



Evaluation of Gavi's Private Sector Engagement Approach 2016-2020

Final Evaluation Report

15 July 2021

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Acronyms

ANMOL	Auxiliary Nurse Midwife Online [project]
BCC	Behaviour Change Communication
BMGF	Bill and Melinda Gates Foundation
CEO	Chief Executive Officer
CHW	Community Health Worker
CSR	Corporate Social Responsibility
CSV	Creating Shared Value
DAC	Development Assistance Committee
DR	Desk Review
DRC	Democratic Republic of Congo
EAC	Evaluation Advisory Committee
EKII	External Key Informant Interview
EPI	Expanded Programme on Immunisation
GDPR	General Data Protection Regulation
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GFF	Global Financing Facility for Women, Children and Adolescents
GIF	Global Innovation Fund
GMF	Gavi Matching Fund
GPE	Global Partnership for Education
HPV	Human papillomavirus
HSIS	Health Systems and Immunisation Support
HSS	Health Systems Strengthening
IFFIm	International Finance Facility for Immunisation
IFPW	International Federation of Pharmaceutical Wholesalers
IKII	Internal Key Informant Interview
IMPT	Intelligent Maintenance and Planning Tool
INFUSE	Innovation through Uptake, Scale and Equity
IRC	International Red Cross
KII	Key Informant Interview
MDSC	Managing Directors Standing Committee
MCV2	Measles-Containing-Vaccine (second-dose)
MEL	Monitoring, Evaluation and Learning
MoH	Ministry of Health
MoU	Memorandum of Understanding
NBC	New Business Committee

n.d.	Not Dated [citation]
OECD	Organisation for Economic Co-operation and Development
PCV	Pneumococcal Vaccine
PEF	Partnership Engagement Framework
PS	Private Sector
PSE	Private Sector Engagement
PSEA	Private Sector Engagement Approach [2016-2020]
QA	Question Area
RfP	Request for Proposal
RMPSP	Resource Mobilisation, Private Sector Partnerships [and Innovative Finance] Team
SBIR	Small Business Innovation Research
SCM	Senior Country Manager
SDG	Sustainable Development Goal
SFA	Strategic Focus Area
SG	[Gavi] Strategic Goal
SMS	Short Message Service
SP	Selected Project
STEP	Strategic Training for Executives Programme
STTR	Small Business Technology Transfer
TCA	Targeted Country Assistance
TOC	Theory of Change
TCO	Total Cost of Ownership
UAE	United Arab Emirates
UHC	Universal Health Coverage
UK	United Kingdom
UNHCR	United Nations Refugee Agency
UNICEF	United Nations Children's Fund
UNITAID	International Drug Purchasing Facility
UPS	United Parcel Service
US	United States
USAID	United States Agency for International Development
VFM	Value for Money
VIPS	Vaccine Innovation Prioritisation Strategy
WEF	World Economic Forum
WFP	World Food Programme
WHO	World Health Organization

Glossary of Terms

Gavi uses a number of terms in distinctive ways. For evaluation purposes, we have established working definitions of key terms.

Term /concept	Definition / description in the context of Gavi
Corporate philanthropy	The practice of a corporation or business giving back to the local, regional, national or international community through financial donations and non-cash contributions.
Corporate Social Responsibility (CSR)	A set of business principles and practices that can be leveraged to justify a company advancing social benefits and economic conditions, while enhancing the competitiveness of a company.
Creating Shared Value (CSV)	A business concept originating from Harvard University that moves beyond corporate philanthropy and CSR principles. CSV describes how businesses can create new sources of value by addressing social issues that intersect with private sector business. It often involves reconceiving products and markets and creating incentives to target the poor “at the bottom of the pyramid”.
Diversification	A target area for the PSEA. The PSEA diversification target for 2016-2020 was to engage 25% of partners from emerging markets and Gavi-supported countries and to secure 50% of investments from new private sector partners.
External stakeholders / key informants	For the purposes of this evaluation, this term refers to non- Gavi staff and experts, as well as representatives of beneficiary countries, the private sector, Alliance Partners and donors.
Financial contribution partnerships	A PSEA modality based on a single or multi-year financial pledge in support of Gavi programmes that may be matched by the Gavi Matching Fund.
Gavi Matching Fund (GMF)	The Gavi Matching Fund is a public-private funding mechanism designed to incentivise private sector investments in immunisation. Supported by BMGF and sovereign donors, such as the UK and the Netherlands, the GMF aims to multiply private sector partners’ impact by doubling their investment. The GMF also seeks to provide long-term funding visibility to give Gavi-supported countries the confidence to introduce new vaccines.
Implementation partner	In the context of Gavi’s PSEA, an implementation partner is a for-profit or not-for-profit organisation that is involved in implementing a project at country level.
Innovation at scale	A target area for the PSEA. The PSEA target for 2016-2020 was to achieve five innovative scalable partnerships. These partnerships should leverage private sector expertise, be fully aligned with country needs and Gavi’s 2016-2020 strategy, be scalable at national or regional level, and foster engagement with business platforms to ensure broad and lasting impact.
Innovation for Uptake, Scale and Equity (INFUSE)	Launched at the World Economic Forum (WEF) in 2016, the INFUSE mechanism aims to create a marketplace for Gavi-supported countries to access piloted innovations that have shown potential to strengthen vaccine programmes. It also aims to accelerate adaptation and deployment of successful initiatives at scale. Each year a Gavi panel selects innovations that have been successful in addressing key barriers in vaccine programming. The most promising solutions are selected as INFUSE Pacesetters. INFUSE Pacesetters are then supported through the PSEA funding and management mechanisms, including some specific INFUSE grant funds, to connect them to partners and countries to help take solutions to scale. In addition, Gavi assists an ‘INFUSE community’ to collaborate, improve, align and integrate their innovations.
Internal stakeholders/ key informants	For this evaluation, this term refers to representatives of the Gavi Secretariat, the Board and its sub-committees.
International Finance Facility for Immunisation (IFFIm)	Gavi’s IFFIm is a financing model for global health built on partnership. IFFIm receives long term, legally binding pledges from donor countries and, with the World Bank acting as Treasury Manager, turns these pledges into bonds. The money raised via Vaccine Bonds provides immediate funding for Gavi and helps to ensure

	<p>predictable funding for vaccines and more efficient operations. For investors, Vaccine Bonds offer an attractive and secure rate of return and diversification of portfolios while promoting global health security. The IFFIm is beyond the scope of the PSEA.</p>
Leveraged partnerships	<p>A PSEA modality based on a financial pledge accompanied by corporate expertise or programmatic intervention by a private sector organisation, with potential match by the Gavi Matching Fund.</p>
Market shaping initiatives	<p>Gavi's fourth strategic goal for the period 2016-2020 focused on creating sustainable healthy markets for vaccines and related products at affordable prices. Other objectives referred to incentivising innovation in vaccine development and scaling up innovation in immunisation related products. Strategies for achieving this goal mostly target manufacturers. These market shaping initiatives are beyond the scope of the PSEA.</p>
Operational (or Shared Value) partnerships	<p>A private sector partnership modality that is primarily based on sharing of expertise or innovative approaches – involves a private sector partner delivering expertise and/or technical inputs in a Gavi supported country, with funding under the PSEA.</p>
Partners' Engagement Framework (PEF)	<p>Gavi provides funding to partners through the Partners' Engagement Framework (PEF). This allows them, in turn, to support countries' immunisation programmes. PEF support is divided into three main areas, namely: targeted country assistance, strategic focus areas and foundational support. Most PEF funding is allocated to targeted country assistance. PEF was adopted in 2016 to show how Alliance Partners, particularly WHO and UNICEF, are expected to work together. It clarifies the role of each partner, and how countries can come together with partners to identify the support they need, while supporting accountability for results. The PSEA is fully aligned to the PEF, and sits alongside the three main support areas.</p>
Private sector	<p>In the context of Gavi's PSEA, the private sector refers to companies, corporations, industry leaders, private foundations, philanthropic organisations, non-governmental organisations and individuals who can offer financial resources, expertise and/or innovative solutions to improve immunisation programmes in developing countries. This definition excludes pharmaceutical companies and manufacturers, with whom Gavi engages in its market shaping activities.</p>
Private sector benefits	<p>2016 PSEA strategy documents indicate that the expected benefits of Gavi's PSEA for private sector partners include: connection to fast-growing markets; partnership with global leaders; leadership in global development through innovative Gavi models; and immediate and permanent impact on health outcomes and global health security.</p>
Private sector engagement approach (PSEA)	<p>Gavi's PSEA (2016-2020) evolved from early resource mobilisation initiatives to better leverage private sector expertise, skills and innovation for more effective immunisation programmes. The exploratory PSEA (2016-2020) is based on three private sector partnership modalities, namely Financial Contributions, Leveraged and Operational partnerships. Leveraged and Operational partnerships also incorporate projects identified under the INFUSE mechanism and 'partnering with industry leaders'.</p> <p>Gavi's 'market shaping' initiatives are not considered to be part of the PSEA.</p>
Project partner	<p>Project partners refer to the private sector partner providing the expertise or technologies within partnerships under the PSEA. The term is used in this report to distinguish from funding partners which provide the financing for projects. In a few cases one organisation plays both roles.</p>
Public-private partnership	<p>Created in 2000, Gavi, the Vaccine Alliance, is founded on a unique public-private partnership that seeks to maximise the comparative advantage of each sector for the shared goal of equal access to new and underused vaccines for developing countries. Gavi aims to combine the technical expertise of the development community (including Alliance Partners (UNICEF and WHO), civil society organisations, research and technical institutions and country governments) with the business know-how of the private sector (e.g. businesses, foundations, high net worth individuals industry leaders etc) and pharmaceuticals companies.</p>
Scalable	<p>In the context of the PSEA's ambition to achieve innovative scalable partnerships, Gavi defines scalable as definition of scalable as, applying a proven technology or approach across a significant geographical area (multi-country, regional, or global) -</p>

	<p>this can be with one private sector partner or with multiple partners (a cluster approach).</p>
<p>Strategic Focus Area (SFAs)</p>	<p>Gavi's SFAs for 2016–2020 prioritise: immunisation supply chains; data quality, availability and use; in-country leadership, management and coordination; demand promotion; in-country political will; and financial and programmatic sustainability. The PSEA selected three SFAs as the focus for private sector engagement based on a review of country needs. The selected technical areas are: immunisation supply chains, data quality and demand generation.</p>
<p>Targeted Country Assistance (TCA)</p>	<p>Technical assistance is non-financial support provided by specialists. It can take the form of sharing information and expertise, training and consulting services. The technical assistance provided through PEF is called targeted country assistance. Although all Gavi-supported countries are eligible for TCA, 20 countries are given priority. Eligible countries identify their challenges and express their TCA needs through the joint appraisal mechanism - an annual review of Gavi's support to each country. Most TCA is provided by core Vaccine Alliance partners, primarily WHO and UNICEF, as well as the World Bank, Centers for Disease Control and Prevention and non-governmental organisations. The TCA mechanisms is generally beyond the scope of the PSEA, but County Support teams aim to ensure alignment.</p>
<p>Total Cost of Ownership (TCO)</p>	<p>An increasingly important concept in the piloting and evaluation of digital solutions. Total cost of ownership [for governments] is calculated through a comprehensive evaluation of all costs associated with digital solutions, and information and communications technology. The TCO takes into account all organisational expenses pertaining to hardware and software procurement, management and technical support, communications, training, system upkeep, updates, operating costs, networking, security, licensing costs, and the opportunity costs of system downtime, among others.¹</p>

¹ Pan American Health Organization. Electronic Immunization Registry: Practical Considerations for Planning, Development, Implementation and Evaluation. Washington, D.C.: PAHO; 2017.

Executive Summary

The independent evaluation of Gavi's Private Sector Engagement Approach (PSEA) aimed to assess the delivery, results and sustainability of the approach over the period 2016-2020. Lessons learnt and recommendations will inform the design of the PSEA for the Gavi 5.0 strategic period (2021-2025). The findings presented below are structured around three evaluation questions covering: mobilisation of additional resources; PSEA fit to purpose; and lessons and unintended consequences.

The evaluation findings are based on triangulated evidence from a desk review, over 60 key informant interviews, 7 in-depth case studies, and comparison with similar organisations.

Gavi's exploratory PSEA (2016-2020) aimed to enhance immunisation programmes by leveraging private sector resources, expertise and innovation capacity. It was implemented through distinct modalities, namely, a Financial Contributions modality and a Leveraged / Operational modality. It also included an 'Innovation through Uptake, Scale and Equity' (INFUSE) mechanism.

Mobilisation of additional resources

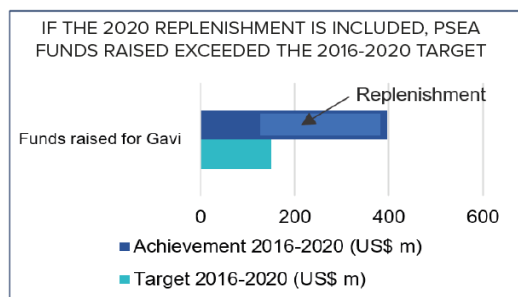
Financial commitments



Target:
US\$150m of additional financial resources raised in new private sector investments

Gavi has exceeded the PSEA target on funds raised

The amount of funding mobilised through the PSEA for Gavi over 2016-2020 totalled US\$397m. Notably, two thirds of this total (US\$268m) was pledged through Gavi's 2020 'replenishment' process to fund the 5.0 strategic period (2021-2025), and includes US\$69m of private sector funding earmarked for COVAX. The balance (US\$129m) was raised prior to this for use during the 4.0 strategic period (2016-2020). The 2020 replenishment saw a substantial growth in funding compared to the previous round - up from \$94m at the 2015 replenishment.



Over 2016-2020, PSEA funds made up ~2-4% of total funds raised by Gavi.

The target was also exceeded if we consider funds available for utilisation over the period 2016-20

Funding available for investing in Gavi's new PSEA over 2016-2020 included: a) funds allocated in the 2015 replenishment process for use in 4.0 strategic period (US\$94m); and b) other public and private sector funding attracted in 2016-2019 (US\$129m). The total (US\$223m) shows a modest increase when compared to the resources generated for use in the previous strategic period (2011-2015) i.e. US\$ 216m.

The evaluation indicated PSEA funding was *partially* additional, as some of the funding for the Gavi Matching Fund would have been allocated to Gavi in any case.

Factors in success

The success of the 2020 replenishment may have been influenced by the COVID-19 pandemic and donor interest in global health security.

Challenges

- PSEA targets & indicators ambiguously worded - so challenges for performance assessment.
- Limited reporting available on performance and finances of the PSEA portfolio as a whole. For some external stakeholders, clarity on PSEA scope.

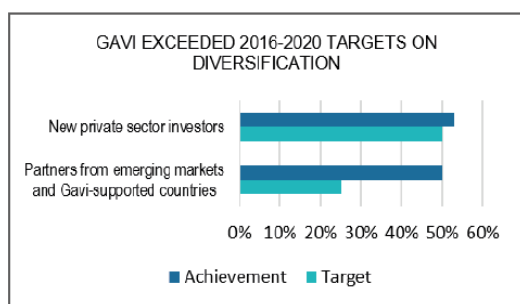
Funding diversification



Diversification targets:
50% investments from new private sector partners; 25% partners from emerging markets and Gavi-supported countries

Gavi has exceeded PSEA diversification targets

Over 2016-2020, 53% of PSEA funding came from new private sector partners. Most replenishment pledges for 2021-2025 have, so far, been from new partners. Around 50% of the project partners involved in implementation have been from emerging markets and Gavi-supported countries. There was, however, some ambiguity about indicator criteria, especially for more complex partnerships.²



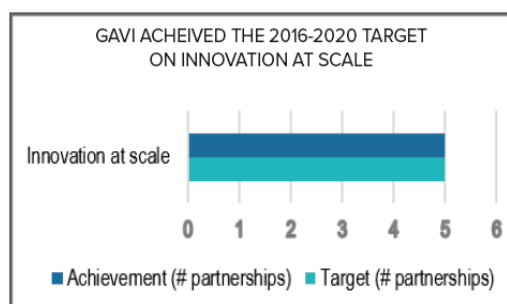
Leveraging expertise at scale



Innovation at scale target:
Five innovative scalable partnerships leveraging private sector expertise

Gavi met the target on innovation at scale

By 2020, four Leveraged/Operational partnerships and one INFUSE partnership had met the agreed criteria for this target. These related to leveraging private sector expertise, strategic relevance, and achieving significant geographic coverage. Notably, though, some projects were multi-country from the outset. All PSEA projects were consistent with Gavi's strategic focus areas of immunisation supply chains, improved data quality and demand generation.



Increasing Gavi visibility

There were some strong examples of Financial Contributions partnerships helping to raise public awareness of Gavi and immunisation priorities. There was also some good online media coverage of PSEA projects – with the Zipline-UPS drone project achieving substantial coverage. However, the evaluators were unable to confirm the hypothesised links between PSEA communication efforts and increased resource commitments from sovereign donors.

Factors in success

Success in achieving PSEA financial commitment and diversification targets was widely attributed to the skills and experience of Gavi's resource mobilisation team.

Challenges

- Across the board, sustainable scale-up of private sector projects to additional countries has taken longer than expected.
- Some secretariat concerns about the management demands of a rapidly expanding project portfolio.
- Difficulties in interpreting and measuring the concept of Gavi visibility.

² See Glossary for Gavi's definition of the private sector in this context. It is distinct from market shaping work with pharmaceutical companies and manufacturers.

PSEA fit to purpose

PSEA fit to the 4.0 Strategy

The evaluation confirmed the design of the PSEA, 2016-2020, was broadly consistent with Gavi's 4.0 strategic goals and objectives. There was particularly strong alignment to Goal 2 health systems strengthening objectives.

Overall, there was good alignment with the 4.0 principles and strategic enablers. However, the principle of sustainability had yet to be fully demonstrated, and there was scope for increasing support to the strategic enabler on monitoring and evaluation (M&E).

Contributions to 4.0 objectives

Reference to a reconstructed theory of change for the PSEA showed there had been good progress in achieving intended output-level results across all modalities – these related to increased resource commitments and establishment of strategically-relevant expertise/innovation projects.

There was insufficient consolidated evidence to demonstrate the intended outcome on adoption of proven approaches at scale, or impact through contributions to Gavi's 4.0 goals and objectives.

Overview of PSEA performance by modality

Funding modality			
	Financial Contributions	Leveraged/Operational	INFUSE
Progress	<p>By Nov. 2020:</p> <ul style="list-style-type: none"> Gavi had 10 signed Financial Contribution (Cash) partnerships with a total value of US\$ 105.5 m. Another seven partnerships were listed as replenishments or as being under development. There were some good examples of value added through Financial Contributions partnerships – especially in raising awareness among domestic stakeholders and local businesses. 	<p>By Nov. 2020:</p> <ul style="list-style-type: none"> Gavi had 18 signed Leveraged / Operational partnerships; another six were under development and five were in the pipeline for 2021-2025. Most signed partnerships were still in the implementation phase and were only scheduled for evaluation at a later stage. 	<p>By Nov. 2020:</p> <ul style="list-style-type: none"> Gavi had signed 15 INFUSE partners (or 'Pacesetters'); another five were under development and five were in the pipeline for 2021-2025. There was good evidence of inclusive recruitment, with 50% of recruited Pacesetters being from the global South. There had been good efforts to strengthen Pacesetter capacity e.g. in gender sensitive working.
Factors in success	<ul style="list-style-type: none"> Secretariat skills in client relations and marketing. 	<ul style="list-style-type: none"> Some evidence that synergies with company social responsibility and sustainability strategies helped to sustain partner commitment. 	<ul style="list-style-type: none"> Design of the annual INFUSE selection workshop – some key informants cited this as industry best practice.
Constraints analysis	<ul style="list-style-type: none"> Some concerns about the expanding portfolio of relatively small-scale 'cash' partnerships – especially the potential for increasing Secretariat transaction and opportunity costs. 	<ul style="list-style-type: none"> Lengthy processes for: establishing the commercial case for partners; values orientation; country matching; stakeholder engagement; start-up processes; and recruitment of local implementation partners. 	<ul style="list-style-type: none"> Protracted processes for matching Pacesetters to funds, countries and a predictable package of support (from Gavi and/or Alliance Partners); Maintaining a viable INFUSE community of practice.

Secretariat engagement processes

There was good evidence that Gavi Secretariat structures, procedures and processes have been functioning well to support transparency and sound administration of private sector partnerships. A number of external key informants commended the dedication and “solutions-focus” of the Gavi Secretariat – also its willingness to learn, “stay the course”, embrace the complexities of partnership working, and guide projects towards positive results.

Modality costs and value for money

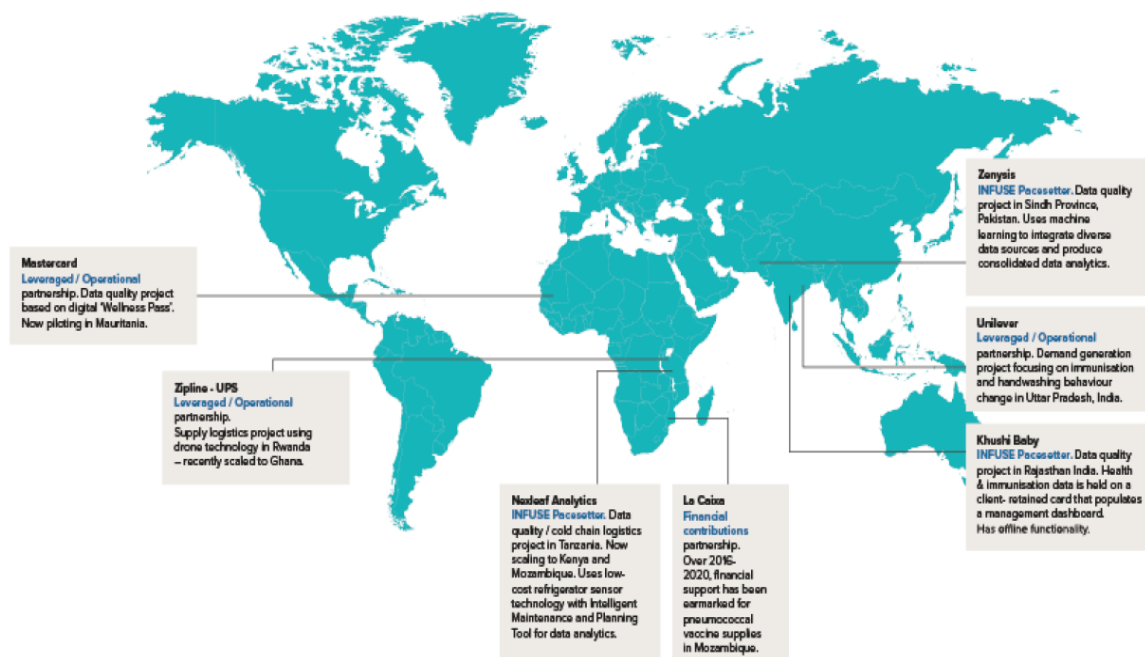
Since data on results, expenditure and costs are only generated at the end of projects, it was too early to draw evaluation conclusions on the value for money (VFM) criteria of effectiveness, cost-effectiveness and sustainability within or across partnerships.

Recent efforts to cost innovation projects for Gavi's Innovation Catalogue were a welcome development. This could be a useful first step towards the introduction of systematic 'total cost of ownership' assessments for innovation projects.

Key findings from case studies

- Among the seven in-depth case studies, some projects were demonstrating substantial benefits and were advancing towards scale-up.
- In most cases, project start-up took considerable time – on average about two years.
- It was sometimes helpful to sub-contract a local implementing partner – although this could be time-consuming in itself (e.g. Mastercard in Mauritania).
- It was still too early to assess which of the technical solutions were likely to be sustainable over the longer term – although there were some good examples of skills transfer and contributions to infrastructure (e.g. the Zipline-UPS project).
- Private sector partners involved in the case study projects reported good levels of satisfaction with project relevance and value.
- For INFUSE Pacesetters there was general acknowledgement that a partnership with Gavi could raise their international profile and facilitate entry into new product markets.

Overview of sampled case study projects



Factors in success

- Alignment of PSEA opportunities to Gavi country portfolio planning / reviews was reported to bring benefits for efficiency and country engagement.
- Case studies demonstrated benefits from early and continuous country involvement, and timely technical guidance for Alliance Partners or the Secretariat.
- In the few cases where there was provision for formative research and M&E services, there were important contributions to improved project design, course correction, and documentation / review of results.

Some challenges

- Some inconsistencies in Secretariat PSEA guidelines, agreement on respective roles, and standardisation of methodologies (e.g. for county appraisals).
- Absence of project and PSEA logic models showing clear pathways to intended results.
- Timely availability of Secretariat (or Alliance Partner) expertise and capacity for project support and scale-up.
- Little systematic documentation of lessons learnt or provision for structured learning.
- Lack of provision for systematic costing or 'total cost of ownership' assessments.
- Protracted start-up processes causing fund flow and resource management issues – especially for smaller Pacesetters.

Lessons and unintended consequences

Unintended consequences

Positive unintended consequences of the exploratory PSEA included strengthening of Secretariat expertise in working with private sector innovators and, potentially, enhanced COVID-19 readiness. Negative unintended consequences included the additional time demands placed on the Secretariat – this has resulted in some tensions.

Risk management

Gavi has managed PSEA risks to date satisfactorily. Key risks to be managed included: project implementation and performance risks; political and reputational risks; capacity risks; cyber security risks; donor dependency and fund flow risks. Additional risks associated with innovation activities included partner selection risks, adaptation risks and failure risks.





Influence on other multilaterals

Gavi is widely recognised as being at the forefront of private sector engagement. There was anecdotal evidence of an indirect influence on how multilateral Alliance Partners (e.g. WHO and UNICEF) engage with the private sector e.g. through participation in INFUSE workshops. However, there were also calls for improved multilateral coordination and collaboration.

Private sector perceptions

Private sector partners interviewed were positive about the value proposition offered by Gavi's PSEA. Most saw considerable potential for improving their public profile and entry into emerging economies. Some partners suggested Gavi's staffing for private sector engagement should be expanded to keep pace with the efficient project management offered by other global health partners.

Summary of key lessons

 Design	<ul style="list-style-type: none"> • Need to maintain alignment of the PSEA modalities to higher-level Gavi strategic approaches and decision-making. • Scope for clarifying and testing PSEA contributions to Gavi 'visibility'.
 Implementation	<ul style="list-style-type: none"> • Need to optimise institutional arrangements and incentives for private sector engagement across the Secretariat. • Scope for reassessing in-house guidelines and streamlining management systems for each modality. • Need to reflect on timeframes needed for accelerating innovations to scale. • Need to consider how to provide INFUSE Pacesetters with a more predictable package of support. • Scope for scheduled risk reviews throughout project implementation and scale-up.
 Efficiency & Effectiveness	<ul style="list-style-type: none"> • Scope for improved cost-tracking, regular project and portfolio VFM assessments and commissioned 'total cost of ownership' studies. • Need for integrated M&E system and results frameworks for projects and PSEA as a whole.
 Impact & Sustainability	<ul style="list-style-type: none"> • Scope for better alignment to country portfolio planning to maximise efficiencies, country buy-in and sustainability. • Potential for more collaboration with other Alliance Partners and global health partners to increase scale, impact and sustainability (with possible lessons from the Alliance's recent Vaccine Innovation Prioritisation Strategy).

Comparison with similar organisations

Key findings

- Among multilaterals, growing recognition of the potential benefits of private sector engagement for addressing global health and social development issues.
- Trend towards dedicated units or 'partnership hubs' to consolidate the skills needed for managing the complexity and risks of private sector engagement and innovation work.
- 'Innovation' was widely recognised as a specialist area, requiring dedicated staff with technical know-how and experience.
- Despite an element of competition between global health partners, a growing appetite for closer collaboration on private sector engagement, especially with respect to health systems strengthening.

Factors in success

- Recognising private sector engagement is a means to an end, not an end in itself – use of specific assessments to determine what additionality a private sector partnership will bring.
- Dedicated time and resource investments for private sector engagement work - optimising the trade-off between transaction costs and the likelihood of securing a mutually-beneficial partnership.
- Investing in staff capacity - getting the skills and incentives mix right.
- Flexible approaches based on long-term perspectives.
- Strong strategic direction and leadership bolstered by supportive management structures and operational guidance – including tried-and-tested tools and templates.
- Capturing and sharing emerging lessons, especially lessons on innovation.

Conclusion and recommendations

Conclusion

Over the 4.0 strategic phase, Gavi has made impressive progress in establishing a cutting-edge private sector engagement approach. Gavi has met or exceeded all the PSEA performance targets. The commitment and skills of the Gavi Secretariat and leadership have been consistent factors in success.

Gavi's leaders and partners have reviewed the recommendations of this evaluation in a 'co-creation workshop'. They will continue to reflect on the implications for 5.0 operational planning. **Next steps** will involve consensus-building on PSEA design adaptations; and development of a PSEA implementation plan and monitoring, evaluation & learning (MEL) plan for the next strategic phase. The evaluators have configured the following recommendations around these steps. Those marked * are priority recommendations.

Summary of recommendations



PSEA design

- ***Alignment to Gavi 5.0:** Adjust the PSEA design to the 5.0 Strategy – especially Goal 2 objectives & strategic enablers on evidence, evaluations and data; also align to Gavi's forthcoming 5.0 operational plans & innovation / digital health strategies
- **Scope definition:** Ensure Gavi continues to clearly communicate the scope of the PSEA vis-à-vis its other activities with the private sector.
- **Alignment of innovation agendas:** Consider how to maintain alignment between the PSEA and Gavi's wider innovation initiatives, and the innovation strategies of other global partners.
- **Clarify and tailor PSEA modalities and mechanisms** to better suit different types of partnership, partner and stage of development (e.g. proof of concept vs scale up).
- **Gavi visibility:** Ensure this concept is clearly defined so PSEA contributions to Gavi visibility can be better assessed and evaluated over time.



PSEA implementation

- ***Institutional arrangements:** Review roles, responsibilities, incentives and capacities for managing and implementing the PSEA across the Secretariat.
- **Guidelines and procedures:** Review PSEA guidelines to ensure consistency and completeness.
- **Risk management:** Ensure there is robust risk management of the PSEA portfolio and projects at each operational stage.
- **PSEA reporting:** Improve the structure and regularity of PSEA financial and progress reporting across the portfolio.
- **PSEA governance:** Agree mechanisms for PSEA oversight by the Board – possibly including an Advisory Council.
- **Aligned planning:** Reflect on options for better aligning PSEA planning with Gavi portfolio planning on country-level support.
- **Timeframes and mechanisms for scaling:** Consider the duration of Gavi support needed to take establish projects and take them to scale.



Monitoring, evaluation & learning

- ***An integrated approach:** Invest in an integrated and aligned MEL plan for both projects and the PSEA as a whole.
- **Specifying targets:** Be specific in the definition PSEA targets and indicators – especially for measuring financial commitments, diversification and innovation scale up.
- ***Costing and VFM assessments:** Incorporate VFM assessments into scheduled project and PSEA reviews. Consider commissioning 'total cost of ownership' studies.
- ***Structured learning:** Strengthen the emphasis on structured learning. Consider establishing a forum for sharing lessons on private sector engagement with other global health partners.

Part 1: Introduction, Evaluation Design and Methodology

Introduction

Background

Gavi, the Vaccine Alliance, is a public-private partnership committed to saving children's lives and protecting health by increasing equitable use of vaccines in lower-income countries. To achieve this mission, Gavi brings together Alliance Partners, developing country and donor governments, the vaccine industry, technical agencies, civil society, and private sector partners.

Gavi's approach to working with the private sector has evolved over time. The introduction of the exploratory Private Sector Engagement Approach (PSEA), 2016-2020, was a significant milestone. Through the PSEA, Gavi aimed to move beyond resource mobilisation to leverage private sector expertise and innovation for the benefit of improved immunisation programming at scale.³This ambition was aligned to the goals and objectives of Gavi's 4.0 Strategy relating to improved vaccine coverage, health systems strengthening, sustainability and market shaping.^{4,5}

Gavi's expanded focus on private sector engagement was consistent with a changing global context. With development of the global Sustainable Development Goals (SDGs) in 2015, there was recognition that all sectors have an important role to play in advancing inclusive, sustainable development.⁶This recognition prompted a growing interest in how private sector partners can bring innovative and effective solutions to long-standing development challenges.⁷

Alongside this, there was progressive thinking in the business world about how companies can create and deliver value across different economic, social, cultural contexts. The concept of 'creating shared value' (CSV) was especially influential.⁸ CSV approaches built on the principles of corporate social responsibility (CSR) to highlight the interdependencies between successful businesses and 'healthy communities'. 'Inclusive business models' and 'bottom of the pyramid' approaches went further to argue that poorer, under-served populations offer large, untapped markets for growing businesses.^{9,10}In recent years, there has also been a focus on 'environmental and social impact and governance' (ESG) as a strategy for attracting conscientious employees, while improving staff motivation and productivity.¹¹

Within the field of global health, the focus on SDGs has led to an emphasis on universal health coverage (UHC) and 'leave no one behind' approaches. Recognising that multisectoral collaboration is central to this endeavour, several development partners have adjusted their support to promote funding diversification, scalable innovation, social inclusion and sustainable

³ Gavi's 2016-2020 private sector engagement approach: Scaling Innovation for Impact. Gavi Board technical briefing session, 21 June 2016, Geneva, Switzerland.

⁴ See Gavi's Phase IV Strategy (2016-2020). Available at: <https://www.gavi.org/our-alliance/strategy/phase-4-2016-2020>

⁵ It is important to note the definition of the private sector used for the PSEA (see Glossary of Terms). It is distinct from Gavi's market shaping work with pharmaceutical companies and manufacturers.

⁶ Independent Research Forum. (2015). Background Paper 4. Global Multi-stakeholder Partnerships: Scaling up public-private collective impact for the SDGs. Available at: <https://sustainabledevelopment.un.org/content/documents/1738Global%20Multistakeholder.pdf>

⁷ See for example: OECD/DAC. 2016. Private Sector Peer Learning Policy Brief 1: The Holistic Toolbox for Private Sector Engagement in Development Co-operation. Available at: <https://www.oecd.org/dac/peer-reviews/1-Holistic-Toolbox-for-Private-Sector-Engagement-in-Development-Co-operation.pdf>

⁸ Porter M. & Kramer M. (2011). Creating Shared Value. Harvard Business Review; Jan/Feb2011, Vol. 89 Issue 1/2, p62-77.

