Annex 2 Business Plan Part II

Strategic Goals and Cross Cutting-Issues

Summary

Strategic goal 1: Accelerating the uptake of new and underused vaccines

Accelerating the uptake of new and underused vaccines ("the vaccine goal") is GAVI's core business, and has been since it was founded. For this reason, it also represents the majority of GAVI's business plan budget.

The first ten years of GAVI's work focused mostly on yellow fever, HepB and Hib containing vaccines. In the second decade, GAVI aims to maintain momentum on these antigens while accelerating introduction of routine meningitis, pneumococcal and rotavirus vaccines and supporting campaigns against yellow fever and meningitis. The Alliance will also begin activities to prepare for new and underused vaccines, including HPV, Japanese Encephalitis, Typhoid, and Rubella. If the Alliance is fully resourced to meet demand, up to 100 new vaccine introductions across GAVI-eligible countries would occur between 2011 and 2015. The majority of these introductions are pneumococcal and rotavirus vaccines - 70 countries in the strategy period – 40 of which introduce between 2011 and 2012.

Countries take the decisions to introduce vaccines, and are responsible for managing the introduction of the vaccine. The GAVI secretariat and the members of the Alliance – primarily the multilateral partners and the AVI technical assistance consortium – can draw upon their comparative advantages and resources to help countries:

- **Improve decision-making on vaccines**, by strengthening decision making bodies, providing impact information about specific vaccine introduction, development of policy standards and reporting systems and producing key scientific data. and to monitor of the results;

- **Strengthen vaccine introduction,** by supporting, primarily through technical assistance and training, cold chain capacity, supply plan management, programme administration, monitoring and reporting, waste disposal, surveillance systems and advocacy and social mobilisation.

The programme objectives and deliverables under the vaccine goal identify the key activities which will support this, which agency is responsible, and what budget is available.

Funding for partner agencies is requested in those areas where the Alliance activities necessitate additional effort as a consequence of supporting activities funded by GAVI:

- WHO: develops global policy on immunisation recommendations, standards, global reporting on disease burden and immunisation programmes. Provides

training, technical assistance, and expertise in data collection and data quality, monitoring and evaluation of programmes, surveillance systems, regulatory affairs and manufacturing quality. WHO also has staff at country and regional level, who work with decision makers and assist with preparation and review of GAVI applications and implementation of GAVI funded programmes.

- Accelerated Vaccine Initiative - Technical Assistance Consortium (AVI TAC): brings the experience and technical expertise of the rotavirus and pneumococcal ADIPs and the Hib Initiative. For this strategic goal, the role of AVI TAC is to conduct research and communicate information aimed at informing policy-making and creating demand at country level. [1]

- UNICEF Programme Division: provides assistance to countries on issues related to cold chain, vaccine management and communication. Communication includes country communication strategies for integrated disease control and behavioral change interventions.

- GAVI Secretariat: coordinates the implementation of activities in support of this strategic goal, reports on progress to the GAVI Board and governance structures, and proposes policies and programmes to support this goal to the Board. The Secretariat also supports countries to understand GAVI policies and guidelines, and manages an Independent Review Committee which assesses the technical sufficiency of programme proposals and makes recommendations to the Board.

Strategic goal 2: Contribute to strengthening the capacity of integrated health systems to deliver immunisation

The Alliance can only achieve its mission if countries' health systems are able to manage the introduction of vaccines. Countries are responsible for their health systems; GAVI's role is to help countries address constraints that prevent the Alliance achieving its mission. In performing this role, GAVI aims to work closely with other agencies supporting health systems and to align with country systems.

GAVI has supported health systems through a variety of programmes since 2006. The strategic goal of contributing to strengthening the capacity of integrated health systems to deliver immunisation ("the health systems goal") will be achieved through three strategic objectives: contributing to resolving constraints to delivering immunisation; increasing equity in access to services (including gender equity) and strengthening civil society engagement in the health sector.

During the previous strategy period (2007-2010) the GAVI Alliance developed and implemented the Health Systems Strengthening (HSS) window and supported countries to resolve system-wide barriers to immunisation. A total of 52 countries

[1] AVI TAC also provides staffing support to GAVI in the area of demand forecasting (SG4) and advocacy and communications. This includes seconding of staff to the GAVI secretariat.

had applications approved with a total financial commitment amounting to US$ 566 million. In addition, seven countries have received US$17 million in support to improve CSO engagement in the health sector.

The GAVI Alliance is now working closely with WHO, the World Bank and the Global Fund to Fight AIDS, TB and Malaria, UNICEF and others to streamline and harmonise health systems work to align better with country systems. The newly created Health Systems Funding Platform (HSFP) provides partners with a channel to finance the health systems elements of a country's national health plan/strategy in a longer-term, predictable, and results-focused manner. Streamlining funding, technical assistance and support will reduce transaction costs for countries, increase efficiency and reduce fiduciary risk by employing joint funding mechanisms. For example, Ethiopia recently had to manage five separate audits for the same programme of work. But, this is not just about process (the means to the end), it is, above all, about outcomes and impact across the health MDGs.

To resolve problems and to streamline funding processes and procedures, the platform (in line with IHP+ principles) strives towards:

- One Plan. Joint Assessment of National Strategies (JANS), to better understand the priorities, strengths and limitations of a country's health strategy in order to determine the best use of HSS funding.
- One Monitoring and Evaluation framework. Implementation of a common monitoring framework for all partners to ensure there is a common process through which the use of funding is monitored and evaluated, and to move away from the multiplicity of reports and indicators which are impeding countries' ability to focus on the business of delivering services.
- One financing platform. Joint financial management assessment which includes a common audit for the Platform, and where possible, and appropriate joint process for HSS funding to countries, including pooling.

In 2011 and 2012, the Alliance will focus on implementing the joint work plan developed by WHO, GAVI, the Global Fund to Fight AIDS, TB and Malaria and the World Bank to in 6 to 10 countries receiving funding through the Health Systems Funding Platform in 2011 and 2012.

To help address constraints, the Alliance will focus on an inclusive planning and strategy development process to:

- Ensure that immunisation and service delivery constraints are addressed in National Health Systems policy and planning processes.
- Align GAVI funding with country planning and budgeting cycles.
- Improve financial management oversight of cash grants.
- Ensure high quality and effective technical cooperation.
- Improve the integration and use of immunisation data in national health plans and strategies.

With regard to equity, the GAVI Alliance is also developing a new window of support to national immunisation programmes - Incentives for Routine Immunisation Strengthening (IRIS). IRIS builds upon the basic design of the Immunisation Services Support window, but with key changes to ensure incentives exist at the critical sub-national/district levels. This window will focus on helping countries with low immunisation coverage to achieve and sustain greater than 70% DTP3[2] coverage. This is complementary to the support provided through the HSFP, as IRIS will be tightly targeted to addressing the DTP3 filter which allows countries to access new vaccines; the HSFP will be focusing on sustaining good coverage overall, and medium to longer term systems issues, to ensure that bottlenecks to integrated service delivery are addressed.

