

Annex A: Gavi 5.0 Mission and Strategy indicator dashboard and Strategy Implementation Indicators update

This is a technical report summarising progress against Mission and Strategy Goal indicators in the new Gavi 5.0 measurement framework. It is populated based on available data and updated bi-annually. The newly available data for 2021 included in this report relates to Mission Goals M2, M3, M4, M5, and M6, as well as Strategy Goals 1, 2, and 3.2.

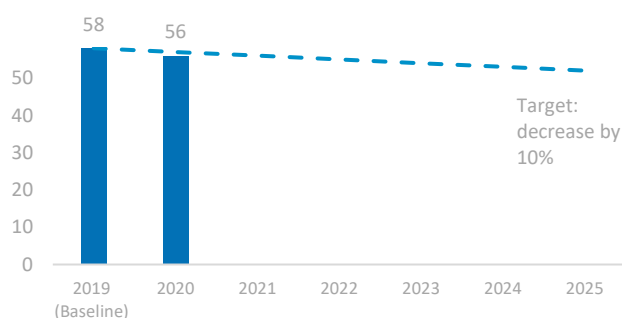
This Annex also includes an update on the Gavi 5.0 Strategy Implementation Indicators, which are more operational in nature. These indicators have been reviewed by the Gavi 5.0 Measurement Framework Alliance Technical Working group but have not yet been finalized. They will be finalized following the October/December 2022 governance cycle after addressing any comments raised by the PPC.

Note on target trajectories:

In the below graphs, the dotted lines represent the projected annual trajectory that was forecasted when Gavi set 2025 targets with the PPC/Board in May 2021. As communicated to the PPC and Board, the assumption was that coverage would return to 2019 coverage levels in 2021, with the exception of India which would take until 2022. This assumption has proven not to be correct. Based upon 2022 trajectories, the Secretariat may come back to the Board to review and adjust the targets.

Gavi 5.0 Mission Indicators

M.1: Under-five mortality rate

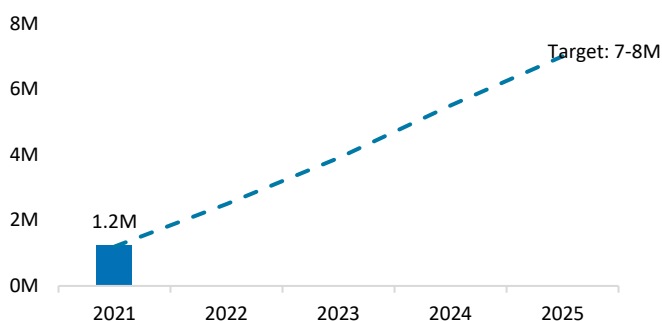


By increasing access to immunisation and enabling equal access to new and underused vaccines, Gavi support is contributing to the reduction in under-five deaths from vaccine-preventable diseases.

Indicator will be updated for 2021 in April 2023.

M.2: Number of future deaths averted with Gavi support – Updated September 2022

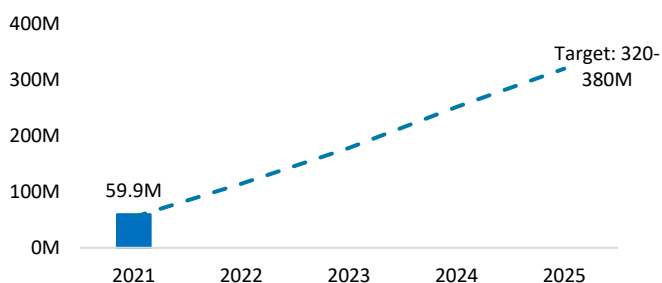
This indicator estimates the impact of Gavi-supported vaccinations in terms of averting future deaths from vaccine-preventable diseases.



More than 1.2m future deaths were averted by Gavi-supported vaccinations in 2021. The cumulative number of deaths averted from 2000 through 2021 is more than 16.2m.

M.3: Number of future disability-adjusted life years (DALYs) averted – Updated September 2022

Disability-adjusted life years (DALYs) measure the number of healthy life years lost due to disability or premature death. Reduction in overall disease burden from vaccine-preventable diseases is one of the ultimate impact measures of Gavi support.

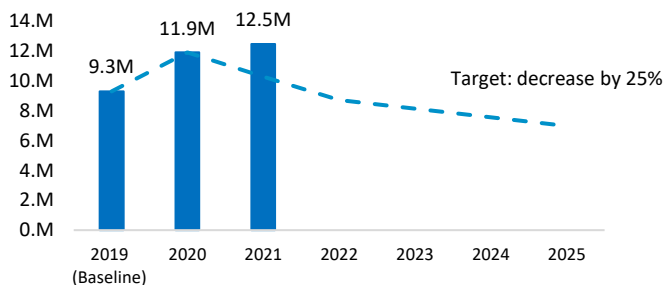


More than 59m future disability-adjusted life years (DALYs) were averted by Gavi-supported vaccinations in 2021.

M.4: Reduction in number of zero-dose children – Updated September 2022

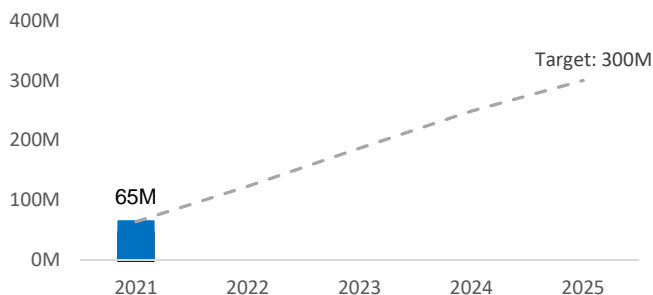
The indicator serves as an equity measure, giving an indication of the reach of routine immunisation services to missed communities, with an emphasis on regularly reaching children who are being missed by routine immunisation.