⁹ International Finance Corporation. (2012). Policy Note on the Business Environment for Inclusive Business Models. Washington: World Bank, IFC.

¹⁰ Ibid.

¹¹ See McKinsey. (2019). Five Ways that ESG creates value. Available at: <https://www.mckinsey.com/business-functions/strategy-and-corporate-finance/our-insights/five-ways-that-esg-creates-value>

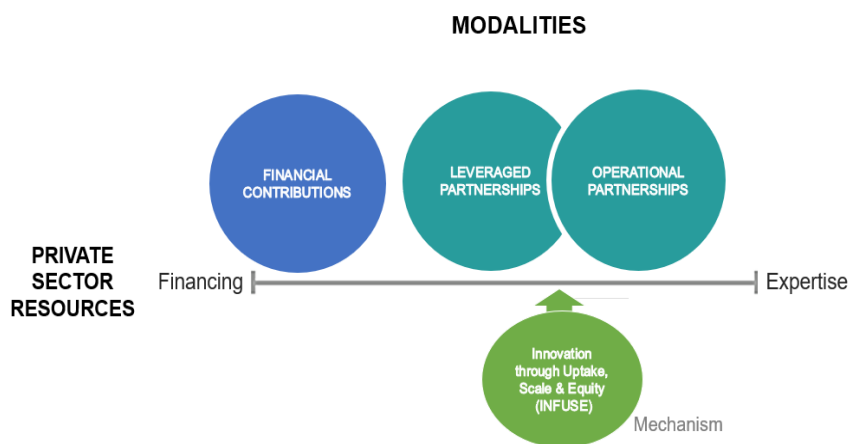
impact.^{12,13} In the case of Gavi, key partners, such as the Bill and Melinda Gates Foundation (BMGF), were actively incentivising funding diversification and wider private sector engagement by 2016.

Since 2019, the COVID-19 pandemic has further highlighted how public-private partnerships can be harnessed for ground-breaking vaccine solutions and the common good. Establishing mechanisms for effective multisectoral collaboration thus remains timely and topical – indeed, the experience embedded in such mechanisms is likely to remain at the heart of restoring global health security for all.

The Gavi Secretariat has long experience of working with a range of private sector partners. The development of the exploratory PSEA was in large part a response to private sector partners offering to support Gavi's mission by sharing technical skills and expertise, as well as financial resources. A series of reviews commissioned by Gavi in early 2016 found there were, indeed, specific opportunities for private sector partners to contribute to key 4.0 strategic objectives relating to vaccine supply chains, improved immunisation data and demand generation.

All of these contextual factors have shaped the design and development of Gavi's PSEA over the period 2016-2020. From the outset, the design of the PSEA was built on a set of modalities reflecting a differentiated approach to private sector engagement. Originally, these included: a Financial Contributions modality (monetary support); a Leveraged Partnerships modality (monetary and expertise support); and an Operational Partnerships modality (technical / expertise support). In practice, the Leveraged and Operational modalities have merged over time. However, since 2016, these modalities have been complemented by an Innovation through Uptake, Scale and Equity (INFUSE) mechanism. The INFUSE mechanism has aimed to supporting smaller 'Pacesetter' companies to accelerate promising innovations to scale (Figure 1).¹⁴

Figure 1: Gavi's Private Sector Engagement Modalities



¹² Blampied C. (2016). Where next for development effectiveness? Building a renewed consensus. ODI Conference Note 1. Available at: <https://www.odi.org/sites/odi.org.uk/files/events-documents/10936.pdf>

¹³ Private Sector contributions towards Universal Health Coverage. UHC 2030 Private Sector Constituency Statement. Available at: https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/Key_Issues/Private_Sector/UHC2030_Private_Sector_Constituency_Joint_Statement_on_UHC_FINAL.pdf

¹⁴ Adapted from Gavi's 2016-2020 private sector engagement approach: Scaling Innovation for Impact. Gavi Board technical briefing session, 21 June 2016, Geneva, Switzerland.

Key performance targets for the PSEA (2016-2020) have focused on additional resource mobilisation, diversification of partnerships and innovation at scale (Figure 2).¹⁵

Figure 2: Performance targets for Gavi's PSEA, 2016-2020



Ultimately, however, the PSEA for 2016-2020 was intended to contribute to Gavi's 4.0 goals and mission "to save children's lives and protect people's health by increasing equitable use of vaccines in lower-income countries". The PSEA was also required to be consistent with Gavi's own business model, that is, to be: country-led, community-owned, globally engaged, catalytic and sustainable, integrated, innovative, collaborative and accountable.

Gavi is now moving into the 5.0 strategic phase for 2021-2025. During this phase, there will be an increased emphasis on 'leaving no one behind with immunisation',¹⁶ more differentiated approaches, programme sustainability, prioritising vaccine introductions and an expanded country focus. These are all areas where private sector partners have the potential to add value through additional resources, expertise and innovation.¹⁷ It is, therefore, timely to take stock and reflect on the lessons learnt from the first exploratory phase of the PSEA.

Objectives and scope of the evaluation

The **objective of the evaluation** is to assess the quality of the design, extent of implementation, results and sustainability of Gavi's PSEA over the period 2016-2020. The lessons learnt and recommendations from the evaluation will inform the design of the approach for the next strategic period (Gavi 5.0, 2021-25). Gavi's Request for Proposals (RfP) sets out the specific requirements of the evaluation (Annex 1).

The scope of the evaluation was defined through a focus on three evaluation question areas (QA) and associated sub-questions (SQ) as follows:

- **QA1** examines resource mobilisation efforts under the PSEA.
- **QA2** examines the PSEA's 'fit to purpose' through a focus on contributions to intended results, modality performance and assessment against value for money (VFM) criteria. This QA is accompanied by an additional sub-set of 'design and delivery' questions to be addressed through 'selected project' (SP) case studies.

¹⁵ Source: Gavi's 2016-2020 private sector engagement approach: Scaling Innovation for Impact. Gavi Board technical briefing session, 21 June 2016, Geneva, Switzerland

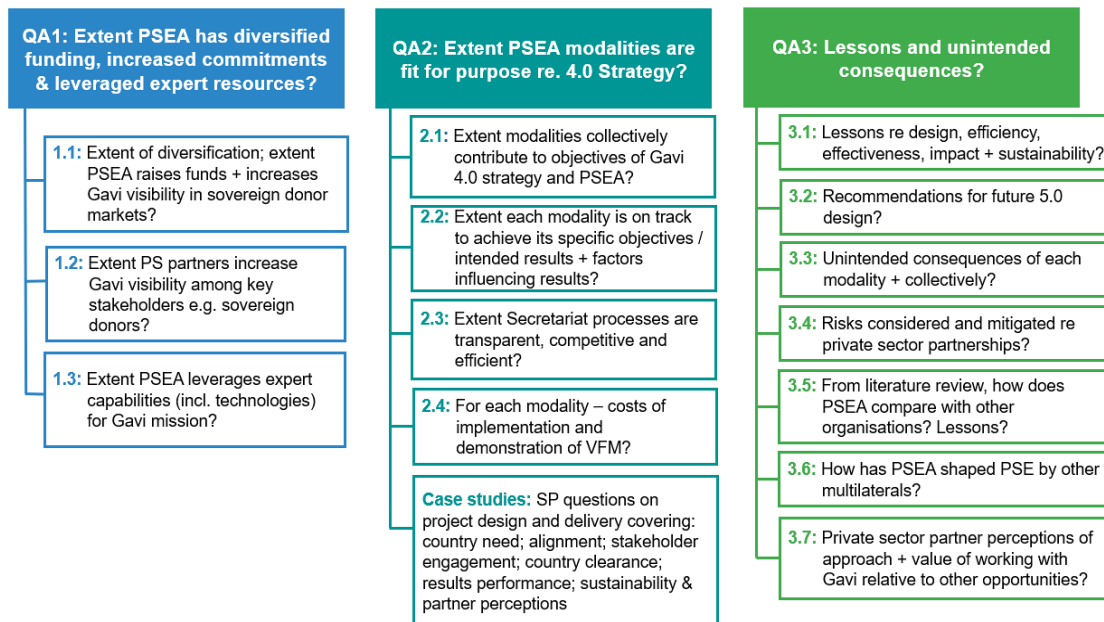
¹⁶ This ambition echoes the pledge by United Nations member states to ensure no one is left behind in striving for the 2030 Agenda for Sustainable Development.

¹⁷ Global Partnership for Effective Development Cooperation. (2019). Effective Private Sector Engagement through Development Co-operation for Sustainable Development: Towards Principles and Guidelines. 17th Steering Committee Meeting, 26-27 March 2019 – Kampala, Uganda.

- **QA3** examines lessons, recommendations, unintended consequences, risk management, comparator assessments, and private sector perceptions of working with Gavi.

Figure 3 below provides an overview of the thematic evaluation question areas and the associated sub-questions.

Figure 3: Overview of the evaluation question areas and sub-questions



The **primary audience** for this evaluation is the Gavi Board. Intermediary audiences include the Secretariat, the Evaluation Steering Committee and the Evaluation Advisory Committee. Secondary audiences for the evaluation include Alliance Partners, all stakeholders who have been involved in the PSEA, country governments, and a wide spectrum of international development partners, such as donors, private sector and civil society partners.

Structure of this report

Part 1: Further to this introduction, the next section of this report presents an overview of the evaluation design and methodology. The methodology includes a triangulation strategy for weighing the strength of evidence for findings using on a colour-coded rating system. This rating system is fully explained in the section below; it is then applied to the presentation of findings in Part 2 of the report. A more detailed account of the evaluation design and methodology is included as Annex 3.

Part 2 of this report is structured around the findings for each of the evaluation question areas and sub-questions. Findings for each sub-question are headed-up with a summary of key findings and a strength of evidence rating tag. Each question area concludes with a summary of associated recommendations. Part 2 of this report also includes a synthesis of findings from the seven project case studies - the full case studies are presented in a Supplement to this report. For findings on QA3, we have addressed each sub-question; however, lessons and a final synthesis of recommendations are elaborated in Part 3 of this report.

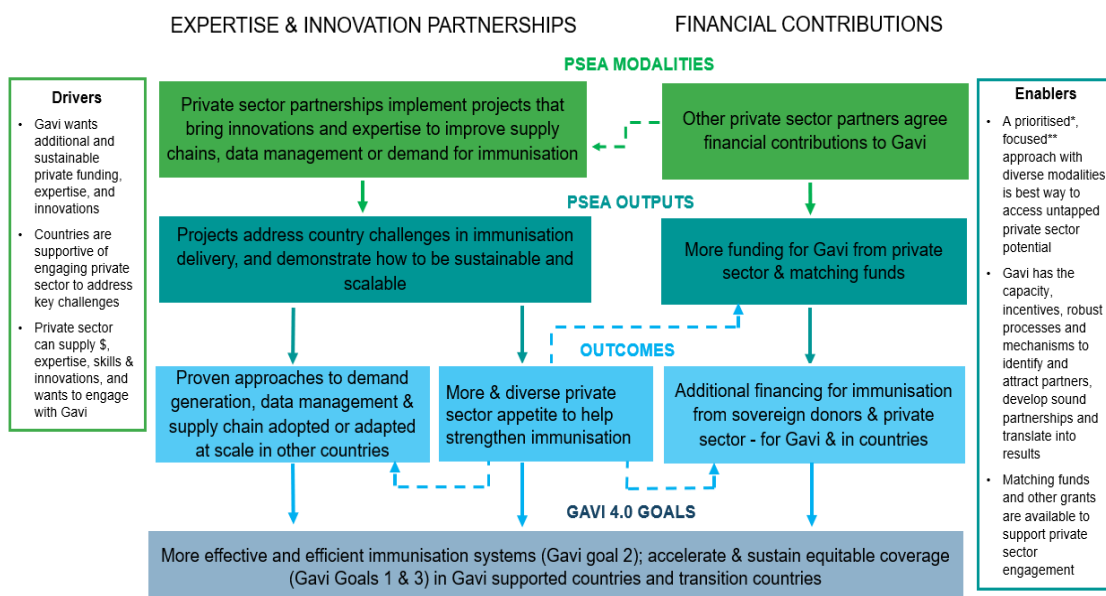
Part 3 of this report thus presents the evaluation lessons, concluding comments and a synthesis of all the evaluation recommendations.

Evaluation Design and Methodology

Evaluation theory of change

During the inception phase, the evaluators developed a 'reconstructed' theory of change (TOC) for evaluation purposes. The reconstructed TOC was a synthesis of component TOCs developed for the PSEA modalities and the INFUSE mechanism. The diagram for the reconstructed TOC is shown in Figure 4 below. The component TOCs and a more detailed account of the TOC development process are contained in Annex 2.

Figure 4: Synthesis PSEA theory of change for evaluation purposes



* Prioritised – selected technical areas - improve supply chains, data management or generate demand.
 ** Focused – selected countries for implementing PS partnerships were envisaged in 2016 strategy (although this changed during implementation).

Development of the reconstructed TOC helped the evaluators establish a shared conceptual framework for:

- Situating and interpreting the evaluation questions within an overarching logic model
- Identifying causal pathways to intended results (that could also be used to identify unintended consequences)
- Understanding how the approach was originally expected to work as a basis for reviewing whether the approach has evolved and incorporated lessons learnt
- Comparing the approach to alternative models
- Determining if the TOC might need to be revised for the next strategic phase.

The process of developing the TOC also allowed the evaluators to surface a number of **assumptions** underpinning the PSEA design (Box 1). The evaluators endeavoured to confirm these assumptions over the course of the evaluation enquiry.

Box 1: Key assumptions for the reconstructed PSEA Theory of Change

- **Good fit:** Projects and funding agreements can be identified which align private sector interests, country needs and Gavi objectives, while minimising reputational risks.
- **Delivery:** Partners are able to deliver on the commitments made, adapt their expertise or technology to suit the needs of Gavi-supported countries and monitor results.
- **Country readiness:** Countries are interested in new ways of working with the private sector, specify how proposed projects can best meet their challenges and have policy and regulatory frameworks that will enable adoption of new technologies.
- **Visibility and donor contributions:** sovereign donors' decisions on Gavi support are influenced by success in private sector engagement and by domestic 'visibility'.
- **Additionality:** Funds raised from private sector partners, for the Gavi Matching Fund and INFUSE funding are additional, and projects would not have gone ahead without Gavi engagement.
- **Funding availability:** Private sector engagement funding mechanisms are sufficient (in amounts and conditions set) to support the most promising projects. Other countries will be able to afford proven approaches (e.g. from Gavi Health Systems Strengthening (HSS) grants or domestic funding).
- **Sustainable approaches:** Other countries will be able to afford proven approaches (e.g. from Gavi HSS grants or domestic funding). Approaches to scaling up will enable competitive markets to develop.

Evaluation design and methodology – key features

To systematically address each of the evaluation Question Areas (see Figure 3 above), the evaluators incorporated each evaluation question into a standard evaluation framework to develop a triangulated mixed method approach. Data collection methods for this evaluation included: over 60 key informant interviews across key stakeholder groupings; document and secondary data reviews; seven in-depth project case studies; and comparisons with similar organisations. A detailed account of the evaluation design and methodology is included as Annex 3.

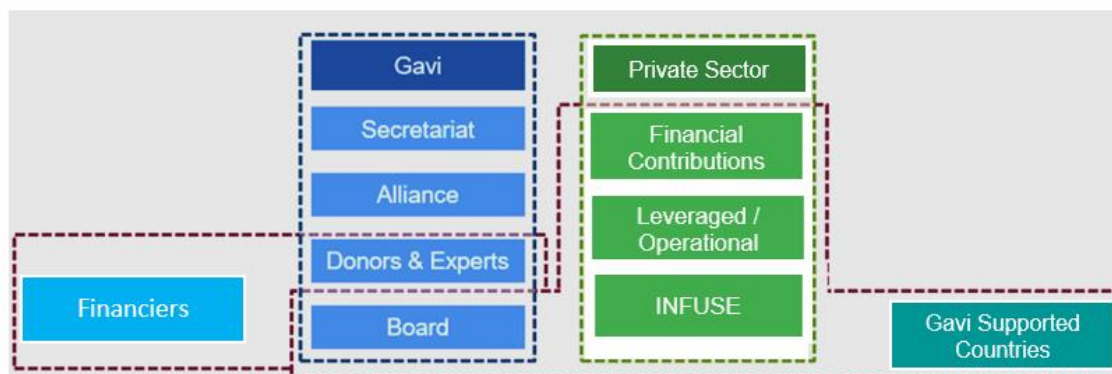
To provide transparency in our data sources, we have annotated the evaluation findings with a number of abbreviations based on the legend below.

Table 1: Legend of annotations for data sources

Data source	Abbreviation
Desk Review	DR
Internal Key Informant Interview with members of the Secretariat, Executive Office or Board	IKII
External Key Informant Interview e.g. with Alliance Partners, experts, privates sector partners or country stakeholders	EKII
Project case studies	PCS

Selection of key informants was based on a preliminary stakeholder mapping and purposeful sampling to ensure: a) representation across key internal and external stakeholder groupings; and b) inclusion of individuals with relevant knowledge and expertise. Figure 5 below shows the range of stakeholder groupings targeted for key informant interviews.

Figure 5: Stakeholder groupings for targeting key informant interviews



To select projects for in-depth case study reviews, the evaluators applied a purposeful sampling strategy based on primary and secondary inclusion/exclusion criteria. Primary sampling criteria focused on selection of private sector projects to proportionately represent all PSEA modalities and the INFUSE mechanism, as well as a range of project themes and performance histories. The evaluators then applied a set of secondary criteria to optimise the sample. These secondary criteria allowed the evaluators to achieve balanced representation of project size, complexity, duration, geographic location and partner type (e.g. philanthropic, corporate, for-profit / not-for-profit). Using this purposeful sampling strategy (see Annex 3 for a full description), the evaluators identified seven projects from the 39 signed (active) projects in Gavi's portfolio for the period 2016-2020 (Table 2).

Table 2: Overview of case study sample

Modality / mechanism	Sampled project	Key features
Financial Contributions	La Caixa	Long standing partnership based on cash contributions from Spanish banking foundation and the wider public and firms
	Zipline-UPS Foundation	High-profile partnership to support drone vaccine deliveries in Rwanda. Recently scaled to Ghana.
Leveraged/ Operational	Unilever	Demand generation project based on integrated health promotion in selected states in India.
	Mastercard	Data improvement initiative based on a scalable 'Wellness Pass' card. Significant implementation delays in Mauritania.
INFUSE mechanism	Khushi Baby	Data improvement project by small not-for-profit start-up organisation in Rajasthan, India
	Nexleaf Analytics	Digital cold chain monitoring solution with potential for global tracking. Implemented in Tanzania but recent scale-up challenges.
	Zenysis Technologies	Silicon Valley start-up with scalable digital analytics platform. Early implementation challenges in Pakistan.

The analysis plan for this evaluation also featured value for money (VFM) assessment against the criteria of: relevance; economy, efficiency, effectiveness; cost-effectiveness; equity, risk management and sustainability. The analytical framework for the VFM analysis is described in full in Annex 3.

Limitations of the methodology

Limitations of the evaluation methodology are expanded in Annex 3. The key limitations and mitigating action taken are summarised in Table 3 below.





Table 3: Strategies for mitigating the limitations of the methodology

Limitation	Mitigation strategy
Potential selection bias through purposeful sampling	Transparent sampling strategy; use of desk review to situate findings and use of triangulation techniques to assess strength of evidence.
Challenges in securing interviews with knowledgeable / representative private sector and country-level key informants	Maximising use of secondary information sources (e.g. desk review and alternative key informants) and triangulation methods to elicit range of perspectives and address data gaps. Use of strength of evidence ratings to indicate shortcomings in the evidence base.
Potential for confirmation bias in one-on-one interviews	Stakeholder mapping and systematic sampling to ensure representation across a range of perspectives / experiences. Training of interviewers in use of open-ended / non-leading questions.
Absence of an original theory of change and limited project M&E data (most evaluations still pending)	Development of a reconstructed theory of change. Intensified efforts to source evidence from desk review work, key informant interviews and case studies – with rapid triangulation and evidence synthesis to address evidence gaps and build the evidence base.

Strength of evidence ratings

All findings presented in this evaluation report have been triangulated through multiple data sources. To indicate the strength of evidence underpinning the findings, we have used the following four-point rating system to rank each key finding or conclusion. As shown in Table 4 below, a score of 1 (dark green) refers the strongest evidence base and a score of 4 (red) refers to the weakest evidence base.

Table 4: Strength of evidence rating scheme

Rating	Strength of evidence description
 1 Strong	Evidence from all data sources is reliable and of high quality, with strong and consistent triangulation. Evidence from secondary data and sources is robust e.g. includes highly credible evidence from independent evaluation or costing studies.
 2 Good	Evidence from all data sources is of slightly lesser quality, but there is good and fairly consistent triangulation. Evidence from secondary data / sources is good but there may be small data/evidence gaps, or the underlying methodology is not fully robust.
 3 Moderate	There is only evidence from some data sources and triangulation is weak or patchy. Evidence from secondary data / sources is incomplete or inconsistent or based on a weak methodology.
 4 Poor	Evidence is based on few /single sources and cannot be triangulated against other evidence sources. Evidence from secondary data / sources is unreliable / incomplete and/or the based on a highly flawed methodology.

Part 2: Evaluation Findings

Findings: Question Area 1

This section begins by presenting the overall finding for Question Area 1. This is followed by specific findings for the Question Area 1 sub-questions. These sub-questions cover themes of PSEA contributions to fund raising, diversification, Gavi visibility and leveraging of expert capabilities. The section concludes with a summary of specific recommendations.

EVALUATORS' NOTE: The original RfP for this evaluation asked for an assessment covering the period from 2016-2019. Following review of the draft evaluation report, the Secretariat requested that we include data up to November 2020. The evaluators have, therefore, adjusted the analysis to include the 2020 financial and activity data provided. Funding mobilised for the PSEA during the June 2020 replenishment process for use in 2021-2025 is now included in figures for 2016-2020 PSEA fundraising performance. However, we have also set out the resources available for PSEA expenditure in 2016-2020 to implement the Gavi 4.0 strategy – this excludes financial commitments made in the 2020 replenishment for the 5.0 strategic phase and COVAX.

Overall Finding for Evaluation Question 1

Evaluation Question 1: To what extent has the approach diversified funding, secured additional financial commitments, and leveraged financial and expert resources?

Box 2: Summary of the overall finding for Question Area 1

Overall finding



The PSEA has succeeded in meeting its targets on additional financial commitments, funding diversification and leveraging private sector expertise for innovation at scale.

The PSEA target for financial commitments was to raise US\$150m of additional resources in new private sector investments over 2016-2020. Gavi has exceeded this target if new commitments of public and private funding for the approach are taken into account. The amount of funding mobilised/pledged during the years 2016 to 2020 totalled US\$ 397m from both public and private sources. Two thirds of this total (US\$ 268m) were pledges made during the 2020 replenishment process (and since) for funding the Gavi 5.0 period; the balance (US\$ 129m) was raised prior to this for use over the period 2016-20.

This target has also been modestly exceeded if we consider funds available for utilisation. Funding available for investing in PSEA activities during the Gavi 4.0 period included: a) funds generated from the 2015 replenishment for use in the 2016-20 period (US\$ 94m); and b) other public and private sector funding attracted over the 4.0 period for use over 2016-2020 (US\$ 129m). The total available was US\$ 223m. This is a modest increase on the total financial commitments generated through private sector engagement for the previous 2011-2015 strategic period; these totalled US\$ 216m. It should be noted that not all the funding for the 2016-20 period has yet been invested and utilised, as some projects still have to start and others will continue into the next strategic period. Expenditure data across the PSEA portfolio was not available to measure the extent of disbursement.

It should also be noted that the PSEA remains a small contributor to Gavi financing overall, as the PSEA funds make up around 2-4% of the total funds raised by Gavi (including matching funds). Furthermore, not all funding for the Gavi Matching Fund was additional to Gavi, while support generated for INFUSE projects was judged to be additional.

For the PSEA diversification targets, Gavi aimed to secure 50% of investments from new private sector partners, with 25% of partners from emerging markets and Gavi-supported countries over 2016-2020. The evaluators found that Gavi has exceeded these targets, with 53% of PSEA funding coming from new private sector partners and most replenishment pledges for 2021-2025, so far, coming from new partners. Around 50% of project partners involved in implementation were from

emerging markets and Gavi-supported countries - although there was some ambiguity about indicator criteria, especially for more complex partnerships.

Gavi also met its target on leveraging private sector expertise for innovation at scale. Here Gavi aimed to establish five innovative scalable partnerships over 2016-2020. The evaluators found that, by 2020, four Leveraged/Operational partnerships and one INFUSE partnership were assessed as having met the agreed criteria for leveraging private sector expertise, strategic relevance and achieving significant geographic coverage. Notably, some projects were multi-country from the outset.

Factors in success

- The significant increase in pledges from the 2020 replenishment should be seen against the backdrop of the COVID-19 pandemic and development of COVAX in response. Some evidence suggests that, during 2020, there was heightened interest among private sector and sovereign donors in investing in mechanisms to improve global health security and increase access to COVID vaccines.¹⁸
- Successes in financial commitment and diversification have benefited from continuity of support and efforts to cultivate partnerships prior to the 2020 replenishment by members of Gavi's resource mobilisation team – this team brings high levels of expertise, experience and established networks.

Challenges

- The need to define the scope of the PSEA for some external stakeholders – especially distinguishing the approach from Gavi's market shaping and civil society engagement activities.
- PSEA performance targets and indicators need clarification. The specific wording of targets has proved open to interpretation when assessing trends in PSEA performance.
- Limited project scale up to date mostly reflects the lengthy time frames required to: a) establish projects in country settings (usually around 2 years); b) adapt solutions to country and health systems contexts; and c) build the evidence-base to inform decisions on scale up – both within countries and to new countries.

Specific Findings for QA1 Sub-questions

SQ 1.1: Additional funding and diversification

Sub-question: To what extent has the approach been able to diversify the sources of funding and bring additional funds to Gavi, including by raising visibility of Gavi in sovereign donor markets?

¹⁸ Several private sector business partners made explicit mention of how they hope to support Gavi in the global response to the COVID-19 pandemic – see for example, Gavi's media page: <https://www.gavi.org/news/media-room/private-sector-partners-strengthen-gavi-programmes-more-us-70-million-contributions>

Box 3: Key finding for Sub-question 1.1

Key finding



Gavi has succeeded in generating funding from the private sector and from sovereign donors and major foundations for the PSEA. As indicated in Box 2 above, the amount of funding mobilised (revenue to Gavi) in the years 2016-20 totalled US\$397m. The amount of funding available for PSEA activities over 2016-2020 totalled US\$223m. Both these totals exceed the PSEA target of US\$150 million in new investments.

The amount pledged at replenishment has increased dramatically compared to the 2015 replenishment, (\$94m) to \$268m in 2020. This includes matching funding pledges by three more sovereign donors than in 2016-20. This could indicate successful PSEA marketing efforts (see SQ1. 2).

The Gavi Matching Fund (GMF) available for the 2016-20 period has been committed to match financial contributions and fund expertise projects in line with the target, although some projects have not yet started, and some expenditures will take place after 2020. New GMF contributions for 2021 onwards have started to be committed to match specific donations or projects.

The total volume of funding mobilised by the PSEA remained a small proportion of the total raised by Gavi (around 2% to 4% of total commitments), about half of which was sourced from the private sector. These figures for private sector funding exclude core funding for Gavi from BMGF.

Using the 2011-2015 period as a counterfactual, and assuming the same approach to financial contributions would have continued, it is estimated that Gavi achieved modest additional resources for deployment in 2016-20. This reflects the finding that at least some of the GMF contributions from sovereign donors and the BMGF would have been allocated to Gavi in any case, whilst the funding for INFUSE is judged to be additional.

Specific **challenges** included: a) difficulties for the attribution / contribution analysis due to the potential influence of the COVID-19 pandemic on donor behaviour; and b) the limited reporting on performance or finances of the PSEA as a *whole* – evidence synthesis pointed to scope for more active portfolio management and reviews, and clearer accountability in the approach.

Sources of direct funding for the PSEA

Funding for the PSEA came through three main channels in the 2016-20 period:

- **Funding from private sector organisations:** either those making financial contributions to Gavi, not linked to specific private sector projects, and used within Gavi's normal funding channels, usually earmarked to funding vaccines in a specific country; or linked to specific projects with private sector partners, in some cases with in-kind contributions, and in some cases supporting INFUSE projects.
- **Funding to be allocated for innovative projects selected through INFUSE:** for the 2016-20 period these comprise earmarked funds from two sovereign donors – the Government of Canada and His Highness Sheikh Mohammed bin Zayed al Nahyan of UAE and from a major foundation - Alwaleed Philanthropies.¹⁹ A new private donor is likely to support INFUSE in the next period.²⁰
- **Funding for the Gavi Matching Fund (GMF):** available to match funding under the sources above, from BMGF (US\$ 75m) and Government of Netherlands (Euros 10m) for 2016-2020. For the 2021-25 period, Governments of UK, Japan and Norway have allocated a modest

¹⁹ Alwaleed Philanthropies are foundations run by a member of the Saudi royal family, which in 2019 committed US\$ 5m for INFUSE for 2020-2024, as well as US\$ 1m as a financial contribution. The \$5m for INFUSE has been allocated between the 2016-20 (US\$ 2m) and 2021-25 periods (US\$ 3m).

²⁰ Laerdal indicating support of \$5m in cash and \$5m in kind.

share (1-2%) of their Gavi funding to the GMF alongside continued funding from BMGF and Netherlands.²¹

In addition there was some funding from other areas of Gavi's budget to enable projects to scale up (e.g. from health system strengthening or technical support funding) and for administration of the PSEA.

Funding mobilised for the PSEA – commitments to Gavi

Table 5 below summarises the funding generated and pledged to Gavi intended for the PSEA through the above channels over time. Table 5 distinguishes when the funding was raised – that is, during the replenishment process (where donors make pledges for the coming Gavi funding period), or over the course of the funding period.

Table 5: PSEA funding commitments and pledges by fundraising route, in US\$ millions

Funding source (total in US\$ millions)				
Replenishment 2011	Other fundraising 2011-2014	Replenishment 2015	Other fundraising 2016-2019	Replenishment 2020 (to Nov 2020)
125	91	94	129	268

Notes: Data up to November 2020.

Sources include: PS funding investment 2011-2020 (Nov 2020); personal communications with Secretariat.

Figures for 2011-2015 relate to the period before the current PSEA strategy was presented to the Board (in June 2016), when private sector engagement consisted of generating financial contributions, with matching funds from GMF available to incentivise donations. From 2016, the broader PSEA strategy was in place which includes both financial contributions and technical / expertise projects including INFUSE.

In looking at resources mobilised during the period 2016-2020, following introduction of the PSEA strategy in 2016, the resources committed to Gavi total \$397m, a combination of US\$129m raised during 2016-19 and US\$268m generated around the 2020 replenishment process (including private sector funds raised for COVAX by November 2020). This is more than double the comparable figure on resources raised over the previous 5 years.²²

The pledges made in the 2020 replenishment are for investment in the 2021-2025 period, and include financial contributions earmarked for vaccines and for COVAX, as well as funding for the pipeline of new projects in development, extensions and scaling up of existing projects. PSEA records²³ indicate that of the \$105m new funding from private sector organisations pledged in 2020, US\$ 69m (66%) was earmarked for COVAX, while \$11 m was pledged in other financial contributions, and some US\$ 27m (26%) for Leveraged / Operational and INFUSE initiatives (before matching funds are added).²⁴ The pledges to the GMF by sovereign donors have increased substantially to US\$ 85m, which should help to incentivise further private sector

²¹ Pledges to GMF in 2020: BMGF \$75m (4% of total pledge); Japan \$3m (1%); Netherlands \$29m (13%); Norway \$22m (2%); UK \$32m (1%). Source: Contributions and Proceeds table September 2020.

²² Financial resource raised through private sector engagement over 2011-2015 totalled US\$185m. This figure should not be confused with the total resources available for use over 2011-2015 which total US\$ 216m (the total of the 2011 replenishment funds and funds raised 2011-2014).

²³ See the PSEA September 2020 Contributions and Proceeds table.

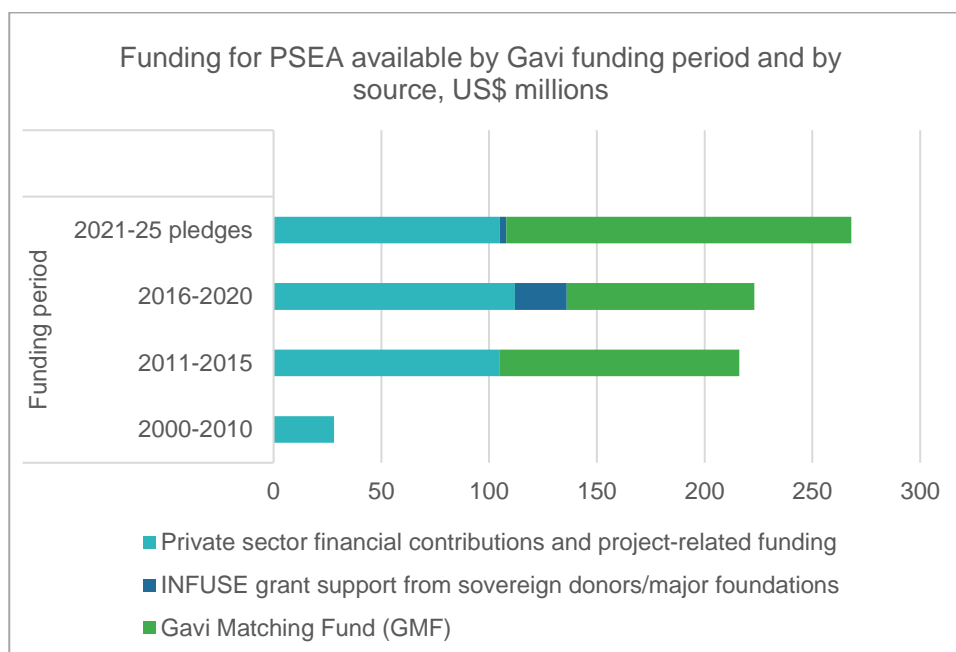
²⁴ COVAX funding data confirmed from <https://www.gavi.org/sites/default/files/covid/covax/COVAX-AMC-Donors-Table.pdf> 12 July 2021.

engagement and funding contributions in the Gavi 5.0 period. Private sector pledges have, in general, converted to contributions.

