

FOR INFORMATION

This document is being provided for information only. The Board received the Second GAVI Evaluation in September. This paper provides the Secretariat's response to the evaluation, to inform the Board's discussion of the Report of the Evaluation Advisory Committee. The Secretariat welcomes the evaluation and substantially agrees with its findings.

No requests are being made of the Board.

Management response to the Second GAVI Evaluation

In March 2009 the Board asked the Secretariat to commission a second evaluation of GAVI covering the period 2006-2010, and subsequently approved the evaluation's terms of reference. Cambridge Economic Policy Associates (CEPA) were selected to conduct the evaluation through a competitive process and completed the evaluation in September. The Secretariat provided the evaluation report to the Board the same month. The Evaluation Advisory Committee has also reviewed the evaluation and the report of the Chair of the Committee is provided to the Board (document 4a).

The evaluation is a substantial, detailed and robust piece of work which has already been of great assistance to the Secretariat. Overall, the evaluation affirms GAVI's value added and business model. It finds that the Alliance has accelerated the introduction of vaccines, attracted additional funding to immunisation, successfully engaged in organisational and programmatic innovation, and has generated country ownership; and in so doing has prevented millions of future deaths.

The evaluation also identified a number of areas for improvement in the next strategic planning period 2011-2015. The Secretariat substantially agrees with the findings of the evaluation, and indeed has been taking account of the emerging evaluation findings in developing GAVI's five year strategy, the business plan which will implement it, and in new policies. The Board will consider some of these new policies in Kigali.

This paper provides a response to the evaluation's main findings. Given the scope and depth of the findings, additional work to address issues raised will take place in the coming year, and under the supervision of the new performance management unit, a detailed plan will be developed.

For ease of reference, this paper follows the order of the evaluation's executive summary (see annex 1 for extracts from the executive summary).

Cross-cutting issues and methodological limitations

The Secretariat agrees that with the evaluation's finding that there has been a lack of comprehensive analysis of data collected to inform monitoring and evaluation of programmes. The Secretariat has developed a monitoring and evaluation plan

FOR INFORMATION

which is resourced under the Business Plan and which aims to develop further the new data warehouse, targeted studies, and a prospective evaluation system to inform decision-making and measure impact. The Secretariat is developing an online platform for countries to complete the Annual Progress Report and transmit it to the GAVI Secretariat. This platform will be linked to an operational database, which will facilitate the proactive use of the data to support learning and decision making.

The Secretariat agrees with the evaluation finding that more needs to be done to improve the accountability of the Secretariat and implementing partners, and the transparency and timeliness of performance reporting. Resolving these issues is central to the new Business Plan, which requires regular reporting to the Board at the programme objective level and the standardisation of reporting across the partners. The process of establishing a new performance management unit is underway.

The evaluation finds that “across the evaluation, we have come across instances where it seems that GAVI has launched programs or committed to activities and has not identified (or has been slow to identify) wider implications in terms of funding, delivery model, or availability of resources, suggesting a need for better prioritisation of Secretariat and Partner resources.” The Secretariat agrees that this has sometimes been the case, although the Secretariat’s view is that as the Alliance’s governance system has evolved, policies and programmes receive wider and more systematic consideration before they are implemented than in the past.

Nonetheless, as the Secretariat’s internal auditor identifies (see Board paper #10), there is a significant risk of overstretch in the Secretariat, and part of the reason for this is the adoption of new policies and programmes which have high transaction costs for the Secretariat and which have not always been accompanied by requests for appropriate staff resources in the Secretariat. Therefore, this evaluation finding needs to be taken seriously by the Board, its committees and the Secretariat.

Overview of GAVI outputs, outcomes and impacts

The Secretariat’s view is that it reflects well on GAVI’s programmes that spending per child has been higher in the poorer countries than in wealthier countries, and that a high proportion of health system spending has been provided to countries with lower DTP3 coverage rates. We agree with the evaluator’s assessment that GAVI’s support has been cost-effective compared to other health interventions.

Financial value add

The Secretariat supports and would like to draw attention to the following findings:

“there is good evidence to suggest that GAVI has been able to attract additional funding for immunisation, and its major donors would not have contributed to immunisation on the scale that they did without it.”

