



Gavi – The Vaccine Alliance

KEY RECOMMENDATIONS OF STRATEGIC IMPORTANCE

EVALUATION MANAGEMENT RESPONSE

Evaluation of Gavi’s initial response to COVID-19

Business Owner: HSIS

Evaluation Title: Evaluation of Gavi’s initial response to COVID-19

Evaluation Year: 2022

1.	FINDINGS (Relevance and Coherence)	RECOMMENDATION	RESPONSE	ACTION
	<ul style="list-style-type: none"> Gavi’s rationale for the introduction of R&P and M&R&S was clear and aligned broadly with the perceived key needs. The design of the flexibilities offered under R&P and M&R&S sought to balance these needs against the risks to Gavi’s business model and ways of working. R&P flexibilities were used to support activities that were in strong alignment with countries’ COVID-19 response plans, and, thus, were well-aligned with the WHO’s COVID-19 response pillars. Gavi’s R&P reprogramming was perceived (as intended) to fill key resource gaps, which may not have otherwise been filled in an appropriate timeframe, even though the reprogrammed funds were comparatively small. 	<ul style="list-style-type: none"> Gavi Secretariat should ensure a strategy(ies) are in place for Gavi’s role in PPR, which incorporate lessons from COVID-19 and COVAX. Complement strategy(ies) for Gavi’s role in PPR with implementation plans which set out key decision criteria (e.g., on trigger points, conditions in which Gavi will fund outside its CA), roles and responsibilities etc. to 	<p>Agree</p> <p>While we agree with the finding, it is important to note that the Board did not signal a "no regrets approach" for the R&P and MR&S responses. It did do so for COVID-19 vaccine delivery Support (CDS) in December 2021 and the Secretariat was explicit in the trade-offs it was making to reflect this. There is also potentially a tension between this recommendation of a "no regrets" approach and the recommendation to improve monitoring, reporting and evidence on the interventions.</p>	<ul style="list-style-type: none"> Agree on the role of the Gavi Alliance in PPR in the context of newly emerging Global Health architecture and PPR discussions, including funding modalities, implementation plans and resourcing required and shape / contribute to ongoing global discussions on PPR. Develop clear response plan for Alliance to support RI in case of future pandemic including specific additional indicators to