Funding available for expenditure in the 2016-20 period

Whilst the previous section looked at the volume of funds mobilised between 2016 and 2020, it is also relevant to consider the availability of funds for use during the evaluation period, i.e. the Gavi 4.0 strategy, 2016-2020. Figure 6 below sets out the funding for the PSEA by source and the period in which funds are available for use. See Annexes 4 & 5 for the detailed breakdown of funders.

Figure 6: Funding available for the PSEA by funding period and source, US\$ millions



In the absence of data on actual expenditure or disbursements, Figure 6 shows funding available for activities in 2016-20, which comes from replenishment in 2015 (\$94m) plus fundraising in 2016-19 (\$129m), making a total of \$223m available to deliver financial resources and expertise for the Gavi 4.0 period. This shows a modest increase over the previous period (funding available \$216m).

PSEA funding in the context of Gavi overall

In the context of Gavi funding as a whole, funding for the PSEA (including funding from private sector organisations, sovereign donors, major foundations and donors to the GMF and INFUSE)²⁵ remains a small part of the total Gavi fund raising performance. PSEA funding has remained between 2% and 4% of total funding across the periods and replenishment pledges.²⁶ Since half of these funds are from sovereign donors and BMGF, the other private

²⁵ Major foundations and donors here refer to Bill and Melinda Gates Foundation (BMGF), HH SMB Zayed al Nahyan of UAE and Alwaleed Philanthropies. These are not regarded as PS donors in the context of the PSEA. They are also treated as a separate category in the *Contributions and Proceeds to Gavi* table prepared by Gavi's finance team. The figures exclude the large amounts of core funding provided by these donors, especially the BMGF.

²⁶ Source: *Contributions and Proceeds to Gavi* table, September 2020. Note this includes funding from BMGF for the PSEA (GMF) but not its core funding or COVAX pledge.

sector organisations are contributing around 1 to 2% of Gavi's funding.²⁷ There may be scope to increase the level and share of private funding; indeed, the progress on raising additional funding at replenishment in mid-2020 and since bears this out.

Diversification of funding sources

In terms of diversity of funding sources for the PSEA, the data indicates there were six pre-existing private sector donors who had provided financial contributions in the previous period (2011-15) and continued in 2016-20. New private sector donors in the 2016-2020 period included five who gave 'conventional' financial contributions that were not linked to projects, and 13 new private sector partners who provided funding or in-kind inputs linked to technical expertise and innovation projects.²⁸ So, Gavi has been able to both attract new funding partners and engage a range of private sector partners in projects. The values indicate that for use in 2016-2020, six pre-existing partners provided almost half the funding (47%), while new donors on average gave smaller amounts. This pattern changes in the pledged (replenishment) funding for 2021-25, with eight new private sector donors, including three new donors making substantial pledges (of US\$10m or more - see Annex 4).

Charitable foundations make up the majority of donors providing financial contributions. Some of these are relatively small donations from foundations (US\$1-2m at a time) which are then doubled with matching funding. The minimum size for matching donations (US\$1.5m for accessing matching funds from BMGF) sets a base which may help to increase the amounts pledged and focus efforts on larger donors. Some donors have started small and then increased their support in subsequent rounds. Given the substantial effort involved in recruiting new donors, retaining donors will benefit fund-raising efficiency and limit the transaction costs.

The private sector donors supporting projects come from diverse business sectors – technology, banking, consumer goods, supply chain and telecommunications. These donors include some very well-known and large commercial organisations (or their foundations) such as Google, UPS, Unilever, Mastercard and Orange. This indicates success in achieving diversity of private sector engagement. Notably, the vast majority of private sector donors and funding for 2016-20 (91%) came from donors based in North American and Europe.²⁹

The funders of GMF and INFUSE grants in 2016-2020 are not private sector donors as defined in this analysis (and in Gavi financial tables). While all were pre-existing donors to Gavi, some were new partners in private sector engagement e.g. the GMF contribution from Netherlands Government and the funding for INFUSE projects from Canada, His Highness Sheikh Mohammed bin Zayed bin Sultan Al Nahyan of UAE and Alwaleed Philanthropies. The GMF funding base has been further widened with new pledges for GMF in the 2021-2025 period from the UK (a GMF funder in 2011-2015), Japan and Norway, which have each allocated a small proportion (1-2%) of their Gavi support to the GMF.

Thus, Gavi has also succeeded in diversifying the support from sovereign donors and major foundations to enable and encourage private sector engagement. The willingness of these donors to allocate funds for the PSEA suggests they see value in attracting more funding from

²⁷ This is comparable to the Global Fund, which has private sector contributions excluding those from BMGF gradually increasing in value, from 0.4% of total funding in 2011-13 to 2.6% of pledges for the 2020-22 period. UNICEF reports 23-30% private funding over the period (see Annex 8) which reflects its very different history, structure, visibility, and range of funding sources and is less useful as a benchmark for Gavi.

²⁸ Some projects are funded by several private sector partners, sometimes as a group (e.g. The Audacious Alliance of several foundations, one of which was a previous donor to Gavi) and some donations were not sourced by Gavi. These figures are intended to give an overview of sources of private sector funding.

²⁹ Donors from other regions included one Hong Kong charity and two multinational corporations based in China, and prospects of support from the foundation of a Nigerian bank (see Annex 5).

private sources (sometimes seen as 'burden sharing') and learning from the partnership approach.

For a detailed, step-wise review of performance against PSEA fund raising and diversification targets see Annex 5.

Additionality of PSEA funding

To consider whether the funding is additional for Gavi, it is necessary to consider what would have happened without the PSEA (the counterfactual). The assumption made for this evaluation is that Gavi would have continued its former approach to fund raising from the private sector as in 2011-2015, with GMF available to incentivise these financial contributions, and achieved a similar level of success;³⁰ there would have been no PSEA Leveraged, Operational or INFUSE projects and, therefore, no grants for INFUSE.

Comparing the total private sector investments achieved to this estimated counterfactual, there has been an increase in funding raised, estimated in the region of an additional US\$ 23m (12%) for 2016-20 use (excluding 2020 replenishment pledges). Whilst this is necessarily a crude estimate, it does indicate that there has been additional support generated, particularly through the willingness of major foundations and sovereign donors to fund the PSEA. The pledges secured at the 2020 replenishment indicate substantial growth compared to the 2015 replenishment. This includes additional funding from new private sources, partly stimulated by the availability of GMF to match their donations.

This is consistent with the findings from interviews: some major donors indicated that their allocation to the GMF came out of their overall budget for Gavi, so GMF funding is not additional to Gavi overall. However, for INFUSE, it appears that the grant funding raised is additional.

QA 1.2: Contributions to Gavi visibility

Sub-question: To what extent have private sector donors and partners helped improve Gavi visibility with key stakeholders (including sovereign donors)?

Box 4: Key finding for Sub-question 1.2

Key finding



There are some good examples of Financial Contributions partnerships helping to raise awareness of Gavi and immunisation priorities. Some have also supported fund-raising from the public and business networks.

There has also been online media coverage of some PSEA projects, mostly about the launch of projects. One project, in particular, gained substantial media coverage (the Zipline-UPS drone project in Rwanda and Ghana). Gavi has also profiled individual partnerships in reports and at events attended by donors and other partners.

A specific **challenge** was that assessment of PSEA contributions to Gavi visibility were subject to differences in interpretation and proved difficult to measure.

At this stage, the evaluation evidence could not confirm a *direct* relationship between increased Gavi visibility attributable to the PSEA and increased resource commitments from sovereign donors.

³⁰ Benchmarking note: the assumption of a constant level of private funding contributions is reasonable when compared with the Global Fund, which managed to increase private sector (including NGO but excluding BMGF) funding contributions by 5% for the 2017-19 period compared with the previous 3 year period (2014-16). BMGF donations are excluded to enhance comparability with the PSEA figures which exclude core BMGF funding for Gavi.

There are some good examples of how resource mobilisation initiatives can be combined with effective marketing and stakeholder engagement in donor countries to help raise public and business sector awareness of Gavi and immunisation priorities. For example, the 'La Caixa' case study shows how a committed private sector partner can add value by creatively combining financial contributions with raising public and employee awareness for immunisation (see Supplement).³¹ Several other Financial Contributions (or "Cash") partnerships (e.g. Comic Relief and Lions Club International) also illustrate how financial contributions can be enhanced by mobilising membership networks, volunteer bases and the general public. In all these cases, these partners have brought supplementary expertise in media, creative marketing and education campaigns to raise stakeholder, donor and public awareness. Notably, several of these more 'enhanced' Cash partnerships were initiated prior to the PSEA initiative and have been extended into the 4.0 strategic period.

Gavi's communications department uses multiple media opportunities to mention the role of Gavi's private sector partners in supporting frontline health workers, supply chain strengthening, digitising immunisation data, demand generation and providing additional financing for vaccines.³² There has also been online media coverage of some PSEA projects (by Gavi and its partners), but these have mostly been about the launch of projects. One project, in particular, has gained substantial media coverage (the Zipline-UPS drone project in Rwanda and Ghana). Gavi's internal media reports show that, in general, there is a large number of mentions of Gavi in online and 'top-tier' media. Short PSEA profiles of selected partnerships and projects are a feature of Gavi annual reports, and are often showcased at partnership meetings.

Overall, the combined evidence from the desk review, key informant interviews and project case studies, suggests the link between increased visibility and resource commitments from sovereign donors is, at best, indirect.³³ There is some evidence to suggest the PSEA and associated partnerships may contribute to Gavi's *general* brand identity as a creative, innovative organisation.

The evaluators acknowledge that the volume of funds generated by Gavi at the 2020 replenishment for 2021-25 has certainly increased. However, as indicated above, in the context of media coverage of the COVID-19 pandemic and the COVAX Facility, it has been difficult to isolate the influence of the PSEA and its distinctive features – especially as most key informants referenced wider political economy factors. Notably, however, some sovereign donors indicated that, if the PSEA were able to demonstrate a strong return on investment in terms of robust results, this would become a strong incentive for further investment.

Since the link between successful private sector engagement, increased Gavi visibility and increased resource mobilisation forms a key assumption in the PSEA theory of change (Annex 2), the evaluators suggest this assumption needs to be clarified, including a better definition of what 'visibility' means in this context and how to measure it.

³¹ For more information on La Caixa's 1=4 initiative see: <https://www.gavi.org/investing-gavi/funding/donor-profiles/la-caixa-banking-foundation>

³² See, for example, coverage of the 2020 replenishment at: <https://www.gavi.org/news/media-room/private-sector-partners-strengthen-gavi-programmes-more-us-70-million-contributions>

³³ There was just one report from the La Caixa Foundation to indicate that, during the 2011-2015 strategic period, its partnership with Gavi had influenced the Government of Spain to make financial contributions to Gavi.

QA 1.3: Leveraging expertise, including technology

Sub-question: To what extent has the PSEA leveraged expertise including new technologies for Gavi's mission?

Box 5: Key finding for Sub-question 1.3

Key finding



Gavi has met the PSEA target of five innovative scalable partnerships leveraging private sector expertise by 2020. By 2020, four Leveraged/Operational partnerships (Zipline-UPS, Audacious Alliance, Girl Effect and STEP) and one INFUSE partnership (Nexleaf Analytics) had met the agreed criteria on leveraging private sector expertise, strategic relevance and achieving significant geographic coverage. Notably, some projects were multi-country from the outset.

By the start of 2020, Gavi had established 20 distinct private partnerships that leveraged private sector expertise, including new technologies. This total increased to 40 if extensions, projects under development and projects in the pipeline for 2021-2025 were included. The latter total had increased to 54 projects by November 2020. In all cases, the partnership projects primarily addressed Gavi's priority strategic focus areas (SFAs) of immunisation supply chains, improved data quality and demand generation.

A specific **challenge** was that, across the board, sustainable scale-up to additional countries has taken longer than expected. This reflects the lengthy time frames required to: a) establish projects in country settings (usually around 2 years); b) adapt solutions to country and health systems contexts; and c) build the evidence base to inform decisions on scale up – both within countries and to new countries. Some key informants expressed uncertainty about whether the Secretariat has the capacity to keep pace with the management demands of scale-up processes, especially as the project portfolio continues to expand.

The evaluators have concluded that Gavi has met the PSEA target of five innovative scalable partnerships by 2020. The detailed review of eligible Leveraged/Operational and INFUSE projects against the agreed criteria (leveraging private sector expertise, strategic relevance and achieving significant geographic coverage etc.) is shown in Annex 5; the wider landscape review is shown in Annex 6.

Findings from the evaluators' desk review confirmed that delivery of private sector expertise and innovations has been at the core of PSEA activity over 2016-2020. To ensure strategic relevance, all PSEA partnerships and projects have been developed in accordance with Gavi's 4.0 SFAs relating to immunisation supply chains, data quality and demand generation.³⁴ These SFAs were prioritised following a formative review of national immunisation plans at the start of the PSEA.

By Quarter 1, 2020, Gavi had successfully established 20 distinct private partnerships to deliver expertise and/or innovations (see Annex 6). This count includes all projects signed and reaching the implementation stage, but excludes projects in the PSEA tracker relating to extensions, projects under development and projects in the pipeline for 2021-2025.

As shown in Annex 6, the evaluators confirmed that the 20 distinct, signed partnerships spanned the priority SFAs with eight on supply chain; eight on data management and three on demand generation. Eight projects were designed to operate in two or more countries from the start – although progress across countries has varied. Since this analysis, another three

³⁴ If we include scaled up and extension projects, there were 14 supply chain, 8 data management and 5 demand generation projects by early 2020.

projects are reported to have moved into implementation during 2020, while others are likely to start implementation in 2021.

Review of the first 20 distinct private sector partnerships that have moved to the implementation phase (Table 6 below), shows that digital technology projects to improve immunisation records and data capture for decision making (e.g. dashboards and visualisations) are common thematic areas. Several projects have built on existing technologies in targeted countries (e.g. short message service (SMS) technology) to increase demand and service uptake. In most cases, partners have also provided significant capacity-building and training around the digital technology being introduced.

As shown in Table 6, not all private sector projects involve innovation or digital technology. Types of non-technology support include training/mentoring to improve supply chain management (e.g. the STEP initiative) and bringing marketing expertise to bear on social mobilisation for demand generation (e.g. the Unilever and Girl Effect projects).

Table 6: Types of expertise and technology solutions provided by the first 20 distinct Leveraged and Operational projects

Type of Expertise	No. of projects offering this expertise*
(a) Training and capacity building for front line workers and/or MoH in the digital technology provided; (b) training/mentoring in supply chain management; (c) capacity building in communication, demand etc;	11 (a)=7; (b)=4; (c)=1
Smart technology / digitalised child immunisation records or identification	9
Data capture for decision making (Dashboards and visualisation)	8
Use of SMS for information for mothers /reminders; voice reminders for health providers.	6
Support of Cold Chain equipment or delivery (road /drones)	3
Analytics and reporting and Inventory tracking in supply chain	2
Remote monitoring of Cold chain	2
Use of mobile data to analyse population movement and health catchment area or digital mapping	2
Research based social mobilisation with branded media content or marketing for behaviour change	2

Notes: i) the 20 distinct partnerships reviewed here exclude those giving purely financial contributions (11) and project extensions and scale ups; ii) three further partnerships have been signed during 2020, two related to data (Facebook and Premise data) and one on demand generation (Gifted Mom).

* Projects may be represented several times where they offer a range of expertise.

Interviews across the Secretariat confirmed the relevance of the selected SFAs to Gavi's mission at country level. However some key informants reflected on the potential to deepen the current country-driven approach.³⁵

Although Gavi has met the PSEA target for scalable innovation, evidence of successful scale-up to additional countries has been limited so far. By early 2020, three supply chain / data quality projects (STEP, Zipline-UPS and Nexleaf Analytics) and two demand-generation projects (Girl Effect and the Audacious Alliance) were scaling-up an innovation or approach to more countries. Several other projects expected to scale-up to more countries are in the initial trial of

³⁵ This point is also made in Gavi's own progress reports, e.g. Gavi's report on the Grant Agreement between the Government of Canada and the Gavi Alliance (#7377052) Project: "Innovation for Uptake, Scale and Equity in Immunisation in Francophone Africa (INFUSE)" 2019 Results-based Narrative Annual Report & Financial Report. Reporting period: 1st of January 2019 - 31 Dec 2019.

concept, adaptation or roll-out stages - this includes some projects that have been multi-country from the start, but work on the scalable model is ongoing. By early 2020, seven projects had been extended within the same countries.

Across the board, evidence synthesis suggests slow scale-up reflects the time needed to: a) establish projects in country settings (usually around 2 years); b) adapt solutions to country and health systems contexts; and c) build the evidence base to inform decisions on scale up – both within countries and to new countries. Some key informants expressed uncertainty about whether the Secretariat has the capacity to keep pace with the management demands of scale-up processes, especially as the project portfolio continues to expand.

Recommendations arising from Question Area 1

The Box below summarises the specific recommendations arising from the evaluators' analysis of Question Area 1.

Box 6: Question Area 1 recommendations

- **Scope definition:** Ensure Gavi's publications and communications for external stakeholders continue to clearly define the scope of the PSEA vis-à-vis Gavi's other work with private sector and non-state actors e.g. with respect to market shaping and civil society engagement.
- **Specifying targets:** Be specific in the definition PSEA targets and indicators – especially for measuring financial commitments, diversification and innovation scale up. (Reference to a PSEA theory of change for 2021-2025 could assist in determining critical milestones, targets and indicators).
- **Gavi visibility:** If contributing to Gavi visibility remains an important feature of the PSEA rationale, this concept needs clear definition. This would allow PSEA performance against this variable to be better assessed over time and evaluated.
- **PSEA reporting:** Improve the structure and regularity of PSEA financial and progress reporting across the portfolio as a whole.
- **Timeframes and mechanisms for scaling:** Consider the duration of Gavi support needed to take projects to scale and how support will enable healthy markets to emerge.

Findings: Question Area 2

This section begins by presenting the overall finding for Question Area 2. This is followed by the specific findings for the Question Area 2 sub-questions. These sub-questions cover themes of: PSEA contributions to Gavi objectives and intended results; Secretariat engagement processes; and PSEA modality costs and value for money. The findings for sub-questions are followed by a brief synthesis of findings from project case studies. The case studies address an additional set of design and delivery questions for Question Area 2. The section concludes with a summary of specific recommendations.

Overall Finding for Evaluation Question 2

Evaluation Question 2: To what extent are the modalities fit for purpose with regards to the Gavi 4.0 strategy?

Box 7: Summary of the overall finding for Question Area 2

Key finding



The evaluation confirms the design of the PSEA, 2016-2020, was broadly relevant across all Gavi's 4.0 goals covering vaccine coverage, health systems strengthening, sustainability and market shaping. There was, however, strongest alignment to the health systems strengthening objectives under Goal 2.

Reference to the reconstructed PSEA theory of change indicates the PSEA made good progress in achieving intended output-level results across all modalities – these relate to increased resource commitments and establishment of strategically relevant expertise/innovation projects. For the Financial Contributions modality, there was good progress in achieving the intended outcome on securing additional investments for Gavi and country programmes. There was insufficient evidence to demonstrate the impact of PSEA initiatives on the goals and objectives of Gavi's 4.0 Strategy.

There was good evidence that the Gavi Secretariat's structures, procedures and processes have functioned well to support transparency and sound administration of PSEA partnerships – although there is scope for reassessing in-house guidelines, especially to better define respective roles and responsibilities in each partnerships/project phase. There is a growing case for rationalising the expanding portfolio of Leveraged/ Operational and INFUSE projects to free up technical and financial resources for building the evidence base and seeing the most promising initiatives to scale.

Factors in success

- Where there has been additional provision for M&E services, this has made important contributions to project design, course correction, and documentation of robust evidence on results.
- From project case studies, key factors contributing to uptake, sustainability and adaptations to context have been early and continuous country involvement and recruitment of a knowledgeable local implementing partner.

Challenges

- The absence of an *a priori* PSEA theory of change, with aligned project logic models, creates challenges for assessing contributions to intended results and establishing the evidence base for decisions to scale. The absence of these shared conceptual frameworks also created challenges for the structured documentation of lessons learnt.
- Secretariat expertise and capacity are needed to facilitate / oversee the trial and scale-up of innovations at country level, and to optimise collaboration with Alliance Partners and other key role-players in this space.
- Provision for systematic costing or 'total cost of ownership' assessments has not been built into partnership projects from the outset – this creates challenges for assessing value for money.

Specific Findings for QA2 Sub-questions

SQ 2.1: Collective contribution to objectives

Sub-question: To what extent do the modalities of private sector engagement collectively contribute to the relevant objectives of: (1) Gavi 4.0 and (2) the private sector engagement approach?

Box 8: Key finding for Sub-question 2.1

Key finding



The design of the PSEA, 2016-2020 was broadly relevant to all Gavi's 4.0 goals and objectives, but most especially to Goal 2 objectives on immunisation delivery within strengthened health systems. The PSEA's design was also generally consistent with the 4.0 operational principles and strategic enablers, although there was room to strengthen contributions to the strategic enabler on M&E. Evidence synthesis suggests PSEA partnerships have been developed in line with PSEA objectives.

A specific **challenge** has been the lack of a logic model with aligned results frameworks for the PSEA partnerships and modalities collectively that are: a) explicit in showing clear pathways to Gavi 4.0 goals and objectives; and b) fully 'owned' across the Secretariat.

The evaluation evidence confirms the design of the PSEA and its partnerships was generally consistent with all Gavi's 4.0 goals, although there was strongest alignment with the objectives under Goal 2 on immunisation delivery as part of strengthened health systems (Figure 7).³⁶

Figure 7: Overview of Gavi 4.0 goals and objectives

GOALS	1 Accelerate equitable uptake and coverage of vaccines	2 Increase effectiveness & efficiency of immunisation delivery as part of strengthened health systems	3 Improve sustainability of national immunisation systems	4 Shape markets for vaccines and other immunisation products
OBJECTIVES	<ul style="list-style-type: none"> A. Increase coverage and equity of immunisations B. Support countries to introduce and scale up new vaccines C. Respond flexibly to the special needs of children in fragile states 	<ul style="list-style-type: none"> A. Contribute to improving integrated and comprehensive immunisation programmes, including fixed outreach and supplementary components. B. Support improvements in supply chains, health information systems, demand generation and gender-sensitive approaches C. Strengthen engagement of civil society, private sector and other partners in immunisation 	<ul style="list-style-type: none"> A. Enhance national and sub-national political commitment to immunisation B. Ensure appropriate allocation and management of national human and financial resources to immunisation through legislative and budgetary means C. Prepare countries to sustain performance in immunisation after graduation 	<ul style="list-style-type: none"> A. Ensure adequate and secure supply of quality vaccines B. Reduce prices of vaccines and other immunisation products to an appropriate and sustainable level C. Incentivise development of suitable and quality vaccines and other immunisation products

The PSEA's design was generally consistent with the 4.0 cross-cutting principles. These required initiatives to be: country-led; globally engaged; catalytic and sustainable; integrated; innovative; collaborative and accountable. However, as illustrated by the project case studies below, some principles, such as sustainability, have yet to be fully demonstrated.

The PSEA design was also in line with 4.0 strategic enablers on resource mobilisation. There was also potential to support strategic enablers on country management, coordination, advocacy and M&E – although we note that, in practice, there was considerable room to improve support to the M&E enabler.

³⁶ Sourced from: Gavi. (2017). Monitoring & Evaluation Framework, Gavi Strategy 2016-2020, Version: 2 (October 2017).

As illustrated in Annex 6, all Leveraged/Operational and INFUSE projects addressed one or more of the 4.0 strategic focus areas relating to immunisation supply chains, data quality and demand generation – these, in turn, were aligned to 4.0 Goal 2 and Objective 2B (Figure 7).

Evidence synthesis also confirms partnership development has been in line with the three design objectives of the PSEA, namely: i) additional and sustainable financing; ii) expertise and optimisation (including strengthened vaccine supply chains, improved data quality, increased demand generation) and iii) uptake of innovations at scale.³⁷

However, the evaluation enquiry found a key **challenge** was the difficulty in identifying a logic model and aligned results frameworks for the PSEA partnerships and modalities collectively that were: a) explicit in showing clear pathways to Gavi 4.0 goals and objectives; and b) fully 'owned' or recognised across the Secretariat.

To address this sub-question, the evaluators, therefore, referred to their reconstructed PSEA theory of change. From this exercise, the evaluation evidence indicated the PSEA had made good progress in achieving intended output-level results across all modalities collectively – these outputs related to increased resource commitments and establishment of strategically relevant expertise/innovation projects. For the Financial Contributions modality, there had been good progress in achieving the intended outcome on securing additional investments; however, there was insufficient evidence to confirm achievement of intended outcomes across PSEA modalities collectively.

At the time of this evaluation, there was insufficient evidence to demonstrate the impact of PSEA initiatives on the goals and objectives of Gavi's 4.0 Strategy.

Box 9: Aligning the PSEA to Gavi 5.0 goals and objectives

The evaluators note the goals of Gavi's 5.0 Strategy are broadly similar to the goals of the 4.0 Strategy. However, for the 5.0 strategic phase, Gavi should look at how to align the PSEA to the updated objectives under Goal 2. These require a greater focus on: reaching under immunised and zero-dose children; well-managed and sustainable immunisation services that more effectively harnesses innovation for all care-givers; building resilient demand; and addressing gender-related barriers to immunisation.

There are also opportunities to apply the 5.0 cross-cutting principles of: prioritising missed communities; being gender-focused, country-led, sustainable and community-owned; and promoting innovative initiatives that support differentiated, integrated and adaptive approaches, while building in resilience, collaboration and accountability.

Although the design of the PSEA is highly consistent with the 5.0 strategic enabler on leveraging the private sector, the evidence from this evaluation suggests there is more work to do on using evidence, evaluations and data to improve, policies, programmes and accountability.

³⁷ These objectives were identified in the document entitled, 'Overview of Gavi's global private sector engagement approach' (internal document, shared 26/08/2020).

QA 2.2: Review of modality performance

Sub-question: To what extent has each modality achieved or is on track to achieving its specific objectives and intended results? What factors have influenced results?

Box 10: Key finding for Sub-question 2.2

Key finding



There has been good progress in achieving PSEA output-level results across all modalities.

For the Financial Contributions modality, there has been strong performance in engaging private sector partners for additional financial commitments (see QA1), with 17 Financial Contributions partnerships recorded in Gavi's PSEA tracker by November 2020.

There has also been good progress in establishing Leveraged / Operational partnerships to leverage private sector expertise and innovation. By November 2020, there were 18 SFA-relevant projects under implementation, six under development and five in the pipeline for this modality.

There has been good performance in engaging INFUSE Pacesetters to accelerate promising innovations to scale – by November 2020 there were 15 INFUSE projects under implementation, with a further 10 under development or in the pipeline.

There has been limited documented monitoring or analysis of progress towards results *by modality*. Only a small number have, so far, been formally evaluated to assess results. The majority of projects remain in implementation and have only self-reported activity/process results to date.

A factor influencing results across modalities have been continuity of Secretariat support. Where it has been possible to align PSEA opportunities to country portfolio planning / reviews, there were reported benefits for integration, efficiency and country engagement.

A general **challenge** identified was the lack of systematic documentation of lessons learnt or provision for structured learning within / across projects and modalities.

To date, there has been limited documented monitoring or analysis of progress towards results and objectives by modality. So, to review the performance of PSEA modalities against specific objectives and intended results, the evaluators referred to the reconstructed theory of change (Figure 4) and the component theories of change in Annex 2.

Findings on modality performance and factors in success are summarised in the modality review tables below. For these reviews, we have used the functional categories used by Gavi in its PSEA tracker.

Review of the Financial Contributions modality

The review table below (Table 7) focuses on the principal intended results for Financial Contributions in the component theory of change (Annex 2). The combined evaluation evidence shows there has been strong performance against the intended output for the Financial Contributions modality on resource mobilisation through engagement of private sector partners. Some Financial Contribution partnerships have also played a useful role in raising public awareness on immunisation issues.

Table 7: Performance review of the Financial Contributions modality

Key intended results	Summary of performance	Influencing factors
1. Financial Contributions agreed/ extended with suitable new & previous PS partners plus matching funds (TOC Output)	<ul style="list-style-type: none"> By November 2020, Gavi had 10 signed Financial Contribution (Cash) partnerships with a total value of US\$ 105.5 m (DR). There were an additional seven partnerships tagged as replenishments or as being under development. Financial Contributions partnerships have contributed directly to Gavi's efforts to attain its 2020 target on funding diversification and to substantially exceed its PSEA resource mobilisation target of US\$ 150m (DR). 	<p>Factors in success</p> <ul style="list-style-type: none"> Good client relations and effective marketing by the Gavi team – reported to harness Gavi's strong reputation & the perceived value of vaccination programmes (IKII; EKII). Reported appeal of the GMF and alignment to country programmes and INFUSE initiatives (DR; IKII; EKII; PCS) Suggested that extending cash partnerships to Middle East and Asian investors <i>could</i> increase Gavi's visibility in these markets (IKII). <p>Challenges</p> <ul style="list-style-type: none"> Limits of in-house capacity for supporting growing number of contributors – concerns about growing transaction / opportunity costs (although possible economies of scale over time) (IKII).
2. Private sector partners' engagement with Gavi and immunisation visible to staff, public and sovereign donors (TOC Output)	<ul style="list-style-type: none"> Good examples of value added by some Financial Contributions partnerships – especially in raising awareness among domestic stakeholders – e.g. partnerships with La Caixa & Lions Club International (DR; EKII; PCS). Interview evidence suggests some sovereign donors with political leanings towards private sector engagement are attracted by Gavi's work with the private sector – and hence are willing to contribute to the GMF (EKII). 	<p>Factors in success</p> <ul style="list-style-type: none"> Gavi's communications team has used multiple media channels, including publications and events to 'market' the PSEA, with the innovative Zipline project receiving significant coverage (DR; IKII). All external key informants interviewed had seen some media coverage /publications relating to the PSEA (EKII). <p>Challenges</p> <ul style="list-style-type: none"> Several expert and donor KIIs reported that media coverage would be enhanced by a stronger evidence base and reference to results (IKII; EKII). Key informants were unclear about Gavi's definition of visibility. Donors maintained their decision to invest was influenced by multiple factors, many of which related to political economy themes (EKII).

Review of Leveraged / Operational modalities

The review table below (Table 8) focuses on the principal results for Leveraged / Operational modalities in the component theory of change (Annex 2). The combined evaluation evidence indicates that progress towards modality results on establishing relevant country projects and scaling was reasonably good, although performance against the results monitoring dimension was rather weak. There is also scope for improving performance on structured learning, both within and between projects.

Table 8: Performance review of the Leveraged / Operational modalities

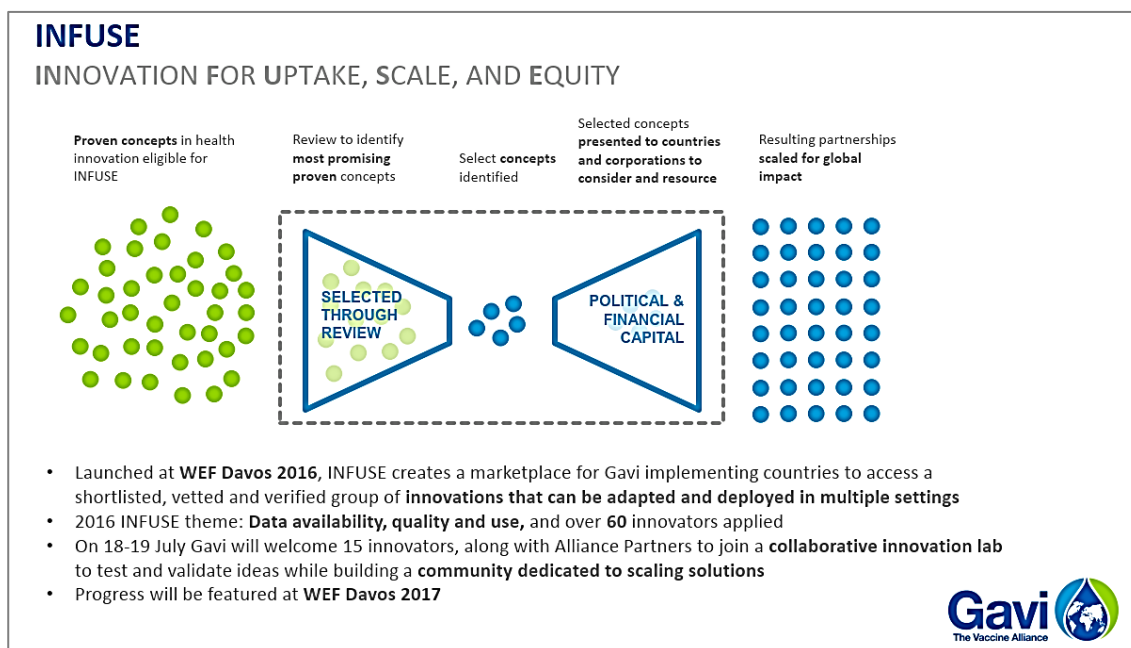
Key intended results	Summary of performance	Influencing factors
1. Projects that address key country challenges are funded, implemented, achieve & monitor results (TOC Output)	<ul style="list-style-type: none"> • Good performance in establishing a Leveraged / Operational partnerships that are aligned to Gavi's priority SFAs. By November 2020, there were 18 signed Leveraged / Operational partnerships in implementation, with a further six under development and five in the pipeline for the period 2021-2025 (DR). • Over 2016-2020, nine Leveraged/Operational partnerships had been deprioritised or cancelled – mostly due to the challenges listed in the next column (DR;IKII). • The majority of signed partnerships were in the Phase 4 implementation stage and had not yet been evaluated to assess relevance or outcomes for addressing country immunisation challenges (DR). • Project monitoring data appeared to be largely based on partner self-reporting. There was little evidence of results verification or VFM reviews (DR;IKII). 	<p>Factors in success</p> <ul style="list-style-type: none"> • Common features of productive Leveraged/ Operational partnerships related to partners contributions of multidisciplinary expertise, sustained investments by corporate partners, and a shared commitment to learning and problem-solving (DR; PCS). • Project delivery has often been enhanced by a sub-contracted local implementation partner (DR; IKII; PCS). <p>Challenges</p> <ul style="list-style-type: none"> • May be lengthy / uncertain processes for: a) matching identified partners to countries and funds b) orientation and values alignment c) stakeholder engagement and project design d) building the commercial case for private sector partners and e) recruitment of local implementation partners (DR; IKII; EKII; PCS). • Some interviews and external media coverage point to country concerns about partnering with large, "powerful" corporations, issues of sustainability and managing risk over the longer term. Specific concerns raised about issues of governance, country ownership and supplier accountability once Gavi withdraws, potential for market distortions, and issues of data sovereignty and data privacy (DR; KII).
2. Lessons learnt and shared on how to work with the private sector, use technologies, be sustainable and scale up (TOC Output)	<ul style="list-style-type: none"> • To date, little systematic documentation of lessons learnt or provision for structured learning within projects or across the portfolio as a whole (DR; IKII). • Across the project portfolio, little accessible documentation available on formative research, country and systems appraisals, project monitoring and adaptations, or evidence-based scale-up informed by lessons learnt (DR; PCS; IKII). 	<p>Factors in success</p> <ul style="list-style-type: none"> • Documentation from the Unilever and Girl Effect projects shows the potential value of formative and monitoring data for course correction, stakeholder engagement, policy advocacy, and knowledge generation. Experience from the Unilever project suggests it could be useful to appoint a project evaluation partner from the outset (DR; PCS). <p>Challenge</p> <ul style="list-style-type: none"> • PSEA internal guidance suggests project results data will be compiled in the 'Phase 5 Review' stage, when retrospective evaluations and costing reviews will be commissioned. The evaluators note that, by this stage, valuable learning may have been lost (DR; IKII).