“a big area of financial added-value has been through International Finance Facility for Immunisation (IFFIm), where GAVI’s role has been unique... GAVI played a

FOR INFORMATION

critical role in adapting and implementing [IFF] for immunisation...IFFIm has provided certainty of funding that has underpinned the ability of GAVI to commit to fund existing NVS programs through to 2015."

"GAVI's role in the ongoing implementation of the Advance Market Commitment (AMC) pneumococcal pilot is also identified as a significant achievement."

In relation to the following finding: "GAVI's basic programmatic approaches and the development of tools to support countries' financial planning was a key source of innovation in Phase 1" the Secretariat agrees, and believes that the development of these plans in Phase 2 (i.e. from 2005 until now) has also been important in promoting better planning and budgeting in countries.

The Secretariat accepts that changes to co-financing policy have been a cause of confusion at country level. However, the Secretariat does believe that the proposed new co-financing policy which will be considered by the Board in Kigali will establish a sound and clear basis for co-financing, and is necessary both so that countries are more able to meet their co-financing requirements, and to take account of the Board's decisions on graduation.

The Secretariat agrees with the finding that co-financing has been important in generating country ownership. The Secretariat also agrees that many GAVI countries will not be able to afford the vaccines which they have introduced without some combination of substantial economic growth, improvements in the countries' fiscal position, and falls in vaccine prices. For other countries, particularly those approaching graduation, the Secretariat's view is that the new co-financing policy will promote national financial sustainability. The Secretariat also recognises that this is a key area of risk, and for this reason has noted the need to strengthen investment through the business plan to work with graduating countries in the coming years.

While recognising the challenges to financial sustainability presented by GAVI's choice of vaccines, the Secretariat's view is nonetheless that the Board's decision, for example to support the roll-out of pentavalent vaccine has been a highly cost-effective way of preventing future deaths. Amongst other things, it has led to the elimination or near elimination of pneumonia, meningitis and other diseases associated with Hib in many GAVI-eligible countries, in the same way as the Hib vaccine has protected children in rich countries.

GAVI does need to do more to bring down vaccine price; as noted below, market shaping has been elevated to the level of a strategic goal in the new strategy. However, it also needs to be recognised that some of the vaccines now in GAVI's portfolio are complicated to manufacture, and will not fall to the price of older vaccines in the near future. The majority of vaccine preventable deaths are in lower income countries, which will require significant external financial support for some time. GAVI will also need to work closely with the graduating countries on access to affordable pricing and continued provision of vaccines when GAVI support has ended.

FOR INFORMATION

Programmatic value add

The Secretariat agrees with the finding that: “There is strong evidence that GAVI’s flagship program, NVS, has accelerated countries’ introduction of life saving vaccines and immunisation outcomes – which might not have happened in its absence.”

The Secretariat agrees that vaccine prices have not fallen far or fast enough, and that, as noted above, this has had serious implications for sustainability. The Board and the Secretariat have recognised this by elevating market-shaping to the level of a strategic goal, with specific programme objectives and activities which will drive reducing vaccine costs to GAVI and countries.

The Secretariat agrees with the finding that “GAVI is unique in financing associated vaccine technologies through its injection safety program, which has clearly been successful and sustainable – although waste management remains an issue.” The Secretariat’s view is that waste management should be tackled as a health systems issue rather than a vaccine issue; where countries identify waste management as a priority, it is open for them to use GAVI support through the health systems funding platform to address it.

The evaluation recognises the spectrum of opinion which exists on the Board and elsewhere about the extent to which GAVI’s health system strengthening activities have advanced or distracted from GAVI’s immunisation goals. The Secretariat’s view is that the primary virtue of GAVI’s health systems support from countries’ perspectives – its flexibility – is central to the difficulty identified by the evaluators in assessing the impact of health systems spending. It is also harder to measure the impact of cash-based programmes than vaccine programmes, and their impact is often longer term. The Secretariat recognises the need to continue to work on developing better key performance indicators on HSS. In addition, as the evaluation identifies, some of the operational issues with the HSS programme will be addressed by the health systems funding platform.

The Secretariat agrees that while the Immunisation Services Support programme has been innovative, there have been issues with its implementation. The Secretariat’s view is that the proposed new window, Incentives for Routine Immunisation Strengthening (IRIS) has the potential to address some of the issues identified by the evaluation; the Board in Kigali will consider the IRIS programme.

