

**SUBJECT:** 2016-2020 STRATEGY: IMPLEMENTATION AND PROGRESS

**Agenda item:** 03

**Category:** For Information

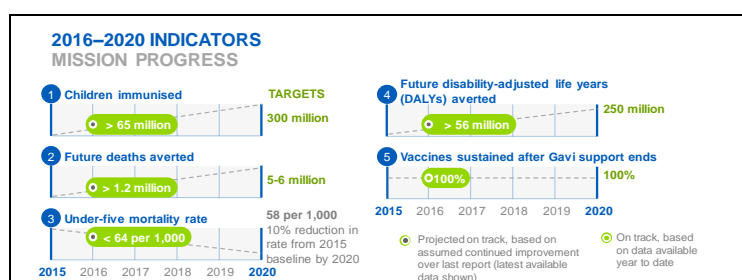
## Section A: Introduction

- This update has been developed at the request of the Board to provide regular and systematic, data driven, reporting on progress made against implementing Gavi’s strategy. The first update was shared with the Board in December of last year. This edition builds on the previous report and includes updated dashboards with results from the first year of implementing the 2016-2020 Strategy. Coverage data for 2016 is still not available and will be updated after WHO-UNICEF estimates are released in July. Therefore, a number of indicators have not changed since the last report. Discussions are underway among Alliance partners on how to improve the generation, reporting and use of coverage data.
- The Alliance Accountability Framework, which informs this update, is a new, ambitious, approach to measure progress and increase accountability in the Alliance. As we monitor progress of delivering the 2016-2020 Strategy, we are learning more about the utility and relevance of indicators and the availability of data. Going forward, we plan to review this and potentially refine some indicators, based on lessons learned. At the recent Programme and Policy Committee (PPC) meeting, members suggested that areas for simplification and streamlining be explored, whilst maintaining rich and detailed reporting. Areas of learning are highlighted throughout the report and feedback is sought on how this report could be made more useful for the Board.

## Section B: 2016-2020 Strategy: Implementation and progress

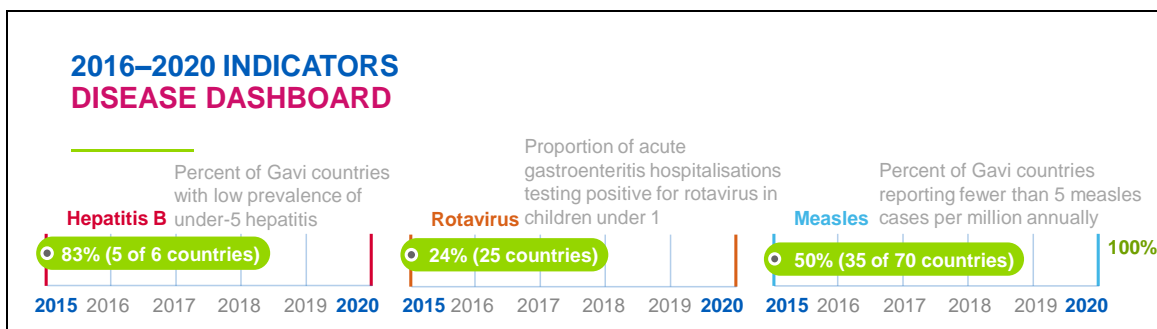
### 1. Progress against Gavi’s mission aspiration

*Discusses Mission Progress Indicators and Disease Dashboard Indicators*



In the first 18 months of the 2016-2020 period, approximately 100 million children are estimated to have been vaccinated with Gavi support (MP1).<sup>1</sup> The Alliance is thus **on track to achieve its key goal of supporting countries to vaccinate 300 million children by 2020**. The Alliance also continues to be on track to reach its mission aspiration in other areas, including the number of deaths averted (MP2), DALYs averted (MP4) and vaccines sustained after Gavi-support ends (MP5). Data on under-5 mortality (MP3) will be updated together with other Mission Progress indicator with 2016 data after WHO-UNICEF coverage data is released in July.

