

Annex B: Proposed updates to targets for 2016-2020 Strategic Indicators with alternative CSO indicator target

Update on proposed targets for 2016-2020 Strategic Indicators: S2.1 (effective vaccine management), S2.5 (civil society engagement) and S3.4 (institutional capacity)

- In June 2018, the Gavi Alliance Board:
 - a) Approved the changes to the definitions and targets of the Strategy Indicators as set out in Annex A to Doc 02h; and
 - b) Requested the Secretariat to also continue tracking the original definitions and targets of these Strategic Indicators for monitoring purposes.¹
- In June 2018, targets for strategic indicators S2.1 (effective vaccine management) and S3.4 (institutional capacity) were still under development by the respective technical working groups.
- In addition, in June 2018 the Board recommended that the Secretariat establish a target for strategic indicator S2.5 (civil society engagement).

The proposed targets for these three strategic indicators have been reviewed by the PPC in October 2018, and are being presented to the Board for approval at their meeting in November 2018.

This annex presents a summary of considerations that informed target-setting for the three indicators (Section 1), as well as the full indicator definitions, with the proposed 2020 targets (Section 2).

Section 1: Summary of considerations that informed target-setting

S2.1 – Effective vaccine management: The proposed 2020 target for the average of the country composite score of the last completed Effective Vaccine Management (EVM) assessment is 72%. The target represents an increase from the 2015 baseline—67%. The 2020 target was computed by creating country-level projections to 2020 based on their historical EVM values and then averaging them, as follows:

- For countries in which the composite score increased between the last two EVM assessments: the projected 2020 value was calculated based on the observed annualised rate of increase.
- For countries that have had only one previous EVM assessment: the composite score from that assessment was held constant and carried forward to 2020.
- For countries in which the composite score decreased between the last two EVM assessments: the composite score on the most recent assessment is held constant and carried forward to 2020.

Note that countries will only undergo one EVM assessment in the 2016-2020 strategy period. This is due to the change in frequency of EVM assessments from once every 3 years to once every 3 to 5 years. This target assumes that Gavi and the Alliance's

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¹ Decision 8 of the Gavi Alliance Consent Agenda, June 2018.



increased focus and investment in supply chain management will enable countries to achieve improved composite scores in future EVM assessments or, at a minimum, maintain levels of performance as of last EVM assessment.

The proposed target, methodology and assumptions reflect consensus of members of the Immunisation Supply Chain Strategy Tracking Sub-Committee.

S2.5 – Civil society engagement: The proposed 2020 target for the percentage of Gavi-supported countries meeting benchmarks for civil society engagement in national immunisation programmes to improve coverage and equity is 43%. There was insufficient data to establish a baseline in 2015.

Methods used to establish the 2020 target include: 1) Gavi senior country managers (SCM) and health systems strengthening (HSS) focal points conducted a country-by-country review of the state of engagement between host-country and civil society; 2) SCM and HSS focal points predicted future levels of CSO engagement based on qualitative knowledge of country context, country multi-year plans and Gavi investments through health systems strengthening grants; 3) The final target was calculated based on the proportion of Gavi-supported countries that are predicted to meet the minimum benchmarks, as defined by the indicator definition.

This target represents 29 of the 68 Gavi-supported countries meeting all three criteria for civil society engagement.

Key methods and assumptions include:

- Host-country and civil society engagement in national immunisation programmes is assessed based on three criteria, as defined in the indicator definition: 1) CSOs appear in national plans with clearly stated activities and plans that support improved coverage and equity; 2) CSOs appear with clear budgetary allocations for defined activities and plans (or justification given in national plans why not indicated); and 3) evidence is documented that CSO activities planned for improving coverage and equity have been completed and/or are being implemented according to stated plans.
- The predictions of each country's level of engagement in 2020 is based on a qualitative assessment of the extent to which this engagement will meet the defined criteria.

The proposed target, methodology and assumptions were reviewed by the Secretariat of the CSO constituency and its members.

S3.4 – Institutional capacity: The proposed 2020 target for the average of country composite scores for national decision making, programme management and monitoring across Gavi68 countries is 2.7 out of 4.0.² The target represents an increase from the 2017 baseline (2.4 out of 4.0). Methods used to establish the 2020 target include: 1) SCMs conducted a country-by-country qualitative assessment of institutional capacity using a tool adapted from the PCA questionnaire and WHO guidance; 2) the Secretariat mapped investments in institutional capacity funded

 ${\sf Doc~09-Annex~B:}$ Proposed updates to targets for 2016-2020 Strategic Indicators as recommended by the PPC

² Results for this indicator are reported on a Likert-type scale ranging from 1.0 (least performing) to 4.0 (best performing).



through LMC support and HSS grants; 3) projected composite scores for 2020 were established for each country based on the triangulation of baseline score, Alliance investments and best estimate of progress; 4) these projected composite scores were averaged across Gavi68 countries to obtain the 2020 target. Key methods and assumptions include:

- 18 mostly fragile countries that achieved a baseline score <1 to improve by an average of 0.2 (each country significantly improves³ by one level within 5-6 of 21 criteria assessed)
- 32 countries that achieved a baseline score of >2 and <3 to improve by 0.4 (each country significantly improves by one level within 10-12 of 21 criteria assessed)
- 18 countries that achieved a baseline score of >3 to maintain or slightly improve the score.
- Reporting on this indicator will be based on an annual assessment coordinated by the SCM. The SCM assessment tool includes 21 questions assessing different elements of EPI management capacity, Inter-agency coordination and NITAG functionality. The 21 questions were adapted from the PCA and WHO tools.
- Results from PCAs will be used to validate findings from the annual SCM assessment in the subset of Gavi68 countries that will undergo a PCA.