The Secretariat accepts that the Civil Society Organisation support programme has been slow to take off on account of some fundamental design and implementation issues, particularly in relation to Type A support. The Secretariat has been working with CSOs to develop a new programme.

FOR INFORMATION

Organisational value add

The Secretariat agrees that GAVI's approach of working through its Partners, particularly at country level, goes to the heart of its Alliance model and "lean" structure.

The Secretariat agrees with the finding that "evidence suggests that GAVI's program application and monitoring processes and communication at country level need to improve further, although a significant positive characteristic of GAVI's approach is 'country ownership.'" Improving country communications has been included in the Business Plan through the creation of a dedicated post for country communications at the Secretariat and support for regional and country level UNICEF and WHO staff.

The Secretariat agrees that "GAVI's partnership of public and private immunisation stakeholders is on one hand a key driver of its innovation, but on the other, a contributing factor to the challenges of work planning, budgeting, and performance monitoring." The Secretariat's view is that while coordinating independent institutions through the Alliance can be challenging, the Alliance adds significant value; and that the new strategy and business plan take significant steps towards addressing the challenges of work planning, budgeting and performance monitoring identified by the evaluation by requiring reporting at the programme objective level and the standardisation of reporting across the partners.

The Secretariat agrees with the following findings:

"As GAVI has evolved, there have been changes to the structure of the Partnership (and Secretariat) and nature of its innovations – but our view is that these have not detracted significantly from its added value."

"GAVI has increased the interest in and commitment to immunisation at global and country level – borne out, as a minimum, by increased levels of funding."

Next steps

The Management response focuses on the key for board attention. However, the evaluation has provided valuable and in-depth insight into a number of areas. Through the performance management unit, which is being put in place to manage implementation of the business plan, the Secretariat will systematically follow up on other issues raised both in the main report and in the detailed chapter reports on each strategic goal, and will prepare a detailed implementation plan.

FOR INFORMATION

Annex 1: Extract from executive summary of the Second GAVI evaluation (Pages 7-14)

Cross cutting issues and methodological limitations

This section of the report sets out a small number of evaluation findings about GAVI that are relevant across all of the Strategic Goals (hence ‘cross cutting’ issues). It also discusses methodological limitations which the reader needs to be aware of in reviewing our findings.

The identified cross cutting issues do not take away from the strengths and added value achieved by the Alliance across its activities. But we believe that they are important in determining the ability of GAVI to measure its performance and allocate scarce resources efficiently going forward. They are also relevant to the methodological limitations.

The three areas of issues that we have highlighted are:¹

- The way in which GAVI’s strategy and performance framework links activities, outputs and objectives is quite weak, and there is also a lack of clarity on who within the Alliance (e.g. Partner or Secretariat) has ownership of a particular objective and related indicator.
- There is a relative absence of regular and systematic recording of GAVI Activity, Program Activity and Output data, and of clearly defined performance indicators / metrics (preferably ‘output’ and ‘outcome’ based) against which performance across the organisation can be monitored.
- Across the evaluation, we have come across instances where it seems that GAVI has launched programs or committed to activities and has not identified (or has been slow to identify) wider implications in terms of funding, delivery model, or availability of resources, suggesting a need for better prioritisation of Secretariat and Partner resources.

Some of the methodological limitations discussed in this section of the report arise from the cross cutting issues above. Other limitations relate to data quality and constraints, challenges in measuring value add and defining appropriate counterfactuals and comparators, limited sample of country visits, biases inherent in qualitative interview or survey feedback, etc.

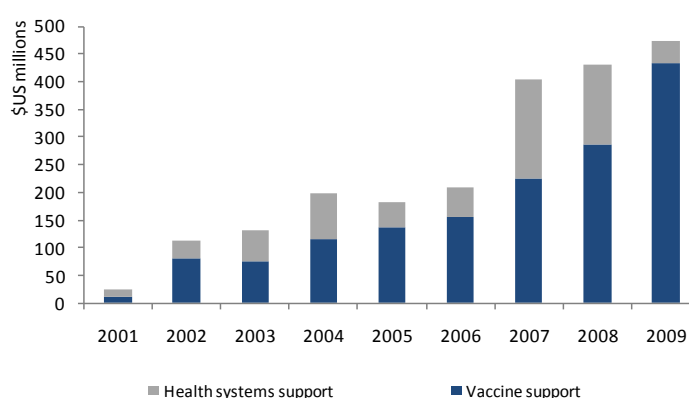
¹ We are aware that GAVI is working to address some of these issues such as through the development of its Strategy 2011-15, data warehousing efforts, etc.