The Alliance will also strengthen its support for CSO engagement. Specifically,

- Strengthen linkages to HSS plans and the Health Systems Funding Platform - to effectively position CSOs in the national planning and implementation processes.
- Maintain a country-by-country approach for effective CSO engagement.
- Raise in-country awareness about the critical role CSOs play in immunisation and child health, and foster in-country CSO communication among stakeholders.

By 2015 health systems constraints will still be there. But with a concerted and focused effort by multiple partners, including GAVI, there should be fewer constraints to delivering essential services, including immunisation, maternal and reproductive health, and support for people affected by HIV/AIDS, tuberculosis (TB) and malaria.

Strategic goal 3: Increase the predictability of global financing and improve the sustainability of national financing for immunisation

3a. Co-financing and sustainability

Financial sustainability remains a key element of GAVI's strategy and operating model. The main goal of GAVI's co-financing policy is to increase national resources for new vaccines. As of 2009, 51 countries have fulfilled their co-financing requirement for a combined contribution of just over US$ 30 million.

For the period 2011-2015, GAVI's work in the area of co-financing focuses on ensuring political commitment in low and lower middle income countries while working intensively with graduating countries toward the eventual full transition of financing to countries themselves. In order to achieve this, GAVI supports countries to integrate immunisation plans and budgets (cMYPs) into national planning and budgeting frameworks. In support of this objective over the next two years, GAVI will focus on:

[2] Three doses of diphtheria-tetanus-pertussis

- Strengthening guidelines and costing tools on how to prepare cMYPs and better integrate them into national plans and budgets
- Coordinating and supporting the development of the cMYPs through a network of officers in WHO regional offices with expertise in financial sustainability
- Building national capacity through regional training workshops with the aim of bringing together representatives from Ministries of Health, Planning and Finance and their technical partners to improve the integration of cMYPs

Proposed revisions to the current co-financing policy will be brought to the Board in November 2010. The policy proposes a shift whereby some countries take on a more aggressive contribution than is currently required.

For the 16 graduating countries the next five years of the co-financing policy will be central to ensuring successful transition from GAVI to full national support. Graduating countries will need to ramp up their co-financing levels from the current very small amounts[3] to the full price they can expect to pay when they are no longer eligible for GAVI support. The Alliance will need to work with these countries on detailed plans and options for increasing levels of funding for immunisation and exploring potential options for leveraging external support.

3b. Resource mobilisation

The GAVI Alliance strategy for 2011-2105 aims to scale up new vaccine introduction to prevent 4.2 million future deaths by investing some US$7 billion in this period. As funding from the International Finance Facility for Immunisation (IFFIm) slows down as currently structured, increasing direct contributions and introducing new or extending existing innovative financing instruments become the most important priorities for the Alliance.

Required funding to meet expected demand increases from US$ 350 million a year in 2010 to US$ 1.1 billion per annum by 2013 -- beyond expected contributions from IFFIm and Advance Market Commitments (AMC).

To meet this financing challenge, GAVI needs to orchestrate a major strategic shift, and in particular move from a primary focus on “donor relations” to an integrated resource mobilisation approach.

Historically, the Secretariat focused on sustaining relationships with donor agencies, engaging with some, albeit limited, constituencies including members of parliament and CSOs. Meanwhile, with the exception of a few long-term contribution commitments and signed IFFIm contracts, the GAVI Alliance relied on a system of ad-hoc, annual contributions.

[3] On average less than US$ 0.30 per dose.

The new resource mobilisation model requires establishing a new replenishment model and developing an integrated approach to advocacy, communication, public policy, innovative financing and donor relations to support three major directions:

- Expanding and extending existing donor commitments
- Broadening the public and private donor base
- Developing and implementing new innovative finance mechanisms

The GAVI Alliance's current donor base is relatively narrow, with six donors providing 84% of aggregate commitments to date. Diversification is a strategic imperative, requiring expanded capacity to reach potential new donors. Already benefiting from support from several G20[4] countries, the GAVI Alliance aims to secure support from all G20 countries and will actively pursue the engagement of new G20 countries, among others. This will require expanded staff and external support capacity.

Since it takes time to build trust, partnerships and eventual financial support, the expansion of the donor base will impact the GAVI Alliance's resources only over the medium to long-term. Current donors will therefore be critical allies in raising the GAVI profile in G8 and G20 setting and for the immediate scale-up in resources.

Developing national ownership through GAVI support networks in country will be essential to strengthen the political will to expand GAVI funding. To support this, GAVI needs to develop a stakeholders' movement, solidly established in priority donor countries to ensure national ownership and nurture global champions for effective advocacy. Given the relevance of the advocacy, communication and public policy activities to this imperative, the new approach is best understood in tandem with the Advocacy, Communications and Public Policy (ACPP) section of this business plan.

Private Sector Support

The GAVI Alliance has a solid track-record of general engagement with the private sector and an attractive value proposition for corporate and private partners. In 2007 the Alliance launched the GAVI Campaign Immunize Every Child (a 501(c)(3) nonprofit organisation) to attract funding from a critical mass of entrepreneurial private donors while building a vocal and visible donor community. This business plan aims to raise annual revenues from private individuals and partnerships to US$ 25 million a year by 2015 (2% of contributions) and explore ways to expand to 5%. This will be supported in 2011 by the development of plans to expand outside the US and Spain.

Innovative Finance

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[4] The Group of Eight (G-8) is a forum for the leaders of eight large economies, aimed at finding common ground on global issues. The members of the G-8 are Canada, France, Germany, Italy, Japan, Russia, the United Kingdom and the United States.
The Group of Twenty (G-20) Finance Ministers and Central Bank Governors was established in 1999 to bring together systemically important industrialized and developing economies.

With its innovative financing initiatives, GAVI uses mechanisms that draw heavily on private sector thinking to help overcome historic limitations to development funding for immunisation. IFFIm (the International Finance Facility for Immunisation) and the AMC (Advance Market Commitment for Pneumococcal Vaccine) have been the cornerstones of GAVI's innovative finance programme.

From 2006 through 2010, IFFIm funding has allowed GAVI to double its programme disbursements. As of end-September 2010, GAVI had disbursed US$2.6 billion for routine country immunisation and health system strengthening programmes (excluding investment cases), of which IFFIm had funded US$1.1 billion. In addition, IFFIm funds were used to pay for investment cases for a total of US$525 million as of 30 September 2010. The AMC raised US$1.5 billion to incentivise the production of a pneumococcal vaccine appropriate to developing country needs, at an appropriate price and in sufficient quantities.

