

SUBJECT: DATA STRATEGIC FOCUS AREA

Report of: Peter Hansen, Director, Monitoring & Evaluation

Authored by: Hope Johnson, Stephen Sosler, Johannes Ahrendts, Adrien de Chaisemartin, Peter Hansen

Agenda item: 12

Category: For Decision

Strategic goal: Alliance operations

1. Executive Summary

- 1.1 Improvement in the availability, quality and use of data is a critical enabler for delivery of the Alliance's strategy for 2016–2020, as well as for mitigating programmatic and reputational risks. Data was one of six potential areas needing transformational approaches, as endorsed by the Board in June. Strengthening the availability and use of quality data at the primary level of the data system is essential to improve country immunisation programme performance and is fundamental to improvements at all other levels of the system.
- 1.2 Despite Gavi's support for a range of data strengthening activities through the Business Plan and Health System Strengthening (HSS) grant over time, fundamental weaknesses in country data systems remain a critical risk for the Alliance. Previous investments have likely been inadequate in size and degree of responsiveness to country needs and context and were largely made in the absence of a clear and explicit strategic focus and systematic approach to ensuring coordination and linkage across investments, initiatives and partners. Transformative and tailored solutions are needed that respond to specific country contexts, leverage existing and new initiatives and investments from countries and other development partners and together comprise a coherent and strategic portfolio that is aligned with Gavi's goals and objectives.
- 1.3 The Data Strategic Focus Area (SFA) defines both a scope of engagement and a strategic approach to achieving measurable improvements in the availability, quality and use of data to improve immunisation coverage and equity, through strengthened programme management, evidence-based decision-making and mitigation of risks to the sustainability of programmes.

- 1.4 The Data SFA defines three areas of focus to guide Gavi engagement in data:
- (a) In immunisation delivery, coverage and equity, the Alliance will pursue strategic and scalable investments that are more directly linked to countries' specific bottlenecks and plans. The Alliance will invest in (i) strengthening the availability, quality and use of immunisation coverage data; (ii) strengthening health workforce capacity and motivation to collect, analyse and use data; and (iii) generation of evidence, learning and accountability.
 - (b) In vaccine-preventable disease surveillance, investments will be consolidated to produce high-quality and timely data to address the most critical questions for Gavi programmes across the vaccine portfolio to better optimise programmes and ensure sustainable immunisation programmes. This will be done by investing in (i) strengthening country surveillance systems to meet minimum surveillance standards needed to inform immunisation programme management; and (ii) developing regional networks of sites with enhanced capacity to answer multiple critical questions across the Gavi vaccine portfolio.
 - (c) In vaccine safety surveillance and response, Gavi will greatly increase its engagement recognising the increasing and critical risks due to the frequency of new vaccine introductions and use of new vaccines with shorter post-licensure safety experience. The Alliance will invest in (i) defining minimum standards, creating incentives and providing support to prioritised countries to take on responsibility in meeting them; (ii) developing enhanced pharmacovigilance capacity in selected countries through regional networks with strengthened technical capabilities; and (iii) supporting response and communication strategies to ensure safe and sustainable immunisation programmes.
- 1.5 The Data SFA leverages Gavi's financial and non-financial levers to achieve transformative change by supporting the consolidation of successful experiences and identified best practices. This is done through development of global and regional guidance, systematic assessment and planning for implementation of more innovative or transformative solutions tailored to specific country context, and leveraging investments from Gavi and others as well as non-financial levers.
- 1.6 Innovation will be pursued in both the types and scale of solutions, and allowing the data needs to drive the technologic solutions rather than vice versa. The Alliance will leverage game-changing innovation made possible through the data revolution and other opportunities and provide support to achieve scale and sustainability in appropriate contexts.
- 1.7 Gavi will seek close collaboration with partners, including but not limited to the Global Fund to Fight AIDS, Tuberculosis and Malaria, to leverage synergies and complementarity with their investments. This will include, for

example, working with countries and other development partners through the new Global Collaborative on Performance Measurement and Accountability. As documented in the guiding principles, Gavi will seek to maximise the pathfinder effect that immunisation can serve to catalyse broader improvements to country data systems.