FOR INFORMATION**Overview of GAVI Outputs, Outcomes and Impacts**

GAVI's ultimate mission is 'to save children's lives and protect people's health by increasing access to immunisation in poor countries'. In this section of the report, we have provided an overview of GAVI's patterns of funding and estimated impacts by World Health Organisation (WHO) (in terms of deaths averted).

GAVI provided a total of \$2.2bn in disbursements to 75 countries over the period 2000-09, with Phase II seeing a rise in disbursements. In terms of types of support, vaccine-related support dominated health system-related support in every year (see Figure 2).²

Figure 2: Total GAVI disbursements by type of support (2001-09)



Key points to note in relation to the distribution of this support by countries are as follows:

- Support per surviving child has been targeted at weaker GAVI eligible countries; in particular the Low Income Countries Under Stress (LICUS) countries and those in the “poorest” and “fragile” financing groups. These countries have received high total disbursements per surviving child.
- The balance of support provided between health system related support and vaccine support varies by country group. The low Diphtheria, Tetanus and Pertussis (DTP3) coverage countries in particular received a relatively high proportion (per surviving child) of health system related support as compared to countries with high DTP3 coverage rates. This is driven primarily by GAVI's rule relating to DTP3 coverage in Phase II (only countries with DTP3 coverage exceeding 50% were eligible for vaccine support).

WHO estimates that the impact of GAVI's vaccine support has been to avert 3.4m future deaths caused by pertussis, *Haemophilus influenzae* type B (Hib) or Hepatitis B (HepB) as at the end of 2008 and nearly 4m future deaths prevented projecting to

² We define “type of support” to be either vaccine-related (i.e. New and underused Vaccine Support (NVS)) or health system-related (i.e. Immunisation Services Support (ISS), Injection Safety Support (INS), Civil Society Organisations support (CSO), and Health Systems Strengthening support (HSS)).

FOR INFORMATION

the end of 2009. Whilst there is considerable uncertainty about these estimates, our judgement is that even taking account of a substantial margin of error they point to a very significant achievement of GAVI (including all of its Partners and the Secretariat).

We have not conducted a full cost effectiveness analysis of GAVI's activities. However, we can relate the estimates of future deaths averted to GAVI's disbursements. Based on total NVS disbursements to 2009 of \$1.5bn, the notional, undiscounted cost per death averted is \$382.³

Our analysis of studies on the cost-effectiveness of immunisation suggest that these estimates are at the lower end of the range and are consistent with a level of cost per discounted Disability-Adjusted Life Year (DALY) that is deemed to be cost-effective when compared with other health interventions. We do not place an excessive degree of weight on this comparison because our analysis is relatively simple. However, given the orders of magnitude, the analysis is consistent with the view that GAVI's support has been a cost-effective intervention.⁴

Evaluation by Strategic Goal

Sections 5 – 8 of the report provide our assessment of GAVI's results and value add by Goal. Each section is a summary of the full analysis and evidence-base presented in the respective SG reports. To avoid duplication, we do not repeat or seek to summarise the analysis here. The key evaluation findings in relation to value add (in addition to the 'cross cutting' findings referred to above) are set out below.

Evaluation conclusions

The final section of the evaluation report brings together our conclusions across the Evaluation Questions, and presents a synthesis of our evaluation of GAVI. This is organised by 'financial', 'programmatic' and 'organisational' value add (considering both global and national aspects of value add).

The limitation of this thematic disaggregation is that, in practice the existence of 'value add' in one area is dependent on performance and added value in other areas. Given this, we try (as far as possible) to identify the interdependencies. In addition, the summary below also covers key aspects of GAVI's results vis-à-vis its objectives (as contained in Sections 5 – 8 of the report).

³ Based on total disbursements to 2009 of \$2.2bn (including ISS, HSS, INS and CSO), the notional undiscounted cost per future death averted is \$544.

⁴ Based on the \$100 per discounted DALY (Barder and Yeh, 2006).