The proposed target, methodology and assumptions reflect consensus of members of the LMC working group.

³ Significant improvement is defined as improvement from one level in the rating scale to another (i.e. from 1 to 2; 2 to 3; 3 to 4)



Section 2: Details of the relevant 2016-2020 strategy indicators and proposed 2020 targets

S2.1 Effective vaccine management		
Definition	Average of country composite score on last completed Effective Vaccine	
	Management (EVM) assessment	
Data Source	WHO/UNICEF through EVM Global Analysis based on EVM Assessment database	
Numerator	Sum of most recent EVM composite score for each Gavi68 country	
Denominator	Number of Gavi68 countries with at least one EVM assessment	
Level of disaggregation	By fragile status and transition status; breakdown of values by subcomponents	
Reporting schedule	Annual	
Rationale for use	This indicator assesses progress over time in effective vaccine management, which reflects the objectives of the Gavi supply chain strategy to increase availability, quality and efficiency of vaccine supply chain systems.	
Method of measurement	The indicator will measure the average of the composite scores across Gavi68 countries that have undergone an EVM assessment since 2011: 1) the most recent composite score from EVM assessments for each country is obtained; 2) the values across countries are summed; 3) an unweighted average of values produced in step 1 is calculated by dividing the value produced in step 2 by the number of Gavi countries with at least one EVM assessment.	
Strengths and limitations	Strengths: Calculating the average of EVM composite scores will enable improved trend monitoring and assessment of the collective strength of supply chains across Gavi68 countries. Secondary analysis will enable assessment of the distribution of countries relative to the benchmark for EVM composite score of 80%. Limitations: Indicator reporting still based on composite score potentially masking achievement across individual components of EVM which comprise the composite score.	
Results (baseline, actuals and target)	(As reported to the Board in June 2018, with the 2020 target updated): 2015: 67% 2016: 67% 2017: 68% 2020: 72% Rationale for target-setting:	
	The 2020 target is based on a linear forecast of EVM scores for each individual country and then aggregated for all Gavi68 countries.	



Definition Percentage of Gavi-supported countries meeting benchmarks for civil society engagement in national immunisation programmes to improve coverage and equity. Programme Capacity Assessments Numerator Number of Gavi-supported countries having had a Programme Capacity Assessment in the last five years, with validated results meeting each of three engagement criteria Number of Gavi-supported countries having had a Programme Capacity Assessment in the last five years. Gavi68 countries Level of disaggregation Reporting schedule Rationale for use This indicator is a measure of the engagement of civil society organisations for improved coverage and equity, in line with Objective C under the Alliance's second strategic goal: strengthen engagement of civil society organisations for improved coverage and equity, in line with Objective C under the Alliance's second strategic goal: strengthen engagement of civil society, private sector and other partners in immunisation'. This indicator is measured as the percentage of countries meeting each of the following three criteria for civil society engagement for improved coverage and equity: 1) civil society organisations (CSOs) appear in national plans with clearly stated activities and plans that support improved coverage and equity: 2) CSOs appear with clear budgetary allocations for defined activities and plans (or justification given in national plans with or improving coverage and equity have been completed and/or are being implemented according to stated plans. Strengths and limitations Strengths and limitations The strength of this indicator is that it measures in a direct way the engagement of civil society in immunisation, will be excluded from the numerator and denominator. Countries that have not had a PCA assessment with CSO questionnaire in the past five years, or that are determined by the PCA to tack sufficient capacity to engage oxivil society in immunisation, will be excluded from the numerator and denominator. The strength of this indicator	S2.5 Civil society e	ngagement
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Report to the Programme and Policy Committee

S3.4 Institutional ca	S3.4 Institutional capacity		
Definition	Average of country composite score for national decision making, programme management and monitoring		
Data Source	Gavi institutional capacity assessment tool		
Numerator	Sum of institutional capacity composite scores for each Gavi68 country		
Denominator	Gavi68 countries		
Level of disaggregation	By fragile state status and transition status; breakdown of values by subcomponents (i.e. EPI management capacity, functionality of Inter-agency coordinating mechanisms and functionality of National Immunisation Technical Advisory Group)		
Reporting schedule	Annual		
Rationale for use	The indicator tracks progress across three areas defined as the key fields of engagement under the Leadership, Management and Coordination Strategic Focus Area: EPI management capacity, functionality of Inter-agency coordinating mechanisms and functionality of National Immunisation Technical Advisory Group. Strengthened institutional capacity for national decision making, programme management and monitoring is on the critical pathway to programmatic and financial sustainability, and is a strategic enabler of Gavi's overall 2016-2020		
	strategy.		
Method of measurement	Data will be collected based on the Senior Country Manager's annual assessment of the following areas of a country's institutional capacity: 1) EPI management capacity, 2) ICC functionality and 3) NITAG functionality. The assessment will be conducted annually and will based on a custom tool developed by a working group under the Leadership, Management and		
	Coordination Strategic Focus Area.		
Strengths and limitations	Strengths: Revised data collection methodology will produce new data for Gavi-eligible countries annually and enable timely assessment of progress in institutional capacity. Limitations:		
	Responses will be collected through the Gavi institutional capacity assessment tool which may be subjective and potentially biased. Mitigations measures taken include consultation and endorsement of the questionnaire by Alliance partners; and calibration with findings from Programme Capacity Assessments, which are conducted every three years.		
Results (baseline, actuals and target)	(As reported to the Board in June 2018, with the 2020 target updated): 2015: N/A 2016: N/A 2017: 2.4 2020: 2.7		
	Rationale for target-setting: The 2020 target is based on the triangulation of baseline score, alliance investments and best estimate of progress in institutional capacity in the 68 Gavisupported countries.		