- 1.8 The identified focus areas along with the operational approach will maximise value for money and minimise fragmentation to help the Alliance to achieve scale. Investments will be channeled through existing Gavi grants to countries, as well as the Partners' Engagement Framework (PEF). The latter includes both the technical assistance provided by partners in response to specific country needs articulated by countries and global/regional activities by partners that will serve as a catalyst to unlock the full potential of the country investments.
- 1.9 The Data SFA was developed in collaboration with Alliance partners through a series of workshops and consultations from June to September of this year. The Secretariat presented the scope and principles for engagement in data to the PPC in May 2015 and the detailed areas of focus and means of operationalisation for this SFA to the PPC in October 2015.
- 1.10 The PPC endorsed the SFA and recommended the approach to the Board for consideration at its December meeting.

2. Recommendations

- 2.1 The Gavi Programme and Policy Committee recommends to the Gavi Board that it:
 - (a) **Approve** the high-level approach to the strategic focus area ("SFA") on data for the 2016-2020 period as set out in Section B of Doc 06 to the PPC.
 - (b) **Request** the Secretariat to work with partners to operationalise the high-level approach in priority countries starting in 2016, and to ensure that submissions for funding through the PEF are consistent with this approach and the needs of priority countries.
 - (c) **Request** the Secretariat to ensure that the proportional distribution of PEF funds across data and the other five SFAs is rationalised once other SFAs are developed, and to present these distributions to the PPC in May 2016 to ensure strategic alignment with Gavi priorities.
 - (d) **Request** the Secretariat to ensure that strategic investments in data made through direct financial support to countries are consistent with the approach to the data SFA as well as with the outcomes of the review of Gavi's model for direct financial support to countries.

3. Risk and Financial Implications - Update

- 3.1 There are no risk and financial implications to note beyond those already presented at the PPC meeting in October 2015.

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Authored by: Hope Johnson, Stephen Sosler, Johannes Ahrendts, Shantanu Misra, Adrien de Chaisemartin, Peter Hansen

Agenda item: 06

Category: For Decision

Strategic goal: Affects all strategic goals

Section A: Overview

1. Executive Summary

- 1.1 The purpose of this paper is to seek the Programme and Policy Committee's approval of the approach to the data strategic focus area (SFA), while making clear the critical work that remains in operationalising this approach at the country level. The approach identifies categories of potential investment at portfolio-level in three areas of focus - immunisation delivery, coverage and equity, vaccine-preventable disease (VDP) surveillance, and vaccine safety surveillance and response - as well as a process for determining which specific investments will be made in individual priority countries, based on specific bottlenecks and opportunities for improved immunisation coverage and equity in those countries.
- 1.2 Achieving transformative change will require use of Gavi's financial and non-financial levers. Financial levers include direct financial support to countries through existing funding mechanisms as well as funding to partners through the Partner Engagement Framework (PEF). Non-financial levers include convening and facilitating, use of incentives, grant guidelines, applications and review processes and leveraging investments made by countries through domestic resources as well as those made by other development partners. Close collaboration within the Alliance and with other development partners and leveraging synergies and complementarity with their investments in country data systems is critical for maximising value for money, minimising fragmentation and achieving scale.

2. Recommendations

- 2.1 The PPC is requested to **recommend** to the Gavi Board that it:
- (a) **approve** the high-level approach to the strategic focus area (“SFA”) on data for the 2016-2020 period as set out in Section B of Doc 06.
 - (b) **request** the Secretariat to work with partners to operationalise the high-level approach in priority countries starting in 2016, and to ensure that submissions for funding through the PEF are consistent with this approach and the needs of priority countries.
 - (c) **request** the Secretariat to ensure that the proportional distribution of PEF funds across data and the other five SFAs is rationalised once other SFAs are developed, and to present these distributions to the PPC in May 2016 to ensure strategic alignment with Gavi priorities.
 - (d) **request** the Secretariat to ensure that strategic investments in data made through direct financial support to countries are consistent with the approach to the data SFA as well as with the outcomes of the review of Gavi’s model for direct financial support to countries (see Doc 12).
- 2.2 The PPC is requested to **provide guidance** on:
- (a) the **proposed approach to engaging with countries** to operationalise the approach as described in Section B.
 - (b) the role Gavi should play in driving the **leveraging of polio resources** to strengthen country data systems for routine immunisation more broadly, with special consideration on the three areas of focus defined in this paper.