**The Alliance has introduced a disease dashboard to track the change in incidence of key diseases targeted by Gavi-supported vaccines** using available empirical data. This is an example of an area where we are experiencing challenges with the availability and quality of data with only six countries providing high-quality surveillance data on hepatitis B prevalence rotavirus surveillance and available in 25 countries. Data on measles is reported through WHO Joint Reporting Forms (JRFs), meaning it is available for most countries, but not of the same quality as surveillance data. The Alliance is reviewing whether to maintain these indicators and is also exploring secondary indicators which might be used to alleviate data availability issues.



**2. Strategic Goal 1 – Accelerate equitable uptake and coverage of vaccines**

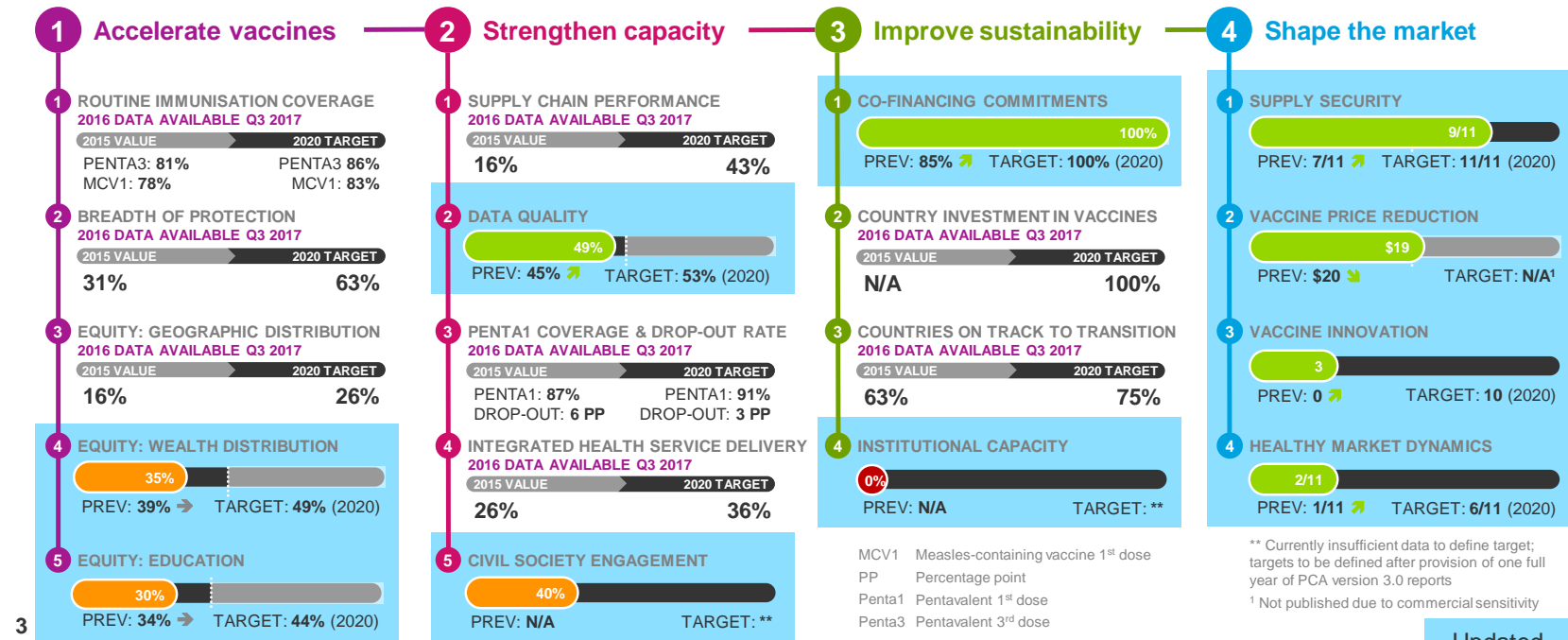
*Includes discussion of strategy indicators on equity (SI1.4 and SI1.5), on data quality (SI2.2) and Alliance KPIs A1.1 and A1.3*

Strategy Indicators **SI1.4** and **SI1.5** track improvements in equity across countries through household surveys conducted in the last five years. However, the availability of survey data has not increased as hoped. Surveys are available for 46 countries on wealth equity and for 38 countries on the gender equity proxy. Based on the guidance of the PPC, the Alliance will revisit these indicators to determine whether availability and quality can be improved to strengthen tracking and decision-making on equity. Work on equity is being mainstreamed through Joint Appraisal discussion in countries, with a focus on three key questions: where are the under-immunised; what are barriers to reaching the under-immunised, and; how can Gavi support a focus on equity?