GAVI is currently working with partners to develop the next generation of innovative finance mechanisms to address the following objectives:

- Additionality: to seek new ways to generate additional development funds through new or existing funding sources and partners
- Efficiency: to create mechanisms that are financially and operationally efficient and flexible by securing revenue streams and minimizing transaction costs
- Effectiveness: to link funding mechanisms to results aiming to increase development impact for each dollar spent

By developing new innovative finance approaches for global health, GAVI will continue to raise additional funds efficiently, and apply funds effectively in order to continue saving more lives.

The key objectives of the innovative finance strategy over the next two years – as far as resource mobilisation is concerned – are to help GAVI address its funding gap to 2015, to assist GAVI in accessing longer-term funding, and to diversify GAVI's funding sources. As part of this work, a menu of funding options will be developed, to give donors and partners choices as to how best to meet their own requirements and interests while supporting GAVI. In 2011-12, the GAVI Alliance will thus:

- Work with donors to grow and enhance IFFIm
- Seek to participate in sovereign-led innovative finance mechanisms: examples include synchronisation of bilateral and multilateral aid flows, debt swaps, new solidarity levies, the proposed currency transaction tax, De-Tax
- Explore private sector and public-private partnership innovative finance initiatives: examples include partnerships with asset managers in the impact investing area, partnerships with mobile telephone operators and other consumer-facing businesses, a backstop liquidity facility to reduce GAVI's cash balances

Strategic goal 4: Shape vaccine markets

GAVI's success depends upon the vaccine markets providing appropriate and affordable vaccines to GAVI countries. Vaccine production has high fixed costs. By aggregating and forecasting demand from countries, and pooling donor funds, GAVI has created a reliable market for vaccines for developing countries, providing incentives to producers to cover the these costs. Shaping markets has been implicit in GAVI's previous strategies but the Board decided to make the goal of shaping markets ("the market goal") explicit in the strategy for 2011-2015 to provide a renewed focus on this area of work.

Evidence of GAVI's impact to date on markets includes influencing the production and supply base, precipitating price declines and cementing tiered pricing as an option for manufactures. The number of producers has increased, particularly from emerging markets, and for some vaccines, prices have declined.

With UNICEF as its main procurement agency consolidating purchases across a large number of the poorest countries (so-called 'pooled procurement') and providing long-term agreements to improve predictability for manufacturers, GAVI has become firmly established as the accepted low-income pricing tier of the global vaccine market. Manufacturers use GAVI prices established by UNICEF as a benchmark in their pricing strategies and as such, vaccines are available to the world's poorest countries at significantly lower prices as compared to those paid by industrialised countries.

Through innovative financing and procurement mechanisms like the Advance Market Commitment (AMC), GAVI has created incentives for manufacturers to scale up production and produce appropriate vaccines to meet demand. In essence, the AMC provide manufacturers with a price guarantee for life-saving vaccines once they are developed, provided they meet stringent criteria on effectiveness, cost and availability, and provided that GAVI-eligible developing countries demand them.

Given success in the roll out of vaccines against HepB, Hib, and Yellow Fever, in recent years, GAVI has expanded its portfolio on the basis of compelling vaccine-specific investment cases as well as a broader review of its vaccines investment strategy (VIS). GAVI now has ten priority vaccines in its current portfolio and these also include measles second dose, and vaccines against pneumococcal disease, *Rotavirus,* Meningococcal A, HPV, JE, Typhoid and Rubella.

With such ambitious plans to introduce this larger portfolio of vaccines in the poorest countries, it is imperative that GAVI continue to innovate and shape a larger number of markets. The strategic objectives include:

- *Making vaccines more affordable* which means assuring a long-term affordable price that can eventually be sustainably financed by developing countries.
- *Ensuring sufficient supply* and *creating market security and stability* which means ensuring a sustainable quantity of supply through a diverse supplier base.

- *Catalysing the introduction of appropriate vaccines* which means procuring those products and presentations that best meet countries' preferences.

Thus, in the next planning period, GAVI will continue aspire towards balanced markets with sufficient supply of appropriate and affordable vaccines for both GAVI-eligible and graduating countries and aims to achieve these objectives through:

- Continued strengthening and dissemination of forecasting to ensure credible signals to manufacturers;
- Efficient and effective vaccine procurement and supply chain management; and
- Exploring innovative approaches to make demand more predictable, accelerate vaccine development, increase levels of production, and improve portfolio management.

While vaccine procurement and supply chain management are activities that the Alliance has undertaken since its inception and strengthening demand forecasting is something that the Alliance has done throughout the last planning period, there is still more that can be done to innovate and improve processes and approaches. These could include development of policies to make demand more predictable, exploring whether GAVI might play a modest role in addressing barriers to market entry (e.g. by disseminating information on intellectual property landscapes) and assessing how GAVI could increase levels of production (e.g. by encouraging technology transfer hubs).

As rich and developing country vaccine producers continue to introduce new products and new formulations of life-saving vaccines, GAVI will optimise its vaccine portfolio to ensure limited resources are focused on the optimum interventions. GAVI will refine its portfolio management process which will help decision making and provide manufacturers with clear signals about GAVI's priorities. This in turn will reduce uncertainties and help vaccine manufacturing partners make better informed investment decisions.

Finally, recognising that the approaches to shaping markets may involve technical and policy solutions as well as a need to raise awareness, GAVI will convene potential partners and support evidence-based advocacy initiatives. GAVI will draw upon several key partners:

- AVI Strategic Vaccine Supply sub-team has developed and implemented a strategic forecasting methodology that utilizes the information and experience of all of the AVI partners. The output of the forecasting model informs a wide variety of the market shaping activities.
- UNICEF Supply Division and PAHO given their experience and expertise in vaccine procurement particularly on behalf of low- and middle- income countries, which will be crucial to ensure efficient and effective procurement and supply chain management.
- GAVI Secretariat given both the work they're managing to revise GAVI's Supply and Procurement Strategy and the skill-mix across the organisation.