Section B: Content

3. Background

- 3.1 The Board has defined improvements in the availability, quality and use of data as a critical part of the Alliance’s strategy for 2016–2020, as well as for mitigating programmatic and reputational risks. In its May 2015 meeting, the PPC approved the guiding principles (see Annex A) and the three areas of focus for Gavi’s engagement in data as (i) immunisation delivery, coverage and equity (DCE); (ii) VPD surveillance; (iii) vaccine safety surveillance and response. The Secretariat has subsequently worked with Alliance partners to define an approach, identify priorities, and develop corresponding investment areas and engagement modalities that are in line with the Alliance’s strategy, comparative advantage, and guiding principles.

4. Process to define specific strategic opportunities at portfolio-wide level

- 4.1 Working closely with partners, the Secretariat has followed a systematic and consultative process (see Annex B) to build an ambitious portfolio of

investment that is impactful, directly aligned with Gavi's comparative advantages and strategy for 2016-2020 and mutually reinforcing of existing initiatives to strengthen country data systems.

- (a) Step 1: filtering of potential investments identified through consultations and landscape review to include only those directly aligned with Gavi's strategy and the principles outlined in the May PPC paper (see Annex C for the opportunities passing the filter).
 - (b) Step 2: prioritisation of each opportunity passing the filter against two criteria: (i) fit for purpose and (ii) fit for Gavi. "Fit for purpose" refers to an opportunity's potential impact and criticality to achieving the Alliance's strategy. "Fit for Gavi" denotes the extent to which an opportunity leverage's Gavi's comparative advantages, such as its unique position to work as an Alliance, scale power of active programmes in 70+ countries, and use of its policy levers and grant application requirements.
 - (c) Step 3: accounting for interdependencies and sequencing among opportunities and the optimal transition plan of existing investments.
- 4.2 This approach yielded several priority engagements in each focus area within a well-balanced portfolio. Additional opportunities may be identified over the course of the strategy period - for example in data needs important for the success of the other SFAs under development.

5. Operationalisation of approach at country level

- 5.1 At aggregate level across the portfolio, the opportunities cover a broad range - this reflects the diverse range of immunisation bottlenecks at country level. Different country contexts face different issues to improved immunisation coverage and equity - for example, some countries face bottlenecks related to population data sources, while others face bottlenecks related to health workforce capacity to analyse and use data. It is essential to ensure rigorous prioritisation at country level based on specific immunisation bottlenecks faced within those contexts.
- 5.2 Gavi will support countries to use existing mechanisms - such as joint appraisals, EPI and health sector reviews, data quality assessments and improvement plans and evaluations and studies commissioned by Gavi and others - to prioritise the specific engagement and investment opportunities. The priority engagements and investments identified in a specific country will be grounded in a country's M&E and EPI plans, directly linked to bottlenecks to improved coverage and equity and validated through existing coordination mechanisms at country level.
- 5.3 Gavi will engage and support through financial and non-financial levers, while working with Alliance partners and other development partners to leverage comparative strengths and resources in support of common strategic priorities.