<sup>1</sup> MP: Mission Progress indicators SI: Strategy Indicators; A: Alliance KPIs.

# 2016–2020 INDICATORS STRATEGY PROGRESS

- 6 ON TRACK
- 3 MODERATE DELAYS / CHALLENGES
- 1 SIGNIFICANT DELAYS / CHALLENGES
- 8 TO BE REPORTED Q3 2017



MCV1 Measles-containing vaccine 1<sup>st</sup> dose  
 PP Percentage point  
 Penta1 Pentavalent 1<sup>st</sup> dose  
 Penta3 Pentavalent 3<sup>rd</sup> dose

\*\* Currently insufficient data to define target; targets to be defined after provision of one full year of PCA version 3.0 reports  
<sup>1</sup> Not published due to commercial sensitivity

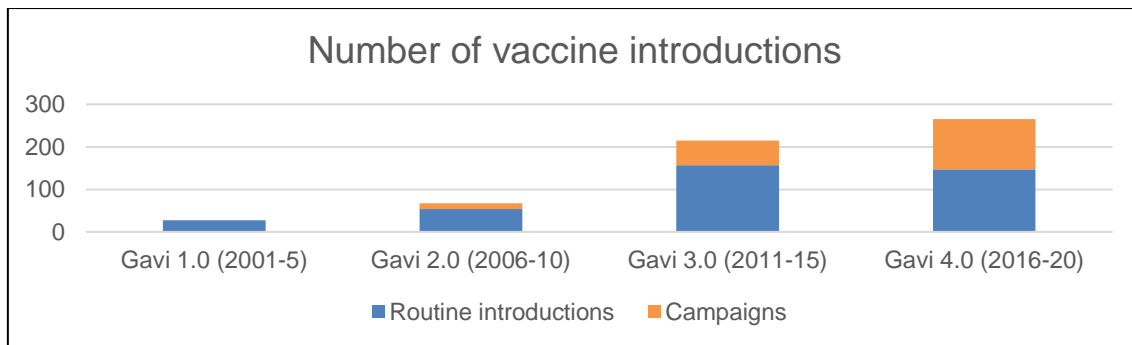
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While coverage data is not yet available (**SI1.2**), the pace of vaccine introductions (**A1.1**) is an important proxy indicator for the Alliance's progress in increasing breadth of protection. By the end of May, 13 introductions were completed of the 50 projected for 2017. A further 39 introductions are forecast by the end of the year of which 24 are highly likely to occur and 15 face some risk of delay (the majority of the 15 are campaigns).

2016-2020 will witness the largest number of Alliance-supported routine introductions and campaigns of any strategic period to date. The nature of these introductions is evolving in two ways. Firstly the focus of **routine vaccine introductions** is shifting from pentavalent, pneumococcal and rotavirus vaccines in the 2011-2015 period to human papillomavirus (HPV), inactivated polio virus (IPV), meningitis A and measles-rubella vaccines 2016-2020. In December, the Board approved a **new HPV strategy** to try to accelerate progress by supporting countries to move directly to national introductions (instead of starting with a demonstration project). Four countries have already introduced HPV vaccine nationwide. Since the new strategy was approved, three countries have received approval for national introduction (and all are vaccinating five cohorts in the year of introduction) and a further eight plan to apply in 2017. These seven countries could collectively reach up to 20 million girls in the year of introduction alone.