Cross-cutting - Advocacy, communication and public policy

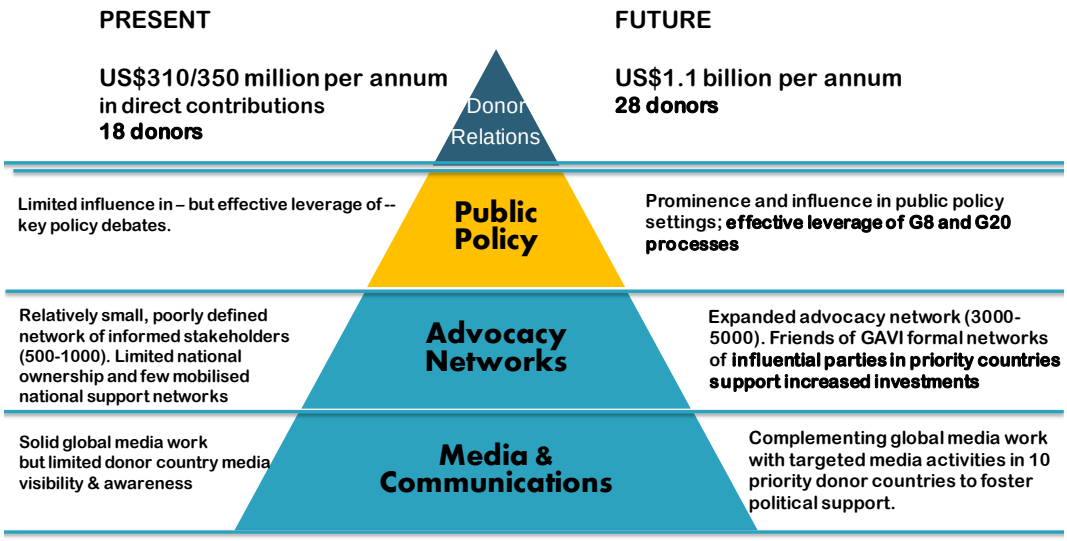
Scaled-up communications and advocacy efforts are critical both for engaging donors to secure the funds needed for GAVI's programmes and for ensuring public policy settings conducive to achieving all four strategic goals.
There are three priorities for the strategy period:

- raise understanding of the value of health, immunisation and GAVI amongst key influencers and stakeholders, through enhanced communications and targeted media relations;
- mobilise and empower new networks of advocates to inform GAVI's policies, support fundraising and help achieve its strategic goals; and
- influence development aid policy settings to ensure endorsement of GAVI, immunisation and health

Unlike the Global Fund to fight AIDS TB and Malaria and other institutions created at the instigation of strong, established advocacy movements, the GAVI Alliance does not benefit from a powerful network of champions. Thus, the main focus for 2011-2015 is to foster the development of such a network focusing on G20 countries. GAVI will strategically engage with civil society groups and coalitions, members of parliament, and key public health interest groups with links to immunisation (e.g. women's health and cancer) as well as political and public figures in order to foster a movement of support. Mobilising voices from developing countries will be critical to successful advocacy and communications.

GAVI will work to gain prominence and influence in critical public policy forums, in particular through effective leveraging of G8 and G20 processes and other key global and regional meetings and events.

The following chart illustrates the change of scope and nature of key advocacy, communications and public policy activities:



At the same time, renewed emphasis will be placed on:

- Enhanced communications with GAVI countries (as described in SG1); and
- Reputational risk and crisis communications management

As identified in the 2nd GAVI evaluation, communications with GAVI-supported countries will be strengthened to ensure transparency and collective understanding of policies, programmes and strategy and to improve operational efficiencies. Close collaboration on media, advocacy and public policy with leaders and advocates in these countries will also be an important part of increasing awareness and understanding of the value of health, immunisation and GAVI's role in donor markets.
With the enhancement of transparency and accountability capacity at the GAVI secretariat, there is a significant opportunity to improve the management of reputational risk and crisis communications. A combined approach will improve the internal communications and coordination in assessing and preparing for potential risks and will ensure effective management in the event that a crisis becomes public.

Cross-cutting - Monitoring & Evaluation

Monitoring and evaluation (M&E) has been a part of GAVI's strategy since its inception, and is essential for improving performance and giving Alliance partners confidence that the Alliance is using its resources effectively. Evaluations aimed to improve the performance of GAVI projects, programmes, policies and the Alliance overall through an accurate analysis of successes and failures. Results were applied to:

- Learning and supporting decision making processes, so as to improve the design of future activities to be conducted by GAVI - requiring a commitment from Alliance partners to act on lessons learned.

- Providing a basis for accountability, particularly on performance (assessment of results and to what extent the intervention has achieved the results that it was intended to achieve).

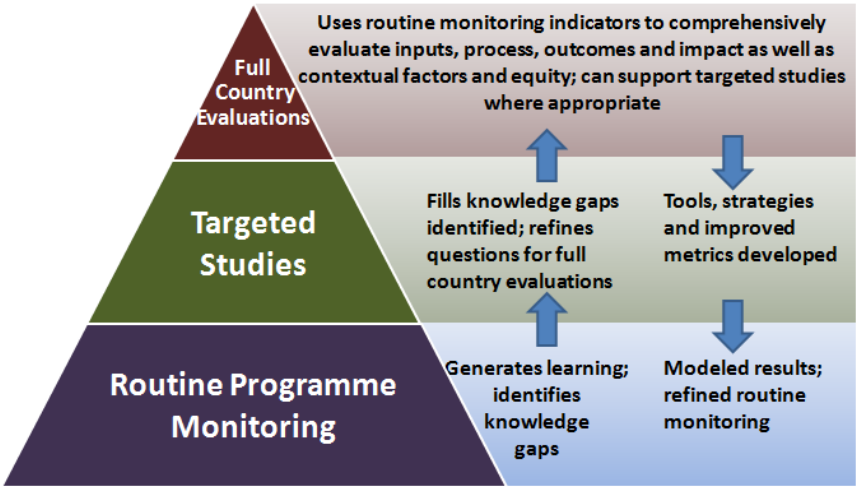
Over this time period, GAVI commissioned the following evaluations: Review of GAVI Independent Review Committees (IRCs), Health System Strengthening (HSS), HSS Tracking Study, GAVI Phase One (GAVI's work in 2000-2005), Immunisation Services Support (ISS), Injection Safety Support (INS), the Accelerated Development and Introduction of Priority New Vaccines (ADIPs), the Hib Initiative, and related support for the introduction of new vaccines, and the Second GAVI Evaluation.

M&E is a cross-cutting function across the GAVI Alliance and activities are conducted by the Secretariat, Alliance partners and countries themselves. As part of the Health Systems Funding Platform, a working group consisting of M&E focal points from the GAVI Alliance, the Global Fund to Fight AIDS, TB and Malaria, the World Bank and WHO has developed a framework for the monitoring and evaluation

of health systems strengthening investments and a joint work plan for operationalising this framework in countries receiving support through the platform. Further, in 2009 the GAVI Alliance Board established an Evaluation Advisory Committee to assist the Board in fulfilling its responsibilities in respect to the oversight of GAVI's organisational and programmatic evaluation activities.

Under the oversight of the Board Evaluation Advisory Committee, the GAVI Secretariat developed a Monitoring and Evaluation Framework and Strategy in 2010. This framework is intended to guide GAVI's work in monitoring and evaluation for the period 2011-2015,and is based on a tiered approach that links routine programme monitoring, targeted studies and large-scale public health effectiveness evaluation through a prospective, stepwise design. The large scale public health effectiveness evaluations will measure as much of the results chain as possible, including impact. The M&E activities and budgets developed for the GAVI business plan derive from the M&E Framework and Strategy.