- (a) Financial levers will be employed to directly address key bottlenecks to improved immunisation coverage and equity through partners or via direct support to countries. For example, technical assistance may be provided to help a country develop a costed plan for institutionalising and taking to scale a next-generation electronic immunisation register that it has piloted on a small scale basis. Once costed, Gavi may provide direct financial support through HSS to the country alongside domestic financing mobilised to scale up and operationalise the registers in an institutionalised and sustainable manner.
 - (b) Non-financial levers will be employed to incentivise countries to address priority issues - for example, using Gavi grant-making processes to reinforce the conduct of regular data quality assessments by countries, with development and follow through on improvement plans.
- 5.4 Gavi will seek close collaboration with partners to leverage synergies and complementarity with their investments to maximise value for money, minimise fragmentation and achieve scale. This will include, for example, working with countries and other development partners through the new Global Collaborative on Performance Measurement and Accountability. As documented in the guiding principles, Gavi will seek to maximise the pathfinder effect that immunisation can serve to catalyse broader improvements to country health information systems.

6. Area of focus I: Data for Immunisation Delivery, Coverage & Equity

- 6.1 The Alliance aims to achieve measurable improvements in the availability, quality, use and transparency of data to support countries to address specific bottlenecks and improve immunisation coverage and equity. To achieve this goal, the Alliance will evolve its past siloed investments toward strategic and scalable investments that are more directly grounded in countries' specific bottlenecks and plans.
- 6.2 First, the Alliance will strengthen the availability, quality and use of immunisation coverage data:
- investing in **better population data and coverage estimates** at all levels from global to sub-national – including sub-district where relevant and useful – to improve their availability, quality, timeliness, granularity and use. To achieve this, Gavi will support different interventions, to be selected depending on the country context or typology and specific needs. This may include for example, strengthening the use of home-based records, production of small area estimates in partnership with research and technical institutions, strengthening programmatic identification of births and establishing linkages with Civil Registration and Vital Statistics systems, or scaling up innovative methods to identify, enumerate and map target populations (e.g., use of satellite imagery, geospatial mapping). For example, in an area with significant population change and high reported measles immunisation coverage rates yet measles outbreaks, a country plan might include use of satellite imagery to strengthen estimates of target population.

- **improving registries and facility information systems** through a number of investments, including a) defining minimum functionality standards for immunisation data infrastructure and supporting countries to upgrade their data systems to meet the standards; b) support for adoption of next-generation name-based registers or other approaches and technologies that have similar potential to help countries leverage the data revolution to leapfrog the way they generate, record, track and use data related to immunisation delivery; support for countries that have adopted, or are interested in adopting, integrated health facility information systems (e.g. DHIS2) to strengthen such systems and ensure that they are responsive to the needs of the immunisation programme.

6.3 Second, the Alliance will strengthen health workforce capacity and motivation to collect, analyse and use data at frontline level and central EPI programme levels. Gavi will invest at a global/regional level to identify and document best practices to strengthen health workforce capacity and motivation. Synergies across the data and leadership, management and coordination SFAs will be explored to strengthen the capacity of central EPI programmes to analyse and use data as part of a broader approach to strengthen leadership and management capacities.

6.4 Third, the Alliance will support the generation of evidence, learning and accountability by funding the design, conduct and use of assessments and surveys to improve data quality and programme outcomes.

7. Area of focus II: VPD Surveillance

7.1 In the past, Gavi investments in the area of VPD surveillance have been fragmented (e.g. delinking of risk and benefit data), with broad spread across numerous sites at times generating fewer and lower quality data. The timing of evidence generation was often not strategic, resulting in a missed opportunity to produce timely, quality and relevant data needed to fulfil needs at country and global/regional levels.

7.2 In the next period, investments will be consolidated to produce high-quality and timely data to address the most critical questions for Gavi programmes across the vaccine portfolio, including understanding the potential and effective population coverage with vaccines (e.g. seroprevalence, disease burden), optimisation of immunisation programmes, demonstration of impact (both positive and negative) and risk mitigation through high-quality and timely data.