The second key shift in the 2016-2020 period is that **campaigns** will account for a much higher proportion of Gavi-supported activities. This is due largely to an increase in the number of measles-rubella (MR) catch-up campaigns and follow-up measles campaigns as part of the Alliance's new measles strategy. The growing share of campaigns raises a number of strategic questions, including:

- How will the Alliance ensure an integrated approach to disease control, grounded in routine immunisation strengthening and complemented by supplementary immunisation activities and outbreak response?
- What shifts in operational approaches would be needed to ensure campaigns strengthen and do not detract from routine immunisation, for example in countries with low routine coverage of Yellow Fever vaccine?
- What new measures are needed to ensure campaigns are targeted to reach the consistently missed children and are of high quality?
- How does the Alliance ensure value for money?



These questions are an important focus for the Alliance as part of our routine engagement with countries (e.g. in joint appraisals) and under the recent Board-approved strategies on **measles-rubella** and yellow fever. As part of the MR strategy, countries are receiving enhanced technical support through the Partners' Engagement Framework (PEF) and the Alliance has introduced a Supplementary Immunisation Activity readiness assessment to ensure campaign quality. An independent post-campaign coverage survey is now mandatory and early results are encouraging. In 2016, three (Gambia, Kenya and Zambia) out of four countries that have independent evaluation results from their measles campaigns achieved 95% coverage (**A1.3**). In Nigeria, the largest among them, coverage was 84.5% and highly uneven, underscoring the importance of robust planning, preparedness, execution and monitoring. To focus attention on routine immunisation strengthening, the Measles-Rubella Initiative and Gavi have agreed to use measles second dose coverage as a key indicator of progress and leadership on both sides are jointly convening a quarterly review of planning and implementation.

Integration of routine vaccination and campaigns is also a key component of Gavi support for WHO's Eliminating **Yellow Fever** Epidemics (EYE) strategy. The Alliance has revised its application guidelines to require countries to commit to routine introduction of YF vaccine within a year of a mass preventive campaign. Among countries that have already introduced YF into routine immunisation, the Alliance is focusing on 10 countries that have less than 80% coverage. Work is also ongoing to rapidly establish a governance structure and transformative approach for global management of EYE and the Secretariat is working with partners to ensure compliance with the Board's decision in December 2016 of a revised approach to stockpiles, including Secretariat observer status on the International Coordinating Group. The CEO Report will provide a further update on the latest developments with yellow fever.

**Data quality** remains a key challenge in measuring coverage and equity of immunisation. Only 43% of 47 countries have administrative coverage data within 10 percentage points of survey estimates (**SI2.2**). This affects both countries and the Alliance in planning and decision-making on resource allocation. As part of the Data strategic focus area (SFA), the Alliance is working to strengthen the availability of data, including making sub-national data more widely available for equity analyses to supplement periodic survey data. This includes subnational coverage data that will be reported

to WHO and UNICEF headquarters for the first time in 2017 and enhanced tools and support for using both survey and administrative coverage data to assess equitable coverage. These analyses will be reviewed at the country level as part of the Joint Appraisal process.

### 3. **Strategic Goal 2 – Increase effectiveness and efficiency of immunisation delivery as an integrated part of strengthened health systems**

*Includes discussion of Strategy Indicators SI2.2 and S2.5 and on Alliance KPIs related to SG2*

**The Alliance is building a clearer picture of how its grants are strengthening health systems in eligible countries.** Grant Performance Frameworks, which were rolled out in 2016, are showing good levels of reporting: 80% of countries reported on at least 80% of indicators that were due, up from 54% mid-year and exceeding the target (**A3.7**). Utilisation of HSS funds increased from 56% in 2014 to 61%<sup>2</sup> in 2015 (**A1.5**). Countries also showed progress in achieving their HSS grant intermediate targets with 45% of reporting countries<sup>3</sup> achieving 80% of their targets in 2015, up from 7% in 2014 (**A1.6**). However, 23 countries with a HSS grant did not report on their intermediate indicators.<sup>4</sup> To improve compliance, programmatic and financial reporting are being systematically scrutinised in Joint Appraisals and by the High Level Review Panel and this will be considered as part of decision-making on renewal of grants.