Figure 1: Tiered approach described in GAVI M&E Framework and Strategy



The M&E cross cutting initiative has three strategic objectives: 1) Routine programme monitoring, 2) Targeted studies, and 3) Full country evaluations.

Routine programme monitoring

In the upcoming two years, GAVI will focus on

- Developing an integrated information management system for GAVI to meet its core data and information needs
- Revising the immunisation data quality audit tool
- Implementing the revised immmunisation data quality audit tool

Activities to meet these objectives will be conducted by the Secretariat, working closely with Alliance partners, in particular WHO. These include completing the implementation of an internal data warehouse and reporting tool to facilitate data for decision making and reporting to the board. The revision of the data quality audit tool will take into account the strengths and limitations of the original data quality audit tool that was developed in 2003. This tool will be a key part of the checks and balances of the new performance based financing programme—Incentives for Routine Immunisation Strengthening—that is being developed as a successor to the ISS window. The revised data quality audit tool will also support the monitoring of investments made through the New and Underused Vaccine Support window and the Health Systems Funding Platform.

1) Targeted studies

The 2011-2012 activities aim to address key questions and information needs as informed by routine monitoring, the Board and board committees (e.g. PPC), the GAVI Secretariat, and the Board Evaluation Advisory Committee. Studies identified to date (to be conducted in this time period) include a process evaluation of the Advance Market Commitment, a case study of China and India focusing on the introduction of Hepatitis B monovalent vaccines, a review of the Civil Society

Organisation window, evaluation of gender policy and review of sustainability and lessons learned from graduated countries. Others may be added, as required, including a multi-agency evaluation of the Health Systems Funding Platform.

2) Full country evaluations

Linked to the routine programme monitoring and targeted studies are full country evaluations implemented in 5 countries that will measure implementation and results across the results chain, including impact. These comprehensive public health effectiveness evaluations will be designed and implemented prospectively from the start of the 2011-15 period, following a stepwise approach. The evaluations will examine the effectiveness and cost-effectiveness of GAVI's support to each of the participating countries. The key features of the full country evaluations are:

- Evaluation study design established in advance, covering the entire framework from inputs to impact
- Indicators and data sources defined in advance, based on GAVI's key performance indicators
- Baseline values documented from the beginning, with data collection conducted on a regular basis throughout the 2011-15 period
- Regular, frequent reporting of results
- Implemented by independent evaluators, but systematically linked to GAVI's routine systems through a tiered approach that connects routine programme monitoring, targeted studies and full country evaluations
- Country level work led by a research or evaluation institution originating from within that country

The direct measurement of impact in these countries will help inform the modelling of impact in other countries supported by GAVI. This combination of direct measurement and modelling informed by direct measurement will enable the GAVI Alliance to rigorously and systematically measure the key performance indicators developed under the new GAVI Alliance strategy. This will also enable the GAVI Alliance to better understand its impact in reducing morbidity and mortality from vaccine preventable diseases.

Business Plan 2011-2015 Indicators and targets

Impact indicator	Metric	Vaccine	Target (assuming no financial constraints)						
			Base-line	2011	2012	2013	2014	2015	Total, 2011-15
Under five mortality rate	Number of deaths among children under five per 1000 live births (based on UN Child Mortality Estimates for 72 GAVI supported countries)[5]	NA	100	98	96	94	92	90	N/A
Number of future deaths averted	Number of future deaths averted in 72 GAVI supported countries. At present, data source is GAVI Long Run Cost and Impact Model. Data source to be updated when new and improved models of impact become available.[6] (in thousands)	Pneumo, Rota, Penta, Yellow Fever, Men A, JE, HPV, Rubella, Typhoid	387	483	607	813	956	1,043	3,901
Number of children fully immunised	Number of children immunised as a result of GAVI support, in 72 GAVI supported countries. [7] 'Fully immunised' refers to children receiving the last recommended dose of vaccine, eg penta3. (in millions)	Pneumo, Rota, Penta, Yellow Fever, Men A, JE, HPV, Rubella, Typhoid[8]	30	36	39	50	58	61	243

[5] Baseline: 2010
[6] Baseline: 2010
[7] Baseline: 2010
[8] Refers to the total number of children reached with any of these vaccines, corrected on a country-by-country basis so that children receiving multiple antigens are not double-counted.

Indicator	Metric	Vaccine	Target (assuming no financial constraints)						
			Base-line	2011	2012	2013	2014	2015	Total
Strategic goal 1. Accelerate the uptake and use of underused and new vaccines									
Country introductions of underused and new vaccines[9]	Number of GAVI supported countries introducing underused and new vaccines[10]	Penta	62[11]	3	4	0	0	0	69
		Rota	4	1	11	7	5	5	33
		Pneumo	5	14	13	3	1	9	45
Coverage of underused and new vaccines	Coverage of underused and new vaccines in 72 GAVI supported countries (%)[12]	Penta3	40	47	52	66	77	78	N/A
		Rota last dose	1	1	5	14	24	31	N/A
		Pneumo3	1	5	17	29	35	40	N/A

[9] Actual introductions defined as time of launch. Future introductions as predicted by AVI demand forecasting.
[10] Baseline cumulative through 2010
[11] This includes 6 countries that introduced without GAVI support (5 PAHO countries and Ukraine).
[12] Baseline: 2010

Indicator	Metric	Vaccine	Target (assuming no financial constraints)						
			Base-line	2011	2012	2013	2014	2015	Total
Strategic goal 2. Contribute to strengthening the capacity of integrated health systems to deliver immunisation									
Drop-out rate	Drop out between DTP1 and DTP3 coverage (%)[13]	DTP	11	11	10	10	9	9	N/A
DTP3 coverage	% of surviving infants receiving 3 doses of DTP-containing vaccine[14]	DTP	73	75	76	77	78	79	N/A
Equity in immunisation coverage	% of GAVI supported countries where DTP3 coverage in lowest wealth quintile is +/- 20 percentage points of coverage in highest wealth quintile (%)[15]	DTP	49	N/A				60	N/A

[13] Baseline: 2009

[14] Baseline: 2009

[15] Baseline: July 2010, based on survey data available covering 57 of the 72 GAVI supported countries. A five year target is used instead of an annual one, since countries have a new data point only when a household survey is conducted

Indicator	Metric	Vaccine	Target (assuming no financial constraints)						
			Base-line	2011	2012	2013	2014	2015	Total
Strategic goal 3. Increase the predictability of global financing and improve the sustainability of national financing for immunisation									
Resource mobilisation	Resources mobilised as a percentage of resources needed to finance forecasted country demand for vaccine support (%)	N/A	N/A[16]	100	100	100	100	100	N/A
Country investment in vaccines per child	Average government expenditure on vaccines per surviving infant[17]	N/A	$2.38	N/A				$3.00	N/A
Fulfillment of co-financing commitments	Proportion of countries that meet their co-financing commitments in a timely manner (%)[18]	N/A	90	100	100	100	100	100	N/A