In 2021, there were 12.5m zero-dose children in Gavi57 countries,



representing a 34% increase since 2019.

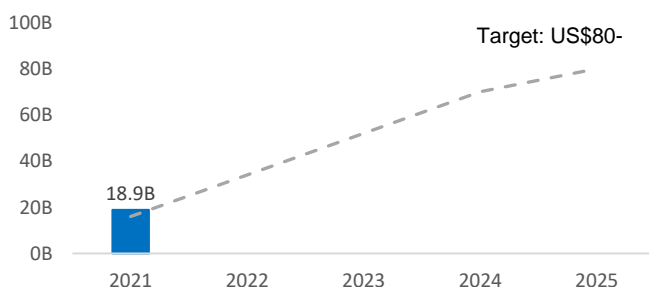
M.5: Unique children immunised through routine immunisation with Gavi – Updated September 2022



This indicator tracks the number of children immunised with the last recommended dose of at least one vaccine delivered through routine systems with Gavi support.

Countries immunised more than 65 million unique children through routine immunisation with Gavi support in 2021. As of 2021, Gavi-supported countries have immunised more than 981 million unique children with Gavi support since 2000.

M.6: Economic benefits generated through Gavi-supported immunisations – Updated September 2022

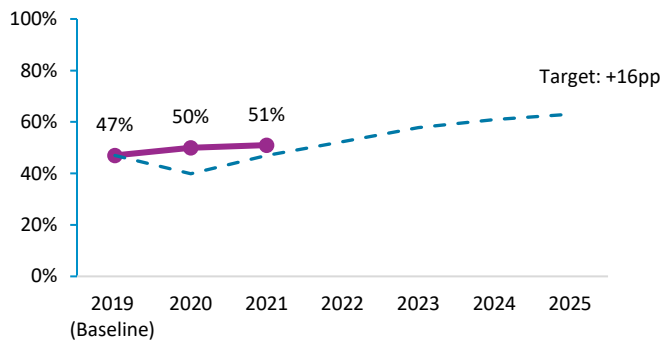


Gavi-supported vaccines have impact beyond health benefits to include the direct and indirect economic benefits of averting illness, death, and long-term disability.

In 2021, more than US\$ 18.9 billion of economic benefits were generated through Gavi-supported immunisations.

Strategy Goal 1: Introduce and scale up vaccines

S1.1: Breadth of protection (BOP) – Updated September 2022

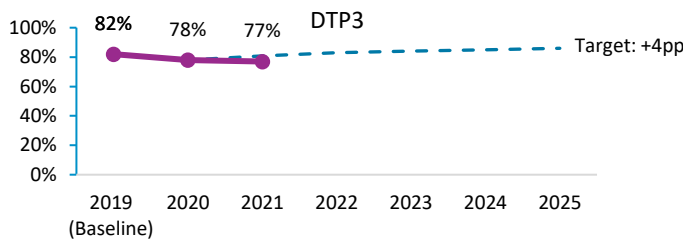


Summary measure of prioritized vaccine introductions, rate of scale-up of newly introduced vaccines, and vaccine coverage; this measures the extent to which countries have introduced and scaled up Gavi-supported vaccines.

Note: For Gavi 5.0, we use an updated definition of BOP; it now includes coverage of IPV2 and HPVC (complete series with final dose of HPV).

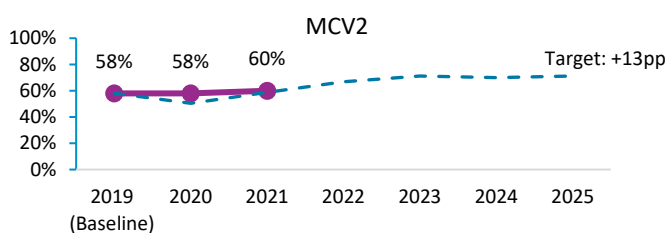
With the new 5.0 definition of BOP, Gavi57 saw BOP of 51% in 2021 against an implied target of 63% by 2025 (+16pp from 2019).

S1.2: Vaccine coverage (SDG indicator 3.b.1): DTP3, MCV2, PCV3, HPV2 – Updated September 2022

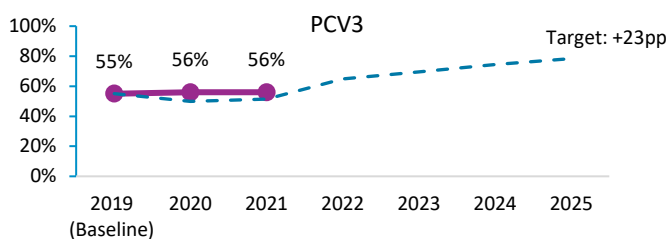


Measures access to four vaccines, including the newly available or underutilized vaccines, at the national level.

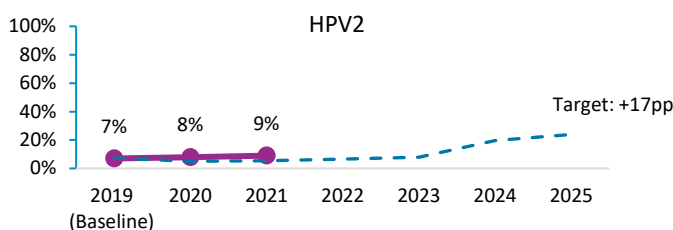
Across the 4 vaccines in SDG 3.b.1, MCV2, PCV3, and HPVC were all trending slightly higher in 2021 than originally projected when Gavi 5.0 targets were set, whereas DTP3 coverage was off track.



DTP3 coverage in Gavi57 overall decreased from 82% in 2019 to 77% in 2021, a decrease of -5pp. 8 (14%) Gavi57 countries saw an increase in DTP3 coverage from 2019 to 2021, and 34 (60%) had an estimated decline in DTP3 coverage.