Grant Performance Frameworks are increasingly allowing the Alliance to refine, prioritise and target both PEF and health systems and immunisation strengthening (HSIS) support and to monitor progress. For example, in Niger, equity indicators revealed that under-immunised children are concentrated in specific urban and select rural areas. Based on these insights, HSS and PEF support was reallocated to focus efforts on immunisation in urban areas and to support outreach and mobile services in rural areas. The Grant Performance Framework was updated to include metrics tracking infants receiving the 3<sup>rd</sup> dose of Pentavalent vaccines through fixed, outreach or mobile services. The 2017 Joint Appraisal will further focus on challenges with the urban strategy, continuing efforts to improve equity. That being said, while early experiences with Grant Performance Frameworks is promising, the quality of the data remains mixed at this early stage in implementation. Annex B of the Country Programmes update reviews the analysis of HSS grant performance metrics in more detail.

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<sup>2</sup> Calculated across all countries with an active HSS grant; in-country data is available one year after year-end, due to reporting timelines.

<sup>3</sup> Based on 33 countries that reported.

<sup>4</sup> If all these countries were included and assumed not to have met the target, indicator A1.6 would fall to 27%, which is still above the year-end target of 22%. The 22% target is based on a linear increase from 7% in 2014 to 80% at the end of the strategy period.

**The Alliance is also working to improve the design, targeting, and timeliness of new grants.** In 2016, 90% of 10 HSS grant applications reviewed by the IRC were assessed as being of sufficient quality on first submission, with a clear focus on coverage and equity (**A1.4**). Efforts are also ongoing to reduce **time taken to disburse cash grants**. There is some progress from an average 13.6 months in 2015 to 11.6 months in 2016 (**A2.1**).<sup>5</sup> Gavi's increased focus on risk management and ambition to disburse rapidly will need to be delicately balanced in efforts to further improve these timelines, as discussed in more detail in the Country Programmes update (Doc 07a).

Gavi's efforts to strengthen health systems and routine immunisation programmes is increasingly focused on a number of Strategic Focus Areas (SFA). The first SFA is focused on **supply chains**, with the Board approving a supply chain strategy in 2014. The PEF Management Team (PEF MT) has been reviewing progress on supply chain strengthening every six months. Progress has been achieved across the priority areas identified in the strategy. To build supply chain management capacity, over 500 individuals having been trained on new e-learning modules. As discussed in the update on the Cold Chain Equipment Optimisation Platform (Doc 02f), demand for CCEOP support has been very high and will help accelerate deployment of new, higher performing equipment. In the area of supply chain design, seven countries are implementing a system redesign on their supply chains, using evidence-based modelling to determine means for improving efficiency and increasingly asking how the design of the supply chain supports improvements in equity. However, data on overall supply chain performance (**SI 2.1**) for 2016 is still being collected from countries, cleaned and analysed by UNICEF. A new version of the effective vaccine management (EVM) tool is being developed that will help address this time-lag by automating data collection. The tool will also collect data on human resources and managers going forward. The PEF Management Team (MT) has also highlighted the need to better integrate support at country level, provide consistent knowledge and engagement across partners and governments and address uneven progress on stock management. In 2017, the Alliance will take stock of progress and re-set implementation plans and accountabilities for the supply chain strategy.

2016 was the first year of implementing the **Data SFA**. This has yielded some early achievements, including making coverage estimates for first dose of rubella and IPV available for the first time. 2017 activities will focus on new ways to support country planning and implementation of data strengthening activities and drive the 'use' of data, particularly in PEF priority countries. 2017 investments include the development of data triangulation methodologies to strengthen target population estimates, support to strengthen subnational and official coverage estimates, revised WHO/UNICEF (WUENIC) immunisation coverage estimates, a methodology for country-led equity assessments and the mapping of

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<sup>5</sup> Revised baseline, following inclusion of data not previously available and alignment of calculation methodology. Previous baseline reported in December 2016 was 11.3 months.

Cholera hotspots in Africa to assess and target vaccination efforts. To facilitate the Alliance's work in this area, a new partner collaboration framework has been developed, a results framework is being finalised and a partner coordination group will be established later this year.