FOR INFORMATION

Financial value add

Our conclusions in relation to GAVI's financial value add at the global level are as follows:

- **Despite a fair wind, GAVI has attracted funding to immunisation that probably wouldn't have occurred in its absence.**

Considerable increases in funding for immunisation, and GAVI in particular, need to be seen in the context of large increases in total Overseas Development Assistance (ODA) and higher increases in health ODA. In addition, the influence of the Gates Foundation in providing very substantial levels of long-term funding has been important in 'crowding-in' donor funding, and this needs to be recognised alongside any value add attributed to GAVI itself. However, there is good evidence to suggest that GAVI has been able to attract additional funding for immunisation, and its major donors would not have contributed to immunisation on the scale that they did without it.

- **A big area of financial added-value has been through International Finance Facility for Immunisation (IFFIm), where GAVI's role has been unique.**

In our view, IFFIm passes the test in terms of more (additional) and predictable resources and therefore added-value. Although GAVI was not part of the initial IFF concept design, it played a critical role in adapting and implementing it for immunisation. IFFIm has been able to substantially increase the period of bilateral donor financial commitments to GAVI, and (together with Gates funding) has provided the certainty of funding that has underpinned the ability of GAVI to commit to fund existing NVS programs through to 2015.

- **GAVI's role in the ongoing implementation of the Advance Market Commitment (AMC) pneumococcal pilot is also identified as a significant achievement.**

As with IFFIm, GAVI's involvement in the AMC increased at a later stage – with the selection of the pneumococcal pilot and the appointment of the Alliance for hosting the AMC Secretariat. Feedback suggests that the key features of GAVI that made it capable of supporting the AMC included the fact that it was an Alliance of the key immunisation partners, its track record in aggregating demand and introducing and financing vaccines in poor countries, and a relatively flexible organisation structure. These features distinguished it from other potential partners - *a priori* evidence of GAVI's additionality.

At a national level, our key findings in relation to value add are as follows:

- **GAVI's basic programmatic approaches and the development of tools to support countries' financial planning was a key source of innovation in Phase I.**

GAVI's requirement for countries to prepare Financial Sustainability Plan (FSPs)/ comprehensive Multi Year Plan (cMYPs) has supported the improvement of planning and budgeting process in countries – which is an important area of value add.

FOR INFORMATION

- **Co-financing has supported country ownership, but it has contributed relatively little to financial sustainability and changes to the policy have been a cause of confusion at the country level.**

There is a general view that the introduction of co-financing has been an important development supporting country ownership of immunisation decisions (even if the levels are probably too low in the overall context of financial sustainability). But our assessment is that the process (time taken to introduce the policy and then frequent revisions and updates) and the coverage of the policy (integration of issues of financial sustainability and country eligibility) have been areas of poor performance in Phase II.

- **GAVI's choice of vaccines and its basic funding model – despite its contributions to tools and country approaches – has had a negative impact on country financial sustainability.**

All evidence points to the conclusion that the prospects for financial sustainability for low-income GAVI-eligible countries is very low indeed. Financial sustainability is expected to be a more surmountable challenge in low-middle income GAVI eligible countries.

We also conclude that GAVI's choice of vaccines and presentations (i.e. combination vaccines) has not in practice been based on a realistic consideration of the potential for low-income countries to take on financing of these vaccines after GAVI support ends (whether through their own or other donor resources). In our view, there has been a failure to recognise explicitly, or communicate clearly, that financial sustainability (for low-income countries at least) would not be achievable in the medium term for the vaccines that GAVI supports.

Programmatic value add

Our findings in relation to GAVI's programmatic value add are:

- **There is strong evidence that GAVI's flagship program, NVS, has accelerated countries' introduction of life saving vaccines and immunisation outcomes – which might not have happened in its absence.**

Analysis confirms that the introduction of HepB and Hib containing vaccines (and to a lesser extent Yellow Fever vaccine) was accelerated across GAVI countries after the Alliance was formed and suggests that fewer countries would have introduced these vaccines in the absence of GAVI.

Similarly, the country demand for pneumococcal vaccines is greater and faster than any other vaccine to date, but introduction may be delayed. Except for early introduction of rotavirus vaccine in some Latin American countries, there is no evidence that demand or introduction has been accelerated. GAVI-eligible countries are capable of quickly taking vaccine programs to scale; therefore, GAVI's current model appears to be effective.

FOR INFORMATION

In supporting countries to make policy decisions on the introduction of vaccines, GAVI financing and the work of its partners has significantly improved the evidence base on disease burden, vaccine safety and effectiveness, cost-effectiveness data, and programmatic feasibility data. Finally GAVI has delivered timely forecasts for underused and new vaccines for use across the partners and with suppliers.

