization and resilient immunization systems</i>. For SG2, the equity goal, this focuses on both <i>increased reach</i> and <i>increased demand</i> for immunization among missed communities, zero-dose and under-immunized children. Intermediate outcomes under SG3, point to the creation of enabling environments that build sustainable immunization programs. This includes <i>increasing domestic financing</i> and supporting countries <i>successfully transition</i> out of Gavi support. For SG4, this includes improving the health of markets and increased use of vaccines and immunization-related products.</p>
<p>Principles</p>	<p>The 5.0 theory of change borrows nine principles from Gavi’s strategic framework and maps these to where they play out and are most important in the theory of change. These principles define the Alliance’s characteristics, its business model and its aspirations – which include, but aren’t limited to, making missed communities the first priority, being gender-focused, country-led and sustainable, being innovative, collaborative and accountable.</p>



The table below presents the **draft Learning Priorities (LPs) for Gavi 5.0**.

The Learning Priorities (LPs) are a set of questions developed to guide the production of evidence required to effectively deliver, and learn from, Gavi 5.0. The questions respond to the key strategic shifts under 5.0 and have a clearly articulated use case i.e. how and when the information will be used.

Learning Priorities that are identified from the outset of the Gavi 5.0 strategy period will guide the selection of monitoring, evaluation and learning activities to ensure information is relevant, timely, and useable. At a country level, LPs will guide the generation of information and evidence needed to support implementation of Gavi 5.0 and enable learning across the portfolio. At the global level, LPs are designed to support learning to inform policies, programmes, strategies and decision-making.

The LPs will be embedded within the Alliance to ensure awareness and understanding of how they should be integrated into ways of working. At the Gavi Secretariat, monitoring, evaluation and learning (MEL) activities will be designed to respond to the LPs and shared to promote alignment across the Alliance where possible. This will create opportunities to bring together learning from across partners, to avoid duplication and ensure complementarity in addressing the LPs. Country stakeholders should use the LPs as a guiding framework to drive evidence generation as part of implementation of Gavi support. Beyond the Alliance and country stakeholders, external engagement on the LPs has the potential to galvanize interest from other organizations, countries and donors and lead to further evidence generation, collaboration and shared learning around this set of questions.

The LPs were developed from a question bank of around 200 questions, based on a thorough document review, and further refined through consultations. This table lists the **higher-level set of learning priority questions** that have been prioritised based on the following criteria: i) they are linked directly to the Gavi 5.0 Theory of Change i.e. key shifts, SGs, assumptions etc. ii) the use and impact of findings for decision making and action, and iii) where there are evidence gaps. Detailed questions have also been captured that align with the high-level LPs, and relevant themes, and will be used to inform the learning activities undertaken to support Gavi 5.0.

The LPs also reflect inputs and feedback from the EAC and PPC in October/November and further feedback from the Secretariat, including but not limited to: cost of expanding services to reach zero-dose populations; the partnership model supporting countries to improve immunisation outcomes and equity; equity; gender; demand and trust; and market shaping.

The draft COVAX questions have been added post-October PPC, and like the other LPs, are a work in progress. It is important to emphasise that the Gavi Secretariat and partners are currently scoping other evaluative / learning work planned or ongoing related to COVAX and will need to consider how best to use and integrate these as appropriate. For example, an independent evaluation proposed by NORAD on equitable access to vaccines is planned in consultation with the OECD-DAC COVID-19 Evaluation Coalition. The following questions may be pursued as part of that evaluation effort:

1. Was the conceptualisation of equity in itself an equitable process?
2. Is the vaccine allocation mechanism equitable?

3. How will country-level inequities be addressed?
4. To what extent can the impact of bilateral deals on vaccine supply to LMICs be mitigated?

As such, Gavi’s learning priorities will be refined with this broader work in mind.

We will continue to review and revise all the Learning Priorities as we learn more and based on the Board discussions, on-going consultations, in collaboration with partners and Secretariat teams as related learning agendas and the 5.0 centralised evaluation work plan are developed.

Themes	Draft Learning Priority Questions (all)
<p>1. Equity</p>	<ol style="list-style-type: none"> 1.1. Where, who and how many are zero-dose children, and missed communities? Why are they being missed and what are the root causes? 1.2. Are specific approaches designed to reach zero-dose children and missed communities working, what worked well, what did not work as well and why? 1.3. Is the IRMMA framework the right approach to reach zero dose children and missed communities? How well were Gavi levers adapted and effective in supporting delivery on the IRMMA framework? 1.4. What are effective ways to engage with other partners to reach the marginalised, missed communities and zero-dose children (incl. integration with PHC)? 1.5. What are the costs of expanding services to these populations? What are the costs associated with Gavi’s tailored and differentiated approach? 1.6. What are the key barriers, and enabling factors, including gender and demand-related, to close immunity gaps? (Considering community, policy and service delivery levels) 1.7. What are the evidence gaps at national / sub-national level to monitor and measure for zero-dose and have Gavi data investments contributed to identifying and quantifying zero-dose children and missed communities? 1.8. What are, if any, the unintended consequences of targeting zero-dose children and missed communities? 1.9. Did the additional \$500 million as dedicated funding to zero dose children and missed communities create the right incentive to generate political will, promote integrated delivery and focus on zero dose?