[16] This is NA because the indicator measures resource mobilisation results as of January 2011
[17] Baseline: 2010
[18] Baseline: 2009

Indicator	Metric	Vaccine	Target (assuming no financial constraints)						
			Base-line	2011	2012	2013	2014	2015	Total
Strategic goal 4. Shape vaccine markets									
Reduction in vaccine price	Change in weighted average price per child to fully immunise with penta, pneumo and rota vaccines[19]	Penta, pneumo, rota	US$ 35.19	N/A[20]					

[19] Baseline: 2010. Prices are 'unloaded' and weighted across both suppliers and presentations. The rota value used at baseline is the price paid by GAVI through the Pan American Health Organization, based on the 3 dose presentation. The pnuemo price used at baseline is the price that GAVI pays under the Advance Market Commitment (AMC).

[20] Price targets have been set internally but are not being published in order to avoid setting a ceiling

Business Plan 2011-2015 Programme objectives and deliverables

Strategic objective	Programme objective		Programme deliverable (2015)	Interim deliverable A	Interim deliverable B	Lead entity	Support entity	Budget ($m) FY11
Strategic goal 1. Accelerate the uptake and use of underused and new vaccines								
1.1. Increase evidence based decision-making by countries	1.1.1	Improve country **decision-making structures, systems and processes**	i) 50 GAVI supported countries have National Immunisation Technical Advisory Groups (NITAG) meeting 6 basic process indicators[21] ii) 25% of GAVI supported countries have functional National Regulatory Authorities (NRAs)[22]			WHO	AVI TAC GAVI Sec.	5.3
	1.1.2	Ensure availability and use of high quality **programmatic and epidemiological data**	Corrective action implemented in 80% of GAVI supported countries where there is greater than a 5 percentage point difference between the country DTP3 coverage estimate and the WHO/UNICEF estimate[23]	Country level and global immunisation data on new and underused vaccines updated, published and disseminated	Estimates of future deaths averted by new and underused vaccines updated and disseminated annually for all GAVI- supported countries	WHO	UNICEF	2.5

[21] 19 of the 72 GAVI-eligible countries had a National Immunisation Technical Advisory Group (NITAG) according to a 2008 WHO survey, of which only 2 had a NITAG meeting all 6 process indicators as defined by the World Health Organization (WHO): 1) Availability of formal written terms reference; 2) Legislative or administrative basis establishing the committee; 3) Core membership with at least 5 main expertise areas represented among members; 4) Committee meets at least once a year; 5) Agenda and expectations from the committee together with background materials distributed at least a week ahead of meetings; 6) Declaration of interests by committee members. NITAGs review all available scientific and programmatic data to arrive at policy decisions, also taking into consideration local surveillance data.

[22] All GAVI supported countries should have a National Regulatory Authority (NRA) able to perform registration of vaccines, assess vaccine performance through post-marketing surveillance, and assess and inspect clinical trials conducted in their country. There are 10 producing countries where functional NRAs are essential to meet future global demand and develop or sustain pre-qualified products. Support will be concentrated on a first group of these countries with high potential to increase supply and will be extended to other countries about to introduce NUV and where clinical trials have been conducted (mostly in Africa, some in Asia, Central Europe, and South America).

[23] Coverage data are used to prioritise country support and to concentrate efforts to strengthen immunisation systems. 40% of GAVI-supported countries currently have more than a 5 percentage point difference between DTP3 coverage estimates and WHO/UNICEF estimates.

Strategic objective	Programme objective		Programme deliverable (2015)	Interim deliverable A	Interim deliverable B	Lead entity	Support entity	Budget ($m) FY11
	1.1.3	Improve **scientific knowledge,** and raise **awareness** amongst stakeholders	100% of priority scientific studies completed or on target for completion and a total of 25 communication packets[24] developed to support specific events	Gap analysis of key missing evidence and prioritisation of potential studies by 2011	Gap analysis of key missing evidence and prioritisation of potential studies by 2013	AVI TAC	WHO	3.1
1.2. Strengthen country introduction to help meet demand	1.2.1	Improve **the quality of country planning[25], GAVI applications and performance reporting**	All GAVI countries have updated their Independent Review Committee-endorsed introduction plans and regularly report on implementation and performance[26]			WHO	UNICEF AVI TAC GAVI Sec.	6.8
	1.2.2	Prepare countries for **successful introductions[27]** of new and underused vaccines	All GAVI supported countries have undertaken Effective Vaccine Management (EVM) assessments, developed relevant improvement initiatives and prepared for successful introductions	40 countries have undertaken EVM assessments resulting in improvement initiatives by 2012	55 countries have undertaken EVM assessments resulting in improvement initiatives by 2014	WHO	UNICEF GAVI Sec.	14.5
	1.2.3	Meet established quality indicators[28] for **surveillance** of diseases preventable by new and underused vaccines	i) 60% of countries have sentinel surveillance systems meeting established quality standards	45 countries have adequate laboratory capacity to	50 countries have adequate laboratory capacity to	WHO		11.9

[24] Includes communication plan, fact sheets, media advisory, press release, advocate plans etc. Assumes five communication packets developed per annum based on previous trends

[25] Does not include Comprehensive Multi-year Plans for Immunisation (cMYPs). Work on cMYPs is included in Strategic goal 3

[26] Source: Country Annual Progress Reports (APRs)

[27] Assessment of successful introduction is based on a checklist including the following: Independent Review Committee endorsed introduction plan, appropriate training of health care workers, adaptation of Expanded Programme of Immunisation (EPI) materials and guidelines, cold chain inventory, Effective Vaccine Management (EVM) assessment, community mobilisation, and coverage monitoring.

[28] Surveillance data quality indicators as defined by WHO (http://www.who.int/nuvi/Summary%20Report.pdf). Surveillance systems are used for generation of local data for decision-making, provision of impact data to sustain domestic and external financing subsequent to GAVI support, monitoring of changes in disease epidemiology (e.g. genotype and serotype shifts), provision of data for burden of disease and cost-effectiveness analyses, outbreak detection and response, monitoring of and appropriate response to adverse events.