Similar to PCV3, MCV2 coverage among Gavi57 also increased slightly from 2019 to 2021, from 58% to 60% respectively. MCV2 coverage increased in 21 (37%) Gavi57 countries from 2019 to 2021, and 19 (33%) experienced a decrease in MCV2 coverage.

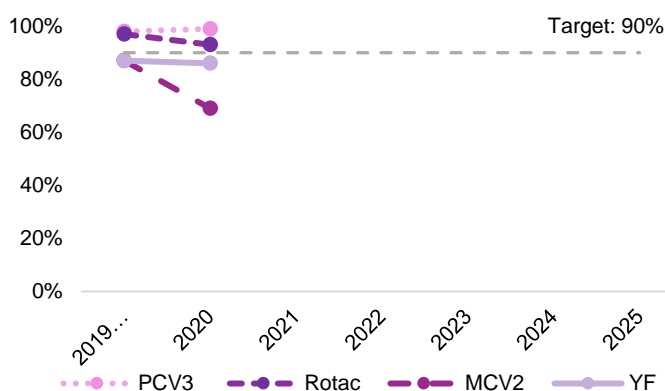


Among Gavi57 countries, PCV3 coverage increased slightly from 55% in 2019 to 56% in 2021. 11 (19%) Gavi57 countries experienced an increase in PCV3 coverage from 2019 to 2021, while 27 (47%) saw a decrease in PCV3 coverage.

At the portfolio level, HPVC coverage increased modestly among Gavi57 countries, from 7% in 2019 to 9% in 2021. HPVC coverage increased in 10 (18%) Gavi57 countries from 2019 to 2021, and 5 (9%) saw a decrease in HPVC coverage.

S1.3: Rate of scale-up of new vaccines: PCV3, Rotac, MCV2, YF – Updated September 2022

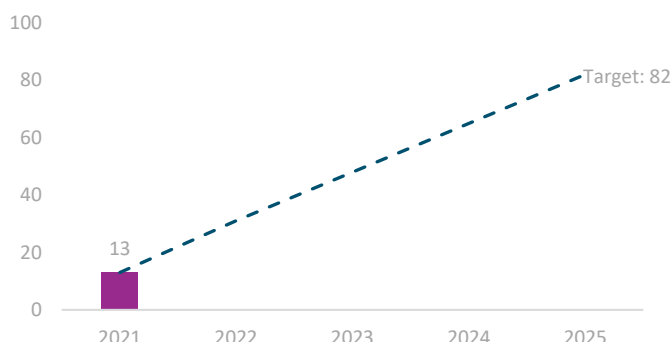
This metric evaluates whether new introductions are achieving high coverage within a reasonable timeframe as measured by WUENIC data.



In 2021, coverage of the new vaccines relative to the benchmark vaccines in 2021 was as follows: PCV3 98%, Rotac 96%, YF 91%, MCV2 78%.

Coverage of MCV2 (relative to the benchmark vaccine of MCV1) is the only vaccine under the target of 90% relative coverage with a decline in 2021, driven by slower scale-up in several countries that introduced MCV2 just before the COVID-19 pandemic.

S1.4: Vaccine introductions – Updated April 2022



This indicator allows us to monitor incremental change in numbers of countries introducing under-used vaccines into the routine immunisation schedule, with Gavi support.

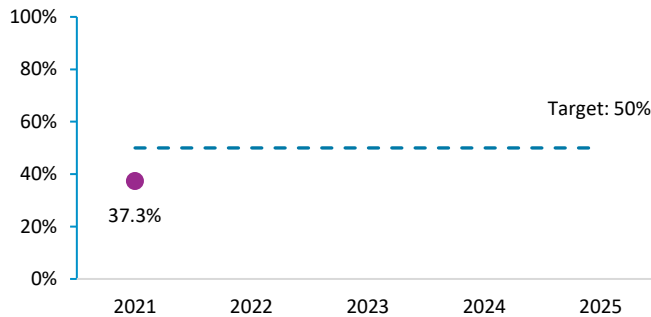
In 2021, 13 new routine introductions took place against a target of 13.

S1.5: Country prioritisation of vaccines

Indicator held in abeyance pending ramp-up of VIS agenda.

S1.6: Measles campaign reach – Updated September 2022

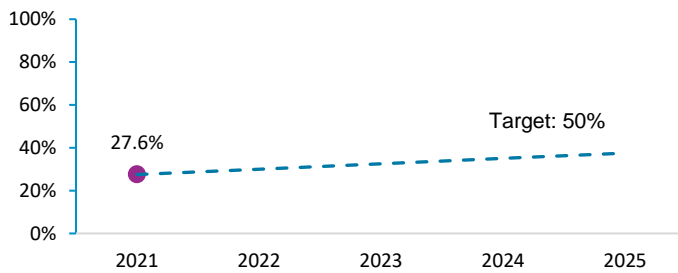
Measures the reach and quality of Gavi-supported MCV campaigns.



In 2021, 37.3% of under 5 children previously unvaccinated against measles received an MCV dose in a Gavi-supported preventive MCV campaign.

Note: This indicator is based only on the campaigns with post-campaign coverage surveys (PCCS) which were appropriately carried out and which provide robust estimates on measles zero-dose children reached. In 2021, this includes follow-up campaigns conducted in Nigeria and Chad.

S1.7: Timely outbreak detection and response – Updated September 2022

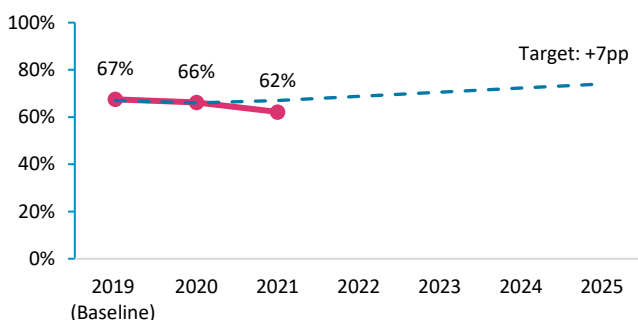


Monitors timeliness of responses to vaccine-preventable disease outbreaks for diseases for which there are established outbreak global response mechanisms (measles, yellow fever, meningococcus, cholera, and Ebola).