Gavi has continued to scale-up efforts to improve **leadership, management and coordination** (LMC) of immunisation programmes. Interventions focus on three areas: strengthening the management capacity of EPI teams; improving the functionality of national coordination forums such as Interagency Coordination Committees (ICCs); and improving National Immunisation Technical Advisory Groups' (NITAGs) ability to advise countries on their immunisation programmes. For example, to strengthen EPI teams, Gavi has started to roll out a flexible 'menu of interventions' for countries. This includes funding critical and specific new positions in a sustainable manner; a partnership with the Aspen Management Partnership for Health and Dalberg to provide embedded managerial support ('Management Partner', e.g. in Malawi); support to enhance EPI performance management (e.g. by CHAI in Uganda); and a management training programme for EPI managers. The training programme will be closely linked to EPI managers' daily work and combine a mentorship component with online learning and short in-person group sessions. To implement the training programme Gavi plans to work with a globally leading academic institution with strong management expertise and a local partner. The Alliance is also providing technical assistance to Coordination Forums and NITAGs through expanded partners. In 2017, the Secretariat will continue to review and prioritise countries' needs and roll out additional support as required. Annex E of the Country Programmes Update discusses progress in Strategic Focus Areas in more detail.

#### 4. **Strategic Goal 3 – Improving sustainability of national immunisation programmes**

*Includes discussion of SI3.4, Institutional Capacity*

**Transition and sustainability is a priority during the 2016-2020 strategy period** with approximately 20 countries due to transition from Gavi support.<sup>6</sup> Nine countries have already transitioned<sup>7</sup> and in total, governments are fully self-financing 25 vaccine programmes. In 2017, five countries entered accelerated transition and will transition in the next strategy period (Ghana, India, Lao PDR, Nigeria and Solomon Islands). Transition plans are being finalised for these countries. At the recent retreat, the Board conducted a deep dive into transition and concluded that most countries are on track to transition successfully but identified five countries at higher risk: Angola, Congo, Papua New Guinea, Timor-Leste and Nigeria. It also recognised that there may be a case for continued Alliance engagement in countries after they transition to sustain and further enhance momentum (while emphasising that this would not change the expectation that countries fully

<sup>6</sup> Four additional countries, Albania, Bosnia-Herzegovina, China and Turkmenistan previously received Gavi support and left Gavi support before the current transition policy was put in place.

<sup>7</sup> Some of these countries continue to receive exceptional support (e.g. for human papillomavirus and measles-rubella) and no-cost extensions of previously approved support.



self-finance their existing programmes), and requested that the Secretariat develop a proposal for Board consideration. The CEO Report will provide early thinking on potential approaches.

**On co-financing (SI3.1), 2016 has been the best year in Gavi's history.** All countries that were late in 2015 co-financing came out of default and so far, countries co-financed US\$ 123 million for 2016 – the highest amount to date. The Alliance also started to track domestic investment in immunisation, using WHO/UNICEF Joint Reporting Form data. 2015 baseline data will be updated with 2016 data at the end of this year, which will give a first picture of how financing is evolving.

A new Strategic Indicator on Institutional Capacity (**SI3.4**) has been developed to track progress in this area and assesses countries' capacities in the areas of EPI Programmes, Coordination Forums (e.g. ICCs) and National Immunisation Technical Advisory Groups (NITAGs). Many countries pass on two of three criteria, but none of the 10 countries with data available through Programme Capacity Assessments (PCAs) passes all three criteria at this time, resulting in a 0% indicator value. The Alliance will revisit this indicator to ensure that progress on institutional capacity is tracked appropriately.

## 5. **Strategic Goal 4 – Shape markets for vaccines and other immunisation products**

*Includes discussion of SI4.1 to SI4.4 on market shaping*

**The first update of Strategy Indicators on market shaping was shared with the PPC and reveals good progress towards 2020 targets.** Nine vaccine markets have sufficient and uninterrupted supply, 82% of the 2020 target (**SI4.1**). The markets for inactivated polio vaccine (IPV) and yellow fever continue to face supply shortages. This has delayed or interrupted IPV programmes and may impact implementation of WHO's Eliminating Yellow Fever Epidemics (EYE) strategy. The weighted average price per course of pentavalent, rotavirus, and pneumococcal vaccines in 2016 was US\$ 19, a 5% decrease from 2015 (**SI4.2**). Prices are expected to decrease further following announcements of new prices for pentavalent and pneumococcal vaccines starting in 2017. 2016 saw three products with improved characteristics become available to countries (**SI4.3**). These include a vaccine approved to be used outside of the cold chain for a limited period, a smaller vial size for another vaccine, and an improved vial opening system. Two markets, pentavalent and HPV vaccines, have moderately healthy market dynamics (**SI4.4**) in that they meet country preferences for product presentations and present at least moderate supply. This compares to a target of six markets by 2020.