7.3 In order to ensure that prioritised countries achieve measurable improvements in the availability, quality, use and transparency of VPD surveillance data and ensure use to improve coverage and equity, Gavi will focus engagement in two fields:

- (a) First, the Alliance will strengthen country surveillance systems for a prioritised set of countries to meet a minimum set of surveillance capabilities. Gavi will support the definition of minimum VPD surveillance

standards to establish the key VPDs to be monitored, surveillance methods, functionality of data systems, and guidance on how data generated should or should not be used to inform programmatic decisions and monitoring. Technical assistance will be provided in the form of planning and implementation of surveillance system assessments, development of improvement plans and system strengthening activities to meet the minimum set of surveillance capabilities. Direct grants to countries or use of other surveillance resources available at the country level will be leveraged to support the implementation of surveillance strengthening activities. Countries will be incentivised to develop and make progress against surveillance strengthening plans through the Gavi grant application, monitoring and review processes.

- (b) Second, the Alliance will **develop regional networks of sites** (across approximately 10–15 countries¹ representing different epidemiologic settings) **with enhanced capacity** to answer multiple critical questions across the Gavi vaccine portfolio related to evidence to inform decision-making for vaccine introduction, optimisation of immunisation programmes, and demonstration of impact and risk mitigation. Gavi will identify critical questions for the Alliance over the 2016-2020 period and strategically select and improve existing networks of surveillance sites to generate high quality and timely data, linking to and synergising other Alliance partner investments related to VPD surveillance where relevant.² Gavi will evolve the current investments for sentinel networks for invasive bacterial disease and rotavirus and targeted assessments towards a more consolidated approach. In the short term, this opportunity will be pursued by convening an expert group to identify the types of questions to be answered with enhanced surveillance, defining scope (in terms of regions and diseases) and designing an approach to engage sites as part of regional networks and to strengthen and expand the surveillance infrastructure to meet Gavi's needs where applicable. This will include regional support for generating consistent and quality data, and reviewing and pooling data across sites to address critical questions. In the longer term, these dynamic sites with multiple capabilities can improve high-quality data generation and use, strengthen quality standards and culture of data sharing and enable countries to make evidenced-based decisions.

8. Area of focus III: Vaccine safety surveillance and response

- 8.1 In the past, Gavi's engagement in vaccine safety has been limited in scope, supporting limited establishment of adverse event following immunisation

¹ Prioritisation will be informed by the 20 PEF focus countries, country interest and commitment to surveillance ownership, data sharing and existing infrastructure to be leveraged, needs identified through grant application and review processes, diversity of epidemiologic settings and regional representativeness

² Gavi's full country evaluations, Measurement for Health and Accountability, CDC's Global Health Security and the Bill and Melinda Gates Foundation's Child Health and Mortality Prevention Surveillance Network

(AEFI) review committees, slow roll out of AEFI surveillance infrastructure in countries, training workshops for response and communication and additional investments to address specific risks to Gavi.

- 8.2 Recognising the increasing and critical risks due to the frequency of new vaccine introductions and use of new vaccines with shorter post-licensure safety experience, Gavi's engagement in **vaccine safety will increase** in the next strategy period, consolidating learning from existing initiatives to scale successful interventions, **adding expanded partners to accelerate efforts to establish serious AEFI surveillance infrastructure** in countries and develop more proactive and robust country response and communication capacity in priority Gavi countries.
- 8.3 In order to ensure an established infrastructure to identify, respond and communicate about potential serious AEFIs, Gavi focuses engagement in:
 - (a) First, the Alliance will **define minimal standards, create incentives and provide support to prioritised countries** to take on responsibility in meeting them. Minimal standards will be consistent with WHO's Global Vaccine Safety Blueprint and cover detection, reporting, monitoring, investigation, communication and response to vaccine safety signals. To support this process, other relevant investments will include specific technical support to improve reporting and monitoring of AEFI data, establish and strengthen national AEFI committees and improve accountability through stronger linkages with national regulatory authorities in a priority set of countries. Prioritised countries will be aligned with the 20 PEF priority countries and potential early adopting countries for vaccines with known risks or short post-licensure safety experience. It is critical that Gavi **clarify and reinforce accountability** through Gavi grant application, monitoring and review processes, and guard against the risk that expectations of accountability shift from manufacturers and countries to the Alliance.
 - (b) Second, the Alliance will support the **development of enhanced pharmacovigilance capacity in selected countries**³ (approximately 10-15) **through regional networks** with strengthened technical capabilities that can conduct active surveillance, design and undertake analytical epidemiological investigations and test associations between vaccines administered and serious adverse outcomes. The coordination of the network of sites will be aligned with building regional capabilities and leveraging development partners with regional scope in this area. This will include investments to define standards for enhanced investigation of safety concerns and support to improve coordination of regional expertise and capabilities. These efforts will be closely linked to regional VPD surveillance networks and sites for the crossover