In 2021, the proportion of globally supported outbreak responses which met the timely detection and response criteria for 2021 is 27.6%, slightly above the 2021 milestone of 27.5%.

Strategy Goal 2: Strengthen health systems and equity in immunisation

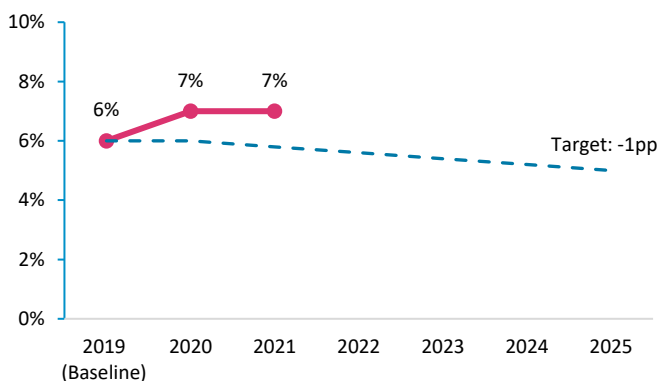
S2.1: Geographic equity of DTP3 coverage – Updated September 2022



By focusing on performance among the lowest coverage districts, this indicator measures how well Gavi-supported countries are able to increase coverage in areas with limited access to immunisation services.

Geographic equity of DTP3 coverage fell to 62% in 2021, down from 67% in 2019. This indicator is based on the average unweighted DTP3 coverage in the 20% of districts with the lowest coverage in each country, demonstrating that the most vulnerable districts have taken a substantial step back in 2021.

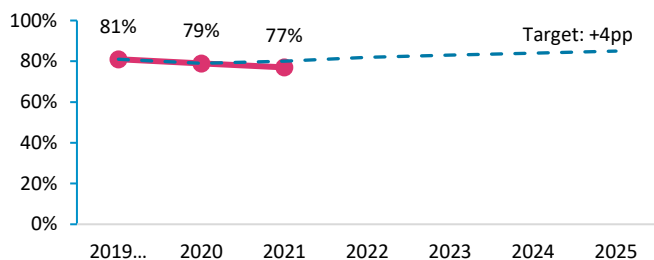
S2.2: DTP drop-out – Updated September 2022



This indicator is defined as the drop-out rate between first and third doses of diphtheria-tetanus-pertussis-containing vaccines.

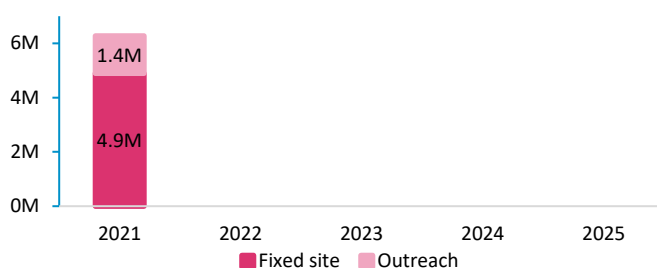
DTP drop-out increased overall in Gavi57 countries from 6% in 2019 to 7% in 2021. In 2021, no progress was made towards the target of a 1pp reduction by 2025. As compared to last year’s WUENIC estimates, it is now estimated that drop-out increased by 1pp between 2019 and 2020 (6% to 7%). This was primarily driven by an upwards historical revision to DTP1 coverage estimates in DRC and Nigeria (the upward revision was larger for DTP1 than DTP3, thus increasing drop-out rates).

S2.3: MCV1 coverage – Updated September 2022



This indicator aims to measure access to measles-containing vaccines through routine immunisation.

At portfolio level, MCV1 coverage patterns in 2021 were similar to those of DTP3. MCV1 coverage in Gavi57 countries decreased by 2pp between 2019 and 2020, falling from 81% to 79%. It then fell again by 2pp between 2020 and 2021, dropping from 79% to 77%.

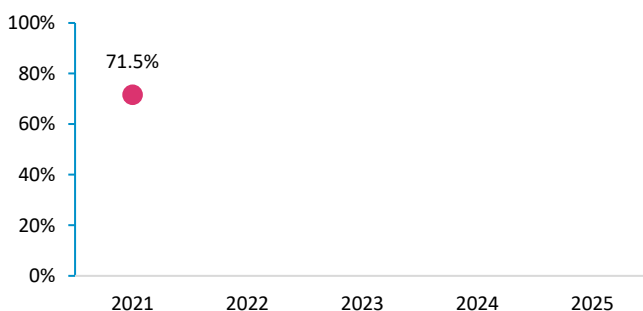


Increasing immunisation sessions is a key desired output of HSS investments, and an intermediate result in the causal pathway to increasing vaccine coverage.

In 2021, 6.3m immunisation sessions were conducted in Gavi-supported countries, with 4.9m taking place in fixed site facilities and 1.4m in outreach facilities.

S2.4: Number of immunisation sessions – Updated September 2022

S2.5: Stock availability at facility level – Updated September 2022



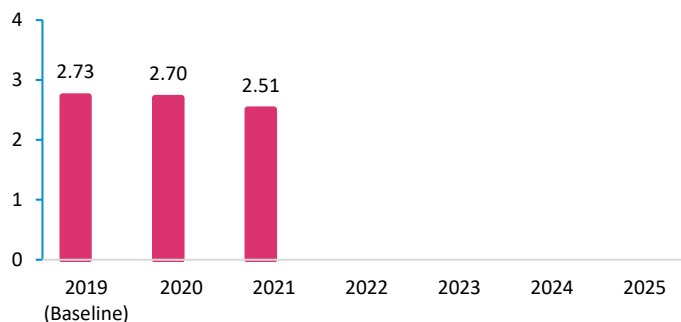
This indicator measures the capacity of countries to forecast and distribute vaccines to health facilities making them available when needed to reach zero-dose children.