<ul style="list-style-type: none"> • R&P and M&R&S flexibilities were not substantially different from those offered through the existing policies, with the exception of eligibility freezes and funds being eligible to cover PPE. Adaptations were focused on streamlining internal processes to enhance speed and reduce transaction costs and on allowing existing Gavi funds to be used for a wider range of activities, including the general COVID-19 response. • The launch of Gavi’s R&P flexibilities was seen as highly relevant in terms of timeliness; however, M&R&S experienced delays, which impacted the timeliness of the offer. • Generally, from multiple interviews with the Gavi Secretariat and partners, there is a sense that Gavi’s tendency to be risk-averse resulted in the design of both R&P and M&R&S being overly focused on minimizing risk, at the expense of the need to maximize responsiveness, adaptability and innovation. • Overall, there was a sense that, with the information available at the time, R&P’s support for the general COVID-19 response was appropriate, but that, especially with the information now available on the long-term impact on RI, Gavi should have been focused more explicitly on RI from the start. • GESI considerations did not explicitly feature in the R&P design and guidance, however, they featured more strongly in the M&R&S design and guidance. 	<p>ensure Gavi is able to quickly mobilize. This should facilitate upfront discussion with stakeholders to avoid having to address this in the moment of an emergency.</p> <ul style="list-style-type: none"> • Gavi Secretariat should also work with the Board and other governance structures to ensure that there is an aligned understanding of the operational implications of ‘no regrets’ and this is communicated to all Gavi Secretariat staff and Board members. 	<p>Agree with findings 1-3, 5 and 8. Finding 4 is true for MR&S but not for R&P. The cited flexibilities were significant and it also fails to recognize the delegation of co-financing waivers to CEO. Finding 6 is not well-substantiated by the evidence and it is unclear where risk appetite was a significant constraint. R&P allowed for significant changes in funding based on a very light-touch, rapid approval process. It is unclear MR&S was significantly delayed by risk aversion. Contrary to finding 7, Gavi remained highly focused on RI throughout the pandemic. It would have been helpful to understand more explicitly from the evaluators what they think Gavi could have been done differently earlier given countries were focused on pandemic response and the biggest drivers of disruption were lockdowns and subsequent scale-up of COVID-19 vaccines.</p>	<p>monitor in response to a pandemic, and additional Secretariat and Alliance resourcing required.</p>
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2.	FINDINGS (Efficiency & Effectiveness)	RECOMMENDATION	RESPONSE	ACTION
	<ul style="list-style-type: none"> Overall, 81% of the countries eligible to apply for flexibilities (59 of 73) had at least one flexibility approved. Seventeen countries had one flexibility approved, 23 countries had two approved and 15 had three approved. Three countries had four flexibilities approved, and one country (Ethiopia) had five flexibilities approved. Only 14 countries had no flexibilities approved. Eleven of these are currently classified as post-transition, middle-income countries. More countries had flexibilities approved under R&P (58 of 73) than under M&R&S (4 of 73), and there is a high degree of variation in the extent to which countries accessed the funds available through reprogramming (ranging from 8 to 100% and a mean of 39%). It has not been possible to identify any reliable data at a portfolio-level that demonstrates how much of the R&P and M&R&S funds were used (absorption), which makes it difficult to assess what the use resulted in and, therefore, what value was added through R&P and M&R&S. However, in four of the eight case study countries we did find data on the R&P absorption levels (between 3% and 68%, in 2020). It is not possible to provide definitive figures as to the uptake of the M&R&S flexibility. This is due, in part, to the lack of a centralized tracker and a centralized/agreed filing system. No evidence was found to suggest that Gavi intended to track information related to the approvals, use and results related to the M&R&S flexibilities. 	<ul style="list-style-type: none"> Board and Gavi Alliance should ensure there is: <ol style="list-style-type: none"> a clear agreement on minimum set of evidence to enable strategic decision-making in pandemic response (e.g., on RI coverage and performance of interventions); a strategy for how to achieve this including at level of the Alliance and country partners. Gavi secretariat and Alliance should ensure they: <ol style="list-style-type: none"> have monitoring systems in place to make available timely data on implementation performance of Gavi support and; strengthen countries information systems (data collection, analysis and sharing) to improve availability of data on relevant RI indicators. 	<p>Partially agree</p> <p>We agree that the Alliance needs to be clearer on what data it needs to monitor the impact of the pandemic and of its response. However, it is important to acknowledge that the Alliance model relies primarily on data reporting from governments and any additional monitoring and data collection requirements may create a burden that diverts capacity away from pandemic response. This trade-off will need to be actively managed. It is unclear in the pandemic context how much better data would have enabled more timely course correction given the pressures on countries to prioritise the COVID-19 response.</p>	<ul style="list-style-type: none"> Implement and strengthen regular collation and monitoring of routine immunisation and stock data through WHO and UNICEF. Agree on core set of indicators that the Alliance will collect and analyse routinely across countries to analyse performance of programmes and Gavi support. Enhance Gavi support to strengthen countries' PHC and immunisation data systems, building on existing investments in HMIS and eLMIS as part of Gavi's expanded role in PPR. Develop pandemic decision-making process to guide Alliance support for RI in case of future pandemic including evaluation of additional indicators to monitor in response to a pandemic