2 Coverage (breadth of protection)	<p>2.1 Are country level stakeholders ready to introduce vaccines?</p> <p>2.2 What are the key enablers or bottlenecks to rapid scale-up / update of new and underused vaccines? Specifically, to increase proportion of Fully Immunised Children (FIC)?</p> <p>2.3 How well are immunisation systems doing to prevent VPD?</p> <p>2.4 Where should we use non universal vaccines?</p> <p>2.5 Are the vaccine formation and schedules working as expected? How can we further optimise the vaccine programme (e.g. targeted use, timing of use, etc.)?</p> <p>2.6 How can we better prevent, predict, and respond to outbreaks to reduce their impact?</p>
3 Gender	<p>3.1 To what extent is Gavi implementing the approaches identified in the 2020 Gender Policy?</p> <p>3.2 Are the approaches to addressing gender-related barriers effective to increase immunisation coverage, why or why not? (Incl. approaches to provision of funding, technical expertise for implementation)</p>
4 Demand and Trust	<p>4.1 What do we know about the drivers for vaccine hesitancy and vaccine demand, and their contribution to vaccine uptake?</p> <p>4.2 How have Gavi's approaches influenced vaccine hesitancy, vaccine uptake, vaccine choice? (Incl. to address gender-related barriers, dropouts, provision of product information, C&E)</p> <p>4.3 How has Gavi's Healthy Markets Framework (HMF), or investments via the HMF, contributed to enhancing the supplier landscape? (Incl. sustainable business development, quality of demand for suppliers, health of demand, stimulating product innovation?)</p>
5 Innovation	<p>5.1 How do Gavi's investments in innovation contribute to improved immunisation outcomes? (Incl. innovation in digitisation of data and monitoring of zero-dose children and missed communities, partnerships, demand, gender, products, etc.) What is working, and why/why not?</p> <p>5.2 How do Gavi's investments in innovation enable identification and scaling of these across products, services and practices, at the global and country level?</p>
6 Sustainability	<p>6.1 How do Gavi-funded support and strengthening activities contribute to improving programmatic and financial sustainability? What works, or doesn't, and why?</p> <p>6.2 How do Gavi investments contribute to country transitions (programmatically and financially)?</p> <p>6.3 Is there any indication of backsliding on coverage by countries and if so, what are the key drivers?</p>
7 Partnerships	<p>7.1 Is Gavi's partnership model (global and country level) fit for purpose to deliver on Gavi 5.0? (Incl. PEF Targeted Country Assistance (TCA) partnerships, and PEF principles)</p>

	<p>7.2 How well are we coordinating and collaborating with other similar agencies to align our funding to support countries? What approaches have worked/not worked?</p> <p>7.3 How do Gavi funding and policy levers bring about changes in programmes / policies at country level?</p>
8 Systems Strengthening	<p>8.1 Is Gavi HSS support helping countries build sustainable systems to improve immunisation outcomes and equity?</p> <p>8.2 Have Gavi's programmatic investments (e.g. supply chain, human resources for health, demand, data investments) helped to build sustainable systems for delivery of immunisation services? What factors and approaches have facilitated the implementation and sustainability of approaches under these areas?</p>
9 Cross-cutting	<p>9.1 Is Gavi's approach (process, policy) for MICs effective, why or why not?</p> <p>9.2 Have Gavi investments in data collection, data systems, data quality and capacities contributed to improvement in data and information from countries? What investments/approaches worked well, or not, and why?</p> <p>9.3 How well are policies supporting the work we're doing (right rules in place, right boundaries in place), and how well are we communicating these to countries?</p> <p>9.4 Do we have the correct tools, systems and processes in place to answer learning priorities?</p>
10 COVAX Facility and COVAX AMC	<p>10.1 How well has the COVAX Facility and COVAX AMC delivered against their goals and objectives?</p> <p>10.2 What are the biggest risks associated with the COVAX model and how successfully have these risks been mitigated?</p> <p>10.3 What were the greatest challenges associated with the design and operationalisation of the COVAX Facility and COVAX AMC?</p> <p>10.4 What were the key unintended consequences (both positive and negative) of the COVAX Facility and COVAX AMC?</p> <p>10.5 What lessons, both in terms of successes and challenges, can be drawn from the COVAX experience to inform Gavi's response and engagement in broader collaborations to inform future pandemic response?</p>
11 Cross-cutting: COVID-19	<p>11.1 What is the level of disruption and impact on Routine Immunisation, surveillance, local disease epidemiology and transmission dynamics, information systems?</p> <p>11.2 How well did Gavi's initial response (e.g. 10% reallocation) work? What difference did this make and was it based on the right assumptions?</p> <p>11.3 How well is Gavi responding to support countries to maintain, restore and strengthen Routine Immunisation / ease disruption?</p>

	<p>11.4 How well has the Alliance responded to COVID-19? How effectively have we coordinated our response, shared core information across partners, communicated effectively? How have Gavi's efforts been enhanced by other agencies?</p> <p>11.5 What approaches were selected by countries and were they effective at re-establishing Routine Immunisation? How well did we continue to identify and reach zero-dose communities during the pandemic?</p> <p>11.6 What exemptions / exceptions were granted to countries during COVID-19 pandemic and were these based on clear rationale?</p> <p>11.7 What lessons can be drawn, both successes and challenges, from Gavi's response and engagement in broader collaborations to inform future pandemic response?</p> <p>11.8 What are the key lessons learned from the COVID 19 response to inform Gavi 5.0 operationalisation, including for longer-term programming and remaining responsive to the changing context?</p>
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