On average, full stock availability for both DTPcv and MCV at the service delivery level across Gavi57 countries was 71.5% in 2021.

Data quality issues related to reporting accuracy, completeness, and interpretation of this indicator,

per triangulation with Effective Vaccine Management Assessment (EVMA) reports, limit generalizability of these findings.

S2.6: EPI management capacity – Updated September 2022

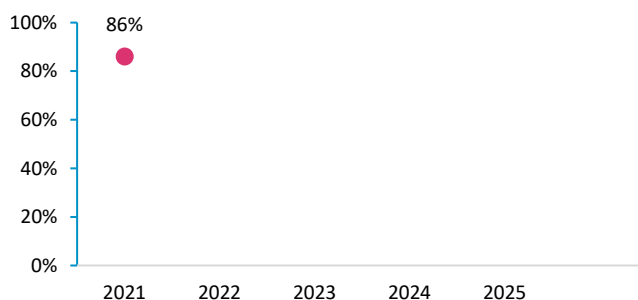


Strengthened institutional capacity for programme management and monitoring is on the critical pathway to programmatic and financial sustainability.

Data from 37 countries show deterioration of capacity in the last two years, with an aggregate Institutional Capacity Score down to 2.51 in 2021. Improvements in capacity in previous years were nullified in 2021.

Note: LMC redesign is currently still underway, with review and update of results framework planned in Q4 2022. Future values of this indicator will likely not be comparable to 2021 value, due to potentially different assessment.

S2.7: Percent of countries implementing tailored plans to overcome demand barriers – Updated September 2022



Indicator provides insights into demand-related causes of success or failure for vaccination; helps to drive actions. Methods for measuring progress on demand are still evolving. A process-focused measure based on data reported by countries to the Joint Reporting Form (JRF) suggests that in 2021, 49 out of 57 countries (86%) of Gavi countries reported implementing behavioural or social strategies to address under-vaccination.

Note: Lack of standardized indicators on measuring behavioural and social data has been a long-standing issue. Following the 2021 Strategic Advisory Group of Experts on Immunization (SAGE) approval of Behavioural and Social Drivers (BeSD) of vaccine uptake, countries will be asked to begin reporting on five core indicators in the JRF next year.

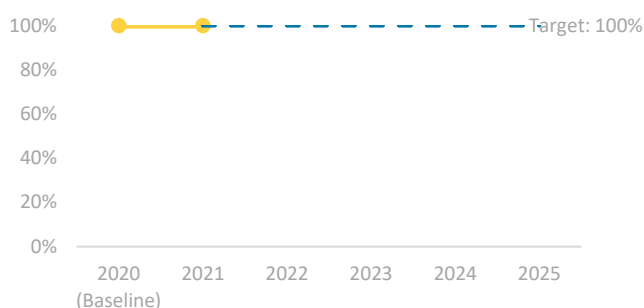
S2.8: Percent of countries addressing gender-related barriers – Updated September 2022

Most countries delayed their Full Portfolio Planning (FPP) processes in 2021. However, support for gender analysis and programme design and implementation was provided to Mozambique, South Sudan, Afghanistan, Pakistan, Kenya and Rwanda. In South Sudan, the analysis found that there was a lack of men's involvement in immunisation programming despite their role in decision-making in the family and that services were not available at appropriate times or locations for female caregivers. In Kenya, geospatial mapping helped identify broad regions in the northern and north-eastern parts of Kenya where gender-related social disadvantage coincides with low immunization coverage (less than 80% DPT1 coverage). Some simple measures are proposed such as holding vaccination services at more convenient times and locations for mothers, while more complex initiatives are also proposed such as integrating immunisation services into other health services already used by the community.

Of the two HSS applications reviewed and approved by the Independent Review Committee (IRC) in 2021 (Kyrgyzstan Republic and northwest of Syria), both proposals identified gender-related barriers to immunisation. These included geographic distance to health clinics, financial and cultural restrictions to women's mobility, and low education levels of women associated with lower immunisation coverage of children. The interventions needed to overcome these barriers were identified although not clearly budgeted for. A sample of the types of activities planned included having female volunteers in vaccination teams and running a Knowledge, Attitudes, and Practices (KAP) survey to better understand gender-related barriers (northwest of Syria) and engaging religious leaders on HPV vaccination issues and concerns to get their support to reduce withdrawals from HPV vaccination for religious reasons (Kyrgyzstan Republic).

Strategy Goal 3: Improve sustainability of immunisation programmes

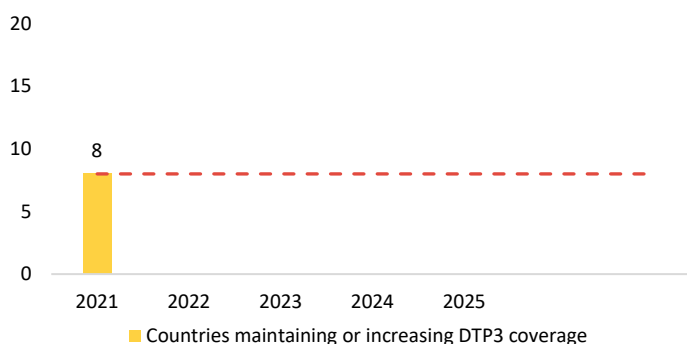
S3.1: Co-financing fulfilment – Updated April 2022



The fulfilment of co-financing commitments is a measure of country commitment to financing vaccines. Co-financing serves as a mechanism to support countries on a path toward greater sustainability.