- **However, it has not contributed to a reduction in vaccine prices – as originally anticipated – with serious implications for country affordability and sustainability.**

An area of weak GAVI performance has been its impact on vaccine prices. GAVI has not achieved the anticipated level of price decreases for Yellow Fever and pentavalent vaccine. GAVI has not actively addressed strategies for reducing vaccine prices and has continued to rely on natural market forces.

If there continues to be minimal supplier competition (pentavalent vaccine) or unstable supply (Yellow Fever), vaccine prices will remain high. In addition, transient markets (HepB and Hib mono- and tetravalent vaccines) may have unintended consequences regarding GAVI vaccine prices and vaccine suppliers' motivation to enter GAVI markets. Our consultations, including with the vaccine industry suggest that GAVI 'could have done much more' in this area.

Our view is that the failure to prioritise this issue by working strategically and proactively with industry partners is a key weakness of the Alliance. In addition, while GAVI has improved the supply stability for Yellow Fever and pentavalent vaccines (the two primary underused vaccines used by GAVI-eligible countries) and helped increase the number of suppliers prequalifying vaccines, supply stability has not been achieved for either vaccine through 2009. Finally, the accuracy of the underused vaccine forecasts has varied widely across the procurement rounds.

- **GAVI is unique in financing associated vaccine technologies through its injection safety program, which has clearly been successful and sustainable – although waste management remains an issue.**

GAVI is the only donor financing injection safety in routine immunisation and evidence points towards the achievements and added value of GAVI in this area. The Injection Safety Support (INS) support has led to the adoption/increased uptake of injection safety equipment across GAVI countries. Further, this program has demonstrated the highest sustainability in terms of sustained use and financing of safety kit after GAVI support (although we note the relatively lower prices of Auto-Disable syringes (AD) in comparison with the GAVI vaccine support).

FOR INFORMATION

An unintended ‘negative’ consequence of this program has been the poor safe disposal/ sharps waste management in countries – primarily due to a lack of resources in countries.

- **GAVI’s focus on health system bottlenecks in countries through its Health System Strengthening (HSS) window is deemed necessary for increasing coverage, but there are several issues in relation to the effectiveness of its delivery model, and the dilution of GAVI’s focus and its comparative advantage.**

It is widely agreed that the dedicated GAVI HSS window has raised the profile of immunisation amongst global and national HSS stakeholders and demonstrated some positive features such as flexibility and promoting ‘country ownership’ (regarded as a key area of country value add vis-à-vis other donor approaches). However, HSS approved activities are broader than immunisation in scope.

This raises questions of the extent to which HSS has diluted GAVI’s core focus and diverted limited resources and efforts from effective delivery and monitoring of its existing programs. There are also several issues relating to the effectiveness of GAVI’s HSS delivery model – although some of these are expected to be addressed in the HSS Funding Platform.

- **The Immunisation Services Support (ISS) program has also received ‘mixed’ feedback. Although generally regarded as being highly innovative, the impacts achieved and scope for sustainability is less conclusive.**

GAVI ISS is highly valued by countries as being the only source of donor funding to expand routine immunisation coverage to the unreached. Country consultations indicate that its flexible and rewards-based funding has incentivised immunisation efforts at sub-national levels (although there are diminishing incentive effects after a certain level of coverage).

Our regression analysis shows only some weak evidence of a positive impact of ISS disbursements on DTP3 coverage. However, the utilisation analysis of ISS funds disbursed indicates that on average about 50% of ISS funds available to a country in a year remain unutilised. Concerns on sustainability of the funding have also been raised.

- **The Civil Society Organisation (CSO) support program has been slow to take off on account of some fundamental design and implementation issues.**

The CSO program is yet to contribute substantively to enhancing CSO engagement in immunisation and health systems across GAVI countries, although its potential is recognised. GAVI needs to address a range of design and process issues with the program (for example, clarity in program objectives, increasing program awareness at country level, cumbersome application process despite small grant sizes, delays in approval and disbursement, etc.) to ensure greater uptake (especially of Type A support) and impact.

FOR INFORMATION

A clearer definition of outputs, outcomes, as well as performance indicators and targets is required to be able to assess the program's results and added value.