A key instrument to achieve Gavi's goals under SG4 is the **Supply and Procurement Strategy (SUPPRS)**, which prioritises delivering on healthy markets, taking a long term view of markets as countries increasingly finance immunisation programmes, and supporting product innovation to meet country needs. An update on strategies and tenders, strategic demand forecasting, and market shaping projects was provided to the PPC.

## 6. Alliance Accountability

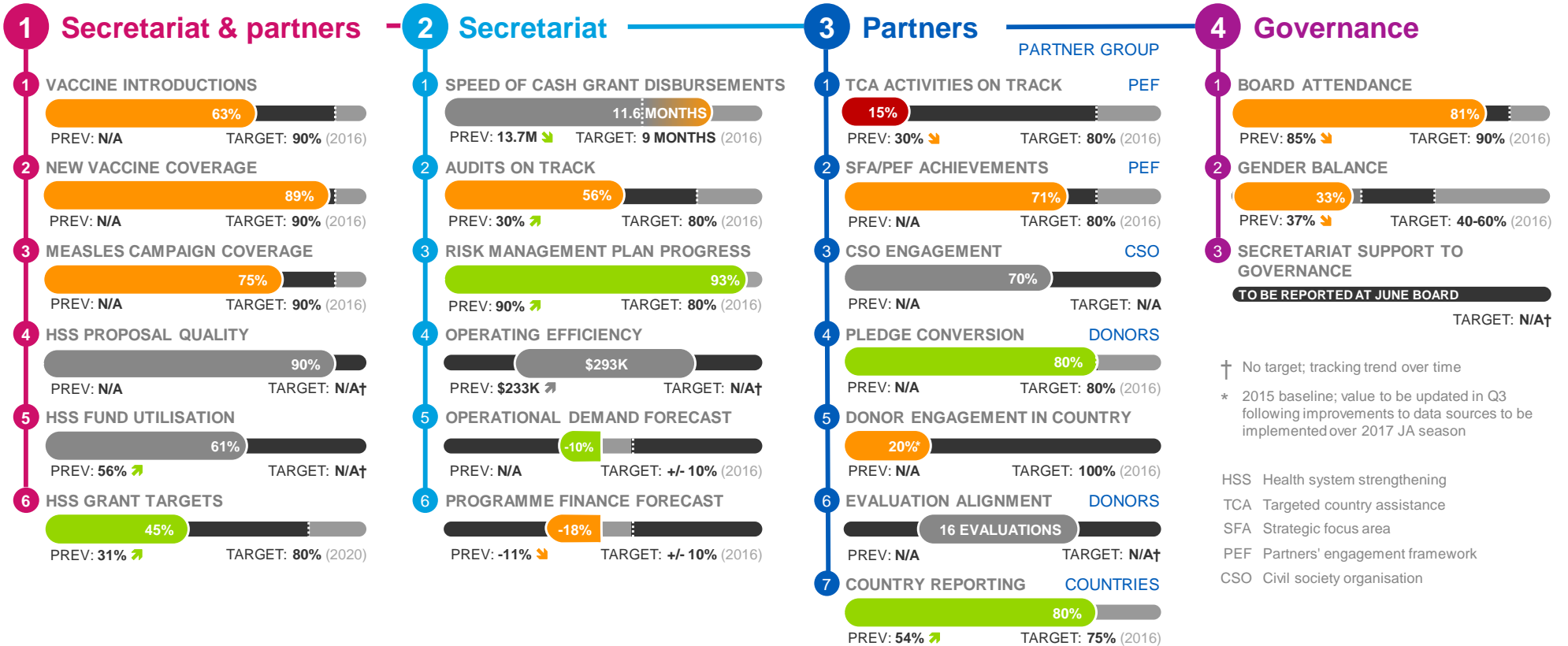
*Includes discussion of Alliance KPIs and Corporate Metrics*