In 2021, most Gavi-eligible countries have been able to maintain or increase domestic resources for co-financing of Gavi-supported vaccines. Excluding countries whose co-financing obligation was exceptionally waived, 100% of countries fully met their 2021 co-financing obligation.

S3.2: Preventing backsliding in Gavi-transitioned countries – Updated September 2022



This indicator measures the sustainability of immunisation systems in former-Gavi countries, as demonstrated through the capacity to maintain or increase DTP3 coverage following transition from Gavi support – reflecting Gavi’s new approach to engaging with Middle-Income Countries (MICs).

As of 2021, 8 former-Gavi MICs-eligible countries maintained or increased DTP3 coverage in 2020 and 2021 compared to 2019, while 9 MICs-eligible countries did not maintain DTP3 coverage.

With the July 2022 WUENIC release, we are establishing the baseline number of 8 countries defined as having maintained or increased DTP3 coverage,

comparing coverage in 2020 and 2021 to that in 2019. The target is to at least sustain that number of countries through the remainder of Gavi 5.0.

S3.3: Vaccine introductions in Gavi-transitioned and never-Gavi eligible countries

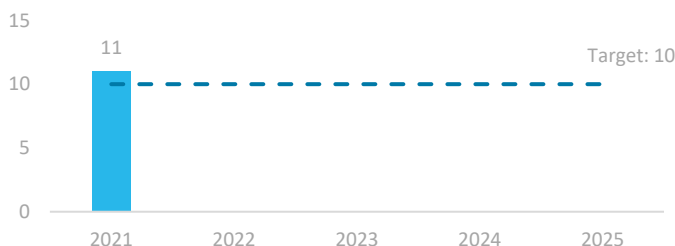


New vaccine introductions are a core driver of Gavi’s achievement through the MICs Approach. Indicator results will inform on the effectiveness of the Alliance’s support to countries to introduce PCV, rotavirus and HPV vaccines into their national immunisation programmes. This indicator measures the number of new vaccine introductions (PCV, rotavirus, HPV) in former- and never-Gavi countries eligible under the MICs Approach.

This indicator will be reported in 2023.

Strategy Goal 4: Ensure healthy markets for vaccines and related products

S4.1: Healthy market dynamics – Updated April 2022



Number of markets exhibiting sufficient levels of healthy market dynamics to ensure sustainable market dynamics for vaccines and immunisation-related products at affordable prices.

In 2021, the number of markets exhibiting acceptable levels of healthy market dynamics improved from 10 to 11. Each market’s status for 2021 has been formally assessed with partners, although HPV, YF and MenA are pending.

2021 drivers were HPV, TCV and OCV.

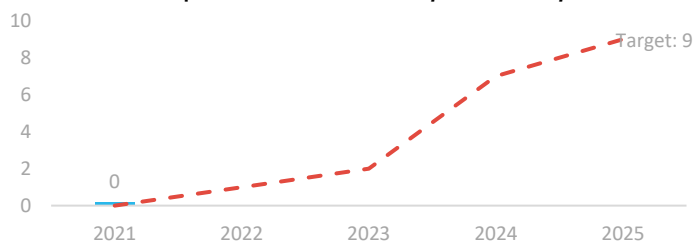
S4.2: Incentivise innovations – Updated April 2022



Number of innovative products within the pipeline of commercial-scale manufacturers to ensure the availability of quality and suitable vaccines products for countries.

The number of innovative products within the pipeline of commercial-scale manufacturers increased by two in 2021. Two Measles-Rubella Micro-Array Patch (MAP) Phase 1 studies were initiated. Preparations for clinical trial launch in 2022 are underway for several flu and COVID-19 vaccine candidates on MAPs.

S4.3: Scale-up innovations – Updated April 2022



Number of vaccines and immunisation-related products with improved characteristics procured by Gavi, which gives an indication of whether countries are adopting products with improved characteristics for use.

As of 2021, the number of vaccine and immunisation-related products with improved characteristics newly procured is zero. Procurement of further new products with improved characteristics is expected starting in 2022.

Strategy Implementation Indicators update

The Gavi 5.0 Measurement Framework includes two sets of indicators: (1) the Board-approved mission/strategy indicators and (2) strategy implementation indicators (SIIPs). The SIIPs are intended to provide information on processes/outputs and will be used to interpret the Board-approved strategy indicators in future SPP papers. The SIIPs are replacing Alliance KPIs from Gavi 4.0 and differ from the 4.0 Alliance KPIs in several ways:

- They are selected to inform our understanding of progress towards the four 5.0 Strategy Goals (SG1-4). Therefore, they are more programmatically focused than the Gavi 4.0 Alliance KPIs were.
- They will not have targets, unless an indicator has a target that we are already using.

The below indicators have been reviewed by the Gavi 5.0 Measurement Framework Alliance Technical Working group but have not yet been finalized. They will be finalized following the October/December 2022 governance cycle after addressing any comments raised by the PPC.

Strategy Implementation Indicator	2021	2022
	Annual achieved	Mid-year achieved
Strategy Goal 1: Introduce and scale up vaccines		
A1.1 Timeliness of vaccine launches (median time in days) ¹	328 ²	276 ³
A1.2 Percentage of Gavi-approved vaccine doses delivered	95%	64%
A1.3 Percentage of forecasted Annual Vaccine Requirement (AVR) consumed ⁴	82%	N/A due to incomplete data on Thrive360

¹ Excludes COVID vaccine launches.

² Median=328, average=521. 39 launches (routine and campaign) in 2021. One outlier, which moves average figure up, is the HPV MAC campaign in Uzbekistan which was delayed by almost 7 years (excluding it would put average at 469 days). At the other end of the spectrum is IPV campaign in Uzbekistan, which happened 63 days ahead of plan (excluding this too would put average at 483 days).