Organisational value add

Our findings in relation to GAVI's organisational value add are as follows:

- **GAVI's approach of working through its Partners, particularly at country level, goes to the heart of its Alliance model and 'lean' structure.** GAVI's 'lean' organisation model that finances governments directly and works through existing in-country Partners is largely unique and contributes to its efficiency. During Phase II, GAVI's administrative overheads as a proportion of Official Development Financing (ODF) have declined significantly –making it broadly comparable with the Global Fund (despite being significantly smaller), and lower than the Gates Foundation and other bilateral and multilateral donors.

The Inter-agency Coordination Committee (ICC) mechanism in country is indicative of effective partnering amongst all immunisation donors and stakeholders. However, we understand this approach is less effective for GAVI's HSS activities and there has been some feedback that the CSO and private sector stakeholders in country need to be engaged more meaningfully.

- **Evidence suggests that GAVI's program application and monitoring processes and communication at country level need to improve further, although a significant positive characteristic of GAVI's approach is 'country ownership'.**

GAVI's program processes have improved over time and have been considered favourably in comparison to the Global Fund. A value addition of GAVI's processes at the country level, that set it apart from other donors, is the level of 'country ownership' it provides. However, areas of weakness were identified with regard to: (i) the effectiveness of GAVI communications with countries; and (ii) its approach to capturing and proactively monitoring country level data. We believe that the weakness of GAVI's monitoring and communication is partially related to a lack of clarity about the relative roles of Implementing Partners and the Secretariat in particular.

- **GAVI's partnership of public and private immunisation stakeholders is on one hand a key driver of its innovation, but on the other, a contributing factor to the challenges of work planning, budgeting, and performance monitoring.**

The key value add of the Alliance is bringing together all the relevant public and private stakeholders in immunisation – that no other existing entity has achieved. The different skills and experience mix has clearly been important in promoting new and better ways of improving routine immunisation - in both programmatic and financial spheres.

FOR INFORMATION

That said, there have been some relative failures. For example, we regard the work planning and budgeting process as an area of weak performance – and one which reflects a failure to tackle effectively the issues of roles and accountability.

Other challenges are the lack of a coherent link between the GAVI strategy, indicators/ outputs and activities, the absence of systematic tracking of performance and GAVI's ability to capture and produce basic financial and performance information monitoring continues to create inefficiencies and risks for the organisation.⁵

- **As GAVI has evolved, there have been changes to the structure of the Partnership (and Secretariat) and nature of its innovations – but our view is that these have not detracted significantly from its added value.** The changing nature of the partnership to be more 'formal' or 'corporate' and the increasing role and independence or 'self-sufficiency' of the Secretariat has been a common theme in our evaluation of GAVI as a partnership. There are conflicting views on how these changes have impacted on value add.

We note that uncertainty about responsibilities and accountabilities and the nature of the relationship between the Secretariat and Partners remains an issue and that has detracted from the efficiency of the organisation in Phase II.

Our findings suggest that the nature of innovation and areas of GAVI's focus and contributions have changed over its two phases. Although we recognise that there is a change in the relationship between key Partners (WHO / UNICEF) and GAVI, we are not convinced that this has had a detrimental impact on levels of innovation. We think that a lessening in innovation on tools and approaches to financing routine immunisation was perhaps inevitable given the need to focus on delivery (and the need for 'proof of concept' i.e. GAVI's ability to support the introduction of new vaccines in eligible countries.) In addition we do observe innovation in other areas such as innovative finance and HSS.

- **GAVI has increased the interest in and commitment to immunisation at global and country level – borne out, as a minimum, by increased levels of funding.** There is *a priori* evidence to support the view that GAVI has broadly succeeded in increasing awareness and interest in immunisation at both the global and national levels. This success has primarily been as a 'by-product' of GAVI's fundraising (and innovative finance) activities and its programmatic expenditure.

The quality, planning and quantity of GAVI's global advocacy activities has improved over Phase II – although there are still implementation challenges including in coordinating Partners, and widening the Partnership's advocacy

⁵ We understand that work is ongoing to develop data warehousing systems to improve M&E.

FOR INFORMATION

messages and channels. Feedback about national level advocacy has been mixed, and varied between countries, mainly reflecting uncertainty about where it makes sense for advocacy messages and activities to be ‘GAVI’ as opposed ‘GAVI Partners’.