Strategic objective	Programme objective		Programme deliverable (2015)	Interim deliverable A	Interim deliverable B	Lead entity	Support entity	Budget ($m) FY11
			ii) 30 countries have functioning national Adverse Events Following Immunisation committees for addressing vaccine safety alerts and significant safety issues	identify diseases preventable by new and underused vaccines by 2012	identify diseases preventable by new and underused vaccines by 2015			
	1.2.4	Strengthen national capacity for planning of **behaviour change communication for new and underused vaccines within a country's disease control framework**	25 priority countries have implemented coordinated communication plans and demonstrated impact on 1-3 priority targeted behaviours	Updated communication framework at global level based on country evaluations by 2011	10 countries have developed coordinated communication plans by 2012	UNICEF		1.9
Strategic goal 2. Contribute to strengthening the capacity of integrated health systems to deliver immunisation								
2.1. Contribute to the resolving of the major constraints to delivering immunisation	2.1.1	Ensure that constraints to immunisation and service delivery are identified and adequately addressed in **National Health System policy and planning processes**	At least 20 countries have HSFP support in place, where annual reviews demonstrate substantial progress on addressing the main constraints to service delivery across the MDGs, but focusing on immunisation bottlenecks	Health Sector Plans/Strategies developed by HSCCs (with programmes, e.g. the ICC) - have the right policies and implementation plans in place in at least 10 countries	Health Sector Plans/Strategies developed by HSCCs (with programmes, e.g. the ICC) - have the right policies and implementation plans in place in at least 15 countries	WHO	UNICEF	7.7
	2.1.2	**Align GAVI funding** with country planning and budgeting cycles and **improve**	80% of GAVI Health Systems Strengthening (HSS) funded countries have funding included in	Report on the number of countries where	50% reduction in the time between	GAVI Sec.	WHO	2.9

Strategic objective	Programme objective		Programme deliverable (2015)	Interim deliverable A	Interim deliverable B	Lead entity	Support entity	Budget ($m) FY11
		financial management oversight of cash grants	and synchronised with National health plans and budgets[29]	funding is included and synchronised with National plans and budgets by 2011	approval and disbursement by 2015[30]			
2.2. Increase equity in access to services	2.2.1	**Increase coverage and equity[31]** (including, geographic, social strata) **of routine immunisation** in countries with DTP3 coverage of less than 70%	40% of GAVI supported countries have moved from less than 70% coverage to greater than 70% coverage and maintained this level of coverage for a minimum of one year	50% of countries with DTP3 less than 70% have coverage improvement plans in place by 2012 (including through use of RED type strategies, where appropriate)[32]	90% of countries achieving pre-determined Incentives for Routine Immunisation Systems Strengthening (IRIS) performance goals regarding equity[33] by 2015	WHO	GAVI Sec.	4.2
2.3. Strengthen civil society engagement in the health	2.3.1	Ensure **active engagement of Civil Society Organisations (CSOs)** in the Health Systems Funding Platform, Health Sector Coordination Committees (HSCCs) and Inter-Agency Coordinating	80% of countries have implemented the GAVI strategies and policies for improving the engagement with CSOs in immunisation service delivery and health sector	GAVI specific strategy (in consultation with GF, WHO and WB – through IHP+ type mechanisms)	Implementation of GAVI specific policies are embedded in country implementation plans (cross	GAVI Sec.	CSOs WHO, UNICEF	0.4

[29] Currently 10%

[30] Currently 9 months

[31] Two aspect of equity are addressed in the business plan and related activities: equity between the poor and non poor, and equity between low and high coverage districts. Under the proposed new window Incentives for Routine Immunisation Strengthening (IRIS), performance incentives are given to countries for increasing DTP3 coverage among the poorest 40% of households in the country, as measured through household survey data. The guidelines for IRIS will also require countries to address how they will increase coverage in the districts with the lowest immunisation coverage at baseline.

[32] These improvement plans are cross-referenced to any ongoing work under the HSFP to avoid duplication

[33] New programme so baseline is 0%

Strategic objective	Programme objective		Programme deliverable (2015)	Interim deliverable A	Interim deliverable B	Lead entity	Support entity	Budget ($m) FY11
sector		Committees (ICCs)		developed for improved CSO engagement at the country levels (2011)	reference to 2.1), and are monitored and tracked at the country levels by 2012			
Strategic goal 3. Increase the predictability of global financing and improve the sustainability of national financing for immunisation								
3.1. Increase and sustain allocation of national resources to immunisation	3.1.1	**Integrate immunisation plans and budgets (cMYPs)** into national planning[34] and budgeting frameworks	95% of GAVI eligible countries have developed or updated fully costed cMYPs	Mechanism developed to monitor the integration of fully costed cMYPs or equivalent into national planning and budgeting frameworks by 2011	60% of GAVI eligible countries have integrated cMYPs or equivalent, into the national planning and budgeting frameworks	WHO	UNICEF	0.9
	3.1.2	**Implement the co-financing policy**	80% of countries have co-financing requirements integrated into cMYPs, national plans and budgets	Implementation and communication plans for co-financing policy developed by 2011	Annual reporting on co-financing implementation [35] and impact of co-financing policy on national budgets	GAVI Sec.	WHO	2.7

[34] Includes financial planning, national immunisation planning, budgeting and medium-term expenditure frameworks
[35] Including default rates

Strategic objective	Programme objective		Programme deliverable (2015)	Interim deliverable A	Interim deliverable B	Lead entity	Support entity	Budget ($m) FY11
	3.1.3	**Support graduating[36] countries** in sustaining investment in immunisation	100% of graduating countries co-finance x%[37] of the projected 2016 vaccine price	100% of graduating countries have GAVI-reviewed transition plans in place 4 years prior to graduation	80% of graduating countries[38] have successfully delivered against the priority objectives in their transition plans by 2014	WHO	IF&S[39]	0.7
3.2. Increase donor commitments and private contributions to GAVI	3.2.1	**Expand and extend direct donor commitments[40]**	Raised funding of US$3.5 billion in the period 2011-2015 towards the overall funding need of US$ 5.7 billion[41]	a) Raise US$ 1.1 billion in 2011-2012, including through contributions from new donors b) Ensure that a redesigned resource mobilisation and replenishment structure is in	a) Raise US$ 2.2 billion in 2011-2013, including through contributions from new donors[42] b) Board-approved private sector fundraising strategy paper by 2012	GAVI Sec.		2.5

[36] According to 2009 World Bank gross national income (GNI) data, 16 countries will graduate from GAVI by 2015 including Azerbaijan, Angola, Armenia, Ukraine, Georgia, Timor-Leste, Indonesia, Bhutan, Sri Lanka, Kiribati, Congo Republic, Honduras, Bolivia, Mongolia, Moldova, and Cuba

[37] Policy revision currently underway. Pending Board approval of policy design, deliverables can be set

[38] Countries graduating at the end of 2015

[39] IF&S: Immunisation and Financing Sustainability task team. Includes members from WHO, UNICEF, Bill & Melinda Gates Foundation, GAVI Secretariat and World Bank

[40] Includes growth in private philanthropy in the United States and Spain

[41] In addition to the overall funding need of US$ 5.1 billion for 2011-2015, a further US$ 0.9 billion is expected from Advance Market Commitment (AMC) contributions in 2011-2015