³ Median=276, average=395. 13 launches (routine and campaign) as of mid-2022. One outlier, which moves average figure up, is the Rota routine introduction in Nigeria, which was delayed by over 6 years (excluding would put average at 241 days). At the other end of the spectrum is the HPV routine intro in Burkina Faso, which happened 217 days ahead of planned date (excluding this too would put average at 282 days).

⁴ This indicator is calculated by first calculating the percent consumption for each Gavi-supported penta programme, and then taking the average of this percent consumption across all countries. The calculated value indicates that countries are consuming on average 15% less than approvals - and this is relatively comparable across antigens. It is important to note that this indicator does not mean coverage has declined by 18%, since there is some history of over approvals vs. need, and approvals are a function of denominator, coverage, and wastage (so wastage or target population may be lower than approvals vs. coverage). We do not have an accurate mid-year 2022 update due to reliance on Thrive360 data, which is incomplete (in terms of number of countries reporting, and number of stock levels reported) at this time.

A1.4 Number of vaccination campaigns conducted	26	7
A1.5 Measles application review outcomes		67%
Strategy Goal 2: Strengthen health systems and equity in immunisation		
A2.1: Number of FPPs completed	2	6 (anticipated)
A2.2 Total amount of funds allocated towards targeted investments to reach zero dose children		US\$ 20.7m ⁵
A2.3 Percentage of funds allocated to civil society organizations ⁶		
A2.4 Amount of funding disbursed ⁷	HSS: \$195m EAF: \$0m CDS: \$285m	HSS: \$87m EAF: \$8m CDS: \$210m
A2.5 Percentage of grant funds utilised ⁸		
Strategy Goal 3: Improve sustainability of immunisation programmes		
A3.1 Primary Health Care (PHC) expenditure	2017-2019 average baseline US\$ 9.4 ⁹	
A3.2 Percentage of countries with co-financing obligation for current year met	84%	51%
A3.3 Sustainability of routine immunisation coverage in former-Gavi-countries after transition	47%	
A3.4 Percentage of MICs eligible countries Gavi has engaged with to (a) introduce new vaccines and (b) mitigate backsliding	(a) NA (b) 71%	
Strategy Goal 4: Ensure healthy markets for vaccines and related products		
A4.1 Sufficient and uninterrupted availability of vaccine products that adequately meet programmatic needs	11 markets	
A4.2 Alliance healthy markets activities	81%	

⁵ Does not include potential reprogramming of Gavi 4.0 funding.

⁶ Process for tracking this metric is under development.

⁷ 2021 actuals as reported to AFC, 2022 actuals for 9 months ended 30 Sept 2022. Note the 2021 HSS disbursements is gross disbursement (excluding US\$ 19 million reimbursed by Bangladesh). For the 9 months ended 30 September 2022, 34% of the latest HSS annual forecast and 59% of the latest EAF annual 2022 forecast has been disbursed. Compared against the v18 forecast approved ahead of the strategic period, 24% of HSS funding and 2% of EAF funding for the 2021-2025 strategic period has been disbursed. Note the CDS disbursement includes both Gavi 5.0 contribution and COVAX. US\$ 495 million of CDS funding has been disbursed in the strategic period through 30 September against a total budget envelope for Gavi 5.0 and COVAX of US\$ 1,277 million.

⁸ The 2021 data for this indicator are not yet ready due to the timing of country and partner reporting cycles but will be included in an updated version shared with the Board in November. Reported utilization data will focus on HSS, CDS and EAF.

⁹ The latest data as of September 2022 runs to 2019, with 2020 data being published in December 2022. This means that only the baseline is available, and the indicator cannot yet be provided. The average baseline Domestic General Government Expenditure on PHC per Capita in US\$ was US\$ 9.4.

Cross-cutting		
A5.1 Percentage of partner TCA milestones completed	68%	63% ¹⁰
A5.2 Proportion of funds going through government systems	38%	
A5.3 Time taken from IRC approval to disbursement (average time in months)	9.9	
A5.4 Amount of funds committed to newly established partnerships with international, regional, and local institutions ¹¹		

¹⁰ Overall milestone achievement is brought down by lack of reporting by expanded partners. Core partner milestone achievement is 76% in 2022.

¹¹ Process for tracking this metric is under development.

Gavi 5.0 Measurement Framework – Strategy Implementation Indicators

SG 1 – INTRODUCE AND SCALE UP VACCINES			
	Learning Question	Performance Indicator	What would be measured/Rationale
1	Have vaccines been launched as planned?	A1.1 Timeliness of vaccine launches	<p>Among Gavi-supported vaccine launches (routine introductions and campaigns) that occurred in a calendar year, the median time in days between the target launch date approved by the IRC and the actual introduction date.</p> <p>Further operational tracking will include disaggregation by routine introduction vs campaign and the reason for delays in launches including where the delay occurred, i.e., Gavi Secretariat, partner, country. NB: this indicator excludes launches that did not occur.</p> <p>Measure of the timeliness of vaccine launches following IRC approval to understand progress towards fewer and shorter delays as well as the reason for delays in order to inform targeted risk mitigation and improvement.</p>
2	Have vaccine doses and immunisation products been procured and delivered to countries as planned?	A1.2 Percentage of Gavi-approved vaccine doses delivered	<p>Percentage of Gavi-approved routine immunisation vaccine doses (aggregated across antigens and countries) recorded as delivered between 01 January of the calendar year and recording date inclusive. NB: includes both Gavi-funded and co-financed doses.</p> <p>Measure efficiency of Gavi and UNICEF Supply Division ability to deliver vaccine doses to supported countries. Provide visibility on supply and demand side aspects of vaccine supply chain management.</p>
3	Are vaccines being consumed at rates that are in-line with approved forecasts?	A1.3 Percentage of forecasted Annual Vaccine Requirement (AVR) consumed	<p>Percent of forecasted vaccines doses approved that were consumed, averaged across all Gavi-supported vaccines and countries in the prior calendar year.</p> <p>Measure the accuracy of the forecast assumptions underpinning vaccine dose approvals and provide visibility on vaccine consumption trends, as proxy for routine immunisation programmes tracking against expectations.</p>
4	What has been Gavi's support for vaccination campaigns?	A1.4 Number of vaccination campaigns conducted	Number of Gavi-supported vaccination campaigns conducted for the calendar year. There will be operational tracking of this by