<p>3. Other countries see benefits of approaches and technologies, adopt or adapt them at scale (TOC Outcome)</p>	<ul style="list-style-type: none"> To date, four Leveraged/Operational partnerships have proceeded to scale in terms of operating in several countries - Zipline-UPS, Girl Effect, the Audacious alliance project and the STEP initiative (DR). However, some of these have been multi-country initiatives from the outset (Annex 6). At the time of this evaluation, some other potentially scalable initiatives (Mastercard, Orange, Unilever and UPS FIT) were still in the proof of concept or implementation stages. There are, however, plans for imminent scale-up of the Unilever project to Indonesia (DR; PCS). 	<p>Factors in success</p> <ul style="list-style-type: none"> Projects that scale early appear to have a previous track record of tried-and-tested innovation, regional implementation and have incorporated a plan for scaling from an early stage (DR). <p>Challenges</p> <ul style="list-style-type: none"> Scale-up to additional countries is highly dependent on securing buy-in from new countries – this can require significant facilitation and continuity of support by Gavi (IKII; PCS). Project reports suggest new countries often request more evidence of results and information on the cost burden to inform their decisions (DR).
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Review of the INFUSE mechanism

The Gavi graphic below provides a helpful overview of the design of the INFUSE mechanism.³⁸

Figure 8: Overview of the design features of the INFUSE mechanism



The review table below (Table 9) draws on the component theory of change (Annex 2) to identify the principal intended results for the INFUSE mechanism. The combined evaluation evidence shows there has been very good progress in developing this new mechanism for engaging private sector innovators and accelerating scale-up of promising innovations. There have also been good efforts to promote inclusive recruitment and build the gender equality and M&E capacity of Pacesetters. Additionally, there have been useful collaborations with experts from leading private sector companies (e.g. MatterGroup, McKinsey, IDEO.org and Kupanda)

³⁸ Gavi. (2016). Gavi's 2016-2020 private sector engagement approach – Scaling innovation for impact [PowerPoint slides].

to strengthen Gavi's approach to engaging innovators and establish a supportive INFUSE community.

Table 9: Performance review of the INFUSE modality

Key intended results	Summary of performance	Influencing factors
1. Innovations implemented in selected Gavi supported countries, with potential for scale-up identified (TOC Output)	<ul style="list-style-type: none"> Over 2016-2019, Gavi has issued INFUSE 'calls for innovations' that respond to strategic priorities and convened cutting-edge selection workshops annually (Annex 7) (DR). By November 2020, Gavi had selected 25 INFUSE Pacesetters, of which 15 had been signed for implementation, five were under development and five were in the pipeline for 2021-2025 (DR). There is good evidence of inclusive recruitment, with 50% of recruited Pacesetters being from the global South (DR; IKII). Innovation expertise has been engaged to build a supportive INFUSE community (DR; EKII). 	<p>Factors in success</p> <ul style="list-style-type: none"> The format of the INFUSE Pacesetter selection workshop is reported to have improved over time – some external key informants now regard it as “industry best practice” (DR; EKII; IKII). <p>Challenges</p> <ul style="list-style-type: none"> Significant technical and facilitation support is needed to assist Pacesetters at each stage, including approval, adaptation, implementation and scale-up of innovative approaches at country level. Interviews suggest it has not always been possible to deliver a predictable and timely package of support to Pacesetters (e.g. from Alliance Partners). There are limitations to the support that can be provided by Gavi Secretariat (which has no country offices) (DR; IKII; EKII; PCS). Significant resources are needed to maintain an effective INFUSE community – key informants had mixed views on whether this an appropriate area of investment for Gavi (DR; EKII).
2. Supply chains & data use (etc) in immunisation systems improved, at scale (TOC Outcome)	<ul style="list-style-type: none"> Annual calls for innovations have focused on highly relevant priority themes set by the INFUSE Working Group. Between 2016 and 2019 these themes covered: data quality; digital solutions for improving service delivery, immunisation uptake and targeting of vulnerable children, and immunisation challenges in urban settings (Annex 7) (DR; IKII). One Pacesetter, Nexleaf (addressing supply chains and data use), meets the specific agreed criteria for a scalable innovative partnership. Four others addressing supply chain and data use themes have been rolled out in two or more countries from the outset (see Annex 6). Several other INFUSE projects are beginning to demonstrate in-country scaling (DR; PCS). 	<p>Factors in success</p> <ul style="list-style-type: none"> Interviews suggest the competitive application process combined with a supportive, facilitate workshop can catalyse inspirational creative thinking from across the innovation ecosystem (EKII). <p>Challenges</p> <ul style="list-style-type: none"> Matching of Pacesetters to funds and implementation countries can take considerable time – this can create fund flow challenges for Pacesetters (DR; IKII; EKII; PCS). Interviews pointed to a need for more advanced in-house technical knowledge for informed dialogue on innovative solutions - knowledge gaps cited included digital technologies and informatics, as well as specialist knowledge of country information systems and digital policy/ regulatory environments (IKII; PCS). Lack of standardised project M&E frameworks / systems and costing assessments for generating timely data on results, costs and lessons to inform decisions on scale-up.

QA2.3: Engagement processes

Sub-question: To what extent is the Gavi Secretariat's engagement processes for private sector partners transparent, competitive and efficient?

Box 11: Key finding for Sub-question 2.3

Key finding



There is good evidence that the Gavi Secretariat's structures, procedures and processes are functioning adequately to support transparency and sound administration of private sector partnerships. Only the INFUSE mechanism involves a competitive process for private sector partner (Pacesetter) engagement.

A number of external key informants commended the dedication and "solutions-focus" of the Gavi Secretariat – also its willingness to learn, "stay the course", embrace the complexities of partnership working and guide projects towards positive results.

Some specific **challenges** related to inconsistencies across the Secretariat's in-house guidelines on establishing PSEA partnerships and the need for more specificity and standardisation of methodologies on country needs/demand assessment. Interviews pointed to scope for better definition of respective roles and responsibilities, especially in the implementation, review / evaluation and scale-up phases of private sector projects.

Overview of PSEA engagement processes

To operationalise the PSEA, Gavi has put in place a set of procedures and processes designed to ensure sound governance and efficient use of Secretariat resources.³⁹ In keeping with its 2017 Private Sector Guidelines, Gavi's partnership selection processes include structured appraisals and internal reviews against Gavi's strategic objectives and country priorities. Gavi has also appointed an independent provider to conduct due diligence assessments of all prospective private sector partners. This includes an assessment against environmental, social, governance, human right and ethical criteria, as well as a comprehensive risk assessment to minimise reputational, programmatic, and financial risks to Gavi (DR; IKII).

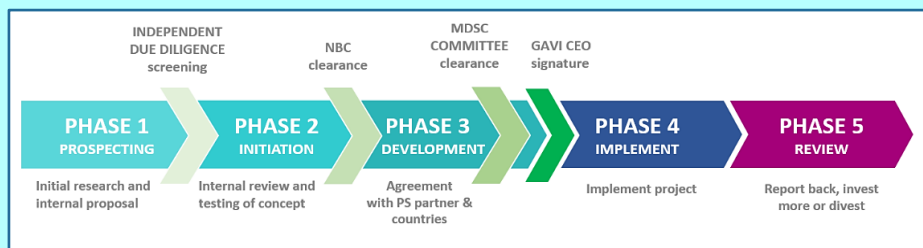
The internal governance steps for development of partnerships under the PSEA are well defined (although there are some inconsistencies in terminology across guidelines).⁴⁰ Based on the 2019, guidance, Gavi's standard process for establishing private sector partnerships under the PSEA is managed over five phases (Box 12).

³⁹ This is in line with Gavi's commitment to a low overhead ratio of 2.5%. See: <https://www.gavi.org/sites/default/files/board/minutes/2018/6-june/presentations/03b%20-%20Key%20Performance%20Highlights-presentation.pdf>

⁴⁰ For example, there are significant differences in the description of phases between Gavi's guidance on the Lifecycle of a private sector partnership (2017) and the slidedeck Private Sector Engagement - the HOW part (2019), although the sequencing of activities is similar.

Box 12: Gavi's standard five phase process for private sector partnership development

Overview of the five phase process



- The initial **Phase 1** prospecting phase by the RMPSP team involves a landscape review of potential partners, an exploration of strategic fit and consultations with technical teams to inform development of an initial internal '2A' proposal to the New Business Committee (NBC).
- Following a positive NBC review, the prospective private partner is approached. Confirmation of partner interest is followed by due diligence screening, more in-depth technical team and legal review, verification of budget capacity and engagement of SCMs to explore relevant country contexts and demand (**Phase 2**). This process results in development of a more advanced '2B' proposal (or business case) based on technical verification and confirmed country demand (in writing). The proposal includes a draft M&E framework and communications plan, a listing of potential Alliance partners and donors and an assessment of level of effort required by the Secretariat.
- Once the NBC clears the 2B proposal, it is escalated for approval to the Managing Directors Standing Committee (MDSC), with the latter making recommendations to the Chief Executive Officer (CEO) (**Phase 3**). The partnership then moves to **Phase 4** implementation in line with the finalised implementation plan. The final stage is a **Phase 5** review process that results in a decision to renew, scale or exit (this may involve a project impact study).

Notably, the **INFUSE mechanism** involves a modification of the five-phase process described in Box 12.⁴¹ The INFUSE mechanism is a more competitive process that is primarily driven by identification of innovations to address specific strategic priorities or immunisation challenges (see Box 13 below).

Box 13: Summary of distinctive features of the INFUSE mechanism

Distinctive features of the INFUSE mechanism include:

- Identification of priority challenges by Gavi's 'INFUSE Working Group' (see Annex 7). These form the basis of an annual 'call for innovations'.
- An INFUSE Workshop for final selection of shortlisted innovators (or Pacesetters). In the workshop, a panel of Alliance Partners and technical experts work with Pacesetters to identify the most promising solutions for acceleration to scale.
- All shortlisted applicants are invited to join the 'INFUSE community' so that they can continue to benefit from access to networks, knowledge exchange and information on funding opportunities.
- Selected INFUSE Pacesetters are paired with a Gavi Relationship Manager who mentors and guides them towards successful roll-out - this includes orientation to the programmatic context and building connections with supporting Alliance partners.

⁴¹ The initial phases are also used for Financial Contributions partnerships.

Evaluation findings on PSEA engagement processes

A number of independent reviews and evaluations have confirmed Gavi's reputation for sound governance and policy frameworks, as well as robust systems for financial management, grant administration, procurement practices and risk management (DR).⁴² There was consensus among donors interviewed that Gavi is seen as a "safe pair of hands" (EKII).

Secretariat interviews elicited a number of **specific suggestions** for improved / more consistent implementation of the PSEA phased process. These suggestions (by phase) for PSEA delivery teams included:

- **Phases 1 and 2:** Conduct earlier consultations with the Secretariat's technical team (in advance of the 2B proposal/business case). This would allow technical issues to be identified and addressed at an early stage and ultimately support a more efficient project development process.
- **Phase 3:** Conduct more frequent consultations with members of the MDSC – this would help to ensure partner selection and project development decisions are continuously aligned to other Gavi strategic decisions and operational processes.
- **Phase 4:** Carefully define respective roles and responsibilities across the Secretariat for the implementation phase of private sector projects. For each project, there should be clear definition of respective responsibilities for: a) project performance management; b) technical quality assurance; c) baseline assessments, results monitoring and verification, VFM assessments and interim reviews; and d) coordination with other country support mechanisms.
- **Phase 5:** Improve guidance and toolkits for the final review stage – including guidance/toolkits for commissioning independent evaluations and costing studies, documenting lessons learnt, and steps in evidence-based decisions on scale-up / financial sustainability.

The evaluation evidence also pointed to the need for a more systematic methodology for Phase 2 country appraisal/matching. To support further reflection on this theme, Box 14 summarises findings from the wider technical literature on key features of robust country appraisals for digital health solutions.⁴³

Box 14: Guidance on country appraisal methodologies for digital health solutions

The technical literature suggests country appraisal methodologies for digital health solutions should typically include:

- A political economy analysis – including country readiness for private sector engagement
- A technical 'enterprise architecture' assessment - covering the technical information system, infrastructure and functional and non-functional requirements of the solution
- A recent country needs and demand assessment⁴⁴
- An updated a mapping of other relevant initiatives and partner/donor activities.

⁴² See for example: Cambridge Economic Policy Associates. (2019). Evaluation of Gavi's Eligibility and Transition and Co-financing Policies, available at: <https://www.gavi.org/sites/default/files/document/evaluations/ELTRACO-policies-evaluation-CEPA-Final-report.pdf> ; also the 2018 Annual Review of UK Investment in Gavi, the Vaccine Alliance (2016-2020), available at: <https://devtracker.fcdo.gov.uk/projects/GB-1-204240/documents>

⁴³ There are a number of toolkits and methodologies available that could support a more systematic approach to country appraisals / matching – most of these build on a 'collaborative requirements development approach' (see Bibliography). USAID's 2019 'DIGITAL INVESTMENT TOOL: An Approach to Incorporating Digital Development Best Practices in your activity' is also especially recommended for assessing the maturity of a country's digital ecosystem, and ensuring alignment with the international principles for digital development.

⁴⁴ See UNICEF's Approach to Digital Health (2018) for guidance and frameworks.

Reflections on PSEA institutional arrangements

In a 2019 Report to the Board, it is indicated that Gavi will set up a Private Sector Advisory Council reporting to the Board Chair.⁴⁵ It is proposed that this body will provide technical stewardship and advise on new opportunities in the global business, finance and innovation landscape (DR). The proposed Advisory Council has not yet been established. However, the evaluators suggest that, as the exploratory phase of the PSEA draws to a close, governance mechanisms for the PSEA need to be agreed and actioned as part of planning for the next strategic phase.

Key informants representing the Gavi Board emphasised the importance of sound governance oversight of the PSEA. In particular, the role of civil society in reviewing the implications and opportunities of private sector inputs for communities, inclusion and maintaining healthy local markets was highlighted – the current dialogue on the partnership with Facebook was cited as a positive example of how this principle has been applied.

A number of external key informants (experts, donors and private sector partners) commended the dedication and “solutions-focus” of the Gavi Secretariat – also its willingness to learn, “stay the course”, embrace the complexities of partnership working and guide projects towards positive results. However, one expert emphasised it is now time for Gavi to move beyond protracted “hand-holding” of projects and partnerships and an “over-reliance on trouble-shooting by a few charismatic leaders” to a more efficient, systematised approach based on the project “archetypes” emerging from the exploratory phase.

QA 2.4: Modality costs and value for money

Sub-question: What were the costs of the implementation of each modality? To what extent has each modality demonstrated value for money?

Box 15: Key finding for Sub-question 2.4

Key finding



Gavi has made good efforts to ensure PSEA projects address the VFM criteria of relevance at both global and country levels. However, since data on results, expenditure and costs are not generated until the end of projects, it is too early to draw definitive conclusions on the VFM criteria of effectiveness, cost-effectiveness and sustainability within or across partnerships.

Recent efforts to cost innovation projects for Gavi's Innovation Catalogue are a welcome development. This could be a useful first step towards the introduction of systematic 'total cost of ownership' assessments for innovation projects.

The table below shows the breakdown of planned expenditure for 43 signed projects that were classified as in the implementation stage and committed, underway or completed by November 2020, excluding new funding commitments for 2021-25.⁴⁶ Table 10 indicates that the largest 'projects' in value terms were Financial Contributions. The value of Financial Contribution initiatives was highest on average in the first two years of the period, while the value of Leveraged and Operational projects has been more evenly spread over the period. The average value of INFUSE projects is smaller than the Leveraged and Operational projects, as might be expected given their nature of the projects and number of countries involved in the activities.

⁴⁵ Gavi. (2019). The Road to Replenishment. Report to the Board. 26-27 June 2019.

⁴⁶ The 'projects' here are funding agreements signed – including extensions and scale up funding as separate projects. It excludes potential projects that have been deprioritised or are under development / in the pipeline..

Table 10: Number and average value (US\$) of private sector projects in implementation phase by November 2020

Type of partnership	Number	Total Value (US\$)	Average value per project (US\$)
Financial Contribution	10	105.5m	10.5m
INFUSE	15	33.5m	2.2m
Leveraged/Operational	18	80.0m	4.4m
TOTAL	43	219.0m	5.7m

Source: Gavi's Private Sector Contributions spreadsheet, November 2020 (excludes financial contributions counted under replenishment).

There has been no recording of administrative or transaction costs relating to PSEA, so it has not been possible to quantify these with accuracy, by modality or overall. There are a small number of dedicated staff in the RMPSP unit. Responses to questions on how much time other Secretariat staff spend on PSEA indicated that tasks are spread across a range of people in each department who spend around 10-15% of their time on PSEA-related activities (with variation around this). Private sector partners will also incur costs in application, development and implementation.

Secretariat interviews indicated that, in a number of instances, management of PSEA partnerships and projects has required a greater 'level of effort' than initially anticipated. In the case of working with leading firms, the initial contacts and co-creation of an approach has taken substantial time and inputs on all sides, stretching over many months in some cases. For INFUSE projects, the selection process and Gavi's subsequent support to Pacesetters to adapt their innovations to the needs of countries has taken substantial input from Gavi staff.

Annex 8 presents a detailed review of VFM across two levels namely: VFM in individual projects and funding agreements; and VFM across the overall PSEA.

Overall, the evaluators found that Gavi has made good efforts to ensure relevance of projects at global and country levels. However, since data on results and costs are not generated until the end of projects, it is too early to draw definitive conclusions on the VFM criteria of efficiency, effectiveness, cost-effectiveness and sustainability within or across partnerships.

Since there appears to be little emphasis on capturing project costs against standardised cost categories and managing cost drivers during the project implementation phase, there may have been lost opportunities to increase VFM, as well as challenges in assessing cost-efficiency, cost-effectiveness and 'total cost of ownership'⁴⁷ for governments wishing to adopt solutions at scale.

Findings: Project Design and Delivery Case Studies

This section presents a synthesis of findings from seven in-depth PSEA partnership case studies. The seven partnerships were purposefully sampled to cover all PSEA modalities, including the INFUSE mechanism (see Annex 3). The case studies were designed to address a sub-set of seven design and delivery question under Question Area 2. The full case studies are documented in the Supplement accompanying this report.

⁴⁷ See Glossary of Terms at the beginning of this report.

Box 16: Key findings for Design and Delivery Case Studies

Key findings



From the seven in-depth case studies, the evaluators confirmed that some projects are demonstrating substantial benefits and have taken steps towards scale-up.

Although Gavi has aimed to select approaches that have demonstrated proof of concept, all new initiatives have needed adaptation to country systems and context. In most cases, project start-up has taken considerable time – on average about two years. In some cases, it has been helpful to sub-contract a local implementing partner, although this process has sometimes been time-consuming in itself (e.g. Mastercard in Mauritania).

Across the sample, the evaluators found only two projects (Unilever and Khushi Baby) where there was evidence of formative research and robust M&E. In both cases, M&E functions were led by the projects themselves, and there have been useful contributions to project design, course correction, and documentation of robust evidence on results.

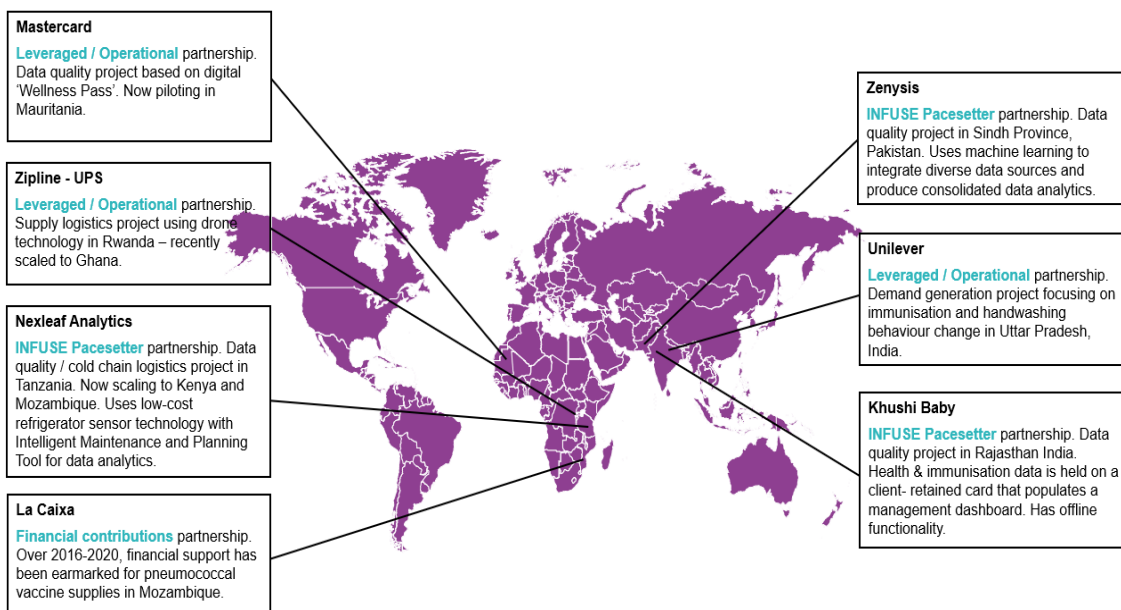
With regards sustainability, it is still too early to assess which of the technical solutions are likely to be sustainable over the longer term – although there are some good examples of skills transfer and contributions to infrastructure (e.g. the Zipline-UPS drone technology project).

Private sector partners involved in the case study projects reported good levels of satisfaction with project relevance and value. For INFUSE Pacesetters there was general acknowledgement that the partnership with Gavi can help to raise their profile on the international stage, provide opportunities for further testing and adaptations, and may facilitate entry into new product markets.

Specific **challenges** identified from case studies included: a) partner concerns about the slow pace of fund and country matching at the beginning of projects; and b) how to optimise country participation while limiting the burden of risk to countries – especially for innovation projects. Interviews pointed to some uncertainty about the appropriate future role for Gavi in identifying / facilitating sustainable markets for scalable innovations.

Figure 9 below provides an overview of the sampled partnerships. Importantly, the case studies should not be seen as project evaluations. Rather, they are intended to provide another triangulation point in building the evidence base for the evaluation findings.

Figure 9: Overview of the seven projects sampled for case studies



For these case studies, Gavi asked the evaluators to address a sub-set of seven questions. A synthesis of findings for each sub-question is presented below.

Addressing country needs

Question SP1: To what extent is this project addressing an identified country need?

- **Key finding:** Project documentation and key informant interviews confirmed that all seven projects were addressing an identified country need – although in all cases the country need was somewhat generic (e.g. improving immunisation data quality). In some cases, e.g. Nexleaf Analytics (cold chain monitoring) and Zenysis (data analytics), there were also potential longer-term benefits for Gavi's global monitoring.
- **Factor in success:** For the Leveraged /Operational and INFUSE partnerships, confirmation of country need by Gavi country support teams has been followed by a process of internal reviews and 'country matching', involving country, partner and investor consultations. There have also been proof of concept / adaptation stages before implementation has proceeded to scale. All of these steps have provided opportunities to ensure alignment to country needs and priorities.
- **Challenge:** Processes of country consultations, matching and adaptation have generally proved lengthy – in most cases taking over two years (e.g. the Mastercard project in Mauritania was initiated in 2017/2018, but is only now moving to implementation).

Alignment to other Gavi support and investments

Question SP2: To what extent is the project aligned with other Gavi support and investments?

- **Key finding:** In general, the case study projects across all modalities were aligned to Gavi's core strategic goals; this, in turn, supported alignment to Gavi's wider investments. All partnerships reviewed were in line with one or more of Gavi's SFAs on immunisation supply chains; data quality / use; and demand generation, although most projects focused on immunisation supplies and data quality / use (this was in keeping with the evaluators' wider portfolio analysis). The Unilever project was one of the few PSEA projects focusing on demand generation (notably, there are more in the pipeline for the next strategic phase).
- **Factor in success:** Gavi's SFAs provide a useful framework for ensuring PSEA partnerships and projects remain in keeping with Gavi's wider support and investments.
- **Challenge:** There were some instances where alignment of Gavi investments was unclear. For example, at the time of the evaluation enquiries, interviews suggested that, in Rwanda, the Zipline-UPS drone initiative was rarely being used to support vaccine logistics (since it was most suitable for delivering smaller payloads of emergency medical supplies over relatively short distances). For the Khushi Baby project in India, there was some country-level uncertainty about alignment to a similar Alliance Partner initiative in Andhra Pradesh

Stakeholder involvement and coordination

Question SP3: What was the role of the different stakeholders in development, implementation and monitoring of the project, and to what extent was this well-coordinated?

- **Key finding:** The La Caixa Financial Contributions partnership was associated with significant stakeholder engagement (including employee, general public and other institutions) in La Caixa's home country of Spain. Among Leveraged/Operational partnerships, the Mastercard and Unilever projects have featured well-coordinated stakeholder engagement initiatives at country level to build buy-in and support the design process.
- **Factors in success:** Common features of projects reporting good progress has been careful country matching, along with continuous, inclusive country stakeholder involvement, and

good continuity of Secretariat support. The Unilever and Khushi Baby projects provide good examples of these principles. The Unilever project also provided a strong example of the value of sub-contracting an M&E provider to monitor project progress.

- **Challenge:** Interviews indicated that stakeholder engagement and coordination efforts tend to be strongest at the beginning of projects, but can lose momentum over time, especially if projects are delayed. There were several references to the challenge of optimising country participation while limiting the burden of risk to countries – especially for innovation projects.

Country clearance

Question SP4: Has the project acquired the necessary clearances in the country/countries of implementation prior to onset of implementation, in particular regarding projects with innovation components?

- **Key finding:** A written expression of country demand is a Phase 2 step in Gavi's partnership development process. The evaluators confirmed that documents verifying country government approval were available for the Unilever, Zipline-UPS, Nexleaf Analytics, and Zenysis projects. There was strong circumstantial evidence of state government buy-in for the Khushi Baby project while, at the time of the evaluation, clearance documents for the Mastercard project in Mauritania were being updated following a change in the government administration.

Progress towards intended results

Question SP5: To what extent has the project achieved or is on track to achieving its intended results, including scalability? What factors have influenced the results?

Key findings for evaluation question SP5 are summarised in the table below for each case study project.

Table 11: Review of progress towards intended results by case study project

Project	Key finding	Factors in success	Challenges
La Caixa (Financial Contributions)	<ul style="list-style-type: none"> • Results for the La Caixa partnership make reference to a 70% reduction in pneumonia cases in Mozambique over the past 10 years – however, this should be seen as a contribution, rather than an attribution effect.⁴⁸ 	<ul style="list-style-type: none"> • Long-term collaborative partnership; provides earmarked resources for Gavi pooled fund; accompanied by raising public / business awareness and giving in Spain 	<ul style="list-style-type: none"> • -
Unilever (Leveraged /Operational)	<ul style="list-style-type: none"> • 2020 endline survey conducted by the project's M&E partner, Kantar Public, found significant improvements in parent knowledge and attitudes and improved immunisation compliance across all socio-economic groups since baseline.⁴⁹ • Efforts are now under way to scale the model to Indonesia. 	<ul style="list-style-type: none"> • Features supporting good evidence-based results include: a knowledgeable local implementation partner; extensive stakeholder engagement; provision for an M&E partner; and good use of formative research and monitoring data. 	<ul style="list-style-type: none"> • Project has required significant inputs of support from the Gavi Secretariat to align expectations. • Some local concerns about market distortion (favouring Unilever products).

⁴⁸ According to Gavi's 2019 Advance Market Commitment for Pneumococcal Vaccines Annual Report, PCV was introduced to Mozambique in April 2013 and was quickly integrated into the routine EPI system.

⁴⁹ PowerPoint presentation on *Safal Shuruuat* research findings by Kantar Public

Zipline-UPS (Leveraged /Operational)	<ul style="list-style-type: none"> Rwanda project reports that, by 2020, the project had completed 24,000+ payload deliveries of 44,000+ blood units, of which 39% were emergency deliveries.⁵⁰ Approach appears to have been successfully scaled to Ghana where four delivery centres are reported to be functional. 	<ul style="list-style-type: none"> Reported factors for success include: fit to country geography, health infrastructure and logistics systems; also alignment to country strategic priorities and resources / capacity for long-term maintenance at scale. 	<ul style="list-style-type: none"> There has not yet been an evaluation to verify results and assess factors such as project relevance and VFM. Reported challenges in securing country buy-in for scale-up to Ethiopia.
Mastercard (Leveraged /Operational)	<ul style="list-style-type: none"> Piloting in Mauritania just beginning, so results data are not yet available. The commercial case for the Wellness Pass initiative depends on successful scale-up to at least five countries. Mastercard has recently entered into parallel partnerships with Global Fund and BMGF to support scale-up and adapt the solution to the COVID-19 pandemic. 	<ul style="list-style-type: none"> This project has benefited from a dedicated Gavi project manager who has led on addressing the implementation challenges and maintaining stakeholder buy-in at country and global levels, 	<ul style="list-style-type: none"> Project piloting highly delayed since 2017 due to challenges in securing an appropriate local implementation partner, followed by impact of COVID-19 pandemic. Some negative social media coverage locally and internationally. Interviews point to some concerns about financial sustainability for government and potential for dual / hybrid EPI reporting systems.
Khushi Baby (INFUSE Pacesetter)	<ul style="list-style-type: none"> Results from a recent randomised control trial found mothers in villages where the Khushi Baby system was active were 1.66 times more likely to have their infant be fully immunised by 12 months of age; their children were also 0.26 times less likely to suffer from acute malnutrition.⁵¹ 	<ul style="list-style-type: none"> One of very few projects where there has been an endline evaluation /survey (notably commissioned and resourced by project itself). Interviews suggest other success factors include: project team's deep understanding of local context and strong engagement of government and community stakeholders. 	<ul style="list-style-type: none"> Interviews point to need for more transparent dialogue on alignment with other initiatives Despite strong state buy-in for scaling across Rajasthan, federal buy-in for wider scale-up still needs clarification.
Nexleaf Analytics (INFUSE Pacesetter)	<ul style="list-style-type: none"> By end of 2019, Nexleaf Analytics had covered 5,000 health facilities with sensor technology in Tanzania and remote sensors were deployed in approximately 400 sub-county sites in Kenya, representing 2,200 refrigerators. Nexleaf reports that, in Kenya, its devices contributed to reduced vaccine heat exposure by 78% and cold exposure by 60%. 	<ul style="list-style-type: none"> Key factors in success have been collaborations with other manufacturers with other manufacturers on use of the IMPT and a "breakthrough" agreement on country sovereignty in data ownership. 	<ul style="list-style-type: none"> Key challenges have related to: agreements on data ownership / sharing; collaboration with other manufacturers; timely country approvals and clearances. There have also been issues with device maintenance and data flow continuity. Early project design documents refer to an ambition to scale-up to 54 countries. In practice, it has taken longer than expected to adapt to different country information and regulatory systems, as well as equipment and supplier contexts.

⁵⁰ Gavi Brown Bag Discussions 10-02-2020

⁵¹ Nagar R. et al. (2020). Impacts of a novel mHealth platform to track maternal and child health in Udaipur, India. International Initiative for Impact Evaluation (3ie): Impact Evaluation Report, October 2020.

<p>Zenysis (INFUSE Pacesetter)</p>	<ul style="list-style-type: none"> Project has experienced significant start-up delays in Pakistan. Delivery against intended results remains in progress. 	<ul style="list-style-type: none"> Project team is optimistic that, having built the trust of the Sindh state government and demonstrated the value of the solution for COVID-19 tracking, progress to scale can be rapidly accelerated in Pakistan. 	<ul style="list-style-type: none"> Initial hold-ups in matching the project to a funding source and an appropriate country for implementation. Thereafter, there were challenges with data access, as well as constraints associated with a narrowly defined scope of work. Associated interruptions in grant disbursements created some fund flow challenges for the Pacesetter.
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Project sustainability

Question SP6: To what extent is the project sustainable from programmatic and financial perspectives?

- Key finding:** For the Financial Contribution example, La Caixa, sustainability of this funding source depends on the focus of the La Caixa Foundation's next corporate responsibility strategy.