[42] In addition to the amount of US$ 2.2 billion for 2011-2013, a further US$ 1.4 billion is to be raised by 2015

Strategic objective	Programme objective		Programme deliverable (2015)	Interim deliverable A	Interim deliverable B	Lead entity	Support entity	Budget ($m) FY11
				place by 2011				
	3.2.2	**Broaden the public and private sector donor base**	8-10[43] new donors[44] secured	3 new donors secured by end of 2011	3 additional new donors secured by end of 2013	GAVI Sec.		1.9
3.3. Mobilise resources via innovative financing mechanisms	3.3.1	**Grow and develop GAVI's innovative finance product portfolio** (including scaling of IFFIm)	Raised funding of US$ 1.5 billion in innovative finance in the period 2011-2015 towards the overall funding need of US$ 5.1 billion.[45] Raised through existing IFFIm pledges, IFFIm extension and 1-2 new Innovative Finance mechanisms	a) Raise US$ 0.5 billion in 2011-2012 b) Commitments from at least 2 donors to expand or enlarge/extend IFFIm by 2011	a) Raise US$ 0.6 billion in 2011-2013[46] b) Advanced stages of developing at least 1 new innovative finance mechanism[47] by 2012	GAVI Sec.		1.8
Strategic goal 4. Shape vaccine markets[48]								
4.1. Ensure adequate supply to meet demand	4.1.1	**Strategically forecast the demand and supply** for all vaccines in the GAVI portfolio	Bi-annual strategic demand and supply forecasts	Bi-annual forecasts delivered to Board	Bi-annual forecasts delivered to Board	AVI TAC	WHO, UNICEF	1.9

[43] Including remaining G8 and other G20 donors

[44] New donors are defined as donors that have not provided direct contribution to GAVI in the preceding 3 years (but could already be contributing to GAVI through innovative financing). Major and smaller potential donors would figure among the 8-10 potential new donors. It is projected that combined these potential new donors could contribute between US$ 50 and 250 million by 2013, and between US$ 150 and 450 million by 2015.

[45] In addition to the overall funding need of US$ 5.1 billion for 2011-2015, a further US$ 0.9 billion is expected from Advance Market Commitment (AMC) contributions in 2011-2015

[46] In addition to the amount of US$ 0.6 billion for 2011-2013, a further US$ 0.9 billion is to be raised by 2015

[47] Innovative finance mechanisms includes sovereign and private initiatives, such as but not limited to debt buy downs, swaps, asset manager partnerships, public private investment vehicles, mobile telephone partnerships, etc,

[48] Although interim deliverables are scheduled for completion, the programme objectives and deliverables for the five year period may be revised following completion of the supply strategy.

Strategic objective	Programme objective		Programme deliverable (2015)	Interim deliverable A	Interim deliverable B	Lead entity	Support entity	Budget ($m) FY11
	4.1.2	Ensure **efficient and effective vaccine procurement and supply chain management**	Streamlined and uninterrupted vaccine supply for all GAVI-funded vaccines	Options paper for the Board on improving procurement and supply chain management by 2011	1-2 proposed options implemented by 2012	UNICEF/ PAHO	GAVI Sec.	12.5
4.2. Minimise costs of vaccines to GAVI and countries	4.2.1	Develop **instruments for lowering price to GAVI and countries and/or encouraging development of appropriate products**	1-2 new initiatives or instruments to decrease price and/or accelerate product development	Options paper on market shaping instruments and vaccine market advocacy strategies by 2011	1-2 pilots underway by 2012	GAVI Sec.		0.9
Cross-cutting strategic area. Advocacy, Communication and Public Policy								
AC1.1. **Position GAVI effectively to deliver on its mission**	AC 1.1.1	The value of immunisation, new vaccines, and GAVI is understood amongst **key influencers and stakeholders**	Increased understanding of the value of immunisation and the GAVI Alliance amongst target stakeholders (as measured by market research in 10 key donor countries)	Implementation a direct donor and stakeholder communications programme in the lead-up to the replenishment	One joint communications initiative implemented annually in five target donor countries with each of five partners (CSOs,	GAVI Sec.		5.8

Strategic objective	Programme objective		Programme deliverable (2015)	Interim deliverable A	Interim deliverable B	Lead entity	Support entity	Budget ($m) FY11
				meeting in 2011	Parliamentarians, etc.) by 2012			
	AC 1.1.2	**Mobilised and empowered advocates** to inform GAVI's policies, support fundraising and help achieve its strategic goals	100-200 advocates actively engaged in key processes to raise awareness and engage donors and potential donors	Establishment of a global coalition of advocacy partners in 2011	Expansion of the coalition's reach to impact political will in five target donor countries by 2012	GAVI Sec.		1.9
	AC 1.1.3	Increased **influence in development aid policy settings**	Increased number of endorsements in key events and global/regional policy documents (e.g. AU Summit, G8)	Positive references to GAVI, immunisation and health in outcome documents from 2011 G8 and G20 and High Level Forum on aid effectiveness	Annual growth in number of key global and regional events with positive references to GAVI, immunisation and health	GAVI Sec.		1.4
Cross-cutting strategic area. Monitoring and Evaluation								
ME 1.1. **Ensure that valid, reliable and useful measures of performance**	ME. 1.1.1	Ensure effective **routine programme monitoring that links decision making to performance**	Rigorous performance monitoring of all GAVI grants to countries, with release of funding based on performance	Improved information management through data warehouse and central reporting	Systematic process in place to release funding based on performance by 2012	GAVI Sec.		1.4

Strategic objective	Programme objective		Programme deliverable (2015)	Interim deliverable A	Interim deliverable B	Lead entity	Support entity	Budget ($m) FY11
are available and used to support learning, management and release of funding				tool by 2011				
	ME 1.1.2	Coordinate and conduct **targeted studies** to address key questions and meet critical information needs	Filled knowledge and information gaps related to specific strategies	Mapping of studies conducted across the Alliance completed by 2011[49]	Studies rationalised, including annual summary of questions addressed, main findings and management and policy implications by 2012	GAVI Sec.		0.6
	ME 1.1.3	Conduct **full country evaluations** to evaluate the impact and cost-effectiveness of GAVI support to countries	Annual estimates of impact and cost-effectiveness produced based on GAVI support to all countries [50]	Platform in place for direct measurement in 5 countries by 2011	First annual report with initial impact estimates by 2012	GAVI Sec.	WHO	2.2

[49] The budget listed supports the following studies scheduled for 2011-2012: China/India case study on introduction of HepB, Civil Society Organisation window, Gender policy and AMC process evaluation, and lessons learned document from graduated countries.

[50] This will be done through direct measurement in 5 countries and evidence-informed modeling for the remaining countries