³ Prioritisation will be informed by the PEF focus countries, alignment with VPD surveillance countries, early adopting countries for vaccines with known serious AEFIs or short post-licensure experience, country interest and commitment and willingness for data sharing, needs identified through grant application and review processes, diversity of programmatic settings and regional representativeness.

between activities and the methodological skills required and to be able to weigh the risks and benefits of the vaccines.

- (c) Third, to support **response and communication strategies to address public concerns regarding vaccine safety**, the Alliance will consolidate the learning and experience of partners and existing strategies to scale up development of effective country communication and response plans in promotion of resilient immunisation programmes. This will include the development of both country-level and Alliance-wide preparedness plans, protocols and capacity to respond to events with immediate, impactful and trust-building communications.

9. Polio: cross-cutting opportunity across three areas

- 9.1 A key cross-cutting opportunity is to **leverage and repurpose polio resources for routine immunisation and surveillance**. The Alliance will leverage polio resources and staff to improve routine immunisation, including for example risk mapping, micro planning, session monitoring, surveillance of other vaccine-preventable diseases and AEFI monitoring. The Alliance will explore linkages with the work of other SFAs (i.e., Demand Promotion and Leadership Management and Coordination) and seek alignment with broader efforts of countries and other partners within the context of the Global Polio Eradication Initiative.

Section C: Risk implication and mitigation and Financial implications

10. Risks and mitigation

- 10.1 The risk of **inaction**: In the absence of significant improvements in the availability, quality and use of data in countries, it is unlikely that the Alliance's 2016–2020 goals relating to coverage & equity will be reached. This report is part of the effort to mitigate the risk of inaction by defining the areas for engagement in data and defining a process for determining which specific investments should be made in individual priority countries.
- 10.2 There is a risk that Gavi **investments may be too small to move the needle on coverage and equity**. To mitigate this risk, Gavi will focus its investments on the most critical needs in prioritised countries. Moreover, Gavi will use its non-financial levers to leverage comparative strengths and resources from development partners towards achieving synergies in support of common priorities. Gavi's engagement, when deployed synergistically with those of others, has the potential to go much further than it could go on its own. A number of initiatives, including the Global Vaccine Action Plan and the Global Collaborative on Performance Measurement and Accountability, present an opportunity for leveraging synergies.
- 10.3 The Alliance's current **funding mechanisms** may not be fit-for-purpose for making strategic investments in data for the next strategy period. As covered in Agenda item 12, a review of Gavi's direct support to countries is underway to make HSS fit-for-purpose for Gavi's coverage and equity goal. However, the outcome is not expected to be implemented before 2017.

Therefore, the first wave of early-engagement countries will be PEF priority countries with an upcoming HSS application in 2016 or which will be updating workplans for recently approved HSS grants.

11. Funding channels and financial implications

11.1 The investments in the data SFA will be channelled through existing Gavi grants to countries, as well as the PEF. The latter includes both the targeted country assistance provided in response to specific country needs articulated by countries and global/regional SFA activities that will serve as a catalyst to unlock the full potential of the country investments.