For Leveraged/Operational and INFUSE partnerships, interviews pointed to a range of options for sustainability, some of which could be combined. Options for *financial sustainability* included: continued support from corporate foundations and/ or from other development partners with shared objectives, and/or budget allocations from recipient countries (either from national budgets or other Gavi portfolio grants, such as an HSS grant). Options for *programmatic sustainability* included: continued technical support from the private sector partner / Pacesetter; market diversification and outsourcing; and/or building of public sector capacity to sustain the initiative.

- Factors in success:** There are some good examples of skills transfer and contributions to infrastructure (e.g. the Zipline-UPS project) which may contribute to sustainability. For Leveraged / Operational partnerships, financial sustainability may be supported by alignment to partners' corporate social responsibility and sustainability strategies (e.g. Caixa Bank, Unilever, UPS and Mastercard).
- Challenges:** Review of PSEA progress reports suggest a tendency to assume issues of financial and programmatic sustainability will be addressed in the exit / close-out stage – this may be rather late for the foundational work required. Interviews pointed to some uncertainty about the appropriate future role for Gavi in identifying / facilitating sustainable markets for scalable innovations.

Perceptions of relevance and value

Question SP7: To what extent is the project viewed as relevant, and of value to the private sector partner and to implementing Gavi countries?

- Key finding:** Private sector partners reported high levels of satisfaction with project relevance and value. For corporate partners, the projects are in line with social responsibility objectives and may facilitate entry into new markets. For INFUSE partners there was general acknowledgement that the partnership with Gavi provides opportunities for further solution testing, raises their international profile, and could assist entry into new product markets.
- Challenges:** As indicated in the evaluation limitations (Annex 3), it was not possible for the evaluators to conduct interviews with a representative sample of country stakeholders and beneficiaries to elicit their perspectives on project value and relevance.

Recommendations arising from Question Area 2

The Box below summarises specific recommendations arising from the evaluators' analysis of Question Area 2.

Box 17: Recommendations from Question Area 2

- **Alignment to 5.0 Strategy:** Consider adjusting the PSEA design to address objectives under Goal 2 in the new 5.0 Strategy. This would require a greater focus on: reaching under immunised and zero-dose children; supporting well-managed and sustainable immunisation services; building resilient demand and addressing gender-related barriers to immunisation. Give particular attention to the 5.0 strategic enabler on evidence, evaluations and data to improve, policies, programmes and accountability.
- **Alignment of innovation agendas:** Reflect on how to maintain alignment of the PSEA's innovation work to Gavi's wider innovation initiatives. Maintain alignment too to the innovation strategies of other global partners and role-players. Within this dynamic ecosystem, ensure Gavi remains strategic in maximising its comparative advantage.
- **Clarify and tailor the modalities and mechanisms** for engagement to suit the different types of engagement (financial vs technical expertise, corporate vs Pacesetter) and stages of innovations (e.g. early stage development vs scale up). Rationalise and streamline the existing portfolio in line with the strategy.
- **Secretariat responsibilities and capacity:** Review roles, responsibilities and incentives for managing and implementing the PSEA across the Secretariat. Clarify where the lead for each type of engagement best fits in the Secretariat and adjust capacity and incentives to deliver once roles are clear.
- **Guidelines and procedures:** Review PSEA guidelines to ensure consistency and completeness. Aim to standardise and streamline processes, tools and systems for each modality.
- **PSEA governance:** Agree mechanisms for PSEA oversight and governance by the Board, including whether to establish a Private Sector Advisory Council.
- **An integrated M&E and learning (MEL) system:** Invest in an integrated and aligned MEL system for PSEA projects and the PSEA as a whole. Clarify responsibilities for carrying out MEL activities to avoid over-stretching private sector partners.
- **Costing and VFM assessments:** Identify how financial management systems can be enhanced to capture standardised data on PSEA fund flows and costs. Incorporate VFM assessments into scheduled project and PSEA reviews. Consider commissioning 'total cost of ownership' studies. Share findings on how cost-effective innovations are with countries.

Findings: Question Area 3

This section begins by presenting the overall finding for Question Area 3. This is followed by specific findings for the Question Area 3 sub-questions. These sub-questions cover: unintended consequences; risk management; a comparison with similar organisations; the influence of the PSEA on other multilaterals and perceptions of private sector partners. Note that the specific sub-questions on lessons and consolidated recommendations have been deferred to the final section of this report.

Overall Finding for Evaluation Question 3

Evaluation Question 3: What are the lessons learned and unintended consequences?

Box 18: Summary of the overall finding for Question Area 3

Overall finding



There have been some positive unintended consequences associated with the exploratory phase of the PSEA. For example, there has been strengthening of Secretariat expertise in working with private sector innovators (contractually and operationally); there is also potential for enhanced readiness for COVID-19 vaccine distribution and tracking at country level. There have been a number of emerging lessons relating to the PSEA design, implementation, efficiency and effectiveness and impact and sustainability (see Part 3 of this report). It is now timely for the Secretariat to consolidate this learning to adapt the approach for the next strategic phase and streamline processes across a typology of private sector partnerships.

Among international development partners, Gavi is acknowledged to be a leader in the field of private sector engagement. Several partners observed that Gavi stands out for its agility, responsiveness and pace in engaging private sector partnerships, combined with strong, committed and visionary leadership. Private sector partners interviewed were generally highly satisfied with their experience of working with Gavi, and the value proposition offered by the PSEA relative to other opportunities.

Factors in success

- Comparisons with similar organisations with private sector engagement approaches points to lessons and factors in success that are similar to Gavi's experience – e.g. the need for a flexible approach based on a long-term perspective, the need to prioritise projects against an overarching strategy, and the importance of getting the staff skills and incentives mix right.

Challenges

- The review of unintended consequences found that the additional demands of the exploratory PSEA have created some tensions across the Secretariat.
- The review of risk management pointed to a need for scheduled risk appraisals over the duration of private sector partnerships and projects.

Specific Findings for QA3 Sub-questions

QA 3.1 and 3.2

The evaluators' findings on these sub-questions relating to lessons and recommendations have been deferred to the final section of this report where they are addressed in full.

QA 3.3: Unintended consequences

Sub-question: What if any unintended consequences have been observed (positive/negative/neutral) of this approach for each modality and overall approach?

Box 19: Key finding for Sub-question 3.3

Key finding



There have been some positive unintended consequences associated with each modality during the exploratory phase of the PSEA. For example, there has been strengthening of Secretariat expertise in working with private sector innovators (contractually and operationally); there is also potential for enhanced readiness for COVID-19 vaccine distribution and tracking at country level.

There have also been some more negative unintended consequences or **challenges** associated with the PSEA modalities. For example, the additional demands of the exploratory PSEA have created some tensions across the Secretariat. Also lack of provision for continuous M&E has weakened the evidence base for demonstrating results.

Unintended consequences for each modality and the overall approach that were identified from the triangulated methodology are listed in Table 12 below.

Table 12: Unintended consequences by modality

Modality	Unintended consequences
Financial Contributions	<ul style="list-style-type: none"> • Positive: Financial Contributions partnerships can leverage in-kind contributions (e.g. La Caixa's hosting of INFUSE workshops) (DR; PCS). • Negative: Targets for resource mobilisation may act as a driver for multiple relatively small-scale partnerships that require significant client management - transaction costs can accumulate and there may be opportunity costs for engagement of other key donors and partners (although the potential for efficiencies of scale is also acknowledged) (IKII).
Leveraged/Operational Partnerships	<ul style="list-style-type: none"> • Positive: PSEA experience has helped extend in-house expertise in contract management, legal negotiations and risk management, including specialist areas of digital innovation. This continues to enhance Gavi's reputation in private sector engagement (IKII). • Negative: Inadequate early investment in M&E of the PSEA and its projects, has led to a weak evidence-base for demonstrating results and lessons learnt (DR; IKII; PCS).
INFUSE Pacesetters	<ul style="list-style-type: none"> • Positive: Scaling of new approaches provides opportunities for Gavi to extend "support to former and never Gavi-eligible countries" – this is a priority under Gavi's 5.0 Strategy.⁵² • Negative: Pacesetter selection has tended to favour digital technology solutions. The focus of the 5.0 Strategy on equity and locally differentiated approaches could require a re-balancing to other SFAs and the wider ecosystem (e.g. demand promotion and gender-related barriers; in-country management and coordination) (DR).

⁵² See the overview of Gavi's 5.0 Strategy at: <https://www.gavi.org/our-alliance/strategy/phase-5-2021-2025>

Overall PSEA

- **Positive:** Gavi has a large number of established private sector partnerships that could be leveraged to respond to the emerging global challenges of COVID-19 vaccine distribution, digital tracking, as well as vaccine uptake and demand generation (DR; EKII).
- **Negative:**
 - There are few institutional incentives for country support teams to take on the considerable demands of facilitating private sector initiatives at county level. The exploratory phase has stretched Secretariat capacity, and surfaced some strains in institutional arrangements (IKII; EKII).
 - Potential paradox: the PSEA's resource mobilisation and diversification targets are best served by a large portfolio of diverse private sector partnerships and projects. However, the significant technical, management and M&E needs of Leveraged/Operational and INFUSE projects may be best addressed through a smaller portfolio. The evaluators suggest the optimal balance between these objectives has not yet been found; this may, in turn, account for some of the institutional tensions described above.

QA 3.4: Risk management

Sub-question: To what extent has Gavi appropriately considered and mitigated risks associated with entering into private sector partnerships?

Box 20: Key finding for Sub-question 3.4

Key finding



The overall PSEA has been subject to a systematic risk review and there is evidence that Gavi identifies, manages and balances partnership and project risks reasonably well. As a result Gavi is seen as a “safe pair of hands” by investors and donors.

A specific **challenge** relates to a concern that formal risk assessments are front-loaded to the partnership / project design and development phases. This could result in missed opportunities for course correction and adaptive learning, and for addressing the longer-term risks associated with implementation, sustainability and scaling.

Risk mitigation measures for private sector partnerships were defined in Gavi's 2017 Private Sector Guidelines. There is also a requirement to comply with Gavi's 2016 Socially Responsible Investment Policy.⁵³

Gavi's Risk Committee conducted a comprehensive risk review of the PSEA in 2019.⁵⁴ Key risks identified relate to: project implementation and performance risks; political and reputational risks; Secretariat capacity risks; donor dependency and fund flow risks. The review also highlighted additional risks associated with innovation, including partner selection risks, adaptation risks and failure risks (DR). The Risk Committee highlighted the importance of systematic due diligence assessments, along with robust risk management and M&E at every project stage (DR).

Secretariat key informants emphasised that, to maintain its strong reputation among international development partners, Gavi must continuously demonstrate its commitment to aid

⁵³ Gavi's Socially Responsible Investment Policy. Version 4.0, August 2016.

⁵⁴ Gavi Risk Committee. (2019). Private Sector Partnerships, 14 June 2019.

effectiveness principles,⁵⁵ along with technical, financial and VFM accountability to sovereign donors. At the same time, as an *innovative* organisation, Gavi may need to tolerate a higher risk of project failure in order to drive progress towards ground-breaking innovation. In addition, the PSEA must be managed within Gavi's wider risk portfolio and be calibrated to its risk appetite; it must also respond to wider contextual risks - e.g. most recently, cybersecurity risks and operational risks associated with the COVID-19 pandemic (IKII; EKII).

From case study reviews, the evaluators observed there was a tendency for formal risk assessments to be concentrated in project design and development phases (DR; IKII). This could result in missed opportunities for course correction and learning on risk management that could inform scale-up.

Nevertheless, donors interviewed confirmed that Gavi is seen as a 'safe pair of hands' in its management of financial investments and the risks associated with private sector engagement. It was noted that Gavi has so far avoided the "reputational hits" that have beset some other global health partners (IKII; EKII).

QA 3.5: Comparison reviews

Sub-question: Through a literature review provide information on: How does Gavi's exploratory private sector engagement approach compare with efforts of similar organisations? What can we learn from this?

Box 21: Key findings for Sub-question 3.5

Key findings

- A growing number of other comparable organisations recognise the potential benefits of private sector engagement for addressing global health and social development issues.
- Unlike Gavi, other organisations reviewed (e.g. Global Fund and UNICEF) did not have explicit targets to drive their strategies - where targets are set, these tended to focus on easily measured variables, such as revenue raised.
- There was little reliable information on the number of staff assigned to private sector engagement work in the comparator organisations. However, there is a trend towards dedicated units or 'partnership hubs' that consolidate the skills needed for managing the complexity and risks of private sector engagement and innovation work.
- 'Innovation' is widely recognised as a specialist area, requiring dedicated staff with appropriate skills and experience.
- There is an element of competition between global health partners on private sector engagement. However, there also seems to be an appetite for closer collaboration – especially on health systems strengthening initiatives.

Common factors in success included:

- Recognising that working with the private sector is a means to an end, not an end in itself. Formation of *effective* partnership with private sector partners usually requires a clear and specific assessment of what additionality the partnership will bring.
- Dedicated time and resource investments are needed for private sector engagement work. It is important to establish sound selection processes with robust due diligence. Selection processes should seek to optimise the trade-off between transaction costs and the likelihood of securing a

⁵⁵ Gavi's corporate policies emphasise Gavi's commitment to the international aid effectiveness principles of country ownership, a focus on results, inclusive partnerships; transparency and accountability. See: <https://www.oecd.org/dac/effectiveness/34428351.pdf>

mutually-beneficial partnership. Flexible approaches based on long-term perspectives were also identified as key success factors.

- Private sector engagement activities require strong strategic direction and leadership. This needs to be translated into supportive management and operational guidance – including tools and templates. While it is important to have the right number of dedicated staff, other organisations emphasise the importance of getting the skills and incentives mix right, and investing in staff capacity.

Common challenges included:

- The time-consuming and resource intensive nature of private sector engagement.
- Getting the mix of Secretariat skills, incentives and capacity right at all structural levels.
- How to capture and share emerging lessons, especially lessons on innovation. This issue is compounded by a tendency for “organisational silos”.

This component of the evaluation aimed to compare Gavi's private sector engagement approach with those of similar organisations to understand similarities, differences and what lessons can be learnt. As agreed in the inception phase, this analysis focused on organisations with a similar remit and ones where there is a reasonable evidence base. Key organisations identified on this basis were the Global Fund and UNICEF (see Annex 3); however, it was also agreed that the evaluators would conduct a lighter touch review of other relevant organisations as part of the wider literature review.

A full account of this comparison review is contained in Annex 9 of this report. Although the information available in the public domain had some limitations, it was clear that other multilateral organisations are dealing with similar challenges and risks in their private sector engagement approaches. The literature review identified some learning from other organisations that Gavi might wish to consider.

QA 3.6: Influence of private sector engagement

Sub-question: How have Gavi's efforts shaped the way in which multilateral institutions engage with the private sector?

Box 22: Key finding for Sub-question 3.6

Key finding



Gavi is widely recognised as being at the forefront of private sector engagement efforts by international development partners. There was anecdotal evidence of an *indirect* influence on how multilaterals engage the private sector. This is likely to take place through Gavi's collaboration with Alliance Partners under the Partnership Engagement Framework, representation of Alliance Partners in INFUSE workshops, participation in international fora and collaborations, such as the Vaccine Innovation Prioritisation Strategy. There were several calls for better coordination, collaboration and complementary working among multilaterals and global health partners.

There was anecdotal evidence that Gavi's efforts shape the private sector engagement approaches of other multilateral institutions, if only indirectly. Key informants suggested is likely to take place through Gavi's collaboration with Alliance Partners under the Partners' Engagement Framework (PEF), and through the representation of Alliance Partners in INFUSE workshops (EKII; IKII). Gavi's active participation in a number of international fora and business platforms may also have raised the profile of its private sector engagement work (for example,

the INFUSE mechanism was launched at the World Economic Forum in Davos in 2016) (DR). There were indications of two-way influences through related initiatives, such as the recent Vaccine Innovation Prioritisation Strategy (VIPS).⁵⁶

Global Fund key informants reported that the Fund looks to all of its partners to draw lessons on how to engage with the private sector – this includes Gavi, BMGF and USAID (an example was given of Global Fund/Gavi collaboration on use of drone technology). However, more generally, key informant interviews pointed to a degree of competition between multilaterals and significant potential for better coordination, collaboration and complementary working (IKII; EKII).

Several experts and donors observed that Gavi is at the forefront of private sector engagement efforts by international development partners. In comparison to other multilateral institutions, Gavi stands out for its relatively small, yet highly productive and “agile” Secretariat. Along with visionary leadership, Gavi is considered to have distinctive experience in public-private sector working, with exceptional skills in bridging diverse private and public health perspectives (EKII).

QA 3.7: Private sector perceptions of Gavi

Sub-question: To what extent have private sector partners and investors perceived the approach and experience of working with Gavi of value, relative to other opportunities?

Box 23: Key finding for Sub-question 3.7

Key finding



Private sector partners interviewed were very positive about the value proposition offered through Gavi's PSEA. Most saw considerable potential for working with Gavi to improve their public profile and tap into expanding markets in emerging economies. Some private sector partners suggested Gavi's staffing for private sector engagement should be expanded to keep pace with the efficient project management offered by other global health partners.

Evaluation evidence to date (DR; IKII; EKII; PCS) suggests Gavi's private sector partners see considerable potential to work with Gavi to improve their public profile and tap into expanding markets in emerging economies. Key motivations for private sector partners to enter into partnership with Gavi include:

- Connection to fast-growing markets
- Partnership with global leaders and expanded networks of influence
- Leadership in global development through innovative Gavi models
- Opportunities to further test and scale innovations and access new data sources
- Opportunities to improve credibility to leverage additional project investments
- Significant contributions to global health through immunisation
- Brand strengthening and increased employee commitment through demonstrations of Corporate Social Responsibility

Some private sector partners are extremely positive about the experience of working with Gavi:

“We applied to Gavi as an Infuse accelerator and were chosen as a Pacesetter. That was critical as it gave us a much better view of the landscape. It's been by far the most transformative partnership we have had in the sector.” (CEO of INFUSE Pacesetter)

⁵⁶ VIPS is a three-year collaboration between Gavi, WHO, BMGF, UNICEF and PATH (the ‘VIPS Alliance’) to develop a single integrated framework to evaluate and prioritise upstream vaccine product innovations and to drive these innovations forward.

However, others observed that the Secretariat appears overstretched and it can be difficult to give projects the attention they deserve. Some private sector partners suggested other global health partners manage private sector partnerships more efficiently, and Gavi will need to expand its staffing to “stay ahead of the game” (PCS).

Notably, not all partnerships have taken off, and some have been deprioritised over time. The combined evaluation evidence indicates that key factors in deprioritisation of partnerships have been:

- Difficulties in values alignment or finding common ground that provides balanced benefits for all parties. In some cases, private sector partners were unable to establish a sound commercial case for long-term engagement once Gavi's requirements and sustainable development obligations were fully understood.
- Deselection following due diligence and risk assessments e.g. some companies were associated with high reputational risk for Gavi (e.g. those with poor employment practices or associations with the tobacco or alcohol industries).
- Some companies were unable to commit the time and human resources needed for lengthy and complex project design and implementation.
- Staff turnover across all parties disrupted or stalled partnership negotiations or prevented continuity of dialogue.
- Some companies found it difficult for their projects and/or country stakeholder engagements to be mediated by Gavi, or struggled with the terms of accountability to Gavi.

Recommendations arising from Question Area 3

The Box below summarises the specific recommendations arising from the evaluators' analysis of Question Area 3.

Box 24: Recommendations from Question Area 3

- **Risk management:** Ensure there is robust risk management of the PSEA and its projects at each operational stage – share the burden of risk appropriately.
- **Aligned planning:** Reflect on options for better aligning PSEA planning with Gavi portfolio planning on country-level support.
- **Structured learning:** Strengthen the emphasis on structured learning with emphasis on: a) different types of partnership; b) project themes; and c) approaches to scale-up. Consider establishing a forum for sharing lessons on private sector engagement with other global health partners.

Part 3: Lessons and Recommendations

Lessons

In this final section of the report, we expand on the evaluation findings and analysis relating to lessons and recommendations. We begin by responding to Sub-question 3.1 which asks: what lessons have been learned from the exploratory approach regarding design (including its theory of change and M&E framework), implementation, efficiency and effectiveness, impact and sustainability?

Gavi has successfully harnessed the exploratory PSEA to stay at the forefront of private sector engagement to bring innovative solutions to long-standing immunisation challenges. The Gavi Secretariat has made very good progress in implementing an exploratory, differentiated approach to private sector engagement that has the potential to unlock bottlenecks in immunisation programmes in Gavi-supported countries. As the exploratory phase draws to a close, it is time to consolidate learning and experience to reflect on how Gavi's PSEA can best be tailored to serve delivery of Gavi's 5.0 strategy for 2021-2025.

Table 13 below presents a synthesis of lessons emerging from the evaluation analysis on the main dimensions of the PSEA design.

Table 13: Synthesis of lessons learned by thematic area

Theme	Lessons
	<p>PSEA modalities</p> <ul style="list-style-type: none"> The PSEA modalities have provided a useful operational approach for engaging private sector partners for leveraging expertise and innovation, as well as financial contributions. However, to support portfolio management and institutional coordination, it would be helpful to situate the PSEA modalities within an overarching strategic approach (e.g. on Gavi's wider approach to working with the private sector and / or a cross-cutting innovation approach for 2021-2025) (IKII; EKII).
Design	<p>Enhancing Gavi's visibility</p> <ul style="list-style-type: none"> This evaluation has surfaced differences in ways findings on contributions to Gavi visibility can be interpreted. On the one hand, members of the RMPSP Department cite strong experiential and circumstantial evidence (drawn from media coverage and 2020 replenishment data) to argue there are strong causal pathways between good media coverage of PSEA achievements, increased visibility of Gavi (specifically, the PSEA and opportunities of the GMF), and expanding donor commitments. On the other hand, the evaluators cite evidence from donor and technical KII and the desk review to argue that donor decision-making processes on funding commitments are complex, and the positive influence of any increased Gavi visibility are, at best, indirect. <p>This debate spotlights the need to clarify and test the proposed visibility pathway as part of the learning agenda for the next strategic phase. This is important because assumptions relating to visibility were foundational in the reconstructed PSEA theory of change (Annex 2).</p>
Implementation	<p>Secretariat capacity</p> <ul style="list-style-type: none"> The exploratory phase has spotlighted Gavi's distinctive skills and capacity for effectively leveraging private sector expertise and innovation for immunisation programmes. The exploratory PSEA has both built and extended Secretariat capacity. However, it has also exposed some institutional tensions. Planning for the next phase will need to include reflection on how to optimise institutional arrangements and incentives for private sector engagement across the Secretariat. Given the priorities of the 5.0 Strategy, capacity within the Private Sector Partnerships and Innovation team and new Demand Hub should be given particular attention.

Partnership development process

- Although Gavi has a well-defined phased process for development of private sector partnerships, there is scope for more effective implementation of the process – especially for partnerships based on leveraging expertise and innovation. The findings from this evaluation suggest there are opportunities for role clarification and more systematised approaches to: country appraisals and matching; project 'proof of concept', roll-out and routine monitoring; as well as project reviews, evaluations and scaling. Efficiency gains in these areas could allow the Secretariat to better manage a sizeable portfolio of partnerships in more streamlined ways, with less 'hand-holding' at each stage.

Timeframes

- Processes of partner orientation and product adaptation take time, especially when there is a need for extensive stakeholder engagement, values orientation, and significant health systems alignment. Gavi has learnt that, in these circumstances, building viable private sector partnerships and adapting innovative solutions can take years, rather than months. In the next phase, Gavi will need to consider planning and resourcing project design, delivery and scale-up over longer timeframes.

INFUSE mechanism

- The INFUSE mechanism is acknowledged to be a cutting-edge approach for identifying key innovators who can bring new solutions to priority immunisation challenges. The INFUSE workshop has evolved and has been commended as best practice. However, Gavi acknowledges there is scope for clearer communication with selected Pacesetters on the precise package of support they will receive, and the likely timeframes for fund and country matching. There is also scope for strengthening or re-conceptualising the INFUSE community of practice. Gavi's ongoing reviews under the Phase 5 Innovation Workstream provide an opportunity to consider how the INFUSE mechanism could be incorporated into more cross-cutting, collaborative approaches to innovation.

Risk

- Although Gavi conducts robust risk appraisals in the project design and development phases, there is acknowledgement that regular formal risk assessments during implementation and scale-up phases could support risk avoidance, timely course correction and structured learning for both projects and the PSEA portfolio. There is also recognition that risks also need to be carefully balanced within the context of Gavi's strategic vision, wider risk portfolio and prevailing risk appetite.

Cost monitoring

- Behind the commitment of the Secretariat staff, there is an understanding that implementation of the PSEA has been associated with hidden transaction costs. In addition, the growing private sector partnership portfolio brings growing maintenance and opportunity costs. At project level, better cost tracking could assist more timely reviews of cost drivers and identification of opportunities to make efficiency / VFM gains. These reviews could also provide valuable costing information for 'total cost of ownership' assessments and decision-making on options for sustainability and going to scale.

Efficiency and effectiveness

M&E

- There are some good examples of how adequate resourcing for formative research, systematic M&E and structured learning can provide a useful evidence base for strategic and operational decision-making. It is also recognised that there are potential benefits for: a) sustainability/scale-up planning; b) shared learning on factors in success and c) communication products and publications (including Gavi's Innovation Catalogue). Secretariat specialists have identified opportunities to: develop standardised M&E tool-kits; harness digital tracking; and increase efficiencies through joint reviews at country level.
-

Impact and sustainability

Scalable innovation

- The most promising initiatives have successfully matched fresh thinking from global expertise and innovations (the supply side) to the priority immunisation challenges of countries (the demand side) and health systems approaches. Gavi has learnt that aligning partnership engagement opportunities to country joint review and planning cycles could help improve the matching process. Additionally, better alignment to Gavi's country support portfolio planning could speed up country engagement, coordination of partner inputs, and help tailor solutions to the specificities of country demand.
- Experience from the demand generation initiatives supported under PSEA modalities (e.g. the Unilever and Girl Effect projects) suggests that the Equity and Sustainability Goals of the 5.0 strategy are likely to require innovation based on "different ways of working". Gavi has used the exploratory phase to extend innovation to multi-disciplinary initiatives, and a wider innovation ecosystem with a focus on human-centred design. It would be timely to consolidate learning from these initiatives.

Gavi's impact as an innovative organisation

- As a pioneering innovative organisation Gavi understands the added value of working collaboratively to learn fast, fail fast and spot game-changing solutions for advancing immunisation coverage and universal health coverage in low income settings. During the exploratory phase of the PSEA, Gavi has continued to harness the structural advantage of the Alliance to maximise impact. There is room for improvement in coordinated working and mutual support at country level, and for ensuring partner 'competition' remains constructive. The recent successes of the joint Vaccine Innovation Prioritisation Strategy does, however, offer rich insights for design of the next PSEA.
-

Implications for the theory of change

To further support this theory-based evaluation, the evaluators have reviewed and annotated the theory of change developed for the evaluation. This is included as Annex 10 and shows the strengths and weaknesses of the reconstructed theory of change against the aggregated evaluation evidence.

The evaluators' review of the reconstructed theory of change shows that, while the PSEA has made good progress towards intended outputs (and probably financial outcomes), there is some way to go to demonstrate measurable contributions to immunisation outcomes and Gavi 4.0 goals.

The review endorses many of the assumptions and enablers identified for the reconstructed theory of change. However, there are uncertainties about key assumptions relating to: the linkages between sovereign donor funding responses and Gavi visibility; project sustainability; the availability of predictable resources for scale-up; and the rigour of country readiness assessments. As the PSEA portfolio expands, there is also some uncertainty about a key enabler relating to Secretariat capacity for managing and monitoring a very large and diverse portfolio.

These observations highlight the need for an updated PSEA theory of change for the 5.0 strategic period. Importantly, this theory of change should be aligned to a distinct M&E framework and learning agenda for the approach.

Conclusion and recommendations

Conclusion

Over the 4.0 strategic phase, Gavi has made impressive progress in establishing a cutting-edge private sector engagement approach. Gavi has met or exceeded all the PSEA performance targets. The commitment and skills of the Gavi Secretariat and leadership have been consistent factors in success.

This independent evaluation of Gavi's Private Sector Engagement Approach (2016-2021) has systematically addressed each of the evaluation questions and sub-questions posed by Gavi. For each set of evaluation questions, we have identified a number of specific recommendations. Gavi must now consider whether these recommendations are useful for taking the PSEA forward in the operational context of the 5.0 Strategy, taking into account the imperatives of the COVID-19 pandemic.

To support finalisation of the recommendations from this evaluation, the evaluators worked with the Gavi Secretariat to convene a Co-creation Workshop. This workshop was attended by senior decision-makers within the Secretariat, as well as a small number of Alliance, donor and private sector partners. During the workshop, participants considered the findings of the evaluation against three hypothetical scenarios for taking the PSEA forward. These scenarios (or strategic options) were described as: i) **'ratcheting-up'** - investing for continued scale-up and expansion of the current PSEA model; ii) **'rationalising'** - streamlining and refining the current PSEA approach; and iii) **'reconfiguring'** - modifying the current PSEA design, e.g. by separating the resource mobilisation and innovation components.

Following rich discussion (Annex 12), the workshop concluded that the three scenarios may not be mutually-exclusive. Rather, there is potential to combine elements of each scenario to address some key PSEA design challenges for the 5.0 strategic phase. The PSEA design challenges identified were:

Box 25: The Co-creation Workshop - key PSEA design challenges for the 5.0 phase

- **Aligning Gavi's private sector and innovation approaches:** While private sector partners have an important role to play, Gavi's 5.0 innovation agenda is broader than a single sector. Going forward, Gavi needs to be clear about the conceptual distinction (and overlaps) between its private sector engagement approach and the 5.0 innovation agenda.
- **Balancing global, country and sector agendas:** The PSEA involves forging partnerships between countries, industry leaders and innovative start-ups. Gavi's convening role requires continuous processes of stakeholder engagement at multiple structural levels, assessment of country demand and 'need', active risk management and 'market' awareness. The PSEA design must, therefore, accommodate this continuous balancing of agendas, including provision for regular course-correction at project and portfolio levels.
- **Flexibility vs accountability and efficiency:** The PSEA has demonstrated that a differentiated approach is needed for different types, stages and complexities of private sector partnership. This, in turn, has implications for managing or 'rationalising' the portfolio. The need for a differentiated, flexible approach must, therefore, be continuously traded off against the need for predictable institutional arrangements, and the requirement for Gavi to demonstrate accountability and efficiency.
- **Maximising comparative advantage:** Gavi is situated within a wider multilateral ecosystem. As a relatively small player, Gavi must continue to act strategically to leverage its comparative advantage in private sector engagement. Going forward, this could require some creative thinking on what could be achieved through strategic procurement.

Next steps

At this stage, there are no definitive solutions to these design challenges and trade-offs. Indeed, Gavi will need to continue calibrating its vision for the PSEA to the evolving context, as well as and operational decisions relating to the 5.0 Strategy. If Gavi decides to modify the design of the PSEA it will, of course, need to factor in a transition strategy for managing the legacy of a large portfolio of diverse private sector partnerships / projects. Nonetheless, there are likely to be some generic steps in taking the PSEA forward for the next strategic phase. These include:

- **Building consensus** within the Secretariat, the Gavi Board and key external stakeholders on the vision, principal objectives and modalities of the PSEA for the next strategic phase. This should include agreement on how the PSEA will align with Gavi's forthcoming innovation and digital health strategies and other key operational plans for the 5.0 strategic period.
- **Developing an operational plan** for the revised approach. This should include: a) a transition plan for the current partnership/project portfolio; b) a resourcing plan, covering both budget and human resource allocations; c) a plan for institutional and governance arrangements; d) updated standard operating procedures and guidelines to support consistency in implementation practice.
- **Developing a theory of change:** The theory of change for the PSEA 2021-2025 should show the intended results chain for the PSEA and its component modalities. It should also specify assumptions and enablers, and support identification of performance indicators and targets.
- **Developing a MEL plan:** The Monitoring, Evaluation and Learning (MEL) Plan for the PSEA (2021-2025) should be informed by the above theory of change. The MEL Plan should specify critical areas for monitoring and learning at country (project) and portfolio levels. It should accommodate for different types, stages and sizes of partnership, and make reference to scheduled reviews, evaluations and costing assessments.

Recommendations

The specific recommendations presented in this report have emerged from a focus on the evaluation questions. However, for the purposes of aligning them to the next steps above, we have organised them into three categories relating to: PSEA design; implementation; and monitoring, evaluation and learning. Based on this categorisation, the specific recommendations from this report are summarised below. The **TOP FIVE RECOMMENDATIONS** are shown in the graphic at the end of this section.

Consolidated recommendations on PSEA design:

- **Alignment to 5.0 Strategy:** Adjust the PSEA design to address objectives under Goal 2 in the new 5.0 Strategy. This would require a greater focus on: reaching under immunised and zero-dose children; supporting well-managed and sustainable immunisation services; building resilient demand and addressing gender-related barriers to immunisation. Give particular attention to the 5.0 strategic enabler on evidence, evaluations and data to improve, policies, programmes and accountability. Align to forthcoming operational plans and innovation / digital health strategies.
- **Scope definition:** Ensure Gavi's publications and communications for external stakeholders continue to clearly define the scope of the PSEA vis-à-vis Gavi's other work with private sector and non-state actors e.g. with respect to market shaping and civil society engagement.
- **Alignment of innovation agendas:** Reflect on how to maintain alignment of the PSEA's innovation work to Gavi's wider innovation initiatives. Maintain alignment too to the innovation strategies of other global partners and role-players. Within this dynamic ecosystem, ensure Gavi remains strategic in maximising its comparative advantage.

- **Clarify and tailor the modalities and mechanisms** for engagement to suit the different types of engagement (financial vs technical expertise, corporate vs Pacesetter) and stages of innovations (e.g. early stage development vs scale up). Rationalise and streamline the existing portfolio in line with the strategy.
- **Gavi visibility:** If contributing to Gavi visibility remains an important feature of the PSEA rationale, this concept needs clear definition. This would allow PSEA performance against this variable to be better assessed over time and evaluated.