<ul style="list-style-type: none"> • The Gavi Secretariat’s working assumption was that establishing a special arrangement with UNICEF for supply of PPE and IPC would lead to efficiencies in procurement in terms of price, timeliness etc and help manage risk associated with alternative contracting options. Observations based on emerging evidence suggest that the Secretariat assumptions were not completely upheld. • Within Gavi, R&P enabled a quickening of internal processes, albeit varied in terms of timing; approval decisions appear to have been substantially quicker than disbursements, both working to 5-day targets. Disbursement delays under R&P limited or slowed absorption and in several countries delayed arrival of PPE. • R&P impact on GESI has probably been limited. There are, however, some clear positive examples of M&R&S interventions increasing GESI in relation to geographic equity. • The initiatives implemented under R&P and M&R&S have made some contribution to countries’ ability to carry out timely and critical COVID-19 interventions in two of our eight cases, whereas the contribution seems to have been limited in another five cases, and negligible in one. • The contribution of R&P and M&R&S to countries being able to adapt RI to COVID-19 was rated as important in three out of eight cases, while their contribution to countries’ implementation of innovative approaches was rated as important in two out of eight cases. 			<p>(mindful of transaction costs for countries), and additional Secretariat and Alliance resourcing required.</p>
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	<ul style="list-style-type: none"> • There was no bespoke ToC or M&E framework in place to track the results of R&P and M&R&S interventions. Learning questions and monitoring activities were set out to gather an understanding of COVID-19 impact on RI and the effectiveness of Gavi’s initial response. These were only partially implemented. The GPF was chosen as a monitoring framework, despite its inherent limitations. This, and other factors constrained Gavi’s ability to monitor performance and the contribution of the initiatives to the results. The chosen approach, while sensible in the context of an unprecedented crisis, limited opportunities for learning and course-correction. 			
3.	FINDINGS (Coordination & Partnership)	RECOMMENDATION	RESPONSE	ACTION
	<ul style="list-style-type: none"> • Factors that appear to have enabled countries’ uptake of the flexibilities include: responsiveness to country needs; fast access to flexible funds; and reduced transaction costs for countries. • Factors that constrained uptake of R&P and M&R&S include: less need for R&P and M&R&S flexibilities than expected (in terms of less impact on RI than feared, at least initially, and less need for resources due to inputs from other donors); limited benefit for countries in applying for R&P and M&R&S; timing and competing priorities. • There are some good examples of GESI concerns informing M&R&S funded interventions but involvement of CSOs and communities could have been stronger. Overall, GESI is often misunderstood, with emphasis being put on MNCH and absence of 	<ul style="list-style-type: none"> • Board and Gavi Alliance should work with other partners to guarantee a strategy is in place to ensure fast access to additional, flexible funding to support emergency responses from Gavi funding and other sources. Recognising that access to existing resources was a barrier in some cases, Gavi Secretariat should ensure, including through the recently launched EVOLVE initiative, that 	<p>Agree</p> <p>Agree with finding in terms of Gavi funding. Gavi has limited ability to influence availability or timing of funding from other donors.</p>	<ul style="list-style-type: none"> • Agree on the role of the Gavi Alliance in PPR in the context of newly emerging Global Health architecture and PPR discussions, including funding modalities, implementation plans and resourcing required and shape / contribute to ongoing global discussions on PPR. • Streamline Gavi disbursement processes and leverage disbursement modalities

<p>discrimination and gender transformative approaches examples within M&R&S are absent.</p>	<p>countries' access to Gavi funding is not constrained. This should be done through addressing e.g., downstream bottlenecks to disbursement and absorption (such as availability of other donor funds).</p> <ul style="list-style-type: none"> Gavi secretariat should review and ensure a partnership strategy which identifies the strategic partnerships that are needed (e.g. with private sector or emergency and humanitarian organisations) to provide effective, efficient pandemic preparedness and response. Gavi secretariat to work with partners identified in the strategy to ensure that partnerships can be activated when needed to enable a rapid Gavi response to emergency or other context-specific needs. 	<p>Partially agree</p> <p>The Alliance is already working to significantly broaden its partnerships including with humanitarian actors and CSOs including through the Humanitarian Buffer and the Zero Dose Immunisation Programme (ZIP). It is unclear from COVID-19 that the partners needed to maintain RI in a pandemic context are different from those who are best-suited to support EPI programmes in normal times. Alliance partners have also provided extensive funding and support to CSOs and Humanitarian Actors.</p>	<p>of core partners where appropriate.</p> <ul style="list-style-type: none"> Explore options to enhance country EPI capacity including to address absorption bottlenecks and enable pandemic response alongside continued maintenance of routine immunisation. Scale-up Alliance partnerships with civil society organisations. Strengthen partnerships with humanitarian and emergency organisations. Implement relevant recommendations of the Joint Convening on COVID-19 Vaccinations in Humanitarian settings and contribution to broader pandemic preparedness.
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The full detailed version can be accessed by request to Gavi Secretariat.