11.2 The financial implications are as follows:

- (a) **Grants to countries:** HSS grants are expected to remain the main investment channel, with the level of investment in data through HSS increasing over time due to two factors: 1) the total envelope for HSS growing and 2) the share of HSS funding going to data increasing as countries prioritise data as an area for investment. In the 2011–2015 strategic period, US\$ 11 million were committed to data activities on average per year⁴, representing a 9% share of total HSS grants. The percentage invested in data is expected to increase to 15%-20% in the coming strategy period; taking the increase in the overall HSS envelope into account, this would represent a 250% increase in total data investments through HSS, approximating to US\$ 35-45 million per year. Ultimately the exact amounts will depend on country needs and demand.
- (b) The **PEF** already includes approximately US\$ 5 million for data SFA-related activities in foundational support for 2016. To implement the global/regional activities envisaged for data, the PEF will include an additional USD 18 M in 2016, with an indicative amount of US\$ 23 million in 2017. This represents increases of US\$ 4 million and US\$ 9 million, respectively, over Gavi spending on these global/regional activities in 2015. These amounts are approximate and have been accounted for in the projected resources under the PEF (Doc 05); the Audit and Finance Committee will see a full picture in November 2015. Additional funds will be available to partners for targeted country assistance to address data needs, with exact amounts depending on country needs. The exact amounts for 2017 will be determined in 2016, when all six SFAs are developed, in order to ensure that the distribution across the 6 SFAs is aligned with Gavi strategic priorities.

Section D: Implications

12. Impact on countries

12.1 Investments in data at country level will focus on country needs and sustainable and scalable solutions designed together with countries. If successful, these investments will enable countries to sustainably improve

⁴ Average total grant approvals per year committed to be disbursed in 2011–2015.

coverage and equity of immunisation, for example through strengthened planning and decision-making, better programme coordination and improved performance.

13. Impact on Gavi stakeholders

- 13.1 Alliance partners will continue to have a major role in global and regional activities and in providing technical assistance to countries. Implementing the new strategy and approach for engagement in data will also entail a greater involvement of new partners where they have a comparative advantage. These roles and responsibilities will be determined as part of the implementation of the PEF later this year.

14. Impact on Secretariat

- 14.1 The Secretariat will continue to convene, facilitate and coordinate the data SFA workstream. It will also have an important role in further operationalising it, coordinating and managing the new investments. Given the scale-up across workstreams, expanded partners and the deeper and more strategic nature of the engagement, additional human resources are necessary to implement the SFA workstream as this is a major increase in activity above current levels of staffing.

15. Legal and governance implications

- 15.1 There are no immediate legal or governance implications at this stage.

16. Consultation

- 16.1 The approach and investment portfolio in data presented in this report builds upon a number of broad-based consultations with Alliance partners and other stakeholders involving numerous workshops and interviews. The learning has been cumulative. Materials integrate and distil key results also from the consultations preceding the PPC paper in May 2015. Since then:

- (a) A first wave of three workshops was conducted between 29 June and 1 July to (i) identify and understand current efforts, challenges and gaps per focus area, and (ii) identify and discuss specific activities for Gavi to engage in within each focus area. A second wave of workshops and teleconferences followed between 20 July and 19 August to (i) validate the list of potential opportunities in each focus area, and (ii) detail out the most promising opportunities identified.
- (b) Several small group consultations and one-to-one interviews took place to validate and challenge the findings of the workshops. The data SFA was also presented and discussed at the SAGE Decade of Vaccines Working Group as well as at the first meeting of the Steering Group of the Global Collaborative on Performance Measurement and Accountability. For further details on consultations please see Annex B.

17. Gender implications

- 17.1 A number of strategic opportunities identified in the data SFA have significant potential to strengthen country capacity to assess and address gender equity and gender-related barriers to immunisation.

18. Next steps

- 18.1 The Secretariat will work with partners to operationalise the approach in priority countries starting in 2016 and ensure that submissions for funding through the PEF are consistent with this approach and the needs of priority countries.

Annexes (available on myGavi)

Annex 1: Background

Annex 2: Process to define engagement in data

Annex 3: Priorities and portfolio of opportunities for engagement in data

Annex 4: Theory of change and engagement model

Annex 5: Financial implications