Consolidated recommendations on PSEA implementation:

- **Secretariat responsibilities and capacity:** Review roles, responsibilities and incentives for managing and implementing the PSEA across the Secretariat. Clarify where the lead for each type of engagement best fits in the Secretariat and adjust capacity and incentives to deliver once roles are clear.
- **Guidelines and procedures:** Review PSEA guidelines to ensure consistency and completeness. Aim to standardise and streamline processes, tools and systems for each modality.
- **Risk management:** Ensure there is robust risk management of the PSEA and its projects at each operational stage – share the burden of risk appropriately.
- **PSEA reporting:** Improve the structure and regularity of PSEA financial and progress reporting across the portfolio as a whole.
- **PSEA governance:** Agree mechanisms for PSEA oversight and governance by the Board, including whether to establish a Private Sector Advisory Council.
- **Aligned planning:** Reflect on options for better aligning PSEA planning with Gavi portfolio planning on country-level support.
- **Timeframes and mechanisms for scaling:** Consider the duration of Gavi support needed to take projects to scale and how support will enable healthy markets to emerge.

Consolidated recommendations on monitoring, evaluation and learning:

- **An integrated M&E and learning (MEL) system:** Invest in an integrated and aligned MEL system for PSEA projects and the PSEA as a whole. Clarify responsibilities for carrying out MEL activities to avoid over-stretching private sector partners.
- **Specifying targets:** Be specific in the definition PSEA targets and indicators – especially for measuring financial commitments, diversification and innovation scale up. (Reference to a PSEA theory of change for 2021-2025 could assist in determining critical milestones, targets and indicators).
- **Costing and VFM assessments:** Identify how financial management systems can be enhanced to capture standardised data on PSEA fund flows and costs. Incorporate VFM assessments into scheduled project and PSEA reviews. Consider commissioning 'total cost of ownership' studies. Share findings on how cost-effective innovations are with countries.
- **Structured learning:** Strengthen the emphasis on structured learning with emphasis on: a) different types of partnership; b) project themes; and c) approaches to scale-up. Consider establishing a forum for sharing lessons on private sector engagement with other global health partners.

Top 5 Recommendations

1

Align to the Gavi 5.0 Strategy – esp. Goal 2 objectives; also align to 5.0 operational plans & innovation / digital health strategies



2

Review Secretariat roles, responsibilities & incentives for delivering the PSEA – optimise capacity



3

Invest in a coherent & aligned M&E system for PSEA projects and the PSEA as a whole



4

Consider and capture costs at project & portfolio levels; consider commissioning 'total cost of ownership' studies



5

Improve structured learning – focus on lessons re. partnership types, strategic priorities & approaches to scale-up



Annexes

Annex 1: Terms of reference

The terms of reference for this evaluation are contained in Gavi's Request for Proposal: "Evaluation Of Gavi's Private Sector Engagement Approach", January 2020, RFP-"GAVI-RFP-GAVI-RFP-2019-064. This can be accessed by double clicking on the icon below.

RFP-2019-064



Evaluation of Gavi's
Private Sector Engage

Annex 2: Evaluation theory of change

Overall Theory of Change

A theory of change (TOC) for the PSEA was developed as part of the evaluation inception phase. The purpose of the TOC process was to help the evaluators establish a shared conceptual framework for:

- Situating and interpreting the evaluation questions within an overarching logic model
- Identifying pathways to intended results to support identification of unintended consequences and surface underlying assumptions that would need to be tested
- Understanding how the approach was originally expected to work as a basis for reviewing whether the approach has evolved and incorporated lessons learnt
- Comparing the approach to alternative models
- Determining if the TOC might need to be revised for the next strategic phase.

The process of developing the TOC was based on the desk review and key informant interviews conducted during the inception phase, as well as a series of discussions with core members of the Resource Mobilisation, Private Sector Partnerships [and Innovative Finance] (RMPSP) Department to check and refine our understanding. A draft TOC was revised following feedback for the Evaluation Steering Committee in early July 2020.

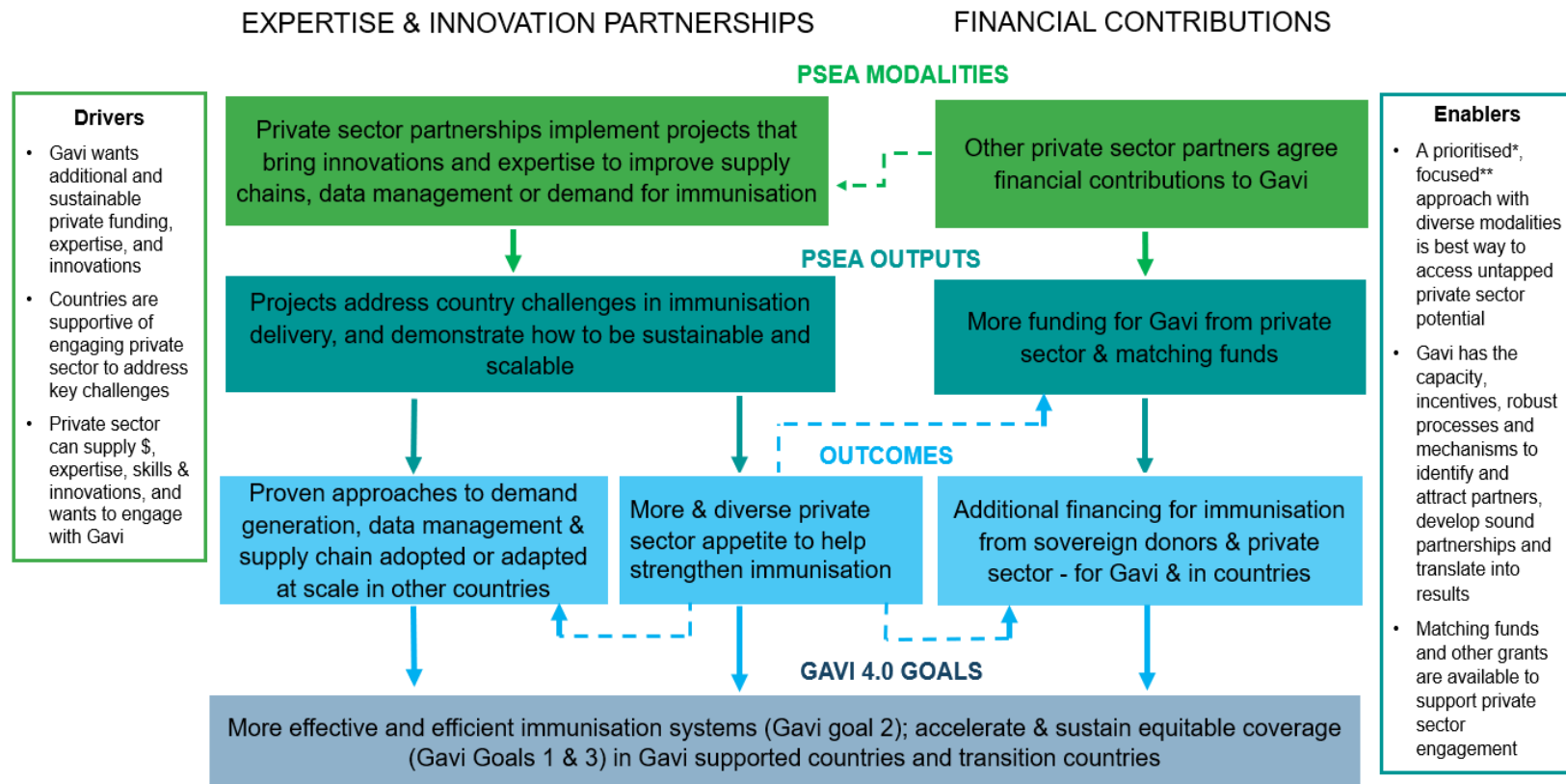
As indicated above, the TOC was developed for evaluation purposes. It has been built from component TOCs for the PSEA modalities and INFUSE mechanism. These were combined to produce an overall chart that aimed to capture and summarise thinking about the role and intentions of the PSEA for 2016-2020 within the context of Gavi's overall 4.0 Strategy. This chart is presented as Figure 10 below.

Development of the TOC allowed the evaluators to surface a number of key **assumptions** that underpinned the PSEA and its causal pathways (Box 26). The evaluators have sought to confirm these assumptions over the course of the evaluation enquiry.

Box 26: Key assumptions for the reconstructed PSEA Theory of Change

- **Good fit:** Projects and funding agreements can be identified which align private sector interests, country needs and Gavi objectives, while minimising reputational risks.
- **Delivery:** Partners are able to deliver on the commitments made, adapt their expertise or technology to suit the needs of Gavi-supported countries and monitor results.
- **Country readiness:** Countries are interested in new ways of working with the private sector, specify how proposed projects can best meet their challenges and have policy and regulatory frameworks that will enable adoption of new technologies.
- **Visibility and donor contributions:** Sovereign donors' decisions on Gavi support are influenced by success in private sector engagement and by domestic 'visibility'.
- **Additionality:** Funds raised from private sector partners, for the Gavi Matching Fund and INFUSE funding are additional, and projects would not have gone ahead without Gavi engagement.
- **Funding availability:** PS engagement funding mechanisms are sufficient (in amounts and conditions set) to support the most promising projects. Other countries will be able to afford proven approaches (e.g. from Gavi Health Systems Strengthening (HSS) grants or domestic funding).
- **Sustainable approaches:** Other countries will be able to afford proven approaches (e.g. from Gavi HSS grants or domestic funding). Approaches to scaling up will enable competitive markets to develop.

Figure 10: Overall theory of change for Gavi's Private Sector Engagement Approach



* Prioritised – selected technical areas - improve supply chains, data management or generate demand.

** Focused – selected countries for implementing PS partnerships were envisaged in 2016 strategy (although this changed during implementation).

In Table 13 we have characterised the different types of partnership, to illustrate the distinction between the private sector engagement partnership modalities. This aims to reflect the modalities as they were conceived in Gavi's 2016 approach paper.⁵⁷

Table 14: Summary description of partnership modalities as initially envisaged

Modality/type of partnership	Expected project partners	Typical funding partners	Focus of partnerships	Examples
Financial contributions ('cash')	N/A	Philanthropic foundations, NGOs, corporates and their foundations, donation platforms set up by corporates, high net-worth individuals; plus Gavi Matching Fund (GMF – funded by BMGF & Netherlands)	Funding allocated to core Gavi activities – usually earmarked to vaccines for a specific country	China Merchants Charitable Foundation, La Caixa, Reckitt Benckiser
Leveraged partnerships	Large multi-national firms with expertise in focal areas	Private sector partner contribution in cash or in kind plus GMF, sometimes other corporates or foundations	Focal areas: Demand generation, data management, supply chain	Unilever Orange Girl Effect
Operational partnerships	Firms with expertise in focal areas	Corporate or its foundation; philanthropic foundations	Focal areas: Data management, supply chain	FIT Uganda
INFUSE Pacesetters	Innovators, technology entrepreneurs, NGOs and social enterprises.	INFUSE donors ; sometimes other corporates or foundations, with GMF	Annual theme determined by Gavi, e.g. for 2018 - Digital technologies for finding & registering the most vulnerable children	Khushi Baby Nexleaf Zenysis

Component theories of change for partnership modalities

The charts below drill down on the theories of change for the component partnership modalities. In these charts we have combined Leveraged and Operational Partnerships. This reflects findings from inception enquiries that these are not entirely distinct modalities, but more of a continuum of models. We also developed a component TOC for the INFUSE mechanism. During the inception phase, we established that INFUSE is a mechanism to source innovations for addressing critical issues in immunisation in lower income countries. We also established that the partnerships subsequently developed with INFUSE Pacesetters tend to share many of the features of the other types of partnerships (i.e. Leveraged and Operational Partnerships). This different approach to identifying partners and leveraging innovation led us to consider INFUSE as a distinct process pathway under the PSEA.

⁵⁷ Gavi's 2016-2020 private sector engagement approach: Scaling Innovation for Impact. Gavi Board technical briefing session, 21 June 2016, Geneva, Switzerland

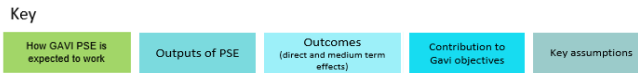


Figure 11: Component theory of change for Financial Contributions Partnerships

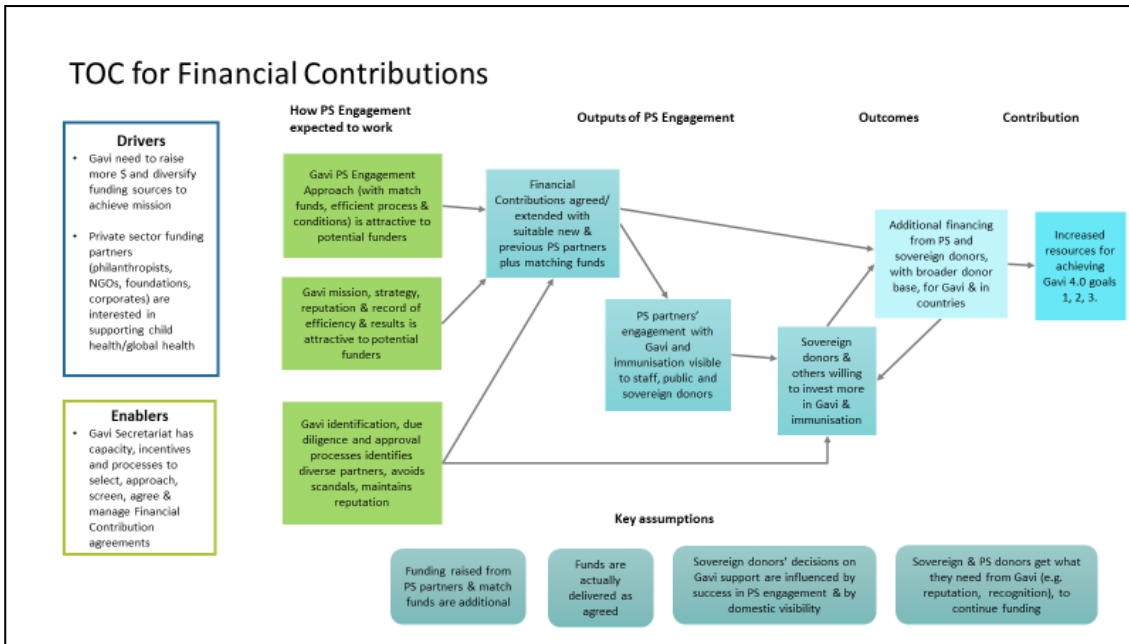


Figure 12: Component theory of change for Leveraged/Operational Partnerships

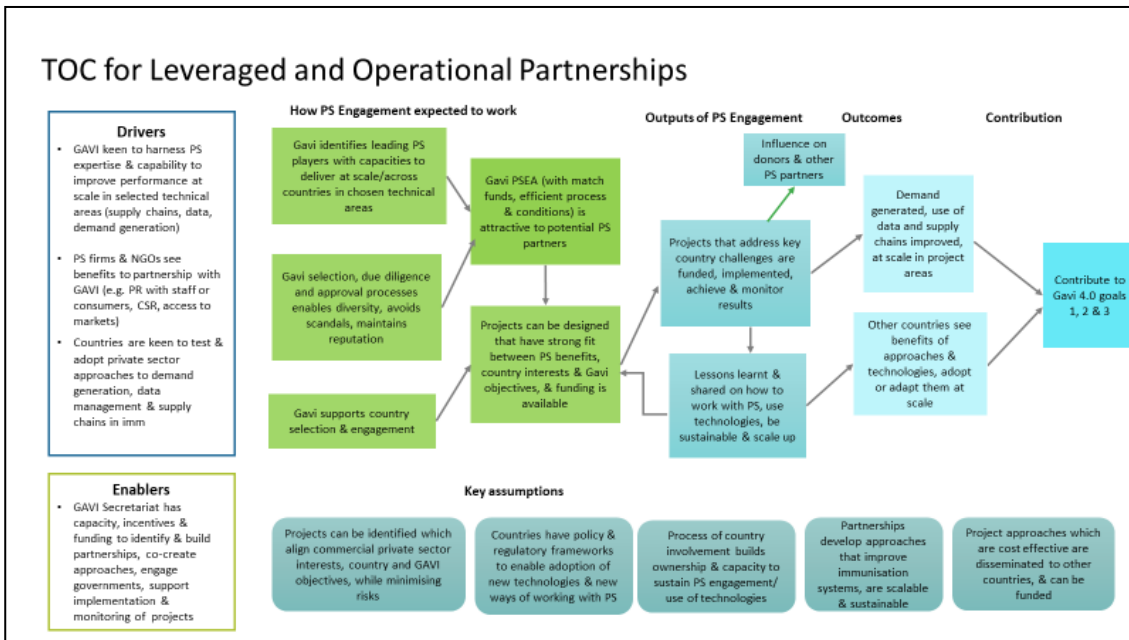
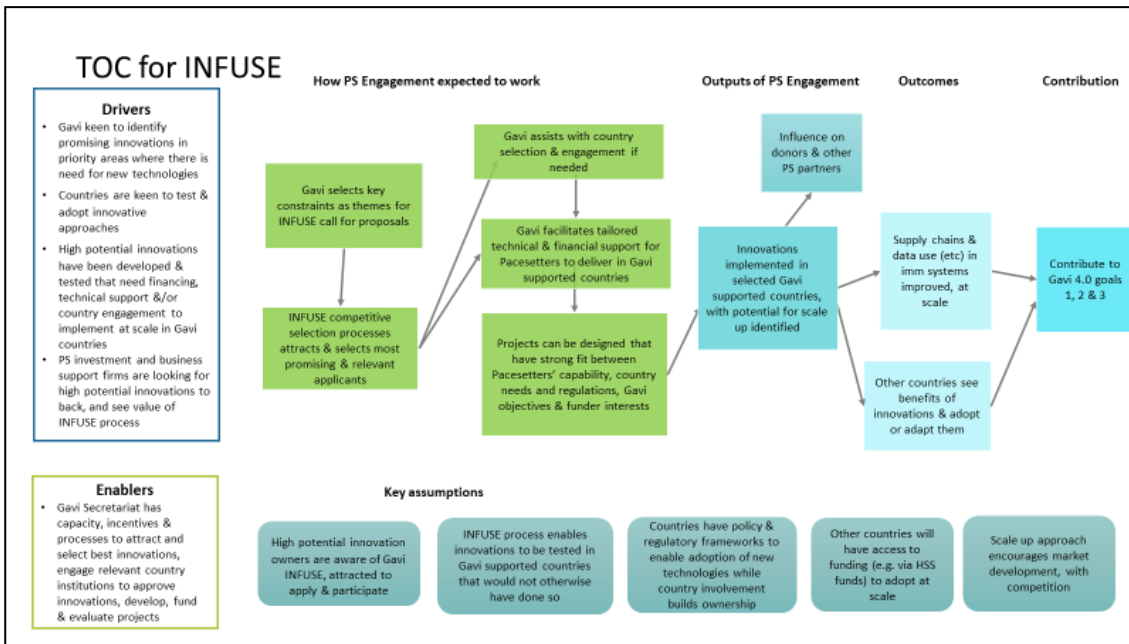


Figure 13: Component theory of change for INFUSE Pacesetters



Annex 3: Detailed methodology

The Evaluation Framework

The RfP for this evaluation (Annex 1) provides a comprehensive list of evaluation questions to be addressed over the course of the evaluation. During the inception phase, we incorporated these questions into an evaluation framework (see the Evaluation Inception Report). In developing this framework, we were able to confirm that Gavi's evaluation questions: a) address all the OECD/DAC evaluation criteria; b) help us examine every stage of the programme cycle, from design, to implementation and delivery of results; and c) include provision for identifying lessons and recommendations for the next strategic phase.

For the evaluation framework, we considered data collection and analysis approaches against each evaluation question and sub-question, and identified a set of performance assessment criteria. Along with the OECD/DAC evaluation criteria, these performance assessment criteria are informed by our understanding of: a) the design objectives of the PSEA; b) Gavi's institutional, operational and strategic context over time; c) aid effectiveness principles; and c) global health commitments, such as the international Sustainable Development Goals (now reflected in Gavi's 5.0 strategy, 2021-2025). In addition, we have noted opportunities for comparison reviews and reviews of the wider literature base to reflect on alternative models for both the overall private sector engagement approach and specific elements of it.

During the inception phase, the evaluators reviewed over 30 documents and records supplied by Gavi and interviewed nine members of the Resource Mobilisation Team. This formative enquiry helped us refine our evaluation design to address some evaluability issues (see section on Limitations below).

Data Collection Methods and Toolkit

From review of the evaluation framework (which aligned each evaluation question to an appropriate data collection method), we developed a triangulated mixed method approach that could be applied to each evaluation question and sub-question, including case studies and comparison reviews (Figure 14).

In line with established methodologies for complex health sector evaluations,⁵⁸ we incorporated the principles of continuous triangulation as a core feature of our approach.

Triangulation of both data collection and analysis allows us to mitigate the challenges of mixed data quality and the diversity of experiences and perspectives across multiple

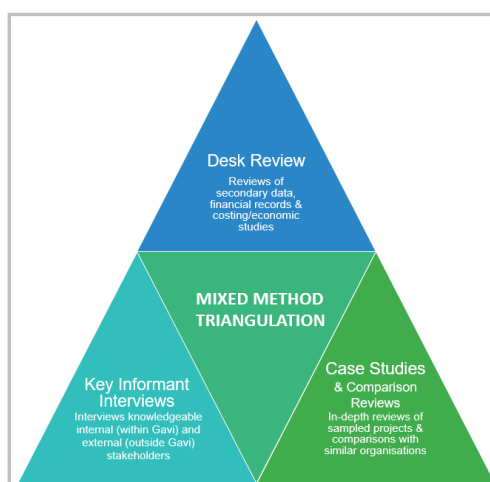


Figure 14: Overview of method triangulation

⁵⁸ Gilson L. (2012). Health Policy and Systems Research: A Methodology Reader. Alliance for Health Policy and Systems Research, World Health Organization

structural levels. Our methodology incorporates four specific triangulation techniques to ensure the approach remains robust:⁵⁹

- **Method triangulation:** multiple ways of collecting data that allows for each method to complement or compensate for the weaknesses of the other.
- **Data triangulation:** multiple types and sources of data that allow cross-checking and aggregation of evidence.
- **Investigator triangulation:** a diverse evaluation team combined with expert oversight and stakeholder reviews to bring a range of views to the enquiry and analysis and to help reduce confirmation bias.
- **Theory triangulation:** an approach that brings inductive and deductive thinking to evidence synthesis and analysis. It includes active testing of *emerging hypotheses* and joint reviews of the programme theory of change.

Table 15 below provides more information on our data collection strategy and analysis plan for the desk review, as well as internal and external KIIs. We have also included our strategy for case studies to review 'project design and delivery' and comparison reviews because these combine desk review and KII strategies in specific ways.

Table 15: Overview of data collection and analysis plan

Method	Data collection plan	Analysis plan
Desk Review Includes reviews of secondary data, financial records & economic reviews	<i>General desk review and collation of secondary data</i>	<i>Desk review synthesis and analysis</i>
	<ul style="list-style-type: none"> • Documents/ records systematically archived and assigned to evaluators. Particular attention given to quality of evidence – with robust M&E reports regarded as a source of strong evidence. 	<ul style="list-style-type: none"> • Analysis over four stages: <ol style="list-style-type: none"> i) rapid review to generate an annotated bibliography; ii) key findings entered into a master Microsoft Excel matrix under coded thematic headings; iii) extraction of key secondary data for quantitative analysis iv) targeted in-depth reviews for triangulation/ verification purposes.
	<i>Financial, resourcing and VFM reviews</i>	<i>Financial, resourcing and VFM analysis</i>
	<ul style="list-style-type: none"> • Documents/ records systematically archived and assigned to expert evaluators. Particular attention given to audits, external reviews and costing studies and assessing quality of evidence. • Gaps in available financial and economic records (by date) systematically documented. 	<ul style="list-style-type: none"> • Financial records, reports and economic studies reviewed against the criteria of economy, efficiency, effectiveness, equity, sustainability and risk management using a standard VFM analytical framework.⁶⁰ • The analysis will include a review of financial reports to verify progress against resource mobilisation and diversification targets and trends over time.

⁵⁹ Better Evaluation. (2018). Triangulation. Available at: <https://www.betterevaluation.org/en/evaluation-options/triangulation>

⁶⁰ Our VFM analytical framework is based on the model presented by the Beam Exchange. Available at: <https://beamexchange.org/guidance/monitoring-overview/assessing-value-money/4e-approach-vfm/>

<p>Internal and External Key Informant Interviews</p>	<p><i>Data collection through in-depth key informant interviews</i></p> <ul style="list-style-type: none"> • Interview schedules for key informant interviews will be developed iteratively to actively incorporate emerging lines of enquiry • Selection of key informants will be based on purposeful sampling (see Sampling Strategy below) • All introductions will be made by the Gavi Secretariat to ensure respondents are willing to be interviewed (for GDPR compliance) • The evaluators will observe the highest standards of ethical and professional practice (see section on Ethical Practice below). Interviews will only proceed with informed consent (this may be given verbally at the beginning of the interview). • KIIs will be conducted by 1-2 trained interviewers and a notetaker. Due to the COVID-19 pandemic, all interviews will be conducted virtually and may, with consent, be recorded. 	<p><i>Analysis of interviews</i></p> <ul style="list-style-type: none"> • Interview findings will be peer reviewed by the Evaluation Team in the immediate post-interview period & in analysis workshops to update lines of enquiry and subsequent interview schedules. <p><i>Evidence synthesis</i></p> <ul style="list-style-type: none"> • 'Qualitative Weight and Sum' techniques will be used to progressively apply strength of evidence ratings and build the triangulated evidence synthesis for each evaluation question and sub-question. • A synthesis of findings will be periodically shared with Gavi's focal points, Steering Committee and EAC to assist expert review and 'investigator triangulation'.
	<p>Case studies and Comparison Reviews</p>	<p><i>Case studies</i></p> <ul style="list-style-type: none"> • Data collection for case studies will largely be conducted in Core Phase 2; however, some data relevant to case studies may be collected in Core Phase 1. • Selection of projects for case studies will be largely based on purposeful sampling (see Sampling Strategy below). • Data collection of case studies will be highly focused on the relevant questions listed in the RfP. It will involve triangulation of data and information from the desk review, as well as key informant/ stakeholder interviews. <p><i>Comparison Reviews</i></p> <ul style="list-style-type: none"> • Comparison reviews will seek to address questions relating to alternative models for Question Area 3. • Data collection for comparison reviews will be conducted in Core Phase 2. Data collection will be based on document and data reviews and KII. • Selection of organisations for Comparison Reviews will be based on purposeful sampling (see Sampling Strategy below).

Sampling Strategy

Selection of internal and external key informants

Selection of key informants for the evaluation was based on a stakeholder mapping and matrix developed in the inception phase. The evaluators then worked with Secretariat focal points to agree a framework for categorising internal and external key informants.

To populate the framework with key informants, the evaluators critically reviewed Gavi's listing of eligible key informants against selection criteria to ensure our overall sample was appropriately balanced in terms of gender and sector diversity, global and country representation, and internal and external representation. However, as indicated in the Limitations section below, in practice the determining selection criterion was availability and responsiveness to the interview invitation.

Our core tools and questionnaires for conducting interviews formed part of our inception report. However, the evaluators' iterative approach and ongoing triangulated analysis meant that there were some departures from the original questionnaires over time to allow the evaluators to actively pursue lines of enquiry or focus on key evidence gaps.

Selection of case study projects

For the evaluation questions on 'Design and Delivery', the evaluators made provision for seven 'deep dive' project case studies. To minimise selection bias and optimise the sample of projects for addressing the evaluation questions, we applied a transparent purposeful sampling strategy. A key objective of this strategy was to identify a sample that covered a range of project experience – including 'typical', 'information rich' and outlier/deviant cases.⁶¹ Following discussion with Gavi focal points, we agreed that within these broad sampling categories, we would purposefully sample to select projects that: a) covered the range of partnership modalities, including the INFUSE mechanism; and b) covered a range of project themes and performance. We applied these primary selection criteria to the population of private sector projects in Gavi's tracker database (Quarter 1, 2020) to generate a clustered short-list of eligible projects.

Next, to produce the final purposeful sample, we considered a number of secondary factors for optimising the sample. These included: the project size and complexity (based on number of partners); geographic representation; project duration; type of private sector partner (e.g. philanthropic, for-profit or not-for-profit organisation); partnership scenarios (e.g. leveraging public funds; co-creation and level of Gavi involvement). Based on all these considerations, our inclusion and exclusion criteria for the purposeful sample were as follows:

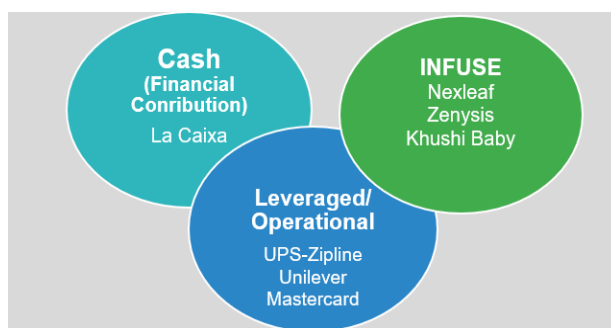
⁶¹ Palinkas, L. A. et al. (2015). Purposeful Sampling for Qualitative Data Collection and Analysis in Mixed Method Implementation Research. *Administration and policy in mental health* vol. 42,5 (2015): 533-44.

Table 16: Inclusion and Exclusion Criteria for Case Study selection

Primary	<ul style="list-style-type: none"> Project represents a typical, information rich or outlier case Case represents a partnership modality Case addresses a relevant project theme e.g. improved supply chain, demand generation, funding diversification Early evidence (inception desk review and KII) points to good project performance OR under performance /deprioritisation Early evidence (inception desk review and KII) points to potential for rich evaluation lessons 	<ul style="list-style-type: none"> Does not address case study objectives Does not represent an eligible partnership modality Does not represent an eligible project theme Early evidence does not point to instructive project performance Early evidence does not point to rich evaluation lessons
Secondary	<ul style="list-style-type: none"> Case is typical of a small OR large project Case is typical of a single OR multi-partner project Case illustrates features of a geographic region OR enhances geographic spread of the sample Case enhances sample as an example of a new project (≤ 2 years) OR an older project (> 2 years) Case can be categorised as a representing a philanthropic/not-for-profit/ for-profit commercial organisation OR as illustrating the role of an industry leader / high net-worth individual Case represents a key partnership scenario (see above). 	<ul style="list-style-type: none"> Secondary characteristics do not aggregate to build a strong case for inclusion OR for adding value to the sample

This purposeful sampling process led to identification of the seven projects shown in Figure 15 below for in-depth case studies.

Figure 15: Selected case study projects by modality



Selection of comparators for review

To address sub-questions in Evaluation Question Area 3, the evaluators needed to identify other organisations to compare Gavi's model of private sector engagement to identify lessons and assess Gavi's influence on the approaches of other organisations. We recognised, too, that this comparison review might also offer an opportunity for reflections on the counterfactual (i.e. what engagement with the private sector might have taken place in the absence of the PSEA).

In seeking suitable comparators for Gavi's PSEA, the intention was to match the objectives and results of the comparator's private sector engagement with those of Gavi. From formative work in the inception phase, the evaluators found there are many international and Non-Governmental Organisations (NGOs) that seek funding from private philanthropic and corporate sources to further their mission. There are fewer examples of engaging large scale corporate players to provide expertise, beyond contracting their services. However, in the area of innovation, there are a range of for-profit and not-for-profit organisations seeking to identify

useful and scalable innovations, including those targeted to social purposes in the developing world.

To identify potential comparators, we shortlisted nine organisations from the above categories that had the best potential to be instructive for the comparison work. We agreed with the Evaluation Steering Committee that we would select two organisations for in-depth comparison reviews;⁶² however, would situate these within a wider landscape review of private sector models and approaches.

Selection of two organisations for comparison was based on a rapid review of each of the shortlisted organisations against eight selection criteria (Table 17 below).

Table 17: Rating of shortlisted organisations against selection criteria to identify comparators for in-depth review

Criteria	GFATM	GFF	GPE	GIF	UNICEF	UNITAID	PATH	IRC	BMGF
1. Similar structure/scope – global partnership, primary focus increasing service coverage	YY	Y	YY	Y	-	Y	-	-	-
2. Social development objectives	YY	YY	YY	YY	YY	YY	YY	YY	YY
3. Goals and focus relate to global health	YY	YY	-	-	Y	YY	YY	YY	Y
4. Strategy to identify scalable innovations to address service delivery challenges	YY	Y	Y	YY	YY	YY	YY	Y	YY
5. Strategy to build scalable partnerships that leverage private sector expertise	YY	YY	Y	-	Y	-	Y	YY	YY
6. Strategy to increase financial contributions from private sector	YY	-	Y	-	YY	-	YY	YY	-
7. Strategy to increase diversity of private sector partners	?	?	?	?	Y	?	?	?	?
8. Evaluation of relevant area of work available	-	-	-	YY	YY	?	?	?	?

Key YY = Good match to Gavi based on available evidence Y = Moderate match to Gavi based on available evidence - = Weak / uncertain match to Gavi based on available evidence ? = insufficient evidence

Based on this analysis, we agreed that the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and the United Nations Children's Fund offered the best potential for an in-depth comparison review but we would aim to consider other strong candidates, such as GIF and the Bill and Melinda Gates Foundation (BMGF) in our landscape analysis.

⁶² This decision was based on recognition that comparison reviews can be extremely time consuming with uncertain outcomes in terms of credible evidence and added value. The decision was, therefore, based on consideration of the best use of evaluation time and resources.

Value for money assessment

For this evaluation, the evaluators adopted a definition of value for money (VFM) that included equity, sustainability and risk management, as well as the core elements of economy, efficiency and effectiveness. In developing our VFM approach, we identified a need to look at two levels – VFM in the individual elements of the approach, as well as VFM in the PSEA overall – with the latter being important for overall learning from the approach and identifying trade-offs.

To assess VFM across these levels we focused on Gavi's **processes** for private sector engagement, as well as evidence of VFM in **results**, both from projects and in net additional funding for Gavi's work.

In assessing VFM in Gavi's **processes**, we considered:

- How VFM is considered in managing the private sector approach overall including:
 - VFM indicators already in use
 - Choice of PSEA targets and how Secretariat incentives reflect these
- How VFM is built into the selection, design, appraisal and approval stages of new private sector partnerships / projects including:
 - How the resource requirements to acquire and implement a project or partnership, including due diligence, are assessed
 - How efficiency and economy is promoted e.g. through competition in procurement, decisions on grant amounts, whether options are considered
 - How equity is addressed e.g. gender equity, reaching the unreached
 - How additionality, impact, sustainability and risks of the proposed approach and outcomes are considered
- How systematically is VFM addressed during implementation including:
 - Monitoring against budget and plans, and use of annual reviews to guide next steps for individual projects and across the portfolio
 - Approaches to enhancing effectiveness, equity in impact and likely sustainability during implementation
- If decision-making to continue or scale up projects and/or partnerships is systematic, including:
 - Whether appropriate project evaluations are they used in decisions, and if they assess impact on Gavi goals and cost effectiveness
 - Mechanisms for deciding whether to continue, scale up or stop projects (e.g. New Business Committee role in deciding whether to continue partnerships).

To look at VFM in **results**, we considered:

- Performance against the targets for engagement and any existing VFM measures
- Estimated return from private sector engagement net of costs involved (estimating Secretariat costs versus value of contributions - financial and in kind, if data is available)
- Evidence of a strategic approach to selecting and continuing projects (e.g. proportion of prospects and projects stopped or parked)
- VFM measures compared to comparator (where relevant and available)
- Evidence of VFM and cost effectiveness from project evaluations and how this is used
- Evidence of successful scale up and longer term sustainability (including in transition countries).

In assessing the effectiveness of the PSEA overall, we considered issues of additionality – that is, how far the results would have been the same in the absence of the PSEA. For the purposes of this analysis, we used the working assumption that, without the 2016-2020 approach, Gavi would have continued its previous work to generate financial contributions with similar results in terms of the volume of funding provided, whilst the technical expertise and innovation partnerships (including INFUSE) would *not* have gone ahead.

This was tested by asking key informants how far they would have undertaken the same activities without the engagement.

In keeping with other elements of our evaluation design, our data collection and analysis approach was based on active triangulation and synthesis of evidence from desk reviews of programme documents and records, as well as internal and external key informant interviews and review of project data from case studies.

Ethical Practice

In conducting this evaluation, the evaluators observed the highest standards of ethical and professional practice - including General Data Protection Regulations (GDPR). All members of the evaluation team (including external consultants) were required to adhere to Mott MacDonald's codes of conduct, safeguarding and ethics policies.⁶³ They were also oriented to the ethical principles in Gavi's Evaluation Policy and were supervised in their application.⁶⁴

All key informants interviewed by the evaluators were required to give informed verbal consent based on a consent statement agreed by Gavi. All interview records and notes have been securely archived by Mott MacDonald in accordance with UK privacy and data protection laws. To protect commitments of confidentiality, Mott MacDonald will only share these records with the Evaluation Advisory Committee following consideration of a formal written request.

What this evaluation does not cover

During the inception phase, we agreed that project case studies would **not involve formal evaluation of projects**. For this independent evaluation of Gavi PSEA, 2016-2020, case study findings would draw on secondary data and information in available project documents, as well as information from key informants interviews. The primary focus would be on evaluation of the overarching PSEA, rather than evaluation of individual projects.

We also agreed, in principle that the evaluators would **not conduct an online survey** of private sector partners due to:

- **Heterogeneity of experience:** From the inception review, it was clear that Gavi's private sector partnerships are highly diverse, and cover very different stages of the partnership cycle. It would, therefore, be very difficult to develop a set of standardised questions that would be relevant and meaningful to each partner and the projects they are involved in (several partners are involved in multiple projects or consortiums of support).
- **Heterogeneity of respondents:** Given the multiple role-players and entities that could be involved in private sector engagement and concerns about availability and responsiveness over the summer period and during the COVID-19 pandemic, there were concerns that private sector representatives for each partnership could be of highly variable status/experience and authority. This would undermine robust comparison of question responses; reliability of responses would also be uncertain.

⁶³ Mott MacDonald's Ethics Policy is available at: <https://www.mottmac.com/vision-and-values/ethics#>

⁶⁴ Gavi Alliance Evaluation Policy. Version 4.0. Effective from 1 July 2019. Available at: <https://www.gavi.org/sites/default/files/document/corporate-policies/Gavi%20Evaluation%20policy.pdf>

- **Disproportionate level of effort:** The evaluators recognised that return rates on surveys of this nature tend to be low and it would take a great deal of follow-up effort to secure a credible sample of private sector partners and sufficient data for useful quantitative analysis. Following consultation with Gavi focal points, the Evaluation Steering Committee and the EAC, it was agreed that investing in an online survey was not the best use of the evaluators time and resources. It was agreed that the information that could be collected through an online survey could be collected more efficiently and reliably by extending key informant interviews.

Limitations

A key limitation of this version of the evaluation report is that KIs have been difficult to set up so, for the global level analysis, there remain some gaps in inputs from Alliance Partners, Board Members and donors. Within the context of case studies, there remain some gaps in inputs from the private sector, Relationship Managers and country representatives. To mitigate the effects of this, the evaluators have agreed to extend the data collection period and will include additional findings from late interviews in the next iteration of this report. Where there are obvious gaps in findings associated with these interviews, we have included temporary placeholders in this report.

The evaluators do, however, acknowledge that there are some more enduring limitations to this evaluation, despite the evaluators' best efforts to deliver robust findings efficiently within constrained timeframes. These limitations are listed in Table 18 below, along with the strategies used by the evaluators to mitigate them or minimise their effects.

Table 18: Strategies for mitigating the limitations of the methodology

Limitation	Mitigation strategy
Potential selection bias - associated with purposeful sampling and small sample sizes for key informant interviews, case studies and comparators	<ul style="list-style-type: none"> ● Transparent selection (inclusion and exclusion) criteria, peer reviewed and agreed with the Evaluation Steering Committee / EAC. ● Systematic triangulation of data collection and analysis to test validity and frequency of findings. ● Use of document and secondary data reviews to conduct landscape analyses to situate findings from interviews. ● Feedback to well-informed and diverse key stakeholders to verify credibility of findings and extent to which they can be generalised.
Weak representation of the private sector and country stakeholders - due to a) time and resources constraints for identifying, validating and consulting a representative sample of each stakeholder group b) GDPR restrictions preventing direct approaches	<ul style="list-style-type: none"> ● Maximisation of case study enquiries and interviews with experts to elicit private sector and country stakeholder perspectives ● Use of desk and comparison reviews to expand the range of perspectives – including beyond global health ● Use of indirect questioning to draw on the knowledge and experience of knowledgeable key informants to represent the perspectives of other missing stakeholder groups (triangulated with the other methods above)
Potential confirmation bias – associated with disproportionate representation of internal stakeholders in sampling decisions and interview consultations	<ul style="list-style-type: none"> ● Robust purposeful sampling of individuals for interview, case studies and comparators based on the principles above. Stakeholder mapping to ensure balanced representation from all groups (external and internal). ● Systematic evidence triangulation and synthesis to weigh strength of evidence and ensure unexpected, 'outlier' and 'deviant' case are given due consideration.
Large amounts of qualitative/ narrative data generated to address 25 evaluation questions and sub-questions created	<ul style="list-style-type: none"> ● Experienced evaluation team supported by Mott MacDonald in-house staff, along with tried-and-tested data management systems designed to manage, organise and rapidly analyse qualitative and desk review data.

challenges for data management, aggregation and synthesis	<ul style="list-style-type: none">• Use of pre-coded interview questionnaires for rapid thematic organisation of narrative responses (using Excel matrices)• Use of iterative analysis to continuously triangulate findings, build the evidence synthesis, test working hypotheses and address evidence gaps.
Absence of an original theory of change / logical framework for the PSEA, and most project evaluations and costing studies still pending – limited the availability of robust secondary data for assessing contributions to VFM and intended results at global and country levels	<ul style="list-style-type: none">• Development of a reconstructed theory of change transparently developed through key informant consultations <i>for evaluation purposes only</i>.• Intensified efforts to source evidence from desk review work, key informant interviews and case studies – with rapid triangulation and evidence synthesis to address evidence gaps and build the evidence base.• Transparent strength of evidence ratings for all key findings to show where the supporting evidence base is strong or weak, along with documentation of where M&E and financial records need to be strengthened.
Limited data available for direct benchmarking comparisons – lack of aligned data in the public domain and difficulties in securing interviews with appropriate key informant in comparator organisations for direct benchmarking and comparisons	<ul style="list-style-type: none">• Consolidate all data and evidence available to draw what conclusions we can, while being explicit about the limitations.• Give due attention to the other element of the comparison work, that is eliciting lessons from other relevant organisations
COVID-19 pandemic restricted travel to Gavi Headquarters and case study countries prevented face to face interviews and country-level enquiries	<ul style="list-style-type: none">• Use Microsoft Teams to conduct consultations, key informant interviews and Steering Committee meetings remotely – using video communication.• Team training and supervision to conduct online interviews consultations and presentations professionally, ethically and sensitively.

Annex 4: PSEA funding commitments and pledges 2011-2020

Table 19: Summary of funding commitments and pledges by year

Summary in US\$ millions	2011-2015	2016-2020	Replenishment 2020
Private sector sources	105	112	105
INFUSE grants from Sovereign donors/major foundation (AP)	0	24	3
Gavi Matching Fund	111	87	160
Total with sovereign funding	216	223	268

Table 20: Breakdown of PSEA contributions and pledges by year

Pledges to COVAX are shown in red

Private sector contributions/pledges	2011-2015	2016-2020	Replenishment 2020 to Nov 2020
Al Ansari Exchange	0.0	1.0	
Airtel			5.9
Anonymous Foundation	0.0	1.0	22.2
Audacious Alliance	0.0	9.0	
Botnar Foundation	0.0	1.5	
Children's Investment Fund Foundation	31.8	0.0	
China Merchants Charitable Foundation	0.0	1.5	
Comic Relief	19.8	7.8	
ELMA Vaccines and Immunization Foundation	2.0	1.8	1.5
Facebook			2.0
Gamers Without Borders			1.3
Girl Effect	0.0	6.0	
Google	0.0	2.0	
IFPW	0.0	1.9	
La Caixa Foundation	11.1	17.9	
Laerdal			10.0
LDS Charities	7.0	4.2	
Lions Club International (LCIF)	15.0	15.0	
Mastercard	0.0	3.8	5.0
Orange	0.0	2.7	
Other donors	17.6	6.1	
Reckitt Benckiser Group	0.0	1.4	
Red Nose Day Fund	1.1	6.1	
Reed Hastings and Patty Quillin			30.0

Private sector contributions/pledges	2011-2015	2016-2020	Replenishment 2020 to Nov 2020
Swedish Postcode Foundation + IKARE ActionAid + Af Jochnick	0.0	1.0	
TikTok			5+5
TransferWise			7.0
Tencent	0.0	4.5	
UBA Foundation	0.0	1.5	
Unilever	0.0	4.4	3.5
Soccer Aid			3.9
Unorthodox Philanthropies Gogel Family Foundation		1.0	
UPS and UPS Foundation	0.0	9.0	3.0
Total private sector sources	105.4	112.1	105.3
INFUSE support from sovereign donors and major foundations			
Alwaleed Philanthropies	0.0	3.0	3.0
Canada INFUSE	0.0	16.3	
UAE INFUSE	0.0	5.0	
Total INFUSE grants	0.0	24.3	3.0
Gavi Matching Fund (GMF)			
BMGF Matching Fund	50.0	75.0	75.0
Sovereign Matching Fund (UK/NL/NOR/Jap)	61.0	12.0	84.7
Total GMF	111.0	87.0	159.7

Source: Gavi secretariat, November 2020

Annex 5: Detailed analysis of performance against PSEA targets

Performance against financial and diversification targets

The target set within Gavi for direct PSEA funding was **US\$ 150m in new private sector investments** over the period. However the definition of this target did not specify whether this was funds raised or funds available for implementation in Gavi activities. The evaluation therefore considers both these measures. If new private sector investments are defined to include funding commitments and pledges from new partners, new funding agreements established with existing partners, GMF and INFUSE support,⁶⁵ then the total of new funding mobilised between 2016 and 2020 of \$397m far exceeds the target. If new investments considers funds available for use in 2016-20, then the total available of US\$ 223m also exceed this target.

The PSEA target also refers to **fully utilised GMF**. The Secretariat reported that the full amount available for use in 2016-20 (US\$ 87m) has now been allocated or committed, although some projects are not yet reflected in signed financial agreements, and some projects are yet to start or are continuing. GMF pledges at the 2020 replenishment have started to be committed to projects in the PSEA pipeline, with around one third allocated to match specific donations or potential projects by November 2020. The target does not specify whether the definition is funds committed, disbursed or actually spent. If the target is defined as funds fully committed then this target has been met for the funds to be used in 2016-20, but not (as might be expected) for GMF raised at the 2020 replenishment. If the target is defined as funds disbursed or spent, then the GMF has not been fully utilised within the 2016-20 period.

A third target is that **50% of investments are from new private sector partners**. Defining new private partners as those who have not funded Gavi PSEA in the past, and excluding GMF and INFUSE grants from public sector and major foundations, then as noted above, 47% of private sector funding for use in 2016-20 came from pre-existing private donors, so 53% was from new private sector partners. Of the private sector pledges at replenishment in 2020, 67% come from new partners. This target is therefore met.

The fourth target is that **25% of partners are from emerging markets and Gavi-supported countries**. We have looked at this by type of partner: firstly, for the partners providing funding to the PSEA and, secondly, for the project partners delivering expertise and innovations. On funding sources, the target is not met: taking Nigeria and China as emerging markets, 3 of 33 private sector donors identified for the 2016-20 period and 2 of the 13 private sector organisations making pledges in the 2020 replenishment process are from emerging markets/Gavi-supported countries. In value terms, 91% of the funding overall comes from donors based in North America, Europe and the Middle East.

The second aspect of geographic diversity is the location of private sector partners that are delivering expertise and innovations (project partners). Using Gavi's classification of where the project partner is based,⁶⁶ the number of project partners from emerging markets and Gavi-supported countries comes to 10 out of 20 distinct projects (50%), exceeding the target of 25%.

⁶⁵ The target is not clearly defined in documents seen, in terms of which sources and years to include.

⁶⁶ Data from the PS Tracker Q1 2020 spreadsheet. For example in the case of the project with Unilever, since Unilever's Indian company is the project partner involved in implementation of the project, this is counted as a partner based in India.

Looking at the INFUSE Pacesetters as a group, then 50% of them are from emerging markets and Gavi supported countries in Asia and Africa. This meets the target and seems to confound the perception from some interviewees that INFUSE is too focussed on innovations from the global North. Looking at progress of the Pacesetters it is noted that fewer from the Global South have moved to the stage of project implementation (27%) compared to those from Europe and North America (73%) (see Annex 7, Table 23). This may be partly related to timing and may not be a causal link, so might be worth further review to identify whether there are systematic reasons for lower 'conversion' of Pacesetters from emerging markets to projects that can be addressed.

The performance targets were set in 2016 at the start of the PSEA. Future targets will have more experience to build on. The evaluators noted that, for reporting, monitoring and evaluation purposes, financial and other targets should be more clearly specified in terms of definitions for measurement, and should be reported on for the PSEA as a whole.

Performance against the scalable innovation target

The PSEA design documents refer to a target of five innovative scalable partnerships by 2020. The evaluators have established that, within the portfolio of Leveraged/Operational and INFUSE partnerships, five partnerships meet the agreed criteria, while there are a number other partnerships that have strong potential for innovation at scale. The analysis to support this assertion is shown in the table below.

Table 21: Review of whether Gavi has achieved its target on scalable innovation

Agreed criteria for an innovative scalable partnership:	
	<ul style="list-style-type: none"> The partnership should leverage private sector expertise, be fully aligned with country needs and Gavi's 2016-2020 strategy The partnership must apply a proven technology or approach across a significant geographical area (multi-country, regional, or global). The partnerships may be with one private sector partner or multiple partners (cluster approach).
Zipline-UPS	The Zipline-UPS partnership uses drone technology to support supply chain logistics. With sites in the east and west of Rwanda, the drone network will be covering 400 health facilities and 35 district hospitals. The project has recently scaled to Ghana where it will be supporting 2,000 health facilities serving 12 million people.
Nexleaf Analytics	Nexleaf, a non-profit partner sourced through the INFUSE platform, manufactures and deploys remote temperature sensor devices. Evidence from Kenya suggests Nexleaf's devices have helped reduce vaccine heat exposure by 78% and cold exposure by 60%. Nexleaf's technology has also been deployed across 13,000 cold chain points in India. Having demonstrated scalability, Gavi has now engaged Nexleaf Analytics to create a global dashboard to track cold chain equipment performance. Using remote temperature sensors data from across all industry partners, the platform will inform country partners and Gavi on equipment performance. The project is scaling across Tanzania, Kenya, and Mozambique and there are plans to expand to countries installing equipment purchased through the Cold Chain Equipment Optimisation Platform (CCEOP).
Audacious Alliance	The Audacious Project with Living Goods and Last Mile Health provides training on immunisation, demand generation and leadership using smart phone technology to provide training to Community Health Workers (CHWs) who receive ongoing support through a Community Health Academy. By end of 2020, had trained 3,816 CHWs in Uganda, 3,831 CHWs in Liberia and 2,260 CHW in Kenya. These CHWs are reported to have converted 69% of defaulters to full immunisation status in the areas served. The project launched its first leadership course in 2019, with 27,380 learners from 197 countries enrolled in the course.

Girl Effect

The Girl Effect project focuses on adolescent girls empowerment and demand generation for HPV vaccine in Rwanda, Malawi and Ethiopia. By end of 2019, Girl Effect had reached 53% of girls (680,000) in Rwanda, 35% of girls (700,000) in Malawi and 19% of girls (500,000) in Ethiopia. Building on learning from the three countries, Girl Effect has developed a toolkit on HPV communications for girls for wider use in Gavi-supported countries. With Government of Rwanda, Girl Effect has extended the approach to include a multimedia platform that addresses gender barriers to health service/vaccine uptake.

**Strategic Training
Executive Programme
(STEP)**

STEP is an innovative training and mentorship programme for supply chain managers that has been supported by United Parcel Service (UPS) and the International Federation of Pharmaceutical Wholesalers (IFPW). STEP began with support to regional supply chain training centers and scholarships in Benin, Rwanda and DRC. By 2020, the initiative had supported training of over 340 supply chain managers across 22 countries in Africa and Asia. This included mentorship of 71 MoH/EPI individuals, resulting in 61 supply chain capstone projects (completed) from across 13 countries. Gavi sees STEP as a key element in building country management capacity within the operational ecosystem so that supply chain innovations can become transformative.⁶⁷

In addition, by 2020 there were a number of other projects that were showing strong potential for scale-up but, at the time of this evaluation, we still in the initial stages of implementation / adaptation. These include:

- **Zenysis:** In Pakistan, the Zenysis is gaining traction in immunisation data analytics to identify zero- dose children in Sindh state. It is also beginning to support immunisation information systems in Mozambique.
- **Parsyl:** In Uganda, Parsyl is using digital technology for remote temperature monitoring of vaccines in transit for 38 facilities in three regions. In Senegal, it is monitoring vaccines in transit across 881 vaccine carriers for deliveries to 879 facilities in 14 regions.
- **Khushi Baby:** This wearable digital technology focusing on improved immunisation data quality for health care decision making has been selected by the Principal Health Secretary of Rajasthan for scale-up across the state to be used by 70,000 health workers and reach 2.2 million beneficiaries.
- **Logistimo:** In Uganda and Senegal, Logistimo is undertaking multi-phase roll-out of its established digital vaccine stock management solution. Logistimo provides real-time visualisations of stock status for health workers at all levels of the health system. By the end of 2019, over 440 health workers at 500 health facilities in Uganda had been trained in use of the Logistimo system to prevent vaccine stock outs.

⁶⁷ Gavi. (2019). The Road to Replenishment. Report to the Board. 26-27 June 2019.

Annex 6: Review of distinct partnerships

Gavi's private sector tracker is a complete record of all Gavi's private sector partnerships under the PSEA. It includes signed (active) partnerships, partnership/project extensions, partnerships under development, in the pipeline for 2021-2025, and partnerships that have been deprioritised or cancelled. Partnerships are categorised as Financial Contributions (Cash), Leveraged / Operational and INFUSE.

For this evaluation, we drilled down on signed partnerships as of Quarter 1 (Q1), 2020. To address questions relating to leveraging expertise and innovation, we were especially interested in partnerships that were not simply Financial Contributions partnerships. The table below shows the 20 distinct partnerships and projects for further analysis.

Table 22: Analysis of expertise / innovation partnerships (Q1, 2020)

Partners (Use of funds)	Type of partnership	SFA	Extended in same places	Scaled up to more countries	Multi-country from start
Girl Effect 1,2	Leveraged	Demand generation	Y		X
Orange	Leveraged	Data			
Supply Chain Centres of Excellence	Leveraged	Supply Chain			X
Unilever 1, 2	Leveraged	Demand generation	Y		
The Audacious Project with Living Goods and Last Mile Health	Leveraged	Demand generation			X
MasterCard (Mauritania)	Leveraged	Data			
Zipline 1, 2, 3	Leveraged	Supply Chain	Y	Y	
Rockefeller	Operational	All			X
FIT (Uganda)	Operational	Supply Chain			
STEP programme 1, 2, 3	Operational	Supply Chain		Y	X
Logistimo	INFUSE	Supply Chain			X
Zenysis (Pakistan)	INFUSE	Data			
IRD	INFUSE	Data			
Nexleaf 1 (IMPT), 2, 3	INFUSE	Supply Chain	YY		X
Shifo	INFUSE	Data			
Parsyl	INFUSE	Supply Chain			X
Khushi Baby	INFUSE	Data			
Simprints	INFUSE	Data			
Energize the Chain	INFUSE	Supply Chain			X
Flowminder + CIESN 1 & 2	INFUSE	Data	Y		

The 20 projects and information on countries involved come from the Gavi PSEA Q1 2020 Private Sector tracker. Scale-up and extensions are included if they are signed projects – but not those in development or prospect stages. There are additional non-Financial Contributions projects in the 2020 listing in the implementation phase (Gifted Mom, Premise Data and Facebook).

Annex 7: INFUSE summary

The table below shows how the competitive application process for INFUSE Pacesetters has moved from shortlisting and selection to funded projects over the period 2016-2020.

Table 23: INFUSE application and selection process by year (2016-2020)

	2016	2017	2018	2019
Annual theme	Improve immunisation systems data availability, quality and usage	Tech-enabled, proven innovations that promote immunisation uptake and improve health-service delivery	Digital technologies for finding and registering the most vulnerable children	Address immunisation challenges in urban settings
Number of INFUSE applicants	70	100	200	110
Number attending the selection workshop	18	18	10	10
Number of Pacesetters selected	7	7	4	3
Pacesetters with PSEA projects in implementation phase by Nov 2020	5	5	1	1
Selected applicants	Akros, Broadreach,, Energize the Chain, Khushi Baby, IRD, Nexleaf, Shifo	Flowminder, mPedigree, Gifted Mom, Logistimo, Medic Mobile, Parsyl, Zenysis	Element, iCivil Africa, ONA, Simprints	Praekelt with Village Reach, Premise, ZMQ Development
Projects in implementation phase by Q1 2020	Energize the Chain, IRD, Khushi Baby, Nexleaf 1-3, Shifo	Flowminder, Logistimo, Parsyl, Zenysis	Simprints	
Projects moving to implementation phase in 2020		Gifted Mom		Premise data
Projects in development phase for 2021-25	<i>Nexleaf 4 IRD Cameroon</i>	<i>Parsyl extension</i>	<i>Simprints</i>	Praekelt with Village Reach
Projects in prospect phase	5			1
Deprioritised	1	2		

Projects shown in italics are subsequent phases of support – extensions, additional funding and scale-ups to other countries.

Sources: INFUSE Introduction, 2019, Private Sector Contributions spreadsheet November 2020.

The table below summarises where the INFUSE Pacesetters are based by geographic region, and how many have moved into the implementation stage.

Table 24: INFUSE Pacesetters by geographic region and year selected

	2016	2017	2018	2019	Total	No. with PSEA projects in implementation stage
N America	2	3	1	2*	8	5 (63%)
Europe	1	1	1		3	3 (100%)
Total from Europe and N. America	3	4	2	2	11	8 (73%)
Emerging & Gavi-supported countries - Africa	2	2	2	1*	7	1 (14%)
Emerging & Gavi supported countries - Asia	2	1		1	4	2 (50%)
Total from emerging & Gavi-supported countries	4	3	2	2	11	3 (27%)
Total all Pacesetters	7	7	4	4*	22	11 (50%)

Notes:

South Africa and India are considered as emerging economies

* Praekelt with Village Reach Pacesetter combines a US based with a South African entity so appears in both regions

Annex 8: Detailed VFM analysis

The following table examine VFM performance at two levels, namely: VFM in individual projects and funding agreements; and VFM across the overall PSEA.

Table 25: Review of VFM at project level

VFM element	How well is the VFM element addressed in PSEA processes?
Effectiveness, cost effectiveness and relevance	<ul style="list-style-type: none"> The Secretariat's efforts to align projects to SFAs and annual INFUSE themes should help ensure their relevance and effectiveness in addressing generic country challenges. However, there is room for more country engagement to ensure projects respond to specific immunisation programme needs and context. This has been recognised and addressed in some cases (e.g. government inputs to the Flowminder project in DRC). Potential projects are reviewed against Gavi goals at an early stage (2A), which should clarify their relevance and effectiveness in addressing Gavi goals. Theories of change for each project should demonstrate links, but these are mostly absent or weak. The process of developing M&E plans helps to clarify this but often occurs late in the design process – often too late to influence design. There may be benefit to more focus on results and impact on Gavi goals throughout process. INFUSE is competitive in choosing technologies; draws on Secretariat technical inputs and independent technical advice in selection; and requires proof of concept, which should all help to ensure that effective technologies are selected. However, selection does not apparently look at cost effectiveness. Interviews suggested there is room for more expert input to select the annual themes. For projects with major private sector players, there is no competition in selection or funding decisions; rather Gavi and the private sector partner negotiate and agree on scope, how to proceed and cost sharing (often the project is 'co-created'). There <u>is</u> a focus on effectiveness but not much on cost-effectiveness or affordability (although the Mastercard project had some projections of costs related to the scale of operation). Some costing studies are being conducted to provide evidence on costs and cost-effectiveness within projects. However, there is a need for more systematically estimating costs early (as part of reviewing how sustainable) and before scale up. Recent work on the innovations catalogue has included estimation of costs.
Economy and efficiency	<ul style="list-style-type: none"> There is little focus on economy or efficiency in the process for selection of projects and decisions on how much grant to provide, since the primary focus is on technical content. An exception is the question during the approval process about whether the project will generate savings for Gavi or countries (most projects are not expecting to make savings). Some competition has been built into delivery stage of some projects (e.g. tendering to select local implementation partners for Unilever and Mastercard) which should contribute to technical efficiency/economy. Longer term prospects for a competitive market for the service/technology has been raised in some MDSC discussions (but late in the design process). Gavi's new Catalogue of Innovations includes a choice of suppliers for some of the innovations (not just the one supported through the PSEA) which should help develop a market. Records indicate that during the implementation phase there was some discussion on how to develop markets. The expectation that countries will tender for providers (after the grant funded project phase) should contribute to efficiency and market development. More could be done on market issues at an earlier stage. Administrative efficiency – administrative requirements have been heavier than expected, and may explain some delays in projects getting going. Efficiency gains are difficult to determine in the absence of data on transaction costs. There is no recording of inputs by Gavi staff so these are hard to quantify. Submissions to the NBC note whether the Secretariat burden is likely to be heavy, medium or low burden, but this is not quantified and does not seem to influence decisions.
Equity	<ul style="list-style-type: none"> This is considered insofar as equity is within Gavi goals and fit with Gavi goals is considered in the early review stage (2A). Beyond the project design phase, there appears to be no systematic

	<p>focus on equity. Equity may be considered in developing M&E plans where relevant – but this tends to be late in the development process.</p> <ul style="list-style-type: none"> • The INFUSE theme for 2018 had an explicit equity focus: digital technologies for finding and registering the most vulnerable children. • Data projects that show who has missed out on immunisation are addressing equity. Supply chain projects may address equity, e.g. if new logistics tools are helping ensure vaccine supplies reach the most remote areas/people. Demand generation projects should address equity as these projects usually aim to reach those not reached or vulnerable groups (e.g. adolescent girls with HPV). • Notably, a specialist consultant was brought in to advise INFUSE Pacesetters on gender equity, and is now developing a gender strategy and action plan for INFUSE.
Risk management	<ul style="list-style-type: none"> • In the design stage, <u>reputational risk</u> is well addressed in the Gavi's Private Sector Guidelines which include eligibility criteria and due diligence assessment that looks at reputational and operational risks. Since 2019, due diligence assessments include <u>financial risks</u> – credit risk ratings – although some smaller private partners may not have financial reports available. • Stage 2B explicitly asks about <u>political risks</u> before going into detailed design. • <u>Risk of rejecting a strong proposal</u>: current funding mechanisms for PSEA (including GMF, INFUSE grants) each have restrictions and this could result in being unable to fund key opportunities, e.g. if there were no funds available to match with GMF. • From the desk review, there is little evidence of formal reviews of <u>risks and mitigation in implementation</u>. • There is no apparent <u>review of technical risks</u> beyond checking there is proof of concept (one INFUSE Pacesetter was turned back by the NBC on this). The approach has included building in a pilot stage with evaluation (e.g. Mastercard project). Some new technology development has been built into projects e.g. Simprints collaboration with the NEC Corporation. Risks of technical failure can be accepted but need mechanisms to stop projects that are not delivering promptly.
Sustainability	<ul style="list-style-type: none"> • Identifying sustainable projects is reported as an important element in the scoping stage. The NBC and MDSC do ask about sustainability and discuss this. However, there is little requirement to demonstrate a feasible business model at approval stage, with little information on likely costs for countries, affordability or how funding will work in future. Some projects are clearly pilots that plan to assess costs and how to sustain use, but there is little substantive reporting on these elements. • If Gavi funding is likely to be required ongoing, then there needs to be a path to transition (e.g. to HSIS funding) built into the process.

Table 26: Review of VFM for the PSEA overall

VFM element	How well is VFM addressed in overall PSEA?
Effectiveness, cost effectiveness and relevance	<ul style="list-style-type: none"> • The PSEA has raised additional funding for Gavi, both financial contributions and for projects – so is effective in this respect. The cost effectiveness of this could be questioned for small donations and complex project structures. • There have been some benefits for fund raising from other donors – there are likely to be marketing/branding benefits to Gavi from having links with major firms and foundations, and from interesting project stories, but it is unclear how much this adds value to extensive other Gavi work with the private sector, e.g. work relating to healthy market dynamics. This raises the question of whether more focussed efforts (fewer projects) could have similar effects? • The focus on SFAs and INFUSE themes should help ensure relevance and effectiveness to immunisation systems. However, there is tension between cross-country assessment of priority needs, individual country needs and what is available in terms of potential projects and technologies. • It is not clear projects leveraging expertise from industry leaders have resulted in sustainable and cost effective models, but it is still too early to reach conclusions given the long time to set up and implement many of these projects (e.g. with Mastercard and Orange, and early projects with major companies that were dropped). The assumption in the reconstructed theory of change that there will be a good fit between different partner interests to find a sustainable solution is not proven yet (although projects such as Unilever are promising).

	<ul style="list-style-type: none"> ● INFUSE projects can generate interest and good stories, and some innovations have shown promising results and have been scaled up to other countries. Nine Pacesetters are seen as effective enough to include in the Gavi innovations catalogue (that features 21 innovations), as well as 5 of the Leveraged or Operational projects, even if evaluation data is not yet available. ● There is a question about Gavi's role and capacity when others are doing similar things on innovation, including around immunisation (e.g. UNICEF and Gates). There are also questions about whether Gavi is engaging projects at the right stage (post proof of concept but not yet scaled in a country, or to demonstrate cost effectiveness). Gavi needs to reflect on its capacity to provide the necessary support for adaptation; it also needs to consider whether there might be a shift towards coordinating others to play these roles and support scale up of proven approaches. ● On relevance to country context and experience in implementation – there may be better ways to manage this within Gavi to ensure right involvement of key skills and clear responsibilities in country engagement and implementation.
Economy and efficiency	<ul style="list-style-type: none"> ● There could be a case for Gavi to rationalise its project portfolio (e.g. to give up on slow and poor performing projects). The PSEA has let some Pacesetters fall away and dropped some projects with big firms that were not proceeding well. It might then be asked whether problems were spotted and decisions made to stop quickly enough? Was it possible to retain good relations with PS partners? (e.g. the Mastercard project has evolved significantly in Mauritania). ● PSEA processes are not integrated with other Gavi mechanisms e.g. Independent Review Committee (which reviews country proposals) and monitoring of progress at country level. There appears to be significant potential for efficiency gains from integration with other Gavi work on national plans and reviews (although there may also be risks to partnerships from this).
Equity	<ul style="list-style-type: none"> ● There is limited focus on equity in the processes for PSEA – although this is being partially addressed with a consultant's review and action plan on gender in INFUSE. Other elements of equity need to be included – a clearer focus on equity could be built into criteria and themes, and projects reviewed at each stage against Gavi equity goals. ● The approach should also recognise that not all projects will have an equity dimension, e.g. some will focus on improving efficiency of immunisation systems.
Risk management	<ul style="list-style-type: none"> ● Reputational risk has been well addressed and so far not generated problems for Gavi across the portfolio. ● Risk of missing out on emerging technologies – more external technical inputs could help (e.g. in setting INFUSE themes). ● Risk of being too cautious and missing the real 'game changers' (although it is difficult to acquire evidence on this). ● As above, implementation risks may need closer oversight. Reports and reviews of progress and expenditures against plans across the portfolio, at least annually, could help to spot emerging risks and imbalances in implementation.
Sustainability	<ul style="list-style-type: none"> ● Pathways to sustain support for scale up and continuation need to be mapped out at an early stage – this should look at funding requirements, affordability for Gavi supported and transition countries, funding mechanisms etc. Gavi has started looking at funding mechanisms under current thinking on innovations and development of the Innovations Catalogue.
Overall VFM assessment	<ul style="list-style-type: none"> ● We have found no systematic or routine assessments of VFM within or across projects. ● There appears to be no annual review of VFM across the PSEA portfolio, although there is some relevant documentation of this in resource mobilisation reports to the Board.

Annex 9: Detailed comparison review

This annex presents the full comparison review that informed the evaluators' response to evaluation sub-question 3.5. This sub-question requested the following: through a literature review provide information on: a) how Gavi's exploratory private sector engagement approach compares with efforts of similar organisations and b) what we can learn from this.

Comparator analysis

This component of the evaluation aims to compare Gavi's private sector engagement approach with those of similar organisations to understand similarities, differences and what lessons can be learnt. This exercise is also intended to help understand how Gavi's efforts have helped shape how other multilateral institutions engage with the private sector.

As agreed in the inception phase, this analysis focuses on organisations with a similar remit and ones where there is a reasonable evidence base. Key organisations identified on this basis were the Global Fund and UNICEF (see Annex 3). It was also agreed that the evaluators would conduct a lighter touch review of the Global Innovation Fund (GIF) and the Global Partnership for Education (GPE) and review other relevant publications (see Annex 13 Bibliography).

An important constraint in this review was the fact that it was only possible to secure a very small number of key informant interviews for this component of the evaluation.⁶⁸ In addition, the analysis was limited to information available in the public domain. This information could, of course, be selective and possibly biased towards more successful examples. There were also questions about the relevance of lessons from some of the comparator organisations listed above given their different mandates, organisational structures (in particular the presence of country offices) and the potential roles for the private sector in their thematic areas.

Details on private sector contributions to UNICEF and the Global Fund are included as additional notes at the end of this annex. In terms of inputs to the private sector engagement process, the Global Fund does not currently assess its level of effort in this area. Rather, it is focusing on quantifying benefits through the development of its M&E framework. Quantifying inputs is considered important but a longer term objective. Most of the cost is borne by the private sector engagement team with the explicit aim of minimising the burden on country teams.

Overall policy and strategy

The institutions reviewed cite similar reasons for engaging with the private sector. The following objectives are common:

- Expanding capacity by mobilising financial or non-financial resources
- Increasing efficiency/effectiveness by improving ways of working
- Changing internal behaviours e.g. through skills development or innovation
- Changing partners' behaviour

Whilst the first three and particular the first, tend to get the most attention UNICEF, for example, places heavy emphasis on the last one and embedding child rights into partners employment policies. The Global Fund clearly recognises the need to expand efforts and sees benefits in terms of both monetary and non-monetary contributions, the scope for influence on partners'

⁶⁸ KIIs were carried out with two Global Fund informants and a representative of UNICEF. There were two non-responses.

behaviour and their ability to influence the social determinants or health as well as their ability to advocate on behalf of the Fund.

It is difficult to judge the relative importance of these objectives given that institutions typically do not set explicit targets for progress in these areas.

Unlike Gavi, many of the institutions reviewed do not have explicit targets to drive their strategies. Where targets are set, they typically tend to focus on easier to measure variables like revenue raised. The Global Fund, for example, is currently in the early stages of carrying out an evaluation of its PSEA. This will focus on the delivery of health services and will look initially on interactions with the for profit private sector, on landscaping and developing typologies to better understand possible options going forward. The second phase of this work planned for 2021 will involve a more in-depth review of the for profit private sector, expand the analysis to the non-profit sector and focus on recommendations for the future.

Key principles

The OECD Toolkit⁶⁹ highlights the importance of adopting the core aid-effectiveness principles in developing private sector engagement programmes,⁷⁰ and also in ensuring that the mechanisms do no harm and do not distort markets. Other areas that get significant attention include the need for transparency (especially in terms of being clear on what additionality the partnerships bring and in measurement of this), managing power dynamics (especially embedding and even encouraging the right to disagree) and adherence to the core value of the organisation (support for child rights is heavily emphasised by UNICEF).

Value proposition / comparative advantage

The UNHCR review points to the importance of being clear about what it calls an organisation's value proposition - what makes it different and what its unique features are when thinking about whether and how to engage with the private sector. For example, it quotes WFP as follows "we are known for getting things done" and World Vision International as "international, sectoral diversity, wide geographic spread and long term presence in field operations". Above these high level statements it also stresses the need for a broad and flexible statement - based on the comparative advantage of the organisation. It recognises that maintaining reputation must be central to this but also highlights how difficult some organisations find this. A Global Fund key informant reflected on the ability to go to scale as a key feature it shared with Gavi.

Implementation

Selection process

The OECD tool kit⁷¹ makes it clear that working with the private sector is a means to an end - not an end in itself - and that there should be a clear assessment of what additionality any partnership brings. The starting point is to understand the unmet need - identifying potential partners follows this not the other way around. The UNHCR review quotes WFP's approach as "we start with what we need: we are good at saying no". The Small Business Technology Transfer (STTR) scheme in the US⁷² (similar to INFUSE) is showing promising signs, mostly attributed to its ability to meet unmet needs - in this case the "necessary funding support, institutional incentives, and biomedical commercialisation expertise".

⁶⁹ OECD/DAC. (2016). Private Sector Peer Learning Policy Brief 1: The Holistic Toolbox for Private Sector Engagement in Development Co-operation. Available at: <https://www.oecd.org/dac/peer-reviews/1-Holistic-Toolbox-for-Private-Sector-Engagement-in-Development-Co-operation.pdf>

⁷⁰ Ownership Alignment: Harmonisation Results: Mutual accountability

⁷¹ OECD/DAC. (2016). Op. cit.

⁷² Identified through KII: Small Business Innovation Research (SBIR) and Small Business Technology Transfer (STTR) initiatives.

The OECD review also emphasises the need to harness the core business skills from the private sector partners – “it should not be about who they are but about what they bring to the table”.⁷³

There is a general recognition in the literature that developing partnerships is time-consuming and resource intensive, which highlights the need for sound selection processes that allow reasonable due diligence, keeps transaction costs to a minimum, while maximising the likelihood of securing mutually beneficial partnerships. Although there is no specific information available publicly WFP, for example, claims it is prioritising “fewer, bigger, better” partnerships.⁷⁴ GIF maintains that only around 10% of applicants are invited to move on to a full proposal. The approach is tailored to being light touch, with transaction costs increasing only for the few proposals that reach the later stages. GIF also invites proposals at any stage - there is no round based approach.⁷⁵

The focus on needs might imply a more proactive in approaching potential partners, rather than waiting for potential partners to come along and apply. GIF claims to have a balance between more passive and proactive approaches. The Global Fund key informant emphasised the importance of picking the right partners.

The UNHCR report⁷⁶ also refers to concerns that institutions often feel they are not able to proceed at the pace demanded/preferred by the private sector partners. Whilst due diligence requirements may make this inevitable, it does suggest that attempts are made to streamline processes to remove unnecessary steps and prevent unwarranted delays wherever possible. At the very least, potential partners should be made aware of likely timeframes.

The OECD review⁷⁷ found that whilst institutions should use a flexible mix of financial and financial measures strategically and in alignment with overall priorities, they should also avoid a proliferation of mechanisms.

The Global Fund key informant suggested that Gavi and the Fund could usefully explore options to collaborate in the development of partnerships related to health systems. Though nominally competing with Gavi for funding, he saw opportunities to “grow the size of the pie” in terms of both donor funding and the partnership ecosystem.

Progress to date / monitoring

Whilst UNICEF and the Global Fund provide a lot of information publicly on their private sector engagement (see Annex 13), these are somewhat piecemeal and do not provide a comprehensive picture. Both provide some details on the various partnerships they are involved in. The Global Fund, for example, has published a series of case studies describing some of its partnerships and presenting (self-reported) assessments of impact and lessons learnt. There are no references on partnerships which have not been successful and what triggers might be used to terminate partnerships.

The UNHCR report⁷⁸ outlines the challenges institutions face in measuring and quantifying progress and describes the efforts of a number of organisations to do this. WFP is described as having attempted to develop multidimensional measures to assess progress

⁷³ OECD/DAC. (2016). Op. cit.

⁷⁴ Reviewed in UNHCR. (2019). Evaluation of UNHCR's Engagement with the Private Sector Evaluation Report December 2019

⁷⁵ See Global Innovation Fund. Available at: <https://www.globalinnovation.fund/>

⁷⁶ UNHCR. (2019). Ibid.

⁷⁷ OECD/DAC. (2016). Op. cit.

⁷⁸ UNHCR. (2019). Op. cit.

The GIF approach to monitoring progress and impact is explicit and highly quantified and, whilst not directly applicable to Gavi,⁷⁹ may present some useful lessons. For example, GIF measures impact against a number of dimensions:

- Breadth of impact (number of low income people at year 10)
- Depth of impact (benefit per person compare to average national income) with results described as transformative, lifesaving, significant, or perceptible)
- Probability of success (by year 10 year)

As part of this approach, it is able to project not only likely benefits by year 10 (see also point below about time horizons) but also the probability of specific levels of benefits being achieved.⁸⁰ Whilst one might always be able to question the individual judgements and assessments, the argument would be that such an approach forces an institution to review progress within its portfolio in a systematic manner and presumably also presents a useful basis for discussing progress and priorities with donors.

The literature highlights the importance of flexible approaches (partnerships can evolve) and taking a long-term perspective (benefits often take time to emerge). The UNHCR review, however, pointed to the tensions between annual/multi-year budget cycles and supporting long term programmes.

Another interesting feature of the GIF approach is the recognition that results can only be expected over a long time period which, although explicitly related to more early-ish stage innovations, may be broadly relevant to private partnerships as a whole.

Organisational arrangements capacity building / incentives

The OECD review emphasises the importance of investing in staff capacity; the UNHCR review takes this one step further arguing that the skill mix is key. It argues strongly, for example, that staff with skills in fund raising are not necessarily those best placed to build and sustain partnerships and highlights a number of organisations supporting this finding.⁸¹

The UNICEF review highlights issue of the lack of incentives for individuals to work on what they might consider is over and above their day job. The UNHCR further suggests that the types of activities involved in establishing and building partnerships such as brokering and convening activities are precisely those which tend to be less visible and more difficult to quantify and reward.

An issue which many of the institutions reviewed face is how best to combine the need for a central oversight function with key specialist skills to support engagement approaches, along with the broader skills required to know what is needed and what might work at the country level. The challenges are somewhat different in organisations like Gavi which has no country presence, compared to those such as UNICEF and UNHCR which have country offices.

The trend appears to be towards the establishment of more formal arrangements involving dedicated units. The model recommended to UNHCR was for the establishment of a dedicated Partnership Support Hub to support and oversee the development of its partnerships and a Partnership Hub to strengthen the links between Headquarters teams. It is understood that WFP plans to establish a dedicated Technical Partnerships Management Team. The UNICEF evaluation reflects the lack of clarity on whether UNICEF would be better served concentrating innovation skills in specialist teams or to mainstream the approach. The Global Fund key

⁷⁹ It should be noted that some of GIFs investments are in the health sector - mental health, pharmacy

⁸⁰ E.g. a 25% chance of X being achieved.

⁸¹ It refers specifically to the Partnership Brokers Association and the Partnership Initiative.

informant argued strongly against mainstreaming, stressing the need to establish a critical mass of expertise to drive progress.

A clear lesson is the importance of a clear and consistent message from the top. This might involve clear statements in strategic plans - as is the case in relation to innovation for UNICEF - as well as ongoing reinforcement. There are also questions about how high-level visions and strategies are translated into support at the operational level. Experience suggests that whilst detailed guidance could be helpful, what staff really benefited from was templates and concrete examples of good practice. The UNHCR review also strongly recommends having a single point of entry for purposes of clarity.

Managing risk

The OECD toolkit underlines the importance first and foremost of understanding risks but then, on the basis of this, being willing to take responsible risks including allowing innovation to flourish. All the institutions reviewed are acutely aware of the potential reputational risks associated with working with the private sector and typically have a “no go” list of partners usually characterised by their area of business (e.g. arms and tobacco). Private sector service providers are also typically excluded for fear of conflicts of interest (e.g. GPE, Global Fund).

In terms of operational risks the GIF model is of interest in that it explicitly accepts the trade-offs between risks and potential rewards (i.e. it expresses a willingness to take bigger risks on potentially transformative investments) and, by regularly reviewing and reassessing the likely benefits and risks, is able to take a more holistic perspective on where the programme as a whole stands

Lesson learning

The UNICEF evaluation highlights the challenges in capturing and sharing emerging lessons. The UNHCR review highlighted “the lack of formal or informal space to sharing and learning lessons across teams” due to the presence of organisational silos and suggests the development of communities of practice as a way of building capacity and sharing lessons potentially with support from external partnership specialists. It notes that WFP plans a Centre of Excellence to synthesise and share lessons.

GIF makes lesson learning a precondition for investment with one of the four investment criteria being the quality of processes for measuring progress and learning lessons.

Additional notes on private sector contributions to the Global Fund and UNICEF

Notes on Global Fund

Global Fund definition of the Private Sector

Global Fund policy documents refer to several types of private sector partners. The principle types include:

- **Corporations** - refers generally to a company or group of people authorised to act as a legal person and recognized as such in law. These are commercial enterprises, either publicly listed or privately owned, that are intended to make a profit for their owners. They typically operate in a regulated legal compliance and financial environment (particularly if they are publicly-listed).
- **Private Foundations** - refers to private non-profit entities such as foundations and trusts, whose assets are provided by donors and whose income is spent on socially useful purposes. Such entities typically operate in a similar environment as companies when it comes to operating standards in developed countries but the legal, bureaucratic, and political framework for foundations and trusts in the developing world tends to be more varied.
- **Individuals** - refers primarily to High Net Worth Individuals. Partnerships with such individuals and their families are typically focused on philanthropy, through individual gifts, family foundations or other vehicles such as donor advised funds.

Pledges to the Global Fund from private sources have increased almost 10 fold over its lifetime with some US\$1.13bn pledged for the 2020-22 period. The share of pledges from the private sector more than doubled from 3.2% in 2001-5 to 2020-2022. Actual contributions tended to exceed pledges in the 2000s - this has reversed in the 2010s though the proportion of pledges received still remains slightly higher for private funders. The vast majority of private funding - over 85% over the Fund's lifetime - has come from BMGF and Product Red

Pledges

Table 27: Private sector pledges to the Global Fund over time

US\$ m	Public	Private and NGO	Debt 2 Health	AMFM	Total
2001-2005	4,700	156			4,855
2006-2007	4,545	205			4,750
2008-2010	9,440	351	37	212	10,039
2011-2013	9,545	494	48	221	10,308
2014-2016	11,619	698	28	105	12,449
2017-2019	11,338	875	30	537	12,780
2020-2022	13,065	1,130	142	0	14,338
	64,251	3,909	285	1,075	69,520

Table 28: Percentage distribution of private sector pledges to the Global Fund over time

Percentage (%)	Public	Private and NGO	Debt 2 Health	AMFM	Total
2001-2005	96.8	3.2	0.0	0.0	100.0
2006-2007	95.7	4.3	0.0	0.0	100.0
2008-2010	94.0	3.5	0.4	2.1	100.0
2011-2013	92.6	4.8	0.5	2.1	100.0
2014-2016	93.3	5.6	0.2	0.8	100.0
2017-2019	88.7	6.9	0.2	4.2	100.0
2020-2022	91.1	7.9	1.0	0.0	100.0
Overall	92.4	5.6	0.4	1.5	100.0

Actual Contributions

Table 29: Actual private sector contributions to the Global Fund over time

US\$ m	Public	Private and NGO	Debt 2 Health	AMFM	Total
2001-2005	4,700	156			4,855
2006-2007	4,545	259			4,803
2008-2010	8,936	459	37	212	9,644
2011-2013	9,483	552	48	221	10,304
2014-2016	10,913	668	28	105	11,713
2017-2019	10,519	815	27	537	11,898
2020-2022	1,241	97	139	-	1,478
	50,336	3,006	279	1,075	54,695

Table 30: Percentage distribution of private sector contributions to the Global Fund over time

Percentage (%)	Public	Private and NGO	Debt 2 Health	AMFM	Total
2001-2005	96.8	3.2	-	-	100.0
2006-2007	94.6	5.4	-	-	100.0
2008-2010	92.7	4.8	0.4	2.2	100.0
2011-2013	92.0	5.4	0.5	2.1	100.0
2014-2016	93.2	5.7	0.2	0.9	100.0
2017-2019	88.4	6.8	0.2	4.5	100.0
2020-2022	84.0	6.6	9.4	-	100.0
	92.0	5.5	0.5	2.0	100.0

Contributions as % of Pledges

Percentage (%)	Public	Private and NGO	Debt 2 Health	AMFM	Total
2001-2005	100.0	100.0			100.0
2006-2007	100.0	126.2			101.1
2008-2010	94.7	130.8	100.0	100.0	96.1
2011-2013	99.3	111.8	100.0	100.0	100.0

Percentage (%)	Public	Private and NGO	Debt 2 Health	AMFM	Total
2014-2016	93.9	95.7	100.0	100.0	94.1
2017-2019	92.8	93.1	89.6	100.0	93.1
2020-2022	9.5	8.6	97.8		10.3

Table 31: Private sector contributions to the Global Fund by donor

Donor US\$ m	2001-2005	2006-2007	2008-2010	2011-2013	2014-2016	2017-2019	2020-2022	Grand Total
Bill & Melinda Gates Foundation	150.0	200.0	300.0	450.0	502.8	639.5	760.0	3,002.3
Product (RED)	- .0	- .0	- .0	- .0	100.0	100.0	150.0	350.0
Other Private Sector	- .0	- .0	0.0	0.1	15.0	35.8	86.4	137.3
Tahir Foundation	- .0	- .0	- .0	- .0	11.0	38.2	30.0	79.2
Chevron Corporation	- .0	- .0	30.0	25.0	5.0	0.0	- .0	60.0
Comic Relief	- .0	- .0	3.3	- .0	7.2	24.7	17.0	52.2
Children's Investment Fund Foundation	- .0	- .0	- .0	- .0	6.2	4.0	25.0	35.2
United Methodist Church	- .0	- .0	- .0	6.4	13.7	7.9	- .0	28.0
Idol Gives Back	- .0	3.0	13.6	- .0	- .0	- .0	- .0	16.6
Takeda Pharmaceutical	- .0	- .0	1.1	3.2	2.7	2.8	5.3	15.0

Notes on UNICEF

UNICEF definition of the Private Sector

UNICEF documents reviewed only define the private sector through reference to funding. In this context, private sector funding is described as funding received from a grouping of resource partners that includes UNICEF's National Committees, UNICEF Country Office private sector fundraising (PSFR), non-governmental organisations (NGOs), private foundations, corporations and individuals.

Over the last 5 years, UNICEF has been sourcing just under US\$ 1.5bn per annum from the private sector amounting to just over a quarter of its overall funding. More than half of this has been restricted in recent years - the balance being unearmarked

Table 32: Private sector funding to UNICEF over time

	Total (US\$ m)			Percentage (%)		
	Public Sector	Private Sector	Other Revenue	Public	Private	Other Revenue
2005	1,543	1,165	55	55.8	42.2	2.0
2006	1,792	799	190	64.4	28.7	6.8
2007	1,969	868	176	65.4	28.8	5.8
2008	2,295	987	108	67.7	29.1	3.2
2009	2,251	916	89	69.1	28.1	2.7
2010	2,440	1,188	55	66.3	32.3	1.5
2011	2,568	1,089	55	69.2	29.3	1.5
2012	2,621	1,244	80	66.4	31.5	2.0
2013	3,327	1,437	89	68.6	29.6	1.8
2014	3,679	1,396	94	71.2	27.0	1.8
2015	3,456	1,457	97	69.0	29.1	1.9
2016	3,318	1,445	121	67.9	29.6	2.5
2017	4,423	1,465	139	73.4	24.3	2.3
2018	4,434	1,453	172	73.2	24.0	2.8
2019	4,740	1,457	203	74.1	22.8	3.2

Annex 10: Annotated theory of change

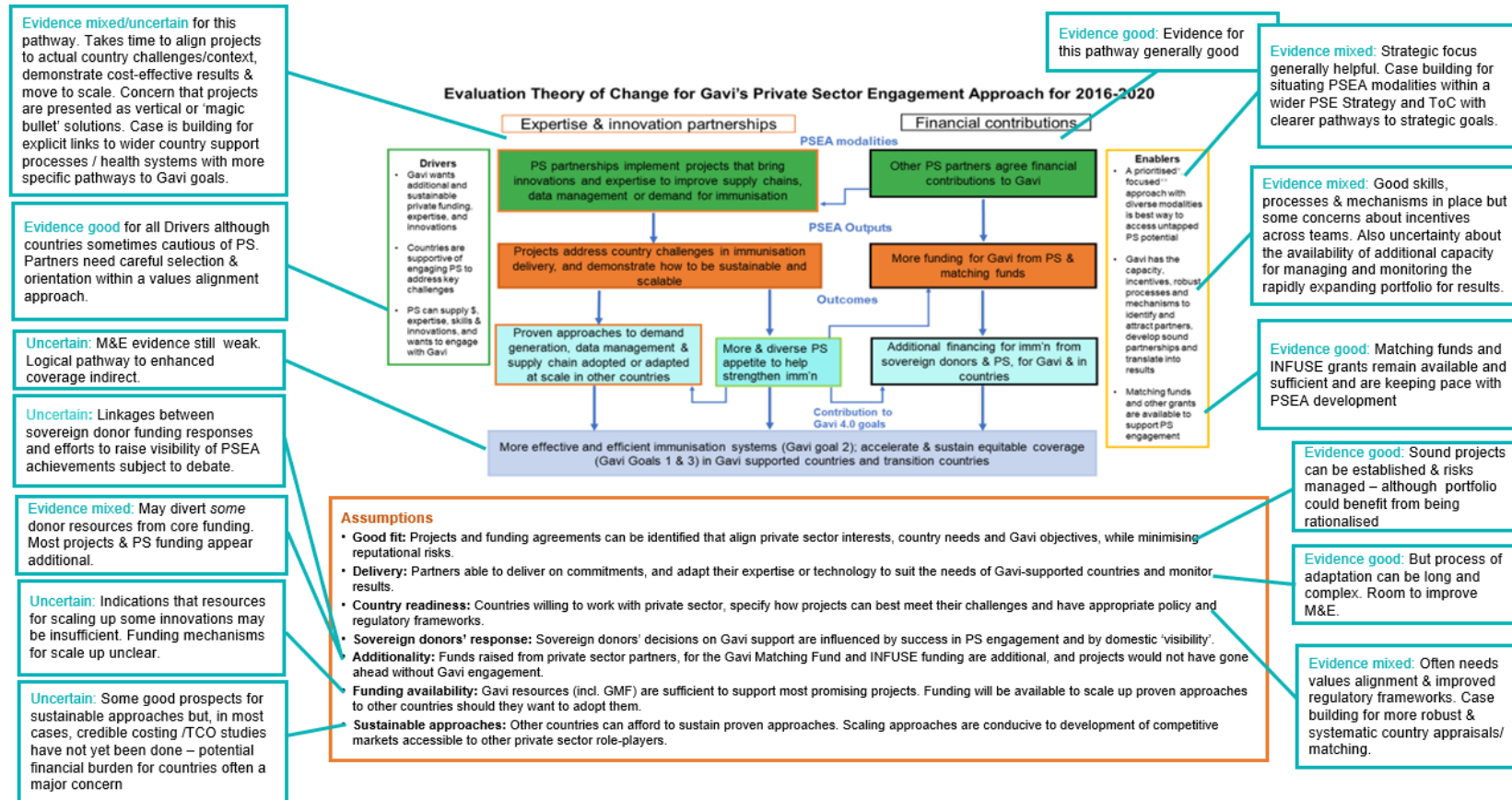
In the diagram below, the evaluators have annotated the reconstructed theory of change based on findings from this evaluation. This review of the theory of change highlights that, while the PSEA has made good progress towards intended outputs (and probably financial outcomes), there is some way to go to demonstrate measurable contributions to immunisation outcomes and Gavi 4.0 goals.

This review confirms many of the assumptions and enablers identified for the reconstructed theory of change. However, there remain uncertainties about key assumptions relating to: the linkages between sovereign donor funding responses and Gavi visibility; project sustainability; the availability of predictable resources for scale-up; and the rigour of country readiness assessments. As the PSEA portfolio expands, there is an emerging question about a key enabler relating to Secretariat capacity for managing and monitoring a very large and diverse portfolio.

These observations highlight the need for an updated PSEA theory of change for the 5.0 strategic period that is aligned to a distinct M&E framework and learning agenda for the approach.

Evaluators' note: In Figure 15 below, references to 'evidence' in the annotation notes are based on the evaluators' assessment of the overall weight of aggregated evidence generated across the evaluation. Notably, this is a different assessment from the strength of evidence ratings used in the main body of this report which aim to assess the credibility of sets of findings generated through the triangulation methodology.

Figure 16: Annotated theory of change



To complement the evaluators' review of the reconstructed theory of change, the Private Sector Partnerships and Innovation Team have offered their synthesis of evidence from this report to summarise achievements against PSEA targets and objectives. For the purposes of transparency, we have included Private Sector Partnerships and Innovation Team's self-assessment synthesis table below.

Table 33: Private Sector Partnerships and Innovations Team's self-assessment of achievements against PSEA targets and objectives

Topic	Target / objective	Summary of Gavi's self-assessment
Fund mobilization:	US \$150m in new private sector investments	This target was met with new investments totaling US\$397m from the 2020 replenishment and the 2016-2019 fundraising activities.
	Fully utilise GMF	This target was met for commitment of funds available in 2016-20, although funds are not yet fully spent. Around one third of GMF for the Gavi 5.0 period has been allocated so far.
Diversification:	50% of investments from new private sector partners	This target was met with 53% of funding from private sector sources coming from new private sector partners for use in 2016-20 (excluding GMF and INFUSE grants). The majority of replenishment pledges so far are from new partners.
	25% of partners from emerging markets and Gavi-supported countries	This target was met with project partners from emerging markets and Gavi-supported countries in 10 out of 20 distinct projects that are being implemented. Funding sources are much less diverse with over 90% from higher income countries.
Visibility:	Improve Gavi visibility with key stakeholders	Gavi has showcased PSEA projects and innovations through publications, the media, forums and events. Evaluation evidence –is very limited that this directly links to increased sovereign donor funding; it appears to contribute by reinforcing Gavi's brand identify and raising stakeholder awareness on immunisation issues.
Expertise:	Leverage expertise including new technologies for Gavi's mission	This target was met with Gavi successfully establishing 20 distinct private partnerships that leveraged private sector expertise, including new technologies. Effectiveness and replicability of these are yet to be demonstrated in most cases.
Expertise:	Secure 5 innovative scalable partnerships by 2020	This target was met with five partnerships meeting the agreed criteria.
Modality Relevance:	Contribute to the relevant objectives of Gavi 4.0	The evaluators need more comprehensive project theories of change and verified M&E data on results to assess contributions to Gavi 4.0 objectives and outcomes.
	Contribute to the relevant objectives of the private sector engagement approach	This target has been met with Gavi's portfolio of private sector partnerships covering Financial Contributions, Leverage/Operational and INFUSE Pacesetter projects confirms that, across the board, the design and development of the partnerships has been in line with the objectives of the PSEA.
Modality performance:	Achieve the specific objectives and intended results for the Financial Contributions modality	Performance has remained strong in attracting additional financial commitments.
	Achieve the specific objectives and intended results for the Leveraged / Operational modality	Good progress in establishing partnerships to engage private sector expertise and innovation.
	Achieve the specific objectives and intended results for the INFUSE modality	Good progress in identifying a set of Pacesetters with established innovations that have potential for scale up across diverse implementation settings, if there is country demand and resources.
Engagement processes:	Established a transparent, competitive and efficient engagement processes for private sector partners	Good evidence that the Gavi Secretariat's structures, procedures and processes support transparency and sound administration of private sector partnerships. However, feedback from partners indicates capacity to respond and support development and implementation of projects is stretched; further build-up of the portfolio of project agreements will add to this. Risk management for projects is well established at the start, could be extended through implementation, including more

	<p>systematic financial and progress reporting across the portfolio. The INFUSE mechanism involves a competitive process for private sector partner (Pacesetter) engagement. There is scope for improving the clarity of in-house guidelines on establishing partnerships, and for better definition of roles and responsibilities in the implementation and review phases.</p>
<p>VFM: Demonstrate value for money</p>	<p>Since data on results and costs are not generated until the end of projects, it is too early to draw definitive conclusions on the VFM criteria of effectiveness, cost-effectiveness and sustainability within or across partnerships. Greater focus on sustainability for projects and the approach required from an early stage.</p>

Annex 11: List of people interviewed

Name	Position / Organisation
Inception interviews	
1. Bineta MBacke	Senior Manager – Global Operational Partnerships
2. Eduard Molnar	Senior Manager, Resource Mobilisation & Private Sector Partnerships and Innovative Finance
3. Guillaume Grosso	Director, International Business Development & European Strategy
4. Li Zhang	Director, Strategic Innovation & New Investors
5. Marie-Ange Saraka-Yao	Managing Director, Managing Director Resource Mobilisation, Private Sector Partnerships and Innovative Finance
6. Mozammil Siddiqui	Senior Manager, Strategic Innovation, New Investors Hub Asia Pacific, Middle East and Africa
7. Paula Gonzalez	Manager, Resource Mobilisation & Private Sector Partnerships and Innovative Finance
8. Sarah van Beers	Analyst, New Investors Hub Asia Pacific, Middle East and Africa
9. Seb Meaney	Head, UK Strategy
Phase 1 interviews	
Secretariat	
10. Aichatou Cisse	Programme Officer, Country Support
11. Alex De Jonquières	Director, Health Systems & Immunisation Strengthening
12. Ashutosh Mishra	Strategy Manager
13. Carine Gachen	Senior Programme Manager – Country Performance Monitoring and Measurement
14. Christine Le Doeuil	Senior Manager, Grant Accounting, Finance
15. Emmanuel Bor	Senior Country Manager DRC
16. Helene Guadin de Villaine	Legal Counsel
17. Hope Johnson	Director of Monitoring & Evaluation GAVI secretariat
18. Iryna Mazur	Senior Manager, Global and Country Media Engagement
19. Jacob Van der Blij	Head of Risk
20. Johannes Ahrendts	Head of Strategy
21. Nick Davis	Adviser, Executive Office
22. Pascal Barollier	Managing Director Public Engagement and Information Services Department

23.	Pascal Bijleveld	Director, Country Support+ INFUSE working group
24.	Seth Berkley	Gavi CEO
25.	Susan Mackay	Senior Specialist, Demand , Health Systems & Immunisation Strengthening
26.	Thierry Vincent	Senior Country Manager Senegal and Angola

Gavi Alliance

27.	Carla Blauvelt	Village Reach
28.	Hassan Mtenga	PATH
29.	Joseph Roussel	Village Reach
30.	Kristoffer Gandrup-Marino	UNICEF
31.	Mohamed Ba	ITU

Gavi Board

32.	Bill Roedy	Gavi Board Member
33.	Rafael Vilasanjuan	Civil Society Representative

Donors supporting PSEA

34.	Al Anood Hassan Mohammad	UAE
35.	Magdalena Robert	Bill and Melinda Gates Foundation
36.	Rashed Mohamed Awadh	UAE
37.	Wieneke Vullings	Head sustainable production and trade, the Netherlands; alternate Board member of GAVI

Donors not supporting PSEA

38.	Lizzie Noonan	USAID
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Experts

39.	Bobby Pittman	Kupanda Capital
40.	Dan Newman	INFUSE Workshop Facilitator, Matter Group
41.	Michelle Kreger	Lead the Global Health Portfolio at IDEO.org
42.	Nina Probst	McKinsey
43.	Sean Buckley	Kupanda Capital

Phase 2 Case Study interviews

La Caixa

44.	Carlota Moya Sanchez	La Caixa Foundation
45.	Cyril Nogier	Gavi Senior Country Manager
46.	Eduard Molnar	Relationship Manager
Mastercard		
47.	Bineta MBacke	Relationship Manager
48.	Komi Ahawo	Gavi Senior Country Manager
49.	Louise Holden	Vice President Humanitarian and Development, Mastercard
Unilever		
50.	Dalveer Singh	Implementation partner, Group M
51.	Helena Dollimore	Senior Manager Global Sustainability, Unilever
52.	Homero Hernandez	Gavi Senior Country Manager
UPS-Zipline		
53.	Ed Martinez	UPS Foundation President
54.	Israel Bimpe	Head of Global Implementation, Zipline
55.	Rachel Belt	Gavi Senior Country Manager
Nexleaf Analytics		
56.	Esther Mtumbuka	Clinton Health Access Initiative, Tanzania
57.	Karan Sagar	Senior Specialist Immunisation, Country Program
58.	Moz Siddiqui	Senior Manager, Strategic Innovation
59.	Nithya Ramanathan	Chief Executive Officer + Co-Founder of Nexleaf Analytics
Zenysis		
60.	Hamidreza Setayesh	Gavi Senior Country Manager
61.	Jonathan Stambolis	Senior Zenysis representative
Khushi Baby		
62.	Homero Hernandez	Gavi Senior Country Manager
63.	Ruchit Nagar	CEO, Khushi Baby

Annex 12: Co-creation Workshop – summary graphics





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Recommended M&E Resources

Evaluation of private sector engagement:

OECD/DAC. (2018). Measuring the results of private sector engagement through development co-operation. Discussion paper for the OECD/DAC Results Community Workshop. 10-11 April 2018, Paris. Available at: <https://www.oecd.org/dac/results-development/docs/results-pse-results-workshop-apr-18.pdf>

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M&E of digital health innovations in Low and Middle-Income Countries:

Pan American Health Organization. (2017). Electronic Immunization Registry: Practical Considerations for Planning, Development, Implementation and Evaluation. Washington, D.C.: PAHO.

PATH. (2019). Immunization Data: Evidence for Action. A Realist Review of What Works to Improve Data Use for Immunization, Evidence from Low- and Middle- Income Countries. Seattle: PATH; Washington, DC: PAHO; 2019.

World Health Organization, PATH. (2013). Planning an Information Systems Project: A Toolkit for Public Health Managers. Seattle: PATH.

Evaluating health sector initiatives in complex settings

Bamberger. M. & Mabry L. (2019). Real World Evaluation Working Under Budget, Time, Data, and Political Constraints. Third Edition. Sage Publishing.

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