**Alliance Progress KPIs provide a view on the outputs of the Alliance in delivering the 2016-2020 strategy.** 9 of 22 metrics are on track, 10 face moderate challenges/delays, one faces a significant challenge/delay, and the Alliance is tracking 6 metrics without targets. On track classification is only used if a target is fully achieved or exceeded. New vaccine coverage (A1.2), for example, is classified as moderate challenge, with a target of 90% and actual value of 89%.

**Lessons from the first year of the PEF are being incorporated under the oversight of the PEF MT.** After a slower start, implementation of the PEF started accelerating in late 2016 which was the first year of implementation. WHO and UNICEF have now completed the vast majority of hiring at country level and budget utilisation has started to increase (by November 2016, UNICEF had utilised 54% of budgeted funds and WHO 42%). Reporting on Targeted Country Assistance (TCA) milestones in November 2016 (A3.1) showed that 3 of 20 of PEF countries completed more than 80% of TCA milestones (this was measured 8 months after disbursements were made, whilst milestones had been defined for a 12 month implementation period). The main causes for these delays were the disbursement of funds to partners in the second quarter of 2016 and the need to recruit staff before implementing activities. In view of slower than planned implementation, disbursements to WHO and UNICEF were reduced to 90% of initially planned amounts and the implementation deadline extended to June 2017.

# 2016–2020 INDICATORS ALLIANCE PROGRESS

9 ON TRACK  
10 MODERATE DELAYS / CHALLENGES  
1 SIGNIFICANT DELAYS / CHALLENGES  
6 TRACKING TREND ONLY (NO TARGETS OR PERFORMANCE RANKING)



To strengthen the understanding of results achieved with TCA, an independent evaluation of the contribution of TA to country-level outcomes has been launched and results should be available in 2018. PEF is further harmonising the work of core and expanded partners through a single, harmonised technical assistance plan per country. The Alliance now engages more than 15 expanded partners under the PEF, who all report on progress through the same mechanism as core partners. TCA implementation, PEF Functions, and Strategic Focus Areas are further discussed in Paper 6 on the PEF.

**Alliance KPIs on Partners and Governance showed different levels of progress:** conversion of donor pledges (**A3.4**) is on track at 80%, while donor participation in Joint Appraisal missions (**A3.5**) will be reported in the next update, after these missions have been completed. In 2016, Gavi conducted 16 reviews, audits and evaluations requested by five sovereign donors (including the Multilateral Organization Performance Assessment Network (MOPAN) and one private sector donor; these reviews include those outside of regular grant processes as well as those required as part of the regular granting process (**A3.6**). The level of Board attendance in 2016 was 81%, short of the 90% target (**A4.1**). With 33% female participation, gender balance was also outside the target of 40 to 60% (**A4.2**); however, female participation has increased to 36% at the Board and Board Committees since reporting at the end of 2016 and stands at 46% for the Board alone. An indicator to track secretariat support to governance processes has been developed (**A4.3**) and data collection is ongoing during the preparation of this PPC and Board meeting. Results will be reported in the next update.

**Performance and accountability is now integrated into the management cycle of the Secretariat through Corporate and Team Performance Metrics (CPM and TPM).** 2016 performance was reviewed through individual management conversations and discussed by the full Secretariat leadership team. Of the 33 Corporate Metrics, 15 were on track at the end of the year, 16 moderately off track, 1 significantly off track and 1 does not have a target (**A3.4** – operating efficiency). Some of the moderately off track indicators are in areas over which the Secretariat does not have sole control (number of introductions, new vaccine coverage, measles campaign coverage, time to disburse cash grants and Board attendance) and the strict reporting thresholds applied to Alliance KPIs were also used here. The single metric that was classified as significantly off track is related to the implementation of supply and procurement road maps. This item is expected to improve in 2017. Secretariat performance metrics have been updated for 2017, incorporating lessons learnt and reflecting evolving priorities in implementing the strategy.