			<p>campaign type, i.e., preventive, reactive, catch-up, follow-up, sub-national and national.</p> <p>Measure extent of Gavi support for vaccination campaigns.</p>
5	<p>What have been the outcomes of country applications and/or funding proposals?</p>	<p>A1.5 Percentage of measles applications successful upon first IRC review</p>	<p>Percent of measles applications approved by the IRC at first review.</p> <p>Measure of quality of country applications requesting Gavi support for measles campaigns. Proxy measure of quality of technical assistance provided to countries in planning vaccination campaigns.</p>

SG 2 - Strengthen health systems to increase equity in immunisation			
	Learning Question	Performance Indicator	What would be measured/Rationale
1	How efficiently is the Secretariat able to disburse funding to the country and partners?	A2.1 Number of countries completing a Full Portfolio Planning (FPP) process	Number of countries completing a FPP in a given year. Provides a measure of the number of countries that have completed comprehensive planning process aligned with Gavi 5.0 objectives.
		A2.2 Total amount of funds allocated towards targeted investments to reach zero dose children	Amount of HSS + EAF funds in approved country grants allocated towards activities to reach zero dose children. Measure amount of funds allocated towards investments to reach zero dose children.
		A2.3 Percentage of funds allocated to civil society organizations (CSOs)	Amount of HSS, EAF, TCA funds allocated to CSOs. Provide visibility of the extent of Gavi Secretariat's ability to comply with the CSO funding earmark approved by the Gavi Board in December 2021.
		A2.4 Percentage of funding disbursed	Percentage of HSS, EAF and CDS funds that have been disbursed. Measure efficiency of Gavi's funding disbursement systems. Secondary analyses will compare actual disbursement vs forecasted disbursement. Proxy for access (by countries and partners) of Gavi's funding levers and extent to lever responds to financial support desired by countries and partners.
2	How well is the country able to absorb Gavi funding?	A2.5 Percentage of grant funds utilised	Percentage of Gavi HSS, EAF, and CDS grant value expended by countries. Measure efficiency of country systems to utilize Gavi funds.

SG 3 - Strengthen health systems to increase equity in immunisation			
	Learning Question	Performance Indicator	What would be measured/Rationale
1	How well are countries able to finance primary health care services with domestic government funds?	A3.1 Percentage of countries with increasing domestic government PHC expenditure per capita relative to the baseline (2017-2019)	PHC expenditure is the closest proxy available publicly at the global level for measuring resource flows to primary level of service delivery.
2	Are Gavi countries complying to the co-financing requirements on time?	A3.2 Share of countries paying timely co-financing (as per policy)	The fulfilment of co-financing commitments is a measure of country commitment to financing vaccines.
3	Are former Gavi countries able to sustain immunisation coverage after transition from Gavi support?	A3.3 Number of former-Gavi countries that maintain or increase DTP3 coverage relative to the year of transition	Measure country capacity to maintain or increase DTP3 coverage following transition from Gavi support. Proxy for long-term sustainability of former-Gavi countries.
4		A3.4 Gavi engagement with middle income countries (MICs) to introduce new vaccines and mitigate backsliding	Percentage of MICs eligible countries Gavi has engaged with to (a) introduce new vaccines and (b) mitigate backsliding, in order to track engagement through the MICs Approach.

SG 4 - Ensure healthy markets for vaccines and related products			
	Learning Question	Performance Indicator	What would be measured/Rationale
1	Are Gavi vaccine markets secure?	A4.1 Sufficient and uninterrupted availability of vaccine products that adequately meet programmatic needs	Number of Gavi vaccine markets meeting the criteria for sufficient and uninterrupted supply of appropriate vaccines. This indicator provides information on whether vaccine supply is sufficient to meet demand from Gavi-supported countries, and whether suppliers are able to meet supply commitments without interrupting the supply of vaccines.
2	Is Gavi taking steps to ensure healthy markets?	A4.2 Percentage of planned Alliance activities on track to ensure business sustainability of suppliers and competitive market dynamics	

Cross-cutting			
	Learning Question	Performance Indicator	What would be measured/Rationale
1	Is implementation of TCA as expected?	A5.1 Percentage of partner TCA milestones completed	Percentage of partner TCA milestones achieved for the reporting period. Measure of partner ability to support countries through technical country assistance (TCA).
2	How efficiently is the Secretariat able to disburse funding to countries and partners?	A5.2 Percentage of approved funding disbursed through each funding channel (i.e., country system, partner)	Percentage of approved funding disbursed through each funding channel. Measure of efficiency of Gavi's funding disbursement systems. Informs monitoring of Board approved ambition to channel funds back to governments.
		A5.3 Time taken from IRC approval to disbursement	Average time between IRC recommendation for approval and cash grant disbursement for new support. This will be aggregated across funding levers (HSS, EAF, VIGs and Ops, Vaccine switch Grants). Measure efficiency of Gavi Secretariat's systems to disburse funds approved in country applications.
3	How well is the Gavi Secretariat partnering with other institutions?	A5.4 Amount of funds committed to newly established partnerships with international, regional, and local institutions	Amount of funds approved for allocation to newly established partnerships with international, regional and local institutions. Proxy for Gavi's ability to partner with other international, regional, and local institutions to strengthen efforts to